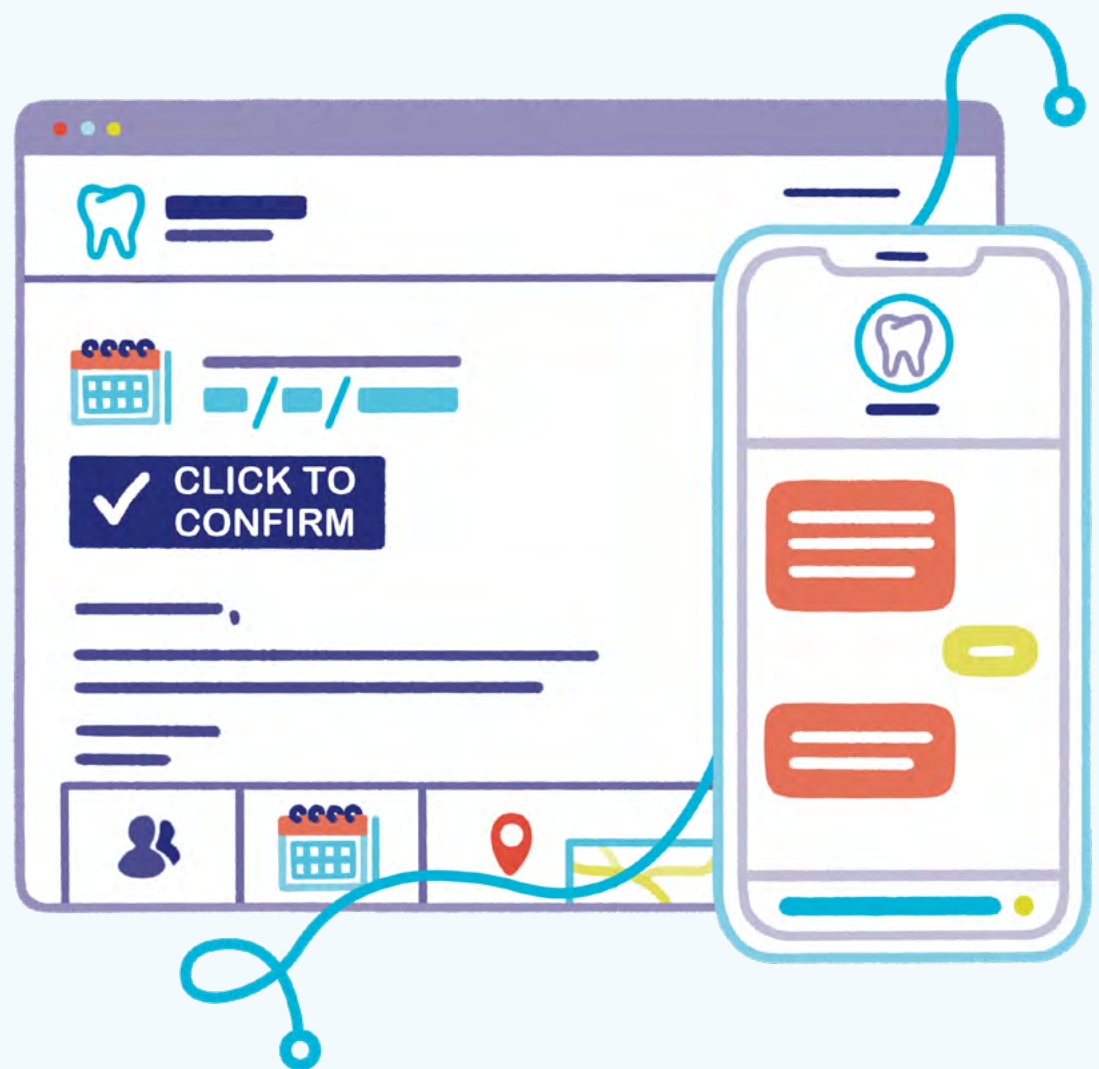


The Ultimate Collection of Patient Messaging Templates

21 free templates for dental and
oral surgery practices



Introduction

Having a good communication cycle in place is essential for all dental offices. With it, you can ensure that none of your patients are falling through the cracks, and that everyone is properly engaged.

To help, we've put together this free collection of templates. In this collection, you will find a variety of messaging templates to help you provide excellent communication throughout the entire patient journey.

We have included a variety of email and text message templates, as it is incredibly important to communicate with your patients in their preferred method. You will also find callouts in all the templates, with recommendations and best practices for both general and OMS practices.



Table of Contents



4
5
7
9
13
16
21
23

New Patient Message Template

This first message template can be used for new patients. As they are new to your office, it is always best to include as much information as you can.

GENERAL CONSULTATION - EMAIL



Attach your office logo and contact information

Your appointment is on:
Tuesday, August 25 at 3:25pm

Hi David,

Thanks for booking an appointment with us at Intiveo Family Dental. We're excited to provide you with an exceptional dental experience!

If you've booked an initial appointment for a full checkup and cleaning, this appointment is scheduled for 90 minutes.

To avoid any delays, please arrive with the following forms completed.

 **Patient Registration Form**

 **COVID-19 Screening Form**

If you're unable to complete these forms or need help with them, please arrive 15 minutes before your appointment time—we'll be happy to assist you.

Link to Patient registration and health history forms

Automatically triage patients with our online Covid-19 screening form

Please call us at (800) 123-1234 if you'd like to have x-rays transferred from your previous dentist.

If you have dental insurance coverage, remember to bring the company name and your plan number with you to the office. We'll collect any deductible or percentage owing at the end of your appointment.


If you need to make any changes to your appointment time, please let us know at least 2 full business days in advance.

Feel free to call us at (800) 123-1234 if you have any other concerns or questions before your appointment.

We look forward to seeing you!
Intiveo Family Dental

Remind patients to send their x-rays from their previous dentist

Remind patients of your cancellation policy

 **Add to Calendar**
Click to add this appointment to your calendar
[Click here](#)

 **Our Location**
126 E Pender St Vancouver BC V6A 1T3

Patients can add the appointment to their personal calendar before they leave the office

New patients can be sent to Google maps to help locate your office

Appointment Booked Templates

This set of message templates can be used for confirming that a patient's appointment has been scheduled.

GENERAL CONSULTATION APPOINTMENT BOOKED - EMAIL



Attach your office logo and contact information

**Your appointment is on:
Thursday, October 22 at 10:13am**

Hi David,

Thanks for booking an appointment with Your Company Name.

Your appointment is scheduled for:
Thursday, October 22, 2020 at 10:13am.

Want to add this appointment to your calendar? Simply click the Add to Calendar link below.

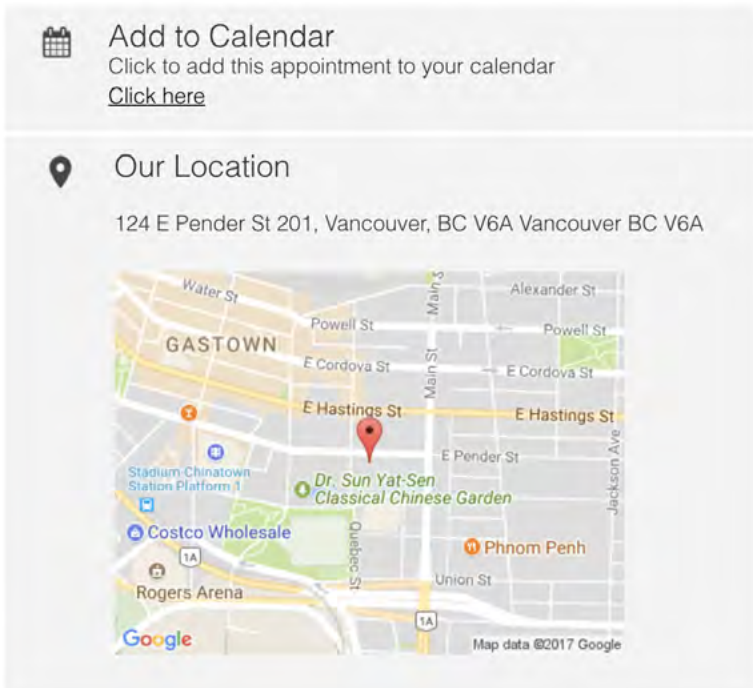
If you have any questions or need to reschedule, please call us at **(855) 221-3279**.

We look forward to seeing you again!

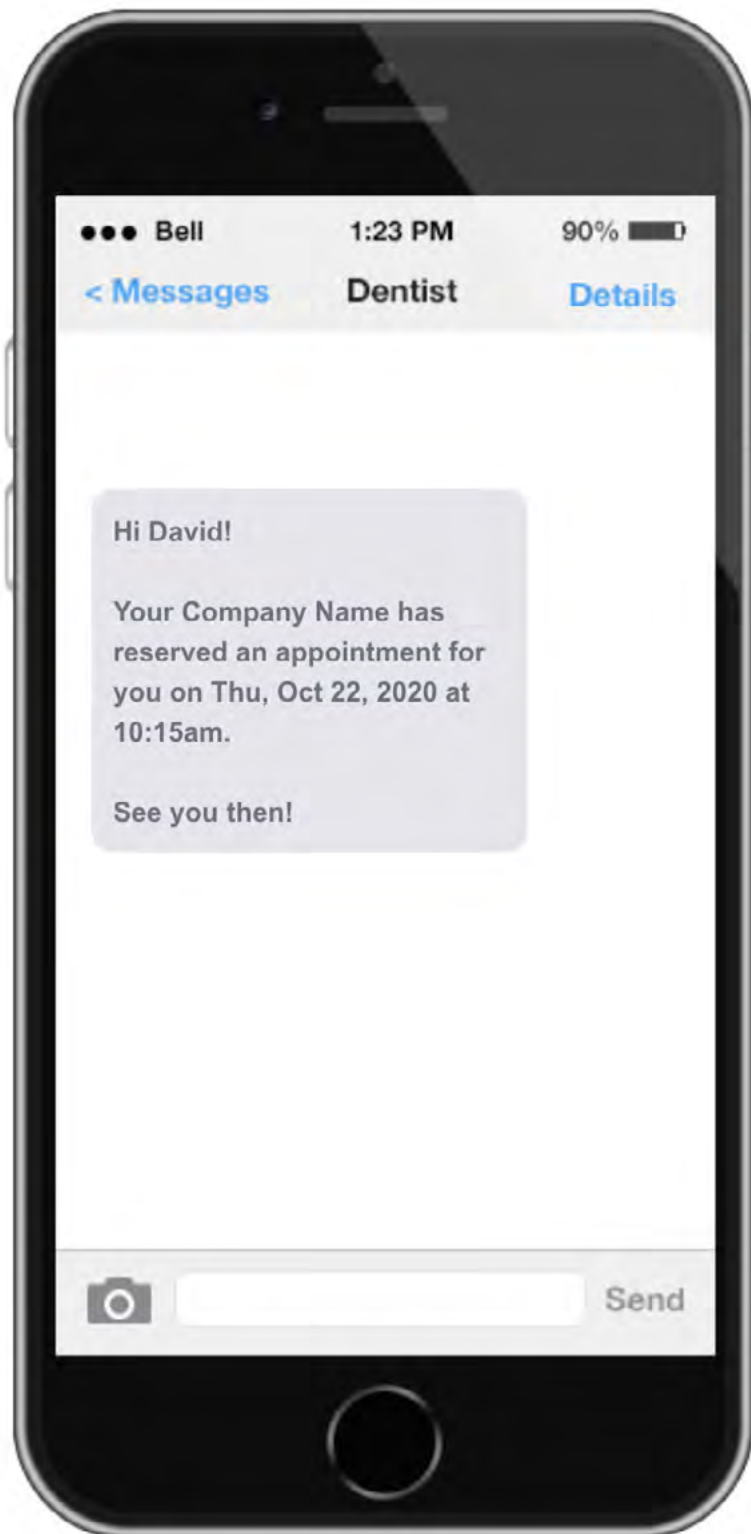
Best wishes,
Your Company Name

Patients can add the appointment to their personal calendar with a simple click

New patients can be sent Google maps to help locate your office



GENERAL CONSULTATION APPOINTMENT BOOKED - TEXT MESSAGE



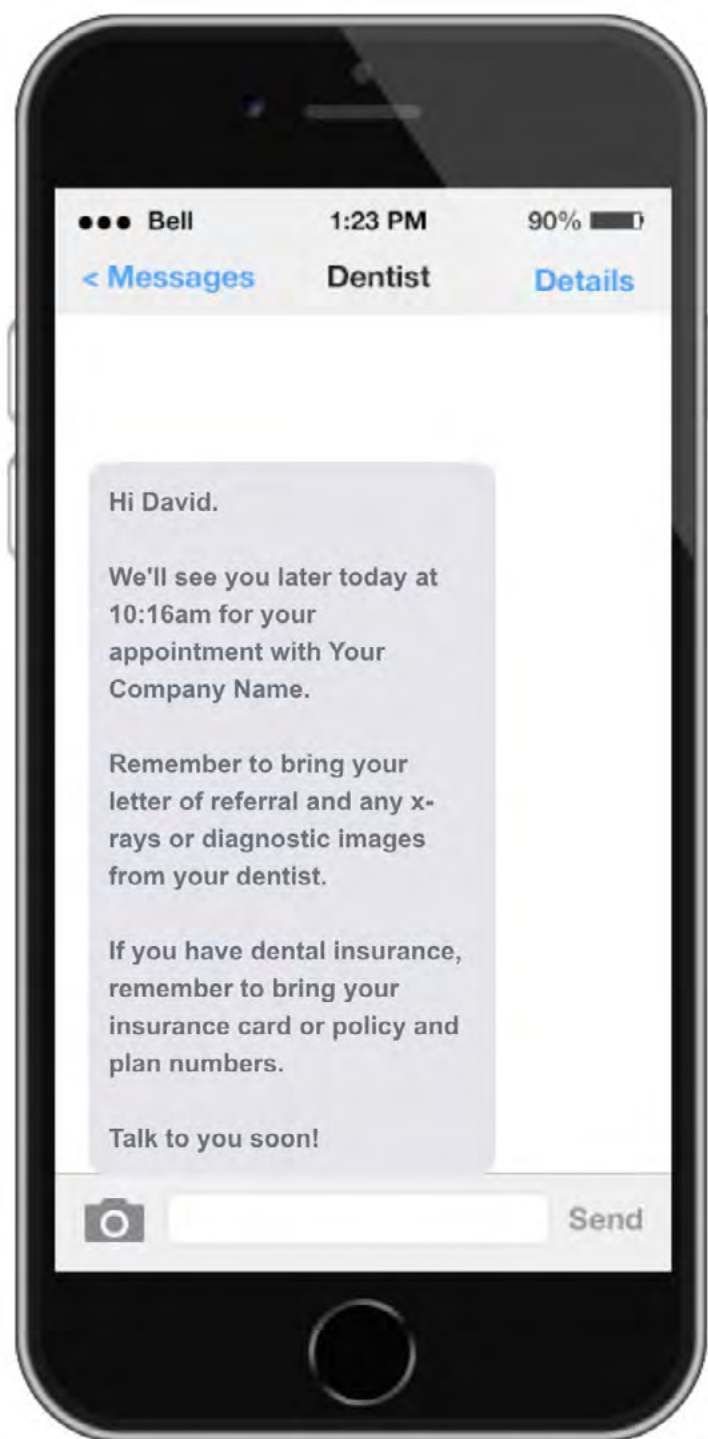
Keep the message quick and simple

Include basic information only

Reminder Templates

This next set of message templates can be used to remind patients about their upcoming appointments.

GENERAL CONSULTATION REMINDER - TEXT MESSAGE



Remind patients to send their x-rays from their previous dentist

Remind patients to bring their insurance information

OMS WISDOM TOOTH EXTRACTION REMINDER - EMAIL



Attach your office logo and contact information


Your appointment is on:
Tuesday, August 11 at 6:51am

Please remember to take your required medication before this appointment.

Hi David,

We're looking forward to having you in the office next week for your wisdom tooth extraction. If you have any questions or concerns, please call us at 855 221 3279.

Please ensure you arrive 15 minutes early for this appointment.

 **Pre-operative Instructions**

 **Post-operative Instructions**

DO NOT have anything to eat or drink after midnight the night before your procedure.

You must have a designated driver present during surgery and available to drive you home after the procedure.

All patients under the age of 18 must be accompanied to all appointments by either a parent or legal guardian. Legal guardians must bring documentation.

Pre-Medication alerts automatically read from your scheduler

Link to appointment specific pre/post-op instructions.

Reinforce NPO instructions for IV patients

Please ensure you watch our wisdom tooth extraction video below so you know what to expect for your procedure.

See you soon,

The Intiveo Dental OMS Team

-  **Add to Calendar**
Click to add this appointment to your calendar.
[Click here](#)
-  **Wisdom Tooth - Check List**
[pre-surgery-checklist](#)
-  **Wisdom Teeth Extraction - Education Video**
[watch?v=brW4tsxxJEQ](#)

Patients can add the appointment to their personal calendar with a simple click

Attach a pre-surgery checklist for patients

Link to your educational videos

Appointment Confirmation Templates

These next templates are a mix of email and text messages and are for getting your patients to confirm their appointments.

GENERAL CONSULTATION APPOINTMENT CONFIRMATION - EMAIL



Attach your office logo and contact information

**Your appointment is on:
Thursday, October 22 at 10:16am**

[Click Here To Confirm Appointment](#)

Hi David,

We're writing to confirm your appointment on Thursday, October 22 at 10:16am.

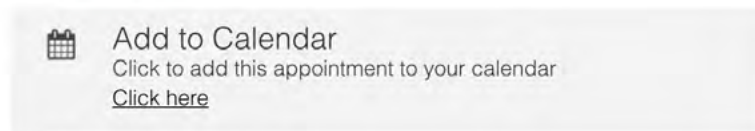
Please click the green button above to let us know you've received this reminder.

Feel free to call us at **(855) 221-3279** if you have any questions.

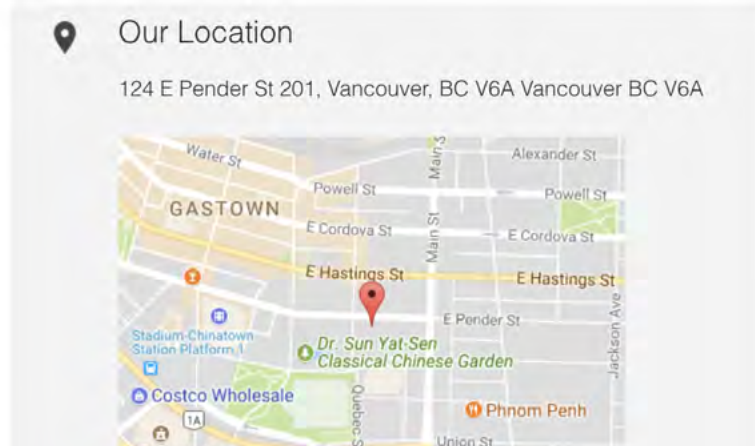
We kindly ask that you let us know at least 2 full business days before this appointment if you need to make any changes.

Best wishes,
Your Company Name

Include prominent button for patients to click and confirm their appointment



Patients can add their appointment to their personal calendar



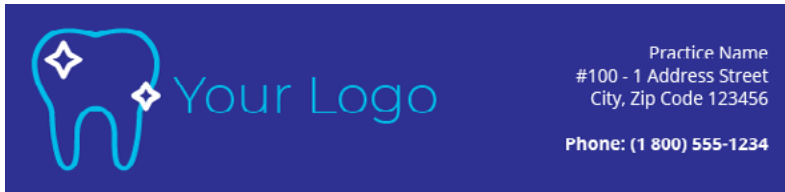
New patients can be sent Google maps to help locate your office

GENERAL CONSULTATION APPOINTMENT CONFIRMATION - TEXT MESSAGE



Include clear instructions on how to confirm appointment

OMS WISDOM TOOTH EXTRACTION REMINDER WITH PRE-OP AND POST-OP INSTRUCTIONS - EMAIL EXAMPLE 1



Your appointment is on:
Thursday, October 22 at 10:20am

 **Click Here To Confirm Appointment**

Hi David,

We're writing to confirm your appointment scheduled for Thursday, October 22 at 10:20am. Please click the green button above to let us know you've received this message.

Please also review the instructions to follow before and after your appointment:

 **Pre-operative Instructions**

 **Post-operative Instructions**

Depending on your specific case, the reminders below may also apply to you.

Important Reminders


Please remember to wear a mask to the office, otherwise we will provide one for a \$1 fee.

Remember that you must bring someone to drive you home after your appointment, and that person must wait in the office during your procedure.

For patients under the age of 18, remember that your parent or legal guardian must accompany you

Please let us know at least 2 full business days in advance if you need to make any changes to your appointment. You can reach us at **(855) 221-3279** if you have any questions.

Best wishes,
Your Company Name

 **Add to Calendar**
Click to add this appointment to your calendar
[Click here](#)

 **Our Location**
124 E Pender St 201, Vancouver, BC V6A Vancouver BC V6A

Attach your office logo and contact information

Include prominent button for patients to click and confirm their appointment

Link to appointment specific pre/post-op instructions

Include covid specific instructions to ensure patients are properly prepared

Patients can add their appointment to their personal calendar

New patients can be sent Google maps to help locate your office

OMS WISDOM TOOTH EXTRACTION WITH PATIENT INSTRUCTION CHECKLIST - EMAIL EXAMPLE 2



Your appointment is on:
Thursday, October 22 at 10:21am

 [Click Here To Confirm Appointment](#)

Hi David,

We are writing to confirm your reservation for Thursday, October 22 at 10:21am. Please click the green button above to let us know you have received this message.

We have also included some important information below—we ask that you take a moment to review it before your visit.

Checklist for Your Visit

You must not eat or drink anything during the 8 hours before your reservation

Please bring an adult who can wait in the office during your appointment and drive you home after you're released

We ask you to wear a short sleeve shirt so we can reach your elbow to administer your sedation

If you and the doctor discussed the need to take any medications the morning of your appointment, remember that you can take them with a small sip of water only

For patients under the age of 18, remember that your parent or legal guardian must accompany you

How to Prepare

It is wise to stock up on soft food for the first few days after your surgery. Apple sauce, yogurt, and refried beans are some examples of recommended foods.


Plan not to drive or operate machinery for 24 hours after your appointment since the sedation may affect your reaction time

We recommend that you purchase a flexible ice pack before your appointment date and that you pre-chill it

If you have not already confirmed your reservation, please click the green button at the top of this email.

Remember that we ask you to let us know at least 2 days in advance if you need to make any changes to your reservation. We will be happy to receive your call at **(855) 221-3279** if you have any questions or concerns.

Sincerely,
Your Company Name

 **Add to Calendar**
Click to add this appointment to your calendar
[Click here](#)

 **Our Location**
124 E Pender St 201, Vancouver, BC V6A Vancouver BC V6A

Attach your office logo and contact information

Include prominent button for patients to click and confirm their appointment

Include appointment specific pre/post-op instructions

Patients can add their appointment to their personal calendar

New patients can be sent Google maps to help locate your office

Screening Survey Templates

These following templates can be used to remind patients to complete the wellness surveys prior to their appointments, and ensure your practice remains safe.

GENERAL CONSULTATION WELLNESS SURVEY - EMAIL




Attach your office logo and contact information

Hello David,

Please complete the mandatory health questionnaire linked below. If you don't submit your response, you will be required to complete a paper screening form upon arrival. Your temperature will be taken upon arrival.

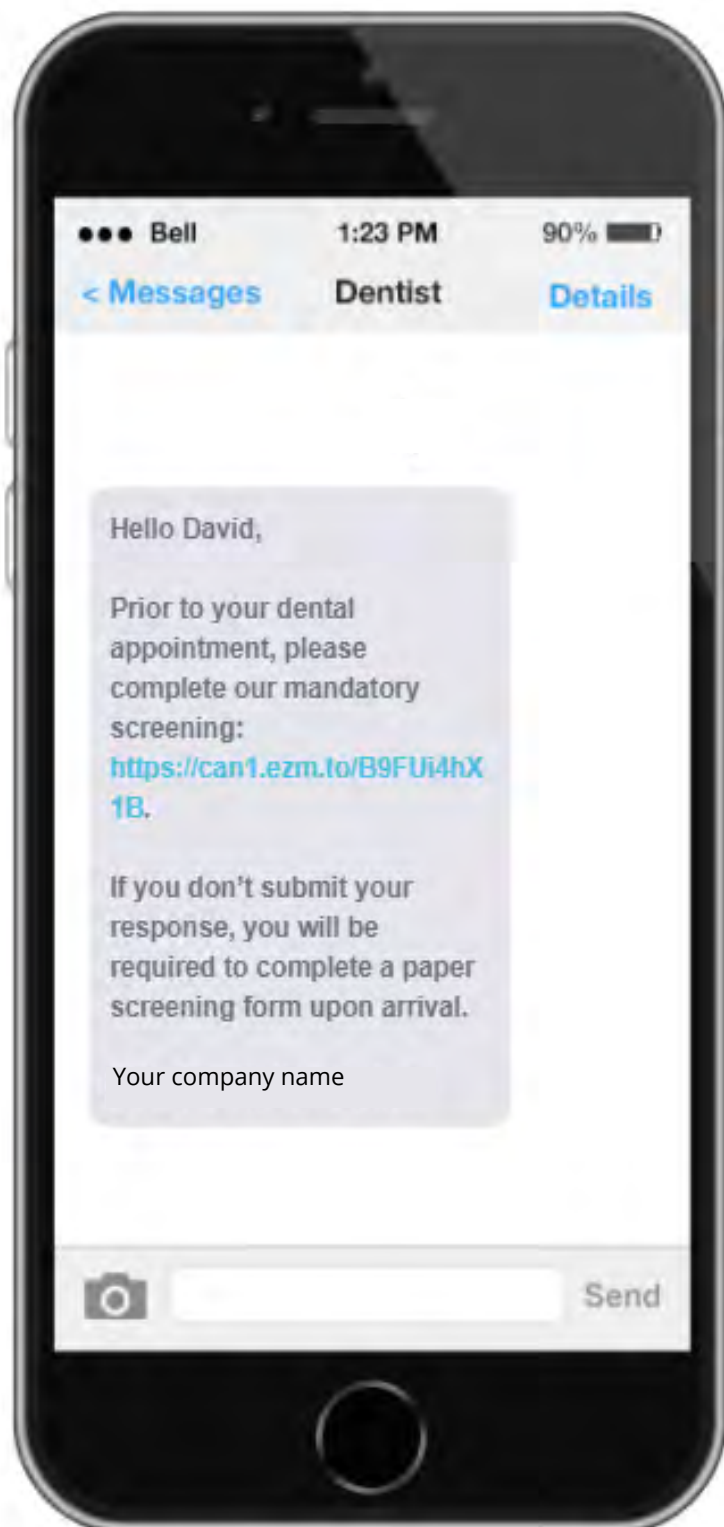
If you are the parent of a patient under 18, you should answer the questions as if they apply to either the patient or the caregiver who will accompany the patient to the office.

Thank you very much,
Your company name

 **Survey**
[Click here](#) for our survey

Automatically triage patients with our online wellness screening survey

GENERAL CONSULTATION WELLNESS SURVEY - TEXT MESSAGE




Automatically triage patients with our online wellness screening survey

Screening Survey Templates

For the wellness survey, we have included US and Canadian standards for covid questioning.

*Within Intiveo, all survey questions are customizable.

WELLNESS SURVEY QUESTIONS



Practice Name
#100 - 1 Address Street
City, Zip Code 123456
Phone: (1 800) 555-1234

Patient Survey

1. Patient Wellness Screening Questions

	No	Yes
Have you tested positive for COVID-19?	<input type="radio"/>	<input type="radio"/>
Are you awaiting results for a COVID-19 test?	<input type="radio"/>	<input type="radio"/>
Do you have a fever over 37.5°C or chills?	<input type="radio"/>	<input type="radio"/>
Do you have a new or worsening cough?	<input type="radio"/>	<input type="radio"/>
Do you have a sore throat?	<input type="radio"/>	<input type="radio"/>
Do you have a runny nose or nasal congestion that you wouldn't normally have because of seasonal allergies or another pre-existing condition?	<input type="radio"/>	<input type="radio"/>
Do you have other cold- or flu-like symptoms?	<input type="radio"/>	<input type="radio"/>
Are you having new or worsening shortness of breath or other difficulties breathing?	<input type="radio"/>	<input type="radio"/>
Have you experienced a recent loss of taste or smell?	<input type="radio"/>	<input type="radio"/>
Are you feeling tired or fatigued without explanation?	<input type="radio"/>	<input type="radio"/>
Do you have a new or worsening headache?	<input type="radio"/>	<input type="radio"/>
Do you have nausea, vomiting, diarrhea, or abdominal pain?	<input type="radio"/>	<input type="radio"/>
Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	<input type="radio"/>	<input type="radio"/>
In the past 14 days, have you been in close contact with any suspected or confirmed COVID-19 patients?	<input type="radio"/>	<input type="radio"/>
Do you have cardiovascular disease, lung disease (including moderate to severe asthma), kidney disease, liver disease, or diabetes?	<input type="radio"/>	<input type="radio"/>
Are you immunocompromised?	<input type="radio"/>	<input type="radio"/>
Have you returned from travel outside of the province in the past 14 days?	<input type="radio"/>	<input type="radio"/>
Are you over 70 years of age?	<input type="radio"/>	<input type="radio"/>
Are you pregnant?	<input type="radio"/>	<input type="radio"/>
Have you been asked to self-isolate due to risk of exposure to COVID-19?	<input type="radio"/>	<input type="radio"/>

2. Please answer yes to mark your understanding and consent for the following statement [REQUIRED]:

I understand that due to the frequency of visits of other dental patients, the characteristics of COVID-19, and the characteristics of dental procedures, that I have an elevated risk of contracting COVID-19 by being in a dental office.

Yes
 No

3. Please answer yes to mark your understanding and consent for the following statement [REQUIRED]:

I understand that DC's Provincial Health Officer has asked individuals to maintain social distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive dental treatment.

Yes
 No

4. Please answer yes to mark your understanding and consent for the following statement [REQUIRED]:

I understand that DC's Provincial Health Officer requires self-isolation for 14 days from the date a person has returned to Canada.

Yes
 No

5. Please answer yes to mark your understanding and consent for the following statement [REQUIRED]:

I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and are still highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. I understand that dental procedures create aerosols which is how the disease is spread. Aerosols can linger in the air which can transmit the COVID-19 virus.

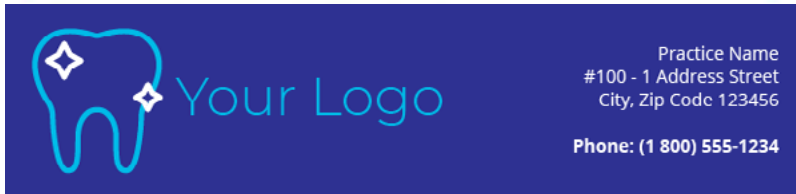
Yes
 No

6. By completing and submitting this survey, I knowingly and willingly consent to have dental treatment completed during the COVID-19 Pandemic. Please fill in YOUR (Patient) NAME or PARENT/GUARDIAN who completed this survey. [REQUIRED]

Post-Appointment Follow up Templates

Use the next set of templates to gather feedback after appointments and encourage your happiest patients with a review online.

GENERAL CONSULTATION SATISFACTION SURVEY - EMAIL



Hello David,

In order to continue providing the kind of care that keeps our patients smiling, we ask for your private feedback about the care you received in your most recent visit. This survey typically takes less than 3 minutes to complete.

We appreciate your honest feedback.

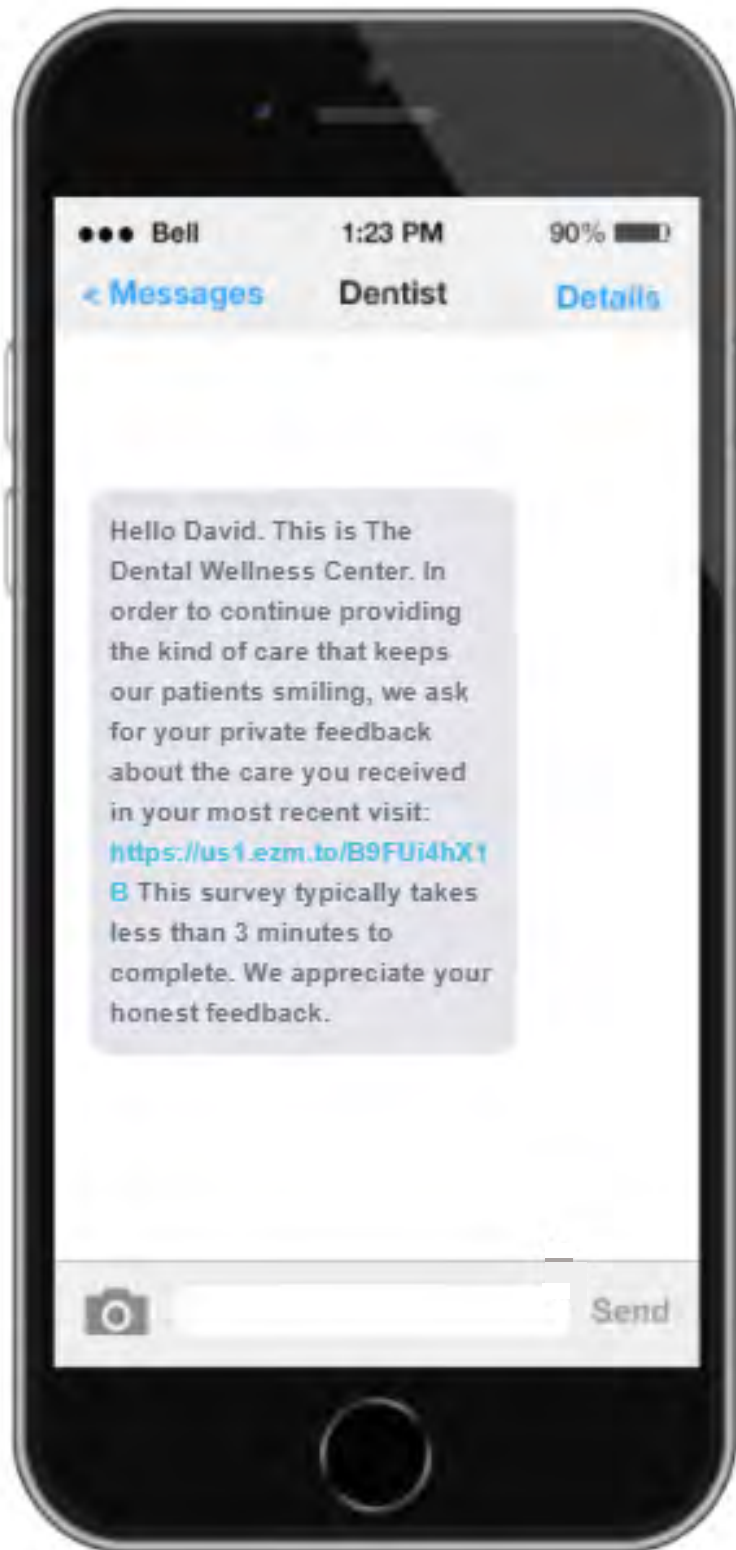
Your company name



Include the purpose and length of the survey

Automatically gather feedback from patients about their recent visit

GENERAL CONSULTATION SATISFACTION SURVEY - TEXT MESSAGE




Include the purpose and length of the survey

Automatically gather feedback from patients about their recent visit

*Within Intiveo, all survey questions are customizable.

GENERAL CONSULTATION SATISFACTION SURVEY QUESTIONS



Practice Name
#100 - 1 Address Street
City, Zip Code 123456
Phone: (1 800) 555-1234

Patient Survey

Please complete this survey to ensure that we are moving in the right direction to meet your needs.

1. How likely is it that you would recommend us to a friend or colleague?

10 Extremely likely 😄	9	8	7	6	5	4	3	2	1	0 Not at all likely 😞
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate how strongly you agree or disagree with each statement:

	Strongly agree 😄	Somewhat agree	Neither agree nor disagree 😐	Somewhat disagree	Strongly disagree 😞
The dental team was responsive to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The financial details of my appointment were adequately explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The risks and benefits of my procedure were adequately explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All of the dental team members treated me with courtesy and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My appointment started on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How can we improve upon your patient experience?

4. What did you love most about your patient experience?

5. Additional comments?

SUBMIT SURVEY

OMS WISDOM TOOTH EXTRACTION SATISFACTION SURVEY



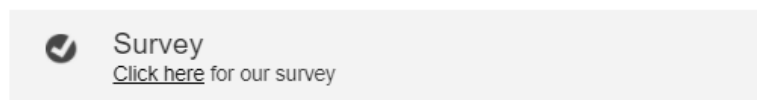
Dear David,

We thank you choosing the Your company name for your dental care.

We hope your time spent with us was truly outstanding. In order to continue to provide the kind of care that keeps our patients smiling, we would like to have your comments and suggestions about your visit.

Please take a moment to fill out our short survey.

Thank you,
Your company name




Include the purpose of the survey


Automatically gather feedback from patients about their recent visit

*Within Intiveo, all survey questions are customizable.

OMS WISDOM TOOTH EXTRACTION SATISFACTION SURVEY QUESTIONS



Practice Name
#100 - 1 Address Street
City, Zip Code 123456
Phone: (1 800) 555-1234



Patient Survey

Please complete this survey to ensure that we are moving in the right direction to meet your needs.

1. Please indicate how strongly you agree or disagree with each statement:

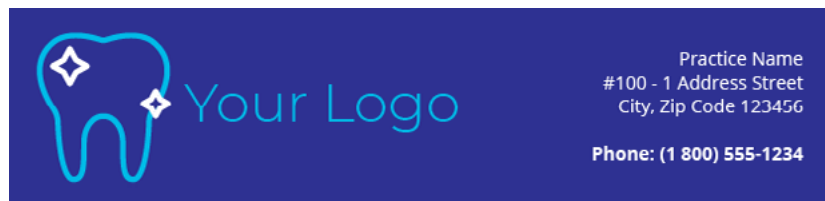
	Strongly Agree	Agree	Somewhat Agree	Disagree
It was easy to schedule my appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a good experience with the front desk staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My appointment started on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinical staff was knowledgeable and explained things well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor was compassionate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor explained the procedure clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with recent appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[SUBMIT SURVEY](#)

Recall Templates

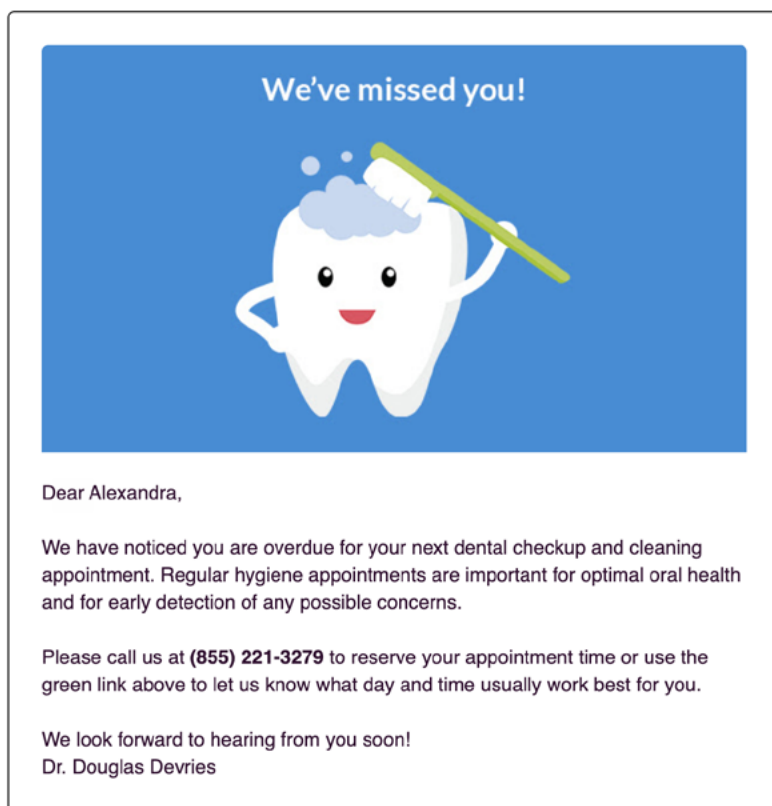
These next messages are for that last step in the patient journey, where you recall patients and start the process again.

DENTAL CHECKUP AND CLEANING REMINDER - EMAIL EXAMPLE 1



Attach your office logo and contact information

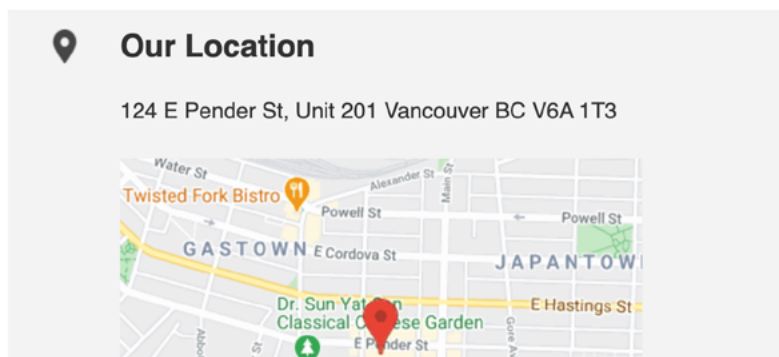
 **Request an appointment now**



Include prominent button for patients to click and confirm their appointment

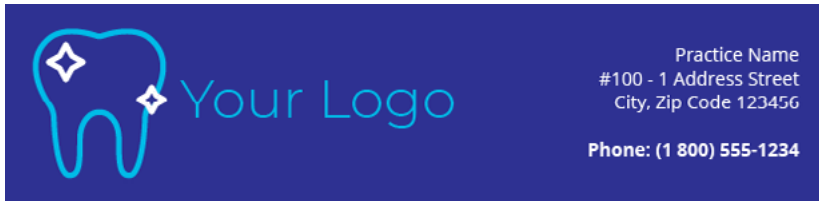
Include a fun graphic to grab patients attention

Remind patients of what appointment type they are overdue for



New patients can be sent Google maps to help locate your office

DENTAL CHECKUP AND CLEANING REMINDER - EMAIL EXAMPLE 2



Attach your office logo and contact information

 **Request an appointment now**

Include prominent button for patients to click and confirm their appointment

Hi, Chayam,

We miss you!

We hope you're doing well. We just wanted to check in since it's been a while since your last dental checkup and cleaning. If you'd like to book an appointment, feel free to call us at (855) 221-3279 or use the green link above to let us know what day and time usually work best.

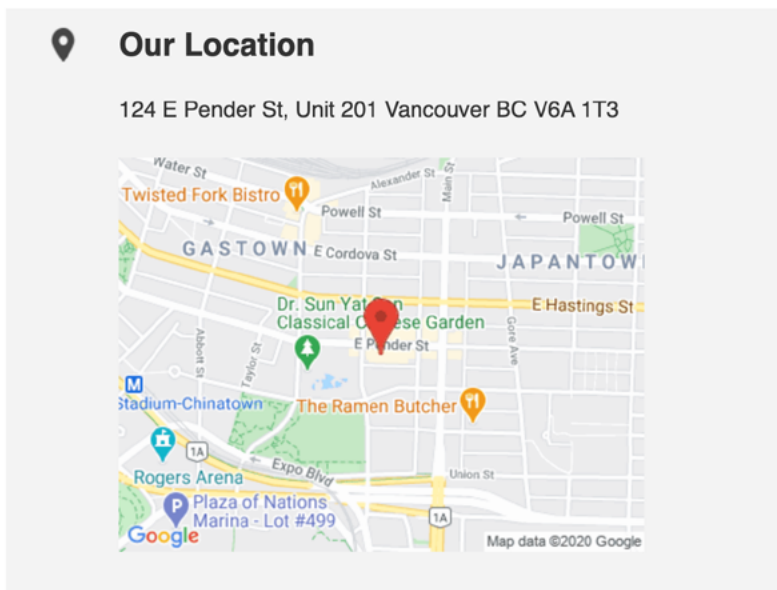
Remind patients of what appointment type they are overdue for

If you've moved on to another dental office, not a problem at all. If you send us a quick reply to this message, we'll inactivate your file for you so you won't be contacted again.

If there's anything else we can help with, or if you have any questions about your file, we're always happy to hear from you at (855) 221-3279.

Include information for patients that have found a new dentist

Best wishes,
Dr. Douglas Devries



New patients can be sent Google maps to help locate your office

Bonus: Grouped Family Message Templates

These templates are an example of messages that include family members appointment information, instead of sending individual messages for each.

DENTAL CHECKUP AND CLEANING REMINDER - GROUP FAMILY EMAIL



Attach your office logo and contact information

This is a reminder for the following appointments on: Thursday, October 22:

Mr David Smith at 10:22am
Mr John Smith at 11:07am
Mrs Susan Smith at 12:47pm

List family members names and appointment times

 Click Here To Confirm Appointments

Include prominent button for patients to click and confirm their appointment

Hi,

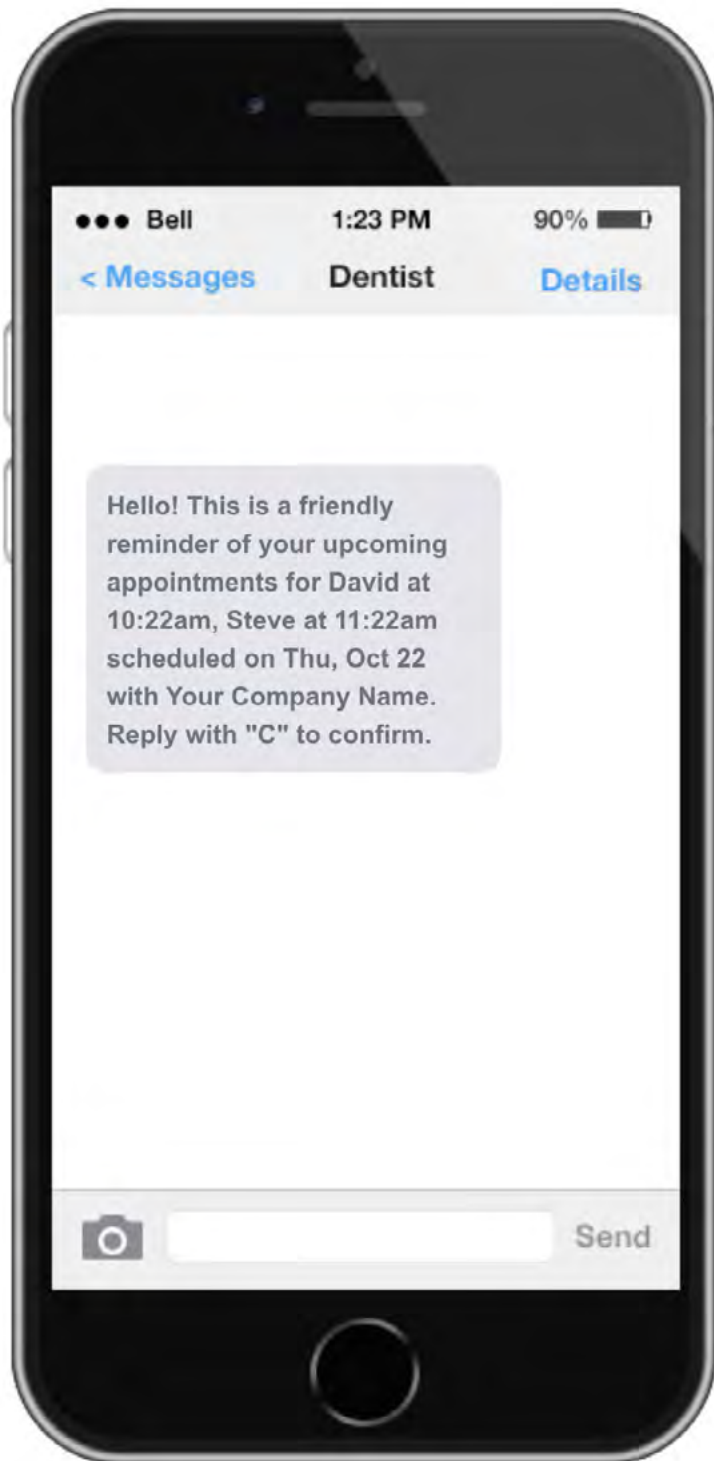
We are looking forward to seeing your family members for appointments on **Thursday, October 22**. These appointments are for:

David at 10:22am, John at 11:07am, Susan at 12:47pm

This time has been set aside especially for you. Please contact our office at **(855) 221-3279** as soon as possible if you need to reschedule.

Regards,
Your Company Name

DENTAL CHECKUP AND CLEANING CONFIRMATION - GROUP FAMILY TEXT MESSAGE



List family members names and appointment times

Include clear instructions on how to confirm appointment

Intiveo: Patient Communication Software That's Personal

Intiveo is a cloud-based patient communication software that provides automated and customizable appointment confirmations, recall reminders, booking requests, reputation management, and more - via text, email, voice.

Our features that help your practice:

- Customizable, procedure-based messaging
- Health screening surveys
- Attach key documents and forms
- Easy-to-update reminders
- Automated recall messaging
- 2-way chat
- Post-appointment surveys and reviews requests
- Multi-language
- Cloud-based software

6 Steps to Improving Patient Communication