



Wellness Form



Your Logo

Practice Name
#100 - 1 Address Street
City, Zip Code 123456

Phone: (1 800) 555-1234

Hello,

Please complete the mandatory health questionnaire linked below. If you don't submit your response, we may have to reach out to complete the questionnaire over the phone.

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 Dental Office



Survey

[Click here](#) for our survey

Include that the wellness survey is mandatory for the patient to enter your practice.

Hello,

This is Your Dental Office.

Please complete our mandatory screening:

<https://can1.ezm.to/B9FUj4hX1B>

If you don't submit your response, we may have to call to complete it over the phone.

Thanks!

You can also provide what will happen if they don't fill out the survey, such as a phone call. Another great tip is to include an opportunity to reschedule an appointment, if they're not feeling well!