ClinicOps

FREE SCRIPT PACK

Dental Front Desk Phone Scripts

Ten scripts for the calls that fill or empty the schedule, the emergency card your dentist signs, and a one-week count that shows what your calls are worth.

Keep this beside every phone. It starts with the standard under every call, then the ten scripts, the emergency card your dentist signs, the etiquette standard and the calls that go wrong. It ends with a one-week count that turns your own calls into new patients a month.

72.9%

of new dental patients make first contact by phone; 57.1% of inquiries end up booked

Liine, 2024 (vendor data, about 50,000 leads)

25.5% to 74.1%

the booking rate from the lowest to the best staff member, each with 250+ new-patient calls

Liine, 2024 (vendor data)

38%

of dentists were not busy enough in Q3 2026, up from 26% in Q2: open chairs, fewer callers

ADA Health Policy Institute, Q3 2026

Start here: ready in one week

1. Fill every [bracket] once, in your office's words: practice name, notice window, emergency times, on-call line, callback window. Never write passwords or patient details on these pages.
2. Ask your dentist to edit and sign the emergency card before anyone uses script 7.
3. Practice scripts 1, 4 and 7 in pairs for 20 minutes: one caller, one answerer, then swap. Nobody meets a swollen-face caller for the first time live.
4. Count one ordinary week of new-patient calls on the last page and score it. Repeat every quarter and after any staff change.

The call standard: five rules under every script

Rule	What the person on the phone does	Why
1. Answer to book	Book, move or resolve it on this call. Offer two specific times, never an open question like "when works for you?"	"Staff took a message" was 7.1% and caller procrastination 17.6% of unbooked new-patient calls (Liine, 2024).
2. Confirm who is calling	Two identifiers (full name plus date of birth) before any appointment or account detail. Not the patient? Check who the patient allows you to speak with.	Identity and authority must be confirmed when not known (45 CFR 164.514(h)).
3. Least on the voicemail	Your first name, the practice name, a callback number and at most the day and time. Never the treatment.	Reasonable safeguards to limit incidental disclosures (45 CFR 164.530(c)). Our standard.

Rule	What the person on the phone does	Why
4. Honor the contact request	Cell only, text only, never at work: flag it where every caller sees it, follow it, never ask why.	Reasonable requests must be accommodated; no explanation may be required (45 CFR 164.522(b)).
5. Route, never diagnose	Ask the routing questions, book by the dentist's rules, pass anything clinical to the dentist or hygienist the same day.	The dentist owns the emergency card. The desk never suggests medicine.

These pages hold no patient information. The call log at the end does once it is filled in: see the privacy note before it.

The ten scripts

Read the words in quotation marks as written until they feel natural, then make them yours. Every script has the same parts: open, ask, say, avoid, close. The reasoning behind each is in the dental phone scripts guide on clinicops.us.

SCRIPT 1 New patient: book it on the first call

A caller who has never been seen. The goal is a booked visit before the call ends.

Open	"Thank you for calling [Practice name], this is [first name]. How can I help you?"
Ask	Full name, date of birth, best number, what brings them in (in their own words: a checkup and cleaning, a tooth that hurts, a child's first visit), when they last saw a dentist, preferred days and times, how they heard about you. Pain, swelling or a broken tooth: switch to script 7.
Say	"I can see you on [day] at [time] or [day] at [time]. Which works better?" Asked what it costs: "[Name] goes through fees with every new patient. May I hold [time] for you first so you do not lose it?"
Avoid	"Let me check and call you back." Long health histories on the phone (the forms do that). Any clinical opinion.
Close	Read back day, time and address; what to bring (photo ID, a list of current medicines); the forms link; arrive [10] minutes early; how they want reminders. "We look forward to meeting you, [first name]."

SCRIPT 2 Scheduling a hygiene visit for a current patient

Booking the next cleaning, in the chair or on the phone. The interval comes from the chart, never from the desk.

Open	Confirm two identifiers. "Dr. [Name] would like to see you every [interval from the chart], so you are due in [month]."
Say	"I have [day] at [time] or [day] at [time]." Family: offer back-to-back times for a parent and children when asked.
Avoid	Choosing or changing the interval yourself. Booking outside the window the hygienist noted without telling them.
Close	"You are set for [day] at [time]. If anything changes, call us at least [48] hours before so we can offer the time to someone who is waiting."

SCRIPT 3 Reschedule: move it, do not lose it

Any caller who cannot keep a booked visit. A moved visit is not a lost visit.

Open	Confirm two identifiers. "I can move that for you. Let us find the new time now so your [cleaning, or the visit Dr. Name planned] does not slip."
Say	Two specific times inside the dentist's window. Then put the freed time on the short-notice list within the hour, longest wait first.
Avoid	Cancelling first and promising to call back with a time.
Close	Read back the new day and time; tell them when the reminder comes.

SCRIPT 4 Cancellation: rebook before you hang up

The call that empties a chair. Cancellations ran at 12.9% in 2025 across 8,500+ practices (Planet DDS, 2026, vendor platform data).

Open	Confirm two identifiers. "Thank you for letting us know."
Say	"Before you go, I have [day] at [time] or [day] at [time]. Which would you like?" Inside your notice window, state the policy once, as written: "Our policy asks for [48] hours' notice. I have noted the change."
No new time	"Which month is better? I will call you on [date] to set it." Log the reason code and the follow-up date.
Avoid	Arguing the policy. Cancelling without offering a time. Leaving the slot empty: offer it to the short-notice list within the hour.
Close	Read back the new time. The written policy, with fee options, is in the dental no-show policy template.

SCRIPT 5 Confirmation call, two business days before

Outbound. The goal is a yes, or the time released early enough to refill.

Say	"Hi, this is [first name] from [Practice name], calling for [patient first name] to confirm [day] at [time]. Please call us at [number] or reply to our text so we can hold your time."
Voicemail	The same line with no treatment named.
If they cancel	Go straight to script 4 and rebook on this call.

SCRIPT 6 Recare: an overdue hygiene patient

A patient past the interval the dentist set. A care reminder, framed on the last visit, not a sales call.

Open	Confirm two identifiers. "Hi [first name], this is [first name] from [Practice name]. Dr. [Name] likes to see you every [interval], and your last cleaning was in [month, year], so you are due."
Say	"I have [day] at [time] or [day] at [time]." Declined: ask once for a better month and set the date.
Voicemail	"This is [first name] from [Practice name] calling for [patient first name]. Please call us at [number] to schedule your visit."
Close	Three attempts over two channels, then a letter (recare letter templates), then close the recare with the reason.

SCRIPT 7 Emergency call: recognize, route, book

Use the emergency card your dentist signs. The desk asks and routes; the dentist decides.

Ask first	"Is there swelling? Is it making it hard to breathe or swallow? Is there bleeding that will not stop? Was there a blow to the face or jaw?"
Then	Which tooth or area, since when, pain from 1 to 10, a knocked-out or broken tooth, fever, patient of record or new.
Tier 1	Any yes to the first four: "Please call 911 or go to the nearest emergency room now. I am telling Dr. [Name]." Tell the dentist at once; log the time.
Tier 2 and 3	Severe pain, abscess, broken tooth with pain, knocked-out tooth, a wire cutting the cheek: the dentist's same-day time. No pain and no swelling: the next open time, with a note to the dentist.
Knocked-out	Permanent tooth, dentist-approved line: "Pick it up by the top, not the root. Rinse off dirt gently with water, do not scrub it, keep it moist in milk or inside your cheek, and come straight in." The AAE says the best window is within 30 minutes.
Avoid	Diagnosing, suggesting any medicine, "it is probably nothing", or putting the caller on hold without a person on the line.

SCRIPT 8 After hours: the greeting is a script too

Record it in a calm voice. Test it from an outside phone every quarter.

Greeting	"You have reached [Practice name]. Our office is closed. If you have swelling that affects your breathing or swallowing, bleeding that will not stop, or an injury to your face or jaw, call 911 or go to the nearest emergency room. For a dental emergency, [press 1, or call Dr. Name's on-call line at number]. To leave a message, press 2. We return messages by [10 a.m.] the next business day."
Messages	Name, date of birth, callback number, a short reason. The opener returns messages before the phones open, oldest first, and logs each time.
Avoid	Hours before the emergency line. A full mailbox. An on-call number nobody has tested.

SCRIPT 9 The upset caller: hear, own, fix, follow up

A long wait, a bill, a message not returned, how they were spoken to.

Open	Let them finish. "I am sorry this happened, and I want to help fix it." Apologize for the experience; do not argue the facts.
Ask	One question at a time: what happened, when, what they would like now. Write their words down.
Say	"Here is what I can do right now: [action]. I am also passing this to [manager], who will call you by [time]."
Avoid	"That is our policy" as a whole answer. Matching their volume. Promising a refund or a clinical step you cannot authorize. Pain or treatment complaints go to the dentist the same day.
Close	Repeat the next step and the time; log it. Abusive: one calm warning, then end the call and tell the manager (see When the call goes wrong).

SCRIPT 10 A parent, spouse or caregiver calls

Helpful to families without sharing more than the patient allows.

Minor	The parent or legal guardian books and moves visits. Follow your written policy on who else may bring the child.
Adult	"Let me check who [first name] has asked us to speak with." Listed, or clearly involved in the care: share only what that involvement needs, such as the time of a visit (45 CFR 164.510(b)).
Not sure	"I can take a message for [first name] and make sure they get it." Never confirm or deny that someone is a patient to an unknown caller.

The emergency routing card (your dentist edits and signs)

The ADA Code of Professional Conduct (4.B) says dentists "shall be obliged to make reasonable arrangements for the emergency care of their patients of record", and to make reasonable arrangements for patients not of record who call in an emergency. This card is how the desk carries that out.

Tier	The caller describes	The desk does
Tier 1: now	Swelling that affects breathing or swallowing; bleeding that will not stop; trauma to the face or jaw (the ADA's definition of a dental emergency)	Tells the caller to call 911 or go to an emergency room; tells the dentist at once; logs the time
Tier 2: same day	Severe pain; an abscess or localized swelling; a broken tooth with pain; a knocked-out or loosened tooth; a wire or appliance cutting the cheek or gum (the ADA's urgent care list)	Books the dentist's same-day time; a knocked-out permanent tooth comes in at once
Tier 3: next open time	A lost filling or temporary crown without pain; a small chip without pain	Books the next open time; sends the dentist a note to check

Our setting	Fill in once
Same-day emergency times we hold	
On-call line after hours (number or press-key)	
Backup if the on-call line does not answer	
Who the desk tells, in this order	
Our clinicians' added red flags	

Approved by (dentist) | Date | Review by

The etiquette standard

ClinicOps recommendations, not regulations. Change the right-hand column to your own standard and review it at the monthly staff meeting.

Moment	Our recommendation	Your standard
Answering	By the third ring, with the practice name and your first name.	
Hold	Ask, wait for the answer, come back within 60 seconds with news or a choice.	
Transfer	Say who and why, then hand over in person. Never a cold transfer to voicemail.	
Busy desk	A named person answers while the desk checks a patient in.	
Missed calls	Returned within one business hour, oldest first, time logged.	
Privacy at the desk	No treatment details where the waiting room can hear.	

When the call goes wrong

The calls that are not routine: what to do, in order, and the rule or reason behind it. Federal rules are shown; your state can add to them.

When this happens	Do this	Why, and the rule
The caller will not give a date of birth	Explain once that it protects their privacy. Help with hours or directions; discuss nothing about a visit or account.	Identity must be confirmed when not known (45 CFR 164.514(h)).
A spouse or adult child calls about an adult patient	Check the approved contacts. Listed or clearly involved: share only what that involvement needs. Unsure: take a message.	Disclosure limited to what is directly relevant to their involvement (45 CFR 164.510(b)).
The patient asks never to be called at home or work	Flag the number and method in the scheduling system the same day. Do not ask why.	45 CFR 164.522(b): no explanation may be required.
The voicemail may not be the patient's	First name, practice name, callback number only. No patient name, no treatment.	Our standard under 45 CFR 164.530(c).
A patient of record calls after hours and the on-call line fails	The greeting's backup number; tier 1 symptoms still go to 911 or an emergency room. Log it and tell the dentist before opening.	ADA Code 4.B: reasonable arrangements for emergency care.
Someone who is not a patient calls with an emergency	Run script 7. Offer a same-day time if the dentist agrees, or the nearest place that can see them, and note it.	ADA Code 4.B covers patients not of record too.
The caller asks for a clinical opinion ("is it infected?")	"Dr. [Name] needs to look at that. I can get you in at [time]." Then tell the dentist.	The desk routes; it never diagnoses.

When this happens	Do this	Why, and the rule
The caller asks what treatment will cost	Give the new-patient visit fee if you post one. Treatment fees come after the dentist's exam; hold a time first.	A fee given before an exam is a guess the patient will remember.
The caller becomes abusive	One calm warning: "I want to help, and I cannot continue if you use that language." Then end the call, log what was said, tell the manager.	Protects staff; the manager decides any next step under your policy.
The caller speaks limited English	Use your interpreter line for anything clinical, not a child or another relative. Note the language in the chart.	Our standard: a family interpreter can change the message.
The voicemail box is full at opening	Return messages oldest first and count them in the one-week count.	A box full most mornings is a staffing problem, not a typing one.

Keep the call log safe

A filled call log is protected health information: a chart number and any date tied to a patient are HIPAA identifiers (45 CFR 164.514). Keep it on the practice's secure drive or in a system under a business associate agreement, never on a personal phone, and never write a diagnosis on it. Unsure? Ask your privacy officer.

Worked example: one morning's call log

An illustrative log for a two-dentist general practice, chart numbers only. Every call has an outcome and an owner; anything not booked has a callback time.

Time	Chart # or ref	Call	Script	Outcome	Owner, by
7:58	NEW-0215	New patient	1	Booked Tue 9:00, reminder by text	Front desk
8:06	D-11482	Cancellation	4	Rebooked Thu 2:30; slot offered to short-notice list, filled 8:40	Front desk
8:15	D-09917	Emergency	7	Tier 2: broken molar, pain 7 of 10; booked 11:30 same day	Dr. on site
8:31	NEW-0216	New patient	1	Message taken, not booked: caller wanted to check work hours	Front desk, by 10:00
8:44	D-10305	Recare	6	Voicemail, minimum message; second attempt by text at 1:00	Front desk, 1:00
9:02	D-12001	Family caller	10	Spouse not on contact list; message taken for the patient	Front desk

Your one-week new-patient count

Count every new-patient call for one ordinary week. Booked means booked on that call, not after a callback.

Day	New-patient calls	Booked on the call	Messages taken	Missed or abandoned	Returned within 1 hour
Mon					
Tue					
Wed					
Thu					
Fri					
Week total					

What your calls are worth

Use the week's totals. The worked example column is the two-dentist practice from the guide (illustrative numbers). ClinicOps calculation from your own counts and the Liine 2024 average.

Line	How to get it	Worked example	Yours
A. New-patient calls in the week	Week total	40	
B. Booked on the call	Week total	20	
C. Your booking rate	B divided by A	50%	
D. Your best caller's rate	From the log, anyone with 10 or more calls	70%	
E. New patients a month at the 57.1% average	(A x 0.571 minus B) x 4.33; zero if negative	12	
F. New patients a month at your best caller's rate	(A x D minus B) x 4.33	35	
G. Your first-visit fee	From your own fee list	$300	
H. First-visit value a month at the average	E x G (later care not counted)	$3,600	
I. First-visit value a month at your best rate	F x G	$10,500	

Read your booking rate (line C)

65% or more	Holding	Keep the scripts current; repeat the count every quarter and after any staff change.
50% to 64%	Slipping	Find the calls that ended in a message or a callback promise; practice scripts 1 and 4 in pairs; set the one-hour callback rule.
Under 50%	Leaking	Listen to five new-patient calls with the team, fix who answers at the busiest hour, and recount in 30 days.

Grades are ClinicOps thresholds, not an industry standard. The 57.1% average and the 74.1% best staff rate are Liine vendor data from about 50,000 leads in 2023.

Next: run the count again in 30 days and compare line C. The opening and closing routine that keeps the phones live on time is in the dental office daily checklist.

Sources

Every figure and rule here was checked against its original source for this edition (v1.0, Nov 19, 2026). Rules and figures change: confirm anything time-sensitive on the source page.

1. Liine, Marketing Benchmark Report: Dentistry, 2024 edition: 72.9% of first contacts by phone, 57.1% booked, staff range 25.5% to 74.1%, reasons not booked (vendor data, nearly 50,000 leads in 2023) (2024). liine.com/wp-content/uploads/dlm_uploads/2024/02/Dentistry-Marketing-Benchmark

2. ADA Health Policy Institute, The State of the U.S. Dental Economy, Q3 2026: 38% not busy enough; 12.0-day new-patient wait (704 dentists in private practice) (2026). ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/

3. Planet DDS, 2026 Dental Industry Outlook Deep Dive: cancellation rate 12.9% in 2025 (vendor platform data, 8,500+ practices) (May 2026). planetdds.com/wp-content/uploads/2026/05/PDDS-2026-DSO-Outlook-DeepDive-051526

4. ADA Principles of Ethics and Code of Professional Conduct, section 4.B Emergency Service (revised to Oct 2025). ada.org/about/principles/code-of-ethics

5. ADA, What Constitutes a Dental Emergency? (pandemic-era guidance, still cited by the AAPD in 2026) (updated Mar 30, 2021). ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/coronavir

6. American Academy of Pediatric Dentistry, Policy on Emergency Oral Care (2026). aapd.org/globalassets/media/policies_guidelines/p_emergencyoralcare26.pdf

7. American Association of Endodontists, Knocked Out Teeth: see a dentist within 30 minutes; keep the tooth moist (current). aae.org/patients/dental-symptoms/knocked-out-teeth/

8. 45 CFR 164.514(h), 164.510(b), 164.522(b) and 164.530(c): identity, family and friends, confidential communications, safeguards (current). law.cornell.edu/cfr/text/45/164.514

Where this pack stops

The scripts give your team the words. Here is what paper cannot do on a busy Monday:

- **It cannot answer the phone. Scripts help the person who picks up; they do nothing for the call nobody picks up.**
- **It cannot see your queue. Only your phone system's reports show when calls pile up and who is covering the desk.**
- **It cannot train people on its own. A script read once is gone by the first hard call; it needs practice and a monthly review.**
- **It cannot follow up. A missed call is returned only if someone owns the callback list every hour.**

Fix one system: the 14-Day Front Door Fix: every call, form and message answered inside a set window by a named owner; scripts and training, the emergency card, confirmations, a short-notice list and recare, built in 14 days inside the tools you already use.

Book the free 20-minute Chaos Audit >

It is a diagnostic call, not a sales call: we walk back the last thing that slipped, put an hours or dollar figure on it, and you leave with the first fix whether or not you hire us.

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