

PATIENT HAND-OFF SHEET

Maximize Your Patient Consultation

PATIENT NAME: _____ PHONE NUMBER: _____

DATE CONSULTATION APPOINTMENT MADE: _____

CONSULTATION DATE/TIME: _____

QUESTIONS TO ASK DURING THE PRE-APPOINTMENT PHONE CALL:

- 1 What interested you about the truSculpt iD?
- 2 What areas are troubling you the most?
- 3 How did you hear about the truSculpt iD procedure?
- 4 How did you hear about our practice?

Detailed questions about the procedure will be answered at the consult as the practice consultant discusses the treatment with the patient.

Pricing inquiries received from patients will also be discussed at the time of consult. *Please ask your practice manager if an estimated price can be given over the phone or via email.*