



Dental Recall System Checklist Template

 Show only Checklist

Display Style
Default 

Patient List Preparation

Steps for compiling and organizing the list of patients due for recall.

Last List Generation Date

Enter date...

Total Patients on Recall List

Enter a number...



List Generation Method

- Automated System
- Manual Extraction

Next List Generation Date

Enter date...

Notes Regarding List Accuracy

Write something...

Number of patients with incomplete contact info

Enter a number...

Criteria for recall interval

- 6 Months
- 12 Months
- Other

Recall Trigger Setup

Configuration of automated reminders and notification intervals.

Recall Interval (Months)

Enter a number...

Default Recall Trigger Type

- Appointment Based
- Time Based

Last System Update Date

Enter date...

Days to Retry Unsuccessful Emails

Enter a number...

Notification Channels Enabled

- Email
- SMS
- Postal Mail

Batch Processing Start Time (if applicable)

Enter time...

Reminder Communication Methods

Verification and maintenance of contact information for various communication channels (phone, email, text).

Primary Communication Method

- Phone Call
- Email
- Text Message
- Postal Mail

Phone Call Reminders Sent Daily

Enter a number...

Communication Channels Used

- SMS
- Email
- Phone
- Postal Mail

Email Subject Line Template

Write something...

SMS Message Template

Write something...

Last Email List Verification Date

Enter date...

Preferred Contact Person for Communication Issues

- Front Desk
- Office Manager
- Recall Coordinator

Recall Letter/Email Content

Review and update of standard recall letter/email templates for accuracy and compliance.

Subject Line

Write something...

Greeting

Write something...

Recall Reason Statement

Write something...

Recommended Services Reminder

Write something...

Appointment Scheduling Instructions

- Online Portal
- Phone Call
- Email Response

Office Address

Write something...

Office Phone Number

Write something...

Last Recall Date (for reference)

Enter date...

Preferred Communication Method

- Email
- Text Message
- Phone Call

Recall Response Tracking

Process for documenting patient responses to recall notices (confirmed, rescheduled, no-show).

Response Type

- Confirmed Appointment
- Rescheduled Appointment
- No Response
- Patient Declined

Appointment Date (if confirmed/rescheduled)

Enter date...

Appointment Time (if confirmed/rescheduled)

Enter time...

Reschedule Count (if applicable)

Enter a number...

Notes Regarding Patient Response

Write something...

Communication Method Used

- Phone
- Email
- Text Message
- Postal Mail

Response Date

Enter date...

Staff Signature (Confirmation of Response)

Reschedule Management

Workflow for rescheduling appointments for patients who don't respond immediately.

Proposed Reschedule Date

Enter date...

Proposed Reschedule Time

Enter time...

Reason for Reschedule

- Medical Appointment
- Work Conflict
- Family Emergency
- Other - Please Specify

Additional Notes (if 'Other' selected above)

Write something...

Preferred Communication Method for Reschedule Confirmation

Phone

Email

Text

Staff Member Responsible for Reschedule Confirmation

Write something...

Number of Reschedule Attempts

Enter a number...

No-Show Protocol

Procedures for handling patients who miss their recall appointments.

Number of Days Until Reschedule Attempt

Enter a number...

Initial Reschedule Method (Phone/Email/Text)

- Phone
- Email
- Text

Date of No-Show

Enter date...

Scheduled Appointment Time

Enter time...

Notes on Patient Contact Attempts

Write something...

Reschedule Status

- Rescheduled
- No Contact
- Patient Request to Remove from Recall

Date of Last Contact Attempt

Enter date...

Staff Member Responsible for Follow-up

Write something...

Record Updates

Ensuring accurate documentation of recall activities in patient records.

Last Recall Date

Enter date...

Recall Method Used

- Phone
- Email
- Text
- Mail

Recall Status

- Completed
- Rescheduled
- No-Show
- Declined

Notes from Recall Interaction

Write something...

Next Recall Date (Scheduled)

Enter date...

Number of Recall Attempts

Enter a number...

System Testing & Validation

Periodic testing to confirm the recall system functions correctly.

Last System Test Date

Enter date...

Number of Simulated Recall Requests

Enter a number...

Percentage of Simulated Responses Received

Enter a number...

Communication Method Tested

- Phone
- Email
- Text Message
- Postal Mail

Recall Letter Template Version

- V1
- V2
- V3

Test Results & Observations

Write something...

Overall Test Outcome

- Pass
- Fail
- Partial Pass

Tester Signature

Legal & Compliance Review

Ensuring recall processes adhere to HIPAA and other relevant regulations.

Last HIPAA Training Completion Date

HIPAA Compliance Assessment Status

- Complete
- In Progress
- Not Started

Summary of Recent Legal/Compliance Updates

Write something...

State-Specific Recall Regulations

- Reviewed and Compliant
- Needs Review
- Not Applicable

Copies of Relevant Legal Documents (e.g., Privacy Notice)

 Upload File

Number of Patient Complaints Related to Recall Processes (last year)

Enter a number...

Notes from Legal Counsel Regarding Recall Procedures

Write something...