

Morning Huddle

Worksheet



AUDIBEL

Patient Name: _____ Date: _____

1. Is the patient hearing as well as they should be?

2. Date of last Audiogram?

3. Date of last VBH?

4. Date of current Service Plan Expiration:

5. Date of current Warranty Plan Expiration?

6. Is the patient in need of a service and/or warranty extension?

7. Could the patient benefit from any supplies and/or accessories?

8. Do we have updated insurance information?

9. Do we have an email address for this patient?

10. Do we have a cell phone for this patient?

Notes/Plan