

Name: david carney				Appointment Date: Appointment Time:					
Phone: 9038391882			Other Number:			Lead ID: 1129118			
e-mail: orionddt@aol.com									
Call Results	Mon	Tue	Wed	Thurs	Fri	Sat	Total Call Attempts		
8a – 11a									
12p – 3p									
4p – 8p									
* Place tic marks next to call attempt day and time. Caller should make a minimum of 20 call attempts No voice messages!									
Address:	18944 County Road 2171 whitehouse, TX 75791								
E-Mail:									
Directions to Appointment: (ask for landmarks) "Coming from (City) how do we get to your home or work?"									
Applicant 1 Information: Occupation: Doctor / Dentist									
DOB:	12/26/1955	Height:	5' 9"	Weight:	210	Smoke	No	Gender:	M
Insured?	Yes	Pre Ex	No	Plan Expires	3/2/2009	Ins. Co	AETNA		
Pre Ex Conditions / Medications: Yes / 23y.o. hospitalized for staff infection, also has sleep apnea and uses c-pap machine at night. 22y.o. delivered baby also had gall bladder surgery. 17y.o. had acl reconstruction and thoroscopic sympathectomy. 54y.o. blood clot in leg and takes anti-coag / Yes / Physician: Yes									
Applicant 2 Information: Relation: Spouse									
DOB:	1/14/1952	Height:	5' 6"	Weight:	160	Smoke	No	Gender:	F
Applicant 3 Information: Relation: Child									
DOB:	3/2/1987	Height:	5' 5"	Weight:	200			Gender:	F
Applicant 4 Information: Relation: Child									
DOB:	3/2/1986	Height:	6'	Weight:	220			Gender:	M
<<<< RESULTS: Agent must complete boxes below to receive credit for replacement >>>>									
DATE TURNED IN FOR CREDIT: _____ MAILED WELCOME LETTER <input type="checkbox"/> EMAIL <input type="checkbox"/>									
DROPPED OFF WELCOME LETTER <input type="checkbox"/> DOOR KNOCKED <input type="checkbox"/> SURVEY <input type="checkbox"/> THANK YOU <input type="checkbox"/>									
20 PHONE CALL ATTEMPTS ON DIFFERENT DAYS AND TIMES <input type="checkbox"/> BAD PHONE# <input type="checkbox"/>									
SET APPT Yes <input type="checkbox"/> No <input type="checkbox"/> SHOW Yes <input type="checkbox"/> No <input type="checkbox"/> SALE Yes <input type="checkbox"/> No <input type="checkbox"/>									
SCHEDULE FOLLOW UP APPT Yes <input type="checkbox"/> No <input type="checkbox"/> OUTCOME _____									
ASKED FOR REFERRALS Yes <input type="checkbox"/> No <input type="checkbox"/> QTY OF REFERRALS COLLECTED _____									
*See Manager for further script training if you mark any of below boxes.									
REASON FOR NO SET / SALE: JUST PURCHASED <input type="checkbox"/> HAVE THROUGH WORK <input type="checkbox"/> NOT INTERESTED <input type="checkbox"/>									
CAN'T AFFORD <input type="checkbox"/> TOO BUSY <input type="checkbox"/> DON'T QUALIFY <input type="checkbox"/> WRONG # <input type="checkbox"/>									
OTHER: _____ CALL BACK <input type="checkbox"/> WHEN?									