

For your hygiene department analysis, please complete both sides and return to:

*Perio-Therapeutics & Beyond*  
*724 Fitzwatertown Rd., Glenside, PA 19038*

All information can be obtained from a **"Practice Analysis-Production Summary"** report. You will need one report for **6 months** of hygiene production, as well as one report for **6 months** of doctor production. Please feel free to call 267-241-5833 if you have any questions.

**To insure you have printed out the correct report, look for the following to be included:**

- 1) ADA code # - Example:(4910)
- 2) Name of the procedure - Example: (Periodontal maintenance)
- 3) Quantity of each procedure - Example: (35)
- 4) Fee for the service - Example: (\$135)

Hygiene Department Analysis Form	
<i>Please Print:</i>	
<b>Doctor:</b>	
<b>Practice Name:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Start (Mth/Day/Yr.) :</b>	
<b>End (Mth/Day/Yr.) :</b>	
Hygiene Production	
Hygiene total production	
Hygiene total patients seen	
Number of hygienists	
Doctor Production	
Doctor total production	
Doctor total patients seen	
Number of doctors	
Occlusal Guards	
Hygienist	
Doctor	
Oral Cancer Screening	
Hygienist	
Doctor	
Power Toothbrush	
Hygienist	
Doctor	

## Hygiene Production Summary

Description	Ins. Code #	No. Done	Unit Cost	Production
Periodic oral evaluation	0120			
Emergency exam	0130			
Limited oral evaluation	0140			
Comp oral eval-new patient	0150			
Comp. periodontal evaluation	0180			
Intraoral complete series FMX	0210			
Intraoral periapical 1st film	0220			
Intraoral periapical each add'l	0230			
Bitewing one film	0270			
Bitewing two films	0272			
Bitewing three films	0273			
Bitewing four films	0274			
Panoramic film	0330			
Oral cancer screening	0431			
Prophylaxis adult	1110			
Prophylaxis child	1120			
Fluoride for child	1203			
Fluoride for adult	1204			
Oral hygiene instruction	1330			
Sealant per tooth	1351			
Laser	2144			
Whitening upper and lower	3961			
Perio scale & root pln-4 per quad	4341			
Perio scaling (1-3 teeth)	4342			
Full mouth debridement, eval/diag	4355			
Locally applied antimicrobials	4381			
Periodontal maintenance	4910			
Peridex / Misc.	9630			
Application of desensitizing	9910			
Occlusal guard	9940			
Power toothbrush	9999			