

Hygiene Department Analysis Form

Date: _____

Practice name: _____

Dentist(s) name: _____

Office address: _____

Phone: _____ Fax: _____

Website: _____

Email address: _____

Whom may we thank for referring you to us? _____

Solo practice? _____ Two doctor? _____ Group practice? _____ How many doctors? _____

How many full time hygienists? _____ How many part-time? _____

How many years has the practice been open? _____ Doctor(s) total years in dentistry? _____

Office hours: M _____ T _____ W _____ TH _____ F _____ S _____

Your dental team (doctors, hygienists, administrative staff, dental assistants, etc.):

<u>Name</u>	<u>Position</u>	<u>Yrs. in dentistry</u>	<u>Yrs. with practice</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are the three strengths of your hygiene department?

- 1) _____
- 2) _____
- 3) _____

What are three things you would like to change in the hygiene department?

- 1) _____
- 2) _____
- 3) _____

How much time is allotted for each patient?

Adult prophylaxis _____ Child _____ Perio maint _____ Perio therapy (quads) _____ New patient _____

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Radiographs

Do you have digital or traditional x-rays? _____ Do you have a Panorex? Yes or No

Do you have a digital Panorex? Yes or No How often do you take a FMX? _____

Circle the production range for one hygienist during a typical 7 - 8 hour day:

\$500 or less \$600 - \$700 \$800 - \$900 \$900 - \$1000 \$1000 or more

Fees What is your fee for the following?

Adult prophy _____ Perio Maint _____ Perio Therapy (SRP) 4 or more teeth _____

FMX _____ Panorex _____ Perio Therapy (SRP) 1-3 teeth _____

Power brush _____ Perio charting _____ Occlusal guard _____

Locally-applied antimicrobials PerioChip _____ Atridox _____ Arestin _____ Laser _____

What percentage of your practice accepts dental insurance? 10% 30% 50% 65% 85% 100%

Which insurance plans do you accept? _____

Do you use locally applied antimicrobials routinely? Yes or No

If yes, circle which products? PerioChip Arestin Atridox Perio Protect Laser

Do the hygienists wear magnification loupes? Yes or No

Which technology do you use for Oral Cancer Screening?

ViziLite VELscope Identifi 3000 none

What type of ultrasonic technology do you use?

Magnetostrictive (Cavitron) _____ Piezoelectric (Piezo) _____ Other _____

Are hygienists in your state permitted to give local anesthesia? Yes or No

Do you use Oraqix? Yes or No Do you have a written perio protocol? Yes or No

Have you ever worked with a consultant? Yes or No

How was the experience? _____

Do you hold morning "huddles"? Yes or No

Do you hold weekly / monthly staff meetings? Yes or No

Do you monitor hygiene production? Yes or No

Are there any personality conflicts among the staff? Yes or No If yes, please explain: _____

What do you hope to gain from a hygiene consultation? (Please be specific) _____

Please fill out the table on the next page. All information can be obtained from a "Practice Analysis-Production Summary" report. You will need a report for 6 months of production. To insure you have printed out the correct report, look for the following to be included:

- 1) ADA code # - Example: (D4910)
- 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

Hygiene Production			
Hygiene total production			
Hygiene total patients seen			
Number of hygienists			
Doctor Production			
Doctor total production			
Doctor total patients seen			
Number of doctors			
Description	Ins. Code #	No. Done	Fee
Perio scale & root pln-4 per quad	4341		
Perio scaling (1-3 teeth)	4342		
Full mouth debridement, eval/diag	4355		
Arestin locally applied antimicrobials	4381		
Atridox locally applied antimicrobials	4381		
PerioChip locally applied antimicrobials	4381		
Periodontal maintenance	4910		
Power toothbrush	9999		
Occlusal guard	9940		
Intraoral complete series FMX	0210		

Thank you for your time and valuable information!

Send this completed form to:

Perio-Therapeutics & Beyond

724 Fitzwatertown Road

Glenside, PA 19038