



Advanced Hygiene Concepts Inc.

Hygiene Analysis Questionnaire

Please fax completed form to (208) 726-0718

About you

(DDS/DMD)

Address _____

Telephone _____

Fax _____

Email address _____

After hours or private line telephone _____

About your patient base

What percentage of your practice are children? _____

How many active patients (seen in the last 2-3 years do you have in your practice? _____

About your hygiene department

How many total hygiene days per week do you appoint? (Count two hygienists on one day as two days) _____

How many patients do you schedule per day per hygienist? _____

How many patients actually show up per day per hygienists? _____

How many hours do you schedule in a typical work day? _____

Monday _____ hours

Tuesday _____ hours

Wednesday _____ hours

Thursday _____ hours

Friday _____ hours

Saturday _____ hours

How many weeks per year does your hygienist work? _____

How many adult new patients do you see per month on average? _____

Please estimate the percentage of patients who are scheduled for either three or four month prophys who have never had root planing _____

About your fees

What are your fees for the following procedures?

Adult prophy \$ _____

Root planing \$ _____

2 BWX \$ _____ 4 BWX \$ _____

Periodic Exam \$ _____

Perio Maintenance \$ _____

How often do you take bitewings? _____

What is your average monthly hygiene production? _____

Does this production include exam and x-rays the hygienist may take? _____

What is total office production? (Doctor and hygienist?) _____

Looking at a typical 2 week hygiene schedule please count the number of times your hygienist performed the following procedures:

Adult prophy _____

Root planing _____

Exam _____

Periodontal maintenance _____

4 bitewings _____

Affiliations:

Crown Council

MasterPlan Alliance

Dental Organization for
Conscious Sedation

Academy of Laser Dentistry

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www.advancedhygiene.com