Instructions: Please complete this form and fax it back to us at 208-246-0622.

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 percentage of your practice is insurance? _____________

If 40% or more please give both fee for service fee and an average of all insurance plans fee.

What are your fees for the following procedures?

Adult prophy __________________________

Root planing __________________________

4 BWX __________________________

Periodic Exam __________________________

Perio Maintainance __________________________

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 hygiene?) __________________________

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 __________________________