



**ABOUT YOU**

.....  
(DDS / DMD)

.....  
Address

.....  
Telephone                      Fax

.....  
Email Address

.....  
After hour 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  
hygienist? .....

.....  
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 \$ .....  
Periodontal Maint \$ .....  
How often do you take bitewings? .....

.....  
What is the average monthly hygiene production?  
.....

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

.....  
What is the total office production? (Doctor & hygiene?)  
.....

.....  
Looking at a typical 1 month hygiene schedule, please  
count the number of times your hygienist performed  
the following procedures:

|                          |                    |
|--------------------------|--------------------|
| Adult prophy: .....      | Exam: .....        |
| Root planing: .....      | 4 bitewings: ..... |
| Periodontal Maint: ..... | Fluoride Tx: ..... |