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| **HYGIENE DEPARTMENT ASSESSMENT** |

Please complete the information below as thorough as possible. Type directly into the fields provided, save it to your computer and email it back to: tcasasanta@spsolutionteam.com

Free Hygiene Assessment

Name of Practice:    
 Type of Practice: General Dentist  Cosmetic  Specialty   
 Name of Dentist/Owner: Additional Dentist Owner:    
 Business Street Address:   
 City:  State:  Zip Code:

**Contact Info**: Check the preferred mode of contact below-

Office Phone#: () Cell Phone #: ()  Email address:   
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| PRACTICE INFORMATION | |
| Type of Practice ( general , ortho, prostho, endo…..) |  |
| Number of years the practice has been in business |  |
| The last time a chart audit was completed |  |
| Active Patient Count( 18 months ) |  |
| Does the practice track “Unaccepted Tx”? |  |
| Available Hygiene Hours | |
| Number of Hygienists |  |
| Total number of possible hygiene hours per week |  |
| Average number of unfilled hygiene hours per week |  |
| How often is recall worked on?  check the answer that applies the best | Weekly   Bi-weekly   Monthly   Bi-monthly   Infrequently |



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| Hygiene Production | |
| Average Hygiene production total [ last 6 months] |  |
| Average Doctor production total [last 6 months] |  |
| Number of (4341 )in the last 6 months |  |
| Number of (4342 )in the last 6 months |  |
| Number of ( 4345) in the last 6 months |  |
| Number of (4910 )in the last 6 months |  |
| Number of (0110 )in the last 6 months |  |
| Number of (0120) in the last 6 months |  |
| Number of (0120) in the last 6 months |  |
| Number of comprehensive exams in last 12 months . |  |
| Number of periodic exams in last 12 months |  |
| Number of (0180) in the past 12 months |  |
| Number of FMX in the past 6 months |  |
| Number of adult Fluorides in past 6 month s |  |