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| **RECARE/RECALL 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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| RECALL | |
| Number of patients due next month for hygiene—without appointment? |  |
| Number of patients due in this month for hygiene —without appointment? |  |
| Number of patients due last month for hygiene —without appointment? |  |
| Number of patients due 2 months ago for hygiene —without appointment? |  |
| Number of patients due 3 months ago for hygiene —without appointment? |  |
| Number of patients due 4 months ago for hygiene —without appointment? |  |
| Number of patients due 5 months ago for hygiene —without appointment? |  |
| Number of patients due 6 months ago for hygiene —without appointment? |  |
| Number of patients due 7 months ago for hygiene —without appointment? |  |
| Number of patients due 8 months ago for hygiene —without appointment? |  |
| Number of patients due 9 months ago for hygiene —without appointment? |  |
| Number of patients due 10 months ago for hygiene —without appointment? |  |
| Number of patients due last year for hygiene — without appointment? [ January to December] |  |
| Number of patients due 2 years ago for hygiene — without appointment? [ January to December] |  |



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| RECARE  \*List the revenue amount not scheduled for the time frame indicated | |
| Amount of unscheduled treatment for current month? |  |
| Amount of unscheduled treatment for last month? |  |
| Amount of unscheduled treatment 2 months ago? |  |
| Amount of unscheduled treatment 3 months ago? |  |
| Amount of unscheduled treatment 4 months ago? |  |
| Amount of unscheduled treatment 5 months ago? |  |
| Amount of unscheduled treatment 6 months ago? |  |
| Amount of unscheduled treatment 7 months ago? |  |
| Amount of unscheduled treatment 8 months ago? |  |
| Amount of unscheduled treatment 9 months ago? |  |
| Amount of unscheduled treatment 10 months ago?? |  |
| Amount of unscheduled treatment 11 months ago? |  |

**Questions:**

1. In the last year, have you …..

Increased the amount of hygiene hours, by how much   
Decreased the amount of hygiene hours, by how much   
Kept the same amount of hygiene hours , but noticed more “open” time, how much   
Kept the same amount of Hygiene hours, but notice very little open time, how much         
 Additional Comments:

2. What is your practice’s philosophy and goals for recare/ recall ?

3. How long have you had these goals?

What have been some of the challenges you have faced in meeting these goals?

What actions have you taken to overcome these obstacles?

5. What areas would you like to see improvements?

6. What outcome do you desire from completing this assessment?

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| Increase in net income  Enjoy dentistry more than you do now |  |
| Identify total amount of hygiene days your practice can sustain.  Be able to take more time off  Increase in retirement contributions |  |
| Increase in profitability to improve lifestyle |  |
| Achieve a slower pace with same or better net.  Other: |  |

Additional Comments: