RATE YOUR HYGIENE DEPARTMENT SUCCESS POTENTIAL

1) Do you have a written periodontal therapy diagnosis and philosophy of care for your offices?
   a. YES    b. NO    c. Don’t Know the Answer

2) Do you have clearly written standards in your practice which outlines when x-rays are taken, when periodontal probing is recorded, when you complete a comprehensive perio exam vs. a comprehensive exam?
   a. YES    b. NO    c. Don’t Know the Answer

3) Is your hygiene schedule booked out more than 6 weeks?
   a. YES    b. NO    c. Don’t Know the Answer

4) Do you have specific times reserved for periodontal therapy in the hygiene schedule?
   a. YES    b. NO    c. Don’t Know the Answer

5) What percentage of the adult patients seen each day for routine preventive care have moderate to heavy bleeding during scaling?
   a. < 25%    b. 25-50%    c. 60-79%    D. 80-100%

6) How often is a comprehensive perio charting (example: full 6-point periodontal charting) completed on each adult patient?
   a. Once a year    b. Only when they need it.    c. Once every 2 years.    D. Never

7) Do you currently use local sub-dose antibiotics, like Arestin, in your office?
   a. YES    b. NO
8) Do you have hygiene production daily goals?
   a. YES     b. NO     c. Don’t Know the Answer

9) Does the hygiene department produce 25-30% of the total daily production?
   a. YES     b. NO     c. Don’t Know the Answer

10. Are your hygiene department salaries less than 30% of your overhead?
    a. YES     b. NO     c. Don’t Know the Answer

Give Your Practice a Score

1. \[ a = 10 \text{ points} \quad b = 7 \quad c = 0 \quad \text{Total} \quad \]
2. \[ a = 10 \text{ points} \quad b = 7 \quad c = 0 \quad \text{Total} \quad \]
3. \[ a = 10 \text{ points} \quad b = 7 \quad c = 0 \quad \text{Total} \quad \]
4. \[ a = 10 \quad b = 7 \quad c = 0 \quad \text{Total} \quad \]
5. \[ a = 10 \quad b = 7 \quad c = 5 \quad d = 0 \quad \text{Total} \quad \]
6. \[ a = 10 \quad b = 7 \quad c = 5 \quad d = 0 \quad \text{Total} \quad \]
7. \[ a = 10 \quad b = 5 \quad \text{Total} \quad \]
8. \[ a = 10 \quad b = 0 \quad \text{Total} \quad \]
9. \[ a = 10 \quad b = 7 \quad c = 0 \quad \text{Total} \quad \]
10. \[ a = 10 \quad b = 7 \quad c = 0 \quad \text{Total} \quad \]

\text{Grand Total:} \quad \]

What does your score mean?

\textbf{90 – 100 points. You have a ROCK STAR Hygiene Department.}

Excellent work! Continue to educate your hygiene department to stay abreast of all the latest changes in dentistry. Should you want to know how to sustain your current success please join our webinar and take time to discuss how you can get to your next level of success very quickly.

\textbf{70 – 89 points. Time to Refine Your Knowledge and Hygiene Skills.}

[www.dentalpracticesolutions.com](http://www.dentalpracticesolutions.com)  
3-Part Hygiene Department Training: [www.dentalhygiene.solutions](http://www.dentalhygiene.solutions)
There is no better time than today to refine your knowledge and skills for treating hygiene patients at today’s standard of care. Take time to schedule an overview of your hygiene department and how you can get to that next level of success. Does your hygiene department use a time management system to get all the necessary assessments completed? Do your patients receive an annual comprehensive (6-point) periodontal evaluation? These are only a few of the areas that are a sure fire way to have a productive and profitable hygiene department. Schedule your complimentary hygiene department health assessment today. It’s no cost when you send the information below.

0 - 69 points Take Action Now!

Most likely your hygienists are not treating your adult perio patients at the standard of care according to the American Academy of Periodontology. This number indicates that you do not complete a comprehensive periodontal exam nor does your hygiene department develop adequate treatment plans for adult patients. This is a great time to discuss with your hygiene department what is holding them back from treating patients at a higher level of care. Do your hygienists believe they are not given enough time to complete all the necessary assessments for hygiene patients? Do your hygienists feel they do not have support to complete all their patient assessments? What challenges do your hygienists face daily that keep them from providing optimal care for all patients in your practice? Now is the time to seek the support of a dental hygiene coach. Use the form below to schedule a hygiene department health assessment today.

Please fax your answers to: 503-200-1394 or email to: support@dentalpracticesolutions.com
HYGIENE DEPARTMENT HEALTH ASSESSMENT

Please complete the below information and then fax or email your answers below.

Office Name: ________________________________________________

Doctor(s) Name(s): ____________________________________________

Office Address: ________________________________________________

City: ______________________ State: _______ Country: ______________

Office Phone #: (area code) _______ Number: ______________________

Email: ________________________________________________________

Website: ______________________________________________________

Your Score: ______

How many hygienists are in your office? ______ How many days does each one work? ______

What challenges do you face today in your hygiene department?

Have you tried to do anything about the challenges in your hygiene department? Yes____ No ____

If yes, what was the outcome?

Please email this to: support@dentalpracticesolutions.com or fax to: 503-200-1394.