



“The Hygiene Department Experts”

HYGIENE DEPARTMENT TOOLS

This form is considered confidential and used for gathering general information and baseline practice metrics only. Please fax or email your answers no less than 24 hrs. prior to our call.

DATE: _____ DOCTOR NAME: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____ EMAIL: _____

BEST CONTACT # FOR OUR CALL: _____

DATE AND TIME OF SCHEDULED CALL: _____

If Call is Not Scheduled Please Suggest 2 Days and Time (Include your time zone):

- 1.
- 2.

NUMBER OF ASSISTANTS: _____ NUMBER OF HYGIENISTS: _____ NUMBER OF DENTISTS: _____

Top 3 Challenges:

- 1.
- 2.
- 3.

Have you tried to overcome challenges mentioned above on your own? Or with a consultant previously?

Yes ___ No ___



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If Yes, what was the outcome?

What are you willing to do now to change these challenges into successes?

How do you rate the following? Please circle 1-3.

1 is the best and 3 is the least. If you have more than two hygienist's please add each below.

My hygienist inspires growth in my practice:

HYGIENIST #1. 1 2 3

HYGIENIST #2. 1 2 3

2. My hygienist prepares patients to schedule restorative treatment:

HYGIENIST #1. 1 2 3

HYGIENIST #2. 1 2 3

3. My hygienist recommends adjunctive services: examples: Whitening, Night guards, etc.

HYGIENIST #1. 1 2 3

HYGIENIST #2. 1 2 3

Any other areas you want to list here? Please create your own areas that you wish me to know about.

To Schedule Your Call View Debbie's Calendar Here: <http://bit.ly/SCHEDULECALLNOW>

Please Fax or Email these answers prior to our scheduled call.

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