

Dental Hygiene Assessment Form

Date: _____

Practice name: _____

Dr's name: _____

Mailing address: _____

Telephone: _____

Fax: _____

Email: _____

Practice Type

Number of doctors: _____ FT/PT _____

Number of hygienists: _____ FT/PT _____

Assisted hygiene? _____

Years in practice: _____

Health of Hygiene Department

- ❖ Sets monthly/daily goals..... Y/N
- ❖ Meets daily, monthly goals..... Y/N, sometimes
- ❖ Comprehensive hygiene or mostly proph, exam, 4 BW
- ❖ Written, established, current perio therapy program..... Y/N
- ❖ How much time allotted per patient.....
- ❖ Hygienists paid hourly, salary, commission, bonus.....
- ❖ Hygienists aware of hygiene production goals
- ❖ Length of time RDH employed in the practice.....
- ❖ RDH takes CE courses... Y/N ... How often do you have a TEMP RDH?.....
- ❖ Health of CONTINUING CARE/RECALL system.....

Fees Charged for Hygiene Services

- ❖ Perio therapy/SRP per quad.....
- ❖ Perio therapy/SRP 1-3 teeth.....
- ❖ Perio Maintenance..... Irrigation.....
- ❖ Desensitization..... Adult Fluoride.....
- ❖ Adult prophylaxis (healthy mouth).....
- ❖ Adult prophylaxis (gingivitis).....
- ❖ Child prophylaxis..... Fluoride.....
- ❖ Pit and fissure sealants
- ❖ Locally-applied antimicrobials (LAA): Arestin.....
- ❖ PerioChip..... Atridox.....
- ❖ Radiographs: Panoramic:.....FMX.....BW.....PAs.....

Please complete these forms as accurately as you can, run a hygiene report for the last 3/6/12 months and forward to me by fax, email, or snail mail.

Thanks for the trust and confidence you have placed in me by allowing me to serve you. I am excited to start working with you and your team! I look forward to an interesting, productive, and successful, fun relationship with you!

AC Dental Hygiene Consulting
4420 Greycliff Pointe, Douglasville, Georgia 30135
Telephone: 404-933-8699
Fax: 678-838-8141
Email: acdhconsultant@gmail.com