GENERAL DENTIST

Dental Basics Manual

2026 UPDATE NOTE:
This Dental Basics Manual has been reviewed and reissued for 2026. Core educational content and patient communication language have been retained. References to digital imaging, chartless records, and modern diagnostic tools have been updated where appropriate. All clinical decisions remain the responsibility of the dentist.

Note: The following policies and procedures comprise general information and guidelines only. The purpose of these policies is to assist you in performing your job. The policies and procedures may or may not conform with Federal, State and Local laws, rules and regulations and are not offered here as a substitute for proper legal, accounting or other professional advice for specific situations.

Prior to implementing any of these suggestions, policies or procedures, you should seek professional counsel with your attorney, accountant and/or the appropriate governing or licensing board or any other applicable government body for a full understanding of all appropriate laws, rules, procedures or practices pertaining to your healthcare discipline or business activities.

TRAINING MANUAL INFORMATION

READ FIRST

The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

Our reasons for giving you this training manual are threefold:

1. **To provide written policies and procedures relating to your job functions.**
2. **To ensure you have a resource for correcting or adding to the written exam questions (since we only accept 100%)**
3. **To provide you with a future reference. We do not expect you to memorize all of the policies relating to your job. But, we do expect you to refer back to the appropriate written material and review it on your own as well as with your supervisor.**

When you have finished reading the policies in this manual, please see your supervisor for the written exam. When you have finished the exam, you will refer back to the appropriate policy in an open book style to change or add to your answers until your supervisor is satisfied every question and each "active procedure" has been successfully executed without error.

Ultimately, we expect that your complete review of this manual will help you understand and use the general policies and communication vehicles of our office.

HOW TO EDIT YOUR MANUALS

As you might imagine, creating these manuals was quite an undertaking. We knew that no single manual would apply to every practice, since each doctor has a unique personality and management style. Over the years, we updated the manuals with both ideas from our clients and emergingtechniques.

The resulting contents provide detailed policies and procedures that will significantly reduce your administrative efforts. You may choose to leave the contents in the original form or to adapt the contents to meet your specific style.

Once you have reviewed the manuals and personalized the contents, you will have a solution for competently dealing with the majority of employee-related concerns in your dental office. You'll also have written documentation to consistently support each situation, which will alleviate you from continually rendering opinions.

We recommend you (or your designee) print the manuals and place them in a notebook binder. Then, review each policy and make edits as needed. For example, you may want the phone answered differently than the wording in our script or you may not want to include "Paid Holidays." In these instances, simply draw a line through the corresponding contents (use red or blue ink so it's easy to see) and then draw an arrow to the new text that you want included. If there is a policy that does not apply to your practice, simply draw an X through the whole policy and write "delete" in bold letters across the appropriate section.

When the editing is complete, input the changes into the original Microsoft Word file and save. You can then print as many copies as you need and make changes in the future as necessary.

In addition to the detailed information in our manuals, we suggest you retain other relevant handbooks and references that are essential to managing your practice (e.g., equipment manuals, software guides, etc.) All manuals and guides should be stored together in an easily accessible area of your office for quick reference.

TABLE OF CONTENTS

GENERAL DEFINITIONS

COB:

Coordination of Benefits. A term used when a patient is covered by more than one insurance policy. The benefits are coordinated between the primary insurer and then, the secondary insurance company.

Deductible:

The deductible is an amount determined by the insurance policy that has to be met by the patient before the insurance company will start paying its percentage. Deductibles vary by insurance policy.

DOB:

Date of Birth.

DOS:

Date of Service. This is the actual date when the service is rendered.

EOB:

Explanation of Benefits. This is a statement which accompanies the insurance payment, explaining what was paid and why.

Est.

Estimate.

Flow:

To proceed steadily, smoothly and evenly. To have smooth, uninterrupted continuity.

Ins:

Insurance.

LM:

Left Message.

LMM:

Left Message on Machine.

NA:

No Answer.

WCB:

Will Call Back.

Open Account: When there is a balance on a patient's account that is owed by the patient or the insurance company. Any account that does not have a -0- balance (or a credit balance).

Purpose: To have the intention of doing or accomplishing (something); intend; aim. (Funk and Wagnalls Standard Dictionary)

Routing: To dispatch or send by a certain way. (Funk and Wagnalls Standard Dictionary)

Walk-in: A patient who comes into the office without a scheduled appointment. He just "walks in."

WCB

Will Call Back.

-0- Account:

Any account that has a -0- balance.

DENTAL DEFINITIONS

ADA Procedure Codes: A system of four or five digit codes used to identify dental procedures for insurance reporting.

Amalgam: A material containing silver and other metals that is mixed with mercury to form dental restorations (fillings).

Anterior: Front teeth.

Bicuspid: Premolar teeth. Used for grasping, tearing, grinding and chewing.

Bitewing (X-Ray): A dental X-Ray that shows the upper and lower

teeth and adjacent tissues of the teeth. Usually are taken in sets of four or two.

Bonding: A restorative treatment used to treat cavities using tooth colored material instead of amalgam. Also, called resin or composites.

Bridge: A fixed appliance used to replace one or more missing teeth.

Calculus: A hard, stone-like material which forms on the teeth through the hardening of plaque.

Canine: Sometimes called the cuspid. A heavy tooth to cut and tear.

Complete Denture:

A removable appliance which replaces all of the teeth in one or both jaws.

Cosmetic Dentistry:

Treatment of dental problems due to cosmetic reasons (discolored teeth, gaps, etc.).

Crown: 1. The part of the tooth that is covered with enamel and is normally visible. 2. A restoration that covers the entire top of the tooth, usually in gold or tooth colored material. Also, called a cap.

Endodontics:

Dental specialty that deals with the diagnosis and treatment of pulp, the tissue within the tooth and root canals.

Full Mouth X-Rays: A set of 18 X-Rays showing all of the teeth of the mouth, upper and lower.

Gingival Curettage: The removal of a layer of infected tissue lining of the gums surrounding the teeth.

Gingivectomy: Removal of a portion of the fixed layer of gum tissue surrounding the teeth due to periodontal disease or improper contour of the gums.

Gingivitis: Infection of the gums, usually mild stage.

Incisor: Those teeth with the thin, sharp, cutting edge; used for cutting and biting.

Mandible: Lower Jaw.

Maxilla: Upper Jaw.

Molar:

The teeth in the back of the mouth used for grinding.

Occlusion: The manner in which the upper and lower teeth bite or come together.

Oral Surgery: That dental specialty which deals with the extraction of teeth and other surgical procedures on the jaw.

Orthodontics:

That dental specialty which deals with the prevention, correction and/or treatment of misalignment of the teeth and jaws.

Panoramic X-ray: A single film showing, in one view, all the teeth and surrounding structures of the mouth and jaws.

Partial Denture: A removable appliance used to replace one or more missing teeth in the same jaw.

Pedodontics:

That dental specialty dealing with the diagnosis, treatment and prevention of dental disorders in children.

Periodontal Disease: A chronic inflammation of the gums with pus formation, bleeding; also called pyorrhea. There are four stages or types of perio disease.

Periodontics:

Dental specialty concerned with the study, prevention and treatment of diseases in the soft tissue (gums) surrounding the teeth and the bone supporting the teeth.

Perioscaling:

A procedure performed by either the hygienist or doctor that deep cleans under the gums to remove plaque and begin correcting gum infection.

Plaque: A sticky mass of food debris, dead cells and bacteria that accumulates and grows on the surface of teeth. Plaque causes periodontal disease and tooth decay.

Posterior: Back teeth.

Prophylaxis:

"Prophy." The professional cleaning of teeth to remove all accumulated plaque, calculus and stains. A prophy is almost always rendered by the hygienist.

Prosthodontics: That dental specialty which deals with the replacement of missing teeth, and supporting dental structures, with crowns, bridgework, partials or dentures.

Quadrants: The division of the mouth into four parts.

Recall: A term used in the hygiene department to indicate an office visit for a patient who is coming in for his/her periodic (usually 3 or 6 month) cleaning.

Root Canal Therapy:

An endodontic treatment where the pulp (nerve) of the tooth is removed and the canals cleaned due to the nerve being infected and/or dead.

Sealant: A thin plastic coating bonded to the grooves of teeth, usually in children, for the purpose of preventing decay.

TMJ: Tempromandibular Joint- the jaw joint located just in front of the ear on either side of the face.

TMJ Dysfunction: Any of a number of abnormal or disease processes which affect the tempromandibular joint.

Veneer: Tooth colored porcelain or resin material bonded to upper and lower front facial surfaces for cosmetic purposes.

Wisdom Tooth: The last molar in the mouth (may or may not come in through the gums). There are four wisdom teeth.

X-Rays: Radiographic pictures of the teeth used as a diagnostic tool.

ABBREVIATIONS

We are very busy in this office, so we use many abbreviations to save time. You need to know these abbreviations to do your job well. They are as follows:

AdjuPerioent	Adj
Amalgam Restoration	Amal.
Anesthetic	Anes
Anterior	Ant.
Apicoectomy	Apico
Bite-Wing X-ray	BWX
BOP	Bleeding On Probing
Bridge	Brg
Broken Appointment	BA
Buccal	B
Canceled	CA
Complete Exam	Comp Ex
Composite	Comp
Crown	CRN
Denture AdjuPerioent	Dent. Adj
Develop Treatment Plan	Dev. Tx Plan

Distal	D
Endodontics	Endo
Estimate	EST.
Exam	EX.
Extra Oral Tissues	EOT
Extraction	Ext
Facial	F
Financial Arrangements	FA
Fine Scaling	F.S.
First exam & cleaning	N.P. Ex
Fluoride Treatment	FL. TX.
Full Mouth X-rays	FMX
Gingiva	Ging
Gross Scaling	G.S.
Home Care	HC
Impression	Imp.
Incisal	I
Insurance	INS
Insurance Coverage	INS. COV

Initial Oral Tissues	IOT
Intra Oral Tissues	IOT
Irrigation	Irrig.
Last Cleaning	LC
Left	L
Left Message	LM
Left Message at Home	LMH
Left Message Machine	LMM
Left Message Voicemail	LMVM
Lingual	L
Lower	L
Mandibular	MAND
Maryland Bridge	MB
Maxillary	MAX
Medical History	MH or Med Hx
Mesial	M
New Patient	NP
Next Visit	NV
No Charge	NC

Occlusal AdjuPerioent	Occ. Adj.
Occlusal Surface	O
Oral Hygiene Instruction	OHI
Oral Prophylaxis (cleaning)	Pro
Orthodontics	Ortho
Panorex X-ray	Pan
Periapical X-ray	PA
Periodic Oral Exam	PE
Periodontal Surgery	Perio Sx
Periodontics	Perio
Post & Core	P & C
Post Operatory Exam	POST OP
Posterior	Post.
Preparation of Tooth	prep
Prescription	Rx
Prophy exam & cleaning	PRO, EX, BWX
Quadrant	Quad
Rescheduled	RESCH.
Right	R

Root Canal Treatment	RCT
Root Canal Treatment Complete	RCTC
Root Plane & Scaling	RPS
Rubber dam	R/D
Sealant	Seal
Soft Tissue Management	PERIO
Surgery	Sx
Suture Removal	S/R
Temporary Crown	Temp. Crn.
TMJ X-ray	TMJ
Tooth Ache	TA
Tooth Extraction	EXT
Topical	Top
Treatment	Tx
Treatment Completed	Trmt. Comp.
Upper	U
Veneers	Veneers
Wisdom Teeth	WT
With Normal Limits	WNL

REVIEW

Make a copy of this page and write your answers on the copy. You may refer to the policy or procedure as often as needed to answer the question. Provide your answers to the office manager upon completion. Ask a qualified employee to sign off on any procedures or role-playing drills.

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1. **Review all of the stat graphs to ensure your understanding of exactly what each one represents. Discuss each one with the Office Manager and have her quiz you on what each graph represent.**
2. **Practice inputting statistics and printing graphs using your computer software program until you are confident you can input and print stat graphs.**
3. **Write 10 sentences using your choice of 10 words from the Dental Definitions policy. The content or subject of the sample sentences does not matter; all that is important is that it is a "complete and accurate" sentence.**
4. **Ask the office manager to ensure you understand each word in the above policy by quizzing you on each definition.**
5. **Get tested on your knowledge of the "abbreviations" by asking a knowledgeable employee to quiz you until you can correctly identify 10 abbreviations in a row.**

TEETH

A healthy adult mouth contains 32 teeth. The teeth are counted by starting on the upper right at the wisdom tooth as #1 and going around to the far left as #16, then dropping down to the bottom left as #17 and going around to the far right as #32. The mouth is divided up into 4 sections called quadrants: a) upper right, b) upper left, c) lower right, and d) lower left. The teeth are separated into the back

(posteriors) that consists of molars and pre-molars, and the front (anteriors) that consists of cuspids and incisors.

The surfaces of each tooth are as follows: mesial, lingual, distal, facial, and incisal or occlusal.

Children's teeth are lettered rather than numbered. Starting with the upper right as A over to the left ending with J, dropping down to the left with K and back over to the right ending with T. Baby teeth (primary teeth) are very important and should not be overlooked. They hold positions for the developing adult teeth, so those teeth can come in straight. In addition, if not taken care of quickly, an infected baby tooth can result in decaying the underlying permanent (adult) tooth. It is important that a child has good experiences at the dental office so he/she will continue receiving dental care as an adult.

INSERT SAMPLE SHEETS

1. TOOTH ORDER
2. PRIMARY TEETH
3. PERMANENT TEETH
4. TOOTH SURFACES
5. ANATOMY OF THE TOOTH

X-RAYS

The best diagnostic tool the dentist has is an x-ray. Digital X-rays (radiographs) show the gums, tooth, bone and any problems that might be present. Some people may express concern about the radiation involved in receiving an x-ray. Let these people know that the amount of radiation from an x-ray is much less than the radiation exposure from a day in the sun. This is due to:

- The high speed film used that requires less exposure;
- A lead shield that every patient has placed over him/her; and,
- A cone that directs the radiation to a very small area.

We take a Panorex on all new patients. This gives the dentist a complete picture of the patient's mouth and bite. Established recall patients normally get bitewing x-rays (pictures of the back teeth biting down) every 6 months. If cavities are going to develop, the molar teeth are where they most often occur. A patient with

a toothache must have a picture taken of the tooth, so the doctor can properly diagnose the problem. The assistant will take one x-ray of that tooth (a periapical x-ray).

PATIENT X-RAYS

ALL PATIENT'S MUST HAVE X-RAYS.

If a patient refuses to have films taken, then they cannot be a patient here. If, after explaining the need for x-rays and the precautions and risks associated, the patient still does not want the x-rays, he/she will be referred out.

No patients are allowed to sign a refusal of x-ray form. If patients have signed these forms in the past and wish to continue with this habit, we will copy and forward any films they may have to another dentist.

The proper procedure for explaining the need of x-rays is outlined below. Patients may have many excuses and reasons for not wanting x-rays, but in this office we MUST have them.

Following are the reasons for having x-rays taken:

1. Undiagnosed decay between teeth, under the gum line and all fillings.
2. Periodontal bone loss.
3. Impacted teeth.
4. Cysts.
5. Root fragments.
6. Abscesses.
7. Fractured teeth or jaws.
8. Tumors, cancerous growth and other disease.

DENTAL X-RAY EXAMINATIONS

Insert brochure on dental x-ray examinations here.

REQUEST FOR X-RAY FORM

Place a copy of request for x-ray form here.

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1. **How many teeth does a healthy adult mouth have and what is the correct way to count them?**
2. **Show another employee the correct way to count teeth. Repeat as necessary until you can count with confidence.**
3. **Using a tooth model, show another employee all five surfaces of a tooth and repeat this until you can demonstrate the surfaces without error.**
4. **Describe why an x-ray is necessary for proper diagnosis and identify the type of x-ray taken on all new patients.**
5. **What type of x-ray do recall patients always get?**
6. **What kind of x-ray do you take for a toothache patient?**
7. **What is our procedure if a patient refuses to have x-rays taken?**
8. **What is our procedure when a patient requests a copy of their x-rays for a different dentist?**
9. **Is there ever a time when we do not charge a fee for making a copy of x-rays?**

GUM (PERIODONTAL) DISEASE

Gum disease is destruction of the gingival (gums) and/or bone structure surrounding the teeth. Gum disease results from plaque, calculus and bacteria forming deposits on and under the gums. Plaque is soft mucous with bacteria that can be brushed off with a toothbrush. Calculus is a plaque that has hardened and must be removed by the hygienist. A toothbrush cannot remove it. Bacteria are normally found in everyone's mouth. These three things form into deposits and start causing an infection of the gums.

The infection is first noticed by gums bleeding when a person brushes, flosses or uses a toothpick on his/her teeth. This condition is called gingivitis and is usually treated with PERIO I gum disease treatment. If not treated, the condition worsens and develops into mild periodontal (gum) disease. The mouth and gums then become puffy and red. Treatment for this condition may consist of a regular cleaning followed by a deep cleaning, called Perio-scaling. The patient may require 1 or 2 deep cleanings depending on the infection. If the patient ignores his gums, the condition will continue to worsen. Then, it is called moderate periodontal disease. The condition evolves from mild to moderate to severe periodontal disease.

Both the doctor and the hygienist treat the patient for gum disease. The hygienist normally provides all of the cleanings and deep cleanings. The doctor normally treats severe periodontal disease. If the patient requires the infected gum to be cut away so new gum tissue can grow, the doctor will perform a treatment called Gingivectomy. If the patient requires that the gums be very, very deeply cleaned, the doctor will do so by numbing the patient. This procedure is called gingival curettage.

PERIODONTAL DISEASE LITERATURE

Insert the following brochures here:

1. The stages of periodontal disease
2. The causes of gum disease

FILLINGS

Almost everyone has had a cavity at some point in his or her life, mostly during childhood. This office uses composite (or white filling) material when restoring cavities. Amalgams (or silver fillings) are no longer placed in this office, as of _____.

A cavity is a hole in the tooth resulting from decay. It usually comes from food matter on the tooth that has not been removed. This food matter then eats away the tooth. A cavity can be very big or as tiny as a pinhole. No matter the size, once a hole is there, it must be filled or it will only get bigger.

Our office recommends composite fillings. A composite should last about 5 – 7 years or longer with regular dental visits. After this time, the material starts wearing down and may become "leaky" (meaning, that saliva and plaque begins seeping through the filling and decaying the tooth underneath the filling). This occurrence is not unusual and happens to almost everyone. The treatment is to remove the old filling and place a new one.

At first, fillings may be sensitive to cold or hard food items. This sensitivity is normal. The tooth is simply adjusting to the filling. Depending on the size of the filling, the sensitivity may last 5 – 6 months. However, if a patient complains of pain when chewing on the tooth, the doctor needs to see the patient. The new filling may be too high: thereby, causing pain when chewing. This is quickly and easily corrected by the dentist (usually in about 1 minute).

RESTORATIVE FILLINGS

Composite Restorations are done with white composite resin material that may be used on anterior and posterior teeth. It is a durable material that can be matched to the existing tooth color. Composite is used when new decay is present or when an old leaking or broken filling is present in a tooth that can be structurally refilled. The white composite filling is the restorative material of choice due to its durability and cosmetic factor. But, the final decision is always between the doctor and the patient.

WHY DOES MY FILLING NEED TO BE REPLACED?

Insert brochure on why fillings need to be replaced here.

ONLAYS/INLAYS

Onlays/Inlays are laboratory-fabricated restorations applied when a crown is not necessary and a filling material will not suffice. This two-appointment procedure (much like a crown) consists of prepping, impressions and a temporary being placed. Then approximately 2 weeks later, the restoration is permanently cemented.

The procedure is recommended when there is a fracture in the tooth or cusp, or an older/leaky filling needs to be replaced, but a crown is not necessary.

Note: Onlays/Inlays are available in gold or white porcelain. A study model should be available to demonstrate coloration to the patient.

WHAT ARE INLAYS AND ONLAYS?

Insert a brochure describing inlays and onlays.

CROWNS

A crown is also known as a cap. It sits on the tooth as a protective cover to prevent a tooth from chipping or breaking when chewing. A crown extends the life of the tooth.

Signs for the need of a crown are large fillings, a tooth with a crack in it, teeth that are broken or have large chips where a filling would not hold, and teeth that have had root canals. Crowns do not break and usually last 10-15-20 years or longer if properly placed and maintained. A patient can chew whatever he/she wants to on the crown.

The crown placement takes 2 appointments. During the first appointment (crown prep), we take an impression of the tooth and prepare the tooth to allow room for the crown. Preparing the tooth actually means trimming the top and sides of the

tooth, so the crown can sit down on the tooth without being too high or too big. Then, the doctor will make a temporary crown, which the patient wears on this tooth while the lab makes the permanent crown. The lab uses the impression to make the crown the exact size and shape for the patient.

The temporary is tooth colored and is temporarily cemented onto the tooth. It does not fit or looks like a crown. The patient may have some sensitivity to cold and/or sweets, or the gums around the temporary may ache. Warm salt-water rinse helps with this mild discomfort. The patient can eat anything, but is warned to stay away from very sticky or extra hard foods (gum, caramel, candied apples, etc.). These foods may pull the temporary off or crack it. The temporary crown is like a Band-Aid and is only there to protect the tooth underneath. If the temporary crown comes off, the patient should come back in to have it re-cemented, which takes about 20 minutes. The patient should brush as usual, but should floss carefully.

On the second appointment, the temporary crown is removed and the permanent crown is cemented onto the tooth. The gums will then heal and usually no sensitivity will occur. There are no food restrictions. The patient may brush and floss as normal. This appointment takes about 15 minutes. Now the tooth is protected and is as good as new.

WHY DO I NEED A CROWN?

Insert brochure here on why someone would need a crown.

PORCELAIN VENEERS

Porcelain veneers are the most conservative esthetic restorations available in dentistry today. A thin layer of the front tooth is removed to allow a veneer of porcelain to be bonded to the tooth without making it any thicker. Similar (in a way) to a false fingernail, the veneer covers dark or yellow teeth, fills unsightly gaps, lengthens short or stubby teeth, straightens crooked teeth, and in general creates a more attractive smile. The end result is something that is a real joy to see and gives 100% patient satisfaction.

Unlike a false fingernail, veneers are more permanent. The veneer is attached to the teeth using the most advanced methods of bonding principles. It is made in a dental laboratory and is permanently cemented on the front (facial) of anterior teeth. The appointments are much like crown/bridge procedures consisting of trimming the teeth, taking an impression and making temporaries in the first appointment. Then two (2) weeks later, the veneers are permanently cemented. This procedure may involve one tooth or many.

Note: A study model, or photos of before and after should be available to demonstrate outcomes to the patient. If a patient is interested in veneers, a digital photo can be taken of their existing "before" smile and veneers can be digitally imaged for their "after" look before initiating any treatment. Although the final results are always more impressive than the two-dimensional computer simulation, the patient can gain valuable insight into what they can look like.

The technical advancements in dentistry today ensure there is no reason for anyone to go through life with an unattractive smile. We make adjustments, so that the patient loves everything about their smile. Along with tooth colored restorations, porcelain veneers are considered my specialty. The doctor has taken extensive courses on these technically advanced restorations to guarantee that patients receive the strongest, healthiest, most attractive results possible.

VENEERS BROCHURE

Insert a brochure describing veneers here.

REVIEW

Make a copy of this page and write your answer on the copy. Use the back of this page for your answers additional paper as needed. You may refer back to the policy or procedure as often as needed to answer the question. Turn your answers in to the office manager upon completion. Get a qualified employee to sign off on any procedures or role-playing drills.

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drills during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence.

1. **In your own words describe what the symptoms are for gingivitis, mild periodontal disease, moderate periodontal disease and eventually severe periodontal disease.**

2. **Meet with the hygienist and ask her to explain periodontal disease to you. Assist her in charting a new patient that has the likelihood of gum disease, so you can observe infected gums firsthand.**
3. **How does a cavity get started?**

4. **What is meant by a leaky filling?**

5. **How long does a composite last?**

6. **What could cause a tooth to be sensitive after receiving a composite filling?**

7. How long might the sensitivity last?

8. If the pain is coming from chewing on the tooth, what might be causing the pain?

9. What is the difference between an inlay and an onlay?

10. In your own words, explain why an inlay or onlay may be the preferred method of treatment for a tooth.

11. Ask a qualified employee to demonstrate (using our models) how a crown procedure is performed. Then, demonstrate the same procedure to the employee to show you understand and could easily demonstrate the procedure to a patient.

12. What are some of the signs indicating the need for a crown?

13. How long do crowns normally last if properly placed and maintained?

14. How many appointments are required for a crown and what is done at each appointment?

15. What are some of the reasons a patient might want to have veneers placed on their teeth?

16. Describe the procedure we use for the preparation and placement of veneers.

17. Ask a qualified employee to show you how our computerized “before and after photos” can be digitized to demonstrate to a patient what their “new smile” could look like if they chose to have veneers. This demonstration can be scheduled for when the Treatment Coordinator is going to present an actual case to a patient.

ROOT CANAL

A root canal is necessary when the decay on the tooth has progressed down to the nerve. The nerve can be totally infected and abscessed at the bottom, or the nerve can be partially infected. All patients have a preconceived notion that a root canal is extremely painful and that pulling the tooth is twice as easy. This is false. Root canal techniques have become very advanced and are virtually painless.

Basically, a root canal consists of cleaning out the decay and the infected nerve of that tooth, then filling the tooth. This procedure can be done in either one or two appointments. However, without the nerve, the tooth will become brittle. It will eventually break if not crowned.

Before the tooth can be crowned, the dentist must place a ceramic post and build the tooth back up. The post is inserted into one canal of the tooth to add strength to the tooth. The tooth is then built back up and prepped for the crown.

ROOT CANAL TREATMENT

Insert a brochure on root canal treatment here.

MISSING TEETH

An empty space in the mouth due to a missing tooth is an unhealthy condition. If left untreated, empty spaces will eventually result in the loss of more teeth.

The teeth on either side of the empty space will begin to tilt and shift into the empty spot due to gravity and force. They will then become loose in their sockets. The tooth above the empty space has nothing to hit on when biting down and (with gravity) is pulled down (called elongation). It too will become loose. If left untreated, these teeth will (at some point) be lost.

There are four ways to replace missing teeth: a bridge, partial denture, full denture or implant. The following pages provide descriptions of each method.

BRIDGES

A bridge is prepared just like a crown and, in fact, consists of two or more connected crowns. The tooth on one or both sides of the missing tooth is crowned. Then, the missing tooth is replaced with a false tooth. A bridge is next permanently cemented into the patient's mouth and is treated just like natural teeth. The bridge is not removable, which is an advantage over the removable treatments available for missing teeth.

Bridge procedures take at least two appointments. The first appointment(s) consists of trimming the teeth and taking impressions for the lab. A temporary bridge is then placed using temporary cement. The temporary bridge may be sensitive to cold or sweets.

The patient should be instructed not to chew hard or sticky foods with the temporary bridge.

If the temporary bridge becomes loose or unattached, the patient should call the office to have it re-cemented, which takes about 20 minutes. The patient should be given oral hygiene instructions to brush and floss (using floss threaders) thoroughly and carefully.

The second appointment, which is usually 2-3 weeks later, consists of removing the temporary crown and placing the metal framework for a "test fit" before the porcelain is added during the 3rd appointment. If the bridge is all porcelain and contains no metal, then the bridge would be inserted permanently at the second appointment. Adjustments are made for occlusion and the crown is cemented with permanent cement. The patient may then chew, floss and brush without reservation.

Bridges are recommended when a tooth is missing and surrounding teeth are in jeopardy of drifting to produce malocclusion and when there is compromise of bone support with periodontal complications. It is also indicated after an extraction when the tooth needs to be replaced to continue occlusion stability.

Note: Buildups are sometimes necessary to promote strength for the bridge if the tooth structures are not sufficient.

A study model crown should be readily available to demonstrate the procedure to the patient.

BRIDGE BROCHURES

Insert the following brochures here:

Why do I need a bridge?

Natural looking metal-free treatment options (veneers, crowns, inlays/onlays, posterior Bridges, anterior bridges)

PARTIALS

A partial is a removable appliance that can replace all missing teeth in the upper or lower jaw. A partial looks like a retainer and consists of a metal and/or acrylic type material with the false teeth in the appropriate places. There are usually metal clasps on each side that fit over the teeth to help hold the partial in place.

The advantage of the partial is that it is less expensive than a bridge. The disadvantage is that it is removable; and, therefore prone to being damaged or lost by mishandling. It also takes time for the patient to adjust to wearing the partial, since it may cover the roof or the floor of the mouth. In addition, patient compliance to wearing the partial everyday is not very high.

Making a partial takes five office visits. After getting the partial, the patient may feel soreness of the gums or a "tight" feeling. He/she may also have difficulty getting used to a new appliance in their mouth. This will pass, but may require some future adjustments by the dentist.

REMOVABLE PARTIAL DENTURES

Insert a brochure here on Removable Partial Dentures.

DENTURES

A denture is a removable appliance that replaces all the teeth on either the upper of lower jaw (or both). They are for people who have no teeth in one or both jaws. The patient must not sleep with the denture in place, as it will cause irritation to the gums. It should be brushed just like your normal teeth. A denture takes several visits to fabricate and like partials, may need to be adjusted after being made.

IMMEDIATE DENTURE:

An immediate denture is a complete full denture that is delivered to the patient the same day the patient has their teeth removed. At the patient's first visit, impressions are taken of the upper and lower teeth and the laboratory will make the immediate dentures that will be available for the patient's second visit. On the second visit, the teeth are removed, usually because of advanced gum disease. Sutures are then placed and the immediate denture is inserted.

IMPLANTS

An implant is a free standing, bone supported prosthesis. It replaces either full or partial dentures or a lost tooth. Implants attach artificial teeth directly to the jawbone. There are three components of an implant:

1. **Anchor (Implant body) – sterile titanium cylinder surgically embedded into the bone.**

2. **Post (abutment) – attaches to the cylinder and the tooth (crown) rests upon it.**
3. **Artificial tooth – crown.**

IMPLANT MODELS

Insert a brochure on implant models here.

WISDOM TEETH

Wisdom teeth are the last molars in a person's mouth. There is one on each side, top and bottom. The eruption time varies from person to person. Long ago, the jawbone was longer and wider, and the wisdom teeth had a very important function in chewing. With evolution, the jaw has become smaller and the wisdom teeth are nonfunctional. Instead, they have become a source of pain, decay, crowding of teeth, joint problems, etc.

Not everyone needs their wisdom teeth pulled, but many do. It is better to have them pulled when the patient is in his/her teens as the roots are not as developed and the teeth are more easily extracted. Wisdom teeth can be *erupted* (out of the gum), *soft tissue impacted* (just under the gum), or *bony impacted* (surrounded in bone). Friday afternoons are the best time for such appointments, as the patient can spend Saturday and Sunday resting, if needed. The patient will come back in one week for a check-up or to remove any sutures, if used.

WISDOM TEETH

Insert a brochure about wisdom teeth.

REVIEW

Make a copy of this page and write your answer on the copy. Use the back of this page for your answers if needed. You may refer back to the policy or procedure

as often as needed to answer the question. Turn your answers in to the office manager upon completion. Get a qualified employee to sign off on any procedures or role-playing drills.

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1. **What does it mean if a tooth needs a root canal?**

2. **What is the procedure for performing a root canal?**

3. **Once the root canal is finished, what two procedures are performed to ensure that the tooth does not break in the future?**

4. **Explain the root canal procedure to a qualified employee; repeat as necessary until the employee is convinced you have a very thorough knowledge of the procedure.**

5. **Why is an empty space in the mouth, due to a missing tooth, an unhealthy situation? Be specific about what occurs to adjacent teeth and why it occurs.**

6. **How many ways are there to replace missing teeth?**

7.
8. **What is the difference between a bridge and a partial?**

9. **How is a Bridge attached?**

10. **Where are the wisdom teeth located in a person's mouth?**

11. **When is it best to have your wisdom teeth removed and why?**

12. **What is meant by “erupted?”**

13. **What is meant by “bony impacted?”**

SEALANTS

A sealant is a white plastic material placed on teeth to cover and seal occlusal, lingual, and buccal grooves and deep pits of virgin teeth (teeth without any cavities) to help prevent future decay.

SEALANTS HELP PREVENT TOOTH DECAY

Insert a brochure here on how sealants prevent tooth decay.

WHITENING PROCEDURES

Whitening is recommended if the patient's tooth enamel coloring is a yellow or gray shade, or if the patient expresses a desire for a whiter shade of enamel. In some cases, whitening can lighten intrinsic stain.

Whitening is accomplished with the use of a prescription strength gel. It is most commonly used as an at home treatment that includes individualized custom trays. This procedure takes two appointments. The first appointment consists of taking impressions and the second appointment consists of delivery of the trays and patient training. The trays are made in-office by the assistant or hygienist. In-office whitening procedures are also available.

Note: Whitening procedures do not affect composites or crowns. Whitening procedures should be addressed during treatment plans.

BLEACHING BROCHURE

Insert a brochure here on the benefits of bleaching.

TEMPORAL MANDIBULAR DISORDER (TMD OR TMJ)

Temporal Mandibular Disorder (TMD which is also referred to as TMJ for Joint) is pain, discomfort and/or clicking upon opening or closing the jaw. Headaches, neck or shoulder aches are also a common symptom. Clenching or grinding of the teeth may be present.

Recommended treatments include bite splints (night guard), referral to a specialist or surgery (in severe cases).

Note: Evaluate the patient's occlusion. Review their history for past head, neck or back injury.

NIGHT GUARDS

Night guards are plastic custom trays, worn at night, to prevent the destruction of enamel for patients who grind their teeth in their sleep. Night guards are made in-office, much like whitening trays.

Night guards are recommended when a patient exhibits occlusal wear of the enamel.

Note: An evaluation of the patient's occlusion and TMJ are also indicated. Stress is a common factor in diagnosing night grinding.

ORTHODONTICS

Orthodontics is the specialty of adjusting teeth to achieve optimum occlusion.

A recommendation for an orthodontic consultation should be given when a patient's occlusion is compromised by crowding spaces or tilting within the dentation.

The office manager will have business cards of the Orthodontists we recommend.

Note: Children and adult orthodontics are both common practice.

DIGITAL IMAGING

Insert a brochure on dental imaging here.

REVIEW

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1. **Find out when the dentist or hygienist is going to place sealants on a patient and observe the procedure.**

2. **Are sealants only for kids?**

3. **Find out when the hygienist is going to deliver a bleaching tray to a patient and observe this process to gain a better understanding of it.**

4. **How many appointments does it take for a whitening procedure?**

5. **What does each appointment consist of?**

6. **When is whitening recommended?**

7. **What is TMD?**

8. **What are some of the symptoms?**

9. **What are some of the recommendations for help?**

10. **What are night guards and what is their purpose?**

11. Ask a qualified employee to show you a night guard.

WHY PATIENTS SHOULD PAY

In dentistry, we provide the service (treatment) and the exchange from patients is money. For some reason, a few people have the idea that they don't have to pay the dentist like they do a grocery store. Believe it or not, we actually know of a few dentists and employees who have agreed with a patient that his other bills (credit cards, car payments, etc.) are more important than his dental bill.

A grocery store requires you to pay in full when you get your food because they have expenses to meet if they are going to keep their doors open. You have to pay a car loan or house note on time because they also have expenses to meet to remain operational. All businesses work this way out of necessity. Why shouldn't dentists?

Some people think that the dentist's only concern should be for the oral health of the patient. They think a dentist's job is to maintain oral health for the person in pain, make people well, and/or to eliminate pain...whether or not the patient can pay! A dentist must be concerned for the person'soral health, and is there to eliminate pain, etc. However, the dentist cannot go to the extreme of letting patients pay their dental bill last when the patients don’t have enough funds to cover their expenses.

We deliver a great service to patients and they give us money in return for this service whether via their insurance company, themselves or a combination of both. By allowing patients to pay late, skip a payment, or avoid payments entirely, we are contributing to a very negative way of life for the patients.

It is the ultimate responsibility of the Treatment Coordinator and Accounts Manager to ensure our financial policies are followed. But, it is important that everyone in the office have the same understanding of our financial policies so we can continue to deliver quality care to patients for a long time to come.

ESTABLISHING FINANCIAL POLICY

Establishing a clear and firm financial policy assures that we will be paid for our services and that payment will be forthcoming without the type of misunderstandings that can cost us patients and eliminate referrals.

For the most part, people want to keep their financial commitments and fulfill their obligations. Without clearly defined financial arrangements, commitments will often not be kept. In order to maintain an ongoing, positive relationship with our patients, we must assume responsibility for extending credit intelligently, according to what the patient can realistically pay, rather than by what the total treatment plan dictates. Extending credit to a patient beyond his/her ability to pay will almost always cause problems between the patient and us and will result in eventual loss of the patient and his/her referrals.

Financial Arrangements will be made with each patient for their specific treatment. Our goal is to serve the patient's individual needs to the best of our ability, enabling him/her to have the dental care wanted and required, without financial stress.

FEE SCHEDULE

The following pages contain the most current fee schedule. These prices are set and approved by Dr. [name] and are charged to the patient accordingly. Any deviation from the fee schedule is by approval of Dr. [name] only.

CURRENT FEE SCHEDULE

Insert your current fee schedule here.

THE PERIODONTAL PROGRAM

We provide soft tissue management (gum disease care) for patients in the form of a specific periodontal program. This program is designed to achieve and maintain maximum periodontal health. Hygienists are an integral part of this program. Hygienists are usually first to identify periodontal problems.

A complete periodontal charting is performed for all new patients and is then updated on a yearly basis. The findings are discussed with the patient and recommendations are made accordingly.

Periodontal disease is a disease that must be followed meticulously. The periodontal structure is the foundation for the teeth. A strong and healthy foundation must be achieved and maintained to help ensure the success of treatment plan restorations.

The following pages (PERIO I – PERIO V) outline the periodontal program in our office. This outline details treatment scheduling codes, ADA procedure codes, treatment and recall intervals, and fees associated with each appointment for each PERIO type.

We have included this aspect of our treatment in the Dental Basics training manual because:

- **It is a large part of our dental philosophy; and,**
- **Approximately 3 in 4 adults have periodontal disease, so we address it on a regular basis.**

Therefore, you need to be aware of periodontal disease and how we treat it - whether you are a technical or administrative staff member.

NOTE ON PERIO PROGRAMS

The following PERIO program and presentation is an example only.

Every Dentist and Hygienist must reach their own individual conclusion on whether or not this type of program is right for them. Please modify the following PERIO program to suit your own philosophy.

PERIO PROGRAM X-RAY REQUIREMENTS

In addition to treatment for each stage of gum disease, current x-rays are required. A patient may provide us with clear diagnostic x–rays from their previous dentist, provided they are less than three years old.

For PERIO TYPE I (Gingivitis) patients, the doctor requires a current panoramic x-ray on file (i.e., an x-ray that has been updated within the last 3 years).

(0330) Panoramic x–ray

$90.00

For PERIO TYPE II - V patients, the doctor requires a current full month x–ray series on file (i.e., an x-ray that has been updated within the last 3 years).

(0210) Full Mouth x–ray

$120.00

GAINING PATIENT COMMITMENT TO TREATMENT

In this example, George is a new patient who is diagnosed with PERIO Type III by the dentist. The Probe Exam shows 4-5 mm pocketing and BOP with 1-2 mm recession.

HYGIENIST:

“I’m going to go over in detail what I see happening in your mouth George, is that OK with you? There are some areas in your mouth that concern both the doctor and I.”

Once the charting has been done, ensure the patient pays attention to the numbers “4 and above” during the probe exam and that he/she understands those areas are of concern. Emphasize, “concern me.” Avoid the words “small, early, moderate, beginning, little or eventually.” These terms all equal WAIT - let the disease grow to the patient! This is NOT what we want for the patient.

HYGIENIST:

“The first thing that concerns me is all of the tartar build-up around your gum lines.” (Use the intra-oral cameral picture to show the tartar and redness of gums)

“How long has it been since your last cleaning?”

PATIENT SAYS:

“About 2 – 3 years”.

HYGIENIST:

“Well, that is why you have areas in your mouth that concern me. People build tartar naturally and since it has been 2 – 3 years since your last cleaning, your gums have become infected.”

“Everyone needs professional cleanings to remove tartar, which is bacteria, in all the places that you can’t reach.”

“Let me show you what your Probe Exam told us”.

Use a flip chart to show each state of gum disease and how the probe sinks down into the gum. Then, show the patient where they are in the flip chart and at what stage it is.

HYGIENIST:

“Remember those 4 millimeters that I called out during your Probe Exam”?

Use a flip chart to show why your probe sank in some areas. Use a gum disease model to pull back the gums and show how the tartar builds up under the gums and the destruction of the bone it causes.

HYGIENIST:

“I called out some 5 millimeters during your probe exam. As you can see George, you’ve already started to lose some bone in those areas, which forms a pocket between the gum and the tooth. Those pockets make it easier for tartar to build up below the gum line. I know for a factthat you’re on your way towards the next state of gum disease, which is Stage III.”

(Rust Analogy) “Gum disease keeps getting worse, like rust on a car. Did you ever see rust on a car with spray paint over it? What would happen to the fender if you just painted over the rust? *(Get answer).* Would it go away? Would it keep eating away at the metal if you didn't do anything about it? *Gum disease is similar to rust*. Once it gets started, it keeps eating away and destroying more and more of the bone. Even if it doesn't hurt now, it may eventually hurt due to an abscess that can form because of the bacteria.

HYGIENIST:

(High Blood Pressure Analogy) “Gum disease is like High blood Pressure, most of the time you don't know you have it.

GET THE PATIENT TO THINK IN TERMS OF ANALOGIES THAT ARE REAL TO HIM/HER, THINGS THAT HE/SHE CAN EASILY UNDERSTAND.

Use pictures, drawings, diagrams and analogies, so the patient sees what's going on in their mouth.

At this point, most practitioners start to explain how they are going to fix the problem areas. This is incorrect. It is providing a solution much too soon.

Do not explain the treatment yet. It defeats the whole process. Resist the urge to explain what needs to be done. We are so conditioned to go straight into explaining the treatment (before the patient has made a decision) that we bypass the most crucial and important steps.

HYGIENIST:

“George, just to ensure that I’ve clearly explained what's happening with your mouth. I’d like to ask you a few questions, is that OK?

(Question) “Based on what I just went over with you, what’s happening in your mouth right now?”

As long as you are satisfied that the patient has understood and answered correctly, tell them they are RIGHT!

HYGIENIST:

“Exactly, you are absolutely right.”

HYGIENIST:

“Decay and gum disease are called Silent Killers because there is damage, but no pain. If you delay treatment while the active decay and destruction are occurring, and wait until your mouth hurts, it could be too late.”

The patient is telling you AND that is the difference! Whereas if you tell them, this is what’s going on, etc., etc., how do you know if they actually heard one word you said? They could be sitting there in denial, trying to block you out!

If you engage them in a conversation and make them a part of the discussion, they’re going to take more responsibility for their situation. Even if they can’t afford it, or if they decide not to do anything about it right now, when they leave the office, they are going to know the truth. And, that is what’s extremely important here.

This process is successful because the information is being presented factually. It is very, very important to communicate the truth. The patient will usually realize they should get treatment.

END RESULT: The patient eradicates the dental disease, has healthy gums and everybody wins.

Continue on….

QUESTION:

“So, my next question is - are you ready to get rid of this gum disease?”

Once he gives you a positive yes, "Sure, yeah, I don't want to lose my teeth. I want to do something about it," just say:

"Good, I'm glad you made that decision."

HYGIENIST:

"I don't want you to do this because I said so, but because it's important to you and you really feel the need to do it."

He may say, in answer to any of your questions, "How much will it cost?"

<u>"HOW MUCH WILL IT COST?"</u>

HYGIENIST:

"We'll answer all your questions regarding the cost George, but if finances weren't a problem, is this something you would want to take care of? I want to confirm that, because that tells me if I did a good job explaining this to you or not."

Once you have a positive answer, "Yes I want to get it taken care of, as long as I can afford it, what can be done about this?" go to the next step.

Explain how the perio treatment will be done. Inform the patient whether their teeth will be cleaned by sides, quadrants, or the whole mouth at one time. Paint a clean, healthy picture. We will get rid of all the gum disease, so your gums will be pink and firm, as well as clean and healthy, etc.

Obviously you will need to explain that gum disease can return if the patient doesn't follow their home care, etc. Be especially clear on this point so the patient is not misled into believing that one perio treatment will cure his gum disease for the rest of his/her life.

Now, they are ready to talk finances.

REVIEW

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1. **Go to the computer and with the guidance of an experienced employee, fill-in the daily report figures for the next day. Repeat as necessary until you can do it easily.**

2. **In your own words, describe the importance of ensuring patients pay for their dental services.**

3. **Review the pages describing our periodontal program PERIO-I through PERIO-V. Then, sit down with the hygienist and have her explain (briefly) each procedure that occurs on every one of the PERIO visits. We treat a lot of gum disease in this office and it is imperative all of our staff understands the PERIO program and what occurs at each visit.**

4. **With another qualified employee, role-play the "gaining commitment" script as many times as necessary to become familiar with the process.**

COMMUNICATION AND PATIENT INFORMATION

Clear and concise communication between the doctor, hygienist, assistants and administrative personnel is vital in maintaining smooth, efficient flow through the office.

As you become familiar with the patients, you will know a little more about them and will be able to talk to them about their interests, etc. This is very important. Make a point of bringing up what you talked about last time they were in. For instance, if the patient just went on vacation, ask them how it was. If the patient had a baby, got a new job, is looking for a job, just got married, had a ballgame, went to a ballgame . . . anything! It makes the patient feel much more comfortable with us if we care enough to remember a thing or two about them.

If you don't remember anything about the patient, ask if anyone else does. If not, look at the patient's information and see if there is anything you would feel comfortable talking to them about. For instance, if the patient's medical history shows that he has two children, ask how old. If the patient works for AT & T, ask if he knows Mr. _____ (another patient who also works there). Be creative! If you are really interested, there's almost always something that you can find in common with someone.

ENTERING CONTACT NOTES

Anytime contact is made with a patient, a note should be made. This process enables everyone to be to know what was said. To do this, get to the patient screen –

Place your computer instructions on how to enter a contact note here.

A patient's contact notes can be printed. Account contact notes can also be printed.

To do so in _____:

Enter into notes – P to Print

For detailed description and instructions on contact notes, see page _____ of the _____ User's Guide.

HOW TO CREATE A MEMO

Internal Memos are notes that appear each day in (your software)_____ for staff to view. There are many different ways to make and use memos. Internal Memos are used to remind ourselves and other staff members of important things which need to be addressed. You can create memos for yourself and for any other staff member. They can be created on their own or as a follow up to a contact note that was created for a particular patient. Using memos helps keep the staff, doctor and practice efficient. There are examples of memos following this policy.

For a detailed description and instructions on memos, see the _____ user's guide.

Refer to your software guide here.

BEFORE CALLING THE PATIENT

Before calling a patient, especially regarding treatment, each staff member must do the following:

Check the patient CONTACT NOTES: Make sure you read the contact notes on the patient screen before calling. This way, you will know what has been previously said to and by the patient. It will also give you the last date of patient contact.

You must also enter a new contact note if you call the patient, even if you do not directly speak with the patient. LMM – left message on machine, LM w/? – Left message with _____, etc.

Check the patient's scheduled APPOINTMENTS: Make sure the patient isn't already scheduled for something on their treatment plan.

In regard to CLEANINGS and PERIODONTAL Treatment: The recall interval should be checked (3, 4 or 6 months). Also check to see if they are due for an

exam and bitewing x-rays and if they are due for a regular prophylaxis appointment (1110 code) or a periodontal maintenance appointment (code 4910).

Also, if calling for a cleaning, make sure a regular cleaning is what is needed and not gum treatment. Check to make sure they have not had gum treatment proposed in their treatment plan (X from patient screen)

Once an appointment is made, check with the patient to see if the patient needs to speak with the Treatment Coordinator regarding financial arrangements.

DENTAL OPERATORIES

There are four operatories at our dental office:

Room #1 and Room #3 are primarily used for the doctor's patients and procedures.

Room #2 is used for hygiene patients.

Room #4 is used for overflow patients. It should not be used for lengthy procedures, such as root canal treatments.

Emergency patients can be seated in Room #4. However, if the schedule is very busy, the assistant will take the appropriate x-ray and the doctor will complete the emergency exam. Then, the emergency patient needs to be seated in the waiting. This needs to be done as quickly as possible. The doctor can discuss his findings with the emergency patient in the consult area, while the next scheduled patient is seated in Room #4.

When the hygiene schedule is double-booked, Room #4 is also used for hygiene patients. This way, one of the assistants can help the hygienist by updating the BWX.

It is best to seat the doctor's new patients in Room 3 and the new hygiene patients in Room #4. These rooms are quieter and offer more privacy for the patient's first visit.

At times, the schedule may be extremely hectic. For example, one of the doctor's patients may need to be seated in Room #2 or maybe the doctor needs to utilize

Room #4 to start a RCT. This is acceptable; however, the Scheduling Coordinator needs to view the schedule very closely, decide where to seat the patient and direct the flow of the patients. Communication between the Hygienist, assistants and Scheduling Coordinator is very pertinent in this situation.

Please remember that patients who are on the schedule need to be seated before any emergency patients who may have been added to the schedule.

HANDLING THE NERVOUS PATIENT

Many patients experience anxiety at the dental office to a greater or lesser degree. It is our job to alleviate this as much as possible both before and during the patient's dental treatment. The nervous dental patient can be difficult to treat. The best environment in which to treat the nervous patient is one that is quiet and free from external noises and movement.

Be calm. Treat the patient courteously. Limit movement in the operatory, as well as all external noises in and around the operatory. This includes talking, clanging of instruments, etc. Instrument set-up should be in place prior to the patient being seated. There is to be no re-stocking of trays or tubs during this patient's office visit, and no interruptions (verbal) from other staff members.

Reassurance is also important. This patient must be assured that the treatment delivered will be done with the minimal amount of discomfort possible.

The reassurance of the nervous patient begins with his/her initial phone conversation with the Scheduling Coordinator. This is usually the point when it is discovered if the patient is nervous or apprehensive. We can then put steps in motion to make him/her as secure and comfortable as possible. From the Scheduling Coordinator to the Hygienist, through treatment planning and operative, it is important to keep this patient relaxed and comfortable. We can all take part in making the nervous patient's visit to the dentist a successful one.

PATIENT RAPPORT

Take a moment to establish some rapport with the patient by asking what he/she does, how long it's been since he/she has seen a dentist, etc. The point is to make sure the patient has a very good first impression of the office. The best way to ensure this is by being very friendly, caring and helpful, in addition to giving the patient high quality service. Ask if the patient prefers recorded music or radio. Use stereo headphones. Offer the television or a magazine if the patient will be waiting for any length of time.

If you notice the patient is nervous or fearful, mention that we emphasize "gentle dentistry" in our office and that most patients comment on how pleasantly surprised they are to "hardly feel a thing!"

It may be appropriate at this time to validate the reason the patient is coming in, since it probably took a lot of nerve for them to even arrive here! Let the patient know that he/she is very smart for coming in. This kind of reassurance and caring from you is an extremely key point in the overall success of getting the patient to actually complete his/her treatment plan, which is our main purpose.

STAYING ON TIME

It is our responsibility to ensure that patients are seen on time. This requires both the cooperation of the administrative/clinical staff and good organizational skills. As soon as a patient arrives, an arrival slip is to be given to the dentist by the receptionist (depending on whose patient it is). This process lets the dentist know the patient has arrived, the scheduled appointment time and if the patient is early or late.

If for any reason we run late, the receptionist will explain to the waiting patient why we are running behind and give an approximation of the wait time. The receptionist and office manager will determine what help is needed to get the clinical staff back on schedule. The office manager will then inform the team, so the available and appropriate staff members can provide assistance.

TREATMENT PLAN SHEETS

All patients who have a periodic exam, comprehensive exam or emergency exam must have a Treatment Plan Sheet filled out and placed in their chart. This form

must be completed for every patient, even if no treatment has been recommended.

A Treatment Plan sheet must include the date of the exam, a hygiene report and any recommended treatment. The Treatment Plan is then forwarded to the Treatment Coordinator to be entered into the computer and presented to the patient.

Anytime there is a change in treatment (a change from the original treatment plan), a new treatment plan form is to be used. This form will have the new recommended treatment and will be brought to the Treatment Coordinator, who will present it to the patient before treatment resumes.

No treatment is ever started until the patient has signed a treatment plan.

Any deviation in this policy may result in a communication breakdown and likely confusion and upset for the patient.

TREATMENT PLAN SAMPLES

Insert samples of the following here:

1. TREATMENT PLAN & SIGNED TREATMENT PLAN
2. INITIAL TREATMENT PLAN
3. TREATMENT PLAN CHANGE
4. SIGNED TX PLAN / FA (FINANCIAL ARRANGEMENT)

CHECKING OUT NEW AND ACTIVE PATIENTS

When patients are finished with treatment, they will be escorted to the front desk area. All patients who have a treatment plan will be routed to the consult area to meet with the Treatment Coordinator. The Treatment Coordinator will review all financial arrangements with the patients and dismiss them according to policy.

For patients with new and unaccepted treatment plans the flow is as follows:

1. Escort the patient, along with the chart, to the Treatment Coordinator and seat the patient in the consult area.
2. Give the routing slip and lab prescription (if applicable) to the Accounts Manager.
3. The Accounts Manager will post all treatment rendered that day, and will then forward the chart, routing slip and lab prescription (if applicable) to the Scheduling Coordinator.
4. Once the Treatment Coordinator dismisses the patient, the patient will make payment to the Accounts Manager and then will see the Scheduling Coordinator to make appointments for future treatment before leaving.
5. The chart will then be passed to the Receptionist for verification and filing.

For patients with accepted treatment plans, the flow is as follows:

1. The patient's chart, routing slip and lab prescription (if applicable) is given to the Accounts Manager, BEFORE the patient's dismissal from the operatory.
2. The Accounts Manager will post all treatment rendered for that day, and then pass the chart, routing slip and lab prescription (if applicable) to the Scheduling Coordinator.
3. Dismiss the patient and escort them to the Accounts Manager's desk.
4. The patient will make payment to the Accounts Manager and then be forwarded to the Scheduling Coordinator to make appointments for future treatment.
5. The chart will then be passed to the Receptionist for verification and filing.

NEW PATIENT FLOW CHART

Insert a new patient flow chart here.

NOTE: IF YOU DON'T HAVE A NEW PATIENT FLOW CHART, CREATE ONE BY DRAWING CIRCLES, CONNECTING THEM AND INDICATING THE DIFFERENT STOPS THROUGHOUT YOUR OFFICE.

DISMISSING PATIENTS WHO NEED FINANCIAL ARRANGEMENTS

Sometimes, when we have many new patients per day, the Treatment Coordinator may be extremely busy presenting treatment plans and making financial arrangements. When this occurs, the standard routine and correct sequence will be as follows:

1. **Route the patient to the consult area for treatment presentation and financial arrangements.**
2. **If the consult area is occupied, keep the patient in the operatory room; assuming the room is not needed immediately.**
3. **If the operatory is needed, seat the patient in the reception area for a few minutes and inform the Treatment Coordinator.**
4. **If the Treatment Coordinator is unable to meet with the patient, the patient will be routed to the Accounts Manager for payment of fees and then to the Scheduling Coordinator. The Scheduling Coordinator will then schedule a financial consultation in conjunction with the patient's next appointment. If the Accounts Manager or Scheduling Coordinator is cross-trained on how to present finances, they will conduct the financial consultation.**

REVIEW

Make a copy of this page and write your answers on the copy. You may refer to the policy or procedure as often as needed to answer the question. Provide your answers to the office manager upon completion. Ask a qualified employee to sign off on any procedures or role-playing drills.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence. Use the backside of the copy of this page for your answers, if needed.

1. **Why is it important to engage our patients in friendly communication about THEM (not us) and their life?**

2. **If you didn't know anything about an established patient that was coming in for a filling, how could you find out something about this patient so you could engage them in something that would be real and interesting to them?**

3. **With a qualified employee, go through the procedure to enter contact notes in a patient's file. Repeat as necessary until you can do so without any hesitation.**

4. **Have a qualified employee show you how to access the "memo" section of our computer software, so you will know how to make adequate use of this feature. Refer to the software instruction booklet while the employee is taking you through the procedures. Repeat as necessary until you can write memos with ease.**

5. **Describe the uses for each of the 4 operatories.**

6. **When the hygiene schedule is double booked, how do we use room #4?**

7. **Which room is best for seating the dentist's and the hygienist's new patients?**

8. **What is the best environment to treat a nervous patient?**

9. **What is our procedure on external noises, talking, clanging of instruments, set-up, re-stocking of trays or tubs and verbal interruptions from other staff when a nervous patient is in the operatory?**

10. **Role-play with a qualified employee all of the key aspects of the above procedure until you can do so with ease.**

11. **When a patient arrives, what does the Scheduling Coordinator (or Receptionist) do to inform the dentist or hygienist?**

12. **If five minutes goes by since the patient's arrival and it is still going to be longer before the patient can be seen, what does the appropriate clinical staff member do?**

13. **Who is supposed to receive the Treatment Plan once it is filled out by the dentist?**

14. **What is our procedure if a treatment plan changes after the original treatment was presented to the patient?**

15. **What is our iron bound rule about not starting treatment until _____?**

16. **Role play being a patient and walk through the whole procedure as a patient with a new and unaccepted treatment plan and as a patient with an accepted treatment plan to ensure you know the proper routing for the patient and their chart. Repeat as necessary until you are clear on this procedure.**

17. **Assuming you are the Chairside Assistant, where should patients with a new treatment plan be routed upon completion of their treatment for the day?**

18. **What should be given to the Accounts Manager after you have routed the new treatment plan patient, per procedure?**

19. **What is the correct routing of the new treatment plan patient once they have seen the Treatment Coordinator?**

20. **For a patient with an accepted treatment plan, what does the Assistant do BEFORE the patient is dismissed from the operatory?**

21. **As the Assistant, to whom should you route the above patient upon completion of treatment?**

PRESCRIPTIONS

If someone who has never been to our office calls for a prescription, that person must come in for an exam before we will prescribe anything. We will never prescribe medication to someone we know nothing about and who has never been in our office.

Sometimes, an established patient will call for a prescription. After it is determined that the patient needs a prescription, route the call to the Accounts Manager.

TIME MANAGEMENT

When an unforeseen cancellation occurs in the schedule and everything has been completed for your area, you may leave early if the office manager or doctor has given you approval. The intent of this procedure is not to cut employee work time, but to be as productive as possible during work hours. If the situation dictates, there is no need for an employee to be on the clock if their work is done and there are no patients to serve.

Being more efficient with employee time allows for a higher bonus at the end of the month if our collection target is met. A major factor in our bonus system is the total amount spent on payroll.

MORNING MEETING

We always start our day with a staff meeting to quickly review the patients and production for the day. This allows us to preview our schedule and to make any necessary special arrangements. Ensure you are at the meeting and ready to start no later than 8:30 am on Mondays and Thursdays, 11:30 am on Tuesdays, 9:30 am on Wednesdays, and Fridays at 8:30 am (if seeing patients) or 9:00am (if you have no patients).

The first thing that will be covered at the meeting is the Daily Report Form. It is the Scheduling Coordinator's responsibility to ensure the form is completed and handed to the doctor at the start of the meeting. This form allows everyone to see exactly where the office stands in regards to total production, collections and new patients for the month. It will show you how much you have to produce and collect every day to meet your goals.

There is no guessing. If the form shows that you need to produce $3,000.00 that day to stay on track and you only have $2,000.00 on the books, you know that you have to come up with an additional $1,000.00. Then, you plan accordingly.

Please have all charts and the schedule ready for the meeting. You can be of assistance at the meeting by informing the doctor if a patient can have his

appointment lengthened. For instance, if a patient coming in has a lengthy treatment plan, but is only scheduled for a few fillings today and you just found out there is a cancelled appointment and/or free time in the schedule, you can let the doctor and all staff know about this patient at the meeting. This way, when the patient comes in, everyone knows what's going on and can help motivate the patient to get more work done today!

This benefits office production as well as the patient. It is always best for a patient to complete his treatment plan as soon as possible. This way there will be less chance that his condition will worsen, costing more money, etc.

Patients often need this kind of help to get their treatment plans completed. Since our main purpose is to ensure that patients complete their treatment plans, it is very important that you do everything you can to get them to do so. This can be done in several ways; 1) educate the patient about what might occur if his/her condition continues to go untreated, 2) let the patient know that the doctor is an excellent dentist and will answer any questions he/she might have, and 3) be friendly, reassuring and helpful to the patient, letting him/her know that our concern is for his/her dental health.

The degree to which you are friendly, caring and communicative with all patients is the degree to which they will follow your advice. It's not how much you know, but rather, how well you communicate with the patient that determines your ability to encourage them to complete their treatment plans and to do so as soon as possible! You would be surprised to find exactly how many patients trust your advice!

CALCULATING MONTHLY AND DAILY GOALS

At the beginning of each month, the doctor will set a monthly goal for Total Practice Production, doctor Production and Hygiene Production. You will then need to determine what needs to be done to reach that goal. Once the goal has been given, you will be responsible for tracking and recording that goal.

It is very important to calculate the daily production booked amount needed reach the monthly goal. To determine these figures, calculate the number of days

we are scheduled to see patients. The total production goal for the month divided by the number of days worked will give you the daily goal needed.

For Example: May's Production Goal:

65,000.00

# of working days:

17

Daily Prod. Booked needed:

3,824.00*

*** You will need to book at least $3,824 of Total Production each working day to reach the Goal for the month.**

Dr. Production Goal:

51,500.00

# of working days:

17

Daily Dr. Prod. Booked needed:

3,029.00

Hygiene Prod. Goal:

13,500.00

# of working days:

17

Daily Hyg. Prod. Booked Needed:

794

Then enter the daily production booked goal into the _____ (your software) scheduling calendar as follows:

Click on Scheduler - Setting Goals - Set day's Goal - Enter the figure for each day _____ will give an ending total when completed that should match your monthly goal.

DAILY REPORT

DATE _____

MONTH-TO-DATE _____ PRODUCTION

MONTH-TO-DATE DOCTOR PRODUCTION

MONTH-TO-DATE HYGIENE PRODUCTION

NUMBER OF WORKING DAYS LEFT FOR THE MONTH

PRODUCTION GOAL

HYGIENE GOAL

DOCTOR GOAL

_____

_____

_____

ACTUAL BOOKED

ACTUAL HYGIENE

ACTUAL DOCTOR

_____

_____

_____

ADDITIONAL NEEDED

ADDITIONAL HYGIENE

ADDITIONAL DR.

_____

_____

_____

MONTH-TO-DATE COLLECTIONS

_____

COLLECTION NEEDED PER DAY TO MEET GOAL

_____

NUMBER OF NEW PATIENTS SCHEDULED TODAY

_____

NUMBER OF NEW PATIENTS THAT SHOWED

_____

% OF APPOINTMENTS KEPT

FILLING OUT THE DAILY REPORT

To find Month to Date Production:

ALT R

A (Accounting)

R (Register)

M (Monthly)

Highlight Print Preview

Hyg

Provider #2

Dr.

Provider #1

Press Enter

Always use the Net figure – place this number in the appropriate line – fill in # of working days left for the month.

Do the following for production, doctor and Hygiene figures:

Take monthly goal

65,000

Monthly Goal

Subtract M.T.D Production

30,000

Month to Date

35,000

Amount left to produce

Divide by # working days

12

working days left

To get daily goal

2916

Daily Goal

Add or subtract what is

-2800

Actual booked

Actually booked to find 116

What is needed

Follow this same procedure for Collections. MTD collection is found on the MTD _____ Register. Always use the Net figure. Refer to the schedule to find out how many new patients are scheduled for the next day.

At end of each day, take the number of appointments booked, minus any cancels or no shows and divide to get the % of appointments kept.

Example:

16

appointments that were on book

- 2

no showed appointments

14

/16

x100

87%

PROFESSIONAL CODE OF CONDUCT

Everyone in this office is a professional and needs to act in accordance with the guidelines laid out by this office. You must, at all times, remain level headed, polite and positive in all patient dealings, whether the patient is right or wrong.

If the patient is wrong, you can correct him/her and find a resolution in a polite, professional way. It is not necessary to be rude, uncaring, angry, etc. This only upsets the patient and makes it more difficult to get any undesirable situation resolved. In addition, it reflects on your own professionalism, as well as on the office as a whole.

You will sometimes come in contact with patients who are upset. Usually, these situations can be handled by:

1. Setting up a time to really sit, listen and talk to the patient regarding his/her situation.
2. Having all the facts (account data, chart, insurance information, etc.).
3. Being willing to explain the problem to the patient and accepting full responsibility for any lack of communication or effort on our part.

These steps, coupled with a caring, professional and helpful attitude are a sure fire way to handle any "problem."

PREVENTATIVE, BASIC AND MAJOR TREATMENTS

Dental treatments are set into three categories: Preventative, Basic and Major. The following is a general overview of these treatments, as agreed upon by most insurance companies. However, every insurance plan is different, so this is just a general breakdown.

Preventative:

Cleanings, exams, x-rays and fluoride are considered

preventative.

Basic:

Fillings, root canals, extractions and surgery are considered basic.

Major:

Crowns, bridges, partials and dentures are considered major.

Some insurance companies (very few) consider root canals as Major. Some insurance companies consider x-rays as Basic. To be certain, you must check each individual policy very carefully.

TREATMENTS

GUM DISEASE

Gum disease results from plaque, calculus and bacteria forming deposits on and under the gums. Plaque is soft mucus with bacteria that can be brushed off with a toothbrush. Calculus is plaque that has hardened and must be removed by the

hygienist. A toothbrush cannot remove it. Bacteria are normally found in everyone's mouth. These three things form into deposits and start causing an infection of the gums.

This is first noticed by gums bleeding when a person brushes, flosses or uses a toothpick on his teeth. This is called gingivitis and is usually treated with routine 6-month cleaning appointments. If not treated, the condition worsens and develops into mild periodontal (gum) disease. The mouth and the gums are then puffy and red. Treatment for this condition may consist of a regular cleaning, and then a deep cleaning called a perio-scaling. There may be 1 to 4 deep cleanings necessary, depending on the infection. If the patient ignores his gums, the condition will get worse. The next stage is called moderate periodontal disease. The condition goes from mild to moderate to severe periodontal disease.

Both the doctor and the hygienist treat the patient for gum disease. The hygienist normally does all of the cleanings and deep cleanings. The doctor normally treats severe periodontal disease. If the patient requires the infected gum to be cut away so new gum tissue can grow, the doctor will perform a treatment called gingivectomy. If the patient requires that the gums be very deep cleaned, the doctor will do so, numbing the patient. This procedure is called gingival curettage.

FILLINGS

Almost everyone has had a cavity at some point in their lives, mostly when they were children. There are several types of filling material used in restoring cavities. Usually, gold or silver fillings are used in the back of the mouth (where it does not normally show) and a bonded or composite filling (which is the same color as a tooth) is used in the front of the mouth where it does show.

For those patients concerned about the controversy concerning health risks related to silver fillings, we will replace those fillings with composites upon request.

A cavity is a hole in the tooth resulting from decay. It usually comes from food matter on the tooth that has not been removed. This food matter then eats away the tooth. A cavity can be very big or as tiny as a pinhole. No matter the size, once a hole is there, it must be filled. It will only get bigger.

Fillings should last about 5-10 years with regular dental visits. At this point, the material may start wearing down. When this occurs, there is no longer a tight seal between the tooth and the filling; thereby, allowing saliva, bacteria and plaque to seep under the filling. This causes decay. The treatment is to remove the old filling and place a new one.

At first, fillings may be sensitive to cold or sweets. This is normal. The tooth is getting used to the silver it now contains and (depending on the size of the filling) sensitivity may last 1-2 weeks. However, if a patient complains of pain when chewing on the tooth, the doctor needs to see the patient. The new filling may be too high, causing pain when chewing. This is easily corrected and takes only a short time.

CROWN

A crown is also known as a cap. It sits on the tooth as a protective cover to prevent a tooth from chipping or breaking when chewing. A crown extends the life of the tooth. Signs for the need of a crown are: large fillings, a tooth with a crack, teeth that are broken or have large chips where a filling would not hold, and teeth that have had root canals. Crowns normally do not break and usually last 10-15-20 years or longer if properly maintained. A patient can chew whatever he/she wishes with a crown.

A crown takes two appointments. During the first appointment (crown prep), we prepare the tooth to allow room for the crown and then we take an impression of the tooth. Preparing the tooth actually means cutting about 10% off the top of the tooth, so the crown can sit down on the tooth without being too high or too big. Then, we make a temporary crown that the patient wears on this tooth while the lab makes the permanent crown. The lab uses the impression to make the crown the exact size and shape for the patient.

The temporary is tooth colored and is temporarily cemented onto the tooth. It does not fit or looks like the permanent crown. The patient may have some sensitivity to cold and/or sweets, or the gums around the temporary may ache. Warm salt-water rinse helps with this mild discomfort.

While wearing the temporary crown, the patient should avoid sticky or hard foods (gum, caramel, candied apples, etc.). These foods may crack or dislodge the temporary. The temporary crown is like a Band-Aid and is only there to protect the tooth underneath until the permanent crown is ready. If the temporary crown

comes off, the patient should come back in to have it re-cemented (which takes about 20 minutes). The patient should brush as usual but should floss carefully.

On the second appointment, the temporary crown is removed and the permanent crown is permanently cemented onto the tooth. The gums will heal and usually no sensitivity will occur. There are no food restrictions. The patient may brush and floss as normal. This appointment takes about 30 minutes and usually requires no shots.

ROOT CANAL

A root canal means that the decay on the tooth has progressed to the nerve. The nerve can be totally infected and abscessed at the bottom, or the nerve can be partially infected. If only partially infected, the dentist may be able to remove the decay and put medication on the nerve; thus, stopping the infection and preventing a root canal. However, if the nerve is badly infected, a root canal is the only answer. Many patients have a preconceived notion that a root canal is extremely painful and that pulling the tooth is easier. This belief is false. Root canal techniques have become very advanced and are usually painless.

Basically, a root canal consists of cleaning out the decay, removing the infected nerve of the tooth, and then filling the tooth. This is usually done in one to three appointments. Once the nerve has been removed, the tooth will become brittle. It will eventually break if not crowned.

Before the tooth can be crowned, the dentist must build the tooth up. This is necessary due to the large amount of decay that had to be removed. This procedure is called a buildup. A buildup is like placing the largest filling possible on the tooth. Sometimes the tooth may also need a post. A post is a very small steel post that is inserted into the canal of the tooth. It will help prevent the tooth from breaking and give it strength to support the build-up.

MISSING TEETH

An empty space in the mouth due to a missing tooth is an unhealthy condition. If left untreated, empty spaces will eventually result in losing more teeth.

The teeth on either side of the empty space will begin to tilt and shift into the empty spot due to gravity and force. They will then become loose in their

sockets. The tooth above the empty space has nothing to hit on when biting down and (with gravity) is pulled down (called elongation). It too becomes loose. If left untreated these teeth will (at some point) be lost.

There are several ways to replace missing teeth: a bridge, partial, implants and dentures. Following is a description of each:

BRIDGE

A bridge is prepared just like a crown and is in fact two or more crowns connected together. The tooth on one or both sides of the missing tooth is crowned and the missing tooth is replaced with a false tooth. A bridge is permanently cemented into the patient's mouth and is treated just like natural teeth. It is not removable, which is the advantage over the removable treatments for missing teeth.

PARTIAL

A partial is a removable appliance that can replace all missing teeth in the upper or lower jaw. A partial looks like a retainer and is made up of a metal and/or acrylic type material with the false teeth in the appropriate places. There are usually metal clasps on each side that help hold the partial in place.

The advantage of the partial is that it is less expensive than a bridge. The disadvantage is that it is removable; and, therefore prone to being damaged or lost by mishandling. In addition, patient compliance to wearing the partial daily is not very high.

Making a partial takes several visits. After getting the partial, the patient may feel soreness of gums or a "tight" feeling. He/she may also have difficulty getting the appliance in and out. All this will pass, but may require a few adjustments by the doctor.

DENTURE

A denture is a removable appliance that replaces all of the teeth on either the upper or lower jaw (or both). They are for people who have no teeth in one or both jaws. The patient should not sleep with the denture in place, as it may cause harm to the gums. It should be brushed just like normal teeth.

A denture takes several visits to fabricate and (like partials) may need to be adjusted after being made.

IMPLANTS

Free standing, bone supported prosthesis.

INLAYS/ONLAYS

A laboratory fabricated restoration applied when a crown is not necessary and filling material will not suffice. A two-appointment procedure, much like a crown, consists of prepping, impressions and a temporary being placed. This treatment is recommended when there is a fracture in the tooth or cusp, or an older/leaky filling needs to be replaced, but a crown is not necessary.

REVIEW

Make a copy of this page and write your answers on the copy. You may refer to the policy or procedure as often as needed to answer the question. Provide your answers to the office manager upon completion. Ask a qualified employee to sign off on any procedures or role-playing drills.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence. Use the backside of the copy of this page for your answers, if needed.

1. **If someone who has never been to our office calls for a prescription, what do you do?**

2. **If an existing patient calls for a prescription, what do you do?**

3. **With a qualified employee helping you, figure out the daily production goals for the doctor and hygienist if the goal is $75,000.**

4. **With a qualified employee helping you, figure out the daily production goals vs. booked and then determine what is needed to stay on goal for the month. Do this for the next daily production meeting; assuming the goal is still $75,000.**

5. **What types of dental treatment are considered Major, Basic and Preventative?**

6. **Either the dentist or office manager must give you this last quiz.**
7. **Have him or her ask you questions about each treatment category in the procedure "Treatments." Their questions should confirm your thorough understanding of what each subject is and how we treat it.**
8. **Repeat as needed to ensure confidence.**

9. **In your own words, describe what you have learned from reading these policies, doing the procedures and taking the exams required to complete this training manual.**

Upon completion, turn all of your answer sheets in to the office manager. You may now begin the training manual on your respective position in the dental office. Be sure to re-write any answers to tests that were incorrect. Congratulations!

ATTESTATION

I attest that I understand all the policies contained in the Dental Basics Manual. I also attest that I have completed all of the procedure drills and exams contained herein and have the required initials of the appropriate staff, as instructed. I have reviewed any incorrect answers given on the questions and have re-written them with the correct answers. A qualified employee or the dentist has confirmed these as complete and correct.

Date:

Print Employee Name:

Signed:

Print office manager:

Signed: