

GENERAL DENTIST

Dental Hygienist Manual

2026 UPDATE NOTE:

This Hygienist Manual has been reviewed and reissued for 2026. Core clinical protocols, patient communication standards, and workflow structures have been intentionally retained. References to digital imaging, electronic health record (EHR)less workflows, and AI-assisted diagnostics have been added where appropriate. All procedures must comply with current CDC, OSHA, HIPAA, and state dental board requirements.

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 emerging techniques.

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

MISSION STATEMENT

7

PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS

8

HYGIENE DAILY REPORT

9

MORNING MEETING AND PATIENT SKILLS

10

STAYING ON TIME

12

DISMISSING PATIENTS

13

USE OF PROTECTING COVERINGS

14

LIMITING CONTAMINATION OF CHARTS, TELEPHONES, PENS, ETC.

15

OPERATORY CLEAN-UP AFTER PATIENT TREATMENT

16

HANDPIECE STERILIZATION

17

PERIO CASSETTES

18

WHAT TO LOAD IN THE ULTRASONIC AND BIOSONIC

19

STERILIZATION OF ALL INSTRUMENTS

20

CLEANING, DISINFECTION AND STERILIZATION

21

HOW TO USE THE AUTOCLAVE

22

INFECTION CONTROL FOR THE DENTAL HANDPIECE

23

BIOHAZARD WASTE

25

HYGIENE SUPPLIES

28

ORDERING SUPPLIES

29

TOOTHBRUSH/FLOSS AUTO SHIPMENT AND OTHER ORDERS

30

PATIENT MEDICAL HISTORY

32

FILLING OUT THE RECORD OF TREATMENT

33	HYGIENE CHARTS/PROGRESS NOTES
35	TREATMENT PLAN SHEETS
36	TREATMENT PLAN NOTES
37	INITIAL CLINICAL EXAM SHEET
39	FILLING OUT THE ROUTING SLIP
41	BOOKING RECALL APPOINTMENTS
43	HYGIENE RECALL
44	HYGIENE TIME SCHEDULE
45	SEATING PATIENT
47	PATIENT DENTAL AND MEDICAL HISTORY
50	NORMAL RESPONSIBILITIES
53	NEW PATIENT APPOINTMENT
54	RECALL APPOINTMENT
56	TEMPORARY HYGIENIST CHECKLIST
58	DENTAL HYGIENIST DUTIES

60	HAND WASHING AND CARE OF HANDS
62	LIMITING CONTAMINATION
63	HOW TO TAKE PERIAPICAL X-RAYS
64	HOW TO TAKE A PANORAMIC X-RAY
66	OPERATION OF THE INTRA-ORAL CAMERA
70	SEALANT APPOINTMENT
73	SEALANT SET-UP
74	FABRICATING BLEACHING TRAYS
75	BLEACHING – DATE OF INSERT
76	BLEACHING – POST-OP APPOINTMENT 5-7 DAYS LATER
77	PATIENT BLEACHING INSTRUCTIONS
78	ROOT PLANE AND SCALING APPOINTMENT
80	ANESTHESIA SET-UP
81	THE PERIODONTAL PROGRAM
82	PERIODONTAL PROGRAM GOAL

83	
	TYPE 0 PERIODONTAL DISEASE
84	
	TYPE I PERIODONTAL DISEASE
85	
	TYPE II PERIODONTAL DISEASE
86	
	TYPE III PERIODONTAL DISEASE
88	
	TYPE IV PERIODONTAL DISEASE
90	
	DIAGNOSIS OF PERIO
91	
	GAINING PATIENT COMMITMENT TO TREATMENT
92	
	PERIO PROGRAM X-RAY REQUIREMENTS
96	
	HOME CARE AGREEMENT
97	
	END OF DAY CALL BACKS
98	
	CONTENTS OF HYGIENE "GOODY BAG"
99	
	PATIENT RAPPORT
100	
	HANDLING THE NERVOUS PATIENT
102	
	DEALING WITH HYGIENE PATIENT OBJECTIONS
103	
	COMMONLY ASKED HYGIENE QUESTIONS

105	
106	FLOSSING/PATIENT EDUCATION
107	
108	EDUCATING THE PATIENT
109	
110	REFERRAL/RECALL LETTERS
111	
112	EXAMPLE REFERRAL LETTER
113	
114	EXAMPLE LETTER TO A PERIODONTIST
115	
116	EXAMPLE OF OVERDUE LETTER
117	
118	EXAMPLE OF OVERDUE LETTER
119	
120	EXAMPLE OF LETTER TO EMERGENCY PATIENT
121	
122	HOLIDAY SPECIAL LETTER
123	
124	FINAL EXAM
125	
126	APPRENTICESHIP CHECKLIST
127	
128	ATTEST
129	
130	124

PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS

Needles and scalpels are disposable. Needles shall not be recapped, bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Used needles must be placed in the sharps disposal located in each operatory.

Sharps containers are found in each operatory. The OP#1 container is under the sink. The OP#2 container is under the sink. The OP#3 container is in the assistant's overhead cabinet and under the sink. The OP#4 container is under the sink, as well.

The one (1) hand scoop technique is used for needle recapping. This technique will be demonstrated by Dr. [name].

Each dental operatory has a recapping syringe holder on the counter. This device should always be used without exception for needle recapping.

HYGIENE DAILY REPORT

MONTHLY GOAL

MONTH-TO-DATE

PRODUCTION

WORKING DAYS LEFT
IN MONTH

PRODUCTION NEEDED
PER DAY TO MEET GOAL

PRODUCTION BOOKED

ADDITIONAL

PRODUCTION NEEDED
TODAY TO MEET GOAL

SAMPLE HYGIENE DAILY REPORT

MONTHLY GOAL

13,500

MONTH-TO-DATE

9,274

PRODUCTION

(4,226)

WORKING DAYS LEFT
IN MONTH

9

PRODUCTION NEEDED
PER DAY TO MEET GOAL

470

PRODUCTION BOOKED

794

ADDITIONAL PRODUCTION NEEDED
TODAY TO MEET GOAL

MORNING MEETING AND PATIENT SKILLS

We always start our day with a staff meeting to quickly review the patients and production for the day to get a feel for what is in store and to make any special arrangements. Ensure you're at the meeting no later than 15 minutes before patients are scheduled. Be sure to arrive 30 minutes prior to opening, so you can set up.

You should have all hygiene electronic health record (EHR)s ready for the meeting. You can be of assistance at the meeting by informing the doctor of any needed changes. For instance, a patient coming in has a lengthy treatment plan, but is only scheduled for a few fillings or prophy today. You just found out there is a cancellation and/or free time in the schedule. Let the doctor and 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 go ahead and get more treatment done today, as well as schedule future treatment.

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

Patients often need this kind of "encouragement" to get their treatment plans completed. You can help patients accomplish this in several ways:

1. Educate the patient about what might occur if his/her condition continues untreated.
2. Let the patient know that the doctor is an excellent dentist and will answer any questions he/she might have.
3. Let the patient know that you will answer any questions he/she might have.
4. Just 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 very friendly, caring and communicative with all patients is the degree to which they will follow your advice. It's not how much you know, it's how well you communicate with patients that determines your ability to encourage them to complete their treatment plans and to do so as soon as possible! You would probably be surprised to find out exactly how many patients trust your advice as much, or more, than the doctor's!

STAYING ON TIME

It is the receptionist's responsibility to make sure patients are seen on time.

To do this, she needs to have the cooperation of the clinical staff, as well as good organizational skills. As soon as a patient arrives, the patient light is turned blue on the electronic communicator and one beep lets you know that your patient has arrived.

At approximately 10 minutes past the appointment time, if the patient is still in the reception area, the receptionist is to go to the operatory, inform the appropriate assistant or hygienist that they are 10 minutes late for the patient that is waiting in reception. This is normally done by placing a sticky note on the counter behind the patient or by placing a laminated red card on the counter. Never verbally tell the doctor or hygienist they are "late or a patient is waiting" in front of another patient.

At this point, the assistant or hygienist will explain to the receptionist or floater, why they are running behind and to give them an approximation of how much longer they will be. The receptionist will keep the patient informed of the progress, so they don't think you have forgotten about them. It is always better to give the patient more communication than not enough when running late.

The receptionist will find out, at this time, what help is needed to get the clinical staff back on schedule. The receptionist will then inform the team, so the available and appropriate staff member can provide needed assistance to get us back on schedule.

If x-rays are needed on the waiting patient, the floater is to take them.

DISMISSING PATIENTS

Sometimes, when we have weeks with many new patients, the treatment coordinator becomes extremely busy with financial arrangements. There is a tendency to not follow the standard policy of routing established patients to the treatment coordinator for treatment presentations, as needed. This, of course, can result in confusion for everyone, especially the patient.

Therefore, the standard routine will be as follows:

1. Direct 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, as long as it is not needed immediately, until the treatment coordinator can see the patient.
3. If the treatment coordinator is going to be more than 10 minutes and it is not a large case presentation, have the scheduling coordinator deliver the treatment presentation.
4. If the operatory is needed for another patient, ask the patient to wait in reception for a few minutes until the treatment coordinator can see them. This step assumes the treatment coordinator will not be more than 10 minutes. If more than a 10-minute wait is anticipated or if the patient can't wait 10 minutes, have the scheduling coordinator deliver the presentation. If the treatment is a large case and the treatment coordinator should deliver the presentation, refer to number five.
5. Reschedule the patient for a financial consult.

Of course, the ideal is always to follow step one. Steps 2 through 5 are to be followed in natural sequence, if needed.

USE OF PROTECTING COVERINGS

Uniforms are to be worn at all times by assistants and hygienists working in the back. Lab jackets are to be worn at all times by all staff working in the back.

Rubber gloves will be worn at all times when caring for a patient.

Gloves are to be changed between each patient. They should also be changed if a rip or tear develops or if they have been worn longer than one hour.

Gloves are kept in stock to fit each employee.

Gloves will be worn at all times during patient care where contact with blood occurs and during cleaning of the operatory after the patient has been dismissed. If for some reason you leave the operatory during a procedure, remove your gloves and replace them with a new pair when you re-enter the operatory. Never wear gloves from one room to another.

Nitrile gloves must be worn when a clinical staff member is disinfecting a work area and surface. They should be worn while cleaning instruments, operatories and anything else that has become contaminated during treatment.

Eye protectors and masks should be used when the employee's eyes or face may come into contact with blood splashes or splatters, whether working on a patient alone or

assisting the doctor. Also, they need to be worn when cleaning instruments or appliances or using a hand-piece.

LIMITING CONTAMINATION OF CHARTS, TELEPHONES, PENS, ETC.

Never touch a electronic health record (EHR), phone, pen, drawer, closet, supplies, etc., with a glove or hand that has been in contact with the patient's secretions (blood, saliva).

After removing gloves, always make sure that your hands have been thoroughly scrubbed and cleaned before touching anything.

OPERATORY CLEAN-UP AFTER PATIENT TREATMENT

The following are steps that need to be taken immediately after the patient is dismissed to the front desk to check out:

1. Remove all non-disposable items from tray.
 - a. Instruments (including A/W).
 - b. Sonic scaler tip if used.
2. Place all items **that belong in color-coded cassette** into the correct cassette. Any additional items that were used, such as the high speed, bite block, etc., need to be individually bagged. Wipe the high speed with alcohol-soaked 2x2 gauze and allow it to dry before bagging.
3. Everything left in the room should be disposable. Clean up and throw away **everything**, including the headrest cover, suction tips, cups and all paper. Check the floors for loose gauze and cotton rolls.
4. Spray **everything** with BIREX. Wipe thoroughly with towels. Be sure to wipe the arm connecting the bowl to the chair and the handle on the overhead patient light.
5. Reset the room according to the **Hygiene Operatory Set-Up procedure**.
6. Dispose of blood contaminated articles in the red bag.

HANDPIECE STERILIZATION

The slow-speed hand-piece in the hygiene room **must** be thoroughly wiped with Birex after each use. All other instruments are bagged or placed in the hygiene prophy cassette and autoclaved, including the Cavitron scaler tips.

PERIO CASSETTES

After use, all prophy and perio cassettes are to be put in the ultrasonic and turned on for 5 minutes. The cassette is then rinsed under water and put in the sink on the drying rack. After it is dry, bag it and place it in the autoclave.

WHAT TO LOAD IN THE ULTRASONIC AND BIOSONIC

The following things should be loaded into the **ultrasonic for 3–5 minutes**:

- Exam kit instruments
- All loose instruments including scissors, syringes, XCP units, endo file holder and files, C&B bumper tips, surgical instruments, etc.

All cassettes (endo, C&B, Rest, prophy and perio) should be loaded into the **BioSonic for 3–5 minutes**.

The following items may **NEVER** be loaded into either the ultrasonic or the biosonic:

- All drills
- Burs
- Biosonic scalers
- C&B bumper handle
- Sonic scaler
- Prophy angles

STERILIZATION OF ALL INSTRUMENTS

All instruments are sterilized in the autoclave, especially surgical and other instruments that normally penetrate soft tissue and/or bone. Forceps, scalpels, bone chisels, scalers

and surgical burs **must** be sterilized after each use. Surgical instruments **must** be cleaned to remove blood and saliva. Cleaning may be accomplished by a thorough scrubbing with soap and water or a detergent. Metal and heat stable dental instruments should be routinely sterilized between each use by steam under pressure (autoclaving).

CLEANING INSTRUMENTS

Instruments from trays go into Biosonic first, including Electro Surge tips, surgical instruments, tray organizers, sonic tips, A/W syringe tips, bur blocks, rubber wheels, green stones, rulers, alginate spatulas, alginate measuring cups, prophy jet tips, metal trays, pumice wheels. These instruments are to be in the Biosonic for about 10 minutes.

Burs go into friction grip holders located near mini sonic. Root canal files, perio reamers, broaches and Gates Glidden go into non-friction grip holders and are placed into the Biosonic.

After 10 minutes, remove the basket from Biosonic, rinse it with water, bag and place it in the autoclave.

Rubber wheels, rulers and alginate measure cups all go into cold sterile solution. Plastic impression trays that were tried in the mouth, but never used, also go into cold sterile.

Surgical instruments get bagged. Cavitron tips (blue/green) do not go into Ultrasonic. They get brushed and bagged. Bagged instruments get placed clear side down on metal trays and then get autoclaved.

Also see our procedure on “Cleaning, Disinfecting and Sterilization.”

CLEANING, DISINFECTION AND STERILIZATION

IMPRESSIONS

Blood and saliva **must** be thoroughly and carefully cleaned from impressions by rinsing them with water only before sending them to the dental laboratory. Impressions should be boxed and properly marked before going to the lab. Do not touch or wipe the impression without gloves.

ULTRASONIC SCALERS

Routine sterilization of hand-pieces between patients is **mandatory**. The ultrasonic scaler **must** be thoroughly wiped with alcohol 2x2, bagged and autoclaved.

PROSTHETIC DEVICES

When working with any removable prosthetic device, place it in a beaker with tartar and stain remover. Then, run it in the Biosonic for 5-10 minutes. Finally, rinse it with water and brush it with a sterilized denture brush and toothpaste, before placing it in the patient's mouth or packaging it for pick-up.

BURS

After use, burs should be removed from the hand-pieces and then placed in the bur caddy for sterilization. Make sure all blood and debris are removed before placing the bur in the caddy. Apply sterilization tape to the caddy and sterilize it in the autoclave.

HOW TO USE THE AUTOCLAVE

Following are the instructions on the use of the autoclave (name of autoclave):

1. First, wrap all instruments; in either bags or cassettes, whichever is appropriate.
2. Place the instruments to be sterilized on trays. Bags go onto the trays with the plastic side down. Do not overload.
3. Open the door of the autoclave and place trays on the racks in the autoclave.*
4. Turn the bottom knob to "Fill." When water reaches the water fill line in the autoclave, turn to the knob to "Steam."
5. Close the door tightly, making sure the handle is engaged and pushed down.
6. Turn the top knob (timer) to 30 minutes for the first run of the day and to 20 minutes for every run thereafter.
7. After the autoclave has cycled (when the bell rings) turn knob to "Dry" for 10 minutes. Then, open the door a crack and let it cool (the door will not open unless the gauge on right-hand side is reading zero pressure.) Be careful! Steam will be released!
8. A 10-minute dry cycle can be used to dry sterilized bags (i.e., hand-piece) and remove moisture from the instrument.
9. The autoclave must be cleaned every Friday.

* The door will not open unless the gauge on right hand side is reading zero pressure.

INFECTION CONTROL FOR THE DENTAL HANDPIECE

Because of the need to provide optimal infection control protocol when treating all patients, it is recommended that all hand-pieces be sterilized. Only when the manufacturer states that a particular model cannot be sterilized should high-level disinfecting be substituted for sterilization.

It is important to remember that you must follow the directions provided by the manufacturer of the hand-piece. This is particularly important because:

1. Some hand-pieces are not able to tolerate either chemical vapor or steam autoclave sterilization.
2. Some hand-pieces may be able to tolerate either.
3. Some hand-pieces should only be sterilized in the steam autoclave, and not in a chemical vapor device.
4. While most manufacturers recommend lubrication before and after sterilization, some only advise lubrication before.
5. Some manufacturers recommend running the hand-piece after lubrication with a bur in place, while others do not.
6. Certain new ceramic turbine hand-pieces require no lubrication.

While you must refer to the manufacturer's instructions, certain basic procedures normally apply to the sterilization of all the major brands of hand-pieces:

1. Scrub the contaminated hand-piece with isopropyl alcohol before sterilization. Remember to wear mask, nitrile gloves and safety glasses.
2. Dry.
3. Lubricate (use separate cans of lubricant for before and after sterilization to prevent contamination) and briefly run.
4. After the sterilization cycle is complete, remove the hand-piece from the sterilizer immediately and allow it to cool in the bag.
5. Monitor and document sterilization with a commercial spore preparation.

BIOHAZARD WASTE

The biohazard waste box is located in the compressor room. This box is labeled with a biohazard sticker and is for any blood tinged materials or infectious waste products used during treatment. Example: 2x2 gauze, cotton rolls, gloves, paper products, etc.

It is mandatory to put all needles in the sharps containers that are located in each operatory. **(Name of your biohazard pick-up company)** comes once a month to dispose of the box, or if you need disposal earlier, then call them during office hours at 888-0000 or after hours at 888-1111. They will also provide you with your sharps containers.

ROLE PLAYING AND PROCEDURE DRILLS:

Information: The following policies are to be repeated as many times as necessary, until you can do each one correctly and with confidence. This is not a test. The purpose of role-playing and reviewing these policies is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all the procedures need to be approved by a qualified employee, the office manager or doctor by signing their name on the line under the applicable role-play or practice procedure drill.

1.

Figure out what your “production needed to meet goal” amount for the month is per the sample procedure.

Signed:

2.

With a qualified employee observing, go through each step of sterilizing instruments in our autoclave. Repeat as necessary, until you can do so with ease and confidence.

Signed:

HYGIENE SUPPLIES

The hygienist is responsible for ensuring all necessary supplies are stocked and placed for hygiene treatments. The following is a list of these supplies.

- Gauze sponges, cotton rolls, floss, gloves, carbocaine dispenser.
- Soap, Kleenex, paper towels, visual aids, mouth rinse, hand mirror and educational models.
- Prophy, angles, suction tips, prophy paste, face masks, headrest covers, tray covers, x-ray sensors, perio kits, irrigating syringes, topical anesthetic and sharpening tools.
- Prophy kits, extra scalers, sonic scaler tips, floss threaders, proxy brushes and other homecare supplies, and sealant material.
- Home fluoride treatment tubes, extra prophy paste and patient floss samples.
- Extra Peridex, Peroxyl, floss samples and extra prophy angles.
- Cavitron, fluoride treatment and irrigator.

Homecare pack kits (goody bags) can be found in the cabinet under the autoclave. Extra boxes of gloves can be found on the shelves in the sterilizing area.

Each room has the same supplies, but is arranged somewhat differently.

ORDERING SUPPLIES

Any new products or special supplies need to be approved by Dr. [name]. You will need to fill out a Purchase Order Request form to have the supply approved.

Supplies used by the hygienist, such as homecare kit bags, patient toothbrushes, floss samples, floss threaders, proxy brushes, etc. are ordered by the hygienist through

_____.

Patient toothbrushes and floss samples are on automatic shipment three times a year. The deliveries are in November, March and July. Information on these deliveries can be obtained from a _____ representative. These shipments can be modified to suit the patient load.

It is the hygienist's responsibility to ensure that these supplies are well stocked; yet, not overstocked.

TOOTHBRUSH/FLOSS AUTO SHIPMENT AND OTHER ORDERS

The stock of patient toothbrushes and floss samples is purchased through _____ . The current shipment of those products is delivered automatically, three times a year (see attached delivery schedule for exact months and products received). These items are given, in a bag, to all patients upon completion of their hygiene appointments.

It is important to keep a record of the exact stock of these products on a monthly basis. If you feel that you don't have enough toothbrushes or floss to last until your next delivery date, simply call the _____ representative (business card is located in the Hygiene Supplies book) and request a supplemental order. Make sure you have the cost of that order approved, using a **Purchase Request Form** before ordering.

Other products that are ordered through _____ include STOP fluoride treatment gel, end-tufted brushes and rubber tipped stimulators. These orders can be placed through the order line at _____ (you don't have to order these items directly through the rep). There is a product/price list for _____ in the Hygiene Supplies book.

_____ Account number:

8888888

_____ Phone number:

1-800-888-0000 or 555-444-4444

_____ Representative:

Every month someone from _____ will call to confirm our order for 10 _____ and 2 free. Check stock of these electric toothbrushes and let the rep know whether to go ahead with the monthly order or to cancel it. Before canceling, check the monthly schedule and look at how many PERIO patients are booked. Remember, PERIO patients receive a _____ with their PERIO treatment.

PATIENT MEDICAL HISTORY

Always obtain a thorough medical history, including specific questions about allergies, medications, current illnesses, recurrent illnesses, oral soft tissue lesions or other infections.

Make sure to document in the patient electronic health record (EHR) and make clinical staff aware of any special instructions.

If the patient needs to pre-medicate, document the details of what they must use to do so. Also, confirm and then document that the patient did pre-medicate before you treated them.

If a patient is required to pre-medicate and they were not informed to do so, or simply forgot to pre-medicate, the patient must be re-scheduled.

FILLING OUT THE RECORD OF TREATMENT

Every time a patient receives a service, you need to indicate it on the "Progress Notes" form. These notes are entered into the practice management system / EHR via _____ software.

All hygiene services rendered are to be written in the Progress Notes. The date of service, followed by the procedure abbreviation must be entered in the notes. Discuss the procedure that was completed and what was discussed with the patient.

Document any patient problems or concerns the patient, quoting the patient when possible. Document the patient effort with homecare, as well as any oral hygiene instruction given. If applicable, document the doctor's observations and recommendations. You must also sign the entry when completed.

HYGIENE CHARTS/PROGRESS NOTES

The hygienist at chair side should write hygiene electronic health record (EHR)s before the doctor enters the hygiene operatory. Then the doctor can examine the patient, add any notes he/she may have, and initial the electronic health record (EHR).

If the doctor has any additional notes he would like to add to yours, he/she may dictate them to you on the spot.

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 the patient's electronic health record (EHR). This form must be completed for every patient, even if no treatment has been recommended.

A Treatment Plan sheet must have 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 in the practice management system / EHR 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 usually results in a communication breakdown with the patient, and leads to unnecessary confusion and upset.

TREATMENT PLAN NOTES

1. Fill out the periodontics section (lower half).
2. Cross-out all missing teeth.
3. Transfer all unfinished treatment onto a new Treatment Plan Sheet before the doctor comes in to conduct his/her exam.
4. Fill in any necessary treatment as the doctor is performing the exam.
5. Ensure that the treatment coordinator is entering the new treatment into the hygiene operatory practice management system / EHR during this time.
6. Take the Treatment Plan to the treatment coordinator as soon as possible, if the treatment coordinator is busy at the time.

INITIAL CLINICAL EXAM SHEET

Document any missing teeth, electronic health record (EHR) any existing fillings, and identify possible treatment on the practice management system / EHR electronic health record (EHR) before the doctor arrives for the initial examination.

The doctor or hygienist will perform the oral cancer screening and soft tissue exam. These results are also recorded.

Assuming everything is within normal limits, date the exam sheet and write WNL (Within Normal Limits). You must also initial the exam sheet.

FILLING OUT THE ROUTING SLIP

Along with his/her electronic health record (EHR), every patient seen by the doctor or the hygienist will have a routing slip. The routing slip is helpful because it lists the patient's name, personal information, any services to be rendered for the day, treatment plan and insurance information.

Upon completion of any hygiene service, the routing slip must be filled out, ensuring all services rendered are either circled or listed on the top portion of the routing slip, along with your signature. The “Next Appointment” section should also be completed, listing the procedure that needs to be scheduled next for the patient. Also, be sure to include appropriate time units for the procedure.

The routing slip should then be delivered to the accounts manager (about 5 minutes before the patient is dismissed). This step allows time for the accounts manager to post the treatment for the day and to also pass the slip to the scheduling coordinator, so that she is aware of what procedures need to be scheduled for the next appointment.

When the patient is dismissed, he/she should be delivered to either the treatment coordinator to discuss the treatment plan or to the scheduling coordinator if a treatment plan already exists.

The patient should always leave the office with their next appointment scheduled.

BOOKING RECALL APPOINTMENTS

Recall appointments are made 3, 4 or 6 months in advance, depending on the oral health of the patient. This appointment should be made 3, 4 or 6 months **plus one day** after the date of the present visit.

It is important that the patient is aware of their recall schedule, as well as the fact that the scheduling coordinator will be calling them. The hygienist should stress the importance of regular visits to prevent future problems. In addition, the hygienist needs to tell the patient that we always make the appointment in advance (whether 3, 4 or 6 month recalls) to ensure an opening for the patient and to give them some flexibility in scheduling.

To avoid any non-receptiveness on the part of the patient, tell him/her how important it is that they reserve a time for their next visit.

A key phrase to use is, "Let's make that appointment," rather than, "Would you like to make that appointment now?" Asking the patient if they would like to schedule makes it a lot easier for them to say NO. You can reassure the patient by telling them they will receive a reminder postcard two weeks before the appointment and if anything should change, they will have plenty of time to call and reschedule.

The recall appointment should be scheduled at the practice management system / EHR in the hygiene operatory.

To actually schedule the appointment:

Post the directions for your practice management system / EHR program here.

The recall postcard should be sent out two weeks before the scheduled date. These recall cards are kept in the hygiene operatory.

HYGIENE RECALL

It is "ultimately" the hygienist's responsibility to ensure the hygiene schedule is regular and active. The hygienist should utilize an active recall system to have returning recall patients. A report of patients who are not scheduled for recall can be generated from _____ (insert your dental software program name here).

This report should be printed on a monthly basis. Patients need to be called, so they are aware of the fact that they are due for their cleaning.

To run this report from _____ main menu:

Insert your software instructions here.

Other postcards can be sent to patients that have already been called for recall. They are titled, "It's been a long time," and can be found in the drawer below the mailbox center. It's important that a record be kept of all contact with patients for future reference. Any time a patient is called or sent a card, this information should be logged as a contact note in _____.

HYGIENE TIME SCHEDULE

The following is the time frame for each hygiene procedure:

1 unit = 10 minutes

Root Planing and Scaling (RP&S)

5 or 6 units, or as needed

Recall Adult

4 or 6 units

Recall Child (13 and under)

3 or 4 units

Recall Child with x-rays

3 or 4 units

New Patient Adult

5 or 6 units

New Patient Adult with x-rays

5 or 8 units

New Patient Child (13 & under)

3 or 4 units

Sealants

Depends on quantity

HYGIENE FLOW CHART

SEATING PATIENT

Please follow these instructions when seating a patient.

1. Pull their electronic health record (EHR) from your bin.
2. Greet the patient. Call the patient Mr. or Mrs., (unless they are **established patients** and you have an informal relationship with them).
3. Ask the patient to have a seat. Move the arm of the chair. Then, close the arm of the chair.
4. Give the patient a tissue.
5. Place the patient bib.
6. Fill a cup of water. Always do this after patient is seated, so the patient sees you giving him/her a new cup.
7. Be sure set-up is appropriate (see lists below for specific treatment/patient details). If you are behind, ask the assistant for help.
8. Always update and enter the patient's current medical history. (See Policy #H33, pg. 50)

9. Establish rapport with patient. Keep the topic focused on the patient, rather than yourself.
10. Ask the patient if he/she has any questions. Is the patient comfortable?
11. Check if pre-med lidocaine or carbocaine is on the electronic health record (EHR).
12. Place the most recent BWX and FMX on practice management system / EHR screen.

FOR RECALL OR NEW PATIENT

- a. Prophy kit in cassette (includes mirror, explorer, probe, anterior and posterior scaler and air/water).
- b. Gauze
- c. Prophy paste
- d. Floss
- e. Disposable prophy angle
- f. Patient napkin and napkin clips
- g. Cup
- h. Suction – slow

FOR QUADRANT SCALING AND ROOT PLANING PATIENTS

1. Perio kit (cassette)
2. Gauze
3. Cavitron tip
4. Suction – slow
5. Syringe prepared and ready for doctor to anesthetize
6. Topical
7. Floss
8. Napkin and clips
9. Cup

KEEP IN TREATMENT ROOM

1. Goody bags
2. Sharpening stone
3. Fluoride rinse (patients 18 and under) – offer to adults when needed
4. Cavitron tips
5. Prophy angle (slow speed hand piece)
6. Floss
7. Extra prophy paste
8. Extra 2x2 gauze
9. Extra suction tips – slow/high speed
10. Patient chain/patient napkins

11. Carpules
12. Floss threaders
13. Plastic mirrors for sealants
14. Cups
15. Tissues
16. Tray covers
17. BWX and PA sensor
18. Flip electronic health record (EHR)s/models
19. Rubber tip stimulators
20. End tufted brushes
21. Proxy brushes
22. Toothbrushes
23. Recall cards/Appt. cards
24. Periogard samples

PATIENT DENTAL AND MEDICAL HISTORY

Always obtain a thorough medical history, including specific questions about allergies, medications, current illnesses, recurrent illnesses, blood thinners, unintentional weight loss, oral soft tissue lesions or other infections. Make sure all questions are answered on the medical history form. There should be no blanks. **It is the responsibility of the person who first receives the form back from the patient, whether the receptionist or assistant, to ensure that there are no blanks spaces. If there are, that person needs to either return the history to the patient for completion, or question the patient as to the answer.**

The importance of a correct and thorough medical history and update cannot be emphasized enough. The patient's life is at risk.

Make sure to document in the electronic health record (EHR) and make clinical staff aware of any special instructions.

A patient with mitral valve prolapse, an artificial hip or joint, who has not pre-medicated, must not receive dental treatment. If this type of patient receives dental treatment without proper pre-medication, they could potentially require hospitalization for an infection around the heart (sub acutebacterial endocarditis) and/or rejection of the artificial hip/joint.

If a patient has tuberculosis and it is active, he cannot receive care from our dental office and must be referred out.

If a patient has HIV, Hepatitis B or Hepatitis C, they must be treated with extra precautions according to current OSHA guidelines.

It is very important to perform a thorough medical history on each patient before any treatment begins, so you can be aware of any problems that exist and produce a safe environment for the patient, fellow staff and yourself.

NORMAL RESPONSIBILITIES

The following is a list of the basic duties and functions you are responsible for on a daily basis. Additional procedures and technical manuals are available to give you a more comprehensive description of how to do these functions.

1. Prepare operatory for your first patient.
 - a. Check for cleanliness and neatness.
 - b. Check all supplies.
 - c. Check the patient schedule for the day and make sure you have all of your electronic health record (EHR)s.
2. Be ready for the morning staff meeting no later than 30 minutes prior to seeing patients.
3. Clean the operatory after each patient.
4. Prepare the room for the next patient.
5. Write down any needed supplies and give the list to the office manager.
6. Wipe down all hard surfaces with Birex.

7. Sharpen scaling instruments.
8. Help assistants with sterilization when time permits.
9. During down time, make re-call phone calls.

NEW PATIENT APPOINTMENT

The following are steps to take when you have a new patient scheduled in hygiene:

1. Get the patient electronic health record (EHR) from the front desk.
2. Greet the patient with a smile and introduce yourself, including your job title.
3. Seat the patient.
4. Place a napkin on the patient. Take a short 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 being very friendly, caring, and helpful in addition to giving the patient high quality service.
5. If you notice the patient is nervous or a little 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 patient for coming, since it probably took a lot of nerve for him/her 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 **extremely key** in the overall success of getting the patient to actually complete his/her treatment plan, which is our main purpose.
6. Once the new patient is in the chair and comfortable, take his/her BP, check his/her health history sheet. Be sure to request more information for any problems circled on the sheet. Go back over it with a red pencil and add anything that might be necessary. Ask the patient if he/she is currently having any problems with his/her teeth. If the patient has a toothache, then an x-ray of the tooth needs to be taken. Do this with the approval of Dr. [name].
7. Take BWs/FMX and give the patient a prophy (unless otherwise indicated).
8. Give oral hygiene instructions and explain possible treatment needed, if obvious. This will prepare the patient for the doctor's exam.
9. Notify the doctor that patient is ready for his/her exam and diagnosis.
10. Prior to signaling for the doctor to examine the patient, have all x-rays ready, the recall card filled out, next appointment scheduled and post the treatment done today, if possible.
11. If the patient will need any perio treatment, be sure this is discussed with him/her, so he/she has a complete understanding of the treatment required.

Qualify your statements to the patient by indicating that the doctor must “confirm your diagnosis” first.

RECALL APPOINTMENT

The following are the steps to take when you have an established recall patient scheduled in hygiene:

BEFORE THE DOCTOR ENTERS THE ROOM

1. Greet the patient with a smile and seat him/her.
2. Go over patient information, health history, etc., updating and documenting any changes.
3. Ask the patient if he/she is having any problem with his/her teeth at this time. If so, document it in the electronic health record (EHR).
4. Take necessary radiographs:
 - a. 4 PA's 2 or 4 BWX should be taken every 6 months.
 - b. FMX should be taken once every 3-5 years, unless otherwise requested by the doctor.
 - c. Perio electronic health record (EHR) yearly.
5. Give the patient a prophy, unless otherwise indicated.
6. Go over oral hygiene with the patient if needed and prepare the patient for the doctor's exam.
7. Review with patient any incomplete work and express the need for completion. Discuss the procedures with the patient. Use layman's terms, be accurate, and handle patient's concerns and fears.
8. Explain the next recall appointment; for example, “On your next cleaning, we'll update the FMX.”
9. Notify the doctor that the patient is ready for his/her exam and diagnosis.
10. Notify the accounts manager that the patient is ready to have an exam.
11. Make the next recall appointment.

AFTER THE DOCTOR ENTERS THE ROOM

1. Offer the following immediately to the doctor:
 - a. Number of months or years since last prophy
 - b. Areas of pocketing (display electronic health record (EHR) to doctor)
 - c. Number of months since BW x-rays
 - d. Number of years since FMX

2. Discuss your findings with the doctor.
3. Write down every suggestion, recommendation or diagnosis (decay or gum disease) by the doctor. One can never write too much. Write small.
4. Write down every comment or response made by the patient (i.e., refusal to have gum treatment, refusal to have cap, refusal of any type of treatment, positive comments to do treatment, notations of a **neutral** response).
5. Make sure your notes are complete on the progress sheet, treatment plan and soft tissue exam column.
6. Express to the patient that you'll be looking forward to seeing them at their next visit and wish them a good day.

TEMPORARY HYGIENIST CHECKLIST

OPENING PROCEDURES

- Keep a record of your hours.
- Normally we take a $\frac{1}{2}$ hour lunch break. Check with Dr. [name].
- Review the day's schedule and set up the operatory for your first patient.
- Turn on the practice management system / EHR monitor and the tower below.
- Gather the day's electronic health record (EHR)s and review them for last visit, x-rays, fluoride, sealants, unaccepted treatment, etc.
- During the huddle, inform the staff on the services scheduled and the treatment still needed.
- With your scheduled patients, find additional treatment needed in order to meet your daily goal.
- You can recommend bleaching, _____ (oral health) products, rinse, paste gel, tongue scrapers, etc. Also recommend _____ (*electric toothbrush brand*), if needed.

DAILY ROUTINE

- Take BWX every 6 months, **unless there is a medical** condition.
- Give a fluoride 1x (rinse) to every regular 6-month patient. If it is a new patient, recommend fluoride treatment and let them know the fee is only \$15.00.
- Each patient whose teeth were cleaned receives a goody bag.
- Always keep an eye on the time.
- Help the other staff members with sterilizing the instruments. The prophy instruments have white-colored bands around them. Pack the mirror, explorer,

air/water, probe, anterior and posterior scaler together in the paper bags before putting them in the autoclave.

- Sharpen instruments as needed.
- If the patient has generalized 3mm pocketing, there is no perio evaluation. If one or more 4mm, do a complete perio evaluation (yellow sheet).
- If patients have any insurance questions or ask about the cost of treatment, let them know the treatment coordinator will answer these questions.
- Check your mailbox and handle anything pertinent to you or the hygiene position.
- Keep hygiene supplies stocked in the operatory and write a memo to the assistant requesting she order supplies that are low (bitewing mounts, slow speed suction tips, gauze, etc.).
- Refer to the Hygiene Manual and place any hygiene orders as needed.

END OF DAY ROUTINE

- Close down your operatory after your last patient is checked out.
- Set up your operatory for the next day and raise the chair to the highest point.
- Turn off the practice management system / EHR.
- Make sure all electronic health record (EHR)s have been documented and signed by you and Dr. [name].
- Make sure there are goody bags pre-made in the lower corner cabinet by the sterilization.
- Before leaving, check with other staff and Dr. [name] to see if they need any help.

LAST DAY OF WEEK ROUTINE

- Run an Incomplete Treatment Plan report for perio and send letters. Letters are saved in MS Word and file names are found in hygiene supplies manual.
- Run a Recall Overdue report and send overdue letters.

DENTAL HYGIENIST DUTIES

1. Using explorer, show plaque to the patient.
2. Use trace if necessary.
3. When doing root planing and scaling, demonstrate calculus to patient on their fingers or some other way you are comfortable with that gets the point across.
4. As needed, review the use of floss threaders, etc.
5. Reinforce the necessity of regular cleanings, (2,3,4,6 months).
6. If home care is good, praise the patient. Contrast the good areas to the bad areas. The regularly maintained patient without breakdown deserves positive reinforcement. A pat on the back!
7. Talk positively of the dental office and doctors. Be upbeat and positive!

8. Point out fractures of fillings and teeth to the patient with the intraoral camera or mirror. Do not suggest a method of treatment, unless patient asks. Then, inform patient what is normally done, but tell patient, “ Let’s ask the doctor first.”
9. Point out bleeding points and/or pockets with a mirror or intra-oral camera.
10. If you find discoloration, broken margins or weak tooth structure on old amalgams, point them out to the patient with the intra-oral camera.
11. Use brochures or video to educate the patient for sealants.
12. Where indicated, encourage whitening, again using brochures and video.
13. Ask the patient if they are satisfied with the color of their teeth.
14. Encourage the use of fluoride gel and Peridex where indicated.
15. Take **quality** intra-oral photos.
16. Use the perio probe with a mirror to show pockets.
17. Befriend the patient.
18. Encourage the patient to brush their tongue, because it will help eliminate bad breath.
19. When explaining problems to the patient, be descriptive and graphic by way of comparison. You need to get the patient’s attention. Paint the picture. For example: “A cracked tooth is like a crack in your windshield. It keeps traveling and getting worse,” or “A cracked tooth is like a crack in the concrete.”
20. Where indicated, mention implants to patients who are partially or full edentulous. Make mention of the fact that our doctor is an expert at placing implants.
21. Home care should be reviewed at every visit, unless the patient’s mouth is spotless. Help the patient with local problem areas of plaque or calculus accumulation.
22. Use models and draw a picture of what is happening in their mouth to co-discover with the patient. Let them ask what needs to be done. DO NOT offer suggestions, unless they ask.
23. In reference to perio disease, advise the patient it is the “Silent Killer” and most of the time there are no symptoms until in the advanced stage. Show the patient a perio brochure. Explain where the bacteria grow and give toxins off to cause bad breath and destroy bone. Contrast red gum area to pink healthy area in the mouth. Advise the patient that gum disease or Pyorrhea does not hurt and does not have symptoms typically.
24. When patients ask about different treatments you can say; “I’m not the dentist, but if you were my mother, father, sister or brother, I would encourage you to change the filling to a crown (have the gum treatments, or see the office periodontist, who is excellent, or have sealants, etc.).”“But, let’s see what the doctor has to say.”

25. Take BW (4) and 4 PA's every 6 months, and FMX every three to five years.
26. Befriend the patient. Ask him/her about their children, grandchildren, where they are originally from, vacations, etc. Most people like to talk about themselves.
27. The hygienist must verbally promote the dental practice to our patients and review their electronic health record (EHR)s routinely. The intra-oral camera can explicitly show patients the need for treatment on previously diagnosed, untreated decay or disease. The hygienist should know the patient's total treatment and any questions should be reviewed with the doctor, if necessary. Therefore, prior to the start of the day, the hygienist must review all of her electronic health record (EHR)s and check for notes on the previous tooth electronic health record (EHR) of calculus noted from x-rays for the hygienist to scale.
28. When asking the patient to open, close, rinse, etc., **ALWAYS** preface it with **please**, and follow it with **thank you!**

HAND WASHING AND CARE OF HANDS

Hands must be washed thoroughly after caring for each patient and after removing gloves. Hands and other skin surfaces must be washed thoroughly and immediately after possible contact with blood and/or body fluids.

LIMITING CONTAMINATION

Never touch a electronic health record (EHR), phone, pen, etc., with a glove or hand that has been in contact with the patient's secretions (blood, saliva, etc.)

Cover gloves are used to offset the cost of using multiple sets of gloves for each patient. If you need to get a supply out of a drawer, sign a document, or process an x-ray, cover gloves may be used over your latex gloves to prevent cross contamination. Cover gloves are available in each operatory.

After removing your latex gloves, always make sure that hands have been thoroughly scrubbed and cleaned before touching anything.

Insert picture of “Cover Gloves” here.

Insert picture of “Cover Glove” Wall Rack here.

HOW TO TAKE PERIAPICAL X-RAYS

ANTERIOR PERIAPICALS (ANTERIOR PA'S)

Take the curved, silver indicator arm and place the 2 silver prongs into the anterior (vertical) bite block. Then, take the (centered) anterior ring and slide it onto the straight end of the indicator arm. You should be able to look through the ring at eye level and see the bite block perfectly centered.

Place small sensor in the slot of the bite block. Once the XCP (extension cone paralleling) is assembled, AND THE LEAD APRON IS ON THE PATIENT, you will position the bite block on the tooth needing the x-ray. Have the patient slowly close their teeth together. The XCP may be slightly angled to ensure a clear radiograph of the entire tooth including the apex of the root. Align the cone of the x-ray unit with the ring; making sure the cone is parallel to the straight indicator arm. Instruct the patient to hold still. Leave the operatory and press the x-ray button.

POSTERIOR PERIAPICALS (POSTERIOR PA'S)

Take the flat, angled indicator arm and place the 2 silver prongs into the posterior (horizontal) bite block. Then, take the (off-centered) posterior ring and slide it onto the straight end of the indicator arm. You should be able to look through the ring at eye level and see the bite block perfectly centered. If it is not, you need to flip the ring over.

Place sensor in the slot of the bite block. PLACE THE LEAD APRON ON THE PATIENT. Then, position the bite block on the tooth you are taking the x-ray. Make sure the angled part of the indicator arm is going away from the patient's mouth. Their cheek should fit comfortably in this area.

If it is uncomfortable, or doesn't seem to fit, you will need to adjust the XCP by switching the bite block and the ring. After the bite block with sensor is positioned, have the patient slowly, but firmly close their teeth and retain the position of the sensor packet. Remember, the XCP may be slightly angled.

Then, align the cone of the x-ray unit parallel to the indicator arm of the XCP. Instruct the patient to remain still. Leave the operatory and press the x-ray button to make the exposure. REMEMBER: The upper right XCP assembly is the same for the lower left. Next, switch the bite block AND ring to take the upper left and lower right PA's.

* Lower P.A.'s are a bit more difficult, because you have to contend with the tongue.

* It is a good idea to show patient with your finger exactly where the sensor is going to go.

HOW TO TAKE A PANORAMIC X-RAY

1. Turn the Panoramic x-ray unit on – the switch is behind the control panel.
2. Lower the unit to the appropriate level by pressing the $\downarrow\uparrow$ arrow buttons.
3. Place a plastic cover over the bite stick on the Pan unit. These can be found in the instrument drawer underneath the sterilization counter.
4. Have the patient remove any removable dentures, earrings, necklaces, glasses, hairclips or anything metallic that is centralized around the head.
5. Instruct the patient to step up to the machine and bite their front teeth into the grooves on the bite tab (you will have to adjust the machine up or down according to the patient's height).
6. Have the patient hold onto the handles on each side.
7. Ensure the patient's chin is resting on the chin rest and the patient is standing as straight as possible. The patient's chin should be slightly tilted to create the smile on the x-ray. To achieve this, ask the patient to gently tuck their chin under while slowly tilting their forehead towards you.
8. Press the temple support key to close and help stabilize and align the patient's head.
9. Refer to the Panoramic Procedure Chart on the Pan unit and choose the appropriate exposure parameters (kV and mA) depending on child, female, male, etc.
10. Have the patient smile using the first set of (+) (-) symbols (the focal trough positioning keys indicated by mm). Position the vertical light between the patient's lateral and canine.
11. Make sure the sensor cartridge is properly placed with the arrow aligned.
12. Press the ready prêt button – the green light will come on.
13. Tell the patient to hold still. Explain how the x-ray unit will rotate around their head, but will not come in contact with them. The x-ray will only take 20 seconds.
14. The x-ray button is located on the wall near the digital imaging station. Press the black button in and hold it until completion of the x-ray.
15. Instruct the patient to carefully step away from the machine at the completion of the x-ray, the temple supports will release at this point.
16. Throw away the plastic bite block cover.

17. Press the return key (indicated by sideways arrows ↔ and is located beside the ready prêt button). This will return the unit to its starting position.
18. Always raise the unit all the way up so, that patient's do not hit their heads on it while walking by.
19. Label the Pan x-ray with the patient's name, date and Dr. _____'s name in the lower left corner.

- 1.
- 2.
- 3.

ROLE PLAYING AND PROCEDURE DRILLS:

Information: The following policies are to be repeated as many times as necessary, until you can do each one correctly and with confidence. This is not a test. The purpose of role-playing and reviewing these policies is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all the procedures need to be approved by a qualified employee, the office manager or doctor by signing their name on the line under the applicable role-play or practice procedure drill.

—
1

Take at least three diagnosable periapical x-rays for the dentist.

Signed:

—
2

Take at least three diagnosable panoramic x-rays for the dentist.

Signed:

—
3

Go through all of the steps of readying an x-ray with the dentist observing, until you are competent at doing so in this office.

Signed:

OPERATION OF THE INTRA-ORAL CAMERA

Each operatory contains an intra-oral camera called _____. Operation of this incredibly valuable machine is not difficult.

1. Power on the TV, open the small door at the base of the TV monitor and find the video button. Depress it until “Video 3” comes on the right hand corner of the monitor.
2. Power on the _____, depressing the 2 buttons on the right (Live/Memory and Single/Quad). These buttons, the Live and Single, should be illuminated in green.
3. In operatory #2, the monitor button located on the printer must be depressed and the green light illuminated, in order for the intra-oral picture to be captured onto the screen. The _____ printer is located in operatory #2 and is accessible to all operators.
4. You are now ready to handle the camera that is in the end of the white cable. Carefully, lift the camera out of its cradle and place a disposable Banta protective covering over the camera.
5. Align the camera, so the black lines coincide. The gold dial is the focus part of the camera.
6. On the floor, there is a foot base with 2 pedals. The pedal on the right must be depressed when the camera is in the mouth to capture an image.
7. Once the image is on the TV monitor, release the pedal and the image is captured.
8. The pedal on the left is only used to print the image on the TV monitor.
9. The left pedal is held down for 3 seconds and the TV monitor will darken as the image is printed from the printer.
10. The left pedal can also be used to change the monitor from displaying 1 image to 4 images to 16 images, etc., depending on how many photos you would like to capture.

Note:

In order for the printer to capture and/or print any images, the monitor button on the printer must be depressed with the green lights illuminated.

ROLE PLAYING AND PROCEDURE DRILLS:

Information: The following policies are to be repeated as many times as necessary, until you can do each one correctly and with confidence. This is not a test. The purpose of role-playing and reviewing these policies is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all the procedures need to be approved by a qualified employee, the office manager or doctor by signing their name on the line under the applicable role-play or practice procedure drill.

Have a qualified employee take you through each of the steps to operate the _____ (oral camera). Once you have been shown how to use it, practice going through each step yourself while being supervised, until you are confident.

Signed:

2

Print at least two pictures, so you know how to do that also.

Signed:

SEALANT APPOINTMENT

The following are steps to take when a patient is scheduled for sealants:

1. Have sealant prep instruments in the room, high-speed suction ready to help with the procedure, sealant material, cotton rolls and plastic mirrors on the tray ready to use.
2. Greet patient and seat him/her.
3. Place a patient napkin over the patient.
4. Explain to patient that the doctor will clean and prepare the teeth to make sure there are no cavities.
5. Give the patient protective goggles to wear during the procedure.
6. Ask the doctor to prepare the scheduled teeth for sealants.
7. Once the teeth are prepared, etch, place sealant and cure.
8. Check the sealant with the explorer, making sure there are no air bubbles.
9. Document and sign the electronic health record (EHR).
10. Inform the patient that there are no eating restrictions.
11. Dismiss the patient.

SEALANT SET-UP

- Exam Kit
- Sealant Materials

- (Cavity abrasion unit) Machine
- Acid Etch
- Cotton Rolls
- High Speed Suction/Saliva ejector
- Curing light

Sealant prep is used to remove stains and cleanse the tooth. Place acid-etch on the entire occlusal surface for 30 seconds. Rinse well. Dry the tooth well (it will have a white, frothy appearance). Place the sealant in the groove of the tooth. Cure for 40 seconds. Clean the occlusion and adjust, if necessary. Explain to patient that the tooth will feel high for a short time, but after a few meals, the bite will be normal.

PLACE SEALANT PHOTOS HERE

FABRICATING BLEACHING TRAYS

Following is the procedure for fabricating a Bleaching Tray.

1. Take an impression of the arch(s) to be treated. The impression should allow all areas of the clinical crown, and at least $\frac{1}{2}$ " of gingival tissue surrounding the teeth, to be accurately represented.
2. Immediately, pour a fast-setting stone mixture into the impression.
3. After the model has set, trim the base to make it as thin as possible (1/16" – 1/8").
 - a. A hole carefully drilled in the center of the base will improve the vacuum forming process.
4. Build up a reservoir for bleaching material on the labial surfaces of the anterior teeth on the model. We recommend a coat of **Paint-On Dental Dam** # _____. Light-cure the entire labial surface for 45-60 seconds.
5. Place a 5x5" sheet of .040" pr .080" clear resin tray/mouth guard material into the clear resin holder on the upper part of the vacuum former.
6. Set the stone model in the center of the perforated plate of the vacuum former and allow the resin sheet to heat until it droops 1" from the clear resin holder. Activate the vacuum switch and lower the resin sheet onto the model.
7. When the resin has cooled, remove it and the model from the vacuum former. Remove the resin from the model and trim (scallop) the labial and lingual surfaces of the tray/mouth guard to the gingival margins.
8. Polish the scalloped margins on a lathe using a cloth wheel only. Edge transparency can be recovered with the careful use of an alcohol torch. Wash and clean the tray/mouth guard thoroughly.

BLEACHING – DATE OF INSERT

1. Try in the trays to make sure they fit perfectly.
2. Don't forget to document the patient tooth color before they start the bleaching procedure.
3. Review the instructions and demonstrate with a model for the patient (refer patient to Patient Bleaching Instructions).
4. Give the patient the bleaching instructions to take home.
5. Give the patient the bleaching kit.
6. Document everything in the patient's electronic health record (EHR) (i.e., brand of bleach, percentage of bleach solution).
7. Send the maxillary and mandible trays, bleaching kit, retainer box, and instructions for bleaching home with the patient.

BLEACHING – POST-OP APPOINTMENT 5-7 DAYS LATER

1. Document the new shade in the electronic health record (EHR).
2. Ask the patient if they have any questions or concerns.
3. Ask how long they have used the product and if they are complying with the instructions.

Note: If necessary, the patient may want to purchase another syringe of bleach. You can also recommend one extra syringe for doing "touch ups."

PATIENT BLEACHING INSTRUCTIONS

You can either wear the tray for two hours a day for 5 – 7 days straight, or you can wear the tray overnight for 5 – 7 nights. The active ingredients in the bleach solution stop working around the second hour.

1. Brush and floss your teeth.
2. Place a small amount of gel in the center of each tooth-front section of the tray for each tooth to be whitened. If you cannot see your first and second molars when you smile, you do not have to whiten them.

3. Each syringe has approximately eight treatment doses, designated by red indicator marks.
4. Start by using about one dose per tray. If whiter results are not noticeable by the 2nd or 3rd day, you may need to apply more solution in the tray.
5. Insert the tray with gel into your mouth.
6. Lightly press the solution around each tooth front. However, you do **not** want to press the gel onto your gums. If this happens, just remove the extra solution **with** a tissue and use less gel next time.
7. After the treatment session, remove the tray, rinse your teeth and brush away any remaining gel from your teeth.
8. Remove any remaining gel from the tray with a toothbrush and cool water. You can then place the tray in your storage case.

OTHER IMPORTANT INFORMATION

1. You should limit the use of tobacco, coffee, tea, dark colas and red wine, for these substances can cause staining; and therefore, you may need to “touch up” with the bleaching gel more often.
2. You should not eat, drink or smoke while the tray is in your mouth.
3. Throughout the whitening treatment, do not overload the bleaching tray with the gel.
4. Do not interrupt the whitening treatment. If a day or two is skipped, extend the process for an equal number of days.
5. In general, the area of tooth along the gum line is naturally darker and may take longer to lighten.
6. Some patients experience sensitivity with whitening. You should contact the dentist if tooth sensitivity or gum irritation occurs.
7. The gel should be stored in a cool, dry place.
8. Pregnant or lactating patients should not use the whitening products.
9. Sore throat or nausea may be experienced if excessive whitening gel is swallowed.
10. Wash any areas or items with water if whitening gel contact occurs.

ROOT PLANE AND SCALING APPOINTMENT

The following are the steps taken when a patient is scheduled for RP&S:

1. Greet and seat the patient.
2. Make sure the patient has signed for the treatment being delivered.

3. Review the patient information, health history, etc., documenting any allergies and/or major health problems that could be affected by treatment (i.e., pre-med needed, Coumadin patient, etc.).
4. Ask the patient if he/she is having any problems with his/her teeth at this time. If so, document it in the electronic health record (EHR).
5. Notify the doctor that anesthesia is ready to be administered.
6. Perform perio electronic health record (EHR)ing and document it in the electronic health record (EHR) (if not already done).
7. Perform SRP and irrigation when indicated.
8. Review home care instructions, e.g., _____, Irrigator, _____ products, and discuss precautions concerning anesthesia.
9. Walk the patient up front and inform them that we are available if they need us, or if they have any questions or concerns, during this series of appointments.

ANESTHESIA SET-UP

1. You will need a Q-tip with topical placed on 2x2 gauze. This will be applied first.
2. The syringe will need to be loaded with either Carbocaine 3% or Lidocaine 2%.
 - a. Carbocaine 3% is the norm.
 - b. Lidocaine is used for treatment of teeth of the upper arch, and for all Endo treatments.
 - c. Carbocaine is used for the treatment of teeth of the lower arch.
3. Two different sized needles are used:
 - a. Yellow 27-short and yellow long. Yellow short is for top teeth and yellow long is for bottom teeth.
4. Always remember to engage the harpoon in the rubber stopper in the carpule.

The following PERIO program and fees are examples 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.

THE PERIODONTAL PROGRAM

At Dr. [name]'s dental office, we provide soft tissue management in the form of a periodontal program for patients with gum disease. This program is designed to achieve

and maintain maximum periodontal health. Hygienists are an integral part of this program and are usually first in identifying periodontal problems.

On all new patients, a complete periodontal electronic health record (EHR)ing is performed. This electronic health record (EHR)ing is 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.

PERIODONTAL PROGRAM GOAL

GOAL

To achieve optimum periodontal health.

DEFINITION OF HEALTHY GINGIVA

Pink, firm and stippled tissue. No hemorrhaging upon probing or light instrumentation. Generalized probings between 0-3 millimeters. Sufficient attached gingiva. No recession or muco-gingival defects present. Sufficient bone support.

OUR RESPONSIBILITIES

1. To evaluate any periodontal problems and have the dentist confirm the diagnosis.
2. To educate patients of periodontal disease and to discuss with the patient their periodontal status.
3. To recommend treatments and options, when necessary. We need to openly discuss short-term and long-term treatments, diagnosis and goals with the patient. Discuss with the patient their personal goals concerning oral health.

Notes: Be strong in your diagnosis and treatment plan for the patient's optimum periodontal health. Educate the patient thoroughly. Remember there is always a treatment plan "B" to accommodate different financial and commitment levels.

TYPE 0 PERIODONTAL DISEASE

***Note:** Change, add or delete anything on this Perio program that you deem necessary to conform to your own specific method of evaluating, diagnosing and prescribing treatment. The following procedures are examples only.

EVALUATION

Localized light plaque and calculus is present. The gingiva is pink, firm and stippled. There is no localized hemorrhaging upon probing or instrumentation. Generalized probe readings are between 0-3 millimeters. The root surfaces are smooth upon using the explorer. There is sufficient attached gingiva present. No bone loss is present on the x-rays, or detected with the periodontal probe.

DIAGNOSIS

Healthy periodontal status.

TREATMENT PRESCRIBED

There should be strict, regular 6-month prophylaxis visits and yearly PA's (4), bitewing x-rays and an exam with the doctor. Full mouth periodontal electronic health record (EHR)ing should be completed every year. Full mouth x-rays should be taken every 3 to 5 years. Every visit should be monitored closely and you should discuss the findings with the patient and educate them on the reasons we monitor their periodontal health so closely. Every visit should have home care instructions reviewed and the patient should be informed of any specific areas that need improvement.

Note: Patients may remain on a regular 6-month prophy recall as long as they maintain this level of periodontal health.

TYPE I PERIODONTAL DISEASE

EVALUATION

Generalized light to localized moderate supra or subgingival plaque and calculus is present. The gingiva is inflamed localized or generalized. There is generalized slight hemorrhaging upon probing or instrumentation. Generalized probe readings are 3 millimeters with possible localized at 4 millimeters. The root surfaces are generally

smooth upon using the explorer. There is sufficient attached gingiva present. No bone loss was present on the x-rays.

DIAGNOSIS

Gingivitis is stage I of periodontal disease.

TREATMENT PRESCRIBED

There should be a perio-electronic health record (EHR) done. A prophylaxis appointment and polish should be made for 1 to 2 weeks after the perio appointment. Perio scale may be done with a topical anesthetic. A 4-month prophylaxis recall and reevaluation should be done and homecare instructions reviewed with the patient. Continue 4-month prophylaxis recalls for at least one year. Then, evaluate the patient's status at the end of the year to either continue with the 4-month prophylaxis recalls or return the patient to 6-month recall visits. Yearly bitewing x-rays and exams should be done with the doctor. Full mouth periodontal electronic health record (EHR)ing should be done every year. Full mouth x-rays should be taken every 3 to 5 years. Every visit should be monitored closely, spot mesial, perio probings should be done and you should discuss your findings with the patient and educate them on the reasons we monitor their periodontal health so closely. Every visit should have home care instructions reviewed and the patient informed of any specific areas that need improvement.

Note: Patients may remain on a regular 4 or 6-month prophylaxis recall if they obtain, and maintain, a healthy periodontal status. If this does not occur, the patient may need to be escalated to level II.

Always review the medical history and medicines the patient is taking, due to gingival/oral side effects.

TYPE II PERIODONTAL DISEASE

EVALUATION

Generalized moderate supra and subgingival plaque and calculus are present. The gingiva is generally inflamed. There is generalized moderate hemorrhaging upon probing and/or instrumentation. Generalized probe readings are 4 millimeters with possible localized at 5 millimeters. The root surfaces are generally rough upon using the

explorer, generalized or localized. There are possible muco-gingival defects (medium) present. There is possible localized bone loss also present.

DIAGNOSIS

Early periodontitis is stage II of periodontal disease.

TREATMENT PRESCRIBED

A perio-electronic health record (EHR) needs to be done. A perio scale and root planning (SRP) appointment and polish should be made as follows:

- Appointment #1 - SRP right side with anesthesia. Distribute products and possible Rx Peridex.
- Appointment #2 – SRP left side with anesthesia.
- Appointment #3 – Follow-up appointment 2 – 4 weeks later, which is a reevaluation and polish appointment. Review homecare with the patient and discuss specific areas that need improvement.
- 3-month perio maintenance recall (PM), perio electronic health record (EHR) and recall. Continue 3-month prophy recalls for the long term.
- 6-month bitewing x-rays and exam should be done with the doctor.
- Full mouth periodontal electronic health record (EHR)ing should be done every year.
- Full mouth x-rays should be taken every 3 - 5 years.

Every visit should be monitored closely, spot perio probings should be done and you should discuss your findings with the patient and educate them on the reasons we monitor their periodontal health so closely. Every visit should have homecare instructions reviewed and the patient informed of any specific areas that need improvement.

NOTE: Patients must remain on a regular 3-month prophy recall. Reevaluation must occur at every perio visit. On first reevaluation, the gingiva should be pink, firm and stippled. None or very slight hemorrhaging should occur during probing or instrumentation.

If the tissues are not reacting positively to treatment, review and stress homecare. Review the patient's medical history and keep it updated.

TYPE III PERIODONTAL DISEASE

EVALUATION

Generalized moderate to heavy supra and subgingival plaque and calculus is present. The gingiva is generalized inflamed. There is generalized moderate to heavy hemorrhaging upon probing and/or instrumentation. Generalized probe readings are 4-5 millimeters with possible localized at 6-8 millimeters plus. The root surfaces are generalized rough upon using the explorer. There are possible muco- gingival defects present, either generalized or localized. There is localized or generalized bone loss also present. Possible localized tooth mobility, as well.

DIAGNOSIS

Moderate periodontitis stage III of periodontal disease.

TREATMENT PRESCRIBED

Perio-electronic health record (EHR) is done. Rx for Peridex is given. A perio scale and root planning (SRP) appointment and polish should be made as follows:

- Appointment #1 SRP - right side with anesthesia and present prolacts
- Appointment #2 - SRP left side with anesthesia
- Appointment #3 - Follow-up appointment 3-4 weeks later, which is a reevaluation and polish appointment. Review homecare with patient and discuss specific areas that need improvement.
- 2-3 month perio maintenance recall (PM), perio electronic health record (EHR), evaluation and recall. Discuss with the patient your findings and, if appropriate, explain that a periodontal consultation is needed (either generalized or localized). Irrigation may be incorporated with regular recalls when necessary. Continue strict 2- 3-month prophy recalls for the long term. Include regular irrigations when necessary. Topical anesthesia may be necessary in localized areas.

6-month bitewing x-rays and exam should be done with the doctor. Full mouth periodontal electronic health record (EHR)ing should be done every 6 months to a year. Full mouth x-rays should be every 2-3 years. Every visit should be monitored closely, spot perio probings should be done and you should discuss your findings with the patient and educate them on the reasons we monitor their periodontal health so closely. Every visit should have home care instructions reviewed and the patient informed of any specific areas, which need improvement.

TYPE IV PERIODONTAL DISEASE

EVALUATION

Generalized heavy plaque and calculus is present. The gingiva is generalized inflamed. There is generalized heavy hemorrhaging upon probing and/or instrumentation. Generalized probe readings are 6+. The root surfaces are severely rough upon using the explorer. Generalized tooth mobility is present. There are possible periodontal abscesses present.

DIAGNOSIS

Advanced periodontitis. Stage 4 and final stage of periodontal disease.

TREATMENT PRESCRIBED

Evaluate for teeth that may be saved for anchor teeth. Consult a Periodontist. In some cases P/P with anchor teeth, in other cases F/F. Evaluate for possible implants to anchor prosthetics.

DIAGNOSIS OF PERIO

1. Review the electronic health record (EHR) and health history.
2. Greet the patient. If a new patient, introduce yourself and your title.
3. Seat patient.
4. Take 2 BWX, (or 4 BWX if patients have their 3rd molars present).
5. Use the ORAL CAMERA to tour the mouth and take any pictures. Example: facial, heavy tartar, broken filling, etc.
6. Make diagnosis. A diagnosis must be made before any treatment is rendered.
 - a. Evaluate clinical appearance of gum tissue.
 - b. Introduce probing, mesial probe throughout.
 - c. Floss anterior to check for bleeding.
 - d. Test scale to check for additional sub-tartar not initially seen.
 - e. Determine patient's PERIO Level, educate the patient on findings and refer him/her to the accounts manager.

TYPE 0

0-3mm, no bleeding, healthy gum tissue, little tartar.

TYPE 1

0-3mm, bleeding, supra tartar (gingivitis)

TYPE 2

3-4mm, bleeding sub-tartar (mild perio)

TYPE 3

4-6mm, bone loss, moderate sub-tartar (moderate perio)

TYPE 4

>6mm, furcations (advanced perio)

TYPE 5

RAPID BONE LOSS or SLOW, BUT CONTINUOUS (Referral to periodontist)

* **Type 0 is the only type that can be completed at the first visit by performing a prophy.**

GAINING PATIENT COMMITMENT TO TREATMENT

In this example, George is a new patient, and 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 is going on with your mouth George, is that OK with you? There are some areas in your mouth that concern me and Dr. [name] a lot.”

The electronic health record (EHR)ing has been done. Be sure to make the patient aware during the probe exam to pay attention to the numbers “4 and above” and that those areas are of concern. Emphasize, “concern me.” Don’t use the words “small, early, moderate, beginning, little or eventually.” Those terms all equal WAIT - let the disease grow! This is NOT what we want for the patient.

HYGIENIST:

“The first thing that concerns me is all 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 little places that you can’t reach.”

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

Use a flip electronic health record (EHR) 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 electronic health record (EHR) and identify what stage it is.

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

Use the flip electronic health record (EHR) 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.

“I called out some 5 millimeters during your probe exam, and 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 down below the gum line. I know for a fact that you’re on your way towards the next state of gum disease, which is Stage III.”

RUST ANALOGY:

“Gum disease just 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. DISCUSS THINGS THAT HE/SHE CAN EASILY UNDERSTAND.

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

Most practitioners at this point start to explain how they are going to fix the problem areas. **This is incorrect.** It is jumping in with 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 up his/her mind) that we bypass the most crucial and important steps.

HYGIENIST:

“George, just to ensure that you are tracking with me, and this is very important, because my main responsibility to you is to ensure that you really understand what's happening with your mouth. I want to ask you a few

questions to make sure I've been doing my job correctly, 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!**

"Exactly, you are absolutely right."

HYGIENIST:

"Decay and gum disease are called **Silent Killers** because there is damage, but **no pain**. If you put treatment off, with the active decay and destruction going on, 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., 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 approach is successful, because as long as something is presented factually, patients will do fine with it. 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?”

“HOW MUCH WILL IT COST?”

HYGIENIST:

“We’ll answer all of 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. Get rid of all of the gum disease - gums will be pink and firm - gums will be clean and healthy, etc.

Obviously, you will need to **explain that gum disease can return** if the patient doesn’t stay on top of 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/her gum disease for the rest of his/her life.

Now they are ready to talk finances.

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 3 years old.

For PERIO TYPE I (Gingivitis) patients, Dr. [name] requires a current panoramic x-ray on file that has been updated within the last 3 years.

(0330) Panoramic x-ray

\$90.00

For PERIO TYPE II - V patients, Dr. [name] requires a current full month x-ray series on file that has been updated within the last 3 years.

(0210) Full Mouth x-ray

\$120.00

HOME CARE AGREEMENT

I understand completely that I have been diagnosed by Dr. [name] with periodontal (gum) disease, to some extent. I also understand that to achieve optimal oral health, I must accept responsibility for the health of my gums (gingival tissues), and begin working with my hygienist. The treatment to be rendered will not be a success without my contribution. Therefore, I intend to actively participate in my treatment by maintaining proper home care habits as instructed by my hygienist.

DIAGNOSIS

SIGNATURE OF PATIENT

DATE

SIGNATURE OF HYGIENIST

DATE

[Name], D.D.S.

DATE

END OF DAY CALL BACKS

At the end of each working day, the scheduling coordinator will print a “Call-Back List.” This list includes the names and phone numbers of any patients who have been seen that day and have been treated with a more difficult or extensive procedure.

The hygienist should include the name of any patient who has undergone Root Planing or any procedure that was difficult for the patient. The phone call should be brief. Just let the patient know that you were thinking of them and wanted to check on how they were feeling.

To get a patient to appear on this list, simply go to the Patient Transactions screen and press “E” to edit the transaction of the procedure for the patient you wish to call. In this box, there is a section called, “Call-Back.” Just change the “N” to a “Y” for yes.

A copy of the Call-Back list should be made, so that you can call your patients that evening.

CONTENTS OF HYGIENE “GOODY BAG”

Every patient that receives a cleaning will get a “Goody Bag” before he or she leave. The “Goody Bag” consists of a toothbrush, floss and a sample of toothpaste that we have in stock.

It is a good idea to make sure that there are enough “Goody Bags” set up at the beginning of the day, so they can be easily distributed to patients.

PATIENT RAPPORT

After you have placed a napkin on the patient, take a moment to establish some rapport with him/her. This is done by asking what he/she does, how long it's been since they have 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 very high quality service. Ask if the patient prefers cd 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 a little 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 patient for coming in, since it probably took a lot of nerve for them to even arrive here! Let the patient know that he 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 product.

ROLE PLAYING AND PROCEDURE DRILLS:

Information: The following policies are to be repeated as many times as necessary, until you can do each one correctly and with confidence. This is not a test. The purpose of role-playing and reviewing these policies is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all the procedures need to be approved by a qualified employee, the office manager or doctor by signing their name on the line under the applicable role-play or practice procedure drill.

With a qualified hygienist or doctor observing, go through each step of fabricating a bleaching tray, until you can do so with ease and confidence.

Signed:

Role-play with a qualified employee, “gaining patient commitment to treatment.” Repeat as necessary, until you can do so with ease and confidence.

Signed:

HANDLING THE NERVOUS PATIENT

Many patients experience anxiety and/or nervousness at the dental office. It is our job to alleviate as much of this 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 do so is one that is quiet and free from external noises and movement.

Be calm, treat the patient courteously, limit movement in the operatory, and limit all external noises in and around the operatory. This calming process includes limiting 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 office 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. At this point, it is usually discovered if the patient is nervous or apprehensive, and we can 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.

DEALING WITH HYGIENE PATIENT OBJECTIONS

The following are different situations that may occur when working on your hygiene patients and what to do if these situations arise. One thing to remember, in any case, is to always maintain a courteous, respectful and caring attitude. Always address any patient concerns that may occur. If the concern deals with an area other than your own, refer the patient to the appropriate employee.

PATIENT REFUSING X-RAYS

Occasionally, you will have a patient who refuses to have x-rays taken. If this occurs, do the following:

1. Explain the safety factor of having dental x-rays taken periodically. Let the patient 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 sensor used which 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. Digital radiography has even less exposure and is more accurate.
2. Explain the doctor's need to have good, current x-rays to provide a thorough and accurate exam and diagnosis. Without the x-rays, we cannot make a comprehensive diagnosis of an existing condition that may be affecting the patient.
3. If the patient still doesn't want x-rays after this explanation, have the doctor come in to speak with the patient.
4. If the patient still refuses x-rays, explain that we are not able to see them as a patient here in that case.

PATIENT REFUSING FLOURIDE TREATMENT

If this occurs, find out exactly what the patient's objection is, let the patient know that you understand, then explain to the patient the benefits of having extra fluoride.

PATIENT WANTS TO DISCUSS FINANCES

Refer the patient to the accounts manager.

PATIENT WANTS TO DISCUSS INSURANCE

Refer the patient to the accounts manager.

PATIENT REFUSING PERIODONTAL TREATMENT

If a patient refuses periodontal treatment after speaking with both you and the doctor, then explain to the patient that it is unethical for us to clean their teeth above the gum

line when we are not addressing their problem. We can only treat the patient if they decide on the proper treatment.

If a patient has other reasons for refusing periodontal treatment, such as financial reasons, refer the patient to the treatment coordinator for additional options.

COMMONLY ASKED HYGIENE QUESTIONS

QUESTION #1

How is it my other dentist never told me I had gum disease?

ANSWER

I really can't answer for your former dentist, but I can tell you we've learned a lot about gum disease over the past 5 years or so. Now, we are able to diagnose the gum disease and help patients get it under control, so they can keep their teeth. The truth is, you have gum disease and, fortunately, we found it and we can treat the disease for you.

QUESTION #2

My gums have always bled, that's just the way they are, right?

ANSWER

Actually, no. It's a fairly common misconception about gums, George. Can you imagine how fast people would run to the ER if they were bleeding from their eye or ear? Yet, their gums bleed and they think it's normal. The truth is, bleeding gums are likely signs of gum disease. Once your gums are healthy again, you should be able to thoroughly

brush and floss without any bleeding at all.

QUESTION #3

Well, if I have all this gum disease, why doesn't it hurt?

ANSWER

Gum disease is similar to high blood pressure or diabetes. You can go a long time having those problems without any symptoms. By the time you feel pain, your teeth could be loose. Fortunately, we caught your gum disease at an early stage where we can get it under control, but like HBP and diabetes, we really cannot "cure" gum disease. We can get it under control, and by "we" I mean you and I working together. If we work together, we can keep it under control. It's a situation you're probably going to be dealing with for the rest of your life.

QUESTION #4

My tooth was filled a long time ago. Why does it need a crown now?

ANSWER

You're right, that tooth was filled a long time ago and back then it was a very large filling. Now, it's worn down and has weakened what was left of your tooth. I can already see crack lines in the tooth and that means there is a good chance it's going to break at some point in the future. If you wait for it to break and it breaks vertically along the root, you will lose the tooth. You will end up paying 3 times as much after you have the extraction and get a three-unit bridge. It's

not a question of what to do with the tooth, but when to do it. The smart thing to do is get a crown now!

QUESTION #5

How long will it last?

ANSWER

That's impossible to say. It's like asking how long a car will last. Is the car driven by a crazy teenager who never lifts up the hood, or is it driven by a retiree who regularly changes the oil and only takes it to church on Sundays? It's the same thing with dental work, the better you take care of it; the longer it lasts.

FLOSSING/PATIENT EDUCATION

Flossing is an important part of a dental cleaning. Food and plaque that are often missed when brushing are retained between the teeth and under the gum line. When this debris is allowed to remain there, it often causes a foul odor and may result in tooth decay. In addition, any plaque left on the teeth for an extended period of time will result in the formation of calculus/tartar build-up. This, in turn, may result in periodontal disease, which affects the supporting structures of teeth. Without proper oral hygiene and/or dental treatment, loss of teeth may occur.

It is very important that you get this across to your patients. You need to educate patients on the importance of proper oral hygiene and flossing. This includes letting them know what will happen if a non-optimum condition exists and isn't handled.

If you have a patient needing perio treatment, the following is a **general** script of what you might say to educate him/her:

Explain to the patient that their gums were bleeding when you cleaned their teeth and ask if they noticed that. Use visual aids that show a healthy periodontum and a diseased periodontum (with gingivitis and gum disease). Also, explain how periodontal pockets form.

“While I was cleaning your teeth I noticed that you have some bleeding and several deep pockets between the teeth and gums. The depth of these pockets is a result of not flossing and it is affecting the bone that holds your teeth in place.”

“The space between the tooth and tissue is like a bucket that is being filled with plaque/bacteria. The bacteria are causing your bone level to deteriorate. Without proper treatment and regular flossing, this will result in tooth loss.”

You need to get the patient to:

- Understand and agree that he/she has a problem.
- Understand what it is doing to his/her mouth and gums (bleeding, bad breath, bad taste, etc.).
- Understand what will happen if he/she ignores this problem.
- Let him/her know that the problem can be taken care of and how.
- Ask him/her if they are ready to accept the necessary treatment.

EDUCATING THE PATIENT

It is the hygienist's responsibility to do everything possible to ensure the patient has a good understanding of their dental needs. Always ensure the dentist has examined and diagnosed the patient for gum disease before telling the patient that they have it. Whenever possible, expound upon the need for crown and bridge or whatever additional operative treatment may have been recommended by the dentist.

The _____ (oral camera name) is the best tool to use for patient education. At the initial cleaning/exam appointment, use the _____ (oral camera) to show the patient areas of their mouth, which exemplify their hygiene problems. For example, if heavy calculus is present throughout, show the lower anterior linguals, which will most likely have the greatest accumulation.

Discuss plaque and tartar and how they affect the gum tissue. Ask questions, so you get a better understanding of what the patient knows or doesn't know and how concerned they are about their oral hygiene.

REFERRAL/RECALL LETTERS

Following are two examples of referral letters and example letters that can be used to recall patients. These letters are on file in _____ (your software). The

file names are written at the top of each letter. The referral letters are, of course, used when referring a patient to another dentist. The recall letters are for patients who have not accepted perio treatment, patients who are overdue for recall by more than one year and patients who have been seen in the office on an emergency basis, but who have not had cleanings.

If the number of patients on the hygiene schedule is lacking, letters can be sent to patients to help educate and encourage them to have treatment completed.

EXAMPLE REFERRAL LETTER

DATE

Dr. _____,
Anywhere, USA

Dear _____,

Enclosed are panoramic and bitewing x-rays belonging to patient Mary Smith. This patient will be calling to schedule an appointment with you. We are referring her because of the existing gum condition based on her periodontal evaluation dated May 15, 2013.

Mary wants her gums treated by a specialist only. Patient has seen a periodontist in the past, along with having had periodontal surgery.

We recommended crowns on #8, #9 and #12, but the patient would like to have her gum disease treated first. With Mary, please stress the importance of having this prosthetic work done.

Please keep me informed of the patient's progress and any recommendations. If you have any questions, please give me a call at _____.

Sincerely,

[Name], D.D.S.

EXAMPLE LETTER TO A PERIODONTIST

DATE

_____, D.D.S., M.S.
Anywhere, USA

Dear _____,

Patient _____ was in the office on August 1, 2013 for periodontal maintenance. It was discovered that #7 and #31 facial presented with >6mm pockets.

_____ mentioned she hasn't seen you for some time. She is aware of the periodontal findings. I recommended she call you and schedule an appointment. Since she knows we communicate and correspond with each other, she may be expecting some form of communication from you.

Please keep me informed of her progress.

Sincerely,

Dr. [name]

EXAMPLE OF OVERDUE LETTER

Jane Doe
Anywhere, USA

Dear Jane,

We've missed you and are concerned about your oral health. Our records show that your last examination was over one year ago. As you know, regular care is important in maintaining your dental health. It is our sincere belief that one of the most important

services we have to offer is a plan for preventative dentistry. We firmly believe that regular checkups can avoid the pain, discomfort and high cost of restorative dentistry.

For example, did you know that 50% of all missing teeth are caused by undiagnosed gum disease? Did you also know that around 80% of the population is affected by some form of gum disease? Gum disease is silent, but can be **prevented** with proper care. We would like you to know the warning signs of gum disease. Healthy gums are firm and resilient. When disease is present some of the following symptoms may exist:

- Gums that bleed when you brush or floss
- Swollen, red and tender gums
- Gums that have separated from the tooth
- Persistent bad taste or bad breath

If you are experiencing any of these symptoms, it is important that you come in right away. Gum disease that is detected in its early stage can be treated non-surgically. Remember that gum disease can also exist without any symptoms. Since you have not been seen in quite some time, it is important that you schedule an appointment as soon as possible.

Preventive care is your best defense against tooth decay and gum disease, not to mention possible surgery. It is so important to us that we have enclosed this certificate for you. Please don't hesitate to take advantage of this offer for preventive care.

Call _____ today and mention this letter to receive your "Welcome Back" cleaning and examination.

Sincerely,

Dr. [name]

EXAMPLE OVERDUE LETTER

DATE

Patient Name

Address

Anywhere, USA

Dear Patient,

We have tried to reach you by phone on several occasions in reference to your follow-up care. We've missed you and are concerned about your oral health. Our records show that your last examination was on January 3, 2013. As you know, regular care is important in maintaining your dental health. It is our sincere belief that one of the most important services that we have to offer is a plan for preventive dentistry. We firmly believe that regular checkups can avoid the pain, discomfort and high cost of restorative dentistry. Enclosed you will find some helpful recommendations on the importance of maintaining good oral hygiene.

If you would like your records to be maintained on active status, please call our office to address the issue. It will be our pleasure to schedule an appointment to talk with you further about on-going oral health cares needs. We look forward to seeing you.

Sincerely,

Dr. [name]

EXAMPLE OF LETTER TO EMERGENCY PATIENT

DATE

Patient Name
Address
Anywhere, USA

Dear Patient,

We have tried to reach you by phone on several occasions in reference to your follow-up care. We've missed you and are concerned about your oral health. It is our sincere belief that one of the most important services we have to offer is a plan for preventive dentistry. In order to prevent further emergencies, we advise that you continue with your dental health care. As you know, regular care is important in maintaining your dental health. A professional cleaning and complete examination of all

your teeth and gums will enable us to detect any other potential problems you may be having.

We firmly believe that regular checkups can avoid the pain, discomfort and high cost of restorative dentistry. A complete oral exam, cancer screening, cleaning and x-rays are necessary to further evaluate your needs. Enclosed you will find some helpful recommendations on the importance of maintaining good oral hygiene.

It would be our pleasure to schedule an appointment and talk with you further about your on-going oral health care needs. We look forward to seeing you.

Sincerely,

Dr. [name]
_____, DDS

Enclosure

HOLIDAY SPECIAL LETTER

Happy Holidays!

As you know, 'tis the season to give and we have not forgotten about you. The following is a list of products and their prices, which are available through our office for all of your holiday gift giving. As a special offer to our patients, all products listed below will be 15% off through January 31, 2014.

(oral products name) PRODUCTS

	REGULAR PRICE	15% OFF
MOUTHRINSE	\$10.00	\$8.50
TOOTHPASTE	\$12.00	\$10.20
DENTAL GEL	\$13.00	\$11.05
TONGUE SCRAPER	\$ 5.00	\$4.25
MINTS	\$ 2.00	\$ 1.70
GALLON MOUTHRINSE	\$50.00	\$42.50

*** CUSTOM BLEACHING IS CURRENTLY 25% OFF ***

CUSTOM BLEACHING	\$400.00	\$299.00
BLEACH REFILLS	\$ 10.00	\$8.50
ELECTRIC TOOTHBRUSH	\$ 90.00	\$76.50
REPLACEMENT		
TOOTHBRUSH HEADS	\$ 10.00	\$8.50

So, stop in or call between now and January 10th, you will receive an additional 5% off all listed products.

Gift certificates are also available!!

(This can be found under My Documents, file name "Happy Holidays (oral product name).

FINAL EXAM

This is a **timed** exam and must be taken at our office under the supervision of the office manager or dentist. You have one hour to complete the 21 questions. Use separate paper and please indicate your answers with the corresponding question on this final exam. Turn your answers into the office manager upon completion.

If any answers are incorrect you will be referred back to the appropriate policy for a review and may take this opportunity to re-write your answer to ensure you get 100% of the questions correct. The same is true for any procedure drills conducted during your training.

EXAM

1. What are the four things you can say to a patient that will encourage him/her to complete his/her treatment plan?
2. What must you tell the receptionist when she informs you that you are running 10+ minutes behind schedule?
3. What is our standard procedure for dismissing patients?
4. What is our standard procedure for dismissing patients when the treatment coordinator is extremely busy and can't see your patient right away?
5. Which items must never be loaded into either the Ultrasonic or the Biosonic?
6. What must you do to order new products or special supplies?

7. How do you order regular supplies such as kit bags, toothbrushes, floss threaders, etc.?
8. Why is it so important to have the patient sign the Treatment Plan Form before starting any treatment?
9. What is the hygienist supposed to document on the initial exam, before the doctor enters the room?
10. What is our procedure regarding the hygienist's duty for booking recall appointments?
11. Who is "ultimately" responsible for hygiene recall?
12. What are the 9 basic steps the hygienist performs with every new patient?
13. In your own opinion, how can you achieve the stated purpose of point #28 from the procedure "Dental Hygienist Duties?"
14. In your opinion, what value (or lack of value) does the intra-oral camera bring to treatment presentation capabilities?
15. What are the 7 steps to properly use when setting up the patient for taking their bleaching tray home?
16. In your opinion, why is it important to get the patient to think in terms of analogies and pictures that are real to them?
17. Why shouldn't you use words such as "moderate, small, etc., " when describing a patient's gum disease to them?
18. What are the x-ray requirements for Perio Type II-V?
19. What are some of the things you can do to ensure the nervous patient has the most quiet and comfortable visit possible?
20. What is our procedure regarding patients who refuse to have x-rays taken?
21. What can you do, as the hygienist, to help ensure your hygiene schedule is as full as possible?

I attest that I understand all the procedures contained in this Hygienist Manual. I have completed all of the role-playing, procedure drills and correctly answered all of the final exam questions contained herein. I also have the required initials of the appropriate staff, as instructed.

Signed:

Date Completed:

Print Name:

Supervisor Signature:

HYGIENIST APPRENTICESHIP CHECKLIST

Date Started: _____

Date Completed: _____

Name

The purpose of this apprenticeship checklist is to ensure, through observation and not just written exams, that you can effectively perform all of the duties of your job description. We know you are a licensed and qualified hygienist or you obviously wouldn't be here. The purpose of this manual, the exam and apprenticeship is not to teach you how to clean teeth, but to show you how to become a "team member" at our dental office. There are only two people authorized to sign off on each of the apprenticeship points, these are the office manager or the dentist/owner. Please ensure you get each point signed with the appropriate date.

The maximum amount of time allowed to complete this apprenticeship checklist is 90 days from beginning to end.

Once complete, you will be eligible for our bonus program.

Completion of our training and apprenticeship program does not guarantee employment. It only indicates you have the "ability" to perform your duties and functions as an experienced and trained employee. There may be additional classes you will need to take outside of our dental office as time goes on to improve your abilities and stay abreast of our ever-changing profession.

We hope you set a good example in every way to other staff. The office manager will meet with you a minimum of once a week to review your progress on this checklist until it is complete. The office manager will refer you to the appropriate procedures or other references for any needed review or for new information relating to your job. Congratulations on arriving at this point in your training program.

HYGIENIST APPRENTICESHIP CHECKLIST

1. Greets all patients warmly and with a smile.

Signature:

Date:

2. Communicates well with all patients.

Signature: _____ Date: _____

3. Is very effective at getting patients to completely fill out their recall cards.

Signature: _____ Date: _____

4. Assists the scheduling coordinator with scheduling patients, when needed, and has a proven track record of being very effective at this process.

Signature: _____ Date: _____

5. Contributes to an even flow of patients and high level of production by effectively communicating with the “front” to ensure patients are seen as close as possible to their scheduled time.

Signature: _____ Date: _____

6. Knows how to print all daily, weekly and monthly reports applicable to the hygienist position.

Signature: _____ Date: _____

7. Works closely with the treatment coordinator on getting all patients in the door and completing their periodontal treatment plans.

Signature: _____ Date: _____

8. Cooperates with all other staff and doctors.

Signature: _____ Date: _____

9. Sets a good example for other staff.

Signature: _____ Date: _____

10. Contributes to an upbeat and harmonious dental practice through her/his actions and attitude toward patients, staff and doctors.

Signature: _____ Date: _____

11. Uses the appropriate communication forms and refrains from asking others to remember things that should have been put on a memo or other appropriate form.

Signature: _____ Date: _____

12. Keeps patients informed of our internal referral program and encourages patients to refer family and friends.

Signature: _____ Date: _____

13. Adheres to the general guidelines of our office.

Signature: _____ Date: _____

14. Maintains good personal hygiene.

Signature: _____ Date: _____

15. Always maintains a well-groomed personal appearance.

Signature: _____ Date: _____

16. Refers others to the appropriate company guidelines/procedures, as opposed to giving verbal opinions on procedure or guideline matters.

Signature: _____ Date: _____

17. Has a proven track record of being able to effectively get patients to want the appropriate perio treatment program, when they have been diagnosed with periodontal disease.

Signature: _____ Date: _____

18. Is capable of scheduling patients, for any kind of treatment, if all other front desk staff are busy servicing other patients.

Signature: _____ Date: _____

19. Has proven her ability to effectively clean teeth and take all appropriate and diagnosable x-rays.

Signature: _____ Date: _____

20. Takes responsibility for the Hygiene Production statistic and actively assists the scheduling coordinator to make sure this statistic stays in a good range, as evidenced by the monthly overall statistic.

Signature: _____ Date: _____

ATTEST

I attest that _____ has successfully demonstrated competence on all of the above points.

Signed

Date

(Owner signature)

This practice utilizes digital radiography and AI-assisted imaging tools integrated within the electronic health record. AI systems may assist by highlighting areas of concern such as caries, calculus, bone loss, and periodontal changes.

AI tools are advisory only. Diagnosis, treatment planning, and patient communication remain the sole responsibility of the dentist.

Hygienists are responsible for accurate image capture, correct labeling, and ensuring images are available for doctor review prior to examination.

This practice operates as a fully digital (chartless) office. All hygiene notes, periodontal charting, radiographs, intra-oral images, and consent forms must be documented in the EHR.

Legacy paper documents must be scanned, verified for accuracy, indexed appropriately, and securely shredded once confirmed.

All hygiene procedures must comply with current CDC infection control guidelines, OSHA Bloodborne Pathogen Standards, and state dental board regulations. Failure to follow required protocols may result in disciplinary action.

Daily Priorities:

- Maintain schedule efficiency and patient flow
- Capture and document all diagnostic images
- Educate patients without diagnosing
- Reinforce periodontal and preventive care
- Uphold professionalism, accuracy, and patient comfort