



Advanced Hygiene Concepts Inc.

Hygiene Analysis Questionnaire

Instructions: Please complete this form and fax it back to us at 707/256-3242

About you

(DDS/DMD)

Address

Telephone

Fax

Email address

After hours or private line telephone

About your patient base

What percentage of your practice are children?

How many active patients (seen in the last 2-3 years do you have in your practice?

About your hygiene department

How many total hygiene days per week do you appoint? (Count two hygienists on one day as two days)

How many patients do you schedule per day per hygienist?

How many patients actually show up per day per hygienists?

How many hours do you schedule in a typical work day?

Monday _____ hours Tuesday _____ hours

Wednesday _____ hours Thursday _____ hours

Friday _____ hours Saturday _____ hours

How many weeks per year does your hygienist work?

How many adult new patients do you see per month on average?

Please estimate the percentage of patients who are scheduled for either three or four month prophys who have never had root planing

About your fees

What are your fees for the following procedures?

Adult prophy \$ _____

Root planing \$ _____

2 BWX \$ _____ 4 BWX \$ _____

Periodic Exam \$ _____

Perio Maintenance \$ _____

How often do you take bitewings?

What is your average monthly hygiene production?

Does this production include exam and x-rays the hygienist may take?

What is total office production? (Doctor and hygienist?)

Looking at a typical 2 week hygiene schedule please count the number of times your hygienist performed the following procedures:

Adult prophy _____

Root planing _____

Exam _____

Periodontal maintenance _____

4 bitewings _____

Affiliations:

Crown Council

MasterPlan Alliance

Dental Organization for
Conscious Sedation

Academy of Laser Dentistry

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