



April 2009

Dear CSPD Attendee:

Thank you for your support and participation during my impromptu presentation as a fill-in for Lori Reed on Saturday. You were an excellent audience!

Attached you will find the additional sample documents we talked about. If you would like an editable version of any of the handout materials, feel free to send me an email at [radkins@fix.net](mailto:radkins@fix.net) and I'd be happy to email you the Microsoft Word versions for your use.

Remember, if you would like to pursue an online parent survey, or have any other consulting needs, keep me in mind. I'd be honored to help.

Best Regards,

*Robyn*

Robyn Adkins, PHR  
Freeman & Associates

# CHARTING PATIENT BEHAVIOR

FILE: 5chrtbehave

CREATED: 01-JUL-07

REVISED: 01-JUL-07

**Desired Outcome:** Thorough and accurate charting of patient behavior in the chart when indicated.

**Measurement:** Review of the chart for useful information about child's past behavior. Feedback from the doctor.

1. Refer to the definitions below when determining what to chart about a child's behavior.
2. Do not abbreviate. If the child's behavior meets the definition of no cooperation, then write "no cooperation" in the chart at the end of the treatment notes.

No Cooperation: Patient won't sit in chair, no treatment was completed.

Poor Cooperation: Patient sits in chair but is crying and upset. Patient sits on parent's lap for treatment to be completed.

Limited Cooperation: Patient sits in chair but does not follow instructions of turning head, opening mouth, etc.

Great Cooperation: Patient cooperates, sits in chair and follows instructions with little to no complaints.

Violent Behavior: Patient needs to be with Dr. in the quiet room. They kick, yell, fight and spit during the procedure.

Very Hesitant, Scared: Patient does well if assistant is patient, calm, and willing to work at a slower pace.

# INSURANCE ELIGIBILITY/BENEFITS WORKSHEET

FILE: 8inselig  
CREATED: 01-JUL-07  
REVISED: 01-JUL-07

DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

S.S.#: \_\_\_\_\_ GROUP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PH. #: \_\_\_\_\_

INS. CARRIER: \_\_\_\_\_ PH. #: \_\_\_\_\_

CARRIER ADDRESS: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_ PAYOR #ID: \_\_\_\_\_

ELIG. DATE: \_\_\_\_\_ (U/CLAIM or E/CLAIM) X-RAYS REQ.: ( Y / N )

REQ. REFERRAL: \_\_\_\_\_ PRE-AUTHZ. REQ. ( Y / N ) \$: \_\_\_\_\_

MAX. YR. BEN.: \_\_\_\_\_ MAX. BEN. MET \$: \_\_\_\_\_

DED. \$: \_\_\_\_\_ Does deductible apply to preventative? ( Y / N ) FMX \_\_\_\_\_ mo.

SP. MNT.: \_\_\_\_\_ % Limitations: 2/4 BWs/P&F 6 mo. 1 day \_\_\_\_\_ / \_\_\_\_\_ cal./YR.

\*(x-rays/P&F/exam) \*(ppt/ssc/pc/ext) \*\*(ppt/ssc/pc/ext)

\*(BWs \_\_\_\_\_ 6 mo./\_\_\_\_\_ cal./YR.) \*waiting period Y / N \_\_\_\_\_ mo. \*waiting period Y / N \_\_\_\_\_ mo.

\*(PAs \_\_\_\_\_ 6 mo./\_\_\_\_\_ cal./YR.) Posterior Resin Y / N paid @ Alloy fee Y / N

PREV.: \_\_\_\_\_ % BASIC: \_\_\_\_\_ % MAJOR: \_\_\_\_\_ %

SPACE MAINTAINERS ( Y / N ) coverage PREV./BASIC/MAJOR

SEALANTS ( Y / N ) \_\_\_\_\_ % \*\* age cov. \_\_\_\_\_ ↑ / ↓ once life-time or every \_\_\_\_\_ yrs

ORTHO. ( Y / N ) LIFE MAX./ Yearly \_\_\_\_\_ / \_\_\_\_\_ % DED. \_\_\_\_\_

PRE-AUTHZ. ( Y / N ) Does patient have dual insurance cov.? ( Y / N ) Coordinates benefits? ( Y / N )

Name of other insurance carrier: \_\_\_\_\_

Will insured be changing carriers in near future? ( Y / N )

Point of contact name and date : \_\_\_\_\_  
(employee initials per contact)

# PATIENT SATISFACTION SURVEY

FILE: 8patqtnr  
CREATED: 01-JUL-07  
REVISED: 01-JUL-07

## ✉ *We'd Like to Hear from You!* ✉

You're very important to us and we value your opinions and comments regarding our dental office. We want to provide you with the highest quality dental service in the most pleasant atmosphere. You can help us make that so by responding to the following questions and returning this sheet in the stamped, addressed envelope provided. Thank you sincerely for your help!

---

1. When you telephone to make an appointment, is the staff member with whom you speak courteous and helpful finding you a suitable appointment time?

\_\_\_\_\_ always          \_\_\_\_\_ most of the time          \_\_\_\_\_ sometimes          \_\_\_\_\_ seldom

2. When you come to our office for an appointment, does the receptionist give you a friendly greeting and help make you comfortable in the reception area?

\_\_\_\_\_ always          \_\_\_\_\_ most of the time          \_\_\_\_\_ sometimes          \_\_\_\_\_ seldom

3. How long do you usually have to wait in the reception area before an appointment with the dentist?

\_\_\_\_\_ 0-10 minutes          \_\_\_\_\_ 10-20 minutes          \_\_\_\_\_ 20-30 minutes

4. How long do you usually have to wait in the reception area before an appointment with the dental hygienist?

\_\_\_\_\_ 0-10 minutes          \_\_\_\_\_ 10-20 minutes          \_\_\_\_\_ 20-30 minutes

5. Does the dentist take adequate time to explain your treatment and answer your questions?

\_\_\_\_\_ always          \_\_\_\_\_ most of the time          \_\_\_\_\_ sometimes          \_\_\_\_\_ seldom

6. Are you happy with the way the dentist treats you as a patient? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If No*, please explain why not: \_\_\_\_\_  
\_\_\_\_\_

7. Are you happy with the way the dental assistant treats you as a patient? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If No*, please explain why not: \_\_\_\_\_  
\_\_\_\_\_

8. Are you happy with the way the hygienist treats you as a patient? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If No*, please explain why not: \_\_\_\_\_  
\_\_\_\_\_



# INTRODUCTION

## CHAPTER ONE

Strategic Planning for Peak Performance, Service, and Profits	page 1
The SOPs Productivity Pyramid	page 2
Level 1: Mission and Objectives	page 4
Level 2: Teamwork	page 5
Level 3: The Service Cycle and the "Nine Moments of Truth"	page 6

## CHAPTER TWO

BUILDING YOUR OWN SOPs PRODUCTIVITY PYRAMID	page 1
STEP 1: READ THIS BOOK	page 2
STEP 2: PREP QUESTIONS	page 2
STEP 3: GET TEAM SUPPORT	page 2
STEP 4: SUPPLIES	page 3
STEP 5: CHOOSE A STRATEGY	page 3
STEP 6: USE MEETINGS AND WORK SESSIONS TO COMPLETE EACH LEVEL OF THE PYRAMID	page 4
STEP 7: MONITOR WORK PROGRESS	page 5
STEP 8: SUPPORT AND APPRECIATE YOUR TEAM'S EFFORTS	page 5
STEP 9: ASSEMBLE AND REVIEW THE FINAL PRODUCT	page 5
STEP 10: REWARD YOURSELF AND YOUR TEAMMATES	page 6

## CHAPTER THREE

A SOP FOR SOP-BUILDING	page 1
STANDARD OPERATING PROCEDURE FOR CREATING YOUR OWN SOPs MANUAL	page 2
GETTING STARTED	page 2
SESSION ONE: PRESENT THE PROJECT TO THE TEAM	page 3
SESSION TWO: MISSION STATEMENT AND OBJECTIVES	page 3
SESSION THREE: TEAMWORK	page 4
SESSION FOUR: ANALYZING YOUR SERVICE CYCLE—THE "NINE MOMENTS OF TRUTH"	page 7
SESSION FIVE: DIVIDE AND CONQUER	page 9
SESSION SIX: A SOPs WORKSHOP	page 10
HOW TO WRITE A SOP	page 10
SAMPLE SOP SWAP LABEL	page 12
SOPs CHECKLIST	page 12
SESSION SEVEN: ANOTHER SOPs WORKSHOP!	page 12
SESSION EIGHT: ASSEMBLING YOUR PROCEDURES MANUAL	page 13
SESSION NINE: CELEBRATE!	page 13
THE SANITY SOP	page 14

## SECTION 1 Mission Statement

MISSION STATEMENT QUESTIONNAIRE	1msquest
SAMPLE MISSION STATEMENT	1sampms
DESIRED OUTCOME FULFILLS THE MISSION STATEMENT	1desirems

## SECTION 2 Performance Agreements

PERFORMANCE AGREEMENTS SOPS PROJECT FLOW SHEET	2paflow
PA: INTRODUCTION AND INSTRUCTION	2paintro
DENTIST/OWNER JOB DESCRIPTION	2drsjobdes
PA: GENERAL FRONT OFFICE ASSISTANT	2pafoasst
PA: OFFICE MANAGER	2paofcmgr
PA: OSHA AND REGULATORY COMPLIANCE COORDINATOR	2paregcor
PA: PATIENT ACCOUNT ADMINISTRATOR	2paactadm
PA: PATIENT TREATMENT COORDINATOR	2paptcoor
PA: PRIVACY OFFICER	2paprivacy
PA: REGISTERED DENTAL ASSISTANT	2parda
PA: REGISTERED DENTAL HYGIENIST	2pardh
TASK INVENTORY: BUSINESS DEPARTMENT	2taskinbus
TASK INVENTORY: CLINICAL DEPARTMENT	2taskinvclin
TASK INVENTORY: HYGIENE DEPARTMENT	2taskinvhyg
TASK INVENTORY: MANAGEMENT	2taskinvmgt
TASK INVENTORY: REGULATORY COMPLIANCE	2taskinvreg

## SECTION 3 Front Office

FRONT OFFICE SOPS PROJECT FLOW SHEET	3fowflow
ABBREVIATIONS	3abrv
ANSWERING THE TELEPHONE	3answer
AS: ADJUSTMENTS	3asadj
AS: BANDS AND IMPRESSIONS	3asbands
AS: BLEACHING	3asbleach
AS: CONSULTATIONS	3asconslts
AS: EMERGENCIES	3asemerg
AS: EXTRACTIONS	3asxtract
AS: GUIDELINES	3asguide
AS: HOSPITAL CASES (O.R.S)	3ashosptl
AS: NEW PATIENT/NON-EMERGENCY	3asnewpat
AS: ORAL SEDATION	3asoralstd
AS: ORAL SEDATION VERBAL SKILLS	3asoralvs
AS: ORTHO EXTRACTIONS AND X-RAY ORDERS	3asortho
AS: PERIODIC CORONAL POLISH AND ORAL EXAM	3asorallex
AS: RESTORATIVES	3asrestore
AS: SAMPLE SCHEDULES	3assamp
AS: SEALANTS	3asseal
AS: SPECIALISTS	3asspecs
AS: TIME UNITS	3asunits
AS: VERBAL SKILLS	3asverbal
AS: X-RAYS	3asxray
BASIC DENTAL ANATOMY	3anatomy
BUILDING RAPPOR WITH PARENTS	3rappor
CALLING IN PRESCRIPTIONS	3prescript
CANCELING AND RESCHEDULING RECALL APPOINTMENTS	3cxrecalls
CARE CREDIT PAYMENT PLANS	3ccplans
CLEANING THE RECEPTION AREA	3clnrecept
COLLECTING AND AUTHORIZING CREDIT CARD PAYMENTS	3ccauth
COLLECTING THE DAY OF TREATMENT	3dayoftx
COMMUNICATING WITH THE SPECIAL NEEDS PATIENT	3hearpt
CONFIRMING APPOINTMENTS	3nexday
CONFIRMING HOSPITAL CASES	3confirm

DEALING WITH THE UPSET PARENT	3upset
DENTAL BENEFITS ELIGIBILITY VERIFICATION	3veribens
FINAL PREPARATION FOR THE IDEAL DAY	3finalprep
GREETING AND CHECKING IN PARENT AND CHILD	3greetpt
HANDLING MULTIPLE PHONE LINES	3multiphones
MAINTAINING PATIENT CHARTS	3ptrecords
MAKING COLLECTIONS A TEAM APPROACH	3colltmap
MANAGING PATIENT FINANCES	3patfin
MONITORING PRODUCTION GOALS	3prodgls
MORNING HUDDLES	3mornhudl
NEW PATIENT WELCOME LETTERS	3welltr
OFFICE SUPPLIES	3orderg
OPENING AND CLOSING THE OFFICE	3openclse
OPERATING OFFICE EQUIPMENT	3equipt
OUTGOING MAIL	3outmail
PATIENT CHECKOUT	3ptcheckout
PATIENT TRANSFERS AND RECORDS RELEASE	3transf
PRE-DETERMINATIONS: PATIENT NOTIFICATION	3predetrm
PREPARING ROUTING SLIPS	3rtslpprep
PRIMARY AND PERMANENT TEETH	3dentition
RECALL	3recall
RECALL AND TREATMENT CONTROL CARDS	3rclltxcrd
ROUTINE PARENT/CHILD CORRESPONDENCE	3ptcorres
TREATMENT FOLLOW-UP ROUTINE	3txrecare
WALK-OUT STATEMENTS	3walkout
X-RAY DUPLICATION REQUEST	3xraydupe

## SECTION 4 Bookkeeping and Data Entry

BOOKKEEPING AND DATA ENTRY SOPS PROJECT FLOW SHEET	4bkkpflow
ADJUSTMENTS	4adjsted
DAY-END PROCEDURES	4dayend
ELECTRONIC CLAIMS SUBMISSION	4edatecs
FINANCIAL ARRANGEMENTS	4finarrnge
FINANCIAL GUIDELINES FOR DIVORCE CASES	4divorced
HANDLING PATIENT BILLING QUESTIONS	4ptquestn
INSURANCE CARRIERS ENTRY	4inssetup
INSURANCE CLAIM FOLLOW-UP	4trackins
INSURANCE CODES FOR EMERGENCY OFFICE VISITS	4emergchild
INSURANCE MATRIX	4insmatrix
MONTH-END PROCEDURES	4mnthend
NON-SUFFICIENT FUNDS NOTICE	4nsfnotice
PAPER INSURANCE CLAIMS	4printins
PATIENT ACCOUNTS ENTRY	4enteracct
POSTING CHARGES AND PAYMENTS	4posting
PRE-DETERMINATIONS	4predetrm1
PROCESSING REFUNDS	4refund
REFERRING ACCOUNTS TO COLLECTION	4collcts
REVIEWING PATIENT STATEMENTS	4statmts
SECONDARY INSURANCE CLAIMS	4secndins
YEAR-END PROCEDURES	4yearend

## SECTION 5 Back Office

BACK OFFICE SOPS PROJECT FLOW SHEET	5boflow
ALGINATE IMPRESSIONS	5algimpres

ANTERIOR COMPOSITE RESTORATIONS	5compfill
BASIC ORAL SURGERY	5oralsurg
BASIC TRAY SETUP	5trays
BLEACHING FOR ADOLESCENTS	5bleach
CASSETTE TRAY SETUPS	5castray
CHARTING PATIENT BEHAVIOR	5chrtbehave
CHILD'S FIRST VISIT	5firstvisit
CLASS I AND V AMALGAM RESTORATIONS	5amalgams
CLASS II AMALGAM RESTORATIONS	5amalgam2
CM: AIR ABRASION UNIT	5cmairabras
CM: AUTOCLAVE STERILIZER	5cmautocl
CM: AUTOMATIC X-RAY PROCESSOR	5cmxrayproc
CM: CHEMICLAVE	5cmchemclv
CM: DIP TANKS	5cmdiptanks
CM: DRY HEAT STERILIZER	5cmdryheat
CM: FACILITY	5cmfac
CM: IMPRESSION TRAYS	5cmimptray
CM: QUICK DEVELOPER	5cmquickdvlp
CM: SCHEDULE	5cmsched
CM: STATIM® STERILIZER	5cmstatim
CM: TREATMENT ROOM COLLECTION TRAPS	5cmtraps
CM: ULTRASONIC CLEANER	5cmultrasnic
DENTAL DAM APPLICATION	5rubberdam
DENTAL EQUIPMENT SETUP	5equipm
DIAGNOSTIC STUDY MODELS	5diagmodels
DOWNTIME TASKS	5adddut
EMERGENCY OFFICE VISITS FOR CHILDREN	5emertrauma
EQUIPMENT INSPECTION AND MAINTENANCE	5eim
EXTRACTIONS	5extract
GREETING AND SEATING CHILDREN BY THE CLINICAL STAFF	5greetseat
INITIAL EXAM WRITE-UP	5initialexam
LABORATORY INFECTION CONTROL	5labinfect
MANAGING MEDICAL EMERGENCIES	5medemerg
MANAGING PEDIATRIC PATIENTS	5pedopt
MICRO ABRASION	5microabr
NEW PATIENT EXAMINATION	5nwpt
NITROUS OXIDE	5nitoxi
NITROUS OXIDE AND OXYGEN	5nooxy
NITROUS OXIDE EQUIPMENT: INSPECTION AND MAINTENANCE	5nitrosmain
OCCLUSAL BITE GUARDS/SPLITS	5occlbitegard
OPENING AND CLOSING THE BACK OFFICE	5boopncls
OPERATING ROOM ASSISTANT: PREPARATIONS	5orasstpr
ORAL SEDATION	5oralseda
ORDERING DENTAL SUPPLIES, PHARMACEUTICALS, AND INSTRUMENTS	5ordersup
ORTHO 2 X 4 OR 2 X 6	5orthtray
PATIENT CHECKOUT: GUIDELINES	5ptcheckout
PERIODIC EXAM AND PROPHYLAXIS BY RDA AND RDH	5peexam
POSTERIOR COMPOSITE RESTORATIONS	5postcomp
PREPARING LAB CASES	5preplab
PULPOTOMY	5pulp
PULSE OXIMETER	5pulseox
RADIOLOGICAL SAFETY AND REGULATORY GUIDELINES	5radsaf
ROOM DISINFECTING BETWEEN PATIENTS	5rmdisinfct
SEALANTS	5sealants
SEPARATION OF PARENT AND CHILD	5separatpc
SPECIAL WORDS AND PHRASES FOR KIDS	5kidwrds



STAINLESS STEEL CROWN PREPARATION	5sscrown
STOCKING TREATMENT ROOMS	5stckop
TMJ EXAM	5tmjexam
TREATING SPECIAL NEEDS PATIENTS	5txspecialneeds
TREATMENT PLAN TIPS	5txplantips
USING SPEECH READING	5spchread
WASTE SEGREGATION AND DISPOSAL	5waste
WORKING MODELS	5workmod
X-RAY PROTOCOLS FOR DIFFERENT AGES	5xrayages
X-RAYS: DEVELOPING, MOUNTING, AND DUPLICATING	5xrays

## SECTION 6 Hygiene

HYGIENE SOPs PROJECT FLOW SHEET	6hygflow
ADJUNCTIVE TREATMENTS	6adjunctive
BACTERIA CONTROL TECHNIQUES	6baccontrl
DOCTOR AND HYGIENIST COMMUNICATION	6drhygcom
EDUCATIONAL PROGRAMS FOR PRESCHOOLS	6eduprog
FLUORIDE APPLICATION	6fluoride
HYGIENE EQUIPMENT MAINTENANCE	6hequipm
HYGIENE INFECTION CONTROL	6disin
HYGIENE ROOM PREPARATION	6hrmprep
INTRA-ORAL PHOTOS	6intraorl
ORAL HEALTH INSTRUCTIONS	6oralhealth
PATIENT CARE AND TEAM PHILOSOPHY	6philos
POST-OPERATIVE CALLS TO PATIENTS	6pocalls
PROCESSING SPORE STRIPS	6sporestrp
REVIEWING CHARTS ON THE HYGIENE SCHEDULE	6rvwhycht
SOFT TISSUE MANAGEMENT PROGRAM	6softissue
STOCKING HYGIENE TREATMENT ROOMS	6stkhygrm
SUBSTITUTE HYGIENIST	6subsop
TEAM COMMUNICATION	6teamcom
TREATING THE ADOLESCENT HYGIENE PATIENT	6txhygpt
ULTRASONIC DEBRIDEMENT	6ultradeb
USING HYGIENISTS IN A PEDIATRIC PRACTICE	6usehygsts
VERBAL COMMUNICATION, HANDOUTS, AND VIDEOS	6ptedu

## SECTION 7 Management and Marketing

MANAGEMENT SOPs PROJECT FLOW SHEET	7mgfflow
THE BUSINESS OF DENTISTRY	7busdent
12 DAYS OF CHRISTMAS STAFF APPRECIATION PROGRAM	7stfappr
AGE APPROPRIATE DAZZLE	7ptcomm
ANALYZING INCOMING CALLS	7incoming
BUSINESS, LIFE, AND DISABILITY INSURANCE FOR DOCTOR	7docins
CHART AUDIT	7chartaud
CHOOSING THE RIGHT DENTAL LAB	7chooslb
CLINICAL TIME STUDIES	7timestudy
COMPUTER OPERATIONS: SYSTEM LOG-IN AND BACK-UP	7backup
CONDUCTING PATIENT SATISFACTION SURVEYS	7condptsrvy
CONFLICT RESOLUTION	7conreso
CONTINUING EDUCATION	7contedu
CONVENTION ATTENDANCE	7maxicon
CONVERTING TO A NEW CHARTING SYSTEM	7newchrtsys
CREATING A TEAM AGREEMENT	7teamagr
DAZZLE CARDS	7dazzle

DESIGNATED SCHEDULERS	7descheder
EDUCATIONAL MATERIAL FOR PARENTS AND CHILDREN	7edumats
FACILITATING AND CONDUCTING STAFF MEETINGS	7facilmeet
FEE UPDATES	7feeupdate
FINDING AND HIRING THE RIGHT PEOPLE	7hireemp
GIFTS TO PATIENTS AND COLLEAGUES	7gifts
HIP: HIPAA COMPLIANCE	7hipcomply
HIP: ACCOUNTING FOR DISCLOSURES	7hipaccdisc
HIP: APPLYING THE MINIMUM NECESSARY STANDARD	7hipminec
HIP: BUSINESS ASSOCIATE AGREEMENTS	7hipagree
HIP: COMMUNICATING PRIVACY PRACTICES TO OUR PATIENTS	7hipcommo
HIP: DISCIPLINE AND SANCTIONS FOR VIOLATIONS OF PRIVACY POLICIES	7hipsanct
HIP: EMAIL	7hipemail
HIP: FAXING	7hipfax
HIP: PAPER RECORDS HANDLING AND STORAGE	7hippaper
HIP: PATIENT COMPLAINTS	7hipmad
HIP: REQUEST FOR ALTERNATIVE/CONFIDENTIAL COMMUNICATIONS	7hipalt
HIP: REQUEST FOR RESTRICTIONS ON USE OR DISCLOSURE	7hipstrict
HIP: REQUEST TO AMEND RECORD	7hipamend
HIP: RIGHT TO ACCESS	7hiprta
HIP: STAFF TRAINING OF PRIVACY POLICIES AND PROCEDURES	7hipstaff
HIP: SUMMARY OF COMPUTER PROGRAMS	7hipapps
HIP: VERIFICATION OF IDENTITY	7hipid
HIP: VIRUS AND HACKER PROTECTIONS	7hipsafe
HIP: WHEN AN AUTHORIZATION IS NEEDED	7hipauth
INNER-OFFICE MEMO SYSTEM	7introf
LEADERSHIP BY DESIGN ASSESSMENT	7assess
LICENSING AND OTHER REQUIREMENTS	7liscreq
MANAGING DENTAL SUPPLY CASH FLOW	7cashflo
MANAGING RECALL	7mngrcll
MARKETING	7marketg
MONITORING SHEETS	7monitrg
MONITORS: HOW TO CUSTOMIZE, ANALYZE, & UTILIZE	7monitors
MOTIVATING YOUR TEAM	7motivate
NEW EMPLOYEE ORIENTATION	7orient
NINE MOMENTS OF TRUTH MARKETING ANALYSIS	7markany
OFFICE LAYOUT: DIAGRAMS	7diagrams
OFFICE SECURITY CHECK LIST	7secure
OSHA AND REGULATORY COMPLIANCE	7osha
OSHA AND THE BACK OFFICE	7oshbo
PERSONNEL MANAGEMENT	7persissu
PRACTICE INFORMATION PORTFOLIOS	7newtpkg
PRESCHOOL PRESENTATIONS	7pspresen
RECALL SYSTEM EFFECTIVENESS	7rclleff
REFERRAL PATIENTS/PROGRESSIVE THANK YOU'S	7progtg
REFERRALS—ASKING THE RIGHT WAY	7refask
SAVING ON GENERAL OFFICE SUPPLIES	7savenow
STAFF EVALUATIONS AND PERFORMANCE PLANNING	7stafevl
TELEPHONE OPERATORS	7operator
TICKLER FILE	7tickler

## SECTION 8 Forms

FORMS SOPS PROJECT FLOW SHEET	8formsflow
AGENDA	8agendas
APOLOGY FOR EXTENDED WAIT LETTER	8apology

AUTHORIZATION FOR CREDIT CARD AUTOMATIC DEDUCTION	8authcc
CAVITY FREE CLUB LETTER	8nocavity
CHART AUDIT AND TREATMENT STATUS	8chrtaud2
CHART PREP ROUTINE	8chartprep
CLEANING AND MAINTENANCE CHECKLISTS	8clncklst
CLINICAL EVALUATION SHEET FOR TRAUMA	8evaltrauma
DAILY DEPOSIT RECAP AND CASH RECAP WORKSHEETS	8dailytotal
DENTAL RECORD AMENDMENT/CORRECTION	8amendcor
DENTAL SUPPLY, PHARMACEUTICAL, AND INSTRUMENT ORDER LIST	8orderlst
DISCLOSURE OF HEALTH INFORMATION	8disclg
EMERGENCY TELEPHONE SLIP	8erslip
EQUIPMENT INSPECTION AND MAINTENANCE MASTER LIST	8eimf
FINANCIAL INFORMATION SHEET: HOSPITAL CASES	8finsheet
FINANCIAL OPTIONS AND ARRANGEMENTS	8finoptsarr
FREQUENTLY ASKED QUESTIONS	8faq
GAP ANALYSIS	8gapform
GENERAL CONSENT FOR TREATMENT	8cnsnrmt
GREAT PATIENT CLUB LETTER	8greatpat
HISTORY & PHYSICAL FOR HOSPITAL DENTAL TREATMENT	8hisphys
HOSPITAL ADMISSION INSTRUCTIONS	8hospadm
HOSPITAL SCHEDULING CHECKLIST	8hosplist
HYGIENE FEE INFORMATION FORMS	8hygslip
INACTIVE PATIENT NOTICE LETTER	8inactive
INFECTION CONTROL INFORMATION	8infconinfo
INFORMED CONSENT FOR PATIENT MANAGEMENT TECHNIQUES	8pedoinfnst
IN-OFFICE ANESTHESIA FOR PEDIATRIC DENTISTRY	8preiv
INSURANCE ELIGIBILITY/BENEFITS WORKSHEET	8inselig
JOB ANALYSIS QUESTIONNAIRE	8jobanaq
LETTER OF NECESSITY FOR DENTAL PROCEDURES	8necltr
LETTER TO PARENTS: CHILD'S FIRST VISIT	8letter
MEDICAL CLEARANCE LETTER	8medclear
MEDICAL HISTORY	8medhist
MEDICAL HISTORY UPDATE	8medhistu
MEETING EVALUATION	8meetinge
MIDMONTH COLLECTIONS MONITOR	8midmthmon
MORNING HUDDLE FOR A PEDIATRIC PRACTICE	8mornhud
NEW PATIENT WELCOME LETTER	8newwelc
NEW PATIENT/NON-EMERGENCY TELEPHONE SLIP	8npnonslip
NINE MOMENTS OF TRUTH	89moments
NITROUS OXIDE INFORMATION SHEET	8prenitro
ORAL SEDATION INSTRUCTIONS	8preoralsed
PATIENT SATISFACTION SURVEY	8patqtnr
PATIENT TRANSFER FORM	8pttrans
PERFORMANCE AGREEMENT WORKSHEET	8pawkst
PETTY CASH RECONCILIATION LOG AND WORKSHEET	8pettyca
PHASED TRAINING: CLINICAL	8trainrda
PHASED TRAINING: FRONT OFFICE	8trainfo
PHASED TRAINING: HYGIENE	8trainhyg
PHONE AUDIT	8phoneaudit
PHONE AUDIT RECAP	8phonerecap
PLEASE, LET'S...	8plslets
POST OPERATIVE MEDICATION INSTRUCTIONS	8pomeds
POST-OPERATIVE INSTRUCTIONS	8pointst
PRACTICE ADVISORS AND VENDORS	8advisors
PRESCRIPTION REQUEST	8rxrequest
PROMOTIONAL LETTER TO PRESCHOOLS	8promolet

PROPHY ENCOURAGEMENT LETTER	8prophet
RECALL SYSTEM EFFECTIVENESS WORKSHEET	8rclwkst
RECAP OF CHART AUDIT	8audrecap
RECORD RELEASE	8recrlese
REFERRAL THANK YOU LETTER	8thankyou
REFUSAL OF TREATMENT	8refusetx
REPORT CARD	8reportcard
REQUEST FOR ACCOUNTING OF DISCLOSURES	8reqdisclos
REQUEST FOR PROTECTED HEALTH INFORMATION	8phirequest
REQUEST FOR RESTRICTION	8phirestrict
RETURN TO WORK/SCHOOL NOTE	8rtnwrk
SAMPLE MEMOS	8memo1
SEALANT INFORMATION SHEETS	8sealant
SOPS WORKSHEET	8sopwk
SORRY TO SEE YOU GO LETTER	8leavlet
SPACE MAINTAINERS INFORMATION SHEET	8spacemt
SPECIALTY REFERRAL FORM	8specref
STAINLESS STEEL CROWN / PULPOTOMY INFORMATION SHEET	8sscrninfo
STRATEGY AND GOAL SHEETS	8stragoal
TEAM SURVEY	8teams
TELEPHONE EMERGENCY SLIP	8teleslip
TIME STUDY SLIP	8timeslip
TREATMENT ESTIMATE	8txest
TRIAGE SHEET	8triage
WITHDRAWAL FROM CARE NOTICE	8withdrwl
X-RAY DUPLICATION REQUEST	8xraydupe
X-RAY INFORMATION	8xrayinfo
X-RAY LIABILITY RELEASE	8xrliabrls