

# Hygiene Research Form Directions:

Please complete this form and bring this with you to the seminar. Thank you for making sure we can **clearly** read your numbers filled in with ink. Call at 954-536-0700 with questions. *Thank you for your time in completing this form.*

Dr. and Hygienist Name: \_\_\_\_\_

Office email: \_\_\_\_\_

Office address: \_\_\_\_\_

Office Phone number: \_\_\_\_\_

## Fees and Procedures

**PLEASE ENTER TOTALS FOR YOUR HYGIENE DEPARTMENT**

**For 2016**

	<b>Fee</b>	<b># Performed</b>
Adult Prophy      D1110	_____	_____
Child Prophy      D1120	_____	_____
RDT (Scale & Root Planing)      D4341	_____	_____
RDT (Scale & Root Planing) D4342	_____	_____
Full Mouth Debridement D4355	_____	_____
Perio Maintenance D4910	_____	_____
FMS X-rays D0210	_____	_____
BWX-rays D0272/0274	_____	_____
Panorex D0330	_____	_____
Adult Fluoride D1204 and D1206	_____	_____
Atridox D4381	_____	_____
Arestin D4381	_____	_____
Laser D4999	_____	_____
# of Hygiene Cancellations Daily	_____	
# of New Patients per Month	_____	
<b>Number of hygiene days per week</b>	_____	

Number of Active patients seen in the past 12 months (usually 85% of patients seen that year)  
example: 85% x 1000 = 850

**Your number of active patients is** \_\_\_\_\_