



THRIVE

DENTAL & ORTHODONTICS

Training Manual
Clinical Dental Assistants

The information in this manual will help ensure our practices run as smoothly as possible. They will be updated regularly and therefore should be reviewed often.

As new memos and information become available these manuals will be updated and distributed accordingly.

These job descriptions have been carefully thought out and planned. Job descriptions help avoid miscommunication and frustration in the office. These manuals are viewed as guides and we expect everyone to work as a team. **If you are good enough to work at Thrive you are good enough to handle any task asked of you. Saying “it’s not my job” should never be uttered by our team members.** We pride ourselves on being a team and therefore you must be the best team player possible. We do whatever it takes to support everyone in the office to allow an outstanding patient and staff experience.

We have very high expectations for our team members.

Our employees have an extremely high attendance rating. Many employees have never missed a day of work and they are the ones who advance the highest at Thrive. If you have a serious emergency you **MUST COVER FOR YOURSELF**. Do not burden the managers with having to find someone to fill in for you. You should have a list of fellow employees and call every person on that list to help you during your emergency. Once all avenues are exhausted then you can contact your manager for help in coverage during your absence.

Thrive Standards

Before anything, let's review our standards here at Thrive

1. **SERVANT LEADERSHIP.** We are servant leaders who lead with love. We always take the initiative. We care deeply and elevate the people around us.
2. **COMPASSION.** Always show compassion and empathy to patients and one another.
3. **SMILE.** Always. We always answer the phone with a smile. We greet our patients with a smile, and we always call them by their names.
4. **WELL-GROOMED.** We are in a highly professional environment with high standards. We must look the part. This means looking sharp, good hygiene, dressed professionally, and with light makeup and hair done.
5. **POSITIVITY.** Create a positive and family spirit. We are family! We choose to have a positive attitude and help our team succeed.
6. **HIGHEST STANDARDS.** We insist on only the highest standards. This includes the highest standards of dental care, customer service, professionalism, accountability, promptness.
7. **INTEGRITY.** We do everything with absolute integrity. We do not tolerate dishonesty or violation of HIPPA protocols.
8. **PROMPTNESS.** Promptness is an absolute requirement. No excuses. We want to be prepared ahead of time for our patients' arrival.
9. **TEAMWORK.** We always take the initiative to help our team succeed. If the bathroom needs to be cleaned, clean it. We never say, "that's not my job."
10. **EXPERIENCE.** We do everything in our power to deliver an awesome AWESOME experience for our patients EVERY time. Every team member asks the patient, "How was your experience?" (3 times total)
11. **ASSURANCE.** We comfort dental fears with loving care. We reassure our patients that they are in the best hands. We constantly check in with our patients, showing concern for their comfort and well-being.
12. **COMMUNITY.** We build strong and healthy communities. We serve our communities with love and generosity. Each of us represents the Thrive name. Tell everyone about us!
13. **GROWTH.** Commit to constant growth and learning. At Thrive, we empower each team member to become the servant leader they were created to be.
14. **FUN.** Have fun and dream big!

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A. Job Description & Daily Expectations

Thrive assistants are the most talented, friendliest, and most professional assistants in the industry. The RDA role at Thrive Dental & Orthodontics is as multifaceted as it is demanding, and requires a strong, focused, quick individual that is able to multitask without compromising the quality of their work.

We expect that each employee has a “Whatever It Takes” mentality. Your job is never a “9 to 5” job. Every day, you must come to work “dressed for success”. Everyone is expected to do what it takes to support the success of the entire practice and have a constant awareness of daily goals. Enthusiasm is a top priority for your job. We are a busy office and everyone is expected to operate in a busy and efficient manner. High energy and a positive attitude are a must for you to be successful at your position. Although you perform your job description 90% of the time, you know other positions in the office and help out when needed. Everyone should always have a patient, friendly attitude. All patient encounters should be friendly and happy. When a patient is unhappy or dissatisfied with some aspect of our service, it is your responsibility to do what is necessary to satisfy the patient. Show the patient that you care.

- Objective – To **assist the doctor** in performing procedures or treatment and to make the patient as comfortable as possible during treatment.
- Arrive to work a minimum of 30 minutes prior to the first scheduled patient.
- Complete all Duties on the daily checklist at appropriate times (Morning, before lunch and end of day)
- Know what is scheduled for the day. At all times, look for opportunities to work in procedures to reach goal.
- Review the schedule one day in advance. **Check that all lab cases are ready** and be prepared for any special circumstances on the schedule. Be 100% ready for all procedures scheduled for the next day.
- Greet each patient by name and seat the patient. Introduce yourself to patients. Display a friendly and upbeat attitude. **(Use your SCRIPTS)**
- Make the patient as comfortable as possible. Talk to them. Place bib, offer headphones, TV, etc. Ensure the patient is comfortable and relaxed. **(SCRIPTS)**
- Set up trays with appropriate instruments for each procedure.
- Stay current with license, certifications for CPR, N2O, x-rays, etc.
- Stock operatories with necessary supplies and maintain inventories. Never allow a room to run out of necessary supplies. **(Lead RDA’s main responsibility)**
- Sterilize instruments and trays. (See **Sterilization Protocol**)
- Assist in all dental procedures.
- Write a complete description of any procedure you performed in the patient’s chart, with your initials and the date. (Notes **MUST** be done before leaving for the day. Lead will then check at the end of the day to ensure notes were done)
- Chart the treatment plan as the doctor calls out the recommendations, print treatment plan with appropriate insurance information written on it and announce it on the ear (See **Treatment Planning / Printing**)
- Explain, as necessary, dental treatment or procedures to the patient when questions are asked. Stress the benefits to the patient. Use as much patient education as possible. (X rays, intra-oral pictures, picture books etc.)
- Take excellent impressions using correct H2O to powder ratios using snap stone. Patients should leave with their whitening trays the same day.
- Make excellent temporaries. Expectation is that all temporaries make it through until the

permanent is placed. Always explain post-op / expectations of the temporary to your patient.

- Maintain the chemicals in the autoclave, and cold sterile.
- Maximize the production scheduled for the day by keeping a watch on the treatment plan to see that all possible work is completed that day.
- Keep the operatories on time so that the patients are seen on time. If running behind, the chair side assistant will notify the front desk that will in turn notify the next patient. (**Communication is the key**)
- Help out in another area of the office during down time.
- Turn on and off daily: x-ray machine(s), air compressor, lights, water, nitrous and oxygen tanks, suction system, etc.
- Set up treatment rooms.
- Coordinate and record lab cases (See **Creating Lab Cases**)
- Oil hand pieces properly after each use.
- Empty suction traps weekly.
- Perform weekly maintenance tasks.
- Disinfect operatories after each patient.
- Use gloves, mask, and protective eyewear with every patient. Take necessary additional precautions with known infectious patients.
- Maintain and clean sterilization lab. (Lab **MUST** be cleaned at the end of day)
- Combine efficiency, productivity, and caring for patients in all actions.
- Give post-op instructions at the end of each procedure, make sure your patient understands what was done and knows what to expect from their procedure. Give the patient printed post-op information for extractions.
- Order inventory and supplies. **We do not run out of supplies and/or materials.** Saying “its on backorder” is unacceptable. You will be written up if you run out of supplies/materials. Our dental representatives/Regional RDA will get a material for us at another local dental office if needed.
- Put supplies away as they are delivered each day. They are checked in according to the invoice and put away in a very orderly way.
- Attend continuing education.
- Stay current on expanded duties.
- **Encourage patient referrals.** “Gosh, Mr. Coughlin, you are so friendly and easy to work with! If you have any friends or family members like you, please send them our way.”
- Cross train in other areas of the office.
- Maintain a spotless work environment throughout the day. No overflowing trash cans, paper or trash on the floor, etc.
- Maintain all dental equipment. Call appropriate company for repairs or questions. (See **Equipment Repair / Replacement Guidelines**)
- **Talk** to patients during their procedures to help them feel comfortable. It is your responsibility to make the patient feel at ease.
- Learn how to do everything the Thrive way. This includes seating patients properly, dismissing patients properly, using **excellent verbal skills**, etc. We expect a lot out of our clinical assistants. We especially require **efficiency** in all areas of your work.

We believe in investing a little more on the front end of any given task to get it “perfect” as opposed to doing the task sloppily and having to invest ten times more time later on to clean it up.

Examples:

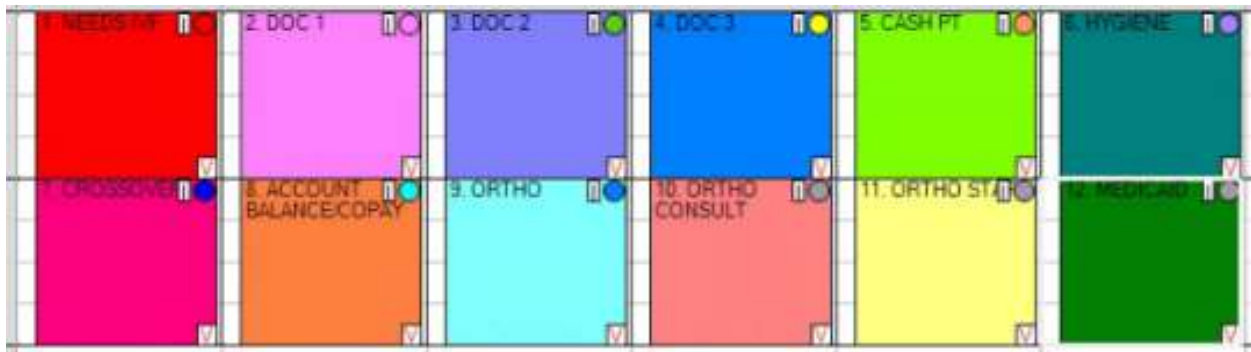
- Data entry, including patient notes must be filled out completely and accurately.
- Our doctors do all procedures the best they can possibly be done the first time. Redo's are inefficient, unproductive, costly, etc.
- Assistants will learn the proper ways of taking impressions for whitening trays, night guards, etc. Having the patient return to the office for retakes is extremely poor customer service.
- We want every task that we perform to be excellent, efficient, and reflect high expertise and skill. We want to handle patients, coworkers, insurance companies, etc. in a way that reflects the pride we take in our work.

B. Infection Control

- Review full medical history on each patient
- Treat all patients as if they were infectious
- Be vaccinated against Hepatitis B
- Use an antiseptic hand wash
- Wear a disposable mask or face shield
- Wear disposable gloves any time you touch mucous membranes
- Wear protective eyewear
- Wear a disposable gown or lab coat when splatter is expected
- Wear clinical attire at all times
- Put needles and other sharps in a puncture resistant container
- Use sterilized hand pieces
- Use an ultrasonic cleaner instead of hand scrubbing instruments
- Package instruments correctly for sterilization
- Monitor the sterilizer with appropriate spore tests weekly
- Use glutaraldehyde for items that cannot be heat sterilized for the appropriate time recommended
- Use an appropriate surface pre-cleaner
- Use an appropriate surface disinfectant for the time recommended by the manufacturer
- Use surface covers
- Have an adequate waste disposal system according to local regulations

C. Confirmation status / Blockouts

Every office has the same confirmation colors so it is important to familiarize yourself with them.



Color of the Confirmation Button

1. Unconfirmed/Not Called
2. Lighthouse Confirmed
3. Office Confirmed
4. Left Voicemail
5. Arrived
6. Ready to be seated
7. In Room
8. Treatment Plan Ready
9. Texted
10. Appt Completed

Color of the Appointment

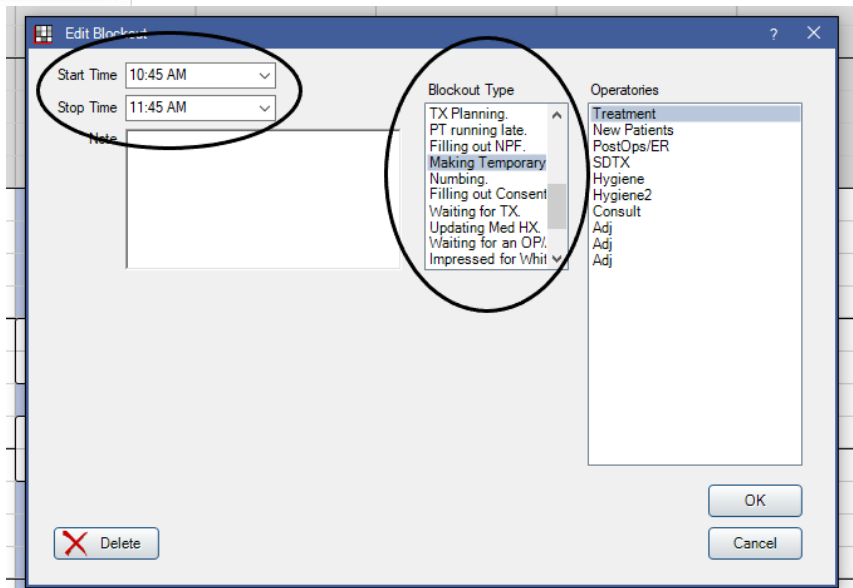
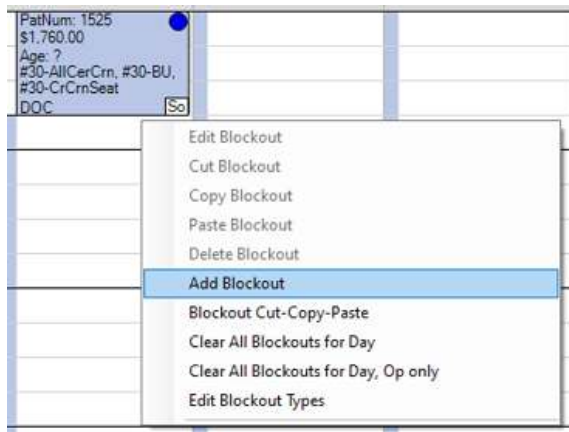
1. Needs Insurance to be verified
2. Doctor #1
3. Doctor #2
4. Doctor #4
5. No insurance/cash patient
6. Hygiene patient
7. Cross over patient
8. Patient has a balance due
9. Ortho Patient
10. Ortho Consult
11. Ortho Start
12. Medicaid Patient

Adding blockouts to schedule

We want to add a blockout to the schedule to show what is going on in the operatory. This will help with training and to see how long we're taking in rooms for treatment, exams, temporaries, etc. In addition to this we want to **attach the RDA's name to the appointment**. This is so we know where everyone is at and to hold the RDA accountable if notes are done.

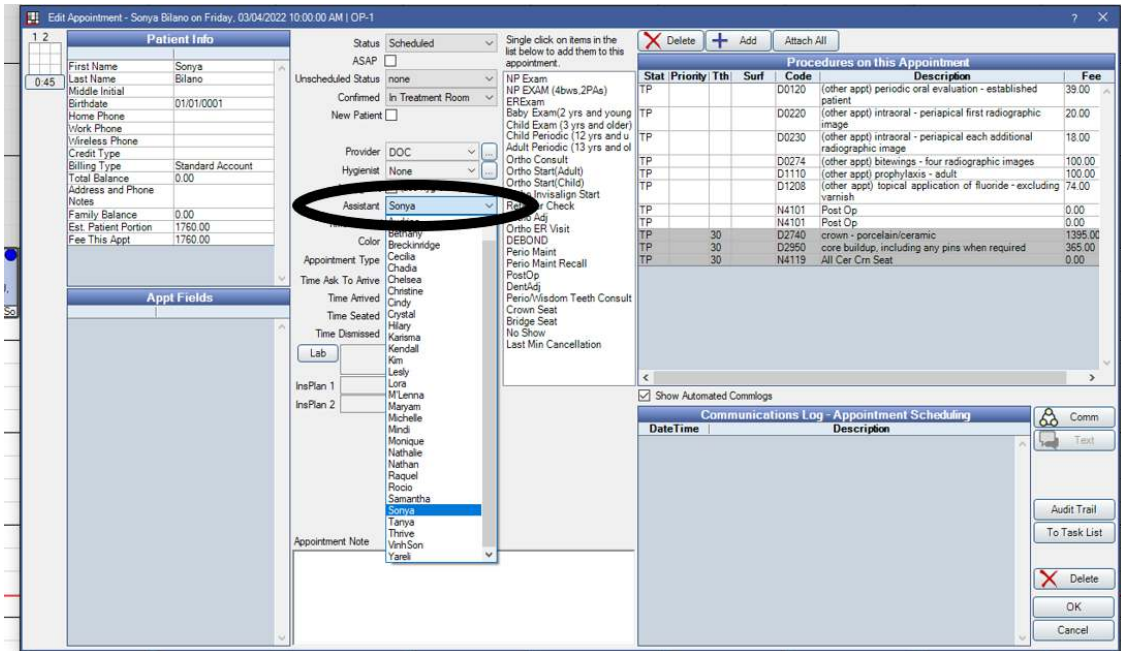
Blockouts:

- Right click under or over patients name
- Click **Add Blockout**
- Adjust times and choose the Blockout Type (running late , waiting on DR, Waiting on RDA, Etc.)

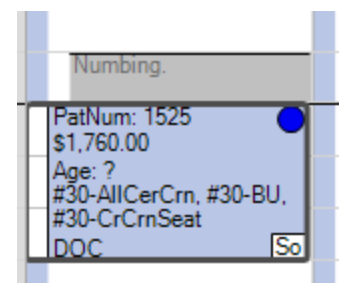
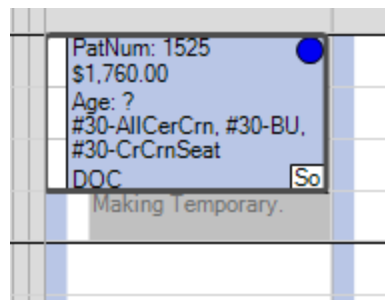
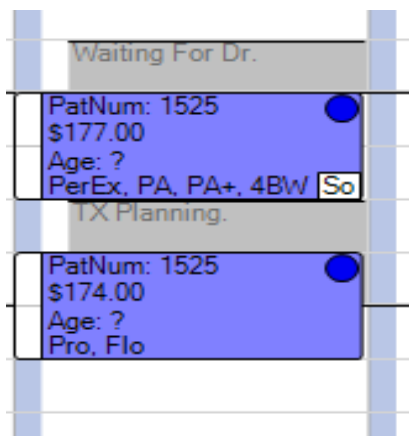


Attaching RDA's name to appointment

- Double click on patient's appointment
- Go to assistant drop down box
- Click on your name



Examples :



New Patients

1. Greet the patient. ALWAYS by name with a SMILE. Introduce yourself.
2. Go over **scripts**, There should **NEVER** be silence when walking a patient back to their room.
3. Review Medical History, Ask patient if they are allergic to anything or expecting / pregnant (Regardless of what is noted on Medical History) make any changes if needed.
4. Take Blood Pressure and record in the patients clinical notes
5. Make sure the appointment is split. Exam, X-rays should be separate from the Cleaning (see **Splitting Appointments**)
6. Ask the patient why they are here—are they having any pain?
7. When was the last time they saw a dentist?
8. Does the patient have any cosmetic or orthodontic interest?
9. Take appropriate x-rays.
10. Take whitening impressions. Place in the lab with the name to start being made by lab tech or yourself.
11. Announce that the patient is ready and any main concern.
12. The patients chart & x-rays should be on the screen and visible prior to the doctor entering the operatory.
At this time you will give the patient Thrive sunglasses.
13. Once the Doctor enters the operatory,make sure the provider is correct and mark the appointment as complete. (It is very important that each appointment / notes are set complete with the correct provider)
14. Introduce the patient to the Doctor & Inform the doctor with the information the patient has given you
15. Treatment plan & phase what the doctor recommends. **Tx plan should be complete by the time the doctor leaves opertory.**
16. Create a claim for the Exam and Xrays.
 - a. This is vital or else the ENTIRE TREATMENT PLAN WILL BE INCORRECT.
17. Review Insurance & Print treatment plan (**See Treatment Planning / Printing**)
18. Write appropriate information on top of the paper and present to Treatment Coordinator

****Check on the patient every 5 mins if waiting on a doctor or tx coordinator. Offer water, pillow, blanket, and headphones.**

Limited Exam

1. Greet the patient. ALWAYS by name with a SMILE. Introduce yourself.
2. Go over scripts
3. Review Medical History, Ask patient if they are allergic to anything or expecting / pregnant (Regardless of what is noted on Medical History) make any changes if needed.
4. Seat patient and take Blood Pressure and record in the patients clinical notes
5. Ask the patient their chief concern, the last time they saw a dentist.
6. Ask patient to point to what hurts.
7. Look in mouth for problem (visible decay, broken tooth, class V abrasion, etc.).
8. Take a PA and BW, or more if needed. Double shield if patient is pregnant and take only one x-ray. **Make sure they have OBGYN release form.**
9. Enter detailed notes about events. Document what is wrong, TA or just sensitivity, when did it happen, etc.
10. **Always** have patients chart & x-rays open on the screen and visible prior to the doctor entering the operatory. **Give the patient Thrive sunglasses.**
11. Once the Doctor enters the operatory, complete the appt with the right provider immediately. (It is very important that each appointment / notes are set complete with the correct provider)
12. Introduce the patient to the Doctor & Inform the doctor with the information the patient has given you
13. Treatment plan & phase what the doctor recommends
14. Create a claim for the Exam and Xrays.
 - a. This is vital or else the ENTIRE TREATMENT PLAN WILL BE INCORRECT.

15. Review Insurance & Print treatment plan (**See Treatment Planning / Printing**)
16. Write appropriate information on top of the paper and present to Treatment Coordinator

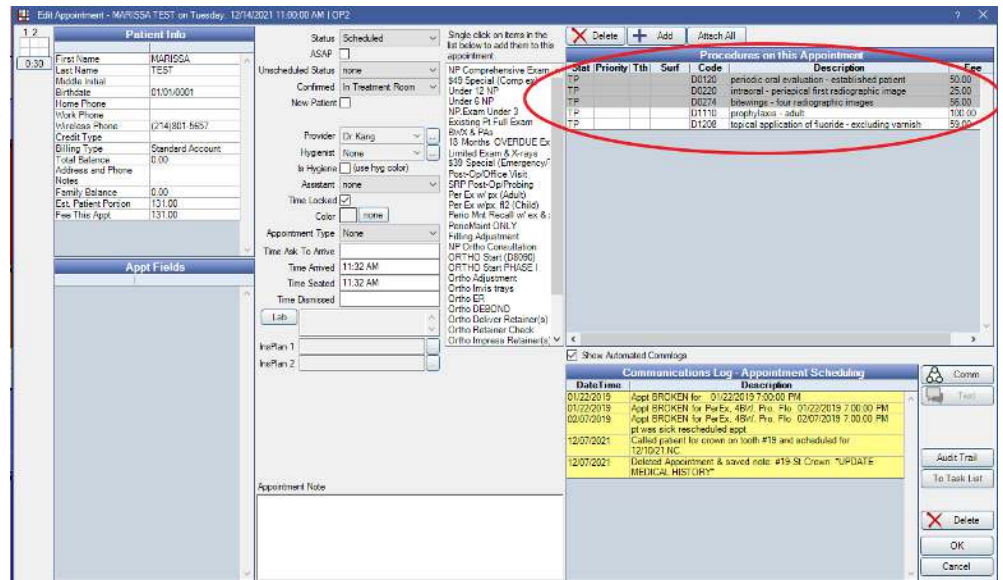
Recall / Periodic

1. Greet the patient. ALWAYS by name with a SMILE. Introduce yourself.
2. Go over scripts, There should NEVER be silence when walking a patient back to their room.
3. When the patient is seated, split their appointment. Exam & X-rays should be separate from the Cleaning (see **Splitting Appointments**)
4. Review Medical History. Ask the patient if they are allergic to anything or expecting / pregnant (Regardless of what is noted on Medical History) make any changes if needed.
5. Take Blood Pressure and record in the patients clinical notes
6. Take appropriate x-rays. (If eligible)
7. Announce that the patient is ready (and any main concerns)
8. The patient's chart & x-rays should be on the screen and visible prior to the doctor entering the operatory.
Give the patient Thrive sunglasses.
9. Once the Doctor enters the operatory, change the provider immediately. (It is very important that each appointment / notes are set complete with the correct provider)
10. Introduce the patient to the Doctor & Inform the doctor with the information the patient has given you
11. Treatment plan & phase what the doctor recommends
12. Create a claim for the Exam and Xrays.
 - a. This is vital or else the ENTIRE TREATMENT PLAN WILL BE INCORRECT.
13. Review Insurance & Print treatment plan (**See Treatment Planning / Printing**)
14. Write appropriate information on top of the paper and present to Treatment Coordinator

D. Splitting Appointments:

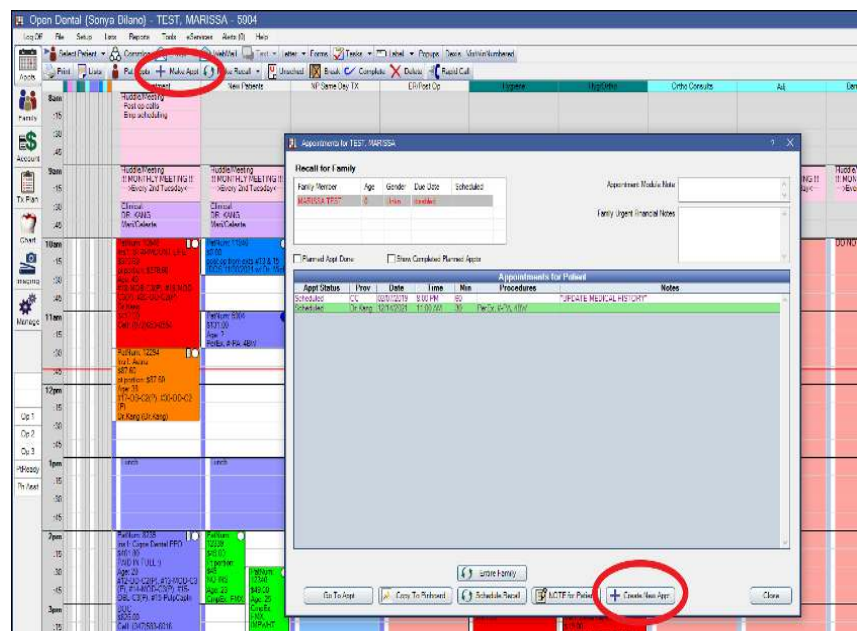
PatNum: 5904 \$131.00 Age: ? PerEx, #-PA, 4BW	PatNum: 5904 \$311.00 Age: ? PerEx, #-PA, #-PA+, 4BW.
PatNum: 5904 \$159.00 Age: ? Pro, Flo	Pro, Flo Dr. Kang \$311.00 Cell: (214)801-5657
Split Appt.	Appt prior to being split

To split appointments delete the cleaning from the original appointment and shrink the appointment to 30min.



- Create a second appointment with the cleaning separate by:

1. Clicking "Make Appt." at the top of the appt toolbar.
2. New appointment on the bottom or Click on create appt.



- You will click on the treatment you are making the second appt for. Click OK.
- Once the appointment is created you can pin board it (the appointment will be placed on the side of the schedule) and drag it back onto the schedule as a second appointment

The screenshot shows a software window titled "Edit Appointment - MARISSA TEST on Monday, 01/01/0001 12:00:00 AM". The interface is divided into several sections:

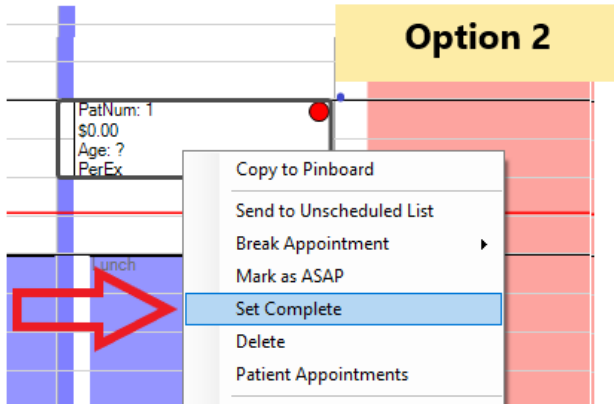
- Patient Info:** Includes fields for First Name (MARISSA), Last Name (TEST), Birthdate (01/01/0001), Home Phone, Work Phone, Wireless Phone ((214)801-5657), Credit Type, Billing Type (Standard Account), Total Balance (0.00), Address and Phone, Notes, Family Balance (0.00), Est. Patient Portion (159.00), and Fee This Appt (159.00).
- Appointment Fields:** Includes Status (Unscheduled/ASAP), Unscheduled Status (none), Confirmed, New Patient, Provider (NC), Hygienist (None), Is Hygiene (use hyg color), Assistant (none), Time Locked (checked), Color (none), Appointment Type (None), Time Ask To Arrive, Time Arrived, Time Seated, Time Dismissed, Lab, InsPlan 1, and InsPlan 2.
- Procedures on this Appointment:** A table listing procedures with columns for Stat, Priority, Tth, Surf, Code, Description, and Fee. The procedures listed are:

Stat	Priority	Tth	Surf	Code	Description	Fee
TP				D0120	(other appt) periodic oral evaluation - established patient	50.00
TP				D0220	(other appt) dental - panoramic first radiographic image	25.00
TP				D0274	(other appt) bitewings - four radiographic images	56.00
TP				D1110	prophylaxis - adult	100.00
TP				D1208	topical application of fluoride - excluding varnish	59.00
- Communications Log - Appointment Scheduling:** A table showing a log of events:

Date/Time	Description
01/22/2019	Appt BROKEN for 01/22/2019 7:00:00 PM
01/22/2019	Appt BROKEN for PerEx. 4B/W, Pro. Flo. 01/22/2019 7:00:00 PM
02/07/2019	Appt BROKEN for PerEx. 4B/W, Pro. Flo. 02/07/2019 7:00:00 PM pt was sick rescheduled appt
12/07/2021	Called patient for crown on tooth #19 and scheduled for 12/10/21.NC
12/07/2021	Deleted Appointment & saved note: #19-St Crown: "UPDATE MEDICAL HISTORY"

At the bottom right, there are buttons for "Delete", "OK", and "Cancel". The "OK" button is circled in red.

E. Setting Appointments Complete and making a claim:



The patient must have their appointment set complete prior to getting escorted to checkout. Verify what is being set complete to the ledger is accurate.

Making a claim:

To create a claim:

1. In the "Account" module highlight the procedures.
2. Click "New Claim"
3. Make sure "Billing Provider" and "Treating Provider" are correct.
4. Right click in the "Claim Note" and add the insurance quick note.
5. Push "OK"

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	01/10/2022	DOC	D0150		comprehensive oral evaluation - new or established patient	40.00	49.00	0.00	40.00	0.00	0.00				
2	01/10/2022	Office	D0210		intraoral - complete series of radiographic images.	78.00	120.00	0.00	78.00	0.00	0.00				

Totals: 169.00 | 0.00 | 118.00 | 0.00 | 0.00

Insurance Payments:

Amount	Check Num	Bank/Branch	Note

Claim Note: (Unless this claim is paid or denied within 30 days we will file a complaint with the dental insurance commissioner. Please pay accordingly)

Buttons: OK, Cancel

F. Pregnant / Nursing Patients:

Pregnant Patients

The 2nd trimester is the safest time to treat pregnant patients. However, it is our philosophy to only treat acute problems and or conditions that are likely to worsen significantly before the baby is born. We do not do routine care on pregnant patients except for cleanings. We do not take FMX's or multiple BW's, Pano, etc. We only take a PA and BWX of the area of concern, using a lead apron. Delay the majority of the x-rays until after the pregnancy. If there is a problem that must be treated, a **medical consent** must be obtained from her OB first. We also need treating physicians clearance before administering local anesthetic. It is rare but there are times when the physician does not want the patient to receive any epinephrine.

Pregnant and nursing mothers should not bleach. Whitening chemicals can transfer to the baby through the mother the same as medications. It is always better to be safe than sorry. The patient can come back after the baby is born for their whitening tray impressions. Make sure to document in the clinical note that impressions were not taken and the Promo should not get set complete to the ledger.

Nursing Patients

- If possible, consult with a pediatrician.
 - If pediatrician is not available, then take the following steps:
 - Switch baby to formula while taking antibiotics if needed.
 - If unable to give baby formula, take antibiotics and feed the baby immediately (within 1 hour). This allows the baby to finish feeding before antibiotics have gotten into the mother's system.
 - Repeat this every 6-8 hours.
- Medications to take that are safe during pregnancy and nursing
 - Tylenol #3
 - Norco
 - Amoxicillin/Clindamycin
 - Acetaminophen

G. Alginate Impressions:

Alginate impressions are used for bleach trays, night guards, partials, dentures and orthodontic retainers. For you to take an impression, you must know how to use the correct water to powder ratio for the alginate and stone. You must also know the correct way to pour up a model. All impressions **must** be perfect and an excellent job **must** be done. Review your impressions just as if you were reviewing it to send to the lab. When you have a questionable impression then you will probably need to re take it. Or ask your lead if the impression will work.

All impressions are to be poured up immediately. Placed in a bin in the lab with the patient's name and what the impressions are for. If it's for whitening trays we will make them right away. We want to have the whitening trays delivered by the end of the visit. If not possible the same day, try to get to them the next day.

Impression Pouring and Trimming Technique

Wash clean of debris, spray and dry all impressions (in the operatory).

- Use appropriate powder to water ratio of snap stone.
- Use vibrator to pour stone into models.
- Clean your bowls when you are finished. **DO NOT** leave them in the sink dirty.
- Fast stone takes about 10 mins to set.
- Carve off any bubbles, pop any little clumps of stone off the occlusal surfaces so the teeth can articulate properly.
- Suck down with whitening / retainer material.
- Cut out when cooled down or run under cold water to set it faster.
- Cut whitening trays/trim retainers and place in the thrive case.
- Place trays in a goodie bag with the appropriate instructions.

***Remember to inform your patient about doing REVIEWS to receive an extra gel syringe.**

H. The Patient Chart: Charting & Treatment Planning Steps

Patient Chart Buttons:

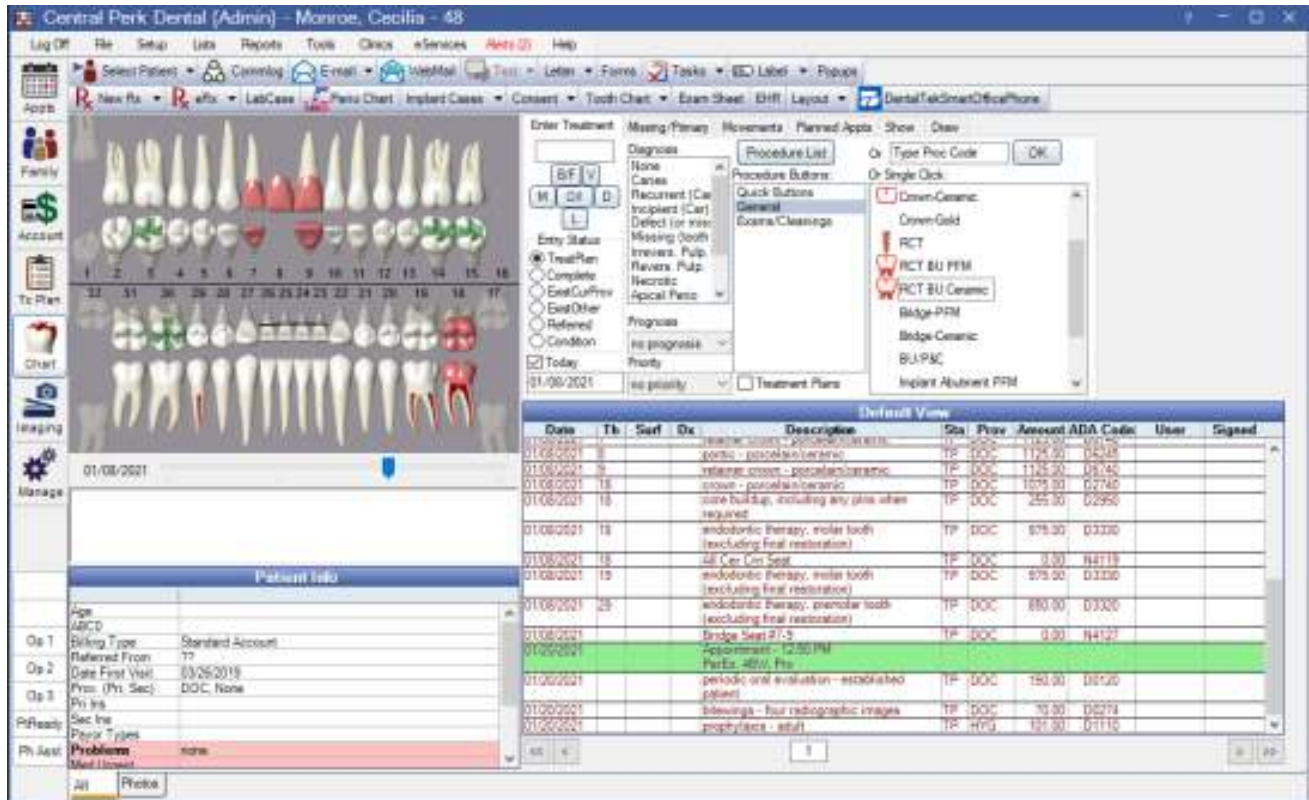


Chart Toolbar



New Rx: Click New Rx to create single Rx / Prescription. Click the dropdown, then Rx Manage to create and print multiple prescriptions at once.

Rx: Create an prescription. Print under correct provider and have Doctor sign.

LabCase: Create new Lab Cases.

Perio Chart: Enter periodontal information in the Perio Chart.

Ortho Chart: Open the Ortho Chart, an alternate method of keeping track of visits. Info entered here does not show in regular patient chart. Click the drop down to open a specific tab when multiple tabs are set up.

Tooth Chart: Click the drop down to view a full screen of the tooth chart, or save it as an image.

Tabs



To minimize/maximize the tab areas, click the currently selected tab.

Enter Treatment: Enter and chart procedures. Enter Treatment

Missing/Primary: Record missing teeth, and mark primary/permanent teeth on the graphical tooth chart. Missing/ Primary Teeth

Movements: Indicate tooth movement on the graphical tooth chart. Tooth Movements

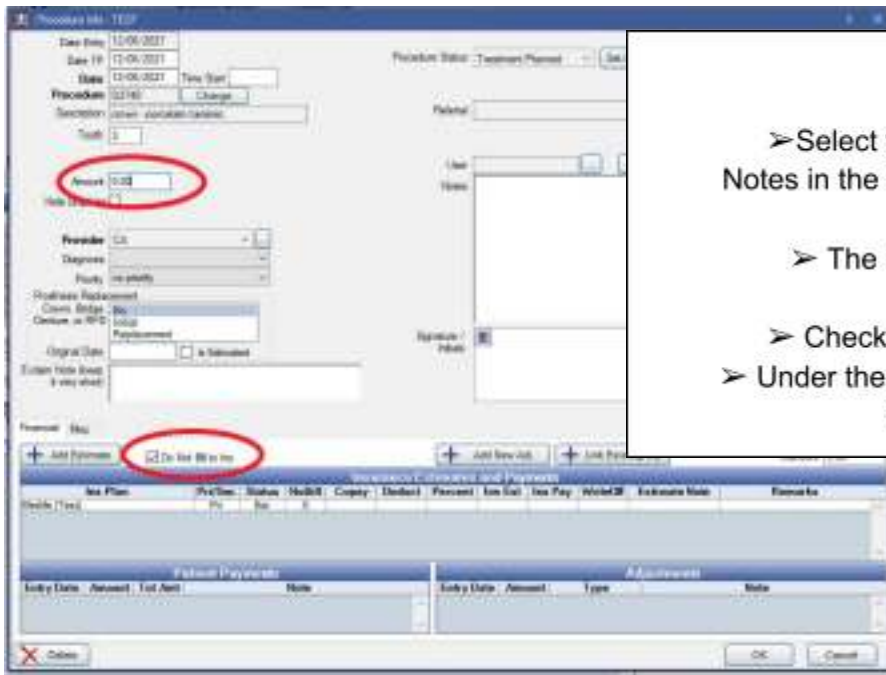
Planned Appts: If treatment is needed, set up the patient's next appointment. Planned Appointments

Show: Set up different views for the Progress Notes grid. Show Chart Views

Draw: Freehand draw on the graphical tooth chart. Draw on Tooth Chart

Treatment Plan Steps:

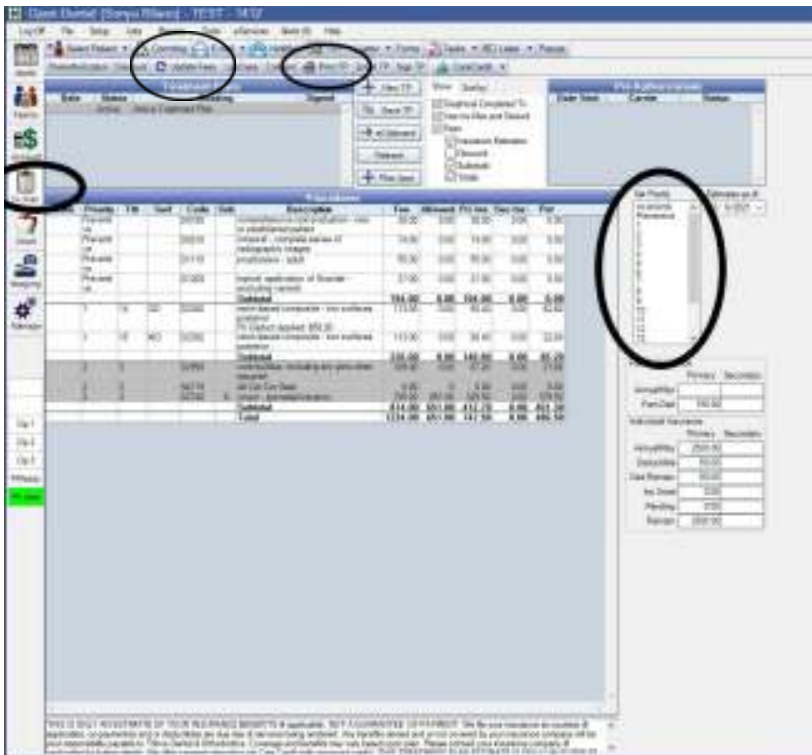
1. Complete the patients Exam & X-rays (using the confirmation status box on the right hand side of the appointment book toolbar change status to tx plan ready).
2. Make a claim for the exam and radiographs and click "Update Fees" in the treatment plan module.
3. Phase treatment plan in order accordingly:
 - a. **Patient's chief complaint should be first per Doctor/Patient request**
 - b. SRP
 - c. Fillings
 - d. Root Canal / Crown / Build-up
 - e. Bridge
 - f. Implants
 - g. Extractions (Include Pano,Nitrous & Non IV Sedation.)
 - h. Removable
 - i. Veneers
4. Review patients insurance plan for the following information:
 - a. Patient History (on existing treatment: Crowns & SRP's)
 - b. SRP (Frequency / How many quads can be done that day)
 - c. Waiting Period (Applies to Basic / Major)
 - i. If there is a waiting period that applies, any procedure that affects this you **MUST** zero out the insurance coverage so that it does not apply to the treatment plan.
 - d. Missing Tooth Clause
 - i. If there is a MTC (Missing Tooth Clause) that applies you **MUST** zero out the insurance coverage so that it does not apply to the treatment plan.
 1. This applies to any bridges, partials, implants etc. where the patient has teeth that **were missing prior** to the diagnosed treatment or insurance coverage.
 - e. Implants
 - i. You must check the patient's insurance plan to determine if they have implant coverage and/ or if a Waiting Period / Missing tooth clause applies. If so you must zero out the implant so that insurance coverage does not apply to the treatment plan.
 - f. Veneers / Cosmetic Treatment
 - i. You must zero out all veneers so that insurance coverage does not apply to the treatment plan. ****Wax-up fees are additional**
 - ii. Always make sure that you confirm with the Doctor if any treatment diagnosed on any anterior teeth is clinically needed or cosmetic so that you know if the procedure needs to be zeroed out or not.



To zero out a procedure:

- Select the procedure from the Progress Notes in the Patient Chart or from the Ledger
- Select View Treatment Plan.
- The Edit/Delete Procedure dialog will appear
- Check "Do not bill to Dental Insurance"
- Under the OVERRIDE DENTAL box check the "Prim Ins" box and \$0.00 out

5. Once all treatment is entered in you can put it in order accordingly by simply highlighting the procedure and setting it in visits by the right hand tab " Set Priority "



6. Update all fees / any changes made by clicking **UPDATE FEES** sign in the upper left corner on the top toolbar and print your treatment plan.
7. After printing the treatment plan write the following information on the top:
 - a. Op # that the patient is in
 - b. Any Waiting periods
 - c. Any Missing Tooth Clause
 - d. SRP frequency

Patient: [Name], Date: 12/04/2021

OP3
MTC = NO
WP = No
4 Quads OK

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Pat
	1	14	MO	D2392	X	resin-based composite - two surfaces, posterior	170.00	105.00	44.00	0.00	126.00
L	1	15	MO	D2392	X	resin-based composite - two surfaces, posterior	170.00	105.00	84.00	0.00	86.00
						Subtotal	340.00	210.00	128.00	0.00	212.00
	2	30	OD	D2392	X	resin-based composite - two surfaces, posterior	170.00	105.00	84.00	0.00	86.00
R	2	31	OD	D2392	X	resin-based composite - two surfaces, posterior	170.00	105.00	84.00	0.00	86.00
						Subtotal	340.00	210.00	168.00	0.00	172.00
	3	3		D2740		crown - porcelain/ceramic	868.00	0.00	484.00	0.00	484.00
Crown ³				Seat Crown		Seat Crown	0.00	X	0.00	0.00	0.00
	3	3		D2950		core buildup, including any pins when required	177.00	0.00	141.60	0.00	35.40
						Subtotal	1145.00	0.00	625.60	0.00	519.40
Wisdom ⁴		17		D7240		removal of impacted tooth - completely bony	351.00	0.00	280.80	0.00	70.20
						Subtotal	351.00	0.00	280.80	0.00	70.20
						Total	2176.00	420.00	1202.40	0.00	973.60

Family Insurance Benefits

BenefitName	Primary	Secondary
Family Maximum		
Family Deductible		

\$800 Total.

8. Announce on the ear that a treatment plan is ready and in what op # Change status on appt book to " tx plan ready "

** Please note the front desk is busy at times and can't attend to patients quickly. It is your responsibility to make sure you check on patients **EVERY 5 MINS** and remind the tx coordinator that your op is still waiting on tx plan.

** When the treatment coordinator is ready to present to your patient it is important to communicate any information pertaining to the treatment plan (patients chief complaint, last time they have seen a dentist, time / money restrictions etc) **DO NOT** let your financial coordinator walk into a situation blind!

I. Procedures / Set-up:

How to Place Topical Correctly

1. Always double check the appointment to verify what treatment we are doing.
2. Dry the area where the needle will enter the tissue with gauze. The area must be very dry. No saliva or it will not work.
3. Maintain the dryness and place a small drop on a cotton tipped applicator and apply to the localized area.
4. Use suction in the mouth to keep saliva from coming into contact and diluting the topical.
5. Let the patient know the numbing gel will sit for about 1 minute.
6. Keep completely dry and then let a doctor know the patient is ready to numb.
 - a. If the patient is waiting too long for the doctor, inform the patient that you will be removing the numbing gel and will reapply once the doctor is getting closer to coming in the operatory.

If a patient is staying for treatment ALWAYS place topical first THEN set up the room while we're waiting for the patient to get numb.

Temporary Off

When a patient's temporary comes off for whatever reason, you need to try to replace it with the original temporary. If they lost or broke the temp, you must find the original putty taken on the day of procedure. Make sure to let the patient know that it will be a little sensitive during the procedure but you will do your best to be quick. If they want to be numb make sure we give them that option. We can get them in and out quickly, usually within 10- 15 minutes, without numbing them.

- ❖ Using a bur or scalar to remove all of the extra cement. Rinse and dry temporary.
- ❖ Try temp back on to ensure proper fitting. No exposed tooth is showing.

What to do with the tooth:

- ❖ • Use scalar to clean off extra cement
- ❖ • Rinse and dry
- ❖ • Mix Temp Bond
- ❖ • Cement
- ❖ • Clean off excess cement (make sure to floss, while holding temp in place)
- ❖ • Check bite

ASSISTANTS SHOULD NEVER DISMISS A PATIENT WITH A QUESTIONABLE TEMPORARY. IF THERE IS ANY DOUBT WHATSOEVER THAT THE TEMPORARY IS EXCELLENT, GO GET THE DOCTOR TO CHECK IT BEFORE THE PATIENT IS ALLOWED TO LEAVE. THIS INCLUDES THE BITE. DO NOT ALLOW A PATIENT TO LEAVE WITH A HIGH TEMPORARY

Composites

Materials

- Composite Set
- Hand pieces high and slow
- Bite block
- Anesthetic syringe
- Gauze
- Cotton rolls
- Etch
- Flowable Composite
- Regular composite as needed (Esthetics, etc.)
- Opti Bond
- Micro tip Brush
- Floss
- Composite gun
- Articulating paper
- Curing light

If Class II

- Silver bands
- Wedge
- Ring / Auto Matrix
- Clamp for ring

Procedure: Give the patient Thrive sunglasses. Assistant places topical and blood pressure cuff. After the doctor has numbed the patient, use the Shade Guide to decide which shade to use for the tooth being restored (if anterior). Once the patient is numb, retract cheek and/or tongue. Suction water and saliva as doctor preps tooth for restoration. Doctor will use cotton rolls or dri- angles to isolate the tooth. The doctor will apply (band and wedge if class II) etch, rinse and dry tooth. Apply Opti Bond to the tooth and dry. The assistant cures tooth for one (1) second and gives doctor composite. Next, you will place bond on your hand or bond well. The doctor will use an instrument (ball burnisher) to pack composite in. After doctor is done, cure tooth for 20 seconds. Remove bands or mylar strips, if used, and cure between the teeth for 10 seconds if they did class 2 fillings. The doctor will shape, polish and adjust the bite. Wipe off marks on teeth with gauze

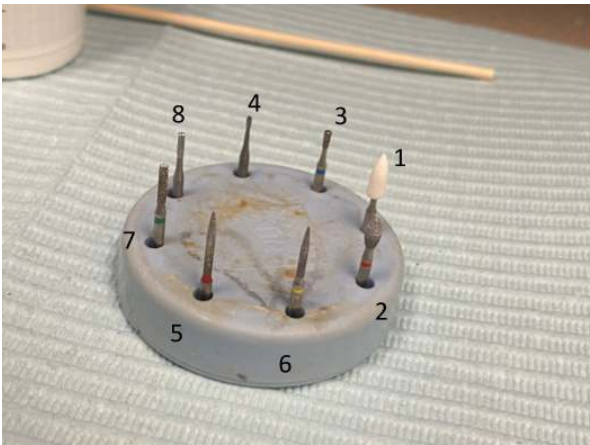
Composite Set Up



1. Syringe
2. Lidocaine
3. Septopaine
4. Yellow - Long Needle
5. Blue - Short Needle
6. Gauze
7. Cotton Rolls
8. Dri-Angles
9. Topical Numbing Gel
10. Bite Block
11. Bur Block
12. Mouth Mirror
13. Explore
14. Flat
15. Ball Burnisher
16. Cotton Pilers
17. Highspeed Handpiece
18. Articulating Paper
19. Articulating Holder



1. Curling Light
2. Bond
3. Microbrush
4. Bond Well
5. Etch
6. Flowable
7. Composite
8. Composite Gun



Bur Set Up

1. White Stone
2. Red Football
3. Diamond 557
4. 330
5. Red Flame
6. Yellow Flame
7. Green Flat End
8. Carbine 557



Class 2 Set Up

1. Palodont Bands/Wedges
2. Palodont Ring
3. Palodont Clamp
4. Interproximal Saw

Crown Prep

Materials

- Composite kit
- Composite set up (etch, bond, flowable, etc.)
- Putty
- Hemostatic gel
- Impression guns: guns should have at least 1/5th impression material; don't squeeze until ready
- Heavy body-assistant Light body-doctor , temp material
- Shade guide
- Quadrant trays
- Gluma
- Mixing pad Spatula
- Temp material (temp bond
- Cord with Hemodent (cord packer and scissors)

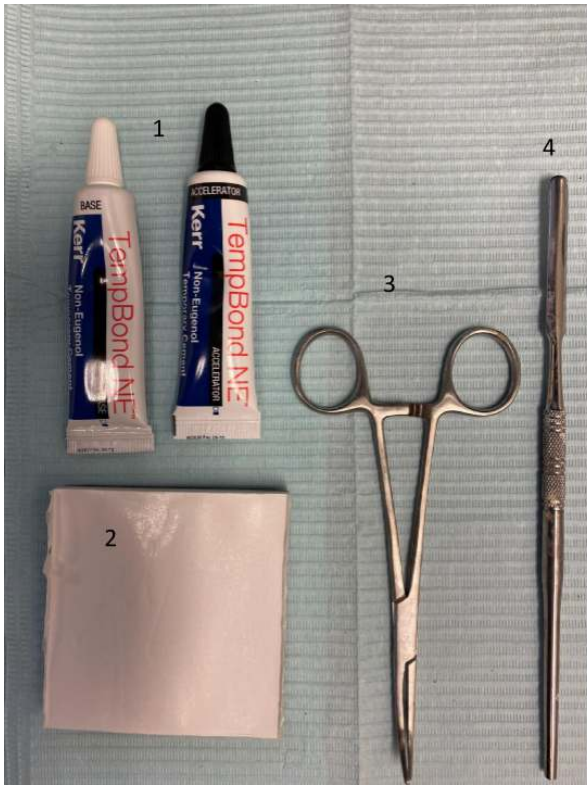
***If your office has Itero then you will scan instead of using the impression material ***

Procedure:

Give the patient THRIVE sunglasses. Then take a pre op impression with putty. Assistant places topical. The doctor always gives the injection to numb the patient first. Doctor will begin prepping the tooth. As usual, retract the tongue and lip and use the big suction to keep the water from going to the back of the throat. Do not touch the back of the tongue or palate, if possible, as it makes the patient gag. Once finished, place Temp material in putty and place on the tooth. Make sure to remove flash and any extra temp material before taking the final impression. Give light body impression material to the doctor and squeeze heavy body impression material into triple tray on both sides and hand to the doctor. Set timer for 5 minutes and begin trimming the temporary. **This should be ready to go prior to the timer going off.** See if the impression is good. It will be good 98% of the time. If it is not good, let the doctor see it and do not seat the temporary. Once the Doctor has approved the impression, isolate the tooth with cotton rolls and wash and dry. Wash the impression out completely. The tooth must be clean of debris and blood. Do not seat a temporary on a bloody or dirty tooth or it will debond within hours or days. Our expectation is that 99% of temporaries stay on until the seat appointment. Then seat temporary with firm pressure. Remove excess cement while still using firm pressure. Clean off extra cement and floss through contacts to make sure no cement is left on the tooth. Also, make sure occlusion is good (it should not touch the opposing at all). This should take no more than 3 minutes. Give patient post-op instructions while you are finishing the temporary.

The dental assistant is 100% accountable for the shade/lab script. The lab script should be completed by the end of the day. If additional notes are needed, the doctor will add them after the appointment is finished.

Refer to Composite set up to add to the Crown Prep set up



1. TempBond
2. Mixing Pad
3. Hemostats
4. Spatula



1. Bite Registration
2. Light Body
3. Heavy Body
4. Temp. Material
5. Heavy Body/ Bite Reg. Tips
6. Light Body Tips
7. Temp Tips
8. Impression Trays
9. Impression Guns

Seat Crown

Materials

- Basic set
- Anesthetic Syringe
- Bite block
- Gauze
- Cotton Rolls
- Hemostatic gel
- Curing light
- Floss
- Permanent Cement
- Burs
- Hemostat
- Articulating Paper
- Hand piece

Procedure:

Give the patient THRIVE sunglasses. Assistant will remove the temporary with a hemostat. Clean the tooth with a scaler, making sure all temp bond is off. The assistant will then try the permanent crown on and take a bitewing. Assistant will show crown to the patient to make sure the patient likes the shade. If the patient likes how the crown looks at this time you will have the patient sign the final consent form. Remove the crown and have the patient bite down on a cotton roll until the doctor enters the room to review the x-ray. Once the doctor confirms the crown is good to seat, the assistant or doctor will dry the crown off and tooth in the mouth while placing cotton rolls to isolate. Assistant will then fill the crown with Fuji cement and hand it to the doctor to seat the crown. The doctor will clean, floss, adjust the bite, and polish. Then the assistant will take a bitewing to make sure no extra cement is left. Give patient post-op instructions.

****If there is any cement left the assistant will try to floss out the remaining cement. If help is needed make sure to let the doctor know****



1. Handpiece
2. Bur Block
3. Articulating paper
4. Basic setup
5. Scaler
6. Hemostats
7. Viscostat
8. Mixing pad
9. Spatula
10. Fuji Cement
11. Micro- brush
12. Bite block
13. Crown
14. Bitewing tab
15. Floss
16. Cotton rolls & gauze

Have the final consent form with you in the room with a mirror for the patient to check the crown.

Root Canal

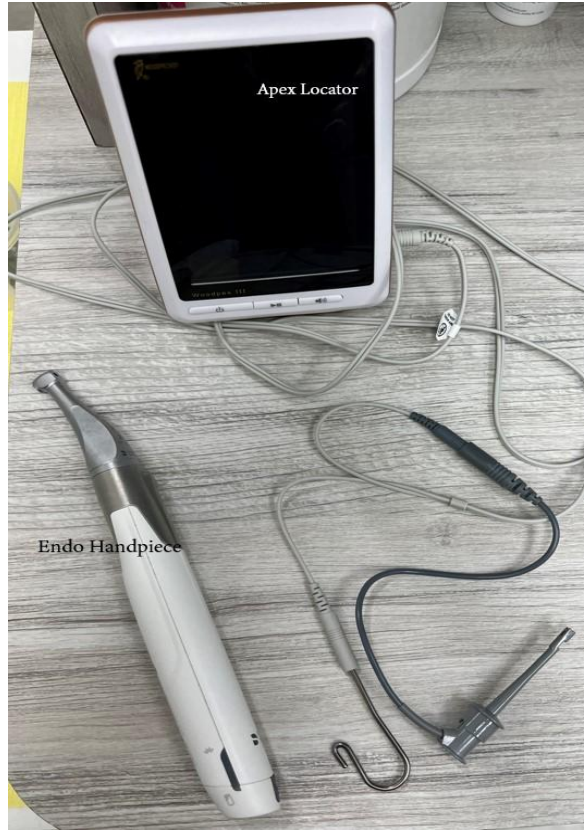
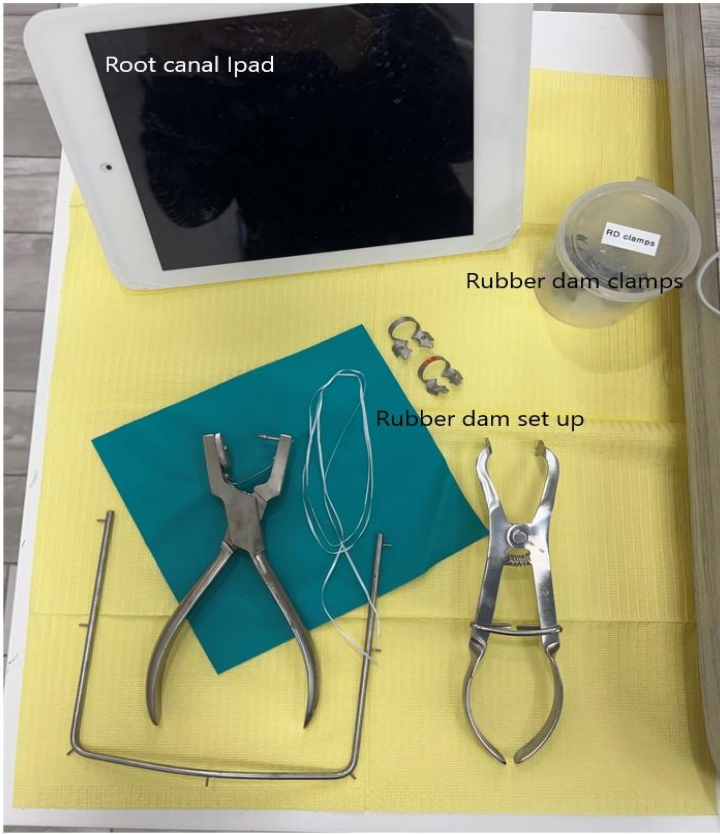
Materials

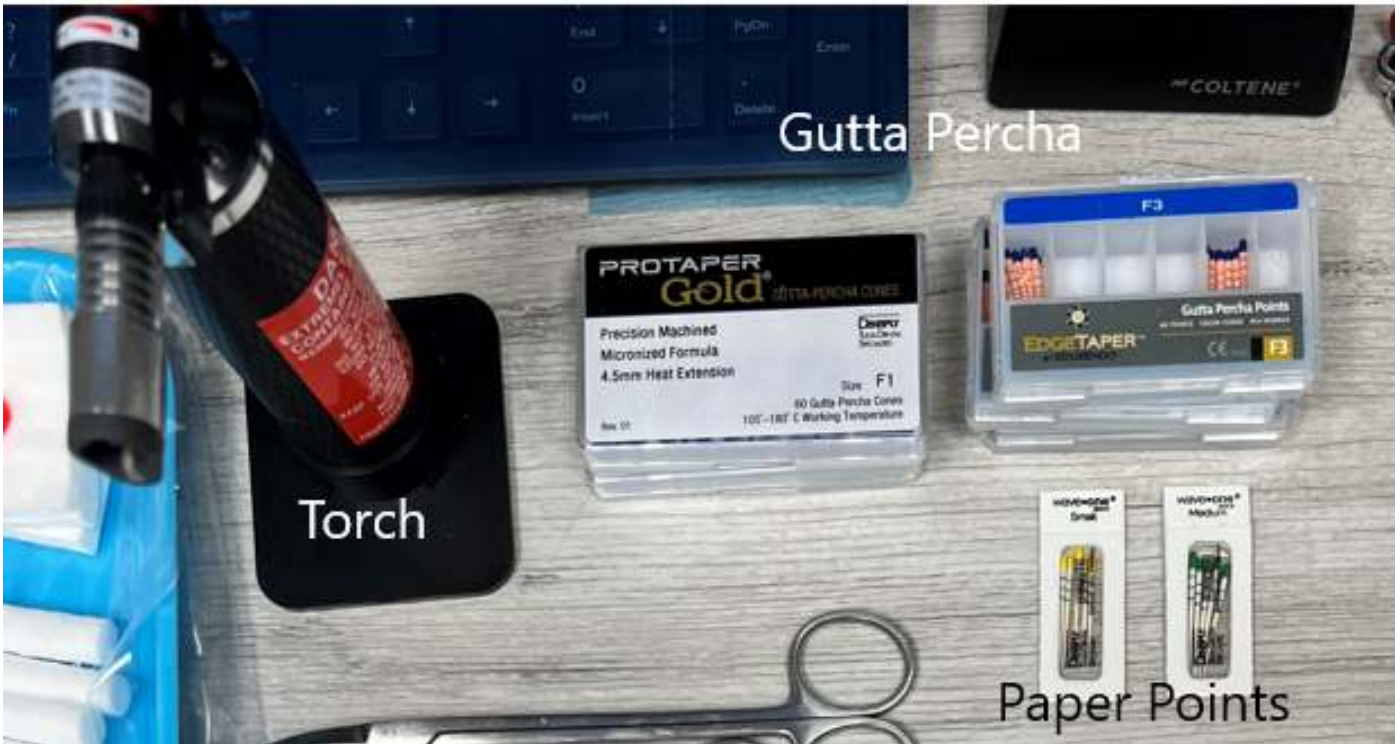
- Root canal Ipad
- Basic set
- Endo instruments & Rubber Dam set up
- Slow speed handpiece
- High-speed handpiece
- Endo handpiece
- Endo files
- Irrigation Syringe (EDT & Sodium Hypochlorite)
- Mixing Pad
- Sealapex
- Paper Points
- G.P. Points
- Torch
- Apex Locator

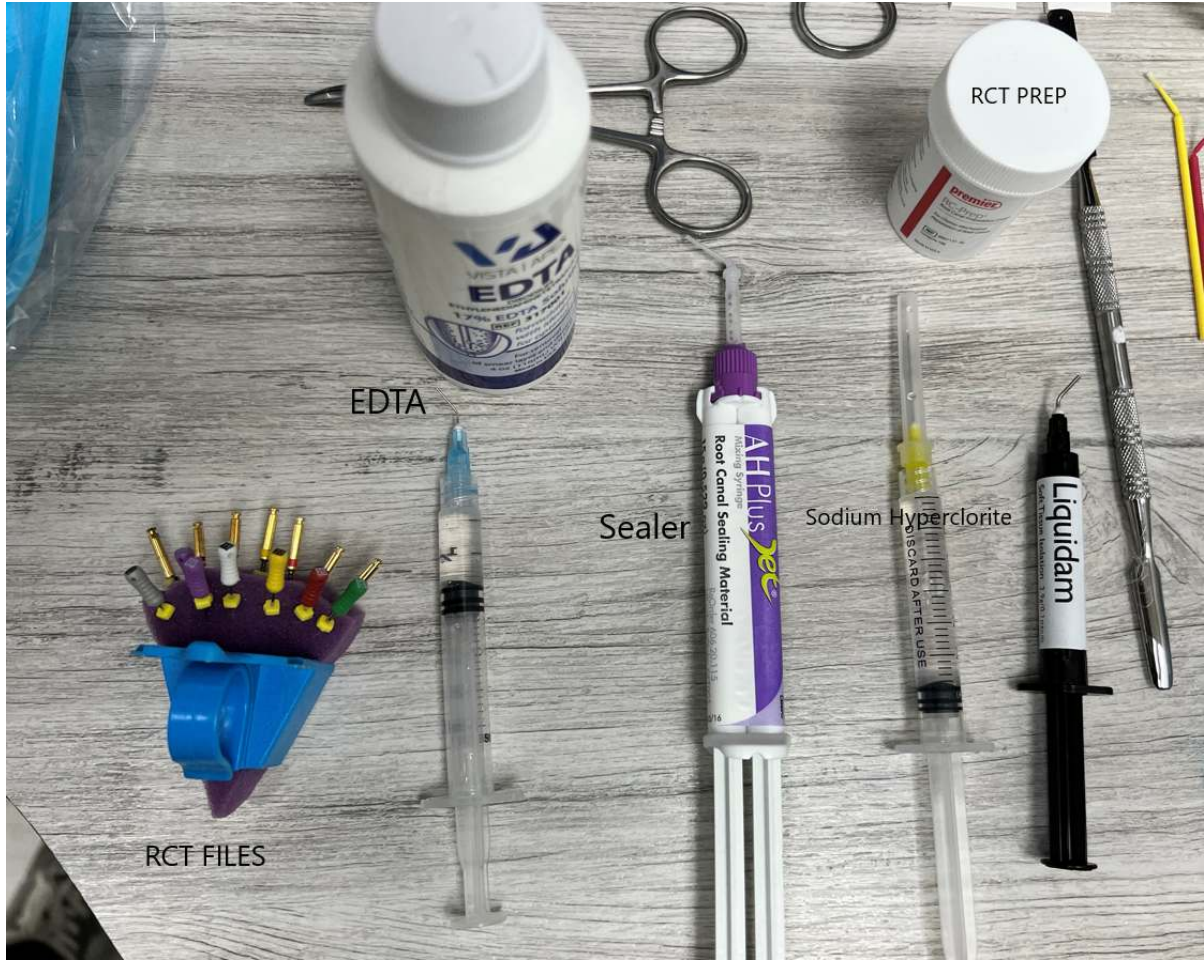
Procedure:

Give the patient THRIVE sunglasses. Assistant places topical. Once a patient is numb, the doctor will open the tooth and locate the canals. The Doctor will then clean canals with K Files and irrigate. The Doctor will use apex locator to find the length of the canals, and will give measurements to the assistant to write down. While the doctor finishes cleaning out canals, the assistant should measure the soft core G.P. points to the determined length (varies with doctor). Doctor will do a dry run with the G.P and ask for a PA. (Sometimes you will take multiple PA's for the doctor so try leaving the nomad and sensor in room if possible) After the canals are clean they are dried with paper points (have multiple paper points out with the correct size doctor is wanting). The assistant mixes sealapex in equal ratios. The Doctor will use paper points to coat seal apex in canals. The assistant will ignite the butane torch so the doctor can heat the endo instrument to seal the G.P point into the canal. If the tooth will receive a crown, assist the doctor in prepping the tooth and impression. The doctor will then build the up with composite and take a final impression with light and heavy body fast set material which will set in 5 minutes (or the itero scan). The assistant will fabricate the temporary. The assistant will cement the temporary using temp bond cement and check the bite prior to cementing and the doctor will make any adjustments needed. Use floss and a scaler to remove excess cement. A PA x-ray can be taken to assure all cement has been removed. Give patient post-op instructions.

* **ALWAYS** make sure we have a pre-op x-ray, files to working length x-ray and post op x-ray.







Extraction

Materials

- Straight Elevators
- Periosteal
- Minnesota
- Mirror
- Forceps Exp 150 or 151
- Surgical suction
- Bite block
- Irrigation/Monoject
- Gauze
- Extraction take home packet
- Biohazard bag
- Root tip picks
- Rongeurs
- Curette
- Bone file
- Surgical Scissors/Hemostats
- Gut Sutures
- 15 blade/Scalpel holder
- Gelfoam
- 701 or 703 / handpiece

Procedure

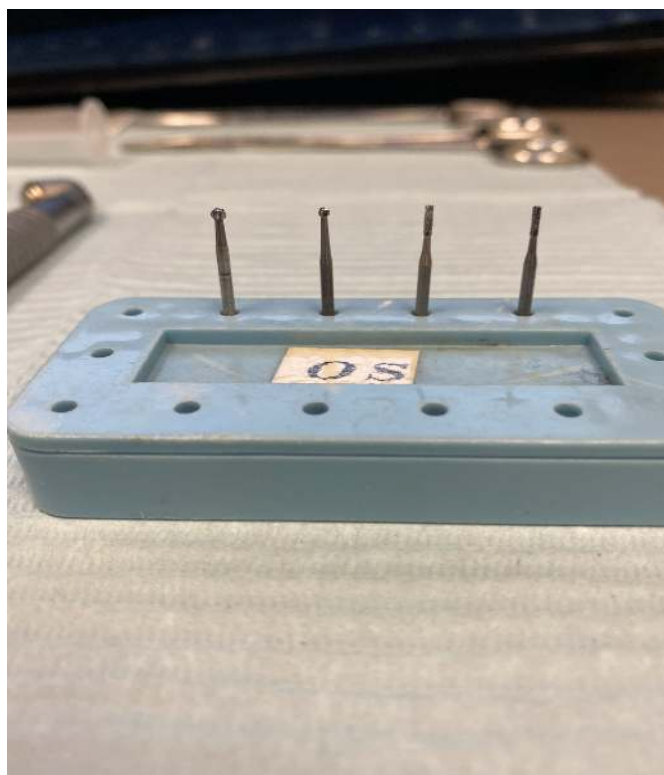
Give the patient THRIVE sunglasses. Apply topical and announce on the ear that the patient is ready to numb. While waiting for the anesthetic to kick in, go over post op instructions. Once the patient is numb the doctor will separate the gingival from the tooth with the periosteal. The doctor will most likely begin with the elevator to elevate the tooth. Some doctors might use a bigger elevator or they might ask to use forceps. After the extraction some doctors will irrigate the area with Sodium Chloride (Monoject syringe) . Some extractions require sutures and bone graft. Place a new 2x2 gauze on the extraction site and tell the patient to apply pressure before they are dismissed. Have the patient wait in the chair for about 2 mins before dismissing the patient. Give the patient the post op bag which includes an Ice pack, post op instructions and 2x2 gauze.

**While waiting use this time to write notes, explain the post op instructions if you hadn't already, and get your prescriptions signed or called in.



Surgical Bur Block

- 6 Round Surgical
- 4 Round Surgical
- 557 Surgical
- 702 Surgical



J. Clinical Notes

- All notes **MUST** have Doctors and RDA's initials.
- Important entries such as problem patients, pregnancies, complaints, bad behavior, medical alert, etc. will be created as a POPUP.
- Must enter blood pressure on every patient even if it's just a post op visit.
- Clinical notes should be done prior to dismissing your patient. Use the time you're waiting for the patient to get numb or waiting for the doctor to numb to do your notes. There are times where the schedule does not allow this, however, all notes must be done before leaving for the day. The lead will check at the end of the day to ensure that they are done correctly.

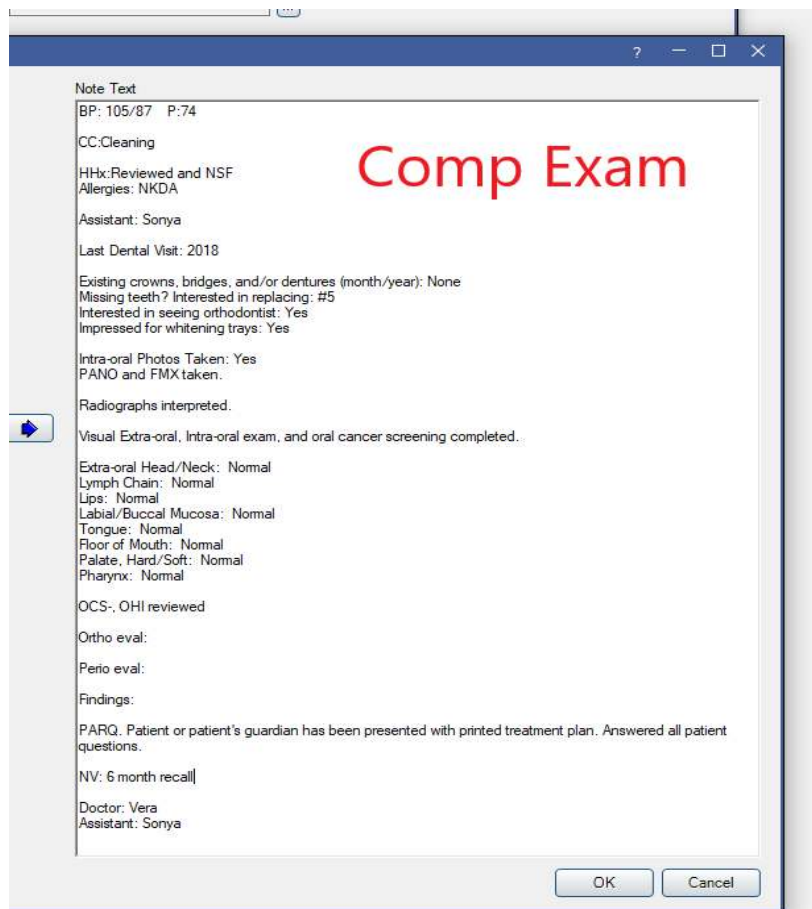
The screenshot shows a dental software interface. On the left, a list of procedures is visible, with one entry circled in red: "12/15/2021 PEPEX, PA, PA+, 4BW, PRO...". The main window is titled "Procedure Info - Test" and contains various fields for patient information, procedure details, and financial data. A red circle highlights the "Auto Note" button in the "User" field area.

- Enter the clinical note from the Patient Chart.
- Double click on the Procedure note. Procedure Info box will pop up as shown above.
- Click **Auto Note** choose a custom template and change any information that does not pertain. *A clinical note can be edited or the date can be changed as long as the month has not been closed, and the doctor hasn't signed it yet. If the month has been closed out you must create a new note referencing the previous note.
 - If you are unsure how to write a note, always ask for help.

The screenshot shows the "Compose Auto Note" dialog box. On the left, a list of auto-note templates is shown, with the "Insert" button circled in red. The main area contains a "Note Text" field with a detailed clinical note template, including sections for "Radiographs interpreted", "Visual Extra-oral, Intra-oral exam, and oral cancer screening completed", "Extra-oral Head/Neck", "Lymph Chain", "Lips", "Labial/Buccal Mucosa", "Tongue", "Floor of Mouth", "Palate, Hard/Soft", "Pharynx", "OCS, OHI reviewed", "Ortho eval", "Peto eval", "Findings", "PARQ", "NV", "Doctor", and "Assistant". The "User" field is set to "Sonya Bilano" and the "Notes" field contains "BP:102/87 P: 74".

The clinical notes must be extremely accurate, thorough, and legible. Inevitably, patients complain. When they do, our “protection” is our records. Progress notes should be an account of what happened, pure and simple.

EXAMPLES BELOW:



Note Text
 BP: 112/80 P:75
 HHx: Reviewed and pt has following medical conditions - HBP
 Allergies: NKDA
 Assistant: Sonya
 RMH. Consent obtained.
 Applied topical 20% Benzocaine Gel
 Administered: Lidocaine HCl 2% and epi 1:100,000
 Carpules:1
 Administered:Orabloc (Articaine HCl 4%) and epi 1:100,000
 Carpules:1
 Tooth Numbers and Surfaces: #3-MO , 4-DO
 Reason fillings are needed: Caries
 Removed all decay, etched, OptiBond, and restored with composite shade A1. Contacts checked. Occlusion checked and adjusted. Restoration(s) polished.
 Advised patient that if their bite feels high after the numbness wears off to come back in for adjustment. Advised pt that they may experience some post op sensitivity and that this is normal and should dissipate over time. Patient understood.
 Pt dismissed in ambulatory and stable condition.
 NV: Continue treatment on left side
 Doctor: Vera
 Assistant: Sonya

Fillings

Note Text
 BP: 115/87 P:74
 HHx: Reviewed and NSF
 Allergies: NKDA
 Assistant: Sonya
 RMH. Consent Obtained.
 No local anesthesia administered.
 Seated Crown(s) on tooth/teeth #15: Pt reports tooth is asymptomatic while in provisional crown. Removed temp and cleaned tooth. Tried in crown and checked margins and contacts. Made any necessary adjustments. Took pre-op xray with crown seated to verify complete seating and all margins sealed. Pt satisfied with shape and shade. Cemented with fujiCEM and removed all excess cement and debris. Occlusion checked and adjusted. Final x-ray obtained. POI given.
 Advised pt. to come back for any necessary bite adjustments. Informed pt. that tooth may be temporarily sensitive due to treatment, but to come back if prolonged sensitivity lasts more than 2 weeks.
 Pt dismissed in ambulatory and stable condition.
 NV: recall |
 Doctor: Vera
 Assistant: Sonya

Crown Seat

Note Text
 BP: 115/80 P:73
 HHx: Reviewed and pt has following medical conditions - HBP
 Allergies: NKDA
 Assistant: Sonya
 RMH. Consent obtained.
 Applied topical 20% Benzocaine Gel
 Administered: Lidocaine HCl 2% and epi 1:100,000
 Carpules:3
 Tooth number(s): # 15
 Reason for extraction:Tooth not restorable
 Procedure: Used periosteal elevator to separate tooth from gingiva. Used elevator and forceps to extract tooth/teeth. Curretet socket and removed any granulation tissue or infection. Used monoject syringe to irrigate socket. Hemostasis achieved. POI given and Pt

Ext's

Note Text
 BP: 115/80 P:73
 HHx: Reviewed and pt has following medical conditions - HBP
 Allergies: NKDA
 Assistant: Sonya
 RMH. Consent obtained.
 Applied topical 20% Benzocaine Gel
 Administered: Lidocaine HCl 2% and epi 1:100,000
 Carpules:3
 NSRCT tooth: #15
 Reason for RCT: Abscess
 Removed decay and reduced occlusion. Proper isolation achieved, and accessed chamber. Instrumented canal using hand files and rotary files coated with RC Prep. Pre-op and post-op x-rays taken to verify canal lengths and to verify adequate instrumentation to apex the root canal(s). Irrigated using sodium hypochlorite. Dried canal(s) and applied sealer. Obturated canal(s) and sealed obturation material at level of canal orifice. POI given.

RCT / CROWN / BU

Note Text

BP: 107/70 P:63

HHx: Reviewed and NSF
Allergies: NKDA

RMH. Consent obtained.

Applied topical 20% Benzocaine Gel

Administered: Lidocaine HCl 2% and epi 1:100,000
Carpules:2

Crown Prep on tooth/teeth #15: removed all decay, etched, OptiBond and BU with composite. Tooth prepared and final impression taken. Temp fabricated and cemented with TempBond. Removed excess cement. Contacts and occlusion checked and adjusted. POI given.

Advised pt to come back if needs any further bite adjustments. Informed pt. that tooth may be temporarily sensitive due to treatment, but to come back if prolonged sensitivity lasts more than 2 weeks.

Shade:A1|

Pt dismissed in ambulatory and stable condition.

Crown / BU

Note Text

BP: 112/74 P:75

HHx: Reviewed and NSF
Allergies: NKDA

Assistant: Sonya

Pt presented with tooth sensitivity on #15. Checked occlusion and adjusted bite on restorations from previous appts to pt. comfort. Advised pt that post operative sensitivity is normal and that it should dissipate in several weeks. Pt. understood they may need further treatment if they still have symptoms or issues associated with restorations, and to follow-up with us if needed.

Answered all pt questions. Pt dismissed in stable and ambulatory condition.

Dr. Vera

Bite Adj

K. Creating Lab Cases

1. From the patient's chart, click on the Lab Case icon on the toolbar.
2. You will change the provider to the correct provider.
3. Select the Lab you're sending to.
4. Select **Crown** under Set Due Date (if its a crown, bridge or veneer)
5. Input your notes. (tooth#, shade, tracking #, RDA's name)
6. Under Tracking, Click Now on the Sent row. (This should be the date that the case is actually being sent out or picked up to be sent out. If lab is not picking up until next day change the date to the correct day.)
7. Fill out the Lab Script with patient's info. Give the script to the doctor to write their notes and sign off on the script.
8. Scan into the patient's chart.

Edit Lab Case

Patient: Test Test

Appointment: [] Detach

Planned Appt: [] Detach

Provider: Dr.Vera

Fee: 0.00

Lab: AOA (800)262-5221, Artisan 3D (210)276-0042, Concert Dental Lab 1-800-449-3514, Helm Dental Lab (972)442-9772, Invisalign (866)866-5941, Reliable Dental Lab (972)272-5511, Studio 360 (866)963-6885, **Westbrook Dental Lab (972)840-0858**

Set Due Date: Crowns, 10

Date Time Due: Mon 12/20/2021

Instructions: Crown for #4, Shade A2, Tracking #1234567 NC

Tracking:

Created	12/07/2021 11:55:42 AM	Now
Sent	12/07/2021 11:56:20 AM	Now
Received		Now
Quality Checked		Now

Buttons: Delete, New Slip, OK, Cancel

Edit Lab Case

Patient: MARISSA TEST

Appointment: [] Detach

Planned Appt: [] Detach

Provider: Dr.Vera

Fee: 0.00

Lab: AOA (800)262-5221, Artisan 3D (210)276-0042, Concert Dental Lab 1-800-449-3514, Helm Dental Lab (972)442-9772, Invisalign (866)866-5941, Reliable Dental Lab (972)272-5511, Studio 360 (866)963-6885, **Westbrook Dental Lab (972)840-0858**

Set Due Date: Crowns, 10

Date Time Due: Tue 12/21/2021 5:00 PM

Instructions: Shade A1 tooth #19, Tracking#123456789, Checked in by NC. (Front Desk), Verified by SB. (Lead RDA or DDS)

Tracking:

Created	12/07/2021 10:27:15 AM	Now
Sent	12/07/2021 10:27:49 AM	Now
Received	12/07/2021 10:49:35 AM	Now
Quality Checked	12/07/2021 10:49:36 AM	Now

Buttons: Delete, New Slip, OK, Cancel

Labs:

- Studio360
- Westbrook Dental Lab
- AOA
- Invisalign
- Reliable
- Helm

L. Prescriptions

The screenshot shows a software window titled 'Select Prescription'. At the top, a toolbar contains a red circle around the 'New Rx' icon. Below the toolbar is a menu bar with options like 'Patient', 'Commlog', 'E-mail', 'WebMail', 'Text', 'Letter', 'Forms', 'Tasks', 'Label', and 'Popups'. The main area is a table with the following columns: Drug, Controlled, Sig, Disp, Refills, and Notes. The table lists various medications such as Amoxicillin, Clindamycin, and Tylenol. To the right of the table is a search panel with input fields for 'Drug' and 'Disp', a 'Controlled Only' checkbox, and a 'Search' button.

Drug	Controlled	Sig	Disp	Refills	Notes
Amoxicillin 125mg/5mL		Take 1 tsp (5mL) q8h until all finished	150 mL	0	*20-39 lbs
Amoxicillin 250mg/5mL		Take 1 tsp (5mL) q8h until all finished	150 mL	0	*40-59 lbs
Amoxicillin 250mg/5mL		Take 1.5 tsp q8h until all finished	225 mL	0	*60-59 lbs
Amoxicillin 250mg/5mL		Take 2 tsp (10 mL) q8h until all finished	300 mL	0	*70-89 lbs
Amoxicillin 500mg		Take 4 tabs po 1 hour prior to dental appointment	8	2	(Pre-Med)
Amoxicillin 500mg		Take 1 tab po q8h until all finished	21	0	
Augmentin 500mg		Take 1 tab po q8h until all finished	30	0	
Clindamycin 300mg		Take 1 tab po q8h until all finished	21	0	
Clindamycin 300mg		Take 2 tabs po 1 hour prior to dental appt	4	2	(Pre-Med)
Clindamycin 75mg/5mL		Take 1 tsp (5mL) q8h until all finished	150 mL	0	*20-49 lbs
Clindamycin 75mg/5mL		Take 1.5 tsp q8h until all finished	225 mL	0	*50-59 lbs
Clindamycin 75mg/5mL		Take 2 tsp (10 mL) q8h until all finished	400 mL	0	*80-89 lbs
Clindamycin 75mg/mL		Take 2 tsp (10 mL) q8h until all finished	300 mL	0	*60-79 lbs
Debacterol		Break internal glass tube, touch saturated cotton tip to ulcer. Hold in place for 20-30 seconds.	1		
Diffucan 150mg		Take 1 tab po the first day. Repeat in 2-3 days if necessary.	5		
Flexeril 5mg		Take 1 tab po before bed for 3 night. After that, take 1 prn.	5	1	
Halcion 0.25mg		Take 1 tabs 1.5 hr prior to dental appt	2	0	
Magic Mouthwash		1 part Diphenhydramine 12.5mg/5mL, 1 part Viscous lidocaine 2%, 1 part Maalox.	240 mL	0	
		Swish 5mL for 15 seconds q4-q6h, then spit			
Medrol Dose Pack		Take as directed	1 pack	0	
Motrin 600mg		Take 1 tab po q6h as needed for dental pain	20	0	
Motrin 800mg		Take 1 tab po q6h as needed for dental pain	20	0	
Peridex		Swish 15 mL for 30 seconds before bed, then spit. Repeat nightly for 2 weeks.	1 pint	0	Chlorhexidine Mouthwash
Phenergan 25mg		Take 1 tab po q4h for nausea	24	0	
Prevident 5000, Booster		Brush for 2 minutes. Then spit excess. Do not rinse.	1	3	
Prevident 5000, Sensitive		Brush for 2 minutes. Then spit excess. Do not rinse.	1	3	
Tramadol (Ultram) 50mg		Take 2 tabs po q4-6h as needed for dental pain	36		
Tylenol #3 30/300mg		Takd 1 tab q6h prn dental pain	20	0	Acetaminophen & Codeine
Ultracet		Take 2 tab q4-q6h prn dental pain.	36	0	Tramadol & Acetaminophen
Valium 5mg		Take 1 tab in the evening before bed and 1 tab	2	0	

- To print a prescription for a patient, click on the **prescription icon** on the toolbar. The prescription dialog box will appear.
 - Select the prescription(s) needed from the list and hit print.
- Make sure to change any instructions, qty. or refills per doctor's requests.
 - **ALWAYS** double check the patients' medical history for allergies to certain medications.

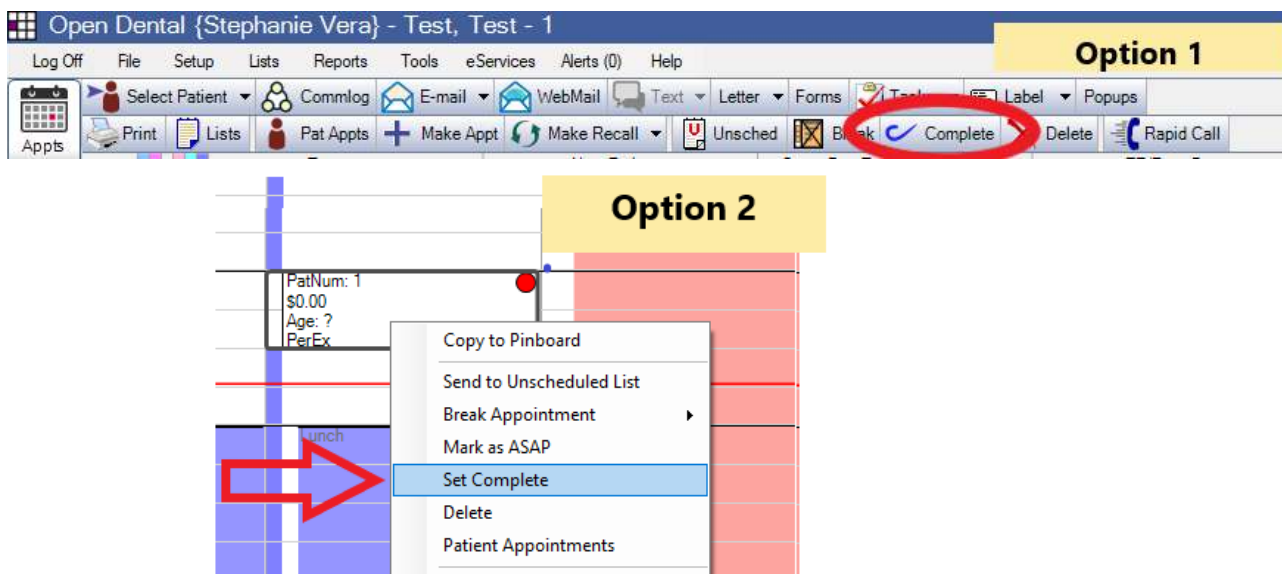
- If the patient would like their prescription called in let them know to have it ready when you walk them to check out. **If doctor prescribed Tylenol #3 inform them we can not call that in. They have to bring the prescription into the pharmacy themselves.**
- Do not give the patient the printed out prescription, draw a line through it and put it in the shredder.

M. Patient Dismissal

1. Make sure you have gone over any **post-op instructions** that pertain to the patient.
2. **Always** walk the patient to the front, **introduce** the patient to the person you are handing them off to and **Thank** them for coming in. A patient should **NEVER** walk themselves out or stand unattended up front.

“This is Mr./ Mrs. Coughlin from OP# _____ we did _____ for him/her today and we need to get them scheduled back for _____. Thank you, have a great day and see you next time. “

- Make sure all procedure have been **set complete** the correct way. (from either right clicking on patients appt and then selecting **set complete, option 1** or select patients appt and click **complete** the top toolbar **option 2**) All appointments should be set complete to the correct provider



- Provide your patient with a goody bag before dismissing them and make sure they have their whitening trays. * **Remind them every time they come in for their 6 month recall they will receive a free whitening syringe or if they write a review.**

N. Scripts / Verbal's

Scripts for RDA's: Comp Exams

Remember to make the patients feel special. People will not necessarily remember everything you tell them but they will remember **HOW YOU MADE THEM FEEL.**

While walking into the pano room:

"Hi Mrs. Smith, my name is _____. Is this your first time at Thrive? Great, I'm so glad you chose us! I'm going to start by taking a 360 xray that spins around your head."

Panorex completed:

"Ok now we will head to your room to complete the rest of the xrays"

Take pano then walks to opertory and start your scripts

"Are there any main concerns before I get started with your x-rays? And would you be interested in a complimentary Ortho consultation?"

"I am going to start by taking a full mouth set of x-rays. I will also take some photos of your teeth.

We offer Netflix and headphones for your entertainment. We also have blankets and pillows for your comfort.

Are you interested in our complimentary whitening trays? You will get a free whitening syringe at your recall visit and can get more syringes for every review you leave us. (Google, Facebook, Yelp etc)

We work as a team of doctors to provide you with the best level of care. If you fall in love with any of our providers today, and you will, feel free to request them for future visits.

Dr Christine will be right in to get your exam started. Please feel free to ask her any questions you have. While you wait for our treatment coordinator to come in, we will play some quick educational videos about your treatment.

Here are our Thrive sunglasses to protect your eyes from the light. Can I offer you any water while you're waiting?"

Be sure to check in on patients every 5 mins by asking them if they need anything/letting them know that the doctor will be in shortly.

When doctor enters, make sure to take notes for the doctor in the opendental chart.

After treatment is completed:

Make sure to give the patient a warm lavender infused towel

“Here is a warm, lavender-infused towel to wipe your face and soothe you”

Walk pt to the check out desk:

“Hey Sam, this is Mrs Smith. She got all 4 fillings done on her right side. She also got her SRP done with Salam. She loves Dr Christine and Salam and would like to stay with them at her future visits. I went ahead and put fluoride on her teeth today as well. Salam scheduled her perio maintenance visit in 4 months. Dr Christine would like to see her back as soon as possible for the crown on the left side.”

Keywords to mention:

- Complimentary Ortho
- Full mouth set of Xrays
- Photos
- Netflix, headphones
- Blankets, pillows
- Complimentary whitening trays
- Free whitening syringes
- Team of doctors
- Mention doctor’s name
- Educational videos
- Thrive sunglasses
- Water
- Check in every 5 mins

Check out keys:

- Introduce the patient
- Warn lavender towel
- Treatment done today
- Doc/Hygiene seen today
- If patient requests doc/hygiene
- Fluoride
- Perio recall visit
- Next visit for treatment

Verbal’s:

Patients that complain about Doctors

Inform patients that the doctors are highly trained and all practice the same.

They may **Request** a certain Doctor or to remain with that doctor at all times for their procedures let them know we will do our BEST to accommodate them with that request.

Patient has pain after dental treatment

If the patient has pain after a dental treatment they can get upset. They do not understand the intricacies of treatment and that the teeth may be sore after we removed excessive cavities. You can offer a kind explanation and reassure them you will find a solution.

Remember whenever a patient is in pain show empathy and comfort them! Let them know you will help them find a solution and because you are not the treating dentist you may not have the solution but we can bring them in to have the doctor take a look at them.

“Mrs. Smith I’m sorry you are having pain. Let’s get you in to see Dr. ____ as she is an excellent doctor and I’m sure she can help find a solution. A lot of times it’s something as simple as a bite adjustment but there is no way to tell for sure unless we see you. Are you available to come in today at _____?”

This will work for the vast majority of patients. Something to keep in mind is that even the best doctors cannot really diagnose over the phone so they will need to see the patient. But, If the patient absolutely insists on talking to the doctor, inform the treating doctor and have them call the patient ASAP.

It is vital for us to treat these patients quickly as no one wants to be in pain and they associate the pain with our office. Make sure to notate the conversation in the CommLog.

Overall scripts

If you do not have the answer to a patient's question do not make one up. Simply let the patient know you will find a solution and either get someone who can help them or take a message.

“Mrs. Smith, I am more than happy to help you. I want to get you the most accurate answer possible so I am going to place you on a brief hold while I transfer you to one of our specialists.”

O. Equipment Repair

Learn to do minor repairs by yourself or ask someone who has repaired/replaced it before. Most of the office supplies we get are from Amazon or similar companies. If it is a fix that is less than \$200 ask your manager to replace/fix it.

Many issues can be repaired with a quick reset or small replacement.

Office Equipment

1. Try to fix the problem yourself
2. Check for warranties.
3. If you have tried resets, tightening bolts, changing batteries, unplugging, and replugging in cords then call the appropriate person.
 - a. Ben is our IT specialist for computer setups etc (we rarely need to call him)
 - b. Each office has its own internet provider
 - c. Mango is our phone and fax provider
4. In an emergency call Dr. Nate or Sam.
5. Anything under \$200 confirm with your manager and replace the item.

Clinical Equipment

1. Once again try to fix it yourself as most issues are just a tightening of a loose bolt.
2. Inform the regional RDA of the issue if you cannot fix it.
 - a. They will call southwest or the appropriate company
3. In an emergency call Dr. Nate or Sam.
4. Anything under \$200 confirm with your manager and pay it with the office credit card.
 - a. Keep all quotes/receipts.