



Office Information

Office Name _____ Dr. Name _____
 Office Phone _____ Fax _____
 Email Address _____
 Office Address _____
 City _____ State _____ Zip Code _____
 Preferred contact #1 _____ Phone: _____
 Preferred contact #2 _____ Phone: _____

Dental Office Information

Dental Staffing Professionals will provide a qualified staff member who has been personally interviewed, evaluated, and has had a license and background verification. This preference referral form will help DSP match the dental professional to your office standards and needs. Please be as specific as possible.

Availability:
 Full time Part time Temp Only Temp to Perm Perm only

Office Hours:
 Mon _____ to _____ Tues _____ to _____
 Wed _____ to _____ Thur _____ to _____
 Fri _____ to _____ Sat _____ to _____

Other: _____

If office is closed, are you taking phone calls? Y N

Office Specialty:
 Oral Surgery Pedo Ortho Perio
 Endo Prostho Dental Lab General Dentistry

Back office uniform primary color: scrubs or other, please specify _____
 Recommended attire for front office staff _____

Computer software used:
 Easy Dental Soft Dent EagleSoft Dentrix 11.0 Dentrix G2
 Dentrix G3 Dentrix G4 Dentrix Ascend Open Dental

Other _____

Xrays: Digital Traditional
 ScanX Dexis Kodak Panoramic Ceph
 Shick GenDex Nomad
 Panoramic Ceph Tigerview
 3D Cone Beam Other _____

Bilingual: Y N if yes, what language(s) _____

DA/CDA Clinical

Skills Requested: Prefer: DA CDA Either

- | | |
|--|--|
| <input type="checkbox"/> Charting | <input type="checkbox"/> In Office Whitening |
| <input type="checkbox"/> Take, Develop, Mount xrays | <input type="checkbox"/> Bleaching Trays, make and give instructions |
| <input type="checkbox"/> Hyg. Assisting – Perio charting | <input type="checkbox"/> Cerec Trained/CAD-CAM |
| <input type="checkbox"/> Topical placement | <input type="checkbox"/> Invisalign Implants |
| <input type="checkbox"/> Intra/Extra oral photos | <input type="checkbox"/> IV Sedation |
| <input type="checkbox"/> 4 handed Dentistry | <input type="checkbox"/> Oral Sedation |
| <input type="checkbox"/> Pour/ Trim Models | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Temporary Crowns/Pack Cord | <input type="checkbox"/> Sterilization type in office _____ |
| <input type="checkbox"/> Impressions | <input type="checkbox"/> Full Mouth Xrays |
| | <input type="checkbox"/> Bite Wings |

Additional Skills Requested:

RDH Clinical

Skills Requested:

- | | |
|--|--|
| <input type="checkbox"/> Home care instructions | <input type="checkbox"/> Full Mouth Xrays |
| <input type="checkbox"/> Cosmetic imaging | <input type="checkbox"/> Bite Wings |
| <input type="checkbox"/> Perio charting | <input type="checkbox"/> Pit and Fissure Sealants |
| <input type="checkbox"/> Assistant provided | <input type="checkbox"/> Whitening Tray Instructions |
| <input type="checkbox"/> Scaling and Root Planing | <input type="checkbox"/> Snore guards |
| Quads typically scheduled in one appt _____ | <input type="checkbox"/> TMJ |
| Time allowed per quadrant _____ | <input type="checkbox"/> Nightguards/ NTI |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Ortho |
| <input type="checkbox"/> Atridox – Arestin other _____ | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> BP | <input type="checkbox"/> Exams needed: |
| <input type="checkbox"/> Head/Neck Oral Cancer examination | <input type="checkbox"/> 3 mnth <input type="checkbox"/> 6 mnth <input type="checkbox"/> 1 x year SRP eval |
| <input type="checkbox"/> Laser Certified | Exam time needed: _____ |
| <input type="checkbox"/> Lanap | <input type="checkbox"/> Impressions |
| <input type="checkbox"/> Assisted Hygiene | <input type="checkbox"/> Fl2 applications |
| <input type="checkbox"/> Accelerated 40 min Schedule | <input type="checkbox"/> Schedule appointments |
| <input type="checkbox"/> Ultra Sonics Types: _____ | <input type="checkbox"/> Loops required |
| | <input type="checkbox"/> Op left-hand friendly |

Additional Hygiene Skills:

Business/Front Office

Skills Requested:

- | | |
|---|---|
| <input type="checkbox"/> Appointment Scheduling | <input type="checkbox"/> Making Financial Arrangements |
| <input type="checkbox"/> Care Credit | <input type="checkbox"/> Insurance Processing |
| <input type="checkbox"/> Check in/out | <input type="checkbox"/> Electronic Claims |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Ins. Codes |
| <input type="checkbox"/> Statement Billing | <input type="checkbox"/> Posting Payments |
| <input type="checkbox"/> End of day reports <input type="checkbox"/> End of the month reports | <input type="checkbox"/> Posting Insurance Payments/
understanding EOB's |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Ins plans: |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> HMO <input type="checkbox"/> PPO |
| <input type="checkbox"/> Account Collections | <input type="checkbox"/> DMO <input type="checkbox"/> AHCCCS |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Perio Charting |
| <input type="checkbox"/> Entering into computer | |

Additional Office Skills:
