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## WELCOME TO OUR COMPREHENSIVE **SUPPORT MANUAL**

Most dental offices focus more on getting patients in the door and less on the administrative requirements of running a business. However, everyone agrees that documents like office manuals, treatment presentation forms, and employment agreements are essential. Often there is neither the time nor the expertise, readily available, in order to create them.

When reviewing the index of our comprehensive **SUPPORT MANUAL** practitioners can review the various topics and a listing of the documents currently available within each category. We have also provided some example pages taken directly from documents that are found in the manual.

In creating this manual, we expect that it will provide business owners with the resources necessary to have accurate, affordable documentation - easily accessible for practitioners and their staff. Documentation that will both protect your business as it develops and that will assist your staff with the day to day tasks of patient management.

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**The Van Paridon Consulting comprehensive **SUPPORT MANUAL** is available for only \$499.00 plus GST.**

Should you have any questions about the manual or any of our other services, please contact: Joan Van Paridon at [jvp@telus.net](mailto:jvp@telus.net) or 604-739-6706 or Lisa at [rosslisa@shaw.ca](mailto:rosslisa@shaw.ca)

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SECTION 1  
CDA JOB DESCRIPTION

## **Certified Dental Assistant:**

### **Purpose:**

The purpose of this manual is to provide our Certified Dental Assistants with a resource that must be completely reviewed prior to the commencement of employment with the practice and will serve as a resource during the course of employment with the practice.

### **Education:**

Ability to use English > reading, writing and speaking skills correctly and effectively.

Capable of performing calculations involving simple arithmetic procedures.

Successful completion of a recognized Certified Dental Assistant program. With care and consideration being given to his/her ability to demonstrate and utilize recognized dental assisting skills at a high level.

### **Experience:**

A minimum of six months experience in a dental office or successful completion of a recognized course in dental assisting.

### **Procedures:**

Proper handling of instruments - including but not limited to needles, scalpels and sharp instruments:

A needle disposal unit is located in the sterilization area and care must be taken to dispose of a used needle promptly following its use. The disposal system is routinely replaced with new units but should an employee notice that the system is almost full, please bring this to the attention of the receptionist so that arrangements can be made to replace the containers

Proper hand washing:

Maintaining a clean and hygienic environment is essential at all times to ensure patient and team safety! Proper hand washing must be done thoroughly and as frequently as the situation dictates.

SECTION 2  
EMPLOYMENT AGREEMENT

***These examples are not intended to be used without being reviewed by a lawyer before implementation***

This agreement is intended to outline in basic principle the working arrangement agreed to by <practice name > and <employee> on <date>.

1. Your work schedule will be based on a standard work week. You will be required to work a five day work week (Monday - Thursday) commencing at 9:30 am each day and ending at 5:30 pm and Friday from 8:30 am - 4:00 pm. This change in your schedule will take effect on <date>. You will be entitled to one unpaid 30 minute break for lunch, generally taken between 1:00 - 2:00 daily. The total average hours worked over a two week period shall be <total hours> hours.
2. <practice name> will provide you with a bi-weekly pay based on an hourly rate of \$<hourly wage>.
3. You will be compensated for statutory holidays in accordance with the provisions of the *Employment Standards Act*.
4. Wage and benefit information shall remain strictly confidential and shall not be discussed with any other members of the office or staff, failure to do shall be grounds for dismissal.
5. <employee> shall record her actual hours worked on a daily basis on the sign in sheet.
6. Arrangements can be made verbally with Dr. > to commence or end a work day at a later or earlier time should the schedule allow for that. A minimum of 2 hours shall be worked and paid unless other arrangements are agreed to at the time.
7. Holiday time must be scheduled with the prior approval of Dr. > and in consideration of the general operation of the office. In the event that you only work a partial calendar year, your vacation entitlement will be pro-rated on a monthly basis.

## SECTION 3

### PRIVATE HEALTH SERVICES PLAN AGREEMENT I

*These examples are not intended to be used without being reviewed by a lawyer before implementation*

#### **PRIVATE AND CONFIDENTIAL**

Employee>

Re: Employment with <practice name>

In consideration of your continuing employment with <practice name>, you are entitled to participate in a Private Health Services Plan (PHSP) which will cover dental expenses incurred by you and your immediate family living with you (i.e. those to whom you are connected by blood relationship, marriage or adoption). While this is a non-taxable benefit to you, you will not be permitted to claim a medical expense tax credit with respect to any amount reimbursed under the PHSP.

<practice name> has the right to revoke the PHSP on 30 days' written notice.

The amount of the benefit reimbursement available to you and your family is limited to a maximum of \$<dollar amount> per calendar year, pro-rated for any part of a year that is not a full year. Any amounts not used in any year may NOT be carried forward, unless <practice name> otherwise agrees in writing.

Services covered include:

- dental expenses
- professional health services
- laboratory examinations and tests
- prescription medicines
- prescribed medical treatments

If the above terms and conditions are acceptable to you, kindly sign the attached copy of this letter and return it by <date> to <office manager>.

**SECTION 4**  
**PERFORMANCE EVALUATION I**

Of \_\_\_\_\_ Date \_\_\_\_\_

**QUANTITY OF WORK:**

Consider the volume of work regularly produced taking into consideration the speed and consistency of output. Including tasks performed outside of the general 'job description'.

<input type="checkbox"/> Needs improvement 1 2 3 Output below job requirements or expectations.	<input type="checkbox"/> Meets expectations 4 5 6 Output fully satisfies job requirements.	<input type="checkbox"/> Exceeds expectations 7 8 9 Extraordinary speed and quality of workmanship.
Comments:		

**QUALITY OF WORK:**

Consider the extent to which work produced meets quality requirements of accuracy, thoroughness and effectiveness.

Needs Improvement 1 2 3 Output below job requirements or expectations.	Meets Expectations 4 5 6 Quality of work is good. Satisfies job requirements.	Exceeds Expectations 7 8 9 Extraordinary accuracy, thoroughness, and effectiveness.
Comments:		

**FOLLOWING INSTRUCTIONS:**

Consider the extent to which the employee follows the instructions of the doctor. This includes the employee's ability to complete a task successfully and meet all of the specific expectations set out by the doctor. The goal should be to meet the doctor's expectations by handling a situation as requested and following through to ensure that the expected outcome was reached.

Needs Improvement 1 2 3 Output below job requirements or expectations.	Meets Expectations 4 5 6 Quality of work is good. Satisfies job requirements.	Exceeds Expectations 7 8 9 Extraordinary accuracy, thoroughness, and effectiveness.
Comments:		

## SECTION 7

### APPOINTMENT TIME ESTIMATE - RECEPTIONIST BOOKING

<b>Procedure</b>	<b>DOCTOR (units)</b>	<b>HYGIENIST (units)</b>	<b>CDA (units)</b>
Bridge - prep	15		
Bridge - seat	6		
Crown prep - without core	9		
Crown prep with core	12		
Crown seat (md)	5-6		
Crown seat (mx)	4		
Night guard - impression	3	4	3-4
Night guard - seat	3		
RCT - anterior	9		
RCT - bicuspid and molar	12		
RPD - 1 <sup>st</sup> appointment (study models)	3	4	3-4
RPD - 2 <sup>nd</sup> appointment (prep and impression)	3 + 2 weeks		
RPD - 3 <sup>rd</sup> appointment (try in)	3		
RPD - 4 <sup>th</sup> appointment (try in or seat)	3 + 1 week		
RPD - 5 <sup>th</sup> appointment - seat	3		
Study models	3	4	3-4
Whitening - impression	3	4	3-4
Whitening - seat	3	4	3-4

## SECTION 10

### MISSED APPOINTMENT LETTER II

Date>

Patient>

Dear>;

We were disappointed that you failed to attend at your professional cleaning and recall examination appointment scheduled on <date> for <length of appointment>.

We do our best to handle short notice cancellations effectively by providing the treatment opportunity to other patients, however when a patient simply does not arrive for their appointment there is virtually nothing we can do to accommodate someone else. We hope you understand that a treatment room is specifically set aside for you at the time allotted. With regard to the recent missed appointment we did leave a telephone reminder message within 2 days preceding the appointment.

Please be advised that in keeping with industry standards and our company policy, missed appointments are subject to a charge of \$>. We are not going to invoice you this time but should you fail to show up for a scheduled appointment again or cancel without providing at least two business days notice, we will be billing you for the appropriate fee at that time.

Please call the office to re-schedule your missed appointment. If you have any questions or concerns please do not hesitate to contact us.

Sincerely,

SECTION 13  
SMILE ANALYSIS

Name \_\_\_\_\_ Date \_\_\_\_\_

Patient dissatisfaction is with \_\_\_\_\_

Patient desires \_\_\_\_\_

Patient limitations \_\_\_\_\_

Facial form    square            ovoid            tapering            sq. tapering

Facial profile \_\_\_\_\_

Smile            straight            curved (up)    ellipse            inverted            bow

Lips

thickness    thin            normal            full            symmetry (diagram below ↓)

upper                                   

lower                                   

upper             normal     asymmetrical

lower             normal     asymmetrical

width:             narrow     normal     wide

Buccal corridor     dark             normal     full

details \_\_\_\_\_

Gingiva

health             poor             fair             excellent

display             none             papilla     moderate     excessive

Teeth

smile line length     long             normal     high

smile line shape     straight     curved     irregular

shade            width of centrals \_\_\_\_\_ height of centrals \_\_\_\_\_

midline centered     inclination             line angles

Existing restorations \_\_\_\_\_

## SECTION 14

### RETAINER PHASE LETTER II

Date>

Patient>

Dear>;

Getting your braces off can be exciting; you have a great new smile that you should be proud of! Just as it was important for you to take care of your teeth and braces during the orthodontic phase of your treatment, it is equally as important for you to take care of your teeth and retainer now and forever!

When your braces are removed we will have achieved the best result we can to improve on the function and appearance of your mouth. You must be aware that these achievements will be short lived if you fail to wear your retainer as directed and for as long as is directed. In order to preserve and protect your smile you must abide by the following:

1. oral hygiene is important - you must continue to maintain diligent home care and attend at regular cleanings and exams every 6 months;
2. you must wear your retainer exactly as prescribed or you will risk loosing all of the success in movement and placement that we have achieved to date;
3. brush your retainer daily and inspect it for possible weak points or breakage;
  - a. if your retainer appears broken or in need of repair – you must return to the office without delay so that a new appliance can be created if necessary
4. do not soak your retainer in any cleaning agents;
5. do not leave your retainer where it could be exposed to extreme hot or cold; and
6. keep your retainer in the proper storage container when you have to remove it from your mouth – this will prevent damage or loss.

We want to ensure that your retainer is working as it is designed to so you will need to return for follow up appointments in 1 month, 3 months and at your routine 6 month check up and professional cleaning.

Your smile is now your responsibility! If you have any questions or concerns please do not hesitate to let us know.

Sincerely,