

GENERAL DENTIST

Dental Basics Manual

Note: The following policies and procedures comprise general information and guidelines only. The purpose of these policies is to assist you in performing your job. The policies and procedures may or may not conform with Federal, State and Local laws, rules and regulations and are not offered here as a substitute for proper legal, accounting or other professional advice for specific situations.

Prior to implementing any of these suggestions, policies or procedures, you should seek professional counsel with your attorney, accountant and/or the appropriate governing or licensing board or any other applicable government body for a full understanding of all appropriate laws, rules, procedures or practices pertaining to your healthcare discipline or business activities.

TRAINING MANUAL INFORMATION

READ FIRST

The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

Our reasons for giving you this training manual are threefold:

1. To provide written policies and procedures relating to your job functions.
2. To ensure you have a resource for correcting or adding to the written exam questions (since we only accept 100%)
3. To provide you with a future reference. We do not expect you to memorize all of the policies relating to your job, but, we do expect you to refer back to the appropriate written material and review it on your own as well as with your supervisor.

When you have finished reading the policies in this manual, please see your supervisor for the written exam. When you have finished the exam, you will refer back to the appropriate policy in an open book style to change or add to your answers until your supervisor is satisfied every question and each “active procedure” has been successfully executed without error.

Ultimately, we expect that your complete review of this manual will help you understand and use the general policies and communication vehicles of our office.

HOW TO EDIT YOUR MANUALS

As you might imagine, creating these manuals was quite an undertaking. We knew that no single manual would apply to every practice, since each doctor has a unique personality and management style. Over the years, we updated the manuals with both ideas from our clients and emerging techniques.

The resulting contents provide detailed policies and procedures that will significantly reduce your administrative efforts. You may choose to leave the contents in the original form or to adapt the contents to meet your specific style.

Once you have reviewed the manuals and personalized the contents, you will have a solution for competently dealing with the majority of employee-related concerns in your dental office. You'll also have written documentation to consistently support each situation, which will alleviate you from continually rendering opinions.

We recommend you (or your designee) print the manuals and place them in a notebook binder. Then, review each policy and make edits as needed. For example, you may want the phone answered differently than the wording in our script or you may not want to include "Paid holidays." In these instances, simply draw a line through the corresponding content (use red or blue ink so it's easy to see) and then draw an arrow to the new text that you want included. If there is a policy that does not apply to your practice, simply draw an X through the whole policy and write "delete" in bold letters across the appropriate section.

When the editing is complete, input the changes into the original Microsoft Word file and save. You can then print as many copies as you need and make changes in the future as necessary.

In addition to the detailed information in our manuals, we suggest you retain other relevant handbooks and references that are essential to managing your practice (e.g., equipment manuals, software guides, etc.) All manuals and guides should be stored together in an easily accessible area of your office for quick reference.

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GENERAL DEFINITIONS

COB: Coordination of Benefits. A term used when a patient is covered by more than one insurance policy. The benefits are coordinated between the primary insurer and then, the secondary insurance company.

Deductible: The deductible is an amount determined by the insurance policy that has to be met by the patient before the insurance company will start paying its percentage. Deductibles vary by insurance policy.

DOB: Date of Birth.

DOS: Date of Service. This is the actual date when the services rendered.

EOB: Explanation of Benefits. This is a statement which accompanies the insurance payment, explaining what was paid and why.

Est. Estimate.

Flow: To proceed steadily, smoothly and evenly. To have smooth, uninterrupted continuity.

Ins: Insurance.

LM: Left Message

LMM: Left Message on Machine.

NA: No Answer

WC: Will Call Back.

Open Account: When there is a balance on a patient's account that is owed by the patient or the insurance company. Any account that does not have a -0- balance (or a credit balance).

Purpose: To have the intention of doing or accomplishing (something); intend; aim. (Funk and Wagnalls Standard Dictionary)

Routing: To dispatch or send by a certain way. (Funk and Wagnalls Standard Dictionary)

Walk-in: A patient who comes into the office without a scheduled appointment. He just "walks in."

WCB Will Call Back.

-0- Account: Any account that has a -0- balance.

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DENTAL DEFINITIONS

ADA Procedure Codes: A system of four or five digit codes used to identify dental procedures for insurance reporting.

Amalgam: A material containing silver and other metals that is mixed with mercury to form dental restorations (fillings).

Anterior: Front teeth.

Bicuspid: Premolar teeth. Used for grasping, tearing, grinding and chewing.

Bitewing (X-Ray): A dental X-Ray that shows the upper and lower teeth and adjacent tissues of the teeth. Usually are taken in sets of four or two.

Bonding: A restorative treatment used to treat cavities using tooth colored material instead of amalgam. Also, called resin or composites.

Bridge: A fixed appliance used to replace one or more missing teeth.

Calculus: A hard, stone-like material which forms on the teeth through the hardening of plaque.

Canine: Sometimes called the cuspid. A heavy tooth to cut and tear.

Complete Dentures: A removable appliance which replaces all of the teeth in one or both jaws.

Cosmetic Dentistry: Treatment of dental problems due to cosmetic reasons (discolored teeth, gaps, etc.).

Crown: 1. The part of the tooth that is covered with enamel and is normally visible.

2. A restoration that covers the entire top of the tooth, usually in gold or tooth colored material. Also, called a cap.

Endodontics: Dental specialty that deals with the diagnosis and treatment of pulp, the tissue within the tooth and root canals.

Full Mouth X-Rays: A set of 18 X-Rays showing all of the teeth of the mouth, upper and lower.

Gingival Curettage: The removal of a layer of infected tissue lining of the gums surrounding the teeth.

Gingivectomy: Removal of a portion of the fixed layer of gum tissue surrounding the teeth due to periodontal disease or improper contour of the gums.

Gingivitis: Infection of the gums, usually mild stage.

Incisor: Those teeth with the thin, sharp, cutting edge; used for cutting and biting.

Mandible: Lower Jaw.

Maxilla: Upper Jaw.

Molar: The teeth in the back of the mouth used for grinding.

Occlusion: The manner in which the upper and lower teeth bite or come together.

Oral Surgery: That dental specialty which deals with the extraction of teeth and other surgical procedures on the jaw.

Orthodontics: That dental specialty which deals with the prevention, correction and/or treatment of misalignment of the teeth and jaws.

Panoramic X-ray: A single film showing, in one view, all the teeth and surrounding structures of the mouth and jaws.

Partial Dentures: A removable appliance used to replace one or more missing teeth in the same jaw.

Pedodontics: That dental specialty dealing with the diagnosis, treatment and prevention of dental disorders in children.

Periodontal Disease: A chronic inflammation of the gums with pus formation, bleeding; also called pyorrhea. There are four stages or types of perio disease.

Periodontics: Dental specialty concerned with the study, prevention and treatment of diseases in the soft tissue (gums) surrounding the teeth and the bone supporting the teeth.

Perioscaling: A procedure performed by either the hygienist or doctor that deep cleans under the gums to remove plaque and begin correcting gum infection.

Plaque: A sticky mass of food debris, dead cells and bacteria that accumulates and grows on the surface of teeth. Plaque causes periodontal disease and tooth decay.

Posterior: Back teeth.

Prophylaxis: "Prophy." The professional cleaning of teeth to remove all accumulated plaque, calculus and stains. A prophy is almost always rendered by the hygienist.

Prosthodontics: That dental specialty which deals with the replacement of missing teeth, and supporting dental structures, with crowns, bridgework, partials or dentures.

Quadrants: The division of the mouth into four parts.

Recall: A term used in the hygiene department to indicate an office visit for a patient who is coming in for his/hers periodic (usually 3 or 6 month) cleaning.

Root Canal Therapy: An endodontic treatment where the pulp (nerve) of the tooth is removed and the canal cleaned due to the nerve being infected and/or dead.

Sealant: A thin plastic coating bonded to the grooves of teeth, usually in children, for the purpose of preventing decay.

TMJ: Temporomandibular Joint- the jaw joint located just in front of the ear on either side of the face.

TMJ Dysfunction: Any of a number of abnormal or disease processes which affect the temporomandibular joint.

Veneer: Tooth colored porcelain or resin material bonded to upper and lower front facial surfaces for cosmetic purposes.

Wisdom Tooth: The last molar in the mouth (may or may not come in through the gums). There are four wisdom teeth.

X-Rays: Radiographic pictures of the teeth used as a diagnostic tool.

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ABBREVIATIONS

We are very busy in this office, so we use many abbreviations to save time. You need to know these abbreviations to do your job well. They are as follows:

AdjuPerioent	Adj
Amalgam Restoration	Amal.
Anesthetic	Anes
Anterior	Ant.
Apicoectomy	Apico
Bite-Wing X-ray	BWX
BOP	Bleeding On Probing
Bridge	Br
Broken Appointment	BA
Buccal	B
Canceled	CA
Complete Exam	Comp Ex
Composite	Comp
Crown	CRN
Denture AdjuPerioent	Dent. Adj
Develop Treatment Plan	Dev. Tx Plan
Distal	D

Endodontics	Endo
Estimate	EST.
Exam	EX.
Extra Oral Tissues	EOT
Extraction	Ext
Facial	F
Financial Arrangements	FA
Fine Scaling	F.S.
First exam & cleaning	N.P. Ex
Fluoride Treatment	F.T.
Full Mouth X-rays	FMX
Gingiva	Ging
Gross Scaling	G.S.
Home Care	HC
Impression	Imp.
Incisal	I
Insurance	INS
Insurance Coverage	INS. COV
Initial Oral Tissues	IOT
Intra Oral Tissues	IOT
Irrigation	Irrig.

Last Cleaning	LC
Left	L
Left Message	LM
Left Message at Home	LMH
Left Message Machine	LMM
Left Message Voicemail	LMVM
Lingual	L
Lower	L
Mandibular	MAND
Maryland Bridge	MB
Maxillary	MAX
Medical History	MH or Med Hx
Mesial	M
New Patient	NP
Next Visit	NV
No Charge	NC
Occlusal Adjustment	Occ. Adj.
Occlusal Surface	O
Oral Hygiene Instruction	OHI
Oral Prophylaxis (cleaning)	Pro
Orthodontics	Ortho

Panorex X-ray	Pan
Periapical X-ray	PA
Periodic Oral Exam	PE
Periodontal Surgery	Perio Sx
Periodontics	Perio
Post & Core	P & C
Post Operatory Exam	POST OP
Posterior	Post.
Preparation of Tooth	prep
Prescription	R
Prophy exam & cleaning	PRO, EX, BWX
Quadrant	Quad
Rescheduled	RESCH.
Right	R
Root Canal Treatment	RCT
Root Canal Treatment Complete	RCTC
Root Plane & Scaling	RPS
Rubber dam	R/D
Sealant	Seal
Soft Tissue Management	PERIO
Surgery	Sx

Suture Removal	S/R
Temporary Crown	Temp. Crn.
TMJ X-ray	TMJ
Tooth Ache	TA
Tooth Extraction	EXT
Topical	Top
Treatment	Tx
Treatment Completed	Trmt. Comp
Upper	U
Veneers	Veneers
Wisdom Teeth	WT
With Normal Limits	WNL

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REVIEW

Make a **copy** of this page and write your answers on the copy. You may refer to the policy or procedure as often as needed to answer the question. Provide your answers to the office manager upon completion. Ask a qualified employee to sign off on any procedures or role-playing drills.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence. Use the backside of the copy of this page for your answers, if needed.

1. Review all of the stat graphs to ensure your understanding of exactly what each one represents. Discuss each one with the Office Manager and have her quiz you on what each graph represents.
2. Practice inputting statistics and printing graphs using your computer software program until you are confident you can input and print stat graphs.
3. Write 10 sentences using your choice of 10 words from the Dental Definitions policy. The content or subject of the sample sentences does not matter; all that is important is that it is a “complete and accurate” sentence.
4. Ask the office manager to ensure you understand each word in the above policy by quizzing you on each definition.
5. Get tested on your knowledge of the “abbreviations” by asking a knowledgeable employee to quiz you until you can correctly identify 10 abbreviations in a row.

TEETH

A healthy adult mouth contains 32 teeth. The teeth are counted by starting on the upper right at the wisdom tooth as #1 and going around to the far left as #16, then dropping down to the bottom left as #17 and going around to the far right as #32. The mouth is divided up into 4 sections called quadrants: a) upper right, b) upper left, c) lower right, and d) lower left. The teeth are separated into the back (posteriors) that consists of molars and pre-molars, and the front (anterior) that consists of cuspids and incisors.

The surfaces of each tooth are as follows: mesial, lingual, distal, facial, and incisal or occlusal.

Children's teeth are lettered rather than numbered. Starting with the upper right as A over to the left ending with J, dropping down to the left with K and back over to the right ending with T. Baby teeth (primary teeth) are very important and should not be overlooked. They hold positions for the developing adult teeth, so those teeth can come in straight. In addition, if not taken care of quickly, an infected baby tooth can result in decaying the underlying permanent (adult) tooth. It is important that a child has good experiences at the dental office so he/she will continue receiving dental care as an adult.

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INSERT SAMPLE SHEETS

1. TOOTH ORDER
2. PRIMARY TEETH
3. PERMANENT TEETH
4. TOOTH SURFACES
5. ANATOMY OF THE TOOTH

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X-RAYS

The best diagnostic tool the dentist has is an x-ray. X-rays show the gums, tooth, bone and any problems that might be present. Some people may express concern about the radiation involved in receiving an x-ray. Let these people know that the amount of radiation from an x-ray is much less than the radiation exposure from a day in the sun. This is due to:

- The high speed film used that requires less exposure;
- A lead shield that every patient has placed over him/herself and,
- A cone that directs the radiation to a very small area.

We take a Panorex on all new patients. This gives the dentist a complete picture of the patient's mouth and bite. Established recall patients normally get bitewing x-rays (pictures of the back teeth biting down) every 6 months. If cavities are going to develop, the molar teeth are where they most often occur. A patient with a toothache must have a picture taken of the tooth, so the doctor can properly diagnose the problem. The assistant will take one x-ray of that tooth (a periapical x-ray).

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