



## Practice Health History

**Patterson Account #** \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

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

Office Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_

Practice Type:

GP     Perio     OMS     Pedo     Ortho     Multi-Specialty

**PRACTICE OWNER(S):**

Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

**STAFF PROFILE:**

# Dentist owner(s): \_\_\_\_\_

# Associate dentists: \_\_\_\_\_

# Dental assistants: \_\_\_\_\_

# Hygienists: \_\_\_\_\_

# Front desk: \_\_\_\_\_

# Office managers: \_\_\_\_\_

# Other auxiliary team members: \_\_\_\_\_

Total staff: \_\_\_\_\_

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OFFICE HOURS:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

PRACTICE PROFILE:

Number of new patients per month: \_\_\_\_\_

Number of active patients: \_\_\_\_\_

Number of hygiene days per week: \_\_\_\_\_

Number of operatories: Doctor \_\_\_\_\_ + Hygiene \_\_\_\_\_ = Total \_\_\_\_\_

Number of hygiene appointments scheduled for the next 6 months: \_\_\_\_\_

Year-to-date collections: \_\_\_\_\_

Last full month of collection: \_\_\_\_\_

Number empty or unused operatories? \_\_\_\_\_

Why? \_\_\_\_\_

Complete this form and return it to: [william.pellicano@pattersondental.com](mailto:william.pellicano@pattersondental.com). Feel free to contact us if you have any questions: (617) 512-4041.