

## DENTAL DYNAMIC STAFFING

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**WHY DENTAL DYNAMIC STAFFING?** Besides our focus on our relationship with you and our commitment to do our best to find you a great career . . . we have been placing Dental Professionals since 2004. Having one focus puts us ahead of all other staffing companies. Consider us your human resource partner.

### **OUR BUSINESS, OUR FOCUS, OUR COMMITMENT TO EMPLOYEES:**

- Our business is recruiting, hiring and placing you in a great job!
- Our focus is to partner with you and pay you – **you pay NO FEES** to DDS for getting placed in temporary or permanent jobs.
- You will receive a pay check every week you work.
- Our commitment is to understand your financial requirements as well as your expertise in the dental profession.
- We promise to seek out the right dental office that matches your qualifications.
- We put as much time and commitment whether you (the employee) are a temporary, temp-to-perm or a permanent placement.
- We execute on all functions of your extended human resource and payroll department.
- You can count on us to find employment for you, to pay you and to be your voice in the competitive job market.

**Dental Dynamic Staffing** is a full service employment staffing agency exclusively serving dental practices and dental professionals. We search for professionals with a commitment for excellence. We currently have dental offices that are searching for the following:

- ◆ DENTISTS
- ◆ HYGIENISTS
- ◆ DENTAL ASSISTANTS
- ◆ FRONT OFFICE/ ADMINISTRATIVE POSITIONS
- ◆ HYGIENE ASSISTANTS
- ◆ EFDA and/or EDDA

- NO FEES are ever expected of you!
- We have a data base of ready-to-hire dental offices in the following **16 states: OHIO, KENTUCKY, TENNESSEE, IOWA, ILLINOIS, INDIANA, CONNECTICUT, MASSACHUSETTS, MICHIGAN, NORTH DAKOTA, NEW HAMPSHIRE, NEW YORK, PENNSYLVANIA, WISCONSIN, WEST VIRGINIA, AND TEXAS**
- We are a full-service temporary employment company – this means we cover all payroll expenses (FICA matched, employer taxes paid, W2 provided) while you are on assignment as a Dental Dynamic Staff employee.
- Once you are registered in our database, you are ready to work.
- FREE employee consulting; from reviewing your resume to salary negotiations to additional training, we are here to help.
- Receive a pay check for every week you work.
- Looking to work “between jobs” or relocating? We are a perfect income solution for you.

**Phone: 440-846-1774 or 1.866.551.1777**

**Fax: 440. 846.1742**

**E-mail: [staff@dentaldynamicstaffing.com](mailto:staff@dentaldynamicstaffing.com)**

## *How Do I Get Started?*

**Follow these simple steps, and you will be on your way to an exciting new career.**

**Step 1: Complete an application.** All personal information will be held in confidence. Filling out your application will not put you under any obligations to work with Dental Dynamic Staffing

- Go to [www.dentaldynamicstaffing.com](http://www.dentaldynamicstaffing.com) to fill out an application. Personal Recruiters (aka “Career Specialists”) are available during normal business hours to assist you over the phone with your application.
- Contact us at (866) 551-1777.

**Step 2: Talk with your recruiter.** Once your application is accepted, you will be assigned a personal recruiter. Your recruiter will:

- Listen to your need
- Review your qualifications
- Focus on your skills to ensure a successful assignment experience

**Step 3: Choose an opportunity.** We will contact you to review possible opportunities. You decide which assignment is right for you. Keep in mind that we’re available 24/7 to support you with any of your assignments or changes you may address to your personal recruiter.

**Step 4: Fill out your time sheet.** You must complete your time sheet for every assignment. Every time sheet must be signed by the OM or the Dentist

- If you are at two different offices in the same pay period, you will fill out and submit two different time sheets.
- If you are at the same office more than once during a pay period (weekly), use the same time sheet.

**Step 5: Interview with the Dental Office.** Most of our full time opportunities require face-to-face interviews with the dental office. This interview provides the dental office, and you, the opportunity to make sure this is the right match. Your personal recruiter will review the detailed information prior to your interview date.

**Step 6: Begin your exciting new adventure!** When you accept an offer for work (either temp or perm), Dental Dynamic Staffing will provide you with the following information:

- Specifics of the office in which you are temporarily or permanently placed
- Location and detailed driving directions
- Your time sheet(s)
- Your recruiter will keep in touch with you throughout your assignment to make sure you, as well as the client, are satisfied

*Fill out the enclosed application and send it to the Dental Dynamic Staffing office, and begin your new journey!*

**Phone: 1.866.551.1777**

**Fax: 440. 846.1742**

**E-mail: [staff@dentaldynamicstaffing.com](mailto:staff@dentaldynamicstaffing.com)**

# DENTAL DYNAMIC STAFFING

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## *Welcome to our Team!*

Dear Dental Professional,

Thank you for joining Dental Dynamic Staffing! Since 2004, we have helped thousands of dental professionals just like you. We have a solid history of placing qualified employees in a variety of temporary, temp-to-perm and full time positions. We are excited to work for you and with you during this new career journey.

Dental Dynamic Staffing wants to take the time to understand your qualifications, skills, and financial needs and to assist you with your future career opportunities. Besides getting to know you, Dental Dynamic Staffing requires the following necessary documents to be completed prior to placing you in any position:

- \_\_\_\_\_ **Application:**
- \_\_\_\_\_ **CV or Professional Resume:**
- \_\_\_\_\_ **Guidelines and Procedures:**
- \_\_\_\_\_ **Independent Contractor Agreement:**
- \_\_\_\_\_ **Doctor Profile /Procedure Time**
- \_\_\_\_\_ **List of Professional References:**
- \_\_\_\_\_ **Copy of Malpractice Insurance:**
- \_\_\_\_\_ **Dental License/Credentials:** A current license or certification for your discipline is required in the state in which you may be taking an assignment. A signed copy of your current license or certification will be needed.
- \_\_\_\_\_ **DEA**
- \_\_\_\_\_ **Healthcare Provider Card (CPR):** The CPR must be current and must be kept current throughout the assignment. Please be sure to include a copy of both the front and signed back of the card.
- \_\_\_\_\_ **Sign and Return HIPPA Privacy Training Module**
- \_\_\_\_\_ **2 Forms of ID (i.e. Driver's License, Birth Certificate, Passport, and Social Security Card):** Clear, legible copies are required.
- \_\_\_\_\_ **Hepatitis B Status:** Documentations of a declination, completed series, booster or a Positive Titer.
- \_\_\_\_\_ **I-9, W-9 and W-4 and local/state tax documents**

Our experienced and caring Dental Dynamic Staffing team looks forward to providing you with the personal service you deserve. As an experienced staffing company, we have an excellent reputation with hundreds of dental offices in sixteen states throughout the county.

To get started with Dental Dynamic Staffing, simply complete the application along with the documents on the check list. Mail or fax your information to the address below and one of our personal recruiters will contact you to review employment opportunities.

Again, welcome to our team!

*Dental Dynamic Staffing Team!*

Phone: 1.866.551.1777

Fax: 440.846.1742

Corporate Mailing Address:

PO Box 361611

Cleveland OH 44136

# DENTAL DYNAMIC STAFFING

**Mail: P.O. Box 361611 Strongsville OH 44149**

**Fax: 440-846-1742**

**Application for Employment**

**Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_**

Last Name		First		Middle	<input type="checkbox"/> MR <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	Social Security Number
Street Address		Suite #	City	State	Zip Code	E-mail Address-
Telephone No.	Cell Phone No. ( ) ( )	Message Phone ( ) ( )		Additional # You Can be Reached At ( )	How did you hear of our services? Referral (name) _____ Newspaper _____ Yellow Pages _____ Other _____	
<b>Emergency Contact:</b> Name	Relationship	Phone No.		Address	Do we have permission to contact your present employers? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can you provide proof of eligibility to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in being sponsored to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	What geographical area do you prefer to work?		Have you ever worked for a Staffing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Which Company (s)	

## PERSONAL DATA

Type of Profession applying for: <input type="checkbox"/> General <input type="checkbox"/> Specialty _____	Dental Experience: <input type="checkbox"/> New Student <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> 6-12 yrs <input type="checkbox"/> 13-20 yrs <input type="checkbox"/> over 20	Type of Assignment: <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Perm <input type="checkbox"/> Associate <input type="checkbox"/> Associate/Buy in <input type="checkbox"/> Buy in/Partnership <input type="checkbox"/> Purchase Practice
Do you currently have malpractice insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Claims against your malpractice insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so:	Do you have a Resume/CV? If YES please attach. Do have an NPI#? <input type="checkbox"/> Yes <input type="checkbox"/> No If so NPI#	Are you interested in Full time or Part time Employment FULL <input type="checkbox"/> PART <input type="checkbox"/>
May we complete a background / credit check if necessary for Employment? YES <input type="checkbox"/> NO <input type="checkbox"/>	Physical Limitations (if any)	Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>

## EDUCATION

Undergraduate College (Name and Location)	City State	Grade Average	# of years attended	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Minor
Dental College Attended? (Name & Location)	City State	Grade Average	# of years attended	Degree? <input type="checkbox"/> DMD <input type="checkbox"/> DDS		
<u>Residency/Graduate Program Completed</u> (State)		License #	# of years attended			
<u>Advanced Specialty Training?</u> (State)		License #	Exp. Date / / / /			

# DENTAL DYNAMIC STAFFING

## EMPLOYMENT RECORD

<b>From</b> / /	<b>To</b> / /	<b>Present or Most Recent Employer</b>	<b>Job Title</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
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<b>Duties and Accomplishments (List All Product Knowledge)</b>	<b>Name-Position of Immediate Supervisor</b>	<b>Telephone No.</b> ( )
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**Reason for Leaving:**

**May we contact employer for a reference at this time?** YES  NO   
 If YES, state the name under which you were employed – if different from today:

## EMPLOYMENT RECORD

<b>From</b> / /	<b>To</b> / /	<b>Present or Most Recent Employer</b>	<b>Job title</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
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<b>Duties and Accomplishments (List All Product Knowledge)</b>	<b>Name-Position of Immediate Supervisor</b>	<b>Telephone NO.</b> ( )
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**Reason for Leaving**

**May we contact employer for a reference at this time?** YES  NO   
 If YES, state the name under which you were employed – if different from today:

**Do you speak any other languages fluently?**

## REFERENCES

List the names of three co-workers or professional acquaintances that are familiar with your skills, whom we may contact.

Name	Address	Telephone NO. ( )	Occupation	Years Acq.
1.				
2.				
3.				

The Information Presented Herein Is True An Correct To The Best Of My Knowledge

**SIGNATURE**

# DENTAL DYNAMIC STAFFING

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## **APPLICANT'S CERTIFICATE AND RELEASE:**

I certify that all information I have provided in order to apply for employment for Dental Dynamic Staffing (DDS) is true, correct and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect may result in (1) no further consideration of this Application (2) my immediate discharge by Dental Dynamic Staffing when it is discovered.

I authorize Dental Dynamic Staffing to conduct any reference or background checks they deem appropriate. I also authorize DDS to obtain information from employers, public agencies, licensing authorities, educational institutions, or organizations, and to otherwise verify the accuracy of all information provided by me.

I hereby release Dental Dynamic Staffing and its employees, agents and affiliates from any and all liability relating to conducting or obtaining any reference or background checks, including my credit or criminal background history, and the use of such information. I further release all employers, public agencies, licensing authorities, educational institutions, or organizations from all liability in responding to any reference check, credit history, or criminal background inquiries by or on behalf of DDS.

This Application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no employee, agent or representative of Dental Dynamic Staffing is authorized to make any assurances to the contrary unless they are in writing and signed by Dental Dynamic Staffing President or a DDS Recruiter.

I certify that I have read, fully understand, accept and agree to all terms of the foregoing Independent Contractor Agreement.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

# DENTAL DYNAMIC STAFFING

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## HIPPA Privacy Training Module

### INSTRUCTIONS:

Please read pages 1 and 2. If you have questions, call our office {800-551-1777} or email [nicholet@dentaldynamicstaffing.com](mailto:nicholet@dentaldynamicstaffing.com). If there are no questions, please sign the Certification page and return to our office with your application. This training and agreement is required and mandatory.

### 1. What is HIPPA?

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) established a mandatory procedure for enacting federal legislation and regulations to protect, among other things, the privacy of "individually identifiable health information" ("PHI"). HIPPA also established the wrongful use or disclosure of PHI as a felony punishable by civil and criminal penalties.

### 2. What are the HIPPA Privacy Regulations?

The Department of Health and Human Services ("HHS") published the final HIPAA Privacy Regulations ("Regulations") during August 2002. These Regulations, which went into effect on April 14, 2003 for most covered entities, established certain minimum standards that protect the privacy and security of individually identifiable health information ("PHI") from state to state.

### 3. What type of information qualifies as PHI protected by the Privacy Regulations?

Any individually identifiable health information concerning health status, treatment or payment that is transmitted or maintained by a Covered Entity, using any form or medium (i.e., the spoken word, paper documents, facsimiles, electronic transmissions), is protected. Certain education and employer records are excluded.

### 4. Who qualifies as a Covered Entity?

The term "Covered Entity" means any person or entity who qualifies as a (a) health care provider that submits at least one of the "standard" HIPPA transactions electronically (e.g., claim for payment); (b) group health plan; or (c) health care clearinghouse under the Regulations. For purposes of Dental Dynamic Staffing assignments, our client(s) qualify as a covered entity under the final Regulations.

### 5. Under what circumstances will these Regulations apply to Dental Dynamic Staffing personnel working for one of our clients?

Dental Dynamic Staffing qualifies as a "Business Associate" to our dental offices/clients under the Regulations because our personnel will be expected to use and disclose PHI in providing patient care or other related services for or on behalf of our clients.

### 6. What requirements apply to Dental Dynamic Staffing personnel under the Regulations?

All Dental Dynamic Staffing personnel must review this "HIPPA Privacy Training Module" and sign and return the Certification Form to Dental Dynamic Staffing prior to being scheduled for any assignments. All Dental Dynamic Staffing personnel will also be expected to participate in specific HIPPA training conducted by the client(s) for whom personnel are scheduled to provide services. Finally, all Dental Dynamic Staffing personnel must remember that, at all times, they must: (i) Not use or disclose PHI, except as permitted by contract or required by law or regulation; (ii) Maintain appropriate safeguards to prevent misuse and inappropriate disclosure of PHI; and (iii) Report unauthorized uses or disclosures of PHI to the particular health care client and Dental Dynamic Staffing staff.

### 7. What types of civil and criminal penalties can be imposed for noncompliance?

Penalties for non-compliance resulting in misuse or wrongful disclosure of PHI are as follows:

- a. Civil money penalties of \$100 per incident, up to \$25,000 per person, per year, per standard; and
- b. Federal criminal penalties of up to \$50,000 and one year in prison for improperly obtaining or disclosing PHI; up to \$100,000 and up to five years in prison for obtaining PHI under "false pretenses;" up to \$250,000 and up to 10 years in prison for obtaining or disclosing PHI with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

# DENTAL DYNAMIC STAFFING

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## DENTAL DYNAMIC STAFFING HIPPA PRIVACY PERSONNEL CERTIFICATION

I hereby acknowledge and agree that as a condition of my employment with Dental Dynamic Staffing:

- 1) I have reviewed the HIPPA Training Module in full.
- 2) I agree to maintain the confidentiality of any and all protected health information ("PHI") of patients that I may access, use or disclose while providing services at one or more health care facilities as an employee of Dental Dynamic Staffing, even after my employment relationship has terminated or otherwise expired.
- 3) I understand that if I fail to maintain the confidentiality of PHI of our patients:
  - a. I am at risk of disciplinary or other corrective action by Dental Dynamic Staffing, up to and including termination of my employment.
  - b. I may be personally at risk of civil or criminal penalties pursuant to applicable laws and regulations, including but not limited to the Health Information Portability and Accountability Act of 1996 ("HIPPA") and certain privacy and security regulations declared there under.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# DENTAL DYNAMIC STAFFING

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## **INDEPENDENT CONTRACTOR AGREEMENT**

**THIS AGREEMENT**, made as of the \_\_\_ day of \_\_\_\_\_, 20\_\_ between Dental Dynamic Staffing, LLC., an Ohio corporation (hereinafter referred to as "DDS"), and \_\_\_\_\_ (hereinafter referred to as "Contractor").

**WHEREAS**, DDS is in the business of providing business consulting to companies all across the United States;

**WHEREAS**, through and on account of DDS, Contractor may become familiar with and possessed of confidential information of and pertaining to DDS's business and customers; and

**WHEREAS**, DDS desires to be protected against the possibility of Contractor entering into competition with DDS.

**NOW, THEREFORE**, for good and valuable consideration, the receipt and adequacy of which is acknowledged by the parties, the parties agree as follows:

1. **Engagement.** DDS hereby subcontracts with Contractor and Contractor hereby accepts the engagement from DDS. The nature and extent of the duties of Contractor shall be as separately agreed by the parties based on each specific client assignment. As separately agreed by the parties, the term of this engagement hereunder shall commence on the date hereof and continue until terminated by either party.

2. **Independent Contractor Status.** In the performance of the work, duties and obligations devolving upon Contractor under the terms of this agreement, it is mutually understood and agreed that Contractor is and at all times will be acting and performing as an independent contractor. DDS shall neither have nor exercise any control or direction over the methods by which Contractor agrees that said services, duties and obligations at all times shall be performed in strict accordance with currently accepted methods and practices; the sole interest and responsibility of DDS being to ensure that the services covered by this Agreement shall be performed and rendered in a competent, efficient and satisfactory manner. Contractor understands and agrees that: (a) contractor shall not be treated as an employee of DDS for federal or state tax purposes; (b) DDS will not withhold on behalf of Contractor any sums for income tax, unemployment insurance, social security, or any other withholding pursuant to any law or requirement of any governmental body relating to Contractor or make available to him, her or it any of the benefits afforded to employees of DDS; (c) all such payments, withholdings and benefits, if any, are the sole responsibility of Contractor; and (d) Contractor shall indemnify and hold DDS harmless from any and all loss or liability arising with respect to such payments, withholdings and benefits, if any. Contractor agrees to cooperate fully in any federal or state audit which relates to the rendering of services under this Agreement.

3. **Noncompetition by Contractor.**

a. **Covenant.** During the term of this Agreement and for a period of two years immediately following the end of the term of this Agreement for whatever reason, Contractor shall not, for compensation or otherwise, either for himself, herself or itself, or on account of any other person or entity, directly or indirectly, solicit, call upon, divert or take away, contract with or be employed by any current or past client of DDS which relationship involves services competitive with those of DDS or its affiliates.

b. **Definitions.** For purposes of this Section:

(1) Contractor shall be deemed as being "directly or indirectly" engaged in a competitive business if he, she or it becomes: (a) An employee, agent, contractor, subcontractor, representative, broker, partner, member, shareholder, officer or director thereof; (b) An advisor or consultant thereto; or (c) An investor who has made a loan thereto, contributed to the capital thereof or expended any money for the purchase of stock therein;

(2) Contractor shall be deemed to be providing service competitive with DDS if he, she or it provides services related to business consulting; and

(3) The market area of DDS is deemed to be the State of Ohio as well as other markets as defined by DDS.

# DENTAL DYNAMIC STAFFING

## INDEPENDENT CONTRACTOR AGREEMENT (continued)

4. Confidential Information. Contractor recognizes and acknowledges that DDS is engaged in the business of business consulting. The list of the contacts, customers, clientele and prospects of DDS, all contracts, forms, price lists, financial cost information, and other confidential and privileged information and material of DDS related to, or developed or conceived in connection with the business of DDS, as it may exist from time to time, are valuable, special and unique assets and trade secrets of the business of DDS and as such are proprietary and confidential information (herein referred to as "Trade Secrets"). Contractor shall not, during or after the term of his or her employment, disclose any Trade Secret or any part thereof to any person or entity for any reason or purpose whatsoever except in the ordinary course of business of DDS. Maintenance and preservation of the confidentiality of the Trade Secrets are essential to the success and profitability of DDS and the unauthorized use or disclosure of all or any part of the Trade Secrets would cause substantial and irreparable injury to DDS.

5. Injunctive Relief. Contractor acknowledges that any breach or threatened breach on his or her part of any term or provision of Sections 3 or 4, above, will be likely to cause such damage to DDS as will be irreparable or impossible of ascertainment and, as such, DDS shall be entitled to injunctive relief to restrain any such breach or threatened breach. In the event Contractor breaches this Agreement, (i) the obligation of DDS to pay compensation shall be suspended for the duration of such breach and (ii) DDS may offset any amounts due or to become due to Contractor by an amount equal to the damages suffered by Buyer as the result of such breach. In the event DDS engages counsel to enforce Sections 3 or 4, or any provisions of this Agreement, DDS shall be entitled to recover attorney's fees and expenses, court costs and litigation expenses from Contractor.

6. Invalidity. If any clause or provision of this Agreement or the applicability of any such clause or provision to a specific situation shall be invalid or unenforceable, such clause or provision only shall be modified to the minimum extent necessary to make it or its application valid and enforceable, and the validity and enforceability of all other clauses and provisions of this Agreement and other applications of any such clause or provision shall not be affected thereby, and this Agreement shall otherwise remain operative and in full force and effect.

7. Assignability. Each and all of the obligations, terms, covenants, provisions and restrictions of this Agreement shall inure to the benefit of and be binding upon and enforceable against both Contractor and DDS, as the case may require, and their respective heirs, personal representatives, successors and assigns. However, neither this Agreement nor any rights hereunder nor proceeds hereof are assignable or delegable by Contractor.

8. Governing Law. The laws of the State of Ohio shall govern the validity, enforcement and interpretation of this Agreement and venue for any action related to this Agreement or the employment relationship shall exist only in the Circuit Court of Cuyahoga County, Ohio.

**IN WITNESS WHEREOF**, the parties hereto have duly executed this Agreement as of the day and year first above written.

**DENTAL DYNAMIC STAFFING, LLC.**

Signed by Independent Contractor \_\_\_\_\_

date: \_\_\_/\_\_\_/\_\_\_

Signed by DDS \_\_\_\_\_  
**Nichole Tsirigotakis, President of Dental Dynamic Staffing, LLC**

date: \_\_\_/\_\_\_/\_\_\_

# DENTAL DYNAMIC STAFFING

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

How Many Operatories can Dr. run: \_\_\_\_\_

PROCEDURE (Suggested Patient Chair Time)	Dentist Time
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RESTORATIVE PROCEDURES	
One Surface Amalgam	
Two Surface Amalgam	
Three or more Surface Amalgam	
One Surface Anterior Composite	
Two Surface Anterior Composite	
Three plus Surface Anterior Composite	
One Surface Posterior Composite	
Two Surface Posterior Composite	
Three plus Surface Posterior Composite	
Can you work with an EFDA	<input type="checkbox"/> Yes <input type="checkbox"/> No

CROWN & BRIDGE PROCEDURES	
One Crown	
Two Crowns	
Three plus Crowns	
Post, Prefab and/or Crown Buildup	
Seat Crown	
Re-cement Crown	
3 Unit Bridge	
4 Unit Bridge	
Seat Bridge	
Able to use the CEREC OR E4D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to complete implant restoration procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to use Nitrous	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULING GUIDELINES	
ABLE TO DOUBLE BOOK THE FOLLOWING:	
DO NOT DOUBLE BOOK THE FOLLOWING:	

PROCEDURE (Suggested Patient Chair Time)	Dentist Time
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ENDODONTIC PROCEDURES	
Start Anterior Root Canal	
Finish Anterior Root Canal	
One Visit Anterior/ Bicuspid Root Canal	
Start Molar Root Canal	
Finish Molar Root Canal	
One visit Molar Root Canal	

DENTURE or PARTIAL PROCEDURES	
Denture Preliminary Consultation and Impressions	
Wax Bite Record and Shade	
Denture Try-In	
Denture Seating	
Denture Adjustment	
Denture Reline	
Denture Repair	

SURGICAL PROCEDURES	
Extraction	
Additional Extractions	
Surgical Extraction	

PEDIATRIC	
Will complete limited pediatric procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROCEDURES LOCUM TENENS PREFER NOT TO DO	
Comments:	

SCHEDULING HYGIENE GUIDELINES	
New Patient Prophylaxis/Exams:	
Schedule 30 minutes prior to Hygienist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schedule 30 minutes after Hygienist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schedule Hygienist only. No Doctor time req'd	
Comments:	