

**Hygiene Department Summary Form**

1.     **Statistics**                     **Year** \_\_\_\_\_             **Calendar Quarter** \_\_\_\_\_

In the last calendar year in your hygiene dept.:    % D1110 \_\_\_\_\_  
  % D4910 \_\_\_\_\_  
  % D4341 \_\_\_\_\_

2.     **Procedures**

List the procedures you will commonly perform in your hygiene dept.:

\_\_\_\_\_

\_\_\_\_\_

(Attach a list of the services that will be provided for each procedure.)

3.     **Time Allotments**

What time allotment will be scheduled for each procedure Including non-clinical time for the hygienist?

\_\_\_\_\_

\_\_\_\_\_

4.     **Fees**

What fee will you charge for each procedure?

\_\_\_\_\_

\_\_\_\_\_

5.     **Safety and Staff Support**

How will you maximize safety for all concerned in your hygiene department? How will staff support be utilized?

\_\_\_\_\_

\_\_\_\_\_

6.     **Production Goals and Scheduling Strategy**

What daily production goal will you set per hygienist? \_\_\_\_\_  
What timeline will you use to transition from your current production to your goal?

\_\_\_\_\_

(Attach an example of an ideal daily schedule utilizing the block scheduling strategy.)