



DENTAL SKILLS SHEET

3691 Old Yorktown Road Shrub Oak, NY 10588 (914) 245-3200 Fax (914) 245-3888

Name: _____

Date: _____

DENTAL BUSINESS SKILLS

Answer Phones	YES	NO
Schedule Patients	YES	NO
Collect & Post Payments	YES	NO
Recalls	YES	NO
Billing	YES	NO
Insurance Claims	YES	NO
EOB's	YES	NO
E-Claims	YES	NO
Accts Rec/Pay	YES	NO
Payment Plans	YES	NO
Collections	YES	NO
Treatment Planning/Financial Arrangements	YES	NO
Computer Software:		
Quickbooks	YES	NO
Dentrix	YES	NO
Softdent	YES	NO
EZ Dental	YES	NO
EagleSoft	YES	NO
Microsoft Office		
Word	YES	NO
Excel	YES	NO
PowerPoint	YES	NO
Access	YES	NO

Other: _____

Management Skills:

Staff Scheduling	YES	NO
Supervision	YES	NO
# Employees:	_____	
Payroll	YES	NO

DENTAL HYGIENE (Check all that apply)

Sealants	_____
Prophylaxis	_____
Root Planing	_____
Scaling	_____
Hand Scaling	_____
Exam Charting	_____
Oral Hygiene Instruction	_____
Intra-Oral Camera	_____
Perio Probing	_____
Head, Neck and Oral Screening	_____
Velscope	_____
Fluoride Treatments	_____
Soft Tissue Management	_____
Nutritional Counseling	_____
Blood Pressure	_____
Medical History	_____
Bleaching/Whitening Program	_____
Name of Program	_____

Anesthesia Certification (*Please attach copy*)

Exp.Date: _____ Cert #/State: _____

DENTAL CLINICAL SKILLS

Take, Develop, Mount and Copy X-rays:		
Cephs (Ortho)	YES	NO
Panoramic	YES	NO
FMS	YES	NO
Bitewings	YES	NO
Periapicals	YES	NO
Digital	YES	NO
Circle: Dentrix, Dexis, Shick, Other: _____		
Auto Developing	YES	NO
Tank Developing	YES	NO
Orthodontics	#YRS	_____
Periodontics	#YRS	_____
Endodontics	#YRS	_____
Pediatrics	#YRS	_____
Implants	#YRS	_____
Oral Surgery	#YRS	_____
Prostodontics	#YRS	_____
General	#YRS	_____
Other	#YRS	_____
Autoclave Sterilization	YES	NO
Chemical Sterilization	YES	NO
4-Handed Assisting	YES	NO
Surgical Assisting	YES	NO
Postoperative Instruction	YES	NO
Mix Materials - Composite	YES	NO
Mix Materials - Alginates	YES	NO
Take Impressions	YES	NO
Pour Models	YES	NO
Temporary Crown Prep	YES	NO
Rubber Dams	YES	NO
Mouth Guards	YES	NO
Fabricating Custom Trays	YES	NO
Inventory/Ordering	YES	NO

BLEACHING/WHITENING PROGRAM

Name of Programs: _____		
Bleaching Tray Prep	YES	NO

PERIO MAINTENANCE

Perio Probing/Charting	YES	NO
Arestin	YES	NO
Atridox	YES	NO
Other:	_____	

EQUIPMENT USE

ProphyJet	YES	NO
Cavitron	YES	NO
Florida Probe	YES	NO
Diagnadent	YES	NO
Perioscopy	YES	NO
Other:	_____	

OTHER

CPR	YES	NO
Bilingual	YES	NO
Language(s):	_____	