



P.O. Box 1749 · Nokomis, FL 34274

Phone (941) 480-9440 · Fax (941) 412-9660

The best solutions to simplify orthodontic tasks are achieved when teams examine "the way it's always been done" and modify systems to provide excellence while working smart

**Staff Information and Goals:** Please have all staff members complete the following information and Fax to: (941) 412-9660

- Please identify any information you would like to be kept confidential. Office Name: \_\_\_\_\_

Name: \_\_\_\_\_ Office Position: \_\_\_\_\_

Full time  Part time \_\_\_\_\_ Hours per week # of years in Orthodontics \_\_\_\_\_ # of years with this practice \_\_\_\_\_

**What do you like about your career?**

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**What about your career do you find frustrating?**

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**Identify 3 tasks that you are responsible for that you feel require too much time to complete.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Identify 3 tasks that other team members are responsible for that you feel might benefit from more efficient systems.**

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Where do you see yourself 3 years from now?**

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**Comments**

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**Practice Information and Goals:** Information for the doctor to fill out and Fax to (941) 412-9660

Number of offices: \_\_\_\_\_ Name(s) of office(s): \_\_\_\_\_

Number of doctors: \_\_\_\_\_ Names of doctor(s) \_\_\_\_\_

Number of full time staff: \_\_\_\_\_ Number of part time staff: \_\_\_\_\_

**1. What are your goals for the scheduled visit to your office?**

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**2. What are your professional goals?**

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**3. What are your scheduling goals:**

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**4. Which systems in place now do you feel are not as efficient as you would like to see them?**

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# of computers in Office \_\_\_\_\_ Operating system \_\_\_\_\_ Satellite \_\_\_\_\_

Viewpoint Orthosesame  T-Link MS Word Imaging \_\_\_\_\_ Camera \_\_\_\_\_

Ceph Tracing Treatment Chart QuickBooks IACT OrthoMation Housecalls

Other \_\_\_\_\_

**5. Planned office and or computer updates:**

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**6. Comments:**

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	<b>Employee Name</b>	<b>Position</b>	<b>Strengths</b>	<b>Weaknesses</b>	<b>Your Goals for this employee</b>
1					
2					
3					
4					
5					
6					
7					
8					



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3/6/2006



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Send me a copy of:

1. Patient chart
2. Patient health history form
3. Letter to Patient following exam
4. Letter to DDS following exam
5. Letter detailing treatment recommendations
6. Accounts receivable report
7. Insurance detail report
8. Missed appointment list
9. Recall list past and future
10. Patient handouts
11. Completed excel spreadsheet
12. Patient Hours/chairs/resources