

Dental Inventory Management Checklist: Supplies & Ordering

 Show only Checklist

Display Style
Default 

Initial Stock Levels

Assess current quantities of essential dental supplies and orderable items. Determine reorder points.

Current Quantity - Impression Materials

Enter a number...

Reorder Point - Nitrile Gloves

Enter a number...



Quantity on Hand - Amalgam Tabs

Preferred Vendor - Restoratives

☐ Vendor A☐ Vendor B☐ Vendor C

Current Quantity - Handpieces

Date of Last Inventory Count

Weekly Order Review

Review weekly usage reports and adjust order quantities accordingly. Identify slow-moving or expired items.

Handpiece Quantity Used (Week)

Impression Materials Usage (g)

Enter a number...

Amalgam Capsule Usage (Capsules)

Enter a number...

Any Supply Shortages Noted?

☐ Yes

☐ No

Notes on Usage Trends or Concerns

Write something...

Materials Needing Prioritized Reordering

☐ Composite Resin

☐ Prophylactic Paste

☐ Endo Files

☐ Gloves

Date of Weekly Review

Enter date...

Order Placement & Tracking

Confirm accurate order placement with vendors, track shipments, and verify delivery.

Order Date

Enter date...

Order Number

Enter a number...

Vendor

☐ Henry Schein

☐ Burgeon Group

☐ McCormick Dental Supply

☐ Other

Shipping Method

☐ Standard

☐ Express

☐ Ground

Tracking Number

Enter a number...

Estimated Delivery Date

Enter date...

Order Notes

Write something...

Receiving & Inspection

Inspect received goods for accuracy, quality, and expiration dates. Document any discrepancies.

Quantity Received

Enter a number...

Order Accuracy

- ☐ Correct
- ☐ Incorrect

Product Condition

- ☐ Excellent
- ☐ Good
- ☐ Damaged

Receipt Date

Enter date...

Comments/Notes (e.g., damage details)

Write something...

Lot Number (if applicable)

Enter a number...

Expiration Date Verification

- ☐ Verified
- ☐ Not Verified

Storage & Organization

Maintain organized storage areas. Rotate stock (FIFO - First In, First Out). Ensure proper temperature and humidity.

Shelf Capacity (linear feet)

Enter a number...

Storage Conditions Met?

☐ Temperature Controlled

☐ Humidity Controlled

☐ Clean and Dry

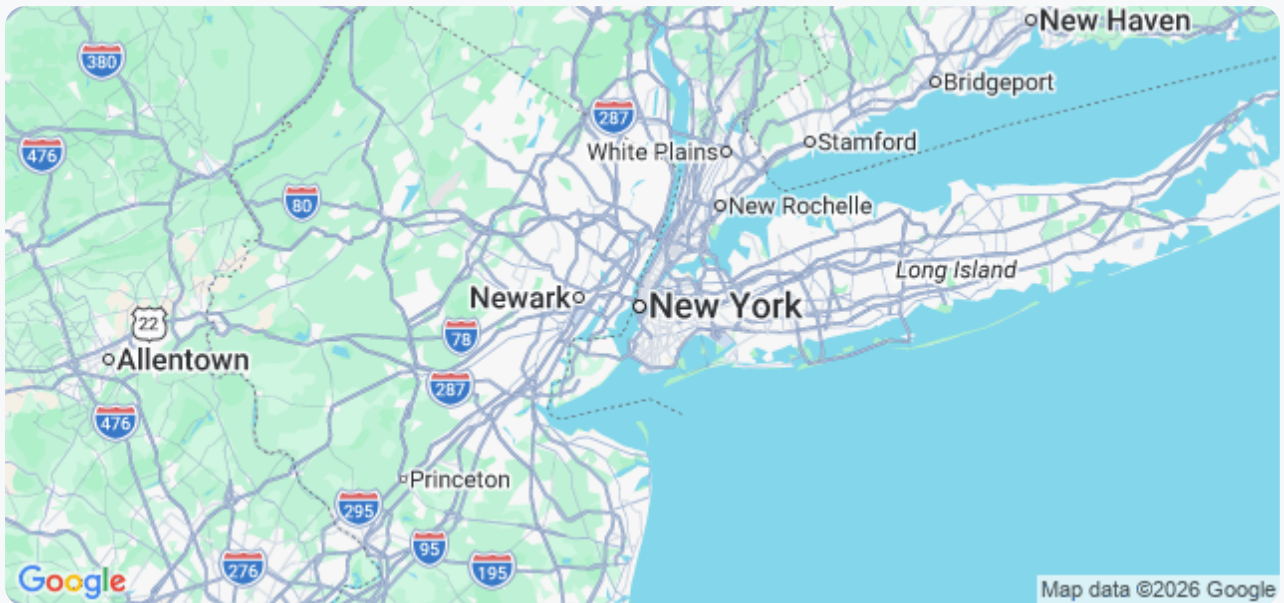
☐ Secure from pests

Labeling System Description

Write something...

Emergency Supply Location

 [Set My Current Location](#)



Organization Method Used?

- ☐ Categorized by Type
- ☐ Alphabetical Order
- ☐ FIFO (First In, First Out)
- ☐ By Frequency of Use

Notes on Storage Arrangement

Write something...

Expiration Date Monitoring

Regularly check expiration dates and remove expired items. Establish a system for tracking expiration dates.

Item Expiration Date

Action Taken (Expired)

- ☐ Removed from Inventory
- ☐ Returned to Vendor
- ☐ Used Immediately

Lot Number (if applicable)

Quantity Expired

Notes/Comments

Date of Expiration Check

Vendor Management

Review vendor performance, pricing, and lead times. Maintain vendor contact information.

Primary Dental Supply Vendor

- ☐ Henry Schein
- ☐ Burgeon Group
- ☐ McConnell & Kennedy
- ☐ Ameridant
- ☐ Other

Vendor Account Number

Vendor Contact Name

Vendor Contact Phone Number

Vendor Contact Email Address

Last Price Negotiation Date

Enter date...

Vendor Performance Rating (1-5)

- ☐ 1 - Poor
- ☐ 2 - Fair
- ☐ 3 - Average
- ☐ 4 - Good
- ☐ 5 - Excellent

Notes on Vendor Relationship/Performance

Write something...

Inventory Adjustments & Reconciliation

Periodically reconcile physical inventory with recorded quantities. Investigate and document discrepancies.

Quantity Discrepancy (Positive/Negative)

Enter a number...

Reason for Adjustment (e.g., Damage, Theft, Clerical Error)

Write something...

Adjustment Type

- ☐ Addition
- ☐ Subtraction
- ☐ Correction

Adjustment Date

Enter date...

Adjustment Time

Enter time...

Detailed Explanation (Optional)

Write something...

Authorized Signature