



Dental Office Operations Checklist Template

Patient Scheduling & Reception

Ensuring efficient appointment flow and patient communication.

Daily Appointment Book Review Date

Number of New Patients Scheduled Today

Number of Existing Patients Scheduled Today

Confirm Daily Greeting Script Followed?

Yes

No

N/A

Verify Waitlist Protocol Followed?

- Yes
- No
- N/A

Time of Daily Reception Area Cleanliness Check

Notes on any Scheduling Issues or Patient Concerns

Write something...

Clinical Procedures & Sterilization

Verifying adherence to infection control protocols and clinical best practices.

Last Instrument Tray Sterilization Date

Enter date...

Autoclave Cycle Count

Enter a number...

Autoclave Validation Method Used

- Biological Indicator
- Chemical Indicator
- Physical Indicator

Surface Disinfection Protocol Followed

- EPA-Registered Disinfectant A
- EPA-Registered Disinfectant B
- Facility Standard Protocol

Notes on Autoclave Performance or Issues

Write something...

Personal Protective Equipment (PPE) Checklist

- Gloves
- Mask
- Gown
- Eye Protection

Last Waterline Flushing Date

Enter date...

Record any unusual observations during sterilization process

Write something...

Inventory Management & Ordering

Maintaining adequate supplies and managing stock levels.

Current Quantity: Nitrous Oxide

Enter a number...

Minimum Stock Level: Impression Materials

Enter a number...

Last Order Date: Disposable Gloves

Enter date...

Units to Order: Syringes (Size 3ml)

Enter a number...

Preferred Supplier: Local Dental Supply Company

- Supplier A
- Supplier B
- Supplier C

Notes on Specific Needs or Requests for Next Order

Write something...

Order Status

- Not Placed
- Placed
- Received
- Backordered

Quantity: Amalgam Tablets

Enter a number...

Equipment Maintenance & Calibration

Tracking maintenance schedules and ensuring equipment functionality.

Last X-Ray Machine Calibration Date

Enter date...

X-Ray Machine Exposure Settings (mA, kVp, Time)

Enter a number...

Last Ultrasonic Scaler Maintenance

Enter date...

Notes from Ultrasonic Scaler Maintenance (e.g., repairs, adjustments)

Write something...

Autoclave Validation & Testing Date

Enter date...

Autoclave Validation Test Results (e.g., spore tests)

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Dental Handpiece RPM Test Result

Enter a number...

Handpiece Lubrication Status

Lubricated

Not Lubricated

Financial & Billing Procedures

Confirming accurate billing, insurance claims, and payment processing.

Number of Claims Submitted

Enter a number...

Number of Claims Denied

Enter a number...

Amount of Patient Balances

Enter a number...

Payment Processing Method Verified?

Credit/Debit Card

Check

Cash

Other

Last Insurance Verification Date

Enter date...

Notes on any billing discrepancies

Write something...

EHR/Billing System Backup Completed?

Yes

No

Total Outstanding Patient Balances

Enter a number...

Regulatory Compliance & Safety

Addressing HIPAA, OSHA, and other relevant regulations.

Last HIPAA Training Completion Date

Enter date...

Fire Extinguisher Inspection Frequency (Months)

Enter a number...

OSHA Compliance Status

- Compliant
- Needs Improvement
- Not Compliant

Safety Hazards Identified (Check all that apply)

- Slippery Floors
- Inadequate Lighting
- Electrical Hazards
- Sharp Objects
- Poor Ventilation

Emergency Action Plan Document

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Last Medical Gas Cylinder Inspection Date

Enter date...

Record of Recent Safety Incident & Corrective Actions

Write something...

Radiation Safety Program Status

- Active
- Under Review
- Suspended

Patient Communication & Records

Managing patient correspondence, consent forms, and medical records.

Last Patient Communication Log Review Date

Enter date...

Summary of Patient Feedback (Recent Reviews/Complaints)

Write something...

HIPAA Training Confirmation Status (All Staff)

- Complete
- In Progress
- Needs Completion

Patient Consent Forms (Sample)

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Number of Patient Communication Logs Reviewed This Period

Enter a number...

Date of Last Patient Privacy Policy Update

Enter date...

Notes on Patient Communication Challenges/Improvements

Write something...

Staff Training & Performance

Tracking training completion and evaluating staff performance.

Last HIPAA Training Completion Date

Enter date...

Last OSHA Compliance Training Date

Enter date...

Number of Continuing Education Credits Completed (Past Year)

Enter a number...

Areas of Expertise/Training (Select All That Apply)

- Dental Assisting
- Dental Hygiene
- Dentistry (General)
- Endodontics
- Oral Surgery
- Pediatric Dentistry
- Radiology
- Infection Control

Summary of Recent Performance Review Feedback

Write something...

Current Performance Level

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Copy of Certification/License (if applicable)

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Office Security & Emergency Preparedness

Maintaining a safe and secure environment for patients and staff.

Last Security System Inspection Date

Enter date...

Fire Extinguisher Inspection Frequency (Months)

Enter a number...

Emergency Procedures Posted?

- Yes - Clearly Visible
- Yes - Posted Electronically
- No

Briefly describe emergency contact list distribution

Write something...

Last First Aid Kit Restock Date

Enter date...

Building Security Protocol

- Keypad Entry
- Receptionist Screening
- Security Cameras
- None

Copy of Emergency Action Plan

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Marketing & Patient Retention

Monitoring marketing efforts and strategies to retain patients.

Number of New Patient Inquiries This Month

Enter a number...

Patient Retention Rate (%), Last Quarter

Enter a number...

Current Marketing Campaign Focus

- Social Media
- Email Marketing
- Referral Program
- Local Advertising
- Website SEO

Summary of Recent Marketing Campaign Performance

Write something...

Date of Last Patient Satisfaction Survey

Enter date...

Marketing Channels Currently Utilized

- Facebook
- Instagram
- Google Ads
- Email Newsletter
- Local Community Events

Notes on Patient Feedback Regarding Marketing

Write something...