



# REQUEST FOR INFORMATION PRACTICE INDICATORS

Practice name: \_\_\_\_\_

	2008	2009
<b>1. Office Production</b>		
<b>2. Office Collection</b>		
<b>3. Accounts Receivable</b>		
<b>4. Doctor Production</b>		
Dr.		
Dr.		
Dr.		
<b>8. Hygiene Production</b>		
<b>9. New Patients</b>		
<b>10. Recall Exams</b>		
<b>11. Dollar Value of Crown &amp; Bridge</b>		
<b>12. Perio done by Hygiene Department</b>		
<b>13. Hours worked by Doctor</b>		
Dr.		
Dr.		
Dr.		
<b>11. Dollar Value of Crown &amp; Bridge</b>		
<b>12. Perio done by Hygiene Department</b>		
<b>10. Hours worked by Doctor</b>		
Dr.		
Dr.		
Dr.		
<b>11. Hours worked by Hygiene</b>		
<b>12. Number of Patients seen by Doctor</b>		

<b>Dr.</b>		
<b>Dr.</b>		
<b>Dr.</b>		
<b>13. Number of Patients seen by Hygiene</b>		
<b>14. Active Patient Count (18 months)</b>		
<b>15. Profit &amp; Loss Report from your Accountant</b>		