

MORNING HUDDLE

Date: _____

FINANCIAL COORDINATOR

Previous Day's Production _____
Previous Day's Collections _____
New Patients _____
Consultation Appointments _____
Pre-Arranged Payments _____

SCHEDULING COORDINATOR

Projected Doctor & Hygiene Production _____
Goal Has Not Been Met _____
Date & Time Available For Major Treatment _____
Patient(s) Interested In Cosmetic Options _____
Potential Bottlenecks _____
Emergency Patient(s) – Best Time _____

DENTAL ASSISTANT(S)

Follow-Up Calls _____
Difficult Patient(s) _____
Incomplete Treatment _____
Patient(s) Interested In Cosmetic Options _____
Potential Bottlenecks _____
Best Times For Emergency Patient(s) _____
Pre-Medicated Patients _____
Times Do Not Disturb Doctor _____

HYGIENIST(S)

Hygiene Patient(s) Require Examinations _____
Incomplete Treatment _____
Possible Cosmetic Patient(s) _____
Potential Bottlenecks _____
Pre-Medicated Patients _____

DOCTOR

Difficult/Challenging Cases _____
Consultations _____
Expected Phone Calls _____
End Meeting w/ Positive Affirmation, Quote, Or Joke _____