

# HYGIENE SCHEDULING SYSTEM CHECKLIST

Practice: \_\_\_\_\_ Date: \_\_\_\_\_  
Prepared by: \_\_\_\_\_

## SECTION A: EARLY WARNING SIGNS

- ☐ All recall patients pre-scheduled
- ☐ Hygiene team trained on scripting
- ☐ 90%+ pre-book goal

## SECTION B: CANCELLATION RESPONSE

- ☐ Maintain "ASAP list"
- ☐ Text/call ready patients
- ☐ Fill within 30 minutes

## SECTION C: PERFORMANCE TRACKING

- ☐ Report filled vs. scheduled hours weekly
- ☐ Review metrics in huddle
- ☐ Celebrate goals achieved

*continued...*

## SECTION D: LEADERSHIP ACCOUNTABILITY

- ☐ Assign schedule coordinator
- ☐ Document recurring issues
- ☐ Report results monthly

## SIGN-OFF

Manager: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

For more forms, SOPs, and training guides,  
join DOMA 🐼 [dentalofficemanagers.com/joindoma](https://dentalofficemanagers.com/joindoma)

This sample form is published by Dental Manager Connect LLC for illustrative purposes only. Your clinical procedures, documentation practices, and associated risks may differ from those described here. We strongly encourage you to adapt this form to fit the unique needs of your practice and your patients. The information provided in this document is not intended to serve as legal advice. Each dental practice presents unique circumstances, and laws or regulations may vary by state. For this reason, we recommend consulting with your attorney before using this or any similar form within your practice. © 2025 Dental Manager Connect LLC. All rights reserved.