Dental Front Desk Training Manual

The whole front desk job in ten chapters and a 30-day plan: phones, the schedule, new patients, recare, check-out, records, privacy, emergencies and the day close.

The front desk job in a general, family or pediatric dental office, written down so the next new hire learns the same desk your best person runs. Ten chapters in the order a new hire meets the job, a 30-day plan, the rule behind every standard, and a scorecard in chair hours and dollars.

297,210

office and administrative support jobs in US dental offices, 28% of all 1,054,930 dental office jobs
BLS OEWS, May 2025

29.7%

of dental front office staff changed employers in 2024, the highest of the five roles reported
DentalPost, 2025 (vendor survey, 3,500+)

25.5% to 74.1%

booking rate on new-patient calls, worst to best staff member with 250+ calls; average 53.1%
Liine, 2024 (vendor data)

How to use this manual

1. Fill the settings page first (page 2) with the dentist and the office manager: hours, phone times, emergency holds and who owns fees, refunds, records and privacy. Every chapter points back to it.
2. Give the new hire one or two chapters a day in the order of the 30-day plan (page 14). Read the chapter together, then do the practice task at the desk with the trainer.
3. Sign off in the companion checklist, not in this manual. Each chapter ends with what the trainer must see before initialing the line in the Dental Front Desk Training Checklist.
4. Keep the word-for-word scripts separate. They live in the free Dental Front Desk Phone Scripts; this manual teaches the standard and the rules behind them.
5. Review it every year and whenever a policy changes. Log each change on the version log (page 17) and keep old versions 6 years with your HIPAA documentation (45 CFR 164.530(j)).

Privacy

This manual holds no patient information and never should. Practice tasks use chart numbers such as #20417, never names, dates of birth or diagnoses. A filled records log (chapter 7) is protected health information: keep it on the practice's secure drive or a cloud account under a business associate agreement, and ask your privacy officer if unsure.

The reasoning behind every chapter, with charts and dated sources, is in the dental front desk training manual guide. Written for 1 to 10 dentist practices.

YOUR OFFICE'S SETTINGS

Fill this in before day 1

The office manager fills this page with the dentist. A new hire who knows these answers can run most of the desk without interrupting anyone.

Practice name	Main phone number
Office hours	Phones live by (time)
After-hours line or answering service	Backup phone line if the system is down
Emergency holds each day (times)	Emergency holds released at (time)
Confirm next-day patients by (time)	Short-notice list owner
Dentist(s)	Hygienist(s) and their chairs
Office manager	Privacy officer (HIPAA)
Answers fee questions beyond the fee list	Approves refunds, voids and adjustments
Handles records requests	Leads in a medical emergency
Evacuation meeting point	AED and emergency kit are kept
Recare intervals the dentist uses	Card on file policy in use (yes or no)

THIS TRAINING

Trainee	Trainer	Backup trainer
Start date	Day 30 sign-off date	Day 90 review date

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What this manual does not cover

Clinical work, the dentist's treatment decisions and the word-for-word phone scripts. Clinical questions from patients go to the dentist or the clinical lead named on the settings page; the scripts are in the companion Dental Front Desk Phone Scripts. Opening and closing the building by role is in the free Dental Office Opening and Closing Checklist.

How each chapter is built

- The standard: what good looks like, in plain steps.
- The rule behind it: the regulation, the ethics rule or our own standard, named so you can tell which is which.
- Practice it, then get it signed: the task to do at the desk and what the trainer must see.

CHAPTER 1

The role and the five numbers

The front desk owns the patient's path from the first call to the next visit. Clinical questions, fees outside the approved fee list and anything you are unsure about go to the person named on the settings page. Asking is part of the job; guessing is not.

Area	You own	You route
Phones	Answering, messages, booking, returning missed calls	Clinical questions to the dentist or clinical lead
The schedule	Booking to the template, confirmations, refilling cancellations	Changes to the template itself, to the dentist
Arrivals and check-out	Forms, the next visit, payment for the visit, receipts	Fee questions and refunds, to the people on the settings page
Recare	Booking in the chair, working the unscheduled list	The interval: the dentist sets it in the chart
Records requests	Intake, the identity check, the log and the due date	The release itself, to the records person
Privacy at the desk	The desk rules in chapter 8	A possible incident, to the privacy officer the same day

The five numbers this seat owns

Number	How to count it	Benchmark	Your target
1. New-patient calls booked	Booked divided by new-patient calls, one full week	53.1% average staff rate; best staff 74.1% (Liine, 2024, vendor)	
2. Hygiene patients reappointed	Left with a next visit divided by hygiene patients seen	63% in 2025, 60% in 2024 (Planet DDS, 2026, vendor)	
3. Cancellations refilled	Refilled divided by cancellations	No public benchmark: track your own	
4. Missed calls returned within the hour	Returned in 60 minutes divided by missed calls	Our standard: all of them	
5. Day close balanced	Days the money close matched divided by days open	Our standard: every day	

Practice it, then get it signed

Practice: Pull last month's five numbers with the office manager and write them on the scorecard (page 16). Signed off when: you can explain each number, where it comes from and who to ask about each area. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 2

Phones

Most new patients meet the practice on the phone first: 72.9% of first contacts in Liine's 2023 dental sample were calls, 27.1% online forms (Liine, 2024, vendor data, nearly 50,000 leads). The standard below is the same on every call, whoever answers.

Moment	The standard	Rule or reason
Ring	Answer by the third ring. If you are with a patient, the backup picks up.	Our standard
Greeting	"Good morning, [[Practice]], this is [[your name]]. How can I help?" Same words every call.	Our standard
Identity	Before any detail about an existing patient, confirm two identifiers: full name and date of birth.	45 CFR 164.514(h): check identity and authority when not known
Hold	Ask, wait for a yes, and come back within 60 seconds with an update.	Our standard
Transfer	Say who you are transferring to and why; stay on until they answer.	Our standard
Message	Name, callback number, reason, best time, urgency. Read it back.	Our standard
Voicemail	Office name, your name, callback number and what is needed to confirm a visit. Nothing clinical.	HHS OCR FAQ, reviewed Dec 28, 2022: limit what is disclosed
Missed calls	Returned within the hour, oldest first.	Our standard

Where each call goes

The caller wants	Do this	Script in the companion pack
To become a patient	Book on this call: offer two specific times	Script 1
A hygiene visit	Book at the interval written in the chart	Script 2
To reschedule or cancel	Offer the next two openings on this call, then the short-notice list	Scripts 3 and 4
Help with pain, swelling, bleeding or an injury	Route by the emergency card the dentist signed. Never judge urgency yourself.	Script 7
To know what something costs	Give the fee from the fee list the dentist approved for that visit; anything else goes to the fee person	Chapter 6
Records or x-rays	Take the request into the records log (chapter 7)	Chapter 7
To complain	Listen, summarize, offer the office manager the same day	Script 9
To sell something	Take a message for the office manager	None

Why the gap between callers is a training problem

Among staff who answered more than 250 new-patient calls, booking rates ran from 25.5% to 74.1%, with an average of 53.1%. Liine writes that the smooth curve "seems to indicate that skill and training can have a significant impact on the number of booked appointments" (Liine, 2024, vendor data). Four of its reasons a caller did not book are trainable:

Reason not booked	Share	What the trained desk does
Caller procrastination	17.6%	Offers two specific times and books now; a callback is a fallback, not the plan
Scheduling issue	12.0%	Tells the office manager which visit type had no time: that is a template fix
Staff took a message	7.1%	Books on the call; a message is only for questions the desk cannot answer
Dropped call or hung up	6.0%	Calls back within the hour

> **Practice it, then get it signed**
>
> Practice: answer 10 calls with the trainer listening, then log each: type, outcome, one fix. Signed off when: 10 observed calls meet every line of the call standard. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 3

Scheduling and the schedule template

The dentist decides which time goes to which kind of visit. The desk fills the schedule to that template, so the long visits, the new patients and the emergencies each have a home and the day runs as planned.

A sample template

Time	Chair 1, dentist	Chair 2, dentist	Chair 3, hygiene
8:00	Long treatment block (90 minutes)	New patient exam and x-rays	Recare visit
9:00	Long treatment, continued	Short treatment	Recare visit
10:00	Short treatment	Emergency hold	Periodontal maintenance
11:00	Short treatment	Short treatment	Recare visit
12:00	Lunch	Lunch	Lunch
1:00	Long treatment block (90 minutes)	New patient exam and x-rays	Recare visit
2:00	Long treatment, continued	Emergency hold	New patient cleaning
3:00	Short treatment	Short treatment	Child recare (after school)
4:00	Short follow-up visits	Short treatment	Child recare (after school)

Illustrative: one dentist working two chairs and one hygienist. Your dentist sets the blocks, their lengths and the release times on the settings page.

The booking rules

- Book each visit type only into its own block. Outside a block, ask the person the dentist named; never squeeze.
- Hold the emergency blocks until the release time on the settings page, then offer them to the short-notice list.
- Never double-book a chair unless the dentist's written rule allows it for that visit type.
- Cancellation: offer the next two openings on the same call, then work the short-notice list within the hour.
- Confirm the next business day's patients by the time on the settings page. A patient you cannot reach is raised at the huddle, not removed.
- If the first new-patient opening is more than two weeks out, tell the office manager: the template may need more new-patient blocks.

Why it matters: across 8,500+ practices on the Planet DDS platform, cancellations ran at 12.9% in 2025 against 6.9% for no-shows (Planet DDS, 2026, vendor platform data), so most empty chair time starts as a cancellation the desk can refill. Demand is softer than it was: 38% of dentists said they were not busy enough in Q3 2026, and new patients waited 12.0 days on average for a first visit (ADA Health Policy Institute, Q3 2026).

> **Practice it, then get it signed**
> Practice: build tomorrow's schedule from the template with the trainer, and refill one cancellation from the short-notice list. Signed off when: 10 visits are booked into the right blocks without help and the dentist accepts a day you built. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 4

New patients

A new patient should be booked on the first call and fully ready before they arrive: forms in, a chart number made and the visit in a new-patient block.

From the first call to the first visit

1. Offer two specific times from the new-patient blocks. Book on the call.
2. Collect what the visit needs: name and callback number, how they heard of you, the reason for the visit in their own words, preferred days and times, and for a child the parent or guardian's name.
3. If asked what the first visit costs, give the fee from the fee list the dentist approved for that visit. Anything else goes to the fee person on the settings page.
4. Send the forms link and directions the same day, and ask the patient to bring a photo ID, their list of medicines and any recent x-rays from a previous dentist (the office can request them with the patient's signed request).
5. Before the day: forms received, chart number created, visit confirmed by the set time.

6 **On arrival: greet by name, check the photo ID, give the Notice of Privacy Practices and ask for the signed acknowledgment (45 CFR 164.520(c)(2)(ii); the acknowledgment requirement ends Jul 17, 2027 under the final rule published Nov 19, 2026), and seat on time.**

Children and consent

Who may consent for a minor depends on your state's law and your office policy. The office manager keeps the list; when a grandparent, sitter or step-parent brings a child, check it before the visit, not at the chair.

Practice it, then get it signed

Practice: book two role-played new-patient calls and prepare one real new patient's visit (chart number only) with the trainer. Signed off when: both calls end in a booked visit and the new patient's file is complete the day before. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 5

Recare

Recare brings patients back at the interval the dentist wrote in the chart. The desk never chooses the interval and never turns a recare message into a sale: it books the visit the dentist set.

In 2025, 63% of hygiene patients across the Planet DDS platform left with their next visit booked, up from 60% a year earlier (Planet DDS, 2026, vendor platform data). Every patient who leaves without one joins a list somebody has to work.

- Book in the chair. Before the patient stands up, offer two times at the interval in the chart.
- Work the unscheduled list every week: patients due with no visit booked. Our standard: three touches over about six weeks (letter, text, call), logged.
- Work the overdue list every month: patients past their due date. Letters for both lists are in the free Dental Recare Letter Templates.
- Text only numbers patients gave you and agreed to receive texts at; voicemails carry the office name and callback number only.
- Children: after-school blocks fill first; book them three to four weeks ahead of the due date.

Outcome code	Use it when	Next step
B	Booked	Remove from the list
LM	Left a message	Next touch in 2 weeks
NR	No reply after three touches	Office manager decides: inactive or keep
ST	Asked you to stop	Stop all recare messages; note it in the chart
MV	Moved or chose another dentist	Mark inactive; route any records request to chapter 7
WN	Wrong number	Update from the chart or the patient's next contact

Practice it, then get it signed

Practice: work 20 chart numbers from the unscheduled list with the trainer and code each outcome. Signed off when: 5 hygiene patients are booked in the chair at the charted interval with the trainer watching. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 6

Check-out and patient payments

Check-out runs in one order every time: the next visit, then the fee for the visit, then the receipt. Money rules exist so that every dollar has one owner and a trail.

1. **Book the next visit first: recare, or the next step of treatment the dentist planned.**
2. **Tell the patient the fee for the visit from the practice's fee list and take payment at the time of service, under your written financial policy.**
3. **Give a receipt for every payment, cash, card or check.**
4. **Say goodbye with the next visit date and time out loud.**

Money rule at the desk	Why
Count your own drawer at the start and the end of your shift	A difference then has one owner
A receipt for every payment	The patient's proof and the office's trail
Card on file only with the patient's signed consent and your card on file policy	Consent first; see the card on file policy guide
Refunds never come from the drawer: log the request and route it to the approver	Refunds follow the written policy; see the patient refund policy guide
Voids, discounts and adjustments need the approver on the settings page	No one approves their own
Work only under your own login	Every change shows who made it
Two people count the deposit at the day close	Chapter 10

Practice it, then get it signed

Practice: run 5 check-outs with the trainer, including one card payment and one routed refund request. Signed off when: 5 check-outs in the right order with a receipt every time, and the drawer counted at the end of the shift. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 7

Records requests

Patients have a legal right to their records, and other dentists need x-rays to treat. The desk's job is intake: check identity, log the request, set the due date and route it the same day.

Situation	The rule	Source
A patient asks for their own records or x-rays	Check identity; log the date received; act no later than 30 days after receipt (one 30-day extension with written notice of the reason)	45 CFR 164.524(b)(2); 164.514(h)
From Jul 17, 2027	No more than 15 calendar days, with one extension of no more than 30; a posted estimated fee schedule; rules on when electronic copies must be free	Final rule, Federal Register 2026-23429, published Nov 19, 2026
Fee for copies	Only a reasonable, cost-based fee: labor for copying, supplies, postage, and a summary if the patient agreed to one	45 CFR 164.524(c)(4)
The patient owes the practice money	Never hold records for an unpaid bill	HHS OCR FAQ (Jun 24, 2016); ADA Code 1.B.1
The patient's new dentist asks for x-rays for treatment	Route to the records person the same day	ADA Code 1.B and 1.B.1
Someone else asks (spouse, employer, attorney)	A signed authorization or another permitted basis is needed: route to the privacy officer	45 CFR 164.508

The ADA's ethics opinion on copies of records is plain: "This obligation exists whether or not the patient's account is paid in full" (ADA Code of Professional Conduct, 1.B.1, revised to Oct 2025).

RECORDS REQUEST LOG (PROTECTED HEALTH INFORMATION: KEEP IT SECURE)

Date received	Chart #	Requested by	Identity checked by	Due date	Sent (date, how)

Practice it, then get it signed

Practice: take one role-played request from a patient and one from another dental office into the log. Signed off when: both are logged with the identity check, the due date and the person it went to. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 8

HIPAA at the desk

HIPAA requires training for each new member of the workforce "within a reasonable period of time after the person joins" (45 CFR 164.530(b)(2)(i)(B)). Our standard is before the first login. The training is documented, and the documentation is kept six years (164.530(j)(2)).

At the desk	What to do	Rule
The sign-in sheet	Name and time only; never the reason for the visit	HHS OCR FAQ (reviewed Dec 28, 2022)
Calling patients back	Use the name only	Same FAQ: allowed when limited
Voicemail	Office name, callback number, what is needed to confirm the visit	HHS OCR FAQ (reviewed Dec 28, 2022)
A spouse, parent of an adult patient or friend calls	Share only what is directly relevant to their involvement in the patient's care	45 CFR 164.510(b)
A patient asks for calls or texts only at work	Accommodate if reasonable; do not ask why	45 CFR 164.522(b)
An unknown caller asks about a patient	Check identity and authority first	45 CFR 164.514(h)
You step away from the desk	Lock the screen; paper put away or face down	45 CFR 164.310(c); 164.530(c)
Something may have gone to the wrong person	Tell the privacy officer the same day	Our standard; see the breach response checklist

Check yourself

1. A caller says she is the patient's wife and asks for the date of his next visit. 2. A patient asks you to stop calling her home number. 3. A visitor asks to see the sign-in sheet. 4. You are called to the back with the schedule open on screen. Answers: 1. Only what relates to her part in his care, and only if he has not objected; if unsure, ask him or the privacy officer. 2. Note the request and use the number she gives; no reason needed. 3. No. 4. Lock the screen first.

> **Practice it, then get it signed**
> Practice: walk the desk with the trainer and fix three privacy gaps you find (screen angle, paper, the sign-in sheet). Signed off when: the HIPAA training record is signed and dated, and you answer the four questions without help. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 9

Emergencies

The ADA's code says dentists "shall be obliged to make reasonable arrangements for the emergency care of their patients of record" (ADA Code 4.B, revised to Oct 2025). The desk's part is routing, never judging: calls go by the card the dentist signed, and in the office the desk calls, fetches and guides.

Emergency calls

- **Route every pain, swelling, bleeding or injury call by the emergency card in script 7 of the Dental Front Desk Phone Scripts. The dentist signs that card; the desk follows it.**
- **A knocked-out permanent tooth goes to the top of the list: the American Association of Endodontists says "It's best to see the doctor within 30 minutes." Tell the caller to keep the tooth moist and not in tap water.**
- **Never suggest a medicine or a home remedy beyond the words on the card. Offer the dentist or the clinical lead.**

In the office

When this happens	The desk's job	Who leads
A medical emergency	Call 911 when the dentist or clinical lead says, or at once if a person is unresponsive and no clinician is with them. Bring the AED and the emergency kit. Note the time. Send someone to meet the crew at the door; clear the path.	The dentist
Fire or evacuation	Take the day's schedule for the head count; leave by the nearest exit; meet at the meeting point; nobody goes back in.	Office manager, under your emergency action plan
A threatening or violent person	Do not argue; move away; call 911; lock the inner door if it is safe to do so.	Office manager
Power, phones or software down	Use last night's printed schedule; phones to the backup line; keep a paper list of who was seen.	Office manager

Your employer must review the emergency action plan with you when you are first assigned to the job, when your duties under it change and when the plan changes; an office with 10 or fewer employees may give the plan orally (29 CFR 1910.38(b) and (f)). For downtime steps, see the EHR downtime procedures guide.

> **Practice it, then get it signed**
> Practice: walk the exit route to the meeting point and role-play three emergency calls (swelling with trouble swallowing, a knocked-out tooth, a broken filling). Signed off when: each call goes to the right tier on the card and you can say where the AED and kit are. The trainer initials the line in the Dental Front Desk Training Checklist.

CHAPTER 10

The day close

The close runs in the same order every day: the schedule, the messages, the money, then the building. Two people count the money.

- [ ] **Tomorrow's schedule checked against the template; unconfirmed patients called; emergency holds still held.**
- [ ] **Every message returned or handed to a named person; voicemail empty.**
- [ ] **Every visit has a final status: seen, cancelled, no-show or rescheduled.**
- [ ] **Payments counted by two people; the deposit prepared and initialed by both; any difference written down, never made up from anyone's pocket.**
  The money close step by step: the free Front Desk End of Day Checklist.
- [ ] **Tomorrow's schedule printed or saved for a downtime start.**
  Chapter 9: power, phones or software down.
- [ ] **Main line forwarded to the answering service and tested from a cell phone.**
- [ ] **Workstations locked or logged off; paper with patient information shredded or locked away.**
  45 CFR 164.310(c); 164.530(c).
- [ ] **Recare list touched: the day's unscheduled patients added.**

> **Practice it, then get it signed**
> Practice: run two day closes with the trainer, then one with the trainer watching only. Signed off when: the close is in order, the deposit matches and nothing is left on the desk. The trainer initials the line in the Dental Front Desk Training Checklist.

The money close in detail: the front desk end of day checklist.

THE 30-DAY PLAN

The 30-day plan, stage by stage

Most receptionists get short-term on-the-job training, "usually lasting a few days up to a month" (BLS Occupational Outlook Handbook, modified Oct 29, 2026). This plan uses the whole month and ends with a day 90 review, so independence is proven, not assumed.

Stage	Chapters	The trainee does	Proof (signed in the checklist)
Day 1	1, 8, 9	Logins in their own name; HIPAA training; exits walked; two hours listening to calls	Training record signed
Week 1	2, 3, 8	Answers with the trainer listening; reads the schedule; checks patients in	10 observed calls
Week 2	3, 4, 5	Books to the template; new patients; recare in the chair; the unscheduled list	10 bookings; 5 recare visits booked in the chair
Week 3	6, 7, 10	Check-out and payments; records intake; the day close with the trainer	5 check-outs; 2 day closes
Week 4	All	Runs the desk with support; covers lunch alone; emergency drill	Day 30 sign-off
Day 90	1	The five numbers against target; a spot audit of calls and check-outs	Day 90 review

The checklist holds a line for every skill with the date, the trainer's initials and the trainee's: Dental Front Desk Training Checklist.

WHEN IT GOES WRONG

When it goes wrong: 12 cases

When this happens	Do this	Rule
A caller says it is an emergency and the dentist is with a patient	Follow the card. The top tier goes to 911 or the emergency room as the card says; the next tier to the clinical lead now.	ADA Code 4.B; your card
A caller will not give a date of birth	You can still book a new visit. You cannot discuss existing records or visits until identity is checked.	45 CFR 164.514(h)
A spouse asks for the patient's x-rays	Needs the patient's signed authorization or another permitted basis: route to the privacy officer.	45 CFR 164.508
The patient's former dentist asks for records and the patient owes a balance	Route the request as normal. Never hold records for a balance.	ADA Code 1.B.1; HHS OCR FAQ
A patient disputes a fee at check-out	Do not change it yourself. Note the question and route it to the fee person the same day.	Our standard
A card is declined	Ask for another method. If there is none, follow the financial policy and tell the office manager; never hold a patient at the desk.	Your financial policy

When this happens	Do this	Rule
A patient asks for a cash refund at the desk	Log the request; refunds follow the written policy and the approver on the settings page.	Your refund policy
The drawer is short or over at close	Write the difference down, do not fix it, and tell the office manager the same day.	Our standard
The software is down at opening	Use last night's printed schedule; check patients in on paper; enter everything once it is back.	Our standard
A patient asks the desk whether a symptom is serious	Do not advise. Offer the dentist, the clinical lead or the emergency card.	Our standard
The new hire is overwhelmed in week 2	Slow the plan, not the standard: repeat the week and keep the sign-offs honest.	Our standard
The trainer is out	The backup trainer named on the settings page picks up from the last signed line in the checklist.	Our standard

Worked example: reading the scorecard

The two-dentist practice on the scorecard books 30 of 60 new-patient calls (50%), below Liine's 53.1% staff average. At its best caller's rate it would book 44, so it misses 14 new patients a month, worth $3,500 in first visits at its own $250 fee. 55% of its hygiene patients leave with a next visit, 24 short of the 63% average, and 22 unfilled cancellations leave 22 chair hours empty, $5,500 at $250 an hour. Training one new hire for 30 days costs about $4,501 in wages: $3,578 for the trainee and $923 for the trainer, at the BLS medians for dental offices. Grade: Broken. The desk loses more in a month than a month of training costs. Illustrative numbers, not a client.

Your first five working days with this manual

1. Fill the settings page with the dentist (page 2).
2. Pull last month's five numbers onto the scorecard, so day 90 has a baseline.
3. Name the trainer and a backup, and print the companion checklist.
4. On day 1, read chapters 1, 8 and 9 with the new hire and walk the exits together.
5. Write the next yearly review date in the version log.

YOUR FRONT DESK SCORECARD

Your front desk scorecard

Fill it from one month of your own counts. Worked example: a two-dentist general practice, illustrative numbers, not a client. ClinicOps calculation; wage medians from BLS OEWS, May 2025, offices of dentists.

Line	How to work it out	Worked example	Yours
A. New-patient calls	Count, one month	60	
B. Booked from those calls	Count	30 (50%)	
C. New patients at your best caller's rate	A x your best caller's rate (or 74.1%, Liine's best, if you do not track it)	60 x 74.1% = 44	
D. New patients missed a month	C minus B	14	
E. First-visit value missed a month	D x your own first-visit fee	14 x $250 = $3,500	
F. Hygiene patients seen	Count	300	
G. Left with a next visit	Count	165 (55%)	
H. Short of the 63% average	(F x 63%) minus G	189 minus 165 = 24	
I. Cancellations	Count	40	
J. Refilled	Count	18	
K. Chair hours left empty	(I minus J) x your average visit length in hours	22 x 1.0 = 22	
L. Value of the empty hours	K x your production per chair hour (your reports)	22 x $250 = $5,500	
M. Trainee wages, 30 days	Hours x $22.36 (median, receptionists in dental offices)	160 x $22.36 = $3,578	
N. Trainer time, 30 days	Hours x $23.07 (median, secretaries and administrative assistants in dental offices)	40 x $23.07 = $923	

Read your result

Holding	B/A at or above your target and G/F at 63% or more	Keep the plan; the office manager audits 10 calls and 10 check-outs a quarter.
Slipping	One of the two below	Retrain the chapter behind it (2 for calls, 5 for recare) and recount in 30 days.
Broken	Both below, or D more than 10 a month	The desk is losing more each month than training costs (E plus L against M plus N). Rerun weeks 1 and 2 of the plan.

Grades are ClinicOps thresholds, not an industry standard. Liine and Planet DDS figures are vendor data: use them as a reference, then set your own target.

VERSION LOG

Version log, yearly review and sign-off

Version	Date	What changed	Approved by
1.0	Nov 20, 2026	ClinicOps template, first edition	

Next yearly review date

Reviewed by

READ AND UNDERSTOOD

I have read chapters 1 to 10, I know where to find each rule, and I will ask before I guess.

Trainee name

Trainee signature and date

Trainer name

Trainer signature and date

Office manager

Office manager signature and date

Sources

Every figure and rule here was checked against its original source for this edition (v1.0, Nov 20, 2026). Rules and figures change: confirm anything time-sensitive on the source page.

1. BLS, OEWS national industry-specific estimates, offices of dentists (NAICS 621200): 1,054,930 jobs; 297,210 office and administrative support; receptionists median $22.36 an hour; medical secretaries and administrative assistants $23.07 (May 2025). data.bls.gov/oes/#/industry/621200/2025

2. BLS, Occupational Outlook Handbook, Receptionists: short-term on-the-job training, "a few days up to a month" (modified Oct 29, 2026). bls.gov/ooh/office-and-administrative-support/receptionists.htm

3. DentalPost, salary survey of 3,500+ dental professionals: 29.7% of front office staff changed employers in 2024 (vendor survey) (Jan 23, 2025). dentalpost.net/blog/what-the-latest-salary-survey-tells-us-about-dental-team-t

4. Liine, Marketing Benchmark Report: Dentistry 2024: 72.9% of first contacts by phone; staff booking rates 25.5% to 74.1%, average 53.1%; reasons not booked (vendor data, nearly 50,000 leads) (2024). liine.com/wp-content/uploads/dlm_uploads/2024/02/Dentistry-Marketing-Benchmark

5. Planet DDS, 2026 Dental Industry Outlook Deep Dive: 2025 cancellations 12.9%, no-shows 6.9%, hygiene reappointment 63% (vendor platform data, 8,500+ practices) (May 2026). planetdds.com/wp-content/uploads/2026/05/PDDS-2026-DSO-Outlook-DeepDive-051526

6. ADA Health Policy Institute, State of the U.S. Dental Economy Q3 2026: 38% not busy enough; new-patient wait 12.0 days (Q3 2026). ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/

7. 45 CFR 164.524 right of access (30 days; cost-based fee) and 164.530(b) and (j) training and six-year retention (current). law.cornell.edu/cfr/text/45/164.524

8. HHS, HIPAA Privacy Rule final rule, Federal Register public inspection 2026-23429: 15 calendar days, posted fee schedule, no NPP acknowledgment; compliance Jul 17, 2027 (filed Nov 16, 2026). public-inspection.federalregister.gov/2026-23429.pdf

9. 45 CFR 164.508, 164.510(b), 164.514(h), 164.520(c), 164.522(b), 164.310(c) (current). law.cornell.edu/cfr/text/45/164.514

10. HHS OCR FAQs: leaving messages; sign-in sheets (reviewed Dec 28, 2022); access and unpaid bills (reviewed Jun 24, 2016) (2016 to 2022). hhs.gov/hipaa/for-professionals/faq/may-health-care-providers-leave-messages/i

11. ADA, Principles of Ethics and Code of Professional Conduct, 1.B, 1.B.1 and 4.B (revised to Oct 2025). ada.org/-/media/project/ada-organization/ada/ada-org/files/about/principles/20

12. 29 CFR 1910.38, emergency action plans (current). law.cornell.edu/cfr/text/29/1910.38

13. American Association of Endodontists, knocked-out teeth (current). aae.org/patients/dental-symptoms/knocked-out-teeth/

Next: print the companion Dental Front Desk Training Checklist for the sign-offs, and the Dental Front Desk Phone Scripts for the words.

Where this manual stops

The manual makes the desk teachable. Here is what paper cannot do for you:

- **It cannot train anyone: a named trainer has to watch each skill and sign it.**
- **It cannot see your phones or your schedule. Your five numbers can, if someone counts them every month.**
- **It describes one desk. If two people run it differently, the manual is not yet the way the office works.**
- **It cannot keep itself current: a policy change that never reaches chapter 6 or 7 is a gap the next new hire inherits.**

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