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| **Service** | **Interval to be Completed** | **Amount of Time Needed** |
| Greet and Seat Patient | Every appointment | 5 minutes |
| RMH/BP | Every appointment | 5 minutes |
| CPE / Spot probe | Annually / every appt | 10-15 minutes / 2 minutes |
| BWX/FMX | 2 times a year / every 3 years |  |
| Oral ID/ VeLscope | Annually | 5 minutes |
| Visual Exam | Every appointment | 2 minutes |
| Treatment Planning and Collaboration | Bi-Annually | 5 minutes |
| Scale/Polish | Each Preventive Care Appt/ Perio Maint | 20 minutes |
| Doctor/ Exam | Bi-Annually | 5 minutes |
| Schedule Patients NV | Every appointment | 3 minutes |
| Patient Dismissal/ Room Turn Around | Every Appointment | 5 minutes |
|  |  |  |
|  |  |  |

**Type of Appointment:** Routine Preventive Care Appointment **Time Scheduled for Appointment:** 60 minutes

**Time Needed Every Preventive Care Appointment:** 47 minutes