## Chairside Daily Duties Checklist

**Chairside Dental Assistant’s Name: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Checklist Item** | **Dental Assistant** | **Doctor** |
|[ ]  Were all patients greeted and seated on time?  |  |  |
|[ ]  Were all patients properly prepared for their treatment?  |  |  |
|[ ]  Were the tray setups accurately completed prior to the doctor’s arrival? |  |  |
|[ ]  Was all procedural equipment placed prior to the doctor’s arrival? |  |  |
|[ ]  Did the dental assistant anticipate upcoming procedural needs and provide the doctor what they needed without any undue delay? |  |  |
|[ ]  Was positive communication maintained with patients, ensuring they were as comfortable as possible at all times?  |  |  |
|[ ]  Was good communication with the doctor and other staff maintained at all times? |  |  |
|[ ]  Did the dental assistant wear appropriate clothing per dress code? |  |  |
|[ ]  Were all appropriate x-rays accurately taken? |  |  |
|[ ]  Did the dental assistant remain in the assigned room unless approved by the office manager or doctor? |  |  |
|[ ]  Were patients routed to the front desk with accurate data for scheduling purposes? |  |  |
|[ ]  Was sterilization of the operatories completed within 15 minutes of patient departure? |  |  |
|[ ]  Did the dental assistant educate each patient on the services and products, including the importance of continued care? |  |  |
|[ ]  Did the dental assistant take every opportunity to help other staff when needed, even in other areas? |  |  |
|[ ]  Were all extended duties performed, such as ordering, lab work, sterilization, and cleaning? |  |  |
|[ ]  Did the dental assistant adhere to all policies and procedures? |  |  |
| **TOTAL PERCENTAGE** |  |