



Pre-Training Questionnaire

Thank you so much for purchasing the XCPT Patient Engagement System. Because we want you to have the best possible experience during your Personalized Web Training, we ask that you please answer the following questions. By answering these questions, we will know more about your practice and be able to formulate a training plan that will best suit you.

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Your Computer System

1. Do you use multiple computers? yes no
2. Do you use a laptop? yes no
3. Do you use a tablet? yes no
4. Can the computers in your office share patient files on a local area network in your office? yes no
5. Are you using a PC or Macintosh with Parallels?
6. Are you running Windows XP or Vista?
7. Do you have Outlook Express or Windows Mail set up? yes no
8. Do you have highspeed internet? yes no
9. Are you wireless (laptop)? yes no

Radiography

1. Do you take film Xrays in your practice? yes no Pan or Periapicals/Full Mouth
2. Do you take digital Xrays in your practice? yes no Pan or Periapicals/Full Mouth
 If so, what product do you have? _____
 What software do you use to view them? _____
 Can they be copied to the windows clipboard via right click/(copy) to clipboard or edit/(copy) to clipboard?
yes no.
 Can you copy multiple images or just one?
3. Do you take CT Scans in your practice? yes no
 If so, what product do you have? _____
 What software do you use to view them? _____
 Can they be exported as .jpg files? yes no
4. Do you send patients out for CT Scans? yes no
 If so, what product is used? _____
 How do you receive the images? _____
 What software do you use to view them? _____
 Can they be exported as .jpg files? yes no
5. Do you currently "digitize" film Xrays by scanning them? yes no
 If so, what type of scanner do you use? _____
 What scanning software do you use to scan? _____
 Where do you store your scans? What file format are they stored as, jpg or tiff?
6. Do you currently "digitize" film Xrays by taking digital photographs? yes no
 If so, what type of camera do you use? _____
 Where do you store your photos of Xrays? _____

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Digital Photograph and Intraoral Photography

1. Do you take digital photographs of patients' teeth? yes no
If so, what type of camera do you use? _____
What views do you take? _____
Where do you store the photographs? _____
2. Do you take intraoral photographs of patients' teeth? yes no
If so, what type of camera do you use? _____
Where do you store the photographs? _____

Software

1. What practice management software are you using?
 DSN Easy Dental
 Practiceworks Windent
 Eaglesoft NetOMS)OMS Vision
 Softdent WIN OMS
 Perioexec, Easy Dental
 Dentrrix Windent
 OMS Vision NetOMS
 WIN OMS Other (please specify) _____

Your Practice

1. What type of doctor are you?
 Oral surgeon Periodontist
 General Practitioner Endodontist
 Implantologist Orthodontist
2. Do you have referring doctors? yes no
3. Do you refer out? yes no
4. How many doctors are in your practice? ____
5. How many practices do you work in? ____
6. How many people do you have on your staff? ____
7. Is anyone on your staff computer savvy (rank 1-10)? yes (rank __) no
8. Who presents cases to patients? _____
9. How do you present cases to patients now?

10. Do you teach or lecture? yes no
11. What cosmetic/restorative procedures do you do if any?
 Whitening Bonding Amalgams
 Veneers Lumineers Composites
 Crowns/Bridges Dentures/Partials Other (please specify) _____
12. What surgical procedures do you do if any? CT Grafting
 Extractions Implants
 Bone Grafting Other (please specify) _____
 Sinus Grafting
13. If you place implants, which brands?
 Nobel 3i Bicon
 Straumann Thommen Branemark
 Astra Lifecore Zimmer
 Neoss Biohorizons Others (please specify) _____

Thank You!

