



Cone|Beam|Radiographic|Services

Office Assessment Questionnaire for the CBCT Purchase Decision

A. Current Products and Product Support

1. Which dental distributor supplies your office and supports your current technology devices?
 - i. Benco Dental
 - ii. Burkhart Dental
 - iii. Henry Schein
 - iv. Patterson Dental
 - v. ADC Network (Atlanta Dental, Nashville Dental, etc...); print below
Name: _____

2. Which digital imaging products you currently own?
 - i. intraoral videocamera
 - ii. digital intraoral sensor(s)
 - iii. 3-D optical scanner
 - iv. digital panoramic x-ray machine
 - v. digital cephalometric x-ray machine

B. Proposed Dental Applications

- | | | | |
|----|---|-----|----|
| 3. | Do you restore implants? (Circle one) | Yes | No |
| 4. | Do you place implants? (Circle one) | Yes | No |
| 5. | Do you plan to place implants? (Circle one) | Yes | No |
| 6. | Do you treat patients with TM disorders? | Yes | No |
| 7. | Do you do orthodontics in your office? | Yes | No |
| 8. | Will you only be treating patients with sleep disordered breathing (snoring, sleep apnea, etc...) | Yes | No |



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C. CBCT Level of Understanding - Due Diligence

9. Have you looked at any current CBCT x-ray machines? Yes No

10. On the line below list the names of the machines you have looked at:

11. Who recommended the machine(s) to look at? Please circle and name

CBCT Manufacturer: _____

Dental Supply Company: _____

Colleague (optional) _____

Lecturer (optional) _____

D. Potential Impediments to purchase: please rank the top three (3) for you

- _____ Cost of machine
- _____ Lack of knowledge of anatomy
- _____ Worry about missing something in scan
- _____ Space for device
- _____ Knowledge of computers and handling the data
- _____ Time required to view all data in the scan
- _____ Integration into practice
- _____ Staff training
- _____ Re-training to know what's in my scan
- _____ Needing to refer CBCT data to a radiologist for reporting



E. Staff and other Considerations

1. Who is the office "tech guru"? _____
2. How many staff take x-rays currently? _____
3. Do you have a server in the office? Yes No
4. Have you ever run a productivity report only on radiographic services? Yes No
5. Do you know how big a cone beam file is? Yes No
6. Who will upload and burn scan data in your office? Yes No
7. Will you offer "scanning services" to colleagues? Yes No

Doctor's Name: _____

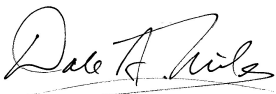
Practice address: _____

Phone: _____

Email: _____

Years in practice: _____

Thank you



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PLEASE RETURN THIS QUESTIONNAIRE BY EMAIL TO: miles.dale@gmail.com

