

YOU DID THE EXAM. WHERE DID THE TREATMENT GO?

Why the examination contains the diagnostic and communication work that creates the treatment schedule

An exam is not a minor interruption before the real dentistry. It is where problems are identified, recommendations are built, trust is earned, and the next clinical step becomes possible. This guide helps associates notice when that work and the resulting opportunity repeatedly separate.



THE HEAVY LIFTING HAPPENS BEFORE THE PROCEDURE

The procedure may generate the visible production, but it depends on work that began earlier. The exam often carries the responsibility for understanding the patient, identifying disease, interpreting information, forming a recommendation, and helping the patient understand what happens next.

The procedure fills the schedule only after the examination creates a reason, a recommendation, and enough trust to move forward.

1

YOU ESTABLISH THE CLINICAL PICTURE

History, symptoms, examination findings, imaging, risk, limitations, and uncertainty must become a coherent assessment.

2

YOU MAKE THE JUDGMENT

The dentist decides what the information supports, what it does not support, and what should happen next.

3

YOU BUILD UNDERSTANDING

The patient needs more than a procedure name. They need to understand the problem, significance, choices, and consequences.

4

YOU CARRY THE RESISTANCE

Questions, fear, mistrust, finances, previous experiences, and competing priorities often surface during the exam.

5

YOU CREATE THE NEXT OPPORTUNITY

When the patient chooses to move forward, that decision becomes future treatment on somebody's schedule.

ONE TRANSFER IS NOT THE WHOLE STORY

Treatment may appropriately be scheduled with another dentist because of availability, skill, continuity, patient preference, urgency, or the needs of the case. The concern is a repeated pattern that nobody can clearly explain.

1

WHAT TREATMENT CAME FROM YOUR EXAMS?

Track the recommended care connected to examinations you completed rather than relying on a general feeling.

2

WHERE WAS THE TREATMENT SCHEDULED?

Record whether it stayed with you, went to another clinician, was referred, remained unscheduled, or changed for a documented reason.

3

WHO MADE THE ASSIGNMENT DECISION?

The patient, scheduler, owner, treating dentist, urgency, or office policy may each influence placement.

4

DOES THE EXPLANATION MATCH THE PATTERN?

An isolated practical decision is different from a recurring transfer that affects continuity and opportunity.

Collect enough facts to distinguish appropriate coordination from a pattern that deserves a direct operational conversation.

START WITH HOW TREATMENT IS ASSIGNED

Avoid beginning with an accusation that somebody is taking your production. Ask for the process, compare it with what is happening, and make the impact visible.

CLARIFY THE EXPECTATION

How is treatment diagnosed during an associate's exam normally assigned?

BRING THE PATTERN

I reviewed ___ exams in which treatment was recommended. Of those, ___ were scheduled with me and ___ were placed elsewhere.

ASK FOR THE REASON

Can we review what determined those scheduling decisions?

NAME THE IMPACT

I am completing the diagnostic and patient-communication work, but the resulting treatment is not consistently building my schedule.

ASK FOR A CLEAR PROCESS

What should the team follow when the patient does not request a particular provider and the case is appropriate for me?

CONTINUITY IS NOT OWNERSHIP

Patients are not production units, and treatment is not automatically owed to the dentist who diagnosed it. But associates still need a transparent process and a fair opportunity to perform appropriate care.

1

PROTECT PATIENT CHOICE

A patient's preference, clinical need, and appropriate continuity remain more important than preserving a number.

2

TRACK BEFORE CONCLUDING

Use comparable examples and clear categories rather than memory shaped by the most frustrating case.

3

SEPARATE LEGITIMATE REASONS FROM HABIT

Availability, complexity, and preference may explain a transfer; convenience or an undisclosed default may reveal a system problem.

4

ASK FOR TRANSPARENCY

A fair process should be understandable to the dentists and team members expected to follow it.

Do not reduce an exam to a small line on the schedule. It is where clinical judgment, patient trust, and future treatment are built - and that work deserves to be recognized in how opportunity is assigned.

A short guide can give you language and a place to start. It cannot see your schedule, hear your conversations, or weigh the trade-offs in your position. Without context, even good advice stays generic.

For a deeper dive, explore the New DDS Unfiltered Digital Library or work directly with Dr. K.

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Professional note: This guide is for general education and professional reflection. It does not replace individualized clinical, legal, employment, compensation, ethical, or practice-management guidance.