

# Dentally Personalisation Document

## Please Read Carefully

Completing this document helps us set up your live Dentally app ready for your training. This ensures that when we carry out your training you can start using Dentally straight away without any setup requirements.

When you send back this document can you also send in a current copy of your **medical history questionnaire** and practice **logo** for us to import into Dentally.

**Please note** that your templates (letters, emails, clinical notes etc) will need to be created by someone at your practice. You can do this in your sandbox account before your training and then we can import them into your live Dentally app.

## Practice Information

Please enter your practice information below. This information can be printed on your patient correspondence.

Practice Name	Smil
Address1	<b>Units 69/70 Dockside Outlet Centre</b>
Address 2	Maritime Way, St Mary`s Island, Chatham
Post Code	ME4 3ED
Telephone No	tbc
Website Address	Tbc
Email Address	tbc

Do you use Dental Referrals or Rego to carry out NHS electronic referrals? (England & Wales only)

If you do please request an API key directly from them and enter the details below as Dentally can integrate with it,

Name of Referral system (Dental Referrals or Rego)	API
rego	

Please provide the start & end times of your Diary for each day.

For example, if your practice is open 0900am till 1800pm, but diary only open 0915am till 1730pm.

Only provide the earliest and latest times that you will see patients for each day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0900	0900	0900	0900	0900	0900	1100
1730	1730	1730	1900	1900	1800	1700

Please enter the individual information for all current practitioners; there is an example below

Practitioners are All dentists, hygienists, oral health educators and any other clinical staff who require a diary.

## EXAMPLE

Name & Role	Michelle Butler - Dentist						
Email address (will be needed to log in to Dentally)	michelle@dentalpractice.com						
For NHS Sites only	Performer Number 12345			Pin Number 12345			
GDC Number	12345						
	<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Please mark with an X the days you work	X		X	X	X	X Alt 24/07	
Start Time (the time of your 1st apptn)	0900		0930	0930	0800	0900	
Start time for Lunch	1300			1300	1230		
Start time back after Lunch	1400			1400	1300		
Finish Time (the end of your last apptn)	1730		1300	1600	1500	1200	
Emergency or any other break/session start times							
Emergency or any other break/session finish times							

Name & Role	Neil Underhill-dentist						
Email address (will be needed to log in to Dentally)	drneilunderhill@foursquire.co.uk						
For NHS Sites only	Performer Number			Pin Number			
GDC Number	68887						
<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Please mark with an X the days you work	x	x	x	x	x		
Start Time (the time of your 1st apptn)	0830	0830	0830	0830	0830		
Start time for Lunch	1300	1300	1300	1300			
Start time back after Lunch	1345	1345	1345	1345			
Finish Time (the end of your last apptn)	1730	1730	1730	1900	1300		
Emergency or any other break/session start times							
Emergency or any other break/session finish times							

Name & Role	Moonis Iqbal-dentist						
Email address (will be needed to log in to Dentally)	drmiqbal@foursquire.co.uk						
For NHS Sites only	Performer Number			Pin Number			
GDC Number	256187						
<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Please mark with an X the days you work	x	x	x	x	x	x	x
Start Time (the time of your 1st apptn)	1700	1700	0830	1700	1300	0900	1100
Start time for Lunch			1300			1300	
Start time back after Lunch			1345			1345	
Finish Time (the end of your last apptn)	1930	1930	1930	1930	1930	1800	1600
Emergency or any other break/session start times							
Emergency or any other break/session finish times							

<b>Name &amp; Role</b>	Dr Sanant Raja- dentist						
<b>Email address</b> (will be needed to log in to Dentally)							
<b>For NHS Sites only</b>	<b>Performer Number</b>			<b>Pin Number</b>			
<b>GDC Number</b>							
	<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Please mark with an X the days you work</b>	x	x	X	x	x	X Alt 24/7	X Alt 24/7
<b>Start Time</b> (the time of your 1st apptn)	0830	0830	0830	0830	0830	0900	1100
<b>Start time for Lunch</b>	1300	1300	1300		1300	1300	
<b>Start time back after Lunch</b>	1345	1345	1345		1345	1345	
<b>Finish Time</b> (the end of your last apptn)	1700	1700	1700	1300	1700	1800	1600
<b>Emergency or any other break/session start times</b>							
<b>Emergency or any other break/session finish times</b>							

<b>Name &amp; Role</b>	Associate 1						
<b>Email address</b> (will be needed to log in to Dentally)							
<b>For NHS Sites only</b>	<b>Performer Number</b>			<b>Pin Number</b>			
<b>GDC Number</b>							
	<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Please mark with an X the days you work</b>	x	x	x	x	x	x	x
<b>Start Time</b> (the time of your 1st apptn)	0830	0830	0830	0830	0830	0900	1100
<b>Start time for Lunch</b>	1300	1300	1300	1300	1300	1300	
<b>Start time back after Lunch</b>	1345	1345	1345	1345	1345	1345	
<b>Finish Time</b> (the end of your last apptn)	1930	1930	1930	1930	1930	1800	1600
<b>Emergency or any other break/session start times</b>							
<b>Emergency or any other break/session finish times</b>							

Name & Role	Dr Jane Leonard						
Email address (will be needed to log in to Dentally)							
For NHS Sites only	Performer Number				Pin Number		
GDC Number							
	<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Please mark with an X the days you work							
Start Time (the time of your 1st apptn)							
Start time for Lunch							
Start time back after Lunch							
Finish Time (the end of your last apptn)							
Emergency or any other break/session start times							
Emergency or any other break/session finish times							

Name & Role	Marcela Basford						
Email address (will be needed to log in to Dentally)							
For NHS Sites only	Performer Number				Pin Number		
GDC Number							
	<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Please mark with an X the days you work	x		x		x		
Start Time (the time of your 1st apptn)	0830		0830		0830		
Start time for Lunch	1300		1300		1300		
Start time back after Lunch	1345		1345		1345		
Finish Time (the end of your last apptn)	1715		1715		1715		
Emergency or any other break/session start times							
Emergency or any other break/session finish times							

Name & Role								
Email address (will be needed to log in to Dentally)								
For NHS Sites only		Performer Number				Pin Number		
GDC Number								
		<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
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Name & Role								
Email address (will be needed to log in to Dentally)								
For NHS Sites only		Performer Number				Pin Number		
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Emergency or any other break/session finish times								

Name & Role								
Email address (will be needed to log in to Dentally)								
For NHS Sites only		Performer Number				Pin Number		
GDC Number								
		<b>*****PLEASE NOTE IF THEY WORK ALTERNATE DAYS, YOU MUST PROVIDE US WITH THE NEXT DATE THEY ARE WORKING AND MARK WHICH DAY BELOW*****</b>						
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Finish Time (the end of your last apptn)								
Emergency or any other break/session start times								
Emergency or any other break/session finish times								

Name & Role								
Email address (will be needed to log in to Dentally)								
For NHS Sites only		Performer Number				Pin Number		
GDC Number								
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		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Start time for Lunch								
Start time back after Lunch								
Finish Time (the end of your last apptn)								
Emergency or any other break/session start times								
Emergency or any other break/session finish times								









## Payment Schemes

Please tick the payment schemes that are used by your practice. Please add in any additional payment schemes you use. Please note private patients do not fall under this category.

National Health Service	<input type="checkbox"/>	DPAS	<input type="checkbox"/>
Denplan Care	<input type="checkbox"/>	Patient Plan Direct	Yes
Denplan Essentials	<input type="checkbox"/>	Other (please name)	<input type="checkbox"/>
Practice Plan	<input type="checkbox"/>	Other (please name)	<input type="checkbox"/>

If you have a NHS contract in England and Wales you will need to create a new EDI mailbox in Compass. For a help guide on how to do this please [click here](#)

Please enter the details below once you have set this up.

Username	<input type="text"/>
Password	<input type="text"/>
Site ID	<input type="text"/>
Contract Number	<input type="text"/>
Location ID	<input type="text"/>

## Practice Treatment Fee's

Please enter your private, plan 1 and membership prices below. The treatments and prices need to enter in the below document.

**Do not send us a printed price list as they will not be able to be imported**

These are imported directly into your Dentally app. Please make sure you have filled this in correctly as once they have been imported, they will need to be manually corrected by someone at your practice if a mistake has occurred

**Tip**

If a price is the same across all plans then enter the same price in each column.

If there is a treatment you do not offer, please leave it as " 0 "

i.e.

	IMPLANT SERVICES	Private	Plan 1	Plan 2
800	Implant Consultation	150	135	120
801	Placement of Implant	1250	1250	1250

**DO NOT ALTER ANY OF THE CODES OR TREATMENTS. YOU CAN ADD ADDITIONAL TREATMENTS IN THE DEDICATED SECTION AT THE END**

		Enter Plan Name ->		
	DIAGNOSTIC	Private	Price 2	Price 3
100	Exam	39.50	0	0
101	Exam & Scale & Polish	89.50	0	0
102	New Patient Exam	59.50	0	0
103	Review	26	0	0
104	Assessment & Advice	0	0	0
105	Small Radiograph	9.99	0	0
106	Intraoral Photographs	0	0	0
107	Panoral Radiograph	39.99	0	0
108	Cephalometric Radiographic Image	0	0	0
109	Clinical Photographs	0	0	0
110	Periapical X Ray	0	0	0
111	Acute Mucosal Infection	0	0	0
112	Analysis Of Saliva Sample	0	0	0
116	Diagnostic Wax Up	199.00	0	0
117	Dry Socket	24.99	0	0
118	Study Models		0	0
119	Treatment of Infected Sockets	0	0	0
120	Incising an Abscess	39.50	0	0

	<b>PERIODONTAL AND PREVENTATIVE</b>			
200	Scale & Polish		0	0
201	Periodontal Scaling And Root Planing	0	0	0
202	Hygiene 20	0	0	0
203	Hygiene 30	69	0	0
204	Hygiene 45	0	0	0
205	Hygiene 60	139	0	0
206	Full Mouth Debridement	0	0	0
207	Tooth Dressing	37.50	0	0
208	Crown Lengthening	0	0	0
209	Airflow	79	0	0
210	Bone Grafting	0	0	0
213	Splints	0	0	0
214	Periodontal Maintenance	0	0	0
216	Perio-Chip	0	0	0
300	Topical Application Of Fluoride Varnish	0	0	0
301	Fissure Sealant - Per Tooth		0	0

	<b>RESTORATIVE</b>			
400	Amalgam Filling – 1 Surface	79	0	0
	Amalgam Filling – 2 Surfaces	89	0	0
	Amalgam Filling – 3 Surfaces	99	0	0
	Amalgam Filling – 4 Surfaces	0	0	0
	Amalgam Filling – 5 Surfaces	0	0	0
401	Composite Filling – 1 Surface	115	0	0
	Composite Filling – 2 Surfaces	149	0	0
	Composite Filling – 3 Surfaces	159	0	0
	Composite Filling – 4 Surfaces	0	0	0
	Composite Filling – 5 Surfaces	0	0	0
402	Temporary Filling	37.50	0	0
403	Glass Ionomer	59.50	0	0
404	Fissure Sealant – Composite	21	0	0
405	Fissure Sealant - Glass Ionomer	0	0	0
406	Fissure Sealant - Composite & Glass Ionomer	0	0	0
407	Inlay Imps & Prep		0	0
408	Inlay/Onlay – Gold	699	0	0
409	Inlay/Onlay - Porcelain/Ceramic	599	0	0
411	Recement Inlay/Onlay		0	0
412	Veneer Imps	0	0	0
413	Porcelain Veneer	599	0	0
414	Crown Imps & Prep	0	0	0
416	Porcelain Crown	499	0	0
417	Porcelain Bonded Crown	479	0	0
418	Bonded Crown	0	0	0
419	Gold Crown	699	0	0
420	Metal Crown	349	0	0
421	Temporary Crown	99	0	0
422	Recement Crown	49	0	0

423	Post & Core	99	0	0
424	Recement Post	0	0	0
425	Core Buildup, Including Any Pins	0	0	0
426	Pin Retention	0	0	0
427	Post Removal	0	0	0
428	Coping	0	0	0
429	Emax Crown	699	0	0
430	Zirconium Crown	649	0	0
431	Veneer	0	0	0
432	Crown Repair	0	0	0

	<b>ENDODONTIC</b>			
500	RCT – Molar	700	0	0
501	RCT - Premolar Tooth	650	0	0
502	RCT – Incisor	550	0	0
503	RCT additional visit	0	0	0
504	Re-RCT	50 addition	0	0
505	Pulpal Therapy	220	0	0
506	Pulpotomy (Excluding Final Restoration)	220	0	0

	<b>ORAL &amp; MAXILLOFACIAL</b>			
600	Extraction	150	0	0
601	Surgical/Wisdom Tooth Extraction	250	0	0
602	Suture Removal		0	0
603	Removal Of Impacted Tooth - Soft Tissue	0	0	0
604	Removal Of Impacted Tooth - Partially Bony	0	0	0
605	Coronectomy - Intentional Partial Tooth Removal	120	0	0
606	Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0	0	0
607	Apicectomy/Periradicular Surgery	0	0	0

	<b>DENTURES</b>			
700	Primary Denture Impressions	0	0	0
701	Secondary Denture Impressions	0	0	0
702	Denture Bite	0	0	0
703	Denture Try-in	0	0	0
704	Full Upper Acrylic Denture	599	0	0
705	Full Lower Acrylic Denture	599	0	0
706	Full Upper & Lower Acrylic Denture	975	0	0
707	Partial Acrylic Denture	599	0	0
708	Full Upper Chrome Denture	1199	0	0
709	Full Lower Chrome Denture	1199	0	0
710	Full Upper & Lower Chrome Denture Fit	2195	0	0
711	Partial Chrome Denture	1395	0	0
712	Tooth Addition to a Acrylic Denture	99	0	0
713	Tooth Addition to a Chrome Denture	99	0	0
714	Adjust Denture		0	0
715	Denture Repair	97	0	0
716	Denture Reline	139	0	0
717	Soft Lining	179	0	0
718	Soft Lining - New Denture	89	0	0

719	Tissue Conditioning	0	0	0
720	Denture Ease	0	0	0

	<b>IMPLANTS</b>			
800	Implant Consultation	75	0	0
801	Placement Of Implant	0	0	0
802	Interim Abutment	0	0	0
803	Implant Retained Denture	0	0	0
804	Connecting Bar for Implant	0	0	0
805	Implant Abutment	0	0	0
806	Implant Crown	1950	0	0
807	Implant - Full Denture	0	0	0
808	Implant - Partial Denture	0	0	0
809	Implant – Bridge	4800	0	0
810	Repair Implant Supported Prosthesis	0	0	0
811	Debridement Of A Peri-implant Defect	0	0	0
812	Bone Graft At Time Of Implant Placement	0	0	0
813	Implant Review	0	0	0
814	Implant Maintenance Procedures	0	0	0

	<b>BRIDGES</b>			
900	Bridge Prep		0	0
901	Bridge Try In	0	0	0
902	Bonded Bridge Pontic		0	0
903	Bonded Bridge Retainer		0	0
904	Gold Bridge Pontic	0	0	0
905	Gold Bridge Retainer	0	0	0
906	Porcelain Bridge Pontic	425	0	0
907	Porcelain Bridge Retainer	499	0	0
908	Porcelain Bonded Bridge Pontic	0	0	0
909	Porcelain Bonded Bridge Retainer	0	0	0
910	Maryland Bridge	749	0	0
911	Maryland Wing	0	0	0
912	Clasp	0	0	0
913	Recement Bridge	125	0	0
914	Stress Breaker	0	0	0
915	Precision Attachment	0	0	0
916	Bridge Repair	0	0	0
917	Bridge Retainer	0	0	0
918	Bridge Pontic	0	0	0
919	Temporary Bridge Unit	100	0	0

	<b>ORTHODONTIC</b>			
1000	Ortho Assessment/Review/Exam	0	0	0
1001	Ortho Review	0	0	0
1002	Ortho Study Models	0	0	0
1004	Ortho Retention	0	0	0
1005	Invisalign	0	0	0
1006	Removable Upper Appliance	0	0	0
1007	Removable Lower Appliance	0	0	0
1008	Functional Appliance Fit	0	0	0

1009	Fixed Upper Appliance	0	0	0
1010	Fixed Lower Appliance	0	0	0
1011	Retainer Upper	0	0	0
1012	Retainer Lower	0	0	0
1013	Ortho Extraction	0	0	0
1014	Ortho New Patient Exam	0	0	0
1015	Ortho Debond	0	0	0
1016	Orthodontic Separators	0	0	0
1017	Orthodontic Impressions	0	0	0
1018	Ortho Adjustment	0	0	0
1019	Ortho Bond up	0	0	0
1020	Ortho Retainer Fit	0	0	0
1021	Ortho Supervision of Retention	0	0	0
1022	Orthodontic Emergency	0	0	0
1023	Ortho Replacement Removeable Appliance	0	0	0
1024	Ortho Replacement Essix Retainer	198	0	0
1025	Ortho Replacement Fixed Retainer	199	0	0
1026	Ortho Ceramic Brackets Fixed Appliance Upper	0	0	0
1027	Ortho Ceramic Brackets Fixed Appliance Lower	0	0	0
1028	Ortho Sectional Steel Appliance	0	0	0
1029	Ortho Sectional Ceramic Appliance	0	0	0
1030	Ortho Bonded (Fixed) Retainer	175	0	0
1031	Ortho Stage Payment	0	0	0
1032	Ortho - Other Orthodontic Treatment	0	0	0
1033	Oral/Facial Photographic Images	0	0	0
1034	Ortho Photographs	0	0	0
1035	Ortho Removable Appliance	0	0	0
1040	Functional Appliance Review	0	0	0
1041	Repair To An Appliance Fitted By Another Dentist	0	0	0

	<b>OTHER TREATMENTS</b>			
1100	Office Visit - After Regularly Scheduled Hours	0	0	0
1101	Case Presentation, Detailed And Extensive Treatment Planning	0	0	0
1102	Antibiotic Prescription	25	0	0
1103	Prescription	0	0	0
1104	Sensitive Dentine	0	0	0
1105	Lucia Jig	0	0	0
1106	Bite Guard	175	0	0
1107	Mouth Guard	0	0	0
1108	Sports Mouthguard	249	0	0
1109	Repair And/Or Reline Of Occlusal Guard	0	0	0
1110	Occlusion Analysis - Mounted Case	0	0	0
1111	Occlusal Adjustment	0	0	0
1112	Enamel Microabrasion	0	0	0
1113	In Surgery Bleaching (Whitening)	0	0	0
1114	Home Bleaching Kit (Whitening)	297	0	0
1115	Bleaching Trays	0	0	0
1116	Stone/Smooth Tooth	0	0	0



Please add in the table below any treatments and prices that were not listed above, Keep extending the table if you need to

	<b>Additional Treatments you carry out</b>	<b>Private</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>
2000	Smil Aligners	From 1495				
2001	Invisalign simple	2495				
2002	Invisalign Moderate	3195				
2003	Invisalign Complex	3895				
2004	Smile-Fast 4 teeth	1499				
2005	Smile-Fast 6 teeth	2299				
2006	Fixed Appliance - simple	2295				
2007	Fixed appliance – Complex	3495				
2008	CT 3D scan single jaw	120				
2009	CT 3D scan both jaws	240				
2010	Full arch teeth in a day single arch	11900				
2011	Full arch teeth in a day both arches	23800				
2012						
2013						
2014						
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022						
2023						
2024						
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2026						
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2032						
2033						
2034						
2035						
2036						



