



Usage Survey June 2010

Please take just a few minutes to answer these questions. Simply check whether you use the option or not. Then please fax this sheet back to (636) 230-6801.

Practice Name: _____ Phone: _____

Yes	No	Feature	Yes	No	Feature
___	___	Birthday Cards	___	___	Patient Photos
___	___	Collections Reports	___	___	Patient Reminders
___	___	Digital X-Rays interface	___	___	Payment Terms
___	___	Dymo Label Printer Interface	___	___	Perio Charting
___	___	Electronic Dental Charts - EDR	___	___	Practice Analysis Reports
___	___	Employee Time Clock	___	___	Prescriptions
___	___	Finance Charges	___	___	Print Lab Slips
___	___	Image Editor	___	___	Print Labels
___	___	Immediate Notes	___	___	Printing Prescriptions
___	___	Ins Card Scanner	___	___	Quick Form Letters
___	___	Ins Electronic Estimates	___	___	Recall Cards
___	___	Ins Electronic Primary Claims	___	___	Recall Emails
___	___	Ins Electronic Secondary Claims	___	___	Recall Reports
___	___	Ins Overdue Reports	___	___	Referral Reports
___	___	Ins Paper Claims	___	___	Restorative Charting
___	___	Inventory	___	___	Scanner Interface
___	___	Lab Tracking	___	___	Scheduling
___	___	Mail Merge	___	___	Scheduling Emails
___	___	Message Center	___	___	Search by Criteria
___	___	Oral Image Patient Folder	___	___	Treatment Planning
___	___	Patient Electronic Statements	___	___	Walk-Out Receipts
___	___	Patient Billing Paper Statements	___	___	Work Tickets
___	___	Patient Notes	___	___	X-Charge Charge Card

Please Fax back to **(636) 230-6801**