

[DENTAL PRACTICE NAME]

Pre-Arrival Information

Address: [FULL ADDRESS]
Contact: [NAME], [POSITION] | [PHONE]

Welcome

Thank you for accepting this temporary assignment at our practice. This document contains essential information to prepare you for your shift.

Credentials to Bring

- Dental license
- Government-issued ID
- CPR certification
- Liability insurance documentation
- DEA registration (if applicable)

Arrival Information

Arrival Time: [X minutes] before shift start

Parking: [Brief parking instructions]

Check-in: [Where/with whom to check in]

| Dress Code

Clinical: [Brief description]

Footwear: [Requirements]

| Practice Software

We use [**SOFTWARE NAME**]. Basic training will be provided if needed.

| Clinical Protocols

Sterilization: [Key information]

Emergencies: [Location of emergency equipment]

Charting: [Brief expectations]

| Schedule

Appointment Durations: [Brief overview of common appointments]

Breaks: Lunch [TIME], plus morning/afternoon breaks

| Payment Details

Payment Schedule: [When to expect payment]

Timesheet: [Brief instructions, for example, TempStars Invoice]

| Important Contacts

Front Desk: [PHONE]

Office Manager: [NAME] | [PHONE]

Doctor: [NAME] | [PHONE]

For delays/cancellations, contact [NAME] at [PHONE] immediately.

Please confirm receipt of this document by messenger.

We look forward to working with you!