

## 2025 JCO Orthodontic Practice Study

Economics and Practice Administration

Thank you for participating in this comprehensive study of orthodontic practice. Please make every effort to complete all portions of this questionnaire. If there is more than one orthodontist in your practice, file only one questionnaire for the practice.

As thanks for participating, please enter the drawing for a free lifetime JCO subscription at the end of the survey by providing your contact information. Be warned, we will throw out responses that clearly did not attempt to answer the other questions so as to get to the end and enter the drawing.

**NOTE: Only complete this questionnaire if you are in a private specialty practice of orthodontics in the United States. Please don't attempt to win the lifetime subscription by trying to trick us into thinking your response comes from a United States-based practice. Under no circumstances will a lifetime subscription go to someone with a practice outside the U.S.**

Please complete the questionnaire by **April 30, 2025**.

We are pleased to have the aid of [Cloud9](#), [Dolphin](#), [Ortho2](#), and [Tops Ortho](#). **We highly recommend that you click on the name of your software provider to get instructions for completing the practice activity section of your questionnaire utilizing the software.**

- If you wish, [download a PDF version](#) of the questionnaire to see what information will be requested.
- You may partially complete the questionnaire and come back to it later as long as you use the same computer. To prevent accidental or intentional multiple responses, the questionnaire can be submitted only once from a single computer.
- At the end of the questionnaire, you will have a chance to make general comments or clarify a response. However, once you have hit the "Done!" button, you will not be able to go back into the questionnaire
- Paper forms are also available by request from [info@jco-online.com](mailto:info@jco-online.com). You will be able to mail the form back to us anonymously, and we will enter the data for you.

As with all previous JCO Practice Studies, your answers are completely confidential, whether submitted online or mailed to us. You will need to provide contact information if you chose to participate in the drawing for a lifetime subscription but we will separate that information from the rest of your answers. Results of the Study will be published in print and online later in 2025.

Thank you for participating in the 2025 JCO Orthodontic Practice Study. Send general questions to [info@jco-online.com](mailto:info@jco-online.com).

The Editors  
Journal of Clinical Orthodontics  
JCO, Inc.  
5670 Greenwood Plaza Blvd., Ste. 506  
Greenwood Village, CO 80111  
(303) 443-1720  
[www.jco-online.com](http://www.jco-online.com)

## Demographic Information

\* 1. What is your present age?

\* 2. Sex:

☐ Male

☐ Female

\* 3. Number of years in orthodontic practice:

(Enter a whole number)

\* 4. What state within the United States is your main office located in? (If your practice is outside the United States, please stop now and save yourself the time! We do not analyze responses from outside the U.S. and will throw out your response.)

\* 5. Size of community where your main office is located:

☐ Rural (under 20,000 population)

☐ Small city (20,000-49,999 population)

☐ Large city (50,000-500,000 population)

☐ Metropolitan (over 500,000 population)

\* 6. Legal status of your practice:

☐ Sole proprietorship

☐ Partnership

☐ Professional corporation

\* 7. Total number of orthodontist-owners in your practice (including yourself):

☐ 1

☐ 2

☐ 3

☐ 4 or more

\* 8. Number of satellite offices in 2024:

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more

9. Number of continuing education days in calendar year 2024:

Course days

Meeting/conference days

## Administration and Management

10. Please check each of the following that you currently use in your practice:

- ☐ Written philosophy of practice/mission statement
- ☐ Written practice objectives
- ☐ Written practice plan
- ☐ Written practice budget
- ☐ Office policy manual
- ☐ Office procedure manual
- ☐ Written job descriptions
- ☐ Written staff training program
- ☐ Individual performance appraisals
- ☐ Measurement of staff productivity (patients/staff hours, etc.)
- ☐ In-depth analysis of practice activity
- ☐ Practice promotion plan
- ☐ Dental management consultant
- ☐ Patient satisfaction surveys
- ☐ Employee with primary responsibility as communications supervisor
- ☐ Progress reports to patients
- ☐ Post-treatment consultations
- ☐ Pretreatment flow control system (referrals, consultations, starts)
- ☐ Treatment flow control system (monitoring steps in treatment)
- ☐ Cases beyond estimate report
- ☐ Profit and loss statement (at least quarterly)
- ☐ Delinquent account register
- ☐ Accounts-receivable reports (monthly)
- ☐ Contracts-written reports (monthly)
- ☐ Measurement of case acceptance rate

\* 11. How often do you typically conduct staff meetings? (does not include morning huddles)

- ☐ Weekly or more often
- ☐ Several times a month
- ☐ Monthly
- ☐ Every few months or less often
- ☐ Do not regularly conduct staff meetings outside morning huddles

## Administration and Management (continued)

12. Please check each of the following functions *routinely* performed by a computer in your practice:

- ☐ Inventory control
- ☐ Patient recall
- ☐ Treatment records
- ☐ Monitoring treatment progress

13. Which practice management software, if any, do you currently use? (select all that apply)

- ☐ axiUm
- ☐ Carestream (Orthware)
- ☐ CasePresenter (iAct)
- ☐ Cloud9Ortho
- ☐ Dental Monitoring
- ☐ Dentrix (Ascend)
- ☐ Dolphin Aquarium (not Management)
- ☐ Dolphin Management (not Aquarium)
- ☐ Dr. Ceph and/or Dr. View (FYI Tek)
- ☐ Focus Ortho
- ☐ Gaidge
- ☐ Greyfinch
- ☐ MacBraces
- ☐ New Horizons Software (Evolution)
- ☐ NemoCeph
- ☐ OrthoTrac (Sensei)
- ☐ Oasys (Crossfire)
- ☐ Open Dental
- ☐ Ortho2 (Edge)
- ☐ OrthoMinds
- ☐ QuickCeph
- ☐ SmileSuite
- ☐ Tops Ortho
- ☐ XLDent Ortho
- ☐ WaveOrtho
- ☐ Do not use practice management software
- ☐ Other (please specify)

14. Please check each of the following that you currently use in your practice:

- ☐ Patient digital access to own account and schedule
- ☐ Patient digital access to own records
- ☐ Remote digital access for orthodontist and staff
- ☐ Text messaging to patients
- ☐ Mobile device app
- ☐ Third-party consultant or program to help with social media and/or Internet marketing/branding

## Administration and Management (continued)

15. Please indicate the extent to which you delegate the following procedures to dental auxiliaries in your practice:

	Routinely delegated	Occasionally delegated	Never delegated
Cephalometric tracings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitting of appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insertion of removable appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonding of fixed appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of residual adhesive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment of removable appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Archwire changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of fixed appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fee presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up communication with prospective patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-treatment conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient instruction and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building

16. Rate the effectiveness of each action listed below in *increasing profit* in your practice. Please rate the action if you have ever used it. If you *have not* used the action, leave the row blank. If you have used *none* of the actions, please skip to the next question.

	Excellent	Good	Fair	Poor
Change practice location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open a satellite office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 17. Please indicate your usage of each method listed below:

	Currently use	Used in past but stopped	Never used
Expand practice hours (evenings/Saturdays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed care (such as HMO or PPO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affiliation with management service organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Practice Building (continued)

18. Rate the effectiveness of each method listed below in *increasing profit* in your practice.

	Excellent	Good	Fair	Poor
Expand practice hours (evenings/Saturdays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed care (such as HMO or PPO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affiliation with management service organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 19. Please indicate your use of each expanded service listed below.

	Currently use	Used in past but stopped	Never used
Treat TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer lingual orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer surgical orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer cosmetic/laser treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

20. Rate the effectiveness of each method listed below in *increasing profit* in your practice.

	Excellent	Good	Fair	Poor
Treat TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer lingual orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer surgical orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer cosmetic/laser treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 21. Please indicate your use of each advertising method.

	Currently use	Used in past but stopped	Never used
Local newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Google search advertising (paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video/YouTube Internet advertising (paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other online/Internet display advertising (non-video, paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumer review sites (Yelp, Google, etc., paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct-mail promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

22. Please rank the effectiveness in *improving profit* of each advertising method listed below against each other, where 1 is the most effective.

<input type="text"/>	Local newspapers
<input type="text"/>	Video/YouTube Internet advertising (paid)
<input type="text"/>	Consumer review sites (Yelp, Google, etc., paid)
<input type="text"/>	Google search advertising (paid)
<input type="text"/>	Other online/Internet display advertising (non-video, paid)
<input type="text"/>	Direct-mail promotion

\* 23. Please indicate your use of the following marketing methods.

	Currently use	Used in past but stopped	Never used
Solicit personal publicity in local media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search Engine Optimization (SEO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active management of consumer review sites (Yelp, Google, etc., unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook (unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram (unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TikTok (unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter (unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube (unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos on website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

24. Please rank the effectiveness in *improving profit* of each marketing method listed below against each other, where 1 is the most effective.

<input type="text"/>	Search Engine Optimization (SEO)
<input type="text"/>	Active management of consumer review sites (Yelp, Google, etc., unpaid)
<input type="text"/>	Solicit personal publicity in local media
<input type="text"/>	Facebook (unpaid)
<input type="text"/>	Instagram (unpaid)
<input type="text"/>	TikTok (unpaid)
<input type="text"/>	Twitter (unpaid)
<input type="text"/>	YouTube (unpaid)
<input type="text"/>	Blog
<input type="text"/>	Videos on website

\* 25. Please indicate your use of the following external referral methods.

	Currently use	Used in past but stopped	Never used
Participate in dental society activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letters/e-mails of appreciation to general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gifts or entertainment to general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education of general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports to general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek referrals from other professionals (non-dentists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

26. Please rank the effectiveness in *improving profit* of each external referral method listed below against each other, where 1 is the most effective.

<input type="checkbox"/>	Participate in dental society activities
<input type="checkbox"/>	Participate in community activities
<input type="checkbox"/>	Letters/e-mails of appreciation to general dentists
<input type="checkbox"/>	Gifts or entertainment to general dentists
<input type="checkbox"/>	Education of general dentists
<input type="checkbox"/>	Reports to general dentists
<input type="checkbox"/>	Seek referrals from other professionals (non-dentists)

\* 27. Please indicate your use of the following internal referral methods.

	Currently use	Used in past but stopped	Never used
Letters/e-mails of appreciation to patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up calls to patients and parents after difficult appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral incentives for patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment (parties, movie outings, etc.) for patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek referrals from staff members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

28. Please rank the effectiveness in *improving profit* of each internal referral method listed below against each other, where 1 is the most effective.

<input type="checkbox"/>	Letters/e-mails of appreciation to patients and parents
<input type="checkbox"/>	Follow-up calls to patients and parents after difficult appointments
<input type="checkbox"/>	Referral incentives for patients and parents
<input type="checkbox"/>	Entertainment (parties, movie outings, etc.) for patients and parents
<input type="checkbox"/>	Seek referrals from staff members

\* 29. Please indicate your use of the following new-patient incentives.

	Currently use	Used in past but stopped	Never used
No-charge initial visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No-charge diagnostic records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No initial payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended payment period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Same-day starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide digital case presentation (visualization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide marketing videos in waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

30. Please rank the effectiveness in *improving profit* of each new-patient incentive method listed below against each other, where 1 is the most effective.

<input type="checkbox"/>	No-charge initial visit
<input type="checkbox"/>	No-charge diagnostic records
<input type="checkbox"/>	No initial payment
<input type="checkbox"/>	Extended payment period
<input type="checkbox"/>	Same-day starts
<input type="checkbox"/>	Provide digital case presentation (visualization)
<input type="checkbox"/>	Provide marketing videos in waiting room

31. Rate the effectiveness of each action listed below in *increasing profit* in your practice. Please rate the action if you have ever used it. If you *have not* used the action, leave the row blank. If you have used *none* of the actions, please skip to the next question.

	Excellent	Good	Fair	Poor
Improve on-time rate for appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve on-time case finishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change case presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change staff management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change patient education (communications, audiovisuals, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Please indicate in a few words what management changes you have made in your practice that you feel have had the *biggest* positive impact on *increased profits* in your practice:

33. Thinking about the methods you have actually used, please rank the effectiveness of *your actions in improving profit* for each practice-building *category* listed below, where 1 is the most effective.

<input type="text"/>	Expanded services (TMD, lingual, surgical, etc.)
<input type="text"/>	Paid advertising (direct-mail, online/Internet, newspapers, etc.)
<input type="text"/>	Other marketing (Facebook, Instagram, videos on website, etc.)
<input type="text"/>	External referrals (dental society activities, GP education, gifts/entertainment to GPs, etc.)
<input type="text"/>	Internal referrals (letters of appreciation, follow-up calls, entertainment)
<input type="text"/>	New-patient incentives (no-charge initial visit, no initial payment, digital case presentation, etc.)
<input type="text"/>	Management changes (improve on-time rate, change case presentation, change case presentation, etc.)



## Financial Policies and Fees

**Need help with this page? [Cloud9](#), [Dolphin](#), [Ortho2](#), and [Tops Ortho](#) users have specific instructions for finding some of the information required.**

\* 34. Usual case fees:

(Enter whole numbers without dollar signs or commas.)

Child patients (permanent dentition) \$

Adult patients (18 and older) \$

\* 35. How often are fees increased in your practice?

- ☐ Every 6 months or more frequently
- ☐ Every 12 months
- ☐ Every 24 months
- ☐ Every 36 months or less frequently
- ☐ Not on a regular basis

\* 36. How do you determine the amount of fee increase? (please select **all** that apply)

- ☐ Arbitrary decision
- ☐ Based on fees charged by other orthodontists
- ☐ Based on patient feedback
- ☐ Fixed increase that does not vary
- ☐ Tied to consumer inflation rate
- ☐ Tied to practice income
- ☐ Based on newsletter or journal recommendation
- ☐ Based on consultant recommendation
- ☐ Other (please specify)

\* 37. What percentage did your supplier costs change over the past two years? If your costs decreased, enter a negative number. Do not enter a % symbol.

38. Please check whether you typically charge a separate fee for any of the following, or whether it is included in the case fee:

	Included in case fee	Not offered	Separate fee
Initial consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phase I treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended treatment time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broken appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occlusal equilibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skeletal anchorage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laser treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repair of broken appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Financial Policies and Fees (continued)

**Need help with this page? Cloud9, Dolphin, Ortho2, and Tops Ortho users have specific instructions for finding some of the information required.**

39. If you charge a separate fee, what is the typical amount?

Initial consultation	<input type="text"/>
Diagnostic records	<input type="text"/>
Phase I treatment	<input type="text"/>
Extended treatment time	<input type="text"/>
Broken appointment	<input type="text"/>
Occlusal equilibration	<input type="text"/>
Skeletal anchorage	<input type="text"/>
Laser treatment	<input type="text"/>
Treatment of TMD	<input type="text"/>
Repair of broken appliances	<input type="text"/>
Retention	<input type="text"/>

40. What percentage of the case fee are patients asked to submit as an initial payment?

(Enter a whole number without a percentage symbol.)

41. How many months do patients usually have to pay the case fee?

\* 42. Is the case fee presented before diagnostic records are taken?

☐ Yes

☐ No

\* 43. Do you accept assignment of benefits from third-party plans?

☐ Yes

☐ No

\* 44. Do you offer third-party "bank plans" such as OrthoBanc?

- ☐ Yes
- ☐ No

45. Please estimate the percentage of gross revenue attributable to each of the following methods of payment in your practice in 2024:

(Enter whole numbers without percentage symbols. The column should total approximately 100!)

Cash and personal checks %	<input type="text"/>
Credit cards %	<input type="text"/>
Insurance %	<input type="text"/>
Bank plans and third-party financing %	<input type="text"/>
Medicaid and government plans %	<input type="text"/>
Managed care (including prepaid or capitation plans) %	<input type="text"/>
Other %	<input type="text"/>

\* 46. Are patients routinely billed in your practice?

- ☐ Yes
- ☐ No

## Practice Activity

**Need help with this page? [Cloud9](#), [Dolphin](#), [Ortho2](#), and [Tops Ortho](#) users have specific instructions for finding some of the information required.**

47. Do you routinely track patient referral sources?

☐ Yes

☐ No

48. Please estimate the percentages of patients your practice obtained in 2024 from the sources listed:

(Enter whole numbers without percentage symbols. The column should total approximately 100!)

Dentists (GPs) %

Dentists (specialists) %

Patients and parents %

Personal contacts %

Transfer %

Staff %

Other professionals (MD, etc.) %

Direct-mail advertising %

Telephone yellow pages %

Internet (website, social media) %

Commercial advertising (newspapers, TV, etc.) %

Drive-by signage %

Other %

\* 49. Please specify your practice's activity (all cases) for the calendar year 2024. If you are in a practice with other orthodontists, please respond for the total practice. If you have satellite offices, enter the total from all offices.

A. Number of new-patient consultations in 2024

B. Number of active treatment starts in 2024

C. Number of patients placed on observation in 2024 (not total pool, just those placed in 2024)

D. Number of total patients on observation (should be higher than C in almost all circumstances)

E. Number of total patients in active treatment (should be higher than B in almost all circumstances)

F. Number of active treatment starts age 18 and older in 2024

G. Number of total patients in active treatment age 18 and older

H. Percentage of total patients in active treatment treated with aligners (at all during treatment)

I. Percentage of total patients in active treatment age 18 and older treated with aligners (at all during treatment)

## Practice Activity (continued)

**Need help with this page? [Cloud9](#), [Dolphin](#), [Ortho2](#), and [Tops Ortho](#) users have specific instructions for finding some of the information required.**

50. Please specify your practice's activity (all cases) for the calendar year 2024. If you are in a practice with other orthodontists, please respond for the total practice. If you have satellite offices, enter the total for all offices.

(For percentages, enter whole numbers without percentage symbols.)

Percentage of patients covered by third-party insurance (not managed care)

Percentage of patients covered by managed-care plans

Number of working office days in which patients were seen in 2024 (if you have satellite offices, add each one together; in this case, you may have more than 365)

Total patient appointments in 2024

Total patient emergencies in 2024

Total broken appointments in 2024

Total canceled appointments in 2024

\* 51. Please specify your practice's activity (all cases) for the calendar year 2024. If you are in a practice with other orthodontists, please respond for the total practice. If you have satellite offices, please enter the total for all offices.

Enter whole numbers without dollar signs or commas. Enter entire number (in other words, 1,000,000 should be entered as 1000000, not abbreviated into thousands or tens of thousands).

Gross income of practice \$

Total operating expense of practice (not including compensation of orthodontist-owners) \$

Current delinquent accounts (90+ days overdue) \$



## Practice Activity (continued)

\* 52. Check the statement that best describes your practice's schedule in 2024.

- ☐ Too busy to treat all persons who requested appointments.
- ☐ Provided care to all persons who requested appointments (but felt overworked).
- ☐ Provided care to all persons who requested appointments (and did not feel overworked).
- ☐ Not busy enough.

\* 53. Compared to 2023, did your practice increase, decrease, or stay the same in 2024 in terms of:

	Increase	Decrease	Same
Active treatment starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. If your practice did not increase in active treatment starts in 2024, please check your opinions regarding the degree of influence of the following factors (if your practice increased in active treatment starts, please skip this question):

	No influence	Some influence	High degree of influence
Advertising dentists in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declining number of children in the local population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of dentists doing orthodontics in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of dentists doing Invisalign treatment in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of orthodontists in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ineffective practice-building methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ineffective practice management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local economic conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of contact with younger dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-fee competition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed-care (closed-panel) dental programs in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management service organization franchises in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal decision not to increase size of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 55. In 2025, do you expect that your practice will increase, decrease, or stay the same in terms of:

	Increase	Decrease	Same
Active treatment starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Staff Information

\* 56. How many full-time employees worked at your practice in 2024?

57. Number of years the average full-time employee has been employed by your practice:

(Enter a whole number.)

\* 58. Average yearly salary and bonus you paid the following types of full-time employees in 2024:

Enter whole numbers without dollar signs or commas. Enter "0" if you have no employees in a category. Enter the entire number (30,000 should be entered as 30000, not abbreviated to 30 or something else).

Receptionist/secretary  
annual salary and bonus

Chairside assistant  
annual salary and bonus

Laboratory technician  
annual salary and bonus

\* 59. Please check the types of benefits provided to the typical full-time employee in your practice (check all that apply):

- ☐ Paid maternity/family leave
- ☐ Paid holidays
- ☐ Health insurance
- ☐ Retirement plan
- ☐ Uniform allowance
- ☐ Continuing education tuition
- ☐ Dental benefits
- ☐ Cafeteria-style plan

Other (please specify):

60. How many part-time employees worked at your practice in 2024?

61. Number of hours per week the orthodontist-owner typically worked in 2024, including both patient and administrative hours:

## Staff Information (continued)

\* 62. Number and type of full-time employees in your practice:

If an employee works in more than one position, enter a fractional (decimal) number in each appropriate box. For example, if an employee works approximately equal time as a Chairside assistant, New-patient coordinator, and Treatment coordinator, enter ".33" in each box. Enter "0" if no employees fit the category. Your answer should add up to {{ Q56 }} (answer you provided for number of full-time employees).

Receptionist/secretary

Chairside assistant

Laboratory technician

Dental hygienist

New-patient coordinator

Treatment coordinator

Business manager

Bookkeeper

Office manager

Non-owner orthodontist

63. Number and type of part-time employees in your practice:

For an employee with more than one position, split their number between categories. For example, if an employee covers three types, enter "0.33" in each box. Enter "0" if no employees fit the category. Your answers should add up to {{ Q60 }} (answer you provided for number of part-time employees).

Receptionist/secretary

Chairside assistant

Laboratory technician

Dental hygienist

New-patient coordinator

Treatment coordinator

Business manager

Bookkeeper

Office manager

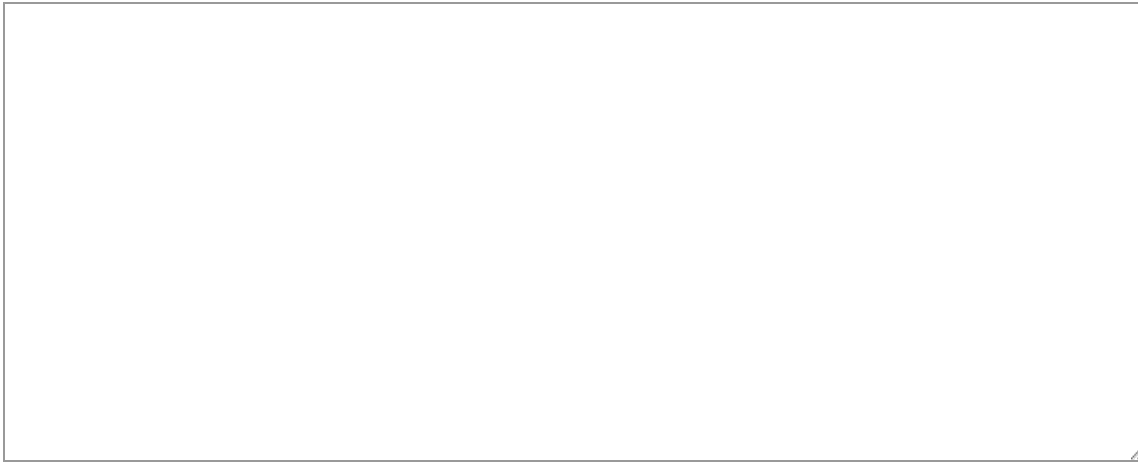
Non-owner orthodontist

## Thank You!

64. You have finished the Orthodontic Practice Study questionnaire. To send us general comments about the survey, please type them into the box below. If you wish to clarify specific responses, identify the Practice Study questions by number.

Do not include any personal information that would identify you in this box. Send an e-mail to [info@jco-online.com](mailto:info@jco-online.com) if you want a reply.

You can return to the questionnaire and make changes and additions as long as you use the same computer. Once you hit the **"Done!"** button, you will not be able to go back into the questionnaire.



65. To enter the drawing for a free lifetime subscription to JCO, enter an e-mail address here. Be sure to enter an e-mail address that is regularly checked—if we cannot get in-touch with you we will move on to someone else! We will not use this e-mail address for any other purpose. Note that the subscription is non-transferrable to other individuals or practices.