

# ORTHODONTIC OFFICE DESIGN

## Examination Rooms

WARREN HAMULA, DDS, MSD  
ROSEMARY BRAY  
CHARLENE WHITE, BS

The examination appointment is often the patient's and parents' first visit to the orthodontic office. With many families now considering more than one practice before making a selection—especially in highly competitive areas—their initial impression is critical to case acceptance.

The nationwide average for conversion of referrals to case starts is estimated at 58%<sup>1</sup> to 63%.<sup>2</sup> An experienced consultant can usually



**Fig. 1** Inviting reception desk in office of Dr. Harry White, Laguna Niguel, CA.

raise the ratio to about 73%. Even at that level, however, any examinations not converted to case starts can be costly. Besides the loss of a prospective patient, a thorough patient examination takes up considerable time in the daily practice schedule.

The ambience and design of the examination room, therefore, is an important factor in the success of a practice. In this article, we will describe some emerging trends in the basic requirements and uses of an efficient examination area.

### Evolution of the Examination Room

The reception room and reception desk make an immediate impact on the new patient's entry into the practice. A warm atmosphere and decor go a long way toward establishing a comfort zone for both parents and patients, who are often anxious about the initial examination (Fig. 1). The examination room is usually the next step in the orientation process.

Newer practices with limited staff and space must often use semiprivate exam areas or even resort to open-operator examinations. This

Dr. Warren Hamula is President of Modern Orthodontic Designs, 1539 S. Eighth St., Colorado Springs, CO 80906. He is a Contributing Editor of the *Journal of Clinical Orthodontics* and in the private practice of orthodontics. Ms. Bray is an orthodontic management consultant at 11255 Pabellon Circle, San Diego, CA 92124. Ms. White is an orthodontic management consultant at 215 Brook Ave. #110, Norfolk, VA 23510.



**Dr. Hamula**



**Ms. Bray**



**Ms. White**



**Fig. 2** Large, highly visible examination/consultation room with dental chair.

routine is also seen in smaller satellite offices, where a chairside, one-step exam/consult visit is common. In beginning practices, with more schedule time available, there is more opportunity to build relationships by using a second-visit consultation. If a dedicated consultation room is not available, the second visit should be conducted in the best setting possible, which may be a private office. The doctor's participation in the examination process then tends to be more intensive and therefore more time-consuming.

Consultants report that 90-95% of their clients and the other successful practices they observe are using trained treatment coordinators to assist in the patient entry process.<sup>3,4</sup> Those who don't are either less successful in converting exams into starts, or are younger doctors who have not yet reached the economic level to add another employee to the payroll. Most progressive orthodontists do so as soon as they are financially able. They also remodel their offices, when space permits, to develop the best possible examination/consultation areas.

### Placement and Design

The location of the exam/consult room varies, depending on how it is used when an examination is not being conducted. It might be advantageous to locate it near the front desk, so it will be convenient for administrative functions



**Fig. 3** Large exam/consult room doubles as treatment coordinator's work center in office of Dr. Greg Jorgensen, Rio Rancho, NM.

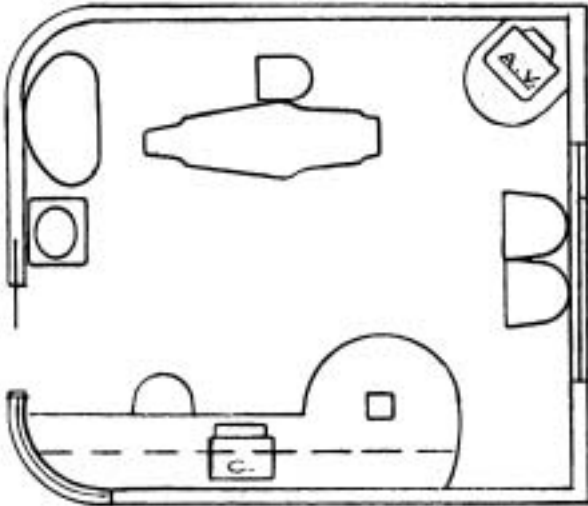
such as private financial discussions, mini-consultations, and short, private doctor-staff conferences. When placed nearer to the operatory, it can be used as an overflow room for retainer checks, emergencies, or impressions.

In smaller and midsize offices, where only one exam/consult room is possible, the trend is to make this room larger than the typical 8' x 10' treatment room. Consultants recommend making a "statement" that projects a favorable image of the practice (Fig. 2). A larger room can also take on a wide range of added functions.

In practices with considerable square footage, there are usually separate rooms for examinations and consultations. One is often larger, to accommodate a dental chair for the first visit, and the other is used primarily as a sit-down consultation room, especially if a two-visit procedure is office policy.

A large exam/consult room almost always doubles as the treatment coordinator's work center when examinations are not in progress (Fig. 3). Nevertheless, consultants recommend adding a separate, centralized treatment coordination room if space is available. This allows the coordinator to leave paperwork out on the desk, write letters, or follow up on details without having to scramble out of the way for an incoming exam.

Whether the treatment coordinator has a separate location or shares space in the exam/



**Fig. 4 Design of typical large (12' x 14') exam/consult room with variety of functions.**

consult room, a well-placed interior window can be advantageous. Being able to see into the reception area can save steps and add to practice efficiency, especially in a large office. If privacy is a concern, vertical blinds are an excellent solution.

Figure 4 shows a typical examination/consultation room in the 12' x 14' range. This size can accommodate the increasing variety of audiovisual aids now being used at exams, while allowing adequate room for most treatment coordinators to operate efficiently. There is ample space for:

- Conventional-size dental chair
- Working cabinet and sink
- Chairside utility center (especially useful if impressions are taken)
- Parent seating and consultation table
- Exterior window (if possible)
- Interior window to reception area
- Visual aids (models, appliances)
- Audiovisual imaging corner
- Treatment coordinator's work area (including computer)

Some consultants prefer the more intimate atmosphere of a smaller consultation area, espe-



**Fig. 5 Small consultation corner with readily available audiovisual aids in office of Dr. Tony Marino, Vacaville, CA.**



**Fig. 6 Small consultation room with recessed monitor/viewbox turntable in office of Dr. Mark Joiner, Santa Cruz, CA.**

cially if a dental chair is not needed to handle operator overflow. When such a room is properly designed, visual aids can still be placed within comfortable reach. A stool that slides easily on an acrylic floor mat allows the treatment coordinator or the orthodontist to get to any items or props that are needed.

Figure 5 shows a small, neat consultation corner with space for a video camera, a computer imaging station, a CD-ROM player, a notebook of before-and-after pictures, and typodonts. The consultation room in Figure 6 has a small conference table, with the computer monitor recessed into a corner of the wall on a turntable

and the x-ray viewbox mounted on the side of the monitor to save valuable counter space.

Another design trick for smaller rooms is to create a feeling of space with mirrors, windows, and color selection.<sup>5</sup> Controlling sound transmission around and within consultation rooms should also be a high priority.<sup>6</sup>

We do not recommend using a stand-up consultation area for the second visit. Standing for a long period of time is uncomfortable, and these areas usually afford limited privacy and space for paperwork. Still, their value for mini-consultations makes them popular and space-saving additions to many orthodontic offices.<sup>7</sup> They are perfect for reviewing panoramic x-rays, reinforcing hygiene instructions, or giving progress reports to parents. A larger, semiprivate alcove, convenient to most of the office but out of the mainstream of traffic, is also worth considering when space permits. With stool seating, it can double as an audiovisual area, for placing separators, or for discussing more sensitive issues with parents.

### Conclusion

Most consultants agree that the first three or four minutes of any new relationship is critical to its success. You cannot rely on the patient's ability to judge your skill and quality of care. An exceptional office environment and a warm, caring staff are fundamental if you want to improve your case acceptance rate.

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