



Aveline Dental Advisory

Consultation Request Form

Thank you for your interest in **Aveline Dental Advisory**. This consultation is designed to identify opportunities to improve practice operations, workflow efficiency, revenue cycle performance, patient communication, and overall systems management.

Please complete the information below and return this form to:

info@avelinedental.com

Contact Information

Practice Name: _____

Contact Name: _____

Title / Role: _____
(Doctor / Owner / Office Manager / Administrator / Other)

Email Address: _____

Phone Number: _____

Practice Address / City / State: _____

Preferred Method of Contact:

- Email
- Phone

Preferred Consultation Day / Time: _____

Practice Overview

Number of Doctors / Providers: _____

Total Team Members: _____

Practice Management Software: _____

System Type:

- Cloud-Based
- Server-Based
- Unsure

Years in Practice: _____

Areas Where Support May Be Helpful

- Insurance & Revenue Cycle Performance
 - Aging Claims / Unpaid Claims Follow-Up
 - Denials / Claim Recovery
 - Front Office Workflow Efficiency
 - Scheduling Systems & Capacity Optimization
 - Patient Billing / Collections Systems
 - KPI Reporting / Performance Visibility
 - Team Accountability / Systems Structure
 - Vendor / Overhead Review
 - Recall / Reactivation Systems
 - Marketing / Patient Communication
 - Online Reviews / Digital Presence
 - PPO Fee Schedule Review & Negotiation
 - Other: _____
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Current Challenges

What are the top operational issues affecting your practice right now?

Goals

What would you most like to improve over the next 3–6 months?

Additional Notes

Submitted By: _____

Date: _____

Next Step

Once received, Aveline Dental Advisory will review your information and follow up to schedule a consultation.

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