

Welsh Mountain Health Centers

Subject: Job Description – Dental Assistant	
Department: Administration Approved by: Board Of Directors	Section: <u>1</u> No. <u>1</u> Effective Date: _____ Replaces: _____ Page <u>1</u> of <u>2</u>

POSITION REPORTS TO: Dentist
POSITION CLASSIFICATION: Not Wage and Hour Exempt

RESPONSIBILITIES:

Assist the Dentist with dental procedures. Responsible for the care and maintenance of dental instruments and equipment.

SPECIFIC JOB RESPONSIBILITIES:

- Assist the dentist with all dental procedures.
- Take dental x-rays; develop and prepare the x-rays for evaluation by the dentist.
- Clean, sterilize, and lubricate instruments.
- Provide dental education for patients and families as required.
- Perform general lab procedures as required.
- Responsible for inventory and ordering of dental supplies.
- Maintain operatories, waiting room and laboratory in proper order.
- Assist the dental receptionist with scheduling and chart maintenance and other clerical duties as required.
- Perform other appropriate duties as required.

POSITION REQUIREMENTS:

High School diploma, with education or background in dental assisting preferred.

Physical Demands:

The physical demands described here is representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand; walk; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; talk or hear; and taste or smell. The employee frequently is required to sit. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

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POSITION SUPERVISORY RESPONSIBILITIES:

The position does not require supervision of other positions.

AUTHORITY BOUNDARIES:

Reports to the Dentist in all dental patient care matters.
Reports to the CEO on all other matters.

I have read and understand the duties outlined in this job description. My signature indicates my commitment to perform these duties to the best of my ability.

Print Name

Sign and Date