



R.O.A.D.S.

COMMUNITY CARE CLINIC

JOB DESCRIPTION

TITLE: DENTIST
REPORTS TO: DENTAL DIRECTOR
STATUS: EXEMPT

JOB QUALIFICATIONS AND EXPERIENCE

1. Thorough knowledge of principles and practices of dentistry and general knowledge of state and federal laws pertaining to public health and dental health services.
2. Experience working with Medi-Cal population
3. Physical examination which indicates that the employee is able to meet the physical requirements of the job including: Lifting up to 10 lbs, frequent walking, moderate sitting, stooping, bending, twisting.
4. Skilled in Microsoft Office, data entry, electronic medical record and use of business email.
5. Bilingual in English and Spanish is preferred but not required.

TRAINING, EDUCATION AND LICENSURE

1. Current DEA and dental license to practice General Dentistry in California.
2. Completion of approved education and training in Dentistry
3. Current BLS certification

RESPONSIBILITIES:

GENERAL DESCRIPTION

1. Perform dental exam on patients, take medical and dental history, interpret diagnostic tests and x-rays/diagnostic of gums, the jaw, and nearby areas for problems, record findings and make a preliminary diagnosis or decision on follow-up procedures;
2. Perform preventive and corrective dental procedures: Cleaning and repairing teeth, extracting teeth when necessary, fitting crowns and safe administration of anesthesia prior to dental procedures;
3. Perform surgical procedures on the teeth, bone and soft tissues of the oral cavity;
4. Create treatment plans to maintain or restore the oral health of the patients;
5. Prescribe medications as necessary and appropriate to the extent allowable by state guidelines and clinic regulations;
6. Provide oral health education regarding best oral health habits including diet, flossing, use of fluoride;
7. Including but not limited to answering phones, scanning, processing intake, flashing instruments, etc.
8. Refer patients to specialists when required
9. Supervise the work of the dental assistant

Employee Signature: _____ Date: _____