One surgery day has forty things that must be true first. On the morning, which one is missing — and who finds out?

The consent was signed. Nobody could find which arch it named. Surgery day with nothing missing — consents, clearance, the lab case, the permit — already on the chart. The note writes itself.

Talk to our team · hello@dionhealth.com

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www.dionhealth.com

One surgery day has forty things that must be true first. On the morning, which one is missing — and who finds out?

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COUNTED · OUR OWN PRACTICE

40+
things that must be true before a full-arch surgery starts — clearance, consents, the lab case, the permit, the assistant

15
informed consents classified by procedure code, so the one on file is the one the case needs

9
surgical and production lanes running live in our flagship practice today

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- [ ] A consent is signed on paper and filed where nobody can search it
- [ ] Medical clearance lives in somebody's inbox until the morning
- [ ] Notes get written after hours, or days later

WHAT DION CLINICAL RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A case is planned	Builds the plan by tooth and code, with the consents that case actually requires attached to it	A plan you can read, and consents tied to the procedures they cover
Before the surgical date	Tracks what is outstanding — physician clearance, the anticoagulant question, the lab case, the sedation permit	One list of what is still missing, days out, not on the morning
The patient arrives	Signs on the kiosk; the consent lands in the record against its code with its expiry	Consents in the chart, not in a folder
A CBCT is taken	Reads the scan into the chart and produces the perio and oral-mapping report — bone levels per tooth, staged	A report you can hand the patient, in your letterhead
You speak the visit	Transcribes it and drafts the note, structured, while you are still in the room	The note written the day it happened, for you to approve
Surgery day	Runs the day board — the lane, the assistant, the lab case, the post-op call	A surgical day where nothing is discovered at 7:30 am

Surgery day with nothing missing — consents, clearance, the lab case, the permit — already on the chart. The note writes itself.

THE LINES IT MOVES ON YOUR ANALYSIS

Cases that slip on a missing clearance, consent or lab case	surgery days that hold
Notes written after hours	written in the room

IN AN IMPLANT PRACTICE

A full-arch day that slips for a missing clearance costs the chair, the lab case and the patient's confidence. Nothing on that list is clinical — it is all record-keeping.

WHAT YOUR TEAM KEEPS

- The surgery, entirely — diagnosis, plan and technique are yours
- Every clinical judgment; the note is drafted, never filed without you
- Your imaging hardware and your lab

WHAT IS ACTUALLY BUILT

Running in our flagship full-arch practice today: the chart, perio with the CBCT-driven oral-mapping report, imaging, the surgical schedule on real operatory lanes, kiosk-signed consents classified by procedure code, and the scribe — which records the visit and drafts the note, measured on real visits.

READS

Your schedule and your operatories, as real surgical lanes · Your imaging, including CBCT · The patient record — history, medications, allergies

RETURNS

The clinical chart, perio and imaging in one record · Signed consents, tied to the procedure codes they cover · The visit note, drafted from what was said

YOUR FIRST THIRTY DAYS WITH IT

Read-only first — your schedule and imaging connected · the consent set loaded and classified by code · the perio report run on a case you choose · the scribe switched on for one operatory when you say so.

BEING STRAIGHT WITH YOU

This is the newest of the nine and the only one that could eventually replace your practice system. It does not on day one and it does not have to: Dion reads whatever you run today, and moving the chart is a separate decision you make later, or never. The bone-crest line on the perio report is not yet produced for every patient, and we say so on the report rather than drawing a line we cannot support.

COUNT YOURS

Surgical days last year that slipped on paperwork	_____
Days between a visit and its finished note	_____

Your first thirty days with Dion Clinical.

Every office is onboarded in one month with a named person on our side. Dion Clinical is one function of the nine; it reads the same practice record as the others, and your practice system is read in place — nothing migrated, nothing modified. It comes with a team: a dedicated account manager, training for each role, and the numbers delivered to you every morning, every night and every month.

- Read-only first — your schedule and imaging connected
- The consent set loaded and classified by code
- The perio report run on a case you choose
- The scribe switched on for one operatory when you say so

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Start with your numbers. Three figures off your last P&L and the analysis returns your own addressable overhead and your own recoverable revenue, line by line. It cannot show a Dion price — that arrives only after we have read your numbers together.

console.dionhealth.com/analysis

See it live, on the practice it runs today.

A 15-minute walkthrough with our team — no preparation, no commitment.

www.dionhealth.com/pikos

Or start with your numbers: console.dionhealth.com/analysis