

# Frequently Asked Questions

For more FAQ's go to [www.DrQuickLook.com](http://www.DrQuickLook.com)

## ***How do I provide for infection control while using DrQuickLook™?***

Like all intraoral cameras, the camera wand must be sleeved before each use. We recommend using our infection control sleeves, Order Number DQL500. Remember to properly dispose of this sleeve after use. The rest of the unit can be cleaned using a sanitary wipe for cleanliness.

## ***The little LED light under the monitor is blinking rapidly – what does that mean?***

Rapid flashing of the light beneath the monitor means the battery supply is at an estimated 20% level. Recharge fully as soon as practical.

## ***How long do the rechargeable batteries last?***

DrQuickLook™ will work for up to 4 continuous hours before needing a charge.

## ***Why should I have a DrQuickLook™ unit in every operatory?***

In a word – efficiency. Based on the cost, why would you want to get just one to share? Sharing leads to potential conflicts when something doesn't work. This is especially true if something is used with a high degree of consistency – on each patient. Remember, you can use DrQuickLook™ to show the patient what a wonderful job you just did to save their tooth as well as to show them a problem.

## ***Why DrQuickLook™ improves credibility between the Dentist and the Patient***

Seeing is believing... DrQuickLook™ ease of use also allows the auxiliary to use the product. Assistants and hygienists are actually very powerful in patient treatment realization and acceptance. Using DrQuickLook™, they will be able to rapidly and clearly demonstrate issues to patients. When the dentist arrives, the patient already knows the situation and is simply looking for confirmation.

# DrQuickLook™ Clinical Tips

## Sleeving

- Go slowly. Sleeving too fast results in tearing of the sleeve and wasting the sleeves or worse yet, poor infection control.

## Image Capture

- Have the patient hold the screen slightly upright so both the patient and doctor can see the image. Let the patient know there won't be much for them to see until the image is captured.

## Image Clarity

- Start with a longer distance to object then move in slowly or freeze and magnify. Image clarity equals keeping the wand still when you click. Close shots tend to have glare due to LED intensity. Removing saliva with an air water syringe will help significantly.

## Cleaning Plastics

- Commercially available sanitary wipes are fine but they tend to leave a film.

## Cleaning LCD Screen

- **Never spray any cleaning solutions directly onto the screen.** Always apply into your cleaning cloth. DON'T use mineral or tap water. Doing so may leave white spots from the dissolved salts. **PROPER CLEANING:** Mix Isopropyl alcohol and distilled water in equal parts (50/50) in an empty spray bottle. **REMEMBER:** Do not use tap water! Next, find a good, soft piece of microfiber cloth or 100% cotton cloth to clean your display screen. Avoid facial tissues and paper towels at all cost! Using those on your screen would be just like scrubbing sandpaper on it and may scratch it permanently.

## Efficiency

- Everyone in the clinical setting should know how to use and then *commit to use* DrQuickLook™ on every patient. If there is one area to look at, the auxiliary can freeze the image and as long as the unit is held upright, it will stay for the doctor to see without having to re-capture the image.

## Post Treatment

- One of the best ways to justify the expense of your work is to show the patient how good it looks after treatment. Start with the nasty before picture. Auxiliaries love to do this.