



Practice Profile

Name: _____

Address: _____

City, State, Zip Code: _____

Does staff know that practice is for sale? _____

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
Gross Collections: \$	\$ _____	\$ _____	\$ _____	\$ _____

Type of Practice: _____

Year established: _____

Doctor's Age: _____

Square Feet: _____

of Fully-Equipped Operatories: _____

of Total Operatories: _____

of Days a Year Worked: _____

Reason for Selling: _____

Elaborate on the best features of your practice
(location, reputation, fee for service, new equipment, low overhead, many years of goodwill, etc):

Practice Information

OFFICE HOURS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office						
Doctor						
Associate 1						
Associate 2						
Hygienist 1						
Hygienist 2						
Hygienist 3						
Hygienist 4						
Hygienist 5						

Please provide the percentage (%) breakdown of patient type (must add to 100%):
(To be verified by buyer)

Insurance _____ % Private Pay _____ % PPO _____ %

Delta Dental _____ % Denti-Cal _____ % Capitation _____ %

What PPO, Capitation or other managed care provider plans are currently in place?

Are any of these plans not assignable to a buyer of your practice? _____

If you are a specialist, please provide the # of referring dentists to your practice: _____

What types of services/procedures do you refer to specialists? _____

Do you have a specialist treat patients in your office? _____

Please provide a percentage (%) breakdown of your annual services/procedures:
(Must add to 100%; to be verified by buyer)

Diagnostic _____ % Preventive _____ % General Operative _____ %

Crown/Bridge _____ % Implants _____ % TMJ _____ %

Endodontics _____ % Orthodontics _____ % Perio/Soft Tissue _____ %

Oral Surgery _____ % Cosmetic _____ % Dentures _____ %

Pedodontics _____ % Prosthodontics _____ % Other _____ %

Do you use IV sedation? _____ What percentage (%) of patients? _____

Do you use Nitrous Oxide? _____ What percentage (%) of patients? _____

What type of practice promotion do you use? _____

What is the most recent date fees were raised? _____

Patient/Service Information

Please provide the following information about your patients:
(To be verified by buyer)

Active Patients (past 2 years) _____ Average age of patients _____ New Patients per month _____

Please breakdown your monthly new patient flow numbers:
(To be verified by buyer)

Patient referrals _____% Professional referrals _____% Advertising _____%

PPO patients _____% Capitation _____% Other (explain) _____%

How many patients a day does the Doctor see? _____

How many patients a day does the Hygienist see? _____

How far ahead is the Doctor booked? _____

How far ahead is the Hygienist booked? _____

What is your average daily hygiene production? _____

Equipment Information

Does your office have:

Panorex _____ Intra-oral camera _____ Laser _____

Air-abrasive _____ Digital Radiography _____ I-Cat _____

When did you purchase the majority of your equipment? _____

What was the approximate original cost? _____

Do you lease any equipment, and if so, what? _____

Computer Practice Management Software programs being used: _____

(Please provide copies of any equipment leases)

Left-hand equipment _____ Right-hand equipment _____

Any liens against the equipment? _____

Staff Information

To your knowledge, will employees stay with new owner? _____

Which, if any, will leave? _____ Title _____

Are any family members employed at your practice? _____

What is their salary? _____

What are their duties? _____

Business/Office Information

Equipment lease payments to be assumed by buyer: _____

Other liabilities to be assumed by buyer: _____

Office lease terms: _____

Who owns the building? _____ Age of building? _____

If you own the building, will you sell it? _____

What terms? _____

Do you share space with other professionals? _____

What terms? _____

Name of Landlord? _____ Monthly rent? _____

Include utilities? _____ Square footage? _____

When does the lease expire? _____ Is lease assignable? _____

Is the space expandable? _____

How much parking? _____

Other Information:

Will selling doctor help with financing? _____

Does selling doctor practice in another office? _____

Covenant not to compete offered: _____ Miles: _____ Years: _____

Under 30 days 30-60 days 61-90 days over 90 days

Accounts Receivable Balance: _____

Selling Price: _____ Includes Accounts Receivable Y/N: _____

Other information: _____

ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF SELLING DENTIST'S KNOWLEDGE, HOWEVER, NO WARRANTIES OR GUARANTEES ARE BEING MADE, AND BUYING DENTIST IS TO CONDUCT THEIR OWN DUE DILIGENCE AND VERIFY THE INFORMATION.

Personnel

Name	Position	Days/hours week of service	Compensation	Benefits	Length