



## Practice Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Does staff know that practice is for sale? \_\_\_\_\_

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</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: \_\_\_\_\_

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**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

<b>Name</b>	<b>Position</b>	<b>Days/hours week of service</b>	<b>Compensation</b>	<b>Benefits</b>	<b>Length</b>