

**DENTAL  
PRACTICE  
START-UP  
INFORMATION**

**PERSONAL & PROFESSIONAL INFORMATION**

BORROWER'S NAME: \_\_\_\_\_

CURRENT MONTHLY PRODUCTION: \$ \_\_\_\_\_

NUMBER OF HOURS CURRENTLY ASSOCIATING PER WEEK? \_\_\_\_\_

YEARS OF MANAGERIAL/OWNERSHIP EXPERIENCE? \_\_\_\_\_

ARE YOU CURRENTLY SUBJECT TO A COVENANT NOT TO COMPETE OR SIMILAR CONTRACT?  No  Yes IF YES, DESCRIBE: \_\_\_\_\_

**PRACTICE INFORMATION**

PROPOSED PRACTICE ADDRESS: \_\_\_\_\_

SPECIALTY/FOCUS OF PRACTICE: \_\_\_\_\_ PROJECTED OPENING DATE? \_\_\_\_\_

NUMBER OF COMPETITORS IN THE AREA? \_\_\_\_\_ AREA POPULATION? \_\_\_\_\_

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE LOCATION: \_\_\_\_\_

# OF OPERATORIES TO BE EQUIPPED? \_\_\_\_\_

WHAT AMOUNT, IF ANY, IS THE LANDLORD CONTRIBUTING FOR TENANT IMPROVEMENTS? \$ \_\_\_\_\_

WHAT IS THE MONTHLY RENT FOR THE SPACE? \$ \_\_\_\_\_

WHAT IS THE SQUARE FOOTAGE? \_\_\_\_\_ SQ. FT.

WILL YOU ASSOCIATE WHILE STARTING YOUR PRACTICE?  YES  NO CONTRACTUAL?  YES  NO

# OF DAYS YOU WILL CONTINUE TO ASSOCIATE PER WEEK? \_\_\_\_\_ DAILY RATE OF COMPENSATION? \$ \_\_\_\_\_

# OF DAYS YOU WILL WORK AT THE NEW PRACTICE PER WEEK? \_\_\_\_\_

WHAT TYPE OF INSURANCE WILL BE USED? PPO \_\_\_\_\_% FEE FOR SERVICE \_\_\_\_\_% CAPITATION \_\_\_\_\_% REDUCED FEE PLANS \_\_\_\_\_%

**PERSONNEL:**

POSITION	# FULL-TIME	# PART-TIME	TOTAL
ASSOCIATES			
OFFICE MANAGER			
HYGIENISTS			
DENTAL ASSISTANTS			
LAB TECHS			
RECEPTIONISTS			
		<b>TOTAL:</b>	

**MARKETING TECHNIQUES TO BE USED TO PROMOTE THE NEW OFFICE (CHECK ALL THAT APPLY):**

TV/RADIO  VIDEO POSTCARD  YELLOW PAGES  DIRECT MAIL  PATIENT REFERRALS  OTHER (SPECIFY): \_\_\_\_\_