

PERSONAL & PROFESSIONAL INFORMATION

BORROWER'S NAME: _____

DO YOU NOW OWN A PRACTICE? YES NO YEARS OF MANAGERIAL/OWNERSHIP EXPERIENCE: _____

CURRENT MONTHLY PRODUCTION: \$ _____ DAILY RATE OF COMPENSATION? \$ _____ CURRENT HOURS PER WEEK: _____

ARE YOU CURRENTLY SUBJECT TO A COVENANT NOT TO COMPETE OR SIMILAR CONTRACT? NO YES IF YES, DESCRIBE: _____

LEGAL COUNSEL: _____ PHONE: _____ E-MAIL: _____

ACCOUNTANT: _____ PHONE: _____ E-MAIL: _____

SELLER INFORMATION

NAME: _____

SELLING OFFICE ADDRESS: _____

OFFICE PHONE: _____ OFFICE FAX: _____

HOME ADDRESS: _____

HOME PHONE: _____ HOME FAX: _____

LEGAL COUNSEL: _____ PHONE: _____ E-MAIL: _____

ACCOUNTANT: _____ PHONE: _____ E-MAIL: _____

REFERRAL SOURCE (i.e. Broker)

NAME: _____ FIRM: _____

PHONE: _____ FAX: _____ E-MAIL: _____

REQUESTED LOAN

TOTAL PURCHASE PRICE: \$ _____ PURCHASER'S CONTRIBUTION: \$ _____

ACCOUNTS RECEIVABLE (IF INCLUDED IN SALE, LIST APPROX. \$ AMT. <60 DAYS): \$ _____

SELLER'S CARRY BACK NOTE: \$ _____

TERMS OF SELLER NOTE: MONTHS _____ PAYMENT \$ _____

PRACTICE INFORMATION

REASON FOR SELLING? _____

HOW LONG HAS SELLER BEEN AT LOCATION? _____ YRS. HOW LONG HAS SELLER OPERATED PRACTICE? _____ YRS

OF EQUIPPED OPERATORIES: _____ ROOM FOR EXPANSION? YES NO

OFFICE HOURS: OPEN NOW _____ DAYS/WEEK OPEN WHEN BUYER IS OWNER: _____ DAYS/WEEK

PATIENT FINANCIAL TYPE: FEE FOR SERVICE _____% PPO _____% CAPITATION _____% REDUCED FEE PLAN _____%

PRACTICE-RELATED LITIGATION? YES NO IF YES, DESCRIBE: _____

PROPERTY:

RENT OWN REMAINING TERM OF LEASE: _____ YRS. RENEWAL OPTION AVAILABLE? YES NO

WILL BUYER ASSUME LEASE OR WRITE NEW LEASE? _____ MULTI-TENANT? YES NO

IS PROPERTY FOR SALE? YES NO IF YES, PROPERTY VALUE \$ _____ IF NO, MONTHLY RENT \$ _____

LANDLORD NAME: _____ PHONE: _____

LANDLORD ADDRESS: _____ E-MAIL: _____

FAX: _____

**DENTAL
PRACTICE
ACQUISITION
INFORMATION**

CURRENT PERSONNEL:

POSITION	NO. EMPLOYED
ASSOCIATES	
MANAGERS	
HYGIENISTS	
DENTAL ASSISTANTS	
LAB TECHS	
RECEPTIONISTS	
<i>DOES THIS LIST INCLUDE YOURSELF? <input type="radio"/> YES <input type="radio"/> NO</i>	
TOTAL PERSONNEL	

IS STAFF AWARE OF SALE? YES NO IF NO, WHEN WILL STAFF BE INFORMED OF SALE? _____

WILL STAFF REMAIN WITH PRACTICE? YES NO UNKNOWN DESCRIBE ANY CHANGES IN STAFFING: _____

WILL SELLER REMAIN WITH PRACTICE? YES NO IF YES, HOW LONG? _____ DAYS/WK? _____ COMPENSATION (IN DOLLARS) \$ /DAY

OUTLINE OF TRANSITION PLAN: _____

PERCENTAGE OF DENTISTRY CURRENTLY PRACTICED:

RESTORATIVE _____% C&B _____% ENDO _____% PERIO _____% PEDO _____% IMPLANTS _____%

ORAL SURGERY _____% ORTHO _____% DENTURE _____% HYGIENE _____% OTHER _____%

SERVICES THE BUYER WILL OFFER? _____

WITHIN THE LAST 12 MONTHS, WHAT IS THE:

APPROX. # OF ACTIVE PATIENT RECORDS? _____ AVERAGE # OF NEW PATIENTS PER MONTH? _____

AVG # OF PATIENTS SEEN BY DOCTOR(S) PER DAY? _____ AVERAGE # OF PATIENTS SEEN BY HYGIENIST(S) PER DAY? _____

MARKETING TECHNIQUES CURRENTLY USED (CHECK ALL THAT APPLY):

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

ANY CHANGES IN MARKETING AFTER THE SALE? _____