

Dental Practice Information Report

(Separate form to be completed for existing practice and practice being purchased)

In addition to the information listed in this report, the following practice reports are required to pursue loan approval (please provide an explanation if any of these reports are unavailable):

- ✓ **Accounts Receivable Aging Summary**
- ✓ **Current Year Production by Category Report**
- ✓ **Current Year Production by Provider Report**

Date _____

Practice Owner's Name: _____

Name of Practice (DBA): _____ Type of Practice: _____

Address: _____
City County State Zip

Telephone: () _____ () _____
Office Phone Fax Web Address

Website: _____

1. History

Date practice established: _____ Date purchased by current owner: _____

Does practice owner have an additional practice location(s)? If so, address:

2. Practice Sale

Why is the practice being sold?

What are the seller's plans after the sale (work as associate, retire, etc.)?

Is there any debt or equipment leases on the practice? _____

Will buyer assume any debt or equipment leases? _____

Average age of equipment: _____ Will buyer need to purchase new equipment? _____

3. Office Hours

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Weekends: _____

4. Office Building

Owner: _____

Address: _____
City State Zip

Is the building being sold with the practice? _____ If so, for how much? _____

Equipped Operatories? _____ Available Operatories? _____ Room for expansion? _____

Square footage of office space: _____ Current monthly rent rate: \$ _____

Will seller's lease be assigned to buyer, or will buyer obtain new lease? _____

Term of lease (including tenant option to renew): _____

Will the practice be relocated now or in the future: _____

5. Accounts Receivable (please attach A/R summary)

Will A/R be purchased? _____ If so, terms of purchase: _____

6. Practice Make-Up

% receipts from owner: _____ % receipts from associate(s): _____

** % receipts from hygienist: _____ % receipts from specialist(s): _____

Cash/Check/Credit (% receipts): _____ PPO (% receipts): _____

Capitation/HMO (% receipts): _____ Welfare (% receipts): _____

If any payment plans are offered, please explain: _____

Does the office provide care to a single employer or group that represents 15% or more of total practice revenue? If yes, please provide the percentage and background information on the group.

Do you waive co-pays for any individuals or group of individuals? _____

7. Patient Numbers

What is the average number of new patients seen per month? _____ Is Ceric utilized: _____

Is anesthesia a part of the practice: _____

8. Marketing

What types of marketing are utilized in the practice?

Staff					
Name	Position	Rate of Pay	Hours/Week	Tenure	Benefits

Are any family members employed at the Practice? _____ Will they be employed by buyer? _____

Are any family members who aren't employed at the Practice being paid through the practice? _____

What are their wages? _____

Please complete the following for Specialty Practices only:

New patient flow:

Referring Dentist _____% Word of mouth _____%
Marketing _____% Other _____%

- # of dentists referring 50+ cases per year _____
- # of dentists referring 25-50 cases per year _____
- # of dentists referring 10-25 cases per year _____
- # of dentists referring fewer than 10 cases per year _____

ESTIMATED age of top 15 referring dentist:

- # over age 60 _____
- # 40's to 50's _____
- # less than 40 _____

Seller's Affirmation: I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____

Buyer's Affirmation: I hereby certify that I have verified the above information to the best of my ability, and it is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____