

**DENTAL  
PRACTICE  
EXPANSION  
INFORMATION**

**PERSONAL & PROFESSIONAL INFORMATION**

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

YEARS OF MANAGERIAL/OWNERSHIP EXPERIENCE: \_\_\_\_\_ SPECIALTY/FOCUS OF PRACTICE: \_\_\_\_\_

**PRACTICE INFORMATION**

PROJECTED OPENING DATE: \_\_\_\_\_ IF MOVING, NUMBER OF COMPETITORS IN THE AREA? \_\_\_\_\_

IF MOVING, ADDRESS OF THE NEW LOCATION? \_\_\_\_\_

IF MOVING, PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NEW LOCATION: \_\_\_\_\_

IF MOVING, HOW FAR IS THE NEW LOCATION FROM YOUR CURRENT FACILITY? \_\_\_\_\_  BLOCKS  MILES

WHY ARE YOU DOING THIS PROJECT AND WHY NOW? \_\_\_\_\_

DESCRIBE HOW DOWN TIME WILL BE MINIMIZED DURING THE EXPANSION: \_\_\_\_\_

DESCRIBE HOW YOU WILL CONTINUE TO SERVICE YOUR PATIENTS DURING THE EXPANSION: \_\_\_\_\_

SQUARE FOOTAGE: CURRENT LOCATION? \_\_\_\_\_ SQ. FT. EXPANDED/NEW LOCATION? \_\_\_\_\_ SQ. FT.

# OF EQUIPPED OPERATORIES: CURRENT LOCATION? \_\_\_\_\_ EXPANDED/NEW LOCATION? \_\_\_\_\_

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

IF PURCHASING THE BUILDING, ANSWER THE FOLLOWING ABOUT THE LOAN: TERM \_\_\_\_\_ YRS. RATE \_\_\_\_\_ % PURCHASE PRICE \$ \_\_\_\_\_

IF LEASING OFFICE SPACE, WHAT IS THE MONTHLY RENT: CURRENT LOCATION? \$ \_\_\_\_\_ EXPANDED/NEW LOCATION? \$ \_\_\_\_\_

OFFICE HOURS: OPEN NOW: \_\_\_\_\_ DAYS / WEEK AFTER EXPANSION: \_\_\_\_\_ DAYS / WEEK

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

**CURRENT PERSONNEL:**

POSITION	NO. EMPLOYED
ASSOCIATES	
MANAGERS	
HYGIENISTS	
DENTAL ASSISTANTS	
LAB TECHS	
RECEPTIONISTS	
TOTAL PERSONNEL:	

DESCRIBE ANY CHANGES TO PERSONNEL AFTER THE EXPANSION: \_\_\_\_\_

**PERCENTAGE OF DENTISTRY PRACTICED:**

RESTORATIVE \_\_\_\_\_ % C&B \_\_\_\_\_ % ENDO \_\_\_\_\_ % PERIO \_\_\_\_\_ % PEDO \_\_\_\_\_ % IMPLANTS \_\_\_\_\_ %

ORAL SURGERY \_\_\_\_\_ % ORTHO \_\_\_\_\_ % DENTURE \_\_\_\_\_ % HYGIENE \_\_\_\_\_ % OTHER \_\_\_\_\_ %

**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) \_\_\_\_\_

DESCRIBE ANY CHANGES IN MARKETING AFTER THE EXPANSION: \_\_\_\_\_