

Consani Associates  
info@mydentalbroker.com  
(866) 348-3800 fax (866) 348-3809

**CONFIDENTIAL PRACTICE QUESTIONNAIRE**

Dr. Name: \_\_\_\_\_  DDS  DMD Spouse: \_\_\_\_\_

Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Prefer to be contacted:  Business  Home  
Confidential to Staff/Community  Yes  No

Dental School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Special Training: \_\_\_\_\_

Left Handed  Right Handed

Reason for Selling: \_\_\_\_\_

Years with Practice: \_\_\_\_\_

Building Information: Sq.Ft. \_\_\_\_\_ # of Operatories: \_\_\_\_\_

Own or Lease Space: \_\_\_\_\_ If owned (Keep, Sell, or Either): \_\_\_\_\_

If leased (Rent/month amount): \_\_\_\_\_ If leased (Lease end date and Extend options): \_\_\_\_\_

Practice Management Software: \_\_\_\_\_

Doctor's Schedule (Days of week and Hours): \_\_\_\_\_

Names and Percentages of Reduced Fee Programs: \_\_\_\_\_

The description above accurately describes my practice to the best of my knowledge.

Dr. \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Consani Associates

**REQUESTED PRACTICE DATA / REPORTS**

- The Last 3 Business Tax Returns
- Copy of Profit and Loss – Current and most recent year
- Fee Schedule(s) for cash/credit and top three insurances if different
- Equipment List (if available)
- Accounts Receivable Aging Report (30, 60, 90, over 90 --- Totals only)
- Monthly production and collection totals only for current year.
- Current and Previous year - Production by Procedure Code Report
- Last full year - Revenue listed by cash/credit and by each insurance company
- Associate Agreement and their wages and production total – Current and Previous Year
- Copy of Office Lease (if applicable)
- If applicable, Partnership Agreements

Please provide the following staff information:

NAME	TITLE/POSITION	YRS W/PRACTICE	HRS PER WEEK	WAGE

All information remains confidential.

Notes: