



Shea Practice Transitions, P.A.

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Thank you for allowing us to assist you with finding a dental practice opportunity for you. Hopefully we will be successful in discovering your ideal practice. The following is some information that will help us in achieving that goal (please complete all areas and be assured that this information will be held in strict confidence, provided only to potential sellers and employers):

Today's date: _____

Full name _____

Address (where do you want information sent?) _____

Home Phone: _____

Office Phone: _____ May we contact you there? _____

Cell Phone: _____

Email address: _____ Can you receive documents via your email? _____

Fax number (if applicable): _____

Graduation year: _____ Dental School _____

Dental license number (if applicable): _____

Do you have a current CV or resume? (if so, please attach to questionnaire) _____

Clinically, what procedures are you proficient in?

Endo _____ Rotary endo _____ Perio _____ Oral Surgery _____

Ortho _____ Pedo _____ Cosmetic _____ TMJ _____

Implants _____

Which areas of dentistry do you prefer the most? _____

Briefly describe your ideal practice. _____

What is your preferred location(s)? _____

What are your annual income expectations or goals? _____

What is the nature of the practice you would like to find (e.g. amalgam-free, all fee-for-service, high production, associate buy-in, solo practice sale, buy-out)? _____

What is your timeframe to own a practice? _____

Is there anyone else that will be assisting you with your decision (e.g. spouse, family member, consultant, accountant, attorney)? If so, please specify _____

Have you had an opportunity to look at other practices? If so, please specify _____

What did you like or dislike about other practices you have seen? _____

Have you talked to other brokers? If so, please specify _____

What did you like or dislike about other brokers? _____

Have you prepared a household budget (e.g. mortgage/rent, student loan payments, car payments)?

Do you have life insurance? _____ If so, how much? _____

Do you have disability insurance? _____ If so, how much? _____

Have you prepared a net worth statement? _____

What are your hobbies or other interests? _____

Please list at least two dental labs whom have performed work for you (include telephone number and lab tech or contact person). _____

Please list at least two references whom we can contact (include name and telephone number): _____

The foregoing information is true and accurate to the best of my knowledge. I hereby authorize and consent to contacting the references listed above. The typing of my name serves as a substitute for my signature.

Signed: _____
(Please include your full name and D.D.S. or D.M.D.)