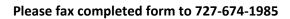
Dental Practice Evaluation





727-447-4756

Best phone number to contact you to review your practice evaluation
Name
Practice Name
Address
Email Address
Office Phone Number
Number of Dentists in practice – General; Specialist
If specialist(s), please enter type of specialist(s)
Years in Practice
Total Gross Production Last Year
Monthly Production Goal
Total Collections Last Year
Monthly Collection Goal
Total Hygiene Production Last Year
Monthly Hygiene Goal
Number of Hygiene Days per Month
Total Accounts Receivable
Number of Team Members
Hygienists
Assistants
Administrative
Other

Number of Active Patients	
Average Number of New Patients Monthly	
Annual Marketing Budget	
Average of Fee of Cases Presented	-
Average Percentage of Case Acceptance	
Percentage of Patients with Dental Insurance – PPO;	HMO; Medicaid
Number of Insurance Plans Accepted	
Areas of concern	