Symphony Dental
Dental Practice Enhancement Services

Practice Analysis Worksheet

Thank you for considering Symphony Dental for your business. Following is a questionnaire that will assist us in our analysis process and getting to know you. Upon completion, please fax or mail this form to our Advisor Team for a Complimentary Telephone Consultation. *All information will be held in strict confidence*.

1. Business Information:

Company Name:

Address:

Phone: Fax:

Web page URL:

2. Contact Information:

Primary Contact Name:

Phone: Fax:

Address:

Email:

3. Describe your goals for your Practice:

This Year:

Next Year:

Five Years from Now:

Ten Years from Now:

4. If **you knew you could not fail** , what changes would you make in your practice?

5. Please give us your financial performance background:

Gross Annual Production:

2014 _____

2015 _____

2016 _____

2017 to date _____

Annual Collections (Total Dollars or Per Cent of Production)

2014 _____

2015 _____

2016 _____

2017 to date _____

6. Tell Us About Your Team:

	How Many?	**Full Time**	**Part Time**
Dental Assistants	_____	_____	_____
Hygienists	_____	_____	_____
Hygiene Assistants	_____	_____	_____
Administrative Staff	_____	_____	_____
Office Manager(s)	_____	_____	_____
Other: _____	_____	_____	_____

7. Insurance Management

Do you accept assignment of insurance benefits?	Yes _____	No _____
Do you participate in PPO/DMO Plans?	Yes_____	No _____
Do you lower your fees to participate in any insurance plans?	Yes _____	No _____

8. Please rate your Practice in the following areas:

	Poor	Satisfactory	Highly Effective
Scheduling	_____	_____	_____
Collections	_____	_____	_____
Soft Tissue Management Program (STMP)	_____	_____	_____
Clinical Dr/Asst Operations	_____	_____	_____
Case Presentation	_____	_____	_____
Co-Diagnosis	_____	_____	_____
Technology Implementation	_____	_____	_____
Patient Retention	_____	_____	_____
New Patient Activity	_____	_____	_____
Marketing Activity	_____	_____	_____
Treatment Acceptance	_____	_____	_____
Cash Flow	_____	_____	_____
Insurance Management	_____	_____	_____
Personnel Management/ Motivation	_____	_____	_____
Team Communication	_____	_____	_____

For any areas marked "poor" or "highly effective", please explain.

_____

_____

_____

_____

_____

9. List and describe the top 3 Challenges that you face in your practice today:

(1)

_____

_____

_____

_____

(2)

_____

_____

_____

_____

(3)

_____

_____

_____

_____

Thank you for this opportunity to assist you with your goals. Upon receiving your completed questionnaire, our Client Advisor will contact you to schedule a 20-minute telephone consultation to learn more about your current situation.

Please let us know the preferred day/time to schedule your consultation:

Day of Week _____

Time of Day _____

Phone Number to Call _____

Who should we call to schedule?

Name: _____Phone: _____

Please indicate if you <u>DO NOT</u> want us to call you at the office _____

Please send this questionnaire:

Symphony Dental
Attn: Deborah Druey
P.O. Box 604
Temple, Ga 30179-0604

Phone: (678) 563-6122
Fax: (844) 749-4751

Email: ddruey@symphonydental.com

Thank you for taking time to complete this questionnaire.

Please do not hesitate to contact us if you have any questions or thoughts about your Practice Analysis.