



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:

2015 _____

2016 _____

2017 _____

2018 to date _____

Annual Collections (Total Dollars or Per Cent of Production)

2015 _____

2016 _____

2017 _____

2018 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/discount 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 DO NOT want us to call you at the office _____

Please send this questionnaire:

Symphony Dental
Attn: Deborah Druey
459 Main Street Suite 101-401
Trussville, AL 35173

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.