



# Confidential Seller Information

## Dental Practice Brokers

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone HM \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ How would you like to be contacted? \_\_\_\_\_

**Type of Practice:** ( Place a ✓ )

General \_\_\_\_\_ Specialty \_\_\_\_\_ type \_\_\_\_\_ Partnership \_\_\_\_\_

Location: \_\_\_\_\_

Are you considering a direct sale or associate buy-out? \_\_\_\_\_

Are you considering a future partnership? \_\_\_\_\_ Please explain \_\_\_\_\_

Do you want to sell your building/facility? \_\_\_\_\_ Is it essential to your practice sale? \_\_\_\_\_

Is your dental team aware of your plans to sell? \_\_\_\_\_ If yes, how long have they known? \_\_\_\_\_

**Transition Timeframe:** Now \_\_\_ 6 months \_\_\_ 1 year \_\_\_ 2 years \_\_\_ 3 years \_\_\_ 5 years \_\_\_

Unsure \_\_\_\_\_

**Brief Practice Characteristics:**

Annual Gross Revenues \_\_\_\_\_ Annual Net Income \_\_\_\_\_

Treatment Opts \_\_\_\_\_ Facility Sq Ft \_\_\_\_\_ Hygiene days \_\_\_\_\_ Age of practice \_\_\_\_\_

Are you computerized? \_\_\_\_\_ If yes, type of software \_\_\_\_\_

Other special characteristics:

Do you have a transition plan? \_\_\_\_\_ If no, would you like some assistance with planning? \_\_\_\_\_

Have you contracted to sell with any other brokerage? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Please explain \_\_\_\_\_

**How can we best assist you?** \_\_\_\_\_

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