SAS Transitions

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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