

**Dental Practice Valuation Form**

Dentist Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Corporate Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Exit Strategy:    \_\_\_ under a Year       \_\_\_ 1-2 Years       \_\_\_ 2-5 Years       \_\_\_ 5+ Years

Practice: Production/Collections Annually (Estimate) \$ \_\_\_\_\_

Fee for Service (Estimate) \_\_\_\_\_%   Insurance (Estimate) \_\_\_\_\_%

Active Patients (Estimate) \_\_\_\_\_   New Patients Per Month (Estimate) \_\_\_\_\_

How many operatories \_\_\_\_\_   Square foot of space \_\_\_\_\_   Software System used \_\_\_\_\_

Spouse/Family member on payroll \_\_\_ Yes \_\_\_ No   Requirement to continue \_\_\_ Yes \_\_\_ No

Mortgage/Lease payments reflected in P&L \_\_\_ Yes \_\_\_ No

Professional Photos \_\_\_ Yes \_\_\_ No   Office Floorplan \_\_\_ Yes \_\_\_ No

**If Real Estate is Owned:**

Corporate Name Building in \_\_\_\_\_

Mortgaged \_\_\_ Yes \_\_\_ No   Mortgage Holder \_\_\_\_\_   Balance Estimate \$ \_\_\_\_\_

CAM fees & Association Dues (Monthly)\$ \_\_\_\_\_   Copy of recent Appraisal \_\_\_ Yes \_\_\_ No

**If Real Estate is Leased:**

Copy of current Lease Provided \_\_\_ Yes \_\_\_ No

Right of First Refusal \_\_\_ Yes \_\_\_ No

Monthly Lease Payment \$ \_\_\_\_\_   Monthly CAM fees \$ \_\_\_\_\_

Outstanding Insurance claims for Property Damage (ex. hurricane) \_\_\_ Yes \_\_\_ No

Any Pending Litigation \_\_\_ Yes \_\_\_ No

Any Open Workers' Compensation Claims \_\_\_ Yes \_\_\_ No

Some affiliation opportunities require a criminal background check; is that an issue? \_\_\_ Yes \_\_\_ No

Has your practice been previously listed for sale or are you currently working with any other Brokers?

\_\_\_ Yes \_\_\_ No (If yes, please provide info) \_\_\_\_\_

Do you have an Attorney for Purchase Agreement and Lease Document Review \_\_\_ Yes \_\_\_ No

Name of Attorney \_\_\_\_\_

**Employee Census: (use multiple sheets as needed)**

Name: \_\_\_\_\_

Position: \_\_\_ Associate      \_\_\_ Dental Assistant      \_\_\_ Hygienist  
          \_\_\_ Office Manager    \_\_\_ Office Assistant    \_\_\_ Receptionist

Hire Date: \_\_\_\_\_ Average Hours Work: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Benefits Provided: \_\_\_ 401 K Match    \_\_\_ Healthcare      \_\_\_ Dentalcare      \_\_\_ Life Insurance Benefit  
                          \_\_\_ Bonuses \$ \_\_\_\_\_

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