



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) \$_____ Increase from last year? ___ Yes ___ No

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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