

Opinion of Practice Value form

Please fax back to 03 5229 8504

Personal details	
First name	
Last name	
Mailing address	
Street address	
Suburb/ town	
State	
Postcode	
Country	
Practice details <i>(if different to above)</i>	
Principal dentist's first and last name:	
Address	
Contact details	
Business number	
Home number	
Mobile number	
Fax number	
Email address	
Preferred contact	<input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Email

My search ends here.



Exiting Principal Profile													
How many hours per week is the exiting principal working?													
How many years has the practice Principal conducted the practice?													
What percentage of the exiting principals turnover is made up of:	<table border="1"> <tbody> <tr> <td>General dentistry</td> <td>%</td> </tr> <tr> <td>Orthodontics</td> <td>%</td> </tr> <tr> <td>Oral Surgery</td> <td>%</td> </tr> <tr> <td>General Dentistry</td> <td>%</td> </tr> <tr> <td>Endodontics</td> <td>%</td> </tr> <tr> <td>Periodontics</td> <td>%</td> </tr> </tbody> </table>	General dentistry	%	Orthodontics	%	Oral Surgery	%	General Dentistry	%	Endodontics	%	Periodontics	%
General dentistry	%												
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Oral Surgery	%												
General Dentistry	%												
Endodontics	%												
Periodontics	%												
Exit plan (please tick the appropriate box)	<p>Is the exiting principal:</p> <p><input type="checkbox"/> Selling to associate</p> <p><input type="checkbox"/> Available to remain in practice as an employee for an extended period (over one year)</p> <p><input type="checkbox"/> Available to remain in practice as an employee for a short period to introduce incoming dentist</p> <p><input type="checkbox"/> Wanting to sell and exit</p> <p><input type="checkbox"/> Selling to work elsewhere in area</p>												

My search ends here. |



Practice description	
Practice type	<input type="checkbox"/> Sole Principal <input type="checkbox"/> Associateship
Associateship:	number of full-time associates _____ number of part-time associates _____
Employee dentists:	number of full-time employee dentists _____ number of part-time employee dentists _____
Hygienists:	number of full-time Hygienists _____ number of part-time Hygienists _____
Number of surgeries:	
Rooms suitable for operatory:	
Size of the practice (sq metres):	
Practice opening hours per week	
Average new patients per month?	
Number of active patients?*	
How many comparable dental practices are there in the area?	

* The number of active patients is defined as the number of unique patients that visited your practice in the last 18 months.

My search ends here. |



Premises description	
Premises: <i>(describe presentation, quality and condition of fittings and furnishings)</i>	
How long ago did you last refurbish?	
Location: <i>(Describe accessibility to the practice, exposure in the city, suburb or town)</i>	
Lease on premises: <i>(length of term to run, options)</i>	
How many years has the practice been in this location?	
Any additional information	

Equipment of note			
Equipment	Approximate age	Condition	Cost/ price paid

My search ends here. |



Practice Figures		
Monthly premises rental		
Gross income figures	2005-2006	
	2006-2007	
	2007-2008	
	Current year	
Price	Equipment and materials	
	Goodwill	
	TOTAL	

Reason for valuation:	
Any additional information:	

In order to complete the valuation process we will also require the following documentation:

- 1) Profit and Loss Statements for the last 2 years
- 2) Depreciation Schedule
- 3) Any other purchases or refurbishments in the last 5 years not already listed above
- 4) Some practice photos (for the valuation template)

My search ends here. |



Payment

Please tick next to the method of payment that you wish to use.

Cheque

Please make cheques and money orders payable to Dentist Job Search Pty Ltd and mail to Level 1, 4-10 Bay St Double Bay, NSW 2028 Australia

Credit card

We accept Mastercard and Visa

Visa

Mastercard

Card Number: _____

Expiry date: ___/___ 3 - 4 digit Security code: _____

Cardholders' name: _____

Cardholders' signature _____

Date: _____

My search ends here. |

