Doctor :
Address:
City:
Zipcode:
Phone:
Email:

The 2 Hour Dental Start-up

WISH LIST

WWW.THE2HOURDENTALSTARTUP.COM

01 **Type of practice:**

- General Practice ☐
- Pedo ☐
- Ortho ☐
- Oral Surgery ☐
- Other ☐

02 Your Startup Equipment Specialist is:

03 Is this a finish out or ground up stand alone building?

04 If selected, What is the address of your proposed new office?

05 How many Operatories/ Chairs do you want in total?

06 How many Operatories do you want to setup now?

Number of Ops.	Estimated Square Footage
3-4	1500-2000sf
5-7	2200-3000sf
8-10	3400-4000sf

07 What is your target square footage?

08 Do you plan on adding operatories in the future?

YES NO

09 When is your estimated start/completion dates?

10 What do you like or enjoy about your present office?

11 What do you dislike about your present office?

12 Areas you would like in your new office?

- Consult ☐
- Implant Operatory ☐
- Financial Arrangements ☐
- Coffee Bar ☐
- Kids play Area ☐
- Recovery ☐
- Employee kitchen ☐
- Employee restroom ☐
- Private Office ☐
- Private Restroom ☐

13 Private Office Location:

Front of the practice
(in order to better oversee the staff)

Back of the practice
(in order to have more privacy)

14 Total Number of Staff (including doctors):

- Front Office ☐
- Chair side assistants ☐
- Doctors ☐
- Hygiene ☐
- Business Manager ☐

15 Specialized Staff
(sterile staff, lab tech, dental student, etc):

16 What type of design do you want your office to have?

- Modern ☐
- Traditional ☐
- Other, ☐ Please specify:

17 Finishes:

FLOOR:
- Wood ☐
- Carpet ☐
- Stained Concrete ☐

CELLING:
- Gypsum Board ☐
- Celling Tiles ☐

ACCENT WALLS:
- Stone ☐
- Bricks ☐
- Painted ☐
- Wall paper ☐

18 What floor plan(s) in our sample list do you like the most?

19 Delivery System:

- Rear Delivery ☐
- Over the Patient ☐
- Side Delivery ☐
- Other ☐

20 Is right/left capability of Ops important to you?

YES NO

21 Types of operatory Light:

- Track mounted ☐
- Ceiling mounted ☐
- Chair mounted ☐
- Cabinet mounted ☐
- Wall mounted ☐

22 Operatory Miscellaneous Equipment:

- Digital intraoral
- In Office
- Laser
- Scanner
- Milling
- Other

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LAB EQIPMENT:

- Model Trimmer
- Lathe
- Vacuum Former
- Vibrator
- Light Cure Oven
- Bunsen Burner
- Air & Gas Valve

TYPE OF X-RAY:

- Pan X-ray (no ceph)
- Pan ceph X-ray
- Nomad (portable)
- Intra Oral:
  - -Film
  - -PSP
  - -Sensors

24 How many Ops will you have nitrous oxide plumbed?

( ) Operatories