

CLASSIC PRACTICE RESOURCES, INC.

PRODUCTS AND SERVICES FOR THE PRACTICING PROFESSIONAL

CONFIDENTIAL PRACTICE ANALYSIS

CLASSIC PRACTICE RESOURCES

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Baton Rouge, Louisiana 70809
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Classic Practice Resources, Inc. Confidential Practice Analysis

Date Completed: _____

Your Name: _____ Phone Number: _____

Practice Name: _____

Address: _____

Fax Number: _____ Email: _____

- What year did you complete your dental training? _____
- Are you a General Practitioner _____ Specialist _____? (If, so please specify)
- How long have you been in your current practice? _____
- In your current practice are you the:

Owner ____ Associate ____ Partner ____ Other ____ (check one)

- Associate(s) names, if any: _____

- Office Hours: (please be specific)

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

- What are your total hours open for business per week? _____
- What practice management computer software are you using? _____

Section I - General:

	YES	NO
1. Is your schedule unpredictable and do you have days where the time was never filled on the schedule?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have written 'how to' training manuals for your staff?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are patients getting confirmed and still breaking their appointments?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are patients with incomplete treatment being contacted on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you producing and collecting according to your goals?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you achieving your personal financial goals?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you in control of your practice and its future?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you look forward to going to the office?	<input type="checkbox"/>	<input type="checkbox"/>

- 9. Is your collection to production ratio at least 98%?
- 10. Do you rarely get complaints about mistakes on patient's accounts?
- 11. Does your staff know exactly what you want from them?
- 12. Do you have time to train your staff?
- 13. Are newly hired staff trained quickly and soon functioning well on their jobs?
- 14. Do you know how productive your staff is on an individual basis?
- 15. Is staff morale in your practice very high?
- 16. Is there a high rate of staff turnover?
- 17. Is there conflict between employees?
- 18. Is your office in a stand-alone building?
- 19. Has your production leveled off or declined?
- 20. Is your office sign visible to passersby?
- 21. Have you done any marketing to attract new patients?
If so, what type specifically? _____

22. What is the number of dentists per capita in your town/city? _____

Section II – Statistics:

Answer the following to the best of your ability.

- What was your **total** office production last year? _____
- What % of total office production were hygiene procedures? _____%
- What % of hygiene was produced with a 4000 code? _____
- What were your **total** office collections last year? _____
- What is the average percentage of production collected each month _____
- Total # of staff not including doctor _____
Administrative/Front Desk:
 - # of Full Time _____ # of Part Time _____*Number of Hygienists:*
 - # of Full Time _____ # of Part Time _____

Technical Staff (not including hygienists):

➤ # of Full Time _____ # of Part Time _____

- # of Doctors in the practice _____
- # of Doctor Treatment Rooms _____
- # of Doctor Hours Per Week _____
- # of Hygiene Treatment Rooms _____
- # of Combined Hygiene Days Worked Per Week _____
- # of New Patients per month _____
- Do existing patients have to wait 3 or more weeks for an appointment? _____
- The number of patients who have NOT had their teeth cleaned in 6 months or longer. I want to know how many patients are currently due. Go back 3 years. _____
- Number of patients that have been in over the past 12 months. _____
- What % of your Accounts Receivable balance is over 90 days? _____%
- What is your total outstanding Accounts Receivable balance? \$_____
- Are Hygiene salaries more than 33% of their production? _____
- What is the dollar amount of 4000 codes over the past 12 months? _____
- What percentage of your collections was spent on the following last year:
 - Facility Cost _____%
 - Total Staff Compensation (including benefits) _____%
 - Continuing Education _____%
 - Marketing _____%
 - Laboratory Cost _____%
 - Office Administrative Supplies _____%
 - Technical Dental Supplies _____%
- What is your overhead percentage (all expenses, except Dr.'s salary)? _____%

Section III – Staff:

- Does your spouse work with you in the practice? _____
- If so, what is your spouse’s job position? _____
- Is your spouse full-time or part-time? _____
- Do you have trouble finding/hiring qualified staff? _____
- Who is responsible for hiring and training staff? _____
- Who is responsible for managing the staff? _____
- Do you have trouble retaining staff? _____
- Is there an employee training protocol in place? _____
- Do you have a policy manual for employees? _____ # of pages _____
- In order, list what you perceive to be your biggest problems NOW.
 - #1. _____
 - #2. _____
 - #3. _____

Section IV – Prior Consulting:

- Have you ever had a practice management consultant? _____
- If so, describe the type of program (consulting, seminars, one-on-one, on-site, etc.) _____

- Were you satisfied with the results? _____

Section V - Retirement:

- Do you have retirement goals & if so, what are they? _____

- Do you feel you are on track to meeting them? _____
- Is there something you feel you should do to be more on track? _____

Section VI - Conclusion:

• What is causing you the most stress in your practice? _____

• How can we help you? _____

• Return this questionnaire to: **Classic Practice Resources, Inc.**
8325 Jefferson Hwy.
Baton Rouge, LA 70809
(800) 928-9289
Fax: (225) 923-2499
Email: info@classicpractice.com

Please give us a time to contact you by noting your preference below:

Time: _____ a.m. or p.m. (circle one) **Day of the Week:** _____

Pacific Time **Mountain Time** **Central Time** **Eastern Time**

FOR STAFF USE ONLY

Date of Analysis: _____

Consultant: _____

Notes: _____

