

Date: \_\_\_\_\_

## DENTIST LOOKING FOR PRACTICE TO PURCHASE

Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name and address of permanent contact for future record updates: \_\_\_\_\_

Right Handed: \_\_\_\_\_ Left Handed: \_\_\_\_\_

Ambidextrous: \_\_\_\_\_

I. Please check the appropriate box(es):

**IMMEDIATE BUY OUT:**

1. Partnership leading to buy-out.
2. Associateship to lead into future buy-out.

II. Explanation of box(es) checked above: \_\_\_\_\_

III. Geographic areas of interest: \_\_\_\_\_

IV. Expected purchase date-i.e., when licensed, out of service, present contract, etc.: \_\_\_\_\_

V. State(s) where licensed: \_\_\_\_\_ Dental Experience: \_\_\_\_\_

School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

VI. Are you under a covenant not to compete? \_\_\_\_\_ How far? \_\_\_\_\_

How long? \_\_\_\_\_

VII. Present financial condition: \_\_\_\_\_

Estimated amount of school loans: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Cash on hand: \_\_\_\_\_

Are there problem loans or late payments that would keep you from getting a loan?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Ability to borrow: \_\_\_\_\_ Need for seller finance: \_\_\_\_\_

Co-signers: \_\_\_\_\_

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