

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 ownership
- Future ownership
- Associateship/Partnership to lead into 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: _____

Co-signers available? _____

ADS MidAmerica Dental Practice Sales

Appraising • Brokerage • Consulting

6220 Arlington

Kansas City, MO 64133

816-358-6782 • 800-311-2039 FAX 816-358-3509

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