

PROSPECTIVE SELLER

NAME: _____

OFFICE ADDRESS: _____

PHONE: _____ FAX: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

PROJECTED TRANSACTION DATE: _____ WALK-AWAY? _____

DDS SCHOOL & YEAR OF GRADUATION: _____

OFF DAYS AVAILABLE: M/M T/T W/W Th/Th F/F

CONFIDENTIAL TRANSACTION? _____

PRACTICE INFO:

2017 GROSS REVENUE: _____ 2017 RETURN AVAILABLE? _____

SOLO _____ SOLO GROUP _____ PARTNERSHIP _____ CORP _____

NUMBER OF TX ROOMS _____ DAYS HYGIENE _____

SQ. FT. _____ OWN? _____ LEASE STATUS _____

2017 VS. 2016: BETTER WORSE SAME DIFFERENT?

SEND PROMO PACKAGE

SET APPOINTMENT FOR FACE TO FACE

FINAL? HOW DID YOU KNOW TO CALL US? _____
