



BUYER INFORMATION QUESTIONNAIRE

Name _____ D.D.S. D.M.D.
 Office Address _____ City _____ State ____ Zip _____
 Home Address _____ City _____ State ____ Zip _____
 Office Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____
 Email Address _____

Attorney _____ Phone (____) _____
 Accountant _____ Phone (____) _____
 Lending Institution _____ Phone (____) _____

EDUCATION

	Institution	Degree	Date
Undergraduate	_____	_____	_____
Dental School	_____	_____	_____
Graduate School	_____	_____	_____
Specialty Training	_____	_____	_____

DENTAL PRACTICE EXPERIENCE

_____ Associate Number of Years _____
 _____ Practice Owner Number of Years _____
 _____ Other Number of Years _____

License Number _____ State _____

State or Regional Boards which you have passed:

_____ Date _____
 _____ Date _____
 _____ Date _____

Average monthly practice production that you have consistently achieved in the past
 \$ _____/mo.

Restrictions due to a Non-Competition Agreement _____

Have you ever been found guilty, entered a plea of "no contest" or been a party to a consent decree with regards to a:

- Felony? Yes No
- Malpractice Claim? Yes No
- Other Criminal or Civil Litigation? Yes No
- Charge of fraud or tax-avoidance with regard to any federal or state taxes? Yes No
- Bankruptcy? Yes No
- Disciplinary action taken by the State Dental Board? Yes No
- Are there any unsatisfied judgments against you or any business you have owned? Yes No

If yes, please explain _____

How much do you have outstanding in student loans? \$ _____

What is the maximum amount of money you could obtain for a down-payment? \$ _____

HEALTH

Age _____

Do you currently have any health problems? Yes No

Do you currently have any infectious diseases? Yes No

If yes, please explain _____

PRACTICE SPECIFICATIONS

Location (professional building, stand alone, strip center, etc.) _____

Geographical Location _____ Gross Income _____

Number of Operatories ____ Number of Staff ____ Net Income Requirement _____

Other Specifications You May Require: _____

Time Frame of Acquisition _____

The undersigned Dentist hereby warrants and represents that the statements and answers made above are true and that I have not omitted or mis-represented any information.

Signed _____ Date _____