

PRACTICE EVALUATION

DOCTOR: _____ DMD DDS GP SPECIALTY _____ **DATE:** _____
PRACTICE NAME: _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
OFFICE PHONE: _____ **PRIVATE #:** _____ **FAX #:** _____
WEB SITE: _____ **E-MAIL:** _____
HOME #: _____ **CELL #:** _____ **SPOUSE NAME:** _____ **YEARS IN PRACTICE:** _____

Area Evaluated	Month	Doctor	Hygiene	Total Net Production
A. Practice production for last twelve months.	#1	\$	\$	\$
	#2	\$	\$	\$
	#3	\$	\$	\$
	#4	\$	\$	\$
	#5	\$	\$	\$
	#6	\$	\$	\$
	#7	\$	\$	\$
	#8	\$	\$	\$
	#9	\$	\$	\$
	#10	\$	\$	\$
	#11	\$	\$	\$
	#12	\$	\$	\$
Total	\$	\$	\$	\$

Doctor: _____

Area Evaluated	Month	Total Collected
B. Total collections for last 12 months		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Collections	\$

C. Total Accounts Receivable without credits :	\$
D. What percentage of A/R is over 90 days or greater	%
E. # of new patients for the last 3 months: Month 1 _____ Month 2 _____ Month 3 _____	
F. # of 0120 periodic exams performed in the last 12 months	#
G. Do you do a periodic/hygiene exam every 6 months of 12 months?	
H. # (approx.) of no-shows and/or cancellations in the last month.	#Hygiene # Doctors

Doctor: _____

Please list the areas in which you have the most concern

12 horizontal lines for writing.