



Prime Practice
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PRACTICE ANALYSIS



The practice analysis provides us with the tools to have a meaningful conversation with you about your current situation, your goals and how we can help you reach them.

Please fax this analysis back to us at **(61) 2 9327 5589** and we will arrange a consultation call.

Name Date

Address

..... State Postcode

Work phone Home phone

Mobile Fax

Email address.....please ensure this is a current and regularly checked address

Please list preferred times for a consultation call:

Preferred day Time Phone no.

I do not wish to undertake a Practice Analysis, but would like to have a call with a Prime Practice Coach.

From the questions below, we would like to get an approximate idea of your practice metrics. For those without software to access this information, please use average calculations, or answer as many questions as possible. If you are unable to answer any questions, please leave blank.
 Metric/month = average number from last 12 months, alternatively, please choose an average month. If you are in practice with Associate Dentists/Partners, please only include your portion. None of the information provided will be stored or used for marketing purposes.

1. Are you a GP or a specialist?
2. If a GP, is there extra emphasis on any particular area?
 Ortho Perio Prostho Cosmetics Implants Other
3. Number of treatment rooms in your practice**
4. Number of treatment rooms you, personally, operate out of each day
5. Your hours/week with patients 25 - 29 30 - 35 36 - 40 41+
6. Number of weeks you work per year 30 - 35 36 - 40 41 - 43 44 - 46 47 - 49 50+
7. Your personal production last year
8. Average production of your practice** per month.....
9. Do you have a hygienist? Yes No
 If yes:
 How many in your practice*: 1 2 3 4
 Average dollar production of hygienist(s) per month \$.....
 What payment arrangement (% formula or \$ per hour) do you use to pay hygienists (inc super and holiday)?

10. Do you have an assistant dentist? Yes No
 If yes:
 How many in your practice*: 1 2 3 4
 Average dollar production of assistant dentist (s) per month \$
 What payment arrangement (% formula?) do you use to pay assistant dentists (after lab, inc super and holiday)? ?
11. Do you have an associate dentist/ partner in your practice Yes No
 If yes:
 How many in your practice*: 1 2 3 4+
12. What is the approximate total wages to receptionists, chairside, and managers per month that **you** are responsible for? \$.....

13. Number of new patient exams/month in your practice**
14. Number of existing (i.e. not new) patient exams/month in your practice**
15. How long is your new patient exam
16. Number of active patients in practice** (Patients considered active if they attended in last 18 months. Don't count twice.)
17. Number of workdays you have to count ahead to find a vacant 2 hour appointment
18. Typically, how many workdays ahead would you have to count to find 2 unbooked hours in that day for the hygienist?
19. In a month, what % do you and your team leave on time and have lunch on time?
 Always Sometimes Rarely Don't know Other.....
20. Does your team have job performance appraisals?
21. On a scale of 1-10, with 10 indicating you strongly agree with the statement, 1 indicating that you don't agree at all, please rate:
 I am a good leader
- I lead my staff, my staff manages my practice
22. List 3 things in your practice you would like to change/improve:
 a)
- b)
- c)

*Gross salaries that only you are responsible for not your partners or associates. **Your Practice' includes assistant dentists, not associate dentists/partners. If you share employee dentists/ hygienists divide the number of employees by the number of associate dentists.

I am interested in receiving updates via email from Prime Practice regarding course information and news.

ADDITIONAL NOTES

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