

Olivia Wann

Attorney at Law

Practice Questionnaire

You are the () Buyer () Seller () New Practice Date: _____

Target date for closing: _____

Name: _____ Designation: _____

Address: _____

Telephone: _____ Email: _____

CONTACTS TO COLLABORATE WITH:

Dental Supplier: _____ Email: _____

Real Estate Agent: _____ Email: _____

CPA: _____ Email: _____

Broker: _____ Email: _____

Financing Bank / Lender: _____ Email: _____

Buyer/Seller's Name: _____

Attorney For Other Party: _____ Email: _____

LEASE

Will you () lease or () own the real estate? Attach a copy of lease agreement.

Lessor Name: _____ Email: _____

Do you need assistance with () Reviewing the lease () Negotiating the lease, or
() Creating a lease.

ENTITY FORMATION

Do you have an existing PLLC, LLC, Corp? () Yes () No Specify: _____

Do you need assistance creating an entity? () Yes () No

Desired Practice Name: _____

If we are creating an entity for you, we need your social security number: _____

ASSETS

If you are BUYING the assets, please attach a copy of the appraisal.

SELLING DOCTOR FINANCING

Do you need a Promissory Note, Security Agreement and UCC Filings? () Yes () No

Are you financing from the Seller () Yes () No

Are you the Seller financing the Buyer () Yes () No

ASSOCIATE DOCTOR

Will you employ the previous doctor? () Yes () No

Will you enter into a Non-Compete Agreement () Yes () No

Will you enter into an Employment Contract () Yes () No

STAFF

Will you retain staff () Yes () No

Do you have an Employer's Handbook () Yes () No

OSHA policies in place () Yes () No

HIPAA risk assessment and policies in place () Yes () No

DETAILS:

Purchase Price: \$_____

Allocate Goodwill \$_____ Equipment \$_____ AR \$_____

NOTES

Please address any concerns or issues: