



APPRAISAL QUESTIONS **DATE:** _____

PRACTICE
NAME: _____
PROFESSIONAL CORPORATION
NAME: _____
PRACTICE
ADDRESS: _____

TELEPHONE NUMBERS: _____ / _____
FAX NUMBER: _____ / _____
WEBSITE: _____

LAWYER INFO: _____
ACCOUNTANT INFO: _____

NUMBER OF YEARS PRACTICING AT ABOVE LOCATION? _____
DOCTOR GRADUATED:
FROM _____ **YEAR** _____

WHAT DISCIPLINE IS REFERRED OUT?

AREA/TRANSPORTATION/PARKING _____
BUILDING DESCRIPTION/AGE _____
OTHER TENANTS _____

TOTAL SQUARE FOOTAGE: _____
NUMBER OF OPERATORIES: _____
OTHER ROOMS OF NOTE: _____
RECENT ADDITIONS? _____
FLOORPLAN AVAILABLE _____ **YES?** _____ **NO?** _____

PREMISE LEASE SQUARE FEET? _____
LESSOR/LANDLORD _____
LESSEE/TENANT _____
TERM EXPIRY _____
RENEWAL OPTIONS _____
ASSIGNMENT OR
SUBLET _____
RENTAL RATES _____



TOTAL NUMBER OF ACTIVE PATIENTS:

AVERAGE NUMBER OF PATIENT VISITS PER DAY? _____

AVERAGE NUMBER OF NEW PATIENTS/MONTH _____

AVERAGE NUMBER OF EMERGENCY PATIENTS/MONTH _____

PATIENT FLOW: HOW APPOINTMENTS MADE?

RECALL SYSTEM

AFTER HOURS SERVICE

COLLECTIONS AND INSURANCE

WHAT IS THE SOFTWARE PLATFORM USED BY THE PRACTICE?

OBTAIN DOCUMENTS:

- ◆ **FLOOR PLAN**
- ◆ **THREE YEARS FINANCIAL INFORMATION**
- ◆ **ASSOCIATE AGREEMENT**
- ◆ **PREMISE LEASE**
- ◆ **LEASEHOLD IMPROVEMENTS: HOW OLD?**
- ◆ **PATIENT STATS AGE PROFILE**
- ◆ **PATIENT STATS PROCEDURE ANALYSIS**