



Marketing Self-Assessment

No one knows your practice better than you — and we can help turn that insight into a personalized marketing plan. Simply answer the following questions and fax them back to 310-215-6625 to receive a complimentary consultation with one of our Regional Marketing Consultants.

Step 1: IS MARKETING RIGHT FOR YOUR PRACTICE?

1. What percentage of your gross revenue are you currently spending on marketing? (approximately)

- 0% 1% - 2% 3% - 4% 5% - 7%
 More than 7%

2. Is your total number of active patients shrinking or growing?

- Shrinking Growing Staying about the same

3. Is your gross revenue shrinking or growing?

- Shrinking Growing Staying about the same

4. How much would you like to increase your gross revenue over the next year? \$ _____

Optional:

What is your current annual gross revenue? \$ _____

5. What percentage of your patients are NOT fee-for-service? (approximately)

- 0% 25% 50% 75% 100%

6. In the practice schedule, roughly how many hours are open (unscheduled) each week?

- 1 - 3 4 - 8 9 - 16
 17 - 24 25 - 32 More than 32

7. How many of your patients would you say know all of the services you can offer them?

- Very few About half Most All

8. Have you noticed that any of your patients have received treatment elsewhere for services you provide? If so, which did they get?

- N/A
 Chairside whitening
 Veneers
 Implants
 Crowns
 Other: _____

9. On average, how often are your patients coming in for hygiene — regardless of what you've scheduled?

- 6 months 7 - 9 months 10 - 15 months
 More than 15 months

10. What type of marketing are you doing currently? (check all that apply)

- Yellow pages
 Direct mail
 Radio/TV
 Internet
 Patient newsletters
 Referral services
 Print advertising
 Other: _____

11. What percentage of your associate's time is unscheduled? (approximately)

- No associate 0% - 10% 11% - 25%
 26 - 50%

12. What percentage of your hygienist's time is unscheduled? (approximately)

- No hygienist 0% - 10% 11% - 25%
 26 - 50%

13. What is your transition/retirement strategy timetable?

- No strategy 1 - 5 years 6 - 10 years
 11 - 15 years More than 15 years

14. Do you have a website?

- No Yes

Website address _____

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Step 2: IS YOUR HOUSE IN ORDER?

1. About how far out are you currently booking new patients?

- 1 - 5 days 1 - 2 weeks 3 - 4 weeks
 1 - 2 months Not accepting new patients

2. Rate the phone skills of your receptionist.

- Excellent Good Fair Poor

3. During business hours, do you answer the phone live?

- Always
 Except during lunch
 About half the time
 We let the answering machine screen our calls

4. How do you feel about emergencies?

- Love them
 Necessary but not loved
 Tolerate them
 They are an inconvenience
 They are undesirable

5. Rate your case acceptance.

- 30% - 49% 50% - 70% More than 70%

6. Which best describes the dentistry CURRENTLY done in your practice?

- 100% restorative
 20% cosmetic/80% restorative
 40% cosmetic/60% restorative
 More than 40% cosmetic

7. What would be your IDEAL cosmetic/restorative mix?

- 100% restorative
 20% cosmetic/80% restorative
 40% cosmetic/60% restorative
 More than 40% cosmetic

8. What special services do you offer in your practice?

(check all that apply)

- Endo
 Perio
 Ortho
 Invisible braces
 One-visit crowns (CEREC®)
 Laser treatments
 1-hour teeth whitening
 No-prep veneers
 Implants
 Other: _____

9. How many hours a week are you open?

- More than 40 35 - 40 30 - 34 Less than 30

10. Approximately how many patients are you currently serving?

- 500 or less
 501 - 1,000
 1,001 - 2,000
 More than 2,000

11. Are you open any evenings, early mornings or weekends?

(check all that apply)

- N/A Evenings (after 6 p.m.) Early mornings
 Weekends Other (please specify): _____

12. Which best describes the accessibility of your practice?

- Storefront style (walk-in traffic)
 Office building (destination, multi-tenant, no walk-in)
 Stand-alone building (destination, no walk-in)

13. How many operatories do you have?

Total # of operatories _____

of operatories in schedule _____

Please complete your contact information below and fax back to **310-215-6625** for a comprehensive marketing assessment.

Name (of person completing this assessment): _____

Title (e.g. dentist, OM, etc.): _____

Doctor's Name (if different): _____

E-mail Address: _____

Office Phone: _____ Cell Phone: _____

ZIP Code: _____