1155 Indian Road, Mississauga, ON L5H 1R8
(905) 278-4145 *(phone)* (905) 278-4705 *(fax)*
roi@roicorp.com www.roicorp.com

***All information gathered remains CONFIDENTIAL***

***We will be pleased to quote our PRACTICE APPRAISAL FEE upon receipt of this information***

**Name:** _____

Private (home) street address _____

Private (home) city/prov/postal code _____

Private (home/cell) phone number _____ private fax number _____

Personal email address _____

Practice street address _____

Practice city/prov/postal code _____

Year of graduation _____ Are you a General Dentist? *Yes or No*

From which school/faculty _____ Specialist? *(specify)* _____

**Office:** Total square footage _____

Number of operatories (equipped) _____

Do you own the building? *Yes or No* If so, what % _____

Do you have an accurate set of Floor Plans? *Yes or No*

**Personnel:** # of Associates? Full-time? _____ Part-time? _____

# of Hygienists? Full-time? _____ Part-time? _____

**Partners:** Do you have partners? *Yes or No* How many? _____

If so, are they: Cost Share? _____ or Equity? _____

**Financial:** Are you incorporated? *Yes or No*

Is there a Holding/Management company? *Yes or No*

How many sets (i.e. different entities, not years) of Financial Statements do you have? _____

**Gross:** Most recent Annual Gross Revenue (of the entire practice).

$ _____

**Scheduling:** What would be the best day, for us to visit the office?

**(practice should be closed)** _____

**Purpose of Appraisal:** Sale Financial Planning Partnership Divorce Estate

(Please circle)

**Is there a ROI Associate you wish to deal with:** _____

**Notes:** Is there anything unique or particular that you'd like to tell us about your practice? _____

_____

Do you wish to receive more information from ROI Corporation: Yes No