

Application



Name: _____ Spouse Name: _____

Practice Name: _____

Practice Street Address: _____

Years in Current Practice: _____ Business Phone: _____

Spouse is (check one): _____ Active in business _____ Inactive in business

Optional: Home Street Address _____

Optional: Home Phone and Fax _____

Email: _____

Monthly Practice Production: _____

Monthly Practice Collection: _____

of treatment rooms: _____

Breakdown of staff (# of):

Associate Dentists: _____

Hygienists: _____

Chairside Assistants: _____

Front Office Staff: _____

Other: _____

Average # of new patients per month: _____

Do your hygienists work independently or with an assistant in an accelerated schedule? _____

Are you currently using a specific system for your front office and phone answering? If yes, what system do you follow? _____

Does your practice provide any "specialty" services? (i.e: sedation, Invisalign, Implants, etc.) _____

Application - cont.

BRIEFLY DESCRIBE YOUR PRACTICE CHALLENGES

Please rank each of the following marketing-oriented items according to the difficulty or challenge they currently represent to you; rank EACH ONE on a 1-5 scale, 1=Insignificant, to 5=Very Significant. ALSO, number the ten most important items to you 1-10, 10=most important of all.

Circle One No. Ranking

- 1 2 3 4 5 _____ Marketing effectively
- 1 2 3 4 5 _____ Generating sufficient QUANTITY of new patients
- 1 2 3 4 5 _____ Generating satisfactory QUALITY of new patients
- 1 2 3 4 5 _____ Controlling costs of marketing
- 1 2 3 4 5 _____ Patient retention
- 1 2 3 4 5 _____ Stimulating referrals from patients
- 1 2 3 4 5 _____ Clarifying my USP, Positioning, Marketing Messages
- 1 2 3 4 5 _____ Creating compelling offers
- 1 2 3 4 5 _____ Responding to marketplace changes, competition
- 1 2 3 4 5 _____ Taking advantage of new opportunities, new technologies

Please rank each of the following business and financial-oriented items according to the difficulty or challenge they currently represent to you; rank EACH ONE on a 1-5 scale, 1=Insignificant, to 5=Very Significant. ALSO, number the ten most important items to you 1-10, 10=most important of all.

Circle One No. Ranking

- 1 2 3 4 5 _____ Finding time to implement new/improved marketing strategies
- 1 2 3 4 5 _____ Getting employees and/or associates on board with my marketing approach
- 1 2 3 4 5 _____ Clarifying and staying on track toward definite goals and objectives
- 1 2 3 4 5 _____ Managing my time
- 1 2 3 4 5 _____ Conquering procrastination
- 1 2 3 4 5 _____ Hiring/training/managing employees
- 1 2 3 4 5 _____ Monitoring and evaluating important data, statistics, information in practice
- 1 2 3 4 5 _____ Setting, selling and commanding healthy prices for my services

Application - cont.

1 2 3 4 5 _____ Maintaining satisfactory profits/low overhead

1 2 3 4 5 _____ Extracting sufficient money from my practice to wisely invest, build wealth

1 2 3 4 5 _____ Taking a satisfactory amount of time off, away from my practice

1 2 3 4 5 _____ Having a long-term retirement/exit strategy

DESCRIBE 3, 4, OR 5 MAJOR GOALS YOU ARE WORKING TOWARD:

#1:

#2:

#3:

#4:

#5:

DESCRIBE 3 MAJOR SOURCES OF STRESS, FRUSTRATION OR UNHAPPINESS THAT INTERFERE WITH YOUR PRODUCTIVITY AND ROB YOU OF PEACE OF MIND:

#1:

#2:

#3:

#4:

YOUR SCHEDULE:

Number of hours you work in an average week _____

Number of hours you'd prefer to work in an average week _____

% of work-time you rank as productive _____

No. of hours per week you work on vs. in your business _____

No. weeks vacation taken: _____ No. weeks vacation you'd prefer taking: _____



Why do you want to participate in Apogee's Coaching Process?

Additional Comments:

Which group(s) are you interested in?

- The Process
- The Elite Mastermind
- Peak Producers

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