

Figure 18-2

CAPITAL OUTLAY
FOR FIRST NINETY DAYS OF PRACTICE

1.	Dental and office equipment investment	\$ _____
2.	Dental and office supplies	\$ _____
3.	Remodeling charges	
	a. Plumbing	\$ _____
	b. Electrical	\$ _____
	c. Carpentry	\$ _____
	d. Plaster, paint, wallcoverings, floorcoverings	\$ _____
	e. Cabinetry	\$ _____
	Total:	\$ _____
4.	Insurance	\$ _____
	a. All risks policy (fire extended coverage vandalism, burglary-robbery-theft	\$ _____
	b. Malpractice and non-professional (bodily injury and property damage)	\$ _____
	c. Liability	\$ _____
	d. Life and accident	\$ _____
	e. Umbrella coverage	\$ _____
	f. Tail coverage	\$ _____
	g. Disability	\$ _____
	h. Business overhead	\$ _____
	i. Other	\$ _____
	Total:	\$ _____
5.	List Operating Expenses by Category	
	a. Rent and related expenses	\$ _____
	b. Supplies (dental and office)	\$ _____
	c. Salaries and related employee expenses	\$ _____
	d. Laboratory expenses	\$ _____
	e. Marketing	\$ _____
	f. Other miscellaneous expenses categories	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
	Total:	\$ _____
	Total Investment:	\$ _____

Figure 18-3

FURNISHINGS

ACQUISITION ITEMS	RECEPTION	BUSINESS OFFICE	LAB, DARK ROOM STERILIZATION AREA	PRIVATE OFFICE	OTHER AREAS
ART					
BOOKCASES					
CLOCKS					
COAT RACKS					
COMPUTER AREA AND TERMINALS					
DESKS					
FILE SYSTEM					
FLOOR COVERINGS					
LAMPS					
MAGAZINE RACK					
MIRRORS					
SEATING					
SHELVES					
STEREO SYSTEM					
TABLES					
WALL COVERINGS					
WASTE RECEIVERS					
WINDOW COVERINGS					
TOTALS					

TOTAL \$

Figure 18-4

MINIMUM ROOM SIZES FOR THE PRACTICE FACILITY

ROOM

RECEPTION	10'0" X 12'0"
BUSINESS AREA	7'0" X 9'6"
TREATMENT ROOM (INCREASE WIDTH WITH CUSPIDOR)	9'6" X 10'0"
HYGIENE	9'6" X 10'0"
CONSULTATION AREA	7'0" X 8'0"
DARK ROOM	4'0" X 4'0"
X-RAY AREA (INCREASE IF INTRAORAL X-RAY)	4'6" X 4'0"
PANORAMIC X-RAY	4'2" X 4'2"
STERILIZATION	5'0" X 12'0"
LABORATORY	5'0" X 17'0"
PRIVATE OFFICE	7'0" X 8'0"
REST ROOMS	5'0" X 5'0"
RECOVERY (IF ORAL SURGERY)	4'6" X 7'0"
MECHANICAL ROOM	4'0" X 4'0"
TANK STORAGE	2'0" X 4'0"
BULK STORAGE	3'0" X 5'0"
CLOSETS	1'6" X 3'0"
STAFF AREA	6'0" X 9'6"
HALLWAYS	4'0" Width

Figure 18-5

**DENTAL EQUIPMENT
 TREATMENT ROOMS**

DESCRIPTION	MFG., TYPE, MODEL, COLOR	AMOUNT	
DOCTOR'S DELIVERY SYSTEM:			
Additions:			
ASSISTANT'S DELIVERY SYSTEM:			
Additions:			
HANDPIECES:			
High Speed:			
Low Speed:			
Fiber Optic:			
Angles:			
ANALGESIA UNIT:			
O ₂ N ₂ O Outlet Stations:			
O ₂ N ₂ O Scavenger System:			
Emergency Oxygen:			
DENTAL CHAIR:			
DENTAL LIGHT:			
OPERATOR'S STOOL:			
ASSISTANT'S STOOL:			

**DENTAL EQUIPMENT
 TREATMENT ROOMS**

DESCRIPTION	MFG., TYPE, MODEL, COLOR	AMOUNT
X-RAY, INTRAORAL:		
X-ray Control:		
X-ray remote switch:		
X-ray view box:		
Intraoral camera:		
DENTAL CABINetry:		
Operator's unit:		
Assistant's unit:		
AMALGAMATOR:		
ELECTROSURGERY UNIT:		
PULP TESTER:		
ULTRASONIC SCALER:		
CURING LIGHT:		

HYGIENE

HYGIENE DELIVERY:		
Additions:		
HANDPIECES:		
High Speed:		
Low Speed:		
Angles:		

**DENTAL EQUIPMENT
 HYGIENE**

DESCRIPTION	MFG., TYPE, MODEL, COLOR	AMOUNT	
Emergency Oxygen:			
DENTAL CHAIR:			
DENTAL LIGHT:			
HYGIENIST STOOL:			
X-RAY, INTRAORAL:			
X-ray View Box:			
Intraoral camera:			
ULTRASONIC CLEANER:			
DENTAL CABINETS:			

X-RAY / EXAM

PANORAMIC X-RAY:		
INTRAORAL X-RAY:		
CEPHALOMETRIC X-RAY		
EXAM CHAIR:		

**DENTAL EQUIPMENT
 DARKROOM**

DESCRIPTION	MFG., TYPE, MODEL, COLOR	AMOUNT
AUTOMATIC PROCESSOR:		
Daylight System:		
Replenisher System:		
DEVELOPING TANK:		
Water Temperature Control Valve:		
Safelight:		
X-ray Timer:		
Film Dryer:		
Film Duplicator:		
View Box:		

UTILITY ROOM

AIR COMPRESSOR:		
Air Dryer:		
VACUUM SYSTEM:		
WATER SOLENOID:		
WATER FILTER ASSEMBLY:		
BOOST TRANSFORMERS:		

DENTAL EQUIPMENT STERILIZATION

DESCRIPTION	MFG., TYPE, MODEL, COLOR	AMOUNT
STERILIZERS:		
ULTRASONIC CLEANER:		
HANDPIECE STERILIZATION:		
INSTRUMENT STERILIZATION:		
OTHER:		

LABORATORY

CASTING MACHINE:		
HANDPIECE:		
DUST COLLECTOR:		
INLAY FURNACE:		
MODEL TRIMMER:		
PLASTER TRAP:		
PLASTER BIN:		
OVEN:		
STOOL:		
LAB VIBRATOR:		
VACUUM INVESTOR:		
VALVES:		
Air:		
Gas:		
WATER BATH:		
LABORATORY CABINETRY:		

**DENTAL EQUIPMENT
TANK ROOM**

DESCRIPTION	MFG., TYPE, MODEL, COLOR	AMOUNT	
MANIFOLD SYSTEM:			
Tank Holders:			
ALARM SYSTEM:			

MISCELLANEOUS ITEMS

COMMUNICATION SYSTEM:			
OFFICE SOUND SYSTEM:			
HYDROCOLLOID CONDITIONER:			
OTHERS:			

Figure 18-6

DENTAL SUPPLIES

Dental Dealer: _____

Sales Representative: _____

Phone Number: _____

Scheduled Visit Day and Time: _____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
_____	Trays: Size Color	_____
	Instruments:	
_____	Mirrors	_____
_____	Handles	_____
_____	Explorers	_____
_____	Explos	_____
_____	Probes	_____
_____	Cotton Pliers	_____
_____	Excavators	_____
	Supplies:	
	<u>AMALGAM</u>	
_____	Trays: Size Color	_____
	Instruments:	
_____	Mirrors	_____
_____	Handles	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
	<u>AMALGAM CONTINUED</u>	
_____	Explorers	_____
_____	Cotton Pliers	_____
_____	Excavators	_____
_____	Amalgam carriers (guns)	_____
_____	Carvers	_____
	Instruments:	
	Cavity prep:	
_____	Chisels	_____
_____	Hoes	_____
_____	Hatchets	_____
_____	Ball burnishers	_____
_____	Cleoid/Discoids	_____
_____	Pluggers	_____
_____	Margin trimmers	_____
_____	Files	_____
_____	Articulating paper forceps	_____
	Supplies:	
_____	Amalgam pellets	_____
_____	Amalgam capsules	_____
_____	Mercury	_____
_____	Matrix retainers	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
	<u>AMALGAM CONTINUED</u>	
_____	Matrix bands	_____
_____	Burs	_____
_____	Wedges	_____
_____	Cavity lining & varnish	_____
_____	Articulating paper	_____
_____	Finishing strips	_____
	<u>COMPOSITE</u>	
	Trays:	
	Size	
_____	Color	_____
	Instruments:	
_____	Mirrors	_____
_____	Handles	_____
_____	Explorers	_____
_____	Cotton Pliers	_____
_____	Plastic placing inst.	_____
_____	Knives	_____
	Supplies:	
	Burs:	
_____	Cutting	_____
_____	Trimming & finishing	_____
_____	Polishing	_____
	Discs:	
_____	Paper	_____
_____	Plastic	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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COMPOSITE CONTINUED

_____	Mandrels:	
	R.A. & H.P.	_____
_____	Composite:	_____
_____	Light cured	_____
_____	Anterior	_____
_____	Posterior	_____
_____	Regular	_____
_____	Replacement shades	_____
_____	Bonding system	_____
_____	Stones	_____
_____	Finishing strips	_____
	Sealant:	
_____	Light cured	_____
_____	Regular	_____

CROWN & BRIDGE

_____	Trays:	
	Size	
	Color	_____
	Instruments:	
_____	Mirrors	_____
_____	Handles	_____
_____	Explorers	_____
_____	Cotton Pliers	_____
_____	Excavators	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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CROWN & BRIDGE CONTINUED

Temporary crowns:

_____	Celluloid	_____
_____	Aluminum	_____
_____	Burs	_____
_____	Diamonds	_____

Cement:

_____	Zinc	_____
_____	Polycarboxylate	_____
_____	Temporary	_____
_____	Glasionomer	_____
_____	Stones	_____

ENDODONTICS

Trays:

_____	Size	
	Color	_____

Instruments:

_____	Mirrors	_____
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Instruments Continued:

_____	Handles	_____
_____	Explorers (Endo.)	_____
_____	Pliers (Gutta Percha Silver Point)	_____
_____	R.C. Pluggers	_____
_____	R.C. Spreaders	_____
_____	Excavators (Endo.)	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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ENDODONTICS CONTINUED

_____	Root trimmers	_____
_____	Rubber dam holders	_____
_____	Glass bead sterilizers	_____
_____	Rubber dam punch	_____
_____	Rubber dam forceps	_____
_____	Endo organizer	_____
	Supplies:	
_____	Endo ruler	_____
_____	Rubber dam	_____
_____	Rubber dam clamps	_____
_____	Luer lock syringe	_____
_____	Luer lock needles	_____
_____	Reamers	_____
_____	Files	_____
_____	Paste fillers	_____
_____	Drills	_____
_____	Broaches & holders	_____
_____	Gutta percha points	_____
_____	Secondary points	_____
_____	Paper points	_____
_____	R.C. prep	_____
_____	Endo stops	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
	<u>HYGIENE</u>	
_____	Trays: Size Color	_____
	Instruments:	
_____	Mirrors	_____
_____	Handles	_____
_____	Explorers	_____
_____	Expors	_____
_____	Probes	_____
_____	Cotton pliers	_____
_____	Scalers	_____
_____	Currettes	_____
	Supplies:	
_____	Dental Floss (waxed, unwaxed, tape)	_____
_____	Floss dispenser	_____
_____	Disclosing soln or tablets	_____
_____	Fluoride gel	_____
_____	Fluoride trays	_____
_____	Interplak	_____
_____	Prophy angles	_____
_____	Prophy cups	_____
_____	Prophy brushes	_____
_____	Prophy paste	_____
_____	Inst. sharpening stones	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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HYGIENE CONTINUED

_____	Toothbrushes	_____
_____	Pumice cups	_____
_____	Patient hand mirror	_____

SURGICAL

_____	Trays: Size Color	_____
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Instruments:

_____	Mirrors	_____
_____	Handles	_____
_____	Explorers	_____
_____	Cotton pliers	_____
_____	Elevators	_____
_____	Surgical currettes	_____

Forceps:

_____	Anterior	_____
_____	Bicuspid	_____
_____	Lower molar	_____
_____	Upper molar	_____
_____	Root	_____
_____	Tissue	_____
_____	Root tip pick (teasers)	_____
_____	Periosteal elevators (Molt, Seldin)	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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X-RAY CONTINUED

Supplies Continued:

_____	Pedo	_____
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_____	Panoramic	_____
-------	-----------	-------

_____	Lead apron (Patient, Operator)	_____
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Bitewing loops:

_____	Pedo	_____
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_____	Adult	_____
-------	-------	-------

_____	Film mounts	_____
-------	-------------	-------

X-ray solutions:

_____	Developer	_____
-------	-----------	-------

_____	Fixer	_____
-------	-------	-------

_____	Replenisher	_____
-------	-------------	-------

_____	Thermometer	_____
-------	-------------	-------

_____	Film envelopes	_____
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_____	Film hangers	_____
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_____	Film dispenser or chest	_____
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LABORATORY

Equipment:

_____	Air and gas valves	_____
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_____	Burnout oven	_____
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_____	Casting machine	_____
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_____	Surveyor	_____
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<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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LABORATORY CONTINUED

Supplies:

	Arbor bands	
	Abrasive wheel and discs	
	Buff wheels	
	Brush wheels	
	Case pans	
	Felt cones, wheels	
Polishing material:		
	Rouge	
	Tripoli	
	Buffing agent	
	Pumice	
	Burs	
	Denture reline material	
	Denture repair material	
	Tray material	
	Base plates	
	Die stone	
	Ultrasonic cleaner solutions	
	Plaster	
	Stone	
	Investments	
	Die lubricant	

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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LABORATORY CONTINUED

Supplies Continued:

_____	Dowel pins	_____
_____	Mandrels	_____
_____	Alginate/plaster mixing bowls	_____
_____	Plaster knife	_____
_____	Plaster spatulas	_____
_____	Porcelain	_____
_____	Model and die saw	_____
_____	Saw blades	_____
	Wax:	
_____	Baseplate	_____
_____	Set-up	_____
_____	Boxing	_____
_____	Sticky	_____
_____	Bite	_____
_____	Periphery	_____
_____	Equalizing	_____
_____	Casting	_____
_____	Casting rings	_____
_____	Sprue formers	_____
_____	Gold solder	_____
_____	Solder flux	_____
_____	Crucibles	_____

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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GENERAL PRODUCTS

Supplies:

<hr/>	Abrasive points	<hr/>
<hr/>	Alginate	<hr/>
<hr/>	Anesthetics	<hr/>
<hr/>	Anesthetic syringes	<hr/>
<hr/>	Anesthetic (Topical)	<hr/>
<hr/>	Articulating paper: Color Thickness	<hr/>
<hr/>	Autoclave tape	<hr/>
<hr/>	Autoclave bags	<hr/>
<hr/>	Bracket table covers	<hr/>
<hr/>	Bur blocks	<hr/>
<hr/>	Burs:	<hr/>
<hr/>	F.G.	<hr/>
<hr/>	R.A.	<hr/>
<hr/>	H.P.	<hr/>
<hr/>	Mini	<hr/>
<hr/>	Finish	<hr/>
<hr/>	Surgical	<hr/>
<hr/>	Cements	<hr/>
<hr/>	Cleaners	<hr/>
<hr/>	Cotton applicators	<hr/>

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>\$ AMOUNT</u>
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GENERAL PRODUCTS

Supplies Continued:

_____	Cotton rolls	_____
_____	Cotton roll holders	_____
_____	Crown and facing forms	_____
_____	Crowns: Permanent Temporary	_____
_____	Cups: 5 oz.	_____
_____	Curing lights	_____
_____	Dappan dishes	_____
_____	Disc assortment	_____
_____	Eye wear (protective)	_____
_____	Face masks	_____
_____	Germicide solutions (types)	_____
_____	Glasionomer products	_____
_____	Gloves	_____
_____	Gluteraldehyde solution	_____
_____	Hand cream	_____
_____	Hand brush	_____
_____	Hand soap	_____
_____	Handpiece cleaner	_____
_____	Handpiece lubricant	_____
_____	Headrest covers	_____
_____	Health career learning systems manual	_____

Figure 18-7

SUPPLIES OTHER THAN DENTAL

<u>QUANTITY</u>	<u>BUSINESS OFFICE</u>	<u>AMOUNT</u>
_____	1. Computer system	_____
_____	a.	_____
_____	b.	_____
_____	c.	_____
_____	d.	_____
_____	e.	_____
_____	f.	_____
_____	g.	_____
_____	h.	_____
_____	i.	_____
_____	j.	_____
_____	2. Business machines	_____
_____	a. Calculator	_____
_____	b. Copy machine	_____
_____	c. Dictation Unit	_____
_____	d. Typewriter	_____
_____	e. Computer, if applicable	_____
_____	3. Banking supplies	_____
_____	a. Bank book & checks	_____
_____	b. Bank Plan	_____
_____	c. Deposit book	_____
_____	d. Delinquent payment & reminder cards	_____
_____	e. Payment booklets	_____
_____	f. Payment reminder cards	_____
_____	g. Petty cash slips	_____
_____	h. Receipt book	_____
_____	i. Appointment and professional cards	_____
_____	j. Savings account for taxes	_____
_____	4. Bookkeeping system	_____
_____	a. Daily record	_____
_____	b. Expense record	_____
_____	c. Patient service & accounts	_____
_____	d. Yearly summary	_____
_____	5. Patient records	_____
_____	a. Appointment book	_____
_____	b. Appointment sheets	_____
_____	c. Call list	_____
_____	d. Exam sheets	_____

<u>QUANTITY</u>	<u>BUSINESS OFFICE</u>	<u>AMOUNT</u>
_____	e. Recall cards	_____
_____	f. Registration record	_____
_____	g. Patient filing cabinets	_____
_____	6. Office signs	_____
_____	a. Office policies	_____
_____	b. Name plates	_____
_____	7. Business office	_____
_____	a. Calculator tapes	_____
_____	b. Carbon paper	_____
_____	c. Cards (3 X 5)	_____
_____	d. Desk calendars	_____
_____	e. Dictation belts	_____
_____	f. File index	_____
_____	g. Hanging files	_____
_____	h. Alphabetical guides	_____
_____	i. January to December guides	_____
_____	j. 1-31 day guides	_____
_____	k. Glue	_____
_____	l. Paper clips	_____
_____	m. Paper punch	_____
_____	n. Pencils	_____
_____	o. Pens	_____
_____	p. Rubber bands	_____
_____	q. Rulers	_____
_____	r. Scissors	_____
_____	s. Scotch tape	_____
_____	t. Scratch pads	_____
_____	u. Stapler	_____
_____	v. Staples	_____
_____	w. Laboratory prescription slips	_____
_____	x. Prescription blanks	_____
_____	y. Want lists	_____
_____	8. Stationery supplies	_____
_____	a. Letterhead stationery	_____
_____	b. Plain paper 8 1/2 X 11	_____
_____	c. Letterhead envelopes	_____
_____	d. Window envelopes	_____
_____	e. Postage stamps	_____
_____	f. Postage paid envelopes	_____
_____	g. Postal cards	_____
_____	h. Chart envelopes	_____
_____	i. X-ray mailing envelopes	_____
_____	j. Manilla folders	_____
_____	k. Statements	_____
_____	l. Statement return	_____

<u>QUANTITY</u>	<u>BUSINESS OFFICE</u>	<u>AMOUNT</u>
_____	m. Contract forms	_____
_____	n. Daily production and collection sheets	_____
_____	o. Monthly disbursement sheets	_____
_____	p. New patient questionnaire sheets	_____
_____	9. Magazine subscriptions	_____
_____	10. Plants and other decorations	_____
_____	11. Sound system - receiver, speakers, etc.	_____
_____	12. Telephone answering system	_____
_____	13. Toys	_____
_____	14. Darkroom supplies	_____
_____	a. Spare bulb	_____
_____	b. Towel bar	_____
_____	c. Wastebasket	_____
_____	15. Laboratory supplies	_____
_____	a. Cup dispenser	_____
_____	b. Flashlight	_____
_____	c. Pencil sharpener	_____
_____	d. Tools for minor repairs	_____
_____	e. Wastebasket	_____
_____	16. Restroom supplies	_____
_____	a. First aid kit	_____
_____	b. Mirror	_____
_____	c. Paper products	_____
_____	d. Soap	_____
_____	e. Towel dispenser	_____
_____	f. Cup dispenser	_____
_____	g. Wastebasket	_____
_____	17. Computer supplies	_____
_____	a.	_____
_____	b.	_____
_____	c.	_____
_____	d.	_____
_____	e.	_____
_____	f.	_____
_____	g.	_____
_____	h.	_____
_____	i.	_____
_____	j.	_____

Figure 18-8

**COORDINATION OF EFFORTS FOR RELOCATION
OR ESTABLISHMENT OF PRACTICE FACILITY**

