

Dental Office Design

PLANNING GUIDE

VISION: _____

GOALS: _____

PROJECT NOTES: _____

BUILDING / OFFICES

- Type of Project**
- | | |
|--|--|
| <input type="checkbox"/> New Building - Free-standing | <input type="checkbox"/> Lease Space in Existing Building |
| <input type="checkbox"/> New Building - Free-standing, with space to lease out | <input type="checkbox"/> Lease Space in building that is:
a) Being built or
b) Going to be built |
| <input type="checkbox"/> Existing Building - Free-standing | |

Digital Plans Available Yes No

If yes, Architect name _____

Desired Square Feet _____ Usable _____ Rentable _____

Type of Practice _____

We encourage you to list all types planning to use the practice

Handedness _____

Please list each dentist and his/her hand preference

Employee Goals of new office (#)

Dentist _____ Hygienist _____ Assistant _____ Business Office _____

RECEPTION AREA

Entry Vestibule Yes No **Refreshment Bar** Yes No

Seating Needs Yes No **Wi-fi Station** Yes No

Children's Area Yes No **Door into Clinical Area** Yes No

ADA Patient Restroom In Reception Area In Corridor

BUSINESS OFFICE

Greet Stations (#) _____ **Payment/ReAppoint Stations (#)** _____

Total Computers (#) _____ **Private Workstation** Yes No

File Storage Paperless Lateral Files Shelves

Storage Yes No

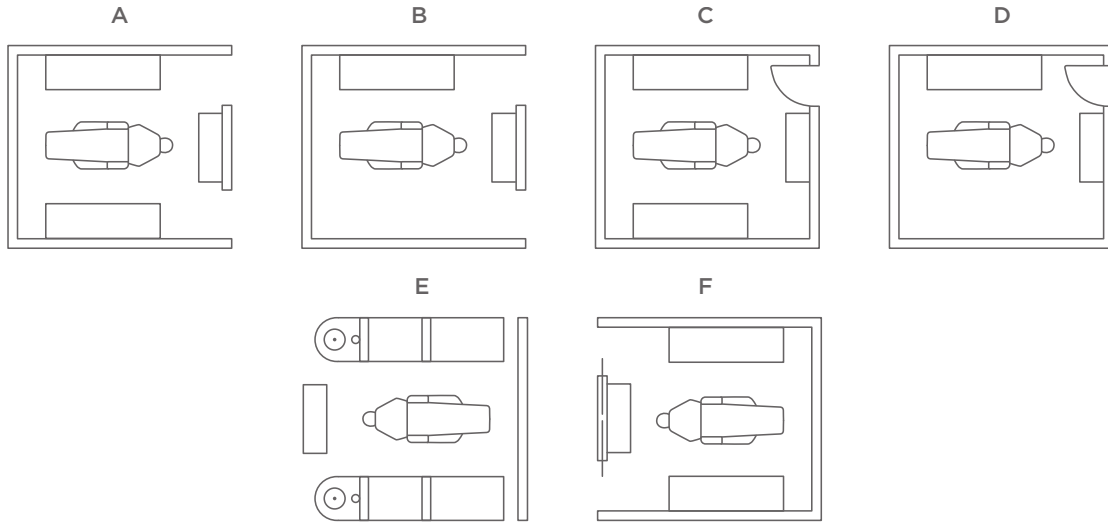
GOETZE
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OPERATORIES

Please select your preferred operatory layout



Operatories (#) _____ Hygiene (#) _____

Preferred Delivery Method Rear Delivery Radius/Chair Mount Side Delivery
 If Side Delivery Left Right

Preferred Assistant Delivery Method Rear Delivery Radius/Chair Mount

Operator X-ray Individual Pass Thru Mobile/Handheld

Computers (#) _____ Monitors (#) _____

Special Equipment Air Abrasion Prophy Unit Laser
 Curing Light Nitrous Oxide IntraOral Camera

Other(s) _____

Operator Notes _____

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CONSULTATION / PRIVATE FINANCE

Treatment Presentation Consult Room Chairside

Payment Plan Discussion Business Office Consult Room

Room Set-up Dental Chair Table & Chairs Lounge Chairs

STERILIZATION

Sterilization Method Cassettes Tub/Tray

** A standard air line and vacuum line will be provided*

LAB

Lab Function Small - Pour up Moderate Large for Production

Standard Equipment Plaster Trap Model Trimmer

** A standard air line will be provided*

Optional Equipment/Utilities Vacuum Line Natural Gas Line Lathe Sit-down Area

Other(s) _____

X-RAY / PROCESSING

Panoramic X-ray Pan Only Pan/Ceph

Digital Yes No **Images** Film Based Digital Phosphor Plates

MECHANICAL ROOM / NITROUS OXIDE

Location In suite Basement Common Area

Other Equipment HVAC Water Heater Water Softener

Mop Sink Electrical Panel

Other(s) _____

Nitrous Oxide Plumbed Yes No

Tank Room Location In suite Basement Common Area

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TECHNOLOGY

Dedicated Server Room Yes No

Milling Yes No

Computer Locations Private Office Lounge
 Sterilization Consultation
 Reception Area

3D Printer Yes No

GENERAL STORAGE

Location In suite Basement Common Area

Set-up for Inventory Control Yes No

LOUNGE

Employees (#) _____

Team Meetings Yes No

Kitchen Area Refrigerator Microwave Other(s) _____

Lockers Yes No

Changing Room Yes No

ADA Restroom Yes No

Laundry Area Yes No

Employee Entrance Yes No

Auxilliary Needs _____

PRIVATE OFFICE

Offices (#) _____

Private Restroom Yes No

Private Entrance Yes No If yes, same as employees? Yes No

Auxilliary Needs _____

ADDITIONAL NOTES

Architect _____

Contractor _____

Landlord _____

Other Contact(s) _____

