

Marketing Self-Assessment

I-800-DENTIST®

Even the best practice marketing has room for improvement. This quick self-assessment helps you evaluate your practice's unique strengths and challenges so you can focus your marketing efforts on the areas that need them most. Please take a few minutes to fill out the form and fax it back to us and one of our Regional Marketing Consultants will create a customized marketing plan designed specifically for you.

Step 1: IS MARKETING RIGHT FOR YOUR PRACTICE?

1. What percentage of your gross revenue are you currently spending on marketing? (approximately)
 0% - 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. On average, are your patients spending less in your practice?
 Yes No Don't know
5. What percentage of your patients are managed care? (approximately)
 0% 25% 50% 75% 100%
6. In your 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. If you've noticed that any of your patients have received treatment elsewhere, which did they get?
 Chairside whitening Veneers
 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. How many operatories do you have?
Total # of operatories _____
of operatories in schedule _____
11. What percentage of your associate's time is unscheduled? (approximately)
 No associate 0% - 25% 26% - 50%
 More than 50%
12. Which best describes the accessibility of your practice? (check all that apply)
 Storefront style (walk-in traffic)
 Office building (destination, multi-tenant, no walk-in)
 Stand-alone building (destination, no walk-in)
 Signage
13. What percentage of your hygienist's time is unscheduled? (approximately)
 No hygienist 0% - 25% 26% - 50%
 More than 50%
14. What is your transition/retirement strategy timetable?
 No strategy 1 - 5 years 6 - 10 years
 11 - 15 years More than 15 years
15. Do you have a website?
 No
 Yes
Website address _____
16. If you have/want a website, what are your expectations? (check all that apply)
 My patients can read about my practice
 Generate new patients

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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
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 usually just want drugs or, at best, extractions
5. Rate your case acceptance.
 30% - 49% 50% - 70% More than 70%
6. Which best describes the dentistry done in your practice?
 100% restorative
 20% cosmetic/80% restorative
 40% cosmetic/60% restorative
 more than 40% cosmetic
7. Where would you like to go with the 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?
 Endo
 Perio
 Ortho
 Invisible braces
 One-visit crowns (CEREC®)
 Laser treatments
 1-hour teeth whitening
 No-prep veneers
 Other _____
9. How many hours a week are you open?
 More than 40 35 - 40 30 - 34 Less than 30
10. Are you open any evenings or weekends? (check all that apply)
 Neither Evenings (after 6pm) Early Mornings
 Weekends
11. Do you offer patient financing?
 Yes No

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

Name: _____

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

E-mail Address: _____ @ _____

Office Phone Number: () - _____

Cell Phone Number: () - _____

ZIP Code: _____