

Dental Practice **Confidential** Marketing Audit

Personal Information

Name

Practice Name

Address

Telephone No.

Fax No. Email

Website Mobile

Preferred Appointment time & date

Business Information

Practice(s) ownership structure
 sole trader
 partnership
 pty ltd
 discretionary trust
 other

Status of premises
 leasehold
 freehold

When was your practice established?
 within the last year
 1-5 years ago
 more than 5 years ago
 more than 10 years ago

Do you have a specific focus or market niche?
 general family practice only
 implant dentistry
 cosmetic dentistry
 holistic dentistry
 specialist
 other

How long have you been in practice?

How long at your current location?

How many employees do you have?

Average number of new patients monthly?

Is this number increasing or decreasing?

Highest number of new patients monthly?

Any procedures you want to increase?

Do you have high acceptance of your treatment plans?

Approximate % of patient retention yearly?

Improvements to your business that you hope to achieve
 attract more new patients
 increase internet marketing
 get a new website
 change the focus of your practice
 expand treatment options
 send patients a newsletter
 cut costs
 prepare for retirement
 hire additional team members
 purchase new equipment
 reduce working hours
 volunteer services in the community

Current annual turnover

Desired annual turnover in the next 12 months

Marketing Information

What marketing are you currently doing?

internet marketing such as Google Ad Words
yellow Pages
website
local newspaper advertisements
flyer drop

Internet Marketing - do you...

send regular newsletter?
have your own treatment brochures?
reward patients for referring?
have a practice brochure?

Practice Information

Number of practice locations?

Practice manager name

Other practitioners working with you?

Associate dentists? How many

Hygienists / Therapists? How many

What is the desired age range of you patient?

Do you have a mission statement (practice philosophy)?

List of specific dental treatment / services that you provide; and will be included in your marketing collateral?

implant dentistry
neuromuscular dentistry
cosmetic dentistry
whitening
crown & bridge
endodontics (rcf)
snoring and sleep apnoea
dentures
general dentistry
wisdom teeth extractions
bad breath (halitosis)
intra-oral camera
digital xrays / in-house OPG
laser (hard & soft tissue)
DIAGNOdent
sedation
other

orthodontics
tmj / tmd
veneers
CEREC
inlays / onlays
periodontics
bruxism
preventive dentistry
oral surgery
children's dentistry
holistic dentistry
cone beam CT scanners
on-site laboratory
microscope
nitrous (happy gas) or pentrox
in-chair / in-practice entertainment

Practice opening hours

monday
tuesday
wednesday
thursday
friday
saturday
sunday

Unique points of interest

parking availability
wheelchair access
special treatment offers / payment plans (vet affairs, senior citizens card, etc)
mentor programs / educational presentation evenings
other

Practice fit-out and design style?

Open plan vs designated rooms / surgeries?

Number of surgeries?

Other rooms / treatment areas

Style to be promoted

modern
classic
simplistic
family
other

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