



**BETTE E. ROBIN, DDS, JD**

**SELECT PRACTICE SERVICES, INCORPORATED**

## APPROXIMATE PRACTICE VALUE WORKSHEET

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Confidential Telephone Number: \_\_\_\_\_

Type of practice: \_\_\_\_\_  
*(Indicate general or specify specialty type)*

Collections, this year to date: \_\_\_\_\_ As of date: \_\_\_\_\_

Collections for last year, as shown on your tax return: \_\_\_\_\_

Insurance Composition of practice:

Private: \_\_\_\_% Indemnity: \_\_\_\_% PPO: \_\_\_\_% HMO: \_\_\_\_% Medi-Cal: \_\_\_\_%

How long have you been practicing in this location? \_\_\_\_\_

Number of operatories: \_\_\_\_\_

Professional building or commercial center? \_\_\_\_\_

Square footage of practice: \_\_\_\_\_ Lease payment: \_\_\_\_\_

Number of years remaining on lease/options: \_\_\_\_\_

Number of days you work per week: \_\_\_\_\_

Number of employees, in what positions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please complete and fax this worksheet to Dr. Robin at 626-966-8993, or email the information to [DrRobin@BetteRobin.com](mailto:DrRobin@BetteRobin.com). Dr. Robin will call you at the telephone number you provide within two business days.*