The NEW Dental Office Experience: Where Your VISION becomes your SUCCESS

Midmark and the Practice Design Group have developed this unique program to deliver information we agree is significant to any dentist considering a change in their facility, whether remodel, new lease space build out or full building from the ‘ground up’ including: getting a project started, finding the right space or site, securing lending, and critical design criteria for designing every space in your new office.

And yet, we know that each attending dentist brings specific interests based on their project or progress made to date. We want each attendee to have their specific interests addressed. Help us prepare for you regarding the areas of greatest interest or concern for you, by answering the following “precourse” questions:

**Project aspirations**

**NAME** __________________________________________

I am considering the following project type:
- [ ] New free-standing building
- [ ] Existing building to be remodeled and / or expanded
- [ ] Lease space in existing building
- [ ] Lease space in building to be constructed
- [ ] Condominium in existing building
- [ ] Condominium in building to be constructed

My greatest concern in doing a new project: __________________________________________
- [ ] Cost of the project
- [ ] My ability to secure lending terms
- [ ] The process of design and construction
- [ ] How to design an efficient dental office
- [ ] other ________________________________

I am in the following stage of my project:
- [ ] Just starting to consider my options
- [ ] Considering a specific lease space (may be in lease negotiations)
- [ ] Considering a piece of property
- [ ] Signed lease and a floor plan layout
- [ ] Purchased property

My chief objective for attending this course is:
____________________________________________________________________________
____________________________________________________________________________

In the question and answer period allowed, I would like the following question(s) answered:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
PREDESIGN Project Programming
Information for GENERAL PRACTICE DENTISTRY:
Selection of an optimum site, assembling your professional design resource ‘team’; establishing your project budget (construction, equipment and fees), prequalifying your project lending, and confirming project timelines are the important steps before advancing the design of your dental project.

Rationale or impetus for new or remodeled facility

(We call this your “compelling reason.” REVISIT this often during the process of advancing your project. It can help you keep perspective - your investment aligned with your “expected return.”)

CONTACT INFORMATION

CLIENT

Selection of your project resources:

Commercial Real Estate Broker: Name: ________________________________
Address: ________________________________
Phone: ________________________________ Email: ________________________________

Dental Equipment Supplier: Company:

Name: ________________________________
Address: ________________________________
Phone: ________________________________ Email: ________________________________

Local architect: FIRM NAME: ________________________________

Name: ________________________________
Address: ________________________________
Phone: ________________________________ Email: ________________________________

General Contractor: FIRM NAME: ________________________________

Name: ________________________________
Address: ________________________________
Phone: ________________________________ Email: ________________________________

Lender: NAME: ________________________________

Address: ________________________________
Phone: ________________________________ Email: ________________________________
PROJECT SPECIFICS

Project category

☐ New free-standing building
☐ New free-standing building with additional space to be leased
☐ New free-standing building with additional development considerations
☐ Existing building to be remodeled and / or expanded
☐ Existing practice facility to be remodeled and / or expanded
☐ Lease space in existing building
☐ Lease space in building to be constructed
☐ Condominium in existing building
☐ Condominium in building to be constructed

Targeted Construction completion date: ______________________

Anticipate 6-10 months for lease space (once lease is signed) *
Anticipate 12-18 months for full building (once property is secured). *
* timeline ranges vary depending on the size or simplicity of your project but expecting less than those noted means fast-tracking your office design and construction which may not be in your best interest long term.

Project size
Number of operatories __________ No. of Drs. ops. _______ No. of Hygeine ops. _______

Potential FUTURE GROWTH: number of operatories __________

Estimated square footage for new facility ___________(as needed now)
(guideline 500 sq. ft. / operatory)**

Estimated square footage for FUTURE facility ___________(future growth)*
(guideline is still 500 sq. ft. / operatory)**

** Allowing for future growth is a significant consideration. It can translate to leasing or building a building that has unused “future” operatory space and therefore meets your optimum “future” growth square footage. If this is your goal, then support spaces etc. (sterilization, lab, storage etc.) would be designed for the future operatory ‘count’ so remodeling can be avoided to accommodate the growth with expanding treatment spaces.
Planning for “future growth” can also translate to leasing a space with the square footage you need “now” and securing a ‘right of refusal’ on neighboring space that will allow for potential growth in the future. If so, then your current layout would be designed to anticipate growth into the neighboring space.

Either scenario is a wise approach that allows your current facility investment to grow with your practice.
NEW PROJECT LOCATION

Development or Project Name: _______________________________________
Address: __________________________________________________________
City: __________________ County: __________ State: ______ Zip: __________

INITIAL PROJECT COST assessment

It is important during initial stages of project development to estimate realistic costs. There is a tendency in the marketplace for potential resources to “low-ball” initial cost estimates in an effort to enhance their “attractiveness” as participants in your project. This tendency promotes the unfortunate circumstance of investing significant time / funds or both into a facility concept that by final pricing is not feasible in terms of meeting your initial budget and / or vision expectations.

Successful dental facility outcomes require balance and diversity in the distribution of funds to ensure the greatest return to owners. Appropriate investments in project development, practice management systems, facility design, equipment, technology, and quality construction yield greater returns and ultimately higher net income to owners than “one-dimensional” facility outcomes based solely on equipment or the lowest construction cost possible.

Project aesthetic development (for your interior space cost only)

☐ Minimal - I am mostly concerned with optimizing the functional aspects of my facility. ($100 - $115 per square foot)

☐ Moderate - I want to ensure my facility does not appear generic and clinical. ($115 – $130 per square foot)

☐ Upscale - It is important my facility is distinguishable from other facilities in my area. ($130 - $150 per square foot)

Project aesthetic development (for your building shell and site)

ADD for building shell: $80 to $100 per (gross) square feet
This cost assumes costs for a finished building shell on grade (no basement) with asphalt paving. (It does not include other site related costs such as landscaping, signage, security system, site lighting, retaining walls, detection / retention ponds)

ADD for basement: @ $50 per (gross) square feet
This cost assumes an unfinished, storage / mechanical use basement including basic lighting. NOTABLY, a dental office is considered medical specialty requiring elevator access to a basement level (typically anything more than a 500 sq. ft.) in most areas of the country. In addition, if staff functions are relegated to a basement level, then two exits from this basement level will be required. Often the investment required to meet medical specialty regulatory requirements to add sprinklers, two exits and an elevator make a basement option less palatable for a dental project.
ADDITIONAL PROJECT COST CATEGORIES:

☐ My project requires demolition of an interior space and the approximate area to be demolished is ___________ (at $5.00 to $10.00 per square foot; this can be verified by a general contractor)

☐ My project requires a sprinkler system (@ $2.50 per square foot)

☐ I want a security system (@ $5,000.00)

☐ My project will require street view signage (@ $4,000 to $6,000)

PROPERTY ASSESSMENT: An architect or general contractor can assist in addressing potential costs associated with required improvements or “corrections” of a specific property you are considering. Prior to purchase, a due diligence period of investigation should be requested and established (typically 90 days), during which you can investigate and verify information:

☐ My project will require a detention / retention pond / water capture and filtration (costs can range widely and should be verified prior to property purchase.)  Costs estimated as: $ ________________

☐ My project has a lot of slope and will require extraordinary site work such as retaining walls or excavation.  Costs estimated as: $ _____________________

☐ My project has existing structures that will need to be removed.  Demolition Costs estimated as: $ _____________________

SITE INVESTIGATION to be COMPLETED prior to property purchase:

The following are investigative studies typically conducted on building site properties during a DUE DILIGENCE period, prior to purchase of the property of interest:

☐ My property will require soil borings to verify the soil’s bearing capacity
☐ My property will require environmental phase I investigation
☐ My property will require ACM investigation (asbestos contaminated materials)
☐ My property will require a topographic survey (plat only is available)
☐ Utilities are not available to my site and will have to be brought to the property boundaries
☐ Easements and set-backs as defined on my site will allow for an optimum building area with parking to meet my current and future needs.

My Building footprint will be: 500 sq. ft. per operatory – gross square footage
(gross square footage included interior space and exterior wall thicknesses)

The above investigative items performed on your property will involve fees paid to the providers of these services. The results they confirm may translate to additional costs for corrective measures (e.g. removal of toxic materials or soils, access to utilities across a street, etc.) and are further validation of how important it is to investigate your site prior to purchase.
**DENTAL EQUIPMENT ASSESSMENT:** *(reference attached equipment worksheet)*

Treatment Overview:
Number of operatories to be equipped with equipment transferred from existing facility _______
Number of operatories to be equipped with new purchase equipment _______
(expand on inventory of existing versus new equipment via the attached worksheet)

We recommend you take photos of equipment that will be re-used and reference these during design, assigning specific locations

**COMPUTER EQUIPMENT ASSESSMENT:**

Your current IT support personnel can assist you with an evaluation for re-use of existing computer equipment and potential new purchase upgrades (and costs) advisable in your new office.

Number of EXISTING computers _______
Approximate age of existing facility server and network components _______

☐ My existing facility already uses digital radiography
☐ My existing facility already uses intraoral camera imaging
☐ My existing facility is running digital charting for all new patients
☐ My existing facility already has computer access to the schedule from the operatory
☐ My new facility will need to accommodate the following computer applications that we are not currently using: ________________________

Number of new computer workstations needed beyond EXISTING inventory of computers _______
New server(s) needed _______

**FURNITURE and ARTWORK ASSESSMENT:**

☐ I have existing furnishings and artwork I would like to reuse in a new facility.
  List them here for your reference: (take photos for your reference during design)
  ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________

**ADDITIONAL COST CONSIDERATIONS – BASED ON SPECIFIC Project TYPES**

**LEASE SPACE ONLY**

Monthly rental rate per square foot __________________
Monthly pass through costs including utilities, taxes, insurance and maintenance (if appl.) _______

* Tenant finish out allowance per square foot __________________
  Interior lease building owners will typically offer a finish out allowance (TI) to potential tenants as a way of incentivizing tenants to their building. These are funds you can apply to your build out costs.
CONDOMINIUM ONLY
Condominium purchase price ____________________________
Condominium association monthly dues ___________________ / month

REMODEL / ADDITION OF EXISTING FACILITY ONLY
Existing square footage ___________________________ PLUS
Approximate square footage of new addition __________________

PURCHASE OF EXISTING BUILDING WITH NEW CONSTRUCTION FINISH OUT ONLY
Building square footage ___________________________
Building purchase price including land costs _________________________

FREE-STANDING BUILDING ONLY
☐ I own the land outright
Land cost: _____________________________
I am financing the land currently and still owe approximately ________________

Approximate square footage or acreage of property
☐ Land is properly zoned for dental / medical
☐ Utilities are delivered to the site
☐ The site is relatively flat

CURRENT PRACTICE DATA
Total production per month __________________________
Rental rate per month _____________________________
Pass-through expenses per month including utilities, taxes, insurance and maintenance
________________________

Cash and / or equity I will invest in my project: ______________________________
Percentage of total investment you prefer to finance __________________________
Dental Office Design Considerations

I. PLANNING

- **IDENTIFY your COMPELLING REASON**
- **DESIGN PROGRAMMING** – design criteria should be written
  Establish appropriate square footage
- **SELECTING THE OPTIMUM LOCATION**

LEASE SPACE – **SELECTION PARAMETERS**

1. **ORIENTATION** for operatories –
   NORTH facing windows OPTIMUM for ops.
   East – 2nd choice
   South – 3rd choice
   WEST – avoid if at all possible

2. What you RENT versus What space you need for your office
   Net / Usable (sf for your office space)
     Versis
   Rentable / Gross (sf for your office and ‘common’ area space)

3. **SIZE GUIDELINES** – general practitioner

<table>
<thead>
<tr>
<th>500 sq. ft. per operatory</th>
<th>400 sq. ft. per operatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 ops. @ 2000 sq. ft.</td>
<td>10 ops and up</td>
</tr>
<tr>
<td>5 ops. @ 2500 sq. ft.</td>
<td></td>
</tr>
<tr>
<td>6 ops. @ 3000 sq. ft.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>450 sq. ft. per operatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 ops. @ 3100 sq. ft.</td>
</tr>
<tr>
<td>8 ops. @ 3600 sq. ft.</td>
</tr>
<tr>
<td>9 ops. @ 4050 sq. ft.</td>
</tr>
<tr>
<td>10 ops. @ 4500 sq. ft.</td>
</tr>
</tbody>
</table>
4. SHAPE OF SPACE – OPTIMUM 40’ width / rectangular shape

5. # of OPS. GUIDELINE –
   (subject to the business model of your practice)
   - 4 ops. – 1 Dr. / 1 hygenist
   - 5 ops. – 1 Dr. / 2 hygenists
   - 7-8 ops. – 2 Drs. / 2+ hygienists

6. Parking availability: Dental office PARKING REQUIREMENTS:
   1 PARKING SPACE / 133 SQ. FT. OF FACILITY

7. UTILITIES
   Electrical: 400 amp panel – 4 ops. office including HVAC
   HVAC: 1 ton of HVAC per 250 sq. ft. of dental space
          2-3 zones min. to segregate dynamic/static areas

8. EVALUATION AND VERIFICATION –
   SCHEMATIC Floor PLANNING – verify with a floor plan that your space will accommodate your functional requirements BEFORE signing your lease

9. LEASE AGREEMENT
   LEASE TYPE AND TERMS

   Full Service Lease (also called gross lease)
   A property lease in which the landlord agrees to pay all expenses which are normally associated with ownership, such as utilities, taxes insurance and maintenance.

   Triple Net Lease
   A lease in which the lessee pays rent to the lessor, as well as all utilities, taxes, insurance, and maintenance expenses that arise from the use of the property.

   Double Net Lease
   A lease in which the lessee pays rent to the lessor, as well as all utilities, taxes and insurance expenses that arise from the use of the property. The lessor pays maintenance expenses.

   Net Lease (also called closed-end lease)
   A property lease in which the lessee agrees to pay all expenses which are normally associated with ownership, such as utilities, repairs, insurance and taxes.
10. **Finish OUT ALLOWANCE (T.I.’s)**
Incentive allowance of DOLLARS offered by LANDLORD to defray build-out costs by the tenant.

Typically ranging from $20.00 - $40.00 per rentable sq. ft. leased.

**AVOID WORK LETTERS – VERIFY $ COMMITMENT FROM OWNER**
Work letters that are descriptive: number of light and plumbing fixtures, types of materials etc. have discernible NO VALUE
REQUEST A DOLLAR AMOUNT

**REFURBISH/ REMODEL – EXISTING BUILDING**

1. **VERIFY SOUND** structural and mechanical condition of building

2. **VERIFY ASBESTOS ABATEMENT** (ENVIROMENTAL STUDIES)

3. **VERIFY COST ASSUMPTIONS** – (remodeling isn’t always LESS COST) Include:
   - REPAIR or REPLACEMENT COSTS
   - DEMOLITION COST
   - DOWNTIME COSTS (PRODUCTION LOSS)

4. **ACCESS OUTCOME**: Sometimes the dollars spent aren’t WORTH a compromised end result. And sometimes the results can be remarkable!

5. **COMPARE $ SPENT TO OTHER PROJECT OPTIONS** – i.e. don’t assume your remodel is less than a new lease space

**FREE STANDING FULL BUILDING –**
Some of the same “site qualifiers” for lease spaces apply to building sites INCLUDING:
- Orientation - North OPTIMUM for clinical ops.
- Square footage of interior building square footage you will need
- SHAPE of building footprint
- Parking Availability
- Utilities available to your property (avoid costs to bring utilities to your site)
1. **Guideline to figure land size for building**

   NUMBER of ops x 500 SF to estimate total building SF required
   THEN
   MULTIPLY building SF by 6-7 to calculate land SF

   **ALWAYS HAVE A SITE EVALUATED FOR BUILDABILITY PRIOR TO PURCHASE**

2. **Other considerations with property evaluations:**
   
   - Setbacks, zoning, utility easements
   - Geo Tech conditions
   - Topographical studies, access issues
   - Environmental Impact; Impervious cover
   - Retention or Detention of h2O
   - MAXIMIZING THE SITE – CURB APPEAL
   - Maximizing Building footprint; Balancing Parking and green space

   **SCHEMATIC Site and Floor / building PLANNING**

   **ALWAYS HAVE A SITE EVALUATED FOR BUILDABILITY PRIOR TO PURCHASE**

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**ESTABLISH YOUR PROJECT BUDGET**

1. **UNDERSTAND SQ. FTGE. AND DOLLARS PER SQ. FT.**

   Dollar per square foot assumptions are “tricky.” E.g.:

   The higher the square footage (above what you need based on the function), the LOWER the cost per sq. ft. to build. However, it can also mean wasted space that you rent for years but you built for “less per sq. ft.”

   The LOWER the square footage (less than what you need) the HIGHER the cost per sq. ft. if you design as much function into the space as you would in more square footage. The DENSITY factor RAISES the cost for every foot you build.

   **WHAT ARE YOU BUILDING in YOUR COST per square foot ?** It can be very deceiving when you compare “other project build out costs with your own”. REMEMBER:

   - **AIR SPACE** costs less than FUNCTIONAL SPACE
   - **SIMPLE general office “BOXES”** cost less than more complicated dental offices
2. Establishing realistic project costs

OVERALL PROJECT COST PROJECTION

<table>
<thead>
<tr>
<th>Services / Professional Fees</th>
<th>Technology and Equipment</th>
<th>Furniture and Artwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Costs</td>
<td></td>
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</tbody>
</table>

TOTAL PROJECT COST = MONTHLY DEBT SERVICE (MDS)

ANALYSIS OF MDS TO CURRENT PRODUCTION

<table>
<thead>
<tr>
<th># OF OPS</th>
<th>LEASE</th>
<th>CONDO</th>
<th>FULL BLDG.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 OPS.</td>
<td>450 K</td>
<td>800 K</td>
<td>1.0 M</td>
</tr>
<tr>
<td>5 OPS.</td>
<td>500 K</td>
<td>900 K</td>
<td>1.1 M</td>
</tr>
<tr>
<td>6 OPS.</td>
<td>550 K</td>
<td>950 K</td>
<td>1.2 M</td>
</tr>
<tr>
<td>7 OPS.</td>
<td>600 K</td>
<td>1.0 M</td>
<td>1.3 M</td>
</tr>
<tr>
<td>8 OPS.</td>
<td>625 K</td>
<td>1.05 M</td>
<td>1.35 M</td>
</tr>
<tr>
<td>9 OPS.</td>
<td>650 K</td>
<td>1.1 M</td>
<td>1.4 M</td>
</tr>
<tr>
<td>10 OPS.</td>
<td>675 K</td>
<td>1.15 M</td>
<td>1.45 M</td>
</tr>
<tr>
<td>11 OPS.</td>
<td>700 K</td>
<td>1.2 M</td>
<td>1.5 M</td>
</tr>
<tr>
<td>12 OPS.</td>
<td>725 K</td>
<td>1.25 M</td>
<td>1.55 M</td>
</tr>
</tbody>
</table>

*our assumption is for construction costs ONLY for an optimum square footage for your space / building with a mid range aesthetic (costs for operatory, sterilization and lab cabinetry are assumed IN these costs, so if purchasing dental cabinetry, there would be a REDUCTION in your construction costs from these numbers)

3. GET PRE-QUALIFIED FOR YOUR PROJECT:

LENDER – Letter of Intent
II. DESIGN

DESIGN PRINCIPLES:

Form FOLLOWS Function – principle that promotes shape of space based upon its intended function / purpose.

** good dental design office solutions are functionally driven

Floor plan ZONING
Segregation and Separation
FLOOR PLAN EVALUATION (page 7-9)

FLOOR PLAN EVALUATION – efficiency DESIGN
FLOOR PLAN EVALUATION – efficiency DESIGN PRINCIPLES

1. ZONES – PUBLIC, CLINICAL, PRIVATE
   - SEGREGATE ZONES – same zoned spaces should be organized together
   - AVOID OVERLAP OF ZONES – stress increases when disparate functions are “overlapped”

2. SIZING of spaces – “well zoned” spaces doesn’t mean each space ‘works’
   - Clearances – is there enough space to move around and function effectively?
   - Cabinetry, furniture – will the cabinetry serve the function needed? are seating requirements being addressed?
   - Space access – can you access the space effectively without affecting other spaces?
   - Square ft. – is there “dance room” (wasted space)? Is there effective “use” of every space?
   - Space distribution – is there effective arrangement (maximum efficiency) in the application of cabinetry, furniture, door locations etc. that improves rather than hinders function

3. Walk through – “imagine walking in and out of each space to verify overlaps,
   - unfortunate views, who will use the space and can they work effectively?
   - Consider . . .
   - Compromise – is there function compromise in any space for another?
   - Line of sight – use a ruler to see what you will “see” from one location to another.
   - Proximity – when in “use” is there issue of overlap (visual or auditory) that will render the “user” less effective
• ZONING - segregation and separation of spaces
DESIGN PROGRAM – get clear – WHAT DO YOU WANT?

*Dental Design* – expectations / considerations

- POSITIVE NEW PATIENT IMPACT - First Impression
- Organized Spaces – a place for everything
- Good flow for Patients and Staff
- Private Patient Interactions
- Lowered Patient Anxiety
- Integration – Technology and Equipment (no spaghetti!)
- No overlap of zones (causing stress for staff or patients or both)
- REALISTIC BUDGET and management of project costs
- Effective use of square footage
- Optimum function in all areas
- Appropriate design priorities –
  - First - clinical zone
  - Second – public zone
  - Third – private zone
- Future Strategies – What we will need in the future / expansion
- Cost Strategies – What we will build NOW or in the FUTURE
DESIGN criteria – dental “efficiency” rationale

Reception –
easy patient access to Greeting desk
Waiting seating count (1.5 chairs per operatory chair)
Segregated seating area (privacy from front desk conversations)

Business / front desk–
Separation of Greeting and Re-apptg. patient interactions
Patient privacy protected
Semi-private business versus patient interaction business
Avoid bottle neck and adjacency to operatory areas

Consultation space –
Buffer space – access to front desk or clinical staff
Protecting Patient privacy
Appropriate Size of space, seating needs, technology needs with
multiple staff use and access, (typically poorly configured)
Clarification for use of this space by who / when

Operatory configuration–
Configuration options and choice rationale
Optimum operatory size

Sterilization -
Break down (dirty) and set up (clean) flow rationale
Central location to all operatorys (2 ops. Walk away optimum)
Access to sterilization based on op. layout (configuration)

Lab –
Clarification of lab use by practitioner
Flooring materials / dust collection
Location near Dr. or “user”

Other areas if enough square footage –
BULK STORAGE versus ON DECK STORAGE
TOILETS – PATIENT and STAFF – ADA handicap requires TWO
Staff area – lockers, break room, CEU presentation space
Drs. office - / Drs. toilet

DESIGN equipment and technology – practice driven

Dental equipment assessment
CHOOSE – your optimum Operatory configuration(s)
Evaluation your existing equipment (if applicable)
Develop a purchase strategy including
   Prioritized new purchases – verify and qualify
Future growth / future purchases
Purchase incentives
Technology equipment integration

PLAN FOR terminations for both new and future purchases
ESTABLISH technology objectives:
- Networked computer system*
- Educational / entertainment programming*
- Ambient stereo system*
- Phone system*
- Security system*

Develop a purchase strategy including:
- Assessment of current technology and reuse viability
- Prioritized new purchases
- Future growth / future purchases

Develop integration design strategies – so NO SPAGHETTI!

IV. CONSTRUCTION – contractor selection and pricing

NEGOTIATED CONTRACT PRICING versus BIDDING

You want to BID your project, not your GC (manager of our project)

1. INTERVIEW general contractors – based pm
   PROJECT WORK quality and reputation and referrals
   EXPOSURE OF OVERHEAD, PROFIT AND GENERAL CONDITIONS
   WILLINGNESS to negotiate with OPEN BOOK to the subcontractural bids

2. SELECT AND RESOURCE YOUR GC DURING DESIGN – interim pricing

3. FINAL PRICING - review of ALL subcontractor BIDS
   Agreement on final FIXED SUM COST for project
   AGREEMENT

4. VALUE ENGINEERING – savings on cost via open book review

5. SIGNED CONTRACT – FIXED SUM CONTRACT (AIA contracts)

AIA Document A107-2007 – medium to large projects based on STIPULATED SUM

In FALL 2012 –
AOD 2002 Standard Form of Agreement Between Owner and Contractor for a Lump Sum
By Associated Owners and Developers (AOD)

- balanced provisions with a unique “success of the project” focus;
- an innovative menu system to customize the agreement; and
- essential terms and general conditions in a single-document format
CONTRACT ISSUES to clarify / determine:
GENERAL CONDITIONS – what is included ?
Conditions of termination - CLAIMS for non performance
Consequential damages vs. Owner direct damages
Dispute resolution – MEDIATION FIRST
TIMELINE for project completions
RETAINAGE – 5 % vs. 10%
Penalty clauses

ESTABLISH realistic PROJECT TIMELINES
Starting with signed lease / purchase of property

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease and condo interior spaces</td>
<td>9 to 12 months</td>
</tr>
<tr>
<td>Free-standing new construction building</td>
<td>12 to 18 months</td>
</tr>
<tr>
<td>Multi-tenant group projects</td>
<td>18 to 24 months</td>
</tr>
</tbody>
</table>

MORE QUESTIONS ?

Please call or email us !
We are happy to help . . .

Jeff Carter, DDS – jeff@practicedesigngroup.com
Pat Carter, IIDA – pat@practicedesigngroup.com

800.511.7110
REVISED PLAN - oral surgeon building owner
Same function - 4750 sq. ft.
600 sq. ft. saved and added to lease space
**Project Programming – DESIGN CRITERIA FOR THE PUBLIC AREAS**

Information for GENERAL PRACTICE DENTISTRY:

PUBLIC ZONED spaces within the dental office include those spaces primarily occupied by your patients outside of clinical areas.

Most dental offices are typically designed with multiple reviews of operatory configurations and associated equipment. By contrast the PUBLIC Zoned spaces are designed with little discussion or understanding of their relationship to the patient’s positive experience within your practice.

**PUBLIC ZONE DESIGN CRITERIA**

**VESTIBULE**

*Some buildings in certain areas will benefit from a separation vestibule.*

☐ I want an entry vestibule into my Waiting area

**WAITING – PATIENT RECEPTION AREA**

*The following are functional requirements and potential amenities you may wish to include in your Waiting space*

Total number of seats required : ________________

(figured based on 1.5 X the number of operatories (now and in the future))

We recommend you note of your existing seating count needs at peak times and compare to this guideline.

☐ Coat hanging area (for how many coats at peak times) __________

☐ Magazine rack (for how many magazines ?) __________

☐ Brochure rack (these can be contained in the magazine rack or individually)

☐ Product display, and if so, what specifically will be displayed: _________________________

☐ Welcome / patient education monitor (viewed upon entry)

☐ Entertainment monitor (viewed from seated location)

☐ Water / Juice bar including:

☐ sink

☐ undercounter refrigerator

☐ storage for cups, napkins, straws etc.

☐ other ________________

☐ Standard drinking fountain available in the Waiting space OR

☐ Standard drinking fountain by the reappointing area of the front desk

☐ Designated Children’s Area in waiting area including:

☐ small kids (3-7 yrs.) ☐ young kids (7-11 yrs.)

☐ number of seats __________

☐ amenities in this area: (e.g. books, games), specifically______________

☐ entertainment monitor

☐ OTHER _________________________
WAITING – continued

☐ Workstation kiosk for “paperless” patient data entry and number of stations required __________
☐ Optical scan technology for patient check-in (e.g. thumb scan)
☐ Internet café connection DESK area including:
  Number of seats: __________  ☐ sit down  ☐ bar stool height

Optional additional amenity REQUIREMENTS for my waiting area:
____________________________________________________________________________
____________________________________________________________________________

WAITING FURNITURE:
I will (or may) re-use the following existing furniture : (photograph for design reference)
☐ seating, arm chair(s); count __________
☐ seating, loveseat(s); count __________
☐ end tables; count __________
☐ OTHER __________________________________________________________________________

PATIENT TOILET - Code issues often are the final determinate of the number of handicapped toilets in your office. Average-sized facilities typically require two handicapped accessible toilets. Larger facilities may require additional handicapped accessible toilets and/or multiple toilet terminations within individual toilet spaces. You should not anticipate that common area restrooms will eliminate the requirement for handicapped restrooms within your space.

☐ I prefer a patient toilet that is within view of front desk personnel and easily monitored
☐ I prefer a patient toilet that requires patients request access from front desk personnel and that patient toilet is not accessible directly from the waiting area
☐ I prefer a patient toilet that does not require access permission from front desk personnel and is also not within direct view of waiting area occupants
☐ I want additional privatization of the entry door to the patient toilet adjacent to corridors
☐ I want to offer additional consumable products in the patient toilet beyond C-fold towels and hand soap
☐ I want towel free – auto dryers in all toilets

Optional additional comments on patient toilet
____________________________________________________________________________

FRONT DESK

Number of business staff seated at front desk “greeting side” : __________(now and in future)
Number of business staff seated at front desk “reapptg. side”: __________(now and in future)

☐ Computer workstations will be needed at the fnrt. Desk for each staff location, totaling_______
☐ Additional partitioning to promote patient privacy at the “re-appointing side” of the front desk
☐ Semi-private financial area near the front desk re-appointing area
☐ Private office with a door for my office / business manager or bookkeeper near the front desk
☐ Printers, fax machines, copiers and other business machines hidden from patient view (machines area near front desk)
FRONT DESK – continued

☐ I have existing files for patient “paper” charts and will reuse my file units:
   Number of files units: _____
   Type of file unit: ☐ rotary file unit □ single file (vertical) □ single file (lateral)

☐ I want a new storage system for patient “paper” charts and my current number of on-site active charts storage count is ______________________

☐ I will be as “paperless” as possible in the new facility and do not want space devoted to paper chart storage.

☐ I want the front desk area to be:□ sit down desk area □ stand up desk area

I will need additional sit-down work areas near-by but separate from the front desk: ____________ (these are for non-patient transaction work areas)

SEMI-PRIVATE AREA: (near patient exiting transaction area)
(HIPAA regulations promote patient privacy. A semi-private area at or near the re-apptg. area of the front desk offers additional privacy for patients that need to speak candidly in private.)

☐ I need a portion of my reapptg. desk a to be semi-private including:
   □ sit down desk area □ stand up desk area

PRIVATE BUSINESS AREAS

☐ I need ______ (count) separate, private business area(s) for a business staff member including:
   □ built in desk □ separate desk and seating
   □ secured filing storage
   □ seating for staff
   □ needs to be near front desk
   □ does not need to be near the front desk area

CONSULTATION AREA – (a private area for treatment presentation, private review of financial arrangements, or initial patient intake)

☐ Yes, I want one consultation area and the seating requirement is _________
☐ Yes, I want two consultation areas and the seating requirement for each is _________
☐ I prefer a peninsula table configuration with the patient(s) seated directly across from the doctor and the monitor viewing screen position is of secondary importance
☐ I prefer a semi-circular table configuration in which the patient(s), doctor and monitor viewing screen position share focus equally
☐ Second private monitor screen for a staff member to document the consultation appointment specifics out of view of the patient(s)
☐ Display cabinet for models, products and other educational materials
☐ Printer in the consultation space(s)

Optional additional comments on consultation area ___________________________________________
GOOD-BYE MIRROR

☐ Yes, I want a good-bye mirror for exiting patients located near the appointing / transacting area of the front desk

AMENITIES

Other things that I want included in my office to improve the patient’s experience include:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________
Project Programming – DESIGN CRITERIA FOR THE CLINICAL ZONE

Information for GENERAL PRACTICE DENTISTRY:

CLINICAL ZONED spaces with the dental office include those spaces primarily occupied by you and your staff during treatment. This includes treatment operatories and all support areas associated with clinical treatment.

CLINICAL ZONE DESIGN CRITERIA

OPERATORIES – TREATMENT AREAS

Number of operatories ______________initially __________IN THE FUTURE

- Dr. designated operatories ____________
- Hygiene only operatories ____________
- Dual function use operatories ____________

No. of Providers : ______ no. of Drs. ________no. of hygenists

Schedule implications for operatory count. I want my new facility to support future growth and/or our maximum scheduled days. This means: (No. of providers using facility at one time without staggering schedules) ______ NO. OF Drs. _______ no. of hygenists

Requirements for treatment operatories include:

- Ambidextrous access for operators
- All operatories to be designed and equipped alike for greatest efficiency
- Some operatories to be closed or “quiet.” If so, number of closed ops is ______
- Custom designed cabinetry by local millwork subcontractor
- Preference for manufacturer’s cabinet systems and the manufacturer is ______
- Periapical X-ray unit in each operator
- I will use NOMADS (hand held xrays) in lieu of Periapical X-ray in each op.
- Dental patient light mounted to ceiling track
- Fixed ceiling mount dental patient light
- Dental patient light mounted to chair
- I prefer to designate (enter number) ______ as hygiene operatories to simplify equipment configurations and reduce cabinetry needs which will in turn save space and lower investment costs
- Instrumentation will be stored and distributed from sterilization
- Instrumentation will be sterilized in sterilization and stored in operatory cabinetry
- OTHER storage needs : ____________________________
OPERATORIES - continued

Delivery unit preference is:
- Dual-function delivery with operator and assistant module mounted on movable delivery unit at 12 o’clock
- Split delivery with assistant module mounted on movable delivery unit at 12 o’clock and doctor module attached to dental patient chair
- Split delivery system with assistant module mounted on movable delivery unit at 12 o’clock and doctor module mounted under a side cabinet (not ambidextrous)
- Split chair mount delivery with doctor module and assistant module attached to dental patient chair in two different locations

Additional information that may impact my operatory design includes:
- I use pneumatic handpieces only
- I use electric handpieces only
- I use a combination of electric and pneumatic handpieces
- I use N2O2 occasionally and prefer mobile carts with small tanks
- I use N2O2 regularly and prefer plumbed lines to all operatories
- I use IV sedation occasionally
- I use IV sedation regularly
- I prefer to integrate the majority of smaller pieces of equipment at 12 o’clock which facilitates equal access by operator and assistant
- I prefer to integrate the majority of smaller pieces of equipment at 9 o’clock which facilitates access by a right-handed operator
- I prefer to integrate the majority of smaller pieces of equipment at 3 o’clock which facilitates access by a left-handed operator

Operatory Technology:
- I prefer a fixed 12 o’clock computer monitor for private viewing by operator and assistant
- I prefer a movable 12 o’clock computer monitor mounted to a swing arm for private viewing by operator and assistant
- I am comfortable with a wireless keyboard and wireless mouse stored in the 12 o’clock area and accessed by temporary placement on the delivery unit work surface
- I prefer the keyboard be mounted to a movable tray which elevates it above and / or to side of the delivery unit work surface
- I want a secondary patient viewing monitor in the operatory mounted slightly above standing head height on a fixed pole
- I want a secondary patient viewing monitor in the operatory mounted on a movable pole that facilitates upright and reclined viewing
- I will use a CAD-CAM system (e.g. Cerec)
- I will use a hard tissue laser that is mobile and requires an easily accessible connection to power and compressed air in each operatory

Optional additional comments on operatories
SUPPORT AREAS FOR TREATMENT should be sized based on FUTURE count of operatories:

**STERILIZATION AREA**

- [ ] Yes, I want a sterilization area properly sized to support my facility requirements
- [ ] I want a computer workstation in the sterilization area
- [ ] I want to store bottled water and dispense contents for sterilizers and delivery units in the sterilization area
- [ ] I currently use (enter number) _____autoclaves and (enter number)_____ Statim units
- [ ] I want to include an instrument washer (e.g. Miele Thermal Disinfector, Statim Hydrim-L) in the new facility
- [ ] I will use cassettes to organize and store instrument set ups
- [ ] I use trays with bagged instrumentation
- [ ] ON DECK STORAGE outside of sterilization area (shallow shelving for sterilization type products and materials. No. of lineal feet ________________

Optional additional comments on sterilization area ________________________________

_______________________________________

**CENTRAL X-RAY AREA**

- [ ] Digital panoramic unit
- [ ] Digital panoramic unit with cephalometric attachment
- [ ] Digital panoramic unit with tomographic capability
- [ ] Film based panoramic unit
- [ ] Film based panoramic unit with cephalometric attachment
- [ ] Periapical X-ray
- [ ] Cone Beam CT Imaging Unit (e.g. ICAT)
- [ ] Photography stool with backlight for capturing portrait images

**DARK ROOM**

- [ ] I require a traditional dark room for film developing

**SCANNING / IMAGING AREA**

- [ ] I will use a phosphor plate scanning system (e.g. Scan-X, Op-time, DenOptix) for intra-oral and / or large format radiographic images in my new facility
- [ ] I need a work area including a backlight scanner to convert film radiographs to digital images
- [ ] I need a work area for digital cephalometric tracings because my practice includes some orthodontic procedures
- [ ] I prefer to position my CAD-CAM acquisition unit in a space other than the operatory when designing and programming a restoration
- [ ] I would like patients to have the option to view the CAD-CAM milling process in an area adjacent to the operatories

Optional additional comments on scanning / imaging area
LAB

☐ I do not perform much lab work and desire a minimal a pour-up and polish lab of 7’ x 9’ or less
☐ I do a portion of my own lab work and need work space for:
  ☐ Sit down work area(s) and the number is ______
  ☐ Lab handpiece
  ☐ Vacuum former
  ☐ Microetcher
  ☐ Curing unit / pressure pot
  ☐ Lathe
  ☐ Model trimmer
  ☐ Glazing oven
  ☐ Clean partitioned area for porcelain work
  ☐ Dust collection system
  ☐ I require a computer workstation in the lab area
  ☐ Bunsen burner
  ☐ Lab microscope
  ☐ Acrylic work area with exhaust hood
  ☐ Model box storage for approximately (enter number) ______ boxes
  ☐ Case pan storage for approximately (enter number) ______ case pans
  ☐ Other lab equipment required (list ) ________________________________
  ________________________________
  ________________________________
  ________________________________

☐ I need an in-house production lab with lab technician(s) numbering ______

Optional additional comments on lab ________________________________

HIGH TECH CENTRAL COMPONENTS AREA

☐ I require a temperature controlled closet-sized area to house and organize networked computer, stereo, phone, entertainment, and security systems components
Project Programming - DESIGN CRITERIA FOR THE PRIVATE AREAS
Information for GENERAL PRACTICE DENTISTRY:

PRIVATE ZONED spaces within the dental office include those spaces primarily occupied by your staff and outside of clinical, public areas.

When square footage is short, these are the spaces that are typically compromised or even eliminated. While it is appropriate prioritize clinical and public zoned spaces within the given square footage, there are benefits to a dental office that also includes appropriately sized private areas which contribute to efficiency and productivity.

PRIVATE ZONE DESIGN CRITERIA

DRS. OFFICE

☐ Doctor’s office for (enter number) ______ no. of practitioners
☐ Concise design (built in desk for dr. only, minimal square footage requirement)
☐ Desk, executive chair, credenza unit etc. for “standard” office expectations
☐ Additional items wanted / needed: □ loveseat □ bookshelves □ entertainment monitor
☐ for multipleDrs., a common area with cubicle drs. offices attached
☐ computer workstation
☐ small kitchenette
☐ sink □ undercounter refrigerator □ microwave
☐ Doctor’s toilet
☐ Doctor’s shower

Optional additional comments on doctor office: ____________________________

__________________________________________

__________________________________________

__________________________________________
STAFF AREA

☐ Staff area to support (enter number) _______ staff members
☐ Table(s) with seating for (enter number) _______
  ☐ Tables to be folding, so they can be stored
  ☐ Seating to be stackable chairs, so they can be stored
☐ OTHER: ____________________________________________

☐ Lockers
☐ Coat hanging area
☐ Gowns / scrubs hanging area
☐ Washer / dryer
☐ Staff Toilet

☐ Additional vanity sink outside toilet enclosure

☐ Private changing area in addition to toilet area
☐ Networked computer workstation

☐ Large wall mount monitor or LCD projector (and screen) connected to computer workstation for digital facilitation of training modules, huddles, schedule reviews, etc.

☐ Kitchenette area with:
  ☐ sink
  ☐ refrigerator
    ☐ full size ☐ apartment size ☐ undercounter refrigerator
  ☐ microwave
  ☐ dishwasher
  ☐ disposal

☐ Staff Toilet

Optional additional items / requirements for staff area

☐ Bulk storage Area
  ☐ Computer workstation in bulk storage area to facilitate inventory / ordering process
  ☐ lineal feet of BULK storage needed:

☐ Janitorial closet with mop sink

☐ Nitrous oxide tank closet for ________________ no. of tanks

☐ Dental mechanical space for vacuum and compressor units

☐ I have been told HVAC unit(s) will need to be located within my space