



LIST FOR PRELIMINARY DESIGN

Doctor: _____ Installation Address: _____
Representatives: _____
Due Date: _____
Practice Type: _____

1. Design Objective:

Open or closed concept? _____
Angles, curves or straight lines? _____
Utilize existing walls or demolish what is necessary for best possible design? _____

2. (4) Handed Operatories:

Number of rooms? _____ Total including Future Ops? _____
Dual or single entry? _____ Doors needed Y/N? _____
General cabinetry requirements (rear/ side cabinets?) _____ Sinks? _____
Center island console, if space is tight? _____
Delivery systems preferred? _____ Right, Left or Ambidextrous? _____

3. Hygiene Rooms:

Number of hygiene rooms? _____ Total including Future Hyg. Rms? _____
Doors needed Y/N? _____
General cabinetry requirements: _____ Sinks? _____
Center island console, if space is tight? _____
Delivery systems preferred? _____ Right, Left or Ambidextrous? _____

4. High Tech. Equipment:

Intraoral cameras? _____ Computers in OPs? _____ Defibrillator? _____ Caesy? _____
Office computer? _____ Monitors? _____ Cerec? _____ Lasers? _____ Cancer Screening _____

5. Panoramic X-Ray:

Pan needed Y/N? _____ Pan/Ceph needed Y/N? _____
Digital? _____
Cone Beam? _____

6. Individual X-Ray:

All chair side Y/N? _____ Digital? _____
Separate x-ray room? _____ Pan/Ceph separate Y/N? _____
Share x-ray if possible utilizing a wall insert or center island console? _____

7. Darkroom:

Digital processing- Schick /other? _____
Darkroom needed Y/N? _____
Self contained system? _____ Dip tanks? _____ Sink preferred? _____
Prefer darkroom or can get by with auto processor/ peri- pro with daylight loader? _____

8. Sterilization:

Off corridor or separate room? _____
Interested in Sterilization System? _____
Miele/ Hydrim? _____ Cassettes _____ Tubs/ Trays _____

9. Laboratory:

Large or small? _____
Sit down area needed? _____ Specialized Bench _____
Combine with sterilization? _____

10. Mechanicals:

Basement available Y/N? _____ Master control panel or Separate switches? _____
N₂O/ O₂ Tank room needed Y/N? _____ Water solenoid Y/N? _____ Amalgam Separator _____

11. Handicapped accessible Lavatories:

Available in main building Y/N? _____ Need one in office area Y/N? _____
Does town require 2- (separate male & female)? _____

12. Storage:

Storage room Y/N? _____ Storage closets Y/N? _____
Storage area available in basement Y/N? _____

13. Specialty Areas:

Tooth brushing area needed? _____ On-deck Seating? _____ Recovery Rooms? _____
Quick consultation area? _____ Good-bye Mirror? _____

14. Reception/ Business Area:

Vestibule/ airlock preferred Y/N? _____ # of people behind reception/ business desk? _____
Auxiliary business office needed Y/N? _____ Hide Files? _____ Separate File Room? _____
Kids' area needed Y/N? _____ Sliding glass or prefer open concept _____
Patient Education area needed Y/N? _____ Flat Panel TV Y/N? _____
Smile Channel Y/N? _____ Water Feature Y/N? _____ Fireplace Y/N? _____
Other comments regarding seating area? _____

15. Consultation Room/ Case Presentation Room:

Consultation room needed Y/N? _____ Large or small? _____ View box needed? _____
Dental chair needed? _____ Sink needed? _____ Flat Panel T.V. needed? _____

16. Private Office:

Private office needed Y/N? _____ Large or Small? _____ Closet? _____ Table? _____ Sofa? _____
Private restroom needed Y/N? _____ If yes, with or without shower? _____

17. Staff Lounge:

Staff lounge needed Y/N? _____ Large or small? _____ Washer/ Dryer needed? _____
Private restroom needed Y/N? _____ If yes, with or without shower? _____
Changing room needed Y/N? _____ Lockers needed Y/N? _____ Janitor's Closet Y/N? _____
Multi-media Room with Flat Panel TV Y/N? _____ Media Closet Y/N? _____
Kitchenette separated from conference area Y/N? _____

18. Miscellaneous:

If due to space constraints we need to eliminate areas, list areas which can be omitted 1st, 2nd,
3rd, etc. _____

