INTERIOR DENTAL OFFICE DESIGN

STEP BY STEP GUIDE

There are many ways to combine the efforts of the Doctor or Doctors and Patterson Dental to achieve a good final result. We have found the following sequence to be the most efficient and least time consuming. However, we would be pleased to work with you in any manner you feel suitable.

Phase 1

- Meet with Patterson Dental to discuss new office opportunities.
- Space allocation with Patterson Dental to determine the square footage requirement of proposed office.
- Doctor begins to secure financing.
- Doctor to acquire space. Space allocation often differs from space acquired.
- Furnish Patterson Dental with copy of plans for proposed space. Dimensioned plans are necessary and actual blue prints are preferred. If plans are not available Patterson Dental will measure out the space.
- Adjust space allocations to match space acquired. If you are in question about the design result of the space selected, Patterson Dental can do a preliminary layout before you commit to your lease.
- Meeting with Patterson Dental to determine equipment delivery style. Visit our showroom at our office in Sunnyvale.
- Consult with Patterson Dental and begin office layout. When the layout is complete the doctor will review and make changes with Patterson Dental until final layout is accepted.

Phase 2

- It is now time to include your construction professional. He needs to review your layout and site. He will probably request that you sign a consultation contract and pay a retainer for construction consulting.
Meeting with Doctor, Patterson Dental, construction consultant, and architect regarding detailed specifications. It is helpful if the brand of equipment is determined by this time.

**FINANCING SECURED!** Provide letter of approval to Patterson Dental.

**Phase 3**

- Doctor and design team (Patterson Dental, construction consultant, and architect) will meet to review preliminary layout, determine finishes, adjust or alter the design, and review all code issues.

- Architect will prepare preliminary drawings.

- Architect meets with doctor and design team to review and finalize preliminary drawings. This can take several meetings depending on your idea changes.

- Architect prepares final drawings and submits them to the doctor and design team for final review. Items reviewed will be cabinet design, final finish selections, and ceiling Layouts and final dental equipment locations. Architect then makes final adjustments and changes.

- Architect submits completed signed and stamped drawings to selected contractor, Patterson Dental, and doctor. Design team reviews drawings, then doctor and all parties sign off on drawings. Drawings are ready to be submitted for bid, and then permit.

- Pre-constructions meeting with Doctor, Patterson Dental, selected general contractor, and all main sub-contractors. This meeting is very important and very helpful to all those involved.

- Obtain permits from the city.

**BEGIN CONSTRUCTION!---YAHOO!!!!!**

**OFFICE LEASE QUESTIONS**
1. Land approval use.
2. Type of lease (gross, modified gross or triple net)
3. First right of refusal (lease or purchase)
4. First right of refusal on adjacent space.
5. Death & disability clause.
6. Use of leased space (dentistry)
7. Eminent domain clause.
8. Lease term (5 year & 5 year option) 10 & 2-5.
9. 200 Amp electrical panel.
10. Exclusivity clause.
11. Subletting.
12. Hours of operation (air/heat & elevator)
15. Flammable gas storage (nitrous oxide & oxygen)
17. RSF vs. USF (Rentable vs. Useable)
18. Have attorney review listed items.

**OFFICE SIZE STANDARDS**

- **TREATMENT ROOMS:** 10’ x 11’ = 110 Square Feet x _______  
  100 sq. ft. ________
- **STERILIZATION:** 10’ x 10’  
  100 sq. ft. ________
- **LABORATORY:** 8’ x 10’  
  80 sq. ft. ________
- **PANORAMIC X-RAY:** 5’ x 6’  
  w/ceph add 10 square feet  
  30 sq. ft. ________
- **DARK ROOM:** 5’ x 7’  
  35 sq. ft. ________
• RECEPTION ROOM: 3’ x 6’ = 18 Square Feet Per Patient  x ___________ ___________

• BUSINESS OFFICE: 55 Square Feet  x ___________ Work Stations ___________

• PRIVATE BUSINESS: 40 Square Feet  x ___________ Work Stations ___________

• CONSULTATION: 9’ x 10’  90 sq. ft.

• STAFF LOUNGE 10’ x 12’  120 sq. ft.

• PRIVATE OFFICE 8’ x 10’  80 sq. ft.

• MECHANICAL ROOM 6’ x 10’  60 sq. ft.

• O2 - N2O STORAGE 2’ x 4’  8 sq. ft.

• WASHER/DRYER AREA 3’ x 3’  9 sq. ft.

• REST ROOMS 6’ x 8’ = 48 Square Feet x ___________ ___________

Note:
Add 15% for walls
Add 20% for Corridors

TOTAL SPACE REQUIRED ___________

Bulk Storage ?

Dental Office Questions:
(please circle all applicable items)

Dr’s Name:

Dr’s Phone #: ___________ cell ___________ office ___________ home ___________ fax

Dr’s Email Address:

Date:

What is your specialty?
**Are you Right or Left Handed:**

**Operatories:**

Number of operatories (____)

Operatory layout (open bay concept, dual entry with walls or quiet rooms w/ doors)
  - If open bay, rear wall or cabinet as wall?

Delivery system (over the patient, side or rear)
  - City water or bottled water
  - Junction box location (in wall, in floor, below floor (flush), in cabinet base)
  - Fiber optics (6 pin or 5 hole)
  - B.i. technology (electric motor, camera, piezo scaler, curing light)
  - Cuspidor (yes or no)

Vacuum location (chair or rear cabinet)

Dental light location (chair, track, ceiling post, central island swing arm or wall mount)

Xray location (ass’t side wall, pass thru cab or wall, 12 O’clock wall or Dr side wall)

View box – recessed (location if desired)

Light communications system (yes or no)
  - Asst side, rear, Dr side

Intra oral camera (docking station style or USB integrated)
  - Docking station size & cable requirements?

Computer tower location (rear cabinet, side cabinet, island)

Computer monitor location (rear cab or wall, chair, ceiling on track, ceiling on separate post)

TV monitor (yes or no)
  - If yes, location?

Digital xray (docking hub location?)

Cuspidor (yes or no)

Nitrous (plumbed in or mobile)
  - Plumbed in NO2 (flush mount flow meter, moveable head w/ Q.D.)
  - Mounting location (rear, Dr side, Asst side)

Special cabling requirements (yes or no)
  - Location & cable needed

Flooring (vinyl, vinyl strip wood, laminate, carpet)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

Xray Equipment:
Panorex (pan only or pan/ceph; digital or film)
Intra oral xray (digital or film)
  - If film, day light loader or dark room?
  - Location(s) ______________________
Central xray area (pano & intra oral xray or just pano)
Digital concept (Scan X or direct sensors)

Sterilization Area:
Location (exposed in hallway – pre fab or hidden – custom)
Sterilizer(s) (large steam, statim, chemiclave, dry heat)
  - Lisa or PV dry (220v)
Ultrasonic Cleaner (recessed or table top)
  - Cassette or loose instruments
Cassette wrapping station (yes or no)
Automatic lube station (Assistina – yes or no)
Refrigerator below counter (yes or no)
Dental washer (small Hydrim, large Hydrim or Miele)
Supply storage closet (walk-in or cabinet style)
Order entry station (if desired – computer, phone)

Flooring (vinyl, vinyl strip wood, laminate)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

Lab:
Stone bins (below counter in large drawers, wall mounted stone bins, N/A)
Model Trimmer (yes or no)
Vacuum former (yes or no)
Sit down lab bench (yes or no)
Air (yes or no)
Gas plumbed in (yes or no)
Telephone (yes or no)
Burn out oven (yes or no)
Cerec milling chamber (yes or no)
Cerec block storage (yes or no)
Flooring (vinyl, vinyl strip wood, laminate)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**Business Office:**

Number of front office people (     )
File storage (yes or no)
  - If file storage needed, how many linear feet required_______________
Manager’s office (yes or no)
Style (opens to reception or closed with window)
Flooring (vinyl, vinyl strip wood, laminate, carpet)

Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**Consultation Room:**

Plasma TV on wall (yes or no)
Privacy (closed with door or open doorway)
Glass or glass block (yes or no)
Can this double as manager’s office (yes or no)
Can this double as private office (yes or no)
Flooring (vinyl, vinyl strip wood, laminate, carpet, tile)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**Private Office:**
Location (near front or near back)
Private Bath (may need to be H.C.) (yes or no)
Number of people to accommodate (_______)
Exterior door (yes or no)
Glass door (yes or no)
Doubles as consult room (yes or no)
Size (large, medium or small)
Flooring (vinyl, vinyl strip wood, laminate, carpet, tile)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**Waiting Room:**

Number of people to seat (_______)
Bench seating (yes or no)
Plasma TV (yes or no)
Children’s area (yes or no)
Refreshment bar (yes or no)
Fish tank (yes or no)
Door to separate from treatment area (yes or no)

- Glass door (yes or no)

Soffits (yes or no)
Light shelf or cove lighting (yes or no)
Lighting (recessed cans, pendants, recessed 2x4 fluorescent)
Flooring (vinyl, vinyl strip wood, laminate, carpet, tile)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**HC Bathroom(s):**
Required (yes or no)
Existing common in building (yes or no)
Number if required (_______)
Location (front of office, middle, back of office)
Flooring (vinyl, vinyl strip wood, laminate, tile)
Wainscot (required by code)
  - Finish (tile, marlite, heavy duty wall paper)
Base finish (vinyl, tile or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**Staff Area:**

Table to seat how many (___)

Appliances (microwave, frig, dishwasher, stove, oven)
Location (near outside door if possible, near front desk)
TV (yes or no)
Computer (yes or no)
Telephone (yes or no)
Double as meeting room-large size (yes or no)
Lockers (yes or no)
  • Quantity (_____)
Flooring (vinyl, vinyl strip wood, laminate, carpet, tile)
Base finish (vinyl or wood)
Wall finishes (smooth w/ paint, textured w/ paint, wallpaper)
Ceiling Finish (smooth hard lid, textured hard lid, T-Bar)

**Mechanical Room:**
Location (interior, exterior, basement, roof)
Shared with neighbor (yes or no)
Vacuum (wet ring pump or dry vac)
  • Single or dual head
Compressor (oiless or oiled)
  • Single or dual head
Water control valve (yes or no)
Stack rack or contractor build wood shelf

**Nitrous Closet (if applicable):**
Location (interior or exterior)

**Miscellaneous:**
Washer / Dryer (yes or no)
  • Location in office
  • Stacked or below counter w/d combo
Water heater (existing in suite)
  • Size (_____ gallon)
  • Insta hot (yes or no)
Coat closet (yes or no)
  • Location (near front, staff area, near back, private office)
Cerec milling chamber (centrally located so patients can see it work – yes or no)
Laser (yes or no)
  • Special requirements (___________________________________________)

Any equipment to be moved from old office (describe with quantities):
Chairs
Units
  • Mounting location ( )
  • Model ( )
Lights
  • Mounting location ( )

Xrays
  • Size (folded up width: )
  • Single or dbl stud mt (yes or no)
  • Remote generator board (yes or no)
Panorex
  • Mtg (Ht: Stud spacing: )
  • Conduit size ( )
Sterilizers

Modular Furniture (note quantity of each)
  • Central (HT: Length: )
  • Loop Vent (yes or no)
  • Air required (yes or no)
  • Rear Cabs (HT: Width: Depth: )
  • Side Sink Cabs (HT: Width Depth: )
Vacuum (voltage water req recycler )
  • Size (L: W: HT: )
Compressor (voltage intake air )
INNOVATIVE EQUIPMENT AND SERVICES
PROVIDED PATTERSON DENTAL SUPPLY

Providing…

- **Dental Equipment:** Carrying virtually every manufacturer line of dental equipment in the industry. Patterson Dental is noted for their relationships with many leading equipment companies, giving the customer a wide choice of designs and styles that best fits their needs.

- **Dental Equipment Consultation:** We offer our expertise and knowledge of the industry to help determine the best equipment suited for the needs of the doctor and their practice.

- **Dental Drawings – Auto/Cad Enhanced:** Auto/Cad (Computer Aided Design) gives Patterson Dental equipment specialists the ultimate tool to enhance their office design presentations. Revisions can be made in a matter of minutes and all office designs are stored on disks for immediate retrieval.

- **Lease Negotiations:** We will also review tenant leases with you and your leasing agent and will assist in the negotiation process to ensure all dental needs are met.

- **Coordination:** We will coordinate with the architects, general contractor and sub-contractors with respect to dental equipment requirements and will act as the prospective customer’s agent throughout the construction period. We will communicate and advise you on contract matters and provide observation of the work in progress.

- **Job site Checks:** When using Patterson Dental, the customer also receives in-depth services that go beyond the sale of equipment and office design drawings. Equipment Specialists also do job site checks to ensure that the plumbing and electrical in the floor and walls are correct. X-Ray locations are correct and reinforced, to make sure that special electrical needs are met, to check N2O and O2 layouts, piping and locations and he performs a final check of all rough-in work prior to drywall.

- **Financing:** Patterson Dental offers financing packages for equipment purchases.

- **Service:** Patterson Dental has a fully trained staff of service technicians that install and repair all major brands of dental equipment and a division of computer technicians that install & service our Patterson computers, Eaglesoft software & all of our digital xray products and intra oral cameras.
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- Legal Fees
- Consulting Fees
- Architectural Fees
- Designer Fees
- Consultant Fees
- Loan Fees
- Architectural Fees
- Design Fees
- Consultant Fees
- Designer Fees & Deposits
- Construction 1st Pmt
- Construction 2nd Pmt
- Construction Final Pmt
- Dental Eqpt & Furn. Pmt.
- Moving Expenses
Application for Commercial Credit (Please Print)

Date ________________ Branch:
Rep:

Estimated Monthly Purchase ____________________________

Full Legal Business Name: ______________________________________________

Address __________________________________________________ City________________________
County  __________________________________________    State____________  Zip_______________

Business Phone (       ) ________-________ Business Fax (       ) ________-____________

Type of Business

☐ Proprietorship     How long in Business ____________________________
☐ Partnership
☐ Corporation
☐ Lab     Dental License No. ______________________________
☐ Other ______________________________

PARTY RESPONSIBLE FOR PAYMENT:

Name __________________________________________________ S.S.# ______-______-______

Address _____________________________________________________________________________

Phone (       ) ________-________ Title ______________

Dental School __________________________________________________ Year Grad. ____________

The proceeding is submitted for the purpose of obtaining commercial open account credit from Patterson Dental Supply, Inc. (PDSI) Regardless of whether the signature(s) on this application indicate(s) a representative capacity, the individual(s) signing this application agree(s) to be personally responsible for payment of the account. I authorize PDSI to verify the information on this application and to receive information about me, including requesting reports from consumer reporting agencies. I further authorize PDSI and their affiliates and subsidiaries to contact these sources for information any time. I represent that all purchases hereunder shall be for business or commercial purposes only. I understand that I will receive statements monthly and that the payment terms are “due upon receipt” of statement. I further understand that PDSI may impose a service charge of up to 1-1/2 % per month in amounts delinquent beyond the date specified on the statement. In the event of default the undersigned agrees to pay all cost of collection including a reasonable attorney’s fee and court cost.

I HAVE READ THIS AGREEMENT AND AGREE WITH ITS TERMS.

Date: ____________ Signature #1 ______________________________

Signature #2 ______________________________________________

G/O USE ONLY

LIMIT __________

DATE __________ Thank you!

BY __________