

**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? \_\_\_\_\_  
N<sub>2</sub>O/ O<sub>2</sub> 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_