

Morgan Shaw Builders

OFFICE PLANNING GUIDE

“BEGIN WITH THE END IN MIND” by Franklin Covey

Date: _____

Customer Name: _____

Practice Legal Name: _____

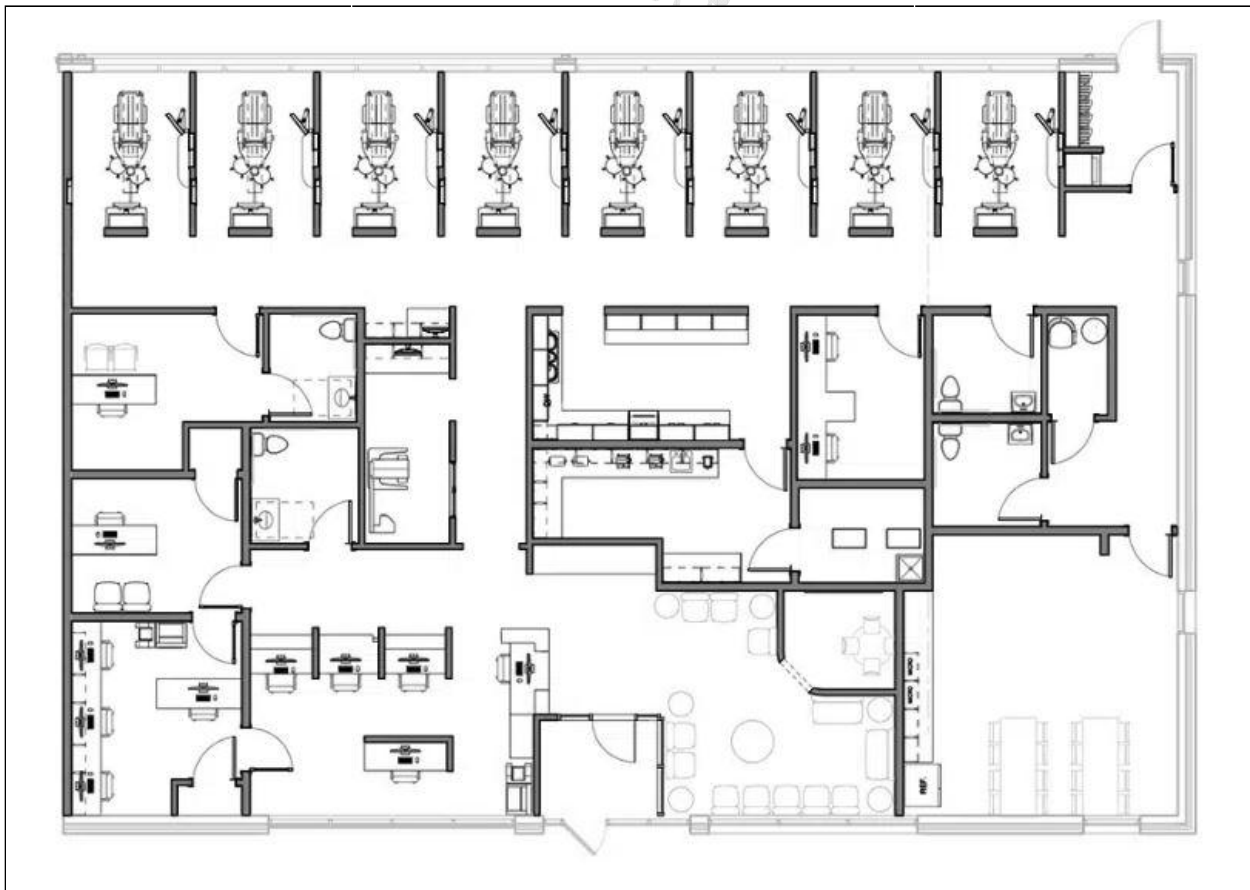
Phone/Cell #: _____ Email: _____

Project address: _____

County: _____ Landlord: _____

Expected Open Date: _____

12 Treatment Rm 4300 sq. ft.



Morgan Shaw Builders LLC / Jimmy Renfro 713-398-130 / jrenfro@morganshawbuilders.com

PRACTICE PROFILE:

- € General Practice
- € Cosmetic & Restorative Dentistry
- € Implants
- € Orthodontics
- € Endodontics
- € Oral Surgery
- € Pediatric Dentistry
- € Periodontics
- € Prosthodontic

Practice Philosophy: Describe your practice philosophy and how you would like to project your design vision.

PERSONNEL:	Full Time	Part Time	Total
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- | | | | |
|----------------------|-------|--|--|
| € Associate Doctor: | <hr/> | | |
| € Hygienists: | <hr/> | | |
| € Dental Assistants: | <hr/> | | |
| € Administrative: | <hr/> | | |
| € Office Manager: | <hr/> | | |
| € Front Desk: | <hr/> | | |

Notes:

OUTLINING YOUR SPACE REQUIREMENTS

PROJECT PHYSICAL CHARACTERISTICS:

- € Leasehold (Retail Rented Space) Sq. ft. _____
- € Freestanding (Owned Purchase or New Build) _____

PROJECTED OUTLINE / square footage details:

- € New Construction – sq. ft. _____
- € Second generation Space sq. ft. _____
- € Remodeling/Renovation sq. ft. _____
- € Land total acreage _____
- € Blueprint Available - Yes or No
- € Ceiling Height: _____
- € Header Height; _____
- € Metered water – Yes or No
- € Window layout _____
- € Building codes _____
- € Number of treatment rooms _____
- € Number of H.G. rooms _____
- € Number of parking spaces _____

PROJECT COST:

- € **Estimated Budget:** \$ _____
- € Land Purchase \$ _____
- € Existing Building - Purchase Price \$ _____
- € Leasehold Improvements (pay-back) \$ _____
- € Cost of Renovation/Remodel \$ _____
- € Construction Contract Amount \$ _____
- € Site Improvement \$ _____
- € Design Fees \$ _____
- € Architects Fees \$ _____
- € Attorney Fees \$ _____
- € Interior Designers Fees \$ _____
- € Furnishings / Artwork \$ _____
- € Computer / Network / Phone System \$ _____
- € Other Cost \$ _____
- € Total \$ _____

RECEPTION AREA/CK-IN:

- ☐ Lobby Seating Capacity: _____
- ☐ Approximate Dimensions: _____
- ☐ Check-in counter area: _____
- ☐ Coffee Bar _____ with or without sink? _____
- ☐ Children's Area – Tables – Counter bar – TV/Video Games?
- ☐ Air Lock Entry Yes or No
- ☐ Coat Closet? _____
- ☐ Monitors / TV's wall location? _____

Notes / Special Instructions:

BUSINESS OFFICE/CK-OUT

- ☐ Number of Staff: _____
- ☐ Check-out area / Number of checkout: _____
- ☐ Counter top size: _____
- ☐ Financial Area: _____
- ☐ Approximate Dimensions: _____
- ☐ Storage: _____
- ☐ Built-In Cabinets: _____

Special Instructions:

CONSULT ROOM:

- ☐ Approximate Dimensions: _____
- ☐ Location: _____
- ☐ Printer: Yes or No
- ☐ Built in Furniture or Free Standing

Special Instructions:

RESTROOMS:

- ☐ Number of Restrooms: _____
- ☐ Location: _____
- ☐ Common to Building: _____
- ☐ Private / Dr. Office: _____
- ☐ Shower: _____

Special Instructions:

TREATMENT ROOMS:

- ☐ Number of TR RM / Rooms: _____
- ☐ Number of HG RM: _____
- ☐ Approximate Dimensions TR RM: _____
- ☐ Approximate Dimensions HG RM: _____
- ☐ Surgical RM: _____
- ☐ ICW Mounts: _____
- ☐ Dental Unit Right – Handed or Left – Handed _____
- ☐ Dual Entries: _____ Single Entry: _____
- ☐ Doors? _____
- ☐ Closed Concept: _____
- ☐ Open Concept: _____
- ☐ Open Concept: _____ W/Center Island Cabinets _____

Special Instructions:

Hg / Hygienist Room:

Other types Rooms / Areas:

- ☐ Ortho-Bay: _____ linear / carouse / pinwheel _____
- ☐ Brushing Station: _____
- ☐ On-Deck: _____
- ☐ Pedo Treatment closed: _____
- ☐ Surgery Rooms: _____
- ☐ Recovery: _____
- ☐ Additional Consult Area: _____
- ☐ Storage Room: _____
- ☐ Workout Room: _____
- ☐ Other: _____

Type of Delivery System:

- € Over the Patient L/R _____
- € Rear Delivery _____
- € Side Delivery _____

€ Self-contained water system equipped to all units.

Treatment Room Auxiliary Cabinets:

- ☐ Number of side or corner cabinets: _____
- ☐ Number of sinks per-room: _____
- ☐ Location of sinks inside of room: _____

Small Equipment to Consider for Rear Cabinet:

- € Tip out bins _____
- ☐ Nitrous Oxide: Cabinet Mt. _____ Mobile: _____
- ☐ Computer Location: _____
- ☐ Keyboard, Mouse / LCD Location: _____
- ☐ Intraoral Camera: _____
- ☐ Docking Stations: _____
- ☐ Laser: _____
- ☐ Etc. _____

TV / LCD Hardware Configuration

- | | | |
|------------------------------------|-----------|----------|
| € Patient View LCD Monitor Ceiling | Yes _____ | No _____ |
| € Patient View Toe Wall Mt. | Yes _____ | No _____ |
| € Dual Monitors in each Operatory | Yes _____ | No _____ |
| € Patient Entertainment | Yes _____ | No _____ |

Special Instructions:

Type of Dental Lights:

- ☐ TRACK
- ☐ CEILING
- ☐ WALL MT.
- ☐ POST MT.
- ☐ CABINET MT

Special Instructions:

CBCT / PANORAMIC / X-RAY RM

- ☐ CBCT / Pan-o: _____
- ☐ Pan/Ceph: _____
- ☐ PSP: _____ Model: _____ Location: _____
- ☐ Intraoral X-ray: _____

Notes:

STERILIZATION:

- ☐ Approximate Dimensions: _____
- ☐ Ultrasonic Cleaner: Recessed or Tabletop
- ☐ Number of Waste Drops and Size: _____
- ☐ Water Distiller or Reverse Osmosis: _____
- ☐ Air line: _____
- ☐ Task Lighting (under cabinet mount)
- ☐ Auto-Clave M9 or M11 (120v or 220v)
- ☐ Statim 2000 or 5000 (120v or 220v)
- ☐ Supply Storage: _____
- ☐ TIP-OUT BINS: _____

Special Instructions:

LAB:

- ☐ Approximate Dimensions: _____
- ☐ Digital Milling: _____
- ☐ Model Storage: _____
- ☐ Waste Drops: _____
- ☐ Sit – Down Area: _____
- ☐ Task Lighting: _____
- ☐ Air Line: _____
- ☐ Vacuum Unit: _____

Special Instructions:

DOCTOR'S PRIVATE OFFICE

- ☐ Approximate Dimensions: _____
- ☐ Location: Near Business Office or Back of the office
- ☐ Built – In furniture or Free-Standing Furniture
- ☐ Entrance
- ☐ Restroom
- ☐ Shower

Special Instructions:

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STAFF LOUNGE:

- ☐ Approximate Dimension: _____
- ☐ Refrigerator
- ☐ Microwave / Dual microwaves
- ☐ Stove
- ☐ Washer & Dryer
- ☐ Changing Room
- ☐ Restroom / Shower
- ☐ Water Heater

Special Instructions:

MECHANICAL ROOM:

- ☐ Backflow Prevention
- ☐ Exhaust Fan
- ☐ Air Compressor
- ☐ Vacuum Pump
- ☐ Water Solenoid Valve W/Filter
- ☐ Water Softener
- ☐ Electrical Panel 150, 200 or 400 amp.
- ☐ Master on/off Switch location

Special Instructions:

NITROUS OXIDE:

- ☐ How many rooms will require N2o: _____
- ☐ Storage location of tanks at rear entrance
- ☐ Number of Cylinders: _____
- ☐ Portable: _____

OTHER:

- ☐ Sound System: _____
- ☐ Communication System: _____
- ☐ Phone System: _____
- ☐ Net-Work System: _____

NOTES:

Project Team:

Equipment Specialist: _____

Office Designer: _____

Architect: _____

MEP Engineer: _____

Interior Designer: _____

General Contractor: _____

IT Rep: _____

Code Review: _____

Structural Engineer: _____

Civil Engineer: _____

Soils Engineer: _____

Developer: _____

Electrical: _____

Plumbing: _____

HVAC: _____

Landscape Architect: _____

Notes:

Works Cited / Title of Sources Material

- o  @studioGALE.com Austin, TX
- o Design Ergonomics Inc. 198 Airport Road Fall River, MA 02720
Dr. David Ahearn, DDS
- o Lappler Company 529 W Summit Ave, Suite 3D, Charlotte 28203
- o UNTHANK DESIGN GROUP 5930 Vandervoort Drive Lincoln, NE 68516
- o The Design Dr. Tholen DDS Healthcare Environments 3410 Far West Blvd., Suite 331, Austin, TX 78731
- o Luna Dental Design 1604 Hubner Road, San Antonio, TX 78248
- o Creative Dental Floor Plans 942 Camphill Drive Abita Springs, LA 70420
- o PDG practice design group 311 Canyon Wren Drive Buda, TX 78610
- o DEZINGFLO Dental & Medical Office Design Group Totwan New Jersey 07511
- o Twenty20studio 1407 Hawthorne Street Houston, Texas 77006
- o Bryan Horn Architect in Sugar Land, TX

“Additional Reference Material Provide by”

- | | | |
|----------------------------|-------------------------|---------------------------|
| • Patterson Dental Supply® | • Pelton Crane® | • Inland Dental Supply® |
| • Benco Dental Supply® | • DentalEZ Group® | • Fitzsimmons Dental® |
| • Midwest Dental Supply® | • Forest Dental® | • Healthco Dental Supply® |
| • Henry Schein® | • Royal Dental Group® | • ADA Dental Association® |
| • Darby Dental Supplies® | • Proma® | • AAOMS® |
| • Zila Dental® | • Biotec® | • ASDS® |
| • JB Dental® | • Poldex Group® | • OMS® |
| • A-dec® | • CareStream® | • ABOMS® |
| • Pelton Crane® | • Kodak Dental Imaging® | • AAE® |
| • DentalEZ Group® | • Carestream Dental® | • AAO® |
| • Patterson Dental Supply® | • GE HealthCare® | |
| • Benco Dental Supply® | • Instrumentarium® | |
| • Midwest Dental Supply® | • Planmeca® | |
| • Henry Schein® | • Sirona® | |
| • Darby Dental Supplies® | • Nomad® | |
| • Zila Dental® | • Sordex® | |
| • JB Dental® | • Gendex® | |
| • A-dec® | • OneWay Solutions® | |
| • Midmark® | • JB Dental® | |

