

**UMKC SCHOOL OF DENTISTRY  
PRACTICE OPPORTUNITY FORM**

Please type or print using black ink

**1. LOCATION**

Opportunity Location \_\_\_\_\_

Dentist \_\_\_\_\_

Other Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Office ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**2. TYPE OF PRACTICE OPPORTUNITY**

( ) Practice Purchase

( ) Dental hygienist wanted

( ) Associate Wanted

( ) Specialty Practice Available

( ) Associate with possible buy in

( ) Position Available

( ) Community looking for a dentist

( ) Office space or equipment for sale

( ) Other

**3. PRACTICE CHARACTERISTICS**

A. Size: Active Patients \_\_\_\_\_

B. Patient Visits \_\_\_\_\_/month

C. Practice Emphasis \_\_\_\_\_

D. Office Operation: Days/Week \_\_\_\_\_ Hours/Day \_\_\_\_\_

E. Physical Characteristics: (space/equipment available/special features)

F. General Terms of the Practice Opportunity: (cost, conditions, etc.)

**4. AVAILABILITY OF OPPORTUNITY**

- Immediately  Month/Year \_\_\_\_\_  
 Other \_\_\_\_\_

**5. GEOGRAPHIC CHARACTERISTICS**

**A. Community Size**

- Large Metropolitan (100,000+)  
 Medium Metropolitan (20,000 - 100,000)  
 Small Metropolitan (6,000 - 19,000)  
 Rural (5,000 or less)

**B. Economy**

- Metropolitan  
 Industrial  
 Industrial/Agricultural  
 Agricultural  
 Other

PLEASE RETURN THIS FORM TO:

**Career Opportunity Center  
UMKC School of Dentistry Library  
650 East 25th Street  
Kansas City, MO 64108-2795**