Considering a new office, an expansion or remodeling? Our highly-skilled designers, using the latest CAD (computer-aided design) software can create innovative solutions to utilize your office space most efficiently and comfortably.

Reduce stress, increase productivity, create an interesting, more relaxing environment for your patients. These are just a few of the advantages an office upgrade can make. Our services include Preliminary Design, Technical Plans and Radiation Health Plan Application and Approvals.

Helping to choose the right equipment for your office is another service Henry Schein can provide for you. Our knowledgeable Sales Consultants can help you make the choices that work best for you.

And when you’re in need of equipment installation or repair, our courteous and reliable Service Technicians are available to address your needs.

With so many services available to you, it’s no wonder why so many people choose Henry Schein as their dealer of choice to successfully start any new practice.
Dental Office Information

Date: _____________________________________________________________
Sales Consultant: _____________________________________________________
Doctor’s Name: _____________________________________________________
Doctor’s Mailing Address: ____________________________________________
City: _________________________ Prov: ________ Postal Code: ____________
Doctor’s Phone # (        )  _________ Fax # (        )  _________
Job Site Address:
Address: ___________________________________________________________
City: _________________________ Prov: ________ Postal Code: ____________

Scope of Work

☐ New building
☐ Complete demolition of existing interior walls (existing building)
☐ Remodeling – keep existing wall where possible (existing building)

Site Conditions

☐ Concrete slab on grade (no basement)
☐ Basement with open ceiling full access under floor
☐ Multi-story building with access under floor
☐ Multi-story building with no access under floor

Special Instructions: ________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Dimensional Information

Please send blueprints if available – they will be returned upon completion.
If blueprints are not available, attach detailed sketch of new office space with all
dimensions clearly marked, and locate the following on the sketch:
☐ North arrow on plan
☐ Main entrance clearly marked
☐ Electrical panel location
☐ Hot water tank location
☐ Interior columns and pilasters
☐ Any existing plumbing
☐ All windows and doors (indicate door swing)
☐ Ceiling height either existing or to be built (check window heights)
☐ Provide all window sill heights

Front Reception & Waiting Area

Number of reception staff (now or future)  ☐ 1  ☐ 2  ☐ 3  ☐ 

☐ Computers (now or future)
  Speak with your Henry Schein Equipment Specialist for software options
☐ Bill payment area at reception desk  ☐ Sit down
☐ Separate greeting desk
☐ Separate file room - (type of filing system to be used)
☐ Business manager’s office  ☐ Private (closed)
☐ Recall office
☐ Consultation room  ☐ X-ray viewer  ☐ Computer  ☐ TV
☐ Consultation combined with private office
☐ Barrier free patient washroom
  ☐ Not required – common to building (within 147'-8" of suite)
☐ Entrance vestibule (air lock)
☐ Coat closet
☐ Kid’s play area  ☐ Separate room

Special Instructions: ________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
### X-Rays
- Digital radiography
- Phosphor plate
- Sensors
- Panoramic x-ray
- With cephalometric (now or future)
- Cone Beam CT (now or future)
- Central x-ray room (intraoral & pan/ceph)
- Dark room
- Sink
- Developing tanks
- Photo duplicator
- Film processor
- Daylight loader

Special Instructions: ____________________________

### Doctor’s Private Office
- Private washroom
- With shower
- Computer *(Speak with your Henry Schein Equipment Specialist for software options)*

Special Instructions: ____________________________

### Sterilization Room
- Room visible by patients (sterilization centre)
- Instrument Management System (Hu-Friedy)
- Closed private room
- Sterilizer
- Type: ____________________________
- Ultrasonic cleaner
- Recessed in counter top
- Instrument washer
- Small
- Large
- Standalone
- Built-in
- Handpiece lubricator
- Water filtration system
- Dryer

Special Instructions: ____________________________

### Staff Room
- Lunch table
- Seating capacity ____________
- Shared with Lab
- Microwave
- Upper cabinet mount
- Fridge
- Full size
- Bar fridge
- Staff washroom
- Barrier-free
- Shower
- Coat closet
- Lockers
- Change room

Special Instructions: ____________________________

### Laboratory
- Closed room
- Shared with sterilization
- Shared with staff room
- Single sink
- Double sink
- Lathe
- Sit-down workbench
- Model trimmer
- Model storage
- Bulk storage cabinets

Special Instructions: ____________________________

### Utility Room
- Transformer
- Electrical panel
- Hot water tank
- Water softener
- Compressor
- Vacuum
- Located off-site (basement)

Special Instructions: ____________________________

### Other Rooms & Considerations
- Nitrous oxide
- Central (plumbed)
- Portable
- Air Filtration System
- Central computer station
- Recovery room(s)
- On deck room
- Post-op cleansing station
- Brushing station
- Bulk storage room
- Courtesy phone alcove
- Location: ____________________________
- Computers (main hub)
- Location: ____________________________
- Computers (server)
- Location: ____________________________

Special Instructions: ____________________________
## Operatory Layout CheckList

**Operatory Layout CheckList**

Total number of Operatories & Hygiene rooms: 

### Operators

Number of operatories: (not including hygiene) 

- [ ] Right-handed
- [ ] Left-handed
- [ ] Ambidextrous
- [ ] Single entry into operatories
- [ ] Dual entry into operatories
- [ ] Entrance at head of patient
- [ ] Entrance at toe of patient

### Computer Locations:

- [ ] Monitor Locations: ______________________________________________
- [ ] CPU Locations: ________________________________________________

*Speak with your Henry Schein Equipment Specialist for software options*

### Delivery:

- [ ] Over-the-patient delivery
- [ ] Left/Right “Radius” system
- [ ] Side delivery
- [ ] Rear delivery

**Cuspidors**

### Layout of Operatories:

- [ ] Private operatories with doors (indicate number of ops)
- [ ] Semi-private, no doors (indicate number of ops)
- [ ] Open concept (indicate number of ops)
- [ ] Walk-through between ops required

### Dental Cabinetry:

- [ ] Doctor's side cabinet
- [ ] Sink
- [ ] Scaler
- [ ] Rear cabinet
- [ ] Dr.'s sink
- [ ] Asst.'s sink
- [ ] Slide out work surface
- [ ] Assistant's side cabinet
- [ ] Sink
- [ ] Open concept centre island

### Dental Lights:

- [ ] Ceiling post mounted light
- [ ] Track light
- [ ] Chair mounted light
- [ ] Centre cabinet mounted light
- [ ] Wall mounted light
- [ ] X-Rays
- [ ] Asst.'s side
- [ ] Dr.'s side
- [ ] Rear mount
- [ ] Pass-through
- [ ] Intraoral cameras
- [ ] Cart
- [ ] Ceiling mount monitor

*Special Instructions: _________________________________________________

### Notes: (Overall Summary)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
**Operatory Layout**

This page should be used for detailing existing rooms of equipment and/or detailing rooms with existing services that equipment will be located in.

In the drawing provided, please locate and detail the following as it applies to your situation:

- Show entrance(s) to operatory, indicate door swing where required.
- Locate windows, note sill height and window height.
- Provide overall dimensions of room and detail any projections, columns and irregular shapes.
- Any and all operatory cabinetry with the location of sinks, upper storage and any specific features of new or existing cabinets.
- Locate any and all existing electrical outlets, plumbing, light switch, volume controls, x-ray control box and x-ray remote switch.
- Dental chair junction box utilities, please list what utilities are present and/or required, i.e. air, vacuum, water, drain, electrical and/or spare conduit.

**Equipment List:**

- **Dental chair**
  - Type: ______________________________
  - Cuspidor

- **Doctor's handpiece control – locate on plan**
  - Type: ______________________________
  - (OTP delivery, Side delivery, or Rear delivery)

- **Dental light – locate on plan**
  - Type: ______________________________
  - (Chair post mount, Ceiling post mount, or Track light)

- **Intraoral x-ray – locate on plan**
  - Type: ______________________________
  - (indicate x-ray height from finished floor if existing)

- **Assistant’s vacuum utilities – locate on plan**
  - Type: ______________________________
  - (Chair mount, Rear cabinet mount)

- **Scaler – locate on plan**
  - Type: ______________________________
  - (Cavijet requires water line and air line)

**Operatory Details**

Please provide as much detail as possible, including dimensions.

**Notes:** (Overall Summary)

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________
# Dental Office Floor Area Requirements

The following is recommended as a minimum area for a Dental Office. Please add additional area as needed for your specific requirements.

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Size</th>
<th>Sq. Ft.</th>
<th>Qty.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operators</td>
<td>10’ x 10’</td>
<td>100 sq.ft.</td>
<td>1</td>
<td>100 sq.ft.</td>
</tr>
<tr>
<td></td>
<td>10’ x 11’</td>
<td>110 sq.ft.</td>
<td>1</td>
<td>110 sq.ft.</td>
</tr>
<tr>
<td>Hygiene Rooms</td>
<td>9’ x 10’</td>
<td>90 sq.ft.</td>
<td>1</td>
<td>90 sq.ft.</td>
</tr>
<tr>
<td>Reception/Business</td>
<td>8’ x 15’</td>
<td>120 sq.ft.</td>
<td>1</td>
<td>120 sq.ft.</td>
</tr>
<tr>
<td>Waiting Area</td>
<td>12’ x 14’</td>
<td>170 sq.ft.</td>
<td>1</td>
<td>170 sq.ft.</td>
</tr>
<tr>
<td>Kids Play Area</td>
<td>6’ x 6’</td>
<td>40 sq.ft.</td>
<td>1</td>
<td>40 sq.ft.</td>
</tr>
<tr>
<td>Barrier Free Washroom</td>
<td>6’ x 8’</td>
<td>50 sq.ft.</td>
<td>1</td>
<td>50 sq.ft.</td>
</tr>
<tr>
<td>Vestibule (Air Lock)</td>
<td>5’ x 8’</td>
<td>40 sq.ft.</td>
<td>1</td>
<td>40 sq.ft.</td>
</tr>
<tr>
<td>Sterilization Area</td>
<td>7’ x 10’</td>
<td>70 sq.ft.</td>
<td>1</td>
<td>70 sq.ft.</td>
</tr>
<tr>
<td>Laboratory</td>
<td>8’ x 10’</td>
<td>80 sq.ft.</td>
<td>1</td>
<td>80 sq.ft.</td>
</tr>
<tr>
<td>Panoramic X-Ray</td>
<td>5’ x 5’</td>
<td>25 sq.ft.</td>
<td>1</td>
<td>25 sq.ft.</td>
</tr>
<tr>
<td>Panoramic X-Ray (with Ceph)</td>
<td>5’ x 8’</td>
<td>40 sq.ft.</td>
<td>1</td>
<td>40 sq.ft.</td>
</tr>
<tr>
<td>Darkroom</td>
<td>5’ x 7’</td>
<td>35 sq.ft.</td>
<td>1</td>
<td>35 sq.ft.</td>
</tr>
<tr>
<td>Private Office</td>
<td>7’ x 10’</td>
<td>70 sq.ft.</td>
<td>1</td>
<td>70 sq.ft.</td>
</tr>
<tr>
<td>Consultation Room</td>
<td>8’ x 10’</td>
<td>80 sq.ft.</td>
<td>1</td>
<td>80 sq.ft.</td>
</tr>
<tr>
<td>Staff Room</td>
<td>10’ x 11’</td>
<td>110 sq.ft.</td>
<td>1</td>
<td>110 sq.ft.</td>
</tr>
<tr>
<td>Staff/Private Washroom</td>
<td>5’ x 5’</td>
<td>25 sq.ft.</td>
<td>1</td>
<td>25 sq.ft.</td>
</tr>
<tr>
<td>Coat Closet</td>
<td>2’ x 4’</td>
<td>10 sq.ft.</td>
<td>1</td>
<td>10 sq.ft.</td>
</tr>
<tr>
<td>Storage Room</td>
<td>4’ x 6’</td>
<td>25 sq.ft.</td>
<td>1</td>
<td>25 sq.ft.</td>
</tr>
<tr>
<td>Utility Room</td>
<td>4’ x 5’</td>
<td>20 sq.ft.</td>
<td>1</td>
<td>20 sq.ft.</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total**

Add 15% for Walls (x 0.15) =

Add 20% for Hallways (x 0.20) =

Grand Total Sq. Ft.