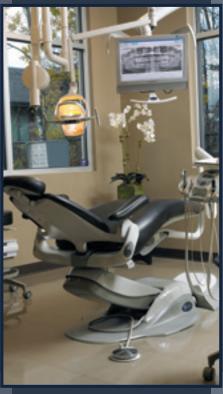
✓HENRY SCHEIN® *****







DENTAL DESIGN GUIDE

Design the **office of your dreams** to improve patient care, staff comfort & efficiency













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.



Preliminary Plan Application

Dental Office Information	CONFIDENTIAL
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	
Scope of Work New building Complete demolition of existing interior wall Remodeling – keep existing wall where poss	
□ New building□ Complete demolition of existing interior wall	ible (existing building) r floor

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

	ont Reception & Waiting Area
	mber of reception staff (now or future)
_ _ _	

Doctor's Private Office
☐ Private washroom ☐ With shower ☐ Computer (Speak with your Henry Schein Equipment Specialist for software options) 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:
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 Total number of Operatories & Hygiene rooms: _____ **Operatories** 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 ☐ Slide out work surface □ Rear cabinet □ Dr.'s sink □ Asst.'s sink ☐ Assistant's side cabinet ☐ Sink ☐ Open concept centre island **Dental Lights:** ☐ Ceiling post mounted light ☐ Track light ☐ Chair mount 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:

Hygiene Rooms
Number of hygiene rooms: ☐ Right-handed ☐ Left-handed ☐ Ambidextrous
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
Layout of Hygiene Rooms: □ Private hygiene rooms with doors □ Semi-private hygiene rooms, no doors □ Open concept
Dental Cabinetry: ☐ Hygienist's side cabinet ☐ Sink ☐ Scaler ☐ Rear 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 in Hygiene Rooms ☐ Intraoral cameras ☐ Cart ☐ Ceiling mount monitor
Special Instructions:
Notos: (C. IIIs.
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.

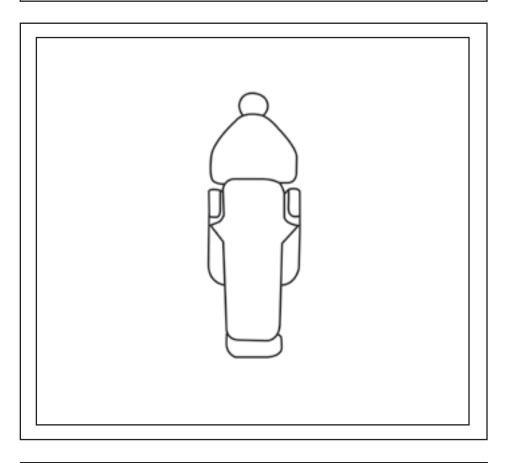
Any and all operatory cabinetry with the location of sinks, upper storage and any specific features of new or existing cabinets.

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.

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.

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

Total Add 15% for Walls (x 0.15) Add 20% for Hallways (x 0.20) = Grand Total Sq. Ft.



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