

Facility Design Questionnaire Getting Started



**Questionnaire,
print out &
fill out and
email or fax.**



How To Get Started ...

- 1.** Carefully review the current office. List the things and areas that function well in your existing office. In order not to overlook them in your new office. Also make a list of the areas that need improvement.
- 2.** Fill out the "Office Design Questionnaire". Every doctor has his/her own method of working and idiosyncrasies. The questionnaire is designed to communicate all pertinent information that will help us design an office to fit your goals and requirements. It also assists us in organizing and arranging priorities for the new office. The more the doctor can input specific needs and concerns, the better the finished office will be.
- 3.** This is where working with an experienced designer will expedite the process of balancing the doctor's needs and considerations, the parameters of the sight with a functional and aesthetic design that permits a comfortable work flow, easy access to all instrumentation, well-balanced lighting and an efficient arrangement of treatment, support, conference and patient education areas. Since most of the productive time is spent in the bay area.
- 4.** Get a scaled floor plan of the space showing window and door locations, electric service location (fuse panel), existing bathrooms, location of physical items that can't be moved. Field measurements should be taken to verify the physical size before any drawings are done.
- 5.** E-Mail or fax the questionnaire and the floor plan along with a design deposit. This deposit is your total cost for your space study and dimensioned equipment location for the Orthodontic equipment.
- 6.** After the questionnaire and floor plan are received and analyzed, we will confer with you regarding the various aspects of the space study design.
 - A. A preliminary plan will be drawn and a copy will be mailed or faxed to you.
 - B. Upon receipt you should review the plan and make notes of any changes, corrections or items that should be included.
 - C. A telephone conversation is often beneficial at this point. Call 1-800-247-4109.
 - D. Return one marked up copy to Ross Orthodontic.
- 7.** We will modify the preliminary plan with your comments and suggestions and prepare a modified plan.
- 8.** When modifications are complete, a final plan will be drawn to 1/4"=1'0" scale (we will also supply a computer disk with the drawing in a DXF file if requested). We will also dimension chair centers and utility locations for the orthodontic equipment.



Doctor's Name(s): _____

Phone #: Office: (_____) _____ Home: (_____) _____

Fax #: _____ **E-Mail:** _____

General Information

Square Footage: _____

Number of Doctors: Right-Handed _____ Left-Handed _____

Type Of Delivery System Required:

Left Side _____ Over Patient _____ Rear _____ Right Side _____ Other _____

Number Of Office Personnel:

Orthodontists _____ Secretary _____ Receptionist _____ Full-Time Chair Assistants _____

Part-Time Chair Assistants _____ Lab Techs _____ Sterilizing _____ Other _____

Number Of Chairs Required:

In Bay Area _____ In Adult Area _____ In Bonding Area _____ In Consultation Area _____

In Exam Area _____ In Records Room _____ Other _____

Number Of Chairs Presently: Mfg: _____

Number Of Units Presently: Mfg: _____

Equipment Information

Operatory Lighting:

ELEF _____ Unit Mounted _____ Gooseneck _____ Ceiling _____ Alger _____ Other _____

Sterilization: Area _____ or Sterilization Room _____

Sterilizer _____ Dentrionix DDS 5000 _____ Other _____

Ultrasonic _____

Computers: Number _____ Where _____

Room Sizes

Waiting Room: Number Of Chairs: _____

Kids Area: S _____ M _____ L _____ XL _____

Reception Area: S _____ M _____ L _____ XL _____

Business Office: S _____ M _____ L _____ XL _____

Storage Room: S _____ M _____ L _____ XL _____

Tooth Brushing Area: Number Of Sinks _____

On Deck Area: Seating Capacity _____

Office Layout

Consultation Room: Size: _____

Table _____ Chairs _____ Exam Chair _____ Veiwbox _____ Sink _____ Other _____

Records Room:

Pan _____ Ceph _____ Pan-Ceph _____ Wehmer _____ Type _____

Exam Chair _____ Bubbler _____

Unit To Double As Adult Room _____ Photo Wall _____ Other _____

Digital X-Ray System (No Dark Room Needed)

Digident CR System _____ Other Type _____

Dark Room:

Manual Tank _____ Automatic Processor _____ Sink _____

Laboratory:

Number Of Sinks _____ Wet Lab _____ Dry Lab _____

Model Trimmer _____ Wehmer Dual Wheel _____

Patient Bathroom:

In Suite _____ Outside _____ # Of Handicap Required _____

Other Rooms

Staff Lounge:

Sink _____ Cabinets _____ Refrigerator _____ Bathroom _____

Patient Education Room _____ Or Alcove _____ :

Sink _____ Cabinets _____ Mirror _____ Other _____

Doctor's Private Office:

Desk Size _____ # Of Chairs _____ Bathroom _____ Shower _____ Other _____

Mech. Room:

Inside Suite _____ Outside Suite _____

Equipment Location: (In Or Out Of Suite, Location In Suite)

Heating-Air _____ Water Heater _____ Compressor _____ Vacuum Pump _____

Washer & Dryer _____ Nitrogen _____

Miscellaneous

Private Entrance: Doctor _____ Staff _____

Entrance Each Day: Front Door _____ Rear Door _____

Exit Each Day: Front Door _____ Rear Door _____

Other _____

Planning Sheet:

Name: _____

Address: _____

A large rectangular area filled with a grid of small squares, typical of graph paper, intended for planning or drawing.