

# FACILITY PLANNING & PRACTICE START-UP



Finance It



Build It



Coordinate  
the Details

Physician Name:

Practice Name:

Proposed Location:

City:

State:

Phone Number:

Are you currently working with a Henry Schein  
Sales Consultant? ☐ Y ☐ N

Sales Consultant Name:

Would you like us to:

Call you

Email you

Visit you

What is the best time to reach you

Notes: \_\_\_\_\_



# FACILITY PLANNING & PRACTICE START-UP

When considering your own health-care practice, there are countless details to consider during the planning phase to ensure a thriving and profitable facility:

## Prioritize Tasks



### Location, Location, Location

As a rule, securing financing and payer reimbursement contracts are tied to your practice address. A demographic study is a helpful instrument to selecting a prime location.

### Neatness counts

Don't underestimate the importance of a functional business plan. Not only do investors scrutinize this document, this is effectively your professional blueprint and a compass for your practice for the foreseeable future. Plan contingencies for protocols such as: staffing, securing referral networks, ongoing regulatory compliance, and of course, your service clinical portfolio.

### The early bird gets the worm

Agencies and governances (e.g. OSHA, State commissions and local inspectors, hospital privileges) tend to operate on their own timelines. Proactively obtaining legal guidance and a business manager who are familiar with your demography and type of practice will accelerate the submission of correspondence.

### Start as you plan to go

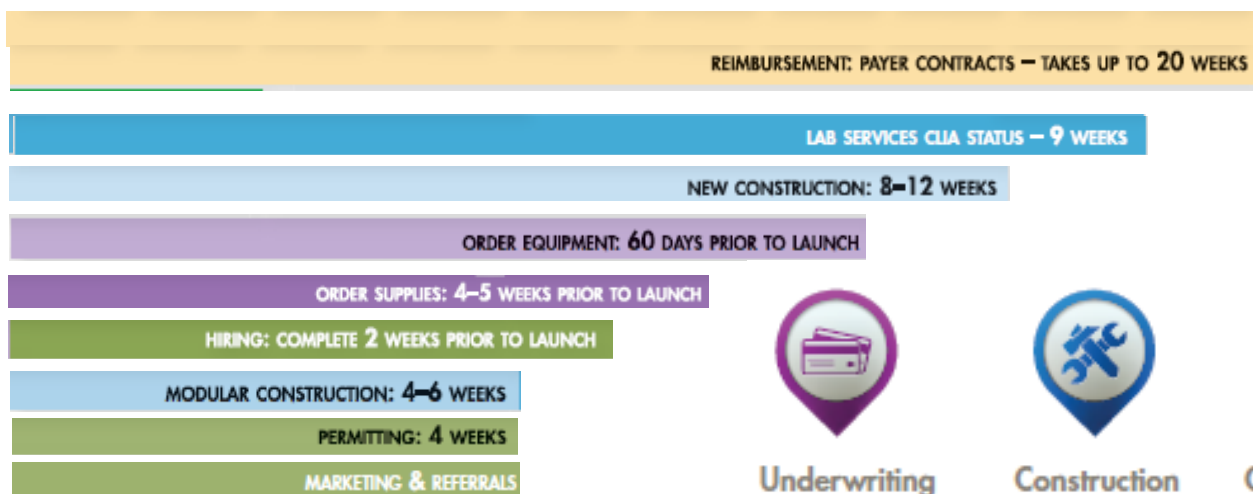
Invest in scalable software and systems that will ease practice management as respects EMR and other organizational tasks and business processes.

### On your mark, get set, go!

This brochure was devised to help you create a realistic timeline, ensuring your opening date target is met. The interior considers thresholds, milestones, and your vision for your dream practice.

## TIMING IS EVERYTHING!

HERE ARE A FEW TIMELINE THRESHOLDS & MILESTONES



Underwriting



Construction



Coordination

*These guidelines are a reference only, actual timelines will vary based on local/state rules and payors*

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## PLEASE DESCRIBE THE SCOPE OF YOUR PROJECT

What is your target date to open? \_\_\_\_\_

What type of practice is this? *(Please check all that apply):*

- ☐ Primary practice
- ☐ Part of an IDN or a large Plastic Group
- ☐ Satellite practice to an existing group
- ☐ A surgical practice
- ☐ An existing practice expansion
- ☐ A freestanding Medspa
- ☐ Overnight Stay
- ☐ A single-specialty practice. How many plastics? \_\_\_\_\_

What other specialties are practicing in this facility:

- ☐ Dermatology: How many? \_\_\_\_\_
- ☐ ENT: How many? \_\_\_\_\_
- ☐ Oculoplastic: How many? \_\_\_\_\_
- ☐ Anesthesiology
- ☐ Other: \_\_\_\_\_ How many? \_\_\_\_\_

What type of Plastic Surgery do you practice?

*(Please check all that apply):*

- ☐ Reconstructive
- ☐ Cosmetic Surgery
- ☐ Microsurgery
- ☐ Hand Surgery
- ☐ Burn Surgery
- ☐ Maxillofacial

What is the square footage of this project? \_\_\_\_\_

This location is: ☐ Purchased ☐ Leased  
☐ Rented ☐ New Construction

How many treatment rooms? *(Please check all that apply):*

- ☐ Exam \_\_\_\_\_ ☐ Aesthetic \_\_\_\_\_
- ☐ Procedure \_\_\_\_\_ ☐ OR \_\_\_\_\_
- ☐ Overnight Care ☐ Lab
- ☐ Recovery

Will you require financing? ☐ Y ☐ N

Will you require design assistance? ☐ Y ☐ N

# FACILITY PLANNING & PRACTICE START-UP

## PLEASE TELL US ABOUT YOUR PRACTICE

Please share number of days per week that you:

☐ Consult \_\_\_\_\_ ☐ Perform Surgery \_\_\_\_\_

Is there a predominate patient demographic you are treating?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Gender Reassignment  | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Ethnic/Skin of Color | <input type="checkbox"/> Trauma    |
| <input type="checkbox"/> Mommy Makeover       |                                    |
| <input type="checkbox"/> Other _____          |                                    |

What is your payer mix? (Please share % of practice revenue)

- ☐ Cash: \_\_\_\_\_
- ☐ Medicare: \_\_\_\_\_
- ☐ Private Insurance: \_\_\_\_\_

In order of total revenue, please share your top five:

☐ Therapeutic Surgical Procedures

- 1.
- 2.
- 3.
- 4.
- 5.

☐ Cosmetic Surgical Procedures:

- 1.
- 2.
- 3.
- 4.
- 5.

Will you need continuing education for staff? ☐ Y ☐ N

Will you need help with practice marketing? ☐ Y ☐ N

Will this practice dispense pharmaceuticals? ☐ Y ☐ N

Will this practice provide primary compression? ☐ Y ☐ N

Is this practice owned by:

☐ Physician ☐ Hospital ☐ Investment Group



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## PLEASE TELL US ABOUT YOUR STAFF

Will you have a practice manager? ☐ Y ☐ N

Please detail your professional staff? *(Please check all that apply):*

- ☐ Nurse: How many? \_\_\_\_\_
- ☐ Nurse Practitioner: How many? \_\_\_\_\_
- ☐ Physician Assistant: How many? \_\_\_\_\_
- ☐ OR Technician
- ☐ Patient Care Coordinator
- ☐ Other \_\_\_\_\_

## CONSIDERATIONS FOR YOUR SURGICAL PRACTICE

What surgical services are you planning to offer?

Lab Services *(Please check all that apply):*

- ☐ Hematology ☐ Chemistry ☐ Urinalysis

Procedures? *(Please check all that apply):*

- ☐ Abdominoplasty/Body Contouring
- ☐ Arm Lift (Brachioplasty)
- ☐ Breast Surgery:
  - ☐ Reconstructive ☐ Reduction ☐ Lift/Augmentation
- ☐ Brow Lift
- ☐ Butt Lift (Gluteoplasty)
- ☐ Chin Augmentation
- ☐ Dermabrasion
- ☐ Ear Surgery (Otoplasty)
- ☐ Eyelid Surgery (Blepharoplasty)
- ☐ Face Lift (Rhytidectomy)
- ☐ Hair Transplantation
- ☐ Liposuction: ☐ Tumescant ☐ Power Assisted ☐ Ultrasonic
- ☐ Male Breast Reduction (Gynecomastia)
- ☐ Nose Reshaping (Rhinoplasty)
- ☐ Scar Revision
- ☐ Vein Removal: ☐ Spider ☐ Varicose
- ☐ Vaginoplasty: ☐ Labiaplasty

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## CONSIDERATIONS FOR AN AESTHETIC PRACTICE

Will you have an esthetician on staff? ☐ Y ☐ N

Will you sell physician-dispensed skincare? ☐ Y ☐ N

☐ Private brand ☐ Other \_\_\_\_\_

What services will you offer? (Please check all that apply):

- ☐ Autologous Fat Grafting:
  - ☐ Facial ☐ Breast ☐ Body ☐ Hand
- ☐ Botulinum Toxin: ☐ Type A ☐ Type B
- ☐ Cellulite: ☐ Ultrasonic Massage ☐ Lipotripsy
- ☐ Chemical Peels (Please check all that apply):
  - ☐ Glycolic ☐ Salicylic ☐ Jessners ☐ Blended
  - ☐ TCA ☐ Phenol ☐ Other \_\_\_\_\_
- ☐ Collagen Induction Therapy | Microneedling
- ☐ Dermal Filler:
  - ☐ Hyaluronic Acid ☐ PPMA/Bovine Collagen ☐ PRP/PRFM
  - ☐ Polylactic Acid ☐ Porcine Collagen
  - ☐ Human Collagen ☐ Calcium Hydroxyl Apatite
- ☐ Dermal Planing
- ☐ Laser Services:
  - ☐ Facial Veins ☐ Hair Removal
  - ☐ IPL/Photofacial ☐ Cool/"SMART"/Laser Lipo
  - ☐ Skin Resurfacing/"Fraxel" ☐ Skin Tightening/  
Non Surgical Face Lift
- ☐ Tattoo Revision/Removal
- ☐ Toenail Fungus/Nail Disorders
- ☐ LED Phototherapy
- ☐ Microdermabrasion
- ☐ Minor Skin Procedures  
(Skin Tags, Moles, Telangiectasias, Angiomas)
- ☐ Pulse Light Acne Therapy
- ☐ Spa Services
  - ☐ Body Treatments ☐ Eyelash Extentions
  - ☐ Facials ☐ Massage Services
  - ☐ Medical Manicures ☐ Permanent Makeup
  - ☐ Teeth Whitening ☐ Waxing

If you would like a Henry Schein Sales Consultant to contact you, please email this form

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