

TURNING DEGENERATION INTO REGENERATION
LIVE TO BE 139!

DOCTOR SURVEY/OFFICE EVALUATION

The following survey is intended to assist us in evaluating your current situation so that we may best determine your current needs and how we can help you make the most successful transition to the “Live to 139” program. Please answer the questions as thoroughly as possible so we get an accurate picture of where your practice is today, and where you want it to go in the future! This will help us design a custom roadmap for your journey!!

-----**OFFICE MAKEUP**-----

Owner/Credentials/Duties/Status (full time/part time):

Other Practitioners/Credentials/Duties/Status (full time/part time):

Staff/Duties/Status (full time/part time):

Square Footage of office:

Number of Treatment rooms:

Clean Room/Hood/Mixing Station:

Number of seats in Reception area:

Lecture area/Seating/Equipment:



-----FRONT DESK OPERATION/SERVICES OFFERED:-----

Office Overhead Cost/Daily/Hourly:

EMR or Paper files:

Insurance based/Cash/Both:

Chiropractic Care:

Nutritional Evaluation:

Traditional Medicine:

Rehabilitation services:

Fitness/Conditioning:

Lab work:

Detox Program:

IV Program:

Cost per IV Procedure:

Hormone Therapy (Pellets, oral troches, injection, Creams):

Nutritional Supplements (products used & profit margin):



Joint Injections Cortisone/PRP/stem cells/other):

Bone/Fat/Stem Cells (products used):

Prolotherapy:



Ozone Injections (solution used):

Sexual Health (conditions treating):

Cosmetics/Botox/PRP/Ozone/Hair Restoration/Micro Needling:

Do you have a referral network for services you don't offer:

Describe your current patient base:

-----**EQUIPMENT:**-----

Ozone machine (make/model):	YES	NO
10 Pass/Zotsmann/Green Machine/UVB:	YES	NO
Imaging Equipment/ CR Arm:	YES	NO
Laser (make/model):	YES	NO
Ultrasound:	YES	NO
PEMF/Beemer:	YES	NO
Shockwave:	YES	NO
EMS:	YES	NO

Other:



-----**GROWTH POTENTIAL:**-----

Are you interested in expanding services to existing patient base, acquiring new patients, or both?

Are satisfied with your current practice?

Do you envision expanding Staff, Services or both?

Where do you see your practice in 5 years?

Do you currently have an asset protection plan? If so briefly describe:

-----**ADDITIONAL TRAINING:**-----

List any additional trainings/fellowships you have done and the group you trained with (ozone, IV, Functional Medicine, Aesthetic, Sexual Health, etc.)