



ORTHODONTIC OFFICE DESIGN QUESTIONNAIRE

Ross Orthodontic's Design Service is available to help you. We have worked with architects and designers for the past 30 years. Our services have been enhanced by using the CAD system.

The orthodontic office is a unique environment. Most designers don't have the knowledge and experience that is so important in the design of an efficient orthodontic office. We will provide the experience and support to your architect or designer to create the most pleasant and efficient place for you and your staff to work.

FOR PLANNING ASSISTANCE, CALL

Joe or Bob Ross
1.800.247.4109 OR
972.775.8757

fax **972.775.8758**

email **rossortho@att.net**

www.rossorthodontic.com

ROSS
ROSS
ORTHODONTIC

EQUIPMENT & OFFICE DESIGN

PO Box 882, Midlothian, TX 76065-0882

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 _____ 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 _____



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OFFICE LAYOUT

CONSULTATION ROOM: SIZE: _____
TABLE _____ CHAIRS _____ EXAM CHAIR _____ VIEWBOX _____ SINK _____
OTHER _____

RECORDS ROOM:
PAN _____ CEPH _____ PAN-CEPH _____ CONTBEAM _____ ICAT _____
EXAM CHAIR _____ DELIVERY UNIT _____

LABORATORY:
NUMBER OF SINKS _____ WET LAB _____ DRY LAB _____
EQUIPMENT _____

PATIENT BATHROOM:
IN SUITE _____ OUTSIDE _____ # OF HANDICAP REQUIRED _____

OTHER ROOMS

STAFF LOUNGE:
SINK _____ CABINETS _____ REFRIGERATOR _____ BATHROOM _____ LOCKERS: _____

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 _____

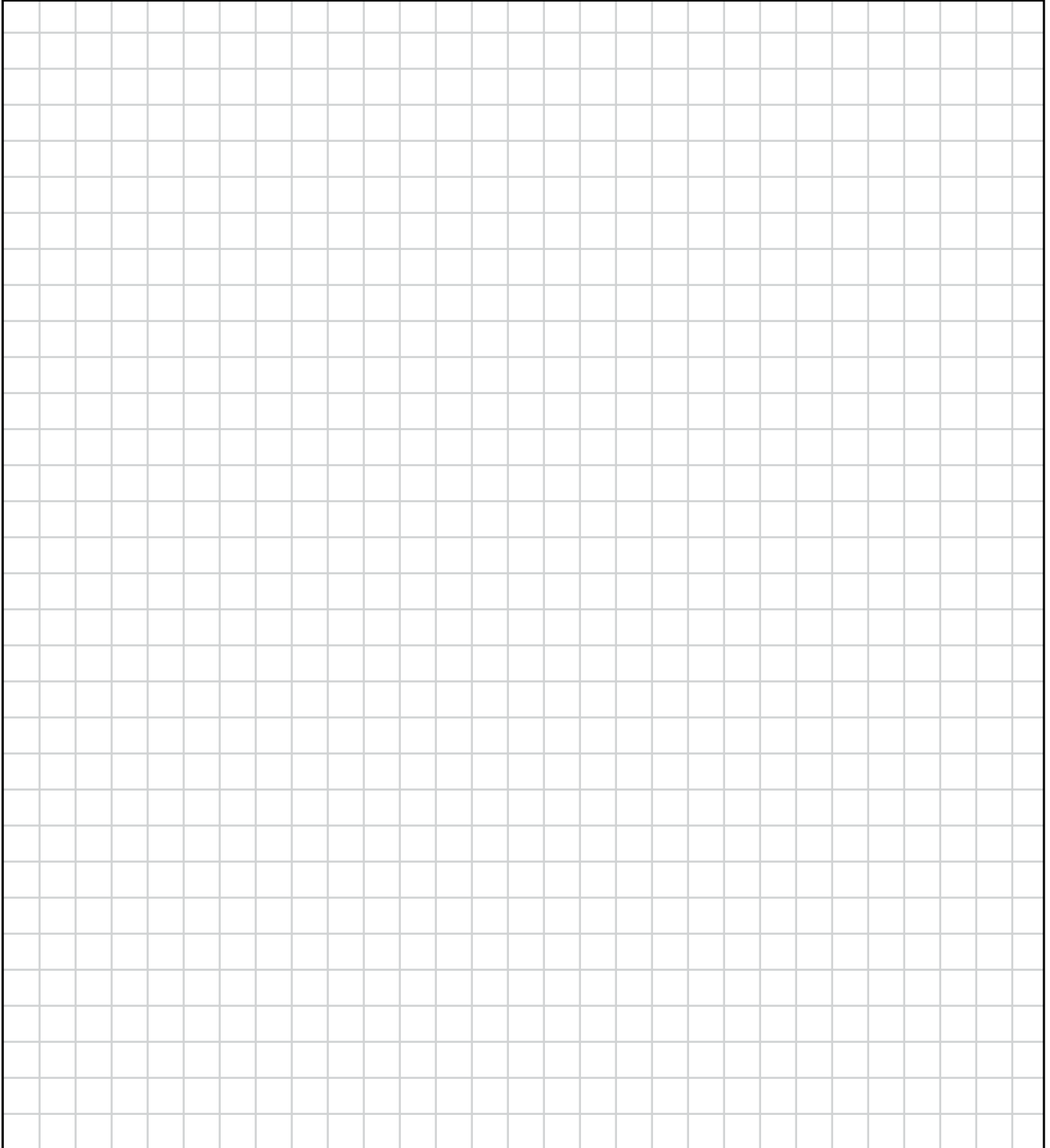
EXIT EACH DAY: FRONT DOOR _____ REAR DOOR _____

OTHER: _____

PLANNING SHEET: _____

NAME: _____

ADDRESS: _____



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