

Confidential Application for 1 Hour “Road Map to Success” Consult with a GG12 Coach re: Dr. Tom Orent’s “Gems Gold Dozen™” Personal Coaching Program

Due to the limited number of memberships available in this one-year program, it is **highly recommended that you Fax or FedEx** your completed application immediately to be considered. Please take care to answer *every* question to the best of your ability in order for us to fairly determine your compatibility with the GG12 program.

To SUBMIT APPLICATION: **Fax:** 1-508-861-1550. 1+ hour after faxing *call* 1-888-880-4367 to **CONFIRM** we **GOT** it! **Or FedEx** your Discovery Day Application : Gems Publishing, USA, 12 Walnut St., Framingham, MA 01702

Date: _____ Name of Applicant: _____ Web Site: _____

Office Phone _____ Home Phone: _____ Cell Phone: _____

Fax: _____ E-Mail Address: _____

Office Address: _____

Home Address _____

Credit Card : MC VISA DISC AMEX #: _____ Exp Date: _____

Signature: _____ **\$500 REFUNDABLE Deposit:** Your signature on this page indicates your authorization for Dr. Tom Orent & Gems Publishing, USA, Inc. to charge your credit card \$500 for a 1 Hour Phone Consult with a GG12 coach, to apply toward GG12 program, if accepted. Deposit will be REFUNDED in FULL after your phone consultation with coach, if you are not accepted for or for any reason do not enter the GG12 program.

STEP 1: Read through the accompanying letter to understand the scope and nature of the program

STEP 2: For more info, www.GemsGoldDozen.com or call toll-free recorded message, 1-800-661-0449, option 1

STEP 3: Complete this application . FedEx or Fax back. Last year we had 37 more applicants for GG12 than we could accommodate. Submitting your application by U.S. Mail may jeopardize your chance of joining this year.

Note: This is a 1-year limited membership program . **Non-acceptance into the program is absolutely no reflection on any individual or practice.** Our aim is to identify offices with similar goals, ambitions, & attitudes. The information you supply will help assure your highest level of success if you are chosen. We will let you know within 10 days of your application, whether or not you have been accepted for a “Road Map to Success” 1 Hour Phone Consultation with a GG12 Coach. As you complete the application, please be brutally honest — past history is *not* as important as current direction and attitude. We sincerely want to establish where you are *today*, to tailor the program to meet your needs *tomorrow*. IF there are one or two items of which you are not absolutely certain, make your best guess.

____ How many (if any) managed care plans do you participate in (including BC/BS, Delta)? (continue ANY answers on back if needed)
____ Are you interested in systematically removing them from your practice over time?

If you are chosen, specifically what do you hope to get out of the year membership with Gems Gold Dozen™ ?

Please tell us why you believe that *you* and your *TEAM* would be good candidates for Gems Gold Dozen:

___ Number of years owner/doctor in practice ___ # of GP Dentists in your practice ___ # vaca weeks you'd like /year
 ___ Number of days you'd like to work /week ___ Average # of days you work each week ___ Total # hygiene hours per week
 ___ Number of full-time staff ___ Total # of Staff ___ Average # of vacation weeks you take/ yr

Check ONLY ONE regarding your having the option to retire at or above current lifestyle (top CFP's warn no longer to count on the sale of your practice to substantially contribute to future financial security) For my current age, and the total portfolio I'll need to amass, I am currently:

___ RIGHT on or ahead of track to retire to the life I've dreamed, at the age I've chosen
 ___ In need of a little better guidance and/or annual profits from which to fund my portfolio
 ___ Not on track YET to be assured of my present lifestyle at my chosen retirement age (HELP!)

___ Approx. percentile within your fees fall for your area? ___ Approximate number of patient billing statements you mail out each month
 ___ Approx. # Pre-determination of benefits sent/month ___ Which Specialists do you currently have working *IN* your office?
 ___ Current age ___ Goal for your age at retirement \$ _____ Exact portfolio value (not incl. residence) you'll need at retirement age

Do you currently have a team bonus-incentive plan? ___ If yes, then:

___ How many years has your plan been in place? ___ If asked, would your staff tell me that your bonus-incentive plan works *well* for *them*?
 ___ # times/year bonus could be earned (e.g. 12 if monthly, 4 if quarterly) ___ # times goal was reached and bonus was paid in last 6 months
 ___ Average amount of gross bonus pay each full time staff member made *per* bonus
 ___ Number of "Complete Quadrants" (3 or more Inlays, Onlays or Crowns in one quad -Performed simultaneously) you perform each week

Please complete EVERY CELL of tables below, for the LAST 12 Months. If you cannot access exact data, then GUESSTIMATE

Hygienists 1st Names	Production Last 12 months	# Hrs. Worked Weekly	Gross Annual Pay	# Adult Pro & Perio Maintenance last 12 mo	# Adult Fluorides Charged last 12 mo	Adult Fluoride Fee	# Quads Scale & Root Plane last 12 mo	Scale & Root Plane Fee/ Quad	Paid Hourly or Commission? (describe if commission)	RDH Assisted Or Works Alone?

Total Office Production Last 12 months	Production Adjustments Last 12 months	Adjusted Production Last 12 months	Total Office Collections Last 12 months	Accounts Receivable (Total Today)	Expenses (<i>exclude</i> owner doctors pay) Last 12 months	New Patients Last 12 months

What are THE 3 hugest problems you face, internally (things happening within the practice)?

What are THE 3 hugest problems you face, externally (forces/things/people outside the practice)?

If I could help you make yours a more "perfect world", what three changes would you like to make?!

What is THE number one thing most likely to awaken you in the middle of the night in a cold sweat? (business, personal, or financial, etc. etc.)

(continue on back if needed)

Doctor's last name (in case fax pages separate) _____