

Over the next 6 to 12 months, what are the most critical needs in your practice?

Name of Practice		
Practice Address		
City, State, Zip Code		
Name of Contact		
Contact Phone Number		
Account Executive		
Ranking Order	Please Rank in order - #1 being the most critical need in your practice.	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	UNSURE . . . NEEDS OR CONCERNS	
<input type="checkbox"/>		

- Rank Order
- 1 - MOST critical
- 2 -
- 3 -
- 4 -
- 5 - Least Critical

Common Challenges	
Advertising	Personnel / Staffing
Patient Retention	Keep up w/ Technology
Salesmanship	Profitability
Pricing	Cost Containment
Time Management	

Would you like to be contacted by a Unitron Practice Development Specialist?

YES NO

When is the best time to contact you?

Morning Afternoon

How would you prefer to be contacted?

In Person Call Before Stopping By

- If you would like to be called first please identify the best number to reach you:

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