

THE COMPLETE DENTAL STARTUP CHECKLIST

9 PHASES · 36 ACTION ITEMS · FROM VISION TO OPEN DOORS

01 Vision & Leadership

02 Financial Foundation & Lending

03 Demographics & Market Analysis

04 Site Selection & Real Estate

05 The Lease & Legal Protection

06 Architecture & Construction

07 Equipment & IT Infrastructure

08 HR, Operations & Billing

09 Marketing & Patient Conversion



01

VISION & LEADERSHIP

3 action items

- ☐ **Define Your Perfect Day first:** Before touching spreadsheets or scouting locations, define your ideal clinical days, chair time, procedures that energize you, patient types, and team dynamics. Every business decision flows downstream from this vision.

- ☐ **Apply the Three-Layer Framework:** Work backward from Outcome (the destination) Goals (measurable milestones that confirm you're on track) Processes (the daily atomic actions that drive the system). Most people stop at the outcome. Don't.

- ☐ **Adopt a Team-First Mentality:** Hire for character and radical curiosity over technical aptitude — clinical skills can be taught. Use the interview process to confirm candidates are genuinely invested in your specific vision, not just the next paycheck.

Additional Notes:



02

FINANCIAL FOUNDATION & LENDING

6 action items

- ☐ **Reverse-engineer the math:** Work backward from your desired take-home required collections required production required patient volume required schedule required team size required operatory count required overhead structure required fees and payor mix. Every number has a number behind it.
- ☐ **Run your Break-Even Analysis (BAM):** Calculate the exact monthly patient visits needed to cover fixed costs: rent, salaries, debt service, and variable costs. Specialty or fee-for-service models often break even faster due to higher revenue per visit — factor this into your model.
- ☐ **Implement the Lean Capitalization Playbook:** Continue working as an associate 2–3 days per week for the first 9–12 months so all startup revenue funds practice overhead. Start with a minimal core team and add staff only as patient volume exceeds capacity.
- ☐ **Secure a Graduated Repayment Loan:** Work with a dental-specific lender to structure zero payments during build-out and interest-only payments for the first 12 months open. Negotiate lease concessions (3–6 months free rent) and consider certified pre-owned equipment to preserve working capital.
- ☐ **Obtain Required Insurances Early:** Banks require life, disability, and business overhead insurance. Medical underwriting can take months — start this process early so it doesn't delay closing.
- ☐ **Set Up Your Legal Entity:** Form your LLC/PLLC and obtain your EIN before submitting Letters of Intent — it must be ready for bank documents and lease drafts.

Additional Notes:



03

DEMOGRAPHICS & MARKET ANALYSIS

5 action items

- ☐ **Start with vision, not a report:** Before pulling any data, be clear on the type of practice you want to build and the patient base you want to serve. Demographics confirm or challenge a vision — they don't replace one. Starting with a report before you know what you're looking for is working backwards.

- ☐ **Analyze the right density metrics:** Target a density ratio of 2,000–3,000 residents per general dental office. Layer in income levels, education levels, and household size — these indicators tell you whether the market can support the fee schedule and payor mix your model requires.

- ☐ **Do real competition research, not just a count:** Don't just tally how many practices are in the area. Assess whether they're aging or active marketers, examine their digital presence (website quality, review volume and recency), and identify whether they're general dentists or specialists. A saturated-looking market with five complacent, outdated practices may be wide open.

- ☐ **Verify real estate availability before committing to a market:** Once a market looks viable on paper, confirm that suitable commercial real estate actually exists there. If your first-choice market has poor property options, look for B-rated markets that offer A-rated property opportunities — the trade-off is often worth it.

- ☐ **Use data as a partner, not just a printout:** Automated reports are a starting point, not a verdict. Work with a professional who can interpret real-world trade-offs — like choosing a location on the outskirts of a dense market to capture underserved demand. The edge of a great market often beats the center of a good one.

Additional Notes:



04

SITE SELECTION & REAL ESTATE

3 action items



Hire a tenant-rep broker: Never call the number on a “For Lease” sign. Hire a conflict-free broker who exclusively represents healthcare tenants – their fee is paid by the landlord, not you.



Negotiate simultaneously: Identify 3–4 viable properties and negotiate them concurrently. Landlords get far more competitive when they know they’re competing for you.



Weigh retail visibility vs. rent savings: High retail visibility (35,000+ cars/day) has real value – but a tucked-away professional office at \$4K/month less in rent can fund an aggressive marketing budget that outperforms foot traffic alone.

Additional Notes:

05

THE LEASE & LEGAL PROTECTION

5 action items

- ☐ **Engage your attorney at the LOI stage:** Outline material terms — build-out allowances, rent abatement, lease length — in the Letter of Intent. What isn't settled here becomes expensive to fight later.
- ☐ **Pull the lease in the first week:** Check assignment and transfer clauses, demolition and relocation clauses, rent escalation schedules (2–3% annually is standard; anything higher needs to be negotiated out), and personal guarantee scope. These are the items that kill deals at closing.
- ☐ **Negotiate deal-killers out entirely:** Strip relocation clauses and any profit-sharing clause where the landlord demands a percentage of your future practice sale proceeds.
- ☐ **Cap NNN expenses and secure audit rights:** Ask to cap annual increases on operating expenses (CAM) and secure your right to audit the landlord's books if needed.
- ☐ **Lock in a clean assignment clause:** Guarantee your ability to sell the practice and assign the lease to a future buyer without the landlord unreasonably withholding consent. Your exit depends on this.

Additional Notes:



06

ARCHITECTURE & CONSTRUCTION

3 action items

- ☐ **Choose the right delivery model:** Decide between a “hard bid” (architect + GC competition) or “design-build” (unified team) based on your need for budget certainty vs. market pricing. Both work – the wrong one for your situation doesn’t.
- ☐ **Design for acoustic privacy:** Require that walls between operatories seal entirely to the structural deck and are fully insulated. HIPAA compliance – and patient trust – depends on it.
- ☐ **Plan proper HVAC zoning:** Separate clinical zones from reception. The “thermostat war” signals to your team that nobody thought this through.

Additional Notes:



07

EQUIPMENT & IT INFRASTRUCTURE

3 action items

- ☐ **Equip conservatively on day one:** Open with 2–3 operatories only. Lean equipment costs preserve the working capital you need for marketing and early overhead. You can always expand into built-out ops.
- ☐ **Prioritize diagnostic ROI:** Invest in tools that help patients co-diagnose — a high-quality intraoral camera in every room and digital imaging (Pano or CBCT). These drive case acceptance, not just compliance.
- ☐ **Build secure IT infrastructure:** Set up an on-premise server if you're storing large 3D/CBCT imaging files and establish a secure VPN for remote access from day one.

Additional Notes:

08

HR, OPERATIONS & BILLING

4 action items

- ☐ **Automate HR compliance:** Use a platform to manage state-specific new hire documents, employee manuals, and automated time-tracking tied to benefits. One lawsuit costs more than years of software fees.

- ☐ **Hire for hustle, not just credentials:** During interviews, ask: “How old were you when you got your first job?” It bypasses scripted answers and surfaces the work ethic you actually need running your front desk at 7:45 AM.

- ☐ **Start insurance credentialing months before opening:** Once approved, enter your negotiated fee schedules line-by-line into your practice management software so patients receive accurate copay estimates from the very first appointment.

- ☐ **Outsource billing to a specialist:** A third-party billing service keeps your in-house team off the phones fighting claims — freeing them to focus entirely on the patient experience that drives referrals.

Additional Notes:

09

MARKETING & PATIENT CONVERSION

4 action items

- ☐ **Season your website 60–90 days before opening:** Search engine algorithms need time to index your site. Launch early, load it with video content, and treat it as a patient conversion asset — not a digital business card.
- ☐ **Train your team on the science of influence:** Liking, Authority, Social Proof, and Consistency aren't soft skills — they're phone scripts. New patient calls are the most expensive leads you'll ever generate. Stop losing them to poor front desk training.
- ☐ **Deploy ground marketing with a physical ask:** Visit local businesses, banks, and apartment complexes. Bring sign-up sheets with clear incentives (free whitening, new patient specials). Dropping a gift basket and hoping someone calls is not a strategy.
- ☐ **Build a membership fence around uninsured patients:** An in-house membership plan creates predictable recurring revenue, eliminates insurance friction, and turns uninsured patients into your most loyal — and most profitable — base.

Additional Notes:



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