



APPRAISAL CHECKLIST

Doctor's Name and Title: _____

City _____ State _____

The following list is provided to summarize the information needed to complete the appraisal. Please send us the items listed below, check off all the items, sign and date the bottom of the form and return this form with the Questionnaire. Please do not send us information until all of the following can be provided. We look forward to serving you.

I. Appraisal & Agreement Information

- Complete Appraisal Questionnaire (signed and dated). Please explain if any items are left blank
- Provide supply/equipment appraisal on signed supplier letterhead
- Signed Appraisal Agreement
- Hard Asset Worksheet (found at the back of Appraisal Questionnaire)
- Appraisal Fee due upon return of Questionnaire

II. Financial & Production Information

- Tax returns for past three full years
 - if a Sole Proprietorship – 1040 tax returns, all schedules
 - if a Partnership – 1065 tax returns, all schedules
 - if a Corporation – Corporate returns, all schedules
- Profit and Loss Financial Statements for past three years
- Year-to-date Profit and Loss Statement
- Copy of Current Fee Schedule
- Copy of Office Financial policy
- Depreciation Schedule

III. Other Information

- Drawing of office floor plan
- Photos of building's interior and exterior
- Partnership or shareholders agreements
- Business cards – 2 copies
- Dated previous practice appraisal – if applicable
- Itemization of excluded assets if practice were sold

Signature: _____ Date: _____

Assist to Practice
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