

IMPORTANT QUESTIONS FOR YOUR WEBSITE SETUP 1/3

Note: Please send this information by typing directly into an email, if at all possible, to contact@rmidentalmarketing.com

Q1. Please provide contact information you wish new patients to use to contact your practice:

Name or Doctor(s): _____

Name of Practice: _____

Street Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Phone #: _____

Fax # (optional): _____

Email Address: _____

Q2. Please list **all** current email addresses used by you and/or your practice:

Q3. Would you like to use your existing domain name or select a new domain name?

- New
- Existing (please list): _____

Q4. Please provide the following registrar information to access any existing domain name(s):

Registrar Website: _____

Username: _____

Password: _____

IMPORTANT QUESTIONS FOR YOUR WEBSITE SETUP 2/3

Note: For the following questions please visit:

http://www.rmidentalmarketing.com/Build_Your_Website.html

Q5. Which information design component would you prefer for your site (select one)?

- | | |
|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Tech Art | <input type="checkbox"/> Vibrant Nature Foliage |
| <input type="checkbox"/> Zoom Style | <input type="checkbox"/> White Airy Clouds |
| <input type="checkbox"/> Digital Radiance | <input type="checkbox"/> Fun Fire Fiesta |
| <input type="checkbox"/> A Technica | <input type="checkbox"/> Perfect Digital Style |
| <input type="checkbox"/> Bold Precision | <input type="checkbox"/> Teel Stone Professional |
| <input type="checkbox"/> Modern Grace | <input type="checkbox"/> Pure Calm Water |
| <input type="checkbox"/> Virtual Verdure | <input type="checkbox"/> Custom Design |

Q6. What visual design do you want for your site initially (select multiple)?

- | | |
|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Kids | <input type="checkbox"/> Family |
| <input type="checkbox"/> Boomers | <input type="checkbox"/> Vitality Theme |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Tropical |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Christmas | <input type="checkbox"/> Aesthetic Dentistry |

Q7. What background color would you prefer for your site? ___ ___ ___ ___ ___ ___

(Go to: www.ficml.org/jemimap/style/color/wheel.html to select your own six digit **web smart** color code) Note: If you skip this question, the default color will be used.

Q8. Which manufacturers, consumer-goods companies, or marketing programs would you like to promote on your site at this time? E.g. Invisalign, Crest, Smiles for Life

Q9. What Power Presentations would you prefer for your site? (You can visit www.rmidentalmarketing.com/menu/Power_Presentations/ to view the presentations)

- | | |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Aesthetic Dentistry | <input type="checkbox"/> Aesthetic Dentistry Plus |
| <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Sedation Dentistry Plus |
| <input type="checkbox"/> Porcelain vs. Plastic | <input type="checkbox"/> Smile Rejuvenation Plus |
| <input type="checkbox"/> Sedation Dentistry | <input type="checkbox"/> Tissue Therapy Plus |
| <input type="checkbox"/> Smile Rejuvenation | <input type="checkbox"/> TMD Plus |
| <input type="checkbox"/> Tissue Therapy | |
| <input type="checkbox"/> Whitening | |

Q10. Will you be taking advantage of adding the following services to your Website (please check)?

- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Smile Gallery Pro | <input type="checkbox"/> Family Flash World |
|------------------------------------------------------------|-------------------------------------------------------------|

IMPORTANT QUESTIONS FOR YOUR WEBSITE SETUP 3/3

Q11. Please check the following patient services if provided by your practice:

- Cosmetic dentistry
- Teeth whitening – Zoom Y/N
- Porcelain veneers
- Crowns & bridges
- Implants
- Clear braces – Invisalign Y/N
- Laser dentistry
- Sedation dentistry
- Neuromuscular

Q12. With what type of service do you currently generate most of your profit?

Q13. What type of services would you like to promote more?

Q14. What is your most successful promotion with new patients? *E.g. "Free whitening with your first complete dental exam. That's a \$200 savings when you schedule our already low \$99 exam. Email or call us now as we only give out this special to 5 new patients a month."*

Q15. Can you send us a few pages of information about how you are uniquely positioned to provide these services? *E.g. Fax us or email us a few pages about your experience with Invisalign, orthodontics, or any other service that you want to promote.*

Q16. Provide us with a write-up that identifies all possible geographical terms related to your practice. *E.g. We are located in a suburb of Houston, Texas, called Luckydale and primarily draw our patients from this area and that area. We are also near this shopping mall and this major intersection.*

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