

|  |  |  |
| --- | --- | --- |
| Preliminary Web Research    NPI: | Med. License |  |
| DOB |  |
| Last 4 Digits of DEA |  |

|  |  |
| --- | --- |
| **Complete Business Name** |  |
| **Official Address** |  |
| **Official Phone** |  |
| **Target Phone for Patient Inquiries:** (answered on 1~2 rings, by person) |  |
| **Email for Tracked Call Alerts** |  |
| **Website** |  |
| **Office Hours** |  |
| **Forms of Payment:** |  |
| **Insurances Accepted or General Statement:** |  |
| **Specials/Promotions:** |  |
| **Languages Spoken (in addition to English)** |  |
| **Procedures To Highlight:** |  |
| **Provider Specialties** |  |
| **Undergraduate School (& Year)** |  |
| **Graduate School (& Year)** |  |
| **Started Practicing (Year)** |  |
| **Post-Graduate/CME** |  |
| **Professional Associations** |  |
| **Awards & Accolades** |  |
| **Link to Yelp Page** |  |
| **Link to Practice Facebook Page** |  |
| **Link to Google+ Page** |  |
| **Has Google+ Page Been Verified** |  |
| **Do you have a Google Account that is linked to your “Google My Business” Page?  Have you verified your listing?  Are you the Owner?** |  |
| **Patient Forms** |  |

**AdWords Information (if applicable):**

|  |  |
| --- | --- |
| **Practice Differentiators** |  |
| **What do patients say about your Practice?** |  |
| **What do you want patients to know about your practice?** |  |
| **Services to highlight?** |  |
| **Services NOT to highlight?** |  |
| **How far do patients travel to see you?** |  |

*Photos:*