



Should I Buy a Dental Practice or Start a Squat?

A DWB Practice Coaching Guide

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Cheaper doesn't mean safer

It's which route gives you the practice you actually want.

The purchase price looks concrete. The setup budget looks concrete. Neither tells you which route is right.

Two routes, two different risks

- Buying: inherit patients, a team and systems that already exist
- Buying risk: what changes after completion
- Squatting: build the patient base and team from nothing
- Squatting risk: how long growth takes, and the cash needed to fund it
- Tested against the same seven areas

The seven fundamentals

- 1 Vision
- 2 Clinical strategy
- 3 Financial strategy
- 4 Leadership
- 5 Systems development
- 6 Sales and patient communication
- 7 Marketing

Vision: the filter for every decision

- Which treatments will the practice become known for?
- How many days a week do you want to work clinically?
- What would make ownership worthwhile financially?
- Buying: does the current base support the practice you want?
- Squatting: vision decides the site, fit-out and first hire

Cash flow, not just cost

Buying: the accounts describe the past under a different owner.

Squatting: there's no inherited turnover to study at all.

The real question is how long it takes to reach break-even, and how much cash funds that gap.

Shaping a culture, either way

- Buying: you inherit relationships and unwritten habits
- Squatting: you build the culture from scratch
- Dr Neresh B. and Dr Usha R. had excellent clinical training
- What was missing was clear communication and defined roles
- Fifteen years on, Dr Neresh B. calls it the most important change he's made

What happens when you're not there

- A system is an agreed way of completing a task properly
- Buying: don't assume established means systemised
- Squatting: design essential systems before the first patient arrives
- Enquiry handling, booking, diary zoning, patient follow-up

Sales and patient communication

Dr Philip M. built his boutique implant practice with no inherited patient pipeline at all.

Structured lead management and a properly designed journey reached a reported case acceptance rate above 95%, with more than 2,700 implants placed in five years.

A practical sequence

- Define the five-year vision first
- Set the clinical proposition and evidence of demand
- Stress-test the financial model and working capital
- Assess the team you're inheriting, or need to recruit
- Map the essential systems, then design the patient journey
- Build the marketing plan last, once the rest is clear

A useful gut check

Score yourself honestly from one to ten
across all seven fundamentals.

Your lowest score isn't a reason to walk away.
It's the area that needs attention first.



Ready to test both routes?

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