Dental Practice Business Plan

Canal Dental Dublin Version 1.0

DOCUMENT GUIDE

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Canal Dental Dublin 3 October 2026

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Reading this business plan

This hypothetical private dental startup is an operating and funding proposal for owner and lender review. Official context is distinguished from unverified demand, costs, qualifications and financing. Financial schedules at the end use the same 36-month Base model and dated case captures.

The contents uses native Word fields with cached pages. Update the entire table after editing. All figures are EUR planning estimates from model version 1.0; no lease, approval or financing is secured.

01 / OVERVIEW

Executive summary

A two chair private practice with a paid owner dentist

Operating plan

Canal Dental is a hypothetical general dental practice in Dublin, Ireland. The initial site brief is two surgeries near the Grand Canal corridor, with one owner dentist and one hygienist. Examinations, routine restorations, crown episodes and hygiene care form the launch offer. All treatment depends on the dentist's assessment and competence. The owner, qualifications, company, address and name clearance are not established. The plan is for an owner and lender assessing a possible startup, not an application claiming approvals already exist.

Key fact	Model output
Period and currency	2027–2029 EUR Base version 1.0
Preopening uses	370,928
Initial funding requirement	430,928
Proposed sources	390,000
Minimum 36-month cash	(194,213)
Year 1 revenue	317,524
Year 1 net profit	(136,746)

Management decision

The financial forecast starts in January 2027 and covers 36 operating months in euros. It includes the owner's salary, all staff, irrecoverable input VAT, upfront equipment, working capital and debt repayment. Demand is an untested booking hypothesis. The current configuration is a no-go: Base loses money in every trading year and cannot repay debt from operating cash. Funding the gap alone does not repair its economics. Test a revised roster, fee and demand proposition with evidence, then secure sufficient downside liquidity and clinical readiness before any lease commitment.

Base opening cash €19,073; minimum cash €(194,213). Downside requires €697,474 additional liquidity to avoid a negative balance. None is assumed secured.

02 / BUSINESS

Business details

Identity and operating scope

Operating plan

The working identity is Canal Dental, one private general dental practice in Dublin. A proposed Irish limited company would employ the working owner and team. That structure needs legal and tax advice, including professional service company surcharge and owner payroll status. There is no company number, exact address, website, named director or shareholder agreement. No contact details or credentials are invented to complete this plan.

Business detail	Status
Working name	Canal Dental clearance pending
Area	Grand Canal corridor Dublin exact site pending
Structure	Irish limited company proposed advice pending
Operating start	January 2027 modelling date
Owner and registration	Unknown verify before commitments
Services	Private general care and supervised hygiene

Management decision

The base model excludes public reimbursement schemes, insurance contracts, associate dentists, specialist treatment, orthodontics, implants, sedation and retail sales. Patient fees are recognised when a treatment episode is complete. No patient advance is forecast. This narrow scope supports a two-chair launch and avoids mixing unverified public scheme eligibility with private fee economics.

03 / STRATEGY

Business concept and objectives

Establish safe repeatable care before expansion

Operating plan

The concept pairs a general dentist with supervised hygiene appointments, supported by two dental nurses and a receptionist. Planned opening is Monday to Friday, with 40 available chair hours per surgery each week. The owner allocates 32 clinical hours and eight hours to oversight, records, supplier review and management. Hygienist paid time is 32 hours, including 24 clinical hours. Forty-six clinical weeks annually allow for leave, training and closures.

Management decision

The first-year objectives are to complete readiness checks before opening, establish a functioning recall process, reach the model's month 12 booking assumptions and preserve cash sufficient for scheduled payments. Review completed hours, cancellations, collections and complaints each month. Additional clinicians or a third chair are deferred until sustained demand and the revised cash model justify them.

04 / STRATEGY

Business model canvas

Private care supported by qualified people and clinical systems

Operating plan

The model serves local adults and households seeking general private care, with transparent treatment options and scheduled follow-up. Fees fund the owner dentist, hygiene and support team, rent, consumables, laboratory services and financing. The customer relationship is based on consent, continuity and reliable records rather than incentives to undertake unnecessary treatment.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Key dependencies are clinician eligibility, adequate decontamination and radiation arrangements, a viable lease and repeat attendance. Laboratories and suppliers are prospective partners only. Their fees, turnaround and credit require written quotations. The canvas is a design hypothesis; it does not demonstrate local willingness to pay or access to a panel of patients.

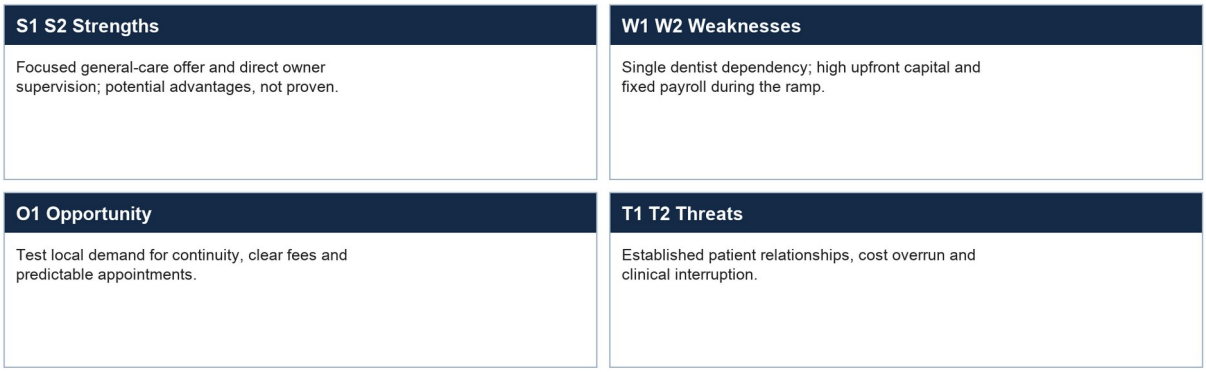
05 / STRATEGY

SWOT and longer term goals

Use the operating constraints to set realistic priorities

Operating plan

S1 is a focused two-clinician service with direct owner oversight. S2 is a limited treatment range that can be scheduled consistently. Neither is a proven customer advantage. W1 is dependence on one dentist for clinical delivery and supervision. W2 is significant upfront capital and a fixed payroll even when booking utilisation is low.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

O1 is the opportunity to test whether nearby residents and workers value predictable recall and fee transparency. T1 is competition from established private practices with existing patient relationships. T2 is clinical interruption or cost overruns. Years two and three concentrate on stable cash and completion quality; a second location is outside this forecast. Expansion requires documented demand and cover, not only a favourable upside case.

06 / STRATEGY

TOWS strategy matrix

Convert SWOT findings into funded actions

Operating plan

Use S1 with O1 by testing recall convenience and a clear treatment estimate in prospective patient interviews. Use S2 with T1 by communicating the focused general-care scope and a referral process, without claiming superiority over surveyed competitors. Address W1 with T2 through a documented absence plan and referral relationships before opening.

SO Test the fit	ST Narrow the launch
S1 + O1: owner interviews target patients and tests consent and recall clarity before lease.	S2 + T1: clear general-care scope with an appropriate external referral process.
WO Protect liquidity	**WT Prepare absence cover**
W2 + O1: quoted startup costs and credible paid bookings before financing commitment.	W1 + T2: qualified cover or safe pause/referral; any cost needs separate funding.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Address W2 by obtaining fixed-scope equipment and fit-out quotations and preserving a liquidity buffer. The owner oversees these actions before the lease becomes unconditional. Launch activity is paid from the setup estimate and €400 monthly marketing allowance within overhead. No second dentist cost or locum revenue is assumed; absence beyond planned closure needs a new model or a funded contingency.

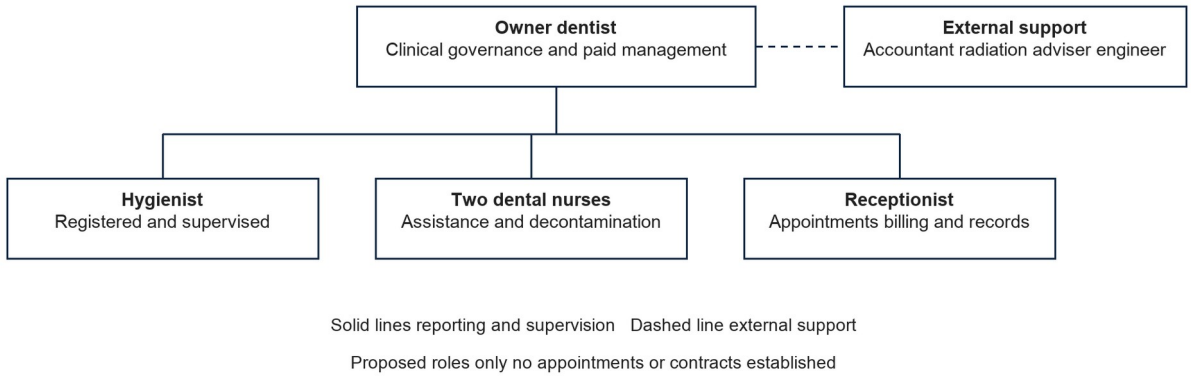
07 / STRATEGY

Owner and management

Clinical accountability remains with the practising owner

Operating plan

The proposed owner dentist is accountable for clinical governance, supervision, staffing, complaints and financial review. Nurses and the receptionist report to the owner. A lead nurse coordinates decontamination, instrument control and rotas without replacing clinical accountability. The hygienist works within the applicable scope under dentist supervision. External accountant, radiation adviser and equipment engineer are support relationships to procure.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Salary is included from the first trading month even at weak demand. Eight nonclinical owner hours weekly cover management and records; they cannot simultaneously earn treatment revenue. There is no named owner or assumed registration. Verify the principal’s registration, competence, indemnity, time availability and financial resources before treating any part of this organisation as established.

08 / PEOPLE

Owner and key personnel profiles

Recruit against evidence of competence

Operating plan

The owner profile must include verified Dental Council registration, relevant general dentistry experience, professional standing, indemnity and capacity to supervise the team. Previous employment, patient lists and specialist credentials are unknown. Do not assume that the person financing the practice is permitted to practise or will transfer patients from a previous employer.

Management decision

The hygienist requires appropriate registration and scope. Nurses need evidenced skills in chairside assistance, instrument processing, record handling and emergency procedures. Reception requires appointment, billing and privacy capability. References and paid induction will verify capability. The forecast uses role-based wages and time, not personal biographies or signed employment contracts.

09 / MARKET

Target customers

Test households and nearby workers as separate needs

Operating plan

Primary customers are adults living within practical travel distance of a shortlisted Dublin site who need routine examinations, restorations and continuing hygiene care. Nearby workers wanting predictable weekday appointments are a secondary segment. Households may value continuity, but children's services require the appropriate consent and safeguarding arrangements; paediatric specialist care is excluded.

Segment	Need	Validation
Routine care	Continuity and understandable plan	Catchment interviews pending
Nearby workers	Predictable weekday appointments	Travel and time tolerance pending
Specialist needs	Appropriate referral	No specialist revenue included

Management decision

The model counts completed treatment episodes and hygiene visits, not unique patients. One person may generate several episodes over time, and one crown episode includes multiple visits. Interview research must establish frequency, travel tolerance, fee sensitivity and willingness to switch. No existing patient base, signed referral agreement or observed customer demand supports the forecast.

10 / CUSTOMER STRATEGY

Segmentation targeting and positioning

Prioritise continuity and clear appointment planning

Operating plan

Segment by need and access: continuing routine private care, time-constrained workers, urgent pain and specialist referrals. Target the first two where the general-care scope and weekday roster are appropriate. Urgent appointments require protected time inside the clinical capacity, not an additional unmodelled revenue stream. Refer specialist needs outside the scope.

Segment	Target	Position
Continuing routine care; nearby workers; urgent needs; specialist needs.	Routine private care and workers who can use weekday sessions.	Clear inclusive fees, consent and continuity; validate the customer preference.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Position Canal Dental around understandable treatment plans, inclusive fee information and dependable follow-up. These are intended service standards. They need patient testing and delivery audits. Broad age or income labels are not sufficient to size demand. Acquisition cost and repeat attendance will be measured by segment without assuming a proprietary patient list.

11 / CUSTOMER STRATEGY

Value proposition canvas

Match an untested customer need to a practical service

Operating plan

For the continuing-care segment, the job is to arrange appropriate dental care while understanding the treatment, timing and price. Possible pains are uncertainty about total fees, repeated booking effort and difficulty obtaining follow-up. Possible gains are an understandable plan and a consistent care team. These are interview hypotheses, not measured preferences.

Customer jobs	Products and services
Arrange appropriate general care; understand options, costs, timing and follow-up.	Assessment, routine restoration, crown episode and supervised hygiene.
Pains to test	**Pain relievers**
Unclear total price, repeated booking effort and uncertain follow-up access.	Written estimate, agreed appointment sequence and privacy-aware reminders.
Gains to test	**Gain creators**
A familiar care team and a plan that is easy to understand.	Consistent records, appropriate recall and understandable next steps.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

The service response is a written treatment estimate, appointment reminders with privacy controls, clear consent and a recall process determined by clinical need. Staff can offer scheduling support without pressuring patients. Test the fit through interviews and post-visit feedback; retain negative findings. The economics depend on completed paid appointments, not satisfaction scores alone.

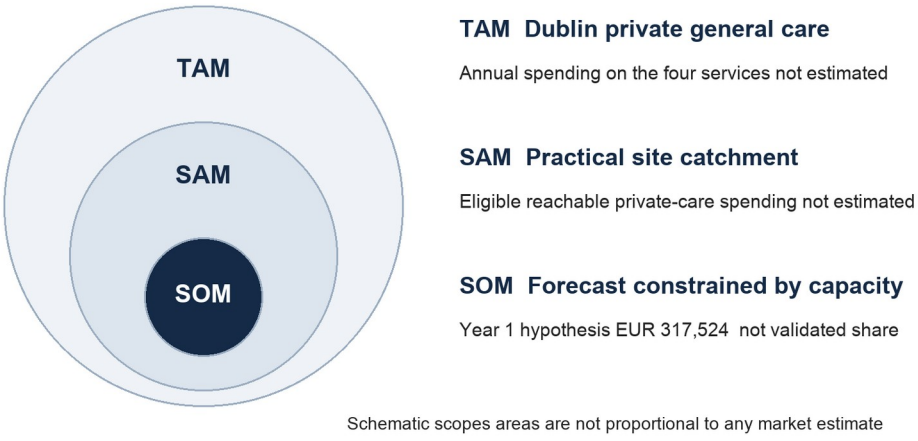
12 / MARKET

Market size and trends

Define the market before estimating it

Operating plan

TAM is annual spending on the four defined private dental services within Dublin, excluding specialist and retail categories. SAM is that spending by eligible customers within practical access of the eventual Grand Canal site and the weekday offer. Neither value is estimated because dated category-spend and catchment evidence have not been collected. A city population count alone would overstate the serviceable market.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

SOM is the attainable sales hypothesis under clinician capacity, booking utilisation and proposed fees. It is shown as a forecast, not a measured share of SAM. The sizing diagram is schematic and its areas are not proportional. Before lease commitment, obtain the catchment boundary, adult population, private-care frequency, competing capacity and willingness-to-pay evidence using one common annual period.

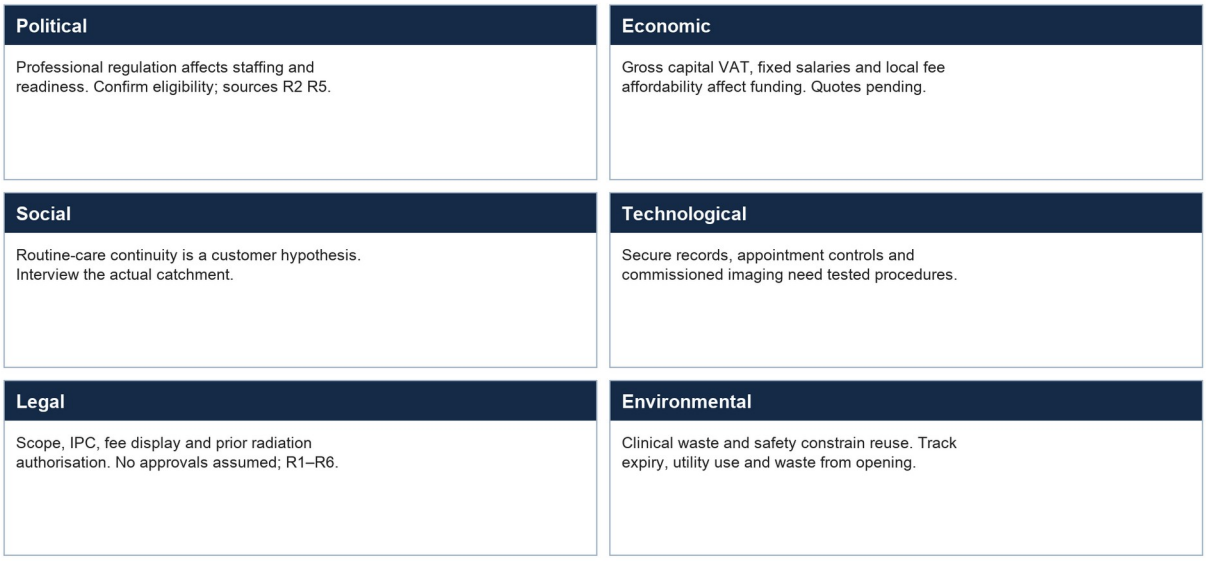
13 / MARKET CONTEXT

PESTLE analysis

External conditions change both readiness and cost

Operating plan

The primary sources establish dental VAT treatment, scope, fee display and radiation authorisation. They do not validate the proposed Dublin premises, clinical team or demand. Political and legal factors mainly affect eligibility and startup sequencing. Economic factors affect payroll, occupancy and patient spending. Social factors need local interviews before a recall proposition can be treated as an advantage.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Technology choices must support secure records, consent and appointment reconciliation. Environmental choices need to preserve infection prevention and safe waste handling. The practical response is to obtain clinical and premises advice before ordering equipment, and replace gross-cost allowances with invoice-specific VAT treatment. Tax law and employment costs must be rechecked before 2027 hiring.

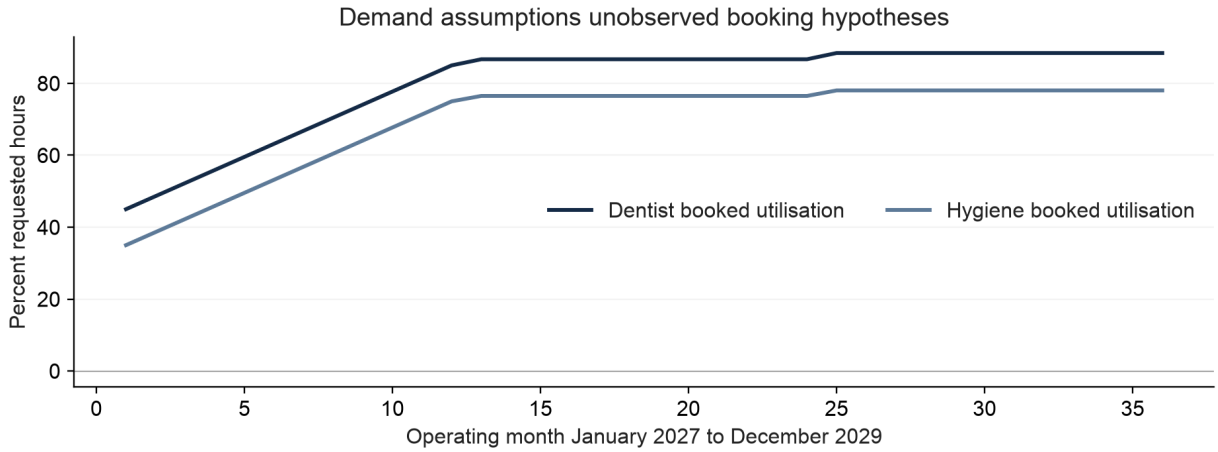
14 / MARKET

Local demand and evidence

Booking assumptions still need a local test

Operating plan

No footfall count, patient survey, referral list or booking trial has been collected. Footfall alone is a weak predictor for planned clinical appointments. The forecast therefore starts from scheduled clinical-hour utilisation: dentist 45% and hygiene 35% in the first month, rising to 85% and 75% by month 12 before an 8% missed-appointment allowance. This is a planning case rather than demand evidence.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Research a shortlisted catchment with at least two weekdays and a Saturday access observation, 30 prospective patient interviews and a structured comparison of nearby practice access and fees. These are proposed research tasks, not completed observations. Record sample limitations and nonresponses. Require evidence of sufficient bookings at the proposed fee and staffing levels before committing irreversible startup spending.

15 / MARKET

Competitors and positioning

Compare like for like before claiming an advantage

Operating plan

Established independent practices, chain practices and specialist referral services are relevant alternatives. Names and ratings are not invented here because the exact site and catchment are unknown. Some alternatives may have longer opening hours, existing patient relationships or broader treatments. The business must not imply that a new practice offers better clinical outcomes without evidence.

Alternative	Potential strength	Evidence
Established independent	Existing patient relationships	Local comparison pending
Chain general practice	Potential extended access	Local comparison pending
Specialist practice	Specialist treatment scope	Referral suitability pending

Management decision

Create a dated comparator register after site selection. Record inclusive examination fees, restoration size, crown materials and episode inclusions, hygiene duration, new-patient access, opening hours and accessibility. Separate published information from observed experience. Positioning will change if local practices already meet the intended scheduling and transparency needs.

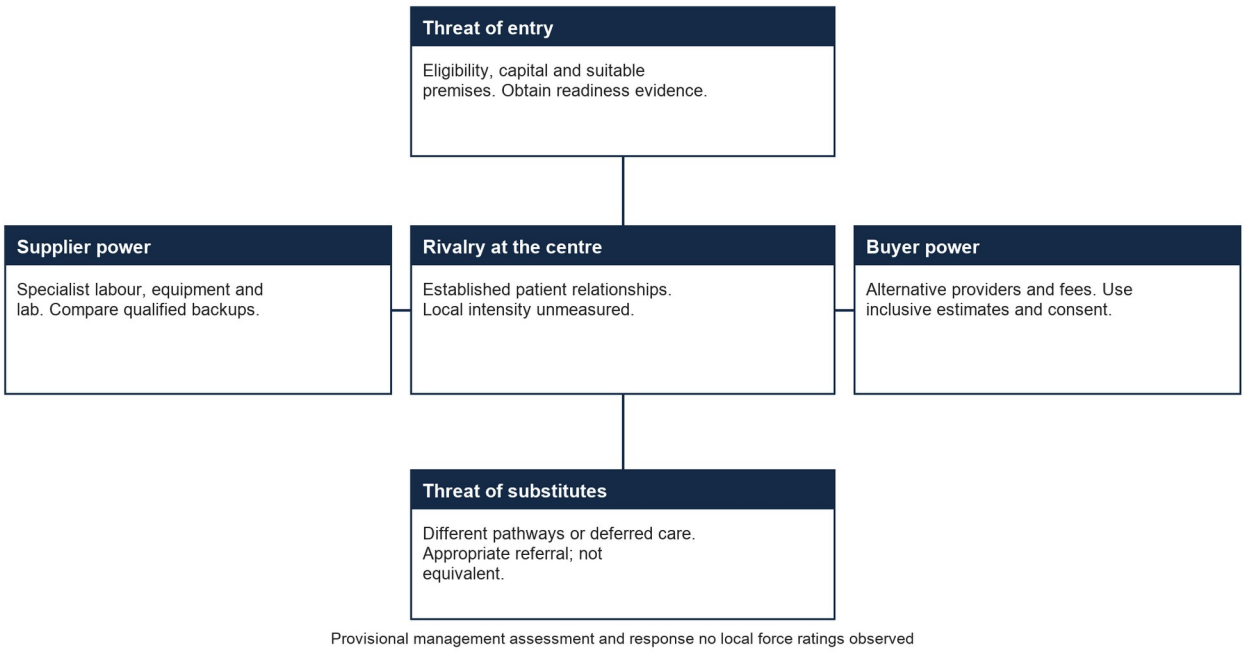
16 / COMPETITIVE STRATEGY

Porter five forces

Owner dependence and patient choice shape the economics

Operating plan

Rivalry is provisionally material because patients can choose established providers; the local intensity is unmeasured. Buyer power comes from alternative providers and price comparison, although clinical continuity can make switching inconvenient. Supplier power is concentrated in specialist equipment, competent labour and laboratories. Entry requires professional eligibility, premises and capital.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Substitutes include postponing care or using different care pathways; they are not clinically equivalent and delay is not recommended. The responses are transparent fees, reliable consent and follow-up, a second qualified laboratory option, equipment maintenance and funded readiness. The ratings are management judgments and must not be confused with a numeric market study.

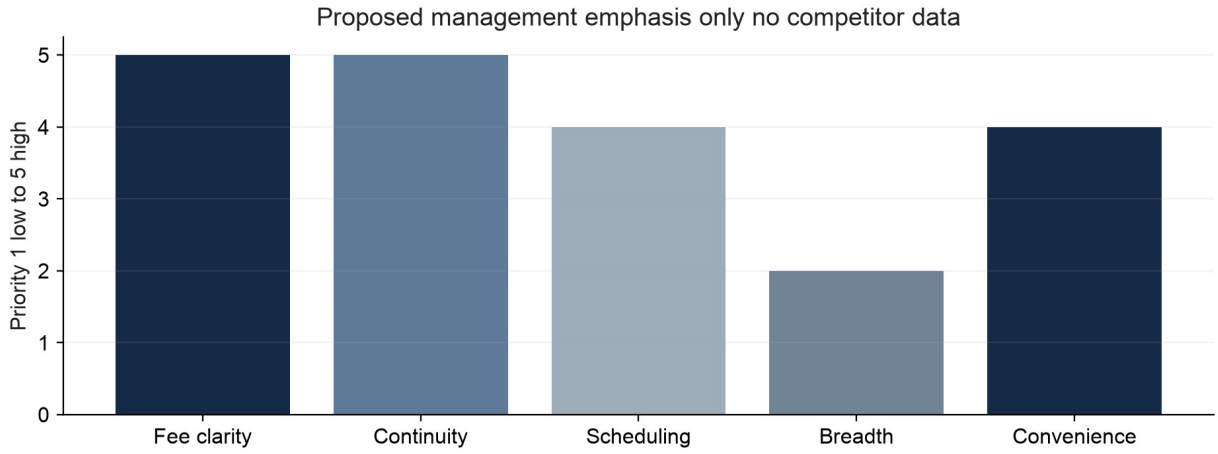
17 / COMPETITIVE STRATEGY

Strategy canvas

Show proposed priorities without fabricated competitor scores

Operating plan

The strategy canvas rates Canal Dental's intended emphasis from one to five for fee clarity, continuity, scheduling, treatment breadth and convenience. The scale measures intended management priority, not clinical quality. Competitor profiles remain unavailable until comparable evidence is collected. The chart deliberately shows only the proposed profile.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

The strongest emphasis is fee clarity and continuity, while specialist breadth is deliberately limited. This should reduce launch complexity but can reduce revenue opportunities and require referrals. Validate the profile with target customers before allocating additional marketing spend. The model includes no revenue premium attributed to these scores.

18 / OPERATIONS

Location and premises

A two surgery brief is subject to technical review

Operating plan

Shortlist accessible premises near Dublin's Grand Canal corridor with room for two surgeries, a separate decontamination area, reception, private consultation and secure storage. The brief is not a floor-plan approval or identified lease. Confirm permitted use, accessible routes, water and electrical capacity, ventilation, drainage, radiation arrangements, waste storage and patient privacy with competent advisers.

Site criterion	Readiness input
Two surgeries and IPC area	Technical design and measurements pending
Access and services	Accessible routes water drainage ventilation
Radiation and consent privacy	Qualified review and authorisation
Lease occupancy costs	Rent gross cost assumption €3,500 per month

Management decision

Rent is an unquoted €3,500 monthly cash estimate, plus a refundable three-month deposit. Fit-out starts at €110,000 before the capital VAT assumption. The lease review must establish repair obligations, rates, service charges, VAT election and fit-out consents; any additional amounts update gross costs and funding. Do not sign an unconditional lease before suitability and finance are established.

19 / OPERATIONS

Equipment and resource plan

Fund and validate the equipment before clinical use

Operating plan

The resource plan includes two chair systems, imaging, sterilisation, instruments, IT and furniture. Net estimates total €233,000 before the 23% capital input VAT assumption. Because the forecast services are exempt, capital VAT is treated as irrecoverable and included in depreciable cost. Actual invoice classification and rates must replace that blanket assumption.

Asset	Net estimate EUR	Life months
Fit-out	110,000	120
Two chairs	70,000	84
Imaging setup	30,000	84
Sterilisation	15,000	60
IT furniture instruments	8,000	36

Management decision

Initial asset lives are 120 months for fit-out, 84 for chairs and imaging, 60 for sterilisation and 36 for IT. A €10,000 net refresh in month 30 is an additional cohort with its own 36-month life, not depreciation applied to all assets. No disposal proceeds are forecast. Obtain quotations including installation, training, commissioning and service cover.

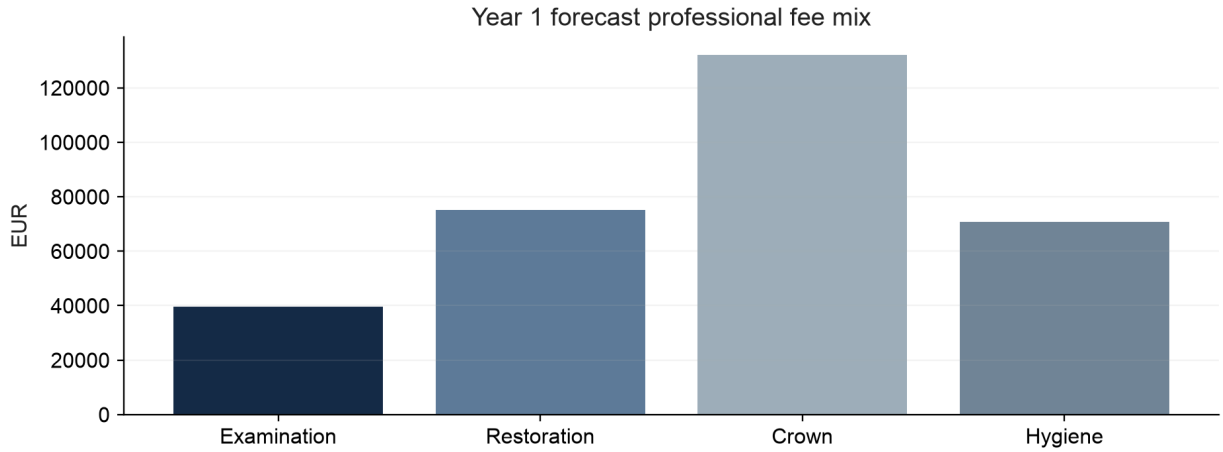
20 / OFFER

Services and treatment strategy

A focused treatment range protects the launch capacity

Operating plan

The launch service range is examination, routine restoration, crown episodes and hygiene. Modelled dentist mix is 45%, 40% and 15% by episode. Proposed dentist times are 0.5, 0.75 and 1.5 total clinical hours; crown time covers the complete episode. Hygiene takes 0.75 hours per visit. These are financial scheduling assumptions, not clinical instructions.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Treatment decisions remain clinical and consent-based. Do not pursue a forecast mix by recommending unnecessary treatment. Complex endodontics, implants, orthodontics and sedation are excluded and referred. Hygiene follows the scope and supervision requirements. Review actual episode time and laboratory turnaround monthly, then revise capacity and fees together.

21 / OFFER

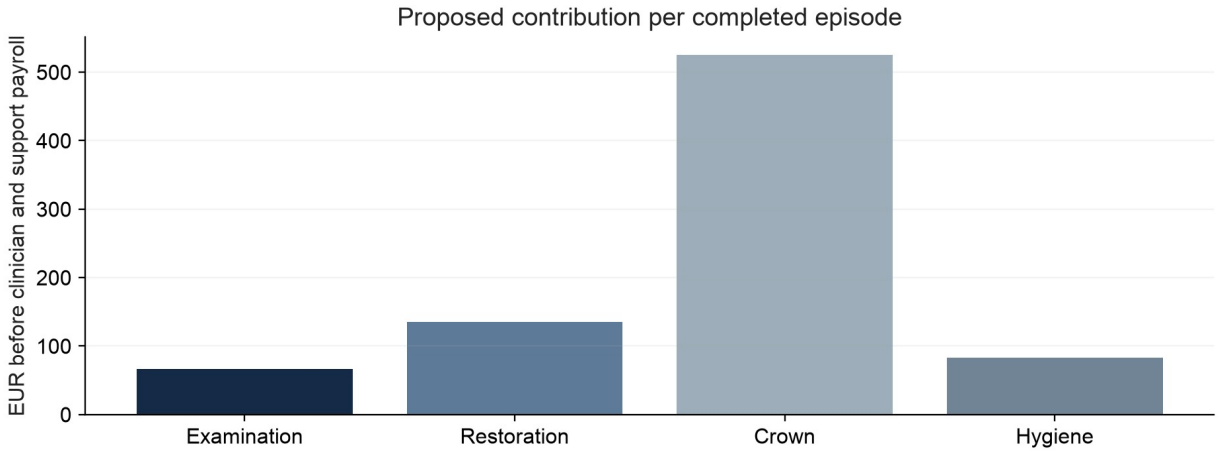
Pricing and order economics

Fees must cover time and the paid clinical team

Operating plan

Proposed fees are €75 examination, €160 restoration, €750 crown episode and €95 hygiene. Materials are gross planning costs of €8, €25, €45 and €12 respectively. Crown lab cost is €180, treated as exempt. The weighted dentist episode has 0.75 hours, a €210.25 fee and €47.35 material plus laboratory cost before inflation. The resulting contribution funds clinician and support payroll, occupancy and debt.

Treatment	Fee EUR	Variable cost EUR	Contribution EUR
Examination	75	8	67
Restoration	160	25	135
Crown	750	225	525
Hygiene	95	12	83



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

All professional dental fees are assumed VAT exempt under Revenue guidance R1. No VAT is added to patient fees and no input VAT receivable is created. These proposed prices are not competitor observations or supplier quotations. Display inclusive fees in line with Dental Council requirements R4; treatment estimates and the fee notice must reflect actual episode inclusions.

22 / OFFER

Competitor price comparison

Comparable prices are an outstanding research input

Operating plan

The plan has no verified local competitor fee series. Proposed Canal Dental fees are therefore shown against an explicitly unavailable comparator range. Before finalising the price list, collect dated publicly displayed fees for equivalent treatment scope and ask about the inclusions when unclear. Do not compare a simple filling with a crown or an examination-only price with an imaging-inclusive episode.

Treatment	Proposed fee EUR	Comparable local fee
Examination	75	Not collected
Restoration	160	Not collected scope to match
Crown episode	750	Not collected material and inclusions
Hygiene	95	Not collected duration to match

Management decision

Record minimum and maximum fees where complexity affects the price, following R4. Review affordability with target customers and check that fee changes cover clinician time and gross materials. A price reduction can increase demand but the model does not assume that response automatically. Test demand and price separately before replacing the planning case.

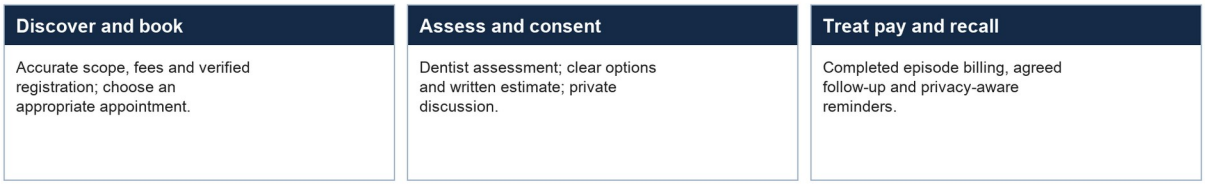
23 / OFFER

Brand and customer experience

Make consent and the next step easy to understand

Operating plan

Canal Dental is a working name subject to clearance. The patient journey is discovery, booking, assessment and consent, agreed treatment, payment and appropriate recall. At every stage the patient should understand the clinician, expected scope, fee and follow-up. A written estimate is particularly important for multi-visit crown episodes.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Reception confirms booking details and handles administrative questions; clinical advice remains with a qualified professional. Keep private information away from public reception conversations. Record complaints and respond under an approved process. The service standards are proposals, with no satisfaction ratings or demonstrated outcomes claimed.

24 / GROWTH

Sales channels and process

Appointments become revenue on completed care

Operating plan

The launch channels are a practice website, telephone and reception booking. All serve the same two-chair capacity. Accurate listings and referral relationships may introduce patients, but no contracts or guaranteed referrals are assumed. The model has no paid subscription, online product sales or public reimbursement channel.

Management decision

The clinical record, appointment status and invoice should reconcile each day. Recognise revenue on completed treatment episodes and collect privately, allowing seven days of receivables in Base. Patient deposits are excluded. Month-end receivables cannot exceed previous receivables plus current bills, so startup credit does not invent collections. Review unpaid bills and cancellations without compromising consent or clinically appropriate care.

25 / GROWTH

Launch marketing

Build awareness only after readiness is credible

Operating plan

The €18,000 gross professional setup and launch allowance includes proposed €3,000 launch communication, alongside legal, clinical and administrative setup. Ongoing marketing is €400 per month within the €2,500 overhead allowance. No signed agency contract or lead volume supports these figures. Publish accurate scope, registration details only after verification, fees and how to book.

Activity	Gross allowance	Evidence and measure
Setup communication	€3,000 within €18,000 setup	Unquoted suitable booked appointments
Ongoing marketing	€400 monthly within overhead	Channel cost and collected contribution
Recall	Within staff and software	Clinically appropriate completed follow-up

Management decision

Measure enquiry source, suitable appointments booked, attendance and collected contribution. The owner reviews this weekly after opening. Avoid unverifiable clinical claims and discount-driven treatment demand. Delay advertising of a confirmed opening until premises, clinician, equipment and radiation requirements are satisfied. Separate paid acquisition cost from organic enquiries.

26 / GROWTH

Retention and ongoing sales

Recall follows need rather than a revenue target

Operating plan

Retention means patients can obtain appropriate follow-up with a familiar team, not that everyone receives the same treatment interval. The clinician sets recall according to assessment; the plan does not supply clinical protocols. Reception records reminder preferences and checks contact details with consent and privacy controls.

Management decision

Track recalls invited, booked and completed, separating patient choices, cancellations and clinical transfers. The 2% annual demand growth is a hypothesis; there is no evidence of an 80% retention rate or a patient lifetime value. Do not add automatic upsell revenue. Review repeat attendance with complaints and actual chair time so the practice’s economics do not override treatment appropriateness.

27 / OPERATIONS

Daily operations and suppliers

Clinical checks and cash reconciliation need named roles

Operating plan

The owner opens with equipment and emergency-readiness checks. Nurses prepare instruments and decontamination records. Reception reconciles appointments and billing, and the clinical team verifies records and consent. End-of-day processes cover instrument control, cleaning, equipment checks, lab tracking and cash reconciliation. The procedures require professional review rather than copying generic hospitality routines.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Prospective suppliers include equipment service, materials, a dental laboratory and clinical waste collection. None is contracted. Confirm turnaround, traceability, backup and gross prices in writing. Base supplier credit is 30 days on materials and lab invoices only. Payroll and rent are paid currently; there is no fictitious supplier financing for wages or startup equipment.

28 / OPERATIONS

Sustainability practices

Safety takes priority over an unverified environmental claim

Operating plan

Reduce unused consumables by monitoring expiry and maintaining an appropriate stock level. Meter electricity and water where feasible, maintain equipment and plan deliveries. Clinical waste handling and infection prevention constrain reuse and disposal choices. Do not substitute reusable products or change decontamination methods without an approved assessment.

Management decision

Record material waste and energy from opening rather than inventing a baseline or savings percentage. The forecast includes current maintenance and utilities in overhead, with no grant or green price premium. Evaluate alternatives using gross cost, durability and approved safety requirements. No environmental certification is claimed.

29 / OPERATIONS

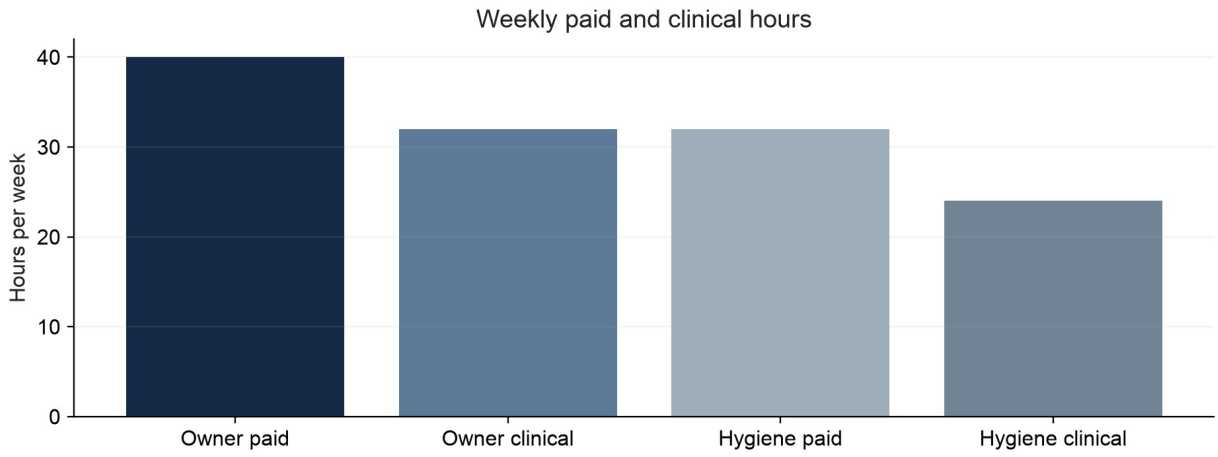
Staffing and training

Paid hours exceed the billable clinical hours

Operating plan

The roster is one owner dentist at 40 paid hours, one hygienist at 32, two nurses at 40 each and one receptionist at 40. Employee paid FTE excluding owner is 3.8 on a 40-hour basis. Owner clinical capacity is 32 hours and hygienist capacity 24. The nurses provide chairside and decontamination cover for both clinician streams; breaks and absence must be rostered.

Role	Paid hours	Monthly cost
Owner dentist	40	7,000
Hygienist	32	3,800
Two nurses	80	5,600
Receptionist	40	2,800
Employer costs		2,880
Total payroll	192	22,080



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Base gross monthly pay is €7,000 owner, €3,800 hygienist, €5,600 nurses combined and €2,800 receptionist. The 15% employer allowance brings total monthly payroll to €22,080 at launch. All pay remains in Downside. The 46-week clinical year allows planned leave; prolonged absence or agency cover is an unmodelled contingency requiring funds. The €10,000 gross recruitment and training budget allocates a conservative half-month of employee payroll, €7,015 including the 15% employer allowance, to cover two paid induction weeks; exact 2/52 annual payroll is €6,475.38. The remaining €2,985 covers recruitment and courses. No employee work is assumed before those two weeks. The owner is paid for all three preopening management months, €24,150 including the employer allowance; Downside budgets five months.

30 / PEOPLE

Staff skills and fair work

Verify registration and practical skills before allocating duties

Operating plan

Apply registration and scope checks to the owner and hygienist, and competence checks to all clinical support roles. Induction includes emergency procedures, IPC, records, radiography duties where qualified, consent support, complaints and incident reporting. The owner retains clinical decision-making and must not assign duties beyond a person’s lawful scope.

Management decision

Use written contracts, paid induction, predictable rotas, rest and break planning, a clear grievance route and role-specific training. Forecast wages are estimates, not a statement of statutory minimum pay or a negotiated offer. The 15% employer allowance is not a detailed PRSI or pension computation. Obtain payroll advice and update 2027 employment obligations before recruitment.

31 / OPERATIONS

Legal and insurance requirements

Readiness depends on professional and premises evidence

Operating plan

R2 identifies scope and competence boundaries; registration must be verified for the actual team. R3 provides infection prevention context. R4 requires readable accurate inclusive private fees. R5 states that EPA authorisation must be obtained in advance for radiation practices unless specifically exempted. No authorisation, inspection or professional approval is assumed complete.

Requirement	Responsible role	Evidence status
Clinical registration scope	Owner	R2 actual credentials pending
IPC and indemnity	Owner lead nurse	R3 procedures and cover pending
Fee display	Owner reception	R4 proposed fees only
Radiation authorisation	Owner qualified adviser	R5 approval pending
Company payroll tax privacy	Owner advisers	R6 advice and registration pending

Management decision

The owner must arrange clinical indemnity, premises and employer insurance, secure data handling, waste collection and radiation advice, alongside company and tax registration and premises-use review. Exact applicability needs specialist advice. The financial estimates include setup and overhead allowances, but quotations may identify additional costs. The practice cannot open because a financial model balances.

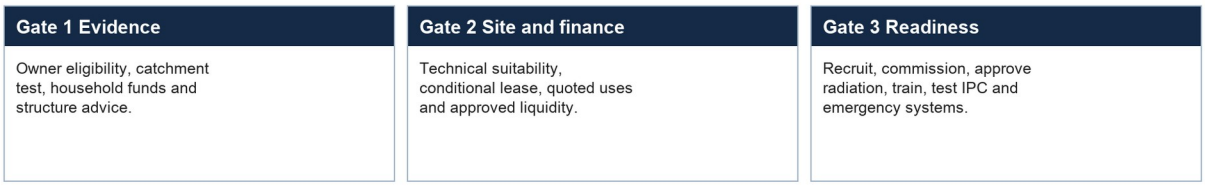
32 / OPERATIONS

Opening roadmap

Do not let equipment orders precede the readiness review

Operating plan

First define ownership, verify professional eligibility and test the catchment. Next shortlist premises and obtain technical, regulatory, fit-out and financing advice. Agree a conditional lease only after suitability and funding are established. Then order equipment, recruit, commission systems and complete approvals. Owner management is paid throughout the preopening period; employees start two paid induction weeks before first patients. January 2027 is a modelling date, not a committed opening announcement.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Allow three preopening months in Base and five in Downside for extra rent and interest, without claiming that the required approvals fit that window. Paid induction, dummy appointment reconciliation and emergency/IPC review precede first patients. Each gate has owner accountability and written evidence. If a gate fails, delay commitments and recalculate uses and cash rather than preserving an arbitrary opening date.

33 / MANAGEMENT

Risks and management actions

Cash and clinical interruption are the main launch risks

Operating plan

A low booking ramp leaves the fixed team underused; compare weekly booked hours with the case assumptions and review cash monthly. Equipment delays and fit-out overruns can consume the opening buffer before revenue begins. Owner absence can interrupt treatment and hygienist supervision. Laboratory delay affects episode completion and patient experience.

Risk	Trigger	Action
Low demand	Booked hours below case ramp	Reforecast 13-week cash and demand test
Liquidity shortfall	Next 13 weeks negative	Arrange funds before commitments
Clinical interruption	Owner unavailable beyond planned leave	Qualified cover or safe pause referral
Fit-out overrun	Quotes exceed allowance	Revise uses before ordering
Approval missing	Readiness evidence incomplete	Do not open affected activity

Management decision

Responses are validated demand before lease, fixed-scope quotes, approved supplier backup, qualified absence/referral arrangements and a funded liquidity plan. Trigger a financing review whenever the next 13-week forecast turns negative. No automatic overdraft is in the model. Clinical safety or missing approval overrides the revenue plan; activity pauses until the responsible professional clears the issue.

34 / APPENDIX A

Research and evidence

Official context is distinct from market validation

Operating plan

Primary sources R1–R8 were reviewed on 3 October 2026. They establish regulatory or tax context only. Revenue says professional dental services and dental prostheses are exempt from VAT. Dental Council guidance covers scope, IPC and private fee display. EPA guidance identifies prior radiation authorisation. Revenue also identifies additional close company provisions, limits VAT reclaim for exempt supplies and publishes the 23% standard rate. Actual capital purchase classification remains to verify.

Reference	Primary source	Use and limit
R1	Revenue dental services	VAT exemption context
R2	Dental Council scope	Verify actual team registration
R3	Dental Council IPC	Design and operating review
R4	Dental Council fee display	Inclusive readable fees
R5	EPA authorisation	Prior radiation authorisation
R6	Revenue close companies	Additional tax advice
R7	Revenue VAT reclaim	Exempt inputs not reclaimable
R8	Revenue current rates	Standard 23% actual invoices vary

Management decision

No sources establish Canal Dental’s registration, site, patient demand, quotes or financing. The retained source register states what each source supports and its limits. Actual dental-practice and outpatient-clinic workbooks were inspected for capacity, mix and financing concepts; this model is rebuilt as an Irish monthly startup and does not adopt US insurance, SBA, acquisition goodwill or reference profitability benchmarks.

https://www.revenue.ie/en/vat/vat-on-services/professional-services/dental-services.aspx

https://www.dentalcouncil.ie/code-of-practice/scope-of-practice

https://www.dentalcouncil.ie/code-of-practice/infection-control

https://www.dentalcouncil.ie/code-of-practice/display-of-fees

https://www.epa.ie/our-services/licensing/radiation/graded-authorisation/

https://www.revenue.ie/en/companies-and-charities/corporation-tax-for-companies/close-companies/index.aspx

https://www.revenue.ie/en/vat/reclaiming-vat/who-can-reclaim-vat.aspx

https://www.revenue.ie/en/vat/vat-rates/search-vat-rates/current-VAT-rates.aspx

35 / APPENDIX B

Quotes and assumptions

Replace estimates at the points where they change funding

Operating plan

Required quotations are the lease and occupancy schedule, technical fit-out, chairs and installation, imaging/radiation services, sterilisation, software, materials, lab episodes, waste, insurance and financing. No quotation is invented. Capital cost estimates are €233,000 net; 23% VAT is a conservative invoice-level placeholder, not a claim that every purchase has that rate.

Input	Planning case	Evidence still needed
Capital	€233,000 net plus VAT allowance	Written installation and service quotes
Lease	€3,500 month and three-month deposit	Lease VAT rates service charges
Payroll	€22,080 opening monthly	Contracts PRSI pension owner status
Demand	45% dentist 35% hygiene opening	Catchment and booking evidence
Debt	€230,000 proposed	Lender approval covenants security

Management decision

Obtain owner eligibility, household budget and funds evidence; recruitment terms and payroll advice; and patient demand evidence. AR seven days, AP 30 days, stock 15 days, missed appointments 8% and the booking ramp are unagreed assumptions. Keep dated documents and replace the driver once. Refresh every case capture, financial visual and Word statement after a material change.

36 / FINANCE

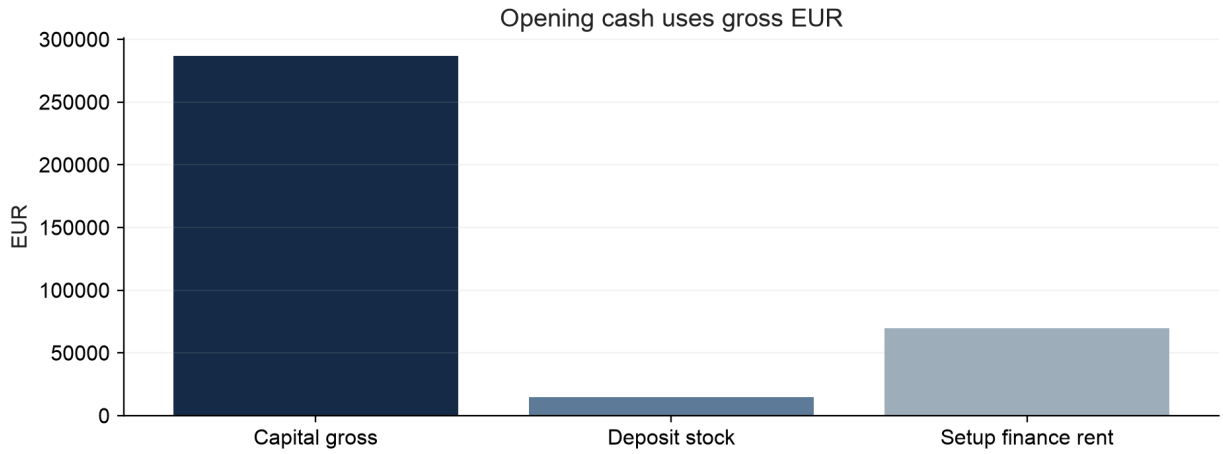
Startup costs and funding

Fixed proposed sources do not automatically cover the risk

Forecast basis

The model schedules capital, deposit, stock, professional setup, paid training, preopening rent and finance costs separately. Capital VAT is irrecoverable and capitalised. The refundable deposit and stock remain assets. Setup expenses and interest create opening retained losses. A €60,000 reserve target is part of the funding requirement but is not spent or recorded as an expense.

Funding line	Amount
Owner equity proposed	160,000
Borrowing proposed	230,000
Total funding sources	**390,000**
Preopening uses	370,928
Reserve target	60,000
Total funding uses	**430,928**
Reserve shortfall	40,928
Actual opening cash	19,073



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

Proposed sources are €160,000 owner equity and €230,000 borrowing. Both are unapproved and are held fixed across all cases. The model reports sources less requirement and the lowest cash balance. A negative balance represents funding still needed, not permission to run an overdraft. Do not infer that collateral or a profitable mature year resolves early cash pressure.

37 / FINANCE

Itemized startup costs

Gross startup cash includes irrecoverable VAT

Forecast basis

Initial assets are fit-out €110,000 net, two chair systems €70,000, imaging €30,000, sterilisation €15,000 and IT/furniture/instruments €8,000. Their gross capital total is €286,590 at the assumed 23% VAT rate. Additional uses include €10,500 deposit, €4,000 stock and €28,000 setup plus paid recruitment and training.

Startup use	Amount
Fit-out	135,300
Two chair systems	86,100
Imaging and radiation setup	36,900
Sterilisation equipment	18,450
IT furniture instruments	9,840
Refundable rent deposit	10,500
Opening stock gross	4,000
Professional setup / launch gross	18,000
Recruitment and paid training gross	10,000
Preopening rent	10,500
Arrangement fee	3,450
Preopening interest	3,738
Owner paid preopening management	24,150
Preopening cash uses	370,928

Interpretation and limits

Base preopening rent is €10,500, loan arrangement fee €3,450 and three-month interest €3,737.50. Paid owner management adds €24,150 for three months at €7,000 gross plus the 15% employer allowance. Employee induction is two paid weeks within the €10,000 recruitment/training budget, not three months of unpaid staff work. Every use is paid before opening in this simplified startup schedule. Quotes and staged payment terms may change these timings materially. Avoid adding VAT again to gross stock, setup and training estimates. The reserve target remains actual cash if sources cover the uses.

38 / FINANCE

Owner personal survival budget

The paid owner role must support the household

Forecast basis

A hypothetical monthly household requirement is €4,000: housing/utilities €2,000, food €600, transport €300, insurance/health €200 and personal contingency €900. No reliable other income is assumed. This is an illustrative single household, not the actual owner's finances. Verify commitments and available savings before funding the venture.

Personal budget line	Amount
Housing and utilities	2,000
Food	600
Transport	300
Insurance and health	200
Personal contingency	900
Required net income from business	**4,000**
Modelled net pay estimate	4,550
Surplus	550

Interpretation and limits

The €7,000 gross owner salary and 65% illustrative net-retention assumption imply €4,550 net and €550 surplus. Personal taxes and social contributions require an actual payroll computation; this ratio is not tax advice. Salary is charged to the business from month one and increases with wages. No dividends or additional drawings fund the household in this forecast.

39 / FINANCE

Financing terms and security

Unapproved borrowing is modelled transparently

Forecast basis

The proposed €230,000 loan has 6.5% annual interest in Base and Upside, 7.5% in Downside, equal principal over 84 months after six months' trading grace, and a 1.5% arrangement fee. Interest is paid throughout preopening and trading. These are modelling assumptions rather than an offer; maturities and covenant requirements must be agreed.

Financing input	Model output
Proposed loan	230,000
Interest Base	6.5%
Repayment months after grace	84
Trading principal grace	6 months
Arrangement fee	3,450
Security	Equipment proposed lender review pending
Approval	None assumed

Interpretation and limits

Equipment may be proposed as security subject to title, lender valuation and enforceability. Personal guarantees and other collateral are unknown. No seller finance, subsidy or automatic borrowing draw is added later. Funding must cover gross startup cash and the chosen downside liquidity buffer. Repayment is distinct from profit expense and continues when the booking ramp underperforms.

40 / FINANCE

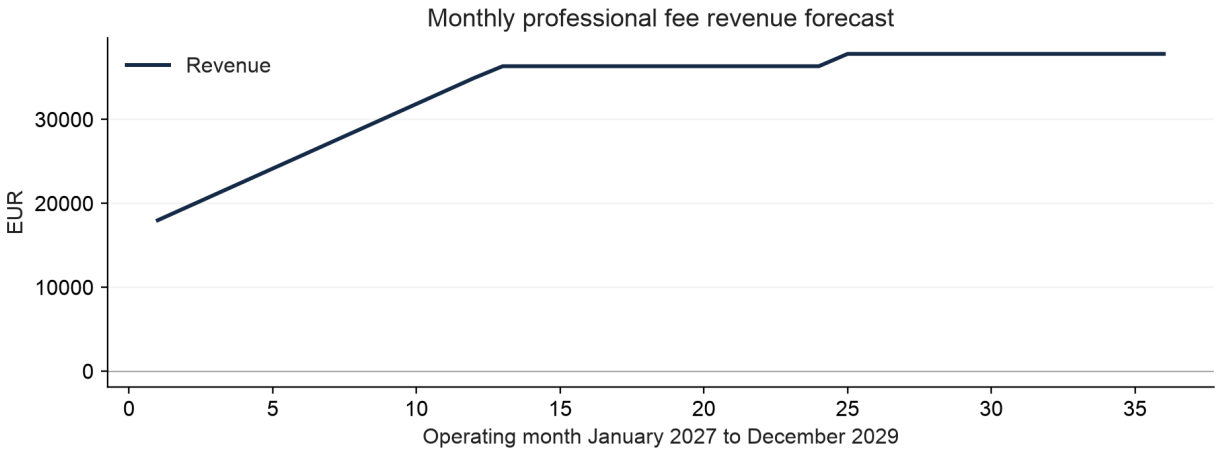
Revenue forecast and capacity

Clinical hours limit completed paid episodes

Forecast basis

The forecast uses dentist and hygiene availability separately. Their maximum planned clinical hours are 122.67 and 92.00 monthly, based on 46 weeks annually. The two chairs supply 306.67 available hours monthly. Clinician hours therefore constrain this practice before the physical chairs. Requested booking utilisation ramps and is capped at 95%, then missed appointments reduce completed hours.

Model output	Year 1	Year 2	Year 3
Revenue	317,524	436,117	453,737
Completed dentist episodes	1,174	1,566	1,597
Completed hygiene visits	745	1,036	1,057



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

Episode volumes equal completed dentist hours divided by 0.75 weighted hours, and hygiene hours divided by 0.75. Revenue is that volume times the treatment mix and fee, with annual demand and price changes. Fractions represent monthly averages, not fractional clinical procedures. There is no extra revenue from owner management time or unstaffed chairs.

41 / FINANCE

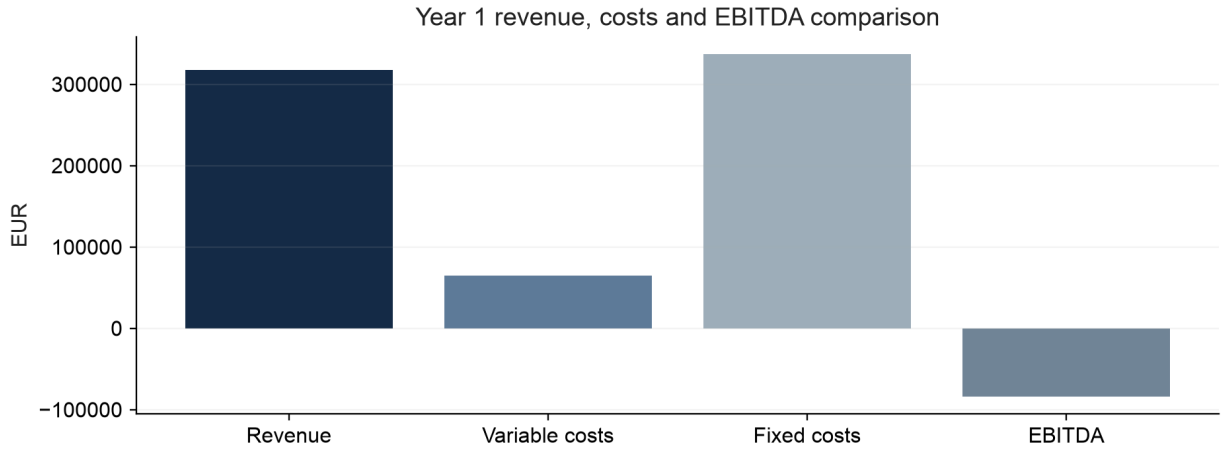
Costs and projected profit

The fixed team makes the opening ramp consequential

Forecast basis

Materials and crown lab fees are variable costs; the paid team, rent and other overhead are fixed at opening, with annual inflation. VAT-inclusive overhead is €2,500 monthly: utilities €600, software/admin €700, insurance €400, marketing €400 and maintenance €400. Rent is €3,500. Business rates, service charges or lease VAT must be confirmed and added if required.

Forecast line	Year 1	Year 2	Year 3
Revenue	317,524	436,117	453,737
Materials and lab	64,511	89,155	93,666
Owner and team payroll	264,960	272,909	281,096
Rent	42,000	43,260	44,558
Other overhead	30,000	30,900	31,827
EBITDA	(83,947)	(107)	2,589



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

EBITDA excludes depreciation, interest and tax but includes owner salary. Gross equipment cost depreciates by asset cohort. A 25% provision on profit after accumulated losses is a conservative tax reserve; Irish CT and professional service surcharge calculations and capital allowances need an accountant. No deferred tax asset or unexplained cash balancing amount is introduced.

42 / FINANCE

Profit and loss forecast

Accrual profit follows the live monthly model

Forecast basis

The annual statement below sums the 12 monthly trading periods for each calendar year from the Base case, model version 1.0. Revenue is professional fee income with VAT exemption assumed. Supplies and exempt laboratory costs are expensed when consumed or completed. Owner and employee remuneration is included in payroll in every period.

Forecast line	Year 1	Year 2	Year 3
Revenue	317,524	436,117	453,737
Materials and lab	64,511	89,155	93,666
Gross profit	**253,013**	**346,962**	**360,070**
Staff and owner pay	264,960	272,909	281,096
Rent	42,000	43,260	44,558
Other overhead	30,000	30,900	31,827
EBITDA	**(83,947)**	**(107)**	**2,589**
Depreciation	38,071	38,071	40,463
Operating profit	**(122,019)**	**(38,178)**	**(37,874)**
Interest	14,728	12,903	10,768
Income tax	—	—	—
Net profit	**(136,746)**	**(51,081)**	**(48,641)**

Interpretation and limits

Startup expenses sit in opening retained earnings rather than being counted again in trading-year expenses. Depreciation is noncash, interest is an expense and debt principal is a financing payment. Tax is a planning provision after losses, with simplified quarterly payment. Forecasts are not historical accounts or a claim that the practice has traded.

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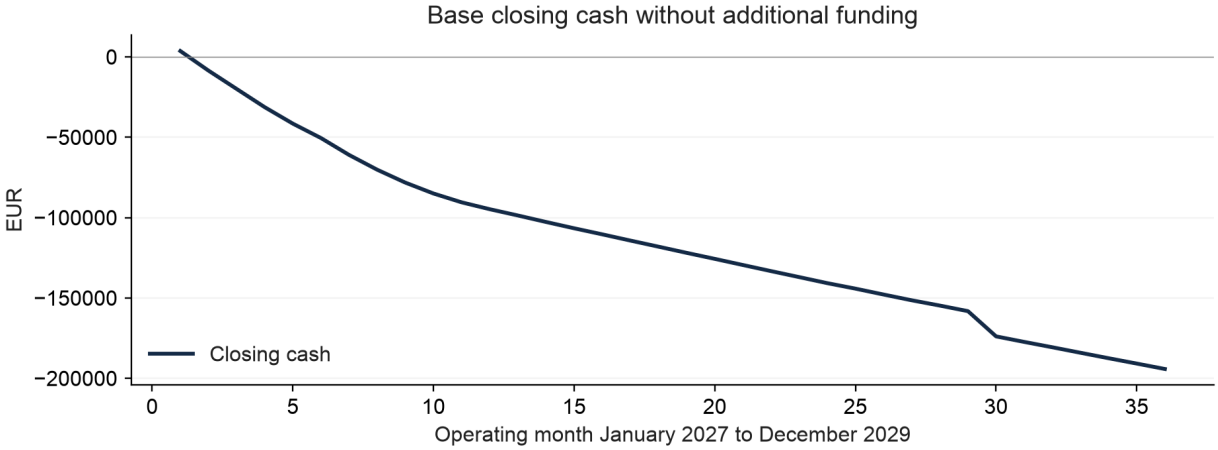
Cash flow and financial position

Liquidity includes invoices, assets and repayments

Forecast basis

Customer receipts differ from revenue by the receivables schedule. Supplier cash differs from materials/lab expense by stock purchases and payable timing. Startup AR and AP begin at zero and ending amounts cannot exceed accumulated invoices/bills. This prevents high working-capital-day inputs from creating negative collections or vendor payments at launch.

Cash measure	Model output
Opening cash	19,073
Minimum forecast cash	(194,213)
Additional funds below zero	194,213
Year 3 closing cash	(194,213)



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

Cash also includes current payroll, rent and overhead, interest, quarterly tax reserve payments, replacement capex and loan principal. Equity and the original loan are drawn before opening only. A cash shortfall remains explicit. Closing cash is the balance-sheet cash and cumulative profit updates retained earnings without a plug.

44 / FINANCE

Cash flow forecast months one to six

Opening liquidity absorbs the ramp

Forecast basis

The Base forecast begins in January 2027 with cash remaining after upfront startup spending. The opening half-year has a low utilisation ramp and fixed salary commitments. Supplier credit applies only to current materials and lab invoices; startup equipment and opening stock have already been paid. Collections arise from completed bills, with a seven-day receivables assumption.

Cash flow line	M01	M02	M03	M04	M05	M06
Opening cash	**19,073**	**3,615**	**(8,563)**	**(19,960)**	**(31,326)**	**(41,560)**
Customer receipts	13,927	18,709	21,194	22,092	23,972	25,149
Supplier payments	59	1,561	3,265	4,132	4,880	4,794
Staff and owner pay	22,080	22,080	22,080	22,080	22,080	22,080
Rent	3,500	3,500	3,500	3,500	3,500	3,500
Other overhead	2,500	2,500	2,500	2,500	2,500	2,500
Interest	1,246	1,246	1,246	1,246	1,246	1,246
Tax paid	—	—	—	—	—	—
Capital spending	—	—	—	—	—	—
Principal paid	—	—	—	—	—	—
Net cash change	**(15,458)**	**(12,178)**	**(11,397)**	**(11,367)**	**(10,234)**	**(8,971)**
Closing cash	**3,615**	**(8,563)**	**(19,960)**	**(31,326)**	**(41,560)**	**(50,531)**

Interpretation and limits

The table uses inflows positive and payments shown as positive deductions. Net change bridges opening to closing cash. Principal grace ends after month six. The lowest monthly cash across the full 36-month period, rather than this half-year alone, determines any additional funding requirement.

45 / FINANCE

Cash flow forecast months seven to twelve

Repayment starts while bookings mature

Forecast basis

Principal payments begin in July 2027 under the unapproved six-month grace assumption. Booked hours continue toward the month 12 mature utilisation target. Prices remain at opening levels throughout year one. Tax payments occur only if taxable profit emerges after startup and trading losses, with quarterly reserve timing.

Cash flow line	M07	M08	M09	M10	M11	M12
Opening cash	**(50,531)**	**(61,040)**	**(70,243)**	**(78,267)**	**(85,039)**	**(90,525)**
Customer receipts	27,076	28,423	29,735	31,732	32,792	34,835
Supplier payments	5,522	5,576	5,725	6,484	6,273	7,126
Staff and owner pay	22,080	22,080	22,080	22,080	22,080	22,080
Rent	3,500	3,500	3,500	3,500	3,500	3,500
Other overhead	2,500	2,500	2,500	2,500	2,500	2,500
Interest	1,246	1,231	1,216	1,201	1,187	1,172
Tax paid	—	—	—	—	—	—
Capital spending	—	—	—	—	—	—
Principal paid	2,738	2,738	2,738	2,738	2,738	2,738
Net cash change	**(10,510)**	**(9,202)**	**(8,024)**	**(6,772)**	**(5,485)**	**(4,280)**
Closing cash	**(61,040)**	**(70,243)**	**(78,267)**	**(85,039)**	**(90,525)**	**(94,805)**

Interpretation and limits

The cash schedule continues the same billing, purchasing and payroll definitions as the first half-year. No new equity or debt draw is inserted when cash is low. Variances to actual bookings, episode time, receivables or wages would require a fresh 13-week cash review and updated case captures.

Financial position summary

Assets and liabilities follow the operating schedules

Forecast basis

Cash, receivables, supplies inventory, refundable deposit and depreciated assets are the main assets. Liabilities are materials/lab payables, tax provision awaiting payment and the outstanding loan. Owner equity remains €160,000. Retained earnings include preopening costs and cumulative monthly net profit; no dividends are forecast.

Closing balance	Year 1	Year 2	Year 3
Cash	(94,805)	(140,813)	(194,213)
Receivables	7,888	8,207	8,538
Inventory	1,751	1,839	1,933
Deposit	10,500	10,500	10,500
Net equipment and fit out	248,519	210,447	182,284
Total assets	**173,853**	**90,180**	**9,042**
Supplier payables	6,865	7,131	7,491
Tax payable	—	—	—
Borrowing	213,571	180,714	147,857
Total liabilities	**220,436**	**187,845**	**155,349**
Owner equity	160,000	160,000	160,000
Retained earnings	(206,584)	(257,665)	(306,306)
Total equity	**(46,584)**	**(97,665)**	**(146,306)**
Liabilities plus equity	**173,853**	**90,180**	**9,042**
Balance difference	—	—	—

Interpretation and limits

The year-end balances are snapshots at December 2027, 2028 and 2029, not sums of monthly balances. Each monthly balance sheet reconciles within €0.01. A negative cash amount remains visible as an unfunded position requiring an action; it is not reclassified into a fictional approved loan.

47 / FINANCE

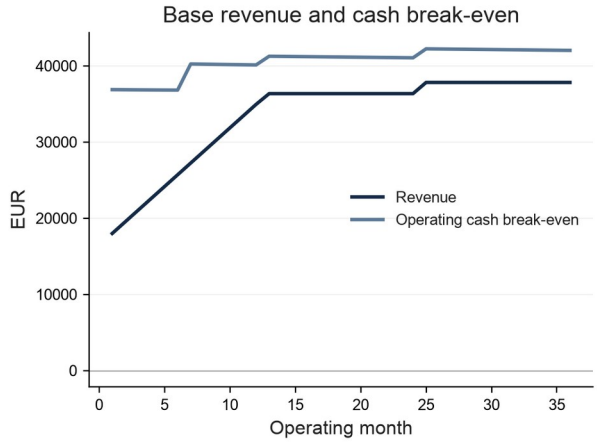
Break even and scenarios

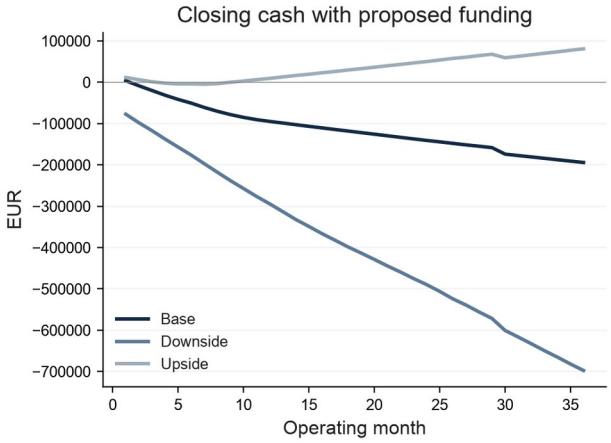
Assess the downside as a funding case

Forecast basis

Operating cash break-even revenue divides payroll, rent, overhead, interest and principal by the current contribution margin. It excludes tax, working-capital timing and capex; the full cash forecast includes them. EBITDA break-even excludes financing. A month above break-even does not itself establish enough cash for startup or later payments.

Case	Minimum cash	Funding gap
Base	(194,213)	194,213
Downside	(697,474)	697,474
Upside	(4,820)	4,820





Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

The Downside lowers bookings and prices, raises cancellations and supply costs, extends the ramp and preopening period and slows receipts. Upside improves bookings and fees but respects clinician caps. Proposed funding stays €390,000. The comparison below is a dated snapshot from the same live build; Cases shows STALE after driver edits until all cases are captured again.

48 / APPENDIX C

Model guide and completion

Use the selector and refresh the full package

Forecast basis

The supporting workbook is version 1.0 in EUR, January 2027 to December 2029. Inputs F5 selects 1 Base, 2 Downside or 3 Upside. Blue values are editable estimates; working formulas are black or green for links. Summary reads the monthly schedules directly. Checks reviews all periods and distinguishes commercial cash gaps from reconciliation errors.

Completion item	Status
48 topics and required frameworks	Drafted for independent review
Local demand and premises	Not validated
Clinical eligibility approvals	Not established
Gross costs and funding terms	Estimates no commitments
Model live cases and reconciliations	Worker QA in retained evidence
Orchestrator acceptance	Pending independent review

Interpretation and limits

Cases contains dated snapshots and an input-change flag, not three duplicated live forecasts. Run the retained builder to refresh captured cases and model-results.json after edits, then regenerate Word tables and visuals and update the native TOC. Readiness is incomplete until actual credentials, premises, quotes, payroll, tax and financing are verified. Orchestrator acceptance is a document review, not clinical approval.