

# Expanded Office Design Survey

Please fill out this portion if you are utilizing our full Office Design Service (includes space planning for the entire office). *Note: There is a one-time fee for this service which can be credited back upon any order over \$5,000. Please call us for a quote.*



**800-824-4106**

## CONTACT INFORMATION

Name:

Title:

Street:

City:

State:

Zip:

Office phone:

Cell phone:

Home phone:

Email address:

Website:

Other contacts working on project:

## GENERAL INFORMATION

The number of professionals occupying this location are:

ODs: \_\_\_\_\_ MDs: \_\_\_\_\_ Opticians: \_\_\_\_\_

This project is a:  new office  remodel  relocation  satellite  other

Your physical location would be best described as a:

- stand-alone building  professional building  
 hospital/medical center  shopping center/strip mall

Is the office on the ground floor?  yes  no If not, what floor? \_\_\_\_\_ Elevator access?  yes  no

Please provide door opening and internal measurements of elevator:

Door opening: \_\_\_\_\_ Inside measurements: H \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

When will the project be completed? \_\_\_\_\_

My building is:  owned  rented

leased If so, is lease signed? \_\_\_\_\_ If not, when? \_\_\_\_\_

Name of architect: \_\_\_\_\_ phone: \_\_\_\_\_

Name of contractor: \_\_\_\_\_ phone: \_\_\_\_\_

Describe your expected clientele:

- professional       family       children  
 upper income       middle income       low income

Describe your present décor and layout and what problems you wish to address:

Describe your existing displays and furnishings and what problems you have:

How would you best describe the image you would like to project with your new design?

### WAITING AREA

Are you in the market for new waiting room furnishings?     yes     no

If so, how many chairs do you require? \_\_\_\_\_

Do you require any of the following:

- kids play area     refreshment area     patient education with video     patient restroom

### BUSINESS OFFICE

Do you prefer:     an enclosed business office with payment window     an open reception desk

Would you like:     separate "check-in" and "check-out" areas     lower ADA counter

# of stations required: \_\_\_\_\_

# of computers required:    at reception desk \_\_\_\_\_    in business office \_\_\_\_\_

### FILES

- I have electronic medical records.       I have existing file cabinets I wish to re-use:  
 I am in the market for new file cabinets.      How many? \_\_\_\_\_    width \_\_\_\_\_    depth \_\_\_\_\_

## THE DISPENSARY

How many people will be working in the dispensary? \_\_\_\_\_

Are exterior windows to be used for display?  yes  no

Do you require a separate entrance?  yes  no

Additional waiting?  yes  no

Separate payment area?  yes  no

Display style preference (refer to catalog):

Designer series displays (with storage below) Which style? \_\_\_\_\_

Elements

Paramount/Aspire  illuminated or  non-illuminated

Legacy Collection

Ovation/Capri

Infinity Collection

Other \_\_\_\_\_

Page numbers of "looks" that appeal to you: \_\_\_\_\_

What is the expected ceiling height? \_\_\_\_\_

How many frames do you wish to display? #: \_\_\_\_\_

Mens #: \_\_\_\_\_ Womens #: \_\_\_\_\_ Kids #: \_\_\_\_\_ Sunwear #: \_\_\_\_\_

High-end frames #: \_\_\_\_\_ Other #: \_\_\_\_\_

Do you prefer:  open browsing  having complete control over the frame selection

Do you require frames to be secured?  yes  no  all  some

Please explain:

Do you require frame tray storage or other storage?  yes  no

If frame storage, approximately how many frames? \_\_\_\_\_

Do you wish to utilize some of your existing displays or furnishings?  yes  no

If so, please list detailed descriptions and sizes:

How many frame selection tables do you require? \_\_\_\_\_

Do you require computers at these stations?  yes #: \_\_\_\_\_  no

How many delivery/adjustment stations do you need? \_\_\_\_\_ Stand up #: \_\_\_\_\_ Sit down #: \_\_\_\_\_

Do you require computers here?  yes #: \_\_\_\_\_  no

Do you require an area for a frame warmer and tools here?  yes  no

Will you have a lab, and for what function?  yes  no

edging  tinting  surfacing  adjustments/repairs

Would you like a bid for lab cabinetry?  yes  no

Projected investment for displays:

up to \$10,000  \$10,000-\$20,000  \$20,000-\$30,000  \$30,000-\$40,000  \$40,000 or more

Would you like information on financing?  yes  no

### CONTACT LENS AREA

Contact lens area should be:  in dispensary  adjacent to dispensary  private  semi-private

How many patients are trained at the same time? \_\_\_\_\_

Do you prefer:  side-by-side training  sitting across from the patient

Do you require:

a sink If so:  permanent  self-contained

a sunwear display

storage of lenses: Located in:  in contact lens room  separate

### DATA COLLECTION & ANCILLARY AREAS

How many pre-test rooms do you require? #: \_\_\_\_\_  open  semi-private  private

Approximate room size: \_\_\_\_\_

Equipment being used: \_\_\_\_\_

Do you need a separate room for special testing?  yes  no

visual fields room  OCT  photo

other: \_\_\_\_\_

Can any of these be combined? \_\_\_\_\_

Do you need any of the following?

- drop/holding area    If so, # of chairs: \_\_\_\_\_  
 patient education:    Located in:     holding area     separate room

### VISUAL THERAPY

- Hearing aid room                       yes     no  
Laser room                                 yes     no    size required: \_\_\_\_\_  
Minor surgery room                       yes     no    size required: \_\_\_\_\_  
Conference/consultation room         yes     no  
Break area                                 yes     no    Would you like a bid on the break area cabinetry?  
Sink                                         yes     no                                       yes     no  
Tech station #: \_\_\_\_\_             yes     no  
Storage                                     yes     no

### MECHANICAL ROOM

- Refracting lanes:  
Total number of lanes required: \_\_\_\_\_    Desired size: \_\_\_\_\_  
When facing the patient, the refracting desk should be on the:     right     left

- Do you need new refracting desks?     yes     no    With sink?     yes     no  
Do you need additional visitor chairs?     yes #: \_\_\_\_\_     no  
Additional comments:

### OTHER AREAS

- Private offices:     Doctors #: \_\_\_\_\_     Others #: \_\_\_\_\_  
How many restrooms are required? \_\_\_\_\_  
 general patient     men's     women's     staff     doctors  
Shower required?     yes     no

### INTERIOR DESIGN/COLOR COORDINATION

*Please complete this section if you are utilizing our Interior Design Service (call for quote)*

- My preference for décor is:     contemporary     traditional     high-tech     upscale     other  
My color preferences are:     warm colors     cool colors     neutrals     other

Materials I like:

- woods:                       dark                       light  
 laminates:                      Preferred colors, if known: \_\_\_\_\_  
 metal accents:                       gold                       silver                       black                       copper

Room lighting preferred:     incandescent     fluorescent     halogen spots     track lighting     other

**ANY ADDITIONAL COMMENTS**

Thank you for taking the time to fill out this questionnaire. Please fax the completed survey to **(530) 877-2013** or mail it to **FASHION OPTICAL DISPLAYS, Attn: Design Department, PO Box 159, Paradise, CA 95967-9983**. If you have any questions, please feel free to call our helpful design team at 800-824-4106.

**FASHION**  
*Optical*  
**DISPLAYS**