

# Your Business Profile

Fill in this worksheet to get an overview of the health of your pharmacy business.

## SALES VOLUME & GROWTH

Total Prescriptions \_\_\_\_\_

Total Return-to-Stock Prescriptions \_\_\_\_\_

Average Prescriptions per Day \_\_\_\_\_

Average Return-to-Stock Prescriptions per Day \_\_\_\_\_

Total Sales \$ \_\_\_\_\_

Total Lost Return-to-Stock Sales \$ \_\_\_\_\_

Average Sales per Day \$ \_\_\_\_\_

Average Lost Return-to-Stock Sales per Day \$ \_\_\_\_\_

Marketing & Sales Expense \_\_\_\_\_ % of sales

Prescriptions per Top Prescriber \_\_\_\_\_

Sales per Top Prescriber \$ \_\_\_\_\_

Prescriptions per Top Patient \_\_\_\_\_

Sales per Top Patient \$ \_\_\_\_\_

## PROFITABILITY

Gross Profit Margin \$ \_\_\_\_\_

Gross Profit Margin Rate \_\_\_\_\_ %

Inventory Cost of Goods \_\_\_\_\_ % of sales

Average Fee per Prescription Category \$ \_\_\_\_\_

Average Inventory Cost per Prescription Category \$ \_\_\_\_\_

## PRODUCTIVITY & OPERATING EFFICIENCY

Payroll Expenses per Employee \$ \_\_\_\_\_

Sales per Dollar Expended \$ \_\_\_\_\_

Payroll Expense \_\_\_\_\_ % of sales

Gross Margin per Payroll Dollar Expended \$ \_\_\_\_\_

Total Operating Expenses \_\_\_\_\_ % of sales

Sales per Pharmacy Square Foot \$ \_\_\_\_\_

Rent Expense per Square Foot \$ \_\_\_\_\_

Rent Expense \_\_\_\_\_ % of sales

## CASH FLOW, WORKING CAPITAL & ASSET MANAGEMENT EFFICIENCY

Aged & Past Due Accounts Receivable \$ \_\_\_\_\_

Accounts Receivable Turnover \_\_\_\_\_

Accounts Receivable Turn Days \_\_\_\_\_ days

Total Inventory \$ \_\_\_\_\_

Total Inventory \_\_\_\_\_ % of sales

Inventory Turnover \_\_\_\_\_

Inventory Turn Days \_\_\_\_\_ days

Accounts Payable Turnover \_\_\_\_\_

Accounts Payable Turn Days \_\_\_\_\_ days

Sales to Assets (Asset Turnover) \$ \_\_\_\_\_

Return on Assets \$ \_\_\_\_\_

## SOLVENCY, STABILITY & LIQUIDITY

Current Ratio \_\_\_\_\_

Quick Ratio \_\_\_\_\_

Debt to Equity (Net Worth) Ratio \_\_\_\_\_ %

Debt Ratio \_\_\_\_\_ %

Equity Ratio \_\_\_\_\_ %

Times Interest Earned \_\_\_\_\_

FIND OUT HOW TO IMPROVE YOUR PHARMACY'S NUMBERS.

Email this completed form to [info@pbahealth.com](mailto:info@pbahealth.com) or fax to 816-245-5702. Information is confidential.