ASSOCIATE RUN!
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GREAT DEMOGRAPHICS!

FIRST CHOICE PRACTICE SALES, INC.
Phone: (949) 548-4559 ● Fax: (949) 548-0525 ● www.firstchoicedds.com

LISTING # 18 – 229 PRICE $: $399,000 OBO A/R’S: negotiable


DESCRIPTION: # of Ops 3 # Not Plumbed: Squ. Ft. 1,100

Lease X Own Option/Renew 1 x 5 Yrs. Remain 1+ $/Month $3,594 total

Office Hours M T W TH FR SAT SUN
staff 9 – 6 closed closed 9 – 6 (h) closed closed

STAFF Front: 1 Salary: $16 Will Stay Y
Back: 1 Salary: $20.25 Will Stay Y
Other: Hygiene Salary: $400 per day Will Stay Y
Other: 2 Associate Salary: $500/$1000 Will Stay Y

PATIENT PROFILE:
% Group 5-10 Yrs: 2% 11-19 Yrs: 7% 20-49 Yrs: 48% 50-75+: 43%
% Reimb Cash 82% Idemn PPO 18% Plans
Medical 0% Cap 0% Avg. Cap $0
%Revenue Restorative 36% Crown & Bridge 20% Endo 2% Perio 2%
Oral Surgery 10% Prosthetics 1% Ortho 5% Implants%

Procedures referred out: Some endo and perio.

PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)
# Active Charts 550+ # of Recalls per month*
# of New Patients per month* 12 – 15 Total # of New Patients YTD*

Any one referral source account for more than 10% of practice revenue? Yes No
Does practice employ a hygienist? Y Number of days 2-3/mo % of Gross

FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)
2015 2016 $276,802 2017 $335,930 Current YTD $359,375 as of 9/30

EQUIPMENT:
# Chairs 3 Hygiene Avg. Age newer
# X-Rays 2 (digital) Pano no Other Implant Motor & EKG Monitor

Special Equip owned: Laser yes Intraoral Camera yes Other

Is the practice computerized? yes Type of Software: Dentrix/Dexis

COMMENTS: Bought starter practice in 2015 and been steadily building up. Includes implant motor and heart monitor. All PPO/FFS. Nice medical building with good parking across from major retail center. Seller keeps steady advertising and new patient flow. Has 2 other practices to focus on.
REGISTRATION AGREEMENT – CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of FIRST CHOICE PRACTICE SALES INC., hereinafter called FIRST CHOICE, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller’s permission through FIRST CHOICE PRACTICE SALES, INC.

Should I, or anyone to whom I have introduced those confidential business listings that you previously presented to me, purchase or acquire an interest in any of those businesses, I agree to conduct all negotiations through your office. I further understand that the seller will be responsible for the payment of the commission to FIRST CHOICE PRACTICE SALES. I further understand and agree that if I should purchase all or any portion, lease, become an associate of or come into possession of the business through direct negotiations with the seller and without FIRST CHOICE’s involvement, within one year from date hereof, then a commission is due FIRST CHOICE and I will assume responsibility for the payment of that commission.

The commission referred to above is ten percent (10%) of the total purchase price or $12,500, whichever is greater. Should any controversy arise as a result of this agreement, FIRST CHOICE and I hereby agree to have the matter settled by and under the rules of the American Arbitration Association without the necessity of a court order. All rights of discovery allowed by law may be used and the prevailing party shall be entitled to actual attorney fees and costs. Any decision shall be final and binding upon myself and FIRST CHOICE.

Listing No. 18 – 229

Accepted and Agreed to:

Signature

Agent

Print Name

Print Name

Date

Date

Address

P. O. Box 8445
Newport Beach, CA 92660
(949) 548-4559

City

Zip

Phone (Circle One: Mobile/Home/Business)

E-mail Address

Any additions or deletions to this page other than information we have requested will void your request and we will not provide any additional information. Thank you.

PLEASE FAX BACK TO: 949 548-0525