50+ YEAR OLD PRACTICE!

ONE PARTNER IS SICK AND CANNOT WORK ANYMORE!

SPACIOUS LAYOUT IN HIGH DEMAND DEMOGRAPHIC!

SELLER FINANCING AVAILABLE!

FIRST CHOICE PRACTICE SALES, INC.

Phone: (949) 548-4559 • Fax: (949) 548-0525 • www.firstchoicedds.com

				\$399,000	OBO				
LISTING #	PRICE \$: Reduced to \$299,000					A/R'S: Not included			
LOCATION: Whittier			Est. (200	<u>POPULATION:</u>		Middle Income Mixed			
DESCRIPTION:	# of O	ps: <u>10</u>	# Not	Plumbed:	0	Sq. Ft.		5,000	
Lease X	Own	Option/R	enew 1	x 10	Yrs. Rer	nain <u>4+</u>	\$/M	onth <u>\$1</u>	1,200 total
Office Hours	M	T	W		TH	FR	SAT		SUN
	closed	9-6	9-6	9-6	(2/3x)	9-6	closed	l l	closed
STAFF Front:		3		Salary: \$22 (4)		(4)/\$19(2)/\$1	3(5)	Will Stay Y	
Back:	4 OS			Salary: \$19(4)		4)/\$17(1)/\$14(2)/\$14(1)		Will Stay Y	
Other:			Salary: _		1x per month			Will Stay Y	
PATIENT PROFIL	<u>.E:</u>								
% Group	5-10 Yrs:	15% 11-	19 Yrs: _	20%	20-4	9 Yrs:	45%	50-75+:	20%
% Reimb	Cash	44%	Idemn _	Yes	_	PPO	44%	Plans	
	Medical	1%	Cap _	11%	_ Avg	g. Cap	\$5,500 +/-		
%Revenue R	Restorative	45% Crov	vn & Brid	dge <u>18%</u>		Endo	4%	Perio	8%
Ora	al Surgery	8% Pros	thetic Fix	ed 3%		Ortho	4%	Implants	10%
Procedures refer	red out:								
PRACTICE STATS									
	_	•	•			s ner mont	h*		
# of New Patients per month*				# of Recalls per mon Total # of New Patients VI					
Any one referral so								No	
Does practice employ a hygienis				-					4%
FINANCIAL: (Nee									
2017 \$614,27	=					-		ling 2020	
EQUIPMENT:			_						
# Chairs	s 10	Hygien	e	Room		Avg	. Age	Mixed/Ne	ewer
	1 digital (Sc		Pano		Ot	_	l ops plumbe		
Special Equip owne		ser No	_	raoral Ca			Other		
Is the practice comp			2			Software:	_	Open Dent	tal
COMMENTS: Se	ellers have t	o sell practice	due to hea		Strong pr	actice that h	as been arour	nd for 50+	years!
Great layout with ple Whittier. Mix of ins renegotiated now!									

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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, 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, 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.

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. <u>19 - 240</u>	Location	Whittier	
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	Any additions or deletions to this page other than information we have	
Phone (Circle One: Mobile/Home/Busin	iess)	requested will void your request and we will not provide any additional information. Thank you.	
E-mail Address			

PLEASE FAX BACK TO: 949 548-0525