FIRST CHOICE PRACTICE SALES, INC.

STEADY NEW PATIENTS! 1.5 MILES FROM THE BEACH!

PERFECT STARTER PRACTICE TO BUILD TO BIG \$\$\$\$

LISTING #	20 - 255	PRICE: \$189,000			A/R'S:	A/R'S: Negotiable			
LOCATION:	Santa Monica	Est. (1980) 2013			POPULATION: Mixed				
DESCRIPTION:	# of O	# of Ops: 3							
Lease X	Own	Option/F	Renew No	Yrs. Rem	ain <u>1</u>	\$/Moi	nth \$5,500 to	tal	
Office Hours	M	T	W	TH	FR	SAT	SUN		
	Closed	Closed	9-6	Closed	Closed	Close	ed Closed	d	
<u>STAFF</u>	Front:	1	Salary	7 •	W	ill Stay _	Transition		
	Back: _	1	Salary	/:	W	ill Stay _	Transition		
PATIENT PROFII	LE:								
% Group	5-10 Yrs:	11	-19 Yrs:	20-4	19 Yrs:		50-75+:		
% Reimb	Cash	28%	Idemn		PPO 24%		Plans		
	Medical	48%	Cap	0% Avg	g. Cap	\$0			
%Revenue	Restorative	41% Crov	wn & Bridge_	33%	Endo	6%	Perio 79	%	
	Oral Surgery	6%	Prosthetics	6%	Ortho	1%	<u> </u>		
Procedures	referred out: I	mplants, peri	o surgeries, so	me endo and	OS, Ortho				
PRACTICE STAT	'S: *(Need to veri	fy with Buver	· Audit) (appr	ox)					
	# Active Charts	-			ls per month	*	30 - 40		
# of New Patients									
Any one referral so					Y		No		
Does practice empl		NO Number of days			% of Gross				
FINANCIAL: (Nee		·			·	_			
2017		2018	2	2019 \$235,17	78 Curre	nt YTD _	\$146,354 as o	f 9/30	
EQUIPMENT:									
# Chairs	3	Hygier	ne		Avg. A	.ge	Mixed		
# X-Rays	3 digital	Par	no No	Other _					
Special Equip own	ed: L	aser No	Intraor	al Camera	No	Other			
Is the practice computerized?		,	Yes Type of Software: SoftDent						
COMMENTS: Se								_	
close to home but ot advertising with 180								r a	
period of time while		•					• •		

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

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**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. <u>20 – 255</u>	Location	Santa Monica			
Accepted and Agreed to:					
Signature	<u> </u>	Agent			
Print Name	<u> </u>	Print Name			
Date		Date			
Address		P. O. Box 8445 Newport Beach, CA 92660 (949) 548-4559			
City	ip	Any additions or deletions to this page other than information we have			
Phone (Circle One: Mobile/Home/Business)		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