

a California Corporation (01916111)

ALL PPO! GREAT RENT!

LISTING # 20 – 388 **PRICE:** \$180,000 **A/R'S:** Negotiable

LOCATION: Riverside **Est.** 2006 **POPULATION:** Caucasian, Older

DESCRIPTION: **# of Ops:** 5 **# Not Plumbed:** **Sq. Ft.** 1500

Lease	X	Own	Option/Renew	No	Yrs. Remain	5	\$/Month	\$2,500 total
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Office Hours	M	T	W	TH	FR	SAT	SUN
	9 – 6	9 – 6 + H	Closed	9 – 6 +H	9 – 12	Closed	Closed

STAFF	Front:	1	Salary:	\$22	Will Stay	Yes (20 years)
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Back:	1	Salary:	\$20	Will Stay	Yes
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Other:	1	Salary:	\$47.50 / hr	Will Stay	Yes (10 years)
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% Group	5-10 Yrs:	1%	11-19 Yrs:	4%	20-49 Yrs:	35%	50-75+:	60%
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% Reimb	Cash 46%	Idemn	PPO 54%	Plans
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Medical	0%	Cap	0%	Avg. Cap	\$0
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Restorative	48%	Crown & Bridge	39%	Endo	0%	Perio	9%
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Oral Surgery	1%	Prosthetics	3%	Ortho	0%
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referred out: All Endo, OS, Perio surgeries, Ortho, implants

# Active Charts	400 – 500	# of Recalls per month*	35 – 50
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# of New Patients per month*	3 - 5	Total # of New Patients YTD*	56 in 2019
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Any one referral source account for more than 10% of practice revenue?	Yes	No

Does practice employ a hygienist?	Yes	Number of days	2	% of Gross	30%
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2017	\$317,106	2018	\$271,414	2019	\$253,450	Current YTD	\$135,400 as of 9/30
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# Chairs	5	Hygiene	Avg. Age	Mixed
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# X-Rays	5 (2 sensors)	Pano	No	Other
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Special Equip owned:	Laser	Intraoral Camera	Yes	Other

Is the practice computerized? Yes **Type of Software:** Dentio

COMMENTS: Nice, clean, compact practice with great parking. Streetside on major street. Low rent and nice base of patients. Manager of 20 years will stay! Great area of Riverside with established families. Add DentiCal for easy boost! Seller refers most procedures and is ready to retire ASAP!

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. 20 – 388

Location Riverside

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

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