MAJOR RETAIL LOCATION!

ALL MARKETING DONE INTERNALLY & DOORSTEP!

LOTS OF CARE CREDIT/PPO! RENT REDUCED 65%!!

FIRST CHOICE PRACTICE SALES, INC.

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

		•	,			`	,								
LISTING # 20 - 212			PRICE: \$590,000 C				OBO A/R'S: Negotiable								
LOCATION: Downey		_	Est. (1990) 9/2015			POPULATION: Hispanic									
DESCRIPTION: # of Ops		ps: _7	# Not Plumbed:			Sq. Ft. <u>1800+</u>									
Leas	Lease X Own		. (Option/Renew NI			Yrs. Rem		ain <u>NEW</u>		\$/Month _		\$3,900 total		
Office H	Office Hours M		T	T W		V	ТН		FR		SAT		SUN		
	_	11-6 -	⊦ H	11-	6	11–6	5 + H		staff	sta	.ff	9-1 +	H 1x		tho 1x aff ½
STAFF		Front: 2			Salary:		y:	\$19.50/\$19		Will Stay		Yes			
		Back: 3				Salary:		\$17.50/\$16/\$14		Wil		ll Stay		Yes	
(Other: Hygienist		enist	Salary:		y:	\$42/hr		Wil		II Stay		Yes	
		Other: Marketer		Salary:		y:	\$2,000/mo		Will Sta		II Stay	Off from Covid			
		Other: Ortho		Salary:		y:	50% + \$480 (3 sta		<u>f)</u> W i		II Stay		Yes		
PATIEN	T PRO	FILE:													
% Grou	p	5-1	0 Yrs:	4%	_ 1	11-19 Yrs	s:	13%	20-4	9 Yrs:		44%	_ 50-7	75+:	39%
% Reim	b		Cash	71%	-	Idem	n		<u>-</u>	PPO	28%		_ P	lans	
		\mathbf{N}	Iedical		-	Ca	р	1%	Avg. (Cap	\$	1,200	_	-	
%Reven	ue	Resto	orative	27%	Crow	n & Brio	dge	32%	<u>-</u>	Endo		4%	_ P	erio	6%
		Oral S	urgery	14%	_	Prost	hetics	1%	-	Ortho		8%	_ Imp	lant	8%
PRACT]	ICE STA	<u>ATS</u> : *(N	eed to v	erify w	ith Buy	er Audit	t) (appı	rox)							
		# Active	Charts		2,000	0+			# of Recall	s per n	onth	ķ			
# of New Patients per month*				25+			Total # of New Patient				s YTD* Pending				
Any one	referral	source a	ccount	for mor	e than	10% of 1	practic	e revenu	ie?		Y	es	N	lo	
Does practice employ a hygienist?				?	Yes			Number of days		2.5		% of Gross _		6%	
FINANC	CIAL: (N	Need to vo	erify wi	th Tax l	Return	s and Fir	nancial	Informa	ation by Se	ller)					
2018	\$806,	,331	2019	9 \$8	20,833	20	020 _\$:	511,340	(8.5 months)	Curre	ent YT	D <u>Pe</u>	nding 2	021	
<u>EQUIPN</u>	MENT:														
	# Cha	irs	7	H	lygiene					. A	Avg. A	ge	M	ixed	
	# X-Ra	ays3	3 digital		Pano	Digital	l/ceph_	Ot	her						
Special Equip owned: Laser				ser]	Picasso Intra			oral Camera				Othe	er		
Is the practice computerized?						Yes		Type of Software:							
machine!		_	_		_		•	•	; OS. Has tr nts. Can sta				•		om to
		IEW WA						or patier	ı.s. Can sta	.y 011 111	micu l	74313 IUI	surgeri	.s. IXU	om to

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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 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. <u>20 – 212</u>	Location	Downey
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	<u> </u>	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