#### 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: red	uced \$129,000	! A/R'S:	Negotiab	le	
LOCATION:	Santa Monica		<b>Est.</b> (198	)) 2013 POPULATION: Mixed				
DESCRIPTION:	# of Ops: _3							
Lease X	Own	Option	/Renew No	Yrs. Rema	ain <u>1</u>	\$/Mon	<b>th</b> \$5,500 total	
Office Hours	M	T	W	ТН	FR	SAT	SUN	
	Closed	Closed	9 – 6	Closed	Closed	Closed	d Closed	
STAFF	Front:	1	Salary	/ <b>:</b>	W	ill Stay _	Transition	
	Back:	1	Salary	/ <b>:</b>	W	ill Stay	Transition	
PATIENT PROFII	LE:							
% Group	5-10 Yrs:		11-19 Yrs:	20-4	9 Yrs:		50-75+:	
% Reimb	Cash	28%	Idemn		<b>PPO</b> 24%		Plans	
	Medical	48%	<b>Cap</b>	0% Avg	g. Cap	\$0		
%Revenue	Restorative	_41%_ Cı	own & Bridge_	33%_	Endo	6%	Perio 7%	
	<b>Oral Surgery</b>	6%	<b>Prosthetics</b>	6%	Ortho	1%		
Procedures	referred out: I	mplants, pe	rio surgeries, so	me endo and	OS, Ortho			
# of New Patients Any one referral so	·	8 - 12	Total # of Ne	ew Patients YT		in 2019 &		
Does practice employ a hygienist?			NO Number of days			% of Gross		
FINANCIAL: (Nee	ed to verify with	Гах Return	s and Financial	Information b	y Seller)			
2017		2019	8235,178	<b>2019</b> \$185,000-	+ Curre	nt YTD _	pending 2021	
<b>EQUIPMENT:</b>								
# Chairs	3	Hyg	iene		Avg. A	.ge	Mixed	
# X-Rays	3 digital	P	ano No	Other				
Special Equip own	ed: L	aser N	o Intraor	al Camera	No	Other		
Is the practice computerized?		-	Yes Type of Software: SoftDent					
COMMENTS: Se								
close to home but ot advertising with 180								
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		Agent			
Print Name		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