STAND-ALONE BUILDING ON MAJOR STREET! 100% ASSOCIATE RUN! \$5,000 CAP!

BUILDING CAN BE PURCHASED ALSO! FIRST CHOICE PRACTICE SALES, INC.

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

LISTING #	20 - 206		PRICE:	\$749,000 OB	3O	A/R'S: Ne	egotiable		
LOCATION:	La Crescer	nta Montrose	Est. _10/	2003 P C	OPULATION	: Mixed			
DESCRIPTION:	#	# of Ops: 5	# Not P	lumbed:	Sq. Ft	. 1,586			
Lease X	Own	Opt	ion/Renew new	Yrs. R	Remain new	\$/Montl	h \$6,500 total		
Office Hours	M	T	W	TH	FR	SAT	SUN		
	9-6	9-6	9-6	9-6	9-6	closed	closed		
STAFF	Front:	3	Salary:	\$26	5/\$20/\$17	Will S	Stay Yes		
	Back:	4	Salary:	\$25/\$	18/\$17/\$16	Will S	Stay Yes		
	Other:	Associates – 2	Salary:	\$50	00 or 20%	Will S	Stay Yes		
PATIENT PROFILE: Endo – 1x / month @ 50% ● Perio – 1/x month @ 40% - Seller provides implant material									
% Group	5-10 Yrs:	5%	11-19 Yrs:	21%	20-49 Yrs: _	45%	50-75+: 29%		
% Reimb	Cash	77%	Idemn		PPO _1	0%	Plans		
	Medical	9%	Cap	4%	Avg. Cap	\$5,000 +/-			
%Revenue	Restorative	43%	Crown & Bridge	e <u>21%</u>	Endo	3%	Perio 9%		
	Oral Surgery	4%	Prosthetics	2%	Ortho _	1% In	nplants 17%		
Procedures referred out: Some OS, Ortho									
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)									
# Active Charts 4,000+ # of Recalls per month*									
# of New Patients per month* 50+ Total # of New Patients YTD* 612+ last 12 months									
Any one referral s	source account	for more than	10% of practic	e revenue?		Yes	Yes No		
•				Number of days % of Gross					
FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)									
2018 \$1,1	38,126	2019 \$84	19,537 2	020 \$894,	.507 Cur	rent YTD\$17	79,054 as of 2/28		
EQUIPMENT:									
# Chai	irs5	<u> </u>	lygiene			Avg. Age	mixed		
		gital							
Special Equip owned: Laser				Intraoral Camera			Other		
Is the practice computerized? yes Type of Software: Easy Dental							Dental		
<u>COMMENTS:</u> demographics and Credit/Cash. Build:	busy retail area	. Building has							

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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 - 206</u> Lo		2 & 210 Freeway			
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 Z	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.				

PLEASE FAX BACK TO: 949 548-0525

E-mail Address