S	ASSO	CIATE	RUN WI	ALONE B TH SPEC & NEW 1	IALTY PATIEI		
LISTING #	21 - 223			939,000 PRACTI ,600,000 BUILDI		A/R'S: Nego	otiable
LOCATION:	Bellflower			POPU			
DESCRIPTION:							
Lease X	Own	Option/F	Renew 1 x 5	Yrs. Remain	n <u>5</u>	\$/Month _\$	6,200 total
Office Hours	Μ	Т	W	TH	FR	SAT	SUN
	9–6 A1+A2	10–7 A1+S	9-6 A1 +A2	9–6 A1+A2	Ortho 3x	Closed	Closed
		Orth	hodontist: 45%	· · · ·	-		
% Group	5-10 Yrs:	2% 11		<u>14%</u> 20-49		<u> </u>	32%
% Reimb		52%			PPO <u>31%</u>		ns
	Medical			8% Avg. (-		
%Revenue				<u>24%</u> E			rio <u>9%</u>
		100	Prosthatics		rtho l'	9% Impla	nt 0%
Procedures r	Oral Surgery referred out:	·	-	<u>3%</u> O			
PRACTICE STAT	referred out: <u>`S</u> : *(Need to ve	erify with Buye	er Audit) (app				
PRACTICE STAT	referred out:	erify with Buye	er Audit) (app 5,000	rox)	per month*		
PRACTICE STAT # # of New Patier Any one referral so	referred out: <u>`S</u> : *(Need to vo # Active Charts nts per month* purce account f	erify with Buye 4,000 – 5 23+ For more than 1	er Audit) (app 5,000 To 10% of practio	rox) # of Recalls otal # of New Pat ce revenue?	per month* ients YTD* Ye	290 last 12 s No	months
PRACTICE STAT # # of New Patier Any one referral so Does practice empl	referred out: <u>'S</u> : *(Need to ve # Active Charts nts per month* purce account f loy a hygienist?	erify with Buye 4,000 – 5 23+ For more than 1	er Audit) (app 5,000 To 10% of praction No Nu	rox) # of Recalls otal # of New Pat ce revenue? mber of days	per month* ients YTD* Ye %	290 last 12 s No	months
PRACTICE STAT # # of New Patier Any one referral so Does practice empl <u>FINANCIAL</u> : (New 2018\$1,00	referred out: <u>'S</u> : *(Need to ver # Active Charts nts per month* purce account f loy a hygienist red to verify wit	erify with Buye 4,000 – 5 23+ For more than 1 P h Tax Returns	er Audit) (app 5,000 To 10% of practio No Nu and Financia	rox) # of Recalls otal # of New Pat ce revenue? mber of days	per month* ients YTD* Ye Seller)	290 last 12 s No of Gross	months
PRACTICE STAT # # of New Patien Any one referral so Does practice empl <u>FINANCIAL</u> : (New 2018 <u>\$1,00</u> EQUIPMENT:	referred out: <u>'S</u> : *(Need to ver # Active Charts nts per month* purce account f loy a hygienist red to verify wit 65,389	erify with Buye 4,000 – 5 23+ For more than 1 6 h Tax Returns 2019 _\$1,10	er Audit) (app 5,000 To 10% of praction No Nu and Financia 00,546	rox) # of Recalls otal # of New Pat ce revenue? mber of days l Information by 2020 _\$848,175	per month* ients YTD* Ye % Seller) Current	290 last 12 s No o of Gross YTD\$370,763	months 3 YTD 4/30
PRACTICE STAT # # of New Patien Any one referral so Does practice empl <u>FINANCIAL</u> : (New 2018 <u>\$1,00</u> EQUIPMENT: # Chair	referred out: <u>'S</u> : *(Need to ver # Active Charts nts per month* purce account f loy a hygienist ed to verify wit 65,389 rs7	erify with Buye 4,000 – 5 23+ 2019 Hygiene	er Audit) (app 5,000 10% of praction No Nu and Financia 00,546	rox) # of Recalls otal # of New Pat ce revenue? mber of days l Information by 2020 _ \$848,175	per month* ients YTD* Ye % Seller) Current Avg. Ag	290 last 12 s No o of Gross YTD\$370,763 geMixed -	months 3 YTD 4/30 Newer
PRACTICE STAT # # of New Patien Any one referral so Does practice empl <u>FINANCIAL</u> : (New 2018 <u>\$1,00</u> EQUIPMENT: # Chair	referred out: <u>CS</u> : *(Need to ver # Active Charts nts per month* purce account f loy a hygienist ed to verify wit <u>65,389</u> rs7 rs6 digital	erify with Buye 4,000 – 5 23+ For more than 1 h Tax Returns 2019 _\$1,10 Hygiene Pano	er Audit) (app 5,000 To 10% of praction No Nu and Financia 00,546	rox) # of Recalls otal # of New Pat ce revenue? mber of days l Information by 2020 _\$848,175	per month* ients YTD* Ye % Seller) Current Avg. Ag	290 last 12 s No o of Gross YTD\$370,763 geMixed -	months 3 YTD 4/30 Newer

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. 21 – 223	Location	Bellflower
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.
E-mail Address		

PLEASE FAX BACK TO: 949 548-0525

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