

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

RETAIL LOCATION!

ASSOCIATE RUN WITH SPECIALTY!

STEADY COLLECTIONS & NEW PATIENTS!

LISTING # 21 - 233 PRICE: \$899,000 A/R'S: Negotiable
LOCATION: Lakewood Est. 2000 POPULATION: Mixed
DESCRIPTION: # of Ops: 12+3 # Not Plumbed: _____ Sq. Ft. 4,049
Lease X Own _____ Option/Renew 1 x 5 Yrs. Remain 5 \$/Month \$8,948 total
Office Hours M T W TH FR SAT SUN
10-6 Ortho 3x 9-6 A1+A2 9-6 A2+S 9-6 Perio 1x 9-6 A1+A2 Closed Closed

STAFF

Receptionist: \$16/hr. • TC: \$26/hr. plus bonus • Manager: \$41/hr plus bonus
RDA - \$ 24.50/hr. • RDA - \$25/hr. • DA - \$18/hr. • DA - \$17/hr.
Dentists: Associate #1: \$600 or 28% • Associate #2: \$650 or 30% • Seller GP works 1 day
PERIO: 50% (1-2x/mo) Thurs • Orthodontist: 45% collections (3x/month)

% Group	5-10 Yrs:	<u>2%</u>	11-19 Yrs:	<u>14%</u>	20-49 Yrs:	<u>52%</u>	50-75+:	<u>32%</u>
% Reimb	Cash	<u>56%</u>	Idemn	_____	PPO	<u>33%</u>	Plans	_____
	Medical	<u>5%</u>	Cap	<u>6%</u>	Avg. Cap	<u>\$4,000 - 4,500</u>		_____
%Revenue	Restorative	<u>29%</u>	Crown & Bridge	<u>26%</u>	Endo	<u>7%</u>	Perio	<u>16%</u>
	Oral Surgery	<u>8%</u>	Prosthetics	<u>2%</u>	Ortho	<u>9%</u>	Implant	<u>3%</u>

Procedures referred out: _____

PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)

Active Charts 4,000 - 5,000 # of Recalls per month* _____
of New Patients per month* 20+ Total # of New Patients YTD* 267 last 12 months
Any one referral source account for more than 10% of practice revenue? Yes _____ No _____
Does practice employ a hygienist? No _____ Number of days _____ % of Gross _____

FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)

2018 \$1,203,390 2019 \$1,062,162 2020 \$869,885 Current YTD \$330,623 YTD 04/30

EQUIPMENT:

Chairs 11 Hygiene _____ Avg. Age mixed
X-Rays 7 digital Pano Yes Other _____

Special Equip owned: Laser _____ Intraoral Camera Yes Other _____

Is the practice computerized? Yes Type of Software: Dentrix

COMMENTS: Associate run with specialty! Steady new patients and large practice built for \$2M+ in great area! All insurances accepted. This is a well-managed business with excellent systems in place and staff is highly trained!

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

ALL INFORMATION PROVIDED SUBJECT TO BUYER VERIFICATION - BROKER MAKES NO WARRANTIES

FIRST CHOICE PRACTICE SALES, INC.

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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**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. 21 – 233 Location Lakewood

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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