

a California Corporation (01916111)

STEADY NEW PATIENTS!

LISTING #	21 – 300		PRICE:	\$890,000		A/R'S:	Negotiable	
LOCATION:	Riverside		Est.	2014		POPULATION:	Hispanic	
DESCRIPTION:	# of Ops: 6		# Not Plumbed:		Sq. Ft.		1,920 sq ft +/-	
Lease	X	Own	Option/Renew 2 x 5		Yrs. Remain	2+	\$/Month	\$4,300
Office Hours	M	T	W	TH	FR	SAT	SUN	
	9 – 5 A	9 – 5	9 – 5 2 x	9 – 5 A	9 - 5	Closed	Closed	
<u>STAFF</u>	Front: 2		Salary: \$19/\$25		Will Stay		Yes	
	Back: 3		Salary: \$19/\$19/\$22 all RDA's		Will Stay		Yes	
	Other: Associate / Ortho		Salary: \$800 Day / \$1,500 Day		Will Stay		Yes	

% Group	5-10 Yrs:	<u>3%</u>	11-19 Yrs:	<u>21%</u>	20-49 Yrs:	<u>41%</u>	50-75+:	<u>35%</u>
% Reimb	Cash	<u>20%</u>	Idemn	<u></u>	PPO	<u>21%</u>	Plans	<u></u>
	Medical	<u>59%</u>	Cap	<u>0%</u>	Avg. Cap	<u>\$0</u>		<u></u>
				16				
%Revenue	Restorative	<u>42%</u>	Crown & Bridge	<u>%</u>	Endo	<u>6%</u>	Perio	<u>7%</u>
	Oral Surgery	<u>11%</u>	Prosthetics	<u>2%</u>	Ortho	<u>15%</u>	Index	<u>1%</u>
Procedures referred out:								

# Active Charts	2,000+	# of Recalls per month*	
# of New Patients per month*	35+	Total # of New Patients YTD*	189 as of 5/31
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

2018	\$1,293,694	2019	\$1,183,830	2020	\$920,169	Current YTD	\$380,543 as of 5/31
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# Chairs	5	Hygiene		Avg. Age	Newer
# X-Rays	5 digital	Pano	Pan/Ceph	Other	Endo motor

Is the practice computerized? Yes **Type of Software:** Eaglesoft

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 – 300

Location Riverside

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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