

BUSY RETAIL LOCATION!
NEWER, HIGH END BUILDOUT! 100% ASSOCIATE RUN!
SELLER WILL FINANCE WITH DOWN! O.A.C.

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

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

\$335,000

LISTING # 20 - 348 PRICE \$: \$299,000 OBO! A/R'S: Negotiable

LOCATION: Temecula Est. 2000 POPULATION: Mixed Upper

DESCRIPTION: # of Ops: 5 # Not Plumbed: _____ Sq. Ft. 2,288 +/-

Lease <u>X</u>	Own _____	Option/Renew <u>1 x 5</u>	Yrs. Remain <u>4+</u>	\$/Month <u>\$6,202</u>
Office Hours	M _____	T _____	W _____	TH _____
	Staff	Staff	9 - 6 A1	Staff
				FR <u>9 - 4</u>
				SAT <u>Closed</u>
				SUN <u>Closed</u>

STAFF	Front: <u>1</u>	Salary: <u>\$25</u>	Will Stay <u>Yes</u>
	Back: <u>2</u>	Salary: <u>\$22 / \$18</u>	Will Stay <u>Yes</u>
	Other: <u>GP Associates</u>	Salary: <u>1 - \$500</u>	Will Stay <u>Yes</u>
	Other: <u>Hygienist</u>	Salary: <u>\$47 / hours (1x per week)</u>	Will Stay <u>Yes</u>

PATIENT PROFILE:

% Group	5-10 Yrs: _____	11-19 Yrs: _____	20-49 Yrs: _____	50-75+: _____
% Reimb	Cash <u>65%</u>	Idemn _____	PPO <u>35%</u>	Plans _____
	Medical <u>0%</u>	Cap _____	Avg. Cap _____	
%Revenue	Restorative <u>42%</u>	Crown & Bridge <u>20%</u>	Endo <u>2%</u>	Perio <u>4%</u>
	Oral Surgery <u>7%</u>	Prosthetics <u>4%</u>	Ortho <u>18%</u>	Implants <u>3%</u>

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

# Active Charts	<u>750+</u>	# of Recalls per month*	_____
# of New Patients per month*	<u>20 - 25</u>	Total # of New Patients YTD*	_____
Any one referral source account for more than 10% of practice revenue?	Yes _____	No _____	
Does practice employ a hygienist?	Yes _____	Number of days _____	% of Gross _____

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

2018	_____	2019	<u>\$412,667</u>	2020	<u>\$346,402</u>	Current YTD	<u>\$150,000 as of 6/30</u>
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EQUIPMENT:

# Chairs	<u>5</u>	Hygiene	_____	Avg. Age	<u>Mixed, newer</u>
# X-Rays	<u>3 (2 sensors)</u>	Pano	<u>CS8100</u>	Other	<u>Endo motor</u>

Special Equip owned: Laser _____ Intraoral Camera Yes Other _____

Is the practice computerized? Yes Type of Software: Open Dental

COMMENTS: Beautiful dental practice in busy retail center! Surrounded by upper income demographics! Great rent! Lots of room to build \$1M+ dental practice! 100% Associate Run! All PPO/FFS!

SELLER WILL FINANCE & HELP BUYER GET OFF TO A GREAT START!

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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. 20 - 348

Location Temecula

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