

ALL PPO! 4 HYGIENE DAYS PER WEEK!

SELLER RETIRING!

BEAUTIFUL PRACTICE & EXCELLENT DEMOGRAPHICS!

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

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

LISTING # 21-258 PRICE: \$585,000 A/R'S: Negotiable

LOCATION: Torrance Est. (1990) 2015 POPULATION: Mixed

DESCRIPTION: # of Ops: 7 # Not Plumbed: Sq. Ft. 1,700 +/-

| | | | | | | | |
|----------------|---------------------|-------------------------|----------------------|-------------------------|--------------------|--------|--------|
| Lease <u>X</u> | Own <u> </u> | Option/Renew <u>2x5</u> | Yrs. Remain <u>5</u> | \$/Month <u>\$8,616</u> | FG <u> </u> | | |
| Office Hours | M | T | W | TH | FR | SAT | SUN |
| | 9-6+H | 9-6+H | 9-6+H | 9-6+H | Closed | Closed | Closed |

STAFF

| | | | | | |
|--------|--------------------|---------|------------------------|-----------|----------|
| Front: | <u>2</u> | Salary: | <u>\$24 /\$17 (pt)</u> | Will Stay | <u>Y</u> |
| Back: | <u>1</u> | Salary: | <u>\$20 / hr</u> | Will Stay | <u>Y</u> |
| Other: | <u>1 Hygienist</u> | Salary: | <u>\$450 / day</u> | Will Stay | <u>Y</u> |

PATIENT PROFILE:

| | | | | | | | | |
|----------|--------------|------------|----------------|-----------------|------------|------------|---------|-----------------|
| % Group | 5-10 Yrs: | <u>6%</u> | 11-19 Yrs: | <u>14%</u> | 20-49 Yrs: | <u>54%</u> | 50-75+: | <u>26%</u> |
| % Reimb | Cash | <u>38%</u> | Idemn | <u> </u> | PPO | <u>62%</u> | Plans | <u> </u> |
| | Medical | <u>0%</u> | Cap | <u>0%</u> | Avg. Cap | <u>\$0</u> | | <u> </u> |
| %Revenue | Restorative | <u>55%</u> | Crown & Bridge | <u>22%</u> | Endo | <u>1%</u> | Perio | <u>4%</u> |
| | Oral Surgery | <u>1%</u> | Prosthetics | <u>1%</u> | Ortho | <u>16%</u> | | <u> </u> |

Procedures referred out: Some Endo / OS / Pedo / Implants / Perio Surgeries

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

| | | | | | |
|--|--------------|------------------------------|-----------------------|------------|------------|
| # Active Charts | <u>1,500</u> | # of Recalls per month* | <u>90 - 130</u> | | |
| # of New Patients per month* | <u>20+</u> | Total # of New Patients YTD* | <u>235 as of 9/30</u> | | |
| Any one referral source account for more than 10% of practice revenue? | <u>Yes</u> | No | <u> </u> | | |
| Does practice employ a hygienist? | <u>Yes</u> | Number of days | <u>4</u> | % of Gross | <u>14%</u> |

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

| | | | | | | | |
|------|------------------|------|------------------|------|------------------|-------------|------------------------|
| 2018 | <u>\$552,669</u> | 2019 | <u>\$559,416</u> | 2020 | <u>\$516,417</u> | Current YTD | <u>\$546,796 10/31</u> |
|------|------------------|------|------------------|------|------------------|-------------|------------------------|

EQUIPMENT:

| | | | | | | | |
|-------------------------------|--------------------|-------------------|-----------------|------------------|----------------------------|-------|-----------------|
| # Chairs | <u>6</u> | Hygiene | <u> </u> | Avg. Age | <u>Newer</u> | | |
| # X-Rays | <u>2 + 1 Nomad</u> | Pano | <u>No</u> | Other | <u>Itero / Nightguards</u> | | |
| Special Equip owned: | Laser | Soft + Biolase | <u> </u> | Intraoral Camera | <u>Yes</u> | Other | <u> </u> |
| Is the practice computerized? | <u>Yes</u> | Type of Software: | <u>Dentrix</u> | | | | |

COMMENTS: All PPO practice in great area! All window ops and well appointed with newer equipment. Strong hygiene program and steady new patients! Sale includes Itero and Biolase! Fantastic practice top to bottom! Seller will transition. Staff is well trained. Lots of procedures referred out and all the room to grow to \$1M+ FAST!

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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. 21 - 258

Location Torrance

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