

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

STREETSIDE STANDALONE!
ASSOCIATE RUN!
GREAT NET & LOTS OF UPSIDE!

LISTING # 21 - 227 PRICE: \$649,000 PRACTICE \$1,000,000 BUILDING A/R'S: No

LOCATION: Hawthorne Est. 2019 POPULATION: Hispanic

DESCRIPTION: # of Ops: 4 # Not Plumbed: Sq. Ft. 1,196 +/-

Table with columns: Lease (X), Own, Option/Renew, NEW, Yrs. Remain, NEW, \$/Month (YOUR MORTGAGE!), Office Hours (M, T, W, TH, FR, SAT, SUN) and corresponding values.

STAFF table with columns: Front, Back, Other, Salary, Will Stay, Yes/No.

PATIENT PROFILE:

Table with columns: % Group, % Reimb, %Revenue and various patient categories like 5-10 Yrs, Cash, Medical, Restorative, Oral Surgery, etc.

Procedures referred out: Implants, some pedo, ortho, retreats,

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

Table with columns: # Active Charts, # of Recalls per month\*, # of New Patients per month\*, Total # of New Patients YTD\*, and referral source questions.

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

Table with columns: 2019, 2020, 2021, Current YTD and corresponding revenue values.

EQUIPMENT:

Table with columns: # Chairs, Hygiene, Avg. Age, # X-Rays, Pano, Other.

Special Equip owned: Laser, Intraoral Camera, Other

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

COMMENTS: Seller bought building, renovated and opened scratch practice. Staff will stay. Next to street with parking in back. This can be a 6 day per week practice!

Patient rich area and huge signage on building draws business all day long!

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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 - 227 Location Hawthorne

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**

Phone: (949) 548-4559 • Fax: (949) 548-0525 • [www.firstchoicedds.com](http://www.firstchoicedds.com)

**ALL INFORMATION PROVIDED SUBJECT TO BUYER VERIFICATION – BROKER MAKES NO WARRANTIES**