ALL PPO! 4 HYGIENE DAYS PER WEEK! SELLER RETIRING!

BEAUTIFUL PRACTICE & EXCELLENT DEMOGRAPHICS! FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

Pho	one: (949) 548		Fax: (949)	548-0	525 • <u>www.fi</u>	rstchoice	edds.com			
LISTING #	21-258		PRICE	. ,	000 OBO! 0 000 OBO!	A/R?	S• Negotiabl	e		
LISTING # LOCATION:	Torrance			PRICE: <u>\$450,000</u> OBO! Est. (1990) 2015 POPU						
LOCATION.	Torrance	_	ESt. (1	ESt. (1990) 2015 TOT		Sq.				
DESCRIPTION:	# of O	# of Ops: 7			bed:	Ft. <u>1,700 +/-</u>				
Lease X	Own	Opt	tion/Renew	Renew 2x5 Yi		5	\$/Month	onth <u>\$8,616 FG</u>		
Office Hours	Μ	Т	V	V	TH	FR	SAT	S	SUN	
	9 - 6 + H	9-6+	Н 9-6	+ H	9 - 6 + H	Closed	Closed	C	losed	
STAFF	Front:	2		Salary:	\$24 /\$17 (pt	<u>)</u> W	ill Stay	Y		
	Back:	1		Salary:	\$20 / hr	W	ill Stay	Y		
	Other:	1 Hygie	nist S	Salary:	\$450 / day	W	ill Stay	Y		
PATIENT PROFILE:										
% Group	5-10 Yrs:	6%	11-19 Yrs	14	<u>%</u> 20-49 Y	Yrs:	<u>54%</u> 50	75+:	26%	
% Reimb	Cash	38%	Idemr	1	F	PPO 62%]	Plans _		
	Medical	0%	Cap	09	6 Avg. C	ap	\$0	_		
%Revenue	Restorative	55%	Crown & Br	idge	<u>22%</u> E	ndo	1%	Perio _	4%	
	Oral Surgery	1%	Prosthe	etics	<u>1%</u> Or	rtho	16%	_		
Procedures referred out: Some Endo / OS / Pedo / Implants / Perio Surgeries										
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)										
i	# Active Charts		1,500		# of Recalls	per month [:]	*90	- 130		
# Active Charts 1,500 # of Recalls per month* 90 - 130 # of New Patients per month* 20+ Total # of New Patients YTD* 235 as of 9/3								50		
Any one referral source account for more than 10% of practice revenue? Yes No										
Does practice employ a hygienist? Yes Number of days 4 % of Gross 14%									%	
FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)										
2019 \$55	59,416	2020 \$	516,417 2	2021 \$	641,615 Cur	rent YTD	<mark>\$160,000+</mark>	as of 2/	<mark>28!</mark>	
EQUIPMENT: Se	eller will keep Bi	olase and	Itero.							
# Chair	rs <u>6</u>	Ну	giene			Avg. A	lge	Newer		
				No Other						
Special Equip own	ed · Ia	ser	Soft I	ntraoral	Camera	Ves	Other			
Is the practice computerized?			Yes	avi avi al	Type of Software					
<u>COMMENTS:</u> 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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Phone: (949) 548-4559 • Fax: (949) 548-0525 • www.firstchoicedds.com

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. <u>I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any businesss 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.</u>

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. <u>21 - 258</u> Lo	ocation 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	Any additions or deletions to this page other than information we have	
Phone (Circle One: Mobile/Home/Business)	requested will void your request and we will not provide any additional information. Thank you.	
E-mail Address	,	

PLEASE FAX BACK TO: 949 548-0525