

a California Corporation (01916111)

DENTICAL WALK-IN PATIENTS DAILY!

LISTING # 22-210 **PRICE:** \$195,000 OBO **A/R'S:** Negotiable

LOCATION: Pomona **Est.** 2008 **POPULATION:** Hispanic

DESCRIPTION: **# of Ops:** 3 **# Not Plumbed:** **Sq. Ft.** 1,000

Lease	X	Own	Option/Renew	Yrs. Remain	1	\$/Month	\$3,400 total
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Office Hours	M	T	W	TH	FR	SAT	SUN
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Staff	9 – 6	Staff	9 – 6	Staff	9 – 3 2x	closed
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STAFF	Front:	1	Salary:	\$25	Will Stay	1-2 months
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Back:	2	Salary:	\$22 / \$25	Will Stay
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% Group	5-10 Yrs:	4%	11-19 Yrs:	4%	20-49 Yrs:	54%	50-75+:	38%
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% Reimb	Cash	70%	Idemn	PPO	30%	Plans
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Medical	0%	Cap	0%	Avg. Cap	\$0
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%Revenue	Restorative	39%	Crown & Bridge	32%	Endo	13%	Perio	6%
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Oral Surgery	3%	Prosthetics	7%	Ortho	0%
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Procedures referred out:

# Active Charts	300	# of Recalls per month*
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# of New Patients per month*	5 – 10	Total # of New Patients YTD*	76 as of 10/31
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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
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2019	\$252,904	2020	\$147,974	2021	\$237,857	Current YTD	\$213,309 as of 10/31
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# Chairs	3	Hygiene	Avg. Age	Mixed, newer
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# X-Rays	1 film	Pano	No	Other
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Special Equip owned:	Laser	No	Intraoral Camera	Yes	Other
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Is the practice computerized? Yes **Type of Software:** Easy Dental

COMMENTS: Seller wants to focus on primary practice in Upland. Has never taken DentiCal here and they get calls and walk-in requests daily! Large medical clinic next door sees dozens of patients every day. Large retail center with great parking. Busy area of Pomona. Easy practice to take to \$50K/\$60K per month just by working 5 days per week! Interior is well-kept and up to date. **GREAT VALUE PRACTICE!!**

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. 22 – 210

Location Pomona

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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