STANDALONE BUILDING ON MAIN STREET!

70+ YEARS GOODWILL – PASSED FATHER TO SON! ALL PPO PATIENTS!

FIRST CHOICE PRACTICE SALES, INC.

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

			· ·	,000 PRACTICE				
LISTING #				,000 BUILDING				
DESCRIPTION: # of Ops: 5 # Not Plumbed: Sq. Ft1,853 +/-								
Lease X	Own	Option/R	Renew NA	Yrs. Remain	n <u>NA</u>	\$/Month _(OWN!	
Office Hours	M	T	W	TH	FR	SAT	SUN	
	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	closed	closed	
STAFF	Front: _	1	Salary	\$26	Will Sta	ay Yes –	DA	
	Back: _	2	Salary	\$21 / \$17	Will Sta	ay Yes – RE	OA/DA	
	Other: _	Bookkeeper	Salary	\$1,000 / 2 we	eeks Will Sta	ay Transitio	n/wife	
PATIENT PROFIL	LE:							
% Group	5-10 Yrs:	<u>2</u> % 11	-19 Yrs:1	0% 20-49	Yrs: 40%	50-75+	48%	
% Reimb	Cash	40%	Idemn		PPO 60%	Plans		
	Medical	0%	Cap 0	% Avg. (Cap \$0			
% Revenue	Restorative	e 55% Cro	wn & Bridge	38%	Endo 0%	Perio	2%	
	Oral Surgery	3%	Prosthetics	2% O	Ortho 0%			
Procedures r	eferred out:A	All endo, 3rds,	implants, perio	surgeries, orth	0			
PRACTICE STAT	S·*(Need to ve	rify with Ruye	r Audit) (annro	v)				
PRACTICE STATS: *(Need to verify with Buyer Audit) (approx) # Active Charts # of Recalls per month*								
# of New Patients per month* 10 – 12 Total # of New Patients YTD* 128 in 2022								
Any one referral source account for more than				_			No	
Does practice employ a hygienist?			-				of Gross	
FINANCIAL: (Nee		·		_				
2020 \$24	•			-	Current YTI	Q1 - \$	93,645	
EQUIPMENT:								
	s <u>3</u>	Hygiene	;		Avg. Age	mixe	ed	
	s 4 (1 sensor			Other	Zoom		-	
Special Equip own	ed: l	Laser	Intr	aoral Camera		Other		
Is the practice com				-	e of Software: S			
COMMENTS: S	Seller retiring. L	ong established	practice with al	1 PPO patients.	Border Patrol, Pri	son Guards, T		
Water/Power District hygienist if Buyer w								

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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. <u>23 – 701</u> Location	El Centro			
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)	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

E-mail Address