

a California Corporation (01916111)

## SELLER TRAVELS BETWEEN STATES!

**GREAT STAFF & HUGE UPSIDE FOR FULL-TIME!**

## EXCELLENT FEES!

**PATIENT PROFILE:**

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

# Active Charts	819	# of Recalls per month*	
# of New Patients per month*	10 – 15	Total # of New Patients YTD*	58 as of 5/31
Any one referral source account for more than 10% of practice revenue?	Yes	No	
Does practice employ a hygienist?	Yes	Number of days	3
		% of Gross	16%

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

<b>2022</b>	<u>\$1,142,039</u>	<b>2023</b>	<u>\$1,217,071</u>	<b>2024</b>	<u>\$1,196,008</u>	<b>Current YTD</b>	<u>\$424,675 as of 5/31</u>
<b>EQUIPMENT:</b>							

# Chairs	7	Hygiene		Avg. Age	Newer
# X-Rays	Digital	CBCT	CareStream	Other	Paperless, endo motor, scanner
Special Equip owned:	Laser	Yes	Intraoral Camera	Yes	Other
					3D printing, micron mapper photogrammetry

**Is the practice computerized?** Yes      **Type of Software:** Dentrix

**COMMENTS:** Seller bought in 2019 and after Covid had to move back east due to family issues. Has been traveling back and forth for many years. Converted a PPO practice to FFS. Great website and recall. Office is beautiful and has everything you need to all aspects of dentistry! Seller does limited All on X cases. Recently added one PPO plan with approved fees of \$1,300 for crowns due to large patient population with that plan.

**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**

# FIRST CHOICE PRACTICE SALES, INC.

*a California Corporation (01916111)*

## 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 the expiration of the listing agreement, 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 \$15,000, 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. 25 – 295

Location West Valley

Accepted and Agreed to:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

17821 17<sup>th</sup> Street, Suite 180  
Tustin, CA 92780  
(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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