

# FIRST CHOICE PRACTICE SALES, INC.

California Corporation (01916111)

**BUY WITH \$150,000 ASSUMABLE LOAN & LOW CASH DOWN!**  
**MOSTLY ASSOCIATE RUN!**  
**HUGE AREA FOR DENTICAL & RETIREES!**  
**OPTION TO BUY BUILDING!**

LISTING #	25-339	PRICE:	PRACTICE \$269,000 OBO BUILDING \$750,000 OBO		A/R'S:	Not included	
LOCATION:	Hemet	Est.	2016	POPULATION:	Hispanic		
DESCRIPTION:	# of Ops:	8 GP+3 Open	# Not Plumbed:	Sq. Ft.	5,254 building, practice 4,000		
Lease <input checked="" type="checkbox"/>	Own <input type="checkbox"/>	Option/Renew <input type="checkbox"/>	NEW <input type="checkbox"/>	Yrs. Remain	NEW <input type="checkbox"/>	\$/Month <input type="checkbox"/>	\$3,000 total rent <input type="checkbox"/>
Office Hours	M	T	W	TH	FR	SAT	SUN
	9-6 O	Staff	Staff	Closed	9-6	9-4 2x	closed
<b>STAFF</b>	Front: <input type="checkbox"/>	1	Salary: <input type="checkbox"/>	\$29 / hr.	Will Stay <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Back: <input type="checkbox"/>	2	Salary: <input type="checkbox"/>	\$22/\$18 hr.	Will Stay <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Other: <input type="checkbox"/>	Associate	Salary: <input type="checkbox"/>	\$650 / day	Will Stay <input type="checkbox"/>	Yes <input type="checkbox"/>	

**PATIENT PROFILE:**

% Group	5-10 Yrs: <input type="checkbox"/>	11-19 Yrs: <input type="checkbox"/>	20-49 Yrs: <input type="checkbox"/>	50- 75+: <input type="checkbox"/>	47%
% Reimb	Cash <input type="checkbox"/>	Idemn <input type="checkbox"/>	PPO <input type="checkbox"/>	Plans <input type="checkbox"/>	
	Medical <input type="checkbox"/>	Cap <input type="checkbox"/>	Avg. Cap <input type="checkbox"/>	\$0 <input type="checkbox"/>	
% Revenue	Restorative <input type="checkbox"/>	Crown & Bridge <input type="checkbox"/>	Endo <input type="checkbox"/>	14% <input type="checkbox"/>	Perio <input type="checkbox"/>
	Oral Surgery <input type="checkbox"/>	Prosthetics <input type="checkbox"/>	Ortho <input type="checkbox"/>	0% <input type="checkbox"/>	13% <input type="checkbox"/>

Procedures referred out:  Some OS, implants, ortho

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

# Active Charts <input type="checkbox"/>	1,500+ <input type="checkbox"/>	# of Recalls per month* <input type="checkbox"/>	
# of New Patients per month* <input type="checkbox"/>	30+ <input type="checkbox"/>	Total # of New Patients YTD* <input type="checkbox"/>	369+ 2021! <input type="checkbox"/>

Any one referral source account for more than 10% of practice revenue?  Yes  No

Does practice employ a hygienist?  Number of days  % of Gross

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

2022  \$573,887  2023  \$777,411  2024  \$544,091  Current YTD  \$333,659 YTD 8/31

**EQUIPMENT:**

# Chairs <input type="checkbox"/>	6 <input type="checkbox"/>	Hygiene <input type="checkbox"/>	Avg. Age <input type="checkbox"/>	Mixed newer <input type="checkbox"/>
# X-Rays <input type="checkbox"/>	3 digital <input type="checkbox"/>	Pano <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>

Special Equip owned:  Laser  Intraoral Camera  yes  Other

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

**COMMENTS:** Part Associate run practice in busy area! Streetside location with great signage. Steady new patients and great area to add implants with large, senior population! Large facility can accommodate huge collections! Option to buy building! Everything remodeled and up to date!

# **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 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 \$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 - 339

Location Hemet

Accepted and Agreed to:

## Agent

Print Name

Print Name

Print Name

Print Name

Date

Date

## Address

Newport Beach, CA 92660  
(949) 548-4559

City \_\_\_\_\_ Zip \_\_\_\_\_

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.

E-mail Address

**PLEASE FAX BACK TO: 949 548-0525**

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