SELLER WORKS 2 DAYS
BOOKED 2 MONTHS IN ADVANCE
LOW OVERHEAD HIGH NET PRACTICE
HUGE BASE OF PATIENTS

FIRST CHOICE PRACTICE SALES, INC.
Phone: (949) 548-4559 ● Fax: (949) 548-0525 ● www.firstchoicedds.com

LISTING # 14 - 219 
PRICE $: $320,000 
A/R’S: negotiable

LOCATION: Torrance 
Est. (1997) 2009 
POPULATION: Mixed

DESCRIPTION: 
# of Ops: 3 
# Not Plumbed: 1 
Sq. Ft. 800 +/-

Lease X Own ___ 
Option/Renew no ___ 
Yrs. Remain 1 ___ 
$/Month $2,900

Office Hours 
M 9:00 - 4:00 
T staff 
W 11 - 7 
TH closed 
FR closed 
SAT Closed 
SUN Closed

STAFF 
Front: 1 ___ 
Salary: $25 ___ 
Will Stay Y - RDAEF

Back: ___________ ___ 
Salary: ___________ ___ 
Will Stay ___________ ___

PATIENT PROFILE:
% Group 
5-10 Yrs: 5% 
11-19 Yrs: 10% 
20-49 Yrs: 30% 
50-75+: 55%

% Reimb 
Cash 5% 
Idemn ___ 
PPO 25% ___ 
Plans ___

Medical 0% 
Cap $2,000 
Avg. Cap 70% ___

% Revenue 
Restorative 45% 
Crown & Bridge 30% 
Endo 5% 
Perio 5% 
Ortho ___________ ___

Procedures referred out: Some OS, Some Endo, Implants

PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)
# Active Charts 1,000+ 
# of Recalls per month* 20-30
# of New Patients per month* 3-5 
Total # of New Patients YTD* pending

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 ___

FINANCIAL: *(Need to verify with Tax Returns and Financial Information by Seller)
2013 $270,000 
2014 $265,000 
2015 $198,591 Current YTD pending

EQUIPMENT:
# Chairs 3 
Hygiene ___________ Avg. Age Mixed
# X-Rays 1 Film Pano room Other ___________ 

Special Equip owned: Laser ___________ Intraoral Camera ___________ Other ___________

Is the practice computerized? front only. Laptop in ops. Type of Software: Soft Dental

COMMENTS: Seller ready to work closer to home. This is a legacy office from a huge HMO office. Massive amount of patient charts that can be recalled. Trained patient base comes in every 6 months. Seller closed the HMO’s but can be re-opened for quicker growth. No advertising and most new patients are internal referrals. Just add advertising and days and get ready for big $$. 

Rev II: 6.14.16
REGISTRATION AGREEMENT – CONFIDENTIALITY

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. 14 – 219

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

PLEASE FAX BACK TO: 949 548-0525

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.