



## WESTERN PRACTICE SALES

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John M. Cahill Associates

**#J-1000**

**Tulare, California**

Conveniently located in an attractive, well-maintained, single-story, free-standing building on a major thoroughfare in a highly desirable, bustling downtown neighborhood is this quality practice which boasts visibility as well as trimmed overhead. Home of scenic wonders and perennial recreational activities, this agricultural community will be a wise choice to create your own success story! ***Building available for purchase also!***

Alternating Mondays on a relaxed schedule, Doctor averages 12 patients w/ 12 Hygiene patients daily and generates approximately 20 new patients per month, offering a full spectrum of dental procedures to a large, stable patient base.

The street-level office in an attractive, single-story, free-standing building occupies approximately 1,650 square feet and consists of 4 fully equipped ops, Reception area, Doctor's office, Sterilization, Lab, Dark Room, Storage and 2 Restrooms.

***Full Price: \$465,000***

***Real Estate: \$249,000***

*For further details or on-site visit, please contact:*

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**800.641.4179**

▶ **Honesty** ▶ **Integrity** ▶ **Professionalism** ▶ **Experience**

**We look forward to serving you**

**#J-1000****WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$465,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		<b>8 – 5</b>	<b>8 – 5</b>	<b>8 – 5</b>		<b>8 – 5</b>	<b>8 – 5</b>
Doctor's Hours				<b>8 - 5</b>			
Associate Hours		<b>8 – 5</b>	<b>8 – 5</b>			<b>8 – 5</b>	<b>8 – 5</b>
Hygienist Hours				<b>8 – 5</b>			

Type of Practice: **General** Reason for Selling: **Relocation**Years established: **~ 11 yrs.** Days worked past 12 months: **1 day/week****OFFICE SPACE & LEASE INFORMATION**Is the building/suite owned? **Yes** Is building available for purchase? **Yes**Is the space leased? **Yes** Is lease renewable? **Yes** Is lease assignable? **Yes**Term of Lease: **10 yrs.** Expiration date: **June 2021**Do you share space with another dentist? **No**If yes, percentage of Associate's Production: **70%**Will Associate stay on with practice? **Yes**Type of Building: Condo Free-standing **Yes** Professional Retail CenterRent per month **2,062.00/month** Common area/maintenance fees /taxes included? **No**If not included, current amount? **\$103.10** Are utilities included? **No**Is the rent considered above, below or at fair market value? **Fair to Below Market Value**Office Square footage: **~ 1,650 sq. ft.** Carpet? **No** Air conditioning? **Yes**Number of fully equipped ops: **4** Plumbed for additional ops? **No**Reception: **Yes** Dark Room: **Yes** Doctor's Office: **Yes** Lab: **Yes**Business Office: **No** Restrooms: **Yes, 2** Sterilization: **Yes** Storage: **Yes**Laser: **No** Digital X-ray: **Yes** Intra-oral Camera: **Yes** Cerec: **No**Description of office building, Location and attributes of practice (a brief description): **Excellent location, great signage, visibility and accessibility w/ good traffic flow on major thoroughfare in highly desirable neighborhood**

<b>PATIENT DEMOGRAPHICS</b>							
Breakdown of Service/Procedures as a percentage of Collections:							
Preventative	<b>8.34</b>	Diagnostic	<b>17.48</b>	Other	<b>2.23</b>	Dentures	<b>3.78</b>
General Operative	<b>39.52</b>	Endo	<b>5.86</b>	Ortho/TMJ	<b>1.69</b>	Perio	<b>8.97</b>
Oral Surgery	<b>6.02</b>	Implant	<b>5.69</b>	Crown/Bridge	<b>.16</b>	Adjunctive	<b>.19</b>
What services/procedures are referred out? (Oral Surgery, Endo, Perio, Pedo, etc.)							
<b>Complex Oral Surgery, Difficult Pedo Management</b>							
Type of patients as a percentage of collections:							
Insurance / PPO	<b>40</b>	Private Pay	<b>37</b>	Denti-Cal	<b>23</b>		
Does your practice participate in "Care Credit"?						<b>Yes</b>	
List Preferred Provider, Health Care Provider and Capitation Plans now in place:							
<b>All PPO's. Healthy Families, Denti-Cal, No HMO</b>							
Estimated Number of Active Patient Files (Defined as "at least one visit in the past 2 years"):							
<b>*SELLER IN NO WAY WARRANTS THE EXACT ACCURACY OF PATIENT FILES. IT IS THE BUYER'S RESPONSIBILITY TO DEFINE AND VERIFY ACTIVE PATIENT FILES WITH A CHART REVIEW.</b>							
Average number of New Patients per month for past 12 months:						<b>~ 20</b>	
Average number of patients per day?			Per-Doctor:	<b>12</b>	Per-Hygienist:	<b>12</b>	
Hygiene days per week:		<b>2</b>	Percentage of Production by Hygiene:				
Average age of patients:		<b>~ 40 yrs.</b>					
Does the office have Nitrous Oxide?		<b>No</b>					
Type of recall system used?		<b>Computerized (EZ Dental) Postcards</b>					
Number of recalls per month?		<b>~ 70</b>					
What types of Practice Promotions are in effect?		<b>Implant &amp; Ortho Specials</b>					
<b>EQUIPMENT &amp; LEASEHOLDS</b>							
Occasionally some specialized items may be excluded from the sale, such as: Articulators, Endo and/or Implant Systems. These items will be referenced as "excluded" on Seller's Equipment list. In addition, Buyer understands that the following items may also be excluded from the sale: diplomas, certificates, cameras, photographs, artwork and miscellaneous personal items.							
Describe age and characteristics of leasehold improvements:		<b>Leaseholds in good condition</b>					
Average age of Equipment:		<b>10</b>					
Any equipment leases?		<b>No</b>	Equipment is right/left-handed/convertible?		<b>Right</b>		

<b>PERSONNEL</b>				
Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
<b>Office Manager</b>	<b>FT</b>	<b>2003</b>	<b>\$14.75/hr</b>	<b>No</b>
<b>Reception</b>	<b>FT</b>	<b>2010</b>	<b>\$10.50/hr</b>	<b>No</b>
<b>Dental Assistant</b>	<b>FT</b>	<b>2002</b>	<b>\$10.90/hr</b>	<b>No</b>
<b>Dental Assistant</b>	<b>PT</b>	<b>2002</b>	<b>\$11.90/hr</b>	<b>No</b>
Do family members work in the office?		<b>No</b>	If yes, how much are they paid?	
Has staff left the practice recently?		<b>No</b>		
Is there a practice management consultant?		<b>No</b>		
<b>PRACTICE FINANCIAL PROFILE</b>				
<b>Last 3 years' Gross Collections from Profit and Loss Statements:</b>				
2011	<u>          <b>\$680,148</b>          </u>	2010	<u>          <b>\$ 439,776</b>          </u>	2009 _____
<b>*Collection amounts are approximate and should be verified by Buyer</b>				
Number of statements sent each month?		<b>No</b>	Is pegboard or computer? <b>Computer</b>	
What type of computer? <b>PC</b>		What software? <b>EZ Dental</b>		
Is software transferable?		<b>Yes, Transfer Fee to be Paid by Buyer</b>		
Fees Schedule:		<b>Available upon request</b>		
<p><b>NOTE: The Seller has furnished the preceding information to WESTERN PRACTICE SALES/JOHN M. CAHILL ASSOCIATES. This information has not been verified. A potential Buyer should verify the accuracy of all information to his/her own satisfaction.</b></p> <p><b>WESTERN PRACTICE SALES/JOHN M. CAHILL ASSOCIATES are agents of the Seller and therefore represent the interest of the Seller. We strongly advise a potential purchaser to seek independent counsel to represent his/her interests. Counsel may be, but is not limited to, an attorney, accountant, appraiser, broker or management consultant. Fees of such counsel are the sole responsibility of the purchaser.</b></p>				