

<b>Hickory Area, North Carolina</b>	<b>Building and Practice Sale at \$220,000</b>
<b>DATA SUMMARY FOR PRACTICE NUMBER</b>	<b>6470</b>

The following data is provided by the owner of the practice. It is believed to the best of the owner's knowledge to be a true and accurate representation of the facts of the practice. It is the responsibility of any purchaser to verify all information contained herein and to seek qualified counsel in the interpretation and verification thereof.

<b>OFFICE DATA</b>	
SQUARE FOOTAGE OF OFFICE	1,200
EXPANDABLE FOOTAGE	1400
CURRENT MONTHLY RENTAL i.e. "1200"	\$3,500
PRICE PER SQUARE FOOT	\$35.00
IS OFFICE HANDICAPPED ACCESSIBLE?	Downstairs only
NUMBER OF PARKING SPACES	15
PROXIMITY OF PARKING PLACES	Next to building
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	2
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	1
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	
DATE LEASE ENDS - i.e. "1/1/04"	
TERM OF LEASE IN YEARS i.e. "5"	
YEARS REMAINING ON LEASE i.e. "2.5"	
<b>RENEWAL OPTIONS</b>	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	Yes
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	yes
PRICE OF BUILDING	\$200,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	\$1,200
ANNUAL REAL ESTATE TAXES	\$1,313
ANNUAL REAL ESTATE INSURANCE COST	\$1,246
PURCHASER MORTGAGE INTEREST RATE	4.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	\$1,479
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$14.79
<b>WORK SCHEDULE</b>	
PLANS AFTER SALE OF PRACTICE	Travel
DAYS/WEEK CURRENTLY WORKED	3
ENTER DESIRED DAYS WORKED FOR NEW BUYER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	0
DESIRED WORK DAYS/WEEK 2ND YR	0
DESIRED WORK DAYS/WEEK 3RD YR	0
DESIRED WORK DAYS/WEEK 4TH YR	0
DESIRED WORK DAYS/WEEK 5TH YR	0
DESIRED WORK DAYS/WEEK 6TH YR	0

<b>PRACTICE DATA</b>	
WHAT CONSULTANT USED IN PAST 5 YRS	None
RESULTS	
DESCRIBE INTERNAL MARKETING	Word of mouth
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	1,490
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	10
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	5
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	7
HOW FAR AHEAD IS DENTIST SCHEDULED?	Not
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	3 Days/6 Months
% PRACTICE INCOME FROM CASH	15%
% OF PATIENTS PAYING CASH	
% PRACTICE INCOME FROM INSURANCE	40%
% OF PATIENTS WITH INSURANCE	
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	45%
% OF PATIENTS WITH PPO	
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME WITH REDUCED FEE PLANS	45%
% OF PATIENTS WITH REDUCED FEE PLANS	
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
OFFICE HOURS	MONDAY 8:30 AM - 5:00 PM
	TUESDAY 8:30 AM - 5:00 PM
	WEDNESDAY 8:30 AM - 5:00 PM
	THURSDAY 8:30 AM - 5:00 PM
	FRIDAY
	SATURDAY
DENTIST HOURS WORKED PER WEEK	32
HYGIENIST HOURS WORKED PER WEEK	32
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	1,189
HYGIENE PATIENT VISITS PER YEAR	872
NUMBER OF DAYS WORKED PER YEAR	150
NUMBER OF WEEKS WORKED PER YEAR	50
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$10,382
SIX WEEKS ACCOUNTS RECEIVABLE	\$15,538
WHAT IS YOUR COLLECTION PERCENTAGE	99%
WHAT TYPE RECALL SYSTEM	6 Month reminder cards and phone calls if patient not scheduled the mon
WHAT TYPE COMPUTER SYSTEM	Dell

<b>WHAT % OF THE PRACTICE INCOME IS:</b>		
	HYGIENIST PRODUCTION	23%
	OPERATIVE	0%
	PEDODONTICS	0%
	ORTHODONTICS	0%
	IMPLANTS	0%
	REMOVABLE PROSTHETICS	0%
	FIXED PROSTHETICS	0%
	ENDODONTICS	0%
	PERIODONTICS	0%
	ORAL SURGERY	0%
	COSMETIC	0%
	TMJ TREATMENT	0%
	SOFT TISSUE MANAGEMENT	0%
	OTHER	0%
	TOTAL	23%
<b>MARKET FACTOR DATA</b>		
EQUIPMENT FACTOR	SCALE 0% - 100%	30%
LOCATION DEMAND	SCALE 0% - 100%	30%
PLAN / MEDICAID PRACTICE %		45%
ANNUAL FEE INCREASE %		4.0%
ANNUAL OVERHEAD INCREASE %		4.0%
<b>FEE SCHEDULE</b>		
	ADULT PROPHY 01110	\$147
	GOLD INLAY 02540	\$980
	TWO SURFACE POSTERIOR COMPOSITE 02386	\$220
	TWO SURFACE AMALGAM 02150	\$131
	CORE BUILD-UP INCLUDING PINS 02950	\$337
	GOLD / PORCELAIN CROWN 02750	\$980
	ANTERIOR CANAL ROOT CANAL 03310	
	BICUSPID ROOT CANAL 03320	
	LABIAL PORCELAIN VENEER 02962	
	AVERAGE OF FEES	\$466
	PERCENT OF FEE PARITY	114%
<b>DEMOGRAPHIC DATA</b>		
	WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	20,000-25,000
	WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	60,000
	APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	14
	WITHIN	5 miles
	MAJOR EMPLOYERS IN AREA	Furniture, service
	DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	Furniture - outsourcing to overseas

th due

<b>STAFF DATA</b>			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	YEAR HIRED	WILL REMAIN?
RECEPTIONIST	\$25,000	2004	?
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$16,500	2000	Yes
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$31,000	2006	Yes
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER			
DESCRIBE FRINGE BENEFITS AND VALUE			
DO YOU HIRE ANY UNPAID FAMILY MEMBERS			
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
<b>PRODUCTION CENTERS</b>			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR			
GROSS PRODUCTION			
HYGIENISTS			
OWNER			
ASSOCIATE			
ASSOCIATE			
ASSOCIATE			
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED			
ENTER HYGIENIST COMMISSION PERCENTAGE			
<b>CONFORMITY DATA</b>			
DOES YOUR PRACTICE MEET OSHA STANDARDS?	Yes		
WHY NOT			
DOES YOUR PRACTICE MEET CDC STANDARDS?	Yes		
WHY NOT			
DOES PRACTICE MEET ALL GOVERNMENTAL REGULATIONS?	Yes		
EXPLAIN ANY DISCREPANCIES			
HAVE YOU HAD ANY DISCIPLINARY ACTION IN LAST 7 YRS	No		
EXPLAIN			
HAVE YOU HAD ANY PRACTICE RELATED SUITS FILED	No		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN			
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None		