



WESTERN PRACTICE SALES

John M. Cahill Associates

#LV-869

Las Vegas, Nevada

A stellar reputation and excellent location are not the only attributes which contribute to the success of this remarkable opportunity. Growth generated by the appreciative, large, loyal and stable patient base is due to quality care delivered in a warm and caring environment, by competent, compassionate Doctor and Staff.

The Doctor averages 8-15 patients w/ 8 Hygiene patients per day providing 3 days of hygiene/per week and generates approximately 40+ new patients per month, based on the best kind of marketing: word-of-mouth referrals!

The office is centrally and conveniently located in an attractive, well-maintained, single-story, popular Retail Shopping Center bustling with activity, offering excellent visibility, easy accessibility, off major thoroughfare in a desirable corridor, in the heart of the city. The office designed for office efficiency and patient flow in mind, consists of 7 fully equipped Ops, Reception area, Doctor's office, Sterilization, Lab, Storage and 3 Restrooms.*

Full Price: \$300,000

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

Timothy G. Giroux, DDS

Jared Bergquist

800.641.4179

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

We look forward to serving you

*Office space information provided as a courtesy only. Western Practice Sales is not a licensed Real Estate Broker in the State of Nevada, and price does not include real estate, which must be separately negotiated through licensed attorney or broker.

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WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$ 300,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	8 – 5	8 – 5	7 – 4		
Doctor's Hours		8 – 5	8 – 5	8 – 5	7 – 4		
Hygienist Hours		8 – 5	Off	8 – 5	7 – 4		
Type of Practice:	General		Reason for Selling: Personal				
Years established:	Since 1998		Days worked past 12 months: ~ 200 days				

OFFICE SPACE & LEASE INFORMATION

***WESTERN PRACTICE SALES IS NOT A LICENSED REAL ESTATE BROKER IN THE STATE OF NEVADA. OFFICE SPACE & LEASE INFORMATION BELOW PROVIDED TO BUYERS AS A COURTESY ONLY, AND ARE NOT INCLUDED IN PURCHASE TERMS. BUYERS ARE RESPONSIBLE FOR HIRING THEIR OWN ATTORNEY OR BROKER TO NEGOTIATE REAL ESTATE, INCLUDING LEASE TERMS.**

Is the building/suite owned?	No	Is building available for purchase?	N/A				
Is the space leased?	Yes	Is lease renewable?	Yes	Is lease assignable?	Yes		
Term of Lease:	5 yrs w/ 2 (two) 5-yr options			Expiration date:			
Do you share space with another dentist?	N/A						
Rent per month	\$ 6,550.00/month		Common area, maintenance fees /taxes included?				No
If not included, current amount?	Are utilities included?		No, Water is included				
Is the rent considered above, below or at fair market value?	At Market Value						
Type of Building:	Condo	Free-standing	Professional	Retail Center	X		
Office Square footage:	*See note above		Carpet?	Yes	Air conditioning?	Yes	
Number of fully equipped ops:	7		Plumbed for additional ops?	Yes			
Reception area:	Yes	Dark room:	No	Doctor's office:	Yes	Lab:	Yes
Business office:	No	Restrooms:	Yes, 3	Sterilization:	Yes	Storage:	Yes
Laser:	No	Digital X-ray:	Yes	Intra-oral Camera:	Yes	Cerec:	Yes
3D Imager:	No						
Description of office building, Location and attributes of practice (a brief description):	Attractive, well-maintained, busy, popular Retail Shopping Center with large grocery chain as anchor tenant, centrally located in the heart of the city						

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	10	Diagnostic	10	Adjunctive	Dentures	15
General Operative	20	Endo	10	Ortho/TMJ	Perio	5
Oral Surgery	15	Cosmetic	0	Crown/Bridge		15

What services/procedures are referred out? (Oral Surgery, Endo, Perio, Pedo, etc.)

Ortho and complex procedures of all the above

Type of patients as a percentage of Collections:

Private Pay 30 Insurance/PPO 30 Medicaid 40 Capitation (HMO) _____ NPD (Culinary) _____

Does your practice participate in "Care Credit"? **Yes**

List Preferred Provider, Health Care Provider and Capitation Plans now in place: **Delta PPO**

Estimated Number of Active Patient Files **Number to be defined by Buyer's Due Diligence Process***

***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. PRACTICE VALUE IS PREDOMINANTLY DETERMINED BY SELLER'S COLLECTIONS. SELLER'S COLLECTIONS CAN BE INDICATIVE OF THE NUMBER OF ACTIVE PATIENTS AND TYPE OF PROCEDURES PERFORMED.**

Average number of New Patients per month for past 12 months: **~ 40**

Average number of patients per day? Per-Doctor: **~ 8 – 15** Per-Hygienist: **8**

Hygiene days per week: **3** Percentage of Production by Hygiene: **~ 10**

Average age of patients: **Family Range**

Does the office have Nitrous Oxide? **Yes**

Type of recall system used? **Postcards**

Number of recalls per month? **~ 40 – 50**

What types of Practice Promotions? **None currently**

Phone Book Advertising? * **No** * *Phone book advertising contracts will be the responsibility of buyer after transition.*

EQUIPMENT & LEASEHOLDS

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: **Fairly recent, within ~ 5 yrs**

Average age of Equipment: **~ 5 yrs**

Any equipment leases? **No** Equipment is right/left-handed/convertible? **Right**

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay <i>Available Upon Request</i>	Eligible for benefits
Dental Assistant	M – Th	~ 3+ yrs		No
Front Desk	M – Th	~ 10+ yrs		No
Front Desk	M – Th	~ 10+ yrs		No
Dental Hygiene	M, W, Th	~ 2 yrs		No

Do family members work in the office? **Yes, Office Manager** If yes, how much are they paid? **N/A**

Has staff left the practice recently? **No**

Is there a practice management consultant? **No**

PRACTICE FINANCIAL PROFILE

Number of statements sent each month? **~ 20 – 30** Is pegboard or computer? **Computer**

What type of computer? **PC** What software? **Eaglesoft**

Is software transferable? **Unknown, Transfer Fee, if applicable, to be paid by Buyer**

Fees Schedule: **Available upon request**

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.

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.

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