

The following summary illustrates a projected year's income and expenses for the subject practice which incorporates a 4% increase in fees and overhead expense but no increase in production. This summary is not a representation or warranty of future practice performance. Purchasers should obtain qualified legal and accounting counsel prior to any purchase decisions. **NOTE: Practice price does not include accounts receivable.**

PRACTICE INCOME					
EXPECTED GROSS COLLECTIONS				\$314,950	100.0%
	HYGIENE COMPONENT			\$34,645	11.0%
	DENTIST COMPONENT			\$280,306	89.0%
		RETAINED SELLER		\$0	0.0%
		ASSOCIATE		\$0	0.0%
		PURCHASER		\$280,306	89.0%
VARIABLE EXPENSES					
	WAGES, PAYROLL TAX, ETC.			\$77,882	24.7%
	LABORATORY			\$10,850	3.4%
	CLINICAL SUPPLIES			\$12,855	4.1%
	OTHER VARIABLE EXPENSE			\$8,536	2.7%
TOTAL VARIABLE EXPENSE INCREASE				\$110,122	35.0%
FIXED EXPENSES					
	RENT			\$25,019	7.9%
	PHONE, UTILITIES			\$5,150	1.6%
	LEGAL & ACCOUNTING			\$6,760	2.1%
	INSURANCE			\$7,800	2.5%
	OTHER FIXED EXPENSE			\$14,888	4.7%
TOTAL FIXED EXPENSE INCREASE				\$59,618	18.9%
DEBT SERVICE					
	INTEREST			\$19,481	6.2%
	PRINCIPAL			\$26,856	8.5%
TOTAL DEBT SERVICE				\$46,337	14.7%
SUMMARY					
EXPECTED COLLECTIONS				\$314,950	100.0%
EXPECTED EXPENSES				\$169,740	53.9%
DEBT SERVICE				\$46,337	14.7%
EXPECTED NET INCOME & PERCENT OF PERSONAL PRODUCTION				\$98,874	35.3%
PURCHASER PRODUCED PRODUCTION				\$280,306	89.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION				\$26,856	9.6%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION				\$4,794	1.7%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.				\$130,523	46.6%
THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:					
	SALES PRICE & PERCENT OF GROSS			\$225,000	74%
	WORKING CAPITAL			\$15,000	4.8%
	TOTAL LOAN			\$240,000	76.2%
	LOAN INTEREST RATE			9.00%	
	LOAN TERM IN MONTHS			84	
	MONTHLY PAYMENT			\$3,861	14.7%
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT			\$2,280	8.7%

Charlottesville, Virginia**DATA SUMMARY FOR PRACTICE NUMBER 8077**

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.

OFFICE DATA

SQUARE FOOTAGE OF OFFICE	1,500
EXPANDABLE FOOTAGE	Yes
CURRENT MONTHLY RENTAL i.e. "1200"	\$2,085
PRICE PER SQUARE FOOT	\$16.68
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	6i
PROXIMITY OF PARKING PLACES	Adjacent
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"	April-09
DATE LEASE ENDS - i.e. "1/1/04"	March-11
TERM OF LEASE IN YEARS i.e. "5"	3
YEARS REMAINING ON LEASE i.e. "2.5"	3
RENEWAL OPTIONS	Yes
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	No
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	No
PRICE OF BUILDING	
IF NOT FOR SALE, MO. RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	
ANNUAL REAL ESTATE INSURANCE COST	
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	

WORK SCHEDULE

PLANS AFTER SALE OF PRACTICE	Continue to practice in main office location
DAYS/WEEK CURRENTLY WORKED	4
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

OTHER PRACTICE INFORMATION:

We are a patient centered dental practice. We participate with only Delta, Anthem and United Concordia. We practice in a high growth area and need someone who can deliver a total general dental treatment. At present, the production is limited to only what the associate cares to do with a high volume of referrals.

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS	
RESULTS	
DESCRIBE INTERNAL MARKETING	Patient referral club. They receive credit toward work for referrals and referred patients get initial credit on account.
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No, but it has shown improvement. We currently do not extract teeth, treat periodontal disease or do endo, and do very little fixed prosth.
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	893
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	25
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	8
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	7
HOW FAR AHEAD IS DENTIST SCHEDULED?	three weeks but not always solid until a week out
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	six months but not solid until two weeks out
% PRACTICE INCOME FROM CASH	100%
% OF PATIENTS PAYING CASH	100%
% PRACTICE INCOME FROM INSURANCE	
% OF PATIENTS WITH INSURANCE	
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	
% 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	
% OF PATIENTS WITH REDUCED FEE PLANS	
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	MONDAY 8:00 - 4:30
	TUESDAY 8:00 - 4:30
	WEDNESDAY 8:00 - 4:30
	THURSDAY as needed
	FRIDAY
	SATURDAY
DENTIST HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	14
ASSOCIATE HOURS WORKED PER WEEK	30
DENTIST PATIENT VISITS PER YEAR	1,688
HYGIENE PATIENT VISITS PER YEAR	300
NUMBER OF DAYS WORKED PER YEAR	160
NUMBER OF WEEKS WORKED PER YEAR	46
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$28,486
SIX WEEKS ACCOUNTS RECEIVABLE	\$36,340
WHAT IS YOUR COLLECTION PERCENTAGE	96%
WHAT TYPE RECALL SYSTEM	Appt made at walk-out (3, 4 or 6 months); 2 day prior confirmation
WHAT TYPE COMPUTER SYSTEM	Eaglesoft

WHAT % OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	11%
OPERATIVE	55%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	10%
FIXED PROSTHETICS	4%
ENDODONTICS	0%
PERIODONTICS	0%
ORAL SURGERY	0%
COSMETIC	20%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
OTHER	0%
TOTAL	100%
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	50%
LOCATION DEMAND SCALE 0% - 100%	50%
PLAN / MEDICAID PRACTICE %	
ANNUAL FEE INCREASE %	4.0%
ANNUAL OVERHEAD INCREASE %	4.0%
FEE SCHEDULE	
ADULT PROPHY 01110	\$65
GOLD INLAY 02540	\$675
TWO SURFACE POSTERIOR COMPOSITE 02386	\$171
TWO SURFACE AMALGAM 02150	\$131
CORE BUILD-UP INCLUDING PINS 02950	\$216
GOLD / PORCELAIN CROWN 02750	\$886
ANTERIOR CANAL ROOT CANAL 03310	\$590
BICUSPID ROOT CANAL 03320	\$721
LABIAL PORCELAIN VENEER 02962	\$886
AVERAGE OF FEES	\$482
PERCENT OF FEE PARITY	86%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	154,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	55000 (High growth area for county)
NUMBER OF DENTISTS WITHIN 5 MILES	21
NUMBER NEW DENTISTS WITHIN 5 MILES IN LAST 5 YEARS	2
MAJOR EMPLOYERS IN AREA	
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	

STAFF DATA			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$35,350	Yes	2003
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$16,000	Yes	2008
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$ 7,000 PT	Possibly	2008
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE	Health/life insurance, vacation, uniform allowance, free dental care		
DO YOU HIRE ANY UNPAID FAMILY MEMBERS			
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	_____ TO _____		
GROSS PRODUCTION	\$ _____	\$ _____	\$ _____
HYGIENISTS	\$ _____	\$ _____	\$ _____
OWNER	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE	35% of collections minus 50% of all lab expenses		
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED	\$40/hour		
ENTER HYGIENIST COMMISSION PERCENTAGE			
CONFORMITY DATA			
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		