

Carroll County, Georgia**DATA SUMMARY FOR PRACTICE NUMBER 8428**

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	2,000
EXPANDABLE FOOTAGE	Full basement
CURRENT MONTHLY RENTAL i.e. "1200"	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	14 in front of office, more on side and rear
PROXIMITY OF PARKING PLACES	In front of office
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	3
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	1
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	1
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"	
RENEWAL OPTIONS	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	Yes
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	Yes
PRICE OF BUILDING	\$210,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	\$2,608
ANNUAL REAL ESTATE INSURANCE COST	\$785
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	\$1,888
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$11.33

WORK SCHEDULE

PLANS AFTER SALE OF PRACTICE	Retirement
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

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS	
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	4,000
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	60
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	16
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	9
HOW FAR AHEAD IS DENTIST SCHEDULED?	two to three weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	six months with openings
% PRACTICE INCOME FROM CASH	54%
% OF PATIENTS PAYING CASH	54%
% PRACTICE INCOME FROM INSURANCE	45%
% OF PATIENTS WITH INSURANCE	45%
% 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	1%
% OF PATIENTS WITH MEDICAID	1%
% PRACTICE INCOME WITH REDUCED FEE PLANS	1%
% OF PATIENTS WITH REDUCED FEE PLANS	1%
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	
MONDAY	8:30 am - 6:00 pm
TUESDAY	8:30 am - 7:00 pm
WEDNESDAY	8:30 am - 3:00 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	2,600
HYGIENE PATIENT VISITS PER YEAR	1,674
NUMBER OF DAYS WORKED PER YEAR	186
NUMBER OF WEEKS WORKED PER YEAR	49
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$65,432
SIX WEEKS ACCOUNTS RECEIVABLE	\$74,560
WHAT IS YOUR COLLECTION PERCENTAGE	96%
WHAT TYPE RECALL SYSTEM	Appoint six months ahead and send reminder card
WHAT TYPE COMPUTER SYSTEM	None

WHAT % OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	24%
OPERATIVE	18%
PEDODONTICS	10%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	6%
FIXED PROSTHETICS	23%
ENDODONTICS	5%
PERIODONTICS	1%
ORAL SURGERY	10%
COSMETIC	2%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	1%
OTHER	0%
TOTAL	100%
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	50%
LOCATION DEMAND SCALE 0% - 100%	30%
PLAN / MEDICAID PRACTICE %	1%
ANNUAL FEE INCREASE %	4.0%
ANNUAL OVERHEAD INCREASE %	4.0%
FEE SCHEDULE	
ADULT PROPHY 01110	\$40
GOLD INLAY 02540	
TWO SURFACE POSTERIOR COMPOSITE 02386	\$120
TWO SURFACE AMALGAM 02150	\$91
CORE BUILD-UP INCLUDING PINS 02950	\$141
GOLD / PORCELAIN CROWN 02750	\$620
ANTERIOR CANAL ROOT CANAL 03310	\$405
BICUSPID ROOT CANAL 03320	\$485
LABIAL PORCELAIN VENEER 02962	\$545
AVERAGE OF FEES	\$306
PERCENT OF FEE PARITY	57%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	2,200
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	6,000
NUMBER OF DENTISTS WITHIN 5 MILES	two (one works 2/days/wk doing dentures only)
NUMBER NEW DENTISTS WITHIN 5 MILES IN LAST 5 YEARS	one
MAJOR EMPLOYERS IN AREA	Southwire, Trintex, Sewell's, Honda Lock, School System
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	\$ _____	_____	_____
OFFICE MANAGER	\$37,625	Yes	1/1990
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$33,300	Yes	2/1994
ASSISTANT	\$22,350	Yes	4/2000
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$54,655	Yes	8/1997
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE	Retirement, 6 sick days, 2 weeks paid vacation		
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	No		
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	1/1/06 TO 11/30/06	2005	2004
GROSS PRODUCTION	\$531,286.32	\$510,499.00	\$486,115.00
HYGIENISTS	\$127,508.72	\$122,519.76	\$116,667.60
OWNER	\$403,777.60	\$387,979.24	\$369,447.40
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED	\$1,034/week		
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	Yes		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN	One pending from 3 years ago. Patient has partial numbness in tongue from mandibular block.		
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None		