



**Charlotte, North Carolina****MERGER DATA SUMMARY FOR PRACTICE NUMBER 8704**

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	2,600
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$3,901
PRICE PER SQUARE FOOT	\$18.00
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	20+
PROXIMITY OF PARKING PLACES	Very close
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	4
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	2
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	2
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	April-08
DATE LEASE ENDS - i.e. "1/1/04"	March-13
TERM OF LEASE IN YEARS i.e. "5"	5
YEARS REMAINING ON LEASE i.e. "2.5"	3
RENEWAL OPTIONS	two terms of five years
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	Opening new practices
DAYS/WEEK CURRENTLY WORKED	5
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 RESULTS	No
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	3,944
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	184
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	28
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	14
HOW FAR AHEAD IS DENTIST SCHEDULED?	two weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	six months
% PRACTICE INCOME FROM CASH	
% OF PATIENTS PAYING CASH	
% PRACTICE INCOME FROM INSURANCE	
% OF PATIENTS WITH INSURANCE	
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	40%
% OF PATIENTS WITH PPO	40%
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	60%
% OF PATIENTS WITH MEDICAID	60%
% PRACTICE INCOME WITH REDUCED FEE PLANS	100%
% OF PATIENTS WITH REDUCED FEE PLANS	100%
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
OFFICE HOURS	MONDAY 9:00 am - 4:00 pm
	TUESDAY 9:00 am - 4:00 pm
	WEDNESDAY 1:00 pm - 7:00 pm
	THURSDAY 9:00 am - 4:00 pm
	FRIDAY 7:00 am - 2:00 pm
	SATURDAY
DENTIST HOURS WORKED PER WEEK	36
HYGIENIST HOURS WORKED PER WEEK	36
ASSOCIATE HOURS WORKED PER WEEK	36
DENTIST PATIENT VISITS PER YEAR	411
HYGIENE PATIENT VISITS PER YEAR	1,481
NUMBER OF DAYS WORKED PER YEAR	5
NUMBER OF WEEKS WORKED PER YEAR	50
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$204,334
SIX WEEKS ACCOUNTS RECEIVABLE	\$137,430
WHAT IS YOUR COLLECTION PERCENTAGE	95%
WHAT TYPE RECALL SYSTEM	Computer
WHAT TYPE COMPUTER SYSTEM	Softdent

<b>WHAT % OF THE PRACTICE INCOME IS:</b>	
HYGIENIST PRODUCTION	20%
OPERATIVE	41%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	5%
FIXED PROSTHETICS	2%
ENDODONTICS	3%
PERIODONTICS	4%
ORAL SURGERY	5%
COSMETIC	1%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
OTHER	1%
TOTAL	82%
<b>MARKET FACTOR DATA</b>	
EQUIPMENT FACTOR SCALE 0% - 100%	80%
LOCATION DEMAND SCALE 0% - 100%	80%
PLAN / MEDICAID PRACTICE %	100%
ANNUAL FEE INCREASE %	4%
ANNUAL OVERHEAD INCREASE %	4%
<b>FEE SCHEDULE</b>	
ADULT PROPHY 01110	\$79
GOLD INLAY 02540	\$945
TWO SURFACE POSTERIOR COMPOSITE 02392	\$226
TWO SURFACE AMALGAM 02150	
CORE BUILD-UP INCLUDING PINS 02950	\$236
GOLD / PORCELAIN CROWN 02750	\$893
ANTERIOR CANAL ROOT CANAL 03310	\$788
BICUSPID ROOT CANAL 03320	\$540
LABIAL PORCELAIN VENEER 02962	\$893
AVERAGE OF FEES	\$575
PERCENT OF FEE PARITY	94%
<b>DEMOGRAPHIC DATA</b>	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	Major metro
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	Major metro
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES WITHIN	17
MAJOR EMPLOYERS IN AREA	two
	Bank of America, Lowe's, Duke Energy, Time Warner, Belk, Harris Teeter
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	None

<b>STAFF DATA</b>			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$36,000	Yes	2008
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$39,600	Yes	2008
ASSISTANT	\$35,100	Yes	2008
ASSISTANT	\$35,100	Yes	2008
ASSISTANT	\$36,000	Yes	2009
ASSISTANT	\$21,600	Yes	2008
HYGIENIST	\$63,000	Yes	2008
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE	N/A		
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	N/A		
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
<b>PRODUCTION CENTERS</b>			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	1/1/09 TO 9/30/09	5/08 - 12/08	_____
GROSS PRODUCTION	\$1,117,152.59	\$537,939.97	\$ _____
HYGIENISTS	\$ 134,491.27	\$ 79,758.01	\$ _____
OWNER	\$ _____	\$ 32,254.38	\$ _____
ASSOCIATE	\$ 558,138.33	\$236,336.33	\$ _____
ASSOCIATE	\$ 424,522.99	\$189,591.25	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE	32%		
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED	\$35/hr		
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		