

PRACTICE BUYER INFORMATION—PREFERENCES--CONFIDENTIALITY

IMPORTANT: You do not incur any obligation by completing this questionnaire. ***You will not incur any cost or charge associated with our search for a practice opportunity.*** If at any point you choose to utilize any of our services which do entail a fee or charge, our Company would advise you of such fee / charge in advance, giving you the opportunity to utilize that service, informed of any fee / charge, or the opportunity to decline that service. Unless otherwise stated in a separate agreement between you and our Company, we represent the practice owner and do not serve as your agent, representative, or advisor. All written and verbal information that we provide to you, about any dental practice, is information supplied by the practice owner. Our Company has not audited such information and does not guarantee its accuracy. Past performance of a dental practice is not predictive of its future performance. Our Company does not represent or guarantee the future performance of any practice offered for sale through our Company. In evaluating any practice for purchase you should seek the advice and counsel of an attorney and accountant. If you have questions related to this questionnaire, or our services, feel free to contact us by phone or e-mail.

PLEASE PRINT CLEARLY (Fax transmission deteriorates legibility.)

Date: _____
Name: _____ Contact Info: Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ St: _____ Zip: _____ Home Fax: _____
Is Your Inquiry Confidential? _____ E-mail: _____
Check: () General Dentistry or () Specialty: _____ Do you check e-mails frequently?

REGARDING THE PRACTICE YOU SEEK:

List towns/cities, or describe areas/locations in which you would consider purchasing a practice:

Describe aspects of a practice that would be important in your selection of a practice:

If you begin work in a practice, as an associate, for a period before completing the purchase of that practice, what is the minimum income that you'd need to make: In year #1: \$ _____?; In year #2: \$ _____? Annual gross production/collection range for the practice you seek: \$ _____ to \$ _____ What is the minimum income that you will need to receive, in the first year of operation, from the practice that you buy \$ _____

By what date do you wish to own/buy a practice? _____
Are you limited in locations by a restrictive covenant? If yes, for _____ years, in a radius of _____ miles from this address: _____

Are you confident in your ability to assume & operate a practice, or would you want the selling dentist to remain with you for a period of transition? _____ If you need/want a period of transition, how long would it need to be to prepare you to assume the practice? _____

Have you looked at practices for sale through other practice brokers? -- If yes, which brokers have you talked with? _____

How long have you been looking for a practice? _____ What factors have prevented you from purchasing a practice prior to this time? _____

EXPERIENCE / HISTORY:

Dental school attended: _____ Date graduated: _____ Residency or specialty training programs: () Yes () No --If yes, describe: _____ Date completed: _____
Date obtained dental license for state in which are desire to find a practice: _____
Months or years experience clinical dentistry? _____

Where are you working now? _____ Are you currently an owner, associate or partner? _____ How long have you worked there? _____ How much dentistry do you currently produce per month? \$ _____ Why would you like to leave your current position? _____

Where you now work, what is your monthly (gross) income? \$ _____

If patient treatment needs were available, what is the upper limit of dentistry that you feel you could produce each month? \$ _____ What currently limits your production? _____

If you recently sold a practice, and are relocating, please explain where you practiced, why you sold, and why you are relocating: _____

Have you contacted any of the sources for practice purchase financing to determine if you would qualify for practice purchase loans, and if so, what size? _____ -- If yes, which source? _____

Do you have student loans? _____ -- If yes, amount? \$ _____ Monthly payment? \$ _____

Do you have a history of late payments, credit problems, or bankruptcy that could effect your ability to obtain financing for the purchase of a practice? _____

In the current environment, potential practice purchase loan lenders consider buyers' financial liquidity to some degree. How much money do you have in total in checking accounts, savings accounts, stocks, or other assets that are readily available (excluding any IRA or retirement account funds)? \$ _____

Do you have any past patient complaints to dental boards, dental board orders, actions, cases, or investigations? () Yes () No If yes, please explain the circumstances, the status, and resolution if presently resolved (Attach another sheet if needed for full explanation) . _____

To prevent damage to the practices, for practice owners, as well as for the eventual buyer, it is necessary that dental practice sales be conducted in a confidential manner. If we locate a practice that may interest you, we will likely obtain information that the practice owner / seller wants handled in a confidential manner. Before we release any such information, we need your agreement to treat the information in a confidential manner. Completing this confidentiality agreement will not cause you to incur any obligation to our Company. You will not incur any cost or charge because of your submission of this agreement.

Confidentiality Agreement:

Rumors or dissemination of "*the fact that a practice is for sale*", or of other confidential information, can create serious damage and/or loss for the practice seller, and/or in turn harm the eventual buyer. Patients and/or staff may be lost. Confidential information includes, but is not limited to, a dentists intent to sell, financial / tax data, personal information, patient lists, and information regarding any legal claims or actions. Therefore, we require that you treat all information and data that we provide, about any practice sale or opportunity, with confidentiality. It is acceptable to have information we supply reviewed / evaluated by your accountant, your attorney, and/or any consultant that you may use. However, you should notify them of the confidentiality of the sale, and assure that they also treat the information in a confidential manner. The fact that the practice is for sale should not be discussed with others, beyond the above noted persons who may be necessary for your complete evaluation of the practice opportunity. If after reviewing information that we send, you determine that you are not interested in pursuing purchase of the practice(s), all data and/or information is to be returned to our office by mail. If you wish to see the practice or visit with the owner/doctor, you must contact our office. We will arrange such a visit. You should make no direct contact by visit, telephone or mail that could alert staff or patients that might not yet have been informed of the practice sale. By signing and dating below, you confirm your agreement to the above and that you will maintain this confidentiality.

Facsimile transmitted copies (fax copies) of this Confidentiality Agreement shall be as binding as if they were copies bearing original signatures.

Your Signature: _____ **Date:** _____

After Signing Above, Please Return This Questionnaire / Agreement By Mail or Fax To:

George D. Stollings & Associates, Inc.
194 Davis Branch Road, Prichard, WV 25555-7511
Fax: (304) 486-5815

Contact Us If You Have Questions: E-mail: george@gdstollingsassoc.com or Ph: (304) 486-5714