



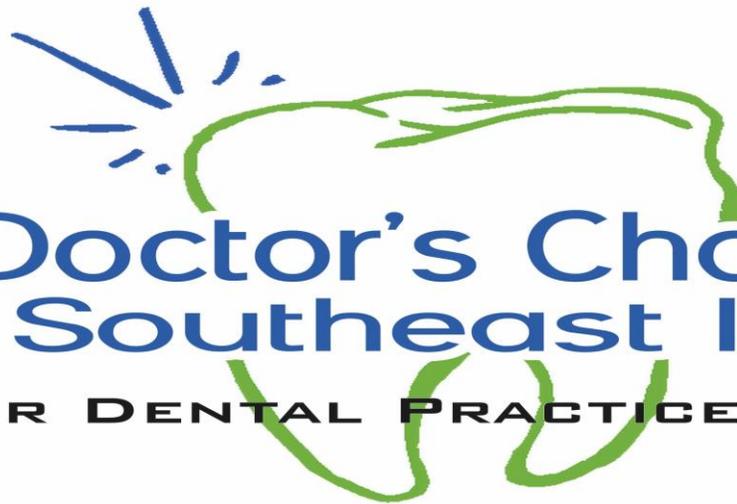
## **Confidentiality Agreement**

**This agreement is to state your intent to consider the purchase of the professional dental practice of a Client. You have requested the client disclose certain confidential, proprietary information, records and data, including but not limited to tax returns, fee schedules, financial statements certain financial reports ( all such information is herein referred to as “Confidential information. The agreement is to confirm that you use the “Confidential information” solely for the purpose of your evaluation and ultimate transaction and you will not use the “Confidential information” in the operation of your own business or disclose the “Confidential information” to any third parties except as provided herein. You may disclose this information to your accountant, attorney or consultant of your choosing so long as their use and consideration of this material is in connection with your prospective purchase and they agree, by extension, not to disclose the information and /or material provided to you by way of this Agreement.**

**This Agreement shall remain in effect even if no transaction between Client and you is consummated. In the event no transaction is consummated you will properly destroy any and all of the “Confidentiality information” that has been provided to you through this agreement.**

**You hereby acknowledge that the remedies at law for the breach of the terms of this Agreement and inadequate and the Client shall be entitled to injunctive relief to enjoin any such breach (in addition to any other legal and equitable remedies which may be available to Client) together with all costs and expenses including reasonable attorney’s fees, relation to the enforcement of its rights hereunder.**

**If you are in agreement with the foregoing, please indicate so by signing and returning a copy of the Agreement.**



# Doctor's Choice Southeast Inc.

**YOUR DENTAL PRACTICE BROKER**

**AGREED and ACCEPTED**

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Signature and Designation

Date

\_\_\_\_\_  
Print Full Name