

INDUSTRY PROFILE

Dentists

8.18.2020

NAICS CODES: 6212

SIC CODES: 8021

Industry Overview

Companies in this industry provide general and specialized dentistry services. Major companies include US-based American Dental Partners, Smile Brands Inc. (Bright Now! Dental, Castle Dental, and Monarch Dental, and Western Dental, along with Abano Healthcare (New Zealand), Bupa Dental Care (UK), and OdontoPrev (Brazil).

More than 1 million practicing dentists in 130 countries are represented by the FDI World Dental Federation, the world's the largest membership-based dental organization. Spending on dental services varies from country to country. In the US, dental services account for nearly 4% of total health expenditures, compared to about 7% in Canada.

About 135,000 dentists' offices operate in the US, generating annual revenue of about \$120 billion.

Competitive Landscape

Demand for dental services is driven largely by population growth, especially among children ages 5 to 19, who may require prophylactic and orthodontic work, and adults over 55, who may need more specialized dental work. Profitability depends on efficient operations. Large practices have advantages in marketing, purchasing, and being able to offer a wider range of services. Small practices can compete successfully by providing superior service or by focusing on an underserved region. The US industry is **highly fragmented**: the 50 largest practices generate about 5% of revenue.

Products, Operations & Technology

Dentists practicing **general dentistry** provide amalgam and composite fillings, regular teeth cleanings, cosmetic dentistry, root canals, sealants, and oral surgery. Other services include orthodontics, gum disease treatment, maxillofacial surgery, temporomandibular joint (TMJ) therapy, tobacco cessation and nutrition counseling, crowns and bridges, dentures, and dental implants.

Nonsurgical interventions (restorative, orthodontic, endodontic, and prosthodontic services) account for about 50% of revenue, followed by routine visits (consultations, preventative care, and diagnostics; 30%) and surgeries (20%).

As of 2017, a little over half of practices are single-dentist offices, down from 65% in 1999 as more dentists join group practices. Most dentists offices include **dental hygienists**, chairside assistants, and office staff (receptionists, office managers, financial coordinators). Insurance paperwork, bill collection, scheduling, and restocking supplies are the main concerns of the office staff. Some dental practices join purchasing organizations or franchise groups to simplify procurement and other administrative functions. Typical equipment includes x-ray machines; chair-mounted systems such as drills, suction devices, and sprayers; and computer imaging systems.

During routine cleanings or diagnostic exams, cleanings and x-rays are done by dental hygienists with the dentist reviewing the hygienists' work. In some states, hygienists' roles are expanding to include procedures previously reserved for dentists, allowing dentists to conduct complex procedures and consult with patients on their oral health.

Technology

Rapid technological changes in the last decade have changed dental practices. New dental tools and procedures include ultra-high-speed drills; sand blasting; better analgesics; new filling, bonding, and implant compounds; and computer imaging and laser bleaching systems. "**Digital dentistry**" describes a practice's incorporation of

techniques including computer-aided design and manufacturing (CAD/CAM), digital radiography such as wireless sensors and cone beam computed tomography (CBCT), and surgical lasers. Intra-oral TV and t-scan devices are used to educate patients about their teeth and the prescribed treatment. Advances in biological medicine also are leading to improved dental implants.

Computerized management systems have become the norm in most dentist offices. While dentists were slower than physicians to adopt electronic information systems, dentists now use them for patient scheduling, to refer patients to other specialists, and for insurance billing. The number of Americans with dental insurance plans has risen, increasing the need for insurance-processing capabilities. Some dentists use **electronic health records (EHRs)**, which facilitate data sharing among health professionals and can qualify practitioners for federal incentive funding. However, dental EHR adoption lags behind medical fields due to cost and implementation challenges.

Sales & Marketing

Americans with dental insurance typically visit the dentist every six months, as most insurance plans cover semi-annual dental checkups and cleanings.

Most dentists get new customers primarily through **referrals** from existing patients and from inclusion on approved company insurance lists. TV, radio, and newspaper advertising are rare, because most people use a dentist located in their immediate geographic area. Use of **online advertising** has grown, and event sponsorships, direct mailings, and billboard advertising are sometimes used. Specialized dentists may get referrals from doctors and hospitals. Dentists generally spend less than 5% of income for marketing.

Prices for dental procedures vary from around \$100 to \$200 for a normal checkup and cleaning, \$1,000 to \$3,000 for a crown, and \$500 to \$2,000 per tooth for a root canal. Fillings are about \$100 to \$300, depending upon materials. Dental insurance typically covers 100% of the cost of a teeth cleaning up to twice a year as necessary preventative care. Some plans may have a maximum amount they will pay for a cleaning, which can be less than what the dentist charges.

Finance & Regulation

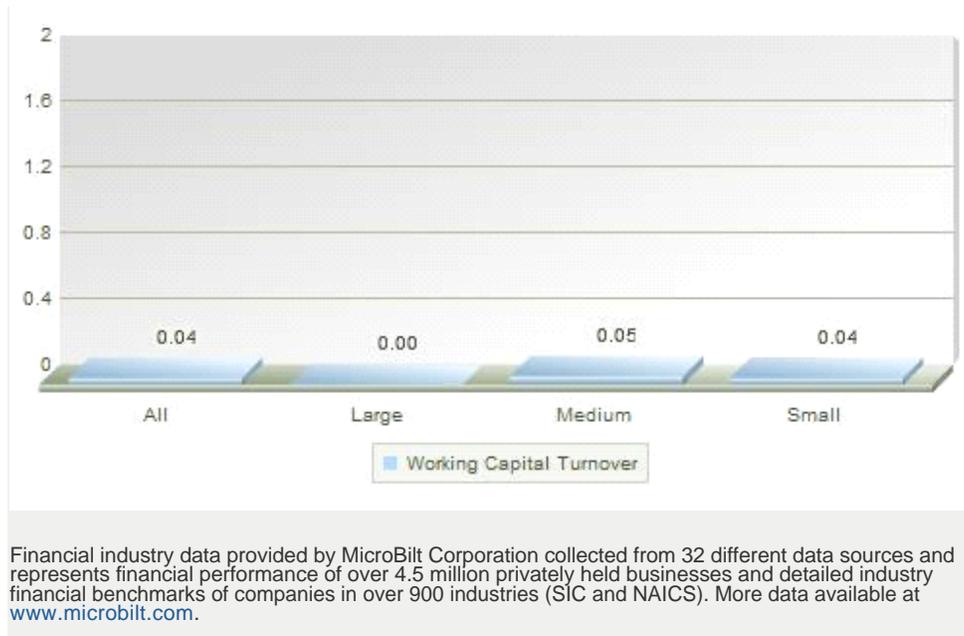
Accounts receivable are low, averaging about 10 days' sales, as even with dental insurance patients pay at the time of each visit. Because of the relatively small charge per visit and lack of catastrophic claims, the issue of cost-containment has been much lower in dentistry than in medicine. About 75% of dentists participate in some form of dental plan, whether that is a discount plan, preferred provider network, or public assistance program. Dentists receive nearly 50% of payments from private insurance and managed care companies, while about 40% of billings come from direct patient payments and about 10% come from government programs, according to the American Dental Association.

Because of rapid advances in technology, dentists periodically need to buy expensive **diagnostic and treatment equipment**. Cash flow can be uneven during the year. Receivables are usually low because most patients pay at the time of service, but expensive procedures, such as orthodontia, may be paid for in installments. The industry is **labor-intensive**: average annual revenue per employee in the US is about \$130,000.

Insurance penetration is increasing, and about 77% of Americans have some form of dental insurance. Two-thirds of Americans have private dental coverage, and about 90% of private dental plans are obtained through employer and other group policies, according to the National Association of Dental Plans. When dentists contract for their services to insurance plans, they incur large recordkeeping responsibilities and must accept the **reimbursement schedules** for the different patient procedures they provide. Many plans require dentists to treat patients based on the **least expensive alternative treatment (LEAT)**, which limits options. Medicare doesn't cover most dental procedures.

Working Capital Turnover by Company Size

The working capital turnover ratio, also known as working capital to sales, is a measure of how efficiently a company uses its capital to generate sales. Companies should be compared to others in their industry.



Regulation

Dentists in the US must obtain a bachelor's degree, attend dental school for four years, and pass an exam to become licensed in the state in which they wish to practice. Dentists wanting to practice in a specialty field must attend school for an additional two to four years and complete a residency program. Other than compliance with licensing requirements, state regulation of dentistry is generally light. Most states prohibit nondentists from owning or operating a practice.

To prescribe certain drugs, dentists must be registered with the Drug Enforcement Administration (DEA). Offices that participate in Medicare and Medicaid programs are subject to investigation by federal and state authorities and can be impacted by changes in **reimbursement rates** under the Affordable Care Act (ACA) and other health reform measures. The Health Insurance Portability and Accountability Act (HIPAA) restricts dentists from releasing patient information and imposes standards on electronic record-keeping and communication practices.

International Insights

More than 1 million practicing dentists in 130 countries are represented by the FDI World Dental Federation, the world's the largest membership-based dental organization. Spending on dental services varies from country to country. In the US, dental services account for nearly 4% of total health expenditures, compared to about 7% in Canada. In Europe, spending on dental services range from 2.5% of health expenditures in Finland to 7.6% in Estonia.

The way dental care is financed varies by country or region. Treatment is mostly provided by private dental practitioners and can be costly, averaging 20% of out-of-pocket health expenditures in OECD (Organisation for Economic Co-operation and Development) countries. In **Canada**, dental care is not covered under the national health plan but is financed through private insurance, much like in the US. Depending upon the province, some dental care for seniors and children may be covered.

In Europe, **routine dental care** is covered under public health plans in some countries but funded out-of-pocket by consumers in others. Out-of-pocket expenses make up 18% of total dental expenditures in the Netherlands, compared to 97% in Spain, according to the OECD. **Public health programs** that cover dental work for low- and middle-income people are rare in most countries.

The average number of dentists per 100,000 population in OECD nations is nearly 70. In Luxembourg and Lithuania, that figure is 97; in Mexico, 14. **Access to care** is one of the key issues facing the profession. In general, citizens of wealthier nations have more access to dentists and preventive care than those who live in **developing countries**. In Western Europe, around 90% of survey respondents said they lived or worked within 30 minutes of a dentist; however, that percentage dropped among residents of poorer European nations such as Estonia and Latvia, according to a European Commission report.

Organizations such as the FDI World Dental Federation call for a change in the way dental care is paid for to increase access to preventive care among poor and underserved populations, as well as for additional research on oral health to improve preventive care among vulnerable populations. The burden of oral diseases including cavities, gum disease, oral cancer, and lesions is increasing in low- and middle-income countries, according to the World

Health Organization. Due to limited availability or inaccessibility to oral health services, dental care utilization is especially low among the elderly, people living in rural areas, and people with limited education and income.

Regional Highlights

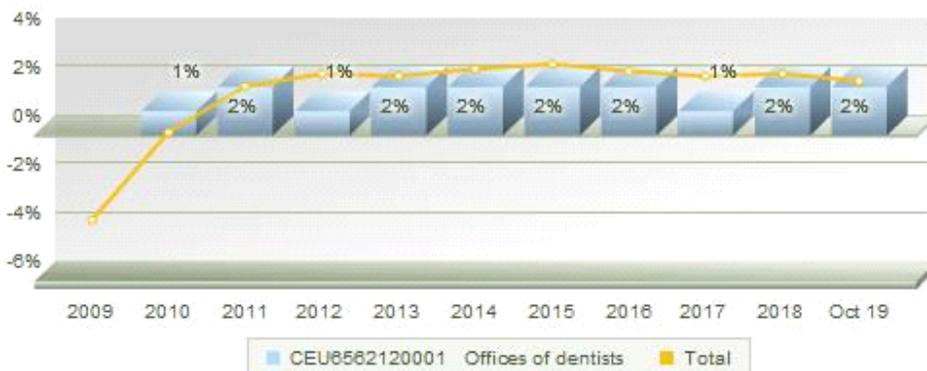
The US has about 60 dentists per 100,000 people. The District of Columbia, [Massachusetts](#), [Alaska](#), [New Jersey](#), and [California](#) have the highest ratios of dentists per population; [Alabama](#), [Arkansas](#), [Mississippi](#), [Delaware](#), and [Georgia](#) have the lowest, according to data from the American Dental Association. All states have fewer dentists than physicians per 100,000 people.

The US Department of Health and Human Services designates some 5,800 **health professional shortage areas** (HPSAs) in the dental field. These are communities or population groups with ratios of 5,000 or more people per dentist. Shortages are often found in rural or low-income areas.

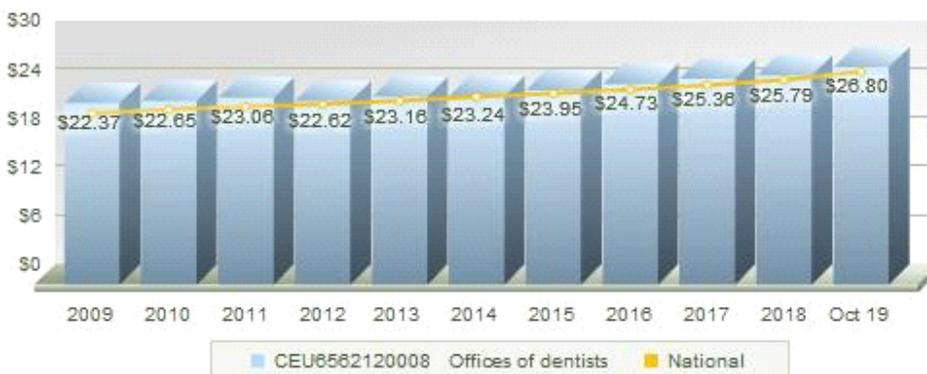
Human Resources

Employees in dentists' offices and clinics earn wages that are slightly higher than the US average, in part because of the special training that dental hygienists and other office assistants must receive. The median annual salary for dentists in the US is about \$160,000. Dentists often graduate with high debt levels, leading them to settle in densely populated areas where self-paying or commercially insured patients are plentiful. **Injury rates** are about 50% below the national average.

Industry Employment Growth Bureau of Labor Statistics



Average Hourly Earnings & Annual Wage Increase Bureau of Labor Statistics



Industry Growth Rating



Demand: Driven by favorable demographics
Need efficient use of labor, equipment
Risk: Greater insurance penetration limits prices

Quarterly Industry Update

8.18.2020

Challenge: Increased Dental Opioids Prescription May Be Contributing to Drug Abuse - Dental prescription of opioid painkillers has generally increased and has been associated with drug abuse. Dentists have prescribed opioids even in cases when the pain can be effectively managed by non-opioid medication such as non-steroidal anti-inflammatory drugs (NSAIDs) and over-the-counter (OTC) painkillers. A study conducted in Australia before and after the re-scheduling of codeine to prescription only in February 2018 found a significant increase in the use of dental opioids including codeine, codeine/paracetamol, oxycodone and tramadol. Oxycodone and codeine rank second and fourth in pharmaceutical opioids that are associated with overdose deaths in Australia. While the re-scheduling of codeine has reduced the misuse of this medication, it has not curtailed the increasing opioids prescriptions by dentists. A study conducted by the University of Michigan found that patients who receive dental procedures on a Friday or right before a holiday are 27% more inclined to fill opioid prescriptions and that teenagers and young adults are 43% more inclined to purchase prescription opioids than older patients. Hence, one way to reduce the purchase of dental opioids is to schedule most of dental surgeries and procedures that require medication on weekdays that are not followed by a weekend or holiday. However, this is not always possible since some patients prefer to have dental procedures on a Friday or the day before a holiday so that they can recover through the weekend or holiday.

Industry Impact? - Dentists should avoid prescribing opioids when the pain can be managed using NSAIDs and/or OTC pain medication. To avoid preemptive prescribing of opioids, dental surgeries or procedures that require pain medication should be scheduled on weekdays that are not followed by a weekend or a holiday.

8.17.2020

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4.13.2020

Challenge: Dental Practices Shutter Operations During COVID-19 Pandemic - The COVID-19 outbreak is causing dental practices to halt service provisions in most regions of the US, as well as in many countries around the globe,

which is leaving gaps in patient care and causing significant financial and emotional strain. Some dentists are shuttering operations completely and temporarily laying off staff members, while others are staying open to serve patients in need of critical dental care to help keep hospital emergency room volumes down. The US Centers for Disease Control and Prevention (CDC) and state regulators have requested that all elective and non-urgent dental visits be postponed to protect staff members and preserve medical protective equipment (masks, gloves, etc.). One sizable California dental network, Western Dental, has closed most locations but is keeping a handful of regional branches open for emergency appointments. Some dentists can use teledentistry (virtual dental consultations) to help maintain revenue, but the practice is restricted in many states and reimbursements are not always guaranteed. The federal CARES Act will provide some financial support for struggling dentist practices, including through payroll protection provisions.

Industry Impact - Dental practices and employees are unable to provide sufficient patient care during the COVID-19 outbreak and are facing significant financial damages related to the pandemic. Dental practices also face additional stresses over maintaining safety protocols and acquiring protective equipment for emergency procedures.

8.19.2019

Trend: Growth in Pediatric Dentists Could Overtake Service Demand - The number of pediatric dentists in the US is projected to increase by more than 60% by 2030, creating concern that supply could outweigh demand. The number of pediatric dentists practicing in the US will grow from 6,500 in 2016 to about 10,500 by 2030 (a 62% increase) if current supply trends continue, according to a recent study published in the Journal of the American Dental Association. The rate of pediatric dentists per 100,000 children would grow from 9 to 14. The growth trend is occurring as more dentists postpone retirement and a larger number of students enroll in dental school. Meanwhile demand for pediatric dentists is only expected to grow 2%, though this rate could increase if pediatric dentists capture a larger share of the pediatric dentistry market (in contrast to general dentists) or if barriers to care for underserved populations are removed.

Industry Impact - If supply outweighs demand in the US pediatric dentistry market, practitioners could face the financial impact of a shrinking customer base. Professionals may need to market services more aggressively or move to rural areas where access to care is more limited.

Industry Indicators

US consumer prices for medical care commodities, which may impact dentist operational costs for equipment and supplies, rose 0.8 percent in August 2020 compared to the same period in 2019.

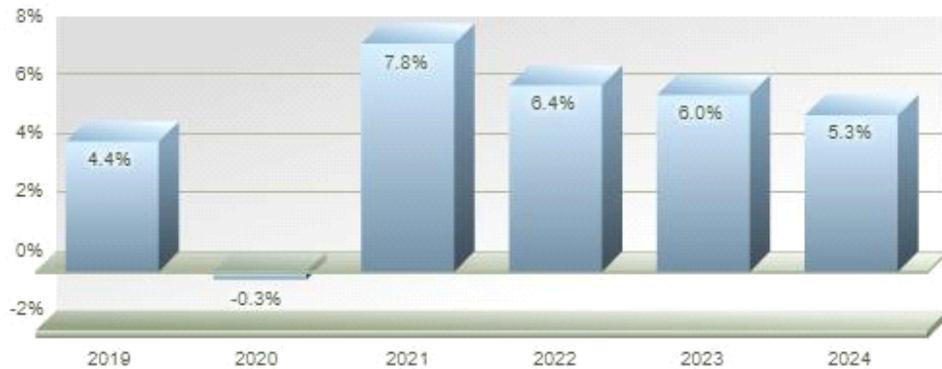
US consumer prices for medical care services, an indicator of profitability for dentists offices and clinics, rose 5.3 percent in August 2020 compared to the same month in 2019.

US personal income, which drives consumer ability to pay for dental services, rose 8.2 percent in July 2020 compared to the same month in 2019.

Total US revenue for dentist offices and clinics rose 3.5 percent in the second quarter of 2020 compared to the same period in 2019.

Industry Forecast

US personal consumption expenditures at dentists offices and clinics are forecast to grow at an annual compounded rate of 6% between 2020 and 2024. Data Published: July 2020



First Research forecasts are based on INFORUM forecasts that are licensed from the Interindustry Economic Research Fund, Inc. (IERF) in College Park, MD. INFORUM's "interindustry-macro" approach to modeling the economy captures the links between industries and the aggregate economy. [Forecast FAQs](#)

Industry Drivers

Changes in the economic environment that may positively or negatively affect industry growth.

Data provided by First Research analysts and reviewed annually



Technology Innovation Advances in science and technology, including information technology



Government Regulations Changes in federal, state, or local government regulations or business-related policies

Critical Issues

Reduced Demand in Developed Nations - Oral health has vastly improved in developed nations, reducing demand for traditional dental services. Because demand is limited by sluggish population growth in nations including the US, more dentists are looking for new ways to expand revenue, like offering more preventive and cosmetic care, dental implants, integrated health care, and practices that emphasize "gentle dentistry" to help patients overcome fear.

Growing Importance of Dental Insurance Providers - About 75% of dentists participate in a preferred provider network or other type of dental plan. Dentists who contract with dental insurance plans have to accept the fees dictated by the insurer, which are often lower than fees charged to other customers. As more Americans are covered by managed care plans that include dental care, dentists will have less control over fees and will be pushed to contain costs.

Business Challenges

Potential Disease Transmission - Dentists are at particular risk for disease transmission, both for themselves and their patients. Concerns about HIV infection and AIDS and other blood-transmitted diseases led to stronger regulations for instrument sterilization as well as the use of masks and goggles. H1N1, or swine flu, also caused concerns in the late 2000s.

Mercury in Fillings - Some states may restrict or ban amalgam, the mixture made partially with mercury commonly

used for cavity fillings. Environmentalists and health activists point to dentists as large contributors to the problem of poisonous mercury in wastewater, and some states regulate how dentists dispose of dental amalgam. In 2009 the FDA ruled that the mercury in fillings did not pose a health risk, even to children and pregnant women.

Income, Patient Education Barriers to Care - Many low-income patients can't afford to go to a dentist until their problems are severe and require expensive treatment such as extraction, root canals, or treatment for periodontal disease or tooth decay. Dental emergency room visits are a growing problem, as is the limited number of dentist accepting Medicaid due to low reimbursements. Dentists say that basic education on oral health, such as brushing and flossing, could prevent most severe dental problems.

Shortage of Dentists and Dental Educators - Dental colleges are experiencing a shortage of qualified faculty, exacerbating the overall shortage of dentists in some areas. As existing faculty members reach retirement, new dentists are choosing higher-paying private practices that enable them to pay off their education loans faster. The high debt load of graduates and desire for higher profit margins also leads to dental care shortages in low-income or sparsely populated areas. To boost recruitment, dental schools and the US Health Resources and Services Administration are offering loan forgiveness, stipends, and other incentives to dentists who teach or serve in high-need areas.

Business Trends

Selling the Practice - The estimated value of a dental practice peaks when the dentist is 50 to 54, and the later a dentist retires, the less the practice is worth, according to an American Dental Association (ADA) report, Financing the Purchase and Sale of Dental Practices. Typically, practices sell at 1.5 times a dentist's normal take-home income, according to Dental Economics. Sale prices are expected to decrease as the market is flooded with the practices of retiring dentists from the baby-boomer generation. The trend of selling practices to dental management service organizations (DMSO) is small but increasing; specialty dental practices are the most popular acquisition targets. Dentists' offices that adopt modern technologies, such as digital imaging systems, could see a greater sale price.

Increasing Role of Dental Hygienists - With the continued decline in the number of dentists, some states are allowing dental hygienists to perform some dental procedures and provide preventive care without dentist supervision. Dentists allow assistants to perform routine tasks so that they can devote their time to more complex procedures. The Commission on Dental Accreditation supports education programs for a new tier of dental professionals called dental therapists, who are often advanced-trained hygienists. The US Census projects 20% growth in the number of dental hygienists between 2016 and 2026.

Sedation Dentistry - An increasing number of patients are choosing sedation dentistry, a technique to pacify those with dental phobia. In sedation dentistry, patients rarely feel discomfort and believe the treatment lasts only a few minutes. The process provides a relaxing and anxiety-free experience for those who might otherwise neglect their oral hygiene and health. A benefit of sedation dentistry is that in some complex procedures, multiple visits are eliminated.

Insurance Coverage Expansion - Millions of children and adults have gained some level of dental coverage through the Affordable Care Act (ACA), primarily due to the expansion of Medicaid in some states, according to the American Dental Association. By the end of 2017, an estimated 9.8 million adults gained dental benefits through Medicaid expansion under the ACA.

Industry Opportunities

Rising Demand for Implants - Growth in the number of elderly Americans, driven in part by the aging of baby boomers, will continue to increase demand for dental implants. The number of Americans 65 years and older is expected to rise 49% between 2016 and 2030, compared to a 10% increase in the overall population.

Rise of Cosmetic Dentistry - Cosmetic dentistry has risen in importance in many dental practices. Most general dentists offer cosmetic procedures, such as tooth whitening, as part of their practice, and many practices have seen a steady increase in the number of cosmetic procedures. Crowns, bonding, whitening, and veneers are among the most popular treatments, according to the American Academy of Cosmetic Dentistry.

Periodontics Treatments Rise - Gum disease has been linked to heart problems, causing the ADA to recommend periodontal exams along with regular dental checkups. Researchers are comparing nonsurgical and surgical methods to treat periodontal disease; the results could change the treatments dentists offer. Currently, surgery is the standard treatment, although alternative methods, like scaling, root planing, antibiotics, and mouthwashes, are available.

Financial Information

COMPANY BENCHMARK TRENDS

Quick Ratio by Company Size

The quick ratio, also known as the acid test ratio, measures a company's ability to meet short-term obligations with liquid assets. The higher the ratio, the better; a number below 1 signals financial distress. Use the quick ratio to determine if companies in an industry are typically able to pay off their current liabilities.



Financial industry data provided by MicroBilt Corporation collected from 32 different data sources and represents financial performance of over 4.5 million privately held businesses and detailed industry financial benchmarks of companies in over 900 industries (SIC and NAICS). More data available at www.microbilt.com.

Current Liabilities to Net Worth by Company Size

The ratio of current liabilities to net worth, also called current liabilities to equity, indicates the amount due creditors within a year as a percentage of stockholders' equity in a company. A high ratio (above 80 percent) can indicate trouble.



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COMPANY BENCHMARK INFORMATION

NAICS: 6212

Data Period: 2016

Last Update December 2017

Table Data Format

Mean

Company Size	All	Large	Medium	Small
Size by Revenue		Over \$50M	\$5M - \$50M	Under \$5M
Company Count	76398	-	236	76162

Income Statement

	All	Large	Medium	Small
Net Sales	100%	-	100%	100%
Gross Margin	100.0%	-	100.0%	100.0%
Officer Compensation	6.3%	-	5.1%	6.4%
Advertising & Sales	1.5%	-	1.6%	1.5%
Other Operating Expenses	87.8%	-	87.6%	87.9%
Operating Expenses	95.7%	-	94.3%	95.8%
Operating Income	4.3%	-	5.7%	4.2%
Net Income	1.8%	-	2.7%	1.8%

Balance Sheet

	All	Large	Medium	Small
Cash	15.4%	-	15.0%	15.4%
Accounts Receivable	6.7%	-	8.6%	6.6%
Inventory	0.5%	-	0.5%	0.5%

Total Current Assets	29.2%	-	30.7%	29.0%
Property, Plant & Equipment	29.3%	-	27.6%	29.4%
Other Non-Current Assets	41.6%	-	41.7%	41.6%
Total Assets	100.0%	-	100.0%	100.0%
Accounts Payable	1.9%	-	2.0%	1.9%
Total Current Liabilities	18.5%	-	19.4%	18.4%
Total Long Term Liabilities	40.1%	-	39.8%	40.1%
Net Worth	41.4%	-	40.9%	41.5%

Financial Ratios

(Click on any ratio for comprehensive definitions)

Quick Ratio	1.33	-	1.35	1.33
Current Ratio	1.58	-	1.59	1.58
Current Liabilities to Net Worth	44.5%	-	47.3%	44.3%
Current Liabilities to Inventory	x41.01	-	x40.31	x40.87
Total Debt to Net Worth	x1.41	-	x1.44	x1.41
Fixed Assets to Net Worth	x0.71	-	x0.67	x0.71
Days Accounts Receivable	10	-	13	10
Inventory Turnover	x0.00	-	x0.00	x0.00
Total Assets to Sales	40.5%	-	41.6%	40.4%
Working Capital to Sales	4.3%	-	4.7%	4.3%
Accounts Payable to Sales	0.8%	-	0.8%	0.8%
Pre-Tax Return on Sales	3.0%	-	4.4%	2.9%
Pre-Tax Return on Assets	7.4%	-	10.6%	7.2%
Pre-Tax Return on Net Worth	17.8%	-	25.9%	17.3%
Interest Coverage	x3.00	-	x4.12	x2.92
EBITDA to Sales	7.5%	-	8.7%	7.4%
Capital Expenditures to Sales	4.3%	-	4.1%	4.3%

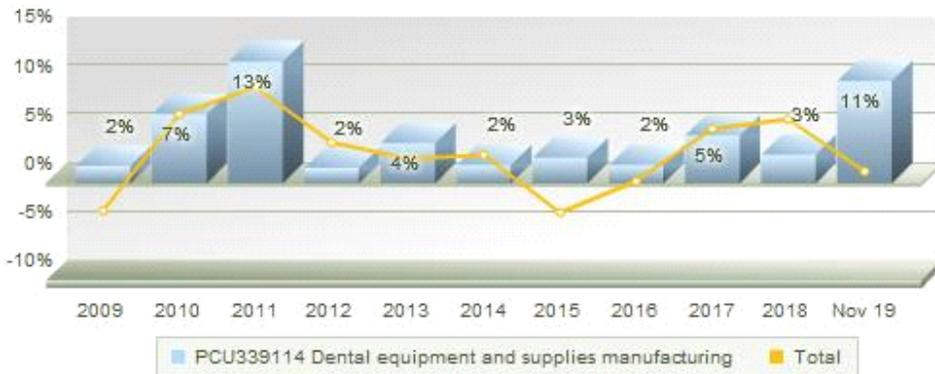
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ECONOMIC STATISTICS AND INFORMATION

Annual Construction put into place - Census Bureau



Change in Producer Prices - Bureau of Labor Statistics



Change in Consumer Prices - Bureau of Labor Statistics



VALUATION MULTIPLES

Dentists

Acquisition multiples below are calculated medians using at least 3 US private industry transactions completed between 1/2008 and 12/2019 and are based on middle-market transactions where the market value of invested capital (the selling price) was less than \$1B. Data updated annually. Last updated: December 2019.

Valuation Multiple	MVIC/Net Sales	MVIC/Gross Profit	MVIC/EBIT	MVIC/EBITDA
Median Value	0.6	0.6	1.8	1.7

MVIC (Market Value of Invested Capital) = Also known as the selling price, the MVIC is the total consideration paid to the seller and includes any cash, notes and/or securities that were used as a form of payment plus any interest-bearing liabilities assumed by the buyer.

Net Sales = Annual Gross Sales, net of returns and discounts allowed, if any.

Gross Profit = Net Sales - Cost of Goods Sold

EBIT = Operating Profit

EBITDA = Operating Profit + Noncash Charges



SOURCE: DealStats (formerly Pratt's Stats), 2019 (Portland, OR: Business Valuation Resources, LLC). Used with permission. DealStats is available at <https://www.bvresources.com/learn/dealstats>

Industry Websites

Academy of General Dentistry

News, publications, hot issues, conventions, consumer information, and links.

American Academy of Cosmetic Dentistry

News and industry information.

American Dental Association

General information and news on issues facing dentists.

Canadian Association of Orthodontists

News, events and links.

Canadian Dental Association

News and information on dentistry and oral health.

Canadian Dental Hygienists Association

News and information.

Dental Economics

Articles and news for the dental profession.

DrBicuspid.com

News and features on dentistry.

FDI World Dental Federation

World issues, research, and statistics.

National Association of Dental Laboratories

News, calendars, directories and information on technician and laboratory certification.

National Association of Dental Plans

Industry information and news on dental benefits programs and services.

The Canadian Dental Hygienists Association

Articles and news on oral health, industry issues, FAQs, and a newsletter.

Glossary of Acronyms

DMSO - Dental Management Service Organization

HIPAA - Health Insurance Portability and Accountability Act

LEAT - least expensive alternative treatment

NADL - National Association of Dental Laboratories

TMJ - temporomandibular joint