

NON-DISCLOSURE CONFIDENTIALITY AGREEMENT

This Non-Disclosure Confidentiality Agreement (hereinafter, "Agreement") is hereby entered into on this ____ day of _____, 20____, by and between Legacy Practice Transitions, Inc., a corporation duly organized in the State of Indiana (hereinafter, "LPT"), and the Undersigned Interested Party (hereinafter, the "Undersigned").

WHEREAS, LPT is a consulting firm specializing in dental practice transitions and other practice transition related programs; and

WHEREAS, the Undersigned desires to evaluate certain practice opportunities available through LPT, and in order to evaluate said opportunities to purchase a practice, the Undersigned must be informed of certain confidential information relating to the practice(s), including but not limited to the identity of the practice and its Seller, as well as its financial data, patient procedures, etc.

NOW, THEREFORE, with respect to any practice opportunity presented by LPT (or by one of LPT's representatives or dental practitioner clients) to the Undersigned for their consideration, the Undersigned agrees to keep all of said information relating to the practice opportunities fully confidential. The Undersigned agrees not to disclose to any other party any information relating to said practice opportunities, including the identities of the Seller, the location of the practice, the circumstances surrounding the sale, and all data relating to said practice opportunities. The aforementioned notwithstanding, the undersigned may disclose said data with an attorney or accountant representing the Undersigned, so long as said attorney or accountant is informed that said information is confidential and must be kept confidential.

The Undersigned agrees that all information provided by LPT is confidential and agrees not to disclose to anyone or make copies of any of the information, ideas, procedures, practice opportunities, programs, concepts, contract and/or other data conveyed and entrusted to the Undersigned without the prior written consent of LPT.

In addition, the Undersigned also agrees that, upon request by LPT, any projections, calculations, word descriptions, and tangible material given to undersigned relating to any practice opportunity will be immediately returned to LPT.

IN WITNESS WHEREOF, the Interested Party, by its signature below, hereby executes this Agreement on the date stated above, and agrees to be bound by the terms contained herein.

INTERESTED PARTY:

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____