

Q&M DENTAL GROUP

QNM SP / QC7.SI

Growth through appropriate care and disciplined expansion

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Investment Highlights

- **Core dental earnings improve.** 1H26 revenue rose 12.5% to S\$99.5m and core dental profit after tax increased 9.8% to S\$15.0m. Reported PATMI grew 27% to S\$4.9m, helped by a favourable other-gains comparison and lower tax. Cash conversion remains a key test.
- **Singapore growth is forecast from the bottom up.** Our patient and treatment model links ageing, extraction eligibility, informed patient choice and dentist training. Singapore clinic sales reach S\$183.2m in FY27, with implant revenue of S\$29.8m. Historical treatment volumes and mix are model estimates.
- **Five deals have different execution risks.** Australia and Thailand now have signed SPAs; three other acquisitions remain at MOU stage. The base assumes eventual completion but allows operating shortfalls and recognises no cash or profit from prospective guarantee recovery.
- **Higher target with explicit conditions.** We raise the 12-month DCF target to S\$0.687 from S\$0.650. S\$0.764 price target requires full acquisition delivery, stronger training realisation and better core cost efficiency. Financing, minorities and dilution are factored in the valuation.

Valuation & Action.

We reiterate **OUTPERFORM**. Our base target uses 8.0% WACC and 2.0% terminal growth, implying 36.0% price upside from **S\$0.505**. We remain at S\$0.687 while the conditions for the higher scenario are unproven.

Risks.

Key downside risks include acquisition delays or weak operating delivery, uncertain guarantee recovery, higher funding costs, minority-value leakage, and slower clinically appropriate implant uptake could reduce value.

OUTPERFORM

Last close (S\$)	0.505
DCF value / share (S\$)	0.687
Previous TP (S\$)	0.65
Previous Recommendation	OP
Upside / (Downside) (%)	36.0
TRADING DATA	
Market Cap (S\$000)	479,324.37
Issued Shares (000)	949,157.20
3M Avg Daily Vol (000)	471.74
3M Avg Daily Val (S\$000)	260.73
Free Float (%)	38.17
MAJOR SHAREHOLDERS (%)	
Quan Min Holdings Pt	54.37
Heritas Helios Inves	6.76
Oversea-Chinese Bank	0.76

Financials & Key Operating Statistics

YE Dec (S\$'000)	2024	2025	2026F	2027F	2028F
Revenue	180,674	197,226	219,518	315,886	384,636
PATMI	14,264	9,312	14,555	27,389	36,273
EPS (S\$ cents)	1.51	0.98	1.53	2.59	3.35
EPS growth (%)	23.7%	(34.7%)	55.6%	69.0%	29.7%
DPS (S\$ cents)	1.10	0.82	0.92	1.29	1.68
Div Yield (%)	2.0%	1.5%	1.7%	2.3%	3.0%
Net Profit Margin (%)	7.9%	4.7%	6.6%	8.7%	9.4%
Net Gearing (%)	76.6%	68.5%	77.4%	98.3%	105.8%
P/E (x)	37.2x	56.9x	36.6x	21.7x	16.7x
P/B (x)	5.0x	5.1x	4.6x	2.8x	2.6x

Source: Company data, KGI Research estimates

Business Updates

Results strengthen the core thesis

We reiterate OUTPERFORM and raise our 12-month target price to S\$0.687 from S\$0.650. Our FY25 report framed Q&M as a well-funded dental franchise entering a more active deployment phase. Six months later, the Singapore franchise remains the earnings anchor, Australia and Thailand have moved to signed purchase agreements, and our forecast now distinguishes treatment volumes, clinician productivity and each acquisition's operating delivery. The revised target increases 5.7%; the change reflects a more explicit bottom-up earnings and cash-flow model while retaining an 8.0% WACC and 2.0% terminal growth rate.

The first-half headline is encouraging, but the quality of growth needs interpretation. Revenue increased 12.5% to S\$99.5m and core dental revenue rose 13.0% to S\$98.6m. Core dental profit after tax increased 9.8% to S\$15.0m, while reported PATMI rose 27.0% to S\$4.9m. These measures describe different parts of the business: the core dental profit measure excludes costs and results that ultimately affect shareholders. The prior-period consolidation of Aoxin also enlarges the revenue comparison, so the 13% growth rate should not be read as same-clinic growth.

Figure 1: Q&M development since our last update

Date	Development	Investment significance
Mar / Apr	Two Aoxin China acquisition MOUs	Separate central and southern platforms
31 Mar / 30 Jul	Treasury shares transferred under PSP	Share-count update; clinician incentives
19 May	Pledged Aoxin shares enforced	Partial non-cash guarantee recovery
1H / 1 Jul	Sengkang, Delta, Ann Arbor / Southbank	Existing-network tuck-ins; no double count
18 Jun	Jurong property sold for S\$4.75m	Non-recurring gain and cash proceeds
10 / 12 Jul	Australia and Thailand SPAs signed / announced	Binding agreements; conditions remain
14 / 16 Aug	Results / EM2AI disposal MOU	Core profit growth; proposed buyer-share proceeds
4 / 7–8 Sep	Dividend payable / buybacks	0.40c distribution; 171,300 shares repurchased

Source: Company, KGI Research

Cash generation gives a more restrained picture than the closing cash balance. Operating cash flow declined 16.2% to S\$12.6m. The largest drag was other non-financial assets, which consumed S\$2.1m versus S\$0.2m in 1H25, reflecting higher dentist sign-on bonuses and staff incentive-related items. Trade and other receivables also swung to a S\$0.7m cash outflow from a S\$1.3m inflow previously, while inventory absorbed S\$0.5m versus contributing S\$0.4m. After S\$7.3m of lease principal, S\$3.7m of total interest and S\$2.6m of cash capital expenditure, our residual cash measure was negative S\$1.0m. This measure reflects the company's classification of interest in financing cash flow. Cash increased to S\$119.2m partly because of Aoxin minority-placement proceeds and property disposals; the increase was not entirely generated by recurring dental operations.

The existing network is also being reshaped. Malaysia had 36 dental outlets versus 37 a year earlier. China had four hospitals and seven polyclinics, compared with seven hospitals and seven polyclinics. Four Singapore medical outlets closed. These changes reinforce the need to assess clinic productivity, closures and capital allocation alongside headline revenue growth. Finalisation of Aoxin purchase-price allocation also restated FY25 balances, including goodwill. That is an allocation of acquisition accounting values, rather than evidence of a new cash loss.

Collection risk has a relevant precedent. In May, enforcement of pledged Aoxin shares recovered about S\$1.3m of an outstanding profit-guarantee claim through 5.5m shares. Security can therefore have value, but settlement may be partial and non-cash. This history informs our decision to keep prospective recovery outside the earnings and cash-flow forecasts for the five new deals.

Corporate actions and China execution update

Capital-market plans have diverged. On 12 July, Q&M deferred further steps toward its proposed Bursa Malaysia secondary listing and said it would continue assessing suitability with advisers. No revised timetable was given. Separately, Aoxin applied on 26 June to transfer from Catalist to the SGX Mainboard, subject to exchange and shareholder approvals. Neither initiative provides committed funding or a valuation uplift in our base case.

Aoxin has raised capital while underlying demand remains weak. Its 4 May placement issued 134m shares, including 50m to Q&M, for S\$21.0m gross proceeds at subsidiary level. This includes the parent's subscription and must not all be treated as new external cash to the consolidated group. Aoxin's June cash of RMB223.3m provides resources for expansion, but operating cash generation was only RMB5.1m during the half.

Figure 2: Aoxin's bottom line summary

Aoxin, RMBm	1H25	1H26	Change
Revenue	86.8	76.4	(12.1%)
Primary healthcare revenue	54.9	43.4	(21.0%)
Reported PATMI	2.7	0.4	(87.2%)
Company-adjusted PATMI	2.5	2.5	1.0%

Source: Company, KGI Research

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Clinic rationalisation and new investment run in parallel. Panjin hospital closed after its lease expired in April; it had been loss-making since 2017. The first half included RMB2.0m of closure costs; company-adjusted PATMI excludes this cost and associate results. Aoxin is also investing an estimated RMB35m in a new 2,430-square-metre Shenyang hospital, with a soft opening targeted for end-September. Its August government MOU remains a statement of intent. These are developments within the existing platform, separate from the two acquisition MOUs. Their ramp-up reinforces our measured China delivery assumptions.

The collection record is mixed and deserves both sides of the evidence. Q&M's 31 March notice proposed recovering S\$3.9m through 21.4m pledged Aoxin shares from Dr Shao Yongxin/HFEL; Aoxin later confirmed completion on 7 April. The notice estimated RMB39.9m would remain owed and reported that no third-party buyer had been found for the collateral. Separately, Aoxin's 5 June filing confirmed all three covered subsidiary guarantees were met for FY25, with Vendor 1's remaining RMB2.23m historic shortfall fully repaid in cash. These are different counterparties from the May Zhang Chun recovery. They support underwriting each contract and obligor separately.

Governance requires continued attention during expansion. Hareesh V Nair joined Q&M as a non-independent non-executive director on 29 April; his employer, TPC Group, is linked to substantial shareholder IMC Dynamic. In August, SGX queried Aoxin about director Chong Eng Wee's nine listed-board positions. Aoxin's board cited his full attendance and China transaction experience and concluded that he could discharge his duties. That is the board's assessment, to be tested as integration demands increase.

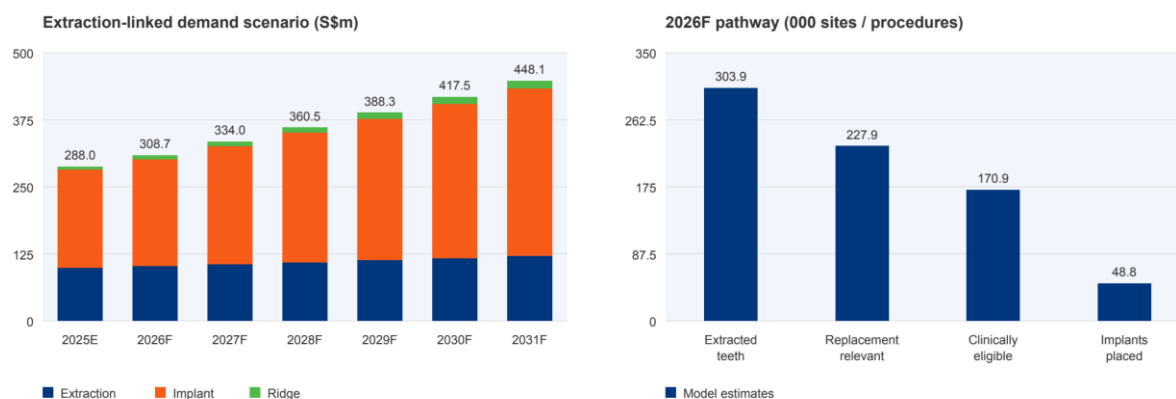
The former-CEO update concerns allegations and unresolved claims. Aoxin's 4 July filing described additional allegations involving Dr Shao's purported personal share sales and loans. One affected person lodged a police report on 2 July; Aoxin expressly said it was not party to that report and did not expect a material group impact. The allegations and outcomes remain unproven. For investors, the relevant lessons are counterparty diligence, collateral verification and independent oversight, rather than an automatic additional earnings charge.

Forecasting Singapore from patients to procedures

We forecast the wider Singapore opportunity first, then test what Q&M can capture. We began with resident adults aged 20–49, 50–64, 65–74 and 75+, applies assumptions for natural-tooth retention and annual attendance, and estimates extraction incidence. It then separates extractions requiring replacement from sites clinically suitable for implants, followed by patient uptake, treatment timing and fees. This is a holistic framework for the extraction-to-replacement pathway. It is deliberately narrower than the entire dental market: children, non-residents, longstanding missing teeth, revisions and much preventive care sit outside its scope.

Ageing is the firmer demand anchor. The model's resident population aged 65+ rises from approximately 790,000 in 2025 to 1.02m in 2031. It holds the 20–64 cohort constant and derives older-cohort growth using a 2030 support-ratio assumption of 2.7. These are model projections, not an official forecast of every age cohort. MOH's observed attendance rates provide a useful check: attendance was broadly stable in 2019–2023, reaching 61.6% for ages 18–49 and 53.7% for ages 50–74. We use these as proxies rather than assume a sudden nationwide increase in attendance.

Figure 3: Ageing and treatment mix drive the extraction-linked opportunity



Source: KGI Research

The spending increase comes principally from mix. Estimated extraction-linked revenue rises from S\$288.0m in 2025 to S\$448.1m in 2031, a 7.7% CAGR. Extraction and oral surgery grow from S\$99.5m to S\$120.7m; implants including crowns increase from S\$183.1m to S\$313.2m. Ridge preservation adds S\$5.3m and S\$14.2m respectively.

The clinical filters prevent the model from treating every extraction as implant demand. In 2026, about 303,900 modelled extractions become 227,900 replacement-relevant sites after excluding 25% for wisdom teeth, orthodontics and other non-replacement indications. A further 75% clinical-suitability assumption produces 170,900 eligible sites. Same-year uptake of 26.5%, plus implants from prior-year ridge preservation, produces about 48,800 placements. The adoption assumption rises to 34% by 2031, while treatment fees rise 2% annually. Each step can be challenged independently as better local evidence emerges.

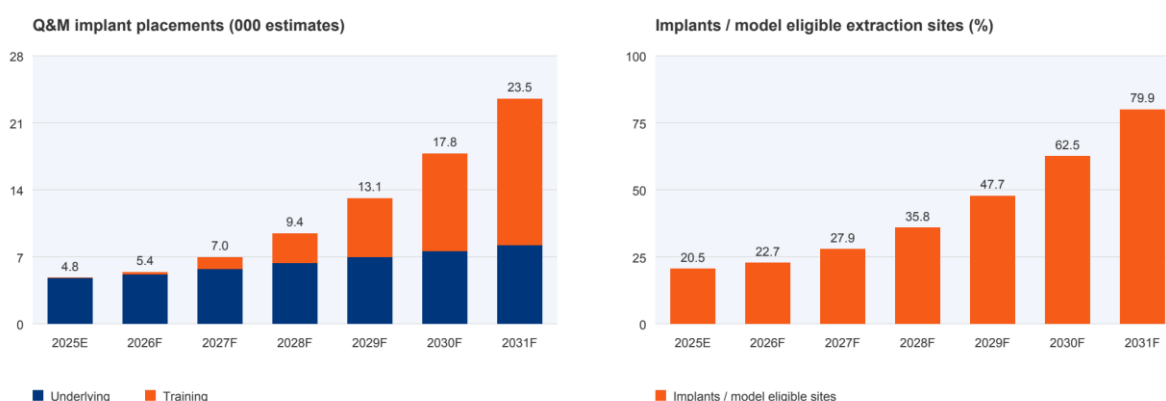
Our model is a cross-check on ambition, not a mechanical cap on the company forecast. The complete sheet is reproduced in the appendix, including historical estimates and assumptions.

Singapore clinic growth depends on training and mix

Our forecast separates clinic capacity from treatment intensity. Singapore clinic revenue is estimated at S\$158.4m in 2025 after carving non-clinic activities out of reported geographic revenue. The six historical treatment shares are our own allocations, not disclosed segment revenue from Q&M. Average outlets, same-clinic activity, fees and treatment-specific volumes then drive the forecast. This avoids adding acquisitions, clinician training and market adoption as overlapping blanket growth assumptions.

FY26 starts with modest productivity. Average outlets increase from 108 to 112.5, while same-clinic activity is assumed to decline 2.5%. The combination produces about 1.6% aggregate activity growth before treatment mix. General treatment prices rise 1.5%; the implant case fee is held flat. Singapore clinic revenue consequently grows 4.3% to S\$165.2m. From FY27, the forecast assumes positive same-clinic activity and a gradual outlet increase to 132 at end-2031. These assumptions refer to the existing clinic platform, excluding the unnamed Singapore acquisition.

Figure 4: Q&M trained dentists account for longer-term implant treatment increase



Source: KGI Research

The extraction base identifies an opportunity to improve appropriate replacement care. Our model uses 4,000 monthly extractions and 400 monthly implants as 2025 run-rate anchors, equivalent to 48,000 and 4,800 annually. Our 10% activity ratio raises a useful question about patient follow-through but does not prove that 90% of patients were undertreated. The procedures may involve different patients, indications and periods, and many extracted teeth do not require an implant.

Training creates a visible and demanding volume build. Our forecast assumes 25 additional trained dentists active on average in 2026, 60 in 2027 and 250 by 2031, drawn from existing practitioners rather than treated as equivalent new hires. Extra implants per trained dentist per month rise from one to six. Realisation is 75% in 2026 and 85% thereafter, producing 225, 1,224 and 15,300 additional annual implants in 2026, 2027 and 2031. Total placements reach approximately 5,393, 6,988 and 23,504 respectively.

Revenue follows the treatment stages. Our sales build assigns 75% of the full implant fee to surgery and 25% to the crown, with 75% of the crown stage recognised in the placement year and the balance later. Ridge preservation only adds revenue above the activity embedded in the 2025 base; later implants from preserved sites sit within total implant placements. These conventions avoid double counting the same treatment journey.

The outer years require evidence of company-specific gains. Modelled implant revenue reaches S\$104.3m, or 34.7% of Singapore clinic sales, in 2031. Q&M placements would equal 42.5% of the modelled private extraction-linked implant pool, versus 13.2% in 2025. That is a demanding scale comparison rather than a measured share forecast. Training completion, eligible consultations, patient acceptance, crown completion, clinician retention and treatment outcomes are the operating indicators needed to sustain it.

Implant adoption and appropriate clinical care

Overseas experience supports the direction of the opportunity. US NHANES research found implant prevalence among adults aged 50+ increased from 1.3% in 1999–2004 to 8.4% in 2015–2020. A South Korean study found annual implant use among adults aged 65+ rose from 2.3% in 2012 to 5.1% in 2015 around expanded insurance coverage. They are historical evidence of adoption potential, not current Singapore penetration or a basis for transplanting foreign growth rates into our forecast.

Figure 5: Q&M trained dentists account for longer-term implant treatment increase



Source: Weatherspoon et al., JADA 2024; NHANES1999–2020; Choi and Jung, IJERPH2020; Korea Health Panel 2012/2015

Patient education should improve the quality of choice. An implant can be appropriate when a tooth cannot reasonably be retained, and replacement suits the patient's circumstances. A clinician who withholds a suitable option solely out of concern about appearing to upsell may leave a patient incompletely informed. Equally, revenue targets must never determine whether a tooth is extracted, or an implant recommended. This is our interpretation of informed-consent duties, and we believe that as patients become more educated and dentist receive proper training on implant recommendation, the implant market in Singapore still have room for growth.

Preserving a restorable natural tooth remains central. Singapore Dental Council guidance requires discussion of options, benefits, risks and complications, respect for a patient's right to decline, and access to a second opinion. It also states that financial arrangements, including MediSave and insurance, must not compromise clinical judgement. The European Federation of Periodontology and American Academy of Periodontology similarly emphasise retaining natural teeth where feasible. The investment case consequently spans periodontal care, root canals, crowns and appropriate replacement, rather than rewarding implants at the expense of tooth preservation.

Ridge preservation is a selective way to preserve future options. When an extraction is necessary and implant placement may be delayed, preservation aims to limit changes to the supporting ridge during healing. The 2021 Cochrane review found very low-certainty evidence of smaller losses of ridge width and height but did not establish better implant survival. It should therefore be discussed as an option for suitable sites, with its own cost, discomfort and uncertainty, rather than as a routine add-on or a promise of successful implantation.

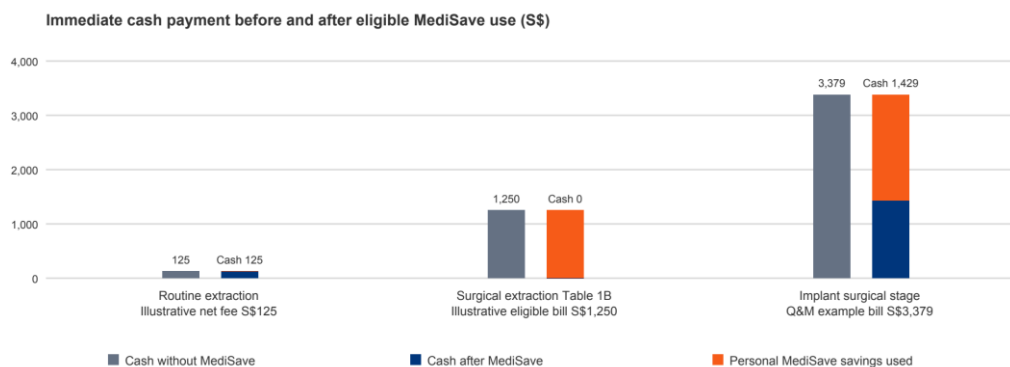
Our model keeps recommendation, acceptance and later treatment separate. In the national scenario, ridge-preservation recommendation rises from 20% to 50% of eligible sites without a same-year implant, while acceptance remains 35%. The model then assumes 40% of preserved sites receive an implant the following year. That 40% is our forecasting assumption, not a clinical success rate or contracted backlog. The sales build uses its own eligibility and acceptance parameters and only recognises incremental preservation revenue above the historical baseline.

A better operating dashboard would measure outcomes alongside conversion. Q&M's commercial opportunity is strongest when eligible patients understand the full treatment plan, alternatives and payment requirements, and subsequently complete indicated care. Complaints, re-treatment, maintenance attendance and independent clinical review should accompany procedure counts.

MediSave improves immediate affordability

MediSave reduces immediate cash needs by using personal medical savings. The treatment bill is unchanged. CHAS subsidies are separate. Eligible charges, available savings and approval determine how much a patient can withdraw, making a complete funding explanation central to informed choice.

Figure 6: Cash payment before and after using current MediSave support



Source: Q&M implant-specific FAQ

The implant illustration covers the surgical stage. In the case of a S\$2,725 bill for the implant and S\$654 of other charges, Singaporeans can draw S\$1,950 of MediSave, leaving S\$1,429 paid in cash. Additional charges for the new tooth above the implant are excluded. The completed implant-and-crown treatment therefore costs more; modelled net revenue per completed case is a separate accounting assumption.

The current surgical caps are specific. CPF permits up to S\$1,120 for insertion of an implant under Table 2C, and approved day-surgery daily charges can use up to S\$830 per day. The latter is a daily allowance, not an additional S\$830 for every fixture placed on the same day. Routine non-surgical extraction has no surgical MediSave allowance.

Figure 7: Cash payment before and after using current MediSave support

Support mechanism	Earlier position	Current position and interpretation
MediSave daily day-surgery cap	S\$300 before Apr 2025	S\$830/day from 1 Apr 2025; eligible charges only
Flexi-MediSave annual ceiling	S\$300	S\$400 from 1 Oct 2025; shared annual limit
Flexi restorative scope age 60+	Crowns / root canals outside this scope	Extended mid-2026; implementation confirmed Jul 2026
CHAS Orange posterior extraction	No Orange subsidy	Up to S\$45.50 from 1 Oct 2025; subsidy, not savings

Source: CPF dental implant MediSave limits, MOH CHAS dental schedule, MOH financing enhancements, MOH dental affordability update

The latest expansion also supports keeping natural teeth. The Flexi-MediSave ceiling increased from S\$300 to S\$400 annually from October 2025. Its extension to permanent crowns and root canals for people aged 60+ was announced for mid-2026 and confirmed as implemented by MOH in July. This is a shared annual allowance under the scheme, not S\$400 for every procedure. We do not add it to the implant example or infer that an implant crown is eligible under the restorative extension.

Education should set out the complete treatment plan: surgery, restoration, additional procedures and maintenance, with both total cost and immediate cash. Better financing can help suitable patients complete indicated care; clinical suitability and the patient's available savings remain the deciding constraints.

Five transactions require five underwriting cases

The regional pipeline is more concrete than at the FY25 update. Australia and Thailand now have binding SPAs; the two China transactions and the unnamed Singapore group remain at MOU stage in the latest located announcements. We keep the five transactions separate because their ownership, consideration, guarantees, start dates and visibility differ. An acquisition of 100% by Aoxin also does not give Q&M 100% of the economics, while a 51% controlled Thai business can contribute 100% of revenue but only the appropriate share of profits.

Figure 8: Q&M transaction overview

Transaction	Latest legal stage	Model start	Economic interest	Base delivery
Australia Experteeth	Binding SPA	Jan 2027	100%	95% revenue
Thailand Deezy	Binding SPA	Oct 2026	51%	95%, then 90% sales; later margin haircut
Central China	Non-binding MOU	Jul 2027	40% est.	90%, then 85–80% sales
Southern China	Non-binding MOU	Jan 2028	40% est.	85–80% sales from start
Singapore group	Non-binding MOU	Jul 2027	100%	100% seller plan

Source: Company Data, KGI Research

The base case discounts delivery, rather than booking guarantee top-ups. Both the base and conditional model assume eventual completion of all five deals. Their main differences are the revenue and margin delivered against seller plans, as well as selected core-business assumptions. Our interpretation therefore follows the formulas: 100% completion, explicit start dates, geography-specific operating haircuts, and no earnings or cash credit from potential shortfall recovery.

A guarantee is a claim on a counterparty, not patient revenue. Operating profit is earned by treating patients; a recovery depends on the contract, audited measurement, timing, dispute resolution and the seller's ability to pay. Cash escrow, deferred consideration, dividend waivers, personal guarantees and pledged shares have different economic value. Long share lock-ups improve alignment but do not protect the market value of the shares. The model's indicative recovery percentages of 80% for Australia, 70% for Thailand, 50% for each China deal and 25% for Singapore are memorandum assumptions only.

Consideration and profit haircuts are intentionally asymmetric. Once a deal closes, weaker operating delivery does not automatically reduce all amounts owed. The model therefore retains purchase payments, capital injections and dilution while allowing revenues or margins to fall short. Where contracts explicitly defer or forfeit consideration, those terms must be assessed separately. This is more informative than applying one aggregate discount to the whole acquisition pipeline.

Our reported forecast is an internal forecast of probability-weighted consolidation. Actual financial statements will consolidate a controlled business only from its completion date. The modelling framework uses those expected dates and economics for research. Definitive agreements, audited target financials, completion conditions and the ultimate purchase-price allocation can still change reported earnings. The following pages explain each deal's assumptions; the appendix reproduces every populated reference input and annual calculation in the five acquisition blocks.

Australia offers scale with a demanding profit hurdle

Experteeth is the largest near-term deployment decision. The July SPA proposes acquisition of 100% of a dentist-founded platform established in 2017, with roughly 120 dentists across multiple Australian states and territories. The July agreement cited 40 clinics; the August results update reported 39 practices. We use the later count for the business description and retain our model's financial schedules. The transaction is a major acquisition requiring shareholder approval and other conditions. Our January 2027 consolidation assumption is a modelling date, not an announced completion.

The signed economics have changed since the March MOU. Purchase consideration is AUD119.636m, comprising AUD64.636m cash and AUD55.0m in Q&M shares. A separate AUD30.364m injection takes the combined deployment to AUD150.0m. At the model's S\$0.8952 per AUD, eventual cash consideration plus injection is about S\$85.0m and the share component is S\$49.2m. The injection is part of the funding requirement even though it is distinct from the price paid to sellers.

Figure 9: Experteeth's MOU profit projection

S\$m unless stated	2027F	2028F	2029F	2030F	2031F
Reference revenue	42.4	45.4	48.7	52.3	56.2
Base revenue	40.3	43.1	46.3	49.7	53.4
Base target NPAT / Q&M share	8.8	9.6	10.6	11.7	12.8
Reference NPAT fulfilment	95%	95%	95%	95%	95%

Source: KGI Research

The guarantee is eight years, superseding the earlier seven-year description. NPAT targets start at AUD10.3m, increase by 10% annually to AUD16.6m in year six, and remain there through year eight, totalling AUD112.6m. They are assessed in paired periods. The first-year result also governs AUD18.75m of deferred consideration, with payment, deferral or forfeiture depending on performance. These mechanisms improve alignment, but they do not make annual earnings or cash collection unconditional.

We apply a 5% revenue-delivery haircut and retain the reference margin. The model's first full year therefore contributes S\$40.3m of consolidated revenue and S\$8.8m of target-business NPAT before group funding, integration and acquisition-accounting effects. The reference revenue path originates in management's July illustration, which was expressly not a forecast or guarantee. Holding margin fulfilment at 100% while reducing sales to 95% produces 95% delivery of the reference NPAT. The smaller discount than China reflects the binding agreement and established platform, while recognising integration and clinician-retention risk across a geographically dispersed business.

The profit hurdle remains meaningful relative to history. Disclosed unaudited historical pre-tax profit was approximately S\$9.4m; first-year guaranteed NPAT is about S\$9.2m at the SPA exchange rate. Pre-tax and after-tax measures are not directly interchangeable, but the comparison cautions against treating the guarantee as a low risk run rate. Dentist productivity, remuneration, lease commitments and the acquired companies' definition of eligible profits need to support the promised outcome.

Protection has value, but collection remains conditional. Initial escrow of AUD8m can reduce to AUD5.5m after first-year success. Consideration shares are locked up and secured, alongside long service arrangements and a contractual put mechanism. Escrow is only about 7.1% of the aggregate eight-year target, an indication of finite prefunding rather than a default probability. We show an 80% indicative recovery assumption in the memorandum but recognise no recovery in forecast revenue, profit or cash flow.

Thailand combines control with a steep growth plan

Deezy extends Q&M into a different clinical network. The July SPA replaces the October 2025 MOU and gives Q&M an effective interest of approximately 51% after restructuring. The platform was established in 2017 and operates 33 clinics, with a network of more than 411 dentists in Bangkok and northeastern Thailand. The disclosed dentist count is not a full-time-equivalent staffing measure. Understanding practitioner availability and retention is therefore more useful than dividing revenue by the headline number of dentists.

The structure separates revenue consolidation from shareholder economics. The model assumes control, consolidates 100% of revenue and attributes 51% of target profit to Q&M before group-level adjustments. It assumes a first contribution in October 2026, giving three months in FY26. Cash consideration is THB700m and the equity consideration is THB294.5m in value, satisfied through approximately 16.4m new Q&M shares at S\$0.70. The THB294.5m figure is not the number of Q&M shares issued.

Figure 10: Deezy MOU profit projection

S\$m unless stated	2026F	2027F	2029F	2030F	2031F
Consolidated revenue	4.8	19.1	28.4	33.2	40.1
Q&M share of target profit	0.6	2.5	3.7	4.2	4.8
Profit fulfilment before recovery	100.0%	95.0%	95.0%	90%	85.5%

Source: KGI Research

The guarantee requires substantial expansion in profit. Target-business NPAT rises from THB123m in year one to THB285m in year five and is held at THB285m in year six. That is approximately 23.4% compound growth through year five. Aggregate target NPAT is THB1.251bn, of which THB638.01m is attributable at 51%. Management's illustrative sales path informs the model's revenue reference; it is not a contractual revenue guarantee. The assumed exchange rate of S\$0.038923 per baht is held constant, so currency sensitivity remains outside the operating growth rate.

The base-case haircut increases as the forecast becomes more demanding. We assume full reference delivery for the initial FY26 contribution. Revenue fulfilment falls to 95% in FY27–29 and 90% in FY30–31. Margin fulfilment remains 100% initially, then declines to 98% and 95%. The combined FY31 profit fulfilment is therefore 85.5%. This reflects the challenge of compounding a founder-led platform at a high rate, followed by sustained delivery after its initial expansion. It is an analyst judgement informed by the shape of the plan, not a measured Thailand probability.

The resulting parent contribution is deliberately below the seller plan. FY27 revenue is S\$19.1m and Q&M's share of target NPAT is S\$2.5m; by FY31 these reach S\$40.1m and S\$4.8m. They are acquisition-schedule contributions before the complete group bridge for funding, acquisition accounting and integration. Calendar-year amounts combine portions of successive post-completion deal years, which is why they need not equal a single annual guarantee multiplied by the exchange rate.

Recovery depends on both cash generation and collateral. The contractual order includes minority dividend waivers, THB48.74m escrow and then cash and pledged-share recourse. A dividend waiver helps only if the business generates distributable profit and cash. The initial escrow is about 7.6% of aggregate Q&M-attributable guaranteed NPAT. We retain the model's 70% memorandum recoverability assumption, while giving no recognition to prospective recovery in the base cash-flow valuation.

China requires separate central and southern cases

The two China MOUs are distinct investments through Aoxin. The central-PRC proposal covers nearly 30 clinics and about 80 dentists, together with a medical-device business. The southern proposal covers nearly 15 clinics and around 60 dentists. Target names, detailed locations and historical earnings were not disclosed in the reviewed MOUs. We therefore avoid assuming that both resemble Aoxin's existing northeastern hospital network, or that one common clinic productivity metric can justify both purchase prices.

Figure 11: The two China MOUs overview

Metric	Central PRC	Southern PRC
Approximate clinic count	30	15
Indicative consideration (RMBm)	150	376
NPAT guarantee duration / total	5 years / RMB71m	10 years / RMB358.5m
Initial annual target NPAT (RMBm)	12	20
Escrow (RMBm)	7.5	20
First modelled contribution	Jul 2027	Jan 2028
Revenue derivation	Target NPAT /20% net margin	Target NPAT /20% net margin

Source: KGI Research

Central China begins with a smaller absolute commitment and a shorter guarantee. The RMB150m indicative price is split equally between cash and Aoxin shares. Five annual NPAT targets of RMB12m, RMB13m, RMB14m, RMB15m and RMB17m total RMB71m. The model assumes July 2027 consolidation, a 20% NPAT margin to infer undisclosed reference revenue, 90% revenue fulfilment initially and 85% thereafter, easing to 80% in FY31. The first partial year produces S\$5.0m revenue and S\$0.4m of Q&M-attributable target profit at a 40% effective-interest assumption.

Southern China carries a larger underwriting burden per clinic. Indicative consideration is RMB376m, with RMB188m each in cash and Aoxin shares. Annual NPAT targets begin at RMB20m, rise to RMB44m and total RMB358.5m over ten years. Despite approximately half the clinic count, its first-year profit target is two-thirds higher than the central target and the consideration is about 2.5 times larger. Differences in case mix, dentist productivity or margins could explain that gap, but they require diligence rather than an assumption of inherently superior economics.

We delay the southern contribution to January 2028. Its revenue is also inferred from target NPAT using a 20% net-margin assumption. The base case uses 85% revenue fulfilment from its first contribution and 80% by FY31, with reference margin fulfilment retained. FY28 revenue is S\$15.7m and Q&M's share of target NPAT is S\$1.3m. This is a later and separately phased expansion, not another increment to the central platform's growth rate. In both China cases, 40% economic ownership is an adjustable estimate after future Aoxin share issuance; it is not a disclosed final ownership outcome.

Q&M's history argues for caution about cash collection and integration. Aoxin's evolving hospital footprint and the partial recovery of an older guarantee through pledged shares show why an accounting profit promise should not be treated as secured cash. The central MOU contemplates RMB7.5m escrow; the southern MOU includes RMB20m escrow and conditional deferred cash. These are proposed protections at MOU stage. The cash escrows cover about 10.6% and 5.6% of their respective aggregate target profits, with different durations and release terms.

Control and minority value are essential to the valuation. The model assumes Aoxin retains control of the targets and Q&M retains control of Aoxin, allowing full revenue consolidation while deducting minority earnings. Final Aoxin share pricing could change Q&M's effective interest. The MOUs also require due diligence, definitive agreements and resolution of geographic/non-compete restrictions. Until those points are settled, the forecasts remain conditional operating cases, and the 50% memorandum recovery assumptions do not create recognised cash flows.

Singapore acquisition and EM2AI have different roles

The Singapore MOU offers a familiar growth opportunity, although key commercial terms remain undisclosed. The 4 March announcement contemplated acquiring 100% of an unnamed dental group with multiple clinics, funded through cash and new Q&M shares. It proposed aggregate profit guarantees of up to S\$34m over five years after completion, alongside long service agreements and a 15-year share moratorium. However, the target's clinic count, annual profit commitments, purchase consideration and detailed security arrangements were not disclosed. At our report cut-off, we had not identified a completion or extension announcement following the original 31 July deadline for definitive agreements. This leaves the transaction timetable uncertain, without establishing that the proposal has lapsed.

Our forecasts translate the proposed guarantee into explicit modelling assumptions. We use the full S\$34m proposed guarantee ceiling and spread it evenly over five years, implying annual NPAT of S\$6.8m. Applying an assumed 20% net margin gives annual revenue of S\$34m. We also assume consideration of S\$68m, equivalent to 10 times this annual NPAT, funded equally through cash and equity. At an assumed issue price of S\$0.70, the equity component would require approximately 48.6m new shares. These are our assumptions rather than agreed transaction terms. Consolidation from July 2027 produces a six-month contribution of S\$17m in revenue and S\$3.4m in NPAT for FY27, followed by full-year contributions.

Domestic familiarity supports our operating assumptions, but completion remains a material dependency. An acquisition within Singapore could benefit from Q&M's established clinical oversight, referral network and procurement infrastructure. We therefore apply no operating haircut to the assumed earnings contribution. Nevertheless, the active base case also assumes full completion: its conservatism lies in the delayed contribution date and the exclusion of prospective guarantee recoveries from forecast earnings and cash flow. The acquisition is consequently embedded in our S\$0.687 target price, and a failure to complete or deliver the assumed earnings would require a forecast revision. Previously completed clinic acquisitions are included in the existing network and are not counted again within this unnamed target.

EM2AI is a separate portfolio proposal. The August MOU contemplates selling 60% of EM2AI to Medi Lifestyle for 138m new buyer shares at S\$0.049, equivalent to S\$6.762m of consideration. Q&M would retain a direct 40% interest and exposure through the buyer shares. EM2Clinic, the clinic-management-system business, is to be carved out and excluded from the disposal. The transaction therefore concerns the wider AI business without necessarily transferring the group's core clinic workflow system.

The model does not treat the proposal as acquisition-funding cash. Consideration is in buyer shares, and the buyer's undertaking to procure at least S\$30m within two years is not cash already raised or cash payable to Q&M. Proposed EM2AI profit targets of S\$1.0m, S\$1.5m and S\$2.5m for FY27–29 remain subject to definitive terms. The base model assigns no standalone external revenue to the EM2AI carve-out, books no disposal proceeds and gives no separate valuation uplift. Consequently, its deconsolidation setting does not itself create a material earnings benefit.

AI and robotics remain execution tools rather than a second valuation story. The model includes one trial implant-robotics unit in 2027 and a subsequent rollout, with equipment, installation, training and maintenance costs. This is a speculative investment scenario, not an announced Q&M order. It adds no separate revenue uplift. Any future commercial benefit would need evidence of utilisation, clinical outcomes and returns on the equipment before it supports a higher target price.

Figure 12: EM2AI disposal

Proposal	Our model adjustments
60% sale; 40% direct interest retained	Non-binding; no completion assumed as fact
138m Medi Lifestyle shares at S\$0.049	S\$6.762m share consideration; no cash proceeds booked
EM2Clinic excluded	Clinic-management business carved out before sale
FY27–29 profit targets S\$1m/1.5m/2.5m	Subject to definitive terms; no separate value uplift

Source: KGI Research

Valuation

Our S\$0.687 target follows the supplied base-case DCF. We retain an 8.0% WACC and 2.0% perpetual growth rate. The model starts at the 30 June 2026 balance sheet, values only July–December 2026 cash flows for the initial year, includes 2031 explicitly, and uses 2032 as the first perpetual year. We preserve that valuation convention rather than add an unmodelled September roll-forward. Purchase cash and target-debt refinancing are deducted once in explicit cash flows; one-off acquisition payments are excluded from perpetual operating cash flow.

The upgrade mainly reflects the FY27–28 earnings path. The earlier report assumed a much smaller consolidated business. Our current forecast holds FY26 sales broadly flat versus that report but raises FY27 sales by 34.4% and PATMI by 64.0%, with FY28 increases of 54.4% and 112.1%. The changes reflect phased acquisition earnings and a more explicit treatment build. Historical EPS and selected balance-sheet figures in the previous report were updated with new restated figures.

Figure 13: DCF model

DCF VALUATION S\$000; 2026 cash flows cover July–December only Year ended 31 Dec	Projected				
	2026	2027	2028	2029	2030
EBIT	16,548	51,029	67,445	81,013	98,346
Tax rate	17.4%	21.9%	21.7%	21.2%	20.7%
EBIT (1-T)	13,676	39,878	52,821	63,854	77,998
(+) D&A	10,905	32,852	38,341	39,284	41,086
(-) Change in NWC	(1,466)	(5,698)	(8,862)	(6,994)	(7,618)
(-) Capex, leases & M&A	(40,452)	(144,662)	(82,531)	(43,836)	(51,061)
Free Cash Flow	(17,337)	(77,630)	(231)	52,308	60,405
Free Cash Flow to Firm	(17,337)	(77,630)	(231)	52,308	60,405
2031 FCF + terminal value					1,193,939
Total FCF to be Discounted	(17,337)	(77,630)	(231)	52,308	1,254,343
PV of Free Cash Flow	(16,677)	(69,145)	(190)	39,935	886,708
Enterprise Value	840,631				
(-) Debt / minority claims	214,916				
(+) Cash	119,224				
Equity Value	744,939				
Diluted Shares Outstanding ('000)	1,084,441				
Fair Value / Share (S\$)	0.687				
Current Share Price (S\$)	0.505				
Upside / (Downside)	36.0%				

Source: KGI Research

The optimistic target of S\$0.76 has more than one requirement. With base core assumptions held constant, full seller operating delivery lifts the DCF to about S\$0.727. Raising training realisation from 85% to 90%, improving the long-run staff-cost ratio to 55.0% from 55.5%, and reducing other cash costs to 6.25% from 6.75% takes the scenario to S\$0.764. The order-dependent bridge is approximately 4.1 cents for seller delivery, 0.3 cent for training, 1.6 cents for staff efficiency and 1.8 cents for other costs. The total difference is 7.7 cents; it is not solely a discount on a guaranteed receivable.

We remain at S\$0.687 until delivery is demonstrated. S\$0.764 is conditional on the five acquisitions succeeding operationally and the stronger Singapore execution described above. Signed documents, completion and enforceable guarantees improve visibility; sustained operating profit and cash conversion support value. Those are separate milestones and should be assessed separately.

Share count schedule

The headline cash balance is not the full measure of deployment capacity. In June, consolidated cash was S\$119.2m against S\$141.4m of financial borrowings and S\$40.1m of operating lease liabilities. Net debt was S\$22.2m before leases and S\$62.3m including them. Parent-company cash was S\$38.5m, reminding investors that consolidated cash is not automatically available at the listed parent on identical terms. Australia and Thailand alone imply about S\$112.3m of eventual cash consideration and Australian capital injection before other acquisitions and transaction costs.

Funding needs rise before the acquired earnings mature. The model forecasts lease-inclusive net debt of S\$91.8m at end-2026, S\$210.9m in 2027 and S\$245.1m in 2028. It assumes two S\$60m bank facilities and refinancing of the S\$130m notes due in July 2028. The existing notes carry a 3.95% coupon. The financing case must therefore be tested against actual facility documentation, pricing, covenants and access to subsidiary cash.

The valuation denominator includes expected consideration shares. The 8 September notice shows 949.3m shares outstanding excluding treasury. Prospective Australia and Thailand shares total 86.7m, taking the count to 1,036.0m if both are issued. The DCF adds an assumed 48.6m for the Singapore MOU, producing 1,084.6m. China consideration is issued by Aoxin and affects minority economics rather than direct Q&M shares. Lock-ups restrict sale; they do not remove dilution. Weighted-average diluted shares used for forecast EPS are a different measure and should not be substituted for the DCF denominator.

Figure 14: Outstanding shares excluding treasury

	Million
FY25 closing shares	944.441
March PSP transfer	2.600
Ann Arbor consideration treasury shares	0.658
30 June 2026 shares	947.699
July PSP transfer	1.773
September buybacks	(0.315)
17 September 2026 current shares	949.157
Australia + Thailand prospective new shares	86.713
Singapore MOU model assumption	48.571
DCF expected consideration-share denominator	1,084.585

Source: KGI Research

Minority valuation is a further sensitivity. The DCF deducts S\$33.4m of minority claims using a book-value floor and the model's profit-multiple convention, while future minority profits grow with the acquisitions. This is a simplifying estimate, not an independent valuation of every minority interest. A higher fair value of minority claims would reduce the target. Final purchase-price allocation, deferred consideration and control outcomes can also alter the bridge from target-business NPAT to Q&M PATMI.

Our next proof points are observable. First, FY26 requires the second-half revenue and profit acceleration set out earlier. Second, Australia requires approvals and completion, while Thailand must complete its restructuring and other conditions; the original six-month SPA period runs into January 2027 unless extended. Third, the Singapore and China MOUs need definitive economics and updated timetables. Fourth, training must produce clinically appropriate additional cases without weakening retention, patient outcomes or cash collection.

The principal downside is a funded expansion that underdelivers. Acquisition payments may remain due while revenue, margins or guarantee recovery fall short. Overseas clinician dependence, currency translation, weak patient acceptance, funding delays and greater minority value can compound that outcome. For the core business, a sustained failure to raise implant activity through appropriate care, or staff costs that remain near the first-half ratio, would challenge the outer-year forecasts. Those developments would justify revisiting estimates and the target rather than relying on the contractual guarantee alone.

Appendix

Singapore extraction and implant demand (i)

	Unit	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026F	2027F	2028F	2029F	2030F	2031F
Extraction-linked market revenue, estimated	S\$'000	192,482	202,397	212,608	181,640	207,088	245,575	263,106	275,708	287,975	308,673	333,967	360,484	388,293	417,468	448,090
Extraction and oral surgery	S\$'000	74,963	77,623	80,276	66,642	76,246	89,166	93,646	96,640	99,505	102,667	105,968	109,414	113,014	116,776	120,709
Implants following extraction	S\$'000	113,242	120,379	127,823	111,284	126,628	151,521	164,367	173,855	183,148	199,278	219,837	241,442	264,156	288,043	313,175
Ridge preservation	S\$'000	4,277	4,394	4,509	3,713	4,214	4,889	5,093	5,212	5,323	6,727	8,162	9,628	11,123	12,649	14,205
Year-on-year market growth	%		5.2%	5.0%	-14.6%	14.0%	18.6%	7.1%	4.8%	4.4%	7.2%	8.2%	7.9%	7.7%	7.5%	7.3%
Singapore resident population and ageing																
Singapore resident population	Persons	3,965,796	3,994,283	4,026,209	4,044,210	3,986,842	4,073,239	4,149,253	4,180,868	4,204,515	4,229,742	4,255,121	4,280,651	4,306,335	4,332,173	4,358,166
Resident population growth assumption	%										0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
2030 resident old-age support ratio	Ratio									2.70						
Implied growth of resident population 65+	%										4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
Residents 20–49	Persons	1,744,507	1,743,742	1,743,982	1,739,878	1,698,933	1,725,707	1,743,307	1,740,724	1,736,169	1,736,169	1,736,169	1,736,169	1,736,169	1,736,169	1,736,169
Residents 50–64	Persons	877,143	885,043	887,269	886,524	866,800	880,826	896,823	898,203	895,436	895,436	895,436	895,436	895,436	895,436	895,436
Residents 65–74	Persons	323,463	347,647	371,423	399,404	416,717	436,514	456,931	472,690	487,036	507,988	529,842	552,636	576,410	601,207	627,071
Residents 75+	Persons	193,229	200,207	210,257	214,964	222,291	241,619	260,912	281,215	302,540	315,555	329,130	343,290	358,058	373,461	389,528
Residents 20–64	Persons	2,621,650	2,628,785	2,631,251	2,626,402	2,565,733	2,606,533	2,640,130	2,638,927	2,631,605	2,631,605	2,631,605	2,631,605	2,631,605	2,631,605	2,631,605
Residents 65+	Persons	516,692	547,854	581,680	614,368	639,008	678,133	717,843	753,905	789,576	823,543	858,972	895,925	934,468	974,669	1,016,599
Residents 20+	Persons	3,138,342	3,176,639	3,212,931	3,240,770	3,204,741	3,284,666	3,357,973	3,392,832	3,421,181	3,455,148	3,490,577	3,527,530	3,566,073	3,606,274	3,648,204
Share of adults aged 65+	%	16.5%	17.2%	18.1%	19.0%	19.9%	20.6%	21.4%	22.2%	23.1%	23.8%	24.6%	25.4%	26.2%	27.0%	27.9%
Old-age support ratio	Ratio	5.07	4.80	4.52	4.27	4.02	3.84	3.68	3.50	3.33	3.20	3.06	2.94	2.82	2.70	2.59
Dental utilisation and annual extraction incidence																
Activity factor versus normal year	%	100.0%	100.0%	100.0%	80.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Residents aged 20–49																
Complete toothlessness assumption	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dental attendance within 12months	%	59.4%	59.4%	59.4%	59.9%	60.5%	61.1%	61.6%	61.6%	61.6%	61.6%	61.6%	61.6%	61.6%	61.6%	61.6%
Dentate annual dental attenders	Persons	1,036,237	1,035,783	1,035,925	834,445	925,069	1,053,544	1,073,877	1,072,286	1,069,480	1,069,480	1,069,480	1,069,480	1,069,480	1,069,480	1,069,480
Attenders requiring extraction in year	%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
Annual extraction patients	Persons	103,624	103,578	103,593	83,445	92,507	105,354	107,388	107,229	106,948	106,948	106,948	106,948	106,948	106,948	106,948

Singapore extraction and implant demand (ii)

	Unit	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026F	2027F	2028F	2029F	2030F	2031F
Residents aged 50-64																
Complete toothlessness assumption	%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Dental attendance within 12months	%	53.0%	53.0%	53.0%	53.2%	53.4%	53.5%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%
Dentate annual dental attenders	Persons	460,237	464,382	465,550	373,356	412,032	466,747	476,778	477,512	476,041	476,041	476,041	476,041	476,041	476,041	476,041
Attenders requiring extraction in year	%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
Annual extraction patients	Persons	73,638	74,301	74,488	59,737	65,925	74,680	76,284	76,402	76,167	76,167	76,167	76,167	76,167	76,167	76,167
Residents aged 65-74																
Complete toothlessness assumption	%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%
Dental attendance within 12months	%	53.0%	53.0%	53.0%	53.2%	53.4%	53.5%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%
Dentate annual dental attenders	Persons	150,006	161,221	172,247	148,668	175,076	204,439	214,700	222,105	228,846	238,691	248,959	259,670	270,841	282,492	294,645
Attenders requiring extraction in year	%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
Annual extraction patients	Persons	30,001	32,244	34,449	29,734	35,015	40,888	42,940	44,421	45,769	47,738	49,792	51,934	54,168	56,498	58,929
Residents aged 75+																
Complete toothlessness assumption	%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%
Dental attendance within 12months	%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
Dentate annual dental attenders	Persons	76,084	78,832	82,789	67,714	78,774	95,137	102,734	110,728	119,125	124,250	129,595	135,170	140,985	147,050	153,377
Attenders requiring extraction in year	%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%
Annual extraction patients	Persons	13,695	14,190	14,902	12,188	14,179	17,125	18,492	19,931	21,443	22,365	23,327	24,331	25,377	26,469	27,608
Dentate annual dental attenders, total	Persons	1,722,564	1,740,218	1,756,511	1,424,183	1,590,951	1,819,868	1,868,090	1,882,631	1,893,492	1,908,462	1,924,075	1,940,361	1,957,347	1,975,063	1,993,542
Annual extraction patients, total	Persons	220,958	224,313	227,432	185,104	207,627	238,046	245,104	247,983	250,326	253,218	256,234	259,379	262,660	266,082	269,651
Teeth per extraction patient	Teeth	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
Teeth extracted in year	Teeth	265,150	269,176	272,918	222,124	249,152	285,656	294,125	297,579	300,391	303,861	307,480	311,255	315,192	319,298	323,582
Extraction market																
Surgical share of extraction procedures	%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
Treatment fee growth assumption	%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Routine extraction net fee	S\$'000	0.107	0.109	0.111	0.113	0.115	0.118	0.120	0.123	0.125	0.128	0.130	0.133	0.135	0.138	0.141
Surgical extraction net fee	S\$'000	0.811	0.827	0.844	0.860	0.878	0.895	0.913	0.931	0.950	0.969	0.988	1.008	1.028	1.049	1.070
Blended extraction net fee	S\$'000	0.283	0.288	0.294	0.300	0.306	0.312	0.318	0.325	0.331	0.338	0.345	0.352	0.359	0.366	0.373
Extraction market revenue	S\$'000	74,963	77,623	80,276	66,642	76,246	89,166	93,646	96,640	99,505	102,667	105,968	109,414	113,014	116,776	120,709

Singapore extraction and implant demand (iii)

	Unit	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026F	2027F	2028F	2029F	2030F	2031F
From extracted teeth to implant demand																
Wisdom, orthodontic and other non-replacement sites	%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
Extraction sites relevant for replacement	Sites	198,862	201,882	204,689	166,593	186,864	214,242	220,594	223,184	225,294	227,896	230,610	233,441	236,394	239,474	242,686
Clinically suitable implant share	%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Clinically eligible implant sites	Sites	149,147	151,412	153,517	124,945	140,148	160,681	165,445	167,388	168,970	170,922	172,958	175,081	177,295	179,605	182,015
Same-year implant uptake among eligible sites	%	20.0%	20.6%	21.3%	21.9%	22.5%	23.1%	23.8%	24.4%	25.0%	26.5%	28.0%	29.5%	31.0%	32.5%	34.0%
Implants from current-year extractions	Implants	29,829	31,229	32,622	27,332	31,533	37,158	39,293	40,801	42,243	45,294	48,428	51,649	54,962	58,372	61,885
Implants after prior-year ridge preservation	Implants	3,341	3,341	3,365	3,385	2,733	3,041	3,459	3,532	3,544	3,548	4,397	5,230	6,048	6,851	7,638
Extraction-linked implant placements	Implants	33,170	34,570	35,987	30,717	34,266	40,199	42,752	44,333	45,787	48,843	52,825	56,879	61,010	65,222	69,523
Completed implant net fee, including crown	S\$'000	3,414	3,482	3,552	3,623	3,695	3,769	3,845	3,922	4,000	4,080	4,162	4,245	4,330	4,416	4,505
Extraction-linked implant market revenue	S\$'000	113,242	120,379	127,823	111,284	126,628	151,521	164,367	173,855	183,148	199,278	219,837	241,442	264,156	288,043	313,175
Ridge preservation and deferred implants																
Eligible sites without current-year implants	Sites	119,317	120,183	120,894	97,613	108,615	123,524	126,152	126,587	126,728	125,628	124,529	123,432	122,334	121,234	120,130
Ridge preservation recommended	%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	25.0%	30.0%	35.0%	40.0%	45.0%	50.0%
Acceptance of recommended ridge preservation	%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%
Ridge preservation procedures	Proc.	8,352	8,413	8,463	6,833	7,603	8,647	8,831	8,861	8,871	10,992	13,076	15,120	17,127	19,094	21,023
Following-year implant conversion	%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
Standalone ridge preservation net fee	S\$'000	0.512	0.522	0.533	0.543	0.554	0.565	0.577	0.588	0.600	0.612	0.624	0.637	0.649	0.662	0.676
Ridge preservation market revenue	S\$'000	4,277	4,394	4,509	3,713	4,214	4,889	5,093	5,212	5,323	6,727	8,162	9,628	11,123	12,649	14,205
Q&M scale relative to the addressable demand scenario																
Private treatment share proxy	%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%	79.5%
Private extraction pool, estimated	Teeth	210,794	213,995	216,970	176,589	198,076	227,096	233,830	236,575	238,811	241,570	244,447	247,448	250,578	253,842	257,247
Private extraction-linked implant pool, estimated	Implants	26,370	27,483	28,610	24,420	27,242	31,958	33,988	35,245	36,401	38,830	41,996	45,219	48,503	51,852	55,271
Q&M extraction procedures	Proc.	38,570	38,537	38,583	40,011	49,953	47,645	49,929	48,731	48,000	48,750	51,460	54,018	56,414	58,351	60,322
Q&M implant placements	Implants	1,780	2,005	2,242	2,578	3,547	3,708	4,240	4,498	4,800	5,392	6,988	9,434	13,115	17,786	23,504
Q&M / modelled private extraction pool	%	18.3%	18.0%	17.8%	22.7%	25.2%	21.0%	21.4%	20.6%	20.1%	20.2%	21.1%	21.8%	22.5%	23.0%	23.4%
Q&M / modelled private implant pool	%	6.8%	7.3%	7.8%	10.6%	13.0%	11.6%	12.5%	12.8%	13.2%	13.9%	16.6%	20.9%	27.0%	34.3%	42.5%

Australia Experteeth complete acquisition schedule

	Unit	L reference	2026F	2027F	2028F	2029F	2030F	2031F
Assumed completion year	Year	2027						
Assumed first consolidation month	Month	1						
Probability of completion	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Revenue fulfilment of reference plan	%		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Net margin fulfilment of reference plan	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Control retained: 1=yes, 0=no	Flag		1	1	1	1	1	1
Q&M effective economic interest	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reference FX, S\$ per AUD	FX	0.89520						
Forecast FX, S\$ per AUD	FX		0.89520	0.89520	0.89520	0.89520	0.89520	0.89520
Indicative guarantee recoverability	%		80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Deal year beginning in calendar year	Year	–	–	1	2	3	4	5
Fraction of first deal year in calendar year	%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Calendar-year revenue reference, before risks	S\$'000	–	–	42,400	45,400	48,700	52,300	56,200
Calendar-year target NPAT, 100% business	S\$'000	–	–	9,221	10,143	11,157	12,273	13,500
Calendar-year NPAT within guarantee term	S\$'000	–	–	9,221	10,143	11,157	12,273	13,500
Revenue if completed, with operating haircut	S\$'000	–	–	40,280	43,130	46,265	49,685	53,390
Probability-weighted consolidated revenue	S\$'000	–	–	40,280	43,130	46,265	49,685	53,390
Net margin implied by reference plan	%		0.0%	21.7%	22.3%	22.9%	23.5%	24.0%
NPAT before guarantee recovery, 100% business	S\$'000	–	–	8,760	9,635	10,599	11,659	12,825
Profit guarantee fulfilment, before recovery	%		0.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Risk-adjusted Q&M share of target profit	S\$'000	–	–	8,760	9,635	10,599	11,659	12,825
Indicative recovery value, excluded from sales	S\$'000	–	–	369	406	446	491	540

Thailand Deezy complete acquisition schedule

	Unit	L reference	2026F	2027F	2028F	2029F	2030F	2031F
Assumed completion year	Year	2026						
Assumed first consolidation month	Month	10						
Probability of completion	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Revenue fulfilment of reference plan	%		100.0%	95.0%	95.0%	95.0%	90.0%	90.0%
Net margin fulfilment of reference plan	%		100.0%	100.0%	100.0%	100.0%	98.0%	95.0%
Control retained: 1=yes, 0=no	Flag		1	1	1	1	1	1
Q&M effective economic interest	%		51.0%	51.0%	51.0%	51.0%	51.0%	51.0%
Reference FX, S\$ per THB	FX	0.03892						
Forecast FX, S\$ per THB	FX		0.03892	0.03892	0.03892	0.03892	0.03892	0.03892
Indicative guarantee recoverability	%		70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
Deal year beginning in calendar year	Year	–	1	2	3	4	5	6
Fraction of first deal year in calendar year	%	0.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
Calendar-year revenue reference, before risks	S\$'000	–	4,750	20,075	24,575	29,925	36,900	44,541
Calendar-year target NPAT, 100% business	S\$'000	–	1,197	5,060	6,198	7,541	9,283	11,093
Calendar-year NPAT within guarantee term	S\$'000	–	1,197	5,060	6,198	7,541	9,283	11,093
Revenue if completed, with operating haircut	S\$'000	–	4,750	19,071	23,346	28,429	33,210	40,087
Probability-weighted consolidated revenue	S\$'000	–	4,750	19,071	23,346	28,429	33,210	40,087
Net margin implied by reference plan	%		25.2%	25.2%	25.2%	25.2%	25.2%	24.9%
NPAT before guarantee recovery, 100% business	S\$'000	–	1,197	4,807	5,889	7,164	8,188	9,485
Profit guarantee fulfilment, before recovery	%		100.0%	95.0%	95.0%	95.0%	88.2%	85.5%
Risk-adjusted Q&M share of target profit	S\$'000	–	610	2,452	3,003	3,654	4,176	4,837
Indicative recovery value, excluded from sales	S\$'000	–	–	90	111	135	391	574

Central China complete acquisition schedule

	Unit	L reference	2026F	2027F	2028F	2029F	2030F	2031F
Assumed completion year	Year	2027						
Assumed first consolidation month	Month	7						
Probability of completion	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Revenue fulfilment of reference plan	%		100.0%	90.0%	85.0%	85.0%	85.0%	80.0%
Net margin fulfilment of reference plan	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Control retained: 1=yes, 0=no	Flag		1	1	1	1	1	1
Q&M effective economic interest	%		40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
Reference FX, S\$ per RMB	FX	0.18500						
Forecast FX, S\$ per RMB	FX		0.18500	0.18500	0.18500	0.18500	0.18500	0.18500
Indicative guarantee recoverability	%		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Deal year beginning in calendar year	Year	–	–	1	2	3	4	5
Fraction of first deal year in calendar year	%	0.0%	0.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Calendar-year revenue reference, before risks	S\$'000	–	–	5,550	11,562	12,488	13,412	14,800
Calendar-year target NPAT, 100% business	S\$'000	–	–	1,110	2,312	2,498	2,682	2,960
Calendar-year NPAT within guarantee term	S\$'000	–	–	1,110	2,312	2,498	2,682	2,960
Revenue if completed, with operating haircut	S\$'000	–	–	4,995	9,828	10,614	11,401	11,840
Probability-weighted consolidated revenue	S\$'000	–	–	4,995	9,828	10,614	11,401	11,840
Net margin implied by reference plan	%		0.0%	20.0%	20.0%	20.0%	20.0%	20.0%
NPAT before guarantee recovery, 100% business	S\$'000	–	–	999	1,966	2,123	2,280	2,368
Profit guarantee fulfilment, before recovery	%		0.0%	90.0%	85.0%	85.0%	85.0%	80.0%
Risk-adjusted Q&M share of target profit	S\$'000	–	–	400	786	849	912	947
Indicative recovery value, excluded from sales	S\$'000	–	–	22	69	75	80	118

Southern China complete acquisition schedule

	Unit	L reference	2026F	2027F	2028F	2029F	2030F	2031F
Assumed completion year	Year	2028						
Assumed first consolidation month	Month	1						
Probability of completion	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Revenue fulfilment of reference plan	%		100.0%	90.0%	85.0%	85.0%	85.0%	80.0%
Net margin fulfilment of reference plan	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Control retained: 1=yes, 0=no	Flag		1	1	1	1	1	1
Q&M effective economic interest	%		40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
Reference FX, S\$ per RMB	FX	0.18500						
Forecast FX, S\$ per RMB	FX		0.18500	0.18500	0.18500	0.18500	0.18500	0.18500
Indicative guarantee recoverability	%		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Deal year beginning in calendar year	Year	–	–	–	1	2	3	4
Fraction of first deal year in calendar year	%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
Calendar-year revenue reference, before risks	S\$'000	–	–	–	18,500	22,200	26,362	30,525
Calendar-year target NPAT, 100% business	S\$'000	–	–	–	3,700	4,440	5,272	6,105
Calendar-year NPAT within guarantee term	S\$'000	–	–	–	3,700	4,440	5,272	6,105
Revenue if completed, with operating haircut	S\$'000	–	–	–	15,725	18,870	22,408	24,420
Probability-weighted consolidated revenue	S\$'000	–	–	–	15,725	18,870	22,408	24,420
Net margin implied by reference plan	%		0.0%	0.0%	20.0%	20.0%	20.0%	20.0%
NPAT before guarantee recovery, 100% business	S\$'000	–	–	–	3,145	3,774	4,482	4,884
Profit guarantee fulfilment, before recovery	%		0.0%	0.0%	85.0%	85.0%	85.0%	80.0%
Risk-adjusted Q&M share of target profit	S\$'000	–	–	–	1,258	1,510	1,793	1,954
Indicative recovery value, excluded from sales	S\$'000	–	–	–	111	133	158	244

Singapore dental group complete acquisition schedule

	Unit	L reference	2026F	2027F	2028F	2029F	2030F	2031F
Assumed completion year	Year	2027						
Assumed first consolidation month	Month	7						
Probability of completion	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Revenue fulfilment of reference plan	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Net margin fulfilment of reference plan	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Q&M effective economic interest	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reference FX, S\$ per SGD	FX	1.00000						
Forecast FX, S\$ per SGD	FX		1.00000	1.00000	1.00000	1.00000	1.00000	1.00000
Indicative guarantee recoverability	%		25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
Deal year beginning in calendar year	Year	–	–	1	2	3	4	5
Fraction of first deal year in calendar year	%	0.0%	0.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Calendar-year revenue reference, before risks	S\$'000	–	–	17,000	34,000	34,000	34,000	34,000
Calendar-year target NPAT, 100% business	S\$'000	–	–	3,400	6,800	6,800	6,800	6,800
Calendar-year NPAT within guarantee term	S\$'000	–	–	3,400	6,800	6,800	6,800	6,800
Revenue if completed, with operating haircut	S\$'000	–	–	17,000	34,000	34,000	34,000	34,000
Probability-weighted consolidated revenue	S\$'000	–	–	17,000	34,000	34,000	34,000	34,000
Net margin implied by reference plan	%		0.0%	20.0%	20.0%	20.0%	20.0%	20.0%
NPAT before guarantee recovery, 100% business	S\$'000	–	–	3,400	6,800	6,800	6,800	6,800
Profit guarantee fulfilment, before recovery	%		0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Risk-adjusted Q&M share of target profit	S\$'000	–	–	3,400	6,800	6,800	6,800	6,800
Indicative recovery value, excluded from sales	S\$'000	–	–	–	–	–	–	–

Our sales build summary (base case)

	Unit	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026F	2027F	2028F	2029F	2030F	2031F
Existing businesses																
Singapore extraction and oral surgery	S\$'000	13,034	13,283	13,565	14,348	18,272	17,777	19,001	18,916	19,005	19,592	21,095	22,586	24,060	25,383	26,765
Singapore periodontal treatment	S\$'000	6,517	6,762	7,034	7,580	9,839	9,760	10,641	10,809	11,086	11,429	12,305	13,175	14,035	14,807	15,613
Singapore preventive care and diagnostics	S\$'000	33,516	34,295	35,169	37,360	47,789	46,707	50,164	50,186	50,681	52,245	56,252	60,229	64,159	67,689	71,374
Singapore restorative treatment	S\$'000	26,068	26,929	27,884	29,915	38,653	38,167	41,423	41,886	42,762	44,081	47,463	50,818	54,134	57,113	60,222
Singapore implants incl. crowns	S\$'000	6,517	7,487	8,541	10,017	14,056	14,988	17,481	18,916	20,589	22,972	29,826	40,592	56,919	78,048	104,298
Singapore orthodontics	S\$'000	7,448	7,849	8,290	9,069	11,947	12,025	13,301	13,705	14,254	14,474	15,257	16,380	17,492	18,541	19,556
Singapore incremental ridge preservation	S\$'000	-	-	-	-	-	-	-	-	-	412	985	1,607	2,014	2,279	2,404
Singapore non-clinic and other	S\$'000	15,868	14,369	16,109	18,307	53,584	27,864	19,427	12,901	8,213	7,691	7,809	7,928	8,050	8,175	8,302
Malaysia, existing	S\$'000	6,745	8,202	9,801	9,751	10,252	13,139	11,116	13,355	12,712	13,220	13,749	14,299	14,871	15,466	16,085
PRC, existing including Aoxin	S\$'000	7,779	1,631	1,571	1,272	1,207	787	169	-	17,924	28,653	29,799	30,991	32,231	33,520	34,861
Subtotal existing businesses	S\$'000	123,492	120,808	127,963	137,620	205,599	181,214	182,723	180,674	197,226	214,768	234,540	258,607	287,964	321,021	359,480
Proposed acquisitions, probability-weighted																
Australia — Experteeth	S\$'000	-	-	-	-	-	-	-	-	-	-	40,280	43,130	46,265	49,685	53,390
Thailand — Deezy	S\$'000	-	-	-	-	-	-	-	-	-	4,750	19,071	23,346	28,429	33,210	40,087
China dental group 1 — Central PRC	S\$'000	-	-	-	-	-	-	-	-	-	-	4,995	9,828	10,614	11,401	11,840
China dental group 2 — Southern PRC	S\$'000	-	-	-	-	-	-	-	-	-	-	-	15,725	18,870	22,408	24,420
Singapore dental group MOU	S\$'000	-	-	-	-	-	-	-	-	-	-	17,000	34,000	34,000	34,000	34,000
Subtotal proposed acquisitions	S\$'000	-	-	-	-	-	-	-	-	-	4,750	81,346	126,029	138,178	150,704	163,737
TOTAL GROUP REVENUE																
Group revenue if all five acquisitions complete	S\$'000	123,492	120,808	127,963	137,620	205,599	181,214	182,723	180,674	197,226	219,518	315,886	384,636	426,142	471,725	523,217
<i>Year-on-year growth</i>	<i>%</i>		<i>(2.2%)</i>	<i>5.9%</i>	<i>7.5%</i>	<i>49.4%</i>	<i>(11.9%)</i>	<i>0.8%</i>	<i>(1.1%)</i>	<i>9.2%</i>	<i>11.3%</i>	<i>43.9%</i>	<i>21.8%</i>	<i>10.8%</i>	<i>10.7%</i>	<i>10.9%</i>



Total revenue, all risk-adjusted (\$'000)	Unit	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026E	2027E	2028E	2029E	2030E	2031E
Share of group revenue																
Singapore dental clinics	%	75.4%	80.0%	78.5%	78.7%	68.4%	76.9%	83.2%	85.5%	80.3%	75.3%	58.0%	53.4%	54.6%	55.9%	57.4%
Singapore other	%	12.8%	11.9%	12.6%	13.3%	26.1%	15.4%	10.6%	7.1%	4.2%	3.5%	2.5%	2.1%	1.9%	1.7%	1.6%
Malaysia existing	%	5.5%	6.8%	7.7%	7.1%	5.0%	7.3%	6.1%	7.4%	6.4%	6.0%	4.4%	3.7%	3.5%	3.3%	3.1%
PRC existing	%	6.3%	1.4%	1.2%	0.9%	0.6%	0.4%	0.1%	-	9.1%	13.1%	9.4%	8.1%	7.6%	7.1%	6.7%
Proposed acquisitions	%	-	-	-	-	-	-	-	-	-	2.2%	25.8%	32.8%	32.4%	31.9%	31.3%
Revenue by customer geography																
Singapore	S\$'000	108,968	110,975	116,591	126,597	194,140	167,288	171,438	167,319	166,590	172,895	207,992	247,316	274,863	306,036	342,535
Malaysia	S\$'000	6,745	8,202	9,801	9,751	10,252	13,139	11,116	13,355	12,712	13,220	13,749	14,299	14,871	15,466	16,085
PRC	S\$'000	7,779	1,631	1,571	1,272	1,207	787	169	-	17,924	28,653	34,794	56,544	61,715	67,329	71,121
Australia	S\$'000	-	-	-	-	-	-	-	-	-	-	40,280	43,130	46,265	49,685	53,390
Thailand	S\$'000	-	-	-	-	-	-	-	-	-	4,750	19,071	23,346	28,429	33,210	40,087
Revenue by geography, total	S\$'000	123,492	120,808	127,963	137,620	205,599	181,214	182,723	180,674	197,226	219,518	315,886	384,636	426,142	471,725	523,217
Singapore operating drivers																
Dental clinic revenue	S\$'000	93,100	96,606	100,483	108,290	140,556	139,424	152,011	154,418	158,377	165,204	183,183	205,388	232,812	263,861	300,232
Commercial outlets at year end	Clinics	70	73	79	83	97	107	105	106	110	115	119	123	126	129	132
Annual extraction procedures	Procedures	38,570	38,537	38,583	40,011	49,953	47,645	49,929	48,731	48,000	48,750	51,461	54,018	56,414	58,351	60,322
Annual implant placements	Placements	1,780	2,005	2,242	2,578	3,547	3,708	4,240	4,498	4,800	5,393	6,988	9,434	13,115	17,786	23,504
Implants / extraction procedures	%	4.6%	5.2%	5.8%	6.4%	7.1%	7.8%	8.5%	9.2%	10.0%	11.1%	13.6%	17.5%	23.2%	30.5%	39.0%
Additional existing dentists trained	Dentists	-	-	-	-	-	-	-	-	-	25	60	100	150	200	250
Incremental ridge preservation procedures	Procedures	-	-	-	-	-	-	-	-	-	541	1,268	2,029	2,493	2,766	2,860
Incremental ridge preservation sales	S\$'000	-	-	-	-	-	-	-	-	-	412	985	1,607	2,014	2,279	2,404
Implants as a share of clinic sales	%	7.0%	7.8%	8.5%	9.3%	10.0%	10.8%	11.5%	12.3%	13.0%	13.9%	16.3%	19.8%	24.4%	29.6%	34.7%
Annual group revenue growth bridge																
Change in Singapore clinic revenue	S\$'000		3,506	3,876	7,808	32,266	(1,132)	12,587	2,407	3,959	6,827	17,979	22,205	27,424	31,048	36,372
Change in other existing revenue	S\$'000		(6,190)	3,279	1,849	35,713	(23,253)	(11,078)	(4,456)	12,593	10,716	1,792	1,862	1,934	2,009	2,086
Change in acquisition contribution	S\$'000		-	-	-	-	-	-	-	-	4,750	76,596	44,683	12,149	12,526	13,033
Total change in revenue	S\$'000		(2,684)	7,155	9,657	67,979	(24,385)	1,509	(2,049)	16,552	22,292	96,368	68,750	41,507	45,583	51,492
Acquisition profit sensitivity, memorandum																
Australia — Experteeth: Q&M share of profit	S\$'000	-	-	-	-	-	-	-	-	-	-	8,760	9,635	10,599	11,659	12,825
Thailand — Deezy: Q&M share of profit	S\$'000	-	-	-	-	-	-	-	-	-	610	2,452	3,003	3,654	4,176	4,837
China dental group 1 — Central PRC: Q&M share of profit	S\$'000	-	-	-	-	-	-	-	-	-	-	400	786	849	912	947
China dental group 2 — Southern PRC: Q&M share of profit	S\$'000	-	-	-	-	-	-	-	-	-	-	-	1,258	1,510	1,793	1,954
Singapore dental group MOU: Q&M share of profit	S\$'000	-	-	-	-	-	-	-	-	-	-	3,400	6,800	6,800	6,800	6,800
Indicative guarantee recovery, outside revenue	S\$'000	-	-	-	-	-	-	-	-	-	-	481	697	789	1,121	1,477
FY2026 interim anchor and implied second half																
1H2026 reported group revenue	S\$'000										99,462					
Implied 2H2026 group revenue	S\$'000										120,056					
1H2026 reported Singapore geography	S\$'000										78,922					
Implied 2H2026 Singapore geography	S\$'000										93,973					
Implied 2H /1H Singapore growth	%										19.1%					

Financial Summary

INCOME STATEMENT (S\$'000)	FY24A	FY25A	FY26E	FY27E	FY28E
Revenue	180,674	197,226	219,518	315,886	384,636
Cost of sales	(20,428)	(25,444)	(29,042)	(41,065)	(50,003)
Gross profit	160,246	171,782	190,476	274,821	334,633
Employee costs	(105,886)	(114,964)	(126,761)	(136,033)	(149,992)
Other existing cash costs	(12,108)	(14,325)	(15,712)	(16,221)	(17,945)
Acquired operating costs	-	-	(2,161)	(38,686)	(60,910)
EBITDA	42,252	42,493	45,842	83,881	105,786
Depreciation & amortisation	(17,976)	(19,715)	(21,500)	(32,852)	(38,341)
Operating profit (EBIT)	24,276	22,778	24,341	51,029	67,445
Net finance income / (cost)	(5,372)	(5,880)	(6,744)	(9,570)	(12,174)
Other gains / (losses)	(4,525)	(4,713)	468	(2,028)	(696)
Profit before tax	14,379	12,185	18,065	39,430	54,575
Tax expense	(1,686)	(2,266)	(2,521)	(8,617)	(11,833)
Minority interests	1,571	(607)	(989)	(3,424)	(6,469)
Net profit (PATMI)	14,264	9,312	14,555	27,389	36,273
EPS (S\$ cents)	1.51	0.98	1.53	2.59	3.35
DPS (S\$ cents)	1.10	0.82	0.92	1.29	1.68

CASH FLOW STATEMENT (S\$'000)	FY24A	FY25A	FY26E	FY27E	FY28E
Profit before tax	14,379	12,185	18,065	39,430	54,575
Depreciation & amortisation	17,976	19,715	21,500	32,852	38,341
Working capital changes	(548)	(3,772)	(6,523)	(5,698)	(8,862)
Tax paid	(2,598)	(2,396)	(4,040)	(8,617)	(11,833)
Other operating items	10,899	11,171	6,961	9,570	12,174
Operating cash flow	40,108	36,903	35,964	67,538	84,396
Capex	(7,962)	(4,972)	(7,393)	(11,215)	(10,840)
Acquisitions / disposals	(1,233)	8,084	(30,744)	(86,871)	(44,766)
Other investing items	2,878	154	447	872	794
Investing cash flow	(6,317)	3,266	(37,690)	(97,214)	(54,812)
Net debt drawdown / (repayment)	(6,543)	69,676	11,335	63,466	(6,236)
Dividends paid	(8,804)	(10,426)	(8,795)	(13,695)	(18,137)
Equity issuance / (buyback)	130	(3,232)	(91)	(1,000)	(1,000)
Other financing items	(18,225)	(13,444)	(8,773)	(28,844)	(35,764)
Financing cash flow	(33,442)	42,574	(6,324)	19,928	(61,136)
Net change in cash	349	82,743	(8,051)	(9,748)	(31,552)
Beginning cash	33,993	34,342	117,085	109,034	99,287
Ending cash	34,342	117,085	109,034	99,287	67,734

BALANCE SHEET (S\$'000)	FY24A	FY25A	FY26E	FY27E	FY28E
Cash & equivalents	34,342	117,085	109,034	99,287	67,734
Inventories	10,587	12,382	14,899	20,777	25,001
Trade & other receivables	35,981	40,462	43,435	65,734	80,742
Other current assets	3,151	7,405	10,024	11,145	12,889
Current assets	84,061	177,334	177,392	196,943	186,366
Property, plant & equipment	37,056	40,913	49,877	81,281	89,906
Intangibles & goodwill	52,784	75,059	106,594	292,114	346,662
ROU & other non-current assets	73,499	52,460	57,747	75,321	80,798
Non-current assets	163,339	168,432	214,218	448,716	517,366
Total assets	247,400	345,766	391,610	645,659	703,732
Trade payables	18,621	22,178	25,069	38,527	47,163
Short-term borrowings	11,427	12,847	17,034	171,692	47,403
Other current liabilities	1,762	1,968	488	19,354	1,968
Current liabilities	31,810	36,993	42,592	229,573	96,534
Long-term borrowings	103,953	175,746	183,758	138,451	265,395
Other non-current liabilities	3,503	5,359	5,307	5,307	12,707
Non-current liabilities	107,456	181,105	189,065	143,758	278,102
Total liabilities	139,266	218,098	231,656	373,332	374,636
Shareholders' equity	105,797	104,406	118,507	214,438	231,575
Minority interests	2,337	23,262	41,447	57,890	97,522
Total equity	108,134	127,668	159,954	272,328	329,096

KEY RATIOS & VALUATION	FY24A	FY25A	FY26E	FY27E	FY28E
Revenue growth (%)	(1.1%)	9.2%	11.3%	43.9%	21.8%
Gross margin (%)	88.7%	87.1%	86.8%	87.0%	87.0%
EBITDA margin (%)	23.4%	21.5%	20.9%	26.6%	27.5%
Net profit margin (%)	7.9%	4.7%	6.6%	8.7%	9.4%
ROE (%)	13.5%	8.9%	12.3%	12.8%	15.7%
ROA (%)	5.1%	2.9%	4.0%	4.8%	6.1%
Net debt / equity (x)	0.8x	0.7x	0.8x	1.0x	1.1x
Net debt / EBITDA (x)	1.9x	1.7x	2.0x	2.5x	2.3x
Dividend payout (%)	61.7%	112.0%	60.4%	50.0%	50.0%
P/E (x)	37.2x	56.9x	36.6x	21.7x	16.7x
EV/EBITDA (x)	14.6x	14.7x	14.7x	10.4x	9.0x
P/NAV (x)	5.0x	5.1x	4.6x	2.8x	2.6x
Dividend yield (%)	2.0%	1.5%	1.7%	2.3%	3.0%

Source: Company, KGI Research estimates

KGI's Ratings

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