

LETTER OF INSTRUCTIONS



CONTACTS AND INSTRUCTIONS REGARDING THE DISPOSITION AND POSSIBLE SALE OF MY DENTAL PRACTICE *

TO MY DESIGNATED HEIRS OR GUARDIANS:

If you are reviewing this document, there has been an unscheduled journey in our lives.

These instructions are to be considered in the event of my suffering a catastrophic illness or death. The following is a list of trusted associates for you to contact on my behalf for information and guidance in regards to a transition or practice disposition. This document has been prepared with my full knowledge and acceptance and with the full agreement of the parties listed here-in.

_____	_____	_____
Printed Name	Signature	Date

Dr. _____'s Information:

Full Name: _____

Home Address: _____

Office Address: _____

Date of Birth: ____ / ____ / ____

ESTATE CONTACT INFORMATION

DESIGNATED ESTATE REPRESENTATIVE'S NAME: _____

Relation: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

ESTATE LEGAL COUNSEL

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

* This is not a legal document and does not take precedence over a legal document.

Please contact the following agencies or personal associates in the order that they are listed. I have selected these professionals based on my trust in their abilities and knowledge of the necessary events regarding the disposition of my dental practice.

Attached you will find a Practice Valuation last updated on _____

Valuation Completed by: _____

PROFESSIONAL CONTACT INFORMATION

HENRY SCHEIN FIELD CONSULTANT (FSC)

FSC's Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

HENRY SCHEIN PRACTICE TRANSITIONS CONSULTANT

Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

PRACTICE LEGAL COUNSEL

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

PRACTICE ACCOUNTING COUNSEL

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

DENTAL CONTACT INFORMATION

DEA CONTACT INFORMATION

If it is ascertained that I am no longer able to practice dentistry, please contact the following drug enforcement agency and/or noted contacts to have my drug license suspended as soon as possible.

DEA License Number: _____

DEA Office Phone Number: _____

Contact (if Applicable): _____

Address: _____

Email Address: _____

DOCTOR COLLEAGUE(S)

Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Name: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

INSURANCE CONTACT INFORMATION

DISABILITY INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

LIFE INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

INSURANCE CONTACT INFORMATION (continued)

LONG TERM CARE INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

HEALTH INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

CONTACT INFORMATION
(continued)

HOME INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

AUTO INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

INSURANCE CONTACT INFORMATION (continued)

UMBRELLA INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

PROFESSIONAL LIABILITY CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

Company: _____

Agent's Name: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Also Contact for These Other Policies: _____

BANKING CONTACT INFORMATION

PERSONAL ACCOUNT(S)

Bank Name: _____

Account Number: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Account Number: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

PRACTICE ACCOUNT(S)

Bank Name: _____

Account Number: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Account Number: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

FINANCIAL ADVISOR / RETIREMENT FUND CONTACT INFORMATION

FINANCIAL ADVISOR CONTACT(S)

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

PRACTICE FINANCIAL ADVISOR CONTACT(S)

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

PENSION / 401(K) CONTACT(S)

Name: _____

Firm: _____

Office Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

FACTILITY CONTACT INFORMATION

BUILDING MORTGAGE HOLDER (IF APPLICABLE)

Contact Name: _____

Bank or Company Name: _____

Branch Location (if Bank): _____

Account Number: _____

Phone Number: _____

Email Address: _____

Is Mortgage Insurance Active as of the Date this Packet Was Completed? ☐ Yes ☐ No

BUILDING OWNER / LANDLORD (IF APPLICABLE)

Contact Name: _____

Address: _____

Current Lease Period Expires on: _____

Phone Number: _____

Alternative Phone: _____

Email Address: _____

Is the Lease Assignable / Renewable to a New Owner Under Current Contract? ☐ Yes ☐ No

Lease Document Can Be Found:

☐ Attached

☐ In This Location: _____

STAFF CONTACT INFORMATION
(Page 1 of __)

NAME: _____

Position: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Unique Practice Responsibilities: _____

NAME: _____

Position: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Unique Practice Responsibilities: _____

NAME: _____

Position: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Unique Practice Responsibilities: _____

STAFF CONTACT INFORMATION
(continued – page __ of __)

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Position: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Unique Practice Responsibilities: _____

NAME: _____

Position: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Unique Practice Responsibilities: _____

NAME: _____

Position: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Unique Practice Responsibilities: _____

ADDITIONAL CONTACT INFORMATION

SELF STORAGE FACILITY(S)

Company: _____

Address: _____

Phone Number: _____ Alternate Phone Number : _____

Unit Number: _____ Access Code: _____ Key Location(s): _____

Access Authority Granted to: _____

Company: _____

Address: _____

Phone Number: _____ Alternate Phone Number : _____

Unit Number: _____ Access Code: _____ Key Location(s): _____

Access Authority Granted to: _____

Company: _____

Address: _____

Phone Number: _____ Alternate Phone Number : _____

Unit Number: _____ Access Code: _____ Key Location(s): _____

Access Authority Granted to: _____

Company: _____

Address: _____

Phone Number: _____ Alternate Phone Number : _____

Unit Number: _____ Access Code: _____ Key Location(s): _____

Access Authority Granted to: _____

Company: _____

Address: _____

Phone Number: _____ Alternate Phone Number : _____

Unit Number: _____ Access Code: _____ Key Location(s): _____

Access Authority Granted to: _____

SAFE DEPOSIT BOX(ES)

Bank Name: _____

Branch Address: _____

Branch Phone Number: _____ Box Number / Identifier: _____

Special Instructions: _____

Bank Name: _____

Branch Address: _____

Branch Phone Number: _____ Box Number / Identifier: _____

Special Instructions: _____

Bank Name: _____

Branch Address: _____

Branch Phone Number: _____ Box Number / Identifier: _____

Special Instructions: _____

SAFE(S)

Location: _____

Key Location: _____

Combination: _____

Access Authority Granted to: _____

Location: _____

Key Location: _____

Combination: _____

Access Authority Granted to: _____

Location: _____

Key Location: _____

Combination: _____

Access Authority Granted to: _____

IMPORTANT DOCUMENTS

Location / Dates

Last Will: _____ Date: _____

Trust Document: _____ Date: _____

Trust Document: _____ Date: _____

Trust Document: _____ Date: _____

Other Estate Document: _____ Type: _____

Other Estate Document: _____ Type: _____

Other Estate Document: _____ Type: _____

Funeral Home Contract: _____ Date: _____

Cemetery Contract: _____ Date: _____

Latest Living Will(s): _____ Date: _____

Advanced Medical Directive: _____ Date: _____

Healthcare Surrogate Form(s): _____ Date: _____

DNR Form(s): _____ Date: _____

Durable Power of Attorney: _____ Date: _____

Birth Certificate(s): _____

Marriage Certificate: _____

Social Security Cards: _____

Passport: _____ Expiration Date: _____

Passport: _____ Expiration Date: _____

Pre-Nuptial Agreement: _____ Date: _____

Divorce Papers: _____ Date: _____

Purchase Agreement (Practice): _____ Date: _____

Purchase Agreement (Real Estate): _____ Date: _____

Other Document (_____): _____ Date: _____

Other Document (_____): _____ Date: _____

PASSCODES

Code Grants Access to: _____ Passcode: _____

Code Grants Access to: _____ Passcode: _____

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Code Grants Access to: _____ Passcode: _____

ADDITIONAL CONTACT INFORMATION
(Page 1 of __)

NAME: _____

Company: _____

Role / Responsibility: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Contact for: _____

NAME: _____

Company: _____

Role / Responsibility: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Contact for: _____

NAME: _____

Company: _____

Role / Responsibility: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Contact for: _____

NAME: _____

Company: _____

Role / Responsibility: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Contact for: _____

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Company: _____

Role / Responsibility: _____

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Company: _____

Role / Responsibility: _____

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Email Address: _____

Contact for: _____

NAME: _____

Company: _____

Role / Responsibility: _____

Office Phone Number: _____ Mobile Phone Number : _____

Email Address: _____

Contact for: _____

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