

KNOW YOUR VALUE™

PRACTICE PROTECTION GUIDE

A Clear Path Forward for Practice Preparedness



PRACTICE
CONTINUITY



FINANCIAL
SECURITY



LEGAL
PREPAREDNESS



PEACE
OF MIND

Helping Safeguard Your Practice,
Your Family, and Your Legacy

ABOUT THIS GUIDE

Your dental practice is more than a business.
It's the result of years of dedication,
relationships, and hard work.

The Know Your Value™: Practice Protection Guide

helps organize critical contacts, documents,
and information your family
and trusted advisors may need
if you are ever unable to manage your practice.

**By preparing today, you can help reduce uncertainty,
support your team, protect your patients,
and preserve the value of everything you've built.**

This guide complements your legal and financial planning.
While it is not a legal document, it serves as a practical resource
to help those you trust navigate important decisions with confidence.

**MOST DENTISTS HAVE AN ESTATE PLAN.
FAR FEWER HAVE A PLAN FOR THEIR PRACTICE.**

**Review this guide regularly and keep it in a secure,
accessible location known to the people you trust.**

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

START WITH THE INFORMATION THAT MAY BE NEEDED FIRST

Then build out the remaining sections as a reference file
for your family and trusted advisors.



START HERE

- › Practice Information & Key Contacts
- › Estate Representative & Legal Counsel
- › Professional Advisory Team
- › Current Practice Value
- › Key Team Members



BUILD YOUR REFERENCE FILE

- › Insurance Records
- › Financial Relationships
- › Practice Facility Information
- › Important Documents & Secure Access
- › Additional Resources & Instructions

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PRACTICE INFORMATION & KEY CONTACTS

To My Family, Estate Representative, or Trusted Advisor:

*If you're reading this guide, I'm relying on you
to help carry out my wishes regarding my dental practice.*

*I've organized this critical information to help you quickly identify the
contacts, documents, and trusted advisors needed to support
my practice and make informed decisions on my behalf.*

*Please use this guide alongside my legal and financial planning
documents. It is not a legal document, but a practical guidance
to help protect my practice and preserve its value.*

Printed Name

Signature

Date

Dr. _____'s Information:

Full Name: _____

Home Address: _____

Office Address: _____

Date of Birth: ____ / ____ / ____

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ESTATE CONTACT INFORMATION

Designated Estate Representative's Name: _____

Relation: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____



ESTATE LEGAL COUNCIL

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

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PROFESSIONAL ADVISORY TEAM

Identify the trusted professionals who understand your practice and can provide guidance when important decisions need to be made.

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 SALES CONSULTANT (FSC)

FSC's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

HENRY SCHEIN PRACTICE TRANSITIONS CONSULTANT

Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

PRACTICE LEGAL COUNSEL

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

PRACTICE ACCOUNTING COUNSEL

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

PLANNING TIP

Keep a current practice valuation with this guide and review it after significant changes to your practice.

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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: _____

Contact (if Applicable): _____

Address: _____

Email Address: _____

DOCTOR COLLEAGUE(S)

Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

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INSURANCE RECORDS

Organize your insurance contacts and policy details so those acting on your behalf can quickly locate the coverage and support your practice may need.

DISABILITY INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

LIFE INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

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INSURANCE RECORDS

LONG-TERM CARE INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

HEALTH INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

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INSURANCE RECORDS

HOME INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

AUTO INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

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INSURANCE RECORDS

UMBRELLA INSURANCE CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

PROFESSIONAL LIABILITY CONTACT(S)

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

Company: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Contact for These Additional Policies: _____

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FINANCIAL RELATIONSHIPS

Document your key banking and financial relationships to help trusted advisors access the information needed to support continuity and informed decision-making.

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: _____

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FINANCIAL PLANNING CONTACTS

List the professionals who can provide guidance related to your personal finances, practice finances, and long-term planning.

FINANCIAL ADVISOR CONTACT(S)

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Name: _____

Agent's Name: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

PRACTICE FINANCIAL ADVISOR CONTACT(S)

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

PENSION/401(K) CONTACT(S)

Name: _____

Firm: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

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PRACTICE FACILITY INFORMATION

Capture the ownership, mortgage, and lease details that may affect the continued operation or future transition of your practice.

BUILDING MORTGAGE HOLDER (IF APPLICABLE)

Contact Name: _____

Bank or Company Name: _____

Bank Branch Location: _____

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: _____

Alternate Phone Number: _____

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: _____

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KEY TEAM MEMBERS

Identify the employees who understand essential systems, responsibilities, and day-to-day operations and may help maintain continuity.

Name: _____

Position: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Unique Practice Responsibilities: _____

Name: _____

Position: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Unique Practice Responsibilities: _____

Name: _____

Position: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Unique Practice Responsibilities: _____

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KEY TEAM MEMBERS

Name: _____

Position: _____

Office Phone: _____ Mobile Phone: _____

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Unique Practice Responsibilities: _____

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Email Address: _____

Unique Practice Responsibilities: _____

Name: _____

Position: _____

Office Phone: _____ Mobile Phone: _____

Email Address: _____

Unique Practice Responsibilities: _____

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ADDITIONAL RESOURCES AND CONTACTS

Include any other people, records, locations, or resources that may help those acting on your behalf

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: _____

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ADDITIONAL RESOURCES AND CONTACTS

SAFE DEPOSIT BOX(ES)

Bank Name: _____

Bank Address: _____

Branch Phone Number: _____ Box Number/Identifier: _____

Special Instructions: _____

Bank Name: _____

Bank Address: _____

Branch Phone Number: _____ Box Number/Identifier: _____

Special Instructions: _____

Bank Name: _____

Bank 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: _____

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ADDITIONAL RESOURCES AND CONTACTS

Record where essential legal, financial, personal, and practice documents can be found when they are needed.

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 Contact: _____	Date: _____
Cemetery Contact: _____	Date: _____
Latest Living Will: _____	Date: _____
Advanced Medical Directive: _____	Date: _____
Healthcare Surrogate Form(s): _____	Date: _____
DNR Form(s): _____	Date: _____
Durable Power of Attorney: _____	Date: _____
Birth Certificate(s): _____	
Marriage Certificate(s): _____	
Social Security Card(s): _____	
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: _____

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SECURE ACCESS INFORMATION

Document where critical access details are securely stored so authorized individuals can locate essential systems and records.

Code Grants Access to: _____ Passcode: _____

Code Grants Access to: _____ Passcode: _____

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ADDITIONAL RESOURCES AND CONTACTS

Name: _____

Company: _____

Role/Responsibility: _____

Office Phone: _____ Mobile Phone: _____

Mobile Phone: _____

Contact for: _____

Name: _____

Company: _____

Role/Responsibility: _____

Office Phone: _____ Mobile Phone: _____

Mobile Phone: _____

Contact for: _____

Name: _____

Company: _____

Role/Responsibility: _____

Office Phone: _____ Mobile Phone: _____

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CONNECT WITH OUR TEAM

WHEN THE UNEXPECTED HAPPENS, YOU'RE NOT ALONE

Completing this guide is an important step toward protecting your practice, your family, and everything you've built.

If the unexpected happens, your Henry Schein Dental Practice Transitions team is here to help you and those you trust understand the options, navigate next steps, and protect the value of your practice.



WE CAN PROVIDE GUIDANCE:

- › Practice valuation and value protection
- › Immediate transition planning
- › Practice sale and buyer identification
- › Coordination with legal, financial, and professional advisors
- › Guidance for your family or designated representative
- › Long-term transition planning



**CLICK HERE OR SCAN THE QR CODE
TO CONNECT WITH OUR TEAM
AND LEARN MORE ABOUT
PROTECTING YOUR PRACTICE.**

Know Your **Value**[™]. **Protect Your Practice. Navigate** What's Next.

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