



PROFESSIONAL PRACTICE TRANSITIONS



# LETTER OF INSTRUCTIONS

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**ADS**florida.com  
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Licensed Real Estate Broker

# 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 \_\_)

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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: _____
Code Grants Access to: _____	Passcode: _____
Code Grants Access to: _____	Passcode: _____
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Code Grants Access to: _____	Passcode: _____
Code Grants Access to: _____	Passcode: _____
Code Grants Access to: _____	Passcode: _____
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: \_\_\_\_\_

## ADDITIONAL CONTACT INFORMATION

(Page \_\_\_ 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: \_\_\_\_\_

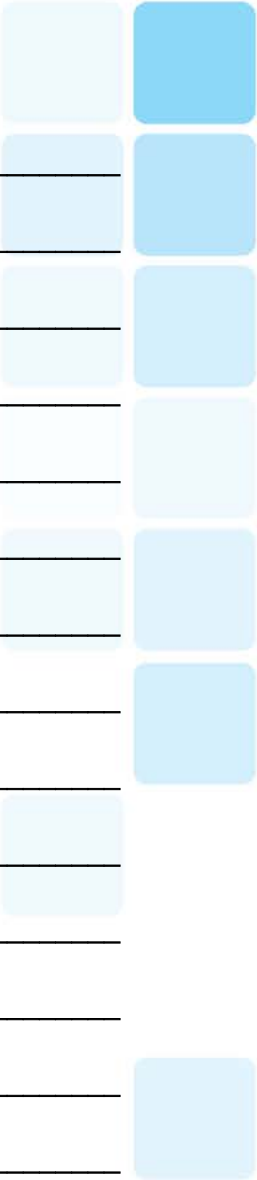
Office Phone Number: \_\_\_\_\_ Mobile Phone Number : \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact for: \_\_\_\_\_

ADDITIONAL INFORMATION / INSTRUCTIONS \*

Lined area for additional information or instructions.



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