

Notice of sale of practice



This is to notify ODS Community Dental/Delta Dental that, pursuant to an agreement,

Seller

Name		License number		
Tax ID number	Name of practice			
Address of practice		City	State	ZIP
Telephone number		Fax number		

Will the selling provider continue to work in the practice? Yes No

Does the selling provider participate in Health through Oral Wellness®? Yes No

Seller's signature X	Signature date
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If there is more than one seller, the above information must be provided on all sellers with accompanying dated signatures for each seller (you may use the back of this form).

Purchaser

Name		License number	
Tax ID number	Contact person		
Contact telephone number		Contact email address	
Effective date of purchase			

Purchaser's signature X	Signature date
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If there is more than one purchaser, the above information must be provided on all purchasers with accompanying dated signatures for each purchaser (you may use the back of this form).

