

PURCHASE OF PRACTICE

I, _____ purchased an existing practice
(print purchaser's name)
from _____ located at the following location.
(print seller's name)

Service Office Address _____
City _____, Washington
Zip code _____

EFFECTIVE ON ____/____/____ **(see options below)**

Please choose an option:

- The sale of the practice included the existing Delta Dental Fee Schedule(s). I will be using the same set of Delta Dental fees as the previous owner. By checking this option and signing below, I am giving my consent to have the seller's current Delta Dental Fee Schedule(s) copied to me.

- I will establish my own Delta Dental fee schedule(s) online using the WDS website at www.DeltaDentalWA.com.

Provider Signature

Date

(Print Provider Name)

WA state License #