

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

# Notice of Death or Incapacitation of a Dentist

SUPPORTING DOCUMENT

# DEN-DI

## Affidavit regarding continuation of operation of dental practice

Under Section 38.2 of the Dental Practice Act, the executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist who has become incapacitated may contract with another dentist or dentists to continue the operations of the deceased or incapacitated dentist's practice for a period of no more than one year from the time of death or incapacitation of the dentist or until the practice is sold, whichever occurs first. Continuation of operations of the dental practice of a deceased or incapacitated dentist shall not begin until the provisions of Section 38.2(a) have been met, including submission of this form.

### SECTION I: Deceased or Incapacitated Dentist

1. NAME LAST FIRST MIDDLE	2. LICENSE NUMBER
3. ADDRESS STREET, CITY, STATE, ZIP CODE	
4. NAME OF DENTAL PRACTICE	5. LICENSE NUMBER
6. ADDRESS OF DENTAL PRACTICE STREET, CITY, STATE, ZIP CODE	

### SECTION II: Practitioners that will operate the dental practice

1. NAME LAST FIRST MIDDLE	2. LICENSE NUMBER
3. NAME LAST FIRST MIDDLE	4. LICENSE NUMBER
5. NAME LAST FIRST MIDDLE	6. LICENSE NUMBER

### SECTION III: Information of Executor or Authorized Representative

1. NAME LAST FIRST MIDDLE
2. ADDRESS STREET, CITY, STATE, ZIP CODE
3. TAX IDENTIFICATION NUMBER OF THE ESTATE
4. PLEASE CHECK ONE:  <input type="checkbox"/> Executor <input type="checkbox"/> Administrator of the Estate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Authorized Representative

I affirm that the information provided is true and correct and that I understand that any interference by myself or any agent or assignee with the contracting dentist's or dentists' practice of dentistry or professional judgment or any other violation of Section 38.2 of the Illinois Dental Practice Act is grounds for an immediate termination of the operations of the dental practice.

**Under penalty of perjury, I hereby declare that the above information is true and correct.**

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_