THE LEGACY DENTAL EXIT GUIDE

How to Maximize Practice Value and Exit on your terms

What every dentist should know before selling their practice

By

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FOREWARD

Why This Guide Exists

If you're holding this guide, you're probably not "ready" to sell your practice.

Not in the formal sense, anyway.

You might still enjoy dentistry.
You might still like your team.
You might still be making good money.

But something has shifted.

You're thinking more about *what's next* than what's in front of you.
You're wondering whether all the years of work you've poured into your practice will actually turn into the life you imagined.
And you're quietly aware that selling a dental practice is not as simple as people make it sound.

You're right.

This guide exists because most dentists walk into their exit blind.

They rely on:
A broker.
A CPA.
A colleague who "sold last year."

Each of those people sees a piece of the puzzle.
None of them see the whole thing.

And when you're dealing with the single largest financial event of your life, that's a dangerous way to operate.

This is not a sales book

You won't find tactics in here for "getting top dollar."
You won't find tricks for negotiating harder.
You won't find a checklist you can hand to a broker.

What you will find is something far more important:

An understanding of how dental exits actually work — financially, psychologically, and structurally.

Because the truth is, most exit disasters don't happen at the closing table.

They happen five or ten years earlier, when no one is paying attention.

The real risk

The greatest risk in selling a dental practice is not choosing the wrong buyer.

It's becoming the wrong seller.

A tired seller.
A rushed seller.
A seller who waited too long.
A seller who didn't know what really mattered.

This guide is designed to make sure that isn't you.

How to use this guide

Read it slowly.

Let it challenge some things you believe.
Let it make you uncomfortable in a few places.
That discomfort is where clarity starts.

You don’t have to agree with everything here.
But if you understand it, you will never walk into an exit blindly.

And that alone can be worth more than you realize.

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PART I

AWARENESS

Section 1: You're Already Exiting (Whether You Know It or Not)

Most dentists don't wake up one morning and decide, "Today is the day I'm ready to retire." What actually happens is much messier. You begin taking Fridays off. You stop buying new equipment. You tell yourself you'll deal with things "next year." You catch yourself wondering what life would look like if you didn't have to be in the office every morning.

And then one day someone asks, "So… when are you going to sell?"

The question feels uncomfortable — not because you don't know the answer, but because you don't like what the answer might be.

Here's the truth most dentists don't want to hear: you usually don't decide to retire. You drift into it.

Exit planning doesn't begin when you call a broker. It begins when your relationship with dentistry quietly starts to change. You find yourself getting tired more easily. Joy gives way to responsibility. Growth matters less than comfort.

None of that means you're failing. It means you're human. But it also means something important: your exit has already begun, whether you realize it or not.

The signs almost no one notices

Most dentists think they'll know when it's time. They imagine a clear moment: *I'm done. I've had enough. It's time.*

That moment almost never comes.

What comes instead are small, quiet shifts — the kind you barely notice — that slowly move you out of builder mode and into exit mode.

You stop investing in the practice. You still fix what breaks, but you don't upgrade what could be better. New technology feels risky. Marketing feels unnecessary. Hiring feels like a headache. You start saying, *"It's good enough."* That isn't laziness — it's exit behavior.

You start thinking more about lifestyle than growth. Fewer days. Shorter weeks. Less stress. Totally human — but buyers don't pay premiums for lifestyle practices. They pay for growth machines.

You hesitate on long-term commitments. A new lease. A new associate. A major equipment purchase. Not because they're bad ideas, but because you don't want to feel stuck when it's time to leave. That hesitation quietly limits your future value.

You feel more tired than you used to — not physically, but mentally. Problems feel heavier. Managing people feels more draining than it used to. Days feel longer. That fatigue changes how you lead and leadership drives valuation.

You extract more and reinvest less. The practice still looks fine, but under the hood it's being hollowed out. Buyers see that immediately.

You think about selling … but don't do anything. You Google it. You talk to a colleague. You ask

your CPA. Then you wait. That delay costs more than you think.

You've mentally moved on. You imagine travel. You imagine hobbies. You imagine life without dentistry — while the practice is still completely dependent on you.

You tolerate things you used to fix. Staffing issues. Inefficient systems. Outdated tech. Every time you let something slide, value slides with it.

You don't really want to be "the boss" anymore. Managing people used to feel worthwhile. Now it just feels annoying. That shift shows up in the numbers, even if you don't see it yet.

And finally, you find yourself quietly hoping someone will make you an offer — without realizing that offers only show up for practices that look like investments, not like tired businesses.

You don't have to see all of these. Seeing just a few means the exit has already begun.

The dangerous part no one talks about

Most dentists assume selling their practice is like selling a house. Clean it up. Put it on the market. Someone makes an offer. You move on.

That's not how this works.

A dental practice isn't a house. It's a fragile, emotional, people-dependent cash-flow machine.

And the moment you start losing energy for it, its value starts leaking away. Growth slows. Investment stops. Teams weaken. Systems age. "Good enough" decisions multiply.

None of them feel fatal. Together, they are.

Why timing is almost always wrong

I've never met a dentist who said, *"I think I'm exiting too early."* I've met hundreds of dentists who exited too late.

They waited until they were burned out.
Until their numbers flattened.
Until their practice was harder to sell.
Until the market had already moved.

By the time they asked for help, they were negotiating from weakness.

And weakness is expensive.

The real question

So let me ask you something simple.

If the perfect buyer walked in today and offered you a fair price…
would you be emotionally ready to say yes?

Not financially. Emotionally.

That answer tells you far more about your exit than any valuation ever will.

Section 2: Trajectory Is Everything

Most dentists think there are only two stages to a career: you're practicing, and then you're retired. That's like saying there are only two stages to flying — on the ground and in the air. What really matters is what happens in between.

Every dentist moves through four distinct phases on the way out of clinical dentistry, whether they plan it or not. And the phase you're in right now quietly determines how much money you will eventually walk away with. Two dentists can have identical practices on paper and wildly different exits. The difference isn't production or collections. It's trajectory. Buyers don't buy what your practice is. They buy where it's going.

Phase 1 — The Builder

This is the fun part.

You're growing.
You're investing.
You're upgrading equipment.
You're attracting better patients.

You're thinking like an entrepreneur, not just a clinician.

In this phase, you reinvest aggressively. You tolerate chaos. You think long-term. This is when practices become valuable.

Ironically, most dentists don't think about exit planning here — which is exactly when they should.

Phase 2 — The Operator

This is where most dentists spend the bulk of their careers.

The practice is stable.
The team is in place.
The systems mostly work.
The money is good.

You're no longer building — you're maintaining.

You protect what you've built.
You stop taking big risks.
You optimize instead of innovate.

The practice still looks healthy. But growth quietly slows. And that's when buyers start paying attention.

Phase 3 — The Extractor

This is the danger zone.

You don't announce it. You don't plan it. You just start taking more out.

More income. Less reinvestment. Delayed upgrades. Deferred hiring. Deferred technology.

The practice still "works," but it stops becoming attractive.

This is where value erodes even while income looks fine.

Most dentists enter this phase without realizing it. And once you're in it, you're already exiting.

Phase 4 — The Exit

This is when you finally call someone and say,
"I think it might be time."

But now you're negotiating from the weakest position:

The practice hasn't been built for buyers.
The team isn't optimized.
The systems aren't clean.
The numbers aren't trending up.

You're no longer choosing the timing.
The market is choosing it for you.

And the price reflects that.

Why trajectory matters more than valuation

Two dentists can have identical collections, identical locations, and identical equipment, yet radically different outcomes if one is still in Phase 2 and the other has slipped into Phase 3. The difference isn't dentistry. It's momentum. Buyers don't buy your past. They buy your future.

The Dark Side of "One More Year"

I have an acquaintance who, in the early 1980s — right after a deep recession — was seduced by the dark side of the force: success and money.

During a three-year span his four-chair, 21-hour-a-week office collected just under $600,000 a year. In today's dollars, that's close to $1.9 million.

He was flying. The staff was flying. The systems were flying. Everything was aligned toward growth, efficiency, and momentum — the kind that makes a small practice feel unstoppable.

Over time, after the bloom was off the rose, he expanded hours, changed how procedures were scheduled, reduced staff,

and took a more leisurely approach to life. The practice didn't collapse — but it shifted from building to extracting.

Fast-forward to 2008. He was in his last year of "riding the office into the sunset," now collecting about $350,000 a year — roughly $530,000 in today's dollars.

A broker called and said, "I have a buyer for your office. They want your location and your fee-for-service base. They'll pay $400,000."

That was about 20% above its true market value.

And the deal closed. Happy ending.

But here's the real lesson for the happy ending to the story. He didn't have a strategy. He had the luck of the Irish

Could the same thing happen to you? Absolutely — if you believe waiting for a fish to flop into your boat is a plan.

Waiting for magic is not a strategy.

The uncomfortable truth

Dentists who get the best exits aren't necessarily the best clinicians. They are the ones who stopped being indispensable early enough.

They built something that could be owned, not just worked in. When the buyer showed up, the practice was ready. So were they.

PART II

VALUE

Section 3: What Buyers Actually Buy

If you ask a dentist what their practice is worth, you'll usually get a confident answer — a round number, a broker's multiple, or a percentage of collections. Those numbers feel solid. They're also mostly fiction. Not because anyone is lying, but because most dentists are using the wrong measuring stick. Buyers don't buy production. They don't buy effort. They don't buy how long you've been there.

They buy **predictable, transferable cash flow**.

And those are not the same thing.

The biggest valuation mistake

Most dentists believe value comes from collections, production, hard work, and patient loyalty. Buyers are asking a different question: "How likely is this cash flow to survive when this dentist is gone?" That single question changes everything.

Why two identical practices sell for very different prices

Imagine two offices with the same collections, the same number of operatories, and the same location. One sells for

two million dollars. The other struggles to get offers. The difference is simple: one looks like an investment, the other looks like a job. When revenue depends on your hands, your personality, and your relationships, it walks out the door when you do — and buyers don't pay for that.

The trap of EBITDA

You'll hear this acronym a lot: EBITDA (Earnings Before Interest, Taxes, Depreciation, and Amortization).

It sounds sophisticated. It's also dangerously misleading in dentistry.

EBITDA assumes the business can run without you. Most dental practices can't.

So, buyers don't take your reported profit at face value. They **normalize** it — meaning they recalculate what the practice would earn if it had to operate with a hired dentist instead of you.

That process usually includes three big adjustments:

"They replace your income with what it would cost to hire another dentist, because the buyer must pay someone to do your clinical work

They remove personal perks — things like vehicles, travel, family payroll, or lifestyle expenses — because those don't belong to the business.

They adjust for inefficiencies, because buyers assume a professional operator will tighten staffing, scheduling, purchasing, and collections.

When those changes are applied, your "million-dollar practice" doesn't shrink because anyone is being unfair.

It shrinks because buyers are no longer valuing **you** — they are valuing what is left after you're gone.

And those are very different numbers.

The three numbers that really control your exit

Dentists track backward-looking numbers.
Buyers care about forward-looking stability.

Three forces dominate how your practice is priced.

1. Cash flow consistency

Not how much you make — how steady it is.

Wild swings, uneven collections, or doctor-dependent spikes scare buyers.
Smooth, boring numbers get premium prices.

2. Provider independence

How much of your revenue belongs to the practice . . . and how much belongs to you.

Multi-provider, system-driven offices sell for more because buyers aren't buying a dentist.

They're buying a platform.

3. Momentum

Are new patients arriving automatically? Is hygiene full? Is case acceptance predictable?
Is the schedule stable?

Buyers pay for growth. They discount stagnation. They punish decline.

The dangerous illusion of “good income”

You can make excellent money in a practice that is quietly becoming unsellable. High income hides aging systems, weak teams, doctor dependence, and operational drift. It feels great — until the exit clock starts ticking.

In the end, your practice is worth more when it runs without you, grows without you, attracts patients without you, and keeps staff without you. The less it needs you, the more it’s worth. That isn’t personal. It’s math.

Section 4: When Comfort Kills Value

Most dentists feel pretty good about their finances. A healthy 401(k), a growing investment account, maybe some real estate, maybe even a pile of cash. It feels responsible. It feels safe. And it quietly creates one of the most dangerous blind spots in exit planning.

When your nest egg grows, something subtle happens. You stop needing the practice as much. That sounds good. It isn’t. Because when you no longer need the practice to grow, you stop pushing it to grow. You take fewer risks. You reinvest less. You tolerate more inefficiency. You let the practice coast. Your investment account looks better while your practice quietly becomes less valuable.

There is a perverse kind of math at work in dental exits. A dollar in your brokerage account grows slowly. A dollar invested into your practice can multiply your eventual sale price. But most dentists do the opposite. They extract from the practice to fund the nest egg, which shrinks the very asset they will eventually try to sell. It feels prudent. It is often expensive.

This is why some of the wealthiest dentists, at least on paper, end up with the weakest exits. They stopped managing their practice as an investment and started treating it like an ATM. Buyers do not pay premiums for ATMs. They pay premiums for growth.

This is also where the illusion of "one more year" becomes dangerous. When you are making good money, you do not feel urgency. You do not feel pressure. You do not feel at risk. So, you wait. One more year of production. One more year of income. One more year of saving. But that extra year often costs more in lost valuation than it ever adds in cash. You can earn three hundred thousand dollars in one more year and lose seven hundred thousand in exit value. That trade happens quietly, and it happens all the time.

The more financially comfortable you become, the easier it is to drift. Problems that would have demanded action ten years ago now feel tolerable. Inefficiencies get a pass. Deferred upgrades no longer feel dangerous. You tell yourself you will deal with it later. That is how dentists quietly slide into Phase 3, the extractor phase. Nothing dramatic breaks. The practice still works. The checks still clear. But the invisible work of building value stops. The team stops being developed. Systems stop being tightened. Technology stops being integrated. Growth stops being intentional.

From the inside, it feels like stability. From the outside, it looks like decay.

Buyers do not just look at your practice. They look at you. They can sense whether you are still building or merely harvesting, whether you are engaged or coasting, whether the energy in the office is forward-looking or tired. Those signals show up in how your team behaves, how problems get solved, how quickly things move, and how confident the operation

feels. Money does not hide any of that. In fact, comfort often makes it worse, because it removes the pressure that forces most businesses to keep improving. And in exit planning, improvement is what creates leverage.

The best exits do not happen when dentists are desperate. They happen when dentists are prepared. Preparation creates leverage — the ability to choose when, how, and to whom you sell. Comfort feels good. Leverage is what gets you paid.

PART III

TRANSFERABILITY

Section 5: What Buyers Feel Before They Calculate

Dentists tend to think buyers make decisions with spreadsheets. They don't. They use their gut first.

When a buyer walks into a practice, they don't start by asking about collections or EBITDA. They don't begin with the equipment list. They ask a much more basic question: *Does this place feel like a healthy business… or a tired one?* And they can usually tell in about five minutes.

That judgment shows up in things you no longer consciously notice. How the phones are answered. How confidently the front desk moves patients through. Whether the schedule looks full or patched together. Whether the team seems calm or constantly on edge. That emotional signal matters because it reveals something deeper: is this practice being run, or just kept alive?

For fifteen years after I sold my own thirty-five-year old practice, I worked as a freelance endodontist. I was in more than thirty offices during that time, usually walking in cold and sitting in the waiting room before an interview or a day of treatment. I didn't "see it all," but I saw enough to recognize patterns. And I learned something most dentists never realize you can tell whether a practice is healthy or not in about three minutes without looking at a single financial report.

I would sit quietly and listen. I'd listen to the receptionist on the phone — whether she sounded calm and confident or rushed and defensive. I'd watch the assistants moving between operatories — whether they moved with purpose or in small bursts of controlled chaos. And the real tell, the coup de grâce, was always the same: one employee asking another, *"Do you need anything?"* or *"Can I help you?"*

That wasn't politeness. It was culture. It was a nervous system that worked.

In those offices, patients felt it even if they couldn't explain it. And so did buyers. In other offices, I could overhear phone calls and honestly wonder why anyone would make an appointment there at all. The numbers might have looked fine. The energy never lied.

Buyers are trying to predict what will happen after you leave. If a practice feels organized, confident, and calm, they assume revenue will survive the transition. If it feels chaotic, defensive, or patched together, they assume something will break the moment you're gone — and they price that risk into their offer. That's why two practices with identical collections can sell for wildly different amounts. They don't feel the same.

The patient mix tells the same story. One practice may be built on loyal patients, predictable recall, high case acceptance, and a healthy payer mix. Another may be built on one-off emergencies, discount plans, insurance churn, and constant marketing just to stay afloat. They can look identical on a profit-and-loss statement. They feel very different when a buyer looks under the hood.

Buyers don't want chaos. They want predictability. If your patients are relationship-driven, routine-driven, and recall-driven, revenue tends to stay when you leave. If they are

personality-driven, price-driven, and crisis-driven, revenue drops the moment you walk out. That drop is built into the price they offer you.

As dentists move into extraction mode, the practice drifts toward convenience — simpler cases, fewer comprehensive plans, and a payer mix that slowly works against them. Growth is traded for comfort. You work less. You collect less per patient. The practice becomes more fragile. It feels more comfortable — and becomes less valuable.

Curb appeal is not cosmetic. You can repaint an office in a week. You cannot fake leadership, systems, culture, or momentum. Those either exist or they don't. And buyers can feel the difference long before they ever see your numbers.

Section 6: Complexity Is the Enemy of Value

Technology is supposed to increase the value of a dental practice.
Used well, it makes a practice more efficient, more credible, and easier to transfer.
Used poorly, it does the opposite.

Nothing makes a buyer more nervous than walking into an office filled with half-implemented systems, dusty scanners, software no one trusts, and tools the team works around instead of with. That doesn't look like innovation. It looks like fatigue. It tells them, *"This owner used to care… and then something changed."*

Buyers have a word for this: operational drag. And it gets priced into every offer.

An older office that runs cleanly and confidently can be very valuable. A "modern" office where staff double-enters data,

images don't flow, AI tools are ignored, and no one really knows how things work is a mess. And mess is risk. Risk lowers price.

As dentists slide into the extractor phase, something subtle happens. Standards stop being enforced. Training gets rushed. Updates get postponed. Systems drift apart. The technology is still there, but it is no longer trusted. That loss of trust spreads to diagnosis, scheduling, billing, and team confidence. Buyers can feel it.

This matters more than most dentists realize because patients feel it too. A recent Pearl.ai report found that eighty-seven percent of patients say it is important that their dentist uses the latest technology. Seventy-seven percent are more likely to choose a dentist who uses advanced tools, and seventy-one percent say they are more likely to trust a diagnosis when modern technology is involved. Technology isn't just a clinical tool — it is a credibility signal.

But credibility only exists when technology is actually used.

I once knew a dentist who bought a large cone-beam CT scanner for serious money. The promise was clear: better diagnostics, better treatment planning, and a powerful "wow" factor for patients. What happened was less inspiring. Pre-approvals were difficult. Insurance reimbursement was laughably low. Patients resisted paying full UCR. The accountant's projected return on investment collapsed. So, the scanner quietly went unused.

Every week the cleaning crew dusted it.

From the outside, it looked like a high-tech, cutting-edge practice. From the inside, it was a reminder that leadership had given up. The real tragedy wasn't the cost of the machine — it was the lost opportunity. Patients would have paid something

for that experience. Trust would have increased. Case acceptance would have improved. The technology could have paid for itself just by existing visibly and being used confidently.

Giving up is not a strategy.

Buyers don't pay for potential. They pay for what is actually happening. An unused scanner is not a growth engine. It's a signal that clarity disappeared. And when clarity disappears, value follows.

This is where the law of diminishing returns kicks in. At some point, more stops meaning better. More equipment. More services. More software. More complexity. It feels like growth. Often, it's just noise.

Buyers don't want a practice that does everything. They want a practice that does a few things extremely well — predictable hygiene, reliable case acceptance, stable associates, clean systems, and calm operations. That's what scales. That's what transfers.

Roughly twenty percent of what happens in your practice drives eighty percent of your exit value. The problem is that most dentists spend their time on the other eighty percent — more gadgets, more offerings, more distractions. Buyers want the opposite: simplicity, repeatability, and focus.

The worst thing you can do for your exit is to look modern without being modern. Buyers don't care how new your tools are. They care whether your systems actually work.

Section 7: Doctor Dependence Is the Hidden Discount

When buyers look at a dental practice, they don't really see chairs and equipment. They see people. They see who runs the place, who patients trust, who solves problems, and who holds everything together.

And they know something I learned in thirty waiting rooms: you can feel a good practice before you ever see a balance sheet.

That moment when one employee asks another, "Do you need anything?" isn't politeness. It's culture. It's a nervous system that works. It means training happened. Leadership happened. Standards exist. People care. Buyers will pay more for that than for any piece of technology.

Most dentists underestimate how fragile their exit is to one thing: team confidence. If the staff is nervous, undermined, underpaid, or loyal only to the doctor, buyers see a ticking time bomb. They imagine turnover after closing, revenue drops, and operational chaos. So they protect themselves with lower offers, earn-outs, and holdbacks. That money comes straight out of your pocket.

The most dangerous version of this is doctor dependence. When everything flows through you, it feels good. You feel important. You feel needed. You feel in control. Buyers feel terrified.

They want to know who runs the morning huddles, who owns the KPIs, who trains new hires, and who keeps the place moving when something breaks. If the answer is always "the doctor," your value collapses. Because you haven't built a business — you've built a personality.

That dependence shows up in patient relationships too. Your patients love you, and that's wonderful. But when patients chose you instead of the practice, some of them will leave when you do. Buyers know that. They price it into their offers.

The hardest shift in exit planning is becoming less important. You have to let your team lead. You have to let associates own outcomes. You have to let systems run the day. That feels uncomfortable. It also adds zeros to your exit.

The quiet irony is that the better you are at dentistry, the harder it can be to sell your practice. Because you built it around yourself — not around something that can outlive you.

Section 8: The Two Traps That Kill Great Exits

Most dentists think the biggest threats to their exit are the market, DSOs, or the economy.

They're not.

The two most dangerous risks are far quieter:

- Your lease
- And you

Either one can destroy the value of a great practice. Together, they routinely do.

The Lease Trap

You think of your lease as rent.

Buyers see it as a risk contract.

You've lived with your landlord for years. You know the quirks. You know what's negotiable. You know what really matters. Buyers don't get any of that. They see a document that controls whether their entire investment is safe.

They look at how long is left, whether it can be assigned, whether rent jumps, whether the landlord can say no, and whether the space still fits the business. If anything looks uncertain, they protect themselves. They lower the price. They add contingencies. They push for earn-outs. That all comes out of your pocket.

The trap most dentists fall into is waiting until a buyer shows up to deal with the lease. That's when the landlord suddenly realizes something powerful: you're leaving. And when landlords sense leverage, terms change.

Buyers hate uncertainty. Landlords love it. You get stuck in the middle.

Great practices die in diligence all the time because the lease is too short, the rent is too high, the assignment is restricted, or the landlord drags their feet. Nothing about the dentistry changed. But the exit did.

Smart sellers fix the lease early. They secure enough term to feel safe. They clean up assignment language. They remove surprises. That's not luck. That's planning.

The Dentist Trap

The most dangerous risk to your exit is not the market. It's not DSOs. It's not the economy. It's you.

Not because you're incompetent — but because you're indispensable.

You built your practice by being the best clinician, the ultimate problem solver, the emotional center, and the decision-maker. That's why it worked. It's also why it becomes unsellable.

Buyers don't want to buy a personality. They want to buy a system. The more your practice revolves around you, the less it's worth.

Great dentists recheck everything, fix everything, and decide everything. That feels like leadership. To a buyer, it feels like risk. They see a practice that collapses when one person leaves.

Your patient relationships are part of this too. Your patients love you, and that's wonderful. It also means many of them didn't choose the practice — they chose you. When you go, some of them will go too. Buyers know that. They discount for it.

The hardest shift in exit planning is becoming less important. You have to let your team lead. You have to let associates own outcomes. You have to let systems run the day. That feels uncomfortable. It also adds zeros to your exit.

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PART IV

THE TRANSITION

Most dentists spend decades becoming “the doctor.” It’s not just a job. It’s an identity. Patients know you. Staff depend on you. The rhythm of your days is built around being needed.

So, when the practice is sold and the routines begin to change, something unexpected happens.

You don’t miss the drills.

You miss who you were.

That’s the part no spreadsheet captures.

Dentists prepare their balance sheets. They prepare their tax strategies. They prepare their closing documents. They almost never prepare their lives. So, when ownership disappears, a strange vacuum appears. No patients calling your name. No team looking to you for answers. No daily sense of purpose. The money is there. The meaning isn’t.

That’s why so many dentists who “did well” on paper feel unsettled, restless, or even depressed after selling. They didn’t lose income. They lost identity.

This is where retention agreements and earn-outs become emotionally dangerous. The dentist is no longer the owner but still feels like the doctor. They are accountable but not in control. Needed but no longer respected in the same way. They have targets but not authority. That tension quietly eats away at joy.

And when identity starts to collapse, people do strange things. They interfere. They second-guess. They undermine new leadership. They cling to patients. Not because they're difficult — but because they don't know who they are anymore.

That's why some dentists accidentally sabotage their own exits.

A true legacy is not a payout. It's knowing that what you built survived you; the team thrived, the patients stayed. And that you moved on to something that mattered. That only happens when exit planning includes you, not just your business.

In the next chapter, we'll step back and look at the full picture — the five transitions every dentist goes through when they leave ownership, and why missing even one can ruin everything.

Section 10: The Five Transitions No One Plans For

Most dentists think they are making one transition: from owner to retired.

They're not.

They are making five — all at the same time — and missing even one can turn a great sale into a miserable experience.

The tragedy is that almost no one tells dentists this before it's too late.

1. The Financial Transition

This is the one everyone sees.

How much you get.
When you get it.
How it's taxed.

It's the only part most advisors talk about, and yes, it matters. But money alone does not determine whether an exit succeeds. It only determines whether the math works.

Many dentists get the math right and still feel like something went terribly wrong.

2. The Professional Transition

You stop being the owner.
You might keep being the doctor.

That sounds simple. It isn't.

The way staff looks at you changes. The way associates relate to you changes. Even the way patients speak to you changes. Authority shifts. Influence shifts. You are no longer the center of the system — even if you're still in the building.

When this transition isn't planned, resentment and confusion follow. Dentists feel undermined. Teams feel uncertain. Buyers tighten control. And what was supposed to be a smooth handoff becomes a slow, grinding emotional drain.

3. The Leadership Transition

Who runs the place when you don't?

That question determines whether a buyer feels safe. Strong exits always have obvious internal leaders before the sale. Morning huddles don't wait for the doctor. KPIs are owned by someone else. Problems get solved without everything flowing back to you.

When leadership is unclear, buyers compensate with contracts, earn-outs, and pressure.

4. The Emotional Transition

This is the one no spreadsheet captures.

You lose status.
You lose identity.
You lose being needed.

Dentists are used to mattering every day. When that disappears, even a great payout can feel hollow. That's why so many "successful" sellers quietly struggle after the deal closes. They didn't lose income. They lost meaning.

5. The Legacy Transition

This is the final question:

Did what you built survive you?

Did the team thrive?
Did patients stay?
Did the practice grow?
Or did it slowly fade the moment you stepped back?

That outcome is not luck. It is designed.

Most exits fail not because the price was wrong, but because one or more of these transitions was ignored.

Section 11: What Successful Exits Actually Have in Common

By now you've probably realized something uncomfortable.

Great exits are not about luck.
They are not about timing.
They are not about finding the “right buyer.”

They are about design.

When you look at dentists who exit well — with real money, real freedom, and no regrets, the pattern is always the same. Their practices ran without them. They grew without them. And they didn’t panic when the doctor stepped back.

Their teams knew what to do. They knew who was in charge. They weren’t emotionally dependent on the dentist to keep things moving.

Their systems were documented, followed, and trusted.

And the dentist had something most sellers never have: a life waiting for them on the other side.

They weren’t being dragged across the finish line by exhaustion, health, or fear. They chose their exit from a position of strength.

That combination is rare. That’s why good exits are rare.

Most dentists don’t fail because they didn’t try. They fail because they waited too long — and then tried to fix everything at once.

Exit planning isn’t a sprint. It’s a shift.

A shift from:
“I am the practice.”
To:
“I own something that can live without me.”

That shift changes everything. It changes how you hire. It changes how you invest. It changes how you choose

technology. It changes how you treat your team. It changes how you think about money. And it changes how buyers see you.

The dentists who get the best deals aren't the best clinicians. They're the ones who stopped being indispensable early enough. They built something that could be owned — not just worked in.

And when the buyer showed up, the practice was ready.

So were they.

About the Author

Dr. Ron Baran has spent more than five decades inside dentistry—as a clinician, practice owner, consultant, and trusted advisor to dentists facing transition.

A graduate of Loyola University School of Dentistry, Dr. Baran later earned an MBA in business management and a master's degree in counseling psychology. That uncommon combination of dentistry, business, and human behavior has shaped his perspective and his approach to helping dentists prepare for life beyond practice ownership.

Over the course of his career, Dr. Baran owned and operated six dental practices in the Chicago area and founded MYCROFT Consulting, Inc., where he advised dentists on practice management, valuation, leadership development, executive coaching, and transition planning. His work has always focused on what truly determines a successful exit: not just the transaction itself, but the operational, financial, and personal readiness that supports it.

Dr. Baran has also devoted significant time to understanding the emotional side of dentistry—burnout, professional identity, and the challenges dentists face when they are no longer at the center of their practice. His research on dentist personality and professional satisfaction was published in *General Dentistry* (2005), and he remains active in both the American Dental Association and the American Psychological Association.

Today, Dr. Baran focuses on helping dentists design exits that preserve not only their financial value, but their legacy, their teams, and their sense of purpose on the other side of ownership.

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