‘American dentistry at its best is remarkable’

Dr. Harold C. Slavkin shares his thoughts on what’s good about dentistry today and what’s needed from Washington

By Fred Michmershuizen, Online Editor

Dr. Harold C. Slavkin is the 2009 recipient of the American Dental Association’s Gold Medal Award for Excellence in Dental Research. Established in 1985 and presented by the ADA once every three years, the award honors individuals who contribute to the advancement of the profession of dentistry or who help improve the oral health of the community through basic or clinical research.

Slavkin, a noted policymaker, educator and researcher served as dean of the University of Southern California School of Dentistry from August 2000 until his retirement in December 2008.

He is currently on sabbatical, but he plans to return to USC in early 2010 to resume being part of the Center for Craniofacial Molecular Biology (of which he is the founding director) and teaching in the graduate school and dental school.

Before becoming dean at USC, Slavkin served as the sixth director of the National Institute of Dental Research.

Texting during treatment a problem

More than four out of five dentists surveyed by the Chicago Dental Society revealed that patients send and receive text messages on their cell phones while receiving dental care.

The survey was conducted from July 16–25 via e-mail and among dentists in the Chicago Dental Society’s Facebook Fan Page.

In addition to the dentists who said their patients regularly text in the dental chair, 46 percent said this habit hampers their ability to provide care. The high number of dental chair texters is also surprising, given that 32 percent of the dentists indicated they have a cell phone/mobile device policy posted in a visible location in their office.

“We have signs up in the waiting room and directly in front of where the patient sits stating that they need to turn off their phones, but most simply ignore them,” said one respondent.

But not every dentist views texting...
and Craniofacial Research, which is one of the National Institutes of Health (NIH). He is past president of the American Dental Research Association and a member of the International Association for Dental Research.

Slavkin, who has been called by ADA President Dr. John S. Finkley “one of dentistry’s most influential and forward-thinking leaders,” spent a few moments with Dental Tribune discussing his thoughts on dentistry, the current state of affairs in our nation’s capital and what he believes are the current and forward-thinking leaders,” ADA President Dr. John S. Findley said in his inaugural address.

I received excellent clinical training and had fabulous people, such as Professors Dick Greulich and Lucien Bavetta, mentor me during my post-doctoral training. Thereafter, hundreds of students, residents, graduates and postdocs profoundly influenced my journey in dentistry.

From my perspective, learning was a glorious experience, and still continues.

How do you feel about the state of dentistry as it is practiced today? American dentistry at its best is remarkable. All over America, I have met and seen amazing oral health care being provided to all types of people.

There is a debate going on today in Washington about health care reform. If you could write the legislation yourself and get it enacted, what would it include for dentistry? It sounds trite, but the mouth is part of the body. From my perspective, comprehensive health care must be available for all people of all ages and must include mental, vision and oral health, with an emphasis upon prevention.

While I worked in Washington as director of the National Institute of Dental and Craniofacial Research at the NIH, I had the unique opportunity to be a small part of the Surgeon General’s Report “Oral Health in America,” which was released in May 2000.

In that report we learned that 110 million Americans did not have dental insurance and that there were enormous oral health disparities according to socioeconomic determinants. We need to find a way for all Americans to experience optimal oral health, especially children under 5 and our elderly.

In your view, what does the future hold for general dentists? If I look beyond the current economic crisis that has challenged all of society, domestic and international, the future of our oral health profession is very bright and filled with enormous opportunities. The emerging science, technology and patient needs of all ages will truly enhance our profession’s future.

We know a lot about your work and your personal life, but what is something people might be surprised to know about you? What do you do for fun? Fun is being with my wife, children and grandchildren in essentially any venue. Fun is doing watercolor painting. Fun is sailing our boat “Winnie” and having the “Zen” experience of being on the Pacific Ocean. Fun is learning.
SAFER.
STRONGER.
FASTER.

**TF is twisted, not ground** – unlike other nickel titanium files – making it more durable. Most endodontic files are made by grinding the flutes, weakening the metal’s molecular structure which can lead to separation. Not so with TF.

Our unique manufacturing process produces a file with optimal sharpness and flexibility. TF allows you to work in difficult situations faster, safer and with a stronger file.

**Bottom line** – TF helps you achieve your goals for saving natural dentition, alleviating your patients pain and managing dental trauma.

Interested in improving your endodontic efficiency? Go to our TF website for the details and the solutions.

For more information on TF visit our website or call 800.346.ENDO. You can now shop online at [store.sybronendo.com](http://store.sybronendo.com).
Looking for an amalgam alternative with over 10 years of clinical success?

Alert® Condensable Composite, packed with over 10 years of independently validated clinical success, is a posterior restorative material designed to be a viable amalgam alternative. What sets Alert Composite apart from other composites is a proprietary chopped glass fiber filler that contributes to its amalgam-like handling characteristics and exceptional physical properties. Bulk curing at 5mm and familiar handling qualities enable you to Restore Class I and Class II carious lesions quickly and easily.

- Low polymerization shrinkage of 1.9%
- Minimal wear rate of only 3.5µm per year
- Handles and packs similar to amalgam
- Available in the 5 most popular posterior shades: A2, A3, A3.5, B1, & C2

To take advantage of this special offer call 800-551-0283 or visit www.pentron.com today!
Curbing cancellations and no-shows begins chairside

By Sally McKenzie, CMC

“Doctor, Mr. Jackson just cancelled his two-hour crown and bridge appointment.” With one simple sentence, your production for the day is swallowed up by a gaping hole in your schedule. Every dentist experiences the seemingly endless frustrations associated with patient cancellations and no-shows. Given the current recession, the number of holes in the schedule has surged in many offices. Compound that with lower treatment acceptance these days and you have all the makings of an overhead nightmare.

Even during robust economic times, no-shows and cancellations are not uncommon. They add up to huge revenue losses, on the order of $40,000 to $60,000 every year. And that doesn’t begin to count the thousands of dollars lost in production that the dentist never has the opportunity to diagnose, much less deliver.

While dental offices typically point the finger at the front desk to maintain a full schedule, clinical teams often overlook their indispensable role in urging patients to keep appointments. In actuality, curbing cancellations and no-shows begins chairside.

It is essential that clinical teams emphasize the value of the dental care provided during even the most regular dental visit, as well as clearly explain to patients the importance of keeping their appointments.

Ironically, dentists frequently overlook the significant influence that they have on the patient’s perception of routine dental care. In a rush to return to their own patient, they often unwittingly minimize the value of the professional hygiene appointment.

A hygiene scenario

Consider this common scenario: The hygienist spends time explaining to Mrs. Patient that she is now showing signs of periodontal disease and may require more frequent hygiene appointments. The patient is concerned and is prepared to schedule these visits once every three to four months.

Then the doctor walks in to check Mrs. Patient. He greets her and marvels at the great job she is doing with her oral health care. The dentist’s comment causes Mrs. Patient to question the hygienist’s assessment of her periodontal condition.

“The doctor said I’m doing a great job. Why would I need another cleaning so soon?”

Even more troubling is the fact that the dentist’s comments cause the patient to question both the dentist’s and the hygienist’s diagnostic abilities.

The solution

First, the clinical team has to be on the same page. This situation is easily addressed if the hygienist takes just a moment to explain to the dentist what has been found and subsequently discussed with that patient. It is a simple solution, but it underscores the significance of the clinical team’s role in emphasizing the value of ongoing dental care.

If your practice is not stressing the importance of the next visit to the patient while he or she is sitting in the chair, you probably have many more broken appointments and cancellations than you should.

Educate your patients

Oftentimes, patients have no comprehension of the turbulence that their “little” cancellation or no show can cause you and your team. In fact, it has been estimated that more than a quarter of your patients, about 28 percent, routinely cancel appointments because practices are not actively educating them on the importance of the next visit.

While cancellations and no-shows may be a part of running a practice, they do not have to be commonplace. In addition to emphasizing the value of every dental visit with each patient, I recommend that practices take specific, concrete measures to reclaim control of their schedules.

1. Appointment a staff member. The first step is to establish accountability. Assign a specific person to be responsible for ensuring that openings are filled promptly, appointments are confirmed 48 hours in advance and daily production goals are met.

2. Develop a policy. In addition, develop a clearly articulated policy regarding broken appointments. The policy should be specific and appropriate in tone. It also should be periodically distributed to all patients, especially new patients. Each time an appointment is scheduled, the policy should be politely reiterated.
to the patient. When making appointments, state the date, day, time and length of the appointment.

For example, “Mrs. Smith, your one-hour appointment is on Wednesday, April 28 at 9:50 a.m. If you are unable to keep this appointment, please call us at least 48 hours in advance to allow another patient the opportunity to see the doctor at that time.”

Don’t overbook. In addition, avoid the tendency to schedule all the appointments for larger treatment plans. Certainly, when presenting higher dollar, multi-appointment treatment plans there is a strong desire to immediately schedule the patient’s necessary visits as if that will guarantee he will keep every appointment.

In reality, booking the entire treatment plan does nothing to insure that the patient won’t change or cancel appointments. However, it does cause the schedule to appear unnecessarily clogged and overwhelming.

Just avoiding the tendency to overbook patients will help reduce the number of cancellations and no-shows. The practice has to routinely manage.

Be patient. Be patient with your patients. They do not set out to create havoc or disruption in your day. They too are very busy and, as is the common case, when something has to give in their demanding lives, it is the dental appointment.

However, educating them on the practice’s policies and expectations for appointments is an essential step every practice can take in controlling cancellations and no-shows.

Make it personal
Confirmation calls are a must for every appointment scheduled. Yet, don’t just rely on the telephone. E-mail and text messaging are essential tools that every practice needs to incorporate into their patient/practice communication protocol.

In fact, studies show that most patients prefer that practices contact them via e-mail or text message. What’s more, your office is far more likely to get a prompt response from patients if you contact them via e-mail and/or text message.

Patients should be contacted 48-hours in advance of their appointment. If you are not using text messaging and e-mail to confirm appointments, adjust the scheduling coordinator’s work hours somewhat so that she can make the necessary calls during times that patients are most likely to be reached, such as in the evenings.

The objective of the confirmation call is to speak directly to the patient. This requires far more effort than just leaving a message on someone’s machine or with another household member.

If you are sincerely committed to zeroing out the number of holes in your schedule, you need to identify what is the prime time for reaching patients directly.

For example, if your practice is located in what is considered a “bedroom community” where patients live but commute to work during the day, evening is the time in which you will experience the greatest success with your confirmation calls.

When patients schedule their appointments, tell them that you will be calling two days in advance to confirm the appointment. Request the number where they can be reached directly.

Use a positive and pleasant tone when confirming appointments. Keep notes in the patient’s personal record regarding a particular area of concern, and reinforce the need for the treatment, based on the patient information in the chart.

For example, “Mrs. Smith, I know Dr. Jones wants to keep an eye on your one-hour appointment is on Wednesday, April 28 at 9:50 a.m. If you are unable to keep this appointment, please call us at least 48 hours in advance to allow another patient the opportunity to see the doctor at that time.”

Contact ‘no shows’ within 10 minutes of their appointment time

Make it standard operating procedure to follow-up with every patient who cancels, doesn’t show up or doesn’t reschedule. Contact no-shows within 10 minutes of their appointment time, and express genuine concern for their absence.

For example, “Mr. Clemmons, this is Ellen from Dr. Denny’s office. We were expecting you for a 3 p.m. appointment today and were concerned when you didn’t arrive. Is everything okay?”

After two no-shows the patient’s record should be tagged indicating that he/she is unreliable. Politely inform the patient that he/she will be contacted when an opening is available.

Cancellations and no-shows are a reflection of our hurried and over-stretched culture. It is a problem that affects those practices serving patients with Mercer dental can as well as those serving the busy, well-educated executives.

Although they cannot be completely eliminated, by using a clear and direct approach, cancellations and no-shows can be minimized significantly in your practice.

Certified Management Consultant (CMC) Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, www.mckenzie_mgmt.com.

In addition, the company offers a vast array of practice enrichment programs and team training. McKenzie is also the editor of an e-Management newsletter and The Dentist’s Network newsletter sent complimentary to practices nationwide. To subscribe, visit www.mckenzie_mgmt.com and www.thedentistsnetwork.net. She is also the publisher of the New Dentist™ magazine, www.thedentistsnetwork.net. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenzie_mgmt.com.
Refining Direct Minus the Middleman = More money in your pocket!

REFINING
Get full value for your scrap!

- A trusted name in Dental for 65 years.
- Deal direct with the refiner and get top dollar! Don’t just get your scrap ‘weighed and paid’.
- Multiple payout options are available!
- Refine with Medidenta and get a bonus 10% off all products including current promotions.

CALL NOW FOR FREE PICK-UP!

ENVIRONMENTALLY CONSCIOUS SERVICES!

RECLAMATION
Amalgam Separator

Medidenta’s Amalgam Separator offers up to three years of safe, convenient, regulatory compliance. This is the ultimate in protection for your staff, your practice and the environment.

RECYCLING
Sharps Disposal

- Don’t toss out environmentally bad waste!
- Don’t be tied in to a long-term contract for sharps disposal!

Medidenta.com can take care of all your recycling needs.

Contact Medidenta.com Today!
Introducing the DEXIS Platinum Sensor — a breakthrough direct-USB digital X-ray solution. We’ve refined our single-sensor concept and made it even more portable. Even more comfortable. With PureImage™ technology for truly remarkable image quality.

See how amazing it really is — visit Booth #602 at the CDA meeting. Join our LAUNCH PARTY on Saturday, September 12 at 4:00 p.m.

Team DEXIS

Simply “plug-n-ray”
SUCCESS IS EASY
Press Here

“I just got back from LVI and my world has changed. I can’t possibly look at dentistry the same way again!”
– Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
– Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
– Dr. Robert S. Maupin

REGISTRATION IS JUST A CLICK AWAY!

www.lviglobal.com
888.584.3237

LVI Global is an ADA CERP Recognized Provider
As many dental offices know, no matter what you spend for IT support for your computers, it's usually nothing compared to what it costs if your network goes down for two or three days.

Business continuity involves two steps: monitoring the network 24/7 and having a great backup protocol in place should something go wrong.

Your computers are the machinery that runs your business. Every minute of down time costs you money. Just as dental offices do preventative maintenance to keep their patients’ oral health at a high level, your computer network also needs regular maintenance to keep it running smoothly.

If you are not in the business of IT support, then it makes no sense for you to self-manage your network. Using on-call consultants for basic maintenance has also become a costly proposition for most offices. Add to that the delays between the time you notice a problem and it actually getting fixed. All this extra downtime is costing you money.

Electronic IT management

New monitoring systems provide electronic management technology that has changed the way companies can maintain and manage their IT systems.

No longer do you have to wait for things to break before your network gets attention. With these systems watching over your network, many problems can be seen and corrected before they impact your staff.

Modern automation technology alerts technicians whenever specified events occur on your network. This allows us to directly focus on areas that need attention. Without this automation, a technician would waste valuable time hunting around for possible problems. These systems show us exactly where to look.

Remote access

Thanks to secure remote-access capabilities, most problems can be fixed remotely over the Internet.

For the dental practitioner, this means problem resolution in minutes, not hours! In addition, your network security is not compromised. This is an important factor for organizations in regulated industries, such as dentistry, that have HIPAA regulations.

Software updates

Patches and updates are released regularly for your operating systems and key applications. These fix problems with security and make them run better.

Without these updates applied, your software is vulnerable to threats that can damage your systems, or worse, make them available to attackers.

Tracking installed software

Most of these software programs contain a sophisticated asset inventory system that tracks every piece of software installed on your computers. The software can automatically identify those that need updates.

Every week your management mode will download these updates once and then apply them to all the machines on your network that need the updates.

This is far more efficient than you downloading and updating each workstation and server individually. In most cases, it makes sense to schedule these updates to run after hours so your staff is not interrupted by the installation process.

‘Reactive’ IT support

The old way of providing network support relied upon you calling a technician when something broke. Then you wait for someone to come find your problem. There was no telling how long it would take the technician to find and fix the problem.

With this outdated “reactive” support model, you pay when things go wrong, so your IT consultant gets paid when things break down. In short, there is no incentive for your consultant to make your network as reliable and efficient as possible.

The cost of supporting computers is a common complaint among dental offices. Something goes wrong on your network and the support bills start piling up.

‘Active’ IT support

How much will it cost this month? Many dentists we’ve worked with in the past commonly agree that unknown support costs are one of their most aggravating management issues.

Most of the new support systems are a subscription-based service. There is no hardware or software to buy. No staff to hire. You pay a monthly fee based upon the number of servers, workstations and network devices. All monitoring, notification, and remote support is done for you.

The only extra charges you might pay are for consulting, implementation of new equipment or software, or services that are not part of maintaining your existing IT infrastructure.

Part 2 of this article will be published in the next edition of Dental Tribune.

About the author

Dr. Lorne Lavine, founder and president of Dental Technology Consultants (DTC), has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y.

He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.
Fiscally fit in 2009

Tax breaks and limited-time laws make 2009 the right time to invest in your practice

By Keith Drayer

The American Recovery and Reinvestment Act of 2009 was signed into law on Feb. 17 with some of the best benefits having limited remaining time eligibility.

Small business owners have limited time in 2009 to benefit from the most lucrative tax incentives for acquiring technology and/or equipment.

If your practice is ready to buy equipment or software, the tax incentives for doing so are better than ever. These benefits will expire, or be reduced, as of Jan. 1, 2010.

The American Recovery and Reinvestment Act, accompanied by lower interest rates, make this a strategic time to invest in your practice to meet the demands of today’s health care industry.

Because of these beneficial conditions, installing equipment and technology in 2009 can create a cash flow win-win for health care practitioners “in the know.”

Can you deduct $250,000?

For the 2009 tax year, many small businesses may potentially deduct up to $250,000 if the equipment or software is placed in service.

This valuable break is the Section 179 depreciation deduction privilege, and it is an exception to the general rule that you must depreciate equipment and software costs over several years.

Section 179 is an annual “use it or lose it” accelerated deduction benefit that optimally lowers taxable income.

The bonus depreciation is allowable for regular and alternative minimum tax (AMT) purposes for the tax year in which the property is placed in service.

Property eligible for this treatment includes:

• Property with a recovery period of 20 years or less (almost all dental equipment).
• Standard software/practice-management software.

Who can take the deduction?

This deduction is available whether you are a sole proprietorship, partnership or corporation (S corporations are subject to different rules). If you plan to acquire equipment in the near future, purchasing it before year’s end is prudent.

What type of financing is eligible?

Utilizing a finance agreement or capital lease to acquire technology or equipment will qualify for this benefit, while true leases or fair market value agreements will not.

If you use a finance agreement to acquire your equipment and you have deferred payments, you may file your tax returns and achieve the benefits before you have made any payments.

Avoid last-minute decisions

Don’t wait too long to acquire technology or upgrade your office.

Although it is true that you can have equipment placed in service by Dec. 51 to take advantage of the incentives, waiting too far into the year may mean that you will settle on your selections because of diminished year-end choices.

Now is the right time to meet with an equipment or technology specialist and discuss acquiring the optimal production-enhancing technology and equipment that will help your practice stay fiscally fit.

Don’t forget bonus depreciation

Your practice may generally claim first-year bonus depreciation deductions equal to 50 percent of the cost that is left over after subtracting allowable Section 179 deductions (if any).

If your business uses the calendar year for tax purposes, you only have until Dec. 51 to take advantage of the generous $250,000 allowance.

Don’t wait to see if 2010 will provide the same opportunity. Act now and take advantage of all the benefits available through this current legislative windfall.

Invest in your practice with HSFS

Henry Schein Financial Services (HSFS) business solutions portfolio offers a wide range of financing options that make it possible for you to invest in your practice for greater efficiency, increased productivity and enhanced patient services.

HSFS helps health care practitioners operate financially successful practices by offering complete leasing and financing programs. HSFS can help obtain financing for equipment and technology purchases, practice acquisitions and practice start-ups.

HSFS also offers value-added services including credit card acceptance, demographic site analysis reports, patient collections, patient financing and the Henry Schein Credit Card with 2½ cash back or 1½ points per dollar spent.

For further information, please call (800) 855-9495 or send an e-mail to hsfs@henryschein.com.

Annual Internal Revenue Code Section 179 Example

<table>
<thead>
<tr>
<th>Calculations</th>
<th>Equipment not more than $800,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Equipment price</td>
<td>$100,000</td>
</tr>
<tr>
<td>B. Section 179 deduction</td>
<td>$250,000</td>
</tr>
<tr>
<td>C. 50% bonus depreciation (A - B x 0.50)</td>
<td>$25,000</td>
</tr>
<tr>
<td>D. 2009 MACRS deduction (A - B x C x 0.20)</td>
<td>$5,000</td>
</tr>
<tr>
<td>E. Total first year tax deduction</td>
<td>$280,000</td>
</tr>
<tr>
<td>F. Combined federal and state tax bracket</td>
<td>58%</td>
</tr>
<tr>
<td>G. Total 2009 tax savings as a result of capital expenditure (E x F)</td>
<td>$166,400</td>
</tr>
</tbody>
</table>

About the author

Keith Drayer is vice president of Henry Schein Financial Services, which provides equipment, technology, practice start-up and acquisition financing services nationwide.

Henry Schein Financial Services can be reached at (800) 855-9495 or hsfs@henryschein.com.

Please consult your tax advisor regarding your individual circumstances.
When It's Time to Buy, Sell, or Merge Your Practice
You Need A Partner On Your Side

ALABAMA
Birmingham—2 Ops, 2 Hygiene Rms, GR $675K #10168
Birmingham Suburb—2 Ops, 3 Hygiene Rooms #10106
CONTACT: Jim Gable #401-513-1573

ARIZONA
Arizona—Doctor seeking to purchase general dental practice. #12110
Shower—2 Ops, 2 Hygiene Rms, GR in 2007 $65,495
Pheonix—General Dentist seeking Practice Purchase Opportunity #12108
No. Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109
Urban Tucson—6 Ops—Equipped, 1 Hygiene, GR $900K #12112
CONTACT: Tom Kimbel #602-516-3219

CALIFORNIA
Alta—3 Ops, GR $461,331, 3 1/2 day week work #14279
Bakersfield—7 Ops, 2,200 sq ft, GR $1,916,000 #14290
Chico—5 Ops, 1,900 sq ft, GR $950K #14296
Fresno—7 Ops, 1,921,467 #14282
Modesto—12 Ops, GR $1,907,000, Same loc for 10 years #14289
California Wine Country—4 Ops, 1,500 sq ft, GR $950K #14296
Paso Robles—6 Ops, 2,000 sq ft, GR $2,289,000 #14291
Red Bluff—8 ops, 2008 GR $1,005,096, Hygiene 10 days a wk. #14252
San Francisco—4 Ops, GR $735K, 1300 sq. ft. #14288
San Jose—4 Ops #14295
South Lake Tahoe—3 Ops, 647 sq ft, 2007 GR $534K #14277
Sonoma—Potential for 4th, GR $271K #14285
Thousand Oaks—General Pric, New Equip, Digital #14275
CONTACT: Dr. Dennis Hoover #800-519-3438

COLORADO
Glenwood Springs—5 Ops, 1,500 sq ft, GR $714K #14272
Ridgway—3 Ops, 2,200 sq ft, GR $1,4293
Santa Fe—Santa Fe practitioners seeking sale—Approx 245 patients #14286
Yuba City—4 days, 1,800 sq ft #14273
CONTACT: Dr. Thomas Wagner #812-615-3255
Sacramento—6 Ops, 2,000 sq ft, 2008 GR $762K #14294
San Marino—2,000 sq ft, 2008 #323-774-1592

CONNECTICUT
Fairfield Area—General practice doing $800K #16166
Southport—2 Ops, GR $250K #16111
Wallingford—2 Ops, GR $610K #16113
CONTACT: Dr. Peter Goldlberg #617-690-2930

CORNADO
Miami—3 Ops, Full Lab, GR $853K #18117
CONTACT: Jim Parker #867-287-0300

GEORGIA
Atlanta—Suburb—3 Ops, 2 Hygiene Rms, GR $861K #19125
Atlanta—Suburb—2 Ops, Hygiene Rms, GR $653K #19128
Atlanta—Suburb—1 Ops, 1,270 sq ft, GR $438,493 #19131
Dublin—Buzzy Pediatric practice seeking associate #19107
Macon—3 Ops, 1,625 sq ft, State of the art equipment #19101
Northeast Atlanta—4 Ops, GR $750K #19129
Northern Georgia—4 Ops, 1 Hygiene, for 43 years #19110
South Georgia—2 Ops, 3 Hygiene Rms, GR $722K #19133
South Georgia—1,800 sq ft, GR $400K #19124
CONTACT: Dr. Jim Cole #404-513-1573

ILLINOIS
Chicago—Established Practice looking for Dentist #22122
Chicago—4 Ops, GR $709K, Safe Price $461K #22126
1 Hr SW of Chicago—5 Ops, GR 2007 $414K, 28 years old #22126
CONTACT: Al Brown #800-668-0029

INDIANA
St. Joseph County—GR $270K on a 3 1/2 week work #25108
CONTACT: Deanna Wirth #800-730-8883

MAINE
Lewistown—GP Plus real estate, state of the art office #28107
CONTACT: Lori Bell #978-602-0797

MARYLAND
Southern Maryland—11 Ops, 5,900 sq ft, GR $1,860,628 #29101
CONTACT: James Mattioli #410-786-0080

MASSACHUSETTS
Boston—2 Ops, 2 Hygiene, GR $600K #130113
Boston—2 Ops, GR $252K, Sale $197K #10212
Boston Southside—3 Ops, GR $300K #30123
Middlesex County—7 Ops, GR $800K #30120
New Bedford Area—6 Ops, $360K #30119
Somerville—GR $700K
Western Massachusetts—5 Ops, GR $1 Million, Sale $512K #30116
CONTACT: Alex Lisvol #617-240-2582

MICHIGAN
Suburban Detroit—2 Ops, 1 Hygiene, GR $325K #13105
CONTACT: Dr. Kim David #586-500-0080

MINNESOTA
Crown County—4 Ops #21014
eagle/moorhead Area—1 Ops, GR $185K #21017
Central Minnesota-Mobile Practice, GR $700K, #52108
Minneapolis—Looking for associate #21015
Rock River Area—Looking for associate #21016
CONTACT: Mike Miller #612-901-2132

MISSISSIPPI
Eastern Central Mississippi—10 Ops, 4,695 sq ft, GR $1.5 Million #31101
CONTACT: Deanna Wright #800-730-8883

NEVADA
Reno—7 freestanding Bldg., 1,500 Sq Ft, 4 Ops, GR $763K, #57106
CONTACT: Dr. Dennis Hoover #800-519-3418

NEW JERSEY
Edgewater—5 Ops, GR $625K #30909
Jersey City—2 Ops, GR $216K, 2 days a week #30910
CONTACT: Dr. Don Cohen #855-460-3034
Marlboro—Associate positions available #39102
CONTACT: Sharon Maccari #484-786-4071

NEW YORK
Brooklyn—4 Ops, 2 Hygiene rooms, GR $1 Million, NR $600K #41108
Brooklyn—3 Ops (Fully equipped), GR $175K #41113
CONTACT: Dr. Dan Gross #915-460-3034
Oceanside—3 Ops, Apprx $200K #31101
CONTACT: Deanna Wirth #800-730-8883
Synacore Area—6 Ops all computerized, Dentists and Devis #41104
CONTACT: Donna Bambalek #513-380-6943
Syosset—3 Ops, 1,800 sq ft, GR in 2007 over $700K #41107
CONTACT: Harry Lee #718-285-3131
New York City—Specialty Practice, 3 Ops, GR $400K #411109
CONTACT: Richard Zalaz #631-851-6924

OHIO
Medina—Associate to buy 1/3, rest of practice in future #44130
CONTACT: Dr. Don Montefield #440-823-6637

PENNSYLVANIA
Philadelphia—High Tech, GR $425K #47135
70 Miles Outside Pittsburgh—6 Ops, GR $1 Million #47137
North of Pittsburgh—3 Ops, Victorian Mansion GR $1.25 Million #47140
CONTACT: Dan Skin #412-855-0537
Dauphin County—6 Ops, GR over $1,100K, Safe price #718K #47133
Lackawanna County—4 Ops, 1 Hygiene, GR $515K #47138
CONTACT: Sharon Macci #484-786-4071

RHODE ISLAND
Southern Rhode Island—4 Ops, GR $750K, Safe $450K #484102
CONTACT: Lori Bell #978-502-0279

SOUTH CAROLINA
Columbia—7 Ops, 2,200 sq ft, GR $675K #49102
CONTACT: Scott Cameron #704-814-1730

TENNESSEE
Chattanooga—For sale #51106
Elizabethton—GR $900K #51107
Loudon—GR $600K #51108
CONTACT: George Lane #865-414-1527

TEXAS
Houston Area—GR $1.1 Million w/optional, net income over $500K #52103
CONTACT: Deanna Wirth #800-730-8883

WISCONSIN
Southeastern Wisconsin—2 Ops, 1,800 sq ft, GR $500K #38118
CONTACT: Deanna Wirth #800-730-8883

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883
American Academy of Periodontology to host 95th annual meeting in Boston

The American Academy of Periodontology (AAP) will host its 95th Annual Meeting in Boston, from Sept. 12–15 at the new Boston Convention & Exhibition Center.

Dental professionals from all specialties are encouraged to register to learn about the latest advancements in periodontology. More than 5,000 dental professionals and participating vendors are expected to attend.

The four-day meeting will include a variety of educational and scientific sessions in seven distinct program tracks, covering topics such as dental implants, periodontal-systemic relationships, practice development and management, and regeneration and tissue engineering.

Traditional continuing education courses, as well as hands-on workshops and clinical technique showcase events, will be offered. In total, more than 50 educational and scientific sessions will be offered.

Of particular note is this year’s Opening Ceremony, which will officially kick off the meeting on Sept. 12, with welcome remarks from the 2009 AAP President, Dr. David Cochran, DDS, PhD.

The academy is also pleased to announce Paul M. Bidker, MD, as the Opening Ceremony’s keynote speaker.

Bidker is a leading researcher in inflammation and cardiovascular disease, and was an important contributor to the recent joint consensus paper on cardiovascular disease and periodontal disease published by The American Journal of Cardiology and the Journal of Periodontology.

Other events of interest this year include:
- The Innovations in Periodontics sessions where the latest concepts, techniques or products in periodontics will be showcased.
- The Dental Hygiene Symposium, which will discuss how periodontal care, continues to evolve based on new research on the role of inflammation in the progression of periodontal disease.
- The popular Insurance Workshop, which will instruct attendees on how to submit appropriate procedure codes to dental benefit carriers, communicate with benefit carriers in adjudicating claims and file claims with medical plans.
- The exhibit hall, which will feature more than 150 dental products and services and will offer on-floor order placements and complimentary attendee lunches.

“This is an exciting time in periodontics, so I am thrilled to invite the dental community to join us in Boston,” Cochran said.

“It has become critical that all dental professionals understand the connection between periodontal disease and other chronic diseases of aging, such as cardiovascular disease, and especially the role inflammation plays in this connection.”

“Our 2009 annual meeting offers an exciting and informative forum to learn about these important advances in periodontology.”

For more information or to register for the annual meeting, visit the AAP Web site or contact the AAP meetings department at (312) 573-5216 or meetings@perio.org.
Vintage Halo featured in seminar

Shofu’s Vintage Halo porcelain was recently featured in a seminar at the UCLA Master Dental Ceramist Program.

Taught by renowned dental technician Klaus Muterthies, the two-day seminar was an opportunity to see the legendary master ceramist at work.

The 15 technicians who participated in the program were taught Muterthies’ famous four season restorations using Shofu porcelain.

Muterthies, founder of the Art Oral Design Group, cited Shofu’s Vintage Halo porcelain’s easy handling abilities and the true opalescence properties of Shofu’s ceramic.

Participants used Vintage Halo porcelain, which, in addition to its natural esthetics, offers extremely low shrinkage, precise color match, high compressive strength and excellent stability of margin edges.

A versatile material, Vintage Halo is ideal for everything from simple two- to three-powder build-ups to complex multi-powder restorations.

New cameras from Nikon and Canon

Canon and Nikon are introducing new “upper entry level” digital SLR cameras: the Nikon D5000 and the Canon Rebel T1i.

The Nikon D5000 slots in between the entry level D60 and the D90, and splits the difference in features. The D5000 matches the D60’s 12.3 megapixel resolution and includes the same 720P HD video clip mode.

New to the Nikon D5000 is the vari-angle LCD monitor that allows you to shoot from various angles. This is the first Nikon SLR model to feature an adjustable LCD screen. Even if you never use Live View, the vari-angle screen allows you to protect the LCD screen.

The LCD screen size is 2.7 inches and, like the D60 (2.5 inches), has 250,000 pixels of screen resolution. In comparison, the D90’s screen does not move, but is 3 inches and has 920,000 pixels.

Canon’s newest Rebel series camera is called the T1i. The Rebel T1i gains the 15 megapixel resolution and the higher resolution screen from the Canon 50D while also adding in 1080P HD video clip capability (first seen in the 5D Mark II).

The size and weight of the Rebel T1i is identical to the Rebel XSi.

Visit the PhotoMed Web site to view a chart that shows the upgrades to the Rebel line over time, as well as more information about the Nikon D5000.

PhotoMed International
14411 Corvello St., #7C
Van Nuys, Calif. 91405
Tel.: (800) 998-7765
Fax: (818) 908-1770
Web: www.photomed.net
IPS e.max lithium disilicate crowns

IPS e.max® from Keller is the next generation of crown and bridge material. It offers great strength, esthetics and fit for a lower price.

IPS e.max lithium disilicate is a monolithic glass ceramic.

This means it is fabricated from a single block of material.

Unlike traditional PFMs and many other ceramic restorations, e.max does not have a coping with a thin veneer of porcelain. It is made entirely of pressed lithium disilicate.

If it’s all-ceramic esthetics you’re looking for, different ingot opacities and characterization techniques make it possible to rival the esthetics of Empress.

e.max’s versatility of design can deliver both bridges and crowns. It is available for three-unit bridges to the second premolar. e.max also is available as an inlay/onlay.

IPS e.max is a good value in an economy where every dollar counts: crowns are $109 while veneers are $129.

Keller is a market leader in providing solutions to the growing demands in dentistry.

For more information on Keller Laboratories, please call (800) 325-5056 or visit www.kellerlab.com.

The new Triotray by Triodent, makers of the V3 Ring, is a rigid and accurate posterior impression tray. Its sturdy metal construction and unique side tabs produce consistently successful impressions where other, more flexible, dual-arch trays fail.

Triotray eliminates the frustration and embarrassment caused by poorly fitting crowns that are the result of distorted impressions.

Triotray removes that moment of doubt when you fit a crown, and saves time and money spent on adjustments and extra appointments.

The Triotray comes in left and right shapes, with the lingual tabs more vertically oriented than the others.

This prevents the tongue from displacing impression material from the lingual margins of mandibular crown preparations. With the tongue in a passive position beside the lingual arm, it cannot push up on the tray, a common cause of distortion.

Adjustable side tabs
All the side tabs are adjustable using your fingers or pliers, so it is easy to customize the tray to fit a wide range of mouth shapes and sizes, even if the patient has a shallow palate, wide buccal plate or mandibular tori.

The tray’s thinness and strength in the retro-molar area allows the patient to close easily and comfortably in centric occlusion (maximum intercuspation position).

Using the tray is simple. Just place the tray in the mouth and ask the patient to close. Move the tray slightly to make sure it is free from any impingements and adjust the tabs if necessary.

Tabs lock-in impression material
Once the tray is tried-in and adjusted, a generous amount of impression material is applied to the tray.

As the patient closes, the material flows between the side tabs, locking when it sets, thus avoiding the need for adhesive in all but a few putty and wash cases.

If the tabs are fully trapped within the impression material, the impression cannot distort and the lab can pour check dies without worry.

An occasional reaction to the Triotray side tabs is that they look uncomfortable, but the tabs are actually shorter than the rims of conventional trays and, because they are adjustable, there is no reason for patient discomfort, Triodent clinicians say.

The Triotray, a single-use product, is sold in packs of 24—12 left and 12 right—retailing at $62.

For more information, call (800) 811-5949 or go to www.triodent.com.

You can also learn more about this product by watching a First Impressions video product review, which is available at www.DTStudyClub.com.
Pediatric advanced life support (PALS) customized for dentists

By Heather Victorn

If you are a pediatric dentist, a family practice dentist who treats children or a dentist who performs pediatric sedation, you should consider taking a pediatric advanced life support (PALS) course. Children are not simply small adults. Their anatomy and physiology is vastly different. Even practitioners who have attended advanced cardiac life support (ACLS) courses in the past should still seek additional PALS certification.

Leading sedation dentistry and emergency preparedness continuing education provider DOCS Education has expanded it curriculum to offer a top-in-the-nation PALS course customized for dentists. Nearly every state requires dentists to have basic life support (BLS) or CPR for health care providers training. However, both courses only teach basic skills for sustaining a patient’s life and do not teach you how to use an automatic external defibrillator (AED) in the event of a cardiac emergency.

Furthermore, they do not address how to identify and treat the signs and symptoms that can lead up to a respiratory or cardiac emergency in children, particularly in the dental setting. Recognizing these signs and symptoms can enable early intervention and prevent a small medical emergency from escalating into a large one.

Changes in behavior, mood or alertness can all be symptoms of an allergic response. Often times these first indicators of trouble are misinterpreted as simply nervousness or agitation. When taught to recognize the signs, the progression of respiratory and cardiac distress can often be resolved.

Because many of their allergies and sensitivities haven’t manifested themselves yet, treating children presents unique challenges. “Children are history in motion,” says lead DOCS Education PALS instructor John Bovia, Sr. “Their history is developing moment by moment as they go through their formative years. They haven’t been labeled with certain allergies because they haven’t experienced them yet.”

DOCS Education’s PALS course teaches essential techniques for pediatric assessment and recognition of systems in distress, including airway obstruction, allergic reactions, respiratory insufficiency and hypoxemia. Dentists learn standard pediatric emergency protocols and how to effectively run a MEGACODE emergency using dental office equipment.

The course also teaches participants how to use Broselow® Pediatric Tape, which provides pre-calculated emergency medication dosages based on a child’s height and weight.

Simulation is part of its foundation, and the course is designed to be user-friendly with an emphasis on practice drills performed on high-fidelity patient simulators. These simulators provide real-time, real-world experience to maximize skill proficiency and preparation.

Training on how to use an AED on pediatric patients experiencing a cardiac emergency and understanding emergency drugs and their administration via intravenous and other alternate routes of administration are covered in detail.

The next DOCS Education PALS course will take place on Nov. 6 and 7 in San Francisco. To learn more or register, visit DOCSeducation.org or call (866) 592-9617.
SAY YES!

to IPS e.max

all ceramic all you need

NOW FROM keller

YES!

• Cement or Bond

• CAD/CAM Accuracy

• Pressed Strength

• Crown, Bridge, Veneer, Onlay and Inlay

• All-Ceramic Esthetics

• Only 4 Lab Working Days

• Made in the USA

• Cadent iTero partner

• FREE SHIPPING when you bundle*

• Only $109

“e.max Lithium Disilicate is the most robust ceramic system tested to date”***

CALL FOR YOUR CASE PICK-UP TODAY!

1.800.325.3056  www.kellerlab.com

Keller Laboratories, Inc.  160 Larkin Williams Industrial Court  Fenton, Missouri 63026