‘Salivary biomarkers for systemic disease is one of the final frontiers’

An interview with Dr. David Wong

In the past six years, saliva has risen to center stage for disease detection, monitoring and even health surveillance.

In cooperation with FDI World Dental Daily, Dental Tribune Asia Pacific spoke with UCLA’s Dr. David Wong, director of the Dental Research Institute, at this year’s World Dental Congress in Singapore about salivary diagnostic toolboxes and how they could be utilized for detecting systematic diseases.

In recent years, the role of saliva for the detection and monitoring of diseases has risen to center stage. Can you summarize the latest findings for us?

Seven years ago, the National Institute of Dental and Craniofacial Research [NIDCR], one of the 27 institutes at the U.S. National Institute of Health [NIH], made a visionary investment to turn salivary diagnostics into a clinical reality.

The outcomes of this scientific investment are what constitute the recent excitement and clinical potential for salivary diagnostics.

We now know there are multiple diagnostic alphabets in saliva to define the diagnostic coordinates of oral and systemic diseases. Point-of-care diagnostic technologies are soon to be in place to permit a drop of saliva to detect and monitor diseases at the dental practice.

How exactly does saliva work as a biomarker?

Biomarkers are defined as cellular, biochemical and molecular characteristics by which normal and/or abnormal processes can be recognized and/or monitored.

The salivary glands — major and minor — secrete approximately 1.5 liters of saliva into the oral cavity daily, carrying with it health/disease information, biomarker information.

The sources of these biomarkers can be disease sites or the salivary biomarkers for systemic disease is one of the final frontiers

DTSC at the Greater N.Y. Dental Meeting

Dr. Dan McEowen presented at last year’s Dental Tribune Study Club Symposia during the Greater N.Y. Dental Meeting, and he is scheduled to speak this year too.

ADA’s 150th Annual Session

By Fred Michmershuizen, Online Editor & Kristine Colker, Managing Editor Ortho Tribune & Show Dailies

When it comes to continuing education and innovative products, dental professionals who traveled to Hawaii for the ADA’s 150th Annual Session were in the right place. The meeting, held Sept. 30 through Oct. 3 at the Hawaii Convention Center in Honolulu, had C.E. courses and technology for all practitioners, no matter what specialty area they practice in.

The focus was on finding better and more efficient ways of providing care to patients.

Courses were divided into five separate tracks — dental assistant, preventive, team building, esthetic dentistry and new dentist. Of particular interest at this year’s meeting was the popular Education in the Round series, in which live patient...
AD

It was people everywhere in the front lobby of the Hawaii Convention Center during the ADA Annual Session. (Photo by Kristine Colker/Dental Tribune)

Dr. Lee Ann Brady and Dr. Peter Fay demonstrate impression technique for multiple implants during an Education in the Round session at the recent ADA meeting in Hawaii. (Photo by Fred Michmershuizen/Dental Tribune)

The salivary gland system can be viewed as a local anatomical organ that is poised to monitor local and systemic diseases. The good news is that the biofluid secreted, saliva, can be obtained non-invasively, painlessly and without embarrassment to the patient — no needles and no cringing.

Which salivary diagnostic toolboxes are at hand or currently in development and how could these be incorporated into the clinical practice?

Current salivary diagnostic toolboxes include the diagnostic alphabets — proteome, transcriptome, micro-RNA and microbial — and point-of-care diagnostic technologies. Integration into clinical practice requires identification of effective clinical application and approval by the Federal Drug Administration in the U.S.

With the exception of the salivary HIV-antibody test, no other salivary biomarker test has reached the FDA-level evaluation. We anticipate that our point-of-care device and biomarkers for oral cancer detection will be evaluated by the FDA in the next two years.

Do oral diseases have any impact on the diagnostic value of saliva?

A number of oral diseases have been evaluated for salivary diagnostic applications, including caries assessment, oral cancer and periodontal disease.

Proper control of oral diseases in the study population to control the effect of periodontal disease and inflammation, in particular, is important. 

Non-invasively, painlessly and without embarrassment to the patient — no needles and no cringing.
Consumer group warns against zinc in denture cream

The Consumer Healthcare Products Association counters that zinc-containing denture adhesive products are safe

By Fred Michmershuizen, Online Editor

A consumer advocacy group has issued an "urgent national alert" to consumers against the use of denture creams containing zinc, but manufacturers of the denture adhesives insist their products are safe.

"Because of inadequate or non-existent warnings, the zinc poisoning from denture creams has the potential to become a major public health disaster," reported U.S. Drug Watchdog, in a statement issued Oct. 12.

According to the Washington, D.C.-based organization, "exposure to excess zinc can lead to unusual strength, numbness, loss of sensation or other nerve symptoms."

"Approximately 55 million Americans wear dentures, a third of whom are elderly," a statement by U.S. Drug Watchdog said. "Severe zinc poisoning can lead to neuropathy, a condition that affects the nerves."

Meanwhile, manufacturers maintain that the products are harmless when used according to directions.

"Zinc-containing denture adhesive products are safe and effective when used according to the labeled directions," said Elizabeth Funderburk, spokesperson for the Consumer Healthcare Products Association (CHPA).

The CHPA is a Washington, D.C.-based, not-for-profit association representing the makers of over-the-counter medicines and nutritional supplements and the consumers who rely on these health care products.

"Zinc-containing denture adhesives made by CHPA member companies have explicit label directions to both explain in words — and demonstrate in pictures — the appropriate use of the creams," Funderburk said.

"In all cases, consumers are advised to use a small amount on well-fitting denture appliances. Too much product is being used if oozing occurs when dentures are put in place."

A statement from Procter & Gamble, manufacturer of Fixodent, reads, "All Fixodent products undergo rigorous scientific evaluations and safety testing. We continually monitor the safety of our products once in market."

"We are not aware of any case where denture cream has been definitively linked to a health effect from zinc."

"Fixodent contains ingredients that are generally recognized as safe in the amounts used. All Fixodent products are made, packaged and labeled in accord with FDA manufacturing practices."

"Still, we are doing all we can to make sure our consumers know how to use Fixodent properly."

"Furthermore, we are monitoring and updating our Web site, our packaging and our communication to dental professionals when necessary."

"Our Web site has been updated, and our packaging will soon provide detailed information to our consumers."

A number of lawsuits have been filed against Procter & Gamble and GlaxoSmithKline, manufacturer of Super PoliGrip, on behalf of consumers who claim to have suffered negative health consequences due to zinc poisoning resulting from use of the products.

Consumer law firm Parker Waichman Alonso filed a federal lawsuit in the U.S. District Court for the Eastern District of Tennessee, related to Super PoliGrip (Case 809 cv-22670).

Additional lawsuits have been filed against the manufacturers of Fixodent and Super PoliGrip on behalf of individuals who claim to have suffered neuropathy and other serious injuries from denture cream poisoning.

Many of the lawsuits have been consolidated. On June 9, the U.S. Judicial Panel on Multidistrict Litigation consolidated 12 cases, including two Fixodent cases and 10 against Super PoliGrip, into a multidistrict litigation (MDL) for coordinated pretrial litigation in the U.S. District Court for the Southern District of Florida, according to AboutLawsuits.com, a Web site offering information about personal injury litigation.

AboutLawsuits.com reported that the lawsuits involve similar allegations that manufacturers failed to warn that high amounts of zinc are contained in the denture adhesive creams, which can be absorbed by the body when a large amount of the product is used or if it is used over a long period of time.

Increased levels of zinc in the body can also deplete copper levels, causing a condition known as hypocupremia, which is known to increase the risk of significant neurological problems that can leave users with permanent and debilitating physical injuries.

Although the recommended daily allowance of zinc is 11 mg for men and 8 mg for women, with 40 mg being the maximum amount of zinc that can be safely tolerated, some denture creams have been found to expose users to levels as high as 350 mg per day, AboutLawsuits.com reported.

According to the CHPA, denture adhesives containing zinc are safe when used properly.

"First cleared for marketing in the United States by the FDA roughly 15 years ago, these products are very safe when used as directed, and adverse events are extremely rare," Funderburk said.

The statement from Procter & Gamble reads, "A small amount of zinc is used in Fixodent to help the denture stay in place securely so our consumers can eat, chew and talk more confidently."

"Zinc is a common ingredient in many over-the-counter products, a variety of foods and is a vital part of our daily diet. In fact, zinc supplements are commonly sold."

"Fixodent users may ingest a small amount of the product. However, we estimate the amount of zinc a consumer would ingest from daily usage of Fixodent is less than the amount of zinc in most daily multi-vitamins and comparable to six ounces of ground beef."

Dental signage for Halloween

A few weeks ago I wandered into a store called Big Lots! for the very first time and found this sign for sale among its Halloween decorations.

It’s made of very thin metal with heavy plastic and uses replaceable, miniature, push-in type lights.

After laughing so hard I am certain the other customers thought I was mentally unstable, I picked it up for immediate purchase.

At a mere $15, it was a small price to pay for some dental humor that I suspect you, the readers of Dental Tribune, can also appreciate.

The picture you see is the sign hanging in my kitchen. I added the skeleton lights, which I think will be the only things I will remove from the wall after the holiday.

(Text & Photo/Robin Goodman, Group Editor)
Suffering from the mid-career squeeze?

By Sally McKenzie, CMC

Mid-career, mid-life, mid-term. You’ve reached the middle, the halfway point. It can be a time of great prosperity and satisfaction or one of significant anxiety.

For some dentists it means they are hitting their stride and are right in the middle of the excitement, the challenge and the thrill of their chosen profession. They are at the top of their game, enjoying the fruits of their labors and looking forward to what the future holds.

For others, mid-career feels more like being stuck in midstream, floundering somewhere in between the beginning and the end. It’s too late to turn back, but there’s not much promise in what lies ahead.

Behind them is the first 15–20 years of their dental career. They’ve invested a fortune in time and money in both dental and continuing education.

They should be reaping the rewards, but they’re not. They are burdened by the monetary pressures. The lean months are growing more frequent, and it feels as if the financial tightrope they are tiptoeing across could snap at any time.

They are supposed to be the leaders of their practices, yet the personnel struggles, the revolving door, the sheer challenge of just keeping a group of people together, let alone building a team, is wearing them down.

Is it any wonder that they find themselves asking, “Is this all there is?” Where’s the excitement, the enthusiasm, the career satisfaction?

Consider your position on this mid-career path. Are you enjoying the view from the pinnacle of success? Or are you frozen in place, stuck somewhere between merely average and truly excellent?

In addition, if you’re not where you want and feel you should be, are you willing to take the necessary steps to change it?

Look at it this way: if the roof were leaking, you would have it repaired. If your car weren’t running properly, you would take it to the mechanic.

It stands to reason that if the area of your life that has the greatest impact on your personal and professional happiness and satisfaction isn’t delivering what you expected, you wouldn’t hesitate to fix it. Right?

The question then becomes: Where to start?

You’ll need to look at key systems, starting with the two critical areas that are most likely to be sending your practice, and consequently you, into a mid-term slump: patient retention and poor customer service.

Patient retention: ‘The Deception of Perception’

We see this routinely in mid-career practices, everyone is busy. The schedule appears to be bursting at the seams.

Hygiene is typically booked out six months. A couple thousand patient records are on file. Therefore, the clinician is convinced that patient retention is perfectly fine.

“Busy” is as “busy” does, and busy is one of the great illusions of the dental practice, a perception that is not only deceiving but also costly. In fact, most dental teams are stunned to learn that 80 percent of dental practices are losing more patients than they are bringing in new.

However, upon hearing such statistics, the crew will simply turn and tell each other that they must be in that select 20 percent group because, well, you know, they are crazy with work. Just how crazy? Find out.

How many inactive patient records are taking up space in your files or stored away? Have you increased the number of hygiene days per week in the last year?

Is your hygienist’s salary more than 33 percent of what she/he produces? Finally, have you converted 85 percent of your emergency patients to comprehensive exams?

If the number of inactive records is enough to open a second practice, you have patient retention problems.

If you have not increased hygiene days, you have patient retention concerns. If your hygienist’s salary is more than a third of what she produces and if you haven’t converted 85 percent of your emergency patients to loyal patients, you have more patients leaving your practice than you have new patients coming in.

While misery loves company, it doesn’t require you to hang around this pity party indefinitely. Patient retention is an area in which you can take prompt steps to improve.
and see immediate results. In most cases, patients have simply drifted away because the recall system, if it exists, is weak. Put recall to work and patients in the chair.

**Patient recall task force**

Generate a report from your computer of all patients past due for recall appointments in the last 12 months. Your objective is to reconnect with these patients using a defined strategy that will enable you to set goals and track the results of your efforts.

First, assign a member of the business team, typically the patient coordinator, to take the following steps:

1) Contact a certain number of past-due patients each day. The coordinator should use a specific script that she/he uses as a guide in making the calls. In addition, she/he should check the patient records to identify a treatment concern noted in the patient’s chart that could be mentioned during the phone call.

2) Everyone needs goals, and beyond just making calls, the coordinator should be expected to schedule a specific number of appointments, and follow-up with patients to ensure that a specific number of patients complete treatment.

3) The coordinator also assists the hygienist in meeting production objectives by scheduling the hygienist to achieve daily or monthly goals as well as managing a specific number of unscheduled time units in the hygiene schedule per day.

4) Finally, the patient coordinator monitors and reports on recall monthly at the staff meeting. You will find many patients who are more than willing to schedule an appointment. They do so because you've demonstrated to them that you value this patient relationship and want them to return.

**Be our ‘guest,’ not just our ‘patient’**

A few years ago, the Harvard Business Review reported that between 65 to 85 percent of people who leave one business for another do so even though they are satisfied.

What does that mean for dentists? Many of your patients stay with your practice only until they find a reason to leave.

And most dental teams are often more than a little surprised by what some of those reasons are:

- The practice hours are not convenient.
- There’s no place to park.
- The doctor hurts me.
- I don’t understand the bills.
- They don’t accept my insurance.
- They changed a practice policy.
- They don’t answer the phone.
- I can’t leave a message.
- They charged me for a missed appointment.
- They are always trying to sell me something.
- The fees are too high.
- They can’t keep staff.
- They told me I have to go to a specialist.
- They don’t listen to me.

What dental teams might consider insignificant issues or minor patient problems are costing practices a fortune in lost loyalty. Obviously, it doesn’t take much to motivate patients to take their dental needs and wants elsewhere.

So how do you turn patients waiting for a reason to leave into long-term loyal partners? Take a close look at systems and service.

While surveys indicate 70 percent of customers/patients cite service as the No. 1 reason they defect, too often employees view managing patient service as a distraction from what they consider to be more important tasks, such as ensuring the schedule is full, collecting from insurance companies, confirming appointments, etc.

Ironically, the success of each of these goes hand-in-hand with providing excellent service.

First, find out what your patients think. Survey patients to assess if seemingly minor concerns raised by a few patients are a bigger problem than you may have realized.

Invest in a statistically valid survey instrument that is designed to ask questions that will elicit the most valuable and revealing information.

Next, engage in “action listening,” which is different from “active listening.” With action listening, the dental team commits to bring concerns and issues voiced by patients to the staff meetings for discussion and action.

For example, if patients are commenting that practice hours are inconvenient, the team develops a plan to address the issue, such as adjusting the practice hours for 60 days, marketing the change, and monitoring patient reaction and subsequent patient retention. The team can then assess if the change should be made permanent.

Look at practice systems and evaluate if they are best serving the patients, and thereby best serving the practice.

If the schedule is booked out weeks for the dentist and months for hygiene, if patients are routinely declining treatment, if collections are low and holes in the schedule are frequent, these are all system indicators that patient service is deficient.

While you’re at it, pay attention to the obvious:

1) **Welcome each “guest.”** Treat each patient as the most important person in your office from the moment she/he walks in the door until she/he leaves the parking lot.

2) **Hate the answers.** Patients expect you to have immediate answers to basic questions. Track the common questions that patients ask. Take steps to ensure that every member of the team is prepared to answer them.

3) **Acknowledge patients immediately.** Under no circumstances should a patient be ignored when he or she is standing at the reception desk. It takes five seconds to look over at the patient and let her/him know you will be right with her/him.

4) If you pretend the patients are not there, you tell patients that they are an annoyance and unworthy of your time.

Providing excellent service means building a strong emotional connection with the patient — not just running on time and delivering good dentistry.

It means that every member of the team makes it clear that she/he cares about that specific patient, is willing to listen to the patient and shows genuine interest and concern for the patient.
I am asked all of the time what the next big thing is going to be in dentistry. What new technique or technology is going to change dental practice?

We certainly have made huge advancements in a number of areas, such as restorative therapy, implants and esthetics. I believe the direction of the next great thing in dentistry is actually going to take place in the oral-systemic connection. Most dentists are familiar with this connection as being how oral health affects systemic health.

I'm going to look at the oral-systemic connection from a completely different angle: the oral-systemic esthetic perspective. We all can do a magnificent job of making teeth look great and giving people a healthy and beautiful smile. Esthetic dentistry has been an absolute boom over the last 30 years when it comes to such innovations as teeth whitening and minimally invasive veneers, such as Aurum Ceramics’ Cristal Veneers, Denmat’s Lumineneers and many others.

Once the teeth look good, what about the peri-oral areas around the mouth? If the teeth look good but we ignore the rest of the face, then we have really limited what we have done in esthetic dentistry.

It’s time to give serious consideration to extending the oral-systemic connection to the esthetic realms of the face, which dentists are more familiar with than any other health-care practitioner.

Botox is used for smoothing facial wrinkles by eliminating dynamic wrinkles caused by muscles in motion. Dermal fillers are commonly used to add volume to the face in the nasolabial folds, lip augmentations, oral commissures and marionette lines.

As we age, collagen is lost in these facial areas and these lines start to deepen.

These dermal fillers are injected right under the skin to plump up these areas so that these lines are much less noticeable. The face looks more youthful and esthetically pleasing, and Botox and dermal fillers are the perfect complement to any esthetic dentistry. I have been trained and have had experience with Botox and dermal fillers for a while, and these are very easy procedures to accomplish once dentists have been properly trained.

As dentists, we give injections all the time. This is just learning how to give another kind of injection that is outside the mouth, but is in the same area of the face that we inject all the time.

We also have a distinct advantage over dermatologists, plastic surgeons, medical estheticians and nurses who commonly provide these procedures in that we can deliver profound anesthesia to these areas before accomplishing these filler procedures.

I will never forget that during my training, my patients were completely comfortable during dermal filler and lip augmentation therapy because of my ability to deliver proper anesthesia to these areas.

The patients treated by other health practitioners were quite uncomfortable and indeed this is one of the biggest patient complaints about dermal fillers.

Many state boards are allowing general dentists to provide botulinum toxin and dermal fillers to patients. Is there a market for these services?

In 2008, close to $5 billion was spent on botulinum toxin and dermal filler therapy in the United States. Think about this — that was money spent on non-surgical elective esthetic procedures that could have been spent on esthetic dentistry, and the patient made a choice.

Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.
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Other preventative areas
Each office should use a time clock, and the dentist must initial manual entries. Petty cash should be counted and balanced daily. The amount of receipts plus cash on hand should equal the same balance every day. The outside of the envelope containing the petty cash should be used to monitor the daily balance.

Each day, the date, the receipt total, the cash total and the sum of receipts and cash should be listed along with the initials of the person reconciling the petty cash. When the age of computerization came to dentistry, one of the selling points was that computers would make it more difficult to embezzle. Flaged, the use of computers has computer-enabled or computer-camouflaged, the use of computers has made embezzlement easier than ever.

Whether computer-related, computer-enabled or computer-camouflaged, the use of computers has made embezzlement easier than ever unless the proper safeguards are instituted.

Preventing theft by computer requires a thorough understanding by the dentist of the security features built into the office’s software. This information must be carefully reviewed with the software vendor’s support team to ascertain that access to various features of the system is correctly restricted.

No system should allow the deletion or erasing of accounts or charges by staff or allow deletion/disabling of the entire system. The statement generator should never be turned off. Any patient complaints relative to payments and balances must be carefully investigated.

Computer reports are designed to assist in avoiding theft problems, but to work, someone (i.e., the dentist) must review them. These will only take a few minutes to review, but this must be done.

Adjustment, refund and write-off reports should be read by the dentist daily. The dentist should scan posting reports daily. The dentist can quickly spot incorrect charges posted for procedures he/she has just performed. The accounts receivable (A/R) aging report should be checked monthly and discussed monthly with the financial coordinator. The financial coordinator should be prepared to respond to each account over 90 days old with why, what has been done and when payment is expected.

In addition to demonstrating that the dentist is monitoring things, this also greatly assists in making certain that collection procedures are being followed, thereby keeping accounts receivable under control.

Dealing with embezzlement
Dealing with embezzlement, fraud and theft involves four steps. The first step is the dentist’s responsibility to diligently observe what is going on in his/her office relative to the handling of money.

If theft is suspected or discovered, the next step is investigation. Before making any accusations, the dentist must make certain that the evidence supports the alleged crime.

This means reviewing entries, reports, patient account records, etc., to gather the hard evidence necessary to confront the thief.

Prosecution is the next step. This is sometimes harder for the dentist than the realization that his/her trust has been betrayed. However, it is a necessary step. If not, the thief will continue, either from you or another dentist. This means calling the police.

Reasons dentists do not prosecute
Why do some dentists elect to forget the thief is the fear of a slander suit. Avoiding this allegation is the purpose of the investigation stage.

If you have the evidence, you are not guilty of nor can you be accused of slander. Involving the police once you are certain you have become a victim will aid in protecting against these false allegations.

In addition, many dentists fear to prosecute because of fear of the IRS. After all, they have unreported income. If one fails to report and prosecute the theft, the IRS takes the position that income has been fraudulently under-reported.

If one reports the loss to the authorities, the IRS views this as proof that a loss by theft has occurred and therefore the under-reported income is offset by the theft loss and no charges by the IRS will be levied.

Non-reporting of employee theft can also be the fear of blackmail. Some of the dentists suffering losses from theft are themselves involved in insurance fraud, unreported income and/or income tax evasion. They know the offending staff member is aware of this and, out of fear of retaliation, they elect to terminate the employee but not prosecute.

Recovery
The last of the four steps of dealing with employee theft is recovery. Total recovery is usually not possible.

Even if successfully prosecuted, recovering a judgment requiring repayment, most staff members involved in theft no longer have the money nor do they possess the ability to repay, even if spread over a lifetime.

Actual judgments issued such as $50 per month until the amount embezzled has been repaid would require 100 years of monthly payments to recover a $20,000 loss (that does not even include interest).

The best chance of partial recovery comes from the office insurance policy. Limits of $10,000 to $25,000 are common. The policy will pay the actual amount of loss or the policy limit, whichever is lower.

However, most policies require the reporting of the loss to police and prosecution if advised by the local district attorney.

Conclusion
Most theft, fraud and embezzlement is avoidable if minimal safeguards are instituted.

However, the dentist must take an active role. Dentists who blindly trust their employees are the easiest targets and may suffer the greatest losses.

Many new dentists who acquire their dental practice by purchasing an existing practice face the same problem relative to implementing safeguards as older dentists in practice for many years face.

How can you solve this dilemma? Blame it on your accountant.

Tell your staff that your accountant has recommended certain changes be made in how things are done because this represents better compliance with GAAP (generally accepted accounting principles).

In this manner, these changes will barely be questioned, except perhaps by a staff person who is guilty of theft.

About the author
Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both dental associations and numerous dental schools. Heller is presently the national director of Transition Services for Henry Schein Professional Practice. For further information, please call (800) 750-8885 or send an e-mail to pp@henryschein.com.
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CONTACT: Dr. Dan Cohen at 610-460-5044
Onancock-5 Ops, Approx 1,200 sq. ft., #41114
CONTACT: Dianne Wright at 800-730-8883
Syracuse Area-6 Ops all computerized, Dentists and Docs #41104
CONTACT: Donna Blais at 315-410-0543
Syracuse-4 Ops, 1,200 sq. ft., GR in 2007 over $700K #41107
CONTACT: Marty Harvey at 315-316-3433
New York City-Specialty Practice, 3 Ops, GR $400K #41109
CONTACT: Richard Zielinski at 631-831-6024

NORTH CAROLINA
Charter-4 Ops, 1 Equipped #42141
Foolhalls-3 Ops #21122
Near Parchers-Dental emerg clinic, 3 Ops, GR in 2007 $373K #42134
New Hanover-G, Practice on the coast, Growing Area #42145
Raleigh, Cary, Durham-Doctor looking to purchase #42127
CONTACT: Darren Hurst Parker at 919-848-1555

OHIO
Medina-Assocate to buy 1/3, rest of practice in future #44150
CONTACT: Dr. Dan Moorhead at 419-823-8057

PENNSYLVANIA
Pittsburgh Area-High-Tech, GR $423K #74113
7 Mls Outside2-3-4-5, GR #1 Million #74117
Northeastof Philadelphia-3 Ops, Victorian Mansion, GR $1.2 Million #74117
CONTACT: Dan Stahl at 610-855-0537
Lackawanna County-4 Ops, 1 Hygiene, GR $315K #74138
CONTACT: Shawn Marcus at 410-788-0701

RHODE ISLAND
Southern Rhode Island-1 Ops, GR $750K, Sale GR $45K $8102
CONTACT: Dr. Peter Goldberg at 617-860-293

SOUTH CAROLINA
Charleston-7 Ops, 2,200 sq. ft., GR $675K #49102
Hilton Head-Dentist seeking to purchase a practice producing $500k a year #49103
CONTACT: Scot Carringer at 704-814-4796

TENNESSEE
Chattanooga-For sale #51106
Elizabethton-GR $400K #51107
Loudon-GR $600K #51106
CONTACT: George Lane at 615-414-1527

TEXAS
Houston Area-GR $1.1 Million, net income over $500K #32105
CONTACT: Dianne Wright at 800-730-8883

WISCONSIN
Southwestern Wisconsin-2 Ops, 1,800 sq. ft., GR $500K #58118
CONTACT: Dianne Wright at 800-730-8883

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883

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California Dental Association meets in San Francisco

By David L. Hoexter, DMD, FACD, FICD, Editor in Chief

The California Dental Association (CDA) held its biannual convention in San Francisco and it was a wonderful congress. The spacious Mosconi Center allowed for a constant flow of participants at the booths as well as record attendance at the educational rooms.

The CDA cleverly staggers the ending of its educational presentations so that the commercial floor is never inundated or overcrowded at the same time.

Rather, participants have room to converse with knowledgeable personnel at the booths before making a purchase.

This appeared to be more efficient for both the purchaser and the commercial booths.

As I was a presenter in this meeting, the attentiveness of the participants in my auditorium was so positive that questions continued after the completion for more than 45 minutes.

My hands-on course participants had enthusiastic questions and comments. Other presenting colleagues relayed the same response. They included David Garber, Joseph Blasé, James Dunn, Ron Jackson, Tieraona Low Dog and Joseph Massad, to list just a few.

The CDA worked throughout the year — volunteers working along with regular staff — to produce this crescendo of a smoothly orchestrated meeting. Yet, on Saturday evening, it took the time to honor and say thank you to one of their own — Dr. Dan Miyasaki.

Miyasaki was honored for all his years of hard work toward the goal of a successful, enlightened meeting and for all the tireless years he spent making it easier for the committee members to achieve their goals.

This is the first time that this award has been presented. In attendance and glowing with pride were his wife, his children and their spouses and, of course, his grandchildren.

Dr. Jeff Brucia, a fellow of the International Academy for Dental Facial Esthetics, and this year’s chairman of the Board of Managers, was doubly proud.

Not only did the CDA have a wonderful, productive meeting, but his father, Dr. Frank Brucia, was responsible for creating the Legacy Committee, a watering hole for retired dentists to meet, reminisce and offer experienced advice to those bright enough to request it.

The beautiful city of San Francisco indeed enhanced all that the CDA meeting had to offer its attendees.
on One Stage,” demonstrated in an insightful manner how technology could enhance a dental professional’s ability to provide optimal patient care. Tips on how to make intelligent purchasing decisions were also offered.

At the ADA’s World Marketplace Exhibition, consisting of more than 350 exhibitors occupying more than 200,000 square feet of floor space, meeting participants were able to learn about the latest in products and technology.

At the Smile Reminder booth, a new program called ZubuMail was launched. With ZubuMail, dentists have the ability to narrow their direct-mail campaigns to those people with the most potential to become patients.

By incorporating data-driven analytics, including everything from a person’s age to where he or she shops for groceries, ZubuMail helps dentists identify the people most likely to need specific products and procedures, such as orthodontics, veneers or implants, and then allows the clinicians to tailor a direct-mail campaign especially for those people.

“Plaque and the oral health issues surrounding it are a constant battle for oral health care professionals,” said Dr. Robert Gerlach, research fellow with P&G Worldwide Clinical Investigations, who met with staff members of Dental Tribune during the ADA meeting. “P&G Oral Health understands these issues and has developed a regimen with proven results that contains brands oral health care professionals know and trust.”

Other offerings on display at the ADA meeting included the following:

• The DMG America booth was crowded with dental professionals interested in learning about the company’s new Icon drill-free treatment for incipient caries and white spots.

• Representatives from DENTSPLY Professional said interest was high for products such as the Stylus ATC (adaptive torque control) handpiece, the Cavitron THINSert ultrasonic insert and NUPRO NUSolutions remineralizing toothpaste with calcium phosphate technology.

• DENTSPLY Caulk had several new offerings, including Enhance flex NST finishing and polishing discs and the SureFil SDR posterior bulk fill flowable base. Both products utilize the latest technology to help dentists improve patient care.

• At the Colgate booth, meeting attendees were able to learn about the new Sensitive Pro-Relief. The new toothpaste, which is designed for patients with dentin hypersensitivity, utilizes Pro-Argin technology.

• Isolite Systems was displaying Isolite, a dryfield illuminator that converges light, suction and retraction in one streamlined tool.

• At the Pentron Clinical Technologies booth, attendees could learn about the new DentureMart catalog.

Next year, the ADA will hold its annual session in Orlando. [11]
Westerners have plenty to look forward to at DTSC Symposia

People from around the world flock to the annual Greater New York Dental Meeting, and with very good reasons beyond the fact that there is no registration fee.

There’s something for everybody—even for those who might make the trip from the West Coast.

Again this year, Dental Tribune America has partnered with the meeting’s organizers to offer four days of symposia in the areas of endodontics, implantology, cosmetic and digital dentistry.

The meeting is scheduled for Nov. 29 to Dec. 2. Each day will feature four individual one-hour lectures on various topics led by experts in their fields. Participants not only earn C.E. credits, but also gain an invaluable opportunity to learn diverse aspects of dentistry and how to integrate a variety of treatment options into their practice.

DTSC Symposia at the GNYDM — Duchin Program 2009

• Nov. 29, 10–11 a.m. One-step Adhesion, One-step Cementation
  George Freedman, DDS
  Seventh generation adhesive materials have simplified the process of dental bonding and made esthetic procedures very predictable. These new products etch, bond and desensitize in a single step, and virtually eliminate postoperative sensitivity while decreasing the potential for marginal breakdown.

• Nov. 29, 11:30 a.m.–12:30 p.m. High-resolution Cone-beam with PreXion 3-D
  Dan McEowen, DDS
  Cone-beam computed tomography (CBCT) offers a whole new paradigm to dental radiography. From what has been conventional 2-D images, dentists now have the ability to look at the maxillo-facial region in any direction and any thickness as well as in 3-D.
  With the introduction of CBCT, the specialist and general dentist alike can now afford to own and enjoy the benefits of this fantastic diagnostic tool.

• Nov. 29, 1:30–2:30 p.m. Simplify Esthetic Dentistry
  Steven Weinberg, DDS
  Dr. Weinberg’s presentation is a comprehensive, clinically-oriented program addressing the constant state of evolution in esthetic materials and restorative techniques.
  Participants will learn about a variety of materials, techniques and philosophies to create beautiful, long-lasting anterior esthetic restorations in an exciting educational environment.

• Nov. 29, 3–4 p.m. The Beauty of Bonding
  Howard Glazer, DDS
  This presentation will encompass the science of adhesion, the art of composite restoration and the finesse of finishing and polishing.
  Using the most state-of-the-art materials, Dr. Glazer will explain the advantages and methods used to achieve the maximum esthetic and functional results for patients.

• Nov. 30, 10–11 a.m. E4D Sky: Dentistry’s Destination
  Gary Severance, DDS and Lee Culp, DDS
  Demonstrating everything that dental professionals need for the design and fabrication of single-unit glass ceramic restorations, either chairside or benchtop, the program will be an interactive, entertaining and amazing display of all that modern dentistry offers for comprehensive care.

Dental Tribune Study Club schedule at-a-glance

<table>
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<tr>
<th>Date/Time</th>
<th>Speaker</th>
<th>Title</th>
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<tr>
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<td>Fay Goldstep</td>
<td>Know Your Products and Tools for Today's Healing Dentistry</td>
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<td>1:30–2:30 p.m.</td>
<td>Steven Glassman</td>
<td>OraVerse: In Practice</td>
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<tr>
<td>3–4 p.m.</td>
<td>Dan McEowen</td>
<td>The Advantage of Small FoV High-resolution CBCT Imaging</td>
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<td>December 1</td>
<td>Renato Leonardo</td>
<td>Technological Resources and Biological Concepts in Minimally Invasive Endodontics</td>
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<tr>
<td>10–11 a.m.</td>
<td>TBA</td>
<td>Affordable Soft-tissue Diode Lasers</td>
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<tr>
<td>1:30–2:30 p.m.</td>
<td>David Hoexter</td>
<td>Esthetics Using Cosmetic Periodontal Surgery</td>
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<td>3–4 p.m.</td>
<td>Lynn Mortila</td>
<td>You’ve Taken Implant Training ... What Do You Do Next?</td>
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<td>December 2</td>
<td>George Freedman</td>
<td>Restoration of the Endodontically Treated Tooth: A Step-by-step Discussion of Clinical Innovations</td>
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<td>10–11 a.m.</td>
<td>Barry Levin</td>
<td>Immediate Tooth Replacement in the Esthetic Zone</td>
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<tr>
<td>1:30–2:30 p.m.</td>
<td>Ron Schefidore</td>
<td>More Than Just Teeth and Gums</td>
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<tr>
<td>3–4 p.m.</td>
<td>Marius Steigmann</td>
<td>My First Esthetic Implant Case: Why, How and When?</td>
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This program focuses on the new technological advances that have made healing possible: scientific, accurate, reproducible and clinically significant caries detection; the potpourri of the ingredients and tools that the dentist needs for healing therapies; gioners, the new healing composite resin; photo-activated disinfection to promote remineralization and healing; and user-friendly laser technology to keep perio treatment in your office.

- Nov. 30, 1:30–2:30 p.m.  
  Oralverse: In Practice  
  Steven Glassman, DDS  
  OraVerse is a local anesthesia reversal agent that accelerates the return to normal sensation after routine dental procedures. Clinical documentation showing the safety and efficacy of the drug in clinical trials will be highlighted.

- Nov. 30, 3–4 p.m.  
  The Advantage of Small FoV High-resolution CBCT Imaging  
  Dan McEowen, DDS  
  This presentation will instruct you on how to take a 360 degree rotation with either 512 or 1,024 projections during the scanning time. You will learn how to produce ready-to-go 3-D, sagittal and coronal images within 30 seconds after the scan axial.
  Dr. McEowen will introduce PreXion 3-D, the only CBCT scanning unit using its own built-in graphic cards, as well as 3-D rendering boards, which result in the highest resolution when considering all smaller FoV CBCT scanning devices.

- Dec. 1, 10–11 a.m.  
  Technological Resources and Biological Concepts in Minimally Invasive Endodontics  
  Renato Leonardo, DDS  
  This course is ideal for the progressive general practitioner with a minimally-invasive practice.  
  Along with hands-on training, clear demonstrations and an educational presentation, lecture participants can expect information about vital and non-vital pulp therapy, the Anatomic Endodontic Technology (A.E.T.) System and the Apical Delivered Obturation (A.D.O.) System.

- Dec. 1, 11:30 a.m.–12:30 p.m.  
  Immediate Tooth Replacement in the Esthetic Zone  
  Barry Levin, DDS  
  The time frame of three to six months of unloaded healing is not always mandatory any longer.  
  With osteoconductive implant surfaces, newer implant materials and proper diagnoses, patients can often experience implant therapy without the inconvenience of removable temporary appliances and bonded provisional restorations.

- Dec. 1, 1:30–2:30 p.m.  
  More Than Just Teeth and Gums  
  Ron Schefold, DDS  
  Dental professionals are now incorporating blood screening, evidence-based medicine, advanced technology and nutrition into patient care.

• Dec. 2, 10-11 a.m.  
  Restoration of the Endodontically Treated Tooth: A Step-by-step Discussion of Clinical Innovations  
  Dr. George Freedman, DDS  
  The restoration of the endodontically treated tooth is one of the most common procedures in dentistry today.
  This program examines numerous recent advances that facilitate the dentist in restoring the endodontically treated tooth: bonded, tooth-colored fiber-reinforced posts and cores; faster, better and more accurate impression techniques; one-step predictable temporization.
  In this multi-focal hands-on program, participants will have an opportunity to rehabilitate a flared canal and then to cement posts while creating resin cores suitable for ceramic or ceramo-metal restorations.

• Dec. 2, 11:30 a.m.–12:30 p.m.  
  Immediate Tooth Replacement in the Esthetic Zone  
  Barry Levin, DDS  
  The time frame of three to six months of unloaded healing is not always mandatory any longer.  
  With osteoconductive implant surfaces, newer implant materials and proper diagnoses, patients can often experience implant therapy without the inconvenience of removable temporary appliances and bonded provisional restorations.

• Dec. 2, 1:30–2:30 p.m.  
  More Than Just Teeth and Gums  
  Ron Schefold, DDS  
  Dental professionals are now incorporating blood screening, evidence...
based supplementation, laser therapy, DNA testing and physician referrals into their office protocol to improve dental treatment outcomes and improve the overall health of dental patients. Amazing patient testimonials and treatment outcomes discussed.

- Dec. 2, 3–4 p.m.
  My First Esthetic Implant Case: Why, How and When?

Marius Steigmann, DDS

Esthetic dental implants are of increasing importance in today’s dentistry. Success from the esthetic aspect requires bone height and width, soft-tissue architecture and prosthetic restorations close to nature.

Out of these three elements, it is the soft-tissue frame that can be maintained or reconstructed not only using surgery, but also with the right prosthetic elements.

The DTSC program is made available through educational grants provided by:
- SHOFU
- PreXion
- VOCO
- D4D
- Novolar Pharmaceuticals
- Ultradent
- Chase
- AMD Lasers
- DMG
- Straumann

The symposia are free for registered Greater N.Y. Dental Meeting attendees, but pre-registration is recommended. Also, due to limited seating, register early to ensure preferred seating.

For registration please visit www.gnydm.com or send an e-mail to info@gnydm.com. International attendees requiring visas should e-mail customerservice@gnydm.com.

For more program details, please check the schedule at www.DTStudyClub.com.
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‘The Best Seminar Ever’

The place for dentists and their teams to be on Nov. 12-14 will deﬁnitely be Las Vegas. However, they’re not necessarily going for the gambling or the shopping. The fact that Vegas boasts more restaurants and entertainment per capita than anywhere else in the world does not particularly exhilarate them.

Sure, all of those things are great. And as everyone knows, “What happens in Vegas stays in Vegas.”

But particularly exhilarate them.

Vegas boasts more restaurants and entertainment per capita than anywhere else in dentistry.

Madow Group has been in business since 1989 and is located in Reisterstown, Md. It is that they haven’t seen anything yet!

Back in 1995, the Madows came up with an idea and formula to put on a multi-day dental seminar that would be different from all of the ordinary ones out there. The ﬁrst one sold out within days of the event’s announcement, and the event has been packing the house every year since.

In 2009, for their 15-year anniversary, Rich and Dave have promised Dental Tribune that they intend to crank it up a few notches and give dental offices something they have never before experienced in their lives.

Our goal is to have dentists and their teams feel that this was the most incredible event they have ever attended. Better than any rock concert or Broadway show,” says Rich Madow.

“We will have the best lineup of speakers we have ever had at TBSE. And we will have an expanded exhibit hall and learning area where doctors will be able to discover brand new products and other cool things that can help them practice better.”

Rich and I are proud of the fact that we produce the very best dental show in the world,” says Dave Madow.

“We have been studying the art of dental seminar production for many years. TBSE is somewhat like the real-time Facebook of dental seminars — there is a lot of product out there, but the people know — and always come back to — the one that is the best.”

Rich and Dave have ﬁgured out how to make a dental seminar feel more like a rock concert. Many ofﬁces dress up in crazy costumes and clothes. They get in line early to assure front row seats. They stand, they cheer, they laugh and they cry. When it’s all over, they leave with the best success, team building and motivational ideas that they can put into use in their practices as well as their lives.

The Madows always work with a production team that promises a sound and vision experience unheard of at other dental seminars, let alone many concert or theatrical productions. “We will be bringing in all of our staging, lighting, audio and video equipment, as well as our own stage crew,” says Jason Reppenhagen of LV Productions.

“It will take several 18-wheelers to get everything there and the result makes TBSE unlike any other production I have worked — the Madows are a lot of fun!”

“TBSE 2009 will be held at the Las Vegas Hilton from Nov. 12-14, and at this point there are almost no rooms left in our room block, so people should call us, quick!” says Dave.

“Every year we do more things to make TBSE the most talked about event in the history of dental seminars,” says Rich.

“Our regular attendees know we have always put our hearts and souls into it. The only thing they don’t know is that they haven’t seen anything yet! Just wait.”

For questions or comments, Drs. David and Richard Madow can be reached at (888) 88-MADOW or direct at (410) 526-4780.

Get everything there and the result makes TBSE unlike any other produc-tion I have worked — the Madows are a lot of fun!”

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Milestone Scientific receives notice of allowance from U.S. Patent and Trademark Office

Milestone Scientific (OTCBB:MLSS), recognized as a leader in advanced injection technologies, announced on Sept. 16 that the United States Patent and Trademark Office has issued a Notice of Allowance for Milestone’s U.S. patent application, titled “Computer Controlled Drug Delivery System with Dynamic Pressure Sensing.”

Dynamic pressure sensing provides visual and audible in-tissue pressure feedback, identifying tissue types to the health care provider. This feedback allows a health care provider to know when certain types of tissue have been penetrated, allowing for the injection of medications at a precise location.

This is particularly beneficial when making subcutaneous and intramuscular injections.

Dr. Mark Hochman, director of clinical affairs at Milestone Scientific, stated, “This Notice of Allowance is of profound significance to our company in that the noted intellectual property represents one of the key technological components that will afford Milestone Scientific the opportunity to enter the medical drug delivery market.

“Intra-articular epidurals along with numerous other injections should undergo a revolutionary change in the areas of efficacy, safety and cost benefits.”

A Notice of Allowance generally completes the substantive examination of a patent application. The normal process, which results in a final issuance of a U.S. patent, involves several administrative steps that are typically completed in due course following the issuance of such a notice.

The new patent will provide protection for a key element of Milestone’s technology until Dec. 21, 2026 and thus will extend and strengthen Milestone’s leadership position in the growing field of advanced injection and drug delivery systems.

To date, Milestone has been awarded a total of 22 U.S. utility and design patents relating to its C-CLAD technologies.

In August of this year, the company received a Notice of Allowance for the bonded disposable handpiece for fluid administration used by the company’s commercially available C-CLAD systems, including the STA Single Tooth Anesthesia System™, CompuDent® and CompuMed®.

“We are very proud of our company’s technological achievements and expect that the protection afforded by these patents will give Milestone a key competitive advantage in the drug delivery market,” added Leonard Osser, Milestone’s CEO.

In June 2008, Business Insights reported that over the last decade, the drug delivery industry has evolved to become a key area in the development of value-added pharmaceutical products.

The global market grew from $15 billion to $40 billion between 2000 and 2006 as companies increasingly turned to innovative new drug delivery technologies as a means of expanding product lifecycles, enhancing drug efficacy and maximizing revenues.

About Milestone Scientific
Headquartered in Piscataway, N.J., Milestone Scientific is engaged in pioneering proprietary, highly innovative technological solutions for the medical and dental markets.

For more information on the STA System and other innovative Milestone products, please visit www.milestonescientific.com and www.STAis4U.com.

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ACE brings together respected leaders in the field of Periodontics and Systemic Health where you can see the research, determine what is relevant, and incorporate current thinking into your practice.

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- Dr. Bill Nordquist - The Relationship between Dental and Systemic Disease
- Dr. Ray Yukna - Lasers in Periodontal Therapy
- Dr. Duane Keller - Using Oxidizing Agents to treat Periodontal Disease
- Dr. Omer Reed - New Paradigms in Periodontics
- Mr. Bill Landers - State-of-the-Art Periodontal Risk
- Dr. Kim Kutsch - Think you know this disease? Think again!

Additional presentations by: Dr. Paul Ewald, Dr. Ron McGlennen, Dr. Brian McKay & Chris Duval RDH, Janet Press RDH, Dr. Nate Booth, Mr. Bob Maccario, Mr. G. Kent Mangelson, Jessica Cufonic, and more!

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1,540,000 reasons to pursue sedation dentistry training

By Heather Victorn

Have you ever done a Google search for “dental anxiety”? If not, go ahead and try it.

In less than a second, you’ll discover more than 1,340,000 unique hits on the term. Two simple words open the doors to the vast world of dental fear. It exists. It’s real. And it’s not going away.

You can be the most gentle dentist in the world. You can have a compassionate, caring, reassuring team. You can be decorated with every credential in the book. However, none of that matters in the mind of a person who has had a previous traumatic dental experience.

Whether it was a negative encounter with a dentist as a child or a pain-riddled appointment as an adult, the associations patients have stay with them. They prevent them from seeking care later in life.

So how do you treat these patients? How do you get them to call your office, nonetheless make and keep an appointment?

The answer is more simple than you’d think. You offer them sedation dentistry. In other words, you provide them with a solution to their fears and an opportunity to redefine their experiences at the dentist.

Relaxation is a powerful tool. Relaxed patients sit more comfortably in your dental chair, offer less jaw resistance, have reduced gag reflexes, don’t notice time passing and, overall, are more pleasant to treat.

In other words — they’re anxiety-free and more receptive to receiving your care. You and your patients alike can enjoy the benefits of utilizing sedation dentistry.

Whether you choose to offer oral sedation, IV sedation or both, each is effective at managing dental anxiety. With the proper training and necessary equipment, your office becomes more than just a place that treats patients; it becomes a vehicle for positive change.

Fearful patients seek sedation. All of the message boards, forums and searches online are evidence of that. Most of these people are willing to drive further and pay more in order to receive sedation. They want to be comfortable, feel safe and be healthy.

It’s a topic of intense discussion. People who find qualified, compassionate sedation dentists don’t keep that information to themselves. They share it. They generate referrals. They pass it on by word-of-mouth.

You’ll quickly discover that sedation patients are the most gracious and grateful patients you will ever treat. The fact that you can provide them with the much-needed care they require — trauma and anxiety-free — means they will be your patients for life.

Organizations such as DOCS Education offer continuing education programs in both oral and IV sedation, along with essential emergency preparedness courses to equip you with the skills and knowledge to safely and effectively administer sedation in your office.

To learn more about offering sedation dentistry, go to DOCSedu cation.org or call (866) 592-9617.

If you’ve ever considered offering sedation dentistry at your practice, now is the time to do it.

There are more than 1,540,000 good reasons to pursue the training — and patients waiting in the wings to receive your care.

The Internet has changed, but have you changed with it?

USA Today and the Wall Street Journal report that the Internet is now America’s No. 1 vertical marketing channel. Dentistry is a vertical market. Internet marketing is more effective and less costly than any form of print, media or broadcast advertising.

Patients expect their dentist to have a Web site. Today’s dentist needs to pay attention to the Internet. It can produce big results. If you have a Web page presence on the Internet, you need to ask yourself, “Is it the right Web page?” A successful Web page requires four ingredients: 1) immediate appeal, 2) ease of use, 3) entertaining content, and 4) it has to be found.

Just like in baking, leave out a necessary ingredient and your cake will taste funny.

Well, if your Web page isn’t competitive with immediate appeal or it’s difficult to navigate or the content is boring, it will not matter if your Web site can be found because people will leave the site and go on to the next site.

On the other hand, if you have all of the ingredients for a great Web site, but no one can find it, your Web site will not produce the desired results.

How is a Web site found?

Every Web page has thousands, if not tens of thousands, of constantly changing algorithm values connected to it. For the sake of simplicity, think of an algorithm value like a credit score.

Everything connected with your Web page has an algorithm value. It is the aggregation of these algorithm values that ranks a Web site when searched.

Keywords, meta-tags and matching content are important and contribute to the site algorithm value.

For example, if someone types in a search for “Chicago dentist,” every dental Web site in Chicago with those same common keywords is recognized; however, each site is ranked based on its overall algorithm value.

Assuming that every Web site is created correctly, which they are not, how does a site climb over the Web sites listed above it to eventually be listed on page one?

There is no scientific answer

The Internet changes so often in an effort to create a level playing field that it is impossible to please a constant solution.

You need a Web page design and SEO (search engine optimization) company that understands how to do everything possible within the framework of the actual Web page design as well as how to work outside of the box to create additional site value.

Who can help?

InfoStar, a 16-year-old company located in Fair Oaks, Calif., administrates more than 100 dental Web sites. The company provides SEO for the Web sites that it administers, ensuring security, non-third-party involvement and immediate service.

InfoStar applies high-value algorithm factors such as time-on-site, reciprocal link networking, social Web site links and bookmarks, and some magic of its own, with results being Web pages steadily climbing to page one.

InfoStar sets up a Google Analytics account for each of its SEO accounts. Google Analytics is the Internet report card — and it’s free.

It reports the keywords that were searched to access a Web page, number of site hits, which pages were reviewed, how long someone was on a specific page, etc. It’s necessary information to properly manage a Web site’s performance.

InfoStar provides each client direct access to the same information it uses to manage the Web page. InfoStar thinks SEO should be a service center rather than a profit center and its monthly SEO fees reflect that philosophy.

There is no guarantee on how fast a Web site will climb the ladder to reach page one. There are only 20 spots on page one, and competition is becoming fierce for positive search results.

InfoStar’s expertise in Web page design and exclusive entertaining content, along with its professional SEO participation, does achieve cost-effective positive results.

As an example, there are more than 10,000 dental Web sites in the greater Los Angeles area. It took InfoStar almost three months to get one of its clients listed on page one with a search of “Los Angeles Implant Dentist.”

That client is now listed in position No. 2 from the top on page one.

Please visit www.infostarpromotions.com for more information.
DMG America, a company specializing in dental restorative products, has introduced Icon, a product for the treatment of incipient caries and white spots that involves no drilling. Designed to bridge the gap between prevention and restoration, Icon takes the ‘wait’ out of ‘wait and see.’

Icon is a caries infiltrant that uses micro-invasive technology to fill and reinforce demineralized enamel without drilling or anesthesia.

“We feel we are doing something positive for the industry,” said DMG America President George Wolfe, during an interview with Dental Tribune at the ADA Annual Session, held recently in Honolulu. “Our new Icon product is what all the buzz is about. It allows doctors to treat incipient lesions while preserving natural tooth structure.”

As Wolfe explained, Icon works by blocking infusion paths of cariogenic acids that cause demineralization of tooth enamel. It allows patients with poor compliance to be treated earlier, and it prolongs the life expectancy of a tooth.

“It gives doctors the ability to treat upon discovery — without letting the problem get worse,” Wolfe said.

Icon can be used for both smooth and proximal surfaces, and it can also be used for the cosmetic treatment of carious white spot lesions. Treatment time per lesion is about 15 minutes.

More information about Icon is available online from DMG. Visit www.drilling-no-thanks.com, where you can get even more information, view product demonstration videos and even request an in-office demonstration.

Directa helps make restorations quicker, easier and more efficient

By Fred Michmershuizen, Online Editor

Directa, a Swedish supply and manufacturing company that dedicates itself to introducing innovative, high-quality and cost-effective products into the dental marketplace, is perhaps best known around the world for its Luxator extraction instruments, which allow dentists to remove teeth without damaging the surrounding bone tissue.

But at the recent California Dental Association meeting, it was the company’s products for restorations that had many people buzzing.

Many are already familiar with the FenderWedge tooth protector, which separates and protects adjacent teeth during preparation for a restoration. A combination of a wedge and a protective stainless steel plate, the FenderWedge pre-separates teeth by a few tenths of a millimeter, protecting the adjacent tooth during preparation and aiding in the final building of the contact point.

Now, the FenderWedge has a companion — the FenderMate. The one-piece matrix is designed to allow dentists to quickly and efficiently fill a cavity and get a restoration with a tight contact and a tight cervical margin.

“We’ve taken a 15-minute procedure down to about five seconds,” Frank Cortes, U.S. sales manager for Directa, told Dental Tribune during an interview at the CDA meeting.

As Cortes explained, the FenderMate combines a wedge and a matrix in its design so that dentists no longer have to fumble with multiple pieces.

If you’re one of the 1,000s of dental professionals who know EMBRACE™ WetBond Pit & Fissure Sealant is easier to apply because it bonds to moist tooth surfaces, provides a better seal and is long lasting, you’re on top of your profession.

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Danaher Corp. announced Oct. 12 that it has entered into a definitive agreement to acquire PaloDEx Holding Oy ("PaloDEx"), a manufacturer of dental imaging products with revenues of more than $100 million with products under the Instrumentarium Dental and SOREDEX brands.

Instrumentarium Dental and SOREDEX will join Gendex, DEXIS, ISI, KaVo and Pelton & Crane as part of Danaher’s group of dental equipment companies. Instrumentarium Dental and SOREDEX and their products have been highly regarded by dental professionals since their inception 45 years ago, according to a press release from Danaher announcing the acquisition.

"We believe this acquisition will be a game-changer for both of our companies, and we are excited about the opportunity to acquire two of the leading imaging brands," said Henk van Duijnhoven, group executive of Danaher’s KaVo Group. "Instrumentarium Dental and Soredex’s excellent digital imaging products and technology will be a great fit with our existing Gendex, DEXIS and i-CAT business."

"I am thrilled to join Danaher’s dental business," said Henrik Roos, president of PaloDex, who will remain in his position. "The combined business will create a unique opportunity to provide new and innovative technologies in digital dentistry with focus on diagnostics and treatment planning for general practitioners and specialists."

"PaloDex has a very experienced team, and we look forward to working with Henrik Roos and his team as we continue to build the business," van Duijnhoven said.

Danaher’s transaction to acquire PaloDex is subject to regulatory approval and customary closing conditions.

Frank Cortes, U.S. sales manager for Directa AB, says the FenderMate is making a ‘big impact’ across the globe. (Photo/Fred Michmershuizen)

A flexible wing separates the teeth and firmly seals the cervical margin, avoiding overhang. It features optimal matrix curvature and a pre-shaped contact. No ring is needed, and when it is inserted as a wedge, the tooth is ready for immediate restoration.

"FenderMate is making a big impact worldwide," said Cortes, who told Dental Tribune that the new product has already received lots of positive feedback. According to Cortes, dentists are pleased not only with FenderMate’s ease of use but also with its ability to help them provide better patient care.

The FenderMate is available in packs of 18 for left and right regular and narrow restorations. An assorted kit of 72 pieces is also available. As with all products by Directa, the FenderWedge and the FenderMate are designed by dentists, not engineers.

Products manufactured by Directa AB from Sweden are distributed by JS Dental Manufacturing in the United States.

To learn more, visit www.jsdentall.com.
Heraeus recognizes Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month (NBCAM). Since the program began in 1985, mammography rates have more than doubled for women age 50 and older and breast cancer deaths have declined.

Heraeus, recognized as a worldwide leader in dental esthetics, applauds the diligent efforts of NBCAM to raise awareness of breast cancer issues, not just during the month of October, but year-round.

The company also continues to help fund breast cancer research by donating a portion of proceeds from the sale of Venus White, its popular take-home teeth whitening gel, to breast cancer research.

The philanthropic initiative is a key part of Heraeus’ larger global citizenship program and reflects the company’s commitment to use its resources to impact the greater community — and to transform lives in a positive way.

“Philanthropy is a vital pillar in our business and we are committed to being a responsible global leader,” says Christopher Holden, president of Heraeus Kulzer. “We are inspired by the tireless work of those seeking a cure for breast cancer.”

Although breast cancer deaths have declined, it remains the second leading cause of cancer death in women.

“There is exciting progress, but there are still women who do not take advantage of early detection and others who do not get screening mammograms and clinical breast exams at regular intervals,” explains Nicole Turner, director of marketing for Heraeus Kulzer.

“If all women age 40 and older took advantage of early detection methods — mammography plus clinical breast exam — breast cancer death rates would drop much further, up to 30 percent,” says a spokesperson from NBCAM.

The key to mammography screening is that it be done routinely — once is not enough. Findings published by NBCAM include:

- Women age 65 and older are less likely to get mammograms than younger women, even though breast cancer risk increases with age.
- Hispanic women have fewer mammograms than Caucasian women and African-American women.
- Women below poverty level are less likely than women at higher incomes to have had a mammogram within the past two years.
- Mammography use has increased for all groups except American Indians and Alaska Natives.

For more information about NBCAM, please visit www.nbcam.org.

For additional information, please call one of the following toll-free numbers: American Cancer Society, (800) 227-2245, National Cancer Institute (NCI), (800) 4-CANCER, Breast Cancer Network of Strength, (800) 221-2141.

For more information on Venus White or to make a donation to the Breast Cancer Research Foundation, please visit www.MyVenusSmile.com (consumers) or www.SmileByVenus.com (professionals).
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DentalEZ® Group introduces the everLight

The first true, direct LED light in the U.S.

DentalEZ® Group, a supplier of innovative products and services for dental health professionals worldwide, is pleased to introduce an alternative to halogen-based operatory lights. The new everLight™ LED operatory light provides color-corrected lighting, precise light pattern and energy efficient features.

The LED everLight provides energy-efficient features simply not possible using traditional halogen lighting. The everLight encompasses a long life of 30,000-plus hours, 10 times longer than halogen, reducing the need for regular replacement of lightbulbs.

Moreover, dental professionals will enjoy substantial savings on monthly energy expenses, as the everLight uses less than 35 watts of energy, 70 percent less than halogen-based systems.

No reflector or fan is required for the ultra-quiet everLight because it is 100 percent true direct LED lighting and remains at a consistent cool temperature.

everLight is equipped with nine temperature/ intensity settings to meet all your operative needs. Its superior LED technology provides natural daylight illumination and a precise light pattern, which results in clear oral cavity visibility and exact color matching.

Furthermore, the everLight’s LED composite setting will not cause pre-maturing on composite materials.

The new innovative design of the everLight is ergonomically equipped with a standard third-axis rotation, allowing limitless positioning for optimal illumination. Moreover, the everLight is easily installed in six mounting configurations.

The everLight has an extended life expectancy and comes with a best in its class three-year warranty combined with a six-year warranty on the unit’s engine components (switches, LED driver, and lens).

For more information about everLight, please call (866) DTE-INFO or visit www.dentalEZ.com.

About DentalEZ Group

DentalEZ Group is committed to advancing the practice of dentistry through innovative products and services.

Encompassing six distinct product brands — StarDental®, DentalEZ, CustomAir®, RAM-VAC®, NevinLabs® and Columbia Dentotform® — DentalEZ Group manufactures everything in the operatory from handpieces to chairs to vacuum systems to dental simulation models, creating a complete line of products to elevate the health, comfort and efficiency of the dental operatory.
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