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Pennsylvania Dental Journal

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The mission of the Pennsylvania Dental Journal is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.
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In dental school we were taught how to diagnose and treat dental disease. We honed our skills in treatment planning and practiced many different dental procedures to proficiency. Why, then, is it so hard to handle a simple toothache?

A few years ago, a patient was referred to my office after her dentist had prepared tooth #13 for a crown. She was symptomatic. Sounds easy enough, right? The tooth was sensitive to percussion and cold. It must have been trauma from the crown prep. Perform root canal treatment and complete the crown.

After the root canal was completed she continued to have pain. After further questioning, I discovered that her mother had been diagnosed with a brain abscess from a dental infection years earlier and it nearly took her life, according to the patient. The patient was very worried. I had my patient take more than one type of antibiotic and I told her that she was not likely to have a brain abscess like her mother. My patient continued to question the similarities.

As the weeks went by, she continued to have pain in the area of that tooth. Was it fractured or infected? I retreated the root canal, but she continued to have pain. We took the tooth out of occlusion and she continued to have pain. As an endodontist, I have several treatment choices. Eventually I advised the patient to have apical surgery. I did not want to see her lose this tooth nor did I want her to continue in pain. I thought that periapical debridement would solve her problem as it has for so many others. At this point, I know that several of you are thinking, “Just get the tooth out already.”

I completed the surgery. Weeks turned to months, and she continued to have chronic pain and she continued to assume that she had a brain abscess. I sent her to a local dentist with a cone beam machine. The images showed no evidence of problems around the tooth or more superior to the sinus or brain. Of interest, there was a small lesion on the MB root of tooth #14 on the cone beam image that did not show on the radiograph. The patient was frustrated, the general dentist was frustrated and I was frustrated.

The dentist and I referred her to a dental pain management team to see if the pain was non-odontogenic. The patient insisted that she was not crazy and refused to go. Eventually I completed root canal treatment on tooth #14 in a desperate bid to stop her pain. Unfortunately, it didn’t make a difference.

Sometime later she returned to her general dentist for a cleaning. She said that she thought that her problem was from a “botched root canal.” The dentist asked how she knew this and the patient told her that she had contacted a Medical Intuitive she found on the Internet and that this person diagnosed her problem on the phone and told her that the root canal treatment was “botched.”

A Medical Intuitive? What exactly is that? I began my research into this highly specialized field of medicine. Apparently Medical Intuitives have been around for a long time. A Medical Intuitive is a psychic or intuitive counselor who specializes in perceiving information concerning the human body. A Medical Intuitive can energetically read the insides (organs, glands, blood, etc.) of our bodies.

This work is done by intuitively scanning the body for areas of imbalance that may need alignment or treatment. Oftentimes the Medical Intuitive will be able to explain the connection of the energy to an emotion or an event causing the illness. Intuited information can then be provided to the client’s medical doctor and/or health-care professional for further evaluation and discussion of possible treatments. Many Medical Intuitives work with (or are) medical doctors themselves.

I am open minded and always willing to think outside the box. I believe that Uri Geller was able to bend spoons in the 1960s. Do a YouTube search if you don’t know Yuri. I believe that the Dog Whisperer can tell what a dog is thinking. But, I am not sure a stranger listening to a patient on the phone can know that a root canal was “botched.”

(continued on page 6)
A search on the Internet reveals many Medical Intuitives standing by waiting to diagnose and help one with any medical condition and a valid credit card. The web pages promise to address one’s medical condition in ways that conventional medicine does not. Wait a minute! If that is true someone should contact President Obama. If we channel taxpayer money to Medical Intuitives we could solve this health care problem that is crippling our society and our economy. Quick, repeal heath care legislation, we have a solution and it’s been in our faces all this time.

Sadly, my patient continued to have dental pain. Eventually, she contacted an oral surgeon on her own and had tooth #13 extracted. I was never able to examine the extracted tooth, but more importantly, her pain did not go away. Again, we suggested that she go for a pain consultation, but she continued to oppose our suggestion. Was I vindicated? If the tooth was extracted and the pain persisted then it was not the tooth. Not exactly. She contacted the Intuitive and was told that somehow I interrupted her immune system and how was I going to fix it? Is that what the website meant when they say that they work hand-in-hand with the practitioner? Obviously we don’t have all the answers. Some would say that the patient had a fractured tooth. Others would argue that she had a chronic infection that left remnants in her bone and continued to affect her immune system. What about the fact that I placed a foreign material into her teeth? Maybe she never had anything wrong with her teeth. And what if it was yet another tooth?

I will never find out the answers to these questions because she did not return to my office or that of her general dentist. She did go once to the pain management center but did not return there either. Just the other week I had a call from an oral surgeon and friend. He wanted to tell me that he had an interesting patient in the office. She had been referred to their office by a general dentist. He requested that she have tooth #14 extracted. She gave him her long history and dropped my name in her story. She told him that her Medical Intuitive told her to have tooth #14 extracted. He was sure it was her problem. Two weeks later she returned to the oral surgeon. She still had the same pain.

He thought I should know. I thought about contacting the Medical Intuitive, but I assumed they already knew. They know everything.

— BRT

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Hi Bruce,

I read with amusement and recognition your editorial about “The Saint,” as I graduated from Temple a few years before you (1978).

While Dr. Santangelo didn’t particularly scare me, I have had nightmares about dental school up to last year, when I decided to go back and teach one day a week. My fears have been assuaged and now I feel comfortable walking the halls. It was redemptive for me to come back and “make a difference” as Dr. Jay Denbo had challenged our class.

There are still the hoops to jump through for the students, and such is the nature of the profession. I have been impressed with the character and intelligence of the students that I have worked with. I think Dean Ismail has a dynamic vision for what the school can become and in my small effort I will help out in that process.

Sincerely,
Fred Lally, DDS, MAGD

Dear Dr. Terry,

I enjoyed reading “The Saint.” (March/April issue). Somehow, we both survived our dental school ordeal, and hopefully we are stronger for it!

Dr. S. Rand Werrin (Temple ’67)
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Leaders in the House of Representatives and the Senate claim they are working diligently to pass the state budget by the constitutional deadline of June 30 and will try to avoid the disastrous budget process of last year that extended into October. Though passing the budget is of primary concern, PDA continues our advocacy efforts to advance important insurance reforms and access to care initiatives through the legislature, and your help is needed during the summer months while legislators are back in their districts.

Were you unable to attend PDA’s Day on the Hill on June 8? You still have the chance to meet with your representative and senator in their district offices during the summer recess. PDA will provide you with background information on our issues and talking points you can use during your meetings. Please contact Marisa Swarney at (800)-223-0016, or mss@padental.org, to request that information and for assistance with arranging legislative meetings.

**Governor signs EFDA bill into law**

Due in large part to your involvement in the legislative process, we are pleased to report that the Senate of Pennsylvania passed HB 602 by a vote of 49-0. The Governor signed HB 602, now Act 19, into law on April 29. Now, the State Board of Dentistry will discuss how Act 19 will impact practicing EFDA’s, who may need training to perform additional duties, as well as those who are currently enrolled in EFDA programs.

Act 19 allows Expanded Function Dental Assistants (EFDA’s) to perform coronal polishing and fluoride varnish, and take impressions of teeth for athletic appliances. It also appoints one EFDA and an additional dentist to the State Board of Dentistry, maintaining a solid majority of dentists to decide on dental license issues.

PDA had HB 602 introduced when the Governor enacted a law that allows for hygienists to practice as public health dental hygienists in public settings. PDA argued successfully that an expansion of EFDA duties would allow EFDA’s to “fill the gaps” in dental offices and clinics which now have hygienists practicing in public settings. We are proud to have passed legislation that improves access to care and allows for more productivity in dental offices and clinics.

Our success in passing HB 602 is the result of the efforts made by PDA members to educate lawmakers about EFDA practice, as well as members’ dues dollars at work by having the lobbyists and staff to advocate on members’ behalf.

**SB 1222: Prohibiting insurers from capping non-covered services**

On March 22, then President-elect Dr. William Spruill, PDA lobbyist Mark Singel and government relations staff met with some members of the Senate Banking and Insurance Committee or their staff, to discuss SB 1222. This legislation is aimed at prohibiting all insurance companies operating in Pennsylvania from capping services they do not cover under their plans. PDA is working hard to convince the committee to soon vote on SB 1222 and move it to the Appropriations Committee for consideration.

PDA met with the offices of Sen. Jake Corman (R-Centre), Sen. Jane Earll (R-Erie), Sen. John Rafferty (R-Berks), Sen. Michael Stack (D-Philadelphia), Sen. Lisa Boscola (D-Lehigh) and Sen. Stewart Greenleaf (R-Bucks). All of the senators seemed receptive to PDA’s argument that this is an unfair insurance practice that could have serious financial repercussions for both dentists and patients.

SB 1222 will pass only if dentists become involved in the grassroots effort and contact their representatives in the General Assembly. Please refer to the March/April 2010 issue of the Journal for more information about how to contact your senator, particularly if he or she is a member of the Banking and Insurance Committee. They need to hear from you now and often!

**Senate Passes the Volunteer Continuing Medical Education Act**

In April, the Senate unanimously passed legislation that allows a physician, dentist, dental hygienist, professional nurse or certified registered nurse practitioner to use volunteer time served in a community-based health care clinic toward completion of up to 20 percent of their respective continuing education hours required for biennial renewal. Continuing education required under the Volunteer Health Services Act is exempt.

SB 464 is now poised for action in the House of Representatives, where it must pass before it is signed into law by the Governor.
DEP Announces Pilot Dental X-ray Equipment Survey Program
By Joseph Melnic, Chief, Division of Radiation Control, Pennsylvania Department of Environmental Protection

The PA Department of Environmental Protection (DEP) regulates the use of medical and dental X-ray equipment in the Commonwealth. This equipment must perform to certain acceptable standards to maintain patient radiation dose at an optimal level. The DEP’s Bureau of Radiation Protection (BRP) routinely performs on-site evaluations of all Pennsylvania dental X-ray facilities on a periodic basis. These routine surveys are performed to ensure regulatory compliance, and to evaluate dental film processing and patient X-ray doses throughout the Commonwealth.

This article is to inform the PDA membership that BRP has contracted with an independent firm, DIQUAD, LLC, to carry out a pilot program of evaluating intraoral image quality and radiation dose. This pilot program is being conducted at no cost to the dental facility. Please note, this evaluation is an enhancement to our program. It should NOT be considered a substitute for an on-site inspection.

Over the next few years, a random sample of several hundred dental facilities will receive a packet of materials by mail from DIQUAD. This packet will include a brief survey form, one dental image quality and dose Analyzer™ for each intraoral X-ray unit in a dental office, a control radiation dosimeter, detailed instructions and a stamped-addressed envelope to return the materials to DIQUAD.

The BRP asks that you promptly expose one Analyzer™ on each intraoral unit at your facility. The dental films in the Analyzer™ should then be removed and processed at your facility using your usual film processing methods. If you are using digital imaging, the digital images should be sent to DIQUAD via e-mail, including the analyzer serial number. You may also transfer the digital image(s) to a CD-ROM and mail them to DIQUAD.

Once your images and the radiation dose information have been analyzed, BRP will receive a summary report from DIQUAD. Within three months after you return the Analyzer™ and other materials, the BRP will send you an individual written report and advise you of how your image quality and patient radiation dose(s) compare to the dental community as a whole and, if any are necessary, offer suggestions for improvements. DEP is hopeful this new tool will assist in improving dental image quality, reducing patient radiation dose, prioritizing BRP dental facility inspections and minimizing inspection impact on your dental practice. Please, do not discard this device if mailed to your facility! The BRP is seeking your cooperation and assistance in this valuable service to you and your patients.

If you have any questions for BRP, please do not hesitate to contact Sandra L. Martin, X-ray and Accelerator Program Supervisor, at (717) 787-3720.

PDA recognizes new dentists and dental students as the future of dentistry in Pennsylvania and wants to foster and encourage their participation in the organized dentistry community.

Please show your support for new dentists, dental students and the future of organized dentistry by agreeing to be a mentor.

Visit www.padental.org/mentoring to register as a mentor.
Easy As 1, 2, 3

Over the past two years, new financial terms such as toxic assets, jobless recovery, big bank bailout, mortgage backed securities and others have been bantered about and economists have done their best to give us a crash course on the economic recovery. While we struggle to keep up with the latest economic terms we all wonder, how will I be personally impacted by this economic trend?

Based on verbatim comments from PDA member dentists, the downturn in the economy has had a statewide effect. While personal comments are not statistically significant, the feedback we have gathered should provide comfort, because you are not in this alone and your peers are experiencing similar challenges from the economy. Regardless of geographic location, dentists in rural, urban and suburban offices are reporting a dip in patient visits and practice revenue.

Sample verbatim comments include:

“I have an increased number of patients who are postponing restorative work. If two restorative procedures are needed, they will do one and delay the second procedure.”

“My patients are struggling to make installment payments for dental care because a family member has lost their job and they have limited financial resources.”

“My office revenue dropped because the leased office space is vacant.”

“The previous tenant went out of business or consolidated their offices into a different site.”

“The months of September through November were slow and patient visits didn’t pick-up in December as expected.”

Do these comments sound familiar?

Some economic forecasts continue to predict that the trend is on the upswing. Unfortunately, patient visits and practice revenue remain status quo. Although we don’t have a crystal ball, we must have faith that the economy is improving and dentistry will experience the positive trend.

To enable members to maintain membership and better endure the unknown financial future, PDA offers dues payment options.

Last year, approximately 40 percent of members used either the electronic debit or prepayment coupon option to pay 2010 dues. The 2011 prepayment coupon and electronic debit enrollment forms are mailed in early June.

Paying your PDA dues is as easy as 1, 2, 3...

1. eDues, or electronic debiting, offers members a convenient and easy way to pay ADA, PDA and district and local society dues. When you participate in the eDues payment plan, you have the peace of mind of knowing your membership in organized dentistry is being maintained.

If you choose to participate in the eDues payment plan, your dues will be debited from your designated bank account in 6 or 12 equal installments. You will be notified of your debit amount after PDA receives your completed eDues enrollment form.

To participate in this convenient program, simply complete an eDues payment enrollment form and return it to PDA via mail or fax to (717) 234-4301. Please remember to indicate which time frame (6 or 12 months) you prefer and if you wish to include a voluntary contribution to the Pennsylvania Dental Foundation or PADPAC in the debit.

2. Prepayment coupons allow members the opportunity to prepay a portion of their annual dues between June 1 and October 31. The suggested prepayment coupon amount for active members is $200 per month. The intent of the prepayment coupon program is to make a substantial payment toward the 2011 dues. The prepayment coupons don’t pay the dues in full because we don’t know the exact amount of the 2011 dues. The American Dental Association’s 2011 dues are determined during the
ADA’s Annual Session scheduled for October 9-13, 2010. In early November, you will receive an invoice reflecting a breakdown for your 2011 dues, including received coupon payments and balance due. If the coupon program is followed as instructed, a small balance will remain after all coupons are remitted.

The end of the year affects us all financially, whether from holidays, taxes, vacations or closing out our accounting books for the year. The prepayment coupon program is just one of the many ways in which PDA demonstrates its commitment to valued members.

Act now and take advantage of one of these easy and convenient payment options!

For more information about dues payment options or other questions about membership, please contact the PDA membership department at (800) 223-0016.

Welcome New Members!
Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Dr. Walter Ackah  
University of Pittsburgh  
Pittsburgh

Dr. Shannon Cerra  
University of Pittsburgh  
Pittsburgh

Dr. Monica Contract  
University of Pittsburgh  
Pittsburgh

Dr. Jason Hartman  
University of Pennsylvania  
Reading

Dr. Benjamin Hsu  
Tufts University  
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Dr. Jared Kenwood  
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Dr. Adeel Khan  
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Dr. Denis Kinane  
Dean, University of Pennsylvania School of Dental Medicine  
Philadelphia

Dr. Suni Koshy  
New York University  
Uniontown

Dr. Erik Sayles  
Univ. of Medicine and Dentistry of New Jersey  
Huntingdon Valley

Dr. Diana Silva  
University of Pennsylvania  
Philadelphia

Dr. Amanda Skarbek  
Temple University  
Philadelphia

Dr. Andrea Smith  
Columbia University  
Shillington

Dr. Livia Stancu  
University of Texas  
Philadelphia

Dr. Abbey Sullivan  
Temple University  
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Dr. Richard Sunseri  
University of Pittsburgh  
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Dr. Mark Vanella  
Temple University  
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This authority is to remain in full force and effect until the Pennsylvania Dental Association has received written notification from me (or either of us) of its termination in such time and manner as to afford the Pennsylvania Dental Association and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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On March 22, PDA leadership and staff met with officials from United Concordia (UCCI) to discuss its recent policy change that caps services not provided under their dental plans. PDA’s representatives included Dr. William Spruill, then president-elect; Dr. Tad Glossner, chair of the Dental Benefits Committee; Camille Kostelac-Cherry, Esq., chief executive officer; and Marisa Swarney, director of government relations.

UCCI was represented by James Shade, vice president of professional relations; Karen Whitesel, corporate vice president of professional relations and product development; and Dr. Jerome Blum, corporate dental director, professional affairs.

PDA is striving to maintain open lines of communication with UCCI in order to better educate members about UCCI policies and procedures and to convey members’ concerns and problems with some of its practices. The primary focus of this meeting was for us to express concern over how PDA members felt coerced into signing the amendment to their contracts that allow for capping non-covered services, and how a decision not to sign the amendment may affect them as participating providers.

**Points made by UCCI representatives regarding its policy to set caps on non-covered services:**

- The reason UCCI made this policy change was to stay competitive with other insurance companies already setting caps on non-covered services.
- In Pennsylvania, 4,100 out of 4,900 dentists signed the amendment to their contracts that now allows UCCI to set caps on non-covered services. This amounts to 85 percent of current participating providers signing the amendment.
- Unlike other insurers, UCCI maintains that this is a voluntary program for those who have contracts. Dentists who choose not to sign the amendment are still considered participating providers. Dentists who sign the amendment can never “change their mind.”
- Moving forward, new contract holders are asked to sign contracts that already contain a provision that allows UCCI to cap fees for non-covered services.
- UCCI will conduct an annual review of fees for non-covered services. At present, UCCI provides a 5 percent discount for these services.
- UCCI is routinely discussing how to increase the number of covered services. However, it does not feel this is likely to happen given the current economic condition.

UCCI does not have plans to change this policy unless the Pennsylvania General Assembly passes legislation prohibiting this insurance practice.

As a benefit to our members, PDA makes resolving insurance problems a high priority. The Dental Benefits Committee is scheduled to meet again with UCCI – and possibly MetLife. The problems dentists encounter with these three companies are on the agenda for discussion. Committee members are dedicated to representing the dental profession and advocating for policy changes that will level the playing field for dentists.
National Children’s Dental Health Month Sparkles Statewide

By Amber Wickard, Communications Coordinator

Through two major snowstorms that made February the snowiest on record, two rambunctious twins made their way into classrooms and dental offices across Pennsylvania. The McGrinn Twins, Flossy and Buck, known for their sparkling smiles and active lifestyle, are the newest creation of the ADA to promote National Children’s Dental Health Month (NCDHM).

Buck, who loves adventures and sports, and his sister Flossy, who loves math and science, are different in many ways but they agree on one thing: the importance of good oral health. Together, they work as a team urging kids to get healthy, get active and maintain a bright smile.

Flossy and Buck made their way into more than 3,000 schools by way of PDA-distributed lesson plan kits. The kits included a lesson plan, complete with new instructions for engaging students in hands-on science experiments, and interactive games. Activity sheets, featuring word searches and Sudoku puzzles, were included in the kit along with a classroom poster.

Third-Grade Poster Contest

Also included in the lesson plan kit were instructions for entering the PDA-sponsored, third-grade poster contest. PDA annually awards $1,750 in educational savings bonds to the students who design the top three posters. The winning poster is reproduced on bookmarks and distributed to public libraries across the state. PDA district chairs sent more than 60 posters to the Central Office for judging.

Kelly Young, a third-grader at Wycallis Elementary School in Dallas, won first place in this year’s poster contest. Her winning poster, “Clean Teeth are Out of this World,” depicts a tooth flying over the world on a rocket-propelled toothbrush. Kelly will receive a $1,000 educational savings bond. Dr. Samantha Abod will present the bond, her framed poster and bookmarks at a school assembly on June 4.

“Protect Your Smile” is the theme of second-place winner Brandon Cromer’s poster. Brandon, a third-grader at Solomon Elementary in Plains, painted three teeth holding umbrellas in a downpour of candy. Brandon will receive a $500 savings bond.

Third-place winner, Claire Valentine of Mars Elementary School in Mars, went with an Olympic theme for her poster. With the slogan “Brush Like a Champion,” Claire drew toothpaste, a toothbrush and floss on a podium winning, gold, silver and bronze medals. Claire will receive a $250 educational savings bond.
NCDHM Events

Many PDA member dentists chose to observe NCDHM by reaching out to the children in their communities. District and local dental societies, dental offices, community organizations and elementary schools sponsored a wide variety of events aimed at educating children.

The Scranton District Dental Society (SDDS) hosted five NCDHM events, delivered oral health presentations to elementary schools and made oral health donations to two local charities this year. In addition, SDDS donated 4,000 goodie bags to children in the area.

SDDS’ NCDHM Chair, Dr. Todd Angelo, and Drs. Pierre Germaine, Joe Perrotti, Chris Kotchick, Jan Stampien, Kristin Paoli, Stephanie Hanyon, Sue Rink, Gary Wadsworth, Gary Kopesky, Brian Kerr, Jessica Falk, Jack Erhard and Mike Umerich participated in the SDDS events.

Dr. Angelo said, “I was thrilled that so many doctors volunteered their time and knowledge to raise awareness about the importance of dental health. Without their efforts, we would not have been able to host all of the unique events that we had planned. I also am grateful for the tremendous response we received throughout the community, and look forward to expanding our efforts next year.”

The following are just a few examples of the many ways that PDA member dentists contributed to the 2010 NCDHM program.

Second District

• Dr. Laurene Grabil presented a PowerPoint presentation to third-grade students at St. Agnes School in West Chester. The presentation included dental facts and instructions for proper brushing and flossing.

SDDS' NCDHM Chair, Dr. Todd Angelo, and the Tooth Fairy pose with McDonald's Grimace and the Hamburgler during an SDDS event held at McDonald's in Tunkhannock.

NCDHM Rewards

Improvements were made this year to PDA’s NCDHM Rewards Program, which provided more than 115,000 coupons for free kid’s meals and snacks to PDA dentists, statewide. The coupons, distributed to patients under the age of 12 during the month of February, served as a reward to children for getting an oral health check-up. Although this was the third year for PDA’s Rewards Program, it was the first year rewards were available to all areas of the state. Participating restaurants included Hoss’s Steak and Sea House, Applebee’s and Rita’s Italian Ice. Eligibility for coupons was based on location.

The demand for coupons this year was overwhelming. With 70,000 more coupons in supply over previous years, the ability to open the program to the entire PDA membership made the program a huge success. Coupons were made available to PDA members on January 1. Orders were placed by mail, fax and an online-order form on the PDA website. By January 27, the supply was exhausted. 340 PDA members participated in the program.

Dr. V. Lynne Cochran of Pittsburgh was pleasantly surprised by the response from children when distributing the free Applebee’s kid’s meal coupons to an elementary school where she serves as the school dentist. She said the children went crazy for the coupons and were excited to receive such a nice treat.

Dr. Robert Azarik of Perkasie distributed Rita’s Italian Ice coupons to children who came into his orthodontic office. He said, “The program was well received and I hope it will continue next year.”

Sarah Angelo, Alliance Representative, Dr. Todd Angelo, NCDHM Chair, and the Tooth Fairy pose with McDonald's Grimace and the Hamburgler during an SDDS event held at McDonald's in Tunkhannock.
• Dr. Dilshad Sumar and her staff visited Lehigh Valley Day Care and Schneckville Day Care to teach the children about the importance of good oral health. The children participated in interactive activities and enjoyed a book about visiting the dentist. The children received a toothbrush, water bottle, t-shirt and stickers.

Third District
• Members of the Luzerne County Dental Society held a NCDHM mall event at the Wyoming Valley Mall in Wilkes-Barre on February 20. Drs. Ann McDonough, Samantha Abod, John Evans and Larry Shine participated along with students from the Luzerne County Community College dental assistant program. Dentists conducted free screenings while the dental assistant students assisted. The tooth fairy was in attendance and children were treated to coloring contests and games. More than 200 goodie bags were distributed which contained toothbrushes, stickers, coupons and dental health information.

• To kick off NCDHM, SDDS presented the parents of the first local baby born in February with a silver, engraved toothbrush. Dr. Todd Angelo and Alliance representative Sarah Angelo presented Spencer and Linda Goodrich of Dunmore with the gift.

• SDDS hosted two events at McDonald’s restaurants in Scranton. The events, held February 6 and 13, featured costumed characters Ronald McDonald, the Hamburgler and Grimace. The Tooth Fairy also made an appearance to distribute goodie bags to the children in attendance.

• SDDS hosted an event at Timmy’s Town, an interactive children’s museum, featuring Dr. Brian Kerr, the magic orthodontist. Children received goody bags.

Dr. John Evans said of the event, “I have been overseeing this event for many years. It always makes me smile to see the children running up to the Tooth Fairy and giving her a hug, then coming for a free screening, not afraid. I am proud to be associated with NCDHM.”

• Members of the Monroe County Dental Society visited first grade classrooms in Monroe County to conduct oral health presentations. The society sponsored a first-grade coloring contest and awarded the first-place winner a $100 Borders gift card, second-place winner a $75 gift card, third-place a $50 gift card, and eight honorable mentions received $25 gift cards.
• SDDS hosted Tooth Fairy Day at the Lackawanna County Children’s Library. The event featured face painting, storytelling and a performance by Dr. Kerr. Children received a gift donated by SDDS if they checked out at least three library items that day. More than 70 children attended the event.

• SDDS donated a case of toothbrushes to Mary Tellie of Scranton to support an orphanage in Costa Rica. Tellie makes a yearly trip to the orphanage and brings with her much-needed items.

• SDDS donated 150 toothbrushes to the Ronald McDonald house in Scranton.

• Dr. Shannon Brophy-Wolter and her staff at Mahoning Valley Family Dental visited the Jack & Jill Preschool in Lehighton to read a dental-themed book and review brushing and flossing techniques using animal puppets.

Fourth District
• The Berks County Dental Society presented an award to a local third-grade poster contest winner as part of PDA’s statewide third-grade poster contest. The Berks County local winner’s poster will be reproduced as a billboard.

Fifth District
• Staff members from the Mifflin Juniata Dental Clinic, with the help of employees from the United Way, Success by Six, gave a series of oral health presentations to children at local preschools, daycares and kindergarten classrooms. Children were treated to a goody bag containing a toothbrush, floss, toothpaste, toothbrush cover, timer, tooth keeper, crayons and a coloring book.

• Second-graders at Roundtown Elementary in York were treated to a presentation sponsored by Dr. Donald Sedam. The presentation featured “Mrs. Molar,” aka Mary Catherine Miller, a hygienist in Dr. Sedam’s office. Children were encouraged to participate in the interactive program and were treated to a healthy snack afterwards.

• On February 26, Drs. James Kearns, Dwight Ashby, Nancy Rajchel and Jeffrey Kearns held an open house at their pediatric dental office in Harrisburg. The event was themed as a birthday party for the Tooth Fairy and included games and story time. Children also were given the opportunity to dress up as the Tooth Fairy or a dentist and pose for a picture to take home with them. A craft station allowed children to create a tooth pillow to store their lost teeth. The children ended the morning by making a fun, healthy snack they enjoyed while watching a dental themed movie.

• Drs. Jennifer Davis and Frederick Johnson of Cleona conducted school exams for a local school district and hosted a Give Kids a Smile Day (more information to follow in the GKAS portion of this article).

Seventh District
• Dr. Donald Oakman presented a savings bond to Gabrielle Brown, a third-grade student at Standing Stone Elementary School in Huntingdon for winning the NCDHM poster contest in the Huntington Area School District.

• Drs. Donald Oakman, William Frazier and Jeffery D. Hartman presented oral health programs to second-grade students in the Huntington area.

Eighth District
• Dr. Paul Rees invited kindergarten students from Francis S. Grandinetti Elementary to visit his office in honor of NCDHM. The students were treated to a tour of the office and a presentation on the importance of good oral health. The students each received a new toothbrush upon completion of the visit. The students in return created a book about dental health and presented it to Dr. Rees to place in his waiting room.
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In addition to National Children’s Dental Health Month, many PDA members chose to donate their time to Give Kids a Smile®, ADA’s national program which provides access to care to low-income families. Although GKAS is traditionally celebrated the first Friday in February, GKAS events occur throughout the year.

The eighth annual GKAS Days at the University of Pittsburgh School of Dental Medicine were held February 5 and March 5. Approximately 100 dental and dental hygiene students of the Student Chapter of the American Academy of Pediatric Dentistry volunteered their time to treat 250 uninsured pediatric patients. Treatment included exams, amalgam restorations, topical fluoride, radiographs, sealants, composite restorations and extractions. While waiting for treatment, children and their families could visit the “Education Station,” an area filled with craft and coloring stations and dental education videos.

Also in Pittsburgh, the Dental Society of Western Pennsylvania hosted GKAS events at the Children’s Museum of Pittsburgh. The events were originally scheduled for February 9, 10, 11 and 12, but three
University of Pittsburgh dental students, Kenisha Campbell and Nina Chang with patient, Aaron Gibson.

Dr. MaryAnn Davis, chair of the Dental Society of Western PA's GKAS and NCDHM events, and Dr. Richard Celko pose with patients.
of the dates were rescheduled for February 11, 13, 18 and 19 due to inclement weather.

Chair, Dr. MaryAnn Davis, invited head start students ages 3-5 to spend the morning at the museum for free dental screenings and education. The children visited the Tooth Fairy and were given goody bags that included a new toothbrush, toothpaste and a book about oral health.

In total, 155 children were screened, a number much lower than last year but most likely due to the weather-related cancellations. Only 35 children had visible decay. “Even with the delays and lower numbers, I felt we still had a good turnout and our mission was accomplished,” said Dr. Davis.

Dental students from The University of Pittsburgh School of Dental Medicine volunteered their time to help out at the museum event, performing screenings while dentists charted and mentored. Sullivan-Schein provided four complete dental units and the necessary supplies for the event. Donations were received from the Sarah Heinz Foundation and the Pittsburgh Tribune-Review provided advertisement.

Temple University Kornberg School of Dentistry in Philadelphia held a GKAS day on April 1 at the Pediatric Dentistry Clinic. The Pediatric Dentistry Study Club, along with faculty, organized the event and contacted principals and nurses at local elementary schools to encourage participation. The program provided diagnostic and preventative services to children and educated parents about the importance of maintaining good oral health. Each child was given a gift bag with dental supplies to take home.

Dr. Jennifer Davis and Dr. Frederick Johnson opened their office on a Saturday to host a GKAS event on March 13. After providing initial screenings in schools in February, Dr. Davis and Dr. Johnson sent letters home with children who needed additional treatment to let them know about the GKAS event. The event was advertised on the local radio station and in the local newspaper. Throughout the day, Dr. Davis and Dr. Johnson performed exams, prophylaxis, fillings, extractions and even a root canal, which amounted to $2,500 in donated services.

The Philadelphia County Dental Society observed GKAS on February 5 at Clara Barton Elementary School. With help from the department of Dental Medicine at St. Christopher's Hospital for Children and the Ronald McDonald Care Mobile, more than $7,600 in donated services was provided to children. The ADA provided home care kits. St. Christopher's Department of Dental Medicine provided screening supplies and restorative materials. PDA members Dr. AJ Chialastri and Dr. Sylvan Morein participated in the event.

Drs. Bob Kilareski, Diane Ray and John Kelly participated in a GKAS event in State College hosted by Centre Volunteers in Medicine. About 75 children registered for the event. Services included sealants, fluoride treatments, extractions, fillings and cleanings.

Dr. Christina Iannessa, a University of Pittsburgh Alumna, treats patient Ezekiel Rumbaugh during the GKAS event sponsored by the University of Pittsburgh’s Department of Pediatric Dentistry and Dental Hygiene program.
Thank You for Volunteering

PDA would like to thank its members who generously supported this year’s NCDHM program. No matter how big or small, every contribution made a difference in the oral health of Pennsylvania’s children. It is through your continued efforts that care has become increasingly accessible to those in need.

PDA would like to thank the following individuals for volunteering as either district or local chairs during the 2010 NCDHM campaign. These positions are crucial to the program’s success.

Statewide Chair — Dr. Joseph Ross
District 1 — Dr. Michael Koumaras
District 2 — Dr. David Igelwicz
Montgomery Bucks Dental Society
Dr. Christine Landes
Lehigh Valley Dental Society
Dr. Cynthia Olenwine
District 3 — Dr. James Rinehimer
Monroe County Dental Society
Dr. Thomas Kilareski
Luzerne County Dental Society
Dr. John Evans
Panther Valley Dental Society
Dr. Lisa Banning
Scranton Area District Dental Society
Dr. Todd Angelo
District 4 — Dr. Edmund Kotula
District 5 — Dr. Marianna Clougherty
Harrisburg Area Dental Society
Dr. Ibukun Olagbemi
Hanover Gettysburg Dental Society
Dr. Nicole Yingling
Cumberland Valley Dental Society
Dr. Jayne Keller
District 6 — Dr. Constance Wilson
District 7 — Dr. Joseph Schuchert
District 8 — Dr. Jason Nedzinski
District 9 — Dr. Doug Smith
District 10 — Dr. Mary Ann Davis
Beaver Valley Dental Society
Dr. David C. Spokane
Indiana County Dental Society
Dr. Brian Petras

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Will it Happen to You?

Dentists have an ethical and legal responsibility to safeguard the confidentiality of patient information, which includes name, date of birth, address, driver’s license number, Social Security number and credit card numbers, in addition to health and other personal information. The practice owner is responsible to ensure the information is accessible to those authorized and is restricted from generalized use. Keeping current on privacy requirements under state and federal laws will help dentists and the dental team protect their patients. Compliance can also help protect the dental practice from claims of improper disclosure or use of a patient’s information.

Any business that stores personal information can be the victim of a data breach. Networks can be hacked, a laptop computer stolen or personal information inadvertently revealed in an e-mail or on a website. The thief can use a patient’s Social Security number and birth date to create a false identity and utilize it to commit fraud. According to a 2006 survey by the Federal Trade Commission (FTC), three percent of identity thefts involve a person’s health care information. A thief steals a patient’s dental identity to get free dental services, prescriptions or to file false claims with insurance companies.

Establish the following protocols to protect from data breach:

• Develop a secure password system and train staff to understand why your security procedures are important.
• Encrypt sensitive data, such as Social Security numbers. Encryption provides better protection than passwords alone. It is the most effective way to achieve data security. To read an encrypted file, one must have access to a secret key or password that enables you to decrypt it. These protocols must be applied to all forms of data storage that contain patient information, including computer hard drives, laptops, thumb drives, CDs and backup tapes.

• Physically destroy or electronically remove data from hard drives before disposing of computers.

• All Internet connections must have secure firewalls and anti-spy/spam/virus programs.

• Disable computer jacks, such as USB ports, to make it difficult to copy information onto portable media.

In the event your office sustains a data breach, follow your state laws to find out how to respond. Reporting identity theft to local law enforcement will enable a more effective response.

The Health Insurance Portability and Accountability Act (HIPAA) has provisions regarding data security breach notifications. The provisions have been amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). As of September 23, 2009, patients must be notified any time their unsecured personal health information (PHI) may have been compromised through unauthorized acquisitions, access, use or disclosure. HITECH’s security breach notification requirements apply to covered entities.

TDIC developed a sample letter for dentists to send to patients as notification of a data breach. This letter can be accessed at thedentists.com in the recordkeeping and forms section of the Risk Management link.

The impact of losing electronic data is expensive, time consuming and can be damaging to the operations and reputation of a dental practice. Often, office property insurance provides coverage for physical loss or damage to electronic data processing hardware, software and media. This does not usually cover costs associated with data being lost, stolen or damaged. TDIC offers Data Compromise Coverage to help dentists respond to loss or theft of patient information as an optional piece of the office property policy. Contact your TDIC broker to inquire about Data Compromise Coverage.

If you don’t have TDIC, contact your existing carrier to determine coverage and limits in the event of a data breach.

For more information or a quote on a TDIC professional liability policy or any other insurance product, please contact a PDAIS representative at (877) 732-4748 or visit the website at www.pdais.com.

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Check our website for more 2010 dates. Attendance in this course will provide AGD PACE Fellowship and Mastership continuing education credits of 8 hours per day and 16 hours for both days.

LIMITED ATTENDANCE - REGISTER TODAY!
Dr. A just had his fifth consecutive year of increased practice growth. In fact, he has averaged 36 percent growth in each of the past 2 years and 31 percent growth the year before that. Of course, he still must work six full days each week, but the growth is coming on strong. He hired a hygienist six months ago and is really starting to see great growth in that phase of his practice. Finally, on the third try, Dr. A has a great receptionist. Practice growth is good and his staff is solid. Dr. A is actually starting to put a little money away in savings and paid off the second mortgage on his home three months ago.

Dr. A should be very happy, right? Wrong!

Dr. A’s annual practice production is still 62 percent less than his practice grossed only 6 short years ago. And oh, by the way, Dr. A is 63 years old and has only funded about a quarter of what his financial advisor says he needs to be able to retire at age 65. The truth of the matter is that Dr. A will probably never be financially independent enough to retire. But only 6 years ago, Dr. A was on pace for early retirement at age 60!

What happened to Dr. A?

An associate without a contract happened! And, to make matters even worse, the associate was his own flesh and blood!

Dr. A always wanted children, but due to medical reasons his wife was unable to have kids. Back about 30 years ago, Dr. A’s sister had a son. Dr. A loved his nephew like a son and did everything he could with the boy. Football games, baseball games, hunting, fishing… they did it all together. When his nephew was only 11 years old, the boy’s father was killed in an accident with very little in the way of life insurance. From that point on, Dr. A became even more of a father figure to his nephew and, in fact, began funding the boy’s private school tuition and putting money aside for his college education.
The families lived in a college town. Dr. A was a major contributor to the local university. While it can’t be confirmed (for university sanctioning reasons), it is widely believed that the nephew received a baseball scholarship his junior year of college because of Dr. A’s influence with the university. Dr. A had already funded the boy’s entire private school education from age 11 until the scholarship was received when the young man was a junior in college.

Dr. A’s nephew announced that he had decided to become a dentist just like his uncle and would come back to work with his uncle in his practice after graduation from dental school. Dr. A was both proud and delighted, to say the least. Dr. A immediately began working to get his nephew accepted into dental school. He was successful and gladly paid all four years of the nephew’s dental school tuition, room and board.

Once he graduated from dental school, Dr. A’s nephew did indeed become Dr. A’s associate. Dr. A did everything he could to make things easy for his nephew and the nephew became an immediate success as a dentist. He quickly picked up speed and “real world” techniques from his uncle. They were together late into the evenings working on cases together. Dr. A was transferring many of his quality patients to his nephew. In fact, the nephew was actually producing slightly more than 55 percent of the practice’s total doctor production by the end of his second year with Dr. A, allowing his uncle to take a little more time off. It was truly like a dream come true for both of them. Life could not be better.

Dr. A was rejuvenated as a practitioner again. He and his nephew had grown the practice to an annual income level that was 250 percent greater than before the nephew came into the practice. Dr. A was making more money than he had ever made in his life and his nephew was far ahead in both production and personal income than any of his dental school classmates. Dr. A and his wife were beginning to do some long awaited traveling. Life could not be better.

The nephew began dating the hygienist. Dr. A really liked his hygienist and thought she was great for his nephew. He encouraged the relationship. During the nephew’s third year in the practice, the nephew and the hygienist were married. Dr. A was asked and gladly accepted to stand up with the nephew as his best man. Life could not be better.

Dr. A was now 57 years old and thinking about his retirement. He was considering age 60 as a target age – just three more years. As the end of the nephew’s third year approached, Dr. A decided he would sell half of his practice to his nephew and they could become equal partners. Dr. A’s intention was to work another three years and then retire. The practice was grossing enough now that Dr. A figured the dollars he would get from selling the practice would be plenty enough for him to retire at age 60. They had never really talked about any of this before, but Dr. A knew this is what the nephew wanted too. With about two months remaining until the nephew’s third anniversary, Dr. A took him to dinner to break the great news to him.

What happened next was the shock of a lifetime. Before Dr. A could even announce his intentions, the nephew revealed that he would be leaving the practice to set up a practice down the street. He intended to have everything arranged within three months. He announced that he had already purchased the new equipment and had lined up some of his new staff.

Dr. A was flabbergasted. He did not understand at all. And the nephew really could not understand why Dr. A was upset. After all, this is what he had been told in dental school to do... work a few years with an older doctor until you gain some experience and then set up a practice of your own nearby. He was told that he should have a decent patient following after a few years with the older doctor that would give him a good start on his own practice. The nephew always wanted his own practice just as Dr. A had wanted when he broke away from his host doctor nearly 30 years earlier.

Dr. A was so devastated and depressed that he could hardly come to work for the next several weeks. Then his depression turned to anger and he lashed out at his nephew, reminding him of everything he had done for him over the course of the nephew’s life. He told his nephew that it was duty and his obligation to purchase the practice. The nephew continued to say that it was never his intention to purchase the practice. He said the practice was much too large...
and would cost far too much.

Things got worse, words were said that were hard to take back and the nephew left a month earlier than he had originally planned. He also took the hygienist (his wife) with him. She had originally planned to stay with Dr. A until Dr. A retired. Three months later the receptionist left Dr. A to go to work for the nephew. She wanted the job security of the younger dentist. Dr. A had told her several months earlier that he was considering retirement.

Dr. A decided the only thing he could do was to file a lawsuit against his nephew. Dr. A asked to see the contract between Dr. A and the nephew. The attorney was especially interested in the restrictive covenant and non-solicitation portion of the agreement. The attorney also wanted to see the practice buy-in and buy-out provisions in the agreement. Dr. A told his attorney that there was NO CONTRACT. Dr. A said he never even considered the need for a contract with his nephew since it was family!

The attorney informed Dr. A that he had no grounds to file a lawsuit. If there had only been a contract, he could have forced the nephew far enough away to salvage most of Dr. A’s practice. But since there was no contract in place, there was absolutely nothing legally that Dr. A could do to recover any of his financial losses. Dr. A fell into deeper depression and could not work at all for about four months. His wife was very worried about suicide.

When the dust finally settled, Dr. A had lost more than 90 percent of his practice income to his “son-like” nephew. He also lost the best part of his staff and almost all of his quality patients. Dr. A’s plans of retirement were totally dashed. Without the sale of his dental practice, he simply did not have the resources to retire. And, now his dental practice had virtually no value at all!

Dr. A finally realized he would be forced to build a practice from scratch at age 58. Not for retirement, but just so he and his wife could live from month to month. He got a second mortgage on his home to provide for current living expenses and to upgrade some of his older dental equipment.

As you know from the beginning of this article, Dr. A is now slowly but surely coming back. But, Dr. A realizes he will likely have to work until he dies or until he can’t physically work any longer. He actually hopes that it will be until he dies because he will probably never have enough money to retire and certainly does not have enough money for he and his wife to live if a disability forces Dr. A to stop practicing.

This very sad story is not as rare as you may think. We have heard numerous stories just as terrible. Don’t let this happen to you when it is really so easy to fully protect yourself and your practice.

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The American Student Dental Association (ASDA) held its 40th Annual Session in Baltimore, March 17-21. ASDA representatives from each of the 58 accredited dental schools came together to elect new leadership, adopt resolutions and award local chapters and individuals for their work throughout the year.

Eight members of the University of Pittsburgh School of Dental Medicine’s ASDA chapter attended.

Awards are given in several categories, including Membership, Organized Dentistry, Activities, Advocacy, Fundraising, Pre-dental Activities, Ethics, Newsletter and Website. Pitt’s ASDA chapter picked up more individual awards than any other dental school.

The ASDA awards Pitt received are as follows:

• Ideal ASDA Award for Outstanding Advocacy
• Best Website in Competition
• Outstanding Newsletter Improvement
• Ideal ASDA Honorable Mention for Outstanding Fundraising
• Ideal ASDA Honorable Mention for Outstanding Involvement with Organized Dentistry
• ADA Insurance Plans Enrollment Award
• District III Delegate of the Year (Jim Martin)
• Board of Trustees Election Winner (Jim Martin - District III)

Pitt ASDA also had the opportunity to meet and talk with ADA president Dr. Ron Tankersley.
Employee Web Use and Misuse

As the World Wide Web becomes an increasingly more important business tool, dental offices need the best possible solutions to help protect their computer systems, their reputation and their employees. But where do you draw the line? Is it OK to send the occasional personal email at work?

In today’s office environment, employees have a relatively new issue to deal with: employees wasting time online and putting your business at risk. A large proportion of corporate web traffic is non-work related and misuse can have serious implications for your business:

• **Reduced Productivity.** If employees spend their time on a social networking site such as Facebook, they’re not spending it doing their job.

• **Security Problems.** Malware hides on websites and can install itself as users browse infected pages.

• **Legal Risks.** When users download inappropriate material to their computers, other employees may take serious offense, which in turn can create legal liabilities for the doctor.

• **Wasted Bandwidth.** Internet connections cost money and if half your bandwidth is taken up by employees using it for their own personal use, you could potentially be paying twice as much as you need to while your business-critical communications are running at half speed.

• **Unlicensed Software.** When users download and install software from the Internet, they create a legal risk. Software piracy is illegal. If an organization uses illegal copies of software, it may face a civil suit and risk criminal penalties.

In the face of all these problems, many doctors’ first reaction might be to block all employee access to the Internet. However, completely blocking Internet access may not be the right approach for your office. Monitoring inappropriate use may seem to be the lesser of two evils compared with blocking large parts of the internet. Keep in mind that when you decide to allow employees access to the Internet, it is in your best interest to ensure that they are aware of the laws around electronic communications in the workplace. The federal Electronic Communications Privacy Act (ECPA) makes it clear that a company-provided computer system is the property of the employer and they have the legal right to monitor all computer activity, transmissions and content – including incoming, outgoing and internal email messages, as well as web surfing, downloads and uploads.

It’s clear that blocking or monitoring web use requires careful thought and any decision needs to be backed up by a clear, acceptable usage policy for the Internet. When thinking about employee Internet access and your office well-being, consider the following:

• **Do I have a solution in place that can effectively block web-born malware, viruses and spyware?**

• **Does my solution allow me to create web filtering and monitoring rules for different groups or employees?**

• **How flexible is my solution?**

• **Have I clearly defined a written Web Acceptable Usage Policy?**

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Dr. George W. Brett

The Pennsylvania Dental Association lost another of its great leaders when former president Dr. George W. Brett II passed away at his home on Sunday, March 7. He was 84. He served as PDA’s president in 1988-89 and made quite an impact on those who followed him.

“Dr. Brett was an inspiration to me,” said Dr. Craig Eisenhart, PDA president in 2005-06. “He was the first Seventh District trustee I met. He made it a point to come to every local [society’s] meeting once a year. That’s no mean feat with the [Seventh] locals spread out as we are.”

“PDA was involved in a long, costly suit with Blue Cross Blue Shield when he was installed as president,” Dr. Eisenhart continued. “Members were being assessed $100 each as I remember it. He made it a point to sit behind closed doors with the president of Blue Cross Blue Shield until we had a settlement. I believe we settled for $250,000 to the charity of their choice. Dr. Brett was proud of this because of the way the action was dragging us down. “Dr. Brett asked me to finish his term as Seventh District PADPAC director when he took office. I was honored to finish his term and I never looked back. He was a gentleman and a scholar.... we’ve lost a good man.”

Dr. Brett was born on May 23, 1925 in Clearfield to Dr. George J. and Charlotte (Bell) Brett. Shortly after his birth, his family moved to Lancaster where he was raised. He made many return visits to Clearfield and eventually moved back to establish his dental practice of 44 years, all of which he truly enjoyed.

Dr. Brett graduated from McCaskey High School in Lancaster, Franklin & Marshall University and received his Doctor of Dental Surgery from Temple University.

For many years, Dr. Brett was on staff at Clearfield Hospital as Chief Dental Surgeon. He was also a member and past president of the Clearfield Dental Society, served on the board and as president of the Seventh District Dental Society, and became president of PDA in 1988, where he led the association to an ending of a suit that had been pending with Blue Cross Blue Shield of Pennsylvania.

Dr. Brett also served on the board of the American Dental Association, where he was honored with a Lifetime Achievement Award. Dr. Brett was past president of the Clearfield Area School Board, seeing the need and implementing the beginning of Kindergarten in the schools. Dr. Brett served on the board and was president of the DuBois Education Foundation of Penn State. He was also a P.I.A.A. wrestling official for many years and inducted into the Clearfield Sports Hall of Fame. He was a devout member of St. Andrew’s Episcopal Church, Clearfield where he served as Lay Reader, Chalice Bearer, Senior Warden and Senior Warden Emeritus. He was also very deeply involved with the Diocese of N.W. Pennsylvania as a member of the Diocese V.I.M. Committee, Financial Management Committee and an elected delegate to state and national conventions. He was the recipient of “the Bishop’s Cross,” a cherished and humbling honor.

Dr. Brett was a member of the Clearfield American Legion John Lewis Shade Post #6 and a lifetime member of the Clearfield Fire & Ambulance Co. #1, the Jaffa Shriner’s Club, Clearfield where he received “the Fezz Award,” the Clearfield Rotary Club and the Clearfield-Curwensville Country Club.

Dr. Brett served his country in the United States Navy during World War II. He thoroughly enjoyed golf, Penn State and Steelers football and hunting at Camp Buckeye. He also enjoyed flying and was an Instrument Rated Private Pilot. His expertise of coins and evaluations gave him much pleasure and earned him much respect. Above all, his greatest joy was his love of family and the love of each for one another.

He is survived by his wife, Joan E. (Lininger) Brett whom he wed July 14, 1956, four children, Dr. George W. Brett III and his wife, Pam, of Beaver, Karen J. Brett of New York City, NY, (continued on page 36)
Andrew Brett of Ft. Lauderdale, FL and Michael Wheeler of Philadelphia; six grandchildren, Cara Moreno of Los Angeles, CA, Kim Lewinski of Charlottesville, VA, Lori Wojcik of Philadelphia, Laura Fahrney of Charlotte, NC and Christopher and Lisa Brett of Charlotte, NC; five great-granddaughters, Franceca, Haley, Caroline, Sophia, Carley and Anna Grace; twin sisters, Elaine & Arlene Brett both of Lancaster; and two nephews, Jeff Koller of CT and Doug Koller of Lancaster.

All of his family were very dear to him and an integral part of his life, from which was coined the phrase, “Family, Family, Family.”
Stock Market Indicators
By Mark J. Funt, DMD, MBA

Up until now, I have written on ways to evaluate individual stocks (equities) for investment. Many individuals are uncomfortable purchasing individual stocks and are looking for instant diversification by investing in stock indices. Some people do not like the stock market in general. Still other investors only want to be invested in stocks when the market is going up, and to be out of stocks when the market is going down, a strategy that I do not recommend called market timing. Besides using technical and fundamental analysis to evaluate the market as we do stocks, there are specific indicators that can be used to evaluate the stock market in general.

One of the more popular theories is called the Dow Theory. Although this is a long and complicated theory founded by Charles Dow more than 100 years ago, it is used as a confirmation theory. Basically, the theory looks at the Dow Transport Average and compares it to the Dow Jones Industrial Average. The theory behind the “theory” if you will, is that if the shippers (rails and trucking companies) are increasing their profits, it’s because they are shipping more goods to more people, which is positive for the economy.

The only problem with the Dow Theory is that airlines make up part of the Transportation Index. Obviously, airlines were not a factor 100 years ago. On the other hand, airlines have been a drag on the transportation index as of late, so perhaps any increase in the index would largely be by the shippers, a positive economic sign. Anyway, if the Dow Jones Industrial Average is going up, one looks for confirmation to the Transportation Index. If both are going up at the same time, that is a positive sign for the market, and if there is a divergence where the Industrials are going up but the transports are going down, that may indicate the stock market increase is tentative. Dow was also a big believer in volume. It is a positive sign for the stock market when it is increasing on heavy volume, and a bad sign when it is increasing on light volume. This is classical technical analysis.

Advance/Decline Line (TICK Index) — This is one of the more popular measures used in determining the breadth of the market move. It’s a very simple calculation where all you do is take the stocks that rose for the day and subtract from them the stocks that fell in price for the day. Any positive number will tell you that more stocks were rising than falling while a negative number will tell you more stocks are falling in price. What is most important is the quantity of the number of stocks that are rising and whether or not that number is increasing or decreasing over time. The greater the number of stocks that are rising, the greater the market breadth and the stronger the conviction to the rally. In some cases, the TICK Index can be used as a contrary indicator. If the advancing issues/declining issues is +1000 on a consistent basis, many investors see this as an overbought market ripe for a correction (pull back in the market) and vice versa. When there is too much good news, many investors view that as a contrary indicator and a time to sell stocks. On the other hand, when there is too much bad news, investors use this signal to buy, another contrary indicator.

Arms OR TRIN Index — Developed by Richard Arms, this index measures whether the market is overbought or oversold by measuring how much volume is behind the above mentioned advance/decline line.

The calculation is: (Advancing issues/declining issues/advancing volume/declining volume).

A TRIN Index of 1 means there is equal volume between advancing issues and declining issues and the market is at a standstill. However, if the TRIN Index is rising or above 1, that means that more volume is moving into declining stocks, a bearish indicator. If the TRIN Index is below 1, that means there is a healthy amount of volume going into stocks that are rising. Many investors will use a 10- or 20-day moving average to smooth out the daily fluctuations and get a better feel for which direction the market may be heading. Arms believes the market is overbought when the TRIN declines below 0.8 and oversold when the TRIN moves above 1.2. This is another example of a contrary indicator.

New highs vs. new lows — Take a look on a daily basis of the number of stocks hitting new highs vs. the number of stocks hitting new lows. A strengthening market will show the number of new highs continuing to increase and visa versa.

200 day moving average — Because the 200 day represents 40 weeks,
It’s Your Money

almost a year, looking at the number of stocks that are moving above the 200 day MA is another indicator of a strengthening market.

McClelland Oscillator (MO) — This oscillator also looks at the daily advance/decline line, but takes it a step further by smoothing out the data using exponential moving averages. In my last article, I spoke about moving averages and how they are used to create support and resistance lines. An exponential moving average weighs the more recent data heavily and the older data less so. The MO uses a shorter 19-day moving average and a longer 39-day moving average referred to as 10 percent and 5 percent trend. The numerical difference between these two moving averages is the value of the McClelland Oscillator. The MO is graphed with a 0 line. When the MO is above the zero line it represents money coming into the market and is a good time to buy, and when it is negative or below the zero line it represents money leaving the market, which is bearish and a good time to sell. The more positive, the stronger the market and vice versa. When the MO reaches extreme levels either high or low, it is an indication of an overbought or oversold market. Readings above +100 are considered to be overbought and readings below -100 are considered to be oversold.

McClelland Summation Index is obtained by summing up all the daily values of the McClelland Oscillator. A market is considered neutral when it is in the +1000 level and the market normally swings between 0 and +2000. Anytime the readings are outside of the range the market is considered to be overbought on the high side and oversold on the low side. Historically, market bottoms have been reached when the index falls below -1000 while readings above +1600 represent a market top. As of December 24, 2009, the McClelland Oscillator was 180.2 and the summation index was 3.295; both represent a very overbought market that would predict a market pullback.

VIX — This is often called the fear index. The market is made up of two emotions - fear and greed. As people get greedy, they bid up the prices of stock so high that in many cases it creates a bubble, which will eventually burst with stock prices diving as per the technology bubble.

On the other hand, when fear predominates, investors will sell off stock at such a pace that it has no relationship to the fundamentals of the stock or the stock market. The VIX is a way to measure those emotions. The VIX is a volatility index based on the S&P 500 stocks. When a large number of investors become fearful, they will buy puts because of the risk they believe is in the market. (A put is an option contract that is used to either protect ones position if stocks fall or a bet that stocks will decrease in value. A put goes up in value as a stock drops in value.) The more puts bought, the more fearful the investor and the higher the VIX goes. The opposite is also true. As investors become complacent, they will not buy puts and the VIX will decrease in value. Generally speaking, VIX over 40 is a sign of an oversold market, which could predict that buyers will start to purchase stocks and increase prices, and VIX under 20 is a sign of an overbought market perhaps being the precursor of a market sell-off.

VIX is the ultimate contrarian indicator. Historically, market lows have coincided with a very high VIX and vice versa. (As of December 2009, the VIX was 20) As I have written before, Warren Buffet says be fearful when people are greedy (low VIX) and be greedy when people are fearful (high VIX). History bears him out.

There are some “fun” stock market indicators. The hemline indicator suggests that when hemlines on skirts rise, the market will go up and when hemlines are lengthened by fashion designers, the market will go down. The Super Bowl indicator suggest that when a team from the NFC wins, the stock market will go up that year and when a team from the AFC wins the market will go down. This has been a surprisingly consistent indicator.

The lipstick indicator says that when there is an increase in sales of lipstick, the market will go down. Lipstick is considered a “mood elevator” during uncertain economic times and an inexpensive purchase as well. The popular January Effect states that when small cap stocks outperform mid and large cap stocks during January, the stock market will increase that year. The Sports Illustrated Annual Swimsuit indicator suggests the market does better than its historical average when the cover model is from the United States.

Finally, what effect does politics have on the stock market? During the past 60 years, the first two years of a presidential term are the weakest for the market and the third year is by far the strongest. Democrat presidents have been better for the market then Republicans, and the market has its strongest performance when there is the combination of a Democratic president and a Republican congress. Surprise!

Dr. Mark Funt is a Board Certified Oral and Maxillofacial Oral Surgeon who maintains a full-time practice in Elkins Park. He received his MBA from Temple University in 1994. Since that time, he has lectured and written articles on practice management and investing topics.
My personal deadline for this column has come and gone. The official deadline is tomorrow, and I have no idea where my column-writing muse is. I know this is not good, as many of you have told me that you look forward to my words for inspiration, motivation and the truth...often somewhat obtuse, but present nonetheless. I have no beginning, no middle and no end...actually not much different than many other columns, now that I think about it. I guess there will be no award from the American Association of Dental Editors (AADE) for this column. BTW, other of these musings considered by AADE were deemed not to have developed the subject fully enough, but hey, I just give you my thoughts, you're on your own after that.

I did, however, receive a warning citation from the City of Philadelphia for not recycling. How do they know? Actually, I am recycling (and I am not referring to riding around the same path a few times), but hey, I just give you my thoughts, you're on your own after that.

I won't even go into the parking citation I received in Ventnor where there is one sign per block, often behind a tree.

I have also received letters of commendation for fine service from various insurance companies. Often times they are accompanied by requests to do more for less money, along with statements indicating that bad things may happen if I don't agree. I wonder if their employees get similar commendations and awards.

With such citations and commendations in mind, I began to ponder the bestowing of awards for merit and service. Often it seems that people who truly deserve them don't care if they get them and, in fact, would rather not be bothered. This possibly may be related to the fact that many commendations are based on your friends (or enemies) making the selection, being next in line or the only one left who has not received the award. Of course, there is the posthumous award presented to honor someone the committee expected to be around a bit longer.

As with so many things in this life, it may be time we take control of this award thing ourselves. We are given them more often than we may realize, and we certainly don't have to eat a bad dinner to receive them.

For example, a few weeks ago Mrs. M. said that Rita (my assistant) and I were the best of the best. This is from a sharp, very put-together 80-something woman with decades of institutional and office care from a vast assortment of disciplines. I'll take that award and the rewarding feeling of it any time and any place.

On August 12, 2009, there was an AOL News article about a fast food restaurant gaining fame not for its food (duh!), but for a special drive-thru attendant who smiles and gives

(continued on page 40)
On the Lighter Side

compliments and personal attention. A Facebook page, I love Mary@McDonalds/Chandler, was even created for her that now has hundreds of members. Better than a free Happy Meal and fried pie any day. Just as I was reading this, I heard Margaret, a previously anxious patient, tell Rita that she loved coming to the office. At about the same time, Sister Barbara finished reading my April column about attitude and gratitude and said it was like “a meditation and a half.” These are the real awards.

After months of planning, consultation and preparation, we finally definitively treated Rita’s (third mention) smile. As you all know, Rita is a beautiful person with a great personality and smile, albeit with a couple crowns and rotated laterals that we have bonded over the years. Ortho was considered and rejected. Crowns and veneers were placed with due consideration for perio, esthetics and function. She now says, “I love my smile!” and shows everyone. Actually, today when she smiled for Lynn, a stylish, esthetically-oriented patient, Lynn said her smile was beautiful and asked which teeth were done? The award was given and reward received.

Kids, it just doesn’t get any better than that. Keep the shiny side up.

(Editors note: On deadline day my trash was picked up, but not the recycling. Where do I send the citation?)

Observations
By Dr. Alex J. McKechnie

A recent newspaper article authored by Monica R. Costlow and Rachel L. Garfield with the Pennsylvania Medicaid Policy Center concerning “making access to dental care available for low-income” brought forth the following highlights:

• Oral health is often an overlooked component of physical health.
• The Surgeon General has reported that tooth decay can produce illness and difficulty with daily activities.
• Poor oral health among children might lead to serious medical problems or even death.
• These problems are particularly acute among low-income children.
• In fiscal 2009, the Pennsylvania Department of Public Welfare reported that Medical Assistance covered more than one million children or 35.5 percent of all children in the state.
• In 2008, the proportion of Medical Assistance children ages 2 to 20 that received regular dental care was below 45 percent. Two important factors are the number of dentists that accept Medicaid patients and the other is the willingness of parents to take their children to the dentist.
• There are 3,785 dentists in Pennsylvania participating in medical assistance out of about 10,000 dentists in the state as of 2008.
• Many rural counties have only one medical assistance dentist.
• One barrier to participation by Pennsylvania dentists is the “low” reimbursement rates. The state should make the necessary adjustments to ensure fair compensation.
• The state of Pennsylvania should address the needs of Medicaid assistance to children.

This is a true story. What looked like white moustaches on the workers digging into the mountainous piles of rubble after the recent devastating earthquake in Haiti was toothpaste. The workers found that an application of the dentifrice on the upper lip limited the awful smell of decaying corpses as they cleared material looking for survivors.

Everyone believes they know the most common symptoms of a heart attack. But, add the awareness of intense pain in the jaw. The discomfort mimics indigestion and wakes you from a sound sleep. Recent advice recommends that you keep an antacid or 325 mg. aspirin tablets at bedside. Swallow or chew an antacid, chew the aspirin and even dissolve some under the tongue.
University of Pittsburgh
Contact: Lori Burkette
Administrative Secretary
(412) 648-8370

On-Campus Programs
June 10-11
Local Anesthetics for the Dental Hygienist - Part 2 - (Hands On/Limited Attendance)
Paul A. Moore, DMD, PhD, MPH and Sean G. Boynes, DMD

Off-Campus Programs
Bradford
September 23
Immediate Load Implant Retained Overdentures Utilizing Mini and Small Diameter Implants
Dr. Joseph P. Buttacavoli

Johnstown
October 14
Pediatric Dentistry Made Easy for the General Practitioner
Dr. R. Glenn Rosivack

November 18
The Restorative Edge
Dr. James Braun

Reading
September 10
Porcelain Veneers: The Prep vs. No-Prep Controversy... The Whole Story!
Dr. Steven Weinberg

October 15
Miracles and Myths of Direct Composite Restorations
Dr. Mark Latta

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(215) 707-7107 (Fax)
Register at www.temple.edu/dentistry/conted.htm

June 17-27
10 Day Cruise N Learn to Ireland Practical Clinical Oral Pathology
Jim Drummond, DDS, MSD, PhD

June 26
1st Annual Smile Symposium
The Impact of the Teeth and Smile on Facial Esthetics
Program Director: Dr. Joseph R. Greenberg
Keynote Speaker: Dr. Ronald Goldstein with Drs. Ackerman, Greco, Chu and Greenberg

September 15
Ultrasonics: Evidence Based Approach to Non-Surgical Periodontal Therapy Assessing Aesthetic Options for Non-Surgical Periodontal Therapy
Gail Malone, RDH, BS

September 24
The Million Dollar PLUS Blue Collar Practice
Craig Callen, DDS

October 22
Update in Restorative Dentistry
Lou Graham, DDS

October 29
New Approaches for Clinical Anti-Infecive Periodontal Therapy
Thomas Rams, DDS

November 5
Exquisite Complete and Implant Retained Over-Dentures Calibrated for the General Practitioner
Joseph Massad, DDS

November 19
Empowering the Dental Team to Deliver “Quality” Periodontal Care in Restorative Practice
Samuel B. Low, DDS, MS, Med

December 3
The Art and Science of CAMBRA: A Team Approach Using Chemical Treatments and Minimally Invasive Dentistry
Douglas Young, DDS, MS, M BA

St. Mary’s
Gunners Inn and Restaurant
St. Marys
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

May 21
A Simple Path to Excellent Endodontics
Michael J. Ribera, DMD, MS

(continued on page 42)
Continuing Education

Chambersburg
The Orchards Restaurant
Contact: Rebecca Von Nieda, PDA
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October 27
An Overview of Oral Pathology
Bobby M. Collins, II, DDS, MS

November 17
Evidence-Based Dentistry (EBD) in a Clinical Context
Richard Niederman, DMD

December 15
Hormones, Heart, Health and Hygiene: Exploring How Oral Health Affects Women’s Systemic Well-Being
Betsy Reynolds, MS, RDH

Beaver Valley Dental Society
Contact: Dr. David C. Spokane
dspokane@stargate.net

May 20
Updates in Prosthodontics
Dr. George Hadeed

Wellsboro
Pennsylvania College of Technology
Contact: Rebecca Von Nieda, PDA
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September 10
Medical Emergencies in the Dental Office
R. John Brewer, NREMT-P

October 22
Rational and Stress-Free Endodontics
Barry Lee Musikant, DMD

November 19
Loading of Implants with the Teeth in a Day™ and Computerized Guided Teeth in an Hour™ Protocols
Glenn J. Wolfinger, DMD, FACP

PDA and PDAIS

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Wyndham Gettysburg
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Danville
Geisinger Medical Center
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September 22
Ethics in Dentistry—Ethical Principles and Code of Professional Conduct
Lillian Obucina, DDS, JD

October 29
It’s About Time!...Early Oral Cancer Detection
Jonathan Bregman, DDS

Danville
Geisinger Medical Center
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

June 11
Current Concepts for Managing Dental Trauma and Preventing Sports-Related Dental Injuries
Dennis N. Ranalli, DDS, MDS

Philadelphia County Dental Society
2009 – 2010 Liberty Continuing Education Series
Philadelphia Hilton City Avenue Hotel
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Fax (215) 925-6998
e-mail: philcodent@aol.com or visit the website at www.philcodent.org

May 21
Techniques & Materials for Fixed Prosthodontics
Dr. Alan A. Boghosian

Pennsylvania College of Technology
Contact: Rebecca Von Nieda, PDA
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September 24
Overviews of Contemporary Management of Facial Trauma, Obstructive Sleep Apnea and Snoring
David C. Stanton, DMD, MD, FACS
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The Federal Correctional Complex, Allenwood, is nestled in scenic central Pennsylvania approximately two hours north of Harrisburg and 20 minutes south of Williamsport, home of the Little League World Series. The incumbent shall serve as a dental officer in a correctional facility for the Federal Bureau of Prisons. Dental officers will utilize their technical skills and professional judgment to provide a full range of dental services to an inmate population. Additionally, they will serve as a general dental practitioner responsible for the diagnosis and treatment of difficult dental problems in a correctional environment. Many will be eligible for a comprehensive benefits package including:
- Student Loan Repayment Program up to $10K Per Year.
- Cumulative Annual Leave and Sick Leave.
- Incentive Awards Program.
- Career Opportunities Throughout the United States.
- 40 hours per week, Monday through Friday.

Contact Lee-Anne Eichensehr, Employee Services Specialist, for more information at (570) 547-7734 or leichensehr@bop.gov.

### FOR SALE

**Dental Office For Sale**
Relocate your dental office here! Recently priced, in a prime location outside the city of Reading. Great location, plenty of exposure. $2,000/month. Contact Century 21. Call first, (800) 921-9099.

**Maine**
Disgusted w/ High Taxes and Traffic? Thinking about vacation or relocating? Then come to coastal Maine and see this dream come true. Exquisite 3,500 s/f home in quaint village offered @ $459,900. A MUST see, please call for details. (207) 751-7777.
General Dentistry Practice For Sale
Exceptional solo practice generating receipts of over $600K per year, with excellent long-term growth potential. This is a 15-year-old, fee-for-service practice located west of Philadelphia. The practitioner is relocating and offers this excellent opportunity for a dentist having the necessary financial capital and talent. Contact Ron Drucker at (215) 665-3960.

Northeast Pennsylvania
Well-established general practice for sale in Wayne County/Pocono Mountain area. Owner looking to retire. Completely renovated 1,300 sq. ft. modern office with room for expansion. Real estate also available. Please contact aes631@gmail.com or (570) 862-4921.

Practice Sales in PA
Please call Nancy Schoyer at (888) 237-4237 or e-mail to nschoyer@comcast.net and ask about our 19 listings in PA. We have practices for sale near Harrisburg, four in York Co., the Pittsburgh and Philadelphia areas, Linesville, Williamsport, Berks County and Hanover. Call The MCNOR GROUP AT (888) 273-1014, ext. 103 or e-mail johnfm@adstransitions.com.

NEW PRACTICES FOR SALE
We have six excellent new listings in PA!
Central – Grosses $400K. Great location. 6 ops. FFS.
Near Pittsburgh – Practice and building for less than $295K. Motivated seller.
Scranton – Practice and building available. This practice grosses $600K.
Berks County – Great place to raise a family. This practice collects over $900K.
Near Chambersburg and Bedford – Practice and building for sale. Great practice.

Please see John McDonnell’s article in the November issue of the Dental Economics magazine, page 94 titled “Why Not Sell Now?” Contact THE MCNOR GROUP AT (888) 273-1014 ex. 103 or johnfm@adstransitions.com for more information on these and other opportunities in the area. www.mcnorgroup.com.

(continued on page 46)
PRACTICE BUYERS WANTED
For great practices in the Pennsylvania area. We have many practices available for sale. Are you tired of being an employee in a dead end job? Call us for a FREE CONSULTATION to find out about these opportunities. THE MCNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com. www.mcnorgroup.com.

PRACTICE FOR SALE NEAR PITTSBURGH
This is a great opportunity. This practice is located in 1,400+ square feet and has four fully equipped treatment rooms, and is collecting over $990K with high earnings. The real estate is also available for purchase. This is a great practice for someone that has a dead end job and wants to control their destiny. We have 100 percent bank financing available at reasonable rates and terms. THE MCNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com. www.mcnorgroup.com.

Lancaster County
Established family practice for sale in Lancaster County. Dentist willing to transition with buy-out. Spacious office with seven ops. and high tech equipment. Pleasant suburban setting. $800,000 gross/yr. Please call (717) 725-0032.

PRACTICE FOR SALE - DUTCHESS CTY, NY
Wonderful, 4 ops, digital, general practice with 2,000 active patients. Rev $825K. Call Donna (800) 988-5674.

Practice For Sale - Montgomery County
Montgomery County - 7 ops, 1,500 active pts., 32 hrs/wk., leased 1,600 s/f in free standing bldg. Strong hyg. Rev. $617K. Call Donna (800) 988-5674.

Practice for Sale - Northwestern PA
General - Wonderful community. 5 ops with room for expansion. Rev $541K. Call Donna (800) 988-5674.

Practice for Sale - Cumberland County
4 ops in 2,200 S/F (r/e also available) free standing building. Over 3,000 active pts. 4 days/wk. Strong hyg. Rev. $527K 6 yr young practice. Donna (800) 988-5674.

Practice for Sale - Adams County

CHESTER COUNTY
W/E, State of the art, beautifully decorated 4 (+1) operatory general practice in 2,000 s/f. Wonderful area Digital, Cerec, intraoral cameras, open @ 27 hrs/wk. Strong hygiene. Call Donna (800) 988-5674.

NORTHAMPTON COUNTY

DELAWARE COUNTY
Perfect Areal 2,700 s/f general practice. 7 ops, building for sale also. Panorex, Imaging system, Rev $964k. Call Donna (800) 988-5674.

Practice For Sale
Greater NE, oral surgeon's office, 45 yr. location, solo practitioner. 3 days per week, $400M per year plus. No implants presently, great room for expansion. Owner retiring because of illness. Real estate involved if interested. Please call 215 625-0328 or cell phone (215) 284-4914.

IMMEDIATE SALE
Active general practice north of Pittsburgh. Well-established, busy, EXCELLENT staff, facility, patient base, equipment. OPPORTUNITY. Respond to PDA Box M/J 2 or stanpoll@aol.com.

IMMEDIATE SALE
Active general practice - Wilkes-Barre/Hazelton area. Well-established, busy, two-office practice. EXCELLENT gross and net revenues. OUTSTANDING OPPORTUNITY. Respond to PDA Box M/J 5 or stanpoll@aol.com.

Harrisburg West Shore
A tremendous opportunity to purchase a small practice with a large number of active patients and turn it into a very high producing practice. Great cash flow, tax benefits, and return on investment. Excellent facility and equipment. All the right ingredients for success. Real estate available also. Contact smuench@paragon.us.com.

East Central Pennsylvania
2,100 active patients, 6 fully equipped treatment rooms, collections of $400,000. Two busy full time hygienists. Excellent growth potential and tremendous value. College town. Contact smuench@paragon.us.com.

Harrisburg
Busy, long standing city practice with high traffic location and visibility. 2,800 active patients and tremendous potential to boost revenues. Excellent cash flow and return on investment. Real estate also available. Contact smuench@paragon.us.com.

Wayne County
General practice with great reputation. Consistently collects over $800,000 per year on 4 days per week. 1,500 active patients, 5 treatment suites (3 equipped, 2 plumbed, ready for equipment). Very warm, comfortable facility. High profit margin with purchaser income of $315,000 after debt service. Contact smuench@paragon.us.com.
Central Dauphin County
Hershey area (15 minute drive), great location, all phases of dentistry. 1,200 active patients, mostly FFS. Great pre-tax cash flow and tax benefits. Real estate available. Contact smuench@paragon.us.com.

Ortho Practice
Harrisburg area, computerized, 2009 collections exceed $1 million. Seller willing to stay on as desired by purchaser. Excellent possibilities for this transition whether you are a seasoned provider or new out of residency. Real estate available. Contact smuench@paragon.us.com.

Lancaster County
Very established practice for sale. Newly redecorated, equipment is approximately 3+ years old. Dentrix software - limited insurances. Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883.

For Sale
Cerec 3D Unit, including milling machine. Purchased for $102,000 in 2006. In excellent condition. Asking $45,000 or best offer. This includes over 150 Empress ProCad blocks, extra milling burs, up-to-date software, and much more. Contact pmbrown2msn.com or call (717) 766-5766.

Southwestern PA

Modern, Active Dental Practice in Sunny New Mexico

Western Pennsylvania / Greater Pittsburgh Area / (Upcoming service to Philadelphia/Eastern PA)
Several practices available with collections ranging from $300,000 to $1,000,000 PA (#’s are collections)
Allison Park $340,000
Grove City $450,000
Mercer County $660,000
Clearfield County $1,000,000
North Huntingdon $550,000
Clearfield $300,000
Clearfield County $500,000
$250,000
Meadville Prosthodontist $500,000
Punxsutawney $400,000
Canonsburg $385,000
Tri-State Periodontist $750,000
Mid Mon Valley $360,000
Latrobe $400,000
Forest Hills $320,000
Venango County $360,000
OH - Numerous.
We also have several other dental practices and dental labs available in Michigan, Massachusetts, and Southern California. Please contact Bob Septak at (724) 869-0533 ext 102 or e-mail bob@udba.biz. WWW.UDBA.BIZ.

Office Space Available
Share space and equipment with a general dentist located in Lewisburg. Five operatories fully equipped including Casey and Digital Radiography. Separate reception and storage areas. Off-street parking. Please call (570) 523-3991 if interested.

FOR SALE
Small-town dental practice and real estate in Lancaster County. First floor with three operatories. Employee parking in rear. Second floor, private one bedroom apartment. Average collections are over $265,000 on two days/week. Priced to sell. Call (717) 665-1587 or edhaas@dejazzd.com.

For Sale

ERIE
Established general practice. Sold as practice only enhancing your practice and profit margin OR as a turnkey operation, including equipment and real estate. Respond to PDA Box M/J 3.

PRACTICE AND OFFICE BUILDING FOR SALE
For sale in western Pennsylvania is a two-generation dental practice and income-producing office building, which includes four operatories and a one bedroom, furnished apartment. The practice/office building is located in a college community. Owner will finance. Call (724) 458-7620.

Motivated Seller Moving out of State!
All FFS general practice for sale in western PA. 1 hr north of Pittsburgh. 4 ops, 2,400 pts., Dentrix Software and $712K in collections. Well-trained staff will stay. Dr. will sell or lease the freestanding building. Gorgeous office. All offers will be considered! Contact Practice Impact at (800) 735-5336 or info@practiceimpact.com.
**Greater NE Philadelphia**
Oral surgeon's office, 45-year location, solo practitioner. 3 days per week, $400M per year plus. No implants presently, great room for expansion. Owner retiring because of illness. Real estate involved if interested. Please call (215) 625-0328 or cell (215) 284-4914.

**PROFESSIONAL SERVICES**

**Locum Tenens**
Reliable, experienced, compassionate temporary coverage for your practice in eastern PA. When you need time off, but don't want to close your practice. 30 years of practice experience. Contact locumtenens@yahoo.com. Stephen Muench DDS, MAGD.

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Selling – buying – merging – establishing associateships. CERTIFIED VALUATIONS FOR ALL PURPOSES by Master Certified Business Appraiser. Professional Practice Planners, 332 Fifth Avenue, McKeesport, PA 15132. (412) 673-3144 or (412) 621-2882 (after hours.)

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We have many satisfied clients with associates in your area that we have helped to either buy-in, buy-out or a delayed sale with the current associate. Without a quality valuation and plan up front these transactions normally fail. Call or e-mail us to arrange a FREE CONSULTATION to find out if you are a candidate for this service. The result is higher income and a higher practice value for the seller and a clear financially positive path for the associate. THE MCNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com. www.mcnor-group.com.

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**PRACTICE VALUATION APPRAISAL**
We are the only transition consulting company in the area that has a Certified Valuation Analyst (CVA) as a principal that focuses exclusively on the transition of DENTAL PRACTICES. Please see the article by CVA Karen Norris on page 82 of the April '07 issue of Dental Economics on this subject or call or email us for a FREE CONSULTATION and a copy of the article. If you are selling, buying, creating a partnership or just want to find out the current value of your practice contact THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnor-group.com.

**Consulting Services**
CPA having 22+ years’ experience (including with AFTCO Associates) offers independent dental advisory services involving Buying, Selling, Mediation, Valuation, Expert Witness or Tax Planning. Joseph C. Bowers, MBA, CPA/PFS, (610) 544-4100 or e-mail jcbowers@verizon.net.

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**Practice Transitions**
We specialize in Practice Sales, Appraisals and Partnership Arrangements in Eastern Pennsylvania. Free Seller and Buyer Guides available. For more details on our services, contact Philip Cooper, DMD, MBA America Practice Consultants, (800) 400-8550 or cooper@ameriprac.com.
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