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1st | Dr. Anand V. Rao | 2017
1845 Walnut Street, Ste. 950, Philadelphia, 19103
(215) 567-0110 • anandrao97@gmail.com

2nd | Dr. Ronald K. Heier | 2015
Drs. Graf & Heier, LLC
100 Deerfield Lane #290 • Malvern, 19355-2159
(610) 296-9411 • RonHeier@verizon.net

3rd | Dr. Eli Stavisky | 2016
700 Glenburn Road, Clarks Summit, 18411-2306
(570) 587-5495

4th | Dr. Frederick S. Johnson | 2017
Dental Art Images, LLC
221 West Penn Ave. #213, Cleona, 17042
(717) 272-8500 • johnsondavis520@comcast.net

5th | Dr. James M. Boyle | 2017
Susquehanna OMS, PC
2251 Eastern Blvd., York, 17402
(717) 755-9695 • jboyle1227@aol.com

6th | Dr. Nicole Quezada | 2018
11671 Route 6, Wellsboro, 16901-6750
(570) 724-2565 • nnquezada@me.com

7th | Dr. Cynthia A. Isemann | 2018
100 Grant St., PO Box 338, Salisbury, 15558-0338
(814) 662-2771 • caisemannmd@gmail.com

8th | Dr. Thomas C. Petraitis | 2015
101 Hospital Ave., DuBois, 15801-1439
(814) 375-1023 • tpetraitis8th@gmail.com

9th | Dr. Joseph E. Ross | 2016
Olde Library Office Complex
106 E. North St., New Castle, 16101
(724) 654-2511 • jerosssmd@gmail.com

10th | Dr. Herbert L. Ray Jr. | 2015
Univ of Pittsburgh School of Dental Med
3501 Terrace St., 3063 Salk Annex
Pittsburgh, 15261-2523
(412) 648-8647 • hrayendo@yahoo.com

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Dr. Andrew J. Kwasny
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(814) 455-2158 • kwas2@live.com

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Environmental Issues
Dr. Marjan S. Wolford

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# CONTENTS

**JAN/FEB 2015 | v82, n1**

**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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**DEPARTMENTS**

<table>
<thead>
<tr>
<th>5</th>
<th>7</th>
<th>11</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPRESSIONS</td>
<td>GOVERNMENT RELATIONS</td>
<td>NEW MEMBERS</td>
<td>IN MEMORIAM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32</th>
<th>34</th>
<th>36</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURANCE CONNECTION</td>
<td>CONTINUING EDUCATION</td>
<td>CLASSIFIED ADVERTISEMENTS</td>
</tr>
</tbody>
</table>

---

**FEATURES**

**14 PENNSYLVANIA’S DENTAL MEETING & EXPO**

**20 11TH STREET FAMILY HEALTH SERVICES EXPANDING CENTER IN NORTH PHILADELPHIA A MODEL FOR THE FUTURE**

By Walter Cohen, DDS; Chancellor Emeritus, Drexel University College of Medicine and Donna Torrisi, MSN; Director, Family Practice & Counseling Network; Resources for Human Development

**26 SEVEN CASES OF PROLIFERATIVEVERRUCOUS LEUKOPLAKIA: THE NEED FOR A HIGH CLINICAL SUSPICION AMONG DENTAL PRACTITIONERS**

By Adepitan A. Owosha, BChD; Elizabeth A. Bilodeau, DMD, MD, MSED; and Kurt F. Summersgill, DDS, PhD, University of Pittsburgh School of Dental Medicine
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Without a doubt my first and most influential mentor was my father. To me he was larger than life. Standing at 5’ 4” he was the biggest man in my life until I matched his height at the age of 14. It was also around that time, like many teenage boys, I began to think that I knew more than my father, or any adult for that matter.

It wasn’t until years later, about 10 to be exact, that I would learn that I was mistaken. It wasn’t anything specific that changed my mind. It was just the maturity that I needed to understand how much my father knew and what he continued to offer in life experience and wisdom.

Enter my son, now 13 years old. Until recently he idolized everything that I did. I must admit it made me feel larger than life. Young children are the fan club for all except until they enter puberty.

Throughout the years I have had many other mentors. Not in a purposeful sense, but in connections that allowed me to work with and learn from others. My learning occurred in my professional as well as my personal life.

My son and I spend a fair amount of time together. Driving somewhere, camping, walking, etc… We might talk about any subject from his school to my work, or maybe we just walk and don’t talk at all. Throughout his life I have witnessed the close observations he makes. I don’t agree with everything he believes, or is it the other way around? Anyway, it makes it that much more interesting.

During this past winter break I decided to spend the day as the mentee and Henry as the mentor. It began at 7 a.m. on a Sunday morning. I usually get up and run, bike or hike for a few hours while everyone sleeps at home. I returned around 10 a.m. and Henry was just waking up. I asked if he liked sleeping late. He told me that sleep is important for health. He quoted a study that reports that we should be getting at least 8 hours of sleep per night. He had just gotten 12 hours. I guess I could learn to get more sleep.

After I showered we went out for breakfast, another weekend tradition. This is often a great time to catch up and see what going on inside his head. At the diner, he ordered his usual breakfast of a ham sandwich with pickles and tomato on white bread. He hates breakfast food. While I had eggs and pancakes, arguably the best meal of the day, we got into a conversation about current events. “Did you know that Sony caved to those hackers from N. Korea?” he asked. I said I had heard the news, “But why do you think they caved?” I asked. He then gave me a lecture on how wrong they were to give in so easily, and how it will just make hackers think they can get everything they want.

We spent the next 45 minutes discussing terrorism, bullying and Marvel Comic superheroes. As we drove home I learned that my son is not just texting friends and watching YouTube videos on his phone. Well, he is doing that too, but he is also learning about the world around him.

On the car ride home I thought I would ask for some advice. “I have a friend,” I said, I think he’s mad at me. What should I do?” My son replied, “Well, you should really confront this person and ask him what’s up.” asked Henry if that’s what he would do and his reply was, “Boys don’t talk like that with other boys!” Harsh, I thought. I wasn’t done learning from him. I watched him do his homework that Sunday. He complained several times about how unfair homework is and questioned why it is even necessary. I asked him what he would do if he was in charge of teaching boys. He replied, “I would teach them in class and that would be it. Either they learned it or not.” Harsh again, right?

I have learned that the world is very black and white to a 13 year old. There are really no gray areas. To him and his peers life is still simple. But he is learning that it’s really not quite that simple, and that’s what going to make him difficult for the next several years.

I cringe at the thought of what he might be like in the near future. With the contradictions and stubbornness that only a teenager can display, I’m in for a ride. I can only hope that during that time he will continue to teach and show me things that will change my perspective and help me grow as a father, husband, dentist and boss.

That night at bedtime he told me that I didn’t need to come in to say goodnight. He said he was fine to go it alone. I asked him how his day had been and he said fine. He told me that he enjoyed our day together and that I should get some real problems. We shouldn’t underestimate what the younger generation can teach us. Often we can feel as if we have all the answers just as a 13 year boy believes he does. Really, life is a long path of learning.

Mentors are hiding around every curve. I’m going to spend more time listening and less time hearing myself speak. And, Henry if you are listening, I hope to learn lots more from you in the future.

—BRT
PAGD’s continuing education programs are designed to meet general dentists’ need to stay current in the latest technologies, techniques and management practices. PAGD offers one-day seminars designed for dentists and staff throughout the year on various topics in different areas of the state.

### CE Schedule 2015:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 6</td>
<td>Lancaster, PA</td>
<td>Digital Dentistry: Are We There Yet? Current Trends in CAD/CAM Dentistry with Dr. Parag Kachalia</td>
</tr>
<tr>
<td>February 27</td>
<td>Pittsburgh, PA</td>
<td>Innovative Periodontics Creates Success in Today’s Dental Practice with Dr. Samuel Low</td>
</tr>
<tr>
<td>April 16-19</td>
<td>Bedford Springs Resort, Bedford, PA</td>
<td>PAGD Annual Meeting featuring Dr. William Strupp, Dr. Karl Korner and Dr. John Portwood</td>
</tr>
<tr>
<td>May 1</td>
<td>King of Prussia, PA</td>
<td>Implants: The Nuts and Bolts of Implant Dentistry from Gaining Case Acceptance to Full Mouth Restorations with Dr. Zola Makrauer</td>
</tr>
<tr>
<td>May 8</td>
<td>Scranton, PA</td>
<td>Comprehensive Diagnosis of Obstructive Sleep Apnea and Understanding the Sleep Study Location with Dr. Jeff Horowitz</td>
</tr>
<tr>
<td>May 15</td>
<td>State College, PA</td>
<td>Endodontics: Treatment Planning, Techniques and Materials for General Practitioners with Dr. Robert Salehrai</td>
</tr>
</tbody>
</table>

PAGD member and non-member dentists and staff are welcome at all our courses. Come join us!

Visit www.pagd.org for details and to register.
PDA Legislative Priorities for New Legislative Session

In the fall, the Board of Trustees approved the Government Relations Advisory Group’s recommendations for what our legislative priorities should be for the 2015-16 legislative session, which commenced in January.

Our priorities will be:
1. Assignment of benefits.
2. Health practitioner student loan forgiveness and tangential loan mitigation issues.
3. Increased funding in the Medical Assistance program for dental providers.
4. Correcting insurers’ interpretation of Act 186 (legislation prohibiting caps on non-covered dental services) though action with the Administration and/or General Assembly.

The Board of Trustees also agreed with the advisory group that the following issues warrant monitoring and response when appropriate:

- Limiting the timeframe in which insurers may retroactively deny dental claims.
- Maintaining funding for the Donated Dental Services program.
- Prescription drug prescribing authority, abuse and patient monitoring.
- Protecting the current dental team model and patients’ safety by limiting or restricting the unsupervised practice of non-dentists.
- All other workforce and scope of practice issues.
- Supporting programs and policies aimed at improving oral health.
- Representing dentistry’s interests on issues pertaining to the Affordable Care Act.

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At PDA, we work each day to cultivate a grassroots presence for dentistry in Harrisburg and in every legislator’s hometown. We’ve achieved and maintained this presence through PADPAC, which is one of the largest bipartisan healthcare political action committees in Pennsylvania.

As a PADPAC member, you will gain insight into the legislative process behind PDA’s key issues. Members receive regular updates and newsletters, invitations to member-only special events, as well as attend local campaign fundraisers and deliver campaign contributions. Without the support of our contributors, PADPAC would not be able to promote the profession of dentistry through the electoral process.

As the 2015-16 Legislative Session is underway, consider contributing at the following levels:

- Century Club: $120-$169
- Century Club Partners: $170-$199
- Keystone Club: $200-$499
- Capitol Club: $500-$999
- Liberty Club: $1000+
- President’s Club: $2,500+

PADPAC members who contribute $500 or more are invited to our Legislative Reception in Pittsburgh. The reception will be a “Night at the Ballpark” at PNC Park on Thursday, July 23 at 7:00 p.m. Meet legislative leaders in our box suite as we watch the Pittsburgh Pirates take on the Washington Nationals.

Join PADPAC today! Contact Charles McElwsee at cfm@padental.org or 717-234-5941 (ext. 108) if you have any questions.

All members are encouraged to participate in the first annual electronic election of PDA’s President-elect and Treasurer, as well as the delegates and alternates to the 2015 ADA House of Delegates. The roster of candidates and their profiles are available for viewing on www.pidental.org.

In order to vote electronically, you must have an email address on file at PDA. Voting will begin in early April. The electronic ballot will be emailed to you. Please contact PDA to confirm that we have your email address on file.
Legislative Leadership Update
The following legislators were appointed to leadership positions in their respective parties for the 2015-16 Legislative Session. PDA will monitor and work closely with these legislators to advance our priorities in the General Assembly.

**Pennsylvania Senate**

**Officers of the Senate**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>President of the Senate</td>
<td>Mike Stack</td>
</tr>
<tr>
<td>President Pro Tempore</td>
<td>Joseph B. Scarnati III</td>
</tr>
<tr>
<td>Secretary-Parliamentarian</td>
<td>Megan Totino Consedine</td>
</tr>
<tr>
<td>Chief Clerk</td>
<td>Donetta M. D’Innocenzo</td>
</tr>
</tbody>
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**Senate Leadership**

<table>
<thead>
<tr>
<th>Role</th>
<th>Majority</th>
<th>Minority</th>
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<tbody>
<tr>
<td>Floor Leader</td>
<td>Jake Corman</td>
<td>Jay Costa</td>
</tr>
<tr>
<td>Whip</td>
<td>John R. Gordner</td>
<td>Anthony H. Williams</td>
</tr>
<tr>
<td>Caucus Chair</td>
<td>Bob Mensch</td>
<td>Wayne D. Fontana</td>
</tr>
<tr>
<td>Caucus Secretary</td>
<td>Richard L. Alloway II</td>
<td>Lawrence M. Farnese Jr.</td>
</tr>
<tr>
<td>Appropriations Committee Chair</td>
<td>Patrick M. Browne</td>
<td>Vincent J. Hughes</td>
</tr>
<tr>
<td>Appropriations Committee Vice Chair</td>
<td></td>
<td>John P. Blake</td>
</tr>
<tr>
<td>Caucus Administrator</td>
<td>Charles T. McIlhinney Jr.</td>
<td>John T. Yudichak</td>
</tr>
<tr>
<td>Policy Committee Chair</td>
<td>David G. Argall</td>
<td>Lisa M. Boscola</td>
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</table>

**Relevant Senate Committee Leadership**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair</th>
<th>Vice Chair</th>
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<tbody>
<tr>
<td>Appropriations:</td>
<td>Sen. Pat Browne, 16th Legislative District, Lehigh County</td>
<td></td>
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<tr>
<td>Professional Licensure:</td>
<td>Sen. Robert “Tommy” Tomlinson, 6th District, Bucks County</td>
<td></td>
</tr>
<tr>
<td>Banking and Insurance:</td>
<td>Sen. Don White, 41st District, Armstrong, Butler, Indiana counties</td>
<td></td>
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<tr>
<td>Public Health &amp; Welfare:</td>
<td>Sen. Pat Vance, 31st Legislative District, Cumberland and York</td>
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**Pennsylvania House of Representatives**

**Officers of the House**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Speaker</td>
<td>Mike Turzai</td>
</tr>
<tr>
<td>Parliamentarian</td>
<td>Clancy Myer</td>
</tr>
<tr>
<td>Chief Clerk</td>
<td>Anthony Frank Barbush</td>
</tr>
<tr>
<td>Comptroller</td>
<td>Alexis A. Brown</td>
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**House Leadership**

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<th>Role</th>
<th>Majority</th>
<th>Minority</th>
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<tbody>
<tr>
<td>Leader</td>
<td>Dave Reed</td>
<td>Frank Dermody</td>
</tr>
<tr>
<td>Whip</td>
<td>Bryan Cutler</td>
<td>Michael K. Hanna</td>
</tr>
<tr>
<td>Caucus Chair</td>
<td>Sandra Major</td>
<td>Dan Frankel</td>
</tr>
<tr>
<td>Caucus Secretary</td>
<td>Donna Oberlander</td>
<td>Rosita C. Youngblood</td>
</tr>
<tr>
<td>Appropriations Committee Chair</td>
<td>William F. Adolph Jr.</td>
<td>Joseph F. Markosek</td>
</tr>
<tr>
<td>Caucus Administrator</td>
<td>Brian L. Ellis</td>
<td>Neal P. Goodman</td>
</tr>
<tr>
<td>Policy Committee Chair</td>
<td>Kerry A. Benninghoff</td>
<td>P. Michael Sturla</td>
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**Relevant House Committee Leadership**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Appropriations:</td>
<td>Rep. William F. Adolph, Jr., 165th Legislative District, Delaware County</td>
<td></td>
</tr>
<tr>
<td>Professional Licensure:</td>
<td>Rep. Julie Harhart, 183rd Legislative District, Lehigh and Northampton counties</td>
<td></td>
</tr>
<tr>
<td>Health:</td>
<td>Rep. Matt Baker, 68th Legislative District, Bradford and Tioga counties</td>
<td></td>
</tr>
<tr>
<td>Insurance:</td>
<td>Rep. Tina Pickett, 110th Legislative District, Bradford, Sullivan and Susquehanna counties</td>
<td></td>
</tr>
</tbody>
</table>
Did You Know?
Dentists practicing in Pennsylvania are statutorily obligated to obtain parental or guardian consent for any non-emergency dental services provided to children under 17 years of age. In emergency situations, the dentist does need to obtain consent prior to treatment, however, only if a delay in treatment would result in an increased risk to the minor’s health or life.
When an appointment for a minor is confirmed, notice should be given to the parent or guardian that treatment will not be rendered in the event a parent or guardian is not present. If it is not possible for a parent or guardian to accompany the minor, a parent or guardian must provide written consent authorizing specific treatment. While in the course of treatment, should any additional work need to be completed, such treatment should be delayed until a parent or guardian can be contacted as to provide consent.
Another alternative would be to have another adult individual accompany the minor to the appointment. This individual must be granted permission in writing from the minor’s parent or guardian, allowing that individual to consent to treatment. Dentists should retain this written permission in the patient’s file.
For questions regarding the treatment of minor patients in the dental office, please contact the PDA Central Office at (800) 223-0016.
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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.

Stephen G. Alfano, MS
The University of Texas, San Antonio 1993
Blue Bell

Vivian Ariail, DDS
The Ohio State University ’14
Philadelphia

Kimberly Babb, DMD
Temple University ’14
Philadelphia

Pavithra Balasubramanian, DMD
Temple University ’14
Philadelphia

Melissa A. Balk, DDS
State University of New York at Buffalo ’12
Coraopolis

Peter R. Blessington, DMD
Temple University ’14
Philadelphia

Austin J. Bowden, DDS
University of Maryland ’14
Monkton, MD

Dr. Heather A. Brown, DDS
Virginia Commonwealth University ’14
Fort Washington

Aaron M. Bunnam, DDS
University of Minnesota ’13
Danville

Patricia C. Campillo Peralta, DMD
Temple University ’14
Philadelphia

Andrew H. Chang, DMD
Temple University ’11
State College

Dana K. Chianese, DMD
University of Medicine and Dentistry of New Jersey ’08
Philadelphia

Alice Chiu, DMD
Temple University ’14
Allentown

Hyun S. Choi, DDS
Columbia University ’10
Wilkes Barre

Gregory E. Cohen, DDS
New York Coll. of Dentistry ’14
Lansdale

Kristine Joy Concepcion, DMD
Tufts University ’14
Philadelphia

Matthew P. Dahar, DMD
Arizona School of Dentistry ’12
Allentown

Cuong Dao, DDS
University of Detroit Mercy ’14
Philadelphia

Kirti P. Darshani, DMD
The University of Michigan ’07
Exton

Jessica N. Dean, DDS
2005
Canonsburg

Vandan Sanjiv Desai, DDS
University of Maryland ’14
Columbia, MD

Nisha Dheer, DDS
New York University ’09
Scranton

Jennifer Drossner, DDS
University of Maryland ’14
Bethlehem

Matthew L. Eppright, DDS
New York University ’13
Breinigsville

Daniel D. Finnegan, DMD
Temple University ’14
Ambridge

Eric D. Frusciante, DMD
Temple University ’14
Swoyersville

Nane Ghazaryan, DDS
New York University ’14
Langhorne

Sarah A. Gorgees, DMD
University of Pennsylvania ’14
Allentown

Matthew J. Heckenberger, DMD
Temple University ’14
Nazareth

Ryan Grant Hirszowitz, DMD
University of Pittsburgh ’14
Pittsburgh

Brandi N. Howard-Stickel, DDS
West Virginia University ’07
Morgantown

Megan M. Huyett, DMD
Tufts University ’13
Pittsburgh

John J. Kang, DMD
Temple University ’14
King of Prussia

Hyemi Kim, DMD
University of Pittsburgh ’14
Pittsburgh

Stephan Kim, DMD
Temple University ’14
Philadelphia

Michael Kopa, DMD
Temple University ’14
Philadelphia

Menakshy Koul, DDS
Columbia University - NY 1999
Morgantown

Jonathan H. Kremser, DDS
Virginia Commonwealth University ’12
Philadelphia

Gae Won Kwon, DDS
University of the Pacific ’14
Philadelphia

Ashley Larson, DMD
University of Pittsburgh ’14
Southport

Donald T. Liu, DMD
University of Pennsylvania 1996
North Wales

Kirsten A. Logsdon, DDS
University of Maryland ’14
Cumberland

Rosie A. Lopez-Aldazabal, DMD
Temple University ’13
Miami

Abigail E. Lorah, DMD
Temple University ’14
Philadelphia

Leslie Mack, DMD
Temple University ’14
Willow Grove
NEW MEMBERS continued

Lindsey F. Marshall, DMD
Harvard University 1998
Ardmore

Christine Martin, DMD
University of Pennsylvania ‘14
Johnson City

Natalie Masiuk, DDS
University of Maryland ‘14
Philadelphia

Jonathan M. Mealy, DDS
Virginia Commonwealth University ‘14
Tionesta

Danny Moosa, DMD
University of Pittsburgh ‘13
Gibsonia

Dr. Eric E. Navok, DDS
The University of Connecticut ‘13
Ardmore

Patra Ong, DDS
New York University ‘11
Breinigsville

Sirisha Paluri, DMD
Rutgers School of Dental Medicine ‘14
Iselin, NJ

Bhargav Patel, DMD
University of Medicine and Dentistry of New Jersey ‘10
Hummelstown

Himanshu Patel, DMD
Temple University ‘14
Easton

Kruni A. Patel, DMD
University of Pennsylvania ‘14
Bensalem

Priya Bhogilal Patel, DMD
University of Pittsburgh ‘13
Monroeville

Priya K. Patoliya, DMD
Tufts University ‘13
Chalfont

Whitney M. Paul, DDS
State University of New York at Buffalo ‘14
Warren

Srijana Pokhrel, DDS
New York Coll. of Dentistry ‘14
Philadelphia

Leena R. Ponnappali, DMD
Temple University ‘14
Philadelphia

Saleh Rajaeian, DMD
University of Pennsylvania ‘12
Philadelphia

Nicholas A. Russell, DDS
The Ohio State University ‘14
Pittsburgh

John J. Sakson, DMD
Temple University ‘14
Peckville

Gagandeep S. Sandhu, DDS
New York University ‘14
Monroeville
NEW MEMBERS continued

Bhavendrasinh Sayania, DMD
University of Pennsylvania '14
Philadelphia

David B. Serratelli, DMD
Rutgers School of Dental Medicine '14
Randolph, NJ

Jonathan Andrew Singer, DMD
University of Medicine and Dentistry of New Jersey '07

Garima Sinha, DMD
University of Pittsburgh '13
Philadelphia

Cynthia K. Slack, DDS
Case Western Reserve University 1980
Pittsford

Maheshkumar Solanki, BDS, DDS
University of California, Los Angeles '14
Lansdale

Dr. Amanda S. Sonntag, DDS
University of Illinois at Chicago '14
Bethlehem

Laura G. Strazisar, DMD
Temple University '12
Erie

Bryan D. Suydam, DMD
University of Pittsburgh '08
Sewickley

Mei I. Tang, DMD
University of Pittsburgh '14
Pittsburgh

Andrew Vorona, DMD
Temple University '13
Scranton

Ron W. Wang, DMD
University of Pennsylvania '14
Philadelphia

Paul E. Weibel, DMD
University of Pittsburgh '14
Pittsburgh

Joshua D. Westphal, DMD
University of Nevada Las Vegas '14
Wilmington, DE

Terry Ryan Williams, DDS
The Ohio State University '13
Harrisburg

Katharine L. Woehling, DMD
University of Pennsylvania '14
Rosemont

Ryan M. Wolff, DMD
West Virginia University '14
Allison Park

Grace Woo, DMD
Temple University '14
Horsham, PA

Anne Zimmerman, DMD
University of Pittsburgh '14
Pittsburgh

Eastern Dental Society 2015
Upcoming Events

Spring Dine Around: Wednesday, March 18, 2015
Dsavios, Philadelphia, PA

“Dentistry Induced Repetitive Stress Injuries”
Harriet Levin MSPT: Harriet Levin, MSPT, has more than 16 years of experience as a practicing physical therapist in the Philadelphia area. She created the Practitioner Wellness Program that is designed for the prevention and treatment of repetitive stress injuries (RSI) commonly experienced among health care practitioners, especially dentists and dental hygienists. In this program Harriet will review the myofascial pain cycle, recognize the clinical pattern of dentistry induced repetitive stress injuries, differentiate between modifiable and fixed risk factors to injury, and review preventive and corrective treatment measures for the working dentist.

Spring All Day Program: Friday, May 15th, 2015
The Buck Hotel, Feasterville, PA
“Dentistry 360”
In this “Total Office Training”, Timothy Bigga, D.D.S., Theresa Groody, M.Ed, EFDA, CDA, Marlene Drywer, RDH, M.Ed, and practice management consultant Amy Kirsch come together for one day at the Buck Hotel together to present and train you and your staff in the latest techniques and technologies that are driving advancements in dental care and practice development. We invite you, your assistants, hygienists, and your front desk team to experience this one of a kind course. Each group in your team will experience their own lecture from these experts in their field. As the day draws to a close, our instructors will present key take-home observations and tips that will be critical to the success of your practice. "It’s all about the tools and techniques that will enable your practice to thrive!"

Annual Golf Outing: June, 2015
Philmont Country Club
For more information on Eastern Dental Society, please contact Dr. Michael Salit at Info@EasternDental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org
Can you feel the excitement or maybe just the chill in your bones right now?

After all it is the dead of winter, and here in Erie it is only 8 degrees and the ground and our lake are covered in frozen white stuff. But soon the sun will be shining, the weather warmer and the thousands of tulips in full bloom at the Hotel Hershey. I hope that you all have marked April 24-25 on your calendar and are planning to be a part of the historical, first ever, Pennsylvania’s Dental Meeting & Expo.

What’s so “historical” about another annual session in Hershey? Well, that is the first thing to wipe from your memory bank. This is NOT an annual session and there is no longer a House of Delegates to dominate the two-day meeting. The Annual Meeting Planning Committee and the PDA staff have been busy building this new meeting, PDA 147, from the ground up. As I am sure you have seen either on www.padental.org, PDA’s Facebook or Twitter pages, my blog Club 814, or the most recent issue of the Pennsylvania Dental Journal, our meeting will be packed full of exciting CE tracks on both Friday and Saturday morning as well as our first ever Expo with our featured vendors. There is also a CE session on Thursday being presented by ICD and ACD for those that plan to come a day early.

If advocacy is your thing, you will want to attend our Advocacy Forum on Friday afternoon to engage with ADA and PDA leadership. On Saturday afternoon I would encourage any PDA member to come to our first ever PDA Stakeholders Business meeting. PDAIS will also be holding their shareholders meeting that day. But don’t think this first of its kind meeting will be all business. I would hope that you would relax and kick back with my wife Mary and me and our daughters, Cassie and Stephanie at our PDA Beach Party on Friday evening; then again on Saturday night to close out this PDA 147 and my 525,600 minutes as your president, at the President’s Dinner Dance. Have you ever wished you could have a prom “do over?” I know I do and this party will be that chance. I hope you join us for food, beverages and dancing the night away!

The Hotel Hershey and the beautiful Hershey area will also offer many other opportunities to occupy your down time. And for those who want to extend your stay, the Pennsylvania Society of Oral and Maxillofacial Surgeons will kick off their annual meeting the next day with a CE program on “Predictable Implant Esthetics.” I hope this has given you a little taste of what you can expect if you make the trip to Hershey in April to join me at Pennsylvania’s Annual Meeting & Expo! Please check the website and register today. Discover, Engage and Recharge at PDA 147!

Stephen T. Radack, III, DMD
PDA President
PDA: BUILDING AN OPPORTUNITY FOR YOU

JOIN YOUR COLLEAGUES AT THE HOTEL HERSHEY

APRIL 24-25, 2015

TOP REASONS TO ATTEND

Discover

Gain Valuable Information

- Earn CE with experts on sleep apnea & ways to avoid disciplinary action by the SBOD.
- Learn eMarketing tools to promote your practice.
- See dental products that will turn CE pearls of wisdom into reality.
- Expand your professional network with new connections.

Engage

Advocate for Solutions

- Discuss issues affecting the practice of dentistry.
- Discover new opportunities to develop and share your leadership skills.
- Interact with ADA & PDA officers and trustees.
- Inspire young leaders to grow organized dentistry.

Recharge

Relax & Have Fun!

- Experience the elegant Hotel Hershey and its chocolate spa.
- Honor Dr. Stephen Radack at the President’s Dinner Dance.
- Renew friendships.
- Explore Hershey’s restaurants, shopping, museums and numerous recreational activities.

VISIT WWW.PADENTAL.ORG/EXPO • REGISTER TODAY!
PDA Endorsed Vendor Program

We are proud to offer PDA members secure, high-quality products and services at competitive prices through the PDA Endorsed Vendor Program. PDA and PDAIS are committed to increasing the value of your membership and reducing reliance on dues income. Endorsements generate royalties for PDA, based on member participation. Non-dues income is used to fund vital membership programs and benefits. The cost of endorsed products is never inflated to generate royalties for PDA.

PDA members have access to special offers with the following programs:

• Automated Marketing & Communications
• Credit Cards
• Credit Card Processing
• Energy Supplier
• Office & Equipment Financing
• Patient Financing
• Payroll & Business Solutions
• Precious Scrap Metal Recovery
• Student Loan Refinancing
• Waste Management
• Website Design & Internet Marketing

We are excited to announce the program’s new products and services, all of which are part of the ADA Business Resources Program:

• Apparel for Staff
• Appliances
• Computers
• Luxury Automobiles
• Online Back Up
• Patient Charts & Electronic Records
• Shipping

We encourage you to participate in the Endorsed Vendor Program and promote the benefits of the program to your colleagues. For more information on all of our programs, visit www.pdais.com/vendors.
Dr. Alex J. McKechnie

Alexander James McKechnie Jr., DDS, of Camp Hill passed away on December 25, 2014 at the age of 97. Born in Berwick on August 6, 1917, he was the son of the late Alexander Sr. and Martha Klinger McKechnie. Alex was preceded in death by his "love of my life" wife of 67 years, Elizabeth "Bettie" Sprague McKechnie in October 2008, his older brother Elmer McKechnie, and his close friend cousin Paul Klinger Jr. He is survived by his loving children and family: son James and wife Jeannie of Atlanta, Ga. son Jeffrey and wife Cindy of Stowe Vt., daughter Joan and husband James Furniss of Brevard N.C., and son Jon of Somerset; six grandchildren; and three great-grandchildren.

Alex’s life was filled with numerous achievements and adventures. He was an active and dedicated leader at all levels of organized dentistry, serving as PDA president in 1975-76, ADA second vice president in 1980-81 and ADA Third District trustee in the mid-1980s. He held many other positions as well, including president of the Harrisburg Area Dental Society, the Fifth District Dental Society, the PAGD, AGD and Temple Dental Alumni Association. PDA honored him with the PDA Annual Award (now the Distinguished Service Award) in 1985.

After graduating from Berwick High School in 1935 and earning his B.S. in Education from Bloomsburg State Teachers College in 1939, he pursued a career in education. He taught junior high and high school physics and science, and was also a multi sport coach, referee and broadcaster. While teaching high school, he also acquired his M.S. in Education from Bucknell University in 1941.

During World War II, he proudly served in the U.S. Navy 1943-1946, as a Senior Grade Lieutenant Officer, sonar and radar specialist in Anti-Submarine Warfare. He was assigned to sea duty for 33 months in the Atlantic and Pacific Theaters and was awarded 8 Service of Distinction Medals.

After serving his country, he continued his teaching career at Gettysburg College as a physics professor and tennis coach. Then the G.I. bill allowed him the opportunity to fulfill his lifelong dream of becoming a dentist.

He attended Temple University School of Dentistry 1946-1950 where he was president and top student of his class. Upon achieving his D.D.S. degree with highest honors, he accepted assistant professorship and assistant dean positions at Temple dental school, while working in a Philadelphia private practice for three years.

In 1953, Alex moved his young family moved to Camp Hill where he opened his private general dentistry practice, where he worked for 26 years. During his time in Camp Hill, Alex was also a very active leader in his community, schools and churches.

He was a Camp Hill School Board member for eight years, one of the founding originators and first board members of The Cumberland Perry Vo-Tech School and Harrisburg Area Community College. A long-time devout member of the Camp Hill Presbyterian Church, Alex taught adult Sunday School and was and was also a choir baritone both for over 30 years, and was an Elder. Alex was an avid golfer for 55 years, playing until age 92, earning a 2 handicap and scoring 10 holes-in-one. He was a lifetime member of the West Shore Country Club, where he served on the Board of Governors as secretary and historian for over 50 years, and is honored by an annual tournament named after him.

Even in his retirement years, Alex remained active in dentistry and his community, serving as president of the Bethany Village Residents Council. He was a volunteer dentist to several nursing homes, the homebound and for fellow dentists needing interim coverage. He was a longtime contributor to our Journal, adding some lighter topics to our pages with his “Jottings” column. He and Bettie enjoyed many winters in Pinehurst, NC.

Above all Alex put his family and God first, always providing, protecting, leading, laughing and loving. He was most proud of his children, “the 4-J’s” and their families. He was quoted in The Patriot-News obituary as often saying, “I’ve lived a full wonderful life here on this orbit, and will leave with no regrets for the paths that were opened to me and the opportunities I chose.”

His family held a celebration of his life memorial service on Jan. 5. The family asks that in honor of Alex’s dedication and leadership in education, that memorial gifts may be made to: The Dr. Alex J. McKechnie Memorial Fund, c/o The Lion Foundation, Camp Hill School District, 2627 Chestnut St, Camp Hill, PA 17011.
When I think of Alex McKechnie, the opening line of a ballad recorded by Nat King Cole and his daughter, Natalie, comes to mind: “Unforgettable... that’s what you are.”

And that is a pretty good snapshot of how Dr. Alex J. McKechnie’s legion of friends remember him. He was a person who absolutely “never met a stranger.”

The Patriot-News printed a long obituary on Alex detailing his incredible life and career, punctuated by service to his profession, his community and dedication to his family.

But a quick review of his career path and other community service seems important for a proper “remembering” of this unique yet humble individual.

He was raised in Berwick and earned a bachelor’s degree at Bloomsburg, going from there to teaching posts in Shickshinny and Columbia. He taught physics and science, also serving as a multi-sports coach and when able, working as a referee for various sports.

In the midst of this schedule, he found time to get a master’s degree at Bucknell in 1941.

When our nation entered World War II, Alex joined the Navy and was assigned to the submarine service and was a sonar and radar specialist. Service included time spent on six submarines, 126 destroyers and destroyer scouts.

After an honorable discharge, he was hired by Gettysburg College as a chemistry professor and tennis coach.

But Alex had a dream which now, thanks to the G.I. Bill, was attainable with the unfailing support of his wife, Bettie.

He was graduated at the top of his class from Temple School of Dentistry in 1950 and spent three years as assistant dean of the dental school while working part-time as an associate in a Philadelphia dental practice.

Alex moved his young family to Camp Hill in 1953 and opened a dental practice which flourished because of his skill and personality.

The late Paul Beers, The Patriot-News columnist, who in retirement, served as historian for the Commonwealth, told me that he actually looked forward to his semi-annual trips to Alex’s office.

“He made it a pleasant experience,” Beers said.

Regarding his community service, it was far-reaching—Camp Hill school board, his church, the dental profession and in his last years, chairmanship of the Bethany Village Residents’ Council.

But no remembering piece about Alex would be anywhere near complete without a reference to his 30-year love affair with the West Shore Country Club.

Earlier in his life, he was an excellent golfer, playing to a two handicap. That went up over the years but he played until age 92.

He served a number of years on the club’s board of governors and also served as board secretary and historian for 30. His memory of institutional history will be sorely missed. I worked with him and others in 2009 on a pictorial history of the club – and his memory was invaluable to that project.

Also missed will be his distribution of sample tubes of toothpaste. There always was a tube for anyone he had just met.

After Alex retired, he and Bettie enjoyed their winter home in Pinehurst, N.C. But he never missed a WSCC board meeting the last Thursday of the month and after the meeting, drove home to Pinehurst in all kinds of weather.

On probably his first excursion, he stopped at a rest area either in south Virginia or north North Carolina. Two state troopers were there, he struck up a conversation, explained why he was out so late at night and gave them samples of toothpaste.

It was always Alex’s habit to stop at the same rest area after board meetings and guess what, there always were a couple of troopers there. I think the word got out in the police barracks that this is a person to keep safe and, of course, there was that sample tube of toothpaste and, maybe two on a chilly or rainy night.

Finally, at his memorial service in Bethany Village Retirement Center, the chaplain asked how many in the gathering had received a tube of toothpaste from Alex.

Almost every hand in the audience went up.

Raymond L. Gover retired in 2001 as president and publisher of The Patriot-News. He writes from Bethany Retirement Village in Lower Allen Township.
Dr. James J. O’Larnic  
Philadelphia  
Temple University (1984)  
Born: 1958  
Died: 11/11/2014

Dr. Norman P. Hernberg  
Boynton Beach  
Temple University (1964)  
Born: 1938  
Died: 7/10/2014

Dr. Robert J. Neeson  
Wexford  
University of Pittsburgh (1962)  
Born: 1935  
Died: 11/6/2014

Dr. Warren M. Sacripant  
Evans City  
University of Pittsburgh (1960)  
Born: 1934  
Died: 9/21/2014

Dr. Paul A. Eckert  
North Versailles  
University of Pittsburgh (1958)  
Born: 1930  
Died: 9/18/2014

Dr. James L. Ackerman  
Plantation  
University of Pittsburgh (1951)  
Born: 1923  
Died: 8/29/2014

Dr. Merton W. Steele  
Lancaster  
University of Pennsylvania (1942)  
Born: 1918  
Died: 9/23/2014

Dr. John H. Hanley  
Lancaster  
Temple University (1959)  
Born: 1934  
Died: 9/25/2014

Dr. Samuel J. Paul  
Boca Raton  
Temple University (1951)  
Born: 1921  
Died: 8/6/2014

Dr. Graham E. Martin  
Del Ray Beach  
Temple University (1946)  
Born: 1922  
Died: 10/9/2014

Dr. Joseph R. Stauff  
Mercer  
University of Pittsburgh (1963)  
Born: 1931  
Died: 11/20/2014
STREET FAMILY HEALTH SERVICES

Expanding Center in North Philadelphia a Model for the Future

By Walter Cohen, DDS; Chancellor Emeritus, Drexel University College of Medicine and Donna Torrisi, MSN; Director, Family Practice & Counseling Network, Resources for Human Development
Walter is an aspiring actor living in Philadelphia who comes to 11th Street Family Health Services for primary care. He also needs oral health care, and he is able to get to his dentist fairly easily – he takes the elevator down one floor.

11th Street – a comprehensive, nurse-managed health center run by the Drexel University College of Nursing and Health Professions in collaboration with the Family Practice and Counseling Network (FPCN) – is creating the future of health care and oral health care in a North Philadelphia neighborhood that is among the nation’s most vulnerable.

The center has been recognized as an innovator and a national model of integrated primary care by organizations including the U.S. Department of Health and Human Services, the Robert Wood Johnson Foundation and Institute of Medicine and the American Academy of Nursing. It is the wave of the future for health care in that the center cares for the whole person, including their primary care, oral health care and mental and behavioral health.

“It’s so helpful, particularly in a neighborhood like this, a community of color,” Walter said. “If you have to go to different places, different hospitals, make a number of different appointments for the care you need, let’s face it, it’s going to be a lot harder for people. To have everything here, where you can come to one place for your care – and get great care, with nice people, get great follow-up in a welcoming environment, it makes such a difference.

“I went to high school in this neighborhood, when 11th Street wasn’t here. I can’t tell you the impact it’s had in this community. I’m so happy the community has it. People come here to 11th Street and get care that wasn’t always available. It’s extremely advantageous, to get this kind of care under one roof.”

This year 11th Street will be increasing that care with a major expansion that will double its size, provide space for more students and faculty from Drexel’s College of Nursing and Health Professions, and improve and expand current services offered to patients and the community. Led by a $2.5 million gift from the Sheller Family Foundation, the Stephen and Sandra Sheller 11th Street Family Health Services Center will help the center respond to increasing needs in the community.

“When we opened, there were five of us working here in 17,000 square feet,” said Patricia Gerrity, associate dean for community programs at Drexel and the director of 11th Street. “We had space we weren’t using, and we thought, well, this is all we’ll ever need. Now there is a staff of 55 working in that same space.

“We don’t advertise, we don’t do outreach to bring people in. It’s just word of mouth. Now we are reaching a point where we cannot serve all the people who need us, and we would hate to turn people away. The expansion will change that.”

The 11th Street Family Health Services Center of Drexel University dates back to 1996, when the College of Nursing at MCP/Hahnemann University entered into an agreement with the Philadelphia Housing Authority (PHA) to address health issues of residents in Philadelphia’s 11th Street Corridor. The surrounding neighborhood encompasses several public housing tracts, and has historically been underserved with regard to affordable, accessible and quality health care services.

The center’s first services focused on health promotion and disease prevention. The center’s Community Advisory Board, comprised of neighborhood residents, later arranged for use of a temporary space for primary care health services at the Harrison Plaza Community Center. In 1998, a $3.3 million grant was secured from the federal Health Resources and Services Administration (HRSA), in partnership with the PHA, to build a freestanding 17,000 square-foot, state-of-the-art health center. The new building opened in September, 2002.

That same year the center entered into a partnership agreement with FPCN, a program of national human services and nonprofit Resources for Human Development. This marked a turning point, as it gave the center access to cost-based reimbursement and grant funds for the uninsured through their Federally Qualified Health Center (FQHC) status.
“The residents wanted a place in their own community that would be easily accessible and offer the highest quality care,” Gerrity said. “It is really a community partnership. We made a commitment to work with the community, to not just treat illness but to improve people's health and improve their lives. We want to help build strong, resilient families and a strong, resilient community.

“The patients and their families are really the primary caretakers. We're there to help guide them through treatment decisions; we look at the patient and the family and their individual circumstances. In that way, 11th street family health services are a great clinical opportunity for students from many disciplines. They see a way that care can be delivered, and they can be change agents when they graduate and they're working. It's an invaluable experience for students.”

To illustrate the unique approach 11th Street takes to providing integrated care, Gerrity tells this story:

“Recently a mom brought her two daughters in for dental care – they were not primary care patients, but they saw information about an advanced movement therapist,” Gerrity said. “One of her daughters had been noticeably depressed, and while they'd seen some outpatient behavioral health therapists, the mom was looking for more support. She didn’t have an appointment, but she asked if the therapist could come and see her daughters in the dental center. The therapist pretty quickly found out that the oldest daughter had suffered sexual abuse from an uncle. We were able to get her into a crisis center and get her real treatment and get her the care she needed.

“Now, this was all because they had an appointment in the dental center. That’s why at 11th Street we always say there is no wrong door. It doesn’t matter what door you enter – just come in.”

The effect 11th Street has had on the community can be best seen in the dental clinic. The center expanded to include oral health care in 2004 – and in the relatively short time since, has become not just a mature practice; it is overflowing. The dental clinic almost immediately approached capacity and quickly surpassed it. Last year the facility received 6,805 dental visits, and the waiting list for care for a non-emergency appointment is four weeks.

“I’ve been going to 11th Street since they opened, and my four children also go there,” Kiera said. “The dental department is excellent. I’ve always been fearful of the dentist until I started going there. They talked to me, helped me relax. They taught me how to breathe, take deep breaths and relax.

“My children love going to that dentist. They make them feel comfortable. I have a great niece who was very fearful of the dentist. She had a lot of cavities. I started taking her to 11th Street, and they fixed her teeth. She loves to smile and show off her teeth. She loves going there. It’s a great dentist, and a great place to take your family.”

“I GIVE THEM A 10”

Mary was prepared for discomfort. She needed a root canal and tooth extraction. She’d been putting off oral health care for a number of reasons – affordability, lack of care in her community, a dentist where she felt comfortable. Mary’s son persuaded her to go to 11th Street; where she knew there was a health center but didn’t know it offered oral health care as well.

“I was waiting for the pain,” Mary said. “I was afraid. But I never felt any pain here. They are friendly and genuine. I felt like I was going to be OK the moment I walked in the door. I was relaxed; I’m usually pretty tense when I’m at the dentist, but I had a lot less tension than normal. I was comfortable; I trusted them.

“I give them a 10.”

Most people do. The room where Mary got her care didn’t stay empty long after she left, Daniel – who manages a local restaurant – was waiting in the welcome area and was next up. That’s common practice at 11th Street – it’s busy all day long.
“My girlfriend recommended the center,” Daniel said. “It’s a great place to come. It’s awesome, it’s affordable, the care is great, everyone is nice.”

Asked if he’d recommend the center to his friends, Daniel smiled, and said: “I already did. Two of my co-workers at the restaurant come here now.”

The 11th Street dental staff includes a dental director, two experienced practicing dentists, a full-time dental hygienist, and a support staff of dental assistants, as well as an office manager and reception staff. 11th Street provides comprehensive dental care offered in a caring environment, and offers examinations, dental cleanings, X-rays, gum treatments, fillings, root canals, crown and bridge work, dentures, oral surgery, and children’s dentistry.

“We provide a dental home for our patients, a place where they can feel welcome and comfortable receiving the care they need,” said Ariel Adams, the FPCN center director of 11th Street Health Care Services. “Our approach is to care for the body, mind and spirit. We care for the person, as opposed to treating the disease.”

FPCN was founded in 1992 by Resources for Human Development as a network of nurse-managed health centers that offers primary care for all ages, and serves public housing residents, the poor and the uninsured. Under the guidance of director Donna Torrisi, FPCN has become one of the largest nurse-managed health centers in the country, handling more than 85,000 patient visits a year. It offers primary care for all ages, including family planning, prenatal care, mental and behavioral health care, and oral health care.

Torrisi wrote the book on nurse-managed health centers — literally. She is the co-author (with Tine Hansen-Turton) of “Nurse-Managed Health Centers: Getting Them Started and Keeping Them Going.”

FPCN won the “Models That Work” award from the Health Resources and Service Administration of the U.S. Department of Health and Human Services and the SmithKline Beecham Community Impact Award. It’s a model for nurse-managed health centers, in large part because of Torrisi. She’s received the Villanova University Leadership in Nursing Award, the University of Pennsylvania Lillian Brunner Sholstis Award for Excellence in Nursing Practice, the Pennsylvania Nurses Association Leadership Award for Innovative Practice, and the National Alliance for Resident Services in Affordable and Assisted Housing Practitioner of the Year Award.

Torrisi was a leading figure in helping change Pennsylvania laws to redefine “primary care provider” to include nurse practitioners. Patients at the 11th Street center receive primary care services from nurse practitioners with integrated behavioral health consultations available within primary care visits as needed, and as a referred service for specialized care. A nurse practitioner is a registered nurse who has completed advanced education in diagnosis and treatment. Nurse practitioners provide the same care as physicians, and are often able to provide more individualized care, with greater focus on disease prevention and patient education. Nurse-managed centers have a collaborating physician on call, but 100 percent of primary care is dispensed by nurse practitioners.

“IT MEANS A LOT”

11th Street’s approach to health care has helped transform a community where it is desperately needed. In the North Philadelphia neighborhood where 11th Street operates, more than 45 percent of adults have not had a dental visit in the past year, and 27 percent of children have received no preventative dental care.

The 11th Street service area has higher minority populations than Philadelphia as a whole (48% African American and 25%
Hispanic, compared to 43% and 12%). The area is also much poorer, with 47% of residents and 58% of children under 18 living in poverty (compared to 22% and 30% in the city).

Over 70% of residents live under 200% of poverty. There are almost 3,000 people living in four public housing developments near 11th Street.

There are severe health disparities between the area residents and the city as a whole. Over 35% of adults and almost 10% of children are reported to have fair or poor health (23% and 4.8% for the city. Almost 40% of children are overweight or obese, 37% of adults are obese, and 19% of adults have diabetes (26%, 31%, and 16% for the city). Over 25% of adults have no health insurance coverage.

For children ages 3 to 5 living in poverty, 48% have experienced dental caries and 35% have untreated caries, compared to 18% and 11% for children at 4-500% of poverty. Of service area children under 18, 11% have teeth in fair or poor condition and 23% have one or more oral health problems (6.8% and 19.7% for the state).

In the midst of this neighborhood, 11th Street provides a broad array of other services to promote wellness, including an on-site pharmacy, a fitness center, physical therapy, yoga, nutrition education and cooking classes, creative arts therapies, social work services and more – at a single location within a community.

Specialized programming emphasizes even more areas, including family-centered care and substance abuse screening and treatment in primary care. The center is a hub for many activities not traditionally considered part of health care, including distribution of fresh vegetables grown on a community farm, creating public art in the Porch Light Program and even a law clinic providing legal services and advice from Drexel law students.

The center’s comprehensive patient-centered approach to health has developed over 17 years of Drexel nursing and health professions faculty working in partnership with members of the 11th Street community and numerous supportive stakeholders. The center was recently featured in the National Journal for sponsoring a “biggest loser” competition among its patients as a way to get people engaged about diet, exercise and weight loss.

“When most people hear ‘integrated care,’ they think: Oh, there’s a behavioral health consultant,” Gerrity said. “Now, of course we have that, but we have a wealth of integrated services. That’s so needed here, in a community where many of the people we serve have a history of trauma or abuse. They’re often reluctant to get dental care, because it puts them in what they feel is a vulnerable situation – sitting in a chair with your mouth open. The services we offer to the community are all really blended together, and they have to be – we don’t separate the mouth from the body from the mind.

“Many health care providers are looking to examples like ours for the best ways to offer better care to more people, at lower cost – not just to keep care affordable, but to help people live well and thrive.”

This helps patients access essential services to leverage positive health and dental outcomes.

“They have everything,” Walter said. “You can come here and feel like family, and how people feel about their health care provider has a huge impact on how they receive health care. If it’s off-putting and intimidating, you’re not going to go as much. You’ll avoid it. Most places people in a neighborhood like this one can go can be pretty bland, at best. They are not places you want to go to.

“But 11th Street makes you feel at ease, and at home. You come in here, and, oh, wow – they have yoga, they have a fitness center, they have all the things you need if you’re concerned about your health in any way. It means a lot to people. It means a lot to me.”
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Cases of Proliferative Verrucous Leukoplakia:
The Need for a High Clinical Suspicion Among Dental Practitioners

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Abstract

Proliferative verrucous leukoplakia is a distinct precancerous condition with a high rate of recurrence and malignant transformation over time. Proliferative verrucous leukoplakia has no specific histopathologic presentation; therefore, emphases must be on clinical presentation and history to make a diagnosis; giving the need for a high clinical suspicion. This condition is very important for the general dentist to recognize. Here we describe the clinical and microscopic features of seven cases of proliferative verrucous leukoplakia, with two cases which demonstrated malignant transformation (hybrid carcinoma and squamous cell carcinoma).

Introduction

Leukoplakia is defined as a white patch or plaque that cannot be rubbed off and cannot be characterized clinically as any other disease. Clinically, a leukoplakia may appear as a well-defined, white, thickened, leathery, fissured, or verrucous (wartlike) lesion. The histopathologic features range from keratosis with normal epithelium, to various grades of dysplasia (mild, moderate, or severe), carcinoma-in-situ, or squamous cell carcinoma.

Proliferative verrucous leukoplakia (PVL) is a rare, distinct, and aggressive form of leukoplakia, which was first described by Hansen, et al. in 1985. They described it as a long-term progressive process which begins initially as a white plaque of keratosis that eventually involves other areas with confluent, verrucoid and proliferative features. The lesions are slow-growing yet persistent, irreversible, and resistant to all forms of treatment, with a high rate of recurrence and malignant transformation over many years in more than 70% of cases. PVL is a rare condition commonly seen in females (4:1) over the age of 60 years without social risk factors such as tobacco and alcohol use. At present, the etiology of PVL is uncertain, with no known association with human papillomavirus. Here we report seven cases of PVL, showing the typical gradual, continuous, and relentless clinical course of this rare entity.

Case reports

Cases that were suspected to be oral proliferative verrucous leukoplakia were reviewed from 2007 to 2013. Cases which met the criteria for recurrence, multifocality and progressive proliferative features were selected. A total of eight cases were retrieved, but one was excluded due to the presence of smokeless tobacco pouch keratosis.

Case 1

A 73-year-old male non-smoker presented in 2003 with an extensive, thick, rough, white lesion with a scalded-look of the entire maxillary buccal gingiva, extending into the vestibule. Leukoplakic lesions were located on the maxillary tuberosity and bilaterally on the palatal gingival papillae. In addition there was a well-circumscribed, rough, white patch measuring 1 x 1-cm on the right soft palate. Lesions from the soft palate and maxillary tuberosity were biopsied and histopathologically diagnosed as keratosis with mild epithelial dysplasia and keratosis with keratin horn, respectively. He reported previous biopsies in 1980, 1990 and 1994 classified as benign (we were unable to evaluate those biopsies). Two years later, a 1.0 x 0.6-cm white lesion was noticed on the attached gingiva and alveolar mucosa adjacent to the maxillary left canine, and was diagnosed as keratosis and moderate to severe epithelial dysplasia. In addition there was a well-circumscribed, rough, white patch measuring 1 x 1-cm on the right soft palate. Lesions from the soft palate and maxillary tuberosity were biopsied and histopathologically diagnosed as keratosis with mild epithelial dysplasia and keratosis with keratin horn, respectively. He reported previous biopsies in 1980, 1990 and 1994 classified as benign (we were unable to evaluate those biopsies). Two years later, a 1.0 x 0.6-cm white lesion was noticed on the attached gingiva and alveolar mucosa adjacent to the maxillary left canine, and was diagnosed as keratosis and moderate to severe epithelial dysplasia. Four months later, he presented with a 2.5-cm, white, raised, verrucoid lesion on the right buccal mucosa. Excisional biopsy was performed, and the specimen was diagnosed as papillary keratosis without atypia. Five months later, he presented with a white, verrucoid lesion on the right maxillary buccal gingiva. The lesion was biopsied and diagnosed as a verrucous carcinoma. A year later, he presented with a white, verrucoid lesion on the right posterior maxillary alveolar mucosa extending into the vestibule. This lesion was diagnosed as a mixed verrucous-conventional squamous cell carcinoma (hybrid carcinoma).
CASE 2

A 49-year-old female non-smoker, presented in 2003, with leukoplakic lesions on her left mandibular alveolar ridge and dorsum of the tongue. Excisional biopsies were performed and the specimens were diagnosed as papillary keratosis without atypia and chronic inflammation, papillary keratosis with mild to moderate atypia and chronic inflammation respectively. Six months later, the lesion on the left mandibular alveolar ridge recurred, an incisional biopsy was performed and the specimen was diagnosed as papillary keratosis with moderate dysplasia. A marginal resection was performed and the specimen was diagnosed as superficially invasive squamous cell carcinoma associated with papillary keratosis with varying degrees of dysplasia. Two years later, she presented with new leukoplakic lesions involving the lingual surface of the right mandibular gingiva adjacent to # 28/29 and the ventrolateral surface of the tongue. These new lesions were biopsied and diagnosed as verrucous hyperplasia without evidence of dysplasia and verrucous hyperplasia with mild dysplasia respectively. Five years later, she presented with leukoplakic lesions involving the right buccal mucosa and right lateral border of the tongue. Excisional biopsies were performed and were both diagnosed as keratosis with mild atypia. A month later, she presented with a corrugated leukoplakic lesion on the lingual surface of the right mandibular gingiva. The lesion was biopsied and diagnosed as papillary keratosis with mild atypia. Seven months later, she presented with a verrucoid leukoplakic lesion on the right mandibular alveolar ridge. The lesion was biopsied and diagnosed as superficially invasive squamous cell carcinoma associated with papillary/verrucoid keratosis with mild to moderate dysplasia.

CASE 3

A 72-year-old female non-smoker, but a social drinker, initially presented in 2010 with a 3 x 2-cm mixed leukoplakic/erythroplakic lesion along the left lateral border of the tongue. Excisional biopsy was performed, and the specimen was diagnosed as mild epithelial dysplasia, and keratosis with chronic lichenoid mucositis. Two years later, the lesion recurred, presenting with a 4 x 4-cm leukoplakic lesion of the left lateral border of the tongue; an additional verruciform leukoplakic lesion had appeared on the gingival cuff of tooth #18. These lesions were biopsied and diagnosed as mild epithelial dysplasia, keratosis and glossitis, and mild epithelial dysplasia with chronic gingival hyperplasia, respectively. She was subsequently referred to our oral pathology clinic for evaluation of the generalized white lesions in the mouth (figure 1). Fifteen months later, she presented with a 1-cm firm leukoplakic mass of the right buccal mucosa. An excisional biopsy was performed, with a diagnosis of mild epithelial dysplasia with keratosis. Seven months later, she presented with a plaque-like creeping leukoplakic lesion on the ventral surface of the tongue and a corrugated leukoplakic lesion on the left lower edentulous ridge. These lesions were biopsied and diagnosed as mild epithelial dysplasia with keratosis and mild epithelial dysplasia, verrucous hyperplasia with keratosis (figure 2), respectively.

Figure 1. Clinical pictures of Case 3, showing generalized leukoplakia of the right buccal mucosa (a), generalized granular leukoplakia of the mandibular lingual gingiva (b), and generalized rough granular leukoplakia of the left buccal maxillary gingiva (c).

Figure 2. Photomicrograph of Case 3, showing mild epithelial dysplasia, verrucous hyperplasia with keratosis x40 (a) and x100 (b).
CASE 4

A 59-year-old male non-smoker, but a social drinker, presented in 2008 with a white, hyperkeratinized band of tissue at the buccal gingival sulcus of tooth #28; the lesion was reported to have been excised, although no specimen was submitted. A recurrent lesion was excised, with a diagnosis of keratosis and chronic gingivitis. Two years later, he presented with an asymptomatic, white, keratinized gingival collar of tooth #29. An excisional biopsy was performed, and the specimen was diagnosed as focal keratosis. Two years later, the lesion recurred again, spreading to involve the buccal gingival collar of teeth #28, 29, and 30 (figure 3). The new lesion was biopsied and diagnosed as keratosis and mild epithelial dysplasia.

Figure 3. Clinical pictures of Case 4, showing a leukoplakic band involving the buccal gingival collar of teeth #28, 29, and 30, taken in 2012.

CASE 5

An 82-year-old female non-smoker presented in 2006 with a 1-cm, diffuse, white, corrugated lesion on the left buccal mucosa. A biopsy was diagnosed as papillary epithelial and fibrous hyperplasia with keratosis. Four years later, she presented with an asymptomatic, 3-cm, white, rough, flat lesion on the left buccal mucosa. Excisional biopsy was performed, with a diagnosis of mild epithelial dysplasia, and verrucous hyperplasia with keratosis.

CASE 6

A 47-year-old male non-smoker initially presented in 2006 with two lesions: a 2 x 1-cm red patch with white speckles on the right posterior vestibule and a white thickening of the gingival papilla between teeth #30 and 31. Both biopsies were diagnosed as keratosis and chronic inflammation. Three years later, he presented with multiple white lesions on the left buccal mucosa; (anterior and posterior), interproximal gingiva between #30 and 31 extending to the alveolar mucosa, and right buccal mucosa. The lesions were biopsied and diagnosed as keratosis and mild epithelial dysplasia. Two years later, he presented with a white discoloration measuring 1.5 by 1-cm of the gingiva adjacent to teeth #28 and 29, extending to the alveolar mucosa. The lesion was biopsied and diagnosed as mild epithelial dysplasia. A month later, on re-evaluation, a white, rough lesion was noted just below the cervical marginal gingiva, in the area of teeth #29 and 30 and extending into the vestibule. An excisional biopsy was performed and diagnosed as mild to moderate epithelial dysplasia. Two years later, an erythematous lesion on the buccal gingiva adjacent to teeth #29 and 30 was biopsied and diagnosed as mild epithelial dysplasia.
CASE 7

A 64-year-old male non-smoker presented in 2011 with an asymptomatic thick leukoplakia on the left buccal vestibule/cheek and maxillary alveolar ridge. The lesion was biopsied and diagnosed as mild epithelial dysplasia with chronic lichenoid mucositis. A year later, he presented with a 0.6-cm leukoplakic lesion of the left floor of mouth, which was diagnosed as moderate epithelial dysplasia. Seven months later, he presented with a diffuse leukoplakic lesion on the left maxillary and mandibular alveolar ridges and buccal mucosa. The lesion from the mandibular alveolar ridge was biopsied and diagnosed as moderate to severe epithelial dysplasia with keratosis. Six months later, the lesion recurred again, involving the left maxillary and mandibular alveolar ridges and buccal mucosa. The lesions were biopsied and diagnosed as moderate epithelial dysplasia and chronic inflammation.

The overall histopathological and clinical features of these cases were supportive of the diagnosis of PVL. Clinical surveillance with repeated biopsy was recommended due to the high rate of recurrence and potential malignant transformation of this entity.

Discussion

PVL is commonly reported in women over the age of 60 years, yet in this series, we have 4 males and 3 females. PVL has a high rate of recurrence and malignant transformation over many years, with more than 70 percent of PVL cases undergoing malignant transformation, with a mean time of 7.7 years.1,6 One case from the literature was reported to have undergone malignant transformation in 16 months from the initial presentation of the leukoplakic lesion.7

Social risk factors such as tobacco and alcohol use do not necessarily play a role in its development, recurrence, or malignant transformation.3,4,8 As in our cases, the patients are non-smokers. Any site in the oral cavity may be involved, as seen in our cases with multiple site involvement.

Since this entity is known for its high rate of malignant transformation and recurrence, it is important that early diagnosis and identification of the lesion be stressed, so as to facilitate its management.

Hansen, et al.2 described 10 histologic stages. Thus, this condition may have any of these histologic stages. However, the current histologic stages have been simplified to four with intermediates: A. Localized flat hyperplasia and hyperkeratosis. B. Multifocal expansion with and without dysplasia. C. Verrucous hyperplasia. D. Progression to verrucous or squamous cell carcinoma.9

Table 1. Proposed diagnostic criteria by Cerero-Lapiedra, et al.

<table>
<thead>
<tr>
<th>MAJOR CRITERIA</th>
<th>MINOR CRITERIA</th>
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<tr>
<td>A. A leukoplakic lesion with more than two different oral sites.</td>
<td>A. An oral leukoplakic lesion that occupies at least 3 cm when adding all the affected areas.</td>
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<td>B. The existence of a verrucous area.</td>
<td>B. The patient is a female.</td>
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<td>C. The lesions have spread or enlarged during development of the disease.</td>
<td>C. The patient (male or female) is a non-smoker.</td>
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<td>D. There has been a recurrence in a previously-treated area.</td>
<td>D. A disease evolution higher than 5 years.</td>
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<td>E. Histopathologically, there can be from keratosis to verrucous hyperplasia, verrucous carcinoma or OSCC, whether in situ or infiltrating.</td>
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In order to make the diagnosis of PVL, it was suggested that one of the two following combinations of the criteria mentioned before were met.

1. Three major criteria (Criterion E must be fulfilled) or
2. Two major criteria (Criterion E must be fulfilled) + two minor criteria.
Various diagnostic criteria have been proposed after the lesion was first described by Hansen, et al., including those by Ghazali, et al., Gandolfo, et al., and Cerero-Lapiedra, et al (Table 1). These various proposed diagnostic criteria emphasize clinical presentation and history, with little emphasis on histopathologic diagnosis, which is non-specific, suggesting that PVL is a clinical diagnosis which is made in retrospect. The need for a high clinical suspicion cannot be over-emphasized among dental practitioners, as general dentists are usually the first point of contact for most patients, and at least traditionally, usually see patients on a regular follow-up over many years. Understanding and identifying the various patterns of presentation of this entity by the general dentist is vital.

Progressive dysplastic changes were noted in six of our cases: In Case 1, change from keratosis with mild epithelial dysplasia to hybrid carcinoma (a mixed verrucous-conventional squamous cell carcinoma) occurred over four years. In Case 2, change from papillary keratosis without atypia to superficially invasive squamous cell carcinoma occurred over six months. For Cases 4 and 5, changes from keratosis without dysplasia to mild epithelial dysplasia occurred over four years. In Case 6 change from keratosis without dysplasia to mild-moderate epithelial dysplasia occurred over five years. Case 7 changed from mild to moderate epithelial dysplasia over two years.

Various treatment modalities such as surgical excision, carbon dioxide laser surgery, cryosurgery, photodynamic therapy, chemotherapy, and irradiation for PVL have proven to be complicated, due to its high recurrence rate and multifocality, spreading to involve new areas in the oral cavity. The use of lycopene for treatment of oral leukoplakia has been reported. Recurrence rates were found lowest with photodynamic therapy. However, no treatment is curative; close-follow-up is highly recommended.

**Conclusion**

The presented cases point out the typical gradual, continuous, and relentless clinical course of this condition. Due to the lack of specific histological features, this condition is underdiagnosed by the pathologist, if a history of multiple and/or recurrent lesions are not reported. A high level of clinical suspicion is required among dental practitioners to enable its early identification.

**REFERENCES**


Acknowledgment to Dr. James R. Werkmeister for providing us the clinical pictures of Case 4 (figure 3). Case 4 was presented as a poster at the annual meeting of the American Academy of Oral Medicine, 2013 in San Antonio.
Dentists must choose to opt in or out of Medicare enrollment
(Article by Kelly Soderlund, reprinted from ADA News June 16, 2014)

Any dentist who treats Medicare beneficiaries must either enroll in the program or opt out in order to prescribe medication to their qualifying patients with Part D drug plans, according to the federal government.

Either way, dentists who fit this requirement must take action by June 1, 2015. They either have to opt in or opt out.

The Centers for Medicare and Medicaid Services (CMS) published a final rule in May that requires all physicians and eligible professionals—including dentists—who prescribe Part D covered drugs to be enrolled in Medicare or opt out for those prescriptions to be covered under Part D. By signing an affidavit opting out of the program, and entering into private contracts with patients as appropriate, dentists are out of Medicare for two years and cannot receive any direct or indirect Medicare payment for services provided to Medicare patients.

CMS officials project that by requiring eligible providers to enroll, it will save the federal government an estimated $1.6 billion over the next 10 years.

“The policies finalized in this regulation will strengthen Medicare by providing better protections and improving health care quality for beneficiaries participating in Medicare health and drug plans,” said Marilyn Tavenner, CMS administrator. “The final rule will give CMS new and enhanced tools in combating fraud and abuse in the Medicare Part D program so that we can continue to protect beneficiaries and taxpayers.”

It’s a change the ADA does not agree with and one Association leadership voiced their concern about in a March 5 letter. ADA President Charles Norman and Executive Director Kathleen O’Loughlin sent a letter to CMS asking that dentists be excluded from the requirement because it “places an unnecessary burden on dentists and their Medicare eligible patients,” and it will not address the underlying rationale for a portion of the law, which is to stop fraud and abuse in the Medicare program.

In 2010, only an estimated 3-4 percent of the 186,000 practicing dentists were enrolled as Medicare providers, likely because the program only covers a limited set of dental procedures, most of which are recognized by CMS as necessary before the patient has certain covered medical procedures, Drs. Norman and O’Loughlin wrote in the letter.

“There is no reason to believe that the number of enrolled dentists has risen significantly because of the relative modest impact of the ordering and referring provision,” the letter stated. “On the other hand, this new requirement will affect the majority of dental practices.”

Despite the ADA’s expressed concerns, CMS moved forward with the enrollment or opt-out requirement.

“Dentists who don’t take action won’t
see an impact until next year but it will be when their local pharmacy or patient starts to complain that they are not being reimbursed for the prescriptions the dentist writes,” said Dr. Andrew Vorrasi, chair of the Council on Dental Benefit Programs. “We’re not sure how the pharmacies will handle this. Will they refuse to accept the prescription? Will they accept the prescription but force the patient to pay and tell them it’s because Medicare won’t reimburse the pharmacy or patient because their dentist didn’t comply with the law? How will the patients react if they file their own claim for reimbursement that is denied? While the ADA opposed this action, it is one of those situations where the decision was beyond our control. Complying with this law will save practitioners much time and aggravation come June 15, 2015.”

To read the ADA’s Frequently Asked Questions on Medicare enrollment, visit ADA.org, click on the Member Center, then Medicare Enrollmment Decision Tool: Introduction Medicare Enrollment, then Medicare Enrollment FAQ. The Reimbursement section can also take you to a Medicare enrollment decision tree and information on how to opt out of the Medicare program.

PDA members: You can learn more from CMS at: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Enrollment-Information.html. You may also use the flowchart from the American Dental Association to help you decide whether to enroll or opt out of Medicare: http://success.ada.org/en/practice/medicare/medicare/medicare-decision-infographic

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Interdisciplinary Clinical Case Presentations: Radiology, Pathology, and Surgical Management
Richard Bauer III, DMD, MD
Elizabeth Bilodeau, DMD, MD, MSED

March 21
Diet and Dentistry in the 21st Century
David Meinz, MS, RD, FADA, CSP

March 27
Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient
Colonel Timothy J. Halligan, DDS

March 27
Dental and Dentistry in the 21st Century

Butler
March 12
Diagnostic Considerations and New Treatment Options for Difficult Cases
Dr. Edward Feinberg

March 25
Shift Happens! Problem Solvers for Restorative Dentistry
Dr. Howard Strassler

Erie
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Dr. Howard Strassler

April 29
Concise Up-To-Date Information in Treating Patients With Cardiovascular Disease – Plus Treating Yourself To A Healthier Lifestyle
Dr. John Lichon

Greensburg
March 20
Drugs In Dentistry Update – Including Conventional Drugs, Herbals and Natural Supplements
Dr. Richard Wynn

April 10
Modern Adhesive Dentistry: Real World Dentistry
Dr. Susan McMahon

October 14
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Dr. Jane Saxman

November 12
The Science Of Good Health And Longevity
Dr. Nasir Bashirelahi

Pittsburgh (VAMC)
March 11
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Dr. Richard Wynn

April 29
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Dr. Joseph Giovannitti

Pottsville
February 26
21st Century Anterior and Posterior Esthetic Restorative Dentistry
Dr. Steven Weinberg

March 18
Endodontic Therapy – There Is A Lot More To It Than Just Root Canals
Dr. Herbert Ray

April 16
Diagnostic Considerations and New Treatment Options For Difficult Cases
Dr. Edward Feinberg

Reading
March 27
Oral Oncology: What You Need To Know
Dr. Scott DeRossi

April 17
Drugs In Dentistry Update – Including Conventional Drugs, Herbals and Natural Supplements
Dr. Richard Wynn

September 18
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Dr. Mary Beth Dunn

October 16
Concise Up-To-Date Information In Treating Patients With Cardiovascular Disease – Plus Treating Yourself To A Healthier Lifestyle
Dr. John Lichon

Scranton
February 25
Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient
Dr. Timothy Halligan

March 25
Oral Mucosal Disease and Dry Mouth: An Update
Dr. Scott DeRossi

April 22
Shift Happens! Problem Solvers for Restorative Dentistry
Dr. Howard Strassler
<table>
<thead>
<tr>
<th>University of Pittsburgh (continued)</th>
<th>Temple University</th>
<th>St. Marys</th>
<th>Dental Society of Western Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steubenville, OH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>March 19</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Geriatric Health Care</td>
<td></td>
<td></td>
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<tr>
<td>Delivery Team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Edward Cheppa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>April 9</strong></td>
<td></td>
<td></td>
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<tr>
<td>Drugs In Dentistry Update –</td>
<td></td>
<td></td>
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<tr>
<td>Including Conventional Drugs,</td>
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<td>Herbals and Natural Supplements</td>
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<tr>
<td>Dr. Edward Cheppa</td>
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<td></td>
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<tr>
<td><strong>February 25</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption of 3D Cone-Beam CT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dr. Jie Yang</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>March 6</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demystifying the Principles of Esthetic Restorative Dentistry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Steven Weinberg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>March 18</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Management of Emergencies</td>
<td></td>
<td></td>
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<tr>
<td>Drs. Fielding and Jones</td>
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<td><strong>University of Pennsylvania</strong></td>
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<td>(215) 573-6841</td>
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<td><strong>April 17-18</strong></td>
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<td>Nitrous Oxide/Oxygen Analgesia</td>
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<td>Course Director:</td>
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<tr>
<td>Helen Giannakopoulos, DDS, MD</td>
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<td><strong>June 11-13</strong></td>
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<td>The Penn Esthetics Symposium</td>
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<td>Joseph P. Fiorellini, DMD, DMSc</td>
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<td>Ernesto A. Lee, DMD</td>
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<td><strong>June 28-July 3</strong></td>
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<td>Penn Periodontal Conference</td>
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<td>Denis F. Kinane, BDS, PhD</td>
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<td>Dana T. Graves, DDS, DMSc</td>
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<td><strong>October 17</strong></td>
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<td>AAOM Fall Meeting 2015</td>
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<td>The World of Oral Medicine:</td>
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<td>Essentials for Healthcare</td>
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<td>Eric T. Stoopler, DMD, FDS RCSEd</td>
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**Brookville**

| **Pineneeck Country Club**       |                  |          |                                       |
| Contact: Rebecca Von Nieda, PDA   |                  |          |                                       |
| (800) 223-0016, ext 117           |                  |          |                                       |
| **May 1**                         |                  |          |                                       |
| Digital X-Ray Imaging and Dental X-Rays – Are They Safe? Are They Necessary? |                  |          |                                       |
| Dale A. Miles, DDS, MS, FRCDC(C)  |                  |          |                                       |
| **June 5**                        |                  |          |                                       |
| Esthetic Dentistry and Periodontal Prosthesis: A Wonderful Marriage for Today’s Restorative Dentist |                  |          |                                       |
| Joseph R. Greenberg, DMD, FAGD    |                  |          |                                       |

**Scranton District Dental Society**

| **February 25**                   |                  |          |                                       |
| Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient |                  |          |                                       |
| Dr. Timothy Halligan              |                  |          |                                       |
| **March 25**                      |                  |          |                                       |
| Diagnosis and Treatment of the Most Common Oral Lesions |                  |          |                                       |
| Dr. Scott DeRossi                 |                  |          |                                       |
| **April 22**                      |                  |          |                                       |
| Shift Happens! Problem Solvers for Restorative Dentistry |                  |          |                                       |
| Dr. Howard Strasser               |                  |          |                                       |

**Rivers Casino, 777 Casino Dr., Pittsburgh**

- Must be 21 to attend – valid ID required
- Contact (412) 321-5810 for registration

**February 27**

- Anesthesia and Sedation Update
- CPR recertification
- 8 a.m.-5 p.m.
Outstanding Career Opportunities

Is responsible for the review and determination of claims and pretreatment providers in an attempt to provide customer support as needed. A DDS or DMD degree from an accredited dental school. A minimum of 5 years of private dentistry. PC literacy required; Keyboard skills. Apply at DeltaDentals.com.

Outstanding Career Opportunities

In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to (941) 330-1731 or email dreelsj@dentalcarealliance.com or visit our website www.Dentalcarealliance.com.

ASSOCIATED NEEDED

A P/T OR F/T general dentist needed for a well-established family practice in Hanover. We have a steady patient base, a friendly staff and excellent work atmosphere. Competitive base salary with bonus and other benefits. Please email resume to wibow80@yahoo.com or call (215) 820-7113.

Opportunities Available

DeltaCare Dental Consultant Wanted

Is responsible for the review and determination of claims and pretreatment estimates sent in by dental specialists and other providers. Communicate with providers in an attempt to provide customer support as needed. A DDS or DMD degree from an accredited dental school. A minimum of 5 years of private dentistry. PC literacy required; Keyboard skills. Apply at DeltaDentals.com.

How to reply to a PDA Box Number:

Your Name & Address Here
Pennsylvania Dental Journal
PO Box 3341
Harrisburg, PA 17105
Attn: Box J/F____

Love Doing Dentistry?

Smilebuilderz is a comprehensive dental practice offering a full array of dental services, specialties, and walk in emergency care! We provide a professional support staff, excellent facilities, and advance dental technologies to allow each of our doctors to shine. As a rapidly expanding practice we are looking for exceptional doctors to join our team! Please contact our human resource department to learn more about our opportunities by email at hr@smilebuilderz.com, call Christi at (717) 481-7645 ext. 1084, and visit our site at www.smilebuilderz.com.

General Dentists Needed

Dental Dreams desires motivated, quality oriented general dentists to work in our busy Pennsylvania practices. At Dental Dreams, we focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Our competitive compensation package includes: minimum guaranteed salary of $150,000 with potential to earn up to $300,000, visa sponsorship, and health and malpractice insurance reimbursement. Make Dental Dreams a reality for you! To apply, please email CV to humanresources@dentaldreams.org or call (312) 274-4520.

Immediate Opportunity — Shamokin Dam

Merit Dental is seeking dental candidates for an immediate practice opportunity in Shamokan Dam. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in Shamokan Dam, please contact Brad Smith by phone at (715) 590-2467 or email bsmit@midwest-dental.com. Visit our website or apply online at: www.mymeritdental.com.

Associate — General Dental Practice

Beaver County Pennsylvania (Pittsburgh area) extremely busy general practice seeking quality long term associate or buy in candidate. Contemporary practice is computerized and has all digital X-rays. Experience in all phases of general practice including endo, implants and crown and bridge preferred but will consider a recent, qualified graduate. Established practice includes experienced staff, modern equipment, great location, and doctors willing to make this a win-win situation. Contact office at (724) 775-4115 or email mfddmd@comcast.net.

Associate Leading to Partner

Established, private dental practice in Hanover is seeking a highly motivated dentist to join our team as an Associate leading to a partner. We have a high volume of patients and the number grows daily. Flexible scheduling, optional Fridays and no weekends. Guaranteed Salary, 401K/Profit sharing. Please contact John Grimes at (717) 632-4164 or john@finkandgrimes.com.

General Dentist

Wanted part-time for state of the art, group practice in Yardley. Plan is for full-time in the future. Focus is on quality, compassion and comfortable dentistry. Please send resume to bestentalapplications@gmail.com.
**General Dentist**
Large Dental Group seeking General Dentist to for their Phoenix AZ practice. For more information or to apply online at: [http://gentledental.catsone.com/careers/](http://gentledental.catsone.com/careers/).

**Wanted**
Associate Dentists, Hygienists, EFDA’s, Dental Assistants, Office Managers and Front Desk Staff. Be a part of the fastest growing large group dental practice firm in Pennsylvania with a solid, exciting and predictable future! A private fee-for-service group, is growing and expanding rapidly. We have top compensation, daily guarantee, health insurance with great patient flow with no administrative headaches and professional management. We also buy dental practices and create exit/transition strategies for Selling Doctors. If you would like to be a part of a winning team, please email your CV/Resume to careers@lifetimedentalusa.com.

**JOB OPPORTUNITY: PRACTICE TRANSITION ADVISOR**
Seeking driven, established professionals familiar with the dental industry. You will promote Southeast Transitions’ services [www.southeasttransitions.com](http://www.southeasttransitions.com). Successful Advisors can make 250k. Commission only. Dentists, Hygienists, Dental Reps are good candidates. Network of contacts in dental industry and sales experience are a plus. Contact us at (678) 482-7305 or [pete@southeasttransitions.com](mailto:pete@southeasttransitions.com).

**ASSOCIATE LEADING TO PARTNER**
Suburban Philadelphia (Huntingdon Valley) practice seeking Associate P/T. Dedicated team, prime location with well established family of patients. Optimal candidate should have aspirations of a future equity position. If your vision aligns with ours this opportunity has exceptional potential. Please forward resume: hvdentist19006@gmail.com.

**Dental Practice Opportunity**
Dental Practice Opportunity with the Cole Memorial Medical Group located in Coudersport. Newly established clinic; competitive compensation and benefits including the availability of loan forgiveness. Submit CV to [rose.bunch@charlescolehospital.com](mailto:rose.bunch@charlescolehospital.com) or fax to (814) 274-5302.

**FOR SALE**
**McKEESPORT/HOMESTEAD:** Family general practice for sale, gross collections over $500,000 with well designed treatment areas — well established practice with long time patients and loyal employees. Contact PDI at (412) 373-7044 for confidential information.

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*You became a dentist to care for patients.*

And caring for patients is what you do best. Our comprehensive support team gives you the time to focus on your patients, your skills, and lead your team.

Talk with our doctors about their experiences with Merit Dental and you’ll see how well we can fit together.

Contact us at [715-926-5050](tel:715-926-5050) or [development@mymeritedental.com](mailto:development@mymeritedental.com).
For Sale
SOUTH HILLS: Well established general practice with loyal employees, fee for service with $260,000 in collections – senior doctor willing to stay to introduce patients, also willing to treat patients at a limited capacity. Contact PDI at (412) 373-7044 for confidential information.

For Sale
NORTHWEST WASHINGTON CO: Well established family dental practice of 40 years, located in rural Western PA, with over 15,000 patient records. Contact PDI at (412) 373-7044 for confidential information.

For Sale
PERIODONTAL PRACTICE: East suburbs of Pittsburgh, PA with 4 treatment areas in a beautiful office space. Great periodontal practice with steady recalls and great potential for continued growth. Owner is ready to help buyer with introductions to the patients and the referring doctors. Contact PDI at (412) 373-7044 for confidential information.

For Sale
DELMONT/MURRYSVILLE, PA: Newly equipped dental office for rent/purchase/time share to develop your own specialty or general satellite office. All equipment, instruments available for Endodontic, Periodontics, Oral surgery, Orthodontics, or Implant Dentistry. Staff is available to help. Contact PDI at (412) 373-7044 for confidential information.

For Sale
SOUTH HILLS: Well established general practice with loyal employees, fee for service with $260,000 in collections – senior doctor willing to stay to introduce patients, also willing to treat patients at a limited capacity. Contact PDI at (412) 373-7044 for confidential information.

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WELL-ESTABLISHED GENERAL PRACTICE: East suburbs of Pittsburgh, PA with 4 treatment areas in a beautiful office space. Great periodontal practice with steady recalls and great potential for continued growth. Owner is ready to help buyer with introductions to the patients and the referring doctors. Contact PDI at (412) 373-7044 for confidential information.

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**Practices Available/Western Pennsylvania**

Merger opportunities to practices grossing over 1 Million annually. Visit our website at www.paragon.us.com or contact David A. Moffa, DMD, MAGD (724) 244-9449 or dmoffa@paragon.us.com.

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**For Sale**

**Lehigh Valley Dental Practice for Sale**

Well established and modern cosmetic & family dental office with 4 ops and over 3,000 active patients. Great location, patients and staff. Practice has much positive growth opportunity. **Confidential information RNR41SS@gmail.com or call (610) 217-5507.**

**Western Pennsylvania / Greater Pittsburgh Area**

Numerous practices available with collections ranging from $225,000 to $2,300,000.

PA (#s are collections):

- **General Dentist – Altoona** $242,000
- **Beaver Valley** $225,000
- **Carnegie** $670,000
- **Clarion County** $630,000
- **Cranberry Township** $300,000
- **East of Pittsburgh** $514,000
- **Harrison City** $770,000
- **Indiana County** $400,000
- **Pittsburgh-North Hills area** $300,000
- **Venango County** $343,000

**Periodontal - Northeast Suburb of Pgh** $822,000

**Outside PA**

**Periodontal - Odessa, Texas** $2,100,000
- **Warrick/Narragansett, Rhode Island** $2,300,000

We offer formal Valuation Services in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner “buy out”, etc. As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential. Please contact Bob Septak at (412) 931-1040 or email bob@udba.biz. Register your email address at www.udba.biz for new dental listings.

**For Sale**

York County. Comprehensive / implant / cosmetic. 5 op practice located in a small community. Uses Dentrix, paperless. Digital, intraoral cameras, a panographic X-ray unit. Occupies 1,875 s/f. Building owned by Seller. Second floor apartment for sale. Doctor retiring. Contact: Henry Schein Professional Practice Transitions representative donna.costa@henryschein.com or at (800) 988-5674. #PA129

**Practice Sale**

**Lehighton**

Busy 3 operator, general dentistry practices. Real estate, with additional 2 income residential rentals, for sale or rent. Call (610) 377-4719 or email cchawk@ptd.net.

**For Sale**

**Pittsburgh, Eastern Suburbs.** Established General Practice in free-standing architecturally-designed professional building; 3 ops + hygiene. FFS and INS based. Yearly gross consistently $560,000 + on 4 day work week. Owner wants to stay to assist with transition. One third of financing cost can be borne by seller. Excellent turn-key operation. Much opportunity for growth. Building is also available for sale. Please respond to PDA Box J/F 1.

**Practice Sale**

**Northampton Area - Established general practice.** 3 operatories, active, desirable area, free patient parking. More than 2,700 patients. The practice offers full range of services. CareStream management software, panoramic X-ray, and good mix of PPOs and FFS. Contact Henry Schein Professional Practice Transitions representative Donna Costa at 800-988-5674 or donna.costa@henryschein.com. #PA134

**Practice Sale**

**North Reading Area - Well established practice.** 5 ops in 1500 s/f stand-alone building on corner lot with high visibility, digital, Dentrix, Panorex - all the bells and whistles. Contact Henry Schein Professional Practice Transitions representative Donna Costa at (800) 988-5674 or donna.costa@henryschein.com. #PA139

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**JAN/FEB 2015 | PENNSYLVANIA DENTAL JOURNAL**

**CLASSIFIED ADVERTISEMENTS continued**

**Practice Sale**

**Bradford County - Well established practice with 5 ops.** Dentrix, digital X-rays, intra oral camera, Panorex - stand alone building that may also be purchased. Contact Henry Schein Professional Practice Transitions representative donna.costa@henryschein.com or (800) 988-5674. #PA135.

**Practice Sale**

Montgomery County, NJ - Great location! Upscale area. Open 3 days - 900 s/f leased space. Fee for service. 3 ops. Contact: Henry Schein Professional Practice Transitions representative Donna Costa (800) 988-5674, donna.costa@henryschein.com. #PA127.

**Practice Sale**

**Harrisburg Area - Established general practice.** 3 operatories, active, desirable area, free patient parking. More than 2,700 patients. The practice offers full range of services. Care Stream management software, panoramic X-ray, and good mix of PPOs and FFS. Contact Henry Schein Professional Practice Transitions representative Donna Costa at 800-988-5674 or donna.costa@henryschein.com. #PA139

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**For Sale**

**York County.** Comprehensive / implant / cosmetic. 5 op practice located in a small community. Uses Dentrix, paperless. Digital, intraoral cameras, a panographic X-ray unit. Occupies 1,875 s/f. Building owned by Seller. Second floor apartment for sale. Doctor retiring. Contact: Henry Schein Professional Practice Transitions representative donna.costa@henryschein.com or at (800) 988-5674. #PA129

**Practice Sale**

Montgomery County, Well established 5 op GP located in great area. 1,500 active patients. Rev $443,000. Contact Henry Schein Professional Practice Transitions Rep: Donna Costa at (800) 988-5674 or donna.costa@henryschein.com. #PA143.
Practice Sale

Very busy, well located and well established 2 op, part time practice! EagleSoft, Digital, free parking in large lot. Leased space. Great satellite or practice start up. DR MOTIVATED!!! Contact Henry Schein Professional Practice Transitions representative Donna Costa at (800) 988-5674 or email to: donna.costa@henryschein.com. #PA136.

For Sale

AVAILABILITY IMMEDIATE: NORTHEAST PHILADELPHIA. Experienced oral & maxillofacial surgeon to take over well-established practice on full time (preferable) or part time basis. Can lead to permanent position. Outstanding. Professional Practice Planners, (412) 673-3144, stanpoll@aol.com.

FOR SALE

Ligonier-Latrobe area. Active general practice. Excellent facility, modern equipment (digital), staff, patient base, opportunity. PROFESSIONAL PRACTICE PLANNERS, 332 Fifth Avenue, McKeesport, PA 15131, (412) 673-3144, (412) 621-2882 (after normal hours). Email stanpoll@aol.com.

FOR SALE

Union County - Well established, mature general practice. Excellent patient base, staff, facility, equipment, location (near Lewisburg - 50 miles from Harrisburg). Currently insurance free but insurance can be initiated. Contact (PROFESSIONAL PRACTICE PLANNERS at (412) 673-3144 or (412) 621-2882 (after hours). Email stanpoll@aol.com.

FOR SALE

Schuylkill County. Active general practice. Excellent facility, staff, patient base, opportunity. PROFESSIONAL PRACTICE PLANNERS, 332 Fifth Avenue, McKeesport, PA 15132, (412) 673-3144, (412) 621-2882 (after hours). Email stanpoll@aol.com.

For Sale

Dental practice and office building for sale in Grove City. Building consists of four operatories, digital radiograph, waiting, reception and computer rooms, two business offices and a one bedroom apartment. Email jw edentist@verizon.net for more information.

PRACTICES FOR SALE


Home Office With Dental Equipment For Sale

Home office with parking lot in award winning school district. Located on busy Baltimore Pike in Media. Includes 2 Ops, hygiene room, sterilization lab, N20 plumbed, and compressor. Good opportunity for establishing or relocating a practice. Terms negotiable. Contact Dr. Claire Field at clairefield@verizon.net or (610) 209-5573.

Dr. Fill-In “Dentists helping Dentists”

Dr. Fill-in was established 5 years ago to match qualified dentists with dentists who are looking for temporary or permanent dental coverage. We serve the Pennsylvania and New Jersey area to keep your office open while you are away. For more information, please visit our website at www.doctorfillin.com or if you prefer contact us by phone at (610) 216-2899.

PROFESSIONAL SERVICES

Financial Services

Fischer Financial Services, Inc. is an independent money management firm located in Harrisburg. As a “Registered Investment Adviser” with the U.S. Securities and Exchange Commission, the firm specializes in money management for institutions and individuals. To learn more, call (888) 886-1902 or visit www.fischerfinancialservices.com.

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.

PRACTICE TRANSITION

Considering VALUING-SELLING-BUYING-MERGING-EXITING AN ASSOCIATESHIP?? Contact TRANSITION & VALUATION SPECIALISTS, PROFESSIONAL PRACTICE PLANNERS, 332 FIFTH AVENUE, MCKEESSPORT, PA 15132. (412) 673-3144 or (412) 621-2882 (after hours) stanpoll@aol.com.

PRACTICE SALE/PURCHASE

OFFICE LAYOUT and DESIGN, HELP WITH EQUIPMENT SELECTION, PRACTICE AND EQUIPMENT APPRAISAL, GREAT SELECTION OF REFURBISHED AND NEW EQUIPMENT, CONSULTING SERVICES. ESTABLISHED IN 1986 to THINK AS A DENTIST with DENTISTS IN MIND. Contact PDI at (412) 373-7044 for confidential info.
HE COULD BE YOUR GRANDCHILD’S DENTIST OR A FUTURE PDA PRESIDENT, BUT HE NEEDS YOUR HELP TODAY.

Dental practices large and small can redirect their PA tax liability and help thousands more low-income children gain access to quality schools TODAY.

The easy-to-use PA Opportunity Scholarship Tax Credit (OSTC) or EITC 2.0 program provides companies with up to 90% in state tax credits for donations made to Children’s Scholarship Fund Philadelphia.

There are more than $17 million in available PA Opportunity Scholarship Tax Credits. Act Now. Visit www.csfphiladelphia.org/taxcredits

Fast facts about
Children’s Scholarship Fund Philadelphia

- Largest and most diverse K-8th grade scholarship organization in PA
- Charity Navigator 4-star (top) rated nonprofit organization
- Need-based scholarships awarded by lottery to Philadelphia children
- Over 5,400 scholarship recipients attending more than 185 private and parochial schools this fall
- 16,500 four-year scholarships issued over the past 14 years
- 96% of program’s alumni graduate high school prepared and on time

Learn more about how to fund life-changing scholarships at csfphiladelphia.org or 215.670.8410
Help Your Patients Achieve a Restful Sleep

Patient-friendly Sleep Apnea and Snoring Appliances

EMA®
- Extremely stable
- Opens bite and gently moves mandible forward
- Varying elastic bands (100% latex-free) provide unsurpassed lateral movement and overall TMJ comfort

TAP® 3 ELITE
- Medicare verified – code e0486
- Innovative 3 hook system allows increased range of adjustment
- Durable and space allows more tongue space and lips to close

For more information visit: www.thayerdental.com/sleep

“Your Partner in Mastering New Technologies”

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