FOR EVERY STAGE OF YOUR PRACTICE

Pre-Transition Consulting
Practice Appraisals & Sales
Associate Placement
Practice Protection Plan

Trust your practice with the firm that has an impeccable reputation for service, experience and results. **Call today for a free initial consultation.**

### Practices Available:

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Number of Op.</th>
<th>County</th>
<th>Address Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice, 3 ops</td>
<td>3</td>
<td>Carbon County, PA</td>
<td>PA-1240</td>
</tr>
<tr>
<td>General Practice, 3 ops</td>
<td>3</td>
<td>Dauphin County, PA</td>
<td>PA-1254</td>
</tr>
<tr>
<td>Associate, General Practice</td>
<td></td>
<td>Franklin County, PA</td>
<td>PA-1260</td>
</tr>
<tr>
<td>OMS Practice, 6 ops</td>
<td>6</td>
<td>Lackawanna County, PA</td>
<td>PA-1249</td>
</tr>
<tr>
<td>OMS Practice, 2 ops</td>
<td>2</td>
<td>Monroe County, PA</td>
<td>PA-1229</td>
</tr>
<tr>
<td>General Practice, 4 ops</td>
<td>4</td>
<td>Lancaster County, PA</td>
<td>PA-1239</td>
</tr>
<tr>
<td>Associate, General Practice</td>
<td></td>
<td>Montgomery County, PA</td>
<td>PA-1256</td>
</tr>
<tr>
<td>General Practice, 8 ops</td>
<td>8</td>
<td>Northampton County, PA</td>
<td>PA-1232</td>
</tr>
</tbody>
</table>

Visit our website frequently for new opportunities or register for immediate notifications.

### NPT = RESULTS

**Congratulations to these doctors who trusted us with their practices!**

- **SALE PENDING!!**
  - Lancaster County, PA
  - PA-1214

- **Dr. John S.T. Gregg**
  - Lackawanna County

- **SALE PENDING!!**
  - Lehigh County, PA
  - PA-1238

---

**Jason Gamble, MBA**
Western PA
Regional Representative
j.gamble@NPTdental.com
614-401-2400 x229
877-365-6786
www.NPTdental.com

**Bernie Kowalski, DMD**
Central/Eastern PA
Regional Representative
b.kowalski@NPTdental.com
215-437-3045, x233
You are not a sales goal.

You are a dentist deserving of an insurance company relentless in its pursuit to keep you protected. At least that’s how we see it at The Dentists Insurance Company, TDIC. Take our Risk Management program. Be it seminars, online resources or our Advice Line, we’re in your corner every day. With TDIC, you are not a sales goal or a statistic. You are a dentist.

Protecting dentists. It’s all we do.®

877.732.4748 | thedentists.com
Officers

Dr. Wade I. Newman (President)
Bellefonte Family Dentistry
115 S. School St., Bellefonte, 16823-2322
(814) 355-1587 • win_dds@hotmail.com

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

Dr. Stephen T. Radack III (Imm. Past President)
413 East 38th Street, Erie, 16504
(814) 825-6221 • stradack3@aol.com

Dr. John V. Reitz (Vice President)
30 Commerce Drive Ste 2, Reading, 19610-1068
(610) 320-9993 • reitzdds@ptd.net

Dr. Peter P. Korch III (Speaker Emeritus)
4200 Crawford Ave., NorCam Bldg. 3
P.O. Box 1388, Northern Cambria, 15714-1388
(814) 948-9650 • pkorchmd@gmail.com

Dr. Nicole Quezada (Secretary)
11671 Route 6, Wellsboro, 16901-6750
(570) 724-0426 • mmquezada@me.com

Dr. Samuel E. Selcher (Treasurer)
700 Spring Garden Drive, Middletown, 17057-3034
(717) 944-0426 • sselch@aol.com

Trustees By District

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

2nd | Dr. Charles Incalcaterra | 2019
441 E. Broad St., Bethlehem, 18018-6312
(610) 867-8251 • Charles.Incalcaterra@lvhn.org

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 • johnsdavis520@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 • mmquezada@me.com

7th | Dr. Cynthia A. Iseman | 2018
PO Box 54, Shanksville, 15560-0054
(814) 662-2771 • caisemandmd@gmail.com

8th | Dr. Theodore J. Rockwell | 2019
PO Box 50 10810 Rte. 322
ShippENVILLE, 16254-0050
(814) 484-3096 • theodore.rockwell@yahoo.com

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

10th | Dr. James A. Tauberg | 2019
224 Penn Ave, Pittsburgh, 15221-2154
(412) 244-9044 • taubergdentaloffice@gmail.com

ADA Third District Trustee

Dr. Andrew J. Kwasny
3219 Peach Street, Erie 16508-2735
(814) 455-2158 • kwas2@live.com

PDA Chairs

Communications & Public Relations
Dr. Tamara Brady
Dental Benefits Committee
Dr. George L. Hamm
Government Relations
Dr. Craig A. Eisenhart
Membership Committee
Dr. Steven Iszkula
Access to Oral Health Care
Dr. Alicia Risner-Bauman
Annual Awards Committee
Dr. William T. Spruill
Concerned Colleague
Dr. Bartley J. Morrow
Environmental Issues
Dr. Marjorie Jeffcoat
New Dentist Committee
Dr. Amanda Q. Hemmer

PDA Central Office

3501 North Front Street
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 • (717) 234-5941
FAX (717) 232-7169
Camille Kostielac-Cherry, Esq.
Chief Executive Officer
ckc@padental.org
Mary Donlin
Director of Membership
med@padental.org
Marisa Swarney
Director of Government Relations
mss@padental.org
Rob Pugliese
Director of Communications
rap@padental.org
Rebecca Von Nieda
Director of Meetings and Administration
rvn@padental.org
Leo Walchak
Chief Financial Officer
ltw@padental.org

Editorial Board

Dr. Daniel Boston
Dr. Allen Fielding
Dr. Marjorie Jeffcoat
Dr. Kenneth G. Miller
Dr. Andres Pinto
Dr. Deborah Studen-Pavlovich
Dr. James A. Wallace
Dr. Charles R. Weber
Dr. Gerald S. Weintraub
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.

Editor | Dr. Bruce R. Terry
85 Old Eagle School Road, Wayne, 19087-2524
(610) 995-0109 / pullpulp@aol.com

Associate Editor | Dr. Stephen T. Radack III
413 East 38th Street, Erie, 16504
(814) 825-6221 / stradack3@aol.com

Associate Editor | Dr. Gulia Omene
22 Paoli Pike, Paoli, 19301-1830
(207) 653-5595 / gomenedmd@gmail.com

Director of Communications | Rob Pugliese
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 / FAX (717) 232-7169 / rap@padental.org

Editor Emeritus | Dr. Richard Galeone
3501 North Front Street, Harrisburg, 17110
(215) 855-4092 / rjgdds59@comcast.net

Editor Emerita | Dr. Judith McFadden
3386 Memphis Street, Philadelphia, 19134
(215) 739-3100 / judithmcfadden@aol.com

10 ETHICAL MOMENT: WHAT ARE DENTISTS’ ETHICAL OBLIGATIONS REGARDING THE PROVISION OF EMERGENCY CARE WHEN THEY ARE NOT AVAILABLE TO PROVIDE THAT CARE? By Dr. Linda K. Himmelberger

14 PDM SPEAKER SERIES: A CONVERSATION ON ADHESIVE DENTISTRY By Dr. John V. Reitz

21 CLINICOPATHOLOGIC REVIEW: ORAL RADIOGRAPHIC FEATURES OF SYSTEMIC CONDITIONS
“I am delighted to be the Pennsylvania representative on EDIC’s Board of Directors, providing you the Pennsylvania dentists an exclusive voice in EDIC’s growth. As the “By Dentists For Dentists” malpractice insurance company, EDIC’s greatest value is the involvement of dentists which allows us to understand the specific insurance needs of our dental colleagues.”

Ronald Bushick, DMD
EDIC Board Member
Vice-President of Science - ADAF/Volpe Research Center
Former Officer - PA Dental Association
Former Officer - American Dental Association

EDIC is governed by a Board of Directors, which is comprised of thirteen dentists and dental educators, one being Ronald Bushick, DMD. As such, we pride ourselves as being a “By Dentists, For Dentists”© company. At EDIC, we only insure our colleagues which means you and your claim is our top priority. EDIC gives back to our colleagues, our dental societies, and our dental schools and we continue to be fully committed and dedicated to the dental community.

EDIC Supports Our Pennsylvania Colleagues 100%.
Join EDIC Today!

1-800-898-3342 • www.edic.com
LinkedIn | Twitter@EDICinsurance | Facebook www.facebook.com/EDICinsurance
Why Is It Ethical?

What one person calls ethical treatment another may call unnecessary. This is what we face today in our clinical treatment choices. With all of our advanced education and diagnostic tools we still seem to be a bunch of widely differing individuals when it comes to recommending appropriate care.

This became clear to me recently when a patient came to me with a toothache. I suppose I had the easy job. He had decay into the pulp. He could not get anything hot or cold near it and it was sensitive to bite. My diagnosis was irreversible pulpitis and I recommended root canal therapy. Seems simple enough, right?

He had already been elsewhere and another clinician had recommended an extraction followed by a dental implant. The patient was not happy with that treatment plan and left that office and was referred by his wife to us. When you hear a story like this you may wonder why someone would recommend an extraction and not root canal treatment, but the other clinician saw distal decay on this molar near the level of the bone and didn’t think the tooth was a good candidate for a restoration, even with crown lengthening. I felt that this tooth could be restored after root canal treatment. Who’s right?

If you think this is a conundrum, imagine how the patient feels. Patients are very confused these days by the myriad options they face when it comes to dental care. Someone wants to save a tooth, someone else wants to extract the same tooth. Someone wants to replace a restoration while someone else wants to watch the restoration a little longer for changes or symptoms. Someone wants to suggest orthodontics and someone else says it’s not necessary. Who’s right?

I think we are all aware of a phenomenon that I will call “age related clinical decision making.” Basically, when we are young clinicians we will try to save any tooth we can because that’s what we were taught in dental school. After all, we are in the business of saving teeth! With years of practice and experience we learn that not everything we save is really saved. Sometimes things don’t turn out the way we expect and things might have been better left alone or removed. Or, we see something that was left untreated for years and nothing bad happened. Mature clinicians will begin to draw on that experience and formulate new treatment recommendations based upon anecdotal findings rather than science. Are they wrong? Maybe scientifically, but only time tells if the treatment decision was a good one.

Let’s look at another example. More than five years ago I had a patient with pain in two lower molars, teeth 30 and 31. Root canal treatment had already been completed on both teeth and there was pain and swelling mostly from #31. She had been to an oral surgeon who had taken a CBCT and sent it to an oral radiologist for review. The report came back that both teeth 30 and 31 had vertical fractures and should be extracted. This was modern science and proper procedure recommending the removal of both teeth. The patient was obviously not very happy with this diagnosis and treatment plan and was referred to me for a second opinion. I could not argue with the CBCT or the radiologist’s report, but I felt bad for the patient and I offered a substitute option. I told her that I could carefully extract one or both teeth and if I didn’t see any fracture I could likely fix these teeth and replant them.

To make a long story short, that’s exactly what I did. Tooth #31 was extracted first because it had a traceable fistula to the mesial root apex. I didn’t see a visible fracture upon extraction and viewing under a surgical microscope. I did root end surgery on #31 outside her mouth and then replanted this tooth. Tooth #30 had a conventional apicoectomy. This patient just returned recently for root canal treatment on the left side. Five years later teeth #s 30 and 31 are asymptomatic and fully functional with new crowns and she couldn’t be happier to have kept both teeth. Who was right and who made the right decision? Was it me, was I just lucky? I think both options were ethical and appropriate as long as the patient understood the likelihood of success or failure of the options. Ethics is more than doing the “right thing” since doing the right thing is not so obvious to each of us. And, doing the “right thing” is not always known until after success and failure can be determined. Ethics is about doing the best thing for the patient.

Are all of my treatments success stories like the two I already mentioned? No, I am not ashamed to admit that I have diagnosed and treated teeth that did not survive and in retrospect should probably not have been treated. However, at the time the patient and I thought we were doing our best.

Patients today are looking up symptoms and treatment options on the Internet. They question what we do more than ever and they expect us to deliver the best care we can. With so many new options
available to save teeth or replace teeth we are becoming a profession with multiple options that confuse the public and our own treatment decision making. If we believe that saving a tooth is better than removing the same tooth how do we know we have made the best choice? In most cases we will have to look back 5 to 10 years from now to make that statement.

For now, we must explain the pros and cons to the patient, allow them to ask questions and then accept their decision. To me this is the ethical way to practice dentistry. It’s doesn’t mean that it has to work. It just has to make sense for the patient and for the clinician.

—BRT

2016 PDA Elections

All members are encouraged to participate in the electronic election of PDA’s President-elect, as well as the delegates and alternates to the 2016 ADA House of Delegates. The roster of candidates and their profiles will be available for viewing on www.padental.org.

In order to vote electronically, you must have an email address on file at PDA. Voting will begin in February. The electronic ballot will be emailed to you. You will not be able to vote unless we have an email address for you. Please contact PDA to confirm that we have your email address on file.

THERE ARE MANY REASONS TO GET A PRACTICE VALUATION...
PROTECTING YOUR FAMILY MAY BE THE BEST.

Your practice is likely your biggest asset. You should know what it is worth. Use Henry Schein Professional Practice Transitions for your practice valuation. Because how it’s done—matters.

www.henryscheinppt.com
1-800-988-5674
- PRACTICE SALES - VALUATIONS
- TRANSITION CONSULTING/PLANNING
- ASSOCIATESHIPS

© 2015 Henry Schein, Inc. No copying without permission. Not responsible for typographical errors. 15PT3680
The General Assembly adjourned in late December and will return to session in late January for the final year of the 2015-16 legislative session. All bills that are introduced within this two-year timeframe must pass by the end of 2016, or be reintroduced next session. Believe it or not, Governor Wolf will present his proposed budget for the 2016-17 fiscal year in early February, though the budget for 2015-2016 FY has not yet taken effect at the time this issue went to print. PDA will continue to advocate for its legislative priorities:

- Assignment of benefits
- Limiting retroactive reviews and denials
- Health practitioner student loan forgiveness and tangential loan mitigation issues.
- Increased funding in the Medical Assistance program for dental providers.

Here’s what has happened at the end of 2015:

Assignment of Benefits (HB 973 and SB 843)

PDA is aggressively lobbying for enactment of assignment of benefits legislation, having spent last fall working with Senate leaders and staff on language that satisfied their concerns about adequate consumer protection safeguards when they need dental treatment in emergency situations. We are expecting the House Insurance Committee to schedule a vote on HB 973 when the legislature returns to session in January. HB 973 would then move to the full Senate for a vote.

Retroactive Insurance Claim Reviews (SB 554 and HB 1178)

PDA is playing a prominent role in a coalition of other health care provider groups lobbying for passage of legislation that would limit the timeframe in which insurers may retroactively review and deny claims. After House and Senate leaders made clear to the insurance lobbyists that they intend to pass legislation this session, a series of discussions were held to finalize amendments and negotiate compromises acceptable to all parties. We are expecting the House Insurance Committee to schedule a vote on HB 1178 when the legislature returns to session in January. HB 1178 would then move to the full House of Representatives for a vote.

Dental Faculty Licensure Law (Act 60 of 2015)

Rep. Bernie O’Neill (R-Bucks) introduced HB 1275, which amends Act 89 of 2014 to allow qualified dentists from other countries to obtain faculty licenses to teach in Pennsylvania dental schools. HB 1275 also allows dentists licensed in other countries to attend continuing education courses taught in dental schools located in the Commonwealth.

The dental schools requested that Rep. O’Neill introduce this legislation because they would like to open their clinical continuing education courses to dentists from other states and countries. While the law currently provides an exemption for students pursuing a degree or graduate training in dental schools, it does not provide a similar exemption for licensed dentists from other states and countries who want to attend continuing education courses.

The dental schools believe that a similar problem exists with dental school faculty in that they often have difficulty recruiting the most distinguished faculty possible. The current law allows dentists who are licensed in other states or United States territories to become dental school faculty without first obtaining a Pennsylvania dentist’s license, but it does not allow licensed dentists from other countries to do so. HB 1275 will allow foreign-trained dentists who have successfully completed a CODA-approved specialty dentistry program or advanced dental training in a clinical field to apply for faculty licenses.

The House of Representatives and Senate passed HB 1275 in June and October, respectively. Governor Wolf signed HB 1275, now Act 60 of 2015, into law in November.

Attention Medical Assistance providers:

Take action to revalidate your enrollment information before March 24 deadline

In accordance with the federal Affordable Care Act, the Pennsylvania Department of Human Services (DHS) must re-validate all providers at least every five years. Therefore, DHS is requesting providers who enrolled on or before March 25, 2011, to submit their enrollment applications now. Providers will need to revalidate their enrollment information, for every service location, by completing a new enrollment application to meet the March 24, 2016, deadline.

DHS is anticipating a high volume of applications and in order to ensure that your application is processed timely, please submit your revalidation application as soon as possible. This will prevent any interruption in your participation with DHS or its partnered managed care plans.

The following link on the DHS website provide information on applying for revalidation: http://www.dhs.pa.gov/provider/providerenrollmentandscreeningrequirementsoftheaffordablecareact/index.htm#.VkoKSnarS70
Did You Know?

The Americans with Disabilities Act (ADA) requires that a dentist retain and pay for the services of an interpreter, if an interpreter is needed to achieve effective communication with a patient. Patients may be able to provide their own interpreter, such as a family member or an interpreter who is with the patient on a daily basis; however, if a patient does not provide their own interpreter it is the dentist’s responsibility to provide one for the patient. There are other appropriate methods that can be used to achieve effective communication with a patient that may include listening devices, note taking and written materials.

The ADA does not require any aid that would result in an undue financial burden or in a fundamental alteration in the nature of the services provided by the dentist; however this does not relieve the dentist from the duty to provide alternate aid for hearing impaired or other special needs patients. Dentists will need to assess the patient’s needs on a case-by-case basis in order to determine the appropriate method of communication to be used.

If you have any questions about your responsibilities under the American with Disabilities Act, please contact the PDA Central Office at (800) 223-0016.

Donated Dental Services

Since its inception in 1996, the Donated Dental Services (DDS) program in Pennsylvania has provided 4,252 patients with over $12,808,200 worth of total care.

The DDS program, which is administered and coordinated by the Dental Lifeline Network, connects volunteer dentists that are willing to provide free dental treatment to the most vulnerable and underserved populations with qualifying patients. DDS primarily serves individuals who are developmentally disabled; victims of cancer, cardiovascular disease and other severe health problems; elderly and low-income; mentally ill and sensory and/or physically disabled, including patients impaired as a result of disease or trauma. In order to qualify for the DDS program, patients must be unable to pay for dental treatment through government programs.

The program’s goal for 2015-2016 is to help 418 patients with disabilities, or who are elderly or medically fragile, receive at least $1,399,000 worth of free dental care and laboratory fabrications. In order to do so, DDS is seeking more volunteer dentists willing to help provide free treatment to the underserved. There are several reasons why participating as a DDS volunteer can be a rewarding and convenient way to help contribute to solving the access to care problem across our state.

• Volunteer dentists have the option of providing comprehensive care to one or two individuals, rather than limited or emergency care for numerous patients. Dentists control the number of patients seen, and most DDS patients are seen in private dental offices, allowing the dentist to treat patients in a familiar environment.

• Dentists determine the course of treatment appropriate to each patient’s needs and what services they will provide.

• Dentists are involved only with providing treatment to DDS patients, and not the program’s administrative aspects. Dentists are not required to submit any paperwork and instead are encouraged to simply complete an evaluation once a patient’s treatment is complete.

• DDS program coordinators are responsible for identifying eligible patients and connecting them with volunteer dentists, coordinating appointments, assuring a patient’s transportation to the dental office, among other things. Patients are informed that their program eligibility may be terminated due to missed appointments.

Applications for enrolling in the DDS program as a volunteer dentist can be found on Dental Lifeline Network’s website at http://dentallifeline.org/pennsylvania. Interested dentists may also call Dental Lifeline Network at (303) 534-5360 for further information.
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.

- **Pooja Ahuja, DDS**
  New York University '15
  Reading

- **Alexander D. Benner, DMD**
  Temple University '15
  Chalfont

- **Nina A. Blackhurst, DMD**
  Temple University '13
  Philadelphia

- **Ashley C. Catalano, DMD**
  University of Pittsburgh '11
  Selinsgrove

- **Meeta Chawla, DMD**
  University of Pennsylvania '15
  Dayton, NJ

- **Maria LT Fletcher, DMD**
  Mid Western University College Dental Medicine '15
  Camp Hill

- **Jordan Fried, DMD**
  Temple University '11
  Philadelphia

- **Jilesh Gandhi, DDS**
  New York University '15
  Bensalem

- **Kari R. Hexem, DMD**
  University of Pennsylvania '15
  Collingswood

- **Jason Foster LaRue, DDS**
  West Virginia University '07
  Allison Park

- **Dawn M. Llorca, DDS**
  University of Minnesota '05
  Chadds Ford

- **Maria Garcia Lopez, DDS**
  West Virginia University '14
  Altoona

- **Ariana M. Mason, DMD**
  Temple University '15
  Hatboro

- **Stephanie K. Misco, DMD**
  University of Pittsburgh '14
  Pittsburgh

- **Neeraj Panchal, DDS, MD**
  Columbia University, New York '09
  Philadelphia

- **Zalak Patel, DDS**
  New York University College of Dentistry '15
  Jersey City

- **Dr. Mark L. Reiter, DDS**
  University of Maryland '14
  Pittsburgh

- **Gurkamal Kaur Sandhu, DDS**
  New York University '14
  Wilmington

- **Kaitlyn M. Schiels, DMD**
  University of Medicine and Dentistry of New Jersey '15
  Monroe Twp., NJ

- **Solomon C. Sund, DMD**
  University of Pennsylvania '11
  Yardley

- **Kevin C.V. Sweeney, DDS**
  University of Washington '11
  Philadelphia

- **Christopher Zeledon, DMD**
  Temple University '15
  Perkiomenville

---

**Recent Transactions**

Dilip N. Dudhat, D.M.D.

has acquired the practice of

Michael H. Myers, D.D.S.

Jenkintown, Pennsylvania

---

PARAGON is proud to have represented both parties in this transaction

---

We are proud to announce our Pennsylvania PARAGON transition consultants:


---

**CALL: 866.898.1867 | EMAIL: INFO@PARAGON.US.COM**
What Are Dentists’ Ethical Obligations Regarding the Provision of Emergency Care When They Are Not Available to Provide That Care?

By Dr. Linda K. Himmelberger

(Reprinted with permission from the Journal of the American Dental Association, 2008; 144: 942-943)
An assistant who works for me one day a week and for another non-ADA member practitioner four days a week asked me what kind of cement I used to recement non-retentive permanent crowns. At first, I thought she was trying to gather information in a general way to improve her assisting skills. During the conversation it became clear, however, that she was seeing emergency patients for her other employer who was out of the office recovering from knee surgery and was recementing permanent crowns, placing sedative fillings and reshaping sharp edges on broken teeth with a high speed handpiece. Since the other dentist is not an ADA member, does she need to abide by the Code? What should I do?

As stated in the Introduction to the *Principles of Ethics and Code of Profession Conduct* (the “Code”), “the dental profession holds a special position of trust within society.” The Introduction further states that “in return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct.” It is clear from this statement that everyone who is a dentist (a member of the profession), whether they are members of the ADA or not, have an obligation to aspire to and adhere to the highest ethical standards. And those ethical standards require the dentist to make choices which benefit the patient first, and secondarily, the practitioner.

The Code very clearly states that as a matter of justice, “dentists shall be obligated to make reasonable arrangements for the emergency care of their patients of record.” (*Principle 4B*). What are “reasonable arrangements”? In this case the patients are patients of record, so they would be comfortable with the assistant because she was known to them. That seems reasonable. The patients were being seen in the same office, so they were comfortable with the surroundings. That seems reasonable. But is it reasonable that an assistant who is untrained and unable to recognize pathology be tasked with recementing a permanent crown which may have come out because of decay or fracture of the underlying tooth? If decay or a fracture was present, has the pulp been compromised? What additional treatments may be necessary which would preclude recementing the crown? It is clear that it is not reasonable to expect an assistant to make these judgments. “Reasonable arrangements” should only be interpreted as asking another dentist to be available to handle emergency patients. For practitioners who fear that other dentists might “steal” their patients, the *Code* obligates the dentist who has provided emergency services for another’s patient to return that patient to the original dentist, unless the patient expresses another preference.

In addition to the principle of justice, several other principles of the code are applicable. The first is the Principle of Patient Autonomy which carries with it the duty to “treat the patient according to the patient’s desires, within the bounds of accepted treatment…” In our scenario, the other employer dentist has delegated responsibilities to a dental assistant which she is neither trained, nor licensed to perform; in carrying out these sorts or emergency procedures, the assistant is working outside of her scope of practice, a violation which is both unethical and illegal. The second is the Principle of Nonmaleficence, which means “do no harm”. The dentist has a duty to refrain from...
harming the patient. In this case, the dentist, by delegating responsibilities to a person who is not trained to perform these responsibilities, is risking potential great harm to the patient. (2.C). Finally, the Principal of Veracity or truthfulness (Principle 5) which obligates the dentist to be honest in their dealings with their patients is applicable. It is dishonest to have the patients believe that the assistant is qualified to perform emergency procedures.

The other employer dentist is violating not only the ADA Principles of Ethics and the Code of Professional Conduct, but may also be violating the dental law relating to delegation of duties to a dental auxiliary. Patients are at risk for harm. It is important that you take action to protect those patients. In taking action, it is important to consider that the dentist may be unaware of her obligations to have made arrangements with a dentist to provide emergency care; the practitioner may also be unaware of what duties can be delegated to an assistant. It is also possible that the assistant misinterpreted what she was to do and made a unilateral decision to provide treatment for the patients instead of referring them to another dentist.

Although confrontation is never easy, it is important in this case to contact the dentist and explain that it has come to your attention that the assistant is violating her scope of practice. If the dentist was unaware of what was transpiring in her office in her absence, she can take immediate corrective steps herself. If, however, the dentist is unaware of her duties and obligations, these should be carefully and non-judgmentally reviewed. Offer to provide emergency coverage and reassure the dentist that you will not solicit those patients for your practice. If the dentist continues to refuse to provide appropriate emergency coverage, then you should consider reporting the activities to your state licensing entity.

Each one of us during our practice years may be faced with a need to be away from our practices for an extended period – an illness, an accident, caring for an elderly parent or a sick child, to name just a few. While you are feeling well and your life is on an even keel, consider which of your colleagues you can reach out to and establish your emergency safety net – before you need it. In this case, an ounce of prevention would have been worth a pound of cure.

Linda K. Himmelberger, DMD, practices general dentistry in Devon and was a member of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs from 2012-2015, serving as chair in 2015. Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs (ADA CEBJA), in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness of the ADA Principles of Ethics and Code of Professional Conduct. Readers are invited to submit ethical questions to CEBJA at 211 E. Chicago Ave., Chicago, IL 60611, e-mail “ethics@ada.org”.

The views expressed are those of the author and do not necessarily reflect the opinions of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs or official policy of the ADA.
Explore a Career in Correctional Dentistry
and enjoy practicing without the administrative hassles of an office based practice!

MHM Services is currently seeking Pennsylvania licensed dentists who are ready to make a difference working with an underserved population while being part of an elite national organization.

About MHM:
MHM Services, Inc. is a leading national provider of healthcare services to state and local government agencies.

Clients in 15 states  Over 200 Facilities  3,000+ Employees

Throughout the state of Pennsylvania, MHM is proud to provide various healthcare services across the state. MHM administers comprehensive mental health services for the Pennsylvania State Prison System and Philadelphia Prison System, while providing medical staffing for the Commonwealth of Pennsylvania. MHM is currently seeking Pennsylvania licensed dentists for opportunities located throughout the state in various settings including:

State Hospitals
State Correctional Institutions
Other Commonwealth of Pennsylvania Bureaus

Contact me to find out more about why dentists enjoy working with MHM and to learn about our practice opportunities in Pennsylvania:

Vikkie Schill  877.282.5811  vikkie@mhmcareers.com
To learn more, visit www.mhmservices.com.
In 2014, the PDA House of Delegates drastically changed the structure of PDA governance by eliminating the House of Delegates and restructuring what was previously termed PDA’s Annual Session. On May 19-21, 2016, PDA will sponsor Pennsylvania’s Dental Meeting at the Hershey® Lodge.

The goal of the meeting is to be a gathering place for learning and professional enrichment while having fun in the chocolate capital of the world. The two main education topics for the 2016 meeting are adhesive dentistry and endodontic treatment. PDA has gathered the foremost experts in both fields to present a symposium style educational format.

This is the second of two interview articles centered on the symposium topics. The adhesive dentistry program on Friday May 20 will feature presentations by six internationally recognized experts and conclude with a panel discussion of adhesive dentistry issues with our distinguished presenters: Dr. Edward J. Swift, Jr., Dr. John O. Burgess, Dr. Steven R. Jefferies, Dr. Rick Walter, Dr. Mark A. Latta, Dr. Alan M. Atlas.

Dr. Atlas, you were involved in developing the adhesive and endodontic program for Pennsylvania’s Dental Meeting in 2016. What topics will be covered by the adhesive speakers?

Dr. Atlas: We have assembled a line-up of researcher clinicians who are at the pinnacle of their profession. Topics will include selection of bonding agents; bulk fill composites; adhesion in endodontics; bio-active materials and adhesive cementation protocols.

John Burgess is a world-renowned dental material researcher who is the assistant dean for clinical research at the University of Alabama. Ed Swift is another world-renowned researcher and speaker who is associate dean for education at the University of North Carolina School of Dentistry. Mark Latta has published extensively in adhesive dentistry and holds the position of dean and professor of general dentistry at the University of Creighton School of Dentistry.

Steve Jefferies is professor in the department of restorative dentistry at Temple University School of Dentistry and is considered an authority in the topic of bio-ceramic dental materials. Rick Walter is a rising star in adhesive dentistry and was my former colleague at Penn where we did a clinical trial on several dental materials that will be published later this year. He has relocated to the University of North Carolina School of Dentistry where he holds the position of clinical associate professor.

Your topic at the 2016 meeting is “Fractures, Failures and Solutions.” Give us an idea of your background in adhesive dentistry.

Dr. Atlas: My journey into adhesive dentistry actually began in 1985 during my final two years of dental school when I was able to participate in research on glass ionomers. It was the start of a new era in dentistry as the profession was in search of fluoride releasing materials and procedures that could conserve tooth
structure, offer enhanced protective and esthetic options for the patient and ultimately replace amalgam. Although limitations were discovered with glass ionomers, it inspired researchers and ignited a plethora of innovative ideas in adhesive dentistry that currently influence a majority of procedures we perform clinically everyday. However, there is wide variety of materials and opinions about which materials and protocols work best in this area. It motivated me to get back involved in teaching and research to learn more about adhesion and understand how we can transform the scientific evidence into improved clinical outcomes.

Over time composite restorations often experience recurrent caries and discoloration and deterioration at the margins. What factors contribute to these problems and can anything be done to increase the longevity of composites?

Dr. Atlas: Randomized controlled clinical trials demonstrate that amalgams outperform composites in longevity primarily because of a higher incidence of recurrent caries in composites. The take home messages from these studies are that adhesively placed restorations are more technique sensitive in procedural protocol than amalgam and the composite material of choice and patient compliance also plays a role in the long-term outcomes.

What guidelines do you use to determine the appropriate material choice when restoring teeth?

Dr. Atlas: My first prerequisite is that the material must have documented success in the form of multiple independent clinical trials of minimum 3 to 5 year duration. Too often materials are released to the profession without proper data and ultimately we must deal with failures that are unfairly out of our control. Several new materials have been introduced over the past 5 years that address the negative effects of polymerization shrinkage and stress, especially at the adhesive interface, where leakage and deterioration occur.

My friend and colleague, Dr. Jack Ferracane, just published an article questioning whether polymerization stress of composite restoration is clinically significant. His conclusions were that indirect evidence from numerous in vitro studies and the concern over controlling their effects proves that they are clinically relevant. These new materials have some potential to improve outcomes although additional research is essential to validate some of the claims of successful bulk filling of the composite restoration made by the manufacturers.

What matters most in the success of a restoration, placement technique or material choice?

Dr. Atlas: The research has demonstrated that both would play a critical role in the success of a restoration. However, I think the ability of the clinician to create an exceptional preparation and to perform the procedure with detailed accuracy may in fact be the most important element for success. In our profession, technology is only as good as the clinical technique mastered to utilize it to its maximum potential.

Dr. Burgess: Composite materials have been plagued by polymerization shrinkage and internal stress, especially at the adhesive interface, where leakage occurs. How do bulk fill posterior composite materials address this problem?

Dr. Burgess: Posterior bulk placed composites have several requirements.

Depth of cure. If the light does not polymerize the composite to the bottom of the increment, the material will shrink less but have lower mechanical properties and elite compounds that may produce pulpal inflammation. Manufacturers have produced new photoinitiators that are more efficient and increase the depth of cure.

CONTINUES ON PAGE 16
Since opaque shades and microfilled composites decrease light transmission, posterior composite resins are translucent to allow increased depth of cure.

**Polymerization shrinkage strain.** Strain is the amount that the tooth is deformed when the composite resin is polymerized. Materials with rapid polymerization and high modulus (stiffness) produce more strain than more flexible resins. Most bulk fill composites with high flow have polymerization shrinkage rates similar to conventional incrementally placed highly filled composites (1.2-2.6 volume %).

**High wear resistance.** Composite resins used to restore the occlusal surface must have good wear resistance. Composites have improved in this area and many flowable bulk filled material have excellent wear resistance. However, some produce significant wear and should not be used for posterior restorations.

**Handling.** Composite should not stick to instruments or produce tug back, which produces separation between increments of composite. At the same time the composite should maintain its shape to reduce finishing time.

**How does a flowable composite resin offer an advantage over a well-placed conventional composite in posterior class II restorations?**

**Dr. Burgess:** Current flowable composites have higher filler loading than previous generations and can be used successfully for posterior composite resins. The major advantage of these materials is the excellent adaptation of the low viscosity flowable composites. With a small metal tip attached to the syringe the bulk fill flowable composite resins can be easily placed into smaller occlusal or even class two restorations. Since flowables have lower modulus than conventional composites, they have greater flow producing good marginal integrity. Their wear resistance, in some materials, is more than adequate. Clinical trials are showing good results with flowable resins in class I and conservative class II restorations.

During the May 20 presentation, I will show results from clinical trials to support these points as well as in vitro testing.

**Dr. Swift, over time, composite restorations often experience open contacts and premature wear. What factors contribute to these problems and can anything be done to increase the longevity of composites?**

**Dr. Swift:** With contemporary composites, wear is related to case selection as much as anything. It is worse in molars than premolars, in larger than smaller restorations and in patients with heavy occlusal stress.

**What guidelines do you use to determine the appropriate material choice when restoring teeth?**

**Dr. Swift:** Size of the restoration (number of surfaces and occlusal width) and location of the gingival margin in class II.

**Which matters most in the success of a restoration, placement technique or material choice?**

**Dr. Swift:** Operator technique!

**Dr. Jefferies, for years we have been searching for the perfect restorative material. Describe bioactivity and how it may provide a better restorative solution than the current available composites.**

**Dr. Jefferies:** Bioactivity, as it relates to dental restorative applications, is the property of a biomaterial to form apatite-like material on its surface when immersed in a “simulated body fluid” (SBF) for some period of time. With the exception of luting and some specific restorative applications, the current mechanical and physical properties of bioactive material are inferior to that of most composite resins, but approach or even exceed those properties for conventional and resin-modified glass ionomers. Nevertheless, for some specific clinical indications, bioactive materials may complement and even replace the use of composite resin-based materials due to the advantages listed below.
What do you see as the biggest advantage of bioactive adhesive materials?

Dr. Jefferies: Bioactive materials have a clear advantage in pulpal biocompatibility compared to other types and classes of dental materials. Some of the bioactive materials even demonstrate self-adhesive properties which do not require the use of a separate bonding agent or adhesive. Early preliminary data also suggests some significant ability in the areas of remineralization and stimulating newly-formed mineralized tissues.

Dr. Latta, you will be presenting adhesive cementation for indirect fabricated restorations. Is there a universal adhesive for all cemented restorations or does prior preparation of the restoration and adhesive selection determine long-term success?

Dr. Latta: The selection of the cement system (which may include a separate adhesive) is dependent on numerous factors. The restoration type (i.e. inlay, onlay crown, bridge, veneer) the restorative material used (i.e. metal, glass ceramic, oxide ceramic, resin) and the specific clinical situation (i.e. ease of isolation, retentiveness of the preparation, esthetic zone) all impact the decision process for selecting a cement that can maximize long-term success. In my opinion, there is not a universal adhesive or cement system for all indirect clinical cases.

Dr. Walter, many times in my career I have restored an endodontically treated tooth with a post and core and crown only to have the crown come off with the post still inside. Does technique used in post cementation or remaining ferrule height determine the long-term success of an endodontically restored tooth?

Dr. Walter: I see the presence of adequate ferrule and proper post cementation as factors that work side-by-side toward the success of indirect restorations in endodontically treated teeth. A tooth with minimum ferrule and faulty cementation is likely to fail as well as a tooth with ideal post cementation and less than minimum recommended ferrule. Preserving the tooth structure for maximum possible ferrule height and following the indicated post cementation, when a post is indicated, are key factors to success of indirect restorations on endodontically treated teeth.

Is it sufficient to just place a core buildup in an endodontically treated molar prior to crown fabrication?

Dr. Walter: Each clinical situation is different and calls for different materials and techniques. Endodontically treated molars often can retain a core buildup and subsequent restoration without the aid of a post. Wise use of the pulp chamber space and portion of the root canals along with proper core buildup material selection should suffice in most cases.

Dr. Latta, I have always thought acid etch adhesives provide a superior bond strength and therefore less risk of interface leakage. Do the new self-etch adhesives provide advantages over acid etch adhesives making them a better choice?

Dr. Latta: There is a general consensus that when bonding to enamel, adhesives that employ an etch and rinse technique will provide the best long-term bond stability and resistance to interfacial leakage. While many etch and rinse adhesives can provide excellent bond durability and leakage resistance when dentin is the substrate, many self-etching adhesive systems can provide the same clinical performance with less technique sensitivity and in many cases fewer clinical steps.

Gentlemen, thank you for your perspective on issues concerning adhesives in dentistry and for providing a sneak preview of the session scheduled on May 20, 2016, at Pennsylvania’s Dental Meeting at the Hershey Lodge. I am looking forward to your presentations. I know all the attendees will gain information that they can take back and use in their practices.
After graduating from college, most graduates get a six month breather before having to make loan payments. Many individuals desperately need this time to find a job or attain a higher paying job now that they have a new undergraduate or graduate degree under their belt. Those six months should be used very wisely as it's the only grace period they will get on those loans. Of course, the time will go by quickly and the last thing you want to do is miss your first payment, and you'd be surprised at how many people do.
Did you know your interest is capitalized when your grace ends?

If you are not familiar with the term capitalization, it’s an important concept to learn. Capitalization means that whenever your status changes, the lender adds any interest that has been sitting off to the side onto your balance. This happens when you go from a grace to repayment status, a repayment status to a deferment status, and any other time your status changes. If you went straight through school with no breaks, your interest amount may be a lot higher than you think. This interest will be added to your balance and your loan payments will be based on this new balance. Since there is still time left before the interest capitalizes, you may want to consider paying the interest owed before you enter into repayment status. Here is an example of what you can expect:

<table>
<thead>
<tr>
<th>Before Capitalization:</th>
<th>After Capitalization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance: $20,000</td>
<td>Balance: $22,899.42</td>
</tr>
<tr>
<td>Rate: 6.8%</td>
<td>Rate: 6.8%</td>
</tr>
<tr>
<td>Payment: $152.67</td>
<td>Payment: $174.80</td>
</tr>
</tbody>
</table>

This is a monthly payment increase of $22.13; a yearly increase of $265.56 and a $5,311.20 higher payment over the life of the loan.

As you may know, you will not necessarily have to make the standard payment shown above if you qualify for the IBR, ICR or PAYE plan. These plans allow your payments to be based on your discretionary income rather than the balance and rate of the loan. Many people qualify for a reduction of some sort even if it means utilizing a graduated (interest only) payment for the loans. To learn more about these different payment plans go to our Degrees of Success Blog http://blog.degreesofsuccessinfo.com/2014/10/revealing-secrets-to-tackling-your-debt.html.

Student loan debt has become a major problem in the U.S. leaving many people crippled by the monthly payment, but there is help out there. Degrees of Success can assist you in all your student loan management needs. For more information, please visit www.studentloanmanagement.info.

Genevieve Dobson (Gen) is a student loan expert, debt management specialist. She is the owner of Degrees of Success and is the founder of the financial empowerment series, Stress 2 Success: Debt Management and Wealth Building.
Quality Insurance Coverage for the Members of The Pennsylvania Dental Association

Pennsylvania Dental Association Members Get An Additional 5% Off!

AUTO • HOME • BUSINESS
Increase your homeowners savings when we insure your car as well as your home.

(877) 732-4748

When you work with an independent insurance agent, you put the power of choice to work for you. Independent agents know a variety of insurance companies and their coverages, which means more options for you. And because companies like Donegal use the independent agent system, you get quality insurance at a great price.
CLINICAL HISTORY
A 34-year-old African American male presented to the Emergency Clinic at the University of Pittsburgh School of Dental Medicine with a chief complaint of pain in the area of the mandibular right first molar, tooth #30. The patient reported that the discomfort began approximately a week prior, and presents as a constant, dull, throbbing pain that is worsened with chewing. Periapical and panoramic radiographs were obtained. A radiolucency was present at the furcation of tooth #30; horizontal bone loss progressed to the apical one third of the distal root. A panoramic radiograph depicted widened trabecular spaces, areas with a step-ladder pattern of trabecular arrangement, loss of lamina dura around some teeth, and granular-appearing bone marginally and around some of the teeth (Figure 1).

What systemic condition(s) is the most-likely cause of the radiographic features noted?
A. Sickle cell anemia  
B. Osteoporosis  
C. Hyperparathyroidism  
D. Paget disease of bone  
E. Renal osteodystrophy

Figure 1.
A panoramic radiograph depicting enlarged marrow spaces and areas of granular sclerotic-appearing bone around the teeth.

Medically, the patient has a fixed stent in his right arm and receives renal dialysis three times a week due to kidney failure five years prior to his appointment. He also reports pain in his back and his joints.
Periapical radiographs show an increase in trabecular spaces, due to the increase in hematopoiesis.

Periapical radiograph depicts a step-ladder trabecular pattern that can be seen mesial to tooth #21. This is commonly seen in patients with sickle cell anemia.

One thing withheld from the clinical history was that the patient presented with a history of both sickle cell anemia (SCA) and renal osteodystrophy, which were diagnosed at a young age. SCA is a genetic condition that is most commonly seen in the African American population; however, those of Middle Eastern, Mediterranean, and Afro-Caribbean ancestry could also be affected. SCA is a disease that affects the structure of a specific chain in a hemoglobin molecule, known as the β-chain. It involves a change of a single amino acid in the protein chain, a glycine to a valine. This in turn causes a structural change of a red blood cell (RBC) from a rounded shape into a crescent shape. The life span of a RBC is also affected. The normal life span of an RBC is about 120 days, while in those with SCA, the life span is drastically reduced to 10-12 days. These sickle shaped RBCs are more prone to adhering together and can block capillaries. At its worst, this process can lead to chronic hemolytic anemia as well as a decrease in the blood flow to organs and tissues. Patients with SCA usually develop ischemia and infarction of tissues, which can lead to death of the tissue. These symptoms and signs are collectively known as sickle cell crisis. This usually occurs during periods of stress, such as dehydration, infection, hypoxia, or hypothermia; although, many patients cite that they have no predisposing factor as a cause. In sickle cell crisis, the sickling of the RBCs becomes extreme. This leads to extreme pain from tissue ischemia and infarction. Any organ can be affected by the disease. The most common sites affected in patients are the abdomen, lungs, and the long bones. Other problems that can develop in patients are delayed growth and increased incidence of strokes, presenting at an earlier age. Ocular abnormalities and impaired kidney function can also appear, due to the increase of vaso-occlusive nature of the disease.

It is estimated that one in every 350-400 people of African descent is born with the two mutated alleles that cause symptomatic SCA. People can be born with sickle cell trait, in which they are asymptomatic, and are heterozygous carriers of the malformed allele. This means they have one normal copy of the gene.

It is important to note that, for treatment of patients with SCA in dentistry, any stressful event can trigger a sickle cell crisis. Surgery should be considered with caution to avoid the conditions that precipitate a crisis. Patients with SCA can also be more susceptible to post-operative infections, due to the prior damage to the spleen from infarctions caused by vascular occlusion with sickled red blood cells. It is important to note that those with SCA may present in a dental office with such conditions as osteomyelitis, mandibular bone infarction, asymptomatic pulpal necrosis in the absence of other causes, and paresthesia of the mandibular nerve. Radiographic features of SCA are usually subtle and nonspecific. An increase in the spacing of bony trabeculae is the most commonly-cited feature. The reason for this appearance is due to increased

The Answer:
A and E: Sickle cell anemia and renal osteodystrophy.
hematopoiesis in bone marrow spaces (Figure 2). A “step-ladder” pattern can sometimes be noted extending laterally from the lamina dura of teeth (Figure 3). Due to the decreased life of RBCs from 120 days to 10-12 days in those with SCA, hematopoiesis increases to fulfill the need for more RBCs. Occasionally, there may be a “hair-on-end” appearance to skull radiographs, but this is less dramatic than that seen in thalassemia patients. In this case, the patient also had renal failure as a complication of sickle cell anemia. Patients with end-stage renal disease require treatments such as dialysis and finally kidney transplant. A common complication of end stage renal disease is a bone metabolism malfunction called renal osteodystrophy, which can present in a number of ways and is seen frequently on radiographs in its beginning stages. It is believed the changes are due to an increase in parathyroid function, which happens in chronic renal disease. This leads to inappropriate metabolism of vitamin D, phosphorus, and calcium. Renal osteodystrophy may present radiographically as a loss of the lamina dura (partial or complete), thinning of the cortical plate, blurring of landmarks (inferior alveolar canal, mental foramen, maxillary sinus), and also a change in the trabecular pattern. The pattern usually takes on a “salt and pepper” or “ground glass” appearance (Figure 1), which can often be confused with fibrous dysplasia or early Paget disease. These changes have been reported in up to 74% of those receiving long-term dialysis. Areas of bone resorption and deposition are often seen. Sometimes an enlargement of bones may be noted.

DISCUSSION

B. Osteoporosis
Osteoporosis is most commonly seen in post-menopausal women. Risk factors include estrogen deficiency, low physical activity, low calcium intake, poor health, a history of fragility, chronic use of systemic corticosteroids, other medications that cause reduced bone mass, smoking, and consuming more than two alcoholic beverages a day. Osteoporosis is a metabolic bone disease that is characterized by an increase in osteoclastic activity, low bone mass, and deterioration of bone tissue, which leads to an increase in bone fragility. Because sophisticated radiographic imaging for osteoporosis can be expensive, a simpler method involves screening potential patients with routine dental imaging. However, controlled studies are needed to further explore the relationship between gnathic bone density and systemic osteoporosis. For example, osteoporosis may obscure the cortical bone of the mandible, as well as changes in the thickness of the cortical bone. A decrease in bone density in serial radiographs is a good indicator of reduced bone mass. Erosions may be noted in the inferior border of the mandible in patients with osteoporosis. Common sites for changes in the trabecular pattern in potential osteoporosis patients are in the anterior mandible and maxilla, as well as in the posterior maxilla and mandible, distal to the last molars. Since our patient was a 34-year-old African American male, whose radiographs show the classic “step-ladder” trabecular pattern extending from the lamina dura and an intact cortical plate, it does not fit the criteria for osteoporosis. It should also be noted the alternating pattern of sclerosis and osteolysis is indicative of the patient’s recent diagnosis of renal osteodystrophy.

C. Hyperparathyroidism
Hyperparathyroidism is more common in patients over the age of 60; women are four times more likely to develop the disease than men. Therefore, this particular case is unlikely to be hyperparathyroidism. There are three types of hyperparathyroidism, primary, secondary, and tertiary. Primary hyperparathyroidism consists of an uncontrolled production of parathyroid hormone (PTH), caused by a parathyroid adenoma in 80-90% of cases. The remaining causes are an enlarged (hyperplastic) parathyroid and rarely, a parathyroid carcinoma in a syndrome like multiple endocrine neoplasia types 1 or 2a. Secondary hyperparathyroidism is caused by low levels of serum calcium, usually found in chronic renal disease. In these cases, the kidney no longer performs the function of processing vitamin D, which is necessary to absorb calcium from the gut. This results in a lower amount of serum calcium levels, thus stimulating PTH production. Tertiary hyperparathyroidism occurs after a prolonged period of secondary hyperparathyroidism, where the parathyroid function fails to return to normal. This causes excessive release of parathyroid hormone. Clinical features of hyperparathyroidism include an increased potential to form kidney stones and other calcifications. Radiographically, the jaw bones may appear to have an alteration in
REFERENCES


CONCLUSION

The differential diagnosis for the unusual appearance of bone trabeculation can include a variety of diseases that appear similar on routine dental radiographs, such as sickle cell anemia, renal osteodystrophy, osteoporosis, hyperparathyroidism, and early Paget disease. A thorough medical history and clinical and radiographic correlation are important in determining whether a patient may be at a risk for any of the above conditions. Careful observation of dental radiographs to identify changes in trabecular patterns will enable early diagnosis and thus facilitate management and treatment.

Clinicopathologic Review:
Oral Radiographic Features of Systemic Conditions (Continued)

their trabecular pattern, usually noted as a blurring of the trabeculae. The jaws may also have an appearance similar to ground glass. Untreated disease usually leads to other lesions and the development of “brown tumors.” These lesions appear as well-defined unilocular or multilocular radiolucencies and, when present in the jaw, are most commonly seen in the mandible. The absence of these types of lesion on the current patient’s radiographs is not indicative of hyperparathyroidism.

D. Paget disease of bone
Paget disease of bone consists of abnormal resorption and deformation of bone. It is the second most common metabolic disease after osteoporosis. It typically affects older adults of Anglo-Saxon ancestry, with a high number of those in the United Kingdom, Australia, New Zealand, and Northern Europe. There is a male predilection for the disease, and it is rarely found in people under 40 years of age. The cause of the disease is unknown, but it is thought to be a result of a combination of genetic and environmental factors, and possibly with a viral component. Bone pain is the presenting symptom in 40 percent of cases, most likely due to increased bone turnover. About 17 percent of patients have jaw involvement, and it most commonly presents in the maxilla. It causes a disorganized breakdown of bone, which leads to bone pain, deformities, fracture and osteomyelitis. Radiographically, enlargement of the alveolar ridges is noted, although they tend to remain symmetrical. Increased spacing of teeth may also be noted, and edentulous patients may complain that their dentures no longer fit. Patients may also complain that their hats no longer fit properly. Other radiographic features may include a loss of lamina dura, pulpal radiopacity, hypercementosis, and root resorption. Early Paget disease presents with a coarse trabecular pattern and a decreased density in the bone. In skull radiographs, large, well-circumscribed areas of radiolucencies may be present (called osteoporosis circumscripta). Later stages of the disease show patchy areas of sclerosis and develop a cotton wool-like appearance. Treatment is usually focused on symptomatic patients, and consists of bisphosphonate therapy, analgesics, and anti-inflammatory medications. Paget disease has a slight increased risk of osteosarcoma in those patients older than 60. The radiographic presentation of this case does not have the presentation of Paget disease. The radiograph does not show a “cotton wool” appearance, but rather a step-ladder trabecular appearance.
On December 25, 2012, SB1144 took effect. This Act outlines circumstances under which a participating dentist is obligated to the dental insurance carriers’ allowances for non-covered services. Since that time, PDA has fielded numerous questions with respect to non-covered services. Consequently, we are re-printing the May/June 2013 article.

Please note that:

*Participating dentists are not required to accept the carriers’ allowances for non-covered services. Rather, dentists must be given the option to do so. Contact your carrier(s) if you choose not to do so.*

*Some carriers disagree with PDA’s legal interpretation of SB1144. Please use the article below to justify your position. Meanwhile, PDA is seeking regulatory/legislative clarification.*

What the Non-Covered Services Law Means for You

PDA, working in conjunction with the dental insurance carriers, supported SB 1144, which was signed into law Oct. 25, 2012 and took effect Dec. 25, 2012. The Act applies to all dental insurance contracts written in Pennsylvania after that date.

PDA supported SB 1144 because some insurance carriers wanted to limit dentists from billing their full amount for services that are not covered under the terms of the patient’s contract. In order to obtain some protection from the insurance carriers’ policy, PDA and the insurance carriers agreed to a compromise that stipulates a dentist can be held to the insurance carriers’ allowances only under specific circumstances.

According to the Act, if a dentist signed an agreement with an insurance carrier, the dentist is obligated to accept the insurance carrier’s allowance – even if the insurance carrier does not make payment – if the reason for nonpayment is based on one of the following scenarios:

- Deductible has not been satisfied
- Co-insurance is applicable
- Patient reached a lifetime or annual maximum
- Service is limited by frequency
- Payment was made for an alternate form of treatment

However, even if a dentist signs an agreement with an insurance carrier, the dentist can bill up to his/her charge for services that are not covered under the terms of that particular patient’s contract.

For example:

- If a patient has coverage for basic, diagnostic and preventive services, but does not have coverage for prosthetics, the dentist can bill his/her own fee for crowns and other prosthetic services.

- On the other hand, if the same patient’s coverage provides for only one prophylaxis a year and the patient has two, even though the carrier will not pay for the second, the dentist is limited to collecting from the patient the amount of the carrier’s allowance.

- And, if the dentist places a composite restoration and patient has coverage for both amalgam and composite restorations, the insurance carrier may make an allowance for an amalgam under the alternate treatment provision and the dentist may bill up to the carrier’s allowance for a composite.

Further, the Act stipulates that insurance companies must not require a participating dentist to limit their charge to patients for non-covered services. Rather, dentists are to be given the option to do so.

If you need further clarification, please contact Vince Pinizzotto at (800) 223-0016 or vjp@padental.org.
MORE INSIGHT

helps you make the most of your practice’s cash flow.

KNOW YOU HAVE A DEDICATED BANKER WHO UNDERSTANDS YOUR INDUSTRY AND YOUR NEEDS.

As a healthcare professional, you want to spend more time helping patients and less time worrying about your finances. With dedicated Healthcare Business Bankers, PNC provides tools and guidance to help you get more from your practice. The PNC Advantage for Healthcare Professionals helps dentists handle a range of cash flow challenges including insurance payments, equipment purchases, and managing receivables and payables. In such a fast-moving business, PNC understands how important it is to have a trusted advisor with deep industry knowledge, dedication and a lasting commitment.

PNC BANK

Call a Healthcare Business Banker at 877-566-1395 or go to pnc.com/hcbusinessprofessionals

Cash Flow Optimized is a service mark of The PNC Financial Services Group, Inc. ("PNC"). Banking and lending products and services, bank deposit products, and treasury management services, including, but not limited to, services for healthcare providers and payers, are provided by PNC Bank, National Association, a wholly-owned subsidiary of PNC and Member FDIC. Lending and leasing products and services, including credit services and merchant services, as well as certain other banking products and services, may require credit approval. All loans and lines of credit are subject to credit approval and require automatic payment deduction from a PNC Bank business checking account. Origination and annual fees may apply. ©2015 The PNC Financial Services Group, Inc. All rights reserved.
IN MEMORIAM

Dr. Arthur B. Hattler
Wynnewood
University of Pennsylvania (1955)
Born: 1928
Died: 10/17/2015

Dr. Alan H. Segal
Allison Park
University of Pittsburgh (1946)
Born: 1921
Died: 11/16/2015

Dr. John F. Seasoltz
Canonsburg
University of Pittsburgh (1954)
Born: 1927
Died: 10/1/2015

Dr. Rudolph J. Mattioli
Brackenridge
University of Pittsburgh (1958)
Born: 1933
Died: 8/21/2015

Dr. Cedric E. Grosnick
Hershey
University of Pittsburgh (1981)
Born: 1955
Died: 11/16/2015

Dr. Bryan D. Oberheim
Selinsgrove
University of Pittsburgh (1998)
Born: 1972
Died: 10/16/2015

Dr. Daniel P. Casullo
Philadelphia
Tufts University (1970)
Born: 1944
Died: 10/3/2015

Dr. Walton E. Pedersen
Oxford
University of Pennsylvania (1945)
Born: 1920
Died: 11/4/2015
Mark Your Calendar:
March 24-26, 2016

Plan to join your colleagues and leading experts in the mid-Atlantic region to:

- Participate in personalized educational sessions for your entire dental team
- Explore practical case studies
- Bring valuable training resources back to your dental office that you can implement immediately
- Interact with over 150 exhibitors and bring home innovative products

Who Should Attend?
The conference welcomes the whole dental team to come together to discuss the role of patients and quality-centered education in evolving the future of the dental practice.

Agenda
The Mid-Atlantic Dental Meeting’s agenda is posted online at www.midatlanticdental.org and will be updated frequently in the coming weeks as presenters and content are finalized.

Housing
Don’t miss the opportunity to join us at the Walter E. Washington Convention Center. Check back soon for more details on room rates and how to book through the DCDS housing block.

Registration
Registration is now open for Mid-Atlantic Dental Meeting, visit www.midatlanticdental.org before January 27th to secure early-registration rates!

Questions
Contact us at 202-367-1163 or via e-mail at info@dental.org
DAY ON THE HILL &
DENTAL CAREER EXPO
ALL MEMBERS, SPOUSES AND DENTAL STUDENTS ARE WELCOME!

APRIL 19, 2016

Make connections with potential employees and share what your practice or residency program has to offer.

WITH QUESTIONS ABOUT THE DENTAL CAREER EXPO:
contact Andrea Hoover at ach@padental.org or (800) 223-0016

Talk with Pennsylvania’s representatives and senators about the issues that pertain to you as a small business owner and those workforce issues that will impact you as the individual held liable for the health and safety of your patients.

HELP SHAPE THE FUTURE OF THE DENTAL PROFESSION OR IT WILL BE SHAPED FOR YOU!

WWW.PADENTAL.ORG/DAYONTHEHILL

PRE-REGISTRATION DEADLINE: MARCH 22
Due to time constraints with scheduling appointments, reserving buses, etc., PDA will no longer accept late registrations. No exceptions.

SIGN-IN AT THE RADISSON HOTEL IN CAMP HILL
Sign-in, along with pick-up and drop off for the Capitol, will take place at the Radisson Hotel in Camp Hill. Sign-in begins at 8:30 a.m., and the lobbyists will begin speaking promptly at 9 a.m. We will begin boarding buses at 9:30 a.m.

LEGISLATIVE ASSIGNMENTS
PDA will assign you to a team of four or five members, spouses and dental students and schedule legislative appointments in advance. Your team is responsible for meeting with key leaders and committee members. We also will make every effort to assign your team to visit your own legislators. If your legislators are not part of your team’s assignments, please feel free to break away from your team to stop by their offices on your own and rejoin your team at another time. All appointments must take place between 10:30 a.m. and 1 p.m.

VISIT PDA’S WEBSITE TO ACCESS ALL THE INFORMATION YOU WILL NEED:
• schedule
• maps
• background information
• legislative appointment schedule
• talking points on our issues
• team assignments

PDA’S DENTAL CAREER EXPO:
The Expo offers dental students the opportunity to explore different career paths within dentistry, and provides PDA members a venue to promote available career opportunities or residency programs. Featuring individual practitioners, group practices, Pennsylvania residency programs, dental clinics and the Pennsylvania Loan Repayment Program, students and dentists will have the chance to make connections for the future at this event. To reserve space as an exhibitor, please contact Andrea Hoover at ach@padental.org or (800) 223-0016, ext. 123.
Camille Kostelac-Cherry Receives Prestigious Award

The International College of Dentists (ICD) presented Camille Kostelac-Cherry, Esq., PDA’s Chief Executive Officer, with an honorary Fellowship on November 6, in Washington DC at the ICD’s USA Section Annual Meeting and Convocation held at the Renaissance Washington Downtown Hotel.

ICD is the world’s oldest and largest honor society for dentists. Conceived in 1920, the College currently has over 12,000 members in 122 countries who have been awarded the prestigious title of Fellow in the ICD. Honorary Fellowship is rarely given. The ICD governing body confers this title upon an individual “who has rendered conspicuous service to the cause of dental science or has contributed to the promotion of the dental profession.”

“I am especially grateful to the Board of Regents of the ICD for inviting me into your dental family in this very special way by selecting me as an honorary fellow, of the most prestigious honor society, in a most honorable profession,” Kostelac-Cherry said. “I was first honored by the dental profession in 1994, when the board of trustees of the Pennsylvania Dental Association selected me as its CEO. In the 21+ years that I have had the privilege of working with dentists, I have witnessed every day your passion for your profession and your compassion for your patients. I believe I can thank you best by upholding our core values, serving the profession by leading with integrity.”

Camille is a 1983 graduate of the Dickinson School of Law and has served as our CEO since 1994.
ICD-USA District 3 Class of 2015

Front row: Dr. Peter P. Korch, Regent; Dr. Cynthia A. Iseman; Dr. Marian Schmitt Wolfford; Dr. Uri Hangorsky; Camille Kostelac-Cherry, Esq.; Dr. Judith M. Davenport; Dr. Barry L. Holden; Dr. Nicole M. Quezada. Back row: Dr. Michael Peter Wong; Dr. Eugene James McGuire; Dr. Mark C. Hagan; Dr. Richard Marion Celko; Dr. Edmund D. Effort; Dr. Andrew D. Gould; Dr. John Howard Kiessling; Dr. David R. Larson; Dr. Maria J. Tacelosky.
John Alonge, MS, DDS — Erie, PA — "Differential Diagnosis of Oral Lesions: An Interactive Lecture" Development of a working differential diagnosis is one of the most difficult tasks in the diagnostic sequence. You can build your confidence with the diagnosis of oral lesions by spending a day with Dr. John Alonge, a talented surgeon and teacher with over 30 years of experience. Clinical case presentations focusing on a variety of oral pathology conditions and an audience response system will help you engage with the decision making process. Biopsy techniques, treatment and prognosis of various lesions will also be reviewed. You will leave this program with a fresh perspective on oral pathology and the information needed to identify and diagnose oral lesions encountered in daily practice. Through your participation in this course, you will be better prepared to recognize the diagnostic process required to formulate a differential diagnosis on soft tissue and radiographic lesions; utilize a practical classification scheme to refine your clinical diagnosis; recognize the etiology and management of various oral pathological conditions; and determine when to biopsy and when to refer for treatment. Dr. Alonge has extensive experience in all subspecialty areas such as dentoalveolar surgery, dental implants, corrective jaw and facial surgery. This course is supported by educational grants from Dodd Dental Lab, and Hayes Hardpiece.

Friday, November 20, 2015
2015/2016
DENTISTS KEEPING UP
Each course 6 CEU Lecture
THE DENTAL SOCIETY OF CHESTER COUNTY AND DELAWARE COUNTY, PA
proudly presents
DKU Continuing Dental Education
Springfield Country Club,
Delaware County
ADA CERP
MR Dentists: 199916
The American Dental Association is pleased to announce that DKU Continuing Dental Education is a provider of continuing dental education. ADA CERP accepts WCOE, COCD, and ADEA credits.

Jane Soxman DDS — Pittsburgh, PA — "Knock When to Hold 'Em, When to Fold 'Em, and When to Do 'Em" The transformation of the pediatric patient's dentition and oral structures by the primary, mixed and early permanent dentition may result in various problematic presentations. Identification and timely intervention will assure not only the child's developmental well being but may minimize future treatment costs. This course begins with findings during the clinical examination including anomalies, pathology and various soft tissue presentations including upper airway obstruction, specific treatment recommendations for erosion disturbances, mandibular incisor crowding, space maintainers, and paraphysical habits. Dentists, assistants, and hygienists will derive strong enhanced diagnostic and treatment skills for their youngest patients. This is a nets and bolts course in pediatric procedures that includes interim therapeutic restorations, indirect pulpal therapy for young permanent molars and pulpal therapy for primary molars. Full coverage stainless steel and esthetic crowns for primary molars, extraction of primary dentition and local anesthesia techniques are also presented. Course Objectives: Perform vital pulpal therapy in primary molars with appropriate indications and medicaments and full coverage restorations for primary molars; Insure optimal clinical skills for administering local anesthesia for the pediatric patient; Improve technique for extraction of primary teeth; Recommendations and management for pathology and anomalies in the developing dentition; Identification and management of upper airway obstruction; and appropriate use of space maintainers and intervention for parafunctional habits. Dr. Soxman is a Diplomate of the American Board of Pedodontics, a seminar instructor for general practice residencies, and editor of the Handbook of Clinical Techniques in Pediatric Dentistry. She maintains a private practice in Pittsburgh PA. This course is supported by educational grants from Dodd Dental Lab, and PNC Bank.

Wednesday, February 3, 2016
David Weber – Marietta, GA — "The Winner In You: Raising the Bar on Patient Care and Customer Service" In a crazy economy, what truly separates one practice from another may well be the attitude; professionalism and the level of service being provided to patients. We live in such a fast-paced, fast, technology-driven world where we must do less with more, and yet deliver increased levels of patient satisfaction. The most effective way to do this is to develop a Patient Care System. The Patient Care System is a structured, effective way for everyone in your office to understand and perform every task that comes into your office. This exciting, high energy seminar provides a step-by-step method that it easy to understand and will make a real difference in the way you think, speak, and act. This course is designed to help you (and your entire team) think like a winner. This course is supported by educational grants from Dodd Dental Lab, and Hayes Hardpiece.

Joseph Kan, DDS, MS — Loma Linda, CA — "Essences of Anterior Implant Esthetics: The Perno-Ortho-Restorative Connection" Achieving anterior implant esthetics is a challenging and demanding procedure. To create implant restorations with harmonious gingival contour that combine esthetics with function requires a great understanding of the biologic and physiologic limitations of the soft and hard tissues that will facilitate predictability in simple to complex esthetic situations. This course is designed for the Restorative Dentist, Periodontists, and Oral Surgeons focusing on current implant treatment philosophies and methodologies for replacing currently missing teeth and the management of patients who will be losing a tooth or teeth in the esthetic zone. Emphasis will be placed on evidence-based diagnosis and treatment planning, and surgical and prosthetic management of soft and hard tissue for optimal anterior implant esthetics. You will learn: Prognostic keys for predictable implant treatment; Immediate vs. Delayed vs. Early placements: Indications, Contraindications; Management of the implant site gap: Bone grafting & Soft tissue grafting and concept; Papilla management for implants vs. natural teeth; Management of the marginal papilla; Management of surgical and prosthetic complications; and Prosthodontic (contour for optimal gingival esthetics.) Dr. Kan completed Prosthodontics and Implant surgical training at Loma Linda University School of Dentistry where he is a Professor of restorative dentistry and maintains a private practice limited to implant surgery and prosthodontics. He lectures worldwide. This course is supported by educational grants from Dodd Dental Lab, Hayes Hardpiece, PNC Bank and VCO.

Thursday, April 14, 2016
Joseph J. Christensen DDS, MSD, PhD — Provo UT — "OPEN-ENDED" This fast moving "bottom line" course includes the areas of dentistry with the most activity and change in any given year. It is a lively course and has numerous summaries that help attendees to interpret the ongoing advancements in the profession. The course encourages audience participation and questions and answers and is presented in an enjoyable and humorous manner. The hottest topics in the following topics will be included: Endo, implants, technology, fixed pros, lasers, operative, aesthetics, equipment, radiology, and periodontics. On the completion of this course attendees should be able to: List the most important and useful new techniques in these areas; List the most important and method materials discussed in these topics; List the most important and useful new concepts discussed in this course; and Implement those aspects of the course most applicable to your practice. Gordon J. Christensen is Associate Dean of the LDS Dental College (PG), Chairman of the Commission on Christian Dental Ethics of the American Dental Association, and a Consulting Prosthodontist in Provo, Utah. Since 1976, he and his wife Bella have conducted research in all areas of dentistry and published the findings to the profession in the well-known CDA Newsletter now called CLINICAL REPORTS. This course is supported by educational grants from Dodd Dental Lab, Hayes Hardpiece, PNC Bank and VCO.

Thursday, May 5, 2016
The course is supported by educational grants from Dodd Dental Lab, Hayes Hardpiece, PNC Bank and VCO.

Those taking the full DKU Series will receive a Bonus Course
Wednesday, October 20, 2015
BONUS: Barbara Steinberg, DDS — "Medical Update for the entire Dental Team" at the Valley Forge Casino & Convention Center (Lower Level)
All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Course. Registration for all courses by 8:15 AM. Lecture 9:00 AM - 4:15 PM. Continental breakfast and lunch included for all DKU courses.

Delco and Chester County Members — Entire Series plus bonus course = $645, Individual Courses = $195, 3 courses = $350, 4 courses = $615
Non-Dentists — Entire Series plus bonus course = $645, Individual Courses = $195, 3 courses = $350, 4 courses = $615
FEES
Non-ADA Members — Entire Series plus bonus course = $675, Individual Courses = $225, 3 courses = $605, 4 courses = $715
Student members accompanied by a doctor will be $95 per course per person with reservation at least one week in advance, $110 per course per person at door.
Cancellations and Refund Policy — No refunds will be made without notice of at least one week prior to course date. (A $25 administrative fee will be deducted.)
For information please contact: DKU • c/o Barry Cohen, DDS • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@aol.com

Approved PACE Program Provider (2013929). Approval does not imply endorsement by the state or govern- ment seal d dental practice or ACA Program.
The course was approved from 2/15/2015 to 2/14/2017. License No. #095558.
<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Event Description</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Pittsburgh</td>
<td></td>
<td>Contact: Lori Burkette Administrative Secretary (412) 648-8370</td>
<td></td>
</tr>
<tr>
<td></td>
<td>March 4</td>
<td>Caring for the Old Isn’t New</td>
<td>Dr. Edward Cheppa</td>
</tr>
<tr>
<td></td>
<td>March 7</td>
<td>Updates in Pediatric Dentistry; Treating Tiny Tots to Teens</td>
<td>Dr. Lance Kisby</td>
</tr>
<tr>
<td></td>
<td>March 17</td>
<td>Beyond 32 Teeth: The Mouth as an Overall Health Indicator</td>
<td>Dr. Lisa Knowles</td>
</tr>
<tr>
<td></td>
<td>April 21</td>
<td>Modern Endodontics: Biologic to Conservative</td>
<td>Dr. Frank Setzer</td>
</tr>
<tr>
<td></td>
<td>September 22</td>
<td>Conservative Cosmetic Dentistry for Teenagers and Young Adults: Boost Their Confidence and Boost Your Bottom Line</td>
<td>Dr. Susan McMahon</td>
</tr>
<tr>
<td></td>
<td>October 13</td>
<td>Managing Cavities: From Fluoride to Fillings and Everything in Between</td>
<td>Dr. John Maggio</td>
</tr>
<tr>
<td>ALTOONA</td>
<td>January 21</td>
<td>Modern Restorations For Teeth and Dental Implants. How to Predictably Use Modern Materials Technology for Improved Treatment Outcomes</td>
<td>Dr. Matilda Dhima</td>
</tr>
<tr>
<td></td>
<td>March 23</td>
<td>Things You See Daily: The Best Treatment For Carious and Non-Carious Lesions</td>
<td>Dr. John Maggio</td>
</tr>
<tr>
<td></td>
<td>March 24</td>
<td>Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient</td>
<td>Dr. Richard Driscoll</td>
</tr>
<tr>
<td></td>
<td>March 27</td>
<td>Implant Complications From a Restorative Dentist’s Perspective</td>
<td>Dr. Carl Driscoll</td>
</tr>
<tr>
<td></td>
<td>April 7</td>
<td>Modern Endodontics: Biologic to Conservative</td>
<td>Dr. Frank Setzer</td>
</tr>
<tr>
<td></td>
<td>April 8</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td></td>
<td>April 13</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td></td>
<td>February 26</td>
<td>Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient</td>
<td>Dr. Timothy Halligan</td>
</tr>
<tr>
<td></td>
<td>March 11</td>
<td>Systemic Health Considerations for Patients With Complex Medical Issues and Updates in Pediatric Dentistry</td>
<td>Dr. Matthew Cooke</td>
</tr>
<tr>
<td></td>
<td>April 8</td>
<td>The Nuts and Bolts of Implant Dentistry From Gaining Case Acceptance To Full Mouth Restorations</td>
<td>Dr. Zola Makrauer</td>
</tr>
<tr>
<td></td>
<td>October 12</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td>BUTLER</td>
<td>February 18</td>
<td>The Dentist’s Role in the Identification, Diagnosis and Treatment Of Sleep Related Breathing Disorders</td>
<td>Dr. Michael Hnat</td>
</tr>
<tr>
<td></td>
<td>March 18</td>
<td>Medical History Myth Busters: You Can Treat the Medically Complex Patient</td>
<td>Dr. Timothy Halligan</td>
</tr>
<tr>
<td></td>
<td>April 14</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td></td>
<td>March 27</td>
<td>Managing Cavities: From Fluoride to Fillings and Everything in Between</td>
<td>Dr. John Maggio</td>
</tr>
<tr>
<td></td>
<td>April 8</td>
<td>Updates in Pediatric Dentistry: Treating Tiny Tots to Teens</td>
<td>Dr. Lance Kisby</td>
</tr>
<tr>
<td></td>
<td>April 29</td>
<td>Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient</td>
<td>Dr. Timothy Halligan</td>
</tr>
<tr>
<td></td>
<td>September 16</td>
<td>The Dentist’s Role in the Identification, Diagnosis and Treatment Of Sleep Related Breathing Disorders</td>
<td>Dr. Michael Hnat</td>
</tr>
<tr>
<td></td>
<td>October 14</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td>JOHNSTOWN</td>
<td>March 31</td>
<td>Keeping Dentistry Current About Drugs and Supplements Affecting Patient Care: Conventional Drugs, Herbs, Marijuana, Antioxidants and Nutraceuticals</td>
<td>Dr. Richard Wynn</td>
</tr>
<tr>
<td></td>
<td>October 12</td>
<td>Introduction to Digital Dentistry</td>
<td>Dr. Thomas Kunkel</td>
</tr>
<tr>
<td></td>
<td>November 17</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td>JOINTSTOWN</td>
<td>March 31</td>
<td>Keeping Dentistry Current About Drugs and Supplements Affecting Patient Care: Conventional Drugs, Herbs, Marijuana, Antioxidants and Nutraceuticals</td>
<td>Dr. Richard Wynn</td>
</tr>
<tr>
<td></td>
<td>October 12</td>
<td>Introduction to Digital Dentistry</td>
<td>Dr. Thomas Kunkel</td>
</tr>
<tr>
<td></td>
<td>November 17</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td>PICTTSBURGH (VAMC)</td>
<td>January 22</td>
<td>Improving Clinical Outcomes with Straight Talk Pharmacology</td>
<td>Dr. Jim Rutkowski</td>
</tr>
<tr>
<td></td>
<td>February 26</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td></td>
<td>March 11</td>
<td>Systemic Health Considerations for Patients With Complex Medical Issues and Updates in Pediatric Dentistry</td>
<td>Dr. Matthew Cooke</td>
</tr>
<tr>
<td></td>
<td>April 8</td>
<td>The Nuts and Bolts of Implant Dentistry From Gaining Case Acceptance To Full Mouth Restorations</td>
<td>Dr. Zola Makrauer</td>
</tr>
<tr>
<td></td>
<td>October 12</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td>READING</td>
<td>March 11</td>
<td>Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient</td>
<td>Dr. Timothy Halligan</td>
</tr>
<tr>
<td></td>
<td>April 8</td>
<td>Updates In Pediatric Dentistry: Treating Tiny Tots to Teens</td>
<td>Dr. Lance Kisby</td>
</tr>
<tr>
<td></td>
<td>September 16</td>
<td>The Dentist’s Role in the Identification, Diagnosis and Treatment Of Sleep Related Breathing Disorders</td>
<td>Dr. Michael Hnat</td>
</tr>
<tr>
<td></td>
<td>October 14</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td>UNIVERSITY OF PITTSBURGH</td>
<td></td>
<td>Contact: Lori Burkette Administrative Secretary (412) 648-8370</td>
<td></td>
</tr>
<tr>
<td></td>
<td>March 4</td>
<td>Caring for the Old Isn’t New</td>
<td>Dr. Edward Cheppa</td>
</tr>
<tr>
<td></td>
<td>March 7</td>
<td>Updates in Pediatric Dentistry; Treating Tiny Tots to Teens</td>
<td>Dr. Lance Kisby</td>
</tr>
<tr>
<td></td>
<td>March 17</td>
<td>Beyond 32 Teeth: The Mouth as an Overall Health Indicator</td>
<td>Dr. Lisa Knowles</td>
</tr>
<tr>
<td></td>
<td>April 21</td>
<td>Modern Endodontics: Biologic to Conservative</td>
<td>Dr. Frank Setzer</td>
</tr>
<tr>
<td></td>
<td>September 22</td>
<td>Conservative Cosmetic Dentistry for Teenagers and Young Adults: Boost Their Confidence and Boost Your Bottom Line</td>
<td>Dr. Susan McMahon</td>
</tr>
<tr>
<td></td>
<td>October 13</td>
<td>Managing Cavities: From Fluoride to Fillings and Everything in Between</td>
<td>Dr. John Maggio</td>
</tr>
<tr>
<td>WILLINGEN</td>
<td>February 18</td>
<td>The Dentist’s Role in the Identification, Diagnosis and Treatment Of Sleep Related Breathing Disorders</td>
<td>Dr. Michael Hnat</td>
</tr>
<tr>
<td></td>
<td>March 18</td>
<td>Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient</td>
<td>Dr. Timothy Halligan</td>
</tr>
<tr>
<td></td>
<td>April 14</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
<tr>
<td></td>
<td>March 27</td>
<td>Managing Cavities: From Fluoride to Fillings and Everything in Between</td>
<td>Dr. John Maggio</td>
</tr>
<tr>
<td></td>
<td>April 8</td>
<td>Updates in Pediatric Dentistry: Treating Tiny Tots to Teens</td>
<td>Dr. Lance Kisby</td>
</tr>
<tr>
<td></td>
<td>April 29</td>
<td>Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient</td>
<td>Dr. Timothy Halligan</td>
</tr>
<tr>
<td></td>
<td>September 16</td>
<td>The Dentist’s Role in the Identification, Diagnosis and Treatment Of Sleep Related Breathing Disorders</td>
<td>Dr. Michael Hnat</td>
</tr>
<tr>
<td></td>
<td>October 14</td>
<td>Infection Control and Oral Diagnosis</td>
<td>Dr. Louis Depaola</td>
</tr>
</tbody>
</table>
University of Pittsburgh (continued)

**SCRANTON**

- **January 13**
  - The Phantom of The Operatory: An Overview and Update in Pharmacology For Dental Professionals
  - Dr. Thomas Viola
- **February 10**
  - Managing Caries: From Fluoride to Fillings and Everything in Between
  - Dr. John Maggio
- **March 9**
  - Infection Control and Oral Diagnosis
  - Dr. Louis Depaula
- **April 13**
  - Jewels You Can Use on Monday: Restorative Techniques You Can Use to Increase Productivity
  - Dr. Marc Gottlieb

**STEVENVILLE, OHIO**

- **January 28**
  - Introduction to Digital Dentistry
  - Dr. Thomas Kunkel
- **February 18**
  - Managing Teeth for a Lifetime
  - Dr. Robert Seghi
- **March 17**
  - Jewels You Can Use On Monday: Restorative Techniques You Can Use to Increase Productivity
  - Dr. Marc Gottlieb
- **April 28**
  - Infection Control and Oral Diagnosis
  - Dr. Louis Depaula

**WILLIAMSPORT**

- **January 20**
  - Endodontic Therapy: There is a Lot More to it Than Just Doing Root Canals
  - Dr. Herbert Ray
- **February 17**
  - The Dentist’s Role in the Identification Diagnosis and Treatment Of Sleep-Related Breathing Disorders
  - Dr. Michael Hnat
- **March 23**
  - The Phantom of the Operatory: An Overview and Update in Pharmacology for Dental Professionals
  - Dr. Thomas Viola
- **April 20**
  - Pediatric Dentistry
  - Dr. Mary Beth Dunn

Temple University

- **January 20**
  - Medication Related Osteonecrosis of Jaw
  - Dr. Mehran Hossaini
- **February 10**
  - Nitrous Oxide Sedation
  - Drs. Braid and Fielding
- **February 24**
  - 3D Cone-Beam CT in Your Practice
  - Dr. Jie Yang
- **March 11**
  - Prosthetically Driven Implant Dentistry
  - Dr. Hai Qing
- **March 23**
  - Medical Emergencies in the Dental Office
  - Drs. Fielding and Jones
- **April 7**
  - Abrams Lecture: Dental Implant Complications
  - Dr. Chandur Wadhwani
- **April 22**
  - Mastering Indirect Dental Esthetics
  - Dr. Steven Weinberg
- **May 13-14**
  - Introduction to Laser Dentistry
  - Dr. Robert Corvisser
  - Dr. James Craig
  - Jewels You Can Use On Monday
  - Dr. Marc Gottlieb

The Institute For Facial Esthetics

- **January 18-19**
  - Teeth In A Day®
  - Thomas J. Balshi, DDS, PhD, FACP
  - Glenn J. Wolfinger, DMD, FACP
  - James R. Bowes, DDS
  - Stephen F. Balshi, MBE
- **February 1**
  - All-On-4® Treatment Concept
  - Thomas J. Balshi, DDS, PhD, FACP
  - Glenn J. Wolfinger, DMD, FACP
  - Stephen F. Balshi, MBE
- **February 5**
  - AvaDent® Clinical Training Program
  - Thomas J. Balshi, DDS, PhD, FACP
  - Glenn J. Wolfinger, DMD, FACP
  - Stephen F. Balshi, MBE
- **April 25**
  - Advanced Guided Surgery with Zygoma
  - Thomas J. Balshi, DDS, PhD, FACP
  - Glenn J. Wolfinger, DMD, FACP
  - Stephen F. Balshi, MBE
- **April 29**
  - AvaDent® Clinical Training Program
  - Thomas J. Balshi, DDS, PhD, FACP
  - Glenn J. Wolfinger, DMD, FACP
  - Stephen F. Balshi, MBE
- **May 16**
  - Severely Atrophic Maxilla
  - Thomas J. Balshi, DDS, PhD, FACP
  - Glenn J. Wolfinger, DMD, FACP
  - Stephen F. Balshi, MBE
<table>
<thead>
<tr>
<th>Beaver Valley Dental Society</th>
<th>Lawrence County Dental Society</th>
</tr>
</thead>
</table>
| **Contact:** Dr. David Spokane  
(724) 846-9666 | **April 12**  
Craniofacial Surgery: The Art and the State of the Art  
Dr. Joseph Losee  
Dr. Jesse Goldstein | **January 12**  
Craniofacial Surgery: The Art and the State of the Art  
Dr. Joseph Losee  
Dr. Jesse Goldstein |
| **January 14**  
Craniofacial Surgery: The Art and the State of the Art  
Dr. Joseph Losee  
Dr. Jesse Goldstein | **April 22**  
Annual Dental Hygienist Seminar  
The Secret to Power, Precision and Prevention: Advanced Reinforced Periodontal Scaling techniques  
Diane Millar, RDH, MA | **February 22**  
The Connection Between Composites and a Perfect Smile  
Dr. Tom Bilski  
**March 19**  
Socket Preservation and Bone Grafting  
Dr. Kimberly C. Bentjen  
**June 22**  
Annual Golf Outing and OSHA and Infection Control CE Event  
Dr. Joel Slessinger | **February 9**  
The Connection Between Composites and a Perfect Smile  
Dr. Tom Bilski  
**March 22**  
A Dentist’s Guide to Office Based Anesthesia Modalities  
Dr. Jeff Borandi | **April 19**  
Assessment and Successful Treatment of TMJ Disorder  
Todd Henkelmann, PT, MS, CTT  
**May 17**  
Evaluation of Suspicious Oral Lesions  
Dr. Kimberly Bentjen |
| **February 11**  
Neuromuscular Dentistry  
Dr. John Pawlowicz | **March 16**  
Evaluation, Surgical Procedures and Outcomes in TMJ Surgery  
Dr. Wayne Roccio | **January 12**  
Craniomaxillofacial Surgery: The Art and the State of the Art  
Dr. Joseph Losee  
Dr. Jesse Goldstein |
| **March 16**  
Evaluation, Surgical Procedures and Outcomes in TMJ Surgery  
Dr. Wayne Roccio | **April 21**  
A Dentist’s Guide to Office Based Anesthesia Modalities  
Dr. Jeff Borandi  
**April 22**  
Annual Dental Hygienist Seminar  
The Secret to Power, Precision and Prevention: Advanced Reinforced Periodontal Scaling techniques  
Diane Millar, RDH, MA | **April 19**  
Assessment and Successful Treatment of TMJ Disorder  
Todd Henkelmann, PT, MS, CTT |
| **April 21**  
A Dentist’s Guide to Office Based Anesthesia Modalities  
Dr. Jeff Borandi  
**April 22**  
Annual Dental Hygienist Seminar  
The Secret to Power, Precision and Prevention: Advanced Reinforced Periodontal Scaling techniques  
Diane Millar, RDH, MA | **May 19**  
Socket Preservation and Bone Grafting  
Dr. Kimberly C. Bentjen | **February 9**  
The Connection Between Composites and a Perfect Smile  
Dr. Tom Bilski |
| **March 22**  
A Dentist’s Guide to Office Based Anesthesia Modalities  
Dr. Jeff Borandi | **June 22**  
Annual Golf Outing and OSHA and Infection Control CE Event  
Dr. Joel Slessinger | **March 22**  
A Dentist’s Guide to Office Based Anesthesia Modalities  
Dr. Jeff Borandi |
### Dental Society of Chester County and Delaware County

DKU Continuing Dental Education  
Springfield Country Club, Delaware County  
Contact: Dr. Barry Cohen  
(610) 449-7002  
DKUdental@aol.com

**February 3**  
The Winner in You: Raising the Bar on Patient Care and Customer Service  
David Weber

**April 14**  
Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection  
Joseph Kan, DDS, MS

**May 5**  
The Christensen Bottom Line – 2016  
Gordon J. Christensen, DDS, MSD, PhD

(Those taking the full DKU series will receive a bonus course: October 21, Medical Update for the Entire Dental Team, Barbara Steinberg, DDS)

### Lehigh Valley Health Network

Allentown  
Contact: Charles Kosteva, DDS  
(610) 969-4839

**January 13**  
Prevention  
Ms. Casey Hein

**February 5**  
Oral Pathology  
Dr. John Svirsky

**April 15**  
Communication  
Ms. Joy Mills

**May 4**  
The Christensen Bottom Line – 2016  
Dr. Gordon Christensen

### Brookville

Pinecrest Country Club  
Contact: Rebecca Von Nieda, PDA  
(800) 223-0016, ext 117

**April 1**  
All Ceramic Crowns: A New ERA  
James Braun DDS, MS

**May 13**  
Temporomandibular Disorders and Orofacial Pain for the Restorative Dentist  
Matthew Lark, DDS, MAGD

### Greensburg

Giannilli’s II Restaurant & Banquet Facility  
Contact: Rebecca Von Nieda, PDA  
(800) 223-0016, ext 117

**November 9**  
Patient Health, Not Just Oral Health  
Richard H. Nagelberg, DDS

**April 1**  
Simple Path to Predictable and Excellent Endodontics  
Michael J. Ribera, DMD, MS

**May 6**  
Minimal Intervention, Maximal Outcomes—The Use of Minimally Invasive Dentistry to Maximize Esthetic and Functional Outcomes  
Arthur R. Volker, DDS, MSEd

### St. Marys

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

**April 22**  
A Potpourri of Contemporary Oral Surgery for the General Practitioner  
William L. Chung, DDS, MD

---

### Let’s grow!

Immediate career opportunities and flexible practice transition options available.  
25+ years experience. There’s strength in our numbers.

![Dental Care Alliance](DentalCareAlliance.com)
We keep you smiling

> Delta Dental plans focus on preventive care
> 68 million enrollees nationwide
> 4 out of 5 dentists in the U.S. participate with us
> Join us and watch your practice grow

MORE REASONS TO SMILE – PROVIDER TOOLS!

Free Real-Time Claims  Claim Status  Eligibility & Benefits  Direct Deposit

Learn more about Provider Tools with videos and webinars at dd.deltadentalins.com/provider-tools

deltadentalins.com

Delta Dental of Pennsylvania
NEW YEAR + NEW WEBSITE

= NEW PATIENTS

Let older websites be forgot.

Upgrade to one they'll find. Officite's 2016 packages include:

- Enhanced online REPUTATION TRACKING
- Easy practice VIDEO TOURS
- RESPONSIVE WEBSITES that display perfectly on all devices
- Comprehensive SEO services
- More referrals with SOCIAL MEDIA MARKETING

Call a Web Presence Advisor to start meeting your goals. Upgrade with Officite, and watch the new patients roll in.
Rates: $45 for 45 words or less, $1 for each additional word. $1 for each word set in boldface (other than first four words). $10 to box an ad. $5 for PDA Box number reply. One free ad to deceased member’s spouse.

Website: All Journal classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the Journal issue. Ads will be removed at the end of the two months of the Journal issue.


Payment: Upon submitting ad.

Mailing Address: Send ad copy and box responses to:
PDA Dental Journal • PO Box 3341 • Harrisburg, PA 17105

Classified Advertising Policy: The Pennsylvania Dental Association is unable to investigate the offers made in Classifieds and, therefore, does not assume any responsibility concerning them. The Association reserves the right to decline to accept or withdraw advertisements in the Classifieds. The Journal reserves the right to edit classified ad copy.

How to reply to a PDA Box Number:

OPPORTUNITIES AVAILABLE

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 dreelsjd@dentalcarealliance.com or visit our website www.Dentalcarealliance.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 mfiddmd@comcast.net.

Opportunity – Dentists, Hygienists and Assistants
Exciting opportunities for dentists, hygienists and assistants to provide children with quality dental care in schools in Pennsylvania. No evenings or weekends. Email resumes to jobs@smileprograms.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.

GENERAL DENTIST WANTED – Philadelphia Suburbs
Dental group with several offices in the Philadelphia suburbs is seeking a full time, experienced general dentist. We offer an extremely competitive compensation package to qualified candidates. Email CV to gsmith@schaeflen.com for immediate placement.

WANTED - Dentists, Hygienists, EFDA's and Dental Assistants
Amazing things happen when you love your work! We take pride in knowing that our experienced team of professionals offers the best standard of care by enriching the lives of our patients and the community. We’re looking for passionate full-time and part-time Dentists, Hygienists, EFDA’s and DAs to join our offices in Central, PA. In addition to offering top compensation, we make the following benefits available to all our full time staff:

- Health Insurance
- Dental Services
- 401k
- Life Insurance
- Short Term Disability, Long Term Disability and Vision
- Continuing Education and Training

We invite you to join our team of professionals. Please e-mail your CV to christa.barnett@blackfordental.com or call (717) 590-1500.

BENEVIS - ASSOCIATE DENTIST OPPORTUNITIES NATIONWIDE!
Benevis provides dentist recruitment for private practices, as well as some of the nation’s largest dental organizations. Our clients offer generous compensation, sign-on bonus up to $70,000, paid relocation, sponsorship, CE reimbursement, 401(K), PTO, and more. For more information contact a recruiter at jobs@benevis.com!

KOOL SMILES - Associate Dentist FT/PT/Multi-Site opportunities in 16 States!
UP TO $70,000.00 SIGN-ON BONUS + RELOCATION!!! EARN UP TO $650/ DAY GUARANTEE OR A % OF COLLECTIONS!!! Kool Smiles is the nation’s leader in general dental care to under-served kids, teens, and adults. Currently, we have openings in more than 125 locations in 16 states. Contact a recruiter today at jobs@koolsmilespc.com!

Dentists Wanted
Fun facts about Pittsburgh: The Big Mac was invented in Pittsburgh. Jeeps were born in the Steel City. Even the Banana Split (to the joy of Dentists everywhere) was created here too! Thus, bringing a high-demand for Dentists in the Steel City! DentalOne Partners is actively recruiting for General Dentists to become "the cherry on top" of our affiliated practices in the Pittsburgh and Youngstown
areas. With a handsome daily guarantee, General Dentists will thrive in practices that have an established patient base and a constant flow of new patients. When General Dentists join an affiliated DentalOne Partners practice, they can expect FULL clinical autonomy and freedom from Medicaid. But most importantly, General Dentists can focus on what matters most: patient care, while maintaining an exceptional work-life balance. DentalOne Partners provides the managerial, the marketing, and the technical administrative expertise; you provide the talent & passion for your craft. Full-time and part-time positions available. Wanting to move your talents to this city of innovation? DentalOne Partners offers an excellent relocation package too. (The Smiley Face icon was first introduced in Pittsburgh for a reason!) Contact Michael Herman at Michael.Herman@DentalOnePartners.com or call (972) 755-0806 ASAP to learn more about this lucrative opportunity!

DENTAL CANDIDATES - PITTSBURGH

Merit Dental is seeking dental candidates for a practice opportunity near Pittsburgh. 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 near Pittsburgh, please contact Brad Smith at (715) 590-2467 or email bsmith@mymeritdental.com. Visit our website at www.mymeritdental.com.

BENEVIS - ASSOCIATE DENTIST OPPORTUNITIES in LOUISIANA!

Benevis provides dentist recruitment for private practices, as well as some of the nation’s largest dental organizations. Our clients offer generous compensation, sign-on bonus up to $70,000, paid relocation, sponsorship, CE reimbursement, 401(K), PTO, and more. For more information contact Renee at rbaron@benevis.com.

KOOL SMILES - Associate Dentist FT/PT/Multi-Site opportunities throughout LOUISIANA!

UP TO $70,000.00 SIGN-ON BONUS + RELOCATION!!! EARN UP TO $650/DAY GUARANTEE OR A % OF COLLECTIONS!!! Kool Smiles is the nation’s leader in general dental care to under-served kids, teens, and adults. Currently, we have openings in New Orleans, Lafayette, Lake Charles, Monroe, and Shreveport, LA. For more information contact Renee at rbaron@benevis.com.

Orthodontist Wanted – Forest Hill, Maryland

Private multi-specialty practice looking for a part time Orthodontist. PPO insurance based patients. Excellent earning potential. If interested, please e-mail resume or CV to jenschall@belairsmile.com.

Part-Time General Dentist Wanted – Johnstown

General dentist needed 2 days a week. Salvation Army Dental Center, Johnstown. Send response to james.mancini@use.salvationarmy.org.

Associate Wanted – Berks County

We are a two doctor, general dentistry private practice in Berks County. Our fee for service practice boasts long term, experienced staff and is highly regarded in the dental community. We are highly skilled in orthodontic, endodontic and prosthetic dentistry and have been performing implant dentistry since 1985. Our preference for a long term associate buy in candidate would be someone that is motivated, serious about their profession and willing to commit to the development and expansion of their professional skills. Applicants may respond by calling our office at (610) 374-8009, ask to speak to Kim or by emailing their resume to Penncom202@comcast.net.

Part-time Dentist Wanted

St. Luke’s University Health Network (SLUHN) is a nonprofit, regional, fully integrated, nationally recognized Network providing care, primarily in Lehigh, Northampton, Carbon, Schuylkill, Bucks, Montgomery, Berks, and Monroe counties in Pennsylvania and in Warren County, New Jersey. St. Luke’s University Health Network is seeking candidates for a part-time Dentist position to work in our growing clinic and mobile van program. We will consider individuals for up to 24-hours per week or three work days.

EDUCATION: A valid unrestricted license to practice dentistry in the state of Pennsylvania and evidence of current professional liability insurance. TRAINING AND EXPERIENCE: Two years of experience in a clinical setting is strongly recommended. Current certificate in Cardio-Pulmonary Resuscitation (CPR) and Basic Life Support. PHYSICAL AND SENSORY REQUIREMENTS: Sit up to 6 hours per day; 1 hour at a time. Stand for up to 2 hours per day. Walk 6 hours per day; 10 minutes at a time. Consistently lift, carry and push objects up to 10 lbs. Occasionally lift, carry and push objects up to 75 lbs. Frequently stoop and bend. Frequently reach above shoulder level. Must be able to perceive attributes of an object through touch. Must be able to hear as it relates to normal conversation, and high and low frequencies. Must be able to see as it relates to general, near, far, color and peripheral visions.

*Excellent benefits package available. Please apply on-line at www.slhn.org. Click on jobs and apply to job # 24420. EOE.

DENTAL VAN PROGRAM – ALLENTOWN

Lehigh Valley Health Network (LVHN) proudly supports the Miles of Smiles free dental care program in partnership with Allentown School District. We are seeking a dentist to work part-time in our mobile dental office up to three days a week. Great opportunity for a dentist who enjoys working mostly with children and who is comfortable in a very modern, mobile office that is well-equipped with pop-out treatment rooms and digital x-ray and is completely wireless. Staff includes a driver/medical secretary, dental hygienist and dental assistant. Bilingual skills are a big plus. We are offering hourly compensation and malpractice insurance along with the opportunity to positively impact the children of the Lehigh Valley who really need your help.

If interested please email a CV to Mark.J.Payson@LVHN.org or call (484) 862-3205.
FOR SALE

Lehigh County DENTAL PRACTICE FOR SALE
Well established and modern cosmetic & family dental office with 4 ops and over 3,300 active patients. Great location, patients and staff. This practice has excellent potential for growth. For Confidential Information contact us at RNR4155@gmail.com.

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.

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, N2O 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.

Lebanon County - 36 y/o practice, 5 ops, 1290 Sq/ft., 1200+ active patients - 50% insurance. Refers out endo, ortho, peri, and implants. Practice in home with apartment upstairs. Real estate optional. Contact Henry Schein Professional Practice Transitions representative Sharon Mascetti, (484) 788-4071, Sharon.mascetti@henryschein.com. #PA163.

Pittsburgh Area - This Pediatric practice occupies 1,624 sq/ft of leased space, 6 ops, desirable suburban location. Pano and Softdent dental management. Gross revenue 2013 $388,000. Staff will stay and Doctor is willing to stay on for a period of time after transition. Contact Henry Schein Professional Practice Transitions representative Mark Sirney, mark.sirney@henryschein.com, (724) 778-8000. #PA157.

Northeast PA - 35 y/o practice near Interstate 79 w/3 computerized ops in 2,400 sq/ft. 1200+ active patients. Average annual revenue $360K. Low overhead. Potential for increased production. Contact Henry Schein Professional Practice Transitions representatives Chip Van Dalen, (440) 503-2441, Chip.VanDalen@henryschein.com OR Mark Sirney, (724) 316-6066, Mark.Sirney@henryschein.com. #PA165.

Northeastern Pennsylvania - Wonderfully located spacious practice in growing area. Six ops and operates as an efficient surgi-center. Owner doctor willing to stay, working for optimal transfer of goodwill and the referral base. Contact Henry Schein Professional Practice Transitions representative, Donna Costa, (800) 988-5674, donna.costa@henryschein.com. #PA147.

Western PA - Your chance to buy this progressive, general practice. Just 85 miles northeast of Pittsburgh in a college town with E4D, (cad cam) Hard & Soft tissue lasers, and more. Excellent hygiene & soft tissue management programs also. Contact Henry Schein Professional Practice Transitions representative: Mark Sirney at (724) 778-8000 or mark.sirney@henryschein.com. #PA142.

GET MORE PATIENTS WITH MUDLICK MAIL

PATIENT ACQUISITION
• Postcards
• Newsletters
• Flyers

PATIENT RETENTION
• Gift Cards
• Email Marketing
• Social Sharing

CAMPAIGN TRACKING
• Automated Reports
• Email Open Rates
• Phone Recordings
• New Customer Counts

RESULTS GUARANTEED Conditions apply, call for details.

MUDLICK MAIL
THE DIRECT MAIL EXPERTS
Get a FREE Custom Target Patient List 855.432.9048 | MudlickMail.com/Bundle
Chester County  - Well established PERIO office in a very desirable neighborhood. The practice has all the dental toys including cone beam technology. Collections of $650K. Please call Henry Schein Professional Practice Transitions Representative Sharon Mascetti at (484) 788-4071 or sharon.mascetti@henryschein.com. #PA160.

General Practice #PA-1240: Lehigh County. 3 Operatories. Average collections $326,309. Well-established practice. Small town, close-knit community. Patient base growing due to other practice closing!! For details contact Dr. Bernie Kowalski, your local NPT (National Practice Transitions) representative (215) 437-3045 x233, b.kowalski@NPTdental.com or visit our website www.NPTdental.com.

General Practice #PA-1239: Lancaster County. 4 Operatories. Average collections $445,181. ScanX & software upgraded 2014. Full-service lab in basement. Minutes from downtown Lancaster. For details contact Dr. Bernie Kowalski, your local NPT (National Practice Transitions) representative (215) 437-3045 x233, b.kowalski@NPTdental.com or visit our website www.NPTdental.com.

General Practice #PA-1232: Northampton County. 8 Operatories. Real Estate available. Average collections $600,000 (net 55%)! Building must sell with Practice. Well-established office since 1944. Close to interstate highway system for North Jersey/NY. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x 233, b.kowalski@NPTdental.com or visit www.NPTdental.com.

General Practice #PA-1249: Lackawanna County. 6 Operatories. Large OMS office. Family-oriented area. 2 hrs to NYC, Philadelphia, Jersey Shore. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, b.kowalski@NPTdental.com or visit www.NPTdental.com.

General Practice #PA-1254: Dauphin County. 3 Operatories. Long-established; local to many high-employee businesses. Much room for growth. IDEAL AS STARTER-PRACTICE. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, b.kowalski@NPTdental.com or visit www.NPTdental.com.

ASSOCIATESHIP General Practice #PA-1256: Montgomery County. GREAT ASSOCIATE OPPORTUNITY! Owner looking for associate. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, b.kowalski@NPTdental.com or visit www.NPTdental.com.

ASSOCIATESHIP General Practice #PA-1260: Franklin County. GREAT ASSOCIATE OPPORTUNITY! Owner looking for associate. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, b.kowalski@NPTdental.com or visit www.NPTdental.com.

PRACTICES FOR SALE
MARYLAND, DC AND VIRGINIA: No buyers fees. P.G. COUNTY - 3 ops, grossing $500K with high net; ANNE ARUNDEL COUNTY - 6 modern ops, insurance based dental center $850K. PEDIATRIC practice grossing $1.5 Million. POLCARI ASSOCIATES, LTD (800) 544-1297. info@polcariassociates.com.
Practice for Sale in Northwest Pennsylvania
Wonderful opportunity to purchase a practice from a retiring dentist who has been there for 35 years and is the only dentist in the area. Practice is located in a free-standing building which is for sale. There are 4 operatories in approximately 1700 square feet. Please contact John McDonnell (410) 321-4444 ext. 101 or johnf@mcnorgroup.com.

Dental Office for Lease – Harrisburg Suburb
Dental office for lease. Flexible terms, 5 ops, high visibility location. Share first year lease cost with existing tenant. Call (717) 574-0517 for details.

DENTAL PRACTICE FOR SALE - DOWNTOWN READING
Berks County dental practice for sale, PPO, Medicaid patients, 20+ new patients per month, digital Pan x-ray, digital sensors, Gendex PS-500. 2 operatories, room for 3rd. Total price with building is $170,000. Please call Dr. Kapadia at (610) 507-3223 OR email at Pennsquaredental@comcast.net.

Practice for Sale – Pittsburgh area
Established general dental practice for sale. Fee-for-service with active patient base and recall program. South Hills area 15 miles south of Pittsburgh. Great location near a major thoroughfare in a Professional Office Park. Collecting $520,000 4 days/week. Attractive well-equipped 4 operatory office suite. If interested, please call or email: Robert S. Markovitz at (412) 571-0500 or robbiem@mda-cpa.com.

Western Pennsylvania / Greater Pittsburgh Area
Numerous practices available with Collections ranging from $237,000 to $5,227,000:
PA (#s are collections):
- GENERAL DENTIST – Altoona $237,000; Butler $416,000;
- Clarion County $571,000; Erie County $437,000; Harrison City $821,000;
- Kittanning $747,000; North Western PA $1,300,000;
- Pittsburgh-North Hills area $300,000; South Hills-Pittsburgh $400,000;
- South Hills-Pittsburgh $427,000; South Hills-Pittsburgh $332,000;
- Venango County $243,000.

PEDIATRIC – Southwestern, PA $417,000.

PERIODONTAL – Hudson County, New Jersey $450,000;
- Marlboro, New Jersey $339,000; Memphis, Tennessee $5,227,000;
- Upstate New York $819,000; Warrick/Narragansett, Rhode Island $2,300,000;
- Chevy Chase/DC area $1,200,000.

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 e-mail bob@udba.biz.

Register your email address at www.UDBA.biz for new dental listings.

JOSEPH E. ROSS D.M.D. FOR PENNSYLVANIA DENTAL ASSOCIATION PRESIDENT-ELECT
“A QUALIFIED CANDIDATE”

Focused on Membership -- Membership is Priority One. The Pennsylvania Dental Association is a strong organization. We can make it even stronger by increasing our membership.

Involved -- I have attended every University of Pittsburgh Student Outreach Event in the last 20 years. I will expand travel to all dental schools. The students are our future and we must interact with them numerous times during the year. I have also attended several New Dentist functions to encourage membership.

Experienced -- Currently serving as a Trustee discussing issues and voting to make decisions on behalf of all members.

Multi-faceted -- Serving as a Delegate to the American Dental Association’s House of Delegates discussing issues and voting to make decisions applicable to national members which may be different than Pennsylvania members.

Leadership -- Former Vice-president of Pennsylvania Dental Association, Past-president of Ninth District Dental Society, & Past-president of Lawrence County Dental Society.

Commitment -- Serving the past 25 years in many various capacities for the Pennsylvania Dental Association (delegate, councils, committees, advisory groups, reference committees, credentials, seller, etc.).

Dedicated -- Traveled thousands of miles to visit all districts and some locals for my campaign to discuss issues.

Engaging -- In traveling my thousands of miles, I listened to concerns of members across Pennsylvania during my visits.

If you were unable to meet me and wish to discuss any of your issues, please feel free to contact me: jeroesdmd@gmail.com

Lastly, I strongly encourage all of you to cast your vote when contacted by the Pennsylvania Dental Association by email.

Dr. Joe Ross recently visited Pennsylvania’s newest dental school clinic in Erie, PA, along with 2 ASDA representatives, 2 faculty members, and 4 PDA Presidents. Dr. Steve Radack, Andy Kwasoy, Wade Newman, & Denny Charlton.

Dr. Joe Ross participated in the annual ADA/PDA Signing Day at the University of Pittsburgh School of Dental Medicine with PDA President-elect Dr. Herb Ray.
FOR SALE - MIDMARK P21 OIL-LESS DENTAL AIR COMPRESSOR

- 2009 Model
- Thermally Insulated
- 10 Gallon Tank
- Twin Heads

Located in Harrisburg. Asking $2,800. Send inquiries to WEB1612@aol.com. Midmark compressors satisfy the high standards demanded by today’s dental professionals.

FOR SALE - LANCASTER COUNTY

Charming comprehensive general and cosmetic dental practice for sale. 100% fee for service. Fully computerized, Dentrix software, Digital X-ray, Intraoral camera, Zoom2. Unlimited potential in a very desirable, historic location. For details contact paftmf@aol.com.

FOR SALE - BLAIR COUNTY

Excellent location - 80 miles east of Pittsburgh. Well established family dental practice of 40 years, fee for service, 6 operatories, 1500 sq. ft., and real estate. Respond to J/F Box 1.

PRACTICE FOR SALE - BEDFORD

General Dental practice in Bedford. Established 40 years. 3 Operatories, easily expandable; experienced staff. Owner retiring, would assist with transition. Gross $525,000, 28 hours per week. Perfect location in historical town. Great opportunity. Practice, office building, with separate remodeled historical home next door. Call (814) 977-1747.

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.

LOCUM TENENS
Passionate for patient care and want a flexible schedule? We seek dentists to fill daily/weekly/monthly locum tenens needs to cover maternity leaves and extended vacations. Perfect for dentists wanting to pick up extra hours. May involve travel with overnight stays (we cover expenses). Typically includes 32-36 hours/week when needed with competitive pay. Opportunities available in MN, WI, IL, IA, KS, CO, NM, MO, IN, MI, OH, PA, NY, MA, and CT. Contact Carly Rufledt for more information: (715) 225-9126, crufledt@midwest-dental.com. Learn more about us: www.midwest-dental.com.

DENTAPRAISE™ NATIONWIDE DENTAL PRACTICE APPRAISALS since 1992.

Radiographic Equipment for Sale

KODAK & CARESTREAM INTRAORAL X-RAY SENSOR REPAIR
We specialize in repairing Kodak & Carestream RVG 5100 & 6100 dental X-ray sensors. Repair & save thousands over replacement cost. Please visit our website at www.KodakDentalSensorRepair.com or contact us at (919) 924-8559.

GENDEX & DEXIS INTRAORAL X-RAY SENSOR REPAIR
We specialize in repairing Gendex & Dexis dental X-Ray sensors. Repair & save thousands over replacement cost. Please visit our website at www.RepairSensor.com or contact us at (919) 924-8559.
Pennsylvania’s Dental Meeting

Thursday, May 19—Saturday, May 21, 2016

Join us at the Hershey® Lodge, our expansive new venue for the largest meeting ever anticipated by the Pennsylvania Dental Association (PDA).

Experience direct access to leading practitioners and world-class speakers during two full days of engaging presentations. Share ideas and best practices in:

- Adhesive Dentistry—Friday session
- Endodontic Treatment—Saturday session

Gain new insight on emerging technology trends at our exhibit hall showcasing related products, services and demos.

For more information and to register, visit www.padental.org/PDM, email rvn@padental.org or call (800) 223-0016, ext. 117.
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 small hardware allows more tongue space and lips to close

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

“Your Partner in Mastering New Technologies”

THAYER DENTAL LABORATORY, INC.
800.382.1240 | www.thayerdental.com

CERTIFIED DENTAL LABORATORY