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Lord of the Castle

This past summer I took the family (my children are 10 and 18) on vacation to Scotland. “Why?” You may ask. We take a big trip each summer. I choose the democratic method by asking each member of our family to make a list of the five places they would like to visit. Places like Australia, Machu Picchu and China came up, along with Utah, Greece and Iceland. When we looked at each option we had to consider the time of the year.

Since it’s summer time in the Northern Hemisphere, we immediately nixed all southern trips. Then we considered travel costs like airfares and entertainment expenses.

After my wife and I studied all of our options, we announced that we would be going to Scotland. My son, Henry, promptly asked, “What are we going to do there?”

“Castles,” we said. “Lots of castles.”

So, during our 10 days in Scotland we saw no less than 13 different castles. I’ll always remember Stirling Castle outside of Edinburgh. It was the second one we went to visit. It’s in great condition and really gives one the feel of what it was like to live there 400 years ago. After the tour my son told me that he loved it and wanted to know if someday he could live in a castle. I explained that castles were usually passed down from parent to child as an inheritance. I told him stories of how castles were won and lost, built and destroyed by those hundreds of years ago all across Europe and the U.K.

Henry wanted to know why we didn’t have a castle in our family. I told him that I don’t come from royalty. I explained my family tree, from unskilled, unschooled immigrant to wholesale lighting salesman to dentist. No kings, queens, dukes or duchesses (although, my daughter strongly feels we are direct descendants of the Romanoff family of Russian royalty. Despite the proof that they were all murdered in 1918, she seems to feel differently).

Over the next few days, Henry continued to consider the prospect of owning a royal title and castle some day. I told him that history is full of stories of bloody murders, assassinations and coups resulting in new leadership. I also told him that marriage was also a way into a castle, and I explained the story of Princesses Diana and more recently Duchess Catherine.

But, I did tell him that often having a royal title and a castle does not turn out very well. I asked if he just wanted to follow in his father’s footsteps and become a dentist. His sister is already considering dentistry as a viable career path. He said he would think about it. I told him that I have several colleagues who are either children of dentists or parents of dentists and dental students, and I told him that many college age students are considering dentistry as a career.

When I told him that I knew many parent/child dental teams I wasn’t exaggerating. Maybe, because I am in the profession and I watch what’s around me, I see more children of dentists follow in their parents’ footsteps than in other professions, with the exception of professions like firefighters, police officers and teachers.

What motivates our young adults these days? Do “Tiger Moms” push their children to become professionals? Do children want to be financially secure like their dentist parents?

My daughter has long stated that she is interested in a career as a dentist. A neighborhood boy who rides to school with us each day recently asked me what it was like to be a dentist and what does one do in dental school? His father is a very successful business consultant and probably makes more money than I do, judging by the additions to the house and second home they own. But this young man is interested in dentistry after listening to me talk with my daughter. When I asked why, he said that he likes that I come home every day and I don’t travel all week long. He thinks it’s cool that people call me “Doctor,” and he likes the idea of a career in health care. He has heard about the hard times in medicine and likes the idea of dentistry. He mentioned all of this without any direct comments from me.

I did tell him that I thought that dentistry was a great career for all the

(continued on page 6)
reasons he mentioned, as well as working with my hands, helping people get out of pain and owning a small business.

Of course there are many reasons each of us has for entering the dental profession. In fact I know someone who became a dentist because she was an avid equestrian and the income as a dentist would help support her love of riding.

With many of our children following our path into dentistry we must be giving out a strong message that our careers are worth copying. In other words, we must be doing something right!

In this issue of the Journal we will explore multigenerational families of dentists. One such story is actually three generations while others explores parents with children in dental school. We asked them to examine what made them want to enter the dental profession and then why their children chose the same path. Was this always the case, or did the parent and child start out on a different path? How did each perceive the difficulty of their educational path, and what unique events occurred along the way?

After leaving Stirling Castle in Scotland, we visited another 11 castles, some in ruins and some about the size of a nice house in Gladwyne, Pa. Henry still thinks that he wants to live in a castle. Now he just has to figure out how that’s going to happen.

—BRT

P.S. Last year, Dr. Tom Gamba sent us a wonderful article about his father. It was a lovely tribute to a father and colleague. It made me think about other dentists who share their profession with other family members. With a little bit of searching we found others willing to tell us their stories as well. Sit back and enjoy the joy shared by each of these dentists. Again, thank you Dr. Gamba for sharing your thoughts with us and jump-starting this issue.
For the first time in nine years, the Pennsylvania General Assembly and Gov. Tom Corbett approved the state’s budget by the constitutionally-mandated deadline of June 30. It wasn’t without controversy, though, as education funding took a hit and the administration and legislature chose not to impose additional taxes on drillers in the Marcellus Shale areas.

Funding for dental programs also took a hit, but the severity of these cuts was minimized due to strong opposition from many organizations, including PDA. For the second year in a row, policymakers failed to add funding for Donated Dental Services back into the Department of Health’s budget. Through this program, volunteer dentists and dental laboratories provided millions of dollars of care to the elderly, disabled and medically compromised. However, the adult Medical Assistance program fared slightly better in this year’s budget. See below for more information.

Where do things stand on PDA’s issues as the legislature returns to Harrisburg to finish session? We are still working on our advocacy goals for the 2011-2012 session: passing non-covered services and general anesthesia coverage legislation. We are laying the groundwork for next session by educating legislators about assignment of benefits and how this, and other insurance reforms, will attract more dentists to Pennsylvania. We hope to address lingering issues, like more funding in the health practitioner loan repayment program.

Hopefully, you took the time to visit with your legislators during Legislative Checkup Week, which ran from August 22-26. But it’s never too late to meet with them. Schedule a meeting for a Thursday or Friday, when they are usually home in your area. Try to meet with them before the end of the year—your relationship and constant interaction with legislators helps PDA succeed with its advocacy goals and move on to other issues that you want us to address.

Medical Assistance Funding

In the final stretch of budget negotiations in late June, PDA received word that the Governor and General Assembly were contemplating a partial restoration of funding in the adult Medical Assistance program for patients 21 years of age and older.

However, the state budget passed on June 30 without specifying the dental services that Medical Assistance would cover. The legislature empowered DPW Secretary Gary Alexander to make those decisions based on available funding. In subsequent communication with DPW officials, PDA has learned that the following changes to adult MA will most likely take effect in early fall. However, please note that the changes outlined here are proposed and are subject to change. Changes to the program do not become official until DPW releases a bulletin to providers and patients.

- Limits an examination and cleaning to one every 180 days.
- Eliminates coverage for crowns.
- Eliminates coverage for endodontics.
- Eliminates coverage for periodontal services.
- Allows one denture per lifetime, regardless of procedure code used.

These cuts apply to the fee-for-service program. Managed care companies might exercise some flexibility on what services they cover.

There might be a benefit exception process available to some patients, including pregnant women and patients with special needs who meet certain criteria. There might also be two exemptions to these benefit changes: patients residing in long term care and intermediate care facilities.

DPW will issue a bulletin providing 30 days notice to providers and the public about changes to the adult MA program. While PDA does not expect any changes to the proposed cuts that were reported, please be sure to read the bulletin carefully for any changes that may have been made since this went to print. Or stay tuned for more information from us once the official DPW bulletin is released.

Non-Covered Services Legislation

HB 1537 and SB 1144 are bills running concurrently in the House and Senate to prohibit insurers from capping services they do not cover under their plans. Some insurers are making participation contingent on signing contracts that will prohibit dentists from charging patients their usual and customary fees for non-covered services. The impact of this contractual change for dental practices could be significant if the reimbursement for non-covered services is too low for dentists to cover their overhead expenses, pay their employees, etc.

PDA lobbied over the summer to make sure this issue is a legislative priority and received a verbal commitment from legislative staffers that the Senate Banking and Insurance Committee will schedule a vote on SB 1144 in the fall.
General Anesthesia Insurance Coverage

This session, there is more momentum than ever to pass HB 532, legislation requiring insurers to cover general anesthesia when needed to provide dental care to children seven years of age and younger and special needs patients. Rep. Stan Saylor (R-York), prime sponsor of HB 532, is now in a leadership position in the House of Representatives and is better poised to shepherd his bill through the process.

PDA held a successful press conference on HB 532 during Day on the Hill on June 14 (stay tuned for a feature on Day on the Hill in the November/December edition), and afterward, members, spouses and dental students met with legislators to discuss the bill’s merits. House leadership has given PDA assurances that the House Insurance Committee will make voting on HB 532 a priority this fall.

Assignment of Benefits

Rep. Thomas Murt (R-Montgomery) introduced HB 1537, legislation requiring insurers to assign benefits to providers even if they do not participate with the insurers’ plans. This bill is assigned to the House Insurance Committee, where it has not received any consideration to date. PDA has a difficult time “selling” this concept to legislators, who often see assigned benefits as an advantage to participating with an insurer. Many also believe that this should not be an issue because dentists are not forced to treat patients who are enrolled with a plan in which they do not participate.

PDA is working to educate legislators about how assignment of benefits is about patient choosing the providers they wish to see and the inherent unfairness of dentists never receiving payment for services rendered.

Senate Passes Malpractice Insurance Bill

Due to a lawsuit against a dentist practicing without liability insurance, there is momentum in the General Assembly to pass legislation requiring all dentists to carry this type of coverage. A deluge of media attention brought this issue to the attention of many legislators who question why dentists are one of the few health-care professionals not required to carry this insurance.

PDA successfully amended SB 388, legislation requiring dentists to carry malpractice insurance, to include the following exemption for volunteer dentists:

Professional Liability Insurance.—(a) A person licensed and practicing dentistry shall maintain medical professional liability insurance in the minimum amount of $1,000,000 per occurrence or claim and $3,000,000 per annual aggregate. Acceptable

coverage shall include:

(i) personally purchased liability insurance;
(ii) self-insurance;
(iii) liability insurance coverage provided by the dentist’s employer; or
(iv) liability insurance coverage provided by the community-based clinic for dentists with a volunteer license.

If passed, a licensee must show proof of having purchased insurance to the State Board of Dentistry within 60 days of the issuance of a policy.

SB 388 moving quickly through committee and to the Senate floor for a vote. It passed unanimously on June 21 and is now assigned to the House Insurance Committee.

Resolution Commends Members for Volunteerism

The House of Representatives unanimously passed HR 293, a resolution commending PDA members for their volunteer efforts to help the growing senior citizen population in Pennsylvania. The resolution specifically recognized members’ involvement with the Senior Dental Care Program and the Donated Dental Services program.
“Motivation is what gets you started. Habit is what keeps it going.” This quote from Jim Rohn, an American speaker and author, is a testament to those who have found ways to become motivated and have kept their motivation going through habit.

Often we ask ourselves why it is important to become involved in the political process and why political decisions are important to us. Even if someone understands the impact of political decisions, most have not made the connection between the outcome of those decisions and the effect they have on everyday life. It is important to become informed about the issues and understand the impact the political process has on our profession. Involving yourself with the Pennsylvania Dental Association's Political Action Committee (PADPAC) will provide you with the “motivation” you need to make it a “habit” to jumpstart your political activism.

Consider this: In 2008, the Federal Election Commission reported that over $1.6 billion was raised in the 2008 Presidential election. In Pennsylvania, over $34.5 million was contributed to presidential nominees. Of the $34.5 million, $18.3 million alone was contributed to now President Barack Obama. What was the result? The Democrats won the state of Pennsylvania and ultimately the presidency.

It is important to understand the impact your contributions have. As the example above shows, the contributions given to Obama provided him the resources he needed to extend his message to the citizenry who in turn voted him into office. Through your financial contributions, PADPAC works to elect statewide candidates who understand the importance of dentistry. Regardless of party affiliation, PADPAC supports those candidates who will be strong advocates for dentists and the patients they serve.

According to HypocrisyWatchPA.com, political action committees associated with the insurance industry’s “Blues” corporations have contributed over $1.1 million to Pennsylvania politicians in the last four years. The leading recipients of the Blues’ PAC largesse are the State Senate and State House leaders. Compare this with a 37 percent decrease in PADPAC contributions since 2010. Without your help, PADPAC’s voice will get lost in the crowd.

Dentistry cannot afford indifference to the state legislature and regulatory process, especially when legislators are continuously introducing bills affecting dentists and their patients. PADPAC is committed to working with lawmakers. But we need your help. FDA leadership is working to have dentistry’s voice heard in our Commonwealth’s legislature, but we need help from you!

PADPAC continuously faces significant and well-funded opposition from insurance and other lobbies. Your contribution to PADPAC will ensure that organized dentistry has a strong voice in Harrisburg.

There are several important issues being considered this legislative session:

• Non-covered services
• Assignment of Benefits
• General anesthesia bill that would guarantee anesthesia coverage for young children and special needs patients of any age

Other issues are looming in the near future, and making a habitual strong impression on our legislators will help us win these legislative battles. I ask you to please include a PADPAC contribution with your 2012 dues invoice. Together, we can make our PAC successful in the political field for years to come!

Please contact me at djcdmd@windstream.net or (724) 376-7161 with any questions about how you can get involved with PADPAC or to make a contribution.
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Members Matter

Summary of the 2010 Census: Pennsylvania

by Toria Rineer, Membership Coordinator

Many members know to turn to the American Dental Association (ADA) for demographic data and statistics, but did you know that the Pennsylvania Dental Association (PDA) can also provide geographical data? After each U.S. Census is conducted and the data is compiled and released, PDA staff gets to work comparing the data to previous censuses and against other information resources, such as Labor and Industry measures and economic surveys. This information is then shared in print and electronic form with the public, dentists, dental students and members of state government to help illustrate the need for proper distribution of oral health care providers. I present to you PDA’s award-winning publication, Consider Pennsylvania!

Consider PA provides valuable comparison data, including the number of privately practicing dentists, total population, number of patients per practicing dentist, average age of practicing dentists and the median household income for each state county. By doing so, students, practitioners and policymakers are able to clearly see the disparity of oral health practitioners among rural and urban areas.

One of the many resources PDA staff uses to compile the data for Consider PA is the U.S. Census. The latest data available, conducted from the 2010 Census, shows us that Pennsylvania’s population is indeed increasing and migrating to suburban areas. In some cases, rural areas saw a significant increase in population.

Consider PA was created by PDA’s New Dentist Committee (NDC) as a way to inform dental students of the serious need for practitioners in rural areas of Pennsylvania.

Multiple counties with alike features and characteristics are grouped together to form geographic regions.

(continued on page 12)
The following counties received an increase in population from 2000 to 2010:

<table>
<thead>
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<th>0-5% increase</th>
<th>5-15% increase</th>
<th>15-25% increase</th>
<th>25%+ increase</th>
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Of these counties that received an influx in population, all but nine are either partial or full Dental Health Professional Shortage Areas (HPSAs), as designated by the Commonwealth of Pennsylvania, which means qualified applicants can apply for loan repayment. To break it down, more than half of PA’s counties are increasing in population, of which more than three-fourths don’t have enough dental practitioners to treat patients. In short, Pennsylvania’s patient population is increasing in areas where there weren’t enough dentists to begin with. PA’s aging population also magnifies this matter, with the fastest growing segment of Pennsylvania’s population are those who are 85 years of age or older, compared to 65 and older across the United States. According to the 2010 Census data, Pennsylvania’s population increased 3.4 percent from 2000, while the national population increased 9.7 percent.

<table>
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<tr>
<th>Fastest Growing Age Group</th>
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<td>Pennsylvania</td>
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<td>United States</td>
<td>65+</td>
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Some may argue that there aren’t enough dentists coming into the state to replenish the number of current Pennsylvania dentists no longer providing patient care due to retirement. However, after comparing the average number of retiring dentists over the next five years to the number of annual newly licensed dentists, the numbers are nearly even (Data: 2009 Pulse of Pennsylvania's Dentist and Dental Hygienist Workforce & PA State Board of Dentistry licensure list).

Granted, this information is statewide and not defined by county. As we know, many rural counties have greater difficulty filling dentist vacancies or selling a dental practice than urban or suburban counties. PDA offers several resources to assist with this misdistribution, including “Advantages of Practicing in Rural PA” (see next page), the Placement Service and classified ads. The online Placement Service (www.padental.org/placementservice) is complimentary with membership and provides a unique way to search for associates or list practices for sale by allowing members to directly communicate with one another, eliminating the middle man. Secondly, classified ads which appear in the Pennsylvania Dental Journal can be purchased to appear in print and are posted to the website for no additional cost, www.padental.org/classifieds.

PDA hopes all members find our publications, including Consider PA, to be a valuable member benefit. An electronic PDF copy of Consider PA can be found on our website, under Resources & Programs>Publications, or simply visit www.padental.org/considerpa. You can also contact the membership department at (800) 223-0016, ext. 121 to request a copy be mailed to you.
Advantages of Practicing in Rural Pennsylvania

What is rural?
For the average person, rural is a subjective concept that conjures up images of small towns, farmlands and forests. For others, rural is an objective, quantitative measure that is clearly defined as an equation of population density per square land mile.

Who lives in rural PA?
One in four Pennsylvanians live in a rural area. The average age of the rural resident is 38, with an equal ratio of male to female. Diversity among rural Pennsylvania residents has more than tripled over the past 10 years.

Where is rural PA?
There are 48 counties that comprise “rural” Pennsylvania. By 2020, due to population increase, at least one of these counties is expected to become “urban.”

Workforce of Rural PA
There are several advantages of practicing dentistry in rural Pennsylvania, including:

- **Less competition** – In 2009, there was one practicing dentist for every 2,665 residents. In urban environments, there was one dentist for every 1,845 residents. *Pennsylvania Dept. of Health*

- **Less overhead cost**, which results in a greater return on investment when purchasing or owning a practice.

- **Generalists tend to see greater variety in patient cases** and therefore receive greater amount of practice experience.

Population
An analysis of data from 2000 to 2005 shows an overall 11 percent increase in the number of out-of-state residents moving to rural Pennsylvania. Additional data suggests that the future population growth of rural residents will be driven by migration rather than birth rates. Rural county population projections show an expected increase of four percent, whereas urban county population projections estimate a growth of only two percent between 2000 and 2020.

Other Positive Attributes
- Rural communities are often cohesive, highly connected and mutually supportive.
- Potential for a better work/life balance with fewer stressors, such as traffic and noise pollution.
- Instant access to nature and the great outdoors.
- **Affordable housing** – Rural real estate is 24 percent more affordable, on average. Additionally, residents of rural Pennsylvania are more likely to own their home compared to their urban counterparts.

Resources: The Center for Rural Pennsylvania and the U.S. Census Bureau
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.

Nouman M. Bashir, DDS
Howard University ’10
West Chester

Raya Ben Dor, DMD
University of Pennsylvania ’06
Radnor

Deepa G. Bhatt, DDS
New York University ’06
Dallastown

Ashley E. Brier, DMD
Temple University ’10
Lafayette Hill

Andrew E. Bruner, DMD
Case Western Reserve Univ. ’10
Philadelphia

Michelle Cantwell, DMD
University of Pittsburgh ’98
Lancaster

Steven J. Casella, DMD
Temple University ’11
West Chester

Michael Y. Cho, DMD
Temple University ’10
Plymouth Meeting

Woo Hyun Cho, DMD
University of Pennsylvania ’11
Philadelphia

Elizabeth E. Cole, DMD
University of Pittsburgh ’10
Pittsburgh

Drew C. Eckman, DDS
University of Maryland ’11
North East, MD

Jacqueline A. Fillinger, DMD
University of Pennsylvania ’11
Philadelphia

Candace F. Gershkovitch, DMD
University of Pennsylvania ’11
Philadelphia

Farimah Goshtasbi, DDS
University of the Pacific ’10
Hummelstown

John V. Gustafson, DMD
University of Pittsburgh ’78
Mount Joy

Samia A. Hardan, DMD, BDS
Temple University ’11
Berwyn

Lindsay A. Hayes, DMD
University of Pittsburgh ’09
Pittsburgh

Tracey B. Heiken, DMD
NOVA Southeastern ’08
Philadelphia

Robert L. Hill, DDS
Creighton University ’11
Warren

Michael E. Hughes, DMD
Temple University ’11
Chester Springs

Jihyun Jeong, DMD
University of Pennsylvania ’09
Philadelphia

Ashalatha Kancharla, DDS
New York University ’10
Chester Springs

Joseph F. Kern, DDS, MD
University of Maryland ’04
Blue Bell

Stephanie A. Klassner, DMD
University of Pennsylvania ’09
Whitehall

Steven S. Kreiner, DDS
New York University ’75
Harrisburg

Joshua M. Kucharski, DMD
University of Pittsburgh ’11
Pittsburgh

Mariam Kamel Labim Soliman,
DMD
University of Pennsylvania ’07
Philadelphia

Brad A. Lentz, DMD
University of Pittsburgh ’11
Johnstown

Sagar Lunagar, DMD
Temple University ’11
Hatfield

Ashley P. McDowell, DMD
Temple University ’11
Rydal

Jessica McKee, DDS
West Virginia University ’07
Point Merion

Peter A. McPherson, DMD
University of Pittsburgh ’11
Pittsburgh

Karen Mele, DMD
Boston University ’10
Pittsburgh

Jill A. Moniz, DDS
University of Maryland ’09
Conshohocken

Christine Pereira, DMD
University of Pennsylvania ’11
Wynnewood

Dara L. Rinchuse, DMD
University of Pittsburgh ’08
Oakmont

Maria B. Schellhorn, DMD
University of Pennsylvania ’09
Berwyn

Ali Sedighi-Manesh, DMD
University of Pittsburgh ’08
Pittsburgh

Andrew M. Shore, DMD
Temple University ’10
Philadelphia

Raymond P. Shupak, DMD
University of Pennsylvania ’11
Pittsburgh

Ljiljana Stanisic, DMD
University of Pennsylvania ’11
Philadelphia

Solomon C. Sund, DMD
University of Pennsylvania ’11
Philadelphia

Meenal M. Thirtha, DMD
University of Pennsylvania ’11
Bala Cynwyd

Joshua D. Waskowitz, DMD
University of Pittsburgh ’02
Greensburg

Rafael E. Yanez, DMD
Temple University ’06
Norristown
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Many members have been asking, “When will I need to purchase technology to convert our patient dental records to electronic form?” The federal and state government does not mandate that dentists have the technology to electronically transfer medical records. However, the U.S. Department of Health and Human Services (HHS) is encouraging dentists that participate with Medicare and Medicaid to adopt electronic health records (EHRs). Individual states might require the switch to EHRs, but Pennsylvania is not yet one of them.

HHS is offering incentives to make the switch to EHR. Pennsylvania is one of 13 states being offered grant money for health care providers to purchase the technology necessary to make the switch. In order to receive assistance funding, the health care provider must participate with Medicare and Medicaid. One of the difficulties will be finding dentistry-related technology since it is very limited.

The state of Pennsylvania has created the Pennsylvania Health Information Exchange (PHIX). This new super highway will securely link a patient’s medical records, allowing health care providers to have instant access to them from all over the state. The PHIX participation guidelines are the same as the federal guidelines. The state is encouraging all health care providers to join while physicians are required. There are many benefits to joining. Providers might check patient’s records to find out if he or she were on any medications prescribed recently before performing any treatments. One of the most important aspects is having complete instantaneous access to a patient’s medical records.

For more information on this topic, go to the ADA website search engine and type in “EHR.” To learn more about “PHIX,” go to the state website www.pahealthinfoexchange.com. If you have any questions please contact Ivan Orlovic at (800) 233-0016, ext.105 or iio@padental.org.

Electronic Health Records (EHRs) and New Technology

The ADA has created a new app for your smart phone or tablet called “CDT Code Check.” This new app will allow a dentist instant access to CDT billing codes and nomenclature. This was created by the ADA to assist dentists with creating treatment plans and billing insurance companies properly. Because this app is portable, it’s perfect for the dentist who is on the go moving from office to office. The app will contain all updated CDT codes with marked changes. It will supply all CDT codes by category and sub-category. This app can be purchased on Apple iTunes store or Android Market by searching for “CDT Code Check.” The cost is $19.99.
“My great idea?
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Dr. Danny Lee
Upland, California
Graduate: Tufts University School of Dental Medicine
Residency at UCLA
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Disaster recovery planning can be overwhelming, and it can be difficult to know where to start. Begin by answering one important question: What will the costs in lost revenue be if a real disaster occurs? Determining lost revenue can help identify the impact of a catastrophic event and the level of disaster recovery needed. An effective disaster recovery plan must address three key goals:

**Minimize Downtime:** The consequences of extended downtime can be severe, not only in terms of lost business and lost productivity, but even in terms of survival for many small businesses.

**Minimize Risk:** Not having a disaster recovery plan often constitutes an unacceptable level of risk — but simply having a disaster recovery plan in place does not necessarily eliminate risk if its reliability is uncertain.

**Control Costs:** Traditional disaster recovery plans are often limited in scope because of the costs associated with building and maintaining a recovery site, training staff members in disaster recovery processes, testing those processes and so on.

Virtualization can help many of the challenges and barriers of traditional disaster recovery and help organizations meet the key goals of a viable disaster recovery plan.

For example, many of the challenges that IT managers face are the consequences of the physical boundaries of equipment and application workloads. The encapsulation of virtual machines (VMs) means that rather than needing to maintain a corresponding server at a recovery site for each server at a primary site, organizations can replicate physical servers on VMs from the primary site to virtualized servers at the recovery site, helping to reduce the cost of protection or to increase the number of servers that can be protected by the existing recovery infrastructure.

This encapsulation helps simplify disaster recovery in a number of ways. For example, because the files necessary to protect a VM are typically stored within a single folder on a shared storage, organizations can use array-based replication to replicate entire VMs simply by replicating the logical units (LUNs) on which they reside. In addition, administrators generally no longer need to worry about duplicating hardware at the recovery site or applying OS patches in parallel at both the primary and secondary sites. They also no longer need to rebuild the OS at the time of recovery, because it is already available in a hardware-independent form on the replication target. These advantages can enable organizations to reduce the recovery point objectives and recovery time objectives for the entire data center, not just for the first-tier services-enhancing the level of protection while also helping simplify recovery plans and their execution.

**Adhering to best practices can be critical to the success of a disaster recovery implementation.**

The following are 10 of the most important considerations identified by Dell when planning such a deployment:

- Articulate the need in financial terms.
- Use hard data to create a risk profile.
- Identify the critical resources.
- Think beyond the data center.
- Eliminate or mitigate single points of failure.
- Assume that everything is going to fail.
- Consider a virtualization data center strategy.
- Recognize potential vendor weaknesses.
- Keep disaster recovery capabilities up-to-date.
- Perform tests on a regular basis.

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OUT OF THE WOODS

A Tribute to the Greatest Generation

By Thomas W. Gamba, DDS

Nestled in the endless mountains of upper Central Pennsylvania lies the tiny town of Leetonia. It is the early 20th Century, 1915, and the Pennsylvania logging boom is at its peak. The wealthy “lumber barons” in Williamsport are floating newly cut timber down every little stream that feeds the Susquehanna River. About 30 miles north, along the dirt road in Leetonia, the laborers are busy at their work. Largely Italian immigrants with their new families, they are clear-cutting the mountainsides, stripping the bark to tan leather, steering the logs down Slate Run into Pine Creek, seven miles downstream, and finally into the Susquehanna just west of Williamsport. A 7-year-old Osvaldo “Wally” Gamba is working as a water boy for 5 cents a day, carrying water to the tannery on the west bank of Slate Run where his father, Giovanni, tans leather. His mother, Maria, is at home in the four-room wooden house preparing dinner for her husband, her seven children and the other Italian laborers who are boarding with them. After supper, Wally and his siblings go next door to his Aunt Bena’s house for lessons. Maria is the teacher, who schools her children and their cousins in the three R’s.
By 1916, the mountains around Leetonia are bare. With no more timber to cut, the residents go to work replanting the forest. When the planting is done, there is no more work, really no reason for the town to exist. So Giovanni Gamba packs up his family and moves down to Williamsport and with the money he has saved, buys a nice home on West Fourth Street. Young Wally goes to public school and the teachers are amazed at how bright he is. He skips several grades and graduates from Williamsport High School at 15. He gets a job on the railroad and a stint playing semi-pro baseball as a switch-hitting catcher and first baseman. But his parents know that he can do better and they convince him to pursue his education.

Urged along by the local dentist, old Doc Knobber, Wally hops the train for Philadelphia, where he enrolls at LaSalle College for a year of pre-dental studies and is accepted to Temple’s Dental College, then located at 18th and Buttonwood Streets. While at Temple, he works at a clinic in North Philly where he performs 100 extractions every Saturday. At a fraternity party one evening, he is smitten by a pretty social butterfly named Betty Ann Ward. She is likewise taken by the strapping young dental student. After a whirlwind courtship, they are married just before Wally’s graduation in 1934. The newlyweds move into a home in South Philadelphia where Wally opens a one-chair dental office in the living room. The operatory has the essentials, but when patients need an X-ray, Wally has to take them to the S.S. White dental showroom in Center City.

Betty is an artist and teaches at Vare Junior High School as the dental practice slowly builds. Some of her students go on to be notable artists and famous personae, such as Mario Lanza and Philadelphia mayor Frank Rizzo. By the early 1940s, the practice is very busy and life is good despite the slow recovery from the Depression. And then it happens – Pearl Harbor.

With America at war, Wally enlists in the Army and is first assigned to a military base in Maine where he treats the G.I.s who are shipping out to the European Theatre. In 1943, Captain Gamba is re-assigned to the Third Army and joins the Combat Engineers in Europe. For the rest of the war, he operates battalion aid stations in France and Germany and participates in every major river crossing from the Rhine to the Danube. He is twice wounded and is awarded four battle stars and the Bronze Star for bravery under fire. He is part of the unit that liberates the death camp at Buchenwald.

After V-E Day, Wally, now Major Gamba, remains in Germany as part of the occupation force until 1946. Returning home, he finds that Betty has kept the home fires burning, but after four years away, there are few patients for the dental practice. They struggle for a while and just when they are seriously considering moving to a better location, the patients start returning. By 1950, the practice is flourishing again and it’s time for a family. Thomas Ward Gamba (that’s me) is
born in December. Wally and Betty decide to renovate the basement of their home into a modern, 2-operatory office. The new office is the talk of the neighborhood and life is good again.

The 50s and early 60s is a boom time for America. The post-war economy is thriving, everyone is working and modern conveniences are abundant. Throughout this period, Wally becomes more involved in organized dentistry. It is his strong belief that he must give something back to the profession that has treated him so well. He becomes active in the local dental society and rises to be president. He becomes more and more known and respected around the state and eventually is elected president of the Pennsylvania Dental Association in 1972.

I am really inspired by Dad’s commitment to his patients and to his profession, and I decide to follow his footsteps to Temple Dental School. When it comes time to graduate, I am considering a general practice residency to further develop my clinical skills, something that Dad encouraged me to do. As decision time grew near, it occurred to me that there could be no better teacher or mentor for me than Dad. So I forego the residency and join Dad’s practice.

We practiced together from 1976 until he retired in 1985 after 51 years serving his family, his patients, his country and his profession. These were my truly formative years and I took so much from his example. Being very forward-thinking, he never refused my requests to make changes to the practice or our facility. He demonstrated his dedication to family as he cared for my Mom at home for 10 years after she suffered a debilitating stroke. I learned the importance of always putting your patients first, witnessing the many times Dad would see a patient who knocked on the door at 10 p.m. with a toothache, never complaining. I was overcome with sadness and anger on the day Dad finally showed me the photographs that he had taken at that horrible Nazi death camp in 1945, yet so proud that he was one of the great Americans who put an end to the atrocities. Much like so many of his comrades, he rarely spoke to me about the war.

Wally never lost his affection for the outdoors. He would regularly travel to Williamsport to visit his sisters and then drive up that dirt road to Leetonia, now just a forest, for a few days of hunting, fishing or camping. It was perhaps fitting that when his father died, Wally was camping in that forest. It took the rangers two days to locate him. Ironically, years later while he was again visiting the area, he suffered the heart attack that would eventually kill him.

Dad taught me that I must always abide by the ethics of our profession. He always said that if I just treat our patients ethically and kindly, I will always make a living proudly. And he taught me to participate in our professional organizations, so as to insure that dentistry always serves the public and deserves the trust that they place in our hands.

Dad passed away in 1987, but his legacy lives on in me and in the countless others that he motivated, dentists and lay people alike. He believed firmly that the profession was truly a gift to him, a blessing to a child who was born in the midst of the woods and raised on the tenets of honesty and hard work. He was uncompromising in his adherence to these principles. It is no wonder that the little town of Leetonia, the first home of so many Italian immigrants, produced so many doctors, lawyers, teachers and successful business people. My Dad was one of them. My Dad was a great American.

Dr. Gamba is a former PDA President and former Speaker of the House. He is currently a member of the ADA Council on Ethics, Bylaws and Judicial Affairs.
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The year was 1963, my second semester in college. Although I was classified 2S, I could feel the local draft boards’ warm breath on my neck. I was a music major, but I had come to the realization that I would either become a high school band director, or no more than a club trombonist. The proposed choices really didn’t appeal to me. However, Uncle Sam was waiting for me, khaki was not my favorite color and I was definitely not the hero type. I needed a new major. My Dad, just home from the dentist said, “Hugh, why don’t you look into dentistry? Dentists don’t work hard and they make a lot of money.”

Move forward to 1971. Armed with a brand new DDS degree, GPR certificate and license, my true education began…

Now as I look back 40 years, I know that my Dad was right about one part of his statement, “be a dentist Hugh.” Dentistry has been good to me. I have always had a job, never had to worry about layoffs, and along the way, I was able to comfortably raise three fine children. I have been able to live a lifestyle that most people “dream about.” (On the other hand, my wife does say that I don’t earn enough to be as eccentric as I am. Perhaps it is the 30 head of Highland cattle, tractors and haying equipment? But another story for another time.)

Daily I am deeply humbled by the knowledge that the Lord has given, the skills and the intellect to be able to heal, restore and make my patients’ lives better and a little more comfortable. My patients have become my friends. What profession allows you to vicariously interact with so many people’s lives? Through the years I have smiled at my patients’ many achievements and have also cried at their losses.

Dentistry has deeply affected my family. Two years ago, exactly 38 years to the date that my wife Lynn graduated from Temple’s Hygiene School, and I graduated from Temple Dental School, I was honored to present my daughter Connie her DMD degree when she
graduated from Temple. Lynn practices dental hygiene three days a week, and my son Shawn is an excellent dental technician. My other daughter, Jamie, just finished her Masters of Education. I still practice full time, and after 40 years I am grateful for the physical and mental ability to still be effective. Each day is a welcome challenge that I enjoy. As mortality approaches, I am increasingly being asked, “Doc, you’re not going to retire soon are you? I don’t want to go to anyone else!” The honor to be called doctor is enough. What more could a man ask for in life to have earned such trust? In reality, my Dad was right all along. The personal satisfaction that the dental profession brings far outweighs all the hard work that it takes. Such satisfaction can’t be bought at any price. The dental profession has truly allowed me to become a “rich” man.

Hugh Wilson DDS (Connie’s Dad) is a 1970 graduate of Temple University School of Dentistry.

Growing up I just knew, like Hermie the Elf, “I want to be a dentist.” Coming from a very dental family was quite a big influence. Dad and mom have been in the dental field since I was a glimmer in their eye. Most of their friends are either farmers or dentists, and the occasional accountant. But the dental friends all had such a kind of “coolness” to them. Dad would always take me to the office if he had weekend emergencies. I thought to myself at a young age, “I want to be counted on like that, I want to help solve someone’s problems. Well, at least their tooth related problems.” I heard a patient say to my dad, “wow, thanks doc. It means a lot for you to come out on your weekend.” He just simply said, “I’m sure you’d do the same for me if I needed your help.” This helpful mentality has followed me through dental school. Dental friends just know what you mean. You don’t have to explain all the details that go along with the dental aspects. They just know. Being able to easily communicate with my school friends has kept me sane on a few instances. That’s why our PDA Social Network has really helped me stay in touch with friends I may have lost. And there are many hot topics to be discussed.

I am into my third year of owning my “boutique style” dental practice. I also help out at the Susquehanna River Valley Dental Health Clinic. The clinic is located in Sunbury and helps the surrounding population of Medical Access patients as well as the underinsured. Getting out of school I thought about going into practice with my dad, however, working with four male dentists and having the nickname “baby doc” didn’t have the kind of appeal as working in my practice now. Dr. Julie Barna established this practice in 1980 and it has been in the same location since its opening. The office is all women, quaint, and just downright comfortable. The thing is, I never had a class in business, finance, or even tax stuff. I don’t know what I would do without the guidance of my parents, Dr. Hugh and Lynn Wilson, and my staff at my private office in Lewisburg. Julie Barna has been amazing at helping with all questions. But, I do have to say, nothing beats being able to talk to your dad. His wealth of experience has proven him to be excellent at problem solving and just a great listener. I count myself a real lucky lady. Thanks, Dad.

Connie Wilson (Hugh’s daughter) is a 2008 graduate of Temple University School of Dentistry and the vice chair of PDA’s Communications and Public Relations Committee.
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The Cole family celebrated four generations of graduates from the University of Pittsburgh School of Dental Medicine this year with the graduation of Dr. Elizabeth Cole (DMD 2010).

Their family legacy started with Dr. Joseph Hodgson Cole (DDS 1918) who served in the U.S. Army as first lieutenant. He practiced general dentistry in Pittsburgh and raised four children with his wife Margaret.

“My grandfather did some pretty amazing things during the Great Depression,” said Dr. Joseph Christian Cole (DMD 1977). “He assisted on an appendectomy and administered general anesthesia during hospital cases because they were so short on help and he knew how to do it.”

Their third son, Dr. Joseph William Cole (DMD 1951), served as a pilot in the U.S. Air Force during World War II. Upon graduation from dental school, he moved to Ridgeway, Pa., to become an associate at an orthodontics practice there. Dr. Joseph William Cole and his late wife, Ruth, raised four children, three of whom also graduated from the School of Dental Medicine: Dr. Joseph Christian Cole, Dr. Jonathan Cole (DMD 1980), and Dr. Nathaniel Cole (DMD 1984).

Dr. Nathaniel Cole practices orthodontics in Ridgeway and Dr. Jonathan Cole practices periodontics and is an adjunct assistant professor in the Department of Periodontics at Pitt dental school. Dr. Joseph Christian Cole practices orthodontics in Ridgeway and Saint

All in the Family

By Pitt Dental Medicine staff

(Reprinted with permission from Pitt Dental Medicine, Summer/Fall 2010 issue, Volume 8, Number 2)
Marys, Pa., and raised three children with his wife, Maureen. Dr. Elizabeth Cole is his eldest daughter. “I just feel very blessed to have had the opportunity to follow in my biggest idols’ footsteps,” said Dr. Elizabeth Cole. “My dad, uncles and grandpa exemplify, to me, what health care is about and the impact we can have on our patients and our communities. I feel lucky and proud.”

Dr. Joseph Christian Cole and his family are very proud of their daughter who also graduated with a master’s degree in public health. Later this summer, she will begin a general practice residency at Harvard, not too far from where her father was a general dentistry resident at Tufts University. While there, Dr. Joseph Christian Cole said he really learned the value of his education at the School of Dental Medicine. “When I went on to my general practice residency in Boston, it turned out that I had better clinical skills than most of my peers. So I felt very good about my education after I was out and was seeing what was out there. You don’t really know until you get out there into the real world,” he said.

When Dr. Joseph Hodgson Cole graduated in 1918, he likely shared the same enthusiasm of that of his colleagues. He was entering a profession that would both help people and support a growing family. Little did he know, his diploma from the school was the beginning of a family legacy for several generations to come.

“My dad, uncles and grandpa exemplify, to me, what health care is about and the impact we can have on our patients and our communities.”

Dr. Elizabeth Cole
The profession of dentistry has evolved in countless facets over the last few decades. Nowhere are these changes more evident than when comparing the different environments faced by multigenerational dental families, in this case a father and a son who entered the field during vastly different times.

**Dr. Cary Limberakis** a PDA member from Montgomery County, earned his DMD from the University of Pennsylvania School of Dental Medicine in 1978. Dr. Limberakis’ aspiration to become a dentist was “founded on his passion for the biological sciences and his devotion to help and care for his fellow man.”

“Through dentistry, I’ve realized the gratification of achieving both by utilizing my skills – intellectual, artistic and interpersonal,” he said. “What’s a better gift than restoring a smile to patients longing to smile?”

Now more than 30 years later, Dr. Limberakis’ son **Jonathan** decided to pursue the same profession, a choice that initially stemmed from his strong relationship with his father, and like many children, he wanted to follow in his dad’s footsteps. In time, however, Jonathan realized that there was more to his decision than the family influence. He realized dentistry was unique in that it could best utilize his natural skill set and challenge him, especially given the rigorous nature of dental school. Now at Temple University’s Maurice Kornberg School of Dentistry, he will graduate in 2014.
“For Jonathan, his desire to work with patients has always been his first concern and priority, and something he looks forward to the most,” Dr. Limberakis said.

While their professional goals are very similar, they entered dental school in eras that had very little in common.

Dr. Limberakis entered dental school in 1974, a year in which the Vietnam War was ending, the Watergate scandal was coming to a head, and the only un-elected President of the United States had taken office. Dr. Limberakis describes his experience as follows:

“These were turbulent times, but dental school provided the perfect vacuum in which dental students could focus on the voluminous demands of the curriculum,” he said. “The class consisted of about 165 students, the vast number being Caucasian males. There were 15 females, one African-American and one Asian-American.”

One of the most notable differences in the delivery of dental care between his experience and his son’s, other than the evolution of dental materials and technology, was that the infection control protocol (the wearing of masks and gloves) was not universal (“it was followed only when the patient had a known communicable disease and while we were performing a surgical procedure. AIDS was a few years off in the future,” Dr. Limberakis said.)

Financially, there is a drastic difference in the cost of a dental education. Dr. Limberakis graduated with a $15,000 dental school loan indebtedness, while Jonathan expects his to exceed 10 times that much!

The doctor-patient relationship has evolved since Dr. Limberakis completed his dental studies 33 years ago, and his son and other dental legacies face a much different world.

“There was only talk of HMOs back then. Insurance companies didn’t have the clout that they have today, as they have successfully de-mystified the doctor-patient relationship into a provider-consumer exchange,” Dr. Limberakis said. “We went to dental school, not provider school. We are doctors, not providers! Also, the government was not as intrusive into the delivery of dental care as it is today, and is becoming in the future.”

Dr. Limberakis worries about the future, not so much that patients won’t get quality care, but that the dental profession will not be held in the public’s highest esteem as it has been for so long.

“It is up to us to maintain the highest standards of dental care so that we continue to earn the respect and esteem of our patients as well as our fellow colleagues in the health professions,” he said.

Dr. Limberakis was the first in his family to enter the profession of dentistry. His father, a Greek Orthodox priest of immigrant parents, was the first of his generation to go to college. Thus, the pursuit of academic excellence was the standard in his family as his parents encouraged him to excel in whatever endeavor he pursued.

While never being pressured to enter dentistry, Jonathan was able to observe all that it has to offer, which initially piqued his interest. When he expressed interest in the profession, his father expounded on the field; the pros, cons and all that was involved.

Additionally, his father has served as both a strong motivator in helping Jonathan reach his goals and a constant source of positive encouragement. Jonathan is eager to start practicing dentistry side-by-side with his dad, which has been a dream many years in the making.

Once they team up, it could affect the esthetics of the Limberakis practice.

Dr. Limberakis’s office has no windows for his patients to look out, so he has adorned his office with a variety of posters of his favorite musical artists, The Beatles. Jonathan’s favorite bands are the Red Hot Chili Peppers and Pearl Jam. When Jonathan joins his dad’s general practice in Jenkintown in a few years, it will be very interesting to see what the office décor will become.
INFLUENCE

A Role Model’s INFLUENCE

By Dr. George A. Bullock

Never underestimate the positive influence of a good role model. When I was a child, our family was fortunate to have an excellent dentist who enjoyed practicing dentistry and excelled in the delivery of quality dental care. My parents respected Dr. Leonard Cohen and appreciated his care as well as the long-term relationship he had with our family. In turn, they instilled in their children the same values, and joined Dr. Cohen in impressing upon us the importance of a lifetime of good oral health.

Around the house, a visit to Dr. Cohen was known affectionately as “going to see Uncle Len.” How he became a distant relative I have never figured out, but, I have always respected him as a professional and admired him for how well he cared for our family for so many years. Dr. Cohen served as a great role model for me.

My freshman year of college I chose to pursue a career in dentistry because I liked the concept of being in a profession that involved the skillful use of my hands and the blending of the fields of art and science. I thought it was the perfect profession for me because it combined the creative aspects of art, the intricacies of science and the enjoyment of being part of a team working together to improve a patient’s health. I also appreciated the need for good inter-personal skills but had no idea, at the time, just how important they were to achieving success and fulfillment in a career as a dentist.

Although I always had a keen grasp of the obvious, I learned early in my career that teeth don’t walk into the dental office by themselves. Teeth always seem to be attached to people—real people who have feelings, concerns and different perspectives regarding the dental care
they hope to receive. How you relate to them can make all the difference in the world to both you and the patient. Your experience together is determined by the relationship you create.

During my freshman year at the University of Pittsburgh School of Dental Medicine I returned home on a holiday break and had a six-month dental checkup with “Uncle Len.” He was very excited that I had chosen dentistry as my profession. He immediately treated me with the respect of a colleague and showed an interest in what I was being taught in dental school. He became so animated to find a “brother in handpieces” that he rushed into his lab and brought out for my inspection several multi-unit fixed prosthetic cases. Needless to say at the time, I did not begin to understand the complexity of the cases he presented for my review. While proudly showing me his cases he informed me that the field of dentistry was changing and that he was committed to being a lifelong student of dentistry so he had the knowledge to provide his patients with the best care utilizing the most modern techniques. “Uncle Len” was a great mentor and he always stressed the vital importance of continuing education.

In the 25 plus years since I graduated from dental school the profession has evolved, changed and developed in ways I could not have imagined as a student. It is hard to believe that I began as a WFD—a “wet-fingered dentist.” Isn’t it ludicrous to think we only wore gloves back then for “true” surgical procedures. Yikes! I followed Dr. Cohen’s lead, and for all my years of practice I have made a commitment to take course after course of continuing education in order to be updated and actively involved in the ever-changing field of dentistry. Currently, as an orthodontist, I am focusing on learning more about the treatment planning and delivery of interdisciplinary dental care.

My son Peter is in his second year of dental school at the Kornberg School of Dentistry (Temple University). When asked why he chose to enter the field of dentistry he said, “I have always been interested in dentistry since I was a kid. During my childhood I was cared for by an amazing pediatric dentist, Dr. Theodore (Ted) Croll. Dr. Ted always made going to the dentist an enjoyable and educational experience. His enthusiasm for dentistry is contagious, and he has always served as a great role model for me. Dr. Ted has encouraged me in everything I have done whether it has been sports (he also plays first base) or choosing to become a member of the dental profession. The warmth of Dr. Ted’s personality and the positive experiences I had at his office is what initiated my interest in the dental profession and why I appreciate what my father did more and more. I was lucky enough to have him as an ambassador to the field of dentistry. I also got to know many of my dad’s colleagues, a few of whom, including Dr. Croll, were kind enough to let me “shadow” them while they worked on patients. After all of my positive dental experiences, shadowing of practicing dentists and hearing about the exciting future of the dental profession, I decided that I wanted to pursue a career in dentistry.”

“My father has been a great inspiration for me in the field of dentistry,” Peter continued. “Although, he made it very clear to me early on that he would support me no matter what career path I chose, I knew that I wanted to become a dentist. His hard work and commitment to pursuing excellence in dentistry has been an inspiration. My mother also has been incredibly supportive throughout my whole educational career. As my soccer and baseball coach growing up, she taught me early on that perseverance, hard work and just doing the right thing is how you succeed in anything. It is through sports that I have developed many of the leadership skills that I hope will serve me well as a leader of a dental...
team. The influence of both my parents has shaped me into the person I am today and I feel they have prepared me extremely well for a career in dentistry.

“I remember growing up and going to my dad’s office on weekends when the office was empty except for me and him. He would take an impression of me to make a mouthguard for sports. He would show me how to mix everything together and prepare things for an impression. I remember one time in particular when he brought his camera and we posed together for a picture with him as the patient and me as the dentist working on him. I was holding the water spray and a mirror. Right when the photo was being taken I shot him with water, much to his surprise and my delight. Little did he know then that one day I might join him in the profession and actually get a chance to be his dentist.”

When I asked my son Peter how he thinks his experience in dental school is different from when I went to dental school he said, “I think the main difference has been the use of technology, both in the classroom and while studying outside of class. When my father went to dental school they didn’t have PowerPoint presentations and the Internet as a learning resource and communication tool. My dad had to focus on taking accurate notes in class, but he did not have the benefit of having all the lectures recorded and placed on-line for review later in the day as we do now at Temple Dental School.

“For example, one of the tasks assigned to us as a freshman dental student was to set up a Web page describing the pros and cons of a certain dental material. I know this could not have happened when my dad was in school but, he might have done something similar with a poster board presentation. I am very interested and excited about how technology is changing the field of dentistry. Although I have not learned much about it yet, I have heard from my dad and his colleagues that emerging technologies such as digital radiography, CAD/CAM, digital impressions and cone-beam computed tomographic radiography will be changing how I will be practicing dentistry in the future.”

Peter said the basic components of a dental education have not changed over the years.

“You still need a combination of class work, laboratory training and ‘hands-on’ clinical experience treating patients to achieve the goal of being well prepared to enter the dental profession. I am amazed by all of the comments I hear from my dad’s colleagues regarding how they each remember an instructor who made a positive difference in their education and subsequent career as a practicing dentist. I have learned there is nothing that puts a bigger smile on a dentist’s face than asking him or her to share a story about dental school. There seems to be no shortage of dental school stories, most of which are built around the foibles of being a student and the forging of lifetime friendships.”

My son is entering the dental profession at a very challenging and exciting time. The winds of change are buffeting the profession with important issues yet to be resolved, such as access to care and the development of midlevel providers. Spiraling student debt and the ramifications of the rising cost of a dental school education are a great concern to everyone in the dental profession. The average dental student graduates with approximately $200,000 in student loans and this high debt load affects the career choices available for the new graduate.

However, the future is very bright for the dental profession and all who enjoy the privilege of rendering oral health care to those in need. Demographics reveal the increasing demand for dental services and the public’s high opinion of the dental profession. Excellent continuing education opportunities, increasing integration of technology for clinical applications and communication, and, a profession continuing to focus its resources on addressing the health needs of the disadvantaged serve as hallmarks of a profession preparing for the future.

I am proud to have a son who has chosen the dental profession as his career. Hopefully, in the future he will serve as a good role model for some young person who has a similar skill set and a calling for the field of dentistry.
I am a dentist coming from a unique dental family – my father and two uncles were all dentists and my daughter is a hygienist.

My father, the late Dr. Laurence Veihdeffer, attended the University of Buffalo and graduated in 1942. My two uncles, the late Norbert and Walter Veihdeffer, both attended the University of Pittsburgh and graduated in 1931 and 1952, respectively. I am also a Pitt alumnus, graduating in the class of 1981. My daughter Christy attended West Virginia University and graduated in 2006.

My father comes from a family of nine, including himself, six siblings and his parents. Originally from central Pennsylvania, he grew up and lived in Niagara Falls, New York, a place their family viewed as the land of opportunity because of the Niagara Mohawk Power Company. My father and two of his brothers chose to pursue careers in dentistry because it seemed to be a more prosperous career than the power company.

The oldest and first to become a dentist, Norbert, opened a practice in Erie, Pa. in the early 1940s after meeting his wife, who was from the area. His office was located on 7th Street, which is now the location of Gannon University’s Zurn Building.
Upon graduation, my dad also moved to join his older brother’s practice in downtown Erie. However, within a few years he was called to duty by the United States Air Force for the Korean conflict and served as a captain, treating servicemen at the base in Dover, Delaware from 1952-54. He returned to practice in Erie with Norbert. The youngest of the dental trio, Walter, joined the two brothers in their private practice in the 1950s — making for cramped quarters. Norbert, Larry and Walt practiced together for about five years under these conditions. The office had three operatories, each one with the belt-driven slow speed hand pieces.

In 1959, Norbert was looking to retire and so he moved to Florida, where he continued to work part time. Gannon University had ambitions to expand at that time, so my dad built a new standalone office for himself and Walt a few blocks away, again centrally located in downtown Erie on 11th Street near the university and the Catholic boys’ high school. The new building had four operatories and two hygiene rooms. One of the belt driven slow speed hand pieces was also transferred to the lab at this location.

Smoking was part of their generation, and I can still remember the smell in both the waiting room and their lab where they took breaks in between patients. At the time, Larry and Walt lived in different parts of town, joined separate churches and belonged to different clubs to spread the name of the practice as far as possible.

Growing up I liked to fix things around the house; probably many things that I was to blame for breaking in the first place. I remember my dad telling me I “worked well with my hands.” I believe this is what sparked an interest in the dental field. I also remember being involved in a local youth program for fathers and sons. My father and I were often referred to as “Big Tooth” and “Little Tooth.”

My father passed away while I was still an undergrad at the University of Dayton, with plans to go on to dental school. After completing a master’s degree in education, I graduated from dental school in ‘81 and soon joined my uncle at the family business on 11th Street.

I came to the realization that things were not going to work out as they did with my dad and his brothers. After all, joining the practice as a nephew is certainly different than joining as a brother. After a brief time with my Uncle Walt, I started my own practice.

As a young and enthusiastic practitioner using the latest methods—and having the benefit of a family brand name known in this fairly small city—I was fortunate that many patients from the original practice were happy to follow me.

Over the years I have followed in my father’s footsteps by remaining involved in organized dentistry. This includes serving as president to the local and the district dental societies, just like my father did. I have been practicing solo in my current location in Erie for about 20 years. It is not uncommon to have relatives travel to the office from out-of-state to be “treated by a Veihdeffer.” I hired my daughter when she graduated and she has been with the practice as a hygienist since 2006.

With the addition of Christy to the team, we now have three generations of Veihdeffers who have been in dentistry continuously, with two generations always concurrent. Whether there will be a fourth generation is up to fate. Other members of all our families have spread out across the globe leaving the family business to my branch.

For more information about the tradition of the Veihdeffer family practice in Erie, visit http://www.veihdefferdentistry.com.
As a young boy, Dr. Jon Johnston spent his summers at the public pool in his hometown of Punxsutawney. After he was done swimming with his friends he would walk the short distance to his father’s office to wait for a ride home. He would wait in the reception room of the tiny two operatory dental office where his father, Dr. Paul “Rusty” Johnston and mother, Beverly worked. He would watch his father work long hours doing his own lab work and providing free care to those in need.

As he got older, Jon traded his summers at the pool for summers working in his father’s office alongside his family. It was seeing his father’s interaction with his patients, the friendships and respect his father had garnered in their community that led Jon to later become a dentist himself.
Rusty grew up a self-professed farm boy in McKean county. As a young man, he enlisted in the army and served in World War II. A disability as the result of his service cost him the opportunity to take a job as a laborer after leaving the army. It was his family dentist who encouraged Rusty to go into dentistry. Hoping to offset the cost of dental school, he took a career aptitude test to apply for tuition assistance through the GI Bill. When he received the results of the test, it suggested he should become a mechanic, but having served in the army, he already considered himself to have mechanical skills. Rusty knew he wanted to be a dentist. Rusty pleaded with the officials in charge of the GI Bill to allow him to go to dental school. Finally they told him, “If you get accepted into a dental school, we will pay your way.” And so he applied to the University of Pittsburgh, completed his pre-dental studies and was accepted to the dental school.

Both Rusty and Jon received their dental degrees from the University of Pittsburgh. Jon followed in his father’s footsteps because the school was close to home and frankly, it was the only dental school he had applied to.

Rusty too had nothing but glowing things to say about Jon and the time they spent in practice together. To a dentist who is contemplating hiring a son or a daughter to work alongside them, Rusty said, “I would encourage them to do so. We get so familiar with our patients, they become our friends and when we decide we should retire, it’s nice to have someone who you know is well qualified to take care of your patients.”

Both Rusty and Jon have been active in organized dentistry, an interest Jon learned from his father. “He thinks community involvement is important and involvement in your profession is important. I kind of just grew up that way,” Jon said.

Rusty is a past president of the Eighth District Dental Society and the Clarion-Jefferson Dental Society. Jon remembers attending those annual meetings with his father when he was a child.

Like his father, Jon served as president of the Eighth District Dental Society from 2000-2002. He served on various PDA councils and committees before he was elected PDA president in 2007.

Of Jon’s PDA presidency, Rusty said, “I was a little surprised when he told me he was going to be a candidate, but I was very happy that he was interested in serving mainly because I know his interest and abilities. I knew if he had the opportunity he would do an excellent job, and I think in retrospect that he did.”

It’s not all work and no play for the Johnstons. They regularly participate in activities that allow them to spend quality time together as a family. Both Rusty and Jon are avid outdoorsmen who regularly hunt and fish together. In the winter, Jon enjoys downhill skiing, a hobby he discovered while studying abroad in Sweden in college. Upon his return, Jon encouraged his father and mother to take up skiing and they did. Ski equipment has now become the standard holiday gift in the Johnston family and all of the children and grandchildren are skilled skiers.

Though his father and mother have since retired, family remains in the Johnston practice. Jon now works with his two older sisters, Cindy and Joy, and his daughter, Anna helps out during her breaks from school. Though she helps out in the office, Anna has no desire to continue the family legacy of a career in dentistry. Instead she is pursuing speech pathology which will still allow her the opportunity to fulfill the Johnston family legacy of helping those in need.
NATIONAL CHILDREN’S DENTAL HEALTH MONTH

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* Please complete this entire form or visit www.padental.org/NCDHMOrder to order materials online. No phone calls, please.
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Selected materials are available to download from PDA’s website, www.padental.org.

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Pennsylvania Dental Association
It is already past us for this year, but did you know that February is Pet Dental Health Month? Oral disease is the most commonly diagnosed health problems in dogs and cats. Periodontal disease is very common in dogs and is more severe in small dogs and more of a problem in older dogs.

In South Florida and around the world, dentists are extracting baby teeth, wisdom teeth and even healthy adult teeth so that researchers can spin out stem cells that they believe can be used to grow lost teeth and someday even repair damaged bones, hearts, pancreases, muscles and brains. Even in New York County, StemSave now freezes the stem cells and stores them for later use at a cost of $590 upfront plus $100 a year to store those stem cells for up to 4 teeth for 20 years. Optimistic caution is expressed by the ADA about the potential of Dental Stem Cells.

Constant pain from a dental problem clouds a person’s thoughts like a “fog” that wears away patience and attention. Some research suggests that chronic pain lends to a loss of gray matter and potentially function in several brain regions.

Interesting tidbit — The live-in lady companion of recently captured mobster “Whitey” Bolger, one of the most notorious criminals in Boston, was known to have her teeth cleaned once a month.

To keep from getting a mouth full of splinters as beavers chew on a tree, fur-lined folds close tightly behind their protruding teeth while they work enabling them to avoid injury while the chips fly. The beaver’s teeth grow continually throughout their life and are kept sharp by grinding against each other to form a sharp chiseled edge.

United States and Japanese studies have found that black and green tea has antibacterial powers that help prevent cavities and gum disease.

There are 60 herbs commonly cited for treatment of dental problems in ancient Chinese medical books.

Not long ago, dentures were common wedding gifts in the British Isles because many people expected to eventually lose all of their teeth and expedited this process by having them extracted.

Among the first known dentists in the world were the Etruscans. In 700 B.C. they carved false teeth from the teeth of various mammals and produced partial bridge work.

An interesting expansion of dental insurance is taking shape by insurers:

- More insurers are offering individual dental coverage as they realize that tooth and gum problems can wreak havoc on an individual’s overall health.
- A new website Brighter.com offers people discounts at participating dentists.
- 10,000,000 Americans have lost their dental insurance in the last few years due to the recession weakening employer plans.
- 54% of individuals had some form of dental benefit in 2009.
- Brighter.com (except for Florida, Montana and Vermont) gives subscribers access to a network of 25,000 dentists offering discounts that range from 20% to 60%. One option costs $79 per year for individuals and families and $49 per employee per year for small business owners for a wide array of services.
- AARP members can sign up online for an AARP branded policy thru a national insurer costing $50 to $60 per month for individual coverage. A cheaper option runs $10 to $20 less per month plus a lower percentage of covered services.
- Some health insurers concerned with complications from dental distress are taking a more active role helping members with dental distress to try to prevent the need for costly medical care down the road.
- One company made 250,000 telephone calls urging targeted patients to resume regular dental visits.
- One national company added four new medical conditions (stroke, kidney disease, head and neck radiation and organ transplant) to a list of diagnoses that allow members to receive services that treat gum disease free of charge.
Greg Thayer, CDT, FICOI, president of Thayer Dental Laboratory, a Certified Dental Laboratory, announced the addition of Dean Mersky, DDS, as its new implant coordinator.

“We feel that Dean is an individual with the background, dental experience, and customer relations skills to enhance the quality of personalized customer care that we have continually provided to the profession for 35 years,” Thayer said.

Dr. Mersky earned a BS in Public Health from the University of California, Los Angeles, and his DDS from the University of Detroit in 1976. Dr. Mersky comes to Thayer Dental Laboratory with 26 years of clinical experience. His practice was located in Manhattan Beach, California, where he focused on reconstructive and cosmetic dentistry along with TMJ disorders. While in private practice, he conducted independent research on laser teeth whitening for the DMD Corporation, and clinical trials for Captek®. Dr. Mersky left private practice in 2002 to join Captek® as its Director of Clinical Communication. During his 8 years with Captek®, Dr. Mersky consulted with doctors and technicians on clinical and technical matters, and published many articles on the science of dental materials. Additionally, Dr. Mersky’s evidence based lectures have brought him national acclaim from study groups, dental associations, and dental laboratory organizations.

Thayer Dental Laboratory is a full service laboratory, specializing in implants and cosmetic restorations. Established in 1976, Thayer Dental Laboratory prides itself on delivering consistent, high quality restorations, outstanding customer service and innovative treatment planning solutions.
Dr. and Mrs. Philip T. Siegel
Invite you to join them at the

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Golf Outing

October 10, 2011

BENEFITING
Jill Just Wants 2 Help
In Memory of Jillian Siegel

CLINICS
Brian Quinn’s Golf Academy at Tee’s Golf Center
707 Conshohocken Road
Conshohocken, PA 19428

TOURNAMENT
Green Valley Country Club
201 Ridge Pike
Lafayette Hill, PA

In 2008, at the age of 20, Jillian Aggie Siegel, a sophomore at Penn State, Main Campus, was diagnosed with acute myeloid leukemia. Sadly in 2009, Jill lost her battle with AML. Watching Jill and other adolescents in the hospital struggle with the disease, Phil and Nancy Siegel also saw the financial and emotional toll on families and patients. It is in Jill’s memory that Phil and Nancy set up Jill Just Wants 2 Help, to provide financial resources to families while receiving treatment at the Hospital of the University of Pennsylvania.

For registration, sponsorship information and more details, visit www.drivesforlives.org or www.jjw2h.org. For questions, please contact Maggie McIntosh at 484.881.1988 or info@drivesforlives.org.
Some companies where you can open $100 as long as you agree to invest an account with as little as $50 or up an account and I believe there are only require $50 or $1,000 to open a diversified. Many mutual fund companies may not have the funds to properly who are just starting out investing and stock in the morning at one price and may not have the funds to properly diversify. Many mutual fund companies only require $500 or $1,000 to open up an account and I believe there are some companies where you can open an account with as little as $50 or $100 as long as you agree to invest $50 per month.

Of course, mutual funds are also good for those investors who have a lot of money to invest as well. Mutual funds are liquid, meaning you have access to your money anytime you want it. Of course, that may mean the fund will be down in value but the money is available. The most important thing about mutual funds, and the reason I like them, is professional management.

There is a manager or a team of managers that are researching what they believe are the best companies to buy and sell at the appropriate times. Personally, I am way too busy during the day doing oral surgery and do not have the time to go out and visit the companies, talk to the corporate officers and kick the tires so to speak.

Although there are expense ratios associated with the purchase of mutual funds, there is generally no commission to pay as there is when you buy a stock. Also unlike stocks, mutual fund prices do not change during the day. When you purchase a mutual fund, you buy the shares at the closing price for that day. For example, I send $1,000 to ABC mutual fund. They receive the check on Thursday May 4 at 1 p.m. My purchase price for those shares will be whatever the net asset value of that fund’s closing price as of 4 p.m. on that day. You can buy a stock in the morning at one price and sell it at another price before the end of the trading day. You cannot do that with mutual funds. You could sell the mutual fund the day after you bought the fund but not the same day.

Mutual funds make it very easy to invest in them on a regular basis, a strategy called dollar cost averaging. 

You can set up a weekly, monthly or quarterly automatic monthly purchase program where the fund will take a pre-arranged dollar amount directly from your checking account on a regular basis. With some companies, you can open a mutual fund and a money market fund where they will take the money directly out of your money market on a pre-arranged regular basis. This concept of dollar cost averaging takes the emotion out of investing and allows you to buy fewer shares when the fund is up and more shares when the fund is down. Over the long run, you should do better than the traditional buy and hold strategy. Another nice thing about having money withdrawn from your money market to your fund within the same company is that on a day when the market is getting hammered, you can call your mutual fund company before 4 p.m. and make a telephone exchange from your money market into your fund before the end of trading that day.

This gives you the opportunity to buy more shares at a lower price.

There are probably more funds then there are stocks. You can buy funds that invest in only large cap growth stocks, or small cap value stocks. You could buy sector funds that just invest in energy or health care (drugs, pharmaceuticals, medical equipment) or financial stocks. You can invest in index funds, where there is no active management because the funds just track an index. The most popular is the S&P 500 fund. You can invest in bond funds, short, intermediate, long-term, corporate or junk bond funds. There are international funds, which only invest in countries outside of the United States, there are global

(continued on page 46)
or worldwide funds that can invest anywhere in the world (including the U.S.), there are emerging market funds that only invest in third world countries and there are funds that only invest in particular continents or individual countries. You can invest in almost any combination of the above. You can even invest in target funds where you choose the year you want to retire and the fund will automatically become more conservative as you reach retirement age. There are so many funds it can make your head spin.

Many investors use funds not only to diversify but to achieve the proper asset allocation they are comfortable with. For example, they may invest 20 percent of their portfolio in mid cap growth funds, 20 percent in bond funds, 20 percent in international funds, etc. Of course, not all funds are created equal and with other types of assets proper research of funds is important.

There are no free rides in investing and as mentioned before, all funds have an expense ratio. There are two types of funds you can purchase — no-load and load funds. In addition to the usual expense ratio, loaded fund do have a charge (commission). For example, a loaded fund with a front end load of 5.75 percent will cost you $5.75 on every $100 you invest. So if you purchased $10,000 of ABC fund, the company will charge you $575 and invest the remaining $9425. When you purchase $10,000 of a no load fund, all $10,000 will be invested for you. Most front ended loaded funds have an A after their name. There are also back ended loaded funds where there is no charge when you invest the money, but there is a charge when you redeem your shares. In many companies there is a sliding scale where the longer you keep your money in the fund, the smaller the load (charge), until you reach a point where there is no back end load. For example, if you withdrawal your money in year one, there would be a 5.25 percent charge, year 2 a 4.25 percent charge and so on. These are often referred to as B funds. Class C shares are often referred to as level load funds, there is no front end or back end load but the funds operating expenses are generally high.

As mentioned before, all funds have an expense ratio associated with their fund. The expense ratio is your cost of owning the fund. Most actively managed funds have an expense ratio of approximately 1.5 percent. This percentage generally includes the cost to pay the manager to run the fund, the so called management fee, as well as the administrative costs of running...
the fund. In some cases there is an additional expense called a 12b-1 fee, which is a marketing and advertising fee. This fee generally costs about .25 percent. Vanguard Funds are known for their low expense ratios, and their index funds, which are not actively managed, often have an expense ratio as low as 0.20 percent.

Just as a quick comparison, let’s say you invested $1,000 in a fund that gained 10% for the year and had an expenses ratio of 1.75 percent. Your $1,100 would be reduced by $19.25 ($1,100 x .0175) and your total investment would be worth $1080.75 ($1100-$19.25). Compare that to a fund with a .20 percent expense ratio and your investment would be worth $1,097.80. The difference of $17.05 may not seem that significant but it becomes very significant when you have a lot more money invested and it is compounded over many years. The expense ratio is very important.

The first statistic most investors look at is the performance of the fund they are interested in purchasing. They will look at the one-, three- and five-year performance of the fund. There is nothing wrong with that, but the first thing you need to do is to compare it not only to similar funds but with its comparable index. If you are looking to purchase a small cap value fund, you need to compare it to the small cap value index. Your fund may be down 15 percent, but if the index is down 20 percent, the manager of the fund did a credible job beating the index. Conversely, your fund could have been up 30 percent but if the index was up 40 percent, your manager underperformed the index and did a poor job.

The other thing I like to look for is consistency. Did the fund do well over a three or five year period because it had one outstanding year and the rest were subpar? I want to see my manager outperform the index on a consistent basis, and not just because he had one great year. Although I will get into this in more detail later, I want to know how much risk my manager took in achieving his performance. Perhaps for the risk he took, although he did well, he should have done better in which case I may be able to purchase a fund with a similar return without taking on the same risk.

To me the most important factor in evaluating a fund is to look at who is managing my fund. Is it run by an individual manager of a team of managers? The success of most businesses, and that includes running a mutual fund, depends on successful management. Has the fund manager been the same over the period in which you are evaluating? This is not to say that a particular manager may not have a bad year or two, but I am entrusting my money with that individual. This may not be that important if you have a team of managers, because if one leaves, the others are still there, unless the entire management team leaves.

One of the more successful managers is named Bill Miller, who runs the Legg Mason Value Trust Fund. He beat his index 15 years in a row, one of the few managers who have ever beaten his index that many years in a row. Then he got slaughtered to the point where he had one of the poorest performing funds. After many years owning and dollar cost averaging into his fund, I finally sold his fund at a loss. This brings me to the questions I am often asked regarding investing in loaded mutual funds. As a rule, I generally avoid loaded funds. It is not because I think well performing loaded funds should not be purchased, it’s because I am paying the load for the manager and if the manager leaves shortly after I purchase the fund, I may want to sell the fund because I am not getting what I paid for. If you use a financial advisor, many are not charged the load when they invest for you. Generally speaking, I have had good success in following good managers from one fund to another.
We continue our 104th year of camaraderie and education as one of the oldest dental societies in the region!

Upcoming Events

Fall All Day Program: Friday, October 14, 2011
The Buck Hotel, Feasterville, PA
“Virtues of Profitable Dentistry”
Presented by Dr. Howard Farran DDS, MBA, MAGD

A noted international lecturer on faster, easier, more efficient dentistry. He has captivated audiences around the world with his innovative, informational and entertaining style. In his seminar entitled, “The Virtues of Profitable Dentistry” he gets down to the nitty gritty details of running a thriving family practice. He can show any dental team how they too can achieve their dreams and goals. Dr. Farran is the founder and publisher of Dentaltown Magazine, which is mailed to more than 118,000 dentists in 43 countries each month.

Fall Dine Around: Wednesday, November 2, 2011
The Dandelion Restaurant 124 South 18th Street, Philadelphia, PA
“Current Topics in Head and Neck Cancer, Screening, Evaluation, and Treatment of Oral Cavity and Oropharyngeal Cancer”
Presented by Dr. Longo MD

Winter Entertainment Event: Thursday, January 19th, 2012
Del Frisco’s Steakhouse 1426 Chestnut Street, Philadelphia, PA
Featuring the breathtaking magic of Oz Perlman (back by popular demand!) and stand up comedian and writer Doogie Horner

Zocalo 3600 Lancaster Avenue, Philadelphia, PA
“The Fully Integrated Practice: It’s All About The Patient”
Presented by T. Andre Shirdan

CPR: Friday, April 27, 2012
The Buck Hotel, Feasterville, PA

Spring All Day Program: Friday, May 18th, 2012
The Buck Hotel, Feasterville, PA
“A Sound Recession Proof Restorative/Hygiene Practice; Integrating the Team and Creating the Value”
Presented by Dr. Lou Graham

Annual Golf Outing: June, 2012
Philmont Country Club

For more information on Eastern Dental Society, please contact Dr. Michael Salin at Info@Eastern-Dental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org
In Memoriam

Dr. James A. Abraham
Sinking Spring
Temple University (1959)
Born: 6/23/1930
Died: 6/6/2011

Dr. Daniel Cianflone
New Kensington
University of Pittsburgh (1977)
Born: 7/20/1946
Died: 7/24/2011

Dr. Joseph E. Deitch
Coopersburg
University of Pennsylvania (1956)
Born: 6/24/1932
Died: 4/7/2010

Dr. Harry Field
Saint Louis
Temple University (1948)
Born: 1/1/1919
Died: 5/11/2011

Dr. Thomas W. Holtzman
Harrisburg
University of Pennsylvania (1944)
Born: 1/12/1919
Died: 8/9/2011

Dr. John F. Hornyak
Pittsburgh
University of Pittsburgh (1950)
Born: 7/24/1923
Died: 6/30/2011

Dr. Diego A. Ingaglio
Marmora
University of Pennsylvania (1947)
Born: 12/4/1922
Died: 4/5/2011

Dr. Robert A. Kolb, Jr.
Jenkintown
Temple University (1954)
Born: 1/1/1928
Died: 4/3/2011

Dr. Elmer J. Maranacci
Chambersburg
University of Pittsburgh (1955)
Born: 9/2/1926
Died: 1/23/2007

Dr. Lisa Vecchione
Pittsburgh
University of Pittsburgh (2000)
Born: 10/19/1966
Died: 8/7/2011

Dr. Samuel D. Zeiders, Jr.
Mifflintown
Temple University (1952)
Born: 3/5/1926
Died: 12/18/2010
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Wednesday March 7, 2012

Ms. Anita Jupp
“Anita Tells It Like It Is . . .
Not Working Harder . . . Working Smarter”

Dr. Charles Wakefield
“Restorative Materials . . .
What, When, Where and How?”

Dr. Robert Edwab
“Oral Surgery for the General Practitioner”
(AM lecture & PM hands-on)

Dr. John Tucker
“Treatment of Obstructive Sleep Apnea with
Oral Appliance Therapy”

Thursday March 8, 2012

Dr. Mark Hyman
“360 Slam Dunk Guide to Successful Teams”

Dr. George Bambara
“Ultimate Course in Attachment Dentistry”

Ms. Karen Davis
“Creating the Ultimate Doctor-Patient
Hygiene Exam” and “Getting from Bugs
and Drugs to Hugs and Health”

American Academy of Facial Esthetics
“Botox Day-Part I” (lecture & participation course)

Friday March 9, 2012

Dr. Betsy Bakeman
“All Dentistry is Cosmetic”

Dr. Stanley Malamed
“Emergency Medicine in Dentistry”

Dr. Peter Shatz
“Dental Surgery and Anesthesia . . .
Do You Know Your Anatomy” (AM lecture)
Socket Preservation Bone Grafting (PM hands-on)

American Academy of Facial Esthetics
“Botox Dental Fillers—Part II” (participation course)

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Administrative Secretary
(412) 648-8370

September 24
Digital Radiography: Hands-On
Anitha Potluri, BDS, DMD, MDS

October 1
Everyday Endodontics
Eugene Pantera, Jr., DDS, MS

October 7
OSHA/Bloodborne Pathogen Update
W. H. Milligan, DMD, PhD

October 14
Drugs and Dentistry – Including Herbs and Natural Products
Richard L. Wynn, PhD

October 22
A Review of Radiological Procedures: DEP Requirements
Marie George, RDH, MS

November 4
Potpourri Series
Oral Pathology
Kurt Summersgill, DDS, PhD
Laser Biostimulation in Dentistry
Alan Timko, DMD
Oral Surgery
James Tauberg, DMD
Problem Solving with Composite
Robert Obradovich, DMD

November 5
Dental Radiography: DANB Exam Prep Course
Ms. Marie George, RDH, MS

November 18
Current Concepts in Oral Medicine
Scott S. DeRossi, DMD

December 2
Diagnostic Considerations and Restorative Management of Difficult Cases
Edward M. Feinberg, DMD

December 3
Surgical Crown Elongation – Hands-On
Pouran Famili, DMD, MDS, MPH, PhD
Ali Seydahm, DMD, MDS

December 9
Forensic Dental Casebook: Techniques and Methods
Michael N. Sobel, DMD, D-ABFO

December 9
Effective Claim Administration – Demystifying the Claim Process
Richard M. Celko, DMD

Radiation Safety and DEP Regulations
Anitha Potluri, BDS, DMD, MDS
Online course – Coming soon
Contact the CDE department for more info – 412/648-8370

Off-Campus Programs
Bradford

October 13
Drugs in Dentistry, Including Herbal Supplements: Keeping Your Practice Current
Dr. Richard L. Wynn

Johnstown

October 12
Forensic Dental Casebook: Techniques and Methods
Dr. Michael N. Sobel

November 17
Porcelain Laminate Veneers - The Whole Story!
Dr. Steven P. Weinberg

Reading

October 14
Adhesives, Composites, Cements and More: Eliminating Sensitivity with Predictable Procedures
Dr. George Freedman

Temple University
Contact: Dr. Ronald D. Bushick or Nicole Carreno
(215) 707-7541/7006
(215) 707-7107 (Fax)
Register at www.temple.edu/dentistry/ce

September 23
Occlusion Based Restorative Dentistry
Jack Shirley, DDS

October 14
Lasers in Dentistry: The Journey to MID
Howard Golan, DDS, JD

October 21
Turning Assessments into Action
Brian B. Nový, DDS

October 28
1st Annual Straumann Distinguished Speaker Lecture
Accelerated Implant and Restorative Dentistry
Dr. Robert A. Levine

November 4
A Partial Course on Partial Dentures with Hands On RPD Framework Design Principles Workshop (Hands On)
M. Nader Sharifi, DDS, MS

(continued on page 52)
Continuing Education

November 9
Impression Techniques, Concepts and Technology (Hands On)
Marc Gottlieb, DDS

November 18
Drugs and Dentistry Including Herbals and Nutraceuticals
Richard L. Wynn, PhD

PDA
Blair County Convention Center
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

November 4
All You Wanted to Know About Attachment Dentistry, But Were Afraid to Ask!
George E. Bambara, MS, DMD

November 5
Attachment Dentistry: Hands-On Half-Day Workshop
George E. Bambara, MS, DMD

Chambersburg
The Orchards Restaurant
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

October 7
New Perspectives in Esthetic Restorative Dentistry
Steven P. Weinberg, DMD

November 11
Restoration of the Worn Dentition
Terence E. Donovan, DDS

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

October 26
Evidence-Based Dentistry (EBD) in a Clinical Context
Richard Niederman, DMD

November 9
Restoration of the Worn Dentition
Terence E. Donovan, DDS

December 14
Mugs and Drugs: A Look at Today’s Counter-Culture Trends and Their Impact on Oral Health
Betsy Reynolds, MS, RDH

Wellsboro
Pennsylvania College of Technology, North Campus
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

October 21
Ethics in Dentistry—Ethical Principles and Code of Professional Conduct
Lillian Obucina, DDS, JD
Terence E. Donovan, DDS

Montgomery-Bucks Dental Society
Normandy Farm, Blue Bell
www.mbds.org
(215) 234-4203

October 14
The Fascinating World of Oral Lesions
Ross Kerr, DDS

November 18
The Changing World of Dental Risk Management
Philip Barbell, DDS

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

January 13, 2012
Dental Products, Technology, Trends and Techniques
Paul Child, DMD, CDT

April 20, 2012
Optimal Aging – Living to 100
Barbara J. Steinberg, DDS

May 18, 2012
My Patient Keeps Getting Cavities…
Dr. Brian B. Novy

Eastern Dental Society
Contact: Dr. Michael Salin
(215) 322-7810
info@Eastern-Dental.org

October 14
Fall All Day Program
The Buck Hotel, Feasterville
Virtues of Profitable Dentistry
Dr. Howard Farran DDS, MBA, MAGD

November 2
Fall Dine Around
The Dandelion Restaurant, Philadelphia
Current Topics in Head and Neck Cancer, Screening, Evaluation, and Treatment of Oral Cavity and Oropharyngeal Cancer
Dr. Miriam Lango MD

February 22, 2012
Zocalo, Philadelphia
The Fully Integrated Practice: It’s All About the Patient
T. Andre Shirdan

May 18, 2012
The Buck Hotel, Feasterville
A Sound Recession Proof Restorative/Hygiene Practice; Integrating the Team and Creating the Value
Dr. Lou Graham

The Institute For Facial Esthetics
Fort Washington
Contact: Linda Maroney, CE Coordinator
(215) 643-5881
On-Line Registration:
www.iffe.net/registration

September 30
Esthetic Veneers: Clinical & Laboratory Procedures
James R. Bowers, DDS
Robert Winkelman, CDT, MDT
Connie Nguyen, CDT
October 8
CDT Certification Course
Robert Winkelman, CDT, MDT

October 12
All-On-4 and More
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE

October 22
Dental Assisting in the Implant Practice
James R. Bowers, DDS
Hillerie Swinehart, EFDA

October 28-29
NobelClinician™ 3D Computerized Planning
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE
Robert Winkelman, CDT, MDT

November 14
Advanced Guided Surgery with Zygoma
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE

November 19
Treatment Planning for the General Practitioner
James R. Bowers, DDS

December 5
Severely Atrophic Maxilla
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE

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Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of $150,000 to $300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email SJRDMD@aol.com.

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Do you aspire to be a partner in a growing group practice? Do you have management abilities? Then you may be the kind of associate we are seeking. Our group is located in the Central Susquehanna Valley near Bucknell and Susquehanna Universities. We are seeking a general dentist capable of a wide range of procedures. No HMO’s. Medical Assistance is optional. Want to know more? Call (570) 742-9607, email copdha@sunlink.net or fax your resume to (570) 742-9638.

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Seeking general dentist for associateship leading to partnership/ownership in a 36-year established FAMILY PRACTICE IN Lower Bucks County. Partner is retiring. Interested parties please respond to PDA Box S/O 3.

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Full-Time Associate Wanted
Chestnut Hills Dental, formed in 1997, is an 8 office, multi-specialty dental practice and a leader among the Pittsburgh dental community committed to providing quality dental care to their patients. We are currently seeking a full time associate for the eastern suburbs in the Pittsburgh area. Enjoy the traditional doctor patient relationship in a team environment with professional and clinical support to best service your patients. Join our team and enjoy flexible work hours, a generous compensation and benefits package including malpractice, life, medical, disability insurance and a 401(k) plan with employer match. Future ownership possible. Please contact Jeff Null at jnull@amdpi.com or call (412) 373-9682 ext. 224.
Endodontist Wanted
Endodontist needed FT or PT for central PA practice. Inquiries will be held in strict confidence. DTSDMD@gmail.com.

Immediate Opening for Associate
Excellent opportunity for recent graduate. 5,000 patient practice looking for full time associate (35+ hours/week). Guaranteed salary plus bonus package. Benefits include Healthcare, Pension Plan, etc. Practice located in Schuylkill County. Practice profile available upon request. Call (570) 544-4845 or email bjbdmadcomcast.net for further details.

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General dentist needed part-time for state of the art, established practice. We are a busy general and cosmetic practice in Yardley. We have a quality, supportive team of professionals with a “patient first” philosophy. There is the potential in the future for full-time and a partnership. If you are interested, please email your resume to smilexcellence@aol.com, Attn: Lisa/Resume.

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Our office purchased new intraoral wall ($1,500), Mobile ($1,500) X-rays, Handheld X-ray (3,695), chairs and units packages (3,695), Implant Motors ($1,995) and more. Need to downsize. Everything brand new, still in the box w/warranty. Call (561) 703-1961 or NYCFREED@aol.com.

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

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

NEW PRACTICES FOR SALE
We have six excellent new listings! Central – Grosses $400K. Great location. 6 ops. FFS. Near Pittsburgh – Practice and building for less than $295K. Motivated seller. Scranton – Practice and building available. This practice grosses $600K. Berks County – Great place to raise a family. This practice collects over $900K. Near Chambersburg and Bedford – Practice and building for sale. Great practice. Near Philly – Seeking an associate to buy-in and buy-out. $1.4 million in revenue in this modern highly profitable practice just 30 minutes from Philadelphia.

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


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


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Practice and real estate, 4+ ops, equipment good, career equity builder instead of rent (increases). Great New Jersey location, seven minutes from Philadelphia tax saver investment, location, location, location. CONTROL your destiny!!! Call (856) 665-6404.
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We have practices currently in York, Berks, Schuylkill, Chester, Delaware, Wayne, Cumberland and Dauphin counties. Please contact Jennifer Bruner at (614) 588-3519 or email jbruner@paragon.us.com to learn about these great opportunities. Visit www.paragon.us.com to see all our opportunities.

Orthodontic Practice for Sale
Schuylkill County area, 2010 collections exceed $1 million. Pre-tax cash flow of $460,000, after debt service. Excellent location and new patient flow. Seller willing to stay on as desired by purchaser. Excellent opportunity. Real estate also available. Contact Jennifer Bruner at (614) 588-3519 or email jbruner@paragon.us.com.

Lehigh Valley PEDO Practice for Sale
This 3 day per week practice with 5,225 patients collects over $1,365,000 per year and provides a net cash flow of $658,987 after loan payment. The 4 operatories are fully equipped and additional room is plumbed and ready to be equipped. Please call Jennifer Bruner (614) 588-3519 or email jbruner@paragon.us.com.

Harrisburg Practices for Sale
Multiple opportunities with wonderful growth and ownership opportunities, West Shore, Central and Linglestown areas and more. Please visit our website at www.paragon.us.com to see detailed information. Contact Jennifer Bruner at (614) 588-3519 or email jbruner@paragon.us.com.

PRACTICE FOR SALE

Dental Practice Sale

Practice for Sale
Practice Sale
Immaculate, high-end restorative specialty practice located in Bucks County. Six op facility w/2,500 sq. ft. FFS practice very established patient base. A MUST SEE. Please contact Sharon Mascetti at (484) 788-4071 or Sharon.mascetti@henryschein.com.

Practice for Sale
Nice 1,000 sq/ft office in Luzerne County that has been in existence for the past 35 years. Perio, ortho, some endo and extractions referred out. 4 ops, with a pan. Great staff. Real estate could also be part of the sale. Please call or email Sharon Mascetti at Sharon.mascetti@henryschein.com or (484) 788-4071.

Northeast Pennsylvania
IMMEDIATE SALE: Active general practice in Northeast Pennsylvania. Well established, busy, close two-office practice. EXCELLENT GROSS AND NET REVENUE. Outstanding opportunity. stanpoll@aol.com.

Practice for Sale
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www.snydergroup.net.

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Former office of a retired dentist and ready for you. Wonderful demographics and visibility. Available now, Sale or Lease. Second floor apartment available, too. Salwen & Strasburg RE, (215) 643-2283 hsalwenre@gmail.com

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Mercer County $155,000
Pleasant Hills $130,000
Clearfield County $1,000,000
Clearfield County $500,000
Mid Mon Valley $250,000
Tri-State Periodontist $750,000
Latrobe $400,000
Forest Hills $320,000
Venango County $360,000
Delaware County $260,000
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