

<p>Diagnose this, part II Join oral pathologist Dr. Malhotra for part II of this series on white lesions. ▶ page 5</p>	<p>Signing a commercial lease? Learn from our newest author about what to consider before signing anything. ▶ page 11</p>	<p>Have a good 'impression'? The ability to take good ones is amazing considering the environment we work in. ▶ page 14</p>

ADA redesigns its website

By Fred Michmershuizen, Online Editor

In an effort to make comprehensive oral health information easier to access, the American Dental Association has redesigned its website, located at *ADA.org*.

The site has many features that are designed for both dental professionals and the general public.

"The new *ADA.org* represents the collective input from our members and the public and provides enhanced navigation tools for easier access to the wealth of oral health information we have online," said Dr. Ronald L. Tankersley, ADA president, in a press release announcing the changes.

"This information includes tools needed for practice management and continuing education as well as news about the latest developments in oral

health care."

Highlights of the new ADA website include the following:

- An enhanced "Find-a-Dentist" feature with updated profile information and photos.
- A "Professional Resources" section where ADA members can find tips and tools to help them thrive in challenging economic times.
- "Education and Careers" with information about licensure, education and online C.E. opportunities.
- "Science and Research," which features evidence-based dentistry resources and dental standards.
- "Advocacy," which addresses the ADA's efforts on behalf of the dental profession on Capitol Hill and in state capitols across the country.

The redeveloped site continues to offer news and extensive informa-

tion for members of the public on hundreds of dental topics, ranging from basic dental care to baby's first tooth to gum disease to tooth whitening.

According to the ADA, the website redesign is the result of 18 months of research, planning and design.

"Refinements to *ADA.org* will continue as we build on our efforts to make our general and proprietary oral health information easily attainable for ADA members," Tankersley said.



(Photo/ADA.org)

"This will assist members in offering the highest level of patient care and maintaining thriving practices." **DT**

INDUSTRY NEWS

Small diameter implants in prosthetic dentistry

By Eugene LaBarre, DMD, MS

Conventional complete dentures in the mandible are among the least predictable and least satisfactory treatments in prosthetic dentistry. The placement of dental implants in the edentulous mandible for the purpose of supporting and retaining an over-

denture greatly improves both prosthetic predictability and patient satisfaction.

Despite a 50-year record of advance and success with dental implants, several aspects of oral health in the 21st century United States suggest that an

[▶ DT page 24](#)

Dentistry in the land of Mickey

Go for the dentistry, but stay an extra day or two for the rollercoasters and all the other fun to be had in Anaheim.

[→ See page 18](#)



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More cool stuff for your practice

By Fred Michmershuizen, Online Editor

Kill germs with anti-bacterial toothbrush covers

There are a lot of germs around these days, including many pathogens that can harm children.

For parents who want to reduce the risk of exposure and infection, there's a new snap-on toothbrush sanitizer available from Dr. Tung's, a Kaneohe, Hawaii-based company specializing in natural oral care products.

The device snaps on over the toothbrush head and releases anti-bacterial vapors onto the bristles.

"The best part is that the sanitizer uses a proprietary blend of only natural essential oils to do the germ killing, so children are not exposed to unnatural, harsh chemicals," the company explains.

To make the device fun for children to use, lions and pandas are pictured to "eat away" the germs.

According to Dr. Tung's, the covers are 100 percent biodegradable and will turn into biomass within one to five years.

"With children being exposed to more germs now than in the past decades — and with germs seeming more resistant than ever — parents would do well to find ways and means to reduce the risk of exposure and infection," a com-



(Photo/Provided by Dr. Tung's)

pany representative noted.

The sanitizer will soon be available in specialty stores such as Bed, Bath & Beyond and in natural supermarkets such as Whole Foods. More information can be found online, at www.drtingus.com.

Pamper your patients with heated towels

Want to make your patients feel like they are in the lap of luxury when they are sitting in your chair?

You might let them refresh themselves with warm, moist towels available from White Towel Services, a Fort Worth, Texas-based company.



(Photo/Provided by White Towel Services)

The pre-moistened, individually wrapped towels come in several different options, from gently scented, 100 percent cotton to a synthetic fabric. Scented varieties are also available.

The single-use, disposable towels are designed to help you offer a touch of first-class service to your patients.

The towels can be loaded into a warmer to be used as needed throughout the day. And if cold towels would be better, you can store them in a refrigerator or ice chest.

To learn more, visit White Towel Services online at www.whitetowelservices.com — or watch for the company at an upcoming dental meeting. Just watch for the people handing out the refreshing towels. **DT**

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If dental professionals do not take the lead in the fight against oral cancer, who will?

And in the eyes of our patients, they likely would not expect anyone else to do so — would you? **DT**

Americans line up for free care

By Fred Michmershuizen, Online Editor

Despite the passage of health care reform legislation earlier this year, many Americans today lack the financial resources to afford medical and dental care.

As a result, thousands of patients are lining up at events in places such as Los Angeles, Chicago and even Idaho Falls, Idaho, to receive free care.

One nonprofit volunteer organization, called Remote Area Medical (RAM), staged a weeklong free clinic in Los Angeles from April 27 to May 3.

At the event, at which volunteer medical and dental practitioners offered free care daily from 6 a.m. until 6 p.m., the demand for services was so high that a wristband system was put in place to ensure the orderly handling of the large numbers of people who showed up.

RAM was founded in 1985 by Stan Brock to offer free health-care services, including dental and vision care, to people in underdeveloped countries. Since then, the organization has also been running free clinics here in the United States.

"There really is a problem here in the United States," Brock told CBS News. "It's not just in the Amazon and in places like Haiti." Today, Brock said, "64 percent of everything we do is here in America."

Over the years, RAM has successfully held hundreds of free clinics providing services to thousands of men, women and children.

According to the organization, dental services are one of its core offerings and have provided relief to thousands of patients over the years.

Poor dental health is a common problem in the hills of the southern Appalachians, where RAM's services are desperately needed.

Patients often arrive with serious dental problems, often affecting their overall health. In a single visit, many of these can be improved.

The RAM dental program has grown from offering only emergency extractions in the early days to include restorations, cleanings, fluoride treatments and oral hygiene instruction today.

Even advanced procedures, such as dentures and simple root canals for anterior teeth, can be performed. Dedicated volunteer dentists provide services free of charge.

In all, 300 medical volunteers served 1,200 patients a day for the recent weeklong RAM event in Los Angeles. At a RAM event there in 2009, more than 6,000 patients were treated.

But not all free care events are so large. In Idaho Falls, Idaho, recently, Dr. Tom Anderson of Premier Dental Care organized a local event called "Great Friday" in which 40 professional volunteers treated more than 100 people, some of whom had to

wait more than five hours.

"It was so much fun, and the patients were so gracious," Anderson told Dental Tribune.

Two other dentists — Dr. Gene Hoge of Pocatello, Idaho, and Dr. John Hisel of Boise, Idaho — also participated.

Anderson credited his wife, Lisa, for organizing the event. He also said companies like Sullivan Schein Dental provided much-needed supplies and equipment. Anderson said Shae Davis and Dennis Everly of

→ DT page 4



About 40 dental professionals donated their time for 'Great Friday.' (Photos/Provided by Premier Dental Care)

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NCOHF video raises awareness of pediatric dental disease

By Fred Michmershuizen, Online Editor

To help raise awareness of the fight against pediatric dental disease, the National Children's Oral Health Foundation: America's Toothfairy (NCOHF) has released a public service announcement video as part of a continued effort against the No. 1 chronic childhood illness in the United States.

The video — "America's Toothfairy: Transforming Children's Lives" — was produced to educate the general public about the prevalence of pediatric dental disease and highlight the measures that the NCOHF nonprofit affiliate health-care facilities are taking to provide underserved children nationwide with compassionate, comprehensive oral health care.

"Millions of children are suffering in silence from oral pain so severe

that it impacts their ability to eat, sleep and learn on a daily basis," said Fern Ingber, NCOHF president and CEO.

"With access to basic preventive care and simple educational tools, pediatric dental disease is completely preventable. We hope this film will create a robust public dialogue surrounding our country's oral-health epidemic and encourage increased support for nonprofit health-care centers that work tirelessly with limited resources to eliminate this disease from future generations." Two dental health-care professionals video offer their comments in the video.

"Dental caries is still very much a disease, in fact it is the most common chronic disease in childhood," says Dr. J. Timothy Wright, professor and chair of pediatric dentistry at the University of North Carolina School

of Medicine. "Oral health is one of the leading causes of children not being in school."

Dr. Rocio Quinonez, clinical associate professor at the University of North Carolina School of Dentistry, said, "We as a profession certainly share the same mission as the NCOHF, and that is to get to kids early enough so that we can not only prevent disease but change the trajectory of oral health and general health outcome."

"America's Toothfairy: Transforming Children's Lives" was produced by Emulsion Arts Film Production Co. with funding from DENTSPLY International, a dedicated NCOHF underwriter.

The video may be viewed on the Dental Tribune website's media center, located at mediacenter.dentaltribune.com. **DT**



Children who have received care thanks to the efforts of the National Children's Oral Health Foundation: America's Toothfairy are featured in a new video. (Photo/Provided by NCOHF)

← **DT** page 3

Sullivan Schein were particularly helpful.

Events like "Great Friday" come at a welcome time for many people. Many of the benefits of the new health care legislation won't kick in for several more years, but even when they do dental care will still be unaffordable to many.

So it's no surprise that with the current state of the health-care system, such free care events, both large and small, are likely to continue.

For its part, RAM is planning to

hold another free clinic Aug. 26 to 28 in Chicago, in response to that city's large number of medically underserved people.

"We are making a statewide plea for Illinois-licensed dentists, ophthalmologists, optometrists, general medical physicians, nurses, dental hygienists and other medical specialists," the organization said in a recent press release.

Currently licensed dentists in any state are invited to contact RAM to learn more about volunteering.

Dental professionals may contact RAM at volunteer@ramfreeclinic.org or visit www.ramfreeclinic.org. **DT**



Dr. John Hisel of Boise, Idaho, is one of the dentists who participated in a "Great Friday" special event offering free dental care.

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Diagnose this ... white lesions

Part II of III

By Monica Malhotra

A 28-year-old healthy male presented with the chief complaints of mobility of tooth #53, sensitivity on the lower left side of his teeth and a non-scrapable, white, fissured patch in the lower labial mucosa.

The patient had a habit of chewing smokeless tobacco for the past two to three years.

- 1) The most suitable differential diagnosis (D/D) is:
- Oral submucous fibrosis (OSF)
 - White sponge nevus (WSN)
 - Tobacco pouch keratosis (TPK)
 - Verrucous carcinoma (VC)
 - Factitial injury

(Go to page 6 for the answer)

Let's proceed step-by-step and assemble all the clues toward a diagnosis.

Clue No. 1

Age/sex/general health

- 28-year-old healthy male

2) We can't exclude any differential because of the variations seen with respect to age/sex/general health, but a few things should be remembered by solving the matching exercise given below. Match the lesion with the correct age of occurrence.

- Verrucous carcinoma (VC) occurs during old age / at birth or during early childhood.
- White sponge nevus (WSN) occurs during old age / at birth or during early childhood.

Clue No. 2

Affecting the dentition

3) Which of the lesions given below can cause mobility and sensitivity (circle all that apply)?

- Oral submucous fibrosis (OSF)
- White sponge nevus (WSN)
- Tobacco pouch keratosis (TPK)
- Verrucous carcinoma (VC)
- Factitial injury

Clue No. 3

4) Mark scrapable (S) or non-scrapable (NS) next to the following lesions:

- Oral submucous fibrosis (OSF)
- White sponge nevus (WSN)
- Tobacco pouch keratosis (TPK)
- Verrucous carcinoma (VC)
- Factitial injury

Clue No. 4

Pattern and site

- White fissured plaque in the lower labial mucosa.

5) Please write the D/D in front of

the pattern and site given:

- White, thin, almost "translucent" plaque with a border that blends gradually into the surrounding mucosa. Usually in mandibular vestibule.

- White, thickened, shredded areas exhibiting a ragged surface.

→ **DT** page 6



(Photo/Dr. Monica Malhotra)

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← DT page 5

Most common on the anterior buccal mucosa, labial mucosa and lateral border of tongue.

c. The lesion appears as a white diffuse, broad-based, well-demarcated, painless, thick plaque with papillary or verruciform surface projections. Site often corresponds to the site of placement of tobacco, e.g., mandibular ridge or gingivae.

d. Blotchy, marble-like palmar or progressive stiffness due to fibrous bands formation. Most often involves the buccal mucosa or posterior part of oral cavity.

e. Symmetric, thickened, white, corrugated or velvety, diffuse plaques. Affect the buccal mucosa bilaterally.

Clue No. 5

Chewing smokeless tobacco for the past two to three years.

- 6) Mark chewer (C) or non-chewer (NC) next to the following lesions:
- a. Oral submucous fibrosis
 - b. White sponge nevus
 - c. Tobacco pouch keratosis
 - d. Verrucous carcinoma
 - e. Factitial injury

At this point, we have three D/Ds to work upon (excluding OSF and WSN).

Other features that would help us reach the diagnosis include the

following.

Factitial injury (moracicato buccarum/labiorum/linguarum)

Etiology

- Due to chronic chewing/sucking on mucosa. Associated with stress or psychologic condition.
- Patients are generally aware of this habit.
- Infrequently combined with intervening zones of erythema, erosion or focal traumatic ulceration.

Verrucous carcinoma vs. TPK

Etiology

- Chronic tobacco chewing or snuff.

Site

Typically in the area where the tobacco is habitually placed, e.g., mandibular vestibule.

Identifying features of VC

- Old age
- Usually becomes extensive before diagnosis
- “Verrucae” show white, well-demarcated, thick plaque with papillary or verruciform surface projections (VC can become a D/D only in the very early stages because later it shows verrucae formation).

Thus, we made a diagnosis of tobacco pouch keratosis.

Going further

7) Mark true (T) or false (F) next to the following questions:

- a. This lesion can also occur because of smoking tobacco.



b. This is a pre-cancerous lesion.

c. Develops shortly after heavy tobacco use and remains unchanged indefinitely unless habit altered.

d. It is seen at the same site where the coarsely cut tobacco leaves or finely ground tobacco leaves (“snuff”) are kept.

e. Stretching of mucosa reveals a distinct “pouch” (snuff pouch, tobacco pouch) caused by flaccidity in the chronically stretched tissues.

f. Histologically, shows parakeratin chevrons, acanthosis, intracellular vacuolization and unusual depo-

sition of amorphous eosinophilic material in connective tissue and salivary glands.

g. Epithelial dysplasia is uncommon (if present, mild).

Treatment and prognosis

8) Mark true (T) or false (F) next to the following questions:

a. Malignant transformation potential of TPK is low.

b. Biopsy is needed only for more severe lesions.

c. Alternating the tobacco chewing sites between left and right sides will eliminate/reduce. DT

ADS

About the author

Dr. Monica Malhotra is an assistant professor at the Sudha Rustagi Dental College in India and also maintains a private practice. Malhotra completed her master’s in oral pathology at the Manipal Institute, India, in 2009. In 2008 she was presented with a national award for the best scientific study presentation by the Indian Association of Oral and Maxillofacial Pathology. You may contact her at drmonicamalhotra@yahoo.com.

- 1) Tobacco pouch keratosis
- 2) a. VCN = old age; b. WSN = at birth or during early childhood
- 3) a, c, d
- Explanation*
- Mobility of #3 and sensitivity of lower left side of teeth; mobility occurs because of loss of attachment and loss of bone; sensitivity of a couple of teeth would occur because of loss of tooth structure or attachment loss; the two can occur because of the habit of keeping some abrasive material in the oral cavity. This could be due to the use of “smokeless tobacco” as in the case of TPK, OSF or VC. We can’t narrow down on this basis as there could be some other etiology, e.g., incorrect toothbrush dexterity.
- 4) a, b, c, d are NS. Letter e is NS too, but might be scrapable in a few cases.
- 5) a = TPK; b = factitial injury; 3 = VC; 4 = OSF; 5 = WSN. Thus, OSF is the only differential we can omit because it never presents as a plaque.
- 6) a = C; b = NC; c = C; d = C; e = NC.
- Now we can exclude WSN because it is seen at birth or early childhood and is not associated with chewing.
- 7) a = F; b = F; c = F; d = T; e = T; f = T; g = T
- 8) a = T; b = T; c = T

'She has computer experience ...' (just not the kind your office needs)

How to determine if a potential employee has the necessary skills and experience a position requires

By Sally McKenzie, CEO

"Experience." It's a word that conveys different meanings to different people. When seeking employment, applicants naturally want to convince their prospective bosses that they bring the necessary experience to the position.

Meanwhile, employers — dentists specifically — often are in the difficult position of trying to fill vacancies quickly. Many don't typically need a lot of convincing that the applicant with the pleasant smile and friendly demeanor is the one for their office, particularly when the applicant asserts that she/he has what it takes to do the job.

A scenario

Let's look at "Dr. Carrel." His business employee of 12 years decided it was time for a change of scenery and accepted a position out of state. That left Dr. Carrel frantically trying to fill the position. In walks applicant "Amanda."

Amanda has worked as a receptionist and a clerk in the children's department at a large retail store, which must mean that she's good with people and well organized. "Both are very important qualities for this job," a stressed Carrel notes to himself.

During the interview, Carrel dutifully covers the usual questions with Amanda, listening closely for those things he wants to hear.

"Do you have experience with scheduling?" asks Carrel.

"Certainly," Amanda says. Meanwhile, she's thinking to herself: I have to get in the shower by 7 a.m., make the train by 8 a.m., be at work by 9 a.m., at the gym by 5:30 p.m. so I can be out with friends by 8 p.m. "Yes, I am very good at scheduling."

"Do you have computer training?"

"Of course," Amanda says emphatically. In her mind she ticks through a variety of point and click responsibilities. *I know how to buy and sell on eBay, I have all the important websites organized in my Favorites List and I have the absolute best Facebook page, just ask all 500 of my Facebook friends.* "Yes, I have lots of computer experience."

"How would you rate your experience in effectively communicating with others?" asks Carrel.

"Very high," answers Amanda. *You should see my thumbs go. I can text message while driving, applying make-up, even during a movie.* "I consider myself to be an expert communicator."

As the story goes, Amanda is hired with the understanding that she is bringing all her "technical expertise"

to the position.

While the scenario above may be somewhat exaggerated, it is not uncommon for practices to hire new employees that bring "experience," "knowledge" and "training" in numerous areas, but oftentimes, it's not what the practice needs or what the job really requires.

Specific computer literacy is essential

Practice needs and expectations have changed. Managing a dental practice has always demanded excellent customer service skills and knowledge of dental business systems such as scheduling, financial arrangements, insurance processing, collection and billing, recall, etc.

Yet, today the need for specific computer literacy is significantly greater.

Even jobs that would not necessarily be described as "technical" commonly require computer experience or technical skills. Dental practice employees — both clinical and business — are often expected to understand and use spreadsheet, word-processing and database software.

Although an applicant may bring some computer experience, it doesn't mean she/he has the compulsory knowledge to access and interpret necessary reports or compile spreadsheets.

Historically, a college degree in business was not a requirement to get a position in the dental business office, and many people employed at the front office were former dental assistants or people who were trained on the job in another practice.

In addition, although most of the Generations X and Y and Millennials (those coming of age in the new millennium) have been exposed to computers virtually their entire lives, if they do not go on to college or receive specific training, the skills often remain elementary.

Yesterday's expert is today's amateur

When hiring someone to manage a busy practice, formal business training and more than a basic knowledge of computer software is essential.

The practice management reports that can be generated by today's sophisticated software will tell you virtually everything you must know about your practice:

- whether it is growing or declining,
- what procedures are your "bread and butter,"
- what other services or products you need to market,

- how many new patients are coming in and how many patients are leaving,

- how many children you see and how many adults,

- what percentages of your practice is insurance and what is private pay,

- what percentage of the insurance base is this company or that and so on.

The wealth of critical information is virtually boundless provided that your team knows how to access and use it.

If the job requires the employee to compile spreadsheets using Excel, but the applicant only has superficial knowledge of the program, find out before she/he is on the job.

If staff are expected to compile letters to patients, doctors, insurance companies and others using Microsoft Word and the applicant has no idea how to use the formatting

options within the program, better to learn that now than discover it in six weeks.

Don't allow yourself or your team to be surprised by what a new recruit doesn't know. Test applicants' skills before you ever offer them a front row spot on your team's bench.

For example, if you're hiring a new office manager, this applicant's skills should be evaluated in a number of areas. Consider this approach.

First, make up a "dummy" patient on the computer and ask the applicant to put together a treatment plan and then schedule the patient for multiple appointments.

Next, ask the candidate to post from the treatment plan. From there, the applicant should be asked to gather insurance information on the "dummy patient."

Finally, the applicant should be

→ DT page 8

AD



WORKSHOP SCHEDULE	
Jun 2	Indianapolis, IN
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Jun 18	Los Angeles, CA
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← DT page 7

able to create a treatment proposal and a financial option sheet. These are the basics. When the applicant performs these tasks, you will be able to observe skill level and decide the need for additional computer training.

Will the investment necessary to bring this person up to speed be too great or do her/his strengths outweigh the weaknesses? Can the shortfalls in her/his skill levels be overcome with proper technical training?

You'll have clearer answers to those important questions if you carefully evaluate the applicant's current skill level. If you choose to train, make the most of the teaching opportunities across the entire staff.

If you're planning to train the new employee in-house, consider exactly who is going to take on that responsibility. If it's you, the dentist, do you plan to see patients in the morning and clear your afternoons so that you can teach the new employee how to use the systems?

Chances are great that you have neither the time nor the inclination to take on this responsibility. If the responsibility falls to another staff member, do you plan to pay her/him extra so that training the new recruit can take place after hours?

What is the competency level of the person training the new employee? Is this person the "beneficiary" of layers of information that have been passed down from one worker to the next and still just trying to figure things out herself/himself? Alternatively, is the trainer truly an expert on how to use the systems fully and effectively?

Training? Make it real and relevant
Certainly, well-trained staff can be helpful in familiarizing new employ-

Office manager skills test for new hires

Step 1: Create a 'dummy' patient in the computer.

Step 2: Ask the applicant to:

- assemble a treatment plan for this patient.
- schedule multiple appointments for this patient.
- post from the treatment plan.
- gather insurance information on this patient.
- create a treatment proposal.
- create a financial option sheet.

Step 3: Now that you know the applicant's skill level, ask yourself:

- Will the investment necessary to bring this person up to speed be too great?
- Do the applicant's strengths outweigh her/his weaknesses?
- Can the shortfalls in her/his skill levels be overcome with proper technical training?

ees with computer systems, but plan to budget for professional training and make the most of those dollars spent.

Take specific steps to build a lineup of software superstars with an effective training system.

Bring the software trainer in to teach the employee specific skills and document each session so that the new employee, as well as others in the practice, can review steps for completing specific tasks and check their level of mastery.

Keep the documentation in your Dental Business Training Manual along with a checklist of computer

system skills specific to your practice that each employee should have mastered.

Each time you integrate new technology or make use of a new tool in your computer software, add the training steps to your training manual.

This will allow seasoned staff to review procedures that they don't use regularly and new staff to master new systems more quickly and efficiently.

Finally, remember the three-month rule of thumb. In general, it takes three months of **supervised training** to get a new hire up

to speed. Don't assume that new hires know every aspect of their job because they say they do.

Monitor a new hire's performance during the 90-day training period and have a senior team member check the accuracy of the work with the intention of coaching, not criticizing.

Front office accuracy in new patients, collections, production and retention can be checked by the daily and monthly reports run by the computer. Instructions on reading these important reports should also be incorporated into the curriculum no matter which system you are using. DT

About the author



Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist's Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenziemgmt.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.

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 Phoenix—General Dentist seeking Practice Purchase Opportunity #12108
 Phoenix—4 Ops - 3 Equipped, GR \$515K+, 3 Working Days #12113
 N Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109
 Urban Tucson—6 Ops - 4 Equipped, 1 Hygiene, GR \$900K #12112
 Tucson—1,800 active patients, GR \$850K, Asking \$650K #12116
 CONTACT: Mark Haslip @ 480-231-5838

CALIFORNIA

Citrus Heights—6 Ops, 1,500 sq. ft., 2-3 days hygiene #14311
 Fresno—5 Ops, 1,500 sq. ft., GR \$1,064,500 #14250
 Madera—7 Ops, GR \$1,921,467 #14283
 Murrieta—4 Ops, GR 648K, 1,500 sq. ft., 4 1/2 days hygiene #14313
 N California Wine Country—4 Ops, 1,500 sq. ft., GR \$958K #14296
 Pine Grove—Nice 3 Op fully equipped office/practice GR \$111,300 #14309
 Porterville—6 Ops, 2,000 sq. ft., GR \$2,289,000 #14291
 Red Bluff—8 Ops, 2008 GR \$1,006,096, Hygiene 10 days a week. #14252
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 Dixon—4 Ops, 1,100 sq. ft., GR \$122K. #14265
 Grass Valley—5 Ops, 1,500 sq. ft., GR \$714K #14272
 Oroville—Owner deceased, 7 ops, GR\$770K, 3000 sq. ft. bldg. #14310
 Redding—5 Ops, 2,200 sq. ft., GR \$1 Million #14293
 CONTACT: Dr. Thomas Wagner @ 916-812-3255
 Laguna Beach—GR \$898K 2008, 4 Ops, 2,000 sq. ft. #14314
 Laguna Hills—GR \$868K 2008, 6 Ops, Remodeled Office 2004 #14317
 San Diego—GR \$185K 2009, 3 Ops, PPO and Fee for Service #14315
 CONTACT: Thinh Tran @ 949-533-8308

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Fairfield Area—General practice doing \$800K #16106
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 CONTACT: Deanna Wright @ 800-730-8883

GEORGIA

Atlanta Suburb—3 Ops, 2 Hygiene Rooms, GR \$863K #19125
 Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR \$633K #19128
 Atlanta Suburb—3 Ops, 1,270 sq. ft., GR \$438,563 #19131
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 Western Suburbs—5 Ops, 2-2,000 sq. ft., GR Approx \$1.5MM #22120
 CONTACT: Al Brown @ 630-781-2176

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Southern—11 Ops, 3,500 sq. ft., GR \$1,840,628 #29101
 CONTACT: Sharon Mascetti @ 484-788-4071

MASSACHUSETTS

Boston—2 Ops, GR \$252K, Sale \$197K #30122
 Boston Southshore—3 Ops, GR \$300K. #30123
 North Shore Area (Essex County)—3 Ops, GR \$500K+ #30126
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 CONTACT: Dr. Peter Goldberg @ 617-680-2930
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 Boston—2 Ops, 1 Hygiene, GR \$302K #30125
 Middlesex County—7 Ops, GR Mid \$500K #30120
 New Bedford Area—8 Ops, \$628K #30119
 CONTACT: Alex Litvak @ 617-240-2582

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 Ann Arbor Area—Low Overhead - Well Run Practice GR 600K #31108
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Crow Wing County—4 Ops, Sale Price \$412K #32104
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Marlboro—Associate positions available #39102
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 CONTACT: Dr. Don Cohen @ 845-460-3034
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 CONTACT: Murry Hare @ 315-263-1313
 New York City—Specialty Practice, 3 Ops, GR \$502K #41109
 CONTACT: Richard Zalkin @ 631-831-6924

NORTH CAROLINA

Charlotte—7 Ops - 5 Equipped #42142
 Foothills—5 Ops #42122
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 CONTACT: Barbara Hardee Parker @ 919-848-1555

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 CONTACT: George Lane @ 865-414-1527

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