

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

APRIL 2010

www.dental-tribune.com

VOL. 5, No. 9



Cool stuff for the practice

Take a peek at some interesting products we spotted at events and elsewhere. ▶ [page 4A](#)



Nearly empty waiting room?

Find your patients online with video marketing that isn't as expensive as you think. ▶ [page 5A](#)

COSMETIC TRIBUNE

The World's Cosmetic Dentistry Newspaper · U.S. Edition

Improving communication

How do you choose a lab? Did you know technicians choose you, too? ▶ [page 1B](#)

'We could not support the health care reform legislation'

By Daniel Zimmermann, Dental Tribune International Group Editor

The health care reform bill recently approved by the U.S. Congress aims to improve access to health care for more than 30 million Americans. However, dental groups say that the legislation is significantly neglecting oral health.

Daniel Zimmerman, group editor at Dental Tribune International (DTI) headquarters, recently spoke with Dr. Ronald Tankersley, president of the American Dental Association, about the historical decision

and how it will affect dentistry in the United States.

The ADA did not support the health-care reform bill recently approved by Congress. Could you explain the rationale behind this decision?

As America's leading advocate for oral health, our decision was primarily based on the oral health provisions of the bill.

We could not support the health-care reform legislation because it did not include provisions to meaningfully improve access to dental

care for millions of American children, adults and elderly by properly funding Medicaid dental services.

You say that the reform does not do enough to assure that low-income families receive adequate oral health care. On the other hand, millions of people will finally be able to buy health insurance regardless of their social status or pre-medical condition.

While countless other groups can weigh in on the health care reform's overall merits and flaws, people



ADA President Dr. Ronald Tankersley

look to the ADA for a determination of how it could impact oral health.

And when the government is willing to spend close to a trillion

→ [DTI](#) page 2A, 'Health care ...'

The endo-implant algorithm

An endodontist is in a unique position to evaluate the critical factors involved in determining if a procedure will result in a successful outcome.



→ See page 10A

Breakthrough in tissue engineering

By Fred Michmershuizen, Online Editor

Researchers at the University of Illinois might have discovered the key to re-growing tooth enamel. In a comparative study on animals, they found that repeated simple amino acids, or prolines (see photo on next page), are responsible for

making teeth stronger and more resistant.

Their findings could help in replacing lost parts of teeth in patients suffering from dental decay. Proline is a major component of the protein collagen, the

→ [DTI](#) page 2A, 'Breakthrough ...'

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'certain surgical procedures must be performed only by licensed dentists'

← **DT** page 1A, 'Health care ...'

dollars during the next 10 years, but not spend a dime on improving access to Medicaid dental services for those most in need, somebody has to raise an objection.

If we didn't do that now, how could we expect lawmakers to take our concerns seriously in the future? That was the basis for our decision.

You have also rejected the idea of workforce pilot programs; can you tell us why?

The ADA's opposition to the alternative dental models pilot program was limited and based upon our long-held belief that certain surgical procedures must be performed only by licensed dentists.

What effects do you think the reform will have on the dental profession itself?

Although the ADA could not support the final legislation, we did recognize that it contained many worthwhile provisions pertaining to oral health.

These included increased funding for public health infrastructure including Centers for Disease Control and prevention programs, additional funding for school-based health center facilities and federally qualified health centers.

We also recognized increased Title VII grant program opportunities for general, pediatric or public health dentists and funding for the National Health Services Corps. loan repayment programs.

These provisions, which the ADA supported and lobbied for, will have a measurable beneficial effect on

dentistry and dental patients.

In your opinion, what should be changed in the reform bill to make it feasible for dentists and move patient care forward?

When it comes to improving access to oral health care, our message remains: Fund Medicaid, the Children's Health Insurance Program and other dental public health programs properly.

These programs are only capable of fulfilling their roles if they receive adequate funding. Many states spend less than 0.5 percent of their Medicaid dollars on dental care — an astonishingly low rate, considering the importance of oral health to overall health.

Further, poor dental reimbursement rates paid to dentists mean that many of them can't participate in Medicaid, which is one of the reasons many states fail to provide oral health care for even half of their eligible children.

The federal government can and must do more to ensure states are able to come up with their share of these benefits.

Republicans and other interest groups have announced to further oppose the reform bill. Where will you position yourself once the law has become effective?

The ADA will continue to lobby for improvements to Medicaid dental benefits and will be watching closely as federal agencies implement provisions of the law.

We want to ensure that the provisions we support are carried out correctly and will work to change the provisions we oppose. **DT**

Dental infomatics?

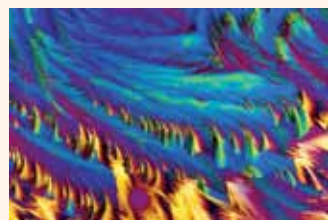
Dental informatics is about acquiring, managing and displaying information in order to support dental practice, research and education.

Informatics attempts to answer the question of how we can use information in order to deliver better patient care; be more successful in understanding health and disease through research; and educate students, practitioners and patients more effectively and efficiently.

Through the end of April, the Center for Dental Informatics, School of Dental Medicine at the University of Pittsburgh is currently recruiting for their training program in dental infomatics (MS, PhD, postdoc). Find more details at di.dental.pitt.edu/cdipr102309.php.

Interested in dental infomatics? Join the worldwide dental infomatics community at www.dentalinformatics.org for free! **DT**

← **DT** page 1A, 'Breakthrough ...'



(Photo/Florida State University)

Repeated simple amino acids, or prolines (shown above), are responsible for making teeth stronger and more resistant.

connective tissue structure that binds and supports all other tissues.

It can be also found in protein bubbles that help to form enamel.

In the study, the researchers compared the number of proline repeats in amphibian and mammal models, such as mice, cows and frogs, and discovered that when the repeats are short, teeth lack the enamel prisms that are responsible for the strength of human enamel.

In contrast, when the proline repeats are long, they contract groups of molecules that help enamel crystals grow.

According to the researchers, the findings could aid other important areas of scientific research in addition to dentistry, including the treatment of neurodegenerative diseases, such as Alzheimer's disease or Creutzfeldt-Jakob disease. **DT**

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AD

“They Laughed When He Said He Could Do A ‘90 Second Crown Prep’... Now – 35 Years Later- Who’s Laughing?”

(Here’s your chance to own Dr. Omer Reed’s controversial and classic video.)

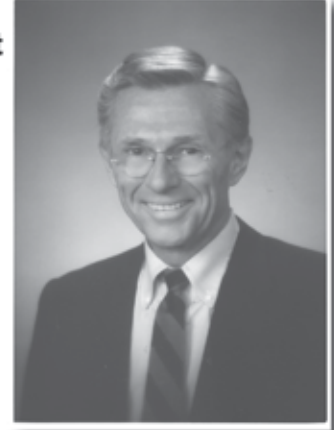
Good Morning Doctor –

Arizona dentist – Dr. Omer Reed – thrives on innovation and controversy. In fact, when word got out about his “90-second crown prep,” the folks at the Dallas Mid-Winter Dental Meeting invited him to speak... many thought it would be an old fashion Texas ambush!

But 45 minutes after he completed his talk (and did a live demo of this technique on a real patient)... Omer got the last laugh!

A couple of years ago, Omer gave me an old VHS copy of his Dallas, Texas presentation and told me to “use it however you want.” I can honestly say that this one video has changed the lives of more dentists than any CE course ever given!

Now, when you watch this... don’t freak out that Dr. Reed isn’t wearing gloves or the fact that the live demo probably violates a dozen OSHA rules... look instead at the concept presented. (This was filmed in the 60s!)



Dr. Omer Reed

Most of you reading this, are spending way too much time on your crown preps. This flaw in your clinical speed is costing you money and causing undo anxiety for your patients. You just can’t continue to do crown preps like you were taught in dental school...

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Here’s what you’ll learn on this classic DVD –

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- * Why the DEJ is the end point of the crown prep (primary intent)
- * What happens when a dentist learns to think sequentially?
- * How to prevent the “tomato crown”
- * One hour and 20 minutes? That’s the total time the bur is on a tooth in an 8 hour day in the average dental office
- * How to reduce the temperature of the tooth during the crown prep
- * Why PSI and cubic feet per AIR are seldom available at the handpiece
- * The ideal amount of water to use per minute at the handpiece
- * What is the ideal PSI (pounds per square inch of air) at the handpiece?
- * The only two burs you need for 95% of crown preps
- * Why you must always work (prep) in undermined enamel
- * On what area of the tooth should you start the prep? Are you sure?
- * Which direction do you prep... clockwise or counter clockwise?
- * The tip of the bur should precede the bur at a _____% angle?
- * How to use the air and water from the HP handpiece to PUSH the tissue out of the way
- * If in doubt... should the prep be at the expense of the tooth or the tissue?
- * “Cold steel and sunshine?”
- * The value of cutting the dentinal tubules once
- * Excavate the decay after the impression?
- * How to keep the bur from “Tee-Peeing” the prep
- * The only four reasons to go sub-gingival
- * How do you keep the tip of the finish diamond from “walking” away from the margin?
- * How to remove the “downtime” from every procedure
- * Live demonstration of the painless injection (with no topical)
- * The secret to ZERO gingival bleeding
- * Why Dr. Reed rarely uses a mandibular block
- * How to get parallel insertion cross-arch (even on perio lengthened teeth)
- * Booth 62? Booth 62? Booth 62?

CODE: DTREED-D400

What we’ve done is taken the original VHS tape and edited it (and digitally re-mastered it) to improve the picture quality and sound. We should probably sell this product at \$147 like most of our other DVDs, but since I want every dentist in America to see and benefit from this... it is being offered at the ridiculously low price of ONLY \$97.00.

P.S.

- Just because I really want everyone to own a copy of this, I’m also throwing in a complete written transcript of the entire video (and the materials list) absolutely FREE!!!

Cool stuff for your practice

By Fred Michmershuizen, Online Editor

Buzzy device makes injections easier for kids

For children, getting an injection can be quite traumatic. That's why most dentists would probably agree that just about anything that can be done to make "getting a shot" easier is certainly welcome. With that in mind, meet Buzzy — a reusable FDA class I pain relief device.

It's the brainchild of Amy Baxter, MD, a pediatrician who developed it to ease the pain that children feel when getting shots at doctors offices. But it works just as well for dental injections.

"The physiology is pretty basic," Baxter told Dental Tribune during an interview at the recent Thomas P. Hinman Meeting in Atlanta. "The combination of a frozen cold pack and vibration block the sharp pain nerves when pressed proximal to the pain."

There's scientific evidence to back that up. Baxter and four other doctors conducted a randomized clinical trial, the results of which were published in the September/October 2009 issue of Clinical Journal of Pain. The study found that the combined cold and vibration sensations decreased injection pain "significantly."

"The 'wiggling the cheek' thing dentists have always done is called 'gate theory nerve blockade,'" Baxter explained. "Buzzy does the same thing but with added cold." For palatal injections administered in a dental office, she



Dr. Amy Baxter, a pediatrician, shows off the Bee-tractor cards and Buzzy pain relief device at the recent Hinman Meeting in Atlanta. (Photo/Fred Michmershuizen, DTA)

said, simply press Buzzy to the maxilla or zygomatic arch. "It's effective in about 15 seconds," she said.

The reusable device looks like a bumblebee and has freezable gel pack "wings." It's available from MMJ Labs, an Atlanta-based company that also makes Bee-tractor cards, which allow parents to get involved in pain distraction by asking their kids questions that are written on the back of the cards about pictures on the front.

More information on these products is available online, at www.buzzy4shots.com.

Versatilt: wheelchair patients recline in comfort

Dentists might find it awkward to treat patients who are in wheelchairs. For those who can't be transferred into a dental chair, it might be difficult to perform work if the patients can't be reclined. REDpoint International, a Vancouver, Wash.-based company that designs, develops and markets innovative medical devices, has come up with a solution.

The Versatilt allows wheelchair patients to be tilted, while in their wheelchairs, to a degree that is optimal for providing professional patient care in the best ergonomic positions possible.

Chuck Nokes, president and CEO of REDpoint International, told Dental Tribune during a telephone interview that the idea behind the device is to allow dental practices to provide specialized care for those who are handicapped.

"The Versatilt can help improve the working environment for care providers in their diligent treatment of the wheelchair-bound," he said.

What's more, Nokes said, patients who are treated while being reclined with the device, which accommodates most manual and motorized wheelchairs, find it comfortable. The patient can be reclined up to 65 degrees. It requires floor space of 36 by 60 inches, and it can be folded into an 18-inch deep space for storage.

The Versatilt received the Attendee's Choice Award for Best New Product at the National Ergonomics Conference and Exposition (NECE), held in 2009 in Las Vegas.

More information — including a video of the Versatilt in action — is available at www.versatilt.com.

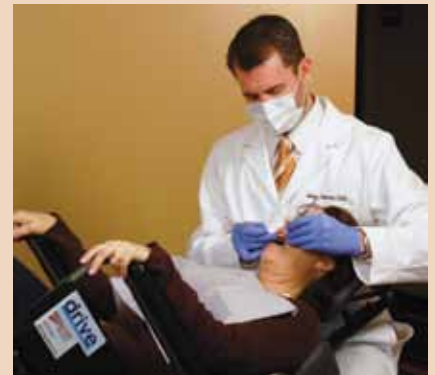
Unique works celebrate the art of dentistry

Do you ever use a phrase like "the art of dentistry" or perhaps "the art of endodontics" or even "the art of smile design"? If you consider yourself an artist in addition to a dentist, you might want to check out some of the three-dimensional works available from Art 4 Your Practice.

The Walnut-Creek, Fla.-based supplier offers a wide array of unique shadowboxes, showcases, sculptures and paintings that are dedicated to the fine art of the dental practice. For example, a three-dimensional, glass-enclosed tooth is surrounded by scaffolding, with a miniature construction crew going to work. There are also jaws or entire smiles being worked on in a similar manner.

The works, which are handcrafted by artists in Europe, can be a great way to give your patients something to contemplate while waiting for their turn in your chair.

More information about the company is available online, at www.art4yourpractice.com. **DT**



Thanks to the Versatilt, a patient in a wheelchair can be treated right where he or she sits. (Photo/ REDpoint International)

ADS



Attendees at a recent dental meeting check out the shadowboxes available from Art 4 Your Practice. (Photo/Fred Michmershuizen, DTA)

Video marketing 'do' or 'die'

By Mary Kay Miller

I know this subject is scary and most of you don't even want to think about producing video as part of your Internet marketing program. "It's too expensive. It takes too much time. I don't know where to start!"

If you don't, though, you are missing out on a huge opportunity that will affect the bottom line of your practice today and its future in the years to come.

Online video viewership set a new record in December 2008 with a 15 percent increase over the previous month, according to a report released from the *comScore.com* Video Metrix Service. For the first time, U.S. Internet users watched more than 14.5 billion videos in December.

As you might expect, Google Sites (which includes YouTube) led the growth charge, accounting for 49 percent of the incremental gain in overall videos viewed versus the previous month. In December, almost 100 million viewers watched almost 6 billion videos on YouTube alone.

Having your video rank on page one of Google is equivalent to reaching the "dental marketing Mecca." Viewers

can't resist clicking on a video when searching for products or services online. Once your video link reaches page one, you are golden.

Viewers click and your video keeps playing and playing, just like the Energizer® battery bunny, 24/7, whether you are working, sleeping, eating, playing golf or spending time with your family. There is no better return on investment today than video marketing.

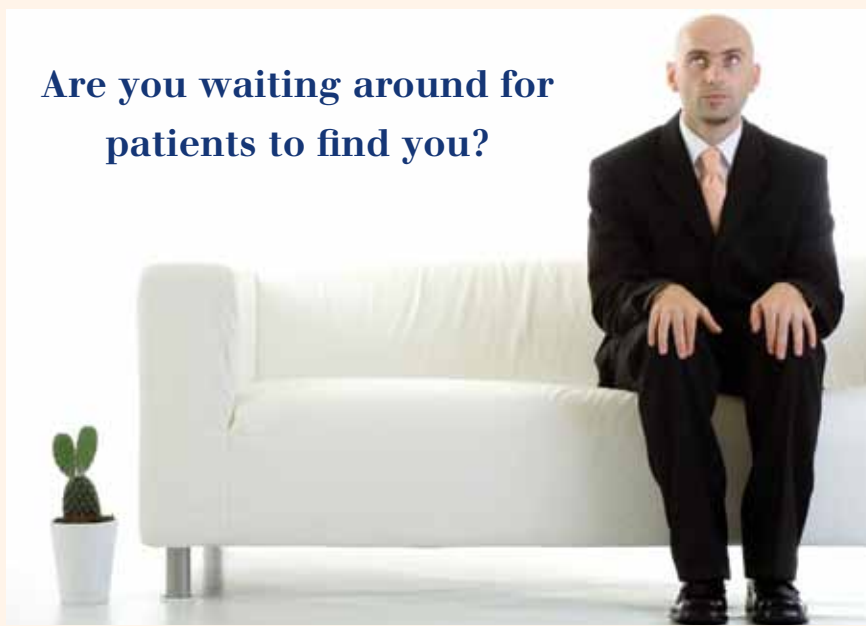
Why is video so powerful?

Video is the No. 1 marketing tool available to deliver your personalized marketing message, exactly the way you want it, at precisely the moment a prospective new patient is looking for your services on the Internet.

It engages the senses and creates emotion. Viewers can hear and see who you are and what you are all about. This is difficult to accomplish with the written word on a Web site.

Statistics show that video marketing on a Web site increases consumer interest by more than 100 percent, resulting in a call to action for products or services (such as, actually contacting your office for an exam).

It is less expensive to produce video



Are you waiting around for patients to find you?

(Photo/Qwasyx, Dreamstime.com)

than TV and radio commercials. In addition, once your video is created and uploaded to the Internet, it is "evergreen:" visible for everyone to see until you take it down, or not.

Video is the No. 1 preferred form of communication in today's tech-savvy society. What would you prefer to do: watch a video on a subject of interest

or read Web site copy? There is no contest.

Speed to market

Speed to market wins the race. The window of opportunity to be the first in your area to add video to your Web

→ [DI](#) page 6A

AD





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www.megagen.us

← DT page 5A

site is a small one. Don't be a "me too" practice. Lead the way in an economy that cries out for something different to allow a practice to stand out in the crowd.

If your marketing budget doesn't allow for custom video right now, an inexpensive but powerful alternative is www.marketingwithlivevideo.com.

Here, you can hire an Internet actor to deliver your marketing message for you.

One way or another, video is the key to a successful Internet marketing campaign. Venture outside your comfort zone and deliver your own public relations message to consumers in your demographic.

Do it today to improve the health of your practice, or die. DT

Earn C.E. credits online with Miller's focused Webinar series

Mary Kay Miller offers a six-part series of Internet marketing Webinars. Each archived module allows you to watch the videos at a time that is convenient for you. Take advantage of this opportunity to improve your Internet presence with your current Web site and Web 2.0 marketing strategies, while earning ADA-CERP credits. You can find Miller's Webinar series at www.DTStudyClub.com.

About the author



Mary Kay Miller is founder and CEO of Orthopreneur™ Marketing Solutions. After 30-plus years as a business and marketing coordinator for professional practices, Mary Kay has narrowed her marketing expertise to Internet Web 2.0 marketing, SEO (search engine optimization) and the creation of marketing systems to save teams valuable time and effort.

Her book, "Marketing Your Practice Through Different Eyes," was released in May 2008 and is a free 100-page eBook available on her Web site www.orthopreneur.com. It is the first multi-media eBook of its kind in dentistry and the first book ever written on marketing for both dentists and team members. It enables dentists and staff members to understand and experience for themselves how the Internet and Web 2.0 marketing engages and grabs the attention of today's consumer.

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PROFESSIONAL PAYMENT MANAGEMENT

Fight oral cancer!

Did you know that dentists are one of the most trusted professionals to give advice? Thus, no other medical professionals are in a better position to show patients that they are committed to detecting and treating oral cancer.

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at www.oralcancerselfexam.com. This new Web site was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations. Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

Conducting your own inspection of patients' oral cavities provides the perfect opportunity to mention that this is something they can easily do themselves as well. You can explain the procedure in brief and then let them know about the Web site, www.oralcancerselfexam.com, that can provide them with all the details they need.

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?

Changing dentistry 4mm at a time.



Over 10,000 new users have made SureFil® SDR™ *flow* one of the fastest-growing products.

Since launching SureFil® SDR™ *flow* in September 2009, over 10,000 dentists have tried the first and only bulk fill flowable posterior composite. What's even more impressive is that over 90% of them said they would continue to use it. SureFil® SDR™ *flow* has self-leveling handling that provides excellent cavity adaptation, and it can be bulk filled in 4mm increments, dramatically streamlining your posterior restoration. Contact your DENTSPLY Caulk rep or visit www.surefilcdrflow.com to learn more.

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Changes and opportunities for health-care practitioners' finances

By Keith Drayer

There are many areas that can bring small and large changes to a practice's income as well as the individual health-care practitioner. Outlined below are a few of the changes and opportunities.

The practice's finances

An area to take advantage of is the 2010 IRS Section 179 Tax Code that

allows business owners to lower their taxable income by acquiring eligible property (such as dental equipment, technology and off-the-shelf software). What makes the 2010 Section 179 benefit important is that in the year 2011, this generous allowance will come down to \$25,000.

As more and more dentists embrace equipment and technology, such as all-tissue lasers, comprehensive scanning, designing and milling



(Photo/ Denisenko, Dreamstime.com)

CAD/CAM systems and cone-beam dentistry, this benefit can be applied to lower the buyer's taxable income. These investments make a practice more efficient, productive and profitable.

One of the key areas we suggest dentists to focus on each year is their current fee schedule. Too many dentists leave thousands of dollars in the hands of insurance companies every month because of an unbalanced fee schedule.

We recommend that dentists set/balance their fees into the proper percentiles for their particular zip code. This will not only help to maximize the coverage of insurance for the employee, but it will also be the best way to increase profitability.

While this is not tax advice, as individual circumstances apply, dentists should find out more about Section 199, a benefit for domestic manufacturing. A dentist could qualify for a deduction of 9 percent of the lesser of "Qualified Production Activities Income (QPI)," or taxable income from milling activities.

Dentists may significantly reduce their tax bill on domestic production activities as a result of the previous American Jobs Creation Act. This deduction is permanent and should be explored.

Personal finances

Most people have multiple credit cards. The odds of unused credit cards being cancelled should not be discounted.

Many of us keep extra, unused credit cards for a "rainy day" (often in a fireproof box, hidden in our home or off-site at a bank-rented vault).

Additionally, many people have taken a retailer's credit card, as they were making a purchase, for the instant 10 percent one-time rebate, which was the incentive for taking that credit card. What has changed in the new era is two-fold.

Financial institutions incur a marginal cost for providing credit. Thus, many lenders are still reducing assets and/or being selective about whom they are renewing.

Canceling unused cards has been happening over the last year and a half and is not ending.

The credit-card consumers holding onto credit cards for a rainy day could mean "the flu" for lenders. Lenders

are worried that the person who has not used a card in more than a year is taking out their card because of worst-case scenarios (recent unemployment, need to raise funds for a called in home equity line, etc.).

To protect your credit card lines, you may want to use your cards in intervals (every six to nine months).

Finances and partnerships

A change in today's lending environment affects partnerships. Before the financial crisis hit, many lenders needed one partner or 50 percent of ownership to have decent credit.

Decent is defined differently among different lenders, but a FICO score of 675 could have helped a health-care practitioner on an application-only loan (which means providing your name, address, social security, license number) to obtain approximately \$250,000.

In today's lending environment, all owners are scrutinized. Thus, if one partner or an owner with more than a 20 percent stake has weak credit (FICO below 675), then that could be a detriment for the practice obtaining financing.

It's prudent to be pro-active in finding out your partner's credit before you obtain financing. This is a surprise you want to avoid. **DT**

ADS

About the author



Keith Drayer is vice president of Henry Schein Financial Services (HSFS).

Henry Schein Financial Services provides equipment, technology, and practice start-up and acquisition financing services nationwide. HSFS can be reached at (800) 853-9493 or hsfs@henryschein.com.

Please consult your tax advisor regarding your individual circumstances.

HENRY SCHEIN®

PROFESSIONAL PRACTICE TRANSITIONS

When It's Time to Buy, Sell, or Merge Your Practice
You Need A Partner On Your Side

ALABAMA

Birmingham—4 Ops, 2 Hygiene Rooms, GR \$675K #10108
 Birmingham Suburb—3 Ops, 3 Hygiene Rooms #10106
 Florence—Beautiful Modern Office, room to expand, GR \$656K #10110
 CONTACT: Dr. Jim Cole @ 404-513-1573

ARIZONA

Arizona—Doctor seeking to purchase general dental practice. #12110
 Shaw Low—2 Ops, 2 Hygiene Rooms, GR in 2007 \$645,995
 Phoenix—General Dentist Seeking Practice Purchase Opportunity #12108
 Phoenix—4 Ops - 3 Equipped, GR \$515K+, 3 Working Days #12113
 No. 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: Tom Kimbel @ 602-516-3219

CALIFORNIA

Alturas—3 Ops, GR \$611K, 3 1/2 day work week #14279
 Atwater—2 Ops, 1,080 sq. ft., GR #177K #14307
 El Sorbrante—5 Ops - 3 Equipped, 1,300 sq. ft., GR \$550K #14302
 Fresno—5 Ops, 1,500 sq. ft., GR \$1,064,500 #14250
 Greater Auburn Area—4 Ops, 1,800 sq. ft., GR \$763K #14304
 Madera—7 Ops, GR \$1,921,467 #14283
 Modesto—12 Ops, GR \$1,097,000, Same location for 10 years #14289
 Modesto—5 Ops, GR 884K w/adj. net income of \$346K #14308
 N California Wine Country—4 Ops, 1,500 sq. ft., GR \$958K #14296
 Pine Grove—GR, nice 3 Op fully equipped office/practice \$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 wk. #14252
 CONTACT: Dr. Dennis Hoover @ 800-519-3458
 Dixon—4 Ops, 1,100 sq. ft., GR \$122K. #14265
 Grass Valley—3 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
 Yuba City—5 Ops, 4 days hyg, 1,800 sq. ft. #14273
 CONTACT: Dr. Thomas Wagner @ 916-812-3255
 Rancho Margarita—4 Ops, 1,200 sq. ft., Take over lease #14301
 CONTACT: Thinh Tran @ 949-533-8308

CONNECTICUT

Fairfield Area—General practice doing \$800K #16106
 Southburg—2 Ops, GR \$254K #16111
 Wallingford—2 Ops, GR \$600K. #16113
 CONTACT: Dr. Peter Goldberg @ 617-680-2930

FLORIDA

Miami—5 Ops, Full Lab, GR \$835K #18117
 CONTACT: Jim Puckett @ 863-287-8300
 Jacksonville—GR \$1.5 Million, 3000 sq. ft., 7 Op's, 8 days hygiene #18118
 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 \$438,565 #19131
 Atlanta Suburb—Pediatric Office, 1 Op, GR \$426K #19134
 Dublin—GR \$1 Million+, Asking \$825K #19107
 Macon—3 Ops, 1,625K sq. ft., State of the art equipment #19103
 North Atlanta—3 Ops, 3 Hygiene, GR \$678K+ #19132
 Northeast Atlanta—4 Ops, GR \$607K #19129
 Northern Georgia—4 Ops, 1 Hygiene, Est. for 43 years #19110
 South Georgia—2 Ops, 3 Hygiene Rooms, GR \$722K+ #19133
 CONTACT: Dr. Jim Cole @ 404-513-1573

ILLINOIS

Chicago—4 Ops, GR \$709K, Sale Price \$461K #22126
 1 Hr SW of Chicago—5 Ops, 2007 GR \$440K, 28 years old #22123
 Chicago—3 Ops, GR \$600K, 3-day work week #22119
 Galena—GR180K, located in Historic Bed & Breakfast Community #22129
 Western Suburbs—5 Ops, 2-2,000 sq. ft., GR Approx \$1.5 Million #22120
 CONTACT: Al Brown @ 630-781-2176

MARYLAND

Southern—11 Ops, 3,300 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
 Western Massachusetts—5 Ops, GR \$1 Million, Sale \$514K #30116
 CONTACT: Dr. Peter Goldberg @ 617-680-2930
 Middle Cape Cod—6 Ops, GR \$900K, Sale price \$677K #30124
 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

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR \$213K #31105
 Ann Arbor Area—Low Overhead - Well Run Practice GR 600K #31108
 CONTACT: Dr. Jim David @ 586-330-0800

MINNESOTA

Crow Wing County—4 Ops #32104
 Fargo/Moorhead Area—1 Op, GR \$185K. #32107
 Central Minnesota—Mobile Practice, GR \$730K+. #32108
 Twin Cities—Move in & Practice Immediately GR \$800K #32110
 CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI

Eastern Central Mississippi—10 Ops, 4,685 sq. ft., GR \$1.9 Million #33101
 CONTACT: Deanna Wright @ 800-730-8883

NEVADA

Reno—Free Standing Bldg., 1500 sq. ft., 4 Ops, GR 763K #37106
 CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW JERSEY

Marlboro—Associate positions available #39102
 Mercer Cty—3 Ops, Good Location, Turn Key, GR \$191K #39112
 CONTACT: Sharon Mascetti @ 484-788-4071

NEW YORK

Brooklyn—3 Ops (1 Fully equipped), GR \$175K #41113
 Woodstock—2 Ops, Building also available for sale, GR \$600K #41112
 CONTACT: Dr. Don Cohen @ 845-460-3034
 Syracuse—4 Ops, 1,800 sq. ft., GR over \$700K #41107
 CONTACT: Marty 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
 Near Pinehurst—Dental emerg clinic, 3 Ops, GR in 2007 \$373K #42134
 New Hanover Cty—A practice on the coast, Growing Area #42145
 Raleigh, Cary, Durham—Doctor looking to purchase #42127
 CONTACT: Barbara Hardee Parker @ 919-848-1555

OHIO

Medina—Associate to buy 1/3, rest of practice in future. #44150
 North Central—GR 619K, 4 Ops, Well Established #44159
 North Central—GR 700K, 5 Ops, Well Established #44157
 CONTACT: Dr. Don Moorhead @ 440-823-8037

PENNSYLVANIA

Northeast of Pittsburgh—3 Ops, Victorian Mansion GR \$1.2+ Million #47140
 CONTACT: Dan Slain @ 412-855-0557
 Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138
 Chester County—High End Office, 4 Op's, Digital, FFS + a few PPO's #47141
 Philadelphia County (NE)—4 Ops, GR \$500K+, Est 25 years #47142
 CONTACT: Sharon Mascetti @ 484-788-4071

RHODE ISLAND

Southern Rhode Island—4 Ops, GR \$750K, Sale \$486K #48102
 CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTH CAROLINA

HHI—Dentist seeking to purchase a practice producing \$500K a year #49103
 CONTACT: Scott Carringer @ 704-814-4796
 Columbia—7 Ops, 2200 sq. ft., GR \$678K #49102
 CONTACT: Jim Cole @ 404-513-1573

TENNESSEE

Elizabethon—GR \$333K #51107
 Memphis—Large profitable practice GR \$2 Million+ #51112
 Suburban Memphis—Leading Practice in Area GR \$1 Million #51113
 CONTACT: George Lane @ 865-414-1527

TEXAS

Houston Area—GR \$1.1 Million w/adj. net income over \$500K #52103
 CONTACT: Deanna Wright @ 800-730-8883

VIRGINIA

Greater Roanoke Valley—2500 sq. ft., GR \$942K updated equipment #55111
 CONTACT: Bob Anderson @ 804-640-2373

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883