

## IMPLANT TRIBUNE

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

### ICOI heads for Chicago

Implant specialists attend 14th annual Implant Prosthetic Summer Symposium. [▶ page 1B](#)

## COSMETIC TRIBUNE

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

### Biomimetic dentistry

Biomimetics in restorative dentistry seeks to return tissues to full function. [▶ page 1C](#)

## HYGIENE TRIBUNE

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

### Snoring and sleep apnea

Hygienists play a big role in screening patients at risk of sleep apnea. [▶ page 1D](#)

## Dentists can identify undiagnosed diabetes

In a recent study, "Identification of unrecognized diabetes and pre-diabetes in a dental setting," in the Journal of Dental Research, researchers at Columbia University College of Dental Medicine found that dental visits represented a chance to intervene in the diabetes epidemic by identifying individuals with diabetes or pre-diabetes who are unaware of their condition. The study sought to develop and evaluate an identification protocol for high blood sugar levels in dental patients and was supported by a research grant from Colgate-Palmolive. The authors report no potential financial or other conflicts.

"Periodontal disease is an early complication of diabetes, and about 70 percent of U.S. adults see a dentist at least once a year," said Dr. Ira Lamster, dean of the College of Dental Medicine, and senior author on the paper. "Prior research focused on identification strategies relevant to medical settings. Oral health-care settings have not been evaluated before, nor have the contributions of oral findings ever been tested prospectively."

For this study, researchers recruited approximately 600 individuals visiting a dental clinic in Northern Manhattan who were 40 years old or older (if non-Hispanic white) and 30 years old or older (if Hispanic or non-white), and had never been told they have diabetes or pre-diabetes.

Approximately 530 patients with

at least one additional self-reported diabetes risk factor (family history of diabetes, high cholesterol, hypertension or overweight/obesity) received a periodontal examination and a finger stick, point-of-care hemoglobin A1c test. In order for the investigators to assess and compare the performance of several potential identification protocols, patients returned for a fasting plasma glucose test, which indicates whether an individual has diabetes or pre-diabetes.

Researchers found that in this at-risk dental population, a simple algorithm composed of only two dental parameters (number of missing teeth and percentage of deep periodontal pockets) was effective in identifying patients with unrecognized pre-diabetes or diabetes. The addition of the point-of-care A1c test was of significant value, further improving the performance of this algorithm.

"Early recognition of diabetes has been the focus of efforts from medical and public health colleagues for years, as early treatment of affected individuals can limit the development of many serious complications," said Dr. Evan Lalla, an associate professor at the College of Dental Medicine, and the lead author on the paper. "Relatively simple lifestyle changes in pre-diabetic individuals can prevent progression to frank diabetes, so identifying this group of individuals is also important. Our

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## Head west to San Diego for the AGD meeting



The San Diego skyline and so much more awaits those who are heading to the Academy of General Dentistry Annual Meeting July 27-31. (Photo/San Diego Convention Center, courtesy of Corporate Helicopters)

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## Sinus lift referral protocol

Researchers at the New York University College of Dentistry (NYUCD) recently surveyed otolaryngologists from New York State to help establish a referral protocol before performing a maxillary sinus lift.

The study, "New York state ear, nose, and throat specialists' views on pre-sinus lift referral," by M. T. Cote, S.L. Segelnick, A. Rastogi and R. Schoor, appeared in the February 2011 issue of the Journal of Periodontology and assessed the need

to consult an ear, nose and throat (ENT) specialist in the pretreatment work-up.

Results showed that the majority (58.7 percent) of ENT specialists recommended a CT scan be done before sinus elevation surgery, even in the absence of symptoms. The greatest concerns of the ENT specialist that would warrant a referral were prior sinus surgery, severe sinus inflam-

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findings provide a simple approach that can be easily used in all dental-care settings.”

Other authors who contributed are: Dr. Carol Kunzel, associate clinical professor at the College of Dental Medicine and at Columbia's Mailman School of Public Health; Dr. Sandra Burkett, at the College of Dental Medicine; and Dr. Bin Cheng, an assistant professor in the Department of Biostatistics at the Mailman School of Public Health.

According to the Centers for Disease Control and Prevention, one in four people in the United States affected with type 2 diabetes remains undiagnosed. And those with pre-diabetes are at an increased risk for type 2 diabetes and also for heart disease, stroke and other vascular conditions typical of individuals with diabetes.

#### Citation

Lalla E, Kunzel C, Burkett S, Cheng B and Lamster IB. Identification of unrecognized diabetes and pre-diabetes in a dental setting. *Journal of Dental Research* 2011; Epub ahead of print, DOI:10.1177/0022034511407069.

The Columbia University College of Dental Medicine (CDM) was established in 1916 as the School of Dental and Oral Surgery, when the School became incorporated into Columbia University. The College's mission has evolved into a tripartite commitment to education, patient care, and research. The mission of the College of Dental Medicine is to train gen-

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The Columbia University Medical Center provides international leadership in basic, pre-clinical and clinical research, in medical and health sciences education, and in patient care. The medical center trains future leaders and includes the dedicated work of many physicians, scientists, public health professionals, dentists, and nurses at the College of Physicians & Surgeons, the Mailman School of Public Health, the College of Dental Medicine, the School of Nursing, the biomedical departments of the Graduate School of Arts and Sciences, and allied research centers and institutions.

Established in 1767, Columbia's College of Physicians & Surgeons was the first institution in the country to grant the M.D. degree and is among the most selective medical schools in the country. Columbia University Medical Center is home to the largest medical research enterprise in New York City and state and one of the largest in the United States.

For more information, please visit [www.cumc.columbia.edu](http://www.cumc.columbia.edu). DT

## Domestic violence survivors

According to the American Psychological Association, nearly one in three adult women experience at least one domestic assault by a partner during adulthood, which translates into approximately 4 million American women who experience domestic violence during a 12-month period.

As a dentist in Kalamazoo, Mich., Brett Magnuson, DDS, performs a spectrum of procedures designed to give his patients a fresh start in life. In cooperation with the American Academy of Cosmetic Dentistry (AACD), Magnuson dedicates his time and cosmetic dentistry expertise to the Give Back a Smile (GBAS) program, which provides free consultations and dental treatments for survivors of domestic violence.

The need is great for those affected by domestic violence, says Magnuson. "Through the Give Back a Smile program, AACD members like me assist those in need by treating any dental injuries sustained from domestic violence," he says. "The AACD and I remain dedicated to helping these patients reclaim their smiles, their self-esteem, and ultimately, their lives."

Victims of domestic violence who have suffered dental injuries can contact GBAS toll-free at (800) 773-GBAS (4227), or visit [www.givebackasmile.com](http://www.givebackasmile.com) for more information. Survivors of domestic violence must make an appointment with a counselor, domestic violence advocate, social worker, or therapist to complete the advocate section of the GBAS application.

GBAS then reviews the application and turns it over to the dentists. If eligible, the AACD connects the survivor with a local GBAS volunteer who provides treatment at no charge to the recipient. DT

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mation, nasal/sinus obstruction and oral-antral fistulation.

Dr. Robert Schoor, director of the advanced education program at NYUCD department of periodontology and implant dentistry, commented that the American Academy of Periodontology (AAP) has been contacted by the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) to formulate a consensus statement on when CT scans of the sinus should be used. The American Academy of Radiology and American Rhinologic Society will also participate. DT

## DENTAL TRIBUNE

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# AGD members visit with lawmakers to advocate for general dentistry

Academy of General Dentistry (AGD) member dentists attended the AGD's annual Government Relations Conference recently in Washington, D.C. The members and guests went to the nation's capital to discuss advocacy and lobbying issues that affect their practices and patients.

More than 60 AGD members from across the country and representatives from the National Dental Association and American Orthodontic Society attended the event. During the two-

day conference, attendees met with legislators from both political parties to discuss topics including alternative dental health care providers, the lack of practicing dentists on Institute of Medicine (IOM) panels, and the Dental Coverage Value & Transparency Act's Employee Retirement Income Security Act (ERISA) provisions, among others.

A total of 145 appointments were made with various representatives in Washington, D.C. The meetings took place April 12 and 13.

"It is events like the Government Relations Conference that demonstrate AGD members' ability to come together and change the face of dentistry in the eyes of our elected leaders," said AGD President Fares Elias, DDS, JD, FAGD. "It is imperative that we maximize every opportunity to communicate member needs and educate our elected officials about how their actions affect our practices and our patients."

Conference attendees had the



From left: Dr. Myron Bromberg, chair of the AGD's Legislative & Governmental Affairs Council, and Dr. Fares Elias, AGD president, greet Rep. Darrell E. Issa (R-Calif.) during the AGD's 2011 Government Relations Conference. (Photo/AGD)

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opportunity to hear presentations from Morton Kondracke, a local journalist for more than 30 years, executive editor of Roll Call, and a regular contributor to public affairs programming; and JP Paluskiewicz, deputy chief of staff and health policy advisor to Rep. Michael Burgess, MD (R-Texas). Paluskiewicz oversees the congressman's legislative agenda and acts as chief advisor in all public policy issues.

Rep. Paul Gosar, DDS (R-Ariz.) — a special guest due to his dual role as politician and dentist — spoke about encouraging dialogue within the profession and with elected officials, the success of the 1099 repeal, and many other opportunities for change. Rep. Gosar sponsored the Competitive Health Insurance Reform Act (H.R. 1150) in an effort to repeal the McCarran-Ferguson Act, a federal law that exempts the insurance business from most federal regulation.

"Rep. Gosar's attendance at the conference was extremely valuable and provided a fresh perspective on the issues we all face as dentists," said Myron Bromberg, DDS, chair of the AGD's Legislative & Governmental Affairs Council. "His insight and guidance surely will help advance our efforts to advocate for general dentists across the country."

Additionally, in recognition of his outstanding legislative achievements throughout the past year, Sen. Patrick Leahy (D-Vt.) received the Legislator of the Year Award. Sen. Leahy also has been a strong leader in a cause that is very important to the AGD: The repeal of the McCarran-Ferguson Act.

"Being a part of this event not only furthered my interest in advocacy issues, but it helped the AGD get its messages to key stakeholders," said Bettina Laidley, DMD, FAGD, president of the Vermont AGD, who attended for the presentation of Sen. Leahy's award. "I'm glad that Sen. Leahy's efforts were recognized in this way, as he has made significant contributions for our state." ■

(Source Academy of General Dentistry)

# New clinic serves needs of developmentally disabled patients

Desert Friends of the Developmentally Disabled opened a dental clinic in mid-July to provide free dental services to developmentally disabled children and adults.

"We already have a waiting list of nearly 100 people from throughout Riverside and San Bernardino counties who are in desperate need of dental care," said Marianne Benson, co-founder of the Rancho Mirage-based non-profit group.

The clinic is located behind the Rancho Las Palmas Shopping Center in an office building at 42-900 Bob Hope Drive, Suite 111. Desert Friends of the Developmentally Disabled signed a three-year lease on the 1,200-square-foot office, which was renovated right in preparation for its mid-July opening.

"We'll start off with two dental chairs, but we will eventually expand to four," Benson said.

California has 240,000 disabled children and adults, 24,000 of whom reside in Riverside and San Bernardino counties. About 1,500 of them live in the Coachella Valley.

"Adults over 21 have lost most of their medical and dental healthcare benefits as a result of state budget cuts during the past three years," Benson said. "We're trying to help them by providing dental care, though we hope to eventually provide other healthcare services as we recruit more volunteers."

While disabled children still have their medical and dental benefits, it is very difficult to find dentists willing to work on them, Benson said, adding that Desert Friends of the Developmentally Disabled has initially focused on providing free dental services, since state statistics indicate that 88 percent of disabled children and adults have unmet dental needs.

State lawmakers have eliminated numerous medical and dental services for developmentally disabled adults, including all dental services, speech therapy services, podiatric services, audiology services, chiropractic services, acupuncture services, optometric and optician services, psychological services as well as incontinence creams and washes.

Lawmakers have also proposed cutting additional services for developmentally disabled adults this year in an effort to reduce the state budget deficit.

"All of this is happening," Benson said, "because this is a population that cannot speak up for themselves. So their services are among the first to be cut." **DT**

(Source: Desert Friends of the Developmentally Disabled)



A new clinic in California will serve needs of developmentally disabled patients. (Photos/Desert Friends of the Developmentally Disabled)



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# Office manager: A real position or merely a title?

*In most cases, office managers are dropped into the position with no training*

By Sally McKenzie, CEO

It's interesting how people tend to evolve into certain positions in the dental practice. One in particular is that of office manager. In our consulting work, we see a lot of existing loyal employees, such as a hygienist or a dental assistant, who has "graduated" to this role.

As is often the case, they are bright and energetic, good with patients and the dentist perceives that those skills are all that is necessary to be an effective office manager. Unfortunately, it's at this point that things start to go wrong.

The employee may exhibit too little initiative or too much control. Others on the team may resent their former colleague being promoted to a managerial position. Often the employee has little direction from the clinician. If there is a job description, it's typically vague at best. Finally, the dentist begins to wonder if she (or he) has made a terrible mistake.

In most cases, office managers are dropped into the position with no training. The dentist assumes that if the individual has been with the practice for a while, she knows what it takes to do the job. Additionally, dentists often look at the designation of "office manager" as a reward for the employee's hard work and dedication to the practice. Sadly, their good intentions often do not pan out as expected.

The case of "Dr. Smith" is a prime example. He felt very strongly that awarding one of his staff standouts a new moniker was a good idea. After all, everyone appreciates the prestige that goes along with an important title, or so he thought. Additionally, Smith was searching for a way to curb staff turnover that had been disrupting his office for several months.

Julie was a good employee. Smith saw her as a rising star. She was bright, energetic and enthusiastic. She had excellent rapport with the patients and the staff, and she was certainly the kind of employee the practice wanted to keep around. The problem was that Smith didn't think he could pay her much more. Therefore, he reasoned that a new title and new challenges would be the opportunity that would keep Julie from trotting out the door to the practice down the street.

When Smith brought Julie in to his office to tell her that he would



*If an employee has the title of office manager, but not the responsibility or any decision-making authority, he or she will eventually 'check out' emotionally from the position and then physically from the practice. (Photo/Courtesy of www.dreamstime.com)*

like to appoint her as office manager, she was thrilled that Smith felt she was up for the challenge. Julie's primary responsibilities are scheduling and confirming appointments, greeting patients, making financial arrangements, etc. However, when she inquired as to how her duties might change, the good dentist didn't have a good answer. He simply told her he'd like to see what she could do and they would go from there.

When she asked if the new position meant an increase in her salary, Smith was non-committal. Julie was puzzled. "What is the point of being named office manager if there is no salary increase?" Julie later confided to a coworker.

Not surprisingly, things went downhill from there. Smith assumed that because Julie was bright and confident, she could design her role as office manager. Yet, with no direction from the dentist, she was making up her duties as she went along. Julie suggested that she be involved in staff evaluations, but Smith told her that would not be appropriate.

She asked him if he would like her to provide assistance evaluating the financial reports, "No, I can handle that," was his response. She suggested that the team work together to develop some scheduling objectives. Smith thought that might be a good idea, but continually put Julie off each time she

raised the issue.

Julie had the title of office manager, but not the responsibility or any decision-making authority. Julie eventually checked out emotionally from the position and then physically from the practice. It was a waste of the potential talent that the dentist recognized in Julie, but he could not bring himself to relinquish control of certain areas or involve a subordinate in a partnership role. It's a concept that some dentists find just entirely too threatening to pursue.

Every employee must have a job description that clearly defines the job, spells out specific skills needed for the position and outlines precisely the duties and responsibilities. A job title is not a job description. That being said, I readily acknowledge that writing a job description for an office manager is no small challenge.

Job descriptions for multiple positions in the practice — including scheduling coordinator, treatment coordinator, financial coordinator, patient coordinator, etc. — are readily accessible on practice management websites, including McKenzie Management's site, with the exception of office manager. Why? As Smith's case illustrates, different dentists interpret the office manager position quite differently; and many interpret the position incorrectly.

The majority of dental practice

office managers answer phones, make appointments, do financial arrangements, etc. However, these are the responsibilities of a front office employee or a business coordinator. Certainly, an office manager will step in and perform these duties when necessary as well, but the role stretches well beyond these tasks.

If your practice is to make the most of an office manager, the appointed person will need a set of skills that goes beyond being a loyal employee and working well with staff and patients. This person should be a natural leader. She (or he) has to be comfortable taking the reins on an issue and addressing it.

Being a good problem solver by nature is essential because the office manager, not the dentist, should be the first point of contact for the patients and the staff when issues arise. In addition, the office manager needs to have the right personality traits for the position. She should be both personable and efficient. In other words, she needs to have a good balance between thinking and feeling in temperament type.

Additionally, if a practice hopes to get the most out of appointing an office manager, the employee should be comfortable working with numbers and be able to access, as well as fully understand, practice reports. Moreover, the office manager must be able to work well under pressure because she will be pulled in multiple directions.

Yet, that is just the beginning. A true office manager is responsible for overseeing practice overhead and her most critical duty is effectively managing the office's human resources.

The office manager is in charge of recruitment, hiring and firing all employees, performance reviews, schedules, grievances, raises, salary reviews, employee policies and team meetings. The position requires leadership skills and includes overseeing and managing all of the business measurements, analyzing fees and reviewing the profit and loss reports.

The dentist is the chief executive officer (CEO) while the office manager is like the chief operating officer of the corporation that is your dental practice. The office

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manager's job description needs to be customized to best fit the needs of the practice, which is why you will not find a generic office manager job description on the McKenzie Management website along with all the other job descriptions.

Rather, we recommend professional training geared specifically for dental office managers. This training should teach the business of dentistry, including each practice system as well as other management specialty areas. From there, the job description is built from scratch with input from the dentist and the office manager so that it serves the needs of the specific practice.

Not every practice needs an office manager. Some dentists are comfortable managing the practice as well as doing the dentistry, while others do not want to be burdened with the management responsibilities. My advice is that you don't toss around the term office manager lightly. This is a position that carries significant responsibility and requires specific skills. If you do appoint an office manager, give her the tools to succeed via professional training. **DT**

#### About the author



Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its website, [www.mckenziemgmt.com](http://www.mckenziemgmt.com). In addition, the company offers a vast array of Business Operations Programs and team training. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide. To subscribe visit [www.mckenziemgmt.com](http://www.mckenziemgmt.com) and [www.thedentistsnetwork.net](http://www.thedentistsnetwork.net). She is also the Publisher of the New Dentist™ magazine, [www.thedentist.net](http://www.thedentist.net). McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at [sallymck@mckenziemgmt.com](mailto:sallymck@mckenziemgmt.com).

# Does a dental practice need an employee handbook?

By Stuart J. Oberman, Esq.

For a practicing dentist who aims to always deliver high-quality patient care, staff retention is an important value. Staff retention aids the dental practice in providing stability and continuity and eliminates the high costs associated with employee turnover.

Obviously, staff members are more likely to continue working when they feel they are treated fairly and consistently. In this respect, an employee handbook is important to a dental practice as it documents the practice's policies and procedures, sets expectations and provides for a framework for uniformity.

An employee handbook can be a valuable communication and employee relations tool because it demands consistency among managers and clearly dictates employee policies. The employee handbook allows an employer to lay out what he or she expects from employees and what employees can expect from the employer.

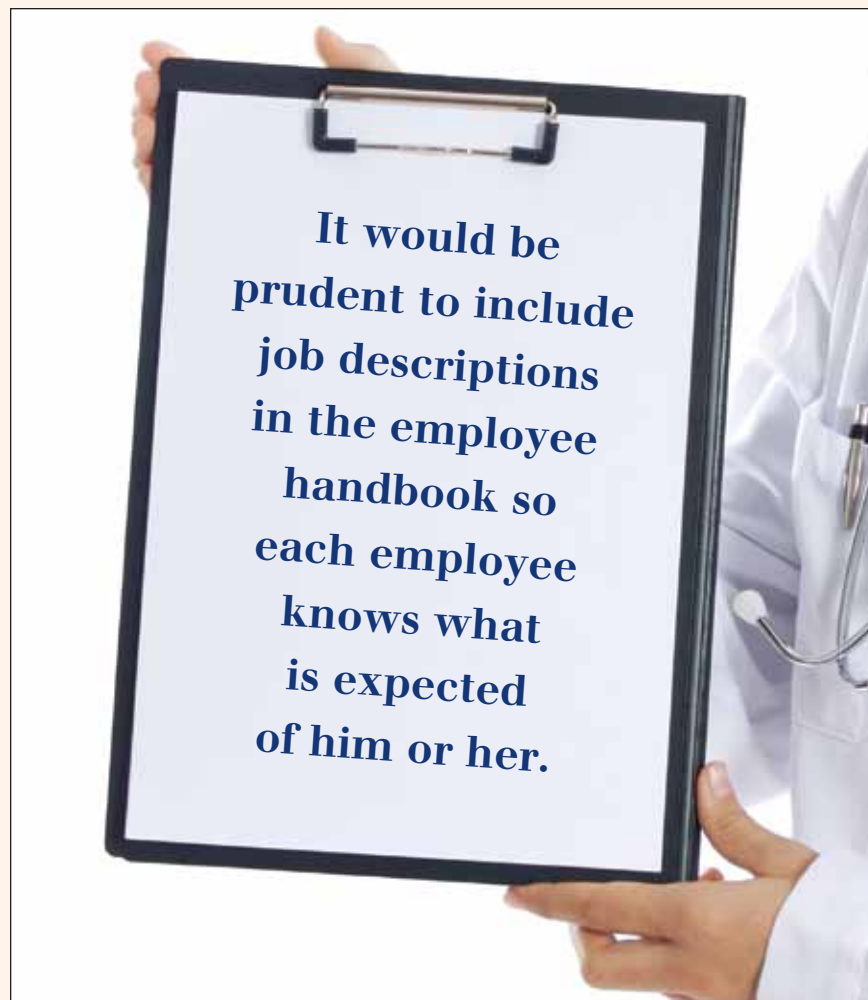
Clear office policies lend support to disciplinary procedures and reduce any likelihood of discrimination charges. In addition, handbooks often help new employees get acquainted with their new position and let them know what is expected of them.

For an employee handbook to be most effective, it should be written in a simple, clear, organized and concise manner to avoid confusion among employees. The employee handbook should be easy to use so that employees may refer back to it as often as they wish. The employee handbook should be distributed to every employee in the dental office.

When you distribute your employee handbook, allow all members of your dental practice an opportunity to read it. Each employee should then sign and date an acknowledgment form that states they understand and agree to be bound by the policies outlined in the employee handbook.

An electronic copy of the employee handbook should be stored on a computer that all employees can access, and a bound copy should be kept in the office for general reference. The handbook should also be updated as office policies change and each employee should sign an acknowledgment for each change.

Dentists should refrain from using terminology that may imply that the handbook is an employment contract, and from making statements such as "your employment will not be terminated as long as your job duties are satisfactorily performed," as this implies a long-term commitment.



It would be prudent to include job descriptions in the employee handbook so each employee knows what is expected of him or her.

While employee handbooks will vary among dental offices, there are guidelines for dentists to follow in creating their employee handbook. There are numerous laws that govern the relationship between employer and employee. Many of these laws apply to even the smallest dental practices.

Therefore, it is important for the employee handbook to reflect these laws. In addition, many provisions should be included in the employee handbook to promote uniformity, thus helping employees present a united front to patients and to reduce the risk of an employee initiating a lawsuit for unfair treatment.

Every employee handbook should begin with an introduction, which should welcome new employees and introduce your practice's goals, mission statement and history. There should also be a disclaimer stating that the employee handbook is not an employment contract and does not affect the employment-at-will doctrine. After this introduction, the employee handbook should briefly describe several subjects.

It would be prudent to include job descriptions in the employee handbook, so each employee knows what is expected of him or her. Performance reviews and grievance procedures should be discussed and work schedules and dress code should be outlined. The handbook should

identify the days and hours of the workweek as well as schedules for lunch and breaks.

Full-time employees' work schedules should be defined and differentiated from those of part-time employees. Compensation and benefits should be detailed and should inform employees of the payroll schedule, holidays, vacation, sick leave, bereavement, jury duty, military leave, leave of absence and health insurance.

If your dental office has 50 or more employees, you must comply with the Family and Medical Leave Act, and this should be included in the employee handbook. Personal use of the telephone and Internet, procedures for safety and hygiene of dental employees as well as policies on smoking and substance abuse should be included as well.

The employee handbook should contain an anti-harassment policy as well as an Equal Opportunity Employment provision stating that your dental practice will not discriminate in offering employment. These provisions are extremely important, as they make it clear that you will not tolerate harassment or illegal discrimination, describes the steps that can be taken to report violations of these policies, outlines the steps that the dentist will take in responding to these allegations and confirms that the dentist is an equal-



opportunity employer.

In addition, HIPAA privacy laws should be outlined in the employee handbook to ensure that each employee is informed about the law and understands how the dental office intends to comply with the law.

As noted above, it is important to preserve the "at will" employee relationship. Some courts have found that statements made in employee handbooks create a contract that limits the "at will" relationship. For this reason, a disclaimer should be included in the handbook that clearly states that nothing in the employee handbook shall be construed as a promise or a contract.

At-will employment means that either party may terminate the relationship with or without notice, for any reason or no reason. However, obvious reasons, such as age, race and gender, remain illegal grounds upon which to fire an employee.

Including these provisions in an employee handbook provides the dental employer an extra level of protection in the event an employee commences a lawsuit for harassment, discrimination or wrongful termination.

It is much simpler for the dentist to prove that a policy was in place when he can produce a signed acknowledgment from the employee.

While dentists should be sure to avoid creating an implied employment contract in drafting the employee handbook, without these written policies your daily conduct in managing the office will become "policy," and will lead to more liability exposure when employees claim unfair or inconsistent treatment.

By developing and enforcing a comprehensive employee handbook, your employees will be more knowledgeable about applicable laws, know what to expect when commencing employment, and will be more likely to feel that they are treated fairly, which reduces the practice's legal exposure, allowing you to do what you do best: practice dentistry. **DT**

#### About the author



Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning, and other business transactions that a dentist will face during his or her career.

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