

DENTAL TRIBUNE

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 Diagnose this: white lesions The first in a series on the different types of mucosal and soft-tissue pathologies. ▶ page 6A	 How to reach practice goals? Learn what has the most impact when it comes to achieving your practice's goals. ▶ page 7A	 New products and more Take a peek at some products that might be unfamiliar to you. ▶ pages 19A-22A
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Retired orthodontist gives \$4 million to East Carolina University School of Dentistry

By Fred Michmershuizen, Online Editor

Dr. Ledyard E. Ross, an 84-year-old retired orthodontist, has pledged \$4 million to East Carolina University (ECU) School of Dentistry. The gift, one of the largest in the history of the university, will be used for student scholarships, faculty research and other academic enterprises.

Ross is a 1951 graduate of ECU (then called East Carolina College). He has been a supporter of several academic and athletic initiatives at the university since establishing his dental practice in Greenville. He is a

member of the Leo Jenkins Society and Order of the Cupola.

Ross attended Greenville High School and Hardbarger Business College before being admitted to East Carolina College.

He graduated from Northwestern University Dental School with a DDS in 1955, and he received a master of science degree in orthodontics in 1959 from UNC-Chapel Hill. He served in the U.S. Marine Corps First Marine Division from 1943 to 1946.

His financial gift comes at a wel-

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Dr. Ledyard E. Ross, a retired orthodontist, stands before an artist's rendering of the new building that will house the School of Dentistry at East Carolina University. The building will bear his name. (Photo/Cliff Hollis, ECU News & Communication)

Crown or same-day onlay?

Patients want to replace their old amalgam fillings, but they want to do it conservatively, consistently, efficiently, predictably and economically — and they want to do it in one visit. Review the advantages associated with indirect laboratory-processed composite resin posterior restorations and see the case study presented by Dr. Lorin Berland.

→ See pages 10A-13A



5 ways dental practices can reduce waste and pollution

In honor of the 40th annual Earth Day, the Eco-Dentistry Association (EDA) — an international association promoting environmentally sound practices in dentistry — is encouraging dentists to do their part to help save the environment.

To help dentists be more environmentally conscious, the EDA has issued a checklist of standards for green dental offices. Specifically, the

EDA is recommending that dental professionals make the following Earth Day resolutions to reduce waste and pollution.

Use an amalgam separator

Even if you don't place amalgams, you still need an amalgam separator, according to the EDA. In a typical

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The unofficial Earth Day flag, designed by John McConnell. (Photo/Wikimedia Commons)

← **DT** page 1A

one-dentist office that only removes amalgam fillings, an amalgam separator can capture three pounds of mercury-containing waste material in one year. Every restorative practice should have this important piece of equipment, the EDA says.

Practice litter-free infection control

It is estimated that 1.7 billion plastic-paper sterilization pouches and 680 million barriers from U.S. dental offices will end up in landfills this year, according to the EDA.

The EDA offers “Best Practices for Waste-Reducing Sterilization and Infection Control” to help dental professionals become litter-free while maintaining the highest infection control standards.

Cloth sterilization wraps and pouches and reusable cloth patient bibs and barriers, popular in high-tech and spa practices, help dentists significantly reduce their environmental footprint. When a paper-plastic pouch is the best solution, separate the paper from the plastic and recycle each appropriately, the EDA says.

Detoxify your infection control processes

Using the right non-toxic, biodegradable cleaner and disinfectant is an important component of pollution-preventing infection control, according to the EDA.

Line cleaners and cold sterile solutions such as glutaraldehyde are a significant source of pollution from the dental industry and contribute to poor indoor air quality.

Modern dentistry has eliminated the need for cold sterilization, and there are several environmentally safe line cleaners on the market.

Making a switch to the non-toxic option will keep your office in compliance with hospital infection control standards while eliminating the “dental office smell” that patients hate, the EDA says.

Take digital images

Dental radiographs are an important part of preventive dentistry, but traditional dental X-rays will contribute as much as 4.8 million lead foils and

28 million liters of toxic X-ray fixer to local ecosystems this year, according to the EDA.

Conserve resources and help cool the planet by switching to digital patient charting.

The EDA says patients will appreciate the significant reduction in radiation digital imaging provides and will benefit from an up-to-date approach to their health-care records. Going digital will also save a practice more than \$8,500 a year, the EDA says.

Promote your practice paperlessly

Dental practitioners are always looking for ways to build rapport with patients. You may not realize how much your patients will appreciate your office’s eco-friendly initiatives, especially when they are delivered paper-free.

Use a digital marketing and communications provider that offers Web optimization and appointment confirmation by e-mail or text message, the EDA recommends.

Provide your patients with regular updates about your eco-friendly initiatives in electronic newsletters and e-mail blasts. Once or twice a year send a special newsletter using earth-friendly papers, inks and printing processes. **DT**

(By Fred Michmershuizen, Online Editor)

← **DT** page 1A, “Orthodontist ...”

come time for his alma mater. Just two years ago, state and university leaders broke ground for the new East Carolina University School of Dentistry. A new building that will house the new school of dentistry will be named Ledyard E. Ross Hall.

“This generous gift comes at a time when we are starting a new

school and puts us in a position to support faculty and students at its inception,” said ECU Chancellor Steve Ballard.

“Dr. Ross’ gift to the university reinforces that the N.C. General Assembly saw the wisdom of establishing a school of dentistry at ECU and reinforces the vision they had and we have for this school.”

Ledyard E. Ross Hall, on the ECU

Health Sciences campus, will have more than 100,000 square feet. The North Carolina General Assembly has provided about \$90 million for construction.

That appropriation covers both the dental school building in Greenville and 10 community-service learning centers in rural and underserved areas of North Carolina.

The first three locations announced for those centers are Sylva, Ahoskie and Elizabeth City. Dental school faculty members will be based in the centers, along with advanced dental residents and senior students who will receive enhanced dental education in real practice settings.

The students and faculty will offer much-needed dental care to citizens in the areas surrounding the centers.

“The difference between being a good dental school and a great dental school hinges on private giving,” said Dr. James Hupp, dean of the school of dentistry.

“Dr. Ross’ very generous philanthropic gift will propel us toward greatness, allowing us to accomplish our grand vision of improving the health and quality of life of North Carolinians by leading the nation in community-based, service-learning dental education. We cannot thank him enough.”

The ECU dental school plans to admit its first students for the fall semester of 2011. About 50 students will enter the program every year. **DT**

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Dental museum adds exhibit

By Fred Michmershuizen, Online Editor

The National Museum of Dentistry, located in Baltimore, has added a new exhibit that will help teach the public about the American College of Dentists, the oldest national honorary organization for dentists.

The gold-plated mace and torch that have been used in American College of Dentists membership ceremonies for nearly 70 years are among the highlights of the new exhibit. The display also features an American College of Dentists' Fellowship pin, key and rosette. Also on view is the William J. Gies Award, which recognizes college fellows who have made outstanding contributions to the advancement of the profession.

"The National Museum of Dentistry preserves and celebrates the history of the dental profession," said Jonathan Landers, executive director of the museum. "This is the perfect place to showcase these fragile and magnificent historic symbols of such a respected organization in dentistry."

The American College of Dentists is the oldest national honorary organization for dentists. It was founded to elevate the standards of dentistry, encourage graduate study, and grant fellowship to those who have done meritorious work. Membership in the American College of Dentists is by invitation only.

There are more than 7,400 fellows, who are selected based on their contributions to organized dentistry, oral health care, dental research, dental education, the profession and society. Long regarded as the "conscience of dentistry," its mission is to advance excellence, ethics, professionalism and leadership in dentistry.

"We are honored to have the mace and torch on view at the National Museum of Dentistry," said Dr. Stephen Ralls, executive director of the American College of Dentists. "They represent an important historical link to key leaders of dentistry from the early 20th century onward."

About the mace and torch

When the American College of Dentists was founded in 1920, a symbolic light—the torch—was designated to signify the role of the college as a source of enlightenment and guidance. The torch was crafted in 1939 by the Gorham Silver Co. of Providence, R.I., to serve as a symbol of office.

The fluted staff, more than two feet long, is made of gold-plated bronze and decorated with ribbons engraved with the names of the founders of the American College of Dentists.

The mace was also made in 1939 by Gorham. It is more than two feet long and made of gold-plated bronze and silver. The base is adorned with faux amethysts, diamonds and emeralds. Crafted in the form of a caduceus symbolizing the medical professions, it includes the engraved names of 20 of the most eminent contributors to dentistry. The dome, with figures of

two Egyptians holding the ends of an open scroll, is supported by depictions of 11 Egyptian scholars and a modern graduate.

To visit the museum

The National Museum of Dentistry is an affiliate of the Smithsonian Institution. Other exhibits include George Washington's false teeth, vintage toothpaste commercials and hands-on displays that are meant to educate visitors of all ages about the power of a healthy smile.

The museum is located at 31 S. Greene St., not far from Baltimore's Inner Harbor. Admission is \$7 for adults, \$5 for seniors and students

with ID, \$3 for children age 3–19; and free for ages 2 and younger. It is open Wednesday through Saturday from 10 a.m. to 4 p.m. and Sunday from 1 to 4 p.m. The museum is closed Mondays, Tuesdays and major holidays.

More information about the museum is available by phone, at (410) 706-0600 or online, at www.smile-experience.org. **DT**

(Source: National Museum of Dentistry)

The gold-plated mace of the American College of Dentists, at right, is now on display at the National Museum of Dentistry in Baltimore. (Photo/National Museum of Dentistry)



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CareCredit: fourth donation to Give Kids A Smile fund

CareCredit®, a patient payment program, continued its support as founding donor of the American Dental Association Foundation Give Kids A Smile® expansion fund with its fourth consecutive \$100,000 donation. The donation was made at the Give Kids A Smile National Advisory Board meeting, Feb. 24 in Chicago.

The American Dental Association's Give Kids A Smile program has two objectives: first, to enable dental teams to provide free dental care, screening and education to underserved children; and second, to raise public awareness that the children of this country deserve a better health-care system that addresses their dental needs.

In 2009, with the help of CareCredit's contribution, grants were awarded to the Hispanic Dental Association (HDA), the National Dental Association (NDA) and Oral Health America. The HDA is using its grant to fund local dental student-led oral-health programs in Los Angeles, Dallas and Boston.

The NDA is enhancing the Deamonte Driver Dental Project and has assembled its Dentists in Action resource directory. Oral Health America's grant funds have been distributed to Smiles Across America sites in California, Minnesota and

Nevada.

"Dental disease among children is a serious issue in the United States. When a child has disease and pain, it makes it difficult for them to eat, sleep and learn," stated CareCredit board member and Senior Vice President of Marketing Cindy Hearn.

"CareCredit became the founding donor of the American Dental Association Foundation Give Kids A Smile expansion fund to help increase children's access to treatment throughout the year."

"Each year we are so impressed with how the grant recipients use the funds to reach out in their community, state and even across the country," added Hearn.

"CareCredit continues to give benevolently to the Give Kids A Smile fund. Through its generosity, we have truly been able to make a difference in the lives of children who have little to no access to quality dental care," said Dr. Arthur A. Dugoni, president, ADA Foundation.

Today, CareCredit is at work in more than 80,000 dental practices. CareCredit is exclusively selected for their members by most state and national dental associations, including ADA Business ResourcesSM, AGD, AAOMS and AAP, and is also recommended by leading practice management consultants.



Cindy Hearn, senior vice president of marketing, CareCredit and member of the Give Kids A Smile National Advisory Board (right), presents a \$100,000 donation to the ADA Foundation GKAS Fund during the advisory board meeting Feb. 24 in Chicago. Accepting the check are (from left) Steve Kess, board chair and vice president of Global Professional Relations, Henry Schein Inc.; Dr. Jeff Stasch, board member and member of the ADA Council on Access, Prevention and Interprofessional Relations; Dr. Ron Tankersley, ADA president; and Robert C. Henderson, PhD, board member and member of the ADA Foundation Board of Directors. (Photo/ADA News)

For more information on CareCredit, call (800) 300-3046, ext. 4519, or visit www.carecredit.com/dental.

Information on Give Kids A Smile can be found at www.givekidsasmile.ada.org. **DT**

(Source/ADA News)

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Global lab revenues to exceed \$14.5 billion by 2015

By Fred Michmershuizen, Online Editor

Increasing numbers of elderly people and more demand for high-quality dental esthetics are cited

among the reasons for an increase in global demand for the services of dental laboratories.

According to a new report, the world market for dental laborato-

ries is projected to exceed \$14.5 billion by the year 2015.

The report, by Global Industry Analysts, a publisher of market research, states that dental laboratories are witnessing a significant increase in demand for dental prosthetics as well as other restoratives.

The report also cites the increasing purchasing power of the baby boomer generation as another factor driving the dental laboratory market.

The United States represents the largest market for dental laboratories worldwide, according to the report.

The scarcity of technicians and availability of modern restorative technologies and systems are driving dental laboratories to deliver quality dental restorations to dentists on time.

Outsourcing is a key element in the U.S. dental laboratory industry.

The report, "Dental Laboratories: A Global Strategic Business Report," provides a comprehen-

sive review of dental laboratories, market trends, recent industry activity and focus on market participants.

The study analyzes market data and analytics in terms of value sales for regions, including the United States, Canada, Japan, Europe, Asia-Pacific, Latin America and the rest of the world.

Key players profiled in the report include 1st Dental Laboratories, Attenborough Dental, Champlain Dental Laboratory, Dental Services Group, iDent Dental Lab, Lord's Dental Studio, Knight Dental Design, National Dentex Corp., Southern Craft Dental Laboratory, Utah Valley Dental Lab and others.

The report is available for purchase from Global Industry Analysts.

More information is available at www.strategy.com/Dental_Laboratories_Market_Report.asp. **DT**

(Source: Global Industry Analysts)

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Diagnose this: white lesions

By Monica Malhotra, India

The purpose of this quiz, and the ones to follow, is to assist you in understanding the different types of mucosal and soft-tissue pathologies with different colors (red, white, mixed red/white) and other pigmented lesions seen in the oral cavity.

There has been a trend to ignore the overall examination of the oral-cavity and concentrate more upon the chief complaint a patient presents.

In this process we often don't take advantage of the so-called "mirror of general health." We can always take a little more time to overview the entire oral cavity, including the oral mucosa.

Please feel free to contact me with any feedback or questions you may have.

Part 1: case study

A 45-year-old, healthy man visited his dentist for tooth pain and was informed that his mouth contained "disease in disguise."

Upon oral examination, buccal-mucosa showed hyperkeratotic white, slightly elevated, diffuse patchy lesion extending toward the commissures of the mouth on the left side.

The lesion was non-scrapable in nature.

The patient had a habit of smoking five to six bidis (a crude form of cigarette used in India) a day for the past four years.

- 1) What provisional diagnosis would you make of this lesion?
- Leukoplakia
 - Linea alba
 - Lichen planus
 - Leukoedema
 - Candidiasis



(Photo/Monica Malhotra)

See page 15A for the answer.

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Looking for 'love' in all the wrong places

Which aspect of your practice has the most impact on your bottom line?

By Louis Malcmacher, DDS, MAGD

As a practicing dentist and a dental consultant, I know exactly where dentists are coming from when they describe their daily challenges to me. I hear routinely from dentists about all kinds of problems they are experiencing.

Every dentist that I talk to wants to know how to get more new patients, how to properly market the practice, how to be faster and more efficient clinically, how to reduce overhead, how to motivate more patients to bigger and bigger treatment plans and a whole host of other issues that are constantly on a general dentist's mind.

Dentists will spend all kinds of money on books, tapes, consultants, marketing programs, newsletters and all sorts of other things that they think may improve a particular part of their practice. Most dentists who are looking for these solutions are always, as I like to say, "looking for love in all the wrong places."

Dentists often overlook the most obvious and impactful part of their practice: the dental team that they work with every single day.

Look at your dental team members as the valued partners in success that they really are.

The team

Having a great dental team will significantly improve all aspects of your dental practice immediately and for the long term. Having a great dental team solves so many of the issues and the challenges that dentists face every single day.

Do you want more patients? Your dental team should be out there asking everybody they know if they need a dentist as well as every single patient that comes through the door about referring their own families and friends as new patients to the practice.

Do you want to market your practice better and more efficiently? Having great dental team members who will carry your message with them into every single treatment room will accomplish that.

Do you want to motivate patients to more comprehensive dentistry and more elective dental procedures such as Aurum Ceramics Cristal Veneers? A great dental team will take the time to plant seeds in patients' minds about what dentistry can accomplish, and these staff members are the most effective communication team you could possibly have.

It always amazes me that a dentist will spend thousands of dollars on a computerized education system that will describe dental procedures when a talented dental assistant can do the same thing with that human and personal touch. By the way, that doesn't mean that digital education materials aren't useful.

If your dental team members are poor communicators and you buy them an educational piece of equipment, then what you now have is a dental team with poor communication skills but with an expensive computer.

Why not spend that money to first go ahead to motivate and improve the morale and communication skills in your office so that everybody can talk to patients more easily and with more leadership?

Do you want to reduce your overhead? A great dental team will certainly help you accomplish this by streamlining so many of the inefficient processes that occur in daily dental practice and will help the dentist accomplish dental treatment much faster, easier and better.

Do you want to improve your cash flow and account receivables? A great dental team is the road to success in every dental office in every single aspect you could possibly imagine.

Valued partners in success

I see dentists wasting their time and money buying into all kinds of gadgets, toys, scams and supposed "systems for success" when they should be spending their time, energy and effort developing and motivating their valued staff members.

Every week when I am giving a lecture, for the most part, I can see immediately who the more successful dentists are just by looking at the audience in the first two minutes of the lecture. The most successful dentists I know and that I see at my lectures are the ones who have their dental team members sitting right next to them at the events they attend.

If you, as a dentist, go to a lecture and want to learn about something new or want to institute a new system in your office and you attend the lecture alone and then return to the office, your staff members will not have the same enthusiasm that you developed or the same initial level

of interest. You must then force this new idea down their throats, to which they become resentful. Success in this scenario is going to be limited, but more likely will not happen. It frustrates me because I know the solution is really so simple.

Look at your dental team members as the valued partners in success that they really are. Staff appreciation is one of the most overlooked, inexpensive and easiest ways to begin to develop a great dental team.

It may surprise you to know that in many major studies in employee relations, money is not the most important factor to employees. No. 1 is staff appreciation and No. 2 is having a pleasant place to work in.

If your dental team members also realize they are fulfilling a mission of improving peoples' lives through excellent oral health that also gives them a great sense of purpose.

You could pay a dental assistant \$100 per hour, but if she is miserable in the work environment, your office will never be successful. You could pay your front desk team member \$100 per hour, but if you have never invested in having him develop the necessary skills to talk to patients, your office will not be successful.

If you pay your dental hygienist \$100 per hour and she is just a housekeeper with no communication skills, your office will never reach its full potential.

Being in the 'people' business

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Ultimately, dentistry is a people business. To be successful in this field, you have to love people and hire people who love people. If you hire people who love people, your office will become a different place.

Stress in dentistry is caused by the people who work in your office who are stressing themselves, you and your patients. Once your patients are stressed, they will stress you even more.

Hiring the right staff is the first step along the road to a happy office. The next steps include working with your team members and constantly training them and yourself in how to do better clinical dentistry, how to be better communicators, how to serve and how to achieve all of your goals together.

This has so frustrated me as I lecture to thousands of dentists a year that I have some resources on my Web site, www.commonsense.dentistry.com, about building the best dental team ever.

You need to know how to hire, evaluate and give a bonus to great team members. You must lead and motivate team members with your vision of what you want your practice to be. It really is this simple: if you have a great dental team, you



(Photo/Gelpi, Dreamstime.com)

A great dental team can ...

- help market your practice more efficiently.
- help motivate patients to accept treatment recommendations and elective procedures.
- help improve cash flow and account receivables.

will have a great office!

The simple road to success

Stop wasting your time and money on all the schemes and supposed shortcuts out there that you think may improve your office from the outside in.

Hire, develop and motivate a great dental team by learning lead-

ership skills and build your office from the inside out.

It doesn't help you at all to get 100 new patients per month if your team members do not have the capability or the interest to properly build relationships with your patients.

You, as a dentist, typically spend 30, 40 or 50 hours per week in your dental practice — it is equally as easy to be happy there as it is to be miserable. Life is too short to spend your time in a miserable situation.

In addition, what does your office team look like? Do they have great smiles, are they well groomed, do they dress nicely and cleanly? This says a lot about your practice.

If you are looking to build an esthetic practice, patients are more apt to accept treatment plans from team members (and dentists!) who have a great looking smile and great facial esthetics.

Now that nearly 10 percent of dentists are providing Botox and dermal fillers, it is not just about the teeth anymore in the dental office and the same is to be said about facial esthetics.

I often joke that Botox is the secret to staff retention — once you provide this to your team, they will never leave you because this is a repeat procedure.

Yet the street here runs both ways — it helps build your practice when everyone looks their best — they feel better about themselves from a self-esteem perspective, they transmit a more positive image and treatment acceptance will go up.

If your dental office is a place that loves to work with people, that attitude alone will solve so many of the issues that have frustrated you throughout your career.

When we consult with dental offices and turn their team members around, and make them great and sincere communicators, the office becomes a stress-free, high-producing, low-overhead, fun place to work for everyone.

It is amazing what a little appreciation and respect will do in motivating and building a great dental team.

It is the quickest and straightest road to dental practice success. DT

AD

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PROFESSIONAL PRACTICE TRANSITIONS

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As one of the nation's largest practice transition companies, **Henry Schein Professional Practice Transitions (PPT)** provides the resources to guide you through every stage of your practice transition. Now is the time to make sure that the investment you have made in your practice is secure. Participate in our webinars to learn key factors that will help you with your transition decisions and future endeavors.

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May 4, 2010
"What is Your Practice Worth?"
9:00 pm–10:00 pm (ET)

- What constitutes your practice's greatest value
- What can be done to increase a practice's value
- Avoiding mistakes that destroy value





September 21, 2010
"Associateships—Steps for Owners and New Doctors"
9:00 pm–10:00 pm (ET)

- What determines a successful relationship
- Right and wrong reasons to consider an associateship
- Identifying the practice owner's goals



November 9, 2010
"Preparing Your Practice for a Transition—Steps to Take Today"
9:00 pm–10:00 pm (ET)

- Steps that make your practice more saleable
- Steps that increase the demand for your practice
- Common mistakes to avoid



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About the author

Dr. Louis Malmacher is a practicing general dentist in Bay Village, Ohio, and an internationally known lecturer and author known for his comprehensive and entertaining style.

An evaluator for Clinicians Reports, Malmacher has served as a spokesman for the AGD and is president of the American Academy of Facial Esthetics.

You may contact him at (440) 892-1810 or e-mail dryowza@mail.com.

You can also see his lecture schedule at www.commonsense.dentistry.com where you will find information about his Botox and dermal filler live patient hands-on training, practice-building audio CDs and free monthly e-newsletter.



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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-5 Equipped, GR \$515K+, 5 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: 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 \$350K #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—Nice 3 Ops 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
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 \$1.3 Million, 3,000 sq. ft., 7 Op's, 8 days hygiene #18118
CONTACT: Deanna Wright @ 800-730-8885

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
Atlanta Suburb—Pediatric Office, 1 Op, GR \$426K #19134
Dublin—GR \$1 Million+, Asking \$825K #19107
Macon—3 Ops, 1,625 sq. ft., State of the art equipment #19105
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—5 Ops, GR \$600K, 3 day work week #22119
Galena—GR 180K, located in Historic Bed & Breakfast Community #22129
Western Suburbs—5 Ops, 2-2,000 sq. ft., GR Approx \$1.5MM #22120
CONTACT: Al Brown @ 630-781-2176

MARYLAND

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
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 @ 586-530-0800

MINNESOTA

Crow Wing County—4 Ops #32104
 Fargo/Moorhead Area—1 Op, GR \$185K. #32107
Central Minnesota—Mobile Practice. GR \$730K+ #52108
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 @ 800-730-8885

NEVADA

Reno—Free Standing Bldg., 1,500 sq. ft., 4 Ops, GR 763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW JERSEY

Marlboro—Associate positions available #39102
Mercer City—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: Marry 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 Pinchurst—Dental emerg clinic, 3 Ops, GR in 2007 \$373K #42134
New Hanover City—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 @ 412-855-0337
Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138
Chester County—High End Office, 4 Op's, Digital, FES + 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, 2,200 sq. ft., GR \$678K #49102
CONTACT: Jim Cole @ 404-513-1573

TENNESSEE

Elizabethton—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 @ 800-730-8885

VIRGINIA

Greater Roanoke Valley—2,500 sq. ft., GR \$942K updated equipment #55111
CONTACT: Bob Anderson @ 804-640-2373