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ICOI Winter Symposium Upcoming event will focus on esthetic zone reconstruction. ▶ page 1B	New clinical resource AAE's 'decision guide' can help clinicians make difficult choices. ▶ page 1C	When esthetics matter This article discusses the use of new materials in dental esthetics. ▶ page 1D

Need for oral health recognizes no borders

An interview with ADA President Raymond Gist

By Javier Martinez de Pison
 Dental Tribune Hispanic & Latin America Edition

The first African-American dentist in history elected as president of the American Dental Association (ADA) started his mandate in a decisive way. Less than a month after assuming the presidency in October, the ADA issued an official apology for "not taking a stronger stand against discriminatory membership practices during the pre-civil rights era."

The measure is symbolic, but it signals that the ADA under Dr. Raymond Gist is changing, that it is capable of learning from its mistakes or, as he put it, that "in looking forward, we also must look back."

The actions of the ADA, one of the largest dental institutions in the world with 157,000 members and a 2011 budget of \$116 million, have an impact in the United States and sometimes within foreign dentistry as well.

Right now, its commitment to ethnic diversity among its members, cooperation agreements with foreign organizations and its campaign to help Haitian colleagues after the earthquake, suggests that it is looking to an inclusive future.

A native of Grand Blanc, Mich., Gist assumed office as the 147th president on Oct. 13 before the ADA House of Delegates in Orlando, Fla. In the following interview, Gist dis-



Dr. Raymond Gist and his wife, Jill, at the 2010 FDI World Dental Congress in Bahia, Brazil. (Photo/Jean Agostaro)

cusses the programs that the ADA intends to implement and advocates for oral health for underserved populations.

What is your political agenda as ADA president?

My primary objective is to help unite and amplify the voice of dental professionals in advocating for the delivery of quality oral health care to those that are underprivileged in the United States and abroad.

What is your health agenda as ADA president?

To deliver a loud, consistent message to the public and all concerned stakeholders that oral health is a

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Dental world comes to New York



Dr. Douglas Terry, left, and his Dental Assistant Melissa Nix prepare before his lecture on 'Anterior Fiber-Reinforced Composite Resin Bridge' at the Live Dentistry Arena No. 1 on Nov. 29. If you weren't able to attend the GNYDM, check out our photo scrapbook of the event to see a little bit of what you missed. (Photo/Robin Goodman)

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Dentcubator hatches new dental technology

By Fred Michmershuizen, Online Editor

Historically, the very best advances in dental technology have sprung not from geeks in corporate R&D departments but rather from regular dentists working in their practices. That's perhaps because most dentists are thinkers and tinkerers. They are constantly coming up with innova-

tive ways of improving upon procedures, increasing efficiency or doing something in a manner that hasn't been tried before.

Until now, one obstacle many dentists—who-would-be-entrepreneurs have encountered, once they have built their better mousetrap, is coming up with the necessary

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AD

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From left to right, FDI President Roberto Vianna, past ADA president Ronald Tankersley, VP Global Professional and Scientific Relations P&G Professional Health Care Paul Warren, and ADA President Raymond Gist greeting FDI guests at the ADA dinner in Salvador, Brazil. (Photo/Jan Agostaro, Dental Tribune Hispanic & Latin America Edition)

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priority! Oral health is essential to overall health, which is why I want to bring increased national and global attention to the need for providing and sustaining good dental health.

Would you provide an overview of the ADA sessions in Orlando?

Our 2010 annual session in Orlando was a great success. There were nearly 26,000 dental professionals in attendance; including approximately 7,700 dentists and 5,500 dental team members.

Additionally, we were also pleased to welcome 1,000 international attendees from 80 different countries who were able to experience our World Marketplace Exhibition and participate in our scientific sessions.

The Opening General Session and Distinguished Speaker Series were very popular with approximately 5,000 in attendance. The 2010 Distinguished Speaker, best-selling author Malcolm Gladwell, offered a tailored presentation and signed books for more than an hour following his presentation.

Next year's annual session will be

held in Las Vegas Oct. 10-15 and we invite you to attend.

What programs set the ADA apart from other associations?

We have a respected voice and strengths that are unique to us. Since 1859, the ADA has been promoting the art and science of dentistry. Today, we have more than 157,000 members and policy makers trust that when the ADA speaks, we speak for organized dentistry.

The ADA's resources are tailored to help make the professional and personal lives of dentists much easier. ADA members have access to countless programs and support services, including our best-read scientific monthly journal, The Journal of the American Dental Association, our Center for Evidence-Based Dentistry, our Dentist Health and Wellness program, our online practice enhancement tools and our legislative advocacy efforts at both state and federal levels. In 2009, more than 1,300 pieces of legislation directly affected the oral health industry.

Our members can also take advantage of products offered at a discount through the ADA Catalog,

and free reports from our Survey Center for continuing education courses offered at the annual session and online. In leveraging the collective buying power of our membership, our members have access to competitively priced ADA insurance and financial and retirement programs.

Additionally, we are helping people with programs that really make a difference in their lives, such as our Give Kids A Smile for children and Oral Longevity for older adults.

Overall, I believe the programs and support we enjoy as ADA members are unmatched for their depth and comprehensiveness. I invite readers to visit www.ada.org for additional information about the ADA and its various offerings.

What are the main problems for dentists practicing in the United States?

The United States offers tremendous opportunities for those wanting to practice dentistry. The U.S. economy has affected some dental practices more than others, but the economy is getting better as we slowly emerge from our recession.

As for our new dentists, many of them are facing tremendous debt obligations from dental school and we must look for ways to assist them in reducing debt and in establishing their own private practices if they choose to do so.

How is dental tourism affecting U.S. professionals?

Dental tourism has not had a major impact on the United States as a whole. Survey results indicate that 2.76 percent of U.S. dental patients have had some dental tourism experience. Since cost is the significant incentive and most dental treatment does not reach cost levels that make dental tourism attractive, three trends emerge from discussions with promoters and providers of foreign dental services.

Border areas immediately adjacent to available lower-cost care continue to be the most common examples of dental tourism. Additionally, expatriates living in the U.S. that visit their home countries regularly may access less costly dental care when they are home for a regularly scheduled visit.

Lastly, some treatment plans at the highest end of dental cost may prompt a look at less costly alternatives in a foreign country. However, the procedures involved in these treatment plans are commonly the most technical and often have long periods of treatment for completion, both of which are disincentives for dental tourism out of the U.S.

What's the ADA doing in terms of ethnic diversity?

The ADA's recent public apology reinforces its commitment to a diverse membership. The ADA officers and board of trustees felt compelled to act after the striking and deeply personal testimony presented during the June 2010 National Sum-

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The World's Dental Newspaper - US Edition

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Published by Dental Tribune America
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mit on Diversity in Dentistry on the history of exclusion in organized dentistry.

The summit was jointly planned and convened by the National Dental Association [NDA], Hispanic Dental Association [HDA], Society of American Indian Dentists and the ADA. In July and September, the ADA Board developed and approved resolutions that were designed to strengthen diversity and inclusion in the profession.

As an African-American, do you feel a special pressure?

I don't feel a special pressure to perform because of my race, but I do pressure myself to deliver because I know my capabilities. I want the dental profession to realize its potential, and I want to deliver that message effectively and consistently.

Is there a way to increase the low number of Hispanic dentists in the U.S., which causes cultural and language barriers to treatment?

Doors have opened, but more can be done to encourage careers in dentistry because enrollment in U.S. dental schools is not keeping pace with the growth of underrepresented minorities in the U.S. population.

For example, U.S. Census Bureau data for 2009 reveal that the Hispanic American population totaled 16 percent of the U.S. population.

Yet, ADA survey information for the 2008/2009 school year indicate only about six percent of students were Hispanic American.

The ADA believes in guiding young people from diverse backgrounds toward the dental profession and is committed to increasing diversity, including through its outreach programs, such as the Institute for Diversity in Leadership, which provides a diverse group of dentists with education and experience to set new leadership paths within the profession and their communities; the Student Ambassador Program; and the Council on Dental Education and Licensure's Career Guidance and Diversity Activities Committee [Committee D].

Committee D is composed of 14 members, including representatives of the NDA, HDA and the Society of American Indian Dentists.

We also believe that options for the repayment of dental school loans are very important to increasing diversity in dental schools.

For example, community service options should be available to dental students that would ease the financial burden of their dental school education and, at the same time, make a positive contribution to the public's oral health.

Why do you offer Spanish-language courses at ADA sessions?

In recognition of the prominence of the Spanish language in the United States and the notable presence of annual session visitors from Spanish-speaking countries, the ADA, in its commitment to hosting a world-class meeting, decided to offer select

continuing education courses in the Spanish language.

Allowing Spanish-speaking attendees to learn in their native language enhances the learning experience and the caliber of the annual session event.

What's the ADA doing with foreign dental associations?

Engaging the international dental community and maintaining positive rapport with dental organizations around the world is a priority for the ADA, especially given that oral health recognizes no borders.

The ADA continues to seek collaborations with national dental associations and other organizations in Latin America through the FDI World Dental Federation, through ADA participation at international

dental conventions, through collaborations with the Pan American Health Organization and through collaborative agreements with international dental organizations in Latin America.

For example, the ADA recently collaborated with the Mexican Dental Association on identifying prominent Spanish-speaking experts in Mexico to present their courses in Spanish at the ADA annual session in Orlando.

The ADA is also working with the Haitian Dental Association to raise funds to help rebuild and restore the dental offices in Port au Prince that were destroyed by the earthquake in January through the Adopt-a-Practice: Rebuilding Dental Offices in Haiti campaign.

What was your experience at the 2010 FDI World Dental Congress in Brazil?

The annual FDI World Dental Congress offers the ADA a unique opportunity to connect with dental organizations from around the world, forming new relationships and nurturing existing ones.

The 2010 FDI World Dental Congress in Salvador allowed the association to gain visibility among Brazilian and other Latin American dental professionals.

Being that the 2011 congress will be held in Mexico City, the ADA will have a second opportunity to heighten its awareness in Latin America while identifying new projects and programs that could deliver value to dental professionals in this region of the world. ■

AD

Arizona Dental Association honored for its efforts to reduce smoking

The organization is recognized during the Great American Smokeout event

The Arizona Dental Association (AzDA) received a Health Leadership Award on Nov. 18 from Arizonans Concerned About Smoking. The award recognizes the AzDA's ongoing work in the fight against tobacco and its effort to promote a smoke-free environment.

The AzDA was one of the first two organizations to announce support for the Smoke-Free Arizona initiative in 2005. A year later, voters approved Proposition 201, which established a smoke-free workplace and public place law.

"On behalf of the entire Arizona Dental Association membership, we're honored to receive this award," said Mark Hughes, president of the AzDA board of trustees, who accepted the award at the ceremony.

"As dentists we see first-hand the devastating impact tobacco products have on oral health. We're proud to be a partner in the fight against the harmful effects of tobacco and smoking."

The AzDA was established in 1909 and is a non-profit professional organization representing a large majority of the active licensed and practicing dentists in Arizona.

An affiliate of the American Dental Association, the AzDA's goal is to establish the highest standard of care for the public and support members in the pursuit of professional excellence.

The Health Leadership Award was presented at the Phoenix Indian Medical Center as part of the Great American Smokeout event in Phoenix.

Arizonans Concerned About Smoking is a non-profit, pro-health, organization that aims to save lives through public awareness regarding the hazards of tobacco use and by advocating public policy that promotes a more healthy smoke-free society. For more information visit www.arizonansconcernedaboutsmoking.com.

About the AzDA

Established in 1909, the Arizona Dental Association is a nonprofit professional organization representing a large majority of the active licensed and practicing dentists in Arizona.

Its component societies are the Central Arizona Dental Society, Northern Arizona Dental Society and Southern Arizona Dental Society.



AzDA Executive Director Kevin Earle, Dr. Leland Fairbanks, president of Arizonans Concerned About Smoking, and Dr. Mark Hughes, president of the AzDA board of trustees. (Photo/Arizona Dental Association)

As a constituent of the American Dental Association, AzDA encourages improvements in public oral health and promotes the art and science of dentistry through leadership, education and information.

Approximately 5,000 dental professionals attend AzDA's annual

Western Regional Dental Convention (www.WesternRegional.org).

For more information about AzDA and its members, visit www.azda.org. 

(Source: Arizona Dental Association)

GNYDM executive director Edwab rings opening bell at New York Stock Exchange

By Fred Michmershuizen, Online Editor

As everyone knows, it is considered quite an honor to ring the opening bell at the New York Stock Exchange (NYSE), and on Friday, Dec. 3, Dr. Robert R. Edwab, executive director of the Greater New York Dental Meeting (GNYDM) was among dignitaries selected to kick off the day's trading along with executives from Marriott International.

The New York Marriott Marquis was celebrating its 25th anniversary and its more than 20-year partnership with the GNYDM, and it was a fitting occasion for the ceremony, coming just two days after the conclusion of the 86th annual GNYDM event.


Located in Times Square, the New York Marriott Marquis is one of Marriott International's flagship hotels, with 1,949 rooms and more than 100,000 square feet of

banquet and meeting space.

Twenty-five years ago, no one could have imagined the thriving Times Square neighborhood as it is today. Back then, the area was so notorious for crime that even cab drivers avoided it, and the hotel gave away free lunches to cab drivers just to acquaint them with the neighborhood.

The GNYDM is one of the hotel's most important clients and one of the largest dental congresses and expos in the United States. This year's event ran from Nov. 26 to Dec. 1, and it attracted nearly 60,000 dental professionals from around the world to the Jacob K. Javits Convention Center.

Marriott officials said they appreciate their business partnership with the GNYDM throughout the years.

At the conclusion of trading on Dec. 3, the Dow Jones Industrial Average was up 19.68 points for the day, closing at 11,382.09. 



Dr. Robert R. Edwab, executive director of the Greater New York Dental Meeting, fourth from right, helps ring the opening bell at the New York Stock Exchange on Friday, Dec. 3. With Edwab are executives from The New York Marriott Marquis. (DTI/Photo NYSE Euronext/Valerie Caviness)



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(A) Dental Tribune International Publisher & Chairman Torsten Oemus, left, Dr. L. Stephen Buchanan, Dr. Marc L. Nevins, Mark Ferber, Barbro K. Brånemark of the the Brånemark Osseointegration Center in Gothenburg, Sweden, Dr. Richard Meissen, Dr. Thomas J. McGarry and Dental Tribune General Manager Huang Huan were among many attendees on hand during the recent Greater New York Dental Meeting for a Dentcubator gathering. (B) Attendees listen to a presentation during the annual meeting of Dentcubator. (Photos/Fred Michmershuizen)

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financial and logistical resources to make their vision a reality. That's where Dentcubator comes in.

Now in its third year, Dentcubator is a group of investors and shareholders from 15 countries and 26 different states. Their goal is to seek out the most promising advances in new dental technology and bring these ideas to fruition.

This is an elite group. Among many others, it counts among its members such notables as Dr. William Arnett, Dr. Paul Feuerstein, Dr. Ron Jackson, Dr. Sonia Leziy, Dr. Ken Malament, Dr. Joerg Strub, Dr. Mauro Fradeani, Dr. Paul Seid, Dr. Bill Dickerson, Dr. Hoy Maier, Dr. Manfred Pfeiffer, Dr. Brahm Miller, Dr. Gianluca Gambarini, Dr. Marco Martignoni, and Drs. Pedro, Leandro and Rogério Velasco of The Velasco Group in Brazil.

Dentcubator has 10 standing committees that receive proposals and evaluate them. In 2010 alone, Dentcubator fielded 70 proposals. Not only does the organization have the brains, they also have the much-needed financial capital and managerial expertise to make new products a reality.

Dentcubator is currently in the prototyping and testing phase for several new products, ranging from a new endodontic file system to advanced periodontal technology and even new software. A bit further back in the pipeline are a new obturation system, a bur made of a completely new material and number of biomarkers.

During the recent Greater New York Dental Meeting (GNYDM), Dentcubator held its third annual meeting. In attendance, among many others, were Dr. L. Stephen Buchanan, Dr. Marc L. Nevins, Dr. John T. McSpadden, Dr. Richard Meissen, Dr. Lorne Lavine, Dr. Thomas J. McGarry and Barbro K. Brånemark of the the Brånemark Osseointegration Center in Gothenburg, Sweden.

Dentcubator members said that New York is a fitting location for the group given the GNYDM's position as the premier international dental meeting in the United States. The group's leaders expressed gratitude to organizers of the GNYDM for helping spread the word about what it does.

"Dentcubator received an enormous number of submissions this year thanks to publicity we received through the e-mail blast the GNYDM sends to its members," the chairman of Dentcubator said.

"To our delight, we received responses from a number of countries as far away as India, and they said in their submissions that they read about Dentcubator in the GNYDM e-mail blast."

Dentists who would like to submit proposals to Dentcubator are invited to contact the group at ideas@dentcubator.com. DT

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Protecting the value of your practice: non-compete & trade secret agreements

By Stuart Oberman, Esq.

Dentists are often concerned about how to best protect their patient base when an associate dentist leaves the practice. The owner of a dental practice must make sure that associates cannot take the practices' patient base or employees with them when they leave.

There are two methods of preventing this type of devastation to a dental practice, which are: (1) non-compete agreements and (2) trade secret agreements. Both of these types of agreements should be incorporated into an associate's employment agreement. In order to ensure an employment agreement is properly drafted, you should consult with legal counsel who is familiar with dental employment agreements.

Non-compete agreements

Dentists may have been exposed to a wide variety of terms when contemplating the issue of protecting their patient base, such as non-compete agreements, non-competition clauses, covenants not to compete and restrictive covenants. These are all different terms used to essentially describe a non-compete agreement.

A non-compete provision is typically a section of an employment agreement, however, a non-compete agreement may also be a separate document that an associate may be required to sign as part of his/her employment.

A non-compete agreement allows the owner of a dental practice to limit a former associate from starting his/her own dental practice that competes with his/her former employer, and a non-compete agreement may prohibit an associate from working for a competitor. Generally, non-compete agreements are enforceable, however, state laws may vary. The owner of a dental practice should always consult with his/her attorney before entering into any type of non-compete agreement.

Protect interests. In order to ensure that a non-compete is enforceable, there are some general requirements that must be complied with. First, the non-compete must be reasonable in that it protects the legitimate interests of a dental

practice. The dentist's interest in protecting the time he/she put into training a new associate must be balanced by the associate's freedom to work where he/she chooses and the public's interest in obtaining the services of a particular dentist.

Time limit. The second requirement for an enforceable non-compete agreement is that the agreement must have a specific time limit. The shorter the period of time, the more likely the agreement will be enforced. Typically, a non-compete agreement with a time period less than three years will be enforceable.

Geographic limit. The third requirement for an enforceable non-compete agreement is that the agreement must contain a reasonable geographic limitation. If a former associate moves to a dental practice within a 10-mile radius of his/her previous employer, and the former associate has a 10-mile non-compete agreement (depending on state law), the court would likely uphold the agreement as valid and issue an injunction against the former employee.

However, if a non-compete agreement attempts to restrict an associate from practicing within a 50-mile radius of the associates' former practice, the non-compete may be considered too broad as to the geographic restriction and, as a result, the agreement may be considered unenforceable.

If a court determines that certain provisions of a non-compete agreement violate state law, the court may utilize the Blue Pencil Rule. This rule allows a judge to modify the terms of the non-compete agreement that may be too burdensome on one party and yet enforce the remainder of the agreement to make the agreement more reasonable.

For example, if the non-compete agreement reasonably protects the employer's legitimate interests and has a reasonable geographic limitation but the agreement states that the non-compete is to be enforced for a period of five years, the court may strike the five year time period and replace it with a two year time period and enforce the remainder of the contract.

However, some states prohibit the use of the Blue Pencil Rule and, as a result, the agreement will be either upheld or invalidated in its entirety. For this reason, it is extremely important that a non-compete agreement comply with state law.

Non-compete agreements are widely used in the purchase of a dental practice. If a dentist purchases a dental practice, the purchase price by way of special allocation typically includes the personal and corporate "goodwill" of the seller and patient accounts.

However, without an effective non-compete, the seller of a dental practice may open another dental practice across the street.

A non-compete agreement would prevent the seller from competing with the buyer in a specified geographic location once he/she sells the practice, for a specified period of time, which would in turn permit the purchaser of a practice to establish his/her new practice.

Additionally, when hiring a new

employee, a dentist should always ensure that the new employee is not subject to a non-compete agreement with his or her previous employer. In some states, a new employer may be held liable for hiring an employee who violates a non-compete agreement with a former employer.

Trade secrets

Trade secret provisions in an employment contract will also help protect the patient base of a practice. A trade secret provision should provide that all patients and their confidential information are trade secrets of the practice, and sanctions will be enforced against any associate or employee who attempts to use this confidential information for his/her own personal gain.

Generally, trade secrets law has three components, which are:

- any information that is not generally known to the public,
- that confers some type of eco-

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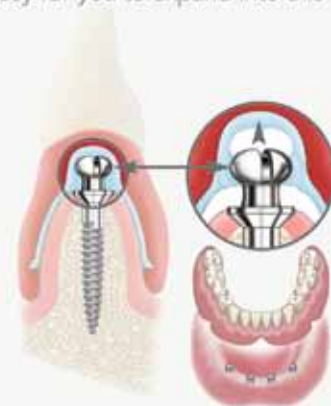
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New York public school children enjoy the Greater New York Smiles Children's Program on Monday, Nov. 29, which aimed to instruct and demonstrate the importance of oral health care to local youth. (Photo/Carlo Messina, F/X Video & Photo)



The leaders of FOLA (the Latin American Dental Federation) present an award to Javier Martínez de Pisón, editor-in-chief of Dental Tribune Latin America, and Torsten Oemus, publisher and chairman of Dental Tribune International, in recognition of their efforts to promote dental health in Latin American countries.



The Greater New York Dental Meeting's annual Dinner Dance took place Saturday evening, Nov. 27, at the New York Marriot Marquis Hotel. The black-tie event featured cocktails, dinner and dancing with music provided by The Ultimate Entertainment.



Henry Schein Chairman and CEO Stanley M. Bergman welcomes attendees at the 2010 FOLA leadership breakfast on Nov. 29.



Sherman Specialty is known for creating smiles. These furry creatures certainly help. Just ask Debbie Walbrecher, left, and Juan Philip Nobel.



Who needs Charlie? Pentron has its own set of 'Angels': from left, Colleen Thomas, Patricia Peckham, Adrienne Collins, Bethany Camarda and Justine Kilbride.



(at left) Attendees are flocking to the DentalVibe booth for good reason. The system, which allows for comfortable and predictable injections, was available at a discount during the GNYDM.

(Photos/By Robin Goodman, Fred Michmershuizen and Sierra Rendon unless noted otherwise)

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conomic benefit on the holder of the confidential information from not being publicly known, and

- to which the beholder has taken reasonable efforts to maintain its secrecy.

In dental practices, patient lists are clearly not public knowledge and such patient information definitely confers economic benefit on the owner of a dental practice. As long as an owner of a dental practice takes reasonable steps to maintain the privacy of his/her patients, patient information is deemed trade secrets and shall be protected accordingly.

In a dental office, patient lists are probably the most important assets. In determining whether a patient list constitutes a trade secret, courts will generally look at whether the information on the patients — such as the status of their health, the dental procedures the patients have completed and those procedures still needed,

the type of insurance the patients carry, and the amount of insurance patients have — as not easily ascertained by a competitor.

Although information readily accessible through public records cannot be considered a trade secret, generally, patient lists in a dental practice constitute trade secrets and may not be used by a former associate to solicit patients.

While it is true that patient names, telephone numbers and addresses may be a matter of public record, the health records of the patients, the dental treatments they require or the patients' general health insurance information is not accessible to the public.

This information would therefore constitute a confidential trade secret and should be protected through an employment agreement.

The owners of a dental practice should be able to prevent an associate from taking valuable assets when he/she leaves the practice. Detailed patient lists are protect-

able. Dentists should be familiar with non-compete and trade secret agreements, and they should have these agreements incorporated into their employment agreements.

All associates should be required to sign a non-compete and a trade

secret agreement at the beginning of their employment. Without these agreements in place, patient lists are not protected and the dentist is exposed to the risk of an associate leaving the practice and taking patients with them. 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.

For questions or comments regarding this article, visit www.gadentalattorney.com.

Noel Brandon-Kelsch stopped for a photo just before she took to the podium for 'Eco-Friendly Infection Control: Understanding the Balance' during the first lecture on Monday, Nov. 29, at the Dental Tribune Study Club Symposia lecture area.



Bob Gannon of SybronEndo teaches meeting attendees about endodontic files.



Henry Schein ProScore gives you the ability to repair your own handpieces. Dyan Jayjack demonstrates how.



From left, Ortal Cohen, Irina Pociak, Elana Magreli and Merav Kaplan introduce GNYDM attendees to the ImageWorks facial imaging mobile vehicle.



At the Cadwell Therapeutics booth, VP of Sales Cherami Cadwell, left, prepares a 'silent sleep' oral appliance for Dr. Paul Gabin of Seacaucus, N.J. The appliance has FDA approval for snoring and obstructive sleep apnea.



Alex Bell of CareCredit.



A vibrant visual reminder for the 2011 FDI meeting, which will take place in Mexico.

Wouldn't it be nice to have someone come straight to your office and fix your broken equipment instead of having to send it away and lose a week's worth of business? That's the idea behind Dental-Fix. Robert Iavarone, left, Guelin Ramirez and Dave Pereira were there to explain how this works.



A football signed by Eli Manning at the Aseptico booth.



Attendees at the Center for Hearing Communication mobile unit wait for a turn to test their hearing.



Dr. Dirk Gieselmann and Dr. Maria Ryan pose for a picture in between their independent lectures at the Dental Tribune Study Club Symposia lecture area. (Photo/Carlo Messina, F/X Video & Photo)

Dr. Edmond Bedrossian during his Sunday morning workshop on 'Fabricating A Fixed Immediate Load Provisional for the Fully Edentulous Patient' in one of the glass classrooms on the exhibit floor. This lecture was sponsored by Nobel Biocare.



You can find more images and news from the GNYDM at www.dental-tribune.com