SPECIAL HINMAN EDITION

# DENTAL TRIBUNE

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

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**Diagnose this ...**
Multiple lobulated reddish to bluish swellings over the tongue and lower lip.
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**Class II direct composites**
Clinical solutions to common problems when placing these types of restorations.
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ENDO TRIBUNE
The World's Endodontic Newspaper · U.S. Edition

**AAE annual meeting**
The event has a special focus on hot topics and controversies in endodontics.
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# GlaxoSmithKline taking zinc out of its denture products

By Fred Michmershuizen, Online Editor

GlaxoSmithKline (GSK), manufacturer of several versions of denture adhesive sold under the Super Poligrip brand name, recently announced it will introduce zinc-free versions of the products.

"While zinc is an essential part of the diet, recent publications suggest that an excessive intake of zinc-containing denture adhesives over several years may lead to the development of neurological symptoms and blood problems such as anemia," a consumer advisory from the company reads.

"Neurological symptoms may include numbness, tingling or weakness in the arms and legs and difficulties with walking and balance."

The company insists the products are safe when used as directed, but said that it is removing zinc as a precautionary measure for consumers who might use too much.

"Super Poligrip is safe to use as directed in the product label," the statement reads. "The majority of consumers follow these directions. However, some consumers apply more adhesive than directed and use it more than once per day. Therefore, as a precautionary measure to minimize any potential risks to these consumers, GSK has voluntarily stopped the manufacture, distribution and advertising of these products."

The new products will be clearly labeled on their packaging as zinc-free. GSK reported that it has discussed this situation with the FDA and that no further action is required. DT

## Heading to Atlanta this month?

*The Hinmann Dental Meeting is known for its reputation of excellence, one that brings together the highest quality programming from the leading authorities in the field of dentistry.*

→ See pages 17A, 18A

# Chile meeting a go despite earthquake

By Javier de Pison, Editor in Chief Dental Tribune Latin America

The director of Salon Dental Chile, the main dental expo in Chile, told Dental Tribune Latin America over the phone that the capital, Santiago, was only slightly affected by the recent powerful earthquake and that there was a tense calm in the nation, caught by surprise in the middle of the summer vacation.

Salon director Miguel Wechsler said that Chile's "strict building

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# Record level of support for 20th annual OHA Gala

Oral Health America (OHA), a non-profit organization founded in 1955 and headquartered in Chicago, held its 20th annual gala and benefit on Feb. 24 at Chicago's historic Union Station. Nearly 900 guests participated in silent and live auctions to benefit OHA while networking with fellow professionals before the Chicago Midwinter Dental Meeting.

The event raised more than $400,000 — the highest amount in the gala's 20-year history — for OHA's programs that bring healthy mouths to life.

Proceeds from the auctions support Smiles Across America® (SAA), an OHA program that assists oral disease prevention services in schools for children who are unable to obtain routine dental care due to lack of resources, low literacy or language barriers. The program was launched in Chicago in 1994 with the Chicago Department of Public Health, Chicago Public Schools and community partners, and now reaches 90 treatment partners in 27 states. Through 2009, SAA has provided $1.5 million in funding and supporting services to an estimated 250,000 children annually.

"Oral Health America is privileged to work to improve the oral health of Americans of all ages, particularly those who are most vulnerable," said Beth Truett, president and CEO of Oral Health America. "Our gala shined a special spotlight on our work with children in school-based and school-linked settings across the country, and gave attendees the opportunity to support a national program that is at work with at-risk children and families in schools, clinics and neighborhoods in their own communities."

The gala was sponsored by DentaQuest, Patterson Dental, Ivoclar Vivadent, Midmark, 1-800-DENTIST, Colgate-Palmolive, Henry Schein Dental, Chicago Dental Society, Belmont Publications, SciCan, National Dentex, Philips Sonicare, Unilever, Mr. and Mrs. Bernard J. Beazley, Burkhart Dental Supply, ConFirm Monitoring Systems, Argen Corporation, Tokuyama Dental, DENTSPLY International, GC America, DentalEZ Group and OralDNA.

Dentalcompare donated the production of a video, shown for the first time at the gala, that highlights the impact of OHA's SAA program. The video makes the case for oral health's importance to overall health, and OHA's support of community-based efforts to ensure that children get a healthy start through having a healthy mouth. The video can be accessed at *www.dentalcompare.com/video_view.asp?videoid=528*.

OHA's mission is to change lives by connecting communities with resources to increase access to oral health care, education and advocacy for all Americans, especially those most vulnerable. For more information about Smiles Across America or any of OHA's programs, visit *www.oralhealthamerica.org*. DT

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codes have saved thousands of lives, and 95 percent of the infrastructure in the capital is intact." The Salon Dental Chile, which in 2009 had more than 5,000 visitors, will take place as scheduled May 27–29.

Wechsler said the 15-story building where he lives in Santiago rocked 12 feet (5 meters) from side to side during the temblor, but that only some ornaments in his home fell to the floor and broke. Electric power was restored in most of the capital two days after the earthquake.

Though the strength of Chile's earthquake was 500 times more powerful than the quake that devastated Haiti, the loss of life has been considerably less in the South American country. Haiti's death toll was more than 200,000, while the death toll in Chile was more than 700.

Wechsler said that Salon Dental Chile is offering a new feature at discounted rates: a large "Business Center" (12 booths) where event organizers may arrange meetings in advance between foreign companies and Latin American distributors. It will also provide free translators, included in the rate for

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# Top tips to prevent tooth grinding

By Keri Kramer, Chicago Dental Society

How are Americans dealing with these difficult economic times? If you ask dentists, they're taking the stress out on their teeth. In the fall of 2009, the Chicago Dental Society surveyed more than 250 of its members to see if stressing about the economy was wreaking havoc on patients' oral health.

Nearly 75 percent of dentists surveyed said their patients reported increased stress in their lives. And 65 percent of dentists said they have seen an increase in jaw clenching and teeth grinding among their patients.

Jaw clenching and teeth grinding, or bruxism, can be a temporary nuisance during stressful times that causes headaches and sleep problems, but it can also cause lasting problems for your teeth and gums. It can lead to muscle inflammation, broken teeth or even damaged dental work, such as crowns and fillings.

Dentists are sharing the following tips with their patients to help them cope with the pressures of the world — before their teeth pay the price:

*Take a pain reliever.* If grinding and clenching is causing you headaches and muscle soreness in your jaw, take an anti-inflammatory medication, such as Advil or Aleve, shortly before bedtime.

*Massage.* Try massaging the muscles along your jaw line, from the joint near your ear all the way to your chin to relieve jaw soreness.

*Avoid caffeine.* Coffee may help you get going in the morning, but caffeine combined with stress can lead to increased muscle tension. Increase your consumption of water. If cutting caffeine completely from your life won't work for you, at least try to avoid it within several hours of bedtime.

*Be careful with your diet.* When the jaw muscles get inflamed, it's best to go easy on them for a while by avoiding foods that require vigorous chewing. Ice and gum chewing are a definite no-no. And don't even think about that triple-decker cheeseburger that almost requires you to unhinge your jaw to eat it.

*Exercise.* You didn't want to hear this one did you? But exercise relieves stress and reduces anxiety, the two biggest culprits of grinding.

*Meditate.* Try a yoga class to achieve some relaxation. Even taking a moment before bedtime to do some deep breathing can be a big help.

*Wear a mouth guard.* If you have serious grinding and clenching issues, talk to your dentist about a mouth guard to wear at night.

The Chicago Dental Society recently held its 145th annual midwinter meeting, which brought more than 30,000 dental professionals to Chicago in February.

The meeting is a forum for dentists to learn about new products, technologies and methods. DT

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*Salon Dental Chile Director Miguel Wechsler at the Salon Dental Chile expo entrance in 2009.*

Business Center attendees.

The president of the Chile Dental Association, Dr. María Eugenia Valle, was in California when the quake struck her country and said in an e-mail that she was very nervous because she was there with her three young grandsons, unable to fly to Chile.

The executive secretary of the association, Dr. Patricio López, said from Santiago that the narrow geography of Chile has made it difficult to assess the total damage because there are no alternative roads to the main ones to travel south.

The city most affected by the quake was Concepción, 311 miles (500 kms) south of the capital. After some initial riots caused by the closing of the main supermarkets there, the government said that order was restored in the city. DT

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# ‘Lack of dentists on oral health panels,’ ADA protests

The Institute of Medicine Committee on Oral Health Access to Services was taken to task recently by the American Dental Association for its decision to exclude private practice dentists from two panels it is convening at the behest of the U.S. Department of Health and Human Services. The panels are tasked with studying oral health care delivery and access.

ADA President Dr. Ronald Tankersley testified before the Institute of Medicine (IOM) on March 4. He pointed out that private practice dentists represent nearly 92 percent of all professionally active dentists, and he said their input is crucial to addressing the oral health care access issue.

“I am obligated, on behalf of our members, to protest the IOM’s continuing failure to include representatives of the private practice dental community on either of its two oral health panels,” Tankersley said. “We respect the experience and knowledge of the committee members, but the nation’s 167,000 private practice dentists represent some 92 percent of professionally active dentists in the United States. Without them, there can be no significant impact on access to oral health care, regardless of the delivery system.”

Tankersley went on to outline the ADA’s efforts to address ways to improve access for underserved populations.

“The ADA believes that oral health depends on preventing oral disease,” he said. “The nation will never drill and fill its way out of this problem. Our efforts to improve access to care have taught us that there are many contributing factors and barriers to the problem. Some are economic and others environmental. Some are direct and others indirect. Some are related to the individual and others to the provider. The ADA has been on the vanguard of advocating access solutions.”

Tankersley cited the following ADA initiatives as examples:

• Designing and implementing a pilot program for its prevention-focused Community Dental Health Coordinator, a community health worker with dental skills now active in Philadelphia, rural Oklahoma and Indian tribal areas.

• Convening an Access to Dental Care Summit in 2009 for a broad range of 144 stakeholders to identify short- and long-term ways to improve oral health for underserved populations.

• Creating a Public Health Advisory Committee to provide a formal presence within the ADA to receive input on issues of public health significance.

• Convening the 2007 American Indian/Alaska Native summit to collaboratively address the unique needs of these populations.

• Implementing an initiative to address oral health needs of the vulnerable elderly, one outcome of which will be the introduction of federal legislation.

• Seeking to increase collaboration among private practice dentists and those working in federally qualified health centers and other dental safety net clinics, where about 69 percent of the dentists are members of the ADA.

• Lobbying for virtually every federal program that could effectively improve access for the dentally underserved.

“While the current dental delivery system serves most Americans well, we must work together to extend that system to the most vulnerable among us, who are at the greatest risk for developing oral disease,” Tankersley said.

He said the ADA believes that there are three ways to help prevent oral disease:

• To rebuild the public health infrastructure and expand and adequately fund safety-net programs, including Medicaid.

• To increase community-based prevention programs.

• To improve oral health literacy.

“Our current dental public health infrastructure is insufficient to address the needs of the underserved, and the gap between needs and the ability to address those needs is growing,” Tankersley said. DT

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# Best smiles at Oscars?

By Fred Michmershuizem, Online Editor

We’ve all heard of the best and worst dressed lists that fashionistas compile after the annual Academy Awards ceremony. Now, there’s a list of the celebrities who flashed some of the best (and worst) smiles on the red carpet.

Dr. Catrise Austin, owner of VIP Smiles and author of “5 Steps to the Hollywood A-List Smile: How the Stars Get That Perfect Smile and How You Can Too,” surveyed the hottest Hollywood smiles before the recent Oscars ceremony and announced her top picks for the most notable smiles.

### And the envelope, please ...

According to Austin, Queen Latifah not only looked stunning in her on-shouldered studded dress, but she also had one of the most radiant smiles of the night. Austin referred to Latifah’s pearly whites as the “Smile Fit for a Queen.”

The award for “Best Male Celebrity Smile” went to playful Hollywood hunk George Clooney.

Austin commended heartthrob Zac Efron — who reportedly transformed his smile before becoming a superstar by closing his gap with porcelain veneers — for rocking a “very sexy white smile.”

Meryl Streep showcased a dazzling white smile along with her beautiful white dress. “From head to toe she was simply gorgeous,” Austin said.

At least one celebrity, however, did not fare so well.

Morgan Freeman, whose teeth looked like they “desperately needed a boost of teeth whitening to brighten his dull yellow smile,” received the award for “A Smile Not Worth a Million Dollars.” Ouch!

Teeth whitening is the No. 1 requested cosmetic procedure in cosmetic dentistry practices across the nation, said Austin, who also recommended either porcelain veneers or clear removable braces such as Invisalign or Clear Correct to make Freeman’s teeth straighter.

Another celebrity who could show improvement, Austin said, was Miley Cyrus. While the teen superstar has an “overall nice smile,” Austin said, she noted that her teeth appeared to be a bit asymmetric as one front tooth actually hangs a tiny bit lower than the other.

Austin recommends that a simple procedure such as tooth recontouring or perhaps redoing the upper front veneers will put the smile of the popular singer and actress back on the A-list.

Austin, who is based in New York City, calls herself a “celebrity dentist.” Her goal is to offer her patients “Hollywood-inspired” smiles. DT

# Give feedback or face backlash

By Sally McKenzie, CEO

It's likely you realized early on that as the owner of your practice, there are many hats you must wear. You are, after all, "the boss." You are the one your team looks to for direction, guidance, mediation, fairness, etc. And for many dentists, it's those "other duties as assigned" that create the biggest headaches in running a practice.

Employees are a needy bunch. You have to tell them what to do. They often require additional training. They can be mercurial. And one particularly frustrating characteristic of most employees — they want regular feedback from you, their boss.

If only signing the paychecks was all that was required to effectively manage a team. Now you need a solid set of skills, a strong sense of integrity and professionalism and a willingness to encourage excellent performance through motivation, accountability and, yes, plenty of constructive feedback.

Most dentists pat themselves on the back if they give employees feedback once or twice a year. "Feedback" as many view it would be that perfunctory exchange that is commonly attached to the annual salary review.

If there are no problems, most likely the dentist tells the employees they are doing a fine job, slaps a couple extra percentage points on the paycheck and quickly strikes this routine matter off the to-do list. "There, that's done. Now on to real work!"

Or perhaps you are one of those who reasons that if the employee gets a paycheck and isn't shown to the door that is feedback enough in your book. "If I wasn't happy they'd know it. Why would I need to give any more feedback than that?" If that's your story, you're probably filling vacancies in your office rather regularly.

Maybe your idea of feedback is dropping a subtle hint here or there. The dirty instruments pile up in the sink and you stick a post-it-note above it with a frowning face.

Or let's say, you're looking at a record shortfall in income this year and you casually mention in a staff meeting that money is a little tight. This isn't feedback because:

- It doesn't help the collections coordinator understand that she needs to increase over-the-counter collections immediately.
- It doesn't tell the scheduling coordinator that the scheduling to meet production goals is established for a reason.
- The staff members leave the meeting assuming everything is fine where they are concerned. After all, if money were a serious problem surely you'd do more than mention that things are a little tight.
- Meanwhile, you are sure the team is going to take some real steps to improve their performance. (Yet, this is, in fact, not true.)

Vague generalities don't work and they don't constitute feedback. So how does the dental practice actually incorporate effective feedback into its systems?

First, drop the notion that feedback is part of the performance/salary review. They are separate issues. Performance rewards must be based on performance measurements, but that is another article.

## Daily dose

Constructive feedback should be given and received daily to help employees continuously fine tune and improve the manner in which they carry out their responsibilities. Feedback given and received constructively is professional pixie dust for the employees.

It's that unseen magical ingredient that helps them to improve and to grow. It's also the dentist's most vital tool in shaping and guiding average employees into effective, high-performing team members.

But expecting anything constructive or positive to come out of occasional doses of feedback is like having a patient who brushes his teeth occasionally yet expects to have excellent oral health. It simply doesn't happen.

Verbal feedback can be given at any time, but it is most effective at the moment the employee is engaging in the behavior that you either want to praise or correct. If Sue at the front desk negotiated payment from the ever difficult Mrs. Jones with the deft and political acumen of a highly trained peace keeper/financial genius, tell her!

Similarly, if her handling of a situation is not consistent with the prac-

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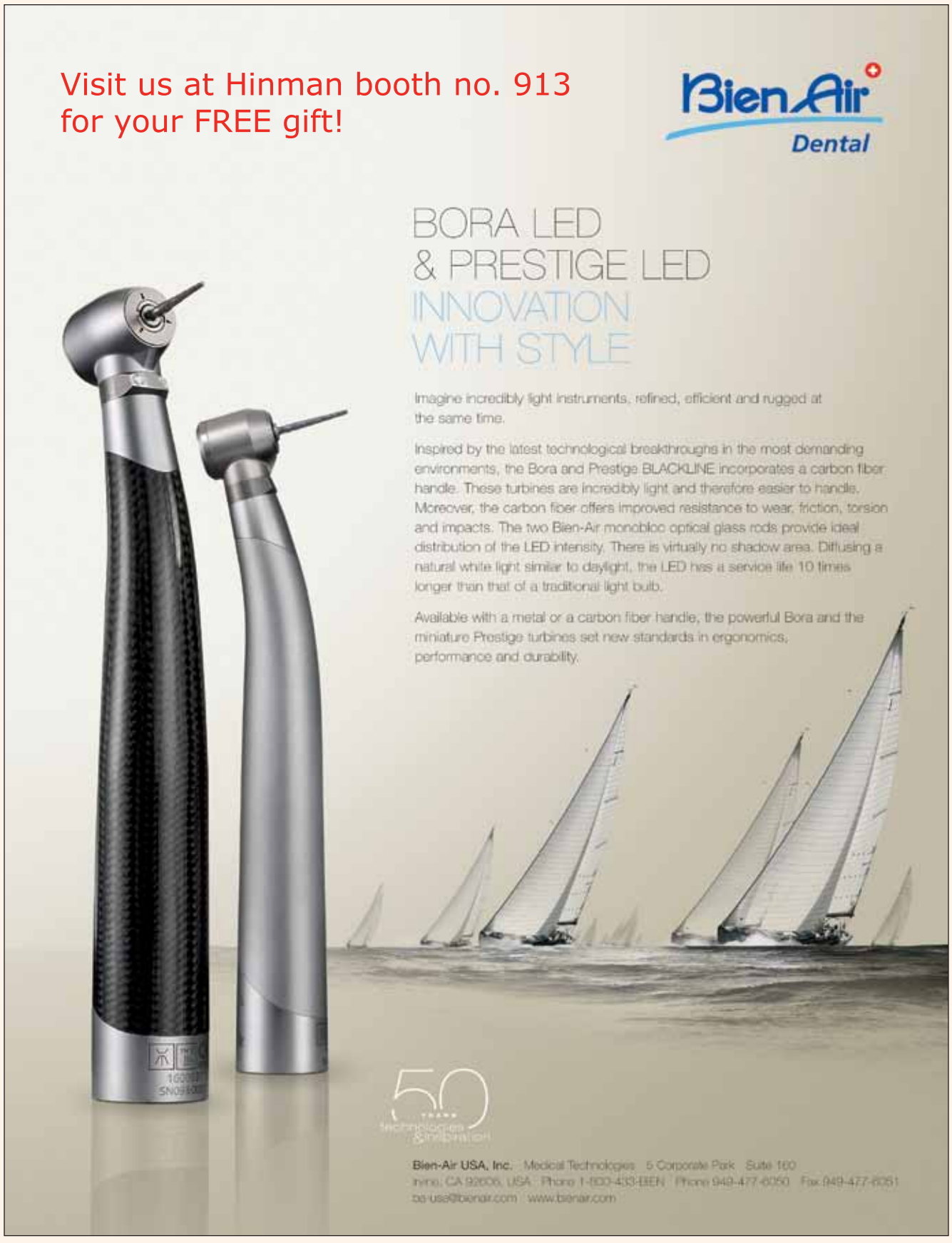

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# ‘Feedback given and received daily is professional pixie dust for employees.’

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tice’s overall performance objectives and/or your practice philosophy, explain to her constructively how you would like for her to handle similar situations in the future.

Verbal, on-the-spot feedback should be the goal. The environment of the practice should be one that encourages positive feedback and openly provides constructive feedback when necessary.

Choosing to avoid opportunities to give employees feedback is like choosing to help them to fail.

## What goes around comes around

Similarly, dentists should consider soliciting feedback from their teams. Scary thought, isn’t it? It can be handled as simply as asking every employee to anonymously write down one thing that they would change about the office — no personal attacks allowed.

The focus is constructive feedback on a system or a procedure that the employees believe would be an improvement. It could be daily/monthly meetings, new patient packets, scheduling difficulties, increased training opportunities, clear office procedures, conflict resolution strategies, etc.

If you are particularly brave, ask your team to rate you personally on a set of skills such as your leadership, your ability to delegate, your adherence to following established office procedures, your openness to input from the team.

In addition, ask them to identify something specific that they believe you could do to improve your role as leader of the practice.

Remember, all of this is to be anonymous, so do whatever is necessary to make sure the submission of this feedback retains employee anonymity.

For instance, you could set up an external e-mail account (aol, gmail, yahoo!, etc.) and give all employees the access codes to this account (or post it where only employees will see it, such as a breakroom). Then, employees will be able to access the account from home or elsewhere to send an anonymous e-mail to the dentist’s personal address.

## Employees: ‘This is for you.’

Feedback is only as good as what you do with it. There is no doubt that dentists need to provide feedback to employees daily, but this street runs both ways and employees must be willing to accept the feedback and take action on it.

In reality, if employees are open to it, feedback is all around them, particularly from their colleagues in the dental practice. The key is to take the feedback and turn it into positive action.

Some employees, no matter how carefully they are handled, will take every constructive comment as criticism. They only want to hear how well they are doing, not how they can improve.

Take a good look at how you respond to suggestions and comments from those around you. Are you defensive? Do you take it as a personal affront? Are your feelings hurt or do you become angry when someone recommends doing something a different way? Do you dismiss feedback because you don’t like the person giving it?

The key is to separate yourself from the action and look at feedback as an objective view of a particular task or procedure and, most importantly, as one of the most essential tools you can use to excel.

Too often supervisors and co-workers are so overly concerned about offending a staff member they shun opportunities to give feedback. So when a co-worker steps forward and actually offers feedback, he or she is taking a major risk and should be thanked for the willingness to help you become a better employee.

Ideally, the culture of the practice should encourage open feedback among the team members to continuously improve systems and patient services.

## You asked for it

The best way to become comfortable in receiving and acting on feedback is to ask for it. We are completely incapable of seeing ourselves as others see us, which is why being open to feedback is essential in achieving our greatest potential and recognizing those professional habits and approaches that are interfering with that potential.

When receiving feedback, make a conscious decision to listen carefully to what the person is saying and control your desire to respond. In other words, resist the urge to kill the messenger.

Ask questions to better understand the specifics of the person’s feedback. If the person giving the feedback is angry, ask him or her if you can sit down and discuss the problem when you are both calmer and can respond wisely rather than emotionally.

Thank the employee for trying to help you improve, even if you didn’t particularly care for what he or she told you. Resist the urge to blow off those comments you considered to be negative.

Push yourself to write the comments down and focus on the substance of the message rather than what you might perceive as a negative tone from the messenger. During the next 48 hours, think about the information you have been given and devise three to five steps you can take to change your approach.

For example, Mary the assistant is very frustrated because she feels that Sue at the front desk is interrupting staff members with insignificant matters when they are with patients. Sue’s initial reaction is very negative because she feels that Mary is trivializing her need for clear communication with the staff.

Instead of lashing out, Sue decides to ask for examples and listens to Mary’s perception of the interruptions. She thanks Mary for calling her attention to the issue and decides to focus on addressing the matter constructively rather than reacting negatively to what she could choose to interpret as unjust criticism.

She develops a plan to raise the issue at the next staff meeting and solicit input from the clinical staff. Sue is prepared to share with the team situations in which she has felt the matter necessitated an interruption and would like guidance on how to handle similar matters in the future.

Don’t sit back and wait for feedback; actively solicit it and use it! Recognize that feedback is one of the most critical tools you have in achieving your practice’s full potential. DT


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



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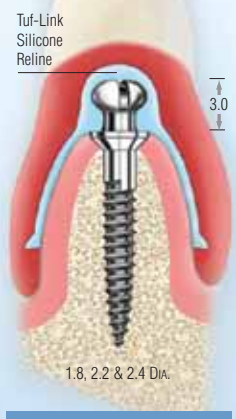


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# Practice transition planning

*This is part 2 of a two-part series on this topic*

By Eugene Heller, DDS

For most dentists, ownership of their dental practice is the major focus of their energy expenditures, financial situation and professional lives.

Years of blood, sweat and tears, coupled with the relationships formed with both staff and patients, have caused dentists to form a deep-seated emotional attachment with their practice. For many, the dollar value of that practice represents a significant portion of their financial assets.

For the new dentist, there is a definite value in acquiring the patient base that has taken the transitioning dentist years to develop and will provide an immediate and substantial cash flow.

## Patients' evaluation of the new dentist

Most senior dentists know and understand that the senior dentist's own patients judge their clinical competence by non-clinical factors, such as personality, gentleness, office appearance, etc. It is generally not possible to assess clinical competence until a year or more of actual clinical procedures performed by the new dentist are reviewed.

Unless the transition is preceded by a period of employment prior to the actual ownership change, senior dentists must understand they will not be able to address the clinical competence issue.

Senior dentists must accept the fact that the only control they have over this subject is the fact that the new dentist has been tested and licensed.

## Determining the transition plan

The first step in formulating a transition plan involves an appraisal of the practice. The information gathered and evaluated during the appraisal process will aid in determining available transition options.

These options may include (1) an outright sale, (2) role reversal sale, (3) partnership, (4) merger or (5) production acquisition transaction.

In addition, the appraisal will typically provide a comparison with other practices involved in transitions, thereby allowing an understanding as to how salable this particular opportunity might be.

Finally, the appraisal should also provide ideas regarding enhancing the value of the practice and its desirability as a transition candidate.

## Locating a competent transition consultant

The next step is locating a competent transition consultant. A transition consultant is one who understands the entire transaction, the various types of transitions, contractual matters, the operational issues of running a dental practice and the need to have the relationships of the buyer, seller, staff and patients intact after the deal is done.

The best source for these individuals is word-of-mouth referrals and/or recognized reputation. They may be a national or regional "transition guru," the dentist's personal accountant or another accountant who restricts his/her practice to health-care providers and is familiar with the health-care transition field or an experienced local dental practice broker.

Some of the dental supply companies also have knowledgeable consultants who have been assisting in transitions for years.

The transition consultant will help the dentist identify various aspects of his/her transition. Questions that need answers include the dentist's financial ability to retire and his/her personal transition goals.

For example, how long does the dentist wish to stay on as an associate and/or remain available to aid in the transition process? What is

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# HENRY SCHEIN®

## PROFESSIONAL PRACTICE TRANSITIONS

*When It's Time to Buy, Sell, or Merge Your Practice*

# You Need A Partner On Your Side

### ALABAMA

**Birmingham**- 4 Ops, 2 Hygiene Rms, 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 Rms, GR in 2007 $645,995
**Phoenix**- Gen Dentist seeking Practice Purchase Opportunity #12108
**Phoenix**- 4 Ops - 3 Equipped, GR $515K+, 3 Working Days #12113
**North Scottsdale** - General Dentist Seeking Practice Purchase Opportunity #12109
**Urban Tucson**- 6 Ops - 4 Equipped, 1 Hygiene, GR $900K 12112
**Tuscon**- 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 fr, 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 loc 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 Op fully equipped office/practice $111,300 #14309
**Porterville**- 6 Ops, 2,000 sq ft, GR $2.3M #14291
**Red Bluff**- 8 ops, 2008 GR $1M Hygiene 10 days a wk. #14252
CONTACT: Dr. Dennis Hoover @ 800-519-3458

**Dixon**- 4 Ops, 1,100 sq ft, GR $122K. #14265
**Grass Valley**- 3 Ops, 1,500 sq ft, GR $714K #14272
**Redding**- 5 Ops, 2,200 sq ft, GR $1M 14293
**Yuba City**- 5 ops, 4 days hyg, 1,800 sq fr. #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 $1.3M 3000 sq.ft., 7 op's, 8 days hygiene #18118
CONTACT: Deanna Wright @ 800-730-8883

### GEORGIA

**Atlanta Suburb**- 3 Ops, 2 Hygiene Rms, GR $863K #19125
**Atlanta Suburb**- 2 Ops, 2 Hygiene Rms, 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 $1M+, Asking $825K #19107
**Macon**- 3 Ops, 1,625K sq ft, State of the art equipment #19103
**North Atlanta**- 3 Ops, 3 Hygiene, GR $678K+ #19132
**Northeast Atlanta**- 4 Ops, GR $607K #19129
Northern Georgia- 4 Ops, 1 Hygiene, Est. for 43 years #19110
South Georgia- 2 Ops, 3 Hygiene Rms, GR $722K+ #1913
CONTACT: Dr. Jim Cole @ 404-513-1573

### ILLINOIS

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

### MARYLAND

**Southern**- 11 Ops, 3,500 sq ft, GR $1.8M #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 $1M, 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
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+ #32108
**Twin Cities**- Move in, practice immediately GR $800K #32110

CONTACT: Mike Minor @ 612-961-2152

### MISSISSIPPI

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

### NEVADA

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

### NEW JERSEY

**Marlboro**- Associate positions available #39102
**Mercer City**- 3 Ops, Good Location, TurnKey, GR $191K - #39112
CONTACT: Sharon Mascetti @ 484-788-4071

### NEW YORK

**Brooklyn**- 3 Ops (1 Fully equipped), GR $175K #41113
**Woodstock**- 2 Ops, Building also available for sale, GR $600K #41112
CONTACT: Dr. Don Cohen @ 845-460-3034

**Syracuse**- 4 Ops, 1,800 sq ft, GR over $700K #41107
CONTACT: Marty Hare @ 315-263-1313

New York City - Specialty Practice, 3 Ops, GR $502K #41109
CONTACT: Richard Zalkin @ 631-831-6924

### NORTH CAROLINA

**Charlotte**- 7 Ops - 5 Equipped #42142
**Foothills**- 5 Ops #42122
**Near Pinehurst**- Dental emerg clinic, 3 Ops, GR in 2007 $373K #42134
**New Hanover 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
CONTACT: Dr. Don Moorhead @ 440-823-8037

### PENNSYLVANIA

Northeast of Pittsburgh- 3 Ops, Victorian Mansion GR $1.2M+ #47140
CONTACT: Dan Slain @ 412-855-0337

**Lackawanna County**- 4 Ops, 1 Hygiene, GR $515K #47138
**Chester County**- High End Office, 4 ops, Digital, FFS + a few PPO's #47141
**Philadelphia County (NE)**- 4 Ops, GR $500K+, Est 25 years #47142
CONTACT: Sharon Mascetti @ 484-788-4071

### RHODE ISLAND

**Southern**- 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/year #49103
CONTACT: Scott Carringer @ 704-814-4796

Columbia- 7 Ops, 2200 sq ft, GR $678K #49102
CONTACT: Jime Cole @ 404-513-1573

### TENNESSEE

Elizabethon- GR $333K #51107
Memphis - Large profitable practice GR $2M+ #51112
Suburban Memphis- Leading practice in area. GR $1M #51113
CONTACT: George Lane @ 865-414-1527

### TEXAS

Houston Area- GR $1.1M w/adjusted net income over $500K #52103
CONTACT: Deanna Wright @ 800-730-8883

### VIRGINIA

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

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

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