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How ICOI can help you invest in your practice.

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## Implants vs. Endo

The best choice between the two modalities is often clear.

▶ Section 1C

## COSMETIC TRIBUNE

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## Shading technique

Natural teeth are difficult to imitate.

▶ Section 1D

## Managing the practice micromanager

By Sally McKenzie, CMC

It is said that the No. 1 fear for most people is public speaking. That may be true unless you happen to be a dentist/practice owner. In that case, I would argue that for many of these types, what they fear the most is loss of control.

They are accustomed to doing it all themselves, and handing over responsibility for even seemingly insignificant tasks can be a struggle.

Consequently, these micromanaging dentists are stressed out, working and working, yet never able to actually get ahead.

Forget quality of life, forget balance, forget dreams ... these practi-

tioners are living their jobs.

Meanwhile, the employees working in these practices are operating in misery mode. They are treated like children; therefore, they act like children. They've learned that the dentist won't be happy unless he/she does it his/her way.

*"Don't do anything unless you're told. Don't make a decision on your own. Don't take the initiative to address an issue yourself. And, if possible, please don't think unless directed to do so."*

It's not an environment that quality employees will tolerate for long; so this is why they seem to change

→ DT page 5A

## Adding fluoride varnish to your armamentarium



Fluoride varnishes have been used in Europe, Canada and Scandinavian countries since the 1980s, but are relatively new to the United States.

→ Hygiene Tribune, page 1E

AD

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IT'S NEW

## FDA action on amalgam

The American Dental Association (ADA) agrees with the U.S. Food and Drug Administration's (FDA) decision not to place any restriction on the use of dental amalgam, a commonly used cavity-filling material.

The FDA ruling issued categorizes encapsulated dental amalgam as a Class II medical device, placing it in the same class as gold and tooth-colored composite fillings.

The ADA has supported a Class II designation for dental amalgam

since 2002, when it was first proposed by the FDA.

"The FDA has left the decision about dental treatment right where it needs to be — between the dentist and the patient," states ADA President Dr. John Findley. "This decision underscores what the ADA has long supported — a discussion between dentists and patients about the full range of treatment options

→ DT page 2A

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# Nominations sought for Office Manager of the Year Award

By Fred Michmershuizen, Online Editor

Does your practice have an exceptional office manager? Someone who makes your workday fly by with ease, someone who takes care of you, your associates and your patients with incredible skill and talent? If so, the American Association of Dental Office Managers (AADOM) wants to hear from you. The AADOM is holding its fifth annual Office Manager of the Year Award, and it is accepting nominations through Sept. 14.

Behind every successful practice is an office manager who displays innovative thinking, business acumen and leadership qualities. Just ask Melanie Duncan, the 2008 winner of the AADOM Office Manager of the Year Award.

"I love problem solving, whether it be computer issues, scheduling problems or helping patients find a way to pay for care," Duncan said. "I truly love helping people achieve the best oral health possible."

Each year at its annual conference, the AADOM recognizes exceptional individuals such as Duncan and highlights their accomplishments. The annual Dental Office Managers Conference will be held Oct. 16 and 17 in Las Vegas.

The AADOM is the country's largest



With its annual Office Manager of the Year Award, the AADOM recognizes excellence in office management.

est professional organization for office managers, practice administrators and other practice management staff. The AADOM is committed to creating and maintaining a network of dental professionals to share resources and information, helping all members achieve the highest level of professional and personal development.

The 2009 AADOM Office Manager of the Year will be featured on the cover of The Observer, AADOM's

publication for dental office managers; will receive free registration in 2010 to the annual Dental Office Managers Conference; and a check for \$1,000 courtesy of CareCredit, AADOM's founding partner.

"We're delighted to support the AADOM in recognizing the valuable contribution these professionals have made, and support their professional and personal growth," said Cindy Hearn, CareCredit's senior vice president of marketing.

For nomination details and information about the conference, visit [www.dentalmanagers.com](http://www.dentalmanagers.com). **DT**

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The World's Dental Newspaper - US Edition

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(Source: ADA)

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to help patients make educated decisions regarding their dental care."

Dental amalgam is a cavity-filling material made by combining mercury with other metals such as silver, copper and tin. Numerous scientific studies conducted over the past several decades, including two large clinical trials published in the April 2006 Journal of the American Medical Association, indicate dental amalgam is a safe and effective cavity-filling material for children and others.

And, in its 2009 review of the scientific literature on amalgam safety, the ADA's Council on Scientific Affairs reaffirmed that the scientific evidence continues to support amalgam as a valuable, viable and safe choice for dental patients.

"Dentists are doctors specializing in oral health care," Findley states. "We encourage people to talk with their dentists if they have any questions about their oral health."

Additional information about dental amalgam and other cavity-filling materials may be found on the ADA's Web site at [www.ada.org](http://www.ada.org). **DT**



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# Courageous & determined: Dr. Tilda Loew

*This is one in a series of articles devoted to recognizing extraordinary individuals who overcame great adversity to practice dentistry*

By David L. Hoexter, DMD, FACD, FICD,  
Editor in Chief

Heart pounding, nerves on edge, tension and pressure mounting ... do you remember taking the dental practical examination for licensure? Everything you have been working for the past four years culminates in this practical test.

Even though you have passed all the written and oral exams given to you for the past four years, everything depends on passing this practical exam now.

To practice the art of dentistry, to earn an income, to provide a living, to pay off debts incurred these past years, to feed your family, to pay the rent ... all depends on this test. Compounding the strain are questions such as: Will the patient that you need to produce the specific restorations show up? Is the grading instructor going to be in a bad mood?

Now imagine taking this exam three different times at 10-year intervals, each time in a different

country and each in a different language. This is what Dr. Tilda Loew had to do to continue to practice dentistry.

Living in Bulgaria and a mother of two, Loew dreamed of being a dentist. To achieve her dream, she attended dental school, passed the arduous practical exams and opened her own clinic. She continued her practice through Germany's invasion of Bulgaria during World War II and afterward. Then the Russians had taken control of Bulgaria, executing political dissidents in the name of Communism.

Suddenly, Loew's husband was arrested, accused and sentenced to death as a dissident. Loew walked 20 miles to the police station, stood tall (all five feet of her), shook her finger at the police officer and in a persuasive diatribe, earnestly convinced him that her husband was innocent. Incredibly, he was released on the spot.

Fleeing Bulgaria, Loew and her family found themselves in Israel. Not speaking the language, she



**'Imagine  
passing the  
dentistry  
exam in three  
different  
countries'**

immediately acquired a job as a dentist in a clinic and found living quarters for the family. She quickly learned Hebrew and passed the exhaustive and strenuous dental licensure examination once again so that she could practice dentistry privately.

Years passed and Loew's children moved to England and then to America. She followed to be close to her children in the United States. Again, the yearning to be independent and practice dentistry beckoned. She not only learned English and attended dental classes, but she passed her licensure exams and opened a successful practice in Manhattan. She continued to take continuing education courses, always keeping abreast and up to date, even before regulations were enacted mandating this.

Loew has recently retired at the age of 90. Yet, she volunteers as she always did, to participate in the Greater New York Dental Meeting (GNYDM), a meeting that consistently draws more than 50,000 people each year.

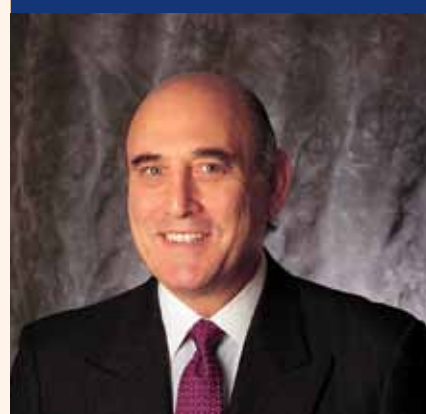
She also continues to take dental education courses to keep herself informed about her chosen passion. You can recognize her each year at the GNYDM; she is the one with the bright contagious smile.

Her daughter and son-in-law have represented the United States as ambassadors to Romania, and her son, Dr. Anton Loew, and his family have settled in New York as well. Recently, Dr. Tilda Loew was honored at an elaborate 90th year birthday party. People came from all over the world to celebrate with her. One could hear her conversing in several languages to numerous adoring people. It was quite a tribute for this remarkable woman.

Dr. Tilda Loew is a woman whose burning desire to practice dentistry overcame political burdens and language obstacles. She fiercely defied adversity to

save her husband and practiced dentistry in three different countries. She is a brilliant and vibrant woman who felt privileged to have the opportunity to be a dentist and felt it a privilege to be allowed to take a dental licensure exam. She truly deserves our tribute and appreciation. **DT**

## About the author



Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery.

He can be reached at (212) 355-0004 or drdavidlh@aol.com.

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with the seasons.

By nature, dentists are high achievers, and thus more likely to be micromanagers. They didn't get through dental school by leaving the details to someone else. Most are intense, focused perfectionists. In fairness, oftentimes the micromanaging dentist feels a strong sense of responsibility. He/she may well have built the practice from the ground up and may feel that he/she must control all aspects of it.

However, like most micromanagers, they tend to confuse activity with accomplishment and, consequently, create bottlenecks of inefficiency. Even more frustrating for these dentists and their staffs is the fact that they are quite capable of thinking strategically, but they simply cannot bring themselves to relinquish control.

They will not allow others to problem solve, and they consistently second-guess decisions. Yet, if the practice is going to grow and truly succeed, the dentist simply must let go.

So how do you help a micromanaging dentist to relinquish a few of those tightly held responsibilities? Read on.

### Strategies for staff

Don't try to change your micromanaging dentist — only he/she can do that. Instead, work with what you have. One of the greatest needs your micromanager has, outside the need to feel needed, is the need to know. Try to understand where the dentist is coming from.

How can you help your dentist achieve the goals and objectives that he/she has for the entire practice? Where does he/she want to take the business? What matters most to this person in terms of goals? What can you do to help?

For example, perhaps your micromanaging dentist really wants more time for treatment planning to encourage greater case acceptance, but at the same time insists on giving all patients their post-op instructions, which only puts everyone behind schedule.

Develop a detailed, step-by-step plan that outlines how you could help the dentist with this duty. Explain to the dentist that you would like to handle this in a way that he/she will be completely comfortable with and confident that patients receive the post-op information they need.

Trust is critical to the micromanager. Take steps to build it by keeping him/her informed from the beginning and at every step along the way. Even though you are perfectly capable of completing the task without direction from the dentist, be open to his/her input and suggestions.

Most importantly, be completely dependable. If you drop the ball on responsibilities that you've committed to, your micromanaging dentist will not feel that he/she can trust you and will swoop in and take over



yet again.

Stay one step ahead of your micromanaging boss by updating him/her regularly. You cannot communicate too much with this type of person, but it is very easy to fall into the trap of thinking that you've done everything you need to keep him/her informed.

If the dentist has to ask you about the status of something you have agreed to complete on her behalf, you're not holding up your end of the bargain in her eyes.

### 'Dentist, live and let go of the minutia.'

How do you spend your days in the office? I know it sounds like an obvious question, but I suspect that many of you dentists would be surprised if you took a close look at what actually consumes a fair amount of your time. Certainly, you're diagnosing and treating patients, but just how many of your working hours are spent on other less important tasks?

Carry a notepad with you for three to five days and write down everything you do relating to your practice, including reviewing patient records, restocking paper products in the bathrooms, talking to patients, directing staff, calling in prescriptions, completing forms, evaluating prices on supplies, straightening the magazines in the reception area, cleaning out the refrigerator, etc.

After you've gathered your data, take a good look at the list. Is it full of items that only the dentist can do? Or do you have a multitude of duties that the staff, whether it's the assistant, hygienist, associate dentist, scheduling coordinator, business manager, etc., could and should be doing?

Lastly, are there items on that list that no one should be doing because they should be outsourced or because of a lack of technology or broken systems?

You know all too well that there are only so many hours in a day. You want to ensure that yours are spent wisely, not squandered away on activities with little or no return to your practice. And this requires that you invest some of that time

learning the art of delegation.

### 'Dentist, delegate, delegate, delegate ... and communicate.'

From the list that you created, choose the top items that directly affect the growth of your practice, specifically diagnosing and treating patients. Most everything else on that list, such as giving post-op instructions, developing the agenda for the next staff meeting, mediating the latest staff tiff, changing the light bulbs, etc., should be delegated.

Now, before you panic at the thought of relinquishing those duties that you feel only you can do, develop a plan to ensure that this transition of tasks goes smoothly

and methodically.

Start by sharing your vision with your staff. Are you the only one who knows where you want to take your practice? Being part of a team means understanding the ultimate goals and being vested in achieving those goals.

Next, assess the strengths of those you've surrounded yourself with. No, they are not you. No, they didn't go to dental school. But, if you've done your job and hired effectively, chances are that your employees will not only welcome the opportunity to grow as professionals, they will excel as a result of it.

Consider the fact that professional training for some may be necessary to ensure that they have the opportunity to successfully meet your expectations. Your objective in delegating is to provide the resources to ensure that those charged with these new responsibilities will succeed.

That also requires you to clearly communicate your expectations. Perhaps no one has been able to meet your standards because no one really knows what or how it is that you want something done. Effective delegation requires that the employee knows exactly what outcome you want him/her to achieve.

For example, if you are going to delegate delivering post-op instructions to your assistant, presumably you want patients to leave fully understanding which homecare steps they will need to follow.

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ADS



## Five more of the top 10 reasons why associateships fail

By Eugene W. Heller, DDS

The "American Dream" is still to own a home. The "Dentist's Dream" continues to be the ownership of a practice. Thirty years ago, the "dream" was to graduate from dental school, buy equipment, hang out a shingle and start practicing. Today the road to ownership is a little different.

Due to extensive debt, most new graduates enter practice as associates to improve their clinical skills, increase their speed and proficiency, and learn more about the business aspects of dentistry. Most hope the newfound associateship will lead to

an eventual ownership position.

Instead, many find themselves building up the value of their host dentist's practice, only to be forced to leave. This forced departure is the result of a non-compete agreement when the promised buy-in/buy-out doesn't occur.

The following reveal five more of the most common reasons many associateships fail to result in ownership or partnership.

### Reason No. 6: access to patient base

Insufficient access to the patient base by the associate can take different forms. Perhaps the senior dentist

never intended to turn over existing patients, but rather to give the associate new patients or patients obtained only by the associate's own efforts. Under such circumstances, the productive capability of the associate would be greatly compromised.

If the intended result is a partnership between the dentists, one of the most important things that the associate is buying is "equal access" to the existing and new patient base.

The patient base comprises the goodwill value of the practice and typically constitutes 70 to 80 percent of the value of a practice.

If the senior dentist fails to rec-

ognize the need to turn over existing patients to the associate, then the associate will be frustrated by his/her efforts to produce dentistry, earn a salary and improve skills.

It is common for the senior dentist to be concerned about turning over existing patients; however, this must occur if the relationship is to blossom into ownership.

### Reason No. 7: letting go

This problem is related to the senior dentist's unwillingness or inability to "let go" and turn treatment responsibility over to the new dentist. In the case of a senior dentist who is close to retirement, this may be a very emotional decision. When the senior dentist has identified retirement pursuits, there will be a greater ability to turn over practice responsibilities to another dentist.

The new dentist who is considering an associateship should investigate the senior dentist's outside interests and activities in support of an easier transition. Good signs indicate that the senior dentist will have no problem "letting go."

Conversely, the senior dentist who is proud of the number of hours "lived" at the office or who has no other interests in life should raise serious concern on the part of the new dentist as to whether or not this dentist is willing to let go.

### Reason No. 8: philosophically speaking

Different business and/or practice philosophies may reveal incompatibilities that may retard successful completion of the practice sale. This particular problem deals with integrity issues as well. It is important for the new dentist to ascertain the attitudes and philosophies demonstrated by the senior dentist.

A senior dentist who is willing to share his/her practice numbers, profit and loss statements and tax returns with the new dentist generally indicates a dentist who is open and honest. A dentist who is unwilling to share numbers and personal financial information will probably not change.

One important question to ask a dentist who has been in practice for more than 20 years is the status of that dentist's retirement plans. If the senior dentist is having financial stresses after 20 years of practice, the partnership will probably not occur.


A dentist who has a well-funded pension/profit-sharing plan and is proud of personal financial accomplishments provides a strong indicator that the practice will be strong enough to launch the new dentist into a similar state.

### Reason No. 9: a good match

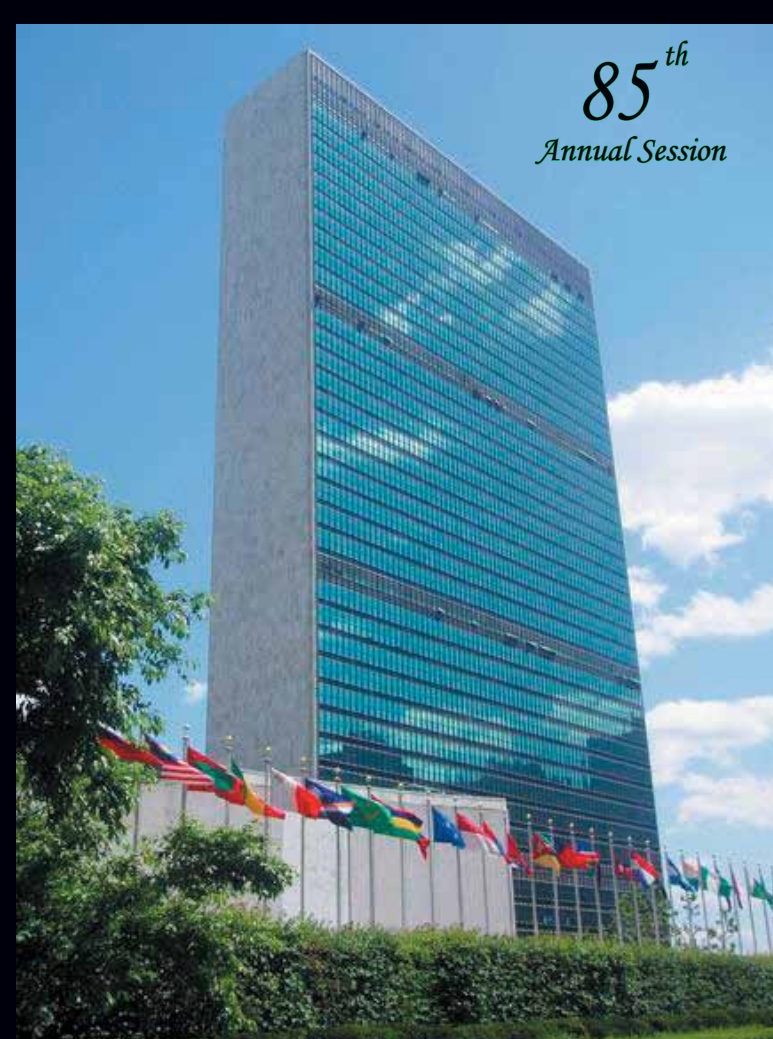
Unfortunately, personality conflicts are a frequent reason for associate-

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Pensacola—4 Ops, GR approx \$550K, large loc #18116  
Port Charlotte—General practice for sale #18109  
Port Charlotte—3 Ops, 1 Hygiene Room, GR \$295K #18115  
Southern—General practice for sale #18102  
CONTACT: Jim Puckett @ 863-287-8300

### GEORGIA

Atlanta Area—2 Ops, 2 Hygiene Rms, GR \$480K #19114  
Atlanta Suburb—3 Ops, 2 Hygiene Rms, GR \$861K #19125  
Atlanta Suburb—2 Ops, 2 Hygiene Rms, GR \$633K #19128  
Atlanta Suburb—3 Ops, 1,270 sq. ft., GR \$438,563 #19131  
Dublin—Busy Pediatric practice seeking associate #19107  
Mableton—6 Ops, GR \$460K, Office shared with Ortho #19111  
Macon—3 Ops, 1,625K sq. ft., State of the art equipment #19103  
Near Atlanta—2 Ops, 2 Hygiene Rms, GR \$700K #19109  
North Atlanta—Spacious Oral Surg. Office, GR \$18K #19123  
Northeast Atlanta—4 Ops, GR \$750K #19129  
Northern Georgia—4 Ops, 1 Hygiene, Est. for 43 years #19110  
NW Atlanta Suburb—GR \$780K, Upgraded Equip #19113  
Savannah (Skidaway Island)—4 Ops, GR \$500K #19116  
Savannah—Group practice seeking associate. #19108  
South Georgia—4 Ops, 1 1/4 acres #19121  
South Georgia—1,800 sq. ft., GR 400K #19124  
CONTACT: Dr. Jim Cole @ 404-513-1573

### IDAHO

Boise—Dr looking to purchase a general dental practice #21102  
CONTACT: Dr. Doug Gulbrandsen @ 208-938-8305

### ILLINOIS

Chicago—3 Ops, Condo available for purchase #22108  
Chicago—3 Op practice for sale #22108  
Chicago—14 Ops, \$2 Million specility office, On site lab #22121  
Chicago—Established Practice Looking for Dentist #22122  
Chicago—4 Ops, GR \$709K, Sale Price \$461K #22126  
1 Hr SW of Chicago—5 Ops, 2007 GR \$440K, 28 years old #22125  
Kane County—4 Ops, building also available for purchase #22115  
Rockford Area—5 Ops solid practice. Very good net #22118  
CONTACT: Al Brown @ 800-668-0629

### INDIANA

St. Joseph County—GR \$270K on a 3 1/2 work week. #23108  
CONTACT: Deanna Wright @ 800-730-8883

### KENTUCKY

Eastern Kentucky—3 Ops, Good Hyg. Program, Growth Potential #26101  
CONTACT: George Lane @ 865-414-1527

### MAINE

Auburn—Looking for Assoc. GR \$2 Million #28111  
Lewiston—GP Plus real estate, state of the art office #28107  
CONTACT: Lori Bell @ 978-602-0279

### MARYLAND

Southern—11 Ops, 3,500 sq. ft., GR \$1,840,628 #29101  
CONTACT: Sharon Mascetti @ 484-788-4071

### MASSACHUSETTS

Boston—2 Ops, 2 Hygiene, GR \$650K. #30113  
Boston—2 Ops, GR \$252K, Sale \$197K #30122  
Boston Southshore—3 Ops, GR \$300K #30123  
Lowell—GR \$400K #30106  
Middlesex County—7 Ops, GR Mid \$500K #30120  
New Bedford Area—8 Ops, \$650K #30119  
Somerville—GR \$700K  
Sturbridge—5 Ops, GR \$1,187,926 #30105  
Western Massachusetts—5 Ops, GR \$1 Million, Sale \$512K #30116  
CONTACT: Lori Bell @ 978-602-0279  
Middle Cape Cod—6 Ops, GR \$900K, Sale price \$677K #30124  
CONTACT: Alex Litvak @ 617-240-2582

### MICHIGAN

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CONTACT: Dr. Jim David @ 586-530-0800

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Fargo/Moorhead Area—1 Op, GR \$185K #32107  
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### NEVADA

Carson City—5 Ops, 2 Hygiene, 2,200 sq. ft., GR \$1 Million #37105  
Reno—Free Standing Bldg., 1500 sq. ft., 4 Ops, GR 763K #37106  
CONTACT: Dr. Dennis Hoover @ 800-519-3458

### NEW HAMPSHIRE

Rockingham County—2 Ops, Home/Office #38102  
CONTACT: Lori Bell @ 978-602-0279

### NEW JERSEY

Jersey City—2 Ops, GR \$216K, 2 days a week #39107  
CONTACT: Dr. Don Cohen @ 845-460-3034

Marlboro—Associate positions available #39102  
CONTACT: Sharon Mascetti @ 484-788-4071

### NEW YORK

Brooklyn—4 Ops, 2 Hygiene rooms, GR \$1 Million, NR \$600K #41108  
Brooklyn—3 Ops (1 Fully equipped), GR \$175K #41113  
Bronx—GR \$1 Million, Net over \$500K #41105  
CONTACT: Dr. Don Cohen @ 845-460-3034

Oneonta—3 Ops, Approx 1200 sq. ft. #41101  
CONTACT: Deanna Wright @ 800-730-8883

Syracuse Area—6 Ops all computerized, Dentrax and Dexis #41104  
CONTACT: Donna Bambrick @ 315-430-0643

Syracuse—4 Ops, 1,800 sq. ft., GR in 2007 over \$700K #41107  
CONTACT: Marty Hare @ 315-263-1313

New York City—Specialty Practice, 3 Ops, GR \$400K #41109  
CONTACT: Richard Zalkin @ 631-831-6924

### NORTH CAROLINA

Charlotte—7 Ops - 5 Equipped #42142  
Outside Charlotte—5 Ops, 2 Hygiene. #42141  
Foothills—5 Ops #42122  
Foothills—30 minutes from Mtn. resorts #42117  
Near Pinehurst—Dental emerg clinic, 3 Ops, GR in 2007 \$373K #42134  
New Hanover Cty—A practice on the coast, Growing Area #42145  
Raleigh, Cary, Durham—Doctor looking to purchase #42127  
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Wake County—4 Ops #42144  
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Akron—Excellent Opportunity, 2,300 Active Pts, 6 days of Hygiene #44141  
Columbus—4 Ops, FFS practice for sale #44125  
Darke County—35 yrs, 1200 Act. Pts, GR \$530K #44139  
Dayton—10 Ops, Associateship with buy-in option #44121  
North Eastern—2 Yr. Old Facility, State of Art Tech. GR \$830K #44143  
North of Dayton—6 Ops, 15 days of hygiene/wk #44124  
CONTACT: John Jouson @ 937-657-0657

Medina—Associate to buy 1/3, rest of practice in future #44150  
CONTACT: Dr. Don Moorhead @ 440-823-8037

### PENNSYLVANIA

Beaver County—Ortho practice for sale #47118  
Mon Valley Area—Practice and building for sale #47112  
Pittsburgh Area—High-Tech, GR \$425K #47135  
Pittsburgh—4 Ops, GR over \$900K #47114  
70 Miles Outside Pittsburgh—4 Ops, GR \$1 Million #47137  
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Somerset County—3 Ops, 2006 GR \$275K+ #47122  
Southside & Downtown Pittsburgh—2 practices for sale #47110  
CONTACT: Dan Slain @ 412-855-0337

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Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138  
Lancaster County—Associate positions available #47116  
CONTACT: Sharon Mascetti @ 484-788-4071

### RHODE ISLAND

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CONTACT: Deanna Wright @ 800-730-8883

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Tell your assistant exactly what you want him/her to cover with patients. Anticipate questions that the patient might ask and formulate answers. Identify which written materials will be given to patients. Determine who will place follow-up phone calls to patients, etc.

Together you can create a checklist of what is to be covered during the post-op discussion, which will help the assistant understand exactly what's expected and put you at ease in relinquishing this responsibility.

Or better yet, give general guidelines as to how you want the job carried out and be willing to allow the staff member to complete the task according to the plan he/she develops. Understandably, the staff member may take a somewhat different approach than you do to achieve the same outcome.

Encourage your staff to ask questions and be patient in answering them. Remember, they are not going to complete every task exactly the way that you would, and they may make a mistake or two along the way.

Yet with ongoing positive and constructive feedback, they will develop the skills and confidence that will enable you and your team to achieve a whole new level of success. **DT**

#### About the author



Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dentistry nationwide. She is also editor of The Dentist's Network Newsletter, [www.thedentistsnetwork.net](http://www.thedentistsnetwork.net); e-Management Newsletter from [www.mckenziemgmt.com](http://www.mckenziemgmt.com); and The New Dentist™ magazine, [www.thenewdentist.net](http://www.thenewdentist.net). She can be reached at (877) 777.6151 or [sallymck@mckenziemgmt.com](mailto:sallymck@mckenziemgmt.com).

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← DT page 6A

ships failing to lead to buy-ins/buy-outs. If two dentists have conflicting personalities, there may be stress and friction within the practice, which will spill over onto the staff and patients.

A few common-sense rules can easily determine whether a potential for conflict exists. The assessment for personality conflicts will be ongoing during the initial interview process.

If there are significant concerns about compatibility for dentists who will be in a partnership arrangement spanning from three to five years, the warning signs should be carefully evaluated at the onset.

If a long-term relationship is intended, it may be prudent to seek professional personality assessments.

#### Reason No. 10: good advice

The final reason has, in fact, nothing to do with the dentists or the practice. Instead, individual attorneys have proceeded to cause problems in the relationship.

It is extremely important that both dentists realize the boundaries that must be set relative to their attorneys' involvement in finalizing the buy-in/buy-out arrangements. Attorneys should be your advisors, not your decision-makers.

The negotiations relative to the proposed buy-in/buy-out were conducted at the onset of your relationship as detailed in the Letter of Intent.

Attorneys are not hired to "rene-

gotiate" the transaction. Attorneys' personalities and styles should not spill over into the dentists' relationship.

Problems occurring while producing the Employment Agreement and the Letter of Intent may be an indication of significant problems that can be anticipated at the conclusion of the employment period and during the preparation of Partnership Agreements.

#### Summary

This article has been aimed primarily at a one-dentist practice evolving to a two-dentist practice; however, the issues apply equally to larger group practices.

One-to-two-year associateships with the senior dentist retiring at the end of the associateship and a three-to-five-year partnership ending with the new dentist purchasing the remaining equity position of the senior dentist at the end of five years can also benefit from the insights provided in this article.

Unfortunately, nothing can guarantee a successful outcome. However, by identifying the potential pitfalls at the beginning of the relationship, chances of success can be greatly improved. **DT**

#### About the author

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to state dental associations and numerous dental schools. Heller is the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 730-8883 or send an e-mail to [hsfs@henryschein.com](mailto:hsfs@henryschein.com).

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American Dental Software, a part of Siva Solutions, got its start when Kumar's wife, Dr. Keerthi Senthil, co-founder and CEO, returned from one of her lectures and handed Kumar a brochure of a Web site company charging a lot of money for a simple site.

"Her thought was, 'Everyone thinks dentists have a lot of money and want to overcharge them,'" Kumar says. "We wanted to offer services and products at a more reasonable and honest price."

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