



## ENDO TRIBUNE

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

## HYGIENE TRIBUNE

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

### Web site troubles?

Learn the 10 rules to determine if your Web site is doing what it should.

▶ page 4A

### Back to the egg

Dr. Serota offers Part II of 'An evidence-based endodontic implant algorithm.'

▶ page 1B

### Sterilization as a 'romance'

Sterilization is one of the most important safety measures a dental office undertakes.

▶ page 1C

# Dentist offers advice on dental care for chemotherapy patients

Virtually everyone knows someone who has battled cancer, and the effects of chemotherapy and radiation on a patient's hair, eyebrows and digestive system are widely known among the general public. But what many people don't know about is the havoc that such treatment wreaks on teeth and gums.

Dr. Steven McConnell of Marin County, Calif., said he is seeing an increase in the number of patients seeking dental care after completing cancer treatment. He said he has found a few simple home-care

routines can help patients alleviate the dental side effects of cancer treatment.

"The primary goal of supportive care is to help stabilize the mouth by restoring moisture, minimizing anything that causes dryness, balancing the pH of the mouth and strengthening the tooth surface," McConnell said.

As soon as radiation or chemotherapy treatments start, oral health is immediately affected. The mouth becomes drier and gum recession and mouth sores start occurring. A common complaint

is difficulty eating, drinking and swallowing. Often patients must rely on IV nutrition, as eating and drinking is too painful. As the mouth becomes drier, the teeth also become weaker and more susceptible to decay.

This is a critical time to have regular hygiene visits to promote optimum oral health. However, McConnell said, most oncologists often discourage hygiene appointments. Frequently, the side effects of a dental cleaning can increase the bacteria levels in the bloodstream and risk the health of a



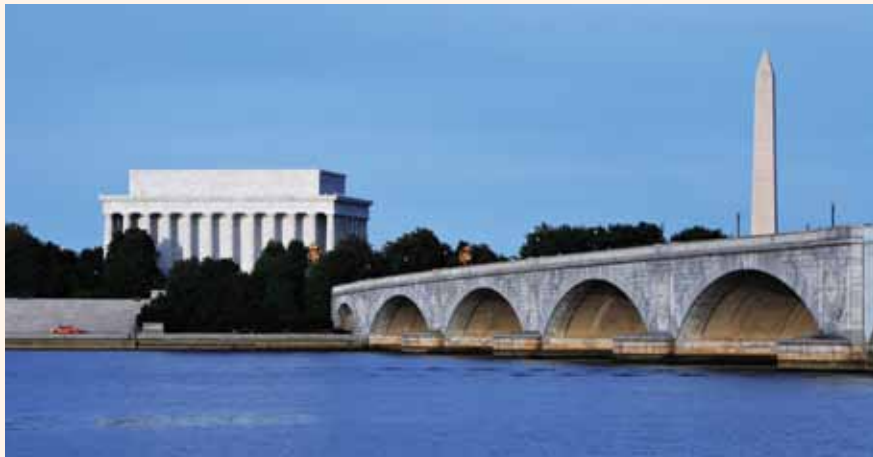
Dr. Steven McConnell

patient while her or she is in treatment.

During this time of treatment, supportive dental care is imperative to dental health. McConnell

→ DT page 5A

## Nation's Capital Dental Meeting



(Photo/ © Dreamstime.com)

The District of Columbia Dental Society will host its 78th annual Nation's Capital Dental Meeting April 8-10 at the Washington Convention Center.

→ See pages 16A, 17A

## ADA pilot program enters second year

The Community Dental Health Coordinator (CDHC) pilot program, funded by the American Dental Association (ADA), is entering its second year. The three-year program trains student classes of six each at its three U.S. program sites to become community health workers with a special focus on dental skills, and work in underserved communities, helping

residents improve their oral care.

A second group of students is now being welcomed into the program, while the initial student group moves on to six-month clinical internships, the second phase of their training.

In most cases, it is expected that CDHCs will return to work in their

→ DT page 2A

AD

VOCO'S ADVANCED NANO TECHNOLOGY SETS A NEW BENCH MARK FOR COMPOSITES

2009 Quality Choice Award  
DENTAL ADVISOR  
DENTAL ADVISOR  
DENTAL ADVISOR  
DENTAL ADVISOR

WORLD-RECORD SETTING: 87% FILLERS

**Grandio**

FREE SAMPLE AT [www.vocoamerica.com](http://www.vocoamerica.com)

The award winning universal Nano Hybrid Composite with outstanding performance and superior handling

**VOCO**  
THE DENTALISTS

Call 1-888-658-2584 [www.vocoamerica.com](http://www.vocoamerica.com) [info@voco.com](mailto:info@voco.com)

Mechanicsburg, PA  
Permit # 506  
PAID  
U.S. Postage  
PRSRT STD

Dental Tribune America  
215 West 35th Street  
Suite #801  
New York, NY 10001

# Award to help dental students offer dental care to troops

The ADA Foundation awarded its 2009 Bud Tarrson Dental School Student Community Leadership Award to the University of Nevada at Las Vegas (UNLV) School of Dental Medicine in recognition of an oral health treatment program for National Guard troops.

The UNLV School of Dental Medicine will receive \$5,000 with the award to enhance student education and outreach to underserved populations.

"This selfless effort by these dental students exemplifies what the ADA Foundation and the Tarrson Access to Oral Health Care Award are all about," said Dr. Arthur A. Dugoni, president of the ADA Foundation.

"We are improving the lives and dental health of others by connecting people and investing in the human potential of so many individuals."

In 2008, UNLV dental students founded the Sergeant Clint Ferrin Memorial Clinic to help meet the oral health needs of National Guard troops deemed non-deployable because of dental problems.

Some of these troops cannot access dental care because they are not on active duty, making them ineligible for military benefits. The program has since expanded to include all local military veterans with limited access to dental care.

The first clinic, held in July 2008 at the UNLV School of Dental Medicine, treated 19 patients. Since then, there have been six additional clinics, with approximately 30 patients receiving free treatment at each session, including more

than 100 veterans. UNLV dental students, supervised by Nevada licensed dentists, provided treatment that included restorations, root canals, extractions, crowns and dentures.

The clinic honors the memory of a UNLV dental student's brother killed in action in 2004, while serving in Operation Iraqi Freedom.

Created in 2003 in memory of philanthropist Bud Tarrson, former CEO and owner of the John O. Butler Co., the Tarrson Award recognizes one exemplary volunteer community service project developed by dental students enrolled in a predoctoral dental education program.

A Chicago native, Tarrson was a director of the former ADA Health Foundation (now ADA Foundation) from 1994 to 1999.

Between 2004 and 2008, the Tarrson Award honored outstanding community service on the part of a practicing dentist or lay person. In 2009, the ADA Foundation rededicated the Tarrson Award program to highlight significant dental student outreach to vulnerable communities.

"The new approach to this annual award program supports the efforts and acknowledges the initiative and outreach of dental students across the country," said Linda Tarrson, who initiated the award in honor of her late husband.

"Selecting this year's recipient was difficult because there are so many outstanding student programs that are supporting the ideals of professional service and out-

reach to the community."

She added, "I'm extremely proud of the UNLV program and its students for their desire to go beyond what is expected and to be of service to those in the community who are truly in need of oral health care."

The ADA Foundation is a catalyst for uniting people and organizations to make a difference through better oral health. Since 1991, the ADA Foundation has disbursed nearly \$51 million to support such charitable activities.

In addition to funding grants for dental research, education, scholarships and access to care, the foundation supports charitable assistance programs, such as relief grants to dentists and their dependents who are unable to support themselves due to injury, a medical condition or advanced age; and grants and loans to those who are victims of disasters. **DT**

(Source: ADA Foundation)

## About the ADA Foundation

The ADA Foundation's primary goal is to connect people and organizations in order to effect a positive difference via improved oral health.

For more information about grants awards through the ADA foundation, please visit [www.adafoundation.org](http://www.adafoundation.org).

← **DT** page 1A

home communities, eliminating the social and cultural barriers that otherwise could impede their effectiveness. The primary functions of the CDHCs are oral health education and disease prevention. CDHCs are trained to perform limited preventive procedures and to help patients needing dental care navigate the system, linking them with dentists to provide that care.

Participants at a kickoff event at Rio Salado College in Tempe, Ariz., held in late March, included six new students from each of the three pilot-program sites, and current students who are moving into the internship phase of their training, CDHC educators and ADA leaders.

Program pilot sites are Temple University in Philadelphia, which focuses on urban areas; the University of Oklahoma, where CDHCs will concentrate on remote rural communities; and the University of California at Los Angeles, in conjunction with Salish

→ Continued, 'ADA pilot ...'

## DENTAL TRIBUNE

The World's Dental Newspaper - US Edition

### Publisher & Chairman

Torsten Oemus  
[t.oemus@dental-tribune.com](mailto:t.oemus@dental-tribune.com)

### Vice President Global Sales

Peter Witteczek  
[p.witteczek@dental-tribune.com](mailto:p.witteczek@dental-tribune.com)

### Chief Operating Officer

Eric Seid  
[e.seid@dental-tribune.com](mailto:e.seid@dental-tribune.com)

### Group Editor & Designer

Robin Goodman  
[r.goodman@dental-tribune.com](mailto:r.goodman@dental-tribune.com)

### Editor in Chief Dental Tribune

Dr. David L. Hoexter  
[d.hoexter@dental-tribune.com](mailto:d.hoexter@dental-tribune.com)

### Managing Editor/Designer

Implant Tribune & Endo Tribune  
Sierra Rendon  
[s.rendon@dental-tribune.com](mailto:s.rendon@dental-tribune.com)

### Managing Editor/Designer

Ortho Tribune & Show Dailies  
Kristine Colker  
[k.colker@dental-tribune.com](mailto:k.colker@dental-tribune.com)

### Online Editor

Fred Michmershuizen  
[f.michmershuizen@dental-tribune.com](mailto:f.michmershuizen@dental-tribune.com)

### Product & Account Manager

Mark Eisen  
[m.eisen@dental-tribune.com](mailto:m.eisen@dental-tribune.com)

### Marketing Manager

Anna Wlodarczyk  
[a.wlodarczyk@dental-tribune.com](mailto:a.wlodarczyk@dental-tribune.com)

### Sales & Marketing Assistant

Lorrie Young  
[l.young@dental-tribune.com](mailto:l.young@dental-tribune.com)

### C.E. Manager

Julia E. Wehkamp  
[j.wehkamp@dental-tribune.com](mailto:j.wehkamp@dental-tribune.com)

Dental Tribune America, LLC  
215 West 35th Street, Suite 801  
New York, NY 10001  
Tel.: (212) 244-7181  
Fax: (212) 244-7185

Published by Dental Tribune America  
© 2010 Dental Tribune America, LLC  
All rights reserved.

Dental Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please contact Group Editor Robin Goodman at [r.goodman@dental-tribune.com](mailto:r.goodman@dental-tribune.com).

Dental Tribune cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune America.

## Editorial Board

Dr. Joel Berg  
Dr. L. Stephen Buchanan  
Dr. Arnaldo Castellucci  
Dr. Gorden Christensen  
Dr. Rella Christensen  
Dr. William Dickerson  
Hugh Doherty  
Dr. James Doundoulakis  
Dr. David Garber  
Dr. Fay Goldstep  
Dr. Howard Glazer  
Dr. Harold Heymann  
Dr. Karl Leinfelder  
Dr. Roger Levin  
Dr. Carl E. Misch  
Dr. Dan Nathanson  
Dr. Chester Redhead  
Dr. Irwin Smigel  
Dr. Jon Suzuki  
Dr. Dennis Tartakow  
Dr. Dan Ward

## Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at [feedback@dental-tribune.com](mailto:feedback@dental-tribune.com). If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at [database@dental-tribune.com](mailto:database@dental-tribune.com) and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

AD

**Dental Collab** BETA  
FINALLY A SOLUTION FOR GETTING THAT SECOND OPINION.  
[WWW.DENTALCOLLAB.COM](http://WWW.DENTALCOLLAB.COM)  
FIRST MONTH FREE  
CODE: DTDC09

# Meridian chart shows teeth and organ relationships

Many people are familiar with Chinese medicine or acupuncture and have heard about meridians, the channels through which energy flows in the body. Each organ, gland and body structure has an associated meridian, including the teeth.

What does all this mean to health and wellness? Well, if someone has a bad tooth, the energy flow through the meridian belonging to that tooth will be altered. This in turn can affect the health of all the other organs on that meridian.

For example, tooth #14, the upper left first molar tooth, is on the same meridian with the kidneys, liver, spleen, stomach and breast. So, if this tooth has a problem, it may affect energy flow through the meridian, and the health of those organs may be affected as well.

Dr. Thomas L. Stone, MD, a pioneer in alternative medical diagnostic and treatment strategies, once attended a dental health

seminar, and when he was asked why an MD would attend a dental conference, he said, "I know you dentists are killing my patients. I just want to find out how you are doing it."

One holistic dentist was so inspired by Stone's statement that he wrote a book titled "Rescued By My Dentist," which is an account of his patients with health problems related to their mercury amalgam fillings.

Experienced biological dentists who have an understanding of the teeth and body connection are able to consider the oral cavity for the possible cause of symptoms in patients who have been unable to secure a diagnosis through regular allopathic medicine channels.



*The front teeth are connected to the kidneys. The stomach is connected to the premolars. This is something that practitioners of traditional Chinese medicine have known for thousands of years. Now, TALKInternational.com has developed an Interactive Meridian Tooth Chart to allow the dentist and patient to learn about the relationship between the teeth and the body as an aide for overall health and wellness issues. (Photo/www.talkinternational.com)*

The Interactive Meridian Tooth Chart is located at [www.talkinternational.com/toothchart.html](http://www.talkinternational.com/toothchart.html). **DI**

(Source: PRWeb)

← **DI** page 1A

recommends antibacterial mouth rinses that are alcohol-free. Mouth washes or mouth rinses with alcohol promote dryness, so at all costs patients should avoid any containing alcohol, McConnell said. The antibacterial properties help minimize plaque formation and also help prevent mouth sores.

McConnell said his favorite brands are Closys and Breath Rx, because they are alcohol-free and have antibacterial properties. Both companies also make toothpastes that complement the rinses. McConnell recommends patients use the rinse at least two to three times a day and the toothpaste on an extra soft brush after every meal.

McConnell also recommends a remineralizing paste specifically designed to strengthen the tooth surface and make it less susceptible to decay. A secondary benefit of the paste is that it also helps to balance the pH of the mouth and support better saliva flow.

The paste is applied to the teeth once a day after brushing. Patients may find these products online or in stores, if they are not available from their dentists.

Other products, such as Biotene, help promote saliva flow, and different toothpastes have shown the ability to remineralize weak tooth surfaces, McConnell said. He said the Closys, Breath Rx and remineralization pastes like MI Paste are easiest to use and most effective.

The key, he said, is for patients to avoid any products that promote dryness and to incorporate prod-

ucts that are antibacterial, help mineralize the teeth and help balance the health of the mouth.

Sadly, even after cancer treatments are completed, many of these painful and destructive consequences can continue, McConnell said. Mouth sores tend to disappear, but the dryness and gum recession often persist and the teeth that are weakened by the treatments are much more susceptible to decay.

When treatments are completed, and after being released for dental treatment by the oncologist, it is then imperative for patients to return to regular dental care. The first concern for the dentist, he said, is to assess any changes in dental health.

A complete set of dental radiographs is imperative to look for any change to the supporting bone and any evidence of decay or infection.

McConnell said he recommends patients who have had chemotherapy receive digital radiographs, as they offer 90 percent less radiation exposure. Often there are areas of decay that should be treated as soon as possible, he said. A thorough gum evaluation is recommended, as are any treatments to detect any early signs of gum disease.

The link between oral health and overall health is now well documented, McConnell said, and establishing optimum oral health is important for everyone at any age. But after cancer treatment, he said, it is imperative.

(Source: PRWeb)

← Continued, 'ADA pilot ...'

Kootenai College in Montana, whose graduates will work in Native American areas.

The recent kickoff event provided current students from the University of Oklahoma and UCLA, who began their training a year ago, an opportunity to share their experiences as they prepare for their six-month internships.

The initial student class from the program's most recent site addition, Temple University, met enrollees affiliated with the two other schools at the event. They received laptop computers, an orientation to their online instructional training and a program overview.

"We look forward to seeing these individuals return to their communities as trained community health workers and members of the dental team, playing an important role in resolving barriers to help improve residents' dental care," said Raymond F. Gist, DDS, ADA president-elect. "That's what the Community Dental Health Coordinators program is all about."

Although the CDHC is a new position, it is modeled on the community health worker, a demonstrated member of the public health team who focuses on health education, prevention, disease management and increasing access. Because the CDHC will function much like community health workers, the ADA believes that they, too, will have a positive impact on the oral health of their communities through education and outreach.

(Source: ADA)

UPCOMING WEBINARS

Dental Tribune  
**DT STUDY CLUB**

ADACERP

DENTAL TRIBUNE AMERICA IS AN ADA CERP RECOGNIZED PROVIDER

---

**26 MAR** **UPDATE IMPLANTOLOGY VIII**  
Various Speakers  
The Steigmann Implant Institute offers a high-quality program of current themes on implantology. International speakers will introduce recent findings and methods of surgery and prosthesis on implants.

REGISTER ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)

---

**30 MAR** **DENTIN HYPERSENSITIVITY — NEW MANAGEMENT APPROACHES**  
Dr. Fontinos Panagakos  
Dentin hypersensitivity continues to be a problem for patients and practitioners alike. Learn about the current methods and the new approaches to treating it.

REGISTER ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)

---

**16 APRIL** **DENTAL TRIBUNE STUDY CLUB C.E. SYMPOSIA AT IDEM, SINGAPORE**  
Various Speakers  
This C.E. four-day event offers an ambitious schedule of continuing education lectures in various dental disciplines.

REGISTER ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)

---

**26 APRIL** **RUSSIAN DTSC — C.E. FESTIVAL AT DENTAL SALON MOSCOW**  
Various Speakers  
The Russian DTSC will be launched through four days of focused lectures in various areas of dentistry. Each day will feature a variety of presentations led by experts.

REGISTER ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)

---

**07 MAY** **DENTAL TRIBUNE STUDY CLUB C.E. SYMPOSIA AT WID, AUSTRIA**  
Various Speakers  
This C.E. four-day event offers an ambitious schedule of continuing education lectures in various dental disciplines.

REGISTER ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)

---

**03 JUNE** **THE ROOTS SUMMIT**  
Various Speakers  
Please find the most current information under [www.rootssummit2010.com](http://www.rootssummit2010.com). The Roots Summit 2010 proves to be another opportunity to demonstrate our high commitment and passion for dentistry.

REGISTER ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)

---

BECOME A FREE MEMBER

WWW.DTSTUDYCLUB.COM

# Considering the anatomy of a professional-looking Web site

By Mary Kay Miller

Your Web site is where your business resides online and the hub of your Internet marketing campaign. It is the virtual representation of who you are and what you are all about. Always incorporate good design principles to ensure your Web site reaches out to the maximum number of new patients and engages as many people as possible.

When you are promoting your treatment and services online, people cannot see you physically like they would if they met you in your office. People do judge you by your cover. This is where a good Web site design comes in.

In any professional practice, dentists and doctors spend hundreds of thousands of dollars on office design, decorating, marketing materials and customer service. Convenient locations should be chosen and appropriate signs displayed so patients have little if any difficulty finding your office.

Your office should be clean and tidy and your staff members should emit a professional air with everyone dressed accordingly. The entire presentation is a marketing strategy to show patients you care about quality and are someone they can trust to provide expert treatment and care.

## First impressions matter

The same is true with your Web site. If your Web site is old and outdated and is difficult to navigate, looks as if you hired your next door neighbor to set it up or, worse yet, you don't have one at all, you are literally shouting to online visitors looking for you that you are not professional and you don't provide quality care.

If you have a professional-looking Web site layout, branded with your message, you are giving visitors a positive perception. They will see that you have paid meticulous attention to every detail of your business and you care about professionalism. They will also perceive that you are organized and focused on patients.

As you grow your practice in today's tech-savvy society, your Web site, along with your business cards, letterheads and promotional materials, become the face of your business. Every marketing tool, both online and offline, has its place and matters.

Attention should be paid to every aspect of your Web site. Make sure it performs optimally to serve its purpose by attracting and engaging patients to contact your office for a new patient exam.

In today's ADHD society, do not give visitors a reason to click on the "back" button. Time is precious to visitors, so get to the point quickly and without fluff. Statistics show:

- You have less than 8 seconds to engage a visitor once he or she clicks on your site.

- On average, a visitor reads only 2.5 pages on your site.

- If a page has more than 500 words and is not neatly organized, most of the content will go unread.

- If your site is difficult to navigate, visitors will click away from it immediately.

Here are ten important rules of thumb to make sure your Web site performs well.

## No. 1: Do not use 'splash' or 'flash only' intro pages

Splash pages are the first pages you see when you arrive at a Web site.

They normally have beautiful imagery with words like "Welcome!" or "Click here to enter." They are pictures with no real purpose other than to entertain. Visitors are not on your site to be entertained; they are there for content rich information. If they want entertainment, they will go to YouTube.

## No. 2: Have simple and clear navigation

Provide a simple and straightforward navigational menu that even a young child will know how to use. Stay away from complicated flash-based menus or multi-tiered dropdown menus.

If your visitors cannot figure out how to navigate your site, they will leave it. Design your site for an Internet-challenged newbie. Keep it easy and simple.

## No. 3: Allow users to always know where they are on your site

When visitors are deeply engrossed in browsing your site, make sure they know which part of the site they are in at that moment.

This way, they will be able to browse relevant information or navigate to any section of the site easily. Don't confuse your visitors because confusion means "abandon ship!"

## No. 4: Write the content on a fifth grade reading level

Make the content easy to read for all ages and educational levels. If visitors don't understand what is being said, they will click away. A Web site is provided to inform and impress visitors on a basic level. It's all about them, not you. Don't speak to them on your level; speak to them on their level.

## No. 5: Avoid using music on your site

If visitors are going to stay a long time on your site reading content, make sure they're not annoyed by music looping on and on. If you insist on adding audio, make sure visitors have some control over it; volume or muting controls work fine.

Music also slows the page loading. If your pages load slowly, users will leave. The No. 1 page people leave is the home page. The No. 1 reason why is loading time.

Remember, in the mind of those looking at your site: visiting your competition's Web site is only one click away. However, if they do, this could cost you thousands of dollars.

## No. 6: Reduce the number of images on your Web site

Images make your site load slowly and, in many cases, a profusion of

images is unnecessary. If you think every image is essential on your site, make sure each one is optimized correctly for quick loading.

## No. 7: Keep your text paragraphs at a reasonable length

Online reading of text is different than reading the printed word. The brain processes the information differently when read off a computer. If a paragraph is too long, split it into smaller separate paragraphs or bullet point the content for easy reading.

A block of text that is too large will deter visitors from reading your content. They will either move on or click away.

## No. 8: Make sure your Web site complies with Web standards

Go to [www.w3.org](http://www.w3.org) and make sure your Web site is cross-browser compatible. If your Web site looks great in Internet Explorer but doesn't work properly in Firefox and Opera, you will lose prospective new patients. With all the problems with Microsoft, Firefox and Opera browsers are becoming more popular every day.

## No. 9: Extra large/small text size

There is more to Web design than graphics. User accessibility and comfort is a big part of it also. Design the text to be legible and correctly sized. This enables your visitors to read it without straining their eyes.

No matter how good the content of your Web site or your sales copy is, if it's difficult to read, you won't be receiving new patient calls. A size 11 or 12 font in Arial, Verdana or Trebuchet MS works best.

## No. 10: Text and background page color

On a computer, some colors are more difficult to read than others. Studies report black text on a white background is the easiest to read.

White text on a black background, although it looks nice, causes eye-strain and is difficult to read. A light background with dark colored text is always your best option.

As a business owner, it is your job to make sure your Web site does what it's meant to do effectively.

Even though you are not a Web designer, it is your marketing responsibility to ensure your Web site does what it is supposed to: engage and direct new patients to contact your office for a new patient exam. Don't let minor mistakes in design stop your site from perform-

AD

Universal and scanable registration material, that's it!

**METAL-BITE**

R-SI-LINE METAL-BITE™

- High final hardness - Shore-D 40
- Setting time about 60 s
- Scanable for powderless 3D-data registration of antagonists (CADI/CAM)
- Recommended by SIRONA for CEREC
- Perfect physical parameters
- 2 Cartridges + 12 Mixing cannulas

Available at  
**PATTERSON DENTAL**  
[pattersondental.com](http://pattersondental.com)

R-dental  
Dentalerzeugnisse GmbH  
E-mail: [info@r-dental.com](mailto:info@r-dental.com)  
[r-dental.com](http://r-dental.com)



# Changing dentistry 4mm at a time.



Over 10,000 new users have made SureFil® SDR™ *flow* one of the fastest-growing products.

Since launching SureFil® SDR™ *flow* in September 2009, over 10,000 dentists have tried the first and only bulk fill flowable posterior composite. What's even more impressive is that over 90% of them said they would continue to use it. SureFil® SDR™ *flow* has self-leveling handling that provides excellent cavity adaptation, and it can be bulk filled in 4mm increments, dramatically streamlining your posterior restoration. Contact your DENTSPLY Caulk rep or visit [www.surefilcdrflow.com](http://www.surefilcdrflow.com) to learn more.

SureFil® SDR™  
*flow*  
POSTERIOR BULK FILL FLOWABLE BASE

# One or two employees don't make a 'team'

*If you are losing good employees on a regular basis, do you know why?*

By Sally McKenzie, CEO

I recently had a conversation with a dentist on that ever-popular topic: employees.

This clinician went on and on about how fortunate he was to have had the "best" office manager any practice could hope for, but now he was frantically looking for someone to replace her because she'd turned in her two-week notice. He was crushed.

I asked him what set this person apart from the others.

"She just takes care of everything," he told me.

I was intrigued. "Everything?" I asked.

The dentist went on to explain that he could delegate virtually anything to this person and it would be done.

She could take care of insurance, collections, billing, payroll, recall, staff communications, case presentation, treatment planning. Why, she even oversaw the office parties. If it was someone's birthday, she baked the cake. What a woman!

In fact, he was about to start a practice newsletter and this employee was going to be responsible for writing, designing and distributing it. This "super manager" might as well have leapt tall buildings and worn a cape. Yet, I was seeing red flags.

"Are all of those duties in her job description?" I asked.

"Oh no," he puffed. "I don't like job descriptions; they just limit everyone's responsibilities."

Now the alarm bells in my head were blaring loud and clear.

"You mentioned 'staff communication,' what does that involve?"

I asked.

"I have problems with my other staff. My assistants don't do things the way I want. The hygienist is too chatty. You know, the usual stuff. I just tell the office manager to handle it and she does."

This was, indeed, a full-scale alert: no job descriptions, no accountability, no leadership. Clearly, there are significant problems at this practice.

The dentist had used the office manager as a gatekeeper to insulate himself from the other employees and from serious matters that required his direction and involvement.

Whatever issue he didn't want to deal with, he just handed off to her, from clinical particulars to patient relations to business operations.

Not only was she the office manager, she was she was the de facto leader, responsible for virtually every major system in the practice except the actual dentistry.

## Good employees: hard to find and harder to keep

Dentists are often baffled when team members quit. They feel they have been blindsided.

They are left wondering what exactly drives the quality staff to go. In actuality, there are a number of reasons why staff members leave, even during challenging economic times.

Is it the money? Not as often as you might think, although employees will use this as grounds to make their exit because they don't want to tell you or they are afraid to tell you the real reason.

Certainly, the members of your team want and appreciate salary

increases, but money is definitely not the only motivator and it's clearly not the best motivator to keep good employees.

As long as the staff are paid competitively there is far more to keeping your team intact than tossing a few more bucks their way.

Some leave because of how they perceive they are treated in the workplace. Human resources surveys routinely show that more than 40 percent of employees quit because they don't feel appreciated by their boss.

Why is that important? Because 50 percent of job satisfaction is determined by the quality of the relationship that staff have with you — the dentist — their boss.

In some cases, the dentist treats the employees disrespectfully. He/she is a screamer, a micromanager or just mean and nasty. These practices churn through good employees at a record pace.

The only ones who stay are the mediocre performers. They stick it out with a bad boss because they don't have the confidence that they can find another job.

Certainly, many dentists are very nice people. They are not screamers or mean and nasty, but their idea of managing people is to tell them what they are doing wrong, what they should be doing better, where they are falling short and so on.

Alternatively, they say nothing, which is just as bad if not worse. Can you think of specific instances in the past few weeks in which you have clearly and directly told the top performers on your team that you appreciate their work and their contributions?

If not, I can virtually guarantee that they think you neither recognize nor appreciate what they are doing for you and your practice.

## Silent soldiers

Oftentimes, when good employees leave, dentists claim they had no idea the employee wasn't happy. Consider the "super manager" in the example above.

Why didn't she speak up? It's not uncommon for the good employees to remain silent. They don't want to bother the dentist.

They just keep taking the pressure, being the good stewards that they are until they crack. In reality, there is probably little the "super manager" could have done to change her situation.

In situations such as this, the dentist simply will not or cannot see where he/she is wrong. This particular dentist believes that his office manager is responsible for "managing" every aspect of the office as the dentist sees it.

In addition, as far as the dentist was concerned: it worked, so why change it? For the employee, she saw only one way to remedy the situation: quit.

The fact is that it is easy to ignore the good employees. After all, they don't have to be coddled. They can be counted on to get the job done, and they are low- or even no-maintenance.

The dentist tells him/herself that these employees know what they are doing.

They are good. They are independent. They can handle the additional responsibility. They don't need or want feedback or coaching.

← [DT](#) page 4A

ing at its highest level.

On the other hand, I also suggest you listen to the recommendations of your Web designer. I often find many Web site designs are not user friendly because business owners want it to look good and insist upon their own specific design ideas.

Web designers are in business just like you are, so this can sometimes mean they have to sacrifice the effectiveness of the site due to demands from their clients. Their customers are always right, even if they don't know what they are doing.

Consider these recommendations

and evaluate your Web site from a visitor's point of view. If your Web

site needs updating or changes, contact your Webmaster and talk it

over. Your practice growth depends on it. [DT](#)

## About the author



Mary Kay Miller is founder and CEO of Orthopreneur™ Marketing Solutions. After 30-plus years as a business and marketing coordinator for professional practices, Mary Kay has narrowed her marketing expertise to Internet Web 2.0 marketing, SEO (search engine optimization) and the creation of marketing systems to save teams valuable time and effort.

Her book, "Marketing Your Practice Through Different Eyes," was released in May 2008 and is a free 100-page eBook available on her Web site [www.orthopreneur.com](http://www.orthopreneur.com). It is the first multi-media eBook of its kind in dentistry and the first book ever written on marketing for both dentists and team members. It enables dentists and staff members to understand and experience for themselves how the Internet and Web 2.0 marketing engages and grabs the attention of today's consumer.

(Upper Left Photo on Front Page/ © Saniphoto, Dreamstime.com)

**As Vince Lombardi once said, 'There is nothing more unequal than the equal treatment of unequals.'**

However, thinking this is a big mistake.

Your top performers resent that they show up on time (or early), work hard every day, consistently meet or exceed their performance goals, and you say virtually nothing. But you're going "gaga" over the totally unreliable assistant's ability to actually take an X-ray that you can read!

Which leads me to another key reason why good employees are hard to keep: You refuse to deal with the problem performers.

There are few things more demoralizing to top-flight staff than a boss who looks the other way when others on the team consistently disregard office policies, bring poor attitudes to work, generate conflict, make excuse after excuse for why they were late, why they were sick, why they simply cannot get their jobs done.

Believe me, your silent soldiers know exactly who's doing just enough to get by. Yet, they get the same pay raises, same vacation time and the same perks as top performers.

Understandably, capable staff will only tolerate this for so long. As Vince Lombardi once said, "There is nothing more unequal than the equal treatment of unequals."

Ultimately, the good employees arrive at the conclusion that the dentist is either a coward or simply prefers the poor performers, so they choose to leave and go to a

practice where their contributions are appreciated and the culture encourages excellence

**Wake-up call**  
It usually takes a seriously troubling event — such as a major financial shortfall, the departure of a critical employee, etc. — for the clinician to wake up to the fact there might be a problem.

From there it takes an outsider, such as a practice management consultant, to sit down with the

dentist and discuss his/her frustrations, why he/she cannot trust other staff members, determine where the system shortfalls are occurring, assess training weaknesses and get to the bottom of why the dentist cannot, or will not, lead his/her team.

The case of the super manager above is particularly unfortunate because clearly the dentist had a very dedicated and highly competent employee, which is common. Practices will have one or two rock-solid staff and a host of mediocre chair warmers.

Instead of creating systems of accountability, instituting training programs, developing job descriptions, etc., clinicians will simply pile the critical duties on those that they know they can count on. Ulti-

mately, everyone loses.

The good employees eventually break or burn out. The weak employees are never given the opportunity to grow and flourish.

Moreover, the dentist is losing a fortune because, whether he/she acknowledges it or not, things are falling through the cracks simply because there are not enough capable hands on deck to ensure they don't.

If you're losing good employees, don't just sit back, shake your head and tell yourself "good help is hard to keep." Find out what is driving the exodus and seek outside assistance if necessary.

Once you get to the root of the problem, I guarantee you'll see the improvement in your bottom line. **DT**

**About the author**



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.mckenziegmt.com*; and The New Dentist™ magazine, *www.thenewdentist.net*. She can be reached at (877) 777-6151 or *sallymck@mckenziegmt.com*.



**DENTAL TRIBUNE  
DT STUDY CLUB**  
COURSES | DISCUSSIONS | TECHNOLOGY | ON-DEMAND



**"Online learning is not the next big thing, it is the now big thing."**

*Donna J Abernathy*  
Training and Development Editor

**DTSC - COURSES, COMMUNITY, TECHNOLOGY, ON-DEMAND**

The DT Study Club makes all of this possible from the comfort of your own computer and without travel expenses. In other words, welcome to the community!

The purpose of this study club is to provide practitioners like yourself an opportunity to learn and network with like-minded colleagues in a friendly, non-threatening environment. We encourage you to take advantage of Dental Tribune's global outreach to access a variety of fresh perspectives and cultures, enhancing your educational mix.

**24/7 LIVE AND INTERACTIVE ONLINE COURSES**

Fulfill your yearly CE requirements with our growing list of archived ADA CERP approved courses.

**DISCUSSION FORUMS**

focused on helping today's practitioners to stay up to date. Networking possibilities that go beyond borders to create a truly Global Dental Village

**VIDEO REVIEWS OF PRODUCTS**

Our opinion leaders unveil new products, services, and give you their first impressions of the industry's hottest topics.

**PEER REVIEWED CASE STUDIES**

Upload, comment, participate. We encourage you to share your cases for review with like-minded practitioners.



**REGISTER FOR FREE ON [WWW.DTSTUDYCLUB.COM](http://WWW.DTSTUDYCLUB.COM)**

**CONTESTS WITH CHANCES TO WIN FREE TUITION FOR ADA/CERP C.E. ACCREDITED WEBINARS**

SPONSORSHIP AND SPEAKING INQUIRIES:  
JULIA WEHKAMP, J.WEHKAMP@DTSTUDYCLUB.COM, (416) 907-9836.



  
PRACTICE MANAGEMENT

  
GENERAL DENTISTRY

  
COSMETICS

  
ENDODONTICS

  
IMPLANTOLOGY

  
PERIODONTICS

  
ORTHODONTICS

  
DENTAL HYGIENE

**WWW.DTSTUDYCLUB.COM**

AD

# Receivables at risk

*Does your practice extend open credits to your patients?*

By Keith D. Drayer

Does your practice extend open credits to your patients? This is an important question as veteran dental practice owners know that their practice's fiscal health, profitability and success require balancing a prudent patient financing policy.

Balance allows the flexibility to accommodate your patients, and it needs to be firm enough to avoid cash flow/collection problems that may have material consequences for both the clinicians and staff. Even a temporary cash flow problem is stressful for a practice owner, creating the potential for uncertainty in making the payroll.

What is a dental practice's uncollectible percentage? While this number will vary substantially (due to many factors ranging from service mix, use of practice management software, aggressive or lax payment policy compliance), when averaged, it shows the nationwide number of approximately 2.5 percent. Many practice owners think they can live with 2.5 percent. However, further inspection reveals a more in-depth appreciation of collection effectiveness on a practice.

Let's suppose a practice grosses \$1 million annually. If the practice has bad debt or "uncollectible receivables" of \$25,000, that is 2.5 percent, then that write-off number would be correct (See Table 1).

Accounts receivable trends for any business, from a FORTUNE 500® company to a dental practice, are almost identical. Receivables are like gravity. You can't resist gravity and you can't resist receivables' falling value over time. Table 2 shows the effects of time on receivables. Each \$1 of accounts receivable at 90 days is statistically only worth \$0.72.

Thus, the case can be made for dental practices to devote more focus to their "payment is due upon service" policy so the practice is not acting as a bank to patients. Offering patients (monthly, more affordable) financing options makes optimal treatment acceptance more

Practice Annual Revenue	\$1,000,000	Practice Annual Revenue	\$1,000,000
Eligible Receivables	\$850,000	Less: Cash Payments*	\$150,000
Bad Debt	\$25,000	Eligible Receivables	\$850,000
Bad Debt as a % of Eligible Receivables	2.5%	Bad Debt	\$25,000
		Bad Debt as a % of Eligible Receivables	2.5%
		(* Cash = Cash + Checks)	
Practice Annual Revenue	\$1,000,000	Practice Annual Revenue	\$1,000,000
Less: Cash Payments	\$150,000	Less: Cash Payments	\$150,000
Less: Credit Cards	\$250,000	Less: Credit Cards	\$250,000
Eligible Receivables	\$600,000	Less: Insurance	\$400,000
Bad Debt	\$25,000	Eligible Receivables	\$200,000
Bad Debt as a % of Eligible Receivables	4.2%	Bad Debt	\$25,000
		Bad Debt as a % of Eligible Receivables	12.5%

Table 1

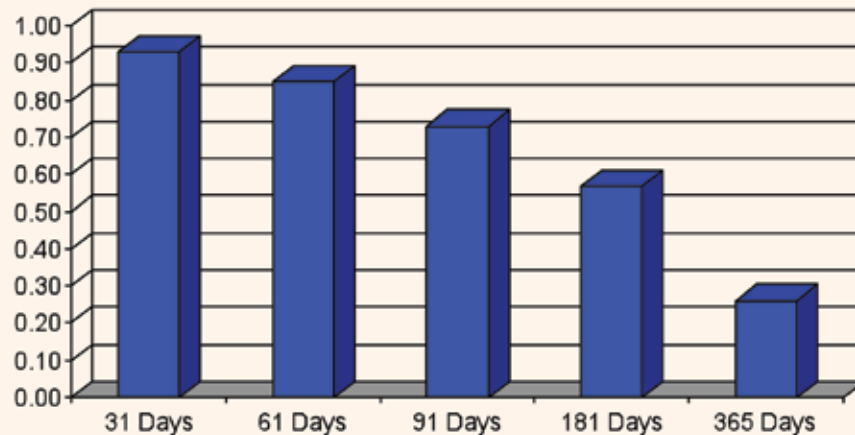


Table 2: Value of aged accounts receivable \$1 is worth the following amounts over time

likely, as well as removes a practice that offers selective financing from appearing as credit officers and lenders to patients.

Today, a good patient financing plan will accept from 50 to 60 percent of the patients who apply. There are patient financing companies that indicate an approval rate of 90 percent based on the total patient base being considered. That

may be a misleading number as not every patient wants to be approved. Your patient-financing candidates can automatically be any who might remark:

- "I forgot my checkbook."
- "Just bill me."
- "I can pay you \$100 a month until we're done."
- "I want to have the treatment, but can't afford it now."
- "Let me know the balance after the insurance pay-in."

It is prudent to offer patient financing when you examine what consumers are advised to pay on a graded scale. Data reveals the recommended consumer order of payments is as follows:

1) *Child support.* By law, credit bureaus must report any information received about overdue child support, as long as it's verified by the proper agency and is not more than seven years old. Consumers are told this should be the No. 1 payment priority. Penalties, considered quite serious, include garnished wages,

liens on property and a suspended driver's license. Dentists should be aware that finance companies might consider an open child support lien on a credit bureau report as very negative.

2) *Mortgage.* After more than 90 days, late mortgage payments can end up on a credit record. Mortgages also tend to have hefty late payment fees, and if a mortgage holder misses two or more, a lender may start foreclosure proceedings.

3) *Car loans.* Repossession laws vary — in some states repossession happens after only one missed payment. Mass transit isn't applicable everywhere and the risk of not having a vehicle probably impedes a person's ability to work.

4) *Taxes.* The Internal Revenue Service (IRS) is tough when taxpayers don't pay on time. Penalties accrue with time and the clock keeps going from the time of the infraction.

5) *Bank credit cards.* Credit cards are important. Paying them on time is more important than ever as late payments give all credit card issuers the right to reprice a cardholder because of economic risk status. Recent legislation was passed about sudden rate increases from credit card companies, though the effective date isn't until later this year.

6) *Department store cards.* Many will negotiate and/or accept lower payments for various periods of time.

7) *Utilities (electric, gas, water).* Utility companies may work out payment schedules for consumers (though security deposits for future services will be a factor). Nationwide, rules vary as regional regulators have rules protecting homeowners from losing vital services

AD





# 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 Rooms, GR \$675K #10108  
 Birmingham Suburb—3 Ops, 3 Hygiene Rooms #10106  
 Florence—Beautiful Modern Office, room to expand, GR \$656K #10110  
 CONTACT: Dr. Jim Cole @ 404-513-1573

### ARIZONA

Arizona—Doctor seeking to purchase general dental practice. #12110  
 Shaw Low—2 Ops, 2 Hygiene Rooms, GR in 2007 \$645,995  
 Phoenix—General Dentist Seeking Practice Purchase Opportunity #12108  
 Phoenix—4 Ops - 3 Equipped, GR \$515K+, 3 Working Days #12113  
 No. Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109  
 Urban Tucson—6 Ops - 4 Equipped, 1 Hygiene, GR \$900K #12112  
 Tucson—1,800 active patients, GR \$850K, Asking \$650K #12116  
 CONTACT: Tom Kimbel @ 602-516-3219

### CALIFORNIA

Alturas—3 Ops, GR \$611K, 3 1/2 day work week #14279  
 Atwater—2 Ops, 1,080 sq. ft., GR #177K #14307  
 El Sorbrante—5 Ops - 3 Equipped, 1,300 sq. ft., GR \$550K #14302  
 Fresno—5 Ops, 1,500 sq. ft., GR \$1,064,500 #14250  
 Greater Auburn Area—4 Ops, 1,800 sq. ft., GR \$763K #14304  
 Madera—7 Ops, GR \$1,921,467 #14283  
 Modesto—12 Ops, GR \$1,097,000, Same location for 10 years #14289  
 Modesto—5 Ops, GR 884K w/adj. net income of \$346K #14308  
 N California Wine Country—4 Ops, 1,500 sq. ft., GR \$958K #14296  
 Pine Grove—GR, nice 3 Op fully equipped office/practice \$111,300 #14309  
 Porterville—6 Ops, 2,000 sq. ft., GR \$2,289,000 #14291  
 Red Bluff—8 ops, 2008 GR \$1,006,096, Hygiene 10 days a 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  
 Oroville—Owner deceased, 7 ops, GR \$770K, 3000 sq. ft. bldg. #14310  
 Redding—5 Ops, 2,200 sq. ft., GR \$1 Million #14293  
 Yuba City—5 Ops, 4 days hyg, 1,800 sq. ft. #14273  
 CONTACT: Dr. Thomas Wagner @ 916-812-3255  
 Rancho Margarita—4 Ops, 1,200 sq. ft., Take over lease #14301  
 CONTACT: Thinh Tran @ 949-533-8308

### CONNECTICUT

Fairfield Area—General practice doing \$800K #16106  
 Southburg—2 Ops, GR \$254K #16111  
 Wallingford—2 Ops, GR \$600K. #16113  
 CONTACT: Dr. Peter Goldberg @ 617-680-2930

### FLORIDA

Miami—5 Ops, Full Lab, GR \$835K #18117  
 CONTACT: Jim Packer @ 863-287-8300  
 Jacksonville—GR \$1.5 Million, 3000 sq. ft., 7 Op's, 8 days hygiene #18118  
 CONTACT: Deanna Wright @ 800-730-8883

### GEORGIA

Atlanta Suburb—3 Ops, 2 Hygiene Rooms, GR \$863K #19125  
 Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR \$633K #19128  
 Atlanta Suburb—3 Ops, 1,270 sq. ft., GR \$438,565 #19131  
 Atlanta Suburb—Pediatric Office, 1 Op, GR \$426K #19134  
 Dublin—GR \$1 Million+, 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 Rooms, GR \$722K+ #19133  
 CONTACT: Dr. Jim Cole @ 404-513-1573

### ILLINOIS

Chicago—4 Ops, GR \$709K, Sale Price \$461K #22126  
 1 Hr SW of Chicago—5 Ops, 2007 GR \$440K, 28 years old #22123  
 Chicago—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 \$1.5 Million #22120  
 CONTACT: Al Brown @ 630-781-2176

### MARYLAND

Southern—11 Ops, 3,300 sq. ft., GR \$1,840,628 #29101  
 CONTACT: Sharon Mascetti @ 484-788-4071

### MASSACHUSETTS

Boston—2 Ops, GR \$252K, Sale \$197K #30122  
 Boston Southshore—3 Ops, GR \$300K. #30123  
 North Shore Area (Essex County)—3 Ops, GR \$500K+ #30126  
 Western Massachusetts—5 Ops, GR \$1 Million, Sale \$514K #30116  
 CONTACT: Dr. Peter Goldberg @ 617-680-2930  
 Middle Cape Cod—6 Ops, GR \$900K, Sale price \$677K #30124  
 Boston—2 Ops, 1 Hygiene, GR \$302K #30125  
 Middlesex County—7 Ops, GR Mid \$500K #30120  
 New Bedford Area—8 Ops, \$628K #30119  
 CONTACT: Alex Litvak @ 617-240-2582

### MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR \$213K #31105  
 Ann Arbor Area—Low Overhead - Well Run Practice GR 600K #31108  
 CONTACT: Dr. Jim David @ 586-330-0800

### 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 @ 612-961-2132

### MISSISSIPPI

Eastern Central Mississippi—10 Ops, 4,685 sq. ft., GR \$1.9 Million #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 Cty—3 Ops, Good Location, Turn Key, GR \$191K #39112  
 CONTACT: Sharon Mascetti @ 484-788-4071

### NEW YORK

Brooklyn—3 Ops (1 Fully equipped), GR \$175K #41113  
 Woodstock—2 Ops, Building also available for sale, GR \$600K #41112  
 CONTACT: Dr. Don Cohen @ 845-460-3034  
 Syracuse—4 Ops, 1,800 sq. ft., GR over \$700K #41107  
 CONTACT: 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 Cty—A practice on the coast, Growing Area #42145  
 Raleigh, Cary, Durham—Doctor looking to purchase #42127  
 CONTACT: Barbara Hardee Parker @ 919-848-1555

### OHIO

Medina—Associate to buy 1/3, rest of practice in future. #44150  
 North Central—GR 619K, 4 Ops, Well Established #44159  
 North Central—GR 700K, 5 Ops, Well Established #44157  
 CONTACT: Dr. Don Moorhead @ 440-823-8037

### PENNSYLVANIA

Northeast of Pittsburgh—3 Ops, Victorian Mansion GR \$1.2+ Million #47140  
 CONTACT: Dan Slain @ 412-855-0557  
 Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138  
 Chester County—High End Office, 4 Op's, 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 Rhode Island—4 Ops, GR \$750K, Sale \$486K #48102  
 CONTACT: Dr. Peter Goldberg @ 617-680-2930

### SOUTH CAROLINA

HHI—Dentist seeking to purchase a practice producing \$500K a year #49103  
 CONTACT: Scott Carringer @ 704-814-4796  
 Columbia—7 Ops, 2200 sq. ft., GR \$678K #49102  
 CONTACT: Jim Cole @ 404-513-1573

### TENNESSEE

Elizabethon—GR \$333K #51107  
 Memphis—Large profitable practice GR \$2 Million+ #51112  
 Suburban Memphis—Leading Practice in Area GR \$1 Million #51113  
 CONTACT: George Lane @ 865-414-1527

### TEXAS

Houston Area—GR \$1.1 Million w/adj. net income over \$500K #52103  
 CONTACT: Deanna Wright @ 800-730-8883

### 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](http://www.henryschein.com/ppt) or call 1-800-730-8883