

**The study of bones and teeth**

NYU College of Dentistry professor receives \$1.2 million for research.

► [page 4A](#)

**Root recession coverage**

From the patient's perspective, root recession is associated with aging.

► [page 11A](#)

HYGIENE TRIBUNE

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

Desensitization therapy

8 to 30 percent of the adult population suffers from dentin hypersensitivity.

► [page 1B](#)

Report says 1 in 5 children lacks access to care

By Fred Michmershuizen, Online Editor

A recent report from the Pew Center on the States paints a sad picture about the oral health of many children in the United States.

The report, "The Cost of Delay: State Dental Policies Fail One in Five Children," says that millions of disadvantaged children do not have access to adequate dental care.

"Millions of disadvantaged children suffer from sub-par dental health and access to care," the

report states. "This is a national epidemic with sobering consequences that can affect kids throughout their childhoods and well into their adult lives.

"A 'simple cavity' can snowball into a lifetime of challenges," the report states. "Children with severe dental problems are more likely to grow up to be adults with severe dental problems, impairing their ability to work productively and maintain gainful employment."

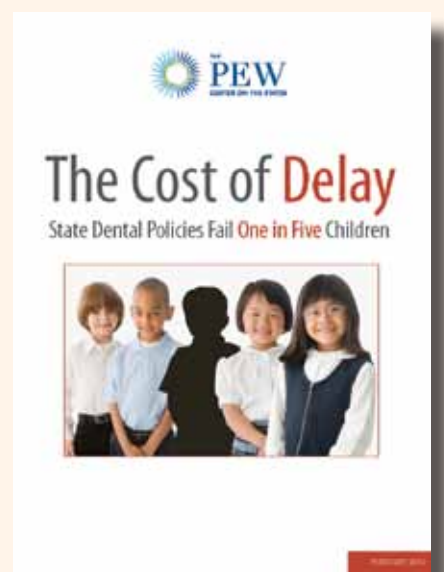
Leaders of two of the nation's

leading dental associations weighed in with their opinions on the report.

"We welcome the Pew organization to our longstanding fight to improve the lives of American children by helping more of them enjoy the good oral health that too many of them now lack," said Dr. Ron Tankersley, president of the American Dental Association (ADA).

"Pew's presenting its informa-

→ [DT](#) [page 2A](#)



(Photo/Pew Center)

Texas hosts the AACD annual meeting

The Gaylord Texan Hotel & Convention Center is a destination in and of itself with lots to do on site. If you are game to venture out from the meeting location, there is also plenty of things to do in Dallas.

→ See [pages 14A, 15A](#)



Murder fugitive found by dentist after 40 years

By Daniel Zimmermann, Dental Tribune International Group Editor

An oral surgeon from Bellevue, Wash., has been helping authorities to identify a fugitive who murdered his grandfather almost 60 years ago. Dr. Clem C. Pellett, who is currently listed as one of the top dentists in oral and maxil-

lofacial surgery in the Puget Sound area near Seattle, tracked down 78-year-old Frank Dryman in Arizona with the help of private detectives.

Dryman was immediately arrested and is expected to return to Montana State Prison where he had

→ [DT](#) [page 4A](#)

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← DT page 1A

tion in the form of a report card makes it easy for anyone to understand that too many kids in too many states are suffering. And we face huge challenges in changing that.”

“We don’t agree with everything in the report,” Tankersley continued. “But certainly, it highlights some of the major policy areas that the ADA and state dental societies have advocated for years — things like increased Medicaid funding, school sealant programs and community water fluoridation.

“It also highlights the urgent need for reliable routine data collection so that policies are well informed and kids are not left suffering.”

Dr. David F. Halpern, president of the Academy of General Dentistry (AGD), offered similar sentiments.

“With more than 51 million school hours lost each year because of dental-related illness, the way in which states ensure that children have access to oral health care services is clearly an issue that deserves the devotion and dedication necessary to reach a solution so no child suffers needlessly from dental pain,” Halpern said.

The Pew Center report is not all grim. It states that a number of cost-effective improvements can be made.

“By making targeted invest-

‘The AGD is opposed to any promotion or support of an independent midlevel dental provider,’ said Dr. David F. Halpern, president of the AGD.



ments in effective policy approaches, states can help eliminate the pain, missed school hours and long-term health and economic consequences of untreated dental disease among kids,” the report says.

“Although a handful of states are leading the way in breaking down these barriers, every state must do more to put proven policies in place to ensure dental health and access to care for America’s children.”

“The report does omit some policy areas that we believe are equally important to improving children’s access to care,” Tankersley said. “For instance, some states have innovative programs — like student loan forgiveness and tax incentives — to help dentists establish practices in underserved areas or practice in com-

munity health centers.

“And when it comes to fixing Medicaid, money is a huge issue, but it isn’t the only issue. Patients and parents need oral-health education to help them take care of themselves and their families to prevent disease.

“Many of them need additional services, like transportation, in order to be able to get to dental appointments.

“If Medicaid did a better job of these things, treatment costs would decrease because we would be preventing more disease and treating less.”

It is also the AGD position that improvements in Medicaid reimbursements to meet the costs of service to the public, and expansions in water fluoridation and sealant programs, are needed.

The AGD is opposed to independent dental providers who have not graduated from dental schools performing irreversible procedures for the very reason that a provider who has not met the minimum educational requirements in dentistry might be a danger to the patient if he or she is providing the primary care.

According to the AGD, accessibility without quality echoes the “something is better than nothing” approach to care, which does not ultimately serve the public need.

Both the ADA and the AGD have worked with state and federal agencies, dental schools and other organizations to promote public funding, volunteerism and loan forgiveness for dental students working in underserved areas.

“The ADA and state dental societies have a long history as the nation’s leading advocates for oral health,” Tankersley continued. “ADA members donated some \$2.16 billion in free care to disadvantaged children and adults, both as individuals and through such programs as Give Kids A Smile and Missions of Mercy, in 2007 alone.

“But we’re the first to admit that we can’t do this alone, and charity is no substitute for an effective, equitable oral-health delivery system.

“We’re grateful for assistance from the Pew Center and others who are willing to lend a hand in what undoubtedly will remain a long, tough fight.” DT

DENTAL TRIBUNE

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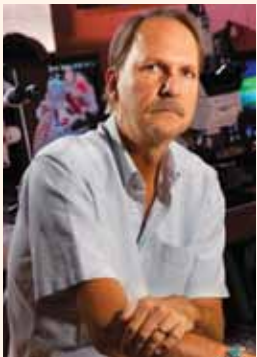
By Fred Michmershuizen, Online Editor

Dr. Timothy Bromage, a New York University College of Dentistry professor whose research on the microanatomical structure of ancestral human teeth and bones is recognized with having established the modern fields of human evolution growth, development and life history, has received the 2010 Max Planck Research Award.

The award, chosen by a joint Max Planck Society and Alexander von Humboldt Foundation selection committee, includes a stipend of approximately \$1.2 million (750,000 euros), which will enable Bromage and Dr. Friedemann Schrenk of the Senckenberg Research Institute to collaborate on the microanatomical study of bones and teeth, and to research the link between metabolic states, growth rates, life spans and biological features such as sex and body size.

A portion of the award will be dedicated to training junior scientists in the United States and Germany to assist on this research.

“Dr. Bromage has fundamentally altered the field of human evolution by prompting paradigm shifts in morphology, fieldwork and experimental biology, thereby establishing the modern field of growth, development, and life history in paleoanthropology,”



Dr. Timothy Bromage is an expert on the micro-anatomical structure of ancestral human teeth and bones. (Photo/NYU College of Dentistry)

said Dr. Charles N. Bertolami, dean of the NYU College of Dentistry, upon announcement of the award.

Bromage is a professor of basic science and craniofacial biology and of biomaterials and biomimetics at the NYU College of Dentistry. The award selection committee cited his research with showing a relationship between bone and tooth microstructure and body size, metabolic rate, age and other biological features.

According to the NYU College of Dentistry, Bromage was the first to use biologically based principles of craniofacial development to reconstruct early hominid skulls. His computer-generated reconstruction of a 1.9-million-year-old skull originally discovered in Kenya in 1972 by renowned paleontologist and archeologist Richard

Leakey showed that *Homo rudolfensis*, modern man's earliest-known close ancestor, looked more apelike than previously believed.

Bromage's reconstruction had a surprisingly smaller brain and more distinctly protruding jaw than the reconstruction that Leakey assembled by hand, suggesting that early humans had features approaching those commonly associated with more apelike members of the hominid family living as long as 4 million years ago.

In human evolution fieldwork, Bromage's 1992 discovery of a 2.4-million-year-old jaw in Malawi unearthed the oldest known remains of the genus *Homo*. The discovery, made in collaboration with Schrenk, director of paleoanthropology at the Senckenberg Research Institute in Frankfurt, Germany, marked the first time that scientists discovered an early human fossil outside of established early human sites in eastern and southern Africa.

In experimental biology approaches to human evolution research, Bro-mage discovered a new biological clock, or long-term rhythm, which controls many metabolic functions.

Bromage discovered the new rhythm while observing incremental growth lines in tooth enamel, which appear much like the annual rings on a tree. He also observed a related pattern of incremental growth in skeletal bone tissue — the first time such an incremental rhythm has ever been observed in bone.

The findings suggest that the same biological rhythm that controls incremental tooth and bone growth also affects bone and body size and many metabolic processes, including heart and respiration rates.

"The rhythm affects an organism's overall pace of life and its life span," Bromage said. "So a rat that grows teeth and bone in one-eighth the time of a human also lives faster and dies younger."

The Max Planck Research Award is presented jointly by The Max Planck Society, which promotes basic scientific research at top international levels, and by the Alexander von Humboldt Foundation, which promotes collaboration between scientists in Germany and other countries. [DT](#)

(Source: NYU College of Dentistry) (Front Page Photo/Pixelbrat, Dreamstime.com)

← **DT** page 1A

served 15 years for killing Clarence Pellett back in 1951. He had been out on parole for three years before he disappeared in 1969.

Local authorities told local news station Channel 5 that he was found in Arizona City, where he ran a wedding chatpel and went by the alias of Victor Houston. **DT**

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The secret tool: patient questionnaire

A powerful way to find out exactly what your patients want so you can boost your income and patient base

By Dr. Bhavna Doshi, United Kingdom

Have you ever thought of what it would be like if you could discover the hidden pains your patients go through daily because of their teeth?

The kind of deep-rooted pain patients often don't mention and occasionally don't realise they are even suffering with. These pains may be so deeply embedded that it never occurs to them they may have a way out.

Many patients regularly suffer from cosmetically debilitating features of their mouths. Most of these patients often suffer silently because they believe that there are no solutions to their problems or think they can't afford it.

They think having their mouths completely, once-and-for-all "fixed" is something that is for the rich and famous.

My experience with treating "Extreme Makeover UK" patients has confirmed my thoughts of how

much people suffer in silence with negative beliefs.

Uncovering hidden pains

The tool to help diagnose the required and much needed dentistry for patients is the patient questionnaire. This may sound simple, yet its effects are immeasurable. It can be designed to be as intricate or simple as you want.

For example, it can contain a series of beautiful photographs of the applications of cosmetic

dentistry.

This can be your work or that of others — it simply visualises the possibilities for the patient. But more importantly, it must contain thought-provoking questions that allow your patients to focus on their cosmetic concerns.

The questionnaire should be strategically designed to root out the major concerns patients may have. It forms part of a discovery process between you and your patients in making your patients aware of their fears, wants, desires and needs.

It can form part of a beautiful patient-friendly package. This means there is no work for you to do except have an informative discussion with your patients about their response to the questions.

What should you ask?

Simple thought-provoking questions need to be mentioned in the questionnaire. It needs to be used as a regular tool in your practice.

Every practice member must understand its significance and be able to talk to the patient about its importance in discovering his/her needs and the overall evaluation process.

Sample questions

- Do you have any concerns in your mouth?
- If you had a magic wand and could change something in your mouth, what would you change?
- What do you like about your mouth and smile?
- What don't you like about your mouth and smile?
- What is the most important thing to you about your mouth and smile?
- Are there any aspects of dentistry you have been thinking about that you would like to discuss?

Maximising performance

Sit down (in a preferably nonclinical environment) with the patient for a consultation. Systematically go through each question on the card and ask why the patient gave that particular answer.

Use the pleasing photographs of the various smiles and cosmetic work you may have done in the past to ask what the patient is looking for in a nice smile.

If you could have extra-oral and intra-oral photographs taken beforehand of your patient, this would really optimise and visually reinforce your solutions to the patient.

For example, if you had a photograph of a markedly deteriorating restoration in an anterior tooth, it would be easier to justify the need for a new, cosmetically-improved

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Sample patient questions

- Do you have any concerns in your mouth?
- If you had a magic wand and could change something in your mouth, what would you change?
- What do you like about your mouth and smile?
- What don't you like about your mouth and smile?
- What is the most important thing to you about your mouth and smile?
- Are there any aspects of dentistry you have been thinking about that you would like to discuss?

and protective restoration on that tooth. Especially if this was a concern the patient expressed in his/her answers to the questionnaire.

You will find after this discovery process that you will be able to advise a lot more than you would have initially. This process allows you to better understand your patients so that you can take better care of them. It helps to build a rapport and a long-term relationship of trust and faith.

Many times patients require an authoritative person who would simply listen to them. This act alone, if sincere, is enough to build trust for patient loyalty. It also is a major factor in influencing patients to accept treatment recommendations.

Income generation

This patient questionnaire would allow you to generate more revenues because it would act like an extra activity in marketing your practice or you.

It is a well-known fact in the marketing arena that the more activities you perform, the greater the number of potential customers you are likely to attract. This methodology is a simple but extremely effective system to acquire new revenue sources.

It can be applied to both existing patients and new patients alike.

The process itself is one of discovery, and other aspects of dentistry can come to light as a result of this investigative procedure. The more comprehensive the dentistry you provide your patients, the more dentistry you do, hence the more income you generate.

Patients that have developed a good relationship with you as a result of being listened to will be happy customers of the ser-

vices you provide. Happy customers are more likely to refer other income-generating patients like themselves.

Don't underestimate this tool

The patient questionnaire is a dynamic marketing tool. It can promote your work and develop your practice by giving you the ability to grow and generate income.

It is a diagnostic tool to help you and your patients on the road to discovering your patients' needs and requirements.

The closer you are to meeting those needs and requirements, the greater is the likelihood that your patients will accept your treatment recommendations.

This in turn will allow you to promote your dentistry and generate more income.

Uncover the successful and effortless nature of this tool by simply using it to unveil the hidden dentistry. **DT**

About the author



Bhavna Doshi is a senior dentist at The Perfect Smile Studios, www.theperfectsmileacademy.co.uk. She has a special interest and focus on practice productivity, marketing and growth strategies.

If you have enjoyed this article and would like a free leaflet on "Cost-effective Marketing for Dental Practices," then e-mail Doshi at bhavna@unlimitednewpatients.com with your name and address.

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Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

Conducting your own inspection of patients' oral cavities provides the perfect opportunity to mention that this is something they can easily do themselves as well.

You can explain the procedure in brief and then let them know about the Web site, www.oralcancerselfexam.com, that can provide them with all the details they need.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?

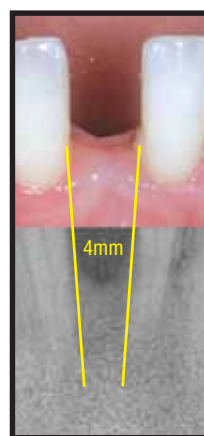
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Changes and opportunities for health-care practitioners' finances

By Keith Drayer

There are many areas that can bring small and large changes to a practice's income as well as the individual health-care practitioner. Outlined below are a few of the changes and opportunities.

The practice's finances

An area to take advantage of is the 2010 IRS Section 179 Tax Code that

allows business owners to lower their taxable income by acquiring eligible property (such as dental equipment, technology and off-the-shelf software). What makes the 2010 Section 179 benefit important is that in the year 2011, this generous allowance will come down to \$25,000.

As more and more dentists embrace equipment and technology, such as all-tissue lasers, comprehensive scanning, designing and milling



CAD/CAM systems and cone-beam dentistry, this benefit can be applied to lower the buyer's taxable income. These investments make a practice more efficient, productive and profitable.

One of the key areas we suggest dentists to focus on each year is their current fee schedule. Too many dentists leave thousands of dollars in the hands of insurance companies every month because of an unbalanced fee schedule.

We recommend that dentists set/balance their fees into the proper percentiles for their particular zip code. This will not only help to maximize the coverage of insurance the employer has purchased for the employee, but it will also be the best way to increase profitability.

While this is not tax advice, as individual circumstances apply, dentists should find out more about Section 199, a benefit for domestic manufacturing. A dentist could qualify for a deduction of 9 percent of the lesser of "Qualified Production Activities Income (QPI)," or taxable income from milling activities.

Dentists may significantly reduce their tax bill on domestic production activities as a result of the previous American Jobs Creation Act. This deduction is permanent and should be explored.

Personal finances

Most people have multiple credit cards. The odds of unused credit cards being canceled should not be discounted.

Many of us keep extra, unused credit cards for a "rainy day" (often in a fireproof box, hidden in our home or off-site at a bank-rented vault).

Additionally, many people have taken a retailer's credit card, as they were making a purchase, for the instant 10 percent one-time rebate, which was the incentive for taking that credit card. What has changed in the new era is two-fold.

Financial institutions incur a marginal cost for providing credit. Thus, many lenders are still reducing assets and/or being selective about whom they are renewing.

Canceling unused cards has been happening over the last year and a half and is not ending.

The credit-card consumers holding onto credit cards for a rainy day could mean "the flu" for lenders. Lenders

are worried that the person who has not used a card in more than a year is taking out their card because of worst-case scenarios (recent unemployment, need to raise funds for a called in home equity line, etc.).

To protect your credit card lines, you may want to use your cards in intervals (every six to nine months).

Finances and partnerships

A change in today's lending environment affects partnerships. Before the financial crisis hit, many lenders needed one partner or 50 percent of ownership to have decent credit.

"Decent" is defined differently among different lenders, but a FICO score of 675 could have helped a health-care practitioner on an application-only loan (which means providing your name, address, social security, license number) to obtain approximately \$250,000.

In today's lending environment, all owners are scrutinized. Thus, if one partner or an owner with more than a 20 percent stake has weak credit (FICO below 675), then that could be a detriment for the practice obtaining financing.

It's prudent to be proactive in finding out your partner's credit before you obtain financing. This is a surprise you want to avoid. **DT**

About the author



Keith Drayer is vice president of Henry Schein Financial Services (HSFS).

Henry Schein Financial Services provides equipment, technology, and practice start-up and acquisition financing services nationwide. HSFS can be reached at (800) 853-9493 or hsfs@henryschein.com.

Please consult your tax advisor regarding your individual circumstances.

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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
N Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109
Urban Tucson—6 Ops + 4 Equipped, 1 Hygiene, GR \$900K 12112
Tucson—1,800 active patients, GR \$850K, Asking \$650K #12116
CONTACT: Tim Kimbel @ 602-516-3219

CALIFORNIA

Alturas—3 Ops, GR \$611K, 3 1/2 day work week #14279
Atwater—2 Ops, 1,080 sq. ft., GR \$177K #14307
El Sorbrante—5 Ops - 3 Equipped, 1,300 sq. ft., GR \$350K #14302
Fresno—5 Ops, 1,500 sq. ft., GR \$1,064,500 #14250
Greater Auburn Area—4 Ops, 1,800 sq. ft., GR \$763K #14304
Madera—7 Ops, GR \$1,921,467 #14283
Modesto—12 Ops, GR \$1,097,000, Same location for 10 years #14289
Modesto—5 Ops, GR \$884K w/adj. net income of \$346K #14308
N California Wine Country—4 Ops, 1,500 sq. ft., GR \$958K #14296
Pine Grove—Nice 3 Ops fully equipped office/practice GR \$111,300 #14309
Porterville—6 Ops, 2,000 sq. ft., GR \$2,289,000 #14291
Red Bluff—8 Ops, 2008 GR \$1,006,096, Hygiene 10 days a week. #14252
CONTACT: Dr. Dennis Hoover @ 800-519-3458
Dixon—4 Ops, 1,100 sq. ft., GR \$122K #14265
Grass Valley—3 Ops, 1,500 sq. ft., GR \$714K #14272
Oroville—Owner deceased, 7 Ops, GR \$770K, 3000 sq. ft. bldg. #14310
Redding—5 Ops, 2,200 sq. ft., GR \$1 Million #14293
Yuba City—5 Ops, 4 days hyg, 1,800 sq. ft. #14273
CONTACT: Dr. Thomas Wagner @ 916-812-3255
Rancho Margarita—4 Ops, 1,200 sq. ft., Take over lease #14301
CONTACT: Thinh Tran @ 949-533-8308

CONNECTICUT

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

FLORIDA

Miami—5 Ops, Full Lab, GR \$835K #18117
CONTACT: Jim Puckett @ 863-287-8300
Jacksonville—GR \$1.3 Million, 3,000 sq. ft., 7 Op's, 8 days hygiene #18118
CONTACT: Deanna Wright @ 800-730-8883

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 \$438,563 #19131
Atlanta Suburb—Pediatric Office, 1 Op, GR \$426K #19134
Dublin—GR \$1 Million+, Asking \$825K #19107
Macon—3 Ops, 1,625 sq. ft., State of the art equipment #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—5 Ops, GR \$600K, 3 day work week #22119
Galena—GR 180K, located in Historic Bed & Breakfast Community #22129
Western Suburbs—5 Ops, 2-2,000 sq. ft., GR Approx \$1.5MM #22120
CONTACT: Al Brown @ 630-781-2176

MARYLAND

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

MASSACHUSETTS

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

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR \$213K #31105
Ann Arbor Area—Low Overhead - Well Run Practice GR 600K #31108
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA

Crow Wing County—4 Ops #32104
Fargo/Moorhead Area—1 Op, GR \$185K. #32107
Central Minnesota—Mobile Practice. GR \$730K+ #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., 1,500 sq. ft., 4 Ops, GR 763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW JERSEY

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

NEW YORK

Brooklyn—3 Ops (1 Fully equipped), GR \$175K #41113
Woodstock—2 Ops, Building also available for sale, GR \$600K #41112
CONTACT: Dr. Don Cohen @ 845-460-3034
Syracuse—4 Ops, 1,800 sq. ft., GR over \$700K #41107
CONTACT: Marry Hare @ 315-263-1313
New York City—Specialty Practice, 3 Ops, GR \$502K #41109
CONTACT: Richard Zalkin @ 631-831-6924

NORTH CAROLINA

Charlotte—7 Ops - 5 Equipped #42142
Foothills—5 Ops #42122
Near Pinehurst—Dental emerg clinic, 3 Ops, GR in 2007 \$373K #42154
New Hanover City—A practice on the coast, Growing Area #42145
Raleigh, Cary, Durham—Doctor looking to purchase #42127
CONTACT: Barbara Hardee Parker @ 919-848-1555

OHIO

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

PENNSYLVANIA

Northeast of Pittsburgh—3 Ops, Victorian Mansion GR \$1.2+ Million #47140
CONTACT: Dan Slain @ 412-855-0337
Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138
Chester County—High End Office, 4 Op's, Digital, 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, 2,200 sq. ft., GR \$678K #49102
CONTACT: Jim Cole @ 404-513-1573

TENNESSEE

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

TEXAS

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

VIRGINIA

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