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NCOHF grants support community-based children's care

By Fred Michmershuizen, Online Editor

The money donated to National Children's Oral Health Foundation: America's Toothfairy is being put to good use. NCOHF recently announced it has awarded grants totaling \$109,050 to eight not-for-profit community, university and hospital-based dental programs nationwide.

The grants are as follows:

- Catholic Healthcare West, Chandler, Ariz., \$15,000
- Community Oral Health Services, Salinas, Calif., \$15,000
- Sonrisas Community Dental Center, Half

Moon Bay, Calif. \$9,050

- The Children's Dental Center, Inglewood, Calif., \$15,000
- The Gary Center, La Habra, Calif., \$10,000
- Indiana University School of Dentistry, Indianapolis, \$15,000
- Community Dentistry on Wheels, Largo, Md., \$15,000
- A Fluoride Connection Non Profit Corp., Madison, Wis., \$15,000

According to the NCOHF, the grant recipients are members of the growing affiliate network delivering comprehensive preventive, restorative and education-

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(Photo/NCOHF)

Hello, San Antonio!

The Henry B. Gonzalez Convention Center in San Antonio will host the Texas Dental Association's meeting May 6-9. Read about what there is to do in the city when you have some spare time.

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(Photo/Brandon Seidel, Dreamstime.com)

Economic hardship takes toll on teeth

Is it true that people postpone or forgo dental treatment in difficult economic times? According to one recent survey of dental practitioners, the answer is, unfortunately, yes.

The Chicago Dental Society conducted a poll of 250 members to learn more about their opinions on current trends, dental topics and more. According to the survey, the

effects of the recession on the dental industry have worsened over the last year.

More than 90 percent of dentists surveyed said their clients are putting off cosmetic procedures, the Chicago Dental Society reported. In addition, more than 75 percent of

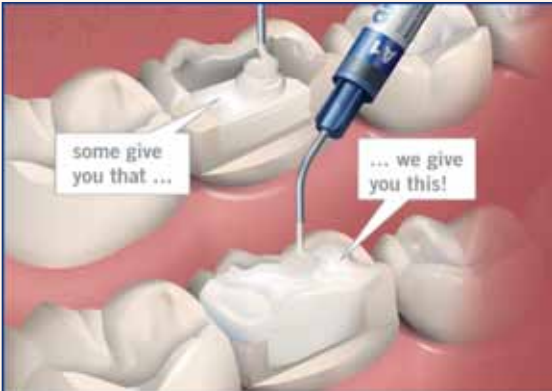
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'More should be done to improve children's oral health,' AGD says

By Fred Michmershuizen, Online Editor

According to the Academy of General Dentistry, more needs to be done to improve children's oral health as oral diseases negatively impact learning, interfere with eating and contribute to poor self-esteem.

AGD President David F. Halpern, DMD, FAGD, testified in the nation's capital recently during the first meeting of the Institute of Medicine (IOM) Committee on Oral Health Initiative. During his testimony, Halpern emphasized access to care and oral health literacy.

"Public schools have played a critical role in keeping our children healthy," Halpern said. "Schools routinely hold programs to ensure

that our children can hear properly, see properly and are free from other diseases. However, dental diseases, the most prevalent of all, do not receive the same attention."

Halpern asked the Department of Health and Human Services (HHS) to consider mandating oral health programs in all public schools.

Additionally, Halpern expressed his support for initiatives that ensure that minority and rural populations receive quality oral health care services from dentists. Such initiatives, he said, could include loan repayment programs to dentists working in community health and underserved settings, the restoration of Title VII, and patient transportation and non-dental social services programs.

Halpern also spoke about the

importance of shifting from a treatment-based concept of medicine to one based on prevention. He stated that this transformation can be achieved by assisting patients, physicians and communities to become oral health literate.

"Yes, the HHS must continue its water fluoridation programs as a fallback to maintain a minimal level of oral health in communities, but this is not nearly sufficient — utilization through greater oral health literacy is mandatory," Halpern said.

Halpern also expressed his disappointment over the lack of a practicing private-practice dentist on the committee and encouraged the committee to reconsider appointing a general dentist from the private-practice community. **DT**

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all oral-health programs to children from vulnerable populations.

Through continued support from financial and product contributions, as well as technical resources, the affiliate network has reached more than 1 million children since 2006, NCOHF said.

"It is only through the continued generosity of NCOHF individual, organizational and corporate partners that America's Toothfairy grant awards are possible," said Fern Ingber, NCOHF president and CEO, in expressing gratitude to supporters.

"We are honored to serve as a comprehensive resource provider for our affiliate network of nonprofit

health-care facilities, and we are grateful that so many donors share in the NCOHF mission to eliminate children's unnecessary suffering from pediatric dental disease."

A representative of A Fluoride Connection Non Profit Corp., one of the grant recipients, expressed gratitude to NCOHF for the financial support.

"We work in an area that has many rural poor farm families. Many don't qualify for the state-offered dental health plan, and as a result our organization receives very low reimbursement from the state program," said Kathleen Traut, executive director of A Fluoride Connection.

"We won't turn any child away if they are uninsured or otherwise aren't on the program, we simply get paid less. Funding from America's Toothfairy has eased our financial worries in providing vital services for the little ones who won't otherwise have any dental experiences at all. It is gratifying to share such a passion for children's oral health with America's Toothfairy." **DT**

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dentists said their patients are putting off needed dental work and visits for preventative dental care are also on the decline according to more than half of dentists.

The survey also revealed that nearly 75 percent of dentists surveyed said their patients are reporting increased stress in their lives, and 65 percent of dentists are seeing an increase in jaw clenching and teeth grinding among their patients, signs that stress may be taking its toll on the mouth. **DT**

By Fred Michmershuizen, Online Editor

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Hello, San Antonio!

By Robin Goodman, Group Editor

San Antonio is Texas' second most-populated city and is best known for the Alamo and the River Walk — a three-mile stretch of waterside paths laden with shops, restaurants and nightclubs.

For those attending the upcoming Texas Dental Association meeting, here are some free things to do in the city, but you can also head out to visit some nearby towns. (There's even one that will let you be a cowboy for a day. Giddyap!)

The Missions & the Alamo

San Antonio's beginnings are found in the five Spanish colonial missions that were built along the San Antonio River. These missions and the Alamo offer free admission. If you are feeling energetic, grab a bike (or your hiking boots) and cruise the 12-mile Mission Trail that links them all.

The River Walk

Complete with shade-filled parks, the sound of splashing water and lots of people watching, the River Walk is worth a trip. Browse the wares and take your pick of one of the many restaurants and dessert options along the way.

La Villita

Along the River Walk is la villita, which means "the little village." Today this historical site is an art village with galleries, shops and private residences.

Live music

The Main Plaza, found near the River Walk and San Fernando Cathedral, features free music concerts on the weekends. Marvel at the wise, old oak trees and the tinkling of water in nearby fountains.

Glass blowing

Gini Garcia is a renowned glass blower who you might be able to catch a glimpse of in action in Southtown at Garcia Art Glass.

Mexican artists

Head to Market Square to view the cornucopia of works presented by local working artists. This happens to be the largest Mexican market in the nation too.

Japanese Tea Garden

Located next to Brackenridge Park, you'll find Koi ponds strewn around stone paths that wander through the gardens. (The San Antonio Zoo is nearby too.)

Gruene Market Days

Revel in arts and crafts galore just 20 miles outside of San Antonio in the town of Guene. Painting, sculpture and everything in between are part of the monthly juried art show called

Gruene Market Days. Hit downtown for music and German cuisine, and shuffle over to the Guene Dance Hall for country and Tejano music.

Cowboy for a day

Just 40 miles outside of San Antonio is Bandera. Bring your cowboy hat to enjoy horseback riding or a longer trail ride through the Texas Hill Country. There are rodeo shows every night at Lightning Ranch or Twin Elm Guest Ranch. [DT](#)

(Source: www.visitsanantonio.com)

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Where did all the periodontists go?

By Louis Malcmacher, DDS, MAGD

Through my weekly travels to

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different cities across America, I speak to many dental specialists and their groups on the hottest topics in dentistry, practice management and total facial esthetics.

There are definite trends that are changing in all specialties across the board, whether it is short-term orthodontics versus long-term orthodontics, adhesive resin endodontics versus traditional gutta-percha endodontics or the conversation as to whether or not general dentists should be providing some of these specialty services.

I would have to say that the big-

gest change of any single dental specialty that I have seen has been in the periodontal field. There has been a real mind-set change that deeply affects the profession. I am not commenting here on whether this change is good or bad — I will leave that up to the reader to decide.

It is certainly something to consider as general dentists who refer patients to periodontists on what your treatment will be for the long run.

I have always believed that general dentists are the quarterbacks of any patient treatment case and we certainly rely on the skills and input of dental specialists, but the ultimate responsibility should be on the general dentist.

Here is what I am being told by many periodontists whom I have spoken to over the last couple of years: they would rather remove teeth and place implants than actually treat patients through traditional periodontal surgery and try having them maintain their dentition.

The reason for this is really quite simple and every dentist knows this inherently. Patients refuse to take good care of their teeth even after they have gone through the time, cost, commitment and pain of traditional periodontal surgery. This is certainly not earth-shattering news to any of you.

For years in our own practice, we have had patients who did not want periodontal surgery and would rather maintain the state of their oral health with three- to four-month recall prophylaxis visits. We would often predict that their teeth would fall out within two to three years.

Surprisingly, many of these patients have done reasonably well 20 years later, with the occasional loss of a tooth here or there.

This thought was blasphemy to periodontists for years and years, but certainly it seems that conservative non-surgical periodontal recall visits and treatment has helped many patients maintain their dentition in a reasonable state so that they can function and smile with their original teeth for years.

As general dentists we have known that even with the best periodontal surgery treatment, patients would often fall into their old habits and eventually their dentition would fail anyway. Not all patients, but many of them.

We have learned that we have to treat people as people and sometimes you just cannot change them no matter what you do.

It seems to me that periodontists have now caught up with this concept and that is where this mind-set has really changed

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periodontics today. Patients like the concept of implants, which are still vastly underused in North America.

Many patients would rather not have to take care of their teeth and have these unsightly, mobile teeth extracted and replaced with implants, which would restore their function and their esthetics.

With a 94 percent implant success rate, it is hard to argue when that success rate is so high compared to the poor long-term suc-

cess rate of traditional periodontal surgery.

This is primarily because we have to depend upon the patients to keep up their regimen for the long-term success of their natural dentition.

New procedures — such as the wavelength optimized periodontal therapy (WPT) procedure with the Powerlase AT Laser by Lares Research, and LANAP procedures done with the Periolas laser by Millenium Dental — have brought

periodontal services into the minimally invasive realm as a solution for patients who do not want to keep their teeth without heavily invasive periodontal surgery.

Laser periodontal treatment will continue to develop and become even more effective in the future.

Procedures such as implants

and minimally invasive laser periodontal therapy will continue to improve and change the way we practice in this new decade.

Is this good or bad?

You are the dental clinician, so this is for you, the periodontist and the patient to decide. **DT**

About the author

Dr. Louis Malemcher is a practicing general dentist in Bay Village, Ohio, and an internationally recognized lecturer and author known for his comprehensive and entertaining style.

An evaluator for Clinicians Reports, Malemcher has served as a spokesman for the AGD and is president of the American Academy of Facial Esthetics.

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Offer pediatric patients a 'NuSmile'

Esthetic crowns provide a durable restoration for decayed primary teeth

By Sierra Rendon, Managing Editor

NuSmile offers practitioners easy placement of esthetic stainless-steel crowns for children, said CEO/President Diane Johnson Krueger.

"Stainless-steel crowns have always been the restoration of choice for ease and durability for children whose teeth are affected by early childhood caries (ECC), but parents and doctors have never been happy with the esthetics of these restorations," she said.

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Dentists can quickly learn the NuSmile technique for properly fitting crowns.

"The technique for placing NuSmile crowns differs a bit from the technique for placing standard stainless-steel



Jason Johnson, chief operating officer of NuSmile Primary Crowns, shows off the company's products in the exhibit hall at the recent Midwinter Meeting in Chicago. (Photo/Sierra Rendon)

crowns," Krueger said. "We have a great instructional DVD with actual patient cases that demonstrates exactly how to prepare the tooth and seat a NuSmile crown. NuSmile crowns are offered for both anterior and posterior deciduous teeth.

"There are currently two shades offered; they are sold in kits and individually with no minimum order," she said.

What's the main thing to remember when considering NuSmile crowns?

"Easy placement, not technique-sensitive like a strip

crown. Full coverage protection of remaining tooth structure, just like a stainless-steel crown," Krueger said.

"Good esthetics for many years; these crowns are extremely durable ... more so than strip crowns or any other esthetic-coated crowns available.

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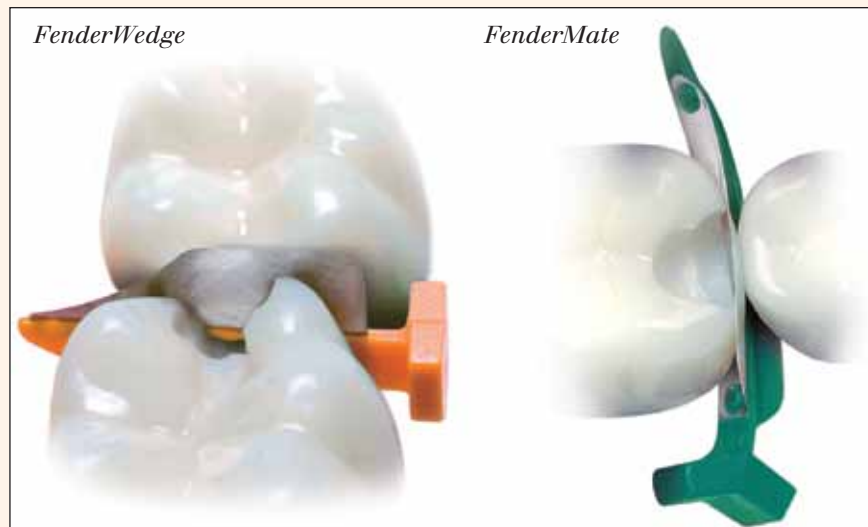
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any other wedge. As the wedge creates interdental separation, the vertical steel band automatically establishes correct positioning for a good contact point.

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- Identifying the practice owner's goals

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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: Mark Haslip @ 480-231-5838

CALIFORNIA

Citrus Heights—6 Ops, 1,500 sq. ft., 2-3 days hygiene #14311
 Fresno—5 Ops, 1,500 sq. ft., GR \$1,064,500 #14250
 Madera—7 Ops, GR \$1,921,467 #14283
 Murrieta—4 Ops, GR 648K, 1,500 sq. ft., 4 1/2 days hygiene #14313
 N California Wine Country—4 Ops, 1,500 sq. ft., GR \$958K #14296
 Pine Grove—Nice 3 Op 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
 San Francisco—Patient Base for Sale - Owner Deceased #14312
 CONTACT: Dr. Dennis Hoover @ 800-519-3458
 Dixon—4 Ops, 1,100 sq. ft., GR \$122K. #14265
 Grass Valley—5 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
 CONTACT: Dr. Thomas Wagner @ 916-812-3255
 Laguna Beach—GR \$898K 2008, 4 Ops, 2,000 sq. ft. #14314
 Laguna Hills—GR \$868K 2008, 6 Ops, Remodeled Office 2004 #14317
 San Diego—GR \$185K 2009, 3 Ops, PPO and Fee for Service #14315
 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 Ops, 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, 1,625K 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 45 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 \$1.5MM #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, Sale Price \$412K #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 County—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: Murty 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 County—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 @ 412-855-0537
 Chester County—High End Office, 4 Op's, Digital, FFS + a few PPO's #47141
 Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138
 Lancaster County—Very Established Practice, Newly redecorated #47145
 Montgomery County—Spectacular Office, 2,000 sq. ft., 4 ops #47146
 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

Elizabethon—GR \$385K #51107
 Memphis—Large profitable practice GR \$2 Million+ #51112
 Suburban Memphis—Leading Practice in Area GR \$946K #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 equip. #55111
 CONTACT: Bob Anderson @ 804-640-2373

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