SPECIAL IACA EDITION

DENTAL TRIBUNE

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

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Find out how "team play" results in better teamwork
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COSMETIC TRIBUNE
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Informatics and IT in dentistry: a look forward

By John O'Keefe, B. Dent. Sc., M. Dent. Sc., MBA

In this edition, we conclude the interview Dr. John O'Keefe, editor of the Journal of the Canadian Dental Association, conducted with Dr. Titus Schleyer, associate professor and director of the Center for Dental Informatics, University of Pittsburgh.

This part takes a look at the impact of information technology (IT) on dental education, including continuing education, the future of the practice of dentistry and opportunities for organized dentistry.

Is training in IT by dental schools increasing?

Well, I hear about courses in computing for dental students once in a while from places where I haven't heard it before, so the answer is "anecdotally, yes." I think people probably are paying more attention to that now.

Even at the University of Pittsburgh we do have a course on computing in dentistry, but I cannot say that I am 100 percent comfortable asserting that our graduates are completely capable of managing an IT infrastructure, either by themselves or with the

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The IACA Conference heads to San Francisco

The city of San Francisco hosts the IACA Conference from July 30 to Aug. 1. You can register for all lectures and workshops online at www.TheIACA.com.
→*IACA Conference, pages 10A & 11A*

Dentist says xylitol prevents caries

By Fred Michmershuizen, Online Editor

Aside from regular brushing, flossing and dental check-ups, a good way to prevent caries is to chew gum sweetened with xylitol, a Florida dentist says.

"It may seem counterintuitive to parents, but using chewing gum with xylitol can actually help to promote healthier teeth," says Delray Beach, Fla.-based dentist Dr. Craig Spodak.

Xylitol is a naturally occurring organic compound. It is roughly as sweet as sucrose with only two-thirds the calories.

"Of course, consumers need to remember that the best way to prevent cavities and gum disease is to visit the dentist every six to 12 months and to undergo a yearly periodontal screening after the age of 40."

In studies, xylitol appears to inhibit bacterial growth, including *Streptococcus mutans* — the main bacteria implicated in dental decay. DT

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help of consultants.

The problem is that there is not enough time in the curriculum and we don't go into enough depth to graduate dentists who are very comfortable at managing IT. And, of course, there is the problem of attitudes.

The other day my IT manager told me about a dental student who wasn't able to copy a file onto a USB drive. When she suggested that he should be able to do this, he said: "I'm here to become a dentist, not an IT person." Well, this guy is in for a surprise later on.

I think one of the big barriers to productive IT use in dentistry is the fact that a lot of people struggle and learn only by trial and error. That pain could be reduced and we could be a lot more efficient and waste less money, time and effort with better educational approaches to this and with a better consulting infrastructure.

Let's face it, some dentists hire consultants with relatively little understanding of what they can do, and then it turns out that the consultant really doesn't know very much. It is a little bit like having your kitchen renovated: Once you get to the end of the job, then you know how good your contractor really was, but you typically do not know that up front.

Do you see information technology and communication technologies playing a bigger role in the next five to 10 years in the area of continuing education?

The industry, and also academia to some degree, have invested significant resources in online learning and distance education. It's not as if this is a particularly new subject. We've had distance education way before the Internet started. So we're simply talking about a new technology, not a new concept.

I think partially remote learning and distance education can help dentists stay more in touch. Think about the rural dentist who doesn't have that much access to local courses versus the dentist in a big city who does. So the rural dentist just doesn't have the options that other people have and, in that case, it might be very helpful to take a course over the Internet.

Clearly, one challenge is when courses are offered by corporate interests. For instance, let's take implant companies. We really have to look very closely at the validity and correctness of the material that's presented.

What I mean is that there is an inherent bias there that sometimes shines through very clearly, and sometimes information doesn't get presented that would put the product in a little bit more balanced light.

On the other hand, with universities and other providers who follow ethical guidelines closely or who take the mandate of providing balanced information seriously, that fear is not there as much. But clearly I think that's an issue.

Another issue is the quality of the instructional material and the presentation. As you know, we've done some research in that area in the past, and many years ago the quality just wasn't very good.

Partially as a reaction to that, the ADA's Standards Committee for Dental Informatics has come out with guidelines for the design of educational software that we helped develop. So hopefully the quality of what's out there has improved, but I don't really have any data to support that hope.

Beyond the IT sector, what are the most important developments that may have an impact on the future of the practice of dentistry in North America?

The main one I would point to is better accountability for how we spend our health care dollars in general, and dental care dollars in particular.

We have this movement in the United States toward a much more accountable way of providing

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Museum celebrates opening of 'Smile Experience' exhibition

By Fred Michmershuizen, Online Editor

National Museum of Dentistry Executive Director Rosemary Fetter, left, Dr. Irwin Smigel and Immediate Past Board Chair Dr. Roger Levin cut the ribbon on the new Smile Experience exhibit.

The National Museum of Dentistry, located in Baltimore, celebrated its 13th anniversary on June 5 with an exhibition opening and a preview of new projects. The celebration honored supporters and friends who help the museum in its mission to celebrate the history of dentistry and to raise awareness of the importance of good oral health.

Dr. Irwin and Lucia Smigel joined Museum Board of Visitors Chair Michael Sudzina, Executive Director Rosemary Fetter and Immediate Past Board Chair Dr. Roger Levin to cut the ribbon on the new Smile Experience exhibit. It reveals how the art and science of cosmetic dentistry creates beautiful and healthy smiles.

As a feature of the evening's program, Dr. Irwin Smigel, known as the father of esthetic dentistry, was honored. A plaque bearing his likeness was unveiled and will be affixed to one of the soaring pillars in the museum's atrium. DT

Children on Medicaid receive less care for cleft lip and palate

Children with cleft lip and/or palate experience significant differences in obtaining dental care depending on the type of insurance coverage they have. Those with Medicaid are more often refused care, have fewer checkups and report less satisfaction with their dental care, according to a report in the May 2009 issue of the Cleft Palate–Craniofacial Journal, the official publication of the American Cleft Palate–Craniofacial Association.

Parents and caregivers of 171 children ages 7 to 12 with cleft lip and/or palate were interviewed for a study. Although 85 percent of the children received regular dental care, those who did not were predominantly covered by public insurance rather than private insurance. DT

(Source: American Cleft Palate–Craniofacial Association)

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health care and measuring outcomes, probably leading in many aspects when you compare it to the rest of the world. In dentistry we haven't had much of this, but I think it'll come.

In America, dentistry is about 5 percent of total health care costs. So not many people have paid attention to how this money is being spent when there are a lot of bigger pieces to look at. But I think measuring what goes in and what comes out is definitely in the future of dentistry, too.

The ADA is working, once again, on developing diagnostic codes. What we need to do as a profession is to relate diagnoses to treatment and treatment outcomes, and we have not really done that in an explicit way.

Yes, I am sure it happens in some dental offices. Dentists who are into detailed record keeping write lists of problems, then they write what they did, and obviously from the record you can tell whether the patient improved or not.

On the other hand, I have also seen dentists simply dictate treatment plans. In that case, there's no evidence from the record whatsoever what was wrong with the patient in the first place.

So that approach doesn't lend itself very well to the "pay for performance" approaches that are emerging in American health care, and eventually, dentists have to face up to that reality.

Do you see diagnostic codes being a reality within the next 10 years in the United States?

I would hope so. The American Dental Association clearly has gotten the message that diagnostic codes should be developed, and I think the Department of Health and Human Services probably didn't hide the fact that if dentistry doesn't come up with them, then they'll come from somewhere else.

I think that's something that the ADA and other stakeholders in the dental profession would not like to see.

On the other hand, the ADA is now in its second attempt to develop SNODENT (a set of diagnostic codes for dentistry), and it appears to be a large, cumbersome and difficult process.

'Hiring a consultant is a bit like having your kitchen renovated. When the job is completed, you know how good your contractor really was, but you typically do not know that up front.'

I probably would have picked a different strategy. A limited set of codes, on the order of a few hundred, can probably describe 70 to 80 percent of the conditions that general dentists encounter on a day-to-day basis. I would have started with that and built out from there.

Are there any opportunities that you see for the leadership of organized dentistry to advance our profession?

I think we can become better dentists collectively in many ways, but I think one of the things we haven't really exploited that much in this context are electronic data. Right now we spend a lot of our time duplicating on the computer what we had on paper.

For instance, the electronic patient records as we know them right now, most of them actually do look like somewhat poor imitations of the paper records we have. And, that's not really what computerized records or what informatics should be about.

We have great opportunities to use digital data in much better ways, which is why it's so much fun to do dental informatics research all day long. What we need to do is we need to invent those ways.

We need to imagine what we can do, not just be constricted by the knowledge of what we have done.

For instance, one project we're working on is a three-dimensional model of the patient as the centerpiece of a general dental record. In my mind, it is perfectly possible to create the virtual patient on the computer, and we're working on it.

This is not such a huge technical challenge. The challenge is to imagine what you can do with this model, how the information should be presented in the context of this model, how the dentist should interact with it, and what value-added functions this system provides to the dentist.

I'm a firm believer in creating things that help improve patient care and that help dentists do their work more effectively and efficiently.

Thus, I think leveraging information technology is probably one of the biggest opportunities in dentistry.

I know that sounds like a hammer looking for a nail because I am in dental informatics, so it's logical that I would pick this, but I think it has some credibility. DT

About the interviewee

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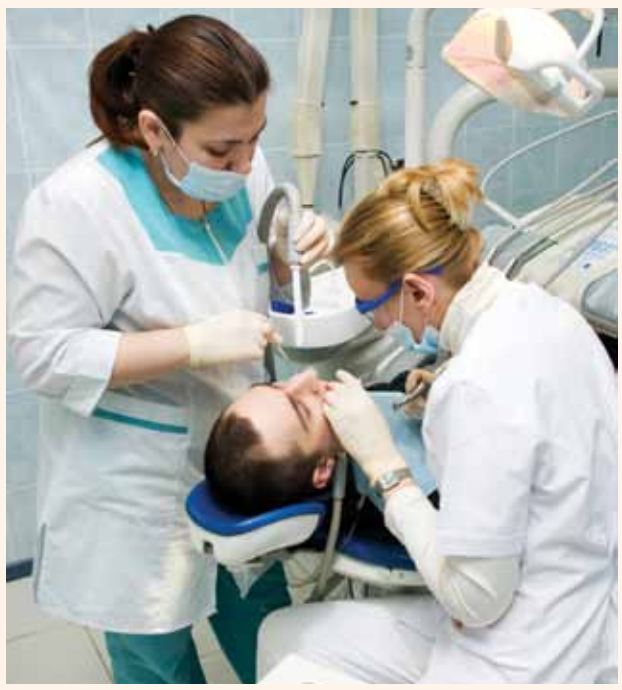
‘To elevate dentistry around the world …’

An interview with Dr. Sam Kherani, president of the International Association of Comprehensive Aesthetics

By Robin Goodman, Group Editor



For those readers not familiar with the IACA, can you please tell us about the organization?

The IACA is a leading organization in dentistry that brings together like-minded professionals who would like to promote a comprehensive understanding of esthetics that is grounded in science and predictable longevity.

The IACA prides itself in being the most inclusive and innovative organization of its kind in the world.

The mission statement of the IACA says it all,

“To elevate dentistry around the world through an exchange of doctors’ experiences and knowledge for the betterment of humanity. To remain a dynamic dental organization that serves as a catalyst for the fusion of contributions from all disciplines that serve mankind in attaining health and beauty.”

The IACA is a place where you’ll find a group of uplifting and passionate dentists who *love* what they are doing. We realize that we can all learn from each other, and this is the basic foundation of the IACA.

What is the main focus of the IACA?

The main focus of the IACA is to create an association of professionals that see value in such an association, and whose primary objective is to move the profession forward and be relevant to the public that it serves.

The IACA does this primarily by sourcing out speakers espousing various philosophies, ideas, techniques and research that can be shared with all, which would then lead to the constant positive evolution of the profession for the benefit of the final recipients, the patients.

The IACA works hard to be a truly inclusive organization for posterity. The IACA was established to not just provide a venue for a dentist to attend and receive advanced dental education. We wanted to provide an enjoyable experience for the dentist, family and his/her team.

I understand that the IACA has an annual conference. Can you tell readers about that?

The annual IACA conference allows members to get together and share information with each other, assimilate information from the highly valued speakers who present each year, and attend workshops that endeavor to teach new techniques and technologies.

It also fosters social interaction which, as we know, is the purveyor of knowledge. As the saying goes, “you learn more outside of the classroom.” This year’s IACA conference is being held at the Westin St. Francis in San Francisco from July 30 through Aug. 1. Complete information, including speakers and lecture titles, can be found on the IACA Web site at *www.TheIACA.com*.

In addition to the conference, what other perks do members receive?

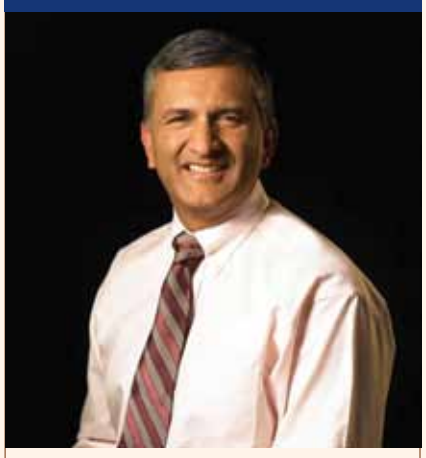
IACA members enjoy Webinars presented by leaders in the industry, camaraderie with like-minded individuals, information that is free of any bias from the organizers, significant value for the investment in time and resources, leading edge discussions and forums and much more.

The IACA was established and developed to be dynamic, and an entity that easily changes and evolves as it grows. The IACA was created to be a forum for *all* dental philosophies to be heard and discussed, and our members appreciate that.

Who can join the IACA?

Any individual who makes a contribution to the comprehensive esthetics of the human population can join the IACA. This includes dentists, physicians, dental hygienists, dental assistants, dental technicians, chiropractors, physiotherapists, etc. DT

About the interviewee



Shamshudin (Sam) Kherani, DDS, FAGD, LVIM, is a graduate of University of Western Ontario and has been in general practice since 1981 with a special interest in adhesive dentistry. Prior to joining LVI full-time as a clinical director, he served as a clinical instructor at the institute as well as a regional director. He currently serves as the president of the International Association of Comprehensive Aesthetics (IACA). Kherani can be reached at (888) 584-3237 or by e-mail at *s.kherani@theiaca.com*.

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Five of the top 10 reasons why associateships fail
By Eugene W. Heller, DDS
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‘Aren’t you that guy on “Extreme Makeover”?’ An interview with the face of modern cosmetic dentistry, Dr. William M. Dorfman
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Enhancing teamwork through 'team play'

By Sherry Blair, CDA

Teams are becoming increasingly important in today's organizations. Whether they are striving to improve quality, increase efficiency or focus on customer satisfaction, people support what they are involved in.

The focus on employee participation requires a more facilitative, empowering and less directive controlling leadership style. Facilitative leaders learn to use the abilities of their groups to solve problems and make decisions.

What is a team?

I recently read a great definition of a team: *A group of people with a high degree of interdependence geared toward the achievement of a goal or the completion of a task.*

In other words, members of a team agree on a goal and agree that the only way to achieve the goal is to work together. Some groups have a common goal but do not work together to achieve it.

For example, many teams are really groups because they can work independently to achieve the goal. Some groups work together but do not have a common goal.

What do team members want?

Team members are seeking empowerment. They want to get involved in the way decisions are being made in the workplace.

People have rediscovered the advantages of learning through the sharing of experiences and insights. This trend has created a demand for new forms of leadership.

New team techniques are required to involve these team members. Could one of those techniques include team games and activities?

'Team play'

Let's look at the definition of an instructional game or activity: *A structured process that involves participants interacting with one another to share their experiences and insights.*

There are two key elements: experience and interaction. Participants take an active role in jointly experiencing an event, reflecting on it and sharing what they learned from it.

Because teamwork involves participants interacting with one another, it makes sense that they should also learn in situations presented by games and activities.

Science research indicates that people learn more effectively and apply their newly learned knowledge and skills more effectively through games and activities. Research on such diverse areas as stress, anxiety and creativity reinforce the generalization that we need to play more in

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order to improve our learning.

Recent studies on the nature of intelligence have eliminated traditional IQ measures as the sole indicator of effective performance. Newer frameworks of intelligence emphasize that there are several avenues to learning other than the conventional use of language and logic.

Games and activities tap into alternative intelligences.

Events that are accompanied by emotions result in long-lasting learning. Games and activities that include appropriate levels of cooperation within teams and competition across teams add emotional elements to learning.

Sample activities

Feedback from these activities can also provide opportunities for practicing interpersonal skills.

Two Truths & A Lie

One of the activities I like when conducting in-office consulting is called Two Truths & A Lie. I use this when working with a team that has been together for a number of years.

Each team member will tell two truths and a lie about themselves. The other team members will guess which one is the lie. Because they are trying to stump their teammates, a team member will typically reveal something about themselves that the other team members did not know.

During the activity, keep focused on the goal to prevent the activity from becoming an end in itself. After the activity, there must always be a debriefing discussion. Ask participants to share their insights with one another. Ask them to report on what they learned from the activity, and to develop action plans based on the newly learned principles.

One of the most insightful statements I heard during a debriefing after this activity was the fact that "we may not know our long-term patients as well as we think we do."

Could there be an emotional "hot button" that we are not finding out about those patients?

Slogans

Another favorite is an activity called Slogans. This activity will give team members an opportunity to reflect on the image of the team. All you do is provide a list of the following slogans to your team and have them identify the companies to which they belong:

1) The Real Thing
2) Drivers Wanted
3) Think Different
4) Find your own road
5) In touch with tomorrow
6) It's all within your reach
7) Where do you want to go today?

Have them choose the slogan that best represents your team and discuss why.

[And here are the company names: 1) Coca Cola, 2) Volkswagen, 3) Apple, 4) Saab, 5) Toshiba, 6) AT&T, 7) Microsoft.]

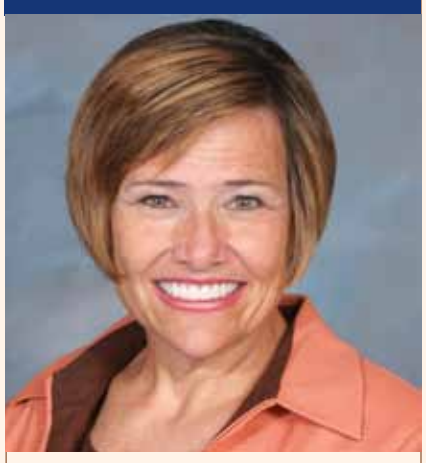
Endless possibilities

These are just a couple of activities to get you started. There are, after all, "Endless possibilities!"

The important thing is to remain flexible. Although games and activities have rules, don't become obsessed with them.

An important requirement for effective teamwork is to maintain your sense of humor and to take serious things playfully. So lighten up and have some fun! DT

About the author



As director of the Dynamic Team Program at the Las Vegas Institute (LVI), Blair shares her more than 33 years of experience managing each and every system within the dental practice. Her extensive exposure to most forms of practice management and dental systems, as well as her strong focus on patient satisfaction, make her uniquely qualified to enhance the effects of any dental practice. Blair can be contacted by phone at (888) 584-3237 and by e-mail at *sblair@lviglobal.com*.

Sherry Blair at the IACA Conference Thursday, July 30 1:30–3:30 p.m.

Do You Need A Title to Lead?

How many different definitions of leadership have been interpreted by how many different people?

Bass' (1989, 1990) theory of leadership states that there are three basic ways to explain how people become leaders. The first two explain the leadership development for a small number of people. These theories are:

1) Some personality traits may lead people naturally into leadership roles. This is the *Trait Theory*.

2) A crisis or important event may cause a person to rise to the occasion, which brings out extraordinary leadership qualities in an ordinary person. This is the *Great Events Theory*.

3) People can choose to become leaders. People can learn leadership skills. This is the *Transformational Leadership Theory*. It is the most widely accepted theory today and the premise on which this presentation is based.

- To empower people to take control of their lives in order to make a positive difference.
- Identify leadership traits and how to apply them.
- Develop principles and skills to influence others.

For more information about the IACA Conference, see pages 10A & 11A.

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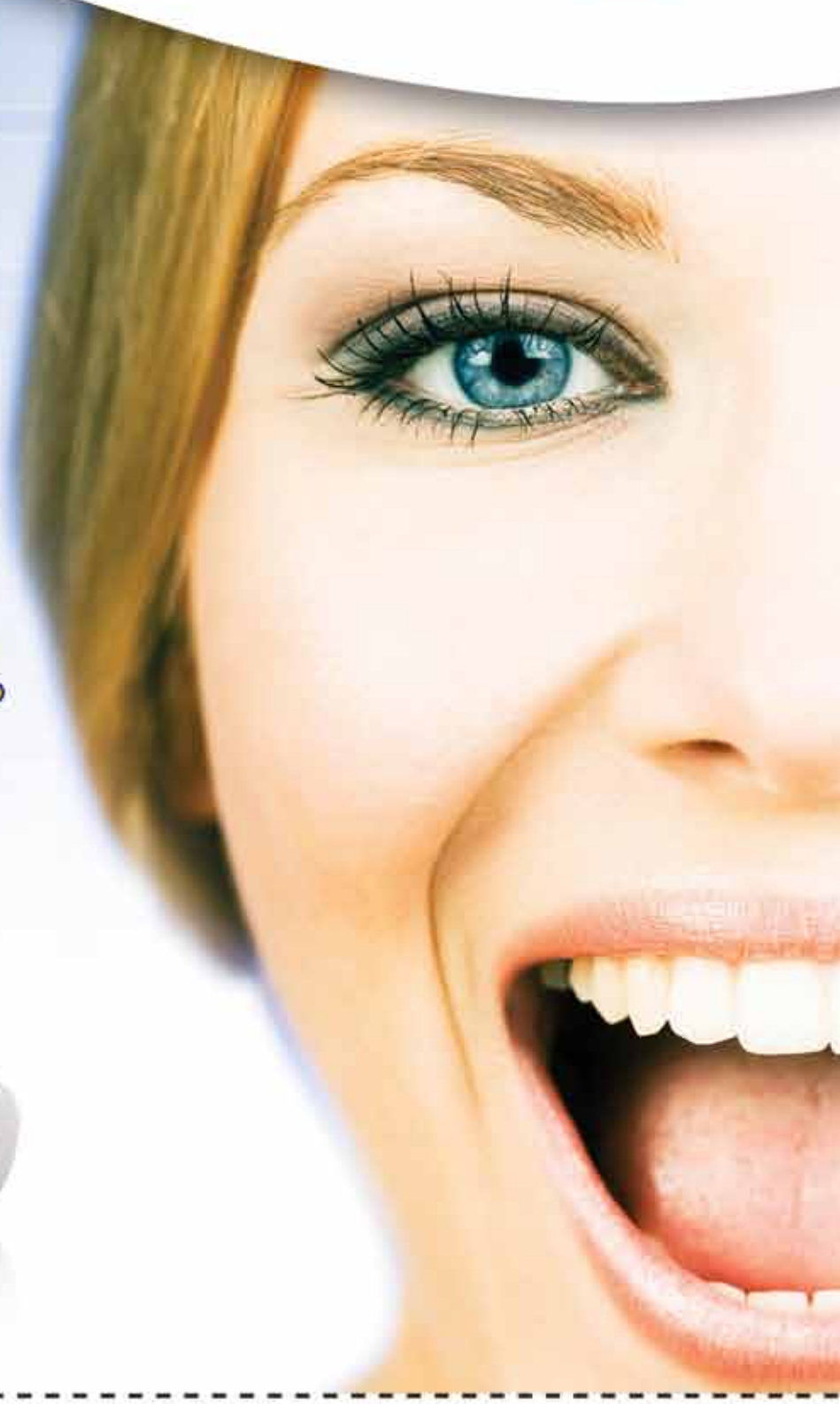

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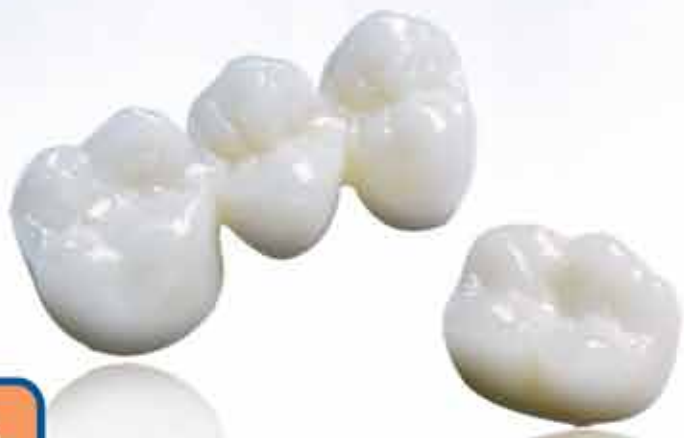

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Five more of the top 10 reasons why associateships fail

By Eugene W. Heller, DDS

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

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

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

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

Reason No. 6: access to patient base

Insufficient access to the patient base by the associate can take different forms. Perhaps the senior dentist never intended to turn over existing patients, but rather to give the associate new patients or patients obtained only by the associate's own efforts. Under such circumstances, the productive capability of the associate would be greatly compromised.

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

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

If the senior dentist fails to recognize the need to turn over existing patients to the associate, then the associate will be frustrated by his/her efforts to produce dentistry, earn his/her salary and improve skills.

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

Reason No. 7: letting go

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

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

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

Reason No. 8: philosophically speaking

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

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

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

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

Reason No. 9: a good match

Unfortunately, personality conflicts are a frequent reason for associateships failing to lead to buy-ins/buy-outs. If two dentists have conflicting personalities, there may be stress and friction within the practice, which will spill over onto the staff and patients.

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

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

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

Reason No. 10: good advice

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

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

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

Attorneys are not hired to "renegotiate" the transaction. Attorneys' personalities and styles should not spill over into the dentists' relationship.

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

Summary

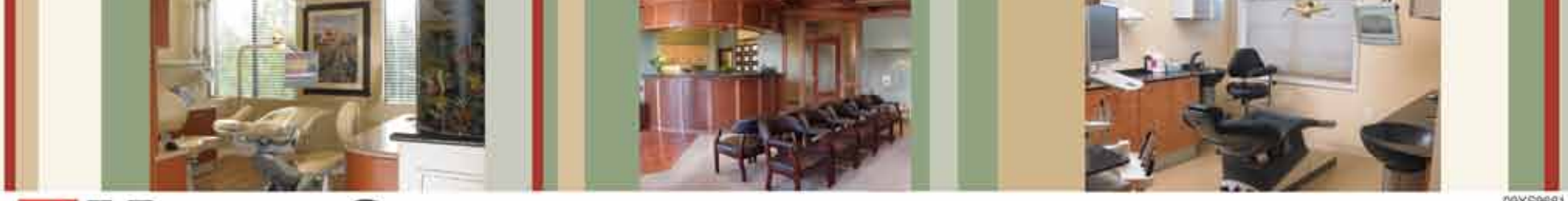
This article has been aimed primarily at a one-dentist practice evolving to a two-dentist practice; however, the issues apply equally to larger group practices.

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

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

About the author

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



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Madera-7 Ops, GR $1,921,467 #14283
Modesto-12 Ops, GR $1,097,000, Same loc for 10 years #14289
Porterville-6 Ops, 2,000 sq. ft., GR $2,289000 #14291
Red Bluff-8 ops, GR over $1 Million, Hygiene 10 days a wk. #14252
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North of San Francisco-4 Ops, 1,500 sq. ft., GR $958K. #14296
San Jose-4 Ops. #14295
South Lake Tahoe-3 Ops, 647 sq ft, 2007 GR $534K #14277
Sunnyvale-3 Ops - Potential for 4th, GR $271K #14285
Thousand Oaks-General Prac, New Equip, Digital #14275
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Grass Valley-3 Ops, 1,500 sq. ft., GR $714K #14272
Redding-5 Ops, 2,200 sq. ft., GR $1 Million #14293
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San Marino-6 Ops, 2,200 sq. ft., 2008 GR $762K #14294
CONTACT: Mario Molina @ 323-974-4592

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Fairfield Area-General practice doing $800K #16106
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New Haven Area-Associateship general practice #16102
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Wallingford-2 Ops, GR $600K. #16113
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Pensacola-4 Ops, GR approx $550K, large lot #18116
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Atlanta Suburb-3 Ops, 2 Hygiene Rms, GR $861K #19125
Atlanta Suburb-2 Ops, 2 Hygiene Rms, GR $633K #19128
Atlanta Suburb-3 Ops, 1,270 sq. ft., GR $438,563 #19131
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Macon-3 Ops, 1,625K sq. ft., State of the art equipment #19103
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Northeast Atlanta-4 Ops, GR $750K #19129
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South Georgia-1,800 sq. ft., GR 400K #19124
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Chicago-3 Op practice for sale #22108
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1 Hr SW of Chicago-5 Ops, 2007 GR $440K, 28 years old #22123
Kane County-4 Ops, building also available for purchase #22115
Rockford Area-5 ops solid practice. Very good net #22118
CONTACT: Al Brown @ 800-668-0629

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

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Eastern Kentucky-3 Ops, Good Hygiene Program, Growth Potential #26101
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Lewiston-GP Plus real estate, state of the art office #28107
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Boston-2 Ops, 2 Hygiene, GR $650K. #30113
Boston-2 Ops, GR $252K, Sale $197K #30122
Boston Southshore-3 Ops, GR $300K. #30123
Lowell-GR $400K #30106
Middlesex County-7 Ops, GR Mid $500K #30120
New Bedford Area-8 Ops, $650K #30119
Somerville-GR $700K
Sturbridge-5 Ops, GR $1,187,926 #30105
Western Massachusetts-5 Ops, GR $1 Million, Sale $512K #30116
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CONTACT: Dr. Jim David @ 586-530-0800

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Crow Wing County-4 Ops #32104
Fargo/Moorhead Area-1 Op, GR $185K. #32107
Hastings-Nice suburban practice with 3 Ops #32103
Cental Minnesota-Mobile Practice. GR $730K+. #32108
Minneapolis-Looking for associate #32105
Rochester Area-Looking for associate #32106
CONTACT: Mike Minor @ 612-961-2132

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

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

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Bronx-GR $1 Million, Net over $500K #41105
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Oneonta-3 Ops, Approx 1200 sq. ft. #41101
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Syracuse Area-6 Ops all computerized, Dentrix and Dexis #41104
CONTACT: Donna Bambrick @ 315-430-0643

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

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CONTACT: Richard Zalkin @ 631-831-6924

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Foothills-5 Ops #42122
Foothills-30 minutes from Mtn. resorts #42117
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New Hanover Cty-A practice on the coast, Growing Area #42145
Raleigh, Cary, Durham-Doctor looking to purchase #42127
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Wake County-Beautiful Cutting Edge Digital Office #42139
Wake County-4 Ops #42144
CONTACT: Barbara Hardee Parker @ 919-848-1555

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Darke County-35 yrs, 1200 Act. Pts, GR $330K #44139
Dayton-10 Ops, Associateship with buy-in option #44121
North Eastern-2 Yr. Old Facility, State of Art Tech. GR $830K #44143
North of Dayton-6 Ops, 15 days of hygiene/wk #44124
South of Dayton-6 Ops, 4,000 sq ft, GR $3 Million Plus #44145
Toledo-2 Ops, GR $225K, Est in 1988 #44147"
CONTACT: John Jonson @ 937-657-0657

Medina-Associate to buy 1/3, rest of practice in future. #44150
CONTACT: Dr. Don Moorhead @ 440-825-8037

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Beaver County-Ortho practice for sale. #47118
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Pittsburgh-4 Ops, GR over $900K #47114
70 Miles Outside Pittsburgh-4 Ops, GR $1 Million #47137
Northeast of Pittsburgh-3 Ops, Victorian Mansion GR $1.2+ Million #47140
Robinson Township Area-GR $300K #47108
Somerset County-3 Ops, 2006 GR $275K+ #47122
Southside & Downtown Pittsburgh-2 practices for sale. #47110
CONTACT: Dan Slain @ 412-855-0337

Dauphin County-6 Ops, GR over $1,100K, Sale price $718K #47133
Harrisburg-3 Ops, GR $385K, Listed at $230K #47120
Lackawanna County-4 Ops, 1 Hygiene, GR $515K #47138
Lancaster County-Associate positions available #47116
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Columbia-7 Ops, 2200 sq. ft., GR $678K #49102
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Elizabethon-GR $400K #51107
Loudon-GR $600K #51108
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Burgess-General practice #55101
Danville Area-3 Ops #55105
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