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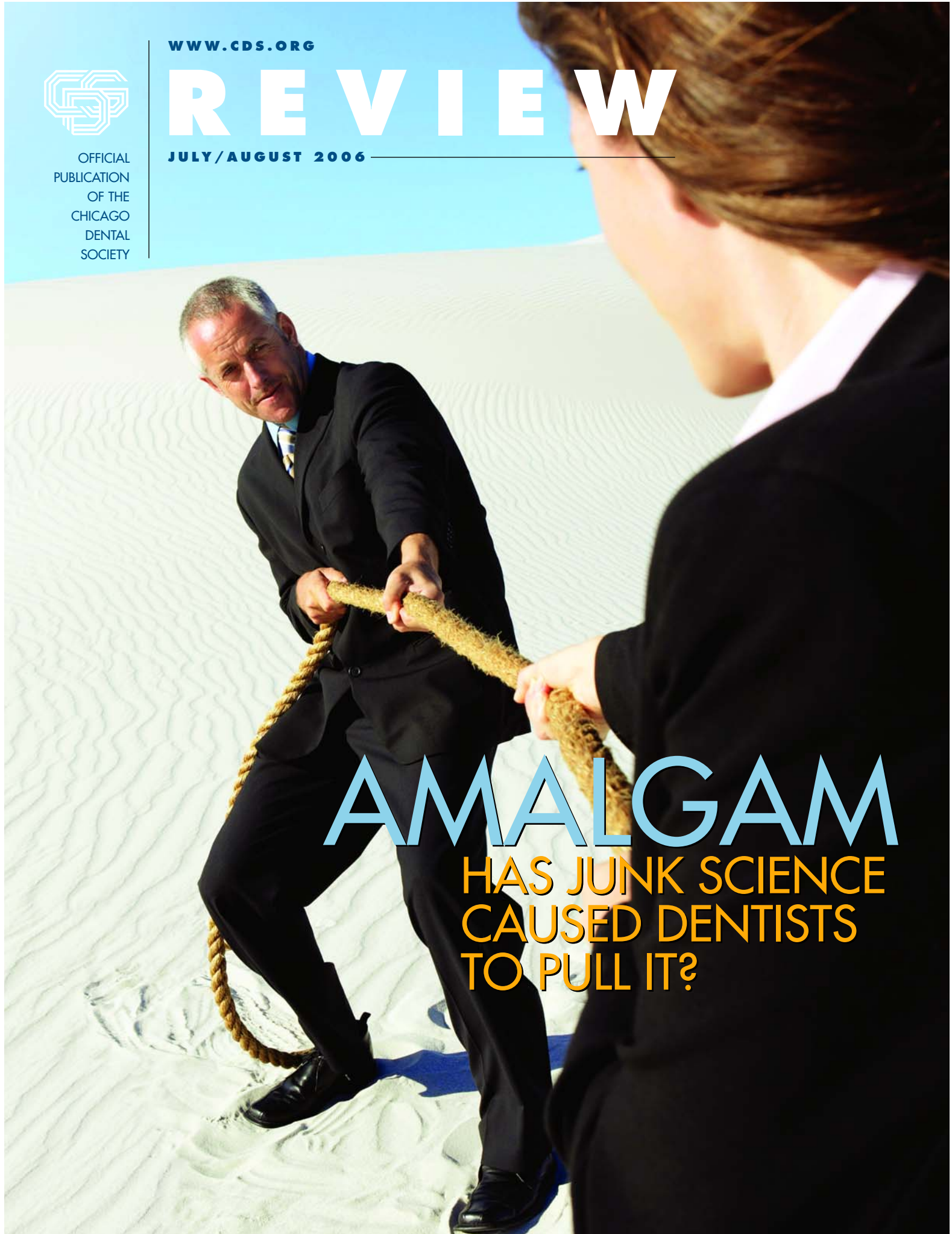
OFFICIAL
PUBLICATION
OF THE
CHICAGO
DENTAL
SOCIETY

REVIEW

JULY/AUGUST 2006

AMALGAM

HAS JUNK SCIENCE
CAUSED DENTISTS
TO PULL IT?



PAGE ONE

POLICY AND BYLAWS REQUIRE CONSISTENCY

The Board of Directors conducted a general housekeeping review of existing policies at its May 2006 meeting, as established by and with the authority granted to the Board per the bylaws. It was determined that a change in bylaws was desired to maintain consistency with current policy. Therefore, this announcement shall appear in this and the September/October issue of the *CDS Review*, as required, in order to exercise bylaws changes.

The policy, adopted unanimously by the Board in December 2004, designated zip codes as the method of determining with which branch any active member shall be affiliated. This policy became effective by Board action Jan. 1 and is being used with all new members.

The following bylaws change will be presented for affirmation by the membership at the Nov. 8 Regional Meeting at Drury Lane, Oakbrook Terrace.

ARTICLE XX. Branch Society Organization

Section 1. Membership. Effective January 1, 2006, each active member of the Chicago Dental Society shall be affiliated with a Branch Society.

A. Neighborhood Practitioners: Every active member who practices in a neighborhood community shall be affiliated with the Branch Society in which zip code jurisdiction his/her office is located, as defined in the policy and procedures manual.

B. Downtown Practitioners: Every active member whose practice is restricted to the downtown district of Chicago (zip code boundaries as defined in the policy and procedures manual) shall be affiliated with the Branch Society in whose zip code he/she practices.

C. Multiple Office Practitioners: Active members having more than one office and embracing more than one Branch Society's zip code jurisdictions shall be assigned to Branch membership by the Board of Directors with consideration given to member's choice.

D. Transfer to Branch Membership: Upon request to and approval by the Board of Directors, an individual may be granted a change in his/her Branch.

ASSOCIATE CDS MEMBERS ENJOY MANY BENEFITS

When CDS says members are entitled to certain benefits, we mean it. All of our members—regular and associate—are eligible for the benefits featured in "Your Dues at Work" in each issue of the *CDS Review*.

All members receive free admission to the annual Midwinter Meeting and CDS Regional Meetings. Continuing education opportunities are available at both venues.

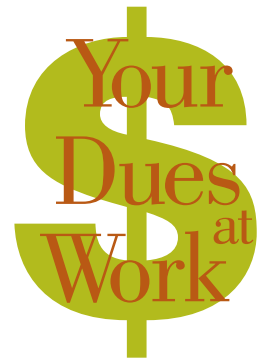
All members enjoy reduced pricing for a variety of items; tickets for special events and classified advertising in the *CDS Review* top the list.

Members may also receive a rebate coupon for purchases made at the Midwinter Meeting if they pre-register during a certain period of the pre-registration cycle.

Compare prices and find a full list of member benefits online, at www.cds.org. Apply for membership before Dec. 1 to take full advantage of your 2007 benefits.

Regular CDS members are those dentists who live in Lake, Cook or DuPage County and are members of the Illinois State Dental Society and the American Dental Association.

However, all members of the ADA who live outside of the three counties in the CDS jurisdiction are eligible for Associate Membership. ■



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AUG 5 MYSTIC BLUE FIREWORKS CRUISE NAVY PIER, CHICAGO

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2006-07

CHICAGO DENTAL SOCIETY

MEETINGS

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CDS REGIONAL MEETINGS

Unless otherwise noted, regional meetings are held Wednesdays, 9 a.m.-2:30 p.m., Drury Lane, 100 Drury Lane, Oakbrook Terrace. Educational meetings are free to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society. A fee of \$250 is charged to dentists who are not ADA members. The fee may be applied to membership for the current year. Registration is not required for any regional program. CE credits: 5 CE hours.

September 20	Periodontally-oriented Restorative Practice	Martin Nager, DMD
November 8	Infection Control Update and Issues 2006	John Malinari, PhD
January 10, 2007	Why Less is More—Exploring Truly Conservative Dentistry as an Exercise in Greater Clinical Skill and Professional Satisfaction	Thomas Trinker, DDS
April 18, 2007	Health	Barbara Steinberg, DDS
September 12, 2007	Credit card Collection for the Dental Office	Edward Kisting, DDS
November 7, 2007	Digital Imaging	Donald Sherman, DMD

ENGLEWOOD

Meetings at Nikos, Restaurant, 7600 S. Harlem Ave., Bridgeview, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7:15 p.m.; Meeting: 8 p.m. For information, contact Jack Burke, (773)779-1774.

October 10	Staff and Vendor Night	
November 14	Advances in Implants	Kevin Kapp, DDS, MS
January 9, 2007	Ossseointegrated Implants in Craniofacial Rehabilitation	David Reisinger, DDS
March 13, 2007	Practice Valuation and Financial Review	Erin Christianson
April 10, 2007	Unique Approaches to Restorative Dentistry	Lou Grafham, DDS
May 2007	Officers Installation	Date and location TBA

KENWOOD/HYDE PARK

Meetings at Rambo, 351 W. Hubbard St., Chicago, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. For information, contact Kimberly Bolden, (312)372-7874.

October 3	Maximizing Your Market Share with Dental Financing	Rosalind Blaney
November 7	New Issues in Periodontics	Michael Bolden, DDS
December 5	New and Innovative Equipment and Procedures in Dentistry (Clinic Night)	Christopher Howard, DDS, and Norris Howard, DDS
March 6, 2007	Multidisciplinary Approach to Oral Disease	
April 3, 2007	Speaker and topic TBA	

NORTH SIDE

Cocktails: 5 p.m.; Dinner: 6 p.m.; Meeting: 7 p.m. For information, contact James Robinson, (312)263-5090.

September 19	The Beat Goes On: Heart Disease and You @ Heart Scan of Chicago, 100 E. Welden, Chicago	Andrew Rosenson, MD (Dr. Andy from Oprah)
November 14	How Do You Know? A Discussion of Evidence-based Dentistry @ Holiday Inn Chicago-Skokie, 3300 W. Touhy Ave., Skokie	Steven Steinberg, DDS
January 2007	Smile with the Chicago Bulls @ United Center, 1901 W. Madison St., Chicago	Mark Gauthier, DDS (Chicago Bulls team dentist)
March 11, 2007	Pins, Rocks and Fun (Staff/Family/Friends Night) @ Escape Entertainment Center, 350 McHenry Rd., Buffalo Grove	Date TBA
April 24, 2007	Oral Pathology/Oral Surgery @ Holiday Inn Chicago-Skokie, 3300 W. Touhy Ave., Skokie	Speaker: TBA
May 2007	Installation of Officers	Date and location TBA

NORTH SUBURBAN

Meetings at Meggiano's, 175 Old Orchard Shopping Center, Skokie, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m. For information, contact Mary Rogers, (847)729-8400.

October 10	How to Avoid Being Sued	Sylvia Karalacos, JD
November 14	Meth Mouth	Joel Epstein, DDS
December 12	New Concepts in Endodontics @ Westmorland County Club, 2061 Old Glenview Rd., Wilmette	Brad Johnson, DDS
January 9, 2007	From Build-ups to Implant Restoration: A Prosthodontic Review	Howard Joan, DDS
March 13, 2007	Disaster Preparedness: The Dental Team's Role (Hygiene/Staff Night)	Michael Calvard, DDS
April 17, 2007	After-work Spa Party @ Sasha G. Salon and Day Spa, 371 E. Durfee Rd., Wheeling, 4-9 p.m.	

NORTHWEST SIDE

Meetings at Collier's Restaurant, 5707 N. Central Ave., Chicago, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7:30 p.m.; Meeting: 8:30 p.m.
For information, contact Spenser Beom, (773)777-3309.

October 3	Non-odontogenic Toothaches	Gary Kasser, DMD
November 7	Splint Therapy and How it Applies to Restorative Treatment	George Wurga, DDS
December	Holiday Gathering (Spouses welcome)	Date and location TBA
March 6, 2007	Laser-assisted New Attachment Procedure	Diane Sharp, RDH
April 3, 2007	Obstructive Sleep Apnea	Ales Chraz, MD

NORTHWEST SUBURBAN

Meetings at The Wellington, 2121 S. Arlington Heights Rd., Arlington Heights, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m.
For information, contact Tina Smith-Arprno, (847)592-4341.

October 10	Early Diagnosis of Oral Premalignant Lesions	Joel Epstein, DMD, MSD
November 14	Seeing is Believing: An Update on Digital Image Management in Clinical Dentistry	Claudio Levato, DDS
January 16, 2007	Current Tax Laws and the Health of Your Practice	Dan Pascoento, MBA, EA
March 13, 2007	Atypical Facial Pain	Gary Kasser, DMD
April 17, 2007	After-work Spa Party @ Sasha G Salon and Day Spa, 371 E. Dundee Rd., Wheeling, 4-9 p.m.	
May 2007	Suburban Scramble 2007: Annual Branch Golf Outing	Date and location TBA

SOUTH SUBURBAN

Meetings at Idlewild Country Club, 19201 Dixie Hwy., Flossmoor, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Meeting: 8 p.m.
For information, contact Joseph Nozari, (708)755-1333.

October 10	ABCs of Infection Control (Shift Night)	Darrin Weinstein, DDS
November 14	Medical Emergencies in the Dental Office	Joy Platt, DDS
January 9, 2007	TBA	
March 13, 2007	Oral Cancer Update	Mark Lingen, DDS, PhD
April 10, 2007	TBA	

WEST SIDE

Meetings at Philanders at The Carlton of Oak Park, 11110 Pleasant St., Oak Park, unless otherwise noted. Cocktails: 6:15 p.m.; Dinner: 7 p.m.; Meeting: 7:30 p.m.
For information, contact Gary Clemens, (708)795-1235.

September 12	Risk Management for Dentists and Dental Specialists	John Green Jr., DDS, JD
October 10	Communication: Bleeps and Blunders in Business (Shift Night)	Todd Hunt
November 14	Cocktails: 5:15 p.m.; Dinner: 6 p.m.; Meeting: 7 p.m.	Paul Fischl, DDS
December 12	Technical Update for the Dental Front Office	Henry Fung, DDS
January 9, 2007	Management of Minor Oral Surgery Complications and Update	Joel Schwartz, DMD, DMSc
March 13, 2007	Laser Periodontal Pocket Therapy: Success with Nd:YAG Lasers	Raymond Yukno, DMD, MS

WEST SUBURBAN

Meetings at Maggiano's Little Italy, 240 Oak Brook Center, Oak Brook, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 6:45 p.m.; Meeting: 7:30 p.m.
For information, contact Paul Kempf, (630)515-1414.

October 10	Dentistry at the Zoo	John Sheels, DDS
November 14	Endodontic Emergencies in the General Dental Office	Jihen Patel, DDS, MS
January 9, 2007	Specker and topic TBA	
April 10, 2007	Advanced Prosthodontics Treatment	Derrick Williamson, DDS, MS
May 2007	Clinic Night	
May 2007	Annual Golf Outing	

2006-07

CHICAGO DENTAL SOCIETY

MEETINGS

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MWM CHAIRS WANTED



THE CDS MIDWINTER MEETING IS WIDELY REGARDED AS one of the best dental meetings in the country, earning a reputation as **THE RESPECTED LEADER IN SCIENTIFIC DENTAL MEETINGS**. Our meeting has gained this reputation through the dedication and hard work of our members who volunteer their time and energy.

CDS NEEDS ROOM AND PRESIDING CHAIRS.

In order to maintain the level of excellence for which the Midwinter Meeting has become known, we ask every regular and associate CDS member to please consider volunteering his or her time as a Room Chair or Presiding Chair.

PRESIDING CHAIRS: The primary responsibility of our Presiding Chairs is to introduce the course speakers. Presiding Chairs greet our speakers in our registration office, escort them to breakfast and then to the rooms where they will lecture. They then escort the speakers to lunch and back for their afternoon programs.

ROOM CHAIRS: The primary responsibility of our Room Chairs is to verify tickets, distribute course handouts and help with crowd control.

THE ASSIGNMENTS ARE NOT DIFFICULT.

CDS will provide volunteers with all of the information and support needed to fulfill their missions. In addition to complimentary amenities, Presiding or Room Chair volunteers get a unique opportunity to develop up-close and personal relationships with some of the country's most outstanding clinicians.



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CORRESPONDENCE & CONTRIBUTIONS

Address editorial correspondence to:
Chicago Dental Society
CDS Review
401 N. Michigan Ave., Suite 200
Chicago, IL 60611
e-mail: review@cds.org
Dr. Lamacki's e-mail: wlamacki@aol.com
Web site: www.cds.org
Phone: (312)836-7300; **Fax:** (312)836-7337

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CDS OFFICERS

PRESIDENT: Thomas Machnowski
59 Berkshire Ct., Burr Ridge 60527, (630)920-9893, tommachnowski@msn.com

PRESIDENT-ELECT: John Fredricksen
9606 S. Cicero Ave., Oak Lawn 60453, (708)636-2525, oaklawndentist@comcast.net

SECRETARY: H. Todd Cubbon
24560 S. Kings Rd. at Exchange, Crete 60417, (708)672-6612, htoddcubbon@aol.com

VICE PRESIDENT: David Kumamoto
6424 N. Northwest Hwy., Chicago 60631, (773)763-5030, sportdds@uic.edu

TREASURER: Michael Stablein
9 Nottingham, Lincolnshire 60069, (847)317-9127, mstablein@aol.com

CONTACT CDS

Send comments and suggestions to:

Chicago Dental Society
401 N. Michigan Ave.
Suite 200
Chicago, IL 60611-5585
review@cds.org

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VISIT CDS ONLINE

www.cds.org

ADMINISTRATIVE STAFF

Executive Director: Randall Grove
(312)836-7308, rgrove@cds.org

Associate Executive Director: Barry Ranallo
(312)836-7314, branallo@cds.org

Director of Communications: Keri Kramer
(312)836-7330, kkramer@cds.org

Director of Exhibit Services: Lisa Girardi
(312)836-7327, lgirardi@cds.org

Director of Member Services: Joanne Girardi
(312)836-7320, jgirardi@cds.org

Director of Publications: William Conkis
(312)836-7325, wconkis@cds.org

Director of Scientific Programs:
Aloysius Kleszynski, DDS
(312)836-7312, akleszynski@cds.org

Executive Director Emeritus: Karl Richardson
hashr@aol.com

TELEPHONE DIRECTORY

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Correspondent: Norine and Tim Salmon, 3524 W. 95th St., Oak Lawn 60453, (708)423-1950, nasalmon360@aol.com

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Correspondent: Sherece Thompson, 9127 S. Western Ave., Chicago 60620, (773)238-9777, sthompsondds@sbcglobal.net

NORTH SIDE

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President: Kirk Kollmann, 4801 W. Peterson Ave., Suite 410, Chicago 60646, (773)545-0007, admirirk@ameritech.net
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NORTH SUBURBAN

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NORTHWEST SIDE

Director: Barbara Mousel (2006), 5521 N. Milwaukee Ave., Chicago 60630, (773)775-0201, drmousel@aol.com
President: Michele Bogacki, 4452 N. Central Ave., Chicago 60630, (773)777-4800, lildocr@sbcglobal.net
Correspondent: Kenneth Hauser, 5432 W. Devon Ave., 2nd Floor, Chicago 60646, (773)775-0810, kenneth.hauser@aaomembers.org

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Correspondent: Russell Spinazze, 10 N. Ridge Ave., Mount Prospect 60056, (847)255-7080, rspinazze@ameritech.net

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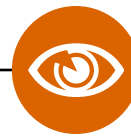
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President: Anthony Maoloni, 19815 Governors Hwy., Flossmoor 60422, (708)799-0060, amaoloni@oa-ltd.com
Correspondent: Dominik Dubravec, 555 W. Court St., Suite 202, Kankakee 60901, (815)932-0554, dubravec@ameritech.net

WEST SIDE

Director: Gary Alder (2008), 1725 W. Harrison St., Suite 717, Chicago 60612, (312)829-4208, gfalder@comcast.net
President: Constantine Politiis, 965 W. Lake St., Suite 6, Oak Park 60301, (708)386-8600, anug13@sbcglobal.net
Correspondents: Carol Everett, 2140 Clarence, Berwyn 60402, (708)788-8700, carett@ameritech.net
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Susan Zelazo-Smith, 5911 W. 63rd St., Chicago 60638, (773)284-7149, skzsmith@aol.com

WEST SUBURBAN

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THE PERIODONTALLY-ORIENTED RESTORATIVE PRACTICE

MARTIN NAGER, DMD



WEDNESDAY, SEPTEMBER 20

9 a.m. to 2:30 p.m.

Drury Lane, 100 Drury Lane, Oakbrook Terrace

CE CREDITS: 5 CE hours

TARGET AUDIENCE: Doctors, hygienists, assistants and office staff

ABOUT OUR PROGRAM:

General dentists are responsible for the total oral health of their patients—both periodontally and restoratively. Today’s dental practice should include periodontal treatment (such as scaling and root planing with anesthesia) among the services it offers. With dental hygienists trained as periodontal therapists, the practice will ultimately have healthier, happier patients and a happier, more fulfilled staff. The first part of the program will discuss diagnosis, scaling and root planing. The second part will deal with reevaluation and local chemotherapeutics.

ABOUT OUR SPEAKER:

Dr. Nager is a board-certified periodontist in private practice in Warwick and Naragansett, RI. He is a former assistant clinical professor at Boston University School of Dental Medicine and instructor at the University of Rhode Island School of Dental Hygiene.

ABOUT CDS MEETINGS:

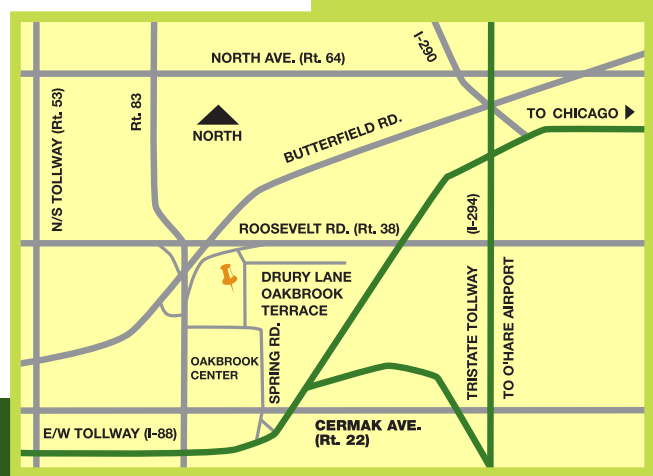
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A fee of \$250 is charged to dentists who are not CDS members, which may be applied to membership for the current year.

Advance registration is not required for any regional program.

DIRECTIONS:

For directions to Drury Lane, call (630)530-8300.





Trapped by a PPO

My warmest thank you to CDS President Thomas Machnowski for his own thoughts and opinions on the state of dental insurance. I am not sure why, but this is an area we have defiantly avoided discussing.

I fell victim to the insurance trap about 1990, when two major companies serving a significant number of my patients went PPO and I was inundated with requests to join. I feared that I would lose about 35 percent of my practice all at once. Whether or not this fear was real, I felt that I had to join. The carriers are very effective at marketing and controlling the healthcare environment. This is probably true to a greater degree in medicine.

Furthermore, without signing up for any more plans, the PPOs grew and about 75 percent of my patients were in one. In the last year and a half, I have been weaning myself off this dependency. It is funny to use words similar to drug addiction.

Dr. Machnowski is to be applauded for bringing this back out to the forefront for thought and discussion. Currently, the carriers have more than their share of influence and are not held to a high degree of accountability. There is no negative consequence for losing claims or denying claims. It is actually surprising they do not lose more claims. When a claim is lost, their clock goes back to the beginning and so does yours.

I would like to see more articles and workshops on how to deal with carriers. I, for one, always pondered whether to go “cold turkey” or wean off. I have never seen a book or article to help us decide how to evaluate our choices.

Thank you, Dr. Machnowski, for putting this on the table.

—Bob Deaver, DDS
Chicago

EDITOR'S NOTE: The ADA's contract analysis department has researched the dental plan contracts offered by many insurance carriers. CDS members may request a free copy of the analysis by contacting Greg Johnson, director of professional services for the Illinois State Dental Society, at (800)475-4737.

Is the ADA self-serving?

I had to retire in 2000 (50 years old) for medical reasons. Since then, I have taken forensic training and have been able to help at the World Trade Center, then with the disasters in Mississippi and Louisiana. I try to stay up on issues, and I wanted to let you know I agree 100 percent with your editorial “Circle the dog sleds, ADA is on the warpath (Final Impressions, May/June).” It is sad and deplorable when the American Dental Association takes a stand that is very self-serving and extremely thinly veiled.

—George F. Loss, DDS
Elmhurst

Cumbersome credentialing creates dearth of dentists in Alaska

I have recently read your editorial, “Circle the dog sleds, ADA is on the warpath,” in the *CDS Review* May/June issue regarding Alaska. I would like to offer some points of clarity for your readers, which are mine as an ADA member and not necessarily those of the ADA or the Alaska Task Force, on which I have served for the past two years.

First and perhaps most important is the assurance that the decision by the ADA to enter into a lawsuit was painful for all involved. The president of the ADA even made a special trip to Alaska to meet with the Alaska Native Tribal Health Consortium (ANTHC) leadership to try to avoid this action. The ADA House of Delegates had directed a suit only if all else failed and your readers can be assured that every effort was made.

The Alaska Dental Society (ADS) did not turn its back on the Native Alaskans. They enjoyed their village relationships, which were developed in the “Adopt a Village” program established by Rep. Don Young (D-AK) and ADS dentist and state legislator Bud Fate (R-33). ANTHC ended that relationship in the early '90s. The Indian Health Service (IHS) took over sole responsibility for the dental care of the Native Alaskans. Prior to that time, Native Alaskans enjoyed a level of oral health that exceeded the average American. When the IHS announced its plans to expand the Community Health Aide Program to include dental health aides, ADS was at the table and asked to be involved. They were assured that Dental Health Aide Therapists (DHATs) were not in the plans.

The Native tribes in Alaska have exceeded Alaska laws set up to protect the people of Alaska in the same way that Illinois laws protect the people in your state. With only one exception, the tribes are not sovereign nations. In a federal act they gave up their sovereignty and rightly are to be subject to Alaska law.

The six ADA volunteers who went to Alaska in the dead of winter to assess the circumstances told us that many times they felt challenged by the dentistry that they faced. The main impediment to getting dentists to Alaska is not the Alaska Dental Practice Act; rather, it is a cumbersome and nearly impossible system of credentialing that is administered by the IHS that thwarts getting volunteers where they are needed. Those of us who have served on the Alaska Task Force never represented the volunteers as more than a temporary fix to bring dental care to a manageable process.

The big picture begs to ask how the dentist of the future will be educated. If every group who recognizes the need for dental care and longs to “fix” these needs devel-

ops its own plan outside of the process to license dentists who have been educated in accredited schools, the result for the public will be chaos. In New Zealand, where the therapist model was created, the therapist is within driving distance of a dentist, not 200 miles away by plane if the weather is good. In the country as a whole, there is a greater percentage of edentulous patients at age 35 than there is in this country.

You have rightly stated that the problem in Alaska is complex. However, if we are to be respected by the patients we serve, we must promote education, defend accreditation and support licensure. That way we can protect the patients we serve.

—Ty Ivey, DDS
Macon, Georgia

CLARIFICATION: Because many Native American tribes were part of nearly 400 treaties between their leaders and the United States government, the Supreme Court has long ruled that tribes are still sovereign nations, but that they hold what is called limited sovereignty. That is, they have the right to make their own laws as long as they do not interfere with the laws and regulations of the U.S. government.

Say what?



SEND US YOUR COMMENTS

Fax: (312)836-7337

e-mail: review@cds.org

Dr. Lamacki's e-mail: wlamacki@aol.com

Snail mail:

CDS Review

401 N. Michigan Ave., Suite 200

Chicago, IL 60611

The CDS Review reserves the right to edit or reject any letter submitted to the editor. All submissions are edited for grammar and style in accordance with the *Associated Press Stylebook and Briefing on Media Law*.

Every picture tells a story

The CDS Review seeks CDS member dentists to profile in future installments of Snap Shots. We are looking for dentists who have interesting hobbies, unusual passions outside of dentistry or who volunteer time working in their communities. If you know of any members that have an interesting story to share, please contact staff writer Joanna Brown at (312)836-7323 or jbrown@cds.org.



Leadership and the yellow brick road

My fellow dentists, I will tell you that it is tough out there! There are many factors influencing the direction of your practice; Staff issues, insurance issues, technology issues, family issues and spiritual issues all tend to wear us down. You, the dentist, have to take a stand—that is the first step in leadership and the first step to setting the direction of your practice.

Your attitude is more important than your ability. You can learn new techniques. Perseverance is more

important than talent. Keep working on your practice, rather than in your practice, and things will change. If the Emerald City is the dental destination you are aiming for, then the yellow brick road that will lead you out of a self-limiting paradigm starts with you.

We must define who we are. Are we a society of professionals offering patients the best care we know, or are we surrogates of third party influence? What do we do?

According to many people, we are average dentists offering average care to our clients. We often lower our standards by offering only what the insurance schedules will cover. Many dentists do not even offer treatment that they know is not covered.

For whom do we offer our services? You can't be everyone's dentist. You want to attract patients who value and appreciate your care, skill and judgment.

Unfortunately, some people have decided that dentists are all the same, and we should all practice the dentistry that they think is suitable. The 150-year-old reign of amalgam is the benchmark of third party dental care.

The model of a disease-centered practice (fillings, extractions, root canals, etc.) has to be supported with

the model of a health-centered practice (cosmetic restorations, implants, orthodontics and periodontal enhancement).

Don't get me wrong: dental disease must be treated. But only treating diseased mouths will not advance your practice. It is a grind. It is the kind of dentistry that certain corporations encourage you to practice.

We do have a fascination in this country with looking good and renewing our appearances. Everyone wants to look and feel healthy. You can have all the money in the world, but if you don't have your health, it is meaningless. The promotion of health and well-being in our practices should be high on our internal marketing lists. People want to look and feel good and will spend discretionary dollars in that direction.

You must be able to communicate the value of healthy dentition to your patients. In certain instances, you have to get past the conversation about the longevity of restorations versus the conservative and esthetic components of new technology. Dentistry is changing. In the business world, if the customer's needs and wants change, you must change your business or go out of business.

When Bill Self left the University of Illinois to coach basketball at the University of Kansas, reporters asked him why he left the U of I after such a short stint. He replied that he and his wife sat down and had a conversation about where they wanted to be living and coaching in 20 years and the answer was Kansas. The opportunity just happened to come up a little sooner than anticipated. You see, they focused on the future, not on the present.

Our patients should be guided toward the future. Here is a conversation you should have with your patients: Ask them "How do you see your mouth/teeth in 20 years?" Begin your conversation with the end in mind. This is the conversation that will convert patchwork dentistry into comprehensive care. This is the conversation that gets us into the restorative arena. This is the conversation that leads to the Emerald City. ■

Contact Dr. Machnowski at tommachnowski@msn.com.

OUR PATIENTS SHOULD BE GUIDED TOWARD THE FUTURE. HERE IS A CONVERSATION YOU SHOULD HAVE WITH YOUR PATIENTS. ASK THEM "HOW DO YOU SEE YOUR MOUTH/TEETH IN 20 YEARS?"

WANTED!

Table Clinicians for 2007

Are you using a helpful new technique?

Would you like to discuss a product that benefits your practice?

Have you done research that you want to share?

CDS seeks participants to present Table Clinics at the 2007 Midwinter Meeting. Table Clinics are 15-minute table top presentations that may cover a wide variety of subjects. If time and space are available, Table Clinics may be presented more than once.

If you would like to present a Table Clinic at the 2007 Midwinter Meeting, visit www.cds.org/mwm, click on the "Call for Lecturers" link, download the Table Clinic Application, complete it and send it to CDS with an outline of your presentation and your CV.

Contact:

Chicago Dental Society

Al Kleszynski, DDS, Director of Scientific Programs

401 N. Michigan Ave., Suite 200

Chicago, IL 60611-5585

Fax: (312)836-7329

E-mail: akleszynski@cds.org



AMALGAM

HAS JUNK SCIENCE CAUSED DENTISTS TO PULL IT?

Elizabeth Giangreggo

Two recent, independent studies conducted by scientists supported by the National Institute of Dental and Craniofacial Research (NIDCR) concluded that children whose teeth were filled with dental amalgam had no adverse health effects. The results were published in the April 18 issue of the *Journal of the American Medical Association (JAMA)*.

Both studies, one conducted in Europe and the other in the United States, independently reached the same conclusion: Researchers found no detectable loss of intelligence, memory, coordination, concentration, nerve conduction or kidney function during the five to seven years the children were followed.

However, if you think these results end the amalgam controversy, think again.

John A. Rothschild, DDS, a general dentist whose Hoffman Estates practice does not offer amalgam restorations, believes the studies are flawed. "These studies are not long enough," he said. "Mercury becomes ingrained in tissues and organs and does not come out unless provoked. It could take years before mercury manifests itself."

And so the battle continues, as proponents maintain that amalgam restorations are safe and effective and opponents insist that studies proving amalgam is safe are either flawed, skewed or don't go far enough. Or, as Dr. Rothschild said, "Mercury needs to be looked at carefully and

re-evaluated more thoroughly." He doesn't believe studies have shown mercury as a safe and effective option.

"Study after study from several agencies have concluded and support our belief that amalgam is safe and effective," counters Alan Boghosian, DDS, assistant professor of clinical surgery, Division of Dental Surgery, Northwestern University Feinberg School of Medicine. "The connection of adverse health effects resulting from dental amalgam has been investigated in Operation Ranch Hand, The Children's Amalgam Trial, Swedish Twins Study and the Nuns study investigating cognitive function, just to mention a few. All of these studies—including the most recent, prospective ones published in *JAMA*—conclude that dental amalgam is a safe and effective restorative material."

The *Chicago Sun-Times* carried a story May 2 about a Prospect Heights woman who is one of the plaintiffs in a federal lawsuit demanding that the Food and Drug Administration (FDA) either prove that amalgams are safe or ban their use in the United States. The woman says her multiple sclerosis (MS) symptoms improved after her dentist removed 16 amalgam restorations. The National Multiple Sclerosis Society says there is no scientific evidence linking amalgam restorations with neurological diseases.

In addition to the Prospect Heights resident, the lawsuit was filed on behalf of four consumer groups, a mem-



ber of the California dental board, an Arizona state senator, Rep. Diane Watson (D-CA), a “mercury-free” dentist and a woman who claims mercury restorations caused her asthma.

Dr. Rothschild believes the Prospect Heights woman’s claims. He doesn’t know if the improvement is the result of positive mental attitude, if the patient is in a period of remission, or if the patient had a predisposition to developing MS and the amalgam restoration may have been a contributing factor. But he does know that mercury toxicity has neurologic implications.

But Dr. Boghosian noted that drugs do not make it to market on the strength of a single trial, and trials are never limited to one patient. “How can those who claim amalgam is harmful prove that what they do has a clinical benefit to the patient?” Dr. Boghosian asked. “Those who believe that dentists are intentionally harming their patients by using amalgams should show us clinical trials

that prove what they do helps patients.”

Regardless of the reports in *JAMA*, assurances from the American Dental Association and studies conducted by the NIDCR, a growing number of dentists like Dr. Rothschild have opted out of the fray by declaring their practices “amalgam-free zones,” which only confirms that amalgam restorations are unsafe in the minds of many.

Amalgam restorations are generally less expensive than their composite counterpart and although both materials are as effective, amalgam is sturdy and long-lasting while composite restorations are not, according to restorative experts. Although anti-amalgamists like to note that caries often develop under amalgam restorations, they can’t deny that case history shows the same thing happens with ceramic resin restorations.

It is doubtful manufacturers care which of the two materials dentists use for fillings because they usually produce and sell both. And would it not benefit the manufacturers if the more expensive composite materials were the only materials available?

No study, organization or special interest group has addressed what will happen if amalgam is banned or disappears from the dental office because of the efforts of its opponents.

“Composites are more technique-sensitive materials that require adherence to maintaining ideal placement conditions. Amalgam is more forgiving, since it undergoes a metallurgic and not a polymeric reaction. As the

size of the restoration increases, the long term clinical performance of direct placed amalgam is superior to that of direct placed composite,” Dr. Boghosian said. “Without amalgam as a restorative material choice, many teeth would not survive as well over time. Our objective is to extend the useful life of a tooth as long as we possibly can. Amalgam is a safe and effective material that allows us to do just that”

MAD AS A HATTER

Dentists have used amalgam restorations for more than 150 years. Although mercury comprises about half the total weight of the filling, amalgams contain silver, copper, zinc and other metals—any of which could cause an allergic reaction. However, people confuse the low levels of mercury used in amalgams with higher-level exposure. It’s well documented that chronic high-level exposure, such as from industrial contact, results in mercury poisoning.

Mercury was used to give men’s black top hats a silvery sheen. Hat makers who worked with mercury in poorly ventilated workshops suffered kidney and brain damage. Physical symptoms include trembling (known at the time as “hatter’s shakes”); loosening of teeth; loss of co-ordination and slurred speech; and mental symptoms, including irritability, loss of memory, depression, anxiety and other personality changes. This was called “mad hatter syndrome” and gave rise to the phrase “mad as a hatter.”

So when anti-amalgamists say that mercury exposure can result in brain damage, they have scientific support, although not when talking about mercury in amalgam restorations. And that’s the crux of the problem. Many anti-amalgamists fail to make a distinction between the types of mercury. Nor do they take into account the amount of mercury used in a dental office or that can be found in a patient’s mouth.

In the dental office, dentists are only briefly exposed to mercury when they pack the filling into the tooth. This brief exposure was considered safe. However, with the arrival of more sensitive laboratory tools in the 1970s and 1980s, scientists showed that dental amalgam continuously released mercury vapor into the mouth, which was absorbed and inhaled into the body. The effects of such exposure were not studied, but the work gave rise to fears about long-term exposure.

“Dentists simply do not use enough mercury to produce a disease condition,” Dr. Boghosian noted. “Patients don’t have enough teeth in which to place large restorations in order to provide even the earliest signs of any disease related to mercury. I have yet to see even one definitive study that links mercury in an amalgam to any disease condition. Less than 100 people have been found to have a sensitivity to amalgam. More people than that are treated for a negative reaction to penicillin in one year.”

THE PERSISTENCE OF DOUBTERS

Colorado practitioner Hal A. Huggins, DDS, MS, is one of the earliest and most vociferous opponents of amalgam restorations. Dr. Huggins has stated repeatedly that the mercury contained within the amalgams—more specifically, the vapor that emits from these restorations—causes multiple sclerosis, lupus, Alzheimer's disease and other autoimmune diseases. None of the allegations have been supported by recognized research. Dr. Huggins recommends the removal of amalgam restorations in accordance with the Huggins Protocol. His critics point out that Dr. Huggins enjoys a successful Internet-based business selling general health materials from his Web site and does consulting work with other dentists regarding amalgam.

Anti-amalgamists maintain that:

- Amalgam restorations cause fractured cusps
- The majority of clinically sound amalgam restorations have recurrent caries, while the majority of resin composites do not
- Amalgams cannot bond to teeth
- Most amalgam studies are out of date
- Resin composites are superior because unlike amalgam restorations, they can be repaired
- The ADA holds the patent on amalgams and receives a royalty on each amalgam placed
- Amalgam has been banned in Germany and Sweden.

In fact, two of the 67 patents held by the ADA Health Foundation are for amalgam formulations. But neither the ADA nor the foundation has received remuneration from any amalgam restoration. No evidence has been brought forth by opponents to support the other charges.

But that didn't stop Rep. Watson from introducing a bill in 2001 to stop dentists from using amalgams.

In 1992, the California state legislature passed a law written by the congresswoman (then a member of the California State Senate) requiring the state dental board to issue a document focusing on the dangers of amalgam restorations. However, the Dental Board of California added the following: "Small amounts of free mercury may be released from amalgam fillings over time and can be detected in bodily fluids and expired air. The important question is whether any free mercury is present in sufficient levels to pose a health risk. Toxicity of any substance is related to dose, and doses of mercury or any other element that may be released from dental amalgam fillings falls far below the established safe levels as stated in the 1999 U.S. Health and Human Service Toxicological Profile for Mercury Update."

Seven years later Rep. Watson is no less passionate in her anti-amalgamist beliefs.

In April, she questioned the validity of the NIDCR-funded research results, saying, in part, "I fail to understand why the FDA would ban mercury in disinfectants such as Mercurochrome, warn against mercury in fish, and even

ban mercury in all veterinary products, yet continue to allow its unregulated use inches from a child's brain."

The weight of scientific research on amalgam and mercury suggests Rep. Watson is scientifically confused. For example, she fails to note the difference between the mercury in fish (organic) and the mercury in amalgam (elemental) and what those differences mean.

"Scare tactics are never good," Dr. Rothschild said. "You have to be able to back up what you say with proper science. You have to have proof."

The problem is that half-truths, confused science and out-right lies make it into the popular media in any controversy. And many people believe what they read.

"People will authoritatively say whatever they have to in order for them to be believed," Dr. Boghosian said. "I agree that we should back our belief in amalgam's safety with proof. Good science appears in reputable referred journals. The studies include control groups and the results are clinically relevant. But when it comes to amalgam safety, detractors are not satisfied, claiming the study is tainted, the research suspect and the researchers lack objectivity. What possible reason could dentistry have to continue to profess that amalgam is safe? Who profits from amalgam use?"

What the anti-amalgamists say now is that the modern FDA would not approve amalgam. But the research to date indicates that modern testing standards would find that amalgam restoratives are inexpensive, long lasting, effective and safe.

Dr. Rothschild said he might consider changing his mind about amalgam safety if testing was conducted by an "outside source: some university that is not related to dentistry. I don't know who the NIDCR is and I don't know if they are biased or have an agenda of their own."

The National Institutes of Health, of which the NIDCR is part, is the only governmental agency devoted solely to improving the nation's health, Dr. Boghosian observed.

"No one enjoys being diseased," Dr. Boghosian said. "As clinicians, we'd rather prevent the disease process from occurring and maintain oral health. However, if we have to treat diseased teeth we must choose materials based on proven clinical success. The choice of restorative material, made with our patients, is based upon many considerations such as esthetics, treatment time and financial situations. Amalgam is a time-proven safe and effective material that offers a great benefit to our patients." ■

Ms. Giangregio is managing editor of the *CDS Review*.

SCARE TACTICS ARE NEVER GOOD. YOU HAVE TO BE ABLE TO BACK UP WHAT YOU SAY WITH PROPER SCIENCE. YOU HAVE TO HAVE PROOF.



Special athletes share special smiles

Athletes at the Special Olympics had one more reason to cheer this year with the return of the Special Smiles program. Now in its 14th year, Special Smiles provides hygiene education, dental screenings and care to athletes competing in the games.

This year's Special Smiles treatment day, co-chaired by Drs. Fred Margolis and Ricardo Mendoza, drew more volunteers than ever before. More than 400 athletes received care that day.

Each athlete who visited the Special Smiles area received an examination, instruction on oral hygiene and a goody bag provided by the Grottoes of North America, a fraternal

order that contributes to children's health initiatives. Volunteers also assisted with referrals for follow-up care.

Special Smiles has treated tens of thousands of athletes worldwide since its founding in 1993. The Chicago Special Smiles program was held this year on May 17 at Eckersall Stadium on the city's South Side.

If you are interested in volunteering for next year's Special Smiles program, please contact Fred Margolis, DDS, at (847)537-7695. ■

PHOTOGRAPHY: Andrew Campbell





WE THANK OUR VOLUNTEERS
 Volunteers included dental hygienists and students from the University of Illinois at Chicago's pediatric dental residency program, the Loyola Oral Health Center and Kennedy-King College's dental hygiene program, as well as the following dentists:

- Gerald Ciebien
- Wanda Cruz-Gonzalez
- Laurence Golden
- Betty Haberkamp
- Irving Hornstein
- Chester Klos
- Maharukh Kravich
- Fred Margolis
- Ricardo Mendoza
- Scott Miller
- James Picchetti
- Alan Robbins
- Daniel Uditsky





Writing a Curriculum Vitae

There's a document that will follow you all through your professional life and taking time to draft it now will save you time and trouble later. It's called a curriculum vitae (also known as a "C.V." or "vita") and is a detailed and structured listing of education, publications, projects and awards. While similar to a resume, a C.V. is lengthier and is used most often by educators, scientists and medical and dental personnel to provide information about a professional's background and experience. Follow the guidelines below and you'll be on your way to writing a winning vita.

I HAVE SEVERAL SUGGESTIONS TO HELP WITH YOUR C.V. FIRST, WRITE IT NOW, BEFORE YOU NEED IT. THEN, UPDATE IT TWICE A YEAR, WHICH IS MUCH EASIER THAN SITTING DOWN IN A FRENZY TO UPDATE IT WHEN SOMEONE ASKS FOR IT.

Start with the basics. Begin your vita by listing your name, address, phone number(s) and primary e-mail address. Then list your educational history, including all degrees and the institutions from which you obtained them.

Work in reverse chronological order. The next section should include a listing of your professional positions, starting with your current position and working backward. Be sure to include all teaching, research and graduate assistantships, but don't include the paper route you had in high school since that's not germane to your life in dentistry.

Professional memberships.

This section is where you include all the associations and organizations of which you are a member. Your membership in the American Dental Association, CDS and your local branch should be listed here, along with any specialty groups or study clubs. Leadership positions you hold within each group should also be noted.

Community Involvement. Here's where you list your involvement with the Jaycees, Habitat for Humanity, Big Brothers Big Sisters, etc. Be specific about your involvement (i.e. served on Board of Directors for six years,

chaired nominating committee, served in all offices). This section not only shows you're committed to supporting your community, but it's a good place to list all your relevant community leadership experience.

Honors and awards. This is an optional section. Include it even if you have only a single honor or award to list. You earned the award and deserve to be recognized for it.

Other sections. If you speak multiple languages, list them. "Special skills" is an optional section, as are "Research" and "Grants Awarded/Worked On."

Publications, presentations and papers. I recommend that this section be last on your C.V. because, for some, this can be a fairly lengthy section. If you don't have information to include under this section right now, simply omit it. If your activities include writing and speaking in the future, you can add it.

Format. Ask a trusted colleague to share his or her C.V. with you so that you have a format to follow. You can also find samples easily online. Your vita should feature wide margins and space in between each section and the items in it for easy reading. Lay it out in an attractive fashion and proofread it carefully. (It's a good idea to ask a friend or spouse to proofread it as well.) Put your name and page number in the header at the top of each sheet. If the pages are separated, it will be easy to reassemble.

Tips. I have several suggestions to help with your C.V. First, write it now, before you need it. Then, update it twice a year, which is much easier than sitting down in a frenzy to update it when someone asks for it. Finally, copy your C.V. onto a computer disk and put it in a fire-proof safe or somewhere it will be protected in case something happens to your computer.

Writing a C.V. is a great way to remind yourself of all that you know and have experienced, as well as preparing you for what's ahead. If you don't have one, I urge you to write yours now. ■

Mary M. Byers, CAE, is a professional speaker and freelance writer. Send suggestions for topics to be covered, or any comments on this column to review@cds.org. Ms. Byers may also be reached directly at mbyers@marybyers.com or www.marybyers.com.



Happiness and humor in the office is good business and good for you

Happiness and humor in the office enhance employee and employer satisfaction, increase profit, heighten creativity and result in exceptional patient care. You do not have to transform your practice into a comedy club, but recognize that the little things in human relations reap huge rewards. Small changes in attitude, cooperation and respect can create major changes in your practice.

Dr. Paddi Lund, a general dentist in Australia, has authored *Building the Happiness-Centered Business*, published by Solutions Press of Australia. In his discourse, Dr. Lund illustrates how a happy staff is one of the most powerful business tools available to the dentist, or any businessperson. Our practice has incorporated many of his ideas. As a result, we interact much more positively with each other as well as with our patients.

We handle problems differently. We address negative behavior and energy quickly. We take responsibility for our actions and interactions. If something goes wrong, we look at the system first to see what needs changing. Patients are referred to and communicated with by their names, not by their procedure or symptom.

Content, happy staff members are much more likely to offer creative suggestions and ideas. An empowered staff is a more productive staff. Personally, I am more apt to buy something from a happy, warm and kind establishment, instead of a disinterested, unhappy and threatening one.

There is significant data to support the benefits of humor. Dr. William Fry, psychiatrist, humor researcher and former man of the year for the Association for Applied Therapeutic Humor, reports in the medical magazine *Hippocrates* the many physical benefits of laughter. He claims that laughter boosts cardiovascular fitness by increasing the respiratory response, as well as lowers blood pressure and heart rate. It also reduces pain perception, stimulates circulation and increases oxygen tension. The net effect is that you feel better.

In the November 1995 issue of *Pain*, Drs. Weisenberg, Tepper and Schwarzwald, after testing 80 subjects, reported that pain perception was lessened when watching a humorous film in comparison to watching a neutral film or no film at all. Interestingly, watching a

repulsive film showed the greatest decrease in pain perception.

The *Journal of the American Medical Association* published "The relationship with malpractice claims among primary care physicians and surgeons," in its Nov. 19, 1997, issue. One hundred twenty-four doctors were videotaped during 10 consecutive office visits. The researchers found that the primary care physicians who have never been sued spent more time with their patients, used humor and encouraged patients to talk. No such differences were found among the surgeons.

Ben and Jerry's Homemade, Inc. has their "Joy Gang." Joy grants are awarded for creative ways to bring happiness to the workplace. The grants have varied from hiring a masseuse to providing a hot chocolate machine.

Humor experts exist and are frequently used by Fortune 500 companies. I had the pleasure of recently speaking with Dr. Steve Allen Jr., retired family practitioner, son of the famous comedian and humor expert. I asked Dr. Allen how he would sum up laughter in the workplace. He said, "Humor and lightheartedness let you take a look at difficult situations from a different point of view." He added that one needs to be very careful and must look at the "pluses and minuses" of the intended humor; you do not want to tease people and be discriminatory. Dr. Allen said it is essential to be able to laugh at yourself.

Humor must be used with no sarcasm and extreme sensitivity. A doctor needs to be sincere, clear and non-offensive at all times. Being lighthearted and friendly could be a valuable tool. As caregivers, each of us needs to strike a balance between professionalism and being a human being.

In my opinion, happiness and humor go hand in hand to create awesome patient care. They enable individuals to feel better about themselves, which translates into so many positives for everyone involved. Therefore, remember to lighten up around your staff and patients to create rewards for all. ■

Dr. Greene is a board-certified oral and maxillofacial surgeon. He may be reached at (773)327-2400 and www.oralandcosmeticsurgery.com

ABSTRACTS

A SUMMARY OF CLINICAL ARTICLES FROM OTHER JOURNALS

STUDY CONFIRMS ROLE OF ACQUIRED IMMUNITY IN PERIODONTAL DISEASE

When oral bacteria invade our gums and initiate periodontal disease, a battle ensues: The bacteria modify their protein production to assist their growth and survival, and our immune cells release various biochemicals to allow them to communicate, respond, and hopefully control the infection.

As researchers over the years have attempted to define this swirl of biochemical activity more precisely, they have focused primarily on the bacteria or our innate immune system, our inherited, frontline defense against disease. Less well studied are the components of our acquired, or learned, immune system.

In the April issue of *Infection and Immunity*, National Institute of Dental and Craniofacial Research (NIDCR) grantees and colleagues fill in some of the blanks.

Studying mice that had learned to mount an acquired immune response to the oral bacterium *Porphyromonas gingivalis*, which is strongly associated with periodontal disease, researchers characterized the biochemical changes that occurred following inoculation with the pathogen. Among them is an increase in various immune signaling proteins that promote a more pronounced and prolonged recruitment of inflammatory cells. This, in turn, seems to produce a greater area of tissue destruction, including enhanced bone loss and increased programmed cell



death of important connective tissue cells called fibroblasts. All are common features of periodontal disease.

As the authors concluded, "These results support earlier studies which indicate that the acquired immune response may play a significant role in the loss of tissue that occurs in response to periodontal pathogens." Interestingly, these NIDCR grantees also recently reported in the *American Journal of Pathology* that diabetes appears to enhance the death of critical matrix producing cells that produce connective tissue and bone. This may render people with diabetes more susceptible to damage caused by periodontal pathogens.

YEAST BYPRODUCT MAY HELP FIGHT BIOFILM-RELATED INFECTIONS

Scientific discovery typically involves a timely convergence of information. In the April issue of *Antimicrobial Agents and Chemotherapy*, a team of National Institute of Dental and Craniofacial Research grantees offer such an example in the battle against the bacterium *Staphylococcus aureus*.

S. aureus is a leading cause of hospital-acquired infections from bacteria-laden catheters. It often plays a role in causing endocarditis, osteomyelitis, toxic shock syndrome and some skin disorders. This bacterial species is particularly problematic because it embeds itself within biofilms, or micro-

bial communities, where it can avoid antimicrobial agents and/or develop resistance to them.

A few years ago, scientists discovered that yeast can release a biochemical cell-to-cell signaling molecule called farnesol to communicate within their fungal communities.

Subsequent work indicated that this fungal signaling molecule may naturally render certain bacteria less adept at forming mature biofilms. These results prompted researchers to evaluate the effect of farnesol on both methicillin resistant and susceptible strains of *S. aureus*.

Their results showed that farnesol inhibited biofilm formation and, when coupled with antimicrobial agents, demonstrated a synergy to substantially reduce the growth of *S. aureus* in the laboratory, particularly when this bacterial species was in its biofilm mode of growth.

The authors concluded, "This observed sensitization of resistant strains to antimicrobials and the observed synergistic effect with gentamicin indicate a potential application for farnesol as an adjuvant therapeutic agent for the prevention of biofilm-related infections and promotion of drug resistance reversal."

Interestingly, researchers also showed that farnesol was able to reverse fluconazole resistance in the fungal strains of *Candida albicans* and *Candida dubliensis*.

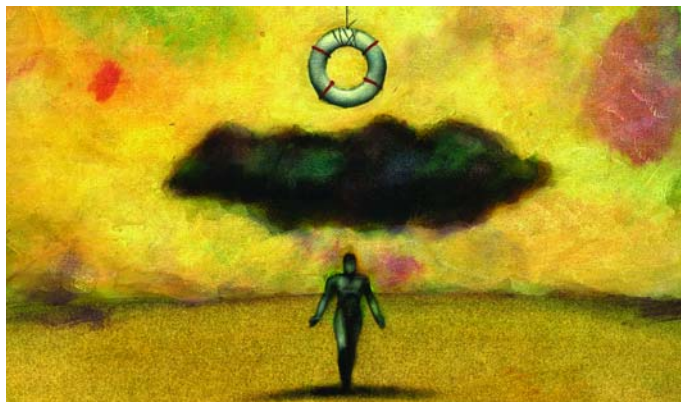
NEW STRATEGIES HELP DEPRESSED PATIENTS BECOME SYMPTOM-FREE

Results of the nation's largest depression study show that one in three depressed patients who previously found no relief by using an antidepressant became symptom-free with the help of an additional medication, and one in four achieved remission after switching to a different antidepressant.

The study, funded by the National Institutes of Health's National Institute of Mental Health (NIMH), shows that people whose depression is resistant to initial treatment can achieve remission—the virtual absence of symptoms—when treated with a secondary strategy that either augments or switches medications. This is the first study to examine the effectiveness of different treatment strategies for those who did not become symptom-free after initial medication.

"If the first treatment attempt fails, patients should not give up," said NIMH's director Thomas Insel, MD. "By remaining in treatment, and working closely with clinicians to tailor the most appropriate next steps, many patients may find the best single or combination treatment that will enable them to become symptom-free."

The 1,439 patients who were eligible and volunteered to enter level 2 were presented with seven different treatment options. Fifty-one percent of the patients (727) chose options that included switching to a different medication and were randomly assigned to one of three medications currently available and used in practice: sertraline, a selective serotonin reuptake inhibitor (SSRI) that targets the neurotransmitter serotonin; bupropion-SR, a non-SSRI



antidepressant; or venlafaxine-XR, an agent that targets serotonin and norepinephrine, another neurotransmitter.

Researchers found that 25 percent of the patients who switched to a new medication became symptom-free within 14 weeks; this was similar within each of the three treatment groups.

The 565 patients who received the augment medication were randomized to take either bupropion-SR (a non-SSRI antidepressant) or buspirone (a medication that enhances the action of an SSRI) in addition to the SSRI citalopram that they were already taking in Level 1.

Within 14 weeks of using either treatment, about one third of the patients who enrolled in the augmentation study became symptom-free, researchers reported.

The study indicates that augmenting the first medication may be an effective way for people with depression to become symptom-free. Augmenting earlier in the course of treatment, or prescribing a combination of drugs to patients initially, may be more effective than using one treatment alone.

According to the researchers, the switch and augment treatments cannot be directly compared because of the way the trial was designed.

Further research may help customize the treatment to the individual patients. Study participants who still did not achieve remission in level 2 had the option of completing up to two additional levels of treatment.

LACK OF SLEEP INCREASES BLOOD PRESSURE

If you're middle-aged and sleep five hours or less a night, you may be increasing your risk of developing high blood pressure, according to research reported in *Hypertension: Journal of the American Heart Association*.

Research showed that 24 percent of people ages 32-59 who slept for five or fewer hours a night developed hypertension, versus 12 percent of those who got seven or eight hours of sleep. Subjects who slept five or fewer hours per night continued to be significantly more likely to be diagnosed with hypertension after controlling for factors such as obesity, diabetes, physical activity, salt and alcohol consumption, smoking, depression, age, education, gender and ethnicity.

The researchers conducted a longitudinal analysis of data from the Epidemiologic Follow-up Studies of the first National Health and Nutrition Examination Study (NHANES I). The

analysis is based on data from 4,810 people ages 32-86 who did not have high blood pressure at baseline. The 1982-84 follow-up survey asked participants how many hours they slept at night. During eight to 10 years of follow-up, 647 of the 4,810 participants were diagnosed with hypertension.

Compared to people who slept seven or eight hours a night, people who slept five or fewer hours a night also exercised less and generally had a higher body mass index (BMI is a measurement used to assess fat relative to your height and weight). They were also more likely to have diabetes and depression, and to report daytime sleepiness.

Short sleep duration was linked to a new diagnosis of high blood pressure among middle-aged participants, but the association was not observed among people 60 or older. The differences between the younger and older subjects might be explained by the fact that advanced age is associated with difficulties falling and staying asleep. Another factor could be that subjects suffering from hypertension, diabetes and obesity would be less likely to survive into their later years.

Among study limitations, researchers found that high blood pressure often goes undetected. An analysis of NHANES III data showed that more than 30 percent of people who had high blood pressure didn't know it.

Researchers say more work is needed to confirm the link between short sleep duration and high blood pressure. However, the study's main message is clear: A good night's sleep is very important for good health. ■

YOUR HEALTH

A SUMMARY OF NEW HEALTH-RELATED INFORMATION

Women's health

SEVEN MISSED DISEASES IN WOMEN

There are seven diseases that have subtle or confusing symptoms and are frequently missed by women and their doctors. By learning the risk factors, symptoms and treatments, you can better protect yourself against some of life's nastier surprises.

1. Heart disease. One in four women have cardiovascular disease; it claims more lives than all forms of cancer combined. More women than men die of heart disease every year, yet they are six times more likely than men to be mistakenly sent home from emergency rooms by unsuspecting doctors.

If you experience shortness of breath, fatigue, nausea, pressure in your chest or gastric pain, seek emergency care. Most women have symptoms prior to their heart attacks several times a week which mimic the sensations of the actual attack one week to six months later. Pay attention and make sure your doctor does, too.

2. Ovarian cancer. This aggressive cancer strikes one out of 57 women, and though it can be effectively treated in its early stages, it's usually caught too late—when tumors have spread throughout the abdomen and to other parts of the body.

Ovarian cancer is tricky to catch because most women have few distinctive symptoms during its initial stages, or else

doctors attribute these symptoms to irritable bowel syndrome, menopause or aging.

But recent studies have led to a startling conclusion: This so-called silent killer isn't quiet after all. Nearly 90 percent of women with early-stage ovarian cancer have a cluster of identifiable symptoms several months before their diagnosis, most commonly abdominal and pelvic pain, urinary urgency and a bloated sensation. Other signs are abnormal vaginal bleeding, constipation and fatigue.

If women alert their doctors to a sudden onset of these ailments, they may catch the disease early, when it's 90 percent curable.

3. Celiac disease. This is a genetic inability to digest gluten, a protein found in wheat, rye and barley. Gluten damages the lining of the small intestine, making it difficult to absorb nutrients such as calcium, vitamin D, folic acid and iron.

Left untreated, the disease can cause osteoporosis, anemia, infertility, miscarriages and lymphoma. Symptoms include chronic diarrhea, abdominal bloating and pain, weight loss, foul-smelling stool, seizures, edema and a painful skin rash.

4. Lupus. This is a degenerative, autoimmune disorder where the body attacks the brain and organs. It is incurable and only minimally treatable.



Lupus can strike the joints, kidneys, heart, lungs and brain.

Lupus develops slowly, with symptoms—called flares—that come and go. They can include a “butterfly” rash across the nose and cheeks, rashes on parts of the body exposed to sun, sores in the mouth or nose, painful or swollen joints, hair loss, fatigue, painful breathing, purple or pale fingers or toes, abdominal pain and headaches.

5. Hepatitis C. This is the most common chronic blood-borne virus in the United States. The disease can remain hidden for decades. As many as 70 percent of those infected are unaware that they even carry the virus.

Early onset is often asymptomatic, but the few signs that emerge look like the flu: fatigue, sore muscles, headache, nausea and loss of appetite. Occasionally, the virus yellows the eyes, skin and mucous membranes, but those symptoms quickly disappear, lulling up to 85 percent of hepatitis C sufferers into inaction and chronic illness.

If left unchecked for more than six months, hepatitis C can chronically inflame the liver. Left untreated for many years, the virus causes cirrhosis, edema, muscle wasting and death.

6. Chlamydia. Chlamydia is the most commonly reported infectious disease in the United States, and one of the most dangerous sexually transmitted diseases among women. But 75 percent of infected women have no symptoms at all, and only one in four young women at risk for the disease are getting tested for it, according to the CDC.

Contact a health professional immediately if you experience painful urination, cloudy urine, abnormal vaginal discharge or bleeding, lower abdominal pain, genital itching, or swollen glands around the vaginal opening. Symptoms, if they emerge at all, usually surface 1 to 3 weeks after exposure.

7. Multiple Sclerosis. This degenerative nerve disease is more than twice as common among women as men. Most people get their first signs of the disease between the ages of 20 and 40: blurred or double vision, fatigue, tingling and dizziness, lack of coordination, tremors, and diminished concentration.

SOURCE: Women's Forum, Health and Wellness, Netscape

BREAST IMPLANTS DON'T INCREASE CANCER RISK

Cosmetic breast implants may not affect women's long-term cancer risk, a new study shows.

The finding comes from a study of more than 3,400 Swedish women who got cosmetic breast implants between 1965-1993. The women were 32 years old, on average, when they got their implants.

The women were followed beginning 30 days after getting breast implants until they died, moved away from Sweden, or through 2002, whichever came first. The average follow-up period was 18 years.

During that time, the study's participants had fewer than expected breast cancers when compared with the general Swedish female population. However, they had more than twice as many lung cancers as women in Sweden's general public. No other cancers stood out, the study shows.

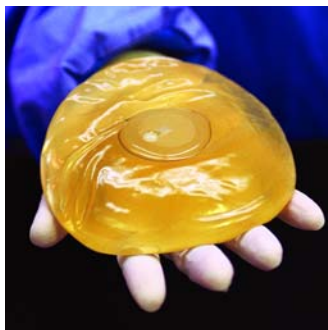
The researchers included Joseph McLaughlin, PhD, of the International Epidemiology Institute in Rockville, MD.

The study doesn't show why any of the women with implants did or didn't get cancer. It's often hard for doctors to pinpoint cancer's cause, since a variety of factors (including genetics, exposure to cancer-causing agents, and lifestyle) affect cancer risk.

But McLaughlin and colleagues have some ideas about what the data may mean.

For instance, smoking was more common among the women they studied, compared with women in Sweden's general public. Smoking has long been linked to lung cancer, though not all lung cancer patients are smokers and not all smokers have lung cancer.

An earlier study of a sub-



group of the participants had shown that "women with implants were 2.8 times more likely to be current smokers than the general Swedish population," write McLaughlin and colleagues.

The women with implants might have had certain traits that "may have put them at a lower risk of breast cancer," the researchers write.

Those traits include giving birth for the first time at younger ages, having more children, or having a lower

BMI (body mass index). However, the data didn't show how many babies the women had or at what age they gave birth.

It could be that women at higher risk for breast cancer are less likely to get implants, or perhaps preimplantation screening rules out women at higher risk for breast cancer, the researchers note.

Another explanation might be that breast cancer is detected later in women with implants. "But numerous studies have shown that women with implants are not diagnosed with more advanced stages of breast cancer or experience shorter survival than women without implants," write McLaughlin and colleagues.

The researchers note that their findings are in line with other observational studies. Observational studies show patterns among groups of peo-

ple, but they don't prove a cause-and-effect relationship.

McLaughlin's team sums up the findings this way: "After an average follow-up of 18 years and a maximum follow-up of 37 years, we found that women who have undergone breast implantation have a reduced risk for breast cancer, most likely due to differences in lifestyle or reproductive characteristics. We also found no increased risk for brain cancer or for lymphoma, sarcoma or multiple myeloma."

The types of breast implants that the women got aren't noted in the study. ■

SOURCE: McLaughlin J and others. Long-term cancer risk among Swedish women with cosmetic breast implants: An update of a nationwide study. *J Natl Cancer Inst* 2006; 98: 557-560

DO YOU HAVE AN OVERACTIVE BLADDER?

Overactive bladder affects one out of 11 adults in the United States. Like many conditions, it becomes more common with age. But it isn't an inevitable part of aging, and treatment with exercise and/or medications can help.

Ask yourself the following:

1. Do you often have sudden, strong urges to urinate? Yes No
2. Do you urinate more than eight times in a 24-hour period? Yes No
3. Do you often get up two or more times a night to go to the bathroom? Yes No
4. Do you have uncontrollable urges to urinate that sometimes result in accidents? Yes No

If you answered "yes" to these questions, you may have an overactive bladder.

The key symptoms of overactive bladder include:

- **Urinary frequency:** having to go to the bathroom more than eight times in 24 hours
- **Nocturia:** waking up to urinate two or more times at night
- **Urgency:** a strong and sudden desire to urinate
- **Accidental loss of urine:** associated with simultaneously sudden and uncontrollable urges to urinate

The symptoms are caused by the large muscle of the bladder. Usually, this detrusor muscle stays at rest while the bladder gradually fills. It contracts only when the bladder is completely full. But in an overactive bladder, this muscle is inappropriately active. It contracts, causing a sudden urge to urinate even when the bladder isn't full.

There are various ways to treat an overactive bladder: Behavioral therapy, exercises and training programs improve bladder control. Also, several medications can relax the bladder muscle.

Talk with your doctor about your concerns and possible treatments.

SOURCE: The American Foundation for Urologic Diseases (AFUD), Overactive Bladder Screening Initiative

Retirement rekindles painting passion

Joanna Brown

Like many young men in 1943, Joseph Schwarz, DDS, shipped out to serve in World War II with the U.S. Navy within days of graduating from Chicago's Foreman High School. His plan to study painting at the Art Institute of Chicago was put on hold indefinitely.

So, too, would Dr. Schwarz's dental career be sidelined abruptly in 1997, when a debilitating stroke forced a sudden retirement. Physicians told his wife that Dr. Schwarz may never walk or talk again, but physical therapy proved otherwise.

By November 1998, Dr. Schwarz was living at home in Deerfield and bored. He called for his wife, Jean, to bring him oil paints and canvas, so that he might start painting like he had in high school. Mrs. Schwarz, once a registered nurse, thought the painting could be therapeutic.

Today, Dr. Schwarz is a skilled artist. Prints of his oil paintings have raised thousands of dollars through charitable auctions for the Chicago Shriners Children's Hospital.

"I always thought I was average, as far as being an artist," Dr. Schwarz said. "I always wished I was better. Dentistry—that was me."

The Navy rushed Dr. Schwarz through dental school in 22 months, finishing in 1948. He practiced for 49 and a half years, he said, and taught briefly at the Northwestern University Dental School.

With little time for leisure during his long and busy career, Dr. Schwarz left painting for a later day. Retirement offered him an opportunity to rekindle his passion.

"I had nothing else to do," Dr. Schwarz said. "It's been a lot of fun."

Dr. Schwarz paints mostly landscapes and architecture—plus a few portraits, such as one of his wife—always working from a photograph. He frequently takes requests from friends and family members to recreate photos of their favorite spots. Dr. Schwarz's favorite piece, however, is a portrait of Moses.

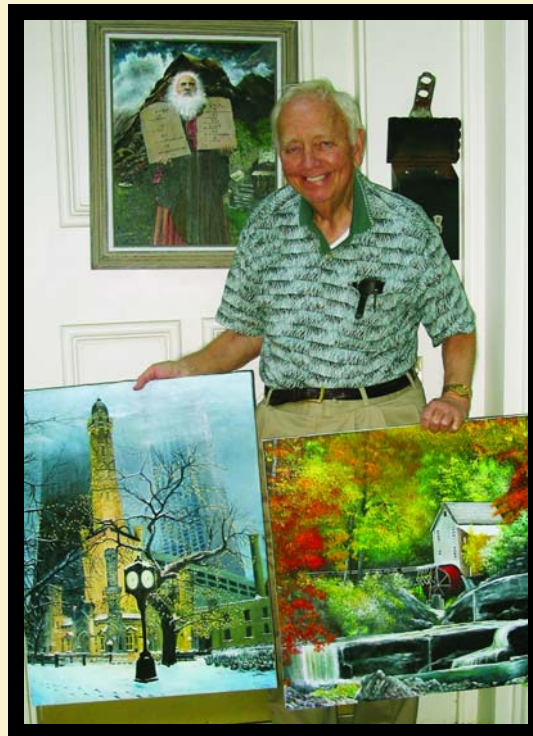
"I'll do anything you want," he said, for clearly it is the process, not the end-result, that Dr. Schwarz finds most satisfying. He goes back and forth between painting and other activities (like watching Sox games) beginning as early as 6 a.m. some days.

Shortly after his retirement, Dr. Schwarz enrolled in a painting class at a community arts center to brush up on his skills. After Mrs. Schwarz told the instructor about some

of the effects of Dr. Schwarz's stroke, the instructor assured her that Dr. Schwarz would not have any trouble keeping up—in fact, he was already coaching some of the other students.

This spring, Dr. Schwarz had five projects in progress in his kitchen: a three-panel view of the Lake Michigan shore from the Loop to Navy Pier; the Star of India, a ship; a West Virginia water wheel; a retirement home in Prospect Heights; and a man watching the sunset on the beach.

Dr. Schwarz's paintings also decorate his old practice at 500 N. Michigan Ave. Patients have views of the Water Tower, a Roman basilica and a Shrine Temple in Florida. ■



Joseph Schwarz with three of his recent paintings.

Milestones

APPLICANTS

Nguyen, Khanh P., University of Missouri-Kansas City, 2005
4642 S. Damen Ave., Chicago 60609 (Kenwood/Hyde Park)

DECEASED MEMBERS

Fishman, Sydney N., Chicago College of Dental Surgery, 1943
7542 Fairfax Dr., Apt. 208, Tamarac, FL 33321 (North Side)
Passed away Jan. 30

Flessor, Aristotle T., Chicago College of Dental Surgery, 1952
12500 S. 72nd Ct., Palos Heights, IL 60463 (Englewood)
Passed away Aug. 31, 2005

Gaudio, Michael A., Chicago College of Dental Surgery, 1940
3 Richmond Ct., Lake Zurich, IL 60047 (West Suburban)
Passed away Feb. 16, 2005

Lem, Irving C., Loyola University, 1933
450 Old Stone Rd., Apt. 4, Munster, IN 46321 (South Suburban)
Passed away Feb. 17

Marcus, Sameus, University of Illinois, 1947
308 Buckthorn Cir., Northbrook, IL 60062 (Northwest Side)
Passed away January 2006

Nadeau, Eugene O., Loyola University, 1950
1722 Chapel Ct., Northbrook, IL 60062 (North Suburban)
Passed away Dec. 28, 2005

Price, Harry M., University of Illinois, 1954
1660 Blackwelder Rd., De Leon Springs, FL 32130 (North Suburban)
Passed away Dec. 4, 2003

Restarski, Thaddeus E., Loyola University, 1952
110 Lake Shore Dr., Lindenhurst, IL 60046 (North Suburban)
Passed away Jan. 25

Rosenberg, Henry, M., Northwestern University, 1936
1240 Forest Ave., Highland Park, IL 60035 (North Side)
Passed away Dec. 1, 2005

Sawicki, John M., Loyola University, 1973
120 Oakbrook Ctr., Suite 812, Oak Brook, IL 60523 (West Suburban)
Passed away May 9

Tikusis, Stanley R., Loyola University, 1944
181 Chris Ct., Manteno, IL 60950 (South Suburban)
Passed away April 22

Watts, George L., University of Illinois, 1953
879 Lakeside Dr., Bartlett, IL 60103 (Englewood)
Passed away March 9

Watts, Robert E., Northwestern University, 1945
2541 Camberley Circle, Westchester, IL 60154 (West Suburban)
Passed away Sept. 23, 2005

Welsh, John R., Loyola University, 1959
411 Freehauf St., Lemont, IL 60439 (Englewood)
Passed away Aug. 12, 2005



PLANNING A GOLF VACATION
FOR THIS WINTER?

LOOK FOR
OUR SPECIAL
ARIZONA GOLF
& RESORTS
SUPPLEMENT
IN THE NEXT
ISSUE OF THE
CDS REVIEW





LOOKING BACK

THE PATH TO THE FUTURE BEGINS IN THE PAST

George Washington's long, painful dental odyssey

Elizabeth Giangregio

Contrary to legend, George Washington never owned a set of wooden teeth. He is known, however, to have had lifelong dental problems—this, in spite of the good care he gave his teeth. Washington's toiletry set, including a silver toothbrush and silver tooth powder case, is on display at Mt. Vernon.

Although he brushed his teeth daily, Washington had one natural tooth and his first full set of dentures when he was inaugurated for his first term as president.

The tooth powders, made from pumice, borax, roots and herbs, were quite abrasive and known to destroy tooth enamel. Washington also used mouthwash, which often contained resins of balsam or myrrh and salt, wine or vinegar.

Washington was plagued with caries and suffered frequent episodes of infected and abscessed teeth and inflamed gums. His ill-fitting dentures didn't help matters. New York dentist John Greenwood is credited with making Washington's first set of full dentures. The base was made of hippopotamus ivory carved to fit the gums. The upper denture had ivory teeth, while the lower plate held eight human teeth screwed into the base. The set was secured by spiral springs and could not have been comfortable; the springs securing the dentures pushed Washington's teeth forward, causing his cheeks to look puffy. An early portrait, painted when Washington was 25 and still had some of his natural dentition, shows that he had a small mouth. By 1795, Washington's mouth appears puffy and swollen, and in 1797 his mouth was stuffed with cotton to support his lips for another portrait.

There's no question that Washington's dental problems influenced his mood. His

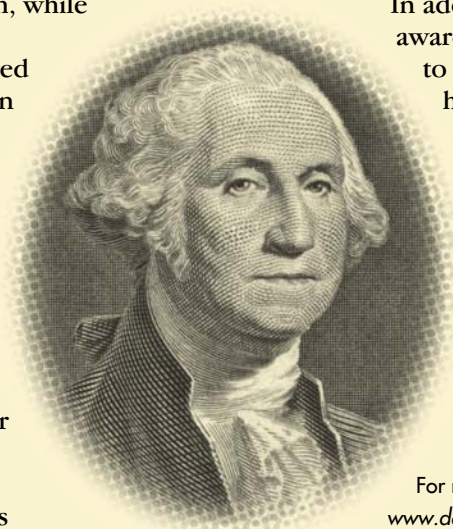
much-vaunted hair-trigger temper might have been the result of persistent pain in and around his mouth. Reportedly, Washington did not give a second inaugural address because of these pains. Eating, talking and smiling must have been difficult.

George Washington may not have used his dentures for more than 200 years, but that won't stop them from getting a 21st century update, thanks to a contest sponsored by Baltimore's Dr. Samuel D. Harris National Museum of Dentistry in honor of the museum's tenth anniversary.

More than 900 dental laboratories in the United States and Canada were invited to replicate George Washington's upper and lower dentures, based on the hippopotamus ivory and gold set created in 1795 by John Greenwood. Laboratories were provided with photographic scans of the original lower denture and an upper replica created in 1976 along with specifications of the dentures. The winning entries will be displayed at the museum and featured in the museum's trade show booth at prominent dental meetings in Las Vegas, New York, Chicago and Anaheim, CA.

In addition to first and second place prizes awarded by the judging committee, visitors to the National Museum of Dentistry will have the opportunity to select a "People's Choice" winner. All winners were announced at the National Museum of Dentistry's 10th Anniversary Gala in June.

The National Museum of Dentistry exhibits George Washington's 1795 lower denture in the Malott Gallery on the Museum's second floor, along with replicas of other dentures created for Washington during his lifetime. ■



For more information, visit www.dentalmuseum.umaryland.edu.

DENTAL DATELINE

Keep your dentist in the loop about your health

When visiting your dentist, it's important to tell your dentist about any changes to your health or to the medications and supplements you take. All of these can affect the health of your mouth and the care you receive at the dental office.

Remember, your dentist is a part of the healthcare team looking after your well-being. Keeping him or her in the communications loop will mean more effective care for you.

Your physical health

There are many medical conditions that can influence your oral health and treatment.

Diabetics may be more likely to have gum disease and salivary gland problems that can lead to widespread tooth decay.

Smokers may develop oral fungal infections and are at risk for oral cancer, a type of cancer that is often deadly if not detected early.

People with lung and breathing conditions such as asthma or emphysema may require special consideration, even during routine dental exams. Quick-acting asthma inhaler medicines must be available in the dentist's office for emergency treatment.

The pills you take

You should inform your dentist about anything you take regularly, including prescription drugs, over-the-counter (OTC) drugs, herbal medicines, vitamins and dietary supplements. The side effects of these drugs and their interactions with the drugs your dentist uses may be important to your oral health.

OTC drugs used to treat cold and flu symptoms may cause a dry mouth that may lead to mouth sores and fungal infections.

Women undergoing infertility treatment or taking birth control pills may have a higher incidence of swelling and bleeding of the gums.

Herbal medicines such as garlic, ginko and ginseng are also of concern to the dentist. Garlic is known to interfere with normal blood clotting and may need to be stopped 7-10 days before any tooth extractions or other surgical dental procedures are performed.



Allergies and side effects

Your dentist also needs to know about any allergies you may have. These may affect, for example, the anesthetics that are used to numb your mouth and keep you comfortable during dental procedures, or the antibiotics prescribed afterward.

You may be unsure if you are allergic to a certain medication or have had side effects from it. Be sure to tell the dentist about the symptoms you experienced after taking medication so that it may be determined if you are truly allergic or have had a drug side effect.

Update the information

The information that you provide your dentist should be as current as possible. This is especially important as new medical conditions develop and new drugs are prescribed for you. Always make sure to report changes as your children grow older, too.

These are some of the reasons why your dentist asks you to complete a medical history, and why the information you provide helps ensure your continuing good dental health and that you receive the best possible care at the dental office. ■

Appointments

DR. EVANS NAMED TO STATE, NATIONAL POSTS

Gov. Rod Blagojevich recently appointed Dr. Caswell A. Evans, DDS, associate dean for Prevention and Public Health Sciences at the University of Illinois at Chicago College of Dentistry, to the State of Illinois Board of Health. He also was chosen president-elect of the American Association of Public Health Dentistry (AAPHD) by the membership of that national organization.

The Illinois State Board of Health is a 17-member body composed of physicians, environmental health professionals, a veterinarian, a health academician, and others in healthcare fields. Dr. Evans was chosen for the dentist's slot on the board.

The General Assembly has made it state policy that all Illinois citizens are entitled to lead healthy lives. "So it is in that context that much of the work of the State Department of Health and its director, Dr. Eric Whittaker, is focused, and the State Board of Health advises Dr. Whittaker on a wide variety of public health issues," Dr. Evans explained.

The board advises the department and reports to the governor on public health emergencies and other emergent situations; makes recommendations to the department concerning coordination of public health activities, particularly between state and local health officials; and assesses how the public health function is being carried out by the state. It also reviews and decides on proposed state administrative rules regarding health policy.

AAPHD is a national organization whose members are healthcare providers formally trained in public health, or individuals who hold state and local government positions in public health. It conducts an annual meeting in conjunction with an organization it sponsors, the American Board of Dental Public Health (ABDPH), as well as the Association of State and Local Dental Directors and the American Association of City and County Dental Directors. Dr. Evans is a Diplomate in the ABDPH.

DR. LINGEN NAMED EDITOR OF TRIPLE O

Mark W. Lingen, DDS, PhD, was recently named the oral and maxillofacial pathology section editor for *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontology (Triple O)*.

Dr. Lingen is an associate professor at the University of Chicago Pritzker School of Medicine. His National Institutes of Health-funded research pertaining to the molecular diagnosis and prevention of oral cancer has resulted in more than 80 publications.

Dr. Lingen is a Fellow of the American Academy of Oral and Maxillofacial Pathology, a Diplomate of the American Board of Oral and Maxillofacial Pathology and director of the University of Chicago Oral and Maxillofacial Pathology Service.

FDA APPROVES NEW STRENGTH KEFLEX

The U.S. Food and Drug Administration issued a letter of approval for the new strength antibiotic Keflex prescribed by physicians and dentists, Advancis Pharmaceutical Corp. announced May 15. Advancis expects to begin marketing new strength Keflex products nationwide this summer.

The newly approved 750-mg strength offers health professionals a more convenient way to deliver a total daily dose of 1,500 mg in two doses, the announcement said.

Keflex has been available in 500 mg doses taken three times a day. Advancis received approval to market 333 mg and 750 mg capsules.

Keflex is the brand name for a cephalosporin antibiotic used to treat infections and, according to Advancis, is the most prescribed oral cephalosporin antibiotic in the United States. The generic name is cephalexin.

Dentists prescribe cephalosporins for oral infections.

NATIONAL PROVIDER ID TO MAKE ELECTRONIC TRANSACTIONS EASIER

Any healthcare provider who uses standard electronic transactions, like electronic claims, is required by federal law to have a unique National Provider Identifier (NPI) number by May 23. According to an article in the April/May/June issue of the *Journal of the Philadelphia*

County Dental Society, even dentists who use only paper, voice and fax to transmit these communications may find NPIs useful or necessary. For instance, Highmark Blue Shield already has announced that it plans to use the NPI as the identifier for all providers.

The ADA recommends that all of its members apply for an NPI number because of the many advantages. NPI replaces existing identifiers such as Social Security numbers and tax IDs for health care electronic transactions. Dentists will no longer have to maintain multiple identifiers required by dental plans.

For more information, visit nppes.cms.hhs.gov. Read the instructions, complete the questionnaire and submit your application. After confirmation of the data you entered, you will be sent an NPI via email within five business days.

INSURERS LOOK CLOSELY AT ORAL/SYSTEMIC LINK

The mounting evidence that oral and systemic health are closely linked has many insurance carriers looking at combining their dental and medical coverage plans, according to an unsigned lead article in the April issue of *Managed Dental Care*.

Although it's too early to tell what the final shape of dental benefits will be (whether as stand-alone plans or dental-medical plans), the article notes that industry leaders are looking at ways to offer packages that combine both types

of insurance.

An ongoing study funded by Delta Dental of Michigan, Ohio and Indiana has shown preliminary evidence that diabetics with periodontal disease are healthier if they receive more frequent professional teeth cleanings, the article states. Jed Jacobson, Delta senior vice president of professional services and chief science officer, said that "if the early findings prove correct, we plan to incorporate coverage of additional cleanings into benefit plan designs for our members with diabetes and periodontal disease, possibly as early as 2007."

San Francisco-based Blue Shield of California has introduced "an enhanced small-group dental benefit for pregnant women," because of growing evidence that pregnant women with gum disease are more likely to deliver pre-term babies.

Despite these developments, most insurance carriers are not yet ready to make the commitment solely to dental/medical coverage hybrid packages. Bob Clifton, vice president of Blue Shield of California's ancillary services, said, "Evidence does suggest that there may be a cost savings relationship between dental care and medical costs, but the data are not definitive at this time for a major change that would give an advantage to either carrier type. It's a natural fit and it's possible that companies that offer both kinds of benefits could have a competitive advantage in the marketplace as market pressures change, but evidence of marketplace advantage remains to be fully demonstrated."



GRILLS: THE LATEST TREND IN ORAL JEWELRY

Pierced lips and cheeks, split or pierced tongues, filed teeth—it sometimes seems that the list of things people do to their mouths in the name of style (and sometimes to the detriment of their oral health) continues to grow. The latest fad is "grills."

Alyssa Brown, associate editor of *Today's FDA*, the journal of the Florida Dental Association, writes about this trend in the April issue. She quotes members and ADA spokespeople on the damage grill-wearers can do to their teeth and gums, particularly if they aren't diligent about hygiene.

Ms. Brown offers some tips dentists can follow if patients ask them about grills:

Stick to the facts. Note that wearing grills even for a few hours can cause periodontal disease.

Stay focused on the patient's oral health. Don't comment on aesthetics. You don't want to risk alienating a patient.

Educate patients who wear grills about maintaining good oral health. Show them how to clean grills and advise them to wear grills only for short periods. Discourage permanent grills.

PARENTS UNAWARE OF BAD DIET, DENTAL LINK

If everyone wants healthy children, then why do some parents allow their kids to indulge in unhealthy behavior? As Dr. Carol Klingensmith notes in the April issue of *Membership*

Matters, the publication of the Oregon Dental Association, some of the things dentists assume are common knowledge are not obvious to the community at large.

The link between diet and enamel erosion is not a well-known fact among parents or educators, Dr. Klingensmith says.

In a sidebar, Dr. Janet Peterson provides some tips for dentists who wish to work with local schools in fostering a wellness program for students:

Over-consumption of fruit juice is as bad for children as soda. Juices are often as cariogenic and caloric as sugary sodas. Too much can negatively affect children's oral and overall health.

Drinks that are reclosable (with a screw cap) can increase the number of times teeth are exposed to sugary soda pop. Kids tend to sip soda from reclosable bottles longer than they do from cans.

DENTAL EDUCATION AIMS TO INCREASE DIVERSITY

A dental education panel offered a model "for realistically improving the proportion of underrepresented minorities in dentistry" that would engage minority-serving universities in preparing students to become dentists. "We fully expect institutional interest will vary," the committee said in a feasibility study released May 16.

The report, *Bridging the Gap: Partnerships between Dental Schools and Colleges to Produce a Workforce to Fully Serve America's Diverse Communities*, is available at www.communityvoices.org. Community Voices: Healthcare for the Underserved is supported by the W.K. Kellogg Foundation and located at the National Center for Primary Care at Morehouse School of Medicine.

ADA President Bob Brandjord encouraged a full reading of "this very good report that



gives us good food for thought." He cited ADA efforts to increase access to care and diversity within the profession and offered association research on the economic impact of dental practice in rural areas.

The report recommends pilot studies to implement the model, which adapts a medical education model as a framework to educate greater numbers of students of color in dentistry.

The report also calls for foundation and government financial support so low income students will have the opportunity to enroll and "strongly recommends" that states without dental schools or those with workforce problems support a portion of the costs of education.

YOUR PATIENTS TRUST YOU, DOCTOR

More Americans trust the advice they get from their dentists than from nearly all other professionals, a new Harris Poll shows.

Harris asked more than 2,300 American adults to rank 11 different professions in terms of the trust they place in the advice those professionals give. Dentists ranked second, just a few percentage points behind physicians.

Findings from the survey were released May 10. Conducted in late March, the online poll asked respondents, "If you were getting professional help and advice from each of the following, how much would you trust them to give you advice which was best for you?"

Options to describe the level of trust included "Completely," "Somewhat," "Not at all" and "Not sure."

Exactly 50 percent of respondents said they trust advice from their physicians "completely," followed by dentists at 47 percent and nurses at 46 percent.

After that, the drop off in the "completely" category is precipitous: accountants, 28 percent; lawyers, 18 percent; bankers, 16 percent; financial advisors, 16 percent; mechanics, 12 percent; insurance agents, 9 percent; real estate brokers, 7 percent; stockbrokers, 6 percent.

"In general," Harris said in a news release, "it seems that professionals who clearly try to sell something, such as stockbrokers, real estate agents and insurance agents, are less trusted than those who do not."

USE THE INTERNET TO CALL LONG-DISTANCE

In his column "Cyber Salon" in the March/April issue of the *Pennsylvania Dental Journal*, Associate Editor Bruce Terry discusses the latest communications technology, VoIP (voiceover internet protocol).

VoIP allows a person to make free long-distance telephone calls using a computer network, usually the Internet. Establishing a VoIP connection takes only a high-speed Internet connection and a microphone/headset or telephone adapter. In addition, you need to find a VoIP provider, some of which allow free calls between subscribers.

More information is available at www.fcc.gov/voip.

MAKE A CLEAN SWEEP: DEAL WITH YOUR CLUTTER

Chronic office clutterers often excuse their messy desks as symbols of their busyness or even their active minds. Those are pretty lame excuses and coping strategies to help clutterers avoid cleaning up their workspaces, says Dr. Janice Goodman in the March issue of *Oral Health (Canada)*.

Clutter strewn around an office and on a desk keeps a person "living in the past," Dr. Goodman says, and makes it hard to keep work projects organized and finished on a timely basis.

She provides a checklist for clutterers intent on cleaning up:

Make a list of most pressing issues, i.e., clear the paper off the desk; read the mail; return calls; recycle old journals.

Start small, like clearing out a cluttered drawer.

Be ruthless. You should sort through your stuff right away. Don't be overcome by qualms over the possible uses an item might have in the future.

Tidy up. For those things you can't throw away, but contribute to the clutter, find a place. Keys, for example, should be put in the same spot every time. This will also help you find the things you need—things that are usually lost in the clutter. ■

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 Dentists may update personal information online at www.idfpr.com.
SPRINGFIELD OFFICE
 320 W. Washington, Springfield, IL 62786
Phone: (217)785-0800, **TDD:** (217)524-6735, **Fax:** (217)782-7645
CHICAGO OFFICE
 100 W. Randolph St., Suite 9-300, Chicago, IL 60601
Phone: (312)814-4500

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CDS REVIEW SALES OFFICE:
 M.J. Mrvica Associates
 Dean Mather
 2 West Taunton Ave.
 Berlin, NJ 08009
Phone: (856)768-9360, **Fax:** (856)753-0064
e-mail: dmather@mrvica.com

The publication of an advertisement in the CDS Review is not to be construed as an endorsement or approval of the product or service being offered.

MEETING PLACE

A GUIDE TO DENTAL MEETINGS AND CE COURSES

UPCOMING MEETINGS

SEPTEMBER

20: University of Illinois at Chicago College of Dentistry
UIC College of Dentistry Golf Outing, Cog Hill Courses 1 and 3, 12294 Archer Ave., Lemont. Tee times: 8:30-10:15 a.m. Golf to be followed by all-you-can-eat buffet and raffle at 2 p.m. Fees: \$95, includes golf, cart and buffet; \$80 without cart; \$35 for those wishing only to attend the buffet. Various tee times available on the Dubsread Course on a first-registered, first-served basis for \$175. For more information, contact Ana Lisa Ogbac, UIC Office of Advancement and Alumni Affairs, (312)996-0485.

22: Chicago Academy of General Dentistry

John Olsen, DDS: Oral Pathology. GC America, 3737 W. 127th St., Alsip. 8 a.m.-4 p.m. For more information, contact Peter Gallos, (630)759-0077; donti_32@yahoo.com.

OCTOBER

25: Edgar D. Coolidge Endodontic Study Club

John West, DDS: Experiencing the Exceptional Endodontic Practice: Creating the Practice of Your Dreams. 9 a.m.-5 p.m., ADA Building, 211 E. Chicago Ave., Chicago. Fees: \$275 (includes breakfast and lunch); free for active members; \$35 for endodontic grad students, \$50 for associate, retired, disabled or life members. For more information, contact Paul Moyer, (262)544-6115, pm795@aol.com

STUDY CLUBS

MONDAYS

Greater Evanston Dentists Association

Meets first Monday of every month, noon-1 p.m., Gio Restaurant, 1631 Chicago Ave., Evanston. Contact Roger Nouneh, (847)475-7754.

TUESDAYS

Central Lake County Dental Study Club

Meets the third Tuesday of every month at noon, January-November, Jimmy's Charhouse, 1413 Peterson Rd., Libertyville. Contact David Maddox, (847)263-1801.

FRIDAYS

Uptown Dental Forum

Weekly lunch/lectures, Sauganash Restaurant, 4732 W. Peterson Ave., Chicago; 12:30-2 p.m. Academy of General Dentistry sponsorship approved. Contact Marshall Dolnick, (773)588-3880.

Waukegan Dental Study Group

Semi-monthly meeting for lunch, noon to 2 p.m., Waukegan Ramada, 200 Green Bay Rd. Contact Rob Bard, (847)244-0155, or Rod Morrow, (847)689-1213.

NEXT CDS REGIONAL MEETING

SEPTEMBER 20

Martin Nager, DMD:

The Periodontally-oriented Restorative Practice

CDS Regional Meetings are 9 a.m.-2:30 p.m. Drury Lane, 100 Drury Ln., Oakbrook Terrace. 5 CE hours. Educational meetings are free to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society. A \$250 fee is charged to dentists who are not ADA members, which may be applied to membership for the current year. Registration is not required for any regional program.

PLANNING A MEETING?

Tell us about it!

The *CDS Review* will print your meeting announcement for free!

FAX YOUR MEETING INFORMATION TO:

(312)836-7337;

or e-mail: review@cds.org.

When submitting information, be sure to include the subject, date, time, location, speaker name and degree, as well as the name and phone number or e-mail of the contact person. Only meetings open to all CDS members are listed.

THE CHICAGO DENTAL SOCIETY

OFFICERS AND DIRECTORS CORDIALLY INVITE
YOU AND YOUR SPOUSE/GUEST TO ATTEND THE

INSTALLATION OF OFFICERS

THURSDAY, NOVEMBER 9
THE PENINSULA HOTEL
108 E. SUPERIOR STREET, CHICAGO

WELCOME RECEPTION • 7:15 P.M. • AVIATION II ROOM

INSTALLATION • 8 P.M. • THE GRAND BALLROOM

GALA DESSERT RECEPTION • 9 P.M. • WINGS OF CHICAGO ROOM

2007 OFFICER NOMINEES

PRESIDENT: JOHN FREDRICKSEN, DDS

PRESIDENT-ELECT: H. TODD CUBBON, DDS

SECRETARY: DAVID KUMAMOTO, DDS, MS

VICE PRESIDENT: MICHAEL STABLEIN, DDS, PHD

TREASURER: IAN ELLIOTT, DDS

THE 2007 CDS OFFICERS ELECTION WILL BE HELD

NOVEMBER 8 DURING THE REGIONAL MEETING AT

DRURY LANE, 100 DRURY LANE, OAKBROOK TERRACE.



DELIVERY

The *CDS Review* is published seven times annually. The magazine mails the middle of the first month the issue covers. For example, the January/February 2006 issue mailed January 15, 2006.

DEADLINES

ISSUE	DEADLINE
September/October	August 15, 2006
November	September 15, 2006
December	October 31, 2006
January/February	December 15, 2006
March/April	January 15, 2007
May/June	April 16, 2007
July/August	June 15, 2007

All advertisements, changes and extensions must be submitted in writing. **No advertisements, changes or confirmations will be taken over the telephone.** Although every effort is made to place advertisements received after the deadline in a specific issue, we cannot guarantee that late advertising will appear in the issue requested. The advertisement will appear in the following issue. Advance payment covering the number of insertions must accompany your written advertisement.

RATES

DISPLAY CLASSIFIED: \$90 per column inch.
STANDARD CLASSIFIED: \$75 for the first 30 words plus \$1 for each additional word.
CDS members are entitled to a 20% discount. You must provide your CDS membership number as proof of membership when placing your classified ad, otherwise you will be charged the non-member rate.

PAYMENT

Make checks payable to: Chicago Dental Society. Classified ads must be paid for in advance.

PRACTICES FOR SALE

Dental practices listed for sale within this section of the *CDS Review* are limited to practices that are being sold either by a dentist or a management company hired by the dentist to sell the practice. Advertisements from all others may not be placed in the *CDS Review*.

REPLY BOX NUMBERS

For an additional \$25, CDS will issue a confidential reply box number for your ad. These numbers ensure the privacy of our advertisers. All unopened responses are mailed to the advertiser once a week.

Replies to *CDS Review* box number ads should be addressed as follows: Box Number, Classified Advertising, Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago 60611-5585. (An example of a *CDS Review* reply box number is A0104-A1, *CDS Review*. Any classified ads with numbers that do not follow this sequence are not *CDS Review* reply boxes.)

Send all correspondence, including advertisements and payments to: Chicago Dental Society, Classified Advertising, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585.

Although CDS believes that advertisements published in the *CDS Review* are from reputable sources, CDS neither investigates the offers nor assumes responsibility for them. **CDS reserves the right to edit, decline, accept and withdraw advertisements at its discretion.**

FOR RENT

LINCOLN PARK: PROFESSIONAL building has 1,000-2,200 square feet ideal for dental office. Building has doorman and valet parking. Call Matt at (312)953-1798.

SIX-PLUS ROOMS WITH THREE operatories fully plumbed on ground floor of medical center. Free telephone answering and common reception area. Reasonable rent. We have the name of a dentist willing to share office space. 3420 W. Peterson Ave., Chicago, (773)267-0020.

WOODSTOCK, AVAILABLE IMMEDIATELY: Two built-out 1,540-square-foot dental suites in Professional Arts building with private parking. Just drop in your orthodontic or dental equipment and open your primary or satellite office now. Olson Middle School is across the street—perfect location for family dentistry or orthodontist. Call Retlew Investments, LLC, (815)332-3274.

LOOKING FOR A DENTIST: New shopping center in Elk Grove Village on Devon Ave. Will finance build-out. Also future sites in Elgin and Carol Stream. (630)894-1277 ext. 11.

OAK BROOK AREA: Excellent location for dentist or dental specialist. Modern building with atrium, 1,100 and 2,000 square feet available. Landlord will assist in build-out and remodeling cost. Call (630)279-5577 or visit www.britanyoffices.com.

WEST SUBURBS: Space previously occupied by dentist for rent. Approximately 1,500 square feet, includes reception, business and private offices, five operatories, lab areas. Located in attractive professional building. Owner will redecorate and recarpet, and give you two months free rent for three year lease. Fax replies to Lisa, (630)628-1580.

RENT/SPACE SHARE: 2,500-square-foot free-standing building. Excellent visible location in Highland Park. Great opportunity for specialist or general dentist. Call (847)274-4281.

CLASSIFIEDS

Place your ads online at WWW.CDS.ORG

DENTAL OFFICE SPACE AVAILABLE

Ideal Naperville location

- Space available for July occupancy.
- Great location.
- Convenient parking.
- Steps from shopping and banking.
- Minutes from Edwards Hospital.

CALL DAN LYONS (312)242-4009

SPACE SHARING

NEWLY DECORATED AND EQUIPPED, including IV sedation, dental office is available for space sharing with specialist or GP. Located west of Old Orchard mall, at the exit from 94 and close to public transportation. Call Dr. Abe Dumanis, (847)329-9858. Fax resume to (847)329-9768.

SPACE SHARING, NORTHBROOK: Ideal location for satellite or new graduate, with future buy-out assured. Your place with no start-up costs. Flexible hours. Phone (847)564-0084.

DENTAL OFFICE SPACE TO SHARE: \$1,750/month with possibility to take over practice. Modern, West Loop office. Self-contained water system. Call (312)623-0122.

IDEAL OAK PARK LOCATION, SPACE SHARING: excellent opportunity for oral surgeon or endodontist not wanting to take out expensive equipment loans. Call Dr. Givens, (708)261-6989 or (708)660-0085.

POSITIONS WANTED

FOR THE COMFORT of your patients: General dentist is available to work in your office, performing surgical extractions and removal of impacted third molars. Fax inquiries to (847)940-9885.

EXPERIENCED PERIODONTIST/IMPLANTOLOGIST seeks part-time work in your general practice. Why refer when you can have everything done in-house? Reply to Box J0606-A1, *CDS Review*.

DENTIST SEEKS P/T POSITION: General dentist seeks P/T associateship position. Twelve years experience in all phases of dentistry and latest procedures. Prefers North Shore or northern suburbs. (847)738-8353.

DENTIST, MORE THAN 25 YEARS experience, seeks to join practice in Chicago area, oriented to dentures, partials and extractions. Full- or part-time. E-mail livac2@aol.com or call evenings (847)318-6354.

SEEKING POSITION/ASSOCIATESHIP: Dentist with 20 years experience working with upscale clientele, including advanced communication skills and training in cosmetic, functional and implant rehabilitation. Seeking 2-3 days position in an above-average practice. If you're thinking about bringing someone in, but are unsure where to find a person to handle precious patients, then we may be a great match. Extensive CV and references available. (847)902-8906.

DENTIST SEEKS POSITION: General dentist seeks P/T or F/T associate position. Experienced in all phases of dentistry. Preferably North/Northwest. (773)805-0238.

OPPORTUNITIES

IMMEDIATE POSITION AVAILABLE. We are looking for an associate to work in our near southwest suburban practice on a guaranteed income basis commensurate with experience. If you are interested in discussing this further, please write to us at Box F1102-A2, *CDS Review*.

ASSOCIATE WANTED: Busy South Side Chicago practice is looking for associate 2-3 days per week. New graduates welcome. If interested, please call (773)247-0404. Ask for Maria.

OPPORTUNITY TO JOIN practice in West Town. Must be enthusiastic, personable individual with good people skills. Full- or part-time. Call Nidza at (773)235-1171.

GENERAL DENTIST FOR CHICAGO and north suburban practice. Growing practice needs dentist part- or full-time to perform all phases of dentistry. Excellent opportunity for ambitious person. Fax resumé to (773)271-3280, or call (773)271-5200.

EXCEPTIONAL DENTIST ASSOCIATE WANTED

Established, highly successful FFS dental practice with \$2+ million in revenue seeks PT associate with flexible hours.

- Two years experience in private practice or GPR required.
- Guaranteed daily salary, plus commission.
- Practice is located 30 minutes from downtown Chicago in Dyer, IL.

E-mail resume to dratcha@gmail.com
or fax resume to (847)251-3515

GENERAL DENTIST: FULL- OR PART-TIME. Partnership available as well. Very high income potential. We are a seven-dentist group practice with specialists. Three locations. 95% fee-for-service. No Public Aid. Call Harry at (773)978-1231.

GROWING DENTAL PRACTICE IN NILES seeks part- to full-time dentist. Call (847)297-4815.

ENDODONTIST AND DENTIST WANTED: Schaumburg general practice seeks part-time endodontist and dentist to join our team. Excellent opportunity for recent graduates. Polish speaking desired. Fee-for-service, no HMOs. (847)534-7000.

DENTIST NEEDED: FT/PT associate for offices in Chicago and Western Suburbs. Earn \$250,000-350,000 working in a great environment with paid malpractice and health insurance. Fax (312)274-0760 or e-mail dwole@gmail.com.

EXCELLENT OPPORTUNITY: PT-to-FT general dentist to join family practice, newly expanded and state-of-the-art facility in far NW suburbs. Fax resume to Michelle at (847)426-5964. For questions, call same number.

EQUITY ASSOCIATESHIP AT PREMIER fee-for-service practice located in NW suburban Chicago. This full-service, fine restorative practice is in a free-standing professional building on busy street one mile west of Route 53. The practice is committed to excellence and seeks a dentist interested in an exceptional practice purchase or partnership opportunity. Wonderful patients and growth opportunity with an exceptional dental team. Please reply in confidence with your objective, CV and written goals to Box M0306-A3, *CDS Review*.

ELEGANT NAPERVILLE GENERAL PRACTICE

seeks part-time

General Dentist • Endodontist • Oral Surgeon

Please call or leave a message at

(773)742-2110

GENERAL/COSMETIC-MINDED GENERAL dentist: High profile, established North Shore cosmetic practice seeks entrepreneurial mover and shaker with constant desire to improve, learn and grow. Candidate must be a team player who is open to constant improvement. Must have experience with cosmetic and restorative dentistry and desire for future ownership. Send resume and goal information to makeoverdoc@sbcglobal.net.

DENTIST NEEDED: Part-time dentist needed for busy suburban offices. Guaranteed base plus commission. Please call (630)935-0268.

GROWING LOCKPORT PRACTICE IN booming southwest corridor seeks part-time associate with opportunity for partnership buy-in after two years. Initially, two days per week, including alternate Saturdays. I offer an established, 100% FFS practice, including a successful part-time orthodontist. My competent staff is a true team, putting patient quality first. Efficient business systems in place generate strong financial returns. The right candidate will offer excellent diagnostic, treatment planning and clinical skills with a strong proficiency in all endo. Your personality and enthusiasm make you pleasant to work with, Your communication skills should turn treatment plans into treatment. Please forward CV with specific explanation describing why this offer interests you. Fax (630)257-0592 or e-mail maureen@amarigroup.com.

DENTIST WANTED to examine, evaluate and treat patients at the Infant Welfare Society of Chicago dental clinic. Dentist will work within guidelines established by the American Academy of Pediatric Dentistry and the clinic in a prompt manner, including counseling parents and children on preventative dentistry, and accurate and legible charting. Other responsibilities may be assigned by the dental director as needed. Candidates must be graduates of accredited dental programs with IL licensure and either post-graduate training in pediatric dentistry or one year experience treating children. Reply with CV to Box F1105-F2, *CDS Review*.

DENTALCARE PARTNERS is an established practice management development company operating in nine states (Illinois, Indiana, Michigan, Ohio, Pennsylvania, Wisconsin, Kentucky, Tennessee and North Carolina). We are currently seeking highly motivated general dentists as well as specialty dentists and orthodontists for full- and part-time positions. The ideal candidate must be concerned with quality patient care, be a team player and have a strong desire to learn, grow personally and professionally. Benefits will include a guaranteed salary with attractive earning potential, partnership opportunity, 401(k), health insurance, term life and vision insurance, short- and long-term disability, malpractice insurance, paid vacations and continuing education. Interested candidates please contact Deborah Hammert at (800)487-4867, ext. 2047, e-mail her at dbammert@dcpartners.com, or fax resume to (440)684-6942.

PEDODONTIST AND ENDODONTIST wanted to join state-of-the-art specialty-only practice with offices in Grayslake and Buffalo Grove. Rewarding opportunity in a very creative setting. Send resume to Box E0905-E1, *CDS Review*.

ENTREPRENEURIAL, ENTHUSIASTIC dentist wanted: Downtown Chicago practice. Excellent opportunity to develop advanced diagnostic and treatment skills and grow professionally. Potential for ownership/partnership. E-mail CV and note what you are looking for now and in five years. What are your entrepreneurial ideas for marketing yourself? seniordoc@gmail.com.

HOFFMAN ESTATES: Premier, family-oriented, fee-for-service general dental practice located in a northwest suburb of Chicago. This health-centered, full-service, state-of-the-art restorative practice is located in the professional building on a major hospital campus. The practice is committed to excellence and seeks a dentist interested in an exceptional practice purchase opportunity. Owner is willing to assist with quality introduction period to ensure smooth transition. Wonderful patients and growth opportunity with an exceptional dental team. Please reply in confidence with your objective, CV and written goals to: The Sletten Group, Inc., 7882 S. Argonne St., Centennial, CO 80016. Phone: (303)699-0990; fax: (303)600-4863; e-mail: terri@lifetransitions.com.

EXPERIENCED DENTIST NEEDED: Space, equipment, staff and management available in downtown Glen Ellyn. Professional Building. Contact Louanne at (630)545-9127.

ASSOCIATE WANTED: Busy southwest Chicago family dental practice in Shorewood seeks FT/PT general dentist. Call Debby at (815)725-5991.

DENTAL DIRECTOR WANTED to manage all activities of the dental clinic at the Infant Welfare Society of Chicago. Director will supervise dentists and hygienists, provide leadership for all dental staff, and provide clinical dental services for patients. Duties include hiring and supervising staff, including annual merit review for each staff member; developing job descriptions as needed; maintaining and verifying personnel files; developing policies and procedures in accordance with the American Academy of Pediatric Dentistry guidelines; managing dental services; and negotiating equipment purchases and dental contracts. Candidates must be Board-certified pediatric dentists and licensed in IL; and have two years experience with post-graduate training in pediatric dentistry. Reply with CV to Box F1105-F1, *CDS Review*.

OUR FEE-FOR-SERVICE PRACTICE ON Chicago's Northwest Side includes three restorative dentists, periodontist and orthodontist. Lab in-house. We treat many comprehensive full restorative cases, including implants. We are looking for a general dentist experienced in cosmetic and restorative dentistry and an orthodontist. We are also looking for a Polish-speaking, caring individual who is willing to share his knowledge with others and learn from our experienced professionals, and have an appreciation of practice management. Please call (773)625-2626.

HELP WANTED—DENTIST: Busy family practice near Norridge/Park Ridge in need of experienced, ambitious dentist 2-3 days/week to treat private, fee-for-service patients. Great opportunity for future partnership/purchase in a great area. Call (773)736-5151 or fax (773)594-9997.

ILLINOIS—40 MILES WEST OF CHICAGO: Seeking an associate or partner for an established, comprehensive, fee-for-service office in an upscale community. Please send resume to PO Box 322, Geneva, IL 60134.

ESTABLISHED, 24-YEAR-OLD PRACTICE with locations in Midway Airport area and Oak Lawn seeks associate. Options include partnership, immediate or transition buy-in/buy-out. No temporary associates. Recent graduates welcome. Call (708)424-5700 or e-mail k.yerkes@sxu.edu.

ASSOCIATE DENTIST: Established group practice with offices in west suburban Chicago and southern Wisconsin is looking for a caring, energetic dentist. Our well-trained and experienced staff has the practice administration and clinical skills to compliment your commitment to excellence. Established and growing patient base, dedicated employees and proven practice administration for over 30 years. This is an outstanding opportunity for an enthusiastic and motivated dentist. Fax resume/CV to (630)539-1681.

DOWNTOWN EVANSTON GENERAL practice is looking for a special dentist who truly cares about his/her profession and patients. We have a beautiful office and a great location. Associateship leading to partnership. Evanston is growing, come grow with us! E-mail your response to busydd@botmail.com.

ESTABLISHED GROUP PRACTICE with offices in Chicago's western suburbs seeks part- and full-time dentists. We offer state-of-the-art dental facilities and an excellent opportunity for the right individual. Please fax your resume to (630)364-5746 or e-mail tworiversdental@sbcglobal.net.

UNIQUE PRACTICE OPPORTUNITY North Suburban-based Esthetique Wellness Spa is looking for a GP or specialist who has an established patient base but would like to reduce your business headache. Call (224)622-7216. Outstanding environment to work in.

DENTAL ASSOCIATE NEEDED to join our state-of-the-art practices in Oak Forest and Hinsdale. P/ T and F/T opportunities available. Please fax resume to (630)986-1529 or e-mail lrimbos@comcast.net.

ENDODONTIST AND ORAL SURGEON: Norridge, three general dentist and one orthodontist office. We seek to replace our endodontist and add an oral surgeon. Digital X-rays, rotary, Panorex/Ceph and Nobel implant system. Call (847)477-6443.

ASSOCIATE DENTIST WANTED IN established Wrigleyville practice. Part-time leading to full-time position. Applicants must be interested in purchase in near future. Fax resume to (847)564-0936, or call (773)929-1150.

ESTABLISHED PRACTICE IN WHEATON/Naperville area seeks full-time associate. We need a quality-oriented, personable individual with good people skills to work in all aspects of general, family and esthetic dentistry. We have a fully equipped, modern office in a great suburban location, with a well-developed patient base built over 19 years. NO HMO or PPO. Health insurance, profit sharing and 401(k) also available. Call (630)690-1155 or fax CV/resume to (630)690-1196.

ASSOCIATE WANTED for North Side Chicago practice. Our office is expanding and moving into a brand new, modern space. We are looking for a general dentist for 3 days per week. Call (773)267-1818 or fax resume to (773)267-3735.

GREAT OPPORTUNITY FOR GP to work independently in a busy, state-of-the-art Barrington office two days a week. PPO/FFS. Fax (847)842-0564.

DENTIST NEEDED: Part-time/full-time dentist needed for busy suburban offices. Guaranteed base plus commission. Please call (630)628-8884 or (630)935-0268, or fax CV to (630)628-1104.

FT/PT ASSOCIATE OR OFFICE SHARE: Great opportunity for partnership/purchase in established practice in Niles. Fax: (847)583-8831 or e-mail nvernovsky@hotmail.com.

GENERAL DENTIST, PT/FT, NEEDED in established Arlington Heights family practice. Career opportunity for skilled dentist with ambition and initiative. Send resume to Box J0606-A2, *CDS Review*.

GENERAL DENTIST WANTED: Busy southwest side offices. Bilingual a plus. Good for new grads. Phone (708)863-6366 or fax resume to (708)863-6551.

GENERAL DENTIST: Established dental office in Aurora seeks a full/part-time dentist to provide dental treatment to all types of patients. New graduates are welcome to apply for position. Fax resume to (630)892-9902 or e-mail ngdentalctr@yahoo.com.

PEDODONTIST NEEDED: Progressive group practice in Northern Illinois seeking a pedodontist. Days/hours negotiable. Please call Carol at (815)397-4280, ext. 110.

FT/PT ASSOCIATE OR OFFICE SHARE: Partnership potential. Flexible hours/days. No weekends. Ninety minutes northwest of Chicago, near Lake Geneva, WI. Fax (815)756-8882.

OPPORTUNITY FOR SPECIALISTS: Dentist with 25+ years experience is expanding practice. Three plumbd operatories, one surgical suite and great support staff. Practice is located in southwest suburb with easy access off I-294. New graduates welcome to apply. Please send inquiries to dlappell@comcast.net or call (708)598-4055.

ORTHODONTIST NEEDED: Established, multi-specialty practice in Joliet seeks part- to full-time orthodontist to treat existing and new patients. Fax resume to (815)741-0170.

ASSOCIATE DENTIST NEEDED IN PEORIA, IL. Enjoy the friendly, stress-free and patient-focused practice that you have always wanted to be part of. Seeking full-time associate dentist. Will consider part-time as well. Ideal candidate would be dentist that is comfortable performing extractions. Full-time associate dentist will receive a generous base and bonus package, comprehensive benefits including medical and malpractice coverage and more. To learn more contact Stuart Raney at (800)313-3863, ext. 2295 or e-mail sraney@affordablecare.com.

GENERAL DENTIST: Progressive group practice in Northern Illinois seeking full-time general dentist. Excellent wage and benefit package—may lead to partnership. Please call Carol at (815)397-4280, ext. 110.

FULL-TIME ASSOCIATE, TWO HOURS SOUTH of Chicago. Well established, general practice in Bloomington, IL, seeks full-time associate with opportunity for partnership. Beautiful, high-tech office providing comprehensive fee-for-service only dental care. Generous base, w/ bonus package, medical and malpractice provided. Excellent opportunity for the right individual to provide ethical, conscientious therapy with a personal touch. Fax resume to Dr. Emil Verban Jr., (309)662-7617, or e-mail e.mu@verizon.net.

DENTAL OFFICE IN BEACH PARK seeks part-time dentist and dental lab technician. Great income potential. Please call Vicky at (847)872-5530.

IMMEDIATE POSITION FOR FT OR PT dentist. Very busy general practice in Dolton, IL, seeks part- or full-time dentist. Private, PPO and Medicaid patients. Fax resume to (708)481-8210 or call (708)481-3866 for more info.

AVAILABLE IMMEDIATELY: Progressive private practice in exploding Southwest corridor seeks endodontist, orthodontists and oral surgeon, 2-3 days/week. GP will provide patients and make scheduling available. Newly built-out space available. Please fax CV to Best Image Dental, (815)727-2133.

GENERAL DENTIST WANTED PT or FT position available in busy Chicago location with emphasis in pedo. Fax (773)287-2573 or e-mail dk3y@botmail.com.

GENERAL DENTIST NEEDED, part-time, three or four days. Public Aid ID# helpful. Call after 12 p.m. (773)745-7188. Ask for Grace.

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PART-TIME DENTIST NEEDED: Established practice on North Side of Chicago (Kedzie and Lawrence) seeks part-time dentist. New grads welcome. Fax your resume to (773)583-8986.

BRITESMILE WOODFIELD SPA: Dentist needed. \$350/day. Perfect for new graduates or retired dentist. PT or FT available. Please mention available days on cover letter. Fax resume to (312)266-9547.

GP/PEDO POSITION NEEDED: Busy West Town Chicago group practice seeks GP/pedo for employment. Large referral base. Interest in IV sedation a plus. Fax resume to (847)492-8865.

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BUSY PPO AND FFS PRACTICE in Barrington seeks part-time dentist. Some experience preferred. barringtondental@sbcglobal.net.

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DENTAL SALON IN LINCOLN PARK is looking for an enthusiastic associate. Part-time leading to full-time. Recent grads ok. Visit Web site at www.dentalsalon.com; Fax resume to (312)803-0888.

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DENTAL ASSOCIATE: Our beautiful, new, flourishing practice in Aurora has full-time and part-time opportunities available for a general dentist. New graduates welcome to apply. Please fax to (630)892-6873 or e-mail krisbandental@yahoo.com.

DENTIST: Erie Family Health Center seeks an experienced bilingual (Spanish) dentist to provide quality oral healthcare, emphasizing prevention and treatment of disease and assured access and continuity of care in a community health center setting. Inquiries: jobs@eriefamilyhealth.org.

WANTED: GENERAL DENTIST AND pedodontist. Busy Joliet area practices. Please fax resumes to (815)254-7662.

ASSOCIATIONS WANTED

GENERAL DENTIST ASSOCIATE: Our well-established (1911) private group practice, located in downtown Chicago, seeks another general practitioner, FT or PT, to join our practice as an independent contractor associate. The incoming new associate can either have an ongoing patient following or join us without a patient following. In either case, we will refer patients, new and established, to the new associate to keep him/her busy, initially, at least part time. This is an ideal arrangement for a general dentist to work on his/her own patients within a group environment, without the stresses of maintaining the physical structure of an office, thus providing ample private time and energy to devote to a family, retirement activities or other personal interests. If interested, please call (312)649-1854 evenings.

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LOOKING TO PURCHASE successful, modern, turn-key practice in Park Ridge, Glenview or St. Charles area. I am experienced and well-funded. Contact me at agdmember@sbcglobal.net.

LOOKING FOR OPPORTUNITY: Looking to purchase practice in Chicago, west and northwest suburbs or Loop area. Looking for short transition period. E-mail interest to ambadc@gmail.com.

FOR SALE BY OWNER

INDIANA—MERRILLVILLE: Offering a 1/3 partnership or two 1/4 partnerships in a still-growing general dentistry practice gross collecting \$2,038,000 with 45% overhead. Purchaser will net \$30,000-\$38,000 per month in a 24-hour work week. All new facility and equipment. Purchase price: \$679,000 for 1/3; \$509,000 for 1/4, with 25% down. Call (219)769-9388.

DENTAL OFFICE—ELK GROVE VILLAGE: Store front, two operatories plus (one for future), six-room office. Private and insurance only. \$280,000 on 24 hours/week. Owner retiring. (847)352-2110.

ORLAND PARK: 100% fee-for-service, great location in lucrative area. Four modern, fully-equipped operatories and Panorex. Ample parking, free-standing building on ground level. Call (219)924-8018.

ORAL SURGERY PRACTICE FOR SALE: Well-established, full-scope, two-office OMS practice in Chicago and suburban Illinois for sale. Both offices are fully-equipped, computerized, turn-key operations located in multi-specialty buildings. Practice has long-term experienced staff and large referral base. There are several hospitals in the area, offering a full range of services, including Level 1 trauma center with a university medical center. Practice is a very profitable operation which also presents an opportunity to purchase real estate. Owner willing to sell offices individually and assist during transition as requested. Reply to Box M0506-J1, *CDS Review*.

NORTHWEST SUBURB: 100% fee-for-service (almost no PPO), net \$150,000-\$175,000+ working 18-20 hours per week, 44 weeks/year. Two PT employees. (815)814-1313. Priced for quick sale.

CHICAGO LOOP GENERAL PRACTICE FOR SALE: Four fully-equipped operatories and Schick digital X-ray equipment. Grossed \$362,000 in 2005 working less than 27 hours per week. Reply to Box M0506-J2, *CDS Review*.

WELL-ESTABLISHED, GENERAL PRACTICE ready to make the transition to a new owner. Comprehensive dental care, Cerec, Panorex, intraoral camera and supportive staff. Located in Kalamazoo, MI, an area that is attractive, offering many city features with a lower cost of living. One-dentist office has averaged \$1.3 million over the past 5 years. A great opportunity for the right person with three or more years experience. For more information, fax (269)323-2005, or e-mail jwxb6@comcast.net.

NORTH SHORE PRACTICE: First time listed. 100% fee-for-service, \$500,000+ gross, 4 operatories, Dentrix-Schick, beautiful office. Fantastic opportunity for immediate sale. For details, write Box J0606-A3, *CDS Review*.

FAMILY DENTAL PRACTICE FOR SALE: Brookfield location. Call (708)485-7754 or (630)303-2443.

PRACTICE FOR SALE: North Side of Chicago in professional building. Two fully-equipped operatories and X-ray machines, a-dec chairs, sterilizer, Eaglesoft. All fixtures in excellent condition, cheaper than build-out. Doctor relocating. Price: \$69,000. Call (773)875-5012.

SCHAUMBURG: 100 percent fee-for-service, excellent location, great patients. Three modern operatories. \$175,000 production, two days/week. Professional building with lab next door. Be the first to call (630)308-1600.

GREAT DEAL: General dental practice with good visibility on main street. Extreme NW Side of Chicago. Two equipped operatories, SoftDent and Schick. Owner relocating out of state. Call (847)687-2822.

PRACTICE FOR SALE: Chicago's Austin area. Established neighborhood practice in professional building. Over \$300,000/3.5 days per week. Low overhead. Owner relocating. (312)386-9484.

TWO DENTAL OFFICES FOR SALE. Well-established practices located on the north side of Chicago, in a great business area and with a low overhead. The clinics include two and three operatories, laboratory and offices. Very reasonable price. Call (773)764-0054, (708)652-8466 and (847)477-4452.

GREAT DEAL: General dental practice, well-established, with good visibility on two main streets and low overhead in Mount Prospect. Two fully-equipped operatories, X-ray machines, sterilizer, etc. All fixtures in excellent condition. Great patient base, \$235,000 gross on only 3-1/2 days a week with potential for more. Owner relocating out of state. Call (847)439-6332. Asking \$225,000.

DENTECH CHAIR AND "RADIUS" DELIVERY system, excellent condition. Will sell as package or individually. \$2,500/\$1,500 or best offer. (815)725-7900.

FOR SALE: German steel forceps and assorted surgery items; perio instruments; endo/apico instruments; portable Gomco cabinet suction machines; stainless steel trays, assorted; laryngoscope and anesthesia accessories. Call (847)564-0692.

FOR SALE: Barely used Denar-Waterpik Accu-Ceph. Takes great cephs with standard X-ray unit. Call (847)341-2956.

LAKE FOREST: 40-year-old dental practice. 1,300 square feet with improvements. Excellent parking. Dentist retiring. Write Box A0102-A2, *CDS Review*.

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DENTAL OFFICE—CHICAGO: North Side starter or satellite office. Six rooms: two operatories, lab, business and private offices. Half day/week, \$61,000, private and insurance only. Owner retiring. (847)352-2110.

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MISCELLANEOUS

THE CHICAGO DENTAL SOCIETY has school excusal forms for your student-patients to use for dental appointments. School excusal forms come in packages of 250 and cost \$12.95 per package. All orders must be pre-paid. To place your order, send a check made payable to Chicago Dental Society, Excusal Forms, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585. To pay by Visa or Mastercard, call (312)836-7326. Allow 10-14 days for delivery.

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ILLINOIS LISTINGS:

BROOKFIELD #7088: New listing! Two ops with possible expansion. Street level storefront. Newer equipment. \$240,000 collections. FFS and PPO.

BUFFALO GROVE, #6300: Sold!

CHICAGO, #7037: Foster and Pulaski. Under contract! Two ops plus two ops plumbed in strip mall. High traffic, FFS and PPO patent base. Doctor relocating.

CHICAGO, #7083: New listing! Stand alone dental building near the new Chicago Fire Soccer Stadium. Recently updated.

CHICAGO, #5003 Loop: Under contract! Five ops in Pittsfield Building. \$307,000 collections. 850+ active patients. Seller financing option.

CHICAGO, #7035 Streeterville: New listing. 3 new ops in Lake Point Towers. Beautiful views. Paperless. 100% fee-for-service. Doctor relocating.

CHICAGO, #6076: Belmont and Austin area. Motivated Seller! Three operatories at street level. \$200,000 collections. Fee-for-service and PPO. Make an offer!

CHICAGO, #7082: Belmont and Pulaski. Under contract. 2 ops at street level. \$200,000 collections. FFS, PPO and PA. Busy area. Well-established office.

CHICAGO, #6105: Midway area. Under contract. Four ops in a professional building. Newer equipment, top notch build-out. \$140,000 collections.

ELGIN, #6080: 4 ops in a professional building. \$460,000 collections. 95% fee-for-service. Great cash flow.

HIGHLAND PARK, #7061: New listing. 4 ops in professional building. Equipment and build-out only; no patients. Great low cost start up!

LINDENHURST, #6075: Under contract. Four ops plus two plumbed in a strip mall. Very nice build-out. Equipment only. No patients.

OAK LAWN, #7036: New listing. 2 ops. Newer equipment, beautiful build-out. Collections: \$278,000. Paperless. 100% fee-for-service.

YORKVILLE, #6090: Sold!

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CHICAGO, NORTHWEST: 100% fee-for-service, 5-operator practice grossing \$600,000.

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NORTHBROOK: Small starter in a professional building. Two operatories, fee-for-service patient base. Collections in mid-\$100,000s.

NORTHWEST SUBURBS: Grossing \$1.8 million in brand new, 7-operator facility. 100% fee-for-service. Real estate for sale with the practice.

CRYSTAL LAKE: Newer equipment, digital office, cheaper than building out.

NORTHWEST LAKE COUNTY: Three operatories with room to grow. 100% fee-for-service, \$300,000 gross, low overhead.

LaGRANGE: Three-operator facility. Small patient base.

LaGRANGE/HINSDALE AREA: Six-operator digital practice, Panorex, bleaching room.

\$800,000 gross. Cosmetic practice referring out all endo, perio, surgery, etc. Brand new facility. Retiring dentist would stay or leave. Priced for a quick sale.

FOREST PARK: Grossing \$250,000, three operatories, building for sale.

ORLAND PARK: Spacing sharing opportunity.

ROCKFORD AREA: 100% fee-for-service practice grossing upper-\$200,000s. Three operatories. Building for sale with practice.

NORTH CENTRAL IL: \$150,000 with building.

NORTHWEST IL: Small starter in rural community. Building for sale with practice.

WISCONSIN: Beautiful practice in affluent north suburb of Milwaukee. Grossing

\$700,000+. 100% fee-for-service. Low overhead. Well over \$200,000 net income after all expenses and debt service on 4-day week (no evenings or weekends)!

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Yeah, but. . .

The 150-year-old anti-amalgam campaign reminds me of my 13-year-old grandson’s fallback position on any disagreement with his siblings, cousins or classmates: “Yeah, but.” No amount of evidence can convince him he is wrong.

In April, the *Journal of the American Medical Association (JAMA)* published the findings of two randomized clinical trials. Sponsored by the National Institutes of Health, the studies examined the effects of mercury released by amalgam on the nervous systems and renal

functions of children; researchers chose these for the study because they are thought to be the most sensitive to mercury. These studies didn’t find any adverse effects on IQ, memory, attention or renal function from amalgam fillings.

Undeterred, the anti-amalgamists immediately attacked the studies as inconclusive, ill-designed and not long enough. Others attacked the ethics of using children and ignored the findings. Absent from their midst was anybody remotely considered a mainline scientist, with the notable exception of Dr. Herbert Needleman. The distinguished professor of psychiatry at the University of Pittsburgh was asked to write a guest editorial in *JAMA* alongside the studies. Dr. Needleman fought a 20-year battle to make the nation aware of the deleterious effects of lead (primarily from peeling paint) on children, and has received many prestigious awards.

Of the two recent amalgam safety studies, Dr. Needleman writes, “It’s predictable that some outside interests will expand the modest conclusions of these studies to assert that the use of mercury amalgam in dentistry is risk free.” He goes on to say that although the five-year and seven-year periods of the studies are noteworthy, the delayed effects of early toxic exposure,

a subject of growing interest, are not addressed in these reports (as acknowledged by the authors). Dr. Needleman is to be commended for his championing of children’s health. However, his choice of terms belies a certain prejudice on amalgam fillings: Who are the outside interests he refers to? Surely they can’t be the dentists who place amalgam fillings. It can’t be the manufacturers who also make more expensive composite filling materials. Using the term “mercury amalgam” is pejorative—just as it is not lead pewter.

What really piqued my interest is the term “risk free.” What treatment modality is? There was concern that bisphenol used in composites was deleterious to women. There have been incidents of allergies to some chrome alloys and—even as rare as hen teeth—allergies to gold, the least reactive of all metals. Although billions of amalgam fillings have been placed, less than a score have caused an allergic response. But there will still be “Yeah, but.”

So, what’s a dentist to do? I believe, as the ADA does, to remove amalgam as a cure for an illness is unethical. If a dentist uses amalgam, he or she must disclose possible contraindications. There was a time that I cringed when I saw a notice announcing, “This office is amalgam free.” I have softened my view—not entirely, but with today’s litigious atmosphere, I have to admit to the realities.

Let me fire a shot across the bow of the editor of *JAMA*: An editorial is opinion, not science. If the playing field is to be level, then an opposing view would have added clarity.

My favorite cynic, H.L. Mencken, said, “The most common of all follies is to believe passionately in the palpably not true. It is the chief occupation of mankind.” ■

Write Dr. Lamacki at wlamacki@aol.com.

ALTHOUGH BILLIONS OF AMALGAM FILLINGS HAVE BEEN PLACED, LESS THAN A SCORE HAVE CAUSED AN ALLERGIC RESPONSE. BUT THERE WILL STILL BE “YEAH, BUTS.”