

WWW.CDS.ORG



OFFICIAL
PUBLICATION
OF THE
CHICAGO
DENTAL
SOCIETY

REVIEW

MAY/JUNE 2006

LOOKING
FOR THE
~~USUAL~~
~~CUSTOMARY~~
REASONABLE
RELATIONSHIP »

PAGE ONE

APRIL 19, 2006, REGIONAL MEETING MINUTES

The Regional Meeting of the Chicago Dental Society convened at the Drury Lane, Oakbrook Terrace, with President Thomas J. Machnowski, DDS, presiding. Dr. Machnowski called the meeting to order at 9:10 a.m.

Attention was directed to the minutes of the meetings of Wednesday, Sept. 28, and Wednesday, Jan. 11. Inasmuch as the official minutes of the meetings of Wednesday, Sept. 28, and Wednesday, Jan. 11, were published in the March/April issue of the *CDS Review*, a motion was entertained to dispense with reading them.

It was moved by Robert Matthews, DDS, seconded by Terri Tiersky, DDS, and carried to dispense with reading the minutes of Wednesday, Sept. 28, and Wednesday, Jan. 11. It was moved by Richard Holba, DDS, seconded by Alan Shapiro, DDS, and carried to accept the minutes of the meetings of Wednesday, Sept. 28, and Wednesday, Jan. 11.

Attention was then directed to the minutes of the meetings of Wednesday, Nov. 9, and Thursday, November 17. Inasmuch as the official minutes of the meetings of Wednesday, Nov. 9, and Thursday, Nov. 17, were published in the January/February issue of the *CDS Review*, a motion was entertained to dispense with reading them. It was moved by Barbara Mousel, DDS, seconded by H. Todd Cubbon, DDS, and carried to dispense with reading the minutes of Wednesday, Nov. 9, and Thursday, Nov. 17, at this time. It was moved by Michael Stablein, DDS, seconded by Dr. Tiersky, and carried to accept the minutes of the meetings of Wednesday, Nov. 9, and Thursday, Nov. 17.

There were no reports of the Board or standing committees or of the special committees, and no new or unfinished business to report.

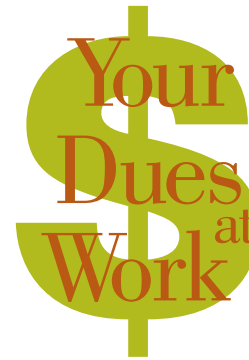
With no further business, Dr. Machnowski called on James Maragos, DDS, to introduce Cindy L. Marek, PharmD, who presented a program entitled "Update on Dental Pharmacotherapeutics: What the Practitioner Needs to Know."

The meeting was adjourned at 2:30 p.m.

CDS AWARDS SCHOLARSHIP MONEY TO ILLINOIS DENTAL STUDENTS

Chicago Dental Society president Tom Machnowski distributed a total of \$89,000 in scholarships to dental students in April, recognizing of their volunteer efforts during the 142nd annual Midwinter Meeting.

Seventeen students from the Southern Illinois University School of Dental Medicine and 161 students from the University of Illinois at Chicago (UIC) College of Dentistry received \$500 scholarships. Dr. Machnowski visited UIC twice in April with other members of the Board of Directors to distribute these awards during lunchtime gatherings.



GOT E-MAIL?

Have you sorted the mail lately? Bank statement, glossy ads, coupons. . . did you see the envelope from the Chicago Dental Society?

You should have received a letter from our Member Services department in March, asking you to update your personal contact information. Beyond your name and street address, we asked for your e-mail address. Here's why:

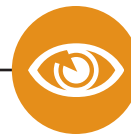
CDS uses this cost-efficient and environmentally-friendly method to communicate with our members whenever possible. In the last year, we've used e-mail to circulate surveys, contact members who've purchased tickets online for CDS Special Events, confirm registration for the annual Midwinter Meeting, and notify members of emergency information, such as when the Illinois State Dental Society closed its office due to tornado damage.

We'd like to use e-mail more. Help us keep costs down and get information to you quickly by providing your e-mail address. Log on to www.cds.org to update your personal information.

We will not sell your e-mail address to commercial vendors, except to those CDS-endorsed programs. Right now, that includes only The Cincinnati Insurance Companies, GE/HPSC financial services and Treloar & Heisel. ■

FIRST-YEAR DENTAL STUDENTS AT UIC:

(L-R) Daniela Witkowski, Ashlee Vorachek, Courtney Villari, Emike Usman-aliu were among the UIC students who were presented checks by UIC Student & Diversity Affairs Customer Service Representative Rosemary Aguilar and CDS President Thomas Machnowski.



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:

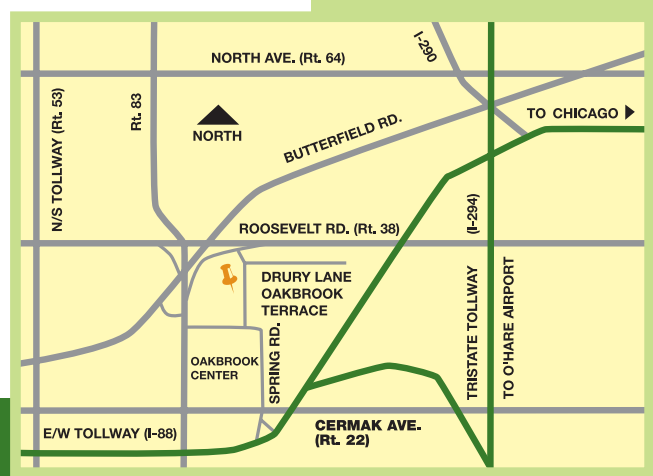
Regional meetings are **FREE** to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society.

A fee of \$250 is charged to dentists who are not 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.



Editor: Walter F. Lamacki, DDS
Director of Publications: Will Conkis
Managing Editor: Elizabeth Giangregg
Publications Coordinator/Designer: Tom Long
Editor Emeritus: Grant A. MacLean, DDS

SCIENTIFIC ADVISORY

Chair: Antonio J. Venezia Jr., DDS
 Erwin P. Barrington, DDS
 Juliann S. Bluit, DDS
 Lee W. Graber, DDS
 Mary J. Hayes, DDS
 Roger H. Kallal, DDS
 Mark Lingen, DDS
 Robert M. Unger, DDS
 Franklin S. Weine, DDS

CHICAGO DENTAL SOCIETY

Phone: (312)836-7300; **Fax:** (312)836-7337
e-mail: review@cds.org
Dr. Lamacki's e-mail: wlamacki@aol.com
Web site: www.cds.org

CORRESPONDENCE & CONTRIBUTIONS

Address editorial correspondence, including letters to Vox Pop, to: Chicago Dental Society, *CDS Review*, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611; or e-mail review@cds.org.

All material submitted to the *CDS Review* for publishing consideration must be typewritten, not hand-written. Original articles published herein become the property of the publication. A copy of the CDS writing guidelines is available upon request.

ADVERTISING

National Sales:
 Dean Mather
 M.J. Mrvica Associates, Inc.
 2 West Taunton Ave.
 Berlin, NJ 08009
Phone: (856)768-9360, **Fax:** (856)753-0064
e-mail: dmather@mrivica.com

For advertising specifications and information:
 Tom Long: (312)836-7326; fax: (312)836-7337

SUBSCRIPTIONS

CDS members, \$17 (US and Canada); Nonmembers, \$25 (US/Canada); Schools and Other Institutions, \$30 (US/Canada); Foreign, \$45. Single copies \$4, except Preliminary Program issue \$6. Non-members outside the United States, including Canada, must submit a check for \$10 (U.S. funds) to receive the Preliminary Program.

Circulation: 8,150. Periodicals postage paid at Chicago, IL, and at additional mailing offices.
Postmaster: Send address changes to Chicago Dental Society, Member Services, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585.

Copyright 2006 by the Chicago Dental Society. *CDS Review* (USPS 573-520) May/June 2006, Vol. 99, No. 3. *CDS Review* is published bimonthly, except for separate issues in November and December, by the Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585. Opinions and statements expressed, however, are those of the writer and not necessarily those of CDS.

FEATURE ARTICLE

8 Looking for the usual, customary, reasonable relationship

Like it or not, insurance is here to stay. Managing Editor Elizabeth Giangregg discusses some of the misconceptions dentists and patients have about dental benefit plans.



8

COLUMNS

- 5 President's Perspective:** One man's opinion
- 14 In Other Words:** Do you have the right people on your bus?
- 15 For Your Business:** The nuts and bolts of buying state-of-the-art equipment
- 48 Final Impressions:** Circle the dog sleds, ADA is on the warpath

DEPARTMENTS

- 6** **Vox Pop**
- 16** **Abstracts**
- 18** **Your Health**
- 20** **Snap Shots**
- 21** **Dental Dateline**
- 22** **Looking Back**
- 24** **Newsworthy**
- 25** **Advertising Index**
- 27** **Meeting Place**
- 29** **Branch News**
- 39** **Classified Advertising**

COVER PHOTOGRAPH: Mary Hanlon; **COVER DESIGN:** Tom Long
SPECIAL THANKS to CDS Past President Keith Suchy and ISDS Past President Tom Sullivan for the use of their dental office to shoot the cover photo.

DIRECTORY

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 your comments and suggestions to:

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

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*.

VISIT CDS ONLINE

www.cds.org

ADMINISTRATIVE STAFF

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

Associate Executive Director: Barry Rinaldo
(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

Membership(312)836-7321
Peer Review(312)836-7331
CDS Review(312)836-7325
Classified advertising(312)836-7323
Advertising(312)836-7326
Communications(312)836-7330
Referrals(312)836-7305
Scientific Programs(312)836-7312

BRANCH OFFICERS

ENGLEWOOD

Director: Robert Matthews (2007), 11638 S. Pulaski Rd., Suite B, Alsip 60803, (708)396-0060, rightchem@aol.com
President: Denise Hale, 9944 S. Roberts Rd., Suite 207, Palos Hills 60465, (708)599-7090, rsorpasa@peoplepc.com
Correspondent: Andrew Moorman, 7512 S. County Line Rd., Burr Ridge 60527, (630)850-7799, morackinc@aol.com

KENWOOD/HYDE PARK

Director: Allen Knox (2008), 8100 S. Prairie Ave., Chicago 60619, (773)493-7815, allenknox3@aol.com
President: Henry Moore, 1111 E. 87th St., Suite 1100, Chicago 60619, (773)374-9778, drhdm1@ameritech.net
Correspondent: Sherece Thompson, 9127 S. Western Ave., Chicago 60620, (773)238-9777, sthompsondds@sbcglobal.net

NORTH SIDE

Director: Terri Tiersky (2006), 4200 W. Peterson, Suite 136, Chicago 60646, (773)286-3750, ttiersky@comcast.net
President: Kirk Kollmann, 4801 W. Peterson Ave., Suite 410, Chicago 60646, (773)545-0007, admirkirk@ameritech.net
Correspondent: Cecile Yoon-Tarlie, 2401 Ravine Way, Suite 301, Glenview 60025, (847)486-0255, mctarlie@prodigy.net

NORTH SUBURBAN

Director: Kenneth Bueltmann (2007), 1775 Glenview Rd., Suite 212, Glenview 60025, (847)724-6343, kwberio@aol.com
President: Thomas Bleck, 1320 Golf Rd., Waukegan 60087, (847)336-2800, marciableck@sbcglobal.net
Correspondent: Marita Janzen, 1220 Meadow Rd., Suite 300, Northbrook 60062, (847)272-0600, maritaj@ameritech.net

NORTHWEST SIDE

Director: Barbara Mousel (2006), 5521 N. Milwaukee Ave., Chicago 60630, (773)775-0201, drmouse@aol.com
President: Michele Bogacki, 4452 N. Central Ave., Chicago 60630, (773)777-4800, lildocr@sbcglobal.net
Correspondent: George Frayn, 3014 N. Pulaski Rd., Chicago 60641, (773)777-8282, gfrayn@ameritech.net

NORTHWEST SUBURBAN

Director: Michael Durbin (2007), 1355 E. Golf Rd., Des Plaines 60016, (847)824-0154, michael.durbin@aaomembers.org
President: Theodore Borris, 411 W. Walnut St., Mount Prospect 60056, (847)253-3203, tjbor@comcast.net
Correspondent: Russell Spinazze, 10 N. Ridge Ave., Mount Prospect 60056, (847)255-7080, rspinazze@ameritech.net

SOUTH SUBURBAN

Director: Robert Manasse (2008), 4440 W. Lincoln Hwy., Suite 300, Matteson 60443, (708)481-6086, drjim4440@aol.com
President: Anthony Maoloni, 19815 Governors Hwy., Flossmoor 60422, (708)799-0060, amaoloni@oa-ltd.com
Correspondent: Neelima Chiru, 61 W. 144th St., Riverdale 60827, (708)849-8627, neelimachiru@yahoo.com

WEST SIDE

Director: Gary Alder (2008), 1725 W. Harrison St., Suite 717, Chicago 60612, (312)829-4208, gfalter@comcast.net
President: Constantine Politis, 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
Donald Tuck, 1121 Warren Ave., Suite 120, Downers Grove 60515, (630)969-0654
Susan Zelazo-Smith, 5911 W. 63rd St., Chicago 60638, (773)284-7149, skzsmith@aol.com

WEST SUBURBAN

Director: Don Kalant Sr. (2006), 1303 Macom Dr., Naperville 60564, (630)851-9100, dkalant@aol.com
President: Dean Nicholas, 55 E. Park Blvd., Villa Park 60181, (630)834-4878, drdinodds@aol.com
Correspondent: Anthony Dohse, 1768 Lucky Debonair Ct., Wheaton 60187, (630)941-3400, drswd@advoms.com



One man's opinion

Anybody who knows me knows I do not like dealing with insurance companies. I've learned, however, that as president of the Chicago Dental Society I am restricted by anti-trust considerations as to what I can—but mostly what I cannot—say about insurance plans. So, I want to make it very clear up front that this is my own opinion and I don't want CDS members to follow me because if you do follow me, that could be considered a conspiracy in violation of the antitrust laws and we and CDS could be investigated by the Federal Trade Commission. CDS members should exercise their own judgment regarding how they deal with insurance plans. As a result, please consider this simply venting on my part.

MY DESIRE IS TO PROVIDE THE BEST SERVICE I CAN TO MY PATIENTS AND TO BE PAID APPROPRIATELY AND PROMPTLY. MY PATIENTS PAY FOR MY CARE, SKILL AND JUDGMENT, AND I DON'T THINK I SHOULD BE REQUIRED TO EXPLAIN MY TREATMENT PLAN TO A THIRD PARTY.

What annoys me most about dental benefit plans is that patients sometimes make decisions based on whether or not their treatment is covered by their dental insurance. I bet the same patients don't ask about insurance rates before they buy a new car, but when it comes to their oral health they are willing to take direction from their insurance benefit program.

Then there are those patients who think we charge too much because the insurance company will only reimburse them for part of a service. Do these same patients complain when an insurance company only pays for 80 percent of a medical service? Instead, patients are made to

believe that my fee is too high because it exceeds some insurance plan limit.

What gripes me is that we live in a free market economy and I should be allowed to charge accordingly with-

out having to explain my fee structure to anyone. And yet, because the patient has an insurance program, I am required to defend my fees.

It seems to me that the availability of dental insurance drives a wedge between patient and dentist. Before dental insurance, does anyone remember a patient demanding an explanation of fees?

Capitation programs will pay a dentist a certain amount per patient whether or not the patient seeks treatment. Well, that's fine when the patient has no oral problems. But what happens when the patient has serious disease and the cost of treatment far outstrips the allotted amount?

I am sure there are some dentists who like working with patients who have dental insurance and who are pleased with any of the alphabet soup of programs with which they are affiliated. I am not one of them.

I think I should determine what is best for my patients and for my practice. I don't think I should be forced to discuss my fee setting strategies with my patients.

Law prohibits me from refusing to treat a patient just because that patient has insurance. However, I am free to bill patients for the full amount of treatment. I will give them the proper form or submit the form for them electronically. However, my patients are aware that they are responsible for the full cost of treatment, regardless of insurance reimbursement, because I am out of network.

My desire is to provide the best service I can to my patients and to be paid appropriately and promptly. My patients pay for my care, skill and judgment, and I don't think I should be required to explain my treatment plan to a third party.

You should exercise your own judgment as to what you want in your practice. But for me, I'd rather not have the hassles of insurance plans added to the daily business of providing excellent care for my patients. ■

Contact Dr. Machnowski at tommachnowski@msn.com.



WRITE TO: CDS Review, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611; Fax: (312)836-7337; e-mail: review@cds.org or wlamacki@aol.com

Implants are a work in progress

With regard to Dr. Marvin Greene's column, "The biggest problem with dental implants: The dentist" (For Your Business, March/April): As a restorative dentist, I do not share the enthusiasm of the surgeon. Our 90 percent success rates refer to osseointegration of the implant, not the reconstruction.

If it is true that dentists in California have been successfully sued for placing bridges instead of implants, it means dentists in California need better experts in their defense and, frankly, a verdict such as this would be disgraceful.

In addition to those qualifiers listed by Dr. Greene—and those are substantial—there are prosthetic concerns. Those of us who have worked in this field since the early 1970s have come to realize the current shortcomings of implant technology:

1. Single tooth implants can be extremely troublesome as they loosen, and in the terminal position fail unless stabilized by the adjacent tooth.
2. Implants are simply not hygienic. Any of us who remove them can attest to the order, which is a major design flaw that must be improved.
3. Esthetically, they can prove problematic and anteriorly inferior to the conventional crown and bridge.
4. A cemented resultant structure can be a nightmare if the screw loosens and no access is possible.
5. There is a hardware maze of systems, screwdrivers, parts and confusion.

I feel our profession is collectively wise if 90 percent of general dentists are less than enthusiastic. They know something the surgeon has overlooked. Implants are a work in progress, a wonderful work, but still in progress. And, dare I say, implants are not better than teeth.

—Joseph C. Morganelli, DDS, Med
Chicago

Don't be intimidated into treatment

I would like to make a suggestion to Marvin Greene, DDS, on his column in the March/April *CDS Review*. In my opinion, a more appropriate wording for his clever title might read, "The biggest problems with dental implants: The oral surgeon." Dr. Greene presents an informative article on why he feels implants are being underutilized, and seems to be accusing dentists of poor treatment planning. He tells us of his experiences at a risk management seminar and states, "Dentists have been successively sued in California for placing bridges instead of implants."

This lawsuit is probably as worthy as the ones that sue

McDonald's for serving coffee that is too hot. Are we really supposed to be afraid of a lawsuit if we do not recommend an implant? For every suit like this, I would be willing to bet there are hundreds regarding their placement or failure. In fact, Dr. Greene itemized many of the surgical complications that lead to most of the lawsuits. So why is the dentist the problem? He is not recommending enough implants?

My purpose in writing this letter is not to be involved in the growing debate of implants versus fixed bridge-work, but to express my resentment toward the use of the medical-legal factor being thrown into the mix. We should not be intimidated into treatment planning implants. Our obligation is to objectively offer treatment options that are the most suitable. We all know these recommendations can be very difficult, but ultimately our decision should be based on what we wish for our own family and loved ones.

I would further suggest that the *CDS Review* keep diagnosis and treatment planning on a more professional level and out of the For Your Business column.

—Steven H. Sanders, DDS
Chicago

Dr. Greene responds: I thank everyone who responded to my article. I agree with a majority of the comments. Firstly, my sincere apologies if my article offended anybody. I meant no disrespect to any dentist or specialist. It was not my intent to strong arm or appear to dictate any treatment planning. Treatment planning is an extremely complex endeavor with many variables. I feel it should be done for all patients like one would do for a close family member. As dentists, we are all collaborators and partners in patient care. I realize that, as a dentist as well as an oral and maxillofacial surgeon, I have been part of the problem. I've been in implant dentistry since the late 1970s and I've made my share of blunders. Fortunately, I try to learn from my mistakes and hopefully not repeat them.

Nothing could possibly replace a tooth. However, in my opinion, a dental implant should be considered anytime a tooth is missing. Unquestionably, it may not be indicated in many of our patients. Dental implants are not a panacea, but in certain situations they can most closely recreate the missing anatomy. Often, there is a missing tooth where an ideal implant site exists. The two adjacent teeth are virgin; the hard and soft tissues, as well as the morphology, are anatomically appropriate. This situation is not uncommon when prior careful site preservation is done.

Like any treatment modality, one needs to restore form and function to the highest level. The work-up, patient understanding, treatment coordination, continued review and implemen-

tation are all essential. A more in-depth assessment is now possible using image guided technology. Implants are not intended to compromise dentistry, only to enhance it. They are an additional treatment that the dentist has available.

I agree that osseointegration doesn't ensure patient success. Prosthetics, periodontal health, aesthetics, cost and comfort all have a huge role. Single-tooth implants are quite successful for the most posterior tooth. If sound dental and implant principles apply, it is a great restorative option. When implants are planned and placed correctly, they are quite hygienic, aesthetic and easily maintained.

Loose screws in implants are a definite problem. If misdiagnosed, it could be deleterious to the healthy implant. Fortunately, most are easily diagnosed and treated. Now with predominantly internally hexed implants, this is becoming less prevalent. Implant parts can be confusing; lab technicians and implant representatives are quite helpful. Usually one only needs two or three instruments.

As far as litigation, in my opinion, some California verdicts have been less than stellar. No decision rendered anywhere would surprise me. I apologize if I left the impression that implants should be placed for fear of litigation. However, in some situations a one-tooth problem shouldn't be addressed by a three-tooth solution.

To reiterate, implants are frequently not indicated. However, from a pure mathematic perspective, I am quite surprised that 60 percent of dentists do not restore a single implant case in a year, when more than 50 million people in the United States are missing at least one tooth.

Ethical considerations

I am writing to compliment you on your editorial, "Too much of a good thing" (Final Impressions, March/April). I graduated from Northwestern University Dental School in 1998, where Dr. Juliann Bluit, associate dean, taught a course entitled Dental Ethics. She taught us that when speaking to our patients, we [ought to engender the idea that the general level of quality of service in our health profession is very good; and it is similar throughout our country.] Your editorial resonates the idea that she was trying to get across.

I have read about third party evaluators who are giving hospitals and surgeons a kind of performance rating (batting average). I imagine that our profession could push itself into this situation, if we routinely find fault with dental care that was rendered by anyone else.

I thought it was a very good editorial. I hope you keep writing.

—*Laurence A. Golden, DDS, MSD
Wheaton, IL*

The ethical elephant in the room

I read, with great interest, Dr. Thomas Machnowski's comments concerning the challenges facing dentists today (President's Perspective, March/April). I certainly agree with Tom that the insurance industry's treatment of our profession is a very big problem. However, I believe that there is a more serious issue confronting our profession today and that is the morality and ethics expressed by some dentists in the treatment of their patients. I have spoken to a number of colleagues, some whom were perfect strangers, about this subject and believe that we have a serious problem.

As I approach my 40th year in dentistry, I continue to enjoy private practice because I am fortunate to have a son who has taken over and staffs my needs a morning or two a week. While I enjoy working with all of the new and improved materials and instruments, my main joy comes from administering to my patients, some of whom have been with me since my first years in practice. I occasionally am called upon—as all of us are—to give a second opinion to patients on a treatment plan presented to them in another office. I am both upset and disappointed to see the over treatment presented in many cases. I wonder why any dentist would recommend stainless steel crowns on all the posterior teeth of a very cooperative eight year old "special needs" patient when there isn't any decay present? Why would any dentist suggest that a patient have eight existing composite restorations replaced when the only thing wrong with them is the fact that they were over three years old and that he did not do them initially? To me the answer is simple: it's all about "Show me the money!"

I learned very early in my career that there are frequently many ways to correct a dental problem. Usually the knowledge, skill level and confidence in a given technique by the operator are the factors that determine the resulting treatment of the compromised condition. I certainly would never question another dentist's treatment using an acceptable technique, even if I thought I would do it differently. I do think, however, that it is a total breach of ethics to suggest treatment for problems that don't exist. It wasn't too long ago that dentists always ranked at the top for consumer's trust!

In closing, I would like to make three quick points. First, I was fortunate to have wonderful mentors before, during and after my schooling at Loyola University School of Dentistry. They all stressed excellence, caring and honesty. Second, even on my most stressful days, I have felt that it was a privilege to be a dentist, to be called "Dr. Ladone," and be able to help my patients who trusted me with their care. Finally, I must admit that I am a part of this entire problem because I have remained silent when I have witnessed these obvious abuses taking place. Doctors, there is "an elephant in the room" which most of us see, but either don't care to or know how to remove.

—*Joseph A. Ladone, DDS
Lisle, IL*

LOOKING FOR THE ~~USUAL~~ ~~CUSTOMARY~~ REASONABLE RELATIONSHIP

Like it or not, insurance is here to stay

Elizabeth Giangrego

Healthcare benefits have come under intense scrutiny and fire recently. According to news reports, General Motors claimed that the onus of providing healthcare coverage for its employees is the cause of its financial woes—ignoring the fact that for years the manufacturer has failed to overcome the negative perception of many consumers regarding the reliability and efficiency of its product. But what's interesting is that blaming the high price of doing business on healthcare costs resonates with most people in the United States.

The federal government, in an effort to offset a runaway deficit, reduced funds for Medicare, saying healthcare is costly. Dentists say insurance companies demonstrate little concern for the public or the profession. Caught in the middle is the public, an increasing portion of which has little or no access to medical care, much less dentistry.

How ingrained is the idea of a dental component to healthcare coverage in our society? Elves in the employ of a fairy godmother bemoan their lack of dental coverage in the animated film *Shrek 2*—a concern the public understands.

The reality is that most Americans depend on their health insurance plan to defray the cost of care. And it isn't because they are spending their money on luxuries. The ground-breaking Surgeon General's Report in 2000, *Oral Health in America*, documented that cost is a major barrier to dental care. Everything costs more these days and sometimes people decide between basic living needs and preventive treatment.

Most people need help; drug bills alone drive families to their financial knees. Many find it difficult to pay for a \$3,400 bridge. The availability of healthcare plans is often the reason many people choose to take a job or stay with a company. This also explains the instant popularity of health maintenance organizations. With an emphasis on prevention, the original HMO concept made it possible for people to control small problems before they became major diseases. Studies show that every \$1 spent in preventive dental care saves \$4 in later treatment. But tell that to somebody who cannot afford a preventive dental visit. Dentistry was largely exempt from the HMO even if the profession and the benefit system shared a focus on prevention.

For some dentists, dental care plans are an unwarranted intrusion on the patient-practitioner relationship. Common complaints include unrealistic reimbursement



Available plans

Dental HMOs: Dental benefit plans that provide comprehensive care for a defined population of enrollees in exchange for a fixed monthly premium which pays for general dentistry services primarily under capitation arrangements with a contracted network of dentists. Enrollees must use network dentists to obtain coverage, except where a point of service provision allows them to opt out of the network but at reduced rate of coverage.

Dental PPOs: Dental benefit plans that have contracts with providers for the express purpose of obtaining a discount from overall fees. Enrollees receive value from these discounts when using contracted providers but may go outside the network of discounted providers but with a reduction in coverage. Providers are reimbursed on a fee-for-service basis after care is provided at either the discounted rate or the “UCR” (usual, customary, reasonable) rate recognized by the plan.

Dental Indemnity Plans: Benefit plans where the risk for claims incurred is transferred from employer to a third party insurer for a specified premium and providers are reimbursed on a fee-for-service basis and there are no discounted provider contract arrangements whereby the provider agrees to accept a fee below their customary fee.

Discount Dental Plans: Non-insured programs in which a panel of dentists agrees to perform services for enrollees at a specified discounted price, or discount off their usual charge. No payment is made by the referral plan to the dentists; dentists are paid the negotiated fee directly by the enrollee. These plans are sometimes referred to as “access plans” or “discount plans.”

SOURCE: Dental Benefits, 2006 Update.
National Association of Dental Plans

programs that fail to keep pace with technology, bundling and downcoding of services, delayed claims, and a misunderstanding of how dentistry differs from medicine.

There is no subject quite as tender as the relationship between dental benefit plans and dentists—so sensitive that we found it problematic to find someone willing to answer our admittedly difficult questions. The good news is that the National Association of Dental Plans (NADP) and the American Dental Association (ADA) are discussing the problems; dentists can look forward to seeing answers to some of their most pressing questions, perhaps as early as next year. A series on dental benefit trends premiered in the March 6 issue of the *ADA News*.

So, how did all this happen? In the beginning, there were medical benefits, which employees found desirable; so did employers who wanted to attract a competent workforce. Dental benefits, vision care and pharmacy coverage came later. Dental benefits assist those who are covered in maintaining optimal oral health. Even the least expensive, barebones dental benefit plans normally cover preventive care. According to NADP, 50 percent of those who have dental care coverage participate in dental preferred provider organizations; dental HMOs have 14 percent of the market, direct reimbursement has 1 percent, and the remaining 9 percent is split among a variety of discount plans.

Dental care benefit plans raised to prominence in the 1950s when unions created their own comprehensive health benefit programs or when they pressed employers for additional fringe benefits. Beginning in the 1970s, den-

PLANS ARE USUALLY REVIEWED ANNUALLY, AND
FEES OR BENEFITS ARE ADJUSTED AT THAT TIME. . . .
WHEN 90 PERCENT OF THE DOCTORS DO NOT GET
100 PERCENT OF THEIR FEE PAID, THE FEE IS ADJUSTED.

tistry, pharmaceuticals and mental healthcare became additions to employee healthcare packages.

By the mid-1980s, more than half of all full-time employees in medium and large firms participated in dental benefit plans financed wholly or partially by their employers. Dental benefit plans became one of the fastest-growing items on the employee benefits scene.

Here's the problem: dentists complain that patients sometimes refuse services unless that are covered in full or part by their plan. Oddly, these same patients don't quibble when their medical care plan covers 80 percent of treatment costs, leaving the remainder for the patient to pay.

But the fact is that patients sometimes refused treatment because of cost before dental benefit plans existed. So, the availability of dental benefit programs may have less to do with treatment acceptance, although it could be argued that in some instances the availability of insurance programs increases acceptance. Some patients are in the dental chair for no other reason than because they have dental insurance. A 1999 study by the ADA showed that people with private dental insurance visited a dentist more often than those without private dental insurance in 1989 and 1999.

Some dentists grumble because the reimbursement they receive does not reflect the true cost of modern dentistry in this high tech age.

“Dental plans are meant to assist in the payment for each service, not necessarily pay the entire amount,” noted John Thorp, DDS, dental director of Blue Cross/Blue Shield—the only one of the many professionals we contacted who agreed to be interviewed for this article.

The reimbursement for a dental service may not reflect the true cost of providing that care. This is where good communication becomes paramount. Patients need to understand that regardless of what their plans cover, the patient is responsible for the bill.

Dr. Thorp explained that reimbursement levels are determined by which plan the purchaser buys and what they want included in their plan.

The plans are usually reviewed annually, and fees or benefits are adjusted at that time. Some groups may limit their benefit review to the duration of the work contract. Some contracts call for a review on an ongoing basis. When 90 percent of the doctors do not get 100 percent of their fee paid, the fee is adjusted.

“However, the contract is what determines the fee adjustments. Reimbursements are fair when everybody involved understands them and when they adhere to the signed contract,” Dr. Thorp said.

It should come as no surprise that patients sometime misunderstand the true meaning of that mysterious phrase “usual and customary fee.”

Dr. Thorp acknowledges that the wording in some benefit plans may cause doubts in patient’s minds about the doctor, but adds, “Hopefully, organizations such as the American Association of Dental Consultants, working with the American Dental Association and other organizations, have persuaded most carriers to become more considerate in their messages.”

On the other hand, continued Dr. Thorp, “I’ve heard dentists say, ‘I’m proud my fees are higher than others; it’s because I’m a better dentist!’”

The critical phrase is “usual, customary and reasonable” and, said Dr.

THE CONTRACT IS WHAT DETERMINES THE FEE ADJUSTMENTS. REIMBURSEMENTS ARE FAIR WHEN EVERYBODY INVOLVED UNDERSTANDS THEM AND WHEN THEY ADHERE TO THE SIGNED CONTRACT.

Thorp, “we are seeing it less often because of the changing contracts.” But essentially what is means is that the plan administrators determine a specific fee based on what others charge in a designated area.

For example, three dentists doing business in the 25 E. Washington building charge \$125 for a prophylactic cleaning. This fee covers the cost of materials as well as the practice overhead. Dr. Jones, a more experienced dentist with an office in the John Hancock Building, charges twice as much for the same service. The materials cost the same but his overhead is higher and Dr. Jones believes that he has more expertise than his younger colleagues. XYZ Dental Plan provides 100 percent coverage for that prophylactic cleaning but limits reimbursement to the “usual, customary and reasonable fee”—in this case \$125. You know exactly who will complain and why. Of course, in this hypothetical scenario, it is assumed that Dr. Jones’ patients are better able to afford out-of-pocket expenditures than the patients who seek care in the 25 E. Washington building. While the assumption may be flawed, it is a safe bet that patients who frequent a dentist in a high-rent building expect to pay more for their treatment. But if a dental benefit plan is to remain in business, limits have to be set.

Neither dental nor medical programs will cover a pre-existing condition. Essentially, explained Dr. Thorp, when the premium or cost of a plan is figured, the financial viability of the plan is based on there being no surprises. “If plans were to build in dollars for unanticipated expenses, the premium would be so high that no one would purchase the plan.” Those who buy these programs, like unions and employers, are unwilling to consider pro-

Direct Reimbursement

“We don’t accept any dental plans.” That’s how at least one dentist lost a prospective patient who had a direct reimbursement (DR) dental plan.

Thanks to a five-minute presentation at www.ada.org/goto/drpresentation, no dentist or dental team member ever has to turn away a patient with these dental benefits again.

“One of our members said he got a new patient because the previous dentist the patient contacted for care didn’t accept dental plans,” explained Bob Macdonald, director of dental care and health for the Florida Dental Association. “That patient had DR.”

The ADA supports DR as the preferred mechanism of financing dental benefits. Direct reimbursement and its offshoot, direct assignment, are self-funded methods of providing a dental benefit for employers.

Under a DR plan, the employee and covered dependents visit the dentist of their choice, receive treatment, make payment and later present proof of treatment for reimbursement. The employer then reimburses the patient for all or part of the expense, according to the plan design. Direct assignment operates similarly, and uses a third party administrator to manage and pay claims directly to the dental office.

The words “network” or “plan” can deceive dental team members or dentists who don’t understand direct reimbursement or direct assignment, explained Mr. Macdonald. To eliminate misinterpretations, the Florida Dental Association developed the five-minute presentation, originally on CD-ROM.

“This presentation is a great resource for office staff and dentists, as well,” said Dr. Steven W. Hogg, chair of the ADA Council on Dental Benefit Programs’ Dental Benefit Information Service and Third Party Issues subcommittee. “It gives the entire dental team the opportunity to walk through the information without having a patient on the line.”

SOURCE: www.ada.org, Today’s News, March

grams that are too expensive—even when part of the cost of insurance programs is borne by the union member or employee. Cost is the main reason why the menu of dental services lags behind treatment advances.

However, the bottom line is that dental insurance companies do not dictate treatment. They do dictate what procedures are covered in a given plan. But a treatment plan should not be based on insurance dollars available. If there is an adversarial relationship between dentists and insurance plan administrators, the fault might lay with patient expectations.

“Employers, the plan sellers and the doctors have failed to educate the public as to how benefit plans work. Indeed, many dentists do not understand actuary and underwriting relative to dental plans. Many dentists think procedure codes are pay codes,” said Dr. Thorp.

“I advise dentists to develop treatment plans and practices as if dental benefit plans did not exist. Many dentists are still in the “drill ’em, fill ’em and bill ’em” modality. Fortunately, the American Dental Association and the American Association of Dental Consultants are working together to understand each other’s role. They must direct this same effort to educating dentists and patients at the local level.”

Many patients simply do not understand what their plans cover. Although dentists should never assume the role of plan administrator for patients, they can ease the process by showing patients in writing how much treatment costs, what the plan will pay and how much the patient is expected to pay.

The situation is different for dentists who work within a network. Once you sign that contract, there is no more negotiation. Clearly, any contract should be carefully reviewed. If you don’t have your own attorney and accountant, ask the ADA for help. Their contract analysis service exists to help you. Further, few dentists take the time to project how their participation in a network will impact their practice in the future. So, before signing this legally binding document, project how network patients will fit with your financial goals two, five and even 10 years in the future.

Dental benefit plans have induced more people to visit dentists on a regular basis. In many instances, Dr. Thorp noted, dentists have full schedules because 90 percent of their patients have insurance and their net incomes are higher than primary care physicians in the past several years.

The market share for direct reimbursement programs may increase as employers look for ways to cut the cost of providing healthcare benefits. Currently, employers are seeking programs with higher deductibles and are beginning to share premium costs with employees. Actually, this is a clever way for companies to reduce the cost of doing business without seeming to reduce salaries.

In the end, dental plans remove the primary obstacle to allowing patients to enter the dental office where the dentist is able to educate the patient relative to need and wants. Anything that encourages more people to seek dental care deserves thoughtful consideration. ■

Ms. Giangregio is managing editor of the CDS Review.

Dental is different

Dental disease is limited in scope in comparison to medical. Dental disease is in two broad categories, i.e. tooth decay and gum disease. These diseases are not generally acute or life threatening, and are treated at a much lower cost. Thus dental benefits have been designed to reduce the cost to the patient, not eliminate the cost.

Dental PPO and indemnity plan design incorporates more cost sharing than it does on the medical side. This involves consumers more directly in care decisions, as they are more directly impacted by out-of-pocket expenses.

About 50 percent of the dental benefit plans in place today have annual maximums

in the \$1,000-\$1,199 range. This hasn’t changed greatly in the last decade because only 55 percent of the costs incurred by an insured patient (or about \$559 annually, according to AHRQ) are paid by the dental benefit plan. Dental benefit companies offer higher maximums to employers, but because more than 95 percent of Americans with dental benefits never exceed their annual maximums, it is not cost effective for employers to select plans with higher maximums.

The way that the benefit plans that reimburse for care (dental PPOs and dental indemnity plans) keep up with inflation in the cost of dental care procedures is by the amount they reimburse—most usually, a

percentage, but sometimes on a schedule that is periodically updated. Where percentage payments are in place, it is typical for dental plans to pay 80 percent of minor or Class II procedures and 50 percent of Major or Class III procedures.

For instance, 80 percent of the filling and 50 percent of a crown would be reimbursed. So, if a filling cost \$40 in 1990 and \$60 today, the payment to the dentist by the dental PPO or indemnity plan would be \$32 in 1990 and \$48 today. The balance comes from the patient. Similarly on crowns, if a crown cost \$500 in 1990 and \$1000 today, in 1990 the dental benefit would have paid \$250 and today it would pay \$500.

It should be noted that dental HMOs have no annual maximum and the consumer’s out of pocket expense is limited to the co-payments allowed under the plan. But, under a dental PPO or a dental indemnity plan an individual can expect to pay about 20 percent of fillings and 50 percent of crowns and root canals. Overall, Americans with dental benefits pay 45 percent of their expenses out-of-pocket. Those without dental benefits receive less than half the dental care annually than those with dental insurance do. Less care means higher risk of poor oral health and overall health.

SOURCE: *Dental Benefits*, 2006 Update. National Association of Dental Plans

Look before leaping



Understanding the pros and cons of each dental benefit plan is prudent business. You cannot make informed decisions unless you understand what is expected of you and what you can expect in return.

The ADA Contract Analysis Service will help you understand the various aspects of programs you may choose work with. To obtain a free, informational review of an unsigned provider agreement from the Contract Analysis Service, submit the agreement to the Illinois State Dental Society.

But don't stop there. Have your own attorney review the agreement before you make a decision as to whether or not you want to become part of a provider network or managed care program. Make certain that you examine and understand the reimbursement mechanism. Your accountant can help you explore the financial ramifications of each benefit program you consider. He will help you determine the ratio of managed care to non-managed care patients your office can realistically accept.

It is important to have a lawyer or the ADA Contract Analysis Service analyze the agreement because these documents are legally binding.

Finally, make sure your patients understand what their programs cover. Provide a written estimate of treatment, including how much the dental plan will reimburse and what amount you expect your patient to pay. You may find that patients who have an understanding of their dental benefit programs and who know what to expect from you are less likely to use cost as a reason to avoid or delay dental treatment.



Read Mary Byers' online column, The Front Desk, in the Members Only section of the CDS Web site—www.cds.org.

Do you have the right people on your bus?

Most managers focus more on what needs to be done on any given day than they do on who's going to do it. In his book, *Good to Great*, author Jim Collins says this is a mistake. Instead, he encourages leaders to focus first on the "who" of getting a job done, then to focus on the "what."

Collins calls this concept "getting the right people on the bus." Here's what he writes:

The executives who ignited the transformations from good to great did not first figure out where to drive the bus and then get people to take it there. No, they first got the right people on the bus (and the wrong people off the bus) and then they figured out where to drive it. They said, in essence, "Look, I don't really know where we should take this bus. But I know this much: If we get the right people on the bus, the right people in the right seats, and the wrong people off the bus, then we'll figure out how to take it someplace great."

The above highlights a simple lesson for your dental practice: When you have the right people

in your practice serving your patients, you'll have a stellar practice.

Notes Collins, "... if you begin with the 'who,' rather than 'what,' you can more easily adapt to a changing world. If people join the bus primarily because of where it is going, what happens if you get ten miles down the road and you need to change direction? You've got a problem. But if people are on the bus because of who else is on the bus, then it's much easier to change directions."

He also writes, "... if you have the right people on the bus, the problem of how to motivate and manage people largely goes away. The right people don't need to be tightly managed or fired up; they will be self-motivated to produce the best results and to be part of creat-

ing something great."

So how do you get the right people on the bus?

First, you have to know what characteristics you want in an employee. Before you make your next hire in the office, it's worth taking the time to list the qualities you're seeking. Your list might include traits such as: high energy, enthusiasm, initiative, a quick study, outgoing personality, flexibility and open-mindedness, among others.

Though you might also want someone with experience and knowledge, it's better to hire someone with the aforementioned qualities who's willing to learn than it is to hire someone with knowledge but without the qualities you want in an employee. Why? An energetic and enthusiastic student is much better in the long run than is an unenergetic and unenthusiastic employee who has a lot of knowledge but can't use it effectively around people.

Early in my career, I was hired by a man who saw potential in me. Though he didn't have a spot in his company when we met, he put me on the payroll and gave me some busy work, which quickly bored me. I was afraid I'd made a mistake in joining the company. A month later, the perfect spot opened up for me and I made the transition to director of advertising for the company's in-house advertising agency. My boss hired potential, then found a place for it. As Jim Collins would say, he focused first on the "who," then on the "what." Though not everyone can afford to add people to the payroll in hopes a position will open up, hiring potential is a powerful way to run a company.

Focusing on the "who" first and the "what" second is also a powerful way to run your dental practice. That's because, as Collins notes, "The right people don't need to be tightly managed or fired up." When you've got the right people on staff, the problem of how to manage them goes away.

Do you have the right people on your bus? It's a question worth asking—and answering. ■

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.

**THE RIGHT PEOPLE
DON'T NEED TO BE
TIGHTLY MANAGED
OR FIRED UP;
THEY WILL BE
SELF-MOTIVATED TO
PRODUCE THE BEST
RESULTS.**



The nuts and bolts of buying state-of-the-art equipment

Buying state-of-the-art equipment can be one of the most satisfying practice enhancements you pursue. This is best accomplished through conducting an organized analysis. You'll need to consider the economics, personal impact, effect on patient care, market value and the intangibles afforded by this new equipment or technology. The analysis should be tailored to the specific purchase, patient needs, doctor and practice.

Good economic sense for the advanced equipment is mandatory. The economics of the purchase—how it is financed, tax implications and what you'll need to recoup per use—must be carefully assessed. Factor in your time because use tends to be less at the onset.

When considering any purchase, closely scrutinize your fees. Analyze your fees by procedures, demographics and what other practitioners charge for similar services. Accountants, sales representatives, insurance companies, and outside sources can all be instrumental in the analysis. Evaluate the impact on your overhead, which will directly influence fees and the purchase financing. Small fee increases have more of a positive effect on net profit for the practice with a higher overhead. Therefore, raising your fees have a varied impact on overhead,

often more than you realize.

I am not interested in a new purchase that doesn't raise the level of care for the patient. The personal satisfaction I gain by improving patient care with a new acquisition is the number one factor. Improving patient care does not have to be correlated to increased profit. Profit comes from multiple applications and uses of the new technology.

Sometimes, a common reason for a dentist to obtain new, "state-of-the-art" equipment is the dentist's love affair with "gee whiz" gizmos. While the new stuff may well improve the standard of care and profitability, the

purchase can come down to a dentist's purely emotional "I gotta have it" motive.

The biggest impact on potential profitability is how you market it. Action plans need to be formulated to increase interest in the purchase. New purchases often enable the doctor to improve treatment planning and incorporate additional procedures. Sometimes the boost in confidence and competence helps the doctor perform more happily and profitably. This can be an excellent public relations opportunity for existing and new patients. One should also always stress the positive health benefits.

There are always intangibles and unknowns inherent in any purchase. How does it affect the staff dynamics? How do patients receive it? Did it live up to expectations? What were the unrealized pluses and minuses? As the questions arise, change and implementation are required.

Our practice underwent a similar analysis when we purchased our 3D cone beam CAT scan. Initially we crunched the numbers and felt it was a worthwhile endeavor. We performed a comprehensive fee analysis. We examined different applications of the scan. We evaluated potential market values and additional services that the scan offered. We addressed the intangibles as best we could.

The biggest impact of our CAT scan has been on patient care. We don't know how we practiced effectively without it. It generates significant excitement from our patients, staff and doctors. Anatomy we used to only guess at is now visible. Implant placement, grafting, third molar surgery, pain evaluation and diagnosis of trauma and pathology have been elevated to a new level. Problems are detected earlier. We see latent sinus disease in nearly a third of our scanned patients.

To reiterate, the purchase of state-of-the-art equipment doesn't have to be an overwhelming process. By carefully analyzing the costs, potential for increased revenues, patient benefits, etc., a dentist's next purchase can be a very positive experience. ■

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

THERE ARE ALWAYS INTANGIBLES AND UNKNOWN INHERENT IN ANY PURCHASE. HOW DOES IT AFFECT THE STAFF DYNAMICS? HOW DO PATIENTS RECEIVE IT? DID IT LIVE UP TO EXPECTATIONS?

ABSTRACTS

A SUMMARY OF CLINICAL ARTICLES FROM OTHER JOURNALS

RESEARCHERS MAY HAVE FOUND CULPRIT IN CHRONIC PERIODONTITIS

One of the more fascinating issues in oral immunology is why immune cells attack certain microbes but coexist with others. For the so-called gram negative bacteria, the answer seems to lie in a large structural molecule called lipopolysaccharide, or LPS, which interestingly also houses the chain-like chemical endotoxin that can make people sick.

Studies show our immune cells have surface proteins called toll-like receptors that recognize gram-negative species by the unique chemical signature of their LPS. Depending on the bacterium, immune cells can selectively learn to respond strongly or tolerate their endotoxin.

Given the fundamental nature of this interaction to human health, a team of National Institute of Dental and Craniofacial Research grantees hypothesized that chronic periodontitis might arise from subtle modifications in the LPS-immune cell interaction.

In essence, the immune cells become tricked into tolerating the oral bacteria associated with chronic periodontitis. This occurs by repeated exposure to LPS in dental plaque, which reduces the toll-like receptors that identify the LPS signatures.

Thus, by biochemical default, the immune cells become tolerant of these suspicious, endotoxin-bearing bacteria and allow them to invade oral mucosa cells.

In the February issue of the journal *Infection and Immunity*,

these grantees add two important pieces of evidence to bolster their hypothesis.

They show for the first time that people with chronic periodontitis overproduce a molecule known as SHIP, which plays an important regulatory role in telling immune cells to tolerate an endotoxin.

They also determined, based on the reduction of certain toll-like receptors, key oral immune cells isolated from people with chronic periodontitis are in a tolerized state.

Taken together, these data suggest a possible biochemical mechanism to target in preventing or treating chronic periodontitis.

ENAMEL PROTEINS MAY ASSIST PERIODONTAL REGENERATION

Amelogenins have long been typecast in scientific literature as the family of proteins that regulate the mineralization of tooth enamel.

Over the past few years, however, some scientists have begun to build the case that certain alternatively spliced amelogenin variants may also play a key role in the development of the periodontium, the various tissues that support and surround our teeth.

In the February issue of the *Journal of Dental Research*, a team of National Institute of Dental and Craniofacial Research scientists and grantees add important new evidence to support this idea.

They show in laboratory studies that two variant amelogenin proteins called LRAP and

P172 promote the proliferation and migration of precursor cells that form cementum and periodontal ligament cells. Importantly, the authors also found that LRAP seems to inhibit the formation of bone-destroying cells called osteoclasts.

The researchers concluded, "The enhanced cell proliferation and migration by these variants imply their potential role in periodontal regeneration . . ."

ENZYME MAY IDENTIFY SICKLE CELL PATIENTS AT RISK OF COMPLICATIONS

Researchers studying sickle cell disease have found that an enzyme, which can be measured by a simple blood test, may help determine whether a patient has a high risk of developing certain serious complications associated with the disease.

The study, led by researchers at the National Institutes of Health Clinical Center and the National Heart, Lung and Blood Institute, was published in the March 15 issue of *Blood*, the journal of the American Society of Hematology.

Researchers say the enzyme lactate dehydrogenase (LDH) appears to hold promise in patients with sickle cell disease as a marker for risk of pulmonary hypertension and other complications, including early death. Pulmonary hypertension—abnormally high blood pressure in the lungs—is common in sickle cell disease patients.

Sickle cell disease is a hereditary blood disorder that,

in the United States, is most prevalent in African-Americans. An abnormal type of hemoglobin inside the red blood cells distorts their shape and interferes with blood flow.

Researchers measured the LDH levels of 213 adults with sickle cell disease and then categorized the patients as having low, medium or high levels. The frequency of several complications of the disease was determined in the three LDH groups.

The study found that patients in the highest LDH group were more likely to experience three circulatory problems: pulmonary hypertension, leg ulcerations and persistent and painful penile erections called priapism. Pulmonary hypertension was detected in 61 percent of patients with high LDH, compared to 15 percent of patients in the lowest LDH group. Thirty-nine percent of people with high LDH reported leg ulcerations, and 60 percent reported priapism at some point.

Patients with high LDH levels had a nearly four-fold increased risk of early death compared to patients with lower LDH levels.

The study also found that high LDH levels may explain why pulmonary hypertension develops in sickle cell disease. High levels of LDH appear to indirectly indicate that two other proteins, hemoglobin and arginase, have broken out of red blood cells.

ORAL CONDITIONS, DENTAL CARIES LINKED TO POVERTY, EDUCATION

Even with dramatic advances in the armamentarium for fighting oral and dental diseases such as dental caries and periodontal disease, these conditions remain prevalent in many parts of the world, without regard for geopolitical boundaries.

During the 35th Annual Meeting of the American Association for Dental Research, in a session entitled "Prevalence of Oral Conditions/Dental Caries," scientists from the U.S., Canada, Mexico, Haiti and Germany presented findings from international studies.

The studies considered several contributing factors, including community-based beverage interventions in Native American toddlers; severe early childhood caries among Aboriginal children in Canada; the relationship between mothers' oral health and high levels of tooth decay in their children; and the correlation between socio-economic status and oral hygiene in Mexican preschoolers.

The study scrutinized the high levels of periodontal disease in Haitian teens, tooth loss in Mexican and German adults, the urgent need for caries preventive treatment in pregnant women, dental trauma as a significant health issue in Canadian adults, and the control of sugar consumption in rural Haiti.

The consensus was that people with less education and of lower socioeconomic status remain at the greatest risk for

adverse oral conditions. The investigators pledged to press forward to find ways to address these disparities.

The Washington, DC-based American Dental Education Association and the American Association for Dental Research met in Orlando in March.

STUDY EXAMINES MICROLEAKAGE, BOND STRENGTH OF SEALANTS

A study compared the effect of air abrasion (KCP 2000), acid etching (37 percent phosphoric acid) and the combination of both procedures on the shear bond strength and microleakage of a light-cured pit-and-fissure sealant to the enamel of human primary molar teeth.

Noncarious extracted human primary molars were randomly divided into four groups in preparation for enamel bonding. The enamel surface was treated as follows for each group: (1) control group; (2) acid etch group; (3) KCP [Kinetic Cavity Preparation System] group; and (4) KCP and acid etch group.

Delton, a light-cured pit-and-fissure sealant, was then applied to the occlusal surface after conditioning. The bonded specimens were maintained in distilled water at $37^{\circ}\text{C}\pm 2^{\circ}\text{C}$ for 7 days, after which they were subjected to thermocycling followed by shear bond testing. Microleakage was determined by immersing the prepared teeth in 50 percent silver nitrate dye followed by sectioning and calculation of dye penetration.

The mean shear bond strength of the KCP and acid

etch group showed nearly 50 percent higher bond strength than the acid etch group ($P<.01$). In addition, specimens bonded to enamel conditioned only with acid etch showed bond strengths that were nearly twice that of those conditioned with the KCP system alone. No significant difference was noted between the air abrasion and control groups.

The study showed that in primary teeth, air abrasion combined with acid etching appears to provide the best conditions for enamel treatment prior to sealant placement.

SOURCE: Knobloch LA, Meyer T, Kerby RE, Johnston, W. Microleakage and bond strength of sealant to primary enamel comparing air abrasion and acid etch techniques. *Pediatr. Dent.* 2005;27:463-469

WOMEN WITH LOW ESTROGEN LEVELS MAY BE MORE SENSITIVE TO PAIN

Several recent studies have found that women are more sensitive to pain during periods of low estrogen. Now researchers are going one step further by studying whether the difference in pain sensitivity is reflected in brain activity as measured by functional magnetic resonance imaging (fMRI). In an article published in the February issue of the *Journal of Oral and Maxillofacial Surgery*, researchers document how they measured brain activation using fMRI, before and after painful heat stimuli.

The research team studied nine healthy, pain-free women 19–33 years of age, acquiring

data during a period of high estrogen and a period of low estrogen. Researchers attached a small thermode to each subject's lower cheek near the jaw, and then administered intermittent, high-temperature stimuli. Blood samples were taken after each scan to verify the appropriate level of estrogen.

They found that estrogen appeared to influence the activation pattern caused by painful stimulation. "The results of this study suggest that the affective component of pain may be enhanced during the low-estrogen phase of the menstrual cycle in healthy women," concluded lead researcher Reny de Leeuw, DDS, PhD.

Estrogen appears to regulate several neurotransmitters systems in the brain, acting as vasodilators and increasing blood perfusion in the brain. ■

Your vision

DON'T LOSE SIGHT OF AMD

Age-related macular degeneration (AMD) is a disease that blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing and driving. AMD affects the macula, the part of the eye that allows you to see fine detail. AMD is painless, and in some cases, advances so slowly that people notice little change in their vision. In others, the disease progresses faster and may lead to a loss of vision in both eyes. AMD is a leading cause of vision loss in the United States among those 60 and older.

There are two forms of AMD: wet and dry.

Wet AMD occurs when abnormal blood vessels behind the retina start to grow under the macula. These new blood vessels tend to be very fragile and often leak blood and fluid. The blood and fluid raise the macula from its normal place at the back of the eye. Damage to the macula occurs rapidly.

With wet AMD, loss of central vision can occur quickly. Wet AMD is considered to be advanced AMD and is more severe than the dry form.

An early symptom of wet AMD is that straight lines appear wavy. If you notice this condition or other changes to your vision, contact your eye care professional at once. You need a comprehensive dilated eye exam.

Dry AMD occurs when the light-sensitive cells in the macula slowly break down, gradual-



ly blurring central vision in the affected eye. As dry AMD gets worse, you may see a blurred spot in the center of your vision. Over time, as less of the macula functions, central vision is lost gradually.

The most common symptom of dry AMD is slightly blurred vision. You may have difficulty recognizing faces. You may need more light for reading and other tasks. Dry AMD generally affects both eyes, but vision can be lost in one eye while the other eye seems unaffected.

One of the most common early signs of dry AMD is drusen. Drusen are yellow deposits under the retina. They often are found in people older than 60. Your eye care profes-

sional can detect drusen during a comprehensive dilated eye exam.

Dry AMD has three stages, all of which may occur in one or both eyes:

Early AMD. People with early AMD have either several small drusen or a few medium-sized drusen. At this stage, there are no symptoms and no vision loss.

Intermediate AMD. People with intermediate AMD have either many medium-sized drusen or one or more large drusen. Some people see a blurred spot in the center of their vision. More light may be needed for reading and other tasks.

Advanced Dry AMD. In addition to drusen, people with

advanced dry AMD have a breakdown of light-sensitive cells and supporting tissue in the central retinal area. This breakdown can cause a blurred spot in the center of your vision. Over time, the blurred spot may get bigger and darker, taking more of your central vision. You may have difficulty reading or recognizing faces until they are very close to you.

If you have vision loss from dry AMD in one eye only, you may not notice any changes in your overall vision. With the other eyes seeing clearly, you still can drive, read and discern fine details. You may notice changes in your vision only if AMD affects both eyes. If blurriness occurs in your vision, see an eye care professional for a comprehensive dilated eye exam.

KEEP EYE ON CATARACTS

A cataract is a clouding of the lens in the eye that affects vision. Most cataracts are related to aging; cataracts are very common in older people. By age 80, more than half of all people in the U.S. either have a cataract or have had cataract surgery. A cataract can occur in either or both eyes. It cannot spread from one eye to the other.

Age-related cataracts develop in two ways:

1. Clumps of protein reduce the sharpness of the image reaching the retina.

The lens consists mostly of

water and protein. When the protein clumps up, it clouds the lens and reduces the light that reaches the retina. The clouding may become severe enough to cause blurred vision. Most age-related cataracts develop from protein clumpings.

When a cataract is small, the cloudiness affects only a small part of the lens. You may not notice any changes in your vision. Cataracts tend to “grow” slowly, so vision gets worse gradually. Over time, the cloudy area in the lens may get larger, and the cataract may increase in size. Seeing may become more difficult. Your vision may get duller or blurrier.

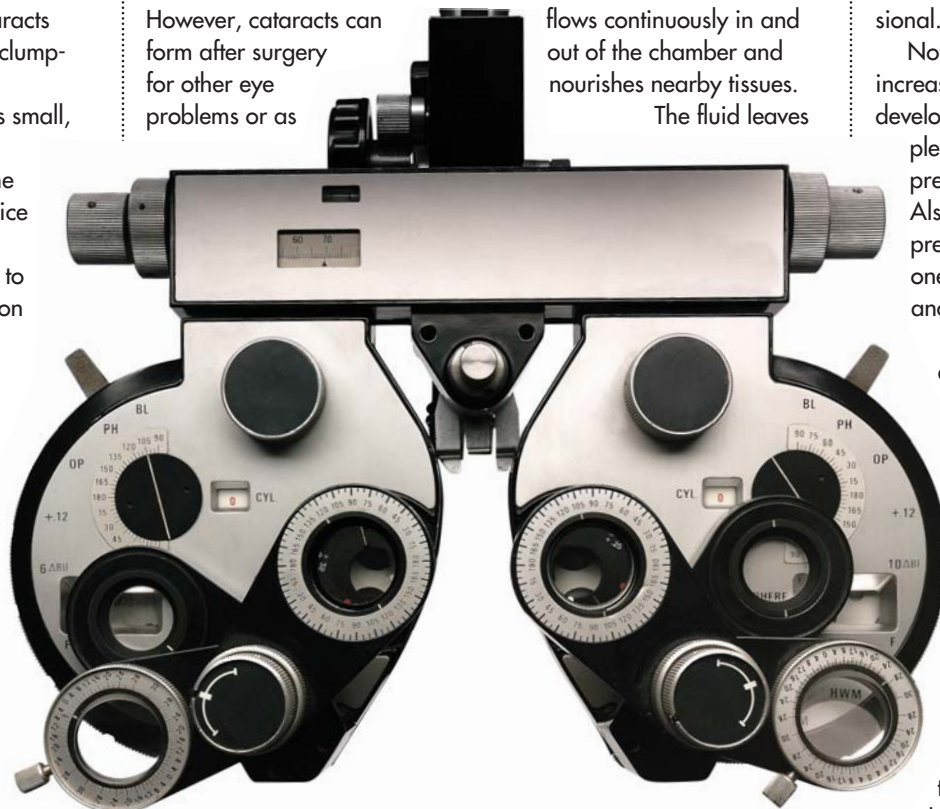
2. The clear lens slowly changes to a yellowish/brownish color, adding a brownish tint to vision.

As the clear lens slowly colors with age, your vision may gradually acquire a brownish hue. At first, the amount of tinting may be small and may not cause a vision problem. Over time, increased tinting may make it more difficult to read and perform other routine activities. This gradual change in the amount of tinting does not affect the sharpness of the image transmitted to the retina.

If you have advanced lens discoloration, you may not be able to identify blues and purples. You may be wearing what you believe to be a pair of black socks, only to find out from friends that you are wearing purple socks.

People with diabetes, those who smoke or drink alcohol or

people who have prolonged exposure to ultraviolet sunlight have an increased risk of developing cataracts. Cataracts are also sometimes linked to steroid use. However, cataracts can form after surgery for other eye problems or as



the result of an eye injury. Some babies are born with cataracts or develop them in childhood, often in both eyes. These cataracts may be so small that they do not affect vision. If they do, the lenses may need to be removed.

BE ON THE LOOKOUT FOR GLAUCOMA

Glaucoma is a group of diseases that can damage the eye's optic nerve and result in vision loss and blindness. However, with early treatment, you can often protect your eyes against serious vision loss.

The optic nerve is a bundle of more than 1 million nerve fibers that connect the retina to the brain. The retina is the light-sensitive tissue at the back

of the eye. A healthy optic nerve is necessary for good vision.

In the front of the eye is a space called the anterior chamber. A clear fluid flows continuously in and out of the chamber and nourishes nearby tissues.

The fluid leaves

nerve is damaged. If you have increased eye pressure but no damage to the optic nerve, you do not have glaucoma. However, you are at risk. Follow the advice of your eye care professional.

Not every person with increased eye pressure will develop glaucoma. Some people can tolerate higher eye pressure better than others. Also, a certain level of eye pressure may be high for one person but normal for another.

Glaucoma can also develop without increased eye pressure. This form of glaucoma is called low-tension or normal-tension glaucoma. It is not as common as open-angle glaucoma.

Anyone can develop glaucoma, but the risk is increased for African-Americans older than 40 and everyone older than 60, particularly

Mexican-Americans and those who have a family history of glaucoma.

At first, open-angle glaucoma has no symptoms. It causes no pain. Vision stays normal. As glaucoma remains untreated, people may miss objects to the side and out of the corner of their eye. Without treatment, people with glaucoma will slowly lose their peripheral vision. They seem to be looking through a tunnel. Over time, straight-ahead vision may decrease until no vision remains. Although it can be treated, there is no cure for glaucoma. Vision lost from the disease cannot be restored. ■

the chamber at the open angle where the cornea and iris meet. When the fluid reaches the angle, it flows through a spongy meshwork, like a drain, and leaves the eye.

Sometimes, when the fluid reaches the angle, it passes too slowly through the meshwork drain. As the fluid builds up, the pressure inside the eye rises to a level that may damage the optic nerve. When the optic nerve is damaged from increased pressure, open-angle glaucoma—and vision loss—may result. That's why controlling pressure inside the eye is important.

Increased eye pressure means you are at risk for glaucoma, but does not mean you have the disease. A person has glaucoma only if the optic

Ron Milnarik finds harmony in opera

Joanna Brown



For a guy who says he has no talent, Dr. Ron Milnarik certainly is building his resume.

A part-time instructor in the Endodontics Department at the University of Illinois at Chicago College of Dentistry (UIC), Dr. Milnarik has been cast as a supernumerary in two of Chicago's Lyric Opera productions. Supernumeraries are extras, filling relatively anonymous roles on stage for little or no pay.

"We're not that different from supernumerary teeth," explained the 1967 UIC grad who has patronized the opera for the past 30 years. "I have no talent, but a lot of interest. I've always been fascinated by the opera because it is such a big deal to put on a production."

It was during a backstage tour five years ago that Dr. Milnarik heard about the supernumerary roles, open to people with little or no stage experience. Dr. Milnarik and his wife both auditioned for parts, but with little success. The secret isn't your ability to act or sing well, but your ability to fit into the costumes already on hand or your willingness to perform certain tasks, such as carrying heavy props on stage or appearing topless.

Dr. Milnarik continued to try out for supernumerary parts, and was cast for the first time last fall, in Rossini's *La Cenerentola*.

"It's a Cinderella story. I had a short part where I had to move a banquet table and carry a tiara for Cinderella," Dr. Milnarik recalled. "But I got to hang around some of the best singers in the world, which was really quite thrilling. They don't always go all out in rehearsal—they have to save their voices for performances—but when they do sing out with their full voices, it just makes me cry. It is so beautiful."

The whole experience was staggering, he said, from the time the costume designers told him to strip to his underwear for a fitting in the middle of a crowded room,

to the way the producers and directors developed staging as they went along in rehearsal. Still, Dr. Milnarik said he was treated like a celebrity.

"The costuming is such a big deal, and the first time I was on stage I was quite taken aback by the whole routine," he said. "There are dressers to help you get into costume and wig people and makeup people."

It must have been a positive experience, though, because he continues to audition for supernumerary roles. He recently appeared as a slave in Mozart's *The Magic Flute*, for which he was part of a short dance number. Choreography is not his strong suit, Dr. Milnarik said, but that was part of his character's charm.

Even though he feels out of place surrounded by the talented stars, and the supernumeraries' salaries barely cover the cost of parking, Dr. Milnarik said the experience is worth the cost of admission.

"It can be a long commitment, with rehearsals for two or three months, two or three times a week, but it gets to be so exciting. I always look forward to the next performance." ■

For more information on supernumerary casting calls, contact the Lyric Opera at (312)827-3538.

DENTAL DATELINE

What is dental amalgam?

Dental amalgam is a mixture of liquid mercury, silver, tin and copper that is used to repair teeth damaged by cavities. It contains 50% mercury by weight. Amalgam fillings are often called silver fillings because of their appearance.

Amalgam has been used in dentistry for more than 200 years because it is malleable and holds up well to wear and tear.

Is dental amalgam safe?

Numerous studies have been conducted over the years that support the use of amalgam for dental fillings. Organizations responsible for the public's health, including the National Institutes of Health, World Health Organization, United States Public Health Service and Food and Drug Administration, have affirmed that amalgam is a safe material to use in dental fillings.

Has dental amalgam been linked to other medical conditions?

Studies have failed to find any link between amalgam fillings and health disorders.

In 2004, the Life Sciences Research Office (LSRO) published a review of dental amalgam studies. More than 300 studies published between 1996-2003 were examined, with the LSRO finding "little evidence to support a causal relationship" between amalgam fillings and health problems.

Unfortunately, there are individuals who promote the removal of amalgam fillings as a cure for multiple sclerosis or claim that amalgam causes Parkinson's or Alzheimer's disease. These claims are occasionally sensationalized in the media. Nonetheless, no credible scientific study has ever found a connection found between amalgam fillings and any health disorder.

Can the mercury in dental amalgam leach into the body and cause health problems?

Amalgam fillings may release minute amounts of mercury vapor under the pressure of chewing or grinding, but there is no scientific evidence that such low-level exposure is harmful. The amount of vapor released varies between 1-3 micrograms per day. (One microgram is equal to 35.2 billionths of an ounce.)

Is it possible to have an allergic reaction to amalgam?

Very few cases of an allergic reaction to amalgam have ever been reported. In rare instances, the mercury in amalgam may trigger an allergic response similar to a skin allergy. Usually patients who have a family history of metal allergies are more susceptible. If you have concerns, discuss them with your dentist.

What other options are available for dental fillings?

Composite fillings can also be used to repair teeth damaged by cavities. Composite fillings are tooth-colored, so they blend in with teeth and look natural. Composites are often used on the front teeth where a natural appearance is important. They can be used on the back teeth as well, depending on the location and extent of the tooth decay. Composite fillings are made from glass and resins. They are usually more costly than amalgam fillings.

Resin and glass ionomers are made from ground glass and acrylic acid. They both mimic the color of teeth, although they are not translucent like natural tooth enamel. These fillings are usually only placed on surfaces that do not undergo much wear or pressure, as these fillings have low resistance to breaking and are best used only for small fillings.

Where can I go for more information?

- American Dental Association's "Dental fillings"
www.ada.org/public/topics/fillings.asp
- Life Science Research Office
"Review and analysis of the literature on the potential health effects of dental amalgam"
www.lsro.org/amalgam
- American Alzheimer's Association
"Dental fillings and Alzheimer's disease"
www.alz.org/Resources/FactSheets/FSDental.pdf
- National Council Against Health Fraud
"Position paper on amalgam fillings"
www.ncahf.org/pp/amalgamp.html
- National Multiple Sclerosis Society
"No evidence that dental problems or fillings cause MS"
www.nationalmssociety.org/sourcebook-dentistry.asp. ■

The tooth tells the tale

Joanna Brown

Maybe there is wisdom to be had in those third molars.

New analysis of a skeleton long held by Chicago's Field Museum has revealed what may be the earliest recorded case of impacted third molars. This discovery, however, has prompted Field Museum scientists to rethink some of the conclusions previously drawn about this 13,000-15,000 year old skeleton, affectionately called Magdalenian Girl.

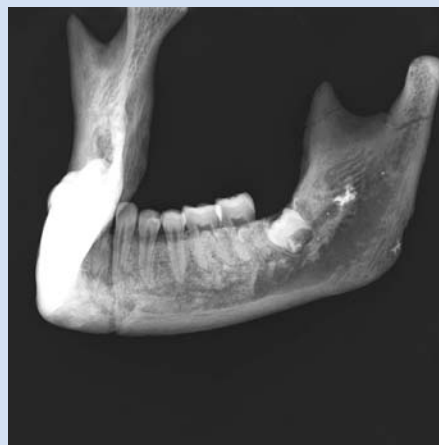
"Living where she did 13,000 years ago, we presumed she would have been a hunter-gatherer in an area where there was no domestication of plants and where there were no large villages," said Robert D. Martin, PhD, Field Museum provost and primatologist. "But these impacted third molars suggest to me that the woman's diet had already changed quite drastically. This one finding could really throw off everything we thought."

For many years, the Field Museum described Magdalenian Girl as a teenager who died before her third molars had erupted. Impaction was unknown during the stone ages, scientists say, because a coarse diet of tuberous roots was part of the hunter-gatherer diet. This required more chewing and higher bite forces, which could have stimulated growth of the jawbone and created more room for the third molars to erupt.

Magdalenian Girl was found lying in the fetal position near a carving of a horse figure in the Cap Blanc rock



Above: In-situ view of Magdalenian Girl as she was discovered in 1911 near Laussel in southwestern France. The skeleton was found in the Cap Blanc rock shelter, famous for its magnificent decorative stone frieze of sculpted horses, bison and deer that is still visited by tourists today.



Left: Digital radiograph (X-ray) of the mandible of Magdalenian Girl showing impaction of the right lower third molar (wisdom tooth). New high-quality radiographic imaging of the entire Magdalenian Girl skeleton, which is 13,000 to 15,000 years old, has made reanalysis of this skeleton possible.

Photos courtesy of The Field Museum.

shelter in 1911, in southwestern France. Given those conditions, scientists assume she was laid to rest with a ritual burial, as has been the custom in communities around the world for an estimated 40,000 years.

New analysis of Magdalenian Girl's fully-developed bones, however, suggested she was quite a bit older than 14. Dr. Martin and Field Museum Collection Manager William

Pestle called on University of Illinois at Chicago (UIC) College of Dentistry faculty members Michael Colvard, DDS, and Richard Jurevic, DDS, to reexamine her teeth.

“It was surprising to me to find this,” said Dr. Colvard, a Chicago Dental Society member who holds degrees in dentistry, theology and anthropology from the Loyola University School of Dentistry, UIC and Northwestern University. “When we first looked at the teeth, my impression was that it was just an unerupted wisdom tooth in an 18-21 year old.

“But when we looked at the full spectrum of data we had available to us, and we started analyzing her bones and her upper and lower jaw, we found that her teeth were not flat like you would expect to find in tuberous root-eaters.”

Between their diagnosis of impacted third molars and clues provided elsewhere in the skeleton, scientists now estimate that Magdalenian Girl’s age at death was 25-35, and they are working to place this finding in context. Did Magdalenian Girl live less than 13,000 years ago, when communities grew and processed the foods in their diets? Did diet change in that part of the world earlier than scientists had estimated? Or did Magdalenian Girl have a then-rare case of impacted third molars for entirely different reasons?

“She’s just one person, and scientists are loathe to draw conclusions based on just one person,” Mr. Pestle said. “But it starts us thinking and looking to assess other individuals in similar locales and look at their dentition. This certainly gets the ball rolling, and that’s the way science works.

“Being in this area (Chicago), we are able to collaborate with experts from the medical profession to increase our understanding of our collection. Our thinking gets staid, and that’s when their clinical expertise is most useful.”

Advanced carbon dating techniques will be used to establish a more reliable age for Magdalenian Girl. One of her teeth is currently being studied at Arizona State University, where it will be sectioned vertically to examine the enamel and map defects as evidence of trauma in the Magdalenian Girls’ development, including fever, infection and starvation.

Magdalenian Girl is part of Evolving Planet, a new permanent exhibit which dedicates 24,000 square feet of Field Museum space to the history of life on earth. This includes 1,300 of the 23 million specimens from the Field Museum’s fossil record. The exhibit aims to teach theories of evolution, critical thinking and global interactions to visitors, especially students. ■

Above, right: Several years ago, The Field Museum created a cast of the Magdalenian Girl skeleton for exhibition at Cap Blanc in southwestern France, where the specimen was discovered almost 100 years ago. Here, a Field Museum staff member coats bones of the original skeleton to prepare them for molding and casting.

Field Museum photo by John Weinstein, Courtesy of The Field Museum.

DONATE USED INSTRUMENTS TO SCIENCE

Whether working at Chicago’s Field Museum or an archeological site in the Caribbean, Dr. L. Antonio Curet, PhD, has a wide array of tools in his arsenal.

Among the largest of his tools are the shovels and railroad picks needed to move dirt. Geologists’ hand-picks—with a hammerhead on one end and a pick on the other—work similarly on smaller areas.

Mason trowels are used to scrape mud.

But Dr. Curet also keeps a variety of fine instruments for detailed work, including bamboo skewers, paintbrushes, sculptors’ wire and dentists’ hand tools to remove dirt and mud from around delicate artifacts.

“If you look at our kits, you can see we scavenge from other professions to collect the tools we use,” said Dr. Curet, an anthropologist studying social stratification in his native Puerto Rico. “When we use wooden tools and when we use metal tools all depends on the projects we’re working on.

“The rule of thumb is to use the least destructive tool and technique possible. But if you’re digging out pyramids, you go in with picks, not trowels. And even then, sometimes the picks bounce back at you because the dirt they’re packed in is so hard.”

Steel dental tools offer a nice blend of features. The metal tip and heavy shaft give scientists a great degree of control over hard surfaces, while the tiny tips allow for precision in working around soft and delicate artifacts, such as bone.

“Sometimes there is a compromise between removing dirt from around an object as fast as possible and not damaging objects,” Dr. Curet said. “There are ethical and moral issues. Sometimes you have to destroy a little to get a lot more.”

Dr. Curet currently has two projects in Puerto Rico. He is working with a team to excavate a ceremonial center that is believed to have developed from a village with no social stratification. There, scientists are studying houses as a measure of the residents’ access to spirituality and social status.

“We’re excavating very carefully because on the island, the houses would have been huts made of wood and straw. The only thing that really holds up (over time) is the dirt floor and the holes for the posts,” Dr. Curet said. “Sometimes the heavier metal tools, like dentists use, are the best because they are easier to control. When you use a lighter, wooden tool, you can slip and do some damage.”

At the same times, Dr. Curet is studying the chemical composition of bones and teeth collected from four sites in Puerto Rico. They hope the bones and teeth will explain how the island residents’ diets changed over time.

For more information on donating used hand tools to the Field Museum scientists, call Karsten Lawson at (312)665-7621.



DON'T LET INAPPROPRIATE COMMENTS LINGER

Risk management expert Kathleen Roman believes dentists should consider members of their staff as "front line risk managers" and instruct them to respond immediately to worries or complaints from patients.

"Employees who know the warning signals can give their doctors a 'heads up' when patients' comments or actions cross the boundaries of appropriate behavior," she writes in the November/December issue of *KDA Today*, the official publication of the Kentucky Dental Association.

Roman advises that discussion and role-playing can help staff learn how to deal with inappropriate behavior by patients.

Snide comments in the waiting room about a dentist's competence or fee schedule can have a damaging effect on the practice, particularly when made in the company of other patients. Too often, staff will ignore these comments or, worse, laugh them off. Roman says a quick response to these kinds of remarks can help negate their effects.

Staff should answer a rude comment with, "If you have any concerns or questions about the treatment plan, we need to make sure that you and the doctor have a chance to talk before your next appointment." Or, concerning payment, "If you have a minute, I know that our office manager will want to go over any aspects of the payment plan that are of concern to you."

According to Roman, this proactive tactic has several benefits.

First, it nips the problem in the bud and makes it clear to

UIC news

DR. CROWE BRINGS RESEARCH EXPERIENCE TO UIC

David Crowe, DDS, DMSc, has joined the University of Illinois at Chicago College of Dentistry (UIC) as a tenured professor in the Center for Molecular Biology of Oral Diseases with a specialty in oral pathology.

Dr. Crowe was a member of the University of Southern California (USC)/Norris Comprehensive Cancer Center and co-founder of the head and neck cancer research group at USC. His research interests are focused on the mechanisms of pathogenesis of oral and breast cancers. He seeks to understand how nuclear hormone receptors and their co-activator proteins regulate target gene expression involved in cancer cell proliferation, invasion and differentiation.

UIC HONORS ALUMNI

Five UIC alumni were honored during the college's 2006 reunion in February.

- Franklin S. Weine, DDS, a 1957 graduate, was awarded the College's Distinguished Dental Alumnus Award, the highest honor that is bestowed by the College. It recognizes alumni who have brought honor to UIC and its College of Dentistry through important contributions to dentistry or in other endeavors.
- Peter A. Paesani, DDS, a 1956 graduate, was awarded the F. William Towner Organized Dentistry Activity Award. The award is named for the 1953 graduate, and aims to recognize significant and meritorious activity in organized dentistry. Dr. Towner was an active member and officer in many dental organizations during a career that lasted four decades.
- James H. Bryniarski, DDS, clinical assistant professor, Restorative Dentistry, received the E. Lloyd Du Brul Faculty Achievement Award. It is presented for significant and meritorious activity as a faculty member, reflecting Dr. Du Brul's career-long commitment to educational excellence that strengthens the influence and renown of UIC.
- Cissy K. Furusho, DDS, MS, a pediatric dentist who earned her DDS in 1996 and her MS in 2000, both from UIC, received the University of Illinois Alumni Loyalty Award. The award is given to an outstanding alum who has maintained extraordinary interest in and loyalty to the university by serving on university and alumni committees, councils and boards, and who is an active member of the Alumni Association.
- Genaro Romo, DDS, a 1997 graduate, received the College's President's Leadership Award. Dr. Romo recently completed his term as President of the UIC College of Dentistry Alumni Board. He also has served as the Board's Committee Chair for the UIC/CDS Mentorship Program since 2004.

other patients who may be listening that any comments will be taken seriously.

Second, it decreases the likelihood that other patients will hear the complaints and mimic the same behaviors.

Finally, taking these kinds of remarks seriously will help the dentist and staff head off potential trouble, such as missed appointments, stopped payments or lawsuits.

MUSEUM CELEBRATES 10-YEAR ANNIVERSARY

It was a gorgeous summer day on June 20, 1996, when Michigan pediatric dentist Dr. Samuel D. Harris—surrounded by representatives of local, state and national government and leaders in the dental community—snipped the "dental floss ribbon" to open the museum that bears his name. Since then, thousands of visitors from

around the world have flocked to the National Museum of Dentistry (NMD) in Baltimore to learn more about the heritage of the dental profession, the achievements of dental professionals, and valuable lessons about the importance of oral health in a healthy life.

From school children who may someday be inspired to become dental professionals, to corporate leaders for some of

the industry's top companies, everyone who visits NMD gains new understanding and appreciation for the profession.

The museum is renowned for its extensive collection of dental treasures. The permanent exhibition, *32 Terrific Teeth*, includes such highlights as George Washington's denture, Queen Victoria's dental instruments, and the world's only tooth jukebox. A full schedule of changing exhibitions showcases such diverse topics as women in dentistry, African-Americans in dentistry, children's dental literature, veterinary dentistry and sports in dentistry.

The NMD is an affiliate of the Smithsonian Institution and participates in programs and opportunities offered through this partnership. NMD members have gained new benefits from this partnership, including discounted admission and educational opportunities across the country. In 2003, Congress designated NMD the nation's official museum of dentistry.

RESEARCHERS FIND 9,000 YEAR OLD DENTAL DRILL

Primitive dentists drilled nearly perfect holes into live (but undoubtedly unhappy) patients between 5500 BC and 7000 BC, according to a report in the April 4 issue of *Nature*. Researchers carbon-dated at least nine skulls with 11 drill holes found in a Pakistan graveyard.

The discovery suggests that dentistry is at least 4,000 years older than first thought. The drilled teeth found in the graveyard were hard-to-reach molars. And in at least one instance the ancient dentist man-

aged to drill a hole in the inside back end of a tooth, boring out toward the front of the mouth. The holes went as deep as one-seventh of an inch (3.5 mm).

Theories behind the drilling vary. Some believe the drilling was done to relieve dental pain, while others think the drilling could have been decorative. However, the location of some of the holes seems to rule out pure decoration. Four of the drilled teeth showed signs of decay. Although unfilled when found, anthropologists theorized that the teeth could have been filled with an asphalt-like substance.

Researchers figured that a small bow was used to drive the flint drill tips into patients' teeth. Flint drill heads were found on site. Lead author Roberto Macchiarelli, an anthropology professor at the University of Poitiers, France, and colleagues simulated the technique and drilled through human (but no longer attached) teeth in less than a minute.

LEARN TO RECOGNIZE STAGES OF DRUG ABUSE

Do you risk losing dental patients if you implement a program for screening patients for substance use disorders (SUD)? According to an article published in the January issue of *Membership Matters*, the newsletter of the Oregon Dental Association, healthcare professionals who have been properly trained in screening techniques and understand how to recognize the stages of SUD are less likely to offend patients.

Authors Theresa Madden, DDS, and Brett Hamilton, MPA,

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

ADVERTISING INDEX

ACOA Ltd Construction Company	47
Chicago Maxillofacial Imaging	2
Cincinnati Insurance Companies	31
Dentists Insurance Company, The (TDIC)	27
Heritage Dental Lab	inside front cover
Illinois State Dental Society Sponsored Insurance Plans	43
L.J. Sheridan Dickson Group	45
Office Anesthesiology and Dental Consultants	26
Paragon Inc.	13
Progressive Management	inside back cover
Remax Horizon	45
Royal Dental Lab	13
Senate Management	45
Treloar & Heisel Insurance	35
University Associates in Dentistry	32

CDS REVIEW SALES OFFICE:

Dean Mather, advertising sales representative

M.J. Mrvica Associates, Inc., 2 West Taunton Ave., Berlin, NJ 08009

(856)768-9360, Fax: (856)753-0064, 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.

suggest that healthcare providers interested in screening should look for symptoms early on, so that they can provide "low-intensity" intervention to their patients.

Universal and early screening is helpful in protecting patients' health and families and avoiding social problems.

While it is not a dentist's responsibility to break through the denial of a SUD patient, screening can help identify both recalcitrant patients and those who are open to quitting their addictions.

GENE THERAPY HOLDS PROMISE FOR VISION RESTORATION

Nerve cells that normally are not light sensitive in the retinas of blind mice can respond to light when a green algae protein called channelrhodopsin-2 (ChR2) is inserted into the cell membranes, according to a National Institutes of Health (NIH)-supported study published in the April 6 issue of *Neuron*. The study was conducted with mice that had been bred to lose rods and cones, the light-sensitive cells in the

retina. This condition is similar to the blinding disease retinitis pigmentosa (RP) in humans.

Vision normally begins when rods and cones, also called photoreceptors, respond to light and send signals through the retina and the optic nerve to the visual cortex of the brain, where visual images are formed. Unfortunately, photoreceptors degenerate and die in some genetic diseases, such as RP. Both mice and humans go progressively blind because with the loss of rods and cones there is no signal sent to the brain.

This study, funded by the National Eye Institute of the NIH, raises the possibility that visual function might be restored by conveying light-sensitive properties to other surviving cells in the retina after the rods and cones have died.

Principal investigator Zhuo-Hua Pan, PhD, of Wayne State University School of Medicine, and his colleagues used a gene-transfer approach to introduce

the light-absorbing protein Chr2 into the mouse retinal cells that survived after the rods and cones had died. These cells became light sensitive and sent signals through the optic nerve to the visual cortex.

"This innovative gene-transfer approach is certainly compelling," said Paul A. Sieving, MD, PhD, director of vision research at the NIH. "This is a clever approach that offers the possibility of some extent of vision restoration at some time in the future." In addition to RP, there are many forms of retinal degenerative eye diseases that might be treated by gene-based therapies.

The researchers determined that the signals reached the visual cortex in a majority of the Chr2-treated mice. The light sensitivity persisted for at least six months. Did the mice regain usable vision? Probably not, but the investigators suggest a number of technical improvements to their experiments which might make that possible.

"This study demonstrates the feasibility of restoring visual responses in mice after they lose the light-sensitive photoreceptor cells," said Dr. Pan. He and another of the study's authors, Alexander Dizhoor, PhD, of the Pennsylvania College of Optometry, think that expressing Chr2 in other types of retinal cells may help to improve this approach.

In addition, the authors state it would be interesting for further study to modify the light sensitivity and/or wavelength selectivity of Chr2, or use similar microbial proteins to produce diverse light-sensitive channels to improve outcomes for the possible restoration of normal vision.

SNUFF MAKES COMEBACK

Snuff is making an unlikely comeback in the United Kingdom as smoking bans are introduced in pubs across the country.

Sales of the tobacco prod-

uct have increased in the past year with smoking already banned in Scotland, while England and Wales are to follow suit next summer.

Snuff producers believe that taking a pinch at the bar will become an acceptable way for smokers to get some nicotine.

Because snuff is not taxed in the same way as cigarettes, a week's supply costs less than £3 (about \$5.50). "If ever there is a good time for snuff to become popular, now is the time," says Martin McGahey, owner of The Tobacconist, specialist suppliers of tobacco products.

"Snuff used to be popular with miners because you couldn't smoke down in the pit. In the same way, it may appeal to people in pubs who are addicted to nicotine."

Snuff, which is made from ground tobacco stems, speedily delivers nicotine to the bloodstream.

SOURCE: *The Telegraph*, April 17, 2006

ENGLEWOOD BRANCH ANNUAL GOLF OUTING

W E D N E S D A Y

JUNE

14

COG HILL

GOLF & COUNTRY CLUB

COURSES 1 & 3

12294 ARCHER AVE

LEMONT • (630)257-5872



*****NEW
DATE*****

Bring out the little "Tiger" in you



Think birdies.

TEE TIMES:

Noon to 1 p.m.

FEES:

Golf and dinner:\$80/player

Dinner only:\$42

(at 6:30 pm, choice of steak or fish)

Golf only:\$40

**RESERVATIONS MUST BE
RECEIVED BY JUNE 2.**

Send checks payable to the
ENGLEWOOD DENTAL BRANCH
to:

Larry Lenz, DDS, MS
64 Orland Square Drive
Suite 216
Orland Park, IL 60462
(708)361-1484

**Please indicate your preferred tee time
and names in your foursome.*

Correspondents

ENGLEWOOD

Andrew Moorman
7512 S. County Line Rd., Burr Ridge 60527
(630)850-7799, morackinc@aol.com

KENWOOD/HYDE PARK

Sherece Thompson
9127 S. Western Ave., Chicago 60620
(773)238-9777, datsbt@aol.com

NORTH SIDE

Cecile Yoon-Tarlie
2401 Ravine Way, Suite 301, Glenview 60025
(847)486-0255, mctarlie@prodigy.net

NORTH SUBURBAN

Marita Janzen
1220 Meadow Rd., Suite 300, Northbrook 60062
(847)272-0600, maritaj@ameritech.net

NORTHWEST SIDE

George Frayn
3014 N. Pulaski Rd., Chicago 60641
(773)777-8282, gfrayn@ameritech.net

NORTHWEST SUBURBAN

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

SOUTH SUBURBAN

Neelima Chiru
61 W. 144th St., Riverdale 60827
(708)849-8627, neelimachiru@yahoo.com

WEST SIDE

Carol Everett
2140 Clarence, Berwyn 60402
(708)788-8700, carett@ameritech.net

Donald Tuck
1121 Warren Ave., Suite 120
Downers Grove 60515
(630)969-0654

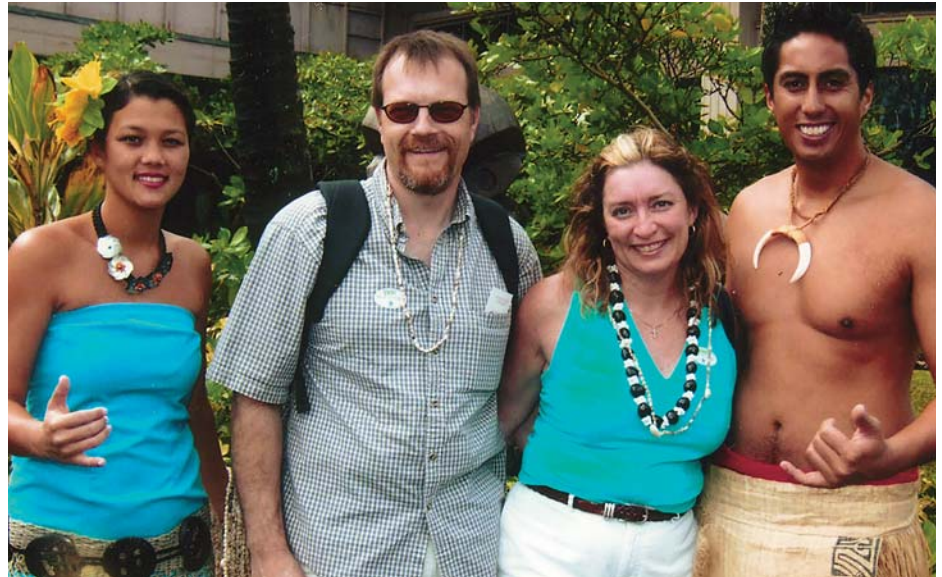
Susan Zelazo-Smith
5911 W. 63rd St., Chicago 60638
(773)284-7149, skzsmith@aol.com

WEST SUBURBAN

Anthony Dohse
1768 Lucky Debonair Ct., Wheaton 60187
(630)941-3400, drswd@advoms.com

ACDS

Eleanora Bruni Perry
854 S. Kenilworth Ave., Oak Park 60304
(708)848-5970



WEST SUBURBAN: Cynthia Satko (second from right) and her husband, Brian Gutkowski, visited the Polynesian Cultural Center in Hawaii while on vacation.

WEST SUBURBAN

Anthony Dohse, DDS

Jiten B. Patel joined Premier Endodontics of Hinsdale as an associate to Jenny Kopp.

The West Suburban Branch Installation was held May 10 at Katherine Legge Memorial Lodge. **Mark Sloan** was installed as president. Congratulations and good luck to Mark.

Dean Nicholas will speak at the Southern Illinois University School of Dental Medicine commencement. Dust off your robes, Dean.

Congratulations to **Jim Maragos**, who will serve as president of the Governor's Club in 2007.

Our golf outing will be held May 24. Our branch shares the day with the West Side and Northwest Side branches. All are invited to attend this very relaxing day.

Cynthia Satko and her husband, Brian Gutkowski, took some vacation time at the Polynesian Cultural Center in Hawaii after attending the UCSF oral surgery meeting, which highlighted autologous bone grafting with Michael Pikos.

No trip to Hawaii is complete without a luau, which Cindy and Brian enjoyed tremendously. Cynthia wants her colleagues to know that the ISOMS will feature Michael Block of LSU as their fall speaker. The topic will be implants. Contact Cindy for more information.

The West Suburban Branch congratulates **Robert F. Girgis**, who was recently certified by the American Board of Orthodontics. Robert has an orthodontic practice in Woodridge and serves as a trustee for the Illinois Society of Orthodontists.

We thank President **Dean Nicholas** and the board for a job well done. Have a wonderful summer and take lots of pictures for our fall publication.



WEST SUBURBAN: (Left) Gary Johnson presented "The 20-Minute Crown" in March during the West Suburban Branch Clinic Night at the Butterfield Country Club. (Right) Jim Sheldon with his son, James (11), pose with the first of four bucks the young man harvested this year.

NORTHWEST SIDE

George Frayn, DDS

The Arcolian Dental Arts Society enjoyed its Christmas party at the Park Ridge Country Club in December. Approximately 150 people danced to the lively rhythms of **Chuck DiFranco** and his Dinner at Eight orchestra. **Lou Imburgia** was honored as Arcolian of the Year. To top things off, Lou's son, Sean, won the door prize—an Xbox!

Brett Gilbert's presentation on endodontic retreats was well received at the CDS Midwinter Meeting. Brett also attended the American Association of Endodontists annual meeting in Hawaii. Tough duty!

Kevin King completed a course on endodontic microscopy at the University of Illinois at Chicago College of Dentistry (UIC) and is adding

another microscope to the office. He also went to St. Thomas for the annual Edgar D. Coolidge Endodontic Study Club retreat. The topic was endodontic trauma.

Kevin's daughter was recently accepted to University of Illinois College of Medicine. He tried to talk her into dentistry, to no avail. She starts in August.

Pete Haupers gave a well organized and visually pleasing presentation at the March 7 branch meeting. He discussed periodontic trends, getting reliable information, and selecting treatments that address all the risk factors and etiology.

A dad's job well done: **Bruce Swanteck's** son, Jason, is graduating from UIC this month and will begin an oral surgery internship in Long Beach, California. Bruce's daughter, Lindsay, will graduate from Miami University and begin an internship for Disney in Orlando.

A big thank you to Northwest Side Mediation Committee members who volunteered their time and experience: **Sam Grandinetti**, **Chet Klos** and **Steve Lindell**. Steve has been on the committee for 20 years.

A big heart! **Jeff Wittmus** was in Los Angeles to arrange financing and lead a group of dentists to Armenia. The team of dentists will treat children in an Armenian orphanage.

Michelle Bogacki established a "Missing Tooth Club" at her daughter's kindergarten class. She recently gave the class a dental presentation and much to her surprise, had a very attentive audience. Now, whenever Michelle goes to the school, the children want to show her their teeth!

NORTH SIDE

Cecile Yoon-Tarlie, DDS

It has been a few cold months since our last news update, but the North Siders have been busy.

Marvin Berman was the guest editor for the Alpha Omegan pediatric issue. Pediatric specialists from all over the world contributed to this issue.

Marvin and **Cissy Furusho** presented a program for the West Side Branch.

Sheri Doniger was recently appointed editor of the *Chronicle*, a publication of the American Association of Women Dentists (AAWD). She was also elected editor-in-chief of the Pennwell publication, *WDJ*, AAWD's official journal.

At the January branch meeting, our very own **Harry Melnick** was honored for his dedication and devotion to dentistry and the dental society.

Fred Margolis was re-elected to the Board of Directors of the international Alpha Omega fraternity. He was also recipient of the Presidential Citation by Alpha Omega's president, Michal Kampel.

This past holiday season **Irene Theodore's** office collected more than 500 new toys from patients, colleagues, family and friends for its holiday toy drive. The toys were delivered Dec. 17 to Children's Memorial Hospital. Irene would like to thank all who generously contributed to a worthwhile event.

Howard Spector was recently elect-



NORTH SIDE: Harry Melnick was honored by his colleagues for his dedication.

BRANCH NEWS

ed to the Board of Directors of the Family Resource Center. FRC is a child welfare agency that provides compassionate services to children, birth parents and adoptive families, through adoption. If anyone is interested in exploring adoption, please contact Howard at (312)726-9528.

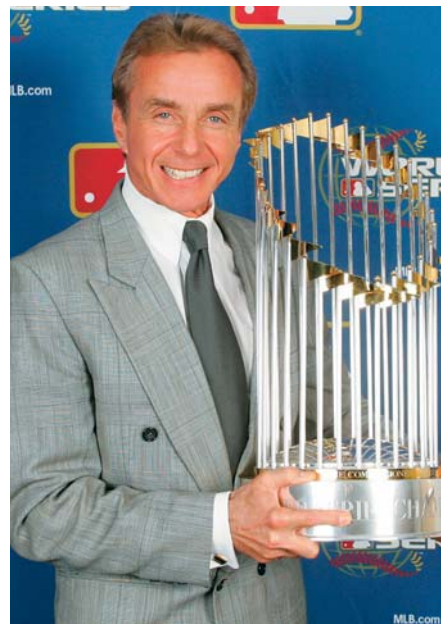
Congratulations to **Bruce Hochstadter** and his new bride, Elaine, on their recent marriage. Bruce was also asked to speak at the 2007 MWM on gardening for the dentist. He was a former winner of the *Chicago Tribune* Glorious Garden Award.

Abe Dumanis recently attended the International Congress of Oral Implantology winter symposium, and was awarded fellow of the ICOI.

Eliot Becker, his stepson and two grandchildren, Alex and Jamie, attended a very exciting UIC basketball game. The Flames beat Detroit.

Working with the Hispanic Dental Association, **Gene Romo** awarded scholarships to three dental hygiene students: Mary Lou Alvarado, Silvia Banda and Iris Gamino. The scholarships recognized community service, leadership and extracurricular activities.

Cecile Yoon-Tarlie and her family escaped Chicago's February freeze and attended the Orthodontist as a CEO conference in sunny Scottsdale. She also attended a meeting in St. Louis as a delegate of the Midwest Society of Orthodontists. This was the first time she left her daughter, Jordyn (2), alone with daddy. All sur-



NORTHWEST SUBURBAN: Dreams do come true—well, for South Side baseball fans. Ray Pollina's smile says it all!

vived, and Mom was able to sleep in!

Please send me your branch news. My office address is 2401 Ravine Way, Suite 301, Glenview, IL 60025. Call me at (847)486-0255, ext. 3, or e-mail me at mctarlie@prodigy.net.

NORTHWEST SUBURBAN

Russell Spinazze, DDS

We are bringing another year to a close. Spring is here and the bulbs have begun to explode. It has been a great year. Thanks to everyone who has sent along information throughout the year.

First, many thanks are due to our board and our president, **Ted Borris**. They put together a great slate of speakers and programs again this year and their efforts are greatly appreciated. **Jeff Kemp** has put together another great golf outing for us this spring and we hope to see everyone there in May.

Ray Pollina enjoyed watching our beloved Chicago White Sox win the World Series. Ray Pollina is seen posing with the championship trophy and is all smiles. Ray is on the left, trophy on the right!

Neil Weintraub welcomes **Tony Eltink** to his practice in Buffalo Grove. Tony completed his post-graduate orthodontic training at UIC this past year. He earned his DMD from the University of Pennsylvania in 2002 and graduated from the University of Notre Dame in 1998, with a Bachelor of Arts in pre-professional studies and psychology.

Tony is also a clinical professor in UIC's Department of Orthodontics. He is following in Neil's footsteps, as Neil taught in the Northwestern



NORTHWEST SUBURBAN: (Top) Michelle Bogacki was pleasantly surprised by the attention she received when providing dental health education to her daughter Natalie's kindergarten class. (Bottom, L-R) Ted Borris in Southern California with Gerald Spinazze, Jack Lane, Warren Avny and Sam Bassali. As usual, no report on the golf game, only good friends and good weather.

University orthodontics program for more than 20 years. Several patients and staff from Neil's office recently participated in the Buffalo Grove Stampede 5K/10K run. Congratulations, Tony.

Our president, **Ted Borris**, enjoyed some southern California sun and joined several branch members for some midwinter golf.

We always appreciate the opportuni-

BRANCH NEWS

ty to mingle with our neighboring branch societies when ever possible. My wife, **Cheryl Nakfoor**, **Lisa** and **Michael Zak** and our families enjoyed a weekend of skiing in Wausau, WI, with Northwest Side President **Michelle Bogacki**, her husband, John Norton, and their family at the high altitude mountain of Granite Peaks. I believe elevation is a notch above 750 feet. Gotta love skiing the midwest!

Thanks to everyone for another successful year. We look forward to seeing everyone again in the fall. Have a great summer!

SOUTH SUBURBAN

Neelima Chiru, DDS

The holidays are over, the Midwinter Meeting is over, and summer approaches. Congratulations and thank you to CDS Past President **Ron Testa**. It was a great year.

This past Midwinter Meeting, I attended my first President's Dinner Dance. It was an amazing experience for me: beautiful gowns, spectacular flower arrangements and excellent food. For those who didn't attend, it was a great experience.

Congratulations to **Generand Algenio** and his wife, Ponting. They welcomed their new baby girl to the world Dec. 23, six weeks early. The baby weighed 4 pounds, 9 ounces, and was 17 inches long. They are happy to report she is doing extremely well and that you would never know she was a preemie by looking at her now.

Anthony Maoloni's friend, Seiji Mitani, visited from Japan. They were ortho residents together at Loyola University.



SOUTH SUBURBAN: The Algenio family welcomed a new addition in December.

Fred Waldshmidt was honored at the March branch meeting with the Lifetime Service Award.

Kevin Patterson should be commended for his excellent work in visiting schools to teach kids about dental hygiene. Every year in February he makes trips to all the schools in the neighborhood.

Kevin Patterson, Leo Finley and I attended the Capital Conference in Springfield in April.

Our thanks to our outgoing president, **Anthony Maoloni**, for a job well done. A warm welcome to the incoming president, **Mike Mintz**. We also thank **Spencer Pope** for his informative monthly newsletter and updates on the South Suburban Branch.

Have a wonderful summer. I look forward to the new season.

NORTH SUBURBAN

Marita Janzen, DDS

This advice from **Vince Chiara**: "Back up your computer! Back up your computer every evening! Make sure that the backup works at home." He had the unfortunate experience of having his office broken into a few months ago; fortunately, the computers were recovered, albeit somewhat damaged. He had backed up the computers and was able to work again the following business day.

We welcome **Marta Speakman** back to practicing dentistry. After 4 1/2 years of not being able to practice due to carpal tunnel syndrome, she is back at work. She attributes her recovery to a lot of hard work (i.e. lots of exercise) on her part and the dedication of her chiropractor. Marta appreciates all the support she has

received from her colleagues.

Mart McClellan recently lectured the Central Lake County Study Club on personal finance. The topic was “Can You Afford for YOUR Financial Plan to Succeed?” He and his company, Reality Financial Group, also spoke to University of Michigan dental students at the end of March, helping them get started toward financial success.

Mark Humenik; Bill Nickel; Nancy McGovern, RDH; and **Jim Orbon** welcomed the New Year by completing a week-long Dental Mission in Quetchaltanengo, Mexico. A few weeks later, dentists Kim Busch, **Mike Nolan** and **Dave Williams** also headed down to Mexico to participate in the mission. This is the sixth year that El Niño Rey volunteers have provided free dental care to the people of Quetchaltanengo. The trip gives much satisfaction to the volunteers. They are happy to get more members involved.

For some people, a bike ride along Lake Michigan or in the forest preserves on a Saturday afternoon is an adventure, but not for **Gary Gustavson** and his family. A true cycling adventure begins in Los Angeles and ends in Charleston, SC, a mere 3,000 miles apart. Gary, his wife, Elaine, their three children and their spouses are busy training for the month-long challenge this summer. Each day they ride 100–150 miles. The hardest part of the journey is the Ozarks. Zion National Park is the prettiest part of the trip. The family also enjoys the time together (there will also be a new grandchild accompanying them). Good luck and have fun!

Pedodontists **Tom Resnick, Paul Egger** and **Fred Tatel** are going

paperless! They have moved to a brand new building and have all state-of-the art equipment. Digital radiography and computers at each station make for happy doctors and even happier assistants and hygienists. The office is beautiful.

Colleen Holohan and her brother, Bill Holohan, have moved to a new office and have completely renovated the suite. They have three times as much space and it is 10 times more efficient and a pleasure to work there. Good luck in your new office!

Do you have a story to tell?

The CDS Review seeks member dentists to profile in future installments of Snap Shots. If you know of any members that have an interesting story to share, please contact Joanna Brown at (312)836-7323 or jbrown@cds.org.

ENGLEWOOD

Andrew Moorman, DDS

Bob Unger retired in mid-January, after 60 years of practicing dentistry. His son, **Joe**, threw him a surprise party Jan. 29, drawing a crowd of more than 60 family members and friends to Joe’s house to celebrate Bob’s retirement.

Bob is adjusting well to his new-found freedom by reading and enjoying the Bombay Sapphire he received at his party.

Jim McCormick and **Carlos Diaz-Albertini** are delighted to have John Pawluk join their endodontic practice in Palos Heights.

Bob Karshen joined **Carl Laudando’s** practice in Palos Heights.



ENGLEWOOD: (L-R) Tom Ryan, Pat Gannon, Jim McCormick and Al Jung enjoyed the Bears beating the Carolina Panthers 13-3 at Soldier Field this past November.

Andrew Moorman and his wife, Kimberly, attended the UIC alumni dinner held during the Midwinter Meeting. It was the 25th reunion of the Class of 1981.

WEST SIDE

Carol Everett, DDS
Donald Tuck, DDS
Susan Zelazo-Smith, DDS

Now that the Midwinter Meeting is fresh in our memories, we look forward to summer. Thanks all the West Siders for their work during the meeting.

Jim Bryniarski received the DuBrul Award at the UIC College of Dentistry alumni dinner. We are proud of Jim, who is slated to be the 2009 Midwinter Meeting program chair.

We savor the good time we had at the President's Dinner Dance. The West Side filled eight tables and was still dancing after most others were slowing down. If you missed the party this year, please plan to join us in 2007—the more the merrier.

Our West Side tribe is increasing.

Dick and Ellie Perry have a new grandson, Ryan Matthew Schoff. Their daughter, Teresa Perry Crase, MD, completed her pediatric residency and is now an attending physician at Vanderbilt University Hospital, where she also maintains a private practice.

Don and Lynn Tuck welcomed a new granddaughter, Samantha Corinne Gabriele. The proud parents are Katie and Joe Gabriele.

Russ Umbricht visited grandson John Russell for his first birthday. Russ' son and family have moved to a new home in St. Martinville, LA.

John Crawford and two of his office staff attended an orthodontic seminar in Phoenix. While there, they found time to visit Taliesin West and enjoy Frank Lloyd Wright's architecture.

Rick and Grace Battistoni returned from a trip to Antigua, where they attended nephew Matt Dunbar's wedding. They toured the dental clinic at Common Hope, where Matt is a director. Volunteer dentists—predominantly from the midwest—staff Common Hope, but they could use more volunteers.

Brian Caraba and his wife, Lisa, went to Playa del Carmen for some R&R. Brian and his mother spent three weeks this spring visiting Germany, Paris, Bruges, Amsterdam and the Vatican. They had a private audience with Pope Benedict XVI in recognition of Brian's volunteer

work with the Blackfeet Nation in Montana.

John Hartmann and his wife, Peggy, are enjoying new-found freedom, as two of their three children are now in college. They recently returned from a four-day trip to Cozumel, where they scuba dived in a wonderful reef.

Rick Simcox and his wife, Babette, look forward to traveling in Amsterdam and southern France this summer. Rick is busy as lead guitarist and frontman for The Tone Questers, a Chicago blues band.

While in Philadelphia for the ADA Annual Session, **Frank** and **Carla Orland** dined with **Jon Suzuki**, who now teaches at the Temple University School of Dentistry. The Orlands were visited by tropical storm Tammi, then did some visiting of their own with friends and relatives in New York. The Orlands spent Easter with their daughter, Gina, a junior at the Southern Illinois University School of Dental Medicine. Gina is president of her class.

Rick Munaretto spoke at the March 14 West Side Branch meeting. Not even a fire in his office that afternoon kept Rick or any of his partners—which include his dad and brother—away from the meeting. Rick made them sit in the front, where he could keep an eye on them and make sure they behaved. Not one of them thought of leaving early!

That's the news for now. Have a wonderful summer!

Milestones

APPLICANTS

Asplund, Joan I.

University of Illinois, 1979
64 Old Orchard, Skokie
North Suburban

Athans, Tony T.

Loyola University, 1993
1707 Shermer Rd., Northbrook
North Suburban

Beckerman, Yuliyia

University of Illinois, 2000
1464 Townline Rd., Mundelein
North Suburban

Belickas, Magdalen C.

University of Illinois, 1985
27 Calendar Ct., LaGrange
West Suburban

Bok, Jae Kwon

Loma Linda University, 2005
1235 N. Rand Rd., Arlington Heights
Northwest Suburban

Buenvendida, Paul R.

University of Illinois, 1993
55 E. Washington, Chicago
North Side

Cervantes, Jennifer S.

Boston University, 2003
2655 N. Milwaukee Ave., Chicago
Northwest Side

Clay, Robert C.

University of Illinois, 1997
12500 Harlem Ave., Palos Heights
South Suburban

Cox, Erin M.

Indiana University, 2003
3057 W. Cermak Rd., Chicago
Northwest Side

Gibson, Hollis H.

University of Illinois, 1975
11700 S. Western Ave., Chicago
Englewood

Halikias, Lena T.

Loyola University, 1988
6056 W. 159th St., Oak Forest
South Suburban

Kouris, Aimee L.

University of Illinois, 1999
1314 Lathrop, River Forest
West Side

O'Donnell, James M.

Loyola University, 1964
10775 N. Route 47, Huntley
West Suburban

Patel, Shirali M.

University of Illinois, 2003
1098 Lake St., Hanover Park
West Suburban

Perez, Maritza A.

University of Illinois, 2004
63 Huntington Ct., Burr Ridge
West Suburban

Podraza, Ronald A.

Loyola University, 1984
6424 N. Northwest Hwy., Chicago
Northwest Side

Purdue, Richard D.

Southern Illinois University, 1978
129 S. Roselle Rd., Schaumburg
Northwest Suburban

Quinn, John A.

University of Illinois, 1978
539 S. Dearborn St., Chicago
North Side

Reese, Polly

University of Illinois, 1986
4349 N. Campbell Ave., Chicago
North Side

Sahu, Sunita

University of Illinois, 2005
414 Woodside Dr., Wood Dale
West Suburban

Speakman, Marta P.

International Dental School, 1996
740 Florsheim Dr., Libertyville
North Suburban

DECEASED MEMBERS

Binotti, Evo J.

Chicago College of Dental Surgery, 1939
5208 W. 95th St., Oak Lawn
Englewood. Passed away March 18.

Bobrow, Joseph B.

Northwestern University, 1936
4940 Foster, Apt. 406, Skokie
North Suburban. Passed away Feb. 18.

Brzezinski, I. Frank

Chicago College of Dental Surgery, 1944
6755 N. Milwaukee Ave., Apt. 309, Niles
Northwest Side. Passed away March 2006.

Buss, Neal W.

Northwestern University, 1981
1701 E. Woodfield Rd., Suite 150, Schaumburg
Northwest Suburban. Passed away March 3.

Erickson, Scott A.

University of Illinois, 1979
11443 Prestwick, Belvidere
Associate Member. Passed away Jan. 17.

Glasenapp, Jack B.

University of Pennsylvania, 1964
855 E. Palatine Rd., Palatine
Northwest Suburban. Passed away Nov. 5.

Gordon, Theodore G.

Chicago College of Dental Surgery, 1946
3900 Dundee Rd., Northbrook
North Suburban. Passed away April 8,
2005.

Groetsema, William R.

Loyola University, 1978
719 Sherwood Dr., LaGrange Park
Associate Member. Passed away Feb. 22.

Heinzel, Paul A.

Southern Illinois University, 1979
1117 Ridge Rd., Shorewood
Associate Member. Passed away March 31.

Raczynski, Helen Dziubak

Wife of the late Walter V. Raczynski
8810 S. Hamilton Ave. E., Chicago
Alliance Member. Passed away March 2006.

Siemion, Thaddeus J.

Chicago College of Dental Surgery, 1944
1225 Luther, Apt. 151D, Arlington Heights
Northwest Side. Passed away Feb. 25.

Smejkal, Harry J.

Chicago College of Dental Surgery, 1942
1529 W. Ogden, Apt. 232, LaGrange Park
West Suburban. Passed away March 15.

Stevens, Lynn B.

Marquette University, 1970
636 Church St., Suite 520, Evanston
North Suburban. Passed away Feb. 12.

ACDS

Eleanora Bruni Perry

Greetings, valuable ACDS members!

The lovely season of spring is upon us. I hope that means spring fever will affect us all with new energies. But first a review of some of the special, wonderful activities of ACDS.

Almost 100 members and guests enjoyed breakfast with CDS President **Tom Machnowski** and ACDS President **Monica Sullivan** at the Fairmont Hotel during the Midwinter Meeting.

Kathy Holba presented ACDS Scholarships to Allison McMahon and Russell Verbic from UIC College of Dentistry; Jill Wolff, College of Lake County dental hygiene program; and Samantha Johnson, Kennedy-King College dental hygiene program.

Monica Sullivan presented a Special

Recognition Award to Patricia Ciebien, director of People's Resource Center dental clinic in Wheaton.

Karen Cortell Reismen, MS, presented a meaningful program, "Letters from Einstein—Equation for Change."

Approximately 60 members and friends enjoyed a gala benefit brunch at the Renaissance Hotel in Oak Brook March 26. Thank you for your generous support.

Many ACDS members attended the Alliance of American Dental Association Leadership Conference in Seattle. Congratulations to **Johanna Manasse**, who was honored with the Beulah Spencer Award for outstanding service and contributions.

Shirley Gerding was installed as ACDS president at our May ceremony at the Seven Bridges Golf Club in Woodridge. Members, family and

friends gathered for this grand occasion and to thank our wonderful outgoing president **Monica Sullivan** for a very successful year. Hats off to Monica, and best wishes to Shirley!

Let's put our money where our hearts are and where we know how much can be done for dentistry, our spouses' beloved profession. Please join us in spirit and monetary support. My thanks, always!

See you at the CDS Family Picnic in July and at the ISDS and AISDS Annual Session in September in Bloomington.

Enjoy the summer. Stay healthy and safe. Keep a corner of your lives thinking of what you can do for the wonderful dental profession if not now, than later.

Encourage and give, all ways. ■

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.

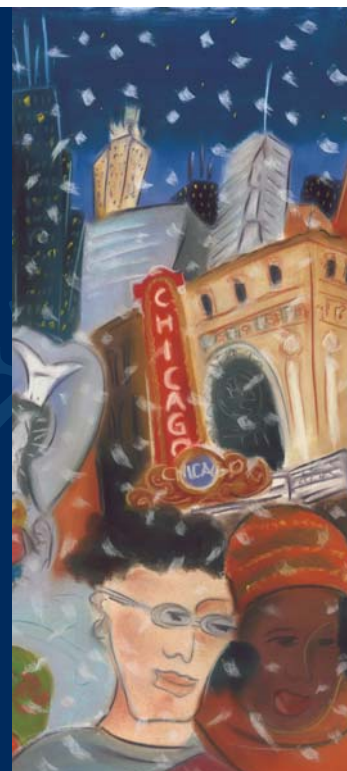
Presiding chairs: The primary responsibility of our Presiding Chairs is to introduce the course speakers. Presiding Chairs greet our speakers in our registration office, escort them to breakfast and then to the rooms where they will lecture. They then escort the speakers to lunch and back for their afternoon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

**VOLUNTEER TODAY! TO PARTICIPATE,
VISIT WWW.CDS.ORG/MWM.**



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
July/August	June 17, 2006
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

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.**

CLASSIFIEDS

Place your ads online at WWW.CDS.ORG

FOR RENT

WHY RENT WHEN YOU CAN OWN? Buffalo Grove. New prestigious, "PROFESSIONAL OFFICE CONDOMINIUMS." Great location (Dundee Road and Golf View Terrace), single level with full basement, dramatic landscape setting, private front and rear entrances, elegant high ceilings, sprinkler system, brick with architectural roof shingles, generous parking. For appointment call (847)229-8414.

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.

RIVER FOREST: 1,500 square feet for rent. Four operatories, new equipment included with lease, Pan/Ceph. Ground level, 15 parking spaces. Next to train, mall, schools. Excellent opportunity for general dentist not wanting to take out expensive equipment loans. Call (708)366-6007.

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.

DEVELOPER LOOKING FOR A DENTIST: New shopping center in Round Lake, on Wilson Road. Will finance build-out. Call (630)894-1277, ext.11.

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

OAK BROOK AREA: Excellent location for dentist or dental specialist. Modern building with atrium, 1,733 square feet available. Landlord will assist in build-out and remodeling cost. Call (630)279-5577 or visit www.brittanyoffices.com.

NORTH AURORA: Professional building on Oak Street. Bright. 1,000 square feet in dental building, fully-equipped. Includes two operatories, reception, private office, sterilization area and dark room. Available immediately. Call (630)859-8686.

BURR RIDGE: COUNTY LINE AND I-55. Four plumbed operatories, 1,224-square-foot dental office available for rent in August 2007. Suitable for specialist. Some equipment can stay, negotiable. Call (630)850-7858.

SUBLEASE ORLAND PARK OFFICE: 1,600 square feet, two treatment rooms, large lab. Prime location near Orland Square mall. Equipment remains; bring your own consumables. Just walk in and go to work. Reply to Box M0506-J3, *CDS Review*.

DENTAL CLINIC SPACE AVAILABLE: 1600 W. Dempster medical/dental professional building, across from Lutheran General. 906 square feet, 833 square feet, 2,000 square feet, 3,000 square feet available, already plumbed and built out. One bathroom in each unit. Six total washrooms in hallway. Maintenance person works weekdays, 9 a.m.-5 p.m. Call Sam, (773)988-8971.

PROFESSIONAL SPACE FOR RENT: 2721 N. Clark St., Lincoln Park/Lakeview. Great looking professional building in prime location. 1,500 square feet, ground floor. Call Dawn Evans, (773)269-9473.

NEW OFFICE OPPORTUNITY: Gurnee location on Grand Ave. Over \$100,000 invested in build-out at no cost to tenant. Plumbing, electric and rough stud work finished. Five operatories. Call (847)942-1290.

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.

IDEAL GLENVIEW LOCATION: Dental office to share. Beautiful office in great location. Two fully-equipped operatories including nitrous oxide. Excellent opportunity to build a private practice. E-mail csim31@comcast.net.

SPACE SHARING, CHICAGO, NORTH SIDE: Lincoln and Irving. Brand new office, three operatories. (773)883-4444.

DENTAL SPACE AVAILABLE TO SHARE: New office, West Loop location. Modern, exposed brick, hardwood floors. Self-contained water. Great opportunity for orthodontist. Three days/week. \$3,000/month. (312)622-3912.

DOWNTOWN OFFICE SPACE SHARING: 700 North and 1 1/2 block east of Michigan Ave. Ideal location for recent graduate, downsizer or specialist. One operatory fully-equipped with new dental chair and x-ray unit. Private reception area and sterilization lab included. Building parking available. Available for Wed/Fri/Sat. Great opportunity to build a private practice with room to expand. Please call (773)369-2252.

POSITIONS WANTED

ENDODONTIST: MID-CAREER LICENSED endodontist, just relocated to Chicago, seeks opportunity with high-quality practice in Chicago downtown, north or western suburb. Clean professional and personal history. Great references. Call (773)404-3148.

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 position in your general practice. I can help you develop or significantly complement your existing periodontal/implant program. Keep your patients happy by having all procedures done in your office. Reply to Box M0506-J6, *CDS Review*.

DENTIST SEEKS PART-TIME POSITION. Long-term experience in all phases of cosmetic, general and prosthetic procedures. Not looking to purchase. Reply to Box M0506-J5, *CDS Review*.

EXPERIENCED PERIODONTIST seeks part-time position in your general practice. Keep patients happy by staying in your office and increase your income. Will place implants for your restorations. Reply to Box M0506-J4, *CDS Review*.

IN-HOUSE DENTURE TECHNICIAN: CDT, full dentures. Graduate, Canadian Denturist College desires working relationship with DDS or group office to establish denture practice in northwest suburbs/Dell Webb retirement community. (847)533-7528.

GP AND PEDO POSITION WANTED: Fully experienced in both. Prefer Chicago area. Looking for a busy practice. Will send recommendations from employer. Will be a great asset to your practice; personable and charming, patients will definitely love this doctor. Resume will be sent to you. Please call (312)493-6497 or e-mail glowchun@yahoo.com.

OPPORTUNITIES

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: 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.

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*.

ORAL SURGEON NEEDED

IN A GENERAL PRACTICE

Dental practice in Naperville area is looking for an oral surgeon 2 days a month.

Please call or leave a message.

(773)742-2110

MULTI-SPECIALTY COSMETIC PRACTICE RICHTON PARK

State-of-the-art dental health and esthetic wellness facility needs General Practitioner, Endodontist and Periodontist to join our fabulous team! Help us provide excellent dental service to our community!

E-MAIL JCONFORTI@E-PPC.COM.

HEALTHCARE REVIEW SERVICES

PART-TIME DENTIST NEEDED to review provider offices in managed care networks. Travel, good communication skills, minimum 10 years practice experience required.

Send resume to:
HRS, 1926 Hayes St., Nashville, TN 37203

ORTHODONTIST WANTED for busy general dentistry practice. Good clinical and people skills necessary. Contact Dana, (708)849-9520, or fax resume to (708)849-9584.

PERIODONTIST NEEDED one day a week in Downers Grove office. Fax resume to (630)-241-6894.

BUSY SOUTHWEST SUBURBAN PRACTICE seeks part-time associate. Two-plus days per week to see mostly Medicaid patients. Guaranteed \$45 an hour, full malpractice coverage. Potential buy-in for right individual. New graduates welcome. Will mentor and sponsor H1B visa. Please fax CV to (708)598-0123.

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 clinics in Chicago, Rockford 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 dwolfe@gmail.com.

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*.

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.

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.

ASSOCIATE NEEDED, PART-TIME or full-time. Good, competitive compensation with partnership potential in a new office. Good opportunity for new graduates. Please call (773)884-0108 or (708)439-4655.

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.

GENERAL DENTIST NEEDED for established office in Wheeling. Bilingual a plus. Fax resume to (847)583-8831.

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.

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*.

PART-TIME DENTIST NEEDED TO DO fee-for-service endodontics: 50% commission, flexible hours. Modern, digital Glenview office. Fax (847)998-1286.

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*.

POSITIONS AVAILABLE: Chicago neighborhood practice seeks dentist, hygienist, front desk and dental assistant. Please fax resume to (773)378-4332.

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.

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.

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

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.

ASSOCIATE WANTED: Growing practice in northwest Chicago suburb seeks an experienced part-time dentist. Endo and extraction experience is a plus. Please e-mail cover letter and resume to cl_dental@yahoo.com.

LOOKING FOR A DENTIST in our Norridge and South Elgin practices. Polish, Italian and/or Spanish speaking is a plus. Please fax your resume to (708)456-0775.

ESTABLISHED GROUP PRACTICE with offices in Chicago's western suburbs seeks part-to 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.

GENERAL DENTIST WANTED. No PPO, HMO. We are a fast-paced, rapidly expanding office in Schaumburg, looking for a part/full-time associate. Contact (847)885-9954 or cbodds@comcast.net.

PUBLIC HEALTH DENTIST: Knox County Health Department, public health agency in rural IL, seeking IL licensed professional dentist to manage activities of dental clinic and provide quality dental care. Applicants have potential to qualify for National Health Service Corps Loan Repayment Program. The Department offers a professional work environment; Monday-Friday hours; and competitive pay and benefits package, including performance incentive. Fax resume to (309)344-5049. Direct phone inquiries to Greg Chance (309)344-2224.

LOOKING FOR A FULL-TIME GENERAL dentist in Dolton, IL, general practice. New graduates welcome. Great opportunity for the right individual. No HMO. Fax resume to (708)481-8210 or call (708)481-3866.

LOOKING FOR AN ASSOCIATE in Northwest Side office, with possibility for future buy-in. FF/PPO. Please fax resume to (773)282-4881.

ASSOCIATE WANTED SW CHICAGO AREA: Growing practice near Plainfield seeks a team-oriented dentist to start PT, leading to FT and future buy-in if desired. Must have minimum two years experience and be interested in performing all phases of dentistry. Fax resume to (928) 832-4215.

DENTISTS: FT/PT Chicago-NW/Lincoln Park and suburbs. Be an independent contractor. Competitive compensation. Fax (847)621-7229.

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 krishbandental@yahoo.com.

UNIQUE PRACTICE OPPORTUNITY North Suburban-based Esthetic 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.

DENTAL ASSOCIATE: SOUTH SIDE Chicago/Mount Greenwood. PT General Dentist wanted for modern office. Spanish speaking a plus. FFS. Great opportunity. Fax resume to (773)779-1656.

DENTIST WANTED: University dental associates and Dr. Joseph A. Toljanic, section chief, University of Chicago hospitals, dental department, are looking for an individual with experience to join our group practice with specialists on board. Great opportunity and good learning potential. Please call, in confidence, (630)743-0020 or fax (630)960-3135.

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.

GENERAL DENTIST NEEDED, PLAINFIELD/Joliet area. Full-time/part-time hours. New graduates encouraged to respond. Call (815)603-1700 or fax CV to (815)741-0170.

HELP WANTED—ORTHODONTIST: Part-time for association with busy, private, intramural group in near-downtown medical center. Ideal for young grad or quasi-retired looking to treat patients one day per week or only a few days per month. Carries clinical privileges with faculty/staff appointment. Call office manager at (312)829-4208 or fax resume to (312)829-0987.

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

BILINGUAL, SPANISH-SPEAKING DENTIST and dental hygienist wanted: two dental clinics located in Park Ridge (across from Lutheran General) and Uptown in Chicago. Fax resume to (773)539-1036 or call (773)988-8971.

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.

PEDIATRIC DENTIST AND ENDODONTIST wanted to join our multi-specialty group practice in four locations in Plainfield/Joliet area. Call (815)603-1700 or fax CV to (815)741-0170.

EXCELLENT OPPORTUNITY for a general dentist to run their own practice in the far west suburbs of Chicago. Must be motivated, independent and comfortable with all phases of dentistry. Learn the business of dentistry as little or as much as you would like while you perform quality dentistry in a family practice. Fax resume to (928)832-4215.

FULL-TIME ASSOCIATE DENTIST NEEDED for a beautiful office, Oak Lawn area. FFS and PPO patients. Needed Tuesdays, Thursdays, Fridays and Saturdays. Please fax resume to (708)422-0583.

DO YOU HAVE A PASSION for dentistry and compassion for patients? Established Westchester dental practice seeks the right general dentist for our busy state-of-the-art office. Immediate associate position available leading to partnership/ownership. Fax resume to Thomas George, DDS, (708)562-1069.

ENDODONTIST AND DENTIST WANTED: Lincoln Park general practice seeks part-time endodontist and dentist to join our team. Fee-for-service, no HMOs. (773)871-0336.

GENERAL DENTIST: FULL- OR PART-TIME, will consider purchasing or buy-in available as well, for high income dental office on Northwest Side of Chicago. Call doctor at (630)253-3008.

LOOKING FOR A FULL-/PART-TIME general dentist for an immediate position in a very busy practice in northwest suburbs of Chicago. Fax resume to (630)483-7041.

STATE-OF-THE-ART OFFICE located in the NW suburb of Elk Grove Village is in need of PT/FT general dentist to work with our dedicated dental team. We are an established, comprehensive fee-for-service office. Benefits available. Please send your resume to (847)364-9807 or e-mail gorrellmaur@aol.com.

DENTAL OFFICE INSIDE A VERY BUSY medical center in Oak Mill Mall, Niles. Looking for a full- or part-time dentist, ready to care for our patients. Option to buy the office, which has four fully-equipped operatories plus porcelain lab with a full-time technician. Please call (312)231-4621.

GENERAL DENTIST NEEDED AS PART-TIME associate two or three days per week near UIC campus. GPR training with endodontics and extractions proficiency required. Salary based on production. Call Ted, (312)226-1537, weekdays, 10 a.m.-6 p.m.

PERIODONTIST WANTED, 1-2 DAYS/WEEK. Multi-specialty, multi-group practice in Joliet/Plainfield area. Call (815)603-1700 or fax CV to (815)741-0170.

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.

ORAL SURGEON AVAILABLE TO provide quality care for your multispecialty or general practice patients. Call (630)390-5725.

LOOKING TO PURCHASE

PRACTICE BUYER We are looking to partner with dentists who: Wish to sell their practice and retire; Wish to sell their practice and continue to see patients; Wish to sell their practice, reduce chair-side hours, and work with a new associate in order to maximize practice profitability and your return. Please consult our Web site at www.midwest-dental.com or contact Andrew Lockie directly at (715)926-5050 or e-mail alockie@midwest-dental.com.

WANTED FOR PURCHASE: General dental practice in north Lake County, IL: Waukegan, Grayslake, Round Lake, Wadsworth or other area communities. Please reply to gdentist@webtv.net.

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.

FOR SALE BY OWNER

PRACTICE FOR SALE: \$2 million/year practice, including 25% growth in 2004. All fee-for-service. Immediate sale, with owner staying in associate position for two years. Northwest Indiana, 30 minutes from Chicago. Fax resume to (847)251-3515.

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.

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.

CHICAGO PRACTICE great visibility on main street. Close to Lincolnwood Town Center mall. Two equipped treatment rooms. Real estate available for purchase. Owner relocating out of state. Call (773)465-2600.

ORAL & MAXILLOFACIAL SURGERY PRACTICE for sale: Prestigious Oak Brook Area. Established practice. Beautiful office in medical building. Reply to Box J0106-F2, *CDS Review*.

FANTASTIC LINCOLN PARK CORNER location: General and cosmetic-oriented boutique-type practice for sale. Collected \$300,000 on only 2-1/2 days a week. Four ops, all new hi-tech equipment. Great patient base with unlimited potential for increased income. (708)460-3500 for more info.

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 an attractive area of Michigan just two hours from Chicago, 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. Fax for more information at (269)323-2005 or e-mail jwx6@aol.com.

OFFICE FOR SALE OR RENT: Three fully-equipped operatories, dark room, two X-ray machines, 1,200 square feet. Office in Bridgeport, near Chinatown. Call Sylvia, (312)731-6912.

ILLINOIS—RETIRE WITH EQUITY not rent receipts. Practice for sale. Southwest Chicago, Oak Lawn area. Three operatories. Fee-for-service, no HMOs or PPOs. \$86,000 in salaries. Established practice (25 years). Live-in building for your use or rental apartment. Large lot for expansion. Priced to sell. Call (708)562-3334 after 7 p.m.

DENTAL EQUIPMENT FOR SALE: Great savings. One brand new dental chair, four used dental chairs. Hamilton cabinetry, chairside stools, X-ray equipment, two mobile carts, new and used handpieces and hand instruments, gloves, office furniture, dental supplies, lab equipment/supplies. Call (708)460-6035 for viewing, info.

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

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

FOR SALE BY BROKER

SENATE MANAGEMENT (888)264-2797.

COMING: Dekalb, IL, area, Willow Springs.

INDIANA LISTINGS:

DYER, #7025: Under contract. 8 ops total, 4 new. 2005 collections: \$2.5 million. 100% FFS. Building available for sale.

ILLINOIS LISTINGS:

BEACH PARK, #7025: Under contract. Three operatories with lab. Equipment, build-out only.
BURBANK, #6666: 3 ops at street level. Build-out and equipment but no charts. Very low cost start up.

BUFFALO GROVE, #6300: 3 ops in a professional complex. 100% FFS. Collections: \$200,000. Doctor retiring.

CHICAGO, #6325 Lincoln Square: New listing! 3 ops plus one plumbed in a professional building. Busy area. Collections: \$120,000.

CHICAGO, #7026: Under contract. Fullerton and Central area. Two full operatories plus four plumbed. Stand-alone brick building for sale. \$150,000 collections. Owner deceased.

CHICAGO, #7037: New listing! Foster and Pulaski. 2 ops plus two ops plumbed in strip mall. High traffic, FFS and PPO patent base. Doctor relocating.

CHICAGO, #5003 Loop: New price! 5 ops in Loop high-rise. \$307,000 collections. 850+ active patients. Seller financing option.

CHICAGO, #6076: Belmont and Austin area. Motivated Seller! Three operatories at street level. \$200K collections. Fee-for-service and PPO. Doctor will separate patients and facility.

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

ELGIN, #6080: 4 ops in a professional building. \$460K collections. 95% FFS. Great cash flow.

GLEN ELLYN #6091: Sold! 3 ops at street level in downtown. Collections: \$200K, 100% FFS.

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

OAK BROOK, #7001: 2 ops in the Oak Brook Professional Building. Great location. 100% fee-for-service.

YORKVILLE, #6090: Four ops in a strip mall. Condo for sale. Newer equipment and build-out. \$400K collections. 100% fee-for-service. 15% ortho. High growth area!

For more information visit our web home at www.senatemanagement.com or contact Wendy Pesavento at (888)264-2797 or (630)916-6291.

MIDWEST DENTAL EQUIPMENT BROKERS

INTERESTED IN DIGITAL RADIOGRAPHY? WE CAN HELP!

- Tired of overpaying for new equipment?
- Opening an office on a budget?
- Want no-hassle sale of your used equipment?

(847)707-5594

midwestdentalequipmentbrokers@gmail.com

We buy and sell all types of used equipment

DENTAL OFFICE: Four different offices to choose from—city and suburbs—all in great working condition and currently in operation. Call Mark Ahmad, Coldwell Banker, (773)983-1553 www.mounzer.com.

THE DENTAL MARKETPLACE/American Dental Sales: Practice sales, appraisals and consulting. Peter J. Ackerman, CPA: (312)240-9595 or www.dentalsales.com.

SELLERS NEEDED. We have many qualified buyers for your practice!

PEDIATRIC PRACTICE: \$2 million+, fee-for-service, just outside Chicago suburbs.

PERIO PRACTICE: Western Chicago suburbs. Great location in a very nice community. Perfect starter or satellite.

CHICAGO LOOP: Two fee-for-service opportunities in Chicago Loop.

PARK RIDGE: Two operatories, fee-for-service, great patient base, \$235,000 gross.

NEAR SCHAUMBURG: \$400,000+, Coming soon!

BARRINGTON: Two operatories, mostly fee-for-service. Low overhead in downtown Barrington.

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

NORTH LAKE COUNTY: Three operatories equipped, six available, 100% fee-for-service, \$275,000 gross. Free-standing building for sale with practice.

NORTHWEST LAKE COUNTY: 3 ops with room to grow. 100% FFS, \$300K gross, low overhead.

LaGRANGE: Two operatories small patient base.

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

ORLAND PARK: Spacing sharing opportunity.

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

NORTHEAST IL: 2 hours south of Chicago. Associate buy-in or immediate partnership. \$1 million.

PEORIA: Grossing \$814,000 in 6 treatment rooms. Beautiful offices!

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.

Market your practice the right way

Internal Marketing
Patient Reactivation & Internal Referral Programs

Image Marketing
Logo Design, Branding, Signage

Traditional Marketing
Print ads, Direct mail, Brochures and more

Web-based Marketing
Web site design & Search Engine Placement

M I D W E S T
DENTAL
S O L U T I O N S

(847) 370-9131

www.midwestdentalsolutions.com

Serving start-ups, existing practices and practice transitions

DENTISTS' ATTORNEY

STEVEN H. JESSER

Affordable dentists' legal services, including practice purchases and sales, other contracting, collections, licensing and disciplinary problems. Representing practitioners since 1980.

(800)424-0060 » Mobile: (847)212-5620
shj@sjesser.com » www.sjesser.com
790 Frontage Road, Suite 110, Northfield, IL 60093

FINANCING

~ UNICYN FINANCIAL ~

100% financing for new equipment, new office projects, debt consolidation, real estate.
TOM or ANGELA BAKER (630)773-2171

Ultra
Ultra Electrostatic Painting, Inc.

(708) 447-7373

On-site electrostatic painting of dental lights, X-rays, chairs and furniture

ELECTROSTATIC PAINTING

SERVICES

LAW OFFICES OF DONALD A. LEVY, LTD. Representing dentists for over 20 years. Contracts, corporations, partnerships, tax returns and tax matters, estate planning, wills and trusts, real estate, business litigation. (847)568-1300.

LAWRENCE R. ERLICH of Schneiderman, Kohn and Winston, Ltd., accounting firm specializing in servicing the dental profession. Offering: monthly book-keeping, tax and financial planning and practice evaluation. (773)631-3055 or lerlich@skwcpa.com.

ACCOUNTING, TAX and FINANCIAL PLANNING

PESAVENTO & PESAVENTO
LTD. • CPAs

Focused on the dental industry since 1976, providing quality accounting, tax planning, practice management and financial planning.

We are
The Professional's Professional.

Call us at **(708) 447-8399** to arrange a consultation.

Member: Academy of Dental CPAs (ADCPA) in Illinois and Indiana, American Institute of CPAs and Illinois CPA Society.

LAW OFFICES OF LILLIAN OBUCINA

LEGAL SERVICES FOR DENTISTS

Lillian Obucina, DDS, JD
253 E. Delaware Pl., Suite 20F, Chicago, IL 60611
(312) 909-2839 • LObucina@gmail.com
PRACTICING DENTIST AND
PRACTICING ATTORNEY

DENTAL PRACTICE TRANSITIONS BUY-SELL PRACTICES

Practice sales/purchases with tax and financial planning services to provide the greatest benefits to you.

Hufford-Prokes Trans LLC Ronald I Prokes, DDS
(800)334-9126 or www.PPC.WEB.com

MILLER DENTAL UPHOLSTERY

All work done in your office.
Serving IL, IN and WI.

630.761.1450

Work guaranteed. Referrals available.



DENTAL AUXILIARY PLACEMENT SERVICE, INC.

Staffing Dental offices for more than 17 years:

- Dentists
- Registered Dental Hygienists
- Chair Side Assistants
- Receptionists
- Office Managers
- Exhibitor Booth Personnel

Permanent Placement – Temporary Personnel

847.696.1988
www.daps-inc.com

Dental Staff Placement, Inc.

Chicago's Premier Staffing
Firm Since 1984

- We Place Experienced Staff Only
- We Pay All Employment Taxes
- We Advertise, Screen & Interview
- We Fully Check References

Full-, Part-time and Temporary

Hygienists • Dental Assistants
Business Staff • Dentists

Temporary Staff (847) 298-7779
Permanent Staff (847) 824-3560

Bruce Lowy & Kathleen Uebel

Over 50 years combined consulting services

George & Tom's Upholstery Co.

Celebrating 25 years of service
to the dental industry

ONE DAY SERVICE

- Dental Chairs
- Stools
- Waiting Rooms
- Exam Tables

Visa MasterCard Discover

American Express accepted

Mention this ad and receive \$25 discount
on dental chair

(630)279-2882 • (630)279-2891 fax

PLACE YOUR AD ONLINE: WWW.CDS.ORG

CLASSIFIED ADVERTISING DEADLINE FOR THE JULY/AUGUST CDS REVIEW: JUNE 17, 2006



Circle the dog sleds, ADA is on the warpath

In January, the American Dental Association (ADA), in concert with the Alaska Dental Society (ADS), announced it would sue the Alaska Native Tribal Health Consortium (ANTHC) and its Dental Health Aide Therapists (DHATs) to enjoin them from performing irreversible dental procedures on Alaskan natives.

At issue was ANTHC's response to the appalling dental health of the Alaskan natives and the lack of dentists willing to travel to remote villages in the winter months. The

consortium did what the ADA and the ADS did not do: it implemented a plan to meet the dire needs of its population. ANTHC proposes a 24-month program during which young people in their late teens and early 20s would be trained as dental therapists in a New Zealand school. Most of the proposed trainees have only a high school education, but they will be taught to perform comprehensive dentistry. ANTHC can do this because tribal sovereignty and the legal right to govern and manage their own affairs is guaranteed to Alaska Natives by treaty.

On the other hand, among

ADA's band-aid solutions to this long-standing problem are:

- Place a dental health aide in each of 200 villages;
- Train Native Alaskans as auxiliaries;
- Secure federal funding to fill vacant dental positions (regardless that the ADA has trouble securing funding for other worthwhile projects); and
- Establish a pipeline to educate Native Alaskans as dentists who would, in turn, return to their communities (my favorite unworkable "solution").

Educating native dentists to treat "their own" smacks of racial prejudice, but more troubling is the realization that non-Native Alaskan dentists don't seem to think the

problem is theirs to resolve.

Where was the ADS as the dental problems of its citizens exacerbated to the point that many teenage Native Alaskans are wearing dentures? The dentist-to-population ratio in Alaska is among the highest in the nation. Any volunteers? Sure, dentists line-up during hunting and fishing season so they can combine a little recreation with dental treatment. Few seem interested in visiting the villages during the long, cruel winters. Alaska's practice act makes it impossible for dentists from other states to volunteer their services. However, the ADS has done nothing to help remove the barrier.

If I believed that our trustees are honestly interested in protecting public safety issues, I wouldn't be writing this screed. Unfortunately, I think the trustees are more concerned that the DHAT program will crop up in the lower 48.

Neither the ADA trustees nor ADS have said what they would do to treat the urgent problems of disease and infection. Wouldn't it have been better to reluctantly recognize DHATs as a short-term solution? Why not educate them in U.S. dental schools with state, federal and, yes, even ADS funding? Why not create a system whereby licensed dentists monitor DHATs? Why not lobby ANTHC to consider a sunset review after ADA and ADS institute a comprehensive prevention and education program?

Suing Native Alaskans and young women who are innocent of wrongdoing by virtue of tribal law does not resonate with the public. The profession has already been criticized in the national media, which see these threats as self-serving. This rash action will do irreparable harm to our legislative agenda and devalue our public image of always putting the welfare of patients first.

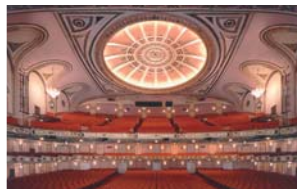
The ADA's prestige is already tarnished by its intention to sue ANTHC and its DHATs. Our only hope is to stop this nonsense and address the very real problem of how to provide dental care to people in dire need. ■

Write Dr. Lamacki at wlamacki@aol.com.

EDUCATING NATIVE DENTISTS TO TREAT "THEIR OWN" SMACKS OF RACIAL PREJUDICE, BUT MORE TROUBLING IS THE REALIZATION THAT NON-NATIVE ALASKAN DENTISTS DON'T SEEM TO THINK THE PROBLEM IS THEIRS TO RESOLVE.

Get out of the house, already.

MAKE YOUR SUMMER SPECIAL. ATTEND THESE SPECIAL EVENTS.



Ticket sales for all events will take place online and online only at www.cds.org. Be sure to visit the site regularly for updates and announcements regarding special events.

**PURCHASE TICKETS
ONLINE ONLY AT
WWW.CDS.ORG**

**ONLINE TICKET SALES BEGIN AT 9 A.M.
FOR EACH DATE LISTED.**

JULY 12 THE ANNUAL CDS FAMILY PICNIC SIX FLAGS GREAT AMERICA, GURNEE

CDS returns to Great America for our annual Family Picnic. Tickets will include admission to the theme and water parks, and a meal in the picnic area.

CDS Family Picnic tickets are on sale now.

JULY 22 & 23 KING TUT FIELD MUSEUM, CHICAGO

More than 3,000 years after his reign, King Tutankhamun returns in a new exhibition at the Field Museum, *Tutankhamun and the Golden Age of the Pharaohs*. See nearly 120 dazzling Egyptian treasures. CDS has a limited number of tickets available for tours of the exhibit at 11:30 a.m. and 1 p.m., Saturday, July 22, and 11 a.m. and 11:30 a.m. Sunday, July 23.

King Tut tickets go on sale online June 1.

AUG 5 MYSTIC BLUE FIREWORKS CRUISE NAVY PIER, CHICAGO

The setting is laid-back, yet contemporary. The view is amazing. Imagine the beautiful Chicago skyline as it reaches for miles with the lake resting at its feet. Add fireworks, and you have a very special CDS event. Experience the fun of a boat ride on Lake Michigan with Mystic Blue Cruises.

Fireworks Cruise tickets are on sale now.

NOV 5 THE PIRATE QUEEN CADILLAC PALACE THEATRE, CHICAGO

The Pirate Queen, a spectacular new musical by Tony Award winners Alain Boublil and Claude-Michel Schönberg, the authors of *Les Misérables* and *Miss Saigon*, will play a pre-Broadway, World Premiere engagement at Chicago's Cadillac Palace.

***The Pirate Queen* tickets go on sale online June 1.**