

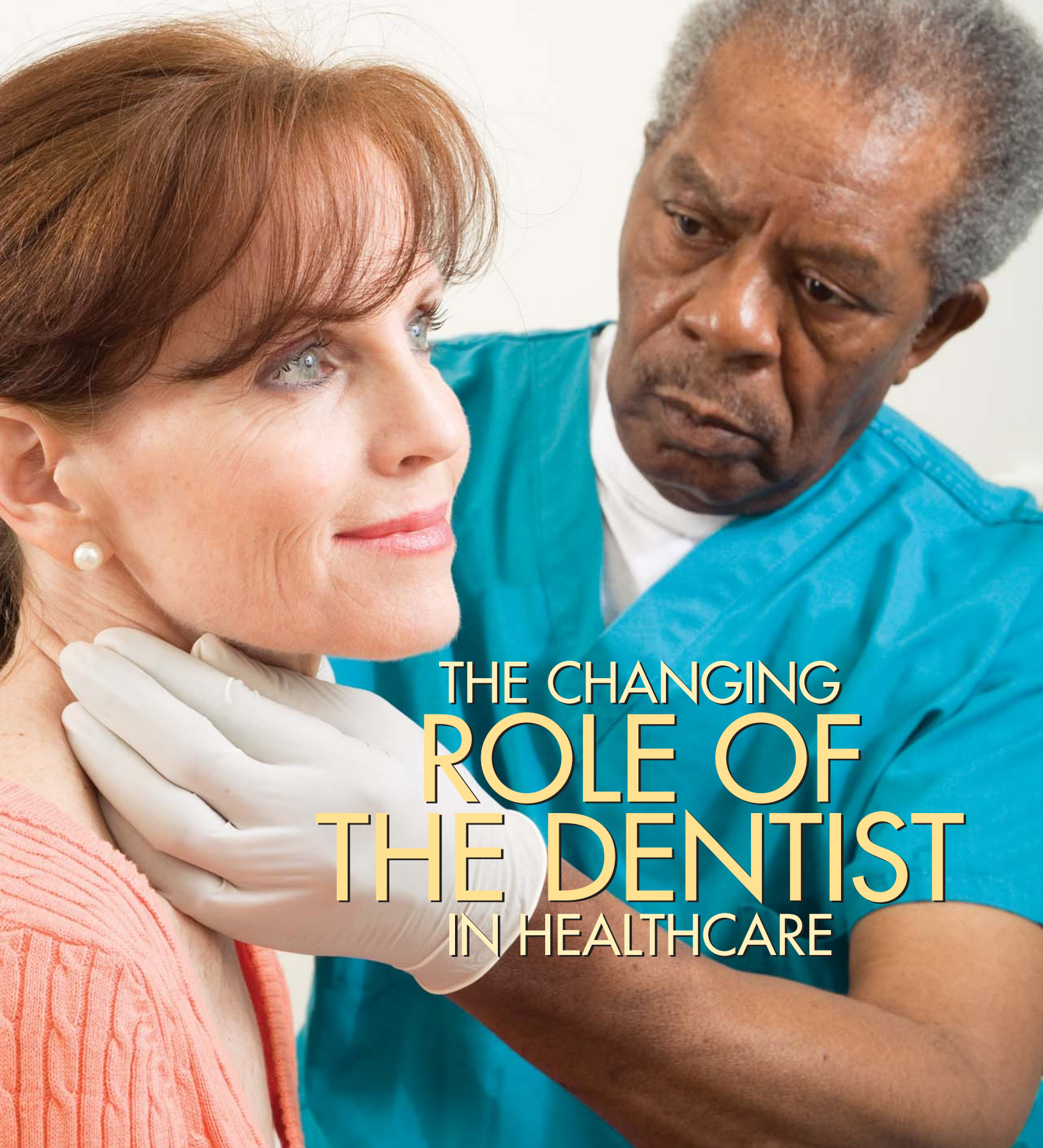


MAY/JUNE 2007

WWW.CDS.ORG

REVIEW

THE OFFICIAL PUBLICATION OF THE CHICAGO DENTAL SOCIETY



THE CHANGING ROLE OF THE DENTIST IN HEALTHCARE

APRIL 18 REGIONAL MEETING MINUTES

The Regional Meeting of the Chicago Dental Society convened at the Drury Lane, Oakbrook Terrace, at 9 a.m., with CDS President John Fredricksen presiding. Dr. Fredricksen called the meeting to order at 9:05 a.m.

Attention was directed to the minutes of the meeting of Thursday, Nov. 9, 2006. Inasmuch as the minutes of the meeting of Thursday, Nov. 9, were published in the January/February 2007 issue of the *CDS Review*, a motion was entertained to dispense with reading them.

MOVED by Ronald Testa, DDS, seconded by Robert Manasse, DDS, and carried to dispense with reading the minutes of Thursday, Nov. 9, 2006. MOVED by Patrick Hann, DDS, seconded by Allen Knox, DDS, and carried to accept the minutes of the meeting of Thursday, Nov. 9, 2006.

Attention was then directed to the minutes of the meeting of Wednesday, Jan. 10. Inasmuch as the official minutes of the meeting of Wednesday, Jan. 10, were published in the March/April 2007 issue of the *CDS Review*, a motion was entertained to dispense with reading them.

MOVED by Keith Suchy, DDS, seconded by Todd Cubbon, DDS, and carried to dispense with reading the minutes of Wednesday, Jan. 10. MOVED by Michael Stablein, DDS, PhD, seconded by Mary Starsiak, DDS, and carried to accept the minutes of the meeting of Wednesday, Jan. 10.

There were no reports of the Board or Standing Committees or of Special Committees. With no unfinished or new business to present, Dr. Fredricksen called on Thomas Remijas, DDS, to introduce Barbara Steinberg, DDS, who presented a program on Women's Health and Antibiotic Prophylaxis.

The meeting was adjourned at 2:05 p.m.

SUMMER PICNIC TICKETS ARE ON SALE ONLINE

CDS celebrates summer with two picnics—the CDS Traditional Picnic and the always popular CDS Family Picnic at Six Flags Great America. Tickets for all CDS special events are available online only. Look for more information on these and other special events at www.cds.org/tickets.

CDS Traditional Picnic

Sunday, June 24, noon to 5 p.m.

Busse Woods Grove #3, Elk Grove Village

Ticket price is \$5. Reserve this date for a picnic in the woods featuring all the traditional favorites from the grill and more.

CDS Family Picnic

Wednesday, July 18

Six Flags Great America, Gurnee

Park hours: 10 a.m.-10 p.m.; picnic hours: 3 p.m.-5 p.m.; food serving ends at 4:30 p.m. CDS members are entitled to four complementary passes to the park, the water park and the Picnic Grove (a \$180 value). Make your reservation and buy additional passes at reduced prices at www.cds.org.

LET PATIENTS FIND YOU THROUGH CDS WEB SITE

Just as the Chicago Dental Society is nothing without our members, we know that your practice is only as strong as the patients who rely on you for care. To that end, CDS can help you build your patient base through our online referral system, available to the public at www.cds.org. More than 3,700 people clicked on "find a dentist" and searched this database in February. Patients can search for dentists who practice in their neighborhood, speak a second language, treat fearful patients, or accept their insurance plans—to name just a few.



To update your listing, use your CDS Member Number to log in to the Web site and click on "View/Edit Membership Information." Follow the links to "update referral network information" with the languages you speak, your practice specialties, and the insurance networks you participate in.

While you're there, update your membership information, too. Be sure that we have your current addresses and other contact information so that you don't miss any updates on member benefits, special events or the Midwinter Meeting. ■



MARK YOUR CALENDAR

the

143RD

CHICAGO DENTAL SOCIETY
MIDWINTER MEETING

The respected leader in scientific dental meetings

SCIENTIFIC PROGRAM: FEBRUARY 21 - 24, 2008

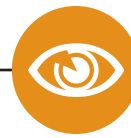
EXHIBIT DATES: FEBRUARY 22 - 24, 2008

ONLINE REGISTRATION BEGINS NOVEMBER 1.

www.cds.org

SHARE YOUR E-MAIL AND STAY INFORMED

CDS periodically sends e-mails to our members informing them of the availability of special events tickets, timely dental news and surveys. Stay in the loop. Update your CDS member profile online at www.cds.org. Use your CDS Member Number to log in to the Web site and click on "View/Edit Membership Information." Follow the links to "edit membership information" and enter your e-mail address so CDS can keep you informed.



CREDIT AND COLLECTION FOR THE DENTAL OFFICE

EDWARD KISLING, DDS



WEDNESDAY, SEPTEMBER 12

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:

Unfortunately, some practices have problems collecting payments from some of their patients. Attendees will learn about all aspects of credit and collection for the dental practice, including proper use of credit cards, how to use a telephone effectively to collect your accounts receivables, how to conduct a collection interview, skip trace, when to use an outside agency and how to collect from "friends of the dentist." In addition, Dr. Kisling will discuss how to deal with stalls and objections, when and how to initiate legal action, how to categorize your patients and motivate them to want to pay you, how to deal with insurance, how to practice preventative accounts receivable, and how to avoid NSF checks .

Attendees are encouraged to bring their problem accounts to the lecture. All questions will be answered.

ABOUT OUR SPEAKER:

Edward Kisling is president of Victoria Management Strategies Inc., a company dedicated to presenting quality seminars for the dental community. A previous owner of 24 credit bureaus and 25 collection agencies and a professional speaker for more than 10 years, Dr. Kisling's seminars are fast-paced, humorous and fact-filled.

ABOUT CDS MEETINGS:

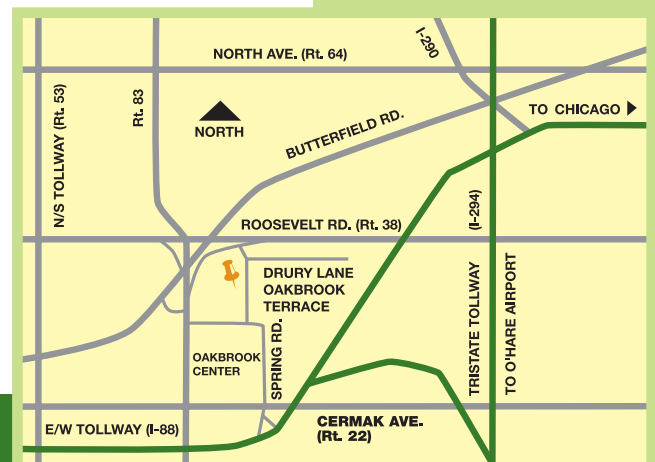
Regional meetings are **FREE** to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society.

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.



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Make the most of your CDS membership.
Enjoy these and other activities on the 2007 program of Special Events.

Chicago Dental Society

SPECIAL EVENTS

2007

CDS TRADITIONAL PICNIC

Sunday, June 24

Noon to 5 p.m.

Busse Woods

Reserve this date for a picnic in the woods featuring all the traditional favorites from the grill and more.

CHICAGO WHITE SOX VS.

MINNESOTA TWINS

Sunday, July 8, 1:05 p.m.

U.S. Cellular Field

All seats are in the 500 level, Upper Deck.

Regular Price: \$25

CDS Member Price: \$15

250 paid tickets will be available.

CDS Members are limited a total of four tickets total to all the baseball games offered this summer.

CHICAGO CUBS VS. HOUSTON ASTROS

Sunday, July 15, 1:20 p.m.

Wrigley Field

Regular Price: \$30

CDS Member Price: \$20

300 paid tickets will be available.

CDS FAMILY PICNIC

Wednesday, July 18

Six Flags Great America

Park Hours: 10 a.m.-10 p.m.; Picnic Hours: 3 p.m.-5 p.m.;

Food serving ends at 4:30 p.m.

CDS members are entitled to four complementary passes to the park, the water park and the Picnic Grove (a \$180 value). Make your reservation and buy additional passes at reduced prices at www.cds.org.

CHICAGO CUBS VS. NEW YORK METS**

Sunday, August 5

Wrigley Field

***Game time TBA by ESPN. Watch the news or visit www.cubs.com to get the updated start time.*

Regular Price: \$30

CDS Member Price: \$20

196 paid tickets will be available.

CHICAGO WHITE SOX VS.

BOSTON RED SOX***

Sunday, August 26

U.S. Cellular Field

All seats are in the 500 level, Upper Deck.

****Game time TBA by ESPN. Watch the news or visit www.whitesox.com to get the updated start time.*

Regular Price: \$25

CDS Member Price: \$15

250 paid tickets will be available

All baseball tickets go on sale at 9 a.m., Wednesday, May 9.
Look for more information on these and other events online at www.cds.org/tickets.
Tickets for all CDS special events are available online only.



UIC is prepared for the future

In your Final Impressions editorial “School for scandal” (March/April), you make the point that access to oral healthcare is a challenge too complex to be solved solely by the opening of new dental schools. I agree with your viewpoint, but I believe that dental education in Illinois and across the United States is making a significant contribution to the dental profession’s ongoing efforts to address disparities in access to oral healthcare.

In the interest of specificity, I will highlight some facts about the University of Illinois at Chicago College of Dentistry (UIC), but I am certain that similar information is available from the Southern Illinois University School of Dental Medicine. Here are some facts about UIC:

- UIC’s predoctoral clinic fees are currently 55% (not 75%) of usual and customary dental practice fees.
- More significantly, UIC annually provides in excess of \$1.5 million in patient care services for which no reimbursement is received. We “donate” care for patients who have no means to pay for services that relieve pain and treat infection. And we provide more complex services (i.e. crowns, fixed partial prostheses and implants) to patients who can’t pay, waiving these fees so our students can gain the educational experience associated with providing this care.
- Each year, UIC clinics provide 83,500 patient care visits; 31,100 of which are provided to Medicaid/SCHIP benefit recipients. Half of these patients are children.
- UIC is the largest Medicaid/SCHIP provider in the state of Illinois; 98% of the children cared for in our pediatric dentistry clinics are Medicaid/SCHIP benefit recipients.
- UIC’s Special Care Clinic is the only clinic in Chicago that provides emergency and comprehensive oral healthcare to patients living with HIV/AIDS. This clinic has 6,000 registered patients, provides 6,000 annual patient care visits and sees nearly 500 new patients annually.
- UIC is committed to educating a “New Dentist” for the 21st century who, in addition to the traditional knowledge/skills of our profession, will also be prepared and compelled to lead solutions to oral healthcare access disparities. Our “New Dentist” will be skilled in population health and public advocacy and experienced in caring for underserved and culturally diverse patients in non-traditional settings.
- To educate this “New Dentist,” each senior dental student spends three months in community-based clinics for the underserved. UIC has education partnerships with 20 of these clinics in Chicago and Northern Illinois, where our students serve. (One of the clinic sites, the McCormick Boys & Girls Club Crest Smile Shoppe Clinic, re-

ceives generous financial support from the Chicago Dental Society.) This year, our students will provide care for 10,000 patients in these clinics, providing 20,000 treatment services. This program has been supported by the Robert Wood Johnson Foundation and an Illinois legislative grant, for which David Miller, DDS, advocated in the General Assembly.

I think the Illinois dental schools are making significant contributions to solving the oral healthcare access crisis first described seven years ago in the Surgeon General’s Report on the Oral Health of America. We are serving as the largest safety net clinic in the state and we are educating “New Dentists” who will originate and implement viable solutions to the oral healthcare access challenge in the future. It will not be an easy problem for our “New Dentists” to solve, but they will lead the societal forces that must be marshaled to ensure universal access to oral healthcare for Americans.

— Bruce S. Graham
Dean, UIC College of Dentistry

Kudos

I just received my March/April CDS Review and read it from cover to cover. Thanks for including the article on the unprecedented presidency of Sue Zelazo-Smith with the American Dental Interfraternity Council and Xi Psi Phi Dental Fraternity. We do live in an historic time—and I am so proud to have Sue representing the profession and professional dentists to our current and future dental students throughout the country. Recently, in Dallas, she did an outstanding job in leading the March 9 Xi Psi Phi Supreme Chapter Board of Directors meeting and then on March 10 the biennial Supreme Assembly of dental student delegates and faculty advisors from all ZIP Chapters in the U.S. and Canada.

And, I especially enjoyed your Final Impressions editorial “School for Scandal.” Truer words were never spoken. As I said, we live in an historic time — social engineering is a good name for it!

— Keith W. Dickey, BS, DDS, MBA
East Alton

UIC students say ‘thank you’

It was such a pleasant surprise to receive the Student Survival Kits from the Chicago Dental Society on our CRDTS orientation day Friday, March 16! All of our classmates

Fast food TV commercial reinforces dental phobia, irks columnist

I am writing to the *CDS Review* regarding a McDonald's Happy Meal television advertisement. If you haven't seen it, here is a Web site where you can view it:

http://www.tv.com/uservideos/?action=video_player&id=cHE2wTr65bkLvzHe&om_act=convert&om_clk=viduservids

Below is a letter I wrote to McDonald's asking them to reconsider running this ad because of its impact on children's view of dentistry. I've also e-mailed the corporation asking how much longer they plan on running this ad.

If I get a response from McDonald's, I will share it online in an upcoming *On Practice Management* column, which runs monthly at www.cds.org.

Please contact the *CDS Review* if you wish to express your own view of this advertisement.

— Janyce Hamilton
Naperville

MS. HAMILTON'S LETTER:

Ralph Alvarez
President and Chief Operating Officer
McDonald's Corporation
2111 McDonald's Drive
OakBrook, IL 60523

Dear Mr. Alvarez:

I write to comment on a TV commercial advertising your restaurants that I just viewed with my 7-year-old.

I'm not pleased.

In your national commercial, a boy about 7 years old is pictured reclined in a cold blue light in a dental chair, with a look of unhappiness on his face. He has a saliva-ejector in his mouth. His head is turning and he is looking at something off camera.

The camera reveals that he is looking out the operator door at a little girl, dressed in bright colors and shown in warm light, happily sitting, munching on French fries [on second viewing, the "fries" are actually apples dipped in caramel] from a McDonald's Happy Meal.

Meanwhile, the smiling dental assistant, also oddly in this blue lighting, puts another saliva suction piece into his mouth.

I held my breath watching this with my child, who is seeing a new dentist this year, waiting for the happy ending.

It didn't come. The dental assistant puts a third saliva suction piece into his mouth [Editor's note: and then a fourth suction hose] where the commercial ends with the distressed expression on the boy's face, a happy look on the girl's face.

My 7-year-old groaned when it was over. Your message?

Being in the dental chair is a bad experience for kids. I don't want to go to the dentist.

Thanks a lot.

Where do you think children first get the idea that going to the dentist is unpleasant? Television shows and commercials.

Perhaps you are unaware of the potential result of dental fears and phobias? Avoiding the dentist over time means children and adults live with untreated, sometimes painful decay. The outcome is smile disfigurement, including tooth loss—producing a lifelong stigma of shame that can hinder relationships and careers.

Please consider pulling this ad from the airwaves and replacing it with a happier dental visit. May I suggest the "exciting reward" after a good dental visit could be the patient enjoying a Happy Meal?

In the interest of fairness, you need to seek more credible feedback on this particular ad. After all, I am not a dentist. Thus, I am telling the dentists I know to look for this ad so that they can express their own views to you.

— Yours truly,
Janyce Hamilton

MCDONALD'S RESPONSE:

Dear Ms. Hamilton:

Thank you for taking the time to contact McDonald's about one of our commercials.

We're sorry you were disappointed with this commercial. We take pride in producing commercial messages that will be enjoyed. We certainly never intended for it to offend anyone. Your comments have been shared with our advertising staff and independent advertising agency who work together to develop our commercials. Please know that your feedback is helpful and will be considered in the future planning of our commercials.

Again, thank you for taking the time to share your feedback with us. Your trust and confidence in our company's tradition of producing high quality advertising are important to us.

— Bonnie L. Welch
Customer Response Representative
McDonald's Customer Response Center

EDITOR'S NOTE: Ms. Hamilton writes the column *On Practice Management*. New columns are published monthly online at www.cds.org. Send your comments about her letter to review@cds.org.

greatly appreciate the warm and generous gesture. It definitely boosted our spirits and curbed our hunger during such an important weekend of our lives!

On behalf of the entire Class of 2007, we just wanted to send our sincerest thanks to everyone at CDS, who has always been so kind and thoughtful to us dental students. We are very grateful for all the courtesy that the CDS has

bestowed upon us these past four years.

— Marissa Zoladz, President
— Jennifer Lee, Vice President
— Jamie McCarthy, Treasurer
— Priscilla Chang, Secretary
Class of 2007 Executive Board
UIC College of Dentistry

Why evidence-based dentistry matters

Most dental benefit plans haven't changed much in the past 40 years. The focus remains on fixing what is broken with few financial incentives for patients or dentists to spend time on prevention. No dental reimbursement plan covers oral health instruction or nutritional counseling. However, as evidence-based dentistry (EBD) infiltrates the dental benefit system, this paradigm is changing.

By promoting the best practices and application of new research, EBD encourages the use of dental advances in everyday treatment. It also encourages the creation of incentives so that dentists will incorporate new approaches into their practices.

EBD integrates the dentist's clinical expertise with the best available clinical evidence to provide optimum patient treatment.

Some insurance companies are beginning to embrace new technology and tests as a way to differentiate themselves in an increasingly competitive market and because healthier patients decrease overall costs.

Aetna Dental launched a program in March 2006, offering continuing education courses to dentists to promote effective prevention and intervention. Their first program, Cariology Update for the Dental Practitioner, provided three continuing education credit hours and was offered at no charge. One of the goals was to prepare dentists to identify children with a high incidence of caries in the primary teeth, which the Centers for Disease Control and Prevention links to a higher risk of caries in adulthood.

Cigna Dental and Vision began its oral health integration program in October 2005. The first program explored the link between periodontal disease during pregnancy and the risk of pre-term birth.

The Cigna program provides full coverage of co-payment on services directly related to reducing periodontal disease (periodontal scaling and root planning) with an eye to improving overall health. The Cigna program includes coverage for items such as brush biopsy.

The American Association of Dental Consultants (AADC) is a professional organization dedicated to continued competency in serving patients, the public, purchasers of health benefits and the profession of dentistry. AADC members are dentists, many of whom are in private practice but who also serve as dental directors, clinical consultants, network managers, administrators and independent consultants for the insurance and dental benefit community. The organization is a vocal supporter of EBD because it believes dentistry's future depends on its continued adherence to sound science and best practices. Dentists who are dental benefit consultants support evidence-based dentistry, treatment protocols that follow accepted standards of best practice, and ethical conduct in billing and record-keeping as the professional ideals to which dentists aspire and against which a dentist's professionalism is measured.

EBD is the way of the future. While change is always difficult, EBD's promise of better patient outcomes should ease the discomfort of adjusting long-held and familiar methods of treatment. In the short run, EBD may not lead to an immediate increase in reimbursement. Over time, however, as EBD achieves its goal of making new treatment modalities commonplace, a combination of consumer demand and demonstrated efficacy should produce market pressures to reimburse those treatment methods demonstrated to produce better results. ■

Dr. Laurenzano is a clinical consultant for United Healthcare Dental/Dental Benefit Provider, president of Advances in Dental Care and president-elect of the American Association of Dental Consultants.

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THE USE OF DENTAL
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WITH YOUR
COLLEAGUES & FAMILIES



JUNE 24

BUSSE WOODS GROVE #3

The picnic grove is located in Elk Grove Village. Enter from Higgins Road, west of Arlington Heights Road.

Celebrate the start of summer with your colleagues at the first CDS Traditional Picnic at Busse Woods. We'll have all your favorites: hot dogs and burgers on the grill, sweet summer fruit and an ice cream cart. Entertainment for various ages will be provided.

FEE: \$5 per person. Children under 5 are free.

CDS members are limited to six tickets each.

Food will be served between 12:15 and 3:15 p.m.

SPACE IS LIMITED. Only 200 tickets are available. **Tickets go on sale at 9 a.m. April 16** online only at www.cds.org.

***** This event will go on rain or shine. There is no rain date. Shelter will be provided in the forest preserve.



Role reversal

DENTISTS ARE OFTEN
THE FIRST RESPONDERS
IN HEALTHCARE

Elizabeth Giangreggo

PHOTO BY JOHN MCNULTY



ore than 12 million people in the United States don't get a good night's rest because they stop breathing repeatedly during sleep—sometimes hundreds of times in one night.

Untreated, sleep apnea can cause high blood pressure and other cardiovascular diseases, memory problems, weight gain, impotency and headaches, and may be responsible for job impairment and motor vehicle crashes.

The majority of people with sleep apnea remain undiagnosed and untreated because the public and some healthcare professionals are unaware of this disorder.

Dentists, however, are not only aware of what sleep apnea is but they have the technology to measure a patient's airway as part of a diagnostic medical history; dentists are often an active part of the patient's treatment.

Recently, former Cleveland Browns coach Butch Davis credited David Koski, DDS, with saving his life. Using a new "glow-stick" technology to help detect both pre-cancerous and cancerous lesions, Dr. Koski found a type of cancer—non-Hodgkin's lymphoma—in Davis' mouth.

A new study showed that protein levels in saliva have great potential to assist in the diagnosis, treatment and follow-up care of patients with breast cancer.

Researchers supported by the National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health, have engineered a portable, phone-sized test that in minutes measures proteins in saliva that may indicate a developing disease in the mouth or possibly elsewhere in the body. The point-of-care test, one of several saliva-based diagnostic devices now under development with NIDCR support, could one day become a common sight in the dentist's office. As envisioned by the researchers, a dentist would collect a small amount of saliva (with a patient's consent), load it into the diagnostic cartridge, start the assay, and have a read out waiting after a cleaning or a dental procedure has been completed. Called IMPOD, the device is described in the March 27 issue of the *Proceedings of the National Academy of Sciences*. In the report, the scientists offer the results of proof of principle experiments in which IMPOD reliably measured the concentrations of MMP-8, an enzyme associated with periodontitis.

The researchers were intrigued a few years ago by the many potential advantages of saliva as a diagnostic fluid. These include easy collection, no painful needle sticks,

portability of the tests, and potentially a lower cost to patients than blood assays.

The public may not always clearly understand the role of the dentist in the diagnosis and treatment of medical conditions, but most dentists understand the connection between oral and overall health.

"The dentist has a special role as a doctor," said James R. McKee, DDS. "While most patients come to the dental office for dental treatment, there are many conditions that dentists may be the first healthcare professional to recognize."

Dr. McKee maintains a general dental practice in Downers Grove, and is also on the faculty of the Dawson Center for Advanced Dental Study, St. Petersburg, FL. He's been treating patients and educating dentists for more than 20 years.

HIV, diabetes and eating disorders are just three of the diseases with oral manifestations—and in some instances, the oral symptoms are the first signs that something is medically wrong. However, Dr. McKee noted that sleep apnea is a new condition which dentists are uniquely qualified to identify.

"Five years ago, dentists knew little about sleep disorders. Today dentists might be the first healthcare professional to identify why a patient doesn't get a good night's sleep," Dr. McKee observed.

SINCE MANY PATIENTS VISIT OUR OFFICES EVERY SIX MONTHS WE, AS DENTISTS, HAVE A UNIQUE OPPORTUNITY TO RECOGNIZE PROBLEMS BEFORE MEDICAL DOCTORS MAY SEE THE PATIENT.

A 2002 study conducted at the Virginia Commonwealth University School of Dentistry in Richmond showed that dentists refer patients with suspicious oral lesions sooner than primary care physicians do.

Not only do dentists know where to look and what to look for, but also patients see their dentists far more frequently than they see physicians.

"Since many patients visit our offices every six months we, as dentists, have a unique opportunity to recognize problems before medical doctors may see the patient," Dr. McKee said. "While we will concentrate our efforts on improving the oral health of our patients, we will also be vigilant in helping our patients maintain health in other areas. If problems are discovered, a referral to a medical

physician will allow patients to receive a thorough diagnosis and treatment.”

The key to proper treatment rests with a complete examination, consisting of four main components. The first part of the examination is the initial consultation. During this stage, the medical history is reviewed and the dentist questions why the patient is seeking dental care. The second segment of the examination is a clinical examination where the dentist can start to recognize any problems that may be present. The third part of the examination is to gather appropriate diagnostic data such as radiographs, study models or digital photographs. After the dentist reviews the information obtained from the initial consultation, the clinical examination and diagnostic data, the dentist will meet with the patient for a treatment consultation. During the consultation, the dentist can explain problems as well as different treatment options.

In the 1990s, there was a movement toward “smile cen-

AS THE ROLE OF DENTISTS IN HEALTHCARE CONTINUES TO EVOLVE, DENTISTS FIND THEY DEPEND MORE ON CONTINUING EDUCATION NOW THAN AT ANY OTHER TIME IN THE PAST.

ters,” which offered teeth cleaning services. The problem, notes Dr. McKee, is that people often think that if their teeth are clean, they are disease-free. But the process must include an oral examination to make certain that the mouth and other head and neck structures are in tact, and this often leads to an early recognition of a whole host of medical conditions from oral cancer to leukemia.

Today, dentists practice in a variety of spa settings, which Dr. McKee said “isn’t important as long as the dentist follows the proper protocol. Once you’ve done your health history, made your diagnosis and offered rational treatment options, it doesn’t matter if you provide treatment in a spa or the more traditional dental office.”

Because patients are better educated today, they have a greater understanding of the overlapping roles between all healthcare professionals. Patients have come to expect that their dentists are as interested in helping them to stop smoking as are their physicians. In fact, a 2003 study conducted by the Centers for Disease Control and Prevention in Atlanta showed that smoking cessation counseling by healthcare professions has been found to be one of the most clinically effective and cost-effective of all disease prevention interventions. The study suggests that some of the lessons learned might be useful when help-

ing patients adopt better nutritional habits.

Dr. McKee believes that the public perception of dentists as solely concerned with the mouth has changed. As the public becomes more knowledgeable about overall health, dentists must become better communicators and educators. Whether the patient presents the oral manifestations of disease, the oral symptoms of an eating disorder, or the signs of physical abuse, a well-educated dentist can direct the patient to appropriate medical care. Close collaboration between disciplines is always in the patient’s best interest.

Just as medical conditions alter dental treatment, mental illness might also compromise a patient’s oral health, either because the patient does not seek regular dental care or because the patient’s medications are causing oral problems. For example, some psychoactive medications cause xerostomia, and Serotonin reuptake inhibitors have been linked to increases in bruxism. Depressed patients may lack the energy to seek dental care, patients with an anxiety disorder may require more care and time.

Thus, a thorough health history includes screening for psychiatric illness. A 2002 study published in the May 2003 *Journal of Dental Education* indicated that 26.77 percent of those who participated in the study self-reported at least one mental illness and many patients reported more than one diagnosis. Only hypertensive patients, postmenopausal females on estrogen replacement therapy (9.06 percent), and patients with a penicillin allergy (8.66 percent) exceeded the prevalence of patients on antidepressant medication (8.27 percent)

Extra vigilance is also needed as the healthcare system begins to treat an increasing number of what used to be called “the frail elderly.” An increasing number of older patients with a variety of chronic physical diseases and conditions are being treated in dental and medical offices. The dentists must be aware of drug interactions, comfortable dealing with patients who are either physically or mentally impaired, and knowledgeable of treating older patients who are recovering from a serious illness. Often dentists work closely with physicians and pharmacists to provide appropriate treatment for this increasing patient demographic.

As the role of dentists in healthcare continues to evolve, dentists find they depend on continuing education more now than at any other time in the past. A good dentist is a student for life. Dr. McKee said that regular oral pathology review classes help dentists stay up to date with the most current methods to recognize problems and to offer appropriate treatment options. They also prepare dentists to discuss the patient’s condition with

other healthcare professionals and, if necessary, translate treatment recommendations and rationale into understandable language for the patient.

Dentists might also find themselves in some previously unconventional circumstances. Can you imagine a dentist in 1953 delicately asking a patient about suspected physical abuse? Dentists in Illinois are mandated reporters in cases of suspected child abuse, but with adults the situation is different. Yet, what dentist today would repair teeth that were clearly injured during a physical altercation without asking how it happened? No, dentists are not cops and they are not medical docs, but dentists are sometimes the first line of defense when it comes to disease and the end of the line when patients are in trouble. The least the dentist can do is recognize a problem and provide the appropriate referral.

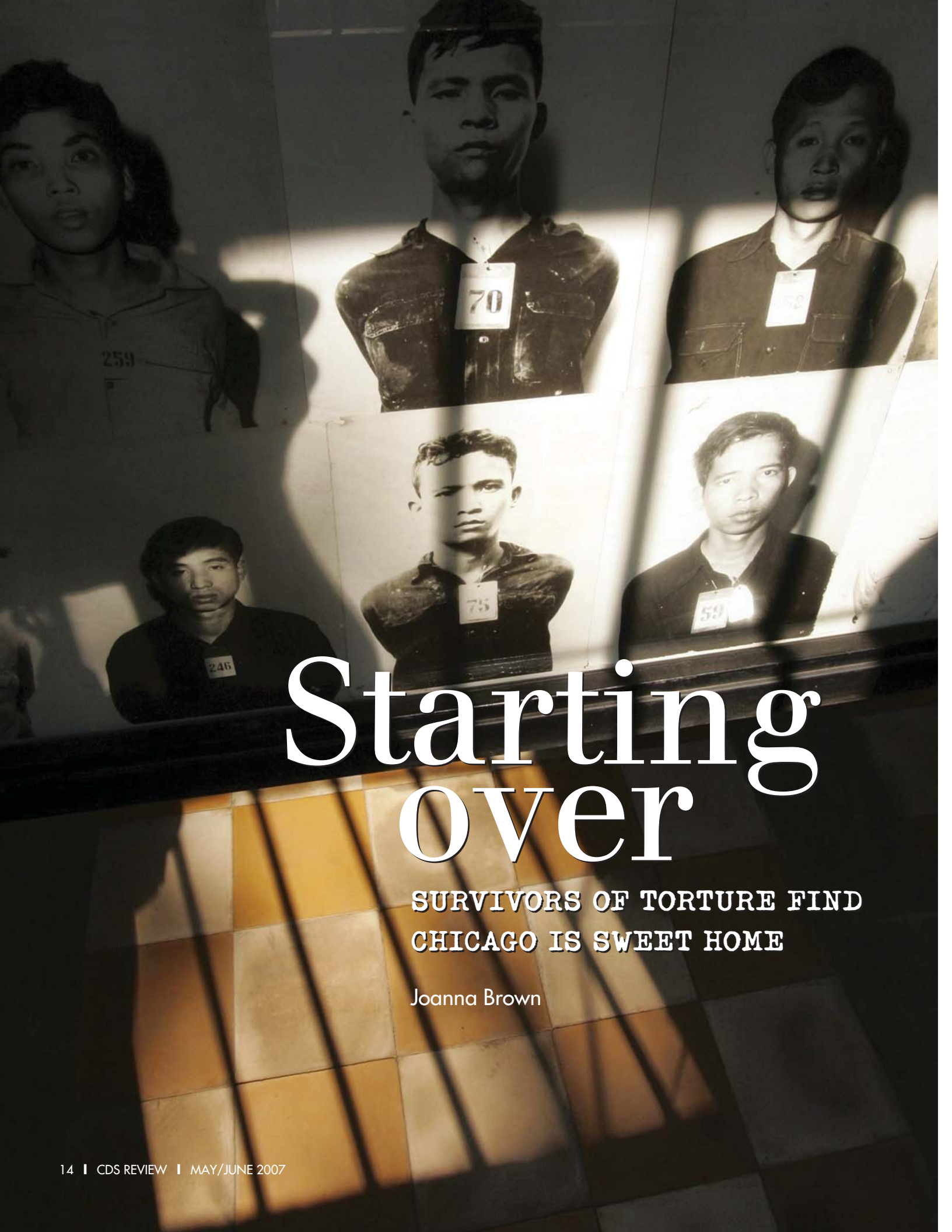
Each patient is an individual with specific needs, but everything in life takes a toll on the body. The needs of a patient with a substance abuse problem will be different from those of a patient who has had an organ transplant. The needs of a patient undergoing chemotherapy differ from the needs of a physically healthy 50-year-old woman, who also has needs that are different from those of a physically healthy 20-year-old woman. And yet, they are all coming to you for care, assuming that you have the knowledge and skill to cure them—or at least make them feel better.

The dentist's role is to "maintain oral health and to recognize systemic problems so a proper referral to a

medical physician can occur in a timely manner," Dr. McKee said. He believes that dentists who regularly participate in continuing education programs are prepared to do so. But Dr. McKee returns to the subject of the importance of a thorough and current health history as the keystone to appropriate dental care.

About 10 years ago, the discussion in the dental community centered on whether dentists should become "physicians of the mouth." The theory was that patients resented (or were at least uncomfortable with) the idea that the dentist might be involved in medical or mental health issues. Even then, people realized that systemic diseases have oral manifestations; dentists saw the correlation between material periodontal disease and low birth weight babies and preterm delivery. The understanding of the links between oral and overall health are perhaps better understood by the public now—maybe because people are better educated or maybe because dentists have done a better job of explaining how the mouth mirrors physical well-being. Whatever the reason, dentists today are more willing to counsel patients about the dangers of tobacco, more willing to talk about eating disorders, and more willing to work in tandem with other health professionals. Dentists today understand that recognizing hypertension, skin cancer and substance abuse and reporting domestic abuse are parts of an overall clinical assessment. ■

Ms. Giangreggio is managing editor of *CDS Review*.



259

70

72

75

59

246

Starting over

SURVIVORS OF TORTURE FIND
CHICAGO IS SWEET HOME

Joanna Brown



Chicago is a city of neighborhoods, where immigrants, their children and grandchildren find neighbors who share their culture, their history and their hopes for the future.

The history, however, is not always good. Several of Chicago's neighborhoods and the surrounding suburbs shelter immigrants who sought political asylum and refuge from physical and mental abuse—torture—suffered at the hands of the government in their native lands.

The Marjorie Kovler Center for the Treatment of Survivors of Torture has treated 1,300 such victims since 1987. The small staff and a network of volunteers offer physical care, counseling services and support as these victims regain their confidence. The Kovler Center is looking for volunteer dentists throughout the Chicago area to care for its clients.

"This is not a natural disaster. It's the intention to break down and harm people in front of you," said Marianne Joyce, social services supervisor at the Kovler Center, explaining the emotional trauma her clients have suffered. "It's a relationship in which one person has all the power and the other person is powerless."

With medical care, psychological counseling, and support to engage in routine activities, torture victims are able to start fresh in Chicago. "They are able to find their voice and assert themselves and engage in relationships again, and not remain isolated forever."

Volunteers benefit, too, from their involvement. Jocelyn Dionisio, director of marketing and volunteer services at Chicago's Community Resource Network, said the volunteers she's worked with have much to gain from their activities. The Community Resource Network has worked to connect volunteers with social service agencies and volunteer opportunities throughout the metropolitan area for more than 60 years.

"People volunteer for different reasons, and have different motivations—it all depends on how much time you have and the talents you have to contribute, and what cause is of the most interest to you," she explained. "But people volunteer for the professional development and resume building it offers, they do it for skill development—often for the chance to learn something new—which is all part of personal development. Others volunteer for the social networking opportunities. Maybe they'll meet other peo-

ple who share their passion for a cause."

Ms. Dionisio said there are local opportunities to match nearly every interest.

"Anyone can be involved," she said. "You don't have to be a model philanthropist and you don't have to make a long term commitment. Maybe that's an idea we have from long ago, but now it's more about your interest in making an impact in a short period of time, and your passion to have an impact on a specific cause."

Ms. Dionisio encouraged new volunteers to meet with representatives of any agency they're thinking of getting involved with and to ask many questions—just like a job interview or a new patient consultation. Find out what kind of commitment the agency expects from its volunteers, and what support it promises its volunteers in return. If the volunteer isn't comfortable with the arrangements, it is perfectly normal to say so and seek out a different volunteer opportunity.

Ms. Joyce explains that her clients, survivors of government-sanctioned torture, typically arrive at her office 6-24 months after being released or escaping from captivity. They are educated and skilled individuals who acted as leaders in their own countries; frequently, they were working for social change in their communities when they were targeted by their governments, but otherwise they had no plans to move to the United States.

"When the center was founded in 1987, the greatest need was some way to serve the flow (of refugees) from Central America, especially Guatemala, Nicaragua and El Salvador," Ms. Joyce said. "Now, 60 percent of our clients are from Africa, and more than a dozen different countries on that continent. Recently we've seen a lot of people from

Togo, a tiny country in west Africa where the dictator is the son of the longest ruling dictator in history."

The Kovler Center, however, provides a safe place where victims can find help. Clients find the center through referrals from community leaders and immigration services professionals.

The staff spends hours with each new client, listening to their stories and assessing their needs. When the staff has determined that the clients' intentions are sincere, they offer a variety of support services. In 2005, the Kovler Center provided services to 350 survivors of torture.

Anyone can be involved. You don't have to be a model philanthropist and you don't have to make a long term commitment. . . It's more about your interest in making an impact in a short period of time, and your passion to have an impact on a specific cause.

“When we see a client, they have some physical needs that have to be addressed immediately,” Ms. Joyce said. “They’ve been beaten all over, and commonly have been hit in the head, so they may have broken or missing teeth. Occasionally, part of the torture is that (the aggressors) extract their teeth,” Ms. Joyce said. Torture victims are also neglected, and come to the Kovler Center in need of nutrition and hygienic care. “I’ve had some clients who had been recovering from surgery when they were picked up and help captive, so they have injuries and infections related to the surgery that need to be cared for.”

The Spang Center for Oral Health, whose focus is treating the homeless and people with HIV and AIDS, has accommodated the Kovler Center’s clients into its schedule as time allows; both are affiliated with the Heartland Alliance for Human Needs and Human Rights. However, opportunities to take on the Kovler Center’s clients arise infrequently.

The Kovler Center is looking for volunteer dentists to treat patients in their offices. Volunteers are matched with one client at a time, through counselors at the Kovler Center.

“It’s an empowering thing to get your needs met after the experience of torture, when they have been purposefully neglected as a form of torture.” Ms. Joyce explained.

“This is an antidote, and often their needs are met as easily as healing a physical wound or getting blood pressure medicine, but it makes them feel hopeful that they will be able to heal and that their needs will be met in this new environment.”

For more information or to volunteer at the Kovler Center, contact Celine Janelle at (773)751-4035 or cjanelle@heartlandalliance.org.

The Community Resource Network matches volunteers with volunteer opportunities throughout the metropolitan area, including volunteers interested in serving on charitable boards. For more information, visit www.chicagovolunteer.net, call (312)491-7820 or e-mail volunteercenter@communityresourcenetwork.org. ■

Ms. Brown is a staff writer for the Chicago Dental Society

PHOTO: Pictures of prisoners are displayed on a wall at the infamous Toul Sleng torture center that was run by the Khmer Rouge. Toul Sleng was a ordinary school that was turned into one of Cambodia’s biggest torture chambers and prisons during the Khmer Rouge reign, which lasted from 1975 to 1979 and during which an estimated 1.7 million people died.

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WEDNESDAY
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TEE TIME:

- 1 p.m. shotgun start, scramble format
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\$190 PER PLAYER

INCLUDES:

- Greens fee and cart rental
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REGISTRATION

DEADLINE:

Friday, June 29. Be sure to register early.

ENTRY FORM

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Player one/Handicap: _____ Shirt Size: M L XL XXL

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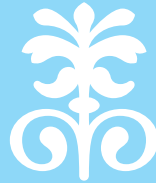
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OSHA FAQs

ANSWERS TO SOME OF THE MOST FREQUENTLY ASKED QUESTIONS ABOUT OSHA



(EDITOR'S NOTE: The following answers to frequently asked questions about OSHA, regulations and the dental office were supplied by OSHA in January.)

How often does OSHA inspect a medical or dental office?

Inspections are conducted according to the following priority: Imminent danger (meaning that a hazard exists that could be imminently dangerous to life and health); Fatality/Catastrophe investigations (a fatality is one or more workers have died on the job and a catastrophe is when three or more are hospitalized); Complaints and Referrals investigations (from employees, employee representatives, unions, fire department, employee's doctors); Programmed Inspections (based on a list of the of industries and their injury and illness data). On occasion, OSHA will have a national or local emphasis program where certain industries or hazards are addressed. In the case of bloodborne pathogens back in 1990, OSHA focused on hospitals to ensure the workers were being protected.

If a medical or dental practice is inspected by OSHA and violations are found, who is fined and how much is the penalty?

According to the Occupational Safety and Health Act, the employer is responsible for the safety and health of the employees. With this reasoning, it is the employer that is cited and fined for violations of the OSHA standards. OSHA penalties vary based on the gravity of the violation. The amount of the penalty is calculated by taking into account the severity of the injury or illness that could result (blindness from a chemical splash, laceration, HIV infection, death) and the probability (likelihood) that an injury or illness could occur as a result of the violative condition. The penalty for a serious violation can be as high as \$7,000.

Are receptionists considered healthcare workers that they would be covered under the OSHA bloodborne pathogen standard?

According to *OSHA standard Bloodborne Pathogens: 1910.1030(c)(2)*: Each employer who has an employee(s) with occupational exposure (meaning reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties) shall prepare an exposure determination. This exposure determination shall contain the following:

- A. A list of all job classifications in which all employees in those job classifications have occupational exposure;
- B. A list of job classifications in which some employees have occupational exposure, and
- C. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

This exposure determination shall be made without regard to the use of personal protective equipment.

In this case the employer must ascertain if the receptionists have job duties that have exposure to blood and other potentially infectious materials and thus requires those employees to be included in the exposure control plan.

What does OPIM mean?

According to OSHA, Other Potentially Infectious Materials (OPIM) means: 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) Any unfixed tissue or organ

(other than intact skin) from a human (living or dead); and 3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Can dental impression (plastic) trays be sterilized and re-used? If so how would you do it safely?

According to the Dental Laboratory Relationship Working Group of the Organization for Safety & Asepsis Procedures (OSAP):

Reversible and irreversible hydrocolloid material should be handled carefully to prevent distortion. The impression should be gently scrubbed with a camel hair brush (i.e., artists brush, one-half inch bristle) and a liquid detergent to remove bioburden. Scrubbing gently with dental stone sprinkled into the impression will remove stubborn materials. The impression should be thoroughly soaked by spraying with a hospital level disinfectant. Iodophors, sodium hypochlorite (1:10), chlorine dioxide or other approved products are all acceptable. The product with the shortest contact time will allow less distortion to occur during this process. Impressions should be loosely wrapped in a plastic bag to prevent evaporation of the disinfectant during the contact period. After sufficient contact time, they should be rinsed, handled in an aseptic manner and transferred to the production area of the laboratory. For more information visit them at www.osap.org. You may also want to check with the manufacturer, as some trays are disposable.

How long does HIV survive?

Scientists and medical authorities agree that HIV does not survive well outside the body, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva and tears. To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90-99 percent within several hours.

Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretations of conclusions drawn from laboratory studies have in some instances caused unnecessary alarm.

Results from laboratory studies should not be used to assess specific personal risk of infection because 1) the amount of virus studied is not found in human specimens or elsewhere in nature, and 2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host. For more information visit www.cdc.gov/hiv/resources/qa/qa35.htm.

How high should a sharps container be placed?

OSHA does not regulate a specific height for the sharps container. OSHA requires sharps containers be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or reasonably found (laundries). They must also be maintained in an upright position and replaced routinely and not be allowed to overfill.

However, the National Institute for Occupational Safety and Health (NIOSH) publication *Selecting, Evaluating, and Using Sharps Disposal Containers* (publication number 97-111) www.cdc.gov/niosh/sharps1.html recommends that sharps containers be installed optimally in the range of 56-52 inches at a standing workstation and 42-38 inches for a seated work station.

If bedding can be washed and decontaminated, cleaned and reused, why can't plastic vacutainer holders be washed and cleaned and reused?

The main hazard involved with the re-use of the vacutainer is the requirement that the needle be removed from holder. OSHA prohibits the bending, breaking, shearing or removal of needles unless it is medically necessary.

What Personal Protective Equipment (PPE) is mandatory for staff members in a dental operator?

It is the employer's responsibility to conduct a hazard assessment of the work location and tasks to determine what PPE is necessary to protect the workers. As an example, one of the hazards expected in a dental operator would be that a splash may occur. Therefore, face and body protection would be required. Personal Protective Equipment including but not limited to goggles or safety glasses, face shields, face masks and long sleeved lab coats would be required. You would want to be able to protect any part of your body from being splashed with blood and body fluids.

Does OSHA have any non-latex standards?

OSHA Bloodborne Pathogen Standard

1910.1030(d)(3)(iii) states:

The employer shall ensure that appropriate personal protective equipment, in the appropriate sizes, is readily accessible at the worksite or is issued to employees.

Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. For more information regarding latex allergies please visit www.cdc.gov/niosh/topics/latex.

What if employees do not wear their required personal protective equipment?

Under OSHA Standard Bloodborne Pathogens

1910.1030(d)(3)(ii): The employer shall ensure that the employee uses appropriate personal protective equipment. . . .

If an employee is not wearing their assigned personal protective equipment, OSHA would cite and fine the employer (see question 1). On a case-by-case basis, OSHA would further investigate to see if the employer had a disciplinary program and if disciplinary actions were taken for employees that do not follow the required safety and health rules.

Is it safe to wear protective gowns throughout the entire day (patient to patient) and still use it for more days?

According to *OSHA Standard 1910.1030(d)(3)(v)*:

The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

All personal protective equipment shall be removed prior to leaving the work area.

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

The issue here is the distinction between a uniform and personal protective equipment (PPE). Many health care workers wear scrubs or lab coats as part of a work uniform. If this is the case in your workplace, OSHA would expect PPE to be donned over the uniform where exposure to blood and other potentially infectious materials could occur. Wearing a lab coat (uniform) from patient to patient really depends on the patient's condition and infection control procedures. Many health care facilities allow employees to exchange lab coats as needed—generally on a weekly basis, unless the clothing becomes contaminated.

What personal protective equipment (PPE) is required when emptying waste baskets?

The type and amount of PPE required in any circumstance would be based on the hazard assessment conducted.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin; and when handling or touching contaminated items or surfaces.

What would be defined as “regulated waste” in a dental office?

OSHA defines regulated waste as:

1. Liquid or semi-liquid blood or other potentially infectious materials;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items caked with dried blood or other potentially infectious materials, capable of releasing these materials during handling;
4. Contaminated sharps; and
5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

In a dental office, this would include but not be limited to used gauze pads, small applicator tips, sutures, needles, burs, carpules, scalpels, endodontic files and contaminated broken glass.

Are tissues used by patients without blood required to go into a red bag?

Tissues would go into red bag waste if they were contaminated with blood or OPIM.

The manufacturer of a dental aspirating syringe requires the needle be removed so the syringe can be re-used.

Is it OK to re-cap the needle before removing it?

If not, what is the best practice?

OSHA prohibits recapping of contaminated needles unless recapping is required by a specific medical procedure or unless no alternative is feasible. If recapping must be performed, it must be accomplished by means of a recapping device which adequately protects the hands or a properly performed one hand scoop technique.

Are dental anesthetic carpules (glass) considered regulated waste if no aspirated blood is evident?

OSHA considers it necessary to place carpules and other medical devices in regulated waste container only if they meet OSHA's definition of regulated waste. In the case of carpules and other glass containers, they would be considered regulated waste if they were contaminated with blood or other potentially infectious material could be released during handling or if it was sharp. The ultimate disposal of pharmaceutical vials, including dental carpules, must be in accordance with municipal, state and federal regulations.

How long does the hepatitis B vaccine last?

Currently the U.S. Public Health Service (USPHS) does not recommend routine booster doses of hepatitis B vaccine. However, if a routine booster dose of hepatitis B vaccine is recommended by the USPHS at a future date, such booster doses must be made available at no cost to those eligible employees with occupational exposure.

If a new employee provides proof of hepatitis B vaccination—does the employer still have to test them? Or have them sign?

According to *OSHA Standard Bloodborne Pathogens 1910.1030(f)(2)(i)*:

Hepatitis B vaccination shall be made available. . . to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

1910.1030 (f)(2)(iv) states: The employer shall assure that employees who decline to accept a hepatitis B vaccination offered by the employer sign the statement. A copy of the declination statement can be found at www.osha.gov/pls/osba/web/owadisp.show_document?p_table=STANDARDS&p_id=10052.

How often should employees in a medical or dental office be trained in bloodborne pathogens? Who should conduct this training?

OSHA requires training to be conducted at the time of initial assignment to tasks where occupational exposure to blood and OPIM may take place and at least annually thereafter.

The person conducting the training must be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. In addition to demonstrating expertise in the hazards of occupational exposure to bloodborne pathogens, the trainer must be familiar with the manner in which the elements in the training program relate to the particular workplace (i.e., site specific training).

How are expired medications properly disposed?

Most pharmaceutical manufacturers have a return policy. The best thing to do is to send them back. For more information from the Environmental Protection Agency, please visit www.epa.gov.

Is it mandatory to test all employees for tuberculosis?

According to the *CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, 2005, healthcare facilities should perform initial TB testing (i.e. PPD skin test or blood tests) for all employees with exposure. Healthcare facilities in the low risk classification are not recommended to perform annual employee screening (i.e. PPD skin test or blood tests). For medium risk classification or for facilities with potentially ongoing transmission please refer to the CDC document of Dec. 30, 2005:

www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm.

How long do Material Safety Data Sheets (MSDS) have to be kept for products no longer in use?

OSHA Standard 1910.1020 requires all employee records be kept for 30 years. MSDS are considered exposure records and would therefore need to be kept for 30 years beyond the last use. In the absence of an MSDS the employer may maintain a chemical inventory (or other type of record) which reveals the identity of the toxic chemical and where and when it was used. OSHA requires that when an employee or employee representative requests access to records (medical or exposure), the employer must ensure that access is provided in a reasonable time, place and manner, and that requested copies or copying facilities be provided without cost. ■



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

You get the behavior you expect

Did you know that you are responsible for training your patients? If you want them to pay at the time of service, you must “train” them to do that. If you want them to see you twice a year, you must “train” them to do that as well. Do you expect them to floss daily? You guessed it—you must train them to do it.

How’s the patient training going in your office? If you’re lackadaisical about relating your expectations to patients, it’s difficult for patients to meet them. But if you and your staff are very specific about expectations, you’ll find that the majority of patients will comply.

Human behavior experts know that you get the behavior you expect. In order to do so, however, you must know what you expect. Many practices fail in this area—and when they do, the productivity of the practice also begins to fail.

Take a look at the following list of expectations:

- We expect payment at the time of service.
- We expect patients to pay for what insurance will not.
- We expect any necessary financing arrangements to be made before service is rendered.
- We expect patients to keep their appointments. If they can’t, we expect at least 24 hours notice (unless it’s an emergency).
- We expect patients to call us if they are having trouble in between visits.

The above list is designed to get you started thinking about the expectations in your practice. (Making a list with your staff is an excellent exercise for a staff meeting.) Once you know what your expectations are, you can more easily determine if the systems in your prac-

tice successfully convey these expectations to patients.

For example, if you expect payment at the time of service, this policy should be clearly stated in all new-patient communications, both written and oral. It should be second nature for your office manager to notify patients regarding this expectation when first-time appointments are booked. Signage in the office is another way to notify and remind patients of this policy.

When you’re lackadaisical talking about or collecting fees, patients will be lax about paying them. If it’s “no big deal” when patients miss an appointment, they’ll be careless about keeping them. When you tolerate poor patient behavior, you’re likely to get more of it.

I’m not suggesting that your staff begin to police patient actions. But I am suggesting that patients take their cues from you and your staff. When your expectations regarding patient behavior are clear, it’s easier for patients to respond as you prefer they do.

In addition to having clear expectations, it’s also important that there are no inconsistencies between your words, policies and actions in your office. When you tell patients you expect payment at the time of service, but then say, “Oh, that’s okay,” when they are not prepared to pay, you send mixed signals. If you let receivables ride for 90 or 120 days, you also send mixed signals.

Often, a decrease in office productivity can be traced to a relaxation in attitudes and/or policies. If you’ve noticed a slide in production, begin by examining your expectations—and how they are (or aren’t) being communicated to patients. Even a slight shift in staff actions can make a big difference to the bottom line. Consequently, expectations are worth examining on a regular basis.

You get the behavior you expect. How are you doing in training your patients in this regard? It’s a question every practitioner must ask and answer. ■

WHEN YOUR EXPECTATIONS REGARDING PATIENT BEHAVIOR ARE CLEAR, IT’S EASIER FOR PATIENTS TO RESPOND AS YOU PREFER THEY DO.



Is ‘networking’ a dirty word?

For many professionals “networking” can be a dirty word. For them, it represents working after work, pretending to participate in social functions while finding the perfect way to market. This approach can never succeed. I suggest that you view every networking event as a social event; a time to meet people to exchange ideas, to learn something and to discuss sports, art or politics. When you are yourself, you sell yourself.

Being great at what you do doesn’t ensure practice success. Through ethical, value-based networking, dentists can practice smarter and potentially increase profit. Networking helps dentists expand their knowledge base and get closer to their practice goals.

To me, networking is synonymous with connecting, teamwork and relationships. The strength of a group is stronger than the individual.

Who does one network with? One should network with everybody: patients, staff, colleagues, family, business people, media, community leaders, friends and anybody else you might interact

with. Networking is about giving and getting. Everybody has something to teach us, if we are receptive.

Integrity, honesty and high moral fiber are all necessary aspects of networking. Confidence is important, especially of others directed toward you. One needs to be a good listener, polite, diplomatic, have good communication skills and be a problem solver. It is important to be flexible, resourceful and clear.

Planning and organization are prerequisites to productive networking. Short, intermediate and long term goals need to be assessed. Know exactly what you want. Have a script mentally prepared. Your script should be concise, interesting and not too wordy. Constantly revise your goals and your script.

Always tell the truth and always follow through. Be

first class all the time. First impressions are important. The more you can offer another individual, the more likely that individual will want to recommend you. One must provide value in order to receive it. Listen carefully to what others tell you. Take a genuine interest in others. Do not prejudge people. Find common ground and ask insightful questions. Be a doer and be committed to helping others. The quality of all relationships is important. It is best to be kind and friendly and to display a positive attitude. Look into people’s eyes and remember what they’ve told you. People who respect you will send you business.

If you recommend somebody else’s expertise to another, everybody needs to be on board. Never refer without the other person’s permission.

One needs to be trustworthy, informative and competent. Being cited as an expert, doing the job right the first time and having proper credentials are all essential. It is OK to toot your own horn if it’s done in a non-threatening, ego-free fashion. Have your discussions count. Don’t give up easily. Make small talk more effective for you. Each professional should individualize the style of networking utilized. Look for role models to emulate. Body language and appearance are always important. We are being judged all the time.

In order to be a successful networker, one must avoid bragging, interrupting, whining and the hard sell. Infringing on one’s personal space, flirting and using racial and sexual slurs are all unacceptable behaviors.

The common fears of rejection, limited self-image and procrastination all need to be overcome. We all offer value. Asking for referrals should be done on a regular basis. It is best accomplished by being yourself. Keep your networking headlights on. All situations are potential opportunities.

Networking for me is about giving unconditionally. The benefits that I receive in return have been far better than any of my expectations. ■

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

NETWORKING IS ABOUT GIVING AND GETTING. EVERYBODY HAS SOMETHING TO TEACH US, IF WE ARE RECEPTIVE.

SNAP SHOTS

PROFILES OF PEOPLE IN THE PROFESSION

Serendipity can be a strange thing

Joanna Brown



It was sheer coincidence that put Elmhurst dentist Ivan Valcarengi at the same table at radio host Kiki Vale for an Infant Welfare Society benefit dinner a few months ago. It was another coincidence that Ms. Vale had recently gotten dental veneers. Thus, she was unusually interested in Dr. Valcarengi's professional perspective.

"Based on her experience, she was interested in spreading the word about dentistry," Dr. Valcarengi recalled. Ms. Vale hosts *The Kiki Vale Show*, a call-in radio program heard on radio station WJGG, 1530 AM. Though Dr. Valcarengi has no experience in radio, he agreed to visit the Elmhurst studio monthly and field callers' questions about oral health. He is a 1986 graduate of the University of Illinois at Chicago College of Dentistry and has practiced in Elmhurst since 1988. His practice is currently limited to cosmetic and neuromuscular treatment.

Although experienced as a public speaker for both professional and lay audiences, Dr. Valcarengi was very nervous in the radio studio.

"I don't know why, but I was in a full-blown sweat the first time I was in the studio," he said.

Once he gets on the air, however, conversation comes easily. Callers' questions range from the expected to the obscure. And some come straight out of left field—like the caller who asked Dr. Valcarengi about colonoscopies.

"We have to caution ourselves when we try to be experts that we don't stick our foot in our mouth and try to talk about things we might not know all that much about," said Dr. Valcarengi, who also organizes monthly meetings

of the Advanced Dental Study Club.

More on-topic was the caller who asked Dr. Valcarengi about why a young dentist who bought her long-time dentist's practice is suddenly finding all kinds of problems with what the veteran dentist considered a healthy mouth. On air, Dr. Valcarengi likened the caller's situation to buying a car that is 25 years old and needs maintenance. He explained that "permanent" fillings don't actually last forever, and he encouraged the caller to listen to what the new dentist has to say before summarily dismissing the younger clinician.

These kinds of informal opportunities to educate patients—sitting next to Ms. Vale at dinner, chatting with doubtful patients on the air—excite Dr. Valcarengi. He believes that dentistry is undervalued because the public isn't aware of what dentists do and what they can do as medicine and technology continue to develop.

"My passion has been to raise the value of dentistry in our communities," he said. "Dentistry isn't about teeth. It's about how the mouth fits into the whole body."

And so Dr. Valcarengi encourages his colleagues to take similar advantage of informal "teachable moments" in their own lives. He said community involvement enables conversations among different groups of people, any of whom might informally seek out a dentist's expertise.

"Your passion will show through in anything you do," Dr. Valcarengi said. "If you really feel passionate about what you do, you will provide an avenue for someone to discover you." ■

Ms. Brown is a staff writer for CDS.

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DENTAL DATELINE

Recognize the warning signs

Despite your best efforts to brush twice a day, floss daily and avoid sugary snacks, your teeth and gums need professional attention. It's hard to schedule a dental appointment when life is hectic or if you're between insurance plans, but a dentist can diagnose small problems before they turn into big headaches.

The Chicago Dental Society surveyed more than 350 member dentists and gathered tips on how people can identify unhealthy teeth and gums. Everyone should visit the dentist at least twice a year—but if you're not, here are the leading signs that you should schedule an appointment ASAP:

Bleeding gums, especially during brushing. Bleeding during brushing and flossing is one of the first signs of gingivitis, an inflammation of the gums caused by plaque build-up. Gingivitis can usually be treated by visiting the dentist and practicing good oral hygiene at home. If ignored for too long, gingivitis can cause serious damage to your teeth and gums.

Sensitivity to hot, cold or sweet food and drinks. When gingivitis goes untreated, it can lead to periodontitis (gum disease), which causes the gums to pull away



from the teeth and causes tooth sensitivity. Tooth sensitivity can also be a sign of tooth decay.

Chronic bad breath. Persistent bad breath can be a sign of a bacterial infection, serious tooth decay or gum disease. Or, it can be a sign of a health problem, such as diabetes, a sinus infection or a hormonal change.

Puffy, red or receding gums. These are all signs of gingivitis or periodontitis. If left untreated, this disease can damage the structures supporting your teeth and cause tooth loss.

Dark spots on teeth or holes in teeth. These are signs of tooth decay, which will only worsen

over time. Go see your dentist now and avoid more involved (and costly) procedures down the road.

If fear of the dentist is preventing you from making an appointment, take a deep breath and consider how technology has changed over the past few years. Tell your dentist about your fear, and talk to the doctor about ways to manage those feelings. Your dentist might recommend you come in to meet the office staff before your first appointment, that you practice relaxation techniques at home or that you consider medication to ease anxiety. ■

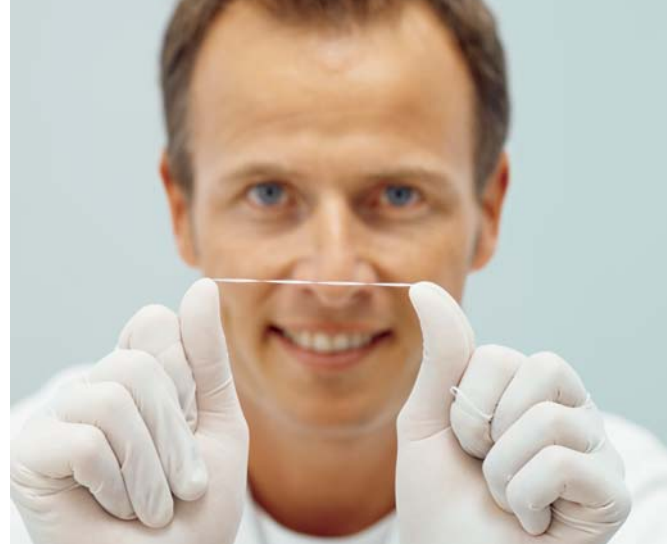
It's hard to schedule a dental appointment when life is hectic or if you're between insurance plans, but a dentist can diagnose small problems before they turn into big headaches.

LOOKING BACK

THE PATH TO THE FUTURE BEGINS IN THE PAST

Great moments in dental floss

Elizabeth Giangregio



Caries is nothing new, but in the 1700s a different kind of caries developed which was linked to the development of the sugarcane industry in the Americas. Once sugar became a good additive, the nature of caries changed and that's when flossing became really important.

Of course, flossing—or at least getting things unstuck from between the teeth—is not new. Marks from dental floss have been found in the teeth of early pre-humans and indigenous populations in the Americas.

New Orleans dentist Levi Spear Parmly in 1815 began recommending that his patients use dental floss. He is credited with inventing silk floss. However, it was a rare commodity until 1882 when the Codman and Shurtleff Company started producing human-usable unwaxed silk floss. In 1898, the Johnson & Johnson Corporation received the first patent for dental floss.

Floss did not become popular until after World War II, when soldiers were urged to floss regularly and because less expensive nylon floss replaced the more expensive silk.

Wax-coated dental floss was introduced in the 1940s, and dental floss in the shape of a tape (rather than a thread) was introduced in the 1950s. Favored flosses (such as mint and cinnamon) followed, and now various super synthetics such as Gortex and Teflon are being incorporated into dental floss.

Manufacturers have developed a variety of wands and handles to make flossing easier for patients with poor dexterity. Some flossing wands with bristles are motorized so that they vibrate similarly to the electric toothbrush. This allows for easier penetration under the gumline and gives the patient greater control.

It wasn't until the 1970s that the public began to understand what it means when a tooth becomes carious. People began to see the role of oral bacterial in overall health and the importance of flossing. This understanding became vital as more people began using artificial appliances such as the heart valve, which can be seriously

affected by bloodborne bacteria.

Dental floss is so ubiquitous that it has even appeared as a reference in popular culture. Rock musician Frank Zappa contemplated growing dental floss on a ranch in his song, "Montana," on the *Over-Nite Sensation* album.

Rose Tyler (Billie Piper) in *Doctor Who* describes her meeting with Captain Jack Harkness by saying, "He saved my life; as far as guys go that's up there with flossing."

Dental floss has many uses. You can use it to slice soft cheese, remove biscuits that are stuck to the baking sheet, repair a backpack or tent or winter jacket when you're on the road, and if you're obsessive, you can clean the crevices in the turned legs of your wooden furniture. Anesthetists sometimes use dental floss to secure the location of an endotracheal tube; they tie the tube to a few teeth using dental floss.

And dental floss has helped a few prisoners escape from jail. One was a prisoner in Houston and another one was an Italian Mafioso called Vincenzo Curcio. He had committed one murder and had arranged seven others, and so had ended up in the newly built Vallette Prison in Turin. There he discovered (and we're not sure how) that the bars of this prison were made of a soft, ductile iron.

For most of the history of jails, the bars have been made of an iron that's rich in carbon. The advantage is that it is very hard and difficult to saw through. The disadvantage is that it's brittle.

In the 1970s, Italian officials were concerned about terrorists breaking into prisons to release jailed colleagues. They changed the specifications for the bars to be made of a softer iron, which would bend, rather than break, in an explosion.

Vincenzo Curcio went on a dental floss binge, presumably to keep his teeth clean. But secretly, when the officials weren't looking, he sawed through the bars of his jail using only his dental floss. He eventually escaped, with probably the cleanest and healthiest teeth of any Italian prisoner.

That's one way to make a clean getaway. ■

MEETING PLACE

A GUIDE TO DENTAL MEETINGS AND CE COURSES

REGIONAL MEETINGS

SEPTEMBER 12

Edward Kisling, DDS: Credit and Collection for the Dental Office

CDS Regional Meetings are 9 a.m.-2:30 p.m. Drury Lane, 100 Drury Lane, Oakbrook Terrace. 5 CE hours.

Educational meetings are free to all CDS members and their auxiliaries, as well as dental hygienist members of the Illinois State Dental Society. A \$250 fee is charged to dentists who are not ADA members, which may be applied to membership for the current year. Registration is not required for any regional program.

NOVEMBER 7

Donald Sherman, DMD: Digital Imaging

STUDY CLUBS

MONDAYS

Greater Evanston Dentists Association

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

TUESDAYS

Central Lake County Dental Study Club

Meets third Tuesday of every month at noon, January-November, Grandma V's Pancakes, 10 E. Maple Ave., Mundelein. Contact Paul Showers, (847)816-3636.

FRIDAYS

Uptown Dental Forum

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

Waukegan Dental Study Group

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

UPCOMING MEETINGS & EVENTS

JUNE

6: North Suburban and Northwest Suburban

Suburban Scramble Golf Outing. Kemper Lakes Golf Course, 24000 N. Old McHenry Rd., Kildeer. 8 a.m. shotgun start. Fees: \$160 for North and Northwest Suburban Branch members, \$185 for all others. For more information, contact Jeff Kemp, (847)255-3020, or Mark Jacob, (847)564-2180.

13: Englewood

Annual Golf Outing. Cog Hill Golf and Country Club, Courses 1 and 3,

12294 Archer Ave., Lemont. Tee times: Noon to 1 p.m. Fees: \$80 per player, \$42 for dinner only, \$40 for golf only. Deadline for reservations: June 1. For more information or to make your reservation, contact Michael Meehan, (708)448-3131.

24: Chicago Dental Society

A Traditional Picnic. Busse Woods Grove #3, Higgins Road west of Arlington Heights Road, Elk Grove Village. Fee: \$5 per person, children under 5 are free. Tickets available online only at www.cds.org.

JULY

11: Chicago Dental Society

A Benefit Golf Tournament for Christina's Smile Children's Dental Clinic. Harborside International, Chicago. Fee: \$190 per player. Registration deadline: June 29.

18: Chicago Dental Society

CDS Family Picnic. Six Flags Great America. Park hours: 10 a.m.-10 p.m.; picnic hours: 3 p.m.-5 p.m. food service ends at 4:30 p.m. Tickets available online only at www.cds.org.



TELL US ABOUT YOUR MEETING?

Fax your information to (312)836-7337 or e-mail review@cds.org. Be sure to include the subject, date, time, location, speaker's name and degree, as well as the name and phone number or e-mail of the contact person. The *CDS Review* publishes meeting listings for free as space permits. Only meetings open to all CDS members may be listed. Be sure to send your information to the Chicago Dental Society at least 60 days prior to your meeting.

ABSTRACTS

A SUMMARY OF CLINICAL ARTICLES FROM OTHER JOURNALS

SALIVA USED TO DETECT SJOJREN'S SYNDROME

Saliva instead of blood can be used to detect primary Sjogren's Syndrome (pSS), say researchers who reported their findings in March during the 85th annual session of the International Association for Dental Research.

Sjogren's Syndrome (SS) is an autoimmune disease that affects four million people in the United States. Patients with pSS are 40 times more at risk than healthy people to develop lymphoma, a fatal lymphocytic cancer.

Scientists at UCLA have identified a panel of salivary biomarkers that can distinguish pSS patients from healthy subjects. Using cutting-edge proteomics and genomics techniques, they searched globally for markers in saliva from pSS patients and healthy people, and found that saliva, especially whole saliva (that is, the combined saliva in the mouth vs. saliva from individual salivary glands), is informative for detecting patients with pSS. Also, the proteomic and genomic profile of these markers reflects the damage to glandular cells, activated antiviral immune response, or programmed cell death known to be involved in SS pathogenesis.

The value of these candidate biomarkers for pSS diagnosis has been confirmed by independent technologies. The saliva proteomic and genomic biomarkers collectively will have a positive beneficial diagnostic value on the clinical detection of pSS in the near future.

ROOT BEER MAY BE THE 'SAFEST' SODA FOR TEETH

Exposing teeth to soft drinks, even for a short time, causes dental erosion—and prolonged exposure can lead to significant enamel loss. Root beer products, however, are non-carbonated and do not contain the acids that harm teeth, according to a study in the March/April issue of *General Dentistry*.

Consumers often consider soft drinks to be harmless, believing that the only concern is sugar content. Most choose to consume "diet" drinks to alleviate this concern. However, diet drinks contain phosphoric acid and/or citric acid and still cause dental erosion—though considerably less than their sugared counterparts.

"Drinking any type of soft drink poses risk to the health of your teeth," says AGD spokesperson Kenton Ross, DMD, FAGD. Dr. Ross recommends that patients consume fewer soft drinks by limiting their intake to meals. He also advises patients to drink with a straw, which will reduce soda's contact with teeth.

"My patients are shocked to hear that many of the soft drinks they consume contain nine to 12 teaspoons of sugar, and have an acidity that approaches the level of battery acid," Dr. Ross explains. For

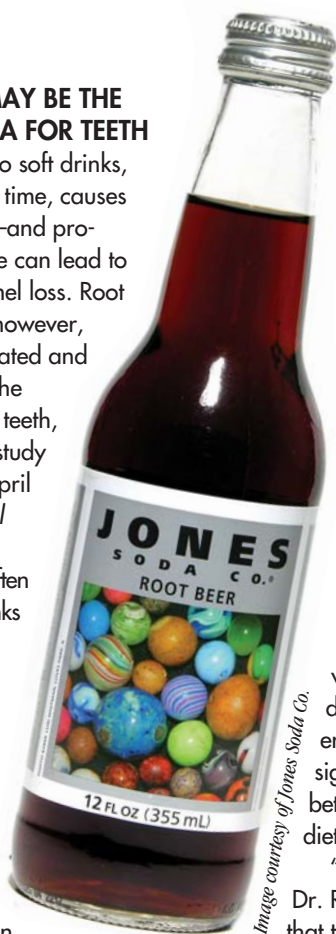


Image courtesy of Jones Soda Co.

example, one type of cola measured 2.39 on the acid scale, compared to battery acid, which is 1.0.

However, researchers concluded that non-colas typically cause a greater amount of erosion than colas. Citric acid is the predominant acid in non-cola drinks and is a major factor in why non-cola drinks are especially erosive. There is a significant difference between sugared and diet colas.

"The bottom line," Dr. Ross stresses, "is that the acidity in all soft drinks is enough to damage your teeth and should be avoided."

PERIODONTAL DISEASES MAY LEAD TO PREDIABETES

Periodontal diseases may contribute to the progression to prediabetes, according to a new study that appears in the March issue of the *Journal of Periodontology*.

Prediabetes is a condition in which blood glucose levels are higher than normal, but not high enough to be diagnosed as diabetes.

The American Diabetes Association estimates that 54 million people in the United States have prediabetes, and a

significant portion of those people will develop Type 2 diabetes within 10 years.

Researchers from Denmark investigated whether having periodontal diseases can influence prediabetes and contribute to the progression of diabetes. They found that having periodontal disease can cause someone to develop prediabetic characteristics, and probably disturb the glucose regulation of a non-diabetic who has prediabetic characteristics, contributing to the progression of Type 2 diabetes.

The study, conducted with rats known to exhibit prediabetes characteristics, is believed to be the first to evaluate the relationship between periodontitis and prediabetes.

"This study found that having periodontal diseases can alter the metabolic conditions which would probably lead to the progression to prediabetic characteristics and Type 2 diabetes," said Dr. Carla Pontes Andersen, Department of Periodontology at the University of Copenhagen.

"We have known that people with diabetes are more susceptible to periodontal diseases and have more severe disease," said American Academy of Periodontology President Preston Miller, DDS. "This breakthrough research shows having periodontal disease may aggravate prediabetes, which is a precursor for diabetes. These findings underscore the importance of taking good care of your teeth and gums; it may be a simple way to prevent diabetes, or to prevent the progression of diabetes."

TINY, SPONTANEOUS GENE MUTATIONS MAY BOOST AUTISM RISK

Tiny gene mutations, each individually rare, pose more risk for autism than had been previously thought, suggests a study funded in part by the National Institute of Mental Health (NIMH), a component of the National Institutes of Health (NIH).

These spontaneous deletions and duplications of genetic material were found to be 10 times more prevalent in sporadic cases of autism spectrum disorders than in healthy control subjects—but only twice as prevalent in autism cases from families with more than one affected member. The results implicate the anomalies as primary, rather than just contributory, causes of the disorder in most cases when they are present. Although they might share similar symptoms, different cases of autism could thus be traceable to any of 100 or more genes, alone or in combination.

Drs. Jonathan Sebat and Michael Wigler of Cold Spring Harbor Laboratory and 30 colleagues from several institutions reported their discovery online March 16 in *Science Express*.

"These structural variations are emerging as a different kind of genetic risk for autism than the more common sequence changes in letters of the genetic code that we've been looking for," explained NIMH Director Thomas Insel, MD. "The best evidence yet that such deletions and duplications are linked to the disorder, these findings certainly complicate the search for genes contributing to autism. These are rare changes, dispersed across the genome, and they tell us that autism may be the final common path for many different genetic abnormalities."

"Our results show conclusively that these tiny glitches are

frequent in autism, occurring in at least 10 percent of cases, and primarily in the sporadic form of the disease, which accounts for 90 percent of affected individuals," added Dr. Sebat. "Understanding such sporadic autism will require different genetic approaches and stepped-up recruitment of families in which only one individual has the disease."

Dr. Sebat and colleagues used new high resolution array technology to detect mutations that were present in a child but not in either parent. They screened genetic material from 264 families drawn, in part, from the Autism Genetic Resource Exchange (AGRE) and the NIMH Center for Collaborative Genetic Studies of Mental Disorders.

They found the spontaneous mutations in 14 of 195 people with autism spectrum disorders compared to two of 196 unaffected individuals. Among the 14 autism patients with mutations, 12 were the only affected members of their family, while two were in families with other affected individuals.

Since the rate of mutations was much lower in families with more than one affected member, the researchers propose that "two different genetic mechanisms contribute to risk: spontaneous mutation and inheritance, with the latter being more frequent in families that have multiple affected children."

The two mutations detected in 196 healthy controls were duplications, while 12 of those in people with autism were deletions of genetic material. Relatively more females had the mutations, suggesting that the anomalies may contribute to disease more equally across the sexes than other causes of autism. Boys with autism outnumber girls 4 to 1.

Since each mutation is individually rare—few were seen more than once—the results suggest that many different sites in the genome likely contribute to autism.

"Failure to develop social skills and repetitive and obsessive behavior may in fact be the consequence of a reaction to many different cognitive impairments," note the researchers.

The new study is part of a growing body of NIH-funded research on autism genetics. The study was also supported by the Simons Foundation, Autism Speaks, Cure Autism Now, Southwestern Autism Research and Resource Center, NAAR, and the Tampere University Hospital Medical Fund.

STUDY COMPARES FOUR WEIGHT-LOSS PLANS

The very low carbohydrate diet known as the Atkins diet may contribute to greater weight loss than higher carbohydrate plans without negative effects such as increased cholesterol. Christopher Gardner, PhD, and colleagues at Stanford University conducted a study of 311 pre-menopausal women, all of whom were overweight or obese. Each woman was randomly assigned to one of four diets. The study was funded by the National Center for Complementary and Alternative Medicine, part of the National Institutes of Health.

Each of the diets used was selected for its level of carbohydrate consumption:

The Atkins diet is very low in carbohydrate consumption: fewer than 20 grams of carbohydrates per day and increasing to 50 grams per day.

The Zone diet is designed so that a person's daily calorie consumption is comprised of 40 percent carbohydrates, 30 per-

cent protein and 30 percent fat.

The LEARN diet (Lifestyle, Exercise, Attitudes, Relationships and Nutrition) instructs participants to get 55-60 percent of their calories from carbohydrates, and not more than 10 percent from saturated fat. This diet is based on the USDA food pyramid.

The Ornish diet's primary guideline is that participants should not get more than 10 percent of their calories from fat.

Participants in each group received books that explained their assigned diet plan, and attended hour-long classes with a registered dietician once a week for the first eight weeks. Data on the participants was collected at the beginning of the study, and at 2, 6 and 12 months. The researchers recorded body mass index (BMI), percent body fat and waist-hip ratio; as well as metabolic measures such as insulin, cholesterol, glucose, triglycerides and blood pressure levels.

The Atkins diet group reported the most weight loss at 12 months, with an average loss of 4.7 kilograms (just over 10 pounds). They also had more favorable overall metabolic effects. Average weight loss across all four groups ranged from 3.5 to 10.4 pounds. The authors note that "even modest reductions in excess weight have clinically significant effects on risk factors such as triglycerides and blood pressure." ■

SOURCE: Gardner CD, Kiazand A, Alhassan S. et al. Comparison of the Atkins, Zone, Ornish, and LEARN diets for change in weight and related risk factors among overweight pre-menopausal women. The A to Z weight loss study: A randomized trial. *JAMA* 2007;297:969-977

YOUR HEALTH

A SUMMARY OF NEW HEALTH-RELATED INFORMATION

Heads up

BRAIN'S ELECTRICAL SIGNALS PROVIDE CLUES

Results of a new study may help improve the diagnosis and treatment of two debilitating childhood mental disorders: pediatric bipolar disorder (BD) and a syndrome called severe mood dysregulation (SMD).

When the brain's electrical signals were measured during mildly frustrating situations, researchers from the National Institute of Mental Health (NIMH), part of the National Institutes of Health, found a very different pattern in children with SMD, compared with children who had BD. The results indicate that different brain mechanisms may lead to irritability in children with SMD, suggesting that they may have an illness other than BD and may require different treatments.

"These aren't children with the occasional bad moods you see in most kids. They're typically very ill, with symptoms that interfere with their lives in major ways. Establishing clear diagnostic criteria is an essential step toward making sure they get the help they need," said NIMH Director Thomas R. Insel, MD.

Children have a comparatively low rate of BD, but the rate increases with age, to approximately 1 percent among adolescents. About three percent of pre-adolescent and adolescent youth are estimated to have SMD. Mood-stabilizing and antipsychotic

medications are used to treat children with BD, although the data on their effectiveness are limited; several studies are underway. Since SMD was only recently defined, there are no systematic studies on its treatment, and children with SMD are often treated as if they have BD.

Defining pediatric BD is a major issue in child psychiatry because the disorder tends to be severe in this age group and the rate of diagnosed cases is rising. Until recent years, most studies of BD were conducted in adults. Some researchers maintain that pediatric BD should be defined more broadly to include children with SMD, an assertion countered by the new finding. Results of the study were published in the February issue of the *American Journal of Psychiatry*.

The classic definition of BD includes extreme, sustained mood swings that range from over-excited, elated moods and irritability—the manic phase of the disorder—to depression. In contrast, children with SMD are extremely irritable and hyperactive, but do not have clear-cut manic episodes.

One component of irritability is the tendency to get acutely frustrated when a goal is not met. Thus, through electroencephalograms (EEGs), the researchers could observe the brain's electrical signals that



occurred during frustration while children with either disorder performed simple tasks.

The new study shows that clinicians some day could use biological measurements, such as EEGs, to help make psychiatric diagnoses in combination with clinical symptoms. Currently, clinicians diagnose mental illnesses based on symptoms alone. The difficulty of diagnosing BD in children is compounded by the frequent co-occurrence of one or more other mental disorders.

"We're approaching the day when we'll be able to use neuroscience techniques to improve psychiatric diagnoses. Pediatric BD has some of the most pressing needs in this regard, because of its severity and because of questions about how to best make the diagnosis," said senior author Ellen Leibenluft, MD, Chief of the Unit on Bipolar Spectrum Disorders in the Emotion and Development Branch of the NIMH Mood and Anxiety Disorders Research Program.

In this study, scientists obtained EEGs of 35 children with classic BD, 21 children with SMD, and 26 healthy children (the average age was 12 to 13) while they performed a task repeatedly; each time they

did the task, they won or lost 10 cents. The task was frustrating because the children often lost money.

The researchers found that while both the children with BD and those with SMD became more frustrated than did healthy children performing the same task, the brain mechanisms associated with their frustration differed. Children with BD had an abnormality in the brain's P3 electrical signals, which measure ability to purposefully direct attention, but children with SMD had abnormalities in N1 signals, which occur when a stimulus grabs someone's attention. Both abnormalities suggest deficits in the brain's attention-related activity, but in different phases of that activity.

"If future research indicates that BD and SMD are two separate disorders, this could guide parents and physicians toward the right treatments," said first author Brendan Rich, PhD, of the NIMH Unit on Bipolar Spectrum Disorders. "A good example is that medication prescribed for symptoms seen in SMD, such as stimulant medication, might be inappropriate for a child with classically defined bipolar disorder," he said.

BRAIN REWARD CIRCUIT ACTIVITY EBBS, FLOWS WITH HORMONAL CYCLE

Fluctuations in sex hormone levels during women's menstrual cycles affect the responsiveness of their brains' reward circuitry, an imaging study at the National Institute of Mental Health (NIMH) has revealed. While women were winning rewards, their circuitry was more active if they were in a menstrual phase preceding ovulation and dominated by estrogen, compared to a phase when both estrogen and progesterone are present.

"These first pictures of sex hormones influencing reward-evoked brain activity in humans may provide insights into menstrual-related mood disorders, women's higher rates of mood and anxiety disorders, and their later onset and less severe course in schizophrenia," said Karen Berman, MD, chief of the NIMH Section on Integrative Neuroimaging. "The study may also shed light on why women are more vulnerable to addictive drugs during the pre-ovulation phase of the cycle," Dr. Berman said.

Dr. Berman and her colleagues in the NIMH Intramural Research Program reported on their functional magnetic resonance imaging (fMRI) study online during the week of January 29 in the *Proceedings of the National Academy of Sciences*.

Reward system circuitry includes: the prefrontal cortex, seat of thinking and planning; the amygdala, a fear center; the hippocampus, a learning and memory hub; and the striatum, which relays signals from these areas to the cortex. Reward circuit neurons harbor receptors for estrogen and progesterone. However, how these hormones influence

reward circuit activity in humans has remained unclear.

To pinpoint hormone effects on the reward circuit, Berman and colleagues scanned the brain activity of 13 women and 13 men while they performed a task involving simulated slot machines. The women were scanned before and after ovulation.

The fMRI pictures showed that the reward system responded differently when women anticipated a reward compared with when the reward was actually delivered, depending upon their menstrual phase.

When the women were anticipating a reward, they activated the amygdala and a cortex area behind the eyes that regulates emotion and reward-related planning behavior more during the pre-ovulation phase (4-8 days after their period began) than in the post-ovulatory phase.

When they hit the jackpot and actually won a reward, women in the pre-ovulatory phase activated the striatum and circuit areas linked to pleasure and reward more than when in the post-ovulatory phase.

The researchers also confirmed that the reward-related brain activity was directly linked to levels of sex hormones. Activity in the amygdala and hippocampus was in lockstep with estrogen levels regardless of cycle phase; activity in these areas was also triggered by progesterone levels while women were anticipating rewards during the post-ovulatory phase. Activity patterns that emerged when rewards were delivered during the post-ovulatory phase suggested that estrogen's effect on the reward circuit might be altered by the presence of progesterone during that period.

Men showed a different activation profile than women during both anticipation and delivery of rewards. For example, men had more activity in a striatum area during anticipation compared to women, and women had more activity in the frontal area of the cortex at the time of reward delivery compared to men.

STUDY EXAMINES USE OF ANTIPSYCHOTIC MEDS IN TREATING ALZHEIMER'S

The recent publication of phase 1 results from the Clinical Antipsychotic Trials in Intervention Effectiveness for Alzheimer's Disease (CATIE-AD) in the *New England Journal of Medicine* provides new information about the use of several "atypical" antipsychotic medications for the treatment of psychotic symptoms in patients with Alzheimer's disease. The trials were funded by the National Institute of Mental Health.

Approximately 75 percent of Alzheimer's patients experience psychotic symptoms such as hallucinations, and behavioral symptoms such as aggression and agitation. The U.S. Food and Drug Administration has not approved the use of antipsychotic medications for treating psychosis or agitation among Alzheimer's patients, citing safety concerns. In the absence of a better pharmacological alternative, however, antipsychotic medications are widely used on an off-label basis. In fact, it is estimated that 25 percent of Medicare beneficiaries in nursing homes receive these medications.

The extent to which these medications benefit patients is unclear, and opinions vary as to whether they are safe for

this population. The results of phase 1 of CATIE-AD provide a first set of real-world effectiveness data where little existed before. Overall, data from this trial suggest that although some atypical antipsychotic medications are moderately helpful for some patients, they are not effective for the majority of Alzheimer's patients with psychotic symptoms.

Good clinical practice requires that medical or environmental causes for Alzheimer's-related agitation and aggression be ruled out and that behavioral interventions be considered before turning to antipsychotic medications.

If an antipsychotic medication then is warranted, clinicians should closely monitor their patients for intolerable side effects and potential safety concerns.

Clinicians should be mindful of the limitations of these medications and weigh the risks against potential benefits.

Clinical research data indicate that other medications—such as antidepressants, anxiety medications, sedatives, and mood stabilizers—commonly used to manage psychotic symptoms in Alzheimer's patients also have significant limitations and risks. Therefore, developing policy to limit physician and patient use of atypical antipsychotic medications would not be in the best interest of these patients. More research is needed to identify the subset of patients who will most likely benefit from and tolerate these medications, and to develop better treatments for this vulnerable population. ■

NEWSWORTHY

LOCAL AND NATIONAL NEWS ABOUT DENTISTRY

UIC PICKS TWO FOR CDS-SPONSORED PROFESSORSHIPS

Indru C. Punwani, DDS, and Kent L. Knoernschild, DDS, were appointed to professorships sponsored by the Chicago Dental Society.

In 2005, CDS provided the University of Illinois at Chicago College of



Indru C. Punwani

Dentistry with a \$1 million grant to endow two clinical professorships, allowing the college to enhance fulfillment of its mission in education, research and public service.

Dean Bruce Graham recently named Dr. Punwani as professor and head of the Department of Pediatric Dentistry and chief of dentistry of the University of Illinois Medical Center in Chicago. Dean Graham also tapped Dr. Knoernschild as director of the Advanced Education Program in Prosthodontics and co-director of the Comprehensive Dental Implant Center in the Department of Restorative Dentistry. Drs. Punwani and Knoernschild are UIC's first CDS professors.

ALPHA OMEGA FRATERNITY CELEBRATES CENTENNIAL

The Alpha Omega International Dental Fraternity, a strong voice in dentistry for 100 years, began a yearlong celebration of its centennial year in

Las Vegas at the fraternity's Annual Convention. A traveling exhibit and a history of the organization were unveiled at the Convention.

The centennial year will be marked by dental symposia and banquets in cities around the world. The celebrations will culminate at the Annual International Convention in December in Tel Aviv, Israel. A permanent historical exhibit will be dedicated at Hebrew University, Hadassah School of Dental Medicine, in Jerusalem, which was founded by the Alpha Omega Fraternity.

Alpha Omega International Dental Fraternity was founded in 1907 to combat anti-Semitism in dental education. For the past 100 years, Alpha Omega has been at the forefront of the fight to improve tolerance throughout the world. It has grown from a small group of dental students in Baltimore and Philadelphia to an interna-

tional organization with members on six continents. Members have been active in community service and philanthropy locally and internationally and have always stood for professional excellence.

Alpha Omega has celebrated many achievements throughout its illustrious 100 years, including founding both the Hadassah School of Dental Medicine at Hebrew University and the Maurice and Gabriela Goldschleger School of Dental Medicine at Tel Aviv University.

The Illinois Alumni Chapter and a student chapter at the University of Illinois at Chicago College of Dentistry (UIC) represent Alpha Omega in Chicago.

The local Alpha Omega chapter has funded the Ark Dental Clinic in conjunction with the Jewish United Fund, which was started in 1973.

Under the direction of Dr. Charles Tannenbaum, the Ark continues its mission of provid-

ing quality dental care to underserved people in Chicago and the surrounding communities. Alpha Omega also participates annually in the Special Olympics Special Smiles program, providing free dental screening examinations for the Special Olympians at Eckersall Stadium on the Southeast Side of Chicago.

WILLOX CHOSEN TO HEAD MCCORMICK BOYS AND GIRLS CLUB

Angela Willox, DMD, was recently appointed director of the UIC-affiliated Crest Smile Shoppe at the Robert R. McCormick Boys & Girls Club in the Uptown community of Chicago. Dr. Willox succeeds Marilia Montero, DDS, who returned to the college to develop a new infant clinic. ■



The Alpha Omega International Dental Fraternity annually participates in the Special Olympics Special Smiles program, providing free dental screening examinations for the Special Olympians.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Dentists may update their 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

IN MEMORIAM

George E. Kearns, DMD CDS PRESIDENT 1972-1973

George E. Kearns, DMD, died March 12 in Palm Harbor, FL. He served as Chicago Dental Society President in 1972-1973.

Dr. Kearns was a 1951 graduate of the University of Louisville Dental School and studied dentistry at the U.S. Naval Dental School.

Born in Louisville, Dr. Kearns served in all executive offices of the Lake County Dental Society and the CDS North Suburban Branch, and as second vice president of the American Dental Association (1975-1976). He was a member of the board and a fellow of the Odontographic Society and served on many CDS committees. In 1975, Dr. Kearns was local arrangements chairman when the American Dental Association held its annual session in Chicago. In 1983, the Northwestern University Dental School appointed him an outside auditor overseeing the dental school's relationship with the Evanston campus.

As CDS president, Dr. Kearns transformed the *Fortnightly Review* into the *CDS Review*, changing the publication schedule from every two weeks to a monthly publication. He was known as a "detail man," who made sure that the individual elements of the Society meshed and worked together in a way that was beneficial to all.

Dr. Kearns was a member of the International College of Dentists and the Pierre Fauchard Academy. He was also an honorary member of the American Dental Association of Europe.

His wife, Gloria, who preceded him in death, shared his passion for organized dentistry. She was a founding member of the Alliance of the Chicago Dental Society. Dr. Kearns was elected as city treasurer of Lake Forest for five consecutive years. He was also a member of the Board of Health of Lake Forest for two years, a fourth degree knight of the Knights of Columbus, and a member of Lake Forest American Legion Post 264, which participated in Dr. Kearns' graveside ceremony.

Dr. Kearns lived and practiced in Lake Forest, where his body was laid to rest by the Church of St. Mary. Dr. Kearns is survived by three children, two grandchildren and two brothers.

At the request of his family, CDS presented a contribution to the St. Mary's School Endowment Fund.



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e-mail: dmather@mrvica.com

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

West Suburban Branch ★ West Side Branch

Golf Outing

Wednesday, May 23

BOLINGBROOK GOLF CLUB

2001 Rodeo Dr., Bolingbrook

(View the course at www.bolingbrookgolfclub.com)

TEE TIMES START @ 8 A.M.

Lunch follows immediately after golf

FEE: \$135 PER PERSON

Includes: golf, cart, logo cap or glove,
lunch and prizes for everyone

AWARDS FOR EACH:

- Longest drive
- Longest putt
- Low net
- Highest score

BRING A FRIEND OR COLLEAGUE!

RSVP BY MAY 9

SEND CHECK AND NAMES

OF YOUR FOURSOME TO:

Dr. Patrick Pendleton, 600 Hill Grove, Suite #5, Western Springs, IL 60558

For more information, call Dr. Pendleton at (708)246-2405

BRANCH NEWS

NEWS FROM THE HOME FRONT

ENGLEWOOD

Thomas Salmon Sr., DDS
Noreen Salmon, DDS

Englewood dentists and their families ushered in the Holiday Season with a party at the beautiful Englewood Valley Country Club. The man in the red suit (**Glenn Bailey**) handed out presents to all the children.

Our president, **John Green Jr.**, lectured on Risk Management at this year's Mid-winter Meeting. John's twin daughters,

Caroline and Meredith, led the Notre Dame basketball team to second place in the West Suburban Parochial School League.

Lew Weil settled down in Florida for his retirement. He invites everyone to come down and stay with him. However, he did not tell us his new address!

The Englewood Branch donated \$1,000 to St. Basil's Dental Clinic. **Ed Schaaf** tells us that the clinic desperately needs volunteer dentists to help, even if only one day



ENGLEWOOD: (Top) Carlo Pagni and family: (L-R) Francesca (2), Carlo, Cairtriona (13), Conor (9), Madeleine (10), Sophia (4) and Eilis.

(Left) Dr. and Mrs. John Green Sr. at the Englewood Branch Christmas Brunch.

(Right) Kiley Durkin (5), Dave Durkin's granddaughter, was determined to have Santa get her list right.

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Milestones

APPLICANTS

Kim, Mi Hyun

University of Michigan, 1999
 2525 S. Michigan Ave., Chicago
 Kenwood/Hyde Park Branch

DECEASED MEMBERS

Ahern, Mark P.

Loyola University, 1985
 4445 W. 95th St., Oak Lawn
 South Suburban Branch
 Passed away April 19.

Church, G. Thomas

Loyola University, 1970
 P.O. Box 802923, Chicago
 West Side Branch
 Passed away January 14.

Fabrick, Ronald W.

Northwestern University, 1953
 1456 N. Elmhurst Rd., Mount Prospect
 North Suburban Branch
 Passed away March 20.

Kearns, George E.

University of Louisville, 1951
 2250 Habersham Dr., Clearwater, FL
 North Suburban Branch
 Passed away March 12.

Levin, Albert F.

University of Illinois, 1945
 3100 Lexington Ln., Apt. 301, Glenview
 North Side Branch
 Passed away February 19.

Platenka, Melvin F.

University of Illinois, 1954
 P.O. Box 195, Fox Lake
 Northwest Side Branch
 Passed away January 4.

a month. To volunteer at the clinic, call Ed at (773)436-6496.

Peggy Richardson is now in her new office. She says she is suffering from “sticker shock.”

Arnie Morof is involved in making the congressional committee aware of the sad conditions that exist in the oral surgery department at Hines VA Hospital.

George Lingen, a member of the Galloping Grandpas, is riding his Tennessee walking horse in the hills of Galena.

Englewood’s President-elect **Jeff Walker** took his family to the Grand Cayman Islands for Spring Break. His group, Endodontic and Periodontic Associates, has two new periodontal partners: Michael Slavin and Devang Thakkar. Welcome!

Greg Dalton and his wife, Jill, welcomed Evelyn Renee, born Jan. 22. Her grandparents are Jan and **John Dalton**. We see a third generation Englewood member on the horizon. Congratulations to all the Daltons.

KENWOOD/HYDE PARK

Sherece Thompson, DDS

State Rep. **David E. Miller** (D-Dolton) is busy in his fourth term in the legislature. He was reappointed chair of the Appropriations on Higher Education Committee, vice chair of the Transportation Committee, and co-chair of the Pension Procurement Committee in the House. He continues to serve on the Joint Committee on Accredited Rules and the House Registration and Regulation Committee.

Among Dr. Miller’s legislative initiatives is payday loan reform, educa-

tional funding reform, and the development of a south suburban airport. He has sponsored and/or supported many initiatives by the Illinois State Dental Society, including mandating dental screening and the recent renewal of the Dental Practice Act. He has also helped obtain grants for various dental clinics across the state.

Dr. Miller recently testified at one of the hearings in front of the Cook County commissioners against the dental cutbacks that were proposed in the county budget. In addition, he visited the University of Illinois at Chicago College of Dentistry for Give Kids a Smile Day.

Dr. Miller said this session is expected to be very long and difficult. The new pension, healthcare and educational recommendations offered by Gov. Rod Blagojevich will all be hot issues and dental professionals need to get involved with their elected officials. Dr. Miller still practices dentistry and has never missed a floor vote during his tenure in the general assembly. He looks forward to visiting with his dental family annually during the Midwinter Meeting, the Capitol Conference and the ADA Annual Meeting. He has promised to provide some “inside scoop” in the Branch News as sessions continue.

Christopher Howard and his wife, Norrissa Howard, MD, spoke at the March branch meeting about the connection between oral health and medicine. It was very informative and they were asked to return next year.

The Kenwood/Hyde Park Branch mourns the loss of **E. Jerome James**, 62, the beloved husband of Veola, cherished father of Jasmine and Ebony Joy.

Dr. James was a celebrated dentist, caring for Chicago residents on

the South Side for more than 30 years. The family has established a fund for African American men suffering with depression. Donations can be sent to BUFI/Dr. Edward Jerome James Fund, 1809 E. 71st St., Chicago, IL 60649. For more information, call (773)324-0494.

Lena Casimir will be running the Chicago Marathon. Her efforts are to raise money for the AIDS Foundation of Chicago, for which she seeks support. You can help her reach her goal by logging onto www.aids-marathon.com to sponsor Dr. Casimir, (participant #1009) and make your donation. Dr. Casimir thanks everyone in advance for their support. If you have questions, please contact her at drlena_2@sbc-global.net.

NORTH SIDE

Gene Romo

Donated Dental Services (DDS) volunteers **Robert Friedstat** and Rick Wakitsch, owner of Dental Craft Laboratory in Ringwood, participated in a charity golf outing at the former Nippersink Manor golf course in Genoa City, WI. The Knights of Columbus, a charity that provides financial assistance and volunteer services for residents of McHenry County, sponsored the event. Both Rick and Bob have been involved with DDS since its inception, and both have experienced the satisfaction of helping patients with their dental needs. It was *deja vu* for Bob, since his family vacationed at Nippersink during their summer vacations.



NORTH SIDE: Robert Friedstat and Rick Wakitsch participated in a charity golf outing at the former Nippersink Manor golf course in Genoa City, WI, sponsored by the Knights of Columbus.

Irene T. Theodore held a month-long Misericordia Secret Santa Drive in December. The outpouring of gifts was overwhelming; she collected more than 500 gifts, including new

BRANCH NEWS

household furnishings, gift cards and monetary donations.

Our branch held its annual family gathering March 11 at Escape Entertainment in Buffalo Grove. Spouses and children participated in friendly games of bowling. Food and refreshments were included. Next year's family outing is to be determined. Stay tuned for more information in the near future.

Please join us in celebrating the installation of our new officers: **Cissy Furusho**, president; **Daniel Berman**, president-elect; **Cecile Yoon-Tarlie**, vice president; **Gene**

2007-08 North Side Branch meetings

September 18: New Dentist Night What Are Your Rights and Unemployment Pay

Bill Harrison from the Illinois Department of Employment Security.
@ Maggiano's Old Orchard
175 Old Orchard Shopping Center, Skokie
If you own your practice or plan on owning your own practice, you won't want to miss this lecture. This is your chance to have all your questions about employment law in Illinois answered.

November 13: Fido and Frieda go to the Dentist

Cynthia Charlier, DVM
@ Maggiano's Old Orchard
175 Old Orchard Shopping Center, Skokie

January 29, 2008:

Implants: Back to Basics
Rand Harlow, DDS
@ UIC College of Dentistry

April 22, 2008: Staff Night Ergonomics

Tim Caruso
@ East Bank Club
500 N. Kingsbury St., Chicago



Romo, recording secretary; **Janet Kuhn**, branch correspondent; and **David Behm**, treasurer.

The installation will be held May 20 at GameWorks in the Streets of Woodfield, Schaumburg, from 11 a.m. to 2 p.m. A one-hour game card is included in price, so stay and play! For

information, e-mail **Kirk Kollmann**, at admirkirk@ameritech.net, or call (773)545-0007.

Don't forget to share your news. Send your news and photos to Gene Romo at drgeneromo@aol.com.

President Profile

STEVEN BANKS, DDS • NORTH SUBURBAN

Dr. Banks received his dental degree in 1987 and in 1989 a Master's Degree in Histology from the University of Illinois at Chicago College of Dentistry.

Dr. Banks also holds a specialty certificate for the practice of orthodontics.

A licensed pilot, Dr. Banks enjoys scuba diving, riding his motorcycle, traveling and photography. He also plays classical guitar.

In my presidential year. . .

I would like to increase the awareness and appreciation for all the work done behind the scenes by CDS board members and officers on behalf of the membership. I also hope to broaden support for organized dentistry and will have an active recruitment campaign to increase membership.



THE BANKS FAMILY: Steven, Kathy and Evan.

NORTH SUBURBAN

Richard F. Eagan, DDS

Robert Goldberg recently opened an endodontic practice in Buffalo Grove and dad, **Jeremy**, couldn't be more proud of his son's new high-tech, state-of-the-art office.

Kurt and Robyn Silberstein celebrated the 15th anniversary of their Highland Park office. Time flies when you're having fun!

Bill Nickel announced his new partnership with **Mark Steinberg**. Mark brings an impressive resume to their Northbrook oral surgery practice. Most recently, Mark was director of the Oral and Maxillofacial Surgery Residency Program at Loyola University Hospital. He is well known for his work in the repair of complex

nerve injuries of the face. Welcome Mark. We know you will be a high-quality addition to our community.

Two groups of North Suburban members returned from a dental mission to Guerrero, Mexico. **Bill Holohan, Bill Nickel, Mark Humenik**, Jim Durso and Nancy McGovern went to Mexico in January to treat indigent patients. **Colleen Holohan, David Williams, Mike Nolan, Tim McBride**, Jim Orban and Kim Busch made the trip in February. Each group treated more than 500 patients. The groups have been donating their services in this area for the past five years and their dedication is admirable. To become involved and for more information, visit www.elninoey.com.

The Burns family is getting ready for

the annual Jimmy Burns Fundraiser, which this year will be held May 18 at the Highland Park Country Club. The day begins at 11:30 a.m. and includes lunch, golf and dinner with a live band. For more information, visit www.jimmyburns33.org.

Congratulations to **Mark B. Jacob**, who was appointed Chief of Oral and Maxillofacial Surgery at Evanston Northwestern Healthcare (Evanston, Glenbrook and Highland Park hospitals).

Mart McClellan will be practicing exclusively in his Kenilworth office under the name McClellan Orthodontics. Because he has spent most of his career practicing at his other office, Mark is looking forward to enhancing his relationships with his North Shore colleagues. He is also



NORTH SUBURBAN: Ken and Chris Yonan, sons of CDS Past-President Kenneth Yonan, recently visited Egypt and tried out the local mode of transportation.

busy lecturing in Phoenix and Peoria and at a private gathering that was held in February during the CDS Midwinter Meeting.

The North Suburban Branch extends its condolences to the family of **Ron Fabrick**, who died March 20. Throughout his life, Dr. Fabrick was committed to his own and other dental professionals' continuing education. He was on the faculty at UIC for 10 years and lectured both in the United States and abroad, helping many dentists to improve their clinical skills. He actively participated in organizations involved in promoting dental and general health.

Dr. Fabrick was a founding member of the International Academy of Microendocrinology and an active member of dental societies in the United States and Europe. He was

president of the North Suburban Branch and held many offices on behalf of the Midwinter Meeting, including Program Chairman and Television Committee Chairman. He was proud to help pioneer the production of live presentations of dental procedures by world-renowned experts, a practice later adopted worldwide.

A memorial service was held for Dr. Fabrick in April.

In lieu of flowers or other gifts, Dr. Fabrick's family requests that donations be made to Us TOO!, to help others with prostate cancer and to create a fund in tribute to Dr. Fabrick. Us TOO! is a 501(c)(3) not-for-profit charitable organization. All donations are tax-deductible, eligible for employer matching and can be made in any of the following ways:

- By mail: Please write

"In memory of Ronald W. Fabrick, DDS," Us TOO! International, 5003 Fairview Ave., Downers Grove, IL 60515-5286

- By phone: Call (800)808-7866. Credit card payments are accepted. Please specify "In memory of Ronald W. Fabrick, DDS" or

- Online, via the secure Web site: www.ustoo.org/MakeaDonation.asp at the "Memorial Gifts" link.

NORTHWEST SIDE

Kenneth Hauser

Jeff Wittmus had the pleasure of attending the Super Bowl in Miami, and the disappointment of watching our wet Chicago Bears lose to the Indianapolis Colts. Jeff also attended the Midwinter Meeting. He said the highlight of the entire weekend was attending the BoDeans concert at the Park West. In March, Jeff watched the Cubs vs. White Sox during Spring Training in Arizona. He is also planning trips to Florida and Mississippi to play golf. And before his summer trips begin, he will attend the Jazz and Heritage Festival in New Orleans. Have a great time, Jeff!



NORTHWEST SIDE: David Kumamoto met with Helen Cornwall after she presented a lecture on sports dentistry at the 32nd Australian Dental Association Meeting in March.

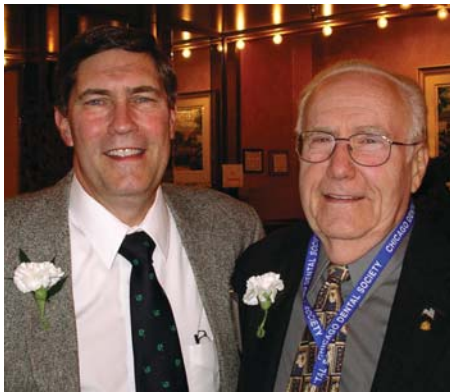
Michael Biasiello attended the Arcolian Dental Arts Society's Christmas Party and received The Arcolian of the Year award from Father Richard Fragomeni, the rector of The Shrine of Our Lady of Pompei Church in Chicago. The Arcolian Dental Arts Society presented a donation to Father Fragomeni for the church at the party.

Tom Schneider and his family went to Door County, WI, over the holidays and had a blast snowmobiling. They can't wait until it warms up again so they can get some great fishing in.

Ken Hauser, his family and staff would like to thank you for a great year as the Northwest Side branch correspondent. He appreciates all of your confidence in appointing him



NORTHWEST SIDE: Michael Biasiello (center) was the recipient of the Arcolian of the Year Award from the Arcolian Dental Arts Society. He is pictured with his family. The Arcolian Dental Arts Society also presented a donation to The Shrine of Our Lady of Pompei Church in Chicago.



NORTHWEST SUBURBAN:
(TOP LEFT) Jeff and Paul Heck.

(TOP RIGHT) John Schmeda with Alan Shapiro.

(LEFT) Bob Ryan is pictured being congratulated by Jerry Soderstrom, president of the American Board of Oral Implantology/Implant Dentistry. Dr. Ryan became a diplomate of the organization in May 2006.

to this position, and now looks forward to serving his peers in the coming year as the branch's treasurer. Congratulations to all of the officers who served this year. All of you did a wonderful job. I hope that I can do just as well during my years in office.

NORTHWEST SUBURBAN

Russell Spinazze, DDS

It is the end of another season and another stellar year at the branch, thanks to our board and everyone who dedicated their time and efforts.

The Northwest and North Suburban branches sponsored an after-work spa party April 17 at the Sasha G.

Salon and Day Spa in Wheeling. Members who attended enjoyed relaxing massages, manicures and refreshments at this second annual event. Those who missed it should look for dates next spring.

Juliana Parry attended the ADA Conference on Recruitment and Retention for CDS in March.

Paul Litvin attended the USC implant and restorative dentistry seminar in April. The weather was good and L.A. is always a great destination.

Alan Moltz and his bride, Linda Rolon, honeymooned in Hawaii in February after he passed the Academy of General Dentistry (AGD) Fellowship examination. They were

married in October. Convocation will be held in San Diego at the end of June, when AGD holds its annual meeting aboard the U.S.S. Midway.

Thanks again to all who have contributed to these news articles. We look forward to another successful season in the fall. Take care, and have a great summer.

SOUTH SUBURBAN

Dominik Dubravec, DDS

Greetings from the South Suburban Branch! It was great to see the level of participation our branch had at the Midwinter Meeting. Many of our members volunteered, helping make the Midwinter Meeting a true success. On behalf of the South Suburban Branch, I thank those volunteers.

Phil Schefke and his family are smiling. Phil's youngest son, Luke, won the Smile Contest for 7- and 8-year-olds at the Wisconsin State Fair. His daughter, Madeline, came in third for the 11- and 12-year-old group. Poor Claudia (the oldest at 13) was shut out despite her best performance. Phil is going for the win next year; he is currently in full ortho. Phil's wife **Karen** recently became the recording secretary for ACDS.

Sue Foundos-Biegel, Eric Kosel and **Phil Schefke** participated in "Healthy Smiles Day" at Prairie State College, providing exams for St. Kieran School and Prairie State Preschool.

Richard Mantoan's daughter Kathryn graduated from St. Xavier University this past winter with a degree in vocal performance. She has applied to Roosevelt University's

Masters Vocal Program.

Richard Bona reunited with ADA President Kathy Roth and her husband, Dan, at the ADA meeting in Las Vegas. Rick first met the First Family while at the fixed prosthodontic program at Marquette University. Dan and Rick also were clinical instructors together as part of the program.

Dan Dieska is happy to welcome two relatives to the dental profession. His nephew, Chris Patterson, was accepted at both the University of Southern California and Boston University dental schools. He will attend Boston University. Dan's cousin, Richard Facko, is a first-year dental student at University of Illinois at Chicago College of Dentistry, Dan's alma mater. Dan and his wife, Vicki, attended the President's Din-

ner Dance at the Midwinter Meeting on the recommendation of **Robert Manasse**. They were seated with **Donna** and **Larry Jagmin**. They had a great time and now believe Bob when he says the event is the "best kept secret." Dan, Vicki and their children (Matt, 18; Dana, 16; and Chad, 12) are going on a Caribbean cruise for some rest and relaxation.

Robert Moll and his son Andrew took part in a recent Thornton Township fundraiser in South Holland. They dished up pasta to the capacity-filled fieldhouse at South Suburban College.

Michael Mintz recently attended the American Association of Endodontists meeting in Philadelphia. He also took part in the Indiana Dental Association meeting in Indianapolis.

WEST SIDE

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

The West Side is in its usual top form as our dinner meeting season ends. We had a great presentation in January by Henry Fung, DDS, who shared with us his great knowledge and experience in oral surgery. We love having one of our own as a speaker. Thanks again, Henry!

Having recovered from an eventful Midwinter Meeting, we are all full of fresh ideas to incorporate into our practices! Thanks to our many volunteers who worked on almost every committee. A special thanks to **George Zehak** and our director, **Gary Alder**, for organizing our branch tables for the Dinner Dance. We were glad to see so many of you there.



WEST SUBURBAN: Todd Martin, pictured with Stephanie Wesolowski and Anna Wiszowaty, has opened a second practice in Brookfield.

The West Side Branch kept the dance floor moving until the closing song! What a great orchestra that was! In case you missed it this year, be sure to join us next year! The West Side is still one of the liveliest groups at this event. We want to keep this going each year!

On a more historic sports note, the West Side was well represented at the Super Bowl. Play-by-play details are available from **Tim Thometz**, who attended the game with his brother Mike. (Unfortunately, his dad had to decline the offer, or we would have had a father-son report.) Regrettably, Tim could not control the outcome of the game. It was rumored he had considered going off to Hawaii for the Pro Bowl to make up for the Super Bowl weather!

Our now-experienced dad and branch vice president **Greg Matke** took the ultimate new dad challenge by embarking on a two-week journey to the Phillipines with his family. After the long flight, they enjoyed time with family and friends. We may get photos sometime soon. Good luck, Dad, and hope the eardrops helped for the plane ride—or should that be earplugs?

Be sure to contact **Russell Umbricht** about our annual golf outing. We want to see everyone there, come rain or shine! Don't forget the CDS summer events. Even though there are no branch meetings, there's still plenty to do!

WEST SUBURBAN

Jiten Patel, DDS

After 29 years in solo practice, **Barbara Chang** is thoroughly enjoying practicing with her son Douglas, a 2006 graduate of the University of Iowa School of Dentistry. Barbara is also enjoying more time off, leaving the office in his capable hands. Barbara and her husband, Bill, traveled to a rural area in southwest China (near Kunming) with the Evangelical Medical Aid Society (EMS), a Canadian organization. They brought much needed dental care and helped train local personnel. The EMS team of seven dentists (with spouses serving as auxiliaries) cared for 60-80 children a day in very spartan quarters with portable equipment.

Elmhurst orthodontist **George Chipain** was named Outstanding Orthodontist in Illinois by the Illinois Society of Orthodontists. The award ceremony was held in December at Drury Lane Theatre in Oakbrook Terrace.

Todd Martin and his staff are proud to announce they will expand their current Downers Grove practice with a second location in Brookfield.

Jenny Kopp and **Jiten Patel** are pleased to announce the opening of their additional endodontic practice in Wheaton.

ACDS

Eleanora Bruni Perry

Greetings, valued ACDS members.

The warmth of spring and summer is upon us, and with it often comes a renewed spirit to be out doing as much as possible. The ACDS and

CDS have many occasions for active participation.

Our annual Breakfast with the Presidents, held in conjunction with the Midwinter Meeting, was wonderful. **Bruce Hochstadter** enticed us with his knowledge of gardening. ACDS also presented scholarship awards to students from the University of Illinois at Chicago College of Dentistry and dental hygiene students from Prairie State College, Kennedy-King College, the College of Lake County and the College of DuPage. All of the recipients expressed their appreciation to ACDS for these awards. Special thanks go to **Kathy Holba** and **Lynne Tuck** for their diligent work on the ACDS Scholarship Committee.

ACDS installed its officers May 9 at the Olympia Fields Country Club in Olympia Fields. The installation was followed by lunch. We honored our outgoing president, **Shirley Gerding**, and welcomed our new president, **Johanna Manasse**. It is always a beautiful occasion.

We invite you to join us at both the CDS Traditional Picnic and the CDS Family Picnic. The traditional picnic will be held June 24 at Busse Woods Grove No. 3. The CDS Family Picnic will be held July 18 at Great America. Information about both events can be found at www.cds.org/tickets. You will also find information about other CDS events, including baseball games at both Wrigley Field and U.S. Cellular Field.

As president of the Alliance of the Illinois State Dental Society, I invite you to become familiar with our wonderful brochure, *Taking Care of Little Smiles*. This brochure is written for parents, caretakers, dentists or anyone responsible for the health of children up to age 10. The brochure will be made available to all dentists in Illinois.

In closing, I invite you to join ACDS in Springfield for the Illinois State Dental Society Annual Meeting in September. You are welcome to attend all functions.

May you enjoy a safe and active summer. ■



LILAC MASS: (LEFT) Father Jerry Meyer, a former dentist, led a special Lilac Mass at Holy Name Cathedral for Chicago area dentists April 22. Fr. Meyer was profiled in the Snap Shots section of the March/April *CDS Review*.

(TOP) CDS President John Fredricksen, ADA Second Vice President Jane Grover and ISDS President Dean Nicholas bring the bread and wine to the altar for Fr. Meyer's blessing.

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 2007 issue mailed January 15, 2007.

July/August	June 15, 2007
September/October	August 15, 2007
November	September 17, 2007
December	October 31, 2007
January/February	December 14, 2007
March/April	January 15, 2008
May/June	April 15, 2008

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

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.

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

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.

SPACES FOR LEASE: Lake Bluff/Lake Forest, excellent location, great visibility, cross section Route 176/Route 43, less than a mile from Abbott Park, for dentist or dental specialist. Modern building, 1,100 square feet available. Landlord will assist in build-out and remodeling cost. Call (847)778-1003 or avnu2005@aol.com.

FOR LEASE: On Grand Avenue in Gurnee, 1,900 square feet designed for dental/ortho practice. Five operatories. 70% construction completed. Entire building (10,400 square feet) available for sale. \$2.4 million. (847)942-1290.

RENT/LEASE MULTI-SPECIALITY MEDICAL center. For specialist, excellent visibility. South suburb, Orland Park, Tinley Park area. Competitive price. Unlimited parking. Flexible lease terms. Large reception area. Landlord will assist in remodeling cost. Only two offices left: 1,125 and 1,500 square feet or both. Call now: (312)399-8877.

PALOS HEIGHTS DENTAL OFFICE In quality professional building containing 1,295 square feet. Four operatories, reception room, lab, sterilization area, individual heating and air conditioning controls, basement storage, good parking and great exposure to Harlem Avenue. Call Patrick J. Murphy, INdCOM Realty Ltd. (708)361-2330.

DENTAL OFFICE IN PROFESSIONAL BUILDING

700-1,700 square feet available. Excellent visibility. Fully plumbed.

Call (630)242-3996

Storefront location at I-290 and Mannheim, in Westchester.

NEWLY REHABBED SPACE

2,000-square-foot storefront in rapidly growing area.

Flexible availability. Residential feel.

Lease terms dependent on duration.

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Awesome South Michigan Avenue address!

VACANT DENTAL OFFICE SPACE: Now available. Burr Ridge, on County Line Road near I-55 and I-294. Four plumbed operatories, three are fully equipped. Ready to move right in. Call (630)850-7799.

HINSDALE-MEDICAL/DENTAL OFFICE building has rare vacancy. 1,150-square-foot space has three exam rooms, a reception/office area and large break room/office. 522 W. Chestnut. Call (773)255-6993 for more info.

GREAT OPPORTUNITY TO LEASE OR purchase fully equipped dental office, Chicago, North Side. Available immediately. Dentist relocating. Great location and visibility. High traffic area. Negotiable. Call (847)431-4416.

GLEN ELLYN DENTAL OFFICE FOR RENT: downtown, ground floor location. Seven operatories; can divide. Plumbing and electrical completed, wired for digital x-rays. Call for details (630)469-2626.

BERWYN OFFICE FOR RENT/SALE Are you expanding or relocating your practice? Beautiful, brand new, fully equipped dental office for rent or sale, ready to go. Please call (630)664-1805.

FOR RENT: OAK PARK/RIVER FOREST AREA, 1,500 sq. ft. Ground level with visibility, ample parking. Close to mall, trains and schools. Wonderful opportunity for an office relocation or start a new practice. Some equipment can be included. Call (708)848-4488.

DENTAL OFFICE FOR RENT located inside professional building on north side of Chicago. Two operatories. Call for details (786)399-4757.

THREE SOUTHWEST SUBURBAN BUILDINGS have 440-3,500 square feet of office space available. Ideal for medical offices. Will build to suit. (708)594-3576.

SPACE SHARING

MAGNIFICENT MILE

SPACE SHARING
Nice, newly equipped operatories, spacious suite, relaxing waiting room, large conference area.

CALL GEORGE AT (312)642-6631
or e-mail george_007@ameritech.net

WESTERN SPRINGS, HINSDALE, BURR RIDGE, OAKBROOK AREA

Suitable for the most demanding dentist, multiple operatories, digital radiography and all equipment necessary for providing the best treatment to your patients.

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drgeorge@lagrangedentist.com
(708) 246-1666

SPACE SHARING

SPACE SHARING, OLD ORLAND PARK: Small, three operatories. Ideal location for a satellite office. Wednesdays, Thursdays, Fridays, Saturdays available. Best suited for a small practice or endodontist. Call doctor at (708)364-7780.

FAR NORTH SUBURB: Vernon Hills office with top quality equipment and digital X-rays for space sharing for three days. Ideal for dentist with own patients. (773)744-3231 or flick-adental@comcast.net.

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

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

DES PLAINES: New beautiful office, space to rent or to share with future buy out. (773)368-6242 or sdgacd@hotmail.com.

SPACE SHARING: Space sharing available Northwest Side. Perfect for young practitioner. Call (773)283-6151.

POSITIONS WANTED

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

GENERAL DENTIST: Polish-speaking dentist looking for PT associate position in the north and northwest suburbs. Please call (773)580-8075.

POSITION WANTED: Multifaceted, highly motivated post graduate from University of Maryland at Baltimore Periodontics seeks full-time position. Offers years of stellar training in periodontology. Call: (224)619-6800, e-mail mastronikolas75@yahoo.com.

OS, PERIO, IV SEDATION, ADVANCED cosmetic and rehab: Dentist looking for offices that want to keep above procedures in house. Ideal is long-term, stable, part-time position but available by request. Implants and grafting are included. (630)212-7187.

POSITION WANTED: Post-graduate prosthodontic resident seeks a part-/full-time position performing all phases of general dentistry. E-mail inquiries to jkdentistry@gmail.com.

OPPORTUNITIES

GENERAL DENTIST NEEDED in fast growing Aurora office. Digital X-rays, intraoral camera, apex locator, rotary endodontics, electrosurge and more at your disposal. Excellent income potential. Fax resume (847)808-8301.

EXCELLENT OPPORTUNITY for a highly motivated dentist to associate with an established multi-office, fee-for-service practice in the northwest suburbs. State-of-the-art equipment and a well-trained staff are in place to match your exceptional clinical skills. Three days a week with potential for full-time. Send resume to Box T1106-01, *CDS Review*.

GENERAL DENTIST: FULL- or part-time. Partnership available as well. Very high income potential. \$500 signing bonus. We are an eight-dentist group practice with specialists with four locations. 95% fee-for-service. No Public Aid. Call Harry at (773)978-1231 or (773)575-7660.

ASSOCIATE/FUTURE PARTNER WANTED in Fort Atkinson, WI: Established practice in thriving community looking for dentist to join full-service dental practice. This is a full-time position with guaranteed salary and percentage to start with benefits. For more information: www.gbkdental.com or (920)563-7323.

GROWING GROUP PRACTICE in southwest suburbs seeks an associate. Partnership opportunity in six months for the right individual Fax (815)439-1837.

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

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.

ASSOCIATE DENTIST

Western Springs, Hinsdale, Burr Ridge area

Part time position is available at a fee-for-service practice:

www.lagrangedentist.com

Acquisition of your existing practice is a possibility if mutually acceptable. Please e-mail your CV to the address below.

Dr. George Gubarev
drgeorge@lagrangedentist.com
Cell: (847)207-1033

ASSOCIATES WANTED

General Dentist and Orthodontist

Multi-Specialty office seeking associates for our state-of-the-art office in the Frankfort/Mokena area. This is an excellent opportunity to succeed in a fast paced, growing practice. Must be a team player!

Fax your resume to (708)895-0757
or e-mail appledentistry@doctor.com

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

DENTIST NEEDED: Part-time or full-time for busy southwest side practice—Archer Avenue area. Great opportunity for future partnership/purchase. Bilingual a plus. Call (773)931-6787 or fax resume to (773)284-4057.

ASSOCIATE DENTIST: Established group practice is looking for a caring, energetic dentist for our Bloomingdale office. 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.

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 dhammert@dcpartners.com, or fax resume to (440)684-6942.

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

GENERAL DENTIST: The Dental Implant Center of the North Shore is seeking an associate to join our group. GP must have some existing practice base. Full-time or part-time. No administrative responsibility is required. Association is ideal for GP actively practicing and seeking greater freedom and time off. Office is well appointed and equipped with the latest technology. Phone (847)498-9767.

ESTABLISHED GROUP PRACTICE in Chicago Ridge seeking general dentist for Tuesdays, Thursdays and Saturdays. Multi-specialty office offers excellent opportunity for the right individual. Call Dr. Raina, (630)400-5752.

GENERAL DENTIST—UNLIMITED opportunities: Our team is looking to work with a doctor committed to providing optimal care and enjoying the rewards dentistry has to offer. We have two separate practices—Rochelle and Freeport. Please call Andrew at (715)926-5050 or e-mail at alockie@midwest-dental.com.

ASSOCIATE NEEDED: established group practice on North Side of Chicago seeks a part-time associate. Please fax your resume to (773)583-8986.

**ASSOCIATE DENTIST
IMMEDIATE OPENING**

General dentist needed for fast paced, growing practice in Glendale Heights, IL. Dentist must be a good team player. Part-time leading to full-time. Guaranteed base plus commission. Very high income potential.

PLEASE FAX CV TO (630)545-1117

**EXCEPTIONAL DENTIST AND
PERIODONTIST ASSOCIATES**

Highly successful FFS, multi-doctor practice in growing suburb of NW Indiana is looking to fill two positions: FT/PT dentist and periodontist with 3+ years experience.

This practice averages 120+ new patients per month and is located 30 minutes from downtown Chicago. This desirable area has a reasonable cost of living and is a great place to raise a family.

www.DyerFamilyDentistry.com

**E-mail resume to dratcha@sbcglobal.net,
or fax (219)322-9986.**

GENERAL DENTIST NEEDED, part-time or full-time, 30 minutes south of downtown Chicago. New graduates OK. Patients of all ages. Please call (708)884-0108 or (708)439-4655.

PART-TIME DENTIST NEEDED for office in Des Plaines. Friendly, responsible, experienced. One to two-and-a-half days per week. Fax resume to (847)824-8653.

MULTI-SPECIALTY GROUP PRACTICE in southwest suburb seeks GP for P/T or F/T position. Excellent income opportunity for the right individual. Fax resume (630)968-6037.

GLEN ELLYN, FEE-FOR-SERVICE private practice seeking an associate with or without patients. Call (630)545-9127.

IMMEDIATE OPENING for PT/FT general dentist to join our high-tech and newly expanded state-of-art facility in northwest suburb of Huntley. Excellent opportunity to grow in all phases of dentistry in our well-established family practice. Fax resume to (847)669-4772. Direct questions to Bernie at (847)669-4771.

ORTHODONTIST REQUIRED: Highly motivated entrepreneur office seeks like-minded orthodontist in a growing, state-of-the-art, comprehensive practice! Fax resume to (773)774-3973.

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

ASSOCIATE NEEDED: Associate dentist wanted to be primary provider for Peru, IL, dental practice; 90 miles southwest of downtown Chicago. Current associate earned \$150,000 in 2006 on a 28-hour work week. Excellent opportunity for purchasing practice in 2-5 years. Must have competent clinical and managerial skills, as this opportunity affords autonomy. Position available June 1. Fax CV to (815)672-6468 or e-mail janice1005@hotmail.com, or phone (815)228-8200.

NEEDED FULL- OR PART-TIME DENTIST IN Dolton, IL: Busy general dental office seeks full-time or part-time dentists to treat private, PPO and Medicaid patients. Excellent opportunity for new grads or candidates with experience. Fax resume to (708)481-8210, or call (708)481-3866 for more info.

ESTABLISHED SOUTH SIDE, OAK LAWN practice seeks full/part-time, motivated and enthusiastic dentist. Aggressive commission available. Recent graduates and associates welcome. Call (708)422-6880.

IMMEDIATE OPENING FOR GENERAL dentist for Ukrainian Village/Logan Square office, FT/PT. Established practice. Fax (847)353-8051.

ASSOCIATE DENTIST: Hi-tech, progressive and well-managed Bolingbrook/Naperville general practice is seeking a part-time associate dentist to provide high-quality care in our well-established practice. CEREC experience is preferred, but not required. Fax or e-mail resume to Monica at (630)226-0249 or mapleparkdentalcare@wowway.com.

GRAYSLAKE: Dentist needed. Fax resume to (847)543-4264.

\$300,000 ANNUAL SALARY guaranteed for full-time experienced general dentist in the Chicago area. The \$300,000 salary is the starting salary with an increase to \$350,000 within 12 months of your start date. Must be proficient with veneers, endodontics, crown and bridge. Call (312)933-3730 or fax resume to (312)849-9109.

ASSOCIATE WANTED General dentist is needed for a practice in Chicago. Please call (773)227-0621.

WEST SUBURBAN DENTAL PRACTICE is looking for experienced, general, part-time dentist. Please call (630)476-1371.

BUSY DENTAL OFFICE IN ELGIN seeks dentist, GP. Flexible hours. No HMOs; private and insurance. Possibilities to buy in/ buy out in the future. Call (847)6954-7100 or e-mail tangob-sas@aol.com.

FAR NORTHWEST SIDE family practice needs experienced associate 2-3 days/week. Potential future for right candidate. Fabulous opportunity. Call (773)736-5151; fax (773)594-9997.

DENTISTS—FT OR PT IMMEDIATELY: Seeking dentists for emergency-based office in Chicago. Must be comfortable with molar endo and surgical extractions. Well compensated. Some weekends, evenings and holidays required. Contact Dr. Obeng at (402)597-1186 or michael@obeng.net.

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KOREAN SPEAKING ASSOCIATE NEEDED: Fee-for-service, high-tech office is seeking a Korean speaking associate. Part-time. High commission paid. Schaumburg, next to the Woodfield Mall. Fax resume to (847)805-6501.

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GENERAL DENTIST NEEDED for practice in Wheeling, FT/PT. Bilingual a plus. New graduates are welcome to apply. Fax (847)353-8051 or call Neli, (773)600-6070.

GENERAL DENTIST: General dentist needed for a PPO - Public Aid office. Provider # helpful. Please call (815)741-1700. Ask for Rosie.

BUSY ST. CHARLES OFFICE needs associate 2-3 days per week. Must have 2+ years experience or GPR, good with adults and kids. Leave message at (630)762-9979.

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GENERAL PRACTICE DENTIST: Associate/ Partner wanted for private group practice in downtown Chicago. The ideal candidate should have an established patient following. If interested, please e-mail resume to aobrien@northwesterndental.com or fax to (312)926-3885.

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EXCELLENT OPPORTUNITY to build or start your general dental practice in our beautiful, modern, high-tech, downtown Evanston office. Evanston is growing! Come grow with us. Definite partnership potential for the right person! E-mail cover letter and resume to busydds@hotmail.com.

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ASSOCIATE WANTED for practice in near-west suburb. This is a unique opportunity with a buy-in option for a talented individual. Practice is one of the best in the the Chicago area. Great location, facility, new patient flow and staff, 100% fee-for-service. If interested e-mail me about yourself at dent10@sbcglobal.net.

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ESTABLISHED GROUP PRACTICE in Southwest suburb of Chicago seeks part-time Oral Surgeon. Multi-speciality office offers excellent opportunity for the right individual. Reply with resume to Box C0507-M3, *CDS Review*.

GENERAL DENTIST WANTED: Established practice in south central Wisconsin needs experienced general dentist. Send: RLJ Dental, 5509 Brookview Dr., Appleton, WI, 54913.

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ORTHODONTIST WANTED: Established group practice in southwest suburb of Chicago seeks part-time orthodontist. Multi-speciality office offers excellent opportunity for the right individual. Please send resume to Box C0507-M1, *CDS Review*.

ASSOCIATE WANTED: Established dental practice is expanding to a second location in the southwest suburbs of Chicago. Seeking a part-time, motivated, caring dentist for our dual, state-of-the-art locations. Excellent opportunity for the right individual. Recent graduates welcome to apply. Call (708)799-7724 or FAX resume to (708)799-7748.

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DENTAL SALON ASSOCIATE dentist needed for busy practice in Lincoln Park. You should be comfortable with all aspects of general dentistry and able to work a double booked schedule. We offer a great work environment with the best dental assistants in Chicago. Visit our Web site at www.dentalsalon.com. Fax resume to (312)803-0888 or e-mail info@dentalsalon.com.

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GENERAL DENTAL PRACTICE Established practice in south suburbs with average gross of \$600,000 over last three years. Three ops. Owner moving out of state. \$450,000 includes real estate! Staff will stay. E-mail allmite1@sbcglobal.net.

ESTABLISHED, 24-YEAR-OLD PRACTICE located in Midway Airport area. Options include immediate or transition buy-in/buy-out, or possible partnership. No temporary associates. Call (708)424-5700 or e-mail doctorwby@sbcglobal.net.

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NORRIDGE PRACTICE FOR SALE Great location. Grosses \$400,000 per year, working three days/week. Please, serious inquiries only. Call Maria at (630)400-8546 for additional information.

GENERAL DENTAL PRACTICE for sale, Arlington Heights. Office for 20 years, 100% fee-for-service, Eaglesoft software, two operatories. Three-year average production: \$315,000. Owner is retiring. Call (847)902-9093.

GREAT DENTAL PRACTICE for sale, located on the North Shore about one-half mile from Lake Michigan. Beautiful office with huge sky lights, three modern operatories, Dexis digital X-rays, Dentrix software, completely integrated paperless office. Well established. Collections: \$400,000 on 3 1/2-day schedule. Reply to Box C0507-M2, *CDS Review*.

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PRACTICE INCLUDING REAL ESTATE: General Practice and 3-op storefront condo located on Ogden/First in Lyons. Great opportunity for established practitioner or recent grad! Call (708)448-3355. Financing available. \$285,000.

THRIVING PEDIATRIC DENTAL PRACTICE for sale. Grossing more than \$1 million per year, located in the fast-growing western suburbs of Chicago. This practice requires an energetic, compassionate pediatric dentist with excellent skills, as well as an Illinois dental specialty license or board eligibility. This practice is part of a large, successful, prestigious, fee-for-service, 35-year-old group practice which includes four beautifully designed, modern offices with state-of-the-art equipment. Group includes four other pediatric dentists, general dentists and most major dental specialists, supported by a superb support and administrative staff. Major medical health insurance, 401(K), expense account and continuing education reimbursement are available. If you would enjoy working in a multidiscipline group practice, you might be the right pediatric dentist for this exceptional opportunity. Call (630)393-3739 or e-mail grovekolb@comcast.net.

NAPERVILLE TURNKEY OFFICE FOR SALE. High growth South Naperville location. Leasehold improvements and major equipment for sale. Three ops, 1,400 square feet in desirable location. Patient list not part of sale. (630)212-7187.

DEVELOPER OF SHOPPING CENTERS looking for a dentist. New shopping centers in Elgin, Carol Stream or Round Lake. Will finance build-out. Call (630)894-1277, ext. 11.

GENERAL DENTAL PRACTICE for sale in Chicago, Edgebrook area on Devon Avenue near Central. Excellent location. Good starter or growth opportunity. Two operatories with room to expand. Some newer and some older equipment. Grossing \$100,000 on two days/week. Assistant wants to stay. \$70,000. Call (847)710-9843.

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DENTAL EQUIPMENT FOR SALE: Two Dental-Ez J-chairs, track and ceiling mount lights, stools, cabinetry, misc. equipment. (847)498-4415, drstev007@aol.com.

FOR SALE: A Soredex Scanora Panoramic/Tomographic machine. Orland Park location, \$10,000. Buyer to pay for shipping and set up. Please call (708)460-9100.

FOR SALE: A Gendex Panelipse II Panoramic Machine. Orland Park location, \$3,000 or best offer. Buyer to pay for shipping and set-up. Call (708)460-9100.

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NORTH CENTRAL ILLINOIS: \$400,000+ 100% fee-for-service with building.

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ISLAND LAKE #7223 Under contract! Two operatories expandable to three. Dentist deceased. Buildout and equipment only.

NAPERVILLE #7369: Sold!

OAK BROOK #8081: New listing! Two operatories in the Oak Brook Mall Professional Building. Low overhead, nice view. Great Part-time or second location.

OAK LAWN #7036 Under contract! Two operatories expandable to three, in a medical strip mall. Newer equipment, beautiful buildout. Collections \$300,000. Paperless. 100% FFS.

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WAUKEGAN, IL #8012: Sold!

GENERAL PRACTICES FOR SALE in far Northern Illinois: Antioch, \$400,000 gross; Lindenhurst, \$240,000 gross; Grayslake, \$550,000 gross. Call Bill for details at (630)242-5678.

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You don't want the pony on top if you're at the bottom of a two-tier system

I've been wrong, but not usually because of naiveté. I have expressed my disapproval with the ADA's opposition to the use of Dental Health Aide Therapists (DHAT) in Alaska to provide dental services for native Alaskans. I believe it was a realistic short-term solution to alleviate a public health disaster for those populations that are nowhere near a dental clinic, much less a dentist. What irritated me, and more importantly what annoyed the media in Alaska, was the ADA's claim that its opposition was based on the endangerment of the health of the Alaskan native when it was patently clear it was based on fears that the program would turn up in other states. I posited that the chance of the federal government instituting the scheme in other states was remote because the problems are most acute where people truly lack access to care.

But silly me. . . the American Dental Education Association (ADEA) in its newsletter, *Charting Progress*, reported on its Summit on Allied Personnel, during which new workforce models were discussed. The report, written by ADEA Executive Director Richard Valachovic, DMD, embraced DHATs as a viable and permanent solution for access for all of the United States. Heavily involved in the discussions was ADEA's handmaiden, the American Dental Hygienist Association (ADHA). ADHA has proposed a masters-level program to extend the delivery of primary dental care. The newsletter goes on to describe an ADHA taskforce that is developing competencies for the advanced dental hygiene practitioner, such as periodontal therapies, administration of anesthetics, primary restorative services (currently being defined) and extractions. So far, no mention of Botox. The report cites ADA's adoption of a new category of auxiliary personnel, certified Community Dental Health Coordinator (CDHC).

Many organizations and individuals cynically use access to advance their own agendas. These papers, written in *bureaucratic-ese* use such tired phrases as "inclusion of communities of interest" or "we must work together" when in fact it is mere lip service. To decipher them, you must ask what is to be gained by the proponents, or in corporate talk, "Where's the pony?"

We know that ADHA really wants independent prac-

tice. I suggest they apply directly to dental school rather than develop competencies for advanced practice and go through that pesky problem of accreditation. To believe that these "master-degreed" hygienists would provide more access at a lower cost is to believe in the Easter Bunny.

ADEA's scheme is more nuanced. Using the ADA model for advanced auxiliary personnel justification, ADEA glosses over the codicil—direct supervision by a dentist—and goes directly to the point: more dentists, more tuition money. To support its argument, ADEA shamelessly invokes the recent death from a tooth abscess of Deamonte Driver, an uninsured and sometimes homeless 12-year-old boy in Baltimore.

Deamonte Driver did not live in a remote wilderness rarely visited by healthcare workers. Rather, the boy's family was caught in a welfare web that could have been easily resolved had someone, somewhere within the state of Maryland's system, used common sense. It was not that care is inaccessible; it was that the state's Medicaid program is broken. This is not the same problem confronting patients in Alaska. Consequently, it cannot be resolved by simply sending people to a DHAT for dental treatment. And you don't need a CDHC to sort out a bureaucratic mess that is overbearing and creates more problems than it solves because it places paperwork before people.

But ADEA wants and needs enrollment and the tuition it brings to fund its financially troubled schools, so let's increase dental school enrollment. . . that's the pony.

People who don't have access usually have chronic and even urgent needs a lesser-trained workforce is ill equipped to manage. Isn't it the height of paternalism to shuffle off this population to someone other than a dentist?

So, what's the answer? Nothing easy. Dental schools working in a vacuum can't solve the problem alone. Wet glove dentists and hygienists can start by applying fluoride and sealants in every school using the Give Kids a Smile concept; it's a start, feeble as it may be. Enlisting dental manufacturers, the public and legislators to aid in funding and education should be another initiative. But creating a two-tier system is not the answer for those in need. ■