

CHEATERS / 2009-10 BRANCH MEETINGS GUIDE / GROTTOS / GRANT MACLEAN

JULY/AUGUST 2009

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REVIEW

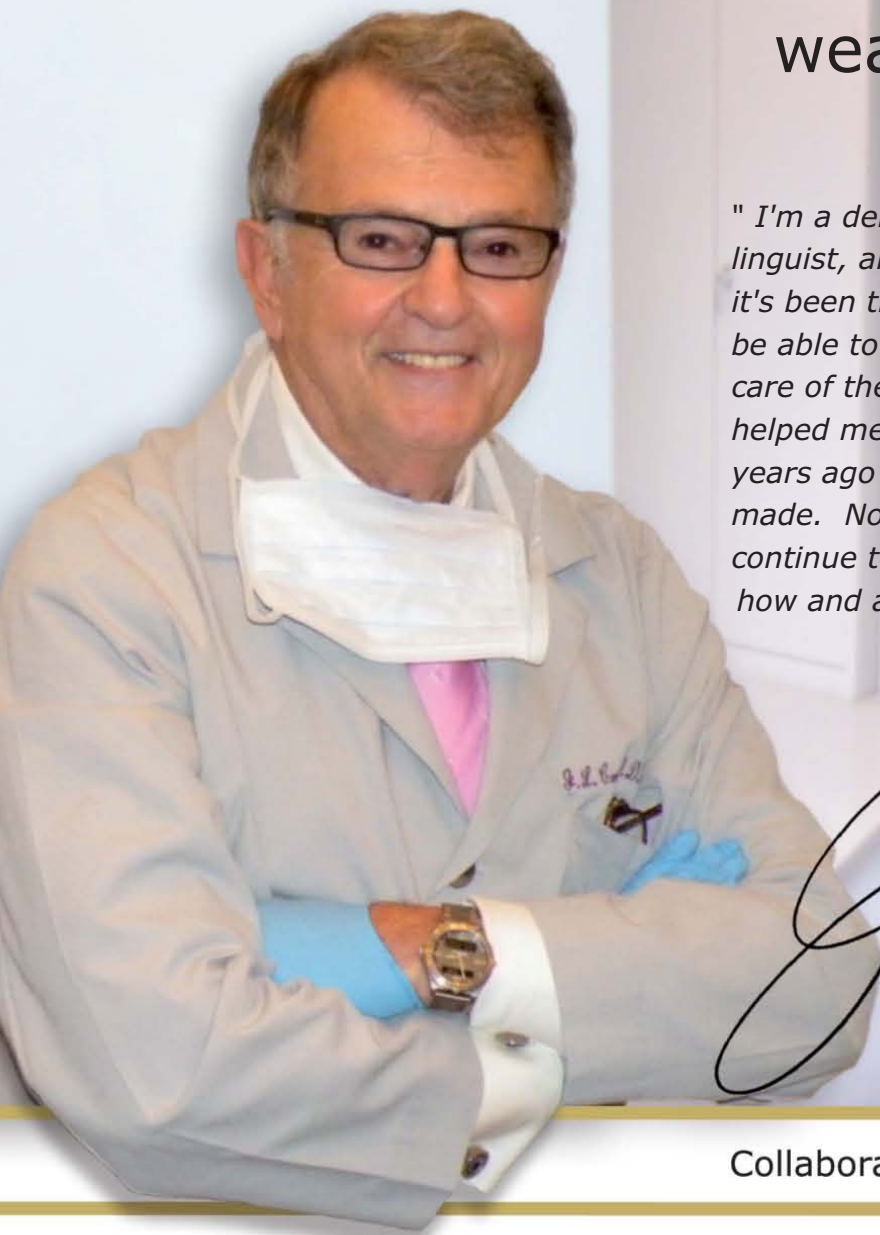
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How to get to the 2010 Midwinter Meeting

With a new location on the McCormick Place campus come new places to park and different ways to get there. CDS keeps you ahead of the game with a look at how to get to the West Building, site of the 2010 Midwinter Meeting in February.

FROM MIDWINTER MEETING HOTELS

All MWM hotel shuttles will run to and from the West Building of McCormick Place.

TRAVEL BY CAR

The most convenient place to park is Lot A. It is a six-level garage located directly across from the Grand Concourse/Gate 4. Covered walkways from Lot A lead directly into McCormick Place and the Hyatt Regency McCormick. The parking rate is currently \$19. There will be no shuttle buses to the West Building from any other McCormick parking lots.

From O'Hare International Airport, the north or northwest:

Follow I-190 East to I-90 East. This turns into I-90/94 East (Dan Ryan Expressway). Keeping to the right, follow to I-55 North (Stevenson Expressway). Exit at Martin L. King Drive (Exit #293D) and follow signs to Lot A entrance ramp located immediately to your left.

From the west:

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From Midway Airport or the southwest:

Take I-55 North (Stevenson Expressway). Exit at Martin L. King Drive (Exit #293D) and follow signs to Lot A entrance ramp located immediately to your left.

From the south or Indiana via I-80/94:

From I-80/94, exit at I-94 West (Bishop Ford Expressway) and proceed on I-94 West (Dan Ryan Expressway). Follow to I-55 North (Stevenson Expressway). Exit at Martin L. King Drive (Exit #293D) and follow signs to Lot A entrance ramp located immediately to your left.

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From North Lake Shore Drive (US 41):

From Lake Shore Drive, exit at 31st Street and turn right (West). Turn right again on Martin L. King Drive. Turn left on 24th Place. Follow signs to Lot A.

From South Lake Shore Drive (US 41):

From Lake Shore Drive, exit at 31st Street and turn left (West). Turn right on Martin L. King Drive. Turn left on 24th Place. Follow signs to Lot A.

From Congress Parkway:

From Congress Parkway, turn right onto Michigan Avenue Proceed south to Cermak Road. (E. 22nd Street). Turn left on Cermak Road, to Martin Luther King Drive. Follow signs to Lot A.

PUBLIC TRANSPORTATION

Visit McCormick Place's Web site to plan your travel to the Midwinter Meeting by bus or train.

www.mccormickplace.com/visitors/transp.html

McCORMICK PLACE WEST BUILDING

2301 S. Indiana Ave., Chicago 60616

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Share your e-mail address

In our continuing effort to go green, CDS launched the first digital edition of the *CDS Review* with the January/February issue, allowing members to receive their copy of the *CDS Review* directly in their e-mail box and their postal box.

If you have noticed that you have not been receiving the digital issue, it may be that we do not have your current e-mail address. Please visit www.cds.org, and enter your e-mail address in the yellow box at the top of the page, which says "Join the CDS Mailing List" to make sure you get all of your issues.



If you have been receiving the paper copy of the *CDS Review*, but would like to receive only the digital edition, please select that new option when you receive the next digital edition by e-mail.

Don't miss your opportunity to receive the digital version of the *CDS Review* before the paper copy hits your doorstep. This benefits everyone, especially when the Midwinter Meeting Preliminary Program comes out in November.

CDS Review earns honors

The *CDS Review* recently received two EXCEL Awards from the Society of National Association Publications (SNAP): a gold award for "Tummy-tucks," a column written by *CDS Review* editor Walter Lamacki published in the December 2008 issue; and a silver award for "User reviews: What are your patients saying about you online?," the September/October 2008 cover story, written by senior staff writer Joanna Brown.

"As one of 181 winners selected from nearly 1,000 entries, the *CDS Review* is being presented a Gold Award (first place) in the Magazine: Column category and a Silver Award (second place) in the Magazine: Feature Article category for taking bold chances and delivering excellence in the association industry," SNAP stated in announcing the award winners.

The staff of the *CDS Review* is proud to share this recognition with all of our contributors.

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January 21 Regional Meeting minutes

The Jan. 21 Regional Meeting of the Chicago Dental Society convened at the Drury Lane Oak Brook, Oak Brook Terrace, at 9:10 a.m., with David Kumamoto, President, presiding.

Dr. Kumamoto called the meeting to order at 9:10 a.m.

Attention was directed to the minutes of the meeting of Wednesday, Sept. 24. Inasmuch as the official minutes of the meeting of Wednesday, Sept. 24, were published in the December 2008 issue of the *CDS Review*, a motion was entertained to dispense with reading them.

MOVED by David Baptist, seconded by William Kleiber, and carried to dispense with reading the Sept. 24 minutes at this time.

MOVED by John Gerding, seconded by Donald Tuck, and carried to accept the minutes of the meeting of Wednesday, Sept. 24.

Attention was directed to the minutes of the meeting of Wednesday, Nov. 5. Inasmuch as the official minutes of the meeting of Wednesday, Nov. 5 were published in the December 2008 issue of the *CDS Review*, a motion was entertained to dispense with reading them.

MOVED by Seymour Wachtenheim, seconded by Dr. Kleiber, and carried to dispense with reading the Wednesday, Nov. 5 minutes at this time.

MOVED by Dr. Kleiber, seconded by Dr. Gerding, and carried to accept the minutes of the meeting of Wednesday, Nov. 5.

Attention was directed to the minutes of the meeting of Sunday, Nov. 11. Inasmuch as the minutes of the meeting of Sunday, Nov. 11 had not yet been published, a motion was entertained to dispense with reading and approving them until everyone has had the opportunity to review them.

MOVED by Dr. Wachtenheim, seconded by Dr. Gerding, and carried to dispense with reading the minutes of the meeting of Sunday, Nov. 11 until everyone has had the opportunity to review them.

There were no reports of the Board, Special or Standing Committees.

There was no new or unfinished business to report.

Dr. Kumamoto announced a change in schedule for the November 2009 Regional Meeting and that this change was made after the 2009 Regional Meeting cards were printed and distributed. The November Regional Meeting will be held Wednesday, Nov. 18, and not Nov. 11 as originally publicized. Dr. Kumamoto commented that this now requires that the annual election of CDS Officers be held at the Wednesday, Sept. 16 Regional Meeting.

With no further business, Dr. Kumamoto called upon Thomas Machnowski to introduce Harold Crossley, DDS, PhD, who presented the program entitled "A Potpourri of Dental Pharmacology."

The meeting was adjourned at 2 p.m.

April 29 Regional Meeting minutes

The April 29 Regional Meeting of the Chicago Dental Society convened at the Drury Lane Oak Brook, Oakbrook Terrace, at 9:05 a.m., with David Kumamoto, President, presiding.

Dr. Kumamoto called the meeting to order at 9:05 a.m.

Attention was directed to the minutes of the meeting of Sunday, Nov. 11. Inasmuch as the minutes of the meeting of Sunday, Nov. 11, were published in the January/February 2009 issue of the *CDS Review*, a motion was entertained to dispense with reading them.

MOVED by James Bryniarski, seconded by Michael Durbin, and carried to dispense with reading the minutes of the meeting of Sunday, Nov. 11, at this time.

MOVED by Richard Holba, seconded by Patrick Hann, and carried to accept the minutes of the meeting of Sunday, Nov. 11.

Attention was then directed to the minutes of the meeting of Wednesday, Jan. 21. Inasmuch as the official minutes of the meeting of Wednesday, Jan. 21, had not yet been published, a motion was entertained to dispense with reading and approving them until everyone has had the opportunity to review them.

MOVED by William Kleiber, seconded by John Gerding and carried to dispense with reading the minutes of the meeting of Wednesday, Jan. 21, until everyone has had the opportunity to review them.

There were no reports of the Board, Special or Standing Committees.

There was no new or unfinished business to report.

With no further business, Dr. Kumamoto called upon James Maragos to introduce Anastasia L. Turchetta, RDH, who presented the program entitled "A Combination of Senior Moments and Know Pain, Know Gain."

The meeting was adjourned at 1:55 p.m. ■

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STAFF

Editor: Walter F. Lamacki, DDS
Director of Publications and Managing Editor: Will Conkis
Publications Coordinator/Designer: Tom Long
Senior Writer: Joanna Brown
Editorial Assistant: Rachel Azark

CORRESPONDENCE & CONTRIBUTIONS

Address editorial correspondence to:
 Chicago Dental Society
 CDS Review
 401 N. Michigan Ave., Suite 200
 Chicago, IL 60611-5585
Phone: 312.836.7300
Fax: 312.836.7337
e-mail: review@cds.org

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

Web site: www.cds.org

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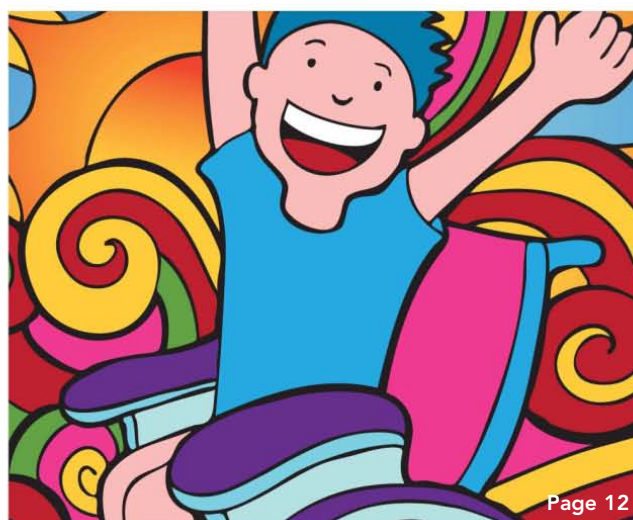
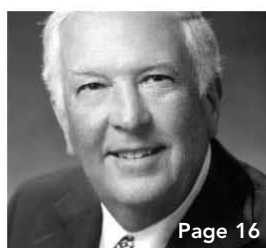
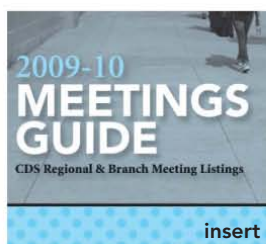
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CDS Officers

President: David Kumamoto; 6424 N. Northwest Hwy., Chicago 60631; 773.763.5030, sportdds@uic.edu
President-elect: Michael Stablein; 9 Nottingham, Lincolnshire 60069; 847.317.9127, mstablein@aol.com
Secretary: Ian Elliott; 1315 Macom Dr., Suite 106, Naperville 60564; 630.862.3600, iedds@aol.com
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NORTH SIDE

Director: James Robinson (2009); 25 E. Washington St., Suite 1211, Chicago 60602; 312.263.5090, tntdds1@aol.com
President: Genaro Romo Jr.; 4146 S. Archer Ave., Chicago 60632; 773.247.3345, drgeneromo@aol.com
Correspondent: Alice Boghosian; 9101 N. Greenwood Ave., Suite 302, Niles 60714; 847.296.4030, agbdds@hotmail.com

NORTH SUBURBAN

Director: Susan Becker Doroshow (2010); 3901 W. Howard St., Skokie 60076; 847.677.2774, sbddd@aol.com
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Correspondent: Kyint Chwa; 9229 Natchez Ave., Morton Grove 60053; 847.272.0600, kyinthchwa@ameritech.net

NORTHWEST SIDE

Director: Mary Starsiak (2009); 5754 W. Irving Park Rd., Chicago 60634; 773.545.0057, drmstarsiak@yahoo.com
President: Samuel Grandinetti; 6322 N. Cicero Ave., Chicago 60646; 773.736.8070, samgrandinetti@yahoo.com
Correspondent: Chester Klos; 5841 W. Belmont Ave., Chicago 60634; 773.622.3454, ck50dk@aol.com

NORTHWEST SUBURBAN

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President: Matthew Gauthier; 1600 W. Central Rd., Arlington Heights 60005; 847.392.6220, info@nwoms.com
Correspondent: William Perkinson; 10 N. Ridge Ave., Mount Prospect 60056; 847.255.7080, perkinsonw@yahoo.com

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President: Kevin Patterson; 61 W. 144th St., Riverdale 60827; 708.849.8627, kpattersondds@aol.com
Correspondent: Keyur Shah; 4440 Lincoln Hwy., Suite 300, Matteson 60443; 708.481.6086, k_shah66@hotmail.com

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President: Gary Clemens; 3340 S. Oak Park Ave., Suite 301, Berwyn 60402; 708.795.1255, gclm14714@ameritech.net
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Correspondent: Muzammil Saeed; 1445 S. Lorraine Rd., Apt. 211, Wheaton 60187; 630.776.3791, muzbike73@yahoo.com

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Contact CDS

Send comments and suggestions to:
 Chicago Dental Society
 401 N. Michigan Ave., Suite 200
 Chicago, IL 60611-5585
review@cds.org
Web site: www.cds.org

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CDS Staff

Executive Director:
 Randall Grove
 312.836.7308, rgrove@cds.org

Associate Executive Director:
 Barry Ranallo
 312.836.7314, branallo@cds.org

Director of Communications:
 Keri Kramer
 312.836.7330, kkramer@cds.org

Director of Exhibit Services:
 Lisa Girardi
 312.836.7327, lgirardi@cds.org

Director of Member Services:
 Joanne Girardi
 312.836.7320, jgirardi@cds.org

Director of Publications:
 William Conkis
 312.836.7325, wconkis@cds.org

Director of Scientific Programs:
 Aloysius Kleszynski, DDS
 312.836.7312, akleszynski@cds.org

Manager, Financial and Information Services:
 Mohammed Adil
 312.836.7316, mkadil@cds.org

Manager, Mediation and Peer Review:
 Helen Rabitoy
 312.836.7331, mediation@cds.org

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President's Perspective by David Kumamoto, DDS

Call Dr. Kumamoto at 773.763.5030, or write sportdds@uic.edu.

Access to care: What are we going to do about it?

In my previous Perspective, I made the argument that we as dentists are left with the responsibility of solving the access to care problem. It has been suggested that dentists need to promote and provide more services for those who cannot afford to pay¹ because it is the ethical thing to do.

As was pointed out previously, the amount of funding available over the years has been reduced by government agencies across the board so that providing dental care to the underserved is almost impossible. Organized dentistry at the local, state and national levels has advocated the funding of dental programs to aid the underserved for years; in many cases, the granting agencies cut off funding instead of expanding it.

Currently the Illinois State Dental Society (ISDS) is proposing the Bridge to Healthy Smiles Program to the General Assembly. This proposal would increase Medicaid reimbursement levels, provide student loan repayment for graduates working in underserved areas, and fund the construction of new healthcare clinics. Given the past history of the state government with respect to dental funding and the bad economy, we can only hope that this bill will be passed by lawmakers and signed by the governor. I suggest some other possible ways that care for the underserved can be delivered.

Government intervention

Wow, could there be a worst-case scenario or "solution?" Can you imagine the federal, state or local government mandating that dentists treat patients and telling dentists how to treat the patients? But if we don't supply the solution, this quick fix will appeal to politicians.

Government funding of dental clinics

Over the years, Federally Qualified Health Centers (FQHCs) have been established to serve patients with varying financial resources. Many of these patients may be lacking financial resources of any kind; it is likely these clinics may have difficulty finding dental staff to man them. Private practitioners may also find that FQHCs are in competition with them for patients with the financial means to pay for treatment. It remains to be seen how these facilities will be built and funded.

Education

Our public health advocates believe that teaching people prevention is a partial solution to the problem of treating the underserved. If you have a large cavity with an accompanying painful abscess, somehow handing the patient a pamphlet on preventive dentistry is not going to take care of the individual's problem. There is no question that education is necessary, but

past history has shown that education alone will not solve a problem. If one looks at the problem of violence in schools throughout the country, education about violence has not stemmed violence in the schools or violence outside the schools committed by students. Without education, however, the situation might be much worse, but it is only part of the solution to a complex problem.

Voluntary service by dentists

The public health pundits have also advocated that each dentist should see four underserved patients per week; this approach, they say, would solve the problem. Practically speaking, very few dentists would want to see that many patients per week when reimbursement rates would not even cover the expense of an examination, let alone treatment. Many dentists already treat many patients in special programs or on an individual basis for reduced fees.

Many clinics throughout the area also have dentists who work in their facilities on a voluntary basis. In some cases, volunteer dental hygienists, assistants and staffs assist them. While this may address the dental concerns of a few lucky patients, there are still thousands of patients who have no access to a dentist even on an emergency basis.

Expanded functions

One of the major concerns is the lack of dentists in specific geographical areas, particularly where there are large numbers of the dentally indigent. This problem has already created major problems in specific states like Alaska and Minnesota, resulting in new "midlevel" dental providers being created by legislation, soon to be doing patient treatment. While dentists see this entire new system as a "threat," there are restrictions on where the midlevel provider can work.

According to a May 29 eMemo from the American Dental Association (ADA), in Minnesota these areas include:

- Critical access dental clinics (which are operated by dentists who receive enhanced reimbursement from Medicaid because they treat a high volume of Medicaid patients);
- The usual assisted living facilities, FQHCs, etc.;
- A collaborative hygiene setting (although this would only apply to an advanced therapist, because a basic therapist could not perform surgical procedures with no supervising dentist on the premises);
- Military and VA facilities;
- Dental or dental therapy schools; and
- Any other setting where at least 50 percent of the therapist's patients are among the following groups: enrollees of a

state publicly funded healthcare program; having no private or public dental coverage and are at 200 percent of the Federal Poverty Level or below; or the patients or practice is in a designated Dental Health Professional Shortage Level.

Although this may appear to be the solution to the access problem, the issue of funding is still not addressed for these new providers.

Rather than create an entirely new provider category in Illinois, perhaps we should expand on what has been done and which features supervision of a dentist in the formula. Over the years, the dental profession in Illinois has supported legislation giving more duties to dental assistants and dental hygienists. Expanded functions have improved and expanded patient care without adversely affecting the practice of dentistry. Today dental hygienists are licensed to administer anesthetic with proper training. This expanded duty has not caused the demise of the dental profession, yet many are afraid to expand duties even further. Perhaps permitting auxiliary dental professionals to perform more dental procedures for the underserved can be a key part of the solution to the access problem.

Donating money to agencies funding clinics

There are many organizations that help fund clinics for the underserved. Foundations like those associated with the ISDS, ADA and the Chicago Dental Society donate thousands of dollars each year to clinics and programs that treat the underserved. Like education, it's necessary and it helps, but at best it is only part of the solution.

Dental advocacy

ISDS introduced the "Bridge to Healthy Smiles" program to the Illinois legislature as a three-pronged attack on the problem of treating the underserved. The Chicago area has approximately two-thirds of the practicing dentists in the state but also the majority of the underserved. The student loan repayment program and the construction of new dental clinics may be more to the advantage of the patients being served outside of the Chicago area, but an increase in Medicaid reimbursement would, hopefully, mean an increase in the number of dentists who would participate in the Medicaid program. More such proactive proposals from organized dentistry at all levels of government need to be part of the solution.

Do nothing

That's just not acceptable, unless you don't mind a complete loss of autonomy for the dental profession, and everyone but the people who should be making decisions for the profession would control dentistry. The problem of access to care has been with us for years but it has never been as serious as it is now. If we do not come up with the solution to this issue, alternatives will be imposed on us like they have been in Minnesota and Alaska. And nobody wants that! ■

1. O'Toole B. Promoting Access to Oral Health Care: More Than Professional Ethics Is Needed. *JDE* 70(11): 1217-1220, 2006.

Don't miss Dr. Blatchford speak at the CDS Regional Meeting, Wednesday, January 13, 2010



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WHAT DENTISTS CAN DO TO OVERCOME OBSTACLES IN TREATING ELDERLY PATIENTS

by Joanna Brown

Oh, those proverbial Boy Scouts, helping old ladies across the street. Such compassion. Such patience. Such kindness.

With all the reports of Baby Boomers (those born between 1946 and 1964) turning 62, it seems the so-called “old ladies” will be crossing the threshold of your dental office more frequently. An estimated 12,000 Americans reach the age of retirement every day, meaning that one in five Americans will be bona fide senior citizens by 2025.

Every member of the dental team will be challenged to make sure these patients are comfortable with the service and the care they receive when they arrive. Your sensitivity to how their bodies are changing and your customer service-oriented responses will drive your success with older patients.

“These people are increasingly coming into our dental offices. What is our level of preparedness as a dental profession to meet the demands that they bring to our offices?” asked Barbara Smith, manager of Geriatric and Special Needs Populations for the American Dental Association’s (ADA) Council on Access, Prevention and Interprofessional Relations. She is also a registered dental hygienist.

“It’s a matter of comfort level,” Ms. Smith explained. “Some of that comes with experience, and some of that comes with training.”

So far, so good

A 2007 ADA survey of 1,582 dentists regarding the healthcare of vulnerable elderly patients – those over age 65 who

have limited mobility, limited resources and/or complex health status – found that 93 percent of dentists provide care for vulnerable elderly patients. These dentists said the vulnerable elderly make up less than 10 percent of their practices, on average.

By and large, these patients will be just like every other patient who walks through your front door. The California-based International Longevity Center reports that 64 percent of Americans age 65 and older report no limitation in major activities; 80 percent of older Americans are healthy enough to engage in normal activities.

Since this group is expected to live 20 years past the age of retirement, you’ll want to be sure they’re as comfortable coming into your office as you are having them there.

Ms. Smith says it starts as soon as they walk through your front door. Her biggest complaint after accompanying her mother to a medical appointment was a doctor who spoke to her about the patient’s condition as if her mother wasn’t in the room.

Survey says...

A 2007 study by the ADA Survey Center, working with the Council on Access, Prevention and Interprofessional Relations, revealed how dentists feel about working with the vulnerable elderly. The complete survey is available for download at www.ada.org.

- 92.6 percent of dentists in private practice provide oral healthcare to vulnerable elderly patients.
- The most common place for treating vulnerable elderly patients was in the office (98.3 percent) or in a nursing home or long-term care facility (13.8 percent).
- One-third of established dentists and one-fourth of new dentists considered themselves “very comfortable” treating the vulnerable elderly.
- More than half of vulnerable elderly patients were not covered by insurance that pays or partially pays for dental services, 31.2 percent were covered by private insurance, and 12.2 percent were covered by public assistance.
- More than half of vulnerable elderly patients received discounted dental care; 14.3 percent received free care.
- One-third of dentists reported that vulnerable elderly patients had trouble obtaining dental care in their community. They felt the biggest barriers were inability to pay for service (88.7 percent), lack of transportation to the dental office (68.4 percent), and inadequate financial support from local, state or federal programs (65.5 percent).



“Always direct your comments to the patient,” she advised. “You should always be talking to the person you are talking about.”

Herb Sier, vice president of medical affairs at the Council of Jewish Elderly and associate chief of geriatric medicine and an assistant professor at Northwestern University’s Feinberg School of Medicine, agrees that the way the staff speaks to an older patient makes or breaks the experience.

Dr. Sier warned against using unwarranted familiarity with mature patients and what the *New York Times* in an Oct. 2 article called elderspeak:

“the sweetly belittling form for address that has always rankled older people; the doctor who talks to their child rather than to them about their health; the store clerk who assumes that an older person does not know how to work a computer, or needs to be addressed slowly or in a loud voice.”

“To call someone by their first name or ‘Honey’ without an established rap-

port is not appropriate,” Dr. Sier said. “Don’t be overly familiar. Use mister or misses. These patients may have been professionals, principals or teachers during their careers and they are used to certain courtesies.

“Maybe we’ll be different when we age. Who knows.”

Sensory changes

Even before you address your older patients, be mindful of the effects that aging will have on their sense of hearing. They may find it difficult to discern your words from the ambient noise put out by the machines in the operator or the music you think is soft and soothing.

In addition to turning machines off while you explain a procedure or directions for follow-up care, consider lowering your mask to give patients the added benefit of reading your lips as you speak to them.

“It’s not that doctors are being unkind. It’s just the norming of certain

things they aren’t aware of,” Ms. Smith said. “Be aware of sensory changes as your patients age and how things like cataracts and vision loss affect how they move around.” Clear toys, electrical cords and other clutter off the floor for ease of movement, and make sure there is sufficient light to aid traffic through the office.

Doctors and their staffs would be wise to examine their written materials with a similar sensitivity. Ms. Smith called attention to appointment cards: how large is the type? How dark is the print? How small is the card?

While young patients like business cards that fit into their wallets, older patients may prefer to fold a note card in half if it means they can more easily read the information it contains.

The same goes for the written instructions you provide for continued care at the conclusion of the dental appointment. Since patients may be embarrassed to tell you that they can’t

Understanding dementia

The time between dental appointments, combined with the personal relationships you develop and the complexity of your conversations, put dentists and their staffs in a unique position to detect changes in a patient’s personality and comprehension.

Dr. Sier said these changes may be the earliest signs of dementia.

“As our population ages, the prevalence of dementia is nearing 40 percent,” he said. “As more and more people are living into their 80s and 90s, they will show signs of dementia due to Alzheimer’s disease and Parkinson’s disease, and also as the result of stroke. They’ll have problems finding names for things they know, problems with short-



term memory and problems following complex directions.

“When you are seeing people longitudinally over time, watch for cognitive dysfunction,” Dr. Sier recommended. If you notice a long-time patient is having trouble remembering things or following instructions, talk to them about the changes you are noticing and advise them to follow up with their physician.

While this can be a difficult conversation to initiate, Dr. Sier said a gentle tone that demonstrates concern will convey your feelings. He recommended doctors use phrases

like, “it appears to me that you are having trouble; maybe you should see your doctor about this.”

If a patient has already been diagnosed with dementia, Dr. Sier had several recommendations to ease the delivery of care:

- Schedule their dental appointments in the late morning or very early afternoon, when the effects of the disease will be minimized. The dementia will be more pronounced as their bodies fatigue during the day.
- Examine the patient’s long-term treatment plan to determine if procedures should be moved up. Just as treatment becomes more difficult later in the day, it becomes more difficult in the later stages of dementia. Dr. Sier recommended that dentists continue with a usual schedule of hygiene treatment, but move up more complex procedures before the patient’s dementia advances.
- Make your patient comfortable by eliminating surprises and minimizing their confusion. When they arrive for treatment, “explain what you are going to do before you start any work, using simple statements, and then explain things step by step as you are working, again using simple words,” Dr. Sier said.
- Keep in mind that many people with dementia resist change. Rather than get used to a new denture, for example, Dr. Sier said many patients just stop wearing the denture altogether. He recommended repairing older dentures for these patients, rather than making new ones.

hear you or they don't understand the oral instructions you've giving, provide written copies of the same instructions – including how to reach the doctor by phone if questions arise later.

Dr. Sier recommended the instructions not exceed a page in length and that they use simple language for complex ideas, including remedies patients might use to control pain and what side effects they should expect to experience.

Physical changes

Don't try to prepare these instructions while your patients are rising from the dental chair, Ms. Smith advised, as you may be called into service at that time. Many people experience orthostatic hypotension and dizziness when rising from a seated position because of medications they take, especially those that regulate their blood pressure.

Nearly half of dentists wanted more information on managing patients living with dementia.

“Make sure you are standing when a patient comes out of the chair. Maybe have them sit up with their feet on the floor for a few minutes before they rise the rest of the way, in kind of a two-step process,” Ms. Smith recommended. “But don't turn your back to do something else. You should be in a protective position.”

The same is true in the reception area. Firm chairs with armrests enable your older patients to rise with greater ease.

Medical complexities

The possibility that your older patients are on one or more maintenance medications that affect their dental care makes many people uncomfortable treating them. Dr. Sier recommended doctors carefully consider possible drug interactions in all their patients, but most especially patients 55 and older.

“There are so many drugs and drug interactions right now, you can't possibly memorize them, but be careful of psychotropic medications and their interaction with the anesthetics dentists might use,” Dr. Sier said. Rather than memorize all the possibilities, doctors can seek out online access to reference materials; there is even an application

for iPhone, Blackberry and other hand-held devices.

But even with these aids, many dentists are not comfortable treating older patients. Among those doctors who participated in the ADA's 2007 survey and reported that they do not provide care to the vulnerable elderly, 29 percent “preferred not to treat medically complex patients.” A similar 33 percent chose to refer patients to general dentists with experience in geriatric practice.

It may be the daunting task of coordinating care with the patient's physician. More than one-third of vulnerable elderly patients require dentists to consult with physicians; new dentists (32 percent) were slightly more likely than established dentists (23 percent) to do this.

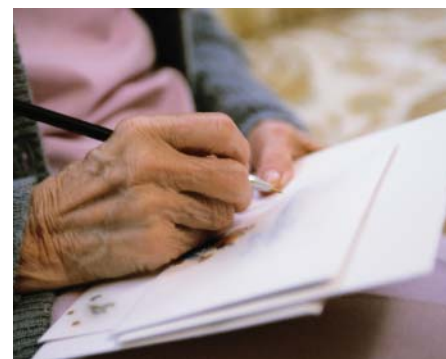
“What it tells us is that there needs to be more substantial training in caring for the elderly, either in the context of

CE or in our dental schools,” Ms. Smith said. “You need to prepare yourself as best you can because the percentage of patients in our practices who are older will continue to go up.”

About one quarter of dentists in the ADA's 2007 survey reported having attended a didactic course on vulnerable elderly patients in the previous three years. When asked if they would like more information in eight treatment areas, 68 percent wanted more information on managing patients with complex medical histories and 63 percent wanted more information on managing xerostomia. Nearly half of dentists wanted more information on managing patients living with dementia.

The ADA offers materials for dentists and their staffs who want to improve their communication with elderly patients at www.orallongevity.ada.org. Downloadable documents and videos aim to help dentists educate patients and their caregivers who will be maintaining their oral health. ■

Ms. Brown is the senior writer for the Chicago Dental Society.



Advice for seniors

The North Shore Senior Center, in Northfield, lists five ways older patients can better partner with their healthcare providers. Maybe your patients – and their oral health – will benefit from the same advice:

Keep a daily log of how you feel.

Track symptoms and changes in your health to help you remember and communicate with your doctor. This is especially important when you start a new treatment regimen or healthcare routine.

Write down your questions and concerns before your appointment.

The doctor will review them with you during your appointment. It will help you remember important points during the conversation.

Take notes during the appointment. Take paper and pen into the treatment room and take notes on your doctor's instructions and answers to your questions.

Ask questions as you think of them.

Don't be embarrassed to have the doctor clarify medical jargon you don't understand or you've never heard before. Ask the doctor to repeat confusing or complex instructions, or have the doctor write it down for you.

Confirm the doctor's instructions before you leave the office. Tell the doctor what you heard: “I'll do X, Y and Z for a week, and call you if I feel any pain; Is that correct?” Ask the doctor to summarize the visit to see if you've missed anything important.

Find more information for your older patients at www.nssc.org.

Grottoes

HELPS KIDS SMILE ALL YEAR LONG

by Joanna Brown

It's not unusual for patients to fret over the cost of dental care: their insurance benefits are limited, their treatment plans are significant, and their disposable income is already stretched thin.

What's remarkable is the response Steve Kuhn and Lance Lambert have for their pediatric patients who have special needs: I know some people who might be able to help.

Drs. Kuhn and Lambert are two of many dentists nationwide working with the Grottoes of North America Humanitarian Foundation, providing dental care to children with special needs at no cost to the child's family. The Humanitarian Foundation picks up the tab for qualified children: those under age 18 who have Cerebral Palsy, Muscular Dystrophy and related neuromuscular disorders, or mental retardation, and those preparing for organ transplants.

"This is a really nice resource for families with the nature of problems that these kids have. The Grottoes wants these kids to get the care they need," said Dr. Lambert, a pediatric dentist in Glen Ellyn who has worked with the Foundation for nearly two decades.

"Often these families have so many other things going on with their kids physically, dentistry gets pushed to the back burner. But people are grateful when you can help their child, and I think also these parents are glad to have someone who is comfortable just being around their child."

The Humanitarian Foundation is a

registered not-for-profit organization which was established in 1949 by the Grottoes of North America, a fraternal organization affiliated with the Masons. Though the Foundation's original goal was to aid children who have Cerebral Palsy through funding for medical research, leaders have since widened their reach to finance dental care for children with special needs and training for dental professionals who wish to work with these children. A partnership with Illinois Masonic Medical Center was established early.

The program expanded in 1973 to include doctors nationwide and in Canada who would treat children in their own offices, thus eliminating the burden of travel for qualified patients. The Foundation has also partnered with more hospitals, including a new relationship with Shriners Hospital to provide dental care for children preparing for cleft palate surgery.

Volunteers from the Grottoes (who represent most every profession imaginable) act as so-called "Doctors of Smiles" in their communities to identify quali-

fied patients. The Foundation enables patients to see dentists of their own choosing who bill the Foundation directly, sometimes at a reduced rate.

National Director of Fund Development Hikmet Kutlu said the Humanitarian Foundation annually gives away \$1 million in dental treatment for 1,500 children. In Illinois alone, 160 children received \$111,494.73 in care during FY 2007-2008. (This is exclusive of 300 children treated through a grant program at Advocate Illinois Masonic Medical Center.)

"We would do more if we could," Mr. Kutlu said. "There are 18 million children in America with special needs, and dental care is the leading unmet need for these kids. Families get overwhelmed with the child's other medical needs."

Dr. Kuhn, who earned a dental degree from the University of Illinois at Chicago College of Dentistry (UIC) in 1997 and was an associate in Dr. Lambert's office before opening his own practice in Frankfort in 2002, hears that from many of his patients' parents. "Parents are overextended financially and trying to care for their families. Trying to get their kids dental care – it's last on the list when they have to help a child focus on life skills.

"Parents are going to dental offices and hearing that the doctors can't help them or don't have any resources for them. When they get to the end of the road and they hear that no one can do anything for them, there is nothing more frustrating," Dr. Kuhn continued. "We're just like any other office and we can't help everyone who walks through the door, but we're a place that might be able to help some of them."

Dr. Lambert, a 1983 UIC graduate whose practice was recently recognized for its long relationship with deaf-blind students from Glen Ellyn's Phillip J. Rock Center and School who would have otherwise traveled to Advocate Illinois Masonic Medical Center for dental care, explained that children with handicaps need special care. For example, they often grind their teeth and have trouble chewing and swallowing, which means that food stays in their mouths



longer. When they come for dental care, they may need an anesthesiologist as well as a dentist, which might necessitate hospital care. They might also lack dental insurance to cover the high price of these services.

But the Foundation's financial support makes all of these hurdles easier to clear. For these reasons, Drs. Lambert and Kuhn encouraged other dentists to consider working with special patients.

"As healthcare providers we all want to help people be healthy. Working with these kids, you really feel your heartstrings tugged. There are some nuances to working with them but for the most part it is routine dentistry that just takes extra time. I think more people can do it than are willing to tackle it," Dr. Lambert said.

"But you don't do it for the money; you do it because you care about these kids."

Dr. Kuhn's whole staff is comfortable working with patients who have special needs and their parents. One staff member works with all new patients, starting with a 45-minute phone interview to collect and share information.

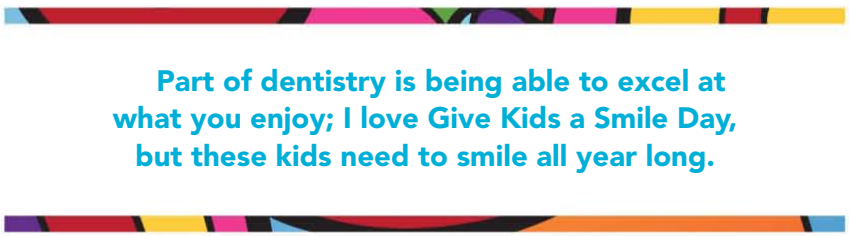
Some parents take pictures and make a scrapbook for their children to review in anticipation of their first exam.

Dr. Kuhn said the visit also helps the parents understand the level of care their children will receive, especially for children with significant physical disabilities.

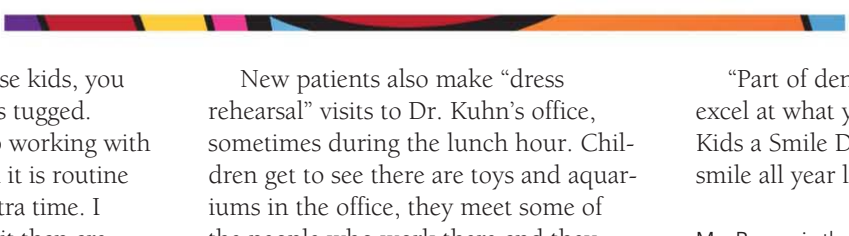
"It's an extra step that makes it easier for us because the kids aren't white-knuckled in the parking lot on their first visit," he said. "To see how my staff interacts with these kids is wonderful and very affirming for me.

"Part of dentistry is being able to excel at what you enjoy; I love Give Kids a Smile Day, but these kids need to smile all year long." ■

Ms. Brown is the senior writer for the Chicago Dental Society.



Part of dentistry is being able to excel at what you enjoy; I love Give Kids a Smile Day, but these kids need to smile all year long.



New patients also make "dress rehearsal" visits to Dr. Kuhn's office, sometimes during the lunch hour. Children get to see there are toys and aquariums in the office, they meet some of the people who work there and they climb into the chair to watch television.

"If you're not providing implant treatment, you're not providing the standard of care."

Gordon Christensen

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Grant MacLean, DDS

CDS REVIEW EDITOR EMERITUS,
ILLINOIS STATE DENTAL SOCIETY PAST PRESIDENT

by Joanna Brown

Editor emeritus of the *CDS Review* and World War II veteran Grant A. MacLean died June 6 in Sun City, AZ. He was 91.

A respected dentist and editor, Dr. MacLean led the transition from the *Fortnightly Review* to the *CDS Review* in 1973, and was repeatedly honored for his efforts.

The late Karl Richardson said of Dr. MacLean upon his retirement in 1983:

A retrospective study of Grant's editorials over the past dozen years is an amply rewarding experience in sound comment on, shrewd analysis of, and vigorous advice and guidance to organized dentistry.

Grant's record is evident and eloquent. To have so highly merited the acclaim and recognition of his colleagues in dental journalism and his many readers is certainly an achievement of which any editor would be proud.

Dr. MacLean was born in Detroit but raised in Evanston, and graduated from Illinois State University. He married in 1942 and shortly enlisted in the U.S. Marine Corps; he served in World War II, including two years in the South Pacific. His first Marine division landed on Guadalcanal.

Upon returning to the U.S. in 1945, Dr. MacLean returned to school for a specialty degree in orthodontics.

Dr. MacLean was appointed editor of



Dr. Grant MacLean

the *Fortnightly Review* in 1972 and led the staff through a redesign when they renamed and relaunched their publication as the *CDS Review* in 1973. During Dr. MacLean's 12-year tenure, he and the magazine were honored with several awards:

- The 1974 Golden Scroll Award for improvements in the format, layout and overall appearance of the *CDS Review*
- The 1976 Golden Pen Award for an article about Dr. Robert Shira
- A 1977 Special Citation for an outstanding collection of feature articles

- A 1978 Honorable Mention for the Golden Pen Award
- The 1979 Golden Scroll Award for outstanding cover design.

CDS Review Editor Walter Lamacki said Dr. MacLean made many contributions to the profession and dental journalism, adding that Dr. MacLean was "a true old-world style gentleman at all times."

While serving as editor, Dr. MacLean was also president of the Illinois State Dental Society in 1977. Dr. MacLean was also active with other CDS activities, including the first Children's Dental Health Day, when more than 12,000 people received care at McCormick Place, and the launch of closed circuit television at the Midwinter Meeting.

Dr. MacLean retired to Arizona in 1983.

He is survived by his wife of seven years, Peggy; sons, Rev. Grant A. (Carol) MacLean, Jr. and Craig (Annette) MacLean; step-children, Debby (William) Radio, Susan (Ronald) Hendee and John (Melissa) Scott; sister, Sarah Jane MacLean; brother, James MacLean, Donald MacLean, 11 grandchildren and six great grandchildren.

A memorial service was held June 17 at the Congregational Church of Sun City. ■

A retrospective study of Grant's editorials over the past dozen years is an amply rewarding experience in sound comment on, shrewd analysis of, and vigorous advice and guidance to organized dentistry.

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In Other Words by Mary M. Byers, CAE

Read Mary Byers' online column, The Front Desk, at www.cds.org.

Associateships fail, but yours can be successful

There are a number of factors to consider before you add an associate to your practice.

Many practitioners see an associate as an “easy” solution when things get busy and chaotic. But living with an associate can be anything but easy if one is hired for the wrong reasons or at the wrong time.

There are many reasons associateships fail. Considering why they fail can increase the chance of having a successful associateship as part of your practice.

Here are some of the reasons:

Hiring for the wrong reason. An associate doesn't always solve the “too busy” problem, one of the main reasons a doctor begins looking for an associate. Often, throwing another doctor into the mix simply exacerbates an already bad situation rather than solving it.

Management inefficiencies. Poorly run practices remain poorly run, even with an associate on board. Associates are most likely to thrive in practices that have healthy, profitable and productive management systems in place.

Unwillingness to help an associate build a patient list. Some doctors offload emergency and problem patients to their associate, making it difficult for the new doctor to get a

solid start with a practice. Successful relationships are those in which the senior practitioner is willing to help the junior doctor develop a loyal patient following.

Personality differences. It's essential that both the hiring doctor and the potential associate take a personality test and compare their results to determine compatibility prior to signing a contract. Stark differences in style can be overcome when they are recognized and addressed proactively.

Different work styles can actually

be a plus to the practice when partners have the wisdom and willingness to learn from one another and see things from each other's perspective.

Inadequate patient volume. In order for an associateship to work, a practice must be able to support multiple doctors. According to management consultant Sally McKenzie, “A solo general practitioner must have a minimum of 2,000 active

patients (not 2,000 patient records) in the system,” before considering hiring an associate. Further, she said, “for a solo practice to remain healthy it should have a monthly new patient flow of 16-25, and 85 percent of those new patients should be accepting treatment. . . And practices that are eyeing the resume of potential associates should be seeing, at the minimum, new patient numbers in the area of 40-45 per month before the practice is ready to make the investment in a full-time associate.” Due diligence in reviewing the numbers helps insure a practice is truly ready for an additional doctor.

Lack of staff support. Everyone in the practice must be committed to welcoming, encouraging and working with a new associate. Bringing one in without the support of the entire staff often leads to failure as the new doctor is left to figure things out on his own and sometimes face the resentment of staff members.

Unclear expectations. How will the new doctor be introduced and integrated into the practice? What kind of support (marketing and otherwise) can the associate expect? What does the senior doctor expect of the associate and vice versa? The more clearly expectations are outlined and discussed, the more likely the transition will be successful for all parties.

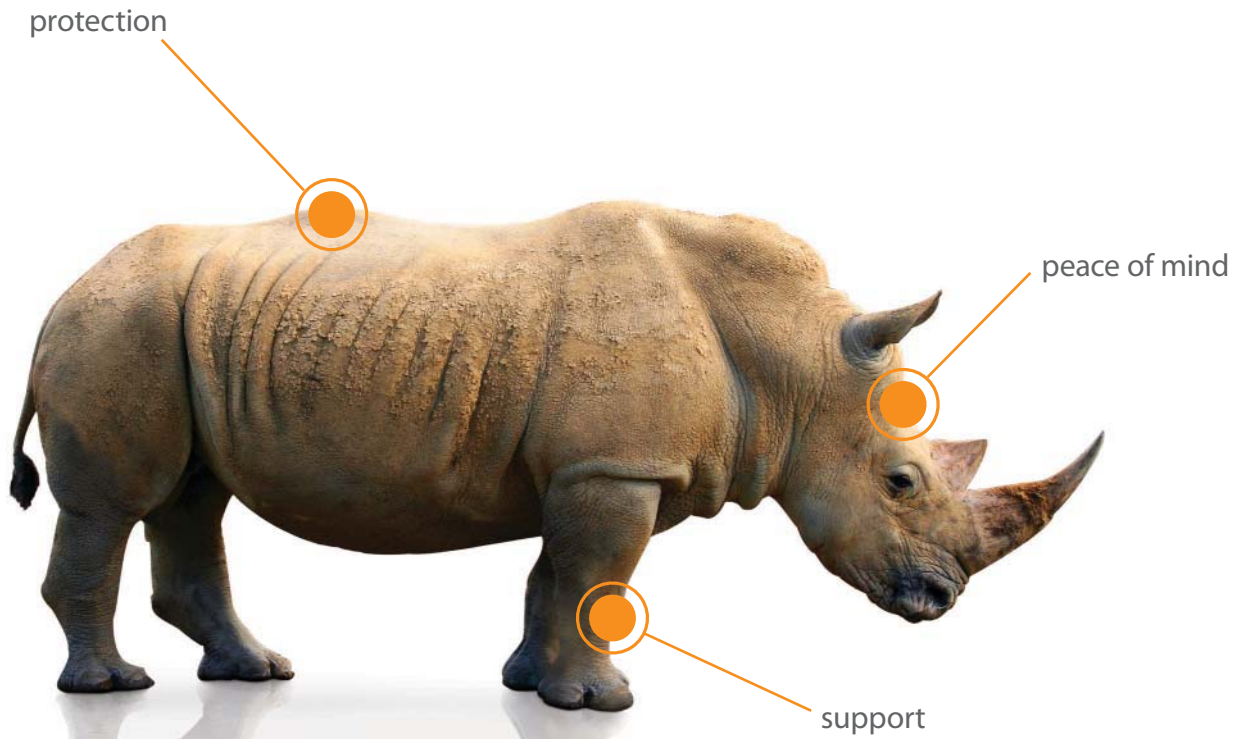
Philosophy. Vastly different values and worldviews can strain relationships, yet doctors often don't take the time to unearth these characteristics in a potential associate. Doing so takes time, the willingness to ask deep questions, and the discipline to listen to the answers and ask follow-up questions as appropriate. Associateships are similar to marriages in that you'll be spending a lot of time with your partner and you need to have the ability to both communicate clearly and negotiate fairly.

Recognizing why associateships fail – and choosing to establish yours differently – will increase the chance of “happily ever after” for both you and your practice when you add an associate. ■

The views expressed in this column are those of the writer and not necessarily the opinions of the Chicago Dental Society.

Do you have a question you would like the CDS Review columnists to address? Send it to review@cds.org.


Recognizing why associateships fail – and choosing to establish yours differently – will increase the chance of ‘happily ever after’ for both you and your practice when you add an associate.



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Ground zero for evidence-based dentistry

It happens more frequently these days: a call from a dentist wondering how President Obama's healthcare reform initiative will affect the dental profession.

Just the idea of being at the receiving end of an anticipated healthcare upheaval is disconcerting for many dentists. Most practicing dentists are only marginally involved in the political process and prefer to concentrate on their work, their patients and their community efforts. The vast majority of dentists does not participate in the Capitol Conference or undertake lobbying efforts in Springfield or Washington. But in this case, we all are thrown into the inevitable maelstrom of political negotiations.

Will healthcare reform come? I suppose, with the number of uninsured at an all-time high due to job losses and an affordability crisis, few people will disagree that some form of healthcare reform will be implemented. The effects of this reform are likely to be far reaching, encompassing new insurance arrangements,

different compensation mechanisms for healthcare providers, a new definition of standard of care, renewed emphasis on the quality of treatments as they pertain to outcome successes, and so forth.

What can we expect from this healthcare shake-up? While dental care for the moment appears less central than medical care in the policy discussions on revamping our healthcare system, it is all but certain that the push for evidence-based practice, which has become

a mainstream effort in medicine, will also become a major focus in improving outcomes of dental care. There is no doubt that Evidence-Based Dentistry (or EBD) is here to stay.

The American Dental Association defines the term Evidence-Based Dentistry as "an approach to oral healthcare that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences."

EBD, thus, involves three major components:

- Systematic assessments of clinically relevant scientific evidence
- Improving dentists' clinical expertise
- Incorporating patients' treatment needs and preferences.

An important part of the EBD approach is a reliance on "systematic assessments of clinically relevant scientific evidence." This definition involves the use of standard research designs and statistical methods to evaluate what treatment works under which specific oral conditions and which does not.

Let us assume the following treatment scenario:

A patient with diabetes presents to his dentist wishing to have implants placed in support of full mouth porcelain reconstructive bridge work. With this, the patient has made his preferences clear and has stated what he thinks his needs are.

The success of the case depends on the dentist's clinical experience and competence as well as the status of the patient's underlying medical condition (i.e. is the diabetes controlled or not), his age, hygiene, continued cooperation and other factors. Even if the dentist has performed many implant cases, his experience with this particular set of clinical circumstances is bound to be limited and cannot compare with data from clinical trials or national data sets documenting experiences with similar cases. In short, the dentist would not be in a position to estimate the probability of success.

Thus, a large component of EBD relies on statistical evidence that a particular treatment under specific circumstances will be successful in a large percentage of the cases. If the statistical evidence shows that success is unlikely, what then? Will this evidence override the patient's wishes, needs and the clinician's judgment?

On May 12, the *New York Times* reported on the pledge of healthcare industry leaders, including the American Medical Association (AMA) and America's Health Insurance Plans (AHIP), at the White House to reduce healthcare costs. The present annual increases in healthcare expenditures of more than twice the average wage increases are simply not sustainable over the long run. Thus, as the Nobel economist Paul Krugman wrote in his column in the *Times*, the goal is to "reduce costs without harming health over all. . . by aligning quality and efficiency incentives."

In short, reductions in cost require improved effectiveness and efficiency in treatments. While efficiency in practice is largely a matter of innovative business practices, the evaluation of the effectiveness of treatments will necessitate giving statistical success analysis of treatments a larger weight in overall healthcare decisions. It will also mean paying more attention to indicators of overall population health and, unfortunately, focusing less on individual patients.

Where might that leave the dentist and the treatment of our

If EBD becomes the dominant model, statistical evidence of clinical success under given circumstances will determine whether an insurance company will pay for the treatment in one case, but not in another.

diabetic patient? If EBD becomes the dominant model, statistical evidence of clinical success under given circumstances will determine whether an insurance company will pay for the treatment in one case, but not in another. The full mouth implant reconstruction might be covered by insurance in a healthy 60-year-old, but not in a severe diabetic patient; it might pay for a root canal in a periodontically healthy mouth, but not in a Class III perio case.

Many of the “we will try anything to save this tooth” attempts may fall by the wayside, unless the patient is able and willing to pay out of pocket. The focus might well shift from individual treatment successes to overall treatment success rates, reimbursing the clinician for statistically proven treatments rather than for certain procedures.

These likely changes will force the dental profession to take a much closer look at statistics, a course most dentists had to take in school and would prefer to forget. Statistical analysis, which forms the basis of EBD, might well determine compensation for the healthcare professions.

When evaluating treatments as documented in clinical research articles, it behooves us to pay much closer attention to whether the data have been analyzed correctly and the evidence presented is convincing. If we, as practicing dentists, cannot make the case for our treatment choices vis-à-vis insurance companies, we will likely be the losers in the coming conflicts over reimbursements. ■

Dr. von Heimburg is a practicing dentist and a practicing attorney in the Chicago area. She represents, advises and educates dental professionals, exclusively, in all matters relating to the practice of dentistry.

This article does not constitute legal advice but is for educational purposes only. The views expressed in this column are those of the writer and not necessarily the opinions of the Chicago Dental Society.

Do you have a question you would like the CDS Review columnists to address?

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A blog for dentists by the Chicago Dental Society

Open Wide, the Chicago Dental Society’s brand new blog, debuted in January. If you’re looking for a place to interact with your fellow members, get a quick chuckle or find out what’s happening at CDS, visit www.cds.org and click on the **Blog** tab in the top navigation bar.

Members who would like to contribute to the blog should e-mail Keri Kramer, CDS Director of Communications, at kkramer@cds.org.

Going Local

a look at what's happening in our community

Odontographic Society presents student honors

Two senior dental students received the Odontographic Society of Chicago's annual Walter E. Dundon Memorial Award at the organization's April 6 meeting.

John H. Foley, from the University of Illinois at Chicago (UIC) College of Dentistry, and Kathryn R. Kosten, from the Southern Illinois University (SIU) School of Dental Medicine, received honors from Odontographic Society President Thomas Schneider Jr. The award is presented to senior dental students who demonstrate unusual leadership and outstanding clinical ability during their four years.

The Society's Research and Educational Foundation also presented awards to the following undergraduates for their exceptional research activity: Bojana Bojovic, UIC College of Dentistry, for "Regulation of Stem Cells by Telomeres and Telomerase;" and Jeffrey L. Howenstein, SIU School of Dental Medicine, for "Isolation and Differentiation of Human Pulp Stem Cells."

CDS members Alice Boghosian and John Hagopian, both of Niles, received Fellowship Certificates.

CDS president to be honored at awards dinner

The University of Illinois Alumni Association (UIAA) recently announced the 2009 UIC Alumni Award Recipients who will be honored at the Alumni Five Awards Dinner Oct. 23 at the Student Center East.

Among them, CDS President David Kumamoto will receive the University of Illinois Distinguished Service Award in recognition of extraordinary commitment, dedication and service to the advancement of the University of Illinois.

Dr. Kumamoto received his undergraduate and graduate degrees from UIC, and is described as a "dedicated faculty member and lifelong volunteer to the UIAA and UIC College of Dentistry."

Dr. Kumamoto is also a general dentist practicing in Niles.

Dr. Graber elected president-elect of AAO.

CDS member Lee W. Graber, DDS, MS, MS, PhD, an orthodontist practicing in Vernon Hills, was elected the 2009-10 president-elect of the American Association of Orthodontists (AAO), the world's oldest and largest dental specialty organization. The announcement was made during the AAO's 109th Annual Session in Boston.

"The AAO is an outstanding professional association and serving within its leadership has been a great experience," said Dr. Graber. "It will be a privilege for me to work during the coming year in preparation to become the association's president."



Lee Graber

Dr. Graber earned his dental degree, and later a master's degree in anatomy and a doctorate in human growth and development, from the University of Michigan. He completed his orthodontic residency and educational program at Northwestern University. He is a Diplomate of the American Board of Orthodontics.

Dr. Graber has lectured throughout the world on topics including craniofacial growth and development, early orthodontic treatment, adult orthodontic care and new treatment technologies. He has been a contributor to orthodontic literature and textbooks.

Active in organized orthodontics, Dr. Graber is a past president of the Illinois Society of Orthodontists (ISO) and the Midwestern Society of Orthodontists (MSO). He is the immediate past president of the World Federation of Orthodontists (WFO), and has represented the MSO on the AAO Board of Trustees since 2001. He was the AAO secretary-treasurer for 2008-09.

Dr. Graber has served on the editorial boards of the *American Journal of Orthodontics and Dentofacial Orthopedics*, the *World Journal of Orthodontics*, Quintessence International and Adult Orthodontics and Orthognathic Surgery. Initially a full-time academician, he has served on the faculties at Northwestern University, Loyola University and the University of Michigan.

Dr. Graber is joined in his orthodontic practice by his daughter, Katie Graber, DDS, MS. The father and daughter share a long legacy of orthodontic clinical practice started by Dr. Graber's father, the late Dr. T.M. Graber, in 1946.

UIC to offer DDS degree for IDP graduates

The University of Illinois at Chicago (UIC) College of Dentistry announced a Doctor of Dental Surgery (DDS) degree completion program for graduates of the UIC College of Dentistry International Dentist Program (IDP) who received a certificate in the years 1996 through 2006. Please note that only graduates of the UIC IDP qualify for this program. The enrollment period for the degree completion program is limited to 2009 and 2010. This is the second year that the program will be offered.

Certificates from other United States institutions will not qualify candidates for this program. The IDP Degree Completion Program requires that former IDP certificate graduates enroll and re-matriculate in the College of Dentistry. All former IDP certificate students must complete an application and meet the current admission requirements of the International Dentist Degree Program (IDDP).

Upon enrollment, UIC will provide course hour credit for courses completed in the IDP Certificate program toward the IDDP (DDS) degree. For additional information candidates should visit the program Web site at:

<http://dentistry.uic.edu/depts/admissions/idp2/index.cfm?m=4&o=4#>, or call 312.355.0320.

Midwestern University names new dental dean

M.A.J. (Lex) MacNeil was recently named as the inaugural Dean of the College of Dental Medicine at Midwestern University (MWU) in Downers Grove.

Prior to his appointment at MWU, Dr. MacNeil was the Associate Dean for Clinical Affairs and Associate Professor in the Department of Oral Health Sciences at the University of British Columbia (UBC) Faculty of Dentistry in Vancouver, Canada. In the early 1990's, Dr. MacNeil was actively involved in the development of continuing education programs and clinical practice guidelines for dental practitioners in British Columbia, serving as chair for both related committees of the College of Dental Surgeons of BC. He joined the faculty at UBC in 1994 after practicing dentistry full-time in the Vancouver area for 20 years and serving as a part-time clinical faculty member at UBC in prosthodontics since 1982. Dr. MacNeil has published widely and brings outstanding expertise to the new College of Dental Medicine.

"Dr. MacNeil brings valuable experience, a deep understanding of dental education, and keen insight into the upcoming trends in dental medicine to Midwestern University," Kathleen H. Goepfinger, President and Chief Executive Officer of MWU said in a prepared release. "He will be an asset to the university and state of Illinois as we open a new College of Dental Medicine."

The appointment of Dr. MacNeil is one of the first steps in Midwestern University's plan to seek approval from the Illinois Board of Higher Education and the Commission on Dental Accreditation for a new center of learning in dental education in the state of Illinois. The University intends to offer a Doctor of Dental Medicine (DMD) degree on the Downers Grove Campus starting in 2011. In the new DMD program, students will complete a four-year curriculum that includes didactic basic medical and dental science studies, preclinical simulation modules, extensive patient care based clinical dentistry and community-centered clinical experiences. The inaugural class will consist of 125 students.

VOLUNTEERS NEEDED!

EARN MONEY WHEN YOU VOLUNTEER!

In order to maintain the level of excellence for which the Midwinter Meeting has become known, we ask every regular and associate CDS member to please consider volunteering your time as a Room Chair, Presiding Chair, or if you are a dental student, consider becoming a Student Chair.

PRESIDING CHAIRS

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

ROOM & STUDENT CHAIRS

The primary responsibility of our Room and Student chairs is to verify tickets and help with crowd control.

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

VOLUNTEER TODAY!

The CDS Midwinter Meeting is widely regarded as one of the best dental meetings in the country, earning a reputation as the respected leader in scientific dental meetings, thanks to the dedication and hard work of our members who volunteer their time and energy.

SIGN UP ONLINE.

To participate as Student, Room or Presiding Chairs, please visit www.cds.org/mwm. For information, contact Dr. Al Kleszynski, Director of Scientific Programs, at 312.836.7312 or akleszynski@cds.org.

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Your Health

a discussion on health-related topics

Take it easy

by Joanna Brown

August 15 is National Relaxation Day – sounds nice, doesn't it? A whole day dedicated to pushing your chair away from the desk, putting off your household chores and doing what YOU WANT to do, rather than what someone else expects you to do.

But alas, it's easier said than done.

Following are a few reasons why you should move relaxation to the top of your To Do (and your Honey Do) list.

Stress cuts both ways

To say "I feel so stressed out – I just need a day to relax!" would undoubtedly be met with a chorus of Amens. Life is stressful, both good and bad.

Keep in mind that stress can be a wonderful thing. It's the feeling of pressure that enables us to rise to certain occasions and face challenges with focus and strength. It's what kept us up studying the night before an exam and those long days right after a child is born.

Stress is a response of the nervous system to produce hormones that speed up your heart, blood pressure and metabolism; blood vessels widen to pump more blood to large muscles; pupils dilate; and your liver releases some of its stored glucose.

But you can have too much of a good thing, so they say, and your body will need to physically recover from periods of stress. Without relaxation, you may

experience common signs of stress overload: anxiety or panic attacks, moodiness, stomach irritation, headaches, chest pains, allergic reactions or eczema or just general feelings of sadness.

Stress management

The effects of prolonged stress aren't meant to exacerbate your problem – rather, to encourage your celebration of National Relaxation Day. The American Academy of Family Physicians (AAFP) offered several tips for managing stress:

- Work to resolve conflicts with other people.
- Talk with a trusted friend, family member or counselor.
- Set realistic goals at home and at work.
- Exercise on a regular basis.
- Eat well-balanced meals and get enough sleep.
- Meditate.
- Participate in something you don't find stressful, such as sports, social events or hobbies.

Don't have a hobby?

The Harris Poll reported in December 2004 that when asked to name their favorite leisure-time activities, the largest numbers of adults mention reading (35 percent), watching TV (21 percent) and spending time with their families and children (20 percent). While the numbers have varied from

year to year, these three activities have topped the list virtually every year since The Harris Poll began asking this question in 1995.

Next on the list of favorite pastimes, but far below these top three, are going to the movies (10 percent), fishing (8 percent), computer-related activities (7 percent), exercise (6 percent), gardening (6 percent), walking (6 percent) and renting movies (6 percent).

Why exercise?

Exercise, AAFP says at familydoctor.org, is a good way to deal with stress because it's a healthy way to relieve pent-up energy and tension. It also helps you get in better shape, which makes you feel better overall.

The Mayo Clinic describes several reasons to make this part of your celebration of relaxation:

- 1. Exercise improves your mood by stimulating brain chemicals.** This can boost your confidence and improve your self-esteem
- 2. Exercise combats chronic diseases,** including heart disease, osteoporosis, high blood pressure, high cholesterol and diabetes.
- 3. Exercise helps you manage your weight.** Enough said.

The Harris Poll reported in December 2004 that when asked to name their favorite leisure-time activities, the largest numbers of adults mention reading (35 percent), watching TV (21 percent) and spending time with their families and children (20 percent).

4. Exercise strengthens your heart and lungs, giving you more energy to get through the day – both good and bad.

5. Exercise promotes better sleep – which makes everything easier to handle.

Find more information and more reasons to get moving at www.mayoclinic.com.



Why meditate? And how?

Meditation is a form of guided thought that you probably already do without being aware of it. You might focus on the repeated motions of swimming or walking at a set pace, or you might spend a few moments between patients stretching and breathing deeply.

AAFP recommends the following for a quick and easy start to relaxation:

Start with one muscle. Hold it tight for a few seconds, then relax the muscle. Do this with each of your muscles.

Stretching can also help relieve tension:

Roll your head in a gentle circle. Reach toward the ceiling and bend side to side slowly. Roll your shoulders.

Deep, relaxed breathing by itself may help relieve stress. This helps you get plenty of oxygen:

- Lie down on a flat surface.
- Place a hand on your stomach, just above your navel. Place the other hand on your chest.
- Breathe in slowly and try to make your stomach rise a little.
- Hold your breath for a second.
- Breathe out slowly and let your stomach go back down.

If you want more help treating stress symptoms, ask your family doctor for advice. ■

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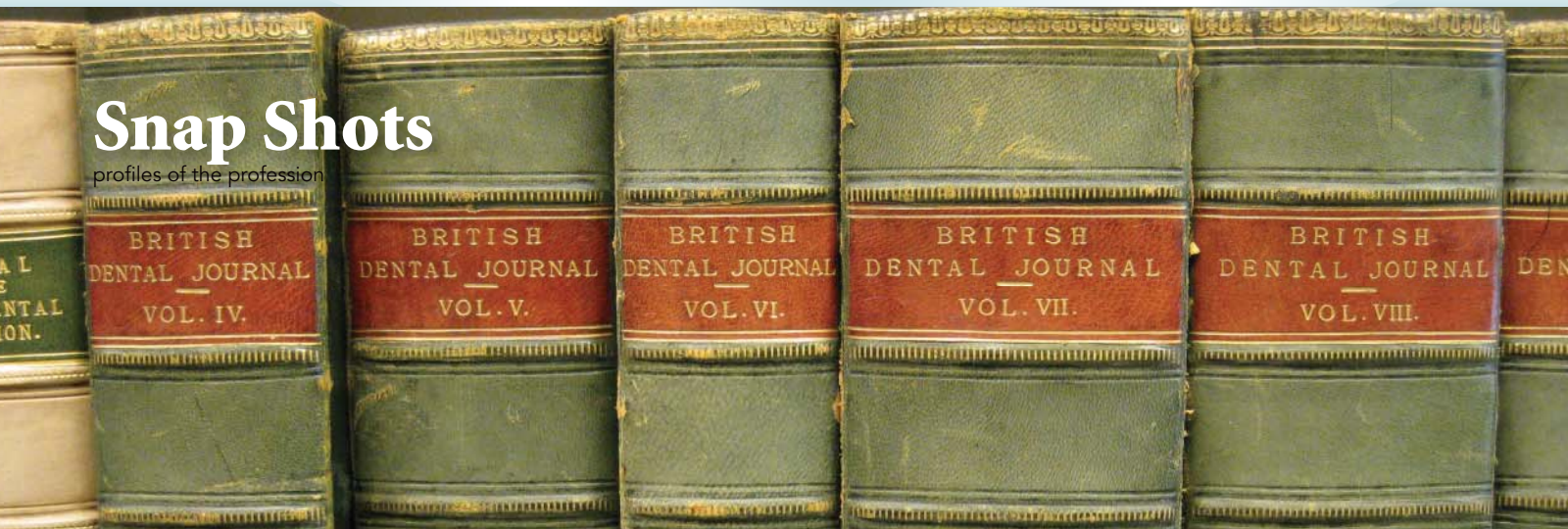
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Snap Shots

profiles of the profession

ADA library is a valuable resource

by Rachel Azark

There is an undiscovered gem nestled into the sixth floor of the American Dental Association building on Chicago Avenue. It offers many resources in one place that can't be found anywhere else – that is, anywhere else that is easily accessible. It offers seemingly boundless knowledge about any subject; some the information dating back to the 1800s.

The ADA library, a resource unknown to many members, has been open since 1927 with the goal of giving dentists the ability to go to one place to find resources that might help them in their practice. Today, it maintains the goal; except that with the invention of multiple technologies since 1927, there is now a wider breath of available resources – even international ones.

"[The dentist] has such a wide range of resources available that are easily accessible," said Ruth Schultz, manager of public services at the library. "We are even available to help search for more specific information."

With an estimated 35,000 books, volumes and journals in the library, ADA members are bound to find what they are looking for when they visit. There are about 650 journals kept on file. While many dentists receive the standard journals in the mail akin to their specialty like the *Journal of the American Orthodontic Society*, what they might not receive are international journals written in English, like the *Scandinavian Journal of Dental Research*. When looking at other journals rather than just the normal ones there is an opportunity to be introduced to a wider range of research and broader horizons.

Many dentists call or visit the library with patient-based questions about how to handle a certain treatment situation in the office. A patient might be taking a particular medication and the doctor is wondering if a specific anesthetic might have a counter effect. Or doctors call with questions regarding practice management and hiring practices.

If a member has a presentation coming up and needs help with research, he or she can request the journal articles they need for a fee; each article can be sent electronically or by mail. If a member is unsure of what article they want but knows the subject or topic, the library is willing to do the research and send five to eight articles, also for a fee.

The library staff also provides free tours of their facility and introduces guests to everything that they have to offer. There is even a display case of artifacts from the history of dentistry. Whether it is old dental tools, toothpaste in a tin, or dentures from the early 20th century, it is there for your viewing. And if a patron is looking for a book published before 1980, they could even try looking in the old card catalogue for kicks.

There are plenty of books available for members to checkout ranging in a multitude of dental subjects. However, on one wall the library stocks books written by dentists on subjects other than dentistry and even children's books discussing oral health, suitable for classroom presentations to younger children. There is also the ADA's list, updated quarterly, of new books introduced in the dental field; they too are available for checkout. Members can send staff to checkout books for them; all they need to have with them is the dentist's ADA number.

Whether a member lives in Chicago or far away, the library can be accessed many different ways. Call on the phone with questions. Visit the Web site and log in as a member. Or just stop in and visit. Whichever way you choose to use the ADA's multiple tools and resources, the library staff is willing to reach out and help anyway they can. ■

For more information on the ADA library, please visit <http://ada.org/prof/resources/library/index.asp>.

Ms. Azark is the editorial assistant for the Chicago Dental Society.



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Looking Back

a historical perspective

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81st MWM was a fatality of the war effort

by Walter F. Lamacki, DDS

I was almost 6 on Dec. 7, 1941, the day World War II started for the United States. But I recall many of its effects on civilians.

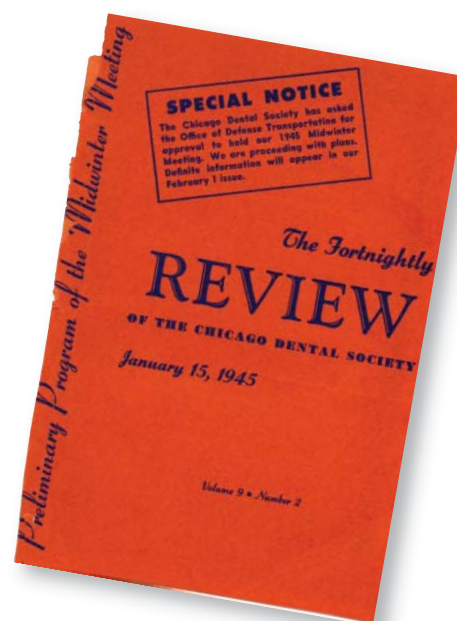
Automobiles displayed an A, B or C decal on their windshields, indicating how much gas they were allocated. Ration booklets were distributed for clothing, food, cigarettes and a whole array of commodities and some services. Rationing meant men could only purchase one suit per year, and, I think, no cuffs please and no second pair of trousers. Spam (not the e-mail variety) appeared. Rumors were rife that it contained strange animal parts not fit for human consumption. Nevertheless there was an avalanche of recipes in the papers on how to cook the hodgepodge; many suggested baking it with pineapple rings festooning the top. No amount of esthetics could disguise its UGHNESS.

I was given the important job of rolling cigarettes for my father, using a devise that had rollers that (with a few expert moves) made a perfect cigarette. He also bought a nifty case to hold them. If a department store announced availability of cigarettes, lines would form around the block. I stood in line with my mother for an hour or so to buy only one carton, by regulation. I didn't know then that travel and hotel space was severely curtailed. After all, my family traveled by streetcar.

Of course, the war affected the Chicago Dental Society, too. Since early 1942, the CDS Board took steps to put the Midwinter Meeting (MWM) in step with the war effort. Dental spouses (mostly wives then) were asked not to accompany their mates to the meeting; all social functions were canceled. Hygienist and assistant programs were limited to local attendees, and distribution of the Preliminary Program was cut by 90 percent and sent only locally.

The society cancels its meeting with the patriotic hope that it is doing what is right and this action will hasten the victorious conclusion of the war. . . .

On Jan. 6, 1945, the Office of Defense Transportation (ODT), created to monitor any "unnecessary" transportation, announced any organization wishing to hold a meeting of 50 or more as in a convention after Feb. 1 would have to apply to the ODT for permission. Despite a reasoned argument about the value, the office denied CDS permission to hold the 81st MWM, even as the war was obviously winding down. The president of CDS at that time was Harold Oppice, who said, "Any meeting that contributes to scientific advancement of the



January 15, 1945, cover of the *Fortnightly Review*.

dental profession is a contribution to the war effort."

Editor Robert Kesel (1941-46) railed in the *Fortnightly Review*, the predecessor of the *CDS Review*: "For 80 years the Chicago Dental Society has held an annual meeting. . . . The best testimony to the value of the Midwinter Meeting in the past years is the large and increasingly growing attendance. Over 6,500 dentists attended last year."

The 81st MWM planning was already completed. Two hundred-forty essayists and clinicians accepted invitations. One hundred thirty-five exhibitors contracted for space.

Dr. Kesel went on to say, "The society cancels its meeting with the patriotic hope that it is doing what is right and this

action will hasten the victorious conclusion of the war. But many doubt that the cancellation will contribute more to the security of the nation than holding the meeting already prepared would have."

Dr. Oppice, who taught crown and bridge at Loyola University Dental School, would go on to become president of the American Dental Association in 1950-51. He is the last CDS member to gain that seat, but it isn't because of a lack of trying by CDS members. ■

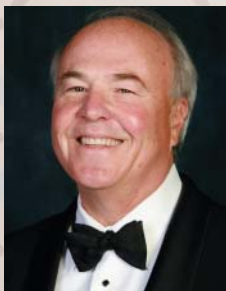
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Dental Dateline

Dental Dateline is provided by your Chicago Dental Society member dentists.

What you should know about sippy cups

As your child gets ready to take the leap from baby bottles to sippy cups, there are a few things to consider before taking the trip to the store. What might seem like an easy choice at first comes with a lot of options when you're finally looking at the store shelf.

Making good choices about your child's sippy cup will help your family stay healthy and help your child avoid tooth decay.

What is early childhood tooth decay (baby bottle tooth decay)?

It is decay on baby teeth, usually the upper teeth, which can lead to childhood cavities. Decay happens when sweetened liquids are left sticking to a child's teeth for long periods of time. Bacteria in the mouth use sweet liquids as food, and they then produce an acid that attacks the teeth. After many attacks on the baby teeth they can start to decay. There are three things that promote decay, what goes into the child's cup, how often, and for how long a time.

What kind of cup to choose?

The best cup is one with no valve in it. Valves are being placed in cups to give it the "no spill" guarantee. Unfortunately, having a valve inside makes the child suck for the liquid instead of sipping. Choose one with a snap-on or screw-on lid with a spout. Finding a cup with two handles would be the best option.

What to put into the cup?

For most of the day your child should have water in the cup, preferably water treated with fluoride, like tap water. At mealtimes, milk and juice drinks could be offered. Avoid giving the child any sort of sugar water or soft drinks.

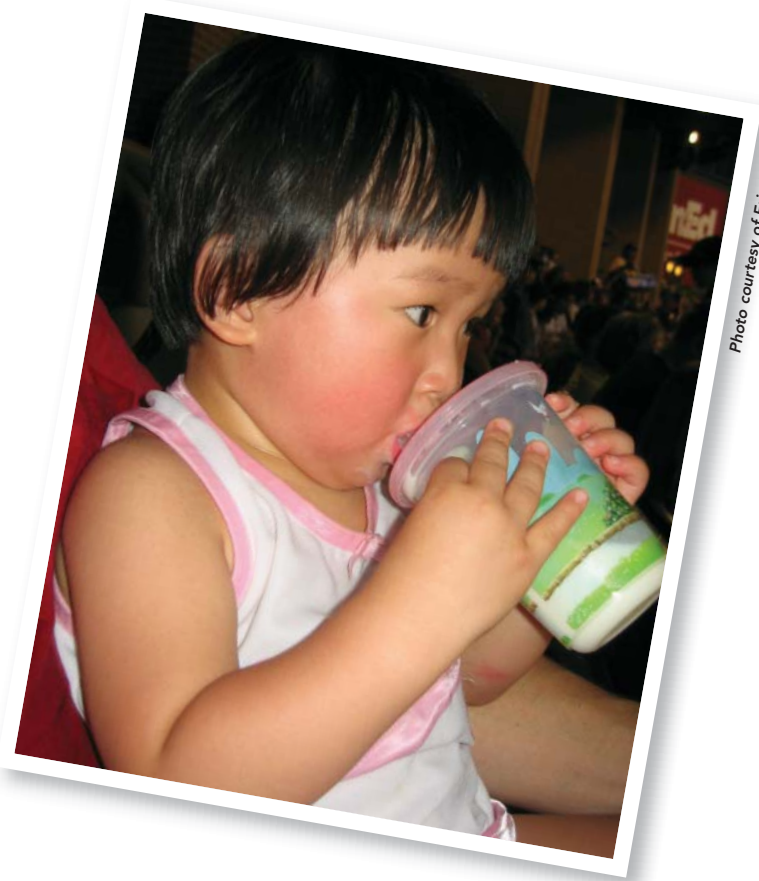


Photo courtesy of Eric Lathrop.

There are three things that promote decay, what goes into the child's cup, how often, and for how long a time.

How frequently can my child use the cup?

Constantly sipping on drinks containing sugar, like milk and juice, can lead to tooth decay over time. Mealtimes are the only time your child should use the cup. Your child should not be given the cup when going to bed as this can lead to tooth decay, too. Beware of letting your child carry the cup around and sipping while walking; toddlers can be unsteady on their feet and any fall could damage the mouth.

When do I stop using the cup?

A training cup is only temporary. Once your child has learned to sip from the cup, the training cup is no longer necessary. It can and should be set aside.

For more information on sippy cups, visit <http://ada.org/public/topics/baby.asp>. ■

Applicants & Deceased Members

Applicants

Brzozowski, Daniela

University of Illinois, 2009
4513 Lincoln Ave., Lisle
Englewood Branch

Funderburk, Kira

University of Colorado Health Sciences
Center, 2007
25 E. Washington St., Chicago
Kenwood/Hyde Park Branch

Grindling, Kyle

University of Michigan, 2009
10526 W. Cermak Ave., Westchester
West Suburban Branch

Raczka, Patricia

Northwestern University, 1998
446 N. Central, Northfield
North Suburban Branch

Smith, Loretta

Columbia University, 1985
9035 S. Western Ave., Chicago
Kenwood/Hyde Park Branch

Deceased members

Bezek, Edward

Northwestern University, 1952
42314 Lewis Ave., Winthrop Harbor
North Suburban Branch
Passed away November 2008.

Block, Arthur

Ohio State University, 1942
1861 Somerset Ln., Northbrook
Kenwood/Hyde Park Branch
Passed away Feb. 16.

Brandt, Robert

Loyola University, 1959
808 Skyline Dr., Batavia
North Suburban Branch
Passed away Oct. 24.

Grebliunas, Vincent

Loyola University, 1942
9626 S. Lawndale Ave., Evergreen Park
Northwest Side Branch
Passed away Dec. 19, 2005.

Hewitt, Jerry

University of Illinois, 1973
9957 S. Roberts Rd., Palos Hills
Englewood Branch
Passed away June 6.

Izui, Victor

University of Illinois, 1950
2346 Clover Ln., Northfield
North Side Branch
Passed away April 2.

MacLean, Grant

University of Illinois, 1941
16017 Lake Forest Dr., Sun City, AZ
North Suburban Branch
Passed away June 6.

Pappas, Aphrodite

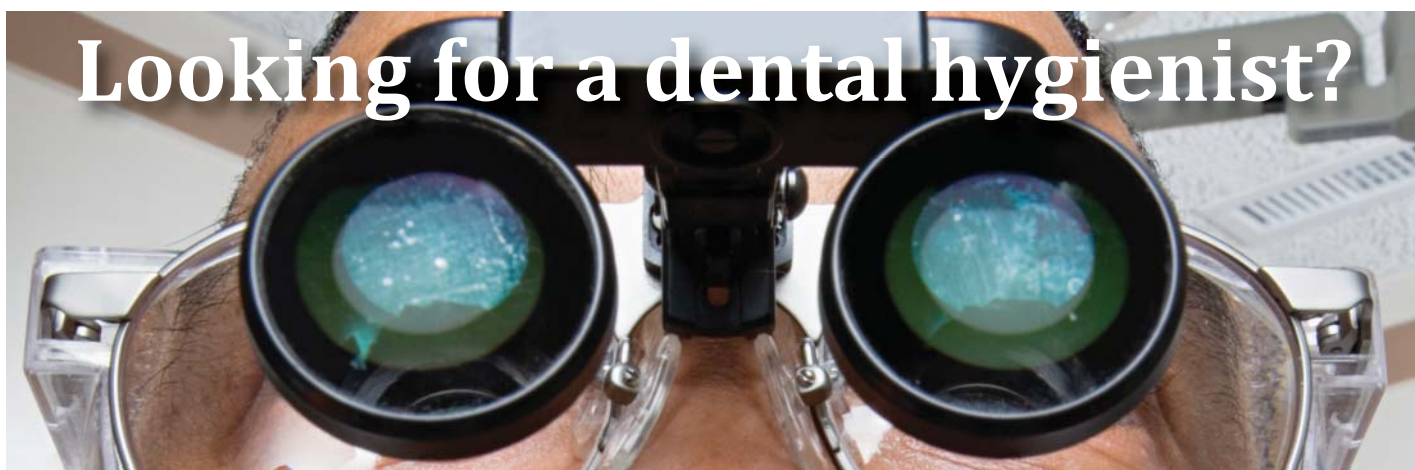
Northwestern University, 1948
856 S. Tures Ln., Des Plaines
West Suburban Branch
Passed away Nov. 27.

Skony, Raymond

University of Illinois, 1962
141 Green Bay Rd., Wilmette
Northwest Side Branch
Passed away Feb. 14.

Varco, Ross

Loyola University, 1962
407 N. Merrill St., Park Ridge
West Suburban Branch
Passed away June 12.



Looking for a dental hygienist?

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Meeting Place

dental meetings and CE opportunities

Study clubs

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.

Chicago Aesthetic Masters, a Hornbrook Group Study Club

Meets monthly, 6:30-8:30 p.m. at the office of Sheldon Seidman, 410 N. Michigan Ave., Suite 1014, Chicago. Call 312.644.4321 or e-mail smilechicago2@aol.com, for information.

Chicago Dental Study Club

The Chicago Dental Study Club will host an all-day meeting Friday, October 16. Visit www.chicagodentalstudyclub.com for information, or call Forrest Tower, 708.423.0610. Newcomers are free. Please RSVP.

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.

Uptown Dental Forum

Meets weekly, 12:30-2 p.m., at Sauganash Restaurant, 4732 W. Peterson Ave., Chicago. AGD sponsorship approved. Contact Marshall Dolnick, 773.588.3880.

Waukegan Dental Study Group

Semi-monthly meeting, noon-2 p.m., Waukegan Ramada, 200 Green Bay Rd. Waukegan. Contact Rob Bard, 847.244.0155, or Rod Morrow, 847.689.1213.

Upcoming events

AUGUST

13: ProCereX Dental Lab

Anthony LaVacca, DDS: Understanding Metal-free Restorations. 5-8 p.m., Hugo's Frog Bar, 55 S. Main St., Naperville. 2 CE hours. Fee: \$99. RSVP to Cathie at 602.298.1388 or e-mail David Tokar at davidtokar@procerex.com. For more information, visit www.procerex.com.

Regional Meeting

SEPTEMBER 16

Richard Sullivan, DDS Implants

CDS Regional Meetings take place 9 a.m.-2:30 p.m. at Drury Lane, 100 Drury Lane, Oakbrook Terrace.



Regional 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 and their staff who are not ADA members, which may be applied to membership for the current year. Advance registration is not required, but CDS encourages you to pre-register online at www.cds.org.

ADA CERP® | Continuing Education Recognition Program

CDS is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

CDS designates Regional Meetings for 5 continuing education credits.

TELL US ABOUT YOUR MEETING

Fax: 312.836.7337 • e-mail: review@cds.org

Include the subject, date, time, location and speaker's name and degree, as well as the name and phone number or e-mail of your contact person.

CHICAGO MEDICAL SOCIETY'S OSHA TRAINING WORKSHOPS

Can YOUR office afford OSHA's stiff penalties?

OSHA requires annual training for all healthcare workers with potential occupational exposure to bloodborne pathogens. Attend the 2-hour training course, update your exposure control plan and satisfy most of your yearly OSHA regulations.

All seminars are taught by specialists in exposure control. The course is designed for clinicians and their staff. At the conclusion of this activity, participants should be able to:

- Recognize occupational safety and health hazards within your facility.
- Comply with OSHA regulations that pertain to medical and dental facilities.
- Identify current emerging infectious diseases
- Prevent nosocomial infections to healthcare workers.

Register for upcoming training online at www.cmsdocs.org

Wednesday, Aug. 5 | Wednesday, September 16 | Friday, October 2
Friday, October 23 | Friday, November 13 | Friday, Dec. 4

Chicago Dental Society members and their staffs can register for the discounted rate of \$99 per person.

For more information, call the CMS offices at 312.670.2550, ext. 338, or visit www.cmsdocs.org.



THE CHICAGO MEDICAL SOCIETY

in collaboration with the Chicago Dental Society

CDS Regional Meeting



Implants

Featuring **Richard M. Sullivan, DDS**



PRE-REGISTER ONLINE!

We encourage you to reserve your spot at the next CDS Regional Meeting by visiting www.cds.org.

Wednesday, September 16

9 a.m.-2:30 p.m. • Drury Lane, 100 Drury Lane, Oakbrook Terrace

About our program:

The possibility for minimally invasive guided implant placement promises to revolutionize the way we practice implant dentistry. This restoratively driven computer-guided treatment allows implants and associated restorations to be precisely placed in the same procedure directly through the gingiva.

The objective of Dr. Sullivan's program is to provide dentists with the understanding they need to have the confidence to recommend computer-guided implant treatment for their patients. This program will review the sequence of treatment for the restorative dentist in guided implant treatment from design of the radiographic guide through treatment planning, implant placement and restoration.

About our speaker:

Richard M. Sullivan, DDS, is a clinical director for Nobel Biocare, where he has worked in several capacities since 1990, including two years at the international headquarters in Gothenburg, Sweden. He maintains a part-time private practice in Yorba Linda, CA, providing implant placement, restorative and dental laboratory aspects of implant dentistry as a general dentist.

Dr. Sullivan has published numerous articles covering topics including biomechanics, esthetics and the treatment of the fully edentulous patient.

Target audience: Dentists, dental hygienists and dental assistants

Directions to Drury Lane: Call 630.530.8300 or visit http://www.cds.org/for_your_practice/continuing_education/meetings.html for directions.

About CDS meetings:

Regional Meetings are FREE to all CDS members and their staffs, 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 and their staffs, which may be applied to membership for the current year. Advance registration is not required, but CDS encourages you to pre-register online at www.cds.org.

ADA CERP® | Continuing Education Recognition Program

CDS is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

CDS designates this activity for 5 continuing education credits.

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 2008 issue mailed January 15, 2008.

September/October	August 3, 2009
November	September 10, 2009
December	November 2, 2009
January/February	December 10, 2009
March/April	February 1, 2010
May/June	April 10, 2010
July/August	June 10, 2010

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

Standard Classified: \$85 for the first 30 words plus \$2 for each additional word.

Display Classified: \$100 per column inch. Minimum ad size is one column inch.

Member discount: CDS members are entitled to a 10% 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.

Changes or edits to ads: \$10 per ad for any edit or change that an advertiser asks CDS to make prior to the ad's expiration.

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 \$30, 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

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.

NEW PALATINE OFFICE SPACE TO RENT/merge/buy-in: Beautiful new office with plenty of room for another general or specialty practice to work along with existing practice. Rent as independent space share or potential to merge practices with option to buy into building. Seven ops equipped with two more plumbed. Full computer network. Busy road frontage with excellent signage. Call 847.359.7520 or e-mail drunti@earthlink.net.

MEDICAL/DENTAL OFFICE SPACE FOR lease in Bolingbrook: 1,500 to 2,500 square feet available in new 5,000 square foot building anchored by general dental practice. Great location for medical or dental specialists. View Web site at www.536Property.com.

DENTAL SPACE FOR RENT: Fully or partially equipped dental space. 1,000 to 4,000 square feet available. 5400 N. Milwaukee Ave., Chicago. Contact 847.921.6836.

DENTAL OFFICE FOR LEASE: BUFFALO Grove/Long Grove area. Excellent visibility. Up to five operatories, fully plumbed; two lab areas; private office; large reception area. Available immediately. Call Susan at 847.913.1400.

ORLAND/TINLEY PARK DENTAL SPACE for lease/rent: For specialist, ortho, perio, pedo. 1,400-1,600 square feet. Excellent location, visibility, busy road frontage and ample parking. Professional building. Landlord will assist in build-out and remodeling. Cheap rent – \$2,000 all included. Hurry, only one left. 312.399.8877.

CRYSTAL LAKE PROFESSIONAL BUILDING: 1,350 square feet; four operatories, separate lab and sterilization, private office, lower level storage. Other tenants include oral surgeon, orthodontist, pediatric dentist and four general dentists. E-mail peddds@mc.net or call 815.459.2727.

DENTAL OFFICE IN NILES location established for 27 years. Professional medical shopping center with 1000 cars. 1,750 square foot office. Three operatories, separate lab and sterilization and much more. You can rent one dental station with front desk provide corner of Oakton and Milwaukee. Call Rose for information 847.493.9328. Rent negotiable. Also looking for dental and oral surgeon for another new location in Chicago area at Belmont and Central. Call same number.

FAR NORTHWEST SUBURBS – GRAYSLAKE: High visibility location. 1,700 square feet. Beautifully furnished. Fully equipped. Perfect for start-up or satellite. Room for expansion. See photos at www.ajmproperties.com or call 847.274.0857.

LINCOLN PARK DENTAL OFFICE FOR lease: First floor, 1,600 square feet in 3,500 square foot shared space. Two operatories with expansion possible. Private office, lab, sterilization, cabinets. Call Akhil at 773.209.5489 or e-mail dr-ajag@34teeth.com.

WANT A GREAT DENTAL OPPORTUNITY? Successful dental practice. Southwest suburbs. Space for rent. Patient base included. Associate wanted with option to buy. Fee-for-service. For more information call 708.481.2288.

RENT DENTAL OPERATORIES, CHICAGO Loop: Two operatories available all week. X-ray in each room can be wired for digital function. Call 312.368.0949 Monday through Friday after 10 a.m.

SCHAUMBURG DENTAL OFFICES FOR lease: 500 to 3,000 square feet available in a like-new 12,000 square foot dental building, four operatories, fully plumbed. View Web site at www.postlets.com/rts/2138451 or call 714.717.6914.

FULLY EQUIPPED DENTAL OFFICE FOR lease: Available immediately – Buffalo Grove. Four chairs, compressors, X-ray equipment, front office furniture. Five-year triple net lease, present gross rent \$3,313 per month. Contact Sandi Speer, 847.483.5375.

BEVERLY OFFICE SPACE – GREAT FOR ORAL surgeon or periodontist: 1,400 square feet of space in Beverly on S. Western Ave and 99th Street. Perfect for oral surgeon or periodontist. Endodontist will be next door. Area has many referral sources. Will give some credit for build-out. Call 847.331.2574 or e-mail endodent@comcast.net.

Space Sharing

LAKE BLUFF: Fully equipped T.H.E.-designed office to share. Five operatories. Great parking. Medical building. Phone 847.234.5766.

SPACE SHARING: Glenview/Northbrook dental office on Tuesdays and Thursdays. Busy road frontage. Two ops with two more plumbed. Full computer network. Call 847.204.4389.

ASSOCIATES: ARE YOU READY TO START working for yourself? Build your own practice, without loans, while still earning money in your current associate position. Three equipped operatories in Homewood office building. Up to 30 hours per week. Buy my practice when I retire within four years. E-mail homewooddds@live.com.

NILES/PARK RIDGE: FULLY EQUIPPED modern office space for rent. Four operatories. Premier location inside enclosed mall. Great for recent graduate, part-timer, specialist, satellite office or retirement overhead reduction. Reasonable. Experienced staff available for support. 847.885.6555.

DENTAL SPECIALISTS WANTED as associate or to share space with cosmetic-oriented general dentist. 2,500 square feet. Six operatories in southwest suburban Bolingbrook. Great opportunity for recent grad or satellite office. E-mail to adhcltd@sbcglobal.net or visit our Web site at www.healthysmileds.com.

DOWNTOWN CHICAGO, SPACE SHARING, associateship: Our group practice comprised of a part-time endodontist, periodontist, orthodontist and four part-time general dentists is seeking a general dentist with an established or developing patient base to share space. Our office is a modern well-appointed office located on Michigan Avenue in downtown Chicago with operator views overlooking Millennium Park and panoramic views of Chicago's beautiful lakefront. This is a great opportunity to build your practice within a very professional environment with mature and talented mentors. Contact Office Manager Jennifer at 312.922.9595.

Positions Wanted

ENDODONTICS IN YOUR OFFICE: Experienced general dentist with over 4,000 treated root canals will perform endo in your office. Fees are based on your zip code UCR. If keeping more of your endodontic cases in-house seems to be an intriguing option or if you would simply like more information, contact: Ron Baran DDS, MBA, MA, at drronbaran@hotmail.com or call 630.325.9857. <http://drronbaran.com>.

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CHICAGO/CHICAGO SUBURBS

Friendly, outgoing and motivated orthodontist available for part-time work in group, pediatric or orthodontic practice.

Please e-mail chicagobraces@gmail.com.**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 SEEKING QUALITY associateship: Columbia University trained general dentist with three years U.S. Air Force experience looking to perform quality dentistry as an associate. Excellent clinical and interpersonal skills. Please e-mail aarondiehl@me.com or call 312.513.6270.

GENERAL DENTIST AVAILABLE TO associate: Advanced training at AEGD in private practice setting. Crown and bridge, rotary endo, third molar extraction, implant placement, Invisalign certified. For resume/more information please e-mail drt2300@gmail.com.

Opportunities

DENTIST: CHICAGO-BASED GROUP practice has a position for enthusiastic, personable individual, ability to grow with quality operated group of general dentists and specialists. Excellent compensation. Please respond to toothgroup@comcast.net.

GENERAL DENTIST: Part-time associate needed in our new fully digital office located in Schaumburg. Competence in endodontics and exodontia a plus. Some evenings and Saturdays. Great opportunity in growing 16-year-old family practice. E-mail resume to info@abcdds.com.

ASSOCIATE POSITION: Full-time, Barrington. In a progressive general practice. Computerized, iTero, Biolase, Digital X-ray, Nomad. If you want to practice with the latest equipment and can work as part of a team send your resume to drtooth81@comcast.net.

DENTIST: FULL-TIME/PART-TIME, 10 a.m. to 7 p.m. Experienced in all phases of dentistry. Work at 1950 W. Cermak, Chicago. Thirty years, busy practice, five operatories. Please call Dr. Subbaraju at 773.376.2777.

LOOKING FOR A REWARDING ASSOCIATESHIP? MAKE DENTAL DREAMS A REALITY!

General dentists needed to work in busy practices in Chicago, Southwest, Far North and Northwest Suburbs.

Excellent minimum guarantee of \$120,000-\$150,000 with paid malpractice, health benefits and vacation. Visa sponsorship assistance is available.

Earn \$250,000 to \$350,000 while working in a great environment with excellent patient flow and friendly, supportive staff.

Full-time and part-time opportunities are available.

Please call 312.274.0308 ext. 320 or 324.

E-mail CVs to hr@dentaldreams.org

or fax to 312.944.9499.

ASSOCIATE DENTIST POSITION: Naperville office seeking passionate, experienced clinician. Focus on cosmetics, quadrant dentistry, health centered, complete dentistry. Skill in endo and exo a plus. E-mail resume to ewaitepedra@hotmail.com, or fax 630.527.9818.

GENERAL DENTISTS NEEDED to work in busy practice in Chicagoland area. Earn approximately \$250,000 annually while working in a great environment. Excellent patient flow, paid malpractice, health and vacation benefits. Please call 312.274.0308 ext. 320 or 324. E-mail CVs to hr@dentaldreams.org or fax to 312.944.9499.

PRIVATE PRACTICE OPPORTUNITY – Midwest Dental: We are looking to add a doctor dedicated to providing the highest quality of care to each patient in our Kewanee practice. We offer outstanding financial rewards, newer facilities and a dedicated staff. This opportunity is extremely rare and offers a perfect balance for someone looking to gain security and flexibility. For more information, please contact Andrew Lockie at 715.926.5050 or e-mail at alockie@midwest-dental.com. You can also visit us online at www.midwest-dental.com. We look forward to hearing from you!

PART-TIME/FULL-TIME DENTIST NEEDED in Chicago area dental practices. Base salary/percentage of production. Make \$200,000-\$250,000 a year. Relatively new equipment. Will sponsor dentists who need immigration status changed to Visa or Permanent Residency. Please fax resume to 773.884.0159 or e-mail resume aqel4@msn.com.

PERIODONTIST

~ Specialty Practice ~

Periodontist needed full-/part-time for large group practice in Vernon Hills. Take over a thriving periodontal practice. Beautiful facility. Trained staff, latest materials and equipment. Flexible hours.

Send resume to drjeff@metro dental.com or call 847.680.7171.*** ORAL SURGEON ***

Group specialty practice needs oral surgeon. Oral surgeon for multi-doctor/multi-specialty practice in Vernon Hills. Great opportunity to work with our team. State-of-the-art equipment and great staff.

Please send resume to drjeff@metro dental.com.**~ GENERAL DENTIST ~**

Family practice in Chicago seeks part-time associate.

Please fax CV to 773.375.9526.

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.

SEEKING EXPERIENCED ORAL SURGEON, endodontist and periodontist for half-day a month to start. Naperville dental practice. E-mail resume to ewaitepedra@hotmail.com or fax 630.527.9818.

WANTED: SPECIALISTS FOR NORTHWEST Indiana: Oral surgeon, pediatric dentist, periodontist, orthodontist: 40-45 minutes from downtown Chicago. **Busy.** cowboy3368@sbcglobal.net.

GENERAL DENTIST: Full- or part-time. Several of our associates have become partners. Come and talk to them. Very high income potential. Specialists on staff. Currently four locations and growing. 95% fee-for-service. No Public Aid. Family Dental Care. Call 773.978.1231 or 773.978.7801 (ask for Tony or Niko), e-mail fdc92@hotmail.com, or visit www.familydentalcare.com.

OPPORTUNITY: CHICAGO-BASED GROUP practice has position for enthusiastic, personable individual with IV experience. Excellent compensation. FT/PT available. Respond to toothgroup@comcast.net.

GENERAL DENTIST: General dentist wanted one day a week in progressive fee-for-service Chicago northwest side office. Send resume to dkodner@nolandsales.com.

PART-TIME/FULL-TIME ASSOCIATE for established Aurora general practice with potential for future buy-in. Flexible schedule. Experienced staff provides excellent support. Modern, recently renovated, well-equipped office. Call 630.204.8988 or e-mail 04111962@sprynet.com.

PART-TIME DENTAL ASSOCIATE: Three locations on the north side of Chicago. Position available immediately. Please contact Mr. Youbert at 312.671.3375.

GENERAL DENTIST NEEDED AS PART-TIME associate two to three days per week near UIC college campus. GPR training with endo and extractions proficiency required. Salary based on production. Call Ted, 312.226.1537, Monday-Friday, 10 a.m.-6 p.m.

DENTIST NEEDED: Part-time associate needed for offices on northwest side of Chicago and near west suburbs. Fee-for-service, limited PPOs and public aid. No HMOs. Digital X-rays. Please fax resume to 773.622.6199 or call 773.844.5666.

CHICAGO NORTHWEST SIDE SPACE sharing: Your patients will love the location! Excellent opportunity for dentist who is either retiring or wants to reduce overhead to share space. Excellent location on Milwaukee Avenue near Devon. Office open Monday-Saturday. Fully staffed and state-of-the-art equipped, digital, Cerec office. Call and speak with Anna or Gayle at 773.774.4611.

EXCELLENT OPPORTUNITY for a highly motivated dentist to associate, with an established multi-office, fee-for-service practice in the northwest suburbs. Brand new office with state-of-the-art equipment, digital X-ray and a highly trained staff in practice administration are in place to match your excellent clinical skills. Three days a week with potential for full-time. Send resume to Reply Box M0509-D1, *CDS Review*.

IMMEDIATE OPENING: Part-time associate needed in busy dental office located in west side of Chicago. Contact us at 773.287.2277.

GENERAL DENTIST: Hate being an associate? Call now 630.848.2010. General dentist needed to join a multi-specialty practice with future partnership potential in Naperville. We are looking for the right person to fulfill our long-term goals and become part of a growing, beautifully designed, brand new, state-of-the-art practice. If you are a caring, energetic, compassionate person who loves dentistry and aspires to practice at a higher level, then this could be your opportunity. Please e-mail ndsaraceliz@aol.com or call Mary at 630.848.2010.



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PERIODONTIST/ORTHODONTIST NEEDED
SOUTH/SOUTHWEST SUBURBS
Periodontist and orthodontist needed to work 1-2 days per week in multi-location suburban general practice. Great opportunity. Contact Justin at 312.274.3333 or e-mail wolfe@manushealth.com.

DENTIST

PART-TIME DENTIST

Fee-for-service, state-of-the-art, high-tech, high-touch practice located 30 minutes from downtown Chicago is looking for a dentist to join our team. We average anywhere from 100-120 new patients a month.

Please visit our Web sites www.dyerfamilydentistry.com and www.nodenturesindiana.com to learn more about us, our practice and our philosophy.

Please e-mail resume to profitablehelp@yahoo.com or fax 219.322.9986.

PEDIATRIC DENTIST: Hate being an associate? Call now 630.848.2010. Pediatric dentist needed to join a multi-speciality practice with future partnership potential in Naperville. We are looking for the right person to fulfill our long-term goals and become part of a growing, beautifully designed, brand new, state-of-the-art practice. If you are a caring, energetic, compassionate person who loves dentistry and aspires to practice at a higher level, then this could be your opportunity. Please e-mail ndsaraceliz@aol.com or call Mary at 630.848.2010.

OPPORTUNITIES FOR VOLUNTEER dentists: CommunityHealth is Illinois' largest volunteer-based free health clinic for the uninsured. We are currently seeking licensed dentists to donate their time to provide general dental services to our patients. Scheduling is flexible and commitment is four hours once a month. E-mail Kelly: kjordan@communityhealth.org

GENERAL DENTIST NEEDED: OUR Lincoln Park office is looking for a part-time dentist, two to three days a week. Must be able to work some Saturdays. Fax resume to 773.871.0981 or e-mail rkhaghani@sbcglobal.net.

GENERAL DENTIST NEEDED part-time, three days. Root canal and denture experience required. Call after 12 p.m. 773.745.7188. Ask for Grace.

SPECIALISTS

Periodontics practice seeks periodontist associate. We also seek an endodontist and oral surgeon to establish their practices within our facility. Keep your overhead low as we grow together.
Fax resume to 773.769.1370 or e-mail periohealthcare@aol.com.

GREAT DENTIST NEEDED

DENTAL SALON LINCOLN PARK

For high production PPO and FFS dental practice with continual flow of new patients!

www.dentalsalon.com
E-mail CV to dentist@dentalsalon.com for more information.

Thank you!

DENTIST NEEDED PART-TIME: We are offering associate position for general dentist on Wednesdays. Midway airport area. Please call Linda at 708.299.5499.

COSMETIC DENTIST NEEDED: Upscale medspa is looking for a full-time and a part-time cosmetic dentist for its downtown Chicago and Woodfield Mall locations. Experience with Invisalign, veneers, and teeth whitening preferred, but not required. Please send resume to kdsouza@britesmile.com.

FULL-TIME ASSOCIATE POSITION: Busy dental offices in Northwest suburbs need a full-time dentist, four weekdays and all Saturdays. Fun and relaxed working environment. Compensation based on fixed salary with paid malpractice. Practices have no DMO or public aid. Bilingual is a plus but not necessary. Please fax your resume or curriculum vitae to 630.872.0206.

DENTIST: Part-time associate needed for Austin neighborhood family practice. Salary and hours negotiable. Great opportunity for possible buy-in or purchase. Please fax resume to 773.378.4332.

\$180,000 PLUS FOR independent and motivated general dentist. Two Chicago locations. Full- or part-time. Salary based on production with guaranteed minimum. E-mail: pd4614@yahoo.com Fax: 773.202.1333.

PART-TIME GENERAL DENTIST WANTED

* PRIME LOCATION *

NORTHWEST INDIANA SUBURB

Seeking an associate who is friendly, outgoing, proactive and team-oriented. Should be experienced, with proficiency in endo a plus.

We are an established but growing office close to Chicago with a great staff and atmosphere. Paid IND malpractice, continuing education, 401(k), no HMOs. Choice of weekdays, with Saturday 8 a.m.-noon, three days/month.

Please send resume to jennifer@airbaud.net.

GENERAL DENTISTS

~ VERY MODERN CHICAGO OFFICE ~
Looking for self-motivated general dentists. Digital and paperless office, very high patient flow. Full-time and part-time. One year of experience is a plus.
Call 847.414.3573 or e-mail info@perlidental26.com.

IMMEDIATE OPENING: Part-time position. Illinois-licensed dentist to work in a clinic run by a not-for-profit children's agency in Zion. Flexible schedule. Endodontics a plus. For more information contact Gaby at zbcs@sbcglobal.net or 847.872.9227.

ORAL SURGEON WANTED for two state-of-the-art dental practices in Palos Park and Oak Forest to do implants and extractions. Please e-mail resume to lrimbos@comcast.net.

PART-TIME DENTIST NEEDED (new grads welcome) for school-based dental screening program (no procedures). Hours 9 a.m.-2 p.m. One to five days/week. \$60/hour and increases if dentist has multiple days available. Please contact Dr. Tamaara Morris-Tresvant. E-mail drtresvant@tresvantdentalgroup.com.

CHICAGO OFFICE ASSOCIATE opportunity: Growing Bucktown practice seeks a part-time associate for morning and weekend hours. Friendly team committed to excellence. State-of-the-art Cerec, Dexis, Caesy Technology and more. Experience is preferred. Please e-mail resumes to kimberly@kimberlysmiles.com.

DENTIST: ASSOCIATE NEEDED for established GP office in South Elgin. Ideal candidate would be proficient in endo and oral surgery. New graduates welcome. E-mail resume to dentreception@yahoo.com.

ASSOCIATE WANTED: Busy west suburban practice is seeking a quality-oriented people person to join our friendly, professional team. Excellent commission, position available immediately. Fax resume 630.766.9007 or call Laura 630.766.9080.

ASSOCIATE DENTIST NEEDED for an office in Beach Park. Experience preferred. New graduate welcome. Two to three days/week. Fax resume to 847.872.1683.

ASSOCIATE DENTIST desired for high-quality offices. Southwest suburb. Three to 3 1/2 days/week. (Two Saturdays a month) Immediate position/partnership potential. Call 630.699.8112.

PART-TIME DENTIST NEEDED: Self-motivated, two days per week, salaried position, Waukegan. Fax resume to 708.583.2419.

GENERAL DENTIST: A modern dental practice in Chicago, Harlem-Irving Park area needs a general dentist. Great working environment, state-of-the-art technology. Fax resume to 773.589.2836.

ASSOCIATE FOR PARTNERSHIP: Chicago south suburb practice seeking an associate for future partnership. Ideal for an enthusiastic, self-motivated individual with strong leadership. AEGD, GPR, or two to three years of private practice experience necessary. For further information and consideration submit resumes to dentalpracticepartner@gmail.com or fax 312.276.8466.

ASSOCIATE DENTIST needed for modern dental office located in western suburbs. New grads welcome. Great staff. Great office. Please fax your CV to 630.554.9545.

DENTIST WANTED: Full-time/part-time, self motivated, general dentist wanted in north side Chicago dental office. One year experience needed. Fax resume to 773.583.8986.

ASSOCIATE FOR PARTNERSHIP: GP wanted for Hinsdale office. Must want to establish your practice in Hinsdale. Invisalign and implants a plus. No job seekers. Fax CV to 630.323.9545.

DENTIST WANTED: Part-time general dentist wanted for small practice in the north side of Chicago. New graduates welcome. Fax resume to 773.353.2102.

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DENTIST: ENERGETIC DENTIST needed – Bartlett location. 30-year-old established quality practice. At least two years experience. Mondays and Tuesdays including evening hours until 9 p.m. and every other Saturday. Call 630.830.4000 or fax resume to 630.830.4003.

DENTIST NEEDED: State-of-the-art dental office in Mundelein looking for a GP dentist to join our practice. Full-time/part-time. International students and new graduates are welcome. For inquiries please call 847.566.7850 or fax resume to 847.566.7851.

ATTENTION GENERAL DENTISTS: Great opportunity if you are independent and self-motivated. Two Chicago locations. Private practice experience preferred. Salary based on production with guaranteed minimum. E-mail resume: pd4614@yahoo.com or fax 773.202.1333.

DENTIST WANTED: General dentist needed to work in Chicago area clinic. New graduates welcome. Compensation: minimum salary guarantee or 30% of production. Fax resume to 773.847.4446 or e-mail to dentalshine1@att.net.

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ENDODONTIST: Busy, modern Norridge group practice seeks to replace our caring, quality-oriented endodontist who is leaving the area. Two days a month. Digital X-rays. Please call 847.477.6443 or e-mail agdmember@sbcglobal.net.

ASSOCIATE: FULL-/PART-TIME leading to ownership. Three fully equipped operatories in busy 19-year-old Chicago practice. Flexible schedule. New graduates welcome. Vietnamese-speaking dentist a plus but not required. Practice is also for sale or rent. Doctor retiring. 773.719.9722.

FEE-FOR-SERVICE PRACTICES: Midwest Dental continues to grow throughout the upper Midwest and offers unique practice opportunities for those looking to take advantage of the lifestyle afforded in private fee-for-service practices. Feel free to research our team at www.midwest-dental.com or call Andrew Lockie at 715.579.4076.

GENERAL DENTIST – PART-TIME associate: Fantastic opportunity at a state-of-the-art Orland Park office. One to two days a week in an established, fee-for-service practice. Competence on endodontics a plus. Please fax resume to 708.403.9859.

PART-TIME ASSOCIATE DENTIST POSITION is offered at Elmwood Park dental office. Tuesdays and every other Saturday in the beginning. Fridays will be added in the near future as you develop your patient base. Please contact us at 708.453.8400 or dr.ostanina.dds@gmail.com.

GENERAL DENTIST: PT/FT in high-tech, state-of-the-art facility in far northwest suburbs. Excellent opportunity and growth within our established group practice. Fax resume to 847.669.4772.

ASSOCIATE WANTED FOR HIGH producing office: Full-time/part-time GP associate wanted for established office netting \$1.5 million. Proficiency in RCT and exodontia preferred. Minimum salary guarantee offered. Please fax inquires and CVs to 219.979.6777 or e-mail cdsposition@gmail.com.

DENTAL CLINIC located south of downtown Chicago seeks a general dentist. Must be comfortable with children. Excellent opportunity for the right individual. Established and growing patient bases, well-equipped with the latest technology and dedicated employees. Fax resumes to 773.962.4620 or e-mail dental@stbh.org.

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GENERAL DENTIST FULL-TIME opportunity: Are you stuck in a practice with no future? If you have at least two years experience with GPR preferred and are looking for a practice that you can call your own then this may be an ideal situation for you. We are a state-of-the-art office (paperless and digital) located in the far west suburbs. We will provide you with patients and you will provide proficiency in all phases of dentistry including endo and extractions. A good business sense will take you far here. E-mail resumes to doctorsws@gmail.com to begin the interview process.

Miscellaneous

ATTENTION DENTISTS: Earn two free CEUs participating in a web-based educational research project. Begin at www.dent.ohio-state.edu/ce/pages/online_ce/, click Oral Health Risk Assessment: . . ., click purchase course (there is no fee), sign in as new user or existing account. Course/questionnaires will take approximately two hours to complete. If questions, contact Dr. Hague, hague.23@osu.edu.

ORDER SCHOOL EXCUSAL FORMS for your student-patients. Packages of 250 cost \$12.95 per package (includes shipping). Send a check payable to Chicago Dental Society, Excusal Forms, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611. All orders must be prepaid.

Looking to Purchase

LOOKING TO PURCHASE A PRACTICE: I represent a general dentist who seeks to purchase an established practice in the Orland area. Please call Lisa at 708.363.0312.

LOOKING TO PURCHASE PRACTICE: General dentist seeks to purchase established practice in River Forest, Oak Brook, Glen Ellyn, Western Springs, LaGrange or near west area. Confidential. Please write: The Dental Office, 159 N. Marion St., #338, Oak Park, IL 60301.

For Sale by Owner

ESTABLISHED, 26-YEAR-OLD PRACTICE located in Midway Airport area. Options include immediate or transition buy-in/buy-out. No temporary associates. Doctor transitioning to teaching career. Call 708.424.5700 or e-mail doctorwhy@sbcglobal.net. Visit www.yerkesdental.com.

DENTAL OFFICE FOR SALE: Two ops, fully brand new equipped, new dental office. Room for four ops. 1,400 square feet. Large rooms. Great location for start-up or satellite. About 800 patients within one and half years ago. Street level building in a prime north side location. Move in tomorrow. Call for pictures 773.338.7799 or 773.216.0988.

ELGIN HIGH NET: Four ops, more possible. 2008 collected \$475,000 with an unreal 55% net. Priced at 70% of collections plus additional net income from orthodontist and oral surgeon. Very serious buyers only. 25-35-plus new patients per month. No cap. 65% best PPOs. 35% cash. Fee-for-service can net \$250,000 on a 20-25 hour work week. Great practice and staff and lease. cwboy3368@sbcglobal.net or 815.814.1313.

LIVE AND WORK, SAME PLACE; practice and real estate: General practice and three-op storefront condo located on Ogden/First in Lyons. Great opportunity for established practitioner or recent grad! Call 708.448.3355. Financing available. Practice and office space: \$289,000. Residential condo price: \$149,000.

DENTAL OFFICE FOR SALE: Hanover Park/Bartlett strip center. \$110,000 collections for 10 hour/week. 90% PPO, no HMO. Excellent start-up or satellite. Great opportunity for bilingual dentist. 630.963.9280.

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PRACTICE AND REAL ESTATE: Professional building with additional tenant space and thriving practice for sale. Can be divided. Perfect for group practice. Great visibility. \$900,000 on 3.5 days a week. Referring out most specialty work. Tremendous potential. Near northwest suburbs. Call 847.922.5622.

FOR SALE: TWO GENDEX GX 770 X-rays. Both grey and in excellent condition. Manufactured March 1999 and May 2000 respectively. Contact Dr. Cantor: 847.707.5594 or jeffreyscantor@gmail.com.

PURCHASE OPPORTUNITY: Premier west suburban (Chicago) fee-for-service practice grossing \$1.8 million-plus. The office is well appointed with six operatories expandable to nine as well as state-of-the-art technology. Call Mark Pesavento at 708.447.8399.

CHICAGO – NORTH SIDE, FULLY EQUIPPED dental office for sale: Three ops, in a high quality professional building in a prime north side location. Call Jan 773.604.4619.

PROPERTY FOR SALE: Mixed commercial building with dental office and tenant spaces located in Oak Park. Property is located in great area for potential growth and prosperity. Contact Dr. Givens at 708.261.6989 for more information.

CLOSE TO SOUTH LOOP, UIC: Collection over \$250,000 a year. No HMO. Relocating. Reply to Reply Box J0709-H2, *CDS Review*.

CHICAGO (WRIGLEYVILLE AREA): Established, modern, five ops, great location, \$1.4 million on four days. Straight sale or associate lead in. Contact docjab@comcast.net.

CHICAGO – LOGAN SQUARE: 20-year-old practice, prime storefront location on busy street. Gross \$365,000 on 3.5 days/week. No HMOs. Three operatories, new Belmont chairs in excellent working condition. Low overhead, lease only \$910/month. Recently remodeled. Great staff. E-mail me for pictures: logansquaredentist@hotmail.com. Price: \$205,000.

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For Sale by Broker

ROCKFORD AREA GENERAL PRACTICE: Very successful general dental practice in the Rockford area with collections in excess of \$1.1 million on a 40 week schedule needs an associate with ownership desires. The practice generates profit of 45 percent and greater over the past five years. No recession in this practice. Our client is 57 years old and is beginning to prepare for retirement. The plan is to bring in an excellent dentist for a 12- to 18-month associateship and then sell a 50 percent interest in the practice. For five years the practice will operate as a "partnership" and then the senior dentist will retire. Above average compensation package for the right dentist. Experience and skills are important and a winning attitude towards staff and patients is far more critical. If you are the right professional or know of someone who would like an exceptional professional environment, please contact Jim Miller, P.F.S. Inc. at jmiller5@indy.rr.com or 317.985.0530 to discuss this opportunity.

HENRY SCHEIN PROFESSIONAL Practice Transitions: Associateships; equity buy-ins; practice sales; practice valuations; we have qualified buyers. Contact Al Brown at 800.668.0629 or al.brown@henryschein.com.
CHICAGO #22121: Doctor/owner retiring from well-established \$2 million, multi-specialty, 14-op practice a block from beautiful Millennium Park and Michigan Avenue! Tremendous growth opportunity for business oriented GP or specialist. On-site lab is also for sale.
ST. JOSEPH COUNTY, IN #23108: New listing! Great income and growth potential, as selling dentist is producing almost \$270,000 on only 3 1/2 days with very low overhead. Well-established practice with excellent visibility on a high traffic main street.
ONE HOUR SOUTHWEST OF CHICAGO #22123: LaSalle County – Beautifully appointed five-operator general dental office located about 80 miles southwest of Chicago off I-80. Doctor is retiring from this solid, 28-year-old practice that averaged approximately \$550,000 production last five years.

ADS Midwest/THE DENTAL MARKETPLACE: Practice sales, appraisals and consulting. Contact Peter J. Ackerman, CPA, at 312.240.9595 or visit www.adsmidwest.com.

SELLERS NEEDED. We have qualified buyers for your practice!

CHICAGO, NORTHWEST SIDE: Sold.

WEST SIDE CHICAGO: Two newer operatories, \$250,000. Building for sale.

ROUND LAKE: Three operatories, \$425,000. Fee-for-service, digital. Priced to sell now!

NORTH SHORE: Sold.

NORTH SHORE: Five-operator quality practice, great location, \$430,000. Fee-for-service.

MORTON GROVE: Two newer operatories, no patients. Great starter.

ST. CHARLES: Four operatories, digital, great visibility. \$600,000.

DEKALB: Great starter, \$150,000. Very low overhead. Two operatories.

ROCKFORD: Pending

NORTH CENTRAL ILLINOIS: \$550,000. 100% fee-for-service, 3-4 days per week. Spectacular building for sale with practice. Five operatories with incredible views, 90 minutes from the Loop.

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

NORTH CENTRAL ILLINOIS: \$400,000+. 100% fee-for-service, with building. Located outside Chicago suburbs off I-80. Priced under 50% collections.

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CHICAGO PRACTICE SALES: Illinois practices for sale in May. For more information on any of our listings, please call 773.502.6000 or visit our Web home at www.chicagopracticesales.com

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BERWYN: Sold!

BUFFALO GROVE: Under contract! Three ops in professional complex. 100% FFS. Collections: \$220,000. Digital X-rays. Owner relocating.

CALUMET CITY: Four ops in a stand-alone building. Collections: \$600,000. 100% FFS. Part-time.

CHANNAHON AREA: Seven ops in a stand-alone building. 100% FFS. Building available for purchase.

CHICAGO – WEST: Three ops expandable to four in a stand-alone building. Collections: \$480,000. FFS/PPO/Medicare. Newer equipment. Building with parking lot available for sale.

CHICAGO – LAKEVIEW: Three ops expandable to four in a stand-alone building. Collections: \$350,000. FFS/PPO/ Medicare. Newer equipment. Building with parking lot available for sale. Spanish bilingual a plus.

FOREST PARK: Sold!

OAK BROOK: Two ops in a professional building. 100% FFS. Digital X-rays. Collections: \$100,000.

OAK LAWN: Sold!

PARK RIDGE: Two ops in a professional building. Collections: \$140,000. Convenient to I-294.

LAKE GENEVA AREA: Four ops expandable to five in a stand-alone building. Collections: \$190,000. New equipment/buildout. Building available for purchase.

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Final Impressions by Walter F. Lamacki, DDS

Write Dr. Lamacki at wlamacki@aol.com.

No matter how you spin it, cheating is plain wrong

In May, Los Angeles Dodgers outfielder Manny Ramirez was suspended for 50 games without pay for using a performance-enhancing drug. The lost salary amounts to \$7 million, \$140,000 a game, a fitting and costly penalty for cheating.

The *Journal of Dental Education* reports that in a 2007 survey of 1,153 dental students, 74.7 percent admitted to some level of cheating; forging faculty signatures, performing unnecessary procedures to satisfy requirements, and hacking into faculty computers are just the tip of the iceberg.

In response to widespread cheating by dental students, the American Student Dental Association (ASDA) distributed its White Paper on Ethics and Professionalism to the profession this spring.

Critics sanctimoniously chimed in with draconian penalties for cheating that amount to “off with their heads.” My favorite asinine remark came from a dental educator trying to explain cheating, “Students cheat because [former] President George W. Bush lied about weapons of mass destruction.” The problem is more nuanced and complex than this bumper sticker explanation offers.

I believe our young colleagues provided cogent and thought provoking comments on why cheating happens and how to curb it.

A student told an ASDA fact gathering committee, “I think it would be good to examine the pressures we are under.

Many of the students are moral and good people, but everyone has limits and this place will push the limits.”

The paper points out that shortcuts are taken to satisfy “unreasonable” graduation requirements and the specificity of license exams. Students are forced to view patients as a source of required procedures, which is a disservice to the profession, the student and the patient, who should always be our priority.

Such a situation requires a major change in dental education to remedy it, and two groups offer a solution.

The Institute of Medicine and the American Dental Education Association advocate a curriculum that focuses on comprehensive care of the patient.

The University of Illinois at Chicago College of Dentistry started using this approach in 2002. Enhancements continue to be made in the model. The administration expects to grant its

first Doctor of Dental Medicine (DMD) degree in 2015, reflecting its commitment to total care of the patient. For some time, I’ve looked warily at the DMD degree because of the confusion it might place in the public’s mind regarding a DDS vs. a DMD and the suggestion of superiority. However, nearly 40 percent of our dental schools are granting the degree and the list is growing. Granting a DMD degree makes perfect sense when the teaching model is one that treats the whole patient. The Commission on Dental Accreditation and the examining boards must be part of this significant shift in dental education if it is to be successful.

However, whatever the teaching model, cheating should be dealt with in a consistent, firm and fair manner. Some time ago, I witnessed an executive director manage a potentially volatile situation. He refused to be stampeded by his board to make a quick decision. He first thoroughly gathered the facts and sought input from his senior staff. Then and only then did he report to the board on how the problem developed and the procedures he put in place to prevent another occurrence.

The dental schools, administration, faculty and student representatives should follow the same protocol to handle cheating.



“I’ve learned that it takes years to build up trust, and it only takes suspicion, not proof, to destroy it.”

Those of you who know me are aware I’m not a golfer, nor a fan of the game. However, I do admire a sport played without a referee or umpire that has avoided the cheating scandals that mar other sports. I’m sure Mr. Ramirez is unaware that there are many examples of professional golfers pointing out their own violations of rules that carried a stroke penalty and ultimately cost them a win, and in some cases, a place in the annals of their game.

Unfortunately the same can’t be said about all of our dental schools and students.

The bottom line is that cheating by baseball players, students and/or institutions is just plain wrong.

“I’ve learned that it takes years to build up trust, and it only takes suspicion, not proof, to destroy it.” I think the unknown author of that quote got it right. ■

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Find more information about the 145th Midwinter Meeting, McCormick Place's new West Building, and how to reserve your place in the middle of it all at www.cds.org.

GO WEST, CDS



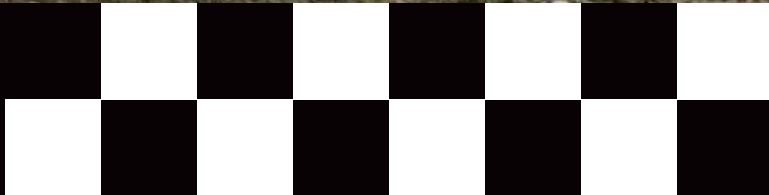
145TH MIDWINTER MEETING | FEBRUARY 25-27, 2010 | CHICAGO DENTAL SOCIETY

McCORMICK PLACE WEST

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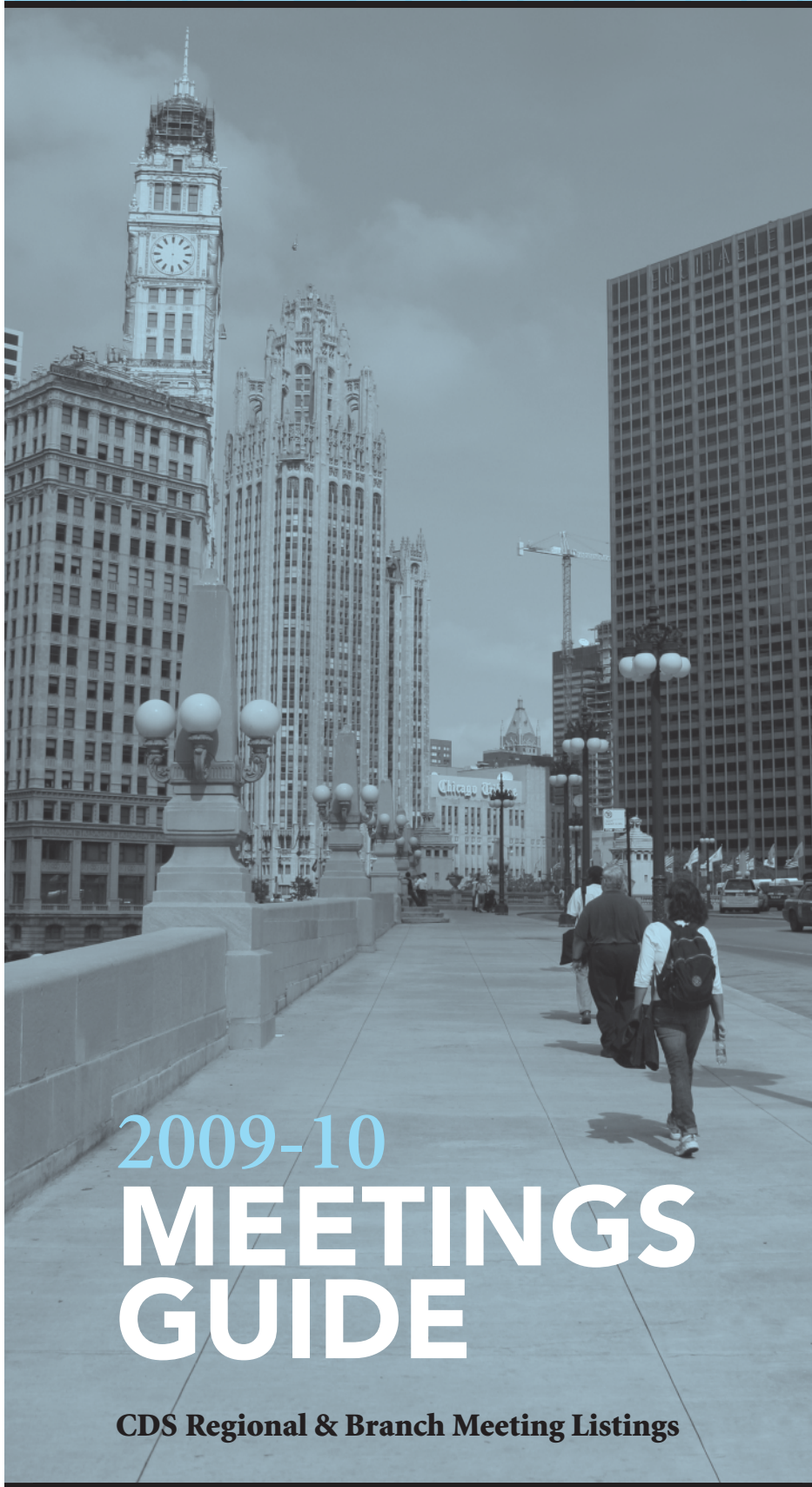
*how do you unwind
away from the office?*



We are looking for CDS member dentists with a passion outside of dentistry to feature in the Snap Shots section of the CDS Review. Dirtbike riders, sailors, spelunkers, storm chasers, here's your chance to tell your story.

Contact Rachel Azark at razark@cds.org, or call 312.836.7323.

(She'll also accept calls from members with less dangerous but similarly thrilling hobbies.)



2009-10
**MEETINGS
GUIDE**

CDS Regional & Branch Meeting Listings

Englewood

Meetings are at Nikos Restaurant, 7600 S. Harlem Ave., Bridgeview, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 7 p.m.
For information, contact Brian Karshen, 708.361.1770 or karshen@msn.com.

October 13	Staff and Vendor Night	
November 10	Radica Provisional and Diagnostic System and Other Topics	Rich Hartmann
January 12, 2010	Implant-supported Overdentures	Dennis Purinton, CDT
March 9, 2010	PANDA (Prevent Abuse and Neglect Through Dental Awareness)	Speaker from ISDS TBA
April 13, 2010	Legal Issues in Dentistry	Speaker TBA
May 2010	Installation of Officers	Date and location TBA
June 2010	Branch Golf Outing	Date and location TBA

Kenwood/Hyde Park

Meetings are at Rumba, 351 W. Hubbard St., Chicago, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 8 p.m.
For information, contact Jack Liu, 773.489.1688 or jjliu@sbcglobal.net.

September 1	Big City Tech: Computers in Dentistry	Kyle Williamson
October 6	Perio-Endo Interactions	De'Avlin Olguin, DDS, MS
November 3	Office Design and Construction	Consultants from ACOA Ltd.
December 1	Lawyers for Corporation Set-up <i>@ Maggiano's Little Italy, 516 N. Clark St., Chicago</i>	Ron Bowen
March 2, 2010	Lease Negotiations	Consultants from Cirrus
April 6, 2010	Endo: When to Refer	Brooke Benson, DDS
May 4, 2010	Implants	Rand Harlow, DDS
May 2010	Installation of Officers	Date and location TBA

North Side

For information, contact Cissy Furusho, 773.545.0007 or bbyteeth@cs.com. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 8 p.m.

September 22	Orthodontic Enhancement of Periodontal and Prosthetic Treatment <i>@ Monastero's Ristorante, 3935 W. Devon Ave., Chicago</i>	Chet Handelman, DMD
November 17	Wine Tasting 101 <i>Location TBA</i>	David Fulton Jr., DDS, and Paul Kattner, DDS, MS
January 12, 2010	Program title TBA <i>@ Hackney's, 1514 E. Lake Ave., Glenview</i>	Consultants from Henry Schein
March 23, 2010	Implant Prosthetic Treatment Planning for the Posterior Maxilla <i>@ Wildfire, 159 W. Erie St., Chicago.</i>	Mark Rosen, DDS, and Jill Doan, DDS, MS
May 2010	Installation of Officers	Date and location TBA

North Suburban

Meetings are at Green Acres Country Club, 916 Dundee Rd., Northbrook. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 8 p.m.
For information, contact Ted Constantine, 847.272.6466, drconstantine@comcast.net.

October 13	Fido and Frieda Go to the Dentist	Cynthia Charlier, DVM, FAVD
November 10	Better Body, Better Mind, Better Business	Brian Wismer, certified personal trainer and kinesiologist
December 8	Collaborative Management of the Developing Dentition and Occlusion	Ralph Robbins, DDS
January 12, 2010	Recent Advances in the Detection and Prevention of Oral Cancer	Mark Lingen, DDS, PhD
March 9, 2010	Diagnosis and Management of Trigeminal Nerve Injuries	Mark Steinberg, DDS, MD
April 24, 2010	Casino Night featuring dinner, music and casino-style gaming	
May 2010	Installation of Officers	Date and location TBA
June 2010	Suburban Scramble 2010: Annual Branch Golf Outing	Date and location TBA

Northwest Side

Meetings are at Colletti's Restaurant, 5707 N. Central Ave., Chicago, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7 p.m.; Program: 8 p.m.
For information, contact Patrick Fitzgerald, 847.823.4161 or drfitz11@hotmail.com.

October 13	Advances in Periodontics	Gary Hosters, DDS
November 3	Current Trends in Endodontics	Martin Rogers, DDS
December 1	Holiday Party and ISDS Update	Joseph Unger, DDS
March 2, 2010	Cosmetic Dentistry Update	Joseph Caruso, DDS
April 6, 2010	Common Medical Problems in the Dental Practice	John Sisto, DDS
May 2010	Installation of Officers	Date and location TBA

Northwest Suburban

Meetings are at The Wellington, 2121 S. Arlington Heights Rd., Arlington Heights, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 8 p.m. For information, contact Will Perkinson, 847.255.7080 or a4oms@sbcglobal.net.

October 13	Minimal Restorative Dentistry for Maximum Esthetics and Longevity	Brian Vence, DDS
November 10	Trigeminal Nerve Injury and Management	Mark Steinberg, DDS, MD
January 12, 2010	Periodontal Update 2010: Where We Are and Where We Are Going	Edward Segal, DDS, FICD
March 9, 2010	Full Arch Restoration on Four Implants – Provisional and Definitive Prosthetic Procedures	Patrick Gannon, DDS
April 6, 2010	Installation of Officers	Date and location TBA
June 2010	Suburban Scramble 2010: Annual Branch Golf Outing	Date and location TBA

South Suburban

Meetings are at Balagio Ristorante, 17501 Dixie Hwy., Homewood, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 8 p.m. For information, contact Monil Shah at 708.849.8627 or monilshah76@yahoo.com.

October 13	Topic TBA	Dan Hampton, NFL Hall of Famer
November 10	Socket Grafting	Tim Walsh, DDS
January 12, 2010	PANDA (Prevent Abuse and Neglect Through Dental Awareness)	Speaker from ISDS TBA
March 9, 2010	Recent Advances in the Detection and Prevention of Oral Cancer	Mark Lingen, DDS, PhD
April 13, 2010	Predictable Impressions	Alan Boghosian, DDS
May 2010	Installation of Officers	Date and location TBA

West Side

Meetings are at Philander's at The Carleton of Oak Park, 1120 Pleasant St., Oak Park. Cocktails: 6:15 p.m.; Dinner: 7 p.m.; Program: 7 p.m. For information, contact Donald Bennett, 312.642.5253 or dben692756@aol.com.

September 8	Oral Pathology Update	Sara Gordon, DDS, MSc, FRCDC
October 13	Endodontic Update	Franklin Weine, DDS
November 10	3-D X-ray Integration	Louis Vodopivec
December 8	Caries Infiltration: Filling the Gap Between Remineralization and Restoration	William Rowe, DDS
January 12, 2010	Topic and speaker TBA	
March 9, 2010	Dental Materials Update	Chris Pusateri, DDS
April 13, 2010	Organizational Meeting	
May 2010	Installation of Officers	Date and location TBA
June 2010	Annual Golf Outing	Date and location TBA

West Suburban

Meetings are at Maggiano's Little Italy, 240 Oakbrook Center, Oak Brook, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7 p.m.; Program: 8 p.m. For information, contact Douglas Chang, 630.963.4306 or doug@changdentalcenter.com.

October 13	Staff Night. Direct Resin Composites: The Conservative Esthetic Alternative	Gerald Denehy, DDS
November 10	Dental Accounting and Practice Management in This Difficult Economic Time	Mark Pesavento, CPA
January 12, 2010	How Much Duct Tape Can You Put on a Tooth?	Nolen Levine, DDS
March 9, 2010	Clinic Night <i>@ Naperville Country Club, 25W570 Chicago Ave., Naperville</i>	
April 13, 2010	Interdisciplinary Management of Simple and Complex Prosthodontic Dilemmas	Derrick Williamson, DDS
May 2010	Installation of Officers	Date and location TBA
June 2010	Annual Golf Outing	Date and location TBA

CDS Regional Meetings

ADA CERP® | Continuing Education Recognition Program

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

September 16	Implants	Rick Sullivan, DDS, of Nobel Biocare
November 18	Prosthodontics	Stephen Chu, DDS
January 13, 2010	Financial Management	William Blatchford, DDS
April 21, 2010	Pediatric Dentistry Potpourri	Gail Molinari, DDS, MS
September 15, 2010	Oral Medicine in 2010: What's Hot and What's Not	Denis Lynch, DDS, PhD
November 10, 2010	Dental Fear: Successfully Treating the Apprehensive Patient	Larry Sangrik, DDS

Chicago Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. **Chicago Dental Society designates Regional Meetings for 5 continuing education credits.**