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Page One

Dr. Cubbon makes goodwill visit to Polish dental meeting

CDS President H. Todd Cubbon represented the Chicago Dental Society at the Third West-East Dental Conference in Warsaw, Poland, May 29-31. More than 100 courses were offered to 600 pre-registered dentists at the Medical University of Warsaw.

Dr. Cubbon was invited to make a short presentation about CDS and the Midwinter Meeting.

"I think a lot of (goodwill) was achieved mostly with the speakers, a great deal of whom were aware of the MWM but not the size and longevity of it," he reported upon his return. "I think participation in this conference was beneficial for CDS's image internationally, not only in Poland but with the speakers from all around the world: Italy, Israel, Belarus, England, Turkey, Japan, Korea, Germany, Malaysia and Switzerland, to name some."

DuPage clinic volunteers help treat adults needing care

The DuPage Community Clinic's Dental Clinic hosted its Third Annual Adult Save Your Smile Day Friday, April 25. The clinic was open that day to anyone who wanted to come for treatment. Four dentists volunteered to do exams, cleanings, X-rays, extractions and fillings for the 48 adults who attended—each of whom also received a referral for additional care.



(L-R) Dr. Joseph Ladone, Dr. Kevin King, assistants Rogina Weston and Sherry Muehling, and Dr. Ed Chavez.

Clients also received oral

health education and packets of dental products to take home. Non-English speaking patients were provided with translators.

"The level of quality dental care never ceases to amaze me," said Patricia Ciebien, dental director of the clinic. She added that more than half of the day's patients needed urgent dental care.

MWM ranks in Top 10

Crain's Chicago Business has just published its list of the 10 largest conventions in Chicago, and the Midwinter Meeting placed eighth among the city's 2007 tradeshows and conventions. What's more, in the June issue of Expo magazine, the Midwinter Meeting ranks fourth on a list of the Top 10 national medical shows.

Make plans to join us in February and find out why the Midwinter Meeting is the leader among scientific dental meetings. Pre-registration begins Nov. 1. For more information, visit www.cds.org.



Graduation Day
CDS President-elect David Kumamoto
(right) attended graduation festivities
at the Southern Illinois University
School of Dental Medicine, where
Illinois State Dental Society President
Keith Dickey (left) gave the commencement speech.

Branch meetings offer CE, networking opportunities

With the addition of the 2008-09 CDS Branch and Regional Meetings Guide to this issue, we thought we'd remind you

of all the benefits of participating in your branch meetings.

Attending your branch meetings is a wonderful opportunity to meet your neighbors and nearby den-

tists. Networking with your peers is great way to find out what might be happening in dentistry in your local communities. It's also a nice means of picking up CE credits outside the Midwinter Meeting.

Each branch offers numerous educational meetings for free where you can gain credits for attending.

Can't make a meeting at your own branch? It's ok to go to another branch to sit in on their meeting. Grab your member ID and password and log in at www.cds.org to check out what is happening in your neck of the woods at your next branch meeting.

CDS officers election date set for November 5

The 2009 CDS election of officers will be held Nov. 5 during the Regional Meeting at Drury Lane, 100 Drury Lane, Oakbrook Terrace.

Correction

Mary Byers' column, "Make the Most of Online CE" (In Other Words), incorrectly stated the CE requirements for Illinois licensed dentists in the May/June issue of the CDS Review.

In fact, all Illinois licensed dentists must have 48 CE credits when they renew their dental license in the fall of 2009, not 42. The article was correct when stating 50 percent of those credits can come from self-study, but that number would be 24, not 21.

The CDS Review regrets this error. ■

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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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Dean Mather

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For advertising specifications and information:

Tom Long: 312.836.7326; fax: 312.836.7337

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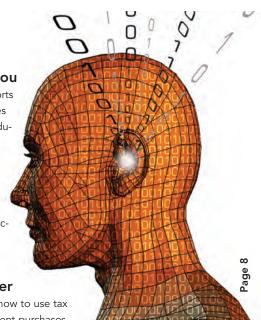
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Directory

CDS Officers

President: H. Todd Cubbon; 24560 S. Kings Rd. at Exchange, Crete 60417; 708.672.6612, htoddcubbon@aol.com President-elect: David Kumamoto; 6424 N. Northwest Hwy., Chicago 60631; 773.763.5030, sportdds@uic.edu Secretary: Michael Stablein; 9 Nottingham, Lincolnshire 60069; 847.317.9127, mstablein@aol.com Vice President: Ian Elliott; 1315 Macom Dr., Suite 106, Naperville 60564; 630.862.3600, iedds@aol.com Treasurer: John Gerding; 24W500 Maple Ave., Suite 101, Naperville 60540; 630.369.2020, jgerdingdds@msn.com

Branch Officers

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NORTH SIDE

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NORTH SUBURBAN

Director: Susan Becker Doroshow (2010); 3901 W. Howard St., Skokie 60076; 847.677.2774, sbddds@aol.com

President: Maria Fe Corpuz-Bato; 495 N. Riverside Dr., Suite 211, Gurnee 60031; 847.336.3770, mariafecbato@comcast.net

Correspondent: Yendis Gibson-King; 315 Woodlawn Ave., Glencoe 60022; 847.568.1337, gibsonyl@sbcglobal.net

NORTHWEST SIDE

Director: Mary Starsiak (2009); 5754 W. Irving Park Rd., Chicago 60634; 773.545.0057, drmstarsiak@yahoo.com
President: Russell Cecala; 7447 W. Talcott Ave., Suite 227, Chicago 60631; 773.631.0344, rc3@periocare.com
Correspondent: Spencer Bloom; 5530 W. Montrose Ave., Chicago 60641; 773.777.3309, wecatertocowards@sbcglobal.net

NORTHWEST SUBURBAN

Director: Theodore Borris (2010); 411 W. Walnut St., Mount Prospect 60056; 847.253.3203, tjbor@comcast.net President: Edward Segal; 1500 Shermer Rd., Suite 340W, Northbrook 60062; 847.498.5630, care@perioonline.com Correspondent: William Perkinson; 10 N. Ridge Ave., Mount Prospect 60056; 847.255.7080, perkinsonw@yahoo.com

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Director: Robert Manasse (2008); 4440 W. Lincoln Hwy., Suite 300, Matteson 60443; 708.481.6086, drrjm4440@aol.com President: D. Spencer Pope; 19815 Governors Hwy., Suite 1, Flossmoor 60422; 708.799.0060, spope@oa-ltd.com Correspondent: Joseph Noetzel; 20200 S. Ashland Ave., Chicago Heights 60411; 708.755.1333, joai71@aol.com

WEST SIDE

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WEST SUBURBAN

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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 CDS online: 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

Manager, Financial and Information Services:

Mohammed Adil 312.836.7316, mkadil@cds.org

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

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

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

Director of Publications:William Conkis

312.836.7325, wconkis@cds.org

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

Executive Director Emeritus:

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'The chickens are coming home to roost'

I read with concern CDS Review Editor Dr. Walter Lamacki's attempt to explain away the crisis in access to healthcare. If statistics are used to "prove" that the numbers are skewed in favor of government intervention, then his quote about statistics applies equally well to those who are not in favor of governmental intervention. It's like arguing whether the patient is drowning in two feet of water or 12 feet; The result is the same. No amount of slicing and dicing will change the fact that we have a crisis on our hands. Medical care, when available, is often provided in the most inappropriate and costly setting: the emergency room.

I believe he is giving Medicare a bum rap. It has been a very successful, low administrative cost program which has been a godsend to millions of seniors, myself included. Most of Medicare's problems are not of its own making. The rapidly rising cost of medical care is



Say what's on your mind

Fax: 312.836.7337
E-mail: review@cds.org
Dr. Lamacki: wlamacki@aol.com
Snail mail: Chicago Dental Society,
401 N. Michigan Ave., Suite 200,
Chicago, IL 60611-5585.

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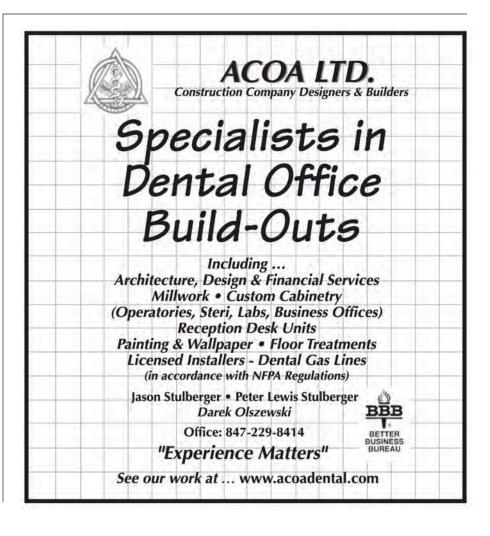


a major culprit. Many years ago a bipartisan panel of experts told us that a modest increase in Medicare fees would keep the system solvent well into the

21st century. Congress did not act on this advice and we, the citizens, did not hold it accountable. Now the chickens are coming home to roost.

We also have to factor in the special interest groups who care not at all about the medically marginalized, only how they can make a profit from their situation. We need a much-improved health-care system, which provides healthcare for all citizens. All the major industrialized nations do so. We can do it if we have the will, which is American. And while we are at it we can eliminate the scandal of 105 million Americans who have no dental insurance. Access to healthcare is a basic human right.

—Edward J. Schaaf, DDS Chicago



President's Perspective by H. Todd Cubbon, DDS

Call Dr. Cubbon at 708.672.6612, or write htoddcubbon@aol.com.

The state of our state



t's no secret that the state of funding for dental education in Illinois is in dire condition.

Both of our present dental schools are part of state universities, which are funded through the budget process of the Illinois legislature. While most businesses must calculate for cost-of-living increases when planning their annu-

al budgets, Illinois has seen fit to reduce the budgets for our dental schools by more than \$1 million in recent years. This is double jeopardy—while costs go up, available funding goes down—and it has been happening for years, not just one year.

Illinois has, under Gov. Rod Blagojevich, become a dysfunctional family. He not only doesn't want to live in the state capital but apparently he doesn't "live" in harmony with either political party. As a result, not much gets accomplished and dental education suffers. The tuition the schools must charge in-state students is almost obscene and may impose financial limits on access to a dental education. I recently asked Bruce Graham, dean of the University of Illinois at Chicago College of Dentistry (UIC), "Why not increase the class size?" It sounded like a logical solution to me.

Well. it's not.

Dean Graham informed me that the university loses in excess of \$50,000 per student educated. More students equate to more red ink.

UIC has a 36-year-old physical plant that is in need of total rehabilitation. They are doing the best they can, piece by piece. UIC has launched the "Brilliant Futures" fundraising campaign with the goal of \$35 million. This is an ambitious project that sounds more like a private college than a state supported school. But, they have no choice. Southern Illinois University School of Dental Medicine is facing similar needs, but in the arena of attracting faculty to fill open positions and, in the future, to replace retiring faculty.

What is the solution? It boggles the mind when you get an inside look into the problem. The schools have fundraising cam-

paigns. The ADA has the "Dental Education: Our Legacy—Our Future" program with an indirect fundraising goal of \$500 million, which is the bare minimum needed. The ADA's goal is to raise awareness of the needs and record the resulting grants and donations to education throughout the United States.

The Chicago Dental Society has made generous contributions to both Illinois dental schools; all members can be proud of that, and all of it done while lowering membership dues. Philanthropic foundations, both private and corporate, add other avenues for support. However, all of this is like the little Dutch boy with his finger in the dike. There are more leaks than fingers. These generous contributions offer a solution only for an immediate, focused project. Do they help? Sure. Do they solve the problem? No. Should we continue to donate? Yes, absolutely.

Is there a downside? Maybe. I fear that the more the expense of dental education is borne by donations, the more comfortable politicians will be ignoring the crisis. I remember the hype used to get the public to vote to approve the Illinois Lottery. It was going to solve the state's educational funding woes. It was approved and the income generated was used to "replace" the funds budgeted for education, not augment them. I strongly feel that the solution has to be addressed by Springfield. The physical structures and annual operating costs should be funded by the state. It is our responsibility to educate our legislators and make them accountable. Nothing is as effective as one-on-one contact from the voting constituency. It is time to have the dike repaired.

Get involved, please.

Fast facts

As I write this June 8, I'm thinking maybe you should get your affairs in order. The world is coming to an end. The White Sox are leading the American League Central Division by 5 1/2 games, having just crushed the Twinkies three straight by a combined score of 33-10. The Cubs are leading the National League Central Division by 2 1/2 games and lead all of baseball in runs scored and winning percentage. The Chicago Wolves won the American Hockey League championship, the Calder Cup. The Chicago Rush is running away with the Central Division of the Arena League. The Bulls overcame unbelievable odds to win the ping pong ball lottery for the number one pick in the NBA draft. Oh, maybe we're safe, the Bears still don't have a quarterback or running back. You'd drink too if Rex Grossman was your best hope to spread the defense.



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Emerging technology COMING TO A MOUTH NEAR YOU

by Joanna Brown

erris Bueller taught us back in 1986 that "Life moves pretty fast. If you don't stop and look around once in a while, you could miss it."

Healthcare science and technology affirm Ferris' mantra as well as anything. Each day's headlines include at least one medical discovery or scientific development that promises to make you faster, better and stronger.

Practicing dentists, already busy with the art of science of dentistry that make their practices strong, are constantly challenged to sort fact from fiction as they decide which new techniques will have places in their practices.

"Science moves us forward continuously," said Ann Boyle, dean of the Southern Illinois University School of Dental Medicine (SIU). "You have to stay abreast of what's going on and look for the science that says it's going to work."

The faculty at SIU, she explained, enjoy access to emerging technology on a daily basis, but the budgetary constraints of an academic environment force them to pause and scrutinize the science behind trends in the market-place.

"We have a limited budget, so we're cautious," she explained. "For us to be able to adopt new things, first we have to be able to afford it and then we have to ask if the science tells us that we

should be adopting it.

"That's what we teach our students to look at the science."

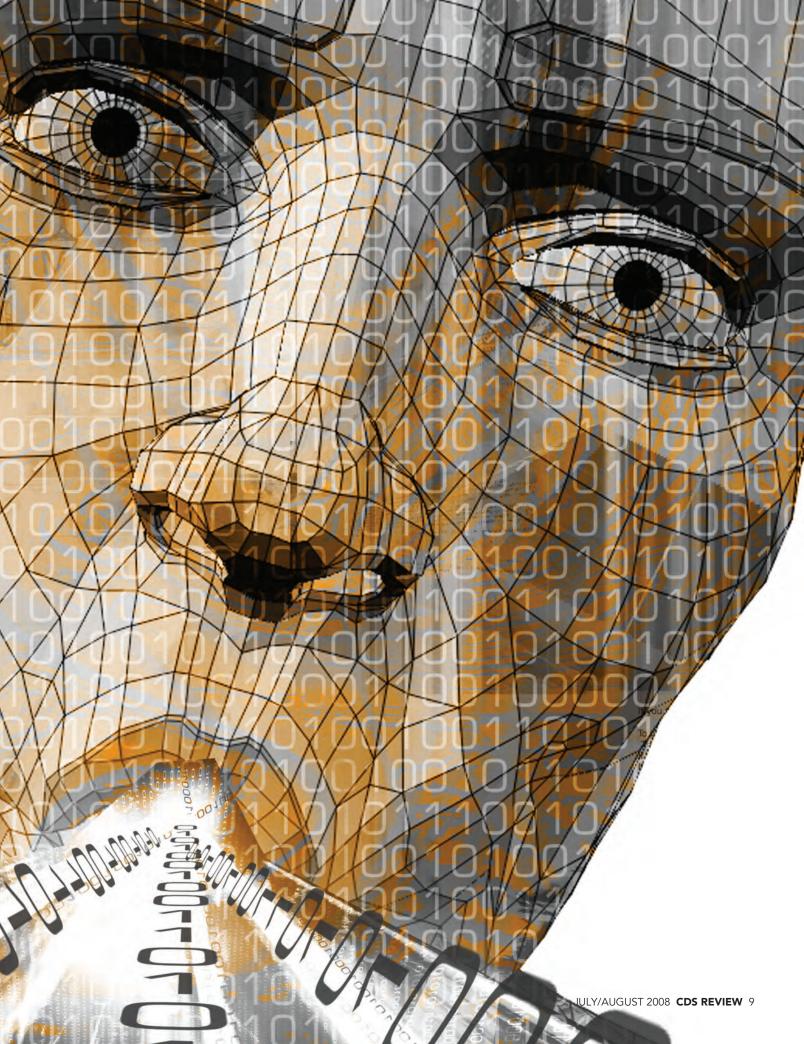
Just like at the University of Illinois at Chicago College of Dentistry (UIC), SIU faculty watch for trends in research and development in the areas of both oral health and technology. Their interests are as varied as the subjects they teach.

But in Dr. Boyle's informal poll of the SIU faculty, many cited cone beam tomography as an area to watch in the coming year. Three-dimensional digital imaging equipment and the associated software will increasingly be used to assist with treatment planning, especially as it relates to the placement of implants.

"It takes out some of the risks and allows for more predictable success in placement," Dr. Boyle said. "Implants are highly accepted procedures already, but with the technology we can have greater and more consistent success."

These digital devices offer more accurate pictures from smaller machines that fit more easily into an operatory, and they give off less radiation than traditional CT scans and MRIs. Prices are also becoming more affordable for private practices.





Stephen Campbell, Director of the Comprehensive Dental Implant Center at UIC, said the combination of the radiological advances and the software that works off of the improved images is quickly changing the practice of dentistry. He acknowledged that many new tools come to the marketplace each year, but he is most excited by the new ways to assess cases, plan treatment and visualize outcomes in three dimensions.

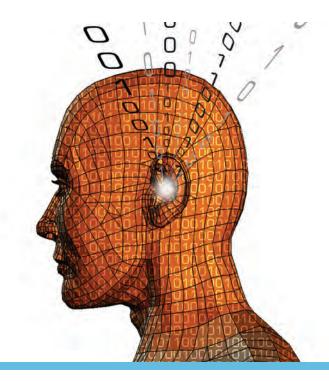
'The learning curve is manageable, but the equipment is still very expensive. Still, I think this technology is going to be used more to make esthetic restoration and eliminate some of the lab work we've done. Impressions will fade away because this is the impression.'

"Three-dimensional imaging sorts out all the unknowns so that we can avoid causing harm and plan the whole thing on the computer before we ever touch a patient," Dr. Campbell explained. "It enables us to assess everything up front and get rid of all the surprises. But it also acts as an educational tool with patients. Before we initiate therapy, it enables us to have discussions and anticipate for them what's going to happen."

The CDIC is considered the world's largest user of computer guided implant care. Software programs like SimPlant Planner, Nobel Guide and Facilitate enable specialty students and patient care programs to review restoration plans as part of the planning and surgical phase of care.

This is accomplished by the development and fabrication of a scanning device that carefully details the final treatment outcome for the patient. This device is then used as a radiographic template that the patient wears during the CT scan.

Critical information related to the final restoration can be entered into the



Technology brings change to the way dentistry is taught

The changing practice of dentistry is sure to change dental education, but in different ways for dentists at different stages of their careers. Veteran dentists may seek out hands-on technical training from dental schools that already have the equipment in place, while students and young dentists are very comfortable with the technology being incorporated into their curriculum.

"Dentists are conscientious about wanting to be technologically up to date," said Dr. Ann Boyle, dean of the Southern Illinois University School of Dental Medicine. "What we're seeing is a trend toward incorporating continuing education into a big meeting. It's a very desirable way to do your CE, sometimes combined with travel, to learn about avant garde topics en masse from a big name instructor.

"But schools like us are equipped to offer hands-on education with equipment in longer, more intense sessions for extended practice and study."

In contrast, students at the University of Illinois at Chicago College of Dentistry (UIC) are very accustomed to using high technology to practice procedures without human patients. Researchers at UIC's colleges of dentistry and engineering are collaborating to develop a life-like training simulator called PerioSim, which uses haptic virtual reality technology.

Haptics is the science of applying touch sensation and control to computer applications. It allows the user to "feel" what is pictured on a computer. With the PerioSim, students guide a stylus on-screen that resembles an explorer to feel life-like tactile sensations as they navigate through various procedures.

"We can enhance the learning and training of a wide variety of tasks or procedures using this system," professor of periodontics at UIC and project leader Arnold Steinberg said in a prepared release. "The need to practice on mannequins, animals and patients can be significantly reduced, and in some cases, eliminated entirely."

Students access PerioSim via the Internet. A realistic 3-D human mouth is shown in real-time, and the user can adjust the model position, viewpoint and transparency level.

A validation study was recently undertaken, finding the simulator to be "very useful," Dr. Steinberg said. Results were published in the *Journal of Dental Education* in December.

computer along with all of the patient's anatomic information, providing a connection between the final restoration, the patient's three-dimensional anatomy, and the planned implant placement within the virtual interactive setting of

among clinicians providing care—which is also an educational opportunity for students, as all of the challenges associated with individual cases can be discussed prior to the actual procedure. Each clinician has time to consider these



UIC's Dr. Stephen Campbell demonstrates three-dimensional imaging software used by the university's specialty students and patient care programs to review restoration plans as part of planning and surgery.

the computer. A custom surgical guide is then used to place the implants.

"It will cut down on the chairside time and the risks for patients as we make things more predictable," Dr. Campbell said.

In addition to improving the predictability and quality of care, this technology allows for greater collaboration

challenges and develop a plan to address them in a setting that encourages meaningful interaction and problem solving prior to the administration of care.

The next step, Dr. Campbell explained, will be to design prostheses from 3-D scans in the virtual world without having to take impressions.

"Dentistry is going to move away from what we know today in terms of real materials—wax, casting things," he explained. "It's all moving very, very quickly, and the younger generation will have to make the transition. The whole interaction with patients, between practitioners and with the lab, too, will change.

"Digital design allows us to machine things directly. You can use almost any material. It opens up the window to things we never would have been able to use before, as far as new ceramics like zirconium and titanium "

The SIU faculty is excited about the continued development of optical scanning systems that work with in-office fabricators.

Products like Sirona Dental Systems' Cerec fabricator, D4D Technologies' E4D system, and the Cadent iTero enable dentists to point a reader at a target in the patient's mouth and quickly digitize an image for transmission to a fabricator in the office.

"The restoration is immediately fabricated," Dr. Boyle said of these products. "The learning curve is manageable, but the equipment is still very expensive. Still, I think this technology is going to be used more to make esthetic restoration and eliminate some of the lab work we've done. Impressions will fade away because this is the impression."

SIU recently purchased a Cerec system for use in its clinics. Dr. Boyle said the next item on her Wish List would include some kind of cone beam technology.

While these may be the most exciting areas of development, Drs. Boyle and Campbell agreed that they are certainly not the only areas deserving attention. Dr. Boyle's faculty is watching the increasing use of temporary anchorage devices in orthodontic therapy. Implants are placed just for the duration of the treatment to more effectively and accurately anchor tooth movement.

"I think this is going to be more common, especially with adult orthodontics," she said.

And Dr. Campbell is intrigued by the use of saliva as a diagnostic fluid. Researchers like that the genetic material found in saliva can indicate risk for a variety of illnesses, while patients like that it can be collected without invasive procedures.

'These things will make us more efficient and you won't need to spend the time we've historically spent doing these things. You can do a lot of the planning without the patient even being there.'

"It's not just an indicator for oral cancer, but for systemic illnesses," Dr.
Campbell said. "It offers ready access, as far as bodily fluids, because you're not getting stuck with a needle, and there are whole groups of people looking at it as a diagnostic fluid."

It will also change the way dentists interact with physicians, he suggested.

"This is really going to start blurring the lines between the two areas."

Salivary diagnostics, the increased use of technology and the development of precision imaging tools all have a common goal: to make dental care more appealing to the patient.

"We've always wanted dentistry to be more comfortable for the patient, and that includes helping us to do a better job for the patient," Dr. Boyle said. ■

Changes to tax laws may put new equipment purchases within your reach

For dentists considering big purchases, the last hurdle is often the cash required to make a significant expenditure. But local experts say such financing is more of a molehill than a mountain.

Talk to your accountant and your bank well in advance of any major purchase you are considering. They will help you decide how—and sometimes when—to make significant purchases for your practice.

"Regardless of who your banker is, they all have options for healthcare providers, or they should, so definitely ask," said Lawrence Erlich, an accountant with Schneiderman, Kohn and Winston, Ltd. If your banker's response isn't acceptable, ask your accountant to recommend a financial services firm.

Your accountant will likely remind you of the tax breaks for large purchases. Section 179 of the IRS code allows business to write off the cost of new equipment purchased and placed in service during the tax year. In 2007, the government allowed business owners to claim up to \$125,000, Mr. Erlich explained.

Accountants like him expected the amount to increase to \$128,000 this year. But the 2008 Economic Stimulus Act increased the limit to \$250,000. For more information on this tax law, see page 16 or visit www.irs.gov/newsroom/article/0,,id=179227,00.html.

"As long as the items were purchased and put into service this calendar year, it qualifies toward that \$250,000 limit," Mr. Erlich explained. "I'm guessing it's going to

go back to \$128,000 or \$130,000 in 2009, or it could go to even less than that."

An additional 50 Percent Special Depreciation Allowance, new for 2008, allows business owners to write off half the value of goods purchased in excess of the \$250,000 cap. For those who are considering such things in the coming year, Mr. Erlich recommended speeding up the timeline.

"Timing is everything," he said.

Once you decide to go ahead with your purchase, be smart about it. Examine all of the information provided by the supplier and predict how the equipment will change the way you practice dentistry.

"When you buy something, make sure it provides additional services for your patients," said Daniel Pesavento, principal at Pesavento and Pesavento Ltd. CPAs. "What that translates to is additional revenue.

"You also want to make sure that you and your staff are trained to use the equipment."

Ask your equipment supplier for information on the breakeven point—how long will it take your practice to recoup the cost of the product through either increased revenue or decreased expenses. Ideally, this will be realized in three to four years, Mr. Pesavento said.

If you need a loan to finance a large purchase, ask your local bank first, as they will likely give you the best rate, said Mr. Pesavento. But regardless of what lending institution you work with, review all of the documents they provide thoroughly. Consider sending copies to you accountant for the two of you to review together.





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Dentists helping dentists

Prepare for unexpected tragedy and ensure your practice's security; create a Doctors Disability Service Agreement

by Lou Imburgia, DDS

oon after graduation from dental school, most new dentists set their sights on building a successful private practice. Eventually, most will practice as solo practitioners. While hard work is fundamental in building a practice, maintaining a practice involves thoughtful planning. Solo practitioners need to recognize that they are the main driving forces of their practices. Dentists in private practice need to take important steps to safeguard a very valuable asset: their dental practice.

Over the years, we've all known dentists who have fallen ill or who have died unexpectedly. I personally have seen thriving dental practices quickly fall apart after a tragedy befalls the practitioner. A once booming practice can quickly

become worthless because of poor management and poor planning. Rest assured, the best case scenario for a potentially disastrous situation is to prepare for the unexpected.

Some years ago, several colleagues and I decided to form an alliance that would ensure we help each other in the event that one of us is unable to work as a result of a disability. We were a group of dentists who shared similar interests and felt that we practiced dentistry with the same philosophy. In addition, we were all concerned about our patients and our families if one of us was unable to practice dentistry. We were all solo practitioners who recognized our own human frailty.

The premise of the group was simple: we would help each other in case one of us couldn't work. Any profits generated

while we covered for each other would go to the dentist who was disabled. We decided that we would work in the affected member's office for a period of 90 days, simply because most disability insurances took effect after 90 days of a disability. We decided to have approximately 18 members to avoid placing a strain on the group.

I dug up an old article I had saved from a dental magazine that has long since disappeared. This article contained a sample contract for a disability group. We customized that contract and signed it. We decided to meet once a year to elect a president who would coordinate the group should it be called into action. The yearly meetings also fostered camaraderie within the group and solidified friendships.

The yearly meetings were taken seriously. If someone did not show up to the meeting and did not at least let us know why, we would evaluate that person's intentions. We asked the question, if someone did not take this group seriously, could we count on that person to work for free for some three months? We lost a few members over the years, but as a whole, the group's membership grew. Today, the members include Gary Balas, Michael Biasiello, Michele Bogacki, Michael Cascio, Guy Gattone, Jeff Gentile, Lou Imburgia, Dave Kumamoto, Paul Lukawski, Barbara Mousel, Tom Pissios, John Raneiri, Mary Starsiak, Sal Storniolo and Bruce Swantek.

Some 15 years after the group's inception, we were called to action. A member of the group was involved in a freak accident in his house. This accident cut the ulnar nerve in his arm. This solo practioner lost the use of his dominant hand for some 90 days. The father of four children, he had tuition payments to make as well as financial obligations from his move into a new office a few years earlier. He also had all the other financial responsibilities that life brings to everyone.

The team was working in his office within a short period of time following his accident. In this particular case, the office manager became an integral part of the team and began to schedule the covering dentists days to work. In order to maintain their own incomes, most of

the covering dentists worked in the injured member's office on their days off. The patients of the injured dentist were informed of the situation and were very sympathetic. The injury did not affect the dentist's ability to drive. He

> A once booming practice can quickly become worthless because of poor management and poor planning.

still came to the office and personally explained his situation to his patients. He was able to personally introduce the covering dentists to his patients. He was also able to perform hygiene exams. His office staff did everything they could to make things go as smoothly as possible.

As our injured colleague recovered, he gradually returned to practice. This individual had a clear grasp of the big picture and couldn't have been more appreciative. Although the practice was kept vital, the stricken dentist did have to make sacrifices in his life because his income was diminished. One of the many problems he faced was attempting to collect his overhead office insurance because the practice was still generating income. However, regardless of the overhead insurance problems, the goal of the group was to keep patients coming to the stricken dentist's office, and the goal was realized. In this situation, continuity of care prevailed and patient loss was minimal.

This story could have had a very unhappy and sad ending if the injured dentist had not regained use of his hand. Not only would the stricken dentist be dealing with a horrible disability, but also dealing with a loss of income and many significant changes in his life.

If that had happened and the dentist was unable to return to work, the group was prepared to assist in the sale of the practice. Another of the group's goals is to assist in the timely sale of a practice before it becomes worthless if the dentist unexpectedly dies.

Eventually, the story I have related became known throughout the Chicago area. A group of dentists in the metropolitan area contacted me to inquire if I would provide our materials to them. They understood the benefits of being in such a group and wanted to start up a similar group in their own area.

Because of the fragile nature of our profession, I feel it is important to share this contract for all to use. The contract has undergone several revisions since we first found it in that long lost article. We will continue to revise it, but I offer it to you as it currently stands (go to www.cds.org/for_your_practice/professional news articles/index.html to read the contract in its entirety).

I suggest you think about starting your own group for the sake of your family, your colleagues and your patients. Not only can being a part of a group benefit you, but it is extremely rewarding to help a fellow colleague and a friend when they are most vulnerable. None of us ever expects anything bad to happen to someone we know, or even ourselves. Unfortunately, bad things happen every day. Iust ask that dentist who suddenly and unexpectedly lost the use of his right hand for several months

Dr. Imburgia is the 2009 Midwinter Meeting general chair. He has a practice in Park Ridge.

This article is for educational purposes only. The views expressed are those of the writer and not necessarily the opinions of the Chicago Dental Society.



Give your office a makeover

Use tax deductions to save money on equipment purchases

by Joseph Mitchell



With this shift, laser systems, digital radiography equipment and CAD/CAM equipment are replacing drills as the "must have" tools of the trade. As the demand for cosmetic dentistry procedures increases and state-of-the-art offices become mainstream, a growing number of dentists are seeing the payoff potential for the large investments needed to transform their drill-and-fill practices into high-tech, cosmetic dentistry centers. And more might be willing to take the high-tech plunge if they realize the pay-off for their investments can happen sooner than they thought.

By spreading out payments and max-



imizing tax deductions, dentists can boost their cash flow while their new equipment generates more income and/or greater efficiencies for the practice. That incentive, coupled with a bill President Bush recently enacted to enhance certain tax breaks, can help offset the cost of equipment acquisition.

Understanding the new and improved Section 179 and bonus depreciation

In recent years, Section 179 of the tax code has given dentists some significant financial incentives to upgrade their practices' equipment. The Economic Stimulus Act of 2008 enhances this popular provision of the tax code and it provides for bonus depreciation in 2008.

Beginning this year, the maximum Section 179 deduction has increased to \$250,000 (up from the \$125,000 figure that applied in 2007 before the new law). Taxpayers can elect to expense the cost of qualifying equipment up to \$250,000, rather than depreciating this

amount over several years. Note, however, that the maximum Section 179 deduction is reduced, dollar for dollar, by the amount of qualifying equipment purchased by the taxpayer in excess of \$800,000.

Under the Economic Stimulus Act of 2008, bonus depreciation is generally applicable to new equipment purchased during 2008. Under bonus depreciation, 50 percent of any amount remaining after the Section 179 deduction can be depreciated during 2008. Any amount remaining after the Section 179 deduction and bonus depreciation can be depreciated under the regular rules for equipment depreciation.

For example, a dentist who purchases \$300,000 in equipment can deduct \$250,000 of the cost based on Section 179. Half of the remaining \$50,000 can be depreciated during 2008 under bonus depreciation, and the remaining \$25,000 can then be depreciated over the remaining useful life, depending on

the equipment type.

These benefits only apply to purchases and financed purchases of equipment; lease agreements are not eligible.

For any dentist considering a major capital investment, the tax benefits provided by Section 179 and bonus depreciation may be too good to pass up. Couple this with the increasing demand for cosmetic procedures and expectations among patients to see the latest technology in their dentist's office, taking advantage of these generous tax benefits to create a state-of-the-art office could be a smart move.

However, there are specific eligibility requirements for Section 179 and bonus depreciation. Therefore, you should consult your tax advisor for advice that is based on your particular circumstances. Once you've confirmed your eligibility to take advantage of these tax benefits, be sure to arrange to receive the equipment before the end of the year. If the equipment is not placed in service before Dec. 31, you will not be able to claim these benefits on your 2008 tax return.

How to take advantage of the benefits

Most dental offices operate as a small business and rarely have spare cash lying around to make the investments required to obtain state-of-the-art equipment. Fortunately, there are more and more options available to help you remain competitive and grow your business.

For example if you want to finance equipment, start with the dealer or manufacturer, who often has special plans in place to alleviate the upfront burden. You can also tap into your dental CPA or dental attorney, who usually has a good understanding of the dental lenders. Independent lenders—who may specialize in a specific industry or a geographic region—are another option. And unlike traditional banks, these organizations don't report activity to credit agencies. Finally, some new small business credit cards on the market include an equipment financing line of credit for upgrading or expanding the practice with new equipment or technology.

Whatever you decide, beware of mixing business and personal finance.

While it might be tempting to tap into something like a home equity line of credit for your practice's needs, entrepreneurs can risk potential bankruptcy if they don't draw a clear line between their business and personal funds.

Conclusion

If a high-tech upgrade is part of your practice's growth strategy, there's never been a better time to move forward. The new and improved Section 179 and bonus depreciation gives you an incentive to think seriously about acquiring technology that you might normally put off until next year.

Joseph Mitchell is a senior vice president and the dental and eye care segment leader for GE Healthcare Financial Services' vendor and practice solutions team. For more information on GE Healthcare Financial Services, visit www.gehealthcarefinance.com.

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In Other Words by Mary M. Byers, CAE



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

The most powerful management principle ever

our greatest potential for growth comes from your strengths. The same is true for your staff members. Instead of focusing on strengths, however, we often identify weaknesses and then concentrate on improvement. A more powerful way to manage yourself and your staff is to encourage mastery in areas you're already good at rather than focusing on weaknesses. Let me give you an example.

I introduced this "Greatest Growth Potential" concept during a leadership conference with dentists several years ago. A dentist approached me at the break and shared that he had recently moved a long-time employee from assisting to the front office after his receptionist left unexpectedly. He assumed that the assistant's longevity with the practice, her knowledge of practices and procedures, and her understanding of the office culture would make it easily for her to assume new responsibilities. He was only half right.

He didn't consider the fact that the assistant was, by nature, an introvert who worked best when focusing on one activity without interruption. She was not a natural multi-tasker. She preferred one-on-one contact with patients and found it difficult to make small talk. She was also highly conflict-avoidant and easily overwhelmed when the pace of the practice picked up. She was a team player, however, and when the doctor

America is full of employers trying to help employees improve by focusing on their weaknesses. You don't have to be one of them. Identify what your employees are already good at doing. Make sure their job responsibilities allow them to use these skills regularly.

asked her to move to the front desk she dutifully complied. It lasted two months. The day before the leadership conference, she turned in her resignation. She felt inept and overwhelmed at the front desk, she was losing sleep, and for the first time in 20 years she dreaded coming to work.

When the doctor and I spoke at the break, he wondered aloud if it was possible to retain her as an employee. I asked if he'd be willing to let her have her previous position back. "Absolutely!" he said without hesitation. We decided that a direct approach was the best.

He'd call her when he returned from the conference and tell her the truth: she was a valued employee that he didn't want to lose. He'd offer to work with her to find a position that more closely matched her skills and comfort level—even if that meant moving her back to her position as a chairside assistant. I asked the

doctor to let me know how things turned out. The following Monday, I got an e-mail that simply said, "Elaine is back chair-side and we're both happy. All is well."

This doctor's story is a classic example of the most powerful management principle ever. After Elaine moved to the front desk, both she and the doctor knew it wasn't working. They tried to "fix" the problem by identifying her weaknesses and working to improve them. Elaine took a weekend course on multi-tasking and read books on conflict. She studied time management principles hoping to better understand why she was never able to finish her work by the end of the day. Focusing on her weakness stressed her out and made her feel inept. She decided her only option was to resign.

Elaine's story isn't unique. America is full of employers trying to help employees improve by focusing on their weaknesses. You don't have to be one of them. Identify what your employees are already good at doing. Make sure their job responsibilities allow them to use these skills regularly. Encourage them to get better at what they already do well.

And don't forget to do the same for yourself. Identify what you're already good at and then ask yourself how you can do more of it. Your practice will thrive, and so will you.

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

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INTRO

Received his D.M.D. from the University of Pennsylvania, School of Dental Medicine and Certificate in Periodontal Prosthodontics with a M.S.D. degree from the University of Washington, School of Dentistry.

He maintains a private practice limited to Prosthodontics in Tacoma and Seattle and is an Affiliate Professor in the Graduate Restorative Program at the University of Washington.

Dr. Kois continues to lecture nationally and internationally, is reviewer for the *International Journal of Prosthodontics* and is a member of the Editorial Board for *The Compendium of Continuing Education in Dentistry*. Dr. Kois is the recipient of the 2002 Saul Schluger Memorial Award for Clinical Excellence in Diagnosis and Treatment Planning. His memberships to professional organizations include American Academy of Restorative Dentistry and American Academy of Esthetic Density.

In addition, he continues to work with restorative dentists at the Kois Center, a didactic and clinical teaching program.

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LECTURE OUTLINE

Understanding the role occlusion plays is important for the long-term success of our restorative dentistry. Our knowledge about occlusion has been based on gnathologic principles. These concepts are the basis of a mechanical system with focus on posterior determinants and mutual protection. If it is that simple, why can't we predict when or why functional problems develop or why can't we always create a therapeutic occlusion?

This program will focus on biologic principles necessary for developing a functional occlusion. New paradigms will be presented to enlighten participants about understanding normal function, dysfunction and parafunction. This focus will develop principles for force management of the masticatory system and parameters to determine the most appropriate occlusal scheme. By focusing on key elements, the practitioner will be able to predict more successful restorative results and know when complex treatment is not necessary.

COURSE OUTLINE:

- CONCEPTS
- FUNCTIONAL OCCLUSION
 - DIAGNOSIS



It's the Law by Petra von Heimburg, DDS, JD

Contact Dr. von Heimburg at 847.382.2832 or ceprof@aol.com, or visit www.petravonheimburgddsjd.com.

Ever thought about going into the 'insurance business'?

eeping your eye on the revenue stream of your practice ensures that you will be around for another day to serve your patients. Insurance reimbursement issues are a major concern for every dental practice. I assume you agree that the present insurance arrangements leave a lot to be desired and do not always work to the benefit of the patient or the dentist.

As a member of the CDS Dental Benefits Committee, I have had the opportunity to address numerous insurance problems, including the fact that many patients in this economic climate have lost their dental benefits. Times are tough; people lose their homes, their jobs and their insurance coverages.

The result is an ever-widening dental population which cannot afford to purchase the treatment plans you and your office propose, leaving a large portion of people underserved and a large percentage of needed or recommended dental treatment— and therefore business—unrealized. Treatment plan acceptance

rates decline when patients cannot afford the recommended treatment, and those who do go through with the treatment are

Can we as dentists circumvent the insurance arrangement forced on us, help our patients who have minimal or no dental insurance, and at the same time profit from the arrangement?

often unable to pay, leaving the dentist in a difficult position.

Can we as dentists circumvent the insurance arrangements forced on us, help our patients who have minimal or no dental insurance, and at the same time profit from the arrangement?

It can be done. Have you ever considered setting up your own 'quasi' insurance program in order to achieve the above goals? The idea works extremely well when

two or more dental offices are involved, thus incorporating varying locations and a large number of patients.

In Illinois, dental offices may band together, collaborate on fees, enroll patients for a subscription fee and establish a dental



"insurance" program. And you thought that collusion on fees is illegal because it is anti-competitive and amounts to "cornering the market"? It is, unless your program is set up correctly and makes use of statutory exceptions.

Let us examine what we might be able to accomplish:

Set your own fee structure for enrolled patients. When treating patients under a PPO or HMO contract, the dentist has to discount his fees according to the insurance carrier's dictates. Wouldn't it be more satisfying for the dentist to set his own guidelines for discounts, thus controlling the impact the plan has on his bottom line?!

Create patient loyalty to your office. Once the patient

signs up, pays a set yearly membership fee ('premium') and begins to enjoy the savings put in place by the dental office, the patient's loyalty will be with the dental offices that deliver his treatment according to the discounted rate. This arrangement ties the patient to the dental office through a treatment relationship as well as a financial relationship. Thus, instead of binding the patient to the insurance carrier, the contractual arrangement creates patient-dentist loyalty, promoting patient retention.

"Premiums" paid by patients are the dentist's to retain. Premiums or membership fees will accrue to the benefit of the dental offices which provide the services to the patient rather than being paid to the insurance carrier.

Create the basis for a forceful advertising campaign. Looking for new slogans or other incentives to draw patients into your office? The dentist's discounted program will invigorate any advertising campaign.

Besides giving you the advantages mentioned above, your own mini insurance program brings with it other benefits. It eliminates concerns that the insurance company will reject the proposed treatment plan, require ever more substantiation and explanations that the services rendered were appropriate, claim that the submitted paperwork was incomplete, drag its feet when it comes to paying you or, as sometimes happens, ask for payments made to be returned because of insurance company error.

But the arrangement also brings clear benefits to your patients. Besides the fact that patients often dislike their insurance carriers as much as you do, they will be rewarded as well: no worry whether the insurance carrier will pay for the services they need, no uninformed voice of a third party on the phone, no declining benefits and increasing co-payments. The established relationship is with their dentist regarding all things related to their dental health, including financial arrangements.

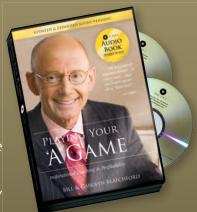
Dr. von Heimburg is a practicing dentist and a practicing attorney in the Chicago area. She represents, advises and educates dental professionals, exclusively, in all matters relating to the practice of dentistry.

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Going Local a look at what's happening in our community

Shop local and explore your farmer's market

veryone has a favorite summer food: fresh corn on the grill, crisp BLTs made with homegrown tomatoes, and cheese curds top the list. Who knew that the local agricultural community makes all these pleasures possible?

According to the Cook County Farm Bureau:

- There are 211 farms in Cook County comprised of 23,836 acres.
- The average size of a Cook County farm is 113 acres.
- There are 116 acres of orchards in Cook County.
- Cook County has eight bee farms that account for 197 colonies of bees.
- Cook County bees produced 18,376 pounds of honey in 2003.
- Thirty-four percent of Cook County's workforce is involved in agricultural production, processing or marketing.
 - The average age of a farmer in

Cook County is 59.1 years old.

One way to support these and other local farmers is by shopping at farmer's markets this summer. Chicago's markets bring more than 70 vendors selling fresh fruits, vegetables, plants and flowers to more than 20 neighborhoods throughout the city, and a similar number visit suburbs throughout the area most every day of the week.

For a complete list of city and suburban markets, days and times, visit http://jump.suntimes.com/list.cfm?tag=farmers-market-city or go to www.chicagotribune.com/features/lifestyle/

green/chi-farmers-markets-lede-14may14,0,7136767.story

Other sources for information on farmer's markets include:

- www.chicagoreader.com/features/ stories/sidebars/food/farmersmarkets08/
 - egov.cityofchicago.org
 - www.chicagogreencitymarket.org/

Hints & tips for shopping at farmer's markets

- **Take your time** and have fun browsing.
- **Stroll all the stands** to see what's available before making your decision.
- **Go early.** You'll find the best selection then.
- **Ask questions.** If you don't know what a food item is, just ask.
- Talk to the producer. Ask how to prepare and cook it.
- **Get valuable information** on even the most common fruits and vegetables.
- **Experiment.** Don't be afraid to try something new! You may discover a new favorite food to make your summer even richer and sweeter.
- Involve your children. Give them a few dollars and let them buy whatever produce they want to eat. It's a good way to encourage them to eat more fruits and vegetables.



Farmer's markets like this one in Chicago's Lincoln Square neighborhood offer fresh flowers and produce grown on midwestern farms throughout the summer.

Fast facts about local foods

- Illinois produces enough corn each year to fill a train of boxcars stretching more than 7,600 miles from Illinois to Hong Kong.
- More than half of the corn in the U.S. is used for livestock feed.
- Illinois chickens lay eggs that are used to make candy bars, mints and hard candies all year round.
- Illinois poultry produces 876 million eggs per year.
- Soybeans are made into a fuel called soy diesel, used for buses and trucks.
- Soybeans help farmers by leaving nitrogen in the soil for the next crop.
- Illinois farmers grow more pumpkins than anywhere else in the world. In fact, they grow 90 percent of the pumpkins used for processing. Most of that processing take place in Morton—the Pumpkin Capital of the World.
- Pumpkins are good for your body. The filling is rich in vitamin A and potassium. The seeds are full of protein and iron.
- Hogs provide us with more products than any other animal. Insulin and about 40 other medicines are pig by-

products. Heart valves from pigs have been used to replace human heart valves.

- Popcorn is the official snack of Illinois.
- Popcorn is different than regular corn because it contains moisture in the kernel. When it is heated, the moisture heats, pressure builds and the popcorn pops! Popcorn is a good source of carbohydrates, energy and fiber.
- Illinois is the third largest producer of popcorn in the United States. We have 333 popcorn farms that grow about 47,000 acres of popcorn each year.
- Pecans are the only tree nuts that are native to North America A small three-ounce bag of pecans provides almost 10 percent of the daily-recommended value of zinc. Pecans go back a long way, as they were a major source of food for Native Americans in the 1500s.
- The name "pecan" is an Algonquin word meaning "a tough nut to crack."
- Pecans contain more than 19 vitamins and minerals, including vitamins A and E, several B vitamins, folic acid, calcium, magnesium, phosphate, potassium and zinc. Pecans are heart-healthy, containing 87 percent unsaturated fatty

- acids—62 percent monounsaturated and 25 percent polyunsaturated.
- One out of five jobs in the United States is related to agriculture.
- There are 1,470,000 cattle and calves on Illinois farms.
- · IoDaviess, Hancock, Fulton, Adams and Pike counties have more cattle than anywhere else in Illinois.
- One Illinois farmer feeds 94 people in the United States and 35 people overseas-that's 129 people per year.

From the Mayor's Office of Special Events.

In a lifetime the average **American will consume:**

- 1 239 chickens
- Two football fields of wheat
- Enough vegetables to fill 16 pick-
- Seven steers over 1,000 pounds
- 20 240 lb. hogs
- Enough milk to fill 34 bathtubs.

Courtesy of the Cook County Farm Bureau, www.cookcfb.org.

Chicago Implant Forum 2008

Michael Pikos, DDSJune 4, 2008: 2-6pm

Esthetic zone rehabilitation

• Interactive CT with hard and soft tissue grafting

Stuart Froum, DDS ······August 7, 2008: 6-9pm & John Ricci, PhD

Achieving the goals of modern implant dentistry • Crestal bone maintenance and soft tissue attachment

Craig Misch, DDS, MDS.....October 2, 2008: 2-6pm Immediate placement strategies

· When, why, and how from a scientific perspective

Maurice Salama, DMD November 12, 2008: 2-6pm

Techniques in achieving optimal implant esthetics

• Implants as an integral part of Smile Design





About this event

The Chicago Implant Forum provides a multi-specialty approach to address the challenges of implant dentistry. This unique educational continuum offers the latest in technology and known experts in the field. Topics are addressed in a series of presentations to allow for in-depth education in a convenient format.

Venue information The Congress Plaza Hotel & Convention Center 520 S Michigan Ave Chicago, IL 60605 312.427.3800

Registration contact Lindy Griffin 205.986.1238 lgriffin@chicagoimplantforum.com

\$250 per session Buy 3, get 1 free 14 CE credit hours









Your Health

a discussion on health-related topics

Tips to help you avoid the ER this summer

by Joanna Brown

un comes easily in the summer months, as long as everyone remains safe. But the U.S. Centers for Disease Control and Prevention reported in 2004 that Americans made 110.2 million visits to hospital emergency rooms in 2002—a 23 percent increase over the 90 million visits made in 1992.

The following are some reminders from Cheryl Vinikoor, RN, BSN, CEN, president of the Emergency Nurses Association Illinois State Council and a nurse in the Emergency Room at Highland Park Hospital. Ms. Vinikoor hopes her reminders will keep you out of her ER this summer.

Dehydration

Among the most common summer illnesses, Ms. Vinikoor said, is dehydration.

"People think they're going to be fine, and they're not," she said, explaining that unrecognized dehydration may be accompanied by heat exhaustion and heat stroke.

Dehydration occurs when you lose more fluid than you take in and your body doesn't have enough water and other fluids to carry out its normal functions. If lost fluid remains unreplenished, you may suffer serious consequences. Severe dehydration is a life-threatening medical emergency.

Anyone may become dehydrated, but young children, older adults and people with chronic illnesses are most at risk. Mild dehydration can cause symptoms such as weakness, dizziness and fatigue.

Unfortunately, thirst isn't always a reliable gauge of the body's need for water, especially in children and older

adults. The Mayo
Foundation for
Medical Education
and Research suggests a better
barometer is the
color of your urine:
clear or light-colored urine means

you're well hydrated, whereas a dark yellow or amber color usually signals dehydration. Find more information on dehydration at www.mayoclinic.com.

Whether you are an elite athlete or a weekend gardener, Ms. Vinikoor recommended people be conscious of how much sweat they will produce during an activity. Heavy sweating requires significant hydration.

"Drink a variety of liquids, not just water," she recommended. Sport drinks replace electrolytes lost in sweat.

Safety on wheels

The threat of head injuries is significant for people on bicycles, skateboards and rollerblades.

"Our heads are heavy and so especially when kids fall it's their heads that go klunk first," Ms. Vinikoor said. "Even in carriers on the back of a parent's bike, they need protection in case the bike goes down.

"We can fix a broken bone, but we can not fix your head."

According to the Emergency Nurses Association Injury Prevention Institute:

- An estimated 33 million children ride bicycles nearly 10 billion hours each year.
- Each year over 540,000 people are treated in emergency departments for bicycle-related injuries. About 67,000



have head injuries and 800 die.

- Children 14 and under are five times more likely to be injured in a bicycle-related crash than older riders.
- Bike helmets are 85-88 percent effective in mitigating head and brain injuries.
- Universal bike helmet use would prevent 39,000-45,000 head injuries, and 18,000-55,000 scalp and face injuries annually.

Bicycle traffic is already increasing this summer, as people try to minimize their use of gasoline. This is good as far as exercise, Ms. Vinikoor said, but it brings new safety concerns. Novice bikers frequently find themselves in difficult terrain.

Any fall becomes more dangerous to a cyclist on blood-thinning medication, she explained, but some cyclists are coming to her emergency room with ruptured spleens when they flip their bikes and the handlebars clip their abdomens.

Find more information about safe cycling at www.ena.org/ipinstitute/fact/.

Safe handling of food

The most important thing people can do to stay healthy this summer, Ms. Vinikoor said, is to think about how they handle food. Clean hands and safe food storage will keep people out of the emergency room this summer.

"Carry alcohol gel (waterless hand san-

itizer) with you, tucked into a pocket," she recommended. "Think about all you do during the day, even opening bathroom doors." Other sources of contamination include direct contact with people, dirty play surfaces, food and animals.

If you don't clean your hands, you can sicken yourself by touching your eyes, nose or mouth; you'll sicken others when you touch them or common surfaces, such as doorknobs.

Inadequate hand hygiene also contributes to food-related illnesses, such as salmonella and *E. coli* infection. According to the Centers for Disease Control and Prevention, as many as 76 million Americans get a food-borne illness each year; Of those, about 5,000 die as a result of their illness. Others experience nausea, vomiting and diarrhea.

The Partnership for Food Safety Education (www.fightbac.org) has several tips for healthy picnicking:

- Pack only the amount of food you think you'll use. Consider non-perishable foods and snacks that don't need to be refrigerated.
 - Pack foods in your cooler in reverse-

use order—pack foods first that you are likely to use last. Pack plenty of ice to ensure a constant cold temperature.

- Transport the cooler in the air-conditioned passenger compartment of your car, rather than in a hot trunk. Keep the cooler out of direct sun.
- Don't let food sit out for more than two hours. On a hot day, reduce this time to one hour.
- Bring a food thermometer in your grilling supplies to make sure meat and poultry have reached a safe temperature.
- When the picnic is over, discard all perishable foods if there is no longer sufficient ice in the cooler.

Other advice

- "We always shake our heads when we hear about people on ladders," Ms. Vinikoor said of her Emergency Room colleagues. "Older people and ladders just don't go together, especially when they're on a roof or an uneven surface. There is no reason for an older person to be on a roof."
- "Never put anything into a jammed lawnmower, even if it's turned off

because it can spring back pretty quickly. We've seen some really horrible injuries to hands." Ms. Vinikoor recommends wearing safety goggles around lawn mowers and hedge trimmers, and keeping children and pets away.

- "West Nile (virus) is going to be a big thing this year," she said. Early summer rains made abundant breeding ground for mosquitoes and ticks. Always wear insect repellant on your skin and clothing to avoid illness.
- Emergency Rooms see many injuries from fireworks and sparklers this time of year. Ms. Vinikoor said burns need to be examined closely. Minor burns are red and painful because of all the nerve endings in the top layer of our skin, and can be treated with over-the-counter antibiotic ointment and cool (not cold) compresses. Burns that appear waxy but are not painful; those that are circumferential: and anything on the face, ears, fingers, feet or groin should be examined by a doctor. "Even if it's a small area, if the burn is deep enough it can damage tendons and ligaments," she said. ■





Dr. Bard finds a little slice of heaven

by Rachel Azark

ow does a Gurnee orthodontist fall into the coveted spot of judging pies at the Crisco National Pie competition?

"First of all, I love pie," gushed Robert Bard, 1979 graduate of The Ohio State University College of Dentistry. While flipping through the television channels one day, he stopped on the Food Network and saw the competition being aired. Figuring that it would be a cool idea to judge pies, he logged on to the American Pie Council Web site (www.piecouncil.org).

The application lists things to know and describes how the pies will be judged.

Encountering a section on the form that asks the applicant to briefly tell Crisco about himself and why he would like to be a pie judge, Dr. Bard described himself as "an average orthodontist that loves pie."

Dr. Bard flew to Orlando for his first mouth-watering judging experience in 2007, paying his own way, and was assigned to be a judge for the cherry pie division; it was his first choice out of the six flavors he had selected from eighteen possible pie categories. He completed an introductory course on how to judge

Dr. Bard also brings his love of pies to work. Last year the office hosted a pie competition with a grand prize being a gift certificate to Williams-Sonoma. pies at the competition: first you taste the crust, then you taste the filling, and then you combine the crust and filling together. "I look at [pies] totally different now," he commented.

The competition runs annually for three days.

The first day is the commercial division, where companies such as Bakers Square and Sara Lee enter

their pies. The second day is the amateur division for non-professional chefs, mostly people who just love baking pies as a pastime. "You see some beautiful pies," Dr. Bard said. The last day of the competition is the professional division, which features restaurant pastry chefs dazzling judges with sweet delights.



Robert Bard (right) with celebrity pie aficionado Willard Scott.

Dr. Bard's pie judging has additional benefits. Not only does Dr. Bard get to judge pies on this one weekend in the spring, he's also received

business cards from Crisco that he carries stating that he is a judge for the competition. While traveling in Ohio, Dr. Bard recalls, he dined at a restaurant where he ate an excellent slice of pie. He asked his server if the pies were baked on the premises. When he received an affirmative response, Dr. Bard presented the server his business card, identifying him as a judge of the contest and it states, "I think your pie is a winner. Enter next year." Minutes after the server presented the card to the pastry chef in the kitchen, the chef came to the dining room with the restaurant manager.

"She was floating. She thanked me over and over," Dr. Bard recalled.

Dr. Bard also brings his love of pies to work. Last year the office hosted a pie competition with a grand prize a gift certificate to Williams-Sonoma. Patients and parents participated in the contest; the staff critiqued the pies. Unable to pick a clear winner, the panel of judges decided that everyone won the competition.

And though it might seem like a conflict of interests for an orthodontist to love sweets, Dr. Bard says, "You know, people eat pie. As long as you have good oral hygiene, it's okay. Just because I'm a dentist doesn't mean I'm not human."

Feel like baking a pie? Check out the 2008 winning recipes at www.piecouncil.org/2008_winners.htm. ■



Do not miss this year's Illinois State Dental Society's 144th Annual Session! September 11-14, 2008

Some highlights include:

- Golf Outing
- STL Cardinal/Cubs Game
- Governor's Club Luncheon
- Scientific Session: 6 CE Credits
- President's Dinner Dance
- ...and much more!

For further information, visit www.isds.org or contact the Conference Services department at the Illinois State Dental Society, 800/475-4737

Make your hotel room reservation early!

Hotel Reservations:

Millennium Hotel 200 South 4th Street St. Louis, Missouri 63102 314/241-9500 www.millenniumbotels.com



\$129+ single/double rate

To make hotel reservations, call Millennium Hotel at 314/241-9500 by August 11, 2008 (room reservation cut off date) — ask for ISDS convention rate of \$129+ single/double.

TRAVEL: Amtrak service is available to St. Louis as well as flights into Lambert International Airport, St. Louis. Airport is approximately a 20 minute cab ride to the Millennium Hotel.

Registration Hours:

| 8 | |
|------------------------------|-------------------|
| Thursday, September 11, 2008 | 3:00 - 5:00 pm |
| Friday, September 12, 2008 | 7:00 am - 5:00 pm |
| Saturday, September 13, 2008 | 7:30 am - 5:00 pm |
| Sunday, September 14, 2008 | 9:00 – 11:00 am |

Our History a look at people who influenced dentistry

Dr. Harold Hillenbrand

by Walter F. Lamacki, DDS

f you were to search for an ideal executive director of a dental association, you need not look further than a candidate matching the abilities of Dr. Harold Hillenbrand.

Dr. Hillenbrand was born in Chicago on July 19, 1906, into a family of nine. His father, too, was a dentist and counted among his patients George Cardinal Mundelein. Two of Dr. Hillenbrand's brothers would become monsignors of the Roman Catholic Church; one of the brothers became the head the archdiocese's seminary.

Dr. Hillenbrand's father was an intellectual and, according to legend, would select a subject to be discussed at each evening's meal; the children were allowed to pick the language of the discussion, German or French. As a result, Dr. Hillenbrand spoke perfectly accent-

'No one has influenced a profession as profoundly as Dr. Hillenbrand did dentistry. Some people have vision; he had super vision.'

ed German and French.

Dr. Hillenbrand graduated from the Loyola University School of Dentistry in 1930 along with two lifelong friends, Drs. Walter Dundon and Frank Farrell.

Both would become ADA vice presidents.

Dr. Hillenbrand taught ethics at Loyola and practiced dentistry for 15 years. But an interest in administration led him to the editorship of CDS's *The Fortnightly Review*, the predecessor to this publication. His viewpoints were succinctly and

forcefully written, leading him to the ADA in 1942 as assistant editor of the *Journal of the American Dental Association* (*JADA*). He later became the editor.

In 1946, the ADA Board chose him to

be executive director. For the next 23 years he dominated organized dentistry throughout the world with his intellectual toughness. When he attended the Federation Dentaire Internationale, he cut a swath that Europeans had not seen from an American before. His mastery of their principle languages not only impressed but promoted and propelled American interests in the international community.

He could be gruff and even despotic at times, but his junior executives loved him, calling him H.H. After hiring a new executive, he would take them to lunch. During the lunch he reportedly would say, "Young man (there were no women executives then), I want you to tell me my options. Don't ever presume to tell me what to do." Once queried about what ADA lawyers thought of an action, he growled, "I hire the lawyers."

During his term, ADA membership grew from 62,000 to 112,000; the staff grew from 75 to 325; and the budget grew from \$600,000 to \$18 million. His most tangible accomplishment was the construction of the ADA Building, completed in 1965 having overcome considerable

resistance in the House of Delegates.

Dr. Hillenbrand retired in 1969 at his own insistence. He was given a small office on the 13th floor where Drs. Dundon and Farrell would arrive, along with



Harold Hillenbrand circa 1968.

then-CDS Executive Director Karl Richardson, for cocktails (read martinis) before lunch at Eli's. It was a coveted honor to be invited

H.H. toward the end of his life was

hospitalized and in an oxygen tent. A smoker who consumed two packs of cigarettes or more per day, he would leave the tent to light up.

He died in 1986 with a list of proverbial honors too long to name. But I believe he lives on in the memories of the dwindling few who knew him. For a number of years, the senior staff he hired would meet in Chicago for a weekend, recalling anecdotes about him: sitting on the tailgate of his station wagon at the Kentucky Derby next to a pitcher of martinis and surrounded by his friends, or the one time some of the staff cajoled Harvey Sarner, who was proud of his writing, to submit a report to H.H for editing. He received his paper back with more red ink than black.

There were numerous tributes from around the world. Karl Richardson wrote, "No one has influenced a profession as profoundly as Dr. Hillenbrand did dentistry. Some people have vision; he had super vision."

In a pamphlet written by his staff upon his retirement the last pages include a number of cogent comments entitled *H.H. Versus the World.* One of my favorites is, "The past predicts the future, yet there is a danger in building wholly on the past, which is too frequently stained with its own misconceptions and follies."

However, the ultimate Hillenbrandism from the pamphlet follows:

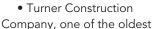
On American Airlines flights between Washington D.C. and Chicago, he invariably would tell the chief legal counsel, who was always seated next to him, "Wake me when the stewardess serves the drinks."

The House that Harold built

The ADA Building, located at 211 E. Chicago Ave., is neither the tallest nor the oldest of Chicago's architectural wonders, but its construction so close to the famed Lake Michigan shoreline makes it no less significant.

Below are some notable details about its construction, compiled by ADA archivist Andrea Matlak.

- The ADA purchased the site for the building from the American Red Cross in 1962 for \$700,000. Construction costs were approximately \$12.2 million.
- The land for the building was bought relatively inexpensively. It was believed by some that the area would never become as vibrant as State Street and that the organization made a significant error in investing in the area.
- Ground was broken for the new ADA Building Nov. 11, 1963. The first tenants moved in Oct. 1, 1965, and the association offices were moved into the building Nov. 26-28, 1965.
- The building was designed by the Chicago architectural firm of Graham, Anderson, Probst & White. The firm also designed some of the city's most iconic buildings, including the Field Museum, Union Station, the Shedd Aquarium, the Museum of Science and Industry, the Civic Opera Building, the Wrigley Building and Lake Point Tower.





This illustration of the ADA Building was created by artist and fellow dentist Frederick Franck for an article commemorating Dr. Hillenbrand's contributions to organized dentistry that was published in the January 1970 issue of JADA.

building contractors in the United States, served as general contractors. They have been involved in building some of the most famous structures in the U.S. including Madison Square Garden, Lincoln Center and the United Nations Building.

- A topping out ceremony was held at the time that the highest point of the building was completed. In keeping with tradition, the last beam was painted gold and an American flag and fir tree were attached to it before it was lowered into place. David Pierson, the four-year-old grandson of then-ADA President Fritz Pierson, threw the switch that set the final beam in place.
- The sculpture of a family group in front of the building was created by Minnesota artist Joseph O'Connell (1927-1995) and was originally installed in 1965. The entire sculpture is made of bronze and weighs approximately 16,000 pounds.

Looking Back a historical perspective

Advertising

by Joanna Brown

Advertisements contain the only truths to be relied on in a newspaper.

—Mark Twain, American humorist, writer and lecturer, 1835-1910

aybe Mr. Twain's opinion explains why classified advertising is the only feature of this magazine that has remained virtually unchanged in 100 years of publishing. The size of the page, the quality of paper, the typeface, and even the name of the magazine itself have changed.

The information offered up in the ads, however, offers a different story. We know from reading real estate listings that one man's "intimate space" are another man's attack of claustrophobia, but the dentists, manufacturers and service providers who have advertised in the CDS Review, The Fortnightly Review, and the Chicago Dental Society Official Bulletin have always been refreshingly—if not startlingly—honest.

"For Sale: Established dental office, 109th St. and S. Michigan Ave. Good practice. Excellent opportunity for a Scandinavian especially. Net income for past four years between five and six thousand dollars. Must sell at once. Leaving city," advertised Dr. H. Lindberg in the January 21, 1927, issue of the *Bulletin*. He could be reached by phone, Pullman 2262.

Another advertiser in the July 29, 1927, issue offered a similarly frank sales pitch: "I have two offices, one of the far south side, the other on the north-west side. Will sell either one as I can't attend to both. Call Armitage 1548. Ask for Mr. Curey."

Advertisers seeking employment were no different. "Position wanted: Graduate dental hygienist of Northwestern University wishes position. Knowledge of X-Ray and anesthesia. Knows stenography. Willing to begin at low salary if chance for advancement," wrote another advertiser in the same issue, reachable at Graceland 9624.

Classified advertising for centuries has connected buyers and sellers as a way to supplement newspaper revenue. The Newspaper Association of America recently reported that classified expenditures for the first half of 2007 were \$6.8 billion. While this seems like a nice chunk of change, it represents a 15 percent drop from the same period in 2006—and it is dwarfed by revenue from display advertising and online media.

The CDS publications have always accepted display ads,



too, to fill full pages, half pages and sizes in between with sketches and fancy language about current products. The style is largely similar to the glossy ads you see today.

But Eastman Kodak minced no words when disaster struck its Midwinter Meeting booth in 1927. The company placed the following ad Feb. 11: "The Eastman Kodak Company is sorry to state that many of the orders received at its exhibit during the Chicago Dental Society meeting will not be filed because the order memorandum book was stolen. We wish to apologize to our friends for any inconvenience caused them. A notation of the items ordered at the meeting, if sent to Rochester, NY, will receive immediate attention."

Placing an ad at that time was a bargain at \$1 for the first 33 words and \$.03 for each additional word. Of course, a furnished office at Lawrence and Broadway sold for \$350 cash, and a five-room apartment fitted for office and residence at 6804 S. Halsted rented for only \$70.

The *CDS Review* currently offers a variety of ways for dentists, manufacturers and service providers to advertise in our publications and online. We encourage our readers to support the advertisers who support our publications.

Visit www.cds.org/cds_review/classified.html to place an ad online and in print. We charge a modestly higher fee than that charged in 1927, and CDS reserves the right to edit, to decline, to accept and to withdraw advertisements at its discretion.

Our newest offering is the Dental Hygienist Job Board, a free service for hygienists and member dentists. The Job Board aims to connect member dentists who are hiring with hygienists who are seeking employment. It can be found at www.cds.org/jobboard.

The Chicago Dental Society Officers & Directors cordially invite you and your spouse/guest to attend the



NOVEMBER C

Chicago Hilton & Towers 720 S. Michigan Ave., Chicago

Welcome Reception: 2 p.m. Installation of Officers: 3 p.m. Gala Dessert Reception: 4 p.m.

THE 2009 OFFICER NOMINEES



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Secretary: Ian Elliott, DDS

Vice President: John Gerding, DDS
Treasurer: David Fulton Jr., DDS

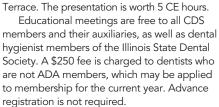
Meeting Place a guide to dental meetings and CE opportunities

Regional Meeting

SEPTEMBER 24

Edwin T. Parks, DDS, MS Mold and Maggots 101: An Introduction to Forensic Odontology CDS Regional Meetings are

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





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. The CDS Review publishes meeting listings for free as space permits. Only meetings open to all CDS members may be listed. Be sure to send us your information at least 60 days prior to your meeting.

Upcoming events

AUGUST

13: Dental Arts Club of Chicago

Picnic at Pottawatomie Park, St. Charles. Begins at noon. For information, contact Dave Wojtowicz, *dewojtowicz@yahoo.com* or 847.933.1855.

15-16: American Dental Association

National Dental Benefits Conference. ADA Building, 211 E. Chicago Ave., Chicago. Visit www.ada.org/goto/benefitsconf or contact Dennis McHugh, mchughd@ada.org.

27: UIC Dental Alumni Association

UIC College of Dentistry Alumni Golf Outing, Oak Meadows Golf Club, 900 N. Wood Dale Rd., Addison. Shotgun start at 8:30 a.m. Northwestern and Loyola dental school alumni invited to attend. Fee of \$95 includes greens fees, cart rental and buffet lunch; \$35 for lunch only. For more information or to register, contact Ana Lisa Ogbac at the UIC Office of Advancement and Alumni Affairs, 312.996.0485 or aogbac1@uic.edu.

SEPTEMBER

5: Illinois AGD—Chicago

Anthony LaVacca, DMD: Solving the Jigsaw Puzzle of Esthetic Dentistry. 8 a.m.-4 p.m. Registration at 7:30 a.m. 7 CE hours. Maggiano's Little Italy, 240 Oakbrook Center, Oak Brook. For information, contact Maryam Hafezi at 630.400.4938 or hmaryam@yahoo.com.

Study clubs

MONDAYS

Greater Evanston Dentists Association

Meets first Monday of every month, noon-1 p.m., Gio Restaurant, 1631 Chicago Ave., Evanston. Contact Roger Nouneh, 847.475.7754.

TUESDAYS

Central Lake County Dental Study Club

Meets third Tuesday of every month at noon, January-November, Grandma V's Pancakes, 10 E. Maple Ave., Mundelein. Contact Paul Showers, 847.816.3636.

THURSDAYS

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. Contact Rima Baghdassarian, 312.644.4321 or *smilechica-qo2@aol.com*, for dates.

FRIDAYS

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. Contact Rob Bard, 847.244.0155, or Rod Morrow, 847.689.1213.



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Zak Messieha, DDS Dentist Anesthesiologist

What *not* to do to your teeth

Dentists name their patients' Top 10 worst dental habits

o you think your teeth are so strong. They can handle anything, right? Wrong. While you may be tempted to use your teeth as a household tool or stress relief aid. think again. You could be damaging your teeth beyond repair.

The Chicago Dental Society polled its members online in December to find

out some of the worst (and wackiest) dental habits they have seen in patients. Warning: Do not try these at home.

- Cleaning teeth with Comet, bleach or other • household cleaners. Household cleaners are abrasive and will wear down the enamel on your teeth. Some are also toxic to ingest.
- Chewing toe nails. Your teeth are for chewing food • and speaking only, dentists say. Use a nail file or nail clippers to keep your mouth—and your feet—safe from bacteria.
- Using "crazy glue" for loose dental work. Super-• strong glues will still wear away over time. See your dentist for a long-term solution to loose dental work.
- Opening beer bottles with teeth. This can break • the tooth. It's worth the effort to dig the bottle opener out of a drawer.
- **Sucking on lemons.** This habit is sometimes done with • the misguided goal to whiten teeth or freshen breath. But the acid in a lemon will break down the enamel on your teeth and cause decay.

Filing teeth with a nail file. • Patients who try this at home risk taking off too much of the tooth and damaging the tooth structure. See your dentist if something about the shape of your tooth doesn't feel right.

Flossing with household • items. Dentists have seen patients floss with random objects including, hair, needles, credit cards, paper and rubber bands. Those things can break in your mouth and put you at risk for injury and

infection. Hard items like paperclips will wear away enamel when used repeatedly, and may even break your tooth. Dentists advise using only dental floss to clean in between those teeth!

- **Rinsing with acidic liquids.** Just like sucking on • lemons, sloshing liquids in your mouth such as vinegar, apple juice and orange juice will wear away your teeth and cause decay. Your best bet is mouthwash or fluoride rinse.
- Extracting own teeth with pliers/power tools. • Leave extraction for the professionals. Doing it yourself risks infection, broken teeth and roots, and bone damage to your jaw.
- **Chewing pens.** Such an oral fixation can fracture • teeth, leading to otherwise unnecessary dental repairs. It can also put you at risk for ingesting ink. There are safer ways to relieve stress and fight boredom. Preserve your teeth for their real jobs: talking and chewing food. ■



Acid in a lemon will break down the enamel on your teeth and cause decay.

Milestones

Applicants

Abt, Elliot

University of Illinois, 1985 4709 Golf Rd., Skokie North Side Branch

Asfour, Sawsan

University of Illinois, 1996 11315 W. 143rd St., Orland Park South Suburban Branch

Bacon, Julie A.

University of Illinois, 2002 183 N. Addison, Elmhurst Northwest Side Branch

Cappello, Joseph V.

University of Illinois, 1978 4157 S. Archer Ave., Chicago Englewood Branch

Cheong, Christine K.

University of Iowa, 2005 990 Grand Canyon Pkwy., Hoffman Estates Northwest Suburban Branch

Fieldhouse, James M.

University of Illinois, 1977 360 Sherwood, LaGrange Park West Side Branch

Gallagher, Emily S.

University of Michigan, 2003 30 N. Michigan Ave., Chicago Kenwood/Hyde Park Branch

Glick, Jason S.

University of Michigan, 2003 540 N. State St., Chicago North Side Branch

Lane, Gregory L.

Northwestern University, 1984 940 W. Army Trail Rd., Carol Stream West Suburban Branch

Mueller, Chad R.

University of Iowa, 2007 222 N. Plum Grove Rd., Palatine Northwest Suburban Branch

Myczek, Ronald C.

Loyola University, 1983 15127 S. 73rd Ave., Orland Park South Suburban Branch

Paik, Naree

University of Michigan, 1999 111 N. County Farm Rd., Wheaton West Suburban Branch

Richardson, Lakendra N.

University of Texas at Houston, 2007 747 N. Wabash Ave., Chicago North Side Branch

Tan, Jennifer S.

University of Illinois, 2008 7124 W. Diversey Ave., Chicago West Side Branch

Deceased members

Goldberg, Stanley S.

Northwestern University, 1938 1695 We Go Tr., Deerfield North Side Branch Passed away Sept. 13.

Kinell, Carl J.

University of Illinois, 1952 12100 Greenwood Ave., Blue Island South Suburban Branch Passed away Aug. 1.

Mako, T.O.

University of Illinois, 1961 34 N. Woodland Tr., Palos Park Englewood Branch Passed away March 19.

Nelson, Robert H.

University of Iowa, 1964 485 Oakwood Ave., Suite D2, Lake Forest North Suburban Branch Passed away Dec. 31. ■



| Advertising Index | | |
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| ACOA Ltd Construction Company | | |
| AFTCO | | |
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| Blatchford Solutions | | |
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| Dell & Schaefer | | |
| Heritage Dental Laboratory19 | | |
| Matsco | | |
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| North Bank | | |
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CHICAGO DENTAL SOCIETY — MIDWINTER MEE

THE RESPECTED LEADER IN SCIENTIFIC DENTAL MEETINGS.

Scientific Program: February 26 - March 1, 2009 | Exhibits: February 27 - March 1, 2009

Table Clinicians wanted!

ARE YOU USING A HELPFUL NEW TECHNIQUE? HAVE YOU DONE RESEARCH THAT YOU WANT TO SHARE? WOULD YOU LIKE TO DISCUSS A PRODUCT THAT BENEFITS YOUR PRACTICE?

CDS seeks participants to present Table Clinics at the 2009 Midwinter Meeting. Table Clinics are 15-minute table top presentations that may cover a wide variety of subjects. Table Clinics will be presented Thursday and Friday, February 26-27. If time and space are available, individuals may present their Table Clinics more than once.



BEGINNING JULY 23, THOSE WHO WANT TO PRESENT TABLE CLINICS MAY APPLY ONLINE.

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Health Savings Accounts (HSAs) allow tax-deductible contributions, tax-free withdrawals for qualified medical expenses, and lifetime portability.

If you are looking for an alternative in how you pay for your health care, an HSA from the Illinois State Dental Society (ISDS) Sponsored Insurance Plans may be the answer. When combined with a High Deductible Health Plan, HSAs enable employers and individuals to reduce their health care insurance premiums. Contributions into the HSA are tax-deductible and can be withdrawn tax-free to pay for qualified medical expenses. The unspent account balance accumulates indefinitely and earns interest on a

Call now to get more information about the HSA qualified High Deductible Health Plan options offered by ISDS Sponsored Insurance Plans -- or ask about or about any of the individual and group health care plans available to members, their dependents, and their employees. The only participation requirement for a group practice is that one health plan participant be a member of ISDS. You'll see why we are the choice for . . .

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For more information, including costs, exclusions, limitations and terms of coverage, call us at 1-866-898-0926 or visit www.pbt-ins.com/isds.

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 15, 2008 September 15, 2008 November October 31, 2008 December January/February December 15, 2008 March/April January 15, 2009 April 15, 2009 May/June July/August June 15, 2009

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 $\overset{.}{\text{a}}$ 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.

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

Space Sharing

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. 847.885.6555.

HOFFMAN ESTATES/SCHAUMBURG spacesharing opportunity. Semiretired GP with wellappointed three chair office has 20-30 hours a week available for a like minded individual who wants to continue part-time practice or who wants to start a practice without a big fixed overhead. E-mail mesialbuccal@gmail.com.

GP/ENDO SPACE SHARE: One to three days per week in Highland Park. Call Ray at 847.942.8814 or e-mail rezgholus@yahoo.com.

SPACE AVAILABLE TO SHARE with specialist in modern, well-equipped office located on the northwest side of Chicago (Jefferson Park area). Call 773.427.1310 or e-mail rwtm729@yahoo.com.

SPACE SHARING: General dentist is looking for a space to share two or three days a week in the downtown Chicago area. If interested, e-mail response to jmschdds@sbcglobal.net.

For Rent

DENTAL OFFICE FOR RENT: Great location for a dental center. Please call Virginia at 312.543.8343 for more details.

BEAUTIFUL OAKBROOK OFFICE FOR RENT **TURN-KEY OPERATION**

A rare gem for the right dentists or specialist groups. Five ops, 1,750 sq. ft. Tons of parking. Very central to Oakbrook businesses and residents. All five ops identically furnished. Win-Win rental agreement to suit your needs.

E-mail: wwkwanddsmd@aol.com for details or call 312.791.1013.

Northwest Chicago dental office for rent 6217 N. Milwaukee. Prime location—store front

1,200 square feet, three op rooms, ready to move in, cabinetry, break room, two baths, X-ray available for purchase. Chris 773.774.0000, or 773.600.2400, kurczaba@sbcglobal.net

ORLAND PARK: FOR SALE/LEASE. 100% feefor-service, great location in lucrative area. Four modern, fully-equipped operatories and Panorex. Ample parking, free-standing building on ground level. Call 219.924.8018.

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.

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.

GURNEE AND WAUKEGAN DENTAL SPACE: Dental suites ready to move in! 1,000-2,000 square feet. Lots of windows and parking. Renovated buildings. Professional management. Call 847.926.0300, ext 204.

DENTAL OFFICE FOR RENT

Fully equipped dental office space for rent on a daily, weekly, or monthly basis. Southwest side of Chicago.

> T: 773.476.4770 F: 773.476.8124

DENTAL OFFICE FOR RENT: Five plumbed stations. All cabinets custom. Reception area. 1,400 square feet. Lots of parking. Sign available. Busy street. 3550 W. Peterson Ave., Chicago. Call 312.613.6120 and ask for Tony.

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.

DELUXE OFFICE SPACE FOR LEASE. Newly updated office space located at 3334 W. Peterson Ave. in Chicago. 1,500 square feet, five ops, private office and break room, large waiting area for patients. Very clean and well maintained, private parking for doctors and patients, call Dr. Leyba at 773.539.0077 or 773.771.5747. \$2,000 per month and includes all utilities.

MT. PROSPECT DENTAL OFFICE SPACE for rent: First floor, 1200 square feet, handicap accessible, four op rooms, three with nitrous. Separate lab and sterilization, basement storage, read to move in, newly renovated. Available end of 2008. Please contact Bob Parrilli at bob@bobparrilli.com.

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.

LAKEVIEW, STREET LEVEL, beautiful, fully equipped six-year-old office, with three operatories, on Southport Avenue available Fridays and Saturdays. Call 773.525.2606 or e-mail hgudog@yahoo.com.

HOFFMAN ESTATES/SCHAUMBURG: Excellent first floor location in prominent medical building. Ten-operatory practice is relocating before lease ends. 2,600-3,600 square feet available. Drop in your equipment and decorate to your liking. E-mail to jscordell@abcdds.com.

OAK PARK: Ground floor, seven-operatory dental office for rent. Drop in equipment and decorate. 2,800 square feet. Lake and Oak Park avenues. Available immediately. Call 708.646.5673.

Positions Wanted

FOR THE COMFORT of your patients: General dentist is available to work in your office, performing surgical extractions and removal of impacted third molars. Fax inquiries to 847.940.9885.

ENDODONTICS IN YOUR OFFICE. General dentist with over 4,000 treated root canals will perform endo on your patients at your location. I can usually treat your patients within 2-3 days of their complaint or of your diagnosis and can do most cases in one visit. 50/50 split. For more information contact Ron Baran, DDS, MBA, MA at drronbaran@hotmail.com, fax 847.895.8543 or call 630.325.9857.

LESS REFERRAL FOR YOUR ORAL AND periodontal surgery: Will perform all phases of general dentistry or just do your oral surgery (extractions, bone grafting) and some periodontal surgery on PT basis. Post doctoral training, 4+ years experience. Call 630.687.2974 or e-mail beth9597@yahoo.com

Opportunities

GENERAL FAMILY DENTIST: PT/FT in high-tech and state-of-art facility in NW suburbs. Excellent opportunity and growth potential to develop in all phases of dentistry within our established group practice. Must work some evenings and Saturdays. Fax resume to 847.426.5964.

GENERAL DENTIST NEEDED for growing practice. FT/PT. Multiple locations throughout Chicago. Great staff. Make your own schedule. Experience a plus. Call 773.282.6446.

ASSOCIATE DENTIST: Established group practice is looking for a caring, energetic dentist for our west suburban office. Our well-trained and experienced staff has the practice administration and clinical skills to compliment your commitment to excellence. Established and growing patient base, dedicated employees and proven practice administration for over 30 years. This is an outstanding opportunity for an enthusiastic and motivated dentist. Fax resume/CV to 630.539.1681.

* GENERAL DENTIST ~ VERNON HILLS *
Comprehensive dentistry with priority on
quality and excellent patient care. Experience
necessary. Excellent long-term potential.
Great opportunity in a large multi-doctor,
multi-specialty practice. Part-time/full-time.
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Looking for part-/full-time associate. Priority on quality and efficiency. Fully competent and trained staff. Molar endo, implants, partials, C&B. Hands on mentoring available if needed. E-mail: pdc4614@yahoo.com Fax: 773.376.8151.

DENTALCARE PARTNERS is an established practice management development company operating in nine states (Illinois, Indiana, Michigan, Ohio, Pennsylvania, Wisconsin, Kentucky, Tennessee and North Carolina). We are currently seeking highly motivated general dentists as well as specialty dentists and orthodontists for full- and part-time positions. The ideal candidate must be concerned with quality patient care, be a team player and have a strong desire to learn, grow personally and professionally. Benefits will include a guaranteed salary with attractive earning potential, partnership opportunity, 401(k), health insurance, term life and vision insurance, short- and long-term disability, malpractice insurance, paid vacations and continuing education. Interested candidates please contact Deborah Hammert at 800.487.4867, ext. 2047, e-mail her at dhammert@dcpartners.com, or fax resume to 440.684.6942.

GENERAL DENTIST: ELGIN. Tuesdays and Thursdays. Occasional Friday and Saturdays. Experienced producer able to work 2+ rooms. Desire to buy-in or purchase a plus. Can earn \$500-1,500/day easily. Fax resume to 847.695.3351. Also pedodontist needed one day/week for Elgin, Berwyn and possibly nearby Indiana practice.

ESTABLISHED GROUP PRACTICE in Elmhurst is looking for a part- to full-time orthodontist for our newly remodeled, state-of-the-art facility. Your excellent clinical skills will be complimented by our outstanding staff. Over 30 years of proven practice administration experience allows you to practice dentistry, not worry over business decisions. Terrific opportunity for energetic, motivated orthodontist with superior people skills to be part of a dedicated team of dental professionals. Fax CV/resume to 630.539.1681.

ASSOCIATE WANTED

St. Charles general dental office is looking for a full-time associate. We are looking for a quality individual with excellent clinical and communication skills who is ready to assume an active patient load. This individual should be willing to grow with the practice and the community. New graduates welcome to apply.

> Please send resume to: P.O. Box 866 St. Charles, IL 60174

ORAL SURGEON: Established multi-specialty group practice in Northern Illinois seeks oral surgeon 1-2 days per week. Competitive salary. Reply to Box A0408-M1, CDS Review.

ASSOCIATE—GENERAL PRACTICE IN North Central Illinois. Experienced staff, excellent growth potential. Looking for a motivated dentist to practice quality dentistry in our fun, friendly atmosphere. Income potential: \$100,000. No PPO/HMO. Send resume to kathyapa@comcast.net.

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,

Please call 312.274.0308 ext. 320 or 324. E-mail CVs to hr@dentaldreams.org or fax to 312.944.9499.

supportive staff. Full-time and part-

time opportunities are available.

MIDWAY AIRPORT AREA: We are seeking a dentist for a full-time position. Please fax resume to 773.284.2879.

ASSOCIATE DENTIST WANTED for quality fee-for-service general practice in Oak Lawn. Needed Mondays, Wednesdays and Saturdays. Experienced staff provides excellent support. Call 708.423.5155 for details.



ASSOCIATE DENTIST WANTED

Dentist needed for busy Lake County office with two locations. 20-30 hours/week. Excellent opportunity to grow. Fax CV to 847.546.5568 or e-mail streilly@sbcglobal.net.

GENERAL DENTIST NEEDED IMMEDIATE START

Two growing locations. Set own hours. New graduates welcome. Spanish speaking a plus. Compensation based on production. Excellent opportunity

Call 630.452.6950.

ESTABLISHED GROUP PRACTICE around Midway Airport in Chicago seeks part- to fulltime general dentist. Multi-specialty office offers excellent opportunity for the right individual. New graduates are welcome. Call 773.284.1645.

DENTIST NEEDED: FT/PT associate for offices in Chicago and western suburbs. Earn \$250,000-350,000 working in a great environment with paid malpractice and health insurance. Fax 312.274.0760 or e-mail dwolle@gmail.com.

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.

DENTIST WANTED for busy state-of-the-art general practice in Oak Forest and Palos Park. Excellent opportunity for growth FT/PT available. E-mail resume to Irimbos@comcast.net.

GREAT OPPORTUNITY: A busy north side modern dental office looking for a full-time motivated general dentist ASAP. Great location for many new patient walk-ins. One year experience. All insurance accepted. Please fax resumes to 773.527.6736 or e-mail maldonado3-9@hotmail.com.

DENTAL ASSOCIATE: Full-time/part-time needed for growing family practice located in the southwest suburbs. Full-time income potential of \$150,000. We are a state-of-theart, digital/paperless office with a friendly team environment! Please e-mail your resume to: dentalpointe@gmail.com.

\$170,000+ GENERAL DENTIST POSITION AVAILABLE. Motivated and independent associate

needed for chicago practice located in Logan Square. Full-time or part-time. Fax: 773.772.8033 or e-mail: dentalcare2020@yahoo.com

ASSOCIATE DENTIST, NORTH SHORE: High quality, fee-for-service, established practice at Old Orchard. Friendly, modern office. Learn and earn at the same time. Potential for partnership. Fax resume/CV to 847.674.3133 or call 847.560.3002.

ASSOCIATE DENTIST: Outstanding opportunity for a self-motivated, energetic, holisticminded dentist with two suburban, FFS integrative dental offices. Three to four days per week are available for a forward thinker with biological dentistry experience or one who is serious about learning more. Please fax your CV to 630.836.1618.

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

PART-TIME ASSOCIATE DENTIST **NEEDED IN SCHAUMBURG AREA**

Excellent opportunity to grow and expand in all phases of dentistry in a modern state-of-the-art office.

Please e-mail resume to drsouri@comcast.net

DENTAL OFFICES IN BEACH PARK AND Waukegan seeks P/T dentist, endodontist, orthodontist and oral surgeon. New graduate welcome. Please fax resume to 847.244.3318 or call Karla at 847.244.3322.

ORTHODONTIST NEEDED ONE DAY PER week for dental office located in Wheeling. New graduates are welcome. Fax resume to Neli at 847.353.8051 or call 847.353.8050.

GENERAL DENTIST NEEDED for associate position. Full/part-time for quality, friendly practice located in Schaumburg. Excellent opportunity for the right individual. Call 847.352.5100 or fax resume to 847.891.0563.

ENDODONTIST, PERIODONTIST WANTED: Lincoln Park general practice is looking for an endodontist and periodontist to work two days a month. Fax resume to 773.871.0981.

PART-TIME ASSOCIATE DENTIST

Office in Des Plaines

Wednesday or Thursday afternoons, Fridays and one or two Saturdays a month available. No HMOs. Please e-mail your info to msch68@gmail.com.

GENERAL DENTIST: Seeking full-time/parttime associate for established dental office in Aurora. Excellent opportunity to grow and expand in all phases of dentistry. New graduates are welcome. Please fax resume to 630.892.9902 or e-mail to ngdentalctr@yahoo.com.

GENERAL DENTIST: A modern dental practice in northwest suburb seeks a FT dentist. Great income potential as we pay on production. We accept FFS/PPO/Medicaid/all kids. International dentist program graduates welcome. Fax resumes to 630.213.0685.

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, 10-6 p.m.

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GENERAL DENTIST, ENDODONTIST, periodontist wanted: Lincoln Park general practice seeks an endodontist, general dentist and periodontist to work part-time. Fax resume to 773.871.0981 or e-mail: rkhaghani@sbcglobal.net.

DENTAL ASSOCIATES WANTED: FT/PT positions at our locations in Rogers Park and Douglas Park. Great income potential. We can sponsor H1B. Two positions available. Please e-mail resumes at purfectsmile@gmail.com or fax to 847.674.3599.

ASSOCIATE GENERAL DENTIST WANTED for a full-time position at a busy practice in the northeast side of Chicago. Must be highly motivated to work at this fast-paced practice and must have excellent people skills. We have a very friendly staff and are looking for a dedicated team member. Great income potential as we pay on production. International dentist program graduates are welcomed. Please fax resumes to 773.878.8597 or e-mail northdentalbroadway@comcast.net.

GENERAL DENTIST Established group practice in northern Illinois (multi-specialty) looking for full-time general dentist. Competitive wage and benefit package. Reply to Box A0408-Z2, CDS Review.

DENTIST: Part-time/full-time dentist position immediately available for busy dental offices in western suburbs. Please call 630.935.0268, e-mail accessdentalcenter@hotmail.com or fax to 630.628.1104.

DENTIST: Doctor's degree in dentistry/dental surgery, Illinois license required. Job Location: Lockport. Please forward your resume and references to Two Rivers Dental, PC, Attn: Reem Shafi, 1196 W. Boughton Rd., Bolingbrook, IL 60440.

PARTNERSHIP: DENTIST WITH OVER 10 years experience is looking for another dentist to co-purchase a Chicago suburban practice. Open to a variety of suburban locations. I can be reached at 773.562.8245 or jtooth12@sbcglobal.net.

SPECIALISTS: PERIODONTIST, orthodontist, oral surgeon for very busy, very well-managed group practice located in Romeoville. Excellent income potential. Fax resume to 815.293.1435.

DENTIST: Professional practice with state-of-the-art technology seeks top-notch staff to contribute to the continued success of our organization. Experienced and recent grads with strong team values and excellence in patient care are welcome to apply. Unique and exciting opportunities at multiple locations: west and far west suburbs. Please fax resume and letter to 630.357.3334 or e-mail opportunities@designdental.com.

PART-TIME ASSOCIATE DENTIST NEEDED in Peoria: Established practice in Peoria, Illinois is seeking a dentist that is available to work two to three days/week. Ideal candidate would be a dentist that is comfortable performing extractions. Good chair side manner is a must. Working interview is available. Compensation for a part-time associate dentist will be a guaranteed daily rate for days worked each week. To learn more contact Stuart Raney at 800.313.3863, ext. 2295, or e-mail stuart.raney@affordablecare.com.

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.

GENERAL DENTIST WANTED: Part-time dentist position immediately available for busy west suburban dental office. Excellent income opportunity. Congenial and friendly atmosphere. Fax resume to 630.876.9201.

ASSOCIATE NEEDED: West suburban dental practice is looking for an experienced associate for two Saturdays a month. Please call 630.323.2245, or fax to 630.323.2271.

PART-TIME GENERAL DENTIST WANTED: PPO and fee-for-service Chicago downtown office. Minimum two year experience preferred. Fax resume to 312.467.4684.

ASSOCIATE WANTED: Part-time associate needed for two dental offices in north side of Chicago and Skokie. Flexible hours with future buy-in opportunity. Send resume to: feriyar1@yahoo.com.

ORTHODONTIST NEEDED for a busy, modern north side Chicago office, three to four days a month. Good location, great opportunity! New graduates welcome. Fax resume to 773.583.8986.

WONDERFUL OPPORTUNITY IN A beautiful and modern family-oriented practice in west suburbs. Associate dentist needed part-time leading to full-time to perform all phases of general dentistry mainly out of our Naperville office. Enthusiasm and motivation is what we require from you and in return you will be given an opportunity to grow and work with the latest technology including lasers, Cerec, digital X-rays etc. Send resume to doctor-sws@gmail.com.

FULL-TIME DENTIST NEEDED: Established practice located in Alsip, Illinois looking for a full-time general dentist. Immediate position and prefer dentist with some working experience. Send resume to 708.481.8210.

GENERAL DENTIST: Spanish-speaking a plus. Associate dentist wanted part-time Saturdays, Mondays, Fridays. Offices in Addison and Aurora. Call 630.892.7967 or e-mail mfrddspc@yahoo.com.

DENTAL VOLUNTEERS NEEDED: Dentists and hygienists needed to volunteer to treat children in India, Nepal, Vietnam or Guatemala. One to three weeks. Make a difference while traveling. www.himalayandental.com or 800.543,1171.

BROOKFIELD COSMETIC AND FAMILY practice: Established practice with top-notch staff and established patient base needs an associate for 2-3 days. You are in charge, as a lead dentist. No HMO, some PPOs with quality dentistry and experience as critical factors. Email johnson@manushealth.com or freedman@manushealth.com, fax 312.640.0164 or phone 312.274.3322.

GENERAL DENTIST: Downtown Chicago 4-5 days per week. Comprehensive dentistry with priority on quality and excellent patient care. GPR and two years or four years experience preferred. Excellent long-term potential. Email goals/CV to downtowndoc@gmail.com.

GENERAL DENTIST WANTED: Looking for an experienced, enthusiastic, passionate general dentist to do comprehensive dentistry for a very well-established dental practice in the southwest suburbs of Chicago. GPR and/or 3-4 years of clinical experience preferred. Able to perform molar endos, extractions and cosmetic dentistry. Please e-mail your resume to dr.mraina@gmail.com.

DENTIST: Professional practice with state-of-the-art technology seeks top-notch staff to contribute to the continued success of our organization. Experienced and recent grads with strong team values and excellence in patient care are welcome to apply. Unique and exciting opportunity in Palatine. Please fax resume and letter to 630.357.3334 or e-mail opportunities@designdental.com.

ASSOCIATE DENTIST NEEDED for quality general dental practice (fee-for-service and PPOs only) in south suburban Oak Forest. Experience preferred. 2-3 days per week. 40% of collections/hourly pay. Fax resume to 708.226.0248.

PERIODONTIST: Periodontist needed parttime for busy west suburban general practice. Must be experienced in all phases including implants. Please call 630.860.5544.

ASSOCIATE NEEDED: Great opportunity for a highly motivated, caring general dentist in established, quality-oriented, modern practice located on the northwest side of Chicago (Jefferson Park area). Call 773.427.1310. rwtm729@yahoo.com.

GENERAL DENTIST: Part-time/full-time associate position available for established, family dental office in Joliet. Great opportunity to practice in all phases of dentistry with option to buy-in. Only PPOs. Friendly environment and salary based on production. E-mail resume to denturebytom@sbcglobal.net.

GENERAL DENTIST: A modern, paperless dental practice in Schaumburg is seeking a FT/PT dentist. Good income potential, based on production. Friendly team. Accepting FFS/PPO/Medicaid/all kids. New graduates welcome. E-mail resume to schaumburgsmiles@gmail.com.

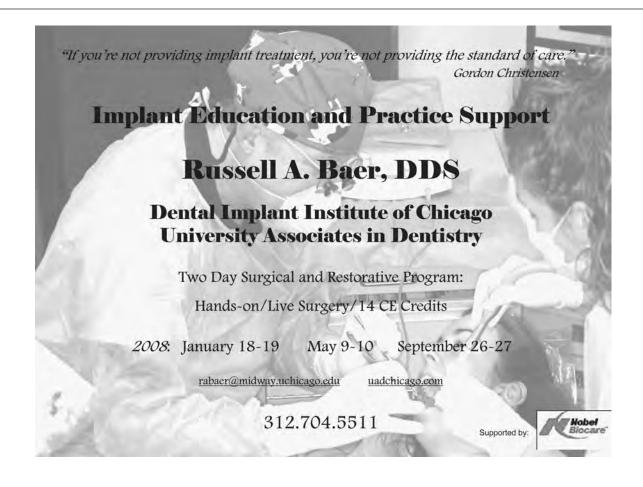
ASSOCIATE DENTIST NEEDED: Modern dental office in Arlington Heights is looking for a dentist, part-time or more. We speak Russian, Polish and Ukrainian in addition to English. Send resume to a.kletsel@comcast.net or fax to 847.222.0006. Thanks!

PART-TIME ASSOCIATE DENTIST is needed for growing Elmwood Park office. PPO and FFS. Starting 1-2 days/week. New graduates are welcome. Please fax resume to 708.453.8440.

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 773.575.7660 (ask for Harry), e-mail fdc92@hotmail.com, or visit www.familydentalcare.com.

ELGIN: Two practices, Elgin and near west suburb wanted management companies to expand, might lead to sale, buy-in etc. Practices doing about \$40,000 a month. Doctor busy with other practices but can work 6-10 hours per week. Entrepreneurs, or doctors that can maximize production could easily do \$60,000-\$80,000 plus/month. Fax ideas to 847.695.3351 or e-mail cowboy3368@sbc-global.net.

ORAL SURGEON, PERIODONTIST: Busy Norridge group practice seeks a part-time OS and periodontist 2-4 days/month to expand our care of our patients. Digital X-ray, Nobel implant system. Active perio program. Please call 847.477.6443 or e-mail wtpdds@earthlink.net.



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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.

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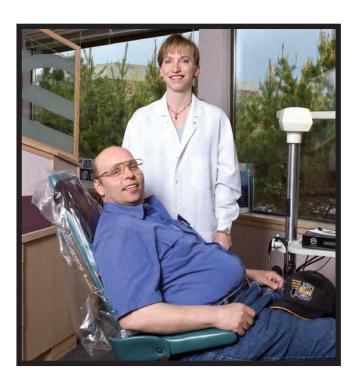
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ADA Foundation

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 ${\it Please make checks payable to ADA Foundation-International Fund}$







Final Impressions by Walter F. Lamacki, DDS

Write Dr. Lamacki at wlamacki@aol.com.

A tangled web

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iuseppe Tomasi di Lampedusa in his classic book, *Il Gattopardo* (translated as *The Leopard*), tells us that if you want things to remain the same, then things will have to change.

Historian Joseph J. Ellis in his new book, *American Creation*, posits that our Founding Fathers knew this and so incorporated mechanisms in the Constitution to allow our form of government to evolve. For the foreseeable future, access to care will be the impetus for sweeping changes in the way dental care will be provided.

ADA's failed lawsuit seeking to prevent the leadership of Alaskan Natives from providing urgent dental care by using minimally trained therapists has accomplished what advocates of the court case feared—a spread of the initiative to the lower 48 states. The Alaskan lawsuit was ill-advised and was quickly identified by the public as self-serving. The profession lost the trust of the public that took a generation for us to earn.

This spring the Minnesota legislature considered amendments to the Dental Practice Act that would allow "suitably trained" hygienists not only to practice hygiene independently, but went further by permitting the de facto practice of dentistry. The hygienists, emboldened by ADA's fiasco, seduced Minnesota legislators into believing they found a facile and cheaper solution to the problem of providing care for the

No longer will legislatures blindly sign on to our arguments. Our leaders will need to shape the debate, provide realistic solutions and not fall back on tired arguments.

needy. The idea of increasing access by adding personnel ignores evidence that mal-distribution of dentists is a major cause of lack of access and erroneously assumes new providers would gravitate to underserved areas. Nowhere in the proposal from hygienists did they mention serving the underinsured or underserved populations.

The Minnesota Dental Association, working with ADA, was able to get a stay of execution by agree-

ing to sit down with the hygienists to develop parameters of a new mid-level care provider, Oral Health Practitioner (OHP), which is to be ready no later than Aug. 1, and report back in 2009. For all intents and purposes, it's a done deal.

Meanwhile back at the ranch, ADA has come up with its own non-solution, the Oral Prevention Assistant (OPA), mandated by the 2006 ADA House of Delegates. The OPA will be taught to scale periodontal Type I (gingivitis) patients ostensibly freeing the dentist and/or the hygienist for more advanced preventive

treatment. It appears to me this could be accomplished more efficiently with on-the-job training. Accreditation, further curriculum development and licensure will certainly follow. A vast labyrinth of educators, examiners and pols will be created, all for a "junior" hygienist to do routine prophylaxis. The ADA is trying to hold back a deluge with an umbrella as more comprehensive and creative programs are proposed by others. Raising patient safety concerns to justify its proposals will be viewed by legislators and the public as thinly disguised "turf protection."

In my opinion, the American Dental Hygieinists Association and ADA proposals will not solve this problem. Lack of access is a multi faceted issue: it's economic, physical, cultural and emotional. It includes the burden of patients traveling great distances to receive care.

The OHP and any other mid-level provider (still to be dreamed up) cannot perform dentistry cheaper.

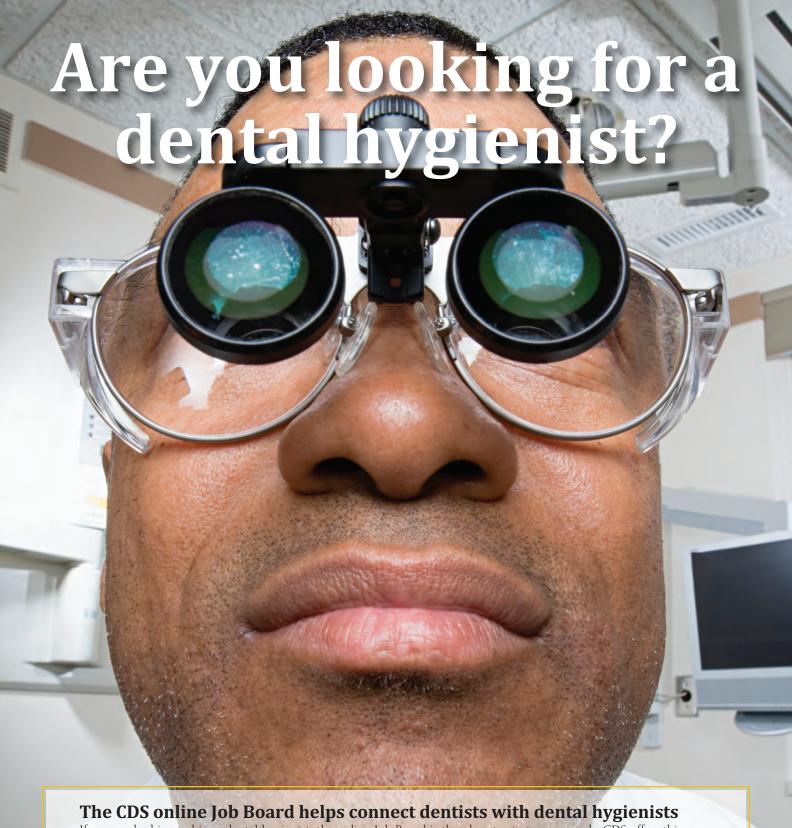
Lawmakers ignore one of the most efficient courses to increase access: increase the fee schedules of public aid programs and include adults. Tennessee did that with stunning results. ISDS has launched Bridge To Health Smiles, an initiative to lobby the Illinois legislature to take responsibility for a meaningful solution by increasing re-imbursement for Medicaid to 64 percent of usual and customary fees (still not fair, but doable). There is no doubt in my mind that our members would overwhelmingly respond by treating the needy if they would not lose money.

But I'm afraid this, too, won't be enough to stem the tide of ADHA's tenacity. No longer will legislatures blindly sign on to our arguments. Our leaders will need to shape the debate, provide realistic solutions and not fall back on tired arguments.

ADHA and ADA might as well be proposing the camel replace the automobile in cities in order to reduce smog.

We can do better and recapture the trust of the public, but only if we understand we must change.

Harold Hillenbrand once said: "...the greatest danger is not invasion of government but rather the failure of leadership of health professionals...."



If you are looking to hire a dental hygienist, the online Job Board is the place to start your search. CDS offers this new service to members and dental hygienists. CDS members may post positions available; dental hygienists seeking jobs may post their résumés; and each may browse the other's postings. It is a great way to connect the job seekers with the job posters. And it is FREE!

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AN INTRODUCTION TO FORENSIC ODONTOLOGY

EDWIN T. PARKS, DMD, MS

WEDNESDAY, SEPTEMBER 24

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

Drury Lane, 100 Drury Lane, Oakbrook Terrace

CE CREDITS: 5 CE hours

TARGET AUDIENCE: General interest



Dr. Parks will provide an overview of the tasks commonly performed by forensic odontologists. Data collection and comparison techniques needed to complete dental identification, as well as bite mark analysis and involvement in mass fatality incidents, will be presented.

ABOUT OUR SPEAKER:

Dr. Parks is a popular speaker who has authored numerous journal articles and book chapters and presented lectures at past Midwinter Meetings. He is a professor of diagnostic sciences in the Department of Oral Pathology, Medicine and Radiology at the Indiana University School of Dentistry.

Dr. Parks is the division director for Oral and Maxillofacial Radiology. A Diplomate of the American Board of Oral and Maxillofacial Radiology and the American Board of Oral Medicine, Dr. Parks also serves as the forensic dental consultant for the Marion County Coroner's Office and directs the facial pain clinic at University Hospital.

ABOUT

CDS MEETINGS:

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

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

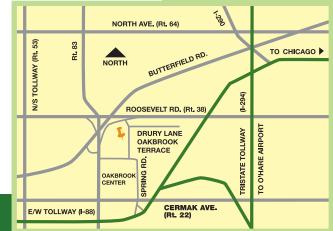
Advance registration is not required for any Regional Meeting.

DIRECTIONS:

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| November 5 The Passion-Driven Practice Gary Zelesky |
| January 21, 2009 A Potpourri of Dental Pharmacology Harold Crossley, DDS, PhD |
| April 29, 2009 A Combination of Senior Moments and Know Pain, Know Gain Anastasia Turchetta, RDH |
| September 23, 2009 Implants Rick Sullivan, DDS, of Nobel Biocard |
| November 11, 2009 Prosthodontics Stephen Chu, DDS |

Englewood

For information, contact Aaron Tucke, 708.423.5990 or atucke@yahoo.com. Meetings are at Nikos' Restaurant, 7600 S. Harlem Ave., Bridgeview, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7 p.m.; Program: 7 p.m.

| Staff and Professional Development Night. Cocktails: 6 p.m.; Meeting: 6 p.m.; | Dinner: 7:30 p.m. |
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| Practice Management | Bruce Lowy |
| Christmas Party @ Edgewood Valley Country Club, 7500 S. Willow Springs Rd., | LaGrange |
| Risk Management and Asset Protection | Eugene Klein |
| ISPS—Pediatric Oral Healthcare | Speaker TBA |
| Program title and speaker TBA | |
| Installation of Officers | Date and location TBA |
| Branch Golf Outing | Date and location TBA |
| | Development Night. Cocktails: 6 p.m.; Meeting: 6 p.m.; I ewood Valley Country Club, 7500 S. Willow Springs Rd., Asset Protection ealthcare ker TBA |

Kenwood/Hyde Park

Meetings are at Rumba, 351 W. Hubbard St., Chicago, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7 p.m.; Program: 8 p.m. For information, contact Lena Casimir, 219.730.6265 (cell) or 312.922.3411 (office) or drlena_2@sbcglobal.net.

| ו טו ווווטווומנוטוו, כ | i di illiditiation, contact terra Casillii, 217.730.0203 (terr) of 312.722.3411 (dilite) of differia_2@sptglobal.itet. | יטטמוויפנ. |
|------------------------|--|-------------------------------|
| October 7 | The Perio-Restorative Interface: Using Perio Procedures | De'Avlin Olguin, DDS, MS, and |
| | to Improve Your Patient's Smile | Lakshmi Boyapati, BDS, MS |
| November 11 | Current Therapies in Treating TMD/TMJ Conditions | Charles Greene, DDS |
| December 2 | Access to Care (CDS officers to attend) | Donald Kipper, DDS |
| March 3, 2009 | Bisphosponate Drugs: Guidelines for Dental Treatment | Tyran Johnson, DDS |
| April 7, 2009 | Disaster Emergency Response Training: How Dentists Can Respond in a Crisis Michael Colvard, DDS, MS | Michael Colvard, DDS, MS |
| May 2009 | Installation of Officers | Date and location TBA |
| | | |

North Side

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|--------------------------|---|-----------------------------|
| September 23 | Dental Applications of Cone Beam Volumetric Tomography | Lawrence Zager, DDS |
| | @ Monastero's Ristorante, 3935 W. Devon Ave., Chicago. | |
| November 11 | Root Canals or Implants? Let's Stop the Debate and Understand the Rationale Mohamed Fayad, DDS, MS, PhD | Mohamed Fayad, DDS, MS, PhD |
| | @ Via Veneto, 6340 N. Lincoln Ave., Chicago. | |
| January 13, 2009 | Contemporary Thoughts on Implantology and Periodontology | Nolen Levine, DDS |
| | @ Wildfire, 159 W. Erie St., Chicago. | |
| March 17, 2009 | The Use of Temporary Anchorage Devices and Implant Anchorage | Howard Spector, DDS |
| | in Contemporary Orthodontic Treatment | |
| | @ Ben Pao Chinese Restaurant, 52 W. Illinois St., Chicago. | |
| May 2009 | Installation of Officers | Date and location TBA |

North Suburban

Meetings are at Maggiano's, 175 Old Orchard Shopping Center, Skokie. Cocktails: 6 p.m.; Dinner: 6:45 p.m.; Program: 7:45 p.m.

Meetings are at Maggiano's, 175 Old Orchard Snopping Center, Stories, Communication, Contact Susan Graber, 847.729.7711, drgraberdds@aol.com; or Maria Fe Corpuz-Bato, 847.336.3770, mariafecbato@comcast.net.

| October 7 | Traumatic Injuries to Tots and Teens | Fred Margolis, DDS |
|------------------|---|--|
| November 11 | Fraud in the Dental Office | Petra von Heimburg, DDS, JD |
| December 9 | A Huge Surprise in Posts and Cores | Nadir Sharifi, DDS, MS |
| January 13, 2009 | The Hollywood Smile | Terry Sellke, DDS, MS |
| March 10, 2009 | ISDS Update | Robert Rechner, ISDS Executive Director |
| April 7, 2009 | Diagnosis and Treatment of Sleep Apnea in Relation to TMJ Disorder | Ira Shapira, DDS |
| May 2, 2009 | Installation of Officers @ Knollwood Country Club, 1890 Knollwood Rd., Lake Forest. Cocktails: 6 p.m.; Dinner: 7 p.rr | lake Forest. Cocktails: 6 p.m.; Dinner: 7 p.m. |

Northwest Side

For information, contact Brett Gilbert, 773.775.3663 or kingendo@sbcglobal.net. Meetings are at Colletti's Restaurant, 5707 N. Central Ave., Chicago, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7:30 p.m.; Program: 8:45 p.m.

| October / | Orthognathic Surgery and the General Dental Patient | Michael Zak, DDS |
|---------------|--|-----------------------|
| November 4 | The Role of Sedation and General Anesthesia in Dentistry | Michael Higgins, DDS |
| December 2 | Holiday Gathering (Family and staff are welcome) | Location TBA |
| March 3, 2009 | The Issues of Standards of Care and Dental Regulations | Michael Vold, DDS |
| March 4, 2009 | CPR Class for Dentists and Staff | |
| April 7, 2009 | Program title and speaker TBA | |
| May 2009 | 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 Petra von Heimburg, 847.382.2832 or ceprof@aol.com.

October 7

Multidisciplinary Communication for Success in Implant Dentistry

Carolia Bulkanetain DDC

| October / | Multidisciplinary Communication for Success in Implant Dentistry | Sergio Kubenstein, DDS |
|------------------|--|------------------------|
| November 11 | A Cosmetic Approach to Perioral Wrinkles | Amy Brodsky, MD |
| January 13, 2009 | Methamphetamines: Recognizing and Understanding the Epidemic | Gary Klasser, DMD |
| | From a Dental Perspective | |
| March 10, 2009 | The Re-restoration of the Existing Implant Patient | Gary Morris, DDS |
| May 2009 | Installation of Officers | Date and location TBA |
| May 2009 | Suburban Scramble 2009: Annual Branch Golf Outing | Date and location TBA |
| | | |

South Suburban

For information, contact Eric Kosel at 708.532.0091 or koseldental@netzero.com. Meetings are at Idlewild Country Club, 19201 Dixie Hwy., Flossmoor, unless otherwise noted. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 8 p.m.

| October 14 | Political Night | Featuring local political leaders |
|------------------|--|-----------------------------------|
| November 11 | How to Lead a Long and Healthy Life | Anjoli Faso, RD |
| January 13, 2009 | Office Emergencies: Are You Really Prepared? | Robert Bosack, DDS |
| March 10, 2009 | Program title TBA | Edward Schoen Jr., CPA, Esq. |
| April 14, 2009 | Abfraction or Abfriction? In Vitro Reproduction of the | John Dzakovich, DDS |
| | Non-carious Cervical Lesion | |
| May 2009 | Installation of Officers | Date and location TBA |
| | | |

West Side

Meetings are at Philanders at The Carleton of Oak Park, 1110 Pleasant St., Oak Park. Cocktails: 6 p.m.; Dinner: 7 p.m.; Program: 7:45 p.m. For information, contact Gary Clemens, 708.795.1255 or gclem14714@ameritech.net.

| September 9 | CPR and Automatic Defribilator Update | Paul McCauley, DDS |
|------------------|--|-------------------------|
| October 14 | Malignant Tumors of the Maxilla and Soft Palate | Guy Petruzelli, MD, PhD |
| November 11 | Retirement Planning and Spending | Aleks Dabrowski, CLTC |
| December 9 | Computer-aided Design and Manufacture of Dental Restorations | Don Bennett, DDS |
| January 13, 2009 | The Latest in Porcelain Veneers | Bruce Tuck |
| March 10, 2009 | Direct Posterior Composites | Rolando Nunez, DDS, MSc |
| April 14, 2009 | Organizational Meeting | |
| May 2009 | Installation of Officers | Date and location TBA |
| | | |

West Suburban

Program: 8 p.m. For information, contact Jiten Patel, 630.655.3636 or jitenbp@yahoo.com. Meetings are at Oak Brook Hills Marriott Resort, 3500 Midwest Rd., Oak Brook, unless otherwise noted. Cocktails: 6:30 p.m.; Dinner: 7 p.m.;

May 2009 May 2009 October 14 April 14, 2009 March 10, 2009 November 6 January 13, 2009 Program title and speaker TBA Case Presentation Night Comprehensive Esthetic Treatment Planning Transitional Composite Bonding Annual Golf Outing (Loyola University Dental School reunion for classes graduating in 1980-1982) Date and location TBA

Date and location TBA Corky Willhite, DDS Jeffrey Bonk, DDS

