FOCUS ON
Pediatric Dentistry
Artisan’s 16th Annual Golf Tournament & Fundraiser
Friday, June 8, 2012

We invite you to join us for Artisan’s 16th Annual Golf Tournament and Fundraiser. Enjoy a day filled with great camaraderie, fun, prizes and gifts. Fifty percent of proceeds will be donated to The Terry Monetti Memorial Scholarship Fund at OHSU and Medical Teams International. There will be awards and a banquet lunch following the tournament.

$200 registration fee limited to first 40 registered golfers
$100 of cost is tax deductible
Shotgun start at 8:00 a.m.
Tournament format, 4 person scramble

Call Janice Dodd for more information at ext. 224

For more information please call 800-222-6721 or 503-238-6906
Cover Story:

Kid Zone: Pediatric Dentistry

Also

Administering Sedation to Children

Also Inside...

From the Editor
Barry J. Taylor, DMD, CDE, with
Stephen J. Persichetti, DDS, MBA

News Briefs

Member Profile
Haley E. Hunt, DMD

ODA Peer Review

Board of Dentistry Rules Hearing on EPDH, May 31

ODC 2012 Wrapup

Volume 18, number 1
May 2012
**EVENTS & INFORMATION**

**CONTACT US**

**Letters to the Editor**

Letters to the Editor are welcomed. All letters and other submissions to this publication become the property of the Oregon Dental Association. Send submissions to:

Editor, Membership Matters
Oregon Dental Association
PO Box 3710
Wilsonville, OR 97070-3710

E-mail: beavertondentist@yahoo.com

**Articles**

Are you interested in contributing to Membership Matters? For more information, please contact editor, Dr. Barry Taylor:

beavertondentist@yahoo.com

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**Oregon Dental Association**

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8699 SW Sun Pl, Wilsonville, OR 97070

**Dentist Health & Wellness Hotline**

503.550.0190

**DOPAC**


Social networks

Look for the Oregon Dental Association group on:

facebook LinkedIn

Follow ODA President, Gregory B. Jones, DMD: @ODAPrez twitter

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**ODA CALENDAR**

**EVENTS & MEETINGS**

**MAY 31**

6:00 PM       Non-Member night *(MacTarnahan’s)*

**JUNE 1**

12:00 PM      Executive Committee meeting *(Tentative Conference Call)*

**JULY 28**

8:00 AM       Board of Trustees meeting *(ODA)*

**SEPT 6**

12:00 PM      Executive Committee meeting *(Eagle Crest)*

**SEPT 7–8**

ODA House of Delegates *(Eagle Crest)*

**SEPT 8**

12:00 PM      Board of Trustees meeting *(Eagle Crest)*

**SEPT 13–16**

Oregon Mission of Mercy III *(Medford)*

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**2012–2013 DBIC RISK MANAGEMENT COURSES**

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<tr>
<th>DATE</th>
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<th>COMPONENT/LLOCATION</th>
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<tr>
<td><strong>2012</strong></td>
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<tr>
<td>Oct 26</td>
<td>8 AM</td>
<td>Southern Willamette (Corvallis)</td>
<td>O’Brien Dental Lab, 541.754.1238</td>
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<tr>
<td>Nov 13</td>
<td>5 PM</td>
<td>Washington County (Beaverton)</td>
<td>Carolyn Pearce, 503.848.5605 or <a href="mailto:wcascaryn@frontier.com">wcascaryn@frontier.com</a></td>
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<tr>
<td>Dec 7</td>
<td>9 AM</td>
<td>Marion &amp; Polk (Salem)</td>
<td>Lori Lambright, 503.581.9353 or <a href="mailto:mpdentale@qwestoffice.net">mpdentale@qwestoffice.net</a></td>
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<tr>
<td><strong>2013</strong></td>
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<tr>
<td>Apr 6</td>
<td>9 AM</td>
<td>Oregon Dental Conference®</td>
<td><a href="http://www.oregondental.org">www.oregondental.org</a></td>
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<tr>
<td>May 14</td>
<td>6 PM</td>
<td>Southwestern OR (Coos Bay)</td>
<td>Anne Mills at Dr. Roger Sims’ office, 541.267.5867</td>
</tr>
<tr>
<td>Dec 6</td>
<td>9 AM</td>
<td>Multnomah (Portland)</td>
<td>Lora Mattson, 503.513.5010</td>
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<tr>
<td>Dec 13</td>
<td>9 AM</td>
<td>Central Oregon (Bend)</td>
<td><a href="http://www.centraloregondentalsociety.org">www.centraloregondentalsociety.org</a></td>
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**COMPONENT CE CALENDAR**

Compiled by Mehdi Salari, DMD

Send your component’s CE courses to bendsalari@yahoo.com.

**TUE, MAY 22**

Clackamas County CE HRS: 1.5

Snoring and Sleep Apnea Solutions
Alex Lin

LOCATION: Oregon City (Prov. Willamette Falls Comm. Ctr.)
INFO: www.clackamasdental.com

**TUE, MAY 22**

Lane County CE HRS: 2

30 Years with Autism, Up Close and Personal
Frank Foreman, DDS

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

**FRI, SEPT 14**

Lane County CE HRS: 7

Hot Topics in Aesthetic and Restorative Dentistry
David S. Hornbrook, DDS

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

**TUES, SEPT 18**

Washington County CE HRS: 1.5

Flex Diet
James Beckerman, MD (Cardiologist)

LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org wcascaryn@frontier.com

**FRI, OCT 12**

Lane County CE HRS: 7

How to Evaluate the Face—6 Elements of Orofacial Harmony
David Baker, MD

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

**FRI, NOV 9**

Lane County CE HRS: 7

Gneuromuscular Occlusion (GNM)
Clayton Chan, DDS & Joseph Willardsen, DDS

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

---

**2013**

**TUES, JAN 15**

Washington County CE HRS: 1.5

Diagnostic Imaging of Jaw Lesions
Jeffery Stewart, DDS, MS

LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org wcascaryn@frontier.com

**TUES, MAR 12**

Washington County CE HRS: 1.5

Integrating Computer, Database & Networking in Dental Workplace
Todd Franklin of Franklin Consulting

LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org wcascaryn@frontier.com

**TUES, MAY 14**

Washington County CE HRS: 1.5

Using Online Marketing for your Practice
Ian McNickle of WEO Media

LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org wcascaryn@frontier.com
STIMULATING OUR LOCAL ECONOMY

Who says one local bank can’t make a difference?

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FROM THE EDITOR

My editorial this month is based upon an exchange between myself and Stephen Persichetti, DDS, MBA. Dr. Persichetti’s strong understanding of the “business” of dentistry along with real-time experience as both a faculty member and active practitioner make his an opinion worth listening to.

DR. TAYLOR:
I enjoyed the meal we shared with several senior dental students a few months ago. It was refreshing to see their passion and pride in dentistry. Do you think they are confident of their future success in dentistry?

DR. PERSICHETTI:
One of the nicest facets of being associated with the dental students at OHSU is that their enthusiasm is contagious. I believe that their enthusiasm is not based completely on their youth and vigor, but by a realization that there will always be a demand for good dentists. By good dentists, I mean dentists who know how to solve patient problems and make sure that the experience is acceptable to the patient. They realize that they will have to work hard to achieve their professional goals, but that success is attainable.

DR. TAYLOR:
In our discussions, the students spoke of not supporting mid-level providers. However, there are efforts at many levels to expand the scope of practice for these providers. Do you think that these new dentists will have to learn to incorporate these team members in their practices?

DR. PERSICHETTI:
To maintain profitability in our current market, new dentists are going to have to work very efficiently and effectively. This may include the use of mid-level providers. However, dentists who employ mid-level providers are going to have to manage the patient care outcomes and economic outcomes. It may prove that mid-level providers just increase the wage expense burdens on an office and ineffectively increase operating overhead.

DR. TAYLOR:
These soon-to-be graduates are aware that one of the largest dental insurers lowered their reimbursement rates to dentists by an average of 15%. Are the students aware of the impact of reimbursement reductions such as this and the increased penetration of managed care programs?

DR. PERSICHETTI:
It is time to face the facts. Insurance companies will continue to maximize shareholder wealth. Their push to increase revenues and carefully scrutinize reimbursements to providers will continue. Despite what some of the “feel good” consultants are telling us, we are not going back to the days of strictly fee for service dental practices.

There is value for dentists in some managed care programs, but dentists often are not selective enough. Many dentists indiscriminately sign up for any and every managed care program without properly determining reimbursement rates and overall service. By doing so, poor managed care programs are allowed to maintain or increase their market share. These second and third tier plans are able to convince employers to purchase their substandard products because they have convinced uninformed dentists to enroll as providers in their programs. Dentists need to be more selective in choosing their participation in managed care plans.

DR. TAYLOR:
You have been teaching practice administration at the OHSU School of Dentistry for many years and you also practice full time in your own private dental practice. What is your advice to the dentist worried about these things?

DR. PERSICHETTI:
My advice is to keep worrying. Stay vigilant, and do not let anyone tell you that they can manage your practice better than you can.

The reason that I have continued to teach practice administration is that I have a very strong feeling that the worst thing our profession could do is to turn our independent practices over to larger groups who employ “professional managers.” Losing the independent nature of dental practice would harm the profession and our patients.
I am amazed at the efforts of some to perpetuate a myth that dentists are not good business people. Dentists are extraordinary business people. The systems, not the wisdom, guide them. Dentists tend to be extremely organized by nature. Therefore, the careful creation and maintenance of dental office operating systems designed to ensure that all of our goals are met is where we need to focus our energies. There is no absolution from the worry. We just need to stay informed and remain thoughtful and engaged in the close management of our practices.
These leadership positions are open. To be reviewed by the nominating committee prior to election, please submit materials 45 days prior to election. Interested applicants should submit a letter of interest and a one-page resume to:
Weston W. Heringer, Jr., DMD
Chair, Nominating Committee
PO Box 3710, Wilsonville, OR 97070
or email: leadership@oregondental.org

Please cc: William E. Zepp, CAE
Executive Director, at bzepp@oregondental.org

 Elections held Sept. 9, 2012
Elected by ODA House of Delegates

- **PRESIDENT-ELECT** TERM ENDS 2013
  (The vice president automatically stands for election to this position.)
  *INCUMBENT* Jill M. Price, DMD
  *DECLARED CANDIDATE* Judd R. Larson, DDS

- **VICE PRESIDENT** TERM ENDS 2013
  *INCUMBENT* Judd R. Larson, DDS
  *DECLARED CANDIDATE* Steven E. Timm, DMD

- **ADA DELEGATE AT LARGE**
  TERM: 2013–2015 ADA HOD
  *INCUMBENT* Rickland G. Asai, DMD
  *DECLARED CANDIDATE* Rickland G. Asai, DMD

- **LEADERSHIP DEVELOPMENT COMMITTEE**
  TERM: 2012–2015
  *INCUMBENTS* Wayne R. Barichello, DMD
  Weston W. Heringer, Jr., DMD
  Kimberly R. Wright, DMD
  *DECLARED CANDIDATE* Kimberly R. Wright, DMD

Congratulations, Dr. Dowsett!

Dr. David Dowsett (right) was inducted into the Pierre Fauchard Academy at the Oregon Dental Conference. He is pictured here with Dr. Weston Heringer, Jr., chair of the Oregon Section of the Pierre Fauchard Academy.

Mission of Mercy III

Central High School, Medford, Oregon
September 13–16, 2012

A collaboration of the Klamath County, Rogue Valley, and Southern Oregon components.

Congratulations to Drs. Ferré and Goertz!

At the Oregon Dental Conference, the Dental Foundation of Oregon recognized a number of individuals and one organization for their outstanding volunteerism and support of children’s oral health.

From left: Dr. Kurt Ferré and Erica Soto represented the Friends of the Creston Children’s Dental Clinic, which received a special Dental Champion award for their volunteers and board members who helped save the clinic from closing. Elisa Shofield, RDH, was recognized as a Dental Champion for her volunteerism at the Salem Boys & Girls Club dental clinic. Dr. James Goertz and his wife Elaine were recognized as Friends of the Foundation for their outstanding volunteerism on the Tooth Taxi during the past year.

Talking to your patients about dental x-rays and brain tumor risk

A recent study published in Cancer, a scientific journal of the American Cancer Society, associates yearly or more frequent dental X-rays with an increased risk of developing meningioma, the most commonly diagnosed brain tumor in the US.

The ADA Division of Science has carefully reviewed the study and notes some weaknesses in the study design and interpretation of the results.

Considering the weaknesses and the small size of the reported effect, this study shouldn’t raise significant concerns. However, it’s a good reminder that dental X-rays should be taken only when the dentist expects the diagnostic yield to affect patient care.

Read the full article in the April 2012 issue of ADA’s Science & Technology e-newsletter at www.ada.org/EPUBS/science/2012/april/page.shtml.

The article has sample answers to common patient questions to help you discuss this with your patients.

You’re Invited!

Help Promote ODA Membership and Recruit New Members!

Invite a non-member colleague to join you at ODA’s “Non-Member Night” at MacTarnahan’s Taproom. Enjoy complimentary drinks and appetizers while helping us share the many benefits of ODA membership.

Network with colleagues as you tour the brewery and sample beer, all while non-members discover what they are missing!

Thursday, May 31, 2012, 6–9 PM
MacTarnahan’s Taproom
2730 NW 31st, Portland, OR 97210

Not sure which of your colleagues aren’t members? Check out the non-member list posted on ODA’s website under the “Member Resource” tab. You are not limited on the number of non-members you can invite.

All are welcome, and we know the best invite comes from a colleague!

Show your support for this fun, new event!
RSVP to: Anna Juan at ajuan@oregondental.org or 503.218.2010 x102
There’s a reason
I’ve been an O’Brien customer for 43 years.

“In 1969, O’Brien Dental Lab produced their first crown for me, and I’ve used them ever since. No matter what kind of case I threw at them, they could always help me. They’re more than a vendor. They’re partners, and they’ve become friends. They treat every case as if it’s the most important one in the lab. How many vendors have you stayed with for over four decades?”

- Lon Jersen, DDS, Corvallis, OR

800.445.5941  obriendentallab.com  Our practice makes yours perfect
ODC celebrates 15th year at the OCC

ODA President, Dr. Greg Jones, presents a plaque recognizing the 15th Anniversary of the Oregon Dental Conference/Oregon Convention Center partnership to Teri Dresler, General Manager of Visitor Venues for Metro. The presentation took place during Friday morning’s Opening General Session.

ODA members have 3 options for paying their 2013 dues!

It seems early to think about 2013 dues, but one of the ODA payment plans involves pre-payment of annual dues. Sign-up forms will go out in May, so we wanted to make sure all members are informed of the three options available for Tripartite membership dues payment.

According to the Oregon Dental Association bylaws, membership dues are to be paid before January 1st of each year.

Contact Jennifer Webster at jwebster@oregondental.org with any dues-related questions.

To make your dues payment more convenient, we have 3 options:

1. **EZ PAY PLAN**: Under the EZ Pay plan, participants authorize the Oregon Dental Association to automatically charge their credit card in three equal installments that are billed on July 15, September 15 and November 15, 2012. The payments are based upon your 2012 dues amount. A letter will be sent to you in May that gives you the option of choosing this plan.

2. **12 MONTH PLAN**: Under the 12 month payment plan, participants authorize the ODA to, on a monthly basis, charge their credit card or deduct from their checking account their 2013 dues in 12 equal installments from January 2013 thru December 2013. Members may opt in to this plan when they receive their 2013 dues invoice in October.

3. **STANDARD PAYMENT**: Under the standard plan, members are invoiced in October for dues that are to be remitted, in full, by January 1, 2013.

Please welcome our newest ODA members!

**JUSTIN L. COCHELL, DMD**
Oregon City
Clackamas County

**RAQUEL A. KAFENTZIS, DMD**
Hermiston
Eastern Oregon

**SCOTT AARON SMITH, DDS**
Clatskanie
Clatsop County

**RICHARD J. TOOKE, DMD**
Portland
Multnomah
The concept of the mid-level dental provider has been a divisive issue within the profession since it was introduced in the late 1990s, and a recent vote by the Board of Dentistry regarding how to define the role of the Expanded Practice Permit Dental Hygienist (EPDH) shows that the debate continues.

In response to concerns about access to care, the Oregon Legislature in 1997 created a Limited Access Permit Dental Hygienist that was allowed to provide hygiene services to people who lacked access to care in regular dental office settings. Over the next 10 years, the locations and populations in which these Limited Access Permit hygienists could serve expanded slowly every legislative session at the discretion of the Legislature.

During the 2011 legislative session, the Oregon Dental Association entered into mediation with the Oregon Oral Health Coalition to discuss access to care issues. During this mediation, the Oregon Dental Hygiene Association (ODHA) requested a name change from Limited Access Permit to Expanded Practice Permit Dental Hygienist. The scope of practice remains relatively the same, though the EPDH has limited additional scope of practice with a collaborative agreement with a dentist. The statute includes a statement that additional populations can be included at the discretion of the Board of Dentistry.

Last January, the ODHA submitted language outlining addition populations that the EPDH could serve. The ODA, believing that the proposal extended far beyond legislative intent, submitted its own language to be considered. The ODA's proposed rule states those who can be treated by EPDHs would include migrant farm workers, people earning up to 200 percent of the federal poverty level, those who are 25 miles or more away from full-time general dental care, and members of federally recognized Native American tribes.

During an April 3 meeting of the Board of Dentistry’s Rules Oversight Committee, both proposals were discussed. The committee unanimously approved the ODA proposal, with additional language to reiterate the statute that additional populations could be considered.

The issue was presented again during an April 6 meeting of the full Board of Dentistry, where the vote was to move that same proposal to a Rule Hearing, the final step before being adopted into administrative rule. The vote resulted in dissenting votes from Patricia Parker, DMD, Julie Ann Smith, DDS, MD and Jill Mason, RDH, EPDH. Ms. Mason is a member of the Rules Committee who previously had voted in support of the proposal.

In a written statement, Dr. Parker and Dr. Smith explained why they voted against the proposal.

“Our reasons for voting ‘no’ are fairly straightforward. This is a very complex and important issue that deserves the time and energy necessary to come to the most just and appropriate resolution. We both felt that further discussion was needed on this matter, and therefore voted ‘no,’” they wrote. “We must make it clear that we are not able to respond
as representatives of the Oregon Board of Dentistry, but this statement reflects our personal opinions.”

Those voting in favor of the proposal included Jonna Hongo, DMD, a Portland general dentist, and Norman Magnuson, DDS, a Eugene general dentist. Dr. Hongo said she vacillated on her vote and felt it really came down to semantics.

“The whole purpose of the permit is to allow access to underprivileged people who can’t afford to walk into a full service office. There are people on one end who feel that the pure intent of the permit isn’t being honored, and that people who need that level of care won’t readily receive it because higher income people will avail themselves of this service,” she said.

Dr. Hongo said she recognizes that the relationship between the Board of Dentistry and the Oregon Dental Hygienists Association has been fragile for many years, and she felt her vote in support of the proposal was a fair way to prevent upsetting that relationship.

“It just seems there’s a faction that feels there are going to be these rogue hygienists who are going to set up shop, and I just don’t feel that this will happen,” she said, adding she would like to see a mandatory annual exam by a dentist be included in the process to address the quality of care issue.

Dr. Magnuson said he believes the access to care is more about funding than the number of practitioners available to provide oral health services.

“The issue is that there’s really not enough money dedicated to the care of people needing dental treatment,” he said. “It’s a challenge to be able to afford to do dental work because mostly you don’t get paid overhead costs, so even when an office decides to do treatment under the current model, we don’t get paid enough to treat the patients.”

The issue now goes before a public hearing on May 31, and will be considered again by the full Board of Dentistry.
Pediatric dentists say trust & treatment go hand in hand with younger patients.

If you ask Andrea N. Beltzner, DMD, why she went into pediatric dentistry, she’ll tell you that the kids she treated during her pediatric rotation won her over and have continued to do so ever since.

Brandon J. Schwindt, DMD, initially wasn’t planning on pediatric dentistry, but was impressed by the relationships he saw between doctors and their patients during his pediatric rotation. He quickly discovered that working with kids is, as he puts it, ‘a blast’.

Hai T. Pham, DMD, worked on children while in general practice, and appreciated the opportunities and challenges pediatric treatment presented. He now specializes in treating children.
Dr. Beltzner graduated from Harvard School of Dental Medicine in 2005 and spent a month at Children’s Hospital in Boston during her pediatric rotation. There, she treated children with a range of medical issues. She now practices in Portland and says she finds dentistry is simpler when kids are involved.

“They are really fun, and you aren’t doing really invasive procedures on them,” she says, adding sedation plays a key role in her practice.

Dr. Beltzner is an associate at Pediatric Dentistry, PC, in the practice of Dr. Noel Larsen. She typically sees many of her patients into their college years, though she will refer them to a general dentist if their care requires it. Dr. Beltzner also sees patients in their 20s and 30s who have special needs and are more comfortable in her office than in a general dentist’s office.

Dr. Schwindt established his Tigard practice in 2003 after graduating from OHSU School of Dentistry in 2001 and completing a two-year residency. During his rotations, he noted that pediatric dentists are able to provide comprehensive care for their patients that can begin at just one or two years of age.

“Even five or ten years ago we saw much more reactive care, where parents were waiting for holes to occur. We’d see kids who were kind of in a mess, and we’d try to get them out of that mess,” Dr. Schwindt says. “Now what I really enjoy is looking at a child and determining whether they are at high risk for cavities, identifying those kids early and coming up with a model to help strengthen day-to-day preventive measures to keep kids out of those situations.”

He does still see children who already have several cavities by the time they are two or three years old. Oftentimes, Dr. Schwindt views it as treating the parents along with the child because of the emotions and expectations involved. He presents several options for fixing the cavities and then, once care is completed, works with parents on a strategy to prevent further decay.

“What I like about pediatrics is that I can see a really terrible situation in terms of cavities, and we can come up with a plan that works at home as well as the office, so these kids go the next few years without any cavities,” he says.

Dr. Schwindt points to a recent study that shows children have a 47 percent chance of having a cavity or filling by kindergarten. The common perception is that these children must eat a lot of candy or drink sodas, but juice and flavored milk is more often the culprit. Children whose parents or siblings have active caries are more likely to have them as well, and kids with asthma often face oral health challenges because their medication dries their mouth. Exposure to fluoride—or the lack of it—is another risk factor, he says.

“I tell parents it’s not their fault because cavities have this stigma: It must be your fault if you or your kids have them,” Dr. Schwindt says. “High-risk kids just have to do things differently until the bacteria in their mouth changes.”

While he refers cases that involve surgical aspects he doesn’t feel comfortable performing, Dr. Schwindt finds that he is able to perform most procedures using sedation. He often coordinates with pediatric surgeons to treat patients while they are anesthetized and undergoing surgery for other conditions to minimize the child’s time under anesthesia.

In-office sedation is one of the most significant and beneficial trends in pediatric dentistry today, Dr. Schwindt notes.
Kid Zone, cont.

“It’s been a big help in terms of kids who need severe care. Hospitals are a more expensive and emotional option for parents and kids,” he says. “It doesn’t work for everyone, but this can be a more comfortable, reduced-cost solution.”

“With statistics showing that half of people’s fear of dentists begins in childhood, it is essential to eliminate or reduce as many frightening aspects as possible,’’ Dr. Schwindt adds.

“My job, as much as it is to fix holes in baby teeth, is to provide a good introduction to the dental environment,” he says.

Dr. Schwindt says fluoride varnishes are another positive evolution within the practice. While the materials have been around for decades, they have been put to greater use over the last decade to help combat cavities, even in children just a year or two old. “That is one of the great tools we have to help reduce risk,” he says.

He does not perceive as much value with silver nitrate. “I haven’t seen the full proof that silver nitrate helps with active caries, because it can’t penetrate that deeply into spongy cavity material,” he says. “I understand that it’s being done and I don’t have a problem with it. It’s just that I don’t provide it to my patients.”

Dr. Pham, who owns Hi 5 Dental: Dentistry for Kids! in Aloha, says he, too, sees enormous value in sedation as a treatment option. He was trained extensively in using sedation at OHSU School of Dentistry, where he graduated in 2006. After a residency at Doernbecher Children’s Hospital and establishing his practice in 2009, Dr. Pham began providing in-office sedation options for more serious treatments.

“We don’t do a lot of heavy sedation in the office, because we want to keep the child safe. If we need a heavier sedation, we bring an anesthesiologist into the office to take care of that,” he says.

Dr. Pham says his training at OHSU and experience as a general dentist taught him the value of strong referral relationships. Along with referring some of his patients to other specialists, he often receives referrals from pediatricians for young children and toddlers. Dr. Pham says this speaks to the increased focus
on prevention and age-appropriate treatment rather than simply filling cavities as they occur.

“Pediatric dentistry has come a long way and is a lot more user friendly,” he says. “It seems like parents want to be a lot more informed and involved in their child’s care. And the pediatric dentists are more concerned about children having a positive experience that will last a lifetime.”

Dr. Pham, who became a pediatric dentist because he enjoys the challenges of it, says the greatest reward starts with a child who is scared of going to the dentist. “They come in fearful, and they leave asking their parents when they can come back,” he says. “The parents are trusting me with their most prized possession, and for me that’s just a huge honor and a privilege.”

Membership Matters thanks all three doctors and their practices for providing photos of themselves, their children, patients, and reception areas.

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). She can be reached at precisionpdx@comcast.net.

Administering Sedation to Children: A Legal Perspective

By Judy Parker

DENTISTS MUST REGULARLY PROVIDE informed consent to patients before administering sedation, but negotiating how and when to provide informed consent to minors is a bit more tricky.

General sedation and anesthesia has become a standard of care for treating children who need significant dental treatment. The American Dental Association and the American Medical Association both support sedation for children, but, as with sedation for adult patients, the dentist must obtain informed consent from a minor’s legal guardian.

What is “informed consent”? This standard informed consent process is known in the industry as PARQ: The dentist must explain in general terms the procedure to be followed; the alternative procedures to the proposed treatment, if any; the risks associated with the proposed treatment; and must also answer any questions posed by the patient.

Children tend to mirror the emotions of their parents. Although you might be PARQing their parents, consider also speaking to minors (if they can appreciate the discussion) and explain to them how they might feel during and after sedation. Be sure to chart if you did this abbreviated, age-appropriate PARQ in addition to the written informed consent that is placed in the file.

Must a dentist obtain informed consent from every patient? Dentists must obtain informed consent in writing before proceeding with sedation, with one narrow exception: An Oregon Board-licensed dentist may treat a child without consent if the child (1) is a ward of the courts or is a dependent or delinquent child, (2) it is in the dentist’s medical judgment that because of the child’s health or particular condition, prompt action is reasonably necessary to avoid unnecessary suffering or discomfort, and (3) it is impossible or highly impractical to obtain consent from the child-caring agency or the child’s parent or legal guardian. When this happens—and it’s a rare situation—a dentist has a defense to a charge of assault or battery.

What is a minor? A “minor” is defined under the law as someone under 18 years old.

From whom must the dentist obtain informed consent before treating a minor? The dentist must obtain the informed consent from the minor’s parent or legal guardian. Obtaining the consent from the non-custodial parent, though, will not subject the dentist to damages in a civil lawsuit brought by the custodial parent against the dentist for giving the sedation without the custodial parent’s consent. This immunity applies whether the parents are married, unmarried, or separated at the time of the consent. However, if the consenting parent’s rights have been terminated by the state, he or she cannot provide consent for the child’s sedation.

Does the informed consent need to be in writing? Yes. Oregon law requires informed consent for sedation to be in writing and documented in the patient chart. I strongly recommend that dentists providing the sedation create a separate form for the informed consent for treatment of minors. Include a certification that the signing parent is the legal guardian: “I am the legally responsible parent/guardian, and I consent to sedation of my child in connection with his/her dental care or I decline the recommendation of sedation of my child in connection with his/her dental care.” Having the parent certify his/her legal relationship to the child mitigates your risk. Keep the signed form in the child’s patient chart.

May a dentist obtain informed consent from anyone other than a minor’s legal guardian or parent? Yes. A minor who is fifteen or older may self-consent to sedation after being properly advised of the procedure, alternatives, and risks as would an adult patient. Follow the same practice for those self-consenting minors as you would for your adult patients.

This also works in reverse—a dentist who treats a minor may disclose to the minor’s parent or guardian what treatment was performed without the consent of that minor patient. In those situations, the dentist is not liable for speaking to the parent or legal guardian without the minor’s consent to do so.

Judith A. Parker is an attorney who represents licensed professionals in the courts and regulatory agencies. You can contact her at jparkerd@gmail.com.

MEMBERSHIP MATTERS • MAY 2012

15
As the Oregon Dental Conference closed its doors on another successful year, attendees cited an array of reasons why they find the three-day event valuable. From a coastal practitioner who has attended 15 conferences to a dental office staff member who will begin classes at Pacific University later this year, their perspectives shined a light on what makes the annual event a success.

Gary Goorhuis, DDS, of Reedsport, has attended 15 conferences and said he continues to learn new things after more than 30 years in practice. “It’s a great educational tool for both myself and my staff. My staff can hear the things I’ve been telling them from the experts, so it confirms and verifies the information I’ve been giving them,” he said.

Goorhuis added that the conference marks his progression as a dentist. “As my practice has matured, I’ve focused on different areas as I’ve become more specialized.”

Shalena Michael, CDA, and Jodi Goodrich, RDH, both traveled from Pendleton to attend the conference and said they always look forward to the annual trek. They agreed that this year’s presentation on women’s health was among their favorite components. “I also like to see what products are out and what is being used, and it’s a great way to get all of your credits in one shot,” Michael said.

William Morrell, DDS, of Brookings, attended his fifth ODC this year and said it is the most cost-effective means of earning continuing education credits required by the state. He said the conference consistently offers courses he is interested in, even as those interests change. “This year I’m really focused on perio and the prevention of caries, so I’ve been attending those courses,” said Dr. Morrell.

Ali Cline, a staff member at The Kids’ Dentist in West Linn, said she enjoyed the exhibitors and was looking forward to the session on “Habits of Effective Dental Offices.”

Cline, who will begin classes at Pacific University in August, said she was particularly intrigued by the conference’s keynote speaker, Greg Bell, author of Water the Bamboo: Unleashing the Potential of Teams and Individuals. “He was really inspiring because he talked...”
about self-motivation and how all of the time and attention you are putting in now will pay off later,” she said.

The Exhibit Hall
From complimentary chair massages and a blood drive for the American Red Cross to over 250 vendor booths, the conference’s exhibit hall was a hive of activity. Wayne Smith, CEREC specialist with Medford’s Patterson Dental, said the ODC is a forum to present the latest in oral health technology, such as digital imaging and impressions.

“The Oregon Dental Conference is a stepping stone for people using new technologies and procedures, so the exposure we get here is really important,” he said.

Tim Grenz, owner of Summit Dental in Salem, has attended the conference since its beginning and remembers when it was held in

The Oregon Dental Association sincerely appreciates all the volunteers who contributed to the success of the 2012 Oregon Dental Conference®.

If you are interested in volunteering with the 2013 ODC, please contact Lauren Malone at lmalone@oregondental.org.

SPEAKER HOSTS
Speaker hosts make it possible for the members of the Annual Meeting Council and ODA staff to concentrate on the meeting logistics while make our visiting and local speakers feel welcome. ODA thanks the following people for hosting a speaker:

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Dr. Chirdeep Chandrakeerthi
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Dr. Henry Wolthuis
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ANNUAL MEETING COUNCIL
A special thank you goes out to the Annual Meeting Council for all of their hard work and dedication throughout the months of planning, as well as the long hours they put in during the conference.

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OCD Attendance:
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Thank You!
Shelley Campbell of Beecher Carlson Insurance Agency, says the Oregon Dental Conference is like a family reunion for the exhibitors. She and Don Surber, owner of Doral Refining Corporation, often set up next to each other during conferences.

Heather Hippenstiel and Rick Shandy, with BnK Construction, Inc. in Gladstone, agreed the conference is a place to build relationships.

“It really is fun because we get to see people we usually only talk to on the phone or see once a year. We even spend time with our competitors here because it’s just that type of atmosphere,” Shandy said.

Hippenstiel echoed the sentiment that, in addition to networking, seeing existing clients and meeting new ones, the ODC offers a friendly environment for vendors to connect and catch up.

“Our little vendor row is so important to us,” she said with a laugh.
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Thank you, ODA members, for your part in making this the most successful ODC to date. 2012 proved to be another banner year, once again, with attendance reaching record numbers. The final tally was an impressive 6,743 people at the Oregon Dental Conference®.

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Haley Hunt, DMD, said she was attracted to dentistry because it’s hands-on, results oriented and helps people. “At the end of an appointment, you’ve actively fixed something... and you know the patient is walking out most of the time in better shape than when they came in,” she said.

Born and raised in Florence, Dr. Hunt recently returned to the city on the central Oregon coast to become an associate in the practice owned by her father, Thomas J. Hunt, DMD. For the Hunts, dentistry is a family affair. Her grandfather, Thomas M. Hunt, was a dentist in Florence, and her brother, Daren Hunt, is currently attending dental school.

Dr. Hunt said she enjoys practicing in the small community where she grew up. She and many of her patients—among them, older individuals, as well as former teachers and classmates and their kids—go way back.

“It’s really fun,” she said, adding good-naturedly: “It’s a small town, and I think my patients are a little more trusting than they might otherwise be of a new dentist, because they’ve seen me grow up.”

Dr. Hunt, who earned a bachelor’s degree in health and exercise science from Colorado State University in 2007, graduated from OHSU School of Dentistry last year. She was a student member of the Oregon Dental Association, and joined ODA a couple months ago as a practitioner. She cites myriad reasons for joining, including the opportunity to support and help give voice to organized dentistry, and further her learning through continuing education classes.

Dr. Hunt, 28, took time recently to share her thoughts on the importance of ODA membership:

**Why did you feel it was important to join the ODA?**
It’s important to support organized dentistry and for dentists to have a voice politically. There’s a lot we can do as a group that we can’t do on our own. ODA and ADA are watching for issues that may be harmful for the patient population.

**What do you hope to get out of your membership?**
There’s a lot of continuing education ODA supports that I want to participate in, as well as the benefits of getting together with other dentists to discuss ideas, and talk about cases and running a practice. It’s an opportunity to make contacts and have familiar faces you can ask questions or get advice from. There are a lot of aspects to dentistry that everyone does differently. As a young dentist, I’m trying to figure out a lot of things and see what works best for me.

**How can your membership provide the greatest value?**
My main goal is to support organized dentistry, learn more about treating my patients, take continuing education classes, and make the most of my membership while using it to learn.

**How do you enjoy spending your time when you’re not at the office?**
I like the outdoors. I snow ski, hike, camp and read books. I recently finished Born to Run: A Hidden Tribe, Super Athletes, and the Greatest Race the World has Never Seen, by Christopher McDougall.

Barry Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). He can be reached at precisionpdx@comcast.net.
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How can Peer Review help you?

There is a little-discussed benefit of your ODA membership: Peer Review. I have worked behind the scenes at the constituent and state committee levels for more than 20 years with a dedicated group of dentists and ODA staff who serve to help their fellow dentists and the public resolve differences in anticipated and actual outcomes of treatment. Peer Review is defined as the evaluation by fellow professionals of diagnostic and clinical treatment outcomes.

The goals of Peer Review are:
1. To detect professional problems,
2. Devise educational and disciplinary solutions so that the quality of care can improve, and
3. Resolve patient-dentist disputes without litigation.

As members of the ODA, we are bound by the ADA code of ethics as well as agreeing to Peer Review evaluation when it is requested by a patient or another dentist.

The Peer Review Process
Most Peer Review requests are initiated by a patient when the outcome of their treatment did not meet their expectations, and they feel unable to have their complaint adequately addressed by their provider. Requests are received at the ODA office by Margaret Torgeson, our ODA staff specialist in processing these requests. Once the information is assembled, it is reviewed by the State Peer Review chairman (and committee if necessary) to determine if the complaint is within the scope of peer review guidelines. Once accepted, the request is assigned to a constituent society’s local Peer Review committee for evaluation.

All Peer Review cases are assigned for mediation as a first attempt at resolution. In this case, the mediator (a member of the constituent committee assigned by the local chairman) reviews all of the documents and has a series of conversations with both the patient and the dentist to see if a mutually agreed upon resolution can be negotiated. I am happy to say that the majority of cases are resolved in this step. Patients appreciate having their complaint heard by an objective third party, and dentists have the advantage of explaining their perspective to someone who is also “in the trenches” and knows what it’s like to try to deliver excellent care in situations that are not always ideal. Through mediation, both parties attempt to work out a resolution.

If a mediated resolution is not attained, then the Peer Review case is presented to the local component Peer Review committee for a formal hearing. In the hearing, the patient is examined and interviewed by the committee members until all their questions are answered. The dentist is then interviewed and allowed to explain all the aspects of the case to the committee members. The committee of three or more dentists then makes a decision as to the outcome of the Peer Review Request. The outcomes range from finding no fault with the care provided all the way to having the dentist refund all or part of the fees paid for the services in question. The parties agree in advance to be bound by the committee’s decision and all documents are returned to the ODA staff to process the final decision documents.

Though this may sounds like a formidable process, it is much less stressful than litigation and has the added benefit of remaining confidential without any requirements for being disclosed to the National Practitioner Databank or Board of Dentistry review. If either party in the Peer Review process feels that other evidence was not heard or has legitimate grounds for appeal, the State Peer Review committee reviews these cases.

I have seen many cases resolved successfully by Peer Review that otherwise would have ended in some form of litigation—both the patients and dentists have been spared the emotional toll and actual cost of going through such an adversarial challenge.

My thanks go out to all who serve on the various local and state committees who dedicate their time and talents to helping us all be better dentists as well as protecting the integrity of the profession and safeguarding the public.
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Board Rules Hearing scheduled for May 31, 2012
The Board will hold a rules hearing on May 31. The location is still to be determined, but they are looking at possibly a room at the waterfront OHSU location. More information will be sent out to interested parties and available on the Board’s website later.

One rule proposal sent to rules hearing scheduled for May 31, 2012 relates to additional populations for Expanded Practice Permit holders to provide services to
The following is proposed language:

818-035-0066 Additional Populations for Expanded Practice Permit Holders
A dental hygienist with an expanded practice permit may practice without supervision at locations and on persons as described in ORS 680.205 (1) (a) through (e) and on the following additional populations:
1. Migrant farm workers.
2. Low income persons as defined by earning up to 200% of the Federal Poverty Level.
3. Persons that are 25 or more miles away from a source of full time general dental care.
4. Members of federally recognized Native American tribes.
5. Other populations that the Oregon Board of Dentistry determines by policy are underserved or lack access to dental hygiene services.

Discussion to provide names of licensees disciplinary actions in Board minutes and newsletter
While disciplinary action information is available on the Board’s website if looking up a specific licensee, the Board has not chosen to publish names in their minutes or in their newsletter. The Board will review other licensure board newsletters and minutes and web access and bring subject back for further discussion at their next meeting.

Replacement and reappointment of Board members
The Board is still waiting for word from the Governor’s office regarding replacement of public Board member, David Smyth, and reappointment of Dr. Jonna Hongo. Both Mr. Smyth and Dr. Hongo continue to serve until the Governor makes changes.

Board meeting dates for 2013
The Board approved the following meeting dates for their regular meetings in 2013:
- February 15, 2013
- April 19, 2013
- June 21, 2013
- August 16, 2013
- October 18, 2013
- December 20, 2013

New Board Officers elected
Dr. Patricia Parker was elected as President of the Board and Dr. Jonna Hongo was elected as Vice President. Terms will run from now until April 2013.

Board Committee assignments and appointments
Letters will go out to the ODA, ODHA and ODAA, asking who they wish to appoint or reappoint to Board committees. Board members will also review on which committees they would like to participate. Confirmation of committee assignments will occur at the next Board meeting.

Board License, Standards and Competency Committee will meet some time prior to the next meeting.
No specific date has been scheduled.

2012 legislation
Two bills, HB 4009 and SB 1509, from the legislative session will impact the Board. HB 4009 makes changes for the monitoring entity to report to Boards under the Health Professionals Services Program (formerly Board Diversion Program). SB 1509 was ODA’s bill to allow volunteer dentists from other states to make application to the Oregon Board and obtain approval prior to practicing in a voluntary capacity in Oregon for no more than five consecutive days per year.

EDITOR’S NOTE:
For more information about the Board Rules Hearing on May 31, please see our article on page 10 of this issue of Membership Matters.
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Dentist license renewal
A glitch in the computers at the Board resulted in incorrect licensure fees listed for renewal. Licensees affected have been notified and most have paid the additional $35 required. Those that do not complete payment will be notified and their license will expire. Just over 100 dentists have not completed the additional payment. Board staff will make contact again.

Dental Hygienist Expanded Practice Permit Collaborative Agreements
Currently, there are only five Expanded Practice Permit dental hygienists with collaborative agreements (and currently, there are approximately 278 with no collaborative agreement). Only one collaborative agreement was not accepted as the collaborating dentist signing the agreement did not agree to assuming responsibility for the EPP making the agreement unacceptable. Dentists need to understand what signing a collaborative agreement means, and they need to define in the agreement what they will allow EPP dental hygienists to do in the expanded areas of treatment.

Correspondence
The Board received correspondence from Dr. Todd Vogel regarding volunteer licensees being required to provide 40 hours of volunteering each calendar year for licensure. The Board did not make any recommendations to change the current requirements.

Letter from CODA regarding Concorde College
The Board has received notification that Concorde Career College is not compliant with several requirements for accreditation by the Commission on Dental Accreditation (CODA). Unless the issues are addressed and brought into compliance, the commission will withdraw accreditation.

X-rays required for new patients and periodically for existing patients
The Board’s recent newsletter addressed the issue of patients who do not want x-rays when obtaining a cleaning. Patients cannot sign a waiver allowing the dentist not to take x-rays. The board indicated the standard of care in Oregon requires current radiographs be available prior to providing treatment. The FDA guidelines for radiographs should be used for reference.

A patient wrote a letter to the board indicating a dentist told him that requiring x-rays is in the law in Oregon. While there is no specific law to this issue, the professional standard of care requires periodic x-rays which is what the Board uses when reviewing treatment and complaints. 

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DFO at the ODC

Raffle and Wall of Wine Raise $15,430

Winners of the Willamette Valley Wine Getaway Packages at the Oregon Dental Conference were Dr. Mike Biermann (Black Walnut Inn package), and Steve McNannay (Allison Inn & Spa package), and Dr. Dennis Simonson was the lucky winner of a wine tasting and tour for 10 at Willamette Valley Vineyards.

Hundreds of bottles of wine were pulled from the Wall of Wine display. Debra Wong, pictured here with DFO staff member, Judy Edgerly, pulled the 1985 Chateau Gruaud-Larose Saint Julien, donated by Dr. Anthony Hoffman and valued at over $200.

Thanks to the generosity of many dentists, dental hygienists, dental assistants, dental related companies and others, we raised $15,430 for DFO programs like the Tooth Taxi.
WHERE IS DENTISTRY HEADED in Oregon? How will a new School of Dentistry facility transform dental education in Oregon? We asked OHSU School of Dentistry Interim Dean Gary Chiodo, DMD ‘78, FACD, and Dean Emeritus Jack Clinton, DMD ’64, what is happening now in dental education ... and what they see for future.

Why is dental education in Oregon so important?

DR. CLINTON: In addition to serving Oregon and the Northwestern United States for more than 112 years with highly-trained dental care providers, the School of Dentistry is also a major patient care provider, a nationally-recognized dental research facility, and the sponsor for essential continuing education.

DR. CHIODO: There is increasing recognition that oral health plays a key role in systemic health and that we need to increase access to oral health care for all Oregonians. If we aim to have healthy Oregonians, we need to ensure that they are really healthy, and that includes their oral health. With the advent of our new building now under construction, we plan to increase our entering dental class size by 15 (to 90 from 75) to address the continuing issue of access for those who have difficulty receiving dental care. We need to train more dentists to replace a workforce that retires and moves on to less active professional activities.

Where do you see dental education headed in Oregon?

DR. CHIODO: We need to ensure that our dental curriculum stays current with technology so that students are prepared to address the patient requests and expectations that come in their front doors. The issue of mid-level providers who are not dentists and their role in oral health care and how to integrate them into practice is also important. This is a model that has worked well in medical practice, but it is not at all clear as to how or if it would work for dental practice. I predict that the single provider patient practice will increasingly be replaced with group practices and multi-specialty practices because of the efficiency in sharing overhead costs and the convenience to patients, and students will need to be prepared for this change.

DR. CLINTON: This is truly an exciting time for dentistry, dental education, and all of health care. Our dental facility now under construction establishes a new era for dental education in Oregon centered around the name of the building—Collaborative Life Sciences Building. The term “collaboration” implies expanding learning strategies to include additional health care providers—nursing, medicine, and pharmacy. Also implied is an expectation for increased interdisciplinary research, especially applied patient care research projects. I visualize the development of model interdisciplinary health care teams who will deliver and incorporate dentistry’s emphasis on disease prevention, nutrition, and healthy living. And opportunities not yet conceived will result from being housed in a common environment with other health care providers, teachers, and researchers.

DR. CHIODO: I think the new dental facility will help us implement the new technologies that we need to stay current and help us continue to attract the best and brightest dental students and faculty. The format and logistics of the new facility will lend themselves to interdisciplinary, group practice experiences.
Is there anything dentists in Oregon can do to ensure high-quality dental education?

DR. CHIODO: Dentists who are involved in practice-based research networks will continue to drive the research that we want to increase at the dental school. Dental practices that want to serve as rotation sites for dental students, particularly if they are involved in research, are a big help to the school. Dentists in the community are welcome to participate in the dental education conversation so we know what priorities we need to address, issues we are facing, and new directions we need to head. And let’s not forget that we still need to raise $13 million of the $43 million in philanthropic dollars we need to complete the building project—probably our single most important step toward ensuring excellence in dental education.

DR. CLINTON: Under the current economic climate, the School of Dentistry is highly dependent upon philanthropic support to maintain our reputation of excellence. This reputation—including extraordinary accomplishments in patient care, education, and discovery—is directly related to the level of investment the dental profession and others make in dental education and the dental school. All forms of advocacy are essential for maintaining the high standards of dental education at OHSU, and we hope that everyone within the dental community can get involved with the School in some way.

Ensure Our Future

OHSU School of Dentistry recently broke ground on the Skourtes Tower, a 12-story facility on the north side of the OUS/OHSU Collaborative Life Sciences Building on Portland’s South Waterfront. The Skourtes Tower facility will enable the school to:

- Teach students in a setting reflecting a modern dental practice, including 120-square foot operatories;
- Train more dental professionals; and
- Stimulate research and clinical innovation.

The School of Dentistry has already raised more than half of the $43 million fundraising goal. There are many naming opportunities available—from clinics to state-of-the-art operatories. To donate to the school’s new facility, please contact Patrick J. Regan, Director of Development, OHSU School of Dentistry, 503.494.0980, reganp@ohsu.edu.
DENTAL OPPORTUNITIES

GENERAL DENTISTRY

DENTAL ASSOCIATE POSITION IN EUGENE, OREGON: This is a rare opportunity to work in an established general dental office with high production, an experienced dentist of 20 years and a wonderfully experienced staff that focuses on patient comfort and care. This team has been together for many years and is looking for just the right associate dentist to join their Eugene, Oregon office for two days a week. Generous percentage of “production” at 30%, with an established patient base that is thriving and growing. This is a well equipped, modern, high tech office. If you are bright, energetic, people oriented and want to be part of an excellent team, please call Maren Killam at 503.577.2796 or send your resume to marenkillam@comcast.net. You can view our website at Robert Gemmell, DMD.

SUCCESSFUL PRIVATE PRACTICE FOR 30 YEARS looking to add an exceptional associate dentist. We are a pioneer in the industry, focused on patient comfort and care with an emphasis on customer service. We have a long history of stability and growth in the Pacific Northwest and are the leaders in IV and Oral Sedation practice in Portland. Our practice has excellent opportunities for General Dentists with at least 3 years licensed experience. Come join our growing team and experience the opportunity of working with Portland’s best clinical and administrative staff! Dentists enjoy freedom from administrative headaches as we provide all support services. Earn an exceptional associate compensation. The package includes: incentive pay and benefits, medical, IRA, malpractice insurance, flexible leave and more. Fax resume to Brandon at 503.666.1147.

PERMANENTE DENTAL ASSOCIATES—OREGON/WASHINGTON—Our mission is to provide the best oral health care to every patient through evidence-based dentistry within a group practice setting. Excellent opportunities offered to skilled Dentists, including Specialists. For additional information, please visit: pda-dental.com, or for current practice opportunities: pda-dental.com/practice-opportunities/how-to-apply/how-to-apply. Contact Us: Phone: 503.813.4915 or Email: pdajobs@kp.org.

OREGON/WASHINGTON/IDAHO—CELEBRATING 42 YEARS of moving dentistry forward, Willamette Dental Group (WDG), a pioneer in the industry focused on quality patient care, focuses on evidence based treatment philosophy that is the future of health care. WDG ranks in the top fastest growing private companies in Oregon in 2009 and 2010. We are currently seeking a skilled and flexible General Dentist to take on temporary assignments at all Willamette Dental locations in Oregon, Washington & Idaho. This doctor will be an employee of WDG, assigned to specific location(s) for a specific period time or as needed. Must be currently licensed in OR, WA, ID, or must be obtained by the start date. You’ll practice full-scope dentistry, offering comprehensive treatment plans to our patients. All business related travel costs will be covered for assignments that may last from few weeks to several months. Must have a minimum of 5 years clinical experience and can thrive in a new team environment. Strong oral surgery experience a plus! This position comes with a very high guaranteed salary, incentive pay, and full benefits package. You’re welcome to visit Tiffany Brown and Drs. Finkelstein and Kyrios at the Pacific NW Dental Conference Booth #530 on June 14-15 at the Washington State Convention Center in Seattle for more information on our group practice opportunities! Contact Tiffany Brown, Dentist Recruitment; Willamette Dental Group; 4950 NE Campus Way, Hillsboro, Oregon 97124; Phone: 800.460.7644 ext. 810717; Fax: 503.952.2271. Email: tlbrown@willametteidental.com. Please check us out on our website: www.willametteidental.com to learn more about our group and other dentist opportunities.

EXCEPTIONAL OPPORTUNITY IN SALEM, OREGON. Dental West Associates is a multi-doctor practice with nine operators, seeing over 100 new patients each month. We are interested in the continued growth of our dental practice and are currently seeking a board certified dentist with the opportunity leading to partner. Contact Raleigh Ploch at 503.867.7179 or at dralleigh@willamettedental.com.

GENERAL DENTIST-PORTLAND, OREGON: A GROUP practice has a full-time opportunity. Leave the business headaches to us. Perform the dentistry you want to do. Work with the camaraderie of your peers and a team focused staff. Compensation includes health benefits and retirement. For those interested, management opportunities are available with profit sharing incentives. Please email resumes to pxdental@yahoo.com.

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

GENTLE DENTAL, A LARGE GROUP practice with over 30 years of providing high quality dental care in the pacific northwest, is GROWING! We’re currently looking for compassionate, team oriented general dentists in multiple locations throughout the Portland/Vancouver area, and we offer an aggressive compensa-
tion plan, full benefits including both a 401K and a deferred com-
 pensation retirement plan! Please contact Ron Brush, Manager of Doctor Recruitment at 800.836.9945, or by email at brushr@
intendent.com for more information.

DENTIST ASSOCIATE OPPORTUNITY IN SOUTHERN OREGON. We are seeking a dedicated Associate for our progressive group practice. Locally owned and operated (for 20+ years), we are a multi-dentist practice open seven days a week. We offer a stable and growing fee for service patient base, an experienced staff, an onsite prosthetic and C&B lab, and competitive earnings. Please e-mail resume to: smiles@oiodental.com.

TRAVELING DENTIST—CELEBRATING 42 YEARS of moving dentistry forward, Willamette Dental Group (WDG), a pioneer in the industry focused on quality patient care, focuses on evidence based treatment philosophy that is the future of health care. WDG ranks in the top fastest growing private companies in Oregon in 2009 and 2010. We are currently seeking a skilled and flexible General Dentist to take on temporary assignments at all Willamette Dental locations in Oregon, Washington & Idaho. This doctor will be an employee of WDG, assigned to specific location(s) for a specific period time or as needed. Must be currently licensed in OR, WA, ID, or must be obtained by the start date. You’ll practice full-scope dentistry, offering comprehensive treatment plans to our patients. All business related travel costs will be covered for assignments that may last from few weeks to several months. Must have a minimum of 5 years clinical experience and can thrive in a new team environment. Strong oral surgery experience a plus! This position comes with a very high guaranteed salary, incentive pay, and full benefits package. You’re welcome to visit Tiffany Brown and Drs. Finkelstein and Kyrios at the Pacific NW Dental Conference Booth #530 on June 14-15 at the Washington State Convention Center in Seattle for more information on our group practice opportunities! Contact Tiffany Brown, Dentist Recruitment; Willamette Dental Group; 4950 NE Campus Way, Hillsboro, Oregon 97124; Phone: 800.460.7644 ext. 810717; Fax: 503.952.2271. Email: tlbrown@willametteidental.com. Please check us out on our website: www.willametteidental.com to learn more about our group and other dentist opportunities.

EXPERIENCED, GENERAL DENTIST, PART-TIME POSITION available in a modern dental practice located in the Gresham/ Troutdale area. Send resume to dentaloffice392@yahoo.com.

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

OREGON—DENTIST JOBS: ASPEN DENTAL offers tremendous earning potential and a practice support model that empowers dentists to achieve goals. We eliminate obstacles for dentists to own their own practice. To learn more about our compelling proposition and to apply, please call 866.748.5203 or visit www.aspensentaljobs.com. EOE.

NORTHWESTERN WASHINGTON—SEEKING EXPERIENCED DENTIST FOR busy, established rapidly growing, fee for service, group dental practice. Excellent immediate income opportunity ($180,000 to $375,000 + per year) depending on productive ability and hours worked. Secure long term position. You can concentrate on optimum patient treatment without practice management duties. Newly equipped, modern office with excellent staff and lab services provided. If you are bright, energetic with a desire to be productive, very personable, and people oriented, and have great general and specialty clinical skills, fax resume to Otto J. Hansen, DDS at 425.484.2110.

PEDIATRIC DENTISTRY

EXCEPTIONAL OPPORTUNITY IN SALEM, OREGON. Dental West Associates is a multi-doctor practice with nine operators, seeing over 100 new patients each month. We are interested in the continued growth of our dental practice and are currently seeking a board certified pediatric dentist with the opportunity leading to partner. Contact Raleigh Ploch at 503.867.7179 or at dralleigh@willamettedental.com.

PEDIODONTIST/ORTHODONTIST (PORTLAND, OREGON) GREEN APPLE Dental is a local multi-office group practice. We are currently looking for an orthodontist and a pedodontist to join our team. Walk into an instant referral base. Start as an associate with a potential for profit sharing. Please email us at opportunity@ greenappledental.com and visit us at www.greenappledental.com.

OFFICE MANAGER OPPORTUNITY

PRACTICE MANAGER - WILLAMETTE DENTAL - First in Proac-
tive Dental Care. Established in 1970, Willamette Dental Group is a pioneer in the dental industry, with over 50 dental practice locations throughout Oregon, Washington, and Idaho. Willamette Dental Group is home to 1,000+ employees, with our Corporate Headquarters located in Hillsboro, OR, and is the largest private accountable care organization in the Pacific Northwest. Willamette Dental Group has been ranked as one of the “top 100 fastest growing private companies” for the past 3 years by the Portland Business Journal. Dental Practice Manager needed for our Southeast Portland office. Strong leader to hire and coach staff, develop a supportive environment for the providers, and manage daily office activities. Ensure quality and efficiency standards through staffing, scheduling, patient flow, performance management and other office goals. In partnership with the managing dentist, the purpose of the practice manager is to ensure that the dental office provides outstanding customer service, via engaged employees, in an efficient manner. EXPERIENCE: Bachelor’s degree, preferably in healthcare admin-
istration, management, business, or related field. Minimum two years’ experience in management. Demonstrated background in taking significant leadership role. History of setting and achieving goals. History of continuous, self-initiated learning and professional development. We offer a great working environment, competitive pay, and an excellent benefits package! To APPLY ONLINE please visit our website: www.willametteidental.com or email resume to etersons@ willametteidental.com. You’re welcome to visit Tiffany Brown and Drs. Finkelstein and Kyrios at the Pacific NW Dental Conference Booth #530 on June 14-15 at the Washington State Convention Center in Seattle for more information on our group practice opportunities!
SPRINGFIELD, OR – Wonderful, long-time general practice collecting $650K+, available in Springfield. Excellent, high visibility, easy access location with off-street parking.

S. OREGON COAST – Excellent family G/P collecting $700K+. Wonderful office with Dentrix and Dexis digital X-ray.

SALEM – Wonderful opportunity to acquire this 35+ year old, family practice collecting $1.5M+.

S. OREGON COAST – Excellent family G/P collecting $600K+. Very nice office with newer equipment, including Eagle Soft & Schick.

N. OREGON COAST – G/P established 35+ years, a very nice, 4-op office, low overhead $400K+ with low overhead. Excellent, high-traffic location on HWY 101.

WESTERN OREGON OMS – Excellent, high profit practice with tremendous growth potential. Great location close to a major hospital.


SOUTHERN OREGON PEDO – Wonderful 30+ year practice with collections of $550K+ and low overhead. Excellent, easy access location. Great growth potential!

BEAVERTON, OR – Fabulous G/P in a beautiful, modern office with excellent equipment. Great area with easy access & good parking.

S. OREGON COAST – Great start-up opportunity! Building and part time practice with 3 equipped ops.

S. WASHINGTON COAST – Very nice, newer (2006), 3-op office with room to expand. High profit, G/P producing about $600K.

VANCOUVER, WA – Large G/P collecting around $775K. Attractive newer office with 6-ops, digital x-rays, patient monitors, pano, and a laser. Great access and parking.

OLYMPIA AREA – Wonderful high profit G/P collecting $800K+. Beautiful hi-tech office in a fast growing residential area!

CAMAS, WA – Very large G/P collecting around $3.5M+ with associates. Wonderful newer office with state of the art equipment.

HAZEL DELL, WA – Large G/P collecting $1.3M. Stylish office remodeled in 2008, 13-ops, digital x-rays, pan, and nitrous. Excellent access and parking.

KENT, WA – G/P collecting $350K on 3-days per week. Nicely appointed office features 4-ops, pan and newer cabinetry.

EVERETT, WA – Denturist practice collecting around $290K. Includes dental equipment. Highly profitable with lots of potential!

ANCHORAGE, AK – Wonderful Fee-for-Service G/P collecting $2M+. Well managed office with digital x-rays and recent updates. Seller available for transition.

ANCHORAGE, AK – Very nice, high profit G/P collecting about $300,000. Bright, spacious 3-op office with pano & excellent access.

KAILUA-KONA, HAWAII – Quality & patient oriented G/P, collecting $450K+. Very nice, spacious, up-to-date 7-op office.

CENTRAL IDAHO – Highly profitable G/P working just 2 days per week. Newly remodeled office!
CONTINUED FROM PAGE 34

**SPACE AVAILABLE/WANTED**

**FOR LEASE—NEW MEDICAL OFFICE** coming Fall 2012; Tanasbourne area. Building signage. Ownership options. 2,000-20,000 SQ. FT. Mike Thomas, Colliers International 503.223.3123.

**SPACE AVAILABLE LAKE OSWEGO.** Share with general dentist who works 3 days per week. 6 ops. Fully equipped. $2500/mo. 503.675.7333.

**GREAT VISIBILITY AND LOCATION, SUITE B:** 1,000 SF, 3 exam rooms with plumbing, 1 office, lab space, restroom and reception. Free parking. Excellent Beaverton location. $18.00/SF. Full Service (excluding janitorial). www.nolanddental.com/Paul-Brooks-Noland-DDS.html

**VANCOUVER, WA—DENTAL OFFICE SPACE FOR LEASE in the Salmon Creek area.** This is a highly visible location located off of 134th St. and I-5. It has a large reception area with a very attractive check-in and out front desk counter. An office manager’s office and patient file area is located off the reception area. 5 operatory stations with 4 of them having a large window that offers natural lighting and views of bird and squirrel feeders for your patient’s enjoyment. A consulting office, private doctor’s office, lab, sterilization station, x-ray area, employee break-room, and private bathroom are also available. There is ample parking and street signage. This space has been a dental office since 1997. Some of the equipment may be available for purchase. It will be available 8/1/12. Contact Keith at 360.573.9483 with questions, or to schedule an appointment.

**SPACE AVAILABLE/WANTED**

**FOR SALE—FREE STANDING DENTAL BUILDING—** 4260 SF. Fully operational dental clinic located at 14495 SW Allen Blvd (Corner of SW Allen & Murray Blvds). $670,000. Abundant on-site parking. Move-in-ready. Equipment negotiable. Property is part of a professionally designed office commons. Call Don Maltese, Don Maltese Real Estate, 503.780.7882. donmaltese@comcast.net

**DENTAL OFFICE—SPACE AVAILABLE FOR LEASE, NEWBERG Medical Dental Center 22 Miles South of Portland.** 1350 SF plus a shared waiting room with a 61 year old dentist and Endodontist. Growing community. General Dentist has relocated and 4 operatory space is ready for a Dentist or Specialist. Lease Terms negotiable. Call Dr. Lance Rosenau 503.803.8099 or lancerosenau@gmail.com, or Dr. Steve Gilroy 503.568.7462.

**PRIME LOCATION, ALOHA. BEAUTIFUL 2500 SQ. FT. stand alone 5 ops/+ clinic. Corner major intersection, across street from Intel. High exposure yet private manicured setting. Private, 22-space parking lot. Heart of Washington Co. 50k traffic count/day. SW TV Hwy/198th. Second 2700 SQ. FT. office/commercial building, same tax lot. Excellent investment opportunity. For Sale or Lease. Purchase office complex or lease individual dental clinic. Very favorable financing rates for owner-occupied. Call: 503.324.0600, or (cell) 503.730.7790. Dr. Gary Daubert.

**TIDGAR: 11565 SW HALL BLVD.** 3000 SQ. FT. Vacating an existing dental office with 8 ops. Relocating. Excellent location in an established professional building. Call 503.522.4800 or 503.670.7088.

**PRACTICES FOR SALE**

**FAST GROWING GP PRACTICE LOCATED** in a highly desirable area on a main thoroughfare in a relatively affluent neighborhood. 3 operatories and plumbed for 2 more. Collecting $400,000 on a three day work-week. Well equipped with digital X-rays and computerized ops. Free standing dental building with option to buy. Contact Buck Reasor, DMD 503.680.4366. Or visit www.reasorprofessionaldental.com or email us at info@reasorprofessionaldental.com.

**MISSOULA, MONTANA DENTIST MOTIVATED TO SELL.** Three generations of patients includes younger patients. Dentist owns office of 1350 SQ. FT. for lease. $1500/month, includes 3 operatories, pano room, training room. Practice includes everything, including current Office Manager (experience with practice and important to retain patients). Dentist owns 4 unit office building in good location. Owner financing possible. $150,000.00 Contact: blmacp@comcast.net.

**EQUIPMENT FOR SALE**

**CEREC AC BLUECAM, MCXL MILLING MACHINE, 4.0 Software installed, Programat CS Oven, asking $70,000. Purchased 12/31/08. Idle since 9/27/11 due to dentist becoming disabled. If interested call Dr. Morrell at 541.469.2894 or email at b.kmorrell@gmail.com.
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**FMZ Crowns & Bridges**
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- Full-milled, pure Zirconia; no porcelain fractures
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- Indications are: crowns and up to 4-unit bridges, crowns over implants and crowns with limited occlusal clearance

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starting at $136

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- Nickel and Beryllium free
- Unsurpassed memory
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The New Generation All-Ceramic Restorations
Crowns & Bridges $149

- Zirconia, at 1200 MPa flexural strength, resists crack propagation
- 2 overlays of porcelain creating life-like aesthetics
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- Indications: anterior, posterior, up to 6-unit bridges

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