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# Journal

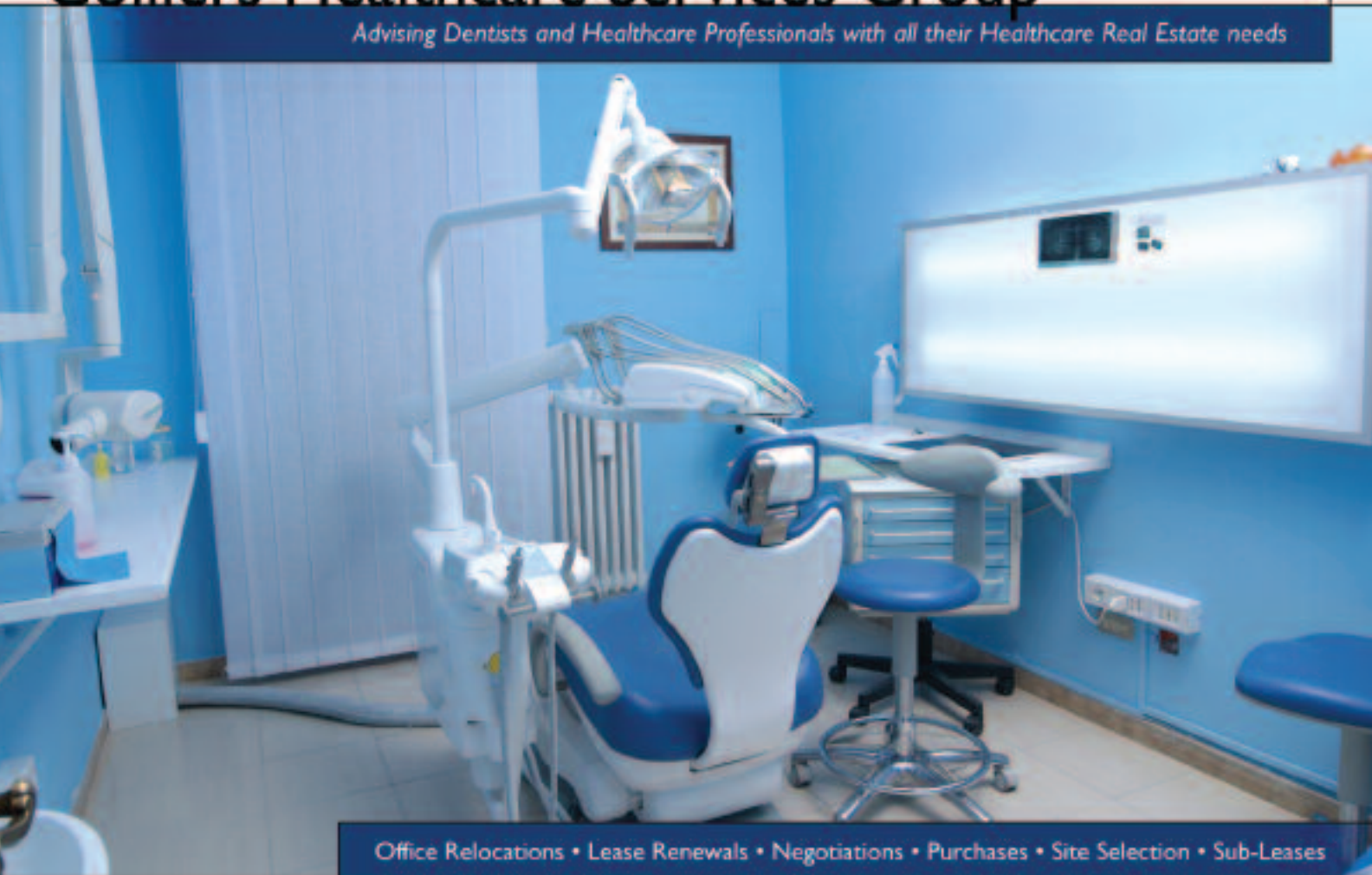
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# Journal

OF THE COLORADO DENTAL ASSOCIATION

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February is National Children's Dental Health Month, see page 18.



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# Letter to the Editor

Dear Editor,

I would like to take this opportunity to let the dentists in Colorado know that something wonderful has happened in our dental community. I am so proud of our profession and how generous they are in treating the underprivileged. I am referring to the generous financial support that the CDA gave to Inner City Health Center in helping them achieve their goal of raising \$5M toward the establishment of their new home at 38th and York in Denver.

The first of many partnerships will start with a working relationship between the CDA's charitable programs and the new Inner City Health Center.

Inner City Health Center is a faith-based organization and would welcome volunteer dentists to their state-of-the-art clinic on a part-time basis of their choosing.

Once again, our profession should be very proud of how we donate so many of our gifts back into the community where we live. Kudos to you all.

Dr. John Forney, CDA Life Member  
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# Executive Director's Farewell

By Gary J. Cummins, Former CDA Executive Director



Gary J. Cummins

Back in the late '50s and early '60s, as I drove the old Ford tractor, hour after hour, up and down the cultivated fields of our small Missouri farm, I did a lot of dreaming. I must admit, however, that places like Vietnam, Walsh, Rifle, Israel, Dillon and Puerto Rico were never in those dreams. Nor did titles like colonel, professor, director, vice president, executive director, elder or grandpa show up in those dreams.

Now, I'm at that age when I have a lifetime to look back on, and I can honestly say that for the most part I'm able to look back and smile. I've been blessed in many ways – good, exciting, and challenging experiences, interesting places visited, loving family, and lasting friendships.

My first 20+ years of life were spent growing up, getting an education, and choosing a career path. My second 20+ years were spent serving my country as a Marine and growing a family. The third 20+ years have been spent pursuing a second professional career that took me into the field of health care and eventually brought me to the Colorado Dental Association.

During those first 20+ years, I was fortunate to have parents, friends and other relatives who, despite our poor economic situation and my rather small stature, told me that I could do whatever I desired and encouraged me to pursue my dreams. Thanks to some success on the Missouri football team, the War Orphan Program, and part-time jobs, I was able to attend and graduate from the University of Missouri with a bachelor's degree in education. The best thing to happen to me during this time

was meeting the love of my life, Sue, and being smart enough to marry her.

The second period of my life really shaped me as a man. During my early years as a Marine officer, I learned how important it is to take care of those you are put in charge of. I learned to eat last and sleep last, and I learned not to ask people to do something I wasn't willing to do myself. I learned through difficult times in combat that life is precious and death is final.

My formal education also increased during this period of time, and I earned a master's degree in education from the American University in Washington, D.C., thanks to the Corps. My faith, mainly communicated to me by my maternal grandparents, also grew and matured over this time. My Marines and I put a lot of stock in praying together, particularly in Vietnam. Even when I served as a forward observer with Korean Marines out in the middle of enemy territory, we valued our faith and shared it frequently. I've had the opportunity to serve as a deacon and an elder in numerous churches around our country, as we moved from duty station to duty station. Sue and I have led small group studies in our home, and we claim Christian and Jewish friends from literally around the world. Like many of you, I learned to be a parent and experienced the challenges of raising children. One of the blessings Sue and I have today is that our children are now our friends.

The current 20+ years of my life has presented new and refreshing challenges. A second career in health care has been enlightening and rewarding in many ways. My first exposure was on the medical side as a director of corporate education and training with two health systems. To be able to provide meaningful education and training to employees, physicians, patients and community

members was very satisfying. To be able to serve as a health care consultant in South America and help people from another culture organize and operate a new health care complex was edifying and rewarding.

During this part of my life, Sue and I have gone from being only parents to also being grandparents (four grandsons so far). What a great time of life this is. We live within one hour of our kids and grandsons; another blessing. My recent and current experience, of course, has been with all of you and the CDA. The CDA has been a true blessing to me and Sue. Besides being a big part of why my job has been so satisfying and rewarding, the CDA family (officers, staff and members) has been there to support us through several medical challenges: my surgeries, Sue's bout with cancer, our daughter-in-law's aortic aneurysm, and our grandson Blake's leukemia. We are thankful for your caring concern and willingness to do whatever you could to get us through those times.

I hope that all of you, like me, are proud of what we have accomplished at the CDA over the years. We are a standard-setting association with a benchmark staff. We are not only known and recognized locally, regionally, and nationally, but we have dentists serving in national positions, staff and dentists requested as national speakers, and staff and dentists sought after for board positions and state governor appointments. We have much to be thankful for and proud of.

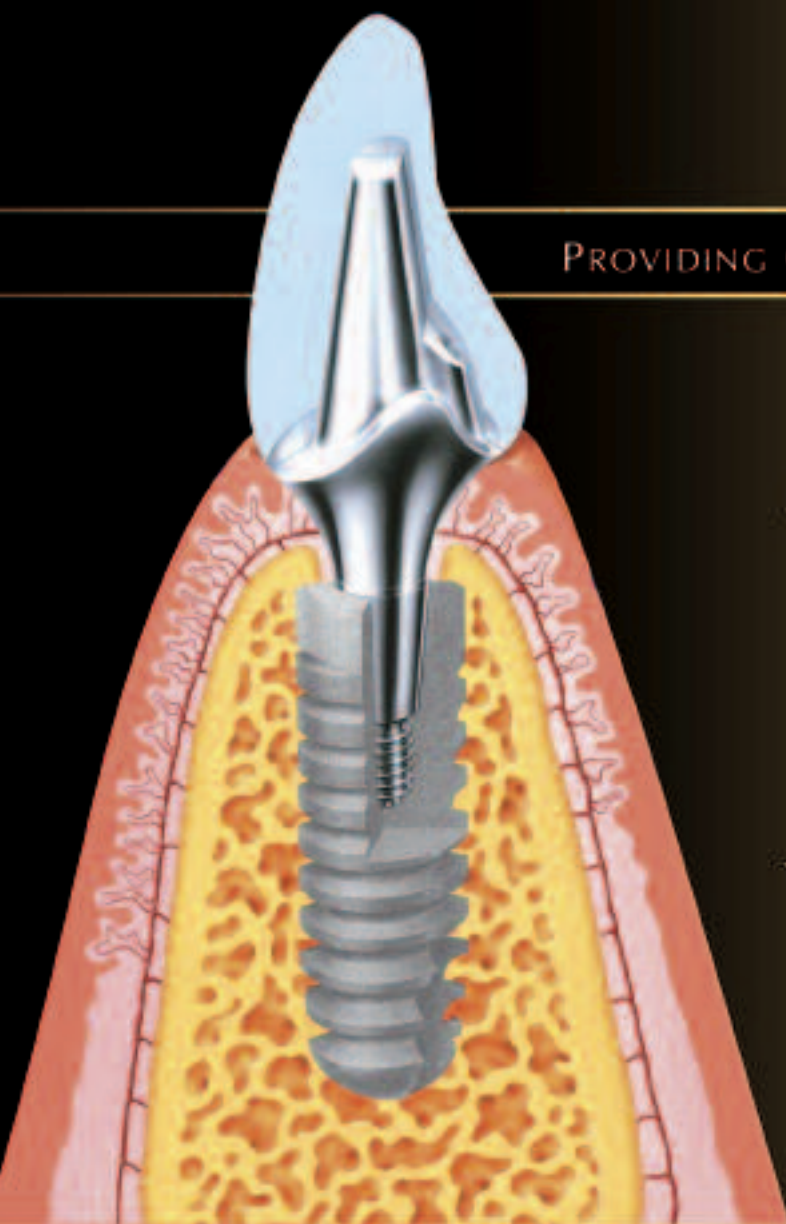
As I depart, I wish each one of you continued success in your practices. I wish those who serve on our top-notch staff continued success as they serve the CDA membership. And I wish for the CDA officers continued wisdom and success as they provide the leadership to move the CDA forward.

May God Bless! ■





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# Pucker Up: The Effects of Sour Candy on Your Patients' Oral Health

## *A review of the dental erosion literature and pH values for popular candies*

By Robyn R. Loewen, D.D.S.; Robert J. Marolt, D.D.S.; and John D. Ruby, D.M.D., Ph.D.

*Although the harmful effects of acidic beverages on teeth have been well established and communicated through a variety of clinical articles and public education pieces, the Minnesota Dental Association's Public Relations Committee has determined that the new and emerging concern of the erosive effects of sour candy on the dentition should be brought to the attention of dental professionals and the public alike. Furthermore, since the serious irreversible damage caused by erosion is difficult and costly to treat, early detection and the initiation of preventive strategies are paramount to minimizing long-term consequences. The following article should serve as a review of the general topic of erosion, and should provide additional information about the increasing prevalence of erosion and the specific risks of sour candy consumption.*

Walk into any convenience or grocery store candy aisle today, and take a look at the extensive and colorful array of candy on the shelves. In addition to the traditional concoctions of chocolate, caramel, and nuts, there has been a distinct shift in preference for "extreme" or "intense" sour and fruity flavor experiences. The specific marketing of these sour fruity candies to children through packaging style and labeling, such as brightly colored plastic baby bottles filled with citric-acid-laced powder, has increased their appeal and has led to a popular new source of dietary



Normal primary molar and canine anatomy.

acid, and unfortunately, a new contributing factor in the increasing prevalence of dental erosion.

### **Etiology of Tooth Wear**

Tooth wear is caused by a complex interrelationship between erosion (dissolution of hard tissue by acidic substances), attrition (loss of tooth substance from tooth-to-tooth contact), and abrasion (wear by contact between tooth and another material). It is difficult to assess the relative influence of each of these contributing factors to tooth wear.<sup>1,2,3</sup> However, the location of the defects on teeth can assist in making a differential diagnosis.<sup>4</sup>

- Abrasion, such as that caused by overly aggressive tooth brushing, results in buccal indentations near the cervical margin or root surface of teeth, usually without any evidence of decay or decalcification.
- Attrition defects are identifiable by matching facets on occluding teeth, fractured cusps and restorations, and



An example of early cusp tip cupping.



The lingual cusp of the maxillary primary first molar is nearly obliterated in this patient who admits to chronic sour candy consumption. The lingual cusp is no longer in occlusion with the opposing molar.

relatively similar wear rates of enamel and dentin.

- Erosion from industrial acid exposure typically manifests on the labial surfaces of maxillary incisors.
- Gastroesophageal reflux disease and frequent vomiting cause the loss of lingual enamel on the maxillary incisors and the lingual surfaces of the maxillary premolars and molars.





*Advanced destruction of entire occlusal surface extending across marginal ridge into the interproximal region.*



*Significant cupping of cusp tips can be seen on the primary canine and first molar cusp tips of this 11-year-old habitual sour candy consumer.*

- Acidic liquids cause preferential erosion of the anterior maxillary and mandibular teeth, and are often accompanied by cervical decalcification and interproximal decay.
- Erosion from acidic solids such as candy manifests mainly on posterior teeth with smooth, glazed enamel which appears to be highly polished, "cupping" of cusp tips on posterior teeth, and the impression of "raised" restorations from a loss of the surrounding enamel (Photos 1-6).

## Erosion

Dental erosion was described as early as 1803 by John Hunter in his text, *The Natural History of the Human Teeth* as "decay of the teeth by denudation." Hunter specifically differentiated the characteristics of erosion from that of dental decay of bacterial origin.<sup>5</sup> Since that time erosion has been defined as the irreversible loss



*Complete loss of occlusal surface of primary second molar and early involvement of permanent first molar cusp tip in an 11-year-old who admits to frequent consumption of sour candy and pickles.*

---

*Plaque does not typically build up on the highly polished surfaces.*

---

of dental hard tissue due to a chemical process, without any involvement by microorganisms.<sup>6</sup> The causative agents are usually acidic substances, whether intrinsic (gastric acid from reflux or repeated vomiting) or extrinsic (consumption of acidic foods or beverages, repeated exposure to chlorinated water, and industrial chemical exposure). Although identification of patients with intrinsic sources of acid erosion such as gastroesophageal reflux and those with environmental exposure are critical, this article will focus on the effects of dietary acids on the dentition, and will introduce new information on specific risks with frequent consumption of acidic candy.

The mechanism of tooth erosion has been widely described. When salivary pH levels drop to a critical level, enamel loses calcium by the formation of calcium citrate complexes, causing an etching of the enamel surface. After this superficial decalcification of enamel by acid, the remaining three to five micron layer of demineralized enamel or dentin is more

susceptible to the effects of abrasion or attrition.<sup>7</sup> The critical pH for enamel dissolution is 5.5. However, due to the modifying effects of the oral cavity, exposure to acidic foods and beverages with pH values below 4 can result in dental erosion.<sup>8</sup>

There has been increasing concern over the high prevalence of tooth erosion in children, with research activity taking place in Europe, Scandinavia, Australia, and North and South America within the last decade.<sup>9,10,11,12,13</sup> England's 1993 National Survey of Child Dental Health included the evaluation of tooth erosion for the first time.<sup>14</sup>

Studies of dental erosion show that the prevalence rates in children seem to be increasing.<sup>15</sup> In epidemiologic studies prior to 2001, the prevalence of erosion in children had been estimated between 2 and 57%.<sup>16,6</sup> In a more recent Australian study (2007), erosion rates in primary teeth were found to be as high as 68%.<sup>17</sup>

Significant erosion can cause dentin sensitivity and difficulty eating, pulpal inflammation and/or pulpal exposure, progressive enamel microfracture resulting in a loss of occlusal vertical dimension, and cosmetic changes due to the exposure of dentin, making the teeth appear yellow.

Although acid erosion creates significant enamel damage, caries is not frequently seen in eroded teeth until the late stages of the condition, when the exposed dentin is unable to withstand further bacterial acid challenges. Plaque does not typically build up on the highly polished surfaces. The lack of decay in the early stages of erosion can deceive patients into a false sense of "dental health," which can make any motivation for changes to poor dietary habits difficult.

Interestingly, dental erosion is frequently seen in individuals exhibiting high levels of oral hygiene.<sup>18</sup> Toothbrushing immediately following an acid attack can result in increased abrasion of the soft, demineral-

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**PUCKER UP** *continued on page 12*

## PUCKER UP *continued from page 11*

ized surface.<sup>19</sup> Similarly, toothbrushing immediately prior to the consumption of acidic foods and beverages results in loss of the protective pellicle, and a greater risk of decalcification.<sup>20,21</sup>

Young, immature enamel is particularly prone to the erosive effects of dietary acid due to its relative porosity and lack of complete mineralization.<sup>22,23,24</sup> The enamel is also thinner in primary teeth than in permanent teeth, so that the erosive process may reach dentin more rapidly in primary teeth.<sup>17</sup> Also, it has been shown that children between three and seven years of age have larger variations and slower salivary sugar clearance rates and also lower salivary flow rates than older children and adults.<sup>25</sup> This suggests that, during the childhood and early adolescent years, when candy and soft drink consumption may be the greatest, both

primary and permanent teeth are most susceptible to erosion.

### Dietary Acids

Numerous studies have shown the erosive potential of soft drinks, fruit juices, and sports drinks.<sup>26,27,11,28,29,30,31,32,8,33,34,35</sup>

The degree of enamel dissolution has been shown to be directly related to the acidity of the substance and varies by type of acid.<sup>36</sup> Determinants of acidity include the total amount of acid available (titrable acidity), the amount of acid present in the solution ( $H^+$  ion concentration as measured by pH), and the strength of the acid (ease of dissociation as expressed by the acid dissociation constant, pKa).

However, the erosive potential of a candy or beverage is a complex interaction of acidity, pH value, phosphate and fluoride levels, the type of acid, and its inherent calcium chelating properties. The *in vitro* erosive potential is further modified by salivary pH, salivary flow rates, salivary

### Figure 1. Dietary acids with potential to cause dental erosion.\*

- Acetic acid
- Ascorbic acid
- Benzoic acid (used as preservative)
- Citric acid
- Lactic acid
- Maleic acid
- Malic acid
- Phosphoric acid
- Propionic acid  
(used as preservative)
- Succinic acid
- Tartaric acid
- Carbonic acid

*\*Adapted from Milosevic 2004.*

buffering capacity, calcium, phosphate and fluoride levels in saliva, duration of exposure, frequency of exposure, and time of day of exposure. For instance, exposure to acidic foods/beverages just before bedtime has been shown to be the most harmful.<sup>37,38,30,11</sup>

The ability of food acids to chelate calcium is considered to be a major factor in dental erosion.<sup>39</sup> Citric acid is the most erosive component in foods and beverages, because it chelates calcium even at higher pH levels, such as those found in buffered saliva.<sup>30,40,41,42,43,44,45,8,34</sup> In fact, it is twice as destructive to dental enamel as hydrochloric or nitric acid.<sup>42</sup> Significant dental erosion has also been shown to result from the use of vitamin C (ascorbic acid) supplements in tablet form.<sup>7</sup> The pH of vitamin C tablets is 1.92, well below the levels considered safe for dental enamel.

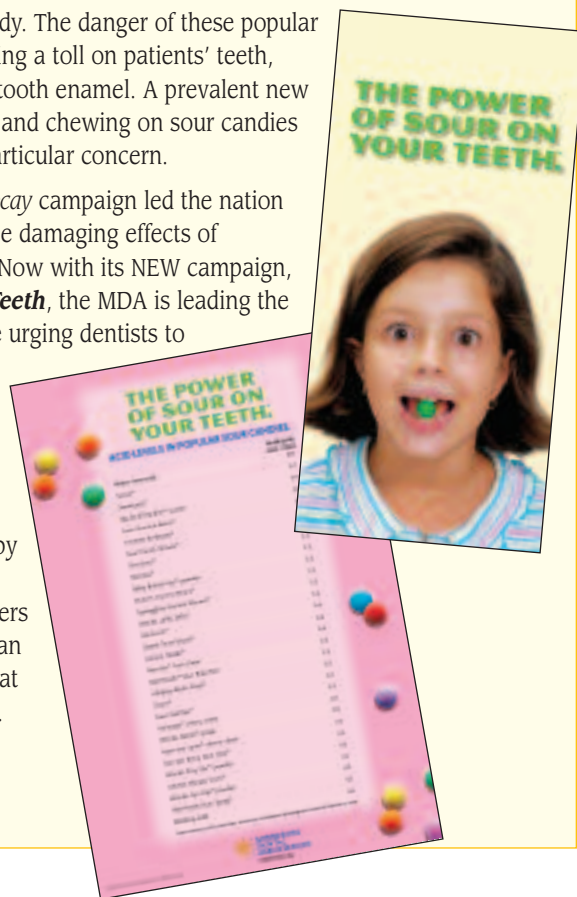
Since the destructive effects of dietary acids have been well documented, one might ask why they are used in food products at all. Some of the functions of food acidulants include flavor enhancement and modification, food preservation, pectin gelation, the inhibition of enzymatic browning, food leavening, and the complexation of cation impurities.<sup>39</sup> A list of common dietary acids can be seen in Figure 1.

## Introducing a new public health campaign from the Minnesota Dental Association (MDA)

First soda pop. Now sour candy. The danger of these popular acidic drinks and candies is taking a toll on patients' teeth, through devastating erosion of tooth enamel. A prevalent new trend by young people, sucking and chewing on sour candies for long periods of time, is of particular concern.

The MDA's *Sip All Day, Get Decay* campaign led the nation in educating the public about the damaging effects of continued sipping of soda pop. Now with its NEW campaign, ***The Power of Sour on Your Teeth***, the MDA is leading the profession once again, this time urging dentists to educate patients about the serious effects of these seemingly harmless sour candy treats.

If you want to stop this rising trend of dental erosion caused by sour candies, order these educational brochures and posters for your office today. To obtain an order form, call the MDA office at 612/767-8400 or 800/950-3368.





## Sour Candy

Though the destructive potential of acidic beverages and fruits has been studied extensively, there should be growing concern over the preponderance of low pH candies marketed toward children and their potential for a different pattern of occlusal enamel erosion, especially on posterior teeth. Dr. John Ruby, a pediatric dentist and associate professor at the University of Alabama at Birmingham School of Dentistry, is convinced that the combination of extremely low pH candies, immature tooth enamel, and a high frequency of ingestion is causing serious harm to children's teeth.

Dr. Ruby recently tested the pH levels of many popular candies, with startling results. One gram of each candy was dissolved in 5 ml water, then tested with Fisher Scientific pH paper accurate to within 0.1 unit. Results of his testing can be found in Figure 2. Most of the sour and fruity candies had very low pH levels. Some of the more surprising findings from his testing included Warheads Sour Spray liquid – pH 1.6, and Altoids Citrus Sours hard candies – pH 1.9. (As a familiar frame of reference, battery acid has a pH of 1.0.) More importantly, most of the sour fruity candies had lower pH levels than any of the soft drinks previously studied. Citric acid is the common “sour” flavoring agent in these products, and as mentioned previously, is the most erosive dietary acid. The low pH of these candies can also cause localized soft tissue irritation from surface damage to the mucous membranes of the inner cheek and tongue. In fact, many of these candy package labels contain a written warning about potential soft tissue irritation with frequent ingestion.

When different candy flavorings are compared, the citric-acid-related fruit flavors of lemon, cherry, and grape destroy much more enamel than the near neutral aromatic flavors of cinnamon and mint.<sup>46</sup> Some examples of currently popular candies with the potential for erosive damage are the intensely flavored

**Figure 2.**  
**pH values for Sour Candy.\***

1g candy/5mL water	pH
<b>pH at which teeth decalcify</b>	<b>4.0</b>
Spree®	3.0
Sweetarts®	3.0
Big Stuff Pacifier® sucker	3.0
Sour Gummi Bears®	3.0
X-treme Airheads®	3.0
Sour Punch Straws®	2.5
Shockers®	2.5
Skittles®	2.5
Baby Bottle Pop® powder	2.5
Brach's Gummi Bears®	2.5
Sqwigglies Gummi Worms®	2.5
Wonka Laffy Taffy®	2.5
Starburst®	2.4
Sweet Tarts Shock®	2.4
Lemon Heads®	2.4
Mentos® fruit chew	2.4
WarHeads® Sour Rips Roll	2.3
Lollipop Paint Shop®	2.2
Zours®	2.2
Sour Skittles®	2.2
Airheads® cherry chew	2.0
Wonka Nerds® grape	2.0
Now and Later® cherry chew	1.9
Too Tart Extra Sour Goo®	1.9
Wonka Pixy Stix® powder	1.9
Altoids Mango Sours®	1.9
Wonka Fun Dip® powder	1.8
WarHeads Sour Spray®	1.6
<b>Battery acid</b>	<b>1.0</b>

*\*pH data generated by John Ruby, Betsy Brown, Brandon Wesley, Stephanie Momeni, and Mike Vann, Department of Pediatric Dentistry, School of Dentistry, The University of Alabama at Birmingham, Birmingham, Ala.*

sour chewy candies, powdered candies, sour gels and sprays, and powder-coated gums. In addition to a low pH level, the consistency of a candy substance contributes to the erosive potential of a product as well. For instance, insoluble starchy “gummy” candies, thick sticky gels, and citric acid powders are particularly harmful due to their prolonged clearance times and abrasivity.<sup>46</sup>

**PUCKER UP** *continued on page 14*

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### PUCKER UP *continued from page 13*

Despite the current lack of in vivo research specifically addressing the erosion risks from sour, fruity candy, the body of knowledge regarding the erosive damage caused by other low pH foods and beverages is significant, and the potential for erosive damage to children's teeth with frequent ingestion of these candies cannot be ignored.

### Diagnosis and Intervention

Management of dental erosion consists of five essential components: diagnosis and etiology assessment, monitoring of the progression of enamel loss, dietary and oral hygiene modifications, remineralization, and restorative treatment.<sup>16</sup> A working understanding of the complex interaction of dental structures, oral chemistry, and dietary factors is necessary for proper recognition of erosion, interpretation of any type of assessment, and appropriate strategies for treatment.

### Diagnosis

Determination of erosion as the specific cause of tooth wear and the subsequent investigation into possible sources of intrinsic or extrinsic acid are the first steps to diagnosis. A simple questionnaire can elicit adequate information to begin to differentiate between the various causes of tooth wear, including erosion, attrition, abrasion, and possibly abfraction (Figure 3). If other causes of tooth wear have been ruled out and acid erosion is suspected, a source of acid must be identified.

Intrinsic acid sources such as gastroesophageal reflux or frequent regurgitation (eating disorders, stress vomiting) require referral to an appropriate medical professional for the patient's overall health maintenance.<sup>47</sup> Environmental exposure to an acid source requires thoughtful education as to the long term effects of the exposure, efforts to reduce exposure, and appropriate supportive care.

Discovery of a dietary source of acid will require careful questioning and dietary analysis. A five-day food diary has

### Figure 3.

#### Erosion Assessment Tool. Dietary History Interview\*

*Which of these snacks do you like? How often do you eat each type of snack?*

- \*Oranges
- Apples
- Bananas
- \*Grapes
- Nuts, like peanuts
- Potato chips, like Lays
- Tortilla chips (nacho cheese etc.), like Doritos
- Popcorn
- Chocolate candy, like Hershey's, Reese's
- Caramel candy, like Milky Way
- \*Jelly beans, like Starburst
- \*Gummy candy, like Gummy Bears
- \*Sour gummy candy, like Sour Patch Kids
- Chewing gum, like Double Bubble bubble gum
- \*Lemon flavored candies
- Licorice – red or black, like Twizzlers
- Sugarfree chewing gum, like Trident, Orbit
- \*Chewy sour candy, like Skittles
- \*Powdered sour candy, like Fun Dip
- \*Hard sour candy, like Ice Breakers, War Heads

*Asterisk designates erosive potential due to acid content.*

### Dental Examination

#### Attrition

- Wear facets present?
- History of bruxism?
- Traumatic occlusion?

#### Abrasion

- Buccal and/or cervical defects without decalcification?

#### Erosion

- Cervical decalcification or decay? (erosive beverage consumption?)
- Loss of surface texture?
- Loss of occlusal anatomy?
- Cupping of cusp tips – posterior teeth?
- Thinning or grooving of incisal edges – anterior teeth?



been suggested, and should include three weekdays and two weekend days. This diary should include all medicines and vitamin supplements, as well as the frequency and method of ingestion (i.e., chewables, effervescent liquid, swish and swallow, capsules to be swallowed).<sup>48</sup> Review and interpretation of the diary can be performed by the dentist, with specific attention paid to the frequency and pattern of dietary acid consumption.

## Monitoring

Ongoing assessment of enamel loss is challenging in a clinical setting. Although comparative intraoral photographs and study models will assist in evaluating long term surface changes, actual quantitative measurements of enamel loss within short term intervals are more difficult to achieve. Detailed clinical notes of any visible changes in tooth anatomy, patient sensitivity, or functional problems are essential in an ongoing assessment of the rate and progression of enamel loss.

Standardization of monitoring techniques is needed. Several indices have been proposed for measuring tooth erosion.<sup>49,50,51,4</sup> However, these indices are more useful for broad-based epidemiological studies of tooth wear, since they fail to localize and quantify actual enamel loss.<sup>9</sup> Salivary tests also need to be developed that can easily be used in clinical practice to assess salivary buffering capacity, flow rate, and composition.

## Diet and Hygiene Modifications

The behavior modifications listed in Figure 4 will aid dentists in coaching patients to minimize the risk of erosion. Every attempt should be made to reduce the frequency of consumption of acidic candies, and such foods should be restricted to main meals.<sup>48,52</sup> For example, a change in the timing of eating sour candy between meals or at bedtime to a mealtime can reduce the severity of the acid attack due to more efficient clearance time and the buffering benefits of saliva.<sup>37</sup> Encourage patients to finish a meal with something neutral or alkaline — cheese, milk, or sugar-free chewable antacid



Not only are extremely sour candies prevalent and readily available at grocery and convenience stores, as well as athletic and movie concession stands, the marketing strategy of confection companies directed at very young children should be particularly disturbing to dentists and parents. For example, "Toxic Waste" is a sour hard candy presented in a colorful plastic garbage can. The label offers a challenge to hold the candy in the mouth as long as possible, with a scoring chart measured by the number of seconds tolerated. In addition, the label also refers young consumers to a "cool" website offering games and other activities, as well as advertisements for other candies made by their company. There is also a warning label on the packaging about potential soft tissue irritation with continued use.

Other youth-targeted packaging includes pacifier-shaped suckers, baby

bottles filled with citric acid powder, and sour gel squeezed from a tube with a "real baby nipple." Interestingly, the label for the sour gel with the baby nipple claims the candy has "no refined sugar, less than half the calories of the original and even better tasting. Real fruit juice concentrates make contents equal to 100% juice. A portion of the proceeds is donated." (Since the manufacturer donates a portion of its proceeds to the American Diabetes Association, the logo for the American Diabetes Association can also be found on the label.) The label also has a warning: "Choking hazard – small parts, not for children under 3 years of age. Avoid getting into eyes. If this occurs, flush eyes with water immediately for 15 minutes. If irritation persists, consult your doctor. Consuming large quantities within a brief time period may cause temporary irritation to sensitive tongues." ...and teeth!

tablets. Chewing sugar-free gum will stimulate saliva flow, providing a natural buffering action. Rubbing bicarbonate-containing toothpaste on the teeth with a fingertip will reduce the acid challenge on the tooth surface. Also, rinsing with water rather than brushing teeth immediately following an acid challenge can reduce demineralization by clearing the acid from the oral cavity, and will prevent inordinate damage by toothbrush abrasion of the fragile enamel surface.<sup>48</sup> Finally, patients should use less abrasive "sensitive"

toothpastes or those with bicarbonate as an active ingredient, rather than highly abrasive whitening toothpastes.

## Remineralization

Treatment for erosive defects should begin with stabilization of the structural integrity of the tooth surface and the promotion of remineralization. Topical fluoride found in over-the-counter rinses and toothpastes, prescription-strength

**PUCKER UP** *continued on page 16*

toothpastes, professionally applied fluoride treatments, and fluoride varnishes will provide reduced enamel solubility and control the symptoms of tooth sensitivity.<sup>53</sup> Oral hygiene products containing amorphous calcium phosphate can enhance fluoride uptake for more efficient remineralization and an increased resistance to further demineralization.

### Restoration

The goal of restorative treatment should be to maintain adequate function and esthetics of primary and permanent teeth. Erosion from the chewing or sucking of acidic candy primarily affects the occlusal surfaces of the posterior teeth. Eroded primary teeth should be restored to maintain vertical dimension and mesial-distal width, reduce symptomatic sensitivity, and provide pulpal protection for the maintenance of vitality until exfoliation. Frequently, full-coverage stainless steel crowns are the most appropriate restorative choice for severely eroded posterior primary teeth.

The restoration of eroded permanent teeth requires choosing the least invasive procedure while providing maximum protection from the further loss of tooth structure. Occlusal sealants and resin-bonded restorations in "cupped" cusp tip lesions will provide mechanical protection for the affected surfaces, reduce dentin hypersensitivity, and improve the appearance of severely eroded posterior teeth.<sup>16</sup> Many of these teeth will eventually require full-coverage cast or ceramic restorations to preserve remaining tooth structure and provide adequate esthetics and function. Since full-coverage restorations are costly and involve significant additional loss of tooth structure, it is essential that appropriate early counseling and behavior modification should occur to prevent the need for such invasive treatment.

## *Restoration requires choosing the least invasive procedure.*

### Summary

Children's increasing preference for "extreme" sour candy and the industry's response in the variety of sour candies marketed to children has created a new twist on the dental erosion front. Additional research is needed to test the actual erosive potential of sour candies *in vivo* and the modifying effects of factors such as salivary buffering capacity. Streamlined measurement tools and standardization of assessments are needed to enable population-based epidemiological studies of the effects of all types of tooth wear. New remineralizing products are reaching the market, but long term efficacy studies on their ability to actually provide protection from erosive demineralization are needed. Lastly, a practical clinical method to measure salivary flow rate, salivary pH, and buffering capacity needs to be developed, so that individual susceptibility factors can be assessed. However, a simple awareness of the potential for increased erosion from extrinsic food sources and an understanding of the mechanism of demineralization are essential to early detection, intervention, and the prevention of invasive restorative procedures. ■

**Author's Note:** *This author knows from personal experience as a parent how much these products appeal to children. Dentists and parents need to realize the possible harm to their children's teeth with repeated exposure to these "treats." As advocates for our patients and their families, dentists need to spread the word about this emerging trend and its potentially devastating effects.*

### Figure 4.

#### **Preventive Measures to Reduce Erosion Risk from Acidic Foods.\***

- Diminish frequency of consumption of acidic foods and beverages.
- Restrict acidic foods to main meals.
- Rinse with water after acid consumption.
- Chew sugar-free gum to stimulate salivary flow.
- Use only a soft toothbrush.
- Use low-abrasive fluoride and bicarbonate-containing toothpaste.
- Avoid toothbrushing immediately following an acid challenge.
- Rinse with a low-concentration, non-acidulated fluoride mouthwash two times daily.
- Apply pH neutral, highly concentrated fluoride gel or toothpaste two times weekly.
- Fluoride varnish to be professionally applied two to four times per year.
- Regular dental visits for ongoing assessment.

*\*Adapted from Imfeld 1996 and Gandara.*

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# Countdown to February!

## National Children's Dental Health Month

With February just around the corner, the Colorado Dental Association is busy preparing for National Children's Dental Health Month. As in past years, two events focused on the oral health of Colorado kids dominate February: Give Kids a Smile Day and the Healthy Smiles Coloring Contest.

### Give Kids a Smile Day: Friday, Feb. 6, 2009

Thank you to the dental offices and individuals who have registered to participate in Give Kids a Smile Day, a national access-to-care day for children. Dentists across Colorado, and the nation, will be providing free treatment to children, and visiting schools and community centers to teach children about the importance of good oral health. For the third year, continuing education (CE) credit will be available to dentists participating in Give Kids a Smile events. CE forms will be sent to participating offices in the coming weeks.

If you have registered for Give Kids a Smile Day, you should have received a confirmation e-mail or fax in December from the CDA regarding your participation. If you did not receive this information or if you have any additional questions, please call the CDA at 303/740-6900 or 800/343-3010.

Give Kids a Smile Day is on Friday, Feb. 6. Statewide activities for this year's event will range from puppet shows in schools to full orthodontic treatment at no charge. We applaud you in advance for your generosity and dedication to this program. Typically, Give Kids a Smile Day events fall into one of three categories: private treatment, offsite treatment and educational/school presentations. Please note the important information below.

- **Private Treatment:** Thank you for volunteering to treat children in your private dental office. Your office is either recruiting patients for the day OR has contacted the CDA to help with

patient recruitment (if you are unsure of your patient source, please contact Molly Pereira at the CDA). If you requested patients through the CDA, local school nurses or nearby health centers will be providing you with patients to schedule. Events of this nature tend to have an increased number of no-show patients due to transportation and other issues on the actual day. To maximize your valuable time on Feb. 6, please consider double booking a few extra patients. Additional information to help prevent "no shows" and tips on scheduling can be found at [www.cdaonline.org/give-smile.htm](http://www.cdaonline.org/give-smile.htm).

- **Offsite Treatment:** Thank you for volunteering to treat patients in a nearby clinic, non-profit health center or at the CU School of Dental Medicine. The facilities will have patients and a schedule waiting for you on Feb. 6. You will be receiving more information by mid-January regarding hours of operation and directions to the facility. Please contact the CDA if you have any questions regarding your Give Kids a Smile arrangements.
- **Educational/School Presentations:** Thank you for volunteering to provide much needed education in schools, community centers, etc. If you requested additional activity sheets, lesson plans or materials, they will be mailed to you by mid-January. Of special note for educational presentations, please see the article on page 10 of this issue for helpful information on the effects of sour candy on teeth. If you would like to do a presentation but need a school to go to, please contact the CDA or the Metro Denver Dental Society (303/488-9700) for a list of interested classrooms.

As you prepare for your Give Kids a Smile event, less than a month away,

please know the CDA is here to help make your day a success. If you have any questions or need additional assistance, please call the CDA at 303/740-6900 or 800/343-3010.

### Healthy Smiles Coloring Contest

Each February, the CDA conducts outreach programs in Colorado schools, encouraging and promoting oral health education. The annual Healthy Smiles Coloring Contest is available to elementary school students, kindergarten through sixth grade. The CDA strongly encourages teachers and school nurses to not only participate in the program, but to also incorporate a lesson on oral health, nutrition and/or hygiene. Lesson plans and additional activity sheets are available to schools at the teacher's request.

On the following pages you'll find this year's contest picture. Please photocopy both sides of the 2009 coloring sheet and give copies of the sheet to your patients to color in your waiting room or at home. They must fill out the appropriate information on the back of the coloring sheet. The picture can be colored with crayons, markers, paint, pencils, etc. Contestants must color their own entry without assistance from others.

This year's grand prize winner will receive \$100 cash for his/her school to be used at the school's discretion, art supplies, and his/her winning coloring sheet featured in a publication of the Colorado Dental Association. Winners will also be selected from each component society area across the state, and awarded art supplies and other prizes. Each winner's classroom will receive toothbrushes and toothpaste.

**The deadline to submit entries to the CDA is March 2, 2009.** Entries can be mailed to: Healthy Smiles Contest, 3690 S. Yosemite St., #100, Denver, CO 80237. Please call 303/740-6900 or 800/343-3010 for more information.

Thank you for your participation! ■





COLORADO DENTAL ASSOCIATION

# 2009 Healthy Smiles Coloring Contest



**Super Smiles!**

*Kim Cline*  
©2008

# 2009 Healthy Smiles Coloring Contest Registration

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

School \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

## Coloring Contest Rules

### Eligibility:

Children in kindergarten through sixth grade are eligible to participate.

### Guidelines:

1. Contestants must color their own entry, without the assistance from others.
2. The picture can be colored with crayons, markers, paint, pencils, etc.
3. Entries must be submitted by March 2, 2009.
4. No purchase is necessary in order to enter.

### Prizes:

The grand prize winner will receive \$100 for his/her school, art supplies and his/her winning sheet featured in a publication of the Colorado Dental Association. Up to 11 additional winners will be selected and awarded art supplies, posters and toothbrushes for their entire classes.

### How to Enter:

Mail the completed coloring sheet to:  
Healthy Smiles Contest  
3690 S. Yosemite St., Suite 100  
Denver, CO 80237

**Don't forget to include your name, address, phone number and grade in the section above.**

Artwork becomes the property of the Healthy Smiles Coloring Contest and will not be returned unless previous arrangements have been made.



# Thrifty Saving Ideas

By Scott Brookes

**W**e know that the best resolutions you can make are the ones that are the easiest to keep. The recent gyrations of the economy and the stock market make this an ideal time for a new start. Instead of worrying about having to "give up" something, how about making a commitment this year to "get more" from your life. One popular idea is to spend more time with family and friends. It doesn't cost much, but the rewards are enormous. Several other low-cost ideas are: fitting in more outdoor activities, exercising, or becoming better organized (for me, this probably starts with my garage and closets).

One simple way to cover multiple resolutions is by being more efficient and organized with your savings. Being well-off and debt-free adds to your piece of mind, provides the means to retire earlier, gives you more time with family and friends, and allows you to support the causes that mean the most to you.

## Simplify, Simplify, Simplify

1. You can save a lot of filing (and a few trees) by combining your banking under one roof. By choosing just one bank or credit union, you can consolidate a lot of your financial life into one easy-to-access account. You can also pay bills online, transfer money between higher yielding money market accounts or CDs, and qualify for larger lines of credit. This allows you to see all of your investments on one statement and can save money. This also cuts

down on the time it takes to see how you stand financially. Your accountant will thank you too.

2. In the same way, consider reducing the number of places you invest. In today's world, you can roll all of your old retirement plan accounts or underperforming IRAs into one IRA account. People often mix up the term "diversification" with "spreading your investments around to several brokerage firms." This practice adds to your costs and leads to over- or under-diversification of your money (as you may have several mutual funds, which are invested alike, going under different names at multiple institutions). Consolidating can easily reduce this problem and save you the frustration of storing paper.

3. Resolve to use your retirement plan more efficiently. This means using low-cost investments and planning tools to keep you on track. New retirement plan programs now make it simple to build a well-

balanced investment portfolio, adding valuable tax-deductible growth and larger balances at retirement. Providers of these services are even more competitive than ever, leading to lower costs to you.

Make 2009 your year to "do more and spend less." Your health and wealth will thank you for it. ■

*Scott Brookes, AIF®, is director of Retirement Plan Services at Sharkey, Howes & Javer, Inc., a Denver based, fee-only, financial planning and investment management firm, and a supporter of the Colorado Dental Association. Visit [www.SHWJ.com](http://www.SHWJ.com) or call 303/639-5100.*

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Now that the holidays are behind us, it's a good time to revisit money-saving opportunities offered by the CDA endorsed companies. The CDA endorses many high-quality products and services that will save your office time and money. When the CDA endorses companies, it not only does the background research for you but it negotiates significant discounts exclusively for CDA members. When CDA members use these endorsed companies, the companies in turn provide revenue to the association, which allows the CDA to keep the price of dues unchanged year after year. This is a win-win opportunity for members and the CDA, and we encourage you to explore this valuable member benefit – the money you save through these companies can more than pay for your annual dues.

A wide variety of services and products are offered at significant savings for the savvy shopper. **The CDA recently endorsed three new companies: Mercedes-Benz of Littleton, ToothIQ.com and Verizon Wireless.**

Following is a quick guide for your reference and to refresh your memory on these CDA endorsed relationships. Additional company information can be found at [www.cdaonline.org/memberbenefits.htm](http://www.cdaonline.org/memberbenefits.htm). If you have any questions, please call CDA Director of Finance Pam Brockhaus at 303/996-2843 or 800/343-3010 x103.

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ToothIQ.com, 720/890-6004 x3

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## **Clothing for Staff**

Lands' End, 800/990-5407

## **Collection Services & NSF Fee Recovery**

eCashflow Systems (NSF Checks) -  
CDA, 303/996-2843; 800/343-3010 x103  
The Advantage Group, 303/302-2894  
Quantum Healthcare Services,  
303/984-8300; 877/984-8300

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#### Medical Emergency Preparedness

Institute of Medical Emergency  
Preparedness, 866/729-7333

#### Office Supplies

Office Depot, 303/330-9754

#### Patient Financing

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800/859-9975 (already enrolled)

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#### Confirmations/On-Hold Messaging

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AutoNation Direct, 303/799-3513;  
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Auto Buyer's Pro, 303/888-8889;  
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# Oral Health Literacy – the Day of the Informed Consumer has Dawned

By Thomas J. Greany, D.D.S.

Dispensing knowledge to our patients about their oral health needs and treatment options is a moral imperative and something we are required to do to fulfill the legal requirements of informed choice. Often, however, the task of teaching our patients is delegated to a “treatment coordinator,” a specially trained assistant, or a sterile, one-size-fits-all document placed before the patient moments before treatment commences.

Historically, diagnoses and treatment recommendations have been passed from clinician to patient in a formal consultation process—complete with study models, radiographs, patient charts, photographs, and other necessary props. The level of trust between patient and provider was once higher than it is today, and there were no third-party intermediaries to muddy the waters of the decision-making process with cost-related issues, and the injection of doubts regarding the necessity of treatment. Oral diagnosis was much simpler, and the number of treatment options was much more finite.

Now, however, we live and practice in the era of informed consumers whose thirst for knowledge to enable decision-making seems insatiable. If a person wants to buy a vacuum cleaner or a pair of skis, all they need to do is surf the Web, and the answers they seek will be forthcoming. It hasn't been that easy in healthcare, where treatment options multiply from one year to another, and the time to explain the options dwindles. Although information abounds on the Web, there has been no efficient, logically oriented system to filter, consolidate, and



present it in a meaningful context that patients can understand. If a doctor is busy treating patients, performing hygiene checks, managing a practice, supervising laboratory work, staying current, raising a family and having a spare moment for him/herself, it is exceedingly difficult to dispense knowledge efficiently.

Dr. Steven Woolf, et al., addressed these issues in a 2005 article entitled, “Promoting Informed Choice: Transforming Health Care to Dispense Knowledge For Decision Making” (*Annals of Internal Medicine*, 2005 143: 298-300). In building his argument for an efficient knowledge dispensing system, Woolf states, “one may safely predict that the passage of time will only increase the demand for information and guidance as clinical options increase (both in number and in technical complexity) and as the stunning expansion of information continues. Today's healthcare system is unprepared for the intersection of these two realities. The system clings to an outdated model—relying on busy clinicians to keep their patients informed—a holdover from an earlier time when a physician's impromptu advice was sufficient and when there was little concern about its inherent incompleteness or bias.”

The days of the uninformed consumer are behind us now, and belief to the

contrary is naïve. But what does it cost to hire treatment coordinators to explain our findings and recommendations? And what is the value of the time we spend doing it ourselves?

Harvard Business School Professor Regina Herzlinger has written several books over the past twenty years on “consumer-driven healthcare.” In fact, she is credited with coining the phrase. Her extensive and wonderfully reported research has led her to conclude that the solution to our nation's healthcare crisis lies in the informed consumer. She describes the demise of what has traditionally been a paternalistic doctor-subservient patient relationship, giving way to a provider-client association that exists on more equal footing. The indispensable element in the purchase of healthcare is not low cost, but maximum value (quality of services per dollar spent). To make value-oriented decisions about healthcare, patients need to understand what it is they're buying, and what their options are.

Earlier this year, Gov. Bill Ritter announced a “Building Blocks for Health Care Reform” plan to help manage costs, improve quality and expand the availability of care. One of the essential elements of Gov. Ritter's broad plan is better transparency to assist consumers in their healthcare purchases. At the ADA National Meeting in San Antonio in October 2008, the House of Delegates passed three resolutions related to oral literacy, one of which called for a five-year strategic plan to improve the oral health literacy of the public.

These separate calls for oral health literacy underscore the demand for an efficient system to assist with the oral



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health education of patients—but most patients don't want to learn. They just want to understand. Thus, an efficient means of helping them assimilate knowledge is needed. Practice management consultants often counsel that raising a patient's dental IQ doesn't help sell treatment. The call for oral health literacy is not about selling treatment however. It's about helping patients make intelligent decisions that make the most sense for their present circumstances. ■

*Dr. Thomas J. Greany is Chief Operating Officer of Symbyos, developer of ToothIQ.com, a comprehensive oral health information resource, which was architected to offer solutions to each of the aforementioned issues. Free to the public, its content is peer-reviewed by a panel of dentists, registered dental hygienists, dental specialists and physicians, most of them from Colorado. It provides citations from, and direct links to, over 100 international, peer-reviewed dental and medical journals. Its review board*

*includes professional educators, and the site is translatable by the click of a mouse into 24 different languages, facilitating access for all types of users. Its content is designed to fulfill the requirements of informed consent, and to enable decision making by both patients and dental professionals. The site is internationally certified by the Health on the Net (HON) Foundation in Geneva as an unbiased and trustworthy source of oral health information. For those dentists who wish to purchase a paid membership, the site offers both Web and iPod touch-based animations, Web pages with portals to online portfolios, and peer-reviewed literature review articles.*

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# 2009 Legislative Update

By Charlie Hebeler, CDA Lobbyist

2009 brings much change to the government as a new president is inaugurated later this month and a "changing of the guard" takes place in several seats of the legislature. We've known for some time that 2009 will also be a year where the legislature will spend a good deal of time focusing on health-care. As always the CDA's Governmental Relations Council and I are working hard on your behalf at the capitol. The CDA has also hired a Director of Governmental Relations staff member to add to our advocacy efforts for Colorado dentists. This column is the first of a series to keep you informed of the happenings that affect dentistry under the gold dome.

## Election Outcome

The Democrats retained control of both the Colorado House and Senate in the November 2008 election. The House split is 38-27, and the Senate split is 21-14.

The Democrats selected leaders in both chambers primarily from the Front Range, with only Kathleen Curry from Gunnison appointed to be Speaker Pro Tem (the Speaker Pro Tem chairs the House in the absence of the Speaker, and also carries some partisan duties). The Speaker of the House is Terrance Carroll, from Denver, and the President of the Senate is Peter

Groff, also from Denver. These were historic elections in that both of these men are African-American.

The Republican leadership was more distributed, with Josh Penry from Grand Junction as Senate Minority Leader. In a surprising move, the Republican leader in the House, Mike May from Parker, resigned his legislative seat in mid-December in order to spend more time in his occupation, which is serving as chief financial officer in a local company. As of this writing, a replacement leader has not been chosen.

Most legislation of interest to dentistry is heard by the Health and Human Services Committees in both chambers. Here is the membership of those committees:

## House

Jim Riesberg, Greeley, Chairman  
Sara Gagliardi, Arvada, Vice Chair  
Cindy Acree, Aurora  
Gwen Green, Golden  
John Kefalas, Fort Collins  
Jim Kerr, Littleton  
Kevin Lundberg, Berthoud  
Anne McGihon, Denver  
Dianne Primavera, Broomfield  
Ellen Roberts, Durango  
Spencer Swalm, Centennial

## Senate

Betty Boyd, Lakewood, Chairman  
Lois Tochtrop, Thornton, Vice Chair  
Morgan Carroll, Aurora  
Shawn Mitchell, Broomfield  
John Morse, Colorado Springs  
Linda Newell, Littleton  
David Schultheis, Colorado Springs

One more member from the Senate will be added to this list – the person elected to fill the seat of Sen. Steve Johnson, who was elected as a Larimer county commissioner. Sen. Johnson resigned in late December and a vacancy committee will meet to appoint his successor.

The CDA will soon be installing software that will make it easy to communicate with our state legislators! Expect to hear more in a later issue!

## Upcoming Legislation

The Health Care Task Force, an interim committee of the Legislature, has recommended one bill that expands dental benefits under the CHP program to pregnant women, and also provides for an adult dental benefit under Medicaid. The Governor's budget request did not include any funds for adult dental benefits under either program, so the outlook for this bill is not bright; however, it is also very early in the process. There may be many



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## The CDA needs your help!

If you live in one of the before-mentioned communities, please write the corresponding committee member a very short note congratulating them on their appointment to the committee. In addition, offer them the CDA and yourself as resources should they have any questions regarding dental issues in the future. Legislators get many more letters of complaint than they do letters that are positive in tone, and they appreciate kind words! All letters may be addressed to them at the State Capitol Building, Denver, CO 80203. If you prefer the electronic route, the legislature's Web page, [www.leg.state.co.us](http://www.leg.state.co.us), has e-mail addresses for all legislators.

changes in the fiscal outlook before bills are finished during the session.

The Health Care Task Force also recommended a bill regarding Peer Review. The language of the bill allows the creation of peer review committees in a number of health care professions, including dentistry. There is no recognition in the bill that peer review language is already provided in the Dental Practice Act. The CDA will be contacting the sponsor of the bill, Sen. John Morse, and will ask to be exempted from this bill, as there is already specific statute on peer review in the Dental Practice Act that was negotiated with the Department of Regulatory Agencies.

The Department of Public Health and Environment is planning to bring a bill to remove the prohibition of using the state general fund for the Children's Oral Health program, a program that provides sealants and fluoride varnishes. The

Governor has recommended \$250,000 of the general fund to be used for the program, which would allow approximately 4,000 more children to be served.

These are the bills that we are aware of at this time, but many more will be introduced later this month. The CDA will be updating its Website regularly to provide members with current information about legislation and what it means to dentists in Colorado. Please visit [www.cdaonline.org](http://www.cdaonline.org) and click on "Hot Topics" for more information. ■



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**Practice:** Fort Collins, Colo. 50 N/P p/m, 10 hygiene days p/w. Digital radiography! Producing \$118,000 per month. All offers considered. Broker referral welcome. Susan Spear, MPB, Inc. 303/973-2147 or [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**Practice:** Pueblo southwest, Colo. Collected \$774,000 in 2007! Growing community! Cerec technology, new modern facility, 4.5 treatment ops! Motivated seller. Susan Spear, MPB, Inc. 303/973-2147 or [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**Practice:** South Lakewood, Colo. Family practice with average collections \$1M+. 24 hours per week! Six treatment rooms, beautiful shared dental suite, motivated seller! Susan Spear, MPB, Inc. 303/973-2147 or [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**To Sell or Buy a Practice, Associate Buy-ins or Buy-outs:** Call Susan Spear, Practice Transition Specialist/Licensed Broker Medical Practice Brokers, Inc., 303/973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com).

**Practice:** Denver/Lakewood, Colo. Are you building a small group with satellite offices? On track \$500,000 in production. Seller to stay on after transition. Susan Spear, MPB, Inc., 303/973-2147 or [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**Practice:** Denver/Cherry Creek, Colo. Purchase \$125,000! Est. 2008 revenues \$250,000+. Nice equipment, updated Easy Dental software, growing patient base, great satellite. Motivated seller. Susan Spear, MPB, Inc., 303/973-2147 or [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**Practices:** Yes, we buy dental practices...but more importantly: We offer a continuum of ongoing clinical leadership alternatives for sellers. We provide long-term job security and excellent benefits for staff. We ensure continuity of care for your patients. We deliver full-service practice administration support. We are a 100% cash buyer - no seller financing or other contingencies. Supporting doctors and dental practices since 1968, the team at Mountain Dental seeks to conservatively expand our family of clinics in the Colorado market. We would appreciate the opportunity to speak with successful owners and associates about their transition plans and career goals. To learn more about us and prevailing transition alternatives - including a free, confidential, zero-obligation practice valuation - please contact Director of Investments Sean Epp at 715/579-4188 or [sepp@mountaindental.com](mailto:sepp@mountaindental.com). We look forward to hearing from you!

**Practices:** Expand your horizons. New Mexico, land of enchantment. Over 35 practices and associateships available. Grossing \$250,000 to \$3M per year. [ValentineDMD@aol.com](mailto:ValentineDMD@aol.com); 505/266-4418.

**Practice:** Greenwood Village, Colo. Fee-for-service restorative practice. Two-year association leading to purchase. Contact [kevinevansdds@gmail.com](mailto:kevinevansdds@gmail.com).

**Practice:** Strong general practice located in the San Luis Valley. Producing \$350,000 on three days a week. If you like a relaxed lifestyle with skiing, hunting, fishing boating and other outdoor activities, this deserves a look. Would consider an associate with an option to buy. Contact Dr. Robert B. Deloian with Professional Transition Strategies. 303/814-9541.

**Practice:** Craig, Colo. Experience all of the rewards of living and practicing in a Colorado mountain community, where clean air and panoramic views abound. Well-established premiere general dental practice with an emphasis on cosmetics, and crown and bridge. Owner is seeking brief introduction period with full transition to new owner. Please reply in confidence with your objectives, curriculum vitae and written goals to: The Sletten Group, Inc., 7882 S. Argonne St., Centennial, CO 80016. Call 303/699-0990 fax 303/699-4863 or e-mail [pam@lifetransitions.com](mailto:pam@lifetransitions.com).

**Practice:** Durango, Colo. Resort town is home for this well-established general dentistry

practice, which collects over \$1.2M. Five ops. in 1,800 sq. ft. clinic, which is in excellent condition. We are looking for a motivated doctor to take on this great opportunity. Professional Practice Advisors, 800/863-9373, [www.practiceadvisors.com](http://www.practiceadvisors.com).

**Practice:** Windsor, Colo. Very nice equipment with four ops. All fee-for-service, grossing \$400,000. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Denver, Colo. Cherry Creek area. Grossing \$572,000. Good new patient flow and three ops. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Fort Collins, Colo. Removable prosth. Practice grossing \$470,000. All fee-for-service. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Alamosa, Colo. Excellent opportunity. For more details, please contact Larry Chatterley at 303/795-8800 or [larry@ctc-associates.com](mailto:larry@ctc-associates.com).

**Practice:** Lone Tree, Colo. New equipment, three ops. Plumbed for five more. 2,600 sq. ft. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Littleton, Colo. Three ops. with new facility and new equipment priced at \$125,000. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Littleton, Colo. Grossing \$618,000, all fee-for-service patient base with five ops. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Downtown Denver, Colo. Grossing \$758,000 with four ops. New facility. All fee-for-service patient base. Associate buy-in or buy-out. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Englewood, Colo. DTC area. Grossing \$400,000 with four ops. Very nice equipment and facility. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Very busy pediatric practice in northern Colorado looking for associate to buy-in or partner. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Telluride, Colo. Grossing \$644,000. New equipment and facility. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**2 Orthodontic Practices:** SE Denver and Littleton, Colo. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Endodontic Practice:** Lakewood, Colo. Call Larry Chatterley at 303/795-8800 or go to [www.ctc-associates.com](http://www.ctc-associates.com).

**Seller/Buyer Services:** If you would like more information on how to buy, sell or associate in a practice, please check our Web site, [www.ctc-associates.com](http://www.ctc-associates.com) or call CTC Associates at 303/795-8800.

**Practice:** Alamosa, Colo. Purchase price \$348,000. Long time staff employment for smooth transition. 2007 production over \$500,000, collections 97%. Good business op., good location. Call David Goldsmith at 303/304-9067 or [dgoldsmith@aftco.net](mailto:dgoldsmith@aftco.net).

**Practice:** South Central Colo. Truly a fee-for-service mountain village practice. Purchase at \$260,000. Patient base to be busy five days a week. Seller elects to work only 3.2 days at this time. Half hour from all recreation Colorado has to offer including world class skiing and golf. Call Dave Goldsmith, 303/304-9067 or [dgoldsmith@aftco.net](mailto:dgoldsmith@aftco.net).

**Practice:** Cheyenne, Wyo. Launching pad practice for solo or satellite practice. Purchase at \$160,000 with base of 750 patients near downtown. Low lease expense or opt to buy. Solid fee schedule. Tax friendly state of Wyoming. Call David Goldsmith, 303/304-9067 or [dgoldsmith@aftco.net](mailto:dgoldsmith@aftco.net).

**Practice:** Opportunity within 20 min. of Breckenridge, Colo. ski area. 90 min. from Denver suburbs. Excellent fee-for-service cash flow practice. \$300,000 production w/tremendous growth potential. Call Aftco, Dave Goldsmith, 303/304-9067 or [dgoldsmith@aftco.net](mailto:dgoldsmith@aftco.net).

**Practice:** High profile fee-for-service practice in Craig Colo. Just 40 miles from world class ski area Steamboat Springs. Well over \$200,000 pre-tax cash flow. Seller will stay and mentor, providing additional passive income. Call Dave Goldsmith, Aftco, 303/304-9067 or [dgoldsmith@aftco.net](mailto:dgoldsmith@aftco.net).

**Practice:** Park Meadows mall area. Smaller ortho. practice, great location, beautiful office, owner retiring. Call Jerry Weston, 303/526-0448, Professional Marketing and Appraisal.

CLASSIFIEDS continued on page 31



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**ARIZONA:** Glendale, Phoenix, Tucson.

**IOWA:** 1 hr. east of Omaha.

**NEW MEXICO:** Santa Fe and Southeast.

**NEBRASKA:** NW, North Central.

**SOUTH DAKOTA:** Sturgis-Spearfish.

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"Larry Chatterley did a superb job of transitioning my 31-year practice. I highly recommend CTC Associates." *David J. Welker, D.D.S., Boulder*

"Larry was able to get full value for my practice and completed the transition with very few complications." *David Sewell, D.M.D., Highlands Ranch*

"Larry spent a lot of time making sure that every detail was handled. We did not have to worry about loose ends." *Brian Ley, D.D.S., Fort Collins*

"I was totally and completely satisfied with your professional service." *John Seuell, D.D.S., Littleton*

"In addition to his vast knowledge and experience with practice sales, I appreciated his level of integrity and sense of fairness to both parties involved." *John C. Bauman, D.D.S., Brighton*

"I have been most happy with the results, and the fees for the services were very reasonable compared to some of your competitors." *Gail F. Person, D.D.S., Durango*



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**CLASSIFIEDS** continued from page 29

**Practice:** Small pedo practice near Park Meadows mall. Share space with orthodontist or have separate operators. Call Jerry Weston, 303/526-0448, Professional Marketing and Appraisal.

**SPACE AVAILABLE**

**Space Sharing:** Space sharing opportunity in newer high tech office near Quincy and Parker overlooking CC Reservoir. Open to arrangements with specialist or GP. Digital x-rays. Five ops. Phone 303/693-7330.

**Space Sharing:** Southeast Denver suburb opportunity. Orthodontist looking for pedodontist to share large modern facility. You can use the facility full- or part-time. No other pedodontists in the area. Contact Robert B. Deloian, D.D.S., Professional Transition Strategies. 303/814-9541.

**Space Sharing:** Denver, Colo. Share expenses – why pay for everything yourself? Seeking general dentist/specialist wanting to share practice costs without the burden of going solo on expenses. Office totally re-equipped three years ago. Four operatories, each with computer, intra-oral camera, DVD, CD, satellite radio and TV. Digital x-ray, Pan-X, Caesy, Luma bleaching, portable Diagnodent, Harvey, Statim, & Hydrim washer. Software schedules, bills, processes insurance for multiple providers. Private office, consult room, and reception room with large flat screen educational program. Contact Dr. Pavlik, 719/592-0878 or [pjp@trackerenterprises.com](mailto:pjp@trackerenterprises.com).

**Office Space:** 30 yr. dental office for lease/purchase. High visibility, downtown Golden, Colo. Reception, two-to-three operatories, lab space, plumbed, computer lines, cabinets in place. Call Bill Plein, Remax Commercial, 303/670-6370, 800/568-6130 x6370.

**Office Space:** Loveland, Colo. 2,000 sq. ft., four ops. Fully plumbed; computer lines and cabinetry in place. Vacating tenant willing to negotiate furnishings, compressor, vacuum, etc. with incentives. Great traffic pattern. 970/669-8996 or [lakeview2000@msn.com](mailto:lakeview2000@msn.com).

**Office Space:** Colorado Springs, Colo. Dental space from 1,332 sq. ft. to 2,332 sq. ft. Near the Broadmoor area. Lease rate and improvement allowance negotiable. Wasson Properties, Inc., 719/520-1730, [dwasson@pcisys.net](mailto:dwasson@pcisys.net).

**Office Space:** Centennial, Colo. Ortho/pedo space for lease. 1,800 sq. ft. plumbed for five open-bay ops. Located across from Newton Middle School on the busy corner of Arapahoe and Colorado. Approx. one mile from new Streets of Southglenn development. General dentist located in the same building. 303/221-3044 or [irene@ButtermanDental.com](mailto:irene@ButtermanDental.com).

**Office Space:** Cherry Creek/Denver, Colo. First floor, 800-2,500 sq. ft. dental suite for lease. Located in great neighborhood next to park. Cabinetry, plumbing and air are in place and ready to use. Each operator has a nice view of a private garden courtyard with waterfalls. Plenty of patient friendly parking is adjacent to the suite's private entrance. Please call 303/703-6722.

**Office Space:** Space available for dental professionals in the Southlands area, available spring 2009. Building ownership, next to schools. Biggest growth potential in the Denver area. Alisa, 720/217-1944 or [ammswo@hotmail.com](mailto:ammswo@hotmail.com).

**Office Space:** Boulder dental suite for sale or lease. 1,550 sq. ft. ground floor office within Boulder's premier dental professional building with major specialties represented. Classic Colorado contemporary design inspired and approved by the Pacific Institute, four ops., two labs, private doctors office and a consult room, two private decks and private entrances. Currently available. Call 720/839-5514.

**Office Space:** Boulder general practice offering cosmetic services, high-tech equipment. Great location with high visibility. Open to share space with dentist or specialist. Please call 303/449-1119 or fax 303/449-1914.

**Office Space:** Loveland, Colo. A unique opportunity to build your practice in a beautiful state-of-the-art facility. Loveland's proposed Mountain View Dental Arts and Professional Center. A high visibility location with outstanding demographics next to the 1144 student Mountain View High School. Enjoy a realistic path to the savings and wealth building benefits of owning your own beautiful, efficient facility. For complete details, contact Kirby Phillips, Medical Facility Partners, LLC, 720/308-6430.

**Office Space:** Loveland, Colo. New construction class "A" space. Up to 8,500 sq. ft. available for immediate build-out. Great location and tenant finish allowance. Call 970/663-1000.

**Office Space:** Build/Relocate/Remodel: Call us or visit [www.fcbidenver.com](http://www.fcbidenver.com) for free office locator assistance. Foothills Commercial Builders, the future is now! 303/755-5711 x306.

**Office Space:** First floor office with five operator suites located in central Greeley. All plumbing, nitrous lines, computer lines and cabinetry are in place, along with sterilization room and lab space. Call 970/356-5151.

**Office Space:** Leasing new space? Your new landlord is represented by a commercial realtor, attorney and other expert resources. Who is representing your best interests in the transaction? Tenant representation – we represent YOUR best interests: site identification and demographics analysis; lease valuation and analysis; lease negotiations; and experienced dental services (space planning, information technology, space design and construction support). We will locate the optimum practice growth potential site for you, represent your best interests in the leasing process and assist in overall facility development. Kirby Phillips, Remax Professionals, Inc. – Commercial, 303/985-4555.

**Office Space:** Dental offices in Lakewood, Colo. 26th and Kipling area. 850 sq. ft. built-out, four ops., full service \$19/ft. 1,900 sq. ft., owner will assist w/tenant finish per your specs., full service \$17/ft. Three months FREE. Call Jack, 303/919-0813.

**Endo/Perio Office Space:** Endodontist/periodontist space available for lease/sale at beautiful new dental-only centers under construction. Ideal demographics, high traffic and visibility. Loveland and Thornton locations.

**CLASSIFIEDS** continued on page 32

## CLASSIFIEDS *continued from page 31*

Contact Medical Facility Partners, LLC,  
720/3080-6430 or [kirby@mfp1.us](mailto:kirby@mfp1.us).

**Office Space:** Colorado Springs, Colo. Dental space, 2,000-3,150 sq. ft. Partitioned/plumbed for four ops. Beautiful building with great visibility and easy access in affluent area. Call Russell Stroud, 719/590-1717.

**Office Space:** Office space in new bldg., corner of 128th and Colorado in Thornton, Colo. Some credit available for built-out. New retail area, heavy traffic. Call 303/280-2987.

**Office Space:** 1,100 sq. ft., near Park Meadows mall. Plumbed for nitrous, includes one fully-equipped operator, x-ray, air and suction lines. Shared space with orthodontist. Ideal for oral surgeon or pediatric dentist. Automatic referrals. Call Tammy at 303/792-0345.

### SERVICES/ANNOUNCEMENTS/MISC.

**For Sale:** Cerac 3 Cad/Cam unit complete with milling unit. Two years old. Inquire by phone or e-mail, 719/531-6711 or [NAllan5125@msn.com](mailto:NAllan5125@msn.com).

**For Sale:** Cranex 3+ by Sordex, model PT, 11P (panograph). Can be converted to digital. Excellent condition, \$10,000. Four ADEC patient chairs, beige color, remote controls, excellent condition, \$2,750 each. Call 719/964-6594.

**For Sale:** Two antique dental cabinets for sale. Great condition! Call 970/663-1089.

**For Sale:** Denver dental equipment. Recent retirement of DDS. Two complete operatories including lab items. Modern Ritter motor chairs, Knight Ritter delivery operator units, center consoles (2), Dent-X 70 Image digital wall

mount x-ray unit, Dentsply ultrasonic scalers, mobile dental Hamilton inst. cabinets, Vacudent, Ritter operator lights, Midwest handpieces, model trimmer, sterilizers, Kerr Demtron UV curing light, Peri-pro x-ray processing unit, plus many other items. All equipment fully operational. All items are available for inspection in Denver. Reasonable offers will be accepted. Owner prefers sale of entire offering as one unit. Call 303/488-9652 for appointment showing.

**For Sale:** Self-contained portable dental unit, Royal dental chair almost new, portable x-ray machine, utility cart, overhead light, dental and surgical instruments. See pictures on Craig's List. For more info and list of items, call Dan at 303/988-6379.

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