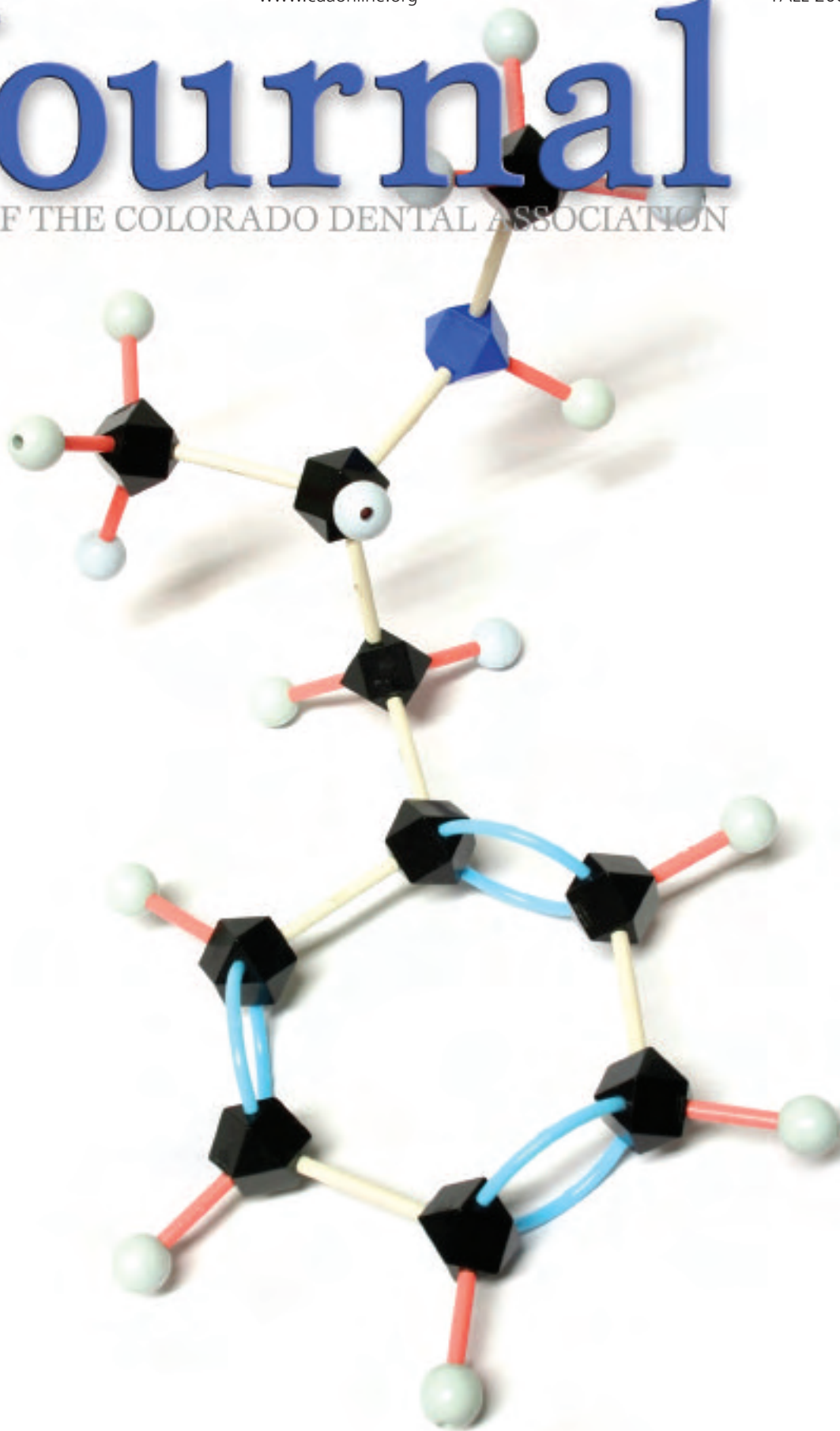


Journal

OF THE COLORADO DENTAL ASSOCIATION



it's 10am & you're in maul...

do you know
where your
patients are?

relax.
we've got it covered.

Emergency Dental Care USA is open from 9am to 9pm, 7 days a week, including holidays. We can take care of your patients' emergencies. When you refer them to us for emergencies, we will complete the work and send them right back to you for their ongoing care. We offer quality care at convenient hours, and we offer financing options. We also accept most dental insurance plans, but we do NOT take Medicaid. So if your patients need to be seen when you're not available, **you now have a clinic you can trust to give them quality care when you're not available!**

Denver Office
303-495-3443



11275 E Mississippi Ave. Ste. 2-W-4

Springs Office
719-302-3143



6531 N Academy Blvd

- Open 9am to 9pm
- Open 7 Days a Week
- Open ALL Holidays
- We accept Cash, Credit Cards, Checks, and Patient Financing Options



Emergency Dental Care Colorado PC is owned by CO Licensed Dentists

CDA Editorial Board

Editor-in-Chief

Dr. Joseph C. Tomlinson

Director of Communications,

Managing Editor

Molly M. Pereira

CDA EXECUTIVE COMMITTEE

Dr. Jeffery Hurst

President

Dr. David Lurye

President-Elect

Dr. Pasco Scarpella

Vice President

Dr. Kenneth Peters

Treasurer

Dr. Thomas Pixley

Secretary

Dr. Jeanne Salcetti

Immediate Past President

Dr. Kevin Sessa

Speaker of the House

Gary Cummins

Executive Director

BOARD OF TRUSTEES

Dr. Robert Morrow Arkansas Valley
719/324-5251, fax 719/324-5621

Dr. Jerry Savory Boulder/Broomfield
303/530-4145, fax 303/530-9620

Dr. John Ordahl Colorado Springs
719/596-3098, fax 719/596-3099

Dr. Rob Yardumian Intermountain
719/687-9011, fax 719/687-3919

Dr. John Siegmund Larimer County
970/226-2920, fax 970/226-8699

Dr. Michael Varley Metro Denver
303/470-0500, fax 303/470-1890

Dr. James Armbruster, II Northeastern
970/522-1684, fax 970/522-9492

Dr. Brian West San Juan Basin
970/259-5600, fax 970/247-2820

Dr. Fred Thrash San Luis Valley
719/589-4771, fax 719/589-4258

Dr. R.J. Schultz Southeastern
719/542-0036, fax 719/583-2530

Dr. Robert Benke Weld County
970/356-2120, fax 970/356-1013

Dr. David Nock Western
970/242-4433, fax 970/256-7671

Cynthia Packard, RDH ADT Liason
719/324-5251, fax 719/324-5621

Tiffany Manzo CU Student Member
520/548-3361

USPS 661730 ISSN 0010-1559

Journal of the Colorado Dental Association (ISSN 0010-1559) is published quarterly by the Colorado Dental Association, 3690 S. Yosemite St., Ste. 100, Denver, CO 80237-1808. Annual subscription rates: CDA members included in dues; Non-members US - \$35; Other countries-\$45. Periodical postage paid at Denver, Colorado, and additional offices. Single copy is \$10 in the USA.

POSTMASTER: Send address changes to: *Journal of the Colorado Dental Association*, 3690 S. Yosemite St., Ste. 100, Denver, CO 80237-1808.

Articles for publication, correspondence, and advertising should be addressed to: Managing Editor, *Journal of the Colorado Dental Association*, 3690 S. Yosemite St., Ste. 100, Denver CO 80237-1808. 303/740-6900 or 800/343-3010.

The *Journal* reserves the right to reject any advertising and, as a matter of policy, does not accept advertising of any product classified by the American Dental Association Council on Dental Therapeutics as unacceptable.

Advertisements: For advertising rates and specifications call 303/740-6900 or 800/343-3010.

Contributions: Neither the Editors nor the Colorado Dental Association are in any way responsible for the articles or views of contributors published on these pages.

The *Journal of the Colorado Dental Association* is a peer-reviewed publication.

©2008 Colorado Dental Association. All Rights Reserved.

Starting or Improving Your Practice - The Business Side of Dentistry -



Friday, Nov. 7, 9:00 am to 2:00 pm (includes lunch)

Colorado Dental Association

3690 S. Yosemite St., #100, Denver, CO 80237

Earn 5 hours of CE from this complimentary class!

When starting a new practice, or wanting to improve an existing practice, it is important to obtain professional advice from individuals with the expertise to educate you on wise decisions.

This seminar is intended to provide you with information to run a dental business.

RSVP by Friday, Oct. 24 to the CDA
303/740-6900 or 800/343-3010 or geri@cdaonline.org

Get your answers to these questions and many more!

- Is it better to be a sole proprietor, LLC, C Corp, S Corp., etc. for income tax purposes, and how do I reduce potential liability to personal assets?
- How do I arrange financing without tying up my personal lines of credit?
- What type of insurance is required to open a practice?
- Should I outsource payroll and HR?
- Do I really need an employee manual for a small practice? What questions are illegal to ask in an interview?
- How do I conduct a demographic study of my practice site? How do I establish a marketing plan and budget for my practice?
- Should I buy an existing practice or start a new practice?



Colliers Healthcare Services Group

Advising Dentists and Healthcare Professionals with all their Healthcare Real Estate needs



**COLLIERS
B&K**

Colin Carr
Director

Healthcare Services Group
Office Sales & Leasing

303.283.4590

ccarr@colliersb-k.com
www.colliershealthcare.com

**Colliers Bennett
& Kahnweiler, Inc.**

4643 S. Ulster St. • Suite 1000
Denver, Colorado 80237
303.745.5800
Fax 303.745.5888

This analysis is intended for illustration purposes only and no guarantees are made as to the exact financial terms of any specific transaction. Always consult with competent legal and tax counsel before making any legal or financial decisions.

Purchase vs. Lease Analysis

	PURCHASE	LEASE
Square Feet	2,500	2,500
Purchase Price (\$250/SF; Tenant Finish Included)	\$625,000	\$30.00 SF/Year Rent
10% Down Payment	\$62,500	
Principal & Interest Payment (25 Year Amortization; 6.5%)	\$45,576	
Operating Expenses \$8.00/SF (Taxes, Insurance, Janitorial, Etc.)	\$20,000	
Total Annual Pre-Tax Costs	\$65,578	\$75,000
Total Annual Costs After Tax Benefits	\$36,622	\$45,000
Total Annual Costs After Principal Reduction	\$27,608	\$45,000
Annual Savings	\$17,392	
Net Equity After 10 Years (2% Annual Appreciation)	\$321,010	\$0.00
Net Savings After 10 Years	\$173,920	\$0.00

Purchasing a 2,500 SF Office Condo could mean an additional \$494,930 equity and savings vs. leasing over the next 10 years. Give us a call and we'll help you begin the process of evaluating a purchase vs. lease analysis specific to your requirements.

WE FOCUS ON YOUR REAL ESTATE - SO YOU CAN FOCUS ON YOUR PRACTICE

Journal

OF THE COLORADO DENTAL ASSOCIATION

Vol. 87, No. 4

www.cdaonline.org

Fall 2008

CONTENTS

- | | |
|--|--|
| <p>8 Methamphetamine: Oral Effects and Treatment
The Scope of the Problem in Colorado
<i>By Brett H. Kessler, D.D.S.</i></p> <p>15 The Cost of the Fountain of Youth
<i>By Mimi Hackley, M.P.H., C.F.P.®</i></p> | <p>18 Understanding Medicare Benefits</p> <p>20 Angioedema Management in the Dental Office
<i>By Kristina K. Harvan, D.D.S., Gabriel Shahwan, D.D.S. and Kishore Shetty, D.D.S., M.S., M.R.C.S.</i></p> <p>24 The Magic of Focusing on Your Business
<i>By Janet Steward</i></p> <p>26 Classifieds</p> |
|--|--|



About Our Cover:

The molecular composition of methamphetamine. See page 8.



PRINTED ON RECYCLED PAPER



Publication Member of the American Association of Dental Editors



GE Healthcare Financial Services

We can take your practice anywhere you want to go. Ready?

We've re-imagined financing so you can put the power of a global financing leader behind you. I will work with you through every step of the process to provide you with the financing tools you need for your practice.

Jon Voeller—Regional Sales Manager



imagination at work

T 877 866 4772

jonathan.voeller@ge.com

© 2008 General Electric Company—All rights reserved.



What's **new & different** about the upcoming **'09 RMDC?**

The Rocky Mountain Dental Convention, January 15 - 17, 2009 includes:



rmdconline.com

🐾 New Fast Track Lectures – Designed for dentists and hygienists covering 9 topics over 2 days. It's fast and focused information and gives you what you need to know in 1 hour.

🐾 25 brand new speakers never seen before at RMDC. Some of the featured speakers include: Drs. Henry Gremillion, Anthony DiAngelis, Frank Higginbottom and Sam Low.

🐾 Nationally recognized speakers returning to the RMDC by popular demand presenting all new information. Don't miss Drs. Maurice Salama, Michael Miller, Mark Hyman and Mel Hawkins.



Hosted by:



METROPOLITAN DENVER
DENTAL SOCIETY

The Metropolitan Denver Dental Society is an ADA CERP & AGD PACE recognized provider.

ADAC-E-R-P[®]
CONTINUING EDUCATION RECOGNITION PROGRAM



Academy
of General Dentistry

The Hunt for Knowledge



ROCKY MOUNTAIN
DENTAL CONVENTION

**January
15 to 17
2009**

Register now at rmdconline.com

Denver, Colorado

IMPLANTS • FULL RECONSTRUCTION • CAD/CAM ALL CERAMIC



WORLD CLASS QUALITY. LOCALLY MADE.



CALL US TODAY 303.494.2118 • VISIT US AT PDACOLORADO.COM

Methamphetamine: Oral Effects and Treatment

The Scope of the Problem in Colorado

By Brett H. Kessler, D.D.S.

Methamphetamine is a potent central nervous system stimulant with a strong affinity for addiction and abuse. It is a white odorless, bitter tasting crystalline powder that readily dissolves in water or alcohol. It is ingested in several ways: orally in tablet form, intranasal or by snorting the powder form, smoking the crystalline form, and/or through injection. It is called many different names including ice, crystal, speed, glass, tweak, rock, yuba (tablet form) and several others.⁽¹⁾

Initially limited to Hawaii and western parts of the country, methamphetamine abuse continues to spread eastward, with rural and urban areas everywhere increasingly affected. According to one national survey, approximately 10 million people in the U.S. have tried methamphetamine at least once.⁽²⁾

Methamphetamine abuse leads to devastating medical, psychological and social consequences. Adverse health effects include memory loss, aggression, psychotic behavior, heart damage, malnutrition and severe dental problems. Methamphetamine abuse also contributes to increased transmission of infectious diseases, such as hepatitis and HIV/AIDS, and can infuse whole communities with new waves of crime, unemployment, child neglect or abuse, and other social ills.⁽²⁾

The good news is that methamphetamine abuse can be prevented and methamphetamine addiction can be treated. Prevention strategies around the country are proving to be effective ways



Figure 1: 25-year-old male with advanced presentation of "meth mouth." The destruction (as reported by the patient) occurred in less than one year of moderate to heavy smoking of crystal meth.

to minimize experimentation and use, and are providing help for addicts seeking recovery. People do recover, but only when effective treatments, addressing the multitude of problems resulting from methamphetamine abuse, are readily available.^(2, 10)

The deleterious effects on the teeth often cause methamphetamine addicts to seek dental treatment. Since dentists are the first health care professionals that this demographic usually seeks out, dentistry as a profession can have a large impact in getting the user the needed treatment for their dental problems, as well as serving as a link to the potential treatment for their addiction.

The intent of this article is to enlighten the reader to the drug's mechanism of action, to identify the oral effects of using the drug, to discuss the scope of the problem in Colorado, and to advise on successful modalities to treat both the dental effects of the drug as well as the addiction.

Mechanism of Action

Neurological Effects: Methamphetamine is structurally similar to amphetamine and the neurotransmitter dopamine, but it is quite different from cocaine. Although these stimulants have similar behavioral and physiological effects, there are some major differences in the basic mechanisms of how they work.⁽²⁾



Figure 2: 27-year-old male with early to moderate presentation.



Figure 3: Close-up of central and lateral incisor (same patient as Figure 2). The caries is obvious, but note the heavy wear on the incisal edge of the central, lateral and canine.

In contrast to cocaine, which is quickly removed and almost completely metabolized in the body, methamphetamine has a much longer duration of action and a larger percentage of the drug remains unchanged in the body. This results in methamphetamine being present in the brain longer, which ultimately leads to prolonged stimulant effects (up to 12 hours). Although both methamphetamine and cocaine increase levels of the brain chemical dopamine, animal studies reveal much higher levels of dopamine following administration of methamphetamine due to the different mechanisms of action within nerve cells in response to these drugs.⁽²⁾

Cocaine prolongs dopamine actions in the brain by blocking dopamine re-uptake. While, at low doses, methamphetamine blocks dopamine re-uptake, methamphetamine also increases the release of dopamine, leading to much higher concentrations in the synapse, which can be toxic to nerve terminals.⁽²⁾

Short-term Effects: A user of methamphetamine will experience an intense rush of pleasure, a loss of appetite, long periods of wakefulness, increased respiration and blood pressure, tremors/convulsions (tweaks), and hyperthermia. Addiction can occur quickly in early stages of use.⁽³⁾

Long-term Effects: After a prolonged use of the drug, the user will almost

always experience dependence and/or addiction. There will be episodes of delusional psychosis and paranoia, hallucinations, extreme and sudden mood changes, repetitive motor activity, stroke, weight loss, extreme tooth damage/periodontitis, damage to up to 50% of the brain's dopamine-producing cells (sometimes irreversible), and skin sores. Addicted users report that they can go on drug binges that can last for up to 10 days without sleep and with minimal sustenance.⁽³⁾

As the user becomes more addicted/dependent, a tolerance develops. This tolerance initiates cravings for an increased amount of the drug or a change of intake to achieve the same high. The user will usually progress from pill form (least risk) or snorting as the means for intake, to smoking and then to injection (highest risk). As the amount of drug increases and the intake modality becomes more risky, users put themselves at risk for severe liver, kidney, heart, or brain damage. Also, because of the strong association of precarious sexual behavior, users are also at a higher risk to contract various sexually transmitted diseases, Hepatitis B and C, and HIV infection.

Oral Effects: Methamphetamine use has devastating effects on the oral cavity, prompting the user to seek dental care due to pain and/or esthetic issues. It causes decreased salivary flow, resulting in

pronounced xerostomia. Without the buffering and cleansing capacity of adequate saliva, teeth are highly susceptible to decay. Users tend to drink soft drinks high in caffeine and sugar to reduce mouth dryness and increase the high.

Oral hygiene is also generally poor, and food and nutrition are typically secondary to taking another hit of the drug. Periodontal problems thus become a common sequela of continued neglect and reduced blood supply to the gingiva.

When smoked, methamphetamine produces highly toxic and corrosive fumes of lithium, muriatic acid and sulfuric acid that can destroy enamel rapidly. With continued use, methamphetamine can produce severe, rampant caries, similar to early childhood caries. Patients have reported noticing changes in the appearance of tooth structure in as little as three months of use. The affected surfaces are the buccal and labial smooth surfaces, as well as the interproximal surfaces (see Figures 1-3). Since the vast majority of decay is found in the posterior molars of the general population, having someone with rampant anterior lesions come into the dental office should be a red flag for methamphetamine use.⁽⁴⁾

While high on methamphetamine, users exhibit repetitive motor activities such as

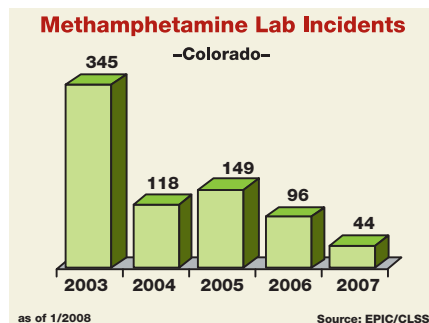
METH continued on page 10

the clenching and grinding of their teeth. This leads to severe attrition compounded by the chemical erosion from the toxic by-products produced from smoking the drug. Increased function further affects the periodontal health and can contribute to premature tooth loss.

Although the most common problems (classic presentation of rampant caries) occur from smoking meth, signs of oral damage are evident from the other options of drug intake as well. The presentations are similar to those who are addicted/abusers to other drugs such as tobacco, alcohol, marijuana, heroin, prescription medications, etc. These include poor oral hygiene, fractured or missing teeth, severe tooth wear, advancing periodontitis, thick "ropey" saliva, xerostomia, inflamed oral mucosa, etc.

The Scope of the Problem in

Colorado: Most of the methamphetamine available in Colorado originates in Mexico.⁽⁶⁾ In recent years, the potency of methamphetamine produced in Mexico has risen to levels comparable to that made in smaller, local clandestine laboratories. While clandestine laboratories remain problematic to law enforcement in Colorado, the number of such laboratories has diminished dramatically. These operations still represent a threat to public safety and the environment.



There are several factors contributing to the decrease of methamphetamine labs. To begin, stricter laws were passed associated with the sale of precursors in the production of methamphetamine, making it more difficult to get key ingredients. Second, there is better communication between law enforcement and community watch programs. Suspicious activities are being reported by concerned citizens at a higher rate.⁽⁶⁾ Finally, treatment services in Colorado are seeing success working with people addicted to methamphetamine when these clients are engaged in treatment for adequate periods of time (months or more), and where adaptations are made to retain them in treatment. Treatment is one of the more cost effective ways to address methamphetamine abuse and addiction.⁽⁷⁾

Another facet of the methamphetamine problem involves the environmental hazards that methamphetamine labs pose to Colorado communities. Highly flammable and explosive materials are used in the process of making methamphetamine. Streams, septic systems and surface water run-off are all impacted by the five to

seven pounds of toxic waste that is generated for every pound of methamphetamine produced.⁽⁸⁾

With the decrease in clandestine laboratories, one would think that the problem is also decreasing. Unfortunately, this is not so. In Colorado, the number of people seeking treatment for methamphetamine addiction rose from 1,782 in the year 2000 to 4,778 in the year 2004.⁽⁹⁾ In addition, the January 2007 report of the Colorado Methamphetamine Task Force showed that methamphetamine is the one drug abused by people in Colorado where there has been a verifiable increase in use over the past three years.

Methamphetamine use in Colorado has increased 2% to 3% higher than the national average among youth, ages 18-25. The data for Colorado shows that females are using methamphetamine in almost the same proportion as males with a specific increase in the Hispanic population.

This has specific implications for the health, well-being, and safety of children whose mothers use methamphetamine. In general, children are the most endangered population when a methamphetamine lab is present in the home.⁽⁷⁾ Studies are in process to determine the effect on children exposed to methamphetamine (both in utero and postpartum).

Methamphetamine use affects all age, race and socioeconomic classes; the addiction holds no prejudices, affecting all who use it equally.

Brief Interventions: The *Survey of Current Issues in Dentistry* is published periodically by the American Dental Association and covers various topics of interest. The latest survey was conducted in 2007. Its objective was to obtain information on a number of issues currently affecting private practitioners. Two-thousand, one hundred dentists responded to the questions pertaining to substance abuse. This study has not yet been published.

THE RIGHT SOLUTIONS FOR YOUR DENTAL OFFICE!



VEATCH CONSULTING SERVICES

Veatch Consulting Services has a special focus on New Practice Starts along with Practice Management. Our goal is to offer unsurpassed personal attention to our clients so their success is our success. If you are looking to start your own practice or would like to take your practice to the next level, please call for a Complementary Consultation and Practice Analysis and let us show you where your Profits are Hiding!

303-621-5387
veatchconsulting@comcast.net

A CDA
Medallion
Plan Partner

We have never been big believers of one size fits all...especially when it comes to financing

United Western Bank™ specializes in dental practice business needs. When it comes time to finance your project nobody is better at putting together a customized package to suit **your** practice. Whether you are starting from the ground up, expanding or acquiring, our lenders will make sure you receive the best financing for your project.



A CDA Medallion Plan Partner

Please contact:
Annemarie E. Murphy
Vice President
Healthcare Finance
1-888-606-6226
Or visit our website:
www.loans4docs.com



Ever wonder if you are overspending?



A CDA Medallion Plan Partner

We can help you figure if your money is going down the drain.

Then we help you to stop it.

Business Guidance • Financial Services • Tax Services

Peace of Mind Specialists for the Dental Profession

We are a proud member of



ADCPA
ACADEMY OF DENTAL CARE

LANE AND ASSOCIATES, P.C.
(303) 841-2602

From this study, there were several points that were relevant to the treatment of a patient who has substance abuse issues. Of note, two in five dentists (39%) have treated at least one patient with “meth mouth” in the last year. 17.5% of dentists have consulted the “meth mouth” resources on www.ADA.org. The vast majority (99.7%) thought the “meth mouth” information found on www.ADA.org was either *somewhat* or *very helpful*.

With regard to dentists asking their patients about alcohol or drug use, more than half (54%) of dentists do not ask their patients about alcohol use. Of those who do not regularly ask, more than half (56.4%) were either *somewhat uncomfortable* or *not at all comfortable* asking patients about their alcohol use. Similarly, 52.4% of dentists do not ask their patients about their use of illegal substances. Of those who do not ask about illegal substance use, compared to alcohol use, more dentists (65.6%) feel either *somewhat uncomfortable* or *not at all comfortable* about asking the question.

Never before has the profession of dentistry been offered an opportunity such as this to profoundly affect or even save the lives of our patients, and to improve our communities.

Dentists overwhelmingly don't know what to do with a patient who abuses alcohol or drugs. 87% of dentists surveyed agreed that dentists should make a treatment recommendation to a patient who admits to heavy drinking or drug use, but don't know how.

On a more positive note, research shows that health care professionals play an important role in their patients' health decisions. For example, a recent review of brief interventions for alcohol and drug problems concluded that primary care physicians can be effective in changing the course of patients' harmful drinking. A

recent analysis concluded that brief interventions may reduce mortality rates among problem drinkers by an estimated 23% to 26%.^(13, 14) Dentists can be equally effective.

Recommendations for Brief Intervention: If a patient is using drugs, express genuine concern regarding the dental findings of the patient and, more importantly, the overall well-being of the patient. Re-enforce that if the patient chooses to use or continues to use, it could be a life-threatening or life-ending situation. If the patient is receptive to a medical consult, have the phone number of a local physician, clinic, or substance abuse rehabilitation facility available and be familiar with their protocol, so the patient can be told what to expect. In addition, offer personal support while the patient is in treatment, if appropriate. If the patient is a minor, a judicious discussion with the family may be helpful in getting the patient the help he/she needs.

METH continued on page 12

CSI:CO
CSI COLORADO, LLC
COMPUTER SYSTEMS INTEGRATION
303-325-5598 FAX: 303-317-6096
WWW.CSICOLORADO.US

HONESTY & INTEGRITY IN SERVICE

COMPUTER SERVICE & SALES

Our team of dynamic information technology service professionals focus on network management. We specialize in custom operatory installation, implementation and administration. We offer remote and onsite technical support to meet your schedule.

Servers, Workstations, LCD Monitors, Scanners, Printers and Patient Entertainment Data and Phone Cabling Patient Gallery/Image FX, Practiceworks, DICOM, Eaglesoft, Softdent, Dentrix, Kodak Dental Imaging, Easy Dental, VIXWIN, Intraoral, Panoramic, Digital Radiography.

We invite you to visit our website at www.csicolorado.us to learn more about CSI CO, view a photo gallery of our clients, operatories and read testimonials from our customers. We offer the best service in Colorado with affordable rates.



EXPERIENCE
Everything Dental.



A CDA Medallion Plan Partner

- EQUIPMENT
- LATEST TECHNOLOGY
- OFFICE DESIGN
- EQUIPMENT SERVICES
- FINANCIAL SERVICES
- HENRY SCHEIN BRAND
- EXCLUSIVE PRODUCTS
- SUPPLY MANAGEMENT
- PRACTICE MANAGEMENT
- PRIVILEGES
- PRACTICE MARKETING
- E-SERVICES
- LABORATORY PRODUCTS
- CONTINUING EDUCATION
- CLINICAL & OFFICE SUPPLIES

HENRY SCHEIN®
DENTAL

TO PLACE AN ORDER: 1-800-372-4346
 Equipment Sales & Service: 1-800-645-6594
www.henryscheindental.com

METH *continued from page 11*

When conducted in a caring, genuine manner, it has been proven that brief interventions conducted by a health care professional, such as a dentist, profoundly affects a patient's motivation to change and could save his/her life.

It is very difficult to treat the addiction without professional help. Success rates in treating methamphetamine addiction are similar to success rates in treating similar addictions.⁽²⁾ A treatment professional in Fargo, ND said, "If 10 people come into treatment, three are probably going to clean up with the first treatment, three are going to relapse and clean up later – it might be a year later, it might be five years later, it might be 15 years later – and four are probably not going to clean up. That means they're probably going to die from their illness."⁽¹¹⁾

According to Val Slaymaker, Ph.D., a leading researcher at Hazelden, one of the foremost drug and alcohol treatment centers in the world, adult treatment outcomes are typically reported in the following way: "Ongoing outcome studies show 53% to 55% of our adult primary care patients maintain continuous abstinence from alcohol and drugs during the year after treatment. An additional 35% reduce their use significantly. Overall, 70% to 80% report improved quality of life in such areas as relationships with family and friends, job performance, and ability to handle problems."

Recommendations for Dental Treatment:

- Commence with a complete and comprehensive oral examination that includes a thorough dental and medical history. It is strongly recommended that the patient receive treatment for the addiction and get medical clearance prior to providing any dental treatment. Long-term drug abuse can lead to liver, kidney, heart and/or brain damage. An assessment of all major systems should be completed by a physician who knows the patient's history of addiction

To find a drug/alcohol rehabilitation facility in Colorado, visit http://www.recoveryconnection.org/find_drug_rehab/Colorado.php. The local phone numbers listed will also have resources for treatment centers throughout the U.S. In addition, they have useful information about what to say to a patient who needs help. All inquiries are anonymous.

and is experienced in treating an addict.

- Provide dentistry as needed only if the patient is clean and sober. If the addiction is not addressed, there is a strong inclination that the patient will continue to abuse drugs. Due to the devastating effects on the teeth, any dentistry done on an actively using methamphetamine addict will most likely fail.

Dentistry can also be dangerous to the patient if he/she is actively using methamphetamine. Injections of local anesthetic with vasoconstrictors such as epinephrine can push the patient toward stroke, heart attack, etc. Also, due to increased liver function, rapid breakdown of local anesthetic usually occurs, causing decreased efficacy and difficult patient management. An active user will have very erratic behavior especially under duress.

It is recommended that emergency dental treatment be provided on a sober patient as needed, but only after medical clearance.

- Use caution when providing complicated dental treatment. Dentistry is a partnership between the dentist and the patient. The dentist's job is to provide dentistry at the standard of care as defined by the state. The patient's job is to maintain their teeth as directed by the dental professional. The patient must consent to meticulous oral care and continued sobriety. Poor oral hygiene and relapse behavior are devastating to the teeth and to the dental work. Do not guarantee your dental work under these conditions.

Addiction Treatment

There are many different types of drug rehab programs available: inpatient, outpatient, residential, short-term and long-term. The initial step of drug or alcohol addiction treatment is drug detoxification. This first step includes medical supervision, which is done in order to overcome the physical withdrawal symptoms associated with these two disorders.

A drug rehab program tailored to the individual's specific needs is the next step in recovery. Scientific research has shown that the length of time an individual participates in the addiction treatment process is a critical factor. Typical treatment duration includes short-term treatment programs (28 days) and long-term treatment centers (six months or longer). The length of time required to rehabilitate an individual is determined by the level and duration of drug or alcohol abuse. Individuals with a long history of chronic drug addiction or alcoholism, normally require a long-term drug rehab in order to increase the chances of a successful outcome. Individuals with a brief history may find success by entering a short-term treatment program or outpatient drug counseling.

In addition to the duration of treatment, the type of drug rehab facility is an important factor as well. There are many different treatment modalities offered by therapeutic communities or residential treatment centers operating under the names of *Twelve Step, Drug Treatment, Sober Living, Drug Counseling, Behavioral Therapy, Cognitive Therapy, Narconon*, and many more. The importance of correctly diagnosing the individual and selecting the appropriate type of treatment option should not be underestimated, as this may be the difference between success and failure in the recovery process.

When deciding which type of drug rehab treatment modality is correct for an individual, there are a number of factors to consider. Consider the duration and intensity of the individual's drug or alcohol abuse, and the potential behaviors connected with the abuser (i.e. stealing, lying, violence, depression). Is the individual ready and willing to admit they have a problem and need help? If not, an intervention can be done by family members with the assistance of an intervention specialist.

After-care can be an essential component for chronic drug and alcohol abusers. It is an essential step in the recovery process of chronic drug and alcohol

abusers and is often overlooked by many addiction treatment programs.

In general, the more treatment received, the greater the results. Drug and alcohol abusers who remain in treatment longer than three months typically have greater success than those who receive less treatment. Addicted individuals who undergo medically assisted drug or alcohol detoxification to minimize the discomfort of withdrawal symptoms but who do NOT receive any further treatment, perform about the same in terms of their drug or alcohol recovery as those who are never treated at all. Over the last 25 years, studies have shown that drug rehab treatment is very effective in reducing or eliminating drug and alcohol intake. Researchers have also found that drug abusers who have been through a treatment program are generally more likely to have greater stability in all aspects of life (i.e. family, work, accomplishing personal goals, etc.).
Source: www.usenodrugs.com

Addiction holds no prejudice and affects all demographics, even dentists and dental professionals. Concerned Colorado Dentists is the Well Being Committee for the State of Colorado, dedicated to helping dentists get help. If you know of anyone who may need help with addiction, or have questions please call Dr. Mike Ford, 303/810-4475. All inquiries are anonymous.

- Encourage proper nutrition. Discuss how nutrition can help the overall health and success of the treatment that you will provide. Also discuss how poor nutrition can be deleterious to the success of the dentition/dental work that you provide. A patient who is clean from methamphetamine and still ingesting large amounts of soda will continue to have a high rate of caries. Re-enforce and encourage proper nutrition often, as you would with any patient.
- When it is determined that the patient is cleared for dental treatment, establish a foundation of health first by treating

infections as necessary. This will usually include extractions, root canals, periodontal scaling and root planing. Restore teeth as necessary with materials of your choice. The use of removable prosthesis is usually indicated to restore esthetic and functional concerns.

- It is recommended to provisionalize teeth with direct restorations and monitor the patient's compliance for a period of time. Predicted success will be determined by the patient's level of commitment to their daily home care and by their continued commitment to their recovery.

- When you have established a level of confidence that the patient can move forward with more definitive treatment, reiterate your support to him/her. Also, maintain a firm message of compliance. Remember that addiction is a treatable disease with the possibility of long-term remission with proper treatment and diligent discipline to maintain recovery.
- Closely monitor oral hygiene and suspicious behaviors. Immediately express concern to the patient if you notice changes in either. Document all findings in detail both good and bad.

METH continued on page 14

IF YOUR DIGITAL IMAGING SYSTEM FAILS WILL YOUR BUSINESS INSURANCE AGENT KNOW HOW TO TREAT IT?



EQUIPMENT REPRESENTS A SERIOUS INVESTMENT. AND YOU NEED A BUSINESS INSURANCE agent who truly understands its value. Someone with extensive experience in assessing health care risks, like the insurance specialists at COPIC Financial. Working with a variety of carriers, we make sure you, your staff, and your equipment are adequately covered. We save you time and money.

COPIC Financial offers all types of insurance for your practice and your people — worker's compensation, business liability, disability insurance, life insurance, employee benefits, and long-term care insurance.

Make sure your insurance coverage doesn't fail you. Call 720.858.6280 or 800.421.1834. COPIC Financial. Our policy is putting you first.



Endorsed by



7351 Lowry Boulevard, Denver, CO 80230 • 720.858.6280 or 800.421.1834 • www.copicfsg.com

METH continued from page 13

Meticulous notes of normal behavior may prove useful in the future if relapse behavior is suspected.

- Be cautious when prescribing narcotics, sedatives, general anesthesia or nitrous oxide. They could trigger euphoric recall that could either lead to a relapse of the addiction to their primary drug of choice or, possibly initiate a substitute addiction. Administration of local anesthetic with epinephrine can also trigger a euphoric recall. An accidental venous puncture leading to an increased heart rate can trigger the process, although at a much lesser extent.

Conclusion:

Never before has the profession of dentistry been offered an opportunity such as this to profoundly affect or even save the lives of our patients, and to improve our communities. Patient management is the key issue when dealing with a methamphetamine addict. Properly

restoring a smile can greatly improve the self-esteem of a patient, especially in someone who is early in recovery.

Just like any other chronic disease (diabetes, heart disease, cancer, etc.), the disease of addiction holds no prejudice. It affects all demographics with equal intensity. The disease is treatable with the prospect of long-term remission if the patient is motivated to take the responsibility for the daily maintenance of his/her disease. Dentists can partake in helping a recovering addict (methamphetamine or any other drug) return to a normal, healthy life. ■

Bibliography

1. Gary Klasser, D.M.D., Joel Epstein, D.M.D., M.S.D., F.R.C.D. "Methamphetamine and its Impact on Dental Care." *Journal of the Canadian Dental Association*, Vol. 71, No. 10, November, 2005.
2. "Methamphetamine – Abuse and Addiction." National Institute on Drug Abuse, Research Report Series. September, 2006.
3. NIDA Research Report Series: *Methamphetamine @ Stop_Drugs.org*. NIDA Research Report Series: Methamphetamine Abuse Addiction, 1998:4.
4. Mark Mallat, D.D.S. "Meth Mouth, a National Scourge." *Journal of the Indiana Dental Association*, Fall 2005.
5. Drug Enforcement Agency, 2008 report. www.usdoj.gov/dea/pubs/states/colorado.html.
6. Yilan Shen. "COUNTY PERSPECTIVES Methamphetamine: A Colorado View." May, 2006.
7. John Suthers, Colorado Attorney, General Task Force Chair. State of Colorado Methamphetamine Task Force: First Annual Report - January 2007.
8. National Association of Counties. October 20, 2005. "Comprehensively combating methamphetamines: Impacts on health and the environment." Statement of The Honorable Eric Coleman. Retrieved March 29, 2006, from www.naco.org.
9. Byker, C. February 14, 2006. "The meth epidemic. Frontline, PBS." Retrieved March 22, 2006, from www.pbs.org/wgbh/pages/frontline/meth/.
10. National Institute on Drug Abuse. The Science of Addiction. "Preventing Drug Abuse: The Best Strategy." May, 2007. www.drugabuse.gov/scienceofaddiction/
11. Bob Reha, Minnesota Public Radio, June 14, 2004, "Treating meth addiction requires a different approach."
12. Val Slaymaker, Ph.D. "Understanding the Whole Story of Addiction Treatment Outcomes." *The Voice*, Winter 2004, Hazelden Publishing. www.hazelden.org.
13. Cuijpers, P.; Riper, H.; and Lemmers, L. "The effects on mortality of brief interventions for problem drinking: A meta-analysis." *Addiction* 99:839-845, 2004.
14. Alcohol Alert, Number 66, July, 2005. National Institute on Alcohol Abuse and Alcoholism. pubs.niaaa.nih.gov/publications/AA66/AA66.html.

The Cost of the Fountain of Youth

By Mimi Hackley, M.P.H., C.F.P.®

For most of you, the timing of and amount you save for your retirement are influenced by the lifestyle you expect to live during retirement. Today, that lifestyle includes expenses for procedures like bypass surgeries and root canals simply to maintain your health, as well as Botox and cosmetic services to improve your lifestyle – our version of “The Fountain of Youth.” So, how much will you need to cover health insurance premiums and out-of-pocket expenses in retirement? While you don’t want to underestimate the amount needed, your current health status and what you expect it to be in the future, including your use of prescription drugs, will greatly impact the bottom line.

The chart estimates the savings amount needed to cover Medicare, supplemental and Part D premiums, and out-of-pocket medical expenses for someone reaching age 65 in 2018. For example, assuming a median level of prescription drug use, a 55-year-old male planning to retire in 2018 will need \$132,000 to have a 50% chance of having adequate savings to cover medical expenses in retirement. This same man would need \$266,000 to have a 90% chance of having adequate savings to cover medical expenses throughout retirement.

Since Medicare covers only slightly more than 50% of its enrollees’ basic healthcare expenses, the lump sums reported in the chart reflect the savings needed to fund the remaining expenses – those that are not covered by Medicare. These projections do not incorporate long-term care costs; therefore the actual savings needed could be much higher.

Medicare Plan F & Part D Level of Prescription Use	Chance of Having Adequate Savings for Health Costs	Lump Sum Needed, at age 65 in 2018, to Cover Health Insurance Premiums and Out-of-Pocket Expenses		
		Male	Female	Couple
Median Prescription Drug Expenses	50% Chance (high risk of failure)	\$132,000	\$181,000	\$325,000
	75% Chance (medium risk of failure)	\$204,000	\$240,000	\$424,000
	90% Chance (low risk of failure)	\$266,000	\$308,000	\$511,000
75th Percentile Prescription Drug Expenses	50% Chance (high risk of failure)	\$156,000	\$213,000	\$382,000
	75% Chance (medium risk of failure)	\$241,000	\$285,000	\$501,000
	90% Chance (low risk of failure)	\$317,000	\$369,000	\$608,000
90th Percentile Prescription Drug Expenses	50% Chance (high risk of failure)	\$261,000	\$364,000	\$654,000
	75% Chance (medium risk of failure)	\$416,000	\$496,000	\$868,000
	90% Chance (low risk of failure)	\$555,000	\$654,000	\$1,064,000

Employee Benefit Research Institute Issue Brief No. 317 (May 2008), www.ebri.org. To arrive at these figures, a Monte Carlo simulation model was used to account for the uncertainty associated with rates of return and life expectancy. All figures are in today's dollars.

SHARKEY, HOWES & JAVER
PERSONAL FINANCIAL MANAGEMENT
shwj.com

Spend less time planning,
more time playing.

Enjoy all that Colorado has to offer -
We'll take care of your
financial planning and investments.

Call us at 800.557.9380
or visit www.shwj.com

MONEY MATTERS *continued from page 15*

The savings needed for women is greater than men due to women's increased longevity.

Hopefully, you've already factored these expenses into your overall retirement goals and have started a savings plan. If you're unsure, talk with your advisor to confirm that future healthcare costs are incorporated into your retirement projections, then develop a plan of action to help you accomplish your goal. ■

Mimi N. Hackley, M.P.H., C.F.P.®, is director of financial planning 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 or call 303/639-5100.

TMJ MANAGEMENT DEMYSTIFIED FOR THE DENTIST/THERAPIST TEAM

Presentation by world renowned Clinician,
Researcher and Lecturer:
Dr. Mariano Rocabado

February 12, 13, 14, 2009 in Denver, CO
Holiday Inn Select
455 S. Colorado Blvd

This course is designed for Dentists and
Physical Therapists.
Come as a Team or as an Individual.

February 12 for PT's; February 13 and 14 for
Both Disciplines

For More Information and to save your place
In this limited seating work shop
Call: 303-333-3493



THE SLETTEN GROUP, INC.

Transition Planning From Vision to Reality



- Transition Planning
- Practice Valuations
- Practice Sales/Acquisitions
- Associateships/Partnerships
- Team Building
- Seminars, Workshops & Retreats
- Associateship Feasibility Assessment
- Practice Growth Strategies
- Opportunity Assessment Coaching

Paul D. Sletten

Successful Colorado's Finest Service Dentists Since 1974

Phone: (303) 699-0990 Fax: (303) 699-4863

Email: paul@lifetransitions.com

THE SLETTEN GROUP, INC.

1842 South Argonne Street, Centennial, Colorado 80016

MICHAEL L. GILBERT A T T O R N E Y

PROMPT *PERSONAL* SERVICE
"See me before you sign"

DENTAL PRACTICE LAW

Purchase and Sale • Employment Agreements
• Professional Corporation • State Board Proceedings

ESTATE PLANNING

Wills • Trusts • Powers of Attorney • Living Wills

Call: 303-320-4580

Legal Counsel to the Colorado Dental Association Since 1978

501 S. CHERRY ST., SUITE 610, DENVER, CO 80246

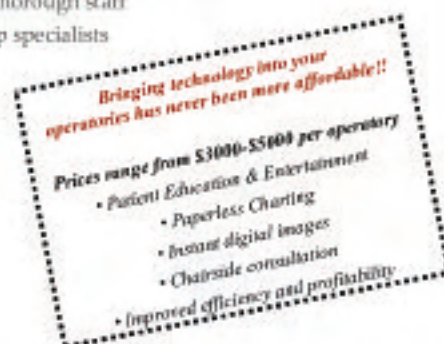


3800 E. Evans Ave (Suite 308)
Denver, CO 80222
720.488.1199

The question isn't "if" but "when should I go digital"

Cornerstone Dental Solutions is the strong foundation for your dental technology needs!

- 100 Years of combined experience
- Design and installation of over 700 network and technology solutions
 - HIPAA and network security specialists
- Certified installation of digital radiography, intraoral and panoramic units
 - Complete patient education and entertainment solutions
- Experienced integrators of Dentrax, PracticeWorks, SoftDent, EagleSoft, Easy Dental, Dexis, Gendex, Orthotrac, OMS, Dolphin and more!
- Professional audio/video, cabling and business phone systems
 - Responsive, friendly and thorough staff
 - New practice and startup specialists



certified by
DENTRIX
A StratusSource Company
CERTIFIED
Integration Engineer

endorsed by
CDA
COLORADO DENTAL ASSOCIATION

CERTIFIED NETWORK SOLUTION PROVIDER
Kodak | Dental Systems

Cone Beam Computerized Tomography

www.HCIImaging.com



Quality Images At Your Location!

Dental Implants Oral Surgery TMJ Evaluation Impacted Molars Orthodontics

- True 1:1 relationships & 3D views
- Locate all vital structures & adjacent teeth
- Determine height and width of available bone
- See corrected joint tomograms
- Free i-visions software & CD of images
- Statewide coverage



For questions or to schedule a live demonstration:
877-796-6804 (Toll-Free) 303-653-4614 (Denver)
970-301-6800 (Western & Northern Colorado)

Understanding Medicare Benefits

Making the most of your Medicare benefits can be a little confusing. To help, the Colorado Dental Association Medical Benefit Plan has resources to help you understand your benefits, receive the health care you deserve, and get the most for your money.

Medicare Coverage

Original Medicare comes in three parts — Part A, Part B and Part D. Medicare Part A helps pay for services such as hospital stays, home health care, extended care and hospice. Medicare Part B helps pay for physician services, laboratory tests, outpatient hospital services and medical equipment. Part B is optional, but most Medicare beneficiaries receive both parts A and B. In most cases, there are additional deductibles and coinsurance that would need to be paid by the beneficiary. Medicare doesn't cover everything, such as health care outside the U.S., annual physicals and routine screenings.

In 2006, Medicare Part D was introduced. Part D is offered through private insurance companies, and it helps pay for prescription drugs you receive at the pharmacy. You choose the drug plan and pay a monthly

premium. Like other insurance, if you decide not to enroll in a drug plan when you are first eligible, you may pay a penalty if you join at a later time.

Coverage Options to Consider

Original Medicare helps with many health care costs. However, because it does not cover everything, many people also purchase supplemental insurance or look for other options to cover their out-of-pocket hospital and doctor bills.

Supplemental Medigap Insurance

While Medicare is a government program, Medicare supplemental policies are offered by private insurance companies. Some supplemental policies will pay most or all of the Medicare coinsurance amounts. Some plans may also cover Medicare's deductibles. Certain plans will also pay for preventive care, and emergency medical care in a foreign country. Part D benefits are not covered by a Supplemental Medigap Plan. If you plan on receiving Medicare Part D prescription drug benefits, you will have to sign up for a separate drug plan if you choose this option. Medigap plans may have requirements for you to qualify for acceptance by taking a physical. The premiums may increase as your age increases on these plans.

Medicare Advantage Plans

Another option is to choose a Medicare Advantage Plan. These plans provide care under a contract with the Centers for Medicare and Medicaid Services (CMS). They may offer such services as coordination of care or reducing out-of-pocket expenses. However, in many cases you must see only the plan's contracted doctors, specialists and hospitals for all your health care needs. Often these plans require a referral to see specialist doctors. Some plans may offer Part D prescription coverage as part of their medical plans.

A Cost-Saving Alternative

An option to help you save money and still get the care you are entitled to is through a Medicare Health Plan like **the new plans that will be offered by the CDA Medical Benefit Plan** through Rocky Mountain Health Plans. Rocky Mountain has contracted with Medicare since 1977, and Medicare beneficiaries may apply regardless of age. Rocky Mountain Medicare Health Plans not only provide all services covered by Medicare Parts A, B, and D, but also offer additional coverage and benefits. For instance, Rocky Mountain covers benefits such as free preventive care. This can provide substantial savings. When you enroll in this type of plan, you also have the choice to see any doctor outside the contracted provider network for Medicare-covered services. In this case, Medicare will pay for its share of the charges, and you will pay the beneficiary share of the charges.

Things to Consider When Choosing Your Medicare Coverage

- **Cost:** What will you pay out of pocket (including premiums)? Remember, you often get what you pay for, so scrutinize the plans carefully.

Career Opportunities
Available

PERFECT TEETH

DR. MARK A. BIRNER / 303-691-0680



Bringing the pieces together

Pat Rosenzweig 720.936.6999
Anne Schnur 303.408.0267
 5847 Kingsfield Street
 Castle Rock, CO 80104-5205
 Office: 303.660.0605 Fax: 303.221.8448
 info@mosaicmanagementpro.com
 www.mosaicmanagementpro.com

DENTAL PRACTICE MANAGEMENT CONSULTANTS

"Experience with Integrity"

Let us help you handle the day to day and month to month details of your practice while we provide the training and support that will put all the pieces together into a beautifully aligned "Mosaic" that depicts your practice

- New Practice Start-Ups
- Ortho Consulting
- Stand Alone Management
- Transition Management
- Business Planning
- Complimentary Consultation

A CDA
Medallion
Plan Partner

- **Benefits:** Are extra benefits and services, like eye exams and hearing aids, covered? What procedures or services require prior authorization?
- **Doctor and Hospital Choice:** Can you see the doctor(s) you want to see? Do you need a referral to see a specialist? Can you go to the hospital you want? Be sure to double-check that your doctor will accept the plans you are comparing.
- **Prescriptions:** Are the prescriptions you take on the plan's list of covered drugs (formulary)? Is the pharmacy you go to in the plan's network?
- **Quality of Care:** How is the quality of the plans in your area? How long has the company offered Medicare coverage in Colorado?

When to Enroll

You can join any Medicare Health Plan available in your area:

- When you first become eligible for Medicare, during the period that starts the three months before the month you

turn 65 and ends three months after the month you turn 65. If you get Medicare due to a disability, you can join three months before and after your 24th month of cash disability benefits.

- During the annual Medicare open enrollment period, if you already have Medicare. Open enrollment is Nov. 15 through Dec. 31 to be eligible for Jan. 1 of the next year.

More Information...Free of Charge!

The CDA Medical Benefit Plan will be hosting educational meetings for Medicare eligible retiree members and those soon turning 65. RSVP now to reserve your seat at an informative meeting by calling 800-273-1730.

Date: Tuesday, Nov. 18, 2008

Time: 10:00 a.m. to noon,
or 2:00 to 4:00 p.m.

Location: Colorado Dental Association
Eisenson Room
3690 S. Yosemite St., #100
Denver CO 80237 ■







**Your office accepts credit cards
and the fees can be EXPENSIVE!**

OUR VISA/MASTERCARD/DISCOVER RATES	
Debit Card Swiped	1.74%
Credit Card Swiped	1.94%
Keyed or Reward Cards Swiped	2.44%
Keyed without address verification	2.74%

Monthly Fee only \$5.00

**NO TRANSACTION FEES!
NO HIDDEN FEES!**

Just FAX a recent credit card statement to us at
866-717-7247
We will fax back a comprehensive cost comparison

Call 303-482-2773 / 877-739-3952
Best Card serves 700+ dental offices
and is proudly endorsed by the CDA.

Average annual dental office savings:

23% or \$800+

powered by  FirstData.

Best Card LLC is a registered ISO/MSF of BancorpSouth Bank, Tupelo MS.

Angioedema Management in the Dental Office

By Kristina K. Harvan, D.D.S., Gabriel Shahwan, D.D.S.
Kishore Shetty, D.D.S., M.S., M.R.C.S.

This article will provide the general dentist practitioner with an overview of the types of angioedema and how to manage them in your dental office.

Introduction: Angioedema is a painless, demarcated, non-pitting swelling of the deep dermis and subcutaneous tissue, usually involving the face (lips, tongue, eyelids, and oral mucosa), but it may also affect visceral organs, upper airway, gastrointestinal tract, and extremities. The swelling is secondary to inflammatory mediators, including histamines, serotonin, and bradykinins, resulting in vascular leakage and edema in the deep layers of the dermis and connective tissue. Severe cases involve mucosa of the larynx and respiratory tract, which lead to asphyxiation if left

untreated. Angioedema often resolves within 24 hours if treated properly.¹ About 15% of the general population is affected by recurrent idiopathic episodes some time in their lifetime.² The incidence of angioedema with the use of ACE inhibitors is reported to be one-to-two cases per 1,000 individuals.³ A recent study showed that angioedema is the most frequent cause of hospital admissions of all acute allergic, non-asthmatic diseases.⁴ The most common type of angioedema is IgE-mediated Type I hypersensitivity reaction after exposure to a specific antigen (allergy mediated). Other types involve ACE inhibitor induced angioedema, hereditary angioedema and idiopathic causes.

(Table 1)

TYPE	DESCRIPTION	COMMON SYMPTOMS	COMPLEMENT SYSTEM	TREATMENT
Allergic Most common form of angioedema	Swelling and/or hives are a reaction to an outside influence such as food, bee sting, cold, heat, latex or drug.	Swelling occurs most often in the face and throat area. Urticaria may be present.	Normal	Avoid the substance or behavior that causes the allergic reaction. Antihistamines. Epinephrine, possibly as self-injecting Epi pens for emergencies.
HAE Type I 80% - 85%	C1 inhibitor is below normal due to a defective gene on chromosome 11. There is usually a family history of angioedema, but a number of cases are due to a spontaneous mutation of the gene.	Swelling can occur in the extremities, abdomen, throat and other organs. Swelling of the airway can be fatal. Abdominal swelling usually involves pain, vomiting and diarrhea.	Low levels of C1 inhibitor. C4 is almost always low.	C1 inhibitor concentrate is preferred for acute treatment. If not available, then FFP. Androgens for possible prevention of episodes.
HAE Type II 15% - 20%	Similar description to Type I, but C1 inhibitor dysfunctional.	Same as HAE-I.	C1 inhibitor level may be normal or elevated, but it is dysfunctional.	Same as HAE-I.
ACE-Inhibitor	Caused by ACE-Inhibitors for high blood pressure (captopril, enalapril, genzapril, quinapril, ramipril).	Swelling may occur in the throat, face, lips, tongue, hands, feet, intestines.	Normal	Change medication to something other than AT2 blocker.

Table 1: Types of Angiodema.

Allergy Mediated Angioedema

Definition: Allergy induced angioedema is a result of IgE antibody mediated reaction that usually occurs as an acute episode within one hour of exposure to an allergen.

Etiology: This type of hypersensitivity reaction can be caused by numerous allergens such as drugs (i.e. NSAID's, penicillin, cephalosporin's, topical anesthetic), insect venom, foods (i.e. shellfish, peanuts, kiwi, milk, soy, wheat), preservatives, latex, molds, pollens, and animal dander.⁵ Several of these allergens are found daily in the average dental office, which include various metals, cosmetics, food additives, flavors, acrylates, and latex.^{6,7} Angioedema is observed most frequently after the administration of topical anesthetics (i.e. ester local anesthetics or methylparaben) to the oral mucosa. Within 30 to 60 minutes the tissue in contact with the allergen appears quite swollen and erythematous.⁸ Another common cause of angioedema in a dental office is due to an allergic reaction to latex. Direct, indirect, or airborne contact with natural rubber latex can cause this hypersensitivity reaction. Risk factors for latex allergy include: atopic disposition, hand dermatitis, myelomeningocele (spina bifida), and previous work in the health care industry.⁹ Latex also cross reacts with various foods, such as banana, avocado, kiwi, and chestnut, because of presence of common protein.¹⁰ An allergic reaction to latex might be misdiagnosed as an allergy to local anesthetic because the cartridges contain a stopper and a diaphragm, both which contain latex.¹¹ Allergic reactions to

Treatment of Latex Sensitive Patients

- Avoid latex exposure and all contact with natural rubber latex
- No latex in room
- Instruments handled only with non-latex gloves
- No glove powder on clothing
- No one in room who has worn latex that day
- Avoid dental products with latex:
 - Prophylaxis cups
 - Rubber dams
 - Orthodontic elastics
 - Other latex-containing products
- Appoint patient at the beginning of the day to minimize airborne exposure
- Be prepared for medical emergencies

Table 2: Management of Latex Sensitive Patients.¹⁵

local anesthetics are rare and it is estimated that <1% of all reactions to local anesthetics have an allergic mechanism.⁶ Of these true allergies to local anesthetics, ester local anesthetics are more likely than amide local anesthetics to provoke an allergic reaction. Allergies to local anesthetics may also be attributed to methylparaben, paraben, or metabisulfate used as preservatives in commercial preparations.¹²

Prevention: The most important measure in management of angioedema due to allergic response is to record a thorough medical history of the patient, and then remove and avoid the allergen. Skin-prick testing and the radioallergen sorbent test (RAST) may be used to

confirm allergens that cause an IgE-mediated reaction.^{13,14} If the cause is latex, then it is best managed by avoiding the allergen by using latex free gloves, latex free rubber dams, and local anesthetic cartridges without any rubber constituents in them.¹⁵ **(Table 2)**

Management: Once an allergic reaction is established, it is important for the practitioner to recognize the cause of the reaction before the situation progresses to a level that needs hospital care.¹⁶ Symptomatic relief in mild acute attacks of angioedema is achieved by the use of oral H1 antihistamines, such as Diphenhydramine (Benadryl) 25 mg to 50 mg, in the majority of cases. **(Table 3)** If the attack is moderate, then supplemental use of a topical corticosteroid is suggested. Patients presenting with respiratory symptoms should immediately receive 0.5 mL epinephrine in a 1:1,000 solution subcutaneously. The dose can be repeated in 15 to 20 minutes.^{17, 18} It is important to start tracheal intubation immediately (after noticing airway compromise) to avoid an unnecessary tracheostomy or cricothyrotomy. If too much time has passed, the swelling will make it difficult to establish and maintain tracheal intubation.

ACE Inhibitor Induced Angioedema

Angioedema caused by Angiotensin Converting Enzyme (ACE) inhibitors

ANGIOEDEMA continued on page 22

Pattern	Clinical Description	Management
Type 1	Swelling is limited to face and oral cavity and excludes floor of mouth	Observe; administer oral H1 antihistamines; topical corticosteroids
Type 2	Swelling begins to extend to the floor of the mouth, tongue, soft palate, or uvula	Administer 0.5mL epinephrine in a 1:1,000 solution subcutaneously
Type 3	Swelling extends to supra-glottic and glottic structures; difficulty breathing	Establish and maintain airway through intubation or surgical airway; call 911

Table 3: Management of Orofacial Swelling.

*A CDA
Medallion
Plan Partner*

BUILDING RELATIONSHIPS.

- HONESTY
- COMMUNICATION
- ATTENTION TO DETAIL
- PERSONAL SERVICE
- ABSOLUTE SATISFACTION

MENDEL AND COMPANY
CONSTRUCTION

www.mendelcompany.com
3735 South Broadway
Englewood, CO 80113
303-698-5628

Kodak Dental Systems

*A CDA
Medallion
Plan Partner*

Innovation, in reach.

Announcing the new
Kodak 9000 3D Extraoral Imaging System
3D affordable now like never before.

visit www.mykodak90003d.com
or call 800-944-6365

PracticeWorks, Inc.
©PracticeWorks, Inc. 2008.
The Kodak trademark and trade dress are used under license from Kodak.

(medication used in treatment of hypertension and congestive heart failure) can occur within a few hours or within the first week after therapy, but a delayed onset of months to years has been described.¹⁸ It has been shown that continuing the use of ACE inhibitors after the first episode of angioedema results in an increased rate of angioedema recurrence and serious morbidity. Risk factors for developing ACE inhibitor induced angioedema include obesity, airway manipulation and a history of sleep apnea.¹⁹

Frequency: Angiotensin converting inhibitors are thought to result in 25% to 38% of all cases of angioedema.¹ It is currently estimated that >40 million people are taking ACE inhibitors to help control their hypertension, and about 0.1% to 0.2% have manifested angioedema.^{17, 20}

Mechanism: ACE inhibitors produce their hypertensive effect by blocking the conversion of angiotensin I to angiotensin II and by increasing local levels of bradykinin, a potent vasoconstrictor thought to be a key inflammatory agent to cause angioedema. **(Figure 1)**

Prevention: The principle solution for

prevention of ACE inhibitor induced angioedema is to stop taking the medication. Physicians have been replacing ACE inhibitors with angiotensin II receptor antagonist because there is no bradykinin increase with its mechanism of action. It is not understood why some of these patients have continued to have attacks of angioedema while on AT2 blockers, thereby suggesting not using AT2 blockers as a substitute for ACE inhibitors in patients with history of angioedema.^{1, 17, 20}

Management: The management of angioedema due to ACE inhibitors consists of an initial dose of antihistamines, and a continued course of IV steroids until the edema is resolved. The airway is once again of importance to the dentist. The patient should be examined for evidence of stridor (high pitched sound in the upper airway caused by airway obstruction), an enlarged tongue, dyspnea, dysphagia, and drooling of saliva. Cricothyrotomy or emergency tracheostomy may be life saving if intubation is too difficult due to edema of the airway.^{17, 21}

Hereditary Angioedema

Hereditary angioedema (HAE) is an autosomal dominant disease caused by an inherited deficiency of C1 esterase inhibitor (C1-INH) of the complement cascade. The most dangerous aspect of HAE is the risk of edema of the larynx, which can lead to rapid asphyxiation and death if untreated. Without therapy, it is estimated that lifetime mortality can be as high as 30% due to laryngeal edema.²¹ HAE has been reported in all races with no sex predilection and manifests as recurrent attacks of intense, massive, localized edema without pruritus or urticaria.²³ Most edema episodes occur spontaneously and unexpectedly.

edly. Clinically it appears similar to an allergic reaction, but this is not an allergic reaction and should not be treated as such.

Etiology: Known triggers to swelling include infectious diseases, drug treatment, psychological stress, and local trauma after dental surgery and general anesthesia. Dental surgery might be followed by lip swelling, tongue edema and laryngeal edema with upper airway obstruction.²² Several cases of laryngeal edema, as well as abdominal and peripheral edema, have been reported after dental surgery.

Mechanism: HAE is an autosomal dominant disease caused by an inherited deficiency of C1 esterase inhibitor (C1-INH) of the complement cascade. C1-INH is a member of the protein family of serine protease inhibitors, or serpins. The major function of C1-INH includes prevention of C1 complement autoactivation; inactivation of coagulation factors XIIa, XIIIa, and XIa; and direct inhibition of activated kallikrein.²³ It is encoded on chromosome 11 and is synthesized mainly by hepatocytes. More than 100 different C1-INH gene mutations have been described in HAE, including large deletions, missense, nonsense, frameshift, and splice – site mutations. The defective gene either fails to produce C1-INH (HAE type I – 85%; prevalence of 1:10,000) or produces a dysfunctional C1-INH (HAE type II – 15% of cases; prevalence 1:50,000).²⁴ A third form of HAE affecting only females has been described with similar features, but has normal concentration and function of C1-INH. The low or dysfunctional C1-INH activates the kallikrein – kinin system, the early part of the complement cascade to release vasoactive peptides such as bradykinin. **(Figure 2)**

Prevention: Preventative measures should be taken if HAE is suspected. Before performing dental surgery, a consultation with the patient's physi-

Figure 1: Proposed Mechanism of ACEI Induced Angioedema.¹⁷

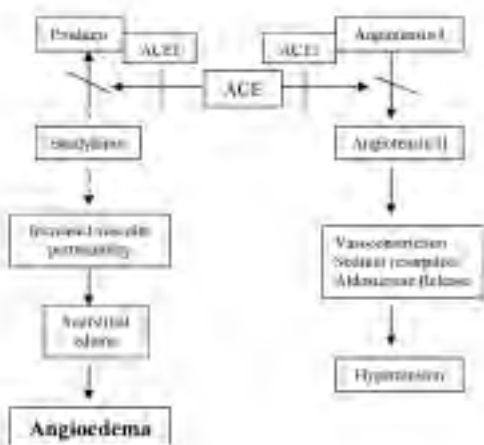
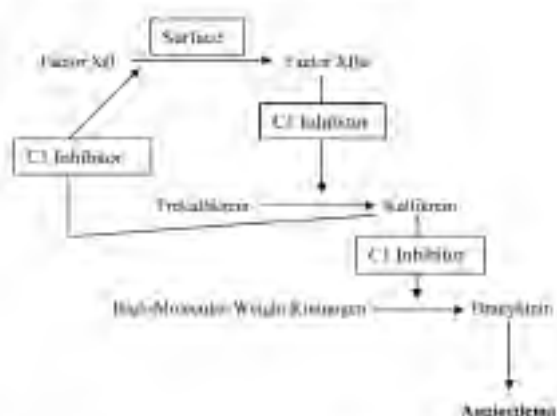


Figure 2: Mechanism of HAE Angioedema.



Plasma kinin-forming cascade.
The C1-INH are low or dysfunctional in HAE.

cian will guide the practitioner toward an adequate prophylactic drug regiment against HAE. Preoperative prophylaxis before dental surgery includes fresh frozen plasma (FFP), antifibrotics, attenuated androgens, and C1-INH concentrate. Androgens, such as dazanol, stanozolol, and oxandrolone, have been shown to be most effective at preventing symptoms. Even with prophylaxis, there is a chance that the patient may still develop symptoms.

Antihistamines, corticosteroids, and epinephrine will have no effect on the edema because this is not a Type I hypersensitivity reaction.

Management: Severe acute attacks should be treated with vapor heated C1-INH concentrate (100-2,000 U IV) as a first defense. In countries such as the U.S. where C1-INH concentrate is unavailable, FFP may be substituted for C1-INH for treatment, although it may occasionally worsen symptoms.²⁵

Patients who develop laryngeal attacks should immediately be transferred to the hospital.¹⁴ During laryngeal attacks, it is important to maintain respiration, and like in an allergic angioedema, a surgical airway may need to be established if tracheal intubation is not accessible. Long-term prophylaxis against HAE is indicated in patients experiencing more than two attacks per month with severe symptoms. The drug of choice is attenuated androgens

(dazanol 200-600 mg/day or stanozolol 2 mg/day).²⁶

Conclusion

Angioedema has many causes with a similar clinical presentation and outcome. A minor swelling, easily dismissed as nothing significant, could ultimately lead to death by respiratory failure if ignored. The best cure of angioedema is to find the initiator and avoid having it in contact with the patient. A prudent general dental practitioner should always take a thorough medical history of his/her patients in order to take appropriate precautions before initiating dental treatment. ■

Authors

Kristina K. Harvan, D.D.S., postgraduate student, general practice residency, University of Colorado Denver School of Dental Medicine.

Gabriel Shahwan, D.D.S., private practice limited to general dentistry, Texas.

Kishore Shetty, D.D.S., M.S., M.R.C.S., director and associate professor, general practice residency, Department of Surgical Dentistry, University of Colorado Denver School of Dental Medicine.

References

- Chiu A.G., Krowiak E.J., Deeb Z.E. Angioedema associated with angiotensin II receptor antagonists: challenging our knowledge of angioedema and its etiology. *Laryngoscope* 2001; 111(10):1729-31.
- Nedra R. Dodds, M.D. Angioedema. eMedicine Specialties > Emergency Medicine> Allergy (www.emedicine.com/emerg/topic32.htm) Accessed 04/08.
- Maurice Reid, M.D. Angioedema. eMedicine Specialties > Allergy>Angioedema (www.emedicine.com/med/topic135.htm) Accessed 04/2008.
- Lin R., Cannon A.G., Teitel A.D. Pattern of hospitalizations for angioedema in New York between 1990 and 2003. *Ann Allergy Asthma Immunol* 2005; 95:159-66.
- Muller B.A. Urticaria and angioedema: A practical approach. *American Family Physician* 2004; 69(5):1123-8.
- Gawkrodger D.J. Investigation of reactions to dental materials. *British Journal of Dermatology* 2005; 153(3): 479-485.
- Wray D., Rees S.R., Gibson J., Forsyth A. The role of allergy in oral mucosal diseases. *Q J Med* 2000; 93:507-511.
- Malamed, Stanley F. *Medical Emergencies in the Dental Office*, 5th Edition. C.V. Mosby, 1999. 24.4.2.
- Hamann C., Turjanmaa K., Rietschel R., Siew C., Owensby D., Gruninger S., Sullivan K. Natural Rubber Latex Hypersensitivity: Incidence and Prevalence of Type I Allergy in the Dental Professional. *J Am Dent Assoc* 1998; 129(1):43-54.
- Patriarca G., Nucera E., Pollastrini E., Roncallo C., Buonomo A., Bartolozzi F., De Pasquale T., Gasbarrini G., Schiavino D. Sublingual desensitization: a new approach to latex allergy problem. *Anesthesia & Analgesia* 2002; 95(4):956-60.
- Shojaei A., Haas D. Local Anesthetic Cartridges and Latex Allergy: A Literature Review. *J Can Dent Assoc* 2002; 68(10) 622-6.
- Mertes P.M., Laxenaire M. Allergic reactions occurring during anaesthesia. *European Journal of Anaesthesiology* 2002; 19: 240-262.
- Inal A., Altintas D.U., Guvenmez H.K., Yilmaz M., Kendirli S.G. Life-threatening facial edema due to pine caterpillar mimicking an allergic event. *Allergol Immunopathol* 2006; 34(4):171-3.
- Zingale L.C., Beltrami L., Zanichelli A., Maggioni L., Pappalardo E., Cicardi B., Cicardi M.. Angioedema without urticaria: a large clinical survey. *CMAJ* 2006; 175(9):1065-70.
- DePaola L. Latex Hypersensitivity and Related Issues in the Dental Office. *The Infection Control Forum* 2003; 2(3): 1-6.
- Rees S.R., Gibson J. Angioedema and swellings of the orofacial region. *Oral Dis* 1997; 3(1):39-42.
- Sondhi D., Lippmann M., Murali G. Airway Compromise Due to Angiotensin-Converting Enzyme Inhibitor-Induced Angioedema: Clinical Experience at a Large Community Teaching Hospital. *Chest* 2004;126:400-404.
- Smith L., Harkness M. A case of two adverse reactions. *Postgraduate Medical Journal* 2004; 80:484-486.
- Cicardi M., Zingale L.C., Bergamaschini L., Agostoni A. Angioedema associated with angiotensin-converting enzyme inhibitor use: outcome after switching to a different treatment. *Archives of Internal Medicine*. 2004; 164(8):910-3.
- Wong D., Gadsden J. Acute upper airway angioedema secondary to acquired C1 esterase inhibitor deficiency: a case report. *Canadian Journal of Anesthesia* 2003; 50:900-903.
- Reed L.K., Meng J., Joshi G.P. Tongue swelling in the recovery room: a case report and discussion of postoperative angioedema. *J Clin Anesth* 2006; 18(3):226-9.
- Longhurst H. Emergency treatment of acute attacks in hereditary angioedema due to C1 inhibitor deficiency: what is the evidence. *International Journal of Clinical Practice* 2005; 59(5):594-599.
- Nzeako U.C., Frigas E., Tremaine W.J. Hereditary angioedema: a broad review for clinicians. *Archives of Internal Medicine*. 2001; 161(20):2417-29.
- Bork K., Barnstedt S. Laryngeal edema and death from asphyxiation after tooth extraction in four patients with hereditary angioedema. *JADA* 2003; 134:1088-1094.
- Nzeako U.C., Frigas E., Tremaine W.J. Hereditary angioedema: a broad review for clinicians. *Archives of Internal Medicine*. 2001; 161(20):2417-29.
- Boyle R.J., Nikpour M., Tang M.L.K. Hereditary angio-edema in children: A management guideline. *Pediatr Allergy Immunol* 2005; 16:288-294.

The Magic of Focusing on Your Business

By Janet Steward

My husband and I were discussing the economy over dinner the other night. Not the best formula for avoiding indigestion. "My clients' production has increased by an average of 26% over the last year to date," I told him. "When practice owners stop to reflect on their *entire* business, it just feels like some sort of magic begins." Ever since then, I've been thinking about the magic that happens when you focus on the business of dentistry.

What makes things start to take off, sometimes after years of flat-lining?

You start working on your business instead of in your business

Dentistry is a tough business to run. It's not as if you have a CEO to run the business, an accounting department, a marketing department, a R&D department, a production department, an HR department and a customer service department. No such luck; you're it! You're naturally going to gravitate to the areas you like; areas in which you feel competent and confident. 99% of the time that is your chosen field of clinical dentistry. By default, things that you don't

like to do, don't know how to do, or don't do well, get relegated to the back burner. You figure that if you work hard and do a good job, your business will be successful – that's myth number one. There are currently more practices cutting back on staff and accepting more dental insurance plans than ever before.

Talking with someone who understands the business side of dentistry forces you to scrutinize *all* aspects of your business. Many of these aspects may not have been inspected and evaluated for quite some time. Looking at your practice from the outside, forces you to redirect your focus to the business of running your dental office. This shift alone often makes a huge difference in and of itself.

The first order of business is *You*

The first focus needs to be on you. What do you want your life to look like? What do you value most? What are you willing to sacrifice to get there? What do you expect to get in return? While this may sound simple, it is not always easy. It is, however, one of the fundamental steps to creating a life, as opposed to just letting life happen to you. It requires that you set some serious thinking time aside.

Reflection and planning is seldom something that we do on a regular basis. This is the time to turn the spotlight squarely into corners that may not have seen the light of day for a while. Only after this step can you look at your practice, evaluate where you are, determine what the end product should look like and develop a strategic, step-by-step plan to get yourself there.

Your impact on the organization

The stark reality is that the culture of your practice is a direct reflection of who you are and how you conduct yourself. If you're disorganized, your practice will be disorganized. If you're dishonest, your employees will be dishonest. If you don't truly care about your patients, your employees won't truly care about your patients. If you slack-off, your employees will also slack-off. Leadership means that you are held to a higher standard. Leadership means that you do not have the latitude to come in late, or be grouchy, or berate your staff, or roll your eyes and throw instruments. Leadership is about awareness and self discipline. It is about growing the loyalty of your followers. It is about making continual investments in



Is the economy
putting the
squeeze on *your*
practice?

**Recession-proof
your practice.**



Call Janet at Steward Quantum Leap Consulting
970.207.0776 or janet@quantumleapdental.com



*Setting dentists free
for over 40 years.*



AFTCO
TRANSITION CONSULTANTS
800.232.3826 • www.AFTCO.net

Todd S. Oldroyd, D.M.D.

has acquired the practice of
Brandon S. Burgar, D.M.D.
Littleton, Colorado

Brock J. Johnson, D.D.S.

has acquired the practice of
Nathan W. Schaffner, D.D.S.
Yuma, Colorado

AFTCO is pleased to have represented
all parties in these transactions.

*Free practice appraisals,
\$2500 value!*

Practice Sales
Practice Mergers
Equity Associateships
Pre-sale Program
Stockholder Program

the quality of your leadership. It is about creating a strong foundation of trust.

You're not alone

It can be very lonely at the top. It is a hard lesson to learn that your employees are not going to be your friends forever and when they stop working for you, the relationship ends. You must be objective, really understand your business and be completely in sync with your goals and vision. Unfortunately as the owner of a business, you won't always have the ability to be objective, as much as you think you are. This is when you should consider consulting with a mentor, or someone who you can count on to be impartial, knowledgeable and completely honest. You should not expect lip service. You should expect confidentiality, trust and honesty even when it may be hard to hear. You should expect this person to care about the success and growth of your practice just about as much as you do.

Your motivator

We all need to be held accountable, and pushed and prodded. Life would be

simple and success assured if we could always follow through with our good intentions. Unfortunately that is seldom reality. Success follows struggle, it follows effort, it follows plain hard work. Find somebody who will be your coach, your champion, your supporter, somebody who will be cheering you on across the finish line. Once you have found that, you will have found the benefits and magic that takes place when you focus on the business of dentistry. ■

Janet Steward is a speaker, consultant, author and president of Quantum Leap Dental Consulting. She can be reached at 970/207-0776.

Do you have a practice management question you'd like answered in this quarterly column? Submit your questions to molly@cdaonline.org or 3690 S. Yosemite St., #100, Denver, CO 80237.

Crystal Courier Service *Specializing in Dental Delivery Services from Fort Collins to Pueblo, Same Day!*

- Same Day Delivery to/from lab in most cases
- Expand and Improve your service
- Forget about the cost of fuel, the insurance, the headaches of maintaining a fleet and extra staff...

CALL US! (303) 534-2306
www.crystalcourierservice.com

Classified Ads:

Journal of the Colorado Dental Association, Vol. 87, No. 4, FALL 2008 issue.

POSITIONS AVAILABLE

Associate: Well-established, newly remodeled Arvada dental office is looking for an associate dentist who has the attitude of a recent graduate and is willing to work hard. Let's see if we're right for each other. Please call us to schedule an interview, 303/423-0860.

Associate: Associate dentist wanted for full-time position in busy Parker office. GPR or one-to-two years experience preferred, but not required. Please inquire at 303/841-2144.

Associate: Colorado mountains. Associate needed in small group practice, Breckenridge, Dillon and Kremmling. Ownership transition. 970/468-5995, gmjungman@hotmail.com.

Associate: Colorado Springs, Colo. Busy practice in Rockrimmon area. 25-32 hours per week. Partnership opportunity. Call Jerry Weston, Professional Marketing and Appraisal. 303/526-0448.

Associate: Dentist needed in a very busy practice in Pueblo, Colo. Great environment and staff. Extremely generous compensation plan with option to buy-in or purchase practice after first year. Contact Dr. Robert Deloian at Professional Transition Strategies at 303/814-9541.

Associate: Busy general practice in beautiful Colorado Springs, Colo., a fast growing community, minutes to ski and outdoor recreation areas. State-of-the-art office looking for an energetic, enthusiastic associate. No experience necessary. Great compensation and benefits. Visit our Website at www.bestcaredental.com. Please fax resume to 719/522-0288 or call Mary at 719/528-8292.

Associate: Full- or part-time associate position available in SW Colorado Springs, Colo. Commission based on production. Approx. six figures per year. No weekends. Great staff. Ask for Vicki at 719/471-1717.

Associate Buy-In: Elizabeth, Colo. Very busy practice. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Associate: Dentist needed immediately in Great Falls, Mont. Associate position with option to buy-in. Very good opportunity for high-quality general dentist. Call 406/216-5273 office, 406/899-3450 cell.

Dentist: Dentist wanted for Pueblo practice, great staff, percentage of production, one day a week. E-mail vikdmd@hotmail.com or fax C.V. to 303/814-3761.

Dentist: General dentist with upscale, high-tech practice looking for an established dentist with a practice base to share large office space in Bel Mar/Lakewood area. Please fax 303/989-4445.

Dentist: Beautiful new facility in Broomfield. GP only there three days/week with four ops. Looking for specialist to use space two days/week or more. Use our staff or bring your own. No overhead worries. Receive a percentage of production. 303/523-9303.

Dentists: Denver, Colo. Perfect Teeth is seeking senior dentists in Colorado with a compensation range of \$90,000 to \$200,000+. Successful private or group experience required. Benefit package. Also seeking associate dentists (compensation range \$75,000 to \$95,000). Specialist opportunities also available for part- and full-time ortho, endo, oral surgery, pedo and perio with exceptional compensation. Call Dr. Mark Birner at 303/691-0680, e-mail at mbirner@birnerdental.com or visit www.bdms-perfectteeth.com.

Dentists: Denver, Colo. Dental One is opening new offices in the upscale suburbs of Denver. Dental One is unique in that each of our 12 offices in the Denver area has an individual name such as Rock Canyon Dental Care or Heather Park Dental Care in Aurora. All of our offices have top of the line equipment, digital x-rays and intra-oral cameras. We are 100% fee-for-service but take most PPO plans. PPO patients make up 70% of our patient bases. We offer competitive salaries, a complete benefits package and equity buy-in opportunities. To learn more about working for Dental One, please call Rich Nicely at 972/755-0836.

Dentists: Seeking to hire associate dentists and clinical directors for our practices in Denver, Pueblo, Colorado Springs, Albuquerque and Santa Fe. Making a positive difference in our communities. Rewarding work environment in first class facilities! We offer a lucrative guaranteed base salary with bonuses, paid vacation and 100% benefit coverage (health, disability, malpractice, dues, CE, 401k w/match, etc). Please e-mail or call Jacob at jacob@newdentaljob.com or 719/562-4460.

Dentist: Montrose, Colo. Full-time and part-time salaried dentist positions available. Seeking compassionate dentist with a heart for kids. Our non-profit clinic provides treatment primarily to children, 21 and under. Adult emergency services are also provided. Our clinic is eligible for the student loan repayment plan. Hiking, biking, climbing, rafting, hunting, fishing and skiing are just minutes away. Please contact Bill Sale or Lisa Morales at 970/252-8896 or l_morales@montrose.net.

Dentist: Longmont, Colo. SALUD Family Health Centers has a full-time dentist opening in our facility in Longmont, Colo. It offers the opportunity to work in new dental facilities in a wonderful community with great recreation amenities and close access to the Denver metro area. SALUD is a migrant/community health center serving primarily the needs of the underserved population. SALUD has dental clinics in eight communities throughout NE and central Colorado, and medical sites in a total of nine communities. This position may be eligible for loan repayment. We offer an exc. benefits pkg. that includes medical ins., dental disc., paid CE, paid vacation and sick leave, holiday pay, malpractice ins., retirement plan

and various other benefits. SALUD is an EOE. For more information about SALUD visit www.saludclinic.org. If you are interested in this position, please contact Ann at 720/322-9422, fax CV to 303/286-4586 or e-mail ahogan@saludclinic.org.

PRACTICES FOR SALE

Practice: Telluride, Colo. Set for life! Beautiful practice, four ops. of new equipment collecting \$700,000/year. Ski to work. Call Jerry Weston, PMA, 800/635-7155.

Practice: Parker, Colo. Great location, newer four ops., Dentrax, all digital. Collecting \$700,000+. Room to expand to six ops. Professional Marketing and Appraisal, 303/526-0448.

Practice: Parker, Colo. Fast growing, great location, state-of-the-art practice w/all new equip. Three restorative ops, one hygiene. Grossing \$25,000-\$30,000 per mo., part-time; three days a week! Call 720/320-4888.

Practice: Greenwood Village, Colo. Fee-for-service restorative practice. Two-year association leading to purchase. Contact kevneevansdds@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: Vail Valley - Eagle County Colorado. 10 y/o gorgeous, state-of-the-art, cosmetic/restorative, three op. practice. Gross rev. \$975,000. The Snyder Group, 800/988-5674.

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.

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.

Practice: Lakewood, Colo. Grossing over \$50,000 per month with four new operatories of equipment plus digital x-ray system. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Colorado Springs, Colo. Five op. facility with 30+ new patients/mo., grossing \$780,000/yr. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.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.

Practice: Lakewood, Colo. Grossing \$220,000. Very nice facility with four ops. Priced under \$150,000. Call Larry Chatterley at 303/795-8800 or go to 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.

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.

Practice: Littleton, Colo. Three ops. with new facility and new equipment. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Littleton, Colo. Grossing \$618,000, all fee-for-service patient base with 5 ops. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Downtown Denver, Colo. Grossing \$758,000 with four ops. New facility. All fee-for-service patient base. Call Larry Chatterley at 303/795-8800 or go to 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.

Practice: Very busy pediatric practice in northern Colorado. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Grand Junction, Colo. Two ops. grossing \$400,000. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Orthodontic Practice: Littleton, Colo. Call Larry Chatterley at 303/795-8800 or go to 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 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.

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.

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.

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.

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.

Practice: Fort Collins, Colo. Collected \$1.1M in 2007. Prime location! High class suite, fee-for-service, great patient base, new business/residential area expecting continued growth. Owner is seeking short transition timeline. Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: Pueblo Southwest, Colo. Collected \$774,000 in 2007! Perfect size! Excellent cash flow for new buyer! Cerec Technology, new modern facility, 4.5 treatment ops! Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: South Lakewood, Colo. Average collections \$1M+, 24 hours per week! Excellent patient base. Six treatment rooms, beautiful shared dental suite, exceptional staff, positive owner transition support! Susan Spear, 303/973-2147 or susan@practicebrokers.com.

To Sell or Buy a Practice, Associate Buy-ins or Buy-outs: Call Susan Spear, Practice Transition Consultant/Licensed Broker, Medical Practice Brokers, Inc., 303/973-2147 or susan@sastransitions.com. Call about new listings for summer 2008...Colorado Springs, Santa Fe, New Mexico!

Practice: Denver/Lakewood, Colo. Owner seeking small group interested in purchasing practice with owner as the associate. Growing production, excellent clinician! Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: Denver/Cherry Creek, Colo. Much less than a start-up at \$125,000. Nice equipment, Easy Dental Software, 550 patients, good location, Great satellite. Susan Spear, 303/973-2147 or susan@practicebrokers.com

SPACE AVAILABLE

Office Space: Dental office space, 2001 S. Shields, Bldg A. 1,088 sq. ft. for lease \$12/sq. ft. West Ft. Collins Spring Creek Medical Park. Near Old Town and CSU. Contact Cole or Jared at 970/207-0700.

Office Space: Four star location in the heart of Old Town Ft. Collins, 151 N. College. 6,100 sq. ft. for lease on two levels. \$15/sq. ft., NNN. Near CSU. Over 22,500 vehicles/day. Contact Cole or Jared at 970/207-0700.

Office Space: Dental building. Great location. Busy, beautiful Buena Vista, Colo. 1,400 sq. ft., three+ ops., 16 year dental practice. A wonderful town for family and retirement. Available Nov. 1 for lease and/or future purchase. Call Dr. Dave Drake, 719/395-2851.

Office Space: New medical destination for lease! Serving Green Valley Ranch and other communities near DIA. Established medical destination, 75% leased to physicians including



DENTAL PRACTICE and OFFICE SALES!

BUYER ASSISTANCE!

Transition Planning!
Associate Buy-in /
Buy-out and
Partner Transitions...



Susan A. Spear
Practice Transition Specialist
Licensed Colorado Broker
MEMBER:
IBBA, CABI, IBA, ADMC

Choose A Broker
You Can Trust!

Call Today!
303.973.2147

susan@practicebrokers.com
www.sastransitions.com

CLASSIFIEDS continued on page 28

CLASSIFIEDS continued from page 27

high traffic urgent care. Dentists needed in community. Young population and good payor mix. Adjacent to two schools, rec. center and town centre. Up to one-year free rent for 2008 lease. Suite customized for practice. Call Michelle at NexCore, 303/382-0166.

Office Space: Dentist's suite for lease overlooking beautiful gardens in north metro, ready to move in. High traffic property with numerous dentists', surgeons' and doctors' offices. Across street from Kaiser Permanente. Lots of free off-street parking. This facility has five operating rooms with water and vacuum already installed. Some office finish allowance is nego. This easy to manage building is also for sale to an owner occupant who wants to control expenses and increase profits. Call Bill Pomeroy, 303/359-5690, for sale or lease information.

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.

Space Sharing: If you're not sure about re-upping with your current lease or want to expand, build or start-up in the Littleton area, look me up before you commit to something else. I have 2,600 sq. ft. of well-designed, already built-out space with great street visibility, and I want to keep my practice active and growing. Write me at iowagraddds@yahoo.com and see if there's a deal that's right for both of us!

Office Space: For lease or lease/purchase. 2,200 sq. ft. remaining in ready to build-out brand new building with dramatic views of the Front Range. Access growing patient populations in northeastern Colorado Springs and expand your practice from this ideal location adjacent to Endodontic Specialists. Competitive lease rates with generous tenant finish allowance or lease-purchase as condo. Call

Jane Peck at 719/599-3210 or Tom Binnings at 719/471-0000.

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.

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 operatory 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.

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.fcbsdenver.com for free office locator assistance. Foothills Commercial Builders, the future is now! 303/755-5711 x306.

Office Space: Fountain, Colo. Close to Colorado Springs. One of the fastest growing areas in Colorado. 25-year dental office location, available immediately. Dr. Stephen Seiler, 719/576-4247.

Office Spaces: Plug and Play #1: Finished dental suite, south DTC. Three-to-five ops., two offices, lab, reception, admin. #2: Finished dental or oral surgery space, County Line Road and south Holly Street. Four ops., office, reception, two restrooms, recovery room, two labs. Great location, excellent value. Contact Bob, 303/713-1588.

Office Space: First floor office with five operatory 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.

Office Space: SE Denver Hampden frontage. 2,700 sq. ft. ready to build-out. High traffic count with over 60,000 vehicles per day. Located across the street from busy retail area. Call John at 720/308-9915.

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. Contact Medical Facility Partners, LLC, 720/3080-6430 or kirby@mfp1.us.

Office Space: Aurora, Colo. Professional dental space consisting of 2,445 sq. ft. will become available for lease after Jan. 1, 2009. Currently partitioned, plumbed and wired for six ops. with centralized dental air compressors and vacuum pumps. Dental suite is in great shape in beautiful building and wonderful location including great visibility and easy access. Ideal location for general dentist, pedodontist, periodontist or endodontist. Call Dr. James Trompeter at 303/688-3838

SERVICES/ANNOUNCEMENTS/MISC.

For Sale: I-Cat Cone Beam CT for sale, one-year-old, price negotiable, shipping and installation not included. Call 719/287-0807 or e-mail vikdmd@hotmail.com.

www.heliskier.com

The Ultimate!! A whole week of HELICOPTER POWDER SKIING!!

→ Earn CE credits.

← Seminars & discussions in various fields of health care

WAIT FOR THE HELICOPTER IN BEAUTIFUL BRITISH COLUMBIA

The Aesculapian Society

Dr. Ted & Lisa Ritola

ted@heliskier.com

JOIN US FOR "THE MOST INCREDIBLE POWDER SKIING ANYWHERE!"

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: Office relocation sale! Various dental equipment including Royal dental chairs, ADEC lights, operator stools and reception room furnishings. Please contact our office at 970/493-2254 for a complete listing of items for sale.

For Sale: Dental laser for sale. Waterlase MD, less than one year old. Still under factory warranty. This is Biolase's flagship hard and soft tissue laser. Paid \$80,000 new, will sell for \$45,000. Call 303/875-9704.

For Sale: Kodak 8000 Digital Panorex, three years old, immaculate. Two ADEC ceiling mount operator lights. One x-ray duplicator. One wet vacuum - two ops. Call 303-466-9533.

Discountedlatexgloves.com Get low prices on name brand dental gloves! Examples: Glove Club-"Cyber-Gel" Powder-Free Gloves, list price \$169.80, our price \$92.96. Glove Club-"Elastex" Nitrile Powder-Free Gloves, list price \$159.99, our price \$129.99. We carry only the finest name brands: Adenna, Ansell, Cardinal, Cranberry, USA, Glove Club, Henry Schein, Kimberly-Clark, Medline, Industries, MicroFlex and Sempemed. 65 different styles to choose from. We accept American Express, Discover Card, Visa and MasterCard. Net 30 day terms available with approved credit. Free freight. No handling charges on all orders! www.discountedlatexgloves.com. E-mail: 80-20marketing@comcast.net. Toll free: 888/580-8020.

On-Call Services: I need occasional call coverage two-to-three times per year. Do you? General dentist in south Denver area wishes to share occasional on-call with other area dentists. Please call 303/733-8885.

Looking To Hire a Trained Dental Assistant? We have dental assistants graduating

every three months in the Denver/Boulder, Colorado Springs and Grand Junction areas. To hire or to host a 32-hour externship, please call the Colorado School of Dental Assisting at 866/880-3030.

Service: Concerned Colorado Dentists (CCD) is a subcommittee of the Colorado Dental Association. We are in existence to help colleagues, staff and/or families who think they may have a problem with substance abuse. If you think you or someone you know may have a problem, please call Dr. Michael Ford at 303/810-4475 (day or night). All inquiries are kept confidential.

Delivery: Let Crystal Courier Service take care of your delivery needs! From Ft. Collins to Pueblo, we deliver SAME DAY. Call 303/534-2306 or visit us on the Web at www.crystalcourierservice.com.

Attorneys: Representing dentists/dental practices: Practice start-ups, purchase/sale of practices, associate agreements, employment law, and contracts. Hourly and flat fee billing arrangements. Responsive. Please contact Ryan Howell at 303/957-3795 or ryan@hedberghowell.com. This is an advertisement.



ADS Precise Consultants

"Practice Transitions Made Perfect"

303-759-8425

PETER MIRABITO, DDS

peter@precisecc.com

JED ESPOSITO, MBA

jed7@ecentral.com

39 Years Combined Practice Transition Experience



Nation's Largest Dental Broker Network

PRACTICE SALES APPRAISALS

- SERVING DENTISTS SINCE 1986
- PARTNERSHIPS
- TRANSITION PLANNING
- PHASED BUY IN/OUT
- WIDEST ACCESS TO QUALIFIED BUYERS
- SELLERS CASHED OUT
- TAX REDUCTION ON SALE \$\$
- DENTAL BUILDING SALES
- ASSOCIATE RECRUITMENT

Call for FREE Practice Value Estimate

PRACTICES FOR SALE:

COLORADO: Boulder, Brighton, Boulder East, Colorado Springs, Castle Rock, Crested Butte, Centennial, Cherry Creek, Denver, Dillon, Edwards, Golden, Lakewood, Littleton, Longmont, Tech Center, Western Mountain Resorts, Montrose County, Central CO, Superior, Southern CO, Pueblo, Southwest CO, Vail Valley.

ARIZONA: Glendale, Phoenix, Tucson.

IOWA: 1 hr. east of Omaha.

NEW MEXICO: Santa Fe Southeast.

NEBRASKA: NW, North Central.

NEVADA: Las Vegas.

SOUTH DAKOTA: Sturgis-Spearfish.

WYOMING: Yellowstone area, Casper, Buffalo.

SPECIALITIES: Oral Surgery.

ASSOCIATE POSITIONS:

COLORADO: Boulder, Denver

WYOMING: Casper

303-759-8425 • 800-307-2537 • www.ADStransitions.com



CTC Associates

Charting a True Course

DENTAL PRACTICE TRANSITION CONSULTANTS FOR 20 YEARS
OVER 900 TRANSITIONS • 97.7% SUCCESS RATE • 96% SATISFACTION RATE

DOING THE RIGHT THING

Over the last 20 years, we at CTC Associates have saved our clients an estimated \$10,640,000 in unnecessary brokerage commissions as compared to the standard commission rate charged by other practice brokers.

How? By charging a flat fee for performance instead of taking the customary percentage.

Why? Because we feel it is the right thing to do. In our opinion it lends itself to greater trust and integrity. It provides our clients with greater value, maintains the integrity of the relationship and validates their practice appraisals.

We invite you to find out how we can add integrity to your practice transition. There is never a wrong time to do the right thing!

"CTC was able to chart a course for the transition of my practice that was a true win-win for all parties." *Ray Krug, D.D.S., Lakewood*

"Thank you so much for the excellent way you facilitated the sale of my practice. The entire process was extremely smooth." *Richard H. Mentzer, D.D.S., Denver*

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

"I was totally and completely satisfied with your professional service." *John Sewell, 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 E. Persat, D.D.S., Durango*



CONTACT LARRY CHATTERLEY AT 303-795-8800 or info@CTC-Associates.com

ALSO VISIT OUR WEBSITE AT www.CTC-Associates.com

"... For Dentists"

This a popular phrase today ... most everyone says it.

However, the Dentists Professional Liability Trust can actually claim it!

Begun in 1987, during a national crisis in liability insurance coverage, the Dentists Professional Liability Trust was created by the Dentists of Colorado when national insurers left the state or raised rates as much as 1000%!

Your Plan is run by a Board of Dentists representing all Component Societies of the Colorado Dental Association. All underwriting and claims are handled by a Dentist who has actually practiced Dentistry!

Your Trust is a nonprofit, and does not answer to any for-profit corporation, or is subject to the whims of stockholders or owners other than Dentists. Your company answers to you!

The Dentists Professional Liability Trust

"For Dentists"

Administrator:

**Nathan Reynolds, DDS
Berkley Risk Services of Colorado
Phone: 303 357 2600
Toll free: 877 502 0100**

HEALTHY, BRIGHT, NATURAL SMILES



At Gnathodontics, Ltd, we're dedicated to having your patients teeth look their best. That's why we provide premium services such as diagnostic case-planning and custom shade services. Call John Bozis today for more information on how we can help give your patients the most natural smile possible.

COLORADO'S PREMIER SOURCE FOR:

Empress®, e.max®, Procera® and Lava™ Restorations



Gnathodontics, Ltd

Your Full Service Dental Laboratory

800-234-9515 • 303-424-9515

www.gnatho.com