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Journal

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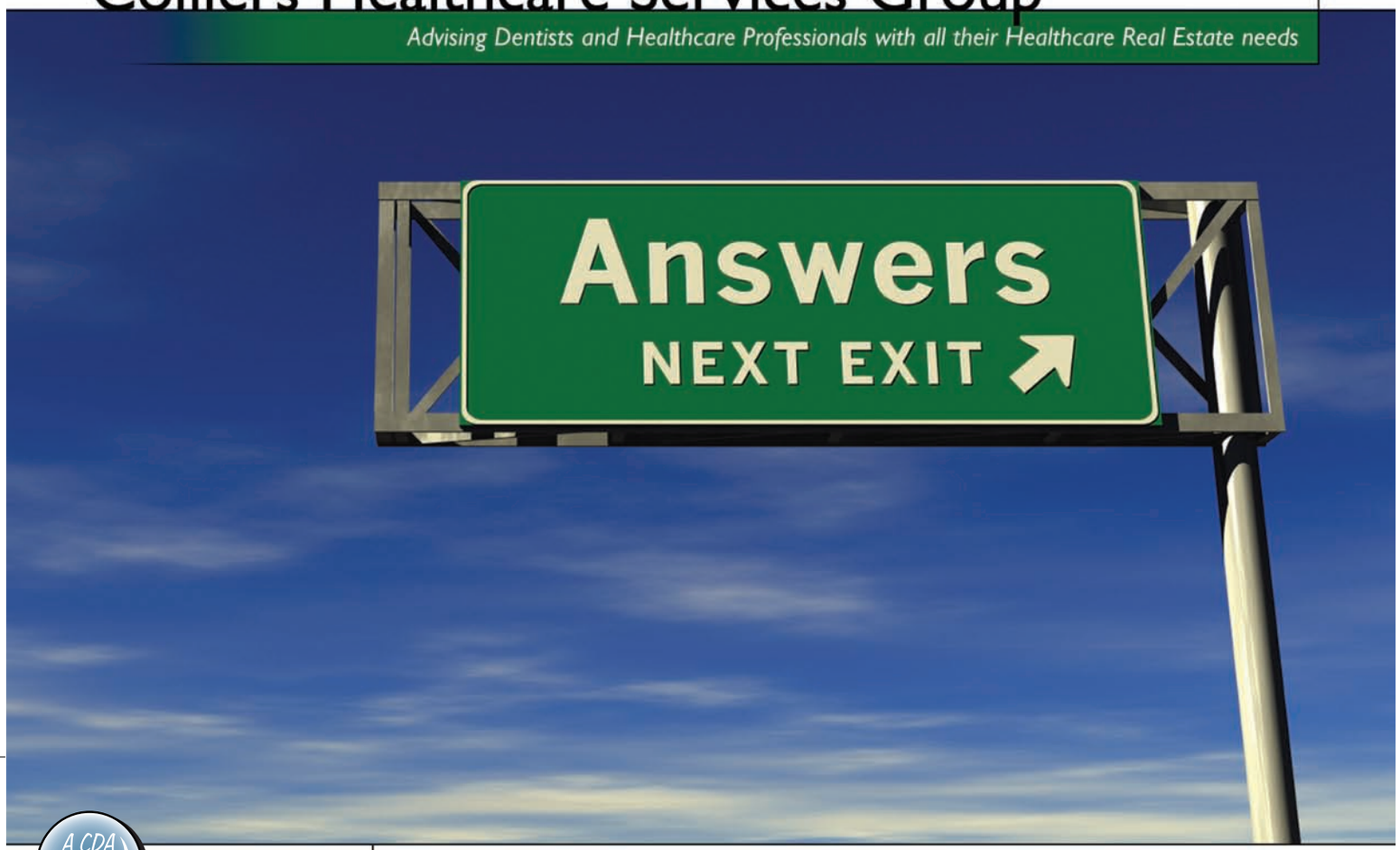

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Journal

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About Our Cover:

Just some of the smiling faces from Give Kids A Smile Day on February 6, 2009. Photo captions from top to bottom: A GKAS patient ready for treatment; It was a family event at CU– dental assistant Jeanette Sathre (left), dental student Laura Sathre and Dr. Richard Sathre working as a team on GKAS day; Dr. Eric Rysner explaining treatment to a patient's mom.

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Calling Colorado Home Again

By Jim Young, CDA Executive Director

Jim Young, CDA Executive Director

By the time you read this article, I will have had the honor of beginning my tenure as executive director of your Colorado Dental Association. As I begin my new "to do" list, getting to know the people who make the CDA such a special and successful organization ranks right at the top!

I'd prefer the opportunity to meet each of you personally, sharing an hour over coffee introducing myself and getting to know you. Unfortunately, some quick math reveals that attempting to join all 3,000+ of you for coffee may be a little unreasonable, not to mention unhealthy. So I'll enjoy a cup of my favorite coffee and encourage you to do the same for a few minutes as I attempt a brief introduction.

My wife, Janine, and I grew up in a small town in northern Kentucky. After college, I began my career in teaching and athletics, finding a passion for working with elite athletes and striving to understand the factors that lead to outstanding performance. That passion for understanding what it takes to succeed and coaching others for success has been consistent throughout the many phases of my career. Zig Ziglar often says, "you can have everything you want in life if you just help enough other people get what they want." I can't say I've proven Zig correct. I still don't have "everything I want," but I can say that few things bring me more pleasure than working with groups to help them achieve their goals.

Over the years I've been blessed with opportunities to work with Olympic athletes and little league baseball players; to coach volunteers in raising a few thousand dollars in their local communities and lead an organization raising tens of millions of dollars each year nationally; to mentor young staff members across the U.S. and train developing leaders in Afghanistan. Each of these groups continues to hold a special place in my heart and I continue to enjoy watching their successes.

Now, I begin as a member of a new team here at the CDA. A team with an excellent track record and good momentum for continued success. I'm grateful for the opportunity to join the team, and look forward to many years of success together.

CDA's leadership has shown great vision by recently updating the organization's strategic plan, recognizing the challenges that exist today and are likely in the future. Through this updated plan, they have established the priorities that will ensure the CDA's continued success.

Peter Drucker once said, "The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday's logic." Few would question whether today's business climate is one of turbulence. CDA's leaders have recognized the need to prepare for challenging times and plan to thrive, even in times of turbulence. Whether it's meeting the unique needs of those beginning practice today, recognizing the ever increasing importance of public policy work, or updating technology to leverage our resources, the CDA is moving to ensure it continues as a leader among state dental associations for years to come. It is indeed an exciting time to join the CDA team.

Janine and I fell in love with Colorado during a six-year assignment here while working for Ducks Unlimited. My responsibilities took me throughout the Rocky Mountain region, and we grew to love this part of the world and call it home. We're excited to be joining the team at the CDA and returning to Denver. We look forward to renewing old friendships in Colorado and making new ones throughout the CDA family. This move feels more like coming home rather than moving.

During those six years living in Parker, Colo., I served on a non-profit board with the CDA's retiring Executive Director Gary Cummins. Gary and I often shared our experiences from serving as professional staff members and leaders in our respective organizations. These shared experiences gave us a unique perspective on our role as volunteer board members and a personal connection that continues to this day.

It's an honor to follow someone of Gary's stature as executive director. His integrity, gentle spirit and solid leadership have helped make the CDA one of the most successful state dental associations in the country. During his time, Gary has built a solid staff team and worked with the CDA leadership to build a solid organization. I know Gary will be missed greatly by those who worked with him and he leaves a challenging legacy to follow.

I look forward to meeting all of you in the coming months. Whether we first meet at your component dental society meeting, the CDA Annual Session this June 11-14 in Vail, or at one of the many other CDA activities throughout the year, please take time to introduce yourselves. And if we have time, I'd still enjoy sharing that cup of coffee. ■

CE and Vail, Looking Backward, Forward and Three Dimensionally

By Joseph Tomlinson, D.M.D.

Dr. Joseph Tomlinson, CDA Editor

When the CDA holds its Annual Session in Vail this June, it will mark the 43rd anniversary of the first dental CE course I ever attended, also held in Vail. Before giving the impression that I'm much older than anyone thought, I was actually just 20 years of age at the time and not yet a dentist. I was working as an employee of Vail Associates, Ltd., which owned and operated The Lodge at Vail. One day in the summer of 1966, a group of dentists were gathering at The Lodge for a weekend of CE and recreation, and I mentioned to some of them that I was interested in dentistry as a career. The dentists I spoke with expressed an interest in my plans and invited me to sit in on their CE sessions. Due to my work schedule I couldn't attend all of them, or even stay for a complete session, but I was able to fit in a few blocks of time of 15 to 20 minutes to watch their slide presentations. I had never really looked closely in anyone's mouth before so this was the first time to see teeth projected so large on a big screen. It caught my attention and impressed me. More importantly, the people I met – their character and friendliness, and their encouragement – convinced me that dentistry was a profession I should pursue.

Although I enjoyed the engineering program I was enrolled in at the time, the news in the media and the rumors floating around campus were that the field of engineering was more than saturated and engineers were being laid off in large numbers all over the country. The U.S. was in a mild economic recession and in the middle of a war in Vietnam. The message I was hearing was that there was a very competitive future in engineering, not conducive to earning a decent living – better to look for another career.

A year later Dot and I, newly married and with acceptance letters in hand, returned to Vail to work a few weeks before heading off to start dental school. I was thrilled to be heading to the University of Kentucky, which was the college of dentistry that had been most highly recommended to me by the attendees of the meeting the summer before. Even though I was in Vail for less than a month in 1967, my timing allowed me to be present once again when the same group of dentists met. It was fun to share with them that I had been accepted to dental school and thanked them for their contributions to my decision. Of course they extended an invitation to sit in on their CE again, and I accepted.

I don't know how much of an edge this CE attendance gave me when I started dental school but I know I was very confident, probably to excess. That confidence soon vanished as I began to realize how much more difficult the curriculum was than I had expected, and how much information and studying had to be crammed into a very full weekly schedule. I had never experienced that much pressure before. As many of us have experienced, the demands and pressures of a dental education seemed to go on without relief or a break for a very long time. However, at least in the early going one thing that helped me persist was the memory of that group of guys in Vail who had given me so much encouragement and a lot to look forward to.

Eventually, after four years, those dental school days were over and I had my dental degree and diploma, and could breathe a sigh of relief. In fact I breathed with relief for the next two years as a member of the U.S. Army Dental Corps. Who would've thought that being in the Army during a war was like a vacation compared to dental school? The work schedule was so much easier, there was plenty of time for recreation and to enjoy life, and I had a dependable paycheck every month to buy a few things we had been doing without.

One of the things I most enjoyed about those two years was the CE courses I attended. Most of them were for several days duration in nice cities away from the military base, with all travel and lodging expenses paid by the U.S. government, including the cost of the CE courses, which I'm sure became part of the national deficit/debt, which in turn became part of the large tax burden I have had to pay quarterly every year since.

Although I didn't attend any CE courses in Vail during those Army years, I did attend an excellent one in Denver. It wasn't long after that I entered private practice in Fort Collins and began to register for the CDA meetings. Within a few years, the CDA held a meeting in Vail and I registered for it. I brought along Dot and our two daughters, and while I was in meetings and classes they had a great time in Vail wandering around the town and swimming at the pool. Those who were in private practice in 1973-1974

recall that the country was in another recession at that time and it was difficult to pay the cost of operating an office, let alone put aside any savings for something like lodging and CE. Well, we did our best to find value in lodging and CE courses. It seemed that the CDA meetings offered about the best value of all. That year, we even slept in a tent at a nearby campground to reduce expenses even more.

Over time I continued to actively participate in the CDA annual meetings, which were often held in Steamboat Springs and occasionally in Vail. I even paid for a nice room for us to stay in each time. The timing also seemed to work out well for us as we made plans to attend swimming and diving meets in Glenwood Springs during the annual Strawberry Festival. We were able to schedule our trip so that we could take it all in with just one drive to the mountains (more value).

Over the past 10 years I've enjoyed attending a number of CDA meetings in Vail, including the one held last year. One of the best CE courses offered at that meeting was one on I-CAT technology presented by Dr. Brad Potter of the University of Colorado Denver School of Dental Medicine. The 3-dimensional images and diagnostic capability were truly amazing. I'm sure that most readers of this journal have had an opportunity to see one of these machines demonstrated or in use. It is so amazing to see and to use the new technology that has become available to us in the past 10 to 25 years, especially implants. The other major CE course offered last summer was all about placing and restoring implants. It, too, was very impressive.

All-in-all, it truly was a very enjoyable meeting. Even the breaks were a pleasure when I stepped outside onto the trail that followed along Gore Creek. As I walked along the river banks it brought back some happy memories of my early years living and working in Vail, as well as recollections of my first dental CE in 1966 that launched my career in dentistry.

In December, I celebrated my 63rd birthday – in Vail. We were guests of my daughter, Kathy, who has a place there. She invited all the family to join her for the weekend for some family bonding time, and to enjoy a little skiing and relaxing. During a lull in the activities I had time to think ahead to the CDA meeting coming up this summer in June and also to reflect back on the past several years of my life.

One thing that, for me, is significant about turning 63 is that it is the **start of the fourth quarter.** Years ago I came up with a notion that a full life for me would last at least 84 years and that, like a football game, it would consist of four quarters, only each quarter is 21 years long. With any luck it would also include a few good years of overtime at the end. I mention this because of the significance to me of attending at least one CE course in Vail in each of the four quarters of my life.

With all this history of very memorable and worthwhile CE in Vail, I'm looking forward with much anticipation to this year's meeting. I'm sure it will be a great one and that most of us in attendance will have a great time and enjoy the entire event. I hope many of you reading this article will attend as well, and perhaps even volunteer to be a delegate from your local society. See you in Vail, June 11-14! ■

Bruxism: Current Status on Pathophysiology and Implications for Clinical Management

By Karlyn Taylor, D.D.S., Carin Doughty, D.D.S., Brian Brada, D.D.S., and Kishore Shetty, D.D.S., M.S.

Introduction

The word bruxism is derived from the Greek word "brugmos," which means gnashing of teeth. Bruxism is the medical term for grinding and clenching that abrades teeth and may cause facial pain. No hard and fast figures on the frequency of bruxism are available. Most people unconsciously grind or clench their teeth now and then, so the key in deciding whether someone is a bruxer is not the presence or absence of the habit, but such things as its frequency, destructiveness, social discomfort, or physical symptoms.[1] With the U.S. population, current estimates stay within the 5%-20% range. These percentages demonstrate that at the very least, one out of 20 Americans brux.[2] In addition to grinding teeth, bruxers may also bite their fingernails, pencils and chew the inside of their cheek. Others mistakenly believe that their teeth must touch at all times. Grinding activity is most likely to occur at night, whereas clenching behaviors are know to occur frequently in both day and night.[3] Many people are unaware of bruxing, but will notice destruction of their teeth and complain of chronic headaches and constant jaw pain.

Pathophysiology of bruxism

The signs and symptoms of bruxism may not be evident until the disorder severely presents itself. Symptoms of bruxism may include teeth grinding, worn teeth, sore or painful jaw, headache, earache, anxiety, stress, tension, insomnia, and/or depression. With an awareness of the consequences, the pathophysiology of bruxism is still debated. Insight into the etiology of bruxism is clinically important to allow the clinician to choose the best treatment for the specific case.

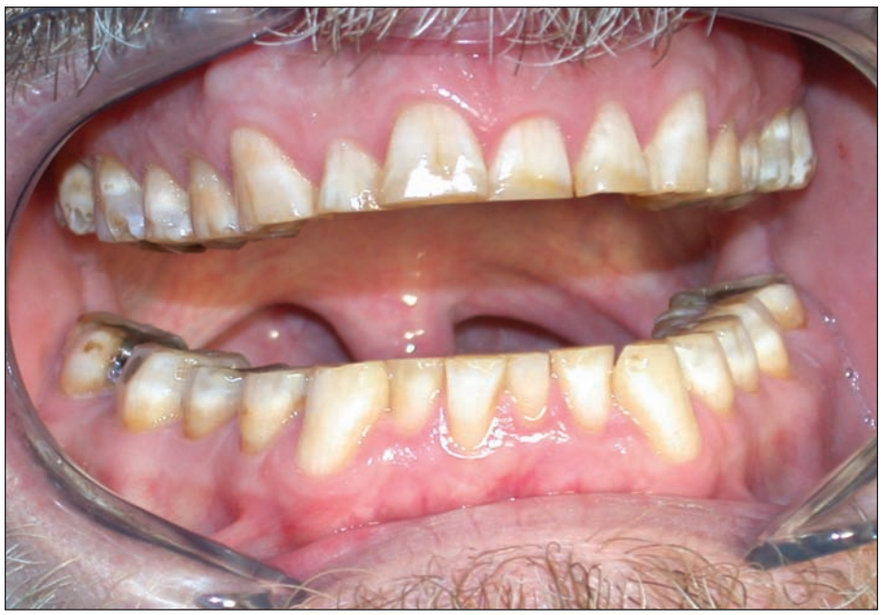

Figure 1: Example of worn dentition; jaw open.

The etiologic factors of bruxism can be divided into two groups, peripheral (morphologic) and central (pathophysiologic and psychologic). The group of peripheral factors is distinguished by anomalies in dental occlusion, articulation, and the anatomy of the orofacial region such as high restorations and malocclusions. Many studies have assessed the occlusal discrepancies in various dentitions. *Clark et al.* reviewed studies of experimental occlusal interferences and concluded that no reliable evidence demonstrates that occlusal interferences can cause nocturnal bruxism, or stop it.[4] The elimination of interferences in occlusion and articulation show no significant influence on bruxism activities. Easily stated, not every bruxer has occlusal interferences and not every person with interferences is a bruxer.[5]

The most current evidence supports the hypothesis that bruxism is centrally mediated, and central etiologic factors seem to be more and more conclusive as

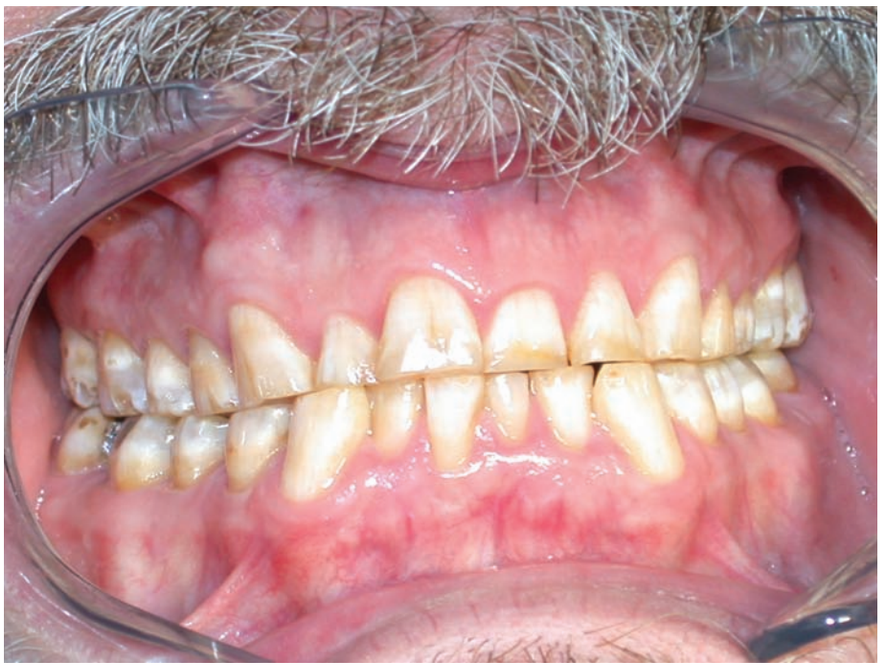

Figure 2: Example of worn dentition; jaw closed.

the precipitating factors.[2] These pathophysiological concerns include sleep disturbances, altered brain chemistry, certain medications and illicit drugs, and genetics. New avenues currently being explored include circadian rhythm influences and effects of varying levels of neurotransmitters.[2] Recent publications suggest that sleep bruxism is secondary to sleep-related micro-arousals, as up to 86% of cases demonstrate that bruxism episodes are associated with an arousal response when sleeping.[2] It remains to be demonstrated in clinical trials that sleep bruxism is under the influence of the excitatory/inhibitory networks and neurotransmitters that tend to control balance of the sleep system.[2] However, most sleep bruxism episodes have been observed in association with transitions between sleep stages, which suggests that some mechanism related to sleep stage transitions exerts an influence on the motor neurons that facilitate the onset of sleep bruxism.[2] The contribution of genetics to bruxism still remains unclear. Recent twin studies indicate no substantial heritability of oral parafunctions.[5,3] Bruxism may eventually be linked to multiple genetic factors or to a familial learned behavior, but the data is not conclusive at this time.[2]

A critical review of the relationship between drugs and bruxism draws inconclusive evidence, but prepares the way for continued evidence-based research. No clear cut answer can be presented to the questions concerning bruxism, the CNS, and drugs, however, the association between different drugs and bruxism is clinically important. The risk/benefit ratio of certain drugs (dopamine related agents, antidepressants, anxiolytic drugs, cocaine, opioids, alcohol, nicotine, amphetamines and caffeine) should be considered. The insufficient evidence suggests that certain substances related to the dopaminergic, serotonergic, and adrenergic systems ameliorate or exacerbate bruxism.[6] Clinicians need to be aware that medications and drugs can be a differential etiology of bruxism – good and bad.

Stress and certain personality types have been linked to bruxism. However, it is difficult to determine if stress and personality traits precede, coexist or follow bruxism.[3] It is important to note

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that most evidence regarding the role of anxiety and stress related to bruxism is derived from questionnaires, which may be subjected to bias and lack of awareness of current behavior.[2] Although the theories are hard to confirm or refute because of the controversial nature of the disorder, most suggest a multifactor etiology for bruxism. The pathophysiology of bruxism presents with no definitive etiology of this common disorder.

Relationship between bruxism and pain

Bruxism may create a painful response over time. Toothaches and jaw pain result from wear of teeth, usually occurring unknowingly to patients while sleeping. Most often, migrating tooth pain is actually a result of the tooth grinding problem. When a cycle of hitting or banging the tooth takes place over a period of time, the nerve in the tooth becomes inflamed. To protect that tooth, the jaw changes position to prevent the contact that caused the tooth to become inflamed and painful. Unfortunately, another tooth may then take the brunt of the force, and it, like the first tooth, may become sensitive. The pattern can repeat itself indefinitely until many teeth have gone through a pain cycle. In many cases, this may result in a mouthful of root canals. This subtle process of tooth wear allows teeth to take the brunt of unnatural pressure. The issue of tooth pain is further complicated because pain in a tooth can actually be "referred pain" from anywhere in the face or body.

This para-functional habit correlates greatly with craniofacial pain. The relationship between pain and bruxism most likely involves complex pathways, many additional factors and influences with the assessment of a comprehensive evaluation. In attempting to examine the relationship between bruxism and craniofacial pain, certain problems inevitably arise. It is clear that there are associations between the two; one must be cautious inferring direct and simplistic cause-effect relationships.[7] It may be necessary to differentiate between sleep and awake bruxism because these separate entities may have different associations with TMD pain.[7] Precisely defining sleep bruxers may become difficult without application of sleep studies, and potentially creates a bottleneck of widespread clinical research of this area. Therefore, measuring the intensity and frequency of bruxism becomes largely dependent on patient-based measures (self-report, awareness of habit, sleep partners report).[7] Few studies have been done to actually characterize the neurobiological and physiological features of jaw muscles associated with painful bruxism.[7] Most importantly for clinicians, understanding the concept of "nonlinear" relationships between

bruxism and craniofacial pain will help prevent oversimplification of diagnosis and management. Rather, pain and bruxism should be managed as separate problems, which vary from patient to patient.[7]

Assessment of bruxism in the clinic

The clinical assessment of bruxism is desired for multiple disciplines including prosthodontics, implants, periodontics, and craniofacial pain to name a few. Various methods have been developed and implemented. Questionnaires are the most commonly used method, with clinical exam and observations of tooth wear.[8] There have also been studies that attempt to detect bruxism using oral devices by assessing wear of occlusal splints or forces measured directly from the oral devices.[8] Portable electromyographic (EMG) recordings can also be taken of the masticatory muscles during sleep as a more objective and direct method.[8] Polysomnography in a sleep laboratory is still considered to "gold standard" and the most specific and accurate method for evaluating bruxism activity for their ability to correctly diagnose over 80% of patients.[8] However, due to its expense and time consuming nature, sleep polysomnography is limited in its utility in a clinical setting.[3] Therefore, an individual's self report and clinical oral exam are the two dominant methods.[9]

For the detection of bruxism, a typical questionnaire can be administered:[10]

- Has anyone heard you grinding your teeth at night?
- Is your jaw ever fatigued or sore on awakening in the morning?
- Are your teeth and gums ever sore on awakening in the morning?
- Do you ever experience temporal headaches on awakening in the morning?
- Are you ever aware of grinding your teeth during the day?
- Are you ever aware of clenching your teeth during the day?

Self report to assess the presence or absence of bruxism is convenient but can be significantly inaccurate. Up to 80% of bruxism episodes, such as clenching, may not be accompanied by noise, and lack of a bed partner may decrease reliable reporting.[8] The clinical exam is an integral part of the overall assessment of bruxism. The clinician should evaluate tooth wear, tooth mobility, tongue/cheek indentations, masticatory muscle hypertrophy, pain in the temporomandibular joint, headaches, pain or fatigue of masticatory muscles.[8] The correlation between wear facets and bruxism creates controversy because the specificity and clinical validity of tooth wear as an indicator for bruxism has been questioned.[11] Wear facets on teeth can aid in the diagnosis of condition, but it must be

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BRUXISM *continued from page 13*

kept in mind that attrition is a historical record and may not be a reliable evidence of current bruxism. Some believe that bruxism is an overestimated causative factor of tooth wear and that dental erosion rather than attrition is the more likely cause of lost tooth structure.[12]

Standardization of the clinical diagnosis of bruxism is recommended. The gold standard will likely be derived from EMG and sleep studies. Wear patterns on teeth reflect a lifetime of various functional and environmental influences, while the EMG and sleep habits focus on behavior. Reliable standards are needed to confidently arrive at diagnostic and treatment decisions of bruxism. [9]

Principles for clinical management

While a vast array of techniques have been reported for the management of bruxism, most of the publications are comparative studies, case reports and prescriptions, rather than the preferred randomized controlled study design. Along with acknowledging the lack of high quality studies, clinicians should also be aware that many of the new management strategies are being proposed by commercial companies without scientific proof of their efficacy and safety.[13] The main methods that have been studied include occlusal, behavioral, and pharmacological approaches.

The occlusal management strategies include techniques that alter patients' occlusion (occlusal equilibration, occlusal rehabilitation and orthodontic treatment) and occlusal appliances. The strategies aiming to "achieve harmonious relationships between occluding surfaces" by equilibration, rehabilitation or orthodontic alignment are usually based on clinicians own clinical experience and still gives rise to a great deal of controversies among dental providers.[13] *Lobbezoo's* review of published data concluded that there is no support in the literature for such interventions in the management of bruxism.[13] Occlusal appliances are frequently used as both a treatment for preventing bruxism and preventing or limiting the dental damage that results from bruxism. Again, a scarcity of randomized controlled trials and contradictory results of occlusal splint studies calls for further research focusing on criteria for the clinical decision to use or not to use an occlusal appliance.[13] Splint therapy is often advocated for the protection of dentition from the effects of bruxism, but may or may not lead to decrease in grinding and clenching activities.

Behavioral approaches to the management of bruxism has been largely focused on biofeedback. Biofeedback is based on the theory that bruxers can "unlearn" their behavior when a stimulus makes them aware of their parafunctional jaw activities.[13] Biofeedback during wakefulness has had mixed results, but has fewer possible side effects than does use of

biofeedback for management of sleep bruxism. Multiple methods of stimuli have been proposed for sleep biofeedback including taste, sound and vibration stimuli. Some are intended to wake a person from sleep while others do not induce substantial sleep disturbance. However, all have the potential for significant changes in sleep architecture that yield long-term adverse reactions such as daytime sleepiness.[13] Doubts have also been brought up regarding whether or not biofeedback is an effective strategy for the management of bruxism, especially long-term. The possible side effects including daytime sleepiness warrant further research before this technique can be applied for the safe treatment of bruxism.[13] Other behavioral approaches include psychoanalysis, autosuggestion, hypnosis, sleep hygiene, habit reversal and massed practice, to name a few.[13] While many of these approaches have questionable value and lack of scientific support, they are also non-invasive, non-expensive methods to explore during the treatment of bruxism.

With the new paradigm shift of bruxism being peripherally to centrally regulated, increased research has been done on the use of medication in the management of bruxism. *Winocur et al.* published an extensive review on the relationships between drugs and bruxism.[6] A recent randomized control trial (RCT) showed that a non-specific muscle relaxant, clonazepam (a benzodiazepine), did improve sleep bruxism, although maintenance of therapeutic results and effects of long-term treatment need further study.[14] Use of botulism toxin has been described in case reports of severe cases of bruxism associated with co-morbidities such as coma, brain injury, amphetamine abuse, Huntington's disease and autism.[13] All such reports have claimed success in decreasing the clinically observed bruxism activity, but did report that placebo-controlled studies are needed prior to giving evidence-based recommendations.[13] Other medications have been researched including serotonergic and dopaminergic medicines (effects remain unclear), and some antidepressant selective serotonin reuptake inhibitors have been reported to induce bruxism. Although some pharmacologic approaches seem promising for the management of bruxism, they all need further research into their efficacy and safety before clinical recommendations can be made.[13]

A review of the literature shows an absence of definitive recommendations, but *Lobbezoo et al.* advises following the "triple-P" approach: Plates, Pep talk and Pills. "Plates" are occlusal appliances that can be used to protect dentition from the effects of bruxism. "Pep talk" refers to the behavioral approach including addressing patient's awareness of condition, relaxation, life style and sleep hygiene instructions. Although unproven in efficacy, these approaches can be safely applied for bruxism patients. "Pills" represents the category of pharmacological interventions, which should be confined only to short periods and when other methods were ineffective.[13]

Conclusion

Bruxism is a multifactor, oral parafunctional activity observed in many people to some degree. This condition can cause destruction of the dentition if allowed to continue without intervening with patient education and/or preventive therapy. The pathophysiology of bruxism is multifactor and current research indicates that the etiology is likely a centrally mediated process.

Assessment of bruxism in the clinic is most often done through the combination of clinical exam and questionnaires, but EMG and sleep studies may be used as the gold standard to confirm the diagnosis. The clinical management of bruxism is varied but may include occlusal appliances for the protection of the dentition along with behavioral and, occasionally, pharmacological interventions. ■

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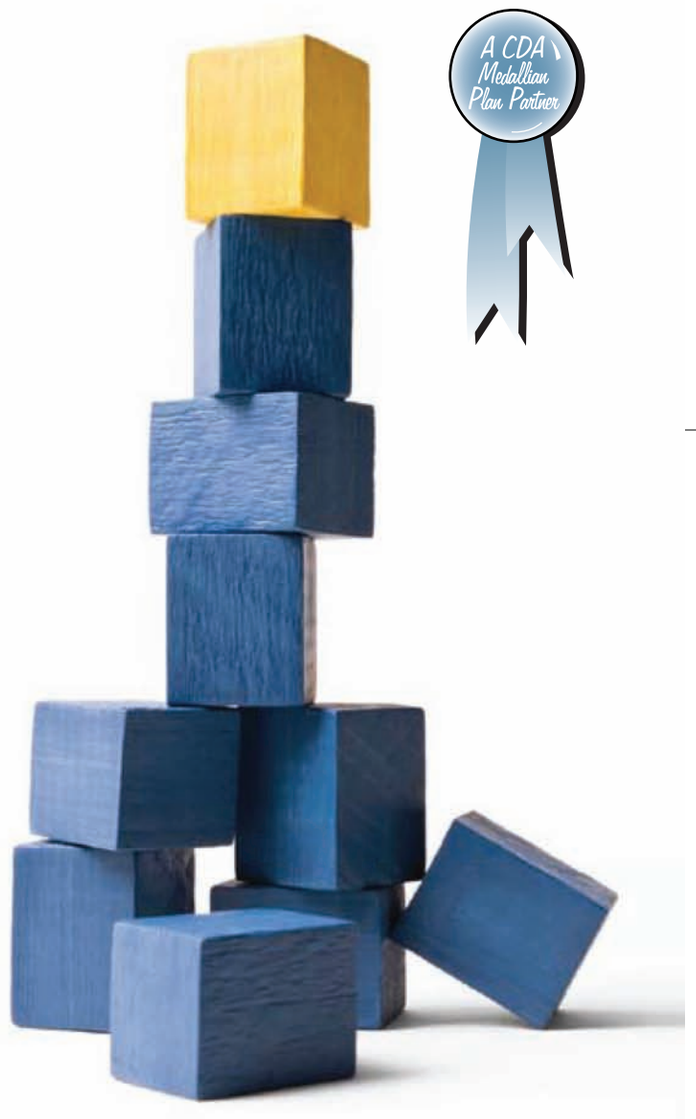

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The Seventh Year of Smiling Faces

By Molly Pereira, CDA Associate Executive Director

On the evening of Give Kids a Smile Day, a voicemail from a parent was left at the CDA. This mother could barely get her message across through her grateful sobs. Before GKAS, she was desperate to find care for her two daughters, especially one who had fallen in an accident and broken her front tooth (#9). The family couldn't afford to fix the tooth and the 12-year-old daughter had stopped showing her teeth, avoiding smiling at all costs. They were able to make a GKAS appointment with Dr. Thomas Simpson in Boulder, Colo. After Dr. Simpson completed a post and core, followed by a composite, this pre-teen had something definitely worth smiling about – and so did her mom.

GKAS barely needs introduction anymore in Colorado. In fact, because of the literally tens of thousands of hours that volunteers have dedicated to this program since its inception in 2002, **Colorado dental professionals have donated over $2.4M in GKAS treatment.**

This year was no exception in the generosity of dental volunteers. Despite tough economic times, these volunteers still made GKAS a priority in February and helped children from families in desperate need of dental care.

This year, GKAS was on Feb. 6, 2009. 300 registered dentists and other dental professionals participated in this national access-to-care day to provide free dental treatment and education to underserved children. Through this program, they collectively brought attention to the struggle that many families face to receive basic dental care.

Dr. Cynthia Sheeks with a patient and Sammy the Saber Tooth Tiger at GKAS.

This year, Colorado GKAS volunteers set record numbers:

- **3,486 kids received dental education at 45 locations in 23 cities.**
- **2,201 kids received $696,809 in donated treatment at over 100 locations in 43 cities. (This is an average of $316.59 in treatment per child. The average patient age was 9 years old.)**

As in years past, dentists and their team members provided treatment in their private offices, visited local schools to give presentations, and volunteered to provide treatment at dental clinics and the University of Colorado Denver School of Dental Medicine. Here are just a few examples of the unique GKAS programs in Colorado this year.

Dr. Makala Hubbell and her staff have built their GKAS event around relationships. By getting to know their patients, they found several partners in the Lowry area of Denver to help with GKAS patient recruitment. One patient's relative works at the Lowry Refugee Clinic; another is a counselor at Lowry Elementary School. Aside from being able to find deserving children for Dr. Hubbell to treat, these regular patients take pride in the fact that "their" dentist is offering this service for kids. Dr. Hubbell starts making contact with her community "partners" in December, two months prior to GKAS. Her office has the capability to see 50-60 children for GKAS. Again, fostering relationships, Dr. Hubbell also recruits some of her dental colleagues (especially the specialists) to participate in GKAS at her office. Likewise, she recruits volunteers from the Junior League of Denver to help with patients waiting in the lobby for treatment, and has also considered incorporating the elementary

A GKAS patient working on her brushing skills.

Dr. Liliane Brantes with her patient at the CU Denver School of Dental Medicine.

school's PTA in future programs. On the actual GKAS day, patients are given exams, cleanings and fluoride treatment. If patients need additional treatment, Dr. Hubbell works with the school and parents to get appointments made, and provides follow-up care at no charge throughout the following several weeks.

Dr. Nelle Barr, Dr. Betty Barr and **Dr. Sean Whalen** dedicate their GKAS efforts to the full treatment of 10-12 children in their Westminster, Colo. office. Research shows that chronic pain affects a person's ability to concentrate, and for this reason the team of doctors focus their efforts beyond prophies and prevention. They work with physicians in private offices and at Kaiser Permanente to find deserving GKAS patients. Due to the fact that many people go to a physician more often than a dentist (or in some cases in place of a dentist), this dental practice not only taps into a unique patient pool but also works with physicians to raise awareness about dental issues. The three dentists at this pediatric practice make GKAS a month-long event to provide the maximum treatment possible. They begin contacting physicians in December, two months prior to the February GKAS event. In year's past, after the GKAS event is complete, the appreciation from their GKAS patients has been overwhelming. They have received Christmas cards (10 months after the GKAS event) and have even gained some regular patients through this program from families who later received employment that gave them the ability to get dental care for their kids.

The **Community Dental Clinic in Montrose (Dr. Bill Barminski, Dr. Michael Tobler**, and **Dr. Nori Garcia)** not only provides exams on GKAS, but also incorporates an enormous amount of patient/parent education into their program. The clinic incorporates a puppet show for kids, and a speaker on oral health during pregnancy, transmission of oral disease, nutrition, and systemic health. They make sure that parents receive just as much GKAS education as the actual patients, and organize an activity for the parent to do with their child regarding oral health. This year, 45 kids were seen at the clinic; however, the response in February was overwhelming, causing the clinic to have a second GKAS day on March 20. Planning for this event started in January, a month prior to GKAS.

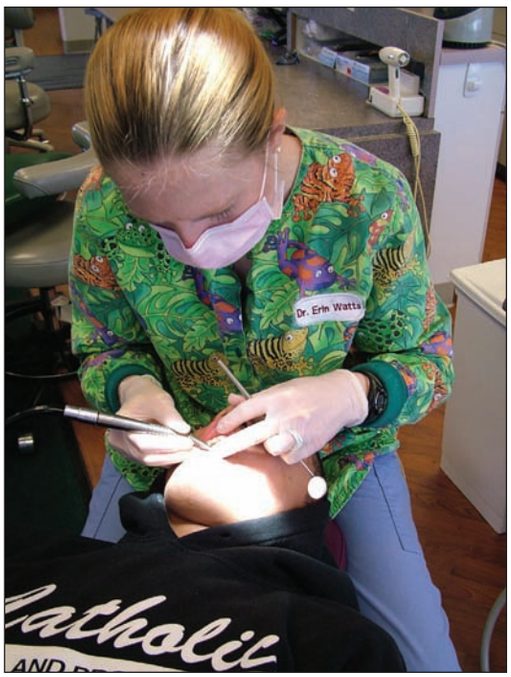
Dr. Amy Jorgensen and **Dr. Katie Harmon** start their GKAS planning the fall prior to GKAS day. They visit daycare centers and preschools to conduct screenings. They coordinate with the facilities in advance so permission slips and consent forms can be signed by the parents. Alongside the screenings are tooth fairy presentations to kindergartners and first graders to teach the kids about good oral health habits, and to give them goodie bags with a toothbrush, tooth-paste, coloring book and other items. They have visited nearly all of the kindergarten and first grade classrooms in the school district in Greeley, Colo., impacting over 2,000 children. Through their relationships with the school district,

GKAS *continued on page 21*

Thank you GKAS 2009 Volunteers!

Dr. Jim Abramowitz
Christie Algiene
Dr. Neal Allan
Dr. Peter Amundson
Dr. Timothy Anderson
Dr. Michael Bailey
Dr. Lisa Baldwin
Dr. Tim Bandrowsky
Dr. Bill Barminski
Dr. Mark Barnes
Dr. Nelle Barr
Dr. Betty Barr
Dr. Ed Barrett
Dr. Hilary Baskin
Dr. Gretchen Bauer Huber
Dr. Chris Beal
Dr. Robert Benke
Dr. Mark Bentele
Dr. Paul Bigus
Dr. Edward Blender
Dr. Brian Bohman
Dr. Julia Boratenski
Dr. Victor Bradford
Dr. Liliane Brantes
Dr. Boone Brewer
Dr. Terry Brewick
Dr. Julie Brown
Jannet Bruce
Dr. Bill Burns
Dr. Andrew Burns
Dr. Daniel Butterman
Amy Cabadas
Dr. Clint Callahan
Dr. Kendal Carlson
Dr. Kenneth Carlson
Maria Caudillo
Dr. Richard Cea
Julie Collett
Dr. Courtney Collings
Dr. David Collins
Dr. Thomas Cope
Dr. Jeanette Courtad
Dr. Thomas Croghan
Dr. Matthew D'addario
Dr. Jill Decker
Crickett DeWall, RDH
Dr. Dick Dobbin
Dr. John Dodge
Dr. G. Bruce Douglas
Dr. Fay Durkin
Dr. Yuki Dykes
Vicki Earnshaw, RDH
Dr. Cecilia Edwards
Dr. Gerlinde Ehni
Dr. Jason Ehtessabian
Dr. Geoff Engelhardt
Dr. Frances Engler
Dr. Josh Erickson
Dr. Greg Evans
Sharon Fabrizius
Dr. Rebecca Facy
Dr. Bob Faucett
Dr. Lisa Feheley
Dr. Andrew Fiscus
Dr. Karen Foster
Dr. Lisa Fox
Stella Fox
Dr. Jim Franckum
Dr. Mark Frank
Dr. Karen Franz
Dr. Christopher Frederick
Dr. Mitchell Friedman
Dr. Thomas Froning
Dr. Nicole Furuta
Natalie Gallegos
Dr. Nori Garcia
Sirita Garcia
Dr. Matt Gaworski
Nikki Gentilli
Dr. Randolph Geoghan
Dr. Louis Gerken
Penny Gibson, RDH
Dr. Shauna Gilmore
Dr. Bradley Goings
Dr. Frank Gold
Diego Gonzalez
Dr. Allison Gorab
Dr. Nancy Grant
Dr. Jerome Greene
Dr. Fred Guerra
Dr. Joe Guido
Dr. Alan Gurman
Dr. J. Hadley
Michelle Hair
Katie Haldy
Dr. David Hamula
Dr. John Hanck
Dr. Alison Hanosh
Dr. Russell Hanson
Patricia Hardin
Dr. Jennifer Hargleroad
Dr. Olinga Hargreaves
Dr. Katie Harmon
Dr. Mark Harris
Stephanie Harrison, RDH
Dr. Richard Harvey
Dr. Jay Heim
Dr. John Hildebrandt
Dr. Jonathan Hill
Dr. Hang Hoang
Dr. Nicole Holmes
Dr. Keaton Howe
Dr. Makala Hubbell
Deseree Hunt, RDH
Dr. Autumn Hurd
Dr. Richard Hurd
Dr. Joanna Hurd
Dr. Francis Hurd
Dr. Jeffery Hurst
Dr. Rebecca Huser
Dr. Nadine Hutchins
Dr. Jana Ikeda
Dr. Jerolyn Ipson
Steven Jacobsen
Dr. Sue James
Dr. Matt Janda
Dr. Phil Johnson
Dr. Curtis Johnson
Dr. Corey Johnson
Dr. Rex Johnson
Dr. Erin Johnson
Dr. Brock Johnson
Dr. Mike Jones
Dr. Randy Jones
Dr. Amy Jorgensen
Dr. Jeff Kahl
Dr. Joel Kaines
Dr. Gunjan Kalra
Dr. Jim Kearney
Dr. John Kearney
Dr. Yvette Killingsworth
Dr. Kristy Klemm
Dr. Randy Kluender
Dr. Timothy Kneller
Dr. Darrel Kneupper
Brittany Kolling
Dr. Rhonda Krause
Dr. Neal Kruglet
Dr. James Kuhar
Dr. Randal Kumm
Dr. Jennifer Kurth
Dr. Thomas Lavery
Dr. Timothy Lemke
Dr. Joanna Levin
Dr. Kenneth LeVos
Dr. Dennis Lewis
Dr. Shiloh Lindsey
Dr. Cliff Litvak
Dr Jeff Lodl
Valerie Lopez
Dr. Avery Lopez
Dr. Lillian Louslelet
Dr. Mike Lovato
Priscilla Lovato
Dr. Scott Lowry
Dr. Carol Lybrook
Dr. Scott Lybrook
Dr. Les Maes
Erin Major
Heather Makatura
Dr. Shawn Maloy
Sharyn Markus
Christina Martinez
Dr. Robert Martinich
Geri Mascarenas
Dr. Brittany Massey
Dr. Timothy Masterson
Dr. Michele Mathews
Marie Matthews
Dr. Chelsea Mayer

University of Colorado Denver School of Dental Medicine Dean Dr. Denise Kassebaum and former CDA Executive Director Gary Cummins.



Dr. Erin Watts-Carpenter treats a patient in her office for GKAS.

Dr. Lee McAdams
Dr. John McFarland
Sue McIntosh
Dr. Kareen McIntosh
Dr. Jose Mena
Dr. Rodger Miller
Dr. Eric Miller
Dr. Michael Miller
Shannon Mohnman
Dr. Mark Mollner
Dr. James Monk
Frances Montoya
Dr. Steve Moore
Lisa Morales-Campbell
Dr. Robert Morrow
Dr. Carol Morrow
Dr. Damien Mulvany
Dr. Bob Murphy
Dr. Rhett Murray
Dr. Melissa Musolf
Dr. Leo Nassimbene
Dr. Jonathan Nelson
Dr. Jeff Nelson
Dr. Mark Novelen

Dr. Kent Obermann
Dr. John Offerdahl
Dr. Eugene Oja
Dr. Michael Onstad
Dr. Brandon Owen
Dr. Tim Owens
Dr. Rachel Packer
Dr. Ronald Palmer
Dr. Alexander Park
Dr. Bob Patten
Dr. Kevin Patterson
Sue Peaden
Dr. Brad Perrett
Dr. Ken Peters
Dr. Tyr Peterson
Dr. Justin Petracek
Dr. Bill Pfeifer
Dr. Candice Pfister
Dr. Hahn Phi
Dr. Dianne Pierson
Dr. Michael Plous
Dr. Michael Poulos
Dr. Eva Poulson
Dr. Patrick Prendergast
Dr. Robert Provorse
Dr. Michael Purcell
Liz Ransom, RDH
Dr. George Ranta
Dr. Jeff Ranta
Dr. Doug Reid
Dr. Ryan Reposa
Janet Rodriguez
Dr. John Rollow
Dr. Marilyn Rowe
Nicole Rubick
Dr. Katie Rusnak
Dr. Eric Rysner
Dr. Ellen Sachs
Dr. Richard Sathre
Jeanette Sathre
Dr. Gerald Savory
Dr. Pasco Scarpella
Dr. Nathan Schaffner
Dr. Jennifer Scheidies
Dr. Steve Schiffer
Kristy Schmidt
Katie Scholand
Dr. Shawna Schope
Dr. Danielle Schwartzenberger
Dr. Carrie Seabury
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Dr. Kevin Sessa
Dr. Jim Setterberg
Cora Sexton Wheeler
Dr. Cindy Sheeks
Dr. Paul Sica
Lenny Sigwarth
Dr. Thomas Simpson
Dr. Brent Sites
Dr. Kelsey Snavely
Traci Snyder
Dr. Gregory Solich
Dr. Tim Stacey
Dr. David Strange
Dr. Dale Strietzel
Dr. Kim Suter
Dr. Amy Tasca
Megan Thomas
Dr. Michael Tobler
Dr. Lori Trembath
Dr. Celia Turner
Dr. Cal Utke
Dr. Keith Van Tassell
Dr. Michelle Vance
Dr. Peter Vanicek
Dr. Eric VanZytveld
Dr. Gilbert Vigil
Jourdan Vigil
Angela Villarosa

Sammy the Saber Tooth Tiger making friends.

Dr. Richard Villemonte
Dr. Walt Vogl
Laura Wagner, RDH
Dr. Ben Wall
Cherie Walsh
Dr. John Warner
Melynda Warner, RDH
Dr. Erin Watts-Carpenter
Dr. Scott Welch
Dr. Dave Welden
Dr. Marie Welton
Dr. Sean Whalen
Dr. Scott Whitney
Dr. Mike Wiley
Dr. Keith Wilken
Dr. Mitch Williams
Dr. Patrick Wilson
Dr. Susan Wolcott
Dr. Mark Wood
Sharon York
Dr. Ryan Zastrow
Dr. Ron Zastrow
Dr. Bruce Zimmerman
Dr. Darrick Zirker

Clinics:
Colorado Foundation of the Handicapped
Community College of Denver Dental Hygiene Program
Community Dental Clinic in Montrose
Dental Aid
Dolores County Health
Assoc. Dental Clinic
Healthy Smiles Dental Clinic
Kids in Need of Dentistry (KIND)
Marillac Clinic
Metro Community Provider Network (MCPN)
Peak Vista Community Health Center
Pueblo Community Health Center
Salud Family Health Center
Summit Community Care Clinic
Sunrise Family Dental Clinic
University of Colorado Denver School of Dental Medicine

GKAS *continued from page 19*

social services and the local health department, they recruit patients to provide treatment to on GKAS day. This year they saw 36 children, providing all the treatment they could accomplish in the appointment time allotted.

Many people come together to make the GKAS program possible. A special thanks to **Dr. Randy Kluender, Dr. Denise Kassebaum** and the University of Colorado Denver School of Dental Medicine faculty, staff and students for once again hosting the largest event in the metro area. In addition, our deepest appreciation to Colorado Springs Dental Society Executive Director **Sharyn Markus**, Metro Denver Dental Society Director of Communications **Michelle Cunningham** and the Region II Migrant Education Program for providing translators (**Karina Bonilla, Olga Zuniga** and **Joe Archuleta**). Last but certainly not least, thank you to the hundreds of school nurses who found deserving patients for GKAS dentists. Likewise, a huge thank you to the **Colorado Foundation of Dentistry for the Handicapped** for providing follow-up care to GKAS patients, and to **Kids in Need of Dentistry** for offering future dental services to these families.

Each year, the CDA and many Colorado GKAS volunteers are awarded with generous donations from **Henry Schein Dental** and **Colgate**. These corporate sponsors make GKAS easier for volunteers, as they provide a generous amount of product to dental offices and clinics, so the providers don't have to purchase the extra supplies themselves. Nationally, Henry Schein Dental provided 3,000 professional dental product kits containing items such as gloves, masks, patient bibs, prophy paste, floss and fluoride gel/foam/varnish/trays. Each kit contained enough items to serve 50 children. Colgate-Palmolive Company supplied 300,000 toothbrushes and 300,000 tubes of toothpaste for children throughout the U.S.

Thank you to everyone who made GKAS a huge success again this year. We appreciate your time, dedication and unfaltering support of this national access program for kids.

Save the Date: Next year GKAS is Feb. 5, 2010! ■

Getting a Loan in 2009 - More Difficult, but Not Impossible

By Mimi Hackley, M.H.P., C.F.P.®

Due to the credit crunch, lenders are much slower and more cautious about making loans for homes, cars, appliances, equipment and businesses. Without a substantial down payment and excellent credit, you may have to wait longer to make those purchases you've been eyeing.

In late 2008, Fair Isaac Corp.'s best FICO score range was 760-850; a fairly achievable range, up until now. However, the way Fair Isaac Corp. computes its credit scores is slated to change. One of the significant changes will be a heavier negative weight on credit utilization – the ratio of your outstanding balance to the borrowing limit of each of your accounts. It is recommended that you keep your outstanding balance in each account to 50% or less of the available credit line.

Steps you can take to optimize your credit score and qualify for a loan:

- **Reduce outstanding balances to below the 50% level.** Review your variable expenses to determine where you can save. Apply these savings to reduce your debt.
- **Clean up your accounting if you are self-employed.** It is often hard for a lender to verify a self-employed individual's income. Therefore, you need very clean records showing the amount of income you earn from your business. If you are looking for a loan to cover a big ticket item, maximizing your income for the year or two prior to your purchase will better position you to qualify for the loan.
- **Bring a significant down payment to the table.** Lenders are much less inclined to lend the full value of an item. Therefore, make a plan to save a substantial down payment – 20% is a good target.
- **Pay down the highest interest rate lines of credit first.** This will allow a larger proportion of the payments you're making to eventually go to principal rather than interest.
- **Pay on time.** Set up electronic bill paying that is scheduled to pay on or before the due date automatically.
- **Pay more than the minimum payment due.** Show lenders you're serious about paying what you owe.
- **Cut up cards.** By cutting up all but one or two of your credit cards, you limit the temptation to overspend. However, don't necessarily close these accounts. Lenders like to see a long-term record of responsible spending and restraint. So, an account that has been open a long time, though not used in years, can improve your credit. Do close accounts where a one-time purchase was made and paid off.

If you have high debt, low savings or history of late payments, consider meeting with your financial advisor or tax account to better determine how to best use credit. ■

Mimi N. Hackley, MPH, CFP®, 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.

New Patient Acquisition Through Education – Transparency Pays Dividends

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

Nothing beats trust for maintaining long-term patient relationships; and nothing beats transparency for establishing trust. If your patients trust you, your practice will weather the worst of economic times much better. In this increasingly litigious world, a patient's confidence can be difficult to earn – and even harder to keep. (Especially when their discretionary dollars for dental care are rarified, and you're trying to convince them of the need for treatment.)

How can the seemingly divergent needs of the patient and dentist be reconciled, such that an implicit trust relationship develops and maintains? Simple – start educating them before they ever set foot in the door of your practice. Continue to do so after every appointment. Promote yourself as a dentist who values patient education and you'll be decidedly on trend with the nation's current march toward consumerism in healthcare. Use your educational focus to attract new patients and retain the ones you already have. Sound like a lot of work? Read on.

Positioning yourself as a provider who values full disclosure in patient care pays dividends on every level. First, it's the right thing to do. Second, providing all patients with informed choice is a medico legal imperative that cannot be foregone. Third, patients who understand their needs and treatment options appreciate the value of your services more, and are more likely to be compliant with your recommendations. Fourth, properly informed patients are less likely to experience dissatisfaction with your care, and much less likely to pursue legal action against you if something goes wrong.

If it can be established that your patient has been properly informed about their needs and treatment options, there is also less chance they would prevail in a judgment against you in what is now a significant area of malpractice litigation: failure to diagnose. Historically, it has been difficult to document when a patient has been informed of a diagnosis if they never returned for treatment. This is no longer the case.

The classic arguments against fully informing patients of their needs and options go something like this: "…didn't want to scare them…never been sued before…takes too much productive time…my patients trust me…started practicing when people trusted their doctor and I'm not going to start now…all this legal paperwork just puts ideas in their head." Each of these arguments is indefensible if an unhappy patient is not informed and pursues a legal course against their dentist.

Moreover, it is now possible to inform patients of their diagnoses and treatment options using Web enabled systems that

PATIENTS *continued on page 24*

PATIENTS *continued from page 23*

provide access and compliance tracking mechanisms – with little or no sacrifice of chair time, and no spot pressure for a patient to sign a form before the procedure starts. Patients are never resistant when an office implements new technology in ways that help them understand. Thus, the classic arguments against patient education are no longer valid in any respect.

Properly informing a patient of their needs and treatment options does not have to consume valuable chair time or personal time. It need not require multiple appointments to inform the patient's spouse or other participant in the financial process. It can take place in the comfort of the patient's home, and involve multi-media presentations that you prescribe—in just seconds *during* an examination/evaluation of diagnostic records. None of it requires any chair time.

Patients are looking online for information about dental symptoms, diagnoses and procedures every day. Leading them to content that is peer-reviewed and representative of the current standard of care can do more than offer them honest answers. It can lead them to you, and a long-term relationship that is based on trust. ■

Dr. Tom Greany is the chief operating officer of Symbyos, creator of ToothIQ.com. The CDA-endorsed ToothIQ.com has added Web-based, customized patient consult functionality to its professional membership offering, with a service called "IQ Consult." It allows dentists to quickly personalize the patient's educational experience – complete with animation – sending content links via email that the patient may review in the privacy of their home. Servers log the use of the patient's unique access code to provide evidence of compliance. The dentist is copied on the custom e-mail. For more information, visit http://www.toothiqpro.com.

Access-to-Care/Availability of Dental Manpower and Skills
Creating a Win/Win/Win Model

By Joseph Tomlinson, D.M.D.

During these difficult economic times, I suspect that many dentists are experiencing a "busyness" problem, with difficult-to-fill openings in their appointment books at least a few days a week. This means that the side of the access-to-care equation that involves availability of skilled manpower, especially availability of licensed dentists to provide care, should not be a barrier or stumbling block in obtaining care for the underserved.

In addition, some dentists, especially those just a few years out of dental school, are likely experiencing a certain amount of financial distress and would be eager to fill their schedules with anyone in need of treatment, so long as that treatment is paid for with adequate compensation. This would enable these dentists to derive the full satisfaction of caring for the underserved while also meeting their financial obligations to family, staff, suppliers and bankers – not to mention the obligations to their enormous student loans, which now take decades to repay. There is nothing wrong with holding those dual goals. An adequate level of income is needed to maintain both financial and mental health.

Unfortunately, most of the programs developed to assist the underserved, including Medicaid and CHP, as well as programs for older citizens, have been designed with compensation levels so low that they don't even cover the cost of providing care. What this means is that dentists with available time to treat the underserved can do so only at a loss in their own offices – unless supplemental funding is made available to cover the "gap" between the payment amount typically made by programs such as Medicaid and what the dentist needs to be compensated to remain profitable and to make a living. At least one program is in place to address that objective. However, before discussing it in detail, let's consider what other options exist.

Fortunately for the underserved, including those on Medicaid and those who qualify for CHP and other such programs, many communities now have public clinics in operation that are doing an excellent job of serving this need. Directors of these clinics have found a way to access supplemental sources of funds, often through taxing districts or by other means, that enable them to provide care to the underserved and pay generous salaries and benefits to their administrators, health care providers, and staffs.

Over the past year, thanks to the efforts of Molly Pereira, managing editor the CDA Journal, many of these clinics have been featured in the CDA newsletters and journals. Many other clinics exist in places such as Limon, Strasburg, Greeley, Fort Morgan, Boulder, Loveland, Fort Collins, and throughout much of Colorado. I believe that the best opportunity dentists have to contribute to the supply side of the access-to-care issue is to offer to fill one of the open positions at these clinics, at least on a part-time basis, rather than attempt to incorporate these underserved patients into their own practices and suffer the financial consequences. About two years ago, I filled a position part-time for about six months at the Health District of Northern Larimer County, and found it very interesting and personally rewarding. The people who manage these clinics are generally very accommodating. If they are unable to fill a position with a full-time dentist, they will usually work to fill it with two or more dentists working part-time.

Now, let's consider "supplemental funding" to fill the "gap" in compensation for dentists in private practice. The best program in place that I'm aware of is one that was derived from the Tobacco Settlement Agreement reached by Colorado with the tobacco companies a few years ago. That plan provides funds to Colorado dentists treating a defined number of Medicaid patients each month. Those funds are paid out in a manner similar to grant payments. They are for a specific amount of money – $10,000, $20,000 or $25,000 annually – and must be used to repay student loans. It is a popular program among Medicaid providers but the total funds available each year are only $200,000 – not enough to pay all those dentists who qualify. In addition, the whole program is at risk of having some or all of the funds diverted to other uses to help balance the shortfall in the state budget.

Another program I recently learned about through a CDA e-mail memo is a Colorado Rural Health Care Grant program. Funds totaling $7.5 million are available through 2012 for a variety of rural health care

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ACCESS *continued from page 25*

providers, including rural dentists. If some of those funds are made available to rural dentists to cover the "gap" in funding between what Medicaid and CHP pay and what dentists must be compensated to cover operating costs and living expenses, this program could go a long way to solving the access-to-care issue in rural communities. It might also serve as a model for funding the "gap" for dentists practicing in Colorado cities such as Denver, and for cities and rural areas in other states. Perhaps some of the bailout money from the federal government could be directed into boosting these two programs.

Although those are some options currently in place, there is no reason to rule out other possibilities, ones that are not complicated and do not involve government or tax dollars. My vision is to create a win/win/win solution. The first "win" applies to the dentist who is willing to provide care to the underserved, but is facing financial distress. The second "win" applies to the underserved patients seeking better access-to-care. The third "win" applies to the donor who wants to make something significant happen in dental healthcare; but who are some of these individuals, foundations and other entities that could make this happen, so this level of compensation can be achieved?

One obvious possibility is those dentists who have done very well financially and have significant funds to donate to good causes. One who I know of personally, was the late Dr. John McLean in Fort Collins who passed away of heart disease about a year ago. Dr. McLean had a lifelong interest in investing in rental properties. Eventually many of these homes were paid off and owned, free and clear. John chose to donate most of them to charity. Someone estimated the total value of these properties at over $5 million.

After the homes were donated, some of them were sold to raise cash for charitable work. I'm sure the charity has many great projects that are benefiting from those funds. I'm hopeful that some of those dollars are being used to provide funding for dental programs, such as Project Smile in Fort Collins. If the charity chose to expand the amount of their contributions to dental healthcare they could certainly do something meaningful in memory of Dr. McLean by becoming a donor of at least $100,000 in grants to supplement funds paid to dentists to cover their "gap." It wouldn't be unreasonable for the charity to make 10 grants of $100,000 each or 20 for amounts of $50,000 each. That would amount to just $1 million of the estimated $5 million left to them by Dr. McLean.

I'm sure other dentists in the state have been fortunate to be so financially successful. Perhaps they might be interested in providing funds to bridge the gap in compensation to newer dentists, to help them gain a more solid financial position earlier in their careers while serving the underserved, and to reduce the financial distress they might be facing that often leads to mental distress, as well.

The previously mentioned Project Smile was developed by a group of business owners in Fort Collins. They donate money to the project to be used to compensate dentists for the services they provide. It's a wonderful program that has been developed and I would like to see similar programs developed in other communities by similarly inspired business owners. Although their compensation model is similar to the Medicaid model, I would suggest they restructure their payments so they serve to cover the "gap" in funding from other programs, making it much more appealing for a larger number of dentists to participate in their program; and to set a precedent for other programs to copy.

Even insurance companies could consider providing grants of this type to encourage more participation in helping the underserved without altering the payment structure they have developed.

Finally, for those dentists not facing financial distress, and who are willing to contribute time and effort in meeting the needs of the underserved, without actively participating in Medicaid or CHP, I highly recommend volunteering for two great programs that are now well established – Colorado Mission of Mercy (COMOM) and Give Kids a Smile. These are wonderful programs of donated dental services held annually, one in the summer or fall and one in February. For more information on these and other programs mentioned in this article, please contact me or Molly Pereira at the CDA office. ■

Welcome New CDA Members!

The CDA would like to introduce its newest members. We have had 135 dentists join from seven different components. The CDA welcomes them and congratulates them for their choice to join organized dentistry.

Boulder/Broomfield County Dental Society

Dr Breckglyn R Alleman *General Practice*
Dr Daniel Alleman *General Practice*
Dr Ryan S Bingham *General Practice*
Dr Andrew J Bock *Prosthodontics*
Dr Colleen J Bock *General Practice*
Dr Thomas B Cope *General Practice*
Dr Christopher Frederick *General Practice*
Dr John A Montoya *General Practice*
Dr Quynh N Nguyen *General Practice*
Dr Timothy Nichols *Pediatrics*

Colorado Springs Dental Society

Dr Jess Adams *General Practice*
Dr David Baer *General Practice*
Dr Cody M Calderwood *General Practice*
Dr Kristi A Davies *General Practice*
Dr Joshua Erickson *Pediatrics and Orthodontics*
Dr Sheldon S Golomb *General Practice*
Dr Christopher Liontas *General Practice*
Dr Peter E Lovejoy *General Practice*
Dr Jeff R Macpherson *General Practice*
Dr Archana Mani *Pediatrics*
Dr Britny C Massey *General Practice*
Dr Marmar Modarressi *Periodontics*
Dr Michael W Morrison *Orthodontics*
Dr Chad J Murdock *General Practice*
Dr Danielle D Schwartzenberger *General Practice*
Dr Oliver M Spaeth *General Practice*
Dr Joel Stafford *General Practice*
Dr Arlene Joy G Tsang *General Practice*
Dr Daniel E Young *General Practice*

Larimer County Dental Society

Dr Amber D Amelang-Severin *Endodontics*
Dr Sharla E Aronson *General Practice*
Dr Ian Ferguson *General Practice*
Dr Jeffrey S Kramer *General Practice*
Dr Jodi B Markley *Periodontics*
Dr Laura D Milnor *Orthodontics*
Dr Ted E Mioduski III *General Practice*
Dr Stephanie Nelms *General Practice*
Dr Zach A Owen *Oral/Maxillofacial Surgery*
Dr Joseph J Widdison *General Practice*
Dr H. Chris Yurk *General Practice*

Metropolitan Denver Dental Society

Dr Dawne E Adams *General Practice*
Dr Margarita Aleksanyan *General Practice*
Dr Brynne Anderson *General Practice*
Dr Brandie Andrews *General Practice*
Dr Lisa Baldwin *General Practice*
Dr Norman Chad Bardsley *Periodontics*
Dr Paul Bell *General Practice*
Dr Joseph R Bentley *General Practice*
Dr William C Bissell *General Practice*
Dr Brian C Bohman *Orthodontics*
Dr Julia Boratenski *General Practice*
Dr Jonathan C Boynton *General Practice*
Dr Patricia L Breusing *General Practice*
Dr Dallas Brimhall *General Practice*
Dr Anna M Burger *General Practice*
Dr Andrew W Burns *General Practice*
Dr Valerie N Byrnside *General Practice*
Dr Andrew N Dow *General Practice*
Dr Christopher D Elson *General Practice*
Dr Karen E Franz *Orthodontics*
Dr Andre Gillespie *General Practice*
Dr Jayme E Glamm *General Practice*
Dr Sabrina Goff *General Practice*
Dr Ashleigh Harrison *General Practice*
Dr Sheila M Hartle *General Practice*
Dr Richard L Harvey *General Practice*
Dr Brian Hutchison *General Practice*
Dr Alfaiyaz Ibrahim *Pediatrics*
Dr Natalie Ignatieff *General Practice*
Dr Jamie E Irwin *General Practice*
Dr Rossynet Jimenez *General Practice*
Dr Maria S Johnson *General Practice*

New Dentist Committee

In March 2009, the CDA launched a New Dentist Committee. The committee is co-chaired by **Dr. Carol Morrow** and **Dr. Eric Rossow.** Other committee members include **Dr. Brandon Owen, Dr. Stephenie Kaufmann, Dr. Andre Gillespie, Dr. Ian Paisley,** and future dentists **Tiffany Manzo** and **Andrew Comerci.** The committee is advised by CDA Secretary **Dr. Tom Pixley.** The committee is in the process of planning activities to increase professional and social opportunities for new dentists in the CDA. Watch for more information in coming publications. We welcome you to participate on the committee; if you are interested, please contact the CDA, 303/740-6900 or 800/343-3010.

NEW MEMBERS *continued on page 28*

NEW MEMBERS *continued from page 27*

Dr Phillip S Johnson *General Practice*
Dr Trevor Johnson *General Practice*
Dr Jeff D Johnston *General Practice*
Dr Kristin N Jones *General Practice*
Dr Mi Lee Kim *General Practice*
Dr Malgorzata R Korosciel *General Practice*
Dr Jeremy M Kott *Endodontics*
Dr Yun-Kyoung Kwon *General Practice*
Dr Carol E Lazell *General Practice*
Dr Andy W Lee *General Practice*
Dr Curtis Lee *General Practice*
Dr Sara Logan *General Practice*
Dr Michael Maruri *General Practice*
Dr Chelsea F Mayer *General Practice*
Dr David Mershon *Orthodontics*
Dr Galen D Miller *Orthodontics*
Dr Jeremy Miner *Oral/Maxillofacial Surgery*
Dr Robert Mogyoros *Oral/Maxillofacial Surgery*
Dr John C Newcomb *Endodontics*
Dr Anastasia Petkova *General Practice*
Dr Hanh Phi *General Practice*
Dr Nicolas Porter *General Practice*
Dr Derrick Q Price *General Practice*
Dr Gail N Raether *General Practice*
Dr Trent R Redfearn *General Practice*
Dr Brigitte Segal *General Practice*
Dr Amy L Shearer *Orthodontics*
Dr Yolanda Short *General Practice*
Dr Kelsey D Snavely *Pediatrics*
Dr Stephen W Spencer *General Practice*
Dr Katie S Steele *General Practice*
Dr Richard Stoker *General Practice*
Dr Karlyn K Taylor *General Practice*
Dr James E Thalken *General Practice*
Dr Jennina Bouy Townsend *General Practice*
Dr Marina Varshavskaya *General Practice*
Dr Ty B Vaughan *General Practice*
Dr Ramsey R Warner *General Practice*
Dr E Marc Weideman *Oral/Maxillofacial Surgery*
Dr Patrick T Wilson *Pediatrics*
Dr Darrick J Zirker *General Practice*

Southeastern Colorado Dental Society

Dr Steven R Jacobsen *General Practice*
Dr Melanie Rodriguez *General Practice*
Dr Daniel L Ward *General Practice*
Dr Roger Wright *General Practice*

Weld County Dental Society

Dr Jennifer L Kurth *General Practice*
Dr Jon L Nelson *General Practice*
Dr Srivalli Sankaranarayan *General Practice*
Dr Scott Williams *General Practice*

Western Colorado Dental Society

Dr Christopher C Beal *General Practice*
Dr Kenneth S Cory *General Practice*
Dr Thomas A Ding *Prosthodontics*
Dr Arthur R Hemm *General Practice*
Dr Matthew A Hudson *General Practice*
Dr Gregory Hunter *Oral/Maxillofacial Surgery*
Dr Douglas Johnston *General Practice*
Dr. Derren Tippets *Pediatrics*
Dr Michael Tobler *General Practice*
Dr Benjamin Wall *General Practice*
Dr Tanya C Westmoreland *General Practice*
Dr Dorothy E Wojtkowski *Oral/Maxillofacial Surgery*

Classified Ads:

Journal of the Colorado Dental Association, Vol. 88, No. 2, Spring 2009.

OPPORTUNITIES WANTED

Orthodontic Opportunity Wanted: Highly motivated and accomplished ABO orthodontist, 15+ year's experience, relocating to Denver, seeks a position as an associate or partner in a patient-friendly orthodontic practice. *www.5280orthodontics.com, info@5280orthodontics.com.*

Opportunity Wanted: Interested in offsetting your dental costs? Dental Assistant Training Academy is looking for a fully equipped dental facility to lease only on weekends. Please call Dianne at 303/517-6324 or 303/652-2092.

POSITIONS AVAILABLE

Associate: Lakewood office seeks associate doctor for Monday afternoon/evenings. Please fax your resume to 303/987-9123, attention Wendy.

Associate/Partnership: Wheat Ridge and Greeley offices. Office focuses on implants and cosmetic services. The office also works with E4D and CT technology. Contact: *teeth1640@yahoo.com* or 720/878-6749.

Associate: Thriving practice located in pristine mountain valley in south central Colorado is seeking a compassionate, wellness-oriented dentist as an associate. Avalon Wellness Center offers an exceptional environment, flexible schedule and an incredible staff. Please send resume to 815 West Ave., Alamosa CO 81102 or e-mail to *avalonwellness@yahoo.com.*

Associate: General practice office in Wheat Ridge, Colo. looking for associate to start April 2009. We have digital x-rays, intraoral cameras, and very friendly staff and patients. Part-time position with possible full-time. Please contact 720/231-2058 or e-mail *dgchristiansen@yahoo.com.*

Associate: Pediatric dentist to work part-time in small practice near Park Meadows Mall. Share space with orthodontist. Purchase an option. Call Jerry Weston, 303/526-0448. Professional Marketing and Appraisal.

Associate/Partner: Very busy pediatric practice in northern Colorado looking for associate to buy-in or partner. Call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Associate to Buy-in or Immediate Buy-out: Denver (Cherry Creek area), Colo. Two ops., grossing about $100,000. For more information, please call Larry Chatterley at 303/795-8800 or *www.ctc-associates.com*.

Associate to Buy-in: Very busy practice in SE Denver/DTC area. For more information, please e-mail current resume to *info@ctc-associates.com.*

Associates: Please visit our Website, *www.ctc-associates.com*, for current associate opportunities and e-mail your resume to *info@ctc-associates.com.*

Associates: Denver, Colo. Associate/ownership positions immediately available in several practices collecting $520,000 to $1.6M. New graduates welcome. Income potential, $180,000 to $360,000 in year one. E-mail my staff at *COsmiles@gmail.com.*

Dentist: Kids In Need of Dentistry is looking for a dentist for our Miles for Smiles Mobile Dental Unit. Limited travel is required but mainly the bus will be located in the Denver metro area. This is a three to four day per week contract position. If interested, please contact Julie Collett, executive director, at 303/733-3710.

Dentist: Dental Urgent Care of Colorado seeking dentists for evening/weekend positions in Littleton. Reply to *dentistafterhours@yahoo.com.*

Dentist: Dentist needed part-time. Great opportunity for general dentist to join a new, full spectrum, high-tech practice in Aurora, Colo. No managed care. Recent graduates OK. Potential partnership for the right person. Please send resume to *qualdent@yahoo.com* or fax 303/928-7570.

Dentists: Wanted – caring, empathetic dentists. Denture supervision and patient exams. Part-time position. Work with advanced techniques in niche market. We provide you with all tools. We coordinate all appointments. Must be effective working with geriatric patients in hospital or nursing home setting. Submit resume or CV to Home Care Dental Services, Inc., 800 E. 73rd Ave., Unit #3, Denver, CO 80229-6855 or contact Janet at 303/650-5800 or e-mail *Janet.hcd@hcdsi.com*.

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 Aaron Ellis at 972/755-0884.

Dentist: Dentist needed. Full-time position and possible part-time. Plains Medical Center in Limon/Strasburg, Colo. Contact *ralbrecht@plainsmedicalcenter.com.*

Dentist: Windsor Colo. Full-time associate leading to partnership. Great financial opportunity for a hard working, friendly dentist who works well with others. Please call 970/420-5997. E-mail opnwyd41@yahoo.com.

Dentist: FT dentist opportunity in Fort Morgan, Colo. working for SALUD, a nationally recognized Community Health Center. Includes an excellent benefits package and position may be eligible for loan repayment. Please contact Ann at ahogan@saludclinic.org or 720/322-9422. EOE Learn more about SALUD at *www.saludclinic.org.*

Dentists: Mountain Dental is seeking dentists to join practices that offer the ability to lead your own clinical team while delegating the business liabilities. Our philosophy of supporting communities and traditional practices allows for great flexibility, reward, and growth for each doctor. The unique mix of experienced doctors and young professionals creates phenomenal synergies and drives the advancement of care for each patient. If you are looking for a rewarding practice opportunity in the greater Denver or Colorado Springs areas call 715/926-5050 or e-mail *alockie@mountaindental.com.* Visit our web site at *www.mountaindental.com.*

Dentist: Durango, Colo. Southwest Smile Makers needs an energetic dentist to work with kids two-to-three days a week. Colorado license a must, current Medicaid # a plus. Excellent introduction to southwestern Colorado. Call David at 970/769-3756.

Hygienist: FT Colorado license required. Qualified candidate will have experience working in dental hygiene field. Competitive salary plus benefits package. Please fax letter of application, resume and list of references to 719/589-5300. EOE.

Front Office: Longmont pediatric dental practice seeking patient care coordinator. Experience in dental front office a must. M-F, 40-45 hrs./week. E-mail resume and picture to *dragonflyholdings@hotmail.com*.

Front Office: Immediate opening for dental office staff/manager. Experience with Dentrix and dental insurance a must. Falcon, Colo. office (near Colorado Springs). Call 719/310-8090 or 719/359-3702.

CLASSIFIEDS *continued on page 30*

CLASSIFIEDS *continued from page 29*

PRACTICES FOR SALE

Purchasing Practices: Discreet, full-value, all-cash, no-fee transitions. Mountain Dental seeks to invest in established, fee-for-service dental practices in the Colorado marketplace. With more than 40 years experience, we know what practices are worth and allow sellers to avoid stressful and time-consuming auctions that expose your practice to nosy competition and tire-kickers. Importantly, sellers have control of their continued clinical leadership post-closing and seller financing is never required. To learn more, please contact Director of Investments Sean Epp at 715/579-4188 or *sepp@mountain-dental.com*. You can also visit us online at *www.mountaindental.com*. We look forward to hearing from you!

Practice: North of Lubbock, TX. Highly productive. Large growing patient base. Transitional phased retirement. Seller will work for purchaser as needed. Purchase or lease nice facility. Gary Clinton, appraiser/broker, senior member of Institute of Business Appraisers, Inc., 800/583-7765.

Practice: Small pediatric practice for sale. Share space with an orthodontist. Great starter location near Park Meadows Mall. Call Shannon at 303/792-0345.

Practice: Pueblo, Colo. Grossing over $1M per year with a dedicated staff that will stay with the practice. Wonderful location in a growing part of the state. Priced at $550,000. Will assist buyer with financing. Contact Dr. Robert B. Deloian with Professional Transition Strategies at 303/814-9541.

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

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

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: Castle Rock, Colo. Four ops., grossing $680,000. For more information, please call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Practice: Pueblo (West), Colo. Four ops., grossing $700,000. For more information, please call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Practice: Denver (DTC area), Colo. Practice grossing $550,000 with five ops. For more information, please call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Practice: Commerce City, Colo. Four ops., plumbed for five, grossing $260,000. For more information, please call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Practice: Boulder, Colo. Three ops, all fee-for-service patient base, grossing $313,000. For more information, please call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Practice: Denver (Downtown), Colo. Three ops, all fee-for-service patient base, grossing $682,000. For more information, please 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: Fort Collins, Colo. Removable prosth. practice grossing $470,000. All fee-for-service. Call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Practice: Alamosa, Colo. Excellent opportunity. For more details, please contact Larry

Chatterley at 303/795-8800 or *larry@ctc-associates.com.*

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

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

Practice: Practice located in a small town in southern Colorado. Grossing $315,000 with three operatories. Associate to buy-in or buy-out. Equipment and facility look great. Call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Pediatric Practice: Arvada, Colo. Grossing $857,000, eight chairs and one private operatory. Call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

Pediatric Practice: Fort Collins, Colo. Grossing $675,000, all fee-for-service patient base. Call Larry Chatterley at 303/795-8800 or go to *www.ctc-associates.com*.

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

Endodontic Practice: Lakewood, 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 visit our Web site for all practice listings, *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: 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: Park Meadows mall area. Smaller ortho. practice, great location, beautiful office, owner retiring. Call Jerry Weston, 303/526-0448, Professional Marketing and Appraisal.

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

Practice: Fort Collins, Colo. Doctor disability forces sale. Four ops. of newer equipment, great location, collected $1.1M last year, all fee-for-service! Call Jerry Weston, Professional Marketing and Appraisal, 303/526-0448.

Practice: Phoenix, Ariz. Oral and maxillofacial practice in great area. Four ops. of newer equipment, practice collecting $1M with doctor profit of approximately $600,000 on eight days a month! Over 500 implants last year! Dentist retiring due to partial disability. Call Jerry Weston, Professional Marketing and Appraisal, 800/632-7155.

Practices: Professional Marketing and Appraisal, specializing in Colorado practice sales and transitions. Over 20 years of personal attention to the dental profession. Call for current listings. Jerry Weston, Professional Marketing and Appraisal, 800/632-7155, *www.dentaltrans.com*.

Practice: Southern mountain town in Colorado. Collecting $450,000, low overhead. Beautiful location, close access to large city. Three TR (with potential expansion), established 1,200+ active patients, 20 NP pm. Susan Spear, MPB, Inc., 303/973- 2147, *susan@practicebrokers.com*.

CLASSIFIEDS *continued on page 32*

CLASSIFIEDS *continued from page 31*

Pediatric Practice: Arvada, Colo. Collecting $1.33M. Controlled overhead. High earnings! Real estate for sale. Strong referral base! Beautiful 4+4 open bay centers, 2+2 quiet rooms. If you compare, this practice outshines them all! Susan Spear, MPB, Inc., 303/973-2147, *susan@practicebrokers.com*.

Practice: Southeast Cherry Creek/Denver, Colo. Spouse proprietor, collecting $320,000+, 1,100 active patients with dental condominium for sale, Perfect starter practice, must see! Susan Spear, MPB, Inc., 303/973- 2147, *susan@practicebrokers.com*.

Practice: Southwest, Colorado. Why compete with metro Denver? New modern facility, 4.5 treatment ops! High production. Strong owner compensation. Owner support for transition! Susan Spear, MPB, Inc., 303/973- 2147, *susan@practicebrokers.com*.

Practice: South Lakewood, Colo. High Earnings for new dentist! Exceptional team, $1M+ collections, 5+1 ops., partners share beautiful dental suite, motivated seller! Susan Spear, MPB, Inc., 303/973- 2147, *susan@practicebrokers.com*.

Sell or Buy a Practice, Associate Buy-ins / Buy-outs: It's a seller's market! I have associates and buyers! Susan Spear, practice transition specialist/licensed broker, SAS Transitions, MPB, Inc., 303/973-2147 susan@sastransitions.com/*susan@practicebrokers.com*.

Practice: Dental practice sale! Vail Valley – Eagle County Colo. Time for a lifestyle change? Ten y/o gorgeous, state-of-the-art, cosmetic/restorative, three op. practice. Gross $975,000. The Snyder Group, 800/988-5674.

Practice: Start-up practice for sale in mtn. town in SW Colorado. Three ops. with new equipment. Owner moving overseas. Ideal for semi-retired dentist. E-mail *swcodentist@yahoo.com.*

SPACE AVAILABLE

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

Space Sharing: 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*.

Office Space: DTC/Highlands Ranch. Modern dental building in a new business park near Park Meadows Mall. Perfect for a specialist or GP. 2,400 sq. ft. Central vacuum and air compressor. Contact Ken Andow at 303/908-4442 or *klandowdds@comcast.net*.

Office Space: Cherry Creek first floor suite for lease with abundant free parking. Cabinetry, plumbing and air are ready to use. Four ops. have nice views of a private garden courtyard and waterfalls. Please call 303/703-6722.

Office Space: Space available to start or grow a practice. No long-term lease required. Reply to *iowagraddds@yahoo.com*.

Office Space: Dental building in Buena Vista, Colo. 1,400 sq. ft., four ops. Outstanding dental practice in town for 22 years. Beautiful community, constantly growing. Building for rent or sale. Excellent opportunity. Call Dr. Dave Drake, 719/395-2851.

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

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

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

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

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

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, Genesee Commercial Group, LLC, 720/308-6430.

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: N. Longmont Dental Bldg. 1,035 sq. ft. suite in 10 practice dental bldg. Two ops., exam, lab, bus+ pvt. office. Air/suction/gas/panX in place. Handicap access, elevator, excellent parking. Prefer oral surgery, will consider other dental practices. Ideal satellite office location in N. Colo. Landlord incentives. Call J. Marlin, Prudential RMR, 303/931-1717, for details, floor plan.

Office Space: Cottonwood Lakes Medical Campus. Thornton, Colo. Ideal demographics, high traffic and visibility. Contact Medical Facility Partners, LLC, 720/308-6430 or *kirby@mfp1.us*.

Office Space: Boulder, Colo. 1,350 sq. ft. Four plumbed ops. for lease or lease purchase. Great central location. 303/818-2787, *drbeebo1@hotmail.com*.

SERVICES/ANNOUNCEMENTS/MISC.

For Sale: MDT Harvey Chemiclave EM 5000. Very good condition with supplies, $375. Peter Vanicek, D.D.S., *petervanicek@comcast.net*, 303/779-1305.

For Sale: Macro photo set-up. Fuji FinePix S2 Pro body, Nikkor 105mm f/2.8D AF lens, auto tube set, Nikon Macro Speedlight SB-29, +Nikon 6006 film body for legal. $650. Exc. cond., 303/817-3462, Boulder.

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

For Sale: KAVO dental chair (forest green), $2,000, used for about one and a half years. Panoramic x-ray (Siemens) Orthopantomgraph 10-E, $1,500 (we are now using digital x-rays). Two film processors, Air Techniques A/T2000 XR, $500 each (we are now using digital x-rays), one processor used for five yrs. and one used for seven yrs. Four intraoral cameras, NDI Docport-Macro w/ foot switch, $600 each. Four card readers, TPC Advance Docking Station, $100 each. Contact: *Jennifer@springsdentistry.com* or 719/599-5700.

For Sale: Belmont X-Caliber EX-1000 Pano machine. Also includes Air Tech A/T 2000 XR fully automatic film processor (newer rollers), two film cartridges and accessories.

All in great condition, $5,500. Inquire via phone or e-mail 303/999-9815, *cammalot@aol.com*.

Temporary Fill-in Service: Keep your office open for vacations, maternity leave, illness, disability or a resource for periodic patient overload. Nation's most experienced locum tenens (temporary professional) service. Exclusively for dentists, interim employment opportunities. Forest Irons & Associates, Inc., 800/433-2603 or *www.forestirons.com*.

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.

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CLASSIFIEDS *continued from page 33*

Looking To Hire a Trained Dental Assistant? We have dental assistants graduating every three months in the Denver, Broomfield, Fort Collins and Grand Junction areas. To hire or to host a 32-hour externship, please call the Colorado School of Dental Assisting at 800/383-3408. *www.dentalassist.org*.

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.

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Attorney: Representing dentists/dental practices: Practice acquisitions/sales, start-ups, associate agreements and contracts. Do not sign that employment agreement until you talk to me first. I am both a practicing dentist and an attorney. Hourly and flat fee billing arrangements. Please contact Luan Tran, D.D.S., Esq. at 303/847-1048 or *luanktran@gmail.com*. This is an advertisement.

Attorney: 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 303/800-9120 or *ryan@rubiconlaw.com*. This is an advertisement.

Certified Public Accountants: Providing tax return preparation, tax planning, financial statements and analysis, practice consulting, bookkeeping and payroll. Are you looking for a responsive, proactive accountant? Free tax check-up. Kramer & Jensen, LLC. Contact Scott Jensen, C.P.A., J.D., M.B.A., 303/741-2253, *sjensen@kramerjensen.com*.

Perfect Impressions: If I could show you how to take perfect crown impressions every time, would you be interested in having me personally come to your office to teach you? Call Dr P, 303/229-9612.

Assistant Substitute: Assistant sick and no one to substitute? I will personally come to your office to show you a unique device that will help you salvage the day. Call Dr P, 303/229-9612.

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The Editors

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