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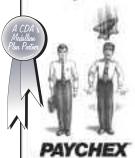
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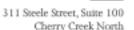
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Winter 2007

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A New Captain of the Ship for CDA Publications

By Joseph Tomlinson, D.M.D.



Dr. Joe Tomlinson is a general practitioner in Fort Collins, Colo.

By the time you read this, it will be the start of a new year and almost time for the 2007 MDDS Rocky Mountain Dental Convention. I can't think of a better time for my opening column as your new CDA editor. It is with great pleasure that I

begin my duties as editor and working with our experienced Managing Editor Molly Osberg. I have come to know her as a well-organized and cheerful person to work alongside.

To begin, I commend my predecessor, Dr. Pasco Scarpella, for the approach he has taken to discuss and present a more personal side of dentists and dentistry. In my opinion, he has written a number of excellent columns over the past several years, and I hope to write my columns every bit as interesting. I intend to

continue along a similar thread as Dr. Scarpella, sharing the positive efforts dentists make to improve the field of dentistry, their personal and family lives, and the lives and health of their patients and staffs.

While there seems to always be many challenging issues facing the dental profession that create negative energy in our lives, I intend to draw attention to the positive energy and actions that dentists bring to confront these issues in an effort to achieve solutions and resolution of the issues we face. By focusing on the positive efforts dentists make to resolve issues, and by drawing some attention to the positives of the issues themselves – we can find the silver lining in an otherwise "dark cloud."

I encourage each of you to submit your ideas and views on various issues of interest to you to the *Journal*. After all, this is your *Journal*, and we welcome input from all of our members. One group I especially encourage comments from is the dentists under 39 years of age who are less than five to 10 years out of dental school.

As the father of a dentist in that category, I am interested in hearing what dentists in that age group have to say about dentistry and its future. Your comments are welcomed, regardless of how new you are to the profession, or how experienced. Write now, and write often.

Another suggestion I have for those in the early years of practice —volunteer to serve as a delegate to represent your component society at the annual CDA meeting in June. The meeting is more about camaraderie and friendship than it is about politics. You will meet many fine dentists from around the state and build some excellent ties to one another. You will hear interesting speakers, and enjoy great food and entertainment. The lodging is affordable and located in some great vacation destinations. The profession needs a continual infusion of new energy and enthusiasm, and new ideas to share and discuss, so don't be shy about volunteering to become a delegate. If all the slots are taken, there is always a need for alternate delegates.

I volunteered to be a delegate in my first or second year of practice and was given the opportunity to fill a slot right away. I didn't have enough confidence to speak on the floor about any issues at the time, but less than a dozen delegates ever do stand up and speak on an issue. The other delegates serve to listen, digest, weigh the comments pro and con, and vote. No real stress, but a big confidence builder.

I served as a delegate for a few years until family sports activities (mostly swimming and diving meets) began to

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conflict and became our main priority. However, in more recent years, when those activities were no longer a part of our daily life, I returned to serving as a delegate, once again.

Encourage your spouse or significant other to be involved in CDA meetings, as well. Dot, my wife of 39 years, has enthusiastically attended all of the CDA annual meetings that I have attended. We will be celebrating our 40th anniversary less than a week before the CDA meeting in June. In fact, her interest and enthusiasm in attending has usually exceeded my own. She has always encouraged me to continue as a delegate, even when I was less interested in doing so. The reason for her level of interest is that she was always an active participant. In the early years, she was active in a dental spouses group, and was asked to become an officer. She accepted that task. Before long, she was the vice-president for this organization and was slated to become president-elect

when we made the decision to give our priority to our children and their activities.

Now when we attend meetings, it is again a family affair with my daughter, Dr. Kathy Tomlinson, often attending for at least a part of the meeting. She is usually there to attend the alumni parties for the CU Dental School alums, to swap stories with classmates and other dentist friends, and to take in a little recreation and dining at popular restaurants. My daughter, Patty Johnson, and her husband Dennis also attended the last meeting held in Vail. We all had a great time together at that Annual Session.

One theme Dr. Scarpella wrote about in his final editorial was "closing the circles." Becoming your new editor closes a bit of a circle for me, or at least continues an arc of a circle that began many years ago in high school. My first involvement as a writer was for my high school newspaper in Eden Prairie, Minn. My older sister, Sue, had been a writer and editor of the paper for three years and encouraged me

to follow her path by writing articles for the sports section of the paper. It was an easy assignment since I was actively involved in most of the sports our school offered, so I knew what was happening from a participant's viewpoint. My senior year, I served as editor and columnist for the sports section, and was honored and recognized for my work with the Outstanding Journalism Award.

In my next column, I'll share a few comments about issues and topics behind my more recent writings, and what led me to become your editor. It is those issues and my published opinions about them, particularly about the fluoridation issue, that have led my friends, colleagues and family members to encourage me to step forward to replace Dr. Scarpella as editor. I hope you enjoy what I have to say in upcoming columns. In the meantime, be sure and participate in, and enjoy, the upcoming Rocky Mountain Dental Convention!

Ascent Benefits Company, Inc.

By Rhett L. Murray, D.D.S., CDA President



fter almost two years of hard, tenacious work, it's finally a reality. Ascent Benefits Company, Inc. is alive and in the marketplace, working

on behalf of patients, employers and dentists in Colorado. On Dec. 15, 2006, Ascent Benefits Company received the approval of its license application from the Division of Insurance. Ascent Benefits Company began selling dental plans to employers on Jan. 1, 2007.



The Colorado Dental Association, through its subsidiary, Colorado Dental Association Enterprises, Inc. (CDAE), partnered with Southwest Benefits Administrators, LLC to form Ascent Benefits Company. This new company will compete in the Colorado dental insurance market providing the following services: Direct Reimbursement, Administrative Services Only (for self-funded plans that

employers want a third party to administer) and a fully insured dental plan.

The CDA is very excited and proud to introduce Ascent Benefits Company. The key goals of our new company are to provide employers with high end dental insurance plans for their employees (we will not be offering deeply discounted plans), provide patients with the highest level of dental care and the freedom to choose their dentists, and provide dentists with fair reimbursement rates and protection from interference in the doctorpatient relationship.

The CDA understands that this new business venture will present new challenges, just as the CDA faced in the 1980s when it addressed the malpractice insurance crisis and created the Dentists Professional Liability Trust of Colorado. Just as we have seen the DPLTC succeed, we believe that in the years to come, Ascent Benefits Company will be looked back on as a milestone decision that benefited employers, patients and dentists throughout Colorado.

One of the keys to Ascent Benefits Company's success will be the strength of its provider network. In only five months of network recruitment, we have nearly 1,000 dentists signed on as network providers.

I hope you will join us in celebrating Ascent Benefits Company. I also hope you will join this company's provider network. By doing so, you will make a positive difference in the way oral health care is delivered in Colorado.

Thank you for your continued support of the Colorado Dental Association and congratulations to all CDA members as you are now the proud owners of a new dental insurance company!

THANK YOU for joining Ascent Benefits Company as a provider!

Ascent has nearly 1,000 network providers and, because of your support, Ascent has one of the larger networks in Colorado.

The Ascent dental insurance product is being sold to employers now.

Please help us recruit even more employers by placing Ascent brochures in your office for your patients to take to their company's insurance consultants or human resource departments.

Simply contact the Colorado Dental Association, and we will mail the brochures to your office for display.



The CDA can be reached at 303-996-2848, 800-343-3010 x108; fax 303-740-7989; E-mail *Jennifer@CDAOnline.org*.

The Ascent Board of Directors

A majority of dentists comprise the Ascent Board of Directors in addition to several other well-qualified professionals. The board has 11 members – five selected by the Colorado Dental Association, five selected by Southwest Benefit Administrators and one selected by both parties.



Bernard Glossy is the president of the largest dental insurance company in Arizona and its whollyowned subsidiaries, Southwest Benefit Administrators and

Canyon Insurance Services. He possesses more than 29 years of experience in the health care industry. He serves as an exofficio member of the Ascent Board of Directors.



Gary Cummins is the executive director of the Colorado Dental Association. He serves as the chief executive officer of the association and is responsible for the overall

operation of the association, and business and staff administration. He serves as an ex-officio member of the Ascent Board of Directors.



Marcia Benshoof is the chief business officer at Pinnacol Assurance in Denver, Colo. Pinnacol is Colorado's largest worker's compensation carrier. In her role, she develops and

leads the enterprises business and insurance operations, as well as direct sales for Pinnacol Assurance.



Dr. Roy Daniels is a practicing general dentist in Sedona, Ariz. He has been a Board of Directors member for a major dental insurance company in Arizona since

2001. He is a past president of the Arizona State Dental Association.



Leroy Gaintner is a C.P.A. for Gaintner, Bandler, Reed, & Peters PLC. With his three decades of experience, he possesses expertise in strategic planning,

analysis and problem solving for commercial entities across industry lines. He currently serves on the Board of Directors for a major dental insurance company in Arizona.



Dr. Robert Griego has been a general dentist for 33 years in Arizona. He is a past president of the Arizona Dental Association and the chairman of a major dental insurance

company in Arizona.



Dr. Wesley Harper is a general practitioner in Phoenix, Ariz. He is the vice chairman for a major dental insurance company in Arizona and serves as chair of the board's Audit

and Finance Committee. He has been practicing dentistry since 1981.



William Kirven III is an attorney and a former commissioner of insurance for the Colorado Division of Insurance. He served as a consultant to the National Insurance

Producer Registry, and now is a consulting expert and witness for private law firms.



Oksana Komarnyckyj is an attorney. She is the president of the Career Advancement Institute Board of Directors in Phoenix, Ariz. She is also

a board member of a major dental insurance company in Arizona and serves on the board's Planning Committee, and Finance and Audit Committee.



John Kurath is vice president of the Colorado market for Warner Pacific Insurance Services, one of the nation's largest general agencies. He is a past president of the

Colorado Group Insurance Association.



Dr. David Lurye is a general practitioner in Winter Park, Colo. He is the secretary of the Colorado Dental Association. He has been practicing dentistry since

1985 and is a clinical associate professor at the University of Colorado School of Dentistry.



Dr. Rhett Murray is the current president of the Colorado Dental Association and a general practitioner in Aurora, Colo. He has been in practice since 1977. Dr.

Murray is the former chair of the Colorado Dental Association Ethics Committee.



Dr. Kenneth Versman is a periodontist in Aurora, Colo. He will be a member of the American Dental Association Board of Trustees in 2007 and is a past president of the

Colorado Dental Association. Dr. Versman has served on the Colorado State Board of Dental Examiners and the Colorado Dentist's Liability Trust Board of Directors.

Ascent Providers

Ascent Providers by Component (as of Dec. 15, 2006)

Components	# of Ascent Providers	# of Active Dentists by Component*	% of Ascent Providers by Component	% of Dentists by Component*	Ascent Providers as % of CDA Active Membership*
	(A)	(B)	(A) / (C)	(B) / (D)	(A) / (B)
Arkansas Valley Dental Society	4	11	0.4%	0.4%	36.4%
Boulder/Broomfield County Dental Society	66	223	6.8%	8.6%	29.6%
Colorado Springs Dental Society	168	347	17.3%	13.4%	48.4%
Intermountain Dental Society	7	26	0.7%	1.0%	26.9%
Larimer County Dental Society	64	172	6.6%	6.7%	37.2%
Metropolitan Denver Dental Society	551	1,367	57.0%	53.1%	40.3%
Northeastern Colorado Dental Society	10	21	1.0%	0.8%	47.6%
San Juan Basin Dental Society	8	45	0.8%	1.7%	17.8%
San Luis Valley Dental Society	10	14	1.0%	0.5%	71.4%
Southeastern Colorado Dental Society	35	92	3.6%	3.6%	38.0%
Weld County Dental Society	17	67	1.8%	2.6%	25.4%
Western Colorado Dental Society	29	195	3.0%	7.6%	14.9%
	Total (C)	Total (D)			
Totals	969	2,580	100.0%	100.0%	37.6%

^{*}Represents CDA active members as well as non-members who are Ascent providers.

Ascent Providers by Specialty (as of Dec. 15, 2006)

Specialty	# of Ascent Providers	# of Active Dentists by Specialty*	% of Ascent Providers by Specialty	% of Dentists by Specialty*	Ascent Providers as % of CDA Active Membership*
	(A)	(B)	(A) / (C)	(B) / (D)	(A) / (B)
Dental Public Health	1	11	0.1%	0.4%	9.1%
Endodontics	39	77	4.0%	3.0%	50.6%
General Practice	762	2,011	78.6%	77.9%	37.9%
Oral/Maxillofacial Surgery & Pathology	56	108	5.8%	4.2%	51.9%
Orthodontics	61	182	6.3%	7.1%	33.5%
Pediatrics	18	78	1.9%	3.0%	23.1%
Periodontics	27	80	2.8%	3.1%	33.8%
Prosthodontics	5	33	0.5%	1.3%	15.2%
	Total (C)	Total (D)			
Totals	969	2,580	100.0%	100.0%	37.6%

^{*}Represents CDA active members as well as non-members who are Ascent providers.

Ascent Benefits Company, Inc. Provider Directory

Ascent proudly introduces its rapidly growing network of providers. 969 providers are listed below (this listing reflects those who signed up by Dec. 15, 2006). The following dentists are general practitioners unless otherwise noted. This listing does not reflect multiple office addresses. If your name is not listed below, we welcome you to join Ascent as a network provider.

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Abrames, Arica
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Allen, William R Colorado Springs Dental Public Health

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Lone Tree

Almeida, Donald F

Lone Tree

Ames, William G

Centennial

Amundson, Peter B Centennial

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Anderson, Jackson L Colorado Springs

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Fort Collins

Andow, Kenneth L

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Andreatta, Paul A

Andreatta, Paul A Trinidad

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Barker, Stephen D Littleton

Barnes, Bruce W Colorado Springs

Barnes, Mark J Boulder

Baros, Bernard B Colorado Springs

Barr, Elizabeth S Westminster Pediatrics Barr, Nelle V Westminster Pediatrics

Barrett, Edward J Centennial Orthodontics

Barth, Gary R Greeley

Orthodontics
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Aurora

Barton, Stephen L Littleton

Basit, Saadia Louisville

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Broomfield

Bowling, Nina R

Broomfield

Boyd, Dana M Littleton

Brantes, Liliane A Centennial

Bravo, Luis Centennial Brewick, Terry

Denver Bridgeman, Harold E

Colorado Springs Brockman, John R

Lone Tree

Brody, L Scott
Castle Rock

Brones, Collin G Colorado Springs

Brown, Jennie C Aurora

Brown, Julie A

Brown, Richard L Denver

Brown, Ronald N Denver

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Bruhin, Michael J Windsor

Buck, Ronald Wheat Ridge

Buist, John A Englewood Bull. John W

Grand Junction Bumgarner, Roger L

Castle Rock Orthodontics

Bunch, Robert L Denver

Burchfield, John M Golden

Burchfield, John R Golden

Burkart, John D Aurora

Burns, Kendall R Broomfield

Burns, William R Littleton

Burquest, James W Centennial **Endodontics**

Burton, Matthew J Colorado Springs

Butkevich, Ekaterina

Denver Butler, Benjamin

Lakewood Butler, Brian C

Denver Prosthodontics

Butler, Maryanne Aurora Periodontics

Caldwell, Michelle L

Denver

Caletti, Gary B Englewood Call, Richard L

Thornton Callender, David D

Lakewood Orthodontics Callender, Galen L

Orthodontics Callender, Galen T

Arvada

Littleton Orthodontics

Campbell, Monte Colorado Springs

Cardon, Paul N Monument

Carlson, Kendal N Denver

Carlson, Steven W Colorado Springs

Carnes. Perri L Centennial **Endodontics**

Carpenter, John A Arvada

Carter, Colleen S Denver

Carter, Richard L Colorado Springs

Carver, Douglas D Littleton

Oral/Maxillofacial Surgery

Casement, Kelley A Denver

Casement, Russell L Denver

Casson, Anne F Littleton

Castillo, Steven A Colorado Springs Catalano, Joseph M

Aurora Oral/Maxillofacial Surgery

Cea, Richard A Colorado Springs Chalian, G G Aurora **Endodontics**

Chambers, Alvin D Pueblo

Chang, Michael W Aurora

Chapman, Kevin C Wheat Ridge Orthodontics

Chapman, Thomas J Highlands Ranch Periodontics

Chernoff, Kenneth L Denver

Childress, Kenneth

Pueblo Choi, Seong-Hee Aurora

Cholfin, Stuart N Aurora

Christiansen, Bart G Centennial

Christiansen, Harold R Aurora

Chua, Mark N Winter Park

Cimino, Michael A Colorado Springs

Ciner. Sheldon Denver

Clement, Charles E Denver

Clouatre, Jean A Lakewood

Cockrell. Ronald D Colorado Springs Collett, Miles B

Denver Colletti, Laurence J Louisville Orthodontics

Collins, Larry C Denver

Colt, Robert Arvada

Pueblo

Combes, Craig A Monte Vista Concialdi, Ronald A Connor, Donald P Denver

Cope, George A Brighton

Corcoran, Paul G

Cosby, Michael P

Denver Oral/Maxillofacial Surgery

Countryman, Joey D Littleton

Courtad, Charles L Golden Orthodontics Cowen, Neil R

Englewood Crawford, Stanley D

Arvada Orthodontics Creal, Stephen M Fort Collins

Crichton, David D Colorado Springs Oral/Maxillofacial Surgery

Crisler, Steve Colorado Springs Crockett, Olen C Lakewood

Curry, James T Highlands Ranch Oral/Maxillofacial Surgery

Dahler, Bryan M Wheat Ridge D'Amico, Nicholas M

Aurora Daniel, Thomas E

Aurora Danna. Charles S Littleton

Darling, Amanda Highlands Ranch

Daugherty, David D Littleton

Davis, William H Broomfield

Dawson, Kevin Z Littleton

Day, Gregory N

Pueblo Oral/Maxillofacial Surgery

De Cino, Donald A

Lakewood Oral/Maxillofacial Surgery

De Long, Gary J Arvada Deal, Brock F Centennial

Endodontics Dean, Mark D Arvada

Delo, Richard I

Arvada Oral/Maxillofacial Surgery

Demaray, Robert F Westminster

Dembitsky, Stephen Z Grand Junction

Deschene, Jim Berthoud

Dial, Richard D Lakewood

Digiorgio, Robert M

Parker

Dilley, Steve Fort Collins Dinsmore, David M

Denver Diorio, Michael K

Englewood

Disse-Pfeifer, Scarlet

Centennial

Distelhorst, Dorothy Vail

Dobbin, Monica L Colorado Springs Dobbin, Richard D Colorado Springs

Dodgion, Earl South Fork Doi, Bradley H

Denver Doida, Stanley Y

Denver Dombrowski, Jeffrey Colorado Springs Oral/Maxillofacial Surgery

Dorsey, Ronald A

Englewood Dost, James E Greenwood Village

Dougherty, Michael D Aurora

Douglas, G B Boulder **Endodontics**

Downs, James C Denver Drake, Thomas P

Longmont Draper, Mathew H

Longmont Draper, Scott A Colorado Springs Prosthodontics

Droel, Rodger Lakewood Dumke, Paul R Wheat Ridge

Dunbar, Andrew J Castle Rock Orthodontics

Dunkleberger, Elizabeth A

Highlands Ranch Dunn, Bruce R Denver

Dunn, Christopher N Thornton

Dunn, David S Aurora Dunn, Jack H

Longmont Duran, Jack E Englewood Orthodontics

Duran, Tomas L Pueblo

Durbin, Charles L Colorado Springs

Echols, Steven R Littleton Eckles, Terry A

Greeley Periodontics Egert, Terry W Denver

Elliott, Brian Littleton

Elliott, Robert C Woodland Park Enea, Steve

Colorado Springs Engel, Neal H Aurora

Engelhardt, Geoffrey R Fort Collins

Ermolaeva, Inna Denver

Evans, David L Boulder

Evans, Douglas B Colorado Springs **Prosthodontics**

Evans, Raymond W

Eyer, Robert M Arvada

Facy, Rebecca Colorado Springs Oral/Maxillofacial Surgery

Fager, Frank K Denver **Endodontics**

Fahmy, Sharon Aurora

Farley, Lynn Littleton Feghali, Carl A Grand Junction

Feichtinger, Dale Loveland Fermelia, Catherine A

Lakewood Fischer, James A Fort Collins

Fleischmann, David Broomfield Flood, Patrick Lakewood Flower, Brett P

Fogarty, Todd M Colorado Springs Ford, Michael J

Aurora Forman, Roger J Boulder Periodontics

Forti, Thomas A Greenwood Village Foster, Cory E

Fort Collins Foutz. Nicole Parker

Fowler, Jeffrey D Centennial Periodontics

Franz, Wayne Louisville Frey, Ron D Denver Friedl, Michele Greenwood Village Friedman, Mitchell Arvada Friedman, Stephen M Frisbie, Kent Colorado Springs Frisch, Michael K Aurora Fujita, Dana K Stéamboat Springs Fulton, Dovle Parker Fulton, Laurel C Denver Furgason, Brian A Lakewood Ganz, Neil I Steamboat Springs Garehime, William J Littleton Oral/Maxillofacial Surgery Gasper, Kenneth O Colorado Springs Gates, Pamela Englewood Geck, David C Littleton Geller, Jeffrey B Pueblo Orthodontics George, Mark D Colorado Springs Orthodontics George, Theodore M Colorado Springs Pediatrics Gerathy, Albert J Monument Gerken, Louis R Loveland Pediatrics Geving, Anna M Parker Giannetto, Steven J Pueblo Gilbert, Michael E Colorado Springs Gill, Nancy E Golden Gillespie, Terri A Parker Gillespie, Wayne R Denver Ginther, Stefan W Aurora Girardi, Anthony F Fort Collins **Endodontics** Glenn. Falona H Aurora Glenn, Gerald L

Glick, Paul L Aurora Periodontics Gold, David E Centennial Orthodontics Gold. Frank I Lakewood Golinvaux, Michael J Gomez, Jose A Greeley Gomez, Luis A Denver Gorsky, Michael M Colorado Springs Grabiak, Guy F Lakewood Graves, Gary B Pueblo Green, Leon C Fort Collins Greene, Craig S Littleton Greene, Jerome Y Centennial Greenhalgh, Scott Lakewood Greenstein, Bruce I Denver Greenstein, Peri M Denver Gregston, Mark D Denver Orthodontics Grossman, Gregory B Denver Littleton Littleton Aurora Denver Periodontics

Grout, Jeffrey B Grout, Ronald W Gryzick, David V Gurinsky, Brian S

Gurman, Alan H Denver Haberstroh, Julie Aurora

Hadley, J Scott

Sterling Hahn, Christopher S

Denver **Endodontics**

Hakala, Catherine H Denver

Hakala, Joseph M Denver

Hale, Michael G Parker

Hall, Andrew D Colorado Springs Hall. Iason P Castle Rock

Haltom, George W Glenwood Springs
Oral/Maxillofacial Surgery

Haman, Michelle L Colorado Springs Pediatrics

Hamblin, Robert Boulder

Hamersky, Paul A Castle Rock Orthodontics Hanck, John J

Fort Collins Hansen, Dan L Lakewood

Hansen, Jason L Colorado Springs Hansen, Matthew C

Colorado Springs Harman, Beckie Greenwood Village Harman, Greg S

Parker

Harris, Heather Denver

Harris, Michael P Colorado Springs Harrison, Robert T Fort Collins

Hartgerink, Dayle V Colorado Springs Orthodontics

Hartman, David R Denver

Harvey, Fred R Lakewood

Hashemi, Amir A Denver

Hastings, Paul F Colorado Springs Hatch, Randy C Greeley

Hatzidakis, Melissa M Denver

Havener, Darrell L Littleton Orthodontics Hayes, Paul M Englewood Heikes, Lloyd C Greelev

Heil, Brian C Westminster Hekkert, Erik

Highlands Ranch Heller, Douglas A Aurora

Periodontics Hening, John C Durango

Herremans, Tamara J Lakewood

Hildebrandt, John R Colorado Springs Oral/Maxillofacial Surgery

Hill, Doxiades Fountain Hill. Ionathan W Fountain

Hilty, Jack B Glenwood Springs Orthodontics '

Hinton, Mischelle Greelev

Pediatrics Hoch, Donald H Denver

Hoeft, Paul M Littleton

Hoffman, Gary S Denver Prosthodontics

Hoffman, Geoffrey L Thornton

Hohert, Chandra Denver

Holloman, Irene M Fort Lupton Holmes, Caron G

Lakewood Holmes, Daniel A

Fort Collins Holmes, Nicole Z Fort Collins

Holtzmann, David J Aurora **Endodontics**

Hood, Steven Loveland

Horiuchi, Paul Y Aurora

Horner, Craig W Littleton Orthodontics Howell. Bruce E

Highlands Ranch Hubble, Greg S Littleton

Hubble, Timothy S Centennial **Endodontics**

Hudson, Dale W Denver

Humphrey, Stephen R Thornton '

Humphreys, Roger Colorado Springs Hunter, Craig Pueblo

Orthodontics Hurst, Jeffery M Lakewood

Hutchinson, Larry Denver

Igo, Robert M Colorado Springs Oral/Maxillofacial Surgery

Ingalls, Gregory K Arvada Oral/Maxillofacial Surgery

Ishlev. David I Colorado Springs Endodontics

Iversen, William W Fort Collins Orthodontics

Jabour, Dorienne R Arvada

Jackson, Darrell Alamosa Jacobson, David

Grand Junction

Jakubanis, Terrence J

Durango James, Kevin K

Janda, Matthew C

Sterling

Boulder

Jankowski, Mark A Englewood Periodontics

Jensen, Douglas M Longmont Jensen, Ole T

Denver

Oral/Maxillofacial Surgery

Jenson, Colleen Colorado Springs Jeranko, Stanley Westminster Jimison, Lori M Loveland

Joesaar, Harald M Arvada

Johnsen, Curtis D

Lakewood Johnson, Charles E

Littleton Johnson, Collis Denver Johnson, Dana J Boulder

Johnson, David C Fort Collins

Periodontics Johnson, David M Colorado Springs Johnson, Glenn E Grand Junction Johnson, Jolly

Longmont Johnson, Roy D Lakewood

Johnson, Scott A Colorado Springs Endodontics

Johnson, Scott S Littleton

Johnson, Stephen L Grand Junction

Johnson, Vaughn A Durango Orthodontics

Johnston, Jeff D Denver Jolly, Ankur

Denver Jolstad, Mark A

Denver Jones, David J Monument

Jones, David M Fort Collins **Endodontics**

Jones, Kelly B Fort Collins **Endodontics**

Joo, Nelson S Aurora

Jordeth, William Colorado Springs

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Aurora

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Jostes, James L Denver

Jultak, Jed S
Denver
Endodontics
Kaines, Joel R
Fort Collins

Kammer, Robert J

Boulder

Kammer, Thomas Longmont

Kanchanlal, Vikash Pueblo

Kantor, Michael E Denver Periodontics Karden, Steven C

Aurora

Kawano, Richard N Denver

Kearney, James W Colorado Springs

Kearney, John M Canon City

Keller, Brian J Colorado Springs Keller, Tracie E

Colorado Springs Kelley, Charles D

Kelliher, Joseph R

Longmont

Kellogg, Michael J

Longmont

Kelly, Brian R Thornton

Kempton, Cindy Littleton

Kennedy, Wade A Colorado Springs Endodontics

Keogh, Barry S Aurora *Oral/Maxillofacial Surgery*

Kessler, Mark E
Federal Heights

Killebrew, James E Colorado Springs Orthodontics

Killingsworth, Yvette L Parker

Kilroy, Thomas J

Denver Kinder, Bruce B

Littleton Kirchner, Thomas J

Denver

Kish, Michael J Arvada

Kissinger, Mary Highlands Ranch

Kissinger, Scott Littleton

Kleier, Donald J Aurora Endodontics Klein, Joel T

Colorado Springs

Klein, Mark E Lakewood

Klekamp, David H Denver

Knecht, Alexander G Fort Collins

Knecht, Nathaniel F Fort Collins

Knowlton, Anthony Pueblo

Kochevar, Casey L Longmont

Kochevar, Mark L Fort Collins Endodontics

Koehler, Steven J Fort Collins Koff, Robert A Colorado Springs

Konegni, John S Lakewood Orthodontics

Kramer, Steven W Fort Collins Kreider, Beth F

Denver **Krieger, George W** Elizabeth

Kuljis, Lawrence M Greenwood Village La Fonte, Bret E

Denver

Ladd, Stanley A

Longmont

Lamb, Daniel D Colorado Springs Lampert, Jodi Centennial

Langenfeld, Brian W Denver

Langley, Donald C

Lanzisera, Paul M Colorado Springs Larsen, David W Grand Junction Larson, Craig G

Larson, Craig G Colorado Springs Larson, Michael J

Evergreen

Latta, James E

Littleton
Oral/Maxillofacial Surgery

Law, Steven J Denver

Lawler, Michael S Lone Tree

Le, Nickie K Denver Lee, Charles E

Centennial

Lee, Christina J

Denver

Lee, Darin C Centennial Endodontics Lee, Kye W

Denver Lee, Thomas H Aurora Lehrer, L E Fort Morgan Leone, Edward Thornton

Lesnick, Julie A Arvada

Oral/Maxillofacial Surgery

Levasseur, Dennis J Colorado Springs Levin, Stanley I Boulder Pediatrics

Levine, Mark E Denver Endodontics Lewis, J C

Fort Collins

Lewis, Jonathan M

Westminster

Lewis, Lucinda A Aurora

Pediatrics Ley, John C Colorado Springs

Lindeberg, Richard WFort Collins
Periodontics

Link, Michael J Denver

Linkow, Ronald G Denver

Linn, Brandon J Littleton Orthodontics

Linn, Stephen K Conifer Lipe, Carl F

Denver

Lodes, Eugene A

Colorado Springs

Lodl, Jeffrey T Arvada

Loe, Kimbal W Aurora

Long, Lance Lakewood

Longo, Norma M Colorado Springs

Look, Harley K Aurora

Look, Kim M Colorado Springs Lopez, Sergio

Denver
Lorenz, Roy M
Aurora
Orthodontics

Losacco, Thomas Georgetown

Lovato, Matthew A Colorado Springs Lovato, Michael A Colorado Springs

Lucero, Orlando J Colorado Springs Lundy, Brooke H

Broomfield **Lurye, David C**Winter Park

Lyford, Robert Pueblo *Periodontics*

Lynch, Thomas J Colorado Springs Periodontics

Lyons, Juliann C Denver

Mack, Eric L Littleton

Mackie, William R Broomfield MacPherson, Jeff Colorado Springs

Madden, Robert D Littleton

Madison, Mark D Grand Junction Maier, Thomas R Broomfield

Maines, Jason E Fort Collins Endodontics

Malivuk, Michael M Colorado Springs

Maloney, Scott M Denver Endodontics

Maloy, Shawn P Littleton

Mameda, Herbert K Rocky Ford

Manske, Jennifer L Centennial

Marron, Bruce O Fort Morgan Marshall, Daniel W

Marshall, Daniel W Fort Collins

Martin, Donovan T Boulder

Martin, Timothy E Parker

Martinich, Robert L Highlands Ranch

Masterson, Timothy P Centennial

Materon, Juan C Arvada

Mathews, Michele M Colorado Springs Orthodontics

Matthes, Jon Colorado Springs Matthews, W J Colorado Springs

Matthews, W John Colorado Springs

Maurer, Amber M Grand Junction Maurer, Casper D

Grand Junction
Mc Artor, Shivaun J

Fort Collins
Mc Artor, Steven R

Loveland

Mc Auliffe, Kevin F

Denver

Mc Cartney, James G Colorado Springs Prosthodontics Mc Clain, Pamela K Aurora *Periodontics*

Mc Culloch, Edward J Colorado Springs Mc Lain, Richard L Highlands Ranch Oral/Maxillofacial Surgery

Mc Manaman, Richard L Longmont *Orthodontics* Mc Munn, William Littleton

Oral/Maxillofacial Surgery
Mc Murtrey, Lonnie L
Denver

Mc Neely, W D Lakewood McDill, Michael Fort Collins Medaugh, Peter C

Medaugh, Peter C Arvada Meister, Robert C Breckenridge

Messingham, Jason A Arvada

Orthodontics Metcalfe, Richard W

Denver Periodontics Meyer, M W Littleton

Meyer, Robert D Colorado Springs Meyers, John P Colorado Springs Endodontics

Miller, Andrew S Denver

Miller, Bill J
Denver
Orthodontics
Miller, Charles T

Lakewood Miller, Michael J Littleton

Miller, Rodger Aurora

Milushev, Metodi A Denver

Miner, Mason O Durango

Minnich, Scott G Colorado Springs Endodontics Minnis, Robert E Centennial

Mitz, Richard B

Oral/Maxillofacial Surgery
Miyamoto, Paul K

Mjos, David P Colorado Springs Mock, Gregory D

Aurora

Colorado Springs

Mollner, Mark D

Colorado Springs

Moore, Gregory B Colorado Springs Morehead, Jonathan Arvada

Morehouse, John H Fort Collins

Morrissey, Donald J Colorado Springs Morrow, Robert L

Walsh

Moss, Jack C Arvada

Moss,Stewart A Northglenn Mucci, Michael J Fort Collins Mueller, Ryan A Buena Vista

Mullins, Rob C Centennial

Munholland, Thomas L Aurora Orthodontics

Murdoch, Richard A

Denver **Murphy, F R** Boulder

Murray, Rhett L Aurora

Murray, Stephen C Denver

Musella, Anthony E Wheat Ridge Oral/Maxillofacial Surgery

Mutchler, Richard E Colorado Springs Naiman, Ivan S

Greenwood Village Najjar, Ellias M

Littleton Nale, Thomas W

Broomfield
Nassimbene Bradley

Nassimbene, Bradley L Denver

Nassimbene, Leo L Colorado Springs Oral/Maxillofacial Surgery

Nassimbene, Ray R Englewood

Nassimbene, Robert D Denver

Nelson, Bryan P Arvada Orthodontics

Nelson, Donald A Colorado Springs

Nelson, James D Colorado Springs

Nelson, Jeff S Durango

Nelson, Richard M Denver

Oral/Maxillofacial Surgery

Nelson, Steven R

Denver Oral/Maxillofacial Surgery

Nelson, William R Denver

Newman, Richard A Arvada Oral/Maxillofacial Surgery Nguyen, Andrew T

Nguyen, Huy T

Aurora Nicholas, Kenton C

Greeley
Oral/Maxillofacial Surgery

Nielsen, Kurt Centennial Nieters, G J Keystone

Noble, Glenn A Fountain Nock, David L

Grand Junction Oral/Maxillofacial Surgery

Nordstrom, David W Loveland

Nordstrom, W B

Norrie, Daniel B Centennial Norris, Garth J

Englewood
Northen, Roger L

Fort Collins

Novak, Scott A

Aurora

Novelen, Mark R Englewood Novembre, Kajsa

Fountain
Noyes, Michael R
Centennial

Nyvold, Thomas E Lakewood

O'Berry, Shawn Arvada

O'Brien, Robert T Longmont

O'Day, Richard T Arvada

Oral/Maxillofacial Surgery
Ohmart, Scott W

Littleton Orthodontics Oja, Eugene E

Estes Park O'Leary, Joseph P

Lone Tree
Olivier, Jonathan L
Thornton

Olsen, Lonnie E Colorado Springs

Olsen, Steven C Littleton

Olson, Richlund D Centennial

Olson, Robert D Arvada

Omi, Sheldon R Wheat Ridge

O'Neal, Kelly D Colorado Springs Onstad, Michael S

Colorado Springs
Oral/Maxillofacial Surgery
Ontiveros, Michael

Ontiveros, Michae Lakewood Orban, James E Colorado Springs Periodontics

Ordahl, John N Colorado Springs Orthodontics

Orr, Mark F Fort Collins Oral/Maxillofacial Surgery

Ouellette, Thomas E

Owens, Timothy M Fort Collins

Paini, William Denver

Paison, Thomas A Sterling

Palmer, Ronald Colorado Springs

Pangborn, Cameron

Denver Endodontics Pareja, Claude A Westminster

Parish, Dural L Westminster

Park, Michael Longmont Park, Tim Aurora

Parlet, Craig R Colorado Springs

Parsons, Joseph R Boulder

Endodontics

Patel, Sanjay N

Highlands Ranch

Endodontics

Patterson, Kevin M

Denver Oral/Maxillofacial Surgery

Payne, Wayne F Pueblo

Oral/Maxillofacial Surgery

Peak, Douglas L Colorado Springs

Peebles-Turner, Mary Broomfield

Peede, Louis F Aurora

Oral/Maxillofacial Surgery

Peppler, Scott Littleton

Perino, Kenneth E Grand Junction Oral/Maxillofacial Surgery

Perrett, W. Bradley Colorado Springs Perry, Stephen M

Perry, Stephen M Arvada

Peters, Kenneth S Highlands Ranch Petersen, Michael D

Parker
Peterson, Glen F

Arvada

Peterson, Shon
Northglenn

Orthodontics

Petracek, Justin S Broomfield Pettine, Eric A Fort Collins

Pfeifer, William A Centennial

Pfister, Candace Fountain

Pierson, Dianne R Broomfield Pinkner, Jay C Longmont

Pixley, Thomas R Fort Collins Pizer, Scott B

Denver

Plamondon, Thomas J

Colorado Springs

Plous, Michael B Lakewood

Podratz, Adam Colorado Springs Pontarelli, William J

Lakewood

Posnick, Richard B
Boulder

Poulos, Michael N Denver Periodontics

Powers, Robert Arvada

Prendergast, Patrick T Centennial

Preston, James M Littleton

Probst, Travis J Colorado Springs

Provorse, Robert C Buena Vista Pruett, Nicolas R

Colorado Springs Puchalski, John E

Thornton

Raab, Richard W
Fort Collins

Ragulsky, Ronald J Pueblo

Rahimpour, Faranak Colorado Springs

Rahimpour, Navid Colorado Springs

Raizen, Michael Denver

Randolph, David R

Ranta, George V Fountain

Ranta, Jeffrey A Fountain

Ray, Veronica D Fort Collins

Ready, Thomas W Pueblo

Reardon, William Windsor

Reck, Steven M Pueblo

Pueblo
Oral/Maxillofacial Surgery

Reed, Thomas C Englewood

Reich, Gregory M Colorado Springs Periodontics

Reid, Douglas G Colorado Springs

Reposa, Ryan Fountain Revoir, Jeffrey H

Denver
Rieker, Bryan J
Northglenn

Ringdahl, Mark J Frederick

Ripplinger, David L

Roach, Maureen K

Denver Robbins, Arthur H

Denver Robbins, Kristin F

Denver Roberts, Tony L

Pueblo Robinson, David B

Pueblo

Robinson, Harold E

Lakewood

Roby, Todd M

Longmont
Rocke, Paul A
Littleton

Orthodontics

Rodgers, James W
Commerce City

Rogers, William T
Colorado Springs

Rold, Trent M

Rolfson, Matthew R Castle Rock

Rollert, Michael K Denver

Oral/Maxillofacial Surgery
Rollow, John A IV
Colorado Springs
Rones, Jonathan L

Aurora Rosenfeld, Edward F Greenwood Village

Endodontics

Rosenzweig, Todd

Aurora

Periodontics

Rothbard, David M Longmont Rowe, Merril F

Aurora
Royal, John R

Denver

Colorado Springs Rubenstrunk, John M

Pediatrics
Rudman, Robert T
Denver
Orthodontics

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Runnings, Steven P Denver

Rush, Steven M Littleton

Rvsner, Eric T Highlands Ranch Sachs, Ellen

Denver **Endodontics** Safer, Donald S

Denver **Endodontics**

Sajbel, Joseph L Pueblo

Salcetti, Jeanne M Colorado Springs Periodontics

Salehrabi, Robert Aurora **Endodontics**

Salvo, Joseph A Colorado Springs Oral/Maxillofacial Surgery

Sanders, Cary W Fort Collins

Sanders, Nelson C Westminster

Sanders, Wm R Aurora

Sandoval, Dean E Canon City

Santi, Richard D Monte Vista

Sauza, Juan Longmont

Sayre, Jeremy M Glenwood Springs **Orthodontics**

Scarpella, Pasco W Brighton

Scavuzzo, Frank P Highlands Ranch

Schaefer, Stephen R Fort Collins

Schafer, Natalie J Wheat Ridge Oral/Maxillofacial Surgery

Scheidt, Michael J Northglenn Periodontics

Scherber, Joseph P Wheat Ridge Schiffer, Stephen J

Alamosa

Schindler, Jov M Centennial

Schlagel, Greg Denver

Oral/Maxillofacial Surgery

Schneider, Walter E Englewood

Scholes, Landis C Centennial

Schonberger, Charles L

Schreiber, William L Loveland

Schroeder, David H Colorado Springs Orthodontics

Schroeder, Timothy M Lakewood

Schuler, Darrell F Aurora

Schultz, R J Pueblo Schulz, Kyle S

Pueblo Schwab, Tommy R

Monument Schwartz, Marc E

Denver Schwartz, Timothy A

Schwerdt, Janne M Denver

Scriven, Clark L Sterling

Sekiya, Floyd T Wheat Ridge Selner, Daniel J Denver

Selting, Wayne J Colorado Springs Sessa, Kevin D

Boulder Sessions, Bruce L

Longmont

Seymour, Brittany Denver

Shaddock, James M Greeley

Shaner, William G Colorado Springs Orthodontics

Shaver, Theresa Aurora Orthodontics Sheldon, Lisa A

Boulder Sherick, Paul M Fort Collins

Orthodontics Shields, Michael W Colorado Springs

Shipley, Samantha R Colorado Springs Short, Howard B Colorado Springs

Sica, Paul Boulder

Siegmund, John D Fort Collins

Siegrist, G B Denver

Simpson, Thomas M Boulder

Sinn, Alice Vessel Colorado Springs Sites, Brent P

Salida Skromme, Allan G Boulder

Skulski, Carl C Boulder Endodontics

Slack, Thomas D Colorado Springs Slavsky, Aaron E Lakewood

Smart, Janis P Centennial

Smith, Bradley R Denver **Pediatrics**

Smith, H V Centennial

Smith, Larry E Aurora

Smith, Mark P Thornton Smith, Paul A Colorado Springs Smith. Richard L

Lakewood Smith, Scott D Denver Pediatrics

Snider, Larry L Lakewood

Oral/Maxillofacial Surgery

Soden, Ryan I Denver **Endodontics** Somers, Ann Denver Periodontics

Sommer, Craig K Colorado Springs Songer, Debra M

Broomfield Sousa, April Boulder Speer, Jennifer

Denver Speirs, Aaron M Lakewood

Spencer, Jaclynn Brighton

Sperle, Andrew R Colorado Springs Spicciati, Louis V Colorado Springs

Stacey, Robert L Loveland

Stacey, Timothy F Colorado Springs

Stamm, Heather L Denver

Stang, Jeffrey Westminster

Steeghs, Brigitte Greenwood Villiage Steen, Dale N Lakewood

Stegelmeier, Krehl W

Fruita Stein, Arlene R Parker

Endodontics Stein, Stephen M Highlands Ranch Oral/Maxillofacial Surgery

Stiles, Michael J Westminster

Stoor, Michael J Colorado Springs

Stranahan, Patrick F Denver

Stricca, Duilio A

Swanbom, Jon E Fort Collins Swanson, David

Swanson-Culbertson, Peggy

Denver

Lakewood

Swartzwelter, Jay E

Boulder Sweeney, Patrick C

Wheat Ridge Swing, Sandra L Colorado Springs

Syrpes, Demetrios C

Aurora **Endodontics** Tabberson, Bruce Colorado Springs

Takaki, Alan M Pueblo Takaki, Duane M

Pueblo Talavera, Sylvia I Lakewood

Taloumis, Louis J Colorado Springs **Orthodontics**

Taylor, Amy J Denver

Taylor, Stephen H Arvada Theisen, J K

Fort Morgan Theroux, Kevin L Greenwood Village Orthodontics

Thoman, Robert D Colorado Springs **Pediatrics**

Thomas, Abraham Colorado Springs

Thompson, Glenn D Colorado Springs Thompson, Harold R

Pagosa Springs Thompson, Larry W Lakewood

Thomson, Patrick B Woodland Park

Thorne, Donald J Greeley

Thurgood, David B Fort Collins Oral/Maxillofacial Surgery

Thurman, Lon S Colorado Springs Tidwell, Scott A

Littleton Tilliss. Steven A Greenwood Village Periodontics

Tillotson, Evan C Colorado Springs

Tomasetti, Boyd J

Littleton

Oral/Maxillofacial Surgery

Tomasetti, David R Littleton

Tomlinson, Kathy Arvada Tomlinson, Joseph

Fort Collins Topelson, Ian Denver

Toriggino, Dominic J Aurora

Trammell, Gerald Lakewood

Oral/Maxillofacial Surgery Traul, John M Glenwood Springs

Orthodontics Trembath, Lori M

Denver

Tritsch, Thomas R Colorado Springs Troop, Michael Centennial

Troxell, James B Fort Collins

Oral/Maxillofacial Surgery

Trujillo, David N La Junta

Tsumura, Kurt K Denver Turnquist, Kerry

Broomfield Uchida, Bruce Lakewood

Uchida, Thomas K Littleton

Unser, Michael E

Denver Unterseher, Ronald E

Westminster Orthodontics

Uremovich, Mark A Arvada

Uremovich, Milan Arvada Utke, Calvin D Colorado Springs Valuck, Paul E

Denver Van Acker, Alexander

Van Ness, Marc R Colorado Springs

Van Wagenen, Jason R Westminster Van Zytveld, Eric W

Denver Vanicek, Peter A Centennial Vean, Allen H

Denver

Pediatrics Versman, Kenneth J Aurora

Periodontics Vessel, Allen A Colorado Springs Villalon, Elmer A Pueblo

Vilner, Leonid

Denver Vogl, Walt

Wachuta, Timothy J

Wadsworth, Kenneth V Lakewood

Wagenaar, Paul Centennial

Waggoner, Clyde E Denver Oral/Maxillofacial Surgery

Wahl, Michael E Colorado Springs

Walker, John S Boulder Orthodontics

Wallace. Gerald F Denver

Walter, Philip C Aurora Pediatrics

Ward, Larry D Arvada

Warlick, Philip O Walsenburg

Warrington, Carl T Alamosa

Wasinger, Jack L Lakewood

Waters, Gregory

Arvada

Waters, Jennifer U Golden

Weddle, Larry T Westminster Orthodontics

Weenig, Val D Colorado Springs

Weimer, Allan D Steamboat Springs Orthodontics

Weinbach, Jonathan R Westminster Orthodontics

Weisenfeld, Andrew B Centennial Pediatrics

Welch, Chad A Denver

Welch, Christopher S Trinidad

Welch, Frank A Alamosa

Welden, David J Boulder

Wellman, Robert D Centennial

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Wennogle, Charles F Centennial Oral/Maxillofacial Surgery

Werner, Sarah J Denver

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West, Walter H Englewood

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Weyman, Paul S Englewood

Whalen, Dann F Lakewood

Whalen, Sean R Westminster Pediatrics

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New Employee Verification Process Requirement

Effective Jan. 1, 2007

By Stacy Jensen

QUESTION: I was told that there is a new law that requires employers to sign a form attesting that they have not knowingly hired an unauthorized worker. Who does this law affect and how do I comply?

ANSWER: Colorado Governor Bill Owens approved House Bill 1017 on July 31, 2006, which will require all Colorado employers to verify the immigration status of all new employees. House Bill 1017 will apply to all employees hired on or after Jan. 1, 2007 (current employees are not subject to the bill).

This new law requires all employers in Colorado, as well as any out of state businesses that have employees engaged in business in Colorado, to sign an additional affirmation within 20 days of the new hire date. The affirmation must state:

- 1. That the employer has examined the legal work status of the newly hired employee, and has retained file copies of the documents required by 8 U.S.C., Section 1324a.
- That the employer has not altered or falsified the verification or identification documents provided by the newly-hired employee.
- 3. That the employer has not knowingly hired an unauthorized alien.

This affirmation is required **in addition to** the existing I-9 Form. The Colorado Division of Labor indicates that it will develop a form for the required affirmation and make it available to employers before Jan. 1, 2007.

Federal law requires that employers retain the I-9 Form for the later of three years after the date of hire or one year after employment is terminated. The new Colorado law requires maintaining the affirmation and documentation for the duration of employment.

The Colorado Division of Labor may audit compliance with this new law, and employers who recklessly fail to maintain the required documentation or submit false documentation may be fined up to \$5,000 for the first offense and up to \$25,000 for any subsequent offense.

What does the new house bill mean for employers and their newly hired employees? Basically, as of Jan. 1, 2007, an affirmation form and copies of the identity documents should be attached to each employee's I-9 Form. As always, employees must fully and properly complete section one of the I-9 at the time employment begins and employers should

Helpful Web Links:

For general information on House Bill 1017 relating to the Jan. 1, 2007 verification requirements, go to: www.coworkforce.com

Download an I-9 Form at: www.uscis.gov/files/form/i-9.pdf

To view the new Colorado Minimum Wage (\$6.85 per hour) Fact Sheet, go to:

www.coworkforce.com/lab/ MinimumWageFactSheet.pdf continue to complete section two. Employers should be prepared to demonstrate that they have reviewed the required I-9 documents to ensure that they appear genuine and belong to the person who presented them.

In addition, any Colorado employer who has a contract with the State of Colorado or any political subdivision of the state is required by law to participate in the Department of Homeland Security Basic Pilot Program. If you have a government contract, please ensure that you are participating in the program.

Stacy Jensen is a Communication Strategist for Terra Firma, a locally owned and operated Professional Employer Organization (PEO) in Denver, Colo. Terra Firma is a CDA Medallion Plan Partner and provides small to mid-sized employers with a full scope of human resources services, safety and risk management, employee benefits administration, and regulatory compliance consulting. Contact sjensen@hrvp.com for information.

Do you have a human resources question to be answered in this quarterly column? Submit your questions to *molly@cdaonline.org* or 3690 S. Yosemite St., #100, Denver, CO 80237.

February: National Children's Dental Health Month

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

Give Kids a Smile Day: Friday, Feb. 2, 2007



ADIA.

American Dental Association

wave adverse

Thank you to the dental offices and individuals who have registered to participate in Give Kids a Smile Day, a national access-to-care day for children. Dentists across Colorado, and the nation, will be providing free

treatment to children, and visiting schools and community centers to teach children about the importance of good oral health. For the first time, continuing education (CE) credit will be available to dentists participating in Give Kids a Smile events. CE forms will be sent to participating offices in the coming weeks.

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

Give Kids a Smile Day is on Friday, Feb. 2. The CDA has learned that activities for this year's event will range from puppet shows in schools to full orthodontic treatment at no charge. We applaud you in advance for your generosity and dedication to this program. Typically, Give Kids a Smile Day events fall into one of three categories: private treatment, offsite treatment and educational/school presentations. Please note the important information below.

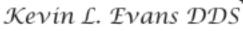
 Private Treatment: Thank you for volunteering to treat children in your private dental office. Your office is either recruiting patients for the day OR has contacted the CDA to help with patient recruitment (if you are unsure of your patient source, please contact Molly Osberg at the CDA). If you requested patients through the CDA, local school nurses or nearby health centers will be providing you with patients to schedule in the next couple weeks. Events of this nature tend to have an increased number of no-show patients due to transportation and other issues on the actual day. To maximize your valuable time on Feb. 2, you might consider double booking a few extra patients. To minimize the no-show rate, the Metro Denver Dental Society has established some proven successful guidelines that we will be mailing to your office. If you have not received the guideline pages, please call the CDA – we would be happy to fax them to you.

• Offsite Treatment: Thank you for volunteering to treat patients in a nearby clinic, non-profit health center or the CU School of Dentistry. The facility will have patients and a schedule waiting for you on Feb. 2. You will be receiving more information by mid-January regarding hours of operation and directions to the facility. Please contact the CDA if you have any questions regarding your Give Kids a Smile arrangements.

FEBRUARY continued on page 20

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FEBRUARY continued from page 19

Educational/School Presentations:
 Thank you for volunteering to provide much needed education in schools, community centers, etc. If you requested additional activity sheets, lesson plans or materials, they will be mailed to you by mid-January. If you would like to do a presentation but need a school to go to, please contact the CDA for a list of interested classrooms.

As you prepare for your Give Kids a Smile event, less than a month away, please know that the CDA is here to help make your day a success. If you have any questions or need additional assistance, please call the CDA at 303/740-6900 or 800/343-3010.

Thank you for being a part of an event that truly will give kids a smile!

Healthy Smiles Coloring Contest

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

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

classroom will receive toothbrushes, toothpaste and dental health month posters.

In addition to mailing information about this contest to every elementary school in Colorado, we hope that you will encourage your pediatric patients to participate as well.

Please photocopy *both* sides of the 2007 coloring sheet (see next page) and give copies of the sheet to your patients to color in your waiting room or at home. They must fill out the appropriate information on the back of the coloring sheet. The picture can be colored with crayons, markers, paint, pencils, etc. Contestants must color their own entry without assistance from others.

The deadline to submit entries is Feb. 28, 2007. Entries can be mailed to: Healthy Smiles Contest, 3690 S. Yosemite St., #100, Denver, CO 80237. Please call 303/740-6900 or 800/343-3010 for more information. Thank you for your participation!





2007 Healthy Smiles Coloring Contest Registration

First Name	
Last Name	
Address	
City, State, Zip	
Phone Number	
School	
Teacher's Name	
Grade	_Age

Coloring Contest Rules

Eligibility:

Children in kindergarten through sixth grade are eligible to participate.

Guidelines:

- 1. Contestants must color their own entry, without the assistance from others.
- 2. The picture can be colored with crayons, markers, paint, pencils, etc.
- 3. Entries must be submitted by February 28, 2007.
- 4. No purchase is necessary in order to enter.

Prizes:

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

How to Enter:

Mail the completed coloring sheet to:

Healthy Smiles Contest 3690 S. Yosemite St., Suite 100 Denver, CO 80237

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

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

New Advertising Rules Adopted by State Board

By Edward F. Rosenfeld, D.M.D., M.S., CDA Ethics Committee Chair

s a result of a rulemaking hearing in October 2006, the Colorado State Board of Dental Examiners has adopted new regulations to govern all types of advertising by dentists and dental hygienists in Colorado, effective Jan. 1, 2007. These rules are posted on the board's Web site: http://www.dora.state.co.us/dental/rules.pdf (scroll down to Rule XXVI-Advertising).

The revised rule applies to all types of media, including but not limited to, print, radio, television and the Internet. Many of these changes were made based on the American Dental Association's *Principles of Ethics and Code of Professional Conduct*.

The board's goal is to protect the public by eliminating misleading, deceptive or false advertising such as implying superior abilities over other licensees, implying specialty status or listing an unearned degree. Unearned degrees are defined as any degree other than that issued by an accredited educational institution recognized by the Commission on Dental Accreditation, http://www.ada.org/prof/ed/accred/commission/index.asp. Some commonly recognized earned degrees

include D.D.S., D.M.D., M.S. (in a dental field), M.P.H. or M.D. Any degree issued by a non-recognized entity such as the Las Vegas Institute (LVI), or any honorary degree such as FICD (Fellow International College of Dentistry) or FACD (Fellow American College of Dentistry) would be considered an *unearned* degree.

The use of unsubstantiated testimonials attesting to the technical quality or superiority of treatment offered by a licensee is also in violation of these rules. Patient testimonials may be allowed if they fulfill the specific requirements under paragraph six of the rules. In addition, a licensed dentist or dental hygienist is responsible for and must approve any advertisement made by a corporate dental or dental hygiene practice to which he or she is associated.

General practitioners cannot imply a specialty practice by advertising in any medium, such as the phonebook or an Internet directory, under a specialty heading or section, or by using the terms "specialist in," "diplomat in," or "practice limited to." According to these rules, "Dental specialties are recognized as only

those defined by the American Dental Association, and dental specialists are those dentists who have successfully completed a Commission on Dental Accreditation specialty program" (http://www.ada.org/prof/ed/specialties/definitions.asp#recognized).

Furthermore, "practitioners who advertise dentistry or dental hygiene shall not make any claim to a patient or to the general public in any advertisement, business card, letterhead or envelope, any recognition, accomplishments, levels of attainment, diplomat status, fellowship status, teaching credentials, or any other form of recognition from an unaccredited school or organization or continuing education program."

Licensees who violate any of these new rules could be subject to disciplinary action by the Colorado State Board of Dental Examiners. According to the attorney general's office, it is the responsibility of every Colorado licensed dentist and dental hygienist to be familiar with the board rules and regulations, and to periodically visit the board's Web site for any changes and updates.



Monitoring How Your Practice is Really Doing

By Janet and Lawrence Steward

QUESTION: Sometimes I feel I'm really in the dark when it comes to knowing how well my practice is actually doing. My office manager and accountant give me lots of different figures and numbers, but the information is usually like trying to drink from a fire hydrant. How can I know what's going on without having to pour over tons of statistics?

ANSWER: Your question is one that nearly every dentist has or will ask at some point in his or her career. At the very heart of the issue is the critical

difference between the mindset of the dentist as a clinician and the attitude needed to succeed in business.

Success on the clinical side requires precision and strict attention to detail. Success for business owners, particularly in established dental practices, however, lies in the ability to focus on the big picture and to avoid getting caught up in most details. Tons of numbers aren't really a help – they overwhelm but they don't inform. By grasping the bigger picture, you can gain more control over your practice, and achieve greater

efficiency and profitability.

In your question, you correctly identified the fact that there are differences between the numbers provided by your accountant, the information provided by your office manager, and the data you would find meaningful. Dental practice owners need specifics that tell them exactly what they want to know, which allows them to detect problem areas and then determine appropriate courses of action.

In an established practice, dentists should be focusing on doing what they do best – dentistry – and delegating the

authority and responsibility for the rest. The watchword is delegation, not abdication. The practice owner must maintain absolute control over the business aspects of his or her practice to avoid the risks of embezzlement or other malfeasance.

The solution lies in learning to use a comprehensive strategic monitor that measures 12 vital statistics. These statistics in the aggregate provide a clear snapshot of where the practice is and what, if anything, needs attention. Following are the 12 vital statistics and their desired performance ranges and percentages:

- New Patients: A practice should have at least 25 new patients each month if emergencies are not counted (40 new patients if emergencies are included.)
- 2. Appointments: 97 percent of patients should be reappointed before they leave the office, as it's much easier to reappoint than reactivate. (While team members often estimate a 97 percent reappointment, actual tracking often reveals a considerably lesser amount.)
- 3. Reactivation: While reactivation should be unnecessary, if required, the ideal is to schedule 75 percent or more patients who can be contacted by telephone.
- 4. **Broken Appointments:** Broken appointments should be less than 5 percent of monthly production.
- Provider Production Goals and Results: Each provider should be assigned production goals. These goals, versus results, should be



- provided to the entire team each month.
- Advanced Schedule to Goal: At the beginning of each month, schedules should be at 90 percent or more of production goals.
- 7. *Collections:* Ideally, this should be nearly 100 percent of production.
- Accounts Receivable (A/R): A/R should be less than the average of one month's production. Accounts 90 days or over should not exceed 5 percent of the total A/R.
- *9. Adjustments:* This statistic should be less than 2.5 percent of total production.
- 10. Over-the-Counter Collections: While this varies considerably depending on insurance plans, the ideal over-thecounter collection is 40 percent or greater.
- 11. Cash Flow: The available cash from all sources must exceed payment

- obligations. Our national research, including Colorado practice owners, shows more than 20 percent of practice owners frequently struggle to pay bills and meet payroll.
- 12. Overhead as a Percentage of Total Collections: The goal is to have a total overhead of 60 percent or less of total collections. Here's a general guideline by subcategories: dental supplies (5 to 7 percent); lab expenses (8 to 11 percent, although a higher percentage is a good thing if it is reflective of more crown and bridge work); marketing expenditures (2 to 3 percent); staff salaries (22 to 24 percent); payroll taxes (1 to 3 percent); staff benefits (2 to 6 percent); and administrative expenses (2 to 6 percent).

These vital statistics are important because, as every practice owner knows, the dentist only gets paid what's left after everyone else gets their checks. With the proper data monitors in hand, the practice owner has the tools to keep his or her practice on the path toward even greater business success.

Additional details regarding strategic monitors are available at www.theManageDentPros.com.

Janet and Larry Steward are speakers, consultants and authors. Their recently published book, "What Do Dentists Really Want?" is available from www.theManageDentPros.com. Janet Steward is the president of Steward Quantum Leap Dental Practice Consulting and can be reached at 970/207-0776.

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



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Bisphosphonate Related Osteonecrosis of the Jaws: Report of Two Cases

By Gregory R. McGee, D.M.D. and Richard D. Zallen, D.D.S., M.D.

I. Overview

Bisphosphonates are powerful drugs used to treat a number of diseases including metastatic cancer and osteoporosis. They are either given in tablets or by intravenous infusion. The intravenous formulation is more powerful than the tablets, but regardless of the route of administration, severe side effects may occur. This medication is of interest to the practicing dental professional since a dental procedure, usually an extraction of a tooth, is associated with the development of osteonecrosis of the jaws. According to Ruggiero, 17,19 a dental procedure has been associated with the onset of bisphosphanate related osteonecrosis of the jaws (ONJ) 80% of the time. There is debate over whether or not the dental procedure incited the disease or whether the disease motivated the patient to seek treatment. There are many oral complications noted in patients receiving treatment for malignancies,28 but there were no reports linking chemotherapy and osteonecrosis until 1982 when Schwartz¹ reported ONJ in patients receiving chemotherapy. Recently, an alarming increase in this disease has been associated with the advent and use of bisphosphonates.

II. Pharmacology

Bisphosphonates were initially designed for use as a water softener in the 1950s. They were banned by the Environmental Protection Agency in 1964 because of their long half-life and poor biodegradability. In 1966, bisphosphonates were

given to animals and were found to primarily inhibit bone resorption through osteoclastic inhibition and secondarily inhibited new bone formation. This is done through the cholesterol biosynthesis pathway. In 1984, an interest in osteoporosis and Skeletal Related Events (SRE) began, and drug companies began studies to determine if a therapeutic effect could be derived from bisphosphonates. SRE such as hip, femur and vertebral fractures are associated with significant complications – with 12 month mortality rates ranging from 12% to 35% with hip fractures.20 By 1995, Fosamax (alendronate) tablets were approved for the treatment of osteoporosis. A 53% reduction of hip fractures was noted in patients taking Fosamax.21 Bisphosphonates can significantly decrease SRE and bone pain in patients with malignancies as well. They are also used to treat hypercalcemia of malignancy. These findings have been welcomed in the medical community and have led to the widespread use of these drugs.

There are currently two intravenous and three oral formulations of bisphosphonates. Zometa (zoledronate) and Aredia (pamidronate) are typically given by intravenous infusion for cancer patients with metastatic bone disease or to treat hypercalcemia of malignancy. Fosamax (alendronate), Actonel (risedronate), and Boniva (ibandronate) are given in tablet form for the treatment of osteoporosis. There is poor intestinal absorption and the oral versions can

cause severe esophageal irritation as well as food interactions. Once administered, bisphosphonates are nearly undetectable in the bloodstream after 30 minutes. About 50% to 60% of the absorbed oral dose or administered intravenous dose is sequestered in the skeleton in 15 to 30 minutes; the remainder is eliminated by the kidneys. The skeletal effects of bisphosphonates persist long after discontinuation, with a half-life estimated to be 10 to 11 years.¹⁹

ONJ develops due to disruption of the normal bone turnover cycle. Osteoclasts are inhibited and there is a subsequent loss of bone turnover. A study⁷ showed that Aredia decreased bone blood flow in rats secondary to a decrease in insulinlike growth factor and growth hormone. Bisphosphonates have antiangiogenic properties including a decrease in vascular endothelial growth factor, a decrease in vessel sprouting, a decrease in capillary tube formation, and an increase apoptosis or cellular death. 7,10,12,22 Despite its antiangiogenic properties, it is felt that the primary reason for the development of ONJ is due to decreased bone resorption from osteoclast inhibition.19

III. Bone Pathophysiology/Metastatic Bone Disease

Approximately 350,000 people die each year with metastatic bone disease.¹⁹ Patients with bone metastases may live for many years and suffer from SRE (pathologic fractures, spinal cord trauma and nerve root compression) as well as bone pain and hypercalcemia of malig-



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nancy. Of patients with metastatic bone disease, 40% to 50% will require medical treatment or surgery.

IV. Incidence of Bisphosphonate Related Osteonecrosis of the Jaws (BRON)

About three million people have been treated with the intravenous bisphosphonate formulations, and six million with the oral formulations of bisphosphonates.19 Several studies have noted the incidence of BRON to range from 0.05% to 12.5%. The drug manufacturer, Novartis (Aredia) stated the incidence to be 6/4,056 (0.15%), while an online survey of a multiple myeloma group reported 75 cases out of 1,203 respondents (6.2%). Durie states the incidence to be about 12% after a review of patients at the MD Anderson Cancer Center in Houston, TX.19 In a letter to the editor. Durie et. al. estimated the incidence of ONJ in patients taking zoledronate (Zometa) to be 10%, and 4% for those taking pamidronate (Aredia).27 The

Risk factors for development of bisphosphonate induced osteonecrosis of the jaws are:

- 1. Zometa > Aredia >> Orals
- 2. Duration of bisphosphonate therapy
- 3. Dental surgery
- 4. Poor dental health

average time of onset after bisphosphonate administration to development of BRON was three years, but has been as short as five months. A definite risk factor was a history of "dental problems" reported by the patient.

V. Principles of Dental/Oral Surgical Treatment

Treatment goals for patients with BRON are aimed at decreasing pain, controlling soft tissue infection and preventing additional exposure of bone.

Treatment of patients taking bisphosphonates can be divided into four broad categories:

1. Dental treatment prior to intravenous bisphosphonate therapy

Prior to administering bisphosphonates, all patients should receive a comprehensive dental examination, removal of non-restorable teeth and teeth with a poor prognosis, restorative dental procedures, dental cleanings, oral hygiene instruction, disease awareness, 13, 24, 25 and evaluation of dentures for mucosal irritation.

2. Symptomatic patients taking oral bisphosphonate therapy

These patients appear to be a much lower risk compared to patients taking IV bisphosphonates. OMSNIC (OMS National Insurance Company) provides its subscribers with a designated consent form to use for patients taking bisphosphonates.²³ Surgery is not contraindicated, but the

patient should be fully informed of the possibility of developing ONJ. Discontinuing oral bisphosphonate therapy is controversial, Ruggiero advocated stopping for two months before an invasive procedure and restarting after full bony healing. At Denver Health, bisphosphonate therapy is not interrupted because of its long half-life. Endodontic therapy instead of extractions should be done when possible.²⁶ Patients should be educated and made aware of the disease process.^{13, 24, 25}

3. Asymptomatic patients receiving intravenous bisphosphonate therapy

Treatment of this group primarily involves avoidance of invasive procedures (i.e. extractions), routine cleanings, aggressive management of dental infections, endodontic therapy instead of extractions whenever possible (however there are case reports where endodontic therapy has initiated ONJ²⁶), disease awareness^{13, 24, 25} and examining dentures for mucosal irritation.

4. Patients with established ONJ (Stages I- III)

Patients with ONJ should be informed of their condition and there should be open communication between the dentist, oral maxillofacial surgeon, and oncologist. Superficial debridement of sharp, symptomatic edges may be done to decrease pain. No biopsy is needed

OSTEONECROSIS continued on page 28

OSTEONECROSIS continued from page 27

unless there is a strong suspicion of metastatic disease. It has been our experience, as well as Ruggiero's, that biopsies of this type have not proven to be metastatic disease and have only intensified the severity of ONJ. Bisphosphonate therapy is continued as the benefits outweigh the risks, and discontinuing bisphosphonate therapy may not make a difference. Hyperbaric oxygen has not shown any benefit.^{2, 4, 16}

VI. Staging Bisphosphonate Related Osteonecrosis of the Jaws (BRON)

At the American Association of Oral and Maxillofacial Surgeons national meeting in September 2005, Ruggiero proposed a three-stage clinical staging system for patients with Bisphosphonate Related Osteonecrosis of the Jaws (BRON):

- I. Asymptomatic exposed bone without signs of infection.
- II. Exposed bone with pain and infection.
- III. Pathologic fracture, large areas of exposed bone not manageable with antibiotics and conservative treatment.

Treatment of ONJ is determined by stage and should be performed by an oral maxillofacial surgeon or other healthcare professional familiar with this disease and its implications.

Stage I Treatment:

- Chlorhexidine mouthrinse is used twice a day empirically, there is no evidence to document its effectiveness in managing ONJ.
- Avoidance of surgical procedures (i.e. placement of dental implants, extractions).
- Endodontic therapy instead of extractions when possible.²⁶
- Follow-up three months or sooner if complications arise.

Stage II Treatment:

- Pain control.
- Culture directed antibiotic therapy for

- several months.
- Chlorhexidine mouth rinses twice a day.
- Avoidance of surgical procedures.
- Endodontic therapy instead of extractions when possible.²⁶
- Follow-up three months or sooner if complications arise.

Stage III Treatment:

- Pain Control.
- Culture directed antibiotic therapy for several months, consider inpatient hospital admission or outpatient intravenous therapy.
- Chlorhexidine mouth rinses three times a day.
- Surgical debridement and resection to decrease load of necrotic bone. May need to be aggressive.

About 85% of the time, stage III patients stabilize, according to Ruggiero, when treated according to this protocol.¹⁹

Case Reports

Case #1

A 70-year-old Hispanic female presented to the Denver Health Medical Center Department of Oral and Maxillofacial Surgery on Feb. 24, 2005 with a chief complaint of pain in her upper right quadrant. The pain began in November 2004 and the patient's general dentist extracted several teeth. Her medical history was remarkable for being diagnosed with breast cancer in 2000 for which she was treated with a modified mastectomy and chemotherapy with Adriamycin and Cytoxan in 2000. Her initial presentation was that of a large breast lump with metastatic bone disease in the spine, pelvis and long bones. Her current medications included lisinopril and monthly Zometa infusions for 23 months. Initially an area of about 1.5 cm by 2 cm was exposed on the right posterior maxilla (Figure 1).

The patient was started on penicillin, chlorhexidine mouth rinses and scheduled for a biopsy to rule out metastatic disease. The biopsy was performed and was



Figure 1. Case #1 at presentation on Feb. 24, 2005.



Figure 2. Case #1 – note purulence and increased bone exposure. Photo taken on Oct. 21, 2005 prior to her maxillectomy.

negative for malignancy. The disease seemed to stabilize, but the patient experienced intermittent episodes of pain and swelling. On Sept. 6, 2005, the patient presented with a complaint of a stuffy nose and pain. Her primary care physician prescribed Sudafed and the patient was advised to follow-up with the Department of Oral and Maxillofacial Surgery. She was seen on Sept. 12, 2005 with significant progression of ONJ as well as obliteration of the right nares (Figure 2).

A total maxillectomy was performed on Oct. 21, 2005 by the Department of ENT and Oral and Maxillofacial Surgery. The patient's disease had stabilized, but she required subsequent procedures to help



Figure 3. Case #2 at presentation on Dec. 28, 2004.



Figure 4. Case #2 panoramic radiograph at presentation on Dec. 28, 2004. The arrow points to a lesion of multiple myeloma, not biopsied.

with speech and swallowing. She passed away in February 2006.

Case #2

A 68-year-old male was referred to Denver Health Medical Center's Department of Oral and Maxillofacial Surgery by his oncologist with a chief complaint of pain on the lower left for four to five days. No recent history of dental treatment was reported by the patient. His medical history was remarkable for multiple myeloma and obstructive sleep apnea. The patient also reported a rhinoplasty and pathologic fractures of the femoral neck necessitating a hip replacement and an open reduction of the ulna. His multiple myeloma was treated with



Figure 5. Case #2 with increased area of exposed bone, taken Oct. 10, 2005.

vincristine, adriamycin and dexamethasone (VAD) for six months. Pamidronate was started in February 2003 and given monthly along with VAD for six months, until Zometa was started in August 2003. Zometa was given for a total of four months until ONJ was noted on Dec. 28, 2004; the Zometa was then stopped. Figures 3 and 4 document the patient's presentation.

The patient was started on chlorhexidine rinses and was maintained for about one month. On Jan. 31, 2005, a purulent exudate was noted from the patient's left mandible and he was started on clindamycin. The exudate improved and the patient continued to follow-up. He was last examined on Oct. 10, 2005 and noted to have a slightly larger area of exposed bone, but was asymptomatic (Figure 5). He expired in January 2006 due to complications of chemotherapy.

Conclusion

Due to the possibility of a dental procedure initiating the process of osteonecrosis, the dental practitioner must be aware of bisphosphanates and their implications for treatment. A thorough preoperative medical history and patient education will minimize any complications associated with this disease entity. Any patient with a history of cancer or osteoporosis should prompt an inquiry into the use of bisphosphonates. A consultation with an oral maxillofacial

surgeon and the patient's oncologist or primary care physician is appropriate.

Treating this disease is difficult and most lesions do not respond well to therapy.

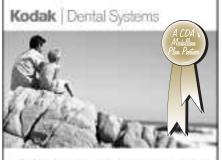
Gregory R. McGee, D.M.D., is the former chief resident of oral and maxillofacial surgery at Denver Health Medical Center. He is now practicing in Albuquerque, NM.

Richard D. Zallen, D.D.S., M.D., is the director of dentistry and oral and maxillofacial surgery at Denver Health Medical Center

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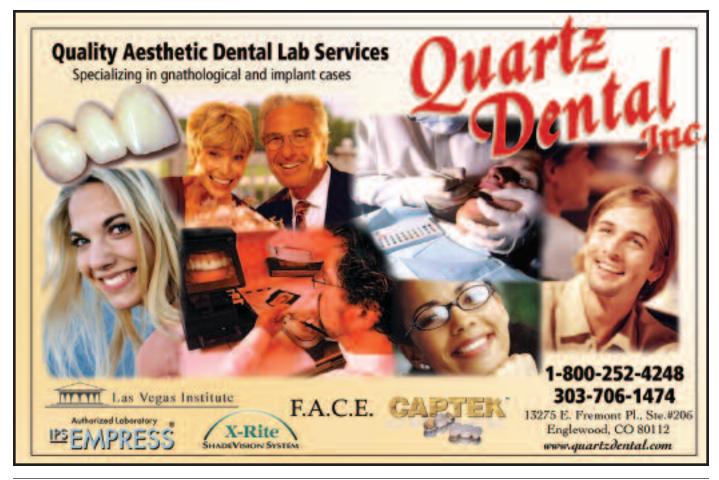
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Service: Concerned Colorado Dentists (CCD) is a subcommittee of the Colorado Dental Association. We are in existence to help colleagues, staff and/or families who think they may have a problem with substance abuse. If you think you or someone you know may have a problem, please call Dr. Brett Kessler at 720/989-7960 (day or night). All inquiries are kept confidential.

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