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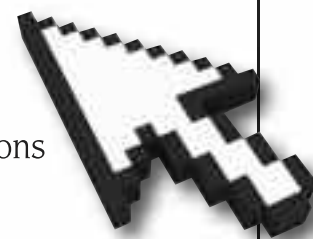
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# Journal

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# A Member Benefit that's Here When you Need it

By Malcolm "Skip" Boone II, D.D.S., M.S. and Bruce Nordstrom, D.D.S., Peer Review Council

**H**as a patient ever been upset with you for the treatment you provided? Have you ever lost a patient without knowing why?

A Colorado Dental Association membership benefit that is often overlooked is Peer Review, a dispute resolution service for CDA members and their patients. This service is confidential and seeks to fairly **resolve conflict without attorneys or the Colorado State Board of Dental Examiners**. This is an invaluable service that helps CDA member dentists and our patients.

Nobody strives to deliver treatment that would make a patient unhappy. None of us want to lose any of our patients because of a miscommunication or misunderstanding. Unfortunately, if a patient is upset or feels misled by a dentist, they might not confront you with their frustration – instead, they issue a complaint about you and your dental treatment. This can happen to anyone, even a dentist

with years of experience and a happy patient load. This could happen to you.

## Consider these cases:

- A patient comes in for **dentures** with the hope of being able to smile, eat and speak correctly again. You complete all necessary preparations and fit the dentures, but after multiple visits and adjustments, that denture still doesn't fit comfortably for the patient. After months of this, the patient still cannot eat solid, firm foods. The patient is increasingly upset because after all this expense and time, they feel that they're no better off than when they started – and in fact may have fewer teeth due to extractions for the denture. You are equally frustrated. You've provided dentures successfully for years and years, and can't understand why this case is so difficult. After trying everything possible, you're left with no other solution than to continue your same efforts or refer the patient to another dentist. *The patient issues a complaint against you.*

- A patient comes to you complaining of **severe pain and a toothache**. You find a fair amount of decay and treat the tooth with a filling. A week passes and the patient is back in your office complaining of the same severe pain. After further examination, you discover that the decay was so significant that there is a crack in the tooth and a root canal is needed. Two more weeks pass and the patient is back with the same complaint. The decision is made to extract the tooth and to replace it with an implant in the future. After multiple trips to your office, multiple treatment expenses and a month of intolerable pain, the patient feels taken advantage of and used to increase your bottom line. They feel like you should have diagnosed them properly from the beginning and that you've been billing them for excessive treatment. You feel that you did everything possible to try to save their tooth, providing treatment in their best interest. *The patient issues a complaint against you.*
- You're treating a patient with a **root canal**. As you're conducting the procedure, the tip of your endodontic file separates. Your heart sinks. After evaluating the situation and deciding that the tip will not present further complications, you complete the procedure and tell the patient what happened. You explain that this is a frequent risk during this procedure and that you'll monitor the tooth. The patient is horrified that a piece of an instrument is permanently





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### Criteria for Peer Review case acceptance:

- The dentist whom the complaint is against must be a member of the CDA.
- The complaint must be regarding quality of care and/or appropriateness of treatment.
- The date of treatment in question must be within two years from the date of discovery.

### Criteria NOT accepted for the Peer Review process:

- Complaints involving dentists who are not members of the CDA.
- Complaints of poor customer service, practice management or fees.
- Complaints concerning a staff member's behavior.
- Complaints where a lawsuit has already been filed (an exception to this condition is the instance where a dentist has initiated litigation for the collection of fees).
- Complaints where the Peer Review Council finds that the issue has been reviewed or is currently in review by the Colorado State Board of Dental Examiners, other state peer review committees or managed care review bodies.

embedded in their tooth. *The patient issues a complaint against you.*

When patients call the CDA with complaints, the CDA verifies that they are calling about a member dentist. If they are, the caller is then referred to one of three dental association offices depending on the location of the dentist. The staff member then listens carefully to the patient, diffuses the situation or sends the patient information to apply for Peer Review. Approximately 45% of calls received are diffused by staff members. This personal attention decreases the number of complaints that actually enter the Peer Review process.

The patient is asked to put their concerns in writing via a Request for Review of Dental Services form. Peer Review addresses quality of care and appropriateness of treatment issues. It does NOT accept complaints regarding dentist/staff communication with the patient, insurance, billing or fees. Peer Review also does NOT accept cases concerning care from non-member dentists, those where the patient has already initiated litigation, or when the named dentist has a case currently being reviewed by the Colorado State Board of Dental Examiners (or a history of being reviewed by the Board).

Once the form is received by the CDA, it is reviewed, given a file number and assigned to a Peer Review Council member for initial evaluation. At the next monthly Council meeting, the file is discussed and voted on for acceptance. Once the case has been accepted it is usually assigned to a representative volunteer dentist for mediation at the component level. The mediation process is a non-biased, non-judgmental conflict resolution between the provider and their patient. Patient exams and records collection are NOT part of mediation. The mediating dentist contacts all involved parties and tries to resolve the problem. If the problem is resolved, both parties sign a Resolution Agreement and the case is closed.

Most often, mediation is able to successfully resolve the complaint. However, if mediation fails to resolve the problem, the patient will be offered the next stage of review, which is arbitration. When a patient decides to proceed with arbitration, both the patient and the dentist must sign a binding arbitration agreement authorizing the proceeding and relinquishing their future rights to action in a court of law. Typically, the mediator is no longer involved and three dentists are assigned to review the case. This assessment may include a review of all pertinent records, separate interviews

**PEER REVIEW** *continued on page 10*

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## PEER REVIEW *continued from page 9*

with all involved parties, and an examination of the patient if necessary. The arbitrating dentists then make their independent evaluations and recommendation in writing to the committee for discussion and decision. If their advice includes a monetary refund to the patient it cannot be more than the actual fees the patient paid for the service(s) in question. The CDA Peer Review Council reviews the paperwork and final decision, and then closes the case.

Peer review is not a court and has no disciplinary function. It provides a positive alternative dispute resolution mechanism that helps both the dentist and the patient when communication breaks down. The process itself is free of charge.

- The dentists who work with Peer Review are not paid for their time and efforts. They are trained volunteers and are expected to conduct fair and impartial mediations.
- The decision to accept a Peer Review case is based solely on the information supplied by the patient. Accepting a case simply allows the process to get started.
- The Peer Review process may result in a refund of some or all of the fees paid for a specific treatment. If a dentist agrees to refund some or all of the fees paid, this is not an

admission of guilt and should not be construed as such.

- The maximum refund to the patient through Peer Review is the original fee the patient or insurance company paid. Payment for pain, suffering, inconvenience, or work performed by another dentist is not within the jurisdiction of the Peer Review process.

The bottom line is that Peer Review is an invaluable CDA member benefit. It diffuses many patient complaints, simply by letting patients be heard. It also offers a fair and impartial way of resolving dental treatment problems and misunderstandings, without involving State Board action against your license or costly litigation fees (\$300 or more per hour!).

Each component society has its own Peer Review Committee, comprised of trained volunteer dentists from that local area. Ideally, representatives from each component society form the Peer Review Council. The CDA is currently seeking dentists from the San Juan Basin and Weld County component societies to serve on the Peer Review Council. The time commitment is minimal and appropriate training will be provided. If you are interested, please contact CDA Director of Membership Benefits Lu Anne Garvin at 303-996-2845, 800-343-3010 x105 or [luanne@cdaonline.org](mailto:luanne@cdaonline.org). ■

## Why Didn't They Understand?

Miscommunication is often at the center of a conflict. Here are a few things to keep in mind to avoid unnecessary complaints by patients.

- Don't get defensive when patients ask you multiple questions – they're not questioning your ability, they just want to understand their course of treatment and options.
- Always obtain patient permission before providing any treatment. Anything that incurs a cost should be discussed with the patient in advance – especially treatment that is found to be needed while doing another procedure. Just because the patient needs it doesn't mean that they don't have a choice or say in the matter, or that they can afford it financially at the time.
- Be sure your staff members are treating your patients with respect. Rudeness, bluntness and condescending tones not only cause patients to stop listening, it can cause them to walk out of your office and not come back. It never hurts to eavesdrop on a conversation now and again between your staff members and patients.
- Listen to your patients concerns and understand their perspective. Just as you want patients to hear you out, make sure you afford them the same courtesy.

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# A Dentist's Role in Preventing Prescription Drug Abuse

By Beverly Gmerck, Peer Assistance Services

**T**he next time you write a prescription for a patient, take a minute to think about where that medication might end up after the patient no longer needs it.

The abuse of prescription medications is on the rise, especially among college and high school students. National studies show that while use of illicit drugs among students is declining, the abuse of prescription drugs among young adults has increased. Recent surveys stated that 19% of high school students have used medication not prescribed to them. Many teens feel that prescription drugs are "safer to use" than street drugs since they are easily obtained from friends and family medicine cabinets. In one report, the teens stated for the first time that prescription drugs are now easier to get than beer.

Colorado is not immune from this national trend. Any conversation with local parents or high school administrators reveals a variety of abuse-related incidents. In one small rural town, prom night came with five students being admitted to the emergency room for issues related to prescription drug overdoses. In another town, students laughed off the idea of the school using a breathalyzer for prom night since that would not "catch the problem." A teen athlete who had an injury was approached daily by teammates wanting to buy her pain pills and a mom reported finding a whole bottle of Vicodin missing after her son's friends were at the house.

Abuse of medications is not limited to our youth; it is becoming a more and more common issue across all age groups.

- In Colorado during 2008, 562 people died from abusing prescription drugs – that's three times as many as those who died on our roads from drunk driving (173) crashes that same year.
- From 2003-2008, 49% of the drug-related deaths in Denver involved prescription drug abuse.
- In 2008, young adults (24 years and younger) made up nearly 20% of the statewide admissions to treatment facilities for opioids and 29% of the admissions for stimulants.
- In 2008, there were 2,601 emergency room visits in the Denver metro area related to opioid drug abuse, totaling 25% of all the drug related ER visits in the metro area.

## What can you do as a dentist?

The next time you write a prescription, talk to your patient about the increase in prescription drug abuse:

- Let them know that sharing prescribed medications with friends and family is dangerous, possibly deadly and illegal.
- Encourage them to store all their medications in a safe secured location in their home, preferably in a locked box.
- Explain that anyone who enters a home (realtors, handymen, friends etc.) might be looking for these drugs. The street value varies but can be extremely high. Prescription drugs should be treated the same as cash, a

credit card or other valuable items, and never kept in a medicine cabinet.

- Ask them NOT to discuss what medications they are taking with anyone but the pharmacist.
- Urge them to dispose of the extra medication properly. Check out **RxDrugsNotYoursNotSafe.org** for information about proper disposal of drugs and local community take-back programs.
- Keep prescription pads and samples locked at all times, and limit access to electronic prescriptions to only those with prescriptive authority.

By taking a few minutes to share this information with your patient, you can make a big difference in deterring the abuse of that medication.

FREE bookmarks with this information are available by contacting Beverly Gmerck at Peer Assistance Services, [BGmerck@peerassist.org](mailto:BGmerck@peerassist.org). ■

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*It is not just your patients who may be experiencing a problem with prescription drugs. Health professionals are not exempt. The Dentist Peer Assistance Program (DPAP) has served Colorado licensed dentists since 1993. Voluntary participants who come in before there are practice or licensure issues may remain anonymous to the Colorado State Board of Dental Examiners. 80% of DPAP participants have experienced misuse or abuse of prescription medications, primarily opiates.*

*If you, a colleague, a family member or an employee are experiencing any problem that could affect your practice, please contact Donna Lindsey, DPAP program director, at 303-369-0039 x207.*

# Safely Dispose of Unwanted Medication in Colorado

The Colorado Medication Take-Back Project is a network of secure boxes for the collection of unused and unwanted household medications. The collection boxes can be found at 10 locations (eight on the Front Range and two in Summit County):

## King Soopers

3400 Youngfield St., Wheat Ridge  
1650 30th St, Boulder  
4271 S. Buckley Rd, Aurora  
9551 S. University Blvd,  
Highlands Ranch  
2810 Quebec St, Denver

## Tri-County Health Department

4857 S. Broadway, Englewood  
4201 E. 72nd Ave. Suite D,  
Commerce City

## Denver Health

Wellington E. Webb Center for  
Primary Care,  
301 W. 6th Ave, Denver

## City Market

300 Dillon Ridge Rd, Dillon  
400 North Parkway, Breckenridge

When over-the-counter or prescription medications are no longer needed, they should be removed from the home. Unused medications can fall into the hands of small children and cause accidental poisoning. Older children and teens may be tempted to experiment with easily available medications causing harm to themselves or their friends.

Due to strict Drug Enforcement Administration (DEA) regulations governing the disposal of narcotics and other controlled substances, they cannot be deposited in project boxes.

## Allowed

Prescription medications (except for narcotics or controlled substances)  
Over-the-counter medications  
Medication samples  
Pet medications

## Vitamins

Liquid medication in glass or leak-proof containers  
Medicated ointments and lotions  
Inhalers

## Not Allowed

Narcotics and other controlled substances  
Bloody or infectious waste  
Personal care products  
Hydrogen peroxide  
Aerosol cans  
Thermometers  
IV bags  
Needles or other Sharps

Call 303-692-2903 or e-mail [cdphe.hmmmedtakeback@state.co.us](mailto:cdphe.hmmmedtakeback@state.co.us) if you have questions, or go to [www.coloradomedtakeback.info](http://www.coloradomedtakeback.info) for more information.

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# Managing Dental Waste

By Patricia Nickell, M.P.H., R.D.H.,  
Colorado Department of Public Health and Environment

Dental offices produce several different types of waste all having unique methods of disposal or recycling. Understanding the types of waste and their proper disposal can be confusing. It is important to understand the proper management of each of these items to follow regulatory guidelines, and assure a safe and healthy environment. This article reviews the different types of waste generated in the dental setting, explains proper disposal, and suggests environmentally-friendly alternatives.

## HAZARDOUS WASTE

Wastes are considered hazardous if they are ignitable, corrosive, reactive or toxic. With regard to hazardous waste, most dental clinics are classified as Conditionally Exempt Small Quantity Generators (CESQG), producing less than 100 kilograms (220 pounds or 25 gallons) and/or one kilogram of acute hazardous waste a month. Dental offices that fit into this category are required to identify all the hazardous waste they generate and dispose of it properly. CESQGs have the option of treating their own hazardous waste or ensuring delivery of it to a facility that is authorized to accept hazardous waste.

For more information on generator requirements refer to the Colorado Hazardous Waste Regulations 6 CCR 1007-3 Part 262 and the "Guide to Generator Requirements of the Colorado Hazardous Waste Regulations," available from the Hazardous Materials and Waste Management Division at [www.cdphe.state.co.us/hm/handbk.pdf](http://www.cdphe.state.co.us/hm/handbk.pdf).

## Reducing Amalgam Waste

There are several ways to reduce the amount of amalgam waste your office produces. First, purchase encapsulated amalgam in varying sizes. Using amalgam capsules in the size appropriate for the restoration will help reduce waste. Second, install an amalgam separator. It can remove 95% to 99% of the amalgam in wastewater. Third, according to Boulder Partners for a Clean Environment (PACE), do not use bleach or chlorine-based line cleaners, as these will cause the mercury to dissolve from the amalgam particles making it too small to be captured by the separator ([ci.boulder.co.us/www/pace/docu-](http://ci.boulder.co.us/www/pace/docu-)

## Good News!

The Colorado Dental Association recently endorsed a medical waste disposal company to serve CDA member dentists.

**Medical Systems of Denver, Inc.** (MSDI) provides both hazardous and biohazard waste removal and disposal. CDA members receive special pricing of up to 10% off standard fees.

MSDI offers services statewide. Once you sign-up with MSDI, they provide you with the appropriate collection containers, and removal services can be arranged to fit your office needs (pick-up as needed, monthly, bi-monthly, etc.).

MSDI provides local customer service from Frederick, Colo. and caters to the dental and medical community. They are in full compliance with all state and federal regulations.

To learn more or to sign-up, call MSDI today at 303-772-7971.

[ments/AmalgamSeparatorResourceSheet.pdf](#)). Lastly, using other effective mercury-free restorative materials where appropriate can help reduce amalgam waste.

## Reducing X-ray Waste

Hazardous wastes produced from x-ray processing can be greatly reduced by using digital imaging. With digital imaging, there is no need to use processing chemicals or conventional film. The use of digital radiographs can eliminate hundreds of gallons of chemical waste each year.





Old X-ray equipment can be given to a dental charity if it is still usable. The X-ray/Mammography Unit at the Colorado Department of Public Health and Environment (CDPHE) must be contacted at 303-692-3448 if there is a change in ownership or if the equipment is no longer in service. Equipment taken out of service should be dismantled and recycled or disposed of properly.

### INFECTIOUS WASTE

Biohazardous, infectious wastes are any wastes contaminated with blood and body fluids, which could contain disease-causing microorganisms or viruses. Improperly handled, infectious waste carries the risk of infection, can injure unsuspecting people who come in contact with it, and can pollute the environment. In Colorado, infectious wastes are not regulated as hazardous waste; they are regulated as solid waste. Do not put any hazardous waste in infectious waste containers. Infectious dental wastes include sharps, blood or saliva soaked materials, free-flowing blood or body fluid, and human tissues. (Note: Extracted teeth with amalgam fillings are considered hazardous and infectious waste. Disinfect the teeth by

soaking them for 10 minutes in a 1:10 bleach-to-water solution; do not heat sterilize. Place the teeth in the hazardous waste container labeled "Hazardous Waste—Amalgam and Dental Trap Waste")

Generators of infectious waste must develop and implement an onsite infectious waste management plan appropriate for their facility. This plan must be available to the hauler of the waste, to the disposal facility, and to the licensing or regulatory agency. The plan must include the designation of infectious waste, provisions for the handling of that waste, staff training, contingency planning for spills or loss of containment, the designation of a person responsible for implementation of the plan, and provisions for appropriate on and off-site treatment or final disposal.

Properly labeled and packaged infectious waste may be disposed of in a permitted solid waste disposal facility without treatment with the permission of the waste hauler and disposal facility. However, few solid waste facilities are willing to take untreated infectious waste. If so, contact a medical waste disposal company for proper removal and treatment of the waste.

### NON-HAZARDOUS SOLID WASTE

There are many wastes generated in the dental setting that are not regulated as hazardous or infectious waste, but can be reduced in usage or recycled. This includes items such as paper, cardboard, aluminum, plastics, metals and solid glass. Offices can participate in local recycling efforts as well as reduce the use of these products. Some ideas to reduce waste include converting your practice to a paperless office, using reusable containers, choosing non-disposable or biodegradable items, and contracting with suppliers that minimize packaging waste.

All dental offices must manage their wastes correctly. When in doubt, check the Material Safety Data Sheet (MSDS) or contact the Hazardous Materials and Waste Management Division at the Colorado Department of Public Health and Environment. The Customer Technical Assistance line is 888-569-1831 x3320. The hazardous waste regulations Website is [www.cdphe.state.co.us/regulations/hazwaste/](http://www.cdphe.state.co.us/regulations/hazwaste/). ■

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## Colorado Department of Public Health and Environment

### Dental Waste Management Guide

Waste Type	Storage/Containment	Proper Disposal	Environmentally Friendly Alternative
Elemental mercury	Do not keep on premises. Put in a tightly sealed, break resistant container labeled "Hazardous Waste-Elemental Mercury" and send for recycling.	Send to a mercury reclaimer or hazardous waste disposal.	Use encapsulated amalgam in a variety of sizes to limit the amount of amalgam generated to only what is needed.
Chairside traps (disposable and reusable)	Empty contents of reusable traps (tap contents into container, do not rinse out) or place entire disposable trap in a container dated and labeled "Hazardous Waste-Amalgam and Dental Trap Waste."	Recycle, send to a metal reclaimer, or hazardous waste disposal (never discard in the trash, in red biohazard bag or sharps container, or down the drain).	
Vacuum pump filters and/or sludge from amalgam separators	Don't rinse out over drains or sinks. Change filter/canister according to the manufacturer's recommended schedule.	Recycle, send to a metal reclaimer, or hazardous waste disposal (never discard in the trash, in red biohazard bag or sharps container, or down the drain).	
Contact and non-contact amalgam, including empty amalgam capsules	Store in a sponge-type mercury container dated and labeled "Hazardous Waste-Amalgam and Dental Trap Waste."	Recycle, send to a metal reclaimer, or hazardous waste disposal (never discard in the trash, in red biohazard bag or sharps container, or down the drain).	Use other effective mercury-free restorative materials where appropriate, and encapsulated amalgam in a variety of sizes to limit waste.
Extracted teeth with amalgam	Do not heat sterilize. Disinfect and store in a sponge-type mercury container dated and labeled "Hazardous Waste-Amalgam and Dental Trap Waste."	Recycle, send to a metal reclaimer, or hazardous waste disposal (Never discard in the trash, in red biohazard bag or sharps container, or down the drain).	
Wastewater with amalgam		Hazardous waste; check with local wastewater pretreatment authority for permission to discharge to the sanitary sewer.*	Install an ISO 11143 certified amalgam separator to collect 95%-99% of amalgam from wastewater. Use pH neutral, non-bleach, non-chlorine line cleaners, which will minimize mercury dissolution.
Spent X-ray fixer	Collect in container provided by the waste removal company, date and label "Hazardous Waste-Used Fixer Solution."	Recover silver and recycle or hazardous waste disposal.	Implement digital imaging.
Unused developer	Collect in container provided by the waste removal company, date and label "Hazardous Waste-Used Developer."	Neutralize and check with local wastewater pretreatment authority for permission to discharge to the sanitary sewer*; or hazardous waste disposal.	Implement digital imaging.
X-ray developer cleaners containing chromium		Hazardous waste disposal.	Use cleaners without chromium. Implement digital imaging.
Undeveloped film	Store in a container dated and labeled "Hazardous Waste-Undeveloped Film."	Recycle or hazardous waste disposal.	Implement digital imaging.
Lead foil packets	Store in a container dated and labeled "Hazardous Waste-Lead."	Manufacturer recycle program; send to a metal reclaimer; or hazardous waste disposal.	Implement digital imaging.
Lead shields, aprons and collars	Test for leaks every 12-18 months.	Manufacturer recycle program; send to a metal reclaimer; hazardous waste disposal.	Purchase lead-free shields. Give to a dental charity if still usable.
Old X-ray equipment cooling oil (may contain PCBs)		Contact EPA Region 8 for Toxic Substances Control Act (TSCA) requirements.	
Steam sterilization indicator tape, card and/or bags containing heavy metals (check MSDS for lead or barium)	Store in a container dated and labeled "Hazardous Waste-Heavy Metals."	Hazardous waste disposal.	Use indicators without lead or barium.
Concentrated disinfectants/cleaners containing formaldehyde, glutaraldehyde, hydrogen peroxide, PFC's, alcohol, APE, or potassium hydroxide; including vapor sterilizer chemicals, chemical sterilants, ultrasonic cleaners, and hand sanitizers. Check MSDS		If concentrated and unused, hazardous waste disposal. If used, dilute with water and discharge in sewer. Check with local wastewater pretreatment authority for permission to discharge to the sanitary sewer.*	Minimize use of products with these chemicals. Use steam or dry heat to sterilize, avoid using chemicals with chlorine or iodine. Use "green" products.
Pharmaceutical waste (used, leaking or expired) Including, but not limited to: injectable and topical anesthetics, epinephrine, antibiotics, analgesics, nitroglycerin, and ammonium inhalant		Use a reverse distributor for removal. Check if it is a P or U listed hazardous waste; if P listed, then the empty container is also a hazardous waste. Check if it is a characteristic hazardous waste. See hazardous waste regulations Website.**	Review use history and order only what is needed to reduce waste. eliminate or selectively accept drug samples.

## Colorado Department of Public Health and Environment Dental Waste Management Guide

Waste Type	Storage/Containment	Proper Disposal	Environmentally Friendly Alternative
<b>HAZARDOUS WASTE (continued)</b>			
Fluorescent bulbs and HID lamps		Recycle or hazardous waste disposal unless "green."***	"Green" fluorescent bulbs*** or LED lights.
Non-alkaline batteries	Store in a container labeled "Hazardous Waste-Batteries."	Recycle or hazardous waste disposal.	
Computer equipment		Electronics recycling or hazardous waste disposal.	
<b>BIOHAZARDOUS</b>			
"Sharps" such as: used and unused needles, scalpels, sutures, anesthetic carpules, instruments, burs, acid etch tips, endodontic files, blades, orthodontic wire, and broken glass	Red or yellow puncture resistant container with a lid that cannot be removed labeled with a biohazard symbol or the words "Infectious Waste" in letters at least one inch high. Do not overfill.	Infectious waste removal through a permitted solid waste company or a medical waste hauler.	
Human tissues and foreign bodies including teeth (without amalgam) removed during surgery	Container or bag with the biohazard symbol, or the words "Infectious Waste" in letters at least one inch high.	Infectious waste removal through a permitted solid waste company or a medical waste hauler.	
Blood-contaminated (soaked and saturated) material or items, which would release blood or other potentially infectious materials, including saliva, if compressed (blood, or body fluid saturated items).	Container or bag with the biohazard symbol, or the words "Infectious Waste" in letters at least one inch high.	Infectious waste removal through a permitted solid waste company or a medical waste hauler.	
Liquid blood in free flowing form (blood/body fluids)	Container or bag with the biohazard symbol, or the words "Infectious Waste" in letters at least one inch high.	Infectious waste removal through a permitted solid waste company or a medical waste hauler.	
Non-dripping gauze		NOT infectious-regular trash.	
<b>NON-HAZARDOUS WASTE</b>			
Paper, cardboard, aluminum, plastics, metals, glass		Recycle!	Become a paperless office. Use reusable and biodegradable supplies, such as cloth patient bibs and cassette wraps. Use suppliers that minimize packaging waste.
Alkaline batteries		Recycle!	
Old x-ray equipment		Notify X-Ray/Mammography Unit at the health department that equipment has been removed from service; dismantle and recycle circuitboards. Dispose of other components to regular trash a few components at a time.	
Disinfectants with less than 4% glutaraldehyde or low concentrations of formaldehyde		Check with local wastewater pretreatment authority for permission to discharge to the sanitary sewer.*	Use cleaners with less-hazardous materials like quaternary amines, tea tree oil or thyme.
"Green" fluorescent bulbs and HID lamps		Recycle!***	
Developed film		Recycle or dispose in regular trash.	Implement digital imaging.
Unused fixer		Check with local wastewater pretreatment authority for permission to discharge to the sanitary sewer.*	Implement digital imaging.
Spent developer		Check with local wastewater pretreatment authority for permission to discharge to the sanitary sewer.*	Implement digital imaging.

\*Facilities with septic systems should not dispose of these materials down the drain. Even small amounts can damage the septic system. Contact an industrial wastewater disposal company to dispose of these wastes.

#### \*\*Helpful Websites

Hazardous Waste Regulations: [www.cdphe.state.co.us/regulations/hazwaste/](http://www.cdphe.state.co.us/regulations/hazwaste/)  
Dental Waste Compliance Bulletin: [www.cdphe.state.co.us/hm/photo.pdf](http://www.cdphe.state.co.us/hm/photo.pdf)

\*\*\*A spent "green" fluorescent bulb is not a hazardous waste because it does not contain mercury in a leachable concentration of 0.2 mg/liter or more. These bulbs either have green writing on the bulbs or green endcaps to indicate they are more environmentally friendly. Lightbulb recycling through Curbside Inc. <http://www.curbsideinc.com> or ULRECCA at 303-419-1220.

created 12/2009



# Dental Treatment and Prosthetic Joints: No Evidence For Antibiotic Prophylaxis

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

**T**he current position of the American Dental Association (ADA) and American Academy of Orthopaedic Surgeons (AAOS) regarding antibiotic prophylaxis for dental patients having total joint replacements has not been updated since 2002. In that year, an expert panel of dentists, orthopedic surgeons and infectious disease specialists performed a thorough review of then available data to determine the need for antibiotic prophylaxis to prevent hematogenous infection of prosthetic joints in patients who have undergone total joint arthroplasties (TJAs).<sup>1,2</sup>

The panel concluded that antibiotic prophylaxis is not indicated for patients with pins, plates and/or screws, nor for "most dental patients with total joint replacements." However, it was recommended that premedication be considered in "at risk patients," which includes *all* total joint patients during the first two years following replacement; immunocompromised and immunosuppressed patients; and patients with co-morbidities such as previous joint infections, malnourishment, hemophilia, HIV, type 1 diabetes, and malignancy. But is this protocol grounded in science?

A new opinion by Oswald and Gould, reported in *The Journal of Bone and Joint Surgery* (2008 90-B(7): 825-826) states that although "antibiotic prophylaxis reduced the rate of post-operative infection (following arthroplasty) from between 15% and 25%, to 1%...there is no evidence to link prosthetic joint infections to dental procedures and none to prove that

antibiotic prophylaxis (after such procedures) is effective. The continued use of antibiotics would be expensive, contribute to an increase in bacterial resistance, lead to increased morbidity as a result of adverse side-effects and antibiotic-associated infections, and increase the risk of death (primarily from *Clostridium difficile* superinfections among the elderly)." The report went on to state, "It is clear that better oral hygiene is the answer rather than the administration of antibiotics," and that "Routine daily activities such as tooth-brushing and chewing produce an equivalent or even greater bacteremia than from a single dental treatment."<sup>3</sup>

Investigation of the issues raised by Oswald and Gould's editorial exposes some surprising findings. First, the number of deaths from *C. difficile* in the U.S. increased from 5.7 per million population in 1999 to 23.7 per million in 2004, possibly due to emergence of a highly virulent strain of the bacteria. This is an alarming increase of about 35% per year. In real numbers, it means that approximately 7,000 people died of the infection in 2004 in the U.S. alone. Worse still, *Reuters*, U.K. reported in February 2008 that the number of *C. difficile* deaths in the UK rose by 72% in 2006.<sup>4</sup>

Of equal concern is that the U.S. Centers for Disease Control report that as many as 90% of the cases may be associated with antimicrobial drug use, underscoring the importance of judicious prescription of antibiotics. At 7,000 deaths per year, it may seem like the odds of having a patient die from a *C. difficile* infection are low. However, they are not insignificant.

About 1.2 million total knee and hip arthroplasties are currently performed in a two-year span in the U.S. These are the most common arthroplasties performed. It is often misunderstood that current recommendations are for those patients to be premedicated with antibiotics post-arthroplasty for two years when undergoing dental procedures.

In a personal e-mail correspondence with Dr. Thomas Pallasch (who chaired the 1997 ADA/AAOS committee on prosthetic joint prophylaxis), he wrote, "There is no evidence that dental treatment procedures cause prosthetic joint infections, and no evidence that antibiotic prophylaxis is EVER indicated" and "...nowhere in the text (of the ADA/AAOS Information Statement) does it say that antibiotic prophylaxis is mandatory."

Dr. Pallasch further pointed out that the ADA version of the statement uses the terminology "prophylaxis *should* be given," while the AAOS version uses the terminology "*may* be given." He goes on to say that a major problem with the guidelines of TJA prophylaxis is that "few ever read the entire text and only concentrate on the exceptions to the rule—and then misread those to mean 'must' (prescribe)."

His final point was that "there are no evidence-based studies to support the contention that these immunocompromised patients are indeed at special risk for prosthetic joint infections, or that in the two years are at any particular risk for infections from oral microorganisms. These allegedly higher risk patients were inserted by the

orthopods against my advice—they were not evidence-based and they could cause misinterpretation and medicolegal problems for the dentist. (The orthopods) did not agree with this admonition, saying basically that if the first page (of the information statement) is read it should pose no problem. They failed to anticipate that the first page would not be read."TJA patients are generally encouraged to maintain good oral hygiene and visit the dentist regularly.<sup>5,6</sup>

About 135 million antibiotic prescriptions are written each year in the U.S. This means the risk of death from a *C. difficile* superinfection is about 5.2 per 100,000 prescriptions. If evenly distributed, this data would predict that as many as 60 total joint arthroplasty patients may die in the U.S. each year from a *C. difficile* infection. However, the odds of developing a superinfection from single dose antibiotic prophylaxis intuitively seem low. How low is low enough?<sup>7</sup>

Peter Wilson, a microbiologist at University College London Hospital recently published an article online that contrasts American and British guidelines on the subject of antibiotic prophylaxis. Essentially, the American philosophy continues to recommend prophylaxis for high risk patients, which seems to be based more on precedent and fears of potential litigation than sound science. The UK National

Institute for Health and Clinical Excellence guidelines, based on the same published evidence, concluded that antibiotic prophylaxis will result in a net loss of life. Wilson also stated "...*Clostridium difficile* colitis was significantly more common with the longer course (of antibiotics)." The article did not put the odds at zero for single dose regimens.<sup>8</sup>

As important as it is to determine the risk of developing a superinfection from single dose antibiotic prophylaxis, it is also necessary to consider the epidemiology of *C. difficile* infections. Who actually dies of them? Anecdotal reports generally state "the elderly." But that is the same cohort who receive the most total joint arthroplasties.

An article published in the May 2008 issue of *Dental Abstracts* lists "Orthopedic prosthetic joints" as "Medical conditions for which no antibiotic prophylaxis is recommended before dental treatment, although it does not specifically state whether this includes those at 'high risk.'" The report by Oswald and Gould does not specifically address at-risk patients, or those patients who are in the two-year post-operative period either. However, the position of Dr. Pallasch is clear. In a world demanding evidence as a basis for treatment, evidence in support of prosthetic joint infection prophylaxis simply does not exist.<sup>9</sup> ■

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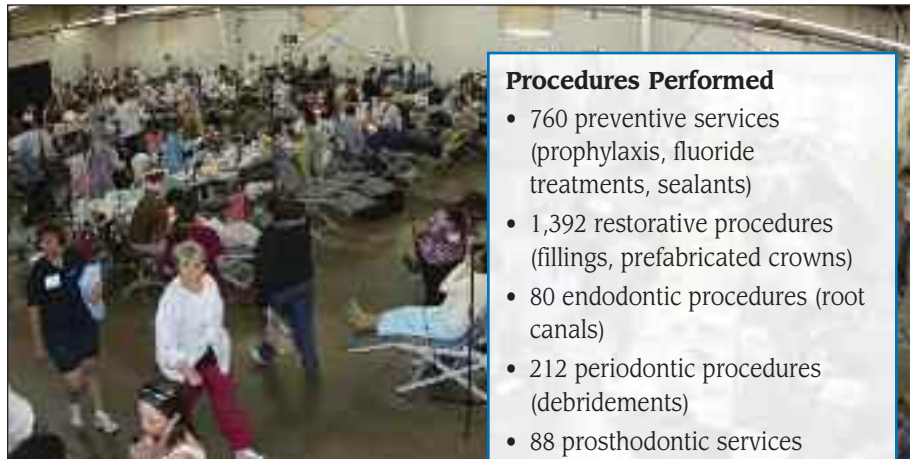
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# COMOM Makes Metro Proud

By Pamela Dinkfelt, Ph.D., COMOM Director

**T**he third annual Colorado Mission of Mercy (COMOM) was held Sept. 10-13, 2009 in Brighton, Colo.

This was the first time COMOM had been held in the metro area and the tremendous need was overwhelming. The first COMOM patient arrived in line at 4:45 p.m., the night before the clinic opened. She and her husband share a single vehicle and since he worked the night shift at his job, she insisted on being dropped off the day before the event to secure her desperately needed dental treatment. She wasn't alone for long, as the second patient arrived just 45 minutes later. By nightfall the line of patients wound into the parking lot. Many came prepared with sleeping bags, blankets and card games to pass time during the long evening ahead. Despite cold concrete and cool temperatures, the patients in line were filled with good spirits and hope. After many years, they would be getting the dental care they desperately needed, and their pain would finally stop. By the time the clinic doors were ready to open at 5:30



## Procedures Performed

- 760 preventive services (prophylaxis, fluoride treatments, sealants)
- 1,392 restorative procedures (fillings, prefabricated crowns)
- 80 endodontic procedures (root canals)
- 212 periodontic procedures (debridements)
- 88 prosthodontic services (anterior partial dentures)
- 1,348 surgical procedures (extractions)

a.m. the next day, over 1,000 patients were in line, instantly fulfilling the clinic's capacity for the day.

**Ultimately, over the course of two days, free dental treatment and services were provided to 1,282 patients.**

COMOM was hosted at the Adams County Regional Park Complex, which was transformed into a large-scale clinic with over 100 dental chairs. Nearly 800 dentists, dental hygienists, dental assistants, dental lab technicians, students, nurses, pharmacists, and an array of community volunteers gave their time and services.

Patients age two through 88 years were treated on a first-come, first-served basis. Each patient underwent an oral cancer screening using VELscope technology and a dental evaluation. As dentists and dental hygienists became available, patients were guided to areas of the dental clinic where they were provided with dental treatment to include cleanings, fillings, root canals, extractions, and preparation for temporary partial dentures. Patients were also given home-care instruction on how to care for their teeth and the importance of preventive dental care.

**Patients underwent 6,800 procedures at COMOM amounting to**

**over \$980,000 in donated dental care.** Hundreds of patients were beaming with confidence – something that many of them hadn't done in years. As one patient commented, "I feel pretty, happy, and...*I can smile!*"

With the downturn in the economy, one volunteer conveyed, "Many of the patients wanted to have their smiles improved so they would have a better chance at getting jobs. Many of these patients were looking for employment. It was good to know that after having that front tooth fixed, the patient felt more confident about himself and his chances to be considered for employment at an interview."

COMOM received an outpouring of support from individuals and entities from the Brighton area. The excitement and enthusiasm for this statewide program was contagious. The local school district, service groups, churches, restaurants, businesses and corporations believed in and took part in the program. A Brighton volunteer remarked, "What a blessing to have had this in our community! A HUGE thank you is due to all the professionals who

## 2009 Volunteer Numbers

Dentists	134
Dental Hygienists	70
Dental Assistants	115
Dental Lab Technicians	30
Dental Billing Coders	18
Dental Equipment Specialists	6
Dental Students	19
Pre-Dental Students	17
Dental Hygiene Students	38
Dental Assisting Students	40
Other Health Professionals	19
Community Volunteers	278
<b>TOTAL</b>	<b>784</b>



donated so much expertise, energy, time, and passion."

The dental clinic also drew personal visits from five legislators and one legislative staff member, moving one state representative to tears. The weekend also achieved rampant media coverage from every major metro television station, the *Denver Post*, six radio stations and local publications. Thanks to a Pulitzer Prize winning photo journalist from Getty Images and a photo journalist from Bloomberg, news of COMOM also appeared in the *Washington Post* and the *Wall Street Journal* online. An article even appeared in the *German Dental Journal*!

COMOM was a rewarding experience for individuals donating their services. One volunteer commented,

"I was overwhelmed by the magnitude of the day! What a great opportunity for so many who are in need of dental care. I will definitely look forward to volunteering for such a worthwhile cause in the future!"

Many thanks are extended to everyone who volunteered and provided support to the 2009 COMOM. Patients shed tears and conveyed deep gratitude for the care and services they received. The time, talent and dedication of the volunteers truly made a difference in these patient's lives. ■

### Memorable Volunteer Experiences

I provided an oral cancer screening for a young woman who was in tears because of her mouth, which was rampant with caries. As I was leaving, she caught up to me and smiled: a real smile. She hugged me and thanked me for caring enough to volunteer and taking the time out of my day to provide services. This was my first year volunteering at COMOM, and I plan to be there every year from here on out. It was a very moving experience.

There was a man in his 50's who I met outside in line on Friday morning. He had pulled his own tooth just days before he found out about COMOM. He was there to have more teeth pulled. When I saw him again on Saturday afternoon, he was getting a flipper to fill in his gaps left by his extractions. He was smiling and happy. His pain-free smile was worth my volunteer time.

We had a patient who needed multiple endodontic procedures on anterior teeth and numerous large composites afterward. Between another dentist and myself, all the root canals were completed and the composites placed. This patient had

been out of work for over a year and a half, had fallen on very difficult times, but had an interview scheduled with a start-up company in Brighton the Monday after COMOM.

We had a patient who was having difficulty making ends meet. He was in sales and had three anterior teeth that were fractured off at the cervical margin. I performed root canals on those three teeth and a restorative dentist did an excellent job with the esthetics. He cried because he felt he would now be able to provide better for his family.

All the gratitude from the patients and parents was very moving. I had great interactions with teenage patients who did not understand the relationship between diet and dental decay. They had some great questions and hopefully they changed some of their habits.

We had a patient on Saturday who was a "total basket case" about getting her work done including the replacement of 7-10. When we placed the partial, her husband who was just as nervous as she was, told her she looked beautiful. We all started crying.

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# Countdown to February!

## National Children's Dental Health Month

With February just around the corner, the Colorado Dental Association is busy preparing for National Children's Dental Health Month. As in years past, the CDA is organizing Give Kids a Smile Day, a national day of free treatment and education for underserved children to bring awareness to the access-to-care issue that many families face.

### *Give Kids a Smile Day: Friday, Feb. 5, 2010*

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 fourth year, continuing education (CE) credit will be available to dentists participating in Give Kids a Smile events. CE forms will be sent to participating offices in the coming weeks.

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

Statewide activities for this year's event will range from puppet shows in schools to full orthodontic treatment at



no charge. We applaud you in advance for your generosity and dedication to this program. Typically, Give Kids a Smile Day events fall into one of three categories: private treatment, offsite treatment and educational/school presentations. Please note the important information below.

- **Private Treatment:** Thank you for volunteering to treat children in your private dental office. Your office is either recruiting patients for the day OR has contacted the CDA to help with patient recruitment (if you are unsure of your patient source, please contact Molly Pereira at the CDA as soon as possible). If you requested patients through the CDA, local school nurses or nearby health centers will be providing you with patients to schedule. Events of this nature tend to have an increased number of no-show patients due to transportation and other issues on

the actual day. To maximize your valuable time on Feb. 5, please consider double booking a few extra patients. Additional information to help prevent "no shows" and tips on scheduling can be found at [cdaonline.org/GKAS](http://cdaonline.org/GKAS).

- **Offsite Treatment:** Thank you for volunteering to treat patients in a nearby clinic, non-profit health center or at the CU Denver School of Dental Medicine. The facilities will have patients and a schedule waiting for you on Feb. 5. You will be receiving more information by mid-January regarding hours of operation and directions to the facility. Please contact the CDA if you have any questions regarding your Give Kids a Smile arrangements.
- **Educational/School Presentations:** Thank you for volunteering to provide much needed education in schools, community centers, etc. If you requested additional activity sheets, lesson plans or materials, they will be mailed to you by mid-January. If you would like to do a presentation but need a school to go to, please contact the CDA or the Metro Denver Dental Society (303-488-9700) for a list of interested classrooms.

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

# New Rules for Roth IRAs

## Is a Roth Conversion Right For You?

By Mimi N. Hackley, M.P.H., C.F.P.

**A** little background: Money that you have in a traditional IRA can be converted to a Roth IRA. This is accomplished by paying the income taxes on the converted amount now. Paying the taxes now might seem contrary to conventional wisdom, however, there are many advantages to a Roth IRA. For example, the money grows tax-free, meaning you won't be taxed on any future qualified distributions from the account regardless of how much it has grown. Also, since you've already paid taxes on the amount you contributed or converted, the government won't benefit when you take distributions, therefore it doesn't require you to take distributions at age 70½ or thereafter.

Tax laws regarding Roth IRA conversions have changed. Currently, Roth IRA conversions are not allowed if your adjusted gross income exceeds \$100,000. Beginning in 2010, Roth conversions will be available to everyone regardless of income level. A Roth conversion, as mentioned above, is a taxable event. However, if the conversion is made in 2010 and completed by Dec. 31, you have the option of reporting the converted amount on your 2010 tax return, OR reporting half of the amount on your 2011 tax return and the remainder on your 2012 tax return. This ability to spread the taxes over the subsequent two years applies only to Roth conversions completed in 2010.

For higher wage earners, this may be a prime opportunity to convert money into a Roth IRA to enjoy tax-free growth. Remember, once you've paid taxes on the amount converted, you'll owe no taxes on future earnings as they are withdrawn. Also, while your heirs will be

required to take distributions over their life expectancies when they inherit your Roth IRA, these distributions will be tax-free for them as well. A certified financial planner can help you determine how a conversion might best be handled. In some cases, it might even be appropriate to involve your estate planning attorney to ensure that the strategy is consistent with your estate planning.

The rules require your Roth IRA to "age" for five years to be tax-free. This means that you must avoid taking a withdrawal from the Roth IRA for five years after conversion. The clock starts to tick on Jan. 1 of the year that you converted your Roth IRA. If you do take

a withdrawal from your Roth IRA prior to meeting the five-year rule, then you will owe taxes on any earnings that are withdrawn and, depending on your circumstances, a 10% penalty may be assessed too. Some exceptions to the five-year rule include disability, higher education expenses and first time homebuyer expenses.

Furthermore, given the bear market and its resulting depressed account values, the timing for a Roth conversion may be terrific. You'll be taxed on the value of the account at the time of the conversion, regardless of what it may

**ROTH** continued on page 30



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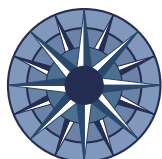
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### **ROTH** continued from page 29

have been worth in past years. So, if your IRA account value is close to its five to six year low, consider converting soon rather than waiting for the market to recover.

The media may lead you to believe the "to Roth or not" decision is an easy choice. In reality, there are a number of issues to consider before converting and your individual circumstances will influence whether a Roth conversion is a good idea for you.

If you are interested in discussing whether a Roth conversion is an appropriate strategy seek the assistance of your certified financial planner, accountant and/or estate planning attorney. ■

*Mimi N. Hackley, M.P.H., C.F.P., is director of financial planning at Sharkey, Howes & Javer, Inc., a Denver based, fee-only, financial planning and investment management firm and a supporter of the Colorado Dental Association. Visit [www.SHWJ.com](http://www.SHWJ.com) or call for more information at 303-639-5100.*

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# Classified Ads:

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## OPPORTUNITIES WANTED

**Opportunity Wanted:** Experienced 18+ years GP looking for PT associate position, one-to-two days/wk. in south Littleton, Highlands Ranch, Lone Tree area. I am flexible in days and hours and have Cerac experience. If interested contact [my3sonz@q.com](mailto:my3sonz@q.com).

**Opportunity Wanted:** Highly motivated and experienced general dentist actively looking for dental practice to purchase in the Denver metro area. Please e-mail [spa98009@yahoo.com](mailto:spa98009@yahoo.com) with information.

**Opportunity Wanted:** Highly motivated and accomplished GP dentist, 15+ years experience, relocating to Boulder/Denver area. Looking for partnership/buy-in/buy-out. Cosmetics, pros., rotary endo., implants, holistic care. Reply to [accesstom@comcast.net](mailto:accesstom@comcast.net).

**Opportunity Wanted:** 14-year-experienced GP looking for assoc./partner position in Grand Junction area. LVI cosmetics, resins, endo, implants, full mouth rehabs. Reply to [DrGJ2009@yahoo.com](mailto:DrGJ2009@yahoo.com) for CV or further info.

**Opportunity Wanted:** Colorado licensed board certified pediatric dentist with solo and group experience seeks immediate PT employment. Experienced in all phases of orthodontic and dentofacial orthopedic treatment. Please contact [kidsdentistco@gmail.com](mailto:kidsdentistco@gmail.com).

**Opportunity Wanted:** Retired orthodontist in Denver metro area seeking part-time work; can also cover vacations and health issue situations. I can be reached at [darbthedog@aol.com](mailto:darbthedog@aol.com).

## POSITIONS AVAILABLE

**Associate:** Well-established, privately owned general dental practice in Centennial looking for full-time associate dentist with potential for buy-in. Please fax resume to 303-694-0557 or call 303-694-6400.

**Associate:** Associate needed ASAP with guaranteed buy-out within six months. Owner relocating. Beautiful Class-A fee-for-service office in Colorado Springs. Please contact 719-358-3755 or send resume to [jmr.dds@att.net](mailto:jmr.dds@att.net).

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

**Associate:** New dental office opening in Green Valley Ranch, Colo., late February 2010, seeking associate dentist. Our state-of-the-art office will be completely digital and chartless. We are seeking an associate dentist that has completed a dental residency and military residency a plus. We need an individual who is able to sell large treatment plans with confidence and will retain many, if not all procedures in office. This is an extremely wonderful opportunity with high earning potential for the right individual. If this sounds like what you've been looking for,

please send your resume and CV to Stephanie Rose at [Stephanie@veatchconsulting.com](mailto:Stephanie@veatchconsulting.com). We look forward to hearing from you.

**Associate:** Sedation practice. Great opportunity in northern Colorado. Associate needed to join our comprehensive care facility. IV sedation licensure required or planned on getting in the near future. Must have at least two years exper., and/or one year GPR residency. Contact Bill Reardon, D.D.S., 970-420-5997, or send resume to [opnwyd41@yahoo.com](mailto:opnwyd41@yahoo.com).

**Associate/Partner:** Seeking associate/partnership, Loveland and Greeley offices. Office focuses on implants and cosmetic services, and utilizes E4D and CT technology. Minimum one year experience required. Contact: [teeth1640@yahoo.com](mailto:teeth1640@yahoo.com).

**Associate:** N. Colorado Springs, Northgate Dental. Thriving adult reconstruction practice seeking associate to perform all phases of adult dentistry. Position is immediately available for PT w/possible FT or buy-in. Gross sales over \$1.5M, 30-50 NP/mo. Contact Paul Dodsworth, [drd@northgatedentalcare.com](mailto:drd@northgatedentalcare.com).

**Associate:** Tired of the "business" of dentistry? Well-established metro Denver area practice seeking general dentist for associate position. Fee-for-service only practice. Three years experience or GPR required. For more information, please contact Malcolm E. Boone II, D.D.S., M.S., at 303-388-1661 or 303-451-1111 for details or fax CV to 303-451-7238.

**Associate Positions:** Please visit our Website, [www.ctc-associates.com](http://www.ctc-associates.com), for current associate opportunities and e-mail your resume to [info@ctc-associates.com](mailto:info@ctc-associates.com).

**Associate Buy-In:** Lakewood and Eagle County. Please e-mail your resume to [info@ctc-associates.com](mailto:info@ctc-associates.com) or call Larry Chatterley at 303-795-8800.

**Associate:** General dentist wanted for associate or partnership. Office location is in Pueblo, Colo. Unique opportunity; call 719-546-0404 for more info, ask for Kriss.

**Associate:** Howard Dental Center, serving adults, youth and children living with HIV/AIDS, is seeking an associate dentist to provide comprehensive and integrated oral health care within a well-known and recognized public health setting. A thorough background in general dentistry and previous experience working with HIV+ patients are the requirements for the successful candidate for this position. Please send cover letter and resume by Nov. 6 to Dr. Joan Grevic, dental director, Howard Dental Center, 1420 Ogden St., Denver, CO 80218, [j.grevic@howarddental.org](mailto:j.grevic@howarddental.org), fax 303-832-7823. Howard Dental Center is an Equal Opportunity Employer, and the position is full-time with a competitive salary and generous benefit package.

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**Dentist:** General dentist opportunity available with an innovative high-tech group practice in Denver and surrounding areas. The practices have both associate and partnership opportunities available. The practices have a large patient base with no managed care contracts. Seasoned dentist with five+ years practice experience desired. Ideal candidates should be charismatic, compassionate, innovative, consistently learning new innovative dental techniques and procedures, exhibit leadership qualities, listen and communicate well, and have a drive for success. Dental professionals who join our practice should strive to be the kindest, most compassionate dental providers in the delivery and pricing of our services. Candidates should also be open-minded to making the mental transition from a dentist to an oral facial physician, and by doing so will result in exceeding the expectations of our guests. Our practices use the latest in dental technology including diagnadents, Biolase Waterlase MD, digital and intra-oral images, same-day cad/cam crowns fabrication, remineralization practices, oral pH testing, among other innovative techniques. Please fax CV and letter of introduction to 303-430-7450 or e-mail the information to [mmcallister@dhcamerica.com](mailto:mmcallister@dhcamerica.com) (Attn: Mac McAllister).

**Dentist:** Wanted: Implant specialist to take over implant practice. Referrals and marketing in place for immediate production. Creative buy/lease options available. Call Jeff at 303-579-9882 or fax resume to 866-633-6972.

**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](mailto:mbirner@birnerdental.com) or visit [www.bdmperfectteeth.com](http://www.bdmperfectteeth.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:** Lakewood general dentist, Jackie O'Beirne, seeking dentist to share space. Five fully equipped operatories, stylish, clean, happy, friendly, caring staff. Great location off of 6th and Garrison. 720-838-4495.

**Dentists:** New and experienced dentists. New premium 100% ownership practice. Growth markets. Financing help. Share our knowledge, brand and marketing. Contact Smiles Caring Dental, 801-979-3161.

**Front Office:** Busy office in Falcon Colo. seeking a motivated, friendly individual for our front office. Dentrix is a must. Excellent pay in a modern office with a friendly hardworking staff. Call 719-310-8090. E-mail resume to [quick2play@gmail.com](mailto:quick2play@gmail.com).

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**Practice:** Wanted: Implant specialist to take over implant practice. Referrals and marketing in place for immediate production. Creative buy/lease options available. Call Jeff at 303-579-9882 or fax resume to 866-633-6972.

**Practice:** Ouray, Colo. Part-time practice. Three-chair, fully computerized office. Have time to enjoy the outdoor opportunities of the San Juans and practice dentistry. Contact Mary at [swcodentist@yahoo.com](mailto:swcodentist@yahoo.com).

**Practice:** Southwestern Colorado. Well-established (14 yrs.) prestigious practice. Has four ops., projected 2009 gross \$850,000+. Sees 200+ pts./mo. (70% FFS). E-mail [info@promed-financial.com](mailto:info@promed-financial.com) or 888-277-6633.

**Practice:** Northeastern Colorado. Excellent cash flow! DE \$240,000! Country boutique practice, \$387,000 collections, three days per week, 1,000 active patients! Modern facility with pano. Priced to sell \$212,000. Susan Spear, MPB, Inc., 303-973-2147, e-mail [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**Practice:** Fort Collins, Colo. The perfect practice! Great location \$841,000 2008, 60% overhead, high-tech equipment, exceptional team, beautiful office! Won't last long! Susan Spear, MPB, Inc. 303-973-2147, e-mail [susan@practicebrokers.com](mailto:susan@practicebrokers.com).

**Practice:** Denver, Aurora, Greeley, Northeastern Colorado. Many new listings now available! Call today for specific information. Susan Spear, practice transition specialist/licensed broker, SAS Transitions, MPB, Inc., 303-973-2147,

[susan@sastransitions.com](mailto:susan@sastransitions.com)/[susan@practicebrokers.com](mailto:susan@practicebrokers.com).

#### New owner practice success program!

Before and after the sale transition support for new owners! Are you considering a practice purchase or did you recently purchase a practice? Don't make mistakes you cannot fix! Work with the experts in practice transitions. Susan Spear, 303-973-2147, and Amy Kirsch, 303-796-0056, have teamed up to support you through your first year!

[susan@sastransitions.com](mailto:susan@sastransitions.com), [amy@amykirsch.com](mailto:amy@amykirsch.com).

**Practice:** Pinetop, Ariz. Dentist retiring. Pinetop is in the N.E. corner of Arizona just 35 miles from Snow Flake, Arizona. It is at 7,200 ft. elevation, within national forest, skiing fishing, etc. The practice is a long-established general practice. No prepaid plans, some PPO, about 50% fee-for-service. Six fully established operatories, panorex, digital x-ray, nitrous oxide, microscope. Two hygienists, two assistants, and two front office persons. Production will be above \$800,000 for the year on a four-day, 36 hour week. Call for more details and to make an offer, 928-367-2149, 928-205-8357 or [cpeiser@hotmail.com](mailto:cpeiser@hotmail.com).

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

**Practices:** General practices along the Front Range. Denver, Littleton, Lakewood, Wheat Ridge, Commerce City and Colorado Springs. Additional opportunities in the high country and southern Colorado. For more information on current practice listings, please visit [www.ctc-associates.com](http://www.ctc-associates.com) or call Larry Chatterley at 303-795-8800.

**Seller/Buyer Services:** If you would like more information on how to buy, sell or associate in a practice, please call Larry Chatterley at 303-795-8800 or visit our website for practice transition information and current practice opportunities at [www.ctc-associates.com](http://www.ctc-associates.com).

**Practice:** Arizona. Busy oral surgery practice in great Phoenix location. Collecting \$900,000 with profit of \$500,000. Jerry Weston, Professional Marketing and Appraisal, 303-526-0448.

**Practices:** Colorado: 1) Steamboat Springs area, five ops. collecting \$800,000 with profit of \$270,000; 2) Colorado Springs, buy half of busy four op. practice in Rockrimmon; 3) Montrose, doctor retiring, five ops., digital x-ray, collecting \$350,000 with potential for more; 4) Ortho-pedo practice in the Park Meadows area. Great starter opportunity. Jerry Weston, Professional Marketing and Appraisal, 800-632-7155.

**Practice:** Cheyenne, Wyo. Busy practice collecting \$1 million fee-for-service dollars with doctor profit of over \$500,000! Four ops. in professional building. Financing available. Professional Marketing and Appraisal. Jerry Weston, 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](http://www.dentaltrans.com).

CLASSIFIEDS continued on page 34



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**CLASSIFIEDS** *continued from page 33*

**Practice:** Loveland, Colo. Practice offers unlimited growth potential with a now better-than-average patient base for practice this size. Fee-for-service; low overhead. Call Dave Goldsmith, 303-304-9067 or [dgoldsmith@ajtco.net](mailto:dgoldsmith@ajtco.net).

**Practice:** Montrose, Colo. Practice grossing \$620,000+ with 2,000+ active patients; averaging 50 new patients/month. Favorable lease. Dentist extremely motivated and anxious to move for family reasons. For more info, call Dave Goldsmith, 303-304-9067 or [dgoldsmith@ajtco.net](mailto:dgoldsmith@ajtco.net).

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**SPACE AVAILABLE**

**Space Sharing:** Dental operatory for rent in a brand-new dental office in the heart of the Denver Tech Center. Please call for details and an appointment: 303-781-2107.

**Space Sharing:** Dentist wanted to share office with in a state-of-the-art facility with a friendly and competent staff. New high tech office with room to expand. Great location! 719-260-0216.

**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:** Seeking a GP to share great new condo in prime NE Colorado Springs location. Five big ops. w/room to grow, fireplace, kitchen/break room, priv. bath/shower, consult room, digital x-rays, Dentrax, admin supt., stunning mountain/city views. Call 719-440-7037.

**Space Sharing:** Dentist in upscale BelMar area looking for dentist to share office space. E-mail inquiries to: [drchrisvairin@comcast.net](mailto:drchrisvairin@comcast.net).

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

**Spare Sharing:** Space share in GP office in Aurora. Six treatment rooms, fully-equipped with latest ergonomic concept, administration support, fully digital office, pleasant professional location. Call 303-369-1069.

**Office Space:** Colorado Springs, Briargate area by major intersection. 2,095 sq. ft. first floor modern bldg., four ops. Plumbing, cabinetry, data lines, etc. present. Call 719-266-4848 or [derdds@yahoo.com](mailto:derdds@yahoo.com).

**Office Space:** Colorado Springs, Briargate. Turn key, one year free rent w/10 yr. lease. \$16/sq. ft. NNN. 2,000-18,000 sq. ft. available. 100% Class A medical use building, Onsite Surgical Center, building signage easy accessibility w/unobstructed Front Range and Pikes Peak views. Skip Graham, Sovereign Capital Management, 719-634-8225.

**Office Space:** Class A turn-key dental suite. Access to a large patient base, convenient location, and modern equipment. Flexible lease terms with an option to purchase the building. Basement space for storage and equipment, great parking and much more. Call Jason Kruse at 303-339-5049 or e-mail [jason@coloradogroup.com](mailto:jason@coloradogroup.com).

**Office Space:** Turn-key dental suite (3,247 sq. ft.) for lease in Lafayette, Colo. near the intersection of Hwy 287 and South Boulder

Road. Call Steve Sims of Gibbons-White at 303-442-1040 or e-mail [Steve@GibbonsWhite.com](mailto:Steve@GibbonsWhite.com).

**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](mailto:drbeebo1@hotmail.com).


**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. 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.

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**Office Space:** Dental offices in Lakewood, Colo. 26th and Kipling area. 850 sq. ft. built-out, four ops., full service \$15/ft. 1,900 sq. ft., owner will assist w/tenant finish per your specs., full service \$12/ft. 2,000 sq. ft., owner will assist w/tenant finish per your specs., full service \$12/ft. Three months FREE with three year lease. Call Jack, 303-919-0813.

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

**Office Space:** 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.

#### SERVICES/ANNOUNCEMENTS/MISC.

**For Sale:** Brand new, never used, J-4 Myo-Monitor, with case, pads and training video \$900, and Acculiner System with Articulator, 150 mounting plates, 20 Schreinemakers trays, manual \$1,700. Call 303-666-7110.

**For Sale:** Pueblo, Colo. Dentist retiring and selling equipment: <http://dentalequipment-pueblo.blogspot.com/?psinvite=ALRopXftoOD9mRocB-Qld8RWT9zqASpQzeLm-PMFaGh8x3M8NHMjcOnIXDpPosgBw4NTMBMj0LTc8rwAfEw-mswmU00at6QQw>. Call 719-561-2657 for more information.

**Start-up/Practice Management:** If you would like more information on doing a scratch start-up or assistance with managing your practice, please call Marie Wuthrich Chatterley at 720-219-4766 or e-mail [marie@ctc-associates.com](mailto:marie@ctc-associates.com).

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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. Michael Ford at 303-810-4475 (day or night). All inquiries are kept confidential.

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**Attorney:** Representing dentists/dental practices: associate agreements, purchase/sale of practices, partnership agreements, leases, general contracts and compliance. Flat fee billing arrangements. Responsive. Rubicon Law Group, Ltd. Contact: Ryan Howell, J.D., M.B.A., 303-800-9120, [ryan@rubiconlaw.com](mailto:ryan@rubiconlaw.com).

**Attorney:** Full-service business law firm with 18 years experience serving dentists. Business formation, employment compliance, equipment leases, associate/buy-sell agreements, real estate lease and purchase, arbitration/litigation. Licensed in Colorado and California. Jeffrey DiTolla, J.D., 720-890-9339; [Jeffrey@ditollalaw-firm.com](mailto:Jeffrey@ditollalaw-firm.com).

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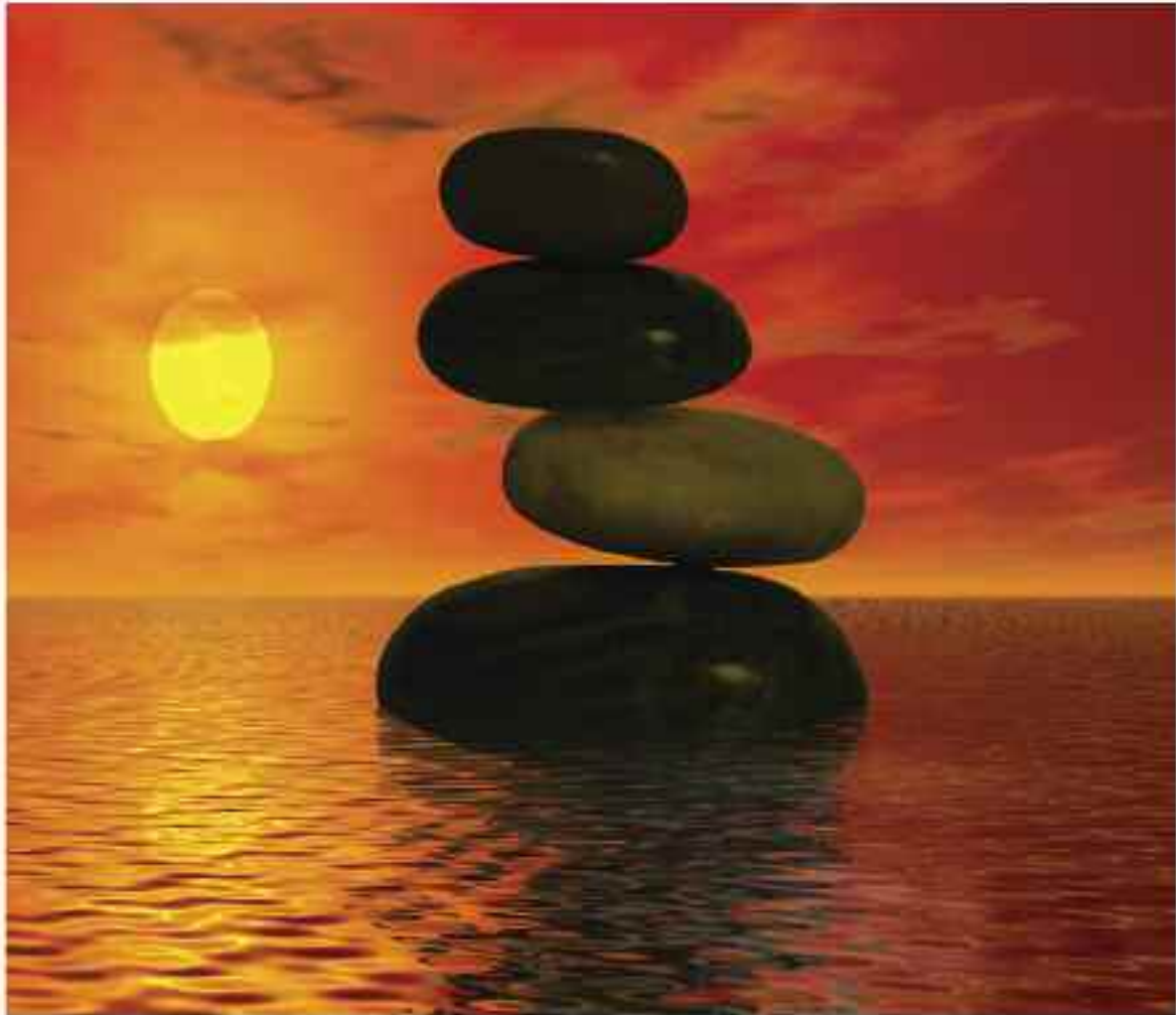
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