

# Articulator Magazine

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# ARTICULATOR

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# The Gentle Musings of a Gum Gardener – Part 2

By **Brian Gurinsky, DDS, MS**



**A**s I was pondering what to write about for my final article as MDDS President, I had two thoughts. The first focuses on dentistry as a profession and why MDDS has been so important to me. In a nutshell, being a dentist is hard work. It taxes us mentally and physically. We graduated dental school with limited skills, knowledge and confidence. From day one, we are expected to be proficient as more than just a clinician. We are expected to understand the machinations of dental insurance, marketing, managing a team and running a business. This is no easy task, and many of us never truly master this -guilty!

I moved to Colorado in 2003, hardly knowing a soul. My involvement with MDDS started serendipitously and randomly. I had volunteered for a 9Health Fair and had the great fortune of being paired up with Chuck Danna. Not long after that encounter, Chuck phoned me, imploring me to get involved with MDDS and sit on a committee, which I did. At the time, I didn't really understand what organized dentistry was about or why I should get involved.

Fast forward 16 years and I now understand the bigger picture of organized dentistry, especially at the local level. There is strength in numbers. The more members and the more dentists involved, the stronger our voice. While lobbying and advocacy are mostly handled at the ADA and CDA levels, we can't expect to have an impact on issues important to our profession without a critical mass of dentists. What message would it send it to legislators, insurance companies and the public, if only a small percentage of practicing dentists were members? This has been a crippling topic for physicians and the American Medical Association (AMA). We must make sure we don't follow down the same path.

Also, we all need support. As a young dentist, where do you turn? My answer: find a mentor. Or three. Seek out guidance from dentists you admire. Don't be bashful to ask. We don't have to go at this alone and feel isolated. Dentistry is hard enough. This is the area where MDDS excels and proves most important to our members. Networking with dentists of all ages and experience levels is priceless. These relationships go both ways. If you're a more seasoned dentist, find a younger dentist to mentor. Not only will you get more out of the experience than you might think, but hopefully

that new dentist also will want to pay it forward once they become more seasoned. We need to stick together and support one another!

My second thought when considering this article was to discuss our upcoming Applied Strategic Planning (ASP) session set for this summer. Once every three years, the MDDS Board of Directors convenes for a weekend to plan out where the Society should go next. This guided brainstorm is paramount to the direction and future of the Society. The team works to find four big challenges, or goals, that committees will strive to address over the next few years. Without identifying these goals during the ASP, our committees, professional team and Board would be left to wander aimlessly. As an example of the ASP's importance, about a decade ago, during

an ASP far, far away, a crazy ragtag group of dentists had the preposterous idea of building a new facility for MDDS and making it a state-of-the-art learning and teaching center. It was in that session where the genesis of the Mountain West Dental Institute (MWDI) took hold. Before I had taken part in an ASP, I had no idea how the Society worked or made decisions. Now, after three, I understand why it is

so important to envision "where we want to be in five years." As we approach the next ASP, grab a board member, team member or committee volunteer and share your ideas on what you think should be discussed. We rely heavily on this feedback from our members! MDDS, after all, is YOUR Society. And now, I bid you adieu. It has been a distinct honor and privilege serving as your President this year. ■

*"There is strength in numbers. The more members and the more dentists involved, the stronger our voice."*

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# A Reflection on Practice Ownership

By **Allen Vean, DMD**



A close friend once told me there is nothing better than that which we call our own. In life and in the dental profession, there is an ongoing discussion of leasing versus owning your practice space. I vividly remember the purchase of my first home. In addition to having just started my practice, I had two young children, daycare,

home expenses, office expenses, a practice loan and other concerns too numerous to mention. Knowing the upside of owning real estate, my wife and I were ready to purchase a starter home. I remember sitting in the mortgage company closing office and the loan officer telling us this simple rule, "You pay, you stay." Thanks for the added pressure! However, with hard work and attention to balancing both professional and personal life, we were able to support ourselves and enjoy our investment.

Unfortunately, after five years of practice in a leased space, I was forced to move to a new office. I was given six weeks to move. The cost of moving a dental office was, without a doubt, one of the most stressful points in my career. Office layout, finishes, plumbing, electrical, equipment and the other details all had to be decided while still running the practice. Within two years of that move, I was approached by a group of dentists who had recently purchased a dental building and needed another partner in their real estate venture. The building was located on the busiest street in Colorado. It was centrally located with easy access to highways and central Denver. With the addition of my pediatric practice, four specialties and general dentistry would be represented in this building. The suite that I would occupy had always been a pediatric dental office so the move would be much smoother. Another advantage of owning an office would be acting as our own landlord. We would not be receiving a notice of non-renewal. Negotiating leases would now be off the table. Based on this, I decided to take the group up on their offer.

Our owners group formed a Limited Liability Corporation (LLC). Rents were established based on office square footage, suite location and building expenses including mortgage, insurance, etc. Gradually,

the building was updated with new HVAC, restrooms, carpet, furniture, etc. Sounds like what we do with our own homes. Yes, this was a second home to our patients. Obviously, issues arose similar to a residence. A restroom leaked or the air conditioning needed to be repaired. However, we had an excellent relationship with our vendors and they were usually just a phone call away. Eventually, we were also able to purchase a parcel of land next to our building for additional parking.

Our LLC was able to meet the financial responsibilities without ever requiring a capital call from partners even though there was no positive cash flow until the mortgage was retired. However, the tax advantage of the corporation and paying rent to the LLC was enormous. The peace of mind of being our own landlord allowed us to sleep better at night and was the foundation of our decision.

*"Obviously, practice real estate ownership is not for everyone. All the pieces must fit together. However, in my experience it should be seriously considered as part of your financial planning."*

Through the years, changes occurred. One partner needed a larger suite and moved the practice a short distance away. That suite was leased to another tenant dentist. Two of the partners "graduated" into the next phase of their life and their suites now had tenants. Instead of the building being ninety percent owner occupied, it was now only fifty percent owner occupied. Then all the tenant leases were about to come due at the same time. At least one of the tenants informed us they would not be renewing, and the sale of the property was decided to be in the owners' best interest. The location was outstanding with excellent parking and access. Due to the age of building, which was built in the mid-fifties,

the probability of it being "chopped down" as my grandson noted was high. The property was listed and within two months, an excellent offer was on the table. As a cash offer with no contingencies, it was a beauty of an offer. Plus, practices had some time to move. During the next few months, everyone did find a new home in the area. The building's dental history did not disappear entirely as the footprint was saved, and two restaurants were created.

Obviously, practice real estate ownership is not for everyone. All the pieces must fit together. However, in my experience it should be seriously considered as part of your financial planning.

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# MEMBER SPOTLIGHT

Ian Paisley, DDS

Bromley Park Dental  
Brighton, CO

## You became involved with organized dentistry early. What inspired that involvement?

"One day walking into my college chemistry class there was a booth with two Northwestern University dental students promoting careers in dentistry. I was already pre-dental but they handed me a copy of the ASDA News and I was hooked. I became a pre-dental member and every time I would go to an event everyone was having a great time."

## Any advice for someone thinking about becoming more involved?

"Just take the small first step and dip your toe in. I have held many positions in the MDDS all the way up to President, but it all started on the RMDC Marketing Sub-Committee. From there, the doors begin to open."

## Where do you see dentistry in 10 years?

"I enjoy owning my practice, but through consolidation, I believe there will be many fewer dentists who own practices. This does not spell the end of dentistry. These times will require a renewed push for dentists to stand up for ethical treatment of patients in the face of those who would pressure them otherwise. It will allow dentists more time to focus on the clinical practice of dentistry, attend CE and take their treatment to the next level. Ethics and treating the patient as the dentist would want to be treated themselves will be key."

## What accomplishment over your time volunteering are you most proud of?

"I am most proud of chairing the fundraising committee for the MWDI. We had some early challenges; but, we persevered and raised over one million dollars. Now MWDI is financially strong and a shining example of innovation for the whole nation."

## What is your favorite MDDS event throughout the year?

"It's a small one but I really look forward to the August New Member Welcome Event. It is always well attended and usually outside on a beautiful summer night. I have made so many new friends at this event. It's something I plan on attending even after my leadership days are past."

## What is your favorite part about your job?

"My favorite part of my job is hitting one of those great days where I have an interesting variety of procedures, a few of my favorite patients, no unexpected wrinkles in the treatment and a couple fun kids in the schedule toward the end of the day when school gets out."

## What would you be doing if you weren't a dentist?

"I'd be wrapping up my career pitching for the Chicago Cubs."



## New Member Welcome Event - 100% de Agave



Members and volunteers gathered for a fiesta in February at the quarterly new member welcome event.

## New Member Welcome Event - Blue Moon



Guests enjoyed networking, craft brews and appetizers during the April New Member Welcome Event.

## MDDS/CDA Women Dentist Event - Brown Palace



The ladies of Colorado and Denver gathered at the Brown Palace for high tea during the Annual Women Dentist Event.

## New Members, Welcome!

Dr. Nathan Barton

Dr. Crystal Berger

Dr. Rebecca Case

Dr. Nancy Chang

Dr. Taher Dhoon

Dr. Christopher Evans

Dr. Michael Hale

Dr. Allison Hinsberger

Dr. Andrea Jennings

Dr. Steven Kilpatrick

Dr. Matthew Lettre

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# REMAIN CALM

By **TDIC Risk Management Staff**

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**M**any emotions swirl around the dental office. Fear, stress, worry, dread, apprehension and frustration are all normal and expected. Anger can also be found in the dental office and many dentists have experienced their share of angry patients. But when that anger escalates, practice owners have a responsibility to protect their staff from aggressive, belligerent and threatening behavior.

The Dentists Insurance Company reports several calls to its Risk Management Advice Line from practice owners facing irate patients. Typically, these cases stem from patients who are upset over unplanned expenses, treatment plans they consider unnecessary, failure to achieve expected results from cosmetic procedures or a dentist's refusal to practice outside the standard of care when a patient attempts to dictate treatment.

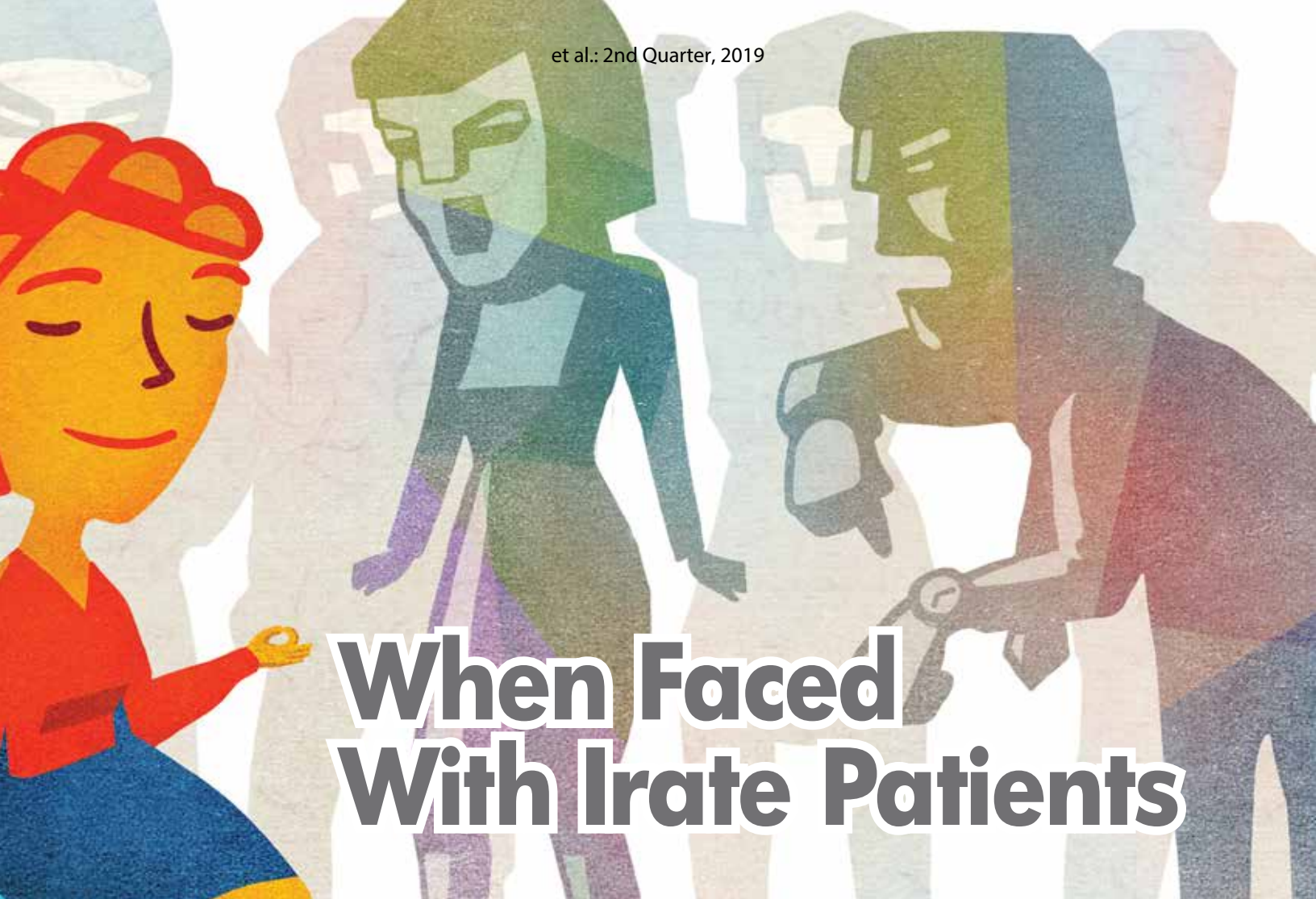
It's one thing for a patient to become angry. But when that anger manifests into threatening behavior such as yelling, cursing, stalking or violence, practice owners must intervene. As employers, they are obligated to provide a safe working environment for their staff, one in which employees are not fearful for their own safety.

In one case reported to the Advice Line, a woman brought her son in

for an exam. The dentist recommended placing sealants on a few of his molars. The mother was unsure about the sealants and declined the treatment. The next day, she called the office and said she had changed her mind and wanted to move forward with the treatment after all. She brought her son in the following day and the sealant was applied.

A week later, the mother called the office and stated she wanted the sealants removed, as she had done some research online and was concerned about the risk they posed. The dentist declined, as he was confident in the treatment and it was his professional opinion that removal was unnecessary. The mother called repeatedly and harassed staff members. She showed up to the office with the child, acted belligerently and demanded that the dentist remove the sealants. The dentist was out of the office. The patient's mother screamed and cursed at the office manager and assistant. The dentist ended up offering a refund as a gesture of goodwill.

In another case, a patient demanded a refund for orthodontic treatment that had been performed several years prior. She said she had recently been to a different orthodontist who said he would be able to achieve a better outcome. The original treating orthodontist invited the patient to meet face to face, but did not recommend retreatment. The patient disappeared for some time, then called back and wanted to talk. When the doctor called her back, she again demanded a full refund. The orthodontist refused, as he was confident in his work.



# When Faced With Irate Patients

The patient repeatedly called the office demanding her money back. On several occasions, she showed up at the end of the day and either staff or the doctor would tell her they were closed. The patient eventually filed a complaint with the Better Business Bureau and the doctor called the Advice Line. Because the practice wasn't a member of the BBB, the analyst advised him that he had no obligation to respond to the complaint.

Senior Risk Management Analyst Taiba Solaiman said the best course of action to take when faced with angry or irate patients is to remain calm. Respond with a professional demeanor and let them know you are willing to hear them out.

"Sometimes patients just want to be heard," Solaiman said. "Sit down with them privately and let them know you understand they are upset and that you are willing to listen to their concerns. A compassionate ear can go a long way in diffusing a tense situation."

Showing compassion does not mean you shouldn't set boundaries. Be forthright about what is and isn't achievable or realistic. Let the patient know that you cannot allow them to dictate treatment nor can you practice below the standard of care. Should a discussion become heated,

*"Sometimes patients just want to be heard," Solaiman said. "Sit down with them privately and let them know you understand they are upset and that you are willing to listen to their concerns. A compassionate ear can go a long way in diffusing a tense situation."*

it may be helpful to bring in a third person, such as an office manager or another staff member with whom the patient has a good rapport. Often, a third party can help explain the situation in a way the patient understands.

In instances in which patients demand refunds, it is always within a dentist's right to do so. Offering patients their money back does not imply an admission of wrongdoing, but rather a desire to bring the matter to a mutually agreed-upon resolution.

"In many cases, offering a refund can be the best way to diffuse a situation and prevent it from escalating," Solaiman said.

Solaiman cautions that if these efforts fail and the patient continues to harass or threaten you or your staff, it may be a good idea to consider dismissing the patient from care. Ensure that the patient is not midtreatment and follow a formal dismissal procedure.

Unhappy patients are an unfortunate reality of practice ownership. And in many cases, frustration — even anger — is understandable. But when patients cross the line and their anger turns into aggressive or violent behavior, it is your professional responsibility to put a stop to it. Otherwise, you put yourself, your practice and your staff at risk. ■





# GREEN & BLUE

BEAUTIFUL DAY OF CLEAR BLUE SKYS AT THE ST. PATRICK'S DAY PARADE!

For the fourth year running, MDDS volunteers, team members and nonprofit partners donned their greenest and most festive St. Patrick's Day gear and handed out thousands of pieces of oral healthcare supplies during the Denver St. Patrick's Day Parade. Denver residents cheered for toothbrushes, toothpaste and beads while parade participants danced and walked with the float. A special thank you to our sponsors Commerce Bank, Peebles Prosthetics and Spectrum AV. ■







Thousands of Denverites line the street at the Denver St. Patrick's Day Parade.



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Parade-goers getting excited about oral health care.



Sponsors and volunteers enjoying tailgate  
time before parade step-off.



The MDDS mascot gets the parade crowds amped up.





# MYTHBUSTING: Cell Phones in the Workplace

By **Tija Hunter, CDA, EFDA, CDIA, MADAA**



*It's OK to carry my cell phone in my pocket while I'm at work. I mean, if my family needs me, I have to answer. Right?*

**WRONG!**

You do not need your cell phone on you at all times. Your family should have your office phone number to reach you in case of a true family emergency. If you are in the middle of any procedure, there is no way you should be answering your phone.

When you think about it, what text message did you receive yesterday that was a true emergency? More than likely, it was your partner asking what was for dinner, one of your kids asking if they could go to a friend's house, or the kids arguing and wanting your attention.

Cell phones gained popularity in 2000 with the advent of text messaging. So, most of us did not have cell phones 20 years ago, and you know what? We survived!

I believe these tiny computers—that we insist on not only having, but on keeping in our hands at all times to answer the next text or phone call in a flash—have become a source of alienation for humanity. I think we've become a society of rude people. Have you ever been talking to someone who receives a text, then immediately looks at his or her phone and texts back? And here you thought you were in the middle of a conversation with the person!

Let's explore another aspect of the cell phone craze. Back in the day, we had these amazing little rooms to hide out in, called darkrooms. They were so nice—we could keep our snacks in there and nobody bothered us because we simply yelled, "Don't open that door!" Thinking we were developing x-rays, no one opened the door! It was a safe haven in the middle of a hectic day. Then technology stole our little piece of paradise. Now, the only place we can hide out is the bathroom!

We grab our phones, or have them in our pockets, and we head into the bathroom for some private time. We catch up on our texts, emails, take a selfie, and when we're done with our business, we set down our phone and wash our hands. We're the masters of hand hygiene. I mean, after all, we all know how to properly use hand asepsis. So, we scrub up good, and then pick up our phone!

## Some eye-opening statistics

Did you know that when you flush a toilet, the water sprays six feet? Did you also know that many public toilets, including many in dental offices, do not have lids on them? So, where do you set your phone to wash your hands? I'm sure it was well within the six-foot range.

Then what did you do with that phone? You touched it with your hands and put it next to your face! Did you know that cell phones have become a leading cause of adult acne? Did you also know that a study conducted at a university in the UK found that one in six cell phones are covered with feces? Now look around the room and ask, who has poop on their phone? Is it you?

Cell phones carry at least 18 times more bacteria than a toilet seat. I can

never find anyone willing to put their face next to a toilet seat, yet we will put our cell phones up to our faces all day long! Do you take your phone home and let your children or grandchildren play on it? If they're like my eight-year-old grandson, they certainly know how to work a cell phone. So, what are we passing on to them?

The main reason you should not carry your phone on you at work and use it during the day is because you simply are not getting paid to be on it. You are getting paid to do your job. How much attention can you devote to your job if you're always glued to your phone? Is your boss always having to track you down because you're off using your phone?

One of my favorite quotes is from Jim Rohn, who said, "You don't get paid by the hour, you are paid for the value you bring to the hour." What value are you bringing to the hour if you're always on your phone? Put yourself in your boss's shoes—you hire a painter to paint your living room, and every time you look over at him, he's on his phone. At the end of the day he tells you, "Gosh, this is taking longer than I thought. I'll be back tomorrow to finish, but it's going to cost a little more money than I expected." I bet you're thinking, "Dude, every time I looked at you, you were on your phone." You feel like you've paid him to be on his phone instead of painting. Get the picture?

*"The main reason you should not carry your phone on you at work and use it during the day is because you simply are not getting paid to be on it."*

When a dental assistant asked me for advice about how to approach her doctor-employer for a raise, I simply said, "Put down your phone!" Truly, if your family needs you, they should have your office number, they should not call your cell. Anything else can wait until you get off of work. Stand out for not being the employee glued to your phone. Your boss may never say a word, but he or she knows, and that will show at raise time. Also, you will create animosity among your coworkers if you're always on your phone while they're working.

Put down the phone, do your job, and give it your full attention. Your family and friends can wait, just like in the old days! ■

#### About the Author

*Tija Hunter, CDA, EFDA, CDIA, MADAA, is the office manager and chairside assistant to Dr. Eric Hurtte of O'Fallon, Missouri. She is a member of the American Dental Assistants Association (ADAA), where she holds the honor of Master and sits on three national councils. She is also the Illinois Dental Assistants Association vice president. She is founder of the Dental Assistants Study Club of St. Louis and St. Louis Dental Office Managers Study Club. She is the director of the Dental Careers Institute, with five locations in the US. Tija is also the author of six CE study courses. She is a national speaker and a certified trainer in nitrous oxide in several states.*

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# 30 AWESOME PATIENT COMMUNICATION

## tips from Practices Like Yours

By Solution Reach

Patient communication is an art and science. You can automate a lot of processes like appointment reminders, recare reminders, surveys, and newsletters. And you can make them personal and customized to the patients. There are some great things about technology, but it isn't everything.

There are still a lot of nuances to how you connect with patients, and some practices do a great job. We asked some of those practices to share their secrets. And here are 30 great tips to show patients how much you value them.

## Think About Communication Style and Preferences

1) We pay close attention to how each of our patients prefer to be contacted, and use that method for them! Some patients only want phone calls; some are easier to reach by text or email. Our patients really appreciate that we contact them in a way that is easiest for them. - Jasmine, Patient Care Coordinator

*"There are still a lot of nuances to how you connect with patients, and some practices do a great job. We asked some of those practices to share their secrets."*

2) We really like to use Facebook to keep patients updated with different things going on in the office (team members' birthdays, anniversaries, etc.). Our business card has a QR code that, if scanned, takes them right to our Facebook page...and people really like that! - Nicole, Scheduling Coordinator

3) We communicate heavily via follow ups (new medications, ER visits, pain, etc.). Most of our communication is proactive. - Ryan, Clinical Applications Coordinator

4) I have a questionnaire with communication preferences. All they have to do is check a box on how they would prefer we contact them; automated calls, emails and text or none. We give them the option to opt into newsletters and promotions. We also provide communication in Spanish.- Aurora, Service Coordinator

5) We train patients to communicate how it fits us best. I decided on the first day of [installing text] to text each patient who left a voicemail or email. By the end of the first few days we had so many people raving about the texting. Next, I decided that when people call and get the voicemail, I should tell them on the recording that they can text us. So instead of them leaving a voicemail that I have to check and then respond to, they would just text me and I can answer one patient while on the phone with another, essentially scheduling two people at one time. We are down two staff since we installed [text] and have no need to replace them. I could go on... New insurance? Text me! Records from previous DDS? Text me! - Joanna, Front Office

## Focus on Building Relationships with Patients

6) We text our patients updates if the doctors are running behind or to check in to see if they are feeling better. - Dominique, Office Administrator

7) The best way to communicate with your patient is to spend the time getting to truly know them...to know what their main concerns

are as well as what their financial concerns are. - Tara, receptionist

8) Asking questions and genuinely listening helps us communicate best with our patients and sets us apart so that we are able to feel more like a family or community instead of just another doctor's office. -Latisha, CPOA

9) We inform the parents if they are waiting longer than 15 minutes what is going on, why the provider is late, and offer to have them see another provider if they are unable to wait. This seems to make the parents extremely happy just keeping them informed at all times. - Beth, Operations Manager

10) I always listen to what the patient has to say before responding and when responding always respond with a smile. Tone of voice can make or break a conversation. Always have a smile in your voice and always let the patient know that helping them is your pleasure. -Amy, Practice Administrator

11) One thing I try not to do is say, "Has any of your information changed"? I use specifics, "I have your address as Main St, is that still correct?" People may not remember that they haven't been to the office and haven't updated information with us. - Lisa, Office Manager

12) We are in constant communication with each other that way no matter which staff member the patient might encounter next, they are always aware of the situation. - Elise, Office Manager

13) Listen! I think we get so busy educating our patients and trying to push them in the direction we want for them for their health that we forget to listen. A patient can give you a lot of information about what they are thinking or even where their priorities are in just a casual conversation. - Danielle, Office Manager

14) Always smile when speaking to a patient. Even if it's just over the phone—the smile translates! -Andrea, Office Manager

15) I find that if I write out what I need to say, even if it is or isn't difficult, I usually can come across a lot better than if I am on the spot, and also sound more professional. Gives me a chance to gather my thoughts and process them into a lovely little letter. -Sjana, Office Manager

16) We respond to any patient inquiries as soon as humanly possible (usually on the same day). If it takes longer, we apologize when responding. We always give a straight forward answer. I think because of that alone, our patients are shown how important their questions are to the practice. - Lisa, billing/optical

17) We send out thank you cards to the people who have referred others to us. These keep our relationship going with patients who maybe haven't been in recently, but have been referring others to us. - Rachel, Office Manager

18) We try to be upfront with every patient. We let them know what their out-of-pocket is before any treatment is completed and make payment plans that allow the patient to have a say in their treatment and what they can afford. - Terry, Financial Coordinator

19) I let them know that I can help them with their needs. I take responsibility when something needs to get done or get fixed. I call and follow up, even if just to let them know I'm still waiting on an answer. -Charity, Front Office

*Continued on page 18.*



Continued from page 17.

20) We strive to have a family-friendly approach. We document answers to FORD (family, occupation, recreation, dreams) and make sure to reference that often so that it is a personal approach. We've found it works extremely well for our clinic and patients appreciate the extra effort. - Emily, Manager

21) We make a follow up call after the initial appointment, explain all benefits and answer any more questions. - Cory, Office Manager

22) Our doctor makes notes in the charts about upcoming events or changes the patient is going through so she can follow up on it the next year (e.g., graduations, births, etc.) We also try our best to remember each patient from year to year. -Melissa, Patient Care Coordinator

23) I put myself in their shoes. I talk to them with kindness even if they're wrong and explain everything from scratch. Sometimes the patient is still upset but once they see that I'm there to help them, their attitude completely changes. Once you try to understand where they're coming from instead of proving your point everything goes smooth. - Cynthia, Optician

### Get a Little More Personal with Patients

24) We like to keep things personal at the office, especially since it is pediatric. We try to keep track of vacations, sports, teachers, etc. so the kids feel like they are talking to a friend or family member. -Alexandria, Front Desk

25) We take notes on patients about what's going on in their life so we can make sure we ask about it on their next visit. - Quinton, Front Desk

26) We do personal care calls every single day after a patient has been

numbed in our office. So basically any dental work or deep cleaning patients receive a call from our staff to check on them and make sure everything is feeling okay. Also, for new patients, our Dr. makes a personal phone call the night before to welcome them to our office and answer any questions that they may have. - Anaiah, Schedule Coordinator

27) The most important thing to do is find what the motivating factor is for a patient to come to the office. Health, esthetics, work benefits, or even because it was ingrained in them that it is a necessary line item to be a proper adult. From there, you will be successful by using that motivating factor to expand their knowledge and health awareness. Match personality types with this as well. Practice taking personality tests with your team and see how different approaches work with each personality. -Meridith, Practice Administrator

### Stay Connected between Appointments

28) When a patient calls to cancel their appointment and doesn't reschedule right away, we let them know that we will be following up in about a month or so. This way when we do send a text/email/call, they know in advance and aren't surprised when we contact them. -Alexandria, Front Desk

29) It took us a little bit until we figured out what reminders/confirmations work the best for our office. We send a two-week reminder, two day confirmation, and two-hour reminder. If they don't confirm by the day before their appointment, we call them. Our no-show rate has gotten a lot better! - Jamey, Office Manager

30) We host a yearly Patient Appreciation Day. The doctors provide lunch to all patients who arrive, we offer a photo booth, raffles, and we also have representatives from pharmaceutical companies on hand to discuss the "latest and greatest". -Lynne, Office Manager

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# FIVE FRESH NEW WAYS TO SHOW PATIENTS YOU CARE



By **Linda Miles, CSP, CMC**



**W**ith a weaker economy, many practices are discovering that they must go back to basics and remember what made them successful in the beginning. Many businesses that become

successful also become lax in doing those little things that make a big difference. It boils down to making patients feel so special in your practice that

they can't wait to come back for excellent service and refer others to you. Following are 5 fresh ways to reignite your customer service fire.

Work out a special deal with a local florist that you will place a card in front of each bouquet at your front desk Compliments of \_\_\_\_\_ Florist along with their cards for marketing their business. You never know when a patient thinks, how beautiful, I need to send \_\_\_\_\_ flowers for \_\_\_\_\_. By ordering more than 40 bouquets each year (delivered every Monday morning), you can most always get these for 10% above cost. On the last work day of each week, select a special patient or team member and give the flowers to take home.

When a new patient calls to make an appointment, give your doctor the name, date and time of the appointment and their phone number. When the doctor has a three minute break, he or she can call the appointed new patient to introduce themselves and let the new patient know how much they are looking forward to meeting them on \_\_\_\_\_ at \_\_\_\_\_. Dentists who take the time to do this have a 95% chance of eliminating a new patient no-show!

At the morning huddle each team member and dentist announces to the rest of the group which patient they spent time with yesterday will receive a personal thank you note from them (mailed the day after). It takes less than three minutes to write a quick thank you note and if there are seven people on your team, that is seven lucky patients each day (112 per month). The cost to

the practice is a postage stamp and the card (estimate \$1.50 per or \$168.00 per month). Some of you might say emails are quicker and less costly, but how do YOU feel when someone takes the time to write a personal note these days?

The person answering your telephone can make or break the chances of a call turning into an appointment by how they sound and what they say. Having voice mail take the call in a patient facility is the kiss of death during office hours. The person who takes the calls must sound friendly, caring, enthusiastic and empathetic. Each scheduling coordinator's daily goal should be to turn 90% of the callers into appointed patients. Some will already be patients, but many incoming calls do not result in making an appointment due to the tone of voice and attitude of the person taking those calls. Over-zealous (desperate sounding) is as bad as an uncaring, non-enthusiastic tone.

The day after each new patient, visit the dental assistant who works as the New Patient Coordinator, to see how well we did the previous day. If your customer service was top-notch, as it should be, the new patient will brag about how impressed they were. This is a perfect time to invite other new patients into the practice by saying: Mrs. Brown, we are so happy that you enjoyed your first visit with us. We also enjoyed meeting you. If you have any friends, relatives, neighbors or co-workers who do not have a personal dentist, we hope that you will tell them about our practice. And please post your testimonial for us on Facebook, Yelp or Twitter. ■

## About the Author

Linda Miles, CSP, CMC is the Founder of Linda Miles and Associates (now Miles Global) and the Speaking Consulting Network. Linda has been a member of AADPA since the mid 90's. Please visit Linda's two newest sites at [www.AskLindaMiles.com](http://www.AskLindaMiles.com) and [www.OralCancerCause.org](http://www.OralCancerCause.org).

*"It boils down to making patients feel so special in your practice that they can't wait to come back for excellent service and refer others to you."*

# A PRACTICAL MEDICAL EMERGENCY PLAN FOR DENTAL OFFICES

By **Jeffrey Young, DDS**



**M**edical emergencies do happen in the dental office!

A 2010 survey of 2,704 dentists in North America revealed that a total of 13,836 emergencies occurred during a 10-year period. None of these emergencies were truly dental emergencies. They were potentially life-threatening medical problems that patients developed while in a dental office.<sup>1</sup>

An analysis of systemic complications and deaths during dental treatment in Japan revealed 19 - 44% of dentists had a patient with a medical emergency in any one year.<sup>2</sup>

The prevalence of medical emergencies in dental practice was reported in a 2010 survey of 1,504 General Dental Practitioners (GDP). Three out of four dentists (74.4%) met with some kind of medical emergency during their professional activity. Emergency services were summoned by 23% of all GDPs (once in every two careers).<sup>3</sup>

Syncope, mild allergy, allergic reactions, angina pectoris/myocardial infarction, cardiac arrest, postural hypotension, seizures, bronchospasm, and diabetic emergencies are reported medical emergencies seen by dentists in the United States and Canada.<sup>4</sup>

Other common medical emergencies include vasovagal syncope, hypoglycemia, local anesthetic adverse reaction and overdose, acute asthma attack, sedation overdose, emesis and foreign body obstruction.

Having a medical emergency plan in place can make a difference. Knowing and adhering to some fundamental principles provides for an efficient, effective response. Utilizing a team approach, with well-defined roles, results in organized management and treatment of medical emergencies.

The fundamentals of a Medical Emergency Plan include: Prevention, Preparation, Recognition and Management utilizing an organized team response.

## Prevention

Prevention during patient treatment will minimize the potential for the occurrence of some medical emergencies and assist in management should an emergency occur in the dental office. These simple measures include:

- Judicious care and judgement in providing all types of dental treatment
- Use of floss on all appropriate items that have potential for aspiration including bite blocks and rubber dam clamps
- Adequate suction, rubber dams, oropharyngeal screens, Isodry<sup>5</sup> dental isolation system and other devices to minimize aspiration
- Visual and verbal evaluation of patient responses during treatment
- Medical history updates every six months and verbal review at each appointment
- Patients always attended by at least one staff member

## Preparation

Preparation refers to those measures and methods that ensure the dental office and staff are prepared to manage medical emergencies before they occur. These include:

- All staff current in basic life support (BLS)
- Emergency drugs maintained and regularly checked
- Emergency equipment maintained and regularly checked
- Organization and knowledge of an in-office emergency response team
- Access to emergency assistance posted at various locations throughout the office
- Script prepared and posted by telephones

*Continued on page 22.*

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Continued from page 20.

- “We have a clinic patient emergency at the Dental Office”
  - This is (your name)
  - Location: 1111 Cavity Ave., Any City, CO 80000  
The Emergency Entrance is located on the North Side of Building on Decay Street
  - Patient Information name: age, date of birth, gender
  - Situation - state patient's condition (conscious or unconscious; breathing or not breathing, pulse or no pulse)
  - Suspected diagnosis
  - List medications given including medication name, dose, time administered, route of administration
- Knowing when to activate 911
- The earlier the better - earlier intervention improves
- More trained hands will provide better emergency treatment
- Calmer heads
- Rapid response results in crucial minutes saved
- Liability

## Recognition

Recognition means that each staff member is responsible for assessing each patient for changes in behavior or appearance that may indicate the onset of a medical emergency. Examples may include: difficulty breathing, faint or dizzy feeling, pale skin color or unusual behavior.

In addition, each staff member knows the sequence of events/actions when a medical emergency is recognized.

- Verbally alert all staff members and doctors in the immediate area
- Initiate the CABD's (Circulation, Airway, Breathing, Defibrillation) of basic life support
- Provide initial emergency care as indicated including patient positioning, oxygen and CPR

An organized team approach to the management of medical emergencies includes defined roles for an in-office emergency response team. This three to five member response team provides for rapid and efficient management of medical emergencies. The members of the response team include:

- Provider (dentist or hygienist)
- Chairside assistant(s)
- Other support personnel (office manager, receptionist, insurance coordinator, etc.)
- Emergency manager/coordinator

Each team member must know and understand their specific duties and responsibilities.

**Member 1: Primary Care Provider** – has the primary responsibility for all actions for treatment of the emergency patient. Upon recognizing that a medical emergency is occurring, this member will be responsible for the following duties:

- Evaluate the patient's level of consciousness, respiration and pulse
- Discontinue treatment, remove foreign objects from mouth if appropriate, position patient for airway assessment and management
- Diagnose the nature of the emergency and decide on appropriate response level and treatment to be provided
- Alert and request assistance from other emergency team members including activating EMS if needed
- Properly position the patient and initiate Basic Life Support (BLS)
- Stay with the patient and provide emergency treatment until the situation is resolved or patient care is assumed by arriving EMS Personnel

**Member 2:** This person may be the chairside assistant, a front office person, another dentist, or any other staff person available. Their duties include:

- Remain with the primary care provider at all times during the emergency management of the patient unless otherwise directed
- During normal assisting duties, be observant in monitoring of patients and alert the doctor if anything unusual is observed
- Upon direction by the provider, alert another staff member to activate EMS or make the 911 call
- Secure, deliver (by directing Member 3 or 4, if available) and prepare for treatment administration: emergency medical equipment including monitors, ED, oxygen, portable suction, emergency medications
- Monitor vital signs
- Assist with Basic Life Support (BLS)
- Assist with all tasks as needed and directed

**Member 3:** This person may be another chairside assistant, receptionist/staff member, or the next person to arrive to provide help for the provider and Member 2. Their duties include:

- Assist in locating Emergency Manager/Coordinator and alerting of emergency
- Bring emergency medications and equipment to emergency patient including oxygen, monitors, AED, Epi Pen(s), portable suction, emergency medications and crash cart, if available
- Activate EMS by calling 911, if directed by provider or Member 2
- Direct another available person (Member 4 or 5) to meet EMS personnel at building entrance and direct to site of emergency
- Obtain and record all information including vitals on medical emergency form

Additional Duties for Member 3 if there is not a Member 4 available:

- Alert front office and other staff support personnel so that they can

*"A 2010 survey of 2,704 dentists in North America revealed that a total of 13,836 emergencies occurred during a 10-year period. None of these emergencies were truly dental emergencies."*



escort other patients to the waiting room

- Assist in reassuring and calming relatives of emergency patient
- Assist in any other way requested

**Member 4:** This may be any other staff member available. Their duties include:

- Escort parents, relatives, friends, etc. out of treatment room
- Escort other patients to the waiting room
- Reassure and calm other individuals in office
- Assist in any other way requested
- Meet EMS personnel at office entry and direct to site of emergency

**Emergency Manager/Coordinator:** This person is responsible to provide overall supervision and management of the entire in-office emergency response team. Their duties include:

- Report immediately to scene of emergency
- Supervise, direct, and manage all other in-office emergency response team members in providing treatment
- Ensure all documentation is completed
- Provide report of incident to EMS personnel including type of

emergency, onset, vitals, treatment provided and status of the patient

The purpose of emergency treatment is to do the right thing, at the right time, quickly and efficiently and to the highest skill level, whether you want to or not.

## Remember the Fundamentals

Judicious Treatment (Prevent); Train (Prepare); Suspicion (Recognize); and Practice, Practice, Practice! ■

1 Malamed, Stanley F; Knowing Your Patients; JADA 2010; 141 (suppl 1): 3S-7S  
2 Matsuura H. Analysis of systemic complications and deaths during dental treatment in Japan. Anesth Prog. 1989; 36: 223-225  
3 Collange O, et al; Prevalence of medical emergencies in dental practice; Resuscitation. 2010 Jul; 81(7): 915-94 Haas D. Management of Medical Emergencies in the Dental Office: Conditions in Each Country, the Extent of Treatment by the Dentists. Anesth Prog. 2006 Spring; 53(1): 20-24 5 Zyris, Inc

## About the Author

*Jeffrey Young, DDS earned his dental degree from the University of Iowa and is a retired Army Colonel. He is a former Associate Professor at the University of Colorado School of Dental Medicine and served as Director of the Sedation Program at Children's Hospital Colorado, Pediatric Dental Residency Program. He currently owns a private pediatric dental practice in Brush, CO.*



sharing and learning with your peers

### DISC 2019 Schedule

**April 4** - Isaac Tawil, DDS  
Dentist. Brooklyn, New York  
Title: Immediate Implant Placement, Extraction Site Management & Partial Extraction Therapy

**May 16** - Vincent Celenza, DMD  
Prosthodontist. New York, New York  
Title: Long Term Effects – Realistic Expectations with Implant Restorations

**June 20** - Edward Mills, DDS  
Dentist. Atlanta, Georgia  
Title: Hard and Soft Tissue Vertical and Horizontal Regeneration

## DISC 2019 schedule is out!

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### CLINICAL NUANCES: PRACTICAL SOLUTIONS

For additional information or to register, visit <https://disc.events>

**July 25** - Aldo Leopardi, BDS, DDS, MS  
Prosthodontist. Greenwood Village, Colorado  
Title: Aesthetic Zone Provisionalization Clinical Update: fabrication, immediate vs custom healing abutments and tissue shaping

**September 12** - Rodrigo E. F. Neiva, DDS, MS  
Periodontist. Director of the Graduate Program in Periodontics of the University of Florida – College of Dentistry  
Title: Grafting and Osseodensification

**October 10** - Lambert Stumpel, DDS  
Dentist. San Francisco, California  
Title: Fixed Hybrid Prosthesis: the cumulative experience of over 500 cases

**November 14** - Steven D. Nytko, DDS, MS  
Periodontist. Kentfield, California  
Title: A New Era in Soft-Tissue Reconstruction



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# SIX YEARS WITH MWDI



## — A DEVELOPMENT UPDATE

In 2019, the Mountain West Dental Institute (MWDI) celebrates its sixth birthday! Like much of Denver, the neighborhood around the facility has seen exciting changes. While many of the community's favorite dining options like DiFranco's, 100% de Agave, Drip Denver and Lowdown Brewery still remain, the opening of Broadway Market on our block means ever more options for MWDI's guests.

Formerly Tony's Market (a specialty Italian grocer), Broadway Market is now a 15,000 square-foot food hall brought to you by the creators of Stanley Marketplace, Source and Avanti Food & Beverage. This all-day dining option features vendors with offerings for breakfast, lunch, dinner and late-night. Food stalls include local favorites like Maria Empanada, Glazed and Confused, Mondo Mini and Biju's Little Curry Shop joined by new concepts including Royal Rooster, Mother Tongue and Pizzeria Coperta to create a foodie haven with a definite Denver vibe. In addition to grabbing a meal, visitors to Broadway Market can enjoy craft brews, comfortable seating and retail options from local creators. Read more about this new addition to the Golden Triangle by visiting [broadwaymarketdenver.com](http://broadwaymarketdenver.com).

One block North of MWDI the iconic Sports Castle remains vacant. Since the closing of Sports Authority, the building has been home to pop-up Halloween shops and festivals and markets including the Denver Flea. While many in the neighborhood feared this piece of history would be demolished, developers claim that is not the case. Plans were submitted in January to preserve the Castle for public use with possible tenants including a grocery store, event venue or shared workspace listed in the proposal. The buildings around the Castle, however, are set for demolition with a 16-story L-shaped apartment building to take their place.

The investment the Society made in purchasing this real estate and creating MWDI continues to provide returns for members.

Inside the building, MWDI continues to evolve and improve. 2018 and 2019 saw new technology additions including a complete audio/visual upgrade. The AV in both auditoriums now features larger, crisper screens, new projectors and options for wireless (and seamless) casting of presentations. The auditoriums also have scheduled upgrades to the electrical in all the tables to ensure a modern and quality

experience for members, attendees and renters.

Thanks to the generous donations of our vendors, the technology available to visitors continues to grow. The clinic features the latest in cone beam technology with the Planmeca ProMax 3D, which has been used for hands-on learning opportunities and community outreach. Also from Planmeca, MWDI is now able to offer the Planmeca PlanMill for milling of high-quality restorations. The clinic additionally has available an intra-oral camera from Carestream, as well as full sterilization and chair-side set-ups.

The hands-on continuing education clinic is still home to Kids in Need of Dentistry (KIND) several days a month where its team is able to treat children in need and even their families on special volunteer days. When KIND is not using the clinic, the MDDS Continuing Education Committee has a full schedule of CE options planned for the fall and spring that include nationally recognized speakers and relevant and modern dental topics. Check out all planned topics at [mddsdentist.com/event-list](http://mddsdentist.com/event-list).

This fall, MWDI is thrilled to host the first ever Dental Sleep Medicine Mini Residency in the Rocky Mountain region. This is a specialized and unique opportunity for area dentists who are serious about expanding their dental practice and career. Dental sleep speakers Drs. Chase Bennett, Terry Bennett and Mayoor Patel have developed an advanced curriculum with hands-on and practical aspects. The course offers attendees 48 hours of continuing education over three weekends beginning in September. To learn more and take advantage of this CE opportunity visit [mddsdentist.com/event/dental-sleep-medicine-mini-residency](http://mddsdentist.com/event/dental-sleep-medicine-mini-residency).

The Mountain West Dental Institute and the community around us continue to grow and evolve. The MDDS team and leadership are so excited about what the future holds for MWDI and what that means for membership. If you have ideas for continuing education courses, events or technology upgrades, we want to hear from you! Reach out to us at [mdds@mddsdentist.com](mailto:mdds@mddsdentist.com). ■



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*"I sold my practice to my associate and Larry and his team were wonderful to work with. They handled the endless details beautifully and made the transition a really easy one for all of us. I highly recommend them and am so thankful they were there to guide us through the process!" - Dr. Naomi Jacobs*

## KEEP THE BUSINESS RUNNING

DISABILITY OVERHEAD EXPENSE  
INSURANCE FOR THE BUSINESS OWNER

Think about all of the business overhead expenses that you are responsible for:



EMPLOYEE  
WAGES



RENT



UTILITIES



LOANS  
& TAXES

### Ask Yourself

1

What would happen to my business if I became disabled for an extended period of time?

2

How would I continue to pay my business overhead expenses?

3

Do I have a plan in place to reassure my creditors, vendors, management team and employees in the event I become disabled?

**If you need assistance in answering these questions, please contact:**

**Shawn W Copeland, CLTC**  
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# MDDS Members Answer the Call to See One Veteran through Dental Lifeline Network's Donated Dental Services (DDS) Program

**T**his Memorial Day, Dental Lifeline Network asks MDDS members: "Will you see one Vet?"

Volunteer with Dental Lifeline Network's Donated Dental Services (DDS) program to honor and support veterans in your community with special needs who have served our country.

From clearing up painful dental infections to being able to eat again – providing comprehensive dental care will make a life-changing difference for veterans like Richard, an elderly Air Force Veteran who recently received help from MDDS members Dr. Kevin Patterson and Dr. Morton O. Sperling.



Dr. Kevin Patterson

Richard lives in Lakewood and has several health challenges including an esophageal stricture that makes swallowing difficult and severe digestive problems that required him to use a feeding tube for a period of time. In addition, he has painful osteoporosis and vision problems. Richard also had dental problems that needed attention, but sadly, he could not afford the dental treatment he needed.

"When we worked with Richard, it was also a joy to help a veteran who had

given so much to our country," said Dr. Sperling. "Helping people who have fallen into hard times also shows these people that their lives matter and that there are people who care about them."

Thankfully, the A.V. Hunter Trust referred Richard to the DDS program, and Drs. Sperling and Patterson came to his aid. Dr. Patterson extracted five teeth and Dr. Sperling restored 11 teeth and with the help of Auraria Dental Lab who donated a set of partial upper and partial lower dentures.

Together, Drs. Sperling and Patterson have been active volunteers since 1998 and have donated over \$380,000 in treatment to individuals.

"On the whole my experience with DDS has been very favorable," said Dr. Patterson. "The process is very simple and the volume of care requests has been very manageable. Couple the organized process with truly appreciative patients and you have the makings of a vehicle that can do what it is intended to do."

DLN has 411 dentists who volunteer in the Denver area, and since its inception in 1985 has provided care for over 6,500 patients in the Denver DDS program. To join Drs. Patterson and Sperling in volunteering to serve a veteran with special needs and to learn more about Donated Dental Services (DDS), visit [willyouseeonevet.org](http://willyouseeonevet.org) ■

*"I helped a lot of others  
now I am the one that's  
in need."*

- RUSS  
Army Veteran



Will you see one vet?

TO VOLUNTEER VISIT:  
[WillYouSeeOneVet.org](http://WillYouSeeOneVet.org)

## You Can Change the Life of a Veteran

Volunteer with Dental Lifeline Network's **Will You See ONE Vet** program to honor and support veterans with special needs in your own community who have served our country. From clearing up painful dental infections to being able to eat again—providing comprehensive dental care will make a life-changing difference for veterans.

<https://commons.ada.org/mddsarticulator/vol23/iss4/1>



Protect your practice.  
Call the Trust today.



# It's Personal

There are a lot of differences between being a Member of the Trust and just another policy number at a large, commercial carrier. Both give you a policy the Practice Law requires, but that's where the similarity ends.

*New and Established Dentists  
Not Currently Trust Members:*  
**\$0.00 First Year\***

\*some restrictions apply; subject to underwriting approval.

**Convert Now!**

**Who do I talk to when I have a patient event, claim or question?**

The Trust: Local dentists who understand your practice, your business and your needs.

Them: Claims call center (likely in another state).

**Besides a policy, what do I get when I buy coverage?**

The Trust: Personal risk mitigation training, educational programs and an on-call team that "speak dentist."

Them: Online support.

**Do I have personal input and access to the company?**

The Trust: Yes. You are represented by dentists from your CDA Component Society giving you direct, personal access to the Trust.

Them: Yes, via their national board.

**How much surplus has been returned to dentists in Colorado?**

The Trust: Over \$2.2M has been distributed back to Colorado dentists as a "return of surplus" (after all, it's your Trust, your money).

Them: \$0

**How long has the company been serving Colorado dentists?**

The Trust: We were Established by dentists in 1987.

Them: It's hard to say... they tend to come and go.

Dr. Randy Kluender · 303-357-2602  
Dr. H. Candace DeLapp · 303-257-2604  
[www.tdplt.com](http://www.tdplt.com)



# INTRODUCING TDSC

By **Greg Hill, JD, CAE**



**T**he Colorado Dental Association is committed to our members' success and when we can bring you a program that helps save money on dental supplies, we see it a tremendous opportunity. We are excited to announce our newest Exclusive CDA Member Benefit program, The Dentists Supply Company (TDSC). Through a joint-venture with TDSC, the CDA now offers consistent access to competitive pricing on dental supplies through an online buying group. The collective purchasing power of TDSC, which plans to expand their reach to 47 states by the end of 2019, can result in 20% average savings\* (compared to manufacturer's list price), regardless of the size of your order or your practice.

This buying group is only available in Colorado to CDA members. Non-members may access the TDSC program for thirty days. Then they will be referred by TDSC to the CDA for membership. This creates a tremendous opportunity for the CDA and MDDS to grow membership.

While this member benefit is helping dentists see a big difference in supply dollars, it's not the only reason they're choosing tdsc.com.

**1. Empowerment.** The Dentists Supply Company was founded to answer the call from organized dentistry members for support helping them to be competitive and efficient in a complex marketplace. With the collective buying power of state dental associations' large memberships, individual dentists benefit from a level of savings that gives them more freedom in making practice decisions.

**2. Savings.** Shoppers on tdsc.com continue to see 20 percent savings on average compared to MSRP.\* With supplies trending at more than 6.5 percent of collections, the difference often adds up to thousands of dollars a year. That's money dentists can choose to invest in part-time staff or new technology.

**3. Convenience.** Online shopping allows 24/7 access, but it also streamlines the purchasing process. Side-by-side product

comparisons make it easy to find the best prices and features. Saved shopping lists allow practice staff to reorder in minutes and to reduce gaps and duplications in central supply areas. Plus, shipping is always free.

*"The Colorado Dental Association is committed to our members' success and when we can bring you a program that helps save money on dental supplies, we see it a tremendous opportunity."*

**4. Service.** A responsive team supports the easy-to-shop site. TDSC's experts provide exceptional service by phone and email, as well as through monthly live webinars and custom, product-by-product price comparisons. Shoppers can get assistance finding favorite supplies or request new items.

**5. Transparency.** Through price comparisons, shoppers are seeing the difference between what they've paid other suppliers and their tdsc.com savings potential. They trust tdsc.com for clear and

consistent pricing, quality products only from authorized vendors and discounts negotiated on their behalf.

I invite you to visit TDSC to see what your savings might be. ■

## About the Author

Greg Hill, JD, CAE has served as the Executive Director of the Colorado Dental Association since June of 2014. Prior to joining the CDA, Greg was employed by the Kansas Dental Association for 15 years and served as the Assistant Executive Director of the CDA and Executive Director of its Foundation. Mr. Hill is a 1999 graduate of the Washburn University School of Law in Topeka, KS and a 1994 graduate of Kansas State University with a Bachelor of Science in Economics. He became a Certified Association Executive (CAE) in 2016. In addition, he serves as Co-Chair and Treasurer of Oral Health Colorado; on the Board of Directors for the Colorado Dental Lifeline Network and the Colorado Mission of Mercy; and is a member of the Denver Tech Center Rotary Club. He and his wife, Gwen, are the parents of daughter, Haven, and son, Camden.

# SAVE MORE ON DENTAL SUPPLIES THAN YOU PAY IN DUES.

Membership in the **Colorado Dental Association** just keeps getting better! The CDA has partnered with **The Dentists Supply Company** (TDSC) to offer members big savings on supplies.



Start shopping today or request a custom price comparison at [tdsc.com/colorado](https://tdsc.com/colorado).

tdsc  
.com



**Membership just keeps getting better!**

**Your newest benefit?  
Significant savings on dental supplies.**

The Colorado Dental Association has partnered with The Dentists Supply Company (TDSC) to offer members a new way to shop for dental supplies. TDSC is a dentist led organization built to provide consistent, **competitive pricing on dental supplies to members of organized dentistry regardless of practice size.**

**Dentists have already saved more than \$3 million compared to MSRP on their dental supplies through TDSC.**

**Ready to see how much you can save?**

**Visit [tdsc.com/colorado](https://tdsc.com/colorado) to learn more and get started today with a custom price comparison on the products you purchase.**

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## JUNE

**MD DS** June 27  
**Wine Cheese & Cheese Event**  
*Catalyst*  
3513 Brighton Blvd  
Denver, CO 80216  
6:00pm – 9:00pm  
(303) 488-9700

## JULY

**MD DS** July 20  
**MDDS Shred Event**  
*Rocky Mountain Orthodontics*  
650 W Colfax Ave  
Denver, CO 80204  
9:00am – 12:00pm  
(303) 488-9700

## AUGUST

**MD DS** August 15  
**New Member Welcome Event**  
*Historians Ale House*  
24 Broadway #102  
Denver, CO 80203  
6:00pm – 8:00pm  
(303) 488-9700

## SEPTEMBER

**MD DS** September 18  
**CPR & AED Training**  
*-American Workplace Safety*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
6:00pm – 9:00pm  
(303) 488-9700

**MD DS** September 27-28  
**Dental Sleep Medicine Mini Residency Session 1**  
*-Drs. Chase Bennett, Terry Bennett, Mayo Patel*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 5:00pm  
(303) 488-9700

## OCTOBER

**MD DS** October 4  
**Moving Forward with New Periodontal Classifications and Treatment**  
*-Dr. Maryanne Butler*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 3:00pm  
(303) 488-9700

**MD DS** October 11  
**Botulinum Toxin (Xeomin, Dysport, Botox) and Dermal Filler Training, Level I**  
*-American Academy of Facial Esthetics*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 5:00pm  
(303) 488-9700

**MD DS** October 12  
**Botulinum Toxin (Xeomin, Dysport, Botox) and Dermal Filler Training, Levels II & III**  
*-American Academy of Facial Esthetics*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 5:00pm  
(303) 488-9700

**MD DS** October 12  
**Frontline TMJ and Facial Pain Therapy, Level I**  
*-American Academy of Facial Esthetics*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 5:00pm  
(303) 488-9700

**MD DS** October 26  
**Local Anesthetics, Vasoconstrictors and Clinical Considerations**  
*-Mr. Tom Viola*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 3:00pm  
(303) 488-9700

## NOVEMBER

**MD DS** November 8-9  
**Dental Sleep Medicine Mini Residency Session 2**  
*-Drs. Chase Bennett, Terry Bennett, Mayo Patel*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
8:00am – 5:00pm  
(303) 488-9700

**MD DS** November 12  
**CPR & AED Training**  
*-American Workplace Safety*  
Mountain West Dental Institute  
925 Lincoln Street, Unit B  
Denver, CO 80203  
6:00pm – 9:00pm  
(303) 488-9700



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**Dental Patient Coordinator** - Lakewood dental office seeking a dental patient coordinator. Knowledge of Dentrix Dental Software preferred. Medical insurance & paid vacation. Good pay & bonuses. Contact [lakewoodgoldendentist@yahoo.com](mailto:lakewoodgoldendentist@yahoo.com).

**General Dentist/ One Day Per Week** - Would you like to work one day per week in a positive, relaxed environment? Our small, family oriented practice in Parker is seeking a restorative and cosmetic dentist. Check out our website to learn more about us at [www.healthysmileshine.com](http://www.healthysmileshine.com). Contact Nancy at 303-345-3411 or [coachingdenver@gmail.com](mailto:coachingdenver@gmail.com).

**General Dentist** - Have you considered working for a great dental group and making at least \$100,000 part time or at least \$200,000 full time? We invite you to add to the variety of your experience in the dental field by working with our team at Emergency Dental. We have a thriving practice at 5925 Lehman Drive Colorado Springs or 155 Cook Street Denver we are looking for highly committed and skilled dentists to match our busy practice. We give you the opportunity to practice your brand of dentistry with the benefit of collaboration with other dentists. We offer the most updated technology, digital and intra oral camera technology for comprehensive diagnosing. We offer a great compensation and benefit package. Schedules are flexible with available evening and weekend hours in an updated, technology-driven practice. Contact me at 402-714-6647. We are group practice that has a presence in the Colorado Springs and Denver area.

## Real Estate

**Available for Lease** - Turn Key Dental suite in an attractive Medical/Dental building located in S. Arvada next to Wheat Ridge, 15 min drive NW of Downtown Denver, Monument Signage on Busy Ward Road, Abundant parking, Updated common areas with new paint, carpet, Suite signage and LED lighting, Updated restrooms, Updated landscaping, New roof, Updated interior and exterior lighting, 24/7 Building Access, off I70. Ideal for specialty or GP. Contact Dr. David M. 720-305-1988 or [dr2600@att.net](mailto:dr2600@att.net)

**GP in Boulder** - (CO 1815) Dr. relocating out of state, Collections 600K, 5 PS. email: [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com) 303-759-8425.

**GP for sale in Denver** - (CO 1906) Beautiful 5 Op in Denver Metro, Dr moving out of the area. For information email: [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com) or call 303-759-8425.

**GP for sale in South Metro Denver** - (CO 1902) \$250K for Beautiful 5 Op in South Metro Denver, Dr moving out of the area. For information email: [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com) or call 303-759-8425

**Endodontics Practice for sale in Southern Colorado** - (CO 1819) \$600K+ net income after debt service, 3 Ops, 2 fully equip, Dr retiring Sales Price: \$920K. For information, email: [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com) or call 303-759-8425.

**GP Practice: Pueblo** - (CO 1808). Doctor retiring. Annual revenue \$300,000. 3 ops. Contact [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com) or 303-759-8425.

**Associate to Buy-In 50% of Practice in Denver** - (CO 1806) 3 OPS, 900K in collections. For more information, please call 303.759.8425 or email [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**GP and free-standing Building (sold with practice) for Sale:** West Colorado Springs (CO 1803) Dr retiring, annual revenue \$275K, 5 OPS. For information please call 303.759.8425 or email [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**GP for Sale: Southern Colorado** - (CO 1738) Dr retiring, annual revenue \$325K, 5 OPS. For information please call 303.759.8425 or email [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**GP for Sale: North Eastern CO** - (CO 1735) 4 Ops, approx. 600K in collections, Stand-alone bldg. sold w/ practice. Dr. retiring. 303-759-8425, [www.adsprecise.com](http://www.adsprecise.com), [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**Highlands Ranch GP Start-Up Practice for Sale:** (CO 1723) \$229K, Annual Rev. \$530K, 4 ops/2 equipped, high-end finished office in desirable neighborhood- 1,964 sq ft. Dr. Retiring. 303-759-8425, [www.adsprecise.com](http://www.adsprecise.com), [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**Perio Practice for Sale:** (CO 1723) Denver Suburbs South. NOW \$229K- Annual Rev. \$530K, 4 ops/2 equipped, beautiful office - 1,964 sq ft. Dr. Retiring. 303-759-8425, [www.adsprecise.com](http://www.adsprecise.com), [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**GP for sale in Denver** - (CO 1721) 3 OPS, 1385 sq ft, \$640K in collections. For more information, please contact ADS Precise- 303.759.8425 or email [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**GP for Sale: South East CO** - (CO 1625) Revs \$880K, 6 Ops, 1,700sf, Dr. Retiring. 50% interest in 10K sq ft bldg. sold w/practice. 303-759-8425, [www.adsprecise.com](http://www.adsprecise.com), [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com)

**OMS practice, western mountains near Vail and Aspen** - (CO 1350) Annual Collections \$840K, 3 ops, 1260 sq ft. email: [frontdesk@adsprecise.com](mailto:frontdesk@adsprecise.com), 303-759-8425.

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