

The New York State Dental Journal

Volume 90 | Number 2

Article 1

3-1-2024

N Y State Dent J March 2024

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Recommended Citation

(2024) "N Y State Dent J March 2024," *The New York State Dental Journal*: Vol. 90: No. 2, Article 1.
Available at: <https://commons.ada.org/nysdj/vol90/iss2/1>

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Can Your Practice Weather a **Short-term Absence?**

THE NEW YORK STATE DENTAL JOURNAL

NYS DJ

Volume 90 **Number 2**
March **2024**



Why Dentists May be the First To Uncover Antibiotic-induced Thrombocytopenia

Inside: Changes in the Legal Landscape



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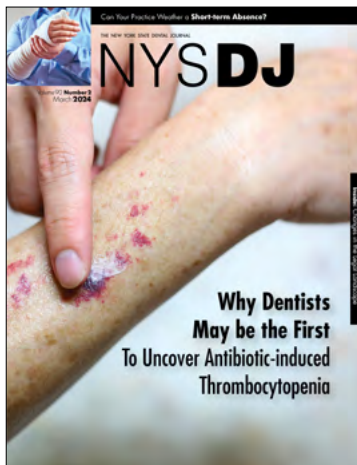
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All Golden Parachutes that Glitter are not Gold

Dental practice owners who pull the ripcord of their retirement parachute in selling their practices to private equity-funded companies must protect themselves from personal risk and dentistry from threats to its status as a profession.

You won! You received a lucrative financial compensation proposal to sell your dental practice and descend safely into retirement with your golden parachute. But wait! What seems too good to be true, may actually be too good to be true.

Your advisors warn you that selling your life's work to the wrong private equity-backed dental support organization poses hidden financial risks and uncertainty regarding your rights and duties post-closing. You quickly realize that selling to an investor-funded management company rather than another dentist will dramatically complicate the transition process. When dental practice owners sell their practices to investor-backed management groups, these sellers should perform extensive due diligence regarding the purchase price and payment terms, the working relationship with the buyer after the sale and the sustainability of the business model to prevent the seller's, and if left unchecked, the dental profession's crash landing.

Investor-Owned Company Buyer v. Practitioner Buyer

The investor-owned company buyer purchases a target practice with the intent to gain a profitable return on the investment through recapitalization, sale or "flip" in three to five years. These investors employ the financial concept equity arbitrage, where they buy practices with annual revenues of more than \$1.5 million in

the traditional private practice market, combine the equities of the target practices into a much larger enterprise, then sell in the conglomerate market for an enterprise value of two- to five-times the purchase prices of the target practices within a typical five-year private equity investment cycle.^[1] The possibility of this high return to the investors enables them to offer premium purchase prices to practitioner sellers.

Investor buyers entice private dentists to sell their practices to the company, with purchase price offers of between 20% to 100% more than practitioner buyers can offer. Investors calculate the value of the target practice utilizing multiples of Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA), a valuation metric utilized in large corporate acquisitions but not historically associated with dental practices, especially smaller practices. EBITDA-based valuations typically fall in the range of 100% to 150% of the target's annual revenue.^[2] However, the financial windfall to the seller of an apparently inflated purchase price comes with a payment structure that transfers the risk of getting paid the full purchase price to the seller.

Conversely, the practitioner buyer purchases a target practice primarily to earn an income treating patients over a longer time. Practitioner buyers without private equity funds must borrow the purchase money from

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PRINTER

Fort Orange Press, Albany



NYS DJ (ISSN 0028-7571) appears two times a year in print: January and June/July. The March, April, August/September and November issues are available online only at www.nysdental.org. The Journal is a publication of the New York State Dental Association, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211. In February, May, October and December, members have online access to the NYSDA News. Subscription rates \$25 per year to the members of the New York State Dental Association; rates for nonmembers: \$75 per year or \$12 per issue, U.S. and Canada; \$135 per year foreign or \$22 per issue. Editorial and advertising offices are at Suite 602, 20 Corporate Woods Boulevard, Albany, NY 12211. Telephone (518) 465-0044. Fax (518) 465-3219. Email info@nysdental.org. Website www.nysdental.org. Microform and article copies are available through National Archive Publishing Co., 300 N. Zeebe Rd., Ann Arbor, MI 48106-1346.

banks and similar lenders, who limit purchase loans to the amount the practitioners can afford to repay through owning and operating the practice, thereby establishing a ceiling on the purchase price for practitioner buyers. Hence, practitioner-to-practitioner transfers of smaller practices are valued in the range of 65% to 85% of annual revenues, approximately half of investor-buyer EBITDA values.^[3] However, although dentists who sell to dentists may receive comparatively less for their practices, they typically receive, without contingencies, 100% of the purchase price in cash at closing.

Company buyers transfer the financial risk of part of the payment of the purchase price to the seller through variations in the deal structure. First, the seller may receive only 60% to 85% of the purchase price in cash at closing. Second, the purchase agreement may mandate an earnout for the seller, making a significant percentage of the remaining purchase price contingent upon the seller dentist working in the practice for two to five years and reaching revenue benchmarks. Third, the buyer may offer the seller the remainder of the purchase price in the form of an ownership interest in the investor buyer's company.

Failure of the seller to meet production goals results in failure to receive the full purchase price. Failure of the company to timely recapitalize at the expected profit leaves the seller with a diluted equity position in the ownership interest, an unmarketable asset and, again, failure to receive the remainder of their purchase price. In the process, these minority equity owners possess little control over management and transactional decisions that can lead to post-closing disputes, especially when sellers do not get paid in full.

Ultimately, investor-owned companies offer to pay more for dental practices than practitioner buyers to entice hardworking dentist sellers to share the financial risk of getting paid the premium price and to endure the upheaval of working in the company practice restructured to generate the profit that, in part, funds the deal. Sellers must obtain an accurate practice appraisal, understand the risk of the company failing to recapitalize for the enterprise value and determine whether the company has sufficient capital to finance the deal.

The Consolidation Restructuring Squeeze

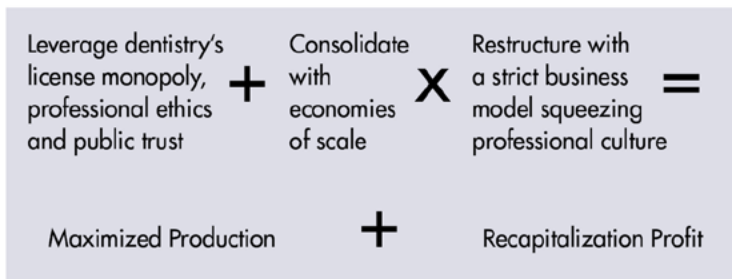
Company buyers strategize to leverage the dental practice industry's strengths and, concomitantly, fix the weaknesses of the oral healthcare delivery system to elevate practice profit above all other metrics. Investor-owned practices use dentistry's strengths of a professional license monopoly, the ethical commitment of the majority of dentists and resultant public trust in the profession as a base to with-

stand the potential deleterious effects of forcing its profit-driven business plans upon professional oral healthcare service entities.

Nondentist investors bet on these intangible assets of the dental profession, not commonly found in other enterprises, to increase the likelihood of turning a profit. First, since only dentists can practice dentistry, this license monopoly will, to a significant extent, limit competition for whatever level of dental services the company provides. Second, most dentist employees will ethically act in the best interests of patients and do the right thing regardless of profit-driven compensation incentives, revenue-oriented patient scheduling and production quotas that may otherwise foster reduced quality.^[4] Third, the public will maintain its faith in the dental profession as the leading authority in oral healthcare due to dentistry's long history of dedicated service, despite the company's unabashed commitment to the bottom line.

Management companies apply the economies of scale to fix the historically fragmented and poorly managed dental industry. They consolidate numerous small private dental practices into massive multi-location conglomerates to spread costs over a greater volume with increased efficiency. Economies of scale reduce per service overhead costs and allow the owners to negotiate reduced equipment, supply and lab costs, and increased third-party reimbursements.

The consolidation restructuring squeeze equation may look as follows:



Not all private equity-backed management groups are created equal. While consolidating dentistry's fragmented and inefficient delivery system with economies of scale is an overdue and positive step, exploiting and dissipating dentistry's strengths for short-term investor gains weakens dentistry's status as a profession committed to the best interests of the patient. Hence, sellers must perform due diligence to learn the company's culture and practice philosophy in the company's current business model. Sellers who will work in the practice after the sale should know the infrastructure in which the seller will practice, along with

the level of control the seller employee will have over policies affecting clinical decision-making.

Turbulent Future of Golden Parachutes

The high-flying equity arbitrage of dental practices, as is true of any commodity traded in this manner, can only exist for brief periods. Private equity buyers will exhaust the inventory of available practices that fit their business plan; purchase prices will begin to equalize between markets; and management companies will become less involved because, despite overaggressive profit-driven policies, dentistry's profit margin remains too small to support their added management layers. Only the questions of how many seller golden parachutes will crash and whether dentistry can survive as a profession remain.

Practicing dentists must quickly figure out how to better manage our own practices and apply economies of scale without abdicating our ethical and professional responsibilities. In the meantime, dentist sellers must protect themselves from personal risks with exhaustive due diligence of company buyers. Importantly, sellers must refuse to sell to any buyer that will exploit our professional culture for profit at the expense of our professional integrity.



D.D.S., J.D.

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New Laws in the New Year

Dentists impacted by changes to child abuse and beneficial ownership reporting laws.

Lance Plunkett, J.D., LL.M.

There are two new laws in New York that will affect dentists and dental practices. The first is an addition to a recent amendment on child abuse reporting training. The second is a New York State parallel to a recent federal reporting law on beneficial ownership of certain business entities.

Let's deal with the child abuse reporting training law, which is a purely state law matter, first.

It might be helpful to explore the historical background of the child abuse reporting training law that is relevant to the latest changes in 2024. Chapter 56 of the Laws of 2021 amended New York State Social Services Law Section 413 to require additional child abuse reporting training that includes protocols to reduce implicit bias in decision-making processes, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment while interacting virtually. These new items are to be included in the New York State Mandated Identification and Reporting of Child Abuse and Maltreatment/Neglect coursework. This law requires that mandated reporters like dentists, including those who have previously undergone the current child abuse

reporting training, complete the updated training curriculum by April 1, 2025.

You can find information about approved training providers at: <https://www.op.nysed.gov/about/training-continuing-education/child-abuse-identification-reporting>.

Documentation in the form of an authorized Certification of Completion must be submitted to the New York State Education Department at the time of reregistration or initial application for licensure, certification or a limited permit. Within 10 days of coursework completion, the approved provider from whom you obtain the training is required to issue you two copies of the certification form.

The law exempts from the training an individual who can document, to the satisfaction of the Education Department, that there is no need for the training based on the nature of his or her practice. You may be eligible for an exemption if the nature of your practice is such that you do not have professional contact with persons under the age of 18 and you do not have contact with persons 18 years of age or older with a handicapping condition who reside in a residential care school or facility. You can

access an exemption application at: <https://www.op.nysed.gov/sites/op/files/documents/form1ce.pdf>.

Now for the latest developments. On Nov. 17, 2023, Gov. Hochul signed into law still more requirements for child abuse reporting training as Chapter 646 of the Laws of 2023. This new law requires specific training on handling a child who has an intellectual or developmental disability. That law was scheduled to take effect on Nov. 17, with people having one year from that date to complete the new training (which would have been a deadline of Nov. 17, 2025). However, Gov. Hochul only signed Chapter 646 of the Laws of 2023 on condition that a chapter amendment would be passed in 2024 to extend that compliance deadline. The governor believed there would be insufficient time to adapt the child abuse reporting training coursework to the latest requirements on top of the changes already required to be completed by April 1, 2025.

Thus, on Feb. 7, Gov. Hochul signed into law Chapter 25 of the Laws of 2024. This law allows two years instead of one year in which to take the new training on intellectually or developmentally disabled children, which will be

part of the regular child abuse reporting training course that establishes a deadline to complete the new training by Nov. 17, 2026. More details will need to come from the state agencies implementing the new course requirements—the New York State Education Department for dentists.

It should be emphasized that this is different from the changes made to the child abuse reporting training law that must be completed by April 1, 2025. The new training on children with intellectual or developmental disabilities must be completed by Nov. 17, 2026. It would be ideal if the child abuse reporting training could be synchronized so that all the coursework changes could be taken at once—meaning that the newest intellectually and developmentally disabled child training could be incorporated in the coursework by the April 1, 2025, deadline for the reducing implicit bias, identifying adverse childhood experiences and telehealth abuse recognition training items. Nobody would prefer taking a second course by April 1, 2025, and then a third course by Nov. 17, 2026. Sometimes government can do surprising things, although the surprises are not always pleasant ones.

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LLCs, Pay Attention

On Dec. 22, 2023, Gov. Hochul signed into law Chapter 772 of the Laws of 2023. This law requires limited liability companies (LLCs) to report to the New York State Department of State who their beneficial owners are. The bill is similar to the federal Corporate Transparency Act law, except that the New York law applies only to limited liability companies (which includes professional limited liability companies—PLLCs). Gov. Hochul signed Chapter 772 of the Laws of 2023 only on the condition that a chapter amendment be enacted in 2024 to fix certain technical problems with the new law.

The New York State Legislature passed that chapter amendment on Feb. 14, as A.8544 (Gallagher) / S.8059 (Hoylman-Sigal). The governor signed the chapter amendment into law as Chapter 102 of the Laws of 2024 on March 1. Interestingly, it effectively rewrites the entirety of Chapter 772 of the laws of 2023. One of the major things it fixes is the starting date for LLC reporting to the New York State Department of State, which will commence on Jan. 1, 2026 (more details on that below).

First, a few words on the federal Corporate Transparency Act may prove helpful. The federal Corporate Transparency Act applies to professional corporations (PCs), LLCs and any other business entity that has to go through the New York State Department of State to be formed—which takes in many more business organization formats than PCs and LLCs but excludes the ordinary sole proprietorship. Reporting under the federal Corporate Transparency Act is made to the United States Treasury Department through its FinCEN (Financial Crimes Enforcement Network). The New York law, found at Section 1107 of the New York State Limited Liability Company Law, accepts all the exemptions that the federal Corporate Transparency Act accepts. Publicly traded entities and not-for-profit entities are exempt. But the main exemption is for large business entities, which means any entity with more than 20 employees and more than \$5 million in gross receipts or sales in a calendar year.

It may seem odd that the exemption is for large businesses. However, the purpose of both the federal Corporate Transparency Act and the New York State Act is to protect against money laundering, and the reality is that most money laundering is carried on through small businesses and not large businesses. While the federal Corporate Transparency Act focuses on many types of business organization formats, the New York law is targeted only to LLCs, because New York has experienced particularly difficult problems with the LLC format—especially in the area of political contributions.

Under the federal Corporate Transparency Act, FinCEN began accepting reports on Jan. 1. If your company was created or registered prior to Jan. 1, you will have until Jan. 1, 2025, to report to FinCEN. If your company is created or registered in 2024, you must report to FinCEN within 90 calendar days after receiving actual or public notice that your company's creation or registration is effective, whichever is earlier. If your company is created or registered on or after Jan. 1, 2025, you must file with FinCEN within 30 calendar days after receiving actual or public notice that its creation or registration is effective.

Any updates or corrections to beneficial ownership information that you previously filed with FinCEN must be submitted within 30 days. However, you do not need to re-file unless there are updates or changes to report. You also do not need to file anything if you are claiming an exemption—just be sure you actually qualify for an exemption. Fortunately, FinCEN has published a useful guide for reporting under the federal Corporate Transparency Act that can be accessed at: <https://www.fincen.gov/boi>.

Under the New York law, the Department of State will begin accepting LLC reports on Jan. 1, 2026. If your LLC was created or registered prior to that date, you will have

until Jan. 1, 2027, to report to the Department of State. If your LLC is created or registered on Jan. 1, 2026, or thereafter, you must report to the Department of State within 30 calendar days after your LLC initial filing. In New York, you must annually update or confirm your LLC report even if there are no changes. Also, unlike the federal Corporate Transparency Act, the New York law requires any LLC to electronically file with the Department of State when claiming an exemption to the New York LLC reporting law and to confirm that exemption annually.

The differences between the federal and state laws can create a trap for the unwary LLC or PLLC. For these entities, there is a double burden of complying with two somewhat different sets of laws. For all other entities, only the federal law matters.

A busy start to 2024. //

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.

As a Practice Owner, You Should be Able to Answer the Following Questions:

1. Do you have or have you considered an exit strategy?
2. How long do you plan on being a practice owner?
 - a. If your health allows, would you like to continue practicing after that point?
3. Do you know what your practice is worth today?
 - a. How do you know?
 - b. When was your last Practice Valuation done?
4. Have you met with a financial planner and have a documented plan?
 - a. Have you established a liquid financial resources target that will enable you to retire with your desired lifestyle/level of income?

If you answered **no** or **do not know** to any of these questions, **let's have a conversation!**



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Don't Let a Short-term Illness Knock You Out

Can your practice survive if you're not there for awhile?

Stuart L. Segelnick, D.D.S., M.S., CDE

Most dentists have experienced some form of illness during their careers. There was even a time when working with a cold was considered standard practice for many solo dentists. Today, we better understand the ethical dilemma of working while sick, which can bring an increased risk to the health of our employees and patients and affect the dentist's decision-making capacity. But an illness that causes the dentist to stay at home and not function could have a devastating effect on the practice.

There are many different types of aid the dentist might be entitled to during these trying times, such as disability insurance and social security disability. However, if the illness lasts for a short period of under a few weeks, there is no vehicle for recouping the economic loss. Looking into mitigating the financial and collateral damage of a short-term work interruption before the incident occurs may be a prudent course of action.

A few months ago, I personally had to deal with a health problem that closed my office. My gall bladder was the culprit. The gall bladder is used by our bodies to store bile and releases it when fatty food is being digested (<https://www.ncbi.nlm.nih.gov/books/NBK279386/> <https://newsinhealth.nih.gov/2015/02/galled-gallbladder>). Otherwise, it is not an organ that is necessary for survival, because in its absence, the liver, which produces the bile, will continue to do so at a slow rate, emptying into the small intestines.

My gall bladder was filled with stones, which I saw clearly on a sonogram and special MRI called a magnetic resonance cholangiopancreatography (MRCP) that the surgeon ordered. It had caused a few episodes of common bile duct obstruction, leading to severe crushing pain in

my right chest and back—pain that had me doubled up and vomiting all night long. After the last attack, when my gall bladder became infected and almost had me hospitalized, I decided it was time to explore surgical options of removal (cholecystectomy), especially when my physician said it could become life-threatening.

Since it was a scheduled surgery, I had time to plan for my absence from the office. My surgeon had informed me that I could most likely return to work in five days, although most of my own online research pointed to two weeks. Patients were cancelled, and the staff was coached on what to do when I was away. They would manage the office while I was gone and call me if there was anything that couldn't wait.

There are many consequences to being unable to practice even for a small amount of time. One of the first things you should do is have an emergency contingency plan. A very helpful website of the American Association of Disabled Dentists (AADD) has a well-thought-out Emergency Practice Continuity Care Plan, which you can find at <https://disableddentists.org/2016/06/24/activate-your-practice-continuity-plan/>. I contacted one of the founders of the AADD, Dr. Ron Marsh, who started the organization after having a stroke and finding the ADA was not helpful in his plight. Dr. Marsh and three other people who have experienced terrible health issues are available to support and counsel any dentist who has questions on how to proceed during the trying times of disability.

Dr. Marsh advised when purchasing your disability insurance, make sure there is a short-term disability clause, something that could have helped me in my situation. He also counseled:

“When purchasing disability insurance, do it now; never delay. And get the best policy you can afford. This is not the time to be cheap. It could be the best investment you ever make. Ensure it has an ‘own occupation clause,’ and be open to buying a second policy—yes, you can have more than one policy.”

He also stressed paying for your policy with post-tax dollars, which is a huge benefit. Otherwise, your benefits will be taxed. Dr. Marsh recommended buying a disability policy with a cost-of-living rider, along with the option to increase purchased benefits as your practice grows and you have a higher income. If there are lifetime benefits available, Dr. Marsh recommended purchasing them too; although costly, he said, “It is well worth it.” As a second backup, if you are not in a group practice, Dr. Marsh said make sure you get the practice an overhead rider, which will cover your rent, utility bills, insurance premiums for the practice and, even, your membership dues.

Dr. Marsh stressed that most disability policy benefits do not kick in for 90 days. Hope that you’ll get better before then; however, if you don’t, make sure while receiving your medical care to maintain “rock-solid documentation that you are disabled.” Also, Dr. Marsh said to make sure you stop working; if you don’t, it will weaken your claim. Always make sure you read your policy and then file a claim. Dr. Marsh suggests filing the claim yourself, and if you are denied benefits, then it’s time to hire an attorney and file an appeal.

During my recovery, I called my disability insurance carrier who said I had their premier plan, which made me happy until he continued that the policy would only begin paying out benefits after 60 days of disability. Since I was planning to be back to work much quicker than that, my disability plan would not cover my short-term absence. The agent suggested most dentists put away a couple of months of money, literally self-insuring these short events. He then compared the time away to taking a vacation. Needless to say, I was very upset to hear this analogy because my situation was incongruous to joyful times.

Being prepared for short- and longer-term illnesses at your office is extremely important to a dentist’s practice survival. Having a well-crafted emergency contingency plan will also help alleviate pressure from the stress of coping with a sudden illness and avoid additional mental anguish.

As I recuperated, I was reminded that without your health, everyone and everything else you love, and treasure may never be available. So, please, take care of yourself! //



Dr. Segelnick is editor of the Second District Dental Society Bulletin and associate editor of *The New York State Dental Journal*. His “Perspectives” article first appeared in the November/December 2023 SDDS Bulletin.

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JOEL FRIEDMAN, *NYSDA Past President, Dies*

JOEL M. FRIEDMAN, D.D.S., NYSDA President 2013-2014, died Feb.20. He was 82 years old.

An oral and maxillofacial surgeon who had practiced in Bronx, Dr. Friedman was elected president of the Bronx County Dental Society twice. He was past president as well of the New York State Society of Oral and Maxillofacial Surgeons and the New York State Society of Anesthesiology.

Dr. Friedman was born into dentistry. His father, Abraham, was a dentist in Bronx, and his mother, Theda, worked in her husband's office. Young Joel helped out as well. In 1968, he received his D.D.S. degree from Columbia University College of Dental and Oral Surgery. He went on to complete an oral surgery internship and residency at Bronx Municipal Hospital Center-Albert Einstein College of Medicine.

Dr. Friedman held several academic positions, including associate clinical professor, oral surgery, at Columbia University College of Dental Medicine; associate professor of clinical surgery, oral and maxillofacial surgery, Weill Cornell Medical College; attending dentist, oral surgery, Montefiore Medical Center; and assistant attending surgeon, New York Presbyterian Hospital.

Dr. Friedman is survived by his wife, Marian; daughter Allison Davis; grandson, Jesse, and granddaughter, Arielle.

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R.J. Herzog Reappointed to State Position

AT ITS MEETING IN FEBRUARY, the State Education Department Board of Regents approved the reappointment of Robert Herzog, D.D.S., to a five-year term on the Committee for Professional Assistance.

Dr. Herzog of Williamsville is NYSDA Peer Assistance Coordinator and former chair of the Association's Committee on Substance Abuse and Well-Being. Now retired, he is a graduate of the University at Buffalo School of Dental Medicine.

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Sulfamethoxazole-trimethoprim-Induced Thrombocytopenia

A Report of Two Cases and Literature Review

Leigh A. Griffin, D.D.S.; Michael Graffeo, D.D.S.; Jay Sher, D.D.S.; Paul D. Freedman, D.D.S.; Renée F. Reich, D.D.S.

ABSTRACT

Sulfamethoxazole-trimethoprim (ST) is a sulfonamide derivative antibiotic that interferes with bacterial folic acid synthesis and growth by blocking dihydrofolic acid formation from para-aminobenzoic acid. A potential side effect of sulfamethoxazole-trimethoprim is thrombocytopenia. Thrombocytopenia is a blood disorder characterized by a decreased number of circulating platelets.

We present two cases of ST-induced thrombocytopenia where the oral manifestations were the first indication of the low platelet count, leading to life-saving interventions. Our aim is to educate dentists about the oral manifestations of thrombocytopenia and its association with ST, as their examination may be instrumental in directing treatment.

Bactrim (sulfamethoxazole-trimethoprim [ST]) is a sulfonamide derivative antibiotic that interferes with bacterial folic acid synthesis and growth by blocking dihydrofolic acid formation from para-aminobenzoic acid. A common and concerning side effect of sulfamethoxazole-trimethoprim is thrombocytopenia.^[6] We present two cases of ST-induced thrombocytopenia that presented first in the oral cavity.

Case Reports

Case 1 occurred in a 69-year-old male who presented to his oral surgeon with the chief complaint of “blisters” in his mouth after being seen by his dentist. His medical history was significant for Graves disease, hypertension, prostate cancer and the corresponding treatment (radiation therapy, hormone therapy and gynecomastia surgery). Ten days post-gynecomastia surgery, he had a fever and was given sulfamethoxazole-trimethoprim by his surgeon. Clinically, the oral surgeon visualized a large purpura of the left buccal mucosa (Figure 1). The patient was on Bactrim for eight days before developing oral lesions.

Case 2 occurred in a 75-year-old female who presented to her dentist with the chief complaint of developing “blood blisters” in her mouth after having difficulty swallowing her sulfamethoxazole-trimethoprim pill the night before. At the visit with her dentist, she reported that her blisters were “improved” that morning, but that she also had “mosquito bites” on her arms. Clinically, the patient presented with purpura and petechiae of her right buccal mucosa and labial mucosa and petechiae of the dorsal tongue and forearms (Figures 2-6). The patient was on Bactrim for 10 days before developing oral lesions.

After consultation with oral pathologists, both patients were sent to the hospital with suspected drug-induced thrombocytopenia. Patient one was admitted with a platelet count of 1,000; patient two was admitted with a platelet count below 5,000. Both patients were instructed to discon-



Figure 1. Case 1: Purpura of buccal mucosa.



Figure 2. Case 2: Purpura and petechiae of right buccal mucosa and dorsal tongue.



Figure 3. Case 2: Purpura and petechiae involving labial mucosa.



Figure 4. Case 2: Petechiae involving tongue.



Figure 5. Case 2: Petechiae of upper labial mucosa.



Figure 6. Case 2: Widespread petechiae of arms of patient.

tinue the sulfamethoxazole-trimethoprim and were given IV immunoglobulins and steroids during their hospital stay. Patient one was given three platelet transfusions while admitted. Both patients recovered and are doing well.

Discussion

These two case reports demonstrate the oral manifestations of drug-induced thrombocytopenia (DITP), a concerning possible side effect of sulfamethoxazole-trimethoprim. A normal platelet count is generally considered to be between 150,000 and 450,000 cells per microliter.^[3] When the platelet count drops below 150,000 cells per microliter, the patient is thrombocytopenic.^[4] Clinically, patients with drug-induced thrombocytopenia may demonstrate light-headedness, chills, fever, nausea, vomiting, purpura and petechiae.^[4] Risk of severe bleeding, including CNS hemorrhage, hematuria, melena and hematemesis, increases as the platelet count drops below 10,000 cells per microliter.^[4]

There are many causes of thrombocytopenia, including conditions that cause trapping of platelets in the spleen, conditions that cause a decrease in platelet production and conditions that cause an increase in platelet destruction.^[1] Drug-induced thrombocytopenia falls under the category of increased platelet destruction. There have been at least six different mechanisms identified in which drug-induced antibodies can promote platelet destruction.^[1]

Of the six different mechanisms proposed for DITP, sulfamethoxazole-trimethoprim falls in the “quinine type”

immune pathogenesis category.^[2] This quinine-type DITP occurs when the drug, in this case sulfamethoxazole-trimethoprim, induces an autoantibody to bind to a membrane protein only in the presence of the drug. It is hypothesized that while the autoantibody and the platelet glycoprotein are always present, the reaction between them without the drug is too weak. The presence of the drug improves the structural affinity of the autoantibody and platelet glycoprotein, causing a binding.^[1] Other drugs that fall into the quinine mechanism of action category include quinine, other sulfonamide antibiotics and nonsteroidal anti-inflammatory drugs.^[2]

A study performed in the Eastern United States estimated that DITP occurred in persons treated with sulfamethoxazole-trimethoprim at a rate of 36 persons per million per week of exposure.^[1] The onset of DITP is variable. It typically presents 5 to 10 days after the first exposure to the causative drug and within hours of the second exposure of the drug.^[2] Oral manifestations of drug-induced thrombocytopenia may be the first indication to the patient that they are having an adverse reaction to their medication. Our cases document the timeline of two patients prescribed sulfamethoxazole-trimethoprim and their subsequent drug-induced thrombocytopenia.

The best treatment for drug-induced thrombocytopenia is discontinuation of the causative agent. Platelet transfusions are not usually indicated due to the continued platelet destruction in the presence of the drug.^[2] Howev-

er, transfusions can be helpful for patients with a platelet count $<20,000/\text{mm}^3$ after discontinuation of the drug. Both case report patients were admitted with platelet counts well below 20,000, and patient one received three platelet transfusions during his hospital stay to aid in his recovery.

While platelet transfusions are not always indicated, they can be necessary to control overt hemorrhage.^[5] Steroids are often administered in the hospital because at admission, immune thrombocytopenic purpura cannot be ruled out. The first line of treatment for immune thrombocytopenic purpura is administering corticosteroids to decrease circulating autoantibodies.^[5] Recovery from drug-induced thrombocytopenia usually starts within one to two days after stopping the causative agent, and complete recovery usually takes place within a week.^[1] The antibodies created during the drug exposure can linger for years, making it imperative to confirm drug-induced etiology, so that the patient can avoid the drug in the future.^[1]

Conclusion

Knowledge of drug-induced thrombocytopenia is of paramount importance when evaluating a patient with new onset petechiae and purpura. Oral healthcare professionals may be the first people patients seek out when they notice the intraoral signs. Awareness of the presentation of thrombocytopenia can aid our patients in receiving proper and potentially lifesaving care. //

Queries about this article can be addressed to Dr. Griffin at leigh.griffin@tufts.edu.

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Dentists and Oral Surgeons, Beware

Some Suggested Ibuprofen-based Pain Regimens may Result in Severe Adverse Outcomes in Older Persons

Arthur H. Friedlander, D.M.D.; Ida K. Friedlander, R.N., R.S.N., M.S.;

Soraya de A. Berti-Couto, D.D.S., Ph.D.; Paulo H. Couto-Souza, D.D.S., Ph.D.

ABSTRACT

The origins of the opioid epidemic sweeping America, with its consequently overdose-related deaths, have resulted in numerous publications accusing the dental profession of excessively prescribing narcotic analgesics, leading to the initial addictive episode. These charges have prompted the national organization representing New York State's almost 600 oral and maxillofacial surgeons to develop and promulgate in its official journal a position paper detailing a nonnarcotic pain management regimen to alleviate postoperative discomfort. However, their pronouncement suggests prescribing a maximum daily dosage of ibuprofen, which has previously been documented as causing myocardial infarction and stroke in vulnerable older individuals. This current publication, which is based upon our clinical experience, is simpler and more effective than a previously published plan suggested by the American Dental Association.

In the mid-1990s, America experienced the first of three opioid-associated waves of overdose deaths.^[1] Initially (first wave), these medications were prescribed by various healthcare clinician groups to provide pain management relief, with dentists specifically identified as major suppliers of the pharmaceuticals (e.g., hydrocodone) after 3rd molar surgery.^[2,3] In more recent years, as opioid overdose-related deaths have continued to rise secondary to use of cocaine (second wave) and fentanyl (third wave), the dental profession has continued to be targeted as providing “gateway narcotic pain medication” to young persons, which in later life, leads to addiction of these latter illicit drugs.^[4,5]

In 2017, in response to these allegations, a major professional organization with 9,000 members in the United States, with 600 of those members practicing in New York State, published a White Paper mainly advocating the prescribing of nonnarcotic medications (regardless of patient's age) to obviate postoperative pain resulting from the full array of oral surgical procedures.^[6] The organization's publication recommended that a non-steroidal anti-inflammatory medication [NSAID, (e.g., ibuprofen)] be the first-line analgesic therapy but that if contraindicated (specifics not provided), then acetaminophen be substituted. Additionally, it was suggested combining the administration of these medications to achieve a synergetic effect believed equivalent to opioid

analgesic effectiveness, although recommended dosage levels and timing of these drugs when administered separately or in combination were not provided.

We are greatly troubled by another element in the advisory and, specifically, the recommendation that ibuprofen, a non-selective, reversible inhibitor of cyclooxygenase enzymes (COX-1 and COX-2) can be safely administered at a dosage of up to 3,200 mg per day. In fact, as far back as 2015, the government of New Zealand’s Medicines and Medical Devices Safety Authority determined that less than a week’s administration of an ibuprofen dosage level of 2,400 mg per day was associated with an increased risk of thrombotic events manifesting as a myocardial infarction (MI) or a cerebrovascular accident (CVA/stroke).^[7] Additionally, in 2017, researchers published the results of a meta-analysis demonstrating that members of a general population pool (N = 446,763) citizens were after one to seven days exposure to ibuprofen at significantly heightened risk of experiencing a first myocardial infarction.^[8]

Lastly, in 2018, the United States Food and Drug Administration (FDA) reiterated its determination that exposure to high-dose ibuprofen placed patient cohorts both with and without a history of prior adverse vascular ischemic events or vascular risk factors at heightened risk for medication-related MIs and CVAs.^[9] These adverse occurrences are assumed to arise from medication-associated hypertension, as ibuprofen inhibits prostaglandin synthesis, suppressing the transformation of arachidonic acid to the vascular protective properties of prostacyclin, a vessel dilator.

Additionally, ibuprofen suppresses platelet conversion of arachidonic acid to thromboxane, inhibiting these cells’

ability to aggregate, thereby increasing the risk of bleeding. This risk is most notable among older patients concurrently receiving a vitamin K antagonist (i.e., warfarin) or a direct acting oral anticoagulant (e.g., dabigatran or apixaban) for atrial fibrillation, venous thrombosis or pulmonary embolus.^[10]

Furthermore, ibuprofen needs to be judiciously prescribed for elderly patients having preexisting renal insufficiency because “ibuprofen inhibition” of COX-1 in afferent renal arterioles can result in reduced renal perfusion, and inhibition of COX-2 can promote sodium and fluid retention, resulting in congestive heart failure.^[11,12] Lastly, ibuprofen may also decrease the effectiveness of certain antihypertensive medications used by this group of patients, namely, angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers and loop diuretics.^[13]

It’s noteworthy that the Journal of the American Dental Association (JADA) published a series of position papers on this topic that provided very useful clinical information.^[15,16] The JADA documents recommended (with the exception of “severe pain”) prescribing, in stepwise fashion, progressively greater (but safe) daily dosages of the nonnarcotic medication ibuprofen alone or in combination with acetaminophen based upon anticipated levels of postoperative discomfort. It was advised that these medications, depending upon the invasiveness of the procedure, be administered at “fixed” dosages and time intervals or at “variable” dosages and time intervals “if needed for pain.”

Four levels of patient discomfort were conceptualized—mild, mild-to-moderate, moderate-to-severe, severe—associated with the performance of specific dental and oral surgical procedures. For example, moderate-to-severe pain arising from periodontal bone recontouring was denoted as being ideally managed by the initial concomitant administration of ibuprofen (400 mg to 600 mg) with acetaminophen (500 mg) every 6 hours for 24 hours (fixed), followed by the simultaneous administration of ibuprofen (400 mg) and acetaminophen (500 mg) every 6 hours “as needed for pain” (flexible).

Additionally cited was the association of “severe pain” arising from placement of complex implants or extraction of impacted teeth and its initial management by the simultaneous administration of ibuprofen (400 mg to 600 mg) and acetaminophen (650 mg) with hydrocodone (10 mg) every 6 hours

TABLE 1.
Guidelines for Management of Acute Postoperative Dental Pain

Pain Intensity	Associated Dental Procedure	Analgesic Regimen
Mild	Frenectomy Gingivectomy Routine endodontics Single dental extraction	Ibuprofen (200-400mg) every 4-6 hours “as needed for pain”
Moderate-Severe	Periodontal bony recontouring Surgical endodontics Multiple dental extractions	Ibuprofen (400-600mg) with acetaminophen (500mg) every 6 hours for 24 hours; then ibuprofen (400mg) with acetaminophen (500mg) every 6 hours “as needed for pain”
Severe	Placement of complex dental implants Extraction of impacted teeth	Ibuprofen (400-600mg) with acetaminophen (650mg) with hydrocodone (30mg) every 6 hours for 48 hours; then ibuprofen (400-600mg) with acetaminophen (500mg) every 6 hours “as needed for pain”

for 24 to 48 hours; then ibuprofen (400 mg to 600 mg) with acetaminophen (500 mg) every 6 hours “as need for pain.”

However, based upon our own clinical experiences, we have modified the JADA’s schema and constructed a table (Table 1) that links specific dental procedures to three rather than four levels of anticipated pain. Furthermore, we suggest that the management of “severe pain” requires augmenting JADA’s recommended hydrocodone dosage level from 10 mg to 30 mg in combination with acetaminophen (650 mg), and that these medications be administered for a fixed period of 48 hours rather than their suggested variable period of 24 to 48 hours. Lastly, we suggest that at termination of procedures, a long-acting anesthetic agent (such as bupivacaine) be administered.

In closing, we strongly believe that dentists and oral surgeons should not be prescribing dangerously high daily dosages of ibuprofen to vulnerable older patients. In fact, prior to surgery and as part of the informed-consent process, we explain to the patient our rationale for limiting the prescribing of both ibuprofen and narcotic analgesic to avoid greater harm and, therefore, they should expect to experience a modicum of postoperative discomfort.

Our analgesic pain regimen, which is a modification of the JADA’s well-thought-out plan, with judicious dosages of ibuprofen and “fixed” and “flexible” time intervals, is appropriate only for patients whose comprehensive medical history is negative for prior or current addictive issues, renal impairment, vascular disease (i.e., hypertension, angina, myocardial infarction, heart failure, stroke) and gastrointestinal disorders (e.g., peptic ulcer disease, gastritis, irritable bowel syndrome), as well as concurrent medications likely to adversely interact with ibuprofen.

For patients presenting with a positive medical history, we suggest arranging medical consultation prior to performing surgery to develop an interdisciplinary pain management care plan. //

Queries about this article can be sent to Dr. Couto-Souza at Couto.s@pucpr.br.

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Squamous Odontogenic Tumor

A Case Report

Sara Endo, D.D.S.; Timothy Chang, D.D.S.; Daria Vasilyeva, D.D.S.; Scott M. Peters, D.D.S.

ABSTRACT

The squamous odontogenic tumor (SOT) is a slow-growing, benign, rare intraosseous neoplasm. SOT is most commonly found in the anterior region of the maxilla and the premolar-molar region of the mandible. These lesions have no sex predilection and show peak occurrence in the third decade of life.

A 25-year-old female, in apparent good health, presented to an oral surgeon with referral from a general practitioner for evaluation of an incidentally discovered lesion of the maxilla. A review of her medical history was noncontributory, and the extraoral and intraoral examination was unremarkable.

Panoramic radiograph revealed a single, unilocular radiolucency between her right maxillary canine and premolar (Figure 1). A biopsy of the radiolucent lesion was performed to establish a diagnosis. Microscopic examination revealed islands of bland squamous epithelium (Figure 2a) with occasional microcyst formation (Figure 2b). Calcified bodies were noted in some of the islands. Based on these findings, a diagnosis of squamous odontogenic tumor was rendered.

Discussion

The squamous odontogenic tumor (SOT) is a slow-growing, benign, rare intraosseous neoplasm that was first described by Pullon et al. in 1975 and recognized by the

World Health Organization in 2005.^[1-3] According to more recent literature, SOT is most commonly found in the anterior region of the maxilla and the premolar-molar region of the mandible.^[4] Tumors in the maxilla tend to show more locally aggressive behavior compared to those found in the mandible.

SOT shows no sex predilection, can occur at a wide range of ages, from 9 to 67 years old, and has a peak occurrence in the third decade of life.^[4] This tumor has been suggested to originate from gingival epithelium or gingival rests of Serres, but origination from the rests of Malassez has the most supporting data. This is due to the observations that SOT is commonly associated with erupted vital teeth, has tight adherence to the roots of teeth, and is easily separated from the soft tissue.^[5]

Clinically, patients with SOT present with asymptomatic swelling, mobility of the adjacent teeth and localized periodontal bone loss. The tumor is often associated with erupted, vital teeth and is commonly discovered incidentally on routine radiographic examination. Radiographically, the tumor has a characteristic appearance of a triangular unilocular radiolucency between the roots of two teeth, with the base of the triangle toward the root apices; rarely, does SOT appear as large, multilocular lesions.^[4] When considering a unilocular radiolucency in the maxilla, multiple differential diagnoses must be considered.

Histologically, SOT contains islands of squamous epithelium of varying size and shape that are well-demarcated from the dense fibromyxoid connective tissue stroma by a



Figure 1. Panoramic radiograph demonstrates well-defined, unilocular radiolucency between right maxillary premolar and canine.

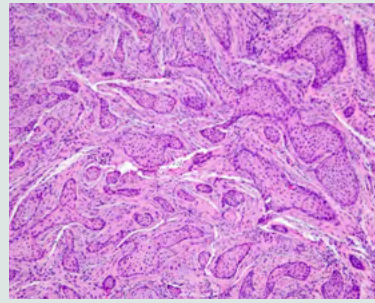


Figure 2. (a) Hematoxylin-eosin stain of biopsy specimen consists of islands of bland squamous epithelium (100x magnification).

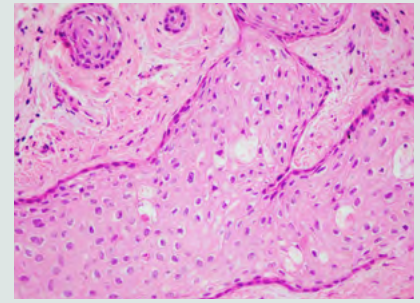


Figure 2. (b) Occasional cyst formation is noted in some of islands (400x magnification).

layer of flattened cells.^[3] Some neighboring islands are connected via epithelial cords. Intracellular keratin, focal microcystic formation and dystrophic calcifications can also occur.^[2]

The clinical differential for SOT may include ameloblastoma, odontogenic keratocyst (OKC), lateral periodontal cyst (LPC), squamous cell carcinoma (SCC), among others.^[4] The correct diagnosis is made only after histologic analysis of the lesion. While some cases of SOT can display aggressive clinical behavior, the cells in the epithelial nests do not exhibit atypia, allowing clinicians to distinguish it from squamous cell carcinoma.^[6]

While SOT does not usually cause pain or discomfort to patients, it can mimic periodontitis, with features such as gingival inflammation, deep probing depths and alveolar bone loss.^[5] Therefore, the management of SOT includes local surgical excision and, less commonly, en bloc resection.^[4,7] Based on 46 cases of SOT with follow-up data, there is an estimated recurrence rate of approximately 19.4% following surgical excision.^[4]

Although radiolucent lesions are not an infrequent finding on radiographic examination, care must be taken to perform a thorough clinical examination and biopsy, as there is significant overlap in features with a number of odontogenic cysts and tumors. Clinical and radiographic features should inform the differential diagnoses of this type of lesion.

This case report serves as a reminder for oral healthcare providers to remain vigilant during examination and obtain a biopsy as a means for establishing a definitive diagnosis. //

The authors declare no conflicts of interest. Nor did their study receive commercial funding. Queries about this article can be sent to Dr. Endo at endos1@unlv.nevada.edu.

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Dr. Endo



Dr. Chang



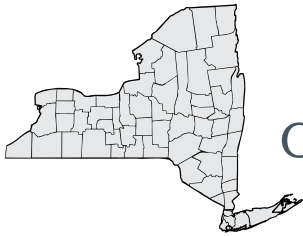
Dr. Peters

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Component NEWS

SUFFOLK COUNTY Ethically Speaking

Natalia Elson, D.D.S.

December 'twas the season to share... ethics. Each year, our local ADA member volunteers share the “Principles of Ethics and Code of Professional Conduct” with about 45 4th-year dental students at the Stony Brook School of Dental Medicine. Dr. Kevin Henner has been leading these volunteer efforts, alongside SBSDM faculty Drs. London and Iovino. They are supported by SCDS members Drs. Jonke, Leary, Kilimitzoglou, Vazquez, Mahon-Vazquez, Maresca, Feigelson, Firestone, Seiver, Pruden, Peskin (NCDS), Lagner, Vittoria, Markowitz, Graskemper, Domingar, Hanlon and, occasionally, others.

It's a four-week course (so it bridged us nicely into 2024) that meets from 8 to 10 a.m. on Wednesdays. It always includes a great exchange of information, and presenters view it as an opportunity to work with the next generation of dentists.

Women's Dental Symposium

The 14th annual Long Island Women's Dental Symposium (formerly, Scrubs and Stiletos) on Nov. 3, sponsored by Nassau and Suffolk County Dental societies, was by all accounts a success.

During the symposium, we honored Dr. Prabha Krishnan, president-elect of the New York State Dental Association, and welcomed featured guest, ADA President Dr. Linda Edgar, and keynote speaker Dr. Winifred J. Booker.

The event was held at the beautiful Heritage Club in Farmingdale.

A big shoutout to our 12 speakers: Julie Connolly, D.D.S., M.P.H., M.S.; Amy Dukoff, D.M.D., B.S.E.; Michele Nguyen, D.D.S.; Kathleen Schultz, D.M.D.; Ju-

lianna Bair, D.M.D.; Hinna Chaudhry, D.M.D.; Jacqueline Katz, D.D.S.; Ya-Hsin Yu, D.D.S., M.S.; Tricia Quartey, D.M.D., FAGD; Patricia Swanson, D.D.S., FACP; Lorna Flamer-Caldera, D.D.S.; and Tracey Rosenberg, D.D.S., M.D. Audience members were invited to select three lectures to attend.

Attendees were presented with awards, prizes and appearances by several other special guests. A huge thank you to the following sponsors, whose support made holding the symposium possible: DDSMatch.com, HealthFirst, MLMIC, Parkell, Kuraray-Noratake, Pulpdent, Dentaquest, Alma, Alan Stein Law Offices, Kettenbach Dental,



Dr. Guenter Jonke addresses D4 students during ethics course breakout session.



SUFFOLK COUNTY

Dr. Kevin Henner presents introduction to Principles of Ethics course to senior dental students at Stony Brook School of Dental Medicine.

Suffolk County *cont.*

Long Island Centers for Speech, Osteo-Strong, GloScience, TD Bank Health-care Practice Solutions Group.

The event is championed by Dr. Maria Maranga and Dr. Julie Izen. Dr. Fabiola Milord served as master of ceremonies, and additional support was provided by Dr. Eugene Porcelli, Larissa Plastini, Carol Deerwester and Bill Panzarino.

Don't Miss a Thing

We continue to make a significant push to better communicate and connect with our members in methods that more easily integrate with their lifestyle. You can find us on Facebook, Twitter, Instagram, LinkedIn and, even, Spotify, in addition to our traditional www.SuffolkDental.org presence.

FIFTH DISTRICT Spring Meeting

Janice Pliszczak, D.D.S., M.S., M.B.A.

The Fifth District Board of Governors will meet the evening of Thursday, May 2, at the Hampton Inn in Cazenovia. On the following day, Dr. Marc Geissberger will present a course on “Clear Aligner Therapy in the General Dental Practice: Roadmap to Success” in the morning and a course on “Injection Molding: Incorporating Innovative Concepts for Esthetic & Reconstructive Dentistry in Clinical Practice” in the afternoon.

Central New York Dental Conference

The Central New York Dental Conference (CNYDC) will take place Thursday and Friday, Sept. 12-13, at the OnCenter in Syracuse. Mandated courses in Infection Control and Child Abuse Reporting will be offered Thursday evening. On Friday, Dr. John Gammchia will present “Holy \$&!, I Didn't Know You Could Do That with Composites: Artisan Dentistry.”

Also on Friday, Dr. Jason Goodchild will present courses on “Local Anesthesia: 6 Common Myths Explained to Make Your Local Anesthetic Techniques More Successful” in the morning and “Medical Emergencies in the Dental Office: What's in Your Emergency Kit and Why” in the afternoon.

The dental marketplace will be open on Thursday evening and all day Friday.

Fall Meeting

The Board of Governors will meet the evening of Thursday, Nov. 14, at the Marriott Syracuse. On Friday, the 15th, Dr. Arthur Tomaro will present a course on “The Principles and Treatment of Full Mouth Reconstruction.”

Information on all Fifth District courses, including on-demand webinars, is available at www.5dds.org.

THIRD DISTRICT New Year, New Strategy

Paula Tancredi, Executive Director

Members of the Third District Dental Society have been leading, hosting and attending new initiatives to raise awareness, increase involvement and improve inclusion.

Awareness

On Feb. 22, the Albany Common Council voted unanimously to fluoridate the city water supply. Dr. Katie Rothas and Dr. Lydia Hunt attended the meeting in support of the legislation. Recognizing that some of the opposition arose from the failure to educate parents, Dr. Rothas will lead the next Third District Study Group to discuss ways in which dentists and the society can assist in promoting a greater understanding of the safety and benefits of fluoride.



SUFFOLK COUNTY

Annual Long Island Women's Dental Symposium continues to be popular outing.



THIRD DISTRICT

Dr. Katie Rothas and Dr. Lydia Hunt delivered pro-fluoride message to Albany Common Council.

Involvement

The Third District Study Group is a new and significant member benefit. The group is exclusive to district members and associates. Meeting on the second Thursday of the month, it is an opportunity for members to discuss the latest issues and trends in dental practice, as well as ask and answer top-of-mind questions in a comfortable environment with local peers. The January Study Group, led by Dr. Dan Caban, discussed the mentoring of pre-dental and dental students, and a new shadowing and mentoring program being developed for students around the district. The February Study Group shared case studies regarding special care dentistry. And in March, there will be a dis-

cussion of educating parents in Albany regarding the safety and benefits of water fluoridation.

Another initiative to promote involvement is the Third District Women in Dentistry. In January, all female dentists in the district were invited to an evening of New Year Networking at Brown's Brewery in Troy. The evening highlighted one of the most important benefits of membership: the power of connecting with fellow professionals. In February, the group hosted "Galentine's Day." In addition to developing professional connections and discussing the latest dental topics, the doctors were treated to a makeup tutorial.

Inclusion

As many of the upstate districts are aware, demographics tend to dictate where most, or sometimes all, of our events are held. In the Third District, the majority of dentists practice in the Capital Region, the district office is in Albany, so most meetings and events tend to be held in Albany County. However, the district extends over 70 miles south down the New York State Thruway through the Catskill Mountains. So, we are making member benefits such as events and continuing education more accessible to doctors in Ulster and Sullivan counties.

We began with Networking in New Paltz in February. In the planning is another Networking in New Paltz event in March, a practice management event in April and a continuing education course in June.

One More Thing

We moved! Please update our contact information: Third District Dental Society, 125 Wolf Road, Suite 318, Albany, NY 12205; (518) 512-3462.

SEVENTH DISTRICT Installation of Officers

Becky Herman, Executive Director

On Jan. 22, the Seventh District Dental Society installed new officers and directors to serve on its Board in 2024. Congratulations to Drs. William Hurtt, president; Matthew Valerio, president-elect; Alexis Ghanem, vice president; David Ramjattansingh, treasurer; Sierra DeMarree, director-at-large; and Todd Pedersen, Monroe County Dental Society representative to the Board.

The Monroe County Dental Society (MCDS) installed its officers and directors for 2024 on Jan. 29. Congratulations to Drs. Taylor Squires, elected to serve as president for 2024 and 2025; Scott Koopman, vice president; Christopher Calnon, treasurer; and Timothy Abamonte, secretary. The following members were elected to three-year terms on the Board: Drs. Abdullah Al Qaraghuli,



District's Women in Dentistry celebrate Galentine's Day.



District broadened its reach in February with Networking in New Paltz event.

Seventh District *cont.*

Robert Buhite II, Peter D'Elia, Isaac Kuyunov and Derek Schutzman.

Zooming in on Learning

The Monroe County Dental Society's Rochester Dental Study Club planned three, two-hour Zoom webinars for 2024, all free to MCDS members. Dr. Mona Haleem shared her knowledge on "What to Know about Orofacial Pain & Dental Sleep Medicine" on Jan. 11. The next webinar will be April 10, with Dr. Isaac Kuyunov presenting on "Restoring the Partially Endentulous Patient."

Change in Program Format Proves Successful

Historically, the Monroe County Dental Society has hosted one all-day meeting in the spring. This year, in an effort to attract new participants, the society is hosting three two-hour evening CE sessions, with dinner beforehand. The first event was held on Jan. 16, with speaker Dayna Moon presenting on "Orofacial Myofunctional Disorders: The Signs are Right under Your Nose." Thank you to our sponsors, GRB, Vision Financial and Walsh Duffield.

The second event, hosted at Black Button Distilling, a new, fun venue for us, was held on Feb. 28. Dr. Sean Meitner presented on "Bone Grafting with Consistent Results Using Infuse (BMP-2)." Thank you to our sponsors, DDS-Match, GRB, Henry Schein, M&T Bank, RTG Lab, Vision Financial, Walsh Duffield and ZimVie.

The third event in the series took place on March 14, with Dr. James Soltys presenting on "Implant Failures: I Thought these Implants Would be Easier."



Cited for outstanding contributions to dentistry at annual awards dinner are, from left, Rosemeire Santos-Teachout, Andrew Vorrasi, Theresa Casper-Klock, Timothy Calnon.



George E. Greenwood Award winners, past and present.



SEVENTH DISTRICT

Dayna Moon, presenter at January MCDS meeting with Vince Marino, left, and President Taylor Squires.

Careers in Dentistry Program Returns

The Monroe County Dental Society's Careers in Dentistry Program is back. Year two kicked off on Jan. 24, with a presentation by program leaders and MCDS Board members Drs. Taylor Squires and Katie Strong. Area high school and college students interested in learning more about the field of dentistry attended an informational session at J&L Dental.

Nineteen students came out on Feb. 27 to participate in a hands-on experience at Webster Pediatric Dentistry. Thank you to Drs. Lisa DeLucia (practice owner), Gerry Cellura, Taylor Squires and Katie Strong for providing a unique and fun learning event.

The next event is a field trip to the University at Buffalo School of Dental Medicine on April 5. Students, accompanied by area dentists, will meet with UB dental students and faculty to learn about the dental program and tour the school.

Members Recognized as Health Care Heroes

In February, the Rochester Business Journal named 47 individuals and organizations Health Care Heroes. Congratulations to Seventh District Dental Society members Dr. Jordan Antemaso and Dr. Matthew Wolfe of Harborside Dental Team and Dr. Ahmed Farag, Seventh District Board member

and Rochester Regional Health Medical Director—Dentistry. The awards recognize excellence, promote innovation, and honor the efforts of organizations and individuals making a significant impact on the quality of healthcare in our area.

Awards Dinner Honors Four Dentists

The Seventh District Dental Society hosted its annual awards dinner on Feb. 3 at Casa Larga Vineyards. Honorees included Dr. Rosemeire Santos-Teachout, winner of the Robert E. Parker III Award. Named after Dr. Parker, who embodied the seven tenets of our dental society, including stewardship and volunteerism, the award is given to a deserving individual or organization for outstanding volunteer and community service.

Other honorees were: Dr. Andrew Vorrasi, recipient of the Award of Merit, in recognition of meritorious service and dedication to the members of the dental profession and to the community; Dr. Theresa Casper-Klock, awarded the prestigious George E. Greenwood Award, for her dedication to her profession, faithfulness in her activities and loyalty to her fellow members; and Dr. Timothy Calnon, presented with the Frederick J. Halik Award, recognizing a new dentist for outstanding leadership and significant contributions to dentistry and the community.

A special thank you to district members who served as mentors and sponsored new dentists and residents for the evening's festivities, so they could attend free-of-charge. Thank you also to Walsh Duffield and Empire Dental Administrators, Inc., for their sponsorship of the event.

NEW YORK COUNTY January Installation

Andrew S. Deutch, D.D.S.

New York County Dental Society officers for 2024 were installed Jan. 23 at the New York Yacht Club. President



Launch of year two of MCDS's Careers in Dentistry program in January was well-attended.



Students traveled to Websters Pediatric Dentistry to learn more about careers in dentistry.

New York County *cont.*

Suchie Chawla, President-Elect Vera W. L. Tang, Vice President Andrew Deutch, Secretary Egidio A. Farone and Treasurer Jaskaren Randhawa will serve alongside Immediate Past President Mina C. Kim.

Distinguished speakers at the installation included ADA President-Elect Brett Kessler, who also served as installing officer; NYSDA President Anthony Cuomo; former ADA Vice President and candidate for ADA President-Elect Maria Maranga; and Dr. Chawla's mentor, Dr. Andre Montazem.

A special moment occurred when Past NYCDs President David Shipper presented Diane Colonna, regional vice president of development of New York Special Olympics, with a check for \$10,852, the proceeds from the NYCDs 2023 Charity Golf Outing, spearheaded by Dr. Shipper.

There were several other notable guests in attendance at the installation ceremony. Representing NYSDA were President-Elect Prabha Krishnan, Vice President Maurice Edwards, Secretary-Treasurer Paul Leary, Trustees John Demas, Amarillis Jacobo, Lois Jackson, Guenter Jonke and Gary Scharoff, and Executive Director Greg Hill. Former ADA President and current Executive Director of Queens County Dental Society Chad Gehani attended, as did Second District Dental Society President Tricia Quartey-Sagaille, Vice President Valerie Venterina, Treasurer Phyllis Merlino and Secretary Cherry Libramonte; Nassau County President Douglas Schilhaus; and Suffolk County President Steven Feigleson and Executive Director William Panzarino. Also: GNYDM General Manager Tom Loughran and several members of the meeting's Organization Committee and Troubleshooters.

Give Kids A Smile— Uplifting and Impactful!

NYCDs spread smiles and raised awareness of the importance of dental health on Feb. 2 at our Give Kids A Smile Day (GKAS) in East Harlem School District 4. Nearly 1,300 children, ages 3 to 14, from nine schools received oral health screenings, preventive fluoride treatment and oral hygiene education in a fun atmosphere. In the days prior to the event, an even greater number of students watched age-specific videos created by the Give Kids A Smile Committee and covering tooth-friendly foods, cavity prevention, good oral hygiene and more. In addition, a virtual Parent Workshop was held in late Janu-

ary to provide parents/caretakers with information that reinforces good oral health habits. New York County's GKAS event is the only one in the country that offers a parent workshop component.

Each child screened received a dental "report card" that specified the treatment received and if there was need for routine or urgent follow-up care. This year, the report card was provided in both English and Spanish to reflect the demographics of the community. Another program enhancement is the immediate identification of students in need of urgent care. The list was compiled and provided to school leaders after the event. The GKAS Committee is committed to working with school lead-



Newly installed NYCDs officers are, from left, President-elect Vera Tang, Vice President Andrew Deutch, President Suchie Chawla, Immediate Past President Mina Kim, Treasurer Jaskaren Randhawa, Secretary Egidio Farone.



Spreading smiles and oral health awareness are, from left, GKAS cochair Anna Viron; Site leaders JoAnna Pufnock, Megan Chin, Reginald Moncrieff; Cochair Maggie Romao; NYCDs President Suchie Chawla; NYCDs staff Susan Ingoglia.

ership to see that all students in need of urgent follow-up care receive it.

For the past eight years, Dr. Deborah Weisfuse was committed to growing Give Kids A Smile into a highly successful, large-scale community event and laid the foundation for the future success of the initiative. This year, there was new leadership—Community Outreach Committee Chair Anna Viron and Board Member Maggie Romao, who served as cochairs of the GKAS Committee. They put generous amounts of time and energy into ensuring a successful event.

NYCDS was pleased to have Dr. David Tepel, director of oral health at the NYC Department of Health and Mental Hygiene, attend the event. GKAS leadership is working closely with the Department of Health to do even more to improve the oral health of children in underserved communities in Manhattan.

One particular story from the event highlights the impact GKAS can have on the community. During a routine screening, a student was found to have a severe cleft palate. Steps were soon taken to have the student evaluated by NYU's cleft palate program, where the life-changing surgery covered by Medicaid, will be performed. This is a remarkable intervention! Many thanks to the GKAS volunteers, site leaders and sponsors who make this event possible.



NEW YORK COUNTY

Children learn proper brushing technique at GKAS NYC in February.

Money Matters for New Dentists

The society's New Dentist Committee held a program on Jan. 18 to address the financial complexities and unique challenges many new dentists face practicing in Manhattan. "Money Matters for New Dentists: Personal Finance and Accounting for Employees, Independent Contractors and Owners" was a great opportunity for attendees to learn how to optimize their personal finances. David Goodman, a partner with the accounting firm PKF O'Connor Davies, and Mitchell Brill, a managing director with the financial firm Altium Wealth Management, led an informal but highly informative program, inviting and receiving numerous questions from attendees. Both speakers have extensive experience working with the dental community and were able to bring clarity to many of the core financial concerns new dentists have.

A follow-up program, "Money Matters: Start Now and Retire When and How you Want," was planned for March 27 at NYCDS.

Continuing Education

Spring 2024 CE program highlights include the returning hands-on course "Innovations in Aesthetic Dentistry: Everything You Need to Know About Veneers!" led by K. Michael M. Ghalili, D.M.D., M.S.D. Practitioners will leave with an in-depth grasp of the importance of veneers in dentistry; on day two, they will participate in an in-depth, step-by-step, hands-on workshop.

In case you have limited time, we offer several morning courses: "Implant Overdenture Update: Rigid vs. Resilient 'Retained vs. Supported' What's Your Philosophy?" led by Dr. Kenneth S. Kurtz; "Implant Retained Removables," led by Dr. Ankur Gupta; and "Diagnostic Considerations and Restorative Management of Difficult Cases," led by Edward M. Feinberg, D.M.D.

Visit nycdentalsociety.org, or follow us on social media (@nycds622), as new courses are added regularly.

Upcoming Continuing Education Schedule

- **Wed. April 3-4:** Innovations in Aesthetic Dentistry: Everything You Need to Know About Veneers.
- **Wed. April 10:** Implant Overdenture Update: Rigid vs. Resilient "Retained vs. Supported" What's Your Philosophy?
- **Wed. April 17:** ACD Lecture Series: Conflict Dispute Resolution: A Practical Approach—Part Two.
- **Fri. April 19:** Cosmetic Dentistry for the Restorative Practice—Lecture and Hands-on.
- **Thurs. May 9:** Day 1—Mitigating Miserableodontics.
- **Fri. May 10:** Day 2—Implant Retained Removables.
- **Wed. May 15:** Evolution of Full Arch Rehabilitation with Immediate Load Workflow.
- **Wed. May 15:** ACD Mentoring Lecture Program: Peer Review and Benefits of ADA Membership.
- **Wed. May 22:** Basic Life Support/CPR Certification Course.
- **Wed. June 5:** Mandatory Prescriber DEA Education Renewal for Licensed Dentists.
- **Fri. June 14:** Lasing is Amazing!
- **Wed. June 26:** Diagnostic Considerations and Restorative Management of Difficult Cases. (In-person)
- **Wed. June 26:** OSHA-Mandated Update for Dentists and Staff; What You Need to Know to Comply with the Law.

FOURTH DISTRICT Welcome Spring and New Officers

Lisa Hicks, Executive Director

The Fourth District is happy to begin shaking off the winter blues and cheered when "Phil" set the stage for early warmth and sun!

Our 2024 officers were installed on Jan. 6. We extend a grateful thank you to Dr. Kirk Gleason, the master of all master of all ceremonies. The Queensbury Hotel was the perfect winter back-

Second District *cont.*

drop to our ceremony. Congratulations to President Dr. John Milza, President-Elect Dr. Jennifer Kluth, Vice-President Dr. Edmund Wun, Secretary Dr. Claire Kiehl and Treasurer Dr. Rachel Hargraves. With your leadership, 2024 is primed for a great year.

Seminar Series Underway

The Fourth District cohosts its CE seminar series with the Third District. We started on a sunny note in February with five of our local orthodontists offering up a great panel lecture, "Straight from the Source." Thank you Drs. Steven Alexander, Brendan Cooney, Robin Lozman, Olivia Turner (Griswold) and Canaan Tyner for providing a comprehensive walk-through of the scope and practice of orthodontia as it relates to the general practitioner.

We continued in March, hosting national speaker, Dr. Joshua Austin, to a full house at the Desmond Hotel. His

lecture was engaging, and the information on technological advancements was stunning.

Dental Congress

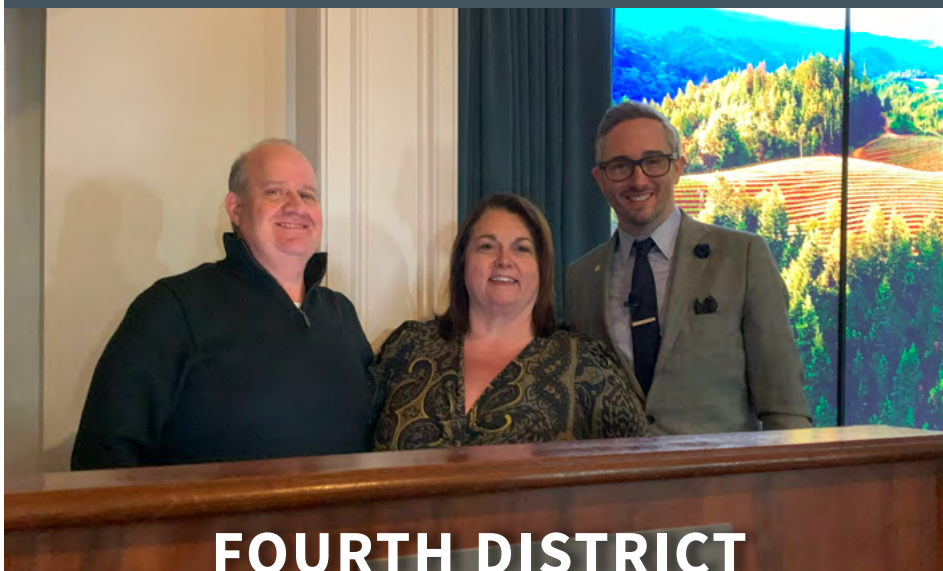
President John Milza is knee deep in planning the Saratoga Dental Congress, our annual meeting, May 23-24 at the Saratoga City Center. Headliners include Dr. Uche Odiatu, Dr. Daniel Pompa and Dr. Richard Lipscomb. We look forward to a great meeting.

How to Report Child Abuse

We have arranged for a presentation of the updated Child Abuse Reporting course on Thursday, May 23, at 5 p.m., at the Saratoga City Center for all dentists looking to fulfill the new mandated requirements. Call (518) 371-1117 to register.



On hand to welcome new officers are, from left, Fred Wetzel, John McCambley, John Schutze, James Galati.



FOURTH DISTRICT

President John Milza and past president Christina Cocozzo welcome Joshua Austin to March CE Seminar Series, where he presented talk on technology.

SECOND DISTRICT Children's Dental Health Month

Alyson Buchalter, D.M.D.

True to form, Dr. Reneida Reyes organized another highly successful Children's Dental Health Month. Second District Dental Society (SDDS) members spent the month of February supporting oral health fairs at seven elementary and nursery schools across Brooklyn.

Thank you to the volunteers who made the events a hit with the children and staff of those schools. They include Drs. Juana Luster, Esther Nelson, Michelle Shamaev, James Sconzo, Natasha Patel, Angela DeBartolo, Kelsy Bonano-Baez, Charlotte Martin and Peter Costalos. Also helping us were NYU third-year dental students Francisco Espinosa and Athman Sivaseelan.

The events reached children as young as 2 and up to 13 years old. They included many with autism and emotional challenges. The SDDS Oral Health Committee thanks the New York Presbyterian Brooklyn Methodist Hospital (NYPBMH), Division of Dental Medicine, for collaborating with us, making these events ones we are very proud of.

Howard Leib Honored

The United Arab Emirates International Dental Conference and Arab Dental Exhibition, also known as AEEDC, took place in early February in Dubai, UAE. It is among the largest and most prestigious international expositions. Each year, organizers present the AEEDC Dubai Personality of the Year Award to the person who has made “a significant contribution to oral health on a global scale.” This year, they chose from among dentists across the world, our own, Dr. Howard Leib.

Dr. Leib has had many roles serving dentistry. He is a past general chairman of the Greater New York Dental Meeting, past chairman of the ADA Annual Meeting and past SDDS President, just to name a few of the positions he has held. He is currently an associate clinical professor, international project coordinator and special assistant to the dean at the School of Dentistry at New York University.

Congratulations, Dr. Leib!

Richmond County Installs Officers

SDDS branch society, the Richmond County Dental Society (RCDS), held its annual Dinner Dance and Installation of Officers Jan. 27 at the Richmond County Country Club. Celebrants, who included members of RCDS and SDDS, marked the occasion by dancing the night away and enjoying good food, good friends and a stunning venue!

Congratulations to President Christen Carute, President-Elect Bryan Pieroni, Vice President Brian Perrone, Treasurer Joseph Albanese and Secretary Emad Abdou. An additional shoutout to Dr. Raymond Flagiello, who received a certificate of recognition from State Senator Jessica Scarcell-Spanto during the gala.

Meryl Efron Memorial Lecture

Meryl Efron was a lifelong Staten Island resident, whose contributions to organized dentistry were extraordinary. She unfortunately left us way too early. Every year, to recognize her dedication to her colleagues and patients, the Richmond County Dental Society holds an all-day



Volunteers make sure Children's Dental Health event is fun. They include, from left, NYU dental students Francisco Espinosa and Athman Sivaseelan, Dr. Angela DeBartolo and Brooklyn Methodist Hospital resident Dr. Kelsy Bonano-Baez.



Newly installed officers, Richmond County Dental Society, are, from left, Trustee Michael Costa, President-elect Bryan Pieroni, President Christen Carute, Treasurer Joseph Albanese, Vice President Brian Perrone, Secretary Emad Abdou.



Dr. Howard Leib receives 2024 AEEDC Dubai Personality of the Year Award.

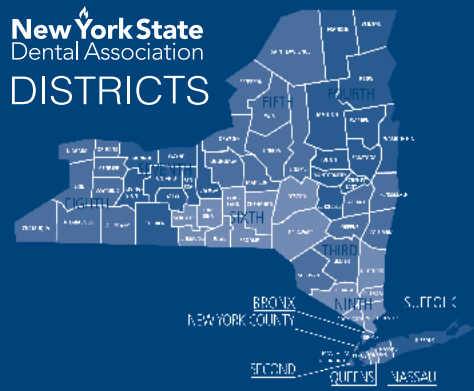
Second District *cont.*

lecture in her honor. This year's guest lecturer was Dr. Louis DeSantis, former Northeast Regional Director, American College of Prosthodontists and adjunct clinical associate professor, Advanced Education Program in Prosthodontics, New York University College of Dentistry. He presented "Prosthodontics—A 40-Year Retrospective: Where We Have Come from and Where We are Headed" to a packed room.

Dr. DeSantis helped carry on the tradition of excellent continuing education for our members while honoring our past. Thank you, Dr. DeSantis!

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Component Presidents 2024



NEW YORK COUNTY Suchie Chawla

16 East 52nd Street, New York, NY 10022

BS, University of Virginia, 1993. DDS, New York University, 1998. MD, Mount Sinai School of Medicine, 2004. OMS Residency, Mount Sinai Hospital, 2007. Attending, Mount Sinai Hospital, New York Presbyterian-Cornell Hospital. *OMS Practice, New York City.*

Member, American Association Oral & Maxillofacial Surgeons, New York State Society Oral and Maxillofacial Surgeons. Fellow, International College Dentists, American College Dentists, New York Academy Dentists.

*Enjoys travel and participating in surgical missions.
Spouse: Dr. Scott Tagawa.*



SECOND DISTRICT Tricia Quartey-Sagaille

472 Fifth Avenue, Brooklyn NY, 11215

BA, John Hopkins University, 2009. DMD, University of Medicine and Dentistry of New Jersey. AEGD Residency, Lutheran Medical Center, 2010. *General Practice, Brooklyn, 2012.*

Member, National Dental Association, Academy General Dentistry.

*Enjoys ballet, CrossFit.
Spouse: Noel Sagaille. Son: Kendrick.*



THIRD DISTRICT Kendra J. Zappia

1 Pine West Plaza, Albany NY 12205

BS, Siena College. DDS, University at Buffalo School of Dental Medicine. AEGD, Lutheran Medical Center, Brooklyn. *General Practice, Albany, 2009.*

Chairperson, NYSDA Council on Membership and Communications, Third District Dental Society Membership Committee. Advisory Board, Hudson Valley Community College Department of Dental Hygiene.

*Enjoys running, reading, planning trips with family and friends.
Spouse: Graig Zappia, Esq. Children: Gemma, Merrick and Rowen.*



FOURTH DISTRICT John A. Milza Jr.

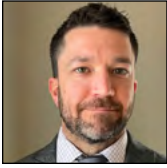
35 Quade Street, Glens Falls, NY 12801

BS, Cornell University, 1992. DDS, Columbia University, 1996. General Practice Residency, New York Hospital of Queens, 1997. *General Practice, Glens Falls, 2002.*

Member, American Dental Association, New York State Dental Association.

*Enjoys golf, classic cars.
Spouse: Kimberly. Children: Julia and Kevin.*

Component Presidents 2024



FIFTH DISTRICT Patrick Madden

PO Box 180, Mexico, NY 13114

BS, Allegheny College, 2006. DDS, University at Buffalo School of Dental Medicine, 2010. General Practice Residency, SUNY Upstate Dental, 2011.

General Practice, Mexico, 2011.

Member, American Dental Association, New York State Dental Association.

Enjoys gardening, tent camping.

Spouse: Mary. Children: Sophie, Oscar, Henry.



SIXTH DISTRICT Marcus H. Spera

565 Hooper Road, Endwell, NY 13760

BS, University of Delaware, 2012. DDS, University at Buffalo School of Dental Medicine, 2017. General Practice Residency, SUNY Upstate Medical, 2018.

General Practice, Endwell.

Former President, Broome County Dental Society. Member, Academy General Dentistry.

Enjoys cooking, travel, gardening, learning Italian, coffee.

Spouse: Anne.



SEVENTH DISTRICT William L. Hurtt

10 Candlewood Circle, Pittsford, NY 14534

BS, Allegheny College, 1981. DMD, Temple University, 1985. US Navy Dental Corps, 1985-1992. Supervising Dentist, Monroe Community College.

General Practice, Brighton.

Fellow, International College Dentists, Pierre Fauchard Academy. Past President, Monroe County Dental Society.

Enjoys skiing, golf, travel, gardening, spending time on Cape Cod.



EIGHTH DISTRICT Robert A. Bochiechio

5939 Transit Road, Depew, NY 14043

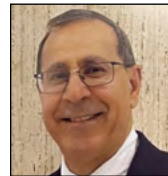
BA, University at Buffalo, 1988. DDS, University at Buffalo School of Dental Medicine, 1992. Certificate in Esthetic Dentistry, University at Buffalo School of Dental Medicine, 1993. General Practice Residency, VA Medical Center, Buffalo, 1993. Clinical Assistant Professor, Restorative Dentistry, University at Buffalo.

General Practice, Depew, 1994.

Member, International Association Dental Implantology, Academy General Dentistry, Erie County Dental Society, Fonzi Study Club, Spear Education Study Club, Cerec Doctors Mentor Group.

Enjoys hunting, fishing, golf, motorcycle riding, participating with high-performance driving association.

Spouse: Anju. Children: Anissa & Lianna.



NINTH DISTRICT Duraid F. Sahawneh

1436 Nepperhan Avenue, Yonkers, NY 10703

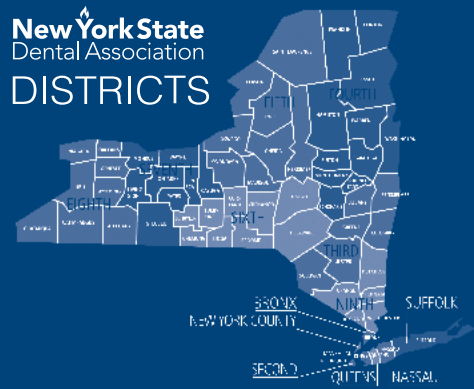
BS, California State University, Fullerton, 1988. DDS, University of Detroit Mercy School of Dentistry, 1992. Assistant Professor, Touro College of Dental Medicine.

General Dental Practice, Yonkers, 1992.

Delegate, American Dental Association, New York State Dental Association House of Delegates. Past President, Yonkers Dental Society. Member, NYSDA Committee on Diversity, Equity and Inclusion. Component Chair, Empire Dental Political Action Committee. ADA Ambassador, Touro College Dental Medicine. Participant, Donated Dental Services, Give Veterans a Smile, Give Kids A Smile. Police Surgeon, New York State Troopers.

Enjoys participating in church events visiting orphanages, senior citizens, providing food for the hungry.

Spouse: Lara. Children: Jordan, Andrew and Nicole.



NASSAU COUNTY

Douglas Schildhaus

333 E. 79th Street, New York, NY 10075

BA, Muhlenberg College, 1987. DMD, Boston University School of Dental Medicine, 1991. Certificate in Pediatric Dentistry, Boston University School of Dental Medicine, 1993. *Pediatric & Orthodontic Practice, Woodbury, 1995.*

Member, American Academy Pediatric Dentistry, Nassau Academy Dentistry, New York State Association Pediatric Dentists. Fellow, International College Dentists, Pierre Fauchard Academy. Board Member, Flying Doctors of America. Delegate, American Dental Association, New York State Dental Association. Chairperson, Give Kids A Smile, Nassau County Dental Society.

Enjoys charity work, leading medical/dental missions, travel, sports, outdoors, fitness.



QUEENS COUNTY

Pratix K. Shroff

263-09 Union Turnpike, Floral Park, NY 11004

BDS, Nair Hospital Dental College, Mumbai, 1989. DDS New York University College of Dentistry, 1994. General Practice Residency, New York Presbyterian Hospital, Flushing, 1995. *General & Cosmetic Practice, Glen Oaks, 2003.*

Fellow, International College Dentists. Member, Indian Dental Association (USA). Delegate, New York State Dental Association.

Enjoys outdoors, travel, tennis, TV enthusiast for unique shows and movies.

Spouse: Anjali. Daughter: Trisha



SUFFOLK COUNTY

Steven Feigelson

69 Veterans Memorial Highway,
Commack, NY 11725

BS, Brooklyn College, 1986. DDS, New York University College of Dentistry, 1990. General and Anesthesia Residencies, Brookdale Hospital Medical Center, 1992. Associate Clinical Professor, General Practice Residency, Stony Brook University Hospital.

Cosmetic, Implant and Sedation Dentistry Practice, Commack, 1998.

Delegate, American Dental Association, New York State Dental Association. Fellow, Academy General Dentistry, International Academy Dental Facial Esthetics, Pierre Fauchard Academy, American College Dentists.

Enjoys boating, painting, tennis.

Spouse: Suzanne. Children: Rachel and Samantha.



BRONX COUNTY

Keith S. Margulis

North Central Bronx Hospital, 3424 Kossuth
Ave, #2A, Bronx, NY 10467

BA, University of Missouri, Kansas City, 2002. DDS, University of Missouri, Kansas City, 2003. MPH, University of Massachusetts, Amherst, 2013. General Practice Residency, New York Medical College, 2004. AEGD, Lutheran Medical Center, 2005. Pediatric Dentistry, Jacobi Medical Center, 2007. Clinical Assistant Professor, Albert Einstein College of Medicine. *Pediatric Dentistry, NYC Health + Hospitals/Jacobi/North Central Bronx, 2009.*

Diplomate, American Board Pediatric Dentistry. Member, American Academy Pediatric Dentistry, American Association Public Health Dentistry. Member, NYSDA Council on Dental Benefit Programs. Past Chair, NYSDA Council on Dental Education and Licensure.

Enjoys travel, camping, dog training, scuba diving, geocaching, cruising, Disney.

Spouse: Ashley. Child: Emery.

Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn three (3) home study credits, approved by the New York State Dental Foundation, by properly answering 26 True or False questions, all of which are based on articles that appear in this issue.

To complete the questionnaire, log onto the site provided below. All of those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for NYSDA members.

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ONLINE CE QUIZ

Sulfamethoxazole-trimethoprim-Induced Thrombocytopenia—Page 13-15

1. Sulfamethoxazole-trimethoprim (ST) is a sulfonamide-derivative antibiotic.
 T or F

Visit our online portal for more....

Dentists and Oral Surgeons, Beware—Page 16-18

1. The authors of the article present a pain management regime to alleviate postoperative discomfort that varies from a previously published plan suggested by the American Dental Association.
 T or F

Visit our online portal for more....

Squamous Odontogenic Tumor—Page 19-20

1. Squamous cell odontogenic tumors (SOT) are common intraosseous neoplasms.
 T or F

Visit our online portal for more....

The screenshot displays the NYSDF (New York State Dental Foundation) website interface. At the top, the NYSDF logo is visible with the tagline 'IMPROVING THE ORAL HEALTH OF ALL NEW YORKERS'. Below the logo, there is a navigation bar with 'Browse by Delivery Type', a search bar, and user options like 'Hello, Guest', 'Sign in', and 'Cart'. The main content area features a product detail page for 'Read, Learn and Earn March 2024'. On the left, there is a promotional graphic for the course. To the right, course details are listed: 'NYSDJ', 'Credit(s): 3 Homestudy Credits', 'Course Number: RLE MAR 2024', and 'Original Program Date: March 1, 2024'. Below this, there is a table with columns for 'Description', 'Credits', and 'Pricing'. The first row of the table contains the course description and a 'Category: Dental' dropdown menu. On the far right, a 'PURCHASE OPTIONS' section includes an 'Add to Cart' button and a price of '\$35.00' for an 'Electronic Document'.

FOR SALE

NEW YORK METRO AREA: Well-established practice in prime NYC area. Beautiful office & great lease available in Woodside, Queens. Very negotiable. Current dentist unwell and looking to retire. Will stay on for short transition period if needed. Please contact to discuss. Email: hajmeradds@gmail.com; or call (347) 453-9581.

LOWER WESTCHESTER: 2-office general practice for sale. Larchmont and Bronxville; will separate. Total gross between \$400K - \$450K for last 3 years on 30-hour work-week with 12 weeks of vacation. Mostly implant restoration, hygiene and C&B. All endo, perio, ortho and surgery referred. Mostly PPO and private; no HMO or Medicaid. Each office has about 1,000 active patients and can easily be expanded with full-time schedule. Contact to discuss. Email: est77@optonline.net.

ALBANY: Nestled in Albany, renowned for its rich history, cultural vibrancy and top-tier educational institutions is thriving general dental practice. Situated along scenic Hudson River, well-established practice holds strong patient base with 1,560 active members. Six (6) state-of-the-art operatories, supporting both principal doctor and associate. Open four days/week and offers room for growth. Generating impressive EBITDA of \$530K. Real estate can be acquired at time of sale, presenting outstanding investment opportunity. Current owner keen on ensuring seamless transition, prioritizing practice's ongoing success. Interested parties invited to discover this golden opportunity further by contacting Professional Transition Strategies: Email Bailey Jones at bailey@professionaltransition.com; or call: (719) 694-8320, referencing #NY83023.

WATERTOWN: General dental practice for sale. Grossing approximately \$1.1M. Located north of Syracuse in Watertown, close to Thousand Islands. Practice has 9 operatories with digital X-ray, CBCT, 3D printing and CEREC. Real estate also available. For more information, please contact Sean Hudson by phone: (585) 690-6858; or email: sean@hudsontransitions.com.

BRONX: Long-established general dental practice for sale in Kingsbridge area of Bronx. Located in high-visibility building with significant foot traffic. Medicaid/Insurance/Private. 100% digital and paperless office with digital X-rays and practice software. 2-op practice with 1,100 square feet at \$1,500/month. Parking available for dentist. Open Monday-Thursday from 10 a.m. to 4 p.m., creating lots of potential to grow practice. 2022 gross collections \$399K. Asking \$350K. Contact to discuss: Victor Henriquez at (347) 749-2049; or email: eribaez@hotmail.com.

BRONX: 3-op office designed for comfortable working conditions available for sale. Includes lab and sterilization area. Very heavily populated area. Owner retiring for medical reasons. Call to discuss: (347) 831-3742 or (718) 379-4800.

CAPITAL DISTRICT: Located on main road with ample onsite parking. Thoroughly modern with Dentrax software, 3 Shape Trios scanner and digital X-rays with Scan X. Open three days/week. Great for satellite practice or to

Online Rates for 60-day posting of 150 words or less — can include photos/images online:
Members: \$200. Non-Members: \$300. Corporate/Business Ads: \$400. Classifieds will also appear in print during months when Journal is mailed: Jan and July.

grow. Four-chair office with two hygiene and two fully equipped ops for dentist. Post-COVID headed toward \$600K gross. Busy hygiene schedule. Building can be part of package deal. Contact by email: drdave329@gmail.com; or (518) 428-1492.

QUEENS: Astoria practice for sale. 3-op practice with X-ray room and located on busy Steinway Street. 25-year-old practice is gold mine for young dentist seeking to productively start career. Mostly Fidelis Care and DentaQuest insurance, along with some PPOs. Contact Dr. Samarneh to discuss at (914) 714-3770.

BUFFALO: General Dental Practice for Sale. Located in culturally rich and architecturally significant city of Buffalo. Opportunity includes two strategically situated practices, each with four operatories, totaling eight. Practice boasts over 2,000 active patients, with an influx of 32 new patients monthly, reflecting its strong community trust and reputation. Key financial highlights include collections of \$1.954 million and an EBITDA of \$430,000. Operational model accommodates both an owner-doctor and associate, fostering collaborative environment. Seeking partnership with either individual dentist or dental group that shares patient-first philosophy. Buffalo offers vibrant lifestyle with its cultural scenes, educational institutions and outdoor attractions. For more information and to review prospectus, contact Professional Transition Strategies. Email Bailey Jones at bailey@professionaltransition.com; or call (719) 694-8320. Reference #NY122023.

SYRACUSE SUBURBS: General practice conveniently located off main road in Liverpool. Open 2.5 days/week with 4 days of hygiene. Healthy patient base with 50% commercial insurance, 20% self-pay and 30% state insurance. Located in small medical building with 4 ops in second-floor rental space and plenty of parking. Grossing \$608K with room to grow with help of longstanding staff. For details contact Henry Schein Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY291.

TOMPKINS COUNTY: Well-established, high-quality general practice available to transition to new owner, or seller can stay as part of team. Located in Ithaca suburb, this beautiful standalone, 15-year-old building of 2,544 square feet has five ops, digital X-rays, utilizes Eaglesoft software and completely paperless. Revenue over \$700K. One FT and one PT Hygienist. Real estate also. Growing patient base, practice draws increasing number of new patients with strong mixture of FFS. Great opportunity with doctor willing to stay on as part-time associate. For details contact Dental Practice Transitions Consultant Michael Damon by email: mike.damon@henryschein.com; or call (315) 430-9224. #NY3071.

ORANGE COUNTY: Family-oriented practice in desirable location experiencing explosive retail and residential growth with completion and early success of Legoland. Well-established practice has served dental needs of area for past 30 years. Housed in 1,500-square-foot building with mixed tenants. Four fully equipped treatment rooms featuring contemporary up-to-date equipment, including intraoral camera, imaging scanner, Picasso laser unit and utilizes Dentrax and Dexis. Diagnostic, preventive and restorative-driven practice with strong hygiene program. For details contact Dental Practice Transitions Consultant Chris Regnier at (631)766-4501; or email: chris.regnier@henryschein.com. #NY3257.

ERIE COUNTY: Great practice with 3 treatment rooms. All digital with collections of \$413K. For details contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY3366.

ERIE COUNTY: Located on busy road surrounded by established residential population and beautiful town. 3-operatorial digital practice well-positioned for future growth with \$307K gross revenue. Crown & bridge, restorative and preventative focus. Some specialties referred out. Strong patient base and mixed PPO. Real estate next to practice owned by seller and for sale with practice. Contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY1648.

JEFFERSON COUNTY: Great opportunity. Long-established, profitable practice is must-see. Located minutes from downtown Watertown. Well-equipped 4-operatorial practice sits on busy road with great curbside appeal. Large private parking lot. Practice fully digital with pano X-ray and utilizes Eaglesoft. Revenue \$730K with one FT Hygienist. Doctor only works 3 days/week (20 hours max). Seller refers out all endo, ortho and oral surgery. Practice positioned for growth. Primarily FFS with 2,000 active patients. 2-story building also for sale with vacant apartments upstairs. Contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3385.

ONTARIO COUNTY: Long-established, highly productive practice with 2022 revenue of \$1.4M. Nestled in backdrop of beautiful Finger Lakes wine-making country. Fully computerized, fully digital office with 7 well-equipped treatment rooms. Utilizes Dentrax Ascend PMS; Planmeca CBCT and digital impression systems added in recent years. 3,500 active patients and combination of insurance and FFS. Strong hygiene program. Well-trained team available for transition. Contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3395.

EASTERN LONG ISLAND: Well-established PPO/FFS dental practice/charts sale. In practice for 17 years with over 779 active patients and averages 10-15 new patients monthly. For details contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3437.

BINGHAMTON AREA: Reduced price with motivated seller. Highly profitable \$600K revenue, modern, attractive practice 20 minutes from downtown. Great location with beautiful views from 2 of 4 well-equipped treatment rooms. Approximately 1,000-square-foot space. Standalone building, available for sale with practice purchase, has apartment to rent upstairs. Practice utilizes Eaglesoft PM with digital sensors and digital scanner. Refers out most specialties. Strong new patient flow with 1,100 active patients. Practice open 34 hours/week. FFS/PPO. Doctor willing to stay on with transition. Contact Transition Sales Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3444.

SUFFOLK COUNTY: Well-established general practice located in professional building that overlooks beautiful park and plenty of parking. Three fully equipped treatment rooms and open 4.5 days/week. Highly profitable with collections over \$570k. Collections based on 50% FFS and 50% PPO insurance. Seller open to transition options. For details contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3470.

UPSTATE NY: Long-established practice in diverse community halfway between Binghamton and Syracuse; situated just minutes from area hospital and college on busy 2-lane road with excellent street visibility. Three operatories in 3,000 square feet and room to expand. Real estate also available. Building includes 2,000-square-foot rental apartment upstairs for great passive income. Three full-time employees, including one full-time Hygienist. 75% FFS and 25% PPO. Refers out all endo, ortho and oral surgery offering great upside for new owner. 2022 gross collections \$358K. Highly motivated seller. Contact Transition Sales Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3488.

STATEN ISLAND: State-of-the-art general practice in highly desirable area. Doctor will provide 100% seller financing. 1,500-square-feet in beautiful free-standing building with 5 fully equipped treatment rooms. Open Dental software, digital X-rays and paperless. 80% FFS and 20% PPO, with collections \$624K in only 2.5 days/week. For more information contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3562.

ONEIDA COUNTY: Bright, immaculate, all-digital 100% FFS practice with great curb appeal. Highly desirable location with convenient access to highways. \$900K+ revenue on 4-day work week. Seller in practice for 30 years and committed to aiding in very successful transition. Four well-equipped operatories and Dentrix all in efficiently designed 1,100-square-foot space. Thriving general practice averages 30+ new patients per month. Excellent turnkey opportunity. Contact Transitions Sale Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3513.

ROCKLAND COUNTY: Beautifully appointed, very welcoming practice with collections just under \$445K sits in front entrance of multi-tenant office building with street-front visibility and free parking. 3 ops within 1,325 square feet. Seller will provide doctor-friendly lease with option to purchase. 60% PPO and 40% FFS. Office has

hygienist and refers endo, ortho, pedo, oral surgery and implant placement. Seller available to stay during transition period. Strong upside to grow revenues with added procedures and hours. Contact Transition Sales Consultant Donna Costa by phone (609) 304-0652; or email: donnacosta@henryschein.com. #NY3563

SENECA COUNTY: Charming practice in heart of Finger Lakes region; 45-minute drive to both Rochester and Syracuse city centers. Digital practice offering 3 equipped ops with 2022 revenue of \$653K on 3 clinical days/week. Softdent, 2D pano and diode laser. 1,700-square-foot practice offers comprehensive dental care in welcoming environment. Full-time Hygienist and full administrative staff, all with excellent systems and training in place. 50% FFS. Refers out specialties. Real estate also available. Schedule to see this wonderful opportunity today. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3572.

MANHATTAN: Great opportunity to own private, well-established practice in elegant boutique residential apartment building with commercial street-front-level entrance in desirable area close to Lexington Ave. 2 treatment rooms in 600 square feet, including intraoral camera, scanner, laser and digital X-ray in nicely renovated modern office. Collections in 2022 were \$409K, driven by 60% PPO, 40% FFS and active patient base with strong new patients per month. Great startup for younger doctor looking for successful Manhattan focal point. Contact Transition Sales Consultant Rikesh Patel by phone: (845) 551-0731; or email: rikesh.patel@henryschein.com. #NY3596

ST. LAWRENCE COUNTY: Highly profitable, \$550K+ revenue, all-digital practice on just 3 day/week schedule. Located in scenic St. Lawrence County along Canadian border. 5 well-equipped treatment rooms. Approximately 2,500-square-foot practice space with building available for sale. Large property with ability to expand footprint. Eaglesoft PM and iCat 3D. Refers out all Endo and Ortho. 1,200 active patients, with strong new patient flow. FFS practice with 1 in-network insurance. Doctor willing to stay on for 12 months to assist with transition. Priced to move. For more information, contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3632

WESTCHESTER: Holistic general dental practice for sale. 4 ops in spacious 1,800-square-foot suite in medical building. FFS office on pace to gross over \$1.7M in 2023. Cone beam CT, Dentrix software, Trios scanner, as well as digital X-rays, computers, TVs in every operatory. Open only 4 days/week. Amazing opportunity to purchase profitable practice with huge growth potential in wonderful community. For details contact Transitions Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3641

NASSAU COUNTY: FFS practice for sale. Consistently grosses over \$1.3M and highly profitable. Selling dentist has owned practice for 39 years. 4 treatment rooms in approximately 1,100 square feet. Dentrix software, digital X-rays and open 4.5 days/week. For more information contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3650

SOUTHERN ERIE COUNTY: Fantastic opportunity to grow in 3-op digital practice treating 1,100 active patients 3.5 days/week. Well-established patient base of mixed PPO and FFS. Real estate with apartment also available. Plenty of off-street parking. Low overhead and skilled team make great opportunity for profit and lifestyle. Contact Transition Sales Consultant Brian Whalen at (716) 913-2632; or email: Brian.Whalen@henryschein.com. #NY3661

WESTERN NEW YORK: 5-op practice with 4,700 active patients and averaging 40 new patients per month. Well-established growing practice with loyal patient base. 86% insurance and 14% FFS. Fully digital pan, sensors, intraoral cameras and paperless charting, all integrated with Eaglesoft software. Building with off-street parking and additional rental units also for sale or lease. Outstanding staff and established patient base make this wonderful opportunity. Contact Transition Sales Consultant Brian Whalen at (716) 913-2632; or email: Brian.Whalen@henryschein.com. #NY3665

SOUTHERN TIER: Long-established, stable, 8-op FFS practice. No in-network insurance. Located on main road, this standalone building offers great visibility and curb appeal. 2,620-square-foot, 100% digital practice utilizes computers throughout with Softdent, Carestream sensors and CS8100 panoramic X-ray. Well-trained, experienced team of professionals, including 4 full-time hygienists expected to transition with practice. Open 5 days per week with 4,100 active patients and healthy new patient flow. Doctor willing to stay on for up to 12 months to assist with transition. Priced to move. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3679

CAPITAL REGION: Attractive 2,100-square-foot practice in professional building on busy main road. 5 well-equipped treatment rooms and 6th plumbed in long-established practice. Located in desirable, affluent community with one of area's top school districts. Affordable rent with assignable lease. 100% digital, paperless and utilizes Eaglesoft. Doctor refers out all endo, implants, perio, ortho, and some extractions. Primarily PPO. Schedule showing today as seller looking to sell and transition quickly. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3691

WESTERN NEW YORK: Fantastic opportunity to own well-established, thriving general practice in beautiful area. 5-ops, fully digital, paperless, supported by Eaglesoft software with room to expand if desired. Strong hygiene team treats patients with care and has excellent recall. Sensors, scanner, laser, air, electric handpieces, CAD/CAM technology, Carivee detection and more. 60% PPO, 40% FFS with 2,300 active patients. Real estate available. Turn-key opportunity. Contact Transition Sales Consultant Brian Whalen at (716) 913-2632; or email: Brian.Whalen@henryschein.com. #NY3695

NASSAU COUNTY: 4-treatment-room practice based on 60% PPO insurance and 40% FFS. 1,100-square-foot office available for rent or purchase. Tremendous room for growth as doctor refers out endo, ortho, implants and oral surgery cases. Contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3698

JEFFERSON COUNTY: Well-established, spacious, 3,500-square-foot practice in beautiful, historic building housing 7 equipped treatment rooms with 8th plumbed. Practice utilizes Dentrax PM software. FFS/PPO; only in-network with 2 insurances. Strong hygiene program with dedicated team ready to stay on. All specialties referred out. Revenue \$837K and positioned for continued growth. Stunning property also for sale includes 4 fully occupied residential apartment units. Doctor looking to stay on for extended period. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3719

NEW YORK CITY: High-tech dental practice with CBCT, two scanners, two lasers and A-Dec dental chairs. Three equipped treatment rooms and 4th plumbed. Located in co-op that is also available for purchase. Collections consistently over \$1.1M. Open 5 days/week. Contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3722

SUFFOLK COUNTY: Well-established, 1,500-square-foot practice averaging 45 new patients monthly. Three ops with one additional plumbed needing only dental chair/unit. Dentrax, Dexis, and digital Pan. On heavily trafficked main road with great visibility in stand-alone building shared with medical urgent care. Medicaid/PPO and FFS patients. Nicely appointed and excellent opportunity for growth. A must-see opportunity. Contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3746

MANHATTAN: Upper East Side. State-of-the-art dental practice just a stone's throw away from iconic Central Park. Situated in one of most desirable neighborhoods in NYC. Grossing \$1.8M in collections with seven meticulously designed operatories. Cutting-edge technology, including 3D imaging and Dentrax PMS. Mostly FFS with some PPO insurance accepted. Open 4 days/week. 3,920-square-foot office located in professional building with plenty of room for growth. Contact Transition Sales Consultant Rikesh Patel at (845) 551-0731; or email: rikesh.patel@henryschein.com. #NY3759

ALBANY: Medical building with 2,400+ square feet available for sale or lease. Located quarter mile from Interstate 90 Exit 5. For sale or lease with option to buy. 4 treatment rooms, reception and waiting areas, private office with private entrance, finished open space approximately 20 x 40. Handicap accessible and ample private parking. Contact Rino Crisafulli, Advent Associates, at (518) 857-8598; or email: rino_crisafulli@hotmail.com.

SOUTHERN TIER: General dental practice for sale. Located in picturesque Southern Tier region of New York State, well-established general dental practice boasting over 30 years of exceptional patient care and community service. 100% FFS. Excellent investment opportunity, featuring 7 operatories (one plumbed but unequipped), allowing for immediate expansion and customization. Strong patient base of 3,350 active individuals, with 20-25 new patients monthly. Four-day work-week presenting significant growth potential by extending hours or services. Strategically positioned near major cities like Rochester, Syracuse and Scranton, benefiting from low competition and proximity to vibrant community known for cultural richness and outdoor activities. Recent remodeling enhances

real estate value making an attractive purchase. Collections \$1.614M and EBITDA nearly \$300K. Prosperous venture for those aiming to continue legacy of success. For further details, contact Professional Transition Strategies by emailing Bailey Jones email: baily@professionaltransition.com; or calling (719) 694-8320, referencing #NY21424. Unique chance to invest in thriving dental practice within community that offers affordable, quality lifestyle.

FOR RENT

MIDTOWN MANHATTAN: Newly decorated office with windowed operatory for rent FT/PT. Pelton Crane equipment, massage chair, front desk space available; shared private office, concierge, congenial environment. Best location on 46th Street between Madison Avenue and 5th Avenue. Please call or email: (212) 371-1999; karenijtj@aol.com.

MIDTOWN MANHATTAN: Dental op for rent all week, Monday-Friday. Located 2 blocks from Grand Central Station. Newly renovated office. Best rates in Midtown. Must See. Contact Yamile at (917) 972-8614.

WHITE PLAINS: Modern, state-of-the-art operatories available in large office with reception. Turnkey; available FT/PT. Rent includes digital radiology with pan, equipment, Nitrous, all disposables. Start-up or phase down. Need satellite or more space? Upgrade or downsize. Contact us to discuss at (914) 290-6545; or email: broadwayda@gmail.com.

MIDTOWN MANHATTAN: Space for rent in great location. 1-2 operatories available full time or part time. Renovated, sunny, windows with private office in 24-hour doorman building. Reasonable. Call or email for details: (212) 581-5360 or email: kghalili@gmail.com.

BERGEN COUNTY, NJ: Great location in affluent suburban area. 2-op, beautiful office available to rent part time. Ideal satellite/start-up office with possible purchase in few years. Train line from NY, 5-minute walk to office. Whole office 3-years-new, sunny, windows throughout, private office and lab in single-story office complex. Loads of free parking in front. Reasonable. Call for details, leave message or text: (201) 675-0340.

MIDTOWN EAST: Op for rent. Beautiful operatory with windows and private office available for rent. Elegant, modern, street-level, best location. Please call or email for details. Contact: (917) 721 6825; or email: esenayny@gmail.com.

MANHATTAN: Great location next door to Grand Central Station. Two new dental treatment rooms and reception desk in large, elegantly renovated office. Nitrous and CDR panoramic. Optional Hygienist services available. Please email Dr. Robert Lichtenstein: rldspc@gmail.com.

MANHATTAN: Office space to rent or take over in great location near Grand Central. One operatory available full time or part time to rent or 2-operatory office space available to take over. Great opportunity for dentist currently renting chair for 2-3 days and considering starting his/her own office without spending tons of money on construction.

Office in good condition, A-Dec chair, doorman building. You won't share op or waiting area with someone. Contact for details. Email: yohankimdmd@gmail.com.

EQUIPMENT FOR SALE

ROCHESTER: Closing practice with three operatories. All equipment in working order and good condition. Can be sold together or separately. Items include: Pelton & Crane dental chair with Euro-style delivery unit, cuspidor and light; Belmont-7 dental chair with A-Dec assistant cart and side delivery unit; Ritter dental chair with A-Dec controls and light; A-Dec track light; A-Dec dental assistant's chair; Progeny Dental X-Ray machine (2010); Intrex Dental X-ray machine; CustomAir DentalEZ CA-823-D air compressor; Quantiflex Nitrous Oxide Flowmeter; Two pneumatic curing units; Elmasonic ultrasonic cleaner, E 60 H; Extensive suite of tools and handpieces, including: Vector high-speed handpieces with Kavo connections; low-speed handpieces with latch-type contra angles for E-type connections; reception area furniture suite with corner cubes, end table, chairs and couches. Accepting best offer(s). Buyer responsible for pickup and/or shipping arrangements. Please contact Dr. Mark Cohen at mjcohends@gmail.com; or call (585) 797-7226.

OPPORTUNITIES AVAILABLE

MANHATTAN: West 57th Street. Retirement-minded dentist with long-established fee-for-service general practice seeking associate with practice who wants to grow their nucleus of patients. Three-chair office; good amenities. Helpful staff. Goal is compatible sale and transfer of my practice with lease and equipment. Respond to: dds.midtownwest@gmail.com.

BAY RIDGE, BROOKLYN: Seeking part-time general dentist associate with experience. Must possess excellent clinical and communication skills. Proficiency in all aspects of general dentistry. Must be team player and self-starter. State-of-the-art facility. Must be able to work Saturdays and Thursdays. Please call (347) 487-4888; or email: Studiodntl@gmail.com.

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HUDSON: Associate dentist position available full time. Booming upper Hudson Valley river town. 6 operatories for 2 doctors and 2 Hygienists. Retiring dentist will provide great opportunity for new associate to quickly build upon already solid patient base. Abundant new patient flow and hygiene booked for months. Potential for equity position or future buy-out. Applicant must have gentle, kind disposition, excellent communication skills and be able to perform high-quality dentistry. Please forward resume; or contact to discuss. Email: karenron94@yahoo.com.

CATTARAUGUS COUNTY: Olean. Seeking general dentist to join Freedom Dental Partners team. Premier pathway to ownership and lucrative base salary plus equity-based compensation. Close to Buffalo, Olean serves as financial, business and entertainment center of Cattaraugus County.

We Offer: Guaranteed daily rate or 32% of collections, whichever is greater; unlimited earning potential; opportunity for percentage of vested equity with no financial buy-in; \$10K signing bonus; PTO; 401K; annual continuing education stipend; no weekends; office hours M-F 8-5; premium-level FDP office management services to handle daily practice operations. **What You Will Bring:** confidence & drive; friendliness & flexibility; responsibility & ambition; care & compassion. **Qualifications:** DDS/DMD; active and unrestricted license to practice in NY; 3+ years general dentistry experience; desire to continue growing and learning while superseding your patients' needs; entrepreneurial mindset.

Why You Will Love Working with Us: We are empowering professionals to achieve ultimate financial lifestyle by utilizing the power of community to create transformational and multigenerational wealth. Freedom Dental Partners is cooperative of over 300 entrepreneurial dentists nationwide and fastest growing group in all of dentistry. We're disrupting dental industry to put power back in the hands of dentists. If you desire career autonomy, lifestyle freedom and wealth you deserve for your hard work, this is your opportunity. Contact Kennedy Wilhite at: recruiting@freedomdentalpartners.com or call: (551) 245-0203.

ELMIRA: Dr. Albert and team seek the right General Dentist to join growing practice as Associate/Junior Partner Dentist. Serving Elmira community over 20 years. Finger Lakes region is scenic escape, full of culture and outdoor sporting activities. If you are general dentist (DDS/DMD), hard worker, ethical and talented, driven for success and focused on building relationships with patients and team — this opportunity will catapult your career. Qualified candidates must have active license in good standing and pass extensive criminal background check. Want to join privately owned dental practice with complete autonomy? Looking to reach highest earning potential? Excited to find modern office with digital radiography, implant placement equipment and scanners? **Benefits/Compensation:** \$1,000/day minimum OR 32% collections (whichever is higher); \$30K sign on bonus for FT candidate and \$15K relocation bonus if applicable; Up to \$50K student loan reimbursement (\$10K/year); \$3K/year CE stipend. Consistent FT schedule and heavy new patient flow with busy hygiene schedule. The right fit will earn equity in practice becoming junior partner without having to buy in. 3-4 days/week with flexibility and no weekends. Strong, committed team ready to support you. **Candidates Must Be:** Friendly & flexible; responsible & ambitious; caring & compassionate. Dr. Albert and team have FFS practice, commitment to

supporting each other and exceeding patient expectations. We schedule extra time to ensure each patient has great experience. As we invest in practice, your voice and opinion on technology and equipment will be heard and honored. To learn more, contact Kennedy Wilhite at (551) 245-0203; or email: recruiting@freedomdentalpartners.com.

NYC METRO AREA: Endo practice. Located in northern New Jersey, near New York City, an esteemed endodontic practice now available for acquisition, offering blend of suburban appeal and urban accessibility. Reputable practice, established for decades, known for strong patient relationships and excellence in care. Four fully-equipped operatories and impressive performance with 735 cases in past year and attracting 65-70 new patients monthly through word-of-mouth. Highlights: annual collections of \$1.829M and EBITDA of \$340K. Current doctor-owner open to various transition options, including collaboration for smooth transfer of ownership. Interested parties invited to contact Bailey Jones at Professional Transition Strategies for more details and to review the prospectus. Contact: Bailey Jones by email: baily@professionaltransition.com; or call (719) 694.8320. #NJ122023.

ONEONTA: Seeking General Dentist at Bassett Healthcare Network. Progressive, academic health system in Central New York, major teaching affiliate of Columbia University, seeks Dentist to join our staff. Bassett Healthcare Network provides care and service to people living in eight-county region covering 5,600 square miles, including five corporately affiliated hospitals, as well as skilled nursing facilities, community- and school-based health centers, and health partners in related fields. **Job Description:** Established group of general dentists, hygienists, oral surgeon and pediatric dentist; must possess outstanding communication and documentation skills; function independently and as part of team; be competent in all aspects of general dentistry, including behavior management for children and special needs patients; EPIC Wisdom integrated medical-dental records, digital radiography; minimal evening and weekend phone call shared among network dentists.

Salary Range: \$174,736 - \$189,785 represents Bassett Healthcare's good faith belief of compensation range at time of posting. Salary based on factors, including, but not limited to, qualifications, experience, education, licenses, specialty, training, and fair market evaluation based on industry standards. Sign-On Bonus up to \$100K, Group Employed Model. **Qualifications:** DMD/DDS; Board Eligible or Board Certified; NYS licensure. **Benefits:** Medical, dental and vision insurance; paid time off; life insurance and disability protection; paid malpractice; retirement plan; CME time and money; moving allowance. For confidential consideration, please contact Ashley Camarata, Medical Staff Recruitment, by phone: (607) 547-6975; or email: ashley.camarata@bassett.org. Visit us online at: www.experiencebassett.org.

ONEONTA: Service Line Chief of Dental Services. Bassett Healthcare Network, progressive, academic health system in Central New York, major teaching affiliate of Columbia University, seeks Service Line Chief of Dental Services to join our staff. Bassett Healthcare Network provides care and service to people living in eight-county region covering 5,600 square miles, including five corporately affiliated hospitals, as well as skilled nursing facilities, community- and school-based health centers and health partners in related fields.

Seeking dynamic individual to provide strategic leadership and direction for all aspects of Bassett Healthcare Network service line. In addition to maintaining their own clinical practice, Chief will be expected to take active role in providing clinical and administrative leadership to practitioners in regional clinics. **Job Description:** Established group of operator, general dentists, hygienists, oral surgeon; management and oversight of 21 school-based dental health sites and 3 dental clinics, which include 5 general dentists and 1 oral surgeon; must possess outstanding communication and documentation skills, function independently and as part of team, be competent in all aspects of general dentistry, including behavior management for children and special needs patients; develops, implements and maintains 'patient-focused service' focus pervasive throughout group practice operations with monitoring component to provide feedback for staff; monitors patient satisfaction with services rendered from group practice members; partners with SL director regarding budget, volumes, operational efficiencies, clinical performance and financial outcomes; establish and maintain effective working relationships with representatives of professional societies and healthcare agencies at local, state and federal level; EPIC Wisdom integrated medical-dental records, digital radiography; minimal evening and weekend phone call shared among network dentists. **Salary Range:** \$206,046-\$246,109 represents Bassett Healthcare's good faith belief of compensation range at time of posting. Salary based on factors, including but not limited to, qualifications, experience, education, licenses, specialty, training, and fair market evaluation based on industry standards. Sign-On Bonus up to \$100K, Group Employed Model. **Qualifications:** DMD/DDS; Board Eligible or Board Certified; NYS licensure; demonstrated experience in leadership roles preferred, minimum 5 years post-residency experience practicing dentistry required; prior healthcare leadership experience in large, complex system or academic medical center setting preferred; strong record of administration, including finance and strategic planning and track record of involvement working with communities to increase oral health care access. Benefits: Medical, dental and vision insurance; paid time off; life insurance and disability protection; paid malpractice; retirement plan; CME time and money; moving allowance. For confidential consideration, please contact Ashley Camarata, Medical Staff Recruitment, by phone: (607) 547-6975; or email: ashley.camarata@bassett.org. Visit us online at: www.experiencebassett.org.

TOURO COLLEGE OF DENTAL MEDICINE: Touro College of Dental Medicine invites applicants for paid part-time (1-2 days/week) Oral and Maxillofacial Surgery Clinical Faculty positions. Academic rank and salary commensurate with experience. Responsibilities include clinical teaching, supervision/provision of patient care and associated administrative responsibilities. Candidates required to have DDS or DMD from CODA-accredited dental school, certificate of training from CODA-accredited Oral and Maxillofacial Surgery program, ABOMS certification or eligibility and CPR/ ACLS certification. Maximum Salary: \$75K; Minimum Salary: \$60K. For additional information and/or to apply: Oral Surgeon in Hawthorne, New York | Careers at Skyline (icims.com)

STONY BROOK: State University of New York at Stony Brook School of Dental Medicine is seeking part-time, non-tenure-track Clinical Assistant Professor in orthodontics. Job description and application can be found at <https://apptkr.com/5062177>.

Management of Wisdom Teeth



When should you consult an oral and maxillofacial surgeon (OMS) about third molars?

Because complications increase dramatically with age, all third molars should be evaluated each year for potential problems. When warranted, they can be removed in the OMS office using safe and appropriate anesthesia. Visit MyOMS.org for more information.



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