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THE NEW YORK STATE DENTAL JOURNAL

NYSDJ

Volume 88 **Number 6**
November **2022**

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Cover: The cause of your patient's oral lichenoid lesions may lie in his or her medicine cabinet.

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The Managed Care Solution to the Dental Student Loan Crisis

Enforceable cost-control mechanisms can fix skyrocketing student loan debt.

Current policies and legislation treat only the symptoms of soaring dental student loan debt: delayed interest accrual; deferred payments; reduced loan origination fees; refinancing options; interest and principal tax deductions; income-based repayment with debt cancellation. These are all palliative measures that, although helpful, fail to address the root causes of the crisis: misplaced incentives and failed accountability.

Incorrect assumptions within the student loan program obscure these underlying problems and, thus, inhibit effective reform. A managed loan model, that is, managed care concepts applied to a financial aid system, will expose false premises and implement market mechanisms that incentivize and hold dental schools, students and the government accountable to control education costs, limit borrowing and maximize loan repayment.

False Premises, Disincentives and Failed Accountability

Four false premises operate in the dental student loan process.

- **First false premise:** Reduced state funding, combined with inflationary increases in operating expenses, fully justify the annual escalations in dental school tuition and fees. Data, however, indicate that, for many schools, the amount of tuition increases far outweighed the total amount of lost funding and increased expenses.

In 2019, the average total cost of a dental school education, including tuition, instruments, instructional materials, health services and other fees, stood at approximately $251,000 for state residents and $321,000 for non-residents. These figures represented an approximately 100% increase from 2009, which followed a prior 100% increase from 2000-2009. Many analysts blame a significant portion of these cost increases not on lost funding or inflation, but on school overexpansion and overhiring targeted to enhance the reach of schools' reputations, attract research grants and facilitate faculty promotions.

The existing loan process offers schools no incentive to control costs since the federal government continues to lend students more money to cover the tuition increases. In addition, prospective students continue to apply to dental schools at these higher tuitions because, at least for now, they believe their future income will cover their mounting debt. Under these circumstances, schools face little accountability for financial mismanagement or unjustified tuition increases.

- **Second false premise:** Schools and loan agencies publish accurate and complete estimates regarding dental educational costs. In fact, schools knowingly do not inform prospective student borrowers of inevitable cost increases, such as planned 4% to 5% annual tuition hikes, approximately 7% accruing interest on principal while in school, 3% loan origination fees and infla-

tionary increases in living expenses into their predictions. In some cases, the actual costs for tuition, fees and living expenses alone run 28% higher than the overall cost estimates listed online.

Intentional cost underestimates falsely mislead students to undertake debt load that unexpectedly expands beyond their means. Estimates of average total dental student debt often represent only principal borrowed. The American Dental Education Association calculated the average 2020 dental school graduate debt at $304,824. However, adding missed earning opportunity costs due to a full-time school commitment of $255,000 and accrued interest at 7% to this average individual debt yields an effective average total cost or debt of $653,759.

- **Third false premise:** The government cautiously limits amounts financed to each borrower's verified need. To the contrary, the federal government offers both students and their parents unlimited amounts for educational and, since 2006, living expenses. Overlending and the resultant overborrowing disincentivizes students to live within their means while in school and schools to minimize spending and tuition increases.
- **Fourth false premise:** Universal loan forgiveness equitably reduces debt. Debt forgiveness, however, does not mean debt forgotten. The 1965 Higher Education Act required U.S. taxpayers to guarantee repayment of federal student loans, resulting in an exponential increase in the number and amounts of loans. As taxpayers unfairly subsidize unpaid and forgiven loan debt, it creates more opportunity for well-endowed schools to increase tuition. In addition, it lets the biggest borrowers off the hook since studies show that most of the savings from universal loan cancellation accrue to higher income individuals who borrow more money and, ultimately, receive up to eight-times the debt relief as lower income borrowers.

Impact of Uncontrolled Student Debt

Burgeoning dental student debt imposes multiple deleterious effects on oral healthcare and the economy. Graduates with high debt require higher income immediately upon graduation to service their debt. This urgent financial demand disincentivizes them to practice in underserved areas or participate in lower paying benefit plans, such as Medicaid, decreasing access to care. Rather, this debt incentivizes them to impose higher fee schedules that increase the overall cost of care and, regrettably, sacrifice quality for increased production. These highly leveraged graduates then impose an overall drag on the economy when they delay purchasing a practice, house, car and starting a family.

Managed Loan Strategies Parallel Managed Care

Managed care in dentistry creates market mechanisms to distribute oral health resources with the primary goal to minimize costs. It refutes the assumption that our economy has the resources to deliver universal access to low-cost, high-quality oral healthcare without cost-control parameters in place. Managed care plans impose these

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controls in the form of reduced fee schedules, preauthorizations and utilization reviews. Cost-control policies shift the risk of loss from third-party payers to dentists. It forces participating providers to find a way to meet the standard of care while operating on a razor-thin profit margin. Importantly, managed care concepts use dentists' ethical commitment to place patients' best interests above dentists' own financial interests, in effect against dentists, to pressure practitioners to do more for less.

A managed loan plan would borrow strategies from managed care to pressure dental schools to reduce tuitions, the government to limit excessive lending and forgiving of debt, and students to borrow less and repay greater percentages of their loans. First, to reduce tuitions, the student loan process would develop a fiscal efficiency rating metric and evaluate and grade the effectiveness of each school's cost and tuition controls. Since, unlike dentists, schools do not operate under ethical constraints to place students' and taxpayers' financial interests above the school's financial interests, then the process would hold schools accountable and condition applicant loan eligibility, graduate repayment rate and school CODA accreditation upon a school's satisfactory rating for each institution.

For schools with unsatisfactory fiscal efficiency metrics, the government would limit or deny loans to that school's student applicants, increase the repayment rate for their graduate borrowers and withhold that school's full CODA accreditation.

Second, to limit lending and borrowing amounts, the loan process would restrict government lending to a maximum loan schedule based on tuitions of schools with an average fiscal efficiency rating. In addition, it would require borrowers to pre-authorize requests for loans for living expenses and review student loan utilization patterns.

Third, to ensure equitable repayment, eliminate universal loan cancellation programs and install a solely income-driven payment plan. Under this program, higher income graduates pay more, lower income graduates less, and schools would pay a fee proportional to their student default rates and loan cancellation amounts. Also, increase opportunities for limited loan forgiveness in return for the borrower's commitment to public health service and teaching. In the end, these measures will reduce the debt unfairly passed on to taxpayers.

Reasons for Optimism

The dental student loan crisis stems from inefficiencies in a system that possesses all the elements necessary for its success. Patients demand quality oral healthcare. Sufficient prospective dental students aspire to meet the demand. Dental schools, with

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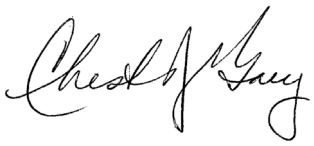
highly qualified faculty and administrators, stand poised to deliver state-of-the-art education. The government makes funds available to finance the undertaking. Managed loan strategies will inject the incentives and accountability necessary to ensure the financial viability of the loan system and enable our future dentists to provide quality care to all patients.



D.D.S., J.D.

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CALL FOR PAPERS

NYSDJ to devote issue to what lies ahead for oral healthcare team

The New York State Dental Journal is planning to devote its March 2023 issue to the topic "Profile of the Future Oral Healthcare Team," an examination of the current and future members of the oral healthcare workforce in dentistry. We are looking, in particular, for papers that explore improvements in the delegation of duties to uniquely trained individuals to increase access to cost-effective, quality oral healthcare. Interested contributors are asked to submit their papers electronically to the managing editor by Jan. 27, 2023. Address papers and queries to Mary Stoll, mstoll@nysdental.org; (800) 255-2100.

Photo by Dan Jenkins

Journal Editor Cited for Editorial Excellence

NYSDJ Editor, Chester J. Gary, D.D.S., J.D., accepts 2022 Gies Editorial Award presented by Denise Stewart, D.D.S., M.H.S.D., American Dental Education Association, on behalf of American Association of Dental Editors and Journalists and American Dental Education Association ADEAGies Foundation. Dr. Gary received second-place honors for his editorial "Parallel Pandemics," which appeared in the January 2021 *Journal*. Award presentation occurred Oct. 13 in Houston, TX, during AADEJ's Annual Meeting.

Legal Odds and Ends

New laws define job titles and responsibilities, set wages and protect health information.

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

As is my custom, I am devoting this November column to summing up disparate legal occurrences concerning new laws and events that lead into the following year. There are a number of such items in 2022.

First, is the remarkable clarification by the New York State Education Department (NYSED) of the use of Certified Registered Nurse Anesthetists (CRNAs) by dentists.

The history of CRNAs is interesting. Despite many years (decades, actually) of trying to become a licensed profession, CRNAs have still not achieved this status. There is no mention of the term CRNA in the New York State Education Law governing licensure of nurses. Therefore, they have no scope of practice or official title other than being ordinary registered professional nurses (RNs). They obviously have additional training in anesthesia, but the Education Law does not recognize it. They are not nurse practitioners (NPs), who have an enhanced scope of practice that includes the ability to prescribe drugs. Some CRNAs might also have become NPs, but that is not a common occurrence and, interestingly, there is no NP-specific specialty designation for anesthesia.

Based on the foregoing history, one might reasonably ask where CRNAs come from? What exactly are they in New York State? The only place CRNAs are mentioned is in the hospital regulations of the New York State Department of Health, where they appear as a category of hospital personnel who assist with the provision of anesthesia services in hospital settings. But the Department of Health hospital regulations are incapable of conferring professional licensure status on CRNAs. For all practical purposes, they remain ordinary RNs in terms of scope of practice. That means that, like any RN, the CRNA can carry out a medical regimen specified by a physician or dentist. This is what allows them to provide anesthesia services in hospital settings under the control of a physician or dentist.

Outside of hospital settings, there has always been confusion about what CRNAs could do in dental offices, for example. The situation is exacerbated by opposition from physician groups, who don't want them doing much at all; by Department of Health requirements that certified office-based surgery physician offices have supervising physicians present to watch any CRNA activities; and by the Education Depart-

ment's political sensitivity to mention of the term CRNA. But now, at the insistence of NYSDA, the Education Department—through a collaboration among the State boards for Dentistry, Medicine and Nursing—has issued the following clarification, in a question-and-answer format, on CRNAs in dental offices:

13. Can a New York State licensed RN or nurse practitioner administer anesthesia to a dental patient in a private dental office under the supervision of a New York State licensed dentist if the nurse is also a Certified Registered Nurse Anesthetist (CRNA)?

Yes, under the following specified conditions:

- The supervising dentist must be currently certified by NYSED to administer the same level/type of anesthesia that will be provided to the patient [8 NYCRR §61.10(d)]; and
- The nurse is a licensed and registered RN AND a Certified Registered Nurse Anesthetist (CRNA):
  - Acute care nurse practitioners (with more than 3,600 hours of nurse practitioner experience) who are CRNAs may order, prescribe, and administer anesthetic agents to dental patients in the private dental office. The supervising dentist must be physically present in the office while the CRNA provides anesthesia care to a dental patient. The CRNA may also provide anesthesia to a dental patient for a dentist who may not have NYSED anesthesia certification as long as the supervising dentist (anesthesia certificate holder) is also physically in the office.
  - In cases where the CRNA is not a nurse practitioner, the supervising dentist must order or prescribe anesthetic agents and other medications and remains medically responsible for the anesthesia care rendered to the patient, including the patient's response to the anesthesia. For this reason, the supervising dentist must be present and immediately available to intervene in the event of an adverse outcome while the patient is receiving anesthesia care from the CRNA. The supervising dentist may not assume any duties that interfere with this function (such as administering anesthesia to a different patient).

While this clarification is very useful in defining what an ordinary RN/CRNA and a specialized acute care NP/CRNA can do in a dental office without a physician being involved, it puts a burden on the dentist to know exactly what credentials the anesthesia provider holds. While dentists normally check on this anyway as a matter of good clinical risk management, the simple answer "I am a CRNA" will not be enough and will require an inquiry into what un-

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derlying nursing license the person holds—a regular RN license or an acute care specialized NP license?

Always keep in mind that there is still no such thing as a CRNA license in New York State; CRNA is merely a training designation. Nevertheless, at least the word CRNA now has escaped the lips of the Education Department.

Legal Grab Bag

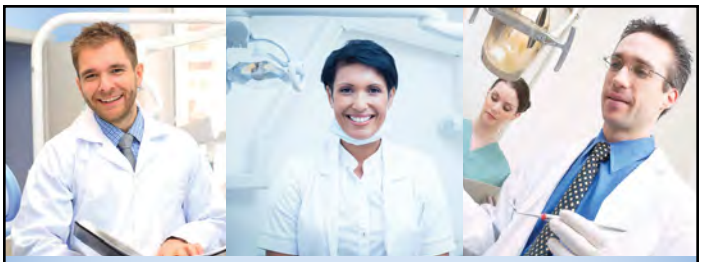
- On a very different subject, New York State raised the minimum wage for employees to $15.00 per hour, but it has been phased in differently depending on the geographic region of the state. While the $15.00 per hour rate has already been in effect in New York City and Nassau, Suffolk and Westchester counties, the phase-in has been slower in all other areas of the state. The New York State Department of Labor has now announced that starting Dec. 31, the minimum wage rate throughout the rest of New York State will be $14.20. It remains $15.00 in New York City and Nassau, Suffolk and Westchester counties.
- On the new law front, effective Aug. 17, registered dental assistants can now place and remove temporary restorations as a result of Gov. Hochul signing into law NYSDA's bill on that subject as Chapter 512 of the Laws of 2022. The NYSDA bill to allow additional dental specialty residency programs such as oral medicine, dental public health and orofacial pain to qualify for dental licensure—A.9967 (Glick) / S.8808 (Stavisky)—has not yet been delivered to Gov. Hochul for action.
- On employment laws, the New York City law on transparency in posting salary ranges for job advertisements, discussed at length in the April 2022 *NYSDJ*, took effect Nov. 1. The similar New York State legislation—A.10477 (Joyner)/S.9427—A (Ramos)—has not yet been delivered to Gov. Hochul for action. Bills have been slowly trickling to the governor to sign or veto, but a large number will likely be sent to her after the midterm elections. Politics is the art of caution before an election.
- On the electronic health information front, the federal Information Blocking Regulation took full effect on Oct. 6 for all electronic health information (EHI). The Information Blocking Regulation prohibits any practice that is likely to interfere with access, exchange or use of EHI, except as required by law or covered by an exception. It has been slowly phased in to cover certain data elements of EHI, but now it fully applies to all EHI.

The genesis of the Information Blocking Regulation was to stop a practice that some electronic health record (EHR) companies were deliberately adopting that made their EHRs incompatible with other systems, thereby locking healthcare providers into exclusive use of their systems. It remains to be seen how the full regulation will affect interoperability of EHI systems, but the goal was to make interoperability easier and more effective.

When One Course Will Do

Finally, a quick note on a question that came up recently on New York State's mandated harassment prevention training. This training is required of all employers, no matter their size, in all parts of New York State. Section 201-g of the New York State Labor Law is very clear on that point. The training must be given every year. Where confusion has set in is that New York City has its own additional training requirements for employers with 15 or more employees. However, the New York State requirements for all employers also apply in New York City. Rather than have employers in New York City with 15 or more employees give two sets of sexual harassment prevention training, the city and state aligned their training programs so that the New York City training meets the New York State requirements if given by any employer in New York City.

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



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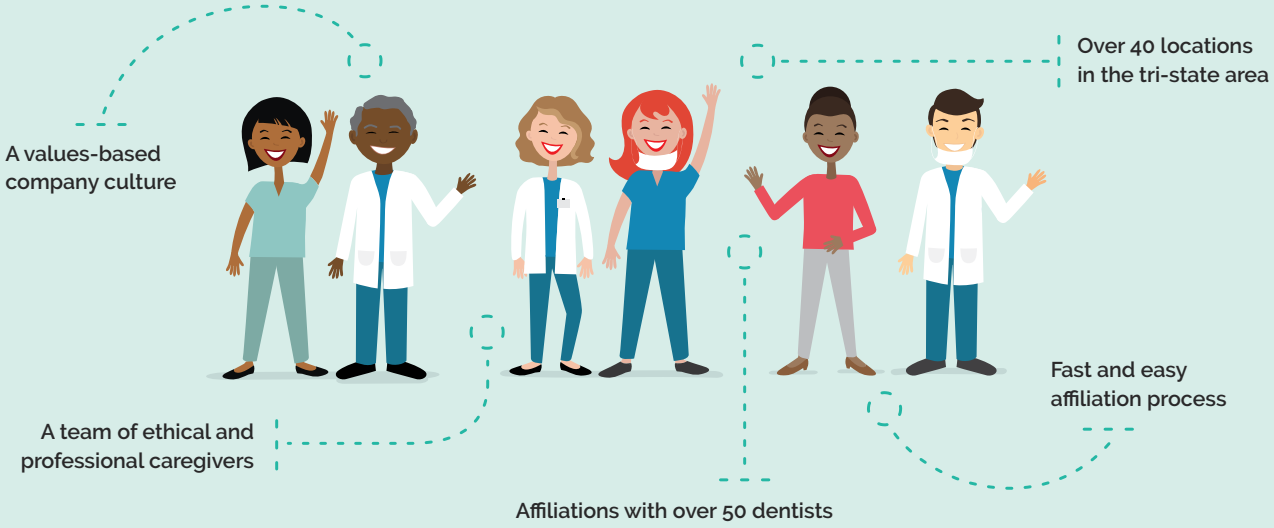

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Screening for Sleep Apnea

Dentists are urged to be alert to signs of sleep deprivation among their patients. They could be indications of obstructive sleep apnea, which if left untreated, can lead to serious consequences.

Arthur Feigenbaum, D.M.D.

It is estimated that 54 million adults in the U.S. have obstructive sleep apnea (OSA) and that an overwhelming of them (80%) are undiagnosed or untreated. OSA treatment improves quality of life and leads to other important health outcomes.[1-4]

In 2017, the American Dental Association (ADA) recognized the integral role dentists play in helping patients seek diagnosis and treatment for OSA. Their policy "encourages dentists to screen patients for SRBD (sleep-related breathing disorder) as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia or hypertension. If risk for SRBD is determined, these patients should be referred, as needed, to the appropriate physicians for proper diagnosis."[5]

If you think about it, trained dentists are the ideal healthcare providers to screen for OSA. How often have you had a patient fall asleep in your chair or mention that his wife is complaining about his snoring? Dentists have a front row seat to patients' airways, see patients often and have built relationships—sometimes across generations—with patients. These opportunities and trusted relationships put dentists in an optimal position to identify patients with undiagnosed OSA. We can use questionnaires and assess craniofacial and upper abnormalities during routine oral examinations to identify patients at increased risk for OSA.[6] Oral examinations commonly used by trained dentists are both useful in identifying risk for OSA[7,8] and may enhance the effect of screening tools.[9]

Unfortunately, screening for OSA is usually not covered in dental school curricula, but the American Academy of Dental Sleep Medicine (AADSM), which is dedicated exclusively to helping dentists screen and treat SRBD, has developed standards for screening, treating and managing adults with SRBD, as well as educational resources.[6] These screening resources are available at aadsm.org/screening.

Screening for OSA requires dentists to collect information on demographic and anatomic factors that put patients at increased risk. There are validated questionnaires that are commonly used for screening. The Epworth Sleepiness Scale assesses chronic tiredness but is not specific to OSA. The STOP-BANG questionnaire is commonly used by anesthesiologists and indicates a high probability of moderate-to-severe OSA.

You'll use the information you collect during screening to decide whether the patient should be referred to a physician for diagnosis. Learning how to screen your future patients for OSA can set them on a path to renewed energy and better health, and they'll have you to thank for it.

Case Studies

1. Female, 48 years old, 5 ft 5, 140 pounds. No snoring or gasping reported. No comorbid medical conditions but indicated day-

time tiredness. She was a dental patient at one of our offices and was seen by our dental hygienist, who called me over to get my opinion. No anatomical issues were observed but patient was referred to a sleep physician to get tested. The sleep test indicated severe sleep apnea and the patient was given CPAP (continuous positive airway pressure) device. This therapy could not be tolerated, and she returned to us for an oral appliance. She has now been normalized and her sleepiness has been eliminated. Sleep apnea can occur at any age and within any demographic. Symptoms can vary or may not even be noticed.

2. 1997. Female, 73 years old, deceased. Had hypertension, Type 2 diabetes, took afternoon naps, snoring, obese. Spent her last years in and out of hospitals for various cardiovascular ailments. Her quality of life became unmanageable. Nobody screened or treated her for sleep apnea.

Case study #2 was my mother. I guess in 1997, this was the standard of care. Afterall, before CPAP was invented, in the 1980s, the only treatment for OSA was tracheostomy, so only the very severe were treated. It shocks me that in 2022, there is still inadequate screening for this life-threatening condition.

It is imperative that we all screen for what is the largest non-communicable disease in the world. It is not a disease of only overweight middle-aged males. Screen everyone!

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ICD Honor to NYSDA ED

NYSDA Executive Director Gregory Hill, J.D., receives plaque designating him Honorary Fellow of International College of Dentists USA section from Section President Dr. Risé Martin. Presentation was made Oct. 14 in Houston, TX, at ICD Annual Meeting, held in conjunction with ADA SmileCon. Mr. Hill was among 335 dentists and dental professionals inducted into honor society for conspicuous service rendered in art and science of dentistry.

Getting Credit Where Credit is Due

GETTING READY to submit your recently completed CE session for credit in the NYSDA Continuing Education Registry? Before you do, review the guidelines listed below to ensure your credits are recorded and your transcript is updated accurately.

Per the State Education Department, all CE submissions must include course title. If the title is not provided by NYSDA or one of the component societies, then the dentist submitting for credit must write in the title or send the completion certificate.

There continues to be a one-year limit to acceptance of CE submissions for inclusion in the Registry. The one-year limit will commence the day of a continuing education course and conclude exactly one year to that date. Submissions received after the one-year time period will not be accepted.

All submissions must include: official letter or certificate of completion from sponsor containing course attendee's name and ADA #; course sponsor; course title and code; course date(s); type of course; and number of credit hours.

Any submissions that do not contain all the information listed above will be returned. Submissions returned to sender will not void or extend the one-year time limit as described above.

The NYSDA Registry does not accept AGD transcripts. However, it does accept AGD submission forms signed by an authorized sponsor or presenter. The Registry reserves the right to return any submission that does not contain or resemble an official authorizing signature.

All components that assume sponsorship of a continuing education course that is being hosted by one of its dental study clubs are responsible for the following:

- Reviewing course content to ascertain that it is a valid CE offering;
- Maintaining control over physical arrangements of course;
- Tracking attendance of dentists and auxiliaries taking course;
- Keeping appropriate records required by the State Education Department as a sponsor of course.

Submit attendance lists electronically to Brenda Turner at bturner@nysdental.org.

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NYSDA Secures Safe Insurance Verification Service for Members

iCoreVerify, a product of iCoreConnect, Inc., cloud-based software-as-a-service (SaaS) technology provider for healthcare business workflow, has been endorsed as the preferred insurance verification service for NYSDA members. iCoreVerify is NYSDA's second endorsed product from iCoreConnect. The Association endorsed iCoreExchange encrypted HIPAA-compliant email more than five years ago.

Cloud-based iCoreVerify automates the insurance verification process by checking every patient on the schedule up to a week in advance of their appointment. This frees staff to spend their time on patient care and revenue-generating tasks.

iCoreExchange encrypted email software enables practices to securely and safely share patient information across providers without fear. Files of any size can be sent to anyone, whether they are members of iCoreExchange or not. All of iCoreConnect's solutions integrate with most major practice management systems in the United States. This means that practices don't have to leave their current workflow to gain all the benefits of any of the cloud-based solutions available from iCoreConnect.

NYSDA Executive Director Greg Hill said about the endorsement, "iCoreVerify is a home run for dental practices. Our NYSDA Support Services Board was so impressed when its members saw how iCoreVerify works. By being able to know where patients stand with their insurance plans, practices can better explain how the cost of treatment will impact patients. And the fact that it integrates so seamlessly with most practice management systems is another key way iCoreVerify takes a huge time burden off of staff. Staff time can now be freed up for other workforce purposes in the office."

ADA ISSUES RULING IN ETHICS CASE

EFFECTIVE SEPT. 28, 2022, the American Dental Association (ADA) issued an order to suspend Dr. Joseph T. Mormino (NYS License No. 042434) from membership for one (1) year, thereafter placing him on probation for five (5) years, and are requiring sixteen (16) hours of continuing education in ethics within twelve (12) months of the date of their decision.

After an appeal hearing on Aug. 15, 2022, the ADA Council on Ethics, Bylaws and Judicial Affairs found that Dr. Mormino had failed to participate in Peer Review and, as such, was in violation of Paragraph B of Section 20 Chapter X of the NYSDA Bylaws. Dr. Mormino had appealed the New York State Dental Association's Council on Ethics decision within the requisite 30-day timeframe to the ADA.

The decision of the ADA Council on Ethics, Bylaws and Judicial Affairs became final as of Sept. 28, 2022.

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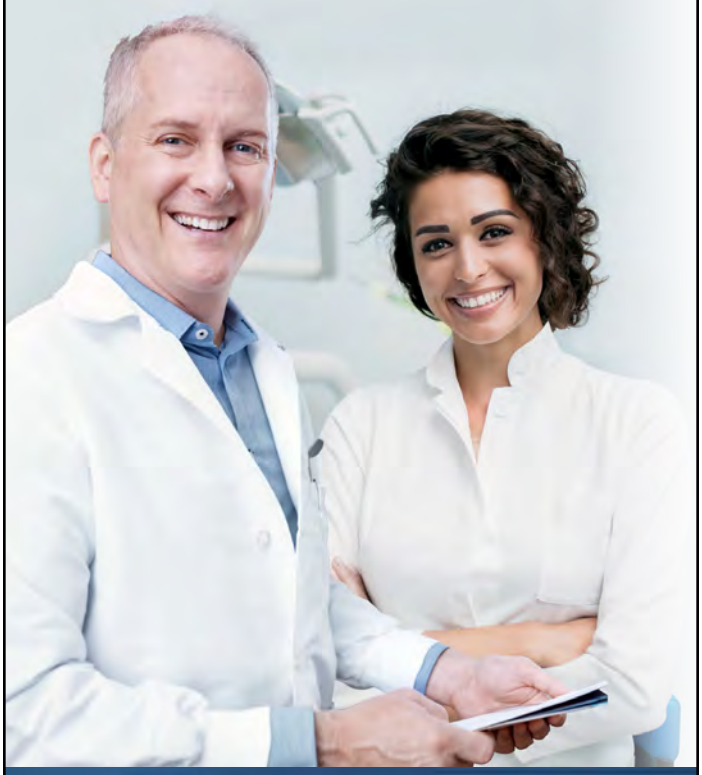

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Medications Associated with Oral Lichenoid Lesions

A Single-Site Retrospective Cohort Study

Debra K. Fischoff, D.M.D., M.S.; Sara Sternbach, D.D.S.; Juliana Gomez, D.D.S.; Sonal S. Shah, D.D.S.

ABSTRACT

Background: **The investigators aim to determine the frequency of systemic medications in patients with oral lichen planus or oral lichenoid lesions.**

Methods: **A retrospective study of lichenoid diagnoses in the New York University College of Dentistry Oral Medicine Clinic. Data obtained included patient demographics, prescription medications and pathologic diagnosis. Comparative analysis was performed.**

Results: **A total of 162 oral lichenoid lesion/oral lichen planus patients were identified. The most frequently found medications were antihypertensives, antihyperlipidemics, followed by metformin, proton-pump inhibitors and levothyroxine.**

Conclusion: **The findings emphasize the importance of clinicians' awareness of potential oral adverse reactions from certain medications.**

Drug-induced lichenoid reactions have previously been documented in the literature, although not often with a detailed breakdown of specific medications. As various medications have been reported to be associated with oral lichenoid lesions (OLL) and oral lichen planus (OLP), this study investigated the specific medications taken concurrently by patients being treated for OLL and OLP at the New York University College of Dentistry Oral Medicine Clinic.

OLL and OLP have similar clinical presentations that are often indistinguishable. Both are characterized by predominantly white-striated, erythematous and sometimes ulcerative or erosive lesions of the buccal mucosa, tongue and/or gingiva, where they may present as a desquamative gingivitis.[1] The etiology of OLL is not completely understood and has been described as being triggered by exogenous sources, including dental amalgam restorations, irritants or as a drug reaction to certain medications.[2-4] The pathogenesis of OLP is considered to be a T cell-mediated immunological reaction to an unknown antigen.[5] While the etiology of OLP is unknown, medications have been proposed as a possible precipitating factor.[6]

Existing data evaluating the association between the presence of OLL and OLP and the use of prescription medications stems from a few preliminary studies and individual case reports.[4,7-9] In prior studies, the most commonly found classes of medications among OLL patients were NSAIDs, diabetes medications, antihypertensives and antihyperlipidemics.[4,7] There also exists literature documenting systemic diseases associated with OLP; specifically, the term "Grinspan syndrome" describes the concurrence of severe lichen planus, hypertension and diabetes.[10] In a meta-analysis, OLP patients were found to be significantly more

likely to have thyroid disease than controls, with hypothyroidism and Hashimoto's thyroiditis being the most frequently identified diseases in these studies.[11]

Both OLP and OLLs have the potential for malignant transformation. Recent studies have shown a slightly higher malignant transformation rate in OLL (2.43% to 3.2%) than in OLP (1.09% to 1.37%).[12-15] Additionally, OLP and OLL can be severe and painful and, at times, resistant to treatment with topical corticosteroids. When topical corticosteroids are not effective, systemic corticosteroids may be employed, putting the patient at risk for adverse side effects.

This study aims to identify common systemic medications concurrently taken by patients being treated for OLL or OLP. The end result is to better understand which medications may be associated with these oral lichenoid diseases so that clinicians are aware and manage their patients appropriately.

Materials and Methods

After clinical observation in the NYU College of Dentistry Oral Medicine Clinic revealed that many patients being treated for oral lichenoid diseases were taking thyroid and/or statin medications, a thorough literature review uncovered a paucity of data on the association of these medications with oral lichenoid diseases. This study was then designed to address the deficiency.

Institutional review board approval was obtained through the New York University School of Medicine Institutional Review Board. The electronic health record (EHR) was accessed to obtain data from Jan. 1, 2015, through Sept. 30, 2019. Inclusion criteria consisted of patients aged 18 and older at the time of clinical presentation, with the following diagnoses: "oral lichen planus," "lichenoid mucositis" and "lichenoid drug reaction." Patients also needed to have medication/prescription information recorded in the EHR, with simultaneous treatment or diagnosis of oral lichenoid disease.

Two authors had access to the data and all information was de-identified. Study personnel made no contact with patients at any time throughout the study, and no PHI was recorded. Recorded data included diagnosis (clinical and/or pathologic), basic demographics (age, gender), and current prescription medications. For cases that were not biopsy-proven, the standard clinic protocol is that the clinical presentation must exhibit the characteristic white Wickham striae for a patient to be given the clinical diagnosis of OLL or OLP (Figure 1). Any clinical diagnosis of OLL or OLP was rendered by one of four oral medicine experts in the Oral Medicine Clinic, and biopsy was performed in cases with any doubt.

Patients with a biopsy-proven diagnosis of a vesiculo-erosive disease, such as pemphigus vulgaris or mucous membrane pemphigoid, were excluded. Patients with a diagnosis of an oral lichenoid disease in the EHR, but who had never been seen in the

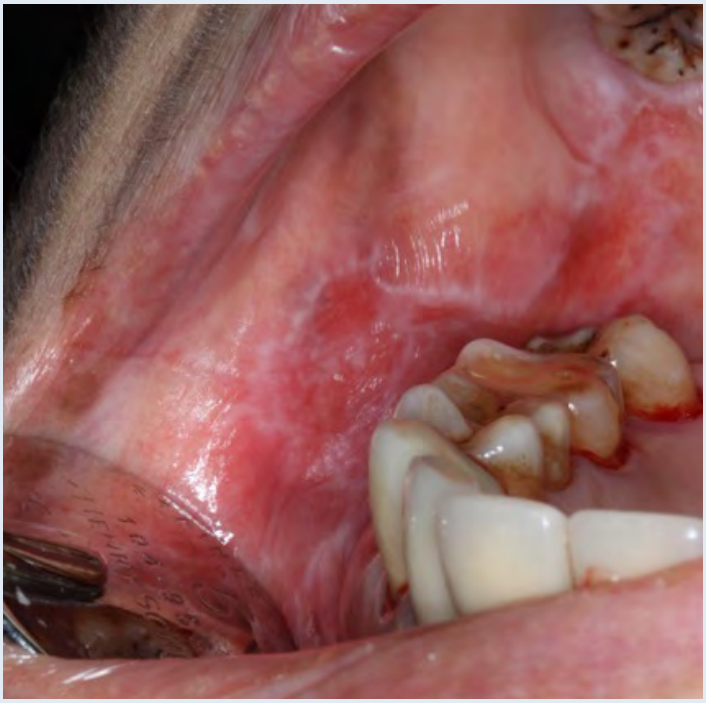

Figure 1. Example of characteristic Wickham striae and reticular pattern on buccal mucosa used to clinically diagnose OLL and OLP cases. Erythematous areas also seen.

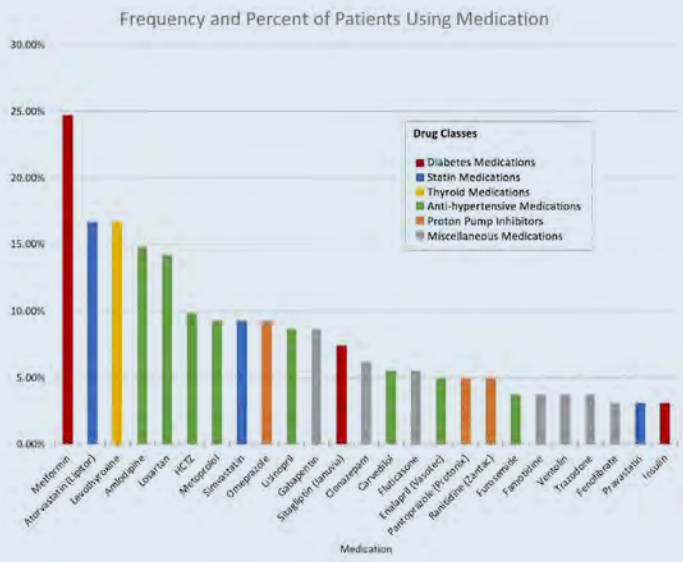

Figure 2. Frequency and percent of study patients using specific medications with color-coded drug classes.

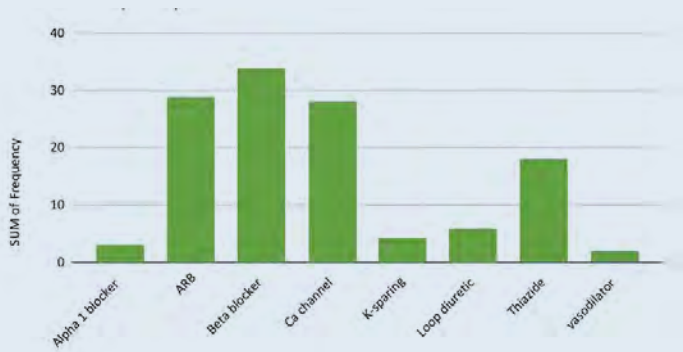

Figure 3. Frequency of hypertension medications by specific classes.

Oral Medicine Clinic or if the diagnosis code was used erroneously were excluded. All data was maintained on a secure server in compliance with Institutional Review Board requirements. Comparative qualitative analyses were then performed to assess the data collected.

Results

A total of 162 patients were identified who were diagnosed with OLL/OLP and/or treated in the NYU College of Dentistry Oral Medicine Clinic from Jan. 1, 2015, through Sept. 30, 2019. Subjects were predominantly female, with 109 females (67%) and 53 males (33%). The average age was 59.5 years, with a range of 26 to 88 years. About 30% of patients fell within the ages of 60 to 69 years. Among all subjects, 46.9% (n=76) were found to have biopsy-proven diagnoses of OLP or OLL.

The most common medication taken among subjects was metformin, comprising 24.6% (n=40). The most common pharmacologic class was statin medications, at 36.4% (n=59); specifically, 15% (n=25) of patients took atorvastatin and 9% (n=15) took simvastatin. We also discovered that 17.9% (n=29) took proton-pump inhibitors and, interestingly, 16.7% (n=27) took levothyroxine. These results are summarized in Figure 2 and Table 1.

Antihypertensives were the most common therapeutic class of medications among our subjects, at 49.4% (n = 80). As seen in Figures 2 and 3, when hypertension medications (color-coded green) are further subdivided into pharmacologic classes, beta blockers were the most associated with OLL/OLP, followed closely by angiotensin-II-receptor blockers (ARBs) and calcium channel blockers (CCB). The thiazides are the next frequent type of hypertension medications taken by our OLL/OLP patient cohort. To our knowledge, our study is the first to further subtype the large and diverse class of hypertension medications associated with oral lichenoid lesions.

Overall, most subjects were taking multiple medications, with just 12% taking no medications. Of the 15 subjects (9.3%) who were taking solely one medication, four were taking levothyroxine.

Discussion

The etiology of OLL and OLP is a confounding subject for both general clinicians and specialists treating the symptoms and disease. Although there is a well-known association of OLL/OLP with medications, the mechanism and extent of this relationship are poorly understood and not well-documented in literature. Evaluating OLL/OLP in patients who are taking commonly prescribed medications in comparison to the proportion of the general population that is taking the same prescription medications may elucidate a potentially overlooked association.

Hypothyroid Medications

Hypothyroidism and Hashimoto's thyroiditis (HT) have been linked to oral lichenoid diseases in recent literature.[11,16-19] One study investigated the prevalence of undiagnosed thyroid disease in patients with OLL and OLP and found no correlation in patients with hypothyroidism; however, researchers found a statistically significant association of OLL/OLP with HT.[16] HT is an autoimmune condition with a similar pathology to OLP, as both diseases consist of a dense lymphocytic infiltrate and basal cell necrosis.[16,20] Of note, these studies do not include documentation of levothyroxine intake. In a European cohort, 222 OLL/OLP patients were evaluated. Of these, 10% were diagnosed with hypothyroidism and were taking levothyroxine; however, this value was not statistically significant compared to the controls.[18] In a recent meta-analysis of studies of OLP and thyroid disease, eight papers were included and OLP was found to have a strong positive and statistically significant correlation to thyroid disease.[11]

Our OLL/OLP cohort documented 16.7% of subjects taking levothyroxine for thyroid disease at the time of presentation. In the general US population, the reported prevalence of individuals with clinically managed hypothyroidism is significantly lower, with only 6.4% of people taking hypothyroid medications.[21] Thus, there is a significantly higher prevalence of thyroid disease in the OLL/OLP cohort in this study versus that of the general population. This dis-

TABLE 1

Key Points from Study Data (Percent numbers are in relation to study patients.)

Most Common Pharmacologic Class	Statin Medications	36.4%
Most Common Therapuetic Class	Antihypertensives	49.4%
Most Common Medication	Metformin	24.6%
Prevalence of Proton-Pump Inhibitors	Among all patients	17.9%
Prevalence of Levothyroxine	Among all patients	16.7%

parity may be partially due to the patient demographic evaluated; our study's female-to-male ratio was 2:1, and mean age was 59.5, similar to the demographic of patients with hypothyroidism. Female patients older than 60 have been shown to be more likely to have a diagnosis of hypothyroidism and, thus, make up 34% of our study population.[22] Although specific studies on levothyroxine are scant, it is also worth mentioning a case report of cutaneous lichenoid eruptions in a patient who overdosed on levothyroxine, in which it was concluded that levothyroxine was indeed the trigger as the lesions resolved with medication withdrawal.[23]

Antihyperlipidemic Medications

Other cohorts have considered the prevalence of OLP in the setting of hyperlipidemia/hypercholesterolemia and patients treated with statin (HMG-CoA reductase inhibitor) medications.[24-26] In our study, 36.4% (n = 59) of patients were taking statin medications for hyperlipidemia, whereas the prevalence of Americans taking statin medications is 17% in adult patients.[21] Therefore, there is a higher percentage of OLP/OLL patients in our cohort taking a statin medication for hyperlipidemia when compared with the general American population.

Antidiabetic Medications

For the year 2011-2012, 5.5% of American individuals were taking metformin to treat diabetes, according to surveillance research.[21] In our study cohort, 24.6% of individuals were taking metformin at the time of presentation, which is considerably greater than other reports in recent literature. One study reported that 14% of OLL patients in their cohort were taking anti-diabetic medications but did not distinguish between classes or limit to metformin.[7] The 24.6% figure, compared to the American average in 2018 of 9.1% of individuals diagnosed with diabetes mellitus,[27] indicates a noticeably higher prevalence of patients receiving treatment for diabetes in our OLL/OLP cohort in comparison with the general population.

Antihypertensive Medications

Similarly, 49.4% (n=80) of patients in our study population were taking varying classes of antihypertensive medications, with beta blockers being the most common class, at 17.9% of our cohort. When compared to the 27% of the general population in the United States taking antihypertensive medications,[21] this OLP/OLL patient cohort demonstrates a higher frequency of hypertension and intake of antihypertensive medications of varying classes. Furthermore, in specifically addressing beta blocker medications, which were most commonly encountered in our study, the reported prevalence was 11% of American individuals for the year 2011-2012.[21] Thus, the OLP/OLL study cohort had higher prevalence of patients taking beta blockers and taking antihypertensives in general compared to the US population.

Proton-pump Inhibitors

This cohort had an interestingly high number of patients taking proton-pump inhibitors (PPIs): 17.9%. There are a few case reports in the literature describing a direct association between PPIs and cutaneous lichen planus. In one such case, three different PPIs were initiated and terminated and the cutaneous LP recurred with each PPI.[28,29] Survey research studies have found that for the year 2011-2012, 7.8% of Americans reported taking proton-pump inhibitors for GERD.[21] While values reporting prevalence of GERD in the American population may have increased in recent years, our subjects are being evaluated in the setting of medication administration for treatment, not to establish an association between chronic disease process (GERD) and OLP/OLL. Therefore, the data from studies comprising individuals who are taking medication provides a solid platform for comparison with our patient cohort, establishing a significantly higher percentage of the population taking PPIs that are affected by OLP/OLL (17.9%) versus prevalence in the general population (7.8%).[21]

One discrepancy between our findings and previous studies is the frequency of patients with OLP/OLL taking NSAIDs. One study reported 46% of OLL/OLP patients taking NSAIDs,[7] while only 7% of patients in our cohort were prescribed NSAIDs. This is likely due to common use of NSAIDs as an over-the-counter medication that did not populate in the EHR medications tab used in our study.

Study Strengths and Limitations

A potential shortcoming of our study was that only 46.9% (n=76) of patients had a biopsy-proven OLP or OLL diagnosis. For patients who displayed a pathognomonic clinical presentation, including lesions of the bilateral buccal mucosa with Wickham striae, a clinical diagnosis was rendered in confidence by an oral medicine specialist without performing a biopsy.

Another possible limitation of this retrospective chart review is that it is not known when patients began taking their medications and when the lichenoid lesions first appeared. To better correlate a drug reaction, it would be ideal to pinpoint a contemporaneous causation with initiation of medication. As the literature consists of primarily case reports, there is very little data of a proven causative effect by withdrawal of medication and resolution of lesions. One such systematic review only identified six studies with strict inclusion criteria.[9] Relating a drug to a lichenoid lesion can present a challenge, as many times patients are initially asymptomatic.

While the aim of the study was to identify medications associated with lichenoid diseases, it would also have been beneficial to have documentation of medical conditions. For instance, we identified patients taking levothyroxine, but were unable to distinguish which patients had hypothyroidism and which had Hashimoto's thyroiditis (HT). Considering that HT has a poten-

tially similar pathophysiology to OLP, as stated previously; obtaining medical history could further support an association.[16]

The many strengths of this investigation include identification of a substantial cohort of patients of 162 individuals with lichenoid lesions. There have been few studies evaluating the medication profile in patients with oral lichenoid disease. Use of HER-documented diagnoses facilitated data acquisition and allowed us to evaluate the specific medications taken. While most previous studies only documented pharmacologic classes, our data includes individual medications taken, thus providing a more thorough conglomerate of data. Our data on antihypertensives, antihyperlipidemic drugs and levothyroxine reinforce that of previous case reports on a larger scale.

Conclusion

Although this study does not prove causality, we identified a substantial population of OLL and OLP patients treated in our clinic who were taking antihypertensive, antihyperlipidemic, diabetes, thyroid hormone and/or proton-pump inhibitor medications. The prevalence of the aforementioned medications in our cohort was considerably higher than in the general population. Patients and prescribers should be fully informed of potential adverse reactions that can occur in the oral cavity while taking these medications.

OLL and OLP can be painful and debilitating when severe, and they both share a small risk of malignant transformation. Dental care providers should be screening for OLL and OLP in patients taking medications identified to have a strong association with OLL and OLP.

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Queries about this article can be sent to Dr. Fischoff at debra.fishoff@gmail.com.

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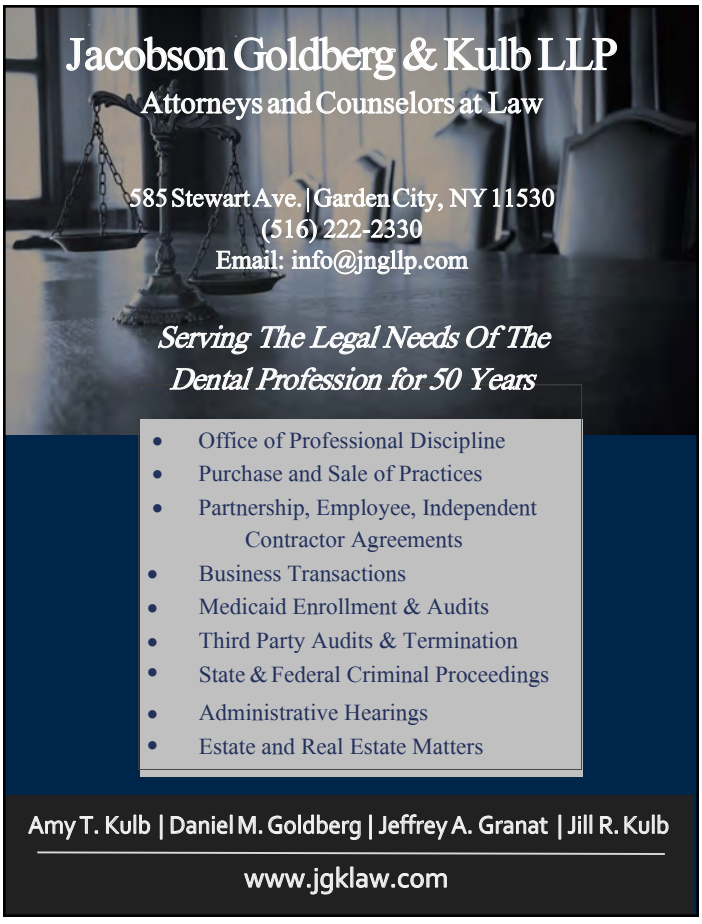


Evaluating the Impact of Providing Free Dental Treatment to Vulnerable Populations

Brendan Dowd, D.D.S.; Betsy Bray, R.D.H., B.S.

ABSTRACT

The Dental Demonstration Project (DDP), conducted under the auspices of the New York State Dental Association, was studied over a five-year period—a total of 24 events—to evaluate how events and follow-up intervention influenced the dental health home status of patients who attended.

Objectives 1 and 2: One, to evaluate the impact of offering free dental care to new patients at events in federally qualified healthcare centers (FQHCs) or Article 28 facilities by determining how many patients return for a subsequent visit in an attempt to secure a dental home; and two, to identify barriers to care associated with access to oral health by patients attending DDP events.

Methods: Patients received dental care at no cost at coordinated events, including emergent care, extractions, direct restorations and prophylaxis. They were counseled on the importance of continuous dental care, provided oral hygiene instructions and given access to a facilitated insurance enroller. Subsequent to the event, partner facility staff followed up to identify how many patients who attended the free event had a follow-up visit to continue their care.

A dental questionnaire was provided to event participants to gain a better understanding of communities that access free dental events, identify barriers to care and determine the prevalence of pain. The self-reported questionnaire was voluntary and anonymous. Nine hundred fifty-two patients completed the questionnaire from project years two through five.

Access to dental care within the United States continues to be problematic. It has only been within the last 20 years that measurable statistics have been compiled to substantiate access to care as a barrier.[1] Indeed, all one has to look at is the increased use of hospital emergency rooms for acute, dental-related issues. In a 2012 study, Wall demonstrated that over a 10-year period, dental-related hospital emergency department visits increased

The article presented here is a follow-up to the previously published "Volunteering to Help the Needy Among Us," by Brendan Dowd, D.D.S. (NYSDJ 2018;84(1):20-23).

from 1.15% to 1.87% of total ED visits.[2] In 2018, there were over two million emergency department visits in the United States for dental-related pain, at a cost of more than $2 billion dollars.[3] With the cost per visit ranging between $400 and $1,500, an exorbitant amount of funding is spent on a temporary fix with little impact on improving health outcomes.

There are many purported reasons for the lack of regular and ongoing dental care. The primary contributor remains the cost. People routinely hold off on routine care or delay emergent care because they simply cannot afford it.[4] In fact, dental care has the highest level of cost barriers, defined as the percentage of population reporting they needed to obtain select healthcare services in the past 12 months, by a figure of (8.9%). This is compared to other health services, including prescription drugs (5.3%), medical care (5.0%), eyeglasses (4.8%) and mental health services (1.7%).[5]

Dental insurance, private and public, is complicated and varies in levels of coverage. Private insurance is tied to employment, and many employers do not include dental coverage in their health benefit packages.[6] Many of these plans only cover preventative care, not restorative and rehabilitative care, or do so at a reduced percentage of the overall cost. Public oral health insurance, usually through state Medicaid programs, varies significantly from state to state.

All states have dental Medicaid for children, but some states only provide emergency care for adults. Adult dental care is also not an essential benefit under the Affordable Health Care Act. One study shows a strong correlation between Medicaid dental coverage and the utilization rate for adults.[7] At this point, Medicare only participates in preventative care for a select group of covered individuals and patient options for some restorative work under Medicare Part B.[8]

Further complicating this issue is people in the general population are unaware of a sliding-fee scale related to level of income available at FQHCs and Article 28 facilities. A quote from the Executive Summary of the recently released "Oral Health in America: A Report of the Surgeon General" from the National Institutes of Health and the National Institute of Dental and Craniofacial Research stated:

"One overarching challenge to oral health that has persisted during the last 20 years is the inadequate access to dental care that adversely affects millions of individuals and their families. This particularly affects older adults who do not have dental insurance coverage, and unlike for children and adolescents, there are few programs to address this issue. This chronic lack of access to oral health care leads inevitably to untreated disease and, frequently, to pain."[9]

Oral health is an integral part of overall health. Some people fail to understand the value of regular and ongoing preventative care and only receive episodic care or no care at all.[10] The term "dental home" has only been in existence for approximately a decade and an instrument that measures the concept is still in the process of being developed.[11] A dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral healthcare delivered in a comprehensive, continuously accessible, coordinated and family-centered way.[12] The difficulty of motivating patients to access ongoing care routinely can be challenging. Consequently, an important aspect of the Dental Demonstration Project (DDP) events is educating the patients, linking them to resources and instilling the importance of seeking access to care and establishing a dental home.

Therefore, a community-based protocol to measure the impact of providing free treatment while introducing a dental home to vulnerable populations was developed. The results were measured by (a) the percentage of participants who, on the day of the event, agreed to a follow-up appointment and (b) the number of patients who appeared for a follow-up visit. These outcomes were compared to the questionnaire results and exemplify the barriers to care captured on the day of the event.

Project History and Progress

A total of 24 one-day events offering free dental care to new patients at federally qualified healthcare centers or Article 28 facilities were provided across the state over a five-year period beginning in 2015. The funding, provided by the state and overseen by the Department of Health, allows for host facility overhead costs, event advertising, NYSDA project staffing, and meals and travel for volunteer providers.

Each year, NYSDA applied and received funding from New York State to operate the DDP. The chronological year carried from April 1 through March 31, matching the New York State fiscal year. Events were targeted to designated access-to-care shortage areas, scheduled over a five-year period and focused on underserved populations.

As the project is state-funded, the emphasis was placed on broadening event locations and demographic reach. At each facility, an event was organized in concert with the host administration, dental director and DDP team. New patients who were interested in being seen were scheduled for appointments beforehand. The number of patients seen depended on the size of the facility and the number of dental chairs available in the clinic.

Volunteer providers, including general dentists, oral surgeons and dental hygienists, came to the center to perform work for the day. Emergent care, such as tooth extractions, direct restorations and in some locations same day denture repairs, were all performed free-of-charge. Prophylaxes were also performed on patients who were not in need of restorative care or in addition to restorative care. The host facility provided follow-up emergency care for postoperative procedures completed by the volunteer providers. The host facility also kept separate computer records of the

new patients in order to differentiate them from current patients. Partners were contacted after each event to identify the number of patients who returned for continuous care (Table 1).

The project was designed with flexibility and the ability to target the needs of a particular community the partner facility identifies as underserved. In one instance, a collaborative event with a local hospital, which was unable to see the patients long term due to clinic capacity, connected veterans to dental homes, matching patients with volunteer dentists in the community for follow-up care. Facilitated enrollers were available at each event to advise patients on insurance coverage and enrollment, while support staff played a crucial role in delivering care, educating patients and reinforcing the importance of continuous care.

TABLE 1

Rate of Return for Event Attendees

YEAR	Number of patients attending events	Number of patients who returned for follow-up visit	Percentage of patients who returned for follow-up visit
YEAR 1	177	76	43%
YEAR 2	321	131	41%
YEAR 3	298	94	32%
YEAR 4	370	109	29%
YEAR 5	572	178	31%
Project Total	1,738	558	32%

Identifying Barriers to Care

Between project years two and five, 952 participants completed the patient oral health questionnaire (Figure 1). The results of the survey indicated that the proportion of patients who had not received any type of dental care in one to three years was 32% and that those who had not accessed dental care in over three years

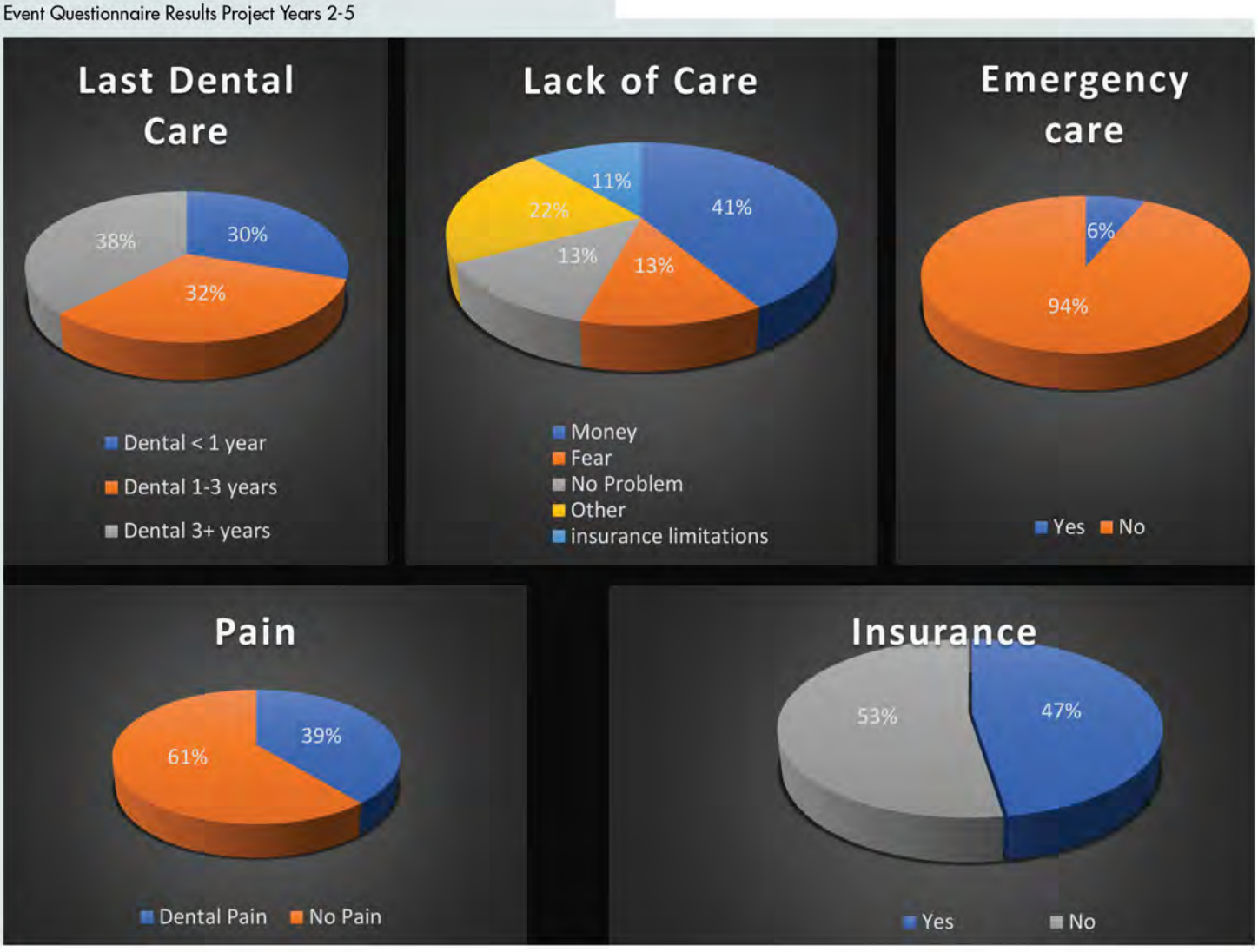
FIGURE 1.

Questionnaire Administered from Project Years 2-5

1. When was the last time you had dental care? Within 1 year? 1-3 years? Over 3 years?
2. What keeps you from going to the dentist? Money/lack of insurance? Fear? No dental problems? Other?
3. Do you have insurance? Yes or No. If yes, what type: Medical only? Medical and Dental? Dental only?
4. Have you had dental pain in the last month? Yes or No.
5. Have you gone to the Emergency Room for dental problems? Yes or No.

FIGURE 2.

Event Questionnaire Results Project Years 2-5



was 38%. The primary reason cited for lack of care was financial (52%), while "other" reasons accounted for 22% of those surveyed. Among examples of "other" were transportation, time off work, physical ailments and inability to obtain a caregiver for a family member.

Thirteen percent of those surveyed said they did not seek dental care because they did not perceive a problem that warranted a visit, while 13% cited fear as their main barrier to receiving dental care. Fifty-three percent of those surveyed did not have dental insurance, while 27% had no health insurance at all. Of all participants surveyed, 39% reported experiencing pain in the last month, and 6% had visited the emergency department for dental-related ailments (Figure 2).

Discussion

The primary objective of the Dental Demonstration Project (DDP) is to evaluate if patients attending the events would continue with dental care once introduced to a dental home and

guided resources. At the conclusion of the five-year program, a total of 1,738 patients had been seen. The total number of patients who had a subsequent visit was 558 (32.11% overall). This seems promising in that approximately a third of the patients followed up at least once to a dental care facility after, in a number of cases, not having visited a dentist for many years.

Whether this turns into routine care remains to be seen. The authors propose that the percentage of patients who returned for at least one visit is a good indicator that these patients were comfortable with the original free day of care and had established some level of trust in the facility. Their next visit required patients to utilize insurance or pay out of pocket, usually at a sliding-fee scale. Future studies could evaluate whether patients attending events continued to receive care and for how many visits and years.

Through personal observation, the authors also thought there were more favorable outcomes at facilities that had staff who cooperated with the goals and objectives of the DDP. Success was achieved at facilities that actively participated in the treatment, the dental education and were enthusiastic when scheduling follow-up appointments. These facilities used many of their own dental assistants and clerical staff to assist the volunteer dentists and hygienists during the free day of care. In many cases, the staff understood the importance of making the new patients feel comfortable at their facility and realized they needed these outreach events for continued success with their organization's mission.

Eliminating that barrier on the first visit was an important aspect, and the facilities that took part in the events were very successful in recruiting new patients for the free visit. Many of the patients expressed gratitude for the care they received, and a large portion of the volunteer providers were invigorated and felt fulfilled from the experience. This was evident from the number of times many providers (approximately 25) participated in multiple events, some of whom traveled many miles around New York State to reach the site of the event.

Studies have shown that people who receive routine dental care, instead of episodic or no dental care, have better oral health.[13] Patients who never come to the dental office or who only come when in need of emergent care can end up receiving more complicated and expensive work. Teeth that could have been repaired with direct restorations now need to be removed or restored with root canals and crowns. Patients with long-term periodontal disease end up losing teeth instead of receiving periodontal therapy.

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These patients then must turn to more complicated removable, implant and/or fixed dental prostheses. It is encouraging to see new patients return to a healthcare facility for follow-up care after an initial visit.

The goal of the DDP is twofold: to promote volunteerism in organized dentistry and to identify and engage underserved communities across New York State. By offering a free dental day, regardless of insurance or out-of-pocket expense, events attract the population most in need. Additionally, patients who attend are linked to community resources while improving their oral health literacy.

Thirty-five percent of patients surveyed at the DDP events cited "no perceived dental problem" or "other" as a reason not to seek regular dental care. For this project, that translates to 332 opportunities to reduce spending and improve health outcomes through oral health disease prevention and referral to public health resources.

With the integration of a new workforce model, community dental health coordination (CDHC), in project year six and beyond, future DDP events will incorporate additional strategies to increase health literacy, insurance utilization and access to a dental/health home, thereby reducing the burden of dental disease.

Conclusion

A five-year demonstration was completed to evaluate the effect access to free dental care would have on new patients treated in an FQHC or Article 28 facility in underserved communities throughout New York State. A 2015 study showed that although fewer adult patients are routinely visiting a dentist, patient volume at FQHC dental clinics around the country is increasing.[14] By partnering with these facilities to host a free day of dentistry while providing personalized dental education, facilitated insurance enrollment and consistency in staffing, there was a positive impact on the likelihood that patients would return to the host facility for care. The project demonstrated that approximately 32% of new patients returned to that clinic for at least one visit. Future involvement with community dental health coordination will assist with improving the oral health outcomes of these patients.

In-person events have been limited due to the COVID-19 pandemic; however, the authors recommend further funding to study this area in New York State and around the country.

Limitations to Demonstration

1. The Oral Health Questionnaire was not allowed to be used at the University of Buffalo during years four and five and at the Seneca Babcock event due to the inability to receive timely Institutional Review Board approval.
2. Although patients returned for a follow-up visit, data could not be obtained at this time on whether the patient stayed in that facility for a longer period of time.
3. The facilities that volunteered differed in many ways. Some were much larger than others and used different workflows for appointment making and follow-up care. At times, patients came from over an hour away for the free care and indicated a reluctance to come back for follow-up care.
4. Data could not be obtained for follow-up visits at three events.

The authors thank the federally qualified healthcare centers and Article 28 facilities for their participation in the Dental Demonstration Project events, and they acknowledge the contributions of the volunteer dentists, hygienists and staff members who participated in the provision of patient care. Queries about this article can be addressed to Dr. Dowd at drrndowd@gamail.com or Ms. Bray at bbray@nysdental.org.

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Amelogenesis Imperfecta

Case Series and Review of the Literature

Andrew T. Moshman, D.M.D.; Gwen Cohen-Brown, D.D.S.

ABSTRACT

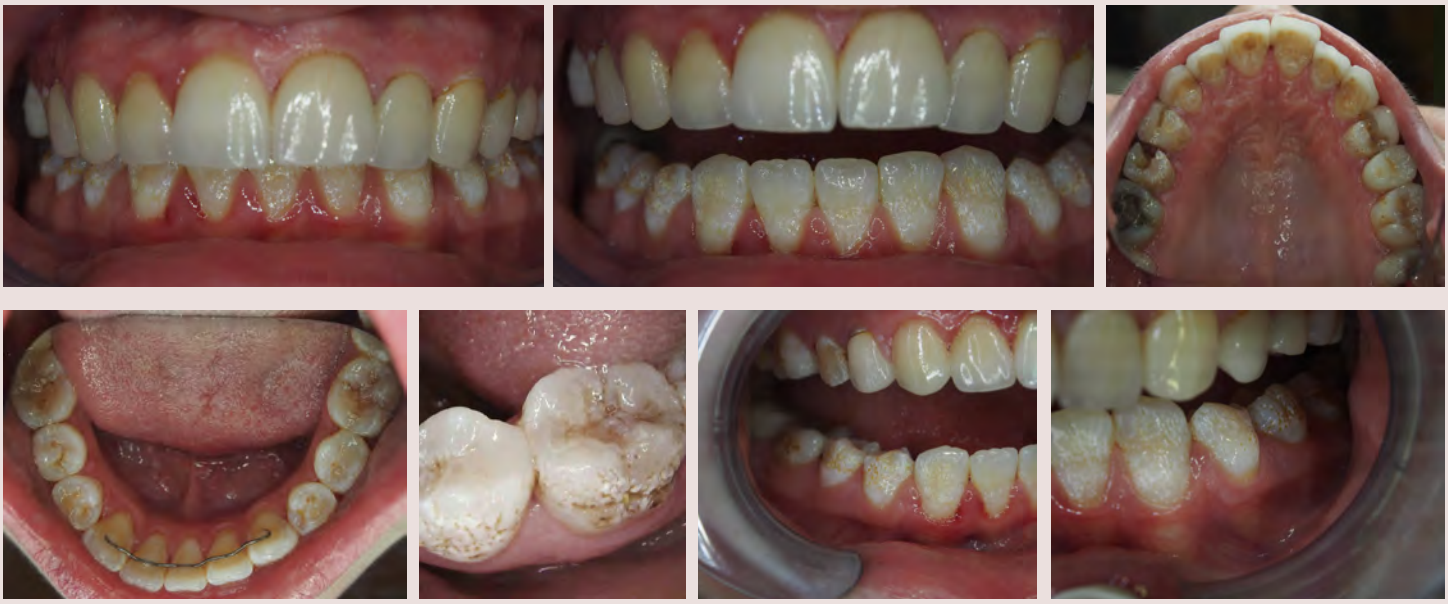
Amelogenesis imperfecta (AI) describes a group of genetic conditions affecting the thickness, microstructure and degree of mineralization of the enamel. Correct diagnosis may be important for managing other serious medical conditions. AI patients are highly susceptible to caries, pain, tooth wear and loss of the vertical dimension of occlusion, often requiring significant dental treatment throughout their lives. Early diagnosis and timely preventative and restorative treatments are crucial to circumventing AI's psychological, social and functional sequalae. This case series highlights AI in a 19-year-old patient, with suggestions for further testing and monitoring of the condition.

Amelogenesis imperfecta (AI) describes a group of genetic conditions affecting the thickness, microstructure and degree of mineralization of the enamel. It is traditionally defined as a group of hereditary enamel developmental disorders occurring in isolation of other medical problems or systemic conditions.[1-3]

AI's mode of inheritance can be autosomal recessive, autosomal dominant, x-linked[4-6] or by sporadic gene mutation.[4,5] A number of studies have measured its prevalence across different populations, with reported frequencies ranging from 1:700 in Sweden[7] to 1:14,000 in the United States.[3] These studies were performed prior to the ability to diagnose AI by genetic testing,[2] which indicates that the actual prevalence is higher than reported. It is now known that AI does not always occur as an isolated condition, but that AI patients may also present with co-segregating medical conditions such as nephrocalcinosis.[1,4,8]

During amelogenesis, enamel is created by ameloblasts. Amelogenesis has three primary stages: presecretory, secretory and maturation. In the presecretory stage, inner enamel epithelium cells are differentiated into ameloblasts. In the secretory stage, ameloblasts migrate away from the dentin-enamel junction and deposit an organic enamel matrix, which forms the full thickness of the enamel layer. In the maturation stage, water and organic molecules are removed from the enamel matrix and the enamel is completely mineralized.

Witkop classified four different phenotypes of AI: hypoplastic, hypomaturation, hypocalcified and hypomaturation-hypoplastic with taurodontism.[9] Each phenotype corresponds to a particular stage of amelogenesis in which disruption occurs.[10] Newer classification systems, such as that proposed by Aldred et al. consider additional elements, such as mode of inheritance, as well as molecular and biochemical factors.[11]



Hypoplastic AI is the most common form of AI, comprising 70% of cases.[12] It occurs from a disruption in the secretory stage of amelogenesis, causing defects in enamel matrix deposition. In hypoplastic AI, the enamel layer is of reduced thickness but normal mineralization and radiodensity.[10] In extreme cases, the enamel may be altogether absent.[1] Hypoplastic AI produces visibly rough tooth surfaces with pits or area defects that range in color from yellow to light brown (Figure 1).[13]

Hypomaturation AI and hypocalcified AI are both considered forms of hypomineralized AI, in which defects occur during the maturation stage of amelogenesis. The resulting enamel has normal thickness but reduced mineralization.

Hypomaturation AI is often undiagnosed and is the mildest form of AI,[13] caused by incomplete protein degradation from the enamel matrix. The resulting enamel is brittle[1] and appears mottled, but is of normal thickness[10] and has a similar radiopacity to the dentin.[10] Although this enamel is prone to wear, it is to a lesser degree than occurs with hypocalcified AI.[10] The clinical presentation of hypomaturation AI can be confused with erosion, resulting in the genetic condition going undiagnosed. Patients with generalized erosion in a non-specific pattern should be further evaluated with genetic studies (Figure 2).

Hypocalcified AI is the severest form of AI,[13] occurring when the enamel fails to mineralize during the maturation stage. Hypocalcified AI results in soft, weak enamel[1] that causes teeth to stain and break down rapidly, often being very sensitive to temperature, chewing and brushing.[13] Such enamel is less radiodense than the dentin.[10]

Hypomaturation–hypoplastic AI with taurodontism appears as a combination of the hypomaturation and hypoplastic AI phenotypes. Apart from the pathologic enamel, this AI phenotype causes teeth to present with long bodies and pulp chambers and short roots, with the furcation and floor of the pulp chamber located at an apical position on the root.

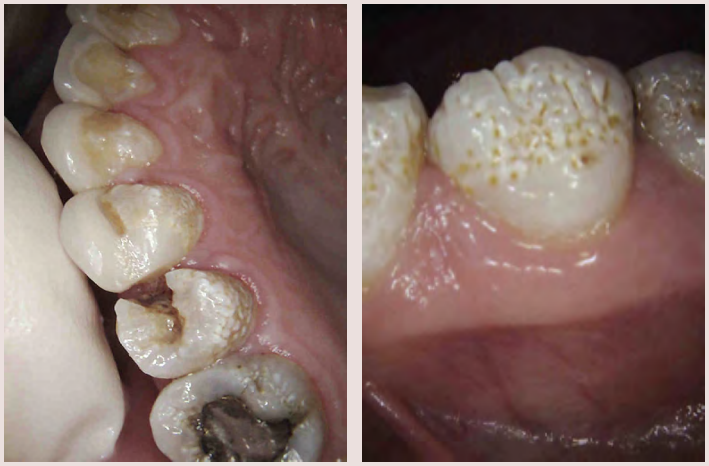


Figure 1. Case study of 19-year-old female patient presenting with hypoplastic phenotypic amelogenesis imperfecta. (A) Photographs showing characteristic pitted and stained enamel.

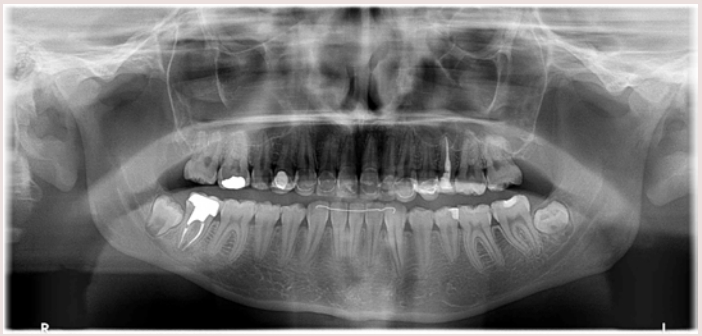


Figure 1. Case study of 19-year-old female patient presenting with hypoplastic phenotypic amelogenesis imperfecta. (B) Panoramic radiograph.

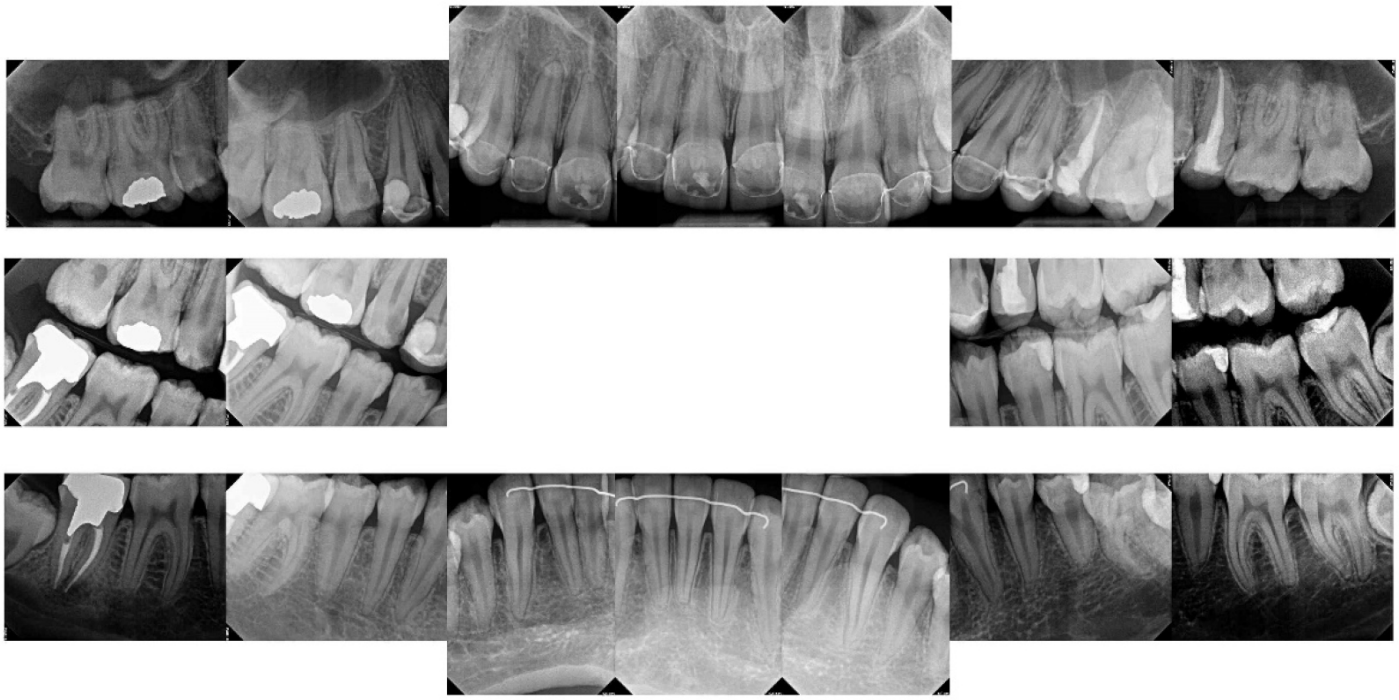


Figure 1. Case study of 19-year-old female patient presenting with hypoplastic phenotypic amelogenesis imperfecta. (C) Full-mouth series showing thinning enamel and active dental caries.

AI is diagnosed based on family history, clinical and radiographic examination, and genetic testing.[4,10] As AI may present with other health problems, the diagnosis may be important in preventing or managing other serious medical conditions. For example, AI patients with mutations in the FAM20A gene may have nephrocalcinosis and should be referred to a renal specialist for evaluation.[1,8] Similarly, patients with mutations in the CNNM4 gene may have cone-rod dystrophy, an inherited condition.[14]

Included in AI's differential diagnosis are other conditions of the enamel, such as fluorosis, tetracycline staining, trauma, enamel hypoplasia and molar incisor hypomineralization.[1,5,10,13] AI is differentiated from these conditions in that it generally affects all teeth uniformly across both the primary and secondary dentitions, and there is usually a family history.

Clinical Implications

AI patients are highly susceptible to dental caries, pain, tooth wear and associated loss of the vertical dimension of occlusion (VDO). Because of these factors, AI patients often require frequent and significant dental treatment throughout their lives. Pathologic enamel results in compromised esthetics, and patients frequently seek treatment for their front teeth.[15]

AI is a chronic condition, and its management is expensive, time-consuming and psychologically burdensome for both patients and their families. AI patients suffer psychosocial stress related to their teeth's appearance, bullying, dental pain and frequent dental visits. This can lead to reduced quality of life, self-esteem and social acceptance.[16] Lundgren et al. reported that parents of patients with AI also suffer psychologically from their unfamiliarity with the condition, often fearing that their child will have to endure bullying, inadequate pain relief, incorrect treatment and emergency dental visits.[17] Parents may also suffer from guilt or shame in passing on a hereditary disease.

Case Report

A 19-year-old female presented for a new patient exam and dental prophylaxis. The patient had visited our office three years prior for a limited exam to address lower right discomfort. The patient did not take any medications and denied any medical conditions or drug allergies. Clinical examination showed pitted, bumpy enamel surfaces that were yellow and brown in color. The patient had a history of orthodontics, followed by maxillary ceramic veneers, in addition to other significant restorative work. Upon questioning, the patient mentioned that the veneers were performed mostly because of tooth sensitivity.

A panoramic radiograph was initially taken to evaluate third molars and to get a comprehensive view of the patient's dentition and dental history. A full-mouth series was subsequently taken following the panoramic X-ray to evaluate individual teeth at better clarity. Photographs were taken with patient's permission (Figure 1). Clinically, significant decay was found, including profound decay on #4 mesial. Other teeth, including #4, #5 and #12, showed radiographic decay. Enamel irregularities were especially evident in the bitewing radiographs. Although the enamel was more radiopaque than the dentin, it showed reduced thickness around the periphery. Based on the clinical and radiographic findings, it appeared that the patient had hypoplastic AI.

The patient was informed that she likely has AI, a genetic condition. The patient denied any family history of similar dental

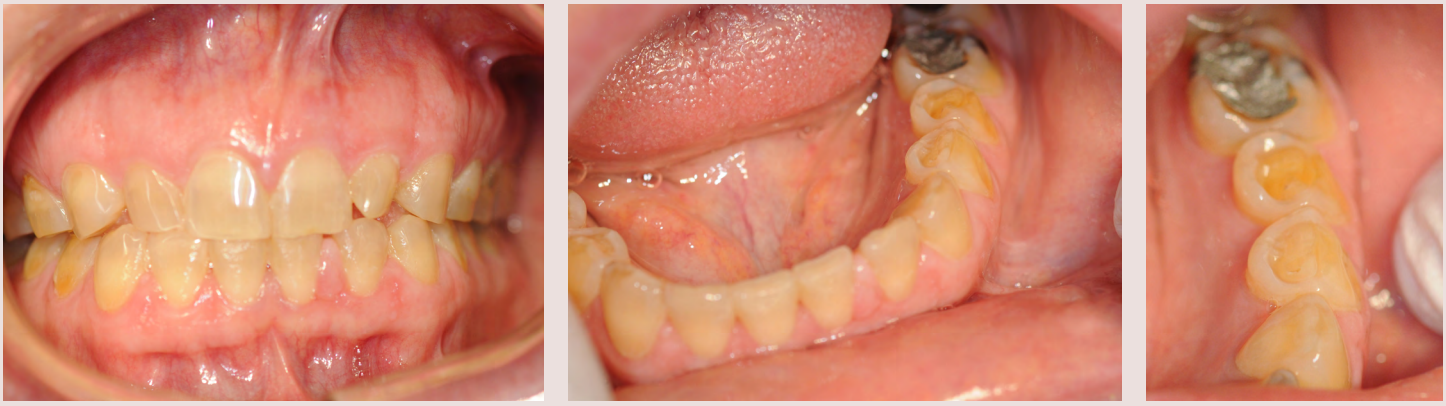


Figure 2. Hypomaturation amelogenesis imperfecta (AI) phenotype. Erosion with generalized non-specific pattern. Posterior teeth show classic signs of AI, such as significant wear and fracturing of facial enamel layer

conditions. As she was moving within days, she could not complete any of the needed treatment. Good oral hygiene was enforced during the visit, including a review of dietary habits, and a prescription for Prevident 5000 Plus toothpaste was called into the patient's pharmacy. Radiographs were forwarded to the next treating dentist. With the patient's permission, the findings were discussed with her pediatrician. Genetic evaluation was recommended to confirm the diagnosis and the potential for transferring an inheritable genetic condition.

Discussion

There is no "one-size-fits-all" treatment for AI. There is a lack of evidence-based clinical recommendations regarding which treatments are best for AI patients, and treatment options are still based primarily on case reports and case series.[12,13] The American Academy of Pediatric Dentistry (AAPD) has established guidelines for AI treatment which emphasize that the treatment should be patient-centered, multidisciplinary, and take into consideration the patient's cosmetic, functional and emotional needs.[6] AI treatment may differ depending on whether the patient has primary, mixed or permanent dentition.

In the primary dentition, AI treatment focuses on allowing proper eruption of the permanent teeth and normal orofacial development. Stainless steel crowns are recommended for primary molars to maintain the VDO and arch spacing.[18] Direct composites or full-coverage crowns can be used to treat the primary anterior dentition.[6] Preventative care, including routine exams, allows early identification of teeth that require treatment upon eruption.[6] Fluoride and desensitizing treatments may alleviate tooth sensitivity.[6] Goals in mixed dentition and permanent dentition (Figure 3) include maintaining or restoring the VDO, preventing or reducing tooth sensitivity, preserving pulpal vitality and addressing cosmetic concerns.[13,18] Orthodontics should be considered as part of a multidisciplinary approach; this is important, as AI can present with anterior open bite, reverse curve of Spee, vertical growth pattern and constricted maxillary arch.[19,20] Patients with AI should have routine follow-up visits, and rigorous oral hygiene should be stressed.

Varying levels of success have been achieved with traditional restorative treatments in AI patients. Amalgam is an inferior restorative material in patients with moderate or severe AI, as the weaker enamel margins and supporting tooth structure are prone to fracture. Seow found that glass ionomers and resin composites are better retained than amalgam in smaller restorations.[21] Rada and Hasiakos reported that direct composites may be compromised in AI patients due to an inadequate amount of enamel for bonding and/or an inferior enamel–dentin bond.[15]

In a case report involving AI, Toupenay et al.[13] placed a layer of flowable composite between the bonding agent and the packable composite on the facial surfaces of the primary anteriors, stating

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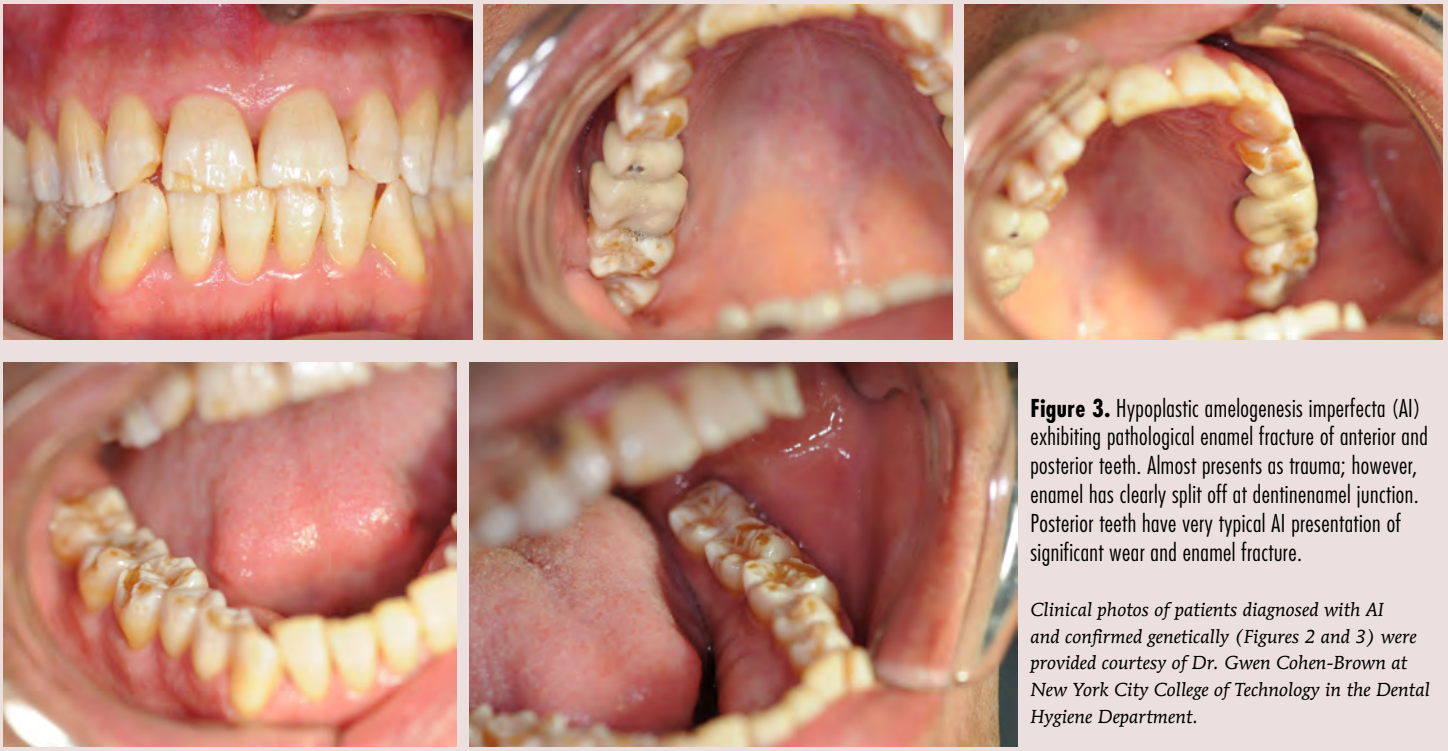

Figure 3. Hypoplastic amelogenesis imperfecta (AI) exhibiting pathological enamel fracture of anterior and posterior teeth. Almost presents as trauma; however, enamel has clearly split off at dentinenamel junction. Posterior teeth have very typical AI presentation of significant wear and enamel fracture.

Clinical photos of patients diagnosed with AI and confirmed genetically (Figures 2 and 3) were provided courtesy of Dr. Gwen Cohen-Brown at New York City College of Technology in the Dental Hygiene Department.

that the flowable composite's low viscosity and high wettability likely increased its ability to penetrate rough enamel. A follow-up one year after treatment showed that the composites were still sealed.

In an evaluation of restorative treatments in AI patients, Ohrvik et al. found that all-ceramic bonded restorations yielded superior results to either direct composite restorations or prefabricated composite veneers.[12] A review by Strauch et al. concluded that indirect restorations are preferred over direct restorations in patients with AI.[22]

Early diagnosis and timely preventative and restorative treatments are crucial to circumvent AI's adverse psychological, social and functional sequalae.[4,6,12,13] Moreover, addressing AI early in life may improve overall self-esteem in children and young adults.[18] For patients with severe AI, early treatment with permanent prosthetic restorations is recommended.[12]

Queries about this article can be sent to Dr. Moshman at andrew.moshman@gmail.com.

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Dr. Cohen-Brown

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ADA Installs G.R. Shepley President, L.J. Edgar President-Elect

Brendan Dowd Second District Trustee

THE AMERICAN DENTAL ASSOCIATION welcomed its 159th president in October when it installed George R. Shepley, D.D.S., of Baltimore, MD, as the Association's top elected official. Dr. Shepley's installation took place at the conclusion of the ADA's Annual Meeting, SmileCon, in Houston, TX.

At that meeting, the ADA also installed its new president-elect, Linda J. Edgar, D.D.S., M.E.D., of Federal Way, WA, Second Vice President David J. Manzanares, D.D.S., of Albuquerque, NM, and Speaker W. Mark Donald, D.M.D., of Louisville, MS, as well as four new trustees, among them, Brendan P. Dowd, D.D.S., of Buffalo, who will represent the Second Trustee District (New York State).

A life member of the ADA, Dr. Shepley has held numerous positions with the ADA, among them, 4th District Trustee, chair of the Council on Communications, chair of the Budget and Finance Committee and chair of the Committee on Annual Meetings. He also served two terms on the State Public Affairs Oversight Committee. He is a past president of the Maryland State Dental Association and a member of the Academy of General Dentistry. He is a fellow of the American College of Dentists, International College of Dentists and Pierre Fauchard Academy.

Dr. Shepley received his dental degree from West Virginia University School of Dentistry in 1977 and has practiced dentistry in Baltimore since 1978.

President-Elect is Former Teacher

Delegates to the ADA HOD elected Linda J. Edgar of Washington state president-elect of the Association, putting her in line to become president in 2023. Dr. Edgar bested her opponent, Paul R. Leary, D.D.S., of the Second District.

Dr. Edgar was the 11th District Trustee of the ADA and served on the ADA Council on Dental Practice. She is a past president and past secretary of the Academy of General Dentistry, past president of the Seattle King County Dental Society and fellow of the American College of Dentists, International College of Dentists and Academy of Dentistry International.

Dr. Edgar has practiced general dentistry with her husband, Dr. Bryan Edgar, for 30 years and has been a major fundraiser for the University of Washington School of Dentistry for more than 10 years. Prior to becoming a dentist, she was a teacher for 15 years.

UB Professor Installed as Trustee

The Second District's new trustee, Dr. Brendan Dowd, is a retired general dentist. He served as assistant dean of clinical operations at the University at Buffalo School of Dental Medicine and is currently a part-time clinical assistant professor. He is a past president of NYSDA and the Eighth District Dental Society and served on the ADA Council on Dental Practice.

Gel Treats Periodontal Disease by Fighting Inflammation

Targeted topical therapy offers promise as at-home treatment.

A TOPICAL GEL that blocks the receptor for a metabolic byproduct called succinate treats periodontal disease by suppressing inflammation and changing the makeup of bacteria in the mouth, according to a new study led by researchers at NYU College of Dentistry and published in Cell Reports.

The research, conducted in mice and using human cells and plaque samples, lays the groundwork for a non-invasive treatment for periodontal disease that people could apply to the gums at home to prevent or treat disease.

Periodontal disease is one of the most prevalent inflammatory diseases, affecting nearly half of adults 30 and older. It is marked by three components: inflammation, an imbalance of unhealthy and healthy bacteria in the mouth, and destruction of the bones and structures that support the teeth.

"No current treatment for periodontal disease simultaneously reduces inflammation, limits disruption to the oral microbiome and prevents bone loss. There is an urgent public health need for more targeted and effective treatments for this common disease," said Yuqi Guo, an associate research scientist in the Department of Molecular Pathobiology at NYU Dentistry and the study's co-first author.

Past research has linked increased succinate—a molecule produced during metabolism—to periodontal disease, with higher succinate levels associated with higher levels of inflammation. Guo and her colleagues at the College of Dentistry also discovered in 2017 that elevated levels of succinate activate the succinate receptor and stimulate bone loss. These findings made the succinate receptor an appealing target for countering inflammation and bone loss—and, potentially, stopping periodontal disease in its tracks.

Link between Succinate and Periodontal Disease

The researchers started by examining dental plaque samples from humans and plasma samples from mice. Using metabolomic analyses, they found higher succinate levels in people and mice with periodontal disease compared to those with healthy gums, confirming what previous studies have found.

They also saw that the succinate receptor was expressed in human and mouse gums. To test the connection between the succinate receptor and the components of periodontal disease, they genetically altered mice to inactivate, or "knock out," the succinate receptor.

In "knockout" mice with periodontal disease, the researchers measured lower levels of inflammation in both the gum tissue and blood, as well as less bone loss. They also found different bacteria in their mouths: mice with periodontal disease had a greater imbalance of bacteria than did "knockout" mice.

This held true when the researchers administered extra succinate to both types of mice, which worsened periodontal disease in normal mice; however, "knockout" mice were protected against inflammation, increases in unhealthy bacteria and bone loss.

"Mice without active succinate receptors were more resilient to disease," said Fangxi Xu, an assistant research scientist in the Department of Molecular Pathobiology at NYU Dentistry and the study's co-first author. "While we already knew that there was some connection between succinate and periodontal disease, we now have stronger evidence that elevated succinate and the succinate receptor are major drivers of the disease."

A Novel Treatment

To see if blocking the succinate receptor could ameliorate periodontal disease, the researchers developed a gel formulation of a small compound that targets the succinate receptor and prevents it from being activated. In laboratory studies of human gum cells, the compound reduced inflammation and processes that lead to bone loss.

The compound was then applied as a topical gel to the gums of mice with periodontal disease, which reduced local and systemic inflammation and bone loss in a matter of days. In one test, the researchers applied the gel to the gums of mice with disease every other day for four weeks, which cut their bone loss in half compared to mice that did not receive the gel.

Mice treated with the gel also had significant changes to the community of bacteria in their mouths. Notably, bacteria in the *Bacteroidetes* family—which include pathogens that are known to be dominant in periodontal disease—were depleted in those treated with the gel.

"We conducted additional tests to see if the compound itself acted as an antibiotic, and found that it does not directly affect the growth of bacteria. This suggests that the gel changes the community of bacteria through regulating inflammation," said Deepak Saxena, professor at NYU Dentistry and the study's co-senior author.

The researchers are continuing to study the gel in animal models to find the appropriate dosage and timing for application, as well as determine any toxicity. Their long-term goal is to develop a gel and oral strip that can be used at home by people with or at risk for periodontal disease, as well as a stronger, slow-release formulation that dentists can apply to pockets that form in the gums during disease.

Additional study authors include Scott Thomas, Yanli Zhang, Bidisha Paul, Sungpil Chae, Patty Li, Caleb Almeter, and Angela Kamer of NYU College of Dentistry; Satish Sakilam and Paramjit Arora of NYU Department of Chemistry; and Dana Graves of the University of Pennsylvania School of Dental Medicine.

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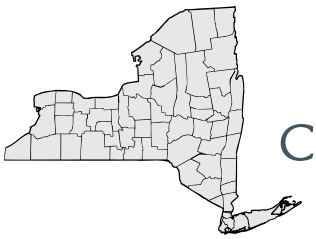


Component NEWS

EIGHTH DISTRICT

Stay Safe on the Road

Kevin J. Hanley, D.D.S.

The Eighth District presented a defensive driving course Oct. 5 at the district office. Twenty-four members and guests listened as Ray Ammerman discussed how to stay safe on the highways. Ray is a long-time employee of the West Herr Auto Group and now teaches safe driving through his company, The Safe Driver Academy.

During this four-hour course, he discussed various ways a driver can get into trouble and how to avoid these situations. Using humor to illustrate his points, he kept the class involved through the entire four hours. Once we graduated (yes, I was one of his pupils), we earned a 10% reduction in our car insurance over the next three years and a reduction of up to four points on our licenses if we had any. The class was informative and fun, and I heartily recommend it.

Learning on the Lanes

The Eighth District's New Dentist Committee hosted a New Dentist Social Oct. 20 at Spare Lanes in Buffalo. It featured a night of bowling and mingling with other new dentists, officers of the district and seasoned members of the tripartite. In addition to bowling, the group played bubble hockey and other "old school" video games, and enjoyed refreshments. And the new dentists had a chance to learn the ins and outs of dentistry from more experienced dentists.

Support Life

The Erie County Dental Society sponsored "Basic Life Support for Health Care Providers" on Nov. 7. Presented by The Safety Company, this course fulfilled the New York State course requirement for CPR retraining. Participants completed both a skills and written test for certification. They also earned 4 MCE credits.

Welcomed Guest

Dr. Anthony Cuomo, president-elect of NYSDA, visited the Eighth District, attending the district's Executive Council meeting Nov. 8. Dr. Cuomo discussed his vision for his presidential year and what he would like to see happening at NYSDA and in organized dentistry. He was very informative and warmly welcomed by the council. We look forward to his ascending to the presidency at the 2023 NYSDA House of Delegates Meeting and wish him all the best in the coming year.

UB Alumni Recognized for Service

The UB Dental Alumni Association held its annual Greater Niagara Dental Meeting from Nov. 2-4 at the Erie County Convention Center in downtown Buffalo. Attendees could earn up to 15 MCE hours over the two and a half days of the meeting. The topics covered all aspects of dentistry, so there were classes for everyone.

Thursday evening the "Remember When" reception was held in the Hyatt Regency Sungarden for all the five-year reunion classes of UB School of Dental Medicine and their guests. Friday evening, the Hyatt Ballroom served as the venue for the reunion dinner dance for five-year classes. Honored at the dinner was Dr. Joseph Zambon, former dean of UB School of Dental Medicine and a member of the Class of 1974, who received the Alumni's Honor Award, its highest award. The award is given to an individual whose enthusiastic and untiring endeavors have helped to promote the continued growth, development and success of the UB School of Dental Medicine.

The association's Distinguished Service Award was presented to Dr. Larry Volland, Class of 1975, given in recognition of outstanding dedication, commitment and support of the UB School of Dental Medicine and the Alumni Association.

Memorial Lecture Set for December

The 2022 Dr. Rick Fink Memorial Lecture, the district's all-day fall seminar, will take place from 8 a.m.-4 p.m. Friday, Dec. 2, at the Grapevine Banquet Center in Depew. Dr. Susan McMahon will discuss "The Next Dimension: Cosmetics, Digital Dentistry, CBCT, 3D Printers, and More. How Dentists Thrive Today." The course will review new restorative materials and indications, give step-by-step procedures for best outcome esthetic restorations, review current technology options and assist with making rational purchases to increase production and relieve stress by implementing simple solutions to procedures.

Bring the Children

On Saturday, Dec. 3, from 10 a.m. to noon, the Eighth District will hold its annual Children's Christmas party at Transit Valley Country Club in East Amherst. There will be magical entertainment, crafts, and Santa is scheduled to make an appearance with gifts for all the children present. This is always a wonderful affair and is eagerly anticipated by all.

FIFTH DISTRICT

Speed Dating

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

The Fifth District held its annual Speed Dating event Sept. 14 at the Brae Loch Inn in Cazenovia. The approximately 15 dentists and 15 residents in attendance had short discussions about potential employment opportunities. Thank you to our sponsors that included DDSmatch, Hudson Transition Partners, Henry Schein, M&T Bank, Prudential Financial, Walsh Duffield Companies and Sinopoli & Sinopoli CPAs.

FIFTH DISTRICT

Proudly showing off their catch on return from outing on Lake Ontario are, from left, Vince Campanino, Matt Fiorentino, Jeff Maloff, Steve Goldberg, John Conroy.

OCDS Outings

The Onondaga County Dental Society held a golf tournament and fishing outing this summer. The golf tournament was organized by Dr. Jeff Maloff and was held at Drumlins Country Club. The winner of the best ball was Dr. Natalya Levin's team. The second-place team was composed of Drs. Paul Edwards, Scott Powers, AJ Goss and Jeff Maloff. A dinner followed the tournament and some non-golfers joined the group for a fun evening. Drs. Tim and Casey Fallon plan to run next year's tournament.

On board for the fishing outing were Drs. Vince Campanino, Matt Fiorentino, John Conroy, Jeff Maloff and guest Steve Goldberg. The charter boat left out of Henderson Harbor on Lake Ontario. Most of the fish caught were small mouth bass. Dr. Campanino reeled in a 20-inch, 7-pound small mouth bass that almost pulled him off the boat!

Future Courses

We have released our 2023 course calendar. On Friday, Jan. 27, Dr. Miles R. Cone will be speaking on "Exposed: The Art and Science of Emotive Clinical and Laboratory Dental Photography & Squid vs. Whale: Surviving the Epic Struggle Between Clinician and Technician" at the Embassy Suites by Hilton by Destiny USA in Syracuse.

On May 5, Dr. Carla Cohn will be speaking on "What's New in Pediatric Dentistry for the General Practitioner: The Cutting Edge" at Hampton Inn & Suites in Cazenovia.

On Nov. 17, Dr. Sam Shamardi will be speaking on "Establish Your Foundation: Surgical Extractions with Simultaneous Bone Grafting & No More Crowning Around: Mastering Crown Lengthening" at the Embassy Suites by Hilton by Destiny USA in Syracuse.

NINTH DISTRICT

Up Close and Personal

Olga Lombo-Sguerra, D.D.S., FAGD

The Ninth District's fall courses have begun. The speakers are determining whether their courses will be held in person at the Ninth District headquarters in Hawthorne, or presented via Zoom. We would like to know everyone's preference.

Our CPR courses continue to be offered in two stages by the American Heart Association: an online module, followed by an in-person skills assessment at the Blythedale Children's Hospital in Valhalla.

Our general meetings remain in-person. We are happy to report that attendance is just about the same as it was before the pandemic.

Our upcoming Annual Meeting will be held on Nov. 16 at the Westchester Country Club in Rye. On top of a highly anticipated lecture, "RDIP: A Morpho-Therapeutic Approach to Predictable Implant Dentistry," by Dr. Jonathan Esquivel, the 9th will be installing its new Executive Committee for 2023.

In Search of New Members

The Ninth District continues to focus on strengthening and growing organized dentistry. Toward that end, on Sept. 7, the 9th hosted a virtual get-together with D3 & D4 Touro students with the theme "Network, Share & Learn." The assembled 9th members, Touro professors and a local residency director provided a glimpse into their experiences and insights.

On Sept. 20, we kept the momentum going with our annual New Dentist Reception at Saltaire Oyster Bar in Port Chester. This event has become a go-to for new dentists to come together with more experienced members in a comfortable and relaxed setting, to discuss triumphs and challenges as they navigate the business of dentistry.

NINTH DISTRICT

Turnout was very good for New Dentist Reception in September in Port Chester.

GKAS

We are happy to report that there was a terrific turnout for this year's Give Kids A Smile events throughout the 9th District. The past few years have been difficult for all of us, but more so for underserved children in need of oral healthcare. This year, both the program at Touro and our visit to the Head Start program in New Rochelle were big successes.

Group Experience

Our study groups have returned to in-person lectures, and many are back to their monthly schedules. Visit the 9th District website (www.ninthdistrict.org) and check out the "Calendar of Events" for the latest information and registration details. We invite you to get involved with colleagues and friends in a relaxed atmosphere, where we share experiences and get some CE credits going.

Call the Ninth (914-747-1199) to get more information on study clubs near or convenient to you.

Strength in Numbers

Our new slate of Executive Committee members will be welcomed at our upcoming Annual Meeting as we look forward to 2023. As always, the committee and headquarters' staff are ready, willing and able to help in any way we can. More importantly, we welcome your advice, thoughts and concerns, so we can be sure all our members' needs are met and voices heard. Remember, coming together is the beginning; staying together is progress; working together is success!

NINTH DISTRICT

Volunteers come prepared to work with children during Give Kids A Smile event. From left, Drs. Johanna Palacio, Rosa Martinez, Victoria Legay, Olga Lombo-Sguerra.

SEVENTH DISTRICT

A Rochester Welcome for NYSDA ED

Becky Herman, Executive Director

Rochester welcomed new NYSDA Executive Director Greg Hill on Oct. 3. He met with Dr. Eli Eliav, director of the Eastman Institute for Oral Health (EIOH), vice president for Oral Health in the Office of the VP for Health Sciences and vice dean for oral health at the University of Rochester, and received a tour of EIOH. On his drive to the Seventh District office, he stopped for a photo by a street sign with his name.

The district held a special dinner that evening at its office during the fall board meeting and hosted an informal meet and greet with Mr. Hill at Trata following the meeting.

District Members Inducted into ICD

Congratulations to Seventh District Dental Society Board members Drs. Christopher Calnon, Sean McLaren and Joseph Viola on their induction into the International College of Dentists. ICD is dedicated to recognizing professional achievements,

Seen at September General Meeting, from left, Drs. Melanie Jackson, Audrey Ramsay, Anne Marie Tarangelo.

NINTH DISTRICT

New dentists take advantage of opportunity to interact with each other and more experienced members. From left, Drs. Austin Ramsey, Joon Park, Scott Schwartz, Vance Consalvo, Sheida Takmil.

Seventh District *cont.*

meritorious service and efforts towards progress in the profession. Drs. Calnon and Viola were inducted in person at the American Dental Association Annual Meeting, SmileCon, on Oct. 14 in Houston, TX. Dr. McLaren was inducted virtually.

Monroe County Annual Meeting a Success

Dr. Lyndon Cooper, dean at the Virginia Commonwealth University School of Dentistry, presented "Implants, Dentures, Technology, and Success" during the Monroe County Dental Society's (MCDS) Annual Meeting on Sept, 16. Dr. Nathan Glasgow was recognized by the business chair for his dedication and service as president of MCDS for 2022.

A shoutout to our sponsors who supported the event: Benco Dental; Bonadent Dental Laboratories; DDSmatch; Genesee Regional Bank; Henry Schein; J&L Dental; Law Offices of Pullano & Farrow, PLLC; M&T Bank; Straumann; Urgent Dental Care; and Walsh Duffield.

Hiring Event for New Dentists and Area Residents

The Seventh District hosted a hiring event on Sept. 15 at the Arbor Loft in Rochester. Private and group practice representatives looking to hire met speed-dating style with dental residents from the Eastman Institute for Oral Health and Rochester Regional Health and with new dentists.

Thank you to DDSmatch and Benco Dental for their sponsorship.

SEVENTH DISTRICT

NYSDA Executive Director Greg Hill finds welcoming sign on trip to Rochester to meet with Seventh District educators and leaders.

Seventh District Dental Society members and leaders participate in ADA House of Delegates Meeting Oct. 15-18 in Houston, TX. From left : Ms. Becky Herman, executive director; Dr. Christopher Calnon, alternate delegate; Dr. Theresa Casper-Klock, delegate; Dr. Michael Keating, alternate delegate; Dr. Joseph Viola, delegate.

SEVENTH DISTRICT

Prospective employers and employees met up at hiring event in September geared in particular to dental residents and new dentists.

BRONX COUNTY

New BCDS President Dr. Keith Margulis

Laurence Schimmel, D.D.S.

The Bronx County Dental Society congratulates Keith S. Margulis, D.D.S., M.P.H., FAAPD, on his appointment as president. Keith is the site director of dentistry at NYC Health + Hospitals/North Central Bronx and associate program director of the Advanced Education in Pediatric Dentistry program at Jacobi Medical Center. He is a diplomate of the American Board of Pediatric Dentistry and a fellow of the American Academy of Pediatric Dentistry, as well as serving as long-time examiner for the American Board of Pediatric Dentistry. He holds appointments to the attending staff at NYC Health + Hospitals/ Jacobi/ North Central Bronx, is a member of the NYS Office for People with Developmental Disabilities Task Force on Special Dentistry and a past chairperson. He has served on the NYSDA Council on Dental Education and Licensure and just completed a two-year term as council chair.

Keith lives in Westchester with his wife, Ashley, and 5-year-old daughter, Emery. In his spare time, he enjoys camping, scuba diving, geocaching and visiting Disney with his family.

November Stated Meeting

On Nov. 15, Dr. Kathleen Schultz will present a lecture entitled: "Tumors and Cysts in the Pediatric Patient." Parents of children with oral pathologic conditions often express concern that the lesion may represent a tumor or an underlying systemic disease. Attendees will review common and uncommon radiographic and clinical pathologies presenting as cysts and tumors in children, as well as the workup for establishing a diagnosis.

Dr. Schultz received her dental degree from the University of Connecticut School of Dental Medicine. She completed a residency in oral and maxillofacial pathology at Long Island Jewish Medical Center and a residency in pediatric dental medicine at Cohen Children's Medical Center, Queens, where she served as chief resident in both specialties. She is a fellow and a diplomate of the American Board of Oral and Maxillofacial Pathology, as well as a diplomate of the American Board of Pediatric Dentistry.

NASSAU COUNTY

Back in Business

Eugene Porcelli, D.D.S., Executive Director

As I write this, I am happy to report that our office renovation project has been completed. We are back conducting business as usual and having in-person courses in our new expanded lecture and boardroom. We almost doubled its size and added a dedicated peer review exam room.

It wasn't a smooth process, but the end result was worth the hassles.

Meeting Face-to-Face

We had our first in-person Board of Directors meeting in almost one and a half years on Sept. 12, and it was good to be back and not staring at everyone on a computer screen. That was followed by several well-attended in-person courses that had also been missing for the same amount of time.

On Oct. 3, we had one of our best-attended General Membership meetings, with over 190 registrants. It included dinner, a business session and an oral pathology lecture by Dr. John Keene.

Texas Bound

The following week, like many of you, it was off to Houston for the ADA HOD and SmileCon. Then, we did an oral cancer screening at the Great Neck Rotary Club on

When the dust finally settled, NCDS's lecture and boardroom had been transformed into a larger, brighter and more modern space.

NASSAU COUNTY

Dr. John Keene, right, receives certificate of appreciation from Dr. Joseph Brofsky following his lecture at October General Membership Meeting.

Attendees at General Membership Meeting enjoy ambience of new lecture room.

Oct. 19, where we provided free checkups for 65 people. That was closely followed by our recycling and shredding event on Oct. 22. Members and nonmembers could bring their charts to be shredded and their X-ray films and electronics to be recycled. It was a beautiful Saturday afternoon.

Scrubs & Stilettos Turns 13

Our Long Island Women's Dental Symposium, "Scrubs & Stilettos" took place Nov. 4 at the Heritage Club in partnership with the Suffolk County Dental Society. This is the 13th year of this award-winning program. That was followed on Nov. 7 by our second fall General Membership Meeting. It included a lecture by Dr. Robert Kelsch.

The rest of 2022 is jammed-packed with courses and meetings. I should also mention that on Dec. 1, we will be having the official dedication of our new boardroom, in memory of our dear friend, colleague, mentor, and leader, Dr. Mark Feldman. On that evening, a bronze plaque will be unveiled proclaiming the room the "Mark J. Feldman, DMD, Memorial Board Room."

All of us at the Nassau County Dental Society hope all of you find the time to enjoy the upcoming holiday season with your family and friends.

SECOND DISTRICT

GNYDM is Almost Here

Alyson Buchalter, D.M.D.

The 2022 Greater New York Dental Meeting (GNYDM) is imminent. The Second District Dental Society, along with our New York County Dental Society partners, is very excited to host the 98th annual GNYDM live Nov. 25-30 at the Jacob Javits Center in New York City. The annual event is filled with fun and camaraderie, in-person education and workshops, and hundreds of exhibits for everyone to enjoy. Anything and everything dental-related will be on display.

As meeting-goers have come to expect, an extensive education program is being offered, starting with our Friday Morning Esthetics Program, continuing all week and including an exciting Wednesday afternoon curriculum. Attendees will have their choice of world-renown clinicians to learn from. And the GNYDM will continue its tradition of hosting a variety of specialty meetings, including The World Implant Expo, The Global Orthodontic Conference, Pediatric Dentistry Summit and The Woman Dentist Leadership Conference. These programs will be of interest to both specialist and general practitioner alike.

Over 350 live CE seminars and hands-on workshops are scheduled. As usual, registration, entry to the exhibit floor and many education opportunities are all free.

Volunteering is a great way to earn free CE. This year, volunteers are in for a treat as the Volunteer Appreciation Dinner (VAD) is returning. It will be a fun evening, socializing with friends and rejoining the GNYDM family. The famous VAD Raffle is making a comeback, with dozens of great prizes. Volunteers are key to the meeting's successes, and the VAD is just one way for the GNYDM to say thank you! Interested

NASSAU COUNTY

Dr. Jim Dolin provides free oral cancer check at NCDS-sponsored screening at Great Neck Rotary Club. Looking on are, from left, Drs. Fabiola Milord, Vanessa Callejo, Siran Kaprieliam.

SECOND DISTRICT

Dr. Richard Oshrain, general chairman, Greater New York Dental Meeting.

people can volunteer on the meeting website, GNYDM.com.

The SDDS thanks the GNYDM General Chairman, our own Dr. Richard Oshrain, and his entire committee for their very hard work and dedication to the meeting. They make it look easy, but we know how hard they work all year to make the GNYDM the preeminent dental meeting in the U.S.

New Members

SDDS is proud to announce that over 200 dental residents have signed up to be members of our tripartite. Brooklyn and Staten Island are a hub of dental education. We work with these young dentists every year, showing them how important membership is. We would like to acknowledge the residency programs and thank the program directors who helped to make this happen. They are:

Dr. Irina Fuzaylova (Brookdale University); Dr. Ricardo Boyce (Brooklyn Hospital Center); Dr. Aristotle Lyssikatos (NYC Health + Hospitals/Coney Island Hospital); Dr. James Fitzgerald (Interfaith Medical Center); Dr. Alfred C. Joseph (Kings County); Dr. Mark Drukartz (Kingsbrook Jewish Medical Center); Dr. Alvin D. Fried (Maimonides Medical Center); Dr. James Sconzo (New York-Presbyterian Brooklyn Methodist Hospital); Dr. Babak Bina (NYU Langone Hospitals); Dr. Deanna Barranco (Staten Island University Hospital); Dr. Beatrice C. Maritim (Brooklyn Veteran Affairs); Dr. Steven Gounardes (Woodhull Hospital); and Dr. Karl Hoffman (Wyckoff Heights Medical Center).

Well Done

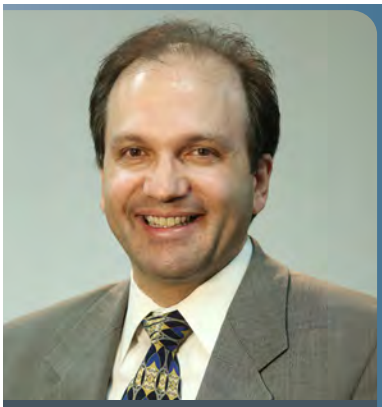
Congratulations to our own Dr. Stuart Segelnick on his highly successful tenure as president of the American Association of Dental Editors and Journalists (AADEJ). In addition, he did it again. For the third time in four years, Dr. Segelnick, editor of the SDDS Bulletin, has won the International College of Dentists Division 2 Award for the September/October 2021 issue of the Bulletin. The award is given to the editor of an English language newsletter for excellence in dental-related journalism. The SDDS is very proud of his accomplishments and lucky to have him as our editor.

Also, congratulations to Dr. Alyson Buchalter on her appointment as the ADA Second Trustee District's (NYSDA) representative to the ADA Council on Dental Benefit Programs. Dr. Buchalter has been a member of the NYSDA Council on Dental Benefit Programs for eight years and chairman of that council from June 2020 through June 2022. She also serves as chair of the SDDS Dental Benefits Committee.

ADA HOD

The SDDS is always proud of its representatives to the ADA House of Delegates (HOD) and this year was no exception. Six SDDS members were an intricate part of the ADA Second Trustee District (NYSDA) Caucus. SDDS thanks Drs. Paul Albicocco, Alyson Buchalter, John Demas, Mitchell Mindlin, Craig Ratner and Paul Teplitsky for their leadership and active roles in helping to direct the ADA's future.

A special shout out to Dr. Mindlin, who served as chairman of the study group Legislative, Health Governance & Related Matters. Its members helped guide the NYSDA caucus by clarifying the 16 resolutions they were tasked to consider. Study groups and their chairs are key to the effective functioning of the NYSDA Caucus.

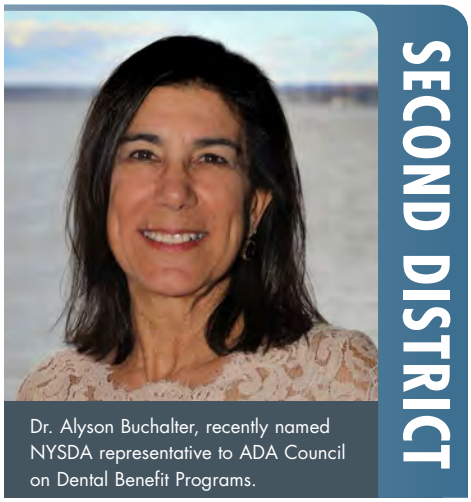


SECOND DISTRICT

Dr. Stuart Segelnick, SDDS Editor, president American Association Dental Editors and Journalists.

SECOND DISTRICT

Dr. Mitchell Mindlin presents study group report to NYSDA Caucus in preparation for ADA House of Delegates meeting.



SECOND DISTRICT

Dr. Alyson Buchalter, recently named NYSDA representative to ADA Council on Dental Benefit Programs.

SECOND DISTRICT

SDDS delegation to ADA HOD meeting in Houston includes, from left, Drs. John Demas, Mitchell Mindlin, Alyson Buchalter, Craig Ratner, Paul Teplitsky, Paul Albicocco.

Second District *cont.*

Fall Shred Fest

This very popular program was repeated multiple times this fall. SDDS members have disposed of hundreds of pounds of office documents in a HIPAA-compliant manner. Though the program will be on hiatus until the spring, SDDS members are already saving boxes of charts and anything containing our patients' private health information for safe and easy destruction.

Loan Forgiveness Program

Preparation for the 2023 Student Loan Forgiveness Program is underway. Applications will be available online Jan. 1. As a reminder, new dentists (completed residency within past five years) practicing in Brooklyn or Staten Island are eligible for awards of up to $10,000. Eligibility details are available at SDDSNY.org.

Over the past seven years, under the chairmanship of Dr. Craig Ratner, the SDDS has repaid over $800,000 in student loan debt, proving once again, it pays to be an SDDS member!

NEW YORK COUNTY

Members Meet Up at September General Membership Meeting

Suchie Chawla, D.D.S., M.D.

Members, eager to meet in person, put in a strong showing at the Sept. 12 General Membership Meeting. The energy in the room reflected the months (years!) since many had last seen their colleagues at NYCDS due to the pandemic.

Another compelling reason to attend was the lecture provided by Todd Hanna, M.D., D.D.S., FACS, and Nojan Bakhtiari, D.D.S., FAAOP, on "Botox in Dentistry: Applications for Facial Esthetics, TMJ and Headaches." Their lecture was divided into two distinct segments, with Dr. Han-

September General Membership Meeting enjoyed large turnout for lecture on "Botox in Dentistry" and return to face-to-face encounters with colleagues.

NYCDS was among sponsors of well-attended Women Leadership Luncheon at ADA House of Delegates Meeting in October in Houston.

NEW YORK COUNTY

Subject was wine when New Dentist Committee hosted outing to Hudson Valley wineries in October.

na addressing the aesthetic applications of Botox, specifically for dental offices, and Dr. Bakhtiari discussing Botox for TMD and pain relief. The speakers clearly captured the attention of their audience, and many attendees stayed to speak one-to-one with the lecturers after the formal program was over.

Members Enjoy Wine Outing

Dentists boarded a bus in Midtown Manhattan on Oct. 2 for a scenic drive to two Hudson Valley wineries. Once there, they enjoyed tasting different wines, apple cider donuts and a "deluxe" indoor picnic at a scenic winery overlooking the Hudson. The event, hosted by the New Dentist Committee, brought members, residents and students together for an enjoyable autumn outing.

Special thanks to MLMIC Insurance Co. for their sponsorship of this outing.

NYCDS Helps Students Tackle GPR/AEGD Process

Representatives from New York County were invited by the NYU Student Government Association to hold an information session for dental residents on Oct. 13 to discuss various aspects of applying for general practice residency (GPR) or Advanced Education in General Dentistry (AEGD) programs. The dentists and residents on the panel shared their insights on how to interview, how to write an impactful essay, when and where to apply, and much more. The panel provided diverse perspectives on the process. Nearly 100 students attended this highly informative event.

Women Leadership Lunch a Big Success

President-Elect Mina Kim arranged the Women Leaders Luncheon at the ADA House of Delegates on Oct. 16. The lunch was sponsored by the ADA, NYSDA, NYCDS and Second District Dental Society. The purpose of this luncheon was to empower women leaders, promote leadership and build community.

Last year, Dr. Kim organized an impromptu luncheon of women delegates and alternate delegates. It proved to be a great opportunity to network and discuss resolutions and evolved into a continued exchange of ideas. When she decided to organize the lunch again, the response was overwhelming, with many other women asking to attend. There is clearly a strong need to have an event celebrating women colleagues, and we commend all who supported this effort.

Dr. Lois Jackson gave the keynote address. The lunch was extremely well-attended, with even more attendees than anticipated.

GKAS NYC Back In-Person

After two-years as a virtual event, Give Kids A Smile NYC 2023 will be held in-person at six school sites (reflecting participation of nine schools) in East Harlem. NYCDS will be promoting oral health awareness to 2,400 students and their families. In addition, a large number of students will receive dental screenings and fluoride treatment, provided by well over 100 volunteers.

Dentists and their staff are encouraged to participate! Visit www.nycdentalsociety.org for more information and to sign up to volunteer.

New York County and Second District Dental Societies

GNYDM

The 98th annual Greater New York Dental Meeting, one of the largest dental congresses in the world, is just days away! Set to open Nov. 25, the meeting runs through Nov. 30 at the Jacob K. Javits Convention Center, New York City. Exhibit dates are Nov. 27-30.

The GNYDM will host unparalleled educational programs featuring highly regarded educators in the field of dentistry. Attendees can choose from among full-day seminars, half-day seminars and hands-on workshops that are sure to fascinate. There will be a greatly expanded World Implant Expo, Annual Global Orthodontic Conference, 3D Printing Conference, Oral Health Symposium, Pediatric Summit, Women's Program, Public Health Program, Special Needs Courses and Dental Laboratory Education. Remember to have your staff members take advantage of the many educational opportunities available too.

Whether you participate as a volunteer or an attendee, we look forward to seeing you there! Visit www.gnydm.com to preregister for free today!

The New York State Dental Foundation

Improving the Oral Health of all New Yorkers

Ways to Give

Online – *www.nysdentalfoundation.org*

Phone – Call Rebecca Morgan at *(800) 255-2100*

Mail – Mail checks to *Development, NYSDF, 20 Corporate Woods Blvd., Suite 602, Albany, NY 12211*

Planned Giving - Your broker can assist you in making a long-term impact on oral health and outreach;

see *http://nysdf.mylegacygift.org/*

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 20 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.

For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Foundation, visit www.nysdentalfoundation.org/course-catalog.html.

Click below

ONLINE CE QUIZ

Medications Associated with Oral Lichenoid Lesions—Page 16-21

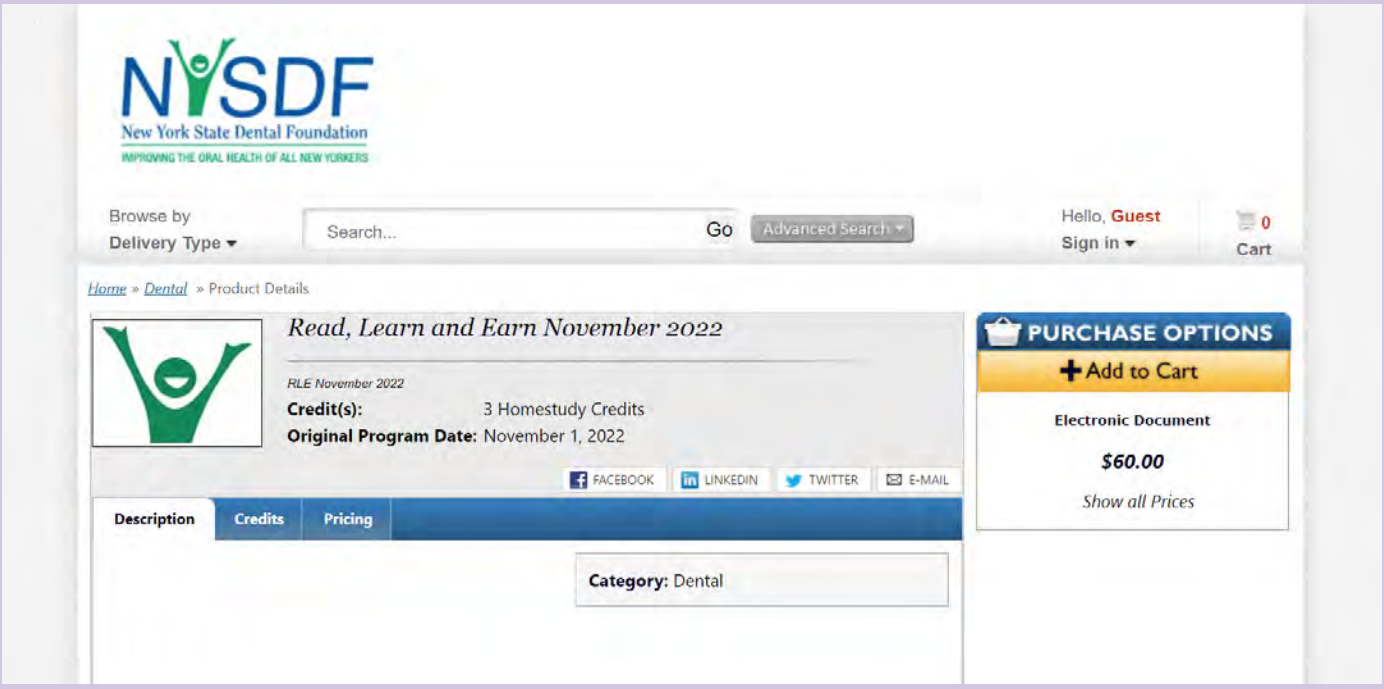
1. Oral lichenoid lesions (OLL) and oral lichen planus (OLP) have similar clinical presentations that are often indistinguishable.
   ❑ T or ❑ F
2. OLL and OLP do not ever present as a desquamative gingivitis.
   ❑ T or ❑ F

Visit our online portal for more....

Amelogenesis Imperfecta—Page 29-32

1. Amelogenesis imperfecta (AI) describes a group of genetic conditions affecting enamel.
   ❑ T or ❑ F
2. Correctly diagnosing AI is not important in managing a patient's medical conditions.
   ❑ T or ❑ F

Visit our online portal for more....



CLASSIFIED
INFORMATION

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, March and July.

FOR SALE

BROOKLYN: State-of-the-art dental office for sale. Fantastic, rare opportunity. Fully equipped, well-established family practice with 3 ops, private office, reception area and large waiting room. Prime ground-floor location with street access in heart of Brooklyn in Park Slope/Kensington. Long-time building tenant with amenable property management. Contact for details: izdds@aol.com; or call: (516) 859-1463.

FINGER LAKES: Come live where others vacation. General practice for sale. 4-day workweek and no evenings or weekend hours. Referring out all specialty procedures. Reliable, long-term team with great systems in place. Up-to-date facility and equipment. Low overhead with little competition. Community has low cost of living with lots of outdoor recreational opportunities. Great place to raise family. Real estate available for purchase. Make an offer. Contact: dentalofficeforsale315@gmail.com.

UPSTATE: Charming, long-established, quality, general practice located in gorgeous upstate NY. Turnkey opportunity has it all. Revenue near $1M; low overhead; brand new equipment including 2 Belmont chairs, NV laser, Dentrix/Dexus technology throughout. Steady stream of new patients, robust hygiene department and prime location on busy main street. Seller refers out most specialty services providing additional revenue potential for buyer keeping these services in-house. Standalone 2,170-square-foot beautiful facility feels extra spacious with high ceilings and large windows. Four ops with room to expand 1 more if wanted. Additional 1,120 square feet of space has separate entrance and could be turned into dental lab, space for dental specialist or anything else. Plenty of onsite parking. Real estate for sale or lease. Flexible post-transition options available. Don't miss this exceptional opportunity. Contact Catherine Etters at Legacy Practice Transitions for details: Catherine@LegacyPracticeTransitions.com; or (610) 520-9677.

BRONX: 32-year-old, well-running, beautifully renovated office for sale in Co-op City. 3 operatories, lab, sterilization room. Digital X-ray and computer. No Medicaid, DMO, HMO. Call (718) 862-9232; please leave message.

MIDTOWN MANHATTAN: Solo-doctor established practice for sale in Midtown. Exceptional, well-trained and committed staff. FFS and PPO patients. 4 ops with each equipped with X-ray units and nitrous oxide. Strong hygiene program as well as restorative dentistry. Referring out endo, perio, oral surgery and ortho, leaving room for growth. Average gross $775K on 4 days. No brokers please. Contact for details: chisle3@aol.com.

MARTHA'S VINEYARD: Established in 1988, highly successful general & pediatric practice. Once-in-a-lifetime opportunity to live and work in island paradise. Fully equipped, state-of-the-art, digital and paperless. Supported by dedicated, experienced staff, including administrator, dental assistant, hygienists and perio associates. Three operatories and room for expansion. Real estate available. Production over $1M annually, four days/week, 46 weeks/year; 25+ new patients/month. Inquiries to: mvdentalsociety@gmail.com.

NORTHERN NEW YORK: Excellent general practice opportunity. Well-established family practice transitioning to retirement. Located minutes to Canada and short drive to Adirondacks. Family outdoor activities: water & snow skiing, Bassmaster's fishing, hiking, mountains and hunting. Successful privately owned practice; owned by current practicing dentist. Full support administrative staff, dental assistants and full-time hygienists. Pleasant working conditions, exceptional staff and many valued patients. Great opportunity for outdoor enthusiast with family to establish dental career with successful future. We will work beside you to help ensure success. Once-in-a-lifetime opportunity for new graduate or experienced dentist looking to take advantage of great outdoors. We look forward to talking with you. Contact for more info: (315) 769-5811; email: frontoffice@drcarlscruggs.com.

UPSTATE: Great opportunity to practice in small community that brings in big revenue. A "steal" at $250K for practice and $100K for building with two rental apartments and large parking lot, with land to add on if needed. Perfectly dialed-in practice has wonderful equipment, new Pan, digital X-ray, updated computer system, excellent staff and big windows in each of 6 operatories. Revenue $645K on 4-day workweek. Contact for details. Email: cncnl@aol.com; or call (607) 768-3810.

MANHATTAN: Oral surgery practice for sale. Transition to ownership. Premier oral surgery practice with four ops with windows facing Central Park. Prime, exclusive condominium building on Central Park South. Established dentoalveolar surgery practice since 2001 with large patient base, complete medical equipment and website. Long-term lease of professional space of approximately 900 square feet included. Current oral surgeon retiring. Office-based practice includes dentoalveolar surgery, bone grafting, ridge augmentation, sinus floor augmentation, dental implants, wisdom teeth and IV general anesthesia. Work in pristine office in prime location. Tremendous growth potential. Contact: nycentralparksouth@gmail.com.

SYRACUSE/FAYETTEVILLE: Outstanding opportunity to practice in safe park-like setting near major shopping center and medical complex (9,000+ daily traffic count). 5,268-square-foot single-story dental office on 1.63 acres in popular village of Fayetteville. Designed for healthy work and patient environment, with large outside deck overlooking trout stream and adjacent pond. 4-zone antiviral/antibacterial UV light HVAC sanitizing system, hardwood floors, vaulted ceilings and abundance of natural light. Former pediatric dental office with 11 private treatment rooms (9 with N2O/O2 hookups and double sinks) and 6 open-bay chair hookups, all with compressed air and high-speed suction supplied by dual-suction pump and industrial grade compressor. Four bathrooms, conference room, multi-station front desk, business offices, large reception area and staff breakroom with full kitchen. 30+ parking spaces. Ski slope with tubing hill, golf driving range, miniature golf and batting cages next door, plus walking distance to Green Lakes State Park. Excellent schools with numerous recreation and family activities; beautiful lakes, rivers and streams, golf courses, ski centers and cultural events. Area has 15 colleges within 90 minutes and 4 major hospitals and several regional medical centers in close proximity. Adjacent, level building lot (currently used as tennis courts) across stream for sale by different owner. Priced to sell at $699K. For more information, please call or text Davis Yohe at (315) 329-1328; or email: davis@C21bridgeway.com.

MIDTOWN MANHATTAN: Long-established FFS general practice for sale. Great Midtown location on Madison Ave. Updated office, 6 ops, fully computerized, digital X-rays. Grossing $1.1M. For more information email: hkalts@verizon.net.

FINGER LAKES: 3 locations. General dental practice for sale and worthy of look. With three locations across region, practice sees great number of patients with little competition. Current doctor open to all transition possibilities. Each location approximately an hour apart located in freestanding or office buildings. Additional real estate for two locations available for sale. Each location has at least four operatories, while one practice has 7 ops; for a total of 15 plumbed operatories. Collections $1.4M and EBITDA $140K. 3,000 active patients and over 40 new patients/month. To learn more, please contact Professional Transition Strategies by email: bailey@professionaltransition.com; or call: (719) 694-8320.

MANHATTAN: General practice for sale. Current doctor enjoys seeing patients and would love to continue to practice for up to three years; interested in exploring all transition options including partnership, buy-out or affiliation with group. 2,600 active patients with very little marketing offering large opportunity for growth. 3 operatories with expansion option for 4th op. Collections $1.24M and SDE $342K. 100% FFS practice. To learn more, please contact Professional Transition Strategies by email: bailey@professionaltransition.com; or call: (719) 694-8320.

BROOKLYN: General practice for sale. From high-rise views to fascinating outer borough museums, New

York City has it all. Practice supports multiple owner/doctors and associates. Situated in desirable community in freestanding building with real estate also available. Currently, practice features six operatories with expansion opportunity available via build-out. Average 70 new patients/month with no marketing. Collections $1.22M and EBITDA $245K. To learn more, please contact Professional Transition Strategies by email: bailey@professionaltransition.com; or call: (719) 694-8320.

HUDSON VALLEY: New to market. Profitable periodontal practice in heart of Hudson Valley. Current doctor interested in partnering with another doctor or group and continuing to practice. Robust referral base pulls from several surrounding counties. Averaging 20-25 new patients/month without any advertising efforts. Currently equipped with 6 operatories and room for additional op. Additional growth and expansion easily possible as practice only open 4 days/week. Collections $2M million & EBITDA $518K. Doctor worked 165 days/year. Don't miss incredible partnership opportunity. Contact Professional Transition Strategies to learn more: bailey@professionaltransition.com or call: (719) 694-8320. Now scheduling tours.

ALBANY COUNTY: Bethlehem. Growing community close to downtown Albany on bus line; near major highways leading to NYC. Modern-feel office with four ops, Dentrix Ascend, Dexis, pan, Diode laser and more. Two full-time hygienists along with valued team working 4 days/week with systems in place and excellent collection policies. No HMOs or state insurance. Excellent opportunity for any dental entrepreneur. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call: (315) 430-0643. #NY2712.

NASSAU COUNTY: Well-established general practice with focus on prosthetics and cosmetics located in standalone building in thriving community. 3 ops in 1,200 square feet, with room for expansion. Gross collections $2.2M. Strong full-time hygiene program averaging 25 new patients/month. Dedicated and loyal staff. All equipment has been updated or replaced. Great opportunity with seller willing to stay for agreed-upon transition period. To find out more, contact Dental Practice Transitions Consultant Chris Regnier by phone: (631) 766-4501; or email: chris.regnier@henryschein.com. #NY2930

LIVERPOOL: Grads, make an offer. Located in north Syracuse, 6 ops with Pelton & Crane and one X-ray room with pan, Dexis, and ScanX. Insurance practice. Professional building with parking. Working 4 days per week. For details contact Dental Practice Transitions Consultant Donna Bambrick at (315)430-0643; or email: donna.bambrick@henryschein.com. #NY2887

CAPITAL DISTRICT: Historic brownstone with six-car parking lot and ample street parking. Close access to highways. General dental practice on first floor with 3 rental units above. New windows throughout. Three operatories equipped with Dentrix and digital X-rays. Grosses $500K on 4-day week. Very organized and meticulously clean. Walk-in ready practice can grow and flourish with little effort. Asking $348K for practice and $575K for building. For details contact Dental Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2900.

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

HAMPTONS: Well-established FFS Endodontic practice. $432K in collections. Practice asking price $300K. 783-square-foot real estate asking price $500K. For details contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3056

WESTCHESTER: Established diagnostic, preventive, restorative, crown & bridge practice for sale. 40-year history and many services referred. Location features 950-square-foot office located in center of town with separate street entrance including lighted dental office canopy. 3 ops, digital with pan X-ray and mix of FFS and in-network PPOs. Primarily patient-to-patient referral with no advertising. Working 3.5 days/week, with plenty of vacation time. Great opportunity; ready to grow in heart of in-demand suburb. For information contact Dental Practice Transitions Consultant Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2969

WESTERN NEW YORK: Very attractive and well-established Endodontic practice. Features 3 modern, well-designed operatories, sterilization center and patient workflow with great function, 3D and digital technologies. Growing PPO practice located in highly desirable area with off-street parking surrounded by all local amenities. Highly profitable, with low overhead and skilled team to support patients and transition. To discuss details, contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY3042

SYRACUSE: Well-established family practice located in standalone building. Real estate available for purchase at reduced price. 4 ops, Sirona digital pan and diode laser. Fully-staffed practice with hygiene. Doctor works 4 days/week and will consider staying on. Works with some PPOs and assists patients with insurance. Gross just under $550K. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3047

SUFFOLK COUNTY: South Shore. Well-established 3-treatment room general practice. Located in 1,050-square-foot office in highly visible standalone building. Building for sale with purchase of practice. For details contact Dental Practice Transitions Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3050

NASSAU COUNTY: General practice in 1,100-square-foot, freestanding, bright office. Three fully equipped and updated treatment rooms and one plumbed room for expansion. Digital X-ray, intraoral cameras, panographic X-ray and Carestream software with workstations throughout practice. Plans feature 75% PPO, along with FFS. Real estate sold with practice. For details contact Dental Practice Transitions Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2780

SUFFOLK COUNTY: Mature, private general practice at desirable suburban downtown village location. Open 26-30 hours/week with 3 operatories and 1,000 square feet. Selling dentist referring out all specialty services. For details contact Dental Practice Transitions Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY280.

SYRACUSE SUBURB: 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 with plenty of parking. Grossing $608K with room to grow with help of long-standing staff. For details contact Henry Schein Dental Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY291.

TOMPKINS COUNTY: Well-established high-quality general practice available to transition to new owner or stay on 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 for sale. 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 Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3071

EASTERN SUFFOLK COUNTY: Well-established GP family practice. Located in standalone, 1,300-square-foot building with parking. Includes 2 large operatories and plumbed for third. Grossing $500K. For details contact Dental Practice Transitions Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3078

ROCHESTER: Great opportunity near hospital. Four large ops, great patient base and 6.5 days of hygiene. Refers out all endo, oral surgery, perio, ortho and implants. Revenue average $450K. One doctor will stay on for transition if needed. Located in busy medical park. Participation in insurance is 80% with some state insurance. Reasonably priced. Utilizing Softdent. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3080

ORANGE COUNTY: GP office currently staffed by full-time veteran associate for sale. Minutes from main highway and features 5 ops, 2,000 square feet utilizing Dentrix software, intraoral camera and imaging system. Grossing $630K. 80% PPO insurances and 20% FFS. For information contact: Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3088

FLUSHING: Well-established general practice with 4 ops. Fully digital with A-Dec dental chairs, Pan-Ceph and CEREC. Room to grow with specialties. For details contact Henry Schein Dental Practice Transitions Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3091

ALBANY: Established 6-op practice with latest technology. New Kavo OP3D pan and Kavo Intraoral Digital Scanner. Revenue $918K. Dedicated team, along with 2,600 active patients, working towards FFS practice; includes 2 FT and one PT hygienists and financial office manager. Real estate available for sale. Located on main street close to all major highway exits and entrances. Building has large parking lot with handicap accessibility. For details, contact Henry Schein Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3125.

MIDTOWN MANHATTAN: Beautifully designed 4-op private general practice grossing just over $1M. 2,000-square-foot paperless office running Dentrix and Dexis software on 7 brand-new networked computers. Fully digital systems including AC, COVID special air-filtration system, intraoral camera, imaging system and CariVu. Strong hygiene and dedicated staff. Seller will stay on to support during transition. Contact Dental Practice Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3132

BROOME COUNTY: Great opportunity to practice in small community. A "steal" at $250K for practice and $100K for building with two rental apartments and large parking lot with land to add on. Revenue $645K on 4-day work week. Exceptional practice with committed staff, wonderful equipment, new pan, big windows in each of six 6 operatories. 2,000 loyal active patients and mix of 65% insurance and 35% FFS. Refers out all endo, implants and perio. For details contact Dental Practice Transition Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3137

NASSAU COUNTY: Well-established pediatric/ortho practice; established 24 years. Six treatment rooms and space to add 3 more. 50% FFS and 50% PPO. Fully digital using pan, digital X-rays and iTero scanner. For details contact Dental Practice Transition Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3138

FINGER LAKES REGION: Well-established GP family practice with highly motivated seller. Located in standalone 1,350-square-foot building with 5 ops and space to add on. Building available for sale with practice purchase. Full staff including 2 doctors, each working 2 days/week, and referring out most specialty procedures. 5,500 active patients (<2 years) with healthy new patient flow. Hygiene booked out. Beautiful high-visibility area with top school district. Doctor will stay for transition if necessary. Gross collections just under $700K. For details contact Dental Practice Transition Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or email: (315) 430-0643. #NY3147

DOVER PLAINS: Dutchess County. Only dentist in town; must-see. Priced right at $75K for 3 great ops and patient base of 1,500 with 5-10 new patients/month. 50% FFS and 50% insurance. Building for sale at $300K with 1,200-square-foot rental apartment on upper floor. Located on main route in town. Practice utilizes Softdent practice management software. Refers out most major procedures creating room to grow. Equipment only 6 years old. Real gem. For details contact Dental Practice Transition Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3148

ROCKLAND COUNTY: Lovely general practice with collections just under $1M. Located in front entrance of multi-tenant office building with street-front visibility. 4 ops in 1,500 square feet nestled in beautifully designed digital office. Utilizes Dentrix and Dexis as well as Trios scanner. Real estate available for sale or seller will provide doctor-friendly lease. Strong cosmetic procedures and referring out various endo, ortho, pedo, oral surgery, perio and implant placement to area specialists. Contact Dental Practice Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3162

WHEATFIELD: Niagara County general practice. Profitable, updated, digital practice with mix of 70% PPO and 30% FFS. Three great ops with plenty of room to add fourth. Set in 1,600-square-foot modern building with abundance of off-street parking. Refers out endo, implants, ortho, perio and some oral surgery, which offers great opportunity and upside for new owner. For details contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: Brian.Whalen@henryschein.com. #NY3166

NORTH SYRACUSE: Small city beauty. General FFS practice with 4 ops in 900 square feet of 2,000-square-foot commercial professional building. Softdent, 10 new computers, new 2D pano, new sensors, intraoral cameras and new autoclave. 4 days per week with full-time hygienist. 2021 revenue $612K with earnings average of 40%. Real estate also for sale. Open lot parking with the rental bringing in $26K per year. Walking distance of high school and hospital. Not far from major college. Waterway for sports activity close by. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3173

SYRACUSE: Four-location GP with removable prosthetics lab in one location that takes care of all locations and outside practices. One can be purchased or all four. Practices have 1 or 2 providers with hygienist and supporting staff in leased spaces. Practices are on Dentrix Ascend with digital equipment. Handicap accessible, plenty of parking. Revenues range from $600K to $1.5M+, with mix of PPO/FFS. Great opportunity. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3175

SUFFOLK COUNTY: Beautiful 1,300-square-foot general practice. 3 fully equipped treatment rooms and plumbed for 5 ops. 20% fee-for-service and 80% PPO. Active patient count 2,109 and only open three days/week. For details contact Dental Practice Transition Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3098

ELMIRA: Make an offer. 4-op general practice in medical building with low rent in quaint town. Practice has many patients in need of implants.For more details contact Dental Practice Transitions Consultant Donna Bambrick at (315) 430-064; or by email: donna.bambrick@henryschein.com. #NY220.

NEW YORK CITY: Multi-specialty group practice with 8 ops for sale. Gross revenue $5.2M. Real estate also available. To learn more, contact Professional Transition Strategies Consultant Donna Costa by phone (609) 304-0652; or email: donna.costa@henryschein.com. #NY2959.

NORTH SYRACUSE: General practice in great location. Main road location with 4 ops in leased space of wonderful, small medical building with plenty of parking. MacPractice Software. All digital with great staff. Doctor will stay for one or two days per week. Takes some insurances, excellent potential for growth adding more days. Great patients surrounded by great neighborhoods. Revenue $325K. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3246

ERIE COUNTY: General practice in highly desirable suburb of Buffalo. Cash/PPO. All digital and all A-Dec equipment. 2021 collections $592K. For information contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: Brian.Whalen@henryschein.com. #NY3253

WESTERN SUFFOLK COUNTY: Established pediatric practice in center of flourishing and affluent town. Highly desirable location close to exciting business shops and restaurants. 4 ops within 1,400-square-foot office and ample free parking. Standalone professional building; real estate also for sale and includes upstairs rental property. Digital office currently being staffed by associate doctors and therefore immediate sale required. Contact Dental Practice Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3202

UPSTATE: Nestled in great family village community. Make offer for well-established Central New York general family practice close to main highways. Located near one of Top 100 Ranked Golf Courses by GolfWeek. 2021 gross collections $544K. Standalone, 1,800-square-foot building for sale with practice purchase. Great curb appeal, with large parking lot. 3 treatment rooms and space to add on. Refers out specialties. Practice utilizes DEXIS digital X-ray, digital panoramic X-ray, brand new patient chairs. High-profit margins. Healthy new patient flow. Contact Dental Practice Transition Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3235

CLASSIFIEDS

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ROCHESTER AREA: Very motivated seller. Highly profitable practice with collections of $1.95M and 40+ years of goodwill. Beautiful office park location in highly desirable suburb of Monroe County. 3,000-square-foot space with 6 well-equipped A-Dec treatment rooms. Favorable lease conditions. Experienced, full staff working 3 days/week. Doctor does high-end restorative dentistry with over 100 implants in 2021. Ortho referred out and sees only adults. Opportunity for great family practice. Contact Dental Practice Transition Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3237

BROOKLYN: Highly desirable, fully digital office with 3 ops in 1,400 square feet. Features digital Sirona panographic X-ray, intraoral camera, laser and Dentrix practice management software. Real estate also for sale and includes upstairs rental property with monthly income. Seller will also consider buyer-friendly lease. 22 hours/week and features 60% FFS and 40% out-of-network providers. Seller available to stay as needed. Contact Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386 or email: michael.apalucci@henryschein.com. #NY3238

FLUSHING: Dentist retiring and willing to listen to all offers for 3-treatment room dental practice and real estate. 33% fee-for-service and 66% PPO. Located in heart of Flushing and approximately 1,100 square feet. For more information contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschien.com. #NY3240

WESTCHESTER COUNTY: 1,400-square-foot 3-op practice in prime upscale area. In practice for 68 years (29 years by current owner and 39 by previous owner). 80% PPO and 20% FFS. Near busy intersection with lots of foot traffic and walking distance from major grocery store and schools. Walking distance from Metro North train station, numerous restaurants and park with playground/pool. Very accessible to public transportation in all directions. Contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschien.com. #NY3254

ORANGE COUNTY: Served dental needs of continually expanding area and surrounding communities for past 30 years. Located in 1,500-square foot office building with mixed tenants. 4 fully-equipped ops featuring contemporary, up-to-date equipment including intraoral camera, imaging scanner, Picasso laser unit and Dentrix & Dexis. Skilled and caring team of experienced and very personable dental professionals. Diagnostic, preventive and restorative-driven practice with strong hygiene program. Contact Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3257

WESTCHESTER: Prosthodontist soon retiring and prepared to sell his 50% interest. Looking for buyer who can step in and maintain ongoing dual-office growth. Both offices sit in professional buildings with privately owned condos in great areas of county. Offices each have 5 ops inside 4,100 and 2,850 square feet respectively. Both locations upgrading and expanding, allowing revenue and procedure growth. Real estate for sale as part of buyin, or favorable lease will be provided. Seller will stay on as needed. Contact Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3283

ROCHESTER: Family general practice in beautiful suburb with 2021 revenue of $255K+ and growth potential. Seller highly motivated. 1,400-square-foot space with affordable lease, great curb appeal and ample parking. 3 ops with potential 4th plumbed op. Single doctor practice utilizes digital pano X-ray and Denoptix phosphor plates. Contact Dental Practice Transition Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3291

SUFFOLK COUNTY: North Shore. 2 treatment rooms plus one plumbed with great visibility in desirable community. Dexis digital X-rays, digital pan and Easy Dental software. Open 4.5 days/week; referring out all specialty procedures. Gross revenue of over $483K with 35% FFS, 65% PPO. Strong hygiene program. Well-trained staff available for transition. Seller open to transition options. Will not last long. Location, location. For more information contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschien.com. #NY3294

BROOKLYN: Terrific opportunity in highly desirable area. 65% PPO, 30% FFS and 5% indemnity insurance. Open 6 days/week and has very strong supporting staff. Sellers would like to stay as associates for agreed upon time. For details contact Dental Practice Transition Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3041

FOR RENT

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

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; karenjtj@aol.com.

COOPERSTOWN: Dental office space for lease. Next to Doubleday Field in Village of Cooperstown. Five operatories and reception area in 1,800 square feet. Parking available. Please call (607) 434-7050; or email: sherrydemby@gmail.com.

MIDTOWN MANHATTAN: Ready-to-use, recently renovated dental operatories/chairs available for rent in Central Park South. Flexible lease terms:

per hour, per day, etc. Great street access with lots of foot traffic. Easy to commute to and from with public transportation. Can provide dental assistants, billing services and insurance assistance, etc., if needed. Please call or text (917) 605-9496; or email: doc@centralparkdentalservices.com.

MANHATTAN: Dental office space to share at Columbus Circle location. Clean, modern office in prestigious building. 3-op office with up-to-date equipment. Used part time and looking to rent to another part-time dentist or specialist. Reasonable rent. No brokers, please. Contact: service@drbeshar.com.

WHITE PLAINS: Beautiful bright and sunny dental office with new equipment, pan and ceph. Large waiting room; convenient location in downtown White Plains with private parking. 1-2 ops available. Perfect for specialist or part-time general practitioner. Reasonable and negotiable rent. Please inquire by email: 21eh1997@gmail.com.

MIDTOWN MANHATTAN: Madison Avenue next to world-renowned St. Patrick's Cathedral. Beautiful, large, renovated office with in-house full-service dental lab. Shared front desk space, shared private doctor's office. Fully equipped with CS-9600 CBCT scanner. Large conference room with presentation dual TV/monitor. Please contact Doctor directly at (646) 265-7949.

BROOKLYN: Dental office for rent at Grand Army Plaza near Prospect Park. Looking to rent 1-2 operatories full time or part time. Located on first floor of professional building with 24/7 doorman. One block from all public transportation. For more information, please contact (718) 783-4334; or email: mbsb70@gmail.com.

SERVICES

DENTAL LEGAL SERVICES: Whether it be dentist purchasing or selling dental practice, buying, selling, or leasing office space, employment matters, partnership agreements or litigation, the Law Office of Alan C. Stein, PC, will zealously advocate for your rights. With over 25 years of legal experience in dental transactions, the Law Office of Alan C. Stein can handle the most complex of dental transactions to the most basic. "I'm not just married to a dentist……I live dentistry!" Zoom and in-person appointments available. Offices in Woodbury & Southampton, NY. Call the most trusted law firm for dentiststoday for your free consultation: (516) 932-1800 Find us online at: www.dentalattorney.net.

EQUIPMENT FOR SALE

MANHATTAN: Dental office liquidation. Entire contents of upscale general dental office for sale. Package consists of thousands of items, many in brand new condition, for all specialties at huge discount, including instruments, portable equipment and supplies. Offer only available as bulk purchase. Interested parties should leave name, phone number and email for more information. Complete list and photos available upon request. Arrangement may be made for onsite viewing. Reply by email: ddsnow28@aol.com; or call (917) 526-0721 and leave message.

NEW BURS FOR SALE IN BULK: Large quantities of new burs: friction grip, right angle, diamonds, finishing and polishers. Catalogue value $3,600. Amalgam–260 oz. catalogue value–$14,000. Need to sell in bulk packages. Inventory lists available. Contact for details: Thaddeus Pantera, DDS, FAGD, by phone: (716) 683-0992; or email: TPantDDS@aol.com.

OPPORTUNITIES AVAILABLE

MIDTOWN MANHATTAN: If you have small practice and want to grow it stress-free without any rent, overhead or staffing issues, send us your CV. Opportunity available to become part of progressive practice in beautiful, relaxed office at 60th Street between Madison and Park Avenue. No excess patients here; strictly chance to grow your practice using our facility, well-trained staff, organized business systems and over 35 years experience to mentor you. Two-doctor office looking for go-getter to build up and buy into equity position.Please send CV to: drk@nycsmilespa.com.

SOUTHERN TIER: Excellent associateship position with partnership opportunity (if desired) for the right general dentist. Join well-established FFS group practice in state-of-the-art facility. Modern implant, restorative and endodontic techniques employed using digital imaging, cone beam and digital scanning technology. Great location in growing university community. Planned retirement of current dentist creates immediate patient base. Inquire by email: columbiadentalgrp@gmail.com; or call (607) 765-85413.

WILLIAMBSURG: Seeking board-certified endodontist (or active candidate for board certification) on part-time basis in high-end multispecialty practice in trendy Williamsburg Brooklyn. Well-equipped operatory and will further equip and supply to your needs. We want what's best for you so our patients can get best possible care. Our diverse patient population will appreciate an individual with friendly outgoing personality, excellent technical skills and humble confidence to match. Please include updated CV with your response. Looking forward to hearing from you. Interested individuals may contact us via email: astern@havemeyeroms.com.

LONG ISLAND: Seeking top-notch general dentists for Bay Shore, Massapequa Park, Riverhead, Smithtown and Wantagh. Growing FFS/PPO practices looking for experienced general dentists interested in providing broad scope chairside dentistry. Beautiful modern practice. Ideal candidates are skilled dentists who want to deliver exceptional experience to patients. Competitive compensation and generous benefits package offered. Apply today. Contact: tiffany@thesmilist.com.

ROCKLAND COUNTY: Multi-specialty Medical Center seeking part-time Periodontist to join busy dental practice. Duties and responsibilities include but not limited to: Providing implants; performing surgical procedures; diagnosing and treating gum conditions and developing treatment plans. Requirements: Active NYS license; Board Certified or Board Eligible; ability to be credentialed with insurances & NYS Government insurance programs. We offer excellent salary and flexible schedule. Community Medical and Dental Care, Inc.,has been providing quality medical care to underserved population of Rockland County, and surrounding areas since 1993. With close to 60 providers on staff, we offer variety of services including Adult Medicine, Pediatrics, Family Practice, Allergy, Dermatology, Endocrinology, Ophthalmology, Urology, Podiatry, Psychiatry and behavioral health counseling, nutrition counseling, speech therapy, occupational therapy, dentistry and oral surgery. Inquiries to: HR@cmadc.com.

SUFFOLK COUNTY: Coram Selden Dental practice seeks oral surgeon. Multi-doctor practice has immediate opening for board-eligible/board-certified oral surgeon. One day per week; very busy group practice. Great opportunity. Call or email for more information. (631) 732-9000; andrea@coramseldendental.com.

WESTCHESTER COUNTY: Orthodontist needed. Actively seeking Orthodontist to join pedo/ortho team. Support our mission to provide excellent dental care and help create more smiles and memorable experiences for children and adults. Join team that believes in teamwork and truly cares about patients. Find your opportunity to make impact; promote positive image of company; love working with kids and young adults; work with your own specialized support; earn guaranteed daily rate in addition to monthly bonus potential or open to partnership; dedicated support staff for specialists. Full-time providers eligible to participate in medical/dental/vision insurance plans, HSA/FSA. Short-term disability/long-term disability and basic life insurance plans paid by company. 401(k) retirement plan with company match. Paid time off. Continuing education reimbursements. CE offered through ADA C.E.R.P. Reimbursements for associated licenses, certifications and professional dues such as ADA and/or AAO memberships. Multiple schedule options to help maintain healthy work/life balance. Inquiries to: gckidsdmd@gmail.com.

NORTHERN WESTCHESTER: Exciting opportunity for young professional looking for practice to call home leading to potential for partnership. Serious inquiries only. Northern Westchester modern private practice seeks motivated practitioner comfortable with treatment planning, full-mouth care and executing implant restorative cases. Mentoring by owner if needed, along with supportive team. Candidate must be interested in private practice business model with fee-for-service and limited insurance plans accepted. Please contact us via email to learn more: admin@poundridgecosmeticdentistry.com. We look forward to hearing from you.

From New York to Houston

NYSDA delegates travel to Southwest to tend to business at ADA House.

NYSDA strong. New York State dispatched an impressive number of delegates, alternate delegates and support staff to Houston, TX, for the ADA Annual Meeting, SmileCon, Oct. 15-17.

Among leaders of the New York delegation are, from left, President-Elect Anthony Cuoma, NYSDA Executive Director Greg Hill, Vice President Prabha Krishnan, President James Galati, Secretary-Treasurer Frank Barnashuk.

Seen during break in proceedings are, from left: Suchi Chawla, New York County; Martin Dominger, Suffolk County; Ioanna Mentzelopoulou, New York County; Vera Tang, New York County; Andrew Deutch, New York County.

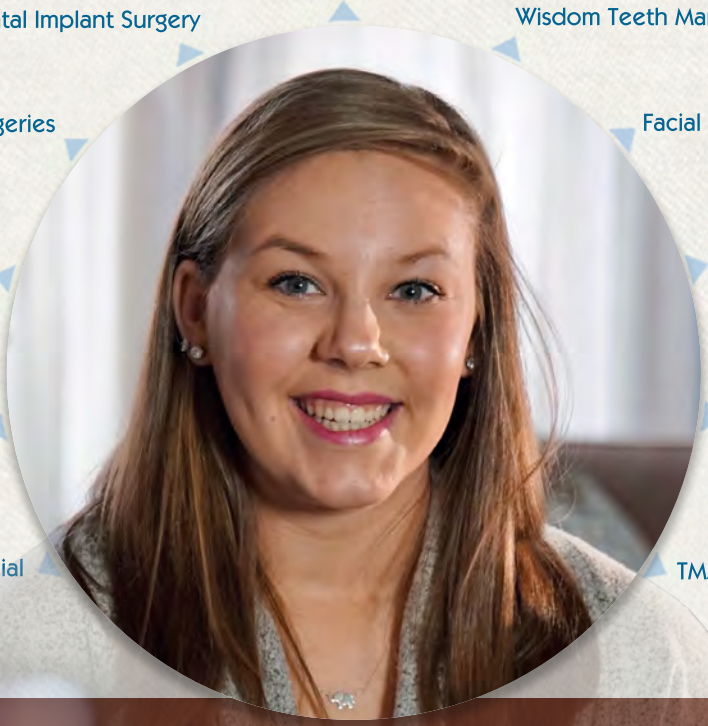
In scene broadcast to delegates on floor of ADA House, Paul Leary, Second District candidate for president-elect, congratulates winner of race, Linda Edgar of Washington state.

From left: Prabha Krishnan; Rekha Gehani, Queens County; Suchi Chawla.

Corrective Jaw Surgery

NYSS OMS
NEW YORK STATE SOCIETY of Oral and Maxillofacial Surgeons

Anesthesia
Dental Implant Surgery
Wisdom Teeth Management
Extractions and Other Oral Surgeries
Facial Injury / Trauma Surgery
Oral, Head and Neck Pathology
Corrective Jaw Surgery
Obstructive Sleep Apnea (OSA)
Facial Cosmetic Surgery
Cleft Lip/Palate and Craniofacial Surgery
TMJ and Facial Pain



When should you consult an OMS for corrective jaw surgery?

When a jaw-related problem cannot be resolved through orthodontia alone, the patient should be referred to an oral and maxillofacial surgeon (OMS). OMSs are uniquely qualified and trained to determine the appropriate procedure for each case and to work with the orthodontist and restorative dentist to assure a successful outcome. Visit MyOMS.org for more information.

AAOMS

Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®

MyOMS.org

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