Spring 2016


# New Mexico Dental Journal

The Official Publication of the New Mexico Dental Association

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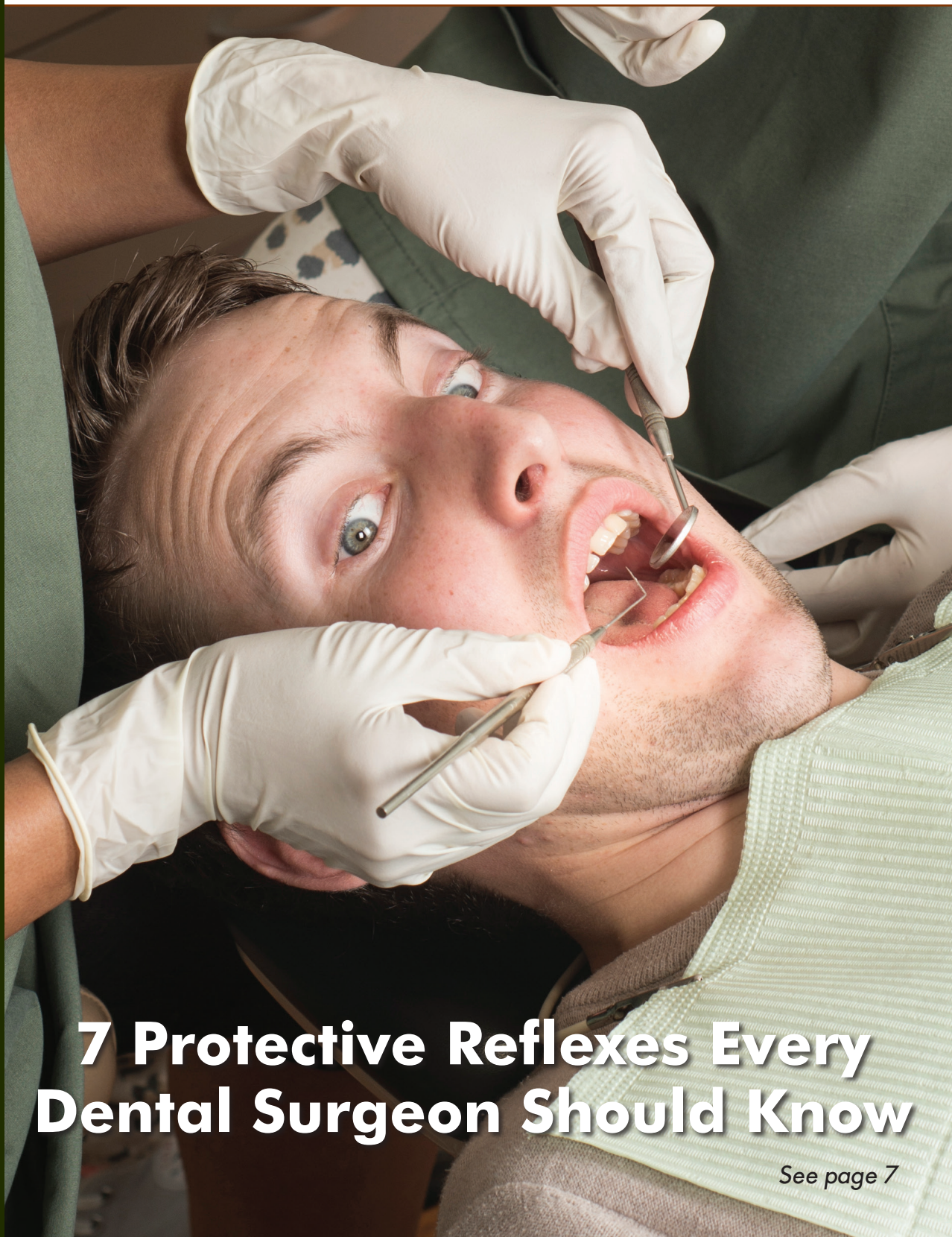

## 7 Protective Reflexes Every Dental Surgeon Should Know

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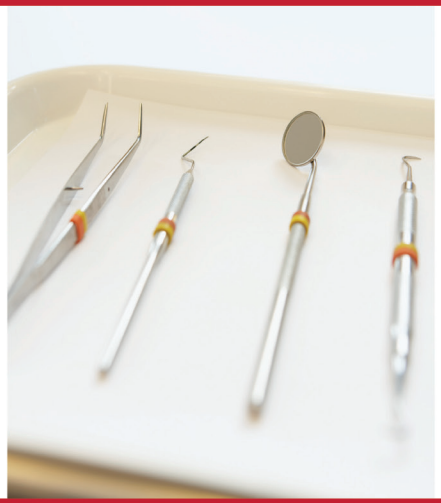

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## What's Inside



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# President's Message

Michael Law, DDS

Colleagues, I hope everyone is having a great early spring (at least we are having an early spring in Las Cruces). I will say it has been a steady last couple of months. Legislatively, not much progressed on the bill that our joint task force created addressing dental access to care and dental therapist. The bill was introduced and given a bill number, but was not heard due to it being a short fiscal legislative session this year requiring the bill to receive the governors message in order to be heard, which it did not due most likely to other bills in the state that had higher priorities. Even though it was not heard in this session, it will still most likely be introduced at next year's legislative session, which will be a standard session. I encourage everyone to read the bill that was drafted for this year's session; you can find at www.nmlegis.gov, the number associated with it is HB 191 or SB 217.

Switching gears, at the January Board of Trustees meeting, a Mentorship Program, a new membership benefit, was voted in place. This benefit will be offered to our new dentists and will link them together with other member dentists that have been in practice for a number of years in order for them to ask questions about dentistry, discuss cases with them, etc. Each component is in the process of putting this benefit into place and getting it up and running in your community.

Don't forget to sign up for Mission of Mercy from April 7–10 at the Santa Fe Convention Center. The New Mexico Dental Association Foundation needs help, so if you or someone you know is willing and able, please sign up, it is an experience you'll never forget.

Finally, the New Mexico Dental Association's Annual Session "Denim and Diamonds Dentistry" is June 2–4th at the Albuquerque Convention Center. Drs. Brian Dennis and Al Lopez along with our NMDA staff have put together an amazing convention with speakers that include Dr. Tierona Low Dog, Dr. Sanda Moldovan, Dr. Rhonda Savage, and Dr. Gary DeWood to name a few. If you haven't already, register you and your staff for this amazing convention.

As always, thank you for the opportunity to serve you. If you have any questions, please let me know.

Sincerely,

Michael Law, DDS
NMDA President 2015–2016
*michael.law.dds@gmail.com*
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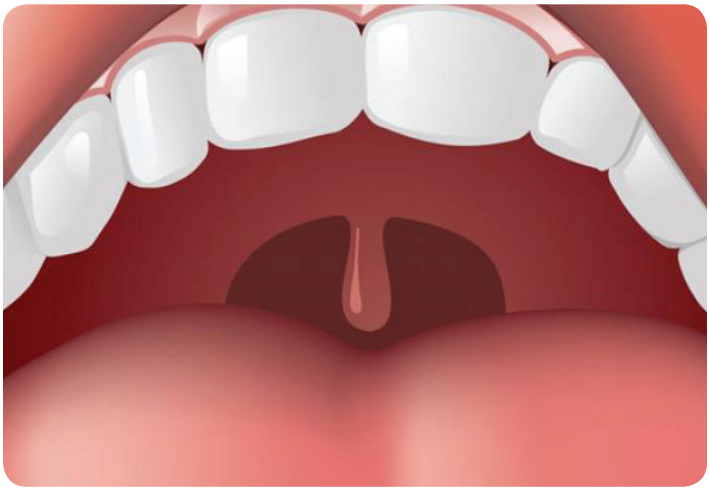
By Jason R. Flores, RN, DDS, DADBA, DNDBA, FADSA

***The following seven intrinsic reflexes, often seen as a disruption or obstacle to completing dental care, are actually hard-wired defensive responses the body uses for protection. One or all of these mechanisms may be a reason for a patient's reluctance to seek general dental care and their declining poor dental health. While the following physiological actions can be executed voluntarily, the functional actions resulting from reflex initiation is involuntary and it is these autonomic actions that are considered in this article.***



## #1 Gag Reflex

The Gag Reflex is a common reason patients seek deeper levels of sedation for dentistry. The Gag Reflex halts swallowing to prevent intrusion of foreign materials, substances, or large food stuffs from entering the trachea, pharynx or larynx and prompt choking. This reflex is activated when an unwelcome object touches the soft palate in the mouth, posterior one third of the tongue, tonsillar and surrounding tissues, or the oropharynx. Neurons that innervate the nucleus tractus solitarii (NTS) in the medulla oblongata are responsible for the activation of motor/sensory cranial nerve IX (glossopharyngeal n.), along accessory nerves to begin the tongue's downward positioning and forward thrusting action in preparation to launch the unwanted material.[1] Though closely related to the Laryngospastic Reflex covered in a later section, the rapid vocal cord closure, or laryngospam, in the Gag Reflex differs in that it is not exaggerated or prolonged, only lasting as long as is needed to expel the invading material and usually associated with fully awake, non-sedated patients. For patients undergoing procedures in or around the airway, oral cavity structures, soft palate, posterior tongue, such as dental procedures, aerosol delivery of 4% lidocaine given during quite breathing prior to stimulation has been shown to abolish the gag reflex for 15 to 20 mins.[2]

Tried management techniques for the Gag Reflex during dental procedures have ranged from hypnosis to deep levels of anesthesia. Literature reviews show dentists using acupuncture, Listerine swish and swallow techniques, and while moderate success can be obtained, two methods have stood out as effective management techniques. One, deep levels of sedation/general anesthesia and behavior modification. Deep levels of anesthesia/general anesthesia (DS/GA) by a trained dental anesthesia provider is an effective means due to the fact that the patient is chemically, but safely brought into a decreased responsive state, thereby, decreasing the responsiveness to the nerve stimulation needed to initiate the gagging motion. Deep sedation/general anesthesia is most beneficial with patients that have a severe or highly disruptive gag reflex. DS/GA is quick to administer and most dental work can be completed in one visit.

For those providers that do not have access to a dental anesthesiologist, one of the more widely useful techniques is behavior modification. While deep sedation/general anesthesia can be a short-term solution, behavior modification can be a long-term solution and is most useful for slight to moderate gaggers. Behavior modification is based off the fact that the act of gagging is multifactorial and controlling triggers, such as sight or smell of equipment or materials, is controlled and adapted. Behavior modification attempts to identify the dental trigger event and adapt the five anatomical intraoral areas, known to be "trigger zones": palatoglossal and palatopharyngeal folds, base of tongue, palate, uvula, and posterior pharyngeal wall to accept pressure from dental manipulation.[3] The drawback to successful behavior modification is that dental treatment must now be performed over a number of office visits with reinforcement of the acclimatizing technique at each appointment.

## # 2 Cough Reflex

As with the Gag Reflex, the NTS nerve clusters in the medulla also facilitate the Cough Reflex, but with increased neuronal transmission involvement from the

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vagal afferent nerves (CN X) which are more sensitive to mechanical, chemical, and thermal stimulation. In the oral cavity, pharynx, and larynx, it is the area of distribution of the glossopharyngeal (CN IX) and trigeminal (CN V) nerves that lend sensory and motor support the Cough Reflex action. Stretch receptors in the conducting airways and lungs can enhance or reduce the magnitude of the coughing event. The protective purpose of the Cough Reflex is to halt and reverse the inhalation of aerosol, particulate, or gaseous irritants when the tracheal, laryngeal, or bronchial mucosa is stimulated.[4] Interesting to note about the Cough Reflex is that it can be initiated by both external stimulation, invasion of noxious stimuli, or by internal stimulation, mucous secretions moving up the bronchial tract via ciliary movements and bronchial muscle contractions. When a large enough bolus of secretions have made its way high enough up the larynx, the cough reflex is initiated to begin the secretion expulsion process.[5] The Cough Reflex can be restrictive to dental treatments, especially in long-term smokers, where secretion clearance can be problematic. Persistent coughing during dental procedures not only adds precious time to a dental appointment, but can release aerosolized bacterial colonies from the lower airways and increases the chances of material loss down an open airway.

Management of the Cough Reflex during dentistry depends on the reason for the cough. Common stimulates for coughing can be respiratory illness, chronic inhalation of irritants or use of angiotensin-converting enzyme (ACE) inhibitors taken for hypertension, or periodic aggravation from transient irritants. If this reflex is being disruptive due to illness, the solution is as simple as discontinuing the appointment and allowing the patient time to recover. If the disruptive coughing is due to a patient's chronic use of inhaled tobacco, marijuana, or ACE inhibitors, or periodic, transient aggravation, the management may include increased vigilance during suctioning, vigilance of the dental surgeon to decrease surgical debris, and occasionally stopping during the procedure to allow a patient to clear debris collected in the airway. Sedation in the case of a chronic cougher usually will not abolish the reflex and may in fact complicate airway management due to the fact that sedation may weaken the patient's ability to effectively clear the airway and lead to laryngospasm. General anesthesia with intubation in a patient with a troublesome cough can lead to bronchospasm and in most cases can be a relative contraindication in the outpatient setting.

## # 3 Bronchospastic Reflex

The Bronchospastic Reflex, sometimes called Reflex Bronchoconstriction, but commonly referred to as an asthma attack, is related to the Cough Reflex in that it can be a progression from failure of the Cough Reflex to adequately expel inspired harmful irritants. Like the Cough Reflex, the Bronchospastic Reflex starts with mucosal stimulation in the larynx, trachea, and bronchioles. Unlike the Cough Reflex, which causes airway hyper-expansion in preparation for a violent exhalation force and mucous is used as a carrier mechanism to further expel unwanted materials, the Bronchospastic Reflex causes airway constriction and increased mucous production as a protective coating to decrease the severity of airway insult to the pulmonary tissues. The purpose of the bronchospasm is a sort of "hunker down" mentality of the pulmonary tissues to protect them as they can ride out the irritant storm. A bronchospasm in response to anesthesia equipment irritation is essentially an asthma attack, so avoiding dental work during acute exacerbation events, pre-treatment with albuterol, beta 2-agonist therapy, and corticosteroids will abate the reflex. In an study by Harald, et. al., lidocaine significantly reduced bronchoconstriction of respiratory smooth muscle cells and caused reflex suppression most notably with inhalation administration via nebulizer. Inhalation administration also yielded a much higher, longer-lasting concentration of active drug in the airway tissues and negligible increases in blood plasma lidocaine levels, therefore decreasing the possibility of subsequent cardiac arrhythmias. Lidocaine also blocks the vagus pathway (CN X), this along with direct relaxation of the smooth muscle makes nebulized lidocaine an effective mechanism to stop the Bronchospastic Reflex.[6]

Management of the Bronchospastic Reflex almost always involves rescue medications and starts at the pre-operative or screening appointment. A good history and physical should inform the operating dentist that the patient may have a medical condition prone to bronchospasm, such as, asthma. As an attack begins, the dental surgeon must first stop the procedure, clear the mouth of all dental materials, and prepare to administer a bronchodilator either via inhaler or nebulizing mask. For severe bronchospasms, subcutaneous, intramuscular, or intravenous epinephrine may be needed. Proper training is needed for the doctor in these situations to insure proper dosing. Corticosteroids and histamine blockers may also be given, but are not first-line rescue drugs for a patient facing life-threatening pulmonary constriction.

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## #4 Laryngospastic Reflex

While the gag reflex is often initiated more anatomically superior and in the oral cavity, the protective Laryngospastic Reflex is most often initiated posteriorly in the endolarynx at the vocal cord level and initiates a much more violent, exaggerated, prolonged, and life-threatening closure response. The superior laryngeal nerve mediates the vocal cord closure during laryngospasm events. In severe laryngospasm events, closure may involve the entire epiglottic body, obscuring the true cords, and is a key difference in glottal closure seen during the Gag Reflex. In a dental setting, it is most often seen concurrently in a sedated patient where poor surgical field control has allowed saliva, water irrigation, blood, or other surgical debris to slip down the throat. Though its activation is airway protective, in most instances the Laryngospastic Reflex seen in the sedated patient needs provider intervention to be stopped in order to regain proper oxygen levels to the patient. This is in opposition to the glottal closure seen in the Gag Reflex which usually involves a conscious patient and the closure is self-limiting to the noxious event. Another key difference is the purpose between the two cord closures. Where vocal cord closure during the Gag Reflex is in preparation to forceful exhalation to launch debris away from the cords, the Laryngospastic Reflex purpose is to halt debris progression into the trachea, but may not necessarily be followed by forceful exhalation. Persistence of the Laryngospastic Reflex without intervention may result in hypoxemia, hypercapnia, and body systems injury. Interestingly, patients undergoing increasing levels of sedatives during a dental procedure will experience reduced airway protective reflexes, with the exception of the Laryngospastic Reflex with concurrent breathing cessation, or apnea. In a study conducted by Tagaito, et. al., when all other protective airway mechanisms are diminished, the laryngospasm replaces these diminished reflexes as the primary protector.[7] This reflex can be abolished, but the sedative concentrations needed to do so will require the patient's airway to be expertly managed.

Laryngospasms are actually a common occurrence in non-sedate persons. A person who swallows a drink too quickly while holding a conversation or inhaling concurrently has experienced the Laryngospastic Reflex followed by the Cough Reflex. The first reflex halts the liquids intrusion into the trachea, the latter reflex quickly expels the liquid away from the glottal opening. Recovery is most often very rapid, followed by the person stating, "Oh, it went down the wrong pipe." However, in a sedated patient, laryngospasms can be a life-threatening occurrence. As stated earlier, laryngospasms increase when other reflexes are blunted, combine this sedation fact with the fact that a dental provider is performing surgical procedures in a shared space and the risk of complications increases. The management for a laryngospasm are first to clear the airway of any dental materials, next suction the airway, possibly with a yankauer suction to reach the glottal opening, perform a head-tilt chin lift, and apply a bag valve mask (BVM) using positive pressure ventilation (PPV) to force air into the airway and pop the vocal cords open. Effective PPV may require the placement of an advanced airway device. These maneuvers are not second nature and require training and practice to be successful in a rescue situation. If these maneuvers fail, pharmacological intervention may be needed and should only be administered by proficiently trained individuals.

## #5 Swallow reflex

In opposition to the Laryngospastic Reflex's more urgent, brutish action for protection, The Swallow Reflex, also referred to as the Palatal Reflex or Deglutition Reflex, is one of the more gracefully fluid protective reflexes. Coordination of the tongue, pharynx, and epiglottis direct food stuffs and saliva into the esophagus. Movement of material toward the posterior of the oral cavity is voluntary, but the airway protective reflex initiated the moment of pharyngeal proprioceptive stimulation when intrusions are not or cannot be expelled out of the mouth is involuntary. In these instances, the body makes an autonomic decision as to how best protect the airway. Failure of the Swallow Reflex would allow materials harmful to the lower airways, structures past the glottal opening, to experience blockage that would result in choking or pulmonary aspiration. At the time of the unexpected intrusion, such as dropping a dental crown down the airway, touch receptors in the soft palate and oropharynx fire, beginning the Swallow Reflex which originates in the medulla oblongata and pons located in the hindbrain and brain stem. The neuronal pathway for this reflex is complex, involving the trigeminal (V), facial (VII), glossopharyngeal (IX), vagus (X), accessory (XI) and hypoglossal (XII) nerves. With such complex synchronization, the Cough Reflex, the Vomit Reflex, and breathing is momentarily halted while the Swallow Reflex is in action.[8]

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Swallowing in the dental setting is usually not troublesome and is easily managed. However, in the event a patient has disordered swallowing, the movement is usually elicited with oral stimulation. Disordered swallowing is most seen in patients with special needs and can be a disruption. Management can be achieved through DS/GA with a very experienced provider to achieve levels deep enough to abolish the reflex. Non-pharmacological management can be achieved with the aid of physical devices, such as bite blocks or oral molts, high Fowler's (beach) position (head of the chair raised 30 to 90 degrees) of the dental chair, reducing the force on the base of the tongue during retraction, and attentive suctioning of oral secretions.[9]

## #6 Vomit reflex

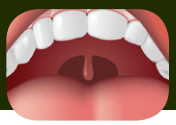
Like the Laryngospastic Reflex, the Vomit Reflex is characteristically violent in nature. An expulsive force is used to quickly move noxious material away from airway structures or from damaging gastric mucosa. Vomiting, or regurgitation, can be voluntary or involuntary depending on a patient's medical conditions. The involuntary reaction will be discussed in this article. The Vomit Reflex can be viewed as an extended consequence of Gag or Cough Reflex failure or hyperactivity of both reflexes. As an unwanted intrusion escapes past the first two reflexes, it is either immediately expulsed along with gastric contents or enters the esophagus via swallow reflex actions where is expulsed along with gastric contents. The Vomit Reflex begins with diaphragmatic contractions and progresses rapidly to laryngeal elevation and distention in preparation to clear a path for the vomitus. As the larynx clears a path, the pharyngeal muscles intrinsically relax to allow the regurgitant 2 – 3 seconds of unimpeded reverse peristaltic flow out of the oral cavity.[10] Completion of the vomit cycle ends as strong esophageal, hyoid, and suprahyoid muscle contractions subside and the patient resumes a normal breathing pattern. As aid to the Vomit Reflex's actions, external abdominal muscles often contract to help patients achieve an optimal position for regurgitant expulsion.

In most cases the Vomit Reflex closely follows the Gag Reflex, so managing vomiting means limiting gagging. Physiologically, vomiting is primarily activated with aggressive stimulation of the phrenic (CN3 – 5), vagal (X), and accessory sympathetic nerves and is a reflex innate at birth, but has the capacity for modification of intensity and trigger.[11] In patients with special needs, the Vomiting Reflex can be a defense mechanism to ward off dentists. These patients need special care to acclimate to the dental environment and providers. If a patient begins to vomit in the dental setting, providers may need to help sit the patient forward and lean them over to optimize the reflex and allow gravity or dental suction devices to aid in ensuring that during the first recovery breath, aspiration does not occur.

## #7 Esophagoglottal Closure reflex

This last reflex is the most recent protective reflex being studied and is thought to play a role in preventing refluxed stomach contents from damaging the airway. The Esophagoglottal Closure Reflex (ECR) is elicited during the proximal esophageal distention that occurs during reflux events. As the name implies, a proximal esophageal distention of 10-60 ml volume causes closure of the glottal opening (vocal cords) to prevent aspiration of gastric contents. Larger volumes cause concurrent upper esophageal sphincter (UES) dilation and belching along with glottal anterior movement to sweep materials away from the glottal opening. These larger volumes of refluxate cause anterior movement of the hyoid bone which in turn recruits a wider range of tongue, pharyngeal, and laryngeal movements to move refluxate up and away from the respiratory opening. While proximal esophageal distention has a direct relationship and activation of glottal closure, UES dilation to initiate a belching event does not directly activate glottal closure.[12]

Esophagoglottal Closure Reflex (ECR) should not be confused with gastroesophageal reflux disease (GERD). GERD is the medical condition resulting from an abnormally weakened lower esophageal sphincter (LES) that results in chronic mucosal damage to the esophagus due to escaping stomach contents. Whereas, ECR is a normal physiological means of the airway protecting itself when refluxed contents are detected. They are related in that when GERD is occurring, then ECR will initiate to protect the subglottal portions of the airway. Management of the dentition for patients with GERD will not be addressed in this publication. Focus for management will be of the reflex mechanism during dental procedures. ECR may result in a transitory cessation of breathing or forceful coughing, may involve vomitus expelled into the oral cavity during technique sensitive dental procedures, and may result in patient expressing retrosternal burning pain during the reflux episode.[13] Management starts with a good medical history to determine a patient's likelihood of reflux occurrence, elevation of the dental chair into



a beach position (30 to 90 degrees), different types of suction tips available (yankauer most useful), and scheduling appointments during times when reflux possibility is at its lowest. Extensive and lengthy dental procedures may need to be broken up into smaller appointments and requesting patients see their medical care provider for reflux treatment is wise.

## Discussion

Malfunction of one or all of these protective mechanisms may be the root cause of a patient's declining oral health. Halitosis, oral lesions, enamel erosion, xerostomia, fungal infections, and sleep apnea are all health conditions that can result from disrupted reflexes. Protective airway reflexes further diminish as patients age due to decreased response from mechanical and chemical receptors located along the laryngeal tissue.[14] It is important for general dental surgeons and dental specialists to understand how dysfunction of a patient's protective reflexes can affect oral health and how normal protective behavior can affect the surgical field during dental procedures. This is especially important for those dental surgeons who offer sedation concurrently with the dental procedure since sedation, in any form, will blunt these protective reflexes to varying degrees and modify their protective action. As anesthesia modalities evolve and patient treatment expectations increase, many practitioners are utilizing combination anesthetic techniques which often involve intravenous drugs with narrow therapeutic indices such as propofol and fentanyl. Hypoventilation and apnea is more likely to occur with combination sedatives. Milgrom et al. reported that 63% of patients had at least one apneic episode during dental treatments when sedated with intravenous benzodiazepines and narcotics.[15] The prudent practitioner should bear in mind that increases in the administration of sedation medications will cause decreased innate airway protection.

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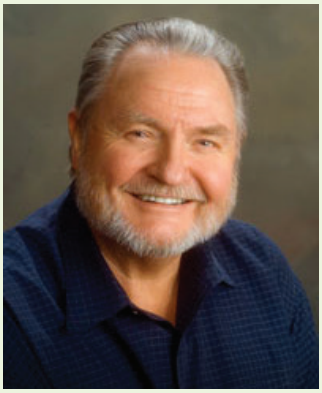
# A Stronger Approach to Independent Dentistry

By Steven Peacock, DDS—Dental Co-Op member since 1998



The landscape of dentistry has changed dramatically since graduating from USC in 1973. There were no corporate dental practices to speak of and I was paid fairly at time of service. Now nearly 30% of our profession is wrapped up in corporate structures. Waiting 30 to 90 days to be reimbursed for 30% of our full fees has become the norm. Practicing as an independent dentist is not what it used to be and things must change to preserve our profession.

## The Dream

When we applied for admission to a dental program we had a 'dream'. We envisioned taking risks, making decisions and reaping our reward. Students currently graduating find their dream remote or unachievable. The visions of being in charge, setting a schedule and being a beloved extension of our patients' family evaporates. Students in dental programs across the country are given the impression that traditional private practice is dying. Most students believe that beginning their career as an employee is the only option. The realities for the employed dentist without an exit strategy can be grim, frustrating and disappointing.

Our medical colleagues have been in a pot of warming water for the past thirty years, and now find themselves cooked. Our medical counterparts are controlled by the insurance industry, hospitals and large corporate practices. Few independent practitioners are left.

## Insurance

A recent survey by Dental Products Report reveals that the most stressful issue in practice is dealing with insurance. Approximately 80% of the average practice income dollar is derived from insured patients and insurance billings. PPO growth is significant and casts a huge shadow over indemnity insurance. Some predict indemnity insurance will disappear in 5-7 years.

The independent dentist is handcuffed by anti-trust laws that prevent discussing fees or fee schedules with other dentists. Unlike corporate practices, the ability to knowledgeably deal with insurance carriers is severely limited.

## Practice Overhead

Independent dentists trying to negotiate lower overhead is virtually useless. Without a large footprint our voice is not heard among suppliers, manufacturers and critical vendors. Without numbers, achieving economies of scale is impossible.

## The Alternative

Some eighteen years ago the Dental Cooperative was created by independent dentists who weren't about to wait around and hope things got better. I was fortunate to be included in that initial group that started a platform needed for change. We are now 500 strong in 5 states and gaining momentum like never before. By uniting and working together, independent dentists now have access to benefits only corporate practices have enjoyed.

In 2014, like-minded dentists from New Mexico brought the Dental Cooperative to Albuquerque. Membership has grown to over 100 generalists and specialists and is expanding rapidly throughout the state.

This initial group has partnered with suppliers and manufacturers that include P&G, Komet, Keystone and DHPI to name a few. Co-Op members save thousands of dollars in practice transition and refinance opportunities through local and national banks. Working directly with insurance carriers, we've obtained enhanced fee schedules for our members to choose. Many Co-Op members have realized an average annual savings of over $2,600 on the cost of credit card processing. Most importantly, we've created a collective alternative to dental insurance that generates fee for service patients.

Don't watch our treasured profession erode around us—**be proactive and get involved!** Working smart and together we **CAN** preserve and empower the dream.

Stop by our booth at the upcoming NMDA convention this June or contact our Area Director, Adam Halpern, at 575-224-6722 to find out what the Dental Cooperative can do to strengthen your practice.

# Specialists Currently Accepting Referrals

*The following specialists are here to care for your patients.*



*Call 800-647-1511 to be included in our next issue.*

New Mexico DENTAL ASSOCIATION | ADA

# Why membership matters…

**Exclusive Discounts** **Professional/Practice Resources**
**Continuing Education** **Money Saving Programs**
**Networking** **Political Involvement** **Free Peer Review**

## VALUABLE PROGRAMS TO SAVE YOU MONEY

**Refinance existing federal and private student loans** at a lower rate through an exclusive program, resulting in the savings in the tens of thousands of dollars in interest.

Access to the special **Great-West Financial Annually Renewable Term Life insurance** plan at exclusive members-only rates.

**Member discounts from endorsed vendors** for items like insurance, financial services, labs, supplies and professional services.

**Free ADA Contract Analysis Service** to provide clear, plain language explanation of contract terms and is designed to allow dentists to make informed and independent decisions on the merits of participating dentist contracts.

**Free peer review mediation-** exclusive, members-only mediation to provide an impartial and easily accessible means for resolving patient misunderstandings regarding the appropriateness or quality of care.

**$200/hour**

What you could spend on lawyers for litigation and legal fees without our free peer review.


## POWERFUL ONLINE TOOLS

Find help managing your career as a practitioner and business owner with access to the **ADA's Center for Professional Success** web portal. The website includes everything from frequently asked questions about dental codes to debt calculators to health insurance resources for members.

A listing on our web site **"Find A Dentist"** feature, promoting your practice to the state.

**Members only access to web site content-** including member directory, strategic plan, and advocacy documents.

ADDS | NMDA | ADA

**The Power of 3-** By joining the NMDA, you are also granted membership to the American Dental Association and your local District Dental Society…giving you the collaborative strength of **local, state and national resources**.

## ADVOCACY AND COMMUNITY INVOLVEMENT

**Lobbyist, Public Relations and Marketing teams working on your behalf to create a strong, unified professional voice.**

**$200/hour**
For an individual to hire outside firms.

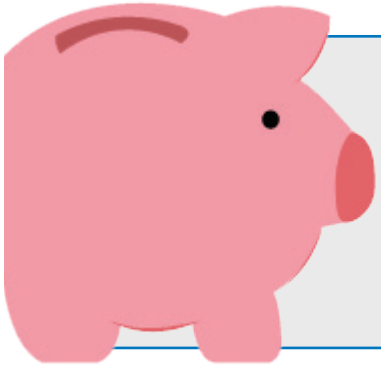
**Make your voice heard in Santa Fe and Washington DC.** The NMDA fights on behalf of our members on issues like Medicaid, fluoridation, workforce, and legislation that will directly impact the economics of your practice and the oral health of your patients. Our team provides you with advocacy updates and instruction on how you can take action.

Give back to your community by participating in the **New Mexico Dental Association Foundation's philanthropic activities** like the New Mexico Mission of Mercy and the Donated Dental Services program.

**Leadership Opportunities-** directly impact dentistry in New Mexico by serving as an officer in your District Dental Society, the NMDA Board of Trustees, and ADA national committees.

## EDUCATION AND NETWORKING

**Continuing Education -** Receive valuable discounts to the NMDA Annual Session and other Dental District CE classes.



**Members saved $230-$280 on registration for last year's Annual Session.**

Keep up with peer reviewed research and trending topics with your **subscription to the NMDA's Dental Journal and JADA**, the official publication of the ADA.

Schedule time to hold your dental related meetings free in our **NMDA Conference room**.

Our **New Dentist Committee** meets regularly to advocate on behalf of new dentists, share resources, and schedule social networking events.

Access to the **Dr. Isadore L. Voda Dental Library** filled with helpful knowledge and Association history.

**JOIN TODAY Call us at 505-294-1368 or visit our website www.nmdental.org.**

9201 Montgomery Blvd. NE Suite 601
Albuquerque, NM 87111
PH- 505-294-1368 FAX- 505-294-9958

New Mexico DENTAL ASSOCIATION | ADA

*On February 5th, the Northwest District Dental Society celebrated "Give Kids A Smile"/National Children's Dental Health Month in Farmington at the San Juan County Dental Hygiene Clinic.*

*21 dentists helped to provide $31,676 of donated dental treatment to the community.*

give kids a smile!®

ADA American Dental Association®

Northwest DISTRICT DENTAL SOCIETY | ADA®

# NMDPAC

**New Mexico Dental Political Action Committee**

## Now is the time to take action. Help us continue our fight to protect dentistry today!

# PROTECTING DENTISTRY

NMDPAC speaks for New Mexico dentists on behalf of your practice, patients and profession. By supporting the NMDPAC, the profession of dentistry in New Mexico remains strong, allowing us to support elected officials who champion issues critical to the continued growth and success of our profession. Issues include:

**Prevention and Public Health**
**Effective funding and Medicaid Reform**
**Education**
**Practice and Workforce**

For more information contact Dr. Keigm Crook at KeigmC@aol.com
9201 Montgomery Blvd., N.E., Suite 601 | Albuquerque, NM 87111
Phone: 505-294-1368 | Fax: 505-294-9958

# Bigger and better for all to enjoy ...Especially You

By Joe Gherardi, DDS—Albuquerque, NM

How can the ADA and NMDA serve you as a dentist? This is a very good and valid question. And even though it is good to hear and know all the benefits that you've heard before (ie: CE, legislation, mentorship, networking, peer review, financial perks via loans and or equipment purchases, etc), to simply rattle off this list is really not expressing the heart or true "value" that organized dentistry serves to not only its members but the profession and its patients. The main reason for this is that organized dentistry in the form of either the national or state branches, the ADA and NMDA, respectively, is made up of "you" the dentist and many others like you. This creates a balance and reciprocation of both what you get and what you give. And all of the benefits, those listed above and then some, are not nearly as good for either "you" or those around you if you are not there to gain from them, or better yet others aren't there to gain from you.

If you were to take each individual benefit above and analyze it, you will see that every one of them offers something for you as an individual dentist to gain. If you delve deeper you may realize that the benefit you receive will only grow with more membership because there are more voices, resources, buying power, thinking power, and personal experiences when more individual dentists join together as a community. The most overlooked aspect of being associated with other dentists is what you are able to offer to others. Whether it be social gatherings, educational or practice management seminars, or policy meetings and planning, simply by being present, being heard, and sharing your knowledge and experiences the profession as a whole is gaining from you. You never know what tiny bit of advice or different perspective that you may have to offer can make the world of difference to others.

Now I can preach "strength in numbers" over and over again, and although what I say is true that you will gain even larger benefits if there is more involvement from you and the dentist across the street from you. Whether it be knowledge or simply that more numbers mean more buying power when it comes to equipment purchases from vendors or larger scale CE conferences, the gains will take care of themselves.

The best example of the balance of give and take is in the mentorship through the NMDA. We have a rapidly expanding population of new dentists starting in the state of New Mexico; it turns out that we also have a great supply of seasoned dentists as well. And it is easy to see the benefit of the new dentists pairing up to learn and be mentored by the experienced dentist. What about the mentor dentist? Can't he/she gain just as much from someone new to the profession?

Are you at a place in your career where you can say that you are well enough as you are and that you couldn't gain anything yourself by mentoring a new dentist? (And if you are, great! Please email me because I'd love to have you speak at our next CE.) You may or may not learn much in the techniques of restorative dentistry from the new dentist, however I think every single dentist can gain and grow in a way to better serve their patients and the profession simply by meeting 1-on-1 with another dentist. And who knows, that new dentist may be the right fit for the associate or partner that you were looking for. The mentorship program with the NMDA is a microcosm of how dentistry became and still is such a strong profession statewide and nationwide. So think again about all the benefits that you can receive as an NMDA member...but also consider what benefits you may be withholding from your peers by not joining.

*If you are a dentist who is interested in either being a mentor or mentee feel free to email me: jgherard7217@gmail.com*

# NMDA 107th **Annual Session**

ADA C·E·R·P® | Continuing Education Recognition Program

New Mexico Dental Association is an ADA CERP Recognized Provider

## Wednesday, June 1, 2016

| TIME | EVENT |
|---|---|
| 1–5 PM | House of Delegates—General Session |

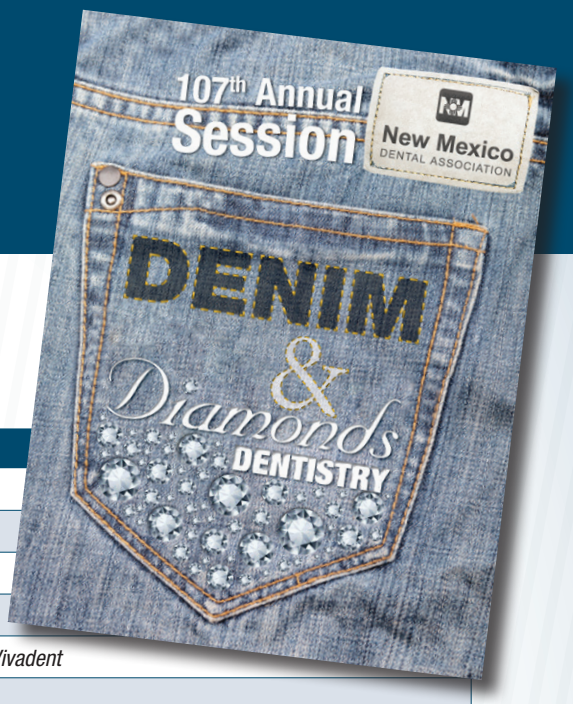
## Thursday, June 2, 2016

| Time | Speaker | Event |
|---|---|---|
| 6:30 AM–3:30 PM | | Registration Opens |
| 7–8:30 AM | Peter Loomis | Eat & Learn Breakfast: Forensic Odontology - Dental Identification |
| 7–8 AM | | Past President's Breakfast |
| 7:45–8:45 AM | Sanda Moldovan | Opening Session: Living the Life of Your Dreams *Sponsored by Nobel Biocare* |
| 8 AM–5 PM | | Exhibit Hall Opens |
| 9 AM–12 PM | Alex Fleury | Restorative Endodontics, A modern standard of care for long-term success (Pt. 1) *Sponsored by Real World Endo* |
| 9–10 AM | Stephen Wagner | Now you can do it! High-quality dentures in three brief appointments! |
| 9–10 AM | Jared Hansen | Fee Schedule Evaluation for Profitability |
| 9–11 AM | | House Of Delegates - Reference Committee Meetings |
| 9 AM–12 PM | Sanda Moldovan | The Future of Dental Implant Treatment *Sponsored by Nobel Biocare* |
| 9 AM–12 PM | Gary DeWood | Diagnosis and Treatment of Occlusal Problems |
| 9 AM–12 PM | Theresa Johnson | From Risk to Results: Periodontal Instrumentation for the Advanced Practitioner *Sponsored by Dentsply Caulk* |
| 9 AM–12 PM | Charles Loretto | Wealth Accumulation & Tax Strategies for Dentists |
| 9 AM–12 PM | Mike DiTolla | The Modern Restorative Practice |
| 10–10:30 AM | | AM Break |
| 10–11 AM | Ronald J. Romero | The New Mexico Department of Health, Office Oral Health—A Public Health Perspective *Sponsored by New Mexico Department of Health* |
| 10 AM–1 PM | Tierona Lowdog | The Fire Within: Nutrition and Lifestyle Approaches for Chronic Inflammation |
| 11 AM–12 PM | James Braun | Making Better Impressions—A Path to Predictability and Precision *Sponsored by 3M Oral Care* |
| 12–1 PM | James Braun | Making Better Impressions—A Path to Predictability and Precision Workshop *Sponsored by 3M Oral Care* |
| 12–1 PM | | FICD/FACD - Members Only |
| 12:30–3:30 PM | John M Cornali | The Straight "Tooth Truth" About Orthodontics |
| 2–5 PM | Lionel Candelaria | Current concepts is Post-Operative pain Management |
| 2–5 PM | Charles Loretto | Why Owning Your Practices is the Key to Your Future |
| 2–5 PM | Tierona Lowdog | Nutrition for the Dental Team |
| 2–5 PM | Alex Fleury | Restorative Endodontics, A modern standard of care for long-term success (Pt. 2) *Sponsored by Real World Endo* |
| 2–5 PM | Dr. Sanda Moldovan | Designing Smiles from the Inside Out *Sponsored by Nobel Biocare* |
| 2–5 PM | Gary DeWood | Designing an Occlusion - Where do I start |
| 2–5 PM | Theresa Johnson | Unveiling the Mystery of Caries Management: What's the Secret? *Sponsored by Dentsply Caulk* |
| 2–5 PM | Mike DiTolla | The Monolithic Revolution |
| 2–5 PM | Theresa Groody | Perfecting the Provisional Crown Process: Differentiating materials and methods *Sponsored by Dentsply Caulk* |

# Albuquerque Convention Center

## June 1–4, 2016

## Exhibit Dates: June 2–3, 2016




### Friday, June 3, 2016

| TIME | SPEAKER | EVENT |
|---|---|---|
| 6:30–11:45 AM | | Registration Opens |
| 7–10 AM | | House of Delegates |
| 7–8 AM | | Women's Breakfast |
| 8 AM– 5 PM | | Exhibit Hall Opens |
| 8–10 AM | Frank Shull | Cementation Simplified – Hands-on *Sponsored by Ivoclar Vivadent* |
| 9 AM–12 PM | Tierona Lowdog | Fortify Your Life |
| 9 AM–12 PM | Karen Davis | Creating the Ultimate Doctor-Patient Hygiene Exam |
| 9 AM–12 PM | Gary DeWood | Appliance Therapy / The Anterior Bite Plane |
| 9 AM–12 PM | Robert Vogel | Precision, Productivity and Profitability of Implant Prosthetics in Private Practice<br>*Sponsored by Straumann* |
| 9 AM–12 PM | Corky Willhite | Transitional Bonding: Non-traditional Direct Resin Restorations for Major Occlusal and Esthetic Changes<br>*Sponsored by Dentsply Caulk* |
| 9 AM–12 PM | Rhonda Savage | Your Fantastic Dental TEAM |
| 10–10:30 AM | | AM Break |
| 10 AM–12 PM | Aamna Nayyar | What the heck is an Expanded Function Dental Auxiliary (EFDA), and does your office need one? |
| 10 AM–4 PM | | Blood Donation |
| 12–2 PM | Marcus Palermo | CBCT Applications in Endodontics |
| 12–1:45 PM | Rhonda Savage | Team Luncheon: Verbal Skills Workshop |
| 2–3:30 PM | | Registration Opens |
| 2–5 PM | Corky Willhite | A Practical, Reversible Technique to Increase VDO<br>(NOTE: the Transitional Bonding lecture is highly recommended to make the most of this hands-on)<br>*Sponsored by Dentsply Caulk* |
| 2–5 PM | Karen Davis | Think Outside the Mouth - Treatment Planning for Nonsurgical Periodontal Treatment |
| 2–5 PM | Rhonda Savage | Banishing the Broken Appointment |
| 2–5 PM | Tierona Lowdog | The Relationship of Environment and Human Health: Enhancing Awareness |
| 2–5 PM | Thomas Schripsema | Rembrandt to Reagan: Mastering the Art of Leadership |
| 2–5 PM | Robert Vogel | State of the art Topics, Tricks and Techniques in Implant Overdentures and Implant Retained Partial Dentures<br>*Sponsored by Straumann* |
| 2–5 PM | Bernadette Jojola | Dental Radiography Safety |

### Saturday, June 4, 2016

| TIME | SPEAKER | EVENT |
|---|---|---|
| 9 AM–12 PM | Bernadette Jojola | OSHA-Infection Control Update |
| 9 AM–12 PM | Jill Baskin | CNA Dental Professional Liability Risk Management Seminar *Sponsored by Brown and Brown of NM* |
| 9 AM–12:30 PM | Robert LaPrise—<br>EMS Aspects | CPR - BLS for Healthcare Providers |

Schedule changes will be listed in the official program.

# Great News!

By L. Balderamos, DDS, MS, FACP
*Vice Chair New Mexico Board of Dental Health Care*

COMPLAINTS against Dentists practicing in New Mexico were SIGNIFICANTLY DOWN for the year 2015 compared to the previous 2 years. The NMBDHC welcomes this positive news and encourages all dentists to keep up the good efforts and conscientious practice models as you serve your patients.

As a GENTLE REMINDER, the NMBDHC finds the following in complaints against Dentists.

1. Use of the Prescription Monitoring Program: The New Mexico Board of Pharmacy monitors opioid prescriptions written by Dentists. Rogue prescriptions are reported to the NMBDHC. You can protect yourself and your practice by use of the PMP as you practice responsible prescription writing. You must be discreet as a lot of information can be found on the PMP website.
2. Self-Report Malpractice Settlements: When your Malpractice Carrier makes a settlement on your behalf, IT IS YOUR RESONSIBILITY TO REPORT this to the NMBDHC. Failure to self-report will result in discipline from the NMBDHC.
3. Respond to questions from the Board: Please respond promptly to requests for information by the NMBDHC. Failure to respond in a timely manner may force the board to pursue the claim/complaint without getting your side of the story and may result in discipline.

Once again your NMBDHC is mandated to PROTECT THE PUBLIC.
We welcome your comments and presence at our meetings.

Yours in Service,

L. Paul Balderamos DDS, MS, FACP
*Vice Chairman of the New Mexico Board of Dental Health Care*

# #ShareFive
## *Health Promotion Campaign*

By Rudy Blea—OOH Program Director

The Department of Health's mission is to reduce the incidence of disease through prevention. Currently New Mexico ranks 37th in health status in the United States. It is estimated that $6,650 is spent on average for annual medical care in New Mexico. This amount has doubled in the past 10 years. The Department has identified 7 preventable conditions in New Mexico: high blood pressure, high cholesterol, diabetes, obesity, asthma, lung cancer, and tobacco use. Public health works to improve the health of the entire population through partnerships, assessment, assurance and policy development. In its State Health Improvement Plan nine focus areas have been identified to prevent or impact the above health conditions. The nine focus areas are: childhood obesity, adolescent obesity, diabetes, tobacco use, teen births, adult immunizations, oral health, older adult falls, drug overdose deaths, alcohol related deaths, and health systems access.

The Office of Oral Health has inaugurated a preventive smoking campaign titled ***#ShareFive***. The intent of the campaign is to prevent adolescents aged 13 to 18 from beginning to smoke tobacco. The campaign is being produced and disseminated in partners with the New Mexico Youth Forum in Your Community, New Mexico Delta Dental, New Mexico Dental Association, KOAT TV, and the Department of Health's Office School and Adolescent Oral Health and Tobacco Cessation Program.

The #ShareFive campaign is to encourage nonsmoking teens to spend five minutes educating their peers on the adverse health effects of smoking.

***#ShareFive*** is a social media campaign produced by adolescents targeting their peers. The ***#ShareFive*** campaign is to encourage *nonsmoking teens* to spend five minutes educating their peers on the adverse health effects of smoking. The goal is to prevent an adolescent from beginning to smoke or use alternative smoking products such as e-cigarettes.

New Mexico Youth Forum for Your Community will identify local adolescents interested in developing a teaching video for their peers on the development of a prevention video or poster. KOAT TV and the department will promote the campaign to local adolescent and parent organizations inviting the adolescents to produce their own video.

### The effects of smoking:

- Smokers are about twice as likely to lose their teeth as non-smokers.
- Cigarette smokers are nearly twice as likely to need root canal treatment.
- Smoking leads to reduced effectiveness of treatment for gum disease.
- Smoking increases risk of mouth pain, cavities and gum recession (which can lead to tooth loss).
- Tobacco reduces the body's ability to fight infection (including in the mouth and gums). Smoking also limits the growth of blood vessels, slowing the healing of gum tissue after oral surgery or from injury.
- Smokeless tobacco (snuff or chewing tobacco) is associated with cancers of the cheek, gums and lining of the lips. Users of smokeless tobacco are 50 times more likely to develop these cancers than non-users.
- Cigars, chewing tobacco, snuff and unprocessed tobacco leaves (used as cigar wrappers) contain tiny particles that are abrasive to teeth. When mixed with saliva and chewed, an abrasive paste is created that wears down teeth over time.[1]

## Children and tobacco use:

- 3,000 children and teens become regular users each day (including chewing tobacco).
- Nearly one-quarter of all high school students' smoke.
- Some tobacco companies target children with cherry-flavored chewing tobacco sold in colorful containers.
- Children exposed to tobacco smoke may have delays in the formation of their permanent teeth.
- Women who smoke may be more likely to have children born with an oral cleft (cleft lip or cleft palate).[2]

New products such as e-cigarettes are popular with teens and adults, the health effects are still being examined.

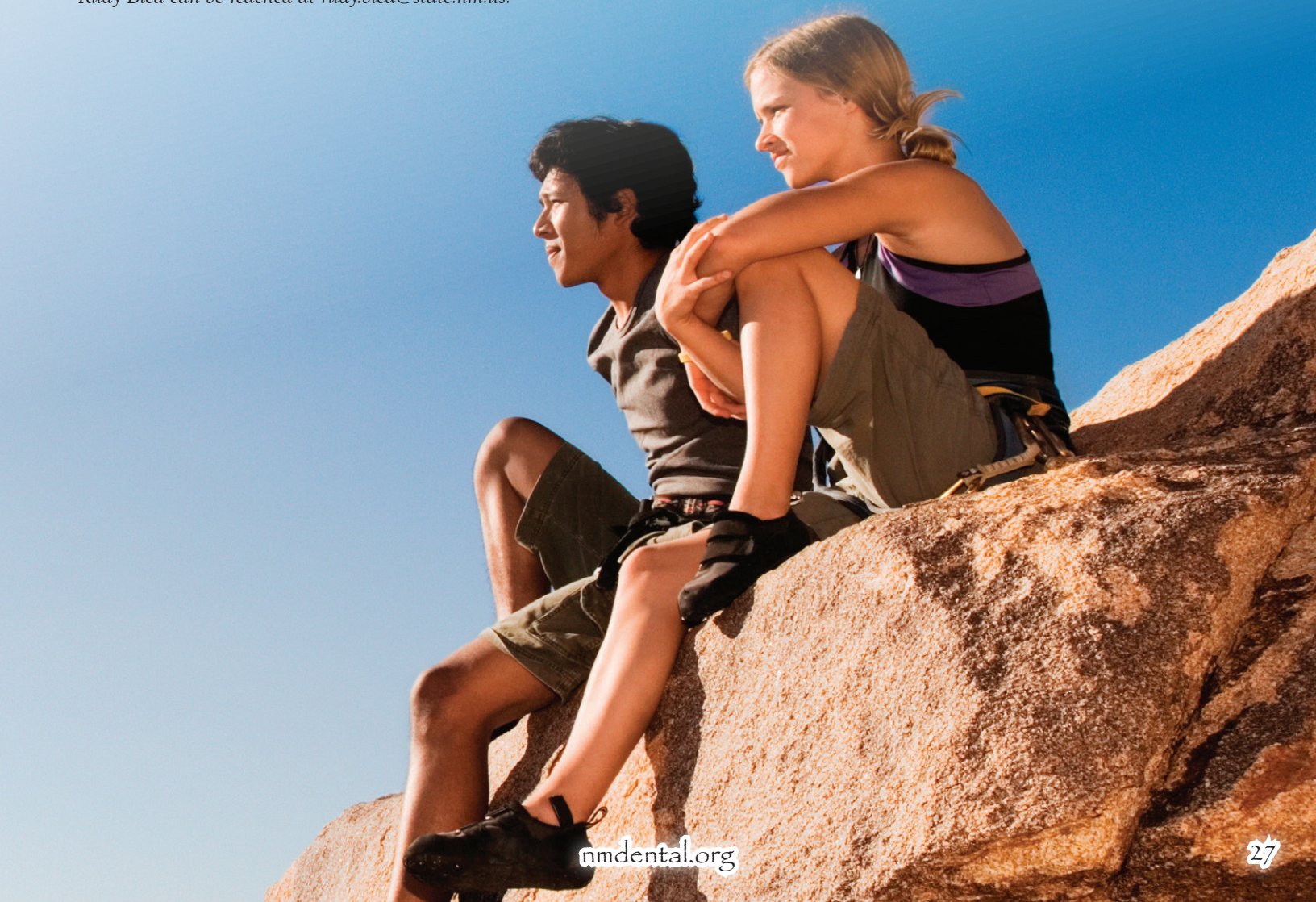
Three winners will be selected by the partnership. The winners will be introduced at the annual New Mexico Health to Toe School Conference and the videos will be shown. For additional information for the conference please go to: http://attendhead2toe.com/

The winning videos will be aired by KOAT TV so that our adolescent population will learn that other adolescents support those who do not wish to begin smoking or using other products.

***#ShareFive*** health promotion campaign supports the departments overall efforts for a healthier New Mexico young adult population.

*1. Tobacco use and oral health, Delta Dental, https://www.deltadentallins.com/oral_health tobaccodw.htm.*
*2. Ibid.*

*Rudy Blea can be reached at rudy.blea@state.nm.us.*



# Membership Matters

## Meet Dr. Curtis Pino

Dr. Pino knew from a young age that he enjoyed interacting with and helping people. He found that dentistry would allow him to use both of these skills in a career that was geared toward health.

Dr. Pino was born and raised right here in Albuquerque. He attended St. Pius X High School where he excelled as a student-athlete, playing basketball and football. He went on to attend the University of New Mexico where he graduated with honors with a degree in Biology, Chemistry and Accounting. He originally walked on to the Lobo football team under head coach Rocky Long. After his second year, he was awarded a full athletic scholarship and was a three-year letterman playing Tight End. He played in four Bowl Games including the inaugural New Mexico Bowl. He was a fan favorite of the UNM fan club, the Red Menace, being nicknamed "The Passion."

Dr. Pino received his Doctorate in Dental Surgery at the University of Colorado-School of Dental Medicine where he served an active role in the student body and held multiple committee positions within the school.

Pursuing his passion for periodontics, he completed his residency at the storied University of Washington, where he received a Certificate in Periodontics and a Master's of Science Degree (MSD) while serving as Chief Resident. Dr. Pino's focus in his Master's research was on Peri-Implant Mucositis and Optical Coherence Tomography, which is published in the Journal of Oral Implantology. In addition, Dr. Pino completed an Anesthesiology Rotation at the Veterans Administration Hospital in Seattle. At both the University of Washington and the VA Hospital, he trained extensively in oral and intravenous sedation.

Dr. Pino and his wife Becky are excited to be back in the Land of Enchantment, bringing with them their daughter Addison (5), son Lincoln (2), and 9-month-old twins, Logan and Lola.

## Welcome New Members

**TRUTH OR CONSEQUENCES**

Christopher Roclevitch

New Mexico DENTAL ASSOCIATION | ADA

*To Join the New Mexico Dental Association or to renew your membership please visit us online at*

*www.nmdental.org*



## Stay connected to NMDA...

Find us on Facebook

# Save The Date–Event Calendar

## NMDA & NEW MEXICO DENTAL ASSOCIATION FOUNDATION ...the heart of dentistry Meetings

**2016**

MARK YOUR CALENDAR!

**April 7–10**
2016 NM Mission of Mercy—
Santa Fe Convention Center
Register to *Volunteer*
*www.nmdentalfoundation.org*

**June 1–3**
2016 NMDA House of Delegates
Northest Building
Albuquerque Convention Center

**June 2–4**
2016 NMDA 107th Annual Session
"Denim & Diamond Dentistry"
Hall 4, Albuquerque Convention Center


# Component Society Meetings

### Albuquerque DISTRICT DENTAL SOCIETY | ADA

*For information on ADDS events,*
*call Dr. Mary Rose Twohig at 505-881-9767.*

### Eastern DISTRICT DENTAL SOCIETY | ADA

*For information on EDDS events,*
*call Dr. Tim Price at 575-622-3300.*

### Northwest DISTRICT DENTAL SOCIETY | ADA

*For information on NWDDS events,*
*call Dr. Jennifer Thompson at 505-327-6233.*

### Santa Fe DISTRICT DENTAL SOCIETY | ADA

*For information on SFDDS events,*
*call Dr. Kristine Ali at 505-992-1600.*

### Southwest DISTRICT DENTAL SOCIETY | ADA

*For information on SWDDS events,*
*call Dr. Marianne Day at 575-523-5589.*

**April 29** 8:00am–1:00pm
Spring Seminar—Las Cruces, NM
Guest Speaker: Casey Hein, BSDH, MBA

### West Central DISTRICT DENTAL SOCIETY | ADA

*For information on WCDDS events,*
*call Dr. Jared Montano at 505-863-4457.*

**We invite all dental groups to submit their events to this calendar.**
Email them to *narenas@nmdental.org*
or fax to NMDA, Attn: Nancy 505-294-9958.
Also visit our NMDA Facebook page to see upcoming events.

# Classified Ads/Employment Opportunities

Classified Advertising: $50 minimum for 30 words; 25 cents for each additional word.
NMDA members receive a 10% discount on classified ads. Email text with billing information to David Gambill at *davidg@llm.com* or call 800-647-1511 x2231.

## DENTAL OPPORTUNITES

**GENERAL DENTIST OPPORTUNITIES.** Dental Dreams desires motivated, quality-oriented Associate Dentists for our offices in IL, LA, MA, MD, MI, NM, PA, SC, TX , VA & DC. We focus on providing the entire family superior quality general dentistry in a modern, technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Compensation: Higher of guaranteed base pay or 30% of adjusted production, Starting minimum guaranteed base compensation of at least $120,000, and Average annual compensation of full-time dentists in excess of $230,000. Benefits: Medical coverage, Dental coverage for Associates and immediate family members, Malpractice insurance, Three weeks vacation, and Visa and permanent residency sponsorship assistance. Clinical Practice: Complete freedom over treatment planning, efficient front desk staff and office managers, state of the art dental equipment & supplies, and Discretion over dental supplies and instruments. Please contact us for more information: For IL, MI, & SC, contact Danielle Tharp, ph: (312) 274-4524, email: dtharp@kosservices.com; For MA, MD, PA, TX, VA, LA, NM & DC, contact Juliette Boyce, ph: (312) 274-4520, fax: (312) 803-1869, email: jboyce@kosservices.com.

**PEDIATRIC DENTIST:** Established group of practices seeking a pediatric dentist to join our team. With multiple locations, the support of a team of GP's and specialists including an orthodontist and a robust payor mix, this is the perfect opportunity! To learn more visit jobs.perfectteeth.com or contact Dr. Peter Carlesimo at 303-285-6042 or pcarlesimo@perfectteeth.com. Don't miss the opportunity to join our team!

**DR. KELLEY RYALS IS LOOKING FOR** an associate dentist to work full-time at her modern practice in Santa Fe, NM. This practice is fully digitalized and equipped with CEREC® CAD/CAM, SIROLasers and integrated specialties. Dr. Ryals offers great income potential and benefits including medical, dental, vision, malpractice, disability, CE and matching 401(k). If you feel you are qualified, please send your resume to cookt@pacden.com.

## DENTAL OPPORTUNITES

**EXCELLENT ASSOCIATE TO PARTNER** Opportunity in Northern New Mexico. Do well, live well and have the time and near-by recreational opportunities to enjoy it all! Beautiful state of the art facility with a well-established and no-drama team, legendary patient service, thriving practice and superior systems. Practice is known in the area for patient care, technology and leadership in the dental community. Owner doctors will mentor and train the right candidate. IV Sedation, 3rds, Molar Endo preferred but not required. Benefits include 401(k), vacation, CE, malpractice, Association Memberships, Medical Insurance, Dental Benefit. Compensation for the first 3 months includes 30% adjusted production or $750 per day minimum. 30% adjusted production thereafter. Restrictive covenant and ownership potential both part of package. Contact: larry@ctc-associates.com

## DENTAL OPPORTUNITES

**FAMILIA DENTAL HAS GREAT** opportunities for General Dentists and Orthodontists in New Mexico, Texas, Illinois and Indiana. We show our doctors how much we value their skills by offering high compensation with earning potential over $300,000 annually & $500,000 for Orthodontists. Other benefits include sign on bonuses, relocation bonuses vacation package, health insurance, malpractice insurance, Continuing education, and H1B and Permanent residency sponsorship. For more information contact 847-915-3019 or send your resume to doctor@familiadental.com.

**GENERAL DENTIST NEEDED ONE DAY/WEEK** Growing and busy general practice in Santa Fe, NM needs an associate to join our team. New equipment, digital imaging and records. For more information, please email jobs.oral.health@gmail.com.

*continues* ▶

# Classified Ads/Employment Opportunities, continued

Classified Advertising: $50 minimum for 30 words; 25 cents for each additional word. NMDA members receive a 10% discount on classified ads. Email text with billing information to David Gambill at *davidg@llm.com* or call 800-647-1511 x2231.

## DENTAL OPPORTUNITES

**GENERAL DENTISTS:** Established group practice seeking dentists to join our team. Our dentists get to do what they do best, dentistry! With an unwavering commitment to Gold Standard patient care, an experienced support team and hard work and commitment both appreciated and rewarded, this is the perfect opportunity. You may think you know corporate dentistry, but you don't know PERFECT TEETH. To learn more visit jobs.perfectteeth.com or call me, Dr. Peter Carlesimo at 303-285-6042 or pcarlesimo@perfectteeth.com. Don't miss the opportunity to join our team!

**JOIN A WINNING TEAM!** Associate and equity opportunities for Dentists (GPs and specialists) at respected, busy practices in Albuquerque and Santa Fe. I am also hiring for (or selling) many other private practices nationwide (AZ, CA, CO, KS, TX, WA more). Low stress, great stability, HIGH earnings! Email CV to jacobk@starbrio.com or call 719-250-5528.

## DENTAL OPPORTUNITES

**STATE-OF-THE-ART, GENERAL PRACTICE** in Santa Fe seeking a comprehensive associate for potential buy-in for the right fit — visit www.pattersonconnect.com or call 800-588-0098 for more information.

**GENERAL DENTIST NEEDED**—Española: Mountain Dental is seeking dental candidates for a practice opportunity in Española. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in Albuquerque, please contact Derek Lindholm at 715-577-4551 or email: dlindholm@midwest-dental.com. Visit our website at: www.mountaindental.com.

## DENTAL OPPORTUNITES

**LOCUM TENENS/FLEXIBLE OPPORTUNITY**—Passionate for patient care and want a flexible schedule? We seek experienced dentists to fill daily/weekly/monthly locum tenens needs to cover leaves and extended vacations. Perfect for dentists wanting to pick up extra hours. May involve travel with overnight stays. Typically includes 32-36 hours/week when needed. Competitive pay. You have complete freedom to work as many or as few locum sessions as you'd like! Opportunities available with Midwest Dental (WI, MN, IA, IL, KS, MO), Mountain Dental (CO, NM) and Merit Dental (PA, OH, MI). Contact Carly Rufledt, 715-225-9126, crufledt@midwest-dental.com. Learn more about us: www.midwest-dental.com; www.mountain-dental.com, or www.mymertidental.com.

# Classified Ads/Employment Opportunities, continued

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## PRACTICES FOR SALE

**BEAUTIFUL STATE-OF-THE-ART PRACTICE** in Santa Fe, New Mexico! This highly profitable practice has over 1,200 active patients and averages 15 new patients per month. Established in 1994, this completely paperless office relocated to a spacious condominium in 2011 with six fully equipped operatories and one additional operatory that is plumbed but not equipped. The practice is fully equipped with x-rays and N2O in each operatory, digital radiography, digital Panorex, intraoral cameras, diode laser, plumbed nitrous, and more. With a 100% fee-for-service payment breakdown, this practice is on target to gross $1,375,000 in 2015. Act quickly — this beautiful and profitable practice won't last long! Please contact Paula at paula@asdtexas.com.

## PRACTICES FOR SALE

**OWNERSHIP OPPORTUNITY** in Hobbs, NM 8 chair practice in Hobbs, NM with equity ownership opportunity. 20% buy in to an established, fully staffed private practice producing over $1.3M annually. Full clinical autonomy with administrative and non clinical support from Benevis. First year doctor take home around $300k. Full health benefits, 401(k), LTD/STD available. Contact Zac at zrhinesmith@benevis.com or 770-710-3042.

**ALBUQUERQUE, NM** GENERAL PRACTICE FOR SALE. Located in the NE Heights area. Collections for the last 12 months totaled over $350K on 830 FFS/PPO patients. 3 ops, digital xrays, open 4 days/wk. Excellent rate of return as a satellite office or merger to gain more patients. For more information please email lance@paragon.us.com. Ref#NMRELAFI

## SPACE AVAILABLE/WANTED

**ALBUQUERQUE DENTAL OFFICE FOR LEASE.** Freestanding building, 1800 sq.ft., great visibility on high-traffic Montgomery Blvd. just west of Eubank. Efficient Pride- Design; 4-6 operatories, 2 labs, reception, built-in business office. Move- in ready, just need chairs and equipment. Reduced starting rent, only $2,850/ month + tax & utilities, short or long- term lease. Adjacent furn./unfurn. 2bd/1ba apartment (optional) also available, additional $950/mo. Work and home complete package. This location is a practice-builder. Contact Evelyn King, DDS at 505-850-3854 or e- mail at ekingdds@aol.com.

**PRIME LOCATION FOR LEASE:** 8401 Osuna Road, NE Albuquerque, NM (NE corner of Osuna and Wyoming intersection, with traffic light) very high traffic density and excellent visibility. 3400 sq/ft . 12 operatory. Can be sub-divided. Rent depends on size leased. Electricity and other utilities are included. (505) 228-8771 or phsgro@msn.com


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