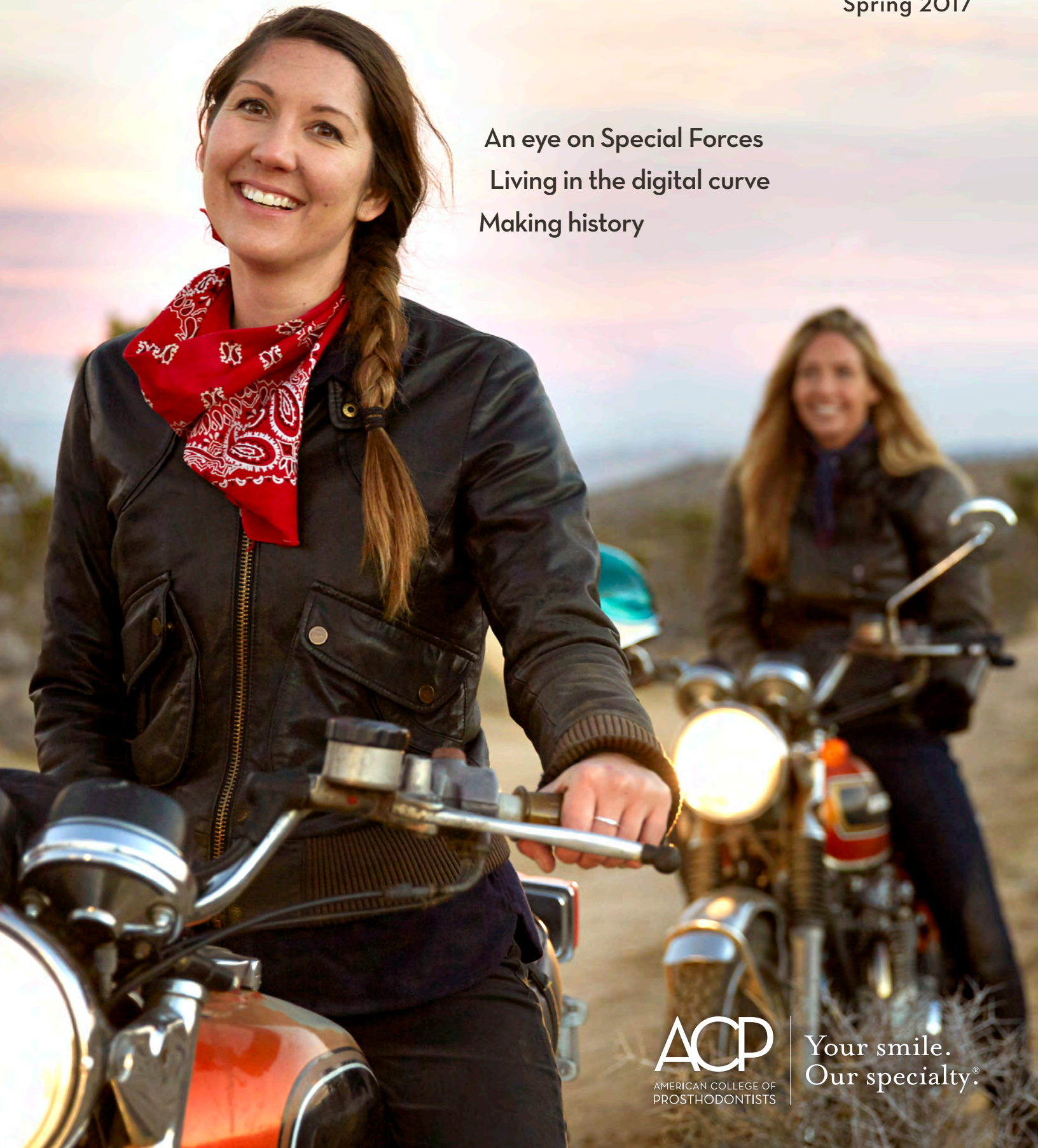


# ACP MESSENGER

Spring 2017

An eye on Special Forces  
Living in the digital curve  
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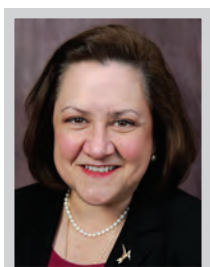
**Dr. Susan E. Brackett** is President of the ACP and maintains a private prosthodontic practice in Oklahoma City.

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**Dr. Markus B. Blatz** is Professor of Restorative Dentistry and Chairman, Department of Preventive and Restorative Sciences at Penn Dental Medicine.

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**Dr. Lily Garcia** is Associate Dean for Education at the University of Iowa College of Dentistry & Dental Clinics and a past Chair of the ACP Education Foundation.

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**Dr. Mathew Kattadiyil** is Professor and Director of the Advanced Specialty Education Program in Prosthodontics at Loma Linda University School of Dentistry, and Editor-in-Chief of the *ACP Messenger*.

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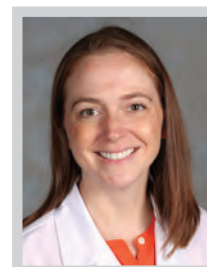
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**Dr. Ricardo Perez** is owner of A Five Star Smile, Cosmetic Dental Spa in Pleasanthill, CA.

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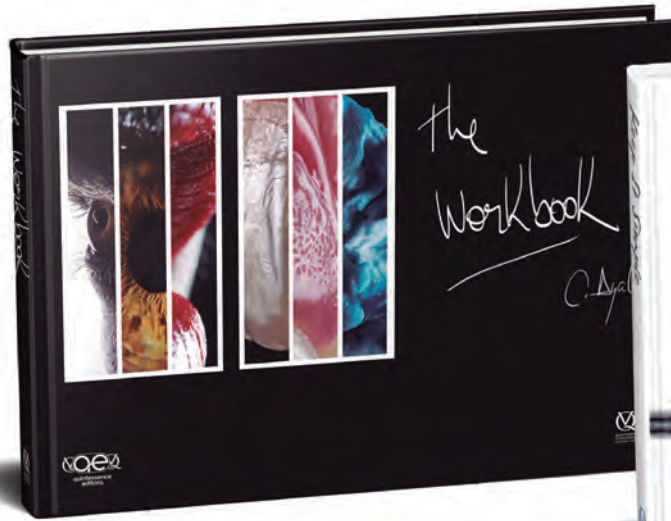
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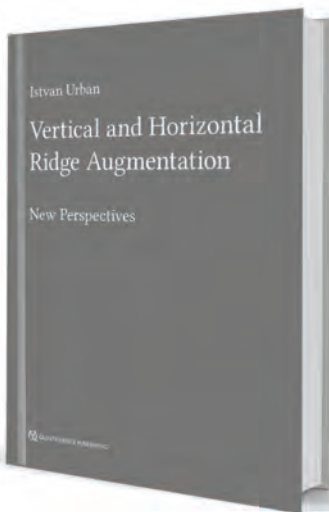
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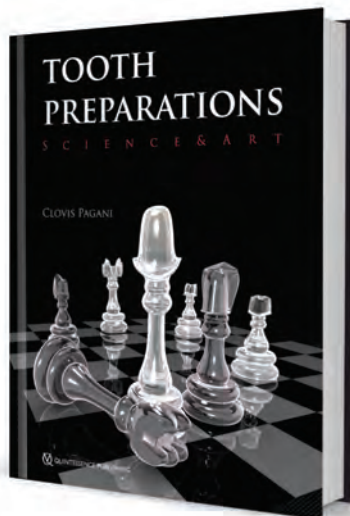
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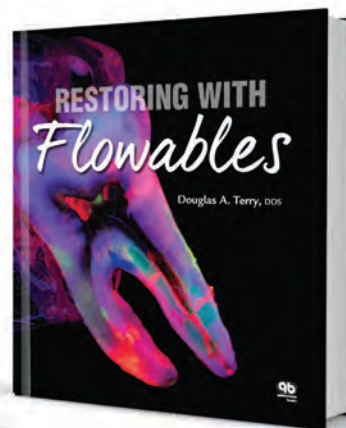
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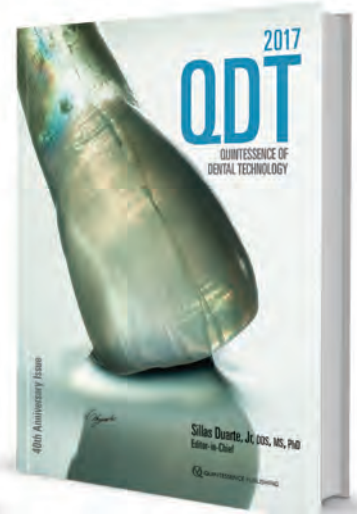
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# Seeking mentors

Mathew T. Kattadiyil,  
DDS, MDS, MS, FACP  
ACP Messenger Editor-in-Chief

“To overcome the gender imbalance and challenges, the talent, hard work, and perseverance of female prosthodontists are the true ingredients to their success. However, nothing in history is accomplished alone but rather with the help and support of mentors, champions, and sponsors who help provide the blueprints for others to reach their goals.” - *WOMEN IN PROSTHODONTICS E-BOOK*

In 2016, the American College of Prosthodontists published an e-book called *Women in Prosthodontics*, detailing women’s contributions to our specialty in the past, present, and future. The e-book highlighted significant achievements and celebrated many under-recognized pioneers and trailblazers. It is available as a free download for nearly every computer, tablet, and e-reader, so I encourage you to pick up a copy of your own.

Our specialty has continued to attract more female involvement and it is heartening to see women’s leadership and participation trending in the right direction. ACP President Dr. Susan E. Brackett provided valuable perspective on what this means:

“For many of us, there were no women available to be our mentors, and without these gentlemen’s influence and support, we would not be where we are today. But younger women now have the opportunity to seek out female mentors: those who may be more familiar with the delicate balance of work and family obligations (be it caring for children or aging parents)... advice, in fact, that is as valuable to our younger male colleagues as it is to our female colleagues!”

It is in the same spirit that our editorial team has dedicated this issue of the *Messenger* to articles written by women who are working in prosthodontics today.

Dr. Ketu P. Lincoln provides a case presentation from the world of maxillofacial prosthetics, where a member of the U.S. Army Special Forces had a unique request for his treatment. Dr. Emily J. Taylor writes about her decision to practice at the Department of Veterans Affairs and the integrated dental care that she and her colleagues deliver to men and women who served our country. Andrea Hegedus, CDT and her colleague Dr. Ricardo Perez describe some considerations for investment in new digital technology.

Elsewhere in this issue, Dr. Eva Anadioti and her colleague Dr. Markus Blatz describe their progress in establishing a new program for prosthodontic education at the University of Pennsylvania School of Dental Medicine, observing that every journey begins with a first step. And two of the ACP’s renowned and generous leaders, Dr. Brackett and Dr. Lily T. Garcia, provide updates from the College and ACP Education Foundation, respectively.

Today, young and aspiring prosthodontists can look to a wide variety of male and female mentors, and gain a richer perspective on this challenging, innovative, and rewarding specialty of ours. The authors in this issue are a good place to start. ■



“It is clear to me that we have made great strides in accepting and encouraging women to become prosthodontists.”

- DR. SUSAN E. BRACKETT, ACP PRESIDENT



# An eye on Special Forces

Lt. Col. Ketu P. Lincoln,  
DMD, MS, FACP

As a fellow in maxillofacial prosthetics training, I have an opportunity to help patients affected by congenital, developmental, or acquired craniofacial defects. Although restoration of oral function is an important treatment objective, providing a result which allows the patient to function psychosocially is essential as well.

Meet Lt. Col. Kenneth Dwyer, Commander of an elite unit of Army Green Berets and Rangers, assigned to the US Army 1st Special Forces Command (Airborne) at Fort Bragg, North Carolina. During a 2006 deployment to Afghanistan, Lt. Col. Dwyer sustained near fatal injuries from a rocket propelled grenade which resulted in loss of his left hand and left eye. Oculoplastic surgeons placed a spherical implant in his left orbit onto which his ocular muscles were reattached.

When I first met Lt. Col. Dwyer he was wearing a prosthetic ocular conformer with the regimental crest of his Special Forces unit embedded into it. He wore it proudly for 6 years but due to excessive fluid discharge it had to be removed several times a day for cleaning.

I removed the prosthesis and evaluated its size in comparison to the reconstructed tissue bed. I noted the prosthesis was over-extended, likely a cause for excessive fluid flow. A pronounced loss of lower eye lid muscle tone along with a red and irritated tissue bed were other significant clinical findings. The reattached ocular muscles gave Lt. Col. Dwyer good movement or “motility” to his left implant. This would render a more favorable and natural-looking prosthetic result.



**Fig. 1:** First meeting Lt. Col. Dwyer.



He was instructed to stop wearing his existing conformer. My first objective was to fabricate a new one to promote healing of his tissue bed. Using a carefully fitted ocular impression tray, an impression was made with an ocular alginate material. A wax prototype was poured from a created mold of the impression. The wax prototype was inserted, evaluated, and adjusted utilizing eye movements in all directions to achieve proper orientation, extensions, and comfort.

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“For years now I have been the guy with the SF crest eye. That is who I am now. Please help me get back to that,” explained Lt. Col. Dwyer. “I know that may sound silly but that eye is my tribute to all the guys in my unit who didn’t get to come home.”

---

The wax prototype was converted to a custom fitting solid black acrylic resin interim conformer at the request of Lt. Col. Dwyer, which he wore for two months. He noticed a significant reduction in the excessive fluid discharge right away. Attention soon shifted to his lower eye lid, its lack of muscle tone, and the shallow depth of his lower fornix as retention of the conformer became a problem.

Lt. Col. Dwyer was referred to a Plastics Ophthalmologist in our medical center to investigate possible corrective surgery. Upon evaluation a surgical procedure was recommended which would require a smaller interim conformer, worn during a healing period of three months.



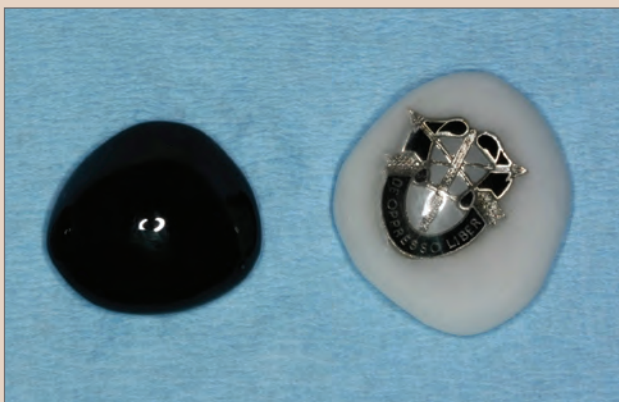
**Fig. 2:** Close view of original ocular conformer.

**Fig. 3:** Tissue bed with original conformer removed.

**Fig. 4:** Making an impression using an ocular impression tray.



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This new interim conformer would require the Special Forces crest embedded into it. “For years now I have been the guy with the SF crest eye. That is who I am now. Please help me get back to that,” explained Lt. Col. Dwyer. “I know that may sound silly but that eye is my tribute to all the guys in my unit who didn’t get to come home.”

The day before surgery, a solid white acrylic resin conformer was made using the previous mold. Lt. Col. Dwyer was scheduled for try in and to mark the location for placement of his unit’s crest. Our medical illustrator redesigned the crest to an appropriate size with improved resolution. The printed crest was positioned followed by processing of a clear acrylic resin layer in the lab. At the surgeon’s request, the conformer was tried in, adjusted to ensure fit and comfort, and prepared for placement on the day of surgery. Lt. Col. Dwyer was extremely happy to know he soon would be wearing his Special Forces crest again.

Lt. Col. Dwyer had his corrective surgery and returned to Fort Bragg for duty. He wears his conformer proudly displaying his unit’s crest honoring his fellow soldiers lost in the line of duty. Retention of his conformer is very good. On his next trip to San Antonio Military Medical Center I hope to provide a new prosthesis replicating his natural blue eye and, of course, a second one with his Special Forces unit’s crest. ■



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**Fig. 5:** Lt. Col. Dwyer wearing interim conformer.  
**Fig. 6:** Comparison of new interim conformer to the original conformer.  
**Fig. 7:** Positioning Special Forces unit’s crest.  
**Fig. 8:** Processing clear acrylic resin layer.  
**Fig. 9:** Confirming fit of new interim conformer with crest prior to surgery.



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# Integrated dentistry: prosthodontics at the VA

Emily J. Taylor,  
DMD, MS, FACP

Many assume that VA dentistry is limited to less complex therapies or that we have limited access to technology. In fact, digital dentistry has gained a strong foothold in the system, including CAD/CAM technology for both removable and fixed prosthodontics.

I often receive questions about my decision to work for the Department of Veterans Affairs. For the past two years I have worked at the Washington DC VA Medical Center. I had an early experience with the VA through my GPR training at the Manhattan campus of the VA NY Harbor Health Care system. After completing my residency, I worked for two private practice models, one corporate and one small business. Neither of these settings fulfilled my desire to freely treat every patient, regardless of income and the constraints of dental insurance. The unique aspect of the VA system is that veterans are treated based on their eligibility, not their ability to pay. If they do qualify for dental coverage, they receive dental care

with no personal financial expense. As prosthodontists, many of us strive to treat patients comprehensively, but that is not always possible when finances are a limiting factor.

Many assume that VA dentistry is limited to less complex therapies or that we have limited access to technology. In fact, digital dentistry has gained a strong foothold in the system, including CAD/CAM technology for both removable and fixed prosthodontics. Prosthodontists have the option to place and restore implant cases, ranging from single implants to full-mouth rehabilitations, or they can work together as part of a multidisciplinary team.







**Fig.1 (at left):** Central Dental Laboratory, Washington, DC



**Fig. 2:** Dr. Diana Cole, 3rd year prosthodontic resident

**Fig. 3:** Dr. Heather Giannotta, staff prosthodontist

There is a common saying, “if you’ve seen one VA, you’ve seen one VA.” Lab access and support varies widely between clinics. Most clinics have on-site labs, though there are two central dental labs for the entire VA system that complete the majority of dental cases. There is also the option to work with private dental labs.

The VA system currently employs a total of 143 full-time and 29 part-time prosthodontists, including 33 practitioners trained in maxillofacial care. There are five prosthodontic residency programs as well, all of which are associated with other dental institutions to round out a full didactic education. At my clinic there is a full-time oral surgeon, a periodontist, as well as five general dentists and three other full-time prosthodontists. Along with a GPR program of 6 residents, a prosthodontic residency, and two hygienists, our clinic is one of the largest in the country with 20 providers.

Another huge advantage to the VA system is the integrated health care model. I had a new patient present for an exam just this morning and I was able to read through his medical records to review his case

before I even met him. I noted that he has a history of head and neck cancer previously treated with resection and radiation therapy. I palpated a firm mass between the mandible and cheek which the patient reported had grown in the past two weeks. I was able to walk him directly to Oral Surgery where he was further examined, had appropriate imaging arranged at our facility, and alerted the ENT department so that they could quickly follow up on his care. The ability to access in-depth medical histories and communicate with other medical professionals is not only of value to me as a prosthodontist but a true asset to the veteran community.

Perhaps the most rewarding aspect of working for the VA health system is the opportunity to treat individuals who served our country. They are a truly remarkable patient population that benefits from the comprehensive multidisciplinary team approach where the prosthodontist plays a key role. In my experience, besides the frustrations present in any large health care system, the opportunities, rewards, and integrated approach to comprehensive dental care have far outweighed any issues and solidified my decision to pursue this career path. ■



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# Living in the digital curve

Andrea L. Hegedus, CDT  
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Ricardo Perez, DDS  
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Digital dentistry has given us the tools to push ourselves further by streamlining processes. However, the biggest reality crusher is the cost of investment. This is where it is important to make the right choices for your workflow design from the beginning and then evolve through the web of unlimited possibilities. As we learn, we grow.

## Getting Started

Do you make impressions quickly and effectively? If so, start with a desktop scanner. Why? A desktop scanner will place you into the digital workflow faster and with fewer glitches. It will allow you to connect with the best services available without affecting your financial resources significantly.

If making impressions is not your favorite thing, consider using an intraoral scanner. To scan effectively and efficiently, consider investing in a high-end tissue laser unit to eliminate bleeding and tissue fragments for a cleaner scan. A clean scan is imperative for a successful outcome. For more complex patient treatment, consider building models utilizing the scan software for printing. For this you will need to invest in a cost-effective yet accurate rapid prototyping (printing) machine to print your models.

At the completion of the intraoral scan, the next step in the digital workflow is working with the technician/designer. To improve communication, break down each case as simple, intermediate, or advanced. At first you may have a smile designer off-site, but as you progress, you can start completing your simple cases in-house. Intermediate and advanced patient treatment will need a digital technician who is more familiar with the required design adjustments for a successful restoration.



**Fig. 1:** Diagnostic wax-up.

This patient presentation below describes the combination of analog and digital smile design technology:

## Application

Designing a smile, via an analog or digital workflow consists of a diagnostic phase, planning or designing phase, and a finalizing or finishing phase. This treatment was designed utilizing analog polyvinyl impressions, and Canon JPEG photos, a 3Shape 2000 desktop scanner, and the Wieland select mill.

The first (diagnostic) phase included three parts: The initial appointment for analog impressions, digital x-rays, and digital photos (Figure 1); before and after analog pre-preparation diagnostic wax pattern fabricated by the technician designing the smile, including a temporary crown matrix with pressure-formed lab putty and clear surgical templates for implant placement; and the treatment plan presentation for the patient.

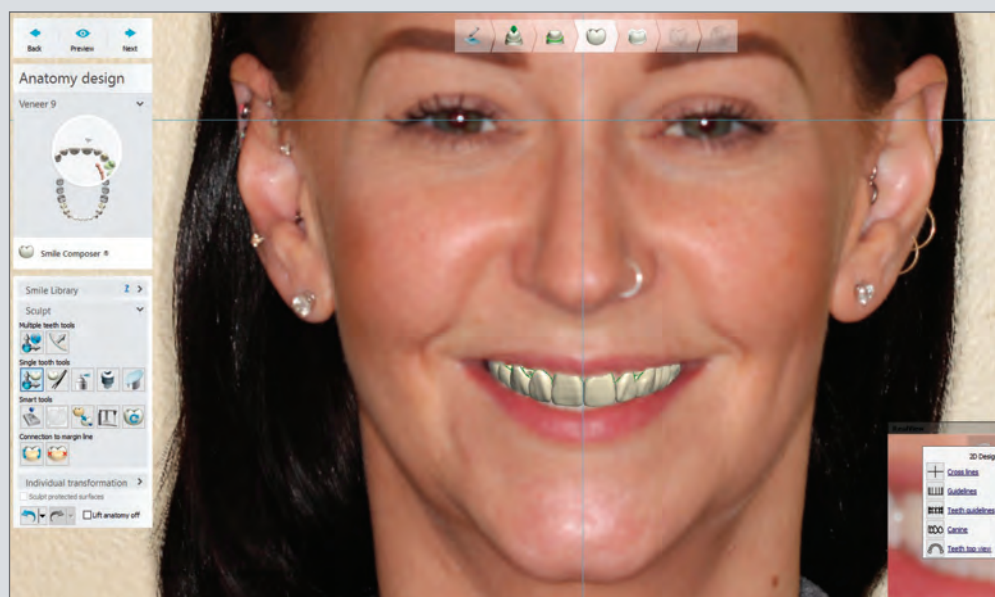
**Fig. 2:** Digital design.

**Fig. 3:** Milled wax and zirconium.

**Fig. 4:** Box-cut with internal stains.

**Fig. 5:** Finals.

**Fig. 6:** Final smile.



The second (planning/designing phase) begins once the patient has agreed and is committed to the treatment plan. The clinician (Dr. Perez) prepared the teeth to begin the smile designing process using the temporary matrix as an overlay. The smile design elements of the diagnostic wax patterns are then evaluated for the overall impact on the patient. Once satisfied, the final analog preparation impressions, temporary impressions, and digital photographs are made. In the laboratory, all the information is cross referenced to the diagnostic wax-up and placed into the digital workflow, temporary and prep models are cross mounted to the diagnostic wax-up models, photos are used to review all smile design elements, materials for the restorations are selected, and any changes are noted before scanning/uploading all data into the specific design software (Figure 2).

For this patient, the four-unit fixed partial denture (bridge) was milled and sintered in pure zirconium (Figure 3). The single crowns and veneers were milled in a semi-hard yellow milling wax to then cross reference with the tooth preparation models for any adjustments. They were then invested and pressed with ceramic ingots. As comfort and skills improve with the digital workflow, you can replace the analog aspects of patient care with digital. This conversion will eventually lower the overall patient treatment time.

In the finishing phase (the final phase of custom smile design), the pressed ceramic crowns were prepared with an incisal box-cut for enamel layering and washed with internal effect stains (Figure 4). Simultaneously the zirconium bridge was prepared with a clear zirliner and effect wash firing to match the value of the pressed lithium disilicate crowns. The same enamel powders were then added to the restorations to achieve a harmonious match for the two materials (Figure 5).





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The case was then steam cleaned and returned to Dr. Perez for bonding. The restorations were first inserted with try-in paste to check all contacts and verify that all smile design elements had been met. Once the patient approved the esthetics, the restorations were cleaned, etched, and bonded using resin cement (Figure 6). ■

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DDS, MS, FACP  
ACP President

Just like every other ACP President, I set goals and initiatives for my term soon after I became President-Elect. After utilizing the present governance system for ten years, it seemed like the time had come to evaluate that system, and the assessment is on track with a preliminary report due in June. I also decided it was past time to update the Parameters of Care, since its last revision occurred in 2005, and that project is progressing nicely.

However, within a few weeks of becoming President, reality intervened. The College and I are immersed in the current controversy over specialty recognition. This is a critical issue not only for prosthodontics but all of the recognized specialties – and our patients. So, let me summarize the salient events as they have unfolded and then describe how the ACP has been involved in representing your interests.

From 1947-1963, the ADA recognized eight dental specialties. Since then, only one additional specialty, Oral & Maxillofacial Radiology, has been approved. Four other clinical entities have made multiple attempts to achieve specialty recognition (Implantology, Dental Anesthesia, Orofacial Pain, and Oral Medicine) but did not succeed.

In the 1980s, the courts began to recognize the right of professionals to advertise, and the landscape for the ADA-recognized dental specialties began to change dramatically. Cases in Florida (2009) and California (2010) allowed advertising as a specialist by groups other than the nine ADA-recognized specialties, citing restraint of trade and classifying the ADA as a “trade organization”.

Dr. Frank Recker is a general dentist and attorney who has represented the American Academy of Implant Dentistry (AAID) for the past 25 years.

Dr. Recker has led the battle to secure recognition of these additional specialties through the courts. The interested organizations (AAID, ASDA, AAOP, and AAOM) are now represented by a certifying board, the American Board of Dental Specialties (ABDS).

In 2015, a case was filed in Texas by the AAID, ASDA, AAOP, AAOM, and individuals challenging the designation of “specialist”. This case questioned the state’s deferral to the ADA for “specialty recognition”. Since the ABDS claims that these “specialists” are required to complete a credentialing process, the Texas court decided that, under the First Amendment, these groups are entitled to call themselves specialists. In the current litigious climate, the judiciary is extremely cautious when handing down a ruling that could be perceived as interfering with laws governing restraint of trade or free speech. The Texas Board of Dental Examiners filed an appeal with the Fifth District Federal Court of Appeals, and the case was heard in New Orleans on Nov. 1, 2016. A ruling has yet to be announced.

Several steps have been taken in response. An ADA-supported Task Force and a Task Force on Specialty Recognition sponsored by the Dental Specialty Group (DSG) were formed with ACP representation. Both task forces met at the end of 2016 with the DSG Task Force agreeing to delay any decisions or actions until the ADA Task Force met approximately two weeks later.



The ADA Task Force is chaired by Dr. Charles H. Norman and is comprised of four general dentists, three members of CDEL (also general dentists), and representatives of the nine ADA-recognized specialties. Dr. Gary Roberts (ADA President) and Dr. Joe Crowley (ADA President-Elect) serve as consultant members of the Task Force and participated in the discussions.

During its December meeting, the ADA Task Force discussed the changing environment for specialty recognition and explored the long-term implications of its recommendations. Given the diverse nature of the group, it was encouraging that the Task Force quickly reached a consensus on how to move forward. The Task Force recommended a new process for the

recognition of specialties and specialty certifying boards to be conducted under an independent Commission.

In February, representatives from the DSG met with ADA leadership and were encouraged by the open exchange of ideas and concerns. The ADA is meticulously following its process for changing a longstanding procedure as outlined in its bylaws.

Please know the ACP will continue to be active to ensure that your interests are represented in this essential work for our specialty. The ACP is the organization that represents the specialty of prosthodontics and ensures national recognition of the specialty. Your membership makes it possible for the ACP to represent the specialty with a unified voice. ■

## Mark Your Calendar! **October 20-21, 2017** Dr. Gerard Chiche's Seminar at Hyatt Regency Boston Harbor!



Dr. Gerard Chiche

Don't miss Dr. Gerard Chiche as he presents **Third Edition: "The Esthetic Zone Inside and Out"** – covering basic concepts through all-ceramic preparations this October in Boston.

The seminar is presented by ADES (Academy of Dental Esthetics and Sciences) which offers unique continuing education opportunities in an intimate group setting. Attendees gain invaluable professional insights on three critical areas: **Esthetic Design, Clinical Techniques, Esthetic Materials.**



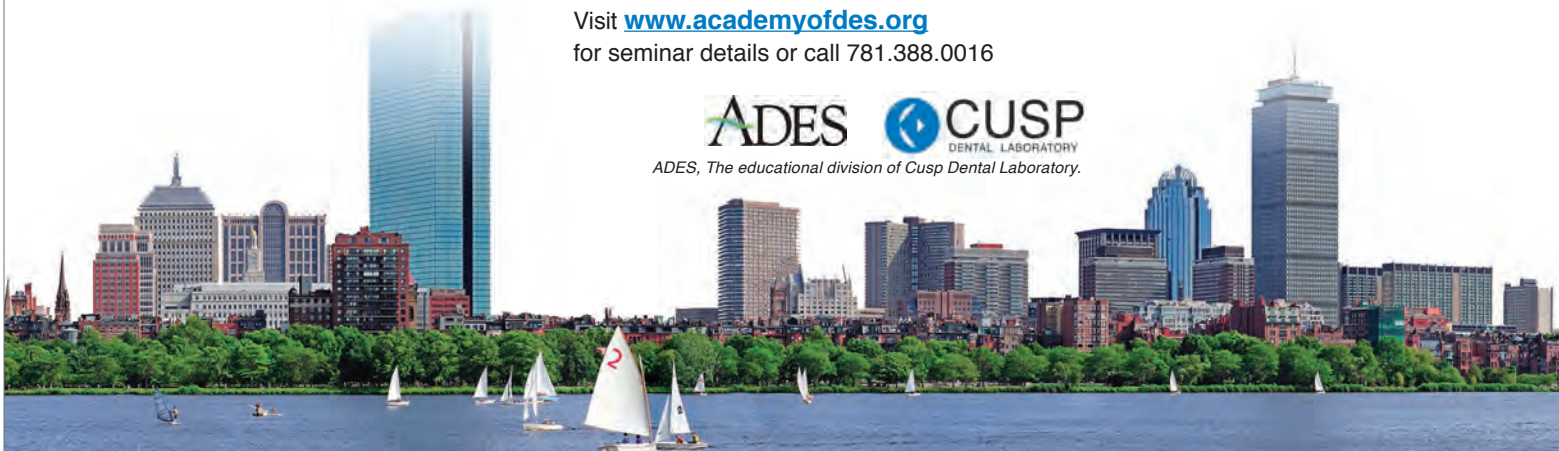
**Optional Program:**

**Saturday  
October 21  
Aki Yoshida, RDT**

Aki Yoshida presents "Shade Taking for Shade Matching" and Hands-on "Shade Taking Photography"

Visit [www.academyofdes.org](http://www.academyofdes.org)  
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# Making history

Eva Anadioti, DDS, MS, FACP  
Markus B. Blatz, DMD, PhD

As an Ivy League school with a history and educational legacy that spans more than a century, the University of Pennsylvania School of Dental Medicine could be seen as long overdue for the establishment of an Advanced Specialty Education Program in Prosthodontics. But every journey begins with a first step.

With the recent implementation of the revised accreditation standards for prosthodontic education, this program, as the first to be developed and established solely with the new standards, will serve as an example of what those changes represent. Prosthodontics has evolved rapidly over the last decade and triggers increasing interest among dental students, making the admission process very competitive. As we begin to chart the course at University of Pennsylvania, it is our responsibility to develop programs with carefully designed curricula to serve the evolving specialty and meet the increasing demand.

Developing a new advanced prosthodontic program is a long process that requires solid institutional support, strong departmental leadership, and good organizational skills. We found the guide for creating accredited programs in prosthodontics developed by the American College of Prosthodontists to be very helpful in planning the required steps. Undoubtedly, the most critical and time-consuming task for the program director is to complete the initial accreditation application for the Commission on Dental Accreditation (CODA). The main purpose of the accreditation documents is to ensure that the school has addressed all details pertaining to our specific specialty into consideration to ensure the highest quality of education. The curriculum design encompasses basic sciences, classic and contemporary prosthodontics, taught by experienced faculty members, with regular outcome assessments. Needless to say, a well-developed infrastructure is significantly critical to developing an outstanding prosthodontics program (Figure 1).

We soon realized that although those items will constitute, identify, differentiate, and establish the program, they are not the ones that the program director should start from.

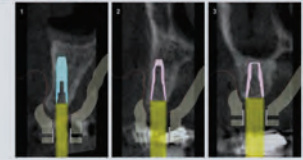
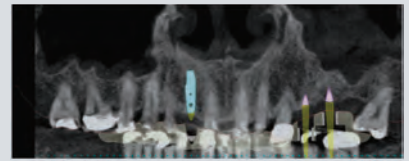
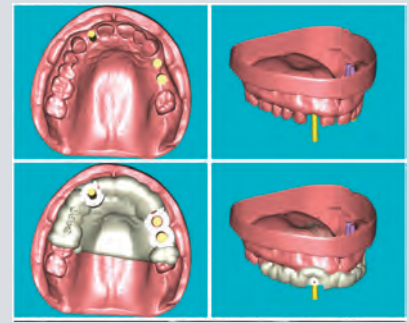






**Fig. 1 (at left):** Program Director (right) and prostodontist faculty member with a patient in the School's Prosthodontic Clinic.

**Fig. 2:** High quality student education encompasses a variety of intraoral scanning and digital design systems.



**Fig. 3:** Precise digital planning for guided surgical implant placement as part of the updated advanced prosthodontic program curriculum.

Developing a postgraduate program is comparable to starting a new business. A business plan must be developed that includes financial, marketing, and personnel plans with justification for the need for a prosthodontic program, along with its anticipated benefits to the school, university, and community. This is fundamental to receive the institutional support needed to initiate and maintain a postgraduate program.

The new accreditation standards had a great impact on the establishment of our program. To begin with, the curriculum had to be significantly different from the ones established in the past. For example, laboratory training, one of the most unique and demanding parts of our specialty, now requires rigorous education in both analog (classic) and digital (contemporary) techniques. The didactic portion must include in-depth education on digital dentistry, contemporary materials science, surgical techniques, and implant surgery. Clinical requirements must now include an adequate number of surgical procedures and CAD/CAM prostheses, which were not required before.

In light of such substantial increase in content but not in allocated time, one of the greatest challenges for a program director is to decide on content to be excluded from an existing well-established course/program. For a new program that starts without any precedents, this is not an issue. The curriculum is designed to provide a strong background in classic prosthodontics while focusing on digital workflows, CAD/CAM technologies, and less invasive treatment, as well as planning, surgical placement, and the restoration of dental implants (Figures 2 and 3).

As per the revised standards, the facilities specifically assigned to the program regarding clinic and laboratory requirements are different. The interior design of a prosthodontic clinic should allow sufficient space for digital and surgical equipment. A well-equipped wet laboratory is still necessary to support daily clinical and laboratory procedures. However, there is also the overwhelming need for a digital laboratory where prosthodontic residents are trained to meet the needs of the future. In our school, we have established a CAD/CAM Center with state-of-the-art

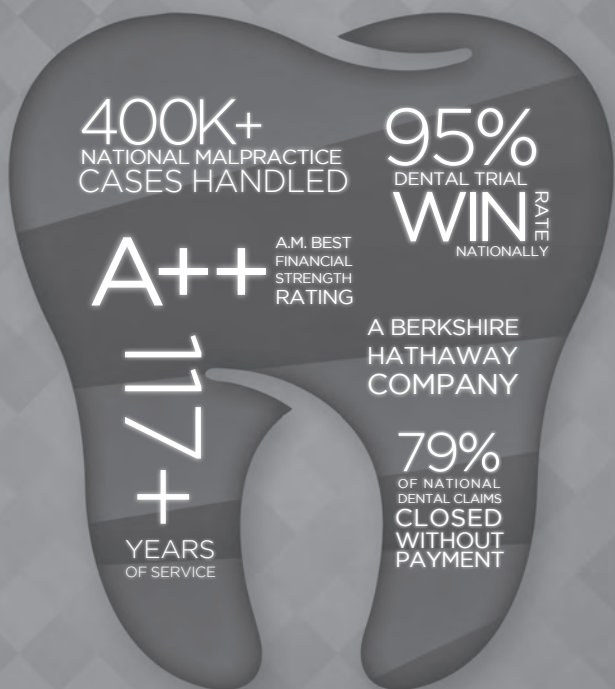
equipment that is available for educational and clinical support for the prosthodontic program. In return, we limited the space of the wet laboratory without compromising the variety of necessary but more traditional equipment.

Another challenge one may face is faculty coverage. Even some very experienced prosthodontists/educators may have little training and only minimal experience in the updated aspects of our specialty, digital dentistry, and implant surgery. In those instances, the school/department could elect to hire additional faculty with the appropriate expertise, which may, depending on resources, not be immediately possible. This creates the need for faculty training and familiarizing them

with these new technologies, which are subject to each faculty member's individual aspirations or abilities to become competent enough to teach. It may also necessitate a more interdisciplinary approach towards clinic coverage and the involvement of surgical dental specialists assigned to supervise and teach the prosthodontic residents so that the educational content is in compliance with the new CODA standards.

At a time when technology is changing our lives so quickly and so frequently, change is the only constant. In dentistry, the specialty of prosthodontics leads this movement by revising and expanding the standards that define it. The newest program in the nation is tasked to represent this new era of prosthodontics and our team is determined to enthusiastically fulfill that task. ■

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# The new normal

Lily T. Garcia,  
DDS, MS, FACP  
ACPEF Chair, 2013-14

“The idea of documenting the history and journey of women prosthodontists was inspired by a discussion with Dr. Jane Brewer... She acknowledged how the environment is gradually changing, and that female advancement in the field is becoming the new normal. We like to celebrate these amazing women’s achievements and accomplishments.” – Dr. Cortino Sukotjo

When Tino and I first spoke about this project, I was taken aback at his genuine interest and respectful approach to what some people think, why just women prosthodontists? This is about celebrating our colleagues, our collective successes. Let us highlight success stories, in this instance, about our fellow women prosthodontists. The ACP and ACP Education Foundation are fortunate to have strong collaborative colleagues in Dr. Lisa Thoms with Dentsply Sirona and Mr. Arjan Haverhals with Straumann since they represent a commitment to excellence and supported this endeavor.

In a time of experiencing transformational change, the change happens and we don’t even recognize it has occurred although we are living in that moment. Reflecting on any change allows us to leverage for success. Through the background research done by Drs. Sukotjo, Judy Chia-Chun Yuan, and Fatemeh S. Alfashari, they identified many colleagues that best represent our changing environment.

Prosthodontists are an amazing group of highly educated, talented individuals. We represent the breadth and depth of our specialty’s rich heritage which also is a direct reflection of our demographics, individual backgrounds, and global influence. It is

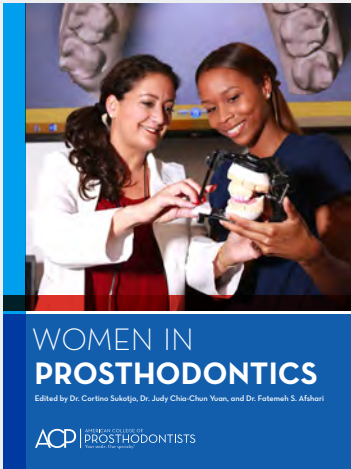


As new department chair of prosthodontics at UTHSCSA, I was fortunate to have all previous department chairs as my mentors and friends. From left to right: Dr. William Kuebker, Dr. David Kaiser, Dr. Earl Feldman, and Dr. Ed Cavazos (December 2004).

the unique perspectives that bring strength to our profession to meet challenges that help navigate the future of prosthodontics.

We celebrate our successes and highlight these accomplishments in the spirit of respect and inclusivity. It is with celebration that we can ultimately propel and enrich our specialty, recognizing the change before us, enjoy interactions with colleagues, as well as benefit from the strengths that each of us brings to prosthodontics.





The inspiring *Women in Prosthodontics* e-book presents first-hand accounts of trailblazing women in the specialty and showcases their challenges, triumphs, and keys to success. The e-book is available for Apple eBooks and Kindle readers as well as an online PDF.

For those reasons, the ACP Education Foundation Board of Directors seeks to support the goals of the ACP while actively engaging our colleagues from throughout our specialty and industry in envisioning our future. We seek to invest wisely and strategically in support of private practitioners, academicians, federal services leaders, industry leaders, whether as women or men, as colleagues in support of the specialty. ■

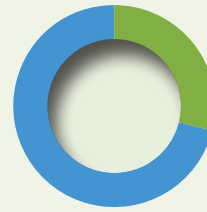
The *Women in Prosthodontics* e-book is supported in part by:



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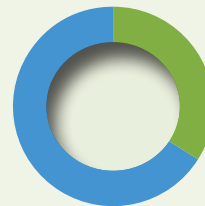
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5. *ADEA Snapshot of Dental Education, 2016-2017* <http://www.adea.org/snapshot/>

## Facts: Women as professional colleagues



In 2015, **195,722** individuals were working in dentistry, of which **28.9%** were women.

**10** new U.S. dental schools have opened since **2005**. There are now **66** dental schools in the U.S. and **10** in Canada.

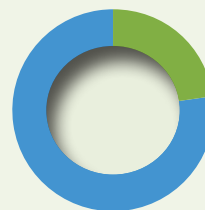


Women comprise **34%** of all full-time and part-time dental school faculty.

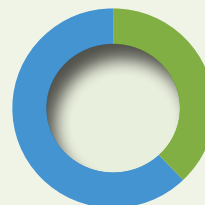
In 2015-16, of the **24,177** predoctoral students,



Advanced Education in Prosthodontics programs have **2,222** applications for **154** entering positions in **47** programs.



The American College of Prosthodontists has a total of **3,016** prosthodontist members, of which **20.2%** are women.



There are **512** ACP Resident/Graduate Student members. **37.9%** are women.

# Transforming prosthodontics in San Francisco

Lars O. Bouma,  
DDS, MS, FACP,  
Program Chair

There was a moment when you realized a routine dental education wasn't enough. You looked out at the horizon and saw a thriving practice, a world-class education, and a place at the leading edge of patient care. As a prosthodontist, standing still was never an option.

The ACP's 47th Annual Session is about how we go further.

Today, prosthodontists are taking on cases that were never before treatable. However, disruptive technologies and changing practice models are about to upend decades of thinking about who we are and what we do as specialists. With six focused, intensive education sessions over the course of four days, **Transforming Prosthodontics** is designed to **bridge the gap between current practice and future trends**. It all happens Nov. 1-4 at the Marriott Marquis in San Francisco.

We'll begin with a look at how **The Standards Have Changed** for implant placement. Even if you never place an implant, your practice can thrive in this new surgical reality. On Wednesday afternoon, you'll acquire the knowledge base you need to make judgments, direct surgeons, and deal with complications during implant placement. Speakers will cover the anatomic structures you should know, critical facts about analgesics and antibiotics, and essential skills for soft and hard tissue grafting. They'll also review financial and professional factors to consider for the health of your practice.

On Thursday morning, three CEOs who are driving change in dental technology will come together for a panel discussion about the products, devices, and services we use on a daily basis in our practices.

As prosthodontists, we should be the decision makers in reconstructive dentistry. These **Dental Visionaries** will describe the pace and direction of industry and put you in position to lead the developments ahead.

Then you'll expand your repertoire of treatment possibilities at **Treating the Missing or Difficult Surgical Foundation**. If you want to fix problems instead of pushing them along, this session is for you. Immediate extraction and loading is difficult, but you'll see new techniques that have been successful. Patients with severe atrophy present a serious challenge to the surgical and restorative team, but you'll see options to restore esthetics and function in both the maxilla and the mandible.

In the beautiful city of San Francisco, you'll enjoy some of the world's best dining and a week full of workshops, receptions, and social events with old friends and colleagues – the people who understand your passion for excellence in patient care.

In the next issue of the *ACP Messenger*, we'll preview more of the education and events ahead. Registration opens in May.

As a prosthodontist, this is a week that you can't miss. Together, we can go further. ■





### Wednesday: The Standards Have Changed

Standards and Scope of Practice, and Their Impact to Our Residencies and Practices

*Heather J. Conrad, DMD, MS, FACP, FRCD(C)*

Ten Anatomic Structures Every Prosthodontist Should Know When Considering Implant Surgery

*Thomas J. McGarry, DDS, FACP and*

*Daniel L. O'Donoghue, PhD*

Analgesics and Antibiotics: You Don't Know What You Don't Know

*Bob Fazio, DMD*

Pink Made Easy: Soft Tissue Management

*David H. Wong, DDS*

Minimally Invasive Grafting Techniques

*Daniel R. Cullum, DDS*

I Made the Jump: How Placing Implants Has Changed My Prosthodontic Practice

*John A. Murrell, DDS, MBA, FACP*

### Sharry Awards: Call for Abstracts

The 2017 John J. Sharry Prosthodontic Research Competition will be held on Nov. 3 at the ACP Annual Session in San Francisco.

Sponsored by the ACP Education Foundation, the Prosthodontic Research Competition seeks original research in prosthodontics by students and residents. Abstracts are due by June 2.

Visit [acp47.com](http://acp47.com) for submission guidelines.

### Thursday: Dental Visionaries

Jeffrey T. Slovin, CEO, Dentsply Sirona International  
Stanley Bergman, Chairman and CEO, Henry Schein, Inc.  
Jim Glidewell, President and CEO, Glidewell Laboratories

### Thursday: Treating the Missing or Difficult Surgical Foundation

Immediate Extraction and Load: Full-Arch Implants with Innovative Chairside Solutions

*Marco Degidi, MD, DDS*

Treatment of the Atrophic Maxilla Utilizing the Zygomatic

*Frank J. Tuminelli, DMD, FACP and Jay Neugarten, DMD, MD*

Immediate Molar Implants: New Surgical and Restorative Protocols for Predictable Success

*Richard B. Smith, DDS*

No Bone Solution for Mandibular Atrophy

*Thomas J. Balshi, DDS,*

*PhD, FACP and*

*Stephen F. Balshi, MBE*



Registration Opens in May



### Apply Now for Spokespersons Network

Applications are now open for the 2017 Spokespersons Network Training Course, Nov. 1-2 in San Francisco. Apply online by June 1 as demand is likely to exceed capacity for this popular course.

Participants will receive professional media training, public relations skills, a hot topic video, and headshots. The fee for the course is \$750 (for training with a market value of \$7,500-\$10,000) and the class is limited to 15 participants.

For more information and to apply, visit [Prosthodontics.org/pr/spokespersons](http://Prosthodontics.org/pr/spokespersons).

### Digital Workflows: From Simple to Complex Rehabilitation

Held in Chicago on Feb. 21-22, the ACP's third digital dentistry symposium hosted 100 attendees. The symposium showcased state-of-the-art digital solutions for the treatment of restorative patients, including best practices and actual clinical workflows.

Attendees included prosthodontists, dental specialists, dental technicians, and general dentists from all over the world. The symposium featured all-new breakout sessions for non-owners, owners, and advanced operators, meeting the needs of practitioners new to the use of digital systems as well as those who were looking to deepen their expertise in the area. "The advent of digital technologies has forever changed the way patients are diagnosed and treated. Dental restorations are designed and fabricated using computers. Prosthodontists now lead in adapting these new techniques to the esthetic oral rehabilitation of patients," said Dr. David L. Guichet, Course Director. "For years, the Digital Dentistry Symposium has served as an interactive forum where known experts share the latest advances in the arena of digital dentistry."

Thanks to 3Shape, Henry Schein, Zirkonzahn, Nobel Biocare, Straumann, and Ivoclar Vivadent for their sponsorship of the symposium.



### First ACP Section in Europe

Please join us in welcoming the new ACP Italian Section and their inaugural officers: Dr. Lino Calvani (President), Dr. Mario Bresciano (Vice President), and Dr. Gianluca Paniz (Treasurer). The Italian Section is the first ACP Section in Europe. Its purpose and scope is to introduce, advertise, and sponsor the specialty of prosthodontics and the ACP in Italy.

The ACP now has 40 sections. Are you involved with yours, or interested in being the next section to make news? Contact the ACP for everything you need to know.



## In the *Journal of Prosthodontics*: Resident Preferences and the Match Process

The decision by prosthodontic residency program directors to employ the Match process stresses the need to understand the priorities that influence applicants' choices of which programs to rank highly. To shed light on this subject, Drs. Pandora Keala Lee Wojnarwsky, Yan Wang, Kumar Shah, and Sreenivas Koka sent an internet survey to all currently enrolled prosthodontic residents at non-military residency programs.

The survey asked residents to rank 26 possible factors that might impact an applicant's choice of residency program. In addition, the survey collected other possible influencing variables, including gender and debt load. Two hundred and thirty (230) residents responded to the survey.

The surveyed residents considered the reputation of the program to be the most important factor when choosing a residency. Other important factors included the program director's personality, the curriculum, and access to digital technology. The resident's gender significantly affected the factors chosen as more or less important, with women finding curriculum content more important, and men finding access to digital technology important. Debt load also affected the residents' ranking of factors, with stipend and tuition playing a more important factor in those with a debt load of \$150,000 to \$250,000.

The authors conclude, "Program directors and institutions wishing to position their program to appeal to the best applicants should contemplate how to make their programs more attractive with these factors in mind. Additionally, balancing their strengths across these areas will allow for broad appeal to both genders and to applicants with differing student loan debt levels."

*Wojnarwsky PKL, Wang Y, Shah K, et al: Factors influencing resident choice of prosthodontic residency program. J Prosthodont doi:10.1111/jopr.12599*



## ASDA Annual Session

Dr. Nicole Martino, 2nd year resident, University of Florida, Gainesville, represented the ACP at the 2017 Annual Session of the American Student Dental Association, which brought more than 550 dental students from over 65 schools to Orlando.

"The ASDA Annual Session is meant to unite qualified dental students from all over the country and cultivate an atmosphere of community and leadership among those students most likely to initiate change in dentistry and become the next leaders of our profession," said Dr. Martino. "I cannot think of a better outlet in which to spread the word about our specialty. It is our responsibility as prosthodontists to educate students about the field of prosthodontics and how it can be beneficial for them."

Students that dropped by the booth learned about residency programs, careers in prosthodontics, and the benefits of ACP student membership.

## Upcoming Events

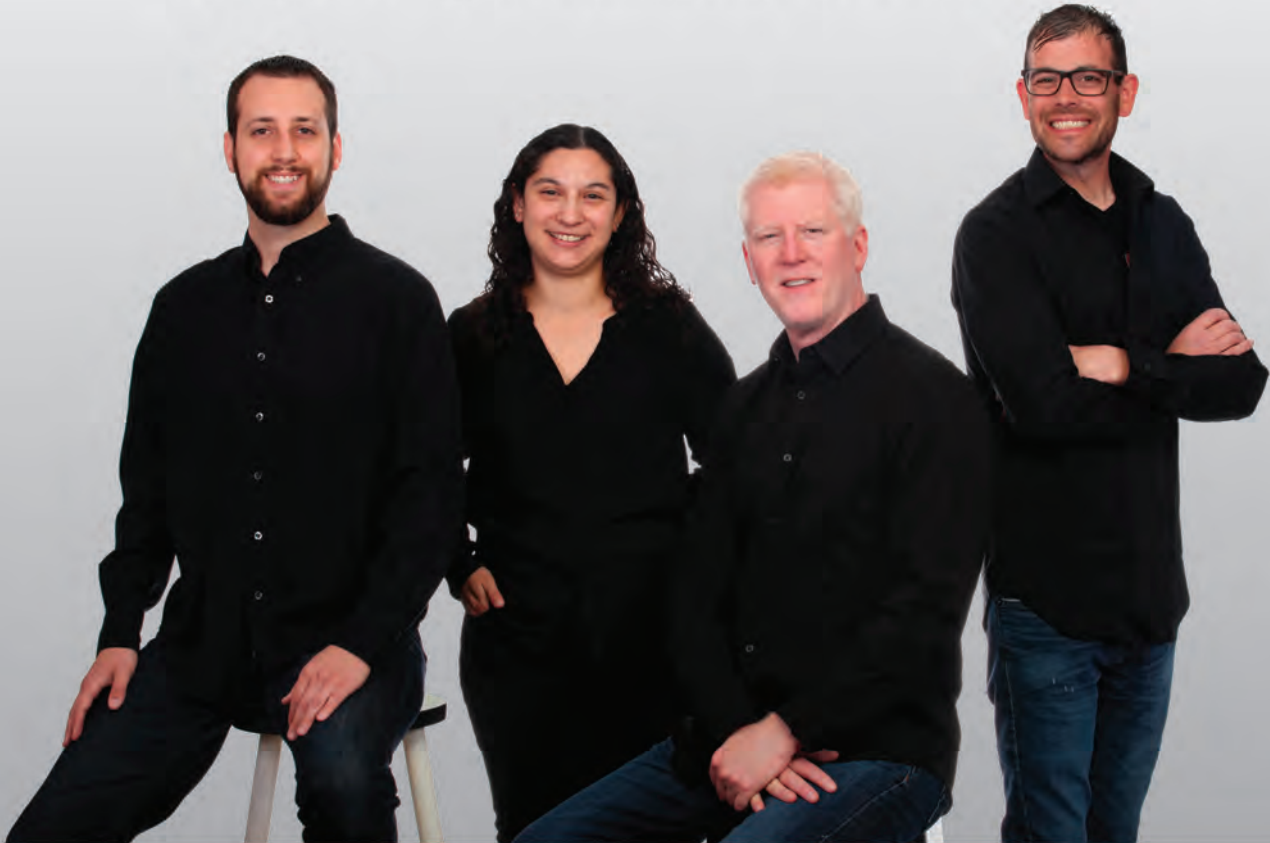
Prosthodontic Review Course  
Atlanta  
Sept. 8-9, 2017  
Prosthodontics.org

47th Annual Session  
San Francisco  
Nov. 1-4, 2017  
acp47.com

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The Department of Oral Health and Rehabilitation, Division of Prosthodontics, is seeking qualified applicants for a full-time tenure track position. Academic rank and salary will be commensurate with qualifications and experience. Applicants must possess a DDS or DMD degree or equivalent, and be eligible for licensure in the Commonwealth of Kentucky. Candidates must have completed a formal training program in Prosthodontics from a CODA-accredited institution.

Successful applicants will become part of the department's dynamic and contemporary predoctoral and postdoctoral teaching team. All successful candidates will be expected to participate in the School's intramural practice.

Successful applicants will be joining a department committed to a high-quality educational program with a progressive undergraduate, and postgraduate curriculum. Applicants should apply on-line at [www.louisville.edu](http://www.louisville.edu) to Job #33588 and submit a letter of interest (including date of availability, and the names of three professional references) plus curriculum vitae to:

Carrie Blissett, Executive Secretary  
 University of Louisville School of Dentistry  
 Department of Oral Health and Rehabilitation  
 501 S. Preston Street, Room 312  
 Louisville, KY 40202  
 e-mail: [ohr@louisville.edu](mailto:ohr@louisville.edu)

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## Welcome New Members

January 2017 – March 2017

### New Academic Alliance Affiliate

Dr. German O. Gallucci  
 Dr. Daisy C. Salazar

### New Advanced Program and Graduate Student Alliance Affiliates

Dr. Ahmed M. Alamri  
 Dr. Nerissa D. Aquino  
 Dr. Rosa N. Garcia  
 Dr. Luz Aida Ospina  
 Dr. Lorena N. Wilkins

### New Dental Technician Alliance Affiliate

Mr. Anthony M. Arcari

### Reinstated Fellows

Dr. Thomas C. Kunkel  
 Dr. Azure L. Utley

### New Global Alliance Affiliate

Dr. Najla Chebib

### Reinstated International Fellow

Dr. Varun Acharya

### Reinstated International Member

Dr. Jaber H. Akbar

### New Member

Dr. Yongkun Kim

### Reinstated Members

Dr. Mohamed I. Abdelhamed  
 Dr. Paul W. Aubrey  
 Dr. Paul W. Best  
 Dr. Aline Bowers  
 Dr. Ramakiran V. Chavali  
 Dr. Valerie E. Cooper  
 Dr. Julie A. Elpers  
 Dr. Diana Fat  
 Dr. Elaine D. Lara  
 Dr. Manoel Roberto P. Macedo  
 Dr. Norma Olvera  
 Dr. Gabriel F. Sader  
 Dr. Michael Wright

### New Predoctoral Alliance Affiliates

Ms. Tasami O. Abdelsalam  
 Ms. Fakhra Ahmad

Ms. Lyudmyla I. Alder  
 Mr. Justin J. Baik  
 Mr. Kassim M. Bazirgan  
 Mr. Andrew E. Bertagna  
 Mr. Christian X. Caicedo  
 Ms. Lena Cantone  
 Ms. Diana K. Cardona Salazar  
 Ms. Asima Chughtai  
 Ms. Yoo Jin Chung  
 Mr. Alhareth Dhari  
 Mr. Curtis G. Dugas  
 Mr. Justin L. Feng  
 Ms. Milica M. Golubovich  
 Mr. Jacob G. Groselak  
 Mr. Samir Hassan  
 Mr. Toan N. Ho  
 Ms. Han Hoac  
 Ms. Irfana S. Ilyas  
 Ms. Nabeela Khan  
 Ms. Risha Khan  
 Ms. Marin R. Lehman  
 Ms. Marina Luna  
 Ms. Kelsey M. Maczko  
 Mr. David A. Markiewicz  
 Mr. Bradley S. Matthes  
 Mr. Arshad A. Mohammed  
 Ms. Morgan M. Nowery  
 Mr. Kinjalkumar M. Patel  
 Mr. Megh J. Patel  
 Mr. Luis A. Peralta  
 Mr. Michael J. Perna  
 Mr. Jose A. Rosalez  
 Mr. Aliaksandr Shabanovich  
 Mr. Surinderpal Singh  
 Mr. George R. Sloan  
 Ms. Natalya Starkle  
 Ms. Natalia Stepanova  
 Ms. Scarlett L. Woods  
 Mr. Mardin G. Yokhana

### New Resident/Graduate Student Members

Dr. Ryan Eric Abbott  
 Dr. Mansour H. Alghamdi  
 Dr. Khaled K. Alkaabi  
 Dr. Walid K. Hafiz  
 Dr. Peixi Liao  
 Dr. Mikal Lindman  
 Dr. Constantine Stavrinos

Job Opportunities

**Arizona (Phoenix/Scottsdale) -**

Opportunity in Growing Denture and Implant Practice: The Denture Experts, a team of dental professionals who specialize in the fabrication of dentures, overdentures, implant supported and implant retained dentures, seeks a seasoned Prosthodontist experienced in implant surgery to join our growing private practice in Scottsdale, Arizona. Our practice is on the cutting edge of digital prosthetic dentistry and will educate you on computer-designed and digitally manufactured AvaDent Digital Dental Solutions, as well as seek your feedback on product development and clinical procedures. If you are motivated to learn the latest advances in digital denture therapy, dedicated to patient care and have excellent chairside manner, you are the right candidate for us! We will consider part-time candidates. Must have an Arizona license to practice. To learn more, please send your resume and contact Dr. Thomas Balshi, at [thomas.balshi@pidentalcenter.com](mailto:thomas.balshi@pidentalcenter.com).



**California (Napa Valley) - Part-to-Full Time Prosthodontist Partnership Position in Napa Valley:** Do you desire to serve uncompromising care at the highest level while fulfilling your life goals? As the new prosthodontic expansion of the highest rated in Napa Valley, we are looking for an enthusiastic team-player who is inspired to improve the oral health of Napa's aging community beyond all expectations. With exceptional communication skills, our ideal candidate must be proficient in performing all phases of prosthodontic dentistry where practitioners well-versed in full-mouth reconstruction, implant placement and/or digital dentistry will be highly considered. As the practice is poised for growth, the position will likely expand to full-time quickly where ownership will be made available after first year of employment. To learn more about this exciting opportunity, please reply with your cover letter and resume to [kjcabugao@hotmail.com](mailto:kjcabugao@hotmail.com).

**Colorado (Greenwood Village/Denver) -**

An opportunity exists to join an established comprehensive prosthodontic practice in Greenwood Village / Denver, Colorado. Associateship with a view toward partnership. Referral based, fee for service, fixed, removable, implant and aesthetic dentistry. To learn more, visit [www.aldoleopardi.com](http://www.aldoleopardi.com) and [www.knowledgefactoryco.com](http://www.knowledgefactoryco.com). Please email resume to Dr. Aldo Leopardi at [aldo@aldoleopardi.com](mailto:aldo@aldoleopardi.com).

**Florida (University of Florida) -**

The University of Florida College of Dentistry (UFCD) is recruiting a full-time, non-tenure accruing Clinical Assistant/Associate Professor in the Department of Restorative Dental Sciences, Division of Prosthodontics. UFCD is one of the leading dental schools in the US devoted to improving and promoting oral health throughout Florida, the nation and worldwide through excellence in teaching, research, patient care and service. Responsibilities for this position include treating patients in our college Maxillofacial Prosthodontics practice and intermural faculty practice while collaborating with UF Health Hospital, the Departments of Oral Surgery, Oral Medicine, ENT and participating on the Tumor Board. Opportunities for research collaborations are also available. The position's minimum qualifications include: a DDS/DMD or equivalent degree and both a certificate in Prosthodontics from CODA-accredited postgraduate prosthodontic program and Maxillofacial certificate, as well as board certification or eligibility. Preferred qualifications include previous teaching experience. Assignment will also include pre-doctoral and graduate level didactic and clinical instruction. To apply, please go to <https://jobs.ufl.edu> and search for requisition number 500998.

**Georgia (Gwinnett) -**

A modern Prosthodontic practice Associateship leading to Partnership Opportunity. Office is located in the heart of Gwinnett, FFS/PPO only. Paperless, latest technology such as CBCT, 3D digital intra-oral and bench top scanners and fully equipped laboratory. Amazing team! Competitive salary with benefits. Please email CV to [info@implantoption.com](mailto:info@implantoption.com).

**Illinois (Chicago) -** Boutique practice ownership opportunity! Established fee-for-service dental practice in near north

side city of Chicago looking for prosthodontist to start part time 2 days/week with ownership opportunity. Office located in heavy residential area with increasing number of complicated cases including implant placement and restoration. Send cover letter & CV to [general dentaloffice@gmail.com](mailto:general dentaloffice@gmail.com).

**Iowa (University of Iowa) -** The University of Iowa's College of Dentistry is searching for a full-time clinical or tenure-track Graduate Program Director in Department of Prosthodontics. Position available immediately; screening begins immediately. Must have: DDS/DMD or foreign equivalent; Master's Degree or Certificate in Prosthodontics from ADA-accredited dental school; Board Certification by American Board of Prosthodontics; and demonstrated experience working effectively in a diverse environment. Tenure-track applicants must also have: research training/experience; and demonstrated scholarly/professional growth commensurate w/time following completion of advanced education. Desirable: Clinical experience via private, military, or institutional practice; and teaching experience. Academic rank/track/salary commensurate w/ qualifications and experience. Learn more and/or apply at [Jobs@UIowa](mailto:Jobs@UIowa) <http://jobs.uiowa.edu/content/faculty/>, reference Req #69269. The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.

**Kansas (Overland Park) - DENTAL LAB TECHNICIAN:** An incredible opportunity awaits an experienced and skilled technician who is fluent in fabrication of ceramic and Implant/Prosthetic Dentistry. This position is available now and involves working with a Board Certified Prosthodontist and another gifted technician, in a nationally recognized Implant Prosthodontic Practice with a laboratory that has state of the art technology, a newly refurbished lab with CAD/CAM technology using 5 Axis Milling for Zirconia, Metal Frameworks, and Denture set-ups. The in-house laboratory is in beautiful scenic Overland Park, Kansas. We are looking for excellence and will assist the right candidate with possible visa and/or work permit



applications as well as all legal liaisons. Salary and benefits are exceptional. Please reply to: e-mail dental-implants@Dr-Amet.com.

**Louisiana (Louisiana State University) -** Louisiana State University Health Sciences Center, School of Dentistry seeks applicants for the Director of the Prosthodontics Residency Program. This position is a full-time faculty position on the tenure track at the Assistant or Associate Professor level in the Department of Prosthodontics.

Applicants must have a DDS or DMD degree or equivalent and a current license or eligibility for licensure to practice dentistry in the State of Louisiana. Completion of an accredited Prosthodontics Residency program is required. The applicant must be Board Certified in Prosthodontics. Responsibilities include program administration, curriculum oversight, teaching and supervision of postgraduate residents, teaching and collaborating with undergraduate education and research and service.

LSUHSC offers an excellent benefits package, which includes intramural faculty practice. Academic rank and salary are commensurate with qualifications and experience. The School of Dentistry is located in New Orleans.

Applicants should send via email a letter of intent, curriculum vitae and list of references to: Dr. Marco Brindis, Interim Chair, Department of Prosthodontics, LSUHSC School of Dentistry, mbrind@lsuhsc.edu with copy to Katherine Mims kmims@lsuhsc.edu. LSUHSC-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

**Maryland (Towson) -** We are an established prosthodontics practice seeking an associate prosthodontist with intention to have a near future buy in opportunity. This mature practice of over 50 years is and always has been 100% fee for service with the philosophy of "excellence by choice". Our staff are exceptional highly trained individuals who share our passion for fine dentistry and for making every patient experience a positive one. Please email resumes to drpatousborne@netscape.net.

**Massachusetts (Boston) -** A terrific opportunity for the right person to join a well established and well respected 25 year

practice limited to fixed, removable, and implant services. Three world class dental schools nearby for anyone interested in teaching opportunities. Eventual ownership possible for the right person. Send resume to: louisrissin@gmail.com.

**New York (Northshore Long Island) -** Job Opportunity with buy-in and buy-out: Associate position leading to partnership/ownership in a lucrative 100% restorative practice in Northshore LI, NY. Spacious 4-operatory state-of-art office on ground floor of a newly renovated professional building in prestigious "MIRACLE MILE" area. Excellent staff and highly satisfied patients. Send CV to seyfa1954@gmail.com.

**Pennsylvania (Temple University) -** The Kornberg School of Dentistry is seeking applicants for full-time faculty at the Assistant/Associate Professor level with a DMD/DDS and eligibility for an unrestricted license to practice dentistry in Pennsylvania. Applicants must have completed advanced training in a CODA-approved prosthodontics program and be board qualified, or certified by the American Board of Prosthodontics. Candidates must currently be an active clinician with 3-5 years clinical experience in a prosthodontic practice. Applicants with certificates or degrees from a CODA accredited postgraduate programs, but with an international dental degree, are eligible to apply and may be granted a restricted teaching license.

Interested applicants should send a cover letter, CV, and three references to: Ms. JoAnn Nyquist, 3223 North Broad Street, Philadelphia, PA 19140, or jo.ann.nyquist@temple.edu. Temple is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

**Texas (Austin) -** Modern office is seeking a motivated prosthodontist to join our practice. We offer state of the art technology and facilities: Modern office with fully equipped removable and fixed in-office labs, digital radiography, cone beam CT scan and great support staff. Being familiar with implant surgery procedures a plus. Purchase options will be available in the future. Contact BCPDallas@yahoo.com.

**Texas (Dallas) -** Seeking Associate Prosthodontist with Partnership Opportunity. Description: Perform all phases of implant prosthetic dentistry; Will have leadership role in the center with an emphasis on increasing

center profitability; Possess a patient-centered mindset and approach to treatment planning and daily center operations; Consult with new patients; Possess excellent social skills. Requirements: Professional Degree: DDS/DMD; Certificate in Prosthodontics from an ADA accredited program; Licensed in Texas. Salary and Benefits: Competitive salary and bonus based on production. Email dra@fastnewsmile.com.

**Texas (San Antonio) -** Multi-specialty, multi-office practice seeking a motivated prosthodontist to join practice. We offer state of the art technology, modern facilities and great support staff. Must possess a patient-centered approach to treatment planning and be able to perform all phases of implant prosthetic dentistry. Requirements: Certificate in Prosthodontics from an ADA accredited program, Licensed in Texas. Competitive salary and bonus based on production. Send resume to ajw@edssmiles.com.

**Washington, D.C. -** Opportunity Knocks But Once: We are looking for a motivated, personable individual to join our prosthodontic practice with a path to ownership in the future. The practice is positioned in two separate highly sought after locations in the West End section of Washington, D.C. and in McLean, Virginia. It's a modern, state of the art Prosthodontic Practice with a 35+ year history.

We are fully digital and paperless; CBCT, implant surgery, in-house lab with 3shape scanner and ceramist with 30 years of experience. All aspects of Prosthodontic therapy are active therapeutic features of this practice. We are a fee-for-service practice and our receivables are negligible. We are linked to multiple high level study clubs and have an outstanding position within the local community. Excellent compensation, 401K, health benefits and great working environment. Interested candidates can send their CV letter/resume via email (doctors@smilesinternational.com) to set up a phone interview.

**Washington, D.C. -** An opportunity exists to join an established prestigious prosthodontic practice in NW Washington DC. Associateship with a view toward partnership. Referral based, fee for service, fixed, removable, implant, and aesthetic dentistry. Please email resume to tkristalis@aol.com.

## Practices for Sale

**California (Escondido)** - Prosthodontic practice in Escondido, CA (North San Diego County). Practice established in 1986, with current prosthodontist owner since 1999. 4 fully equipped operatories in 2200 sq ft, beautifully designed environment in a stand alone building, with ample parking and room for expansion. Large lab in house with highly qualified prosthodontic technician. 760-443-3603.

**California (Menlo Park)** - Premiere General Practice in Silicon Valley: Long standing relationship focused general practice providing high quality care. 750 active patients-4 days DDS, 4 days hygiene. Average collections of 550K over last three years working on relaxed schedule. Practice focuses on maintenance and restoration care and has good relationships with excellent nearby specialists. Located in Menlo Park, CA: home of Facebook, 50 minutes south of San Francisco, and 10 minutes from Stanford University. This is a beautiful vibrant area with lots of cultural and outdoor activities. Please e-mail resume or c/v plus short paragraph on why you want to continue in general practice and your philosophy of care to info@jgabusdentalcare.com.

**California (Northern California)** - Northern California Practice Sales currently has current prosthodontic opportunities available in San Jose, San Mateo, San Francisco, and Napa. For more information, please send a cover letter and current CV to molinelli@aol.com or call 650-347-5346.

**Florida (Boynton Beach)** - Prosthodontic practice in Boynton Beach, FL for sale. Dental Implant Heavy. Associate could only provide 3 days a week of work and Collections in 2015 were \$645K. Owner lives in different state and cannot manage from distance. Highly motivated-all offers will be reviewed. www.icpdental.com. Contact vrjovic@gmail.com or 407-592-8520.

**Florida (Southeast Florida)** - Beautiful Prosthodontic practice located in a retail plaza surrounded by an excellent prosthodontic demographic. A perfect mix of fixed, removable and implant dentistry are done in this warm and modern 2400

square foot office. 4 treatment rooms with A-dec equipment with a 5th room plumbed, digital x-ray, digital panorex, Carestream 3D CBCT, large removable lab with full-time technician and many other amenities. 925k plus in revenues on a 4 day work week with tremendous potential for growth. Owner willing to stay on for smooth transition and teach buyer tools for continued growth and profit. Contact prosthdoc@comcast.net.

**Georgia (Atlanta)** - Atlanta Area Prosthetic Dental Practice: Thriving prosthetic dentistry practice in busy Publix Shopping complex, 1625 sq ft. 2 operatories w/ plumbed space for 2 additional. Over \$430k in revenue with strong cash flow. Established referral network over 20 yrs. Great 2nd office or new practice opportunity. Email lynn@5thaavc.com f or more information.

**Massachusetts (Andover)** - Boston Area Prosthodontic Practice Leading to Ownership: Board eligible/board-certified prosthodontist position available for my 25 year old well-established and well-respected prosthetic practice leading to ownership within 6 months to 1 year. Three world class dental schools in the area for someone also interested in teaching opportunities. \$400,000-\$500,000/year on 2 days per week. Contact louis.rissin@gmail.com or 978-686-2620.

**Nevada (Las Vegas)** - Las Vegas Prosthodontic practice cash flows better than most with 2015 collections exceeding \$1M. Fantastic building in highly desirable neighborhood with unprecedented curb appeal, giving your patients the feel of a luxury spa or weekend getaway. 2,100 sf w/ 4 fully equipped ops. \$550K excluding ARs. Call Tim 800-641-4179.

**South Carolina (Hilton Head Island)** - Boutique prosthodontic practice for sale on scenic Hilton Head Island, SC. Three-day work week that generates over \$600K/year collections with low overhead rate. Only true prosthodontic practice in over a 100 mile radius that treats the local full time population and long distance referrals. Perfect for transition to a comfortable pace or potential to grow to larger patient base. Call 843-422-7602 for more details.

**Texas (Austin)** - Established, profitable, high percentage net practice is available for buy in or buy out. The practice is primarily oriented in implant dentistry, fixed, and removable prosthodontics. 5 fully equipped operatories, 3D CBCT and fully equipped lab. In case of buy out owner will stay on part-time as needed to facilitate the transition. Contact austindentist5@yahoo.com.

**Texas (Houston)** - Established Prosthodontic Practice for Sale: 2016 Collections - Over \$950K on 4 days/week. 100% Fee for service, prosthodontic practice available in free standing office building. The practice is primarily oriented in implant dentistry, fixed, and removable prosthodontics. 5 fully equipped operatories w/ digital xrays. Available immediately & owner will stay on as needed to facilitate the transition. Contact: gwccdds@live.com.

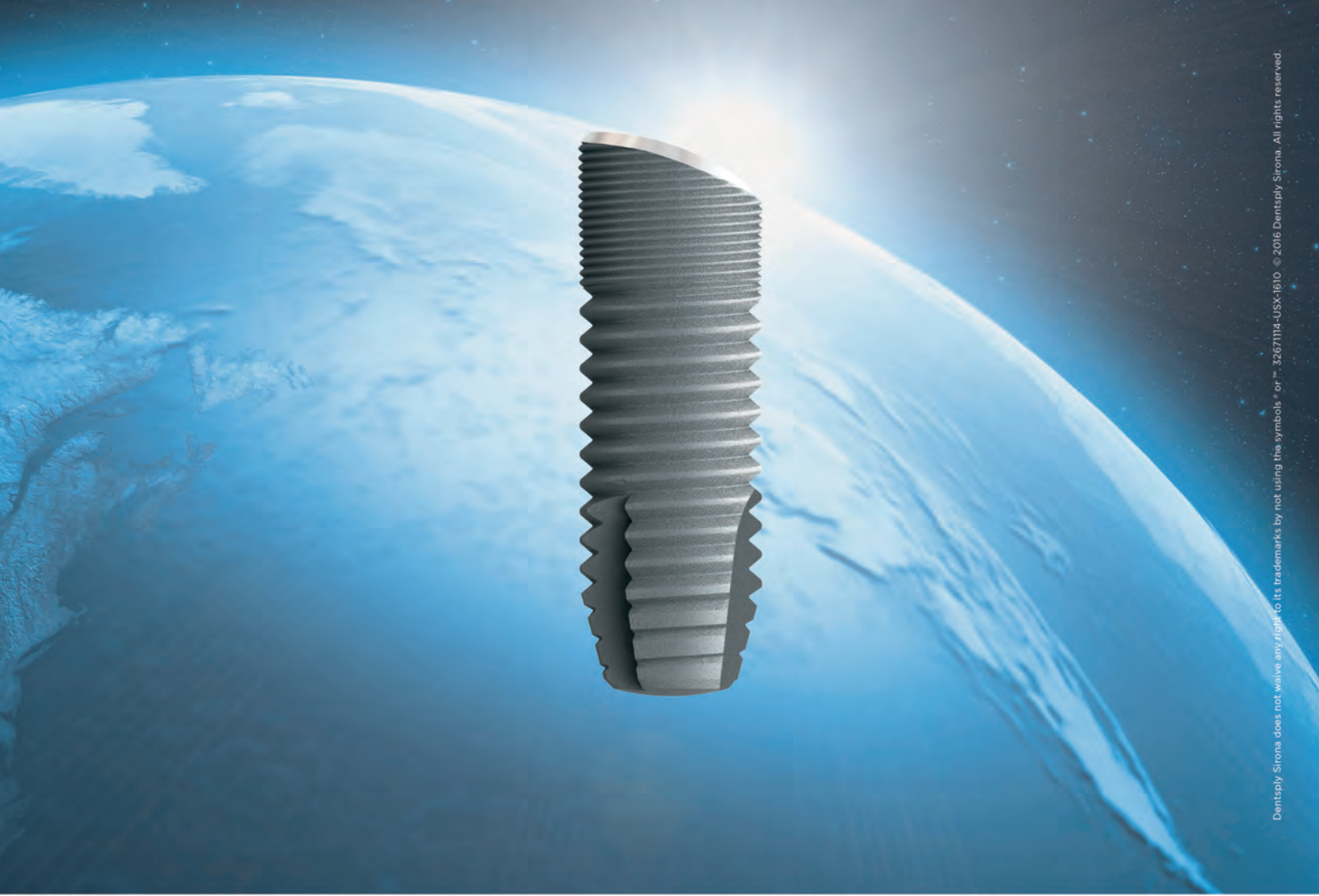
**Texas (Pearland)** - Practice was established as satellite office of Houston Dental Implant Center in 2006. Great community 16 miles away from Houston. PPO and fee for service. 3 ops, 1 pano, Digital x-ray. Average collection per year \$500,000 on 4 days; not on full potential. Practice focus on Prosthetics and Implants. Suite is about 1,600 sq/ft and is for sale as well. Please email docromero@me.com for more information.

## Services Available

**California** - Prosthodontist looking for a contractor position in California. Highly skilled in full-mouth reconstructions (dentures, overdentures, partials, crown/bridge restorations), implant placement and implant restorations (crowns, bridges, hybrid prosthesis); use my own equipment for diagnosis, tx planning, and surgical procedures (Im placement/ext/grafting); Very personable, outstanding teamwork and chairside manners; 6 years of dental experience; please contact to request more info: pgprosth2020@gmail.com.

**Nationwide** - Private Implant Prosthodontics Mentoring by Thomas J. Balshi, DDS, PhD, FACP. Receive one-on-one mentoring in your clinical facility. Program will provide participants with the confidence to perform even the most sophisticated dental implant procedures. Training is tailored to each clinician's needs and skill level. Contact Linda Maroney (215) 643-5881 for details.





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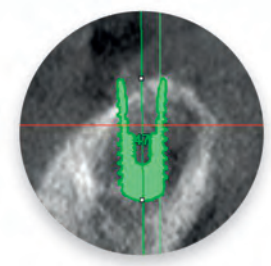
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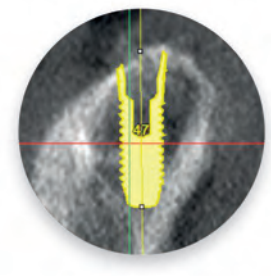
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