WINTER 2015

2015 VFDC Program & Registration
Oral Health & Disease
Schedule Changes
Key Elements to Selling a Practice

ADA President-Elect to visit VFDC
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The Valley Forge Dental Journal is the official publication of the Second District Valley Forge Dental Association of Pennsylvania, 4781 Steeplechase Drive, Macungie, PA 18062. 1-800-860-3551
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Articles for publication may be sent directly to Dr. Tami Brady: tbsbradymd@verizon.net.
 Classified advertising should be sent directly to Lynn Moreland. Classified rates are $35 for the first 50 words or less, 50¢ for each additional word.
The Journal is published three times a year: Winter, Spring & Fall. The opinions expressed in the Journal are those of the authors and do not necessarily reflect those of the Association, nor does the appearance of advertisements imply endorsement by the Association.

ON THE COVER...
Drs. Jamie Wolitarsky (right) and Scott Wallace (member 4th District) on top of Mt. Ranier, Washington State.
...so can the 29th Annual Valley Forge Dental Conference on March 4, 5, and 6 be very far behind!? Dr. Karin Brian, General Chair of the meeting, and her talented team have assembled an exceptional line up of speakers who will be presenting on a wide range of topics from restorative to periodontal therapy to infection control to oral medicine, to technology to communication skills. There are courses of interest to every member of the dental team. This year we are offering a series of events particularly suited to the recent dental graduate on Friday, March 6. The day begins with a lecture by Dr. Phil Cooper who will be speaking about “Practice Transitions for Recent Graduates”; then, we are privileged to have Dr. Carol Summerhayes, the President Elect of the ADA speak to us on issues of concern to the new dentist and how the ADA is working to address those issues. She is especially excited about the opportunity to exchange ideas and information, so come prepared with your questions! Following Dr. Summerhayes’ presentation, you can attend the Lunch and Learn sponsored by PNC Bank. In addition we are offering two (2) sessions of the course “Child Abuse Recognition and Reporting for Dental Professionals”, a program custom designed by the PDA to meet the recently mandated requirement for training in child abuse recognition. This course is necessary for license renewal for every dentist and hygienist and for re-certification for every EFDA. These courses will be held on Wednesday, March 4 from 4:30 - 6:30 p.m. and 7:15 - 9:15 p.m. And in between daytime courses, please plan to visit the exhibition hall and shop till you drop!

Perhaps you have already seen the notice placed in the PDA Journal outlining the new election process for PDA officers and ADA delegates at large. Be sure that PDA has your preferred email on record so that you will be eligible to vote. There will be a number of nominees from Second District vying for the positions of ADA delegates at large. Drs. Freedman, Heliak, Limberakis, Olenwine and Rosenthal have been nominated by the Second District Board of Directors. In addition, the following members of Second District were automatically nominated because they are currently serving on ADA Councils/Committees or ADPAC: Drs. Cohen, Himmelberger, Landes, Logan and Dishler. The voting will take place for the three (3) weeks prior to the PDA Annual meeting. You will receive an email from PDA, asking you to vote. Please review the nominees’ credentials and CAST YOUR VOTE. It is important to send the best qualified persons to the ADA House of Delegates where policies that guide the operation of the organization are set.

Finally, this is my last message to you as your President. It has been an honor and privilege to serve you. To paraphrase the words attributed to Sir Isaac Newton, if I have “seen a little farther, it is by standing on the shoulders of the giants” who preceded me in this office and the extraordinary Board with whom I have worked this year. We have all endeavored to look for ways to make your membership in organized dentistry a more rewarding and meaningful one. In March, your new officers and Board will be installed. I have no doubt that under the capable leadership of incoming President, Dr. Cynthia Olenwine, the Second District will continue to press forward with new programs and seek out new opportunities to serve the members. Thank you.

Donations Requested during the Valley Forge Dental Conference

The recipient of the Second District Humanitarian Award is the Laurel House: a comprehensive domestic violence agency serving individuals, families and communities throughout Montgomery County, Pennsylvania.

During the Valley Forge Dental Conference we are asking attendees to bring an item to donate to this remarkable organization. Suggested items include gift cards to department, grocery and pharmacy stores, baby items, canned goods, household items such as cleaning supplies and toilet paper, hygiene items and linens. A complete list of needed items is available at laurel-house.org.
Oral health and disease are intimately related to general health status. Clinicians understand that the oral cavity does not exist in isolation, but as an integral component of the human body. The oral cavity and peri-oral region consist of various tissues that are not unlike other organ systems, including mucous membranes, nerves, muscles, ligaments, and bone. The oral cavity is perhaps more intricate than other areas because, in addition to those tissues, there is a complex dentition with its supporting structures. In addition, the oral cavity harbors saliva produced by major and minor exocrine glands, which has a profound impact on both health and disease. Diseases that affect various tissues and organs are now well-understood to potentially affect and/or manifest in the oral and/or peri-oral areas. To think of the oral cavity as only consisting of teeth and supporting structures is to suggest that the intimate, bidirectional relationship of systemic and oral health does not exist. The oral cavity may be a potential source of inflammation or infection, which could have a significant impact on systemic health. For example, an injured or diseased oral cavity may hinder an individual’s ability to acquire proper nutrition, which may lead to poor wound healing or other ailments.

Moreover, the oral cavity often mirrors systemic health and may be the initial site of presentation of an underlying disease process. That disease may simply manifest in the oral cavity (eg, localized oral lichen planus) or may include the oral cavity in its manifestation (eg, glossitis related to malabsorption). The oral cavity may even provide a more accessible location for diagnosis of certain conditions (eg, Sjögren's syndrome). When a practitioner evaluates the oral cavity, he/she must be cognizant that local oral disease may be present or the oral condition may be a result of an underlying disorder.

Lesions affecting the oral cavity usually have a similar clinical appearance and there is often no single characteristic that differentiates oral soft tissue diseases. It is often extremely difficult to diagnose oral diseases based solely on clinical appearances. This diagnostic dilemma often precludes appropriate diagnosis and management of local disease and delays investigation of a possible systemic etiology. A detailed medical evaluation is essential for all complaints related to the oral cavity and peri-oral structures. The medical evaluation should include the history of the present condition, the patient’s past medical and surgical history, and any symptomatology (usually acquired through a thorough review of systems) that the patient may be experiencing. A family history is an important aspect of medical evaluation and may gain additional importance in patient care, as we now know that some oral conditions have a genetic predisposition. In the age of personalized medicine, it is only a matter of time before routine clinical practice will incorporate a genetic basis for oral disease diagnosis, which will help drive customized therapeutics. In addition, medication usage, documentation of allergies, and a social history are all critical components of a thorough medical evaluation.

When querying a patient about oral lesions, it is imperative for clinicians to understand the various aspects of the condition. Asking patients if lesions developed recently or are of long-standing duration, the number of lesions present, if this is the first episode of lesions or if they recur, and if there are lesions elsewhere on the body will help clinicians categorize the disease process as being acute or chronic, single or multiple, primary or recurrent, or if the oral condition is a local manifestation of a systemic process, respectively. A detailed series of questions regarding the present illness includes appropriate symptom development.

In conjunction with developing a detailed history, it is equally important to perform an accurate and expanded physical examination, which should be viewed in the context of a regional examination. This must include thorough inspection and palpation of the dentition, supporting dental structures, oral mucosa, and tongue, as well as evaluation of the visible posterior tongue and oropharynx. Additional clinical information may be necessary to aid in formulating a differential diagnosis and is often obtained from examination of the cranial nerves and the temporomandibular joint system. Evaluation of the patient’s facial skin, with particular attention to the peri-oral area, is also extremely important. A thorough examination of the regional lymph nodes and palpation of the thyroid gland are indicated and can aid in developing the appropriate clinical algorithm. Finally, an evaluation and assessment of the salivary glands, including palpation of structures and assessment of salivary flow, are extremely important to aid in the
diagnosis of salivary gland disorders, which may otherwise be overlooked, but can have significant impact on the patient’s overall health status.

It is from this wealth of information that the clinician will begin to formulate a differential diagnosis, which is, in part, based on prior fundamental knowledge and experience. It can be difficult to reach a final diagnosis without the use of adjunctive diagnostics and it is often necessary to order appropriate laboratory tests for comprehensive evaluation. These tests might include hematologic assays and/or obtaining samples of tissue or other specimens, for laboratory analysis, such as cultures/smears.

A “final” diagnosis may need to be modified by the clinician as the patient is being managed for the presumed disorder. For example, a patient may be placed on a medication known to modify a specific disease. If the patient has been on a treatment regimen and is unresponsive to therapy, a review of the differential diagnosis and final diagnosis is required. Sometimes it is during this clinical scenario that an underlying systemic condition is identified as the etiology of the disease manifesting locally in the oral cavity.

Understanding appropriate patient evaluation, formulating a differential diagnosis, obtaining adjunctive diagnostic testing, and rendering a final diagnosis are all expected of today’s modern dentist. It is of paramount importance to diagnose an oral condition, which may save a patient’s life or may significantly decrease any disease-related morbidity. It is incumbent upon the clinician “to get it right.” Following the diagnostic approach as outlined gives the clinician the greatest chance of accurately diagnosing oral disease.

In this series of Dental Clinics of North America, most of the common oral disorders are reviewed, including those that have an acute presentation and those that are of a chronic nature. All of our contributing authors have been carefully selected and are experts in their fields. Authors have provided general information, including epidemiology regarding a specific disorder, the known etiologies, and the presumed pathophysiology of that disorder. To focus on the clinical aspects of patient management, authors describe the clinical presentation and how clinicians should formulate a differential and/or final diagnosis. Finally, authors discuss treatment and management strategies, which may aid in providing comfort and/or cure to the patient’s ailment.

We anticipate that you will find these editions helpful in enhancing your fundamental knowledge and ability to diagnose and treat oral and peri-oral mucosal disorders. It is our hope that these collected works underscore the oral cavity as a functional unit of the whole and as a window to overall health.

Reprinted with permission, Dental Clinics of North America; Clinical Approaches to Oral Mucosal Disorders (October, 2013), Elsevier, Publisher.
The scourge of your schedule: Broken appointments and last minute cancellations. While you can’t prevent this issue completely, there are things you can do to decrease the frequency of BA’s and last minute changes in your schedule.

Issue #1: You change the patient’s appointment to fit your schedule.

During a recent trip across the U.S., headed home from a speaking engagement, my Delta Airlines seatmate asked me what I do for a living. I explained that I’m a practicing dentist, a consultant and speaker. She gave me a sideways look when I explained that our company, Miles Global, coaches dental practices on leadership, communication and business systems. “Can I ask you a question?” the sharply dressed businesswoman asked. I said, “Certainly.” She replied: “Why do dentists even bother making appointments? I make appointments to fit my schedule, and 90% of the time, they call and change it.” Sadly, this sends your patient the wrong message.

If you change your patient’s appointment, you’ve just said: “Hey, your appointment is less important than whatever else we, as a dental practice, have to do.” This appointment suddenly has less value. After all, if the appointment were important, you wouldn’t be changing it. While we know this isn’t necessary true, I believe dental teams need to think like their patients. If you change on them, they’ll be more likely to change on you. You’ve just given your patient a “get out of jail free” card that he or she can use to change their appointment when the time comes.

Routinely changing patient’s appointments is a bad habit to get into. I recommend you honor thy schedule! The only reason a patient’s hygiene appointment should be changed is if the patient insists, or upon death of the hygienist! The last bit’s a joke, but the issue of changing the patient’s appointment is a common reason why patients don’t value their appointment.

The remedy:

1. Build a strong pending or priority list: The words you use with your patient matters: “We seldom have a change in our schedule, but I know the doctor doesn’t want you to wait. If she said you need this treatment completed, we should see you as soon as possible. I can place your name on our priority list if you’d like, and call you should the opportunity comes up to see you sooner.” Pull from your priority list before shifting your other currently scheduled patients.

When you call the patient, say, “We rarely have a change in our schedule, but there has been a change. You’re top on our priority list, to get you in sooner if possible, due to the weakness of your tooth. Would it work for your schedule to come in at 3 pm today? If not, we’ll keep your appointment as it’s scheduled.” If the patient says, “No, I can’t.” Then highlight the name somehow and avoid calling the patient again.

2. Work on your recare and reactivation:

Strengthening your hygiene schedule increases your restorative schedule. Dedicate weekly, uninterrupted time to efficiently work your lists. Focus on the “one year” past due patients first, then call your patients of record that are up to two years past due. (Don’t call those patients who didn’t pay you, who said they’ve moved away or left the practice, nor those patients that flagrantly disrespect your time by no-showing or cancelling last minute.

Why contact these long past due patients? Statistically, 1/3 of your patient base will come in every 12 months. Another third will come in every 12-24 months. The last 1/3 will come in every 2-10 years. I believe that many dental offices give up on patients too quickly, purging patients and terminating contact with them. Instead, keep “top of mind” presence in your patient’s lives by sending a newsletter, a greeting card, or a letter of concern. (The highest open rate of any mail piece is something in the form of a Hallmark greeting card).

The patients who come every 2-10 years are either fearful, don’t have money, don’t value dentistry, or a combination of these three things. They come in when something hurts or breaks, and they need the majority of dentistry. They’ll wander back in, obtain treatment and then wander away. You have a marketing opportunity to remind them of their dental needs when you work at staying in touch.
**Issue #2: We run late consistently and keep our patients waiting**

Patients are more impatient today than ever before. They especially hate to wait for the hygiene exam or to check out at the front desk. Decreasing case acceptance is directly proportional to the patient’s wait time. If the practice is consistently running late, it’s a scheduling problem.

**The remedy:**

1. **Do a time and motion study.** Have team members make a note on a paper copy of your schedule that day any time a patient waited, beyond their normal appointment time in the reception area. Also, note when the patient waits clinically for the doctor (where nothing is happening for this patient). Doctors make notes of anytime he or she was rushed, stressed or had too much time on their schedule.

   Do this for 2-3 days, just before your team meeting. Use this study as an objective look at your schedule. What’s working and what’s not working? Anytime something routinely annoys your patients, you must be willing to change what you’re doing.

   If you run late constantly, the patient may think, “Well, they’re so busy. They don’t need me to come for an appointment. Or, “I like the doctor, but I hate the wait. I don’t have time to wait today.” It’s hard to hold the patient accountable to a schedule if the practice doesn’t honor the schedule.

2. **Continue the time and motion study by evaluating the doctor’s actual procedure time,** when the doctor isn’t aware. Time the start to finish, including break times for anesthesia and hygiene checks. See if the projected times were accurate, especially analyzing what’s ‘along-side’ that appointment. Do this for 2-3 days, and again, discuss ‘what’s working’ and ‘what’s not working’ at your team meeting.

3. **Continue the time and motion study towards different processes in your office,** such as:
   a. The clean up and set up of an operatory.
   b. Sterilization of instruments
   c. The doctor’s exam time in hygiene
   d. The timeliness of the hygienist in seating his/her patient
   e. The check in process and notification of the staff regarding seating the patient
   f. The timeliness of your morning huddle
   g. The timeliness of the start of your day and the start, right after lunch

**Issue #3: The patient doesn’t understand the value of the dentistry.**

The job of the clinical team is to present the dentistry and create value. Often, team members use words that devalue the dentistry. There are many situations that a dental practice can experience that inadvertently cause last minute cancellations or broken appointments, but let’s talk a few of the solutions for the issue of “lack of perceived value”.

**The remedy:**

1. **Creation of value at the in the clinical chair:** I recommend avoiding words that devalue dentistry, such as “Just, little, only and small.” (You’ve just got a little bleeding in your gums.” It’s not just a little bleeding. Bleeding is a sign of inflammation (and/or, disease).

   “It’s just a small filling on your upper left.” Then why do it? As a patient, I might schedule, but since it’s ‘just’ a ‘small’ filling, it can’t be important to do and it’s inconvenient for me to come today, so I’m going to reschedule.

   Doctors, I also am concerned with the words, “watch and wait.” If there’s a concern, (other than incipient caries that hasn’t progressed) please give the patient his or her options. The patient may surprise you with their choice.

   If your hygienist sets the stage for case acceptance with the intraoral camera, and you’ve calibrated what you’d want your assistants and hygienists should say (the doctor may recommend…), then your job is to say, “Yes, I see what you’re concerned about and yes, a crown would be best.”

   If value isn’t created in the back, you’ll have more broken appointments and last minute cancellations.

**Issue #4: “The schedule isn’t full, so I’m moving patients around for a more efficient schedule.” Why isn’t the schedule full?**

If your schedule isn’t full, is it because:

The doctor is very conservative with his or her diagnosis

**The remedy:**

1. **Ask the doctor how much dentistry he or she wants to do daily, in dollars.** Then use a “treatment plan” tracking form as a tool of accountability and follow up. Track the diagnosis/patient per day, in dollars of treatment diagnosed. Track the previously diagnosed dollars of dentistry on this same form. Note if the patient scheduled, and if not, why not?
If the doctor, as an example, wants to do $4000 a day on average, yet has an average diagnosis rate of $3000/day, it’s not going to happen. Assuming ethical diagnosis, the daily rate will vary depending upon the patient’s needs.

2. **As an accountability tool:** Did the patient refuse to schedule because the previously diagnosed dentistry wasn’t discussed in the back?

Also, use this form to call the unscheduled patient in 3-4 business days. The unscheduled patient often says, “I need to check my schedule,” or, “I need to think about it” regarding the proposed treatment. Invite yourself to make a call, within 3-4 business days, to answer any questions the patient or his spouse may have, or to schedule the patient who ‘needed to check her schedule.’ If too much time passes before you make this call, the patient won’t feel an urgency to complete her treatment.

There are many reasons why patients cancel and change appointments. There’s so much more information I’d like to offer, but these are a few of the tools you can put into place to build your schedule rather than move patient’s appointments.

Can you completely eliminate last minute cancellations or broken appointments? No. These are good discussions to have at your team meetings. What else do you need to do to decrease broken appointments? Clear financial policies, great phone skills, excellent patient communication and more. As an example, if the patient says, “I just want my teeth cleaned,” email me for an article titled, “I Just Want My Teeth Cleaned,” which discusses x-ray protocol.

*I’ll see you at the Valley Forge Dental Conference on March 5th, 2015!*

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**Save the Date**

**Saturday, May 23, 2015**

**Women’s Tea**

with

**ADA President, Dr. Maxine Feinberg**

_Location to be determined_

_All women dentists are invited for this complimentary event._

_More details to follow!_
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PROGRAM AT A GLANCE

29TH ANNUAL VALLEY FORGE DENTAL CONFERENCE

March 4-5-6, 2015 Valley Forge Radisson Hotel King of Prussia, PA

WEDNESDAY ... MARCH 4, 2015

7:30 AM - 5:00 PM
REGISTRATION DESK OPEN
Grand Ballroom Foyer

7:30 AM - 9:00 AM
CONTINENTAL BREAKFAST
Grand Ballroom Foyer

8:00 AM - 11:30 AM
DR. HOWARD GLAZER - AM Lecture (#102) “What’s Hot and What’s Getting Hottest in New Products”
AM Break - 10:00 AM
Lunch not included
Grand Ballroom North

1:00 PM - 4:30 PM
DR. HOWARD GLAZER - PM Hands-on (#103) “Composites Can Be Beautiful”
(Limited to 40 Participants)
PM Break - 3:00 PM
Lunch not included
Grand Ballroom North

8:00 AM - 4:30 PM
DR. ROBERT FAIBELLA - Full Day Lecture (#104) “Advanced Periodontal Therapy in the Restorative Practice”
AM Break - 10:30 AM
PM Break - 1:15 PM
Lunch included - 12:15-1:45 PM
Grand Ballroom South

8:30 AM - 4:00 PM
MS. NANCY ANDREWS DEWHIRST - Full Day Lecture (#105) “Hot Topics in Infection Control & Health Insurance Portability Accountability Act”
AM Break - 10:30 AM
Lunch included - 12:00-1:30 PM
Waterford Ballroom

10:00 AM - 4:30 PM
EXHIBIT HALL OPEN
Radisson Hotel Lower Level
Includes Door Prize Booth, Refreshments, & Demonstrations

11:30 AM - 2:00 PM
VIP LUNCHEON FOR SPEAKERS, MODERATORS, USHERS, COMMITTEE, STAFF AND VIPS
Nosh Dell - Radisson Lobby

11:45 AM - 2:00 PM
COURSE LUNCHEON BREAKS
Pennsylvania Corridor
Adjacent to the Exhibit Hall

12:00 PM - 1:30 PM
REFRESHMENTS IN EXHIBIT HALL

THURSDAY ... MARCH 5, 2015

7:30 AM - 5:00 PM
REGISTRATION DESK OPEN
Grand Ballroom Foyer

7:30 AM - 9:00 AM
CONTINENTAL BREAKFAST
Grand Ballroom Foyer

8:00 AM - 5:00 PM
AM Break - 10:00 AM
PM Break - 1:15 PM
Lunch included - 12:15-1:45 PM
Grand Ballroom North

8:45 AM - 5:00 PM
DR. RHODA SAVAGE - Full Day Lecture (#109) “Verbal Skills Workshop...Successful Practices Don’t Happen by Accident”
AM Break - 10:30 AM
PM Break - 3:30 PM
Lunch included - 12:30-2:00 PM
Waterford Ballroom

10:00 AM - 4:30 PM
EXHIBIT HALL OPEN
Radisson Hotel Lower Level
Includes Door Prize Booth, Refreshments, & Demonstrations

11:30 AM - 2:00 PM
VIP LUNCHEON FOR SPEAKERS, MODERATORS, USHERS, COMMITTEE, STAFF AND VIPS
Nosh Dell - Radisson Lobby

11:45 AM - 2:00 PM
COURSE LUNCHEON BREAKS
Pennsylvania Corridor
Adjacent to the Exhibit Hall

12:00 PM - 1:30 PM
REFRESHMENTS IN EXHIBIT HALL

FRIDAY ... MARCH 6, 2015

7:30 AM - 5:00 PM
REGISTRATION DESK OPEN
Grand Ballroom Foyer

7:30 AM - 9:00 AM
CONTINENTAL BREAKFAST
Grand Ballroom Foyer

10:00 AM - 4:00 PM
EXHIBIT HALL OPEN
Radisson Hotel Lower Level
Includes Door Prize Booth, Refreshments, & Demonstrations

11:30 AM - 2:00 PM
VIP LUNCHEON FOR SPEAKERS, MODERATORS, USHERS, COMMITTEE, STAFF AND VIPS
Nosh Dell - Radisson Lobby

11:45 AM - 2:00 PM
COURSE LUNCHEON BREAKS
Pennsylvania Corridor
Adjacent to the Exhibit Hall

12:00 PM - 1:30 PM
REFRESHMENTS IN EXHIBIT HALL
WHAT’S HOT & WHAT’S GETTING HOTTER IN NEW PRODUCTS

WEDNESDAY, MARCH 4
DR. HOWARD GLAZER
AGD CODE: 017
COURSE TIME: 8:00 AM - 11:30 AM
CE CREDITS: 3
COURSE CODES: D, A, E, H
MODERATOR: Dr. Hadi Ghazzouli

This program is about real dentistry for real people by a real dentist! Dr. Glazer will present a potpourri of materials and techniques that will make your day at the office easier, more productive and fun! Your entire dental team will benefit from learning about the latest products and benefits provided for you and your patients. Topics to include:
- Curing Lights – to light up your dental life
- Desensitization & Adhesives...a sticky subject made simple
- Composites for esthetic fillings not just white ones
- ICON infiltration technique...for minimally invasive procedures; and much more!

COURSE OBJECTIVES:
1. To learn the different types of materials in various product categories
2. To learn what is faster, easier and better
3. To be able to evaluate product claims and merit
4. To understand the necessity of oral cancer prevention

HOWARD S. GLAZER, D.D.S.
bio, course objectives and course handouts (#102 & 103) available on the website... www.vfdfc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $160 • Non-ADA: $285 • Staff/Spouse: $110

COMPOSITES CAN BE BEAUTIFUL

WEDNESDAY, MARCH 4
DR. HOWARD GLAZER. (Pictured above)
AGD CODE: 255
COURSE TIME: 1:00 PM - 4:30 PM
CE CREDITS: 3
COURSE CODES: D, A, E
MODERATOR: Dr. Hadi Ghazzouli

Educational Grant Provided by SHOFU

This program will integrate didactic material and hands-on experience with anterior and posterior composites in addition to “no flow flowables”. Participants will be offered an opportunity to explore the technique of layering and blending composite shades to insure an anesthetic result using the latest state-of-the-art composite resins; and more!

COURSE OBJECTIVES:
1. To understand the structure of dentin and enamel as they relate to shade
2. To understand the layering concept in order to apply composites to anterior and posterior restorations...and much more!

Course #103 is limited to 40 persons.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $245 • Non-ADA: $370 • Staff/Spouse: $145

ADVANCED PERIODONTAL THERAPY IN THE RESTORATIVE PRACTICE ...
Understanding the Indications and Potential Solutions

WEDNESDAY, MARCH 4
DR. ROBERT FAIELLA
AGD CODE: 490
COURSE TIME: 8:00 AM - 4:30 PM
CE CREDITS: 6
COURSE CODES: D, H
MODERATOR: Dr. Ronald Bushick

As the leader of the dental team, the restorative dentist must often recognize and diagnose a variety of periodontal problems, both inflammatory and anatomical in nature, for both the natural dentition and implant-supported solutions. The restorative dentist also works closely with the hygienist to characterize the development and progression of the problem as the provider with the most frequent recurring contact with the patient.

COURSE OBJECTIVES:
1. Understand the role of the restorative practice in the recognition of advanced periodontal problems
2. Learn clinical examples of a variety of conditions with potential solutions

ROBERT A. FAIELLA, D.M.D.
bio, course objectives and course handout available on the website... www.vfdfc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

HOT TOPICS IN INFECTION CONTROL, PART I and HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) REVIEW, PART II

WEDNESDAY, MARCH 4
MS. NANCY ANDREWS DEWHIRST
AGD CODE: 148
COURSE TIME: 8:30 AM - 4:00 PM
CE CREDITS: 6
COURSE CODES: D, A, H, E
MODERATOR: Dr. George Mara

PART I: Update your knowledge of the most important issues in clinical safety. Are you clear on how to handle ordinary and extraordinary infectious diseases? This lecture blends science with reality; reviewing CDC Guidelines and State regulations for Infection Control. Updates include challenges such as aerosol transmitted diseases (ATD’s) and evolving/resistant pathogens.

PART II: HIPAA rules protect the privacy of specific patient health information, while allowing necessary health information to be shared for successful patient treatment. This lecture will review privacy rules, disclosures, notices and individual rights through case studies and examples.

NANCY ANDREWS DEWHIRST, R.D.H., B.S.
bio, course objectives and course handout available on the website... www.vfdfc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

CHILD ABUSE RECOGNITION AND REPORTING FOR DENTAL PROFESSIONALS

WEDNESDAY, MARCH 4
PRESENTED BY THE PENNSYLVANIA DENTAL ASSOCIATION (PDA)

AGD CODE: 155
COURSE TIME: 4:30 PM – 6:30 PM (#106) OR 7:15 PM – 9:15 PM (#107)
CE CREDITS: 2
COURSE CODES: D, H, E
MODERATOR: Dr. Nancy Rosenthal

In response to the requirements of Act 31, the Valley Forge Dental Conference is offering two PDA CE Courses on Wednesday, March 4, 2015. Select the best time period that works for you and your staff... 4:30 PM to 6:30 PM (#106) OR 7:15 PM to 9:15 PM (#107).

The PDA’s program, Child Abuse Recognition & Reporting for Dental Professionals, is custom designed for members of the dental profession. The CE presentation provides training on:
- Your legal responsibilities as a mandated reporter under the Child Protective Services Law.
- Recognizing child abuse indicators, including clinical and oral pathologies of abuse.
- The reporting process: when, where, and how to report suspected abuse.
- Legal protections for reporters and penalties for failure to report.

This program will fulfill the 2 hour training requirements for licensure due on March 31, 2015.

TUITION: • ADA Member: $50 • ADA Staff Member: $50 • Non-ADA: $200 • Non-ADA Staff Member: $100

ORAL MEDICINE UPDATE: A Field Guide for the Oral Health Care Professional

THURSDAY, MARCH 5
DR. THOMAS SOLLECITO

AGD CODE: 739
COURSE TIME: 8:00 AM – 5:00 PM
CE CREDITS: 6
COURSE CODES: D, A, E, H
MODERATOR: Dr. Alan Yuan

This lecture will review common oral mucosal diseases and facial pain encountered in practice. Being presented in a case-based learning format, the course will focus on the latest in diagnosis and treatment of oral mucosal disorders and facial pain. Since the oral condition often reflects systemic disease, Dr. Sollecito will discuss systemic concerns in relation to oral findings. Audience participation will be encouraged.

COURSE OBJECTIVES:
1. To be able to evaluate the oral cavity and diagnose common oral mucosal diseases
2. To understand the relationship between systemic disease and its oral manifestations; and much more!

THOMAS P. SOLLECITO, D.M.D., bio, course objectives and course handout available on the website... www.vfdc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

VERBAL SKILLS WORKSHOP...SUCCESSFUL PRACTICES DON’T HAPPEN BY ACCIDENT

THURSDAY, MARCH 5
DR. RHONDA SAVAGE

AGD CODE: 557
COURSE TIME: 8:45 AM – 5:00 PM
CE CREDITS: 6
COURSE CODES: D, H, A, E, M
MODERATOR: Dr. Jennifer Yue

This working seminar will help your dental team learn how to communicate well and improve case acceptance by knowing the right words to use, and more.

COURSE OBJECTIVES:
1. How to schedule the new patient
2. Improve the communication skills of your team members through the use of study models, demonstration models,
3. Intraoral photographs, x-rays, video programs and intraoral cameras
4. Motivate your patient to accept periodontal treatment...and much more!

RHONDA R. SAVAGE, D.D.S., bio, course objectives and course handout available on the website... www.vfdc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

DAY-TO-DAY TECHNOLOGY THAT CAN IMPROVE YOUR PRACTICE

THURSDAY, MARCH 5
DR. JOHN FLUCKE

AGD CODE: 561
COURSE TIME: 8:30 AM – 5:00 PM
CE CREDITS: 6
COURSE CODES: D, H, A, E, M
MODERATOR: Dr. Ronald Heier
Educational Grant provided by Catapult Elite

Learn about many technologies that can improve your efficiency and patient care. Learn about digital operatories and high tech devices to improve patient outcomes. However, there are many pieces of the "technology puzzle" and not all require a huge investment in financial resources or staff training. Dr. Flucke has access to many cutting edge technologies.

COURSE OBJECTIVES:
Attendees will learn ...
1. Advantages of digital operatories
2. Advantages of digital drug databases
3. Cutting edge products and procedures...and much more!

JOHN FLUCKE, D.D.S., bio, course objectives and course handout available on the website... www.vfdc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

RESTORATIVE POTPOURRI 2015
FRIDAY, MARCH 6
DR. JOHN KANCA, III
AGD CODE: 255
COURSE TIME: 8:00 AM - 4:30 PM
CE CREDITS: 6
COURSE CODES: D, A, E, H
MODERATOR: Dr. Amanda Hemmer
This lecture will be an overview of restorative materials and techniques. Among the topics covered will be adhesive systems, resin composites, management of pulp exposures, near exposures and when to leave caries-affected dentin. The types of available ceramics, how to choose them and how to deliver them will also be included. Attendees will know the types of sensitivity that present, how to diagnose them and how to treat them. And much more!

COURSE OBJECTIVES:
1. Learn to differentiate among resin adhesives and select the best
2. Understand tooth pain, its causes and treatments
3. Understand the different types of non-metal crowns; and more!

JOHN KANCA, III, D.M.D. bio, course objectives and course handout available on the website...www.vfdc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

DENTAL CARE FOR MEDICALLY COMPLEX PATIENTS
Part I ... Under Age 65 Part II ... Over Age 65
FRIDAY, MARCH 6
DR. LINDA NIESSLEN
AGD CODE: 752
COURSE TIME: 8:30 AM - 4:30 PM
CE CREDITS: 6
COURSE CODES: D, H, A, E, M
MODERATOR: Dr. Joanne Burrell
This lecture will discuss the unique oral health needs of a medically complex older population. It will identify the linkages between chronic diseases, multiple medications and oral health. How do you manage the woman with Sjogren’s disease? Should you provide antibiotic prophylaxis for the patient with a hip implant? What should you do for the woman taking anti-resorptive drugs for her osteoporosis? Practical approaches to caring for dental patients with Sjogren’s disease, cardiovascular disease, stroke, diabetes, arthritis and osteoporosis will be discussed. The role certain chronic diseases and medications play in increasing a patient’s risk for coronal and root caries, periodontal disease and oral soft tissue lesions will be highlighted. And much more!

COURSE OBJECTIVES:
1. Learn approaches to caring for patients with chronic diseases
2. Learn when to prescribe antibiotic prophylaxis for patients
3. Learn what you should know for patients taking anti-resorptive drugs
4. Learn the differences between treating patients under 65 years of age and over 65 years of age

LINDA C. NIESSLEN, D.M.D. bio and course handout available on the website...www.vfdc.org.

TUITION: PRIOR TO FEBRUARY 16 • ADA Member: $260 • Non-ADA: $385 • Staff/Spouse: $145 • Lunch Included

PRACTICE TRANSITIONS FOR RECENT GRADUATES, AM LECTURE by Dr. Cooper ...
HOW TO RUN A SUCCESSFUL AND RESPONSIBLE DENTAL PRACTICE:
Things They Never Taught You In Dental School, Lunch & Learn by PNC BANK
FRIDAY, MARCH 6
DR. PHILLIP COOPER (AM LECTURE)
MR. GEORGE WILLIAMS (LUNCH & LEARN)
AGD CODE: 556
COURSE TIME: 8:45 AM - 2:45 PM
CE CREDITS: 6
COURSE CODE: D • For Residents and Recent Graduates Only
MODERATOR: Dr. Anthony Zalis
Educational Grant provided by PNC Bank
AM LECTURE – PRACTICE TRANSITIONS FOR RECENT GRADUATES
This AM lecture will provide recent dental graduates with not only an overview of dental practice transitions, but key information on each subject area. These areas include: Methods of Transferring Ownership; Phases of a Transaction; Legal Documents and Issues; Successful Transition Strategies; Practice Valuation; Taxation and the Key Ingredients of Partnerships. Dentists looking to transition into some type of practice ownership will be better able to evaluate opportunities and understand how this process works.

LUNCH & LEARN – HOW TO RUN A SUCCESSFUL AND RESPONSIBLE DENTAL PRACTICE: THINGS THEY NEVER TAUGHT YOU IN DENTAL SCHOOL
Lunch & Learn will include topics and details regarding financing... Day to day operations, optimizing cash flow and practice fraud protection. Running a successful and responsible dental practice means assuming many non-clinical roles. This lecture will take a look at the many “hats” today's dentist is required to wear.

DR. PHILLIP COOPER, AND GEORGE S. WILLIAMS, V.P., PNC BANK
bios, course objectives and course handouts available on the website...www.vfdc.org.

PLEASE REGISTER BY FEBRUARY 16 • FREE for Residents & Recent Graduates • Complimentary luncheon included for attendees by PNC Bank

COURSE CODES - D: DENTIST H: HYGIENIST A: ASSISTANT E: EFDA M: MANAGEMENT
## VALLEY FORGE DENTAL CONFERENCE – March 4-5-6, 2015

### 3 WAYS TO REGISTER...

1. **ON THE WEB:** [www.vfdc.org](http://www.vfdc.org) (Credit card users only)
2. **FAX:** 610-340-2585 (Credit card users only)
3. **MAIL:** VFDJ Registration Service
   
   M. L. Moreland
   
   13127 Reunion Street
   
   Charlotte, NC 28278

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### COST BEFORE FEBRUARY 16 vs COST AFTER FEBRUARY 16

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### DISCOUNT DEADLINE
February 16, 2015

### QUESTIONS?
800-854-VFDJ

- All dentists who are not ADA members are welcome to visit the exhibit hall without a registration fee.
- Doctors & Staff may register & purchase tickets on one form; however, courses selected must be noted next to each name or tickets will not be available for pick-up on site.

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### PATRIOT PASSES

- The **DAY PATRIOT PASS** – Includes Admission & lunch to all courses except Glazer/Hardson
  - ADA Member: $399
  - NON ADA Member: $299
  - N/A

- The **DAY PATRIOT PASS** – Includes Admission & lunch to all courses except Glazer/Hardson
  - ADA Member: $399
  - NON ADA Member: $299
  - N/A

---

### DENTIST WILL ATTEND THE FOLLOWING:

- Check all that apply: WED. #102 Glazer (AM Lecture) #103 Glazer (PM Hands-On)
- #104 R. Faella #105 N. DeWirst #106 Child Abuse 4:30 PM #107 Child Abuse 7:15 PM
- WED. #108 T. Scolito #109 R. Savage
- WED. #110 J. Flueck #111 Tastes of the World President's Dinner
- #112 N. Kacz #113 L. Niessen #114 R. Cooper
- Exhibit Hall Only
- 3 Day Patriot Pass
- 2 Day Patriot Pass

### STAFF NAME #1

- Hygienist
- Assistant
- Office Manager/Staff
- Induction
- Student
- EDA

- Check all that apply: WED. #102 Glazer (AM Lecture) #103 Glazer (PM Hands-On)
- #104 R. Faella #105 N. DeWirst #106 Child Abuse 4:30 PM
- #107 Child Abuse 7:15 PM
- WED. #108 T. Scolito #109 R. Savage
- WED. #110 J. Flueck #111 Tastes of the World President's Dinner
- #112 N. Kacz #113 L. Niessen #114 R. Cooper

### STAFF NAME #2

- Hygienist
- Assistant
- Office Manager/Staff
- Induction
- Student
- EDA

- Check all that apply: WED. #102 Glazer (AM Lecture) #103 Glazer (PM Hands-On)
- #104 R. Faella #105 N. DeWirst #106 Child Abuse 4:30 PM
- #107 Child Abuse 7:15 PM
- WED. #108 T. Scolito #109 R. Savage
- WED. #110 J. Flueck #111 Tastes of the World President's Dinner
- #112 N. Kacz #113 L. Niessen #114 R. Cooper

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### DUPLICATE THIS FORM TO REGISTER ADDITIONAL STAFF.

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### DOCTOR TOTAL:

- ADA Member: $ 
- Non-ADA Member: $ 
- Staff/Spouse: $ 
- Grand Total: $
Selling a dental practice is an involved process. There are many steps and issues which have to be dealt with. Knowing what they are and how to manage them will help ensure a successful transition. The following is a brief discussion of key elements which are essential in all transactions.

Timing - The first question I usually ask sellers is when do they want to sell. The length of time until that point will help determine what type of transition is appropriate. If they want to be out in a year or two, then an outright sale is usually the method of choice. If they intend to work three or more years, then a partnership or delayed sale might be appropriate. Most importantly, dentists should not enter into any type of transaction before they are ready.

Planning - There are two important questions dentists need to consider. First, are they financially able to sell? A thorough discussion with a financial advisor is critical since after a sale, the practice income will end. Second, what will they do once they sell? Having a plan for their newfound free time (assuming retirement) is important.

Proper Pricing - A practice should be valued by someone who is familiar with the dental market. This could be an accountant, broker or consultant. Fair market value can be a range depending on various issues. You want to make sure that the price is not more than what the market will likely pay; otherwise, you might lessen the chances of a successful transaction.

Team - A seller should have a team to assist in getting a practice sold. An accountant plays a key role in evaluating the tax implications. An attorney is necessary to prepare the appropriate documents and advise on the legal issues. A broker is usually the quarterback of the team and is involved from start to finish in all the steps. Make sure you know what each advisor does, how they are paid, what type of contractual arrangements they require and be sure to request references.

Marketing - There are many ways to find buyers. If you are using a broker, that person should have an extensive database of prospects. Today, most buyers do their primary searching on the Internet. They will also ask their colleagues for recommendations. All prospects should be required to provide background information as well as sign confidentiality agreements.

Practice Information - An information packet should be prepared. This should include a practice profile, tax returns, computer reports, staff information, fee schedule, equipment list, office photos and other items which are important to buyers. The packet can be a hard copy which can be mailed to prospects, or in digital format which can be emailed. A well prepared packet will not only answer many buyer questions, but can also give a good impression of the practice.

Key Business Points - In all practice transitions, there are certain key points which must be agreed upon: price, terms and transition. If the seller owns the real estate, then the rent or purchase price is another point. If the transaction is a buy-in, how the income will be split is a critical point. Unless these key points can be agreed upon, the transaction should not yet be presented to the attorneys. If the attorneys get involved too soon, they tend to bring in various issues which while important, are not relevant in most cases unless the key business issues can be agreed upon.

The stages of transactions include finding the buyer, negotiating the transaction, documentation, settlement and transition. The big unknown is how long it will take to find the buyer. Negotiation and documentation typically takes two to three months. The transition can occur quickly (a matter of weeks) or can even take years. Most importantly, it takes motivated parties to reach a successful outcome.

Reprinted with permission from October 2011 Dental Economics magazine.
GKAS Thanks…

We would like to thank the dentists, hygienists, assistants, and staff members who donated their expertise and dental supplies to provide dental care and education for indigent children on Friday, December 5th at Community Volunteers in Medicine in West Chester. The list of volunteer dentists includes Tami Brady, Dick Clark, Theresa Devine, Jack Fitzgerald, Erica Harvey (ortho.), Ron Heier, Alexandra Hochster-Korman, Chris Hussin, Bernie Logan, Stephanie McGann, Eric Navok, Anna Rossis, Bruce Terry, and Allen Yang.

Drs. Joel Funari, Robin Harshaw, and Steve Sierakowski donated dental supplies and equipment to our cause – thank you all!!

A special thanks to our returning GKAS Chester County Honorary Chair, State Representative Warren Kampf for his continued support!

Thanks to your efforts our GKAS Program continues to provide dental care and education to children who would otherwise not receive this integral component of their health and well-being.

With gratitude,

[Signatures]

Photos taken during the December 5, 2014 Give Kids a Smile event held at CVIM in West Chester. 30 children were provided with $11,965 worth of dental care including x rays, restorations, root canals, prophys, sealants, fluoride varnish and oral hygiene instructions. Honorary Chair, State Representative Warren Kampf, made a visit and spent time observing the dental work and interacting with the children.
Local Happenings

Second District Inductees to the Pierre Fauchard Academy include, from left, Drs. Marie Scott, Cary Limberakis, Linda Himmerlberger (Section Chair, Pennsylvania), I. Jay Freedman, Stephanie McGann, Stanley Heleniak, and Charles Incalcaterra.
The PARAGON Advantage
For more than 20 years PARAGON consultants have been dedicated to providing the best dental transition consulting services available in the country, guiding our clients through every step of the process.

Your local PARAGON practice transition consultant is Edward Landau, DMD, MBA
Contact him at 215.803.7603 or elandau@paragon.us.com

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Dr. I. Jay Freedman – jay2th@aol.com
Dr. Stanley Heleniak – drheleniak@cs.com
Dr. Laurence Stone – lstone@drrarrystone.com
Dr. Bruce Terry – pullpulp@aol.com

Need to Reach the Second District Valley Forge Dental Association or the VFDC?

ONLINE:
www.vfdental.org
(Second District)
www.vfdc.org
(Valley Forge Dental Conference)

PHONE:
1-800-854-8332 VFDC
1-800-860-3551 SD

E-MAIL:
bjdencler@aol.com
conferenceservices@juno.com

FAX:
1-610-340-2585 VFDC
1-610-395-5669 SD

MAIL:
4781 Steeplechase Drive
Macungie, PA 18062

With over 18 years commercial real estate experience, Charles L. Feitel and his firm take the hassle out of finding new medical or dental space, for lease and purchase, or negotiating your lease renewal — in Pennsylvania.

Our longtime commitment to medical and dental real estate needs has also helped us develop strategic alliances with area contractors, lawyers, architects, medical suppliers and more to ensure your business a smooth, organized move, purchase or sale free of aggravation. HPRG employs a TEAM concept that gets deals done in a timely and efficient manner.

OUR SERVICES DO NOT REQUIRE A FEE...

Email: cfeitel@medicalanddentalspace.com
www.medicalanddentalspace.com
301-365-6940
VFDC TO PROVIDE CONTINUING EDUCATION IN CHILD ABUSE RECOGNITION & REPORTING REQUIREMENTS FOR MANDATED REPORTERS.

In response to the requirements of Act 31, the Valley Forge Dental Conference is offering two PDA CE courses during the VFDC on Wednesday, March 4, 2015 from 4:30 PM to 6:30 PM OR 7:15 PM to 9:15 PM. Registration fee is $50 for PDA members and $50 for each staff person. Register now at www.vfdc.org.

The PDA’s program, Child Abuse Recognition and Reporting for Dental Professionals, is custom designed for members of the dental profession. The CE presentation provides training on:

- Your legal responsibilities as a mandated reporter under the Child Protective Services Law
- Recognizing child abuse indicators, including clinical and oral pathologies of abuse.
- The reporting process: when, where, and how to report suspected abuse.
- Legal protections for reporters and penalties for failure to report.

This program will fulfill the 2 hour training requirement for licensure due on March 31, 2015.
AFTCO is the oldest and largest dental practice transition consulting firm in the United States. AFTCO assists dentists with associateships, purchasing and selling of practices, and retirement plans. We are there to serve you through all stages of your career.

Anvar A. Mohammad, D.M.D. &
Tarik W. Jbarah, D.M.D.

have acquired the practice of
Jeffrey L. Goodis, D.M.D. - York, Pennsylvania

Junaid K. Chaudhry, D.M.D. has acquired the practice of
Robert L. Adelman, D.M.D. - Plymouth Meeting, Pennsylvania

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Bob Opperman
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Fax: 609-492-5609
Email: dentistsinsagt@gmail.com

Your Protection is Our Profession!
**Upcoming Events**

**2nd District Valley Forge Dental Association**  
Wednesday, March 4, 2015 to Friday, March 6, 2015  
Valley Forge Radisson Hotel  
2015 Valley Forge Dental Conference

**Lehigh Valley Health Network**  
Wednesday, February 4, 2015—Dr. Kirk Behrendt  
*Practice Management*  
Friday, April 10, 2015—Dr. Jamie Lozada  
*Basic Implants*  
Wednesday, May 13, 2015—Dr. Michael Glick  
*Medically Complex Patients*  
Friday, June 19, 2015  
*Evening at the Iron Pigs*

**Montgomery/Bucks Full Day Program**  
January 23, 2014—Dr. Robert A. Lowe  
*Clinical Treatment Planning and Problem Solving*  
March 27, 2015—Dr. Karl Koerner  
*Oral Surgery*  
**Evening Meetings:**  
Monday, February 23, 2015—Dr. Nick Conte  
*Direct Composite Restorations*  
Monday, March 30, 2015—Dr. Joseph Fiorellini  
*Peri-Implantitis*  
Thursday, May 15, 2015  
*President’s Banquet Event*

**Chester/Delaware DKU**  
**Member Social Events:**  
Wednesday, January 28  
*Family Bowling Night at Devon Lanes*  
Wednesday, February 11, 2015  
*2nd Annual International Dinner Series at Spice Indian and Thia Bistro, West Chester.*

**DKU:**  
Friday, April 10, 2015—Dr. David Hornbrook  
*Esthetic Dentistry*  
Friday, May 8, 2015—Dr. Uche Odiatu  
*Health and Wellness*

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Have you visited **www.vfdental.org**?

The 2nd District, Valley Forge Dental Society has a website you can visit today. Things you will find there are current local CE opportunities listed, past issues of the Valley Forge Dental Journal and links to the local component websites, the PDA and the ADA. Take a minute today and check out www.vfdental.org!
Mark Your Calendar for the...

Valley Forge Dental Conference

March 4-5-6, 2015
Valley Forge Radisson Hotel
King of Prussia, PA

Spring Into Action with our exciting 2015 speaker line-up:

**WEDNESDAY...MARCH 4TH**
Dr. Howard Glazer - “What’s Hot & What’s Getting Hotter in New Products” - AM Lecture and “Composites Can Be Beautiful” - PM Hands on limited to 40
Ms. Nancy Andrews Dewhirst - “Hot Topics In Infection Control & HIPPA Review”
Dr. Robert Falella - “Advanced Periodontal Therapy: Understanding the Indications and Potential Solutions”
PDA - “Child Abuse Recognition and Reporting for Dental Professionals”

**THURSDAY...MARCH 5TH**
Dr. Rhonda Savage - “Verbal Skills Workshop...Successful Practices Don't Happen by Accident”
Dr. John Flucke - “Day to Day Technology That Can Improve Your Practice”
Dr. Thomas Sollecito - “Update in Oral Medicine: A Field Guide for the Oral Health Care Professional”

**FRIDAY...MARCH 6TH**
Dr. John Kanca, III - “Restorative Potpourri 2015”
Dr. Linda Niessen - “Dental Care for Medically Complex Patients” - Part I under age 65; Part II over age 65
Dr. Phil Cooper - “Practice Transition for Recent Graduates”
Mr. George Williams, VP, PNC Bank - “How to Run a Successful and Responsible Dental Practice”

Sponsored by Second District Valley Forge Dental Association • Dr. Linda Himmelberger, President • Dr. Karin Brian, Chair

FOR MORE INFORMATION: WWW.VFDC.ORG
Taste your way around the world with a delicious global cuisine. Whether it’s popular Italian-style pasta dishes, Mexican dishes from quesadillas to salsa, Memorable Oriental dishes in celebration of a Chinese New Year, Traditional Bavarian Beer Garden, Caribbean spiced chicken or our Stateside favorites there will be something for everyone.

Fragrant aromas, oldies music and a festive atmosphere welcome you to an evening of fun and global dining in honor of Second District President, Dr. Linda Himmelberger in the VALLEY FORGE TAVERN, VF Radisson Hotel. Begin the evening with an imported beer, margarita, pina colada or one of many wine choices. Travel the globe by visiting the vast array of food stations reminding you of your travels around the world or flavors that will conjure up holiday memories.

Plan to join your friends and colleagues for an evening to remember and welcome the newly elected Second District Officers and Directors.

TICKET PRICE IS $90 PER PERSON. REGISTRATION AVAILABLE ON THE WEBSITE...