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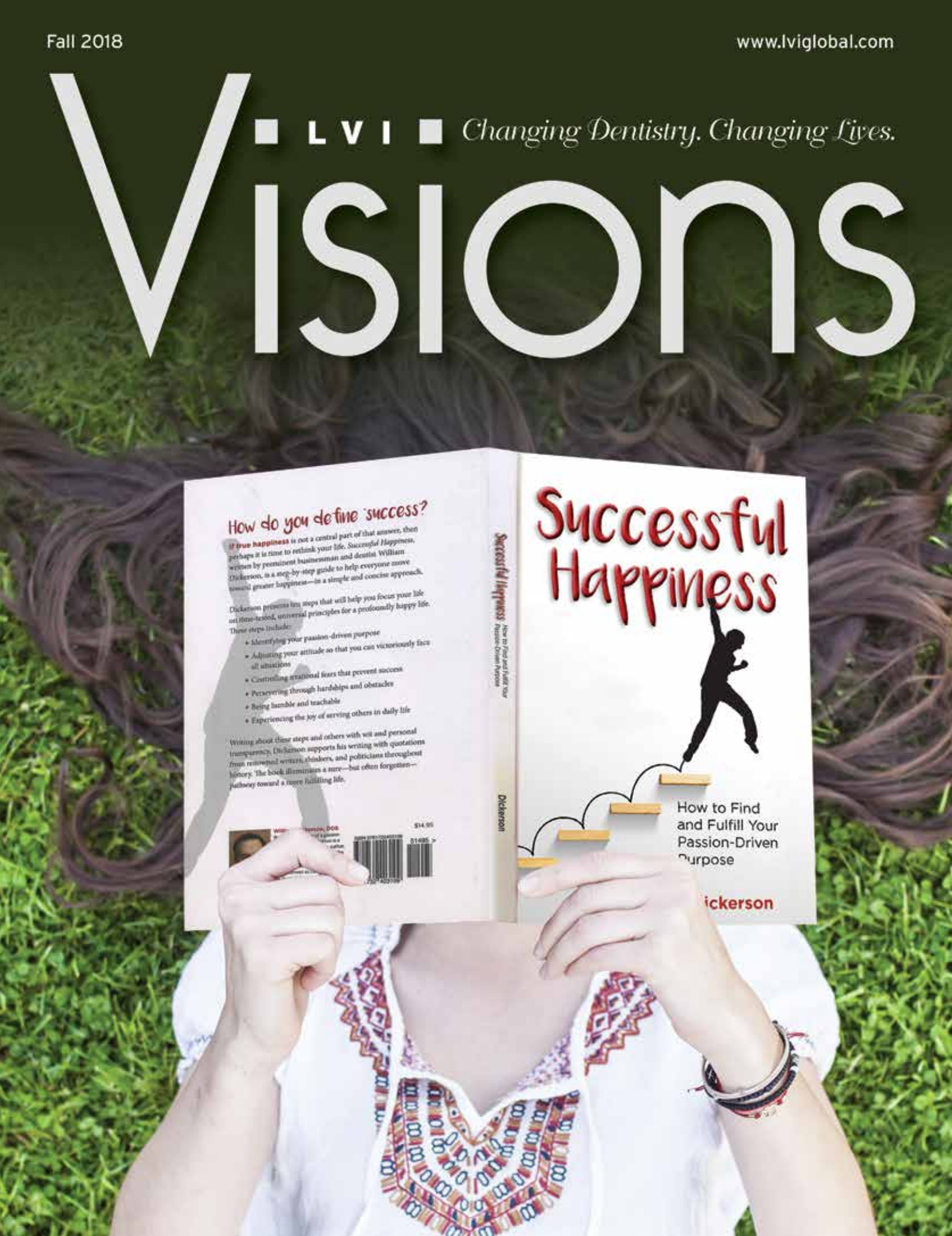

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DENTISTRY BY
Joseph Barton, DMD, LVIF, LVIM
Jacksonville, FL

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EDITOR'S NOTE

I am extremely proud to feature on our VISIONS cover the amazing book titled: **Successful Happiness.** Written by my husband, Dr. William G. Dickerson... this book is a must read for everyone!

Of course you are thinking I am completely biased about how wonderful this book is and you are right! LOL! But the truth of the matter is this book really delivers! I am so proud of Bill for putting this all together in a book that is fun, easy to read, and gives a call to action!

Are you happy? Truly happy? Do you know what would make you happy? Perhaps you do but you do not know how to get there? This book helps you discover what you are really passionate about and a game plan for making that dream a reality.

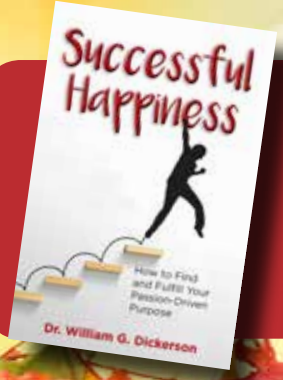
This book should be read by kids, young adults, and adults. No matter what stage of life you are in, it will get you thinking!

Life is way too short not to live your passion filled purpose, so find yours today!

Check out some of the reviews I have printed throughout this magazine... people are raving about it!

Heidi

Heidi Dickerson, DDS, LVIM, FIAPA, LVIF
hdickerson@lviglobal.com



Successful Happiness Review

"I enjoyed this excellent primer for those getting on life's highway and as an instrument for reflection for the more seasoned. The author has captured essential elements that lead to a fulfilling life. The added quotations from historical figures added to the interesting read."

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William G. Dickerson, DDS, FAACD, LVIM, FIAPA, LVIF

Successful Happiness

"If we are not here to make the world a better place then why are we here?"

Successful Happiness is not just a cleaver phrase... it's what everyone should try and achieve in their life. The book takes a simple and concise approach using personal stories of my life in hopes of motivating others to realize that if I can do it, so can you. I accomplish this with a step-by-step guide to help everyone move toward greater happiness in their life. I present ten steps that will help you focus your life on time-tested, universal principles for a profoundly happy life.

THESE STEPS INCLUDE:

- Identifying your passion-driven purpose
- Adjusting your attitude so that you can victoriously face all situations
- Controlling irrational fears that prevent success
- Persevering through hardships and obstacles
- Being humble and teachable
- Experiencing the joy of serving others in daily life
- And the importance of HAPPINESS

I've tried writing about these steps and other importance aspects in the book with some wit and personal transparency and then supporting my writing with quotations from renowned writers, thinkers, and politicians throughout history. The book illuminates a sure – but often forgotten – pathway toward a more fulfilling life. As one review posted stated... **"This book is almost an owner's manual for your life!"**

You may be thinking, what gives me the right to write such a book. After four decades of practice in dentistry... after founding and selling a postgraduate educational center, then buying it back... after learning about life and business from the school of hard knocks and sparring with my professional colleagues about professional concepts and techniques... being betrayed by people I trusted and made famous... and recovering from one "disaster" after another... I felt I needed to share this experience to help others who may be struggling achieving their own happiness.

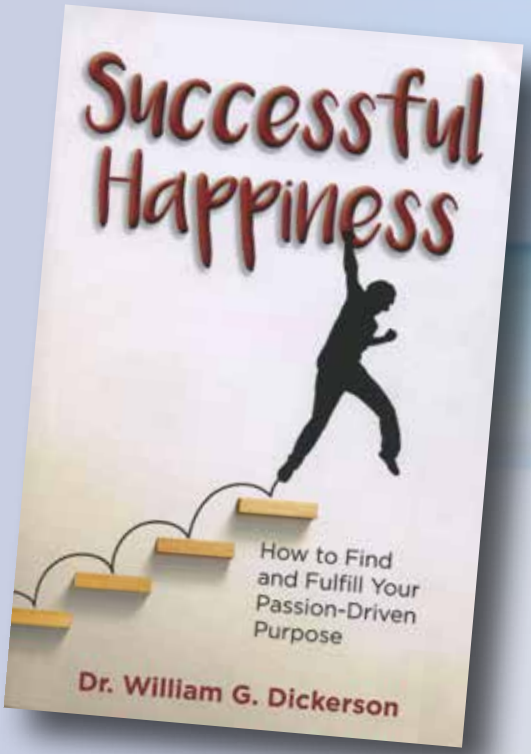
What I have put together here, in hopes of changing your life, comes from forty-two years of my business experiences and the lessons I've learned over all those years. I took an average dental practice to a highly successful cosmetic practice. I know what you're thinking: What do dentists know about business? Actually, that's true. Most dentists are business idiots because we get no business education in dental school. It's why I tell anyone interested in being a dentist to major in business because they will be running a small business when they get out.

But as the founder and owner of LVI (The Las Vegas Institute for Advanced Dental Studies)—the most prolific and successful professional postgraduate educational center in the world—while overcoming insurmountable obstacles along the way, I've observed thousands of our alumni and their practices. I know what has worked and what has not worked for them. I started a patient discussion group for those suffering with TMD (temporal mandibular dysfunction) and OSA (obstructive sleep apnea), and with more than 3000 patients in this group I'm helping them find relief from their pain when no other medical professional was able to help. But I've also learned mistakes that many of you are making in your practices and learned of those that are doing great because of the good things you are doing. A dental practice is a small business like any other small business. Service is more important than product in business, and communication is critical—something lacking in most professional offices.

In addition to that experience, I have read hundreds of business books and publications, and I will tell you that my practice first started to grow when I did my homework. Almost everything in this book came from someone who wrote a book or article about business principles. I've just put their words and ideas together with my own knowledge about business that I've discovered over the years. I have compared the advice that I was getting from those books with my version of reality and compressed it into 10 simple steps.

But this book also has life lessons that go beyond being successful in business. Even if you're not involved in some way with a business, you can apply the lessons in this book to your home environment and personal life. And because of that, the book has done well, going well beyond just dentists purchasing the book. So far all the reviews have given the book 5 stars and I'm just hoping the book will reach it's tipping point and take off. Although this book will never make me much money, that was not my purpose for writing it. It was to hopefully make a difference in as many lives as I can. If we are not here to make the world a better place, then why are we here? I hope you can recommend this book to family and friends to start the ripple effect of helping as many people as possible live the dream.

I want to see your Instagram and Facebook posts. Use #successfulhappiness



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JEREMY FRITH, DDS, FAAO, APT, FCNO

Reversal of Permanent Tongue Numbness with MLS Laser & Prolozone/Ozone Therapy -A Case Study

It all started when I had an ENT MD (Ear/Nose/Throat specialist) doctor perform a nasal turbinate reduction and a partial tongue tie release. After the procedure I could breathe much better through my nose and my tongue was able to lift more fully into my palate. However the anterior left half of my tongue was numb with no sensation, completely numb on both ventral and dorsal sides

NUMBNESS UNDER MY FINGER

This article is about the Prolozone and laser healing (LLLT) I have experienced with my tongue. I also have some pictures I took shortly after my tongue went numb from the surgery. **(Photo 1 & Photo 2)** The first few weeks I lasered my tongue roughly 30 times and the size of the numbness over the few weeks decreased. And I regained 2/3 the area that was previously numb. **(Photo 3)**

The first week I used the MLS healing laser on my tongue two to three times a day. The photo was taken after lasering about 10-15 times and about 70% of the healing had happened. **(Photo 3)** In the photo attached, my finger is covering the area where it was numb. When I would laser, there wasn't any drastic change after each laser session, but over time I noticed a significant improvement. After about 10 times I figured out the root of the numbness at the base of my tongue and would feel shock when right on the spot. After about 30 times, there was no additional improvement so I stopped using the MLS laser.

ORIGINAL NUMBNESS SIZE

NUMBNESS UNDER MY FINGER AFTER MLS LASER

Then a year and half later, I took a course on Prolozone and one of the topics was using Prolozone for healing pain from scars. I sustained a football injury and subsequently had ACL surgery on my right knee. Before using Prolozone I had a lot of nerve knee pain for 15 years. When I would kneel, I would have a sharp stabbing pain in my knee. After having it Prolozoned once, the stabbing pain was gone when I would kneel. I treated the scar four more times, each time with continued improvement. After using Prolozone on the scar, the pain had been eliminated and areas that previously had abnormal sensation and nerve connections dramatically improved and normal sensation began returning to the area.

NUMBNESS UNDER MY FINGER AFTER 4 PROLOZONE INJECTIONS

Since it worked so well on my knee, I figured why not try it on my left anterior numb tongue. I already couldn't feel anything in that area. Before Prolozoning my tongue, the area of my tongue that was numb had no sensation at all. When I would rub the numb area of my tongue along my teeth, I knew it was touching my incisal edge, but there was no sensation. After one Prolozone injection I noticed improvement. Then after three more times of Prolozone injections, I rubbed the numb area of my tongue along my incisal edges and I felt both light and deep sensation, but not to the same extent of the areas of my tongue that were not numb. About 80% of the sensation had returned in that area. **(Photo 4)**

Twice after the Prolozone I felt shocking/burning/itching sensation 3-5 hours after the injection and I thought it was odd that it would be so uncomfortable so long after the Prolozone injections and discomfort like that is not common for the procedure. However, I realized the area that had the shocking/burning/itching sensation was in the area that had previously been numb. That discomfort only lasted for a little bit that evening and was better the next day. My tongue had more noticeable sensation after each time I had Prolozoned. I am thinking the discomfort was the nerves waking up/regenerating/connecting.

After another four times of Prolozone, I now have 100% surface sensation and light touch sensation of the area of my tongue that was numb. 95% of that area now has a completely normal sensation. About 5% has only slightly abnormal sensation under the surface where I can feel everything, but it does not have as completely normal sensation as the rest of my tongue.

Since it worked so well for me, I used Prolozone on a patient who had permanent numbness on her tongue from an infected wisdom tooth extraction years ago. It has been bringing back dramatic nerve healing and sensation in her tongue as well. She ended up having 4 treatments and her tongue regained to 100% normal sensation on 90% of the surface area that was previously numb and the last 10% has regained full deep sensation, but is lacking the light sensation. She is ecstatic and doesn't care about trying to get the last little bit because it is far back and almost not noticeable and feels so much better. I'm excited about what this therapy has to offer our patients.

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DOCTOR: $1250
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WAKE UP CALL

John Pawlowicz, DMD

When did sleep become so important to our health and well-being?

Does obstructive sleep apnea affect the little known energy balancing and weight regulating hormone leptin? Should we as dentists be concerned with why our OSA patients are gaining weight?

Obstructive sleep apnea (OSA) is characterized by sleep related airway obstructions that produce apnea (the temporary stoppage of breathing, especially during sleep). These events provoke arousals and cause oxygen desaturations and heightened sympathetic activity during sleep and waking hours that may play a role in the development of hyperleptinemia. According to several articles published by the National Institutes of Health, both obesity and OSA are associated with an increase in the blood levels of leptin. The leptin concentrations in blood correlate with body weight and body mass index (BMI). Hyperleptinemia in obesity is part of the intriguing phenomenon of leptin resistance. Like insulin resistance in type 2 diabetes, leptin resistance is a universal finding in patients who are obese. In another study published in Sleep Medicine Review, an altered circadian rhythm of sleep, as well as other sleep disorders was shown to adversely affect leptin concentrations in blood.

Leptin is a pleiotropic protein hormone produced mainly by fat cells in adipose tissue that regulates metabolic activity and many other physiological functions. Leptin is supposed to tell the brain that we have enough fat stored, and that we don't need to eat. It has been termed at times as the "master" hormone with its primary target in the brain in the hypothalamus.

The analysis of a relationship between leptin concentration and sleep is important since sleep disturbance contributes greatly to poor health. Sleep durations of five hours or less per night are associated with a significantly increased risk of obesity which is a main risk factor for obstructive sleep apnea (OSA).

As dentists, what is our role in this disease state, and why is the identification of sleep issues becoming something we need to educate ourselves about? The answer is quite simply, we are not just tooth mechanics anymore. For many of our patients, we may be their first line of medical assessment. It is incumbent upon our profession to have the appropriate education in order to properly observe the signs and symptoms of OSA (Obstructive Sleep Apnea) and poor sleep in order to make an accurate medical referral. Patients may amble into our offices sleep deprived, tired, moody, and overweight with decreased mental function and a generally unhealthy state. We are often times treating these patients who present to us with very complicated medical issues. They may be suffering with low energy, depression, diabetes, high blood pressure and high cholesterol; to name a few life-altering conditions. As dentists we need to recognize the signs these conditions present, and how they factor into general health and OSA specifically; and make the correct referral. The referral may be to their general physician/family doctor, an ENT, a pulmonologist or sleep physician. Ultimately, with the available knowledge, it must become standard of care for the treating dentist to attempt to help their patient become healthy.

Treating doctors must recognize and help their patients recognize that sleep is important to our very survival. Without sleep and specifically, achieving the proper stages of sleep, we most assuredly walk a path toward obesity that will in turn open up into a myriad of ruinous health problems and the potential for a life ending illness. It is these disease states that will cost us the most from the perspectives of time, money, productivity, quality and quantity of life. The old axiom says, "I'll sleep when I'm dead." How true that can be for the many that disregard the need for quality sleep and consider it as something that can be negotiated, caffeinated or caught up with while balancing frantic lifestyles, work, family and rest.

By achieving full nights of sound and reparative sleep of at least 8 hours, we may live longer with the benefits of enhanced memory, and more creativity and productivity.

What happens to our bodies when proper sleep is not credited into the sleep bank? Becoming overweight/obese as mentioned above is one example that has an ever more apparent link to leptin regulation. A person who becomes a short sleeper or has fragmented sleep from OSA (Obstructive Sleep Apnea) sets into motion a detrimental chain of events. To put it another way; think of a set of dominoes falling down one by one. Many studies have found sustained insufficient sleep alters fasting blood leptin. The resultant increase of leptin (hyperleptinemia) may bring on the process of leptin resistance and therefore contribute to increased appetite, causing obesity, and increased risk of OSA. Due to the change in the biochemistry of a short or fragmented sleeper, weight gain will begin slowly with a couple of pounds here and there, as well as adding a few inches to their waistlines. It's the belief of many individuals that weight gain is all about calories, willpower and a lack of exercise. This ignores the metabolic factor of hormone regulation in appetite satiation. For most people the thought of not sleeping properly never enters into their minds as the root cause for the initiation of weight gain. Most patients immediately move into diet mode by cutting back on basic and vital meals of the day. Many will begin by skipping breakfast or lunch which is a fasting approach to weight loss. When that method doesn't help them to drop off the pounds and/or inches they wish, they will move toward the cutting back and elimination of the things they love to eat such as bread, butter, pasta, and pizza. They may also begin limiting late night cravings for comfort foods of potato chips, ice cream, and cookies. These types of trial diets are very fleeting and can be easily sabotaged for a person who suffers with short or fragmented sleep due to an OSA condition. The OSA problem

OSA I

The Physiologic Approach to Treating OSA
LEVEL I

INSTRUCTORS:
Dr. Bill Dickerson
Dr. Heidi Dickerson
Dr. Trey Carlton
Dr. Anne Maree Cole
Dr. John Pawlowicz

PREREQUISITE: NONE

TUITION:
Doctor: $3,695
Team: $795

CE CREDITS: 14

LENGTH OF COURSE: 3 DAYS

COURSE TYPE:
LECTURE/PARTICIPATION

Treating OSA Level I
March 17-19, 2019
September 15-17, 2019

Treating OSA Level II
March 20-22, 2019
September 18-20, 2019

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COURSE DESCRIPTION

Hundreds of millions of people of all ages around the world suffer from deadly obstructive sleep apnea. Obstructive Sleep Apnea (OSA) has been linked to Cardiovascular Disease, Cerebrovascular Insult, Endocrine Disorders and Obesity. Our medical colleagues are asking for our help, NOW! OSA is considered a disease of craniofacial anatomy so the ONUS is on dentists to identify and help manage OSA sufferers.

ARE YOU PREPARED TO START SAVING LIVES?

This program presents an excellent introduction to evidence-based Dental Sleep Medicine and is designed to prepare dentists and their teams to confidently identify, refer and help co-manage patients with snoring and deadly obstructive sleep apnea. Participants will have the opportunity to learn about the relationships between sleep breathing disorders, neuromuscular dentistry and health. They can discover how to get started, immediately expanding their diagnostic acumen and scope of practice.

The goal of this course is for all participating dentists to become the Dental Sleep Physicians that medical sleep specialists want and need to recognize and refer patients. The possibility of knowing what to do about OSA when you return to your office on Monday morning should encourage you to experience this course!

COURSE OBJECTIVES

- Take a Physiologic Sleep Bite℠
- Discuss sleep and breathing physiology; normal and pathologic
- Discuss the anatomy and physiology of airway and its relationship to OSA and TMD
- Integrate OSA signs and symptoms into routine dental diagnostics
- Identify and differentiate OSA sufferers versus snorers with 99% accuracy
- Discuss why The Physiologic Approach is important
- Perform OSA Consultation examination/palpation
- Select what is needed in snoring and OSA appliances
- Utilize Combination Therapy – Jointly treating both TMD and OSA at the same time
- Utilize skills to make OSA more practical, efficient and profitable

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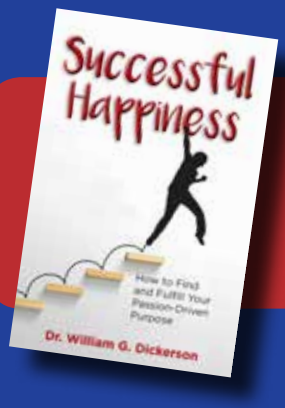
if left untreated may lend itself to a hormonal imbalance, and increase of blood serum levels of Leptin (hyperleptinemia) ultimately leading to leptin resistance. It is easy to see how the OSA – obesity relationship lends to each condition's worsening outcome. Therefore, it is critical to understand and address the root causes as well as treat the presenting symptoms.

Scientists around the globe have touted the benefits of a full night of sleep for years. By achieving full nights of sound and reparative sleep of at least 8 hours, we may live longer with the benefits of enhanced memory, and more creativity and productivity. Many studies now show sound sleep with proper oxygenation would protect us from illnesses such as a cold or the flu. Most importantly, it lowers our risk of heart attack and stroke, and not to mention weight gain. It is both medically necessary and widely beneficial for treating dentists to help their patients recognize the many benefits of treating OSA. Continuing to research and educate ourselves as the root causes of obesity and OSA and links to other metabolic health issues will make us better doctors to our patients and better partners in care to our collaborating and referral physicians.

UPCOMING OSA COURSES

The Physiologic Approach to Treating OSA Level I
March 17-19, 2019
September 15-17, 2019

The Physiologic Approach to Treating OSA Level II
March 20-22, 2019
September 18-20, 2019



Successful Happiness Review

"The insights and wisdom contained in his book will help you live with passion!"

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Happier you

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Ashley Johnson, JD

The Two Most Important Words in Selling Dentistry

There are two words that define your sales. Can you guess what they are?

Make money?

Customer Service?

Close sales?

Follow up?

No! Those are words about sales.
I'm talking about two words that lead to sales.

In order to affect any sale the patient must first believe in the person conveying the message.

Do you give up? The first word is "you." Most dentists believe that patients buy their products and services first. That is incorrect. The first thing patients buy is you, the dentist. The first sale you make is "you."

In order to affect any sale the patient must first believe in the person conveying the message. This is, unfortunately, most evident when the "you" is bad. Have you ever walked out of a store because the sales person was too pushy or worse, insulted your intelligence? Have you left that store only to go to another store and buy the same thing because they were "nice" to you? Here's what you really did. You bought the sales person.

It all begins with you. Patients must first believe in (and like) the messenger or the message has no credibility. How's your personal product? How's your "you?" Is it salable or does it need some work? Making you great is fun. And it will help you make more sales than 1,000 sales techniques. If you think you have a long way to go here's the best advice I have ever heard:

You are the greatest if you think you are.

The second most important word in selling dentistry is "why." It's important because it leads to the one thing you can't make sales without - answers.

The word why applies to three aspects of your sales:

Why you?

Why are you in dentistry? Is it to make good money? No. A better (and more truthful) answer is what you will do with your money. What your money will buy you. Who you will help with your money? I want my child to go to the college of his/her choice. Discovery of your why will lead you to the belief that you are the best.

Why them?

One of the biggest sales mistakes dentists make is selling for the wrong reasons - their own. Your patients don't buy for your reasons. They buy for their reasons. So find out what their reasons (their "why") are first and then sell them on that. Finding out your patients real "why"is the most important part of the process. The real why you're after may be 3 or 4 questions deep. When you get a superficial answer ask "why" again. It will get you closer to the truth.

Secrets to the discovery of why

People may be embarrassed or reluctant to reveal their real why. People may not know their real why because they never thought about it or had the courage to face it. The real why may be behind the stated need. Sometimes it's something they really want to do, something they hate and have wanted to change for a long time. Why have you chosen now to improve your oral health? Why have you selected our team to possibly assist you with your oral health?

Why ask?

Talk with sales people and they will tell you that questions are the heart of sales. To get to the true why of your patient you must ask the right questions. Questions that get your patient to answer your desires stated in their interests or needs. Ask them questions about them (their why) and have them answer in terms of you. (your "why")

Why is the questioning element of the sale that will lead to other pathways of information - if asked properly.

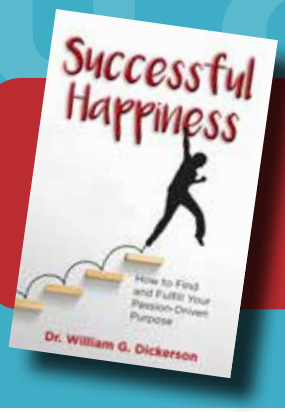
Why leads you to all the answers you need in order to close a sale, define expectations and build a relationship.

Why gets down to the real reasons for the sale — yours and theirs.

The two most important words in sales - YOU and WHY - are part of a formula that every person trying to make a sale, should have emblazoned on their soul: YOU + WHY = YES!

If you are interested in developing the skills to improve your "why" and to find out about your patients "why" please contact me for a professional, personalized development plan using Harrison Assessments.

Upcoming Business Mastery Course: January 17-19, 2019



Successful Happiness Review

"Wow, what an amazing book to get you back on track with the right mindset on work and life. An amazing mix of wisdom, quotes, and experiences from an amazing business leader and mentor."

BUSINESS MASTERY

Running Your Practice Like a Business

MR. ASHLEY JOHNSON

DR. MICHAEL REECE

PREREQUISITES: None
CE CREDITS: 15
AGD CODE: 550
LENGTH OF COURSE: 2 DAYS
COURSE TYPE: LECTURE
TUITION: $1995
TEAM/HYGIENIST: $995

Business Mastery
January 17-18, 2019

IT'S NOT HOW MUCH YOU MAKE; IT'S HOW MUCH YOU KEEP!

YOUR PRACTICE IS A SMALL BUSINESS!

Most dentists do not understand or use great business skills in their dental practice. The dentist must develop a vision and a culture for the practice if it is to be successful. This course will help guide the participants (Doctors and team) to develop budgets and overhead goals for their practice. The schedule is the backbone of the practice. The concept of scheduling for production will be introduced. What makes your dental practice distinctive? Why would a patient choose your practice over the one down the street? The participants will be introduced to the concepts of team empowerment, budgets, marketing and the effective use of consults.

THE OBJECTIVES OF THIS COURSE ARE FOR THE PARTICIPANT TO BE ABLE TO:

- Discuss the "numbers" of your practice – overhead, budget, etc.
- Develop a marketing plan that fits your budget
- Schedule for production
- Utilize the principles to make your practice "distinctive"
- Utilize Harrison Assessments to assemble and retain the "Dream Team"

ASK YOURSELF:

- Are you satisfied with the amount you and your team are selling?
- Are you satisfied with the number of patients you are getting into Orthotics?
- Are you satisfied with the number of patients you are getting into Phase I?
- Are you satisfied with the number of patients you are converting from Phase I into Phase II?

If the answer is no then you and your team should be taking this class.
We are going to show you how to get a much better case acceptance.

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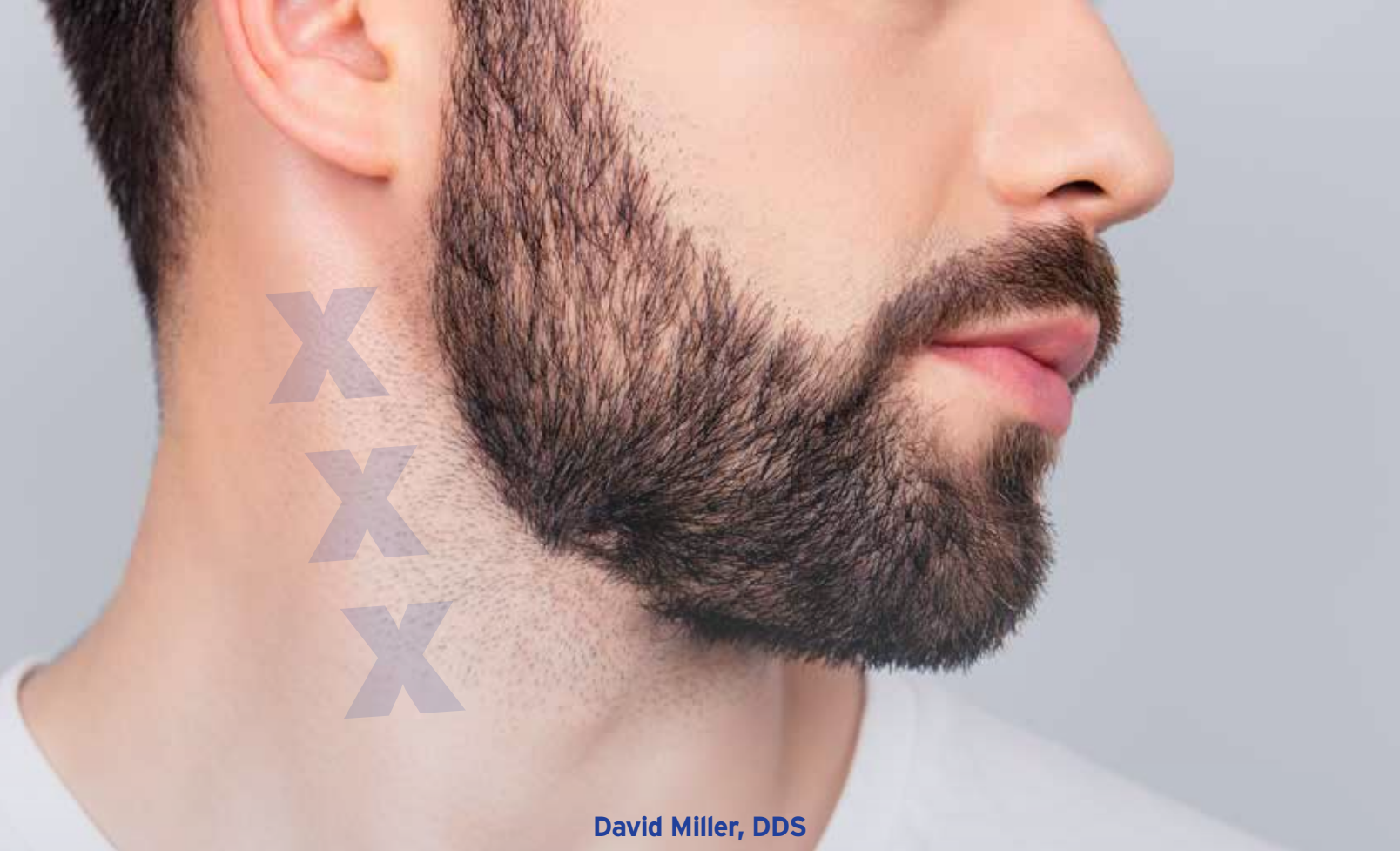


David Miller, DDS

Trigeminal Autonomic Cephalalgias

The trigeminal autonomic cephalalgias (TACs) are a group of primary headaches that are characterized by a relatively short duration, pain only on one of side of the face, and autonomic symptoms on the same side as the pain. TAC attacks cause severe pain and can occur multiple times per day. The attack duration and frequency are critical in making a proper diagnosis. TACs are considered a primary headache disorder, meaning that they are not caused by another disease or disorder. Other primary headaches are migraine and tension-type headaches. The TACs are listed in the International Classification of Headache Disorders (ICHD-II) under their own section and include the following:

1. Cluster headache (CH)
2. Paroxysmal hemicrania (PH)
3. Short unilateral neuralgiform headache with conjunctival injection and tearing/cranial autonomic symptoms (SUNCT)
4. Hemicrania Continua (HC)

Cluster Headaches (CH) are a series of relatively short but extremely painful headaches that occur every day for months or years. The headaches tend to occur around the same season each year such as the spring or fall. Because of their seasonal nature, CH are sometimes attributed to allergies or seasonal stress. Attacks seem linked to the circadian rhythm. CH generally appear so regularly each day, they are termed "alarm clock headaches." CH have a very sudden onset without the "aura-type precursors" often seen with migraine headaches. The duration of CH can range from 15-90 minutes, then it disappears. Patients will usually get one to three of these headaches a day. CH has two epidemiologic forms: Episodic and Chronic. Episodic attacks generally last for 1-3 months followed by months or years of remission. Chronic CH has attacks lasting over a year or has remission periods less than a month between attacks. The severity of the pain is so great that it often leads patients to thoughts of suicide, especially with Chronic CH. Men are three times more likely than women to have CH.

CH pain is focused around the orbit and eye on one side of the face. It may spread to the forehead, temple, nose, cheek, or upper gum on that side. The pain is described as boring, stabbing, burning

Figure 1: Cluster Headache

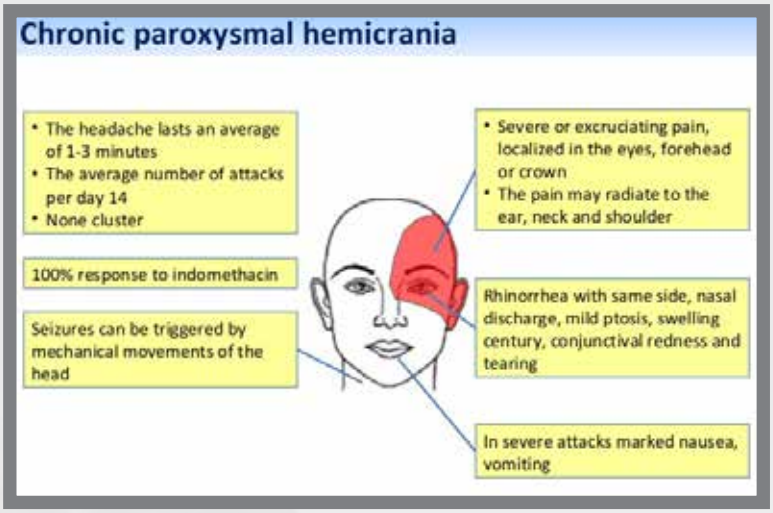


Figure 2

or squeezing. Autonomic symptoms occur with CH. These include eye redness, a runny nose, swollen or droopy eyes and a pupil that is smaller than the contralateral pupil. CH patients often also sufferer migraine-like symptoms of photophobia and phonophobia. However, CH attacks are also marked by agitation, which can wake patients from sleep or frequently causes pacing during the attacks. Agitation and the shorter length of CH differentiate it from migraines. Migraines last over 4 hours and show an avoidance of movement. **(Figure 1)**

CH sufferers will typically have more than one treatment for attacks in case one fails. Because attacks are sudden, severe and of short duration, oral medications are too slow. Subcutaneous sumatriptan and sumatriptan nasal sprays are effective for about 75% of patients. All patients typically will be provided with portable oxygen tanks because oxygen is also a first line therapy. For preventative therapy, verapamil is the most common medication. However, side effects are common and can be severe. These include palpitations, peripheral edema, hypotension and bradycardia. Often a second preventive is included such as lithium, gabapentin, melatonin and nasal capsaicin. Mehta[1] et al reports that several American and European studies have documented the use of occipital nerve blocks to reduce, eliminate and/or prevent cluster attacks. Injection of lidocaine and the steroid triamcinolone has been used to terminate an ongoing cluster period. Occipital nerve injections appear to work in CH even when no trigger points are present.

Paroxysmal Hemicrania (PH) attacks are similar to those of CH. However, PH attacks are shorter, usually lasting 2-30 minutes. They will occur more frequently during the day, 1-40 times. More than five attacks a day is common. The ipsilateral autonomic features are like CH with tearing, redness, etc. Triggers for PH attacks included stress, exercise, alcohol and neck movement. A diagnostic criterion of PH is that the attacks are eliminated by NSAID, Indomethacin. The absolute response to indomethacin explains why a proper diagnosis is necessary. As in CH, PH can occur as episodic or chronic forms, although CPH is more common than EPH. Women are three times more likely than men to have PH. **(Figure 2)**

Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing: SUNCT is a very rare TAC which also presents with extreme burning, stabbing, or electrical pain behind or near the eye. Again, the pain is unilateral with the typical autonomic symptoms of lacrimation and conjunctival injection, etc. Usually SUNCT occurs spontaneously; however, attacks can be triggered by simple contact such as washing, eating, talking, coughing or blowing the nose. The SUNCT attacks are extremely short lasting from 5-240 seconds, with 10-60 seconds being most common. The short time attacks set SUNCT apart from other TACs and migraines. SUNCT occurs slightly more often among males than females. Mehta states that SUNCT is so rare that many pain specialists state that they have never seen a case. The rarity of SUNCT is fortunate because SUNCT has no known medical treatment due to the sudden onset and short attack duration. Many medications have been tried as preventative agents without great success. Greater occipital and suborbital nerve blocks have not been successful. **(Figure 3)**

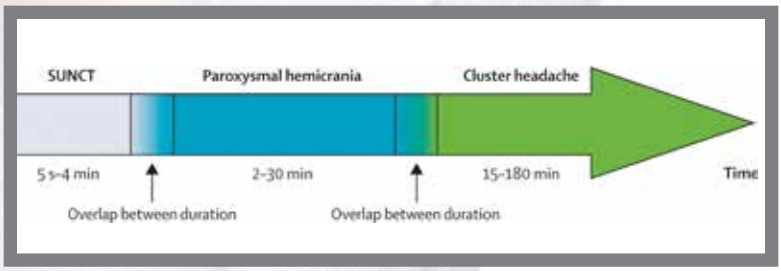
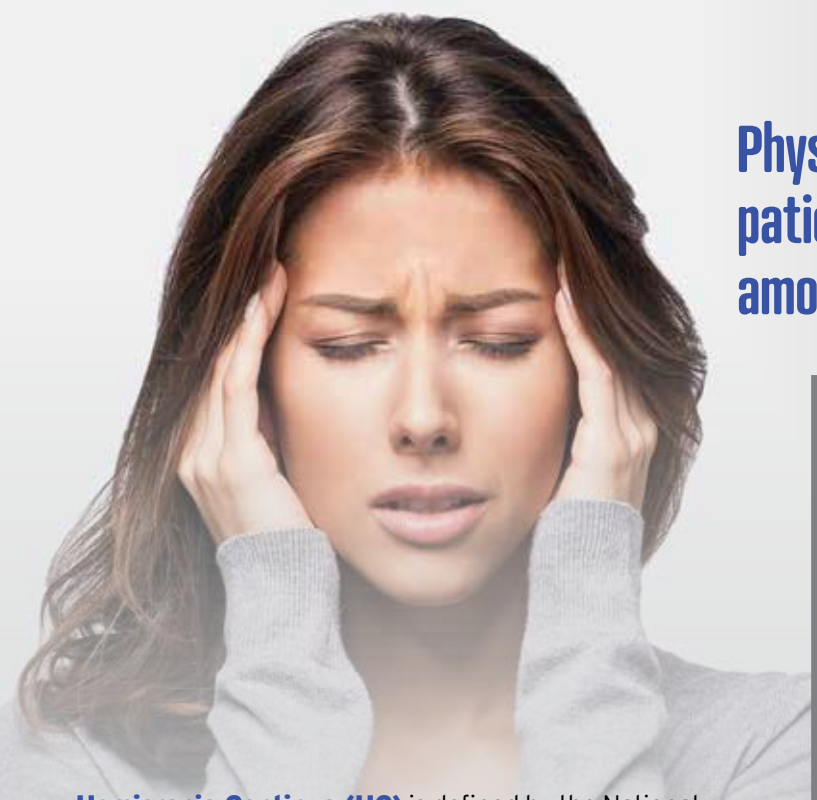


Figure 3



Physiologic Dentists commonly see TMD patients with headache and facial pain among their most common complaints.

Hemicrania Continua (HC) is defined by the National Institute of Health as a chronic and persistent form of headache marked by continuous pain that varies in severity, always occurring on the same side of the face and head. It is superimposed with additional debilitating symptoms. In addition to the continuous but fluctuating pain are occasional attacks of more severe pain. A headache is considered hemicrania continua if the person has had a one-sided daily or continuous headache of moderate intensity with occasional short, piercing head pain for more than 3 months without shifting sides or pain-free periods. The headache must also be completely responsive to treatment with the non-steroidal anti-inflammatory drug, indomethacin. It must have at least one of the following symptoms: eye redness and/or tearing, nasal congestion and/or runny nose, ptosis (drooping eyelid) and miosis (contracture of the iris).

HC is defined by its responsiveness to indomethacin. Mehta states that this "is one of the most dramatic treatment responses in headaches. Patients can literally become pain free after their first dose of indomethacin regardless of the duration of their headaches." Some patients can wean off of their medication. Other patients have had the headaches return in as little as twelve hours after stopping the medication. **(Figure 4)**

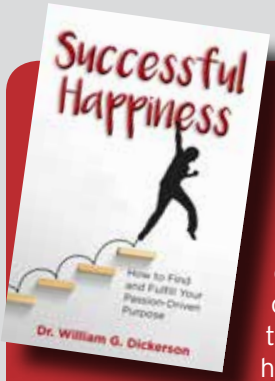
Conclusion: While the TAC pain is primarily around the eye, it often radiates to the oral cavity, face or temple and can mimic toothache, jaw pain, or TMD. Dentists can play an important role in the diagnosis of these patients. Klapper[2], et al determined that it takes a CH patient an average of 6.6 years to be correctly diagnosed; typically seeing four physicians and having four improper diagnoses in those years. Often TACs are misdiagnosed as migraines or tension headaches and inappropriate treatment is prescribed. Physiologic dentists commonly see TMD

Figure 4

patients with headache and facial pain among their most common complaints. Therefore, physiologic dentists should be aware of TACs when assessing their patients. Only then can there be appropriate referrals given and unnecessary dental treatments avoided.

Sources:
Mehta, Noshir, et al, Head, Face, and Neck Pain, Hoboken, New Jerse:, Wiley-Blackwell, 2009.
Klapper JA, Klapper A and Voss T. (2000) The misdiagnosis of cluster headache: a nonclinic population-based Internet survey. Headache 40:730-735

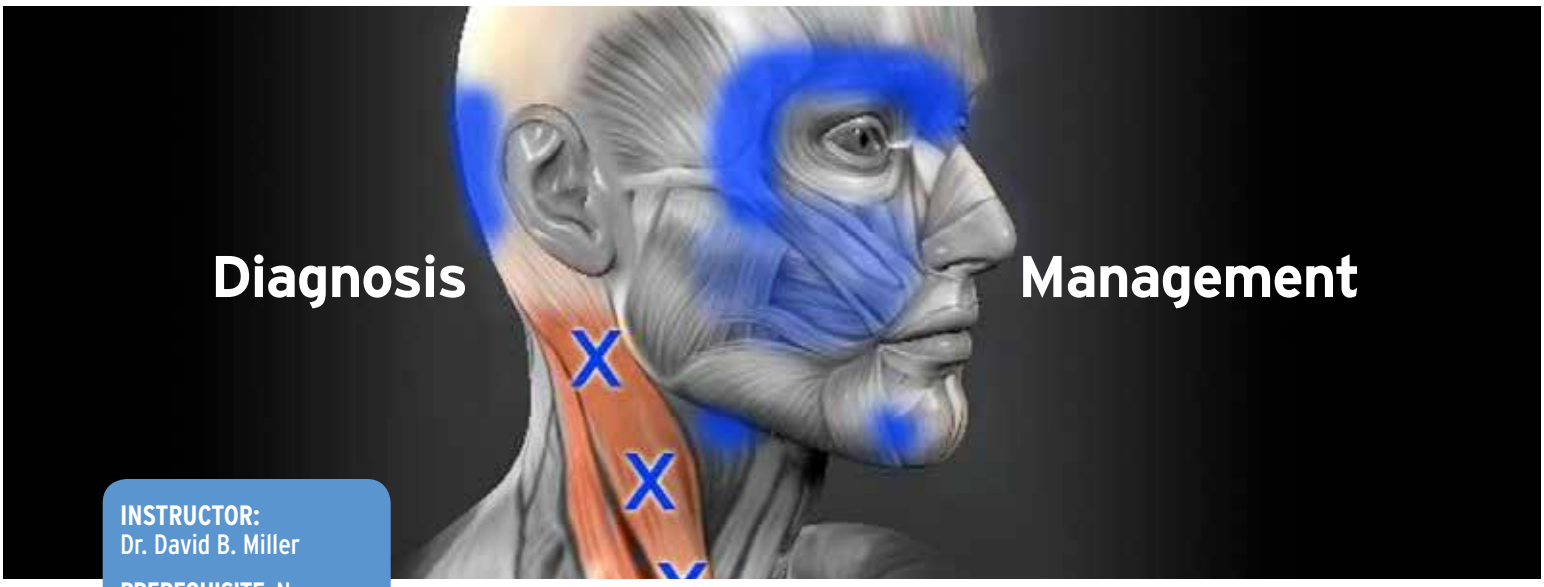
UPCOMING OROFACIAL PAIN COURSE: OCTOBER 22-23, 2019



Successful Happiness Review

"I really enjoyed reading Successful Happiness. It made me laugh and cry. It reminded me of the important things in life. I feel fortunate to be part of LVI, Bill changed my life and I'm changing the lives of others because of the skills, philosophy and life lessons in his book. It's a must read for my dental team and family. Great book. Thank you for sharing your wisdom. Love and Gratitude."

OROFACIAL PAIN



INSTRUCTOR:
Dr. David B. Miller

PREREQUISITE: None

TUITION:
Doctor: $2495
Team: $595

CE CREDITS: 15

AGD CODE: 190

COURSE TYPE:
LECTURE/PARTICIPATION

Orofacial Pain
October 22-23, 2019

For More Information,
Complete Bios and a Full List
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888.584.3237

COURSE DESCRIPTION

Many painful conditions exist comorbidly with TMDS. Among these are trigger points and migraine mimics. TMDS are a subset of the larger field of orofacial pain. Many orofacial pains are confusing to diagnose and effectively treat. Orofacial pains often have sites they refer pain to that are far from the source of the pain. Diagnostic anesthetic injections are an indispensable tool for differentiating the source of pain from the site of pain. Injections of local anesthetic and other medications are often the first line of treatment for these confusing pain conditions. Other neuropathic pains require neurosensory stents and medications to treat. This course is designed to teach the most common non-TMD pain syndromes; how to diagnose and treat them to speed the recovery of your patients.

COURSE OBJECTIVES

- Differentially diagnose the most common orofacial pains seen in a general dental practice
- Differentiate direct pain from referred pain and treat each appropriately
- Perform trigger point Injections
- Differentiate between dental pain, sinus pain, referred pain and neuropathic pain
- Diagnose odontalgias and neuromas and treat them with neurosensory stents using compounded pharmaceutical ointments
- Utilize basic pharmaceutical management of common orofacial neuropathic pains
- Discuss the armamentarium needed to diagnose and treat conditions by injection
- Give diagnostic and treatment injections

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ADA CERP

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ALL-ON-4 & MORE

Michael Reece, DDS

Modern day dentistry offers more options than ever for people with "ailing and failing" teeth. It used to be that the only answer for these people was removable dentures. This was a miserable option for these people. Removable dentures rarely stayed in place, didn't support the lost facial structures and only had about 10% of the chewing efficiency of natural teeth. People learned to deal with this, as this was their only option. It is no wonder that people would put off losing all their teeth as long as possible, even if it compromised their general health. All they knew was their grandmother's denture.

Today, modern dentistry can offer these people with "ailing and failing" teeth a 3rd set of teeth (1st = primary teeth, 2nd = permanent teeth, 3rd =prosthetic teeth) that look like teeth, feels like teeth and chews like teeth. This 3rd set of teeth can even be accomplished in one surgical visit. People can come into the office with their "ailing and failing" teeth and leave the same day with a beautiful and functional set of teeth that is fixed to their jaws and non-removable. This process has been in use for over 20 years, but is now become a mainstay in modern dentistry.

With the help of implants and proper planning, these people can obtain their "3rd" set of teeth that is healthy, beautiful and has 90% of the chewing efficiency of natural teeth.

One of the hurdles of this advanced dentistry has been the price. Yes, it is expensive, with fees from $25,000 to $35,000 per arch. But let's not confuse price with cost. "Price and cost are the same" you may say, but I contend that it is not. Price is the initial fee of getting a certain procedure done. Cost is the long-term monies paid to obtain and maintain a procedure. Certainly, removable dentures initial "price" will be less than that of a non-removable 3rd set of teeth. However, these removable dentures require regular and ongoing maintenance. They need to be replaced every 7-10 years, need regular relining, and constant adjustments to accommodate the continuing loss of bone in the jaws. If attachments are used, these need to be replaced every year or so. All of these fees make the "cost of ownership" of these removable restorations higher.

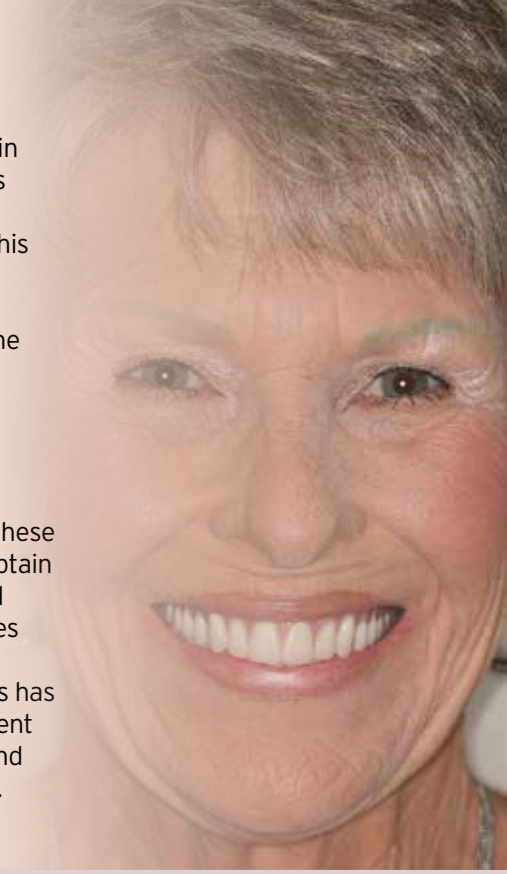
Compare that to the "cost of ownership" of implant supported, non-removable restorations. Yes, the initial "price" is higher, but there are very few fees after the finished prosthesis is placed. These beautiful restorations last for decades, require minimal maintenance, maintain the bone in the jaws, and look like teeth, feel like teeth, and chew like teeth at a 90% efficiency level. Imagine the self confidence that these people have when they can smile with confidence, kiss their partner with confidence and eat anything they want. Not only do they feel great about themselves, but they are healthier and live longer. When the total "costs of ownership" are examined

between the two procedures, there will not be much difference. Who wouldn't rather have fixed non-removable teeth versus their grandmother's denture? Once patients realize this and with the addition of 3rd party financing, most patients can fit this into their budget.

This process takes the combined efforts of several specialized dental skill sets. First, the clinician has to know how to make a beautiful denture. Alas, this is becoming a lost art. Second, the clinician must be proficient in the dental surgery required to remove the teeth, prepare the jaws, and place the implants in the proper position in the jaws. Third, the clinician must be able to "convert" the removable denture into a non-removable prototype of what the finished prosthesis will be. Finally, the clinician must able to work with quality labs to fabricate these unbelievable finished prostheses. These skill sets can be used by a single clinician or by a team of specialists.

Either way, there must be a captain of the team that fully understands the processes required to provide this type of advanced dentistry. This captain can be the single clinician or the restorative dentist that coordinates all the processes of the specialty team.

The "All-on-4 and more..." course at LVI has been designed to cover all of these skill sets. Whether the clinician is going to provide all of these services themselves, or be the captain of a team of specialists, they need to understand all of the procedures required to provide this amazing service to their patients. This class has been updated to provide the student with the knowledge to go home and offer this service to their patients.



The following is just some of the topics covered in the all new ALL-ON-4 & MORE course at LVI:

1. Three appointment procedure to make NewYou denture
- a. Physiologic and cosmetic denture
- b. Predictable and basis for complex restorations involving implants

2. Treatment options for full arch restorations involving implants

3. Treatment planning and sequencing for full arch restorations to restore "Ailing & failing" teeth

4. Implant retained restorations using Locator attachments
- a. Hands on workshop to learn to set Locators in the mouth

5. Bar overdentures
- a. Impressions
- b. Model verification
- c. Finished restorations

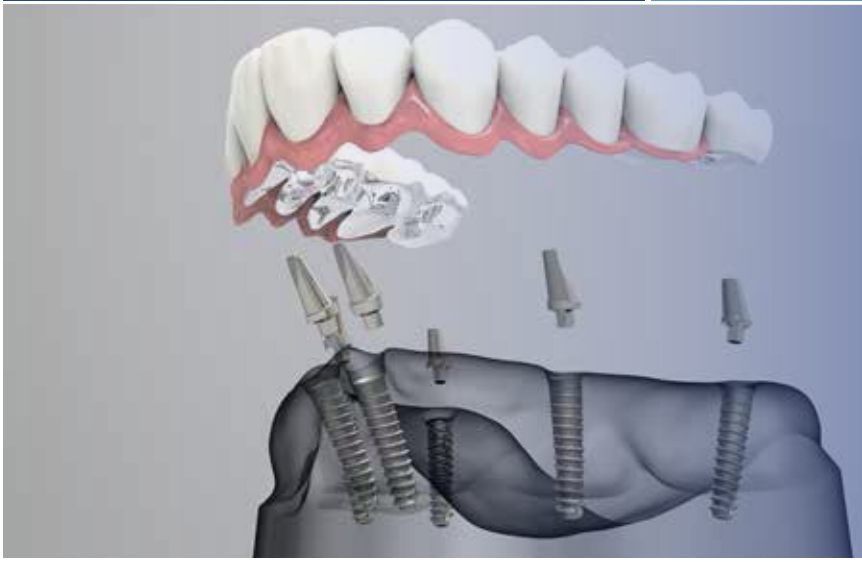
6. Platelet rich fibrin grafts using stem cells and
- a. Fibrin membranes
- b. "sticky" bone grafts
- c. "steaky" bone grafts

7. Implant supported full arch restorations
- a. "All-on-4" type restorations – immediate extraction, immediate placement and immediate load
- b. Immediate extraction, immediate placement, immediate load full arch crown & bridge restorations
- c. Locator F-Tx restorations

8. "All-on-4" hands on workshop sponsored by Nobel BioCare using all the components in the fixed hybrid case.

ALL-ON-4™ & MORE

Fixed and Removable Full Arch Restorations for Patients with "Ailing & Failing Teeth"



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April 3-5, 2019
August 18-20, 2019

DR. MICHAEL REECE

PREREQUISITES: NONE
CE CREDITS: 22
AGD CODES: 670, 610
LENGTH OF COURSE: 3 DAYS
COURSE TYPE: LECTURE
TUITION: DOCTOR – $3695
TEAM- $795

SYNOPSIS:

This course is designed to help dentists create the unique facelift effect of our popular New You Dentures™ procedure and couple it with the All-ON-4 procedure for patients with Ailing & Failing Teeth. Locator retained dentures will also be covered.

Attendees will participate in workshops to help perfect denture skills and create predictable outcomes.

THE OBJECTIVES OF THIS COURSE ARE FOR THE PARTICIPANT TO BE ABLE TO:

- Utilize surgical & prosthetic techniques for "All-ON-4" prosthesis
- Treatment plan & sequence comprehensive cases
- Utilize step-by-step method of building physiologic dentures in 3-4 appointments
- Instruct auxiliaries to perform delegatable tasks
- Choose options for implant retained and implant supported prosthetics

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"It really happened, I finally did this, I finally got it done!"

This process of providing people who have "ailing and failing" teeth with a 3rd set of teeth is a tidal wave coming in the dental community. In this author's 40 years of dentistry, there is nothing that he has seen that has changed anyone's life more. Not only do these people look better, psychologists tell us that the mouth is the most intimate part of the human body.

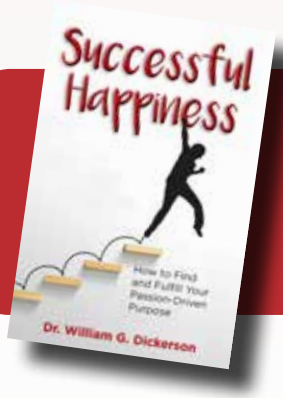
When these people get their 3rd set of teeth, their self-esteem skyrockets!! Sharon says it best: *"Dental health was not good! I have had a lot of issues in the last 10 years. I wanted comfort and the security of not feeling them rocking. Other people may not notice it, but you notice it and it is not a comfortable feeling."* After Sharon finished her treatment, her whole attitude changed: *"It really happened, I finally did this, I finally got it done!"*

UPCOMING ALL-ON-4 COURSE DATES

APRIL 3-5, 2019

AUGUST 18-20, 2019

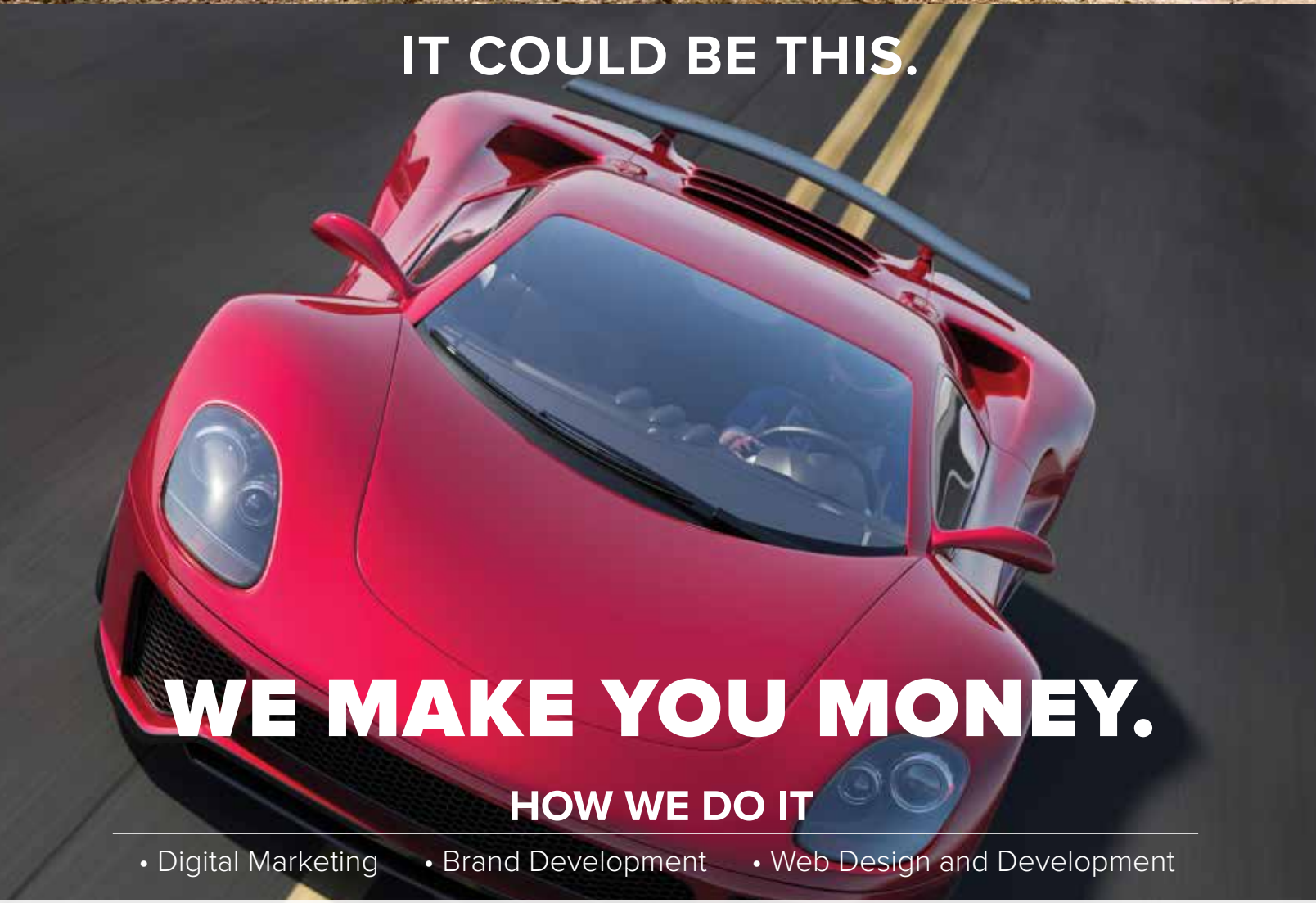
These procedures have also changed our practice. We have seen a tremendous growth in our production and profitability with the addition of these procedures. In this era of insurance dominated dentistry and corporate dentistry, this is a bright shining light for 21st century dentistry. As the baby boomers age and retire, there will be a huge demand for this type of service. This will transcend insurance dentistry and offer great rewards for both the patient and the clinician.



Successful Happiness Review

"Mostly you might think that it would be younger people that would be setting life goals, but happiness is a lifelong goal. I am 64 and in the midst of making some major life changes, and I found this easy to read book incredibly thought provoking, helpful, and clarifying."

IT COULD BE THIS.



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What I Am Lovin' for Patients

Jill Taylor, BS, ND, RDH, CNC

I AM ALWAYS UP FOR NEW AND NOVEL PRODUCTS TO INTRODUCE TO OUR PATIENTS. WHETHER I FIND THEM ONLINE, NETWORKING WITH ANOTHER HYGIENIST, OR AT A CONVENTION LIKE THE IAPA, I AM IMPRESSED WITH THIS YEAR'S LINE UP OF INNOVATIVE PRODUCTS.

WaterPik has released THREE new Models this year. WaterPik has also recently gained the ADA seal of approval for its products. The world's first toothbrush & water flossing combo has hit the dental market by storm! **The Sonic Fusion** marries the power of an advanced sonic toothbrush with the proven effectiveness of WaterPik's Water Flosser. It has three modes of action: Brush only, Water Floss only, or Brush and Water Floss together! **The Sonic Fusion** has a 2-minute brushing timer, 30-second pacer, and 10 pressure settings. It comes in white or black~ The Black model has copper accents (this is my favorite!). What could be Better than Flossing with string floss or brushing with your favorite electric toothbrush? **The Sonic Fusion!** Remember, string floss only gets down into the pocket roughly 3 mm, while Water Flossing with its shear hydraulic forces can get down to 6 mm. WaterPik has 70 studies that are peer reviewed, double-blinded, and published in refereed journals that support its superior claims to plaque, gingivitis, and bleeding reductions. In one study, it was found that WaterPik's Water Flosser can remove 99.9% of plaque and biofilm on the tooth.

The Sonic Fusion

Do you have a patient that has heavy stain at every recall? Then the **Whitening Professional** model would be perfect for them. Its whitening pellets are placed in the handle to deliver a mix of glycine, xylitol, mint, and silica to reduce extrinsic staining on the teeth such as coffee, tea, and tobacco. It's proven to remove an additional 25% more stain than brushing alone.

Whitening Professional

The new **Sidekick** model is excellent for travelers and packs smartly in any suitcase, backpack, or even purse. Its small design still carries the same motor pressure (100psi) as the larger tabletop unit. The **Sidekick** has global voltage compatibility, 5 pressure settings, water resistant zippered case, and comes in 3 color choices. I use the **Sidekick** when I travel now! **The WaterPik Challenge App** is also a MUST!

Sidekick

Do you have a patient who suffers from cold sores, canker sores, burning mouth syndrome, dry mouth, decay, Lichen Planus, Gingivitis, Periodontitis, or post-op surgical wounds (ie. Implant or Bone graft)? You may want to introduce them to **StellaLife. StellaLife** is a homeopathic "remedy" that is in the form of a mouth gel, rinse, and mist system. It has been researched to reduce pain, inflammation, bruising, swelling, and create a faster healing time. Homeopathic remedies are made from plants, minerals and animal substances.

The WaterPik Challenge App

Ingredients in **StellaLife** include aconitum, arnica, calendula, chamomilla, echinacea, ignatia, ruta and others. These natural substances are made into tinctures, then diluted and vigorously shaken (succussed) to create the various strengths called potencies. To make a 1X potency, they take 1 part tincture, dilute it with 99 parts water or alcohol, then succuss it. To make a 2X potency, they take 1 part 1X potency, dilute it with 99 parts water or alcohol, then succuss it to make the next potency. The higher the potency, the more powerful the remedy is. Even though beyond the 24X potency, there are no molecules remaining of the original substance, only the vibrational energy of the substance is found. This is also why the remedies are non-toxic and has zero interaction with prescription medications. StellaLife is a better alternative to prescriptive opioid or anti-inflammatory medications. The rinse has been shown to reduce pathogenic bacterial loads against Strep mutans, Actinomyces v., Strep pyogenes, P. gingivitis, and Bacteroides fragilis.

Black is the New White when it comes to the newest fad in toothpaste. Activated Charcoal is being touted as the newest "natural" whitening agent. While I wouldn't necessarily advocate using this for everyone, there are several claims that can be addressed by the dental professional. We are the "experts" and should know some of the facts about this newest craze. Most natural health followers are already aware of the properties of charcoal. It is used to bind with toxins to reduce gas and bloating, lower cholesterol, and treats hangovers just to name a few. Externally, it can be used to treat acne, as a deodorant, or relieve discomfort from insect bites or poison ivy. In toothpaste it can even whiten teeth! It does this by using a chemical process of adsorption. *Adsorption* is the process in which a fluid is dissolved by a liquid or a solid. *Adsorption* is the process in which atoms, ions or molecules from a substance (it could be gas, liquid or dissolved solid) adhere to a surface of the adsorbent. The porous surface of charcoal has tiny micropores, which have a negative electric charge that cause positive-charged toxins and gas to bond with it. The toxic components that cause stains are chromogens and tannins. These molecules are found in tea, wine, juice, coffee, and cigarette smoke and cause the tenacious stains found on the teeth. Activated Charcoal adsorbs chromogens and tannins. Think of it as a stain magnet! Most charcoal is in a powder form, which is very abrasive and will make teeth more sensitive. This is one main concern with the ADA and charcoal. So how do you find a stain-reducing product that isn't going to ruin your enamel, be safe to use, and still have stain-reducing properties? Enter the new product by Curaprox: **Black is White** toothpaste. Curaprox prepares the charcoal in a smaller molecule size so the RDA value (Relative Dentin Abrasion) of Black is White is 76. It is below that of other whitening toothpastes (Colgate Sensitive Max Strength is 83 RDA; Sensodyne Extra Whitening is 104 RDA; Arm & Hammer Advanced White Gel is 117 RDA). Charcoal is not only a non- bleaching whitener but it also balances the pH of the mouth to help curb the growth of pathogenic bacteria. **Black is White** toothpaste has Nano-Hydroxylapatite molecules added as a protective layer that can

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Up to **50%** more effective than string floss for improving gum health.[2]

Up to **56%** more effective than interdental brushes for removing plaque and improving gum health.[3]

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WATER FLOSSER

[1]Gorur A, Lyle DM, Schaudinn C, Costerton JW. *Compend Contin Ed Dent* 2009; 30 (Suppl 1):1 - 6.
[2]Rosema NAM et al. *J Int Acad Periodontol* 2011; 13(1):2-10.
[3]Goyal CR, Lyle DM, Qaqish JG, Schuller R. *J Clin Dent* 2016; 27: 61-65.

help damaged enamel, fill in incipient cavities, and help reduce sensitivity. When teeth are worn down with acid erosion, staining is more evident and difficult to control. Sodium Fluoride is added to also decrease the acid burden and strengthen teeth. Enzymes, such as Amyloglucosidase, are added to support the antibacterial, antiviral, and antifungal properties of saliva. Blue covarine is added for an optical blue filter to reduce yellow discoloration. This helps to make teeth appear whiter without the use of harsh bleaching chemical agents. Its blue hue acts as a physical brightener, emphasizing the whiteness of teeth. The blue pigment is uniformly deposited and retained on the tooth surfaces causing a color shift that ultimately induces an increase in the measurement and perception of tooth whiteness. **Black is White** does not contain Triclosan, Bleach, SLS, or plastic particles. Other charcoal toothpastes on the market do not have the SLS or Fluoride, such as "Magic Mud", but its RDA is 136. Beverly Hills Formula has both SLS and Fluoride and its RDA is 99. So when your patient asks about Charcoal toothpastes, you have knowledge of how to guide them in their choice. Curaprox also makes a great tasting charcoal gum to compliment the whitening process.

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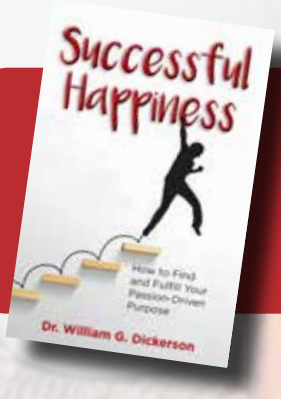

Successful Happiness Review

"Anyone who has children, particularly older ones who don't have a clear vision of their goals, should buy this book for them."

HYGIENE

Advanced Technologies

INSTRUCTOR:
Jill Taylor, RDH, ND, BS

PREREQUISITE: None

TUITION:
Doctor/Hygienist $1695
Team $795

CE CREDITS: 22

AGD CODES: 490, 550

LENGTH OF COURSE: 3 Days

COURSE TYPE:
Lecture/Participation

Hygiene: Advanced Technologies

November 28-30, 2018
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COURSE DESCRIPTION

This course is designed to optimize your LVI journey by identifying missing links in your practice and enhancing the return on your LVI educational investment by boosting your practice's hygiene efficiency.

The "mouth body" connection can take your practice to the next level, by presenting opportunities to streamline your hygiene department while integrating the ultimate in comprehensive patient care.

ASK YOURSELF:

- What does the Ultimate hygiene department look like?
- Is your hygienist frustrated with "not enough" time to do everything you ask her to do?
- Would you like to have patients that no longer bleed even just a 'little bit'?
- How strong is your hygienist in restorative pre-diagnostic and case presentation skills?
- How can you merge healthier teeth with the healthiest tissue?

COURSE OBJECTIVES

- Discuss the latest technologies and proven scientific findings to treat periodontal disease.
- Discuss the connection between periodontal health and its systemic implications.
- Effectively risk-assess a patient's condition to determine optimal treatment planning.
- Deliver a treatment plan and comprehensive case presentation based on the six screenings.
- Demonstrate and bring consistency to risk assessment, oral cancer screening, restorative screening, occlusal screening, sleep apnea screening and periodontal screening.
- Create better understanding of the patient's wants and needs using persuasive verbal skills.
- Discuss TMD Dentistry and the importance of healthy occlusion.
- Discuss the use of laser theory and application as well as clinical adaptation of microultrasonics.
- Identify the newest restorative materials and how to care for them.
- Create continuity within your hygiene department of the patient care system.

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MERGING YOUR PRACTICE AS AN EXIT STRATEGY

Robert Stanbery, Transition Specialist

While it can be quite satisfying to sell your practice outright and hand over the keys to the purchasing dentist, a merger is a viable alternative approach. In particular, a merger can be an excellent choice for a more experienced LVI dentist to partner with a younger dentist beginning their LVI journey. A merger between multiple LVI dentists ensures compatible treatment philosophies and eliminates the issue of entertaining hesitant buyers who do not have LVI training and cannot continue advanced LVI treatments.

I recently assisted Dr. Michael Reece in merging his practice in Bryan, Texas, with Dr. Ryan Jouett. The doctors combined undivided interests in their assets, using legal and accounting practices to ensure the transaction was financially fair for both parties. There is now a strong partnership agreement in place, with a guaranteed exit strategy for Dr. Reece as the senior dentist in the partnership.

Dr. Reece explained why he chose to merge his practice, rather than sell it outright. He said, "I decided about 5 years ago I wanted to merge and transition my practice to another dentist. My practice had become very niched and I knew it was going to be hard to find a dentist to buy my practice. I decided to "grow and train up" a buyer for my practice. The practice was not big enough to just bring in an associate, as that would decrease my income. I wanted to "merge" my practice with another dentist with their own practice that could bring a pool of patients. We would then have an additional income stream and could begin the transformation of the combined practices. As the new dentist gained the clinical skills, we could begin the process of "distilling" their practice into the niched model. This would result in a new, specialized, two-doctor practice. This would be easy to sell to my partner and they could begin the process all over again. Practice Transition Partners understood this concept very well and was instrumental in appraising and facilitating the whole process. Their advice and expertise were invaluable in this whole process."

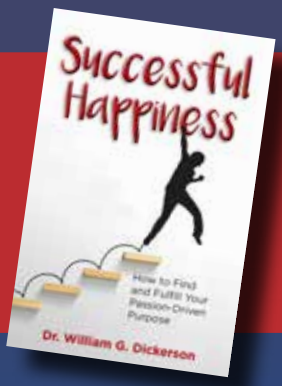
With a successful merger, the return on investment can be significant. Often, I see return on investment in a merger being significantly higher than the return on investment from a traditional practice transition. The reason is the overlapping and shared expenses, such as rent, phone,

electricity and roughly half the staff salaries, will cause legitimate savings for the doctors. As Dr. Reece explains, his portion of the merged practice will eventually be purchased by Dr. Jouett, guaranteeing a legally and financially sound exit strategy, as well as potential tax advantages.

Once the practices are merged, they need a mechanism to work together. That vehicle is an operational/partnership agreement. There are many factors to consider in setting up an operational/partnership arrangement, such as how to split money, how to split costs, and exit strategies. It is therefore critically important to assemble a knowledgeable team to assist, including a transition specialist, CPA, and attorney with dental expertise. For an arrangement so pivotal and potentially complex, it is vital to invest in experienced professionals to guide the process. In this case, in addition to Practice Transition Partners, Dr. Reece and Dr. Jouett benefitted from the expert guidance of dental attorney, David Cohen, and Zions Bank as the lender.

The type of partnership/operational agreement most often utilized is a full partnership where two (or more) doctors are equal owners. This gives each partner equal access to the assets, but also responsibility for other liabilities (e.g., overhead) and debts. Decisions must be made as a partnership – where everyone has equal say. However, partner income and costs may not be shared equally. Most partnerships divide the available partner income into "buckets": one based upon individual partner clinical production and a second based upon ownership interest. Management decisions are usually made by consensus of the partners unless one partner is designated the Managing Partner with certain decision-making authority.

In any case, multi-doctor situations are complicated to put together. If you're thinking of going down this route, as I stated earlier, assemble a solid advisory team. I am certainly available to assist you if you are considering this, or any other, transition option.



Successful Happiness Review

"This book is about clarity, priorities and empowerment. It allows individual definition to what is surely the most important endeavor in human life yet, at the same time, gives universal tools along with the key thinking and significant motivation necessary to achieve Successful Happiness."

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We are pleased to announce the practice merger of two LVI-trained dentists, Dr. Michael Reece and Dr. Ryan Jouett. Please see the article in this edition of Visions for further details!

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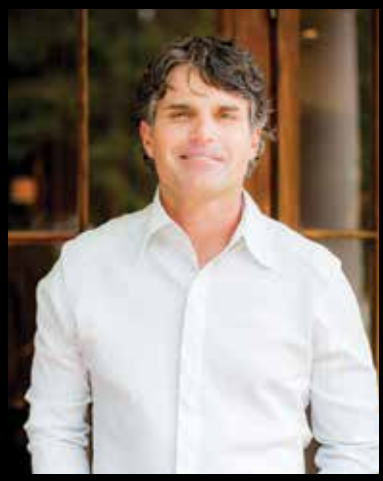

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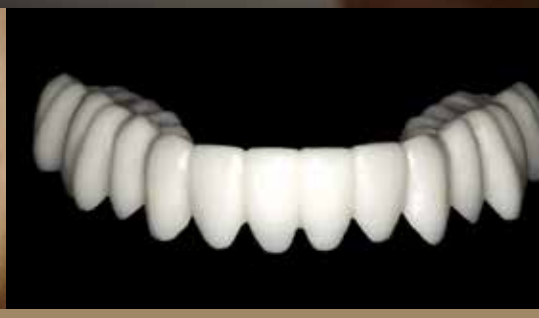

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