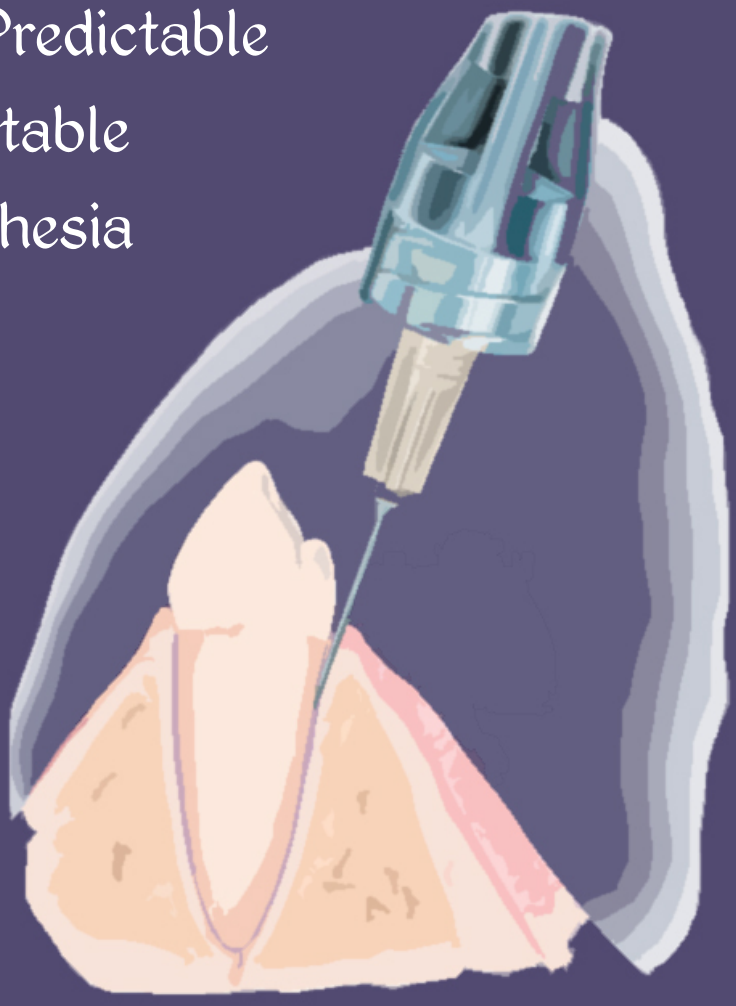
San Mateo County Dental Society | Every Member. Every Day. Summer 2025

MOUTHPIECE

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The Magic Touch

A Guide to Predictable and Comfortable Local Anesthesia



IN THIS ISSUE

- The Magic Touch-A Guide to Predictable and Comfortable Local Anesthesia
- Elevating Periodontal Care Through Precision, Communication, and Metrics
- The Insurance Shift: How Changing Coverage is Reshaping Dental Referrals
- Comprehensive Guide to Selling a Dental Practice
- The Future of the Front Office: How Remote Teams and AI Agents are Reshaping Dental Practice Operations
- An Individual Has an Average of 80 Summers

and much more...

San Mateo County DENTAL SOCIETY

Member Events Calendar

See Education / Events > Calendar of Events at **www.smcds.com** for details and registration.

New / revised course info in **bold text**. Featured courses **highlighted**.

Date	Day	Type	Topic	Speaker/Contact	Location	Time
SEPTEMBER						
2	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
6	S	FMB	Shredathon: Document Shredding, eWaste, & Lead Foil	Jim Aicardi 650.637.1121	Vantage WM San Mateo	9:00-12:00 P
9	Tu	G	SMCDS Leadership Meeting	President: Zachary E. Held, DDS	SMCDS	6:30-8:00 P
11	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Study Club	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
12	F	RCE	8-Hour Infection Control for Unlicensed DAs	Melodi Randolph, RDAEF2, CDA, OAP, BS, Med	Dntl Office San Carlos	9:00-11:00 A
15	M	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6-7:30 P
16	T	RCE	Responsibilities and Requirements for Prescribing Controlled Substances (Schedule II Opioid Drugs)	Reb Close, MD & Casey Grover, MD	Webinar	6:00-8:00 P
18	Th	PM	Revenue Protection & Diversification: Reduce Your PPO Dependency	Mila Givens	Webinar	6:30-8:30 P
19	F	RCE	OSHA-Bloodborne Pathogens & Hazard Comms	Leslie Canham, CDA, RDA	SMCDS	8:15-10:15 A
19	F	RCE	Infection Control & CA Dental Practice Act	Leslie Canham, CDA, RDA	SMCDS	10:30-2:00 P
23	Tu	PM	Fraud and Embezzlement: How Safe is Your Practice?	Michael Olsen, Anne Hicks, & Steve Oki	Webinar	12:00-1:00 P
25	Th	CE1	SMCDS General Membership Meeting Topic: ***Clinical Excellence in Restorative Dentistry for Children, Teens and Young Adults***	Joshua Solomon, DDS, MS	Hiller A.M. San Carlos	6:00-9:00 P
30	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
OCTOBER						
7	Tu	G	SMCDS Executive Board Meeting	President: Zachary E. Held, DDS	N/A, Virtual	6:30-8:00 P
8	W	NDS	New Dentists Pop-Up Mingle & Networking + Startup vs. Acquisition: Real Talk on Your Road to Practice Ownership at The Alexandria *Event sponsored by C-Dental, TDIC, & Yaeger Dental*	Ali Oromchian, J.D. L.L.M. & Michael Dinsio, MBA	San Carlos	7:00-9:00 P
13	M	RCE	BLS CPR Renewal Course – Michael Wong	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
14	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
15	W	PS	Year-End Taxes & Cash Flow	Laura Phillips, EA	SMCDS	6:30-8:00 P
16	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Study Club	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
23	Th	SCCE	SMCDS Study Club Topic: ***TBA***	TBA	SMCDS	7:00-9:00 P
29	W	CO	College of San Mateo Fall Health Fair	Mike Aicardi 650.637.1121	CSM	10:00-2:00 P
NOVEMBER						
3	M	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7:00-9:00 P
4	Tu	G	SMCDS Executive Board Meeting	President: Zachary E. Held, DDS	N/A, Virtual	6:30-8:00 P
5	W	S	Senior Society Luncheon @ The Iron Gate	Jim Aicardi 650.637.1121	Belmont	11:30-2:00 P
8	Sa	PS	The Practice Ownership Bus Tour: Startup vs. Acquisition	Ali Oromchian, Forrest Wiederman Calvin Williams, Michael Smith, Foad Ahmadi	Dntl Office San Mateo	8:00-1:00 P
12	W	CE2	SMCDS General Membership Meeting Topic: ***Using Tech to Seamlessly Make Your Office Extraordinary***	Ankur Gupta, DDS	Alexandria San Carlos	6:00-9:00 P
13	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Study Club	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
21-22	F-Sa	L	CDA House of Delegates	Multiple	Sacramento	All Day

Event Type	
AR	Allied Dental Relations
CE1	Core CE
CE2	20% CE
CO	Community Outreach
FMB	Free Member Benefit
G	Governance

Event Type	
H	Holiday
HWS	Hands-On Workshop
L	Leadership
NDS	New Dentists Social
PG	Personal Growth
PM	Practice Management

Event Type	
PM1/4	Pract Mgmt 1=New Dent 4=Life Active
PS	Professional Success
PS1/4	Prof Success 1=New Dent 4=Life Active
RCE	Required CE
S	Social Event
SCCE	Study Club CE



Photo by Debby Hudson on Unsplash

San Mateo County
DENTAL SOCIETY

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MOUTHPIECE

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All editorial contributions are subject to space and/or content editing at the Editor's discretion.

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Photo by Linus Nylund on Unsplash

President's Message

By Zachary Held, DDS



Dear Colleagues,

I hope this message finds you well and enjoying a relaxing and restorative summer. While many of us are taking some much-needed time to recharge, your San Mateo County Dental Society (SMCDS) has remained active behind the scenes, working hard to bring you meaningful continuing education opportunities and engaging social events. We invite you to check out the upcoming events listed in the calendar included in this issue of *The Mouthpiece*—we hope to see you there!

In addition to planning our local programs, SMCDS has been in ongoing discussions with the Mid-Peninsula Dental Society (MPDS) about a potential merger. Our boards have met several times to explore the benefits and logistics of this initiative, with the goal of strengthening our professional community and resources.

To keep our members fully informed, we've included a set of FAQs and a first draft of the proposed resolution that we intend to submit to the California Dental Association (CDA) House of Delegates in 2025. Your input is important to us—if you have any questions, thoughts, or feedback, please don't hesitate to reach out to our Executive Director, Nakia Brandt, at nakia@smcds.com.

Wishing you a safe, sunny, and fulfilling remainder of the summer!

Warm regards,
Zachary Held, DDS
President, SMCDS



In Memoriam



Thomas King Wyatt, DDS – Redwood City General Dentist and SMCDS member of 59 years - passed away May 29. Dr. Wyatt graduated from University of the Pacific in 1965 and practiced in Redwood City before retiring in 2017. Tom had a distinguished career as a bilingual dentist, serving patients and multiple generations of their families for nearly fifty years.

New Member Celebration

Welcome!

Join us in celebrating **6** new members from March 2025 to July 2025, contributing to the voice that is SMCDS - **659** strong...

Ladan B. Daly, DDS
UOP - 2019 - GP

Bhakti Suresh Jain, DDS
Touro College of Dental Medicine - 2020 - GP

Joo Hyun Lee, DDS
NYU - 2022 - GP

Tiffany Tang, DDS
Roseman Univ. of Health Sciences - 2016 - GP

Mitali M. Mhatre, DMD
Univ. of AL - 2021 - GP

Disha Thakkar, DDS
Univ. of NC - 2024 - GP

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SCAN ME

Member Specialist Spotlight



Oral & Maxillofacial Surgeons

SMCDS member oral & maxillofacial surgeons are spread throughout San Mateo County

Sal Ahani, DDS, MD
30 N San Mateo Dr
San Mateo, CA 94401-2824
(650) 340-6141

Dominique N. Chagniot, DDS
99 W Portal Ave
San Francisco, CA 94127-1303
(415) 661-6006

Alexander Hoghooghi, DDS, MD
853 Middlefield Rd Ste 4
Palo Alto, CA 94301-2919
(650) 617-1900

Nima Massoomi, DMD, MEd, MD
15780 Los Gatos Blvd
Los Gatos, CA 95032-2508
(408) 358-5000

Brian Y. Yang, DDS, MD
1261 E Hillsdale Blvd Ste 1
Foster City, CA 94404-1236
(650) 525-1033

John A. Boghossian, DDS
1650 Laurel St Ste B
San Carlos, CA 94070-5237
(650) 595-0163

Alfredo A. Dela Rosa, DDS, MD
6063 Mission St
Daly City, CA 94014-2007
(415) 963-4121

Linda H. Lee, DMD, MD
1261 E Hillsdale Blvd Ste 1
Foster City, CA 94404-1236
(650) 525-1033

Linda K. Miyatake, DDS, MD
130 N San Mateo Dr # 1
San Mateo, CA 94401-2761
(650) 347-7014

Bruce Bohannan, DDS, MD
1750 El Camino Real Ste 403
Burlingame, CA 94010-3217
(650) 692-1530

Adam P. Fagin, DMD, MD
235 N San Mateo Dr Ste 600
San Mateo, CA 94401-2675
(650) 342-0213

Minerva Loi, DDS, MD
235 N San Mateo Dr Ste 600
San Mateo, CA 94401-2675
(650) 342-0213

Raju Reddy, DDS, MD
11 Birch St #110
Redwood City, CA 94062-1481
(650) 839-1200



Member Events

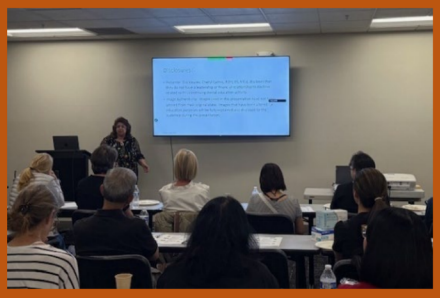
March 20 General Membership Meeting





Gary Roberts, DDS presented Maxillofacial Trauma for the General Dentist at the Hiller Aviation Museum

March 25 Hygiene Study Club



We held our first hygiene study club.
Cheryl Calmis, RDH, BS, MEd presented on Social Media and Scary DIY Dental Trends.

Sponsors: Nimbus Dental, NetIP Dental, Express Employment Professionals and Weave

April 3 Mergers, Acquisitions & Transitions Seminar



Bernie Stoltz presented best strategies for buying a practice, hiring an associate and selling a practice.

Sponsors: DDS Match, Patterson Dental and Express Employment Professionals

April 5 Shredathon



Over 30 member offices shredded boxes and recycled their old electronics.

Special Thanks to:
Member Purvi Zavery, DDS for hosting the event
Member Charlie Carter, DDS for collecting lead foil
Sponsor: Armando Vasquez of NetIP Dental

May 8 Mastering Case Acceptance



Business Members Mila Givens of Fortune Management and Rachel Marks of Swiss Monkey presented Mastering Case Acceptance to our members and teams.

June 5 Hands-On Workshop





Patrick L. Roetzer, DDS, FACD, FICD, PFAF, returned to present Bulk Fill Injectable Composites: Misunderstood, Underrated and Underutilized? Improve Your Workflow, Satisfaction and Profit.

Sponsors: Zest Dental Solutions, Kuraray Dental, Bien Air, and NetIP Dental

June 10 Hands-On Workshop





SMCDS Business Member Julia Peck, D.L.X.T. and Ramon Alsua presented Surgical Guided Temporaries: Immediate Implant Solutions Delivered Day of Surgery to SMCDS members and the Bay Area Aesthetic Masters study club.
Special Thanks to:
Member Ken Hovden, DDS for hosting the workshop
Sponsors: Kuraray Dental and Straumann Dental

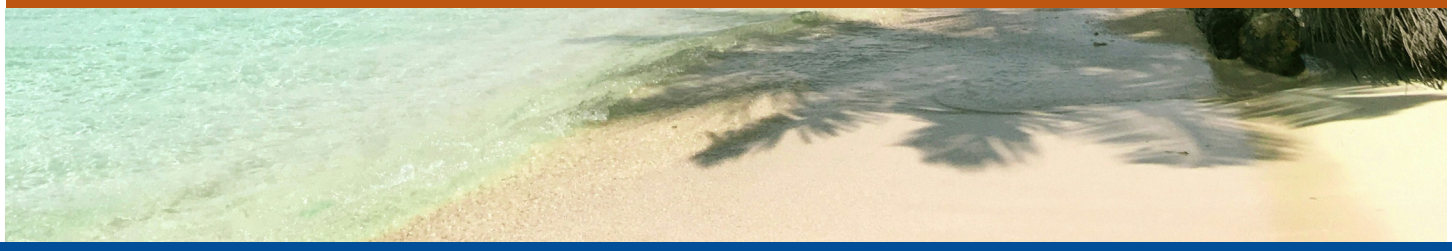
June 17 Sellers Seminar





SMCDS Business Members Ali Oromchian, JD, LL.M. and Gavin Shea presented how to How to Strategically Sell to a Partner, Associate, or a DSO.

Sponsors: Yaeger Dental, Align Technology and Panacea Financial





The Magic Touch-A Guide to Predictable and Comfortable Local Anesthesia

By Rowshan Ahani, DDS, MS

About 15 years ago, a referring dentist sent a patient to my office asking me do perform a root canal treatment of tooth #30. I examined the tooth and found that if had a cavity of moderate depth and decided that this problem could likely be resolved with a conservative restoration without having endodontic treatment. I called her dentist, who told me that " I can never get this person numb, so if the tooth has a root canal treatment, I can put a crown on it and resolve the issue. While this could have been one option, I didn't feel that putting the patient through unnecessary and expensive procedures was a reasonable path. I spoke with my colleague and offered to come to her office on my day off and numb this patient for her.

The following Wednesday, I showed up at her office and anesthetized the lower right quadrant, while showing my colleague my approach. She comfortably performed several restorative procedures for this patient and was thrilled with the outcome. After that visit, my colleague called me several times to tell me how much her practice life had improved. She never realized how much unnecessary stress that she and her patients were enduring. I did one on one sessions with a few other referring dentists and they too felt that the experience dramatically improved their practice lives.

This was the inception of my putting together my anesthesia lecture, now called "The Magic Touch". Delivering comfortable, predictable local anesthesia remains one of the most critical—and emotionally charged—tasks in dentistry. Whether you're restoring a second molar or managing a highly anxious patient, your approach to anesthesia can determine whether the appointment is smooth or stressful for everyone involved.

Dentists face numerous stressors—from insurance challenges to physical wear and tear—but few are as immediate and persistent as the stress of local anesthesia. Nearly 1 in 5 dentists report reconsidering their career due to anesthetic-related distress, and over 60% identify anxious patients as their primary source of procedural anxiety. Compassion fatigue is real, and it begins with "the shot."

The lecture is geared towards giving participants the techniques and confidence to provide comfortable and profound anesthesia in short order. All with what most of us have in our offices right now. First, I discuss some of the science behind local anesthesia. Basically reviewing the mechanisms and physiology that we all learned in dental school. I then go over some very pertinent research which shows that under the best circumstances, local anesthesia is not as predictable as we hope. In my discussion, I review the differing environments which can affect the efficacy of our anesthetics.

After this basic science review, I dive into techniques of delivering painless anesthesia. The kind of injection we all love. The one that makes the patient ask you if you already gave them "the shot". It is

very important to understand that building trust in our patients is a step by step process. And if you can knock their socks off with a painless injection, this can elevate you in your patient's eyes. We have all been regaled by patients' dental horror stories from their past and none of us wants to be the subject of their next story. If we can use techniques which reduce or eliminate the discomfort of injections, we are halfway home!

The next step is to make sure that the are we plan on treating is completely numb, not just "numb enough". I review several videos which highlight the aforementioned techniques as well as discuss types and amounts of anesthetics I use. I stress the importance of using adequate amounts of anesthetics and discuss some of the adjunct techniques we can use in the more challenging cases.

I have given lectures on many different topics over the years, but this subject seems to resonate with the audience much more than any other. We work in an extraordinary sensitive part of the human body. It can be extremely anxiety provoking for the patient and the provider. Because there is no "production" directly associated with local anesthesia, lectures on this topic are few and far between. However, if we can deliver painless and profound anesthesia to our patients, we can do work that we are proud of, reduce our anxiety levels, and enjoy hearing our patients rave to friends and family about our practice. What could be more productive than that?

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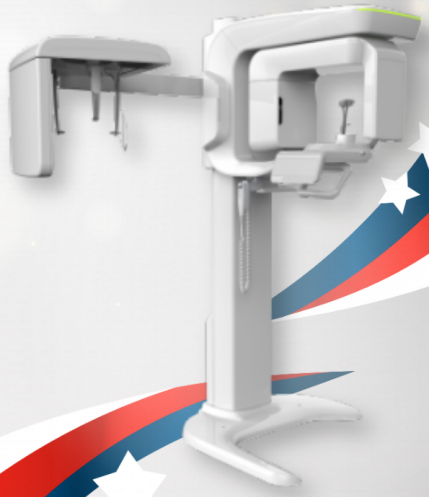
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Elevating Periodontal Care Through Precision, Communication, and Metrics



By Paula Quinn, RDH, BSDH, FADHA

In today's dental hygiene landscape, delivering high-level care means more than just cleaning teeth—it's about identifying, diagnosing, and treating periodontal conditions with accuracy and intention. By mastering diagnostic protocols, utilizing strategic communication, and tracking key performance indicators (KPIs), dental hygienists can position themselves as trusted health providers while also strengthening the practice's productivity and patient outcomes.

A consistent assessment protocol is the foundation of accurate periodontal diagnosis. The 2017 AAP Classification system helps providers identify not only disease but also clinical health—a key step in preventing overtreatment and building patient trust. Health is defined by the absence of bleeding on probing in more than 90% of sites, no erythema or edema, no clinical attachment loss, and physiological bone levels ranging from 1–3 mm apical to the CEJ.

When patients present with disease, a good protocol and system guides clinicians to determine whether the condition is gingivitis or periodontitis and whether it is localized or generalized. Gingivitis is defined by inflammation without attachment loss, characterized by signs such as erythema, edema, and bleeding on probing in more than 30% of sites. In contrast, when attachment and bone loss are evident, staging and grading must be applied to determine the severity (Stage I–IV) and rate of progression (Grade A–C) of periodontitis. Identifying and documenting true periodontal health is just as clinically relevant as diagnosing disease—it sets a baseline for future comparison and confirms that maintenance strategies are effective.

Coding and Reimbursement for Procedures

Accurate coding is crucial to ensure that patients receive the proper care and that practices are reimbursed appropriately. Code D4346 is used for generalized gingival inflammation in the absence of bone or attachment loss. Codes D4341 and D4342 apply to scaling and root planing based on the number of quadrants and the extent of disease. Once a patient completes initial therapy, D4910 is used for periodontal maintenance following active treatment. Using the wrong code not only undermines the clinical story but can also create mistrust among patients and lead to inefficiencies in insurance processing.

Talking to Patients About Their Needed Care

Beyond the clinical diagnosis, how we communicate these findings matters. Patient-centered communication—especially using "co-discovery" and open-ended questions like WMI (What's Most Important?)—invites patients into the conversation. Describing bleeding as an "active infection" or showing visual evidence of inflammation helps patients understand the seriousness of their condition. These conversations should be rooted in empathy, clarity, and connection. For example, rather than saying, "You need a deep cleaning," a hygienist might say, "You have signs of infection that, if left untreated, could progress into the bone. We can reverse this now with therapy and improved home care."

Financial conversations are equally vital. Clear scripting, such as "We'll do our best to work with your insurance, but the investment today is to help prevent further damage," allows patients to feel supported rather than sold to.
Empowering patients with both knowledge and choice fosters higher enrollment in necessary therapy and trust in the provider.

Monitoring Metrics and Diagnosis Frequency

To gauge the effectiveness of your hygiene department, monitoring metrics is key. Useful KPIs include the percentage of patients diagnosed with periodontitis, D4346 vs. 1110 utilization, treatment acceptance rates, and D4910 retention. Tracking these trends not only promotes diagnostic consistency but also highlights areas for team improvement and targeted coaching. Ultimately, when hygienists approach their department with the mindset of a clinician and a business owner, they unlock new levels of value—for their patients, themselves, and the practice. By elevating diagnostics, communication, and accountability, we can truly transform periodontal care from routine to exceptional.

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The Insurance Shift: How Changing Coverage is Reshaping Dental Referrals



By Sam Ahani, DDS

For years, referrals were built on relationships. General dentists and specialists developed trust through collaboration, ensuring seamless patient care. But as insurance plans increasingly dictate where patients can go, many are choosing specialists based on network status rather than professional recommendation. This shift is creating disconnects between providers who have worked together for years, leading to communication breakdowns and gaps in patient care.

One of the most concerning trends I've noticed is that patients are increasingly taking referrals into their own hands. Instead of the GP sending the referral directly to a trusted specialist, patients are often walking away with the referral form and choosing a provider based solely on insurance coverage—sometimes without informing their GP at all. This disrupts continuity of care, as the GP may not even know where their patient ended up or if they followed through with treatment.

At the same time, I've also heard more specialists are not sending follow-up reports after treatment. That was surprising to me. In the past, it was standard for specialists to send a report back to the referring GP, closing the loop on care. But as more referrals happen outside of existing networks, it seems fewer specialists feel obligated to communicate with the referring provider. Without that feedback, GPs are left in the dark about the treatment their patients received and how it fits into their long-term care plan.

This shift makes effective communication more important than ever. When referrals were relationship-based, GPs and specialists naturally shared updates through direct conversations, phone calls, or written reports. With referrals becoming more fragmented, these conversations are happening less often. Specialists may receive incomplete referrals with little background on the case, or GPs may never hear back about the treatment provided. This lack of coordination can lead to redundant diagnostics, misaligned treatment plans, and frustrated patients who feel like they are navigating their care alone.

For GPs, this shift is frustrating because they can no longer confidently guide patients to specialists they trust. For specialists, it means working with unfamiliar GPs without an established communication process. Both sides must be proactive in bridging this gap. A simple phone call, email, or quick case summary can go a long way in maintaining continuity of care. Specialists can take the initiative to reach out when they receive a new referral, and GPs can follow up to ensure their patients receive the care they intended.

Another option is using structured referral processes, such as referral coordinators or digital systems that track patient progress and improve communication. While technology can help, the key is making an effort to maintain professional connections despite the insurance barriers.

The referral process may be shifting, but communication should not suffer. GPs and specialists who prioritize collaboration, regardless of insurance restrictions, will ensure that patient care remains the top priority. Taking small steps to reinforce communication can preserve the trust and professional relationships that have long been the foundation of quality dental referrals.

Don't Miss out! Join Us on September 25!

Social **Dinner** **Drawing Prizes** **CE**

San Mateo County DENTAL SOCIETY

mpds

Continuing Education

Clinical Excellence in Restorative Dentistry for Children, Teens and Young Adults



Joshua Solomon, DDS, MS

Join your fellow SMCDS & MPDS Teams for an evening of networking and learning!

3 CE Units

September 25
Hiller Aviation Museum

5:30pm - 9:00pm

Members $40

New Dentists & Team Members $15

Most dentists use composite resin every day in practice. However, very little advanced training exists for treating children and teens. This lecture will provide prescriptive instruction on how to confidently place esthetic, long-lasting restorations in both the anterior and posterior for primary and permanent teeth. Participants will be introduced to new concepts in engineering-based preparation design, anatomically accurate matrices, biofilm removal, and the use of headed composite. Don't miss out!



Comprehensive Guide to Selling a Dental Practice

By Ali Oromchian, Esq.

Thinking About Selling Your Dental Practice? Start Here.

Deciding to sell your dental practice is one of the most significant business decisions you'll ever make. Whether you're preparing for retirement, exploring a new chapter, or simply ready to slow down, the process can feel overwhelming without the right guidance. The good news? With thoughtful planning and the right team in your corner, it doesn't have to be.

This guide breaks down the steps involved in selling your practice, starting with early-stage planning and ending with key considerations at the time of sale. No matter where you are in your journey, our goal is to help you move forward with confidence, clarity, and peace of mind.

Start the Planning Process

If you're three to five years out from selling your dental practice, you have the unique benefit of time—and with it, the ability to make strategic improvements that can significantly boost your practice's appeal and value. Think of this period as a runway: the more effort and intentionality you apply now, the smoother your transition will be down the road.

This is the time to tackle any operational or aesthetic upgrades you've been putting off. Modernizing outdated décor, streamlining collections, reducing outstanding liabilities, and ramping up your new patient flow can all pay dividends. Each of these efforts not only enhances your practice's financial profile but also helps position it as a turnkey opportunity for prospective buyers.

It's also essential to consider the type of transition that aligns best with your personal goals. Do you see yourself slowly easing out of clinical work by bringing on a partner? Would an associate-to-owner pathway be more appropriate? Or are you seeking a full sale, perhaps to a private buyer or a Dental Service Organization (DSO)? Each path requires different timelines, documentation, and due diligence, so the earlier you clarify your direction, the better positioned you'll be to execute on it.

Once you've narrowed in on the type of transaction that fits your timeline and goals, the next step is to schedule a formal valuation of your practice. This will serve as the foundation for future negotiations and help you understand your practice's current standing in the market.

Practice Valuation

Once you've established a transition strategy, the next step is gathering the key documents necessary for evaluating your practice's worth. This phase is all about preparation—ensuring that everything a buyer or valuation expert might need is ready and organized.

You'll want to pull original copies of the following:

- Tax returns from the last three calendar years
- Year-to-date profit and loss statement and balance sheet
- Your current lease agreement (or property ownership documents, if applicable)
- A breakdown of employee compensation and benefits
- Copies of all relevant licenses and insurance policies
- Any outstanding loan agreements
- A complete equipment list

With these materials in hand, you can move forward with a formal valuation. This will help determine your practice's market value and guide your expectations for the transaction ahead.

There are several recognized methods of valuation in the dental industry:

- **Income-based valuation**, which focuses on cash flow and profitability
- **Market-based valuation**, which compares your practice to similar practices recently sold
- **Net asset valuation**, which looks primarily at tangible and intangible assets minus liabilities

Each method offers unique insights, and a qualified valuation professional can help determine which is most appropriate for your situation. Once you've completed the valuation, consider whether you'd benefit from engaging a broker or other experienced advisor to assist with the next steps in the sale process.

Consider a Broker or Professional Assistance

With your valuation complete, it's time to decide whether to enlist professional help for the sale itself. While some doctors choose to handle the process on their own, working with an experienced broker or advisor can add significant value—both in terms of maximizing the sale price and streamlining the overall process.



Key topics to discuss with your advisor include:

- Reviewing the appraised value and setting a realistic asking price
- Strategizing how and when to list the practice for sale
- Identifying and screening qualified buyers

Although hiring a broker involves a commission, many sellers find that the investment pays off. A knowledgeable professional not only helps attract serious, pre-vetted buyers but can also improve your chances of receiving offers that are closer to your target price. In many cases, the right advisor can reduce the time your practice sits on the market and help avoid costly mistakes during negotiation or due diligence.

Once you've established your team and strategy, you'll be ready to begin marketing your practice for sale.

Market the Sale and Identify a Buyer

With your valuation in hand and your advisory team in place, the next phase is to begin marketing your practice—but with confidentiality top of mind. Maintaining discretion helps protect your patient base, staff morale, and the overall stability of your practice during the transition period.

There are several effective and discreet ways to market your sale:

- Industry-specific online listings
- Professional association websites
- Broker-managed advertisements targeting qualified buyers

As interest begins to build, it's important to evaluate potential buyers not just on financial qualifications, but also on how well they align with your practice's values, culture, and approach to patient care. A face-to-face or virtual meeting is often a good first step to assess whether the buyer is a strong fit for both your legacy and your team.

Once you've identified a serious and suitable candidate, the next step is to move forward with drafting and submitting a Letter of Intent (LOI).

Letter of Intent

The Letter of Intent (LOI) serves as a critical milestone in the transition process. It formalizes the buyer's interest and outlines the fundamental business terms of the proposed sale. While it isn't legally binding, the LOI provides a clear roadmap for both parties and helps ensure alignment before moving into more detailed negotiations.

Typical LOI terms may include the proposed purchase price, target closing date, transition expectations, and key conditions that must be met before the sale is finalized. Think of it as the blueprint for the deal—it sets expectations early and helps prevent misunderstandings down the line.

Once both parties agree to the LOI, the next step is to move forward with negotiating and drafting the Asset Purchase Agreement (APA), which will serve as the legally binding contract for the sale.

Final Negotiations and the Asset Purchase Agreement

Once both parties have agreed to the terms outlined in the Letter of Intent, the next and most critical document in the sale process is the Asset Purchase Agreement (APA). This legally binding contract outlines all the terms of the transaction and protects both the seller and the buyer from future misunderstandings or disputes.

Key elements typically included in an APA are:

- Purchase price and anticipated closing date
- A detailed list of assets being sold—this may include dental instruments, equipment, furniture, the practice's phone number, website, social media accounts, and potentially accounts receivable
- Whether the property is included in the sale or subject to a lease
- Transition responsibilities for the seller, including any retreatment obligations
- Terms related to existing staff and whether employment agreements will be offered
- Restrictive covenants, such as non-compete and non-solicitation provisions
- Representations and warranties made by both parties
- A list of contingencies that must be satisfied before closing
- An employment agreement, if you plan to remain on in a clinical or advisory role post-sale

Because the APA is such a detailed and high-stakes contract, it is absolutely essential to work with experienced legal counsel who understands the nuances of dental practice transitions. Dental & Medical Counsel specializes in representing doctors and dental practice owners during sales just like yours—we know what provisions to negotiate, where the risks lie, and how to structure terms that protect your long-term interests. Having the right legal team in place can make the difference between a smooth transition and one fraught with delays, liability, or regret.

After the APA is finalized, and if the practice space is leased, the next step is to introduce the buyer to your landlord to initiate the assignment or negotiation of a new lease.

Seller Introduces Buyer to the Landlord

If you lease the space where your practice operates, introducing the buyer to your landlord is a key step in moving the sale forward. This allows the buyer to either negotiate a new lease or pursue an assignment of your existing lease—both of which are typically required before closing can occur.

Timing is everything here. While transparency is important, confidentiality still matters. You'll want to coordinate this introduction carefully to avoid raising any unnecessary concerns with your landlord before the deal is fully secured. The goal is to facilitate a smooth handoff without jeopardizing the momentum or confidentiality of the transaction.

If you do own the property and are planning to sell it along with the practice, the process will look slightly different and involve separate negotiations for the real estate. In either case, having legal counsel that understands dental-specific real estate issues can be invaluable to ensure lease terms are fair and aligned with the overall transaction.

Once the lease details are in motion, your focus shifts to preparing for a seamless transition prior to the closing date.

Closing Tasks Before the Closing Date

As the closing date approaches, there are several important final tasks to address to ensure a smooth handover of the practice. These logistical details are essential to avoid any disruptions and help the buyer start off on the right foot.

- Key items to complete include:
- Transferring or setting up service accounts such as utilities, phone lines, and internet
- Making final payroll and benefit arrangements for your staff
- Assisting with PPO credentialing, if applicable, to maintain continuity with insurance providers
- Coordinating with the lender to provide all necessary documentation for funding the buyer's loan on the scheduled closing date

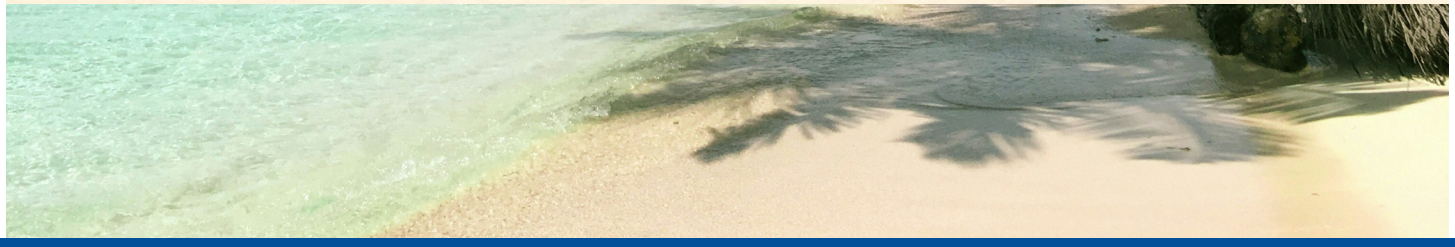
You're nearly there! While the sale marks the end of your ownership, these last steps ensure the transition is seamless for your patients, staff, and new owner alike.

Transition and Transfer of Ownership

As you approach the final stages of your sale, several critical steps remain to ensure a seamless transition. One important item is completing all final loan documentation, including providing proof that any unpaid prior liens on the practice have been satisfied. This step is essential to clear the way for a clean transfer of ownership.

Equally important is protecting the goodwill your practice has built over the years. This starts with clear, positive communication with your team. Training your staff to share the news confidently and consistently with patients helps maintain trust and continuity. Additionally, sending formal letters to your patients announcing the transition demonstrates transparency and reinforces your commitment to their care.

Preserving goodwill is vital—not only does it honor the legacy you've created, but it also maximizes patient retention after the sale, contributing to the ongoing success of the practice under new ownership.



Dental & Medical Counsel Can Help

Selling your dental practice is a complex process that requires specialized legal expertise. At Dental & Medical Counsel, we focus exclusively on helping dentists navigate the challenges of practice transitions with confidence and clarity.

Led by founding attorney Ali Oromchian, a nationally recognized expert in dental law, our team provides comprehensive support—from planning and valuation to negotiating purchase agreements and ensuring your interests are fully protected.

If you're preparing to sell or want to explore your options, Dental & Medical Counsel is here to guide you every step of the way. Contact us today for a complimentary consultation and take the next step toward a successful practice sale.

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The Future of the Front Office:

How Remote Teams and AI Agents Are Reshaping Dental Practice Operations

By Christine Sison, BA, MS

The dental front office is undergoing a quiet but powerful revolution.

Traditionally viewed as an in-office role tethered to phones, clipboards, and scheduling binders, the front office is becoming more agile, hybrid, and tech-enabled than ever before.

Driven by a perfect storm of workforce shifts, rising patient expectations, and rapid advances in artificial intelligence, the way practices staff and support their front office is fundamentally changing.

A New Staffing Model for a New Workforce



Today's workforce—especially Millennials and Gen Z—value flexibility, autonomy, and remote work. At the same time, many dental practices are struggling to fill full-time front office roles or manage costs as wages rise and turnover increases.

As a result, many practices are turning to part-time and contract-based remote professionals to support essential administrative functions like scheduling, insurance verification, billing, and patient communication. These roles no longer require an in-person presence—and often don't require 40 hours a week.

This shift allows practices to access experienced front office talent from across the country (or even globally), scale support based on their actual needs, and reduce overhead—all without sacrificing patient experience.

Companies like Swiss Monkey, a leader in remote front office solutions, are helping practices tap into this model by connecting them with U.S.-based professionals who can plug in within days. On average, practices are able to fill roles twice as fast compared to traditional in-office hiring processes.

The Rise of the AI Front Office Agent

In parallel, artificial intelligence is transforming how front office work gets done. AI-powered call agents, virtual assistants, and workflow automations are now capable of handling overflow calls, scheduling, hygiene recall, referral intake, insurance verification, and account follow-ups—often 24/7.



An AI agent is a conversational digital assistant trained to perform specific front office tasks using natural language, practice protocols, and real-time data—seamlessly integrating into daily workflows without requiring human supervision.



These agents are not generic bots. They're HIPAA-compliant, empathetic, and customized to each practice's systems and tone of voice.

Swiss Monkey is one of the companies building these AI agents to work alongside human teams—allowing dental offices to maintain a high-touch experience while automating repetitive tasks and ensuring nothing slips through the cracks.

The Hybrid Front Office Is Here

This new model—combining on-site staff, remote professionals, and intelligent AI agents—is quickly becoming the standard for efficient, patient-centered practices. It allows dental offices to:

- Reduce the workload and burnout of in-office staff
- Offer round-the-clock support and appointment capture
- Lower hiring and training costs
- Quickly adapt to growth or seasonal volume changes



What Practices Can Do Now

There are three clear actions every dental office can take to stay ahead of the curve:

1 Assess your current front office structure.

Ask yourself: Do we have the right team in place to support where our practice is headed? Consider if your current staffing model is truly aligned with your growth goals and patient experience vision.

2 Be open to new operating models.

Explore hybrid staffing approaches that include part-time remote support and AI agents. These models aren't just cost-effective—they're helping practices operate more efficiently with less stress on in-house teams.

3 Lean into innovation.

Don't wait to see how others are doing it. Actively identify areas where automation and remote support can augment your practice. Start with one process—like hygiene recall or after-hours call handling—and expand from there.

Want to Learn More?

If you're exploring ways to modernize your front office through remote staffing or AI agents, you're not alone. To learn more or discuss how this could work for your practice, you can schedule a call directly with Christine Sison, founder of Swiss Monkey, at christine@swissmonkey.io.

Swiss Monkey offers a dual front office solution—combining a vast network of vetted remote professionals with custom-built AI agents—to help practices streamline operations, increase efficiency, and elevate the patient experience.



About Christine

Christine Sison is the CEO of Swiss Monkey, a dual-solution front office platform that combines the power of experienced remote professionals with cutting-edge custom AI agents. Under her leadership, Swiss Monkey is transforming the way private healthcare practices—especially in dentistry—optimize their front office operations by blending human expertise with intelligent automation.

Christine brings over a decade of experience in managing and building dental practices. She holds a Bachelor's degree in Neurobiology from the University of California (UC) Berkeley and a Master of Health Policy and Management from the Harvard School of Public Health. Prior to her work in dentistry, she conducted brain tumor research at UC San Francisco, helped integrate IT into clinical settings, and led the development of community-wide healthcare systems, including early telemedicine initiatives.

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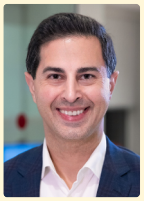
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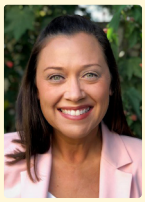


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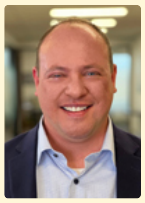
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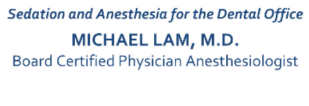












Business Member Profile: NETIP Dental



Armando Vasquez
Chief Executive Officer
www.netipdental.com
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NET IP Dental – Reliable, Secure & Compliant

One of the biggest challenges for dental practices is to ensure technology is up and running 24/7. Peak performance is imperative, and Net IP Dental understands the complexities associated with healthcare practices.
We provide tailored solutions for your practice with better, more reliable technology that will allow you to serve patients more effectively. In addition, we can become your personalized IT Department - tackling technical challenges and answering questions regarding interfaces, spy-ware protection, HIPAA compliance and more. We are also hardware experts, guiding you through the vendor selection process, and then assisting you, every step of the way, through full implementation.

Net IP Dental works in phases:
Phase 1: Wiring infrastructure
Phase 2: Hardware which includes clinical workstations and Business Class server
Phase 3: Unlimited service and network support for a monthly flat-rate, including Office on Demand and DDS services

Benefits of NETIP Dental IT support:

- Patient satisfaction - we help you keep that connection solid with your patients
- HIPAA Compliance Standards
- Performance and integration - we are diligent about your equipment and software running perfectly from integration to virtual office on demand
- Complete support and solutions for your dental practice
- Software management and practice management upgrades
- Hardware selection, implementation and support services
- Security - Virus, spyware and security protection for all computers and servers. We recognize that it's vital you have a tested, fail-proof backup, restoration and disaster recovery strategy in place
- On-site, remote and phone/help-desk support 24/7/365



An Individual Has an Average of 80 Summers

By Michael Njo, DDS

I hope each of you has enjoyed—and is still enjoying—your summer. I recently came across a phrase that struck me deeply: **"An individual has an average of 80 summers."** When you put it that way—wow. That simple reminder stirred something in me. It's a call to live with intention, to appreciate the moment, and to recognize that time is finite. We should live every summer, every season, every day with purpose. Each summer holds the potential for connection, rest, adventure, and reflection. Some of our most powerful memories—family trips, barbecues, weddings, even quiet evenings on the porch—take place during these warmer months. But more than the season itself, it's the opportunity it represents: a chance to slow down, reset, and refocus on what truly matters.

The Wisdom of Labradors

I love Labradors—I have two of my own. I love posts about them on Instagram. They just make you smile. One in particular stood out—someone was celebrating their Lab's birthday, noting how special it is because our pets simply don't get many birthdays. That really resonated. It's a reminder that every milestone matters, no matter how small. Dogs, especially Labs, are masters of presence. They don't dwell on yesterday or stress about tomorrow—they live completely in the now. That's something we humans can learn from. Savor the walk, enjoy the sunshine, and always be happy to see the people you love.

Time, Talent, and Treasure

The former Dean of the Dugoni School of Dentistry, Dr. Nader Nadershahi, often shared the concept of the 3 Ts: **Time, Talent, and Treasure.** That, to me, is the essence of purpose—how we spend our time, use our talents, and share our treasures. We often think of giving in terms of money, but your time is often the most valuable resource you can offer. Whether you're mentoring a colleague, volunteering in your community, or simply showing up fully for your family, those investments of time and heart leave lasting impact.

What's Your Mission?

Our Dental Society has a mission:
To serve the needs of our members and community by promoting and advancing excellence in the practice of dentistry.

It also has a vision:
To increase active membership and create a successful environment for participation within the society, our community, and member dental practices.

But what is your personal mission statement? What is your office mission? Your family's? Mission and vision statements became popular in the 1980s, starting with Fortune 100 companies and later trickling down to Fortune 500s and small businesses. But for many, they were meaningless—not because the words weren't well written, but because the people inside those organizations weren't involved in their creation.

Purpose must be personal. It must be shared.

If you're creating or refreshing a mission, bring your team, family, or committee into the process. They must believe in it. That belief is what gives a mission life. A statement alone won't lead you—it's the commitment behind it that propels action.

Living with Purpose

I've had the privilege to serve on boards, task forces, and committees. One of my personal purposes is simple: **to be involved.** That was one of many mantras from My Dean, Dr. Arthur Dugoni. When I join a new group, the first thing I ask is, *"What is the mission statement?"* It becomes my guide. My thoughts, energy, and direction flow from that. And sometimes, our mission statements need to evolve. As people, professionals, and organizations—we grow, we shift, we pivot. Our ideals change. Our members change. So must our mission. Purpose isn't a fixed destination. It's an evolving compass that adjusts as you grow. When you revisit your purpose regularly, it keeps your values aligned with your actions.

Purpose Requires Thoughtfulness

Do you live with purpose? Or do you find yourself moving through the same daily routine—wake up, work, sleep, repeat? Does that sound like the directions from your shampoo? In my consulting company, we often remind our teams and doctors: **"Every action has a reaction."** If the reaction you're getting in life is positive, then your behavior is aligned. But if not, it may be time to reflect on your purpose—and whether your actions are moving you toward it. Being busy is not the same as being intentional. Small, consistent adjustments in the way we approach life can create massive shifts in results and fulfillment.

Recommended Reading

I recently reread two powerful books. Rereading can be incredibly beneficial—I always seem to discover new meaning and insight. On your journey toward purpose, I highly recommend:

- **The Richest Man in Babylon** – Timeless financial and life wisdom
- **As a Man Thinketh** – A reflection on the power of mindset and thought

These books are especially important in both my son's upbringing. I believe the art of mindset and the discipline and skill of financial responsibility are among the greatest gifts you can bestow on your children. I impart this consistently to every client. Great books don't just inform—they transform. And these two, in particular, provide a foundational mindset for building a meaningful life.

Mission Statement Creation Guide

Here are a few tips for crafting a strong mission or vision statement:

1. **Clarity and Conciseness**
   Keep it simple and powerful. It should clearly express your core purpose, values, and goals.
2. **Audience Awareness**
   Use language that resonates with your intended audience—team, patients, family, etc.
3. **Inspirational Appeal**
   Make it motivating. Your mission should spark energy and belief in what you stand for.

SOPs (Standard Operating Procedures)

Just like mission statements, SOPs bring clarity and direction to your team. They help ensure consistency and accountability. **Creating SOPs *with* the team, not *for* the team, ensures buy-in and better results.** When team members participate in the process, they take ownership of the results. SOPs can be a powerful tool not just for operations—but also for culture.

Final Thought

It's amazing what you discover when you analyze and account for every hour in your day. Here's a thought: if you set aside just one hour a week to create purpose, that's 52 hours a year—more than a full workweek. From *The Richest Man in Babylon*, we learn to save 10% of our income and make the most of that 10%. If you apply that principle consistently, you'll be amazed by how much you—and your organizations and families—can accumulate in wealth, purpose, and clarity. **You only get 80 summers.** Make them count. Live with intention. Love with purpose. Lead with clarity. Enjoy life and embrace life.

Have a wonderful journey called LIFE!!!

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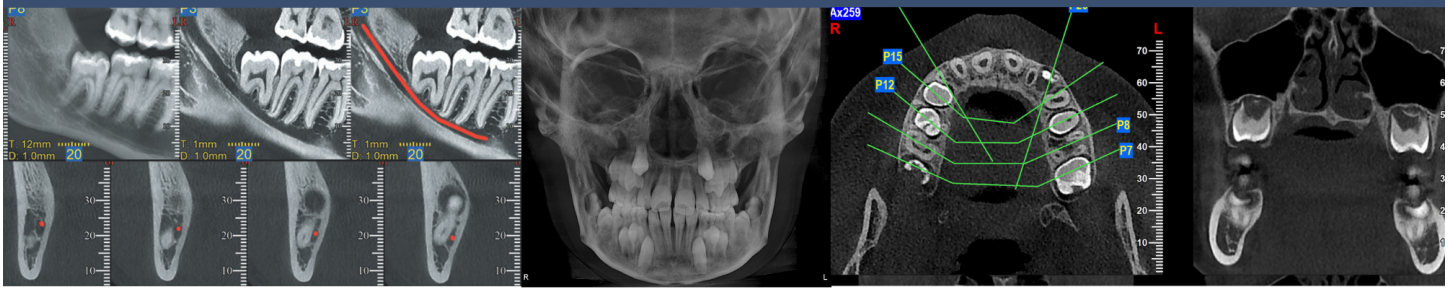
- We offer a full one year parts and labor warranty (compare to competitors' 90-day warranty policy).
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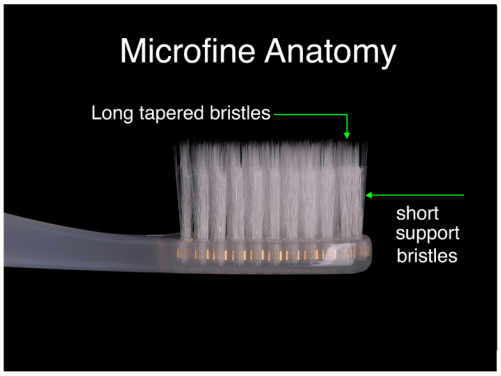
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[1]The iTero Lumina intraoral scanner is designed to enable 2x faster* scanning compared with previous iTero™ intraoral scanners. *Compared to iTero Element™ 5D imaging system with tolerance AVE=±0.1 operating at a working distance from 0-20 mm. Data on file at Align Technology, as of November 15, 2023.
[2]Based on bench testing conducted using ADA/ANSI 132 standard Model simulating "long distance accuracy (full jaw measurement)" in July 2024. Method: Comparative test to evaluate full arch accuracy (global accuracy), repeatability and reproducibility of intraoral scanners as described in ADA standard 132 [2015]; Sample definition: 3 operators performed 30 repetitive scans with each tested scanner.; Sample size: n=90 (3x30) scans for each scanner tested; Tested scanners: iTero Lumina; Trios 5; CS3800; Medit i700; Allied Star; Results: The accuracy of iTero Lumina is significantly higher than that of all 4 competitors; with a reduction of total error ranging from 0.11% to 0.46% Accuracy was defined as the accumulated average error + STD of all measurements specified in the standard. Data on file at Align Technology, as of August 26, 2024.

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Mila Givens is a dynamic force in the dental industry, boasting a rich 30-year career as a dental business professional. Mila's transition from practice owner to mentor gives her a unique perspective and a deep well of empathy for the trials and triumphs of entrepreneurship. She firmly believes that the key to business growth lies in nurturing and developing the people behind it.

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Cost To Replenish	Included	Cost Per Med	Cost Per Med
Shipping Cost	Included	$19.99	$19.99
Expiration Disposal	Included	$6	$6
Notes	Most Popular, No Hassle, Convenient, Saves $ Long-Term	No Hassle, Convenient, Cost More Long-Term	Relies On Office For Approval. Higher Chance Of Missing Refills

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	Basic	Standard	Advanced
Cost	$289.99	$414.99	$649.99
Epinephrine Pen	X	✓	✓
Epinephrine Jr. Pen	X	X	✓
Epinephrine Vial	✓(2)	✓(1)	X
Diphenhydramine Injectable	✓(2)	✓(2)	✓(2)
Diphenhydramine Oral Tabs	X	X	✓
Glucose	✓	✓	✓
Albuterol Inhaler	✓	✓	✓
Nitroglycerin Tablets	✓	✓	✓
Aspirin Tablets	✓	✓	✓
Syringes	✓	✓	✓
CPR Shield	✓	✓	✓
Ammonia Towelettes	✓	✓	✓

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Item	Cost
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Epinephrine Jr. Pen	$264.99
Epinephrine Vial	$38.99
Diphenhydramine Injectable	$22.99
Diphenhydramine Oral Tabs	$5.99
Glucose	$5.99
Albuterol Inhaler	$76.99
Nitroglycerin Tablets	$34.99
Aspirin Tablets	$5.99
Syringes	No Charge
Naloxone	$12.99
Ammonia Towelettes	$5.99
Nitroglycerin Spray	$199.99

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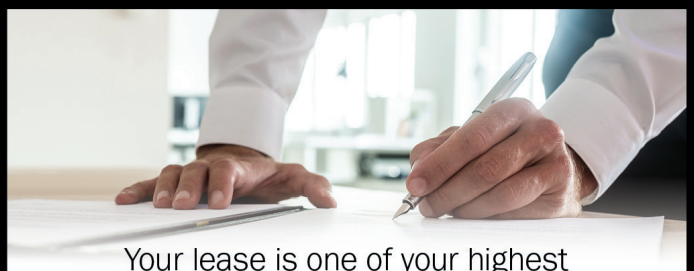
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Assistant's stool
It has been sitting in my garage for 9 years still in the original boxes.
I am asking $6,000
Contact 650.400.2565

5,000 SF multi-unit building for Sale in Redwood City and one of the units is a dental practice. The dentist is also selling their business. There's some rental income from other tenants in the building, building asking price is $4M. The fact that there's an existing built out dental office is a huge cost/time savings for an owner/user dentist who's looking to own their real estate. 650.483.0993.

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San Mateo County DENTAL SOCIETY

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Th 9/25 — General Membership Meeting

Restorative Dentistry for Children, Teens and Young Adults

6:00pm-9:00pm

Hiller Aviation Museum
San Carlos

Buffet Dinner

3 CE (Core)



Joshua Solomon, DDS, MS

Event includes: social hour to meet and network with fellow dentists, teams, & exhibitors + dinner.

Description

Most dentists use composite resin every day in practice. However, very little advanced training exists for treating children and teens. This lecture will provide prescriptive instruction on how to confidently place esthetic, long-lasting restorations in both the anterior and posterior for primary and permanent teeth. Participants will be introduced to new concepts in engineering-based preparation design, anatomically accurate matrices, biofilm removal, and the use of headed composite.

We 10/8 — Social & Educational Event

New Dentists Pop-up Mingle & Networking

7:00pm-9:00pm

The Alexandria
San Carlos

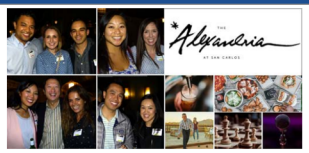
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Ali Oromchian J.D. L.L.M. and Michael Dinsio, MBA

SMCDS New Dentists* are invited to our social & educational event at The Alexandria. Enjoy good food/drink while networking/building relationships and learning. Don't forget to bring a guest! **Experienced dentists welcome too!**

* New Dentists = graduated from dental school within the last ten years

+ Startup vs. Acquisition: Real Talk on Your Road to Practice Ownership

Description

This dynamic and interactive panel brings together legal, operational, and strategic perspectives on the two most common paths to ownership: acquiring a practice or starting one from scratch. Attendees will gain insight into real-world challenges and practical steps for avoiding costly mistakes. Topics will include entity formation, tax strategy, lease and purchase agreement considerations, evaluating practice value, and the long-term implications of buying versus building. The discussion will be guided by the most frequently asked questions from doctors in transition, with time reserved for live Q&A.

We 10/15 — Professional Success

Year-End Taxes & Cash Flow

6:30pm-8:30pm

SMCDS Seminar Room
939 Laurel Ste C
San Carlos

Dinner Included



Laura Phillips

Course Description

This workshop, hosted by Laura Phillips, EA, Founder & CEO of The Phillips Group, provides dental professionals with a practical and proactive guide to year-end tax strategy and cash flow management.

Participants will explore the latest legislative updates, including the "One Big Beautiful Bill," and learn how to leverage key tax-saving opportunities like the PTE elective tax, advanced retirement planning, and strategic asset purchases. The session also delves into the nuances of compensation planning for family members and how to report and manage cryptocurrency transactions.

Beyond taxes, the presentation emphasizes the importance of understanding practice cash flow, distinguishing it from profitability, and applying key performance indicators (KPIs) to track financial health. Attendees will leave equipped with actionable strategies to minimize taxes, optimize cash reserves, and build long-term financial strength for their practices.

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