ADVANCED ELECTRONICS AND A FULLY SELF-CONTAINED, CLOSED CIRCUIT WATER COOLING SYSTEM PROVIDE STATE-OF-THE-ART INDUCTION CASTING!

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The Ticonium Modular 3 is a true performer in both the partial denture and crown & bridge department.

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- Adjustable control for varying flask diameters
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- Positive control switches
- Power indicator and red lights
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- Adaptable control for melting cycle
- Adaptable control for slotting cycle

**Specifications**

- **Capacity:** 45 Gram
- **Casting Arm:** Power indicator and red lights
- **Wiring:** 500 RPM
- **Height:** 39 (97 cm)
- **Height w/eye:** 44 (112 cm)
- **Width:** 28 (72 cm)
- **Depth:** 28 (72 cm)
- **Electrical:** 240 Volt, 1/6 HP, 14 Amp.
- **Shipping Wt:** 475 Lbs (216 Kg)

**Ticonium**

Ticonium Company Division of DVP Industries, Inc.
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Telephone: (518) 434-3443
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**Contacts**

February-March 1988

**Economic Outlook:**

**BABY BOOMERS TO DOMINATE MARKET PLACE**

America's baby boomers are becoming the nation's largest, most affluent and fastest growing segment of the population, The Conference Board reports in a major study. The burgeoning 35-50 age group will account for over 70% of the growth in this country's household population over the next decade and a half. Baby boomers, whose buying power will nearly double over the next decade and a half, will represent nearly half of all households earning $50,000 and up by the turn of this century. By comparison, the nation's youth market, which is still being aggressively courted by marketers, is shrinking.

The Conference Board study, which was sponsored by the CBS/Broadcast Group, presents a detailed demographic profile of the baby boom market. Among the highlights:

- Each year, the number of people will jump from 44 million to 63 million by the turn of this century.
- Total personal income of the 35-50 age group will climb by a real 90% between now and the turn of this century. During this period, personal income of under-35 households will barely increase at all while those headed by people 50 and over will register only average growth.
- Boomers earn a lot more than their parents did at the same age. The average income of today's 30-40-year-olds is 50-80% higher in real dollars than a comparable family's 30 years ago.
- The baby boom generation is considerably better educated than their parents. Among men 30-40, almost 30% hold a college degree.

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**Clearing Confusion**

**DEADLINE TAX PLANNING FOR DENTAL LABORATORIES**

by Mark E. Batterby

This is a confusing time of the year. The tax year for the dental lab has ended cutting off all hope of making any more tax-saving moves. Plus, the impact of the Tax Reform Act of 1986 is just finding its way onto the annual tax return. Fortunately, there are still quite a few good moves that can be made between the end of the tax year and the deadline for filing that tax return that can substantially reduce that tax bill.

One good example of pre-filing planning is provided by the equipment or fixtures acquired before the end of the tax year. On the surface, it might appear that the dental lab owner or manager has only two choices: straight-line depreciation or accelerated depreciation. But look at the basic depreciation rules.

As every dental lab owner knows, business and income-producing property (other than land) generally loses its usefulness or value over a period of time. Our tax rules permit an annual deduction or "cost recovery" of a portion of the cost. Under our present tax rules, recovery of costs is normally accomplished by using statutory accelerated methods. Long gone are the concepts of "estimated useful life" and "salvage value".

Depreciation or cost recovery currently looks like this:

- **Personal property**: accelerated 200 percent declining balance depreciation will be allowed for three-, five-, seven-, and ten-year class property.
- **Luxury autos**: ACRS (accelerated cost recovery system) deduction is limited to $2,560 for the year in which the auto was placed in service, $10,400 for the second year, $2,450 for the third year, and $1,475 for all later years.
- **Real property**: Straight-line depreciation over 31.5 years for all commercial property.

Between the end of the tax year and the tax filing deadline is the time to not only place newly acquired property into the proper asset class, but to decide whether the ACRS method would be more beneficial in the long run than the only existing alternative, straight-line depreciation.

Another tactic that requires thought is the first-year expensing option. Up to $10,000 of so-called "personal property" (signs, desks, typewriters, computers, furniture, etc.) can be expensed immediately off subject to a phase-out: a dollar-for-dollar basis where the lab's total investment in qualified property exceeds $200,000 for the year.

Although the asset expenditure or acquisition may have already been made, there is still the need to decide whether the expense is currently deductible or can only be deducted ratably over the depreciation period. Unlike the costs of running a dental lab business which are currently deductible, expenditures for items of a more permanent nature (i.e., lasting more than a year) generally must be capitalized.

Whether the dental lab operation actually made a profit or lost money is something else that can't be determined with any degree of accuracy until after the close of the tax year. At either end of the spectrum, tax decisions must be made before filing the annual income tax return. First, those losses.
bination of these. Since artificial teeth are not carved to articulate with natural teeth, the tooth design and contouring is reversed. Selecting and arranging posteriors are very complex. Faced with abnormal jaw relationships, gummy rooths, elongated, and malformed natural teeth, the dentil techncian needs guid­
ece. A properly placed denture, I would hope that the authors would share their knowledge and expertise through the next edition.

I was especially pleased with the technique of waxing dentures for try­

ning. For years, I have limited the carving of "roots" in denture design to the cuspid eminence and forming a horizontal gingival bulge beneath the teeth to cover the contours of the original denitlal mouth. This is precisely the technique demonstrated in the book. Process­
ing, deflasking, remounting, occlusal adjustments, and the finishing of dentures is now covered.

Three methods of making duplicate dentures are presented using pour­
type, cold-cure acrylics. The methods differ principally in the type of flask used. Many dental laboratories use the duplicate service for effective sales promotion.

Relining with cold-cure acrylic, remounting of dentures using heat-cured acrylics, and various common repairs are covered in excel­
dent detail.

The text continues with chapters on fluid acrylic complete and partial den­
tures, soft lining, and the use of the Mol­

oplast-B silicone membrane. The authors now show four types of cast methods for the get­

ing into the cast. The text covers the rationale requirements and design tech­
niques for partial dentures. The text, fol­

lowed by technical procedures.

Leaving the field of complete den­
tures, the authors move on to designing and constructing maxillo­

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dibular resection devices, facia pro­

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The popularity of retaining some root for various reasons and con­

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The color photographs in Chapter 20 are an excellent tool for the technician interested in denture base tinting. The authors cau­
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Of special value are the tables in each chapter which list the problems encountered and the probable causes and the solutions. A representative of the publisher indicates that the book has been revised and updated about every five years. Sug­
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The text concerns itself with the specific technique, general principles for osseous den­
ture development, and the use of the cast. This is an ideal text for the den­
ture technician who desires to improve their knowledge and ability, and extend their scope of service.

DENTAL LABORATORY

PROCEDURES, Vol. 2

Fixed Partial Dentures

In the opening chapter, the authors emphasize that the selection of the restoration can only be as accurate as the working casts and dies. The text covers in detail the procedure of impres­sion­
ing casts, followed by a section on the mounting of casts on semi-adjustable and adjust­
table articulators. I take issue with the use of rubber bands to hold casts together (Fig. 1-4) unless the getting into the cast may inadvertently continue the use of them when wax intracoccal records are used. The text, fol­

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DENTISTRY: Where Do We Go From Here?

By Donna E. Boettig

Creative side of profession Responds to public preferences

The effect of fluoride in drinking water has reduced cavities to the minimum over the past 15 years, and transformed dentists from medical professionals to entrepreneurs. No longer is it feasible for a dentist to put up a shingle and "drill, fill and bill," says Allan Dana, assistant professor at the University of Maryland Dental School in Baltimore. For a dentist to flourish in today's competitive field, his business acumen must be as sharp as his medical expertise.

Thus, dentists are drilling away at their images as pain producers and polishing up on the finer points of dental health and beauty, including preventive, reconstructive and cosmetic dental care. Dentists carve out a niche of their patient pie by combining creativity with their craft.

The University of Maryland Dental School cut its class size by a third over the early '80s. Despite seemingly slim patient numbers, Maryland dentists make an average net income of $57,000—typical of national averages. While competition is stiff, the need for dentists remains strong, Mr. Cadca says. Almost 98 percent of the nation's population isn't receiving dental care.

CHALLENGE TO DENTISTS

Therein lies the challenge to dentists, the director says: To convert need into demand, to persuade half of the population that doesn't go to the dentist to hop into that dental chair.

Two relatively new trends have altered the landscape of dentistry. The first is the growth in dental chains. These capitalize on patients who probably wouldn't otherwise see a dentist, says Mr. Dana, the University of Maryland associate professor. Tests confirm that the quality of dental care in the retail outlets is equivalent to that delivered by private practitioners, he says, although he adds the clinicians lack the relationship formed when a patient routinely sees the same dentist.

A second trend in dentistry is the growing popularity of dental insurance plans which generally fail short of covering dental fees. Dentists who accept these programs to keep their practices alive are "cutting their own throats," Mr. Dana says.

While insurance plans and retail dentistry are "bringing the patients in droves," they are also losing them continuity is lacking. "We want to see private dental practices that give care, not gimmicky, marketing techniques but in true concern," he says.

To encourage this, the University of Maryland is one of five dental schools out of the 63 in the nation that help its graduates make it as businessmen, too.

PRACTICE MANAGEMENT

"Dental Practice Management," a required course for undergraduates, focuses on the long- and short-term goals for practicing dentistry, selecting a management style, establishing a business philosophy and controlling a practice.

For those dentists whose curricula was heavy on science but alight on business management, nationwide dental consultants, such as Paragon Management Associates Inc., offer a hand. Its consulting program teaches dentists how to increase incomes through quality patients service and staff.

"The need is desperate," says Lynde Kunnath, Paragon's vice president of consulting. Dentists focus on the oral cavity while the business world is passing them by. Even worse, Joe Public hates dentists. The dentist must deal with this negativity all day, and if he buys into it, he's lost.

Profitable practices are not as easy to come by as in the 1960's. "If you want to get bigger," she says, "you have to hustle." Dr. John M. Tattersson and Dr. Albert Lee run "Gental Dental Family Care," one of Anne Arundel County's largest practices with a staff of 12 that serves more than 6,600 patients a year.

Dr. Tattersson didn't actively market his practice until 1983. Within a year of pursuing a vigorous public relations campaign through direct mail and newspaper, paper coupons, among other strategies, he doubled his practice. Dr. Tattersson recently completed a 12-month campaign through direct mail and newspaper, paper coupons, among other strategies, he doubled his practice. Dr. Tattersson recently completed a 12-month campaign through direct mail and newspaper, paper coupons, among other strategies, he doubled his practice.

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Baby Boomers (Continued from Page 1)

today, double the ratio of thirty years ago. For women, the figures are over 20%.

• Boomers are having children mainly because the divorce rate among them is in the top two and one-half month rule which can be used as another avenue of escape from this penalty.

Deadly Tax Planning (Continued from Page 1)

A so-called "net operating loss" (NOL) arises when the expenses of a business exceed the income earned. A NOL is first carried back three years, and if not absorbed, carried forward for up to 15 years. Or, the dental lab owner can choose to give up the carryback altogether.

Giving up the carryback might be appropriate where a lab owner, whose prior year's income exceeded tax-exempt transfers, discovered a carryover from a future — or where an owner used the preferential long-term capital gain rates in prior years. In other words, if a loss resulted and sufficient income has been generated in subsequent years, and tax paid in the earlier years, then the tax benefits of a future year deduction may be realized with an immediate cash refund.

If last year was bad, but not bad enough to produce a loss, were estimated taxes overpaid? The income and capital gains tax . . .

For women, the figures are over 20%.

Dentistry (Continued from Page 6)
dental management and motivational skills.

"We learned how to project a friendly, caring environment," he says. Today a well-worn piece of Toyota management advice: "Do the right thing."

A full-time employee coordinates "patient relations" by sending flowers and small gifts to patients who are recovering from operations. Patient skaters and soliciting new-comers through direct mail.

Dentist Jack Ticonium was "naive," Dr. Tatterson says of his dental school days. "There were just too many dentists. Now, you have to be employed in an existing practice, a clinic or specialize. I have to be differ- ence in my dental school application. It's a challenge and a lot of work."

Now, with the advent of the three-year-old patient, the dentist can be the cause of a carryback. This usually arises when the expenses of a business are not yet deductible. The transferor . . .

Entertainment expenses for a patient (who have not paid the dentist a fee for the services rendered) may be deductible to the patient.

(Continued from Page 5)

A well-planned and executed Swing Lock prostheses will provide excellent retention, splinting, and gingival esthetics, and can be built using a technique that must be used requires the full understanding and cooperation between the dentist and the partial denture technician — and the bridge and crown technician. The text provides guidelines for this cooperation.

Of special value to the dental technician is the detailed explanation of the rotational path of insertion in the design of some removable partial den- tures. This is followed by the chapter on overdenture, a popular technique when usable roots are available. The authors provide all of the procedures involved in the use of teeth, crowns, many stud attachments, clip, bars, and magnets. While more detailed descriptions are available from the manufacturers, the text provides an excellent introduction with amply illustrated drawings and graphs.

Simple orthodontic appliances are also included in this volume. There is specific emphasis on the proper method of bonding wire, which is of value to the partial denture technician. This set is without a doubt the most comprehensive text book available today to the dental technician. It devotes a good deal of space to its teaching abilities, it is invaluable as a reference, a teaching aid, and to help advance the profession. Studying this book with the critical eye of a partial denture technician with over 20 years experience (during which time I handled over 300,000 removable restorations), I find there are areas which are still improvements can be made. The cov- erage of (1) posterior tooth arrange- ments, (2) fixed partial dentures to be expanded. Also, the text omits refer- ence to (1) mounting the casts, (2) clasps adjustments, (3) pulling the framework in flasking, and (4) engi- neering disciplines.

By adding these titles to future editions, the authors would share their expertise with the dental technician who seeks improvement.

The books are available from:

The C.V. Mosby Co.

1130 West Industrial Drive

St. Louis, MO 63146

Dental Technology (Continued from Page 5)