



**REASONS**

*Why*

Cardiologists, ENT's, Neurologists,  
Pediatricians, OB/GYN's, and Primary  
Care Physicians refer to

**Dr. Michael Goldberg and  
Manhattan Dental Health**



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When Dr. Goldberg joined the faculty of Columbia Presbyterian Medical Center in 1977, he already had an approach to dentistry that was different. It was why he chose to attend Tufts University and receive a DMD degree, rather than stay in New York and get the 'old fashioned' DDS degree. Back then; few schools had a medically oriented approach. Even then, he viewed dentistry as a sub-specialty of medicine and as Faculty at the Medical Center and Columbia University, was able to develop his expertise under the guidance and tutelage of some of the best physicians in the world.

He developed a niche dental practice, next to the Medical Center, caring for these physicians as well. Why do they continue to trust him with their own care and why do they continue to refer their patients to him?

**What's so different in the way Dr. Goldberg practices?**

Why are his practices, Manhattan Dental Health in Midtown Manhattan and Bergen County New Jersey unique?



**Refer Your Patient**

*we appreciate your trust in us.*

Further information for physicians here  
[www.Manhattandentalhealthnj.com/refer-patient](http://www.Manhattandentalhealthnj.com/refer-patient)

## 1

## THINKING LIKE A PHYSICIAN



Looking for causes rather than just treating symptoms sounds simple. The challenge is that we're pushed by others, insurance companies and even our patients to get rid of symptoms. We're pushed towards short-term benefits rather than long-term gains. It's symptomatic of our society and most dental practices give in to this.

**NOT AT MANHATTAN DENTAL HEALTH**

Most dentists will look at this and see a beautiful smile and healthy gums. We look at this and see a mystery. Jane, a 23 year old female presented with no complaints. She came to us because she "needed her teeth cleaned". In most practices, she'd have a cleaning, maybe sold on some whitening procedures and then placed on a maintenance program. Quick and simple. Right?

Jane's medical history included "exercise-induced" Asthma for which she has been taking an Albuterol inhaler. Her asthma symptoms had been getting worse, so she has been seeing her Allergist in an attempt to get better control, as she's been training for the next NYC marathon.

And by the way, since we're used to writing in and reading Hospital charts, we also speak the same language you do.

# 2

## THE COMPLETE ORAL PHYSICAL EXAMINATION

At Manhattan Dental Health, we collect data that serves as a baseline just as a physician takes blood pressures, CBC or EKG's. We take a full set of photographs, that can serve as a baseline letting us, or someone else at a later date, track changes in gum health, gum position and tooth position, issues which can indicate systemic issues.

Jane's photograph above, when closely scrutinized showed chipping on her upper 2 front teeth, prompting us to ask

# WHY?

Why did a 23 year old have trauma to these teeth? She had no history of physical trauma and she was totally unaware that they were worn and chipped. It's why we use magnification and intense illumination systems.

We know that this could be a sign of a muscle pattern, where the lower jaw is being forced forward (often during sleep). We often see this in patients who are having AIRWAY issues.

So, together with the history of Asthma, we chose to take a CT Scan on Jane, rather than the routine set of baseline x-rays. The CT scan, which we have in our office, showed a severely deviated septum, preventing Jane from effectively breathing through her nose. Her airway was also quite small. Jane was forced to jut her lower jaw forward in order to open her airway and get enough oxygen.



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### 3 ADVANCED TECHNOLOGIES

The **ALARA PRINCIPLE**: As Low As Reasonably Achievable is something we believe in and practice on every patient we see.

We know that today diagnostic radiation is a necessary evil. We know that its affect is cumulative over a patient's life. So we always try to minimize radiation. We **NEVER** take x-rays unless we perform a risk evaluation and have a diagnostically justified reason for irradiating a patient.

At MDH, we perform a sophisticated risk assessment **BEFORE** we take any radiographs. This risk assessment involves History, Symptoms, Photographs, Visual examination, Palpation and even auscultation of the TMJ. All of this done **PRIOR** to recommending radiographs, which are taken with the latest technologies that have the industry's lowest microseiverts, minimizing soft-tissue dose, all while using maximum filtration and glandular shielding.

At most dental offices, Jane would have had a complete set of oral radiographs as a matter of 'routine'. At MDH, there is **NEVER** a routine, with each individual assessed for his or her specific needs. So Jane had a cone beam CT so that we could assess the airway space, TMJ as well as look at pathology, bone position and other dental issues.

We use the latest digital systems and technologies to diagnose, assess risk and communicate with you.

Along with minimizing radiation with the latest digital imaging devices, we use non-radiation producing systems whenever possible. We use trans-illumination to see through teeth that often shows us things that radiographs do not.

We use computer analysis of bites that allow us to determine whether traumatic forces are at play.



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## MEDICAL COORDINATION, COMMUNICATION AND PROTOCOL

At MDH we adhere to the same medical principles you do. We speak the same language. In fact, we're used to physicians such as the head of the CDC, NY City's and NY State's Commissioners of Health, asking us about dental process and protocol.

We adhere to the strictest standards of infection control and other regulations. We understand the "standard of care" in medicine as well as Dentistry. In fact, we've also served as expert advisors to lawyers and have provided expert testimony in Court.

For instance, when we take a CT scan of our patients, we send them to a radiologist for comprehensive evaluation. We know that the medical standard of care is to read an image from edge to edge. Just like an Invasive Cardiologist who does an angiogram, sends the study to a radiologist to see if there are issues in the surrounding structures, we too know that there might be valuable information there that we cannot diagnose. So, we use the services of a Board Certified, Maxillo-Facial Radiologist, who is well versed in these complex radiologic studies.

This is just another way the MDH way of practice mimics that of our medical colleagues.

And, just like you receive a summary of findings from specialists you refer to, you will receive the same from us. We will send you reports from radiologists, culture and sensitivity reports, and even reports when we see our patients on routine maintenance visits.

At our maintenance visits, we routinely take blood pressures. We know that this is an important issue and we want to help you keep our patients healthy. So we will always include a blood pressure along with the important measure of our patient's oral-inflammatory status and other oral issues.

You will receive our reports via HIPAA compliant fax or snail mail, so please instruct your staff to forward these reports to you.

***We're also available 24/7 for any issues.***



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## THE MEDICAL MODEL AND APPROACH

Since the days of Koch and Pasteur, Doctors have focused on uncovering the causes of disease along with physical and behavioral abnormalities. At Manhattan Dental Health, we try to live up to these high standards.

The **REDUCTION OF INFLAMMATION** is a key goal at MDH because we appreciate the systemic consequences. We therefore use advanced culturing and genetic testing to determine if a patient has a genetic predisposition towards gum inflammation and we measure the types and amount of 11 specific pathogenic organisms present. This information, which we pass along to you, helps us develop an individualized plan to help reduce risk, prevent and, if necessary, treat and reduce inflammatory disease around the teeth and gums.

We evaluate salivary Ph and buffering capacity. This too helps us determine if a patient might have GERD, which often causes a rise in salivary Ph, and which dramatically increase the risk for decay and enamel erosion. Patients, who's only symptom might be sensitivity to cold, might have GERD or even Airway disorders, which results in mouth breathing or Obstructive Sleep Apnea-induced bruxism.

While the choice of local anesthetic is often routine in most dental practices, with lidocaine with epinephrine used 90+% of the time, at MDH, nothing is routine and thought is always given as to which anesthetic and which technique of anesthetic delivery will accomplish exactly what is needed for the time and procedure being performed. In fact, we try to minimize and avoid the use of epinephrine whenever possible. This is just another example of the unique and different way we think at Manhattan Dental Health.



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## 6

## CONNECTING THE ORAL-SYSTEMIC DOTS

Jane obviously had an airway issue. Further questioning also revealed that she suffered from chronic headaches.

Our media has convinced people that having things like headaches, heartburn and erectile dysfunction are normal and just need a pill to resolve. So often, our patients, thinking that this is normal, never report these common symptoms. It's a reason that we keep digging into symptoms. And, because we often see people every 6 months or more frequently, we are in a great position to help get **YOU** this information.

Assessing and reducing **INFLAMMATION** is a major goal in promoting overall health. And, since we now know that gum inflammation is connected to Cardiovascular disease, Stroke, Alzheimer's disease, Premature and low birth weight babies, Pancreatic and Kidney cancers, Rheumatoid Arthritis, Diabetes and other illnesses, reducing a patient's overall inflammatory burden is a process we take very seriously.

We appreciate receiving the results of blood work that helps us make sense of what we see in the mouth as well. HgbA1C, glucose, CRP, Il-6, CBC helps us too evaluate systemic inflammatory load, and gives us a broader perspective in risk levels.

Breathing is one of our prime directives. The body will do anything it can to get oxygen. The oral cavity is a critical area in breathing and often shows signs of breathing abnormalities. At MDH, we are acutely aware of the changes that might

signify airway and breathing issues. Proper growth and development of the Oro-facial area is crucial in airway development, which impacts everything including sleep and cognitive function. Educating parents about feeding, nipple design and even choice of drinking cups can help them encourage proper growth and development and airway health. Digestion too begins in the oral cavity, if not before (with the sight or smell of food). Saliva, its flow and pH as well as the ability to properly chew one's food are important components in properly assimilating nutrients, yet another critical component of health.

The Microbiome and Biofilm are of great interest to us. Periodontal disease and Decay are both biofilm dependent. So, we measure each and institute biofilm-changing strategies to keep these common diseases under control or eliminate them completely. And, because we know that what happens in the mouth doesn't stay there, we try to accomplish this locally rather than systemically. We appreciate your input as well.

Manhattan Dental Health has a "conception to geriatric" approach to oral health as it impacts overall health. Such an approach requires advanced cognitive and clinical skills, uncommon in today's insurance-driven system. It's why we have assembled a team of talented specialists who regularly meet to discuss patients in a 'board'-Like setting, something Dr. Goldberg borrowed from the 'Tumor Board' he attended while he was Director of the General Practice Residency Program at New York Presbyterian Medical Center.



## WE SHARE THE SAME GOALS

At Manhattan Dental Health, we appreciate that we share the same goal: Healthy Patients. And, we appreciate that this often takes a coordinated, multidiscipline approach. Like **YOU**, we appreciate that the body is complex and that what happens in the mouth affects other systems and visa versa.

We also appreciate that health is a continuum that is constantly changing. That's why we play such an important role. We know that many of our mutual patients see us more often than they see you. Only through a coordinated communication system can we, together, monitor our patient's overall health status and help them prevent disease and infirmity.

While we care for hundreds of physicians, we take great pride in our ability to give physicians the assistance they need to help them care for their patients. Our colleagues might call Dr. Goldberg "The Doctor's Dentist" but he takes as much care and pride caring for all his patients.

Jane had a septoplasty and myofunctional therapy and is now able to breathe through her nose. Orthodontic therapy to widen her upper jaw and allowing her mandible to advance has also assisted in opening her airway. She has reduced her dependence on the Inhaler, completed the NYC Marathon and is currently pregnant.

### ONE MORE REASON

We believe that while our knowledge, systems and technologies are wonderful; we also appreciate that our delivery and customer service might matter as much. Our staff study and implement Ritz Carlton and Disney systems of customer service and care. We appreciate that people have to connect to us emotionally before accepting what we say and what we do.

Cooperative healthcare helps people stay healthier, longer. To find out more about how you can facilitate such care and help your patients.

*Call Us:*

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### Dr. Michael J. Goldberg

*Fellow of:*

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- The American College of Dentists
- The International Academy of Dental-Facial Esthetics
- The New York Academy of Dentistry

*Founding Member:* The American Academy for Oral Systemic Health  
*President:* American Friends of DVI