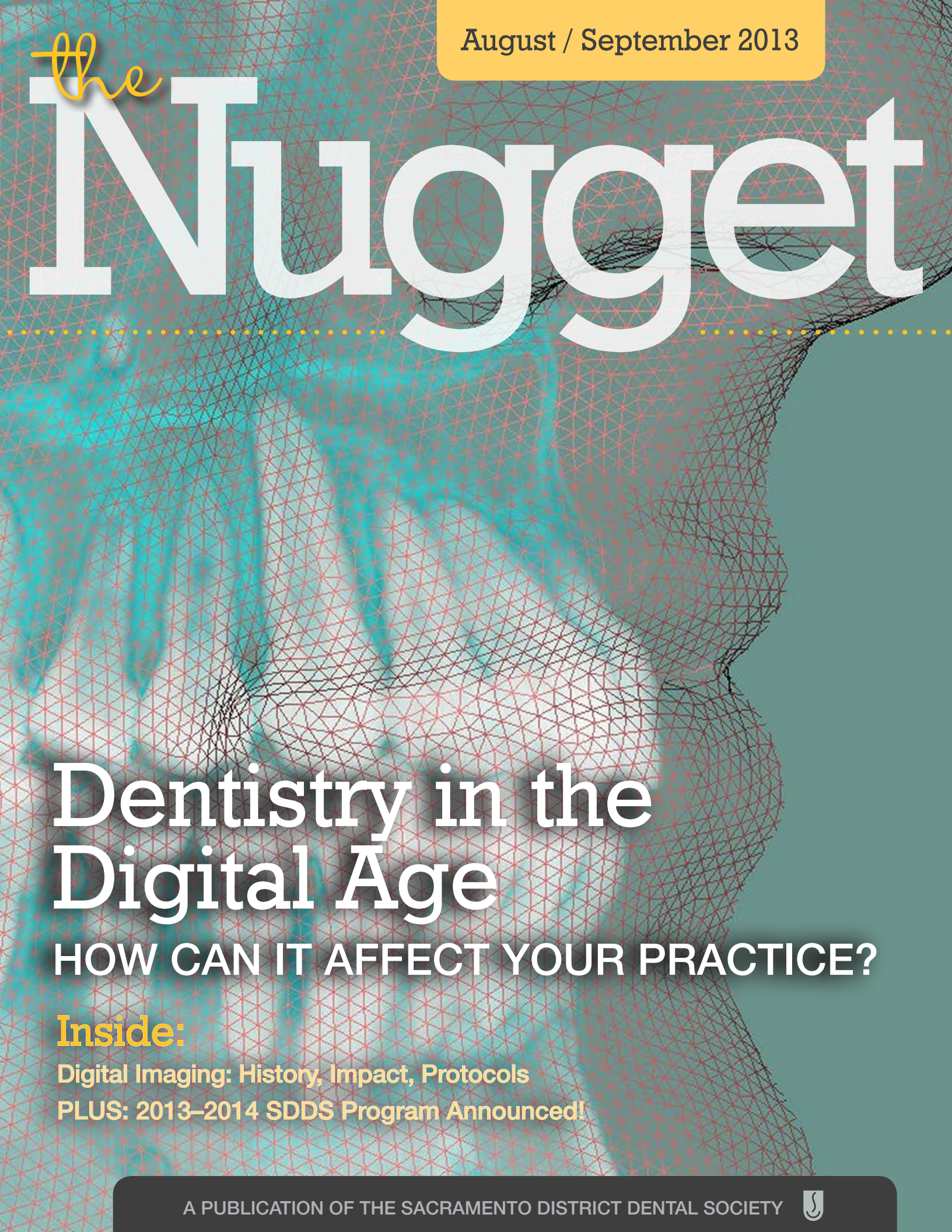
August / September 2013

# the Nugget



# Dentistry in the Digital Age

## HOW CAN IT AFFECT YOUR PRACTICE?

Inside:

Digital Imaging: History, Impact, Protocols

PLUS: 2013–2014 SDDS Program Announced!

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

# DON'T MISS THESE UPCOMING EVENTS!

## general meeting
SEPTEMBER 10, 2013

NEW MEMBER NIGHT!

**DENTAL SLEEP MEDICINE: YESTERDAY, TODAY, TOMORROW**

Presented by: Mark Abramson, DDS, DABOP, DAADSM, FACP

**COURSE OBJECTIVES:**

- Recognize the clinical features of obstructive sleep apnea
- Understand the medical consequences of his obstructive sleep apnea
- Understand how to conduct a screening protocol in your office
- Be knowledgeable in the use of oral appliance therapy and be familiar with different types of oral appliances.

**5:45PM–89:00PM • 3 CEU, CORE**
**SACRAMENTO HILTON — ARDEN WEST**

## member benefit day
SEPTEMBER 13, 2013

$75

**TOP SELLING DIETARY SUPPLEMENTS & NUTRITION FOR THE DENTAL TEAM**

Presented by: Tieraona Low Dog, MD

**Topics include:**

- Top selling dietary supplements
- Nutrition for the Dental Team

*For more information on this course, see page 5.*

**8:00AM–1:30PM • 5 CEU, CORE**
**SDDS CLASSROOM**

## HR webinar
SEPTEMBER 25, 2013

**FUNKY WAGE & HOUR FACTS**

Presented by: CA Employers Association

**NOON–1:00PM • 1 CEU, 20%**

## dentists in business forum
SEPTEMBER 19, 2013

**DO YOU TRUST YOUR TRUST?**

Presented by: Mark Drobny, Esq. (Drobny Law Offices, Inc.)

**One of your largest assets is your dental practice. Should you die unexpectedly,**

- Who will take care of your patients and staff?
- Who will collect your receivables?
- How will your spouse and heirs replace your income? What are the first 10 things they need to do?

**6:30PM–9:00PM • NO CEU**
**SDDS CLASSROOM**

## licensure renewal
SEPTEMBER 27, 2013

**CA DENTAL PRACTICE ACT, INFECTION CONTROL & OSHA REFRESHER**

Presented by: LaDonna Drury-Klein, CDA, RDA

**COURSE OBJECTIVES:**

- 2-hours of Infection Control
- 2-hours of OSHA refresher
- 2-hours of California Dental Practice Act

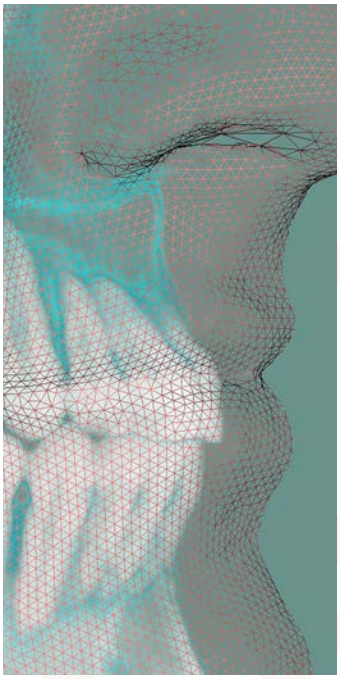
**THIS COURSE MEETS YOUR REQUIREMENTS FOR BOTH CAL-OSHA & THE DENTAL BOARD OF CA**

**8:30AM–3:30PM • 6 CEU, CORE**

Aug/Sept 2013
VOLUME 59, NUMBER 7

# Contents

FEATURES





Sacramento District Dental Society 120TH ANNIVERSARY 1893–2013



Awards
International College of Dentists (ICD)
NEW AWARD! 2013 • Outstanding Cover
2012 • Overall Newsletter
2010 • Platinum Pencil
Outstanding use of graphics
2007 • Overall Newsletter
2007 • Outstanding Cover
2007 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession

## Specials:



## Regulars:



COVER IMAGE: PROVIDED BY CRAIG DIAL, DIAGNOSTIC DIGITAL IMAGING (DDI)

# Benefits of Membership

By **Cathy B. Levering**
SDDS Executive Director

It's almost fall, and we're getting ready for the BIG KICKOFF of our season — our SDDS program season 2013–2014! The theme this year is MEMBER BENEFITS, as you will soon see *(please keep reading).*

## Benefit: advantage you get from a situation

Well, what a great situation SDDS is providing this program year. Just to name a few, we are starting off with the week of September 9th. In addition to our General Meeting on Tuesday, the 10th, we are presenting Dr. Tieraona Low Dog on Friday morning, September 13th. We have kept the price to ONLY $75 (MEMBER BENEFIT!) in hopes that our SDDS members and their staffs will attend. She is a nationally known speaker on health, wellness, balance, and nutrition *(see opposite page for full description).* Then, to end the day, we are offering our second annual shred-a-thon (A FREE MEMBER BENEFIT!).

As many of our members have requested, we are offering a Dentists in Business Forum on October 9th — the topic is Starting / Restarting a Practice. This course will include how to start, how to line up "your people" (i.e. advisors) and, for those doctors who need to refresh, this forum will help you realign and refresh your current practice.

Our CE program this year is phenomenal, as is our Dentists in Business Forum program. Our CPR classes will be offered on Friday mornings as well as our traditional Saturday mornings. Our HR Hotline continues to be a great FREE MEMBER BENEFIT and our HR webinars have expanded to twice as many webinars. Our monthly General Meetings will be great and our Midwinter Convention — one of the highlights of our year — is all ready to go… the speakers and topics will be one of the best programs ever!

Then, there are all the no charge MEMBER BENEFITS: our job bank, referrals to the public, our vendor members and the services they provide to you, peer review, *The Nugget,* the advocacy we do, the CDA Compass (have you used it? You should!) and many more.

So… in an effort to continue to provide you with more value and MEMBER BENEFITS, we are pleased to kick the program off in a big way. Please take advantage of what we have to offer — it's all for you! ■

Cathy

*PS: As I write this article, I would be remiss not to thank Melissa Orth Brown for all her wonderful service to SDDS and our publications efforts. For the past nine years, she has helped us grow, redefine and improve all our publications. She has been a wonderful addition to our SDDS team. She's moving on to be a full time Mommy and work on her other design interests. Thank you, Mel! We'll all miss you!*



sacramento District Dental Society



The *Nugget* is published monthly (except bimonthly in June/July and Aug/Sept) by the SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825 (916) 446-1211. Subscriptions are free to SDDS members, $50 per year for CDA/ADA members and $125 per year for non-members for postage and handling. Third class postage paid at Sacramento, CA.

Postmaster: Send address changes to SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825.

# President's Message

## New Program for 2013-14 through SDDS

By **Gary Ackerman, DDS**
2013 SDDS President

As summer winds down, SDDS has a full program year to kick off for Fall!

Well, I certainly hope that all of you have had an amazing summer and were able to spend some much needed time with family and friends. It is so important to be a well-rounded person. Take the time to nourish your mind, body and spirit, as well as work on your practice and patient care.

Speaking of taking care of yourself, I want you to be aware of an opportunity that SDDS is making available to you and your staff on September13th. SDDS has had the opportunity to have Dr. Tieraona Low Dog, a world class speaker and teacher, come to the SDDS Classroom. She will be presenting on Top Selling Dentistry Supplements and The Nutrition Prescription *(see below)*. I have personally heard her and you will not be disappointed. Her presentation can and will change your life for the better.

IT'S OFFICIAL! SDDS has relocated and is planning an open house for the members. Please come and celebrate your new headquarters. I know that you will love the new office. So, come on by and stay awhile — we'll throw a party that you will enjoy. Save the date of September 5th, for an evening of fun and celebration.

**Join us for an Open House!**

**September 5, 2013 • 5:00–8:00pm**
2035 Hurley Way, Ste 200 • Sacramento
RSVP: 916.446.1227

Look at the calendar that is provided in this issue of the *Nugget* and see all of the fun events and CE opportunities and the monthly meeting that will be taking place this fall and in the coming year.

Also, MidWinter Convention will be happening February 20–21, 2014. We have some great speakers lined up for you: Kerry Straine (Straine Consulting), Jaimee Morgan, DDS (sponsored by Ultradent and a nationally know speaker), Amy Morgan (Pride Institute), and many other speakers, as well as required courses. Don't miss the opportunity to treat your staff to a day of CE and give yourself the opportunity to learn something new for your patients and staff. It's right in your own back yard! Life is a journey of learning; and if you're not learning, you're not living!

Thank you again for the opportunity to serve as your SDDS President. It has been my pleasure and we are always working forward to preserve this great profession that we are all privileged to be able to contribute to and be a part of. ■

## member benefit day

### SEPT 13, 2013 (8:00am–1:30pm) • 5 CEU, core

MEMBER BENEFIT DAY!
See page 11 for more!

**TOP SELLING DIETARY SUPPLEMENTS • NUTRITION FOR THE DENTAL TEAM**
Presented by: Tieraona Low Dog, MD

**Top Selling Dietary Supplements**

- Identify dietary supplements with strong evidence of benefit
- Learn the challenges in using dietary supplements
- Discover resources for accurate and current information on quality, safety, and benefits of dietary supplements

**Nutrition for the Dental Team**

- Understand the role of macronutrients in health and chronic disease
- Learn how poor glycemic control exacerbates periodontal disease
- Identify key components of glycemic index and glycemic load
- Understand the relationship between cardiovascular and periodontal disease.
- Describe key components of a heart healthy diet.
- Be able to counsel patients about sugar and sugar substitutes.
- Describe sources of dietary mercury; how to reduce exposure.

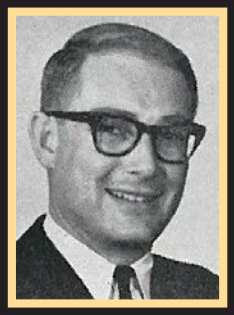
**$75** To sign up, see insert or visit **sdds.org**

# Back in time…

## CAN YOU IDENTIFY THIS SDDS MEMBER?

The first SDDS member to call the SDDS office (916.446.1227) with the correct answer wins $10 OFF their next General Meeting registration.

*Only the winner will be notified. The member cannot identify himself.*



**WATCH FOR THE ANSWER IN THE OCTOBER 2013 NUGGET!**

**Answer from March 2012 issue:**
**Dr. John Orsi**

Like us on Facebook

## Do you "like" us?

Search for **"Sacramento District Dental Society and Foundation"** on Facebook to get connected!

## LINK OF THE MONTH

### SDDS 2013–14 PROGRAM RELEASED!

Plan your CE schedule at:

**www.sdds.org/membermeetingsforums.htm**

## SCAM ALERT

An member dentist notified the SDDS office of a scam attempt at their office. A woman called, identifying herself as a doctor from a local pharmacy. She said they were processing a prescription for a patient and needed the dentist's NPI and DEA numbers. The dentist gave the NPI number, but had second thoughts and did not disclose the DEA number. When the dentist asked for the patient's name, the supposed pharmacy employee gave a name that the dentist could not find in his office records. He asked if he could call her back and was given a number. The publicly listed phone number to the pharmacy did not match this number and when he called it, a woman answered "hello," later stating that he must have the wrong number. The dentist called the actual number for the pharmacy to double check if any of their pharmacists had called for NPI and DEA numbers. None of them had.

**If you receive a similar call:**

- DO NOT disclose your NPI or DEA information
- DO notify the DEA and the pharmacy

*Reminder: The CURES (Controlled Substance Utilization Review and Evaluation System) is a prescription drug monitoring program run by the State of California, and is available to dentists for free. See the May 2013 Nugget for more information.*

## CDC Recommends Policy on Fingernails

Cal/OSHA and the Dental Board do not specifically prohibit staff from keeping long fingernails of using artificial nails. However, if a dental office is concerned that the practice may interfere with maintaining employee and patient safety procedures, the office may adopt a policy limiting fingernail length and prohibiting artificial nails. The CDC recommends this policy.

**More Infection Control & CAL/OSHA FAQs** can be found on the CDA Compass (www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Infection_Control_FAQ/Default.aspx).

For more important information, watch your fax machine and email, or visit **www.sdds.org/ImportantInformation.htm**

# you should Know

## MEMBER BENEFIT: SDDS Associates Pay Survey 2013

In an effort to guide both associates looking for work and hiring doctors, SDDS conducted a survey to share with members. Members who have at any point had an associate, as well as members who were themselves associates, participated in the survey. Results of this survey are as follows.

### Demographics

| | |
|---|---|
| Specialists | 23.4% |
| General Practitioners | 76.6% |

*141 participants answered this question*

### Is there a production bonus available?

| | |
|---|---|
| Yes (Listed below: How is it figured?) | 19.7% |
| No | 80.3% |

*Production bonus figured by: percentage of actual production (less monthly salary), percent over daily minimum, overage on production and collection goals, complicated formula, based on patient feedback, flat rate plus percentage in excess of a certain dollar rate of production, per diem raise, percentage of production on sliding scale if over daily minimum, goal-based reward*

*127 participants answered this question*

### Which of the following are offered for full-time associates?

| | |
|---|---|
| Medical benefits | 81.3% |
| Dental benefits | 65.6% |
| Traded dental services | 62.5% |
| Retirement | 50.0% |
| Sick days | 25.0% |
| Vacation days | 50.0% |
| Paid holidays | 43.8% |
| Uniforms | 59.4% |

*32 participants answered this question*

**Notes on Independent Contractors:** The typical percentage of adjusted production/collections for a specialist coming in to treat the GP's patients is 30–40%. Many factors determine the percentage offered. I typically recommend the owner dentist closely evaluate the projected overhead % of having the specialist come on board and determine the profit the owner wants to make. Usually an owner wants a 10% profit margin from having the specialist come in. If the specialist's overhead is 50–55% (normal % for endo/perio), that would mean the owner could offer 35–40% to the specialist and still make the desired profit. We have some information on compensation in our sample associate agreement and also The Guide for the New Dentist (www.cda.org/newdentist). With all of this, I highly encourage the GP work with an attorney to draw up an agreement. Especially if the specialist is going to be an independent contractor, an agreement on handling retreatment and continuation of care is critical.

— Katie Fornelli (Practice Analyst, CDA Practice Support Center)

### SPECIALISTS

#### How is associate paid?

| | |
|---|---|
| Per diem &/or hourly | 23.3% |
| By the patient | 0% |
| By production | 36.7% |
| By collections | 33.3% |
| Other (listed below) | 6.7% |

*Other options listed: salary, daily*

*30 participants answered this question*

#### If "by the day," how much?

| | |
|---|---|
| Less than $400 | 0% |
| More than $400 | 100% |

*7 participants answered this question*

#### If "by collections," is payment by percentage?

| | |
|---|---|
| Yes | 90.0% |
| No | 10.0% |

*Average percentage reported: 38.7%*

*10 participants answered this question*

### GENERAL PRACTITIONERS

#### How is associate paid?

| | |
|---|---|
| Per diem &/or hourly | 28.3% |
| By the patient | 1.0% |
| By production | 36.4% |
| By collections | 17.2% |
| Other (listed below) | 17.2% |

*Other options listed: per diem and production (whichever is higher), minimum daily + 0.23% real production, monthly salary + percentage of production, per diem at one office and by production at another, bi-monthly salary, greater of $600/day or 30% collections, greater of %500/day or 30% of production, $500 minimum or 25% production*

*99 participants answered this question*

#### If "by the day," how much?

| | |
|---|---|
| Less than $350 | 0% |
| $350 to $400 | 14.3% |
| More than $400 | 85.7% |

*28 participants answered this question*

#### If "by collections," is payment by percentage?

| | |
|---|---|
| Yes | 100% |
| No | 0% |

*Average percentage reported: 32.3%*

*16 participants answered this question*

## NOTICE OF FOUNDATION ANNUAL MEETING & ELECTIONS

Elections to be held at General Meeting
September 10, 2013

### Board of Directors

Wallace Bellamy, DMD (2014)
Robert Gillis, DMD, MSD (2014–2015: 3rd term)
Debra Finney, MS, DDS (2014–2015: 2nd term)
Victor Hawkins, DDS (2014–2015: 3rd term)

*Existing Board Members continuing 2014 term:*
Adrian Carrington, DDS • Matthew Campbell, Jr, DDS
Steven Cavagnolo, DDS • Kevin Keating, DDS, MS
Bevan Richardson, DDS • Kathi Webb, *Associate Member*

# SAMPLE BALLOT



## NOTICE OF SDDS ANNUAL MEETING & ELECTIONS

Elections to be held at General Meeting
September 10, 2013

### SDDS Executive Committee

President: Kelly Giannetti, DMD, MS
President Elect / Treasurer: Viren Patel, DDS
Secretary: Wallace Bellamy, DMD
Immediate Past President: Gary Ackerman, DDS

### Board of Directors

Nancy Archibald, DDS (2014–2015: 2nd term)
Bev Kodama, DDS (2014–2015: 2nd term)
Bryan Judd, DDS (2014–2015: 1st term)

*Existing Board Members continuing 2014 term:*
Dean Ahmad, DDS • Margaret Delmore, MD, DDS
Jennifer Goss, DDS • Peter Worth, DDS
*Plus one open position to be appointed by President (to complete Dr. Wallace Bellamy's term)*

### Trustees

Terrence Jones, DDS (2014-16)

*Existing Trustee continuing 2014 term:*
Robert Gillis, DMD, MSD (2012-14)

### Delegates

to CDA House of Delegates (2 year term, 2013–14):

Nancy Archibald, DDS
Bev Kodama, DDS
Carl Hillendahl, DDS
Jonathan Szymanowski, DMD, MMSc

*Existing Delegates continuing 2013 term:*
Guy Acheson, DDS
Gary Ackerman, DDS
Wallace Bellamy, DMD
Steve Leighty, DDS
Kelly Giannetti, DMD, MS
Victor Hawkins, DDS
Viren Patel, DDS
Kim Wallace, DDS
*Plus one open position to be appointed by President*

# SAMPLE BALLOT

# Trustee Report

## May 31–June 1, 2013

Highlights of the Board of Trustees Meeting

**Robert Gillis, DMD, MSD & Kevin Keating, DDS, MS**
CDA Trustees

### CDA President Robinson's report:

The CDA Executive Committee had been at the Washington Leadership Conference. As part of that conference, CDA President Lindsey Robinson was approached by Pew Charitable Trust representative. Pew asked if Dr. Robinson wanted to have the CDA Trustees consider supporting an OSHPD (Office of Statewide Health Planning and Development) study of expanding work force in California. Dr. Robinson said "NO." The HOD directive is an academic study and the OSHPD "study" is not an academic study. The Board, as directed by the HOD resolution, cannot support a lower-level study using the OSHPD approach.

The Board, as directed by the HOD resolution, cannot support a lower-level study using the OSHPD approach.

Based on the further conversation with Pew, we can anticipate Pew and the Children's Partnership will be sponsoring additional workforce legislation in 2014.

### Chief Legal Counsel's report:

**Foundation contributions on dues statements:** Regarding the Board considering the potential for placing a Foundation Contribution on the Dues statement as an above the line contribution — CDA got a legal opinion from an expert who states it is:

1. legal
2. a potentially bad thing, based on prior associations experiences where there was significant push back for this above the line charitable contributions
3. IRS considers above the line contributions to be dues and not deductable for those not treating as a business expense. As a result, one can anticipate a loss of donations as a possible consequence. The Board will consider this in their deliberations on this matter.

**Medi-Cal suit:** Failed to reverse states decision to reverse the 10% reduction in fees paid. Currently CDA staff is in discussion with legal experts about pursuing a challenge to this decision.

**MICRA:** Trial attorneys seem to be moving toward possible legislative action that would reverse the protections in MICRA for those seeking malpractice insurance. If there should be action in this area, it is anticipated that defending MICRA could cost up to $60 million in fees to battle this in the legislative field. CDA is a partner with CAPP, a coalition of health care associations who will be collectively affected by changes in MICRA. CAPP = Californians Allied for Patient Protection, comprised of CMA, CDA, California Hospital Association and others (www.micra.com).

**Governance Review Subcommittee:** A task force is looking at how the future of governance should look for CDA, and how we can do what we do better. If anyone has any out of the box suggestions, they can be forwarded for consideration.

As further business of the Board, the Board met with the Auditors Crowe Horwath,LLP and received their report on the Audit. Once again, CDA received an unqualified report, which means it received a clean audit. The Board further considered and acted on changes to the CDA Investment Policy. There were a number of strategic discussions which were held in Closed Session as the Board considered action strategies for various business and legislative challenges facing the Association. ■

# Being Social

By **Lance McCollough**
Founder & CEO, ProSites — CDA Endorsed Program

## Using Google AdWords to Drive Practice Growth

When marketing your practice online, a pay-per-click campaign is one of the fastest ways to have your website appear at the top of search engine results. The term "pay-per-click" references the concept that an advertiser (you) only pays when an Internet search user (prospective patient) clicks on your ad; you don't pay simply to have your ad appear at the top of the search engine results.

PPC campaigns can have a positive impact on your practice when implemented correctly. A relevant, focused PPC campaign can help you drive more targeted traffic to your website and ultimately help you generate more new patient appointments. By following the techniques below, you can work toward an effective PPC campaign for your practice.

SET UP A GOOGLE ADWORDS ACCOUNT at google.com/adwords. Setting up your account can be completed in just a few simple steps.

CREATE A CAMPAIGN: Once you are logged into your account, you will first create a new advertising campaign. Campaigns should be organized by theme for the services you want to advertise (such as cosmetic dentistry, general dentistry, orthodontics). You will later create "Ad Groups" under each campaign to target specific services.

- Set campaign name(s). If you want to advertise cosmetic dentistry services, set your campaign name accordingly. Tying your campaign name to services you want to market will keep you organized and help you identify appropriate keywords and ad groups.
- Specify the geographical location your ads appear in. By clicking the "Let me choose" option, you can specify the exact city, region or zip code so your ads only appear to your local targeted audience.
- Set your daily budget. Depending on the keywords you choose, a single click can range from 20 cents to $14 or more. To determine your daily budget, decide how much you are willing to spend on a campaign each month and divide it by the number of days in the month.

CREATE AD GROUPS: Ad Groups are a collection of ads under a campaign that correspond to a group of related keywords. Creating Ad Groups enables you to further segment your campaign to focus on specific products or services. For example, if your campaign is for "Cosmetic Dentistry," and you want to market services for both "teeth whitening" and "veneers," you should create separate ad groups for each of these services under the same campaign.

GENERATE AD TEXT: After you create Ad Groups, you will set the ad text headlines, descriptions and URLs.

- Headline (25 characters): Write a brief statement that includes the related keywords. For example, if your Ad Group is for teeth whitening, a good headline might read "Teeth Whitening Special."
- Description: Next, create a two-line description (35 characters or less) that emphasizes benefits of the service, and includes a clear "call to action," to encourage visitors to click, call or contact your practice.
- Add URLs: You will add your display URL (your web address), and the destination URL (the page a user will be sent to after clicking your ad). The destination URL should lead to a page on your website that focuses on the advertised service, to help visitors quickly access information on the topic they searched for. It is important to avoid just dropping visitors onto your homepage.

### Your ad text might be input as:

| | |
|---|---|
| **Headline:** | Teeth Whitening Special |
| **Description line 1:** | Get brighter, whiter teeth today. |
| **Description line 2:** | Call for your free consultation! |
| **Display URL:** | *http://www.LAteeth123.com* |
| **Destination URL:** | *http://www.LAteeth123.com/teethwhitening* |

SELECT RELEVANT KEYWORDS: Choose keywords that relate to your Ad Group title. When brainstorming keywords, make sure you use terms and phrases that people might search for on Google to find your product or service. AdWords also has a "Keyword Tool" that can help you build your keyword list.

INCORPORATE AD TEXT INTO YOUR WEBSITE: If you are advertising a discount or particular service, make sure your ad links to a page on your website that displays this information to help prospective patients immediately find what they are looking for. Edit your webpage to include your keywords, the title of your ad group, and the title of your campaign.

Seeing that Google is the favored "go-to" search engine for 81 percent of Internet users, Google AdWords is prime real estate for running your PPC campaign. By creating an effective PPC campaign, you can drive immediate traffic to your website and ideally convert these online search users into new patients. ■

*ProSites is a website design and Internet marketing company specializing in dental-practice marketing. Endorsed by the CDA, ProSites offers easy and affordable website solutions to help dentists successfully market their practice online. For more information, please call (888) 327-5212 or visit* ***www.prosites.com/cda.***


# LETTER TO THE EDITOR

**Hi all at SDDS —**

Congrats on the move!

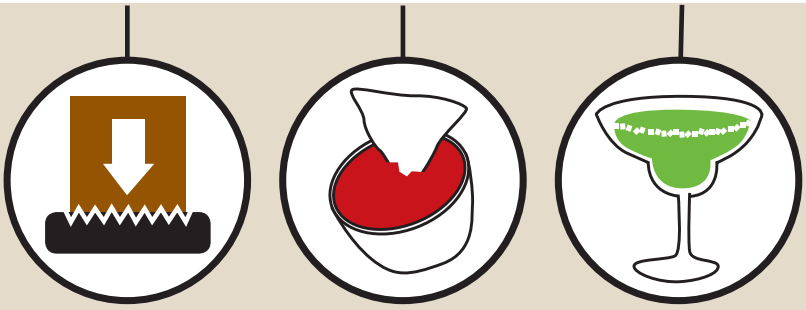
This is a short note to thank all involved with *The Nugget.* I really appreciate the results of your efforts. Since much of my time is spent out of town, it's great to have the information.

In the February issue, I was happy to see Terry Robbins and Leo Angel with updated photos — been a long time! Greetings to them.

Sincerely,
**Kerry Hanson, DDS**

## Have something to say?

*The Nugget* encourages Letters to the Editor in response to past issues and/or current events.
Send us your thoughts via email, at sdds@sdds.org



2ND ANNUAL
# Shred, Snack & Sip

Brought to you by the SDDS Membership Committee

## Friday, September 13th

2:00–4:30pm
SDDS Office
Cost: $0

MEMBER BENEFIT DAY!
See page 5 for more!

Enjoy happy hour snacks and frozen margaritas as you get that pesky shredding out of your office and off your to-do list!

See insert or visit **www.sdds.orgShredEvent-2013-fillable.pdf** for more info and to sign up!

*Crowns for Kids®* has provided more than a million dollars to fund many critical, oral health initiatives.

Star Group is the Dental Refiner of Choice for the Sacramento District Dental Society (SDDS) Foundation.

Star Group, the premier dental refiner in the United States and across Europe, was the company behind the *Crowns for Kids®* (*CFK®*) program, founded by the Sacramento District Dental Foundation, and now, one of the premier programs of the CDA Foundation. Since 2006, this program has generated more than $100,000 for *Smiles for Kids®* and dental-health education for kids.

*Star Group has partnered with the Sacramento District Dental Society (SDDS) Foundation and the CDA Foundation to bring smiles to kids across California through Crowns for Kids®.*

Crowns for Kids®

*Crowns for Kids®* offers dentists the chance to improve the oral health of the children in the Sacramento community. Money raised from their donations of gold fillings and crowns helps support oral health projects for underserved children, which focus on preventive care, consumer education, restorative care and fluoridation.

**PROGRAM BASICS:**

- When Star Group receives the donated gold fillings and crowns from participating dentists, the company processes the donation and sends the cash value directly to the SDDS Foundation.
- The SDDS Foundation uses *CFK®* funds specifically for the *Smiles for Kids®* program, which has benefitted the children of the Sacramento community through much needed, free dental care.

star group DENTAL REFINING

**For more information, contact:**
**SDDS Foundation: 916.446.1227**
**Star: www.stargroupUS.com • 800.333.9990**

ESTATE PLANNING

ESTATE ADMINISTRATION

CONSERVATORSHIPS

PROBATE

BUSINESS PLANNING

DROBNY LAW OFFICES
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# Program Year At-a-Glance

## September 2013

10 GENERAL MEETING
Dental Sleep Medicine: Yesterday, Today, Tomorrow

13 MEMBER BENEFIT DAY
Top Selling Supplements & The Nutrition Prescription

19 DENTISTS IN BUSINESS FORUM
Do You Trust Your Trust?

25 HR WEBINAR
Funky Wage & Hour Facts

27 LICENSURE RENEWAL
CE Done in a Day (CDPA, OSHA, Infection Control)
LR

## October 2013

8 GENERAL MEETING
CAD-CAM Dentures: Computer-Aided Design, Computer-Aided Manufacture

9 DENTISTS IN BUSINESS FORUM
Are You Ready to Start/Restart a Practice?

11 CONTINUING EDUCATION
How to Manage Endodontic Failures

25 CONTINUING EDUCATION
Adult Oral Sedation — Introduction, Update & Permit Renewal

30 HR WEBINAR
Workplace Investigations

## November 2013

2 CPR BLS RENEWAL

7 DENTISTS IN BUSINESS FORUM
The Legal Deal of the Year: $6,000 Worth of Legal Advice for the Price of Admission

12 GENERAL MEETING
HIPAA Jeopardy — Information Privacy and Security Update: HITECH & CMIA

19 CONTINUING EDUCATION
Geriatric Oral Health — The Good, the Bad & the Scary

20 HR WEBINAR
Terminations

## December 2013

10 ANNUAL HOLIDAY PARTY,
Installation of Officers & Foundation Silent Auction

11 HR WEBINAR
Employee Handbook Do's and Don'ts

## January 2014

14 GENERAL MEETING
Energy Drinks, Abfractions and GERD — What Do They Have in Common?

15 HR WEBINAR
2014 Labor Law Update

24 CPR BLS RENEWAL

## February 2014

14 CE UNITS!
LR

20–21 MIDWINTER CONVENTION
34th Annual SDDS MidWinter Convention & Expo

## March 2014

7 DENTISTS IN BUSINESS FORUM
Workshop: Build Your Own Employee Handbook

11 GENERAL MEETING
Nutrition Prescription for the Dental Team & Your Patients

14 CONTINUING EDUCATION
What's New in Denture Implant Prosthetics

## April 2014

4 CONTINUING EDUCATION
What We Never Taught You in Dental School: Practical Pediatric Dentistry

5 CPR BLS RENEWAL

8 GENERAL MEETING
Oral / Head & Neck Cancer: Is it True What They Say?

10 DENTISTS IN BUSINESS FORUM
Is it Time to Brand — or Rebrand?

17 HR WEBINAR
Pregnancy & Other Leaves for the Dental Office

## May 2014

2 SWING FOR SMILES
Golf Tournament to benefit the SDDS Foundation

8 DENTISTS IN BUSINESS FORUM
Maximizing Social Media in Your Practice, While Minimizing Risks

13 GENERAL MEETING
CAMBRA

30 LICENSURE RENEWAL
California Dental Practice Act & Infection Control
LR

LR = Licensure Renewal Course (required by the Dental Board of CA for license renewal)

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- CPR classes offered on Saturdays AND Fridays
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# With Great Technology Comes Great Responsibility

By **Ash Vasanthan, DDS, MS**
Associate Editor

Thinking about technology, the first statement that comes to mind is from a blog my younger brother wrote a few years ago: "I find it hard to figure out if technology drives this country up or if this country drives up the technology." I think we can agree that both parts of the statement are true.

Over the years, technology has improved so much, and become so main stream in dental offices, that more offices and more practitioners are embracing it. The HITEC (Health Information Technology act for Economic and Clinical Health) act of 2009 required all medical and dental offices to go chartless by 2015 when it was proposed. Somehow dentistry has been removed from that requirement, and now the emphasis and the deadline is for medical offices only. Nevertheless, the numbers of dental offices going chartless are on the rise.

This issue of *Nugget* has an interesting selection of articles, one of which discusses the journey of 3D imaging for maxillofacial radiology, detailing the giant strides made in the past decade. Two other articles discuss the use of digital impressions and digital models, and how this new technology has improved efficiency in the office, enhanced the patient education part and increased acceptance of treatment by patients. One of the articles makes a case to establish some parameters for the use of Cone Beam Computed Tomography (CBCT) imaging, as many of us currently use this piece of equipment based entirely on manufacturer guidelines and not necessarily on clinical knowledge.

> I believe we are in a time when we need to reassess our responsibilities, as we incorporate the newest and greatest pieces of technology in our everyday practice of dentistry.

With the incorporation of all these gadgets in our offices we are keeping up with the technological advances, however our use of them is based on manufacturer recommendations rather than established clinical guidelines. The lack of clinical guidelines in my opinion, is not due to lack of oversight but to how new all of this technology is to dentistry. It seems to me that we are still trying to understand it before we can establish guidelines for its use. One grey zone that I feel exists with the use of CBCT scans is that, although we take them for specific purposes, we have quite a few unanswered questions: Do we have a responsibility to read the entire scan or do we just focus on the our area of interest? Are we increasing our knowledge of the maxillofacial anatomy in light of now having to read 3D images of the maxillofacial structures? Are we capable of diagnosing incidental findings in the 3D scan or are we even looking for them? Like the movie dialogue in Spiderman, "With great power, comes great responsibility." I believe we are at a time when we need to reassess our responsibilities as we incorporate the newest and greatest pieces of technology in our everyday practice of dentistry.■

By **Craig Dial, DRT**
Diagnostic Digital Imaging (DDI)

# A Decade of Rapid CBCT Advancements

- **1975–1991**
  Linear Tomography Horizontal
- **1985–1991**
  Linear Tomography Vertical
- **1992–2001**
  Complete Motion Tomography
- **2001–2003**
  CBCT 8 Bit CCD
- **2004–2006**
  CBCT 12 Bit CCD
- **2006–2008**
  CBCT 12 Bit Flat Panel
- **2009–2012**
  CBCT 14 Bit Flat Panel

The last decade has proven to be an exciting one in the field of dental imaging, with the introduction of 3D Cone Beam Computed Tomography (CBCT). CBCT has drastically changed the way that dentists are able to view oral and maxillofacial regions of interest.

With today's 3D technology, dentists can now essentially view any structure captured within the scan from any angle to better understand the existing anatomy. The extensive information captured with CBCT scans significantly benefits dentists in helping with patient diagnosis, treatment planning and patient education. Popular uses of the data include Implant planning and TMD diagnosis, and this technology is now also being applied to airway and sinus evaluation, orthodontic planning, localization, and pathology diagnosis.

Looking back in history, cross sectional imaging has been utilized in dentistry since the mid 1970's starting with the introduction of horizontal linear tomography (Quint Sectograph). This machine needed a considerable amount of office space due to the distance of the rotating x-ray tube to the film cassette, and the large and bulky medical control unit, but it allowed us to begin slicing anatomy; this was primarily used for imaging of the TM joints.

In the mid 1980s, a vertical linear tomography machine was built (AxialTom) by using a dental x-ray tube with a shorter distance to the patient. This changed the way these machines were built; with its smaller footprint and lighter construction it was much smaller than its predecessor.

Next came complex motion tomographic machines in the late 1980s, with a dental x-ray tube head attached to a positioning system that utilized stepper motors in conjunction with a computer to assist in patient positioning (Tomax and COMMCAT). The complex, hypocycloidal motion improved the tomographic slice clarity by further blurring out the anatomy into thinner sectioning. This was the beginning of the application of tomography for implant imaging, and continued use for TM joint imaging.

Fast forward several years to May of 2001, when the very first of three CBCT scanners arrived in the United States (NewTom). The first unit was installed at Loma Linda University, CA, and immediately following it the next was installed at Diagnostic Digital Imaging. These first generation CBCT scanners were '8-bit' sensors, providing 256 shades of grey, and used an image intensifier attached to a charged Coupling Device (CCD). The size and weight of this unit was significant (filling a 10' x10' room), but the x-ray tube was based on utilizing a dental tube instead of the large medical type tube that was associated with medical CT.

Shortly after this, several other brands of CBCT machines began entering the market, and a next generation scanner became available with CCD based 12-bit sensors (4,096 shades of grey) and various fields of view (FOV). The advance from 8 to 12 bit made an incredible leap forward in image quality and overnight obsoleted the older machines. Within one more year, even more companies were offering CBCT, and a 12 bit flat panel sensor was introduced, which eliminated the need for a CCD sensor and helped increase signal and decrease noise, thus improving image quality again. This allowed the change to a patient sitting position, greatly reducing the footprint of the machines.

PHOTO CREDIT: PROVIDED BY AUTHOR

Two years later, even better image quality was achieved with the introduction of 14-bit flat panel displays providing over 16 thousand shades of grey, and faster scanning times, thus further reducing the potential of patient motion artifact. The market bloomed with nearly 30 different brands of CBCT units but, as often happens in business, some units did not do well. They were re-sold under different brands or went off the market completely, making it difficult to get service and parts.

> **Cross sectional** imaging has been utilized in dentistry since the mid-1970s, starting with the introduction of horizontal linear tomography (Quint Sectograph).

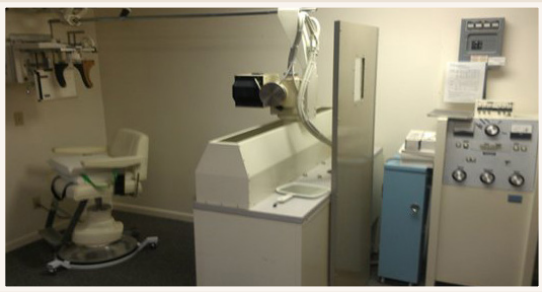
Current generation CBCT units are being offered with various FOV options, spatial resolution choices and prices. To the benefit of everyone, dose has come down, while image quality has gone up. In the computer industry, Moore's law states that chip performance and computers double their speed every two years. This suggests that the trend of significant improvements will continue and older generation units, while still able to perform basic CBCT services, will most likely not be able to keep up with advancing and emerging technologies. Software being developed today for CT guided planning and surgical guide printing are being based on the current state of the art for image quality, and older CBCT systems are unable to provide the data quality needed.

CBCT is an excellent tool for dentistry and benefits both patients and doctors, but the relevant life expectancy of a specific machine may be relatively short-lived compared to other imaging modalities within the dental office (such as 10+ years for a Pan/Ceph unit). Imaging centers and dentists who keep up with the new and emerging technologies will be able to provide state of the art tools that can both benefit patients and doctors alike.

*Craig Dial is part owner and chief technologist of Diagnostic Digital Imaging for correspondence; you can reach him at Craig@ddicenters.com*



## Cross-sectional Imaging Equipment Over Time







*Top row: Quint Sectograph (1975–1991: Linear tomography Horizontal) • Denar Axial Tom (1985–1991: Linear Tomography Vertical) • Imaging Sciences COMMCAT (1992–2001: Complex Motion Tomography)*

*Bottom row: QR Italy New Tom 9000 (2001–2003: CBCT 8 Bit CCD) • Hitachi CB MercuRay (2004–2006: CBCT 12 Bit CCD) • Imaging Sciences I-CAT (2006–2008: CBCT 12 Bit Flat Panel) • Gendex CB 500 (2009–2012: CBCT 14 Bit Flat Panel)*

PHOTO CREDIT: PROVIDED BY AUTHOR

# Cone Beam Computed Tomography: A Time for Protocols

By **Christos Angelopoulos, DDS, MS**
Executive Director,
American Academy of Oral & Maxillofacial Radiology

It was almost 13 years ago when the first Cone Beam Computed Tomography (CBCT) unit got FDA approval.

The introduction of CBCT technology in dental practice has admittedly revolutionized the diagnostic approach. For the first time, dental professionals have thin sectional images, instead of projectional shadows of complex oral and maxillofacial structures. Now we can see through the roots, behind the cortical plates, inside the root canals, inside the maxillary sinuses and so much more! The excitement is hitting the roof! Actually it is going beyond the roof! This is reflected in the dental literature where CBCT related publications are dominating every dental specialty's national or international meeting and every dental journal with very few exceptions. There are currently more than 30 or 40 CBCT scanners on the market; limited field of view (FOV), extended FOV, adjustable FOV, combination scanners (that can make both panoramic/cephalometric and CBCT images) and more. Scanners for every specialty field, every need, every desire! There are a few manufacturers that have more than one type of scanner on the market; in fact, there is one that has more than four!

We saw the tremendous potential of this technology and we embraced it, almost instantly; we wanted to take advantage of this potential fast and sometimes... too fast. Often times, in view of the "cool" 3D images, we have overlooked the fact that this technology requires more radiation than traditional dental imaging modalities. We have engaged this modality expecting to see more, although this did not alter our treatment plan in comparison with periapical or panoramic x-rays. Many times, we may have prescribed scans, routinely, without examining our patients first, which, as we were taught in dental school, is NOT the right thing to do!

As utilization of CBCT is spreading, it has become more and more obvious that there is an absolute lack of standardization with a variety of issues in utilizing CBCT for patient care. These include training (staff and health professionals), selection criteria for CBCT diagnostic procedures, radiation safety protocols for the patients, image interpretation and more. In fact, to the present day, most of the CBCT training, especially to the new CBCT users, is provided by the manufacturer of the unit and focuses mostly on technique and image reconstruction. This brief "in house" training varies considerably from one vendor to another especially on protocol for radiographic examinations and radiation safety where it can often be contradicting and denuded of evidence. This is one of the biggest discussions in the dental radiology world.

**Often times,** in view of the "cool" 3D images, we have overlooked the fact that this technology requires more radiation.

## Standardization in CBCT procedures may include:

- Training on case selection following a thorough clinical examination
- Proper staff and doctors' training on radiographic technique (patient positioning and selection of appropriate FOV)
- Training on radiation safety measures for the patient as well as the operator

## Standardization in CBCT procedures may include:

- Case selection training
- Radiographic technique training
- Radiation safety training
- Quality control protocols
- Image interpretation and reporting protocols

- Developing Quality Control protocols in order to minimize the number of repeats and maintaining high quality scans
- Developing proper image interpretation and reporting protocols so no scan will be made without the thorough review by a qualified practitioner. This may be accomplished through credible continuing education with the involvement of all relevant scientific organizations in the dental profession. Ultimately, this may be part of an accreditation process for dental CBCT facilities, something that is already established for several medical CT and other diagnostic imaging facilities. ■

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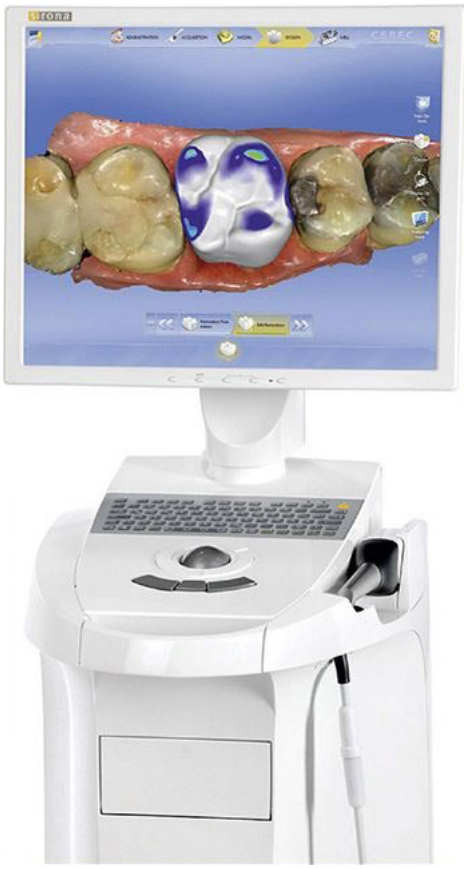
Evergreen Street, Suite 1550 • Sacramento, CA 95815

By **Sean Khodai, DDS**
Private Practice, Roseville, CA

# Digital Impressions for Restorative Dentistry




## Is it time to say goodbye to traditional impression techniques?

Being a practicing dentist for over 10 years, I have seen quite a lot of technology that has come into mainstream dentistry and has stayed on. One such thing is digital scans for impression. During dental school, and early on in private practice, I have used alginate and PVS for impressions. Although I have a brother in town who had embraced the CAD/CAM (Computer Assisted Design / Computer Assisted Manufacturing) technology quite a few years ago, I was skeptical about it until I personally had the training. During my training at the Scottsdale Center for Dentistry, I was able to make six crowns from prep to finish, doing all the steps, within just two days! I realized that the technology was amazing and easy to use.

As soon as I was convinced this was the direction I was going to take my practice, I remember texting my wife, "Honey, I think I just bought a $150k toy for my practice." The truth is, I was totally in love with it from the moment I started using it at the seminar. As dentists we are in a hands-on profession. When I got my hands on experience, I was convinced that this was a piece of technology that was very much here to stay and may very well be the way dentistry will be practice in the near future.

It has been more than 25 years since the early CAD/CAM process started in dentistry and we have come a long way in this time. Early procedures were cumbersome and the technology was not there, however the interest in this technology has made this part of mainstream dentistry. There are thousands of dentists who have incorporated this technology and that number is only growing.

Currently there are four digital impression products in United States market that are exclusively for dentistry: Lava COS (3M ESPE), iTero (Cadent), E4D sky from D4D (Henry Schein) and CEREC Omnicam from Sirona (Patterson Dental). Of the four, only two have an in office milling unit (E4D and CEREC).

Just about a couple of years ago, digital scans had to be done by spraying a powder over the teeth and scanning soft tissue areas, but recently all systems have come out with powder free options. I have the CEREC from Sirona, and the newest Omnicam does not require the cumbersome powdering technique. The camera head is smaller than a typical intra-oral camera. It is a 3D, full-color, video streaming camera on a wired wand. You simply scan the prepped area, scan the opposing, and even take a digital bite registration by scanning with patient's teeth in occlusion. The software is phenomenal, very user friendly and uncomplicated. Even non-tech savvy doctors are able to scan, design and mill exceptional restorations in the posterior and even the anterior region. If you happen to make a mistake in the scanning process, there is no need to start from scratch, you can simply cut and throw away the bad images, and retake and plug in the new images.

Restorative options have also improved with the latest CAD/CAM machines, whether it's CEREC from Sirona or E4D from Henry Schein. We now have many porcelain and resin block choices including but not limited to e.max from Ivoclar. Once glazed and baked in the oven, it is as strong as any traditional PFM but much more aesthetically pleasing.

My patients are enjoying the single visit crown concept with the whole CAD/CAM process. They are impressed by the technology and love the fact that there are no more "gooey" impressions and uncomfortable temporaries. Patients appreciate the convenience of not having a second visit for cementing the crown and more importantly a second

PHOTO CREDIT: PROVIDED BY AUTHOR

injection. They all watch the milling process with excitement and I find them taking photos and videos on their smart phones to share with family and friends. The entire procedure from the time patient is seated to the time of checkout is usually between one and two hours. By eliminating the traditional impressions and not sending the case to the lab, I have full control of the quality and aesthesis of my restorations. I read my margins and design the contacts and occlusions, thereby ensuring precision so crowns just drop right on the margins with minimal to no adjustments. Since patients don't need temporary crowns, I find myself doing a lot more conservative preparations, preserving healthy tooth structure. There is less post op sensitivity and the soft tissue ends up being healthier; possibly from the elimination of the temporary crown process.

It has been ten years since I graduated from dental school and I am so pleased to have incorporated CAD/CAM technology in my practice. I feel more up to date with the latest technology using the CAD/CAM system. Although I have been using digital radiographs, digital photography and intra-oral cameras over the years, I feel strongly that CAD/CAM technology has elevated my practice to the next level. It has also been a boost to the practice production because patients have been even more accepting of their restorative needs with the big advantage of a single visit. I do have alginate and PVS impression material in my office, but I have used them sparingly for crown, bridge and restorative procedures ever since I got my CEREC Omnicam. I'm convinced that digital scans are the present and future of impressions in dentistry. ■


Reference:

*Dentistry in the Digital Age: An update:* ***Dentistry Today;*** *T.R.Schoenbaum. Feb 2012.*

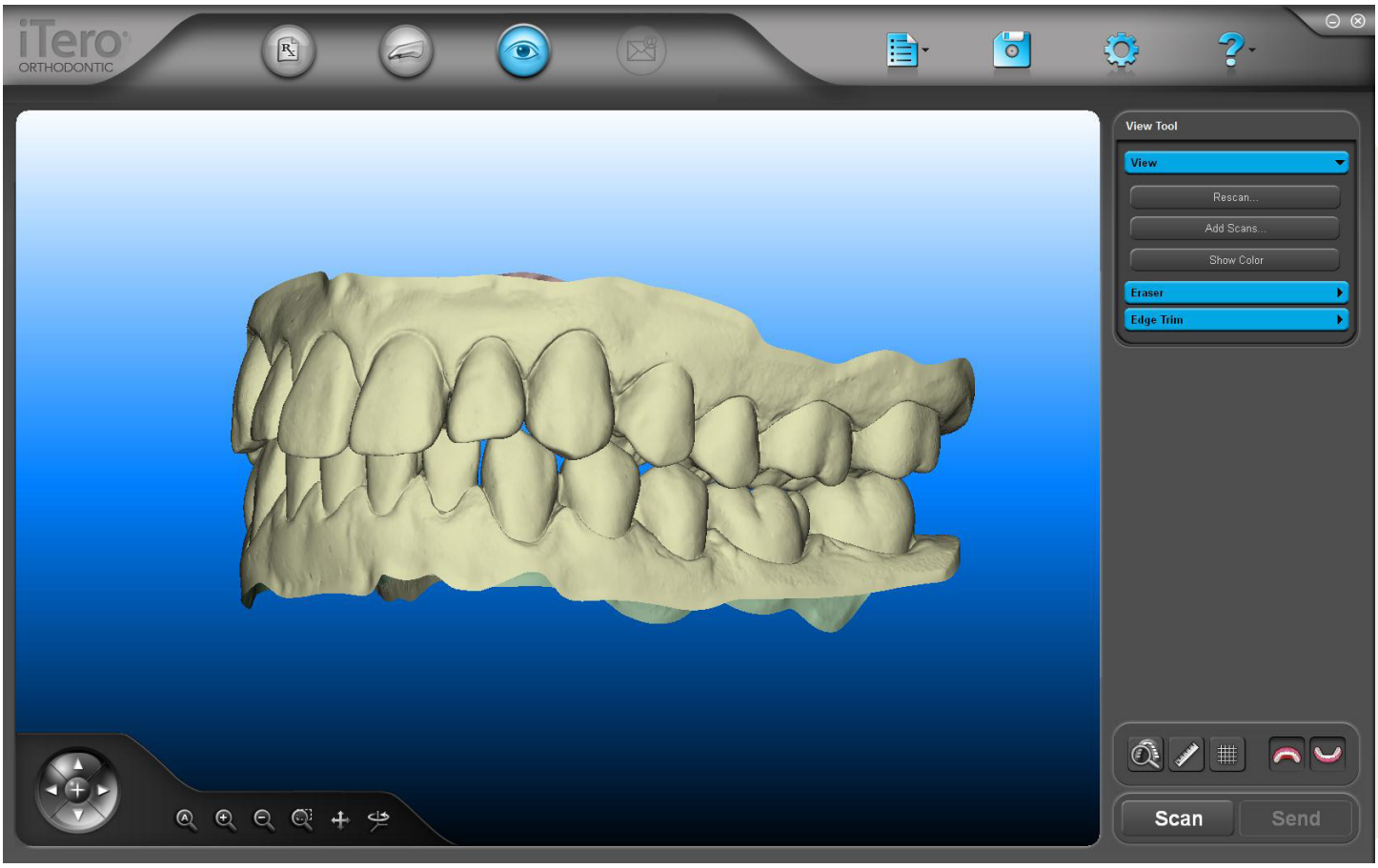


PHOTO CREDIT: PROVIDED BY AUTHOR

## Comparison of the Four Digital Scanning Devices Available

| | Lava COS | iTero | CEREC Omnicam | E4D |
|---|---|---|---|---|
| **Imaging Technology** | LED/3D video | Laser / optical confocal | LED | Laser |
| **Intraoral Scanning** | • | • | • | • |
| **Impression Scanning** | | | • | • |
| **Powder-Free Scanning** | | • | • | • |
| **Lab-Fabricated Restorations** | X | • | via CEREC Connect | via E4D Sky |
| **In-Office Milling** | | | • | • |
| **User Interface** | Touchscreen | Mouse, keyboard, foot pedal | Trackball, keyboard | Mouse, keyboard |

*Reprinted with modifications.*




# The Impact of Technology on my Orthodontic Practice

Technology: A word that conjures emotions ranging from fear and avoidance, to curiosity and an unsaturated (unsatiated) thirst for more.

By **John Oshetski, DDS**
Private Practice Orthodontist
Elk Grove, CA

When we embraced orthodontic practice software in the early 2000's, I had to wear the IT (information technology) hat to take care of what seemed to be regular problems happening almost daily. However, the upside was evident: we were efficient, it was so much easier to track specific records and, more importantly, it was all in one place when it came to a patient's electronic record. We quickly brought on digital photography and radiography, which added more technology. The impact of both of these additions on patient education and acceptance of treatment was so dramatic that it became immediately noticeable in practice growth. My curiosity was increased, but skepticism (remaining fear) has always kept me asking how the next piece of technology will improve the overall patient experience and how it benefits the delivery of orthodontic treatment. The latest piece of technology we have embraced and learned to love is the Itero® Scanner.

The Itero® is a digital scanner that enables us to make a digital impression of a patient's teeth and bite. We introduced the 3D full mouth scanner in our orthodontic practice in March of 2012. Parents who brought their kids to treatment immediately recognized the machine and asked questions. Most of the parents remembered from their own experience how they abhorred alginate impressions and were excited that their child would not have to endure the same. It also gave us a new tool to immediately educate

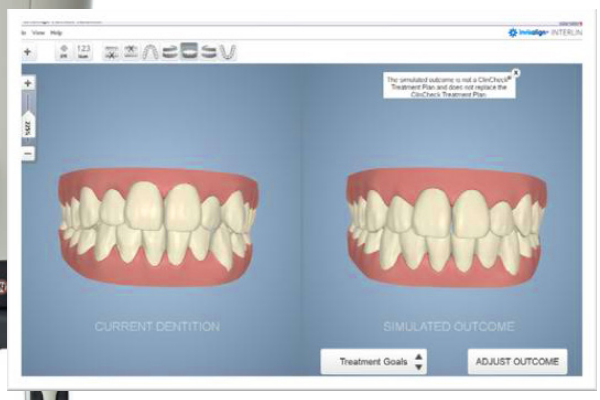
PHOTO CREDIT: PROVIDED BY AUTHOR

those parents and patients on problems not ready visible on photos and x-rays. We did not have to wait for stone models to be poured up and polished to show the parents, but were able to discuss the bite and other related issues immediately after the scan. The WOW factor was readily felt from its introduction in my practice and we still continue to feel it.

The patient experience was immediately noticed, but the benefits to our practice were more dramatically felt. The messy alginates in the work space and the pour ups have been nearly eliminated. Staff time associated with taking the impressions, lab work and filing records are a fraction of our traditional approach. Chair time is saved by the elimination of the fitting appointment as a whole. Physical storage of the stone models has been eliminated and the recalling of the records is at our finger tips. Study modes can be immediately sent to the lab in another city for appliance fabrication: controlling shipping time and shipping error and reducing cost.


One of the most recognizable changes the scanner brought to our office is the elimination of PVS impressions used for Invisalign fabrication. The scan is more accurate with no distortion. There are no retakes and it takes less time. Data is delivered immediately. Virtual treatment plan (Clin-Check®) is returned to the doctor within two days or less instead of two weeks or more. Total turnaround time of refinements is 10-14 days or less. Previously it was four to five weeks. So, patient treatment is continuous and the overall experience is exponentially increased. This doctor's frustration happily decreased.

Another benefit with Invisalign is the pre-treatment virtual mock ups: Invisalign Outcome Simulator (IOS). After the scan is complete, the software manipulates the virtual dentition chair side to give the patient an idea of what is possible for their teeth. This tool is very effective. No new tool is perfect and in my opinion the Iterro® does have its disadvantages: Patients note sensitivity to the air that is sprayed on teeth by the scanning wand. The intra-oral wand is cumbersome and bulky and definitely has a learning curve to it. Initially, one challenge is the greater chair time required for a scan compared to the traditional impression time. With training and practice, chairtime is eventually saved.




One frustrating aspect of technology is when you purchase your cool new gadget, it is soon outdated. Although the expense of the scanner can initially be prohibitive, simply listing out the cost savings on materials not used, storage and staff time may have a positive effect on your bottom line. I can definitely state that incorporating newer technology has energized my practice and me. ■

## Benefits of a digital scanner in an orthodontic practice:

- Elimination of alginate impressions
- More accuracy
- Immediate parent education
- Staff time saved
- Chair time saved
- Physical storage of stone models eliminated
- Records readily available
- Records transport at minimal cost
- Shorter turnaround time
- Pre-treatment virtual mock-ups

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Sacramento Regional Fund — Knapp Fund
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*See insert for details and to sign up to volunteer!*

# She Can't Stop Smiling!

A Smiles for BIG Kids success story

When Cristi first came to Women's Empowerment, she had recently relocated to Sacramento and begun staying at a homeless shelter. Her life was not where she wanted it to be. Her kids were living with other family members and she no longer had custody. She was not sure what direction to take next, but she knew she wanted to make real changes. Her life had not been easy thus far and she had made some poor choices along the way. She had dealt with trauma, domestic violence, multiple DUIs and an addiction to alcohol, which led to some time in jail. Ready for a new direction, Cristi got herself into an alcohol treatment program and relocated to Sacramento to be closer to her children. Her goal was to one day reunite with them, but she knew she would have to prove herself stable first. With one year of sobriety, a temporary housing situation and no idea how to get her life back together, Cristi enrolled in Women's Empowerment's job readiness program.

In the three years since she graduated from Women's Empowerment, Cristi has made tremendous progress. She now has her own apartment, a strong hold on her sobriety, full custody of her youngest son and is an active member of her community. She has returned to college to get an AA degree in Accounting and maintains a 3.7 GPA. She is two semesters away from graduating with a degree. She has also completed an 18 month DUI class and has had her driver's license reinstated. The one remaining barrier, that seemed insurmountable to Cristi, was her smile. Cristi has had bad teeth all of her life. Diagnosed with a rare, but treatable kind of leukemia as a child, Cristi's family was told that her teeth would fall out as she got older. She lost her first tooth with her first pregnancy and the situation worsened each year. Cristi knew that most people would assume drugs were the cause of her broken smile and became so self-conscious of her missing teeth that she rarely smiled at all. Even with all of her recent successes, Cristi was embarrassed to cheer for her son at his football games. She was afraid to apply for jobs and internships in the accounting field, for fear of being judged or rejected because of her smile. She believed that no employer would even consider her.


Cristi could not believe her good fortune the day she learned that she had been accepted into the Smiles for BIG Kids program through the Sacramento District Dental Foundation. This amazing gift of a complete dental assessment and treatment plan has allowed Cristi the joy of once again liking the person she sees in the mirror. "I thought I'd feel different, but I just finally feel normal." Her son now asks her why she can't stop smiling. Dr. Gary Krupa was the dentist with whom Cristi was matched for dental treatment. He could not have been kinder to her and she says that she "is so grateful for the opportunity that she never could have afforded on her own." During her time with Dr. Krupa, she was treated with dignity and compassion by all of the staff. With a goal of getting her new teeth by Christmas, the dental office scheduled appointments for her each and every week and, within two months, she had her brand new dentures. He was even able to save two of her own teeth, so she could get the easier to use, click-in dentures. Cristi has received so much support from the community and her family, friends and professors. She now knows that she has something to offer and her future employer will get a motivated, self-confident, and loyal employee. ■

## Gift of Love

Since January 1, 2013, donations have been made in memory of…

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William & Cloy Codiga
Elizabeth Dreher
Bob & Norma Fox
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Dr. Victor Hawkins
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Craig & Mary Ann James
Dr. Bev Kodama
Steve Leininger (Thomas, Wirig, Doll)
Bruce & Cathy Levering
Lochowski Family
Willard & Sharon Mason
Donald & Dixie Meixner
Dr. Daniel Miyasaki
Augustus & Mary-Alice Morr
Alfred Nobili
Dr. Paul & Margaret Raskin
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Keith Sippola
Mary Thompson
Dr. Glen & Mercedes Tueller
Dr. Wesley Yee

### Dr. John Hines

SDDS

### Dr. Donald Lippincott

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### Don Moore

FATHER OF DR. KEN MOORE
Dr. Bev Kodama

### Dr. Marty Rosa

Dr. Gary Ackerman
Dr. Steven Cavagnolo
Bruce & Cathy Levering
SDDS
Dr. Glen Tueller
Dr. Wesley Yee

To make a memorial contribution, visit:
**www.sdds.org/GiveSDDF.htm**

# YOU
## THE DENTIST, THE EMPLOYER

**YOU ARE A DENTIST.** You are also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that. This monthly column, will offer current employment law information pertinent to you — the dentist, the employer.

MEMBER BENEFIT!

**SDDS HR Hotline**
*FREE TO SDDS MEMBERS!*
1.800.399.5331

# Stupid Questions in an Interview

By **Robyn Thomason (CDA Practice Support Center)**

This isn't 1960, but based on the case below, some managers still don't understand what constitutes a "Legal" question to ask during an interview.

ISSUE: Patricia, a recent business school graduate, was interviewed for a position as a marketing assistant for a public relations firm.

During the interview, Bob, the manager of the department with the job vacancy, noticed her wedding ring and asked, How many kids do you have? When Patricia replied that she had no children yet but that she planned to once she and her husband had gotten their careers underway, Bob explained that the duties of a marketing assistant were very demanding and rather than discuss Patricia's qualifications, he asked how she would balance work and childcare responsibilities when the need arose. Patricia explained that she would share childcare responsibilities with her husband, but Bob responded that men are not reliable caregivers. Bob later told his secretary that he was concerned about hiring a young, married woman — he thought she might have kids, and he didn't believe that being a mother was compatible with a fast-paced business environment.

A week after the interview, Patricia was notified that she was not hired. Believing that she was well qualified and that the interviewer›s questions reflected gender bias, Patricia filed a sex discrimination charge with the EEOC. Is she right?

> Some employers may assume that childcare responsibilities will make female employees less dependable than male employees.

ANSWER: In this situation, it appears that the decision to not select Patricia may have been made based on a stereotyped assumption about a woman's caregiving responsibilities. Relying on stereotypes of traditional gender roles and the division of domestic and workplace responsibilities, some employers may assume that childcare responsibilities will make female employees less dependable than male employees, even if a female worker is not pregnant.

Here, an investigation revealed that the employer reposted the position after rejecting Patricia for the job. The employer said the position was reposted because he was not satisfied with the experience level of the applicants in the first round. However, the investigation showed that Patricia easily met the requirements for the position and had as much experience as some other individuals recently hired as marketing assistants. Under the circumstances, the investigator determined that the employer rejected Patricia from the first round of hiring because of sex-based stereotypes, a violation of Title VII of the Civil Rights Act of 1964. ■

*Source: CEA's HR Answers Now on line library. (EEOC Guidance: "Unlawful Disparate Treatment of Workers with Caregiving Responsibilities," reported in the CCH Employment Practices Guide, New Developments ¶5243.)*

By **Garrett Guess, DDS**
Technology Editor
San Diego County Dental Society

# Dental Practice Management in the Cloud – Part 4
## In Conclusion

The basis of a cloud-based computing environment is data gets stored and is managed on servers that reside off-site, creating an off-site centralized data storage and access point. The past few articles have covered the concepts involved with this design, the negative risks associated with changing your computing design to a cloud-based operation, and also covered some of the potential current benefits. The prior articles have painted a picture that begs the question: is the substantial structural change involved with moving to a cloud-based computing platform really worth the risks? Given the current benefits as previously discussed, one might not think the change is worth the risks. But cloud computing offers another benefit not mentioned before: the benefit of instantaneous collaboration which has great potential and may be reason enough to implement the change.

Cloud computing enables a dental practice to access its patient treatment data from any computer or mobile device wherever a remote network connection can be obtained. As mentioned before, this facilitates data access for the treating provider when outside of the office. Another benefit this technology provides is the potential capability for collaboration among colleagues. By having data accessible in a secure manner, patient data can be shared between providers without requiring direct involvement. Currently, when a patient is referred to me for specialist care I depend on the generalist office to send information via email in most cases. They will send xrays they feel are important and possibly a summary of treatment information they feel might be helpful. Cloud-computing on the other hand could allow direct access to the patient's entire chart so a specialist could get a comprehensive history covering not only the dental history but also history about other information like how the patient best tolerates treatment procedures (e.g., they require nitrous, Halcion, or a particular chair position). Additionally, having access to a complete history of radiographic images is helpful in cases of determining the course of pathology over time, like in endodontic resorption cases. It is clear that having full access to the chart would benefit the specialist referral process as the specialist can do their own unedited assessment of the patient's prior treatment information to use it as necessary to best care for the patient.

A cloud-based computing also permits the general dentist referral to greatly benefit because a cloud-based system is not only about accessing and reading data, but also having the ability to change data. If the patient's chart was actually a shared chart that all colleagues could add to, then a specialist could be update the main chart in the cloud with comprehensive treatment notes and all images from treatment. The cloud-based model of patient charting with a shared patient chart is very similar to the model of charting that universities utilize: the main clinic chart is provided to the specialist residents, and all providers update the main chart with their treatment entries and images. The private practice of dentistry is currently a distributed setup between different provider offices: generalists have their own main chart while specialists maintain their own charts for the same patient. Collaboration among providers using the entire chart's data would be a great benefit to the patient's care by making all recorded information accessible whenever a specialist referral is made. An additional benefit is if a patient moves to a different dental practice, having cloud-based charting permits the new general dental provider to have access to all of the historical patient data in its original form.

Will the private practice setting of dental patient care move towards a shared patient chart? There are clear issues with moving towards a shared patient chart with the greatest problems being who maintains this chart and its access, and who can be trusted to store the data. Since patients move from one practice to another it seems most practical that patients themselves need to be responsible for maintaining their charts in the cloud and maintaining who is granted access. Much ground has to be covered before this is successfully implemented, and in the meantime the distributed system we currently utilize seems to be working quite well! ■

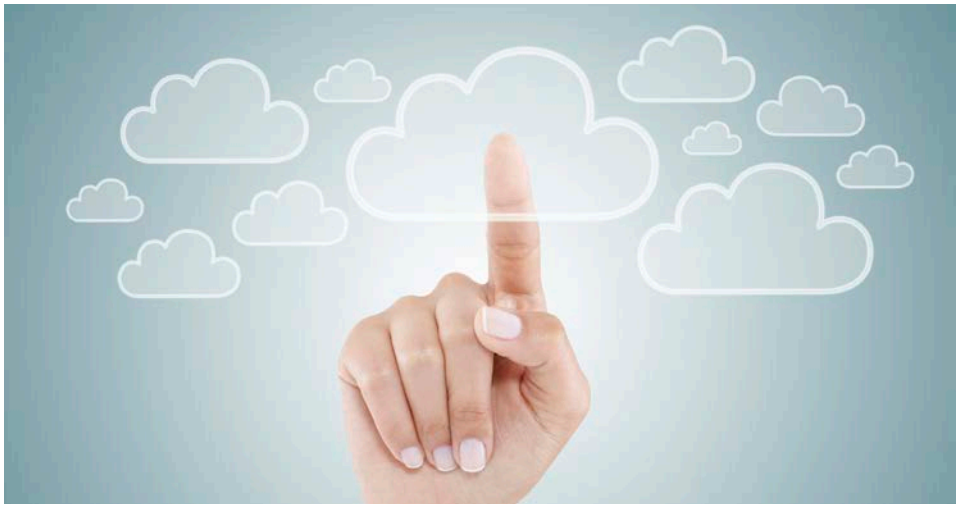

PHOTO CREDIT: ISTOCK PHOTO

# YOU
## THE DENTIST, THE BUSINESS OWNER

**YOU ARE A DENTIST.** You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

# Copyright Infringement and Website Images

When is use of images allowed? Are images on the Internet considered public domain? What if they're "royalty free?"

By **Risk Management Staff**
TDIC (SDDS Vendor Member)

While surfing the web looking for photos to jazz up your website, you see a photograph of a dazzling smile in an online image library. So you download the photo and post it on your website. You may even credit the source of the photo. Or maybe the photo was "royalty free." You're covered, right?

Unfortunately, it's not that simple. Photos published on the Internet are not public domain. The Copyright Revision Act protects photographs and other works such as videos, graphics, music, text and trademarks, and the Digital Millennium Copyright Act extends protection to the Internet.

When it comes to dental practice websites, the most common copyright violation is use of a photograph without obtaining a license, according to Eric Gale, a California attorney specializing in copyright infringement cases. Gale noted a spike in copyright cases about five years ago, and said the number has since remained steady.

The Dentists Insurance Company reports an increase in web-related copyright infringement claims with 16 cases in 2012, up from two claims in 2009. TDIC analysts say dentists, or the individuals who set up dental practice websites, may not be aware of the legal requirement to secure a license for photos and other materials used online.

Dentists are responsible for the content on their websites, whether they hire a website designer or create the website themselves.

While the use of copyrighted images may be unintentional, penalties can include retroactive licensing fees for each violation and can result in a website ban. TDIC reports damages between $1,000 and $2,000 per image violation. However, damages can range from $750 to no more than $30,000 per image. If the copyright infringement is established as "willful," the fine can jump to $150,000 for each violation. Additionally, new technology makes it easy to identify copyright infringement. For instance, photographs may have invisible identification watermarks embedded in them that can be found by searching the web.

In the event of copyright infringement, the owner of the image will typically send a cease-and-desist letter requesting royalties for use of the photo or removal of the photo. Dentists receiving such a letter are advised to contact their insurance carrier immediately.

Gale said cease-and-desist letters must provide documentation of the copyright violation, and are sent to stop the infringement and avoid inequitable conduct. The letter also serves "to provide a basis for claiming that any continuation of the infringing conduct after receipt of the letter is willful," opening the door for a significant increase in fines.

Following are a few key points to help avoid copyright infringement on your dental practice website:

- If hiring a vendor to create your website, choose a knowledgeable individual or firm, require a written agreement and approve all content prior to publishing on the Internet.
- Make sure a license has been obtained for photos and other materials used on the site and require proof of license.
- If setting up a website yourself, take your own photos, hire a photographer or pay a photographer for use of his or her images.
- If taking your own photos using staff or patients, obtain written permission from the subjects prior to using the images. TDIC

## Avoid Copyright Infringement in Your Dental Office:

- Require a written agreement and approval of all content before Internet publishing
- Retain a license for photos, etc.
- Take your own photos or hire a photographer
- Obtain written permission from subjects of photos
- Purchase royalty free images
- Be aware of images that are "rights managed"
- Be careful of public domain sites

offers an Image Release form online at thedentists.com.

- Online image libraries abound and offer royalty-free photos, but they are not free. Photos can be purchased individually, in a group or by subscription to the photo library. With royalty-free photos, you buy them once and can use and reuse them without paying again. Royalty-free photos have license agreements, so understand the restrictions.
- Be aware of "rights managed" photos that require a fee to use a photograph for a set period of time in a very specific way. For instance, use of a photo for one year on your website only.
- There are public domain photo sites that allow use of photos for photographer credit, but these sites state that some photos require model or property release.
- Secure written permission before using photos of products or trademarked words or symbols on your website. ■

*For more information about copyright infringement or protection provided by TDIC's Professional and Business Liability policy, contact the Risk Management Advice Line at 800.733.0634.*

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# ETHICS CORNER

## Ethics of Patient Dismissal

By **Jeffrey Lloyd, DDS** (CDA Judicial Council)

Today's dentist must be prepared to treat a variety of patients in a variety of situations. In order to deliver quality dental care, it is critical that there be trust, openness, and cooperation. The patient always has the right to choose to discontinue the relationship. When does the dentist have that right? If treatment outcomes are negatively affected by a patient who is not cooperating, the dentist has the right to dismiss the patient, and the obligation to provide transitional care, without causing harm in the process.

**Advisory Opinion 1.B.1 of the CDA Code of Ethics states:**

Patient Abandonment: Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

**Key points to remember in dismissing a patient without causing harm:**

- Patient interests come first. Know where you can stop treatment without causing harm.
- Respect patient autonomy. However, when a patient requests treatment that is below the standard of care, a dentist has the obligation to avoid providing treatment that can cause harm to the patient.
- Acceptable reasons to dismiss: noncompliance, abusive behavior or nonpayment. In cases where you want to dismiss for nonpayment, finish treatment or get the patient stable first; then deal with the collections later.
- Unacceptable reasons to dismiss include, but are not limited to: race, religion, gender, color, national origin, sexual orientation, HIV status or other bloodborne pathogens.
- When patients are noncompliant or missing for long periods of time, they may be putting their health in danger. It is the patient's choice to pursue treatment or not, but before you dismiss the patient, you have an ethical obligation to communicate with the patient regarding the health benefits and consequences of their choices. Be sure to document your contact efforts.
- Provide the dismissal notice in writing, sent certified mail, return receipt requested. Offering a 30-day notice is reasonable, but longer may be necessary. Provide a referral source by putting the patient in contact with their insurance company or the dental society for assistance in locating another dentist.
- Your office policies should specify the dismissal policy.

**Key ethical point to remember: do no harm.** ■

*Additional information about patient abandonment is available on the CDA Compass (cdacompass.com). For further guidance, talk with a member of your local ethics committee.*

# We're Blowing Your Horn!

## Congratulations to...

**Dr. Kenneth Moore,** who has completed his training at the UCLA Orofacial Pain and Dental Sleep Medicine program and attained Diplomate status with the American Board of Facial Pain. He is a lecturer is the UCLA Orofacial Pain and Dental Sleep Medicine department and the current co-director of the UCLA Orofacial Pain Mini-Residency Program.

**Tim Nickens and Daniel Ruth, of the Tampa Bay Times,** for their articles on fluoridation, earning them a 2013 Pulitzer Prize in Editorial Writing. *(for more info, visit: www.pulitzer.org/works/2013-Editorial-Writing)*

**Dr. Sirisha Krishnamurthy,** on her new office.

**Dr. Shane Douglas,** on his new office.

**Dr. Jenny Vassilian,** who purchased the practice of **Dr. Terry Adair,** who is retiring.

**Dr. Elizabeth Johnson,** on her position as Dental Director for Wellspace Children's Dental Clinics.

**Dr. Wai Chan,** on his interim appointment to CDA Government Affairs Council.

**Dr. Peter Worth,** for being chosen once of the three recipients of the UC Davis School of Medicine's 2013 Volunteer Clinical Faculty Appreciation Award.

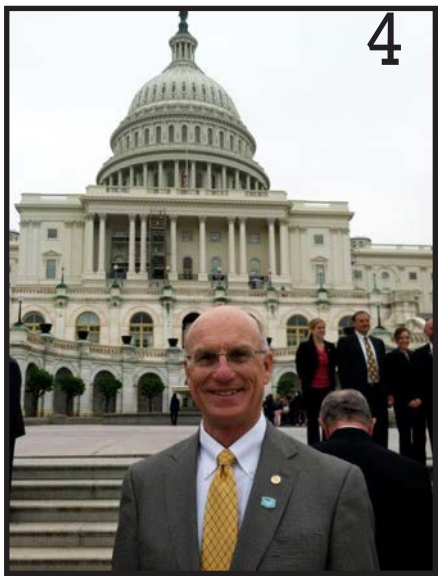
**Dr. Tiffany Favero Holladay,** her husband Bryce, and big sister Hannah, on the birth of Callie on May 7, 2013. *(photo #1)*

**Drs. Craig Kinzer and Dwight Simpson,** who just returned from a mission trip to the Dominican Republic, where they performed general dentistry on over 700 kids in five days! *(photos #2 and 3)*

**Dr. Kent Farnsworth,** who has retired and moved to the Carmel area. We'll miss you, Dr. Farnsworth!

**Dr. Guy Acheson,** for representing AGD in Washington DC. *(photo #4)* ■



# CPR Committee: Update

By **Gregory Heise, DDS**
Chair, CPR Committee

CPR BLS Renewal courses are now offered on Fridays and Saturdays. Also available are classes in your office, by request.

Our SDDS CPR Committee is very excited to now offer the CPR BLS Re-Certification course in the classroom of the new SDDS office. This course is for all SDDS members and their staffs. We have expanded our faculty with the addition of Dr. Jeffrey Light, Dr. David Crippen, Dr. Donald Liberty and Dr. Hessam Siavash.

A new change in our 2014 Schedule will be to offer classes on Fridays as well as Saturdays.

AUGUST 3, 2013 Saturday
NOVEMBER 2, 2013 Saturday
JANUARY 24, 2014 Friday
APRIL 5, 2014 Saturday

Additionally our instructors offer classes in your office, by request. ■

Additional information on CPR Courses available at:
**www.sdds.org/cpr.htm**

## 2013 SDDS COMMITTEE MEETINGS:

**1st Tooth or 1st Birthday (6:30pm)**
TBA

**Amalgam Advisory (7:00am)**
TBA

**Board of Directors (6:00pm)**
Sept 3 • Oct 29

**Continuing Education (6:15pm)**
Sept 9 • Nov 13

**CPR (6:00pm)**
Work completed for 2013

**Dental Careers Workgroup**
Speakers on call as needed

**Denti-Cal / General Anesthesia Hospital Task Force**
Sept 11

**Ethics (6:15pm)**
Nov 13

**Executive Committee (7:00am)**
Aug 21 • Oct 11 • Dec 13

**Foundation (6:15pm)**
Sept 9 • Nov 21

**Geriatric Task Force (6:15pm)**
Sept 11 • Nov 19

**Golf (6:00pm)**
Work completed for 2013

**Leadership Development (6:00pm)**
Work completed for 2013

**Mass Disaster / Forensics (6:00pm)**
Oct 29

**Membership (6:00pm)**
Sept 30 • Nov 20

***Nugget* Editorial**
Sept 9

**Peer Review (6:15pm)**
Scheduled as needed

**SacPAC (6:00pm)**
Sept 30

**SDDS Caucus:** Nov 6
**NorCal Caucus:** Nov 6
**House of Delegates:** Nov 15–17

# VOLUNTEER *Opportunities*


## SMILES FOR BIG KIDS

VOLUNTEERS NEEDED: Dentists willing to "adopt" patients for immediate/emergency needs in their office.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • sdds@sdds.org)


## SMILES FOR KIDS

VOLUNTEERS NEEDED: Doctors to volunteer on Smiles for Kids Day (February 1, 2014); doctors to "adopt" patients seen on Smiles for Kids Day for follow-up care.

CONTACT INFO:
SDDS office (916.446.1227 • smilesforkids@sdds.org)

## WILLOW DENTAL CLINIC

VOLUNTEERS NEEDED: Dentists and hygienists

EQUIPMENT NEEDED: Mobile equipment to loan or donate — currently limited to using the mobile equipment and instruments brought in by Dr. Alex Tomaich and Dr. Dagon Jones

TO VOLUNTEER, CONTACT:
Dagon Jones, DDS (530.756.5300 • dagonjones@gmail.com)
Volunteering or donations

## THE GATHERING INN

VOLUNTEERS NEEDED: Dentists, dental assistants, hygienists and lab participants for onsite clinic expansion.

CONTACT INFO:
Ann Peck (916.296.4057 • annpeck49@aol.com)
Volunteer Coordinator

## CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: General dentists, specialists, assistants and hygienists.

ALSO NEEDED: Dental labs and supply companies to partner with; home hygiene supplies

VOLUNTEERS CONTACT INFO:
Ed Gilbert (916.925.9379 • ccmp.pa@juno.com)

## AUBURN DENTAL CLINIC

EQUIPMENT NEEDED: Anything and everything

CONTACT INFO:
Marcella Oster, RDA (530.886.8225 • 530.906.6148)

**Additional Information**
www.sdds.org/Volunteer.htm

# Advertiser INDEX

# WELCOME

to SDDS's new members, transfers and applicants.

**IMPORTANT NUMBERS:**

SDDS (doctor's line) . . . . . (916) 446-1227
ADA . . . . . (800) 621-8099
CDA . . . . . (800) 736-8702
CDA Contact Center . . . (866) CDA-MEMBER (866-232-6362)
CDA Practice Resource Ctr . . *cdacompass.com*
TDIC Insurance Solutions . (800) 733-0633
Denti-Cal Referral. . . . . (800) 322-6384
Central Valley Well Being Committee . . . (559) 359-5631

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*We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events!*

Give us a call at **(916) 446-1227**

# New Members

AUG / SEPT **2013**

**RICHARD POWELL, DDS**
**General Practitioner**
10044 Wolf Rd, Ste. D
Grass Valley, CA 95949
**(530) 268-8182**

Dr. Richard Powell graduated from UCLA School of Dentistry in 2004 with his DDS. He currently practices in Grass Valley and lives in Auburn with his wife, Roseanne.

## New Transfer Members

**ERIK MATSON, DMD**
*Transferred from Tri-County Dental Society*
**General Practitioner**
699 Main Street, Ste. B
Placerville, CA 95667
**(530) 295-8000**

Dr. Erik Matson graduated from Western University of Health Sciences College of Dental Medicine with his DDS earlier this year. He currently practices in Placerville with SDDS member, Dr. Brian Steele, and lives in Shingle Springs.

## New Applicants

**AIMAN ABO ELALA, DDS**
**DALE ALTO, DDS**
**JOSE BANDALA, DDS**
**NICOLE BUELL, DDS**
**MARCELA DIAZ, DMD**
**MATTHEW HALL, DDS**
**NATHAN HANSEN, DDS**
**KAZEMI HOSSEIN, DDS**
**UNYONG KIM, DDS**
**VICENTE KNIGHT, DDS**
**CHRISTINE NAM LEE, DMD**
**DEANA PHAN, DDS**
**MARK REDFORD, DMD**
**MAHMOUD SALAMA, DDS**
**TRIEU TON, DDS**
**KEVIN VO, DDS**
**BRANDON WEBB, DDS**

## Application Withdrawn

**MARY MINYOUNG LEE, DMD**
**KEVIN PAIGE, DDS**

## Recently Retired

Congratulations to the following members, who retired in 2013!

**TERRY ADAIR, DDS**
**THAD CHAMPLIN, DDS, MSD**
**KATHLEEN GREENE, DDS**
**RICHARD HENIFIN, DDS**
**JOHN HOGG, DDS**
**MARY ELLEN LYON, DDS**
**GARY NEWHOUSE, DMD**

CLIP OUT this handy NEW MEMBER UPDATE and insert it into your DIRECTORY under the "NEW MEMBERS" tab.

**TOTAL MEMBERSHIP** (AS OF 7/22/13): 1,585
TOTAL ACTIVE MEMBERS: 1,296
TOTAL RETIRED MEMBERS: 208
TOTAL DUAL MEMBERS: 2
TOTAL AFFILIATE MEMBERS: 6
TOTAL STUDENT/ PROVISIONAL MEMBERS: 10
TOTAL CURRENT APPLICANTS: 16
TOTAL DHP MEMBERS: 47
**TOTAL NEW MEMBERS FOR 2013:** 41
DROPPED FOR NON-PAYMENT OF DUES: 48

**MARKET SHARE:** 78.1%

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- Cash management
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- Relationship pricing on deposit and lending services for business and personal.
- Bank at Work program, which provides discounts on deposit services and loans, and a free safety deposit box to employees of our business customers (direct deposit is a requirement).

Mary Alajou
(916) 561-6651
mary.alajou@bankofthewest.com

Andrew Tagg
(916) 561-6669
andrew.tagg@bankofthewest.com

www.bankofthewest.com

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Kevin McKittrick • 916.765.9101
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### Bank of the West
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Sacramento / Butte Area Manager
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**www.bankofthewest.com**
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SINCE 2012

### Dennis Nelson, CPA, APC
Dennis Nelson, CPA
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**www.cpa4dentists.net**
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SINCE 2011

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SINCE 2010

HR & Legal

## CA Employers Association

Kim Parker, Executive VP
Mari Bradford, HR Hotline Manager
800.399.5331
**www.employers.org**

SINCE 2004

## Drobny Law Offices, Inc.

Mark Drobny, Esq.
916.419.2100
**www.drobnylaw.com**

SINCE 2012

## Wood & Delgado

Patrick J. Wood, Esq. / Jason Wood, Esq.
1.800.499.1474 • 949.553.1474
**www.dentalattorneys.com**

SINCE 2010

Media & Marketing

## Sacramento Magazine

Becki Bell, Marketing Director
916.452.6200
**www.sacmag.com**

SINCE 2002

## UPROAR — Mobile Phone Apps

Howard Harris
916.995.0022
**www.uproar.pro**

SINCE 2012

## THIS COULD BE YOU!

For more information on the Vendor Membership program, visit:
www.sdds.org/vendor_member.htm

Office Construction

## Andrews Construction, Inc.

Todd Andrews
916.743.5151
**www.andrewsconstructioninc.com**

SINCE 2002

## Blue Northern Builders, Inc.

Marc Davis / Morgan Davis / Lynda Doyle
916.772.4192
**www.bluenorthernbuilders.com**

SINCE 2007

## Olson Construction, Inc.

David Olson
209.366.2486
**www.olsonconstructioninc.com**

SINCE 2004

Practice Sales / Admin

## Pacific Dental Services

Koert Takkunen / Melanie Duval
714.552.5517
**www.PacificDentalServices.com**

SINCE 2012

## Resource Staffing Group

Debbie Kemper
916.993.4182
**www.resourcestaff.com**

SINCE 2003

## Western Practice Sales

Tim Giroux, DDS, President
John Noble, MBA
800.641.4179
**www.westernpracticesales.com**

SINCE 2007

Technology

## PACT-ONE Solutions

Dan Edwards, President
866.722.8663
**www.pact-one.com**

SINCE 2011

Waste Management

## Star Group Global Refining

Jim Ryan, Sales Consultant
800.333.9990
**www.stargrouprefining.com**

SINCE 2009

# Sacramento District Dental Society VENDOR MEMBERS

### VENDOR MEMBER SUPPORT KEEPS YOUR DUES LOW!

Vendor Members support Sacramento District Dental Society through advertising, special discounts to members, table clinics and exhibitor space at SDDS events. SDDS members are encouraged to support our Vendor Members as OFTEN AS POSSIBLE when looking for products and services. For more information on the Vendor Membership Program, visit **www.sdds.org/vendor_member.htm**

# Classified Ads

## PRACTICES FOR SALE

DENTISTS SERVING DENTISTS — Western Practice Sales invites you to visit our website, **westernpracticesales.com** to view all of our practices for sale and to see why we are the broker of choice throughout Northern California. **(800) 641-4179.** *03-09*

16 YEARS OLD, WELL-ESTABLISHED COMPLETE DENTAL OFFICE with 5 fully-equipped ops, the 6th op plumbed with digital x-ray. 1471 sf in Folsom. DDS is moving to a new location in Folsom. Charts are not for sale. Great lease and location. Please call (916) 715-0966. *08/09-13*

## EMPLOYMENT OPPORTUNITIES

PACIFIC DENTAL SERVICES HAS AN IMMEDIATE OPENING for an endodontist to work in our offices throughout Sacramento. We offer excellent income, a comfortable environment and state-of-the-art facilities. Please call Ed Loonam at (949) 842-7936 or email looname@pacden.com for more information. *06/07-13*

EXCELLENT OPPORTUNITY TO JOIN great multi-location, multi-specialty practice in Greater Sacramento. Currently looking to fill Pediatric Dentist associate position and Endodontist associate position. Please fax CV to (916) 817-4376. *08/09-C1*

SUCCESSFUL (PRIVATE PRACTICE) DENTAL OFFICE IN SACRAMENTO is seeking a full time associate. Our state-of-the-art facility provides all dental procedures under one roof. As an associate, you'll examine, diagnose and provide treatment to patients. Must have great communication skills. *08/09-13*

## PROFESSIONAL SERVICES

LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to (916) 952-1459. *04-12*

IMPACTED 3RD MOLAR AND OTHER SURGICAL EXTRACTIONS performed under IV sedation in your office. Keep patients where they are most comfortable (stand alone IV sedation also available). ACLS certified. All equipment, emergency kit and assistants. Dr. Johnson: (916) 905-0345. *08/09-13*

## EQUIPMENT FOR SALE

CEREC AC CONNECT. Purchased January 2012 and in excellent condition. Used for 15 cases, but I have upgraded to a milling unit. Good for anyone looking to do digital scanning, but not quite ready to commit to a milling unit. $10,000 OBO. Please contact Hana (916) 780-1955 or rashid.dds@gmail.com. *08/09-13*

## POSITIONS WANTED

LOCUM TENENS. UOP grad to work in your office while you are on vacation, sick or maternity leave or emergency. Great references. (530) 644-3438. *04-13*

## FOR LEASE

SACRAMENTO DENTAL COMPLEX has one small suite which can be equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: (916) 448-5702. *10-11*

DREAM OFFICE SHELL— Nicest in Sacramento. Near Watt/El Camino, close to shopping/restaurants. Build/Design 1,750 sf to suit. Brand new building/Full financing available. Call Dr. Favero (916) 487-9100. *11-12*

DENTAL OFFICE IN CARMICHAEL: 1160 ft. This is a three operatory office with some equipment. New paint, countertops and flooring. Lease price is $1800 per month. Includes water, sewer and garbage. Call Brian Fahey, DDS at (916) 483-2484. *06/07-13*

LOCATION, LOCATION, LOCATION: DENTAL OFFICE AVAILABLE, 3000 L Street 1,535 sf with 5 operatories, recently remodeled. Fully serviced lease with ample free parking. Contact Kelly Gorman (916)929-8100. *03-13*

LOCATION / OPPORTUNITY ORAL SURGERY OFFICE @ 1315 Alhambra Blvd. 1,980 sf with 4 operatories, fully plumbed, including oxygen and nitrous oxide. Fully serviced lease with ample parking. Contact Kelly Gorman (916)929-8100. *03-13*

DENTAL OFFICE ROCKLIN. Partially equipped and furnished. Turnkey. Minimal investment. Includes stools, chairs, cabinets. Russ Meadows: (916) 966-1635. *08/09-13*

PLACERVILLE DENTAL OFFICE — Excellent location, available Sept 1. 1667 sf, 5 operatories, stand alone bld. 1045 Marshall Way, $2.20/sf. Dr. Gil Larsen (530) 677-4256; (530) 903-0401. *08/09-13*

FOR LEASE: 3–4 operatory dental suite. Fully-equipped and furnished. Medical/dental building in Greenhaven / Pocket area. Available 4 days/week. Specialist or Generalist. Dr. Johnson (916) 905-0345. *06/07-13*

GENERAL PRACTITIONER would like to share office in Folsom one day per week. (209) 223-2183. *08/09-13*

To place an ad in the *Nugget* Classifieds,
visit www.sdds.org/NUGGET.html

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office (916) 446-1227.

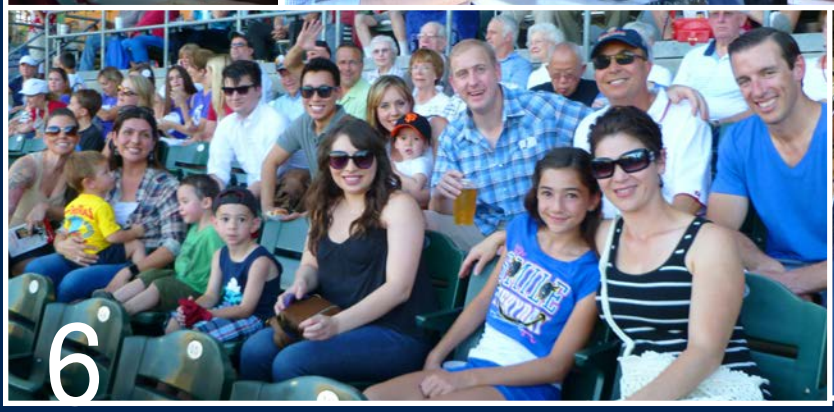
SDDS member dentists can place classified ads **FOR FREE!** MEMBER BENEFIT!

# Event Highlights

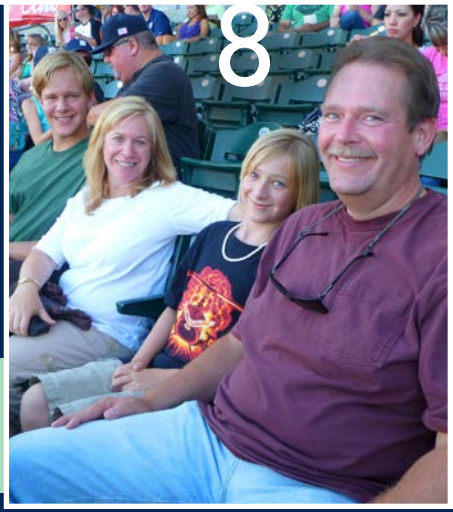
## Dental Day at Raley Field (RiverCats vs. Reno Aces) | JUNE 27, 2013










1. *Dr. Gary Ackerman throws out the first pitch.*
2. *Over 400 SDDS members, friends and family joined us for Dental Day at Raley Field.*
3. *Drs. Kirsten Chang and Patrick Tsai*
4. *Dr. Robert Hays and staff*
5. *Drs. Timothy Wong and Clifford Chow*
6. *Heise and Alpha Oral and Maxillofacial Surgery office*
7. *Dr. Jessica Wilson (right) with her fiancé and RiverCats mascot, Dinger*
8. *Dr. Brad Archibald (right) and family*

Next General Membership Meeting: **SEPTEMBER 10, 2013**
www.sdds.org/genmeetingCE.htm

sacramento
District Dental Society
2035 Hurley Way, Suite 200 • Sacramento, CA 95825
916.446.1211 • www.sdds.org



ADDRESS SERVICE REQUESTED

# SDDS CALENDAR OF EVENTS

## SEPTEMBER

**3** Board of Directors Meeting
6:00pm / SDDS Office

**9** Foundation Board Meeting
6:15pm / SDDS Office

*Nugget* Editorial Committee
6:15pm / SDDS Office

CE Committee
6:30pm / SDDS Office

**10** General Membership Meeting
**Dental Sleep Medicine — Yesterday, Today, Tomorrow** CE
*Mark Abramson, DDS*
***New Member Night***
Hilton Sacramento Arden West
6:00pm Social / 7:00pm Dinner & Program

**11** General Anesthesia Task Force
6:00pm / SDDS Office

Geriatric Oral Health Workgroup
6:15pm / SDDS Office

**13** Continuing Education
**Top Selling Dietary Supplements & The Nutrition Prescription** CE
*Tieraona Low Dog, MD*
SDDS Classroom
2035 Hurley Way, Suite 200, Sacramento
8:30am–1:30pm

**13** 2nd Annual Shred Event
2:00pm / SDDS Office

**17** CE Committee
6:30pm / SDDS Office

**19** Dentists in Business Forum
**Do You Trust Your Trust?**
*Mark Drobny, Esq. (Drobny Law Offices, Inc.)*
SDDS Classroom
2035 Hurley Way, Suite 200, Sacramento
6:30pm–9:00pm

**25** HR Webinar
**Funky Wage & Hour Facts** CE
Noon–1:00pm

**27** Licensure Renewal Course CE
**California Dental Practice Act, Infection Control & OSHA Refresher**
*LaDonna Drury-Klein, CDA, RDA*
SDDS Classroom
2035 Hurley Way, Suite 200, Sacramento
8:30am–3:30pm

For more calendar info and to sign up for courses ONLINE, visit: www.sdds.org

## SAVE THE DATE FOR THE 34TH ANNUAL MIDWINTER CONVENTION
## TONS OF CE & A GREAT TIME! YOU WON'T WANT TO MISS IT! FEBRUARY 20–21, 2014

EARN **3** CE UNITS!

**September 10, 2013:**
Dental Sleep Medicine — Yesterday, Today, Tomorrow

Presented by:
**Mark Abramson, DDS**

### LEARNING OBJECTIVES:

- Recognize the clinical features of obstructive sleep apnea
- Understand the medical consequences of his obstructive sleep apnea
- Understand how to conduct a screening protocol in your office
- Be knowledgeable in the use of oral appliance therapy and be familiar with different types of oral appliances

NEW MEMBER NIGHT

**5:45pm: Social & Table Clinics**
**6:45pm: Dinner & Program**

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

SEPTEMBER GENERAL MEMBERSHIP MEETING: **NEW MEMBER NIGHT**