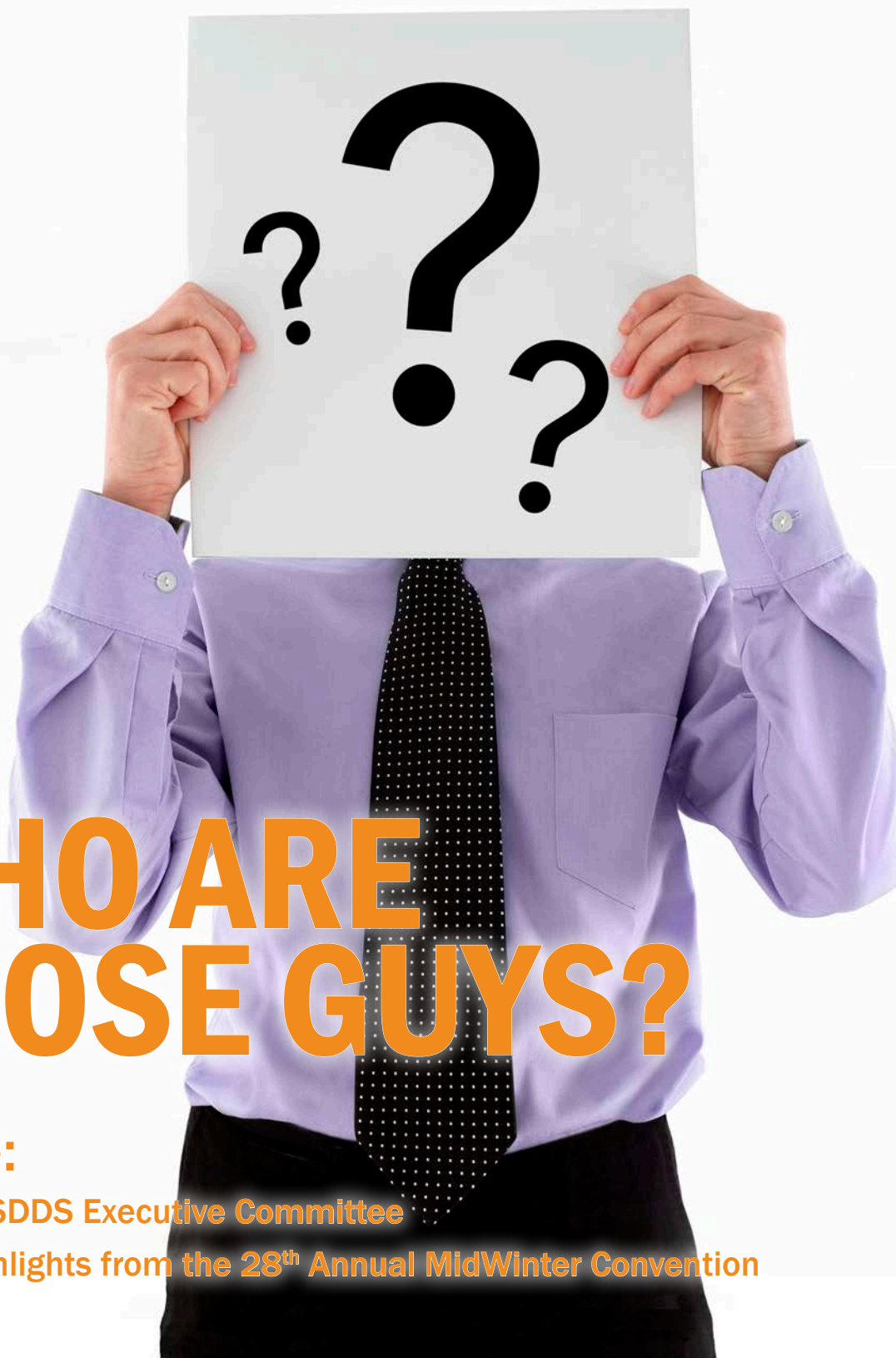


THE **NUGGET**



A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

APRIL 2008



WHO ARE THOSE GUYS?

Inside:

Meet the SDDS Executive Committee

PLUS: Highlights from the 28th Annual MidWinter Convention

DON'T MISS OUT ON THESE EVENTS!

CONTINUING EDUCATION

April 25, 2008 • 8:30am–1:30pm

Red Lion Inn — Arden Village

What in the World is That? A Review of Clinical Oral Pathology

Lane Thomsen, DDS

At the conclusion of this presentation, attendees should be able to:

- Differentiate between some of the common oral lesions that are seen in the dental office and describe some of the common treatment modalities
- Differentiate between herpes and aphthous
- Develop a differential diagnosis of some bothersome vesicular/bullous lesions
- State reasons why oral cancer incidence and survival statistics have not significantly improved in several decades
- List the most common risk factors/behaviors for oral cancer
- Describe how to determine which precancerous oral lesions will transform into carcinoma
- Diagnose and treat lichen planus
- List the effective diagnostic aids for oral cancer such as the velscope

5 CE (CAT I) • Member Price: \$187

MEMBER FORUM

April 24, 2008 • 6:30pm–8:30pm

Sacramento Hilton — Arden West

Disasters — Personal. Professional or Natural: Are You Prepared? Is Your Office Prepared?

Greg Thomas (Thomas Group)
& Panel of Experienced Members

What would happen if you and/or your office became a statistic? Physically, personally or professionally?

Are you protected? Do you have the right kind of insurance? Do you have back up systems in place — for yourself, your office operation, your building?

From full systems failure (technological as well as personal health!), to fire, to flood — have you backed yourself up? Do you belong to a mutual aid group? Are you insured for disability?

What about your patients? How will they be affected?

During this session, the experts will weigh in on what to do, what not to do and the in-between... “the should haves.”

A good member forum to attend — for your own peace of mind!

Topics to include: fire, flood, computer security and back ups, disability preparation

2 CE (CAT II) • Member Price: \$65

SDDS GOLF TOURNEY

May 9, 2008

Timber Creek Golf Course
(Roseville, CA)



See insert to sign up!

HR AUDIO CONFERENCES

12:00noon–1:00pm • Register & we will confirm with call-in information

Presented by California Employers Association (CEA)

April 22: Your Employees... It's All About Time!

- Alternative workweek — is this schedule right for your office?
- How & when do you pay your employees overtime?
- Can you pay a flat daily rate?
- Are you still obligated for overtime?

May 20: An HR Question-fest!

- Bring all your questions to this valuable telephone seminar!
(Details coming soon!)

1 CE each (CAT II) • Member Price: \$35/session



An audio conference is a one hour audio seminar you can listen to with co-workers while you have your lunch or while you are on the road. You will only need a telephone or cell phone, no computer required. All you need to do is dial, listen and ask questions if you desire. This audio conference has been designed with you in mind — it is for dentist offices only.

NEED MORE INFO? Fliers for April 2008 Events are available in the center of this issue or online at www.sdds.org. We'll see you there!

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THE NUGGET IS A 2007 INTERNATIONAL COLLEGE OF DENTISTS JOURNALISM AWARD WINNER IN THREE CATEGORIES:
GOLDEN PEN HONORABLE MENTION AWARD
OUTSTANDING COVER AWARD
OVERALL NEWSLETTER AWARD

PRESIDENT'S MESSAGE



By **Robert D. Shorey, DDS**

INTO THE FUTURE

I graduated dental school in 1983, owing \$47,000 non tax deductible debt at seven percent interest. The good news is that debt has been behind me for many years. In this *Nugget* issue, each spousal biography is a testament to achievement and the individual human journeys our leadership has traveled as dentists, community leaders, husbands and fathers. I wonder how these testimonials will relate to our youngest members just beginning their professional journey. I find the words, “I have been in practice for 25 years” seem to stick in my throat as I swallow before they are uttered. Difficult for me to admit my years but our most recent new member’s dinner provided irrefutable proof that I am becoming a senior dentist; my experiences of starting my dental practice are becoming distant memories. Three women dentists were seated across the table from me as we sat down for our SDDS new member dinner program. These new dentists were around 25 years old — strange to me they were newborn babies around at time when I was just starting my dental journey. We talked about their current mode of dental practice — all three were working as associate dentists and one of them volunteered to me they had incurred a **conservative debt of only 157 thousand dollars**. Others affirmed to me her accuracy of achieving a low debt because the usual graduating financial obligation for dentists is \$200,000–250,000. Such a

tremendous amount of debt and yet these dentists still expressed an incredible amount of exuberant enthusiasm.

The week after the New Member Dinner, I drove to Reno Nevada to give a lecture on clinical photography. Prior to my trip I found out a local young dentist was going to be

The growing debt of graduating dentists should be a concern for all of us.

attending my course so I made contact with him to share a ride. This dentist, still unmarried, had started a new dental practice in a growing community and yet our drive conversation was about the fiscal pressures and concerns for business success within his practice. His dental education debt was still a considerable burden but additionally he now had the weight of managing a staff and paying a new debt on his practice equipment and tenant improvements of over \$500,000. He noted to me that he had to work on the Saturdays in another practice to meet his living expenses.

When I began my own dental practice in 1983, I rented space, made sure my fees were less than the more experienced dentists of my area and I even accepted Denti-Cal patients. With such high debts today, I doubt if such a

strategy to begin a practice would even stand a chance of working. The young dentist’s procedure fees are often the same or higher than my own and need to be to stay ahead of their expense overhead. The growing debt of graduating dentists should be a concern for all of us because of how it indirectly affects the perception of our profession. At a time when a recent article in the *New York Times* publicly complains that dentists make too much money and at the same time we would like dentists to provide care in under privileged areas while taking care of their families and providing for their medical, disability and their future retirement, money (the cost of maintaining a business) is obviously a growing pressure for our profession. At our most recent CDA Leadership Conference, Peter Dubois, CDA Executive Director, acknowledged that practice management support has been recognized as a needed member benefit to help our member dentists solve their business operation and debt challenges. The evening of the leadership conference program, our group went to dinner with one of the attending dental school students and his seven months pregnant wife. Only a sophomore in school, we talked about many things including their debt. At the end of the evening we pooled our money to buy their dinner. Today I am still left wondering what their professional journey and our profession will be like 25 years from now. ■

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FROM THE EDITOR'S DESK



COMING TO TERMS WITH THE FACTS

By **Bevan M. Richardson, DDS**

Every year in the U.S., over 1.1 million people suffer heart attacks. That's about one down every thirty-three seconds. More than one third of these victims die. I can buy into the idea that we're all going to kick the bucket some day. It could be cancer, a car crash, a fire, drowning, being eaten by a tiger or after sitting semi-conscious in a convalescent home for fifteen years. In reality, the heart attack idea may be the best alternative. It isn't expensive or drawn out or messy. It is, however, the one way of checking out in which you can have some control over the timing. So consider these thoughts:

When I was just a few years out of dental school, my father's brother suffered a fatal heart attack. He was a very physically active guy. My dad and his brother were building contractors who went to work every day, lived extremely healthy lives and worked hard. My uncle was wiry, fit and only 62 years of age. At the time of his death I was only 32, so I could think of him as old and I could accept his death as a part of life. About ten years later my father was having clear symptoms of angina. I was with him at the hospital when he was told it was probably his hiatal hernia acting up. They gave him Mylanta and sent him home. He died in his sleep the next night. I saw this as a good reason not to rely on a busy hospital emergency room for a thorough diagnosis. He was 73 years old, which I perceived as old at the time and again, except for the failure to diagnose at the hospital, I accepted his death as a part of life.

Last summer, a close friend from my college days had a near fatal myocardial event while on a cruise ship in the Mediterranean. Following three de-fibrillations on the ship, a ride on a Greek coast-guard helicopter and a five-way bypass in an Athens hospital, he is lucky enough to be doing just fine. Here

was another perfectly fit, regular workout guy who was only 64 years old at the time of his coronary failure.

A few weeks later, while at dinner with a good friend, I was describing this story along with my version of subtle unexplained symptoms I experience from time to time. My friend related that he and his wife have a full body CT scan every few years. He suggested that I try it. "It's \$700 out of your pocket, takes just a few minutes and, if nothing else, it could put you at ease." Two weeks later I spent the \$700 at "Sacramento Heart" and I had a full body CT scan.

In a follow-up appointment with a cardiologist, I was presented with a CD of the images produced. Along with this was important diagnostic information. A primary indicator in my scan involved what is referred to as the "coronary artery calcium score." A score from 100 to 400 suggests an increasing probability of a coronary event in the next ten years. A score over 400 suggests a high probability of a coronary event in the next two years. My score was 1054. This was a major eye opener. A follow up thalium (nuclear) scan was inconclusive. The next step was an angiogram. Several significant factors came from the angiogram. The bill appears to be \$56,000. That's significant isn't it? (I can't help but think that this is a mistake.) Fortunately I am now on Medicare and with Blue Cross medical, so I'm covered. (But I digress.) Additionally, the angiogram showed a 70% blockage in the right coronary artery and a 55% blockage of the left main descending coronary artery. This is a very critical location and, because of the precise position, it cannot be treated with a stent or with angioplasty.

My lesson here has to do with genetic potential. I am age 65. A pretty darn young


65 I might add, and obviously I now think of my uncle's death as very premature. My father's as well. By the time you are reading this, I will be in the middle of a two month vacation and in recovery from a five-way coronary by-pass procedure. I will also be benefiting from a diagnosis and treatment the male predecessors in my family should have had.

Coronary bypass surgery is now a very safe procedure. I have many patients who have experienced this surgery and I have yet to talk to anyone who didn't survive it. (And I hope I never will.)


The advice I would impart to others: be aware of your genetic pre-disposition. At some point, if your blood work and family history suggest, the full body CT scan might not be a bad idea. It was certainly a good diagnostic tool for me. I have heard in the past that it shouldn't be relied upon because of untreatable irregularities that might be uncovered. So what?!

Prior to considering a scan, keep track of the results of annual blood work. My total cholesterol level was over 270 for fifteen years until a new statin drug was tried that knocked it down. I wasn't concerned during that time because I was regularly informed it may just be my genetic character. Was this good information? (Personally, I don't think so.) Stress echo-cardiograms never revealed anything. Other indicators for you to watch and attend to are: total triglycerides; HDL; LDL; C reactive protein (CRP); Lipoprotein (a), (LPa); homocystein; and fibrinogen levels. These are all indicators of cardiovascular inflammation, a sign of arteriosclerosis. All are measurable and all are controllable with appropriate diet, over the counter substances and exercise. Do some homework, learn where you should be, how to get there and how to stay there.

Most importantly, know your genetic potential. Most deaths due to heart failure arrive at the hospital by ambulance, or (of course) they aren't taken to the hospital at all. ■



DO YOU HAVE YOUR SDDS MUG & HAT?
VISIT WWW.SDDS.ORG TO ORDER



CATHY'S CORNER



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

WOW!

As I was proofing this issue of the *Nugget*, it occurred to me again how lucky I am.

I loved reading the stories written by the wives. Granted, I think I know most of our Executive Committee members pretty well. After all, we live, breathe, e-mail and talk SDDS nearly daily for five straight years. By the end of their individual tenure, I have sometimes been called “the SDDS wife” or “the one with the other list of honey-dos” quite regularly. I fully know that my SDDS honey-do list comes second; as it should be!

During the “SDDS Leadership Affair” I have become friends with most of the spouses. They have shared their mate with SDDS and its issues, its goals, its time commitments and obligations. But, through it all, they have been strong and ardent supporters of what we do here at SDDS. They support the job that their spouse does, they support the time it takes and, lastly, most of them join the fun!

So, cutting to the chase, I have also reflected on how lucky I am. How lucky... in two ways. First of all, how lucky I am to work with these great people and how lucky I am to be able to get to know “their ladies.” They, indeed, are great ladies – as you can read in their articles. Thank you, gentlemen, for saying yes to the job. I feel that I have made wonderful, new friends along the way.

Secondly, I am so lucky that I, too, have such an awesome husband. He has been there as a strong supporter of the dental society and its issues, as the sommelier at the Bump Dinner, as the buyer of many silent auction items and on and on. But most of all, he's a constant in my life as my strong rock and soft shoulder. He's always there to support me, whether he's pouring me a glass of wine when I arrive home after a long evening meeting, or just building the fire and meeting me at the door with a hug. Sometimes he even proofs my “Cathy's Corner” articles for me. So... thanks, honey! I love you! ■ *Cathy*

SETA HEAD START IS CURRENTLY HIRING DENTAL CONSULTANTS to conduct preventive quarterly dental screenings at our centers, located in and around the greater Sacramento area.

The dental examinations are strictly visual and visits are scheduled based on the Consultant's availability. SETA Head Start provides all the supplies. Compensation is provided at a rate of \$45.00 per hour.

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Contact **Lana Tamimi** — Health/Nutrition Specialist, SETA Head Start
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By **Bevan M. Richardson, DDS**

WHERE DID THESE GUYS COME FROM, ANYWAY?

From time to time we like to update our membership on the process we use for choosing our leaders. Most newer members and many older members are not always aware of the philosophy behind our process. To those who are not immersed in the politics of our profession, the process may seem illogical. For those who have been deeply involved, it is a tried and true method and it gives us good leaders over and over again.

Our method is not an “election” in the conventional sense. It is instead, a “selection.” If you were to look at all volunteer organizations (which is what we are), you would find that almost all of them operate this way. In dentistry, all of the CDA component societies operate by selection rather than by election.

Because we ask for a real commitment of time and energy, it is imperative that we have people working for our organization who we can be assured will respond with the necessary commitment. Unfortunately, it isn't possible for our general membership to know who those people would be. At any given time, less than 30% of the membership is actually involved with our committee structures or Board of Directors. Outside of activity in our organization, most dentists are probably lucky if they personally know even ten other local dentists. Involvement in study groups, membership meetings, committee work or close dental neighbors may be our only contact with peers. If we were to offer the general membership a slate of candidates from which to choose, there is no way they could effectively select the most willing and capable candidate. This differs from the dental school setting in which we were constantly together and were able to meet daily if necessary to address problems or to assess the effectiveness of our education, faculty and classmates.

There are, on the other hand, a number of our members who have been very involved with the everyday workings of our association and who know many others who are

similarly involved. Each year we ask a few of these members to serve on our Leadership Development Committee (LDC). The LDC is able to “select” candidates who have a track record of following through, who have shown a concern for our profession and who have been obviously successful in the leadership roles they have played in the past.

If we were to ask many of our eventual nominees to volunteer their names as candidates and to “run” for office, we would

Not many dentists would be willing to campaign.

find they would rather not. Such an activity would suggest a campaign. Not many dentists would be willing to campaign for our offices. More than likely, some of those who would want to campaign would turn out to be a poor choice to hold office. You may have noticed this to be true in some of our national and state political elections.

At times we have more candidates on the ballot than we have positions to fill. In fact, we always slate excess candidates for our House of Delegates positions. When we do this, it occasionally results in misunderstandings. It has also resulted in offending some of our hard working members when, in spite of all the time and effort they have given to us, the general membership, who cannot even begin to know about the candidate's past effort, has rejected them for an elected position.

The method used by volunteer organizations, which is recommended by most professional organizations, takes the burden off of the membership and off of the candidates. A nominating committee is assembled. The committee is composed of active and informed members. The committee compiles a list of worthy candidates for each of the offices to be filled. Any member of our association who wishes to be considered can have his/

her name included on the roster of proposed candidates. At the nominating committee meetings, discussion is generated concerning the candidates, past participation, possible interest in the position under consideration, conflicts, experience, future roles which could be played, etc. Every productive member may be considered several times over the years of his or her career. No candidate is embarrassed by not being selected, because all of the nominations under discussion are held in confidence. Usually the candidate him/herself doesn't even know he/she is being considered. When the final roster of candidates is developed, each nominee is asked individually if they would be willing to take the position for which they have been nominated. Many of our first nominees are not able or willing to accept the position in question. Eventually we fill all of our positions with very good candidates.

Even after the nominating process is completed, any member can petition the Board of Directors to have his name included on the roster for consideration by the membership. I have seen this happen just two or three times in my 35 years with SDDS.

The position we fill on our Executive Committee each year is a most important one. It is not a position filled simply in recognition of past accomplishment. For this position we seriously consider the potential for future dedication to our causes. In this position we are not filling just a one or two year term. We need a commitment for five years involving meetings every week, involvement in all of our Society functions, preparation for all meetings and participation in the CDA House of Delegates. Our membership cannot have a person in this position who has not shown dedication to our profession and who is not willing to continue with that dedication for at least five more years.

Our method has been successful in allowing us to place people in leadership positions

continued on page 25

President ROBERT D. SHOREY, DDS



By Leslie Shorey

Hello *Nugget* readers; my turn to tell on Robert. I met Robert when he was just two and half years out of dental school. He was building his own practice, renting space from an established dentist in Fair Oaks.

When Robert knows what he wants, he is relentless.

My married best girlfriend was his patient and, the matchmaker that she is, she encouraged me to see him. She had already scoped him out during a dental visit, asking a few necessary questions concerning his personal life, and she told him she had a single cute girlfriend. After her dental visit and matchmaking reconnaissance, she told me he was just out of dental school, single and cute. She also told me that if I didn't get a date, I would at least get a great dentist. We were married six months later! When Robert knows what he wants, he is relentless. When both people know what they want, that's what marriage is about.

I had no idea what I was in for — being self employed also means being married to a profession and running a business. Robert's student loans were our first house payment. I have been the assistant on many emergency

calls over the 21 years we have been married. I have helped build two dental practices; hung wallpaper, supported Robert while he ratcheted lights onto the ceiling, assembled dental equipment and too many other dental office adventures to mention. As we know in this profession, the life of a DDS is not a 9–5 job.

When I first met my husband, he was into intramural volleyball and, for a short guy, he is not too bad of a volleyball player. He also likes to cook (thank God) and because of his cooking desire, I was actually able to pull one over on him for a year or so. The first dinner I ever cooked for him on his birthday was actually cooked by my girlfriend (you know the matchmaker one) and it took him more than a year after we were married to figure out I hadn't actually cooked the birthday meal. Knowing my intentions were good I was long ago forgiven, but I am still mad at my girlfriend for finally spilling the beans on me.

As some of your know, Robert likes to dance and snow ski — not at the same time, I hope. My favorite thing is that he's my McGyver. He can fix anything and make the most when resources are limited to get things working. In 1991 he discovered computers, and his obsession has made him a wiz at computer stuff. His most recent passion is photography which started for dental reasons but now all friends and

family appreciate his ability to capture weddings and family events.

In the span of our marriage we've lived in two homes and have had six dogs (not all at the same time) — mostly found as strays, two cats, the world's largest goldfish, a guinea pig that lived beyond its years and our ultimate gift is our daughter who is now in the eighth grade.

Robert's dental school friends often comment on their exploits as fraternity brothers/sisters in the Delta Sigma Delta Fraternity. Not

As some of you know, Robert likes to dance and snow ski — not at the same time, I hope.

knowing him then, Robert will often point out beautiful mansions and compare them to his fraternity house but somehow I think the frat house is a better kept house only in his mind than it was in the real world. From discussions with his friends, I know he was well respected as a student leader in dental school. What I respect most about Robert is his passion for his beliefs, profession and determination to do the right thing. I know as his wife I can only be biased, but as he nears the end of his leadership tenure I believe you were lucky to have him. ■

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Immediate Past President KEVIN S. McCURRY, DDS



By **Cheri McCurry**

When I was a little girl living in Connecticut, I used to fantasize about the man I would marry. I was in love with Johnny Gage from the 1970's show "Emergency." Johnny had dark hair, a million dollar smile and... he was a paramedic. I thought a paramedic would make a great husband since I wanted to be a nurse. Somehow I would meet Johnny and we would be married and have 10 children. I really did want 10 children! Fast forward to my early twenties. I was hired and trained as a chair side assistant by a dentist who would be like a second father to me. He had the patience of a saint.

In 1984 when I was 22, I moved out to California. In Connecticut you didn't have to have an x-ray license or be registered as an assistant. Things were different in California so I got a job as a cocktail waitress at night and worked on getting my x-ray and RDA licenses during the day. I schlepped Long Island Ice Teas during the week, and studied my you-know-what off. I know, you're probably wondering if there's a point to all this... I'm getting there. I worked for a variety of dentists in those years after getting my license and one thing I knew for sure was I would NEVER (and I mean NEVER) marry a dentist. Not only would I not marry one, I would NEVER date one. One of them ripped the paper towel dispenser off the wall and threw it across the room in a fit of temper when it was empty. Another upended the instrument tray with his foot when it was missing an instrument. I'm sure you understand now why I would never date or marry one. Did I say NEVER? I mean NEVER!!

Working four days a week and bartending for my sister and her husband at their restaurant on the weekends was just not cutting it; I needed some more cash to pay rent and bills, etc. One of the girls at the restaurant told me she had waited on a dentist who was looking for an assistant on Fridays and Saturdays. She gave me his card and I gave him a call. He interviewed me, hired me on the spot and said he would

buy lunches. Basically he just needed a warm body chair side since his assistant was getting a divorce. What the heck, I thought, I could use a free lunch and I liked the way he looked in his jeans and cowboy boots. His name was Kevin McCurry and my life would never be the same. He hired me on Tuesday, I started on Saturday, and he called Sunday to ask me out on a date for Monday.

"Nope, I'm busy sorry."

"Tuesday?"

"Can't. Sorry. Got plans."

"How about Wednesday?"

Gee, this guy is persistent.

"Nope! Booked! Sorry."

"Thursday?"

"Look," I said, "I don't date people I work with, and I especially don't date DENTISTS!"

"Why not?" he asked.

"Nothing personal, it's just a rule I have."

"OK, fine how about Dutch treat?" he says.

Sigh... "OK, Dutch treat."

What can I say, I liked the way he looked in jeans and cowboy boots.

Fast forward 16 years of marriage and six kids later. What happened? I said I would NEVER date or marry a dentist, right? God has a weird sense of humor. I still remember to this day the moment Kevin said to me that he would love to be president of the Dental Society and was thinking of going through the chairs. I assured him that I was behind him all the way if this is truly what he wanted; I mean how bad could it be? As "First Lady" didn't that entitle me to a whole new wardrobe? Sure, I had to give up many Christmas, Thanksgiving and Easter days without my husband since he was Chairman of the Emergency Care Committee. And yes, he was gone two, sometimes three evenings to some kind of board meeting or another, but surely it doesn't get worse than that right?? YIKES!!

Sometimes I feel like a single mom. Sometimes I think I take a back seat to the SDDS. And yes, sometimes I visualize myself strangling my husband when he calls me to let me know he has a meeting that evening and, oops, he forgot to tell me. But then I remember how important this is to him and how much he wanted to do this and I did say I was behind him all the way didn't I? (DANG!!) But mostly I remember what a good man he really is.

Most of you know Kevin as the casual, laid back, opinionated, conservative, avid fly-fishin, duck hunting, republican, USC-lovin (go Trojans!), Hilary/Bill-hatin, Tommy

What happened? I said I would NEVER date or marry a dentist, right? God has a weird sense of humor.

Bahama guy. Well, let me tell you about the Kevin I fell in love with two weeks after I met him, the genuinely kind man, the man who really enjoys other people and is truly concerned for his patients' dental health, the man with a strong work ethic, the man with an open, honest and loving personality, the man who loves his children more than life itself, the man who hung in there through six deliveries (two of them life threatening), the man who, in 1997, dropped everything and flew 3000 miles across the United States to be with his wife (who was visiting a friend and got sick) in intensive care when the doctors told him she may not live through another night. The man who survived a pre-wedding round of golf with his future FBI father-in-law, future FBI brother-in-law and future uncle, Father Frank, the catholic priest and innocently told them about the warrant out for his arrest because of an unpaid parking ticket (ask him about that sometime). The

continued on page 25

President Elect ADRIAN J. CARRINGTON, DDS

When I was called upon to write something regarding Adrian, my first thought was, “Oh boy, another assignment,” (as if I don’t have enough to do) but it gave me a chance to reflect, brought a smile to my face and happiness to my heart. Thank you for allowing me the opportunity to share. Now I present to you my husband and business partner; and your President Elect, Adrian J. Carrington, DDS.

Who is Adrian? What makes him tick? He was born in Barbados, West Indies and is the oldest of four boys. He is a father of three girls

Others have described him as a visionary, level-headed, high achiever, inspiration to others and full of integrity.

— Kheri (26 years old), Alexis (14 years old) and Azra (10 years old) and my husband for over 18 years. I think he is a very humble man, but others have described him as a visionary, level-headed, high achiever, inspiration to others and full of integrity, which are qualities a dental society would need for leadership.

From the age of two he yearned to be a dentist, but almost ended up down another path to become a marine biologist or an artist. With his footsteps being guided, he ended up graduating from the University of West Indies with a double major in Chemistry and Biology. After receiving a four-year academic scholarship, he earned his Doctor of Dental Surgery degree from Howard University College of Dentistry, where he excelled on the Dean’s List throughout his training and received many awards, honors and accolades. Following dental school he completed a general practice residency in New York (where his parents reside). While at the Long

Island College Hospital, he acquired a taste for bagels. He has no favorite flavor, any will do. Upon completion of his residency, he returned to the Washington, DC area (while I completed dental school). We then returned to California and were married.

Currently he is working in private practice, has a state position, is a Board Examiner and serves on many of your boards and committees. He is participates in the Brotherhood at church and mentors many in need. He stays so busy I have to schedule my “talk time.” On some occasions I have been told it has been used up by the SDDS to which I say, “Wanna get away...”? Before he knows it, we may be out of town to get some family time to ourselves. He likes to travel, as long as it is all set up and all he must do is pack for himself. Besides traveling, he is known for his style and presentation. Someone at the SDDS labeled him the “The Dapper Doctor.” Some of his friends are Hugo Boss, Armani and Bruno Magli. By the way, he loves shoes. He has gone into the store to buy pants and come out with only shoes (the same style, yet different colors). Many have asked if he owns a pair of blue jeans and the answer is **yes**, but his would still look different because they would be pressed with the seams perfectly aligned. He prepares his clothes for the next day the night before.

He likes routines and keeping life simplistic. He is determined, meticulous, focused (competitive) and stubborn (passive-aggressive). He likes fast exotic cars (Ferrari, Lamborghini, Lotus) and fighter planes (the f18). We go to the air shows when they are in town. He is a former Black Belt, former half-marathon runner (weekend jogger now) and a current gym rat. If he is not at a meeting he likes to unwind at the gym. No iPod, no gym bag, no water bottle or fancy gadgets — just a white towel, workout belt and his black gloves (but of course he is matching in his workout attire from head to toe). If the weight machines don’t challenge him enough, he makes up his own exercises.



By **Marsha Henry, DDS**

The personal trainers look at him for ideas. Besides the gym, he might get in a round of golf with the family or golf to help raise money for a charity. With the schedule he maintains now, golfing is something we look forward to doing together in the future. His favorite place is home with the remote control, some food and his recliner chair (sometimes the television watches him). He also loves to sleep (of course after the honey do list is complete).

I try to inspire him to be all he can be with his career, but also allow him to help with raising our daughters. We both agree that God and family come first. He is active in helping to raise our two daughters, Alexis and Azra, because he knows they only grow up once and he does not want to miss out on their activities. He always says, “Life is too short!” He helps with homework, projects and whatever it takes to make their lives wonderful because they are

Many have asked if he owns a pair of blue jeans and the answer is yes, but they are pressed with the seams perfectly aligned.

mommy’s and daddy’s girls. When asked to provide a picture of the both of us, I decided if you want to see and know the real Adrian Carrington, then you need a family picture because we are apart of him, and he a part of us. We are a family, a team — we are one — Adrian, Marsha, Alexis and Azra, we are the Carringtons and it just so happens he is a dentist serving his profession, colleagues and community with pride and honor. Through my eyes, my fellow colleagues, family and friends — that is your next president, Adrian Jerome Carrington, DDS. ■

Treasurer TERRENCE W. JONES, DDS

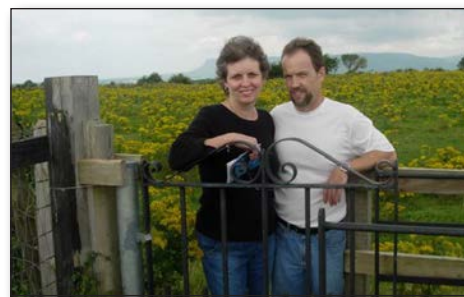
Every morning at 6:00am, ten feet hit the floor of our bedroom. It's time for the morning run and Terry gets ready while four of the feet (Gus') dance around happily and four of the feet (Lucy's) move slowly from a warm bed. Terry has jogged most of his life and is happy to have his canine companions join him, especially on the bike trail. His theory is that as long as he jogs, he can indulge in his secret love — sweets. People frequently point out the irony of a dentist eating cookies and ice cream, cake and candy, but he's proven that if you brush and floss several times a day you can get away with it!

Terry and I have been married for 35 years and have two wonderful daughters, Emily and Meghan. Emily is expecting our first grandchild in June and I think Terry is quite happy to finally have another male in the family (we don't count Gus!). When we visit our girls in San Diego, Terry moves immediately into dad mode and starts painting walls, washing cars and offering unsolicited advice about home and car maintenance.

Not only is Terry a great dad, he is a devoted son to his 98 year old father, Lou. Almost every evening after work, Terry goes to help his dad with dinner, laundry and getting ready for bed. His care and assistance have helped Lou maintain his independence and stay in his own home. My mother always said that Terry would "do anything for anybody" and she was right. His is generous and caring to family, friends and patients.

Terry is a voracious reader, usually of non-fiction, and likes nothing better than to read his book and drink cup after cup of tea. He likes to learn new things and to discuss world events, politics and health, but can barely tolerate television or movies. He loves to cook and has taken over the kitchen since our girls moved away. His cooking looks and tastes appetizing, but it has a few more calories than I need.

Being part of the leadership group of SDDS has been an educational experience that Terry has enjoyed. The politics and drama of an organization were new to him and he's still



By Marion Jones

adjusting to both. He likes and respects his colleagues and feels privileged to be part of the team. The whole family is glad his tenure as secretary is over — he was catapulted into a world of emails and word documents that he had never been exposed to before. The familiar

His theory is that as long as he jogs, he can indulge in his secret love — sweets.

words "How do you attach this?" would come from his office every time the minutes were due. Hopefully serving as treasurer this year will require fewer typing skills.

This year will be one of changes for our family, so watch for Terry on the bike trail. He'll be the one running with the two dogs and pushing the adorable grandbaby in the stroller! ■



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Secretary

WAI M. CHAN, DDS

Writing is not my forté, but Dr. Bevan Richardson said it does not even have to be good. And so he took away my excuse. Who is this guy? One thing that comes to mind is the song “My Guy,” by Diana Ross, I think. After modifying the lyrics, it goes like this:

What d’you want to know —
 about Wai Chan — he’s my guy
 Twenty eight years of — marriage to him
 — he’s my guy
 He’s my handyman — yes
 — and my chauffeur
 Gard’ner in the summer —
 and in the winter
 I’m telling you from the start
 He’s a super duper guy — in my eyes
 What d’you want to know – about
 Wai Chan — he’s my guy (*my guy*)
 A big kid at heart — loving and fun —
 he’s my guy (*my guy*)
 Tenacity? yes — and persistence
 Giving up? No — not in his substance
 I’m telling you from the start
 He’s a pretty awesome guy — in my eyes
 If you ask me — I’ll tell you no less
 In my humble view — he is the best
 When I need a friend — he’s always there
 Helping me thru’ — my burden to bear
 What d’you want to know — about
 Wai Chan — he’s my guy (*my guy*)
 Devoted to his calling — and giving it all
 — he’s my guy (*my guy*)
 He may not be a millionaire, but when it
 gets down to count — he’s — top notch
 I hope you get a glimpse of —
 what I’m trying to say — he’s my guy
 (*What you say?*)
 I hope you get a glimpse of —
 what I’m trying to say — he’s my guy
 (*One more time*)
 I hope you get a glimpse of —
 what I’m trying to say — he’s my guy

Jokes aside, so who is this guy?

He is... a husband and my best friend. We met in church in San Francisco. It was not love at first sight. I was glad to learn later it was my carefree disposition that caught his

attention. He is pragmatic and analytical; and I am optimistic and reasonable (at least I like to think so). We happened to be chairs of two different youth fellowships and, for some unexplained reasons, these two fellowships were having a lot of joined activities in those days. We moved to Sacramento in 1981 after I finished my residency and have never regretted the move. Most of the time he is a pretty good listener, although at times he may be too anxious to offer solutions. We have a

He does the hard manual labor; I harvest the reward. I told him that is teamwork.

lot of common interests. He introduced me to fishing, encouraged me to learn golfing (that was how I became and remain a beginning golfer for the past 15 years), enticed me to try white water rafting, coerced me to attempt scuba diving and opened my horizon to all kinds of “dangerous” (by my standard) activities. I, in turn, convinced him to take ballroom dancing lessons, and now I think he enjoys dancing (even though he has very little sense of rhythm).

He is... my handyman. There are few things around the house that he thinks he cannot fix. He is tenacious, and probably pesters the malfunctioning appliances or equipment into working again by his sheer persistence; he just will not give up. Yet he knows his limits — he can neither fix cars nor computers. He might pound on them but he cannot fix them.

He is... a gardener. He loves to see things grow (weeds not included). Every spring we strategize when to start the seeds, then we plan the battles with gophers and the never ending war with weeds. We usually have enough fresh vegetables and fruits for ourselves and plenty to give away to friends, patients and the dental office staff who occasionally are reluctant but obligated recipients of his generosity. It is a joy to pick fresh vegetables and vine-ripened fruits without having to get my hands dirty.



By Ruby Yu, MD

He does the hard manual labor; I harvest the reward. I told him that is team work.

He is... a doting uncle to our nephews and nieces. He is a big kid at heart, and he loves every one of them and pampers them. He maintains our pool so the kids get to have a good time when they visit us. He always says when the kids grow up we will move to a smaller place with no pool.

He is... a fisherman. His father took him fishing when he was about nine years old. From then on, he was “hooked.” During the bass spawning season, he would block his schedule, pack a couple of picnic lunches and we would go fishing. Many times, even though no unlucky fish was caught, those leisurely fishing days were priceless. Lately the problem is finding time for fishing. Our fishing boat has been collecting dust in our garage in the last two years.

He is... a Christian. He became a believer in college and has found peace and joy. Over the years, we have experienced God’s abundant blessings in our lives. Both of us are active in our church, serving in fellowship and Bible study groups. We have also gone on a couple of oversea mission trips; these experiences have tremendously enriched our faith.

He is... a dentist, without a doubt. He loves dentistry and he tries to do his best for his patients who, after all these years, are like family. He takes great pride in his work. One of my friends, who happens to be his patient, calls him the Michelangelo of Dentistry. He is relentless in pursuing excellence and knowledge and, in the process, became FAGD, MAGD and acquired numerous other four-letter words acronyms, too many for me to keep track of.

He is... an educator and mentor. He was an Adjunct Instructor and then an Assistant Professor in his alma mater — the University of the Pacific Arthur A. Dugoni School of Dentistry. There are a few dentists in town who are his former students. They might tell you he was the kind of instructor who asked

continued on page 25

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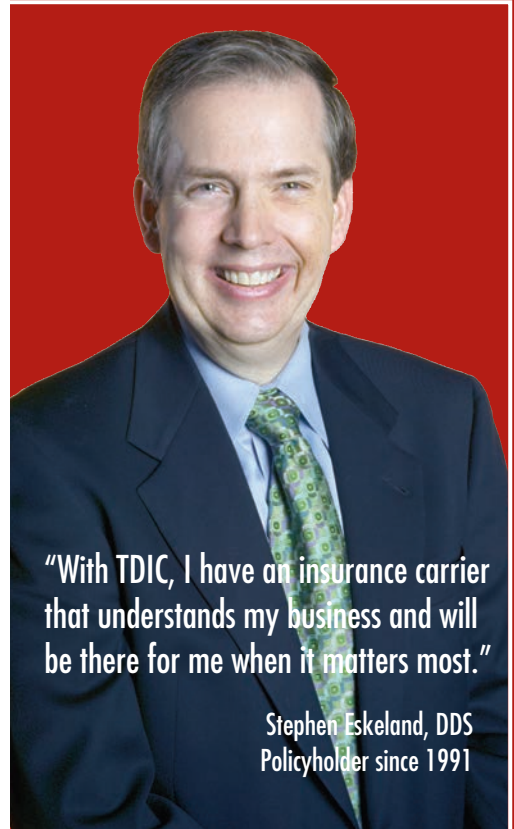


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- NEW** • **REDDING:** *For Sale. General Dentistry Practice.* This practice is located on the Sacramento River in Redding. 2007 Gross Receipts were 1 million with \$315K adjusted net income. There are five operatories in this 2,500 sq. ft. building. The practice reports 1,731 active patients and 14 new patients per month with 8 days of hygiene per month. The practice features Dentrix software, digital X-ray and digital Panolypse. In January 2008 the Record Searchlight publication "Best of the North State" acclaimed this to be the areas Best Dentist. Pictures of office are available. Doctor is retiring.
- NEW** • **REDDING:** *For Sale. General Dentistry Practice.* This practice has been in the same location for 18 years. 2007 collections were \$630K with adjusted net income \$250K. The practice has 5 operatories and 5 days of hygiene. There are 1,625 active patients with 16 new patients per month. The office is 1,950 Sq. Ft. with ample parking. Eagle software. Owner is retiring after 40 years of practice.
- NEW** • **OROVILLE:** *For Sale. General Dentistry Practice.* If you are a new graduate or looking to get away from the big city, you should look at this practice. Doctor has worked three days a week for many years and is ready to retire. 2007 Gross Production was 343K with 98% collect. Office is modern, attractive, efficient, and computerized. 3 Ops-chairs, lights, and units are three years old. No HMO's or Govt. programs. All endo, perio, and most surgery referred out. Dr. reports over 1800 active patients with three days of Hygiene. Seller's interest in building is also available for sale. Eighteen miles away from Chico State University.
- NEW** • **RED BLUFF:** *For Sale. General Dentistry Practice.* This practice is located in a freestanding building on a bluff over looking the Sacramento River. There are 8 ops. With 10 days of hygiene. Seller has practiced in Red Bluff for 36 years. 2006 collections were over \$1 Million with adjusted net income of \$336K. Bldg is also for sale with 100% financing available. Owner is retiring.

~ CONTACT INFORMATION ~

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Students in our Pre-dental club are not simply here to have it on their dental school application; our members truly care about their community and strive to instill in themselves a good sense of humanity while making a difference in the community.

With that in mind we are happy to announce that we will be having our 2nd Annual Wine Tasting event to benefit our club's very own "Project Backpack," a way for us to make a difference in underprivileged children's lives. Project Backpack involves the purchasing and filling of backpacks with necessary dental and school supplies, which we then donate and distributed to the children participating in the Sacramento District Dental Foundation's Smiles for Kids program. On February 2nd, we distributed our first batch of backpacks to the children.

This charity was funded through our 1st Wine Tasting Event Last April. The event features multiple wineries and restaurants, as well as games, prizes and jazz music. All funds generated by the event go to Project Backpack. If you would like to attend this spectacular evening, please visit our website to purchase your tickets for the event: www.myspace.com/csuspreidentalclub

Max capacity is 450 attendees so buy your tickets online, early. We will sell out. Remember, the number of people who come to our 2nd Annual Wine Tasting Event on **April 4th, 2008** directly impacts the number of backpacks we will be able to provide to the children of Smiles for Kids 2009.

On a very uplifting side note, we have an exciting update on two of our alumni members. Among other students, Don Mc Adams took the initiative to revive the Pre-Dental Association at Sac State. Serving as president of the club from 2005-2007, Don accomplished many feats for our organization, including coordinating our first Wine Tasting Event to be such a success. Recently, our very own Don McAdams was accepted into UOP's Arthur A. Dugoni Dental School. Congratulations to Don and his family as he certainly deserves such an honor.

Another one of our members, Jennifer Elmer, has also been a fantastic example of what it means to be a good student, as well as a well rounded individual. Jennifer graduated last semester with a 3.9 GPA, and has been accepted into USC School of Dentistry. We are so proud of her and her many accomplishments.

We hope to see you all at our 2nd Annual Wine Tasting Event.

Thank You,

Candis M. Dastmalchi — Public Relations Officer
meetra777@hotmail.com

FROM YOUR TRUSTEES

2008 BOARD OF TRUSTEES FEBRUARY 29 & MARCH 1, 2008



Kevin M. Keating, DDS, MS & Don P. Rollofson, DMD

An outstanding Leadership Education Conference was provided by CDA's Leadership Development Committee. The Leadership Education Conference was held in Torrey Pines February 29 and March 1. There were 345 attendees, which was the best attended leadership conference since their inception. All components participated by sending a member.

Board of Trustees Meeting: March 2, 2008

There were two closed sessions during the Board meeting. The first was to evaluate the Executive Director. In this session, the BOT determined Mr. Dubois had an outstanding year and that would be reflected in his evaluation.

The second closed session was to present information regarding two critical issues being addressed by ADA. Due to closed session, there can no discussion other than to let SDDS know the generalities of the issues. ADA is actively working on these issues; and has a strategy for dealing with them in order to manage them as best as is possible. The issues in summary are:

- Minnesota: an ADHP Bill has been moved out of sub-Committee and will go before the House of Representatives, which will allow for a dental therapist much like in Alaska. This dental therapist will be able to provide dental care under the definition that is included in this report. The bill was put forth by the State Representative from the poorest section of St. Paul, in which only one dentist provides dental care under the Medicare umbrella. The bill summary is at the end of this report.
 - It was opined that within 2–3 years this will become an issue in California.
 - National Association of Public Health Dentists is pushing for mid-level providers and is likely to support this measure and others like it as they come forth.
 - Insurance providers are pushing for mid-level providers because of the associated lower fees, saving them money.
 - The scope of practice essentially makes the ADHP a Dentist in scope.

The 13th district ADA Trustee, Russ Webb, reported on two other issues that are now developing for ADA to work on. The first is a situation that occurred in Chicago, where a news anchor had a bridge fabricated following an Ohio report of lead in a RPD. It caused medical problems for the patient who was wearing the bridge. This news reporter took the bridge and had it evaluated, finding that the levels of lead exceeded the levels that are deemed to be safe. This bridge was made in China. More on this will be coming forth in the news and will most likely lead to requiring some form of certification of manufacturing.



Drs. Keating & Musser get down to business at the CDA Leadership Conference

The second issue is due to the American Association of Board Examiners (AABE) guidelines that were just released. These guidelines will ultimately be used by states to establish state law. In these guidelines dentists, dental hygienists and staff cannot date patients. In order to date a patient they must be dismissed in writing from a practice for six months prior to dating. The dentist is responsible for ensuring that staff abides by the guidelines/law. Penalties for failure to comply could be loss of license. Under the guidelines, perception of dating is an issue. Social functions like a church singles get-together where a patient is present could be sufficient to be an infraction of these guidelines. ADA is working on this.

Below and at right are reports reprinted for your information. ■

REPORT FROM ADA TO ALL STATE ASSOCIATION EXECUTIVE DIRECTORS

The news isn't so good for the dental profession out of Minnesota. Monday evening a subcommittee of the Minnesota House of Representatives approved legislation that would authorize the practice of an "Advanced Dental Hygiene Practitioner" (ADHP) in that state. Modeled from the American Dental Hygienists' Association ADHP mid-level proposal, the far-reaching bill would permit graduates of the program to perform surgical procedures including extractions and restorations without the supervision of a dentist. The ADA is working with the Minnesota Dental Association through the State Public Affairs program to vigorously oppose the bill and offer more reasonable and effective solutions to reach those in need of dental care. This was only a subcommittee action, but of course the issue requires very close work from here. Stay tuned. ■

From Russ Webb:

MINNESOTA ADHP BILL ADHP BILL INTRODUCED AT THE CAPITOL

A bill to establish an advanced dental hygiene practitioner (ADHP) as developed and promoted by the American Dental Hygienists Association was introduced at the state legislature this week. The chief authors of this legislation are Representative Cy /Thao (DFL-St. Paul) and Senator Ann Lynch (DFL-Rochester). The bill would create a new kind of dental hygienist who, after completing a masters program at Metro State University and Normandale Community College would be able to:

- render a final diagnosis
- prepare treatment plans
- prepare and restore primary and permanent teeth using direct placement of appropriate dental material
- place performed crowns
- perform pulpotomies on primary teeth and direct and indirect pulp capping in primary and permanent teeth
- place atraumatic temporary restoration
- perform extractions of primary and permanent teeth
- prevent or intercept potential orthodontic problems and parafunctional habits by early identification, space maintenance, and appropriate referral
- provide reparative services to patients with defective prosthetic appliances
- supervise registered and unregistered dental assistants
- prescribe, administer, and dispense legend drugs

An advanced dental hygiene practitioner would be able to perform the procedures listed above under a collaborative management agreement with a dentist as identified below:

- without the patient first being examined by a licensed dentist
- without the presence of a licensed dentist
- without the dentist's diagnosis and treatment plan
- at a location other than the usual place of practice of the dentist or advanced dental hygiene practitioner

Adoption of such a proposal would put patients at risk and compromise quality by creating a second tier of care. Procedures authorized by such a proposal should only be taught by an accredited dental school. The MDA has been actively opposing and lobbying against this proposal. What is new this week is the actual language of their bill. All MDA members are strongly encouraged to contact their local legislators and encourage them to oppose the creation of an ADHP. Legislators should be encouraged to oppose House File 3247 and Senate File 2895 ...

Thursday, February 28, 2008 AOL: *Webbft* ■

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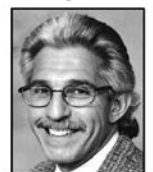
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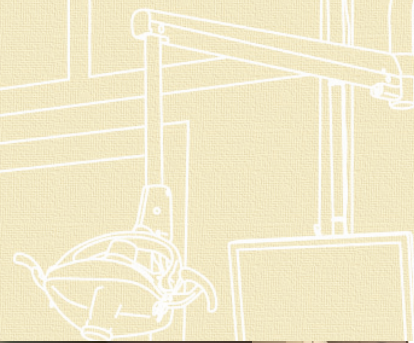
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Things to Consider When BUYING A PRACTICE

By Risk Management (TDIC)

Buying a practice may be a dentist's most important financial and professional commitment. To make the most informed business decision, evaluate a wide range of issues including: seller's profile, employment agreements, patients' profiles and records, contractual agreements, financial assets and liabilities, clinical standards, legal compliance, and contractual agreements. Approaching the purchase with a considerable amount of diligence and the advice of an experienced attorney is necessary for your success.

The general information outlined below is not intended to take the place of legal advice. Lists are not exhaustive of issues to be addressed, and each suggestion may not be applicable to every situation.

Seller's Profile

Some practices transfer patient care in segments while the seller remains in the practice for a time. If that is your plan, be sure the seller supplies you with:

- proof that he or she carries current professional liability insurance with limits equal to or greater than your own
- proof of tail coverage once he or she leaves the practice in order to cover claims that may arise after the seller retires completely

Whether the transition is immediate or incremental, before the purchase is finalized obtain the following:

- names of any patient(s) currently in dispute or conflict with the seller and why. The patient may view the buyer as the heir to the dispute and liable to resolve it

- malpractice claims or suits in process or other problems with current patients of record
- names of patients who have not completed treatment and are ignoring efforts to return and why
- peer review actions and how they were resolved
- any disputes with other practitioners

Also, it is a good idea to conduct a number of random chair side visits to evaluate the quality of care

Such information will indicate any problems you may be inheriting that may become liability issues

Employees

Every buyer would like to achieve a seamless transition. The staff is extremely instrumental to that end. It is best that the patients feel as little change as possible in the practice by identifying with familiar faces.

While considering the purchase of a dental practice, arrange a meeting with all staff to evaluate the team.

The first contact a patient has with the dental office is with the receptionist whose attitude toward the new dentist transmits to the patients immediately. If any member of the staff cannot transfer allegiance from the selling dentist to the buying dentist, it may be necessary to replace that person before taking over the practice. While it may not be possible to discern everything at that point, a first impression can reveal much about an office, i.e., neatness, efficiency, attitude, and experience level.

The buyer is not bound to keep the staff at the status quo. A review of the existing Employee Handbook, if there is one, will describe the conditions of employment and the benefits the employees currently enjoy. The buyer can anticipate which changes or enhancements to duties, hours, benefits, wages, and job descriptions to make after the purchase. Once in the practice, the buyer should announce and thoroughly explain all changes to all parties affected. Employees should sign or initial and date changes in employment status and changes in the Employee Handbook.

Considerations

- Read the job descriptions; if none exist, develop one for each employee after you purchase the practice.
- Verify licenses and credentials; ensure they are up-to-date.
- Compare the salaries with those in the community; are they too high or low?
- Know when their last salary increase took effect; are they due for an increase?
- Verify how their work performance is evaluated; how often?
- Look at the rate of employee turnover.

Patient Profiles and Records

For long-term success, patient profiles must be ascertained before purchasing an existing dental practice. Randomly sample at least 50 patient records and carefully scrutinize them. Develop a matrix with categories of importance to you and record your findings from the record review.

continued on page 20

IN MEMORIAM



DUDLEY S. MOORE, DDS

Dr. Dudley Moore passed away at his home in Roseville at the age of 87. Dr. Moore received his DDS from Indiana University in 1944 and his OMFS degree from Northwestern University in 1951. He practiced in Santa Rosa for nearly 30 years, serving during that time as president of the Redwood Empire Dental Society, before going on to become president of California Dental Association. He then worked in Sacramento as a consultant for Delta Dental until his retirement at age 85. Dr. Moore was a member of CDA for 62 years, including 26 as a member of SDDS.

Items to pay attention to:

- **Age of patients** — Are they younger or older than you like to treat? Will there be a lot of denture work? Will you do the work yourself or refer it out?
- **Ethnic backgrounds** — Would a practice with a high percentage of one type of ethnic population pose problems for you to treat because of a language or culture barrier? Poor communication is the first cause of patient dissatisfaction.
- **The proximity of patients' homes to the dental office** — How many are likely to change dentists after the purchase in order to be closer to home?
- **Recall compliance** — Is there an effective recall system being used for patient compliance?
- **Perio charting** — Patient charts that do not reflect regular perio probings and measurements tell you there may be liability issues surrounding the practice for failure to diagnose or failure to refer periodontal disease on a timely basis. The resulting bone loss, unsalvageable teeth, and future treatment expenses may be perceived by patients as your responsibility because you are taking over the practice of the selling dentist. If the seller's referrals to specialists for perio treatment have been slow or lax, patients may perceive you as too aggressive in contrast.
- **Radiographs** — Look for inconsistencies on the radiographs such as poor resolution, undiagnosed decay, or the absence of radiographs before invasive treatment. Such red flags could indicate that substandard care exists.
- **Accounts receivable** — What percentage of patients pay cash, have dental insurance, are sent to collection?

- **Standard of care** — The charts should reflect the current standard of care.
- **Attrition** — Percentage of patients who left the practice in the last 24 months and why.

The purpose of such a review is to appreciate who your new patients will be and whether you will be comfortable treating them. The patient profiles may indicate future treatment problems stemming from past treatment in that office and may become a conflict between you and the patient or you and the seller.

To a general dentist, charts of inactive patients (those not seen in the last two years) are not worth as much as charts of active patients

Buying a practice may be a dentist's most important financial and professional commitment.

(those seen in the last two years who come for regular check ups), just as the charts of non-compliant patients (those who do not follow or complete treatment or comply with billing arrangements) are not worth as much as those of compliant patients.

The purchase agreement should be very specific as to the disposition of the patient records. It should ensure patient access to the records as well as seller access in the event the seller needs them for defense in a malpractice claim. The agreement should define the period of time the records will be retained. TDIC recommends retention for at least 10 years from the date the adult patient was last seen, and for minors, 10 years from the date the minor was last seen or until the minor's 25th birthday, whichever is

longer. The sales/ purchasing agreement should stipulate that in the event the buyer decides to discard the records, he or she will give the seller first right of retrieval. In the agreement, spell out who will pay for storage and reproduction costs.

To eliminate future confusion when trying to locate a file, develop an alphabetical list (by patient name and social security number) of records that are being left in the buyer's custody. One should be provided to the seller and one to the buyer. It is always worthwhile to verify the accuracy of the list.

If these common issues are fully addressed in the purchase contract, there are no assumptions or misunderstandings if questions arise related to the disposition of patient records.


Contracts

Beware of existing contracts made by the current owner of the dental practice that may pass to the buying dentist. Request a comprehensive list of contracts affecting the operation of the dental office, i.e., alarm systems, equipment maintenance, equipment leases, telephone systems, answering services, billing services, software programs, computer hardware, and any creditors with outstanding balances or liens against the seller.

Any associate or hygienist who is a so-called "independent contractor" has some kind of contract, either oral or written. Review those contracts before the purchase and discuss them with the dentist and the independent contractor. Assume nothing and make your intended changes clear from the start. As the new owner, the buyer can be vicariously liable for the treatment of patients by the contracted practitioner, so it is important



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to personally review the finished work of any associate who will be working in your future office. Determine that the associate is insured with limits equal to or greater than your own.

If leasing the office space, negotiate with the landlord with respect to an assignment of the existing lease or the creation of a new lease. Review building maintenance services.

If the existing owner of the practice is involved with managed care plans, determine whether the plans automatically transfer the agreement and those patients to the buyer? Has your patient profile review identified those patients as desirable to keep? Are those patients a large percentage of the practice? Retreatment can become the thorniest and most disappointing issue the two practitioners must work out after the sale/purchase. Before the sale closes, it is a good idea to have a mutually acceptable plan to handle patient demands for retreatment, or the buyer's request for retreatment. Usually, a third party is best to determine whether retreatment is needed. It is in both parties'

best interest to handle retreatment issues without putting the patient in the middle. Remember, a retreatment clause describes a financial arrangement; it does not relieve the seller from his or her duty as the treating doctor to have practiced within the standard of care, nor does it protect the seller from accountability to regulatory bodies or malpractice claims.

Financial

The ADA has prepared a useful booklet entitled, "Valuing a Practice: A Guide for Dentists," which lists items to secure for consideration when purchasing a practice. They include:

- a balance sheet reflecting current assets and liabilities
- the most recent income statements
- a copy of practice income tax return for at least three previous years
- a year-to-date income statement for present year with breakdown of all revenue and expenses

- estimates of fair market value of equipment
- the cost of leasehold improvements and the date for each
- year-to-date total and the three previous years' monthly production and collections by the dentist and hygienist
- average accounts receivable and any accounts written off over the foregoing period
- a schedule of all practice expenses

Once you have the financial information listed above, consult with a CPA and/or an attorney to interpret what it all means to you

Miscellaneous

- Before designing your letterhead, invoices, business cards and signs, contact your state licensing and regulatory board to review the requirements and restrictions with respect to the use of **business names**.
- **Advertising and coupons** that are circulating at the time of the sale may obligate the buyer to honor offers which may have adverse financial consequences. ■

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BOARD REPORT

MARCH 4, 2008

Submitted by **Wai M. Chan, DDS**
Secretary

President's Report

- President Robert Shorey welcomed new Board member Dr. Jeffrey Rosa.
- Dr. Shorey introduced Ms. Lisa Mass, Executive Director of Californians Allied for Patient Protection (CAPP).

Ms Mass gave a presentation on the history of MICRA (Medical Injury Compensation Reform Act) and the need to protect MICRA.

A motion was passed to support and endorse CAPP in its work to protect MICRA.

- Dr. Shorey gave a recap of the CDA Legislative Advocacy Conference.
- Dr. Shorey gave a recap of the CDA Leadership Conference, which was attended by the Executive Committee.

Secretary's Report

As of February 29, SDDS has 14 new members for the year 2008. We are saddened that Dr. Dudley Moore has passed. We have lost five members due to transfer and one member due to other reasons.

We have 400 members who still have not paid their 2008 membership dues. These members will be dropped from membership if dues are not received by March 31, 2008. If a member is dropped, there will be a \$100 fee to reinstate membership.

Treasurer's Report

Dr. Adrian Carrington, Treasurer for 2007 and current President-elect, presented the 2007 Fiscal Year End Report.

- Balance sheet, Profit and Lost Statements, Programs and Events comparisons and Pie Charts were presented to the Board.
- SDDS has income of \$56,050 for 2007.

It was moved and passed to allocate \$20,000 to Operating Reserve, \$20,000 to Building Reserve and donate \$10,000 to Sacramento District Dental Foundation.

Unfinished Business

Geographic Managed Care.

- Dr. Terry Jones reported that with the approval of the Executive Committee, he had sent a letter, on behalf of SDDS, to California Medical Assistance Commission (CMAC) expressing our concern of the effectiveness of the GMC program and that SDDS suggested that contract language, negotiated with the GMC plans, should include a requirement for encounter data that substantiates the number of patients seen and the treatment provided.
- The Sacramento First 5 Commission also sent a letter in support of SDDS's position.

Bylaws change.

- After review of existing SDDS Bylaws, it was determined that, since the Bylaw change regarding dentists in the city of Galt does not take away SDDS membership rights, the change does not need membership ratification. In light of the finding, and to be fiscally and environmentally responsible, it was moved and passed to rescind the motion made at the last Board meeting which would have required printed ballots for ratification of Bylaw change.
- It was moved and passed to add a note to current Bylaw under Chapter 1, Section 30, Geographic Boundary. The note will state that the 2007 CDA House of Delegates had determined that dentists in the City of Galt, although in Sacramento County, shall belong to San Joaquin Dental Society due to historical precedence.

New Business

Fluoridation Committee Report

- Fluoridation Committee Co-Chairs Dr. John Orsi and Dr. Dennis Wong presented their report.
- The Co-Chairs also presented four areas of concern: support, chain of command, clarification of communication, resources.

Alliance Report

Alliance President Gayle Peterson thanked the SDDS members and staff for a successful Crab Feed on February 8 at the Dante Club.

- \$8,000 was raised to benefit dental health and health education.

Executive Director's Report

Executive Director Ms. Cathy Levering reported the following:

- **Web Tracking** — First two months of 2008 has double the number of visit from first two months of 2007.
 - **HR Hotline report** — Three other components have started HR Hotline as a membership benefit after consulting SDDS. One of them has used our *Nugget* cover as an idea to promote Hotline in its component magazine.
 - **Staff Salary and Benefit Survey** — We received our attorney's opinion on the Staff Salary Survey conducted by CEA.
 - **Smiles for Kids Update** — 27 clinics, 96 dentists, 44 hygienists, 126 assistants, 162 staff members volunteered for the SFK day. Over 20,000 kids were screened last year and 691 kids were treated on the SFK day. 434 kids needed follow-up.
- Thanks to the school nurses and site coordinators, this year's no-show rate is 18% compared to previous years' of 25%.
- **Practice Support Work Group** — Ms. Levering is the only Component Executive Director invited to participate in the CDA Practice Support Work Group. Board members were asked to provide ideas and suggestions on practice support.

- **Dental Assisting Scholarship** — The following Board members were assigned to select Scholarship recipients: Drs. Ladi Sorunke, Vic Hawkins, Craig Johnson, Kenneth Moore, Donna Galante. ■

Next Board meeting: May 6, 2008



YOU: THE DENTIST... THE EMPLOYER

MEDICAL MARIJUANA IN THE WORK PLACE

By California Employers Association CEA)

Employer drug and alcohol abuse prevention and testing programs received support from the U.S. Supreme Court in the ruling of *Gonzales v. Raich*, No. 03-1451 (June 6, 2005). It was determined that state laws

prescribed by physicians. However, many people with serious health conditions complain that the prescription medication does not act quickly enough or is less effective than smoked marijuana.

Ten states have so-called “compassionate use” or “medical marijuana” laws, which allow individuals with health conditions to ease the pain of chronic conditions with marijuana if their doctor or health care practitioner **suggests** such use. In these states (including California), employers may be asked to hire or to continue to employ workers who test positive for marijuana use on the ground that such use is considered the same as prescription drug use. To make matters more confusing, while doctors may *recommend* marijuana use, they are prohibited from *prescribing* marijuana, making it difficult for employers to verify whether such use is truly authorized for medical purposes.

What Does This Mean?

This decision does not overturn state medical marijuana laws, which direct state law enforcement not to prosecute individuals who use marijuana in accordance with state limits on medical use and cultivation. Employers, however, can now refuse to accommodate

such use by affirming that this conduct remains illegal under federal law.

Our attorney recommends that whether or not someone has a prescription for marijuana, you should not hire them if it will affect the employee’s ability to safely perform the job. In this case, ensure that your anti-drug policies and handbooks state that authorized marijuana use is not accepted as legitimate drug use under your policy.

However, you could consider accommodating an employee or applicant (assuming there is no safety issue) whose medical condition has led to a recommendation of marijuana use. A “reasonable” accommodation is likely

While doctors may recommend marijuana use, they are prohibited from prescribing marijuana.

authorizing the use of marijuana to treat illness do not protect drug users from federal law making such behavior criminal. Had the Court ruled otherwise, pot-smoking workers would have been able to justify marijuana use in those states with “compassionate use” laws — California is one of these states — and the ruling would have required employers to permit workers to engage in such use.

Background Information:

There is currently only one form of marijuana available in a prescription drug form (trade name Marinol), which can be legitimately

You should not hire them if it will affect the employee’s ability to safely perform the job.

to include steps like allowing an employee the opportunity to transition to another medication (e.g., Marinol) or other treatment. Again, clearly communicate this in writing. ■

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Where Did These Guys Come From...

CONTINUED FROM PAGE 7

who have been involved enough to fully understand the responsibilities they are accepting. Our officers do not have an easy job. They all comment often on the seemingly un-ending requirements on their time, on their practices and on their families. These are all the type of people who, when their time is up we almost have to kick them out.

Clearly, if we did not have an Executive Committee committed to excellence, we would not have the quality programs we currently enjoy and we would not have the financial stability every organization must have in order to thrive.

Kevin S. McCurry, DDS

CONTINUED FROM PAGE 9

man who willingly watched all six hours of *Pride and Prejudice* with me and allowed me to drag him, at least 13 times, to the movies to see *Phantom of the Opera* “just one more time” The man who tells me constantly how beautiful I am and what a lucky guy he is to have married me. The guy who did CPR trying to save his eight week old nephew who, unfortunately, died from SIDS. And finally, the guy who tells his wife he’s going to take the kids to a movie (*Alvin and the Chipmunks...* EGAD!!) so his wife can have some quiet down time.

He told me how Bevan approached him and asked if I would be willing to submit

We are also fortunate in having an Executive Director who is successful in keeping us all focused on our objectives. Because of her hard work and dedication to our profession, the work of our “selected” leaders is easier. Cathy Levering has more than a full time job as our Executive Director. Without her and her dedicated staff, some of our volunteer positions would be the equivalent of a full time job (as if they aren’t already). If we were asking anyone to fulfill a full time job as a volunteer, believe me, there would be no volunteer willing to fill it. ■

an article about him in the *Nugget*. He told Bevan that I was busy home schooling the kids everyday and driving 150 extra miles a week between Jesuit and confirmation classes and First Communion classes and fencing classes and horseback riding lessons and boy scouts and other extra-curricular activities and that it would be hard to get me to agree to write an article about him.

Write an article about my husband? Are you kidding? Doesn’t he realize he is my favorite subject and I love him more and more each day?

Johnny Gage?? Who’s that??” ■

Wai M. Chan, DDS

CONTINUED FROM PAGE 12

for everything you’ve got and then some more. He also likes sharing his experiences by being a mentor to younger colleagues in town.

He is.....a volunteer. One of his mantras is giving back to the community. Amidst his busy schedule he still finds time. He gives up his “day off” to participate in the Coalition of Concerned Medical Professionals in serving the dental needs of indigent population. He also provides free dental care to missionaries in need and helps in screening students for Smiles for Kids. In past years, he had also served in Su Salud, the Davis CommuniCare Dental Program and the Donated Dental Services.

He is.....a leader. His involvement in team activities from grade school through college have taught him that success comes not from individual efforts but through team members

working towards a common goal. He is a consensus builder. In the past 10 years, he has served various organizations in committees, task forces and boards of directors. He has served as Secretary and Board member for the Northern California AGD. He is a past president of the Sacramento-Sierra AGD, which he helped founded in 1999. He is also a Board member of the Pacific Dental School Alumni Association, the Sacramento County Maternal, Child, Adolescent Health Advisory Board and Council Member of CDA Policy Development Council. He always tells me that being a leader is about serving others.

Dentistry is his passion. To better our community is his mission. So for the next five years, I guess I will be sharing this guy of mine with SDDS. ■

ABSTRACTS

A survey of primary tooth pulp therapy as taught in U.S. dental schools and practiced by pediatric diplomates.

B. Dunston and J. Coll
Pediatr Dent 30:1 2008

More pediatric dentists are using glass ionomer for indirect pulp therapy and direct pulp capping and less using ZOE or calcium hydroxide and most are not re-entering the tooth. For pulpotomy, most still preferred formocresol but the use of ferric sulfate has increased. ZOE remains the base of choice after a pulpotomy. Slightly less pulpectomy therapy was advocated for abscessed teeth and the use of iodoform and calcium hydroxide paste fillers increased.

Clinical efficiency of 2% chlorhexidine gel in reducing intercanal bacteria

C. Wang, et al
J Endo 33:1 2007

Despite the fact that sodium hypochlorite (NaOCl) effectively reduces recovery of bacteria from root canals, it is caustic if accidentally expressed into the periapical area or adjacent structures. Results of the study showed that 2% chlorhexidine (CHX) is as effective as NaOCl as an irrigating solution. Additional advantages of CHX are its retentive character in root canal dentin and its relatively low toxicity but unlike NaOCl, it lacks tissue dissolving properties.

Plaque-removal efficacy of four types of dental floss

G. Terezhalmay, et al
J Perio 79:2 2008

The study compared the use of four floss products (unwaxed, woven, shred resistant and the powered flosser Oral-B Hummingbird) in combination with a manual toothbrush. The traditional floss groups provided 16 to 26% greater plaque removal than the manual toothbrush alone, whereas the powered flosser provided 40% greater plaque removal than the toothbrush alone.

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Auxiliary Advisory • SDDS • 6:30pm

2008 meetings TBA

Board of Directors • SDDS • 6:00pm

May 6 • Sept 2 • Nov 4

CE Committee • SDDS • 6:30pm

May 19 • Oct 6 • Dec 1

CPR Committee • SDDS • 6:30pm

May 7 (yearly calibration)

Dental Health Committee • SDDS • 6:30pm

Apr 21 • Sept 30 • Dec 9

Ethics Committee • SDDS • 6:00pm

May 19 • Oct 6

Foundation (SDDF) • SDDS • 6:30pm

Apr 21 • Sept 30 • Nov 19

Golf Committee • SDDS • 6:30pm

Apr 28

Leadership Dev. Committee • SDDS • 6:00pm

Apr 15

Legislative Committee • SDDS • 7:00pm

Apr 14

Mass Disaster / Forensics Committee • 6:30pm

Sept 17 (yearly calibration)

Membership Committee • SDDS • 6:30pm

May 27 • Sept 22 • Dec 1

Nugget Editorial Committee • SDDS • 6:15pm

June 3 • Oct 28

Peer Review Committee • 6:30pm

Apr 10 • May 8 • June 12 • July 10 • Aug 14

Sept 11 • Oct 9 • Nov 13 • Dec 11

SacPAC Committee • SDDS • 6:00pm

Apr 14

For dates & times not listed above, visit the SDDS calendar at www.sdds.org/calendar.htm

LETTERS TO THE EDITOR

Dear Editor,

Hello!! My name is Jann and I have been practicing dental hygiene in the Sacramento area for 30 yrs. Today I snagged the *Nugget*. My favorite subject, about which I am very passionate, was the cover story! Wow. I so appreciate both your and your brother's articles. I have been trying to open these lines of communication too. I have recently discussed my ideas with numerous peers and would greatly enjoy the opportunity to talk with you. Are you open to that? I really want to go somewhere with this. A dental/medical liaison of some sort, perhaps.

Look forward to hearing from you.

Thanks again for the articles,

Jann (an RDH)

Short note to tell you how much I agreed with your articles in the latest *Nugget*. To many MDs, we are still ensconced in the barber shop.

Many times I have tried to communicate with an MD about a mutual patient with minimal or no response. Let's hope somehow in the future it can be improved.

Regards,

Jim (a dentist)

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COMMITTEE CORNER

By **Robert E. Isman, DDS, MPH**
(pictured)

Dean N. Ahmad, DDS
Dental Health Committee Chair



Dental Health Committee: DENTAL TREATMENT DURING PREGNANCY

Several studies have shown that dental care use by pregnant women is lower than that of other individuals. Further, not only do pregnant women underuse dental care, but poor women disproportionately fail to obtain such care. For example, a recent study by the California HealthCare Foundation found that fewer than one in five Medi-Cal enrolled pregnant women received any dental services during pregnancy.

There is very little evidence to support limiting dental care for pregnant women. Recommendations often are derived from

Pregnancy and early childhood are particularly important times to access oral health care.

anecdotal evidence and still seem to accept the notion, unsupported by the scientific literature, that dental treatment for the pregnant woman is safe only during the second trimester. This confusion results in a barrier to the timely receipt of critically important care.

Pregnancy and early childhood are particularly important times to access oral health care because

the consequences of poor oral health can have a lifelong impact. For many women, pregnancy is the ideal time to address oral health issues. And although the problem occurs for women of all incomes, for some low-income women it may be the *only* time they have coverage for dental and medical benefits.

Substantial, though still inconclusive, evidence suggests a link between periodontal disease and preterm and low birth weight deliveries. Some evidence suggests that periodontal treatment may reduce these adverse outcomes. In any event, control of oral diseases improves a woman's quality of life and has the potential to reduce the transmission of oral bacteria from mothers to children. Dental caries, the most prevalent chronic infectious disease of children, is even more prevalent in California children. Of 32 states surveyed, only Arkansas has a higher percentage of children experiencing tooth decay than California.

To minimize confusion about dental treatment for pregnant women, the New York State Department of Health developed the first evidence-based state guidelines in 2006 (see <http://www.health.state.ny.us/publications/0824.pdf>). They recommended that all health care professionals should advise women that:

- Dental care is safe and effective during pregnancy. Oral health care should be

coordinated among prenatal and oral health care providers.

- First trimester diagnosis and treatment, including needed dental x-rays, can be undertaken safely to diagnose disease processes that need immediate treatment.
- Needed treatment can be provided throughout pregnancy; however, the time period between the 14th and 20th week is ideal.
- Elective treatment can be deferred until after delivery.
- Delay in necessary treatment could result in significant risk to the mother and indirectly to the fetus.

The California Dental Association Foundation will be convening a consensus conference this fall to update the New York guidelines to include studies published within the past five years. The California guidelines will engage a range of stakeholders and include comprehensive dissemination, professional education and evaluation activities. Practitioners should watch for the results of this conference, which will hopefully shed important new light on what is appropriate and timely dental care for pregnant women. In the meantime, the New York guidelines offer the most current and rigorously reviewed scientific consensus on this subject. ■



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CONGRATULATIONS TO...

Dr. Ike Rahimi, who recently traveled to Afghanistan to help Dr. James Rolfe train dental auxiliaries and build a non-profit dental clinic in Kabul. *(photo at right)*

Dr. Dean Ahmad, who just returned from lecturing in Dubai and Karachi as Zimmer Dental's Asian Market spokesperson.

Dr. Candy Tan-Chi McComb, for her organization of a dental mission to the Philippines with **Drs. Kelvin Tse, Cindy Weideman, Jeff McComb**. They will join other dentists and dental students from Arthur A. Dugoni School of dentistry.

Dr. Kevin McCurry, whose son, Patrick, was the only freshman to make run crew for Jesuit Drama's production of Sweeney Todd.

Dr. William Koett, Sr., on the establishment of his new practice in Folsom.

Dr. Douglas Yee, on the sale of his Sacramento practice to **Dr. Darryl Ragland**.

Drs. Kelvin Tse & Cindy Weideman, on their new practice in Rocklin in Rocklin 65 Professional Park, where they will provide pediatric and adult dentistry in one office. ■



Dr. Ike Rahimi trains dental assistants in Afghanistan.

Have some news you'd like to share with the Society? New babies, achievements, retirements, new offices — we'll report them all! Please send your information to SDDS via email (melissa@sdds.org), mail (915 28th St, Sacramento, CA 95816) or fax (916-447-3818). Call SDDS at (916) 446-1227 for more information.



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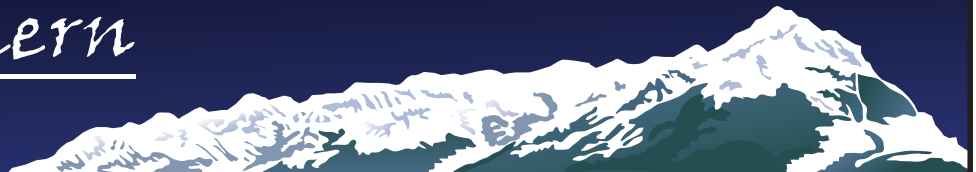
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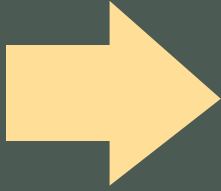
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- CDA Contact Center . . (866) CDA-MEMBER
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NEW MEMBERS

APRIL
2008



Haytham M. Abbas, DDS

General Practitioner
Office Address Pending
Dr. Haytham Abbas graduated from University of Cairo located in Egypt in 1998 with his DDS. He is currently living in Sacramento with is wife, Rania Soliman.

Jorge de la Osa, DDS

General Practitioner
7315 Stockton Blvd, Ste 3
Sacramento, CA 95823
(916) 422-8332
Dr. Jorge de la Osa graduated from Instituto Superior de Ciencias Medicas (ISCM) Santa Clara located in Cuba in 1977 with his DDS. He is currently practicing in Sacramento and living in Elk Grove.

Mohamed M. Mahmoud, DDS

General Practitioner
Office Address Pending
Dr. Mohamed Mahmoud graduated from University of Cairo located in Egypt in 1998 with his DDS. He is currently living in Elk Grove with is wife, Shereen.



Tigran A. Vardanian, DDS, MSD, PhD

General Practitioner
8445 Sierra College Blvd
Roseville, CA 95661
(916) 773-0505
Dr. Tigran Vardanian graduated from Yerevan State Medical University located in Armenia in 1980 with his DDS. He is currently practicing in Roseville and Citrus Heights and living in Roseville with his wife, Lana.

NEW AFFILIATE MEMBER:

Steve M. Leighty, DDS

Main Component: Butte-Sierra District Dental Society
Oral and Maxillofacial Surgeon
1364 Whispering Pines Cove
Grass Valley, CA 95945
(530) 272-8871
Dr. Steve Leighty graduated from UCSF School of Dentistry in 1991 with his DDS and later completed his specialty in oral and maxillofacial surgery at University of Washington in 1995. He is currently practicing and living in Grass Valley with his wife, Karen, and serving as President of the Butte Sierra Dental Society.



SDDS "FUN TIMES" HAPPY HOUR

May 15, 2008 (6:30pm • No host)

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- TOTAL MEMBERSHIP (AS OF 4/1/08): 1,537**
- TOTAL ACTIVE MEMBERS: 1,308**
- TOTAL RETIRED MEMBERS: 182**
- TOTAL DUAL MEMBERS: 3**
- TOTAL AFFILIATE MEMBERS: 8**
- TOTAL STUDENT MEMBERS: 4**
- TOTAL CURRENT APPLICANTS: 0**
- TOTAL DHP MEMBERS: 32**
- TOTAL NEW MEMBERS FOR 2008: 18**

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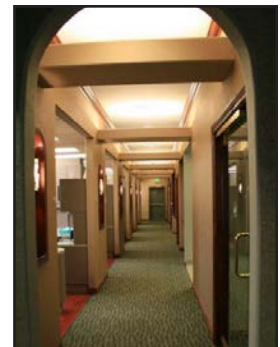
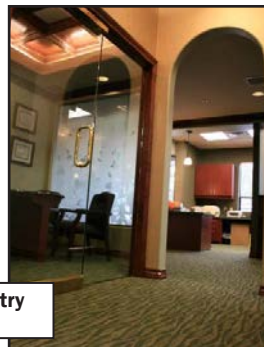
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Click the first link: "Microsoft Office Compatibility Pack for Word, Excel & PowerPoint 2007 File Formats"

Stumbled upon a great link?
Email it to melissa@sdds.org, to submit it as a possible link of the month!

28th Annual
MidWinter
Convention
& Expo

IT'S A CE JUNGLE OUT THERE

LET US BE YOUR GUIDE.

FEBRUARY 21-22, 2008 • SACRAMENTO CONVENTION CENTER



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Drs. Ackerman & Keating, with their CE Committee pith helmets, were prepared to brave the **JUNGLE** with ease.



Drs. McCurry & Rollofson **GUIDED** the way through the brush, to the Expo floor.



The Expo hall proved to be an **ADVENTURE** in itself, with vendors ranging from financial institutions to dental supplies to jewelry.



The **WILDLIFE** at the Sacramento Zoo booth was a big hit!



Dr. Ackerman announced raffle winners at the **JUNGLE JUICE RECEPTION.**



After **MONKEYING AROUND** at the Expo, it was time to hit the books for another round of classes.

THANKS TO ALL WHO ATTENDED THIS YEAR'S CONVENTION!

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Rates for non-members are \$45 for the first 30 words and \$.60 per word after that. Add color to your ad for just \$10! For more information on placing a classified ad, please call the SDDS office (916) 446-1227. Deadlines are the first of the month before the issue in which you'd like to run.

SDDS CALENDAR OF EVENTS

APRIL

- 1 General Membership Meeting**
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Sponsored by Dockstader Dental Lab
Back to School / Recruitment Night
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:00pm Social
7:00pm Dinner & Program
- 8 CDA Oral Health Day**
- 9 Alliance Board Meeting**
Noon / SDDS Office
- 10 Peer Review Committee**
6:30pm
- 14 SacPAC Committee**
6:00pm / SDDS Office
Legislative Committee
7:00pm / SDDS Office
- 15 Leadership Development Committee**
6:30pm / SDDS Office

- 16 Continuing Education**
The Doctor as CEO
Virginia Moore & Debbie Castagna
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:30pm–9:00pm
- 18 Executive Committee Meeting**
7:00am / Del Paso Country Club
- 21 Dental Health Committee**
6:30pm / SDDS Office
Foundation Board Meeting
6:30pm / SDDS Office
- 23 Past Presidents' Dinner**
6:30pm / Spataro
- 24 Member Forum**
Disasters — Personal, Professional or Natural: Are You Prepared? Is Your Office Prepared?
Greg Thomas (Thomas Group)
& Panel of Experienced Members
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:30pm–8:30pm

- 25 Continuing Education**
What in the World is That? A Review of Clinical Oral Pathology
Lane Thomsen, DDS
Sacramento Red Lion Inn
1401 Arden Way, Sacramento
8:30am–1:30pm
- 28 Golf Committee**
6:30pm / SDDS Office

MAY

- 1–4 CDA Scientific Session**
Anaheim, CA
- 6 Board of Directors Meeting**
6:00pm / SDDS Office
- 7 CPR Committee Calibration**
6:30pm / SDDS Office
- 8 Peer Review Committee**
6:30pm
- 9 SDDF Golf Tournament**
Timber Creek Golf Course (Roseville)

MARK YOUR CALENDAR FOR THE 29TH ANNUAL MIDWINTER CONVENTION
FEBRUARY 19 & 20, 2009 • TONS OF CE & A GREAT TIME! SEE YOU THERE!

Loads of CEU!

APRIL 1, 2008

CHANGING LIVES WITH FUNCTIONAL JAW ORTHOTICS (FJO)

Speaker: Richard E. Johnson, DDS

In today's dental practice we need to treat more than just teeth. The entire dental team needs to be more aware of facial esthetics, signs of airway problems and TM Joint sounds and jaw deviation upon opening. At the conclusion of this presentation, attendees should be able to: Evaluate your patients using proper records to improve the quality of life using functional appliance therapy • How to evaluate airway problems using cephalometric x-rays • How to evaluate condyles / TM Joint using panorex x-rays • Use minor orthodontic movement with removable appliances to set up your cosmetic cases.

6pm: Social & Table Clinics / 7pm: Dinner & Program
Sacramento Hilton — Arden West / 2200 Harvard Street / \$52 Member price



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