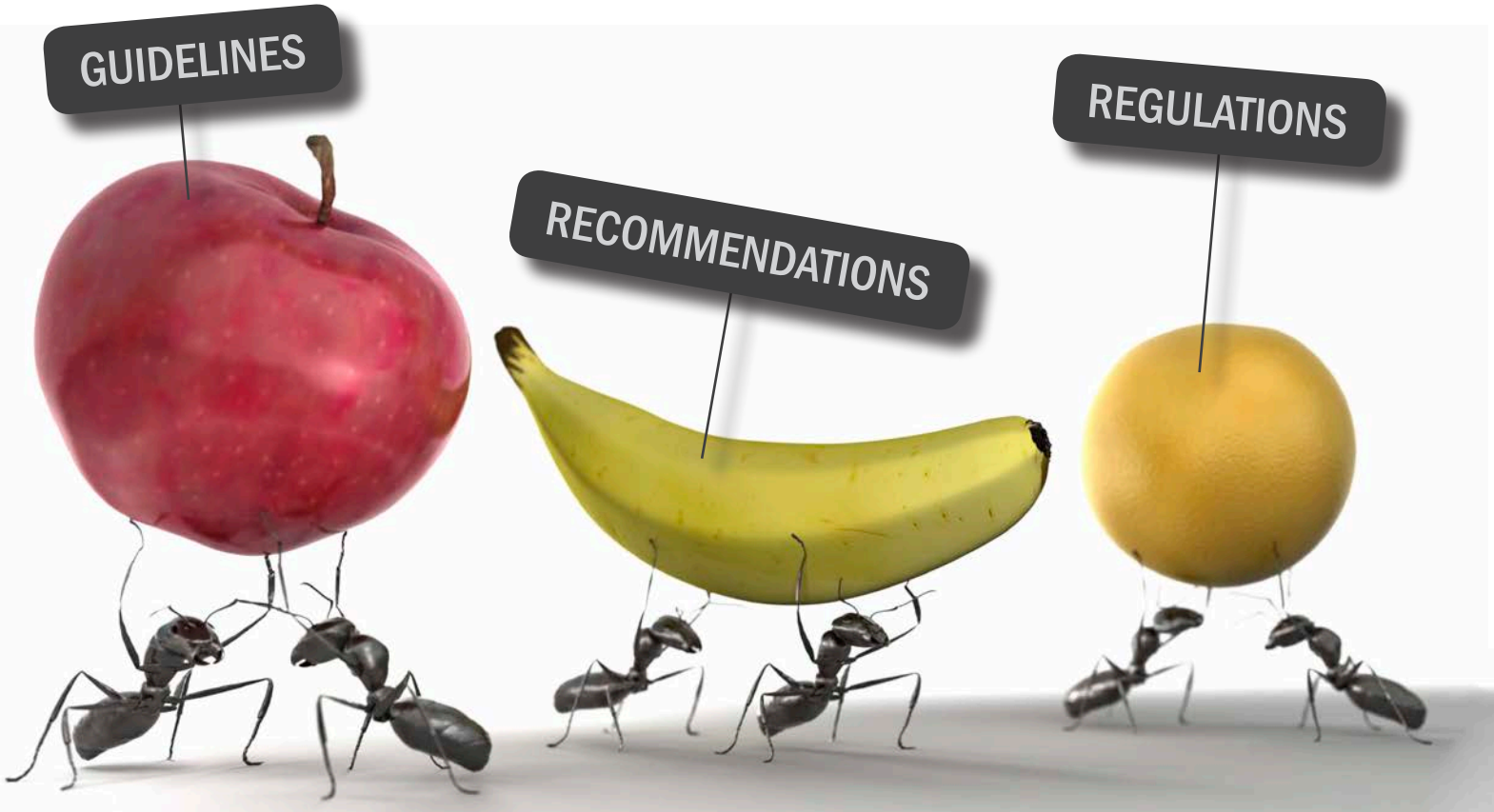
THE NUGGET

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

AUGUST/SEPTEMBER 2008




## EXAMINING QUALITY OF CARE (PART 1 OF 3)

# DENTISTRY GUIDELINES & REGULATION

## Inside:

Guidelines & Regulations — Bugs at the picnic?

PLUS: 2008–2009 Calendar of Events

Sacramento District Dental Society introduces its latest **CE continuum:**

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- *Staff meeting guidelines*
- *How to Action Plan — Solutions that strengthen the patient experience*

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- *Telephone etiquette and the Telephone Communication Slip*
- *The New Patient Welcome Packet*
- *Greeting and Escorting the New Patient*
- *Getting to Know the New Patient*
- *The dental assistant's vital role*
- *The examination*
- *Treatment presentation*

### SESSION TWO: **OCTOBER 10, 2008**

**NPE Skills Practice (Role-play)**
- *Telephone Communication Slip*
- *Getting to know you*

**Perfect Payment Arrangements**
- *Traits*
- *Guidelines-Exercise and Homework*
- *Roles-Exercise*
- *Prep*
- *Negotiation — Payment arrangements that allow patients to receive the treatment they need and want*
- *Paperwork*

**Foolproof Appointment Scheduling**
- *Scheduling Challenges*
- *Template for Ideal Scheduling — Scheduling to allow for optimal patient care*

### SESSION THREE: **NOVEMBER 21, 2008**

**Perfect Payment Arrangement Skills Practice**
- *Review Credit Guidelines homework*

**Foolproof Appointment Scheduling Skills Practice**
- *Handling Cancellation's, No-Shows & patients who delay treatment*

**Remarkable Recare**
- *Establishing a Recare philosophy*
- *Establishing Recare protocols*
- *The 60-minute Recare visit — The must-do's to balance clinical and administrative tasks*
- *Establishing Recare goals*
- *Verbal skills for keeping the Recare schedule full*

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*see insert to sign up!*

## 3 SESSIONS:

8:30am–1:30pm
5 hours/CEU each (Cat II)

1 DOC & 1 STAFF ATTEND FOR:

**$1680**
EARLY BIRD PRICE
(on or before Aug 31, 2008)

**$1800**
REGULAR PRICE (after Aug 31, 2008)
***payable in 3 monthly payments***

EACH ADDL STAFF: $225
**NON-MEMBER PRICES DOUBLE**

***VIRGINIA MOORE AND DEBBIE CASTAGNA'S*** *experience and expertise range from work in private practice to founding their total practice resource company, The Practice Source. The Practice Source provides dental management consultancy and top-quality dental practice management resources. Virginia and Debbie are popular and highly sought-after speakers, and frequently appear on the platforms of some of the largest dental conventions in the country, including the California Dental Association, the Thomas P. Hinman Meeting and the Yankee Dental Congress.*

*Between them they have more than 30 years of professional management consulting experience, and are members of the prestigious National Speakers Association and Academy of Dental Management Consultants.*

*They are co-authors of practice management resource guides The Doctor as CEO and The Ultimate Staff. They can be contacted at vmoore@ThePracticeSource.com or dcastagna@ThePracticeSource.com. To learn more, please visit their website at www.thepracticesource.com.*

# TABLE OF CONTENTS


# THE NUGGET

AUGUST/SEPTEMBER **2008**

VOLUME **54**, NUMBER **7**


## FEATURES



## SPECIALS



## REGULARS



** featured on cover*

***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

## STOP THE MADNESS!

By **Robert D. Shorey, DDS**

Stop the madness! This may be an overstatement, but it has been said doing the same thing over and over and expecting a different result is madness. California's children have one of the highest caries rates in the nation and many policy makers harbor the belief that more drilling and filling is the solution. Like most human diseases, we shouldn't expect to treat our way out of it. There is usually more than one way to solve a problem, but restorative solutions can never overcome the rising tide of the situation. Continuing down that road can actually be wasteful of precious resources and plainly ineffective for the long-term. Such is my feeling about the ongoing debate on how to solve the high caries rate in California's children.

Mostly our high caries rate is epidemic in those children whose parents have low economic status and/or have recently immigrated to the United States. These groups suffer the highest caries rate in our nation. They are the least likely to be aware of our culture's caries-prone nutrition, the most vulnerable to both parents working long hours and the least likely to access regular care in our healthcare system. Sometimes this is due to their economic or transportation situations, but mind you I need to clarify that this is not always the case. Just as often it's about not seeking regular care and checkups because they have not been recognized as a priority. The value placed on oral healthcare falls below other consumer **wants** being marketed to anyone who can fog a mirror in our consumer-driven society. So how do we reach out and solve this problem?

First we need to recognize that **more drilling and filling is not the long term solution**. Sure, we have a responsibility to help people be free of pain and rehabilitate those people with deteriorating oral health. However, no amount of drilling and filling will enable us to treat our way out of the chronic oral health problems caused by caries if we do not establish a strong preventive plan. A restoration is not better than a virgin tooth for long term oral health, regardless of its quality. I believe my practice is typical of most general dentists in that most of the restorative dental services I do daily involve replacing fillings that have run their course and ended their service with a broken tooth or re-decay. If only these teeth could have avoided their first cavity, fewer dental problems, expenses, pain and suffering would have resulted over the subsequent years. Most other health professionals put the highest emphasis on prevention of disease over surgery. Why should dentistry be different?

*More drilling and filling is not the long term solution.*

The perception by our public at large, most of our legislators and the special interest groups they represent is that cavities are inevitable. **They are not!** If we accept the paradigm that cavities are inevitable, no wonder dentists are perceived as culpable for the current situation. If only we would step up and provide care at lower rates or step aside to allow others to provide low cost restorative services. More affordable access to drilling and filling is perceived by the uninformed as the solution to the high rate of tooth decay.

Dentists are not culpable for the caries problem, but we are culpable for not educating ourselves, our legislature and other healthcare public interest groups on the importance and long term money saving impact of prevention. Giving the highest **priority to water fluoridation** would be a monumental first step. Fluoridation has championed as the most effective oral health preventive measure — one that is beneficial to all people regardless of their economic circumstances.

Another step would be intervention at a point when humans are most motivated to learn and hopeful about creating a better future — I would like to know what humans are more motivated than expectant mothers. Educating mothers about oral health, the impact of their own oral health on their babies and how they can raise a cavity free child should be a priority for our California society and our budget-strapped legislators. Most people in California have their babies in the hospital, making it one of the strategic places where we should form alliances to educate and champion oral health. Providing people with an understanding concerning the means and the benefits of a restorative-free and cavity-free mouth needs to be a paramount objective for California's society. If we want to be the best, let's be the best in prevention of oral disease, instead of striving to provide the most fillings and restorations.

If you agree with my comments, the current California state budget shortfalls make this the most appropriate time to get onboard a caries prevention crusade. The passage of the recent legislation (AB1433) requiring elementary school children exams is a move in the right direction. We must know the true magnitude of a problem before it can be strategically addressed with anything greater than a lucky guess. Our local dental society has several committees successfully helping to find solutions, such as community water fluoridation and partnering with Sacramento County's First 5 Commission. Through an alliance with First 5, the SDDS Dental Health Committee has contributed to the "Kit for New Parents," promoting dental health education and oral health awareness. SDDS is also partnering with Mercy PRN outreach program (a program to help moms recovering from meth addiction). You can visit our website (www.sdds.org) to obtain additional information on committees and patient information like our Smiling Kids Brochure (We have distributed more than 200,000 of these brochures throughout the community since our Dental Health Committee developed it in 2004!) Let's get the word out to people in our communities so they understand what truly should be done. ■

# FROM THE EDITOR'S DESK

## BUGS AT THE PICNIC

By **James C. Cope, DDS**

When I think about all of the regulation I am required to live with, it gives me trichotillomania[1].

California Labor Board ten-minute break regs, Fire Dept inspections, CDC Guidelines, Dental Board requirements for water-line safety, IRS regulations, the stupid Prop 65 warning sign, the California Ergonomics Standard, posters required by state and federal agencies, x-ray head inspection and licensing, county business license fees, unsecured property tax, hazardous material waste pickups, retirement plan rules, post-exposure follow-up of an exposure incident, annual bloodborne pathogens training, Employment Development Department Worker's Comp and Disability issues, managing Pregnancy and Family Leave, biohazard labeling and more schtuff.

Here is my idea: Einstein's theory predicts gravitational effects warping space-time. This gives some hope of time travel. This gives me a teeny-weeny hope of experiencing dental practice in the sixties when my father was a dentist. Sure, I would only have silicates and gold foils to conservatively restore a fractured incisal angle, but imagine how much less complicated the world was when the Beatles were singing, "I'll save all my lovin' for you."

Back to reality:

> *Regulation accumulates as a society becomes complex, especially when people desire secure outcomes. This additional regulation creates more complexity.*

This complex and regulated environment is well suited for bureaucrats, but I just want to have fun fixing teeth! When I complain about all this bureaucratic *%#$!@[2], Kimberly[3] is accustomed to hearing my low continuous indistinct sounds often accompanied by slight movement of the lips without articulate speech.

> *"I spent an hour with this dentist from Delta who has to audit my practice every few years", "I got some OPIM on my PPE when I reached for the UHWM[4]," "Have you ever thought of just selling everything and moving to Montana?" "What would it be like to have a job flippin' burgers — the worst thing that could happen is a burned one!"*

Certainly regulation[5] is an invasion into our personal autonomy. Regulation makes no attempt to inform us until we are violators. And regulation can stifle the kind of fluid ingenuity that made our country great. "social engineers," aka lawmakers use regulation to fundamentally alter society. Regulation is designed with administrative efficiency; it is law and you are punished even when you are ignorant of the law. Regulations are, by nature, dogmatic — they take away individual discretion and judgment in favor of uniformity. But even after the foregoing rant, I must admit that regulation is important to protect the public *and* protect our profession from abuse and misconduct.

*Guidelines are helpful fruit. Regulation is helpful fruit with some pits. Attorneys have a tendency to walk off with the fruit and involve us in a food fight.*

Big breath of fresh air: Guidelines[6] are what **we** propose for our own fair and ethical conduct. Contrary to unpopular opinion, guidelines are not composed by ivory tower egoists with their noses cocked at an annoying angle. Guidelines are written by the profession to accomplish the betterment of our profession without the heavy hand of law and punishment. Guidelines serve as a charter of principles, not documents of practical everyday choices, preserving our ability manage our patients with innovation.

I offer this analogy: Guidelines are helpful fruit. Regulation is helpful fruit with some pits. Attorneys have a tendency to walk off with the fruit and involve us in a food fight.

Like bugs at the picnic, our guidelines and regulation can be carted off to unintended interpretations. Consider the September 2006 *Guidelines for the Management of Patients With Periodontal Diseases* published by the American Academy of Periodontology[7]. Under their category of "Patients Who Should be Treated by a Periodontist," they list:

> *Any patient with "Furcation involvement," "Vertical/angular bony defects" and "Significant root surface exposure and/or progressive gingival recession."*

Think of how many patients you have in your practice with one of these conditions. Think you are managing their periodontal health well? Think again when a prosecuting attorney reads those guidelines. I believe the AAP needs to rethink these guidelines knowing that many general dentists do a great job of managing and treating these conditions. Now that was a *Nugget* Noogie.

In defense of the AAP, research has demonstrated that too many patients need more periodontal care than they are receiving. Too many "soft tissue management" lecturers advocate profit centers in general dentistry offices and those offices may lack the training and tenacity to provide good outcomes for their perio patients. Periodontists have the specialty training, periodontology is their practice focus, and the AAP Guidelines were developed to encourage a higher

*continued on page 23*

1. an abnormal desire to pull out one's hair
2. organic lawn fertilizer
3. she who has endured twenty-eight years of marriage
4. Uniform Hazardous Waste Manifest thingy
5. Laws, statutes, regulations, business and professional codes, yada
6. ADA/CDA guidelines, recommendations, policy statements, etc.
7. J. Periodontal, September 2006: Vol 77, #9

# CATHY'S CORNER

## HAVE YOU CONSIDERED THIS MEMBER BENEFIT?

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

A couple of days ago I received a telephone call from a dentist who needed to "get the word out." He is planning to move to a new building and is buying all new equipment. He's selling his "old" equipment (and it's only two years old!). Could I "get the word out?"

Of course I said I would let members know — those I knew were setting up a new practice. (Of course I suggested using his free classified ad in the *Nugget* as well.)

So… then I scoured my brain for those I had heard were starting new practices, looking to upgrade and update their offices and other pertinent items stored back in my memory. YIKES!! My mind is full of these little tidbits. With people who are losing their front office manager of 35 years; to… "keep your eye out for a great RDA;" to "I need an associate… NOW!" — this is one of those hidden member benefits: the fact that I have a pretty good memory!

Occasionally (actually, quite often), I hear of new practices, new buildings, old buildings, new partnerships and associateships, re-organizations and such. (Of course, sometimes it is very confidential and you can trust that I honor that.) We keep spreadsheets of doctors looking for associates, doctors looking for employment, doctors selling their practice and looking to buy a practice. These spreadsheets are updated regularly and emailed upon request. And again, of course, a confidential file is kept by me alone. SDDS has provided this service for the last seven years and our members report that it has been quite helpful and useful. We will continue this valuable member benefit.

But, beginning in October, our SDDS website will have a CLASSIFIED section, located under the "ADVERTISE" button. You will be able to sell and find almost new equipment, advertise for associates, look for employment (also found in the JOB BANK), sublease your space, etc. Of course we will continue to have classified advertising in the *Nugget*. If you'd like to take advantage of this, please go to the website, look in the ADVERTISE section and see how to do it. It's as simple as sending us an email with the proper wording. We'll bill you!

All that said, of course there are no guarantees that you'll find a match, an associate, some equipment or an office to buy. But we're a great place to start looking. Keep us posted and keep in touch — it may just be the right timing!

Have a great end of the summer!

Cathy

*PS: By the way, I know of two dentists in this same situation as mentioned above. It's a deal for some lucky person setting up a new practice… or just wanting to upgrade some equipment. One of them is a six operatory set! Call me for the details — this time. Beginning in October, you can see everything on our website (and give my memory a break)!* ■






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# GUIDELINES FOR GIFTS?

By **James C. Cope, DDS**

Today we received a Lufta Sponge Bath Basket fru-fru thing with our order of dental supplies. I suppose that in today's competitive marketplace, dental suppliers feel compelled to give gifts or perhaps it is a genuine "thank you" for business earned. After all, I enjoy giving an electric toothbrush to a patient who has spent a long time in my dental chair or to my lab-lady who fab'd gorgeous veneers for my high-maintenance patient. Are there ethical concerns?

Our profession enjoys a mutually appreciative relationship between generalists and specialists that sometimes includes a fruit basket at holiday times. Should this be a cause for concern? What if it is a larger gift? Would it benefit our profession to create our own guidelines about gifts?

The California Business and Professional Code section 650 states, in part:

> *The offer, delivery, receipt, or acceptance by any person licensed under this division… of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person… is unlawful.*

So it **is o.k.** as long as it is not about rewarding a patient or another practitioner for referrals. Similar laws exist in most states, but when does the gift become a kickback or an unethical practice?

The Pharmaceutical Research and Manufacturers of America (PhRMA) developed guidelines on acceptable business gift policies after pharmaceutical and device companies paid out over 3 billion dollars in settlements to the government over allegations of kickbacks and inducements to healthcare professionals who billed government payers. Lately the invoices from my dental supplier who gave me the Lufta warn that if I bill government agencies for professional services I am not eligible to receive the frufy Lufta they sent.

In response the "kickbacks" problem, the American Medical Association [ama-assn.org search 'gifts'] has online courses with insightful topics; "Ethical Guidelines on Gifts," "Physicians' Expectations of Industry and Sales Personnel" and "Professionalism and Gifts to Physicians from Industry." Certainly, if you need a knee replacement, you want to be sure that the hardware was chosen for reasons other than a cute sales rep and a promotional gift putter.

*Should CDA or ADA create guidelines for gifts before government imposes regulation?*

> *Physicians should be mindful that accepting gifts or other remuneration that does not comply with ethical guidelines may give the appearance of undue influence and jeopardize the physician-patient relationship.*
>
> *Industry should share the responsibility to promote the health and welfare of patients by complying with appropriate guidelines.* Source: American Medical Association: "A Message About Gifts." See website above.

I spoke with a rep from 3M recently about this topic. He said that 3M does not give gifts, they do however provide additional product for bulk purchases. Their government accounts must receive the same promotional product for their purchases; no more—no less than what anyone else pays. I quipped to my 3M rep friend that he did not look as good as the young gal that stopped by earlier in the week from a competing company. His reply was stellar, "Yes, but beauty is a depreciating asset. In twenty years that gal may not look as charming as she does now, but I will be twenty years smarter!"

Closer to home, a local hospital system has very specific guidelines stating that "no employee may…solicit, accept, retain or give a personal benefit of more than a nominal value of $35 from or to any individual or business concern doing or seeking to do business with [the hospital]" and "less than $100 a year" total. Should CDA or ADA create guidelines for gifts before government imposes regulation?

I really do enjoy the fruit basket from my oral surgeon friend during the holiday time. I also appreciate the ethical and benevolent holiday "Spirit of Giving" program sponsored by SDDS. Currently I do not see a problem with consolidating my dental supply purchases into a big order to qualify for an iPod. But perhaps I need to rethink this.

*Dr. Jim Cope is a general dentist in El Dorado Hills. He and is wife Kimberly are proud of their six children, the oldest son entering dental school this fall. They are proud owners of three iPods and a lufta.* ■

## CORRECTION

In the June/July 2008 issue of the *Nugget,* Dr. Pankaj Patel was listed as an MD. Dr. Patel's name should have been listed as **Pankaj Patel, DMD.** We regret the error and apologize to Dr. Patel.

## OUR CONDOLENCES TO...

Dr. Oladimeji Sorunke, whose elder brother passed away suddenly of a brain aneurism on Sunday, May 25, 2008.

Dr. Kevin McCurry, whose father passed away on July 11, 2008.

Our thoughts are with both Dr. Sorunke and Dr. McCurry.

# *Interview:* GAYLE MATHE, RDH

With **Gayle Mathe, RDH (Policy Development Manager — CDA)**

The following is an interview with Gayle Mathe at CDA.

**Dr. Cope (C):** Hello Gayle. Please tell our readers about your work at CDA.

**Mathe (M):** I serve as Policy Development Manager at CDA, which means that I am part of an exceptional team of individuals who assist CDA members to establish the positions and policies that support members and shape the profession. This means we do a lot of research, writing and advocacy on behalf of the profession, as well as the public's oral health.

> *Once something becomes law, there is little room for professional judgement.*

**C:** Numerous entities govern and shape the practice of dentistry. I think we are all concerned about non-dentists telling dentists how to practice. Can you explain ADA/CDA's role and influence in this regard?

**M:** As you know, elected officials and state agencies enact statute and regulation. CDA follows this closely and advocates for our members so that the "rules" that result do not negatively effect the profession. CDA's work is critical because once something becomes law, there is little room for professional judgment. Then, when a dentist fails to comply, it is the state that determines the consequences.

CDA is heavily involved in the creation of guidelines and policy because this will often positively shape the "rules" that come from government entities. Let me tell you a little more about how this process works.

As new issues emerge in dentistry, a recommendation to develop guidelines or policy can come from a number of sources, including the Board of Trustees, a CDA Council, or the House of Delegates. For complex issues, a task force may be created to develop proposals. With careful consideration of the impact upon oral health and dental practice, the result may be a recommendation or perhaps an advisory statement. When evidence is strong and there is consensus, a position statement or policy is developed. This process is very similar at ADA. Members can read the current policy manuals on the associations' web sites at cda.org and ada.org.

Policies and guidelines developed by CDA/ADA do not carry the force of law, but rather are intended to give members and, in some cases, the public an idea of where the profession as a whole stands on an emerging issue. In CDA, regardless of where a particular policy statement or guideline originated, the Board of Trustees and the House of Delegates must approve before it becomes "official." This gives the process accountability and a greater likelihood that the positions taken represent a consensus of the dental community in California.

**C:** As dental science and practice complexity continue to increase, does the technical guidance from our dental leadership change quickly enough to remain useful?

**M:** Yes, CDA leadership is very responsive and acts quickly. And, while dental science and innovation is frequent, the actual practice of dentistry changes incrementally. An example of CDA and the Foundation being 'in front of the curve' are the *Guidelines for Caries Risk Assessment and Minimally Invasive Treatment* (known as CAMBRA) first published in the *CDA Journal* in 2003 and then followed with implementation guidelines last year.

**C:** What other guidelines are currently being developed by the ADA and CDA?

**M:** ADA has recently developed guidelines for anesthesia/sedation and dental sealants. CDA, through the Foundation, has begun a project to produce guidelines for perinatal oral health care. In general, guidelines are developed when there is some confusion or lack of consensus with regard to a particular procedure or process, and leadership determines that there is value in analyzing the research and engaging expert opinion to establish clearer direction for the profession. Guidelines are intended to provide evidence-based information to assist with professional judgment, but are not intended to supplant that judgment.

Some other ADA guidelines are:

- Amalgam Accumulation in the Dental Office
- Patient Referral
- "Greener" Dental Offices

**C:** How does a dentist become involved in or influence the development of guidelines?

**M:** The best way is to become involved in organized dentistry. A good place to start is with SDDS. Show up, volunteer, and voice your opinions. Then, when someone is needed for this task force or that workgroup, you will be known as someone who gets involved and can be counted on.

**C:** How influential is organized dentistry on government?

**M:** I feel comfortable saying that CDA is probably the most influential health organization in the state. Why? Credibility. In the end, it is the relationships that CDA has with government representatives, coupled with the accuracy and reliability of the information we provide to them, which builds credibility and results in successful advocacy outcomes for dentistry.

*Gayle Mathe, Manager of Policy Development for the California Dental Association, practiced as a registered dental hygienist for nearly 30 years before joining CDA as a community health policy analyst and legislative advocate. Ms. Mathe holds a B.A. in Communications and has been involved in a variety of community advocacy projects, including a successful school bond campaign in the City of Folsom and tobacco policy work to create a smoke-free environment at the California State Fair. In her work at CDA, Ms. Mathe manages projects and policies that promote the dental profession and protect the public's oral health.* ■

# Q & A: GUIDELINES & REGULATIONS

With **Paul Denzler, DDS** & **Rodney M. Stine (OSHA Review)**

### Paul Denzler, DDS

**Q:** What do you think about the American Academy of Periodontology (AAP) 2006 "Guidelines for Management of Patients with Periodontal Disease?"

> ***Patients Who Should Be Treated by a Periodontist:*** *Any patient with: (several conditions are listed and among them are) Furcation involvement, and Vertical/angular bony defect(s).*

Does this word "should" create a problem?

**Dr. Denzler:** The AAP may need to revisit this guideline, but at least they are willing to take a stand in the interest of patient care. Some years ago I was part of an ADA discussion group on evidence-based dentistry. Many of my fellow general dentists were afraid to allow organized dentistry to put forth any basic guidelines on patient care because of risk of litigation. I believe another reason for some dentists aversion to guidelines is because they are practicing below the standard care and treatment planning based on production goals rather than patient care principles. If the AAP has guidelines, but dentists keep treating their perio patients with non-evidence-based care (chemotherapeutics alone or high fee procedures such as lasers) and the condition gets much worse, AND they failed to refer the patient, then maybe they deserve some trouble.

**Q:** Are there enough protections in place to eliminate bad dentistry, profit-motivated over diagnosis, and advertisements that imply superiority?

**Dr. Denzler:** No. Patients are not being adequately protected. I am seeing some patients for a second opinion who come with treatment plans that are nothing short of malpractice. The amount of over diagnosis is embarrassing and I believe that the reputation of dentistry is already beginning to suffer. Many patients now are very wary of dentists because they have been subjected to a hard sell. I think that we have seen an increase in this kind of profit-motivated over diagnosis as more of the large clinics have opened in our area and practice management teams have sold dentists on making more money on the backs of unsuspecting patients. If the dental profession does not act, we will all be seen as being complacent and turning our heads away from this problem when we should have acted.

### Rodney M. Stine (OSHA Review)

**Q:** Why are dentists required by Cal/OSHA to review the safety-engineered needle products each year and decide if they should be utilized in their office?

**Stine:** About ten years ago, some hospital nurses in San Francisco were concerned about needle-stick injuries and resulting HIV infections in their profession. The nurses that became infected with HIV were phlebotomists who were exposed to large amounts of contaminated HIV blood. Upon learning that a manufacturer had developed a safety needle device, their union asked the hospital administrators to purchase them. After an evaluation of the devices, the administrators declined to purchase them; stating that the devices were not safer than the traditional syringes. The nurses then asked Cal/OSHA to mandate their use. Cal/OSHA's response was that they did not have the authority to create or require a new regulation requiring the use of safety sharps. The nurses then asked the California Legislature to pass a law giving Cal/OSHA the authority to require safety sharps in place of traditional syringes. As this proposal worked its way through the State Legislature, dentists tried to obtain within the bill an exclusion for dentistry, but were unable to convince the Legislature that dentistry's use of sharps was far different than hospital use. Dentistry must now live with a regulation that was designed originally for hospital use. Many dentists believe that these types of devices do not apply well to oral injections where there is little and usually no visible blood contamination.

*Dr. Paul Denzler is a general dentist practicing in Lincoln with his wife, Dr. Elaheh Samsani.*

*Rodney M. Stine is the publisher of the* ***OSHA Review,*** *a publication for dental employers to comply with Cal/OSHA's regulations for employee health and safety training requirements.* ■

# *Quick Reference Guide:*
# SOME CALIFORNIA REGULATIONS SOME PROBLEMS SOME STRATEGIES

The following is a quick reference guide for handling a few tough situations. Always seek the advice of an attorney when making any type of legal decision.

*Regulation (Reg): "It is unlawful for any person to engage in the practice of dentistry unless the person has a valid, unexpired license…" B&P Code §1626*

Problem (Prob): You, the dentist, are ultimately responsible to see that a licensed professional under your employ is currently licensed.

**Strategy (Strat): Verify the licensing of all of your RDAs, RDHs, and DDSs yearly.**

*Reg: "A person practices veterinary medicine when he or she does any one of the following: (d) Performs a surgical or dental operation upon an animal" B&P Code §4826*

Prob: Removing calculus from dog's teeth is violation of this code.

**Strat: All treatment and diagnoses of animals is outside the scope of practice of a dentist.**

*Reg: "A registered dental assistant may apply pit and fissure sealants under the general supervision of a licensed dentist…" special licensing required Title 16 §1753.5*

Prob: Many children could benefit from sealants but often it is not being done.

**Strat: Have your RDAs become licensed to place sealants (research has shown that it is best to have two involved for moisture control) Go to www.comda.ca.gov, and obtain proper licensing first.**

*Reg: "…the Board of Dental Examiners seek[s] ways and means to identify and rehabilitate licentiates whose competency may be impaired…" B&P Code §1695*

Prob: I have an RDA who appears to be "high" when she comes in the morning. I am concerned that I will be responsible for harmful acts against other employees or to my patients.

**Strat: Consult your attorney (TDIC can help if you have Employment Practices Insurance with your Professional Liability Policy) and consider recommending a confidential diversion program for dentists and dental auxiliaries. Act immediately in concert with your attorney if there is potential for employee and/or patient harm.**

*Reg: "A clinic owned or operated by a health system shall not interfere with, control, or otherwise direct the professional judgment of a licensee or dental assistant acting within his or her scope of practice…" B&P Code §1625*

Prob: You are an RDH working for "Smiley Face Dental Centers" and the management has asked you to make sure that each patient who has a probing depth of 4mm becomes part of their "Soft Tissue Management Program" that includes placing a micro-encapsulated tetracycline antibiotic at each site.

**Strat: Now go do the right thing and tell them it is wrong and illegal!**

*Reg: "A fluoride varnish is considered a non-toxic topical agent, and can therefore be placed by an unlicensed dental assistant…" COMDA Web Home FAQs*

Prob: Patients with decalcification around orthodontic brackets, patients who have teeth sensitive to cold after periodontic surgery, patients susceptible to decay due to dry mouth from meds, chemo or age.

**Strat: These patients can benefit from fluoride varnish and this can be applied by an unlicensed dental assistant.**

*Reg: "Health care workers shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient" CA Code of Regs Title 16 §1005(c)(6) Hand Hygiene*

Prob: It is difficult to make time to wash hands frequently.

**Strat: "If hands are not visibly soiled or contaminated, an alcohol based hand rub**

**may be used as an alternative to soap and water" See above Reg citation**

*Reg: "Any person who engages in repeated acts of clearly excessive prescribing…" B&P Code 725(b)*

Prob: It is the weekend. Your cell phone rings: "Hi, I saw you about two months ago for a toothache and now it hurts so bad I can't stand it." You know what the next question is but you cannot remember if this person is someone you saw. Is this a "druggie" or a legitimate needy person?

*When in doubt, refer to recommendations made by TDIC's Risk Management Department.*

**Strat: Consider asking them for their date of birth, home address, driver's license number, etc, to help flush out frauds. See the patient before prescribing. Consider meeting them at the waiting area of a local hospital emergency room if you have concerns about your safety. When in doubt, defer to recommendations made by TDIC's Risk Management Department.**

*Reg: "The commission of any act of sexual abuse, misconduct or relations with a patient… constitutes unprofessional conduct and grounds for disciplinary action" B&P Code 726*

Prob: Every year some dentists lose everything because of improper conduct. Others are accused and innocent.

**Strat: Keep an assistant in the room, operatory doors open, use caution with instruments on the bib, and focused on dentistry.**

*Reg: "No dentists shall administer, or order the administration of, conscious sedation on an outpatient basis…" without a current general anesthesia or oral conscious sedation permit. B&P Code §1647.2*

Prob: You have prescribed valium to an anxious patient in the form of a single dose taken at home before her appointment. During the appointment she asks you if she can take another one.

**Strat: A dentist can run afoul of the new oral conscious sedation permit requirements. Determine if you should obtain a permit.**

*Reg: "A physician and surgeon and a dentist shall refund any amount that a patient has paid for services rendered that has subsequently been paid to the physician and surgeon or dentist by a third-party payer and that constitutes a duplicate payment" B&P Code §732*

Prob; Dental insurance, dual coverage and overpayments can be an accounting quagmire.

**Strat: Once a month, run an account aging report for your practice and investigate any positive balances.**

*Reg: "Eight hours of labor constitutes a day's work" CA Labor Code §510*

Prob; You want to have a four ten-hour day schedule and still comply with California Labor Law.

**Strat: Put in place an "Alternative workweek schedule." Go to the CA Dept of Industrial Relations website(www.dir.ca.gov) or call the SDDS HR Hotline (1.800.399.5331).**

## WEB LINKS

**www.ca.gov**
The official State of California website:

**www.dbc.ca.gov**
To search the **California Dental Practice Act,** select the links for "Laws and Regulations" / "Dental Practice Act California Code of Regs Title 16, Div 10, § 1000."

To search the **California Business and Professional Code specific to Dentistry,** select the links for "Laws and Regulations" / "Dental Practice Act Business & Professions Code beginning at § 1600."

To verify the **license of a prospective RDA, RDH, or DDS** Employee, select the link for "License Verification."

**www.dir.ca.gov/DSLE**
To search **California Labor Law Regulations,** select the topic you need — "Wages & hours," for example.

**www.comda.ca.gov**
Verify what **duties your RDA can do,** such as sealants. ■

# IN THE KNOW; IN THE MONEY

Test your knowledge of guidelines and regulations in dentistry! Circle your answers and fax to the *Nugget* at 447-3818. Each quiz has prizes, but you can only win in one category. **FIRST PLACE WINNER** (most correct and received soonest) will receive $100 at the next SDDS Membership Meeting (September 9, 2008). **SECOND PLACE WINNER:** $75, **THIRD PLACE WINNER:** $50, and **FOURTH PLACE WINNER** $25. Answers will appear in the October 2008 *Nugget*. **DEADLINE TO SUBMIT: SEPTEMBER 5**

## GUIDELINES QUIZ

1. T/F: "Official Language" from our dental leadership organizations can be stated in the form of advisory statements, statements, expert panel recommendations, position papers, position statements, guidelines, policy, policy manuals and codes.
2. The dentist is responsible for ensuring that staff members do not date patients, unless they are first dismissed in writing from the practice for six months prior to dating. The perception of dating must withstand scrutiny.
    a. False: Who would be so cruel and unromantic
    b. True: COMDA regulation (California Committee on Dental Auxiliaries) on Required and Prohibited Conduct
    c. False: Recently vetoed by Governor Schwarzenegger, ". . . hormones cannot be regulated. . ."
    d. True: AABE guidelines (American Association of Board Examiners
3. The 2006 Guidelines for the Management of Patients With Periodontal Disease in the Journal of Periodontology state that "Any patient with . . ." (circle the conditions below that apply) ". . . should be treated by a Periodontist"
    a. Furcation involvement
    b. Vertical/angular bony defect(s)
    c. Periodontal abscess
    d. Patients who require a connective tissue graft
    e. Significant root surface exposure and/or progressive gingival recession
4. The current American Heart Association Guidelines for the Prevention of Infective Endocarditis changed previous recommendations because (circle all that apply):
    a. Significant disagreement exists about what antibiotics work best
    b. Only an extremely small number of cases of infective endocarditis might be prevented by antibiotic prophylaxis for dental procedures
    d. Dentists were unhappy with physicians for causally telling their patients "Oh, I think I detect a murmur" with no further direction
    e. Dentists were unhappy with cardiovascular surgeons who routinely fail to inform their patients about the need for antibiotic prophylaxsis after cardiac surgery
    f. No flexibility was given in the previous recommendations for comorbidities
5. The American Academy of Orthopaedic Surgeons published an Advisory Statement in the 2003 JADA entitled, "Antibiotic prophylaxis for dental patients with total joint replacement. They state (circle all that apply):
    a. Antibiotic prophylaxis is not routinely indicated for most dental patients with total joint replacements
    b. Any perceived potential benefit of antibiotic prophylaxis must be weighed against the known risks of antibiotic toxicity; allergy; and development, selection and transmission of microbial resistance
    c. After consulting with the patient's physician, the dentist may decide to follow the physician's recommendation or, if in the dentist's professional judgement antibiotic prophylaxis is not indicated, may decide to proceed without antibiotic prophylaxis
6. The American Dental Association Council on Scientific Affairs published expert panel recommendations on the "Dental management of patients receiving oral bisphosphonate therapy" in Aug 2006 *JADA*. They conclude that (circle all that apply):
    a. Dentists should seek professional advice from a qualified attorney to manage clinical decision making
    b. The risk of developing bisphosphonate-associated osteonecrosis of the jaw is approximately 5.2 per 1,000 person-years exposure to alendronate
    c. Good oral hygiene along with regular dental care is the best way to lower risk
    d. Patients with "ginormous morphologic phenotype" be treated at lipid attenuation facilities
7. The recent ADA recommendations on sealants state that (circle all that apply):
    a. Sealants can allow incipient lesions to progress
    b. In-utero sealant placement by qualified extended function RDAs requires heightened moisture control techniques
    c. Public health goals to provide preventative dentistry to the underserved can influence public recommendations
    d. Sealants should be applied in a thin layer to avoid patient exposure to estrogen mimetics
8. T/F: The efforts of dental leaders at CDA and ADA have created "safe harbor" parameters of dental care and dental practice in the form of guidelines and positive influence on regulators.

**KEEP TESTING YOUR KNOWLEDGE WITH THE REGULATIONS QUIZ!**

## *What Procedures Are You Allowed to Delegate?*

Are you concerned about what is going on in your office in terms of your staff and the procedures they perform on your patients?

According to LaDonna Drury Klein, DAs have been relegated to basic supportive procedures that are fully reversible. This is the Dental Board's definition for a DA, which is unlikely to change in 2010 when the Dental Act is revamped. DAs have a very limited scope of practice: perio dressing, ligatures, ortho separators, rubber dam, suction retraction and, of course, sterilization. RDAs are also not allowed to do anything that is not reversible. RDAs are allowed to cement temporary crowns and they are only allowed to do coronal polishing once they have completed a certification course. RDA-EFs can take final impressions, pack cord, fit master points for endo procedures and perform facebow transfers.

If you would like to download the extensive list of allowable duties, go to www.comda.ca.gov/formspubs/pub_permitted_duties.pdf. ■

## REGULATIONS QUIZ

1. T/F: A dentist is legally permitted to recommend a prescription medication with off-label instructions to the patient.

2. Dental Therapists, a mid-level provider of dental treatment promoted by the National Association of Public Health Dentists, are currently practicing in:
   a. Alaska
   b. California
   c. Minnesota
   d. Delaware

3. T/F: On July 1, 2008 the Dental Board of California expired (sunset) and became a Bureau under the Department of Consumer Affairs. The former board members, eight out of fourteen who are dentists, will retain legal authority in regulating dentistry in California.

4. T/F: If a dentist prescribes and dispenses a schedule II or schedule III drug he/she must provide a report monthly to the Department of Justice CURES program in California.

5. T/F: If a dentist does not write a patient's address on a prescription form, the pharmacist filling the prescription can write the address on the prescription for proper record keeping.

6. T/F: Dentists in California must provide a Dental Materials Fact Sheet to every new patient and keep an acknowledgment of receipt in the form of the patient's signature in their dental record.

7. T/F: A dentist is guilty of a misdemeanor and subject to disciplinary action unless he/she displays in a conspicuous place the name of persons employed there with a reasonable facsimile of the licenses of registered auxiliaries.

8. T/F: It is recommended but not required that every complete upper or lower denture must be marked with the patient's name.

9. T/F: Hepatitis **E** is viral infection similar to Hepatitis A (it is not typically a bloodborne pathogen) and an employee with a contaminated sharps injury does not need post-exposure testing for this pathogen.

10. T/F: It is unprofessional conduct for a dentist to have an RDA take check-up radiographs on a new patient who has not first been examined by a licensed dentist but they can perform mouth-mirror inspections of the mouth.

11. T/F: The Dental Board of California does not require that a sterile irrigant and sterile delivery equipment be used on teeth extractions.

12. T/F: Cal/OSHA does not prevent a dental assistant from giving a extracted tooth back to the patient

13. T/F: Cal/OSHA requires a sharps container in each operatory.

14. T/F: Most dental compressors require a permit from the Pressure Vessel Section of Cal/OSHA. They will charge you for travel expenses to your office. The inspector may pound identification marks into your pressure vessel.

# NOTICE OF THE ANNUAL MEETING OF MEMBERS OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

## TO: Members of the Sacramento District Dental Society

NOTICE IS HEREBY GIVEN that the 2008 Annual Election Meeting of the Members of The Sacramento District Dental Society, a California non-profit, mutual benefit corporation (the "Society"), will be held.

September General Meeting at the Hilton Hotel, Sacramento, California, on Tuesday, **SEPTEMBER 9, 2008,** at 6:00 PM to consider and act on the following:

1. To elect directors, officers, trustees and delegates of the Society.

   Note: The Board of Directors intends at the time of this Notice to present the slate of nominees listed on the included ballot form (right).

2. To transact any other business that is within the powers of the members.

Only the members of record at the close of business on **SEPTEMBER 9, 2008** will be entitled to vote at the meeting.

Members who do not expect to be present personally at the meeting are urged to contact the Society office for a proxy statement and to complete, date, sign, and return the proxy to the Society office before 3:00 p.m., **SEPTEMBER 9, 2008**.

Dated: August 1, 2008

# DELEGATE CANDIDATES

### Matthew Comfort, DDS

Dr. Matthew Comfort graduated from UOP Arthur A. Dugoni School of Dentistry in 1997. He currently practices in Rocklin. He has served SDDS as a Board Member (2004–05; 2007–08), as an Alternate Delegate (2008) and on the Peer Review Committee (2006), Legislative Committee (2003–07), Membership Committee (2003–04), Golf Committee (2002–03), and is an annual Smiles for Kids volunteer.

### Kelly M. Giannetti, DMD, MS

Dr. Giannetti graduated from Harvard University with her DMD and Master's in Public Health. She attended UCSF for Orthodontic Residency. She has been a member of SDDS since graduation and started serving in leadership roles in 1999. Dr Giannetti currently practices in Sacramento and West Sacramento. She has served SDDF from 1999 until 2006 as a board member and then Vice President. From 2006–currently she is a member of the Board of Directors for SDDS. Last year she was an alternate delegate for CDA. She currently serves on the Legislative committee and has previously participated in the Membership Committee (1999) and the Leadership Development Committee (2007). She has participated in Smiles for Kids since 1998 (previously the Raley's program) and is very involves in her specialist organization as well serving as a committee chair for continuing education for Pacific Coast Society of Orthodontists.

### Kenneth E. Moore, DDS

Dr. Kenneth Moore graduated from UC San Francisco in 1982. He currently practices in Roseville. He has served the SDDS as President of SDDF (1988 and 1995–97), Chairman of CDA's Council on Peer Review, SDDS Delegate to CDA HOD, Ethics Committee Member, Smiles for Kids participant.

### Gabrielle D. Rasi, DDS

Dr. Gabrielle Rasi graduated from University of Pacific, Arthur A. Dugoni School of Dentistry, class of 1991. She currently practices in Carmichael, CA. She previously has served the SDDS as SDDS Foundation President 2003-04 and Foundation Board member 2000-06; SDDS Legislative Chairperson 2006 to present; Legislative Committee member 1999–present and SDDS Board of Directors 2005-06. Other activities include Smiles for Kids office site host and sponsor 2003 to present; CDA Government Affairs Committee Member 2005-Present and University of Pacific, Arthur A. Dugoni School of Dentistry Alumni Board Member 2003–present.

### Kim E. Wallace, DDS

Dr. Kim Wallace graduated from UCSF and is a general dentist who practices in Davis. He has served SDDS as chair of the Dental Care Committee, Smiles for Kids participant, SDDF board member, Membership Committee member, CDA House of Delegates alternate and delegate. He is currently on the Board of Directors of SDDS.

**Election Date: September 9, 2008** • Active, Life-Active, Retired and Life Retired members eligible to vote. Proxy Ballots may be obtained by calling the SDDS office (446-1227) by August 31, 2008.

## NOTICE OF ANNUAL MEETING & ELECTIONS

Elections to be held at General Meeting September 9, 2008

**SDDS EXECUTIVE COMMITTEE**
President: Adrian Carrington, DDS
President Elect: Terrence Jones, DDS
Treasurer: Wai Chan, DDS
Secretary: Victor Hawkins, DDS
Immediate Past President: Robert Shorey, DDS

**BOARD OF DIRECTORS**
(to serve a 2 year term, 2009–2010)
P. Kevin Chen, DMD, MS
Matt Comfort, DDS
Dan Haberman, DDS, MS
Viren Patel, DDS
Jeffrey Rosa, DDS

***EXISTING BOARD MEMBERS CONTINUING 2009 TERM:***
*Donna Galante, DMD • Kelly Giannetti, DMD, MS*
*Craig Johnson, DDS • Kim Wallace, DDS*

**TRUSTEE**
(to serve a 3 year term, 2009–2011)
Donald Rollofson, DMD *(2nd term)*

***EXISTING TRUSTEE CONTINUING 2009 TERM:***
*Kevin Keating, DDS, MS*

___ *I approve the above slate for SDDS Executive Committee and Board of Directors*
___ *I DO NOT approve the above slate for SDDS Executive Committee and Board of Directors*

**DELEGATES TO THE CDA HOUSE OF DELEGATES**
(2 year term, 2008–2009):
***(please vote for 4)***
___ Matt Comfort, DDS
___ Kelly Giannetti, DDS, MS
___ Ken Moore, DDS
___ Gabrielle Rasi, DDS
___ Kim Wallace, DDS

***EXISTING DELEGATES CONTINUING 2008 TERM:***
*Gary Ackerman, DDS • Donna Galante, DMD*
*Kevin McCurry, DDS • Neil Loveridge, DDS • Exec Comm*

**SDDF BOARD OF DIRECTORS:**
Matthew Campbell, DDS *(2009–2010: 1st term)*
Kent Daft, DDS *(2009–2010: 3rd term)*
Gordon Harris, DDS *(2009–2010: 1st term)*
Dennis Peterson, DDS *(2009–2010: 2nd term)*
Don Rollofson, DDS *(2009–2010: 3rd term)*

***EXISTING BOARD MEMBERS CONTINUING 2009 TERM:***
*Robert Daby, DDS (Treasurer)*
*Harry "Skip" Lawrence, DDS • Wesley Yee, DDS*

___ *I approve the above slate for SDDF Board of Directors*
___ *I DO NOT approve the above slate for SDDF Board of Directors*

*In accordance with the bylaws… **ADDITIONAL NOMINATIONS:** Any active or life Member in good standing who meets the qualifications of the office he/she is seeking may be nominated by filing with the Secretary at least 30 days prior to the annual election a written nomination signed by at least ten (10) active or life Members in good standing.* ***Deadline: August 9, 2008***

SAMPLE BALLOT • SAMPLE BALLOT • SAMPLE BALLOT

# BABY NUGGET

BROUGHT TO YOU BY YOUR DENTAL HEALTH COMMITTEE

# CONTEMPORARY GUIDELINES IN INFANT ORAL HEALTH

By **Dean N. Ahmad, DDS**

### Focus on primary prevention

- Prenatal oral health counseling for parents
- To stop the onset of disease or to interfere with its progression
- Asses the infant's risk of developing oral and dental disease particularly dental caries

### Dental caries is the single most common disease of childhood

- By age NINE, 56% of U.S. schoolchildren have dental caries (found no change in prevalence amongst children, but a reduction on adults)

### "Window of Infectivity"

- Infants acquire caries bacteria primarily from their mother (19-31 months of age) — "window of infectivity"

### To cause caries, the oral bacteria requires a particular environment

- Prolonged bottle or breast feeding, aka "nursing caries" provides the substrate (fermentable carbohydrates) for bacterial growth or plaque formation
    - Lowers the oral pH and demineralizes the dental enamel and ultimately leads to caries formation
        - Affects 1–11% of infants

### Recommendations on the Prevention of Early Childhood Caries

- Infants should not be put to sleep with a bottle. (this should stop soon after the first primary tooth begins to erupt)
- Parents should encourage infants to drink from a cup as they approach age one
- Infants to be weaned off the bottle 12–14 months of age
- Consumption of juice from a bottle should be avoided. If offered, a cup should be used
- Oral hygiene measures should be implemented by the time the first primary tooth erupts
- Initial oral evaluation within 6 months of eruption of first primary tooth but no later than 12 months of age (to provide anticipatory guidance for the prevention of oral disease)

### Fluoride Supplementation

- Effective measure for reducing dental caries
    - Incorporates into the dentin and enamel of unerupted teeth
    - Teeth are more resistant to acid demineralization
- Systemic fluoride is secreted in saliva and is bacteriostatic (reduces bacterial growth)
- Topical fluoride increases the fluoride content of enamel of newly erupted teeth (increasing resistance)
    - Fluoride supplements only to be used if drinking water supply is suboptimal (less than 0.7ppm)
    - Avoid fluoride mouth rinses in children younger than age 6 due to reduced swallowing reflex

### Fluorosis ingesting excessive amounts of fluoride

- Increased over the past ten years due to increase in fluoride supplements and tooth pastes
- No fluoride supplements are needed for the first six months
    - 6 mos–3 yrs (**0.25mg** if less than 0.3ppm)
    - 3–6 yrs (**0.5mg** if less than 0.3ppm or **.25mg** if 0.3-0.6ppm)
    - 6–16 yrs (**1mg** if less than 0.3ppm or **0.5mg** if 0.3-0.6ppm)
- Nutrition from formula during the first 12 months — choose ready-to-feed rather than formula mixed with fluoridated water
    - To ensure that infants don't exceed the optimal amount of fluoride intake (0.7–1.2ppm)

# IN MEMORIAM

## F. GORDON LOVERIDGE, DDS

Floyd Gordon Loveridge passed away June 5, 2008. He was active in his Church and in the programs of the Boy Scouts of America. Dr. Loveridge is survived by his wife, Marilyn, his only brother, Neil, and his three children: Craig, who is a dentist living in Los Osos, Karen (Motley) and her husband Bob who live in Granite Bay, and Michael who lives in Vancouver, WA. Dr. Loveridge is a Past President of SDDS and had been a member for 52 years.

## LARRY R. OWENS, DDS

Dr. Larry Owens passed away June 25, 2008, after a brief illness. Raised and educated in Lodi, he participated in the occupational army in the post WWII Italy and attained the rank of Seargant Major. Dr. Owens practiced in Sacramento for 43 years and was a life member of SDDS, having been a member of SDDS for 54 years.

- Consider mixing with fluoride-free water or low levels of fluoride to reduce the risk of fluorosis
- Those living in areas with fluoride levels exceeding 2ppm, consider alternative water sources

### Oral Hygiene & Dietary habits

- Children can't control these factors therefore it is greatly influenced by the amount of education and subsequent practices of the parents (mothers) and other caregivers

### Age-Specific Instructions on Home Oral Hygiene

**Prenatal Counseling**

- Counsel parents on their own oral hygiene and their effect as role models
- Pregnancy gingivitis (inflammation of gingival exacerbated by hormonal changes)
- Review infant dental care

**Infants (birth–1 year of age)**

- Parents to clean the infant's gums before eruption of first primary tooth
  - Cradle infant with one arm
  - Wrap a moistened gauze square or washcloth around index finger and gently massage the tissues
- Introduce soft-bristled toothbrush only if parents feel comfortable using it
- DO NOT use dentifrice containing fluoride, due to possible fluoride ingestion

**Toddlers (1–3 years of age)**

- Introduce toothbrush if not done earlier
- Use dentifrice around age two (only a pea size amount across the narrow WIDTH not length) due to poor swallowing reflex
  - Children should be supervised to spit out rather than swallow toothpaste
- Encourage child to begin rudimentary brushing (parents to remain as primary caregiver in oral hygiene procedures)

**Preschool-age children (3–6 years of age)**

- Remind parents to continue their responsibility as primary providers
- Only pea-sized amount of toothpaste on child's toothbrush
- Use daily flossing if any interproximal area has tooth-to-tooth contact

### Timing of First Dental Visit

Traditionally, time for the first dental visit was three years of age. Rationale was that children were more manageable and treatment was more efficient. However by age three, poor oral hygiene and improper feeding habits may already have compromised oral health.

Therefore, initial oral evaluation is within six months of eruption of first primary tooth, but no later than 12 months of age (to provide anticipatory guidance for the prevention of oral disease).

Traditionally, physicians and pediatricians have provided information on preventive oral health in infants. Most physicians have only received less than two hours of oral health education during their training. With the exception of feeding practices and fluoride supplementation, they may not be informed about the relative worth of preventing caries such as pit and fissure sealants and plaque-removal activities.

**The first dental visit should cover:**

- Early Dental Intervention
- Oral health education for parents
- Proper oral hygiene
- Prevention of dental injuries
- Prevention of nursing caries
- Helping children become more comfortable in a dental office ■

## CalTEACH Program — University of the Pacific

The Academy for Academic Leadership (www.academicleaders.org) is pleased to announce the 2008 Center for Advancing Teaching and Learning, held in partnership with the University of the Pacific Arthur A. Dugoni School of Dentistry in San Francisco, California http://dental.pacific.edu. Dental education faces a significant faculty shortage, with currently over 400 vacant budgeted positions in U.S. dental schools. This program is designed especially for private practice health professionals who are making a transition to academic careers, new faculty, and any faculty member who wishes to improve his or her teaching skills. The program is interdisciplinary and will also include health professionals from medicine and pharmacy. CalTEACH faculty members include nationally recognized experts in education, curriculum, and leadership in academic health care. The program begins in October and November at the University of the Pacific Arthur A. Dugoni School of Dentistry. ■

## ALL ORTHODONTIST'S & ORTHODONTIC STAFF IN THE SACRAMENTO AREA

7/14/08: The Coroner's Office is asking for help in identifying a young lady that was burned to death in a dumpster in Sacramento. On June 29, 2001, the body of an unidentified female was found by fire personnel that were putting out a fire in a garbage dumpster in Sacramento, CA. Her cause of death was later determined to be acute thermal injury. The unidentified female was burned beyond recognition. There was evidence that she may have been bound, placed in the dumpster alive and then lit on fire. The unidentified female is believed to be a Caucasian female. Her estimated age is between 18 and 24 years of age. She was approximately 55" in height but may have been a little taller. She may have been wearing "Structure" jeans. Her teeth were in remarkable shape. She was missing all of her first bicuspids (#5, #12, #21 and #28) suggestive that she may have worn braces at some point. She had no dental fillings and had plastic sealants. All four of her wisdom teeth were present.

The unidentified female was burnt beyond recognition but a Forensic Artist reconstructed her face with two views: one showing her teeth and one with her lips closed. The hair color and eye color are not known so keep that in mind when viewing the reconstruction. The Sacramento County Coroner's Office and the Sacramento Police Department have spent countless hours investigating possible leads to identify the female with absolutely no luck. If anyone knows the possible identity of this unidentified female, please contact the Sacramento County Coroner's Office, Deputy Kim Gillis at (916) 874-9320. The case number for this case is 01-03041. For better photo images please go to **http://coroner.saccounty.net.** The best lead we have for her identification lies with her teeth. Please take a look at our unidentified female and see if you recognize her. You may be the key to unlocking the mystery of her identity. Thank you. ■

**COUNTY OF SACRAMENTO CORONER'S OFFICE**
4800 Broadway, Suite 100
Sacramento, California 95820-1530
(916) 874-9320 • FAX (916) 874-9257

# 2008–2009 calendar of ev

## september

**9** — **Sports Dentistry & Cosmetics to Create a Winning Practice**
*Derric Desmarteau, DDS*
6:00pm–9:00pm • 3 CE, Cat I
*New Member Night*

**24** — **Managing Your Debt — New Debt, Old Debt, Combined Debt on Debt?**
*Natasha Lee, DDS*
6:30pm–8:30pm • No CE

**24** — **HR AUDIO CONFERENCE How to Hire Great People**
*California Employers Association*
Noon–1:00pm • 1 CE, Cat II

**26** — **The Ultimate Staff Continuum (Part 1 of 3)**
*Debbie Castagna & Virginia Moore, The Practice Source*
8:30am–1:30pm • 5 CE, Cat II

## october

**10** — **The Ultimate Staff Continuum (Part 2 of 3)**
*Debbie Castagna & Virginia Moore, The Practice Source*
8:30am–1:30pm • 5 CE, Cat II

**14** — **What's New in Endodontics**
*Kevin Keating, DDS, MS*
6:00pm–9:00pm • 3 CE, Cat I
*CDA Night*

**17** — **CE EXPRESS: Infection Control, CA Dental Practice Act & OSHA Refresher**
*Superior Office Safety*
8:30am–3:30pm • 6 CE, Cat I

**24** — **The Top 10 Crown and Bridge Mistakes: How to Correct and Prevent Them**
*Mike DiTolla, DDS*
8:30am–1:30pm • 5 CE, Cat I

**28** — **HR AUDIO CONFERENCE How To Fire the Really Not So Great, Just Plain Stinky People**
*California Employers Association*
Noon–1:00pm • 1 CE, Cat II

## november

**8** — **CPR: Basic Life Support for the Healthcare Provider**
8:30am–1:30pm • 5 CE, Cat I

**11** — **The Five Things Everyone Wants From Their Job**
*Debbie Castagna & Virginia Moore, The Practice Source*
6:00pm–9:00pm • 3 CE, Cat II
*Staff Night*

**20** — **How Best to Handle Your Experience with Peer Review and/or Ethics**
*Panel of Experts*
*Peer Review & Ethics Committee*
6:30pm–8:30pm • 2 CE, Cat II

**21** — **The Ultimate Staff Continuum**
*Debbie Castagna & Virginia Moore, The Practice Source*
8:30am–1:30pm • 5 CE, Cat II

## december

**8** — **Annual Holiday Party & Silent Auction**
*Del Paso Country Club*
6:30pm

= General Membership Meeting • = Member Forum *(Business Series)* • = Continuing Educat

# vents

## january

**13** **Periodontal Microsurgery and Endoscopy… Seeing is Believing!**
*John Kwan, DDS, BS*
6:00pm–9:00pm • 3 CE, Cat I
*Hygiene Night*

## february

**19 & 20** **29th Annual SDDS MidWinter Convention & Expo**
*Sacramento Convention Center*

**19 & 20** California Dental Practice Act
Infection Control
OSHA Refresher
*Bloodborne Pathogens • Haz Comm Refresher*
*at SDDS MidWinter Convention*
Times TBA • 2 CE each, Cat I

**20** **CPR: Basic Life Support for the Healthcare Provider**
*at SDDS MidWinter Convention*
1:30pm–5:30pm • 5 CE, Cat I

## march

**10** **Alternative Therapies for Dental Health… They May Be in Your Cupboard or Refrigerator Already!**
*Maxine Barish-Wreden, MD*
6:00pm–9:00pm • 3 CE, Cat I
*Spouse / Alliance Night*

**26** **Don't "Code" with the New Tax Codes — Use Them to Your Advantage!**
*Panel of Experts*
6:30pm–8:30pm • 2 CE, Cat II

**27** **Ruddle on Rotary: Today's Endodontics**
*Clifford Ruddle, DDS*
8:30am–1:30pm • 5 CE, Cat I

## april

**1** **Change Your Employee Handbook — It's the Law**
*Mari Bradford, California Employers Association*
6:30pm–8:30pm • 2 CE, Cat II

**4** **CPR: Basic Life Support for the Healthcare Provider**
8:30am–1:30pm • 5 CE, Cat I

**14** **Finding Oral Cancer Before it Happens**
*Lewis R. Eversole, DDS*
6:00pm–9:00pm • 3 CE, Cat I
*Back to School / Recruitment Night*

**30** **Preventing Legal Cavities in Your Dental Practice**
*Kim Parker, California Employers Association*
6:30pm–8:30pm • 2 CE, Cat II

## may

**1** **Stepping up! Taking the Big Leap into Laser Therapy (For the Dental Team)**
*Tricia Ceresa, RDH*
8:30am–1:30pm • 5 CE, Cat I

**7** **HR AUDIO CONFERENCE**
**Office Policy: Leave of Absences, Unusual Working Hours, Uniforms & Dress Codes**
*California Employers Association*
Noon–1:00pm • 1 CE, Cat II

**8** **SDDF Annual Golf Tournament**
*Turkey Creek Golf Club*
8:00am Shotgun Start

**12** **Caries Management by Risk Assessment**
*John D.B. Featherstone, M.Sc, Ph.D*
6:00pm–9:00pm • 3 CE, Cat I
*Foundation Night*

**15** **Infection Control & CA Dental Practice Act**
*LaDonna Drury-Klein, RDA, CDA, BS*
8:30am–12:30pm • 4 CE, Cat I

*Keep your eye out for your 2008–09 Program at a Glance — detailing all the info you see here in a convenient pocket-sized format!*

*For more information on SDDS events, visit:*
***www.sdds.org***

ion • = Licensure Renewal • = CPR • = Special Event • = MidWinter Convention

# SACRAMENTO DISTRICT DENTAL SOCIETY'S FOUNDATION

A CHARITABLE 501-C3 ORGANIZATION

## THANK YOU, SMILES FOR KIDS VOLUNTEER DOCS!

Smiles for Kids

### ORTHO SCREENING

JUNE 27, 2008

**JUNE 27, 2008:** Dr. Don Rollofson & Dr. Jennifer Drew perform orthodontic screenings at Dr. Drew's office.

## ADOPT-A-KID VOLUNTEER DOCS

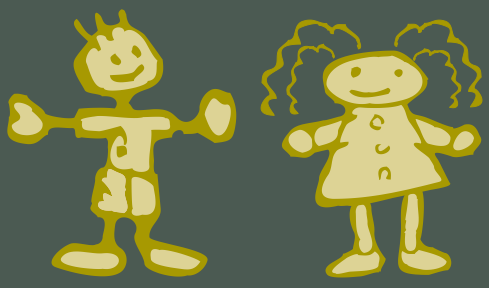
The following doctors volunteered to Adopt-a-Kid after the volunteer list was printed in the May 2008 *Nugget*.

**Endodontists**
Kathleen Greene, DDS

**General Dentists**
Sucheta Amanjee, DDS
Rodney Bughao, DDS
David Burke, DDS
Andrea Cervantes, DDS
William Gilbert, DDS
Kirk Hanson, DDS
Susan McAdams, DDS
Kenneth Moore, DDS
Purvak Parikh, DDS
David Pettey, DDS
Pravina Reddy, DMD
Sang Tran, DDS
Walter Winfrey, DDS
James Zimmerman, DDS, FAGD

**Oral & Maxillofacial Surgeons**
Kenneth Wong, DDS

**Pediatric Dentists**
Janice Work, DDS



## 2009 SMILES FOR KIDS NEEDS YOUR HELP!

SEE INSERT TO VOLUNTEER!

# YOU
## THE DENTIST, THE EMPLOYER

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

Not quite. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of being an employer. Are you up on the changes that happen nearly EVERY January 1st?

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

# WHAT CAUSED CLAIMS?
## *A Review of all 2007 Claims*

By **TDIC Risk Management**

Each year, TDIC reviews all of its closed claims to identify emerging trends. A review of TDIC's 2007 closed professional, business and employment practices liability and property claims revealed that the frequency and severity of claim types remains consistent with previous years' experience.

For the past five years, restorative procedure claims (treatment involving composites/amalgams and single or multiple crowns) were the most frequent, representing 29 percent of all professional liability claims. Over 50 percent of the claims involved allegations of failure to treat properly, need for retreatment and treatment failure due to clinically unacceptable results. Interestingly, this year 8 percent of these claims involved swallowed or aspirated objects.

Endodontic treatment and extractions rounded out the top three claim types. The most common allegations for endodontic treatment continue to be failure to treat properly, separated files, perforation of the root and treatment failure. This year, paresthesia was the most common allegation of extraction claims. Fifty-four percent of the extraction claims involved third molars, a 20 percent increase over last year.

Claims involving extraction were the most severe due to the allegations of inferior alveolar and lingual nerve injuries. In one claim, a general dentist, just two years out of dental school, extracted all four third molars of a 27-year-old female. She reported lingual paresthesia a few days later. The subsequent treating oral and maxillofacial surgeon and TDIC consultant both opined the lingual nerve had been transected. Further complicating the case, the dentist admitted to altering the patient's chart by adding information to "clarify his entries."

> *The frequency and severity of claim types remains consistent with previous years' experience.*

**Other noteworthy information includes:**

- The frequency of employment practices liability claims remains stable. Wrongful termination claims continue to be the most frequent.
- Treatment issues comprise the majority of claims involving dental board investigations. Allegations include substandard restorations, excessive treatment and failure to treat properly.
- Water damage to dental offices tops the list of most-frequent property claims, as it has over the past seven years. These claims involve overflowed, cracked and leaking toilets; burst, broken or leaking pipes; broken dental unit lines and sewer backup.
- The number of policyholders reporting stolen copper piping, wiring or flashing has increased significantly.

Look to TDIC to help mitigate these and other types of claims by using the resources available at thedentists.com, or calling the Risk Management Advice Line at 800.733.0634. ■



## Bugs at the Picnic

CONTINUED FROM PAGE 5

level of periodontal patient care through appropriate referrals. This guideline gives a definition of:

> *"Should" is defined as "A highly desirable direction but does not mean mandatory[8]"*

More likely, the definition of should that would be used in court is:

> *"Should" is defined as "you had better do it[9]"*

This gives undeserved ammunition to a prosecuting attorney whose client had a bad outcome while being treated by a competent general dentist.

This brings some odious "what ifs" to mind. What if an endodontic academy published guidelines recommending that any root canal with dilacerations greater than 25 degrees should be treated by an endodontist? What if an oral surgery academy published guidelines recommending that a tooth with a mesio-angular impaction or greater should be treated by an oral surgeon? Good intentions with unintended consequences.

Meanwhile, I really am enjoying the picnic. Life is good. I love this profession. I hope you are enjoying it too. ■

8. ibid 9. my mother, numerous citations, years 1962–1974

*Editor's Note: "Mother citations" should* ***always*** *supercede other regulations!*

## DENTAL BOARD UPDATE

By Bill Lewis

### LITTLE EFFECT SEEN IN BRIEF TRANSFER OF DENTAL BOARD

The administrative functions of the Dental Board of California on July 1 transferred for the remainder of 2008 to a bureau within the state Department of Consumer Affairs.

In early June, legislation to reinstate the Dental Board on Jan. 1, 2009, was nearing final passage and an anticipated governor's signature.

The temporary transfer of the board's functions to the Department of Consumer Affairs became necessary as a result of the governor's veto last year of SB 534 (Perata), which was primarily intended to create a new Dental Hygiene Committee of California, but which also was the legislative vehicle for extending the board's "sunset" date of July 1. For state constitutional reasons, it was not possible to enact "urgency" legislation this year to prevent the board from sunsetting.

"While it is unfortunate this action has to be taken, we have been assured by the Department of Consumer Affairs that this temporary change will have little if any impact on current or prospective licensees or on consumers," said CDA President Dr. Brian Scott. "Although the shift to bureau status means that the Dental Board members will be serving only in an advisory capacity, the board's existing staff has simply been transferred to the new bureau and is able to carry out virtually all of its current functions, such as administering exams, issuing and renewing licenses and carrying out essential enforcement actions."

Individuals can also continue to use the existing Dental Board Web site and telephone numbers to reach the bureau staff during this interim period.

Although pending legislation will allow the board's executive officer to remain as the chief of the temporary bureau, in late May the current executive officer, Richard Wallinder, resigned from the position effective June 30. The board's assistant executive officer, Richard DeCuir, became the acting executive officer after that date.

"Mr. Wallinder's departure is unfortunate, however Richard DeCuir has been with the board for many years, which should make for a seamless transition there as well," Scott said.

In early June, the three bills in the legislative package addressing the Dental Board situation were very close to reaching the governor's desk for his signature. Taken together, these bills will allow the board's current members to serve as an advisory committee to the bureau for six months, reinstate the Dental Board as of Jan. 1, 2009 and create the new Dental Hygiene Committee, while eliminating the Committee on Dental Auxiliaries and moving its current functions to the board effective July 1, 2009. ■

*Reprinted with permission from the June CDA Update.*

# ABSTRACTS

**Influence of nonnutritive sucking habits, breathing pattern, and adenoid size on the development of the malocclusion in the primary dentition**

E. Gois, et al
Angle Ortho 78:4 2008

The study included individuals with at least one of the following malocclusions; anterior open-bite, posterior crossbite, or overjet of more than 3 mm. Results showed that when finger or pacifier sucking persisted past the age of 2 years the children had 13 times greater chances of malocclusion and those that were mouth-breathers had 10 times greater chance. But enlarged adenoids were not directly associated with the presence of malocclusion.

**The long-term effect of a mouthrinse containing essential oils on dental plaque and gingivitis**

J. Stoeken, et al
J Perio 78:7 2007

Removal of interdental plaque is an essential part of effective daily oral hygiene. Dental floss is efficient but is dependent on factors such as motivation and dexterity and surveys showed that only 10% to 40% of the individuals used floss on a daily basis. Studies indicate that the use of an essential oil mouthrinse such as Listerine was at least as good as floss in controlling approximate plaque and gingivitis.

**Evaluation of wear resistance of new nanocomposite resin restorative materials**

Z. Yesil, et al
J Pros Dent 99:6 2008

The purpose of the study was to evaluate the relative wear characteristics of 2 recently introduced nano-filler-based composite resins ( Filtek Supreme, Premise) and compare them to a microhybrid (Point 4) and microfill (Helimolar RO). Results showed that Heliomolar RO had significantly less abrasive wear than Premise but also had a significantly rougher surface within the wear track than either nanohybrid. The incorporation of nanofillers did not improve their wear resistance.

RTB

# FROM YOUR TRUSTEES

## 2008 BOARD OF TRUSTEES
JUNE 6–7, 2008

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

The Board of Trustees (BOT) met June 6–7 here in Sacramento. The first order of business was a financial report and a report of the annual audit completed by the local accounting firm of Perry-Smith. Their report was a glowing affirmation of the health and financial strength of your organization. The audit report was followed by a review of the history of TDIC and a report by its new CEO, Mr. Steven Hood. The profits of our own insurance company and brokerage continue to be a huge source of non dues revenue, expanding products into other states and growing their book of business and profits.

Our Saturday meeting included a two-hour Sexual Harassment Prevention training, conducted by Team Trainers, LLC. All CDA dentists should be proactive and knowledgeable regarding today's legal environment and their responsibilities as employers. Prevention and providing a safe and non hostile work environment is essential. Please take the time to attend a class and take a proactive lead in your practices.

Access to Care was the focus of several proposals approved by the BOT for funding. The first was an expansion of the Donated Dental Services in Southern California. Many of you have volunteered to treat one or two disabled or elderly adults in our component for many years. With funding in So Cal, the emphasis will be on increasing access to the elderly population and treatment for this vulnerable and growing portion of our society. The final extremely interesting proposal is the commitment by CDA to finalize plans to approach the Legislature for a small fee on the soda, energy and sport drink syrup to fund an Oral Health Prevention and Treatment program. Preliminary studies show that a small fee on each soda or sport drink, as little as a cent or two, could realize $25+ million a year that could go a long way to fund the treatment necessary to restore the damage sugar and acid causes in the teeth of our low income and uninsured youth population. We will keep you informed of the status of this innovative effort to help increased access to care and improve the oral health of our patients.

As always, both Kevin and I are honored to be your voice at CDA and thank you for the opportunity. Please call or email either of us at any time if you have any questions or comments that are important to you and our wonderful profession. ■

# VENDOR MEMBER SPOTLIGHTS

## COMPANY DESCRIPTION

Citibank is a global leader in financial services with $1,264 trillion in assets. We serve over 200 million customers. With the vast resources of Citigroup behind us, our local Financial Centers have everything a small business owner needs for their business and can provide the personalized service they want.

## PRODUCTS & SERVICES

Citibank offers a wide range of products and services for businesses, from Deposit products, Cash Management, loans and lines of credit, SBA loans, Commercial Real Estate Loans, retirement products and more.

## BENEFITS, SERVICES, SPECIAL PRICING &/OR DISCOUNTS EXTENDED TO SDDS MEMBERS

Citibank specializes in establishing long-term working relationships with Healthcare Professionals. We offer SDDS members preferred rates on lines of credits and loans for equipment, tenant improvements and building financing with no set-up costs. SDDS members will receive fee discounts on Commercial Real Estate financing as well.

Start your relationship with Citibank today! Contact a local representative to schedule an appointment.

**Philip Kong**
Business Development Officer, Vice President
(916) 567-5006
Philip.j.kong@citi.com

## COMPANY DESCRIPTION

Every business day, new challenges arise between employers and employees. If you need assurance that you're making the right decisions, you need CEA. CEA's services are dedicated to those business professionals who demand accurate, immediate and cost-effective solutions to human resource and labor relations issues. CEA serves as a full service HR department, without the hassles of having to hire a single person. Hundreds of companies and individual business owners in California depend on CEA every day.

## CEA MEMBER SERVICES

- Free Phone Advice
- Free Attorney Advice
- Employee Handbooks
- Injury & Illness Prevention Programs (IIPP)
- Policies & Procedures
- Workers' Compensation
- Hiring & Recruitment
- Labor Commission Hearings
- Labor Negotiation
- Sexual Harassment Training & Investigations
- Legislative Updates
- Discrimination Claims
- Unemployment Claims
- Wage & Salary Issues
- Employee Productivity
- Leadership Development
- Discipline & Termination Issues
- Substance Abuse Strategies
- Workshops & Seminars

## BENEFITS, SERVICES, SPECIAL PRICING &/OR DISCOUNTS EXTENDED TO SDDS MEMBERS

HR Hotline (FREE to SDDS Members!): Ask HR professionals about employment law, employee issues and other employment related matters.

**1-800-399-5331**

# SDDS VENDOR MEMBERS

Vendor Members are vendors who support Sacramento District Dental Society through advertising, special discounts to members, table clinics and exhibitor space at General Meetings, CE courses, Member Forums and the MidWinter Convention. **SDDS members are encouraged to support our Vendor Members as OFTEN AS POSSIBLE when looking for products and services.**

## Please support SDDS Vendor Members any way you can!

# 2008 SDDS COMMITTEE MEETINGS:

**Auxiliary Advisory • SDDS • 6:30pm**
Fall meetings TBA

**Board of Directors • SDDS • 6:00pm**
Sept 2 • Nov 4

**CE Committee • SDDS • 6:30pm**
Oct 6 • Dec 1

**CPR Committee • SDDS • 6:30pm**
Completed for 2008

**Dental Health Committee • SDDS • 6:30pm**
Sept 30 • Dec 9

**Ethics Committee • SDDS • 6:00pm**
Oct 6

**Foundation (SDDF) • SDDS • 6:30pm**
Sept 30 • Nov 19

**Golf Committee • SDDS • 6:30pm**
Completed for 2008

**Leadership Dev. Committee • SDDS • 6:00pm**
Completed for 2008

**Legislative Committee • SDDS • 7:00pm**
Sept 15

**Mass Disaster / Forensics Committee • 6:30pm**
Dec 4 (yearly calibration) - **NOTE CHANGE**

**Membership Committee • SDDS • 6:30pm**
Sept 22 • Dec 1

***Nugget* Editorial Committee • SDDS • 6:15pm**
Oct 28

**Peer Review Committee • 6:30pm**
Aug 14 • Sept 11 • Oct 9 • Nov 13 • Dec 11

**SacPAC Committee • SDDS • 6:00pm**
Sept 15

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

# LINK OF THE MONTH

**Concerned about what procedures your staff can perform?**

Download the extensive list of allowable duties at:

**www.comda.ca.gov/formspubs/pub_permitted_duties.pdf**



# ADVERTISER INDEX

# COMMITTEE CORNER

**Dennis D. Wong, DDS**
Fluoridation Committee Chair

**Richard C. Kennedy, Jr., DDS**
Fluoridation Committee

## *Fluoridation Committee:* FLUORIDATION UPDATE

Congratulations to the City of West Sacramento for their implementation of community water fluoridation. After a well planned and orchestrated community effort and supported by SDDS through the leadership of Dr. Rick Kennedy, fluoridation began on May 19th, 2008. Now West Sacramento dentists and dentists whose child patients live in West Sacramento no longer need to prescribe fluoride supplements, in fact they would be contra-indicated. Topical fluoride treatment and fluoride varnishes are still recommended according to the normal protocols. Kudos to Dr. Rick Kennedy of Davis! (see below)

*Dennis D. Wong, DDS — Fluoridation Chair*

### Reflecting on the Culmination of West Sacramento Fluoridation

May 19, 2008: This is the date West Sacramento went online fluoridating their water.

It took a strong community effort to achieve a great success. Now 45,000 people have one of the best public health benefits anyone could ask for.

It all started with a meeting with the Salud Clinic Advisory Board, a local group looking to get behind a project to help the community. Dr. Bette Hinton, Yolo County Health Officer and Director of the Yolo County Health Dept asked if I would come to the Salud Clinic Advisory Board meeting and tell them why community water fluoridation is a good idea. I got fired up and had my say. In the end I can recall Marianne Estes, Chair of the Board, saying I think this is an idea we can get behind. The Board agreed. They were a great group. Jolaine Beers, (husband Wes was on the City Council), Katy Villegas (husband on the City Council), Mayor Pro Tem Carolyn Pierson and Mayor Pro Tem Pierson carried the item to the City Council. These folks knew the local community and got the support that was needed. They led the way.

*Now 45,000 people have one of the best public health benefits anyone could ask for.*

There were many times questions arose that I was clueless to answer. That is where the Big SDDS Fluoride Machine comes in! Yes it is always there to provide support. Emails, meetings, phone calls and of course at the big city council sessions it was invaluable. John Orsi and Dennis Wong were like having a living "Google it" on hand. Thanks guys. Cathy Levering and the office team were there with supplies and support as we needed them. President Nicky Hakimi and the SDDS Leadership at the time joined in the fray. Thanks to Dr. Howard Pollick (the UCSF fluoride answerman) and Dr. Glennah Trochet for the big show. Drs. Gordon Lee and Dick Huang from West Sacramento let the Council know the local dentists were on board. Thanks and apologies to those who I have forgotten to name.

One of the issues we knew to be a problem was funding. City staff quoted $800,000 for the capital improvements. If we could lick that it may be tough for them to say no. Dr. Hinton said if we get the approval I'll find the money. Show me the money. Thank you Bette! Yolo First 5 provided about 100K, our own SDDF came through with funds by way of Yolo County dentists, Sierra Health Foundation, 250,000, and California Endowment 250,000. Supervisor Mike McGowan (former mayor of West Sacramento) got up at one meeting with the City Council and said, "You pass this and Yolo County will match up to 250,000." Yeah!

Thanks to the West Sacramento City Council for making this a reality for their citizens.

You can't beat a glass of West Sacramento water!

*Richard C. Kennedy, Jr., DDS* ■

# WE'RE BLOWING YOUR HORN!

## CONGRATULATIONS TO...

**Dr. Matt Campbell,** who is featured in the *Be A Friend* campaign recently launched by CDA Friends of the Foundation. *(photo below)*

**Dr. Jim Musser, Cathy Levering** (SDDS Executive Director) and **Erin Jones** (SDDS Smiles for Kids Coordinator), on their contributions to a recent article in the *Sacramento Bee,* covering the impact of Medi-Cal cuts on children's dental health.

**Dr. Herb Jensen,** on his Hole-in-One at Del Paso Country Club during the Club Championship!

**Dr. Andrea Cervantes,** on the grand opening of her new office in Elk Grove. *(photo below)*

**Dr. Dean Ahmad,** on his Open House Event on July 10, including a Ribbon Cutting Ceremony with the Lincoln Chamber of Commerce. *(photo below)*

**Dr. Todd Andrews,** on his marriage to Ashley Dyer on May 24, 2008. *(photo below)*

**Drs. Joel and Kristy Whiteman,** on the birth of their first child, Kaitlyn Jade, on June 27, 2008.

**Dr. Terry Jones,** on the birth of his first grandchild, Caleb. *(photo below)*

**Dr. Richard Almassy,** on his retirement June 30.

**Dr. Jim Cope,** on his spectacular wipeout while dirt-biking, resulting in a plate and ten screws in the left wrist. Get well soon!

**Dr. Mike Cassagrande,** on his band's regular gig at Tokyo Fro's.

**Dr. David Crippen,** on passing his written and oral exams for the American Board of Pediatric Dentistry. He has completed his certification and is now a Diplomate of the American Board of Pediatric Dentistry.

**Dr. Tim Mickiewicz,** for the Pain Program Accreditation awarded to his Orofacial Pain Program by the American Academy of Pain Management (the nation's largest interdisciplinary pain management accreditation process). This is the only Academy accredited pain program in California.

**CDA,** on their recognition by the SNAP Excel Awards in three sections of the Scholarly Journal category: General Excellence — Peer Reviewed Journal, Design Excellence and Cover Illustration. ■

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.

*Dr. Todd & Ashley Andrews celebrate their marriage on May 24, 2008.*

*Dr. Dean Ahmad celebrates at his Open House and Ribbon Cutting Ceremony on July 10, 2008.*


*Dr. Campbell is a friend of the CDA Foundation, supported by his wife (& tooth fairy!), Irene.*

*Dr. Jones' grandson, Caleb.*

*Dr. Cervantes celebrates her grand opening with her assistant, Trina.*

# NEW MEMBERS

AUG/SEPT
2008

## WELCOME

to SDDS's new members, transfers and applicants.

### IMPORTANT NUMBERS:

SDDS *(doctor's line)* . . . . . (916) 446-1227
ADA . . . . . (800) 621-8099
CDA . . . . . (800) 736-8702
CDA Contact Center . . (866) CDA-MEMBER *(866-232-6362)*
TDIC Insurance Solutions . . (800) 733-0633
Denti-Cal Referral . . . . . (800) 322-6384

## KEEP US UPDATED!

*Moving?*
*Opening another office?*
*Offering new services?*
*Share your information with the Society!*

We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events! Give us a call at (916) 446-1227.

The more accurate information we have, the better we can serve you!

WELCOME BACK!

**Raymond Benitez, DDS**
General Practitioner
2650 21st St, Ste 4
Sacramento, CA 95818
(916) 452-3587
Dr. Raymond Benitez graduated from the UOP Arthur A. Dugoni School of Dentistry in 1993 with his DDS. He is currently practicing in Sacramento and lives in Folsom.

**Marjorie Jara, DMD**
General Practitioner
9450 Fairway Dr
Roseville, CA 95678
(916) 771-9484
Dr. Marjorie Jara graduated from the University of the Philippines in 1998 with her DMD. She is currently practicing in Roseville where she also lives with her husband, Christopher.

**Grace Min, DMD**
General Practitioner
*Pending Office Address*
Dr. Grace Min graduated from Boston University in 2001 with her DMD. She is currently living in Elk Grove with her husband, David Paj.

**Angel Soto, DDS**
General Practitioner
520 Cottonwood St, Ste 11
Woodland, CA 95695
(530) 661-9276
Dr. Angel Soto graduated from Cayetano Heredia University in Peru in 1992 with his DDS. He is currently practicing in both Woodland and Elk Grove and lives in Sacramento with his wife, new SDDS applicant, Carla Gutierrez, DDS.

### CORRECTION

**Alexander Antipov, DDS**
Oral & Maxillofacial Surgeon
6600 Madison Ave, Ste 10
Carmichael, CA 95608
(916) 961-1902
Dr. Alexander Antipov graduated from Loma Linda University in 2003 with his DDS and completed his specialty in oral and maxillofacial surgery at Montefore Medical Center / Albert Einstein College of Medicine — New York in 2008. He is currently practicing in Carmichael with SDDS member, Dr. Terrence Robbins.

## NEW TRANSFER MEMBERS:

**Jeffrey Chamberlain, DDS**
*Transferred from Redwood Empire Dental Society*
General Practitioner
3170 US Highway 50, Ste 3
South Lake Tahoe, CA 96150
(530) 577-8080
Dr. Jeffrey Chamberlain graduated from the UCSF School of Dentistry in 1978 with his DDS. He is currently practicing in South Lake Tahoe.

**Henry Hyuck Kun Kim, DDS**
*Transferred from San Joaquin Dental Society*
General Practitioner
5414 Sunrise Blvd, Ste C
Citrus Heights, CA 95610
(916) 967-9953
Dr. Henry Hyuck Kun Kim graduated from the UOP Arthur A. Dugoni School of Dentistry in 2000 with his DDS. He is currently practicing in Citrus Heights.

**James Hyun-Uk Lee, DDS**
*Transferred from Redwood Empire Dental Society*
General Practitioner
10390 Coloma Rd, Ste A
Rancho Cordova, CA 95670
Dr. James Hyun-Uk Lee graduated from Loma Linda University in 2006 with his DDS. He is currently practicing in Rancho Cordova and lives in Folsom.

**Joseph Phen, DDS**
*Transferred from Stanislaus Dental Society*
General Practitioner
8351 Elk Grove Blvd, Ste 300
Elk Grove, CA 95758
(916) 691-6997
Dr. Joseph Phen graduated from Liaquat Medical College in Pakistan in 1992 with his DDS. He is currently practicing in Elk Grove where he also lives.

**Jason Straw, DDS**
*Transferred from Tri-County Dental Society*
General Practitioner
2350 Professional Dr, Ste 400
Roseville, CA 95661
(916) 786-3930
Dr. Jason Straw graduated from Virginia Commonwealth University in 2004 with his DDS and recently completed a residency at Loma Linda University earlier this year. He is currently practicing in Roseville and lives in El Dorado Hills.

MORE

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

**TOTAL MEMBERSHIP (AS OF 7/29/08):** 1,493

**TOTAL ACTIVE MEMBERS:** 1,278
**TOTAL RETIRED MEMBERS:** 182
**TOTAL DUAL MEMBERS:** 2
**TOTAL AFFILIATE MEMBERS:** 8
**TOTAL STUDENT MEMBERS:** 3
**TOTAL CURRENT APPLICANTS:** 10
**TOTAL DHP MEMBERS:** 30

**TOTAL NEW MEMBERS FOR 2008:** 44

**Nancy Trinh, DDS**
*Transferred from Los Angeles Dental Society*
General Practitioner
5899 Sunrise Blvd
Citrus Heights, CA 95610
**(916) 967-7766**
Dr. Nancy Trinh graduated from the USC School of Dentistry in 2007 with her DDS. She is currently practicing in Citrus Heights and lives in Antelope.

**Edward Wiggins, DDS**
*Transferred from San Francisco Dental Society*
General Practitioner
6246 Fair Oaks Blvd
Carmichael, CA 95608
**(916) 265-0808**
Dr. Edward Wiggins graduated from the UCSF School of Dentistry in 2002 with his DDS. He is currently practicing in Carmichael and lives in Sacramento.

## NEW APPLICANTS:

**Oscar Alonzo, DDS, MS**
**John Bace, DDS**
**Reuben Clark, DDS**
**Michelle Crisostomo, DMD**
**Maria de Gaust, DDS**
**Stacie Fenderson, DDS, MS**
**Carla Gutierrez, DDS**
**Teresa Hall, DDS**
**Cory Higginbotham, DDS**
**Martin Kerzie, DMD**
**Michelle Lee, DDS**
**Lura Orsino, DMD**
**Neelima Potluri, BDS**
**Jeremy Salvatierra, DMD**
**Steven Scott, DDS, MS**
**Jean Yang, DMD**
**Eric Young, DDS**

**Place this page in the "New Members" section of your 2008 SDDS Directory**

# SDDS "FUN TIMES" HAPPY HOUR

*August 28, 2008 (6:30pm • No host)*

**CHEVY'S** (7401 LAGUNA BLVD, ELK GROVE)

**NO RSVP NECESSARY! JUST SHOW UP!**

PRESENTED BY THE SDDS MEMBERSHIP COMMITTEE

PRESENTED BY FUN TIMES! SDDS MEMBERSHIP COMMITTEE • SUPER FUN • EXTRA FUN • EVEN MORE FUN THAN THE LAST ONE. IF YOU CAN BELIEVE IT • LET THE GOOD TIMES ROLL • TIME FLIES WHEN YOU'RE HAVING FUN •

NEED AN ASSOCIATE? STAFF?
CHECK OUT THE **JOB BANK** AT WWW.SDDS.ORG!

**SCAM ALERT**

**REPORTED BY AN SDDS MEMBER:** A gentleman asked if he could be seen for a severe toothache emergency (#10). He said that he had been out of town for business in Texas seven weeks ago, fractured the tooth and had a root canal performed. The tooth was fine following the procedure, but now the pain had now become excruciating. It kept him up all night, prompting him to take six motrin at a time. The office saw him, after which he stepped out to receive a call from 'work' and didn't return to pay for the visit. It appears that he is just interested in getting medication. He uses the name of Tony Pardini and an Elk Grove address. ■

# EVENT HIGHLIGHTS

## SDDS DOES RIVERCATS!

*June 19, 2008 — Raley Field*


*Sacramento District Dental Society is welcomed to Raley Field.*

*Dr. Scott Grivas and "Grivas' Divas" take the field in style!*

*Dr. Vic Hawkins, Dr. Don Rollofson and Janet Percevic enjoy the warm June evening.*

*Dr. Rosemary Wu enjoys the game, among fellow SDDS members and staff.*

*Dr. Craig and Tina Alpha grab a nice cold one with friends.*

*Dr. Friz Diaz (right) brings her brother and daughter along for the fun!*

*Dr. Jason and Desirae Chalmers on date night. No kids tonight!*

*Dr. Melarkey gears up for the first pitch.*

*Drs. Griffin keep it in the family as the game goes on.*

*Dr. John Pearson roots for the home team!*

# Nugget Classifieds

## For Lease

SUITE FOR LEASE — 2 OPERATORY: Sacramento Dental Complex — Midtown. Possible to purchase existing equipment. Great for new practice. Please call (916) 448-5702. *03-07*

HIGHLY VISIBLE LINCOLN OFFICE SPACE — Divisable up to 8,000 sq ft for lease or purchase. Ground up built by a dental contractor specialist. Call (916) 772-4192 for details. *01-08*

DENTAL OFFICE SPACE AVAILABLE FOR LEASE in professional building. Located in Elk Grove. 1800 sq feet, 5 operatory spaces, large reception room, business office, laboratory and private office. Ph Mel Bell (916) 479-1827. *03-08*

DENTAL SPACE FOR LEASE —Nicely appointed space in established Carmichael dental building. 820 sf with 3 patient areas, reception, waiting, and private office/break room. $1.35 psf plus utilities. Agent (916)443-1500. *08/09-08*

FOLSOM DENTAL OFFICE FOR LEASE: Folsom-Auburn Rd./Greenback Lane. Proven and successful practice location with roadside signage. Dr. and patients relocating. Space only. Dr. Rufo (916) 521-7730. *08/09-08*

HIGH VISIBILITY TURNKEY OPPORTUNITY — Office located in North Natomas in Natomas Marketplace Shopping Center with 4 operatories fully equipped with ADEC Cascade Planmeca xrays, Miele Dental Disinfector and other top of the line equipment. 1600 sq.ft. (916) 928-9212. *08/09-08*

SCRIPPS DR OFFICE — Modern 5 operatory dental suite available for rent. Ideal for satellite office or upgrade from present facility. For info on turnkey suite, please call Michael (707) 246-1141. *08/09-08*

EXISTING AUBURN DENTAL OFFICE FOR LEASE: 2,100 sf, 7 operatories, staff lounge and lab. On Highway 49 at new signalized intersection with building signage. Great windowlines and parking at front door. Call (916) 367-6352. *08/09-08*

ELK GROVE SPACE AVAILABLE: +/- 1,100 sf to 4,224 sf, BTS, near laguna. Perfect location for specialist. Adjacent to busy general dentist. Agent Andrew Skinner or Mogie Holm (916) 928-3800. *08/09-08*

GRANITE BAY VILLAGE — 2000 sf $1.70 + NNN, anchored by new Tesco, Fresh & Easy, Ace Hardware, Gold's Gym. Ready for turn key dentist: orthodontist or general practice. Bill, agent (916) 929-5481 ext 106. *08/09-08*

SPACE FOR LEASE — Are you a specialist looking for a space to lease in Lincoln? If so, our new state of the art office may be the place for you. Our attractive upscale general practice is located in a professional building with plenty of patient parking. For more information, please call (916) 434-1400. *08/09-08*

MERCY SAN JUAN HOSPITAL LOCATION — High visibility, Coyle Avenue. 1400 sq ft, 4 ops, 2 baths, business & private office. Share waiting room with high quality GP dentists. (916) 961-1111. *08/09-C1*

## Positions Wanted

ENDODONTICS: In your office 2–3 days/month or ? 30+ yrs experience. References upon request. Contact Dr. Koett, Sr. (916) 337-6202. *02-07*

I AM RETIRED AND ABLE TO SUPERVISE YOUR OFFICE, do exams and treat emergencies, while you vacation or take leave. Dr. Leif C. Overby, FAGD, MAGD. Ph (916) 434-7033. *05-08*

GP LOOKING TO RENT A CHAIR in Sacramento area 2–3 times/month. Please contact @ (917) 749-3410 or vadim_s@comcast.net. *06/07-08*

STOP THE SCREAMING! In-office sedation services by MD anesthesiologist • Pedo/Adults • Medi-Cal Provider • 20 years experience • Call (800) 853-4819 or info@propofolmd.com. *05-07*

LOCUM TENENS — I am an experienced dentist, UOP graduate and I will temporarily maintain and grow your practice if you are ill / maternity leave or on extended vacation. (530) 644-3438. *08/09-C1*

## Practices For Sale

EAST CONTRA COSTA COUNTY, CA — Beautiful, four op (3 equipped) GP located in professional building. Collections in 2007 exceeded $340,000 on a part-time schedule. Practice Transition Partners, (888) 789-1085, www.practicetransitions.com. 06/07-08

UPGRADE YOUR OFFICE! Doctor moving to new location, to sell all equipment and leasehold in Campus Commons area. Turnkey: 6 operatories, 2 in-office restrooms, pano, intra-oral camera, artwork. Please contact John Pacelli at Patterson Dental (916) 595-3005. *08/09-08*

## Employment Opportunities

A GREAT OPPORTUNITY! If you are planning or considering opening a practice in El Dorado Hills, give me a call!!! Dr. Linssen (916) 952-1459. *02-07*

CALIFORNIA DENTAL ASSOCIATE — MALE/FEMALE. Placerville, CA — Fee for service, long established practice. Great, professional, sophisticated, expanded function staff. 12 day hygiene week. Family oriented, great schools, friendly community, in gold country. $600/day + production, PT start / FT future. Experience requested. Resume to: drsands@jps.net or Dr. Sands, DMD; 2900 Cold Springs Rd; Placerville, CA 95667. *10-07*

ORTHODONTIST — Help!!! Too many patients!!! Kids Care Dental Group is looking for an orthodontist to help with our huge patient base. More consults than you could ever imagine. Seeking a long-term commitment and a dedicated individual. Great private practice with unlimited potential. Call Derek at (530) 263-2454 or fax your resume to (916) 290-0752. 06/07-08

PEDIATRIC DENTAL PRACTICE located in Folsom seeks dentist. Excellent opportunity for skilled dentist to join our practice. Please fax resume to (916) 983-9012. *08/09-06*

STATE OF THE ART DENTAL PRACTICE in Roseville, California. Excellent compensation. One to two days a month. Email CV to rockyridgedental@surewest.net or call Art at (951) 217-6749. *05-08*

1–2 FULL TIME ASSOCIATE DENTISTS NEEDED for busy Stockton practice that does 1.5–1.7 million in collections per year. Very competitive salary/bonus. $200k–$300k/yr potential. Fax resume to (916) 929-5848. *08/09-C1*

## Equipment For Sale

FOR SALE: USED DENTAL AIR COMPRESSOR — Galen oil lubricated, 220 V, works great. No air dryer. Accepting any offers. Call (530) 320-4031 evening 6–8pm. John. *08/09-C1*

CEREC 3D CAD/CAM — 2 years old with recent software upgrades. Looking to sell practice & relocate soon. Asking 1/2 of purchase price. $50 K. SRFamilyDentistry@sbcglobal.net. *08/09-C1*

# SDDS Members Can Place Classified Ads For FREE!

Selling your practice? Need an associate? Have office space to lease? Place a classified ad in the *Nugget* and see the results! SDDS members get one complimentary, professionally related classified ad per year (30 word maximum; additional words are billed at $.50 per word). 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

## AUGUST

**2** **CPR BLS Renewal**
*Sutter General Hospital*
8:30am–1:30pm

**14** **Peer Review Committee**
6:30pm

**22** **Executive Committee Meeting**
7:00am / Del Paso Country Club

**23–24** **CDA Board of Trustees**
Sacramento, CA

**28** **Fun Times "Happy Hour"**
6:30pm / Chevy's (Laguna, Elk Grove)
*No host*

## SEPTEMBER

**1** ***Labor Day***
*SDDS Office Closed*

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

**CE Committee**
6:00pm / Buggy Whip

**9** **General Membership Meeting**
*Using Sports Dentistry & Cosmetics to Create a Winning Practice*
Derric Desmarteau, DDS
***New Member Night***
*Sacramento Hilton — Arden West*
*2200 Harvard Street, Sacramento*
6:00pm Social
7:00pm Dinner & Program

**10** **Alliance Board Meeting**
Noon / SDDS Office

**11** **Peer Review Committee**
6:30pm

**12–14** **CDA Scientific Sessions**
San Francisco, CA

**15** **SacPAC Committee**
6:00pm / SDDS Office

**Legislative Committee**
7:00pm / SDDS Office

**18** **Smiles for Kids Site Training**
4:30pm / Bank of Sacramento Building

**22** **Membership Committee**
6:30pm / SDDS Office

**24** **Continuing Education**
*HR Audio Conference*
*How to Hire Great People*
California Employers Association
Noon–1:00pm

**Member Forum**
*Managing Your Debt — New Debt, Old Debt, Combined Debt on Debt?*
Natasha Lee, DDS
*Sacramento Hilton — Arden West*
*2200 Harvard Street, Sacramento*
6:30pm–8:30pm

**26** **Continuing Education**
*The Ultimate Staff Continuum*
Virginia Moore & Debbie Castagna
*Location TBA*
8:30am–1:30pm

**30** **Dental Health Committee**
6:30pm / SDDS Office

**Foundation Board Meeting**
6:30pm / SDDS Office

More calendar info available at
**www.sdds.org**

ROUND UP YER POSSE FOR THE 29TH ANNUAL MIDWINTER CONVENTION
**FEBRUARY 19 & 20, 2009** WE RECKON YOU'LL ENJOY IT. NOW, DRAW.

*loads of ceu!*

EARN **3** CE UNITS!

**September 13, 2008:**
Using Sports Dentistry & Cosmetics to Create a Winning Practice

Presented by:
**Derric DesMarteau, DDS**

- How can sports dentistry be a practice builder?
- Do you have a "team niche"? How can you find one?
- What are some of the critical steps to increase case acceptance?
- How can the doctor increase patient desire for elective cosmetic dentistry?

6pm: Social & Table Clinics
7pm: Dinner & Program

Sacramento Hilton, Arden West
(2200 Harvard Street, Sac)

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

SACRAMENTO DISTRICT DENTAL SOCIETY

915 28th Street
Sacramento, CA 95816
916.446.1211
www.sdds.org



ADDRESS SERVICE REQUESTED