

# THE NUGGET



A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

OCTOBER 2008



## EXAMINING QUALITY OF CARE (PART 2 OF 3) WHAT IS STANDARD OF CARE?

**Inside:**

Standard of Care: What is it? Why does it matter? Who Cares?

PLUS: 2009 Committees — Join up!

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**NEED MORE INFO? Fliers for these events & more are available in the center of this issue or online at [www.sdds.org](http://www.sdds.org). We'll see you there!**

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# PRESIDENT'S MESSAGE



By **Robert D. Shorey, DDS**

## KEEPING OJT STRONG IN DENTISTRY IS IMPORTANT TO OUR PROFESSION

Last year I was at a dental meeting where it was proclaimed, “Dentists no longer want to train dental personnel in their offices.” I frankly know this may speak for some dentists but fortunately I know many who would disagree with that statement. In 2006 I had the pleasure of working for a year with a young man planning to go to dental school. He worked with us full-time as a dental assistant in my office while waiting to be accepted. I am proud to say he is doing extremely well going into his second year in dental school which I believe is owed partly to his dental experience working in our office. This reaffirms to me that ladders of learning are useful educational tools for our profession and society.

Recently some education leaders suggested that on-the-job (OJT) should be a thing of the past, citing the risk of employee infection too high, the quality of learning too specialized and that a classroom setting is the only appropriate training ground for the dental professionals of the future. They voiced the conclusion that on the job training needs to be eliminated or should have more stringent guidelines. Such a perspective diminishes the long history and successes of career learning ladders.

Ladders of learning are a practical, flexible and efficient method of tapping into human potential. The ladders concept starts with broad entry level career learning, moving

upward to greater specialization, unique focus of skills and higher responsibilities. Learning ladders usually have a strong foundation of OJT that may be that exclusively or a mixture of classroom learning and OJT. Ladders of

*Ladders of learning are a practical, flexible and efficient method of tapping into human potential.*

learning are found in human educational systems at all levels, whether vocational or the highest level of college education.

CEOs do not become CEOs overnight. Good ones are often highly educated college graduates, yet they do not reach the pinnacle of their careers without going through OJT, gaining knowledge and understanding their strengths and interests along the way.

The ability to learn the basic requirements and tenor of dental healthcare can often efficiently begin with OJT opportunities under the supervision of a dentist and trained staff members. This method allows an individual to tap into his/her unique interests and skills at an expense that has greater emphasis dedicated to personal time

than money. Most people starting out in life careers have more time than money. As such, strategic ladders of learning can be a very good fit for young people seeking to move into a career choice.

ROP programs or in-office training are assets to our profession at all levels and benefit the communities we serve. It is very common to find some of our most dedicated dental health professionals began their careers through a learning ladder opportunity. Such learning methods are particularly needed for dentists living in small rural communities or dentists who realize the potential of people they meet in society.

Dr. Debra Finney, a former California Dental Association President, started her career in just such a manner from OJT at her dentist’s office as a dental assistant all the way through professional schools to become a periodontal specialist and highly respected dental leader.

The dentist is legally responsible for the care and operations of his/her dental practice. This is not negated whether a person working under the dentist has had formal training or OJT. Keeping the door open to those seeking opportunity in our dental profession is important to the health and vibrancy of our dental profession. OJT is one of the doors to a dental professional career that we should never allow to be closed. ■



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# FROM THE EDITOR'S DESK



By **James R. Musser, DDS**

## EXECUTING THE TRIPLE-PLAY

Being the second baseman in the middle of a triple play is a DIFFICULT position! Not only does the position require keeping the momentum from third going, the second out has to be made, and the ball forwarded to the first baseman for the grand finale. Dr. Cope, in his "swan song" with the *Nugget* started this sequence with last month's issue on "Guidelines." This month, we look at that most ethereal of concepts, standard of care, after

*Why is standard of care (SOC) so important to the everyday practice of dentistry?*

which Dr. Binon will retire the side with how both principles are applied in peer review.

OK, enough with the baseball analogies, why is the standard of care (SOC) so important to the everyday practice of dentistry? To answer that

question, the *Nugget* has obtained articles from two experts in the field. Both are attorneys and both deal with the question of SOC, but from completely opposite positions. Mr. Curley defends dentists in malpractice litigation, while Dr. Zinman prosecutes them.

Your editor had the privilege of seeing both of these gentlemen share the dais for a presentation at the American Academy of Pediatric Dentistry meeting in New Orleans, MANY years pre-Katrina. What was so impressive about their presentations, in your editor's humble opinion, was how much these attorneys were in agreement; NOT disagreement, on such areas as written informed consent, technical assault of a child patient and standard of care. The only question at issue was whether or not the practitioner conformed to the accepted guidelines, not whether or not they were necessary.

Speaking of questions, one often raised (even among the members of our editorial board) is, "is there a different SOC for specialists and generalists?" The answer, dear reader,

from both attorneys was a resounding NO! If one undertakes any procedure, from a bony impaction to a multi-rooted endo to

*Is there a different SOC for specialists and generalists?*

a pulpotomy and stainless steel crown, the SOC is the SAME for the general practitioner as for the specialist who does the procedure exclusively. As our articles make painfully obvious, it is the process of determining what the standard of care actually is that keeps our two contributors in business.

So, the bag has been tagged at second and the ball is on the way to first and Dr. Binon's outstretched glove. Before we head to the dugout, a tip of the cap is in order to our colleague, Dr. Cope, who got his last edition out while on the disabled list (broken arm). He went out at the top of his game, and will always have an open spot in our line up. ■



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# CATHY'S CORNER



## YOU, THE MEMBER!

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

It's almost the end of the year and September has blown by. Gosh, SDDS is busy!

There is so much going on every month (every week!) for SDDS; I sincerely hope that "You, the Member" see how much SDDS has to offer and that you take advantage of at least something.

I particularly hope that "You, the Member" realize that our programs, our CE courses, our member forums and our audio conferences are designed and scheduled based on your responses, your requests and your needs. Members call us, they email us, and write us saying they want to see and hear certain information. Through the Membership Committee (the Member Forums) and the Dental Health and Continuing Education Committees (the CE Courses, Midwinter Convention), these courses and presentations are suggested, strategized and implemented.

Our MidWinter Convention program this year was designed based on the feedback from last year and the requests for programs from last year (by now you should have received the MidWinter Convention Prospectus in your mail at the office and at home).

The "elephant in the room" here is that we must charge a nominal fee for these courses. We have them in locations that charge us and we always provide some sort of food for "You, the Member." This is because the members have indicated that, coming from work, they are hungry! Speakers and their travel are costly at times, but they are worth it! We realize that the economy is difficult right now and we strive to keep our price at a reasonable rate.

Long story short — we are always striving to keep your membership benefits in mind. We offer a lot. We don't expect you to attend everything. But, hopefully, something will strike your fancy and you'll want to attend, or just dial in. It's your Society — let me know what you need. ■

*Cathy*

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By **Arthur W. Curley, Esq.**

## THE LEGAL STANDARD OF CARE

The term standard of care is often tossed about in the dental community, with varying meanings and intentions. The following is a brief review of the legal definition of standard of care for the State of California.

Generally, a dentist must meet or exceed the standard of care and failure to do so is considered professional negligence. California law states that a *dentist is negligent if he/she fails to use that level of skill, knowledge, and care in diagnosis and treatment that other reasonably careful dentists would use in the same or similar circumstances. This level of skill, knowledge and care is sometimes referred to as "the standard of care."*<sup>1</sup> "Similar circumstances" includes the requirement of staying current with improvements in, and alternatives to, traditional care where the benefits and risks vary, depending upon the treatment plan chosen.

The California Dental Practice Act mandates that a dentist, and all other licensed staff, adhere to the standard of care. *Any licentiate may have his [her] license revoked or suspended or be reprimanded or be placed on probation by the Board for unprofessional conduct, or incompetence, or gross negligence, or repeated acts of negligence in his or her profession, or for the issuance of a license by mistake, or for any other cause applicable to the licentiate provided in this chapter.*<sup>2</sup>

A standard of care typically has different protocols for determination that applicable standard, depending upon the system that is examining the care and treatment provided by the dentist and/or licensed staff. In cases where the Dental Bureau [formerly a Board, to be again in 2009] of California investigates a consumer's [patient's] complaint, the Bureau's investigators will retain an "expert witness" to review the evidence and issue an opinion as to the standard of care and whether not it was

met. The Bureau [Board] will then consider that statements such experts and use those opinions to formulate a decision as to any potential breach of the standard of care. In contrast, for traditional litigated malpractice claims, opposing experts are retained by the patient and the doctor to provide testimony to a jury, or judge without a jury, who will then determine based upon the records and statements of the parties and expert witnesses, whether or not the doctor failed to meet the standard of care. Therefore in litigation the "experts" in effect offer forth a standard of care that may or may not be accepted in trial based upon credibility.<sup>3</sup> The jury is told "*You should examine the reasons given for each opinion and the facts or other matters that each witness relied on. You may also compare the experts' qualifications.*"<sup>4</sup> Experts may use their own experience and cite to authoritative texts.<sup>5</sup>

Practically speaking, the traditional standard of care involved delivery of reasonably accurate and up-to-date diagnosis, treatment recommendation(s), treatment performance(s) and follow-up. The new standards of care involves giving the patient treatment plan options, discussing and documenting the relative risks and benefits of each.<sup>6</sup> Examples would be implants vs. bridges, veneers vs. orthodontics, amalgam vs. composites.

Finally, the standard of care for advising of treatment options can not be determined by the patient's apparent financial ability to pay. Rather the doctor must give ideal (regardless of cost) treatment plans, as well lesser than ideal [less expensive] options to treat a condition, and then allow the patient to make an informed choice. The prudent practitioner should then document the decision and obtain informed refusal if a less than ideal plan is chosen.<sup>7</sup> For example, a

patient chooses a removable partial denture over an implant.

The standard of care is dynamic, and is constantly evolving at an ever increasing rate. Accordingly, it has become even more important for a careful practitioner to stay current of the new developments in dental care, related risk management techniques and documentation protocols in order to understand and comply with the legal standard of care.

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*Mr. Curley is a senior trial attorney in the San Francisco based health care defense firm of Bradley, Curley, Asiano, Barrabee & Gale, P.C. After graduating from UC Berkeley with honors in 1970, he obtained his JD in 1974 from the University of California, Hastings School of Law in San Francisco and is currently an Assistant Professor of Dental Jurisprudence at the Arthur A. Dugoni School of Dentistry in San Francisco. As a trial attorney, he has been defending doctors for over 30 years and has given risk management courses throughout the United States. He is an associate of the American Board of Trial Advocates. Mr. Curley has published several articles on risk management and authored chapters in text books: Babbush (Implants), Peterson (Oral Surgery), Cohen (Endodontics) and Block (Implants). ■*

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1. *Landeros v. Flood* (1976) 17 Cal3d 399

2. California Business & Professions Code 1670

3. *Alef v. Alta Bates Hospital* (1952) 8 Cal 2nd 82

4. *Williams v. Volkswagenwerk* (1986) 180 CA3d 1244

5. California Evidence Code 721

6. *Moore v. Preventive Medicine Medical Group, Inc.* (1986) 178 CA3d 728

7. *Truman v. Thomas* (1980) 27 C3d 285



By Edwin J. Zinman, DDS, JD

# Malpractice: A PLAINTIFF'S PERSPECTIVE

Translated from Latin, *primum non nocere* means "above all, first do no harm." This principle is the cornerstone of both dental ethics and tort law principles. A continuing thread, woven through the fabric of dental ethical codes and layers of law, is the fiduciary obligation of the dentist to the patient (*Willard v. Hagemester*, 1981). As a fiduciary, the dentist's primary obligation is to protect and preserve the patient's best interests irrespective of the dentist's financial interest. The same fiduciary obligation applies to other professionals such as physicians or attorneys.

By contrast, the business community's interest is often dictated by its stockholders' desire to maximize profits. If not balanced with the protection and preservation of the patients' interests, harm to public health results.

The tobacco industry, for example, recently agreed to a \$368 billion dollar settlement of 40 state attorney generals' class actions. The proposed settlement included payments for a multitude of medical injuries caused by profitable sales of a public-health endangering product (*New York Times*, 1997). Similarly, managed care organizations run the risk of liability for fiduciary failure if only the fiscal, rather than patients' needs, are fulfilled by discouraging needed referrals (*Shea v. Esenstein*, 1997).

## Standard of Care v. Customary Care

The standard of care to which all dentists must adhere is ordinarily established through dental expert testimony. Occasionally the court will intervene and affirm the appropriate standard of care if testifying experts confuse a negligent custom with the legal standard of reasonable care. If an entire industry or profession lags

behind what reasonable care is or ought to be, the courts will judicially pronounce the correct standard (*Barton v. Owen*, 1979). For instance, jaywalking, speeding or not wearing a seat belt is neither legal nor reasonable but instead represents customarily negligent practices. Similarly, absence of full mouth radiographs for a comprehensive dental exam, not probing or recording periodontal pockets and not diagnosing caries susceptibility exemplify negligent customs rather than reasonable standards of care.

## Comparative or Contributory Negligence

Fundamental to protection of a patient's rights is the patient's right to a jury trial, which determines the relative responsibilities and obligations of both dentist and patient (see, for example, the California Dental Association Patient Bill of Rights). If the dentist breaches the fiduciary obligation to care for the patient's best dental interest, a finding of professional negligence may result. On the other hand, if the patient's negligence contributes to the patient's injury, the patient's recovery may be denied or reduced in proportion to the relative degree of patient fault.

When compared to a patient who does not follow instructions to brush, floss or maintain recall visits, a dentist who negligently fails to periodontally probe may yet be judged with comparatively less fault, depending on whom the jury decides was a greater cause of the patient's injuries. Thus, the American system of justice contemplates balancing the relative responsibility of dentist and patient. If the patient acts irresponsibly, the civil suit will either be lost or severely compromised, depending upon the comparative degree of

any patient irresponsibility. For instance, in most states with comparative fault tort law, if the patient is 40% negligent, but the dentist is 60% negligent, the patient's total damage award is reduced to 40% rather than eliminated entirely (*California Book of Approved Jury Instruction*, 14.90).

## Investigating a Dental Negligence Claim

Since lawyers usually handle dental negligence claims on a contingency fee contract arrangement, the lawyer's fee, if any, is contingent upon achieving a satisfactory out-of-court settlement or jury verdict. 40% of a defense verdict is still zero. The plaintiff's lawyer will have invested time and legal costs to no avail if the case is lost. Therefore, the plaintiff's lawyer screens cases to assess the relative risk of trial success versus failure. Assessment factors follow.

**Records:** As a practical matter, juries generally conclude that good dentists keep good records and poor dentists maintain poor records. Accordingly, the best defense to dental negligence claim is patient records that document the SOAP (Subjective, Objective, Assessment and Plan) principles of recording as well as any patient failures in oral hygiene, taking prescribed medications or keeping appointments.

Lawyers typically review dental records to not only identify potential defendants as well as subsequent treaters, but also to determine evidence of documented diagnostic or treatment errors.

**Negligence:** Even if a dental procedure is performed in a technically flawless manner, the dentist may still be liable if the treatment was either unnecessary or lacking adequate



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disclosure to the patient of the informed consent principles of risks, benefits and reasonable alternatives (*California Book of Approved Jury Instructions*, 6.11).

Defense attorneys would rather defend poor records than falsified records. In a poorly documented records case, the dentist may have exercised good judgment, but failed to record findings or recommendations, and may still win the case. Thus, the jury must decide if the dentist's negligence was an oversight in recording, rather than poor judgment. Dentists who create records for litigation, rather than

*Defense attorneys would rather defend poor records than falsified records.*

contemporaneously with treatment, lack credibility that proper judgment was exercised. Instead, dental deceit, if proven, subjects the dentists to Dental Board discipline (*California Business & Professions Code 1680(S)*) and punitive damages. Professional liability insurance defends but does not indemnify for proven fraud, since fraud damages are regarded as evidence of intentional misconduct. Professional negligence insurance policies cover careless mistakes but do not indemnify deliberate deception designed to consciously mislead or misrepresent a patient or misrepresent anticipated treatment results (*California Insurance Code 553*).

**Defenses:** Honest mistakes are defensible as a judgment call in which reasonable dentists may differ. Even if only a dental minority would have done what the defendant dentists did, nonetheless such conduct is not negligent, provided it was a reasonable minority school of thought.

However, if the members of the contrary school of thought promote a dangerous or controversial methodology, the contrarian school may be unreasonable and therefore represent an unacceptable substandard practice. For example, paraformaldehyde-containing endodontic sealants, cementing an excessively over-contoured but esthetic crown or acquiescing to managed care plans that unreasonably delay or deny referrals represent unreasonable minority schools of thought that, therefore, do not represent a defensible alternative method.

**Causation:** Despite the dentist's negligence, if no harm resulted, no liability results. If a non-periodontally probing dentist can demonstrate that no worsening of the patient's periodontal disease resulted, despite the absence of recorded pocket measurements, then the failure to probe caused no damage or injury. Conversely, if the radiographs demonstrate progressive bone loss where no pocket measurements were ever done, then the presence of deep pockets implies that, earlier in time, the pockets were shallower. Consequently, periodontitis, had it been treated earlier, would likely have had a better prognosis.

**Damages:** Prognosis is essential to determine present and future damages. Loss of a single tooth can result in a plethora of damages. If the tooth was unopposed or otherwise non-functional, little damage may have resulted in its loss except for any value as a future abutment, should any adjacent teeth be lost. Maxillary incisor tooth loss is significant, since arguably the patient's proud smile is lost and the prosthodontist usually can not esthetically match God-given natural enamel.

Current treatment costs alone may not be the true or total measure of damages. If a lost tooth is replaced with a bridge, the average longevity of a bridge is approximately ten years. Especially in the maxillary anterior region, due to esthetic matching to adjacent

teeth as the patient ages, the esthetic life may be reduced several years from the ten year average longevity for bridges. Accordingly, juries consider present as well as future replacement costs resulting from teeth lost.

Additional damage to be considered are transportation costs to obtain corrective care, lost wages uncompensated by sick leave, the pain of corrective dental procedures and the mental suffering to have undergone corrective care and permanent loss of a vital natural part of one's body caused by another's carelessness.

### Mitigation

Dentists often mistakenly believe that the corrective care should be delayed until examined by others, such as delaying removal of defective restoration so peer review examiners can independently examine.

A patient has a legal obligation to mitigate or lessen damages, if reasonable to do so (*California Book of Approved Jury Instructions*, 14.67). Accordingly, delaying corrective care potentially damages the patient both dentally and legally. Thus, a crown or bridge patient with open crown margins risks decay, endodontics and periodontal disease, unless the crown or bridge is promptly replaced.

### Evidentiary Proof

Diagnostic quality radiographs, recorded chart entries documenting chief complaints, differential diagnoses, clinical findings, diagnostic testing, informed consent, recommended therapy and prognosis represent baseline benchmarks for comparison with prior or subsequent care. Some examples of evaluating negligent dentistry follow:

**Prosthodontics:** Was the crown necessary? Was a radiographic artifact mistaken for decay, which instead required either no treatment or only monitoring and observation (Benn & Meltzer, 1996)? Do radiographs or chart entries of

*continued on page 19*



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By **Barry Levy, DDS (DBC Consultant)**

# IS FRAUD, LIKE BEAUTY, IN THE EYE OF THE BEHOLDER?

In a recent case, a dentist has been criminally charged with fraud, because the dentist diagnosed decay in two teeth, using clinical skills assisted with a Diagnodent, which another dentist decided did not exist. What makes this interesting is that a difference of opinion wound up in a criminal court when, if nothing else, it should have been policed by the profession and been an issue for a review of diagnostic procedures.

The case is interesting because the terms that are being adapted for fraud may be much different than one expects and can impact on how you practice dentistry. The Ohio Bar Association discussed the fraud issue in an article that they released. They cite examples of fraud that we can easily understand such as double billing, unbundling and changing the dates of services. These issues are objective and easily understood.

Other examples are ambiguous and subjective; therein lies the problem. Fraud is defined as excessive treatment, faulty treatment and billing for services that you didn't actually provide, but were done by others in your office.

So, if your philosophy is an aggressive approach to treatment and not a watch and wait approach, what do you do if your treatment is challenged by a person with a different philosophy? Are you wrong, or is the other person wrong? Should this be a criminal matter or a Board matter?

I see more and more dentists are using magnification and video imaging. But suppose

that you use magnification and your treatment is reviewed by somebody who doesn't. Is this a concern, especially when the stakes are so high to you? They are so high, because a fraud case is not a civil or Board action, but becomes a criminal matter, where malpractice insurance won't cover the defense and terms

*What would you think of fraud allegations being levied if you bill for treatment done by your associate?*

of bail may be that you can't practice. Is it possible that somebody with a grudge could be biased against you if they had to review your diagnosis?

Furthermore, where does fraud come in when billing for services that you didn't actually provide. I guess we will all agree that if you bill for a filling that wasn't done, it is a fraud. But what would you think of fraud allegations being levied if you bill for treatment done by your associate? This has already happened in courts and the extent to which lawyers ignored how a dental business was run was staggering, as was the attempt to arrest the staff that did the billing and charge them as co-conspirators. Think that a staff person might be turned to testify against you to protect him/herself? If you said yes, you would probably be correct.

The scary part is that in these cases, when I would have thought the profession would be a strong advocate for these assaults on a colleague, were strangely quiet. The approach seemed to be a "wait and watch." Not exactly what you would want to hear if you were the one caught in the cross hairs.

Two final comments for your review: First, when we have been too busy or unaware of these issues that can have a profound effect on how we practice, we have created a vacuum that others have rushed to fill. Usually those rushing to fill that vacuum, such as trial lawyers or legislators, do not have our best interest at heart. Second, having a subjective difference of opinion that landed a colleague in a criminal situation is something that should trouble all of us.

I have often heard that some of the things I speak or write about can't happen. But when I can cite one example, it can occur again. In an ideal situation, I would like to see the profession be proactive to change these situations so that they can't happen again. Lacking that, I would like to give a heads-up to problems so that others can perhaps avoid the problem. It is so much easier to step over the mud than to try and clean it up after stepping in it.

*Printed with permission from Dr. Levy, a lecturer, consultant on the Dental Board of California's panel of expert witnesses that investigates complaints filed. He can be reached at Barry1817@aol.com. ■*

## X-Ray Machine Inspections: They're Legit!

*How are dental offices selected for x-ray machine inspection?*

*What happens during an inspection?*

All dental offices must be sampled at five-year intervals, which means every year 20 percent of dental offices with registered x-ray units are sent a thermoluminescence device (TLD) for exposure. The results of this exposure are compared to established standards. The TLDs with the greatest deviation along with those facilities that did not return the TLD are then scheduled for an inspection. Some offices that return TLDs in the normal range may also be scheduled for an inspection because DHS must inspect at least half the number of offices that were sent TLDs.

An inspection of a dental office is designed to evaluate compliance with radiation protection laws and regulations. The inspection includes measurements (kVp, timer, exposure and filtration), processing evaluation, and radiation protection procedures (posting of required documentation, patient/worker protection procedures). From the inspection, recommendations are made to correct identified deficiencies. A typical recommendation includes ways to lower patient/worker exposure. A notice of violation is issued if regulatory violations are noted. ■

**Notice to Employees:** [ww2.cdph.ca.gov/pubsforms/forms/Documents/RadHealth/rhb2364.pdf](http://ww2.cdph.ca.gov/pubsforms/forms/Documents/RadHealth/rhb2364.pdf) • **Radiation Safety Instructions:** [http://cda.org/library/cda\\_member/policy/osha/dentalradiationsafetyinstructions.pdf](http://cda.org/library/cda_member/policy/osha/dentalradiationsafetyinstructions.pdf) • **Radiation Safety in Dental Practice/Title 17 Regulations:** [http://cda.org/library/cda\\_member/policy/osha/xrayosha.html](http://cda.org/library/cda_member/policy/osha/xrayosha.html)

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# BOARD REPORT

SEPTEMBER 2, 2008



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

## President's Report

Dr. Shorey introduced Mr. Peter Dubois, CDA Executive Director; Mr. Dubois updated the Board of recent CDA activities.

## Secretary's Report

Currently we have 1490 members (including 16 new members for the month of August). Election of Officers, Trustees, Delegates and Board of Directors will be held at the General Membership Meeting on September 9, 2008.

## Treasurer's Report

Dr. Terry Jones presented to the Board the July Financial Report. The Profit & Loss Statement was streamlined for easier reading.

## Unfinished Business

Ms. Levering presented the Student Mentor/ Internship Report. There were ten interns working in ten dental offices this summer. Thanks to Drs. Mark Olson, Kenney Moore and CSUS Pre-Dental Club President, Jesse Manton for all of their work on this project.

## New Business

The Board adopted the following policies and guidelines:

- Policy: CE Speaker Policy (dentists must be ADA members)
- Policy: Record Retention
- Policy: Harassment
- Policy: Whistle Blower
- Policy: Apparent Authority
- Guidelines: Distinguished Member

Holiday Party is on **December 8, 2008** at Del Paso Country Club.

## Alliance Report

Next year's Crab Feed is on **March 27, 2009**.

## Trustee's Report

Several SDDS members will be serving on various CDA Councils, committees, and as Delegates and Alternate Delegates of ADA House of Delegates (*see Trustee Report, pg. 21*).

## Executive Director's Report

Executive Director Ms. Cathy Levering reported on the following:

- Attending ADA Management Conference
- Building repairs in the summer
- Neighborhood issues
- Non-dues income
- MidWinter Convention will be held **February 19–20, 2009**
- Completion of various summer projects including Directory updates, Program at a Glance, Non Member Recruitment letter and follow up
- Completion of the SDDS Organization Audit. SDDS is organizationally and financially in good shape

Ms. Levering reviewed with the Board SDDS Organization Manual, Emergency Manual, Leadership Manual, Policy Manual and Employee Manual. ■

Next Board Meeting: **November 17, 2008**

## ELECTION RESULTS (SDDS)

### 2008 Board of Directors

#### SDDS EXECUTIVE COMMITTEE:

Adrian Carrington, DDS (*President*)  
Terrence Jones, DDS (*President Elect*)  
Wai Chan, DDS (*Treasurer*)  
Victor Hawkins, DDS (*Secretary*)  
Robert Shorey, DDS (*Immediate Past President*)

#### EX-OFFICIO:

Kevin Keating, DDS, MS (*Trustee*)  
Don Rollofson, DMD (*Trustee*)

#### APPOINTED/EX-OFFICIO:

James Musser, DDS (*Editor-in-Chief*)  
Cathy Levering (*Executive Director*)

#### BOARD OF DIRECTORS:

P. Kevin Chen, DMD, MS (2009–10)  
Matt Comfort, DDS (2009–10)  
Donna Galante, DMD (2008–09)  
Kelly Giannetti, DMD, MS (2008–09)  
Dan Haberman, DDS, MS (2009–10)  
Craig Johnson, DDS (2008–09)  
Viren Patel, DDS (2009–10)  
Jeffrey Rosa, DDS (2009–10)  
Kim Wallace, DDS (2008–09)

### Delegates to CDA House

Robert Shorey, DDS (*ExComm*) — *Chair*  
Adrian Carrington, DDS (*ExComm*)  
Terrence Jones, DDS (*ExComm*)  
Wai Chan, DDS (*ExComm*)  
Kevin McCurry, DDS (*ExComm*)  
Victor Hawkins, DDS (*Secretary Elect*)  
Gary Ackerman, DDS  
Matt Comfort, DDS  
Kelly Giannetti, DMD, MS  
Donna Galante, DMD  
Ken Moore, DDS  
Neil Loveridge, DDS  
Gabrielle Rasi, DDS  
Kim Wallace, DDS (*Alternate*)

## ELECTION RESULTS (SDDF)

### 2008 SDDF Board of Directors

Matthew Campbell, DDS (2009–10) Skip Lawrence, DDS (2008–09)  
Robert Daby, DDS (2008–09) Dennis Peterson, DDS (2009–10)  
Kent Daft, DDS (2009–10) Don Rollofson, DDS (2009–10)  
Gordon Harris, DDS (2009–10) Wesley Yee, DDS (2008–09)

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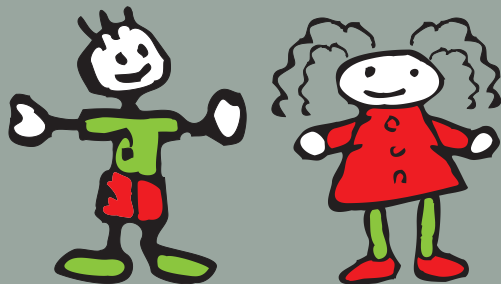
*This teen patient was seen in Dr. Don Rollofson's office as part of the 2008 Smiles for Kids program. Dr. Pamela Di Tomasso then adopted her, and achieved the AMAZING results reflected at right. (top photo: BEFORE, bottom photo: AFTER)*

***This truly is what it's all about!***



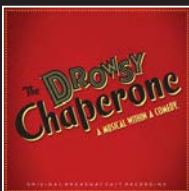
**YOUR Foundation is dedicated to wonderful community efforts like the one seen here.**

**To donate, please see insert or call (916) 446-1227.**

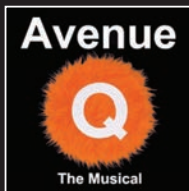


## 2009 SMILES FOR KIDS NEEDS YOUR HELP!

SEE INSERT TO VOLUNTEER!



October 9, 2008



March 19, 2009



June 4, 2009

## Join us at the theater!

California Musical Theater's "Broadway Series" benefits Sacramento District Dental Foundation

**See insert for more details & to sign up!**

# 2009 SDDS COMMITTEES ...

You, as an SDDS member, have an opportunity to contribute valuable knowledge and expertise for the betterment of your practice, organized dentistry and the profession of dentistry as a whole. Committee work activities are the pulse for responding to ever-changing issues facing your profession, giving you the chance to anticipate needs and shape your future. **WE NEED YOU TO GET INVOLVED!** And we will make it easy for you to participate. In an effort to streamline, consolidate and make better use of your time (as well as the SDDS officers, board, and staff), email and faxing is the preferred communication tool.

## STANDING COMMITTEES:

### Continuing Education

This committee arranges, presents, and publicizes important programs featuring lecturers considered to be eminently qualified in their field. The courses are held four to five times per year, providing the opportunity for continuing education units, and are sponsored by the Society. Additionally, this committee is responsible for the MidWinter Convention program of speakers.

Term ..... One year, renewable  
Meetings ..... Spring meetings  
(to set calendar year program)

Insight ..... Creative thinking is needed for this committee. If you attend numerous courses or none at all — we need your input.

This is your opportunity to guide the educational direction presented to our membership. Fresh ideas and new and exciting speakers are just a few of the attractions of this committee.

### CPR

This committee consists of instructors who present the SDDS CPR recertification programs throughout the year. Those who serve on the committee act as instructors for the classes. Instructors receive five hours of continuing education credit and a complimentary attendance at one General Membership Meeting for each course that they teach. In addition, each instructor is entitled to have every member of his/her staff attend an SDDS-sponsored CPR recertification course at a reduced rate.

Term ..... Ongoing  
Meetings ..... Twice per year  
Insight ..... If you like CPR,  
and you like to teach, this  
committee is for you!

### Dental Health

This committee is responsible for promoting dental health in the community. It encourages and assists in providing dental services when the community seeks them, along with overseeing school screenings, distributing educational materials to the community, and providing dental health education to the SDDS membership.

Term ..... One year, renewable  
Meetings ..... Quarterly  
Insight ..... Do you want to be more  
involved in community dental health activities?  
Education? Sign up for this rewarding committee.

### Ethics

This committee is responsible for enforcing the Code of Ethics as it applies to all members by evaluating all ethical complaints brought against members.

Term ..... One year, renewable  
Meetings ..... As needed  
Insight ..... Help this committee to  
educate member dentists with regard to the  
ethical code of organized dentistry. Ethics is the  
foundation of our profession and working with this  
committee will help guide your clinical practice.

### Legislative

This committee works on SDDS' legislative behalf and is responsible for carrying out the policies on all matters pertaining to legislation. It maintains a working relationship with CDA, ADA, CalDPAC, and other area legislators.

Term ..... One year, renewable  
Meetings ..... Biannually  
Insight ..... If you like politics, join  
up and change the future of dentistry.

### Membership

This committee performs a variety of functions designed to enhance the Society's membership. Its primary concerns are recruiting new members and retaining existing members. It conducts a continuous study and makes recommendations for membership services provided by SDDS. It oversees the mentor program for new members and plans activities, events, and opportunities for member recruitment and retention. Moreover, this committee is responsible for the programming of the Member Forum, "Dentists in Business Series" seminars, held four times each year.

Term ..... One year, renewable  
Meetings ..... Bi-monthly  
Insight ..... If you enjoy meeting  
new colleagues and would like to  
promote the many benefits of  
membership ... this committee is for you!  
We need your energy, enthusiasm and spirit!

### Leadership Development

This committee, chaired by the Immediate Past President, includes the President, President-Elect, and six other SDDS members. It is empowered with the important task of proposing and/or recommending new officers and directors to the Board of Directors. Furthermore, members work in partnership with the Board and Executive Committee to select the annual awards for the Society.

Term ..... One year  
Meetings ..... As needed  
Insight ..... Be a part of selecting  
your Society's leadership!

### Peer Review

This committee operates within the guidelines of the CDA Peer Review Procedure Manual. Members are responsible for confidentially evaluating disputes between patients and member dentists or member dentists and insurance carriers at no cost to any of the involved parties. A broad geographic representation is needed to handle the peer review cases, and committee members **must have been SDDS members for at least five years**. Committee work includes case review, clinical examinations, and mediation activities.

Term ..... Two–three years  
Meetings ..... Monthly, if necessary  
(meetings combined with clinical exams)  
Insight ..... Your skills in working  
to resolve problems between patients and  
member dentists will be an asset to your  
and your practice. CE units are available.

### SDDS Foundation

The Foundation is the 501(c)3 not-for-profit charity arm of the Dental Society. The Foundation provides dental services to those who otherwise would not be able to afford it, focusing especially on children. Smiles for Kids is a project of the Foundation. The Foundation offers several sub-committees geared for those who enjoy meeting new people and assisting with fund raising projects and public relations for the Foundation.

Term ..... Three years  
Meetings ..... Quarterly  
Insight ..... Be a part of our "charitable arm."



# WANT TO BE INVOLVED?

Monthly committee meetings have been pared down to bi-monthly and/or as needed. It is the administrative goal of SDDS to get you involved, keep you involved and respect your time so that no one has too cumbersome of a job (including the President!). We want you to participate but understand that you need the majority of your time for your business and your family as well. Please know that our commitment to you will be to continue to help streamline your committees as much as we can. With that said, **PLEASE CONSIDER SIGNING UP FOR A COMMITTEE NEXT CALENDAR YEAR 2009.**

## AD-HOC, ADVISORY & SPECIAL EVENTS COMMITTEES:

### Budget & Finance Advisory

This committee, chaired by the Treasurer, includes the Executive Committee and the Executive Director. It ensures the Society's financial stability of providing oversight on its budget and investments.

Term . . . . . One year, renewable  
Meetings . . . . . As needed

### Bylaws Advisory

This committee, chaired by the Immediate Past President, is responsible for reviewing the bylaws in order to keep them consistent with ADA and CDA and receiving all matters pertaining to the interpretation or amending of the bylaws.

Term . . . . . One year, renewable  
Meetings . . . . . As needed

### Fluoridation Advisory

This committee oversees community water fluoridation activity in the five-county jurisdiction of SDDS.

Term . . . . . Not limited to SDDS members. Volunteers are welcome to serve any desired length of time.

Meetings . . . . . As needed  
Insight . . . . . The activities within this committee include legislative activism, fund raising, public speaking, member and public education, community coalition building and many other activities that support the promotion of community water fluoridation.

### Forensics Ad Hoc

This committee works to explore and establish a contingency plan in cooperation with related groups in the area to handle various situations and scenarios calling for forensic dental assistance and identification.

Term . . . . . One year, renewable  
Meetings . . . . . 1-2 times a year, CE units available  
Insight . . . . . A most worthwhile committee and education.

Be prepared for anything and get CE credits too!

### Nugget Editorial Advisory

This committee is responsible for the monthly *Nugget* magazine and its content. Members of the committee compile factual or editorial material for publication.

Term . . . . . We hope several years, but we'll take what we can get!  
Meetings . . . . . Twice a year and email communications monthly  
Insight . . . . . Join us and add your creative expertise to our monthly journal.

### Strategic Planning Advisory

This committee plans an organized program of work to assess the future plans of the Society. Activities for the committee may include: member and non-member surveys, outside planning guidance and budgetary proposals.

Term . . . . . One year, renewable  
Meetings . . . . . As needed  
Insight . . . . . Today is today, but what about tomorrow? Be a part of SDDS' future!

### Golf Tournament (SDDF)

This committee organizes the annual Golf Tournament in May to benefit the SDDS Foundation.

Term . . . . . One year, renewable  
Meetings . . . . . As needed in the spring to plan the Tournament  
Insight . . . . . If you like golf, if you like working with vendors, if you like selling sponsorships, then this is the committee for you! We need you!



Sacramento District Dental Society has over 1500 members.

Of these, more than 250 (18%) serve on committees.

Where do you fit?

**Pick a committee or two & GET INVOLVED!**

Please make your choices on the sign-up sheet inserted into this issue of the *Nugget* and fax to SDDS at (916) 447-3818 — we can't wait to get started!



# 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.

## FINAL PAYCHECKS: *To Send or Not to send?*

By Dave Leporiere (Employment Law Attorney for CEA)

**Q:** We would like some guidance on final pay for terminated employees in California. We understand that a terminated employee's pay needs to be ready at the time of term or within the same day, but what if the terminated employee refuses to pick up her final pay? Should we call the employee and document the voicemails? In one situation, the employee left prior to the store completing her term paperwork and final pay and she refused to come back and pick it up on the same day of her termination.

In the past, we mailed the final pay to the employee's last known address. However, we recently received a hefty fine (approximately \$2000) from the DLSE for mailing the final pay to the employee's home. The judge said that our company has no right to mail a final paycheck unless requested by the former employee. Is this true?

**A:** Per California Labor Code sections 202, 208 and 213(d) companies are not obligated to mail or otherwise deliver a paycheck, unless an employee who quits with fewer than 72 hours notice requests payment by mail and provides a mailing address. Unless an employee specifically

*requests payment by mail, this company will hold the employee's final paycheck until it is picked up.*

As information for your operations or payroll department, unclaimed checks should be kept for four years, at which time the statute of limitations under the business and professions as well as labor code, have expired. (Because a check is only good for one year from the date it is written, if an employee comes back to pick up a final check after one year, the company will issue a new check.)

I would recommend you include the following information in your employee handbook.

**Final Paychecks.** *Your final paycheck will be available for you to pick up at (\_\_\_\_\_) If you request, and you have direct deposit, your final paycheck may be paid by direct deposit to your account on your final day. If you wish to have your final paycheck mailed to you, you must authorize the mailing as well as the address to which you want your final paycheck mailed, in writing." It is the responsibility of every employee to keep (company name) apprised of your current address at all times. ■*

## IN MEMORIAM



### ROBERT W. DREWES, DDS

Dr. Robert Drewes passed away June 26, 2008. Dr. Drewes practiced dentistry for over 50 years, spending most of his time in the Sacramento area, and retired in 1991. He enjoyed golfing and fishing. Dr. Drewes had been a member of SDDS for 56 years.

## ANOTHER QUICKIE FROM CEA

### HEY BOSS, CAN I GET SOME TIME OFF TO VOTE?

Employers must post, in a conspicuous place, these requirements at least 10 days before every statewide election. This notice is on the current CEA Labor Law poster.

- If an employee does not have sufficient time off outside of working hours to vote in a statewide election, he/she may, without loss of pay, take off up to two hours of working time to vote.
- Such time off must be at the beginning or end of the regular working shift, whichever allows the most free time for voting and the least time off from working, unless otherwise mutually agreed.
- The employee must notify the employer at least two working days in advance to arrange a voting time.
- In addition, employees may serve as election officials on an election day without being disciplined, but employers are not required to pay them for such absences. ■

California's 2008 Presidential Election is set for **Tuesday, November 4, 2008.**

subsequent treating dentists document crowns that have open or short margins, overcontour, closed embrasure spaces, malocclusion or biologic width invasion?

**Endodontics:** Was the post adequate in length, type and direction? If a perforation occurred, is it also observable in any prior treaters' radiographs? Was pulpal testing done to document necessity for root canal therapy? If endodontics failure occurred, was a substantial contributory cause due to failure to use a rubber dam, short root canal fill or a missed root canal?

**Exodontics:** Was the extraction necessary, or should the tooth have been saved by endodontics? If left alone, was the extraction risk greater than retention, such as in the case of an older patient with an asymptomatic impacted third molar? When performing the extraction, did the dentist have available a complete periapical view, or was the dentist operating blind with either no radiograph or a cut off view? Did a new systemic disease affecting the post-operative course recently manifest, which an outdated medical history failed to detect?

### Emerging Litigation

Newer technologies and materials require careful study and strict scrutiny of manufacturer's directions before use. Restorative composite materials are technique sensitive and may predispose to increased need for endodontics if improperly used. When safety margins are narrower, opportunities for operator error increase.

Dentists adhering to the standard of care must also adhere to manufacturer inserts. For instance, certain buildup materials require at least two-thirds remaining tooth structure. Thus, failure to follow manufacturer's recommendations exposes the patient to tooth fracture and the dentist to a professional negligence suit, since reasonable dentists usually follow manufacturers' recommendations.

**Informed Consent:** Representing prognosis for any new material or technique requires the dentist to advise the patient that long-term results are unknown. Even representing the national statistics for a procedure's success may constitute a negligent misrepresentation or even fraud, if the practitioner knows or should know that the dentist's own success rate is poor when compared to the national statistics (*Hales v. Pittman*, 1978). Stated otherwise, informed consent requires the dentist to advise a patient of all material risks. One material risk that a reasonable patient

would want to know is that a greater risk of failure or complications may result with the dentist whose therapeutic track record falls substantially below the national median success rate.

### Record Keeping Fraud

Evaluating dental records for assessing the presence of dental negligence analysis requires the evaluating dentist to determine if the records were altered. One hallmark of altered records is that the records appear too good to be true. In this author's experience, added falsified entries in dental records have included (a) additions to an oral surgeon's records advising of post-operative pathological fracture, (b) a general dentist's referral to a periodontist, (c) patient's refusal of recommended radiographs, (d) backdating insurance forms, and (e) post-operative antibiotics following extractions. Altered records expose the dentist to risk of a separate tort termed spoliation (*California Book of Approved Jury Instructions*, 7.95).

### Conclusion

Pursuing only profits rather than patient welfare pushes the liability envelope to the open position. Dentists tempted to increase patient volume by discounting not only fees, but also discounting quality of care, increase the risk of professional negligence litigation if professional quality is also discounted. Patient protection remains the paramount principle that professional negligence suits strive to uphold.

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- Willard v. Hagemeister* (1981). 121 Cal. App. 3<sup>rd</sup> 406, 175. Cal. Rptr. 365.

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*Dr. Zinman is a periodontist and attorney specializing in dental jurisprudence and personal injury. He is a former lecturer at the School of Dentistry, University of California at San Francisco and practices in San Francisco.*

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# ABSTRACTS

## Modified-release subantimicrobial dose doxycycline enhances scaling and root planing in subjects with periodontal disease

P. Preshaw, et al  
J Perio 79:3 2008

Previous studies showed that adjunctive subantimicrobial dose doxycycline (SDD; 20 mg, twice daily) provides significant clinical benefits to SRP. A modified-release SDD formulation containing 40mg doxycycline (Oracea, CollaGenex Pharm) to be taken once daily has been developed. Compliance with the once daily medication was high (>92%) and there were no significant differences in adverse events between the groups.

## Dental arch space changes following premature loss of primary first molars: A systematic review

W. Tunison, et al  
Pediatr Dent 30:4 2008

A reported immediate space loss of 1.5 mm per arch side in the mandible and 1 mm in the maxilla—when normal growth changes were considered—was found. The magnitude, however, is not likely to be of clinical significance in most cases. But in cases with incisor protrusion or a severe arch length deficiency prior to any tooth loss, the amount of loss could have treatment implications.

## In vitro reproduction of non carious cervical lesions

J. Dzakovich, et al  
J Pros Dent 10:1 2008

The purpose of the study was to create noncarious cervical lesions in vitro that are similar to those that are clinically observed. Three pairs of toothbrush types (generic and name-brand) with soft, medium, or firm bristles were tested with 3 different toothpastes of varying abrasive potentials (low, medium, and high) or with water only on mounted human teeth. Results showed those that were brushed with water only demonstrated no visible loss of tooth structure. Each set brushed with toothpaste, regardless of the degree of abrasiveness or bristle firmness showed visible wear at the level of the CEJ. And since it is often difficult to correct the overzealous horizontal toothbrusher's technique, it may be advisable to help these individuals by eliminating abrasives in dentifrices and/or change to a nonabrasive tooth cleaning system.

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

## AUGUST 2008

The first order of business was Nominations and Elections, wherein the recommendations for nominations for Councils, Committees, Scientific Sessions Board of Managers and ADA Delegates and alternate Delegates were considered. The Council on Volunteer Placement forwarded to the Board various slates of candidates for these positions, which were then evaluated and selected by the Board. These candidates will now be forwarded to the House of Delegates (HOD) for election. Congratulations to the following SDDS members whose names will be forwarded as candidates for election:

Matt Campbell	<i>ADA Delegate</i>
Adrian Carrington	<i>Policy Development Council</i>
Wai Chan	<i>Policy Development Council Alternate ADA Delegate</i>
Bob Daby	<i>TDIC Board of Directors</i>
Deb Finney	<i>ADA Delegate</i>
Nicky Hakimi	<i>Alternate ADA Delegate</i>
William Marble	<i>Alternate ADA Delegate TDIC Board of Directors</i>
Kevin McCurry	<i>Judicial Council Alternate ADA Delegate</i>
Gabrielle Rasi	<i>Governmental Affairs</i>
Jeff Rosa	<i>Product Evaluation Committee</i>
Robert Shorey	<i>Alternate ADA Delegate</i>

The Board of Trustees, serving as the Nominating Committee, also will be forwarding to the HOD the following names for election to the CDA Executive Committee:

Alan Felsenfeld	<i>Speaker of the House</i>
Ernie Garcia	<i>Secretary</i>

The Trustees also acted upon motions for establishing marketing for the newly established Practice Support Center, procedures to remove volunteers from leadership positions, peer review updates in policies and procedures and approving a legal analysis of Judicial Council Processes and Procedures. In addition to the above actions, the Board of Trustees met in closed session to be updated on strategies for the various legal and legislative challenges the Association is facing. The Board of Trustees held elections and Don Rollofson was elected to the CDA Foundation Board of Directors and Kevin Keating was elected to the Council on Volunteer Placement. ■

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### Auxiliary Advisory • SDDS • 6:30pm

Fall meetings TBA

### Board of Directors • SDDS • 6:00pm

Nov 17

### CE Committee • SDDS • 6:30pm

Oct 6 • Dec 1

### CPR Committee • SDDS • 6:30pm

Completed for 2008

### Dental Health Committee • SDDS • 6:30pm

Dec 9

### Ethics Committee • SDDS • 6:00pm

Oct 6

### Foundation (SDDF) • SDDS • 6:30pm

Nov 19

### Golf Committee • SDDS • 6:30pm

Completed for 2008

### Leadership Dev. Committee • SDDS • 6:00pm

Completed for 2008

### Legislative Committee • SDDS • 7:00pm

Completed for 2008

### Mass Disaster / Forensics Committee • 6:30pm

Dec 2 (yearly calibration) - **NOTE CHANGE**

### Membership Committee • SDDS • 6:30pm

Dec 1

### Nugget Editorial Committee • SDDS • 6:15pm

Oct 28

### Peer Review Committee • 6:30pm

Oct 9 • Nov 13 • Dec 11

### SacPAC Committee • SDDS • 6:00pm

Completed for 2008

For dates & times not listed above, visit the SDDS calendar at [www.sdds.org/calendar.htm](http://www.sdds.org/calendar.htm)

## LINKS OF THE MONTH

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#### Radiation Safety Instructions:

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#### Radiation Safety in Dental Practice/ Title 17 Regulations:

[http://cda.org/library/cda\\_member/  
policy/oseha/xrayosha.html](http://cda.org/library/cda_member/policy/oseha/xrayosha.html)

See page 11 for more information.

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# COMMITTEE CORNER

By **Kenneth E. Moore, II, DDS**  
Co-Chair (pictured)

**Mark F. Olson, DDS**  
Co-Chair (pictured)

**Jesse Manton**  
President, CSUS Pre-Dental Club



## Student Mentor & Internship Workgroup: SUMMER INTERNSHIP PROGRAM

At the beginning of the summer, the Sacramento District Dental Society and the Sacramento State Pre-Dental Club came together to start the student mentoring/

*Positive feedback was received from both the offices & the students.*

internship program. It consisted of a time frame of ten weeks and an open form curriculum agreed upon by the student and the mentoring office. Broad topics were suggested, including dental terminology, dental procedures and dental economics.

Thanks to generous SDDS members and eager students, the response was enthusiastic, resulting in thirteen mentorship pairings. Student backgrounds ranged from working in the profession for a few years to seeing their dentist only twice a year for check ups.

Goals of the program were to provide an opportunity for the students to see what real world dentistry is like by allowing them to be immersed in a private practice setting within their community. Although the program specifics were left to the individual pairings, they were asked to complete a mid-point and final review to assess the progress of the program. Many students shared that

they were exposed to aspects of dentistry not experienced from the patient point of view. One student's mid-point evaluation reported, "I've observed many consultations and have seen how doctors deal with all kinds of different patients. I have learned that it is possible to both have fun at the office and maintain a proper level of professionalism."

Positive feedback was received from both the offices and the students. A few offices had their students write daily journals, recording what they had experienced and learned that day (see right).

As the summer comes to a close, we look back at the successes of the internship program and look forward to continuing to improve for next year's program. What we have to look forward to is increased involvement from multiple pre-dental clubs in the area and linking up more mentorship pairings that will establish lasting relationships as the students progress in their education. We also look forward to the continual support from our SDDS members in offering their time and expertise to impact the lives of future members of our profession.

Overall, with this program, we have attempted and succeeded in presenting dentistry to young and eager minds throughout our community, and shared with them the profession we are all a part of and love. ■

**Hi Dr. Cindy** — Thank you so much for my interning experience this summer. I have never seen a dental office with such a positive atmosphere! I definitely learned more than I expected and loved getting to know you and all the staff. It will be hard to find an office that amazing out here in Oklahoma! — **Naomi Kong**



This summer, I had the pleasure to intern for Dr. Berrin at Capital Periodontal Group. At the beginning of my internship, I was unaware of the different specialties in dentistry, such as periodontists or endodontists. By the end of the summer I learned much more than I could have ever expected. I learned surgery techniques and how the entire staff works to keep the business running. I also learned the basic steps for owning your own practice, including marketing, insurance and patient care. The most important thing I learned this summer is that I do indeed want to become a dentist. This experience has pushed me in the right direction, toward making dentistry my career goal. Dr. Berrin and his staff not only made me feel comfortable, but took me along on their day-to-day tasks, treating me as a co-worker so I could see close up how it really is to work in a dental office.

As well as observing Dr. Berrin, I observed other staff members (assistants, hygienists, administration and surgeons). I spent time with Dr. Towfighi, Dr. Chen and Dr. Pretel, who showed me a different side of dentistry. I observed Dr. Towfighi in implant surgeries and Dr. Chen in crown lengthening. They explained each surgery to me, giving me a good understanding of what they were doing. By the end of the summer I could anticipate each step during the surgery. I also observed a general dentist, Dr. Koire, who gave me a taste of what general dentistry is all about. The most exciting moments this summer were when I assisted in some of the surgeries. At the beginning, I admit, I was a little nervous; but by the end I started to get the hang of it and really enjoyed getting a better perspective on the surgery.

Now that my summer is coming to an end, I am thankful that I got paired up with Dr. Berrin, Dr. Towfighi, Dr. Chen and the other staff members at Capital Periodontal. They taught me so much, not only in dentistry, but a couple life lessons that I am going to hold on to. They even taught me the names of some bands from the 70s and some great mid-eastern restaurants. I thoroughly enjoyed my time spent interning this summer and would do it again in a heartbeat.

Thank you very much for this opportunity.

**Alex Keith**

The **AUXILIARY SPEAKERS TEAM** is gearing up to hit the high schools again to promote careers in dentistry. Want to be part of the team? Contact Dr. Bev Kodama ([bamkdds@sbcglobal.net](mailto:bamkdds@sbcglobal.net)) or Dr. Robin Berrin ([drberrin@capitolperiodontal.com](mailto:drberrin@capitolperiodontal.com))

# WE'RE BLOWING YOUR HORN!



## CONGRATULATIONS TO...

**Dr. Tim Durkin**, on the birth of his first grandchild, Camille, on July 18 (8 lbs, 2 oz). *(photo below)*

**Drs. Cas, Jonathan and Damon Szymanowski**, proud grandpa and uncles of Sofia Rhee, born August 25 (5 lbs, 8 oz).

**Philip Waelbrock** (SDDS Vendor Member — Zimmer Dental), on the birth of Luke Philip September 12 (8 lbs, 2.2 oz).

**Dr. Megan Moyneur** her husband Matt, on the birth of Paige Elaine August 22 (8 lbs, 6 oz). *(photo below)*

**Dr. Christy Rollofson**, who has joined Dr. Roger Reich at his general practice in Elk Grove.

**Drs. Bob Daby, Craig Johnson, Kevin Keating, Kevin McCurry and Don Rollofson**, on their extremely successful fishing trip at the Great Bear Lake. *(photo below)* ■

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](mailto:melissa@sdds.org)), mail (915 28th St, Sacramento, CA 95816) or fax (916-447-3818). Call SDDS at (916) 446-1227 for more information.



*Left to right: Dr. Durkin & his first grandchild, Camille; Matt & Dr. Moyneur with baby Paige; Drs. Daby, Johnson, Keating, McCurry & Rollofson show off one of their catches*



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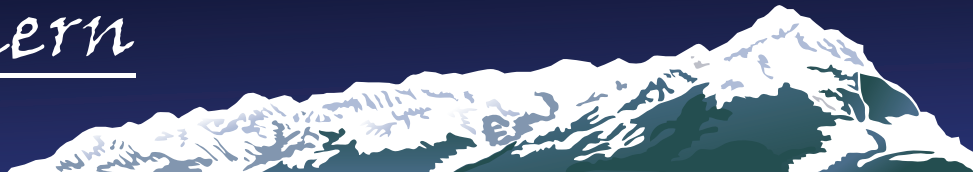
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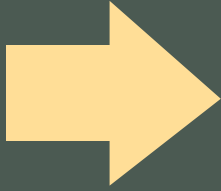
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# NEW MEMBERS

OCTOBER  
2008



**Reuben Clark, DDS**  
General Practitioner  
730 Howe Ave  
Sacramento, CA 95825  
(916) 567-9707

Dr. Reuben Clark graduated from the University of Texas, San Antonio School of Dentistry earlier this year with his DDS. He is currently practicing in Sacramento with fellow SDDS members, Drs. P. Bradford Smith and Marlon Smith, and lives in Rocklin with his wife, Sara.

**Michelle Crisostomo, DMD**  
General Practitioner  
*Pending Office Address*

Dr. Michelle Crisostomo graduated from the Boston University School of Dentistry earlier this year with her DMD. She is currently living in Sacramento.

**Maria de Gaust, DDS**  
General Practitioner  
2900 Cold Springs Rd  
Placerville, CA 95667  
(530) 622-1221



Dr. Maria de Gaust graduated from the UOP Arthur A. Dugoni School of Dentistry in 2004 with her DDS. She is currently practicing in Placerville with fellow SDDS member, Dr. Dean Sands, and also lives in Placerville with her husband, Andrew.

**Stacie Fenderson, DDS, MS**  
Orthodontist  
8689 Folsom Blvd  
Sacramento, CA 95826  
(916) 381-7171

Dr. Stacie Fenderson graduated from the Loma Linda University School of Dentistry in 2004 with her DDS. She later completed a residency at the VA Medical Center in Birmingham, Alabama in 2005, and then went back to Loma Linda University to complete her specialty certification in Orthodontics which she received in 2007. Dr. Fenderson is currently practicing in Sacramento and Roseville with fellow SDDS member, Dr. Robert McClurg, and she lives in Meadow Vista.

**Carla Gutierrez, DDS**  
General Practitioner  
520 Cottonwood St, Ste 11  
Woodland, CA 95695  
(530) 661-9276



Dr. Carla Gutierrez graduated from the Santa Maria Catholic University, Peru School of Dentistry in 1992 with her DDS. She is currently practicing in Woodland with fellow SDDS members, Drs. Lorenzo Padron, Clark Nary, and Angel Soto. She is married to fellow new member Dr. Angel Soto and they live in Sacramento.



**Cory Higginbotham, DDS**  
General Practitioner  
*Pending Office Address*

Dr. Cory Higginbotham graduated from the USC School of Dentistry earlier this year with his DDS. He is currently seeking employment in the greater Sacramento area and lives in Rocklin.

**Martin Kerzie, DMD**  
General Practitioner  
4970 Rocklin Rd, Ste 100  
Rocklin, CA 95677  
(916) 262-5525

Dr. Martin Kerzie graduated from the Temple University School of Dentistry in 1990 and completed a residency there in 1991. He is currently practicing in Rocklin and lives in Granite Bay with his wife, Dr. Lura Orsino.

**Michelle Lee, DDS**  
Endodontist  
1 Scripps Dr, Ste 302  
Sacramento, CA 95825  
(916) 923-1696

Dr. Michelle Lee graduated from the Loma Linda University School of Dentistry in 2001 with her DDS. She later completed a residency at St Barnabas Hospital in New York in 2004, then completed her specialty certification in Endodontics earlier this year at the University of New Jersey. Dr. Lee is currently practicing in Sacramento with fellow SDDS member Dr. John Nelson, and lives in El Dorado Hills with her husband, and fellow SDDS member, Dr. D. Harvey Lee.

**Jeremy Salvatierra, DMD**  
General Practitioner  
1530 3rd St, Ste 201  
Lincoln, CA 95648  
(916) 645-1138

Dr. Jeremy Salvatierra graduated from the University of Nevada, Las Vegas School of Dentistry earlier this year with his DMD. He is currently practicing in Lincoln and Fair Oaks with fellow SDDS members, Drs. Hugh Charles, Blair Moser, and Andrea Hersh. Dr. Salvatierra lives in Roseville with his wife, Amanda.

**Jean Yang, DMD**  
Endodontist  
1906 Del Paso Rd  
Sacramento, CA 95834  
(916) 263-9888

Dr. Jean Yang graduated from Harvard Dental School in 2002 with her DMD and later completed her specialty certification in Endodontics in 2004 at New York University. She is currently practicing in Sacramento where she also lives.

**MORE**



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

**TOTAL MEMBERSHIP (AS OF 9/12/08): 1,522**

**TOTAL ACTIVE MEMBERS: 1,287**

**TOTAL STUDENT MEMBERS: 1**

**TOTAL RETIRED MEMBERS: 180**

**TOTAL CURRENT APPLICANTS: 14**

**TOTAL DUAL MEMBERS: 2**

**TOTAL DHP MEMBERS: 30**

**TOTAL AFFILIATE MEMBERS: 8**

**TOTAL NEW MEMBERS FOR 2008: 65**

**Eric Young, DDS**

General Practitioner

*Pending Office Address*

Dr. Eric Young graduated from the UOP Arthur A. Dugoni School of Dentistry in 2007 with his DDS and completed a residency at Fort Campbell, Kentucky earlier this year. Dr. Young is currently serving on active duty with the U.S. Army and is stationed in the Middle East.

**NEW TRANSFER MEMBERS:**

**Barbara Castle, DDS**

*Transferred from San Diego County Dental Society*

General Practitioner

*Pending Office Address*

Dr. Barbara Castle graduated from the UCSF School of Dentistry in 1985 with her DDS. She is currently seeking employment in the greater Sacramento area and lives in Sacramento.

**Michael Chu, DDS**

*Transferred from San Francisco Dental Society*

General Practitioner

7210 S Land Park Dr, Ste D

Sacramento, CA 95831

**(916) 427-3769**

Dr. Michael Chu graduated from the UCSF School of Dentistry earlier this year with his DDS. He is currently practicing in Sacramento with his father and fellow SDDS member, Dr. Lawrence Chu, and lives in Wilton.

**Lewis Del Debbio, DDS**

*Transferred from Stanislaus Dental Society*

General Practitioner

Dr. Lewis Del Debbio graduated from the UCSF School of Dentistry in 1981 with his DDS and later completed a residency in 1982 at Danbury Hospital in Connecticut. He is currently working for the California Department of Corrections and lives in San Bruno.

**Michael Forde, DDS**

*Transferred from Orange County Dental Society*

Prosthodontist

2350 Professional Dr, Ste 100

Roseville, CA 95661

**(916) 743-0122**

Dr. Michael Forde graduated from the USC School of Dentistry in 2003 with his DDS and later completed his specialty training in Prosthodontics in 2007 at the Mayo Graduate School of Medicine in Minnesota. He is currently practicing in Roseville with fellow SDDS members, Drs. John Sobieralski and Gerald Wong.

**Matthew Gustafsson, DDS**

*Transferred from Tri-County Dental Society*

General Practitioner

11253 Brockway Rd, Ste 205

Truckee, CA 96161

**(530) 550-9311**

Dr. Matthew Gustafsson graduated from the Loma Linda University School of Dentistry in 2006 with his DDS. He is currently practicing in Truckee.

**Jeffrey Routsong, DDS**

*Transferred from San Diego County Dental Society*

General Practitioner

2200 Professional Dr, Ste 210

Roseville, CA 95661

**(916) 786-6157**

Dr. Jeffrey Routsong graduated from the UCSF School of Dentistry in 2007 with his DDS. He is currently practicing in Roseville with fellow SDDS members, Drs. Donald Clarke and Jun Park, and lives in Citrus Heights.

**Caton State, DDS**

*Transferred from San Francisco Dental Society*

Periodontist

1205 Drake Dr, Ste B

Davis, CA 95616

**(530) 758-1530**

Dr. Caton State graduated from the UOP Arthur A. Dugoni School of Dentistry in 2005 with his DDS and later completed his specialty certification in Periodontics earlier this year at the UCSF School of Dentistry. He is currently practicing in Davis with fellow SDDS member, Dr. David Jolkovsky, and lives in Sacramento.

**Angel Sun, DDS**

*Transferred from Alameda County Dental Society*

General Practitioner

2800 5th St, Ste 100

Davis, CA 95616

**(530) 756-5300**

Dr. Angel Sun graduated from the UOP Arthur A. Dugoni School of Dentistry in 2005 with her DDS. She is currently practicing in Davis with fellow SDDS member, Dr. Paul E. Johnson, and lives in Sacramento.

**NEW APPLICANTS:**

**Nahid Afshari, DDS**

**Veronica Alvarado, DDS**

**Samuel Chung, DDS**

**Jennifer Gee Schoon-Tong, DDS**

**Teresa Hall, DDS**

**Brenda Herrera, DMD**

**Sheila Inalou, DMD**

**Michael Narodovich, DMD**

**Neelima Potluri, BDS**

**Joseph Rawlins, DDS, MS**

**Christy Rollofson, DDS**

**Navdeep Sandhu, DDS**

**Amir Shad, DDS**

**Huai Xu, DDS**

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



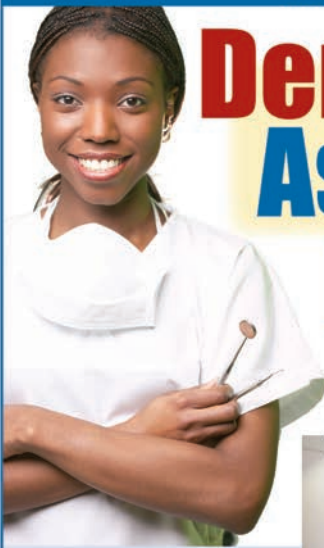
**RETIRING ANY  
TIME SOON?**

If you plan to retire between now and the end of December, please call the SDDS office so that you can officially change status before the next dues year.

**IT SAVES  
YOU MONEY!**

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

# Dental Assisting



San Joaquin Valley College has provided hands-on training to California students since 1977.

Our Rancho Cordova campus offers a comprehensive Dental Assisting program to serve students and employers in the Sacramento area.



[sjvc.edu](http://sjvc.edu)

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11050 Olson Drive, Suite 100

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When it comes to investing, there's a lot to know. The good news is that a lot of questions can be answered with a basic investment plan that addresses your long-term investment needs, such as life insurance, estate planning, college funding and retirement.

Reviewing your family's financial needs and goals is serious business.

We would be pleased to go over investment basics for you and show you how a long-term plan can help you better prepare for your financial future.

You can turn to us to:

- Review your current financial position
- Analyze your insurance needs
- Recommend tax-advantaged investments
- Confirm that your securities are properly titled and beneficiaries are named
- See how your assets can be properly passed on to your children or grandchildren
- Create a college-funding plan
- Help you plan for a comfortable retirement.



Our recommendations are based on knowledge, experience, and research, and are designed to help you meet your long-term investment goals. SDDS Members receive a free, no-obligation consultation.

### AIG Financial Advisors

**Eugene K. Hsu, CFS**  
AIG Financial Advisors, Inc.  
Member FINRA and SIPC  
1545 River Park Drive, Suite 401  
Sacramento, CA 95815  
(916) 920-5059  
[eugene@lucasplanners.com](mailto:eugene@lucasplanners.com)  
CA Insurance Lic. 0C38194

Securities and investment advisory services offered through AIG Financial Advisors, Inc., member FINRA, SIPC and SEC-registered investment adviser.

## ARTHUR A. DUGONI SCHOOL OF DENTISTRY LAUNCHES SPECIAL CARE CLINIC

SAN FRANCISCO — The Arthur A. Dugoni School of Dentistry is proud to announce its new Special Care Clinic for patients with special needs. Under the direction of Dr. Paul Subar, dental school faculty with advanced training in hospital dentistry are working with senior dental students to offer a full range of general dentistry for patients with medical concerns, developmental disabilities, or dental fear.

The Special Care Clinic allows us to provide services to patients who might not otherwise have access to care," said Subar. "It also allows us to begin educating dental students in the treatment of patients with special needs earlier, as opposed to waiting until they are graduate students."

The school's Hospital Dentistry Program, directed by Dr. Allen Wong '86, will continue to offer services through the new Special Care Clinic for patients whose medical and/or psychosocial condition warrants general anesthesia.

Screenings for hospital dentistry will occur in the Special Care Clinic, while hospital dentistry procedures will be scheduled at one of the California Pacific Medical Center campuses or Kaiser San Francisco hospital. Additionally, the Hospital Dentistry Program will be available for pre- and post-organ transplant oral health assessment and care, as well as for in-patient dental consultations at California Pacific Medical Center. The school's Hospital Dentistry Program encourages interdisciplinary and comprehensive definitive care with other medical services.

The Special Care Clinic is located on the "C" level of the dental school. To schedule a screening appointment for the Special Care Clinic or for Hospital Dentistry Program, please call the clinic at 415.929.6675. ■

ARTHUR A. DUGONI SCHOOL OF DENTISTRY LAUNCHES SPECIAL CARE CLINIC

## DENTAL PRACTICE SALES



JoAnne Tanner, MBA  
Practice Management



916-797-6240

DentalBroker.com



Todd Gooding, MBA  
Practice Sales/Broker

Visit our Website for More Information on our Services and Current Dental Practice Listings.

# EVENT HIGHLIGHTS

## SEPTEMBER GENERAL MEMBERSHIP MEETING

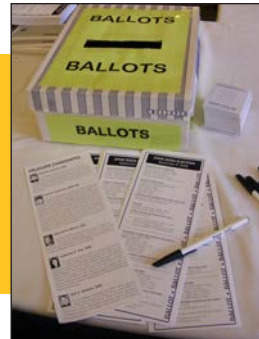
September 9, 2008 — New Member Night



SDDS kicks off the program year with the first General Membership Meeting.



The September meeting hosted close to 150 attendees for dinner and CE. See below for nametag requirements — make sure your CE is counted by the Dental Board!



The September meeting is also election night, selecting leadership for the year.



Dr. Paul Raskin demonstrates his Plane (& Simple) denture articulation system.



Joanne Hill (nSequence Center for Advanced Dentistry) takes advantage of the social hour.



SDDS offers a plethora of events throughout the program year, including Continuing Education, the Member Forum "Dentists in Business" series and CPR BLS renewal, among others.



Mayoral candidate, Kevin Johnson, kicks off the meeting with gratitude for the support he's received from SDDS.



Sherrie Everhart, long time supporter of SDDS, announces her departure from Procter & Gamble.



New Members (left to right): Drs. Michael Chu, Maria de Gaust, Christy Rollofson, Ryan Everhart, Michelle Lee, Stefanie Shore and Stacie Fenderson.



It's all in the family! From left to right: Drs. Kenney and Ken Moore, Drs. Michael and Laurence Chu, Drs. Christy and Don Rollofson, Drs. Ryan and Jim Everhart.



Dr. DesMarteau begins his lecture on sports dentistry and cosmetics.

Thank you for supporting SDDS continuing education programs. For each course, name tags are printed to help you network with your peers. BUT did you know that SDDS uses this as our tracking system for attendance? If you don't pick up your tag, we mark you as a "No Show." If you are ever audited by the Dental Board of California and they ask you for your CEUs, there's a chance that they may check to confirm you actually attended those classes and that you didn't just bum a CE card from your buddy. So... remember to ALWAYS pick up your nametag.

**CONTINUING EDUCATION UNITS!**

# Nugget Classifieds

## 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](http://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

## 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

GP LOOKING TO RENT A CHAIR in Sacramento area 2-3 times/month. Please contact @ (917) 749-3410 or [vadim\\_s@comcast.net](mailto: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](mailto: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. 10-08

ASSOCIATE INTERESTED IN TRANSITIONAL PURCHASE of busy foothill practice needed in beautiful community 45 minutes from Sacramento. Low crime rate and traffic congestion. Great place to live and work. FAX resume to (209) 267-1538. 10-C1

## 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 — Divisible 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 operator 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 Disinfectant and other top of the line equipment. 1600 sq.ft. (916) 928-9212. 08/09-08

SCRIPPS DR OFFICE — Modern 5 operator 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

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

FOR LEASE: NEW DENTAL OFFICE scheduled to open in El Dorado Hills Oct 08. Facility has four ops with digital x-ray, paperless Dentrix software, electronic registration, intra oral camera. Newly furnished. 893 Embarcadero Suite 101 (916) 933-3787. 10-C1

## Employment Opportunities



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

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

ENDODONTIST: STATE OF THE ART DENTAL PRACTICE in Roseville, California. Excellent compensation. One to two days a month. Email CV to [rockyridgedental@surewest.net](mailto: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. 10-08

## Equipment For Sale



X-GENUS DENTAL X-RAY MACHINE — portable or standard wall mount. Purchased in 2004, minimally used, excellent condition. Recently upgraded to handheld unit. Originally \$4000, yours for \$2000 / obo. (530) 753-0550. 10-C1

USED EQUIPMENT FOR SALE. Air-Techniques vacuum unit. Pelton & Crane rear delivery cabinets with handpiece delivery units. Adec overhead track light. Metal locking chart cabinet, 7 tiers, and 3 cabinets on a track. KelCom communication light system. Contact [Jemaxco@aol.com](mailto:Jemaxco@aol.com) for pictures and more information. 10-08

## 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

## OCTOBER

**3 Executive Committee Meeting**  
7:00am / SDDS Office (*tentative*)

**Ethics Committee Calibration**  
9:00am / CDA Office

**Continuing Education**  
*Temporization Made Easy*  
Jim Hillier (Dentsply)  
Sutter General Hospital Buhler Building  
Cancer Center — Rooms 3 & 4  
8:30am–11:00am

**6 Ethics Committee**  
6:00pm / SDDS Office

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

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

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

**CA Musical Theatre Broadway Series**  
*Drowsy Chaperone*  
8:00pm / Sac Community Center

**14 General Membership Meeting**  
*What's New in Endodontics*  
Kevin Keating, DDS, MS  
**CDA Night**

Sacramento Hilton — Arden West  
2200 Harvard Street, Sacramento  
6:00pm Social  
7:00pm Dinner & Program

**17 Licensure Renewal**  
*CE Express: Infection Control, CA  
Dental Practice Act, Bloodborne  
Pathogens & Haz Comm Refresher*  
Superior Office Safety  
Sacramento Hilton — Arden West  
2200 Harvard Street, Sacramento  
8:30am–3:30pm

**Peer Review Calibration**  
9:00am / CDA Office

**16–19 ADA Scientific Sessions**  
San Antonio, TX

**19–21 ADA House of Delegates**  
San Antonio, TX

**24 Continuing Education**  
*The Top 10 Crown & Bridge Mistakes:  
How to Correct & Prevent Them*  
Mike DiTolla, DDS  
Sacramento Red Lion Inn  
1401 Arden Way, Sacramento  
8:30am–1:30pm

**28 Continuing Education**  
*HR Audio Conference*  
*How to Fire the Really Not So  
Great, Just Plain Stinky People*  
California Employers Association  
Noon–1:00pm

**SDDS Caucus for HOD**  
6:00pm / SDDS Office

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

**30 Fun Times “Happy Hour”**  
6:30pm / Centro (Midtown Sac)  
*No host*

More calendar info available at  
[www.sdds.org](http://www.sdds.org)

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

*loads of ceu!*

EARN  
**3**  
CE UNITS!

October 14, 2008: Presented by:  
What's New In Endodontics? Kevin M. Keating, DDS, MS

There are many new endodontic concepts, techniques and instruments on the market. Dr. Keating will discuss many of these new items and help you sort out those that may add value to treating teeth endodontically.

**OCTOBER GENERAL MEMBERSHIP MEETING: CDA NIGHT**

6pm: Social & Table Clinics  
7pm: Dinner & Program  
Sacramento Hilton, Arden West  
(2200 Harvard Street, Sac)



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