

July/August 2024

the
Nugget



**All-on-X
Full Arch Solutions**



Get Ready For Our UPCOMING EVENTS

July 23, 2024

Dentists Do Music Circus - Sunset Boulevard

July 31, 2024

Member Event - Ice Cream Social

August 6, 2024

Dentists Do Music Circus - Waitress

August 10, 2024

CPR—AHA BLS Blended Learning

Saturday • 8–8:45am, 9–9:45am, 10–10:45am • SDDS Classroom
\$92 (ends 7/20) • \$102 (begins 7/21)

Skills Testing, 3 Time Sessions (3 CEU, Core)

August 20, 2024

Dentists Do Music Circus - Jersey Boys

August 21, 2024

Member Event - Job Bank Speed Dating

August 22, 2024

Continuing Education

Thursday • 6:30–8:30pm • SDDS Classroom

Member Price: \$75 early (ends 8/1) / \$95 regular (begins 8/2)

Increase Your Clear Aligner Knowledge and Skills (2 CEU, Core)

Presented by Lindsey Zeboski, DDS

Sponsored by: American Academy of Clear Aligners Study Club,
Align Technologies and Fontona

August 27, 2024

Member Event - New Member Dinner

September 1, 2024

MidWinter 2025 Registration Opens!

September 10, 2024

General Membership Meeting

Tuesday • 5:45pm Social & Exhibitors • 6:45pm Dinner & Program
Hilton Sacramento Arden West

Member Price: \$89 early (ends 8/27)

\$99 regular (begins 8/28) / \$109 late (begins 9/9)

My Scanner is Better Than Yours (3 CEU, Core)

Presented by Jenny Apekian, DDS; Darrell Chun, DDS, MAGD
and David Lopes, DDS

September 13, 2024

Member Event - Shred Day

September 18, 2024

Continuing Education - Licensure Renewal

Wednesday • 5:30–7:30pm • Webinar

Member Price: \$95 early (ends 8/28) / \$105 regular (begins 8/29)

Infection Control (2 CEU, Core)

Presented by Nancy Dewhirst, RDH, BS

September 20, 2024

Continuing Education

Friday • 8:30am–2:30pm • SDDS Classroom

Member Price: \$199 early (ends 8/30) / \$219 regular (begins 8/31)

Make Your Manuals (4.5 CEU, Core)

Michelle Coker; CDA – Employee Handbook Update (2 CEU, 20%)

Teresa Pichay; CDA – Regulatory Compliance Manual (1.5 CEU, Core)

Travis Watson; Abyde – VM – HIPAA Manual (1 CEU, Core)

September 24, 2024

Continuing Education - Licensure Renewal

Tuesday • 5:30–7:30pm • Webinar

Member Price: \$95 early (ends 9/3) / \$105 regular (begins 9/4)

California Dental Practice Act (2 CEU, Core)

Presented by Nancy Dewhirst, RDH, BS

MORE COMING SOON - SAVE THE DATE

October 3, 2024

Continuing Education Hands-on

Friday • 5:30–8:30pm • SDDS Classroom

Ridge Preservation and Augmentation of Compromised
Sites for Implant Site Development - Hands-on

(3 CEU, Core)

Presented by Tamir Wardany, DDS, DABOI

Sponsored by Geistlich Biomaterials and H and H Company

October 26, 2024

Fundraiser for the SDDF Foundation

Saturday • 6:00pm • Hyatt Regency Sacramento

Smiles for Sacramento Gala



View all CE Courses & Events
online with this QR code.

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Awards

International College of Dentists (ICD)

2022 • Humanitarian Service Award
2022 • Special Citation Award
2022 • Overall Newsletter, honorable mention
2021 • Platinum Pencil, *honorable mention*
Outstanding use of graphics
2021 • Special Citation Award
2020 • Platinum Pencil
2020 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession
2020 • Special Citation Award
2019 • Special Citation Award
2019 • Golden Pen, *honorable mention*
2018 • Humanitarian Service Award
2017 • Special Citation Award
2016 • Golden Pen, *honorable mention*
2015 • Special Citation Award
2014 • Outstanding Cover, *honorable mention*

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By **Ash Vasanthan, DDS, MS**
2024 SDDS President

Embracing Flexibility in Body and Mind

As we look at our everyday life, there are some aspects that are consistent and don't change much and there are other things that change. Most times the changes are minimal, and we are able to adapt and adjust to it as it only makes us better and stronger. The summer months are time we spend more so with family and friends as everyone is in a good frame of mind with the brighter weather and more light in the day in Sacramento. While this can be a time for relaxation and reflection, it also presents a unique opportunity for professionals to embrace flexibility, both mentally and physically.

As many of you know, our membership with our professional organization is "tripartite". This is your 3 levels of membership: with your local organization SDDS, the state organization CDA and the national organization ADA. Recently, some of us in leadership were given a brief presentation on some of the changes that the American Dental Association is planning for the future. While a lot of this is still in the early works, some

of it will be things that your local and state organization have to start planning for in order to make the process easier for you and me as the member. While there is an element of uncertainty with what the changes might be, it only helps us to be flexible mentally to see what will work down the pipeline.

Similarly, physical flexibility is crucial. The nature of our work often demands long hours, sometimes in less-than-ideal postures, which can lead to neck and back issues. Integrating regular physical activity that emphasizes flexibility, such as yoga or pilates, into our routines can significantly mitigate these risks. Moreover, these practices not only enhance physical flexibility but also contribute to mental well-being, reducing stress and improving our work routine.

A flexible body supports a flexible mind. The reverse is equally true; a mentally flexible approach can lead us to be more conscious of our physical health and to take actions like focusing on our posture while working that could prevent long term occupational injuries.

This summer let's challenge ourselves to become more flexible. Let's set a goal to adopt one new practice for our mental flexibility and one for our physical flexibility. Whatever it may be, the commitment to flexibility in both mind and body will undoubtedly enrich our personal and professional lives, enhancing our ability to provide the best possible care to those we serve.

In a world of constant change, adaptability is not just a skill, it is a necessity. Let's lead by fully embracing the power of flexibility in every aspect of our lives.

Ash Vasanthan.

Mark Your Calendars Shred Day - Sept 13th!

Sponsored in part by TDIC (SDDS Vendor Member)

An event specifically to thank our Foundation members and help all members get rid of that pesky shredding.



Visit our website and check your email for more information coming soon.

Cost: Free to SDDS Foundation members and \$100 for everyone else (if you have over 10 banker boxes, we'd appreciate an additional \$100 donation to the Foundation).



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

It's already July...

Holy Cow! The summer is almost half way over (and my tomatoes still aren't red!) and we're working feverishly on finalizing all our MidWinter Convention program, 2024 fall and 2025 CE programs, along with the fun things coming up.

We hope you notice that the SDDS summer fun is in full swing; starting with the Ice Cream Social on July 31st. This is the first time that we have done this event and we hope to have 100 people at Leatherby's Creamery on Arden Way. The fun starts at 6:30, but if you want to eat dinner there, please come early. By the way, the \$15 fee includes a Junior Sundae which is plenty big! Pick your flavor, pick your topping/sauce and just wait to see the yumminess that appears in front of you when it's served. However, if you'd like to upgrade your sundae, feel free to do that (you can just add to your existing coupon when you arrive). We hope you bring your family or your friends to this fun event. And it will be a great place to network with other dentists and meet new friends.

August is member appreciation month and we have plenty of surprises planned for August too:

1. Job Bank / Speed Dating event – Wednesday, August 21; 6pm

This will be a great way to interview and search for the perfect fit for dentist/associates/future partners. Whether you are looking to hire or looking for a job, we invite everyone looking to attend. Bring your job descriptions, your CVs and resumes and join us for a few appetizers and libations and pure networking. Who knows – the perfect transition plan may be in our backyard!

2. New Member Dinner – Tuesday, August 27; 6pm

If you are a new member in 2023 or 2024, we invite you to attend this dinner at the Spaghetti Factory on Watt Avenue. All you need to do is RSVP that you will be in attendance and we'll treat you to an evening of meeting your peers, enjoying some fabulous food and more.

And coming in September:

3. General Meeting on September 10 is Recruitment Night

Bring a nonmember / potential new member to the GM as your guest. If they join, you'll get your money back PLUS a great surprise! Heck, bring two. Or three!

Enjoy the rest of the summer! And please know that we truly appreciate that you support SDDS by being a member!

.....
PS: Don't forget to do the Membership Survey – it closes on July 15. See the link on the You Should Know page in this issue.

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SPECIAL EVENTS OTHER

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Get the CE Scoop!

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The Dawn of a New Era in Dental Rehabilitation: **A Deep Dive into All-on-X Full Arch Solutions**



By **Ramsen Warda, DDS**
 Associate Editor

In this issue, we embark on an exploratory journey into the world of All-on-X full arch rehabilitation. As we dive into the complexities, challenges, our esteemed contributors, Drs. Alexander Antipov, Devan Dalla, and Matt Korn share their invaluable insights, experiences and the nuances of integrating these advanced techniques and digital workflows into everyday practice. In the United States alone, millions of individuals grapple with edentulism, confronting the physical, emotional and social challenges it presents. This staggering number of edentulous patients underscores a profound demand for new solutions. Gone are the days of dentures filled with adhesive, leaving patients with the inability to chew food, speak or smile with confidence. The All-on-X approach, as detailed by our expert contributors, represents a beacon of hope and transformation for this significant portion of the population.

Navigating Complexities with Dr. Devan Dalla

In “Managing Complications in All-On-X Treatment: A General Dentist’s Perspective,” Dr. Dalla opens up about the challenges and triumphs over an illustrious 11-year journey in implant dentistry. With a focus on complex full mouth rehabilitation cases, Dr. Dalla emphasizes the importance of continuous education and advanced training

in managing complications effectively. From addressing severe maxillary atrophy with innovative implant strategies to the complex soft tissue management for lasting success, Dr. Dalla’s article promises a comprehensive look into overcoming clinical hurdles with expertise and confidence.

Reflective Insights with Dr. Matt Korn

Dr. Korn’s narrative, rooted in decades of experience, offers a poignant reflection on the evolution of dental implantology and the paradigm shifts within. Through a captivating recount of removing a full arch subperiosteal dental implant to navigating patient expectations in the modern era of “Teeth in a Day,” Dr. Korn challenges us to reconsider our biases and embrace a more patient-centric approach. His exploration into the technical, ethical, and emotional aspects of All-on-X rehabilitation underscores the critical balance between preserving natural teeth and adopting transformative dental solutions.

Embracing Technology with Dr. Alexander Antipov

“Comprehensive Overview of Full Arch Dental Implants: Integrating Advanced Techniques and Digital Workflow” by Dr. Antipov heralds the dawn of digital transformation in implant dentistry. From

the anatomical considerations crucial for successful implant placement to the cutting-edge digital tools revolutionizing treatment planning and execution, Dr. Antipov’s article is a testament to the power of technology in enhancing patient outcomes. Through an in-depth exploration of digital imaging, CAD/CAM, and 3D printing, readers are invited to witness the future of full arch rehabilitation—a future where precision, efficiency, and patient satisfaction converge.

A Journey into Innovation

As we present these articles, our goal is to illuminate the path toward mastering All-on-X full arch rehabilitation, a journey punctuated by clinical challenges, ethical considerations, and the relentless pursuit of excellence. Each contribution not only stands as a testament to clinical excellence, but also as a call to embrace the possibilities that lie at the intersection of technology, skill, and compassion.

I invite you to delve into this issue with an open mind. Whether you’re a specialist or a general dentist venturing into the realm of full arch rehabilitation, there’s a wealth of insight, inspiration, and a little bit of something for everyone. ■

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YOU SHOULD KNOW

CDA WILL APPEAL DECISION IN LAWSUIT AGAINST DELTA DENTAL

Dear members and colleagues:

The lack of accountability and transparency from dental plans is painful for dentists, our practices and our patients. Our current climate is financially burdensome, stressful and often stands in the way of providing quality care.

CDA is fighting for meaningful dental plan reform on multiple fronts. Today, I'm reaching out with the next steps in our lawsuit against Delta Dental of California as part of our larger strategy.

Last month, I shared that the San Francisco Superior Court returned a ruling in our lawsuit against Delta Dental of California. The judge ruled in favor of Delta Dental and the individual directors and officers, resulting in the case being dismissed at that time. To say that we were disappointed is an understatement.

The judge's ruling asserts that the individual directors and officers of Delta Dental do not owe fiduciary duties to the dentists who participate in the plan's networks, and that Delta Dental has unfettered discretion to set or change contractual terms without regard to the impacts on dental providers and patients.

We fundamentally disagree and cannot let this case dismissal go unanswered.

CDA's volunteer board of your dental peers, along with our in-house and outside legal teams, have thoughtfully considered our options and decided to appeal and seek dismissal of this decision.

We understand that dentists are seeking solutions that can help relieve the pain of working with dental plans right now. It can feel like we're trying to change both the weather and the climate.

So here's what I want you to know:

This appeal will not alter or delay CDA's other efforts toward reform nor dilute other resources to support members. Litigation takes time and can be costly. It will be many months before we learn the result of our appeal, but this fight is part of our commitment to protect your interests.

We've already had 10 bills signed into law as part of our plan reform strategy, and more initiatives like the bill to protect California dentists from predatory virtual credit cards are being fiercely pursued on your behalf.

We're cutting through the dental plan industry's noise with campaigns targeted at legislators and a coalition of 20-plus organizations that support reform. See how we're fighting for consumer protections, plan oversight and financial accountability at fixourdentalinsurance.com.

While CDA cannot tell you what type of financial model you should follow, our experts can help inform decisions about whether working with dental plans is right for you. Your own patient demographics, practice goals, plans' contractual terms and fees for your more frequently billed procedures all play a role. Many California practices are fed up, and CDA is here to help members better understand contracts and considerations with plan participation.

Our association is driven by member voices. We're currently holding in-depth focus group sessions that will inform a full member survey. This work will identify the issues that matter most to you, which helps us direct our resources and energy to the efforts that deliver the most value.

Like you, I am deeply concerned that Delta's fee and contract amendments were made just to enhance profits and executive compensation, with no regard to the impacts on dentists and patients. This hurts everyone: members and their practices, the greater dental community, employers who choose benefit plans, and individuals and families who have a right to essential care.

Let's fight with a united front. We all care deeply about our profession, peers and patients. Learn more about our ongoing reform efforts in the Dental Plan Action Center.

Sincerely,

Carliza Marcos, DDS,

CDA President

NEW CE COURSES ADDED!

Two new CE offerings have been added to the SDDS calendar. A Clear Aligners course August 22 and a Hands-on course (back by popular demand) on October 3. Check pages 17 and 31 for details.

**SAVE THE DATE FOR
2025 SWING FOR SMILES
GOLF TOURNAMENT**
May 9, 2025 at Teal Bend

MEMBER SURVEY - DEADLINE JULY 15

This is the time to tell us what you think, what you need, what you want from SDDS! It's only 20 questions and should only take 5 minutes.

Please complete the survey by July 15.

[https://www.surveymonkey.com/
r/2024SDDSMemberSurvey](https://www.surveymonkey.com/r/2024SDDSMemberSurvey)



"SDDS MEMBERS GET THE SCOOP" - ICE CREAM SOCIAL

July 31: 6:30pm - 8:00pm

Leatherby's on Arden Way

\$15 per person (each ticket is good for one Patty's Petite Sundae)

SDDS Members - bring your family!

WORKPLACE VIOLENCE PREVENTION PLAN - DEADLINE JULY 1

As of July 1, 2024, most businesses must have a Workplace Violence Prevention Plan (WVPP) in place, solicit employee (and union) feedback, and provide WVPP training to their employees annually. Each plan must be customized to the needs of an individual business.

The workplace violence prevention plan, risk assessment and incident log templates are on CDA's website as part of the Regulatory Compliance Manual.



Managing Complications in All-On-X Treatment:

A General Dentist's Perspective

By Devan Dalla, DDS
 Ora Dental Implant Studio
 & Surgery Center
 SDDS Member

Dr. Dalla graduated with Honors in Implantology from NYU College of Dentistry in 2013. With 11 years of experience in comprehensive implant practice, he specializes in full mouth dental implant cases and advanced bone grafting and soft tissue techniques. As a proud veteran, Dr. Dalla served in the US Army. Outside of his practice, he has two boys, Aarav and Ruhaan and loves to travel with his family.

I have been placing dental implants for 11 years and have placed more than 15,000 dental implants in my career so far. However, it was a long journey after graduating from NYUCD in 2013, where I received Implant Honors in my final year. That sparked my interest in Implantology, and I took various courses to advance my skills over the past 11 years. For the past 7 years, my focus has been on complex full-mouth rehabilitation cases and advanced bone grafting techniques. I have seen an increasing number of GPs placing dental implants and patients are also becoming more aware of their treatment options. I believe that General Dentists with proper training and quality CE education can serve those looking for these services. My article will cover how we

can manage complications in these procedures with the proper training and skill sets.

A 65-year-old female patient came to my office for a full mouth implant consultation, looking for treatment options. She had severe maxillary atrophy in the posterior maxillary region. She was not happy with her lower left side bridge and wanted to wait for the lower option once she saw the results for the upper dentition. The patient was presented with various options, including ridge augmentation, sinus lifts followed by conventional implants or opting for same-day implants using conventional and zygomatic implants, along with a same-day 3D printed hybrid by digital protocol and photogrammetry.





Even though I achieved great torque and placement with the zygomatic implants, I decided to add two additional implants in the molar sockets. We have an in-house fully digital lab and designers where, with our unique ORA4X process, we can deliver the temps with perfect occlusion for the patient.

During the post-op visit, the patient expressed great satisfaction with her upper temporary teeth and expressed a desire to pursue the same option for her lower dentition. She was advised that her lower anterior teeth could be saved and that we could do Implant Bridges with bone augmentations on both sides bilaterally for the lower. The patient wanted to match the upper and finals and said she would rather do All-on-X on the lower.

Lower Implants were placed, and same-day immediate loading was done as well with a



Healed Lower Arch



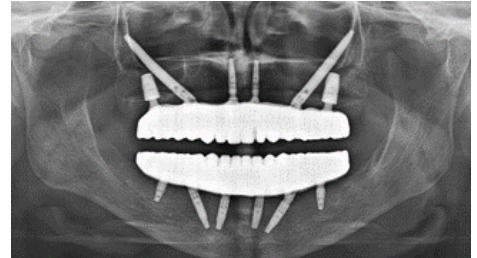
Upper Arch After Healing



3 Months Follow UP with temps



Final Prosthesis were made of Zirconia & Titanium Bar



digital approach. After healing for 2 months, I observed very thin keratinized tissue around #21 Implant and #29, and #21 had 3-4 mm bone loss. I replaced #21 Implant and did a connective tissue graft there with a new Implant and a free gingival graft at the #29 region, as the patient had very thin keratinized gingiva to begin with.

This case clearly demonstrates that as a GP, you can work towards learning advanced procedures. Even though we had a complication in this case, I was able to manage it effectively due to my advanced training in soft tissue management, which is critical for the long-term success of these cases. The choice of prosthesis and how to deliver the best outcomes takes a lot of experience, and it starts with proper training. I have personally completed over 1500 full arches. Despite some failures, I have sought assistance from colleagues, including oral surgeons and periodontists, always striving to improve and achieve the best possible treatment outcomes for the patient.

This case could have been a FP1 case after ridge augmentations and bilateral sinus lifts, but patient expectations differ when they hear about Same Day Teeth or Teeth in a Day from different marketing campaigns. As GPs we should all be aware of the following:

- What is considered as Terminal Dentition?
- What are the indications of FP1 vs. FP2 vs. FP3 Prosthesis?
- What are the different material choices available for Full Arch All-on-X Cases?
- Understanding the utmost importance of medical history & interactions with various drugs which patients are taking.

Continued on page 14...

...Continued from page 13

- Recall and management of complications.
- Understanding your skill set & performing procedures with which you feel comfortable.
- It's always good to refer to our colleagues when in doubt.

The patient was seen after a 1-year recall, and the results showed plaque and even some recession of the gums on the #13 Zymo. It's a polished implant, so we need to be very careful



1 Year Recall Visit



and might need some soft tissue advancement as well in the near future.

These cases come with a lot of commitment and long-term follow-up. I feel like GPs who are getting into full arch treatment options for patients should be well-versed with hard and soft tissue augmentation before taking these

cases in their private offices, and until that point, it's always best to refer these patients to specialists. Lately, I am seeing more and more All-On-X failure cases, and I feel a tsunami is on the way with how we replace bridges, crowns, and witness replacement of hybrid prostheses, broken screws, and soft tissue complications.

I am seeing my old cases which were done 7-8 years back, and I am changing prosthesis and either doing soft tissue augmentations on these cases. So, I feel General Dentists should be well-versed in how these cases are performed and what potential complications one might face. This knowledge allows for clear conversations with patients so they are well informed.

But it's a great way to help so many patients who have terminal dentitions or are edentulous, offering them same day results with the latest digital technology. ■

Volunteer OPPORTUNITIES

Smiles for Kids

Volunteers needed: Doctors to "adopt" patients for Smiles for Kids for follow-up care. To volunteer, Contact: SDDS office 916.446.1227 • smilesforkids@sdds.org

Smiles for Big Kids

Volunteers Needed: Dentists willing to "adopt" patients for immediate/emergency needs in their office. To volunteer, Contact: SDDS office 916.446.1227 • sdds@sdds.org

California CareForce - Sacramento

September 13-14, 2024
To volunteer, Contact: Karen Palmiter karen@californiacareforce.org

Willow Dental Clinic

One Saturday every other month
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By Matt Korn, DDS
Aria Dental Implants & Perio
SDDS Member

Dr. Korn graduated from UCSF School of Dentistry in 1990, and completed a residency in periodontics at USC in 1992 (The first year of formal dental implant training!) He is a practicing periodontist with an emphasis on full arch, immediate loaded dentistry in Midtown Sacramento. He is the current chair of the CDAF Wellness Committee. Besides dentistry, He is passionate about skiing and cycling.

Enhancing the Quality of Life for Our Patients

During my post-graduate residency in 1990, I had the opportunity to remove the first full arch subperiosteal dental implant placed 25 years earlier, around the year I was born. Osseointegration had been introduced in 1982, but subperiosteal implants were a prominent alternative before then. The painstaking process of removing the implant took over four hours, involving two doctors working simultaneously, as these implants tended to be embedded in scar tissue. The patient, an elderly man, had pus exuding from each of the four transgingival posts.

The most common misconception I encounter about All-on-X is that it's a single, boilerplate procedure.

The surgery was traumatic, and I considered it a disastrous failure—the alveolus was destroyed. In my mind, there was no hope for a future fixed prosthesis. Yet, when we finished and raised the chair, the patient's words were unforgettable. He asked, "When can I get another one?" What I saw as an abject failure, he considered a success.

Fast forward 30 years to 2020. A long-time periodontal patient of mine, Bill, came in for his periodontal maintenance therapy appointment. I had supported him with osseous surgery and maintenance care for over 15 years. He was periodontally healthy and stable. I had wrongly assumed he wanted to hold onto his teeth until the end, and if he lost them, I would help find an alternative.

However, in the six months since his last appointment, he had visited another dental office (DSO) and returned with shiny new zirconia prosthetics supported by four dental implants in each arch.

I was shocked and, to be honest, a bit bruised in ego. Clearly, my bias was deeply in favor of saving teeth, sometimes at any expense. Curious, I asked Bill why he made that decision and, more importantly for my ego, why he hadn't asked me to perform the treatment. He replied, "I did ask you, and you said you wouldn't do it." Apparently, my bias toward saving teeth was so rigid that I wasn't open to discussing all his possible treatment options. Bill had emotionally moved on from his natural teeth, a change I failed to notice. He sought aesthetics and functionality that gave him the confidence to smile freely—values I hadn't recognized. His decision ended his tooth-related issues, and he was thrilled with the All-on-X outcome. This experience humbled me and prompted me to reevaluate my biases. Should I insist on saving teeth at all costs, or should I focus on being a trusted advisor for my patients, considering their preferences, sensibilities, and emotional well-being?

The most common misconception I encounter about All-on-X is that it's a single, boilerplate procedure. Names like All-on-4, Teeth Xpress, Pro-Arch, and Teeth in a Day are part of successful marketing campaigns for what the late Carl Misch termed an FP3 prosthetic solution. Each name describes a form of implant dentistry that may involve extracting existing teeth, reducing alveolar bone vertically, placing at least four dental implants, and immediately loading these implants with a full arch, splinted, temporary prosthesis. Misch's FP3 describes a prosthesis that replaces both teeth

and gingiva. With proper antero-posterior spread, these implants can be immediately loaded, offering a significant option for patients unhappy with dentures or those whose dental disease has compromised their alveolar ridge significantly. However, it's far from the only option.

Regarding vertical alveolar bone reduction: avoid it unless absolutely necessary. A preferable approach is to place more implants to support a thinner prosthesis. If it requires 6, 8 or even 10 implants, the outcome will be superior and more durable. This is particularly crucial for patients under 50 years old. Did you know that 50% of people now 50 will live to be 100? Misch advocated for over-engineering dental designs to ensure longevity.

Vertically reducing alveolar bone, especially in patients younger than 60, is risky. Even though modern full arch implant prosthetics can last 20 to 50 years, what if they don't? Reducing alveolar bone in a younger patient, risking further bone loss, is a scenario I'd rather avoid. Yes, we have pterygoid and zygomatic implants as last resorts, but they come with their own risks. Ideally, when

placing these types of implants, the patient would be in their ninetieth decade.

A prevailing trend in our profession is the push for faster, easier, simpler, and cheaper solutions—a philosophy many patients prefer. However, my mission differs; I aim to provide dental services that help patients maintain their dental health for life, giving them the best chance to enjoy lifelong dental health.

"All-on-X" encompasses several distinct modalities of full arch implant dentistry. Misch described FP1 (fixed prosthesis with natural appearing teeth and natural gingiva), FP2 (fixed prosthesis with natural gingiva at a reduced vertical position and slightly longer prosthetic teeth), and FP3. Additionally, there are RP categories (removable prosthetics), which, despite falling out of fashion in dental marketing, remain viable options for some patients.

FP1 and FP2 offer stronger, more aesthetically pleasing, and technically challenging alternatives to FP3, and I consider all three to be part of the comprehensive All-on-X menu that every patient should have the opportunity to review. While I can advocate for what's in the patient's best interest, even

against their initial resistance, I now make it a point to ask if they are emotionally prepared to part with their teeth. It's important to counsel patients with terminal dentitions well in advance. If there's a chance they might outlive their teeth, inform them early on, offer hope that many options exist, and then listen. I believe every patient has a "doctor within."

Reflecting on these experiences, it's clear that what might seem like a failure from a clinical perspective can be viewed very differently through the eyes of the patient. The journey from a staunch advocate for preserving natural teeth at all costs to understanding and embracing the broader spectrum of patient needs, including their emotional well-being, has been transformative. It underscores the importance of continuous learning, not just in the technical skills of our profession but also in the art of listening to and truly understanding our patients. This journey is not just about saving teeth or replacing them; it's about enhancing the quality of life for those we serve, empowering them with choices, and supporting them in those decisions. ■

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By **Alexander Antipov, DDS**
Galleria Oral Surgery and
Fusion Dental Implant Center
SDDS Member

Dr. Antipov received his DDS degree from Loma Linda School of Dentistry. After completion of Oral and Maxillofacial Surgery residency at Montefiore Medical Center in New York he moved to Roseville, CA. to open a private practice and work with his mentor, Dr. Richard Jackson, in the field of Orthognathic Surgery. Dr. Antipov's main focus is to provide World-Class full arch dental implant surgeries. In his Roseville office, he offers the most advanced techniques including conventional advanced, zygomatic and pterygoid implants. Dr. Antipov lectures internationally and maintains privileges at the local hospitals.

He is the founder of Galleria Oral Surgery and Fusion Dental Implant Center in Roseville California, as well as clinical instructor at Full Arch Specislists dental lab.

Comprehensive Overview of Full Arch Dental Implants:

Integrating Advanced Techniques and Digital Workflow

I. Anatomy, Bone Complexity and Case Determinants

Delving into full arch dental implants necessitates a comprehensive understanding of anatomy, bone complexity, and their collective impact on case determinants. The uniqueness of the jawbone in each individual significantly influences the intricacy of implant procedures. Variations in size, shape, and density underscore the need for a tailored approach. The amount of available bone emerges as a critical factor, where density and quality directly correlate with the complexity of a case. Recognizing the interplay of anatomy and bone complexity lays the foundation for effective treatment planning. As we explore advanced techniques in subsequent chapters, this understanding becomes pivotal, especially when addressing challenges related to bone quantity and quality, leading to the consideration of innovative solutions like transnasal implant placement and zygomatic and pterygoid implants.

II. Understanding Case Complexity

An intricate aspect of implant dentistry involves recognizing the influence of anatomy on case complexity. The jawbone, distinctive to each individual, plays a pivotal role in determining the difficulty of implant procedures. Variations in size, shape and density contribute to the uniqueness of each case. Additionally, the amount of bone available for implant placement is a critical factor. Bone density and quality significantly impact the intricacy of a case, with denser, higher-quality bone typically resulting in more straightforward procedures.

Considering the pivotal role of bone, the intricacies of anatomy become particularly significant. In instances where challenges arise due to insufficient bone amount or density, advanced techniques such as transnasal implant placement, and the utilization of zygomatic and pterygoid implants, as explored in the subsequent chapter, offer viable solutions to ensure successful outcomes in full arch dental implant procedures.

III. Advanced Techniques in Full Arch Dental Implants

Embracing advanced techniques in full arch dental implantology becomes paramount when addressing intricate cases, especially in scenarios where patients present with previously placed implants exhibiting complications. At our dental office, we often encounter cases treated elsewhere years ago that are now showing signs of failure. Many of these cases exhibit inflammation around the existing implants and significant bone resorption, posing challenges to the treatment approach. The presence of inflammation and bone loss limits the available bone for additional implants, making the case more complex.

In such instances, where traditional approaches might fall short, we actively turn to advanced implant techniques as a viable solution. Pterygoid implants and zygomatic implants emerge as crucial options, often considered as the last resort. While these techniques demand heightened clinical skills and require a considerable amount of effort, our experience shows that they can yield remarkable results in cases with previously placed implants that are compromised. Navigating through the complexities of inflammation and bone resorption, these advanced techniques allow us to maximize the use of available bone and provide stable and enduring solutions for our patients. The success achieved in these challenging scenarios underscores the importance of a nuanced and adaptive approach in full arch dental implantology.

IV. Digital Instruments and Workflow

Embracing the digital era in full arch dental implantology revolutionizes treatment approaches through advanced tools and streamlined workflows. The integration of digital technology marks a significant paradigm shift, enhancing precision and predictability. Digital imaging, notably cone-beam computed tomography (CBCT), plays a

central role in treatment planning by providing detailed insights into oral anatomy. This technology facilitates 3D reconstructions, enabling virtual implant placement and anticipating potential challenges. Complementing this, Computer-Aided Design and Manufacturing (CAD/CAM) technologies offer a seamless transition from virtual planning to the creation of custom abutments and restorations. The benefits of a digital workflow extend to precision in treatment planning and the efficient creation of prostheses.

V. Full Arch Digital Workflow

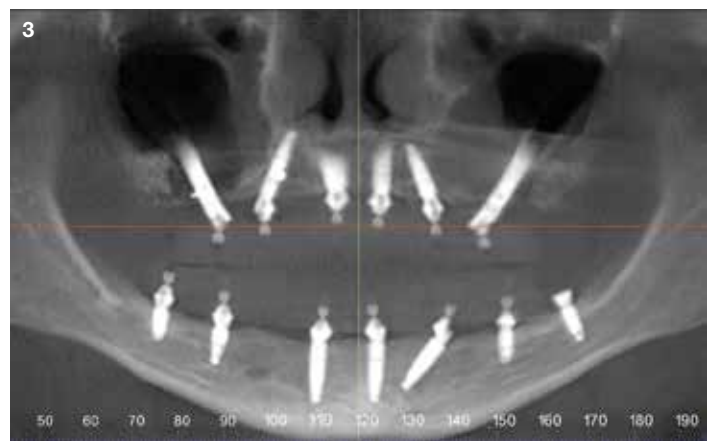
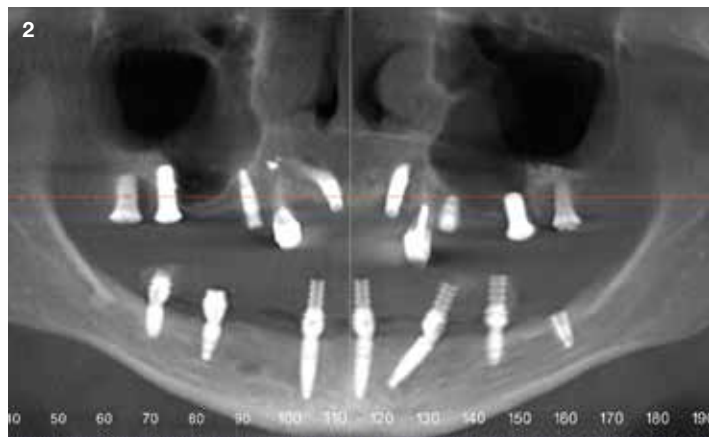
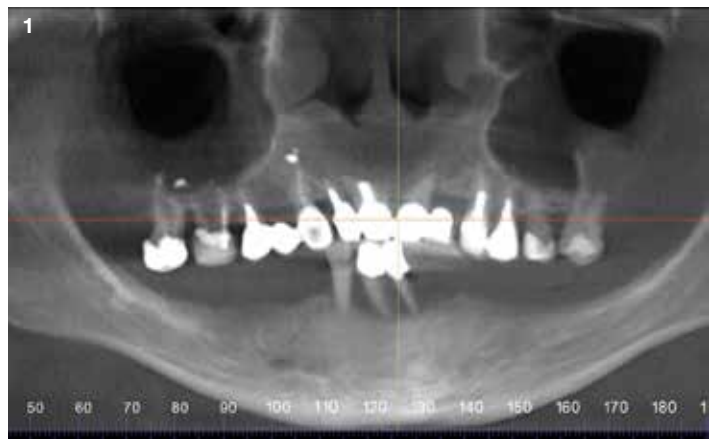
In our practice, the integration of a full arch digital workflow takes on a distinctive form, leveraging cutting-edge technologies to redefine the precision and efficiency of full arch dental implant procedures. At the forefront of this digital transformation are intraoral scans, capturing detailed impressions of the patient's dentition. These scans not only eliminate the discomfort associated with traditional impressions but also provide accurate 3D models for meticulous treatment planning and new prosthesis designing.

Complementing intraoral scans are CT scans, which offer a comprehensive view of the patient's oral and maxillofacial anatomy. This detailed imaging allows for a thorough assessment of bone density, aiding in the identification of optimal implant locations and ensuring the overall success of the procedure.

Photogrammetry adds another layer of precision to our digital workflow. By capturing high-resolution images of the patient's face, we enhance our ability to design prosthetics that harmonize with natural facial features. This personalized touch contributes to the aesthetic success of the final restoration.

A noteworthy advancement in our practice is the incorporation of 3D printing technology to craft temporary teeth. Once the treatment plan is finalized, we use the digital models to create accurate and patient-specific temporary restorations. This not only facilitates immediate loading protocols but also allows patients to leave with functional and aesthetically pleasing teeth on the same day as the implant surgery.

This amalgamation of intraoral scans, CT scans, photogrammetry, and 3D printing epitomizes our commitment to a patient-centric, digitally-driven approach. The efficiency, precision, and immediate results afforded by this full arch digital workflow underscore our dedication to staying at the forefront of technological advancements in the ever-evolving landscape of dental implantology. ■



1. Pano Before / 2. Failing Maxilla / 3. Final Result



1. 3D chin up / 2. 3D Failing Maxilla / 3. 3D Front Final Result



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YOU THE DENTIST, THE BUSINESS OWNER

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

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

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

**MEMBER
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Dental Practice Financing Where to Begin?

By **Paula Bravo**
Columbia Healthcare Banking
(SDDS Vendor Member)

Dental Practice lending is alive and well! But where do aspiring dentists start when looking for a loan to purchase a practice and what should they expect during the loan process? What if you are an established dentist looking to expand, update your office, purchase a building, update equipment, or obtain a line of credit as a working capital cushion?

Your journey as an associate dentist or dental resident is likely to include the desire to eventually own a practice, or maybe two. It is also likely that you'll need a loan to complete a purchase. Engaging with lenders early on is recommended but you'll want to do some soul searching and planning first. You'll want to think about what practice size, type, location, and facility best suits your specific situation. Not every practice is a good fit for every dentist, and you'll save yourself time and frustration by narrowing your search to those that fit your wants and needs. Talk to your family so your sights are set on the same horizon, meaning everyone is on board with a possible relocation, added debt, extra responsibilities etc. Planning will take time upfront but will save time later and make for a less stressful loan process. Lenders will require a lot of information to complete an application and get a loan approved. Having the information ready shows you are prepared and informed. Here is some of the information a lender will request:

- Detailed Resume – Keep this current and include relevant information.
- Personal Financial Statement – Keep this current and include ALL assets and liabilities, including student loans.
- Prior two years' complete taxes. File early or by the deadline.

- Monthly expenses – Know what you owe! If on student loan IBR, be sure to know what future payments will be when your income increases.
- Know your credit score, keep payments current, and be ready to address any derogatory items. Pay bills on time to avoid past due payments showing on your credit report. Lenders want to know you have good debt payment habits and the best way to show that is with a high credit score and no late payments. If you have prior credit issues, have an explanation ready.

Now that you're prepared for your part of the loan transaction, it's time to talk with lenders. Lenders include banks, credit unions, finance companies and insurance companies. Most practice loans offer long-term fixed rates and low fee structures, but you will also want to know about the details.

- Is a down payment required, or is 100% financing possible?
- What is the loan term and amortization?
- What are the lender's origination and other fees?
- Does the lender have liquidity requirements?
- Does the lender require your deposit accounts?
- What are the insurance requirements? Life, disability, business interruption, liability.
- How will student loans figure into loan qualification?
- If needed, does the lender offer lines of credit for general operating expenses or equipment loans?

While talking with lenders, you will most likely also be searching for practices for sale. Here is the information needed from the selling dentist:

- Practice name, address, website, phone number
- Revenue Data pertaining to insurance and/or fee for service
- Procedure Data
- Tax returns for the most recent two years
- Year To Date Profit and Loss Statement
- Practice/Office Profile to include staff details, operating days/hours, equipment included in sale and its condition, insurances accepted, number of operatories.
- Business Debt Schedule. If a stock sale, include all company debts. If an asset sale, include seller debts the buyer will assume.
- Purchase Contract

If you already own a practice and want to expand, buy a building, update your equipment or office, or get a line of credit for working capital, you're in luck! Many practice acquisition lenders also offer attractive loans for other than purchase financing. Most of the information noted above for buyers and sellers is the same information requested from established dentists. Discussing financing needs and loan purpose with a lender will give you the information needed to make an informed decision. ■

You can reach Paula by email at paulabravo@columbiahealthcarebanking.com or by phone at 916-858-9705

Preparing to Pass the Torch: Dentists' Transition Event



We are thrilled to extend a special invitation to you for an exclusive event designed to **guide and support dentists in navigating a dental office transition**. Whether you are considering selling your practice, or simply exploring your options, this event is tailored to provide you with invaluable insights and strategies for a successful transition.

Thursday August 15th, 5:30-8:30 PM

555 Capitol Mall, Sacramento, CA 95814 (Take Elevator to 14th Floor)

We understand that transitioning your dental practice is more than just a business transaction; it's a significant life event that impacts your career, your patients, and your future. Our goal is to **equip you with knowledge and confidence to make this journey as smooth and successful as possible**. At this event, you will have the opportunity to engage with leading industry professionals who specialize in dental practice transitions. Our speakers will cover essential topics including your transition options, valuation, legal considerations, financing, and financial planning.



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event date in
email)*





Outreach & Partnerships

By **Danielle Cannarozzi**
 Director of Membership & Engagement; SDDS

Supporting the next generation of dentists is one of the most vital partnerships for SDDS. At the end of April, we partnered with CDA and the California Northstate University Students at the CNU Event Center to distribute Drug Booklets to D1 and D2 students. In June, we hosted 80 CNU students to complete their CPR certification. We were thrilled to have conversations and make connections with the students about their membership and future with the tripartite, emphasizing that membership is their voice in their future and the future of dentistry. Many eager and heartfelt smiles were shared and we look forward to the students joining us at our upcoming events.



Dental Day with the River Cats EVENT HIGHLIGHTS



SDDS Members, their teams and families spent the evening at the River Cats game June 20. The first pitch was thrown out by our SDDS President, Dr. Ash Vasanthan!



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Personal Protective Equipment Requirements in a Dental Practice

By Teresa Pichay; CDA Practice Support

The use of personal protective equipment (PPE) in a California dental practice is required by Cal/OSHA and the Dental Board of California.

What is PPE?

Federal OSHA describes PPE as “equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.” The agency further states that, “All personal protective equipment should be safely designed and constructed, and should be maintained in a clean and reliable fashion. It should fit comfortably, encouraging worker use. If the personal protective equipment does not fit properly, it can make the difference between being safely covered or dangerously exposed. When engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection,

employers must provide personal protective equipment to their workers and ensure its proper use.”

For work tasks with potential exposure to blood or saliva or other potentially infectious material (OPIM), Cal/OSHA considers PPE to be “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

What type of personal protective equipment (PPE) must dental practice employees use? How often must it be changed?

The Dental Board and Cal/OSHA regulations determine what PPE dental staff must wear and when PPE must be changed. Both agencies rely on CDC recommendations to establish their rules.

Employers are required to train employees on the types of PPE used on-site and why PPE is necessary.

PPE should be changed when necessary to avoid cross contamination.

PPE Type	When to Change or Clean
Gown or lab coat	Clean or dispose daily or when moist or visibly soiled
Eyewear	Clean after each patient treatment or work task
Face shield	Clean after each patient treatment or work task
Mask	Dispose after each patient treatment
NIOSH-approved respirator	Dispose after each patient treatment+
Gloves, exam or surgical	Dispose after each patient treatment or work task
Utility gloves	Dispose when damaged; wear exam gloves while using to prevent cross contamination among staff.

Are certain types of PPE required? For example, are level 3 masks required?

Neither the CDC recommendations, Cal/OSHA and board regulations require specific levels of masks be used. Industry standards for masks and gowns are informative and useful, however.

Who is responsible for providing, replacing, cleaning and repairing PPE?

Cal/OSHA requires employers to provide PPE for employees at no cost to them. Employers are also responsible for cleaning, repairing and replacing PPE.

Work Task / PPE Type	Patient treatment w/ potential blood/OPIM exposure	Patient exam or treatment with no blood/OPIM exposure	Processing instruments/ Cleaning	Administrative
Gown or lab coat	Yes Knee-length or longer	Yes	Yes	No
Eyewear	Yes	Yes	Yes	No
Face shield	Yes, if not wearing eyewear	Yes, if not wearing eyewear	Yes, if not wearing eyewear	No
Mask	Yes	Yes	Yes	No
NIOSH - approved respirator	Yes, if it is an aerosol generating procedure* No, if it is not an aerosol generating procedure	No, if it is not an aerosol generating procedure	No	No^
Gloves, exam or surgical	Yes	Yes	Yes	No
Utility gloves	No	No	Yes	No

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Are uniforms considered PPE?

Uniforms are not equivalent to PPE. Uniforms are not the responsibility of the employer, unless the employer requires a uniform be worn as a condition of employment. However, if the employer provides uniforms for the purpose of preventing contact with blood or other potentially infectious material, the uniforms serve as PPE and are subject to Cal/OSHA requirements.

Can employees take home their personal protective equipment (PPE) to launder? Does the dentist have to pay for a commercial laundry service?

Employees may not take home contaminated PPE. The employer is responsible for cleaning, laundering, repairing, replacing or disposing PPE and other contaminated laundry. To launder, the employer may choose one of the methods below. With each method, handling contaminated laundry must be done in a safe manner.

- Use a commercial laundry service.
- Install a washer and dryer at the office; train employees on appropriate handling of the laundry; list handling of the laundry as part of employees' job descriptions. According to the CDC, "Hot water provides an effective means of destroying microorganisms. A temperature of at least 160°F (71°C) for a minimum of 25 minutes is commonly recommended for hot-water washing. Water of this temperature can be provided by steam jet or separate booster heater." ■

This article is provided by CDA Practice Support, May 2024. Visit cda.org for additional infection control resources or contact CDA Practice Support analysts for expert guidance available only to CDA members.

**When a patient presents on day of treatment with a negative OTC COVID-19 test administered that same day, staff treating the patient with an aerosol generating procedure need not wear a NIOSH-approved respirator.*

^Employer must provide it if staff voluntarily requests to wear one. Fit-testing is not required in this circumstance but employer must show staff how to don and doff the respirator.

+See CDC Respiratory Protection, Healthcare Setting Specific FAQs, https://www.cdc.gov/miosh/npptl/topics/respirators/disp_part/respsource3healthcare.html



By Marc Glickman, FSA, CLTC
CEO of BuddyIns

Marc Glickman is CEO and co-founder of BuddyIns, a leading long-term care and hybrid insurance education, marketing, and technology company. Marc is also an actuary and has served as the Chief Investment Officer and Chief Sales Officer for a major LTC insurance company. Marc can be reached at marc@buddyins.com or by phone at 818.264.5464.

Protecting Your Practice: The Case for Long-Term Care Insurance and Disability Insurance

A New Benefit for CDA Dentists

TDIC has launched a long term care insurance solution that is guaranteed issue. That means there is no health underwriting for eligible CDA members to get up to 75 months of LTC coverage (three times extension of the life insurance benefit) and affordable pricing.

But there is confusion around long term care insurance and disability insurance. I want to address that here as it relates to buying your personal policy or providing benefits in your own practice.

More dentists are considering a long-term care insurance benefit. Dentists who are closer to retirement see it as an extension of their disability plan into retirement to pay for the high likelihood that care may be needed as they age. Younger dentists find this a cost effective and easy way to get a starter plan or provide some immediate benefits if they should have need long term care at a younger age due to an accident or an illness. All ages see long term care planning as a way to protect their loved ones from being unexpected caregivers. There is a crisis of family caregiving with over 50 million Americans finding themselves in the role of unpaid caregiver.

In fact, the need is so great that some states, including California, are considering passing an LTC payroll tax on all wage earners to pay for a small government program. When Washington state passed this law in 2021, they allowed for a private insurance opt out that many took as an opportunity to buy their personal long term care policy. The ones that planned early had the most private insurance options.

Given disability income (DI) and long-term care insurance (LTCi) are both protection products, let's take a moment to learn the differences between them. Both benefits have an important place in a dental professional's overall financial plan.

What is long-term care insurance?

Where disability insurance covers a loss of income, long-term care insurance covers the cost of care for people who need assistance with activities of daily living due to chronic illness, disability, or aging. Long-term care insurance can help protect one's assets and income from being depleted by expensive bills and provide peace of mind. Reasons why someone would want to purchase long-term care insurance are:

- To have more choices and control over the type, quality, and location of care they receive, whether it is at home, in a facility, or in a community setting
- To avoid relying on family members or friends for caregiving, which can be stressful, time-consuming, and emotionally draining for both parties
- To reduce the risk of becoming impoverished or dependent on public programs such as Medicaid, which may have limited coverage and strict eligibility requirements
- To take advantage of tax benefits and incentives that may be available for long-term care insurance premiums and benefits
- To plan and ensure that they have adequate resources and support to meet their long-term care needs

Liam's LTCi Story

Liam had always been a healthy and active person. Even well into his seventies, he maintained an active lifestyle. One day he started feeling tired and nauseous but thought it was just a flu bug. After several weeks, he decided to see his doctor, who ran some tests and delivered the shocking news: Liam had kidney cancer. He needed surgery to remove the tumor, followed by

chemotherapy and radiation. It also meant that Liam would need long-term care.

When Liam was 55 years old, he met with a long-term care insurance specialist who suggested he consider adding LTCi to his financial plan. Because Liam was in good health, he was approved for an LTCi policy. Fast forward 20 years and as Liam started chemotherapy and radiation, his LTCi policy gave him the financial means to be able to consider several options for his extended care, including home care and assisted living. He and his family decided on a local assisted living facility that provided him with meals, transportation, and social activities. He felt comfortable and supported in his new environment, and he made friends with other residents who were going through similar challenges.

Long-term care insurance gave Liam and his family peace of mind during a difficult time. It allowed him to choose his care options and maintain his dignity and independence. It also protected his financial security and legacy for the future.

How do you obtain long-term care insurance?

Many people obtain long-term care insurance from a private insurance company. However, more insurance companies are allowing employees or association members to participate in a group plan – one of the simplest and most cost-effective ways to get coverage:

- Group plans are guaranteed issue during a special enrollment period
- The enrollment process can be as simple as filling out a 5-minute application.
- The benefits are meaningful with up to 75 months of LTC coverage at \$6,000 monthly LTC benefit for a total LTC benefit of up to \$450,000 of tax-free coverage.
- Group LTC insurance are hybrid plans built on life insurance that reduces the risk of rate increases and provides a death benefit guaranteed if LTC is not needed.
- The products are fully portable to an individual policy at the same premium and benefits if the member leaves or retires from the association, and benefits are available to be used in all 50 states.

- Eligible members can buy a policy for their spouse or partner with limited medical underwriting and elect for up to 50% of the member's benefit.
- Buying a group policy can complement or supplement individual coverage and our LTCi specialist team can help you review that too.

Here is a calculator where you can learn more about the price and LTC benefits of the exclusive CDA member long term care insurance with life benefits program: <https://enroll.buddyins.com/cda/buildyourbenefit>

What is disability insurance?

Disability insurance can protect against loss of income if a policyholder is prevented from working due to a disability. A disability can be caused by an illness or injury that affects the ability to perform core work functions. Disability insurance can replace a portion of the policyholder's base salary, usually 40 percent to 70 percent, up to a certain limit. Reasons why someone would purchase disability insurance include:

- Can provide financial protection and peace of mind for people who rely on their income to support themselves and their families.
- The risk of becoming disabled for an extended period is higher than many people think. According to the Social Security Administration, more than one in four 20-year-olds will experience a disability for 90 days or more before they reach 67.
- Without disability insurance, a loss of income due to a disability can have serious consequences, such as difficulty paying bills, saving for retirement, or maintaining a standard of living.

Remember that DI is designed to protect against loss of income during working years, and LTCi is meant to provide the care that is needed for an extended care event.

Zoey's DI Story

Zoey, a software engineer at a major tech company, was driving home from work when a truck ran a red light and hit her car. She was rushed to the hospital with a broken leg and had to undergo multiple surgeries. She was unable to work for three months and faced mounting bills and living expenses.

Fortunately, she had taken advantage of the disability insurance offered by her employer. It covered 60 percent of her income while she recovered. The insurance company also provided her with a case manager who helped her navigate the health care system and access the resources she needed. Zoey was grateful for the coverage as it protected herself and her family from financial hardship.

How do you obtain disability insurance?

There are a few main ways to obtain disability insurance: through an employer, association, or as individual coverage. CDA also offers disability as a member benefit. Contact the TDIC insurance team to help you find the product that best suits your needs and budget.

The Bottom Line: Peace of Mind and More Options

By now it's clear that both disability insurance and long-term care insurance have a place in any professional's financial plan.

Disability insurance and long-term care insurance can help protect income and assets in case of a serious illness or injury. Disability insurance provides a continuation of income if the policyholder is unable to work due to a covered condition. When someone retires, there is no longer a need for it. Long-term care insurance, on the other hand, covers the cost of services such as nursing home care, assisted living, or home health care – very real expenses that are not covered by health insurance or disability insurance. The longer you live, the more likely you will need long term care.

By purchasing both types of insurance, you can ensure that you and your family are protected for different scenarios that might create tremendous financial hardship in the future. ■

For more information about the exclusive TDIC long-term care insurance with life benefits, please visit: <https://enroll.buddyins.com/cda/buildyourbenefit>



Summer Events Membership Engagement

It's summertime and SDDS members are feeling fine! While we look forward to the incredible General Meetings and CE program coming this fall, it's important that we take some time to flow with the leisurely days of summer. With this in mind, we have planned events for our members to enjoy time together outside of a meeting or CE course, appreciating the great connections between our members that makes SDDS unique. Mark your calendars for the event listed below and join your fellow SDDS members for some summer fun!

Join us for these upcoming events!

Wednesday, July 31

» **Ice Cream Social**

Wednesday, August 21

» **Job Bank Speed Dating**

Tuesday, August 27

» **New Member Dinner**

» For more information, check the **This Week at SDDS** email that is in your inbox every Sunday morning. It will be the first place where the details are released to our members.

2024 SDDS Committees Schedule

Standing Committees

Membership/Engagement

Jan 16 • Apr 16 • May 21 • Oct 1

CPR Committee

Jan 16

Nominating/Leadership

Development

Jan 30 • Mar 11

Advisory Committees

Continuing Education Advisory

Jan 30 • Mar 19 • Sept 17

Nugget Editorial Advisory

Feb 27 • Sept 16

Strategic Plan Advisory

TBA

Budget and Finance Advisory

TBA

Bylaws Advisory

TBA

Legislative Advisory

TBA

GMC Transition Advisory

TBA

Other

SacPAC

Sept TBA

CDA House of Delegates

Nov 8-9

Leadership

Board of Directors

Jan 17 • Mar 5 • May 7 • Sept 3 • Nov 5

Executive Committee

Feb 16 • Apr 19 • Aug 16 • Oct 4 • Dec 13

Foundation

Foundation Board

Feb 20 • Oct 1

Upcoming CONTINUING EDUCATION

Ridge Preservation and Augmentation of Compromised Sites for Implant Site Development

Presented by Tamir Wardany, DDS, DABOI
Sponsored by Geistlich Biomaterials and H and H Company

**OCT
3**

Hands-on Add-on (In-person)

Thursday, October 3, 2024 • 5:30–8:30pm • 3 CEU, Core

This course is designed to provide clinicians with the knowledge, skill set and confidence to sequence and perform predictable hard tissue augmentation procedures prior to implant placement. With a lecture and hands-on component (Pig-jaw), this bone grafting course is designed for the clinician with some prior implant experience, looking to improve and advance bone grafting techniques for their implant practice. The focus will be to understand how to manage extraction sockets that have defects as well as learn various approaches to managing more complex horizontal ridge defects. An understanding of patient selection based on health history, graft site CBCT evaluation, harvest site assessment, and other approaches to minimize complications will be reviewed.

2 Purchase Options

\$300 for hands-on only
for those who attended the
March 21 lecture

\$395 for both
recording of the March 21 lecture
and this hands-on course

Save the date - Registration
information coming soon!



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By **Jeffrey Sue, DDS**
2024 Secretary

May 7, 2024

Highlights of the Board Meeting

CORE VALUES:

Community – Integrity –
Service – Engagement

President's Report

Dr. Vasanthan called the meeting to order at 6:00PM. He commented on finishing the "First half" of the year. Positive comments were given to the current *Nugget* Issue, which included the Foundation annual report. Dr. Vasanthan applauded the efforts of the SDDS Staff on the layout of the issue and the inclusion of all the events.

Dr. Vasanthan welcomed both Drs. Viren Patel and Wallace Bellamy as guests tonight; we are proud that they are SDDS members and serve on the CDA Board of Directors.

Secretary's Report

Dr. Sue reported that, after the dues nonpayer drop, the market share is 80.2% as of April 2024 and the retention rate remains strong at 96%. With an engagement rate of 83% among active members, it's clear that the events, program and services offered are resonating well with the members. This high level of engagement is a testament to the organization's effectiveness in meeting the needs and interests of its members.

Cathy presented on the history of dropped members and the **"who are the non-members" List**. The list shows there are 460 non-members, 11% specialists, 89% GPs. The list also shows a breakdown of sub-groups including age groups, Foreign Grads, Corporate groups, Denti-Cal providers, and graduation schools.

Treasurer's Report

Dr. Aflatooni reported we are doing very well in managing expenses and conservative investments. Staying the course. The MidWinter Convention net was good, but costs have increased for AV and food. 2025 is all contracted to go.

Committee Reports

Committee minutes were shared; liaisons reported on progress and topics within their purview.

Board Of Component Representatives Report

Dr. Felahy reported that the BCR has their second meeting in May. Points of interest:

1. Resolutions for the HOD
2. Discussion on whether the CDA Membership Council will be reinstated.
3. Discussion on Special Councils. Who picks the committees, BCR chair, additional rep?
4. Job of the Membership Council? Maybe bundle ethics into their purview. More later...

Cda Presentation By Guests

Drs. Patel and Bellamy presented on behalf of the CDA. The CDA had a larger retention rate this year. Moving forward the CDA is concerned with the ADA membership model proposal. CDA has asked for more information regarding the steps and details. CDA's position is allow the pilot states to go ahead (smaller states) and try the program. Dr. Patel explained the MLR AB 2028 – Medical loss ratio presented by CALAOMS. Discussion on pros and cons.

Old Business

GMs: Dr. Sue shared that next year's general meetings and DMD program will be great, enjoyable and useful.

Group Workers' Comp program for SDDS: It was decided not to proceed but to refer to our vendor members.

Town Hall Meeting: The option of having a Town Hall Meeting was discussed. Several ideas were presented, and we will discuss further in September, aiming for an October Town Hall.

New Business

Cathy presented a no show policy for SDDS "free events": if you sign up and no show, you pay \$25.

It was M/S (Vasanthan/Felahy) to accept the No Show policy; it will be included in the policy document.

Executive Director's Report

Cathy reported on the upcoming activities such as River Cats baseball game, October Gala, MW 2025 and the new theme, vendor members, study clubs and partnering with specialty study clubs to include and promote to all SDDS members; this can be a win-win for all.

8-8:20pm Special Discussion

Regarding the MLR/DLR with Dr. George Maranon via Zoom.

Adjournment

The meeting was adjourned at 8:28pm

**Next Board meeting:
September 3, 2024 at 6pm**

"It is the mission of the Sacramento District Dental Society to be the recognized source for serving it's members and for enhancing the oral health of the community."

Smiles

FOR SACRAMENTO



dinner. auction. dancing.
October 26, 2024 | 6:00pm | Hyatt Regency Hotel

Come and join us for the Smiles for Sacramento Gala taking place on October 26, 2024, to support the Sacramento District Dental Foundation. Alongside raising funds for the Foundation's community initiatives, we'll also be commemorating its 55th anniversary.

Please consider purchasing a table. Please let us know if you are able to donate an auction item or know someone who would like to donate. Ticket price \$200 per person if paid by 8/1/24, \$225 after 8/1/24. Tables of 10 are \$1850 if paid by 8/1/24, \$2000 after 8/1/24.



It was great to have the gala rejuvenated. A great night with colleagues- catching up, smiling, laughing and supporting SDDF!
- Dr. Christy Rollofson-Porrino

TOTAL MEMBERSHIP

(as of 6/20/24)

1,918

MARKET SHARE:
80.6%

RETENTION RATE: 99.5%
ENGAGEMENT RATE: 83%

TOTAL ACTIVE MEMBERS:
1,352

TOTAL RETIRED MEMBERS: 362

TOTAL DUAL MEMBERS: 10

TOTAL AFFILIATE MEMBERS: 6

TOTAL STUDENT MEMBERS: 134

TOTAL CURRENT APPLICANTS: 0

TOTAL DHP MEMBERS: 54

TOTAL NEW MEMBERS FOR 2024: 44

TOTAL NON-MEMBERS: 425

New Members

July/August
2024

FERAS AL RIYABI, DDS

General Practice

Dr. Al Riyabi earned his dental degree from the University of Damascus, Syria, in 2000. Dr. Al Riyabi is currently working as the Chief Dental Officer for Elica Health Centers.

CASEY BRAVO, DDS

General Practice

Dr. Bravo earned his dental degree from UOP-Dugoni in 2023 and completed the residency program at Highland General Hospital in 2024. His current work location is pending.

JOE BURCH, DMD

General Practice

Dr. Burch earned his dental degree from Boston University in 1995. His current work location is pending.

FARZIN FARAHMANDNIA, DDS

General Practice

Dr. Farahmandnia earned his dental degree from University of Detroit Mercy School of Dentistry in 2021. His current work location is pending.

GASSAN HAWARI, DDS *Transferred!*

General Practice

Dr. Hawari earned his dental degree from UOP-Dugoni in 2014. He transferred back to SDDS from Southern Alameda Dental Society and his current work location is pending. Dr. Hawari is also a past member of the CSUS Pre-Dental Club!

NAHVID JAFARNEJAD, DMD

General Practice

Dr. Jafarnejad earned his dental degree from the College of Dental Medicine at Western University of Health Sciences in 2018. He is currently working in Cameron Park for SDDS Member, Dr. Gerald Roberts.

YASAR KHAN, DMD *Transferred!*

General Practice

Dr. Khan earned his dental degree internationally and transferred to SDDS from Southern Alameda Dental Society. His current work location is pending.

TIMOTHY MARTINEZ, DMD *Transferred!*

General Practice

Dr. Martinez earned his dental degree from the Harvard School of Dental Medicine in 1986. He transferred to SDDS from Los Angeles Dental Society and is currently working as the Dental Director of Medi-Cal Program for Health Net.

HAYLEY MATHIE, DDS

General Practice

Dr. Mathie earned her dental degree from the University of Minnesota School of Dentistry in 2022 and completed the residency program at the Medical College of Georgia at the Augusta University. Her current work location is pending.

BO MENG, DDS

General Practice

Dr. Meng earned his dental degree from University of Colorado School of Dental Medicine in 2018. He currently works at Pacific Dental on 65th Street in Sacramento.

FRANKLIN NIGGEBRUGGE, DDS

Oral and Maxillofacial Surgery

Dr. Niggebrugge earned his dental degree the University of Buffalo in 1997 and completed his residency in oral and maxillofacial surgery at the Washington Hospital Center in D.C. in 2001. He is currently working at Clear Choice Dental Implant Center in Roseville.

SANG J. PARK, DMD

General Practice

Dr. Park earned his dental degree from Tufts University School of Dental Medicine in 2021. He is currently working at Western Dental in Sacramento.

TSUYOSHI TANAKA, DDS, MSD

Periodontics

Dr. Tanaka earned his dental degree from Tokyo Medical and Dental University in Japan in 2010. He earned a certificate in periodontology from Indiana University in 2016 and served as chief resident. He also earned an Advanced Education in General Dentistry program in 2017 at Boston University's Henry M. Goldman School of Dental Medicine. He is moving to Sacramento this fall to work with SDDS member, Dr. Clifton E. Nakatani.

Congratulations to Our New Retired Members!

Bevan Richardson, DDS

David Rule, DDS

William Sloan, DDS

PRACTICE TRANSITION PLANNING | SALES & VALUATIONS | BUYER REPRESENTATION

FOLSOM/EL DORADO HILLS AREA: GP, 10 Ops+RE, Open Dental PMS, 15+Yrs Goodwill, High-Traffic Area! 2023 GR \$786K. #CA3888

FRESNO METRO/CENTRAL CA VALLEY AREA: *New Listing!* 6 Ops, 5 Hygiene Days, RE Available 2023 GR \$883K. #CA3930

GREATER SONORA AREA: 9 Ops+RE, 34+ Yrs. Goodwill, Dentrix PMS, Digital Conebeam, CAD-CAM. \$2M. #3571

GREATER LAKE TAHOE & TRUCKEE AREA: GP, 4 Ops, 17+Yrs. Goodwill, Dentrix PMS, Digital, Dexis, Seller to Work Back Up to 5 Years! 2022 GR \$1M. #CA3629

REDDING/RED BLUFF/SHASTA AREA: *New Listing!* 6 Ops, 41+Yrs. Goodwill, High Producing GP Practice. 2023 GR \$1.8M. #CA3790

GREATER SACRAMENTO METRO AREA: Prosth, 4 Ops, 45+Yrs. Goodwill, Dentrix PMS, Highly Desirable Area! 2022 GR \$1.35M. #CA3723

SACRAMENTO METRO: WEST SAC / DAVIS / WOODLAND AREA: *New Listing!* 10 Ops, 15 + Yrs. Goodwill Open Dental PMS, Digital, Amazing Location! GR \$786K. #CA3888

SACRAMENTO DOWNTOWN/MIDTOWN AREA: GP, 5 Ops, 40+Yrs. Goodwill, Low Overhead, Desirable Location! 2023 GR \$754K. #CA3881

SACRAMENTO HIGHWAY 50 CORRIDO RANCHO CORDOVA/FOLSOM/RESCUE AREA: GP, 4 Ops, 38+Yrs. Goodwill, Practice Works PMS, Digital X-ray Sensors, Room to Grow! 2022 GR \$742K. #CA3771

SACRAMENTO/CARMICHAEL/CITRUS HTS./ORANGEVALE AREA: GP, 3 Ops, 47+Yrs. Goodwill, Eaglesoft PMS, Low Overhead, Room to Expand, High-Traffic Location! 2023 GR \$304K. #CA3852

SOLANO COUNTY AREA: 8 Ops, 45+Yrs Goodwill, Paperless, Digital, Highly Desirable Area! 2022 GR \$1.5M. #CA3586

VISALIA/TULARE/HANFORD AREA: GP, 8 Ops, 41+ Yrs. Goodwill, CEREC, Eaglesoft PMS, Digital, 4,800 Sq. Ft. 2023 GR \$1.35M. #CA3791

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In Memoriam



April Westfall, DDS

Dr. April Westfall passed away peacefully in her beloved Lake Tahoe on April 30. Dr. Westfall graduated from the State of Indiana Board of Dentistry in 2001 as a Dental Hygienist. She then graduated from Dental School in June 2010 from A.T. Still University of Health Sciences Arizona School of Dentistry and Oral Health. Dr. Westfall maintained two practices in California, in South Lake Tahoe and Diamond Springs, where she hosted a Smiles for Kids site. In the words of her family, “She was quietly dedicated to the vulnerable in the South Lake community, both personally and clinically. She truly loved mobile dentistry and treating children, spending time annually driving around El Dorado County to conduct back-to-school screenings and providing preventive care on the mobile dental van. She also loved to travel, which included volunteering as a dentist all over the world and has traveled to over 12 countries on over 20 dental mission trips.”



Philip Quinley, DDS

Dr. Philip Quinley passed away peacefully on June 15 in Sacramento. He graduated from Dental School in 1971 from Creighton University. Dr. Quinley became an SDDS member in 1975 and was active member for 32 years while practicing as a general dentist in Sacramento. He was a founding partner of Sutter Terrace Dental Group and retired from dentistry in 2015. In the words of one of his sons, “His unwavering love for his family and the outdoors was a pillar for his life. Truly grounded, fun loving and loyal man, husband and father.”

IMPORTANT NUMBERS

SDDS (doctor's line) (916) 446-1227
ADA (800) 621-8099
CDA (800) 736-8702

TDIC (800) 733-0633
Central California
Well Being Committee . . . (916) 947-5676

We're Blowing your horn!



Congratulations to...

Drs. Jeff Sue and Dexter Lee on the opening of their new office, Little Marvels Pediatric Dentistry in June. **(1)**

Dr. Dean Ahmad for completing his Executive MBA at Harvard Business School at the end of April. **(2)**

Dr. Charles Beach is now “a professional Santa” for the malls and JC Penneys! **(3)**

Dr. Greg Maroni on his retirement. He’s been practicing for 50 years.

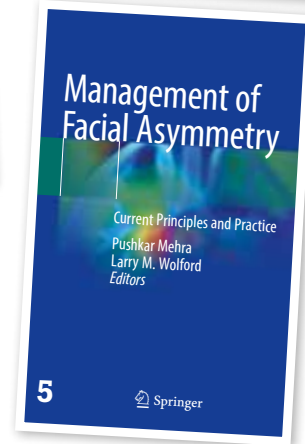
Dr. Pinelopi Xenoudi (CNUCDM Dean) for receiving a Masters degree in Health Administration. Pictured with Drs. Margaret Delmore and Wai Chan. **(4)**

Dr. Dina Scordakis on being the Mother of the Groom! Her son, Dr. Nico Scordakis got married in June.

Dr. David Hatcher for being published (again). He and his colleague contributed chapter content to a text book. **(5)**

SDDS Life Members - Congratulations!

- | | |
|------------------------|----------------------|
| Thomas Iverson, DDS | Michael Boyce, DDS |
| Adrian Carrington, DDS | Thomas Fong, DDS |
| Harry Mohan Dhesi, DDS | Kenneth True, DDS |
| James Zimmerman, DDS | Bradley Yee, DDS |
| Garry Barone, DDS | James Cope, DDS |
| Kreston Anderson, DDS | Steven Higashi, DDS |
| Robert Kelleher, DDS | William Iliff, DDS |
| Dan Hopper, DDS | Cynthia Stuart, DDS |
| Warren McWilliams, DDS | Rick Mathews, DDS |
| James Lee, DDS | Arden Kwong, DDS |
| Laurie LaDow, DDS | Kevin Kurio, DDS |
| Brent Varshawsky, DDS | Nancy Archibald, DDS |
| David Spector, DDS | Donald Clarke, DDS |
| Amor Cristobal, DDS | Robert Nisson, DDS |
| Luis Mendez, DDS | Bradley Fralick, DDS |



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² Owner occupied commercial real estate will be determined in underwriting and requires occupancy by the borrower/guarantor. Please note SBA guidelines require at least 51% occupancy to be considered Owner Occupied.

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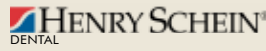
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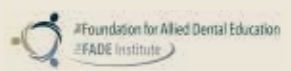
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 Kevin Keating, DDS, MS
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 LaDonna Drury-Klein
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 thefade.org



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916.858.9705
umpquabank.com



Since 2023

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Bob Miller
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firstus.org



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Clint Bedolido, CPA, Partner
916.774.4208
muncpas.com



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Christine Carvalho
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getprovide.com



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Shannon Blackmon
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thomasdoll.com



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usbank.com



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VisticaWA.com



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Christine Sison
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premierlife.com



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Amanda Morgan
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dentaquest.com



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hndental.com



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Cherag Sarkari, DDS
Angel Sanchez-Figueras, DDS
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916.858.1185
finelinetrim.com



Since 2023

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David Olson
209.366.2486
olsonconstructioninc.com



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Business PC Support, Inc
Ali Nattah
916.458.5245
businesspcsupport.com



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SD Reliance Management
Dennis Krohn Jr.,
President/Partner
916.367.4252
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Brandon Sessions
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osbornegroupcre.com/



Since 2024

Insurance Services

The Dentists Insurance Company (TDIC)
800.733.0633
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Since 2011

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Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is for job seekers to reach other Society members who are looking for dentists to round out their practice, and vice versa. If you are a job seeker or associate seeker contact SDDS at (916) 446-1227, we can also provide contact information for the members listed below.

ASSOCIATE POSITIONS AVAILABLE

- Monica Crooks, DDS • Sacramento • PT • GP
- Nina Tecson, DDS • San Andreas, Sonora and Mariposa • FT/PT • GP
- Sean Khodai, DMD • Roseville • PT • GP
- Mark Greenmun, DDS • Georgetown • FT • GP
- Albert Lee, DDS • Sacramento • PT • GP
- Robert Catron, DDS • Cameron Park • PT • GP
- Cynthia Weideman, DDS • Citrus Heights • FT • Pediatric
- Amandeep Behniwal, DDS • Roseville • PT/FT • GP
- Elizabeth Johnson, DDS • Wellspace - various locations • FT/PT/Fill-In • GP
- Lydia Cam, DDS • Sacramento • PT/FT • GP
- Amy Woo, DDS • Sacramento • PT 1 Day • Endo
- Cynthia Weideman, DDS • Smile Inland, Rocklin/Citrus Heights • PT • GP
- David Park, DDS • several/multiple positions • FT/PT • GP

DOCS SEEKING EMPLOYMENT

- Hayley Mathie, DDS • FT • GP
- Jason Chou, DDS • FT • GP
- Kaitlyn Liu, DDS • PT • GP

Classified Ads

EMPLOYMENT OPPORTUNITIES

Bughao and Chu Dental is seeking an Associate General Dentist to join our well-established hospital dentistry practice. We are offering an exciting opportunity to practice hospital dentistry and perform a wide range of restorative dental care. Min Experience: 1-2 years or GPR preferred. Send CV to (916) 941-0325. For more information please call us at (916) 941-0323. *3-4/24c*

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Kids Care Dental & Orthodontics seeks doctors to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us... come find out why! Send your CV to drtalent@kidscaredental.com. *6-7/17*

Fair Oaks General Dental Practice looking for an Associate with future buy out by 2025. 4 ops, 1200+ sqft. 2022 Gross Receipts \$540k. Selling for \$268k. Bread and Butter Dentistry; Bring in Implants, Endo, Ortho and increase profits from the start! Interested: Email BrighterCaliforniaSmiles@gmail.com *11-12/23*

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to eljohnson@wellspacehealth.org. *1/15*

EMPLOYMENT OPPORTUNITIES

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us... come find out why! Send your CV to drtalent@kidscaredental.com. *6-7/17*

PRACTICES FOR SALE

40+ year Midtown general dentist practice, 3 ops, off street parking. Dentist retiring. Call (916) 290-3557 for information. *7-8/24c*

Established 30-year dental practice and building for sale! 5 operatories, located on Professional Dr, Sacramento. Retiring dentist. Call 916-202-3931 for more information. *3-4/24*

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SDDS member dentists can place one classified ad

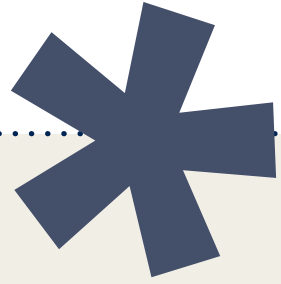
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MEMBER BENEFIT!

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office at 916.446.1227 or visit www.sdds.org/publications-media/advertise/

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



JULY

- 23** Dentists Do Music Circus
Sunset Boulevard • 7:30pm
- 31** Member Event
Ice Cream Social • 6:30–8pm

AUGUST

- 6** Dentists Do Music Circus
Waitress • 7:30pm
- 10** CPR BLS Renewal
CPR – AHA BLS Blended Learning
Skills Testing, 3 Time Sessions
Saturday • 8–8:45am,
9–9:45am, 10–10:45am
SDDS Classroom • 3 CEU, Core
- 20** Dentists Do Music Circus
Jersey Boys • 7:30pm

- 21** Member Event
Job Bank Speed Dating • 6pm
- 22** Continuing Education Course
Increase Your Clear Aligner
Knowledge and Skills
Lindsey Zeboski, DDS
*Sponsored by American Academy
of Clear Aligners Study Club, Align
Technologies and Fontona*
Thursday • 6:30–8:30pm • SDDS
Classroom • 2 CEU, Core
- 27** Member Event
New Member Dinner • 6pm

SEPTEMBER

- 10** General Membership Meeting
My Scanner is Better Than Yours
Details below

- 13** Member Event
Shred Day at SDDS • 10am–2pm
- 18** Licensure Renewal
Infection Control
Nancy Dewhirst, RDH, BS
Wednesday • 5:30–7:30pm
Webinar • 2 CEU, Core
- 20** Continuing Education Course
Make Your Manuals
Employee Handbook Update (2 CEU, 20%)
Regulatory Compliance Manual (1.5 CEU, Core)
HIPAA Manual (1 CEU, Core)
Friday • 8:30am–2:30pm • SDDS Classroom
- 24** Licensure Renewal
California Dental Practice Act
Nancy Dewhirst, RDH, BS
Tuesday • 5:30–7:30pm
Webinar • 2 CEU, Core



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October 26, 2024

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Upcoming GENERAL MEETINGS

SEP 10 My Scanner is Better Than Yours

Tuesday • 3 CEU, Core • \$89 early price
Presented by Jenny Apekian, DDS; Darrell Chun, DDS,
MAGD and David Lopes, DDS

Digital Dilemma: Intra-oral scanners

In the rapidly evolving field of digital dentistry, more and more scanners are coming to market. How are these scanners different? How are they the same? Are certain scanners better for certain procedures? Most of all, if you own a scanner, are you using it to its fullest capacity? This throwdown features some of the most popular scanners on the market and will answer many of the questions that continually are asked.

5:45pm: Social & Table Clinics | **6:45pm:** Dinner & Program
Hilton Sacramento Arden West (2200 Harvard Street, Sac)

OCT 8 The Many Myths of Pediatric Dentistry

Tuesday • 3 CEU, Core • \$89 early price
Presented by David L. Rothman, DDS,
FAAPD, FACD, FICD

We do what we were taught in dental school despite time and research passing us by. We sometimes jump on the bandwagon because something sounds good but may be of dubious scientific backing. In this presentation, we'll look at commonly held but not scientifically based myths in kid's dentistry that have been perpetuated by dentists and the "Lay" media for years (including many old wives' tales). We'll look at the difference between common sense, science, and factless fantasy. newer techniques for delivery.