

June / July 2020

*the*  
**Nugget**



**COVID-19**



# Get Ready For Our UPCOMING EVENTS



## WOW Week “Week of Webinars” July 13-17<sup>th</sup>

For SDDS Members – a true member benefit! Some offer CE, some don't, but it's all GREAT INFORMATION!

### Monday, July 13

**Recording of course available \$49 1.5 CEU, Core**     **Infection Control in a COVID Environment – Are Your Systems in Place?**  
Donna Drury-Klein (Foundation for Allied Dental Education, SDDS Vendor Member)

### Tuesday, July 14

**12-1pm • Free No CEU**     **COVID-19 and Dentistry: How to Effectively Market Your Practice in This New Reality**  
Ian McNickle, MBA (WEO Media, SDDS Vendor Member)

**5-7pm • \$29 2 CEU, Core**     **Oral Health Care In the New World of Dental Practice Post-COVID-19**  
Paul Glassman, DDS, MA, MBA and Alan Budenz, MS, DDS, MBA

### Wednesday, July 15

**12-1pm • Free No CEU**     **COVID Tax Issues, Cares Act, and PPP: Oh My! What Your CPA Wants You To Know Now!**  
Craig Fechter, CPA (Fechter & Co., CPAs, SDDS Vendor Member)

**5:30-6:30pm Free • No CEU**     **Real Estate Issues: Leases, Investments, COVID and More;**  
Paul Frank (PDF Commercial Inc, SDDS Vendor Member)

### Thursday, July 16

**9:30-11 am • Free 1.5 CEU, Core**     **Human Trafficking: Integrating Techniques to Identify and Provide Care for Victims in a Clinical Setting**  
Ronald Chambers, MD, FAAFP

### Friday, July 17

**12-1pm • Free No CEU**     **PPP Clarification, Extensions and Understanding Employment in the Post Pandemic World**  
Keith Dunnagan, JD; (BPE Law Group, SDDS Vendor Member)

### ...and a bonus at the end of July! Wednesday, July 29

**12-1pm • Free 1 CEU, 20%**     **2020 Summer Update — Hot Employment Laws You Need to Know About!**  
California Employers Association, (SDDS Vendor Member)

**Head to the calendar on SDDS.org to learn how to get signed up!**

## FRIDAY, AUGUST 7, 2020 • annual golf tournament



Proceeds benefit the Sacramento District Dental Society's Foundation

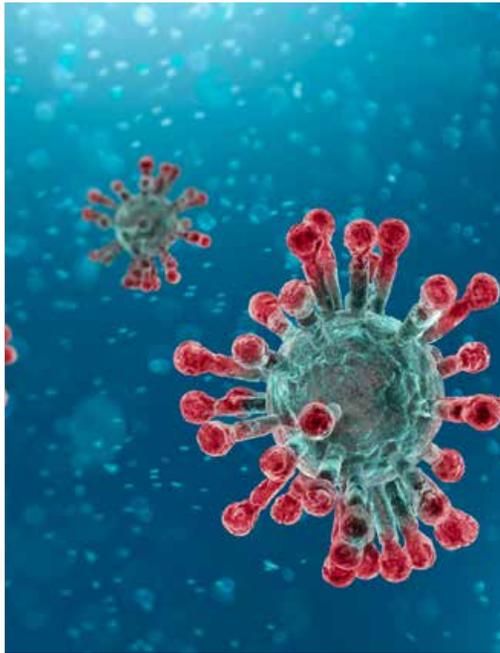
### Rescheduled to August 7, 2020

Empire Ranch Golf Club (Folsom, CA) • 8:00am Shotgun

CONTESTS! • RAFFLE PRIZES! • GOLF SOUVENIRS! • DRINKS ON THE COURSE!

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### International College of Dentists (ICD)

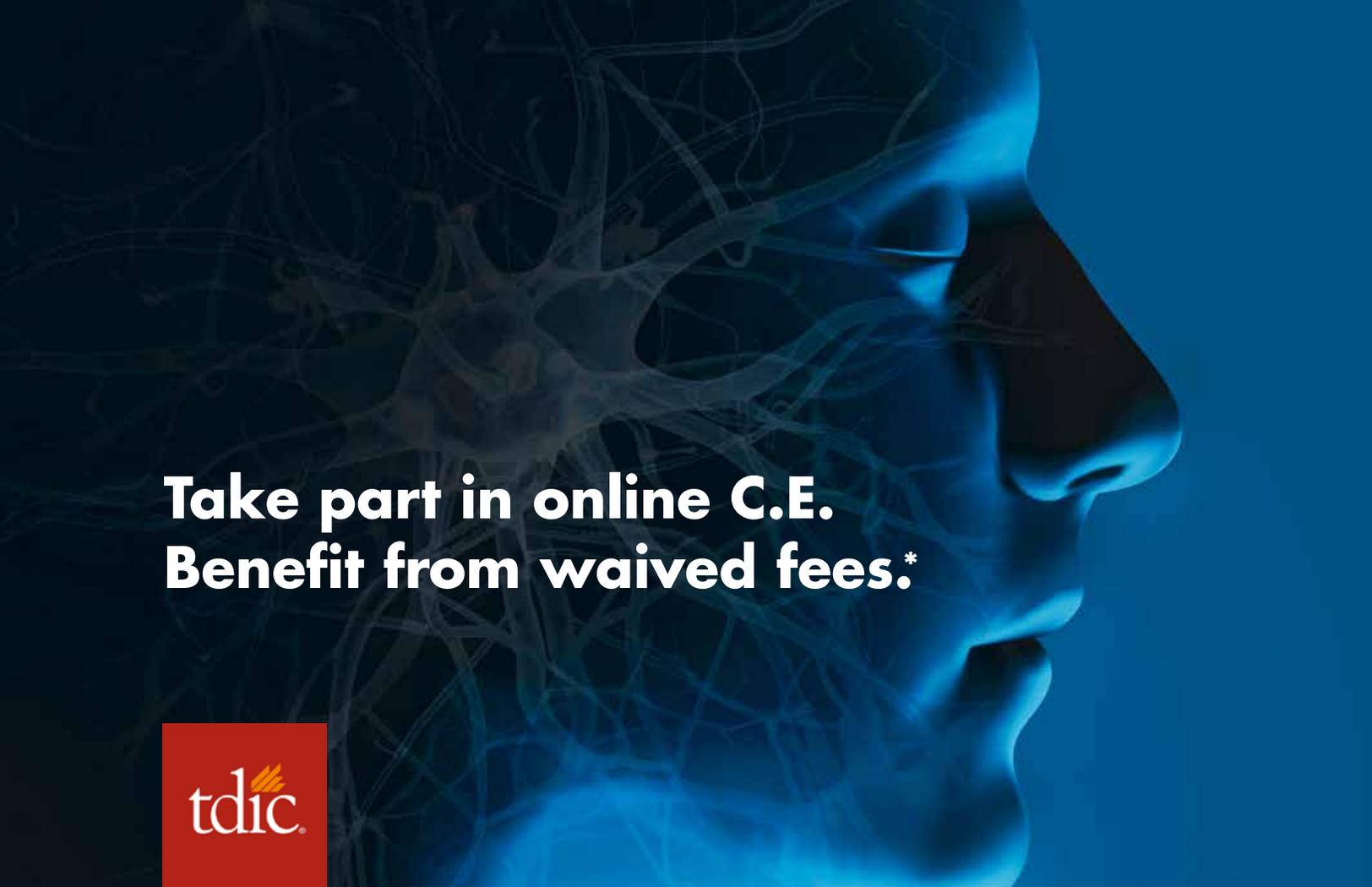
- 2019 • Special Citation Award, *unusual concept*
- 2019 • Golden Pen, *honorable mention*  
Article / series of articles of interest to the profession
- 2018 • Humanitarian Service Award
- 2017 • Special Citation Award, *unusual concept*
- 2016 • Golden Pen, *honorable mention*  
Article / series of articles of interest to the profession
- 2015 • Special Citation Award, *unusual concept*
- 2014 • Outstanding Cover, *honorable mention*
- 2014 • Golden Pen, *honorable mention*
- 2013 • Outstanding Cover
- 2012 • Overall Newsletter
- 2010 • Platinum Pencil  
Outstanding use of graphics

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# President's Message



By **Carl Hillendahl, DDS**  
2020 SDDS President

## Unprecedented Times What a Memorable Three Months This Has Been

A week before the MidWinter Convention I came down with what appeared to be a bad flu. My muscles ached, headache, low fever and intermittent chills, dry cough, rhinitis and sinusitis that finally stopped draining after a week. MidWinter Convention was great with lots of good presentations and we were hearing about the Diamond Princess Cruise passengers that got sick. The dry cough persisted for another two weeks. February was looking great; my production was up and the stock market was at all time high. What could go wrong?

March 4, Governor Newsom declared a State of Emergency in California. What emergency? On March 7, I was in San Francisco, sponsoring a group of FADE RDAEF candidates at their State Board exam and observed on the news another Princess Cruise with sick passengers. The Grand Princess Cruise was parked out beyond the Golden Gate. San Francisco Harbor would not let them dock because of the sick passengers. COVID-19 was making headline news. March 9, the Grand Princess was allowed to dock in Oakland and over 3000 passengers were quarantined. A week later, March 19, Governor Newsom issued his stay-at-home directive.

The practice of dentistry changed overnight. I cancelled all my patients for the next two weeks and furloughed all staff and explained to them the need to file for unemployment benefits. What a disruption to normal business. Guidance was flowing in from all corners of our health professional and governmental world. It was very confusing sifting through the guidance and advice being presented to make sense of how we were to conduct our professional duties and

when was this going to end. ADA and CDA both were lobbying congress for relief for the Dental Profession. Congress stepped up and passed the Cares Act, providing financial relief through the Small Business Administration, EIDL and PPP Loans and grants, if you could get them. More relief was provided by the Feds later.

*It was very confusing sifting through the guidance and advice being presented to make sense of how we were to conduct our professional duties and when was this going to end.*

SDDS operations were disrupted significantly. Staff began working from home. One staff member was allowed at the SDDS office to answer phones and retrieve mail. All CE meetings and General Membership were cancelled for March and eventually through June. Zoom meetings became the format of choice for CE presentations and other essential meetings. SDDS provided free CE Zoom meetings; few of us were generating significant revenue only seeing emergency patients.

Kudos to Cathy Levering and staff for keeping the membership informed through email blasts as the COVID-19 crisis evolved. More kudos to Cathy and staff for fielding

hundreds of emails and phone calls daily from confused and frustrated members and providing them with clarity and a dose of sanity during these crazy times. From the deluge of incoming communications, I learned that I shared the same sentiments as the majority of my colleagues. I am grateful for my tripartite membership during this crisis as I have observed CDA advocating for my profession, influencing State policy and the ADA working at the Federal Government level to represent the profession.

Government policy and COVID-19 hysteria produced employees who were making more money from unemployment than working and some who were afraid to return to clinical practice. CEA, what a valuable member benefit, was there to answer employment questions our members have had. Over the last two months as practices have reopened, CEA has received twice as many calls as usual and CEA was gracious to sponsor a Business Forum zoom meeting on "Employment Practices and COVID-19" with Q and A. Thank you CEA.

I returned to practice on May 12. With plenty of PPE and knowledge of how to use it, and changed protocols relating to patient flow from parking lot to the operatory, I feel confident that my staff and I can practice safely.

Practice smart and stay healthy.

A handwritten signature in black ink that reads "Carl Hillendahl, DDS".



## The Stages of COVID, SDDS-Style

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

**March 1 – “This could get worse”** Thinking about options for SDDS programs, events and staff – postpone 25 meetings and events?

**March 8 – “It’s worse, but not here yet”** March 10 General Meeting, with gloves and hand sanitizer – 180 people attended!

**March 15 – “Close ‘er down”** CDA informs all dentists that they should be open ONLY for emergencies. I’m researching remote working options. Since we are fortunate to have our own offices, social distancing is totally doable. Right?

**March 18 – “Shelter in Place Plan tomorrow”** Schools closed; daycare closed; SDDS goes into the remote transition plan.

**March 19 – “Last day in the SDDS until who knows when”** SDDS Team brought in their personal laptops, loaded software –we’re ready to work remotely! (Clean out the refrigerator!)

Our SDDS team has been amazing, working from home, home schooling kids, sharing work space with the family who were also working and schooling from home, sharing computers, phone call space, Through it all, we didn’t miss a deadline, rescheduled many events, finished our program for next year, and kept SDDS running. What LOOKED smooth, was smooth. But, as with everyone, it was certainly a challenge.

Things you may not have known during this time, for SDDS:

- SDDS has kept its entire staff full time – we had lots to do!
- SDDS, as a 501c6 nonprofit, cannot apply for PPP – darn!
- ZOOM, SLACK, GoToWebinar, TeamViewer is now second nature!
- Hundreds of emails (350 on the first day) and phone calls every day have been answered and information disseminated.
- Hundreds, thousands of information links, resources have been vetted by our team – we have tried to keep all our members informed.
- We have planned for the “new normal” with social distancing rules, hand sanitizers, etc. – our SDDS classroom will be a “go”, in September.
- Our CPR program has changed – see page 30 for details!
- Limited SDDS Team continue to be in the office every day to keep our business “in person”; the rest of us will be remoting and working just as normal!

So... here we are in July. Everything is in line and on time. And our upcoming Program for next year will be amazing – and all will have a PLAN B, just in case. We plan to restart our General Meetings at the Hilton in September – with new social distancing rules. Hope you will join us! And I can’t thank our SDDS Team enough for their flexibility, their patience and their energy to “keep us going”! ■

*PS: We did have one office change through this: we lost Megan to a great new job back with her old employer. She is moving to Baltimore and working for the Fed Ex Cupl PGA. So you’ll see her hob-nobbing with Tiger, Phil and Jordan next year!*

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By Ash Vasanthan, DDS, MS  
Editor-in-Chief

## Dentists are an Integral Part of the Medical Profession

Given the impact of COVID-19 on our profession and our personal lives, we wanted to dedicate the focus of this issue of *The Nugget* to be on the pandemic. In all the years of working with the Editorial Committee, this was perhaps the easiest issue to put together since COVID-19 affects every dentist in town. By the time you are reading this issue of *The Nugget*, much more data will have been collected so, please keep in mind that topics and opinions shared are current as of June 1, 2020. I am sure many of you can relate to the thoughts of our contributing authors in this issue and their feelings during the COVID-19 pandemic. Personally, I would like to focus on the positive changes brought forth by COVID-19 guidelines in the hopes that it results in a safer practice of dentistry in the future.

In the middle of the “Shelter in Place” and the phased re-opening of different industries in the State of California, there was no mention about dentistry, however, the dental community and dental hygiene community in particular were having a lot of discussion on social media about when we can go back to work and what the new normal would be. The sad part is there were

comparisons of dentistry with hair and nail salons being part of Phase 3 re-opening of the State of California. It is sad that we as dentists (along with teams of trained health

“Personally, I would like to focus on the positive changes brought forth by COVID-19 guidelines in the hopes that it results in a safer practice of dentistry in the future.”

care professionals) get tested and certified on infection control year after year with great understanding of microbes and disease progressions were compared with other non-essential services. “We should be comparing ourselves with the medical profession because that is where we belong,” said Dr. Jag Heir during one of our SDDS Board of Directors video Zoom meetings and that resonated with me. Yes, we are called doctors and our degree is “Doctor of Dental Surgery.” We trained in dental school with all forms of

PPE, from protective gowns, to shields, hair covers and level 3 masks, the only new piece in this whole pandemic is the N95/respirator masks. I have no doubt that all of us are more rigorous in our infection control approach than ever before and this is a necessary and positive step.

There were financial aspects with the EIDL and the PPP loans and the legal aspects associated with furlough and re-hiring of employees, something totally new to all of us. While many of us were at home or not working as actively, our dental society was working overtime to gather information and sort it out before disseminating it to our members. It is at times like these is when I feel proud to be a member of such a robust organization and organized dentistry. I’m positive we as a profession will come out ahead, as we always have. Enjoy this issue of *The Nugget* on various COVID-19 perspectives. ■

*Please note: all the articles in this issue are opinions of the authors.*

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# YOU SHOULD KNOW

## PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT

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As you may be aware, Congress passed the Paycheck Protection Program Flexibility Act. This bill will provide increased flexibility for borrowers who have received or will receive Paycheck Protection Program (PPP) loans. The ADA has advocated for this increased flexibility for PPP loans since the program was enacted.

The final bill includes the following changes:

- Increasing the PPP loan forgiveness coverage period from 8 weeks to 24 weeks. This means dental practices can make better decisions on when to spend the money based on what is best for their businesses.
- Deferring payroll tax for PPP loan borrowers through Dec. 31, 2020. 50% of the deferred amount will be due Dec. 31, 2021, and the other 50% of the deferred amount will be due Dec. 31, 2022.
- Deferring PPP loan repayment for 10 months instead of 6 months.
- Allowing borrowers to use 40% of PPP funds to pay for non-payroll expenses as opposed to only 25% and still be eligible for full forgiveness.
- Extending the rehiring deadline to offset the effect of enhanced Unemployment Insurance beyond June 30, 2020. This accounts for those businesses who have employees making more on unemployment and are facing a harder time rehiring staff as a result.

Although the ADA advocated for providing a grant or tax credit to borrowers who received PPP funds early and followed the rules for forgiveness to the letter, and also urged Congress to allow funds to be used to purchase personal protective equipment, the final bill did not include these provisions.

The ADA will continue to advocate for these issues and other policies that support dentists, dental team members and patients both during the pandemic and beyond.

## PPE FROM THE GOVERNMENT VIA CDA

*Reprinted with permission from California Dental Association*

During the pandemic, CDA has continued to aggressively advocate to obtain PPE for dentists from the state's emergency supply. On May 28, CDA distributed state-supplied PPE kits to dentists through our subsidiary, The Dentist's Supply Company.

Regrettably, the masks provided by the state did not match the expected specifications and do not meet the quality standards that CDA or TDSC would take pride in delivering to dentists.

**As a result, TDSC will be refunding the \$20 handling charge in full** for those who ordered a state PPE kit. Over the next week, you will receive a refund confirmation email and a refund to the form of payment you used to place the order.

**Advocating to secure PPE for dentists remains CDA's No. 1 priority.** CDA recognizes members' frustrations about the lack of critical PPE and will continue to work with TDSC to access the equipment through commercial and government supply channels that will enable a safe and full return to practice.

It is important that these supplies meet quality standards and can be used when delivering clinical care to patients.

We understand and share your disappointment and sincerely apologize for the inconvenience.

**If you have questions, please contact TDSC at 916-443-4567 to speak to a service representative.**

## CE REQUIREMENT EXTENSION

*From the Dental Board of California*

A waiver of continuing education (CE) requirements for renewal has been granted for licensees as a result of Governor's Executive Order N-39-20. Licensees who are due to renew their license from March 31, 2020 through June 30, 2020 have been given a temporary waiver to complete CE units. There are no additional waivers related to renewals at this time.

## ARE YOU GETTING EMAILS FROM CDA?

*Reprinted with permission from California Dental Association*

If you would like to opt in or add your email address to your cda.org account, **visit [cda.org/emails](https://www.cda.org/emails).**

## ONE-TIME COMPLIANCE REPORT DUE OCTOBER 2020

*Submitted by Sacramento Regional County Sanitation District*

Dental dischargers, primarily general and pediatric dentists and endodontists, must comply with the EPA dental regulations and submit a One-Time Compliance Report no later than October 12, 2020. Dentists that place and remove amalgam must install an amalgam separator and implement two Best Management Practices. Those that do not place and only remove amalgam in limited, anticipated circumstances are exempt from installing an amalgam separator but must submit the form certifying as such. For dentists in unincorporated Sacramento County — the cities of Citrus Heights, Elk Grove, Folsom, Rancho Cordova, Sacramento, and West Sacramento; and the communities of Courtland and Walnut Grove, the form should be submitted to the Sacramento Regional County Sanitation District (Regional San).

**The form and contact information can be found at [www.amalgamrecovery.com](https://www.amalgamrecovery.com). Dentists outside of the Regional San service area should contact their local sewer agency.**



By **Bryan Judd, DDS**  
SDDS Member

*Dr. Judd, SDDS Immediate Past President, graduated from University of the Pacific School of Dentistry in 1984. He has been a clinical instructor for Pacific Aesthetic Continuum and California Center for Advanced Dental Studies and was a Program Director for Frontier Institute. Dr. Judd feels blessed to be associated with all the good people who work so hard to make Sacramento District Dental Society so great. Dr. Judd maintains a general practice in Roseville, California with an emphasis in cosmetic and restorative dentistry.*

*Dr. Judd and his wife Barbara have four married children and twelve lively grandchildren. A new activity they enjoy together is pickle ball. He enjoys playing basketball and playing keyboards with his band, "Walkin' the Dawg."*

## My Thoughts on the COVID-19 Shutdown

Living through the COVID-19 shutdown has been an emotional roller coaster ride, mostly heading downward. I'd like to share some of the things I did to help me, my team, and my patients through this trying time.

At first, when the news broke, I was angry, very angry, and questioned why my freedom and ability to work were being taken away. Information was coming from so many directions and much of it was contradictory and confusing. I wanted to do the right thing to keep everyone safe, and so we followed the guidance of the CDA and government authorities and closed our doors.

We all react to challenges in different ways, but for me, I needed to treat each day as normally as possible. After the first few weeks, I realized I could stay angry and complain or I could choose to be happy and make the best of a bad situation. When people asked me how I was doing, my response changed to an enthusiastic, "Great!" I continued to rise early to meditate and exercise, then went to the office as I typically would. I had a team member with me most mornings, and we would see our emergency patients. There were days when the morning came and went and I saw no one, but surprisingly those days were few.

As a team, we decided to cancel only one week at a time, individually calling the patients who needed to be rescheduled. We were in weekly contact with our patients with email blasts and personal videos in which I kept our patients up to speed on what was happening. Such measures helped us immensely when we got the go ahead to reopen the office.

The ADA's Return to Work Toolkit came at a good time. We sought out and obtained all needed PPE and protocols to start back

up. As a team, we met on a Thursday and spent the day going down the list of how we were to follow guidelines and treat our patients with safety and care. To our surprise and delight, the California Department of Public Health's Guidance For Resuming Preventive Dental Care was issued the next day. As a team, we were ready and very willing to get back to work; we started with a "soft opening" the following Monday to work through the new protocols and all that needed to take place.

**We all react to challenges in different ways, but for me, I needed to treat each day as normally as possible.**

It has been a difficult time, but I have learned much about myself. I missed the ability to provide for my family, and I do not like having my freedoms taken away. I love dentistry and everything it has to offer from working with my wonderful team to caring for my patients and the interactions with them that make my days so fulfilling. A heart-felt thank you goes to Cathy and her team at SDDS as they provided us with needed information on an almost daily basis. They handled the avalanche of calls and emails with patience and grace under fire. ■

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By **Brian Ralli, DDS**  
SDDS Member

*Dr. Ralli graduated from the University of the Pacific Dental School in 2000. He currently practices with his wife, Ling, in Roseville, CA. He serves on the SDDS Nugget Editorial Board. Besides managing a dental practice, he is also a proud father of five.*

# Conspiracy Mongering

## IN THE AGE OF CORONA

As we all weathered the storm of the quarantine, I found social media to be an invaluable resource guiding me back to operation again. My fellow colleagues shared clinical tips, online sources for much needed supplies and, most importantly, emotional support.

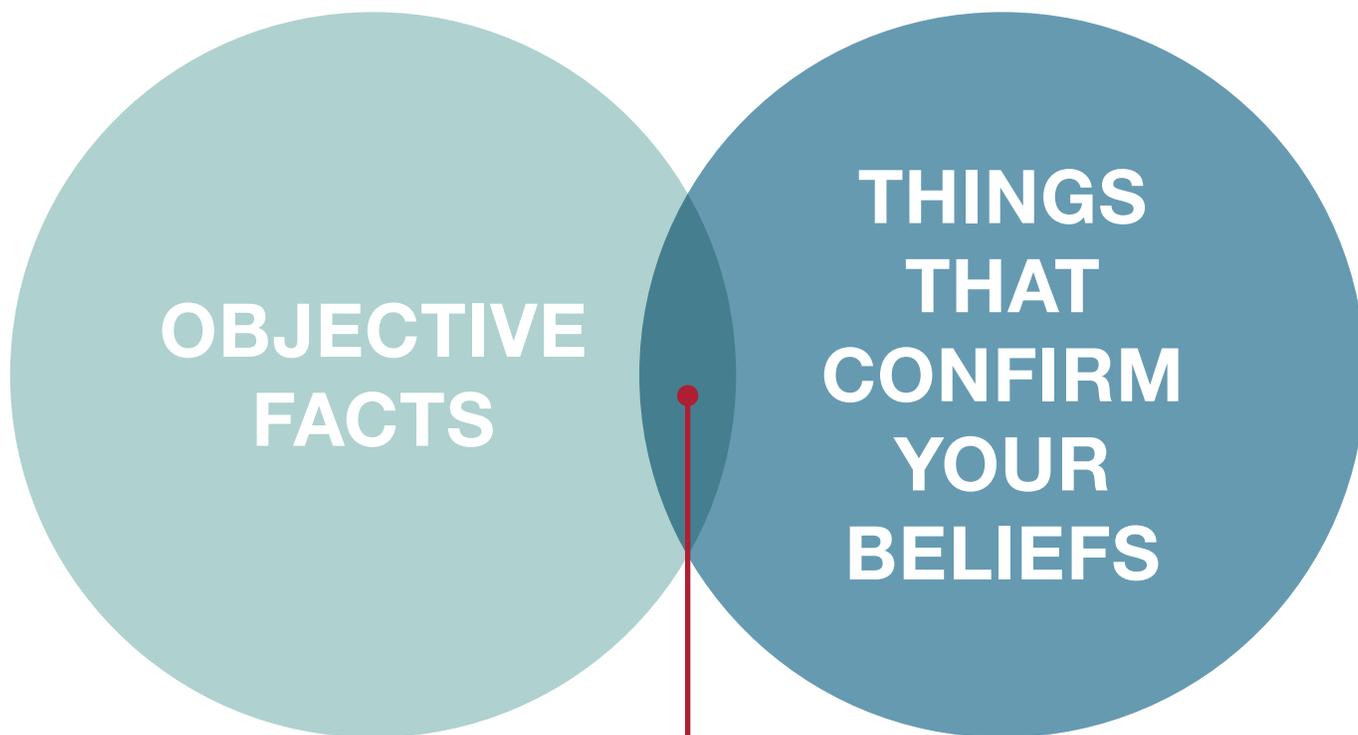
We were all in the same boat across the world, and being able to commiserate a shared experience with others dealing with the same emotional roller coaster made that much easier to get through the ordeal. Unfortunately, as the weeks went by, I started to notice a transition from an acceptance of a novel experience to that of frustration and anger at a system that, to many, was perceived as treating our profession and even society as a whole, unfairly. Many highly educated dentists across the web started posting articles espousing various conspiracy theories, usually with a general theme of a distrust or disbelief over the science and policies of the COVID-19 pandemic.

“Unfortunately the COVID-19 pandemic has proven a fertile breeding ground for conspiracy theories and some of our colleagues are buying into them.”

The belief in conspiracy theories is pervasive in modern society. Conspiracy theories usually involve the rejection of the common explanation of a tragedy or harmful event. While the advent of the internet provided a bottomless well of information at our fingertips, it also provided a very effective means of misinformation and other falsehoods to permeate the beliefs of society. Some fringe groups don't believe we landed

on the moon or even that the Earth is flat but some other conspiracies are actually quite popular. According to the Statista Research Department, 47% of Americans don't believe Lee Harvey Oswald acted alone to assassinate JFK. One in five believes the government is hiding an alien spacecraft in Area 51. While some of these beliefs can seem harmless others like not trusting the science behind vaccines, can be devastating to society.

Unfortunately, the COVID-19 pandemic has proven a fertile breeding ground for conspiracy theories and some of our colleagues are buying into them. On the same day, I saw nearly a dozen educated dentists posting a video from an anti-vaccine YouTube channel. In this video, a disgraced research scientist blamed the outbreak on a cabal led by the World Health Organization, Big Pharma, Anthony Fauci, and of all people, Bill Gates. She notably said that wearing masks actually “activates the virus” and that the virus was cooked up in a lab. She also claimed that media outlets are drastically exaggerating the death tolls and that the virus isn't as deadly as we are being told. Counting deaths due to the virus has been difficult due to the existence of other comorbidities. Regardless, we have very clear numbers showing that there are well over 60,000 excess deaths in this country as of April compared to prior years (Wetzler and Wetzler). YouTube quickly took down the video but not before it got over 7 million views. Apparently this video resonated with many of our colleagues, perhaps seeking a potential explanation for our hardship other than Mother Nature.



## WHAT YOU PAY ATTENTION TO

That video also touted the hydroxychloroquine conspiracy theory; that it is actually a highly effective drug being repressed by the powers-that-be in order to make money on some future vaccine. I have noticed dentists discussing this, even asking if we should be prescribing it! Even the President promoted this drug. In the end, the hype surrounding this drug originated from a French doctor who also happens to be an avid climate change denier. Notably this study was drastically flawed in that patients who ended up getting very sick or died were dropped from the study. As a result the drug appeared much more efficacious than it really was. Later studies showed the therapy to have no significant benefit.

There is also the story out of Bakersfield that made the rounds on several media outlets. The story followed two doctors who own a chain of urgent care centers, who no doubt had been financially hit hard by the shut down, like all of us. They too put out a YouTube video in which they claimed

that they had been systematically testing all of their patients and discovered that a whopping 6.5% of them tested positive of COVID-19. They then made the jump that therefore at the time there had to be nearly 5 million cases in the State of California and therefore the virus is not nearly as deadly as reported, considerably less of a threat than the common flu. While by no means qualified epidemiologists, these two doctors were marched across national media demanding that society be immediately re-opened and that we had already achieved a level of herd immunity to the virus. Again, many highly educated dentists jumped on this story and spread it around social media failing to note the inherent selection bias in this case. These doctors only tested people who came to their office sick and presuming that they might have COVID. Of course this group would not be representative of the general population. A critic noted that this is like walking into a crowded ER and seeing half the waiting room has a broken

leg. Therefore, one might conclude that everyone in the city must have fallen off a ladder that night! Again, these guys were saying we should go back to work sooner and that resonated with a lot of us anxious dentists stuck at home.

At the time of writing this opinion piece, we are just starting to re-open our practices in the Sacramento area. While this has been a trying time emotionally and financially for all of us, it has also proven to be an opportunity to immerse ourselves into the science of our profession, especially with how we understand infection control and disease. While the internet can be a valuable resource, we must be careful because it can also be a minefield of misinformation. It is easy to get sucked into explanations that fit our personal desires to go back to a simpler pre-COVID practice. It is critical to our profession that we act in a truly evidence-based frame of mind and always keep our skeptical radar on at all times. Be safe. ■



By **Paul Binon, DDS, MSD**  
SDDS Member

*Dr. Binon has a private prosthodontic practice in Roseville. He has restored and placed dental implants since 1983. He has published extensively on implant interface stability and biomechanics and has lectured all over the world. Previously he was a research scientist at UCSF and Adjunct Professor in Prosthodontics at Indiana University.*

## — It's All — Up in the Air

In the first week of March I was eagerly looking forward to a long weekend vacation in Monterey. In a matter of two days, the streets in Monterey were deserted, all the shops were closed and we were on our way back to Roseville.

There were experts everywhere spreading fear and anxiety. It was interesting to see that some of the so called media experts had difficulty describing the basic technical aspects of a viral infection and were also giving critical medical advice. The reality was that this was serious business but not a reason to panic. State and County officials shut down “non-essential businesses” and ground the economy to a standstill.

The ultimate insult and lack of respect for our profession was the designation that dentistry was non-essential and that our patients could not be treated unless there was a severe infection and/or unmanageable pain. The facts however tell another side of

“ Given all the turmoil, the fear the anxiety that we have been exposed to this past year, there is still a great deal to be thankful for. ”

dentistry. The abundant use of disposable, barriers, facemasks, gloves, surgical gowns, scrubs and heat sterilization of all instrumentation; wiping down counters with Cavicide, purging lines, plastic barriers, monitoring sterilization integrity

by an outside company and the list goes on and on. You know it since you live it every day. The powers that make decisions about our profession don't know squat about all the protocols and care involved in protecting our patients and our staff.

The CDC made an effort that resulted in a knee jerk response. When you don't know facts, you shut everything down. So it went. The ADA and CDA tried to come up with uniform treatment protocols with little success. I had the feeling that I was a castaway in a turbulent sea of indecision and mayhem. After weeks of ambivalence and conflicting information from many sources, the requirements necessary for possibly getting back to work to treat patients continued to be as confusing as ever. I spent considerable time on the internet seeking out information from a myriad of sources across the country.

The most realistic protocol for me was gleaned from the University of Washington. That coupled with a few other sources and common sense, renewed my confidence in opening my practice with safety measures implemented for both patients and staff. The conundrum was to obtain what was needed to achieve that. Fortunately I started the process of accumulating the necessary masks, gloves, face shields, gowns and other PPE early. Obtaining air scrubbing equipment and extraoral suction units proved exceptionally difficult and frustrating.



\$300 per week times 4.3 weeks per month or \$1290 per month. Been to the hospital lately where everything is charged for? OK, so you add that as a surcharge to the visit. See where that gets you when a significant number of patients have been unemployed and are playing catch up and financial roulette with paying the bills. I would anticipate that the first response from the patient would be less than positive if that is implemented.

Given all the turmoil, the fear and anxiety that we have been exposed to this past year, there is still a great deal to be thankful for. We can all thank those that are on the frontlines treating patients that have contracted the virus and are seriously ill. We can be thankful for being alive and having avoided being infected with the virus.

On average, we encounter a pandemic viral infection to a greater or lesser extent every 10 years and history has proven that we can and will survive. Humanity is resilient. After this, it will be a different world for sure. I believe the biggest change in dentistry will be the control of aerosols in our work environment. We do everything so very well as far as sterilization and cleanliness is concerned. I am proud of my profession for doing so many things right. We will be even better when the droplets settle. ■

## Our team is ready for action!

Then there was the challenge of submitting a PPP loan application. My primary bank proved to be less than accessible and unhelpful in running the application gauntlet. Apparently small businesses were not as important to them as big business. After 5 efforts filling out the forms online with my major bank that failed to submit near the very end, I decided to apply through a small bank. That proved to be

the answer. There is still much to be said for personal relationships. There is also the impact of additional expenses involved in the purchase of all the additional supplies. Last time I checked, N95 and KN95 masks were about \$5 a pop, provided you can get them! Simple arithmetic indicates it will cost about an extra \$20 per office visit per patient. If you see 15 patients per day (that is just the doctor), 4 days a week comes to

## N95 FIT TESTING



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By **Lou Catalano, CPA**  
MUN CPAs  
SDDS Vendor Member

*MUN CPAs specializes in the Dental Industry, they offer year round financial services to fit your dental practice needs, including structure & planning, making sure your practice is incorporated correctly for tax purposes, year round tax planning, tax preparation, accounting services, audit and review services and much more.*

# Tax Considerations in the Year of COVID-19

The last few months of helping our clients navigate through the new challenges presented by COVID-19 and the responses have been the most dynamic of my career. From multiple rounds of stimulus funding, FFCRA, PPP, CARES, EIDL, our clients have had to become experts in a whole host of new acronyms in a very short period of time.

Today, as I write this several months in, the business landscape is constantly changing and we are waiting for still more new legislation to pass congress, changing the rules of the game on us, yet again. Looking forward to longer term tax planning, there are a few key opportunities that I feel are important for the Dental community to fully embrace. Here are my Top 10 tax planning considerations for 2020. As always, contact your tax professional, or our office, to see if and how any of these planning tips may apply to your situation

1

Qualified Improvement Property “Tenant Improvements” (TI) depreciable life is back down to 15 years from 39 years in 2018 and 2019. This also gives us the option to expense all the expenditure in the year placed in service through Bonus Depreciation.

2

Consider going back and amending 2018 or 2019 tax returns to elect bonus depreciation if TI's done in those years.

3

Net Operating Loss (NOL) Carry Backs are allowed again, losses generated in 2018 and later can be carried back 5 years to recapture taxes paid in those previous years, this can be used in conjunction with 1 and 2 above.

4

Employee Retention tax credit is available if you did not receive a PPP loan and can be worth up to \$5,000 per employee.

5

Employer Social Security Tax payments for 2019 can be delayed with 50% due at the end of 2021 and 50% due at the end of 2022.

6

Penalty Free withdrawals from a 401(k) up to \$100,000 can be taken, no tax is due if repaid within 3 years.

7

If you have a defined benefit (sometimes called a cash balance plan) you can elect to put a hold on contributions if cash flow is tight.

8

Tax payments for balances due for 2019 taxes and 2020 estimates are delayed until July 15, 2020.

9

If unemployment situation has made hiring staff back difficult, take a look at how family members are being compensated to maximize savings

10

Cash out, take a sabbatical and try again next year!

# Brighter Side of COVID-19



By **Wallace Bellamy, DMD**  
SDDS Member

COVID-19 has placed an indelible imprint on the year 2020. It has turned our profession, our livelihoods, and our world upside down practically overnight. Dentistry, nor we, will never quite be the same. This is a personal recollection of what I have learned during this pandemic. As of the time of writing this, this pandemic it is still ongoing.

I had been keeping abreast of the news of a new virus coming out of Wuhan China and sweeping over Europe in bits and pieces. It became real to me on Wednesday March 11<sup>th</sup> while attending the Sacramento Kings vs. New Orleans Pelicans basketball game. The game was cancelled due to a player testing positive for the virus and a referee for the game being near that player. The opposing Pelicans refused to take the floor and the game was cancelled. I left the arena thinking life was about to change, which was confirmed less than a week later when dentists across the country were asked as a profession to stand down from all but emergency treatment, soon followed by the entire State of California's "shelter in place." Little did I know that it would be more than two months before we would be returning to "normal" practice.

Hospitals were projected to be at or over capacity in some models and I heard there may be a shortage of PPE, especially gloves and masks for front line workers. It's frustrating as a doctor, a trained health professional, to stand on the sidelines while our physician and nurse colleagues fought to save lives. My father was an enlisted sergeant in the US Air Force and he taught my brothers and me to not panic and be cool in stay in the moment in a stressful situation, "think not only for what's good for yourself but for others." I made the decision to donate masks and gloves to Sutter Memorial Hospital. I registered to volunteer for the California Health Corps Volunteers, however, I was never called up. As many of us did I checked on our older patients to see if they were all right and saw emergencies weekly, so much so that one week, I was in the office daily.

At home, like many of you, I worked on reorganizing my personal home and financial items and found out a great deal about my insurance plans which basically said, I am worth more dead than alive. Sweet! I am a cowboy from Queens, New York and had time to start training a new horse for trail riding. When you are in the saddle and you are learning your horse and she's learning you and everything comes together; in my opinion, there's no better feeling in the world.

There will be some changes moving forward in dentistry, just as there was post-HIV/AIDS in the 80's. My personal belief is after a protracted transition, dentistry will be fine, and the changes will be for the best. Which brings me to a question I was asked: Knowing the challenge of getting PPE today, would you still have given yours to Sutter General Hospital at the beginning of the shelter in place order? For me, the answer was in the eyes of the nurses in the ER when I dropped off the masks and gloves. They did not know if they would have enough. They were very grateful to see that someone cared they had the armamentarium to protect themselves and save lives. I have found that everyone reacts differently to challenges. The challenges we are facing to get our practices back to a semblance of normal will be overcome eventually. Dentistry and the world will have a post COVID-19 'normal,' I have a more focused view of how I see my 30-year career winding down and "it's all good." ■

*Dr. Bellamy was born in Queens, New York. As the child of a career Air Force professional, he has lived all over the world including New York, Texas, Europe and California. He graduated from Boston University School of Dentistry in 1989 and has been in private practice since 1993. Dr. Bellamy is a Trustee and Chair of LDC for CDA and an SDDS Past President.*



By **D. Keith B. Dunnagan, Esq.**  
BPE Law Group  
SDDS Vendor Member

*The attorneys of BPE Law Group, PC. have been advising clients on real estate, business and estate planning issues for over 20 years and have assisted numerous clients in probate, business and real estate matters and have represented and advised brokers on their professional obligations as well as consumers on their rights. If you have questions concerning legal matters, give us a call at (916) 966-2260 or e-mail Keith at kbduanagan@bpelaw.com. Our flat fee consult for new clients may get you the answers you need for the questions you have.*

*The information presented in this article is not to be taken as legal advice. Every person's situation is different. If you are facing a legal issue of any kind, get competent legal advice in your state immediately so that you can determine your best options*

# Paycheck Protection Program Flexibility Act is Enacted

On March 27, the CARES Act was enacted. As part of that legislation the immensely popular Paycheck Protection Program (PPP) was created and celebrated by many small business owners who were struggling because of the COVID-19 related shutdowns. A central piece of the legislation was the loan forgiveness component of the PPP loan.

On March 30 we put out an initial guidance which can be found here ([bpelaw.com/the-cares-act-stimulus-package-guidance/](http://bpelaw.com/the-cares-act-stimulus-package-guidance/)). The funds initially allocated for the program were depleted in less than 2 weeks and a second round of funding was allocated at the end of April. Subsequently, the SBA continued to issue new guidance as the rules were constantly changing as the program developed. Finally, on May 15 the SBA rolled out its initial loan forgiveness application. Again, we put out a guidance ([www.bpelaw.com/update-on-recent-guidance-from-the-sba-related-to-the-paycheck-protection-program/](http://www.bpelaw.com/update-on-recent-guidance-from-the-sba-related-to-the-paycheck-protection-program/)) on May 18, 2020 that addressed these issues. In an effort to resolve many of the unintended consequences of PPP under the CARES Act on June 5, 2020, President Trump signed into law the Paycheck Protection Program Flexibility Act.

## Extension of Covered Period to 24 Weeks

Initially the PPP only allowed debt forgiveness based upon 8 weeks of covered costs and required that a minimum of 75% of the proceeds be used for payroll costs to obtain full forgiveness. When the CARES Act was passed, the 8-week covered period seemed reasonable, as no one expected the economy to be shutdown for nearly 3 months. It was expected that these shutdowns would last from 2-6 weeks and then people would begin to make their way back to work. Unfortunately, that did not happen. The economy is still not fully open and what became readily apparent was that businesses were getting the loans, but unable to use the funds because they were unable to return to work. This created potentially significant problems for small business owners faced with

obtaining necessary loans to keep employees as they re-open but who are unable to qualify for the loan forgiveness because they were shutdown during the 8-week covered period.

The PPPFA provides much needed relief for small businesses by modifying the legal requirements of the previous language creating the PPP. Chief among these revisions is the extension of the loan forgiveness period from 8 weeks to up to 24 weeks, but to a date no later than December 31, 2020. This will give businesses that obtained the PPP loans or small businesses that seek a PPP loan while still funded additional time to use the proceeds for employee retention and still qualify for the loan forgiveness intended under the program. The PPPFA does allow for a borrower who received funds prior to the enactment of the PPPFA to elect to remain on the 8-week forgiveness plan if they so choose. That will be a case by case basis and each individual business must make that own determination. It remains to be seen what further developments may arise related to the forgiveness program.

## Employee Retention Revisions

Another component that was concerning under the previously unmodified statutory language was the rehire or retention of employees. Under the initial CARES Act, an employer was required to restore employment to pre-COVID-19 levels by no later than June 30, 2020. What employers quickly found is that some employees were not willing to return to work either (1) Out of concern for safety related to COVID-19; or (2) Because in some situations many employees were making more money on unemployment as a result of the federal unemployment stimulus of \$600 per week on top of the state benefits. Simply put, it was economically beneficial to remain unemployed.

Again, the PPPFA addressed this employee retention concern by modifying the CARES Act provisions. Under the PPPFA, the employer can still qualify for the full forgiveness without concern for proportional

reduction in forgiveness amounts if the employer is able to in “good-faith” document (1) An inability to rehire individuals who were employees and the inability to hire similarly qualified individuals for unfilled positions before December 31, 2020; or (2) An inability to return to the same staffing level prior to February 15, 2020, because of compliance with CDC, OSHA or HHS guidance and standards related to social distancing, sanitary or safety protocols in place between March 1, 2020 and December 31, 2020. One thing employees must be aware of is pursuant to prior guidance issued by the SBA, an employee’s refusal to return to work may jeopardize future unemployment benefits as employers may be required by state law to report the refusal to work to local agencies. In order for an employer to qualify, they will have to issue a written offer to rehire and document the refusal.

### Use of Proceeds for Payroll Costs Reduced to 60%

Additionally, many businesses were concerned about the ability to use up to 75% of the proceeds for payroll costs. As a part of the PPPFA the allocation changed and now a business owner must use at least 60% of the proceeds on allowed payroll costs. In making

this revision, the PPPFA requires that to be eligible for loan forgiveness, a minimum of 60% of the proceeds must be used for the approved payroll costs. If the threshold is not met, then the business will not be eligible for any loan forgiveness.

### Repayment Deferral Window Extended

The payment deferral window was also extended under the PPPFA. Under the language of the previous version of the statute, the loan deferral was for a period of 6 months. This initially seemed reasonable in light of an 8-week covered period and then the following loan forgiveness review period. What we have learned since the initial passage is that the loan forgiveness period could take up to 5 months to complete. Coupled with a now 24-week period to use the funds, a borrower could have been faced with having to begin repayment prior to the determination of the loan forgiveness amount. Under the PPPFA the deferral period was extended to the time in which the forgiveness determination is made. However, if an applicant fails to apply for loan forgiveness within 10 months of the last day of their covered period, then the borrower must

begin to repay principal and interest. The key takeaway here is that the deferral is tied to both timing of the forgiveness application and determination.

### Deferral of Certain Payroll Taxes

Under Sec. 2302(a)(3) of the CARES Act, businesses that received a PPP loan were not eligible for deferral of the payment of payroll taxes. Under this provision, businesses could defer payment of certain payroll taxes, up to 50% of the payroll tax to Dec. 31, 2021 and the remaining 50% due Dec. 31, 2022. With the PPPFA removing this exemption, PPP borrowers will now be able to qualify for the same deferrals.

This is a considerable positive step for small business owners as they should largely be able to qualify for a significant portion, if not 100%, of the loan forgiveness on the borrowed sums. However, we must be cautious as we move forward. As with the initial roll out of the PPP platform, expect new and changing guidance from the SBA related to these changes. But this is a positive step for small businesses that are still trying to recover and re-open from the prolonged interruptions to their businesses. ■

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By **Melinda Heryford, MBA**  
Melinda Heryford, Inc.,  
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*Ms. Heryford owns a coaching and consulting business. She works with dentists who want to grow their practice and their team to perform at their best on a daily basis.*

*As a team coach, she works with dental teams on how to get behind a common goal and work together better. She has clocked more than 11,000 coaching hours in practice systems and success principles. Her clients often share they are more focused, see more commitment in their staff, and experience less stress; ultimately creating a plan for a more rewarding practice.*

It's March 15<sup>th</sup>. "I have heard the news, as has the entire team. It faces us with the decision should we stop seeing patients." The moment of decision. As an owner, you consider, should I fight back and keep going at all odds, against all recommendations? Should I retreat close, clam up and stop practicing, stop interacting? I could freeze, do nothing, and remain in a pit of anxiety? What do I do?

It is my client's experience that makes me share this with you. Let's call her Dr. Lisa. Like you, she is a successful practitioner, she can fix comprehensive problems and restore people to health and beauty. Always the first to use the latest technology, she has an experienced team. As a team, they joke and laugh, produce to goal, and collect what they produce; they are a fantastic team by all standards. But on that day, she did not know what to do. At that moment, she charged through and fought back. "Nobody can shut me down." Her team was anxious but followed along anyway, and it was a matter of days when everyone shut down. Now, in a tailspin, she retreated, watched the news, listened to the reports, and waited. She noticed other doctors communicating proactively with their team and patients in social media, but she froze.

Gripped with the fear of "what ifs", it is best to find and focus on some stable data.

## If You Didn't Do It, IT'S NOT TOO LATE

As many of you know, FEAR has long been the acronym for False Evidence Appearing Real. When anxiety is present, pressing adverse news reports are front and center. Scary times cause us to think about the worst-case "what if" scenarios; focusing our thoughts on all the catastrophic things that can happen. Gripped with the fear of "what ifs," it is best to find and focus on some stable data. Especially during these times of compromise. For instance, you are a dentist. They have trained you to handle emergencies and keep your team and patients safe first and foremost, "Cause No Harm," as it reads in your Hippocratic Oath. You have done this your entire career. Remember the AIDS Epidemic in the 80's is one of the primary reasons we have the PPE that is in place today. We have been figuring out how to keep our patients and our team safe for an exceptionally long time. Remembering these things helped Dr. Lisa come out of the anxiety pit and get back to stable ground.

Finally, her dedicated office manager could get through. She had their dental team counselor call the doctor. Knowing that if we can calm ourselves down, contain the charging tiger of anxiety, and pause for a minute, it can help. If we can breathe, science says for eleven seconds, that time allows the brain to move from the limbic fight-or-flight place to the frontal cortex, the rational mind where one can then consider options. In that call, she created space for herself. With that space, she discovered she could engage her team in problem-solving. She and her OM could rally the troops to help solve some of these conundrums with the realization that this COVID pandemic is just the next hurdle. Beginning with understanding

and following the CDC guidelines released through CDA and the CDPH she is training the team on these protocols. Remembering our patients' love and respect for us, they only need to hear from us. The more often they hear from us, the safer they feel. The next step was obvious, to develop a patient communication plan.

With the anxiety tamed, the doctor and team considered their options. They could create a series of communication messages; they emailed the entire patient base welcoming them back to the practice, letting them know the new protocols. Like you, her patients love her and her team. They are eager to get back in and eager to help with the new systems. Merely letting the patients know how much they matter, letting them know how excited they are to be back to work, keeping them informed on what was happening and what was not

happening created a sense of team for the whole practice. They discovered that with the doctor on board and having a game plan, it was easy to connect with their patients. Everybody is happy to be back, honestly.

**The more often they hear from us, the safer they feel.**

Forging ahead with purposeful momentum, they created a strategy to prioritize the scheduling of patients. The team created a series of texts to send to both scheduled and unscheduled patients. They discovered that there was a technology that would

allow them to communicate with videos, two-way text, update patient information remotely, update patient health histories remotely, send and file screening forms, and activate payment at the time of treatment online. They learned that using the technology-facilitated additional connection and allowed them to process the admin work way faster. And with that extra time, they realized they could connect with patients in new and better ways. But mostly they discovered that it is never too late to communicate. Your patients are eager to hear from you in all forms and you might find, as Dr. Lisa did, that there is a silver lining to the crisis. ■



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**A Day at the Office... Surefire Ways to Coordinate the Chaos**  
*Gayle Suarez, Dental Management Solutions Inc.*

**OCTOBER 13, 2020** TUE · 3 CEU, core  
**Ethics in Your Practice**  
*Henrik Hansen, DDS*

**NOVEMBER 10, 2020** TUE · 3 CEU, 20%  
**The Passion Centered Practice; Redefining of Team Well-being and Happiness**  
*Gary Zelesky*

**JANUARY 12, 2021** TUE · 3 CEU, core  
**“SDDS Talk” Night – 10 on 10 (10 Minutes, 10 Slides, 5 Speakers)**  
*David Miller, DDS; Aneel Nath, DDS; Ken Moore, DDS; Bryan Judd, DDS and Rodney Bughao, DDS*

**MARCH 9, 2021** TUE · 3 CEU, core  
**Metabolic Syndrome, Its Etiology and Connection to Chronic Disease in Modern Man**  
*Robert Shorey, DDS*

**APRIL 13, 2021** TUE · 3 CEU, core  
**Which Piece of Plastic to Choose? Night Guards, Day Splints, Snore Guards and Sleep Apnea**  
*Jamison Spencer, DMD, MS*

**MAY 11, 2021** TUE · 3 CEU, core  
**Numb, Numb-er, and Numb-est: The Latest Anesthesia Pearls**  
*Alan Budenz, DDS*

5:45pm – 9:00pm • Sacramento Hilton, Arden West

## cpr bls course

**AUGUST 14, 2020\*** FRI 8am–11:30am · 4 CEU, core

**NOVEMBER 6, 2020\*** FRI 8am–11:30am · 4 CEU, core

**JANUARY 15, 2021** FRI 8am–11:30am · 4 CEU, core

**MARCH 17, 2021** WED 6pm–9:30pm · 4 CEU, core

**APRIL 17, 2021** SAT 8am–11:30am · 4 CEU, core

4 CEU, core • SDDS Classroom \*Blended learning course format

## continuing education

**SEPTEMBER 16, 2020** WED 3pm–5pm · 2 CEU, core  
**Special Needs Patients in Your Dental Practice**  
*Panel of Experts*

**SEPTEMBER 18, 2020** FRI 8:30am–3pm · 6 CEU, core  
**Manual Day: Build & Complete Your OSHA, Employee & HIPAA Manuals in One Day!**  
*Teresa Pichay; CDA and Mari Bradford; CEA*

**SEPTEMBER 25, 2020** FRI 8:30am–1:30pm · 5 CEU, core  
**The Endodontic-Periodontal Problem: Treatment Integration**  
*Bernice Ko, DDS and Todd Yamada, DDS, MS; Sponsored by Geistlich Biomaterials and XDR Radiology*

**OCTOBER 7, 2020** WED 5pm–9pm · 4 CEU, core  
**Pearls in the Backyard: Phantom Tooth Pain, Boundaries of Orthodontic Treatment, IT Security Nightmares**  
*Clifford Chow, DDS; Peter Worth, DDS and Jonathan Szymanowski, DMD, MMSc*

**OCTOBER 23, 2020** FRI 8:30am–4pm · 7 CEU, core  
**Oral Conscious Sedation Re-Certification (DOCS)**  
*Anthony Feck, DMD*  
*(Alternate date for webinar, if necessary: Oct 3 · SAT 7am-10:30am)*

**OCTOBER 30, 2020** FRI 8:30am–1:30pm · 5 CEU, 20%  
**Claims, Compliance and Communication – What’s the Magic Combination?**  
*Christine Taxin; Sponsored by CareCredit*

**MARCH 26, 2021** FRI 8:30am–1:30pm · 5 CEU, core  
**Updates in Digital Dentistry – What Works in Everyday Clinical Practice?**  
*Michael Scherer, DMD, MS, FACP; Sponsored by ZEST Dental Solutions*

**APRIL 14, 2021** WED 9am–12pm · 3 CEU, core  
**All TMJ Patients are N.U.T.S. Right?**  
*Jamison Spencer, DMD, MS*

**APRIL 14, 2021** WED 1pm–4pm · 3 CEU, core  
**Obstructive Sleep Apnea: Looking Beyond the Teeth and Savings Lives**  
*Jamison Spencer, DMD, MS*

**APRIL 14, 2021** WED 5:30pm–8:30pm · 3 CEU, core  
**Dental Sleep Medicine: Hands-on**  
*Jamison Spencer, DMD, MS*

SDDS Classroom • See registration forms for times

## business forums

**SEPTEMBER 17, 2020** THU · 2 CEU, 20%  
**Become the Ultimate Data-Driven CEO**  
Kerry Straine; Straine Consulting

**OCTOBER 29, 2020** THU · 2 CEU, 20%  
**Compliance, Fraud and Embezzlement, Oh My!**  
Christine Taxin

**MARCH 25, 2021** THU · NO CEU  
**Buy It, Build It, Lease It**  
Panel of Experts

**APRIL 22, 2021** THU · 2 CEU, 20%  
**Vendor Member Roundtable**  
Meet Our SDDS Vendor Members

SDDS Classroom • 6:30pm–8:30pm

## hr webinars

**NOVEMBER 18, 2020** WED\* · 1 CEU, 20%  
**Leave Laws**

**FEBRUARY 17, 2021** WED\* · 1 CEU, 20%  
**2021 Employee Handbook Updates**

**MARCH 24, 2021** WED\* · 1 CEU, 20%  
**The Pros & Cons of Alternative Workweeks**

**MAY 26, 2021** WED\* · 1 CEU, 20%  
**The Power of Trust and Influence**

**SEPTEMBER 16, 2020** WED\* · 1 CEU, CORE  
**Harassment Prevention Training for Employees**

**SEPTEMBER 22, 2020** TUE\*\* · 2 CEU, CORE  
**Harassment Prevention Training for Supervisors**

**NOVEMBER 11, 2020** WED\* · 1 CEU, CORE  
**Harassment Prevention Training for Employees**

**NOVEMBER 12, 2020** THU\*\* · 2 CEU, CORE  
**Harassment Prevention Training for Supervisors**

Webinars • Telecom • \*12pm–1pm \*\*12pm–2pm

## licensure renewal

**NOVEMBER 20, 2020** FRI  
**California Dental Practice Act,  
Infection Control, and OSHA Refresher**  
Marcella Oster, RDA

**MAY 21, 2021** FRI  
**California Dental Practice Act,  
Infection Control, and OSHA Refresher**  
Nancy Dewhirst, RDH

2, 2, 2 CEU, core • SDDS Classroom • 8:30am–3:00pm

## lunch & learns

**SEPTEMBER 30, 2020** WED · 2 CEU, 20%  
**Front Office Study Club**  
Melinda Heryford, MBA

**OCTOBER 28, 2020** WED · 2 CEU, core  
**OSHA – Train the Trainer – Then Train Your Team**  
LaDonna Drury-Klein, RDA, BS; FADE (SDDS Vendor Member)

**DECEMBER 9, 2020** WED · 2 CEU, 20%  
**Front Office Study Club**  
Gayle Suarez; Dental Management Solutions Inc.

SDDS Classroom • 11:30am–1:30pm

## Special Events



**Holiday Party, Installation & Silent Auction**

**DECEMBER 11, 2020**  
6-11pm • Del Paso Country Club

**Swing for Smiles  
Golf Tournament**  
**MAY 7, 2021**  
Empire Ranch



**Dental Day with  
the River Cats**  
**JUNE 2021**  
Sutter Health Park



# SUPER CE

20 **XII** 21

*The Ultimate Playbook*

**SAVE THE DATE:** February 4-5, 2021  
McClellan Conference Center

Class registration times are 30 minutes prior to the listed time, excluding General Meetings and HR Webinars

Courses/events may be affected based on COVID considerations and social distancing guidelines. If necessary, alternate plans will be offered.



# CDA Major Issues and Priorities 2020

Reprinted with permission from  
California Dental Association

## 1. COVID-19's Impacts on Dentistry

CDA continues to urge Governor Newsom and legislators to protect access to dental care in their response to the COVID-19 pandemic. Specifically, we are asking the governor and legislature for:

- **Economic relief from dental plans**

Require or provide incentives for dental plans and insurers to offer supplemental financial assistance or stabilization grants to keep their dental provider networks intact. Dental practices are faced with greatly increased costs combined with decreased patient volumes in order to comply with new COVID-19 requirements (additional PPE, strengthened infection controls and physical distancing of patients). Forty percent of dental offices in California are seeing less than 5% of their typical patient volume and nearly 60% of dental offices are seeing less than 25% of their typical patient volume according to the latest survey data. In California, total dental office employment in April was down 61% since March, compared to a drop of 12% in all nonfarm employment. Dentists and dental plans have a mutual interest in maintaining provider networks and short-term grants will help reduce the possibility of widespread, permanent closures of dental practices that would devastate access to dental care in California.

- **Reverse proposed May Revise cuts to Proposition 56 and the Medi-Cal dental program**

In the midst of a global pandemic, the governor's May Revise budget will devastate access to health care for millions of Californians and the provider networks that serve them. The budget proposes redirecting \$1.2 billion in Prop. 56 provider rate increases into Medi-Cal's general fund to pay for anticipated growth in the program. The Prop. 56 funds have led to a steady, double-digit increase of Medi-Cal

dental providers since 2017, after decades of decline. These cuts result in a 40% rate cut to dental reimbursements and will worsen the damage already done to Medi-Cal dentists as a result of the pandemic.

The budget also proposes pulling back all future rounds of Prop. 56 funding for student loan repayment grants for dentists and physicians who commit to serving underserved communities, which will further worsen the access crisis at the worst possible time. Furthermore, the budget proposes cutting adult dental benefits in Medi-Cal to 2014 levels, which means eliminating essential services like periodontal care, partial dentures and posterior root canals.

While CDA recognizes the record budget deficit and that these are trigger cuts that can be avoided with more federal relief, the proposed budget violates the statute approved by voters in Prop. 56 on top of eroding nearly a decade's worth of progress on access to dental care. CDA supports the Assembly and Senate for their leadership and commitment to protect Prop. 56's Medi-Cal funding.

- **Testing:** Once reliable rapid testing technology is available, dentists must be able to obtain COVID-19 test kits so they can identify asymptomatic patients and route them to the appropriate venue for care. Dentists must also be able to receive reasonable reimbursement for administering tests.

CDA members can contact the governor and their state representatives at [cda.org/Home/Advocacy/Legislation/Grassroots-Action](http://cda.org/Home/Advocacy/Legislation/Grassroots-Action) to directly urge them to support the requests above.

## 2. AB 1998: Direct-to-Consumer Orthodontic Protections – Support

AB 1998 by Assemblymember Evan Low (D-Silicon Valley) builds upon direct-to-consumer orthodontic consumer protections

in last year's dental board sunset review bill by: refining diagnostic record requirements for orthodontic treatment; codifying dental record retention requirements; further defining at what point during treatment a patient must be given contact information about their treating dentist; expanding the prohibition for any person, including an employee, to enter into a contract that limits their ability to submit complaints to a regulator; and establishing explicit rights to request copies of any documents signed by a patient.

Providing dental care that involves the movement of teeth without a proper evaluation can lead to serious patient harm, including loose or cracked teeth, bleeding tongue and gums, gum recession or a misaligned bite. With the emergence of new DTC business models offering various dental services that are ordered without an in-person clinical examination, it is imperative that dental treatment continues to meet a uniform standard of care regardless of whether a dentist provides treatment through telehealth or in person. CDA has a long history of sponsoring and advocating for the funding of various telehealth policies, including the implementation of the virtual dental home that established a new model of dental care through telehealth where specially trained dental auxiliaries provide care to patients under the remote supervision of licensed dentists. CDA believes AB 1998 ensures that DTC orthodontic business models have the same level of dentist oversight and patient safety as the virtual dental home model and in-person dental care.

## 3. MICRA Repeal Ballot Measure – Oppose

The Medical Injury Compensation Reform Act allows injured patients to receive unlimited economic damages for all past and future medical costs, lost wages and lifetime earning potential. MICRA also allows up to \$250,000 in noneconomic damages and includes a limit on attorneys' fees, stabilizes liability costs

and reduces incentives for frivolous lawsuits against health care providers. This year, a group of wealthy trial lawyers began collecting signatures to qualify a ballot measure for the November 2020 election that would essentially eliminate the MICRA law's protections. Due to the COVID-19 pandemic, they have now submitted the initiative for the November 2022 ballot and are awaiting official qualification. Regardless of when it appears, this measure would undeniably raise health care costs and reduce access to care for those who need it most, including people who use Medi-Cal, county health programs, safety-net providers and school-based health centers.

CDA is part of Californians to Protect Patients and Contain Health Care Costs, a broad coalition including physicians, nurses, hospitals, safety-net clinics and other health care providers who are committed to fighting this initiative.

#### 4. AB 2164: Improving Access to Care Through Telehealth – Support

CDA is supporting AB 2164 by Assemblymembers Rudy Salas (D-Bakersfield) and Robert Rivas (D-Hollister). AB 2164 supports access to dental care through telehealth, specifically in federally qualified health centers using the virtual dental home model. This bill clarifies that an FQHC can establish a new patient and bill for a virtual dental home visit when a billable Medi-Cal provider employed by the FQHC supervises or provides the services for the patient via telehealth either in real time or with store-and-forward technology. Recent guidance published by the Department of Health Care Services would significantly hinder the

continuation and expansion of virtual dental homes in FQHCs. CDA was a co-sponsor of previous legislation that authorized the virtual dental home model and supports its continued use to increase access to care among some of the most vulnerable populations in California.

#### 5. SB 793: Flavored Vaping/ Tobacco Ban – Support

CDA supports SB 793 by Senator Jerry Hill (D-San Mateo) which will prohibit the sale of all flavored tobacco products, including electronic cigarettes, in California. CDA is supportive of measures aimed at reducing the negative health impacts that are caused by tobacco use. Flavored products, especially e-cigarettes, have the potential to reverse years of decline in tobacco usage in the state. Of greater concern is the alarming rise in vaping and e-cigarette use among youth, who often use these flavored nicotine-filled products. According to the California Department of Public Health, youth who would otherwise not have smoked cigarettes or used other tobacco products are still choosing to use flavored, electronic smoking devices. While research is still in process on vaping devices, we know that traditional tobacco use is estimated to account for over 90% of cancers in the oral cavity and pharynx and represents the greatest single preventable risk factor for oral cancer. It also contributes to periodontal disease, heart disease and other cancers of the body.

In conjunction with CDA's support of SB 793, we also support Governor Newsom's budget proposal to create parity in taxation between combustible nicotine products, like traditional cigarettes and cigars and e-cigarettes.

#### 6. Dental Plan Transparency

Over the past several years, CDA has worked to improve transparency of dental plans for dentists and consumers. AB 1962 (2014) required commercial dental plans to annually disclose to the state how much premium revenue they spend on patient care versus administrative costs, which is known as a dental loss ratio (DLR). The reported data show a wide range of premium revenue spent on patient care, with a quarter of all California dental plans spending less than 50% of premiums on care and some plans even falling below 10%. SB 1008 (2018) builds upon this by requiring all dental plans to use a uniform matrix to disclose their benefits directly to consumers, similar to the one used by medical plans. This will provide plan beneficiaries with a uniform summary of plan details, including covered services, reimbursement levels, estimated enrollee cost share, limitations and exceptions. In 2019, CDA successfully sponsored AB 954 (Wood, D-Santa Rosa) which requires dental benefit plans to be more transparent about the common practice of "leasing" access to a network of contracted dentists from another dental benefit plan to provide clarity for patients and providers, reduce confusion and help preserve trust in the dentist-patient relationship. These transparency measures help level the playing field for consumers and providers, are consistent with standards that apply to medical plans and help hold dental plans accountable for how they spend premium dollars.

*Updated June 2020*

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# Board Report



Wesley Yee, DDS  
Secretary

## May 5, 2020

### Highlights of the Board Meeting

#### President's Call to Order, Welcome, and Report

Dr. Hillendahl called the meeting to order at 5:01pm via Zoom. All Board members present. He discussed the last 6 weeks of COVID and how it has been filled with angst and frustration. SDDS has been responsive in answering hundreds of emails and phone calls every day!

#### Constant Agenda

Minutes of March 2020 Board Meeting and Membership Report were approved. CDA/ADA is giving a waiver until June 30 to pay dues.

#### Special Guests

Dr. Hillendahl welcomed guests: Jessica Hawthorne, JD of CEA and Dr. Judee Tippet-Whyte, CDA President-Elect.

Jessica Hawthorne from CEA spoke about employees and returning to work issues, your employees and your employer rights.

- Employer dentists set the tone for employees.
- Thank staff and keep advised of back to work progress and protocols.
- Assure you are doing everything to make it safe for employees.
- You are the boss; if they choose NOT to come back, you can fire them. Give them options, but you need to keep your business intact and operating.

Dr. Judee Tippet-Whyte, CDA President-Elect; Dr. Tippet-Whyte brought the board up to date on how CDA is working for our membership. There have been roadblocks. CDA went remote in March and has mostly overcome remote challenges. Dr. Tippet-Whyte acknowledged our members' frustrations with CDA, huge public health issues, personal sacrifice, and lack of PPE. There was a lengthy and open discussion

between the Board and Dr. Tippet-Whyte regarding CDA's role in closing and re-opening our offices.

- CDA is working to get reimbursement to pay for the higher cost of doing dentistry.
- CDA lobbied to get dentists classified as front line workers
- Need CDA to be consistent with short messaging to its members and easier to decipher information.
- We are all trying to figure out the new normal. Bottom line from SDDS Board is for CDA to take the lead and advocate for its members. A media blitz from CDA is expected soon.

#### Secretary's Report

Dr. Yee reported that GM has an excellent line up of Speakers for 2021!

#### Treasurer's Report

Dr. Felahy and Cathy reported that the current financial status is ok, but all March-June programs have been postponed and non-dues will be lower than budgeted. Luckily we finished MidWinter in February and it was an outstanding success; we have not needed to use our operational reserves yet. All staff continue to work full time remotely, using their paid sick leave if needed for home schooling, sickness, etc. SDDS does not qualify for PPP funding. Cathy has cut back on many operational expenses.

If reserves need to be used, the Board is aware of the 17 years it took to build this fund up. Reserves must be restored with vigor. Cathy and previous leadership prepared for the worst-case scenario.

#### Old Business

- A. GMC Elimination Follow up: Governor should be making final decision by end of July (**NOTE: CDA reversed its position**

**to eliminate GMC in Sacramento County May 12 and now has asked the Governor to extend GMC for 3 years and NOT ELIMINATE IT.)**

- B. Bylaw and Policy Task Forces: All suggestions and changes have been discussed with our attorney. Final review will be ready for the September Board Meeting.
- C. LDC/Nominating Committee updates and modifications: Dr. Lisa Dobak-Secretary, Dr. Mort Rosenberg-Director; Dr. Kelly Giannetti-HOD for 2 years will be added to the slate to move forward for September elections.

#### Executive Director's Report

DTI update: SDDS has funds to use for 2020. We are petitioning to use balance of funds for 2021 due to closure of schools. This funding will be used to expand our school screenings, puppet show education and provider training, including children with special needs.

#### New Business

SDDS will continue to be on the forefront to assist in reopening our practices, PPE, disinfectants, management of new normal, and how to mitigate the virus for ourselves and our patients.

#### Trustee Report

Drs. Bellamy and Carrington, our Trustees, participate in a Zoom meeting with CDA every Friday. They are hearing from members and reporting to CDA all concerns. Dr. Tippet-Whyte covered most of the Trustee report as well.

#### Adjournment

The meeting was adjourned at 7:25pm.

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Next Board Meeting:  
**September 1, 2020 at 6pm**

# The Quandary Quarterback— (quan·da·ry: “a state of perplexity or doubt”)

Monthly compliance advice that empowers you and your team



Dear Quandary Quarterback,

**Q:** My office has been working night and day to prepare for opening – we have read all the articles, listened to all the “experts” and yet nothing is coming together to make sense. My team and I are very confused about all the information around PPE and what we are supposed to do versus what is recommended to do. What’s the difference; how can we make sense of it all and get our main focus back?

**A:** The key to establishing compliance in the areas of infection control, OSHA, health and safety is to make certain to truly understand the steps that guide us – like a road map. A key to getting back our focus lies within the true meaning of “our language” or “compliance terms.” Without a solid understanding of what is “OSHA versus IC,” what is “required, mandated or legislated” versus a “guidance, a recommendation, or a suggestion for best practices” we, as dental healthcare personnel (DHP), will make less than optimal choices, will mislead and misguide our co-workers and will adopt protocols that fall well-outside the parameters of compliant. When compliance training works in a manner consistent with regulatory intent, the dental team becomes armed with a newfound knowledge and skill-set that elevates the practices overall success without costly adaptations simply by educational engagement. The difference is like night versus day and has been at the core of what is wrong thus far with our responses to getting back to work, getting back to “normal” and getting past the fear of the unknown.

**Step One** – we need to obtain a solid understanding of the terms we are using every day when employing health and safety measures.

As we look to all of the resources that have been deployed during the past three months with an aim on public safety, social controls, workplace disinfection and overall employee protection to name a few, we hear erroneous statements such as “we are required to wear body condoms” or “OSHA law says I have to stand on my head for 20 minutes before sterilization.” Just kidding but the analogy works when demonstrating the manner in which office personnel are handling their PPE usage and calling it “required.”

**Step Two** - we need to obtain a solid understanding of what’s actually required. There are three (3) oversight masters – State law (statutes), the Dental Board (regulations) and the Cal-DOSH (standards which can be both statutory and regulatory in their application). During this pandemic, we have seen exhausting numbers of articles, announcements, posts by CDC, CA Dept of Public Health, CDA, ADA and the news media. If the response thus far from our dental community to the barrage of “directives” is any indication, it’s no wonder everyone is confused while supplies are non-existent and many are forced to rely on their own research to define their dental compliance. Our State statutes and regulations are the bedrock of our compliance, with or without COVID, and our national agencies and organizations are to be used as a tool, a resource, for information and enhancement of our daily compliance systems.

**Step Three** - assess and consider the following when looking to find your focus: consider the possibility that your office, your staff and your day-to-day understanding of infection control and disease transmission have been in your hands all along. Consider that your efforts to change your processes and your systems in response to COVID were processes and systems for which you were statutorily and regulatorily mandated to do all along! Go to the regs! Your DBC IC Regulations have addressed proper use of PPE, including masks, utility gloves and proper use of germicides for YEARS. Here’s just one example:

CCR Sec 1005(b)(4): “All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical

or germicidal agents or OPIM”. As you can see, the REQUIREMENTS to address issues of aerosolized bacteria, viral load and contagion have been set in regulation and statute (requirements) since 2011. Our direct knowledge of our requirements is what has been missing; the COVID crisis has brought to the forefront that which we have been deficient in adhering to pre-clinically, clinically and post-clinically, especially when it comes to the proper use of PPE, for a very long time.

**Step Four** - couple the regulatory language with a heightened awareness of how much more important pre-screening will be in your practice before PPE is ever donned. The front desk script for appointment calling, the systems for pre-screening upon entry into the dental office, social distancing, mask usage as a mandatory practice for patients and their families, restrictions on the number of family members accompanying the patient receiving the care and how they must maintain PPE and hand hygiene while sitting in the waiting area are just as important as how we handle employee safety measures for aerosolization and environmental controls.

**Last Step** – obtain the knowledge and security in knowing that adhering to the regulations, statutes and standards that already line your toolbox will help you and your team overcome the fear and move forward wisely with knowledge-based decision making that is reasonably achievable. Then, the mist will clear the way for your choices to be smart, fact-based and focused – we cannot ask anything more from ourselves than that.

Best wishes and know that SDDS and it’s community partners are here when you need support!

- Donna Drury-Klein, The FADE Institute



# YOU

## THE DENTIST, THE EMPLOYER

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

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## The Top “What if” COVID-19 Questions From Employers

Reprinted with permission from **California Employers Association**

### 1. What do I do if my employees don't want to come back to work?

It depends on why they are not coming back to work. If the employee refuses with no explanation or reason, ask the employee for a reason. If none is given, then the employee is voluntarily separating from employment or terminated (refer to your policy). However, if the employee or a family member has a health related issue impacting their ability to return, you must determine if the employee is protected under applicable law (i.e. Americans with Disabilities Act (ADA), Fair Employment and Housing Act (FEHA), injury or illness, Emergency Family Medical Leave, Emergency Paid Sick Leave) requiring a leave of absence or other form of reasonable accommodation. If there is a child care related issue also look at the new emergency leaves as well as school activities leave.

### 2. What if my employee doesn't want to return to work because they are earning more money on Unemployment Insurance?

Some workers don't want to return to work because they're earning more money on enhanced unemployment benefits than when they were working for your company. Notify your employees in writing that there is work available and the effective date that work is available. Any refusal to return to available work should be documented, and employers can inform employees that a refusal to return is a voluntary resignation. Document that you offered the employee an opportunity to return to work and that this offer was rejected. Getting an employee's refusal in writing via text or email is also

highly recommended. Process the Notice of Change in Relationship as you would any other separation from employment – noting either resignation or termination.

### 3. What if my employee says they are afraid to return to work?

Fear of the virus is on the mind of most employees being called back to work. People might say, “I'm afraid I will get sick at work and bring it home to my family.” In the notice to employees that there is work available, employers should outline all actions being taken to comply with federal, state and local laws to ensure a safe and health workplace such as cleaning protocols, staggered shifts, social distancing, etc. And make sure that you have met all those safety requirements. Check your local city and county COVID-19 resource pages, as well as CDC and Cal-OSHA for guidance. Tell your employees additional training on these protocols will be implemented on their return.

### 4. What if my employees say that they are “immunocompromised”?

When an employee tells you that they are not willing to come back to work because they are immunocompromised you should now begin going through the ADA/FEHA process to determine what accommodations are needed to allow them to return to work safely. Request a doctor's note outlining any limitations and proposed accommodations such as providing the employee with a special mask, allowing the employee to work remotely or putting the employee on a leave of absence.

### 5. Am I allowed to take my employee's temperature?

Yes. Employers are allowed to ask about coronavirus-related symptoms and take the temperatures of employees under guidance from the Equal Employment Opportunity Commission (EEOC). The EEOC also permits employers to mandate that employees be tested for the virus before entering work under certain circumstances. Use caution when mandating testing as it is not always available – a release from an employee's doctor may suffice.

If temperature taking at the workplace is mandated, the time spent being tested and waiting for a test is considered part of the workday. Reminder, those records are confidential medical records that should be maintained so that only those with a legitimate right of access can see those files.

### 6. Should I require my employees to wear a mask?

The Centers for Disease Control and Prevention has recommended that individuals wear face masks “to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.” And many employers are making face coverings part of the work uniform, for jobs that require physical proximity and for jobs in counties that have mandatory face mask requirements.

If you are requiring employees to wear face masks, as a best practice decision or because required by a state or local law, you should provide the masks or reimburse employees for the cost.

Again, check your local ordinance. For example, both Los Angeles and Sonoma County require masks and require employers to pick up the cost of masks for employees.

Some executive orders that do not expressly call for employees to wear face masks still require employers to take a range of precautionary measures to protect personnel who are required to work on-site because the employer falls within a critical infrastructure sector exempt from stay-at-home orders or to maintain minimal business operations (such as payroll, or essential functions that support the rest of the workforce in teleworking).

### 7. What happens if an employee returns to work and they (or someone in their family) get sick?

Employers need to understand the Families First Coronavirus Response act which provides paid sick leave for people affected by COVID-19. Smaller employers (under 50 employees) need to understand their ability to be exempt from some of the paid emergency family leave requirements. You can find more information at <https://www.dol.gov/agencies/whd/pandemic/ffcr-questions#59>. ■

## Upcoming Free Webinar

**2020 Summer Update — Hot Employment Laws you Need to Know About!**  
**Wednesday, July 29<sup>th</sup> • 12-1pm • 1 CEU, Core • FREE to SDDS Members**

CEA's dynamic speaker will bring you up to speed on the hottest 2020 employment laws in effect, since January. Join SDDS to ensure you haven't missed out on new California employment laws that have taken place before and since the Pandemic began. We'll take your questions throughout the session and discuss:

- Minimum wage increases amid COVID conditions
- New ruling on paying for boots in the workplace
- COVID changes to I-9 forms
- Age discrimination lawsuits
- Employee handbook updates
- Coronavirus and FFCRA rules
- And more...

Head to [sdds.org](https://sdds.org) to learn how to register!

## Upcoming Harassment Prevention Training Webinars

California businesses with 5 or more employees MUST provide harassment prevention training every 2 years (SB1343). Employers are required to provide training by January 1, 2021.

**For Employees**  
 (12-1pm • 1 CEU, Core • \$25 each)  
 Wednesday, September 16, 2020  
 Wednesday, November 11, 2020

**For Supervisors/Employers**  
 (12-2pm • 2 CEU, Core • \$35 each)  
 Tuesday, September 22, 2020  
 Thursday, November 12, 2020

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*This is a sample of our listings.*

**AUBURN/FOOTHILLS AREA:** Fast-growing, 7 Ops, 6 Equip, 30+ yrs Goodwill, 2019 GR on track for \$1.2M+. #CA632  
**FAIRFIELD AREA:** 5 Ops, 4 Equip, Digital, Paperless, Strong hyg. prog, 2018 GR \$840K on 4 day/wk. #CA655  
**FOLSOM/RESCUE/EL DORADO HILLS AREA:** 5 Ops+RE, Modern, Digital. 2018 GR \$773K. Condo available for purchase. #CA581  
**GREATER SACRAMENTO:** 5 Ops, 4 Equipped, Digital, I/O Cam, CBCT, Newer equipment. 2019 GR \$434K w/ Dr. taking 3 mo. off. #CA678  
**GREATER SACRAMENTO:** Desirable area, 38 yrs Goodwill, 4 Ops, Digital, 6 hyg. days/wk. 2018 GR \$1M+ on 4 day/wk. #CA656  
**GREATER SACRAMENTO:** PPO/Condo, 33 yrs Goodwill, 4 Ops, Digital, I/O Cam. #CA561  
**LAKE TAHOE AREA:** Resort area, 6 Ops, 5 Equip, Digital, 42 yrs Goodwill. 2019 GR \$579K on 22 Dr. hrs/wk. #CA608  
**LAKE TAHOE AREA:** Endo, 3 Ops, Digital, CBCT, 28 yrs Goodwill. #CA602  
**NORTH SACRAMENTO AREA:** 50+ yrs Goodwill. 3 Ops, 4th avail. 2019 GR \$616K on 33 avg. hrs/wk. #CA667  
**ROCKLIN/LINCOLN AREA:** 10 Ops, 6 Equip, 2018 GR \$747K on 4 day/wk. #CA641  
**SACRAMENTO AREA:** GP & Specialty HMO/some PPO+RE, 9 Ops, Digital, I/O Cam, 2018 GR \$680K. 5,000 sf bldg. for sale. #CA567  
**SACRAMENTO AREA:** 4 Ops+RE, 1 add'l plumbed, 47 yrs Goodwill, 24 Dr. hrs/wk. 2018 GR \$574K. #CA603  
**STOCKTON AREA:** 6 Ops+RE, 30+ yrs Goodwill. 2018 GR \$1M+. #CA616  
**VACAVILLE AREA:** 5 Ops, 28 yrs Goodwill, Dentrix, 2019 GR \$556K. #CA645



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By **Margaret Delmore, MD, DDS**  
CPR Committee Chair

## Reopening of **SDDS CPR**

During this *unprecedented* time, we had to cancel numerous SDDS courses and events including our ever-popular Basic Life Support (CPR) course. As we emerge from *sheltering in place* it is time to resuscitate our CPR program. After all, CPR is an *essential service*. Being amid the *COVID-19 pandemic* we have made some modifications to our traditional course to coincide with *social distancing, screening, temperature checks, sanitization, masks*, and most importantly format.

In the *interim*, we will be adopting the American Heart Association (AHA) HeartCode BLS Provider Blended Learning Course. This format is designed to reduce your exposure to others and to further utilize our skills developed during the *quarantine, on-line learning*. Rest assured, this format qualifies for the California Dental Board because it follows the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, 1016(b) 1(C)ii:

“For the purposes of this section, a Basic Life Support Course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios.
2. Instruction in foreign-body airway obstruction.
3. Instruction in relief of choking for adults, child and infant.
4. Instruction in the use of automated external defibrillation with CPR.
5. A live, in-person skills practice session, a skills test, and a written examination.

The course provider shall ensure that the course meets the required criteria.”

Here is how an AHA Blended Learning Course works:

**Step 1** - Register for the BLS/CPR providers course with SDDS (call, email or via website). Our next course and skills check is August 14, 2020

- You will receive an email from SDDS with a link to AHA to sign up and pay for the online course.

**Step 2** - Complete the HeartCode BLS Online course (part 1)

- Written examination is part of the online course – 84% to pass
- Print up a copy of your HeartCode BLS Online Course Completion Certificate (you will need this for step 3)

**Step 3** - Attend the IN-PERSON Class -Skills practice session and skills test (part 2) at the SDDS Office.

- To be admitted to the class you must bring a copy of your HeartCode BLS Online Course Completion Certificate.
- Face coverings are required to enter the class and must remain in place throughout the class. No food or drink please. Gloves will be provided and utilized throughout the training. Additionally, *hand sanitizer* and *EPA-approved disinfectants* are available in the classroom. All surfaces, non-disposable equipment, fixtures, and any other shared areas are completely disinfected per *CDC guidelines* in between uses.
- You will be appropriately screened at the door (questionnaire and *forehead thermometer*). *Social distancing* guidelines will apply; therefore, we have reduced our class size.
- There will be no rescue breathing performed on the manikin except with the bag-valve mask (BVM). Mouth-to-mouth and mouth-to-mask ventilation has been suspended until further notice. Leave your pocket masks at home.
- To successfully pass the BLS Provider Course, you will be required to

practice and demonstrate CPR skills on both an adult manikin and an infant manikin several times.

**Step 4** - Your American Heart Association BLS (CPR) card will be issued to you digitally via email. Physical cards are no longer issued.

All this for the price of \$75.00; \$28.50 of it (paid by you directly) for the online course and the other \$46.50 (paid to SDDS) for the skills portion – 4 units of CE included). For the visual learners and a recap:



**Complete the Online Course Portion +**



**Pass the Hands-On Session at SDDS**



**= Course Completion Card and CE**

But there is more.... Available on request, depending on instructor availability, we are also offering In-Office CPR Classes. This will be the traditional (lecture, video, hands on practice, written test, and skills testing) four-hour course with a minimum of 4 and maximum of 6 attendees. Of course, there is an entire list of *COVID-19 guidelines* that we have instituted for this course format. Please call SDDS office for details and office request form. This custom service is available for only \$85 per person.

For now, this is our new normal.

*Pandemic vernacular is italicized.* ■

# Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is published on the SDDS website and provides a forum 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. For contact information of any of the job bankers please visit [www.sdds.org](http://www.sdds.org).

## ASSOCIATE POSITIONS AVAILABLE

John Santamaria, DDS • Carmichael • PT • GP  
Marcela Diaz, DMD • Elk Grove • PT • Oral Surgeon  
Robert Catron, DDS • Cameron park • PT • GP  
Monika Gugale, DDS • Sacramento • FT • GP  
Nima Aflatooni, DDS • Sacramento • PT • GP  
Ashley Joves, DDS • Folsom, Rocklin • PT • GP  
Thomas Ludlow, DDS • Sacramento • PT • GP  
Marina Mokrushin, DDS • Folsom, Rocklin • GP  
Raj Zanzi, DDS • Sacramento • PT • GP/Ortho  
Nina Tecson, DDS • Elica Health • Sacramento • FT • GP  
Mignon Mapanao, DDS • Rocklin • PT/FT • GP  
Sunny Badyal, DDS • Sacramento • FT • GP  
Jeff Summers • Kids Care Dental • Sac/Stockton • PT/FT • Oral Surgeon  
Capitol Periodontal Group • Sacramento • FT • Perio  
Mark Redford, DMD • Roseville/Granite Bay • PT • GP  
Michael Hinh, DDS • Sacramento • PT • GP  
R. Bruce Thomas, DDS • Davis • PT/FT • GP  
Make A Smile • Sacramento • PT/FT • Pedo/Ortho/Endo/OS  
SmileTime • Sacramento • PT/FT • GP  
Jacqueline Delaney, DMD • Truckee • FT • GP  
Ana Maria Antoniu, DMD • Sacramento • FT/PT • GP  
Amy Woo, DDS • Sacramento • PT • GP/Endo  
Christopher Schiappa, DDS • Pioneer • PT • GP  
David Park, DDS • FT/PT • GP  
Gilbert Limhengco, DDS • Natomas/Citrus Heights • PT • Endo  
Jeff Summers • Kids Care Dental & Ortho • Calvine/Elk Grove • FT • GP/Ortho  
Elizabeth Johnson, DDS • various WellSpace locations • FT/PT/Fill-In • GP

## DOCS SEEKING EMPLOYMENT

Theodora Triphon, DDS • PT/FT • GP  
Yen Nguyen, DDS • PT/FT • GP  
Gaetan Tchamba, DDS • PT Fill in/2 Thursdays a month  
Erica Hsiao, DDS • PT • Perio  
Blake Moore, DDS  
Behdad Javdan, DDS • PT • Perio  
Bruce Taber, DDS • Fill-In • GP  
Steve Murphy, DMD • FT/PT • Endo

## Upcoming CPR BLS Course

Our August CPR course will be the first one in the new format! On August 14<sup>th</sup>, the SDDS office will host the skills practice session in-person (part 2 of the course after taking the HeartCode BLS Online course which is part 1). After completing these, you will get your digitally issued CPR card!

Head to our website, [sdds.org](http://sdds.org), to sign up today!

## 2020 SDDS Committees Schedule

### Standing

#### Committees

##### CPR Committee

Aug 14 • Nov 6

##### Nominating/Leadership Development

Work Completed

##### Peer Review Committee

TBA

### Leadership

#### Board of Directors

Sep 1 • Nov 3

#### Executive Committee

Aug 21 • Oct 2 • Dec 4

### Advisory Committees

#### Continuing Education

##### Advisory

Work Completed

#### Mass Disaster/

##### Forensics Advisory

TBA - Fall

#### Fluoridation Advisory

Yolo County

*Schedule as needed*

#### Nugget Editorial

##### Advisory

Sep 29

#### Strategic Plan Advisory

*Schedule as needed*

#### Budget and Finance

##### Advisory

*Schedule as needed*

### Advisory

#### Committees (cont.)

##### Bylaws Advisory

*Schedule as needed*

##### Legislative Advisory

*Schedule as needed*

##### New Dental School

##### Advisory

TBA

### Foundation

#### Foundation Board

Nov 17

### Task Forces

#### Member Benefits/

##### Services

Sep 29

#### Oral Health/Prop 56

##### Initiatives

Oct 2

#### Ethics

Sept 14

### Other

#### Sac Pac

TBA

#### CDA House of

##### Delegates

Nov 13-14 LAX

# SDDS Foundation

## Dental Student Scholarship Endowed by the Yee Family

The dental scholarship was begun in 2014 to assist our new dental students matriculating from CSUS. The Yee Family has a heart for higher education. "We are aware of the costs of dental school and want to do our part to help. There are over 15 dentists in our family and we are proud of our profession. This is token of our appreciation to the CSUS Pre Dental Club and our way to pay it forward. When you have an opportunity to help someone, please remember those who mentored, supported, and believed in you." On Behalf of Dr. Herbert and Dr. Wesley Yee, we congratulate all the scholarship winners, in the past and this year! ■



Thank you Yee family!

## Congratulations to 2020 Recipient, Marc Toma!

Congratulations to Marc Toma, our 2020 recipient of The Herb and Inez Yee Family Scholarship! Marc Toma is a student at California State University Sacramento graduating in Spring 2020 and has been accepted and plans to attend the Western University of Health Sciences!

Marc was born and raised in San Diego, California by two amazing parents. Both of his parents are dentists who taught him by example what it takes to provide exceptional healthcare! Marc believes that exceptional healthcare can come in many forms, but to him, it comes with breaking down the fears individuals have of the dentist and therefore being able to provide the best treatment plans possible. He believes that when you can converse with the patient and explain the procedure, you build trust and comfort in the chair, which translates to fear diminishing and the patient having an outcome better than expected.

Marc is excited to be coming into a field where innovation is occurring constantly. He recognizes we are moving from the analog age to the digital age in dentistry. He is excited to pilot this new technology, which will allow dentists to practice the craft at a higher level, and create better products for patients.

Marc decided to pursue dentistry because waking up and being able to create smiles for patients is one of the most fulfilling things!

Marc plans to start school the first week of August and couldn't be more excited! Dental school has been a dream of his from an early age (check out the photos!), and its finally becoming a reality. Being able to attend Western U, is a true honor. Their humanistic values and focus on the hands on approach to dentistry really made their curriculum stand out to him.

As for the Yee Family, Marc could not be more appreciative of the opportunity they have offered him. Marc says that it is, "a true honor to be the recipient of this award, and will forever be grateful!"

Congratulations and good luck to this year's recipient, Marc Toma! ■



## SDDF Puppet Show

# Goes Online and Live-Streamed!

SDDS, SDDF, and Sutter Health teamed up with Puppet Art Theater to bring more dental education into our local schools, and now they're upgrading the service even more! We are now offering to have the show "Clay and the Sugarsaurus Rex" live-streamed to students! With the conversion to so much online learning, it is important to adapt and make sure children are still getting the education they deserve.

To check out this great new service, head to [ToothFairyPuppetShow.com](http://ToothFairyPuppetShow.com)! There you can learn more about the content taught in the puppet show, how schools can schedule a show, and even watch a small preview of the show! We're happy to announcing this new option for our puppet shows!

Thanks very much to Puppet Art Theater! ■

Head to...  
[ToothFairyPuppetShow.com](http://ToothFairyPuppetShow.com)  
to check out the  
new features!



### Are you a member of our Foundation?

It only costs \$75 a year to be a member of our Foundation. Email us at [sdds@sdds.org](mailto:sdds@sdds.org) to become a member and make a difference.

Thank you for supporting the Foundation!

### Smiles for Kids Correction:

Thank you to Dr. Matthew Sandretti for adopting Smiles for Kids Orthodontic patients for the last three years! We appreciate the work you do to help the children in the community!

We apologize for this omission!

# 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.

## Dental Practice Operations. Re-Imagined.

How COVID-19 May Change the Front Desk Role and the Use of Remote, Specialized Teams

By Christine Sison, BA, MS; CEO of Swiss Monkey (SDDS Vendor Member)

As the dental industry re-emerges from COVID-19 and with social distancing measures in effect, dental practices are looking for ways to become more efficient. The concept of using remote or virtual teams for traditionally in-office tasks is not only appealing, but in some cases may become a necessity.

### Why now?

The cost of dentistry just got more expensive. To deliver the same procedure is now going to cost practice owners more as new PPE and safety precautions become the new norm. In addition, some offices are likely to see fewer patients due to new protocols between appointments. While sharing the cost between the practice, patients and insurance carriers is ideal, the reality is uncertain. Many practices have contractual obligations with insurance that "disallow" additional fees to patients and there is no assurance reimbursement will increase. Further, many practices may fear the patient response to passing on these costs.

The current climate is forcing practices to re-imagine how everyday dental tasks are done and what cost containment measures they can take. For example, how does a practice continue to do accounts receivable and billing when shelter-in-place is in effect? How does the simple activity of delivering treatment plans in a small consult room change in a social distancing climate? New practice and business models will need to emerge to adapt to the changing times.

### What are the benefits of remote and specialized teams?

The use of remote, specialized teams or virtual front desk services have multiple benefits.

- It can reduce the number of people physically needed in the office. This is ideal as offices need to comply with social distancing guidelines now – and possibly in the future.
- When you outsource certain tasks, an in-office team can focus on revenue generating work like effective treatment planning and scheduling to goal. What work can be done better if you give your team more time?
- There is a tremendous benefit to the patient experience. Team members can now provide undivided attention to a patient vs. trying to do things that do not need to happen in the office. This becomes especially important during a time where patients want to feel that additional sense of safety and attention from their dental provider.
- From a business perspective, outsourcing reduces the cost of payroll taxes and benefits normally associated with an employee.
- Finally, some offices simply do not have the time, talent, or expertise available in-house to do the work. Finding resources beyond their current team is necessary.

### What areas or tasks can be outsourced to a specialized team?

Now more than ever, practice owners should take a step back and look at ways they can re-engineer their current operations. Below are some examples of work that can be handled effectively outside of the office:

- Strategy development and practice management
- Accounts receivable and billing
- Hygiene recare services
- Confirmation calls and schedule auditing
- Insurance verification
- Marketing
- Staffing and HR services
- Collection services
- Legal and CPA services

Many practice owners already do some combination of the above. Not all work should be handled outside of the office, but a lot can be done remotely if it is integrated and managed properly. In addition, remote services can be used as either permanent or interim complements to an office. At Swiss Monkey for example, offices that lose a front desk person or have someone on medical leave, may want to outsource specific tasks until they find someone or until that person comes back.

**Want to learn more about how specialized, remote teams work or virtual front desk services?** Contact Swiss Monkey at 916-500-4125 or [christine@swissmonkey.io](mailto:christine@swissmonkey.io). ■

“ I can't tell you how utterly relieved I was to now have the billing portion of my practice completely outside of my office, and in the hands of professionals. ”



DR. BENJAMIN KUR  
WESTCHESTER ORAL &  
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# Ethical Sourcing Standards Ensure Safe Dental Supplies



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The Dentists Supply Company

Has the dental supply marketplace ever felt as volatile as right now? With the demand for masks and other infection control supplies at an all-time high, it's an unfortunate fact that unscrupulous sellers are looking to make a quick profit. Some online marketplaces, new suppliers and brokers are using "too-good-to-be-true" product quantities and pricing to promote counterfeit products.

When The Dentists Supply Company launched in 2017, it was with a mission to help practices of every size compete in a dynamic market. Since that time, TDSC has delivered consistent savings to dental association members, but the company has also been unwavering in providing supplies, small equipment and expertise that dentists nationwide can trust. That means 100% of the products sold on TDSC.com come from authorized sources.

To protect yourself from black-market goods watch this 15-minute presentation (<https://dentalsupplies.tdsc.com/video-resource-center#presentation>) and use the tips below on how to identify and avoid counterfeit masks.

## How is TDSC protecting dentists from dangerous black-market goods?

To ensure the authenticity of every product sold on its site, TDSC comprehensively reviews each potential supplier and manufacturer. Through this vetting process, multiple quality-control factors are evaluated:

- Company size, years in operation, market position and financial stability.
- Reputation for excellent service and reliability, backed by references.
- Experience working with online purchasing/fulfillment systems.
- Ability to continuously review product and service delivery.

Recently, shoppers have been generous in sharing potential leads for new sources of PPE supplies with TDSC. Using an 11-point checklist, the TDSC team has vetted nearly 100 of those leads to date. When the company does choose to partner with a new supplier, it is because the supplier meets high standards.

TDSC will not move forward with a supplier that is not a viable and trusted source, nor will it lower supply chain standards in pursuit of driving revenue. This way, dentists can be confident that their supplies are from reputable vendors, meet regulatory standards and will help them resume practice without compromising safety.

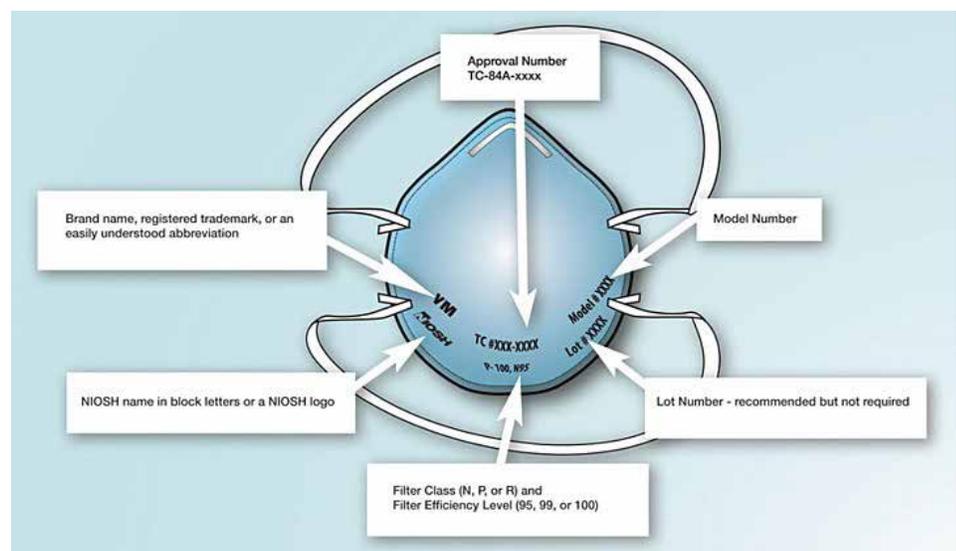
## How can dentists keep from falling victim to scams in the market?

Integrity starts with a trusted source of supplies, and dentists should be wary of unproven marketplaces or sellers for masks and other PPE. Here are a few signs of counterfeit supplies:

### Product red flags

- The seller claims to have large quantities of masks.
- N95 masks are described as ear loop.
- Product or brand names are spelled incorrectly.
- Decorative fabric or add-ons like sequins are used.
- Product samples are not available.
- An FDA logo is shown on the packaging or mask.

Below is an example of the correct exterior marking on a NIOSH-Approved filtering facepiece respirator from the CDC:



## Purchasing red flags

- Minimum order quantities are excessively large.
- The seller cannot provide clear pricing.
- A letter of intent is requested prior to sharing pricing.
- Large down payment is required through an escrow account.

## What should dentists expect next in the supply market?

The current climate of supply shortages will shift, but it's going to take time. TDSC is now placing maximum order quantities with contracted manufacturers, and inventory is coming in at a slow pace. And the company continues to search and vet new sources of PPE from FDA- and CDC-approved lists.

As soon as PPE supplies become available, established suppliers will secure them directly from trusted manufacturers. Know that higher prices are expected and pricing will vary widely until the supply market stabilizes. In the interim, patience, prudence and pursuing supplies through trusted sources will help dentists safely get through this crisis together.

Access more resources to stay informed and navigate today's dynamic dental supply marketplace at [tdsc.com/covid19](https://tdsc.com/covid19). ■

## Tax time is here! Is your CPA a true dental CPA?

Thomas Doll has worked with dentists for over 50 years and now has a new location in Roseville! Please contact Brett LeMmon for a free analysis of your tax returns to ensure you are not missing out on opportunities for tax savings.

### Some top strategies to implement include:

**1 Rent Your Home to Your Corporation (Agusta Rule)**  
**Potential Impact**  
Potentially \$6,000+ in tax savings.  
**Considerations**  
Not for sole proprietors. Double up on two homes? RFP from hotel?

**2 Fund Health Savings and Flexible Spending Accounts**  
**Potential Impact**  
\$7,100 per family per year in 2020.  
**Considerations**  
HSA is triple-tax free. 55+ get extra \$1,000.

**3 Employ Your Children\***  
**Potential Impact**  
Salary plus retirement savings.  
**Considerations**  
Fund child Roth IRAs; shift income to lower tax bracket. \*Special considerations if children are college-age

**4 Employ Your Spouse**  
**Potential Impact**  
Retirement plan for spouse, who must meet plan participation requirements.  
**Considerations**  
Adapt to 199A thresholds for 20% deduction?

**5 Fund Your 401K/Profit-Sharing Plan (or SEP/Simple IRA)**  
**Potential Impact**  
\$57,000 in 2020 plus \$6,500 to catch-up = \$63,500.  
**Considerations**  
Design plan to minimize excess employee costs.  
**Consider impacts to maximize Section 199A deduction.** Timing difference vs. permanent?  
Staff morale?

**Contact Brett LeMmon to learn more:**



Brett LeMmon, CPA  
Direct Line: 925.280.5766  
brett@thomasdoll.com



Sacramento District Dental Society



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It's Time For...

# SDDS ELECTIONS

## NOTICE OF ANNUAL MEETING & ELECTIONS

Elections will be held at the **September 8, 2020** General Meeting (postponed from May due to COVID-19)

The Leadership Development Committee is tasked with guiding the future of SDDS by evaluating and nominating leaders for our organization. The committee met in the first quarter of 2020 and considered a very strong slate of candidates. We are pleased to report that the outlook is good with the following members listed below being nominated for 2021. SDDS is only as good as its volunteers and we appreciate all who give back to our organization.

Bryan Judd, DDS (Chair of the Leadership Development Committee)



## SOCIETY SLATE OF NOMINEES

### SDDS EXECUTIVE COMMITTEE

#### To be Elected:

President: Volki Felahy, DDS

President Elect/Treasurer: Wes Yee, DDS

Secretary: Lisa Dobak, DDS

Immediate Past President: Carl Hillendahl, DDS

### TRUSTEE

#### To be Elected:

Viren Patel, DDS

#### Continuing:

Wallace Bellamy, DMD

### BOARD OF DIRECTORS

#### To be Elected

(1st Term, 2021-2022):

Dean Ahmad, DDS

Nima Aflatooni, DDS

Karthic Raghuraman, DDS

Morton Rosenberg, DDS

(filling a one year vacancy)

#### To be Elected

(2nd Term, 2021-2022):

Brock Hinton, DDS

Kevin Keating, DDS, MS

#### Continuing (2020-2021):

Craig Alpha, DDS

Hana Rashid, DDS

### DELEGATES TO THE CDA HOUSE

#### To be Elected:

Dean Ahmad, DDS (2020-2021)

Nima Aflatooni, DDS (2020-2021)

Lisa Dobak, DDS (ExComm)

Kelly Giannetti, DMD (2020-2021)

Amar Pawar, DDS (2020-2021)

Karthic Raghuraman, DDS (2020-2021)

#### Continuing:

Volki Felahy, DDS (ExComm)

Carl Hillendahl, DDS (ExComm)

Bryan Judd, DDS (ExComm)

Viren Patel, DDS (2019-2020)

Hana Rashid, DDS (2019-2020)

Morton Rosenberg, DDS (2019-2020)

Stephanie Sandretti, DDS (2019-2020)

Wes Yee, DDS (ExComm)

## FOUNDATION SLATE OF NOMINEES

### BOARD OF DIRECTORS

#### To Be Elected:

Lisa Dobak, DDS (SDDS Secretary)

Carl Hillendahl, DDS (SDDS Past President)

Greg Heise, DDS

#### Additional Term:

Viren Patel, DDS

Nancy Archibald, DDS

Wai Chan, DDS

#### Continuing:

Paul Binon, DDS

Kelly Giannetti, DMD, MS

Bryan Judd, DDS

Wallace Bellamy, DMD

Margaret Delmore, MD, DDS

# Trustee Report



Wallace Bellamy, DMD & Adrian Carrington, DDS  
SDDS Trustees

## Highlights of the Recent CDA Board of Trustees Meetings

**May 15, 2020**

**A Zoom Call of the Board of Trustees**

### 1. Back to Practice Resources Update

Dr. Nagy provided an update from the Clinical Task Force which considered what our focus would be in the:

- I. **Near Term** – Treatment of conditions that may lead to emergencies if not addressed
- II. **Mid Term** – which will be impacted by the availability of testing
- III. **Long Term** – which would coincide with the availability of vaccines

With this in mind, CDA is creating a Back-To-Work comprehensive staff training. This is an evidence-based approach which was being followed by professional formatting of the document(s). The process also reflects CDPH, CalOSHA and CDC recommendations. It is important to note that the workgroup is not producing a mandate or recommendation but is being educational so it may be useful for members to make informed decisions. Dr. Nagy pointed out that he has been asked “why did it take so long?” to which he wanted all to know that the committee spent six weeks sifting through the constantly changing information to make sure the product was supported by the evidence.

### 2. PPE Update

Mr. Jim Wigggett reviewed the role FEMA and the State of CA have played in the commercial availability of PPEs. FEMA has redirected all

commercial channels. TDSC has received over 500 leads for small volumes to over millions of PPEs. Fleshing out the leads has been one of their primary focuses because of the plethora of counterfeit products in the grey market. TDSC is also trying to be more creative since the traditional channels will not recover for several months. If resources are found outside the country, the U.S. government will not let it in or will grab it at the port. The customer service team members make 85 – 100 outbound calls to members daily regarding order fulfillment. Orders will be filled in order that they were made once product is received.

### 3. Advocacy Update

Carrie Gordon explained that procuring PPE has been a multifront effort. New orders, of which we were on top of the list (currently #4 on the FEMA priority list), were taken by the Feds. The Governor’s office intervened with OES supplies. We are encouraged to work with our local counties to secure some of their supplies of PPE. These supplies have been variable between counties and local components have been reaching out to and working with their respective county officers.

The Governor thought dentists were included in the relief efforts but hospitals ‘swallowed up’ most of the funding.

One of the major hurdles has been counties interpreting and establishing protocols for professionals. This has caused considerable confusion. They have been asked to work with the CDPH and Governor’s office to provide more cohesive messaging.

The Governor’s May revised budget has been quite grim. Thus far, California is realizing a \$5 billion deficit. We do not anticipate funding to Dr. Kumar’s office will be affected. There has been great progress with Prop 56 programs. Medi-Cal Dental has enjoyed an addition of over one thousand providers. CDA would not want this decimated. To that end and with the impact of the COVID-19 pandemic, CDA is supporting a delay of the Governor’s sunseting of the Sacramento and Los Angeles GMC to 2024.

Moving forward organized dentistry needs to increase messaging to patients regarding “return to care.”

### 4. Virtual Membership Meeting

Finally, there was a review of the virtual Membership Meeting which occurred on Monday, May 18, 2020. Panelists were Drs. Richard Nagy, Natasha Lee and James Stephens. Our moderator was Alicia Malaby. At BOT meeting time there were 2,450 members registered and 85 questions submitted for the panelists.

### 5. Q&A

Answers:

- The DBC has not been verbally involved which may be good in not creating confusion. In his role Dr. Kumar has been helping the county officers.
- TDSC has been sending e-mails to members regarding their orders. The automatic updates have been turned off.

## May 22, 2020

### A Zoom Call of the Board of Trustees

#### 1. Natasha Lee: member of the Governor's Back to Work Task Force and its Subcommittee on Small Business presented an update to the board

- Working on worker's compensation/liability/tax support relief for small businesses.
- Hopeful that the Senate will pass the Stimulus IV package to help out the state budget.
- PPE distribution from FEMA through the State to happen by next week.
- She wishes members could see experience and understand the tremendous work and what is really happening behind the scenes.
- The state of California will experience a 23-27% lack of revenue to date and expect an 18-24% unemployment rate, which unfortunately is depression era stats.
- The Task Force is now focused on long term economic recovery.

#### 2. Dr. Kumar talked about the new CDC guidance document concerning resuming dental care which just came out.

- CDC and CDPH are concerned about asymptomatic cases - 30% of all cases may exhibit no symptoms but are still infective.
- Focus on 3 stages of Community Transmission:
  - I. none to minimum
  - II. minimum to moderate
  - III. moderate to extensive

- If your community is in the none-to-minimum transmission rate criteria, use universal precautions

What was interesting from Dr. Kumar's update was that airborne transmission is deemed unlikely and that most research shows it is by droplet transmission!

Equipment considerations for control of aerosol generating procedures are being reviewed from the updated CDC guidance by CDPH and the State Dental Director.

#### 3. Q&A

Answers:

- Next CDPH guidance should come out soon
- North Carolina has passed legislation allowing dentists to administer COVID-19 tests and vaccines and Oregon has passed legislation allowing dentists to administer vaccines. Nothing is official from CDB. However, they have signaled that administering vaccinations during a state of emergency is already considered within the scope of practice for dentists.
- In terms of testing for COVID-19 or the antibody test, the issue has been the availability of reliable tests. (False negatives, what is the protocol if someone tests positive?)
- Saliva based testing shows promise particularly in the dental setting.
- Use of hypochlorous acid fogging in sterilization seems to show promise.

Jim Wiggett informed the meeting that TDSC will be opening up distribution of PPE from the state through FEMA.

Variety of items providing to dentists as "Back-To-Work" kits may include:

- 160 surgical masks
- 4 face shields
- 8 KN95 masks
- 3 N95 masks
- 2 surgical gowns

These kits should be available next week via the TDSC website to all dentists.

In addition, a shipment of KN95 masks is being vetted.

Dr. Bellamy asked the question to Jim Wiggett: Would CDA member dentists get priority on distribution of PPE? His response was no, since PPE were being given to the state by FEMA (presumably through lobbying efforts of ADA to place dentists at the top of the priority list) to pass along to the State. TDSC would be used as the focal point of distribution rather than distributing to dentists through the counties. It will be delivered first come first serve through the new queue TDSC has set up on their website. Non-members will need to set up an account with TDSC for tracking and marketing.



**Kevin Keating, DDS, MS**  
New Dental School Advisory Chair  
Dean California Northstate University

# Sacramento's New Dental School

**What's New:** COVID-19 has affected everyone in unexpected and unfortunate ways. I hope that you and your families are well and that your practices are beginning to recover. The impact of COVID-19 forced CODA to cancel all accreditations for 2020 due to the impact on travel and the effort to convert all education to a virtual learning format. That affected CNU College of Dental Medicine as well, which was disappointing since it occurred just 3 days before our scheduled accreditation.

**COVID-19 related cancellation of accreditation:** As a result of COVID-19 cancellation of all accreditations for 2020, CNU College of Dental Medicine is not able to accept a class for 2020.

**Projected timeline for opening:** We anticipate hearing later this year from CODA to reschedule the accreditation evaluation for the CNU College of Dental Medicine. Based on the opinion of a panel of experts that evaluated our application in preparation for accreditation, we anticipate receiving a favorable response from CODA and being able to accept a class starting in the Fall of 2021.

**Curriculum and Faculty development:** There has been a history of tremendous support by both the members of Sacramento District Dental Society and its leadership to develop the College of Dental Medicine. Many local members served to help develop the curriculum for the College of Dental Medicine and have participated in the inaugural faculty development workshops. We plan to continue to offer the faculty development workshops to facilitate the transition from clinician to academician for those interested in teaching.

**Admissions:** With the cancellation of accreditation by CODA, we had to inform all our applicants and the pending inaugural faculty that we could not accept a class for 2020. Anticipating a favorable review by CODA and being able to accept a class in the Fall of 2021, we will be opening the application portal on the College of Dental Medicine website later this summer. If you know of anyone interested in applying to CNU, they can register on the CNU Dental website at [cnsu.edu](http://cnsu.edu) or [dentalmedicine.cnsu.edu](http://dentalmedicine.cnsu.edu)

## **RDHAP program is being considered at CNU College of Dental Medicine:**

Dr. Paul Glassman, Associate Dean of Research and Community Engagement, has been working with the Dental Hygiene Board of California this past year for approval to offer a Continuing Education Program satisfying the educational requirements for the Registered Dental Hygienist in Alternative Practice license in California. This certification course will be delivered primarily in a virtual on-line format. The CNU RDHAP program will be four months in length. The inaugural RDHAP program is anticipated to start August 29, 2020 and is being offered at a discounted rate of \$1500 (normally \$2500). For those interested in learning more about the RDHAP program offered by CNU, please submit your contact information at: [www.surveymonkey.com/r/MQZLLKY](http://www.surveymonkey.com/r/MQZLLKY) ■

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## ASK THE BROKER

# BUY A PRACTICE...NOW???

**Timothy Giroux, DDS/Broker**

Although I believe we will bounce back from this, COVID-19 has put all of us in a quandary of what to do moving forward. From a strictly financial basis, it is ALWAYS better to own a practice than to be an associate, both in terms of income and, in times like these, job security.

We had the best economy with the lowest unemployment OF ALL TIME prior to this virus. Because of that, there is no reason to believe that the economic pain will be long or protracted with no end in sight. The seemingly “safe” course to NOT become a practice owner just assures less income at any stage of the economy. Even taking into account the standard practice overhead, reasonable producing owners will always take home more than associates for the same amount of production whether the economy is strong or weak.

**“BUT I AM ALREADY \$400k IN DEBT FROM DENTAL SCHOOL AND CAN’T AFFORD TO BUY A PRACTICE UNTIL I AM IN A BETTER FINANCIAL POSITION”.** I hear this every week from young dentists. The reality is that I do not believe dental students understood the magnitude of their debts before attending graduate school. Complete a debt service analysis, and it is frightening what it takes to pay off undergraduate and graduate school debt in a timely manner. While I can certainly understand the fear of adding to that debt with a practice purchase, the reality is, the best way to retire all this debt is to get paid almost twice as much for the same amount of work as you would be paid for being an associate.

**“OK, I GET IT, BUT I WANT TO BUY A SMALLER, LESS EXPENSIVE PRACTICE TO GET STARTED”** I also hear this comment every week. But, if you do the math, a less expensive practice doesn’t work due to the fixed ex-

penses of rent, utilities, some staff, insurance, dues, and other expenses. This was even true when I graduated from dental school and the interest rates were above 15%. It is even truer now with interest rates below 4%!

**KNOW YOURSELF.** You as a buyer need to do your own due diligence in any practice to determine if YOU can duplicate the production the selling doctor does to get to the numbers presented. You need to compare what you can produce on THE FEE SCHEDULE OF THE PRACTICE YOU ARE PURCHASING. You need to verify that the treatment plans presented to the patients are consistent with what you would personally diagnose. Many times, a retiring dentist refers out a great deal of dentistry that you might be able to do. This factor is normally a much greater benefit to you than any other perceived issue with the practice or a possible reduction in fees due to a possible Delta insurance issue.

**THE EXCEPTION.** Some of you may never be “big producers”. That is a relative term and there is nothing to be ashamed of if you fit into that category. However, if you do fit into this category, you might be best suited for an associate position that pays a healthy per diem salary or a government type of position. I personally worked for corporate dentistry myself just out of school. It was a great training ground to learn how to triage a busy schedule and hone my skills and hand speed. Once you can produce \$2000 to \$3000 a day, you are ready for practice ownership.

For all of these reasons, my advice is to purchase the largest practice you are capable of handling to pay off your school loans as quickly as possible once you hone your skills. Eventually merging two smaller practices into one is also an option I will discuss in a future article.



*Timothy Giroux, DDS owns Western Practice Sales and is president of the nationally recognized dental organization, ADS Transitions.*

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# TOTAL MEMBERSHIP

(as of 6/10/20:)

# 1,774

## MARKET SHARE: 85.2%

RETENTION RATE: 96.1%  
ENGAGEMENT RATE: 88%

TOTAL ACTIVE MEMBERS:  
1,392

TOTAL RETIRED MEMBERS: 305

TOTAL DUAL MEMBERS: 9

TOTAL AFFILIATE MEMBERS: 9

TOTAL STUDENT MEMBERS: 8

TOTAL CURRENT APPLICANTS: 0

TOTAL DHP MEMBERS: 42

TOTAL NEW MEMBERS FOR 2020: 50

# New Members

June/July  
2020

**KRISTIN ANDERSON, DDS** *New Graduate!*  
General Practice

Dr. Anderson just graduated and earned her dental degree from UOP Arthur A. Dugoni School of Dentistry. Her practice location is currently pending.

**GRANT FONG, DDS** *New Graduate!*  
General Practice

Dr. Fong just graduated and earned his dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently his practice location is pending.

**MATTHEW HARRIS, DMD** *Welcome Back!*  
General Practice

Dr. Harris earned his dental degree from Oregon Health Science University in 2012. Currently his practice location is pending.

**GRAHAM HEARN, DDS** *Welcome Back!*  
Pediatric Dentistry

Dr. Hearn earned his dental degree from UOP Arthur A. Dugoni School of Dentistry in 2012 and then earned his specialty of Pediatric Dentistry in 2016 from University of Washington. He currently practices at Smile Gallery in Roseville.

**MELANIE KITSMAN, DDS** *New Graduate!*  
General Practice

Dr. Kitsman recently graduated and earned her dental degree from Herman Ostrow School of Dentistry. Currently her practice location is pending.

**NISA LIBERTY, DDS**  
General Practice

Dr. Liberty earned her dental degree from Indiana University in 2019. Currently her practice location is pending.

**JOHN LEYMAN, DDS**  
General Practice

Dr. Leyman earned his dental degree in 1978 from UOP Arthur A. Dugoni School of Dentistry. He currently practices at Crystal Dental in Sacramento.

**TEX MABALON, DDS** *Affiliate Member!*  
General Practice

Dr. Mabalon earned his dental degree in 2016 from UOP Arthur A. Dugoni School of Dentistry. He currently practices at Image Dental in Stockton.

**MICHAEL NARODOVICH, DMD** *Welcome Back!*  
General Practice

Dr. Narodovich earned his dental degree in 2008 from Temple University School of Dentistry. He currently practices at Sacramento Dental Medicine in Sacramento.

**LORELEI PERENA, DMD**  
General Practice

Dr. Perena earned her dental degree from Centro Escolar University in 1992. She currently owns and practices at Lorelei S Perena, DMD in Roseville.

**STACY SILVA, DDS** *Welcome Back!*  
Orthodontics

Dr. Silva earned her dental degree in 2012 from UOP Arthur A. Dugoni School of Dentistry, and earned her specialty degree of Orthodontics from University of Detroit in 2014. She currently practices at Kids Care Dental in Sacramento.

**KEVIN VO, DDS** *Welcome Back!*  
General Practice

Dr. Vo earned his dental degree in 2013 from New York University. He currently practices at Kids Care Dental in Elk Grove.

**KARISA YAMAMOTO, DDS** *New Graduate!*  
General Practice

Dr. Yamamoto recently graduated and earned her dental degree from UCSF School of Dentistry. Currently her practice location is pending.  
*Fun Fact:* Dr. Yamamoto spent summer of 2015 as an intern at the SDDS office. Her father is SDDS Member, Dr. Tom Yamamoto. She loves to shoot travel and lifestyle photography.

## Congratulations to Our New Retired Members!

Leon Assael, DDS  
Barry Dugger, DDS  
Nelson Wong, DDS  
Gregory Wilcox, DDS

**WELCOME**  
to SDDS's  
new members,  
transfers and  
applicants.

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Central Valley  
Well Being Committee . . (559) 359-5631

## In Memoriam



Dr. James Holifield passed away on May 17th at the age of 95. He had been an SDDS Member since 1962. After high school he enlisted in the Army Air Corp where he served for the remainder of WWII. On a TWA flight as a passenger he met a lovely stewardess, Virginia "Ginny" Crowe, who later became his wife and life partner. They were married for 68 years.

Dr. Holifield had a long and rewarding career as an orthodontist, retiring in 1993 and enjoyed traveling and going on adventures with his family.



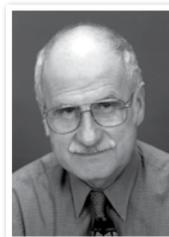
Dr. George Oatis passed away in May. He had been an SDDS Member since 1984. With SDDS, he served as the Chair of the CE Committee in 1985, as a member of the Marketing Committee, and as a CPR Instructor. He was a Diplomat of the American Board of Oral and Maxillofacial Surgeons. Dr. Oatis served in the Navy and retired with the rank of Captain after 20 years in 1984.

He received multiple medals and commendations for his service. He practiced dentistry until 2014 when he retired. We were very fortunate to have Dr. Oatis as a part of our Dental Society.

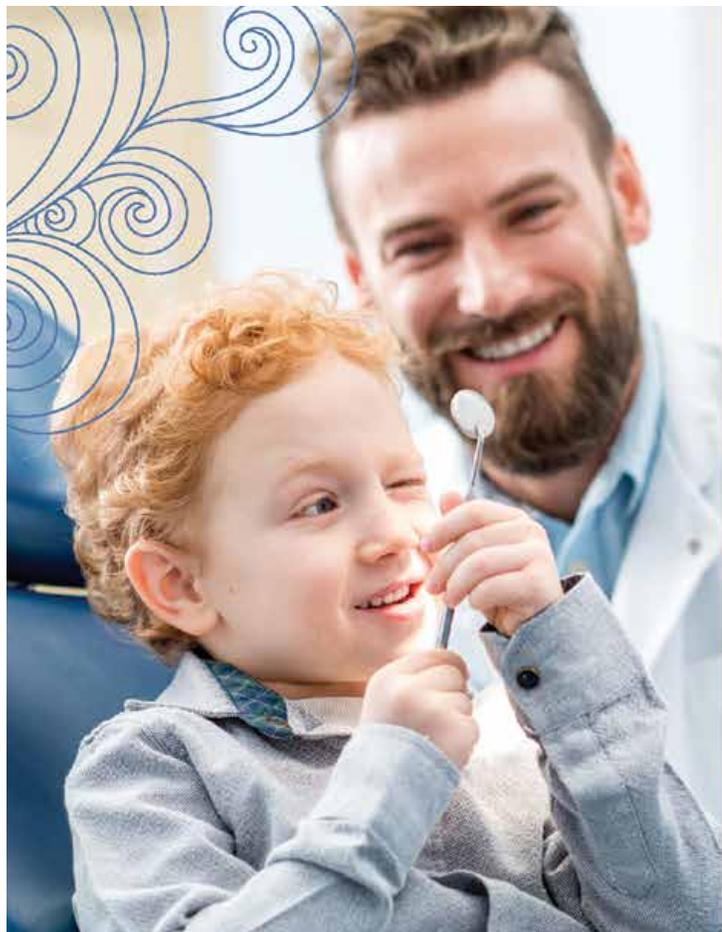


Dr. Jerome Gutterman passed away on April 30th at the age of 80 years old. He had been an SDDS Member since 1975. Dr. Gutterman served in the Army as a Captain in Fort Benning, GA and became the first ever endodontist in Luzerne County (Wilkes-Barre), PA. He met his wife Gail (from San Francisco) on a flight home from Japan and the two eventually settled in Sacramento where

Jerry became one of the premier endodontists in Northern California. He retired from dentistry in 1992 after a diving accident, and used his life to spread his infectious energy and zest for life to all around him. His smile will be missed.



Dr. Lionel Richards passed away June 10th. He was 82 years old and had practiced dentistry for 55 years. He was a Life Retired member with SDDS and will be missed. The family requests that any donations in his memory be sent to the SDDS Foundation.



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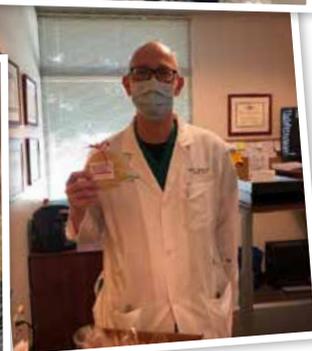
# We're Blowing your horn!

## Congratulations to...

**Dale Alto, DDS and Madeline Majer, DDS**, on the birth of their son Zach! Zach was born on April 14<sup>th</sup> and is thriving! Congratulations to them both! **(1)**

**Jim Cope, DDS and his wife, Kimberly**, on welcoming their ninth grandchild into their family! Calvin Ron Cope was born on April 28<sup>th</sup>! **(2)**

**Hana Rashid, DDS**, and her office Beautiful Smiles Dentistry for sponsoring a cookie donation to Sutter Hospital! What a great way to show some kindness to our local doctors! **(3)**



## LET US KNOW YOUR NEWS!

Have you been helping during the COVID-19 crisis? Donating supplies, sewing masks, or supporting the community in some way? Let us know, we'd love to share some positive news during this time! Send us your news to [sdds@sdds.org](mailto:sdds@sdds.org)!

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**SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!**

SDDS started the Vendor Member program in 2002 to provide resources for our members. No, Vendor Members are not exclusive, and we definitely have some competitive companies who are Vendor Members. But our goal is to give SDDS members resources that would best serve their needs. We suggest that members reach out to our Vendor Members and see what is a best "fit" for their practice and lifestyle.

Our Vendor Members pay \$3,900 per year; that includes a booth at Midwinter, three tables at General Meetings, advertising in *The Nugget*, and much more. Our goal is to provide Vendor Members with the opportunity to connect with and serve our members. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration. The Vendor Members program and the income SDDS receives from this program helps to keep your dues low. It is a wonderful source of non-dues revenue and allows us to provide yet another member benefit. Additionally, we reach out to our Vendor Members for articles for *The Nugget* (nonadvertising!).

Our Vendor Members are financial, investment and insurance companies, legal consultants, dental equipment and supply companies, media and marketing companies, hr consultants, construction companies, billing consultants, practice sales and brokers, practice resource and staffing consultants, technology, HIPAA and security consultants, and even our Crowns for Kids refining partner!

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# 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)

## AUBURN RENEWAL CENTER CLINIC

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

TO VOLUNTEER, CONTACT:

Dr. Steve Holm (916.425.6766 • sholm@goldrush.com)

## THE GATHERING INN

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

TO VOLUNTEER, CONTACT:

Kathi Webb (916.743.5351 • kwebbft@aol.com)

## CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: General Dentists, Specialists, Dental Assistants and Hygienists.

TO VOLUNTEER, CONTACT:

CALL: (916.925.9379 • CCMP.PA@JUNO.COM)

## EVERYONE FOR VETERANS

SDDS is partnering with the national program, Everyone for Veterans, to provide care for combat veterans and their families who cannot afford, nor have military coverage, dental care. Can you adopt a vet? Hope so! Call SDDS (916.446.1227), or email us (sdds@sdds.org), to help us with this wonderful program.

For More Information: [everyoneforveterans.org/for-dentists.html](http://everyoneforveterans.org/for-dentists.html)

# Classified Ads

## EMPLOYMENT OPPORTUNITIES



PART TIME General Dentist for Cameron Park growing office. Ownership oriented, motivated dentist preferred. Start with 1-2 days/week. Email resume to [sacramentodds@aol.com](mailto:sacramentodds@aol.com). 06-7/20c

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 resume to [talent@kidscaredental.com](mailto:talent@kidscaredental.com). 06-7/17

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to [eljohnson@wellspacehealth.org](mailto:eljohnson@wellspacehealth.org). 01/15

Kids Care Dental & Orthodontics seeks dentists 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 resume to [talent@kidscaredental.com](mailto:talent@kidscaredental.com). 06-7/17

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 <http://www.sdds.org/publications-media/advertise/>

## FOR LEASE



Dental Office Space for Lease- Competitive rent, dental chairs/cabinets in place. Located on Watt Ave. Please call Britt 530-913-2748 for more details. 06-7/20

Beautiful new building just completed in Auburn with optimal visibility, ideal location and ample ADA parking. We will help design, finance, build and market your relocation! Lease with future purchase option. 2-11,000 sqft spaces available for your dream office! [www.3130ProfessionalDrive.com](http://www.3130ProfessionalDrive.com) 1/19

SACRAMENTO DENTAL COMPLEX has one 3 unit suite which is equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: 916-448-5702. 10/11

## PROFESSIONAL SERVICES



MONEY IS WALKING OUT THE DOOR. Have implants placed in your office and keep the profits. Text name and address 916-769-1098. 12/14

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

## PRACTICES FOR SALE



Having Trouble Restarting Post-COVID? A+ Dental Care Group can help. Discover the benefits or our flexible affiliation model. Contact Dr. Tim Herman at 916-217-2458 or [tim.herman@aplusdentalcaregroup.com](mailto:tim.herman@aplusdentalcaregroup.com) to learn more. 06-7/20c

Sacramento renovated office condo near Highway 80 for sale, \$475,000; Roseville Dental office lease 1,386 sf, 5 operatories, fully improved move-in ready; Ranga Pathak 916-201-9247, Broker Associate, RE/MAX Gold, DRE01364897. 06-7/20

## EQUIPMENT FOR SALE



Gendex GXDP- 700 Panorex + Cone Beam: \$29,999.99. for sale. Located at 5414 Sunrise BLVD Suite F, Citrus Heights CA, 95610. Please call Britt 530-913-2748 for more details. 06-07/20

Carestream 8100 3D scanner, Dexis Platinum Sensors, OPMI 1 Zeiss Scope, Midmark M9 Autoclave, Airtechnique Airstar 220V Compressor. Marus Complete Chair Units (3). (530) 318-0932. 06-07/20

New Large Olympic Pappoose Board (\$400), Head Immobilizer (\$150), Two Casting Machines Accucast + Centrifico (\$200 each), Bench BB Belt Drive Buffalo Dental Drill (\$250). Call Dr. Chiurazzi at (559) 303-2962. 06-07/20c

Dexis Carivu, light curer, DrQuicklook i/o camera, Denoptix phosphor plate system, multiple highspeed and slow speed latch handpieces/prophy, 6 computers/cart, office furniture, fridge, plants for sale. Call Dr. Patel at (415) 690-6683 or email at [upen49@gmail.com](mailto:upen49@gmail.com). 06-07/20c

4 DENTAL CHAIRS. 3 - Dental-ez E2000, 1 - Royal Model 16. All function well. Need cosmetics. Usable as-is. All 30 years old. Willing to donate. Can assist with moving. Please call 916-337-5105 06-07/20c

SDDS member dentists can place one classified ad

**FOR FREE!**

**MEMBER BENEFIT!**

ADDRESS SERVICE REQUESTED

have you heard of the  
**DEDICATED MONTHLY  
DENTIST (DMD) PROGRAM?**

Prepay for your year  
of General Meetings  
and save big!

**\$450**

for all 7 meetings! Only \$64/meeting!  
register before 8/31/20

Regular charge per meeting\* (individual):  
Early: \$75 • Regular: \$85 • Onsite: \$99

By enrolling in the **Dedicated Monthly Dentist (DMD) Program**, you can ...

**PREPAY ...**

for all seven General Membership Meetings for 2020–2021 with one check or credit card charge

**EASILY REGISTER ...**

for each meeting by responding to a simple email sent to you each month.

**HELP ...**

with SDDS recruitment! If you are unable to attend a particular meeting, call SDDS and we'll arrange for a new member to attend in your place.

**SEP  
8**

*General Meeting*

3 CEU, CORE • \$75

**A Day at The Office...Surefire  
Ways to Coordinate the Chaos**

Presented by Gayle Suarez

Extraordinary customer service is the key to a successful practice – from the moment the phone rings for the appointment! Extraordinary service takes extraordinary teamwork; this program will present sure, rapid ways to achieve extraordinary patient and practice health, including:

- Meeting and exceeding patient expectations
- Advanced planning and morning huddle efficiency
- Fundamental daily flow and operations

Bring your staff –  
it's going to be a  
great meeting!

TUESDAY  
5:45PM-9PM

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

Hilton Sacramento Arden West  
(2200 Harvard Street, Sac)

**ARE YOU REGISTERED FOR THE GENERAL MEETING?**