

Navigating Breakage: The Implant Minefield

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY



Get Leady For Our UPCOMING EVENTS

NOV

10

HR Webinar

NOV

3

NOV

9

Wednesday • 12–1pm • Webinar • \$59

Leave Laws for Small Employers (1 CEU, 20%) Presented by California Employers Association

How many different leaves of absence might a California Employer have to grant? Depending on the number of employees a company has, they may have to grant over 19 different leave laws! If you have 50 or more employees, this seminar is NOT for you. We will focus specifically on the laws that impact smaller employers, from pregnancy disability leave to time off for jury duty. We'll even provide you with a CA Leave Law Cheat Sheet to refer to in the future.

General Membership Meeting - In-Person

Tuesday • 5:45pm Social & Vendors 6:45pm Dinner & Program Hilton Sacramento Arden West • \$75

Which Piece of Plastic to Choose? Night Guards, Day Splints, Snore Guards and Sleep Apnea (3 CEU, Core) Presented by Jamison Spencer, DMD, MS

In this presentation Dr. Spencer will discuss the latest science involving appliance therapy and give a step by step approach to the evaluation, diagnosis and treatment planning that will allow the dentist to know what type of appliance to use, when to use it, how to fit it, what to look for in follow up, how to adjust it, and what to do long term. In this very practical lecture guidance is also given regarding bite registration techniques and fabrication of appliances "in-house" to save in lab costs and improve treatment outcomes.

^{NOV}

Continuing Education Course - In-Person Wednesday • 9am–12pm • SDDS Office • \$149

All TMJ Patients are N.U.T.S., Right? (3 CEU, Core) Presented by Jamison Spencer, DMD, MS

Learning objectives:

- Understand principles of examination and evaluation for TMD
- Have a straight forward way to diagnose the most common TM disorders
- Understand the treatments for the most common TM disorders

Continuing Education Course - In-Person

Wednesday • 1-4pm • SDDS Office • \$149

Obstructive Sleep Apnea–Looking Beyond the Teeth and Saving Lives! (3 CEU, Core) Presented by Jamison Spencer, DMD, MS

Learning objectives:

- Understand how obstructive sleep apnea affects adults and children
- Become familiar with the dental aspects of screening for OSA
- Recognize how to choose the best oral appliance for your specific patient

Continuing Education Course - In-Person

Wednesday • 5:30-8:30pm • SDDS Office • \$149

10 Dental Sleep Medicine (Hands On) (3 CEU, Core)

NOV

NOV

12

NOV

17

Presented by Jamison Spencer, DMD, MS

Learning objectives:

- Learn how to choose the best oral appliance design for your patient
- Take a bite registration for an oral appliance for sleep apnea
- Understand how to avoid side effects of oral appliance therapy

CPR–AHA BLS Blended Learning

Friday • 8-8:45am, 9-9:45am, 10-10:45am SDDS Office • \$77.50

Skills Testing, 3 Time Sessions (4 CEU, Core)

Business/Practice Management Forum

Wednesday • 12–1:30pm • Zoom Meeting • \$49

Ask Jenny: Fine Tuning Your "Welcome to Our Practice" Plan (1.5 CEU, 20%)

Presented by Jennifer de St. Georges

Implementing change can be both stressful, frustrating & cause confusion. This interactive workshop is Part 2 of Jenny's September program -'Dentists Are Judged by Everything but Their Quality of Care' with registration for this program being LIMITED to September Part 1 attendees.

This interactive format enables Jenny & attendees to work together to acknowledge all that is working & fine tune issues where there are still bumps in the road.

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



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Strategies for Removing Dental Implants Peter Yanni, DMD, MS

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2016 • Golden Pen, honorable mention
2015 • Special Citation Award
2014 • Outstanding Cover, honorable mention
2013 • Outstanding Cover
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President's Message



By Volki Felahy, DDS 2021 SDDS President

Monthly General Meetings Networking, CE, Dinner... A Valued Evening

I joined Sacramento District Dental Society in 2001. One of the first things I did after joining was attend the evening membership meeting on the second Tuesday of the month.

I remember being amazed at how many members attended the meeting. From the moment I entered the meeting area, I felt welcome. Members of the leadership went out of their way to say hi and to introduce me to other members in the exhibit hall. I remember the President of the Dental Society at that time sat with me and others during the dinner. It truly set the tone moving forward for how I felt about the Dental Society. I am so proud of being a part of such a great organization. We really do things right, including making sure our newest members feel like part of the local dental family.

Fast forward to the first quarter of 2020, when, due to the pandemic, we lost that personal touch and were forced to go virtual for safety. As a Dental Society, we certainly adapted, but we did lose that in-person meeting connection. But now, as we enter the last few months of the year, life seems to be getting back to some semblance of normal. The COVID positivity rates are steadily decreasing, and vaccination rates in California continue to rise. September was big for us: we transitioned our classes from a virtual Zoom platform back to a live format.

We started with the Tuesday night dinner and CE. September's meeting was our very popular throwdown format, in which there is a question posed and there are three to four speakers that answer the question according to their treatment philosophies. Some years, with more controversial subjects, it can get quite feisty. This year did not disappoint–we had a periodontist, oral surgeon, and general dentist all talk implant complications. The meeting was truly excellent, and I am so thankful for the speakers' presentations and even more thankful to have been there in person. It was amazing to see the excitement and energy of the members who were present at the meeting. The demand for the General Meeting was so great this year, the September GM sold out way in advance!

I hope that as the year moves forward, more will be willing to brave the COVID risks and restrictions to attend future meetings. We have an amazing lineup ready. Sign up early! I bet we will sell out fast! •

Voh.

JOIN US FOR THE NOVEMBER GENERAL MEETING!

Which Piece of Plastic to Choose? Night Guards, Day Splints, Snore Guards and Sleep Apnea

3 CEU, Core • \$85

Presented by Jamison Spencer, DMD, MS

Most dentists have VERY limited training in dental school regarding proper use of oral appliances for bruxism and virtually no practical training regarding appliances for TMJ problems, snoring or sleep apnea...yet our patients want and need these treatments.

Learning Objectives:

- Review the various appliances available for TMJ problems, snoring and sleep apnea.
- Recognize which type of appliance may be best for specific circumstances.
- Understand practical matters such as follow up, insurance coverage and lab versus in-house fabrication.

Tuesday, November 9, 2021

5:45pm: Social & Table Clinics

6:45pm: Dinner & Program

Hilton Sacramento Arden West (2200 Harvard Street, Sac)

Invite your team!

Cathy

Is it November Already?

By Cathy B. Levering SDDS Executive Director

Well... only two more months and 2021 will be over. It's amazing to think that we have been in the "new normal" for nearly two years. We all have faced challenges, sadness, illness, and worries these past months - all while trying to navigate this "new normal" and keep a sense of stability and normalcy. Whether it is in our homes and families, our businesses, our social lives, our volunteer lives, or whatever - we all have been striving to get back to whatever we call normal, right?

I say that as we have just gone back to our normal General Meetings at the Hilton. Thank you to those SDDS members who support what we do and to those who attend. We will continue to make these meetings enjoyable and safe, fun and informational, and somewhat normal.

That said, our November General Meeting with Dr. Jamison Spencer promises to be a great meeting! To add to the excitement of hosting Dr. Spencer (who sold out MidWinter a few years ago), we a trying something new the next day: a full day of three separate classes, one in the morning, one at midday and one in the evening. His topics are all different and we are trying this as a new option for CE courses. Granted you need to plan ahead - and this has been advertised since June - so hope that you can attend one or more.

Our JOB BANK (Member Benefit!) EVENT is November 15th at 6PM. Bring your job descriptions and your resumes and join us if you are looking for a job or looking to hire an associate. We'll be serving hors d'oeuvres and libations and we'd love to have you join us. Email your RSVP to events@sdds.org - and watch for further information in upcoming weekly emails.

The Annual Holiday Party and Silent Auction (December 10th) is back too! Join us to celebrate SDDS, our wonderful leaders who have led us through these past two years and "kick it up" with Jay Rolerz Band (one of THE BEST COVER BANDS in Northern California)! Bring your friends; bring your team; bring your spouse and/or your signies or come on your own – everyone will be dancing! (And we hope the mask mandate is lifted but bring a fancy one, just in case!)

In closing, thank you again for your continued support for SDDS and what we do for our member dentists. Pathy

Happy Thanksgiving and Happy November!



Do you want to refer a new SDDS Member?

You'll get gifts from ADA, CDA and SDDS, and we'll get a new member!

Email sdds@sdds.org to refer them!

Thanks for your referral: Jacob Kelly, DDS for referring James Robison, DDS



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From the Editor's



Manufacturers' Recommendations

Each day in our practice, we use so many products and tools to help us treat and take care of our patients. With so many packages arriving in my office through the week, I can't remember the last time I took the effort to open a box, be it a suture package or an implant box to read the manufacturer's recommendations. As I was writing this editorial focusing on breakage, I decided to open and read a package of implant drills as I had just purchased a set of them. As I was reading them, I realized that I have been using the implant drills the way I was taught back in residency and never learned to use it in a way it was intended to be used or like the manufacturer recommended. Well, I could say it worked all these years or I could choose to make the change and follow the recommendation. Every manufacturer, as a rule, must give recommendations and guidance for use of the product but, more importantly, they will also give information for safety and maintenance of the product as well. Taking the time to do this simple exercise with several other items would have saved me a lot of trouble in the past and saved me a whole of time and stress.

As an implant surgeon, it is important for me to understand the drill system I use, the drill speed recommended for each drill and its maintenance to make sure I keep it sharp for it to work as intended. Not following the guidance could be the reason for drills becoming dull too soon causing a much slower osteotomy preparation possibly

Taking the time to do this simple exercise with several other items would have saved me a lot of trouble in the past and saved me a whole of time and stress.

overheating the bone and not preparing the site ideally. This can lead up to an implant being placed with a greater torque value than intended by the manufacturer thereby leading to undue pressure on the bone as it is placed. Ultimately, this will lead to failure of the implant. This same example can be applied to other parts of the implant as well when instructions are not followed.

One of the challenges of general dental practice is the need to rely on a team to

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

get the implant process done. It starts out with the surgical placement by a Surgeon or Periodontist who most times will choose the system. The dentist then uses a genuine impression post to match the implant system and this needs to be followed by the lab in using genuine parts. While it is obvious that genuine parts will cost the lab more, (thereby increasing the lab bill for the dentist) it is this \$50 – \$100 difference that can become the weakest link in a treatment that costs several thousands. We all can agree when a third party abutment screw is used, it absolutely becomes the weakest link. Chris Bain from Laguna Dental Arts writes about the importance of following the manufacturers' guidelines for the lab process and emphasizes the message of using genuine parts. Dr. Binon, who has done thousands of implant restorations in his long career, writes from a clinical and experiencebased point of view regarding how to avoid breakage and how to solve it when it happens with full arch implant cases. Dr. Yanni walks us through the steps in removing broken implants when we must deal with one. It is my hope that the previous issue of the Nugget and this issue, will work as a reference to deal with breakage in implant dentistry.



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YOU SHOULD KNOW

THE SDDS ONLINE MEMBER DIRECTORY IS OUT NOW!

On the first of each month, we upload the most current list of active SDDS members to our Member Directory webpage. The SDDS Online Member Directory is a resource that includes information on SDDS, related organizations and resources, and a list of our SDDS Members. Currently we have the active member list available which will help you find the dentist you're looking for (additional lists will be coming soon).

Searching the documents is simple! Use the find command (ctrl+f) and search for what you're looking for: whether it's a dentist's name, a zip code, city, or a specialty.

We hope you enjoy this great resource that's now available to you on the go. **Visit our website to check it out: www.sdds.org/member-directory/**

NEW DENTISTS URGED TO CONTACT CONGRESS ABOUT MEDICARE

New dentists are being encouraged to make their voices heard on a legislative proposal that would put dental care in Medicare Part B, according to New Dentist News.

In a Zoom video discussion recently, Amrita Patel, DDS, a new dentist and member of the ADA Council on Dental Benefit Programs; David White, DDS, chair of the ADA Council on Government Affairs; and Jim Shultz, director of governmental and public affairs with the New Jersey Dental Association, talked about the proposal. According to the article, "it is particularly important that new dentists contact their members of Congress because, if enacted into law, the Medicare Part B proposal will greatly affect how dentistry is practiced in the future, including reimbursement, administrative requirements, and more."

"The important thing to remember is this is time sensitive, so we need everyone to mobilize now," Dr. Patel said.

To have their voices heard, new dentists are encouraged to visit the ActionCenter.ADA.org to directly contact their members of Congress. For more information, visit ADA.org/Medicare.



WE'VE GOT GREAT SEATS IN THE ORCHESTRA AND THEY'RE SELLING FAST!

Join SDDS on Thursday, April 14, 2022 to enjoy a night at the theatre. See Broadway insert for details and to purchase your tickets.

CE DEADLINE EXTENSION

California-licensed dental professionals whose active licenses expire in October 2021 have until March 28, 2022, to complete the C.E. courses and take and pass the examinations required for license renewal. Under a separate waiver issued in July, dental professionals whose active licenses expire between March 31, 2020, and September 30, 2021, have through January 26, 2022, to satisfy license-renewal requirements.

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Support SDDF, our Smiles for Kids and Smiles for Big Kids program with donations through Amazon Smile. They will automatically donate .5% of our purchases. Logon to smile. amazon.com and select the Sacramento District Dental Foundation as your charity.

"THIS WEEK AT SDDS" EMAILS OFTEN CONTAIN DEALS!

Have you taken advantage of any of the week long deals we've been offering in our "This Week at SDDS" emails? We've discounted courses, bundled products at a discount, shared vendor member discounts and had many other great deals! **Check your inbox Sunday mornings around 8am for the** weekly news and possible deals you won't want to miss.

PRESCRIBING AND DISPENSING Q&A

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Q&A on state and federal DEA requirements for prescribing, dispensing and administering controlled substances and non-controlled substances, and on CURES, the state drug monitoring database can be found at www. cda.org/Home/Resource-Library/Resources/ category/dental-practice/prescribing-anddispensing-qa

HOLIDAY PARTY & SILIENT AUCTION MARK YOUR CALENDARS FOR DECEMBER 10TH

RSVP Today with enclosed insert or online! \$120 per person until November 30th Price includes - cocktails, hors d'oeuvres, dinner & dancing to the Jay Rolerz Band



By Paul Binon, DDS 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.

Challenges of Implant Supported Fixed Dental Prosthesis (IFCDP)

The efficacy of osseointegrated implants has been well established for more than 40 years. My first implant experiences were early on in the 1980's with mandibular all on 5 fixed prosthesis. They offered excellent function, comfort and stability to patients with atrophic mandibles. Dr. Ken Messenger and I treated a couple of hundred arches with this modality. I still see some of those patients today for recall and maintenance. There were minimal mechanical complications over time. Due to metal fatigue the necks of the "flat top" abutments screws and/or the prosthetic screws would fail. However the most prevalent repeated issue was wear of the denture teeth and a loss of vertical dimension. Typically they required restoring the VD, stripping of the framework and replacement of the denture teeth and pink resin at 10 to 12 years.

Fast forward to the introduction of the "All on 4" concept by Dr. Paulo Malo and Nobel Biocare which allowed implant supported immediate load fixed restoration in both the upper and lower dental arches. This was definitely a game changer for patients that have a failing terminal dentitions. It also proved to have a significant impact on the dentists that provide this service. Reviewing the literature, there are limited resources available that provide a description and analysis of the complications experienced with implantsupported fixed complete dental prosthesis (IFCDP). One cohort article¹ reported on both biological and technical/structural complications of two age groups. One group with 5 years of function and a second with 10 to 20 years of function were evaluated. Two implant systems were included in this report (Branemark & Straumann).

The biological related complications:

Reported were bone loss greater than 2mm and peri-implant mucositis. From a total of 1,392 implants analyzed, 54 implants fell into that category with an annual estimated complication rate of 4%. The 5 and 10 year rates were 20.1% and 40.3% respectively. The annual estimated complication rate for peri-implant mucositis at 5 and 10 years respectively was 10.5% and 21.1%. Two other prosthesis complications frequently



The original IFCDP, all on 5 dating back to the late '70s. Good hygiene was easy to maintain. Fatigue fracture of abutment and prosthetic screw did occur due to the cantilever extension of the prosthesis. Sometimes retrieval out of the implant body is surgically necessary.



CURRENT COMPONENTS: Above illustrates fracture of the framework at the abutments interface. Universal conical connection with part of the screw lodged in the threaded portion of the abutment. Examples of fractured screws.

encountered were hypertrophy /hyperplasia of the soft tissues and tissue inflammation under the IFCDP. The 5 and 10 year complication rates were 13% and 26% respectively. Having access for hygiene is critical.

Technical /mechanical complications:

These included screw loosening of both abutment and prosthetic screws. Prosthetic screw and abutment screw fracture, acrylic teeth fracture from substrate, framework fracture, fracture of acrylic/tooth segments from framework, loss of screw access hole seal. Overall complication rates at 5 and 10 years respectively were 10 % and 20.1 % respectively.

My own experience parallels the reported data, the only difference being my data on technical and mechanical complications are slightly higher. On a regular basis, screws need to be re-torqued to manufacturer specifications.

Screw fracture is also a chronic issue especially with universal conical abutment prosthetic screws. The screw's lower threaded part breaks off in the threaded dome of the conical abutment and it is typically cold welded and non-retrievable resulting in requiring a new abutment. That is one reason why I sometimes use alternative abutments that have larger screw diameters and are less likely to break. The downside is that the abutment interface platform is wider and cannot be used in all applications.

Tooth fracture and separation from the pink resin substrate occurs frequently. I have been

told by reliable lab sources that sometimes the top-quality composite denture teeth may not bond well to the pink denture resin and the lower end of basic MM denture tooth might bond well on those instances and are much less likely to break free from the base. One major complication involves sections of several teeth fracturing from the prosthesis. Sometimes, fracture lines and section mobility occur prior to the section separating from the framework. An aware patient realizes there may be a fracture that leads to a simple repair rather than a catastrophic one. Over the many years of doing numerous of these, I have yet to discover the perfect retentive framework. Framework breakage has been relatively infrequent for me and many times a tradeoff with the computer milled frames. Accuracy and passivity is excellent and predictable with the computer milled frameworks, however, on the down side, the actual designs are often too bulky and angular in places to accommodate the placement of denture teeth.

Some factors to consider in order to avoid technical problems include the following: adequate reduction of bone to allow adequate thickness of metal and resin. The placement of the implants, especially in the anterior maxilla is critical to avoiding chronic tooth fracture. Also make sure the framework extends into the cantilever to support all the posterior teeth. If you know the patient is a bruxer, clencher, or has a large arch, add additional support with one or two additional implants. Also, have your lab make a thin hard lower disengagement splint to wear at night. If the opposing dentition had no posterior stops, the patient will function on the anterior teeth only and then fractures of the anterior teeth are guaranteed. The occlusion is also critical to minimizing overload to the denture teeth and prosthesis. Sharp cusps to the central fossa cut food and masticate efficiently. A cusp to fossa relationship loads the teeth vertically in an axial alignment and working and balancing interferences are cleared to minimize off axis loading. It is prudent to check and adjust the occlusion periodically. The lowest complications are in patient groups that have a denture working against an IFCDP and he highest complications occur against an intact natural dentition. Keep in mind that biting force in the posterior area is on the order of 390 - 880 N.

Make sure there is access space between the soft tissue and the prosthesis. The Waterpik has to have access to the space to clean properly. Once the patient has the definitive prosthesis, they often believe they are invincible. A tight regular recall system is necessary to check on their status regularly. Failure to comply is expensive when part and pieces break. They need to know and assume some responsibility. As a clinician be aware that with these restorations the patients have to be serviced when parts break. That sometimes creates a challenge for your schedule.





Implant location is critical especially in the esthetic zone. In both these case the implants are too far labial and the screw access hole penetrates through the body of the tooth. The image to the left already has angulation change abutments.



Even using dynamic screws will not get the screw access hole in a location that is lingual to the body of the denture screw. It really pays to work closely with a surgeon that has the same restorative vision that you have.

Reference

Teeth fractures, individually and in sections occurs frequently. Bonding to the metal framework does not occur. Typically it's a mechanical retention. Often it occurs in close proximity to screw access holes.

 A Systematic Review of Biologic and Technical Complications with Fixed Implant Rehabilitations for Edentulous Patients. Papaspyridakos, P. Chen, CJ. Chuang, SK. Weber, HP. Gallucci, GO. : Int J Oral Maxillofac Implants 2012; 27:102-110



By Christopher Bain Laguna Dental Arts

Mr. Bain is the Co-Owner of Laguna Dental Arts. He has worked in some of the largest labs in the Bay Area for over 14 years like Microdental and California Dental Arts with emphasis on digital implant dentistry. Chris specializes in digital implants planning and full mouth restorations.

Implant Parts – The Lab Perspective

Laguna Dental Arts makes over 500 custom abutments and I get calls weekly on a common problem, "I think I have a broken screw!" My first step to problem solve this issue is to ask for a list of information from the dentist. This information includes: How was the restoration made? Was it traditional impressions with cement or screw retained crowns? Was it a digital impression? Is the restoration a titanium abutment or an Angulated Screw Channel zirconia abutment? Angulated Screw Channel or ASC, which are made with zirconia abutment and Ti-base, are notorious for stripped screws if incorrect implant driver was being used. A big part of a lab fixing a broken part of an implant restoration is to figure out why the restoration failed in the first place.

Once I have compiled the list of information, I can begin to diagnose the core issue (information compiled typically consists of, traditional or digital, x-ray with abutment, x-ray of impression coping or scan body, manufacturer of the scan body and size that was used, implant report, and torque value that was used to deliver implant restoration).

The top two reasons I see implant restorations fail and need repair are: broken screw and a stripped ASC (Angulated Screw Channel). While this is a common issue there are multiple ways to address the problem. One of the most difficult parts of dealing with a threaded screw can be getting the threaded part of the screw out of the implant. Simply replacing the broken screw with the manufactured screw is recommended. If the head of the screw is stuck in the abutment and crown, it must be debonded from the restoration and tap out the head of the screw. The abutment will need to be inspected to ensure that the internal seat of the screw in the abutment was not damaged. It is very important to use the same screw from the manufacturer that made the abutment.

The second most common failed restoration is zirconia abutments debonding from the Ti-base. If an ASC zirconia abutment has a stripped screw, most of the time it cannot simply be removed. This typically has to do with the angled screw channel. The process includes de-bonding the zirconia from the Tibase. To do this, the zirconia abutment must be placed in a porcelain oven at 450° Celsius for no more than 5 minutes. This process helps burn out the cement and allows for the zirconia abutment to come off the Ti-base.

...most of the failed implant restorations could be prevented if manufacturer torque values were followed.

Afterwards, checking the zirconia abutment for fractures and making sure the Ti-base is not damaged is key. The zirconia abutment and Ti-base will need to be cleaned and reprepared for cementation. An easy step for prepping the zirconia abutment is to sand blast the fitting side of the abutment and the Ti-base. It is very important to follow the manufacturing protocol for cementation. Most of the times when I have received a zirconia abutment that was made from another lab that has de-bonded from the Ti-base, it is due to not properly prepping the components for cementation. Another reason also is not using the cement manufacturing protocol instructions (i.e., prepping or cleaning the surface, or using recommended bonding agents for cement).

From my point of view, most of the failed implant restorations could be prevented if manufacturer torque values were followed. Dental labs need to use authentic components not third party parts to prevent failed screws. Another key element to avoiding a failed implant restoration is using the same implant manufacturer's approved milling center. Following the manufacturing protocols for cementation, prepping, and using authentic components all will play a key role in a successful restoration. But, if you do find yourself in a situation with a stripped or broken screw, it is not difficult to navigate back to a successful end product if you follow a few easy steps or simply working with a credible and thorough dental lab.

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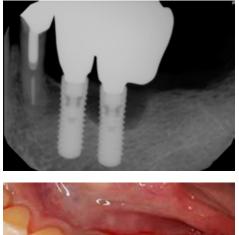


By Peter Yanni DMD, MS SDDS Member

Dr. Yanni earned both his Masters in Medical Sciences as well as his Dental Degree at Western University of Health Sciences. He earned his second Masters in Oral and Craniofacial Sciences as well as his certificate in Periodontology at the University of California San Francisco. Dr. Yanni practices Periodontics and Dental Implants at Roseville Perio.

Strategies for Removing Dental Implants

In health, dental implants represent a safe, predictable, and desirable way to replace missing teeth and restore normal function to patients. The prevalence of dental implants has increased from 0.7% in 1999 to 5.7% in 2016, and that number is anticipated to reach 23% by 2026. In 2018 alone, an estimated \$7 billion dollars were spent on dental implants. Unfortunately, as the prevalence of dental implants increases so will implant-related complications. These complications can result in adverse effects on systemic health, patient dissatisfaction and discomfort, surgical and non-surgical treatment, increased costs, and ultimately the loss of the dental implant. There are multiple reasons that may lead to implant loss including: failure to osseointegrate, implant placed in a non-restorable position, peri-implantitis, and mechanical failure of the implant or restoration. Implant removal can present a daunting task as implants can remain immobile with as little as





a few remaining yet fully integrated threads. In this article I will outline techniques that will aid implant removal.

Technique 1:

A common approach is breaking the remaining osseointegration around an ailing implant. In this technique, direct access to an intact implant fixture is required. In addition, this technique will not work for older fixtures such as press-fit implants or those that utilize hollow cylinders and multiple vents for mechanical retention. Many implant manufacturers sell a removal kit specifically tailored to their specific implant system, but there are also universal kits available for sale that can be used on several systems as pictured in this article.

Once you have access to the internal components of the implant fixture, you can begin by inserting a fixture (implant) remover screw into a hand adapter and then subsequently placing the remover screw into the implant fixture. You will then begin rotating the fixture remover screw counter-clockwise until you feel that it is has engaged the implant. Proper engagement of the remover screw is a critical step and should mimic the same feeling as gradually tightening a cover screw or healing abutment until no more rotation can be achieved by hand. The purpose of this step to create a snug fit with the implant body. Once it is hand tightened, the hand adapter can be simply removed from the engaged remover screw and replaced with a hand wrench. Using the wrench, the fixture remover screw is continued to be rotated in a counter-clockwise manner with mild bucco lingual traction at the same time using moderate amount of force. During this step you will encounter resistance, but you should try until you feel a "pop." The "pop" you feel is the breaking of the osseointegration, and at that point the implant should be easily removed by continuing to rotate in a counter-clockwise



manner. This technique is relatively predictable for implants with moderate to severe bone-loss. The major benefits of this technique include: ability to be performed flapless, quick and atraumatic removal of the implant preserving both hard and soft tissue, and minimal postoperative discomfort and sequala.

Technique 2:

When the above technique is not possible or will not work due to inability to engage the internal components of the implant fixture, presence of vents, or the remaining integration is too strong to be broken, I typically resort to using a trephine technique. Many of the universal implant removal kits will include trephine burs or they can be purchased separately and will work with your existing implant motor. A trephine bur is a hollow cylindrical bur that is only "end cutting," and typically has a window and markings to aid in visualization and depth control.

Prior to beginning, knowing the approximate diameter and length is critical to safely removing the implant or you may have to try it out and see what diameter works best after reflecting the tissue to allow for clear visualization the implant. When choosing the appropriate trephine bur, one that has a diameter just slightly bigger than the



implant diameter is the ideal choice. This will help preserve bone circumferentially and reduce risk of damage to adjacent teeth or vital structures. Familiarizing yourself with the depth markings on the trephine bur is an important step to avoid damage to vital structures that may be apical to the implant and prevent excessive damage to the bone. I typically like to run the trephine bur at 800 to 1000 rpm with copious irrigation to avoid any risk of overheating the underlying bone. The trephine bur is then placed so that the implant fixture is within the walls of the hollow cylinder and remains parallel to the angulation of the implant. It is critical that extra attention is kept on an angulation parallel to the implant to avoid friction between the bur and the implant surface that can result in breakage of the bur or implant that can get embedded within the bone. I typically stop once the drill is to a depth approximately 1-2 mm short of the apex of the implant. At that point the implants are easily luxated using standard elevators and



removed using a universal extraction forceps utilizing a circular or figure 8 motion. Once the implant is removed, you should be able to see a ring of thin bone circumferentially around the implant fixture. If performed carefully, this procedure can still be relatively atraumatic and maintain a good regenerative prognosis if buccal and lingual walls are intact. This approach is more technique sensitive and has an increase risked for complications as compared to the previously discussed approach.

Technique 3:

The last approach is last on my list too. In this approach I would treat the implant just like a tooth. Just consider using elevators mesially and distally to slowly separate the implant from its osseointegrated portion and remove he implant just like a tooth. This technique can be more traumatic to the jaw especially if the implant has a good amount of bone supporting it and lead to an unpleasant patient experience.

Following all these techniques, the area should be debrided of any remaining granulation tissue. The site can either be grafted and covered with a resorbable membrane, or be left to heal without grafting materials. Removing dental implants can be an intimidating task, but by utilizing the aforementioned techniques, you should be able to safely remove the vast majority of implants.

SDDS Foundation

Ottention SDDS Dentist Members...

One of the best parts of our SDDS Foundation is the opportunity to fund scholarships for both dental students as well as staff of our dentist members.

Each November, our Foundation accepts applications on behalf of RDAs who want to continue their education and become RDAEFs. Our partner in this educational opportunity is FADE, the Foundation for Allied Dental Education. Located in El Dorado Hills, the FADE program offers several cohorts throughout the year, with the

next one scheduled to begin in early in 2022. Thanks to the efforts of the late Dr. Beverly Kodama and the Delta Dental Foundation, a scholarship has been established for any RDA who is an employee of an SDDS member. Dentists can co-sponsor their employee by submitting an application on their behalf, or the RDA can self-submit (see application inserted in this issue of *the Nugget*).

The SDDS Foundation is proud to have this opportunity to enhance our members' dental teams and their education.

And, as always, contributions to this scholarship fund are always welcome.



Pictured above from left to right: Dr. Volki Felahy, Dr. Jayson Chalmers, Tammy Roach, Dr. Viren Patel, Emily Sierck, Dr. Jerhet Ask and Dr. Carl Hillendahl at the FADE Institute.



Viren Patel, DDS SDDS Foundation President

SCHOLARSHIP RECIPIENTS

2019	Marie Tran Drs. Jill Beams and Kimberly Sunahara
2020	Emily Sierck Jackson Creek Dental
2020	Tammy Roach Dr. Jayson Chalmers



Your Foundation Membership helps to fund our Smiles for Kids, Smiles for Big Kids programs and other forms of community outreach!

Not yet a member of the Foundation? Email us at sdds@sdds.org to become a member and make a difference.

Thanks for your support!



🛆 DELTA DENTAL

\$75,000 (grant began in 2019) The Dr. Beverly Kodama/Delta Dental Foundation Scholarship for Allied Education

Dr. Kodama (who served on the Delta Board of Directors) partnered with Delta Dental Foundation to establish a scholarship to help defray the educational costs for dental assistants and other allied team members. Dr. Kodama always felt that allied team members were the heart of a dentist's practice and wanted to give back to that cause so that other dentists will benefit from wonderfully trained staff. Geared specifically toward dental assistants and also the EF curriculum, the SDDS Foundation is in partnership with FADE (the Foundation for Allied Dental Education) to help defray costs for those applicants who qualify. Contributions are welcome to this wonderful fund at any time. Applications and scholarships are awarded on a yearly basis and announced to all members of the Sacramento District Dental Society to sponsor any of their current RDA employees for consideration.

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This is a sample of our listings.

CONCORD/WALNUT CREEK PEDO: *NEW LISTING!* 8 chairs, busy retail area, Digital Pan, Scan-X. 2019 GR \$832K on 3-4 days/wk. #CA2523 FAIR OAKS/CITRUS HTS: Desirable area, 38 yrs. Goodwill, 4 Ops, Nice décor, Digital, 6 hyg days/wk. 2019 GR \$970K on 4 day/wk. #CA656

FAIRFIELD AREA: 7 Ops, Digital, Digital CB/Pano, Newer Equip, Specialties referred out. 2019 GR \$1.7M. #CA1824

NORTH SACRAMENTO AREA: 3 Ops, 1 add'1 shared, Paperless, Digital, CEREC, Busy street location. 2019 GR \$671K. #CA1745

REDDING: 5 Ops, 4 Equipped, Digital X-rays and Digital Pano, CEREC, 5 hyg dys/wk, Specialties referred out. 2019 GR \$558K. #CA1742

ROCKLIN/ROSEVILLE AREA: *NEW LISTING!* 4 Ops, Hi-tech, Affluent area, Digital, iTero Scanner, much more. 2021 projected to produce \$2M+. #CA2793

ROSEVILLE/CITRUS HTS/ANTELOPE: *NEW LISTING!* 6 Ops, High traffic location, Digital, Strong hyg program with 1100 active patients in last 18 mo. 2020 GR \$669K. Room to grow w/ Specialties. #CA2749

SACRAMENTO: *NEW LISTING*! 5 Ops +RE in busy area, Digital, 6 hyg days/wk. 2019 GR \$697K with Specialties referred out. #CA2620

STOCKTON AREA: 5 Ops +Dental Condo, Digital, 5 hyg days/wk. GR \$812K, high level of Ortho expertise. #CA2006

VACAVILLE AREA: 5 Ops, Pano, Centrally located, High traffic location with 28 yrs. Goodwill, Dentrix, 2019 GR \$556K. #CA645

VACAVILLE AREA: *NEW LISTING*/ 4 Ops, 3 Equipped, 45 yrs Goodwill, Dentrix, Paperless, Digital. 2020 GR \$609K with room to grow. #CA2748



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We Love Our Veterans!

Thank you, SDDS Members, for your service!

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U.S. Marine Corps

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U.S. Navy

William Black, DDS Carlos E. Bonilla, DMD Dave Bull, DDS, FAGD Don Campbell, DDS

U.S. Navy (cont'd)

Sonney Chong, DMD Joseph Cullo, DDS R. L. (Bob) Dorian, DDS Timothy Durkin, DDS Ryan Grandpre, DDS Greg Heise, DDS Richard A. Mandelaris, DMD David Marth, DDS Erik Matson, DMD James Musser, DDS John C. Riach. DMD Wendie Richards (Vendor Member) Donald Rollofson, DMD Dennis C. Romarv. DDS Sholi Rotblatt, DDS Mitchel Ruffman, DMD Dean Sands, DMD William Sloan, DMD Kevin Tanner, DDS Lien Truona, DDS Russ Webb, DDS Frederick (Fritz) Wenck, DDS

U.S. Air Force

Guy Acheson, DDS Kreston Anderson, DDS Robin Berrin, DDS Gary C. Borge, DDS Matt Campbell, DDS Monica Crooks, DDS Jason Dorminey, DMD James Elliot, DDS Teje Ellis, DDS Mitchell A. Goodis, DDS Harvey S. Greer, DDS Daniel Haberman, DDS Richard Jackson, DDS Craig H. Johnson, DDS

U.S. Air Force (cont'd)

David Jolkovsky, DDS H. David Knepshield, DDS Jeffrey Light, DDS William L. Marble, DDS Larry Masuoka, DMD Daniel G. Mazza, DDS, MAGD James McNernev, DMD Feroz M. Nawabi, DDS David F. Nelson, DDS, MS Lawrence Nguyen, DDS Richard O' Day, DDS, MS Michael H. Payne, DDS Jim Peck, DDS Mitchel Ruffman, DMD Benton J. Runquist, DDS, MS Timothy D. Scott, DDS Robert M. Shimada, DDS Walter Skinner, DDS R. Bruce Thomas. DDS Robert L. Tilly, DDS Cas Szymanowski, DDS Kim Wallace, DDS Micheal Weideman, DDS Lee Wiggins, DDS

U.S. Public Health Service

Dennis Wong, DDS Tim Mickiewicz, DDS

Note: This list was compiled from responses to an email requesting the names of our veterans, and it is possible that some veterans' names are not listed. We apologize in advance if this list is incomplete. Thank you to all veterans for sharing your stories!



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Get leady For Some FUN & GANES

We're back in the theater!

For the 180 SDDS members and friends who attended HAMILTON in September, we hope you realized how awesome the new theater is. The sound is much improved, the seating is much better (no more long rows to climb over people) and every seat is great! That said, we have some great shows coming up and hope that they sell out fast! •

We still have tickets for:

DECEMBER 30, 2021 Charlie and the Chocolate Factory

> SEPTEMBER 22, 2022 Come From Away

2022 Shows Set! All Seats are in the Orchestra Section



FEBRUARY 3, 2022

Anastasia This dazzling new musical transports us from the twilight of the Russian Empire to the euphoria of Paris in the 1920s, as a brave young woman sets out to discover the mystery of her

past. Pursued by a ruthless Soviet officer determined to silence her, Anya enlists the aid of a dashing comman and a lovable ex-aristocrat. Together, they embark on an epic adventure to help her find home, love, and family.



APRIL 14, 2022

Wicked WICKED looks at what happened in the Land of Oz...but from a different angle. Long before Dorothy arrives, there is another young woman, born with emerald-green skin—smart,

fiery, misunderstood, and possessing an extraordinary talent. When she meets a bubbly blonde who is exceptionally popular, their initial rivalry turns into the unlikeliest of friendships...until the world decides to call one "good," and the other one "wicked."

ie goou, and the other one wicked.

Tootsie

MAY 19, 2022 Tootsie

Call it TOOTSIE! This laugh-out-loud love letter to the theatre tells the story of a talented but difficult actor who struggles to find work until one showstopping act of desperation lands him

the role of a lifetime. "In these turbulent times, when the world seems out of balance, we need a place to let the good times roll," raves Rolling Stone. "TOOTSIE is it!"

Want to Get Involved?

SDDS Committees, Task Forces, Advisory Committees are an easy way to be a part of our organization! No heavy lifting, we all work together. We value your input, would love new volunteers, and no experience is necessary – we'll train you, educate you and help you navigate in however you want to move forward in our organization.

Everyone is welcome. Not a lot of meetings (but many emails!); either Zoom or in-person options.

Come join the fun and help our Society be even greater by being involved.

Email us at sdds@sdds.org and let us know you'd like to be involved, what you would like to do, and we'll do the rest. Look in the December *Nugget* for the offical list of 2022 Committees and Task Forces.

SDDS is Taking a Trip on THE POLAR EXPRESS TRAIN RIDE

We have a limited amount of tickets left and they'll sell out fast! Call us today to reserve yours! (916) 446-1211



2021 SDDS Committee Schedule

Board of Directors Nov 2 CDA House of Delegates Nov 12 SAC PAC Dec 3 Executive Committee Dec 3 Oral Health/Prop 56 Initiatives Dec 3





//// JOIN US FOR THE 2021 HOLIDAY PARTY ///

December 10, 2021 / 6-11pm / Del Paso Country Club

RSVP Today with enclosed insert or online! \$120 per person until November 30th Price includes - cocktails, hors d'oeuvres, dinner & dancing to the Jay Rolerz Band

Donate to the Silent Auction. Help Support the Foundation!

This year we plan to offer our guests the most fabulous silent auction to date. In order to pull off such a feat we need your help! You may think you have nothing to contribute but you do.

- Your friend who owns that cool restaurant could donate a private chef dinner for 8.
- Your neighbor who is a local artist could donate a piece of art.
- Your go-to jeweler where you go to get special gifts could donate a bauble.
- Your vacation house or timeshare could be donated for a week's stay.
- Your King's tickets, a magnum of Pinot, that putter you bought and never used...

It's easy, all you have to do is ask. The best silent auctions are those where you're given the opportunity to bid on one-of-a-kind items and special experiences. If you have questions, email events@sdds.org! Silent Auction donation deadline will be on November 30th, so make sure to let us know before then!



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.

SDDS HR Hotline NEW EXCLUSIVE NUMBER FREE TO SDDS MEMBERS! 888.784.4031

ENEFIT!

Overtime, Paydays, and Wage Statement Refresher

By California Employers Association (SDDS Vendor Member)

Overtime or Off The Clock Work

Do you have an agreement with your employees that if they clock out to finish up charting and stay a 'little later' that you will give them some comp time on another day? This is not allowed in the vast majority of businesses in California, including the dental industry. Overtime must be paid when an employee works more than eight hours in a day and more than forty regular hours in a workweek. Overtime wages must be paid no later than the next regular payday following the payroll period in which the overtime wages were earned.

Paydays

In California, wages must be paid at least twice during each calendar month on the days designated in advance as regular paydays. The employer must establish a regular payday and is required to post a notice that shows the day, time and location of payment. Wages earned between the 1st and 15th days must be paid no later than the 26th day of the month during which the labor was performed. Wages earned between the 16th and the last day of the month must be paid by the 10th day of the following month.

Other payroll periods such as weekly, biweekly or semimonthly when the earning period is something other than between the 1st and 15th, and 16th and last day of the month, must be paid within seven calendar days of the end of the payroll period within which the wages were earned.

Wage Statements

Timely paychecks must be accompanied by a wage statement at least semi-monthly. The wage statement must include distinct pieces of information for each employee:

- gross wages earned;
- total hours worked (with the exception of exempt salaried employees);
- the number of piece-rate units earned and any applicable piece rates if employee is paid on a piece rate basis;
- all deductions;
- net wages earned;
- the inclusive dates of the pay period;
- the employee name and either the last four digits of the social security number or an employee ID number;
- the name and address of the legal entity that is the employer; and
- all hourly rates in effect during the pay period and the corresponding number of hours worked at each hourly rate.
- Paid Sick Leave (can be on separate notice)

Failure to pay employees in accordance with state law, pay overtime correctly or provide proper wage statements can be costly for business owners.

Are you confused about the proper way to pay your employees? We are here to help! If you have any questions or need guidance, call the SDDS HR Hotline at 888-784-4031 and an HR Director will assist you!

Upcoming HR Webinars Presented by California Employers Association (CEA)

One hour online and audio seminar, you will only need a telephone, cell phone and/or computer (computer not required). All you need to do is dial, listen and ask questions if you desire. Sign up online at sdds.org

Leave Laws for Small Employers

Wednesday, November 3rd • 12-1pm 1 CEU, 20%

How many different leaves of absence might a California Employer have to grant? Depending on the number of employees a company has, they may have to grant over 19 different leave laws! If you have 50 or more employees, this seminar is NOT for you. We will focus specifically on the laws that impact smaller employers, from pregnancy disability leave to time off for jury duty. We'll even provide you with a CA Leave Law Cheat Sheet to refer to in the future.

Employee Handbooks

Wednesday, December 1st • 12-1pm 1 CEU, 20%

An employee handbook is one of the most important communication tools you can have between your company and your employees. Not only does it set forth your expectations for your employees, it also describes what they can expect from you and ensures your business complies with state and federal employment laws.





NORTHERN CALIFORNIA PRACTICE SALES

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Sacramento

Campus Commons GP For Sale — This long-standing practice was one of the first in the area when it became a central medical- dental location. This practice has multiple generations of loyal and satisfied patients. The owner has collected an average of nearly \$600,000 in each of the past three years with an owner's net in excess of \$200,000. With four to five days of hygiene and all specialty procedures referred to local specialists, this six-operatory facility is a solid platform that can be taken to the next level.

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Spend the Day with Dr. Jamison Spencer Wednesday, November 10, 2021

All TMJ Patients are N.U.T.S., Right? How to Evaluate, Diagnose and Treat the Most Common TMJ Problems

9:00am-12:00pm • 3 CEU, Core

- Understand principles of examination and evaluation for TMD
- Have a straight forward way to diagnose the most common TM disorders
- · Understand the treatments for the most common TM disorders

Obstructive Sleep Apnea: Looking Beyond the Teeth and Saving Lives 1:00pm-4:00pm • 3 CEU, Core

- Understand how obstructive sleep apnea affects adults and children
- · Become familiar with the dental aspects of screening for OSA
- Recognize how to choose the best oral appliance for your specific patient

Dental Sleep Medicine: Hands-on 5:30pm-8:30pm • 3 CEU, Core

- Learn how to choose the best oral appliance design for your patient
- Take a bite registration for an oral appliance for sleep apnea
- · Understand how to avoid side effects of oral appliance therapy

Head to sdds.org or use the insert to get signed up for these classes today!



Jamison Spencer, DMD, MS is the director of Dental Sleep Medicine for the Center for Sleep Apnea and TMJ, in Boise Idaho and Salt Lake City, Utah. Dr. Spencer has personally treated thousands of patients with sleep apnea and TMJ problems, and now focuses on helping dentists help their patients with such problems.

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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.*

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- Looking for a new practice to call home
- Looking to sell your practice
- Looking to buy a new practice

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Be added to our SDDS Job Bank that we share with all who request

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Be posted on our website www.sdds.org for all visitors to see

We can help you with all of these needs!

Call (916) 446-1227 or email sdds@sdds.org and let us help you with your search.

You're invited - Job Bank Event!

November 15th | 6-8:30pm | SDDS Office RSVP to events@sdds.org

ASSOCIATE POSITIONS AVAILABLE

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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 Marketing and Advertising 101

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Marketing and advertising is critical for a dental practice to establish itself successfully in a community and to maintain practice goals. But what is it and how do you do it?

This resource provides basic and essential information on dental practice marketing and advertising. The basic information is general descriptions on how to start the marketing process and on different marketing methods. You can find expanded information on the marketing process and methods through the abundance of available marketing resources – journal articles, books, blogs and consultants. The essential information in this resource, which few organizations can provide, includes the laws and ethics of dental practice marketing and advertising in California. This resource discusses how you should consider the Dental Practice Act (DPA), California and federal privacy laws, federal marketing laws and the CDA Code of Ethics in your marketing activities.

Marketing vs. Advertising

Marketing:

It is a process of identifying potential customer wants and needs, focusing on a product or service to fulfill those wants and needs and attempting to move customers toward the product or service offered. Marketing is fundamental to the growth of any business. Effective marketing creates consumer awareness of a product or service through any number of techniques, including advertising. A successful dental practice has both internal and external marketing programs.

 Internal marketing targets current patients and focuses on aligning standard operating procedures with the goal of providing an outstanding patient experience. This is an ongoing process undertaken to build patient loyalty and foster positive "word-of-mouth" marketing.

- External marketing includes both digital and traditional communications to promote your dental practice to the world outside your current patient base. Marketing methods include radio and print ads, websites, direct mail, online advertising and social media.
- A dental practice may implement a consistent internal marketing program while changing its external marketing strategy as it moves from a startup practice to a growing practice to an established practice. A marketing plan should be thoughtfully developed, implemented, results-measured and analyzed, then adjusted as needed.

Advertising:

One aspect of marketing that typically involves the use of space or time to promote a company or product name where it is viewed or heard by potential customers.

How do I develop a marketing plan?

Set your practice vision – establish goals and measurable objectives. Establish goals in areas such as, but not limited to, number of new patients per month, patient satisfaction and number of therapeutic or crown and bridge cases. Consider including staff in the objectivesetting process as a means to both motivate and empower them toward achieving objectives.

Then do your research. Who's your competition? How do you want to differentiate your practice from other practices? Know your target audience and shape your message to appeal to them.

Seek data that characterize your target audience and help identify trends. Do this periodically and not just at the start of your new marketing plan. If not, you may find that your dental practice may have problems attracting new patients.

Marketing is not a "special event." It should be integrated with your standard practice operations. Regularly review your marketing plan and its implementation to determine its effectiveness.

To help you start the process, use the resource titled "Effectively Using a Vision Statement in the Dental Practice" and the "Dental Office Marketing Plan Template," which are both available on cda.org/practicesupport.

How do I market my practice?

You need to select the right combination of marketing methods to help you achieve your practice vision. Dentists have extensive informational resources available to help them learn about the various marketing methods — from books, articles and websites that provide detailed information to marketing consultants, website consultants and direct mail companies that provide customized services. Different marketing and advertising methods are summarized below.

- **Business cards/referral cards** Use of these cards is considered advertising under the DPA.
- Community events and organizations – Hold an open house when you first open your office. Join and participate in a service or community organization. Sponsor something at a community or school event. Sponsor or buy a sign at a school or youth sports facility. This is a great way for potential patients to get to know you.
- **Direct mail** Customize a mailing list to target your preferred demographics. The design and content of your direct mail piece is dependent on your target audience and your practice vision.
- Discount offers Discount offers are popular because everyone loves the idea of saving money. Common offers include exams at a reduced fee or free whitening with a new patient exam. If you want to use discount coupons, know that there are companies that specialize in distributing discount coupons and be sure to familiarize yourself with the DPA rules on discount offers. Read on to learn how offering discounts can affect what a dental plan pays you.
- Fictitious business name This is the name you call your practice if you are not going to use your name under which you hold your professional license. A fictitious business name or DBA ("doing business as") can include a location, characteristic or adjective that will help patients remember your practice. Fictitious business names must be registered with the Dental Board of

California and with the appropriate county office.

- **Group advertising and referral services** – Examples include 1.800.DENTIST and local dental societies. Participants typically pay a fee for the service.
- Internal marketing Many experts believe this to be the most successful means of growing a practice. This process involves a thorough examination of practice operations as it relates to the patient's experience. From the initial patient inquiry through examination, treatment and follow-up, does the patient feel valued, satisfied and pleased to stay with the practice? Will the patient refer friends and family? Will the patient consider moving forward with additional treatment? Experts believe this type of marketing produces the best return on investment.
- Logo/branding The right logo can effectively communicate your practice image and should be used on all marketing pieces. Branding is a collection of ideas and images that represent your practice as you want your patients to see it. Branding incorporates a logo, other graphics and personal experiences to convey to potential patients positive expectations of the dental practice.
- Media coverage Local newspapers and television news programs will run consumer-focused oral health news. Create public awareness of yourself and your practice by being the news source. Be choosy about the consumer-focused news you promote and do not contact a news outlet more than a handful of times per year.
- **Practice brochure** This item typically introduces new patients to the practice. It is a traditional marketing piece that can be used in conjunction with a practice website, or not. A brochure has limited space, in comparison to a website, to provide patients with information. However, a well-done brochure can be a terrific promotional tool both inside and outside the practice.
- **Print advertising** Carriers of print advertising include newspapers, regional magazines and smaller, community focused newspapers. Assess if your target audience regularly views these publications. Some communities rely more on traditional publications than

on the internet. Local newspapers also offer advertising on their websites in conjunction with print ads.

- Radio/television advertising Radio and television ads can be effective if your target audience listens to or watches a particular station. However, producing the ads and buying airtime is expensive. Broadcast time is limited and the periods with the greatest listeners or viewers can demand the highest price. To help you decide where you should spend your advertising dollars, you could survey your current patients to determine which stations they listen to or watch the most.
- Social media Social media sites such as Facebook and Twitter are valuable marketing tools. Many small businesses are using these platforms to connect with their communities, and dental practices can do the same to build their patient base. In addition, online review sites such as Yelp are an increasingly crucial component of the online marketing world.
- Websites Building a website for your practice is a good way to introduce staff, describe procedures, post photos and make new patient forms available. Incorporating extras such as blogs, a patient Q&A or appointment scheduling make it even better. But simply having a website is not enough; developing an online marketing strategy is crucial to drive prospective patients your way.
- Search engine optimization (SEO)

 SEO is the process of affecting the visibility of your website or a web page in a search engine's unpaid results often referred to as "natural," "organic" or "earned" results. In general, the earlier (or higher ranked on the search results page) and more frequently a site appears in the search results list, the more visitors it will receive from the search engine's users. Listings are algorithmically determined by an everchanging formula that takes more than 200 factors about your website into consideration.
- **Pay per click (PPC)** PPC is an internet advertising model used to direct traffic to your website, in which you pay a fee each time one of your ads is clicked. It is defined simply as the amount spent to get an advertisement clicked.

Continued on following page...

• Display advertising – Display advertising is a type of online advertising that comes in several forms, including banner ads, rich media and more. Unlike text-based ads, display advertising relies on elements such as images, audio and video to communicate an advertising message online. (Definition taken from Marketing Land https://marketingland. com/library/display-advertising-news.)

How do I determine my marketing budget? How do I know if it is cost-effective?

The current industry recommendation is to budget as a regular business expense between 1 and 15 percent of your anticipated annual revenue. You will spend more at the outset to market a new practice. Measure the effectiveness of your marketing efforts to determine what works and what does not. Make it a standard procedure to ask new patients how they heard about your practice and track that in the referrals tab of your practice management software. Survey a sample of your current patients to determine their satisfaction level with elements of your practice such as ease in scheduling appointments, friendliness of staff and follow-up after appointments. Marketing consultants can help provide the tools you need to determine your return on investment.

I am buying/starting a practice. What marketing strategies should I consider using first?

Use multiple strategies implemented over a period instead of relying on just one potentially budget-busting strategy. First, establish your brand identity — this includes logo design, collateral material and business signage. Launch your website as a primary marketing tool where you can direct potential and new patients to learn more about you and the practice. A press release to local media works well to create awareness in small- or medium-sized communities. Direct mail is effective in reaching out to residential communities. Tailor your mailing list to match your target audience and ZIP code. Have a direct mail piece designed to attract your ideal patient and include an offer.

Be prepared to mail the piece more than once. You may want to consider developing and mailing a second piece to highlight a different practice feature. If your practice is located in an urban business district, consider print advertising in specialized community publications or outdoor advertising. Another advertising opportunity can be found on community-based websites.

Engage in as much community networking as possible. Take the time to introduce yourself to local business owners and get involved in community events. Moreover, don't forget the internal marketing program to follow through on the exceptional dental practice experience you promise in your external marketing. Other methods of attracting new patients include becoming a provider for a dental benefits plan and joining a referral organization. With all marketing strategies, it is important to measure and track the return on your investment in order to determine if the strategy should be repeated or continued.

How does offering a discount affect the payment I receive as a contracted provider?

Dental benefit plans require a provider to list on the claim form the actual fee charged to a patient. If you offer an exam or X-rays for a reduced fee, the plan bases its payment to you on the actual fee charged. Also, plans require a provider to report the waiver, discounting or other consideration that allows a patient to owe less in a copayment than what a plan has determined. Read your provider handbook and contract to learn more.

I have an established practice that I would like to take in a different direction. How do I market the practice to get where I want to go?

Start by doing what an owner of a new practice does – set your practice vision, do research and rewrite your marketing plan. Economic and community conditions may have changed significantly since your last marketing plan was developed.

What should I know about working with a marketing/website/social media consultant?

Do your own marketing research before meeting with a consultant. It gives you a baseline for assessing the value of the work the consultant proposes to do for you.

Legal considerations for working with a consultant are included in Chapter 2 of the CDA Legal Reference Guide for California Dentists available at cda.org/practicesupport. A non-California based consultant may not be familiar with state laws. The product a consultant produces for your practice is your responsibility. You should make sure your consultant knows state and federal laws. This document describes state and federal requirements with respect to advertising and marketing – provide it to your consultant as a starting point.

How can I use the CDA and ADA logos?

CDA encourages its members to incorporate the CDA logo into their business systems and advertising with guidelines for proper logo usage. Consistent use of the logo by the California Dental Association and its members reinforces this visual image as the symbol of quality dental care.

You may apply for permission to use the CDA logo on certain materials and advertisements by logging on to cda.org, reading the CDA Logo Usage Policy and completing the online application or requesting an application through CDA Member Relations Services at 800.232.7645. Members with approved applications will receive the CDA logo by email.

The ADA encourages the use of items with the ADA logo, such as a window decal, membership plaque and patient educational materials within the dental practice. The ADA also has created two logos that members may use. One is a "Visit ADA. org" button that members can use on their practice website. Another logo stating the dentist is an ADA member can be used for practice communications. Members must accept a graphic usage agreement prior to downloading the logos.

Legal Limitations

State and federal laws on dental practice marketing and advertising focus on consumer protection and information privacy. Both federal and state laws have anti-kickback rules - refer to Chapter 2 of the CDA Legal Reference Guide for California Dentists. Both the Dental Board of California and the Federal Trade Commission (FTC) enforce "Truth in advertising" rules. The Dental Practice Act sets rules on naming your business, how to advertise fees and discounts, how patients can be referred to your practice and more. Local regulations, such as sign ordinances, can also affect your marketing plan. Read your dental benefit plan handbooks and contracts to learn the limitations of marketing your practice's affiliation with a plan.

Outdoor signs

City and county sign ordinances can dictate size, location and look of outdoor business signage. If your sign will be next to a state highway, the state Department of Transportation also has to approve the sign. The Dental Practice Act specifies what information is allowed on the sign. Read this resource further for more information on what the DPA requires. Be sure you know the rules before you order the sign.

Use of Patient Information

State and federal laws overlap in the regulation of a dental practice's use of patient information for marketing purposes. The federal HIPAA Privacy Rule and the state Confidentiality of Medical Information Act (CMIA) effectively require a dental practice to obtain a patient's authorization prior to using patient health information to communicate about a product or service that encourages a recipient of the communication to purchase or use the product or service. Patient authorization is also needed prior to giving patient information to another entity to market its product or service. A dental practice should utilize an authorization form that meets both HIPAA and CMIA requirements to gain consent to use a patient's images and testimonial. A valid authorization form must have certain core elements (e.g., description of intended use of information, expiration date) and three required statements. Sample authorization forms are available on cda.org/ practicesupport.

A dental practice is not required to obtain patient authorization for the following types of communication for which the practice is not financially remunerated by a third party:

Making a patient aware of a health-related product or service (or payment for such product or service) that is included in the patient's dental benefit plan.

- Providing patient treatment.
- Coordinating care with other providers, such as nursing homes.
- Providing inexpensive items with the practice name and contact information.
- Face-to-face communication.

If a dental practice receives financial remuneration, including, but not limited to, gifts, fees, payments, subsidies or other economic benefits, from a third party for making any marketing, treatment or health care operation communications, the practice must obtain authorization from the patient prior to making that communication.

Additionally, for marketing communications, the practice must:

- Notify the individual receiving the marketing communication in typeface no smaller than 14-point type of the fact that the practice has been remunerated and the source of the remuneration.
- Provide the individual with an opportunity to opt out of receiving future remunerated communications.
- The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the dental practice making the remunerated communications. No further communication may be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

The use of patient information to send out patient satisfaction surveys is allowed under privacy laws because such surveys are considered part of a quality assurance process. A dental practice that contracts with a third party to conduct such surveys should sign a HIPAA business associate agreement with the vendor.

Find more information on the marketing limitations in the HIPAA Privacy Rule at the U.S. Department of Health and Human Services website. CMIA information is available from the state legislative website.

Endorsements

Any endorsement must comply with the FTC's rules covering reviews, social media and traditional advertisements. The FTC rules exist in part to ensure consumers know the nature of the relationship between an endorser and the advertiser so that consumers can properly determine the value of any particular endorsement. For example, if a dental practice gives incentives to patients who provide testimonials, the practice must disclose the incentives.

Websites

Dental practice websites and liability risks are discussed in Chapter 2 of the CDA Legal

Reference Guide for California Dentists. The state Online Privacy Protection Act requires a commercial website operator to post online and to comply with its privacy policy if the operator collects personal information on California residents through the website. The privacy policy must contain certain elements. A dental practice's HIPAA Notice of Privacy Practices must be posted to the practice website.

Know that web-related copyright or trademark infringement allegations have increased in recent years. Citing or crediting the original copyright owner does not grant the freedom to use content without obtaining documented permission to do so.

Refer to the Copyright and Trademark Infringement resource on cda.org/ practicesupport.

The Dental Practice Act requires a website that is directly controlled or administered by the licensee or his or her staff to display prominently the name, license type and highest level of academic degree of all who work at the practice. (B&P §680.5)

Email

The federal CAN-SPAM Act and California law apply to all email messages, including business-to-business communications that are advertisements or promotions of a commercial product or service or that promote content on commercial websites.

Unsolicited commercial email may not be sent to California email addresses or from California email addresses. An example of a marketing email is a promotion for teeth whitening sent to a dental practice's patients of record. Appointment reminders are not commercial communications.

It is a good idea to obtain an individual's consent prior to sending him or her email, even if the email is not a commercial message. Verbal consent to receive emails is allowed but the consent should be documented.

For a summary of the main requirements recommended for sending emails and many other points of interest, read the rest of the article, visit https://rb.gy/dxp0lk

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Check Out Our **RECENT EVENTS**

Events are back in full swing both in the SDDS office and online. We've EFix It Before It Fails Course been so happy to see everyone out and enjoying the education and networking opportunities. We're doing everything we can to keep everyone safe, while also providing a much needed alternative to online learning. We've got a lot planned; CE courses, Broadway shows, member events and even a holiday party! We hope to see you all soon, take care!

TEKagogo, an SDDS Vendor Member taught the Fix It Before It Fails class and it was awesome! Eric. Mike and Carl had so much relevant and useful information to share. If you didn't make it to the class, you definitely missed out.



Hands On Implant Course

First class back in the SDDS classroom! Thank you to all who attended our "Exciting Possibilities with Minimally Invasive Implantology" hands on course today! We hope you learned some great techniques from Dr. Jeffrey Yang and the sponsor IBS Implant/Academy of

Minimally Invasive Implantology!



Dr. Scherer's Digital Hands On Course

What a great day it was at the SDDS office. We were honored to have Dr. Michael Scherer come speak for five hours about the updates in digital dentistry! His course was sponsored by Zest Dental Solutions and Pearson Dental Supply Company and the course was attended by Vatech America. Thank you to our speaker, sponsors, vendors and all who attended!







October General Meeting

Alex and Krista, with North Valley Physical Therapy and Aquatic Therapy, at the October General Meeting sharing tips about Physical Therapy for the Dental Professional and Your Patients.



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(as of 10/11/21:)

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TOTAL ACTIVE MEMBERS: 1,395

TOTAL RETIRED MEMBERS: 331

TOTAL DUAL MEMBERS: 7

TOTAL AFFILIATE MEMBERS: 13

TOTAL STUDENT **MEMBERS: 9**

TOTAL CURRENT **APPLICANTS: 3**

TOTAL DHP MEMBERS: 63

TOTAL NEW **MEMBERS FOR 2021: 87**

Lew Members

MOHAMMAD ANOSH, DDS General Practice

Dr. Anosh earned his dental degree in 1999 from an International Dental School. He currently practices at Pro Care Dental in Rancho Cordova.

ROSHANAK JAMALZADEHSAHRAI, DMD General Practice

Dr. Jamalzadehsahrai earned her dental degree in 2021 from Tufts University School of Dentistry. She currently practices at Natomas Crossing Dental Care in Sacramento. Fun Fact: Dr. Jamazadehsahrai just recently got married in San Diego and has 2 puppies.

SONG HA NGUYEN, DMD **General Practice**

Dr. Nguyen earned her dental degree in 2021 from University of Kentucky. Her practice location is currently pending.

TAMIR WARDANY, DDS

General Practice

Dr. Wardany earned his dental degree in 2004 from Meharry Medical College School of Dentistry. He currently owns and practices at Wardany Oral Implantology in Sacramento.

November 2021

Pending Applicants: Nicole Brizendine, DDS

Paryal Ismatt, DDS Melanie Kim, DDS

to Our New Retired Members!

Pamela DiTomasso, DDS

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In Memoriam

Dr. Thomas Di Lallo began membership in 1973, he was a general dentist practicing with Dr. David Knepshield in Citrus Heights, retiring in 2014. He served on the SDDS Board and many SDDS committees, including Peer Review, MidWinter, and Membership.

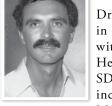


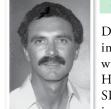
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on all of our upcoming events by liking us on Facebook! facebook.com/sddsandf/



For a full calendar of all of the SDDS events head to sdds.org, to the Continuing Education tab and choose Calendar!







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support oral health projects for underserved children, which focus on preventive care, consumer education, restorative care, and fluoridation.

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- When Star Refining receives the donated gold fillings and crowns from participating dentists, the company processes the donation and sends the cash value directly to the SDDS Foundation.
- The SDDS Foundation uses CFK® funds specifically for the Smiles for Kids® program, which has benefited the children of the Sacramento community through much needed, free dental care.



For more information, contact: SDDS Foundation: 916.446.1227 Star: www.StarRefining.com • 800.333.9990

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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.We

realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration.

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SMILES FOR KIDS

TO VOLUNTEER, CONTACT:

VOLUNTEERS NEEDED: Doctors to "adopt' patients for Smiles for Kids for follow-up care



for BIGKids

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

Classified Ads

EMPLOYMENT OPPORTUNITIES

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to 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. 01/15

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. 06-7/20

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.

EQUIPMENT FOR SALE

Picasso Lite Dental Laser for sale. Great condition, selling for \$1,000. Q-Optic Dental loupes. 3.0 magnification. Petite Titanium Sport Frame. Pewter Color. Laser Shield Insert. Radient system mini. Never used. Untouched excellent condition. Sells new for \$2,000. Selling for \$1,500 or best offer. Call (916) 207-2724 or email Izylabrnch@aol.com. 11/21

FOR LEASE

Gorgeous recently remodeled 3,100 sf equipped Roseville Dental space. \$1.75 sf. (5) equipped operatories, Four additional fully plumbed. (4) front office work stations. (916) 780-3900/(530) 362-0208 11/2/c

HEART OF CARMICHAEL: Next Door to Post Office. 3 Dental Rooms and 2 Hygienists Rooms. Office Just Like New; Excellent Exposure on Fair Oaks Blvd. 1500+ (916) 481-9426 11/21

A dental office for sublet with equipment in 4 operatories. Low up front start up practice in a fast growing community of Lincoln. 496 East Ave, Lincoln victoriasm@gmail.com. 10/21

Move-in ready dental suites in Lincoln & Sacramento; Dental Lease/Purchase opportunities in Citrus Heights & Yuba City; Ranga Pathak (916) 201-9247, Email: ranga.pathak@norcalgold.com; Broker Associate, RE/MAX Gold, DRE01364897. 08-9/21

4 Chair Dental Suite For Lease! Need a bigger space? Another Location? Starting on your own? We have a Modern Suite that is ADA Compliant with Large Windows, See 3D Tour and Photos: https:// rb.gy/0314im (916) 384-7287 Call of Text Victoria or email: ccdb1901@gmail.com. 6-7/21

Pocket area of Sacramento, (Greenhaven). 1550 square feet for rent in 12,000 square foot professional building with other dentists. 4 operatories plumbed and ready, all with great outdoor views. Rent of \$2,500 per month includes all utilities, and use of common area suction and compressor systems. Please call (916) 421-3821. 221

Greenhaven Dental Office For Lease. Professional Dental Building 930 Florin Road Ste 100. 1,396 S.F. \$1.85 PSF Plus Utilities. Contact agent (916) 443-1500 CA DRE Lic. #01413910 11/20

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.

PRACTICES FOR SALE

Elk Grove practice with a great reputation, 4 fully equipped ops, growing collections, and customer base. Highly desirable medical building, owned condo. For more information, contact Chris Barbour (#2135925) at chris@omni-pg.com or call (916) 792-5038. (CAD124) 10/21

PLACER COUNTY 30-year foundation here. 4-days of hygiene. 7+ new patients a month. Strong staff. Top line collections are \$1.2 Million. Proudly represented by Professional Practice Sales. To learn more, go to www.PPSsellsDDS. com or contact Ray Irving at (415) 899-8580 or Ray@PPSsellsDDS.com. 08-9/21

Freestanding building and dental practice available: I am interested in either: 1) selling both 2) lease to you with option to buy 3) just leasing it to you. There are three operatories, some patients.... and room to add 5 or 6 more operatories. e-mail: walterwinfrey@att.net 08-9/21

We have practices available throughout the state of California and the greater Sacramento area. If you're looking for a practice in California, go to www.omni-pg.com to view our listings and get more details. 05/21

Roseville/Rocklin family oriented practice for sale. Consistently delivers standard of care to motivated patient base. Averages 7 patients/day and 10-15 new patients a month. \$240,000. Contact alignedteeth@gmail.com. 321

PROFESSIONAL SERVICES

IV Sedation in YOUR Dental Office! Dr. Salatino will come to your office with all required emergency and sedation equipment to provide IV Sedation to your patient(s) in need. www.DrGinaSalatino.com. 6-7/21

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



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/ 2035 Hurley Way, Suite 200 • Sacramento, CA 95825 916.446.1211 • www.sdds.org

sacramento

District Dental Society

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS

NOVEMBER

- 3 HR Webinar Leave Laws for Small Employers California Employers Association 1 CEU, 20% / 12–1pm / Webinar
- 4 Dentists Do Broadway An Officer and a Gentleman 7:30pm
- 9 General Membership Meeting Which Piece of Plastic to Choose? Night Guards, Day Splints, Snore Guards and Sleep Apnea Jamison Spencer, DMD, MS
- 10 Continuing Education Course All TMJ Patients are N.U.T.S., Right? Jamison Spencer, DMD, MS 3 CEU, Core / 9am–12pm / SDDS Office

- 10 Continuing Education Course Obstructive Sleep Apnea–Looking Beyond the Teeth and Saving Lives! Jamison Spencer, DMD, MS 3 CEU, Core / 1–4pm / SDDS Office
- 10 Continuing Education Course Dental Sleep Medicine (HANDS ON) Jamison Spencer, DMD, MS 3 CEU, Core / 5:30–8:30pm/ SDDS Office
- 12 CPR–AHA BLS Blended Learning Skills Testing, 3 Time Sessions 4 CEU, Core / 8–8:45am, 9–9:45am, 10–10:45am / SDDS Office
- 17 Business/Practice Management Forum Ask Jenny: Fine Tuning Your "Welcome to Our Practice" Plan Jennifer de St. Georges 1.5 CEU, 20% / 12–1:30pm / Zoom Meeting

DECEMBER

- 1 HR Webinar Employee Handbooks California Employers Association 1 CEU, 20% / 12–1pm / Webinar
- 2 Harassment Prevention Webinars For Employees California Employers Association 1 CEU, Core / 12–1pm / Webinar

For Supervisors California Employers Association 2 CEU, Core / 9:30–11:30am / Webinar

- Business/Practice Management Forum
 Where Are You? Where Are You Headed?
 Melinda Heryford, MBA
 1.5 CEU, 20% / 12–1:30pm / Zoom Meeting
- **10** Holiday Party and Silent Auction 6–11pm / Del Paso Country Club

Love Being Back

The 41st Annual MidWinter Convention & Expo February 10-11, 2022

NOV

General Meeting 3 CEU, CORE • \$85 Which Piece of Plastic to Choose? Night Guards, Day Splints, Snore Guards and Sleep Apnea

Presented by Jamison Spencer, DMD, MS

In this presentation Dr. Spencer will discuss the latest science involving appliance therapy and give a step by step approach to the evaluation, diagnosis and treatment planning that will allow the dentist to know what type of appliance to use, when to use it, how to fit it, what to look for in follow up, how to adjust it, and what to do long term. In this very practical lecture guidance is also given regarding bite registration techniques and fabrication of appliances "in-house" to save in lab costs and improve treatment outcomes.



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

ARE YOU REGISTERED FOR THE GENERAL MEETING?

TUESDAY 5:45-9PM PRSRT STD US POSTAGE PAID PERMIT NO. 557 SACRAMENTO, CA