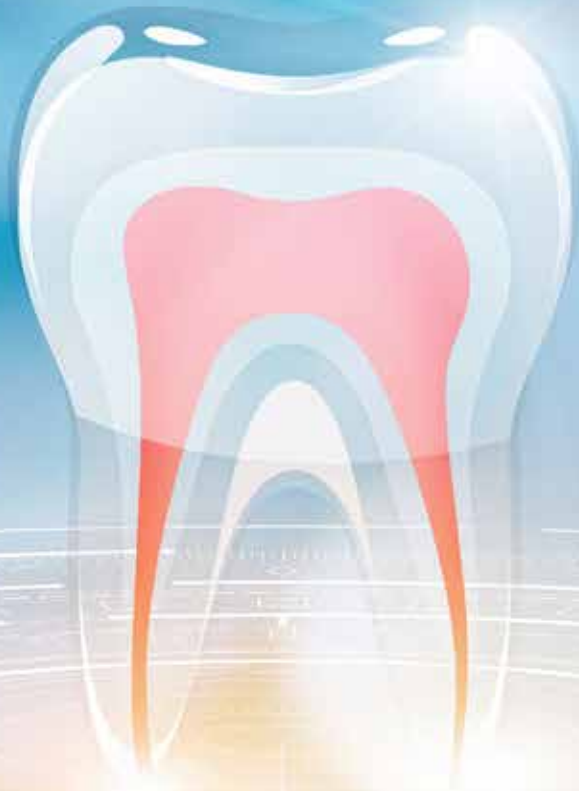


September/October 2023

the

Nugget



The Digital Revolution

Inside: Proposals for some changes coming



Get Ready For Our UPCOMING EVENTS

SEPT
12

General Membership Meeting

Tuesday • 5:45pm Social & Exhibitors
6:45pm Dinner & Program
Hilton Sacramento Arden West • \$85

Sleep Dentistry - Throwdown (3 CEU, Core)

Presented by Brandon Martin, DDS, MS;
Kenneth Moore, DDS; and Randall Ow, MD

SEPT
15

Shred Day • Friday • 10am-2pm

SDDS Office Back Parking Lot

SEPT
16

Member Event • Saturday • 10:30am • \$15

Dim Sum Brunch at Yue Huang Restaurant (Natomas)

SEPT
19

Dentists Do Broadway • Tuesday • 7:30pm

Hadestown at SAFE Credit Union Performing Arts Center

SEPT
20

CPR-AHA BLS Blended Learning

Wednesday • 6–6:45pm, 7–7:45pm, 8–8:45pm
SDDS Office • \$89

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

SEPT
21

Business/Practice Management Forum

Thursday • 6–8pm • Webinar • free to SDDS members

Tales of the HR Hotline (2 CEU, 20%)

Presented by Mari Bradford; California Employers Association
(SDDS Vendor Member)

SEPT
22

Business/Practice Management Forum

Friday • 8:30–11:30am • SDDS Office • free to SDDS members

Dental Practice Opportunities - Preparing to Buy/Sell in Today's Office Transition Environment (No CEU)

Presented by Panel of SDDS Vendor Members
Breakfast Sponsored by Provide, Inc. (SDDS Vendor Member)

SEPT
23

Member Event

Saturday, September 23 • 5:30pm (Boarding)

Riverboat Cruise

OCT
10

General Membership Meeting

Tuesday • 5:45pm Social & Exhibitors
6:45pm Dinner & Program
Hilton Sacramento Arden West • \$85

Oral Sedation (3 CEU, Core)

Presented by Stanley Malamed, DDS; Sponsored by HealthFirst

OCT
11

Continuing Education

Wednesday • 8am–12pm • SDDS Office • \$159

Local Anesthesia (4 CEU, Core)

Presented by Stanley Malamed, DDS; Sponsored by HealthFirst

OCT
20

Licensure Renewal

Friday • 8am–1:30pm • SDDS Office • \$179

Infection Control/ OSHA Refresher/ CDPA (5.5 CEU, Core)

Presented by Nancy Dewhirst, RDH

OCT
25

Business/Practice Management Forum

Thursday • 6:30–8:30pm • SDDS Office • \$75

Strategies to Improve Your Bottom Line (No CEU)

Presented by Clint Bedolido, CPA; MUN CPAs
(SDDS Vendor Member)

OCT
26

Dentists Do Broadway • Thursday • 7:30pm

Les Misérables at SAFE Credit Union Performing Arts Center

OCT
27

Continuing Education

Friday • 8:30am–4pm • SDDS Office • \$599

Oral Conscious Sedation Recertification: DOCS

(7 CEU, Core)

Presented by Anthony Feck, DMD; Sponsored by DOCS Education



View all CE courses
online with this QR code.

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

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WE'RE OFFERING SO MANY GREAT TOPICS

Implants
Restorative
Special Needs,
Autistic Patients
TMJ
New Dental Assisting
Law Changes
Periodontal Staging
and Grading
Transformative Listening
Clinical Endodontic Review
Medical Emergencies
Assisting Magnificence
Biomimetic Approach
CAMBRA
Technology Advancements
in General Dentistry

Ergonomics
Licensure Renewal Courses
(CDPA, Infection Control)
HIPAA
IT Security
Teamwork, Teams
and Communication
Oral Pathology
Cybersecurity and AI
Emerging Diseases
Veneers
Provisionals
Modern Systems, Procedures
and Technologies
Effective Communication
Patient Retention
Diabetes

Phone Conversations
with Patients
Soft Tissue Lesions
Dental Benefits
OSHA
Prosthetics
Sleep Apnea
Digital Workflow
Dental Software
Office Manager Excellence
Collections
Phone Techniques
Billing and Codes



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Times are “a-changing” Tell Us What You Think



By **Lisa Dobak, DDS**
2023 SDDS President

The times they are “a-changin.” Okay, it is an old reference, but I prefer to think of it as a classic. You may have viewed the latest video sent by CDA featuring our CDA President, Dr. John Blake, explaining CDA’s latest proposal questioning the value and historical structure of ADA, CDA and SDDS. I would suggest we take this opportunity to pause and think about just what we expect organized dentistry to do for us and our chosen profession of dentistry.

In my opinion it all starts locally. Locally is where the personal relationships begin... and life is all about personal relationships. We are fortunate that SDDS excels at this. Our SDDS team and those in leadership positions reach out to our membership for input about how to better serve our members. There is no better example of this than how SDDS responded to the COVID shutdown. While other organizations shut down, sent everyone home, forwarded phone calls to voicemail promising a return call in 48 hours, and cut member benefits and services, SDDS kept one live person in the office to answer phone calls personally while other team members worked remotely. SDDS staff and leadership pivoted to ensure member benefits and services not only continued but were INCREASED. Zoom meetings, webinars and FaceTime meetings were implemented and our leadership worked with our county health officials to have dentistry redefined as essential services enabling dental offices to reopen. Remote working was discontinued as soon as possible and our entire SDDS team returned to in-office work to be accessible and better serve our members. All this was done by our local society on behalf of the five counties our members serve.

SDDS has a long history of responding

to members’ concerns. Not only are questionnaires and surveys sent out frequently, but members’ phone requests were also addressed in a timely manner. If a member should drop their membership, or forget their dues were due, a personal

“Locally is where the personal relationships begin... and life is all about personal relationships.”

call is made to inquire about the problem and every effort is made to rectify the situation, keep the member, and make them happy. Members are asked constantly about their preferences for CE content, our MidWinter Convention is well attended and extraordinarily successful, and our local dues are kept low being supplemented by vendor members and non dues revenue. SDDS is all about our individual members; it IS personal.

This leads me to ask what we cannot do well at our local level. Why do we even need a state organization, much less, a national organization? The best answer I can give is legislation and advocacy. SDDS cannot afford to lobby at the state or national level. Period. CDA, acting on behalf of all the components and members, does this very well. Personally, I do not agree with all CDA’s tactics and decisions. However, I understand that an organization needs to work within the existing system while working with the individuals that have the

power and influence to affect our state and national legislation and regulations.

The value of and support for the traditional tripartite structure is being questioned. This will affect every local dental society in different ways. We should look at this as it affects SDDS directly and how it would affect each of us and our profession. As the 4th largest dental society component in California, SDDS is strong and very self-sufficient. However, geography, size, leadership and socio-economic conditions play a part in each local society’s ability to serve their members and their communities. At the risk of sounding altruistic, I believe we are stronger and more influential as a profession by being unified at the local, state and national level. I am also pragmatic and desirous of making changes to better serve our diverse and evolving membership community. So please consider all the angles, read your emails, respond to surveys to make your opinions known. Yes, the times are “a-changing,” so let us help direct the change in a positive way. We value your opinions which help guide your local leadership in our efforts on our collective behalf.

Warmest Regards,

P.S. Please send your thoughts to us at: sdds@sdds.org - we’ll read every one.

We Appreciate YOU! We Serve YOU!



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

As September jumps upon us, school begins and our SDDS programs gear back up; it's a great time to take a breath, a sigh of relief that program and schedule become a bit more consistent, albeit frantically crazy-busy! September is SDDS Member Appreciation month - with programs and events happening all month long. We'll be blasting out email deals, announcements and special programs all month so please be on the look-out. The first fun event will be our Dim Sum brunch on September 16th – at the Michelin-award-winning restaurant Yue Huang! Hope you'll meet us for this yummy event!

This issue of *the Nugget* is filled with information from both CDA and ADA. As we approach the House of Delegates meetings for both organizations, there are several proposals and changes being thought about with possible actions and votes pending. These proposals, the outcome of the discussions and voting may change organized dentistry as we have known it. We have included articles from CDA and from the Executive Director of ADA, Dr. Ray Cohlma, so that our members know both sides of the issues. All members have been receiving CDA videos from Dr. John Blake, CDA President, and other messages via email blasts. (Note: If you do not receive CDA communications, please log on to www.cda.org and update your profile so that you receive all information.)

The SDDS Board of Directors and our Delegates and Alternates to the CDA House of Delegates have met several times this summer to discuss these issues and how it may affect our component and its members. We will continue to discuss the pros and cons and our Delegation will be well prepared to listen to and participate in the debate. Whether you are an "early-career dentist" or a seasoned dentist (or in the middle), we care about how these decisions will affect YOU!

In closing, our members' best interests are always at the forefront. Your ideas, opinions and thoughts are always welcome so please feel free to ask our Leadership any questions you may have; we'll be happy to forward them.

We appreciate YOU! And we will continue to serve YOU in the best ways we can!

Cathy



sacramento
District Dental Society

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The Digital Revolution



By **Peter Yanni, DDS**
Associate Editor

For many people, their day starts by simply picking up their cell phone to shut off their digital alarm. From there they may read the latest news headlines, check the weather, check in on their emails and/or messages, and check their digital calendar to see what tasks or activities they have scheduled for that day. We may use a digital map to navigate to work to avoid an unforeseen traffic jam or even have a virtual meeting from the comfort of our own home. All this information is delivered to us in a seamless and nearly instantaneous manner, and as such, our expectations have shifted accordingly. The digital era has completely transformed how we as a society function, so it is no surprise that it is becoming a deeply integrated and continually evolving aspect in the practice of dentistry.

While many of the core ideological principles of dental treatment remain the same, the advent of digital dentistry has represented a major paradigm shift in treatment planning, surgical and restorative techniques and clinical efficiency. It can be hard to imagine that many of today's highly skilled dental implant surgeons were trained merely

with the use of a panoramic radiograph, missing a lot of details we would consider essential when treatment planning these days. It can be even harder to imagine that cone beam computed tomography did not become a reality of everyday practice until about a decade ago. In addition, the mass adoption of digital radiography has allowed us to evaluate our restoration margins, and implant angulation instantaneously with an unprecedented level of detail. Many of the tools and advancements are created with the primary objective of making our practice operate more efficiently, while also achieving more predictable results. The topic of digital dentistry is one that needs to be re-visited regularly to keep up with the pace of these technological advancements.

Artificial intelligence (AI) is the current hot button topic in the world of technology and while it is in its relatively nascent stage, its incorporation into dentistry is on the horizon. AI is being leveraged in CBCT image analysis to highlight teeth and vital structures, detecting anomalies such as caries, tumors or cysts, and even optimizing radiation dose levels. AI is being

incorporated into practice management by using sophisticated analytics to maximize practice efficiency, track patient health, and practitioner performance.

While the use of AI in dentistry has not become widespread quite yet, in this issue we will explore how technology and digital dentistry is utilized in the greater Sacramento area. Dr. Ivana Yi, a periodontist practicing in Roseville, shows us how she utilizes in-house 3D imaging, 3D scanning and 3D printing to facilitate prosthodontically driven implant placement. Dr. Vahid Farahyar, assistant professor at CNU, walks us through the process of digital denture fabrication and how it is incorporated into the dental school curriculum today. Straumann discusses how digital dentistry can be implemented in your practice and things to consider when building your digital armamentarium. Dr. Michael Scherer, a renowned prosthodontist recognized for his work with implants, dentures and digital technology, practicing in Sonora, shares his work with digital dentistry. ■

Mark Your Calendars Shred Day - Sept. 15th!

Sponsored in part by TDIC (SDDS Vendor Member)

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



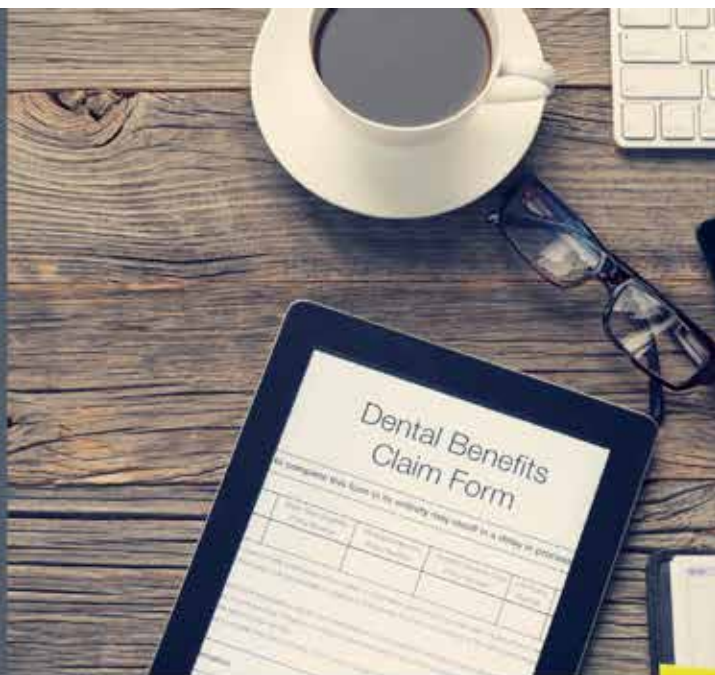
Visit www.sdds.org and check your email for more information coming soon.

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



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YOU SHOULD KNOW

Dear SDDS Members,

We are forwarding this information written by CDA - for your information. Many changes are being proposed by CDA and we hope that you can give your input when they send out the next survey in early September.

Please consider all sides of their proposal – we encourage you to give them your feedback.

Sincerely,



Lisa J DobaK, SDDS President

From CDA to all members...

CDA PROPOSES MEMBERSHIP CHOICE INITIATIVE DRIVEN BY MEMBER RESEARCH; COMPONENTS WILL VOTE THIS FALL

During the pandemic, CDA rose to daily challenges and supported members through uncertain times. Together, we must now focus on the next challenge – delivering what members tell us they want from their membership to help with the challenges of practice today.

What has CDA been hearing from members?

Multiple surveys and focus groups were conducted by an external research firm to reveal the CDA, ADA and component benefits members use and value the most. Top level responses include the bread-and-butter challenges of practice today including help with the pain points of dental plans and staffing challenges and the need for advocacy and high-quality C.E. The surveys indicate that most California dentists derive significantly more membership value from the combined benefits offered by CDA and their local dental societies and more than two thirds of dentists who responded to the survey stated that they would opt out of ADA membership if given that choice.

How is CDA responding?

CDA proposes to partner with local dental societies to respond to these findings by introducing member choice. Specifically, CDA is proposing that ADA membership should be an option but no longer be mandated for California dentists as a requirement for CDA and local society membership.

Will this impact CDA and the component's relationship with the ADA?

The intent is to remain active, engaged with, and still maintain representation at the ADA. In no way is this a proposal to disaffiliate CDA or local dental societies from the ADA.

What happens next and what should members expect?

This proposal has the full support of the CDA Board of Directors and requires approval from the components through a vote at the CDA House of Delegates this fall. The CDA House of Delegates is comprised of delegates elected by their local societies and the dental schools. CDA will continue discussions with ADA and dental society leadership across California, as well as conduct another specific membership survey on this topic in late summer to refine the details of the proposal.

Member feedback is also informing changes to program and benefit offerings. Among these are:

- CDA will introduce an exciting new mix of events and C.E. programs over the next year.
- CDA will increase the dues discount for early career dentists to invest in them and make membership more accessible. In addition, dues for the life active membership category will be aligned with the active member dues amounts.
- The CDA House of Delegates will also need to make decisions on an increase in CDA dues to ensure sustainability.

We are working hard to support California dentists and secure a thriving future. More information about all these initiatives and changes will be shared with members in the coming months. We encourage members to reach out to CDA and their local dental society leaders with any questions and input as we aim to serve the members and the profession.

CDA will continue to fight for the things that mean the most to members — like addressing dental benefit challenges and the often-illusory “insurance” plans that don’t provide meaningful coverage for patients. This kind of reform, along with CDA’s litigation against Delta Dental, is a key area of focus. This work is complemented by programs to address significant practice staffing shortages, support early career dentists who are burdened by significant debt, and offer education and support for today’s various practice modalities and career paths.

How can you learn more?

Watch a new video message from Dr. John Blake, CDA president, to learn more about CDA’s proposal and perspective: <https://youtu.be/hBzr9uObaFY> (or use the QR code)



For updates on these and other important initiatives, stay connected to CDA communications and be on the lookout for future surveys so that your voice can be heard. If you are not receiving communications and surveys from CDA, please review and update your member profile on cda.org to confirm your email address and preferences.



By Ivana Yi, DDS
SDDS Member

Dr. Yi earned her dental degree at University of California, San Francisco and earned her certificate in Periodontology at the Veterans Affairs Hospital in Los Angeles. Dr. Yi is currently practicing alongside Dr. Yanni and Dr. Vasanthan at the Perio Specialist office in Roseville. She is a member of ADA, CDA, AAP and SDDS.

USING DIGITAL DENTISTRY TO ENHANCE IMPLANT SURGERY

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. The introduction and widely accepted adoption of computed tomography and proprietary dental software has allowed us to pursue truly prosthetically driven implant placement. In addition, visualization of vital structures and bone morphology can be carefully considered prior to the surgical procedure leading to safer and more predictable implant treatment. In this article, I wanted to highlight how we utilize the tools and advancements in digital dentistry in our office to create a fully in-house system for guided implant surgery.

All patients begin with a thorough and comprehensive exam that evaluates their medical and dental health, intra-oral and extra-oral examinations, and radiographic analysis, followed by a CBCT scan and analysis of anatomical considerations to deem if the patient is a candidate for dental implants. Intra-oral scanners have been an incredible advancement for digital dentistry and have tremendous versatility. Without the messiness of alginate and stone, a digital impression is obtained and the intra-oral scan STL images are imported into the implant planning software to overlay the CBCT DICOM images to better study the patient's occlusal scheme and create digital wax-ups that optimize esthetics and function. The digital wax-up is the cornerstone of our prosthetically driven implant placement

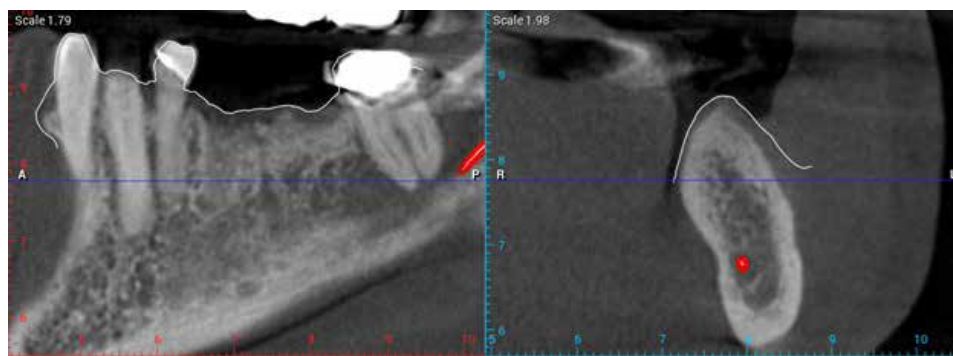


Figure 1. DICOM file of the CBCT with the STL file of the intraoral scan overlaid. Note: the thickness of soft tissue difference between the bone contours and the STL outline. The STL should be well adapted to the contours of the teeth for the best-fit match.

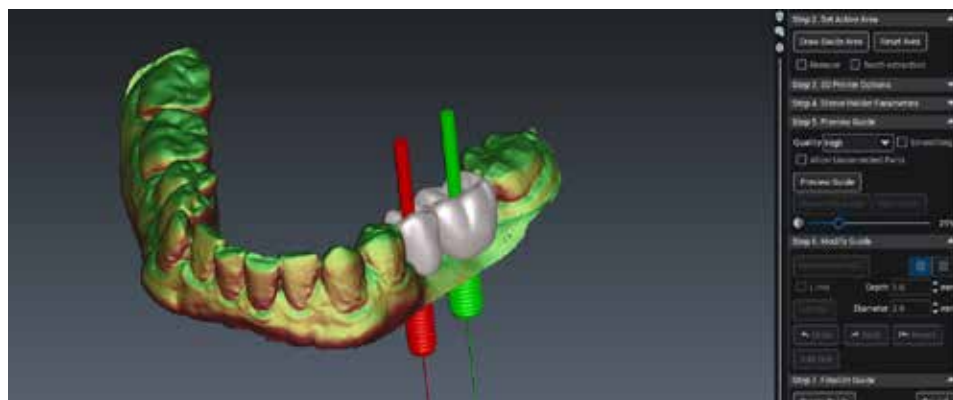


Figure 2. STL file with the planned tooth and implant positions of teeth #19 and 20. The screw access channel is along the long axis of the tooth for ideal prosthetically planned position and directing forces along the long axis of the implant.

GUIDED SURGERY KIT

Sleeve name:	Straumann - Straumann diam 5 mm T-sleeve Fully Guided - 034.053V4
Comment:	
Diameter x height:	6.30mm x 5.00mm
Sleeve to implant distance:	6.00mm
Drill key height:	1.00mm
Drill length:	24.00mm

$\text{Drill length} = \text{implant length} + \text{drill tip length} + \text{sleeve height} + \text{sleeve to implant distance} + \text{drill key height}$

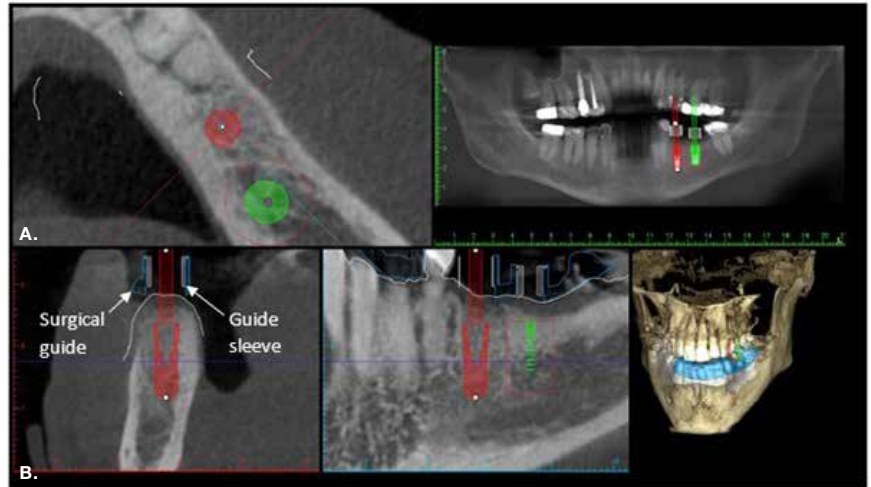


Figure 3. Final guided surgery protocol.

A. This is the protocol design that is generated by the planning software to inform the operator of the specific sleeve to be placed in the surgical guide, the drill key height to be used at the time of surgery, and the osteotomy drill length to be utilized. This should always be verified prior to the surgical procedure.

B. The implant positions of teeth #19 and 20 are idealized and outlined in green and red respectively with their screw access channel. The blue outlines the contours of the fully-guided surgical guide. The gray outlines the guided key sleeve that can be visualized within the confines of the surgical guide and will be added after post-processing of the guide.

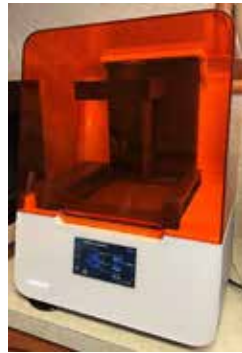


Figure 4. 3D printer. Different resins can be used to fabricate models and surgical guides.



Figure 5. After surgical guides are printed, they are washed in the wash tank (A) with alcohol to remove excess resin prior to being cured (B)



and implant positioning is determined after crown positioning has been decided.

Once the implant position is determined, the guide can be designed in-house using proprietary dental software that allows us to custom design every aspect of the guide and provides us with a specific guided surgery protocol. The usual scatter artifacts seen CBCT scans caused by metal can pose some problems in planning, but this can be reduced or eliminated with the intra-oral scan STL that can more accurately reproduce the true tooth contours for a more precisely fitting surgical guide. After the guide is designed, it is sent to our in-house 3D printer for fabrication. Once the guide is washed, processed, checked for accuracy and sterilized, it is then ready to be used during surgery.

A metal guide sleeve is placed in the pre-planned position in the 3D printed resin guide so that implant drill keys can be seated to create the implant osteotomy in the exact planned location controlling for mesial-distal, lingual-buccal position, angulation and depth. Depending on the planning and implant dimensions, there are specific osteotomy keys that match each drill size and length from the planned implant position.

This digital in-house system streamlines the guide fabrication process and allows for cost efficiency, predictable implant placement and meticulous control of our implant surgeries from planning to execution. From the time the patient's exam is performed, we can be ready for prosthetically driven implant surgery in just a few hours. Surgical guides have shown to be more accurate than hand driven surgery, but it is still important for the surgeon to carefully assess the guide accuracy intra-operatively and understand the ins-and-outs of guided implant placement.

The use of cone beam imaging, intra-oral scanning, advanced dental software, and 3D printing has enabled us to place dental implants with increased confidence. By utilizing advancements in digital technology, it will allow us to continue to evolve as a profession to provide patients with increasingly predictable results. ■

References

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- Agarwal A, Mathur R. Maxillary Expansion. Int J Clin Pediatr Dent. 2010;3(3):139-146. doi:10.5005/jp-journals-10005-1069



Figure 6. Surgical guide processed with guide sleeve in place. Surgical guide being used intraorally with corresponding drill key.



By **Vahid Farahyar, DDS**
SDDS Member

Dr. Farahyar is an assistant professor at California Northstate University College of Dental Medicine (CNU CDM). He received his dental degree from UCSF in 1998 and practiced general dentistry in Sacramento and Davis before joining CNU CDM.

CHANGES IN DENTAL SCHOOL CURRICULUM:

Digital Dentures MEETS Removable Prosthodontics

The integration of digital dentistry into clinical practice has been a transformative process, revolutionizing diagnostic capabilities, endodontics, fixed prosthodontics, orthodontics and surgical procedures. This technological evolution is exemplified by its impact on surgical applications such as guided implant placement and 3D reproduction of the jawbone in anticipation of orthognathic or jaw reconstruction surgeries. Just as various dental specialties are benefiting from implementing digital technology, with recent advancements in digital design and manufacturing of complete dentures and partial denture frameworks, removable prosthodontics is also poised to reap the benefits of these innovations.

A 2022 study by Ishida et al. showed that only 55% of U.S. dental schools have integrated digital denture instruction into their pre-doctoral curriculum. The pre-doctoral curriculum at California Northstate University College of Dental Medicine (CNU CDM) is supplemented by instruction in digital dentures as follows:

Digital denture fabrication is composed of two core stages. The first stage involves digital design through computer-aided technology. The second stage is the computer-aided manufacturing process, which can be performed either through milling (a subtractive method) or printing (an additive method).

To create virtual models, definitive analog impressions are digitized by light-scanning technology. Next, the software analyzes this data and automatically identifies key anatomical structures like ridges and buccal reflections. Based on well-established dental principles, the esthetic and functional teeth arrangement is subsequently completed (Fig. 1). The virtual



Figure 1.

design is reviewed and modified by the technician and forwarded to the dentist for approval and possible further modification. After approval, dentures are manufactured either by printing, or by milling a monolithic highly polymerized acrylic disc (Fig. 2). To



Figure 2.

assess the quality of final prostheses, the dentures undergo a digital verification process by which they are scanned and superimposed on the virtual design for comparison.

While denture printing techniques continue to evolve, milled dentures have superior fit, higher shear strength, and optimal surface characteristics, which contributes to improved soft tissue health.

The clinical workflow for three-appointment milled denture fabrication, as exemplified by AvaDent Digital Dentures*, is as follows:

Appointment 1: Impressions and Initial Records

Definitive impressions are made with PVS, Polyether, or Polysulfide impression material in thermoplastic customizable trays (WT). The impressions can be either mailed to the laboratory or can be digitized in-office and uploaded. The distance from incisive papilla to relaxed lip line and smile line are measured and recorded. Lastly, the tooth mold and shade are selected.

Appointment 2: Trial Denture Insertion

The “Wagner Try-in” dentures consist of printed upper and lower trial dentures, which are used to evaluate esthetics, phonetics, and

to determine the Occlusal Vertical Dimension (OVD) and maxillomandibular relationship. The upper and lower anterior teeth in the trial dentures are set in thermoplastic wax that can be softened in a water bath to allow easy modification of the teeth position. After evaluating the esthetics and phonetics, the patient’s OVD is established in the usual manner. Lastly, the maxillomandibular relationship is recorded with elastomeric bite registration material. Desired changes to teeth positions can be drawn on the trial dentures for the dental technician. The changes to the setup are easily made in the software before another trial insertion or the final denture fabrication.

Appointment 3: Denture Insertion/ Delivery

During this appointment, the final prostheses are inserted, evaluated, and adjusted.

Fabricating “cast-free” milled digital dentures from highly polymerized acrylic discs yields dentures with superior fit and retention, enhanced surface characteristics, and an occlusion that does not require laboratory and clinical remounts. Additional advantages of digital dentures are reduced clinical chair time, fewer visits, and digital archiving, which facilitates the fabrication of a second set of dentures using the archived data.

To ensure the future generation of dental professionals are well-versed in this innovative technology, CNU CDM has incorporated digital denture instruction into the removable prosthodontics course. The students will employ digital denture fabrication techniques for their clinical complete denture patients as well. ■

**The author has no conflict of interest to declare.*

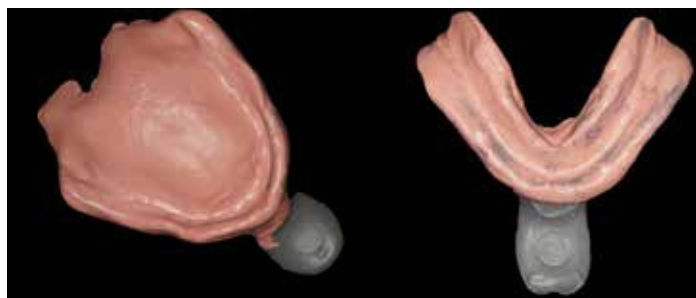
Appointment 1 photos



Wagner Tray (WT)



Softening WT in water bath at 160° F



Tooth and shade selection

Appointment 2 photos



Wagner Try-in



OVD



Bite Registration



Delivery photo

Digital DENTISTRY



By **William Hatcher**
Senior Manager, Marketing Communications
Straumann Group North America
SDDS Vendor Member

Digital dentistry is revolutionizing the way dental practices operate, providing dentists with new technologies that allow them to improve accuracy and efficiency in their work. Patient preference is overwhelmingly in favor of these advancements. One survey conducted by Carestream Dental revealed that 72% of patients had a positive experience when their last visit included advanced technology, and two out of three patients would consider changing to a dentist who uses this more advanced technology.¹

Traditional methods of creating dental impressions can be messy and uncomfortable for patients, and the accuracy of the impression can vary depending on the skill of the dentist. With digital scanning, however, dental practices can obtain highly accurate 3D images of the patient's teeth and gums. Dental practices can easily send these scans to labs and dental specialists, potentially leading to faster and more efficient diagnoses and treatments.

The implementation of 3D printing and digital dental workflows has enabled practices to grow by expanding their service offerings. With a 3D printer such as the P20+ from Straumann, dental practices can produce dental restorations and prosthetics with precision and accuracy. Same-day unplanned production of night guards can happen in-clinic to save time and generate revenue. The technology allows for the almost immediate creation of crowns and bridges that fit uniquely in the patient's mouth. Furthermore, 3D printing enables dental practices to create customized surgical guides that can be used to help ensure accurate implant placement, likely resulting in improved surgical outcomes.

Advancements are also being made to implant planning and design software. Utilizing AI-assisted technology, it is easier than ever for clinicians to automate data preparation for: coordinate system mapping, panoramic curve and nerve canal detection, segmentation, and

STL matching. Upfront clinical planning can be used to manage patient expectations and provide truly predictable and reproduceable outcomes.

Digital dentistry is rapidly becoming the standard of care. Digital workflows can be used to manage patient records, treatment plans, and communication between dental professionals, facilitating improved collaboration and better overall oral care. "Through the time savings that digital gives us, it gives us that time back to be a master clinician, to engage with the patient, and communicate more," said Dr. Kimberly Schlam of Bend Prosthodontics in Bend, Oregon.

However, oral healthcare practices face challenges in achieving their strategic goals for efficiency, revenue growth, and patient satisfaction. Even with all the advantages that can come from digital workflows, adopting new technology can be challenging and choosing the optimal mix of products and solutions can seem like a daunting task. The good news is that digital dentistry can be implemented in stages, it doesn't have to be done all at once.

When looking for the appropriate digital dentistry partner, one of the most important things to look for is their range of connected solutions and validated workflows from scanning to design and through production. The ideal candidate should offer a comprehensive suite of digital dental tools that seamlessly integrate with one another, allowing a dental practice to manage every aspect of treatment from a single source. This not only saves time and effort but also helps to ensure that cases run smoothly and efficiently, and that desired outcomes are achieved. A single-source provider is also desirable in terms of having one technical support center to call if any issue arises.

Another key factor when considering a partner is their commitment to training and support. Digital dental technology is constantly

evolving, and it's important to work with an entity who can provide ongoing training and support to ensure the dentist is up to date with the latest tools and techniques. "Having a solution provider that offers comprehensive training programs for their products, as well as ongoing technical support and customer service can be a key advantage," says Jason Coss, Vice President Straumann Connected Customer Solutions North America. By choosing a provider who offers a consultative approach to a practice's business, the digital dental technology investment can be tailored to support financial, efficiency and patient acceptance goals at any level.

With digital dentistry and its innovative and evolutionary approach, care is improving, patient preference is growing and chair time efficiencies are being gained. The easiest way to get started is by bringing an intraoral scanner into a practice and growing from there. ■

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Mr. Hatcher is a 25 year medical marketing and communications professional who oversees digital dentistry marketing activities for Straumann Group North America. He has extensive experience within the medical device, organ transplant, and pharmaceutical industries and has worked for top global manufacturers and advertising agencies.

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By **Michael David Scherer, DMD, MS, FACP, DABO/ID**

Dr. Scherer is an Assistant Clinical Professor at Loma Linda University, a Clinical Instructor at University of Nevada – Las Vegas, and maintains a practice limited to prosthodontics and implant dentistry in Sonora, California. He is a fellow of the American College of Prosthodontists, has published articles, DVD training series and in-person and online courses related to implant dentistry, clinical prosthodontics and digital technology with a special emphasis on full-arch reconstruction. As an avid technology & computer hobbyist, Dr. Scherer's involvement in digital implant dentistry has led him to develop and utilize new technology with CAD/CAM surgical systems, implement interactive CBCT implant planning, and outside of the box radiographic imaging concepts. He can be reached at: www.michaelschererdmd.com

Updates in Digital Dentistry What's New?

It's the year 2023 and I'm consistently amazed by the progress of where digital has taken us in dentistry. Frankly put - it has never been more exciting to be a dentist! I have been involved with digital development of dentistry for the last 15 years and over that time I have asked the question to many dentists, "How many of you have an intraoral scanner, 3D printer, CBCT, milling machines?" Over this time the number of hands have steadily increased, especially when applied to the intraoral scanner. If you haven't jumped in yet, most importantly – don't feel like you have to or else. The technology is there for you when you want it and thankfully the resources are now available to better learn and implement these wonderful tools for clinical practice.

As we start to go into the second half of the year, we wonder to ourselves what is new and happening in digital dentistry?

Artificial Intelligence (AI)

Recently the American Dental Association released a white paper on AI use in dentistry, with the focus on its use in diagnosis and radiographic analysis.¹ In the clinical practice, the general consensus is that AI will prove to be a powerful tool for diagnostics and analysis of dental treatment provided. Services such as Pearl and Diagnocat AI utilizes cloud based analysis to analyze radiographs and provide enhanced information for clinicians and industry partners. Think of it like this, imagine if you asked 10 dentists their opinions on if there is caries on the distal of #19... often with 10 different answers! Cloud-based AI algorithms take averages of not just 10 dentists but thousands of dentists around the world utilizing a technology called machine learning to leverage the data and provide better results.

In the dental laboratory, AI is just getting started. Two of the big industry partners, 3Shape and Glidewell have both developed approaches to the laboratory to enhance

workflows using Automate and Intelligent Manufacturing respectively. By leveraging both the digital cloud and machine learning based upon thousands of digital designs performed throughout the world, dental technicians can upload scans of a prep and then receive back a designed crown that looks really good! Are the systems bulletproof? No and many often still require a technician to be involved to check the work and adjust the design. Further, many of the AI based design programs are for simpler applications such as single unit crowns and simple fixed partial dentures.

AI does tremendously benefit the clinician today in two major ways. Firstly, if a clinician does in-office crown procedures such as using chairside milling, uploading a scan to the cloud via an AI system can result in a very good design returned in just a few minutes. This can free up the time of a dental assistant to focus on more patient centered tasks. After designed, the dental assistant can then upload to the mill and continue to produce the restoration. Secondly, the AI radiographic assistance can tremendously speed up radiographic analysis of CBCT imaging. Typically this takes considerable time by the clinician or a modest cost for outsourcing of this step.

Intraoral Scanners

The intraoral scanner market has matured quite a bit over the past few years. Incremental technology improvements continue with the emphasis on wireless scanners and simplicity. Recent releases from 3Shape and Medit with the TRIOS 5 and i700 wireless have shown that while some clinicians want bells and whistles, most really want simplicity and ease of use. To be succinct, many clinicians should focus on what works in their hands and something that can be easily delegated to a team member. I have found that several things go into a purchase of a scanner, but the following is the most important questions to ask:

1. Does it solve a problem that I need to solve?
2. Is the scanner easy to use?
3. What does my laboratory think of the scanner?
4. Can my dental team help or am I on my own?
5. Who is going to be helping with the support?
6. How does it fit into my practice physical space – on a cart, mobile unit etc.?
7. How much does it cost, all-in?

It may be important to see that while some clinicians focus on price as the #1 point, I argue that price is important but certainly less important than usability. Many intraoral scanners are now in the \$15-20k range, so affordability has tremendously improved in the past few years. The key is and continues to be – does it solve a problem. For me? This part was easy... I really wanted to decrease my impression remake rates. In the past 7 years I have not made a single impression using PVS for crown & bridge dentistry... and I am thrilled.

3D Printing

We clinicians tend to get caught up with the nuances of technology with 3D printing such as: how cool it looks, what special feature it has, or who is using which printer as to emulate them! The actual hardware of 3D printing is fairly mature, while there is room for development, the breakneck pace of development is looking for the materials. To be succinct – most 3D printers work and work fairly well. The big question I always ask clinicians is – what do you want to make?

Making things is key and the latest in 3D printing is all about the resins! Several companies continue to shine in the material development including SprintRay with their OnX Tough and High-Impact Denture resin and Graphy with their direct printing aligner materials. The challenges that we clinicians typically face are related to the long-term color stability and strength of our 3D printed prosthetics. Early materials would print and fit in the mouth, however, when in use would tend to break down faster than traditionally produced prosthetics and the color stability was historically also less than optimal. Focusing on high impact strength resins that are also color stable long-term is the quintessential goal. While 3D printing is fast, accurate, and inexpensive, it still takes time out of our practice to do.

The workflows and costs of 3D printing continue to stabilize. The big questions remain on how to establish workflows including how to design the prosthesis, processing, and ensuring the material properties are correct.² Many printers include standardized setups that include the software to print the prosthetics, the 3D printer itself, the resins, and the processing stations. While there is a broad range of pricing, expect to spend between \$5-15k for a complete setup and importantly, understand that having a dedicated dental team member assigned to the entire process will ensure that you have prosthetics that will work and hold up over time.

Fixed Full-Arch Implantology

Full-arch prosthetics for removable and fixed continues to become a focus of digital dentistry. Technologies like the ones mentioned earlier in this article fit perfectly into clinical practices that see full-arch patients. The historical use of 3D printing has been to “rapid prototype” items as they tend to be much cheaper and faster to produce than traditional manufacturing methods. For example, to 3D print a full-arch prototype may cost \$8-15 where to produce the same prosthesis using milling may cost \$100-500. In addition to this aspect, the technology for intraoral scanning has matured to allow for very simple procedures for full-arch implantology.

For the past few years, photogrammetry systems such as PIC or Imetric 4D has been advocated for use in full-arch image capture of implant positions. The technology uses stereoscopic cameras to capture markers that are attached to the dental implants. While the technology seems very space-age, it results in an accurately fitting restoration.³ The technology is also fairly simple to use, however, the biggest limitations have been the pricing and at the laboratory. Clinicians should expect to spend between \$30-50k for a Photogrammetry unit and to encounter challenges at the laboratory with how to align the scans. For me, it doesn't fit well into my clinical practice as I prefer to use intraoral scanning and a universal workflow that works for both removable and fixed restorations.

My goal was to use intraoral scanning to complement my full-arch practice and to not be disruptive. As a result, some have developed very simple full-arch workflows using existing components. One example is from Zest – being able to use a new housing and insert I can now do fixed with LOCATOR FIXED. In combination with scan bodies developed for their Locator abutment, I can choose

to do a removable arch or a fixed arch. Plus, since there are no screw-channels for the final restoration, the digital workflows to 3D print the prosthetics is very simple, strong, and is affordable for the patient.

Summary

As we look forward, it is important to consider where we are today. Digital technology continues to mature and it's never been a more exciting time to be a dentist. The key is to ask yourself... “What do I want to make?” and “Is this something that sounds like fun to do?” I have found from experience that these two questions are THE most important question to ask and the rest will fall into place. ■



Fig 1. Intraoral Scan Bodies on LOCATOR abutments



Fig 2. Intraoral scan of the case from Fig 1.

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September is Member Appreciation Month!

Join in the fun and all the great member benefits and deals for the entire month:

September 1 Cathy turns 70

A good start to the month!

September 12 General Meeting

This month's topic is Throwdown! Sleep Dentistry. Invite and pay for a nonmember guest and, if they join, you get your money back.

Tuesday • 5:45–9pm

September 15 Shred Day

Friday • 10am–2pm

Sponsored by TDIC

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

September 16 Dim Sum Brunch

Join fellow SDDS members and enjoy a delicious Dim Sum brunch at the Michelin-rated Yue Huang Restaurant (Natomas)

Saturday • 10:30am

September 19 SDDS Does Broadway

Hadestown intertwines two mythic tales — that of young dreamers Orpheus and Eurydice, and that of King Hades and his wife Persephone — as it invites you on a hell-raising journey to the underworld and back.

Tuesday • 7:30pm

September 20 CPR BLS Renewal

Blended learning is a combination of eLearning (online portion), in which a student completes part of the course in a self-directed manner, followed by a hands-on session.

Wednesday • 6–6:45pm, 7–7:45pm, 8–8:45pm

September 21 Business Forum

Tales of the HR Hotline, presented by the California Employers Association

Thursday • 6–8pm • Webinar/Zoom

September 22 Business Forum

Dental Practice Opportunities – Preparing to Buy or Sell in Today's Office Transition Environment, presented by SDDS Vendor Members

Friday • 8:30–11:30am

Breakfast sponsored by Provide, Inc.

September 23 Riverboat Cruise

Join us for a scenic cruise down the Sacramento River. SDDS Members and Guests* welcome!

Saturday • boarding time 5:30pm

**Please note this event is for ages 21 and older.*

September 25-29 Member Appreciation Week

Stay tuned for some great member surprises

2023 SDDS Committees Schedule

Leadership

Board of Directors

Jan 3 • Mar 7 • May 2 • Sep 5 • Nov 7

Executive Committee

Feb 10 • Apr 14 • Aug 18 • Oct 6 • Dec 1

Foundation

Foundation Board

Mar 1 • Sept 18

Other

SacPAC

Sept 20

CDA House of Delegates

Nov 10, 17-18

Standing Committees

Membership/Engagement

Mar 21 • May 16 • Sept 18

CPR Committee & Courses

Feb 27 • Sept 20 • Nov 10

Nominating/Leadership

Development

Feb 6 • Completed

Advisory Committees

Continuing Education Advisory

Feb 27

Nugget Editorial Advisory

Jan 17 • Sep 20

Strategic Plan Advisory

TBA

Budget and Finance Advisory

TBA

Bylaws Advisory

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Legislative Advisory

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GMC Transition Advisory

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It's a New Day for Dentistry... and the ADA



By Raymond Cohlma, DDS
Executive Director, American Dental Association

Your American Dental Association (ADA) is on the cusp of an exciting transformation that will benefit our members, state and local dental societies, the dental profession, health care and the public as we forge our future together.

Eighteen months ago, the ADA set forth on a journey toward transformation and we are currently right on schedule. A product of extensive collaboration and foresight, the ADA's transformational goals serve as a compass, guiding the ADA toward its primary mission: advancing the profession, promoting oral health, and helping members succeed—all in service to making people healthy.

The ADA is playing a pivotal role in an era of change for dentistry—from generational shifts and emerging practice modalities to technological advancements and changing professional needs.

Ongoing analysis by the ADA Health Policy Institute anticipates changes in the dental workforce in terms of dentist demographics and practice modality. The workforce is getting younger, is more likely to be female, and is more likely to be non-White. Further, a generational divide among dentists is highly visible with large shares of younger dentists (age 30 to 40) and older dentists (age 60 to 70). This is a departure from the dentist workforce of two decades ago, when most dentists were middle-aged. This generational transition, in part, correlates with a shift in practice modalities. Dentists in the early years of their careers tend to affiliate with group practices and dental support organizations (DSOs) while late-career dentists tend to be in solo practice.

With a significant shift in demographics and an acceleration toward group practice, the ADA is meeting the changing tide by sharpening its focus on its members and

the potential market of dentists yet to experience the ADA. With the creation of stakeholder/customer groups, the ADA's efforts are better aligned to address the needs and expectations of those we serve. These include dentists, dental professionals and students; tripartite partners; the public and our profession at large; dental industry/business innovation; and our enterprise group that supports the infrastructure of our Association.

We've found that organizational agility—along with thoughtful and swift decision making—is the key to providing meaningful, real-time member value.

Therefore, the ADA is evolving its business model to refine its processes and allow for greater innovation, speed and flexibility. One way we are accomplishing this is through our new strategic forecasting governance model, which sets a multi-year strategic vision for the ADA, helping us stay on track toward long-range goals while remaining flexible along the way.

Through strategic forecasting action groups, many members of the dental community will help us scan our professional environment to more quickly meet the needs of those we serve. It's important we engage with all those whose contributions and perspectives are vital for driving dentistry forward, including early-career professionals; leaders in dental education; multi-site practices; our industry colleagues; state, local, and specialty dental societies; as well as international organizations.

We are committed to inclusivity and welcome dentists from all backgrounds, regardless of their practice modality, age, race, ethnicity or gender. In our efforts to advance the global profession, we are also embracing all dental professionals, such as dental assistants, dental hygienists, office managers, industry and manufacturing colleagues, academics and researchers, federal services and other healthcare providers.

Digital transformation is another way that the ADA is elevating its focus on members and their evolving needs, and we're already making advancements in our products and services developed and delivered with our profession in mind.

Digital improvements via a multi-channel approach are transforming the way we communicate, providing our members with relevant, evidence-based dental information when, where and how they want it. Digital platforms, such as ADA.org and ADA Member App, are delivering customized individual membership experiences, opening the doors to new horizons for connection.

Created with dentists and for dentists, the ADA Member App is proof of what we can do when we innovate and keep our community at the center of our work. New app enhancements include additional career resources and new networking and mentorship opportunities, helping to build a more collaborative community at the state and local levels. Along with ADA app downloads, ADA.org is seeing more hits and access than ever before.

These digital experiences pave the way for the ADA to serve as a bridge connecting dental professionals, their goals and our community. But the work doesn't stop there—the opportunities for transformation are endless.

In fact, work is underway among key stakeholder groups to align on a new membership model and dues structure in time for January 2025. Through stakeholder collaboration, a new association management system soon will align membership data across the Tripartite.

A strong alignment among key stakeholder groups allows the ADA to continue to

move its work forward, maximize market opportunities and support the greatest opportunities for collaboration and agreement across the Tripartite.

Each part of our collaborative Tripartite infrastructure—comprised of national, state and local dental societies—is vitally important. Our collective membership in the ADA powers the profession at levels no single dental society could achieve on its own. We are stronger together and rocketing into the future like never before.

It's a new day for dentistry and a new day for the ADA. You can learn more about the exciting transformations at the ADA through our brand new campaign

called Together We Thrive at [ADA.org/powerof3](https://ada.org/powerof3). There's a lot to be energized about as we continue our efforts to not just lead dentistry, but to help it thrive for generations to come. ■

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SDDS Has So Many Unique Courses and Events!

Each year the Continuing Education Committee at SDDS works to create a course year that appeals to all of our members. There are clinical courses, updates on new types of technology, licensure renewal courses, employment (HR) updates and more practice management courses like tax management or team collaboration.

The CE year is designed with you in mind! Maybe you've attended one of our continuing education classes or our monthly General Meetings, but we offer so many more types of courses. Below is a run-down on all the different types of courses SDDS offers and what sets them apart from one another.



general meetings

General Meetings are monthly meetings on the second Tuesday of each month, 7x a year. Held at the Hilton Sacramento Arden West, they are night meetings that take place from 5:45–9pm. You receive an hour of CE credit for mingling with our attending vendors and learning about new products and resources available for your practice. Then you head into the ballroom for dinner and the speaker's presentation. The General Meetings provide 3 units of CE credit. Sign up for all 7 and save!

licensure renewal

Licensure Renewal courses are the mandatory and very popular classes. These courses cover: California Dental Practice Act, Infection Control and Opioids.



continuing education

Continuing education classes take place at the SDDS Office at various days/times of the week. They cover a broad variety of topics from clinical topics like implants, hands-on techniques, bloodborne pathogens, hazard communication, general office safety and all the required elements of your compliance in the office for all those classified as being exposed to pathogens, OSHA and HIPAA. It's a great way to amass some CE units and keep on top of the latest and greatest info.



business forums

Business Forums are SDDS' evening classes, offered either live or in webinar format. The Business Forums are non-clinical classes, covering topics like practice management, finance, social media, insurance and more!

hr webinars

HR Webinars are live and you can participate while you have your lunch or while you are on the road. 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. These webinars have been designed with dentist employers in mind. We also offer the mandatory harassment prevention courses required every two years.

cpr bls course

SDDS offers CPR classes throughout the year. There are Friday morning classes, Wednesday evenings and Saturday mornings available. We try to make sure there is a CPR class that you will be able to attend with your busy schedule. Classes will provide 3 CEU units as well as your CPR certification; it's a great way to get your CPR certification locally. All instructors are SDDS volunteer dentists.

special events

SDDS has many special events throughout the year! These events include Shred Day, Holiday Party, Golf Tournament, Dentists Do Broadway & Music Circus shows and get-togethers like baseball, Dim Sum brunch, Riverboat Cruise, River Cats game and more! To learn more about upcoming special events, see page 18!



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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.

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- 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 22nd, so make sure to let us know before then!





By Paul Raskin, DDS
SDDS Member

Still practicing full time (between clinic and laboratory) at the age of 86, Dr. Paul Raskin remains deeply committed to a life of Removable Prosthetics. After a Hospital Internship at the VA Hospital in Martinez, California, and sixteen years of general practice in Berkeley, he eventually became Director of the Department of Dentistry with a faculty appointment, at U. C. Davis School of Medicine, Sacramento Medical Center. He came back into town eventually limiting his practice to Removable Prosthodontics in 1981. He may be reached at praskin@neubite.com.

Stabilizing a Complete Denture on a Class IV Atrophic Mandible

There were plenty of courses on complete dentures in all the dental schools in the years following my graduation in 1964. Great names like Earl Pound, John Frush, Bernie Levin and others were frequently published in the journals. Dental students were required to fit and fabricate several sets of upper and lower complete dentures. At that time, there were enough patients coming to the schools to meet the needs of the students. Sadly, not now.

Dentures represent an art of the highest order, I believe. Imagine: creating a full scale sculpture of teeth and gums, that defies detection, a beautiful smile that can make a whole new life, that can chew food and insure a varied diet so necessary to health and happiness, all made out of a measure of High Impact Methyl Methacrylate powder and liquid, mixed and cured in a plaster mold! I fell in love with the denture lab. The lab has been the lynch pin of my practice for over 40 years.

As time went by, fewer and fewer informative courses showed up in the dental schools' postgraduate curricula, especially nothing of importance regarding the severely atrophic mandibles. The arrival of implant retained complete lower dentures not only represents only a very small percentage of denture wearers, affordability has been a significant barrier to their implementation. Since 1981, when I declared my practice limited to removable prosthodontics, we have provided upper and lower dentures to 11,134 patients, with only 415 who received implant retained complete lower dentures, or a little under 4%, even though I inform everybody of the opportunity.

So, how to rehabilitate the patient with no appreciable lower edentulous ridge--down to the foundation bone--has long continued to bug me. How to keep the lower denture from jumping around in normal use on severely atrophic ridges? Every course on the subject just

went over the old saw of denture fabrication on average gums, essentially adding nothing new regarding the patients whose ridge is gone with nothing to put a saddle on.

Until one day, at the bench lathe, looking at this massive lower denture I was rough finishing and thinking: There is a way I can give the tongue a better grip on this if I just hollow out a recess in the lingual aspect, all along and below the posterior teeth, so that the tongue, expanding laterally, can actually position the denture over the supporting tissues, in the proper relationship to the gums, in opposition to the labial and buccal muscles pushing inwardly during masticating and swallowing, thereby gaining control over the lower denture. I realized the advantage of having so much mandibular atrophy: the more the atrophy, the more room there is for a tongue recess between the base and the under-surface of the posterior teeth, as shown in the photograph, Figure 1.



Figure 1.

I have provided this recess in a dozen or so cases. Early enthusiastic acceptance has been overwhelming. The feeling of a place for the tongue is paramount. The old, slick vertical shape of the conventional lingual surface of lower dentures provided little stability from any action of the tongue. This groove gives the tongue a grip and keeps food from getting underneath.

Serendipitously, the worse the atrophy, the better the chance for significant improvement in tongue control. And, it costs nothing. No surgery, no implants, nothing but a negative space, a place to put the tongue.



Figure 2.

The second photo (Figure 2) demonstrates with fingers what the tongue can do, that is, provide a firm sense of capture with its ability to exert pressure, bilaterally, into the recess with a positive grip. Q.E.D. ■



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- Discuss the effectiveness of articaine buccal infiltration by mandibular molars

Dr. Malamed is a dentist anesthesiologist and emeritus professor of dentistry at the Herman Ostrow School of Dentistry, located in Los Angeles, California, USA. In 1973, Professor Malamed joined the faculty of the University of Southern California School of Dentistry (now the Herman Ostrow School of Dentistry of USC). Dr. Malamed retired from the university in 2013.

Dr. Malamed has authored more than 180 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation, and general anesthesia.



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10 Happiness Practices

a Doctor Prescribes to His Patients



Reprinted with permission by Creative Commons, article written by Leif Hass, MD

In the face of COVID-19, one doctor is prescribing habits for health and happiness.

In addition to all the fear and chaos it has wreaked, COVID-19 has changed the way we think about our health. Thanks to the psychological, and even physical, impact of protracted quarantines and shutdowns, many of us have come to realize that feeling healthy is more than the absence of disease. We feel our healthiest when experiencing positive emotions, when we feel calm and at peace, when we are connecting with others, and when we are taking in beauty with a sense of wonder.

Would it be too much to ask that our health care system explicitly prescribe a dose of what we all are finding to be true? Could clinicians shift the dominant paradigm on health just as dramatically as we are bringing vaccines to millions? Could we as patients expect more than pharmaceuticals from those who provide our health care?

A few of my colleagues and I are trying to do this now. Although I am in awe when we dramatically change the course of diseases in the hospital with technological fixes, I also feel frustrated that my patients can leave the hospital believing that health is derived from pills and procedures. With the help of the Greater Good Science Center, I and a few colleagues at Sutter Health in the Bay Area have started giving “old school” paper prescriptions to do things that we

all understand are good for us and for which there is sound scientific evidence.

Here is the checklist of activities on these prescriptions—and the rationale for their use.

1. Take a few deep breaths.

We all know that a deep breath helps us relax. No surprise then that decades of research have demonstrated that by taking slow deep breaths, we calm the body and mind by activating the parasympathetic nervous system; when this happens, stress markers, heart rate, and blood pressure all decrease. That’s why taking deep breaths throughout the day can help keep us calmer and more balanced.

2. Call an old friend.

Groundbreaking work by Julianne Holt-Lunstad suggests that social connection’s impact on mortality is on par with blood pressure, cholesterol, and obesity. The benefits likely come from the immediate activation of prosocial emotions and the long-term benefits of social support. This might be particularly helpful for my patients who are facing challenges with their physical health.

3. Give someone a hug.

Hugging releases oxytocin that helps build social bonds and lowers the levels of the stress

hormone cortisol. When hugging, we also release endorphins that lead to a sense of well-being and relaxation. But does anyone really need a scientist to tell us that hugs are good?

4. Help a friend in need.

Helping others allows us to meet some important psychological needs, such as developing our senses of agency and competence as we strengthen social relationships. When we act on our values by being a good friend and helping those in need, we foster a sense of purpose, which is foundational to a meaningful life. In fact, research by Stephanie Brown suggest that those providing help may get more benefits than those receiving it.

5. Write a thank-you note.

Many studies over the last two decades have found that people who express gratitude are happier and less depressed. While one thank-you note is not the kind of gratitude practice that leads to lasting, positive cognitive change, I tell my patients that their notes should be the beginning of a habit of counting their blessings in writing.

6. Sing in the shower... or anywhere.

Making music, and in particular singing, just makes us feel better. And this happens through

several mechanisms. We release endorphins when we sing; given this, it is not surprising that singing reduces pain. Stress hormone levels fall, leading to improved immune function. We make meaning as we embody the lyrics. I often add that people should join a choir, as singing surrounded by others greatly magnifies the benefits of singing.

7. Dance to your favorite song.

We all know that moving our bodies improves our health, but moving to music has additional benefits. The mood boost from dancing lasts much longer than from exercise alone. And dancing often has social benefits. There is even data suggesting dancing prevents cognitive impairment in the elderly.

8. Go for a walk in a beautiful place.

We all feel better after getting in nature, yet we underestimate the healing power of these experiences. Unfortunately, many of those I take care of have mobility issues and social circumstances that make this really hard to do. I always recommend “awe walks” for those who can do them or speak to patients and their family about finding some way to get to a place where nature can have its healing effects.

9. Forgive someone.

Forgiveness doesn't mean denying we were wronged; it means we let go of our anger and other unhealthy cognitive processes. Forgiveness requires some hard work, but the benefits are profound: Those who have learned to forgive live longer. This occurs from less stress, depression, and better sleep and relationships.

10. Talk to yourself in a kinder voice.

We are often our own worst critic and when our health goes bad, we can cast an unhealthy amount of blame upon ourselves. Self-compassion helps us heal ourselves rather than hurt ourselves. Talking to ourselves in a kinder voice is the key to this practice!

As I make my rounds and prepare people for discharge, I may prescribe “Sing in the shower,” “Call an old friend,” or “Go for a walk in a beautiful place.” The exact nature of each Happiness Prescription is tailored to match what I believe to be the patient's values and passions. And I always add “Spread the Love” on these prescriptions. I tell my patients at the end of the day, there is no better medicine than love. The more we love, the better and longer we live. I encourage them to keep this idea and love in their hearts. For the more curious, I recommend practicing a loving-kindness meditation; research suggests it can help us feel more love.

Inevitably, these prescriptions are met with surprise, and often with joy. In 25 years of practicing medicine, I cannot recall any of my pharmaceutical prescriptions having been met with such enthusiasm. My prescriptions for a cholesterol-lowering drug have never ended up on an Instagram post, as my Happiness Prescriptions have been known to!

Sometimes, these prescriptions are met with tears. Ms. S.—a tall, elegant, 69-year-old woman who is battling cancer—was recently admitted to the hospital with a urinary tract infection and weakness. During my visits, her sadness permeated the room. Depression appeared to be her biggest challenge at the moment.

“Dr. Hass, I have lost my way,” she said, after describing to me her wavering faith. I handed her a prescription to “Join your church's Zoom Bible study.”

Tears welled up and she said, “Bless you, I do need more than chemo to make it through. Ooh! Do I need this prescription!”

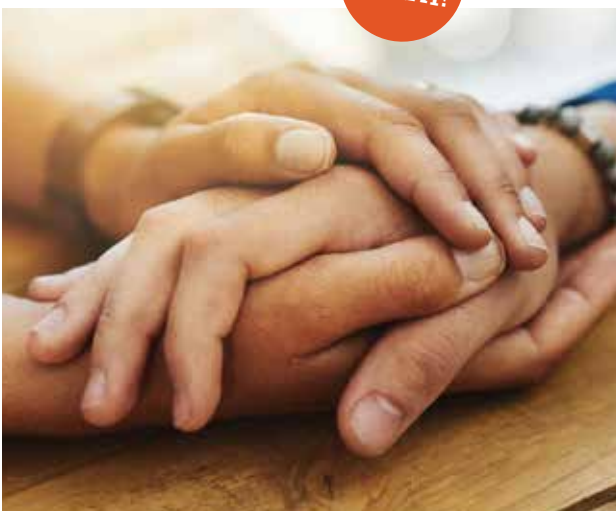
The deprivations of the pandemic have led many of us to envision the selves we want to be. These prescriptions can help us clarify this idea. And they are an action plan that can offer ideas beyond what we originally might have considered. Sometimes, they just remind us of things we already knew, but had forgotten in our pain and distress. Research suggests when we act on a plan with intentionality, we change our cognitive architecture in ways that make the experiences felt more intensely.

There will be lasting social changes resulting from the COVID pandemic. Health care providers can reinforce what people learned from COVID about well-being and health—so, perhaps, a new paradigm can become one of lasting benefits of the pandemic. These Happiness Prescriptions explicitly state that such happiness-promoting activities can be as valuable to our health as the medicines we traditionally prescribe. ■

Dr. Hass is a family medicine doctor and hospitalist at Alta Bates Summit Medical Center in Oakland. He serves as a Joy of Work Champion for Sutter Health and as a clinical instructor with UCSF.

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greatergood.berkeley.edu/article/item/10_happiness_practices_a_doctor_prescribes_to_his_patients

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LONG-TERM CARE

Planning for Independence and Freedom



By Evan Mathew; Trek Financial
SDDS Vendor Member

There's nothing like a critical change in health to catapult an entire family into the complex and costly considerations surrounding long-term care.

We tend to assume we won't need long-term care until we are older; however, while it's true most people who need long-term care are older than 65, a person can need long-term care at any age. In fact, about 40 percent of people currently receiving long-term care are adults aged 18 to 64 years old.¹

Knowledge is power. Know the facts about long-term care so you can make solid decisions about protecting your assets, your loved ones and your financial security.

The hidden costs of waiting

Planning for the future is more than planning for your assets after you die, it's planning for the unknown as well. Long-term care may be needed due to a terminal condition, disability, illness, injury, or the growing infirmity of old age.

Long-term care can be a huge financial burden on your family, particularly if a family member has to leave his or her job to provide care for you. Knowing the range of possible financing arrangements for long-term care ahead of time lets you avoid the stress of having to make critical life-changing decisions suddenly, with

possibly disastrous consequences for both you and your family.

There are only three things that matter in long-term care: planning, planning and planning!

The growing importance of long-term care

If you are in reasonably good health and can take care of yourself, and are between the ages of 18 and 84, you can probably find long-term care insurance.

According to the Administration on Aging, the older population – persons 65 years or older – increased from 39.6 million in 2009 to 54.1 million in 2019, a 36% increase. By 2040, there will be about 80.8 million older persons, more than twice as many as there were in 2000. People 65+ represented 16% of the population in the year 2019 but are expected to grow to be 21.6% of the population by 2040.¹

The statistics are what they are

You may never need long-term care, but the statistics say there is a good chance you might. More importantly, the number of older Americans needing long-term care services now is growing exponentially. Every day until 2030, 10,000 Baby Boomers will turn 65.²

Depending on the type of care needed, over an average 3-year period, the price of care can cost upward of \$360,000 to \$600,000 (range based on various cities), not allowing for inflation. "At a 3% inflation rate, in 25 years, when many baby boomers will require long-term care services, costs for an average length of stay in a private nursing home facility will be about \$840,000, a huge expense that most Americans cannot afford."² ■

For more information on long term care call Evan Mathew at 530.400.0491.

References

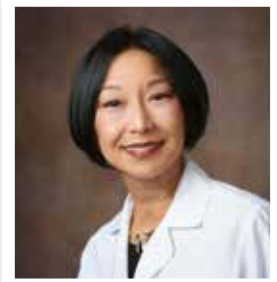
1 US Department of Health and Human Services, 2020 Profile of Older Americans, published May 2021

2 Genworth 2022 Cost of Care Study

The FADE Institute Pays It Forward!

At The FADE Institute, the students and faculty have a campaign called “Pay It Forward.” Each student gives up the equivalent of one cup of coffee (\$4) per month to contribute to this campaign. The total raised and donated to the Foundation from February—June 2023 was \$1913

Thank you to the students and faculty at The FADE Institute for this generous donation to the Kodama Fund (this fund provides scholarships for auxiliary students)!



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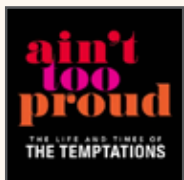
Set against the backdrop of 19th century France, Les Misérables tells an enthralling story of broken dreams and unrequited love, passion, sacrifice and redemption — a timeless testament to the survival of the human spirit. This epic and uplifting story has become one of the most celebrated musicals in theatrical history.



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Is now the right time for practice ownership?

By **Provide Regional Directors of Practice Finance**
Christine Carvalho and Jason Schneller
(SDDS Vendor Member)

Despite the ever-changing interest rate environment, learn why buying or starting a dental practice can become your reality this year (and other factors to consider).

Whether you're buying an established dental practice or going the startup route, achieving your dreams of practice ownership is an experience unlike any other. It's fun. It's exciting. Most of all, it's rewarding. Yet, the uncertainty of today's economy has shifted the mindset of dentists and begs the question of whether now is the right time to buy or start a dental practice. There are many factors to consider aside from the financials, and it's important to note that becoming a practice owner is a transformational experience and more than a mere transaction. If you're ready to transition into the next phase of your career, let's review what factors you should consider to navigate your dental practice transition like the boss you're about to be.

Let's look at the bigger picture.

If history tells us anything, it's that interest rates fluctuate. If rising interest rates are something you're worried about (totally normal if they are), this should not compromise your willingness to acquire or start a practice. Although interest rates impact overall loan repayment, your potential for higher income as a practice owner can outweigh these concerns.

It's important to note that the lowest interest rate may not always imply the

best offer when it comes to your lending experience. Many lenders require a banking relationship to accompany your loan, such as merchant services, a credit card and a savings account. It's advantageous for you to choose a lender with: competitive merchant services fees that can improve your cash flow by saving your practice money each month in credit card processing fees; a credit card that offers tailored back cash rewards on dental supply and lab purchases and reward redemption options that fit your lifestyle; and a savings account that offers competitive interest rates to allow your hard-earned money to work for you – not to mention a lender that offers attentive customer service and believes in the vision you have for your practice.

Practice ownership spans several years, so consider your lender as a growth partner rather than a commodity. Ensure that you choose a lender who will help you reach your long-term goals, remain loyal to you, and consistently offer guidance as you and your practice grow.

Find the right practice for you.

An important realization for any aspiring practice owner: There's no such thing as a perfect practice. Every location will have challenges, and the economics, the project cost, or the vendor you work with will not always be smooth sailing. But there is such a thing as the perfect practice for you. Determine what you're willing to handle when embarking on your practice

ownership journey. Outline the important variables, do your due diligence, and surround yourself with the right experts to help you make your decision and give you the confidence to move forward.

Ready to take the leap into practice ownership?

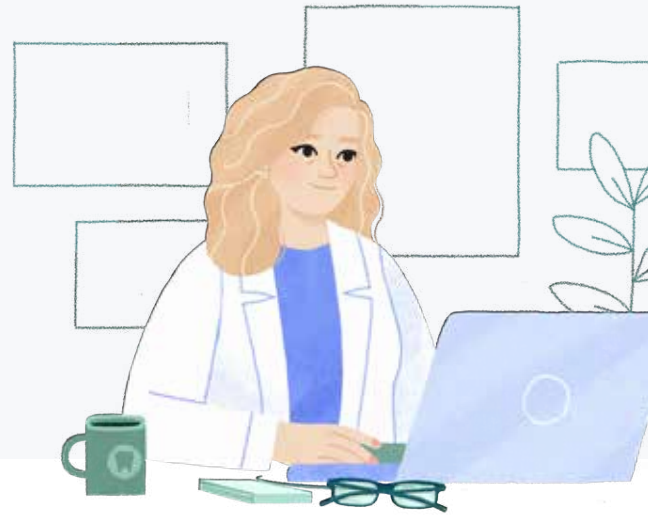
Despite the ever-changing healthcare industry and today's current economy, now's still a great time to acquire or start a dental practice. However, it's important to determine whether you are financially and emotionally ready for practice ownership. Remember: You're not in this alone. From lenders like Provide that specialize in dental-specific lending to CPAs, accountants and brokers; there's a vast community of experts ready to support you so you can achieve your practice ownership dreams and deliver the standard and type of care you so strongly believe in. (We're rooting for you!) ■

Learn more at getprovide.com, or reach out to Christine Carvalho or Jason Schneller, Provide regional directors of practice finance, directly at christine.carvalho@getprovide.com or jason.schneller@getprovide.com.

(By the way, check out getprovide.com/practices-for-sale to browse current listings on Provide's practice marketplace, where you'll find thousands of practices for sale from top brokers across the country, making it easy for you to find your dream practice from a trusted broker.)

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It's AMAZING how wonderful our 1st Tooth OR 1st Birthday® message is catching on! First launched in 2010, the 1st Tooth OR 1st Birthday® campaign targets not only member dentists and the public, but the medical community (OB-GYNs, General Practitioners and Pediatricians). The message? Kids need to be seen by a dentist early, before problems arise. Spreading this message is just one of our many efforts to help with early education and prevention.

We are proud to say that many organizations have co-branded our message and “their” message. Thank you to all the partners who have helped us spread the word. We all know how

important dental health education is for both children and parents, so let's continue to make a difference!

“Spreading this message is just one of our many efforts to help with early education and prevention!”

We're relaunching in September and our next plan is to encourage SDDS members to co-brand with us! If you would like to get some 1st Tooth OR 1st Birthday® magnets for your office, make sure to fill out the insert within

this issue. There are multiple different customization options for the magnets. You can get a simple SDDS branded one, one personalized with your office logo as well as the SDDS logo, or one just featuring your office logo and/or office phone number. You'll work with our SDDS graphic designer to finalize the design in just the way that you want! It's simple and easy! Order some magnets, spread the word and help educate the public about early dental health.

Please see the order form included in this issue of *the Nugget* and get on our 1T1B bandwagon! ■



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YOU

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Vacation Considerations

By **Mari Bradford**; California Employers Association
(SDDS Vendor Member)

With Summer coming to an end and school starting, employees may request more time off to squeeze in a last-minute vacation or deal with new schedules and childcare challenges. Managing time off in California can be complicated but it doesn't have to be with well-written policies and consistent application. Now is a good time to review these unique California rules and ensure your policies and procedures are up to date.

Paid Sick Leave, Vacation and Paid Time Off (PTO)

All California employers are required to provide Paid Sick Leave (PSL) to their employees but providing vacation is at the employer's discretion. PSL can be used for the employee's own health condition or to care for a family member. Keep in mind that when employees are using PSL and state they are taking it for a qualifying reason, you cannot request any documentation (doctor's note, etc.). Here are some additional time off guidelines:

- Have a written policy that details your Paid Sick Leave plan – do employees accrue it based on hours worked or do you provide a lump sum? Is there a waiting period, etc?
- Your vacation policy should define how much vacation time employees receive each year, who is eligible for vacation, how it accrues, and what type of notice an employee needs to provide before taking vacation.
- Avoid lump sum earning or granting of vacation upon reaching a certain date. While an employer can restrict being able to use that vacation until a certain date is met, keep in mind that should the employee separate employment

before reaching a set date, they are still entitled to be paid the prorated accrued earning.

- Employers may not deduct any "advanced" vacation from final paychecks.
- If you opt to have a PTO policy that includes both vacation and sick leave, the entire PTO bank (combined vacation and sick leave) becomes subject to applicable CA sick leave laws and is payable upon separation.
- Vacation/PTO can be rolled over to the following (calendar/anniversary) year with a reasonable cap of at least 1.5 times the accrual rate.
- Employers can choose to payout any accrued and unused vacation/PTO at the end of the calendar/anniversary year. Remember that if an employee leaves before year-end, they must get paid out any unused and accrued time.
- Employers can require employees to use up their vacation by setting a deadline for them to use the time or schedule the vacation with reasonable notice- at least 90 days. There are limitations to a combined PTO & Sick Leave policy.

Some School Specific Guidelines

In California, employers cannot discharge or discriminate against a parent/ guardian who needs to take time off to appear at school if their child is suspended or expelled.

If you have 25 or more employees, you must allow an employee to take up to 40 hours of unpaid time off to find childcare, enroll/re-enroll their child in school or with a licensed childcare provider, participate in school/

childcare activities, or deal with a provider or school emergency.

Best Practices Checklist

- Ensure all employees receive a copy of your Paid Sick Leave and time off policy, whether that be in an employee handbook or a separate policy. Be clear on when an employee begins to accrue PSL, vacation, or PTO and when they can use the accrued time.
- Consider establishing a fair system for requesting time off such as by seniority or using a first come first served basis, and be consistent once it is in practice. Communicate if there are any limits on how many employees can be away at any given time or if there are any blackout dates to your staff ahead of time. Remember there are limitations with a combined PTO & Sick Leave policy.
- Implement a vacation request log or calendar that shows already approved scheduled time off to ensure proper coverage.
- Be fair and consistent when approving time requests around popular time off such as summer and holiday weekends.
- Consider a reasonable cap of at least 1.5 times the accrual to minimize the amount of future payouts
- Pay out any unused and accrued vacation/PTO when the employee relationship ends. ■

If you have any questions on PSL, Vacation, or PTO, give us a call at the HR Hotline and we will be happy to assist you. You can reach the SDDS HR Hotline Monday through Friday from 8am–5pm by calling (888) 784-4031.

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TOTAL RETIRED
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TOTAL DUAL
MEMBERS: 9

TOTAL AFFILIATE
MEMBERS: 7

TOTAL STUDENT
MEMBERS: 86

TOTAL CURRENT
APPLICANTS: 3

TOTAL DHP
MEMBERS: 53

TOTAL NEW
MEMBERS FOR 2023: 85

September/October
2023

New Members

UMAIR AHMED, DDS

Orofacial Pain

Dr. Ahmed earned his International dental degree in 2011. He is currently teaching at California Northstate University in Elk Grove. He transferred from San Fernando Valley Dental Society.

WISAM AL-JANABI, DDS

General Practice

Dr. Al-Janabi earned his International dental degree in 2023. His current office address is pending.

BADR ESMAIL ALSHABEBI, DDS

General Practice

Dr. Alshabebi earned his dental degree from Mexico – Universidad De La Salle in 2022. His current office address is pending. He transferred from Berkeley Dental Society.

KEVIN ARELLANO, DMD

General Practice

Dr. Arellano earned his dental degree from Arizona School of Dentistry and Oral Health in 2023. He is currently practicing at Laguna Family Dental with his father, SDDS member Dr. Stan Arellano.

JOSEPH ATME, DDS

Orofacial Pain

Dr. Atme earned his International dental degree in 2023. His current office address is pending.

VERONICA CERVANTES-PRADO, DDS

General Practice

Dr. Cervantes-Prado earned her dental degree from UCSF in 2005. She is currently practicing at Northern Valley Indian Health in Woodland.

HONG CHENG, DDS *Welcome Back!*

General Practice

Dr. Cheng earned her International dental degree in 1985. She is currently practicing at Cottonwood Dental Group in Woodland.

COLETTE COVRIG, DDS

General Practice

Dr. Covrig earned her dental degree from Loma Linda University in 2022. Her current office address is pending. She transferred from Tri-County Dental Society.

ANDY DINH, DDS

General Practice

Dr. Dinh earned his dental degree from UCLA in 2022. His current office address is pending. Dr. Dinh was a past CSUS Pre-Dental club member and SDDF Yee Family Scholarship winner.

LEMUEL FECEU, DDS

General Practice

Dr. Feceu earned his dental degree from Loma Linda University in 2023. His current office address is pending. He transferred from Tri-County Dental Society.

HANNAH FOX, DDS *Welcome Back!*

General Practice

Dr. Fox earned her dental degree from UOP in 2022. She is currently practicing at Douglas Dental & Orthodontics in Roseville.

SABRINA FRANCIOSA, DDS

General Practice

Dr. Franciosa earned her dental degree from University of Iowa in 2023. She is currently practicing at Natomas Dental Crossing in Natomas.

KALEIGH GALLOWAY, DDS

General Practice

Dr. Galloway earned her dental degree from Arizona School of Dentistry and Oral Health in 2023. Her current office address is pending.

KRISTINA GHENTA, DMD

General Practice

Dr. Ghenta earned her dental degree from Midwestern in 2023. She is currently practicing at Greenhaven Modern Dentistry in Sacramento.

RANDALL HAYASHI, DDS

General Practice

Dr. Hayashi earned his dental degree from UOP in 1988. He currently works for Gainwell Technologies. He transferred from San Joaquin Dental Society.

KAYLA KEPPLER, DMD

General Practice

Dr. Keppler earned her dental degree from Midwestern University in 2021. Her current office address is pending.

JAGTESHWAR KHATRA, DDS

General Practice

Dr. Khatra earned his dental degree from UCLA in 2022. He is currently practicing at two different offices in the Sacramento area.

EMILIA KODIATH, DDS

General Practice

Dr. Kodiath earned her dental degree from UCLA in 2017. She is currently practicing at Ampla Health and Dental in Yuba City. She transferred from Butte-Sierra Dental Society.

AMY KIESSELBACH, DDS
General Practice *Welcome Back!*

Dr. Kiesselbach earned her dental degree from UOP in 2006. She is currently practicing at Cedar Dental in Rocklin.

JASHANPREET KAUR, DDS
General Practice

Dr. Kaur earned her International dental degree in 2023. Her current office address is pending.

BRADEN LESHER, DDS
General Practice

Dr. LeShier earned his dental degree from University of Iowa in 2023. He is currently practicing at Natomas Crossing Dental Care in Natomas.

RICHARD LU, DDS
Pediatrics

Dr. Lu earned his dental degree from UOP in 2021 and earned his pediatric degree from Children's Hospital in Wisconsin in 2023. He is currently practicing at two different offices in the Sacramento area.

MARK LOISEL, DDS
General Practice

Dr. Loisel earned his dental degree from UCSF in 1982. His current office address is pending. He transferred from San Joaquin Dental Society.

MD MAZUMDER, DDS
General Practice

Dr. Mazumder earned his International dental degree in 2022. He is currently practicing at Western Dental in Sacramento.

RAHUL NAGDA, DDS
Pediatrics

Dr. Nagda earned his dental and pediatric degrees from UCSF in 2020. His current office address is pending.

DONKA NEIMAR, DDS
General Practice

Dr. Neimar earned her dental degree from USC in 1991. She is currently a retired dentist and transferred from Western Los Angeles Dental Society.

LEILA NIKPOUR, DDS
Prosthodontics

Dr. Nikpour earned her International dental degree in 2010. She is currently practicing at J Street Dental in Sacramento.

YONG TAE PARK, DDS
General Practice

Dr. Park earned his International dental degree in 2022. His current office address is pending. He transferred from Contra Costa Dental Society.

DARYL PROCTOR, DDS
Orthodontics *Welcome Back!*

Dr. Proctor earned his dental degree from Loma Linda University in 1994. He is currently practicing at Foothill Orthodontics in Placerville.

NAVNEET SEHGAL, DDS
General Practice

Dr. Sehgal earned her dental degree from Loma Linda University in 2023. She is currently practicing at Folsom Hills Dentistry and Orthodontics in Folsom.

KATHRYN SHIMIZU, DDS
General Practice

Dr. Shimizu earned her dental degree from UOP in 2022. Her current office address is pending.

YATRI SANDESARA, DDS
General Practice

Dr. Sandesara earned her International dental degree in 2022. Her current office address is pending.

CATHERINE TANG, DDS
General Practice - Returning

Dr. Tang earned her dental degree from UCSF in 2019. She is currently practicing at WellSpace – Oak Park Community Health Center in Sacramento.

JONATHAN TANGUNAN, DDS
General Practice

Dr. Tangunan earned his dental degree from Loma Linda University in 2021. He is currently the AEGD Resident at Elica Health Center. He transferred from Tri County Dental Society.

RYAN VILLAR, DMD
General Practice

Dr. Villar earned his dental degree from Boston University in 2023. His current office address is pending.

RYAN ZLEIK, DDS
General Practice

Dr. Zleik earned his International dental degree in 2023. He is currently practicing at Missouri Flat Dental Group in Placerville.

Pending Applicants:

Jasmine Cheema, DMD
Issa Kawas, DDS
Sara Zeidan, DDS

Congratulations
to Our New Retired Members!

Diana H. Kim, DDS
Allen Sanders, DDS

In Memoriam



Dr. Donald Hagy passed away on July 29, 2023. He earned his degree in dentistry at University of Tennessee and his Oral and Maxillofacial Surgery from Loyola University of Chicago. Dr. Hagy was an SDDS member for 60 years and practiced in Midtown Sacramento until his retirement in 1990. He served as President of SDDS in 1982.



Dr. Frank Arostegui passed away on June 19, 2023. He earned his dental degree at Loyola University of Chicago in 1959. He worked in Fair Oaks until his retirement. He was an SDDS member for 31 years.

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Drs. Kevin Tanner and Gabrielle Rasi for being awarded the 2023 Best Dental Office in Citrus Heights by the Citrus Heights Chamber of Commerce. **(3)**

Dr. Adnan Anwar for opening a new office, Ideal Dentistry in Sacramento.



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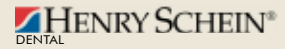
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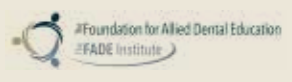
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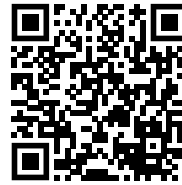


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 Amy Kiesselbach, DDS • Rocklin • PT • GP
 Marcela Diaz, DMD • Elk Grove • FT • Ortho
 Mark Phipps, DDS • Auburn • FT • GP
 Hossein Kazemi, DDS • Roseville • PT/FT • GP
 Arash Aghakhani, DDS • Sacramento • FT • GP
 Nina Tecson, DDSNYU Langone AEGD at Elica Health Center • FT • GP
 Candace Fox • CNU Dental School • FT/PT • All Specialists for faculty
 Shahin Shamsian, DDS • Citrus Heights • PT • GP
 Gursimrat Sekhon, DDS • Elk Grove • PT/FT • GP
 Siamak Okhovat, DDS • Roseville • PT/FT • GP
 Jasmine Yee, DDS • Elk Grove • PT • GP
 Aaron Reeves, DDS • Elk Grove • PT • Oral Surgeon
 Aaron Reeves, DDS • Elk Grove • PT • Pediatric
 Shiva Salehi, DDS • Fair Oaks • PT • GP
 Nina Tecson, DDS • Sacramento/Elica • FT • GP
 Anh Phan, DMD • Citrus Heights • PT • GP
 Tracey Cook, DDS • Davis • PT/FT • GP
 Cynthia Weideman, DDS • Rocklin/Citrus Heights • PT • GP
 Cynthia Weideman, DDS • Rocklin • PT • Ortho
 Christopher Chan, DDS • Sacramento • PT • GP
 Steve Kim, DDS • Carmichael • PT • GP
 Mignon Mapanao, DMD • Rocklin • PT • GP
 Monica Crooks, DDS • Sacramento • PT/FT • GP
 Nima Aflatoon, DDS • Gold River • PT • GP
 Christopher Schiappa, DDS • Pioneer • PT • GP
 Jonathan Chan, DDS • Roseville • PT • GP
 Hung Le, DDS • Elk Grove • PT • GP
 Carlos Bonilla, DMD • Sacramento • PT • Endo
 David Park, DDS • FT/PT • GP
 Elizabeth Johnson, DDS • various WellSpace locations • FT/PT/Fill-In • GP

DOCS SEEKING EMPLOYMENT

Lee Lo, DDS • PT/FT • GP
 Navneet Sehgal, DDS • Folsom • PT, Saturdays • GP
 Tiffany Giang, DDS • PT, Th/F OR Tu/W/Th • GP
 Robert Meaglia, DDS • Fill In (Locum Tenans) • GP
 Steve Frank, DDS • Greater Sacto • PT 1-3 days/wk • Ortho
 Kaitlyn Liu, DDS • Sacramento • PT • GP
 Bruce Taber, DDS • Fill-In • GP

Classified Ads

EMPLOYMENT OPPORTUNITIES



The new Endodontist Associate would split time with Dr. State in Citrus Heights and Dr. Yai in Nevada City with room to grow in the future to additional locations and/or days. Our doctors and team members utilize the latest in technology to enhance the quality of care including, but not limited to; Perioscopy, Electric Handpieces, Intra oral Camera, 3D imaging and Pezosurgery. Patients have access to a full range of family dentistry services, cosmetic dentistry, and restorative dentistry services under one roof.

Working in a Mosaic Dental Collective office assures you the best of both worlds – be part of an independent office team but have the support of a dynamic partnership. Every Mosaic office has a long-standing reputation in the Sacramento dental community and operates independently.

Sign on bonus, Competitive compensation, Relocation assistance negotiable, Medical/Dental/Vision/Supplemental Benefits/401k. May be of particular interest to those individuals seeking a path to equity. New graduates welcome to apply!

Requirements: Completion of Endodontic Residency, License/credentials applicable to the state of Washington

Inquiries and CV's can be submitted to Jenny Wilding at jwilding@mosaicdentalcollective.com 9-10/23c

INTERESTED IN TEACHING? CNU is hiring. One or more days a week GP, Endo, Pedo, Perio, Prosth. Ortho. Want to help develop the next generation of Dentists? Please contact to learn more: Candace. fox@cnsu.edu 7-8/23

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

MEMBER
BENEFIT!

EMPLOYMENT OPPORTUNITIES

Looking for an amazing General Dentist to join our team 2-3 days a week. We have an incredible community and pride ourselves on the care we provide our community. Contact: admin@calkidz dental.com 7-8/22

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

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

PRACTICES FOR SALE



Authentic Log Cabin! Tired of working for someone else or ready for a lifestyle change? Move up to a 4 Op Dental office in beautiful El Dorado County. This building was piped, plumbed, and wired by Patterson Dental. Great location, good visibility & ready to occupy! Call Laurie(530) 409-5370. For photos and more information, look us up at: 6400PleasantValleyRd.com 7-8/23

Omni Practice Group has several listings in the Sacramento area:

Amazing south Sacramento County growth opportunity practice. High visibility location. Underserved community and 6 operatories. (CAD125).

Elk Grove practice with a great reputation, 4 fully equipped ops, growing collections, and customer base. Highly desirable medical building, over \$800k in annual collections. (CAD124).

For more information, contact Chris Barbour (#2135925) at chris@omni-pg.com or call (916) 792-5038. 4/22

FOR LEASE



Arden Arcade Professional Dental Building, 1840 sq ft. Office for Lease. 6 operatories with Central Compressor, Vacuum, Garbage, Sewer all included. Clean, well-maintained complex with ample parking. Call (916) 483-8217 9-10/23c

1150 sq ft. Carmichael dental office. Fully remodeled. New paint, floors and counter tops. 3 fully equipped operatories, 3 chairs, 6 stools, 3 x-ray units, sterilizer, compressor and suction pump. Great opportunity for new grad or satellite office. 1950.00 per month. 2447 Mission Ave. #B. Please call Brian Fahey (916) 483-2484 7-8/22

Roseville brand new construction & existing dental office for lease, Sacramento Dental Bldg for sale/lease; High Traffic location; Ranga Pathak, Broker Associate, RE/MAX Gold, DRE01364897; Tel: (916) 201-9247; Email: ranga.pathak@norcalgold.com. 8-9/21

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. 10/11

EQUIPMENT FOR SALE



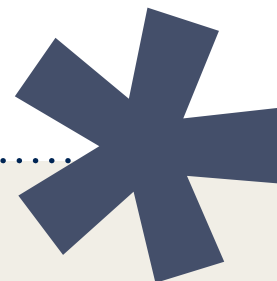
System B Endo Heat carrier \$795.00 Cannon EOS Rebel XT Digital Camera w/100mm macro lens & ring light \$750.00 Various articulators (SAM IIs, Denars, Stewarts) SAM MPI \$55.00 (916) 768-5790 9-10/23c

3 new A-dec 572L Radius Style lights, Product #101546709 (pole mount) Purchased 1 year ago, never used, paid \$4,500 each (including tax), \$3,300 each. Steven Wilburn, Santa Rosa, stevedmd@sonic.net 7-8/23

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

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



SEPTEMBER

- 12 General Membership Meeting
Sleep Dentistry - Throwdown
- 15 Member Event
Shred Day
- 16 Member Event
Dim Sum Brunch
- 19 Dentists Do Broadway
Hadestown
- 20 CPR-AHA BLS Blended Learning
Skills Testing, 3 Time Sessions
- 21 Business Forum (Webinar)
Tales of the HR Hotline

- 22 Business Forum
Dental Practice Opportunities
Breakfast Sponsored by Provide Inc.

- 23 Member Event
Riverboat Cruise

OCTOBER

- 10 General Membership Meeting
Oral Sedation
Sponsored by HealthFirst

- 11 Continuing Education Course
Local Anesthesia
Sponsored by HealthFirst

- 20 Licensure Renewal
Infection Control/ OSHA Refresher/
California Dental Practice Act

- 25 Business Forum
Strategies to Improve
Your Bottom Line

- 26 Dentists Do Broadway
Les Misérables

- 27 Continuing Education Course
Oral Conscious Sedation
Recertification: DOCS
Sponsored by DOCS Education

For more calendar info and
to sign up for courses online,
visit: www.sdds.org

See page 18 for upcoming
committee meetings



**The 43rd Annual MidWinter
Convention & Expo**
Presented by Sacramento District Dental Society

Save the Date
FEBRUARY 8-9, 2024

Upcoming GENERAL MEETINGS

**SEP
12**

Sleepless in Sacramento: The Battle Against Sleep Disorder Breathing

Tuesday • 3 CEU, Core • \$85

Presented by Brandon Martin DDS, MS,
Kenneth Moore, DDS and Randall Ow, MD

Learning Objectives:

- Understand the importance of identifying and evaluating SDB/OSAS
- How to effectively screen patients for SDB/OSA in the dental office and when to refer
- Learn more about the complex etiology of SDB/OSA and the treatment options available (surgical and non-surgical)
- Review effective multidisciplinary management of SDB/OSA and the role of the dentist as a member of this team

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

**OCT
10**

Oral Sedation

Tuesday • 3 CEU, Core • \$85

Presented by Stanley F Malamed, DDS
Sponsored by HealthFirst

In this program, Dr. Malamed will review the more the two most commonly employed management techniques for dental fear and anxiety: the oral route of drug administration (e.g., triazolam [Halcion]) and inhalation (N2O-O2). We will compare their efficacy and safety, as well as their utility in the pediatric dental patient.

Learning Objectives

At the conclusion of this program, the attendee should be able to:

- Name 5 routes of sedative drug administration
- Compare the efficacy and titratability of these 5 routes of drug administration
- Discuss the regimen for use of oral sedation in the dental office
- Describe the technique of administration of N2O-O2