

Tri-County Dental Society

# BULLETIN

*Representing the Dentists of the Inland Empire*

SEP/OCT 2009

Volume 56 No 5



THE COLLEGE OF  
**Dental  
Medicine**

*The discipline of learning. The art of caring.*



*Welcome Western University's Class of 2013!*

## TCDS Membership Status Report

Active/Recent	1,377
Life Active	78
Life Retired	137
Retired	36
Post Grad	28
Faculty	40
Disabled	15
Military/Public Health	5
Provisional	79
Hardship	7
Inactive	0
Pending Applications	27
<b>TOTAL</b>	<b>1,829</b>

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## Mission Statement:

It is the mission of the TCDS to be the recognized source for serving the needs and issues of its members and the dental community.



## Featured TCDS City

### Wildomar

The banner photo is of the main Vernal Pool at the Santa Rosa Plateau in Wildomar. (Photo courtesy of Dr. Robert Sirotnik.)

## Featured Cover Photo

The inaugural class of Western University's College of Dental Medicine gathered together for an orientation from the California Dental Association, Tri-County Dental Society, TDIC and TDIC Insurance Solutions. Go to page 11 for a related article and more photos.



## Don't Forget To Leave Good Footprints Behind



**W**hen I first joined Tri-County Dental Society, in 1989, we were required to attend a membership meeting and be introduced to the membership. It was a little intimidating, sitting with a group of experienced dentists and hoping to be accepted. I was in awe of these professionals. I remember that

Guy Giacomuzzi introduced me, and then-President Bill Domb welcomed me into the Society. As I sat down, John Brown, who was then President of AGD, turned to me and said, "Congratulations." And he added something that has stuck with me over the years. He challenged me to "give back to dentistry."

As a brand new dentist, I had no idea what Dr. Brown meant, but it stayed in the back of my mind. In 1997, I volunteered to fill a vacancy on the Council on Continuing Education and Professional Relations as the Audiovisual Coordinator. You may have seen me at work. (If not, you really ought to attend some of our classes!) After a few years, I felt satisfied that I was giving back. But I received far more than I gave. You see, I was privileged to associate with the leaders of Tri-County Dental Society. I have rubbed elbows with some of the best dentists on the planet. I was rewarded with some lasting friendships that would never have blessed my life if I had stayed in my office working.

One thing led to another, and soon I was asked to serve as a Delegate to the CDA House of Delegates, then to serve on Tri-County's Board of Directors. From there I was given other assignments, and that has led me to where I now sit, as your President. I would often look at the Presidents' Plaques in the Tri-County office and think about the great men and women who had served us. I never imagined my name joining theirs. I still look at myself as an average general dentist, surrounded by great colleagues who lift me up. I appreciate the opportunity to serve, and I was able to report to Dr. Brown this year that I am still giving back. And I hope to continue giving back as long as my time and energy allow.

We all have opportunities to give back, to our profession, to our communities, to our families, to our churches, and to ourselves. We must each seek our own comfort level, and serve in ways where we can use our own talents and abilities. But we must give back!

Very often the quiet acts of service are the most rewarding. I have been a blood donor for many years, and will soon reach the 30-gallon level. This is giving back to my community in a very anonymous way. I am not aware of whom I have helped, nor do the blood recipients know who has donated, but it is a rewarding experience. There are many other arenas for volunteers in the community. Whether it is helping in Scouting, tutoring or mentoring a young person, singing in the church choir, or being an example to a troubled teen, there are opportunities all around us to make a difference.

Steve Farber, in his recent book *Greater Than Yourself*, discusses the concept of lifting up those who are around us, with the idea of making them better than we are. Think of the powerful effect of this principle, and what it could do for our profession and our communities! Mark Sanborn encourages us all to "Be a Fred," to go beyond what is usually expected in our work and our service.

Within our own profession, there are countless ways to serve. There is always room for another volunteer for Give Kids a Smile. And the children don't just need help in February. Their needs exist all year long. Donated Dental Services gives us the opportunity to serve adults. Our own CDA Foundation has POHAP (Pediatric Oral Health Access Program) and GOHAP (Geriatric Oral health Access Program). I am sure that most of us quietly do some pro bono work in our own practices.

I would also encourage you to contribute to the CDA Foundation. Our Foundation is striving to increase access to care for all Californians through programs, grants, scholarships and training. We would encourage you to become a Friend of the Foundation. It is perhaps our best opportunity to make a difference for the underserved across our great state. By pooling our resources we will change more lives than we could as individuals. Talk to any of our board members about how you can assist us.

I am still in awe of those who volunteer countless hours for our profession. To each of you who serves or has served on a committee, or has helped with Our Give Kids A Smile, or has given in any way, large or small, thank you! From the bottom of my heart, thank you! You are making this a better world. And as we serve, we continue to move forward. Together.

## When Do We Stop Learning?



**W**hen was the last time you attended a continuing education program that showed you pictures and science and concepts that were beyond anything you thought possible. If you are fortunate, it wasn't long ago. The unfortunate may never have had this experience.

This weekend was one of those times for me. It was the fifth year of the International Association of Comprehensive Aesthetics. Before I tell you about what was so impressive to me this time, let me tell you about some of the same types of lectures I remember from my past.

The first one of these was in my senior year of dental school. It was the spring of 1991. We had an outside lecturer come who gave a presentation about how he was able to do a full arch of crown and bridge from start to finish. For someone who had never done more than a six-unit anterior bridge at one sitting, this was like seeing a world I didn't know existed. I don't remember the name of the dentist who gave that presentation, but it was the first time I remember thinking there was more out there than I knew.

I remember an incredible CDA meeting in Anaheim, in about 1996, where both Bill Dickerson and David Hornbrook gave separate lectures and showed Empress porcelain veneers and composite inlays and onlays. I had never seen anything so beautiful and life-like before.

About a year later, I was privileged to hear Bob Lee of the Lee Institute talk about Bioesthetics. The most incredible thing for me was the picture after picture of patients he had taken out of pain. He had helped more patients than I could even imagine. There were "before and after" pictures everywhere and you could see the pain relief in their eyes.

Since then, I have seen 30 different doctors all doing anterior aesthetic veneers on the same weekend. That was an amazing eight days.

Five years ago I saw Leo Malin demonstrate how, with the help of CT scans and surgical stints, he placed a full mouth of implants in one surgical sitting.

Four years ago, Clayton Chan taught how he

treated TMD patients orthodontically. This was incredible because he showed life-changing results without having to do any restorations. Once again, I was shown something that I previously thought was not possible.

What made this weekend so impressive was that I heard three different lectures that fit into the "incredible" category for me. Larry Wolford showed us how he had been successfully doing TMJ surgery and double jaw repositioning surgeries at the same time for decades. There were treatments for articular disk dislocation, reactive arthritis, adolescent internal condylar resorption, condylar hyperplasia, mandibular condylar osteochondroma, and condylar ankylosis. Some of these even needed total joint replacement. Before this I could not imagine being able to accomplish these results.

Next, Kent Smith talked about the dentist's role in treating sleep apnea. I was already aware of this subject, but a couple things he showed us were important. First, the videos of sleep apnea patients fighting to breathe unsuccessfully made me aware of my own breathing and made me consciously breathe deeper to make sure the same thing wouldn't happen to me. Then he told us how the average apnic event last for 22 seconds. He had us com-

### Contact Your Dental Society Staff

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pletely exhale and then try not to take a breath for 22 seconds. I didn't see anyone accomplish this. He also showed that these patients could be thin or fat, male or female, old or young. He knows more about sleep dentistry than anyone I know.

Finally that afternoon, Lee Ostler lectured on the oral-systemic connection and the dentist's role in helping to reduce systemic diseases. Periodontal disease has been linked to stroke, osteoporosis, obesity, high blood pressure, lung disease, Alzheimers, heart disease, kidney disease, colon cancer, diabetes and pregnancy complications. He has made a goal to try and save the lives of one million people by educating us about the health risks of untreated periodontal disease. He has educated himself so much that he can talk to a cardiologist, an internist or an OB/GYN in their own medical terminology, because they don't understand dental terminology. He has compiled a searchable database of 500 abstracts from medical journals with links to the actual articles. The time is coming when MD's will want to perform tests in their offices to rule out periodontal disease in their patients. Right now cardiologists have just been shown that the presence of the C reactive protein is a better indicator of a future cardiovascular event than high cholesterol. If the MD cannot control the patients disease with normal treatments, it may be

because of the inflammatory process going on in the patients gingival tissues. What would happen if we had been seeing them on a regular basis had not alerted them of their periodontal disease state and their cardiologist did?

We need to be aware of all of the work that our colleagues are doing. In my opinion, it is no longer acceptable to just keep attending the same continuing education programs over and over again. I know we have been led to this by the fact that we are required to take the same CPR, Infection Control and Dental Law classes every two years, but there is a mountain of information out there about which we need to be aware.

I know it is difficult to take time away from our practices and our families and I know that quality continuing education can seem expensive. So, I will leave you with the words of a very wise man: "If you think education is expensive, you should try ignorance." Which brings up the ethical question, "Is it ethical to refuse to seek to learn new information?" When was the last time you attended a continuing education program that showed you pictures and science and concepts that were beyond anything you thought possible. If you are fortunate, it wasn't long ago. The unfortunate may never have had this experience.



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## Legal? Ethical? Or Right?



**P**racticing dentistry is a very challenging endeavor. Keeping up with the clinical and scientific information, as well as evaluating it for our own practice, can be quite a chore. Dealing with employment issues is another area that all of us must face with

difficulty as our training in dental school did not provide as much information as we might have liked. Traditionally, marketing our practices was limited to treating our patients well and letting them refer their friends. Some dentists would advertise in various media and while it was legal, it was not considered ethical by the dental associations.

In researching our dental society's 100th anniversary last year, I found it interesting that one of the prominent reasons for developing a dental association or society was to establish ethical standards for dentists. The purpose of ethical standards for any organization is to give the public a perception of its members as being good people. The difficulty is in determining what is ethical and what is not.

Determining if something is legal is fairly easy. If something is mentioned in the statutes, then that is the law and determines what is legal and what is illegal. Determining if something is ethical is up to the organization involved. Typically, officers of an organization selected by the membership will decide upon what is ethical and what is not. Even if there is an election to accept ethical issues that does not mean that all members agree on what is ethical. However, if members maintain their association with the organization, they essentially, by silence and membership, agree to abide by the code of ethics.

The "codes of ethics" of our dental society are indeed numerous and I would bet most of us have never sat down and memorized them all! As an officer in various positions for our dental society I have

been contacted many times regarding questions about whether something is unethical or even illegal. One of the great things about our state association is that it only takes a phone call to have the issue checked out. Sometimes it is surprising when we find out something is considered ethical even though at first it does not seem right — or fair!

Two common areas of ethics are 1) the perception of the public and 2) the relationships between dentists. The perception of the public often involves marketing where one dentist appears to be superior to others. This might be by advertising, "Voted 'Best Dentist' in the Inland Empire," or it might involve listing non-applicable degrees or certificates after the dentist's name.

Dental-related degrees are acceptable. A PhD in basket weaving, however, would not be dentally related! A recent article in the JADA mentions certificates through an approved examination process is allowable such as FAGD, MAGD, FAACD, and LVIF. Thus, my CDE, (Certified Dental Editor), is not allowable on both parts - not dentally applicable and no examination - just classes.

Honorary certificates such as FICD and FACD, while honorable, are really meaningless to the public concerning dental treatment. I should add that I have found in my own informal, non-scientific survey among my patients and other lay people, including dental assistants, that most do not know what the initials "DDS" stand for? Therefore, I can see where it would not matter to the public what the initials after a name means, they would just look at the number of initials and think, "Wow, that dentist must really be better than the rest!"

The appearance of superiority is a subjective perception for sure. I once had a society member call me over my new yellow page ad where the company I hired to develop the ad wrote that my office was "designed to help you relax." Indeed I purposely had the office very open to avoid the claustrophobia in many patients. This member claimed to represent a committee and said it "Smacked of superiority." I had never thought about it that way and agreed to remove that line the



next year. (Actually, I learned 20 years later that this now retired member was not on any committee and did not even practice near me - but it still upset him enough to call!) In his interpretation of ethics I was wrong - I felt I was just trying to let some nervous people know they might be comfortable in my office. So even if it was unethical to him, was it right or was it wrong? I can see it both ways...now! This member just felt that my ad gave me an unfair advantage over my fellow dentists in my area.

You could imagine what the ads would read like if there were no rules of ethics. There would be ads claiming to have better techniques, better education, higher scores on the DAT, and better looking staff! The dental profession would look pretty silly - but so were some of the ads by Painless Parker 100 years ago. You can google Dr. Parker to see his marketing - such as extracting 100's of teeth on stage! Actually, he promoted prevention in dentistry. Yet, 100 years later, I still hear patients refer in jest about Painless Parker. The disrespect for him in humor has lasted long after he died. I feel perhaps it is because of his actions that most movies and TV shows portray dentistry in a humorous manner!

The relationship between dentists is what separates professionals from tradesmen. In interviewing our "more experienced" members for our Centennial I heard mentioned the referring of patients to fellow GP's because they knew the other dentist was better qualified to care for this patient. (Not all areas had a specialist!) There was no worry about the other dentist stealing the patient either. It is considered ethically ok for a specialist to not refer a patient back to the referring GP for additional treatment. The specialist may or may not consult with the GP about the additional treatment, but the specialist usually feels they know who they would like to work with regarding this treatment. This is considered ethical. Is it right? Is it fair? I would say it is not prudent to do so without consulting and explaining the reasoning to the GP. If there is a misunderstanding the relationship between the GP and the specialist might deteriorate to the detriment of the specialist, the GP - and the patient.

This is what the concept of ethics is all about - what is the best for our patients? Does it help our

patients to think of dentists as "bumbling almost doctors." Does our competing make them think of us as brain surgeons or even nurses? Or does it make them think of us as "tooth carpenters?"

Obviously we need to consider whether our actions are legal. It would be to the betterment of the profession if we assure that our actions are ethical. However, would it not be even better, as fellow human beings, to consider what we do or say as being fair or right?

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## Is a Life Worth \$15?

**D**ue to Governor Schwarzenegger cutting state funds, the Desert AIDS Project (D.A.P.) in Palm Springs is in need of even more support for their dental clinic as well as other projects. One benefit for their dental patients is free HIV test kits.

Fifteen dollars is the approximate cost for Desert AIDS Project to purchase an HIV test kit. They use these kits to provide free and confidential tests to anyone who wants to determine whether they carry the virus that could, one day, advance to AIDS.

This is extremely important to D.A.P.'s "think globally, act locally" philosophy for containing the spread of HIV because their service area averages a 5% HIV-positive test result - compared to a national average of 1%! On top of that

astounding statistic, 25% of all HIV-positive individuals are unaware of their status. That means they may be continuing to infect others without knowing it. If a person does not know their status how can they accurately tell their dentist?

They are seeking help either in the form of direct donations or by participation in their annual AIDS walk on October 31, 2009. To help or for more information you may contact David Brinkman, MBA, Executive Director, at (760) 323-2118 or through their website at: [www.desertaidsproject.org](http://www.desertaidsproject.org). DAP has been providing their services for 25 years to those who have HIV and also to their families.

## Dental-Dotes - DO, MO, Oh No!

**A** friend of mine told me that a few years ago he was doing an examination on a new patient. He was noticing quite a few interproximal carious lesions. He was calling out to his assistant which teeth were involved and she was writing them down.

He had been calling out "# 2 MO, # 3 DO, # 5 DO, # 12 DO," when he noticed his patient was becoming obviously upset. He ceased his examination and asked the patient if she was alright. She said she did not think her teeth were that bad and was worried about wearing a denture. He told her about the fillings and explained the MO's and DO's.

She laughed. She said, "Oh! I thought the MO meant 'Maybe out' and the DO meant 'Definitely out' and I wasn't going to have any teeth left!"

## Hot Shorts

**San Gabriel Valley Foundation for Dental Health** will hold its Eleventh Annual Put a Smile on a Child Golf Tournament on Thursday, October 1, 2009. The event will be held at the California Country Club, 1509 South Workman Mill Rd, Whittier, with a 12 p.m. check-in and a 1 p.m. shotgun start. For more information, call (626) 688-6407 or e-mail [info@sgvfdh.com](mailto:info@sgvfdh.com).





## *Joe Pascal Page, DDS August 4, 1907 - August 1, 2009*



**J**oe Pascal Page, DDS, passed away August 1, 2009 three days short of his 102nd birthday. Dr. Page practiced dentistry in San Bernardino for over 40 years. As a young practicing dentist in San Bernardino, Joe,

with Dr. Earl Crane and other local dentists, helped conceive the idea that is now the Dr. Earl R. Crane Children's Dental Health Center. This was the beginning of Dr. Page's history of giving to communities in which he lived.

Joe Page was born in his grandparent's home in Valley View, Texas, on August 4, 1907. Joe's family moved to San Bernardino when he was four years old for his brother's health in 1911.

After graduating from San Bernardino High School in 1925, he delayed his dental education for eight years because he was one of the few people who was lucky enough to be employed during the Great Depression. In 1930, as the depression worsened and those around him were losing their jobs, Joe decided that his best course was self-employment. With the help of his father, Forest Page, Joe was able to attend USC Dental School. Joe graduated from USC School of Dentistry in 1939 and began a small practice in the Platt building on 5th and "E" Street. This was the same building where a young 19 year old President Lyndon B. Johnson had been the elevator operator in 1925.

Upon graduation from USC and with World War II approaching, Joe enlisted and was accepted as a Lieutenant Junior Grade in the Naval Reserve.

Joe had been dating Dorothy (Dorrie) Elizabeth Park since his senior year in Dental School, but felt too poor to propose marriage with his uncertain income. In those days physicians and dentists were always the last to be paid. Medical and dental insur-

ance did not yet exist.

When Pearl harbor was bombed on December 7, 1941 Joe knew he would be called to active duty. He proposed to Dorrie that night and they were married on December 19, 1941. Joe was placed on active duty in January of 1942 as a Navy dentist assigned to the Marine Corps. He served in the South Pacific with the First Marine Division assigned to the Fifth Marine Regiment. He retired from the Naval Reserve as a Captain.

Joe resumed his practice in San Bernardino after the end of the War and retired after providing 40 years of excellent dentistry.

After retirement Joe stayed very busy doing volunteer work for St. Bernadine's Hospital. He also built a number of incredible doll houses that were placed under Christmas trees for Santa Claus, Inc.'s Christmas Tree Lane.

Two years after the passing of his wife Dorrie, Joe sold his home in San Bernardino and moved to Torrance, CA to be close to his daughter Leslie and her family. While in Torrance Joe again began his volunteer work helping with computer input for Torrance's Senior Information Guide at a senior help center called Focal Point. He continued this work until his son-in-law Ed Eby and daughter Leslie Eby retired and they all moved to Nipomo, CA.

Joe continued to volunteer his time this time doing jewelry making for fundraisers all over the California Central Coast. His jewelry became famous among locals. During this period of his volunteer life Joe donated over 250 sets of uniquely beautiful necklaces and earrings to various non-profit organizations from as far north as San Luis Obispo to as far south as Santa Ynez, CA. He helped raise hundreds of dollars for many organizations including the San Luis Mission retrofit program, Alzheimer's disease research, the restoration of the Dana Adobe in Nipomo, the Nipomo/Guadalupe Dunes Center, the Discovery Museum in Santa Maria and Pacific Conservatory of the Performing Arts in Santa Maria.

Joe was an amazing person who contracted and survived small pox and polio. He did all of his own financial record keeping up until two weeks before his death on an iMac computer (his fifth).

*Continued on page...10*

### *In Memoriam... continued*

He was a kind, responsible and considerate man who will be dearly missed by all who knew and loved him. He is survived by his son Frederick Page and his wife Claudia; his daughter Leslie and her husband Ed; three grand children, Derek, Brandon and Courtney; four great grandchildren, John and Rachel Eby and Emerson and Matthew Sarre.

In lieu of flowers, the family asks that any donations (tax deductible) be made in Memory of Dr. Joe Page to his favorite charity, the Dana Adobe at Dana Adobe Nipomo Amigos, P.O. Box 729, Nipomo, CA 93444.

## CDA Compass Tip

**A**s of January 1, 2010, dentists must ensure dental assistants successfully complete an 8-hr infection control course, BLS course, and California law course. DAs hired before 1/1/2010 have until 1/1/2011 to complete the courses.

For additional information about Dental Assisting Categories 2010 or other resources available from the CDA Practice Support Center, go to [cdacompass.com](http://cdacompass.com).



### New Position Available

TCDS is looking for an enthusiastic and reliable member to be an ambassador to the Council on Membership.

This position will require meeting quarterly on a weekday evening to help plan social events for the membership.

To apply, please contact Shehara at the TCDS Office at (909) 370-2112 or (800) 287-8237 or email to [shehara@tcds.org](mailto:shehara@tcds.org).

## Member in the Spotlight

### *Dr. Ramsey Ezaki named Small Business of the Year*



*Dr. Ramsey Ezaki and his wife, Janine, are presented with the 2009 Small Business of the Year award from Assemblyman Curt Hagman, 60th District.*

**D**r. Ramsey Ezaki of Walnut was honored as 60th District Assemblyman Curt Hagman's 2009 Small Business of the Year.

"Dr. Ezaki embodies what a business can do in any community when they take a servants approach to their clientele and staff. I am privileged to know a businessman that not only provides excellent dental care for his patients, but

also takes an outreach role in his home and work community. On behalf of the State of California, I was pleased to have Dr. Ezaki and his wife, Janine, attend a statewide recognition luncheon in Sacramento." Janine Ezaki is the Principal of Cedarlane Middle

School in Hacienda Heights.

Dr. Ezaki is known for his contributions of time and resources to the numerous diverse groups. He supports schools PreK through college by offering dental screenings, Career Days, mentoring, and fundraising. He also organizes regional fundraisers for churches and non-profit organizations, works with basketball development programs, supports PGA Junior Golf Programs and mentors young adults from the Boys and Girl Scouts. He is fond of helping charities develop a myriad of ideas to not only fundraise, but to work with the people each serves. Dr. Ezaki has a reputation for encouraging volunteerism and is especially proud of his development of the "Kids Helping Kids Program."

In his spare time, he was quite active with local basketball leagues, even coaching an inter-city AAU team for years. "It's all about time and helping," he proudly proclaims.

**W**estern University College of Dental Medicine welcomed its first entering class for orientation activities during the week of August 3, 2009. The activities culminated in a University Convocation and a College of Dental Medicine White Coat Ceremony on August 8, 2009. Many representatives of the California dental community were in attendance, including officers, board members and staff of Tri-County Dental Society.

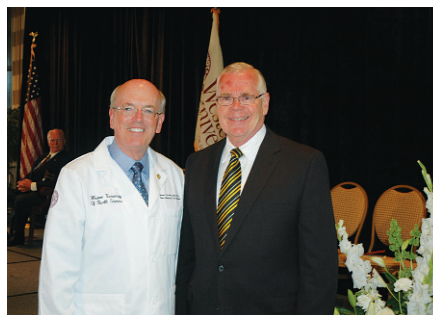
The first dental class consists of 44 males and 31 females. Fifty-four students are from California, representing seventeen California colleges. There are twenty-one students from fourteen other states, representing over twenty different colleges. The students range in age from 20 to 40, with an average age of 24.9 years.

In terms of ethnicity, the class consists of 24 White/Non-Hispanic students; 34 Asian Pacific Islanders; 6 Hispanics; 1 Black, Non-Hispanic; and 1 American Indian/Native American. In addition to the United States, we have students who are citizens from Armenia, Bulgaria, Canada, France, Guatemala, India, Iran, Nigeria, South Korea and Vietnam.

The College has made a strong commitment to diversity, and the Admissions Committee conducted a "whole file" review of applicants, focusing not only on grades and test scores, but on other qualities that we believe to be important for future health care professionals. The entering students were selected from an initial applicant pool of over 2,000 candidates, and the overall GPA of the entering class is 3.34, with a DAT Perceptual Ability average of 19 and a DAT Total Science average of 19.

In addition, a third of the class members have relatives who are dentists, and all incoming students have some experience in dentistry, from over 100 hours of observing in a dental office to over 1,000 hours working as a dental assistant, to serving on various dental missions where they were able to actually provide oral health care to underserved populations. There are also at least three dental hygienists in the class. Each student also has demonstrated a sense of social awareness, and is well aware of his/her responsibility to ultimately help solve the problems of access to care for the underserved.

As classes begin on Monday, August 10, 2009 we are looking forward to yet another strong applicant pool. Since the national application service opened on June 1, we have already received almost 2,000 applications for positions in the fall 2010 entering class.



Western University College of Dental Medicine's Founding Dean, Jim Koelbl, with Loma Linda University School of Dentistry's Dean, Charles Goodacre.

Dr William S. Ten Pas (left), keynote speaker and Dr Jim Koelbl pose with first-year student Minh Truong during the White Coat Ceremony at Western University.



The first class at Western University College of Dental Medicine recite The Dentist's Pledge.

As always, I want to thank the members of the Tri-County Dental Society, the California Dental Association, the Dental Board of California, the other five California dental schools, as well as many other individuals and groups who have welcomed us so warmly and who have been extremely supportive of our newly developing program.

We look forward to having you visit our campus and to meet the newest members of our wonderful profession.





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## Allowing staff to practice outside their licenses increases liability exposure

*"Dentists shall be obligated to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obligated to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction." (ADA Principles of Ethics and Code of Professional Conduct, Section 2.C.)*

**A** serious problem among dental offices occurs when dentists allow staff to practice outside the scope of their licenses. The practice owner is responsible for the actions of all employees. This includes ensuring licensed staff possess and maintain current licenses and that they practice within the parameters of those licenses.

Many practice owners intend to expand their practice not only financially, but also its ability to provide dental services for the community. To do so effectively, the practice must increase its total productivity. This may tempt some dentists to have their staff perform duties for which they are not licensed. Allowing staff to practice a level of dentistry beyond their scope exposes both the dentist and the employee to disciplinary actions by the state dental board not to mention placing patients at-risk. In the event the dentist terminates the employee for refusing to practice beyond his or her scope, this may lead to the employee filing a claim for wrongful termination. If a professional liability claim arises out of a situation where the treatment performed is outside the scope of the auxiliary's duties, the case will be difficult to defend.

An example of allowing a staff person to practice outside the scope of his or her license is delegating hygiene duties such as scaling or root planing to a dental assistant. The dentist often bases the decision to delegate such duties on the dental assistant's experience or skill. He or she reasons that the dental assistant has been practicing for many years and is more than qualified to perform scaling and root planing. While the assistant may have the skills, he or she is not licensed to do so. Dental assistants

who have not received the proper training and credentialing to perform hygiene duties are in violation of state dental board regulations. Breaching these statutes may result in disciplinary actions against the dentist and employee in the form of fines, suspension or license revocation.

The dental board defines the allowable duties for all licensed professionals and dictates the type of supervision required while staff performs the duties. For a copy of allowable duties and settings, contact the Dental Board of California. A link to the dental board can be found on [thedentists.com](http://thedentists.com) under the Risk Management section.

When delegating tasks to staff:

- Know the scope of practice for each employee under your supervision.
- Do not delegate duties to staff that are not within the scope of their license.
- Do not allow staff to practice without a current license. Require staff to provide you with a copy of their license after each renewal.
- Ensure licensed staff maintains their license by completing continuing education requirements.
- Hold regular staff meetings to discuss the work flow in the office and how everyone is doing as a way to spot check that staff is staying within the scope of their licenses.

If a staff person allows his or her license to lapse, do not allow that person to work in current duties until the license is current again.

California mandates posting a list of allowable duties in the dental office. It is good risk management to post a list of allowable duties in a common area such as the break room. Additionally, have a copy on hand for reference if a question arises pertaining to which procedures are permissible for each staff position. If everyone has access to knowing what they can and can not do, the likelihood of someone practicing beyond the scope of his or her license diminishes. For more information or advice on how to handle your particular situation, call a TDIC risk management analyst at 800.733.0634.

## What do you know?



Dr. Sam Kherani

There is a common saying, “You don't know what you don't know.” In its simplicity, it just makes sense that you could not know anything about something to which you have never been exposed. Of course, you would have to consider the source of your information about a subject, too. If someone said they knew about a product or technique (but had never actually used the product or had been properly trained on the technique), you may question what they are telling you.

I have attended many lectures regarding TMJ Disorders over my years of practice. One of my greatest puzzles in how to render treatment was that I could not find a real consensus among the “experts.” Frankly, my answer for a TMJ Disorder patient was to just send them to a dental school's TMJ clinic. I hoped they could help them. One of the commonalities I noticed among the lectures there were disparaging remarks about neuromuscular dentistry (ND) in treating TMJ disorders. However, upon asking any of these lecturers, none of them had actually gone through the training themselves. In fact, some were ethically deceptive in saying they “knew” the developers or had attended “a class” on it.

I feel all dentists owe it to themselves and their patients to investigate as many philosophies or techniques as they can to determine the best treatment they should use. On October 23, 2009, the TCDS CE lecture will be on neuromuscular dentistry and its applications for many areas of dentistry - not just TMJ Disorders.

This presentation will be given by Dr. Sam Kherani, the director of the Las Vegas Institute (LVI). Sam sold his very successful neuromuscular practices in Canada almost two years ago to take over the operation of LVI. He is a professional, knowledgeable, humble gentleman who is willing to answer any questions at his presentation with integrity and calm.

I asked Sam to provide a list of points he thought were important about neuromuscular dentistry and he provided the following. I invite all to attend this rare opportunity to listen to someone who indeed is trained in this philosophy - and has made it work in his own practices.

1. NM Dentistry is the most predictable way to diagnose, monitor and treat TMJ Disorders.
2. NM Dentistry allows synergy of the human physiology to maximize balance, power, and range of motion.
3. NM Dentistry allows for the resolution of many diseases and pathological conditions created by compression and torque of vital structures including cranial nerves.
4. NM Dentistry is relatively easily understood by both patient and doctor.
5. NM Dentistry has been ignored for far too long by those that want to guard their home turf. This cannot continue.
6. NM Dentistry is backed up by a lot of science which is readily available for those that truly want to access it.
7. NM Dentistry allows us to manage forces in a manner that more contemporary aesthetic materials may be used without fear of fracture or breakage.
8. NM Dentistry can be objectively measured and this measurement can help answer the many questions that need answered when resolving a pathological situation.
9. NM Dentistry is to dentistry as the planets revolving around the sun is to astronomy. (The old thinking was that everything revolved around the earth).
10. NM Dentistry allows the best Physiological Economy in the living being (Sir Charles Sherrington won a Nobel Prize when he described the concept of “Physiological Economy”)

You might want to write down some of your questions and bring it to the meeting. But then, you may already know what you don't know or don't have any of the problems that Sam lists where neuromuscular dentistry can help?



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**For Sale.** Palm Desert dental office selling all or partner. Equipment, supplies, furniture, patient charts included. 4 ops, 2 fully equipped. (760) 568-0130.

## Continuing Education Audits

**W**hen you renew your dental license you send in your fees and verify that you have fulfilled your continuing education requirements as mandated by law. Here at Tri-County, we've been telling you that audits were on the horizon and they are now happening. Until recently, licensees were asked by the Dental Board to provide proof of qualifying continuing education only in conjunction with other enforcement actions.

That changed, however, January 1, when the Board began conducting random audits of conformity with continuing education requirements as part of the license renewal process. Each month 10% of license renewal candidates are now randomly selected by computer program for audit. Initially the Board issues a letter requesting copies of the certificates of completion for all continuing education units completed during the renewal period. Licenses are given 30 days to respond. If you do not respond your license may be suspended.

During the first two months of the year, the Board performed 148 random audits, 86% of which were in compliance with regulations. Those dentists not in compliance were instructed to take the necessary action to provide proof of correction of their continuing education deficiencies or face disciplinary action.

Reasons for deficiencies cited by the Dental Board were as follows:

- CE courses taken in or outside of California from providers not registered with the Dental Board - verify the provider permit numbers!
- CE courses taken from providers whose California CE provider permit was no longer current - verify the provider permit numbers!
- Not submitting proof of completion of the mandatory infection control, California dental practice act, or basic life support classes
- Completing courses in basic life support not approved by the American Red Cross or American Heart Association
- Submitting for CE credit courses not qualifying under Category I or II requirements (i.e. not sufficiently related to the practice of dentistry)

At TCDS, we will never offer a course without you knowing which Category it falls in to and we will never offer a CPR/BLS program that is not approved by the American Heart Association or the American Red Cross.

If you took a course through the Tri-County Dental Society and you need any help in finding your continuing education certificates, let us know. We can provide you a copy of the certificate and/or a print out of all the courses that you have completed in the last two - four years through Tri-County Dental Society. Just one more way we are trying to make compliance with regulatory agencies easier for you.

## TDIC Now Offers Data Compromise Coverage

Identity theft affects millions of individuals every year. Due to the increase of identity theft, both state and federal agencies have enacted new laws and strict enforcement. When a loss of patient or employee personal information occurs, business owners must notify those individuals whose personal information may have been compromised. The required notifications cost a dentist time, money and potentially their reputations. What is your reputation worth to you?

There is no way to totally protect your practice from a data breach. However, you can recover from such an incident as painless as possible for both you and your patients. To help protect dentists and their practices, The Dentists Insurance Company, CDA's endorsed professional liability and business personal property carrier added Data Compromise Coverage as an optional coverage to its business personal property policy.

It is complicated and expensive to respond to a data breach. The Data Compromise Coverage covers the expense of services a practice owner needs to respond due to a data breach, including:

- Legal and technology review of notification obligations
- Notification requirements and help to find who was affected by the breach
- Preparation of notification letters and postage
- Toll-free help line
- Credit monitoring for affected persons
- Identity restoration case management for identity theft victims

Until now, dentists had to pay these costs out of pocket when faced with the breach of personal information in their care, custody or control. Now, with TDIC's Data Compromise Coverage you can be protected financially and provide your patients and employees assistance to protect and restore their identity if faced with a data breach.

Founded nearly 30 years ago for dentists by dentists, TDIC provides professional liability, employment practices liability and business personal property insurance exclusively to dental professionals. TDIC insures more than 17,000 dentists nationwide. Eight state dental associations/societies endorse

TDIC as their preferred carrier, including CDA.

For more information about TDIC and the new Data Compromise Coverage in California, please contact TDIC Insurance Solutions at 800.733.0633 or visit [thedentists.com](http://thedentists.com).

members of TCDS' Council on Membership and staff

## Communicating the Value of Membership

Many attended CDA's 2009 Recruitment & Retention (R&R) Training held in Orange County, directed to help build valuable relationships.

Volunteers received hands-on training in the art of emotionally and intellectually engaging in conversations in order to communicate with impact from presenter, Patricia Fripp, CSP, CPAE.

CDA's R&R Specialists, Sara Dwyer and Conor McNulty and Marketing

Specialist Molly Woodward demonstrated how to utilize social media to connect and communicate value in both practice and organized dentistry.

To view the results of our training, visit and become a fan of Tri-County Dental Society on Facebook! To get involved with our membership committee and attend such trainings in the future, please contact Shehara at (909) 370-2112 or email to [Shehara@tcds.org](mailto:Shehara@tcds.org).



Keynote speaker Patricia Fripp kept the volunteers involved, awake and entertained. (Photo courtesy of Molly Woodward).



Samson Landeros, TDIC Insurance Solutions; Shehara Gunasekera, TCDS Membership Coordinator; Sara Dwyer, CDA Specialist, Recruitment and Retention; and Liz Kalchbrenner, Manager, ADA Membership Recruitment, Retention and Outreach assisted volunteers during the CDA R/R Conference. (Photo courtesy of Molly Woodward).

### Bad Bite Decreases Brain Blood

Shortened dental arch and cerebral regional blood volume: an experimental pilot study with optical topography. Miyamoto I, Yoshida K, Bessho K. Cranio. 2009 Apr;27 (2):94-100. Division of Oral and Maxillofacial Reconstructive Surgery, Department of Oral and Maxillofacial Surgery, Science of Physical Function, Kyushu Dental College, Fukuoka, Japan. r08miyamoto@fa.kyu-dent.ac.jp

A shortened dental arch without posterior occlusal support has been thought to maintain sufficient oral function. The mechanism of occlusal adaptation with a shortened dental arch is unclear. For a better understanding of the effects of molar teeth on brain function, the authors combined experimentally-shortened dental arches and a neuro-imaging technique.

Regional cerebral blood volume was measured using near-infrared optical topography during maximum voluntary clenching tasks from 10 subjects on individually fabricated oral appliances, which can create experimentally complete and shortened dental arches.

Results suggested that clenching on the complete dental arch showed a significantly higher brain blood volume than that on the shortened dental arch. Moreover, there were no differences between the two splints in the latency to the maximum oxyhemoglobin concentration.

These findings suggest that occlusal status is closely related to brain blood flow and lack of occlusal molar support rapidly reduces cerebral blood volume in the maximum voluntary clenching condition.

### Prevention of Sleep Apnea

Early orthodontic treatment of skeletal Class II malocclusion may be effective to prevent the potential for OSAHS and snoring. Li Y. Med Hypotheses. 2009 Jun 25. Department of Orthodontics, School of Stomatology, The Fourth Military Medical University, 145 West Changle Road, Xi'an, Shaanxi Province 710032, PR China.

OSAHS or snoring is an important condition

within our community with the potential of being a significant health burden. Although the precise pathogenesis of upper airway obstruction during sleep remains uncertain in OSAHS and snoring patients, craniofacial risk factors are said to be associated with OSAHS and snoring.

Since a high number of OSAHS and snoring patients consist of skeletal Class II malocclusion patients characterized by deficient mandible, then we can make the hypotheses that early orthodontic treatment of skeletal Class II malocclusion is desirable.

### What can a CPA do for You?

We have extensive experience with Dental Practices. The professional staff of Frank W. Stearns offers a wealth of knowledge in financial practice management. We tailor our services to meet your specific needs. We offer the highest quality of professional services designed to improve the profitability of your practice while enhancing productivity and performance.

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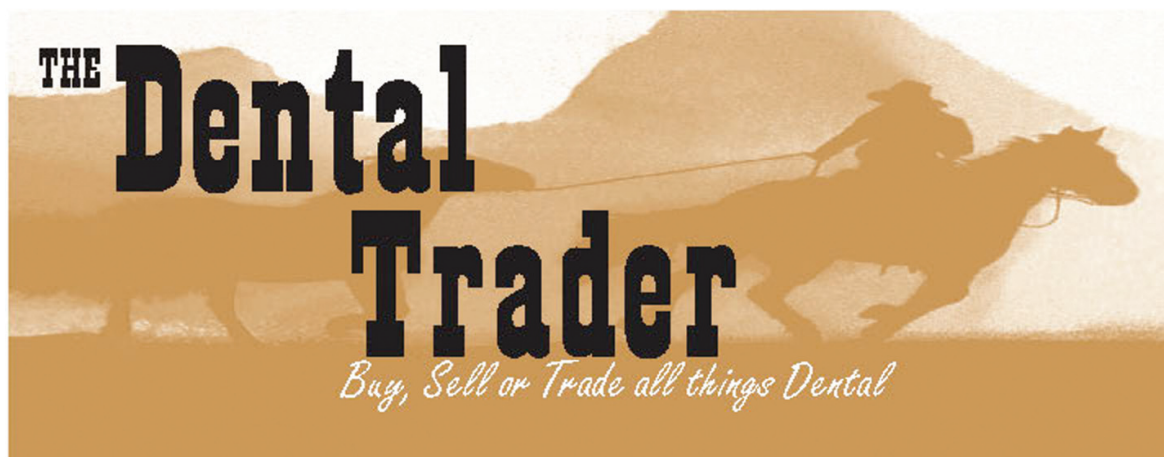
If we can assist you in any of these areas, please call Frank (Chip) Stearns.

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# What's Happening?

Day/Date	Event Details	Day/Date	Event Details
Mon. Sept. 7	<b>Labor Day</b> TCDS Office Closed	Fri. Oct. 30	<b>All Component Caucus</b> Embassy Suites, LAX 9 a.m. – 3 p.m.
Tues. Sept. 8	<b>Board Meeting</b> TCDS Office, 6:30 p.m.	Tues. Nov. 10	<b>Board Meeting</b> TCDS Office, 6:00 p.m.
Tues. Sept. 8	<b>New Professional Seminar</b> The Palms Center Registration: 6:30 p.m. Seminar: 7-9 p.m. “Emerging Dental Materials” Brian Nový, DDS	Tues. Nov. 10	<b>TCDS Caucus</b> TCDS Office, 7:00 p.m.
Wed. Sept. 9	<b>New Professional Committee</b> TCDS Office, 6:30 p.m.	Wed. Nov. 11	<b>Emerging Leaders Institute</b> TCDS Office, 6:00 p.m. “Identifying Personality Types” Pamela Skeate
Wed. Sept. 9	<b>Ethics Committee</b> TCDS Office, 6:30 p.m.	Nov. 13-15	<b>CDA House of Delegates</b> Sacramento
Sept. 10-13	<b>CDA Presents</b> San Francisco	Wed. Nov. 18	<b>CE Program</b> The Palms Center Registration 12:30 p.m. Lecture 1-6 p.m. “Infection Control & the Dental Practice Act” Rodney Stine, BA, MA, OSHA Review
Wed. Sept. 16	<b>CE Program</b> The Palms Center Registration 12:30 p.m. Lecture 1-6 p.m. “Developing a Differential Diagnosis and Review of Selected Entities in Oral Pathology” Gretchen S. Folk, DDS, MS	Nov. 26-27	<b>Thanksgiving Holiday</b> TCDS Office Closed Thurs. Dec. 3 Installation of Officers & Holiday Gathering Place to be Announced
Fri. Sept. 18	<b>CPR/BLS Provider Course</b> 8:00 am – 12 noon National Institute for Healthcare Education Colton	Thurs, Dec, 3	<b>Installation of Officers &amp; Holiday Gathering</b> place to be Announced
Wed. Sept. 23	<b>Emerging Leaders Institute</b> TCDS Office, 6:00 p.m. “Team Dynamics” Pamela Skeate	Fri. Dec. 18	<b>TDIC Risk Management Seminar</b> Riverside 9 a.m. – 12 p.m. “RM12: Framework for Positive and Effective Interactions” Call 800.733.0634 for more infor mation
Oct. 1-4	<b>ADA Annual Meeting</b> Honolulu	Dec. 24-Jan. 1	<b>Holiday Break</b> TCDS Office Closed
Fri. Oct. 23	<b>CE Program</b> The Palms Center Registration 7:30 a.m.; Lecture 8 a.m. - 1 p.m. “Predictable Comprehensive Dentistry” Shamshudin (Sam) Kherani, BSc, DDS, FAGD, LVIM		



Tri-County Dental Society

**BULLETIN**

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## Say What?

The inaugural students in Western University's College of Dental Medicine were asked, "What does it mean to you to be a member of the first dental class at Western University?"



Erik Pleitez,  
El Salvador

"It is an exciting experience being part of the DMD program. We are having the most advanced technology and the best exposure to our community. I am proud and excited!"



Vu Tran,  
Oakland

"I like to challenge myself with the new program at Western U and I'm proud to be a part."



Randy Sagisi,  
Hawaii

"It is such a great honor to set a good precedent for future classes."



Lanthi Nguyen,  
Garden Grove  
"I have strong confidence that the College of Dental Medicine at Western U will be a successful program. The faculty members and students are excited to start on the adventure of dental education."



Farnaz Amini,  
Anaheim Hills

"I am more than excited to be a part of this amazing program. I'm looking forward to being a part of my new dental family."



Tri-County was represented at the ADA's Give Kids A Smile Symposium. The California representatives included, from left, Penny Gage, TCDS executive director; Molly Woodward, CDA Marketing Specialist; Gayle Mathe, CDA Policy Development Manager; Dr. Ruth Bol, TCDS GKAS Co-Chair; Cathy Levering, Sacramento District Dental Society executive director; and Andy Ozols, San Fernando Valley Dental Society executive director.