

Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

NOV/DEC 2010

Volume 57 No 6



Tri-County Dental Society Staff

TCDS Membership Status Report

Active/Recent	1,439
Life Active	80
Life Retired	137
Retired	35
Post Grad	44
Faculty	38
Disabled	14
Military/Public Health	6
Provisional	78
Hardship	13
Inactive	0
Pending Applications	21
TOTAL	1,905

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CDA(800) 736-8702
Practice Support Center	(866) 232-6362
Resource Center	... (800) CDA-SMILE (232-7645)
TDIC(800) 733-0634
TDIC Ins. Solutions	... (800) 733-0633
TCDS(800) 287-8237
Denti-Cal Referral(800) 322-6384

HMO Consumer Complaint
Hotline (800) 400-0815
State Dept. of Corporations
Consumer Services Division

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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

Lake Mathews

The banner photo is a view of Mt. Baldy from Lake Mathews

Featured Cover Photo

50 years of dental society staff experience: Annah Kreps, Shehara Gunasekera, Penny Gage and Stacey Drake. For more about the TCDS staff, see article on page 10.

Looking Back



I find it difficult to believe that the year has passed and this is my closing President's Message. Looking back at the previous five messages, I would like to close with a review of the highlights of each article starting with the first titled, "What's In It For Me?"

After 26 consecutive years of being a member of organized dentistry, I continue to understand the importance of being a member and promoting membership including involvement in not only our local component, but the California Dental Association and American Dental Association in any way possible. Staying active with organized dentistry continues to keep us informed of OSHA regulatory issues and legislative advocacy gives us a voice in protecting the profession and contributing to its future. Remember as members of organized dentistry, we create a united voice for dentistry.

My second message, "A Man of Few Words," expressed in writing the presentation I would have given at the installation dinner if I was not so fearful of public speaking. To reiterate, I wanted to share that we are one of the best dental societies in the state. We were founded in 1908, our current market share is 67%, a little shy of the state average of 71%. Tri-County's membership now is at 1,796 (not including our student members). Our budget for 2010 is \$651,296, with reserves of \$557,700.

Our "golden handcuff" benefit is still The Dentists Insurance Company. I follow previous leaders of this society, many who have moved on to be leaders at CDA and ADA. One of those was my installing officer, Dr. Bill Emerson, who won the 37th District Senate seat in Riverside County this past June.

After a successful strategic planning session in January of this year, our goals were reduced from four goals to three: Goal #1 Enhanced Membership Experience and Engagement; Goal #2, Organizational Excellence; and Goal #3, Community Service. Our mission statement remained the same, "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."

My third message, "Consider Volunteering a Little Time This Year," was mainly to give recognition to the great service the Give Kids a Smile (GKAS) program has provided. A portion of the underserved children popula-

tion in need of dental care received some or all of their treatment from 20 GKAS Clinics. Several private dental offices also opened their practices to GKAS. Volunteers included dentists, dental assistants, dental hygienists, and in the mix were dental students, dental hygiene students and dental assistant students. My message was to get involved with your profession by considering volunteering a little time with GKAS or any of the other councils and committees of the dental society. Opportunities do exist at CDA and ADA as well-get involved.

"It Happens in a Blink" was my fourth message and was an update of the first part of the year's activities and events that had occurred. I reported on what was happening with GKAS, The New Professionals Committee, The Governance Committee, and the Continuing Education Committee. Continuing Education has had its ups and downs this year.

First the good news, for those that attended CDA Presents this year in Anaheim, we held a Celebration Event for our Executive Director Penny Gage. Penny has

Contact Your Dental Society Staff

(909) 370-2112 or (800) 287-8237

Penny Gage, Executive Director

Administration

Ethics

Governance

Extension 23 – Penny@tcds.org

Annah Kreps, CE Coordinator

Continuing Education

Advertising/Exhibitors

Posters/Videos

Extension 21 – Annah@tcds.org

Stacey Drake, CE Coordinator

Continuing Education

Give Kids A Smile

Extension 26 – Stacey@tcds.org

Shehara Gunasekera, Membership Coordinator

Website Assistance

Recruitment/Retention

New Professionals Services

Dental Student Services

Extension 22 – Shehara@tcds.org

been with Tri-County Dental Society for over 25 years and that weekend was filled with continuing education and camaraderie. I stand firmly that there is something to celebrate when someone commits to being part of organized dentistry for as long as Penny has and is recognized throughout the state for her dedication and involvement with not only TCDS, but CDA and ADA. Penny recently received a Senate Resolution for her accomplishments these past 25 years. Again, a well deserved personal thank you goes to Penny for her continued dedication to organized dentistry.

For the not so good news, continuing education attendance continues to decline and I would be remised if I did not report that our TCDS Symposium that was scheduled for late October, and which was such a success in 2007, was cancelled this year due to a lack of interest on the part of the membership. This did result in a significant financial loss for TCDS. In a continued effort to provide quality continuing education programs to our members as a member benefit, many hours were spent organizing the symposium. After considerable discussion by the board and careful consideration by the committee, President-Elect Dr. Dan Jenkins announced the cancellation. I would like to personally thank Dr. Jenkins and the others that gave their time to organize the symposium and it is my hope that attendance in our continuing edu-

cation programs increase.

My fifth message, "Why Membership in Organized Dentistry?" discussed the top five California Dental Association benefits of membership to impress the importance of being a member of organized dentistry. In no particular order of importance, I discussed the benefits of The Dentists Insurance Company, CDA Presents, CDA Practice Support Center, CDA Endorsed Programs exclusive to CDA members and legislative advocacy.

From my previous five messages, my intentions were for you to sense the importance of being a member of organized dentistry and that organized dentistry is a tri-partite experience, meaning that, you belong to three associations at the local, state, and national level. They are committed to ensuring your needs as a dentist are met, whether it is helping you find a dental assistant for your practice or representing your professional interests in the state or nation's capitals.

For one more time, please share with me the pride I have in the commitment to organized dentistry dedicated to us, the patients we serve and the public interest.

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Are You a “Dentist?”



While in college, I worked part-time at what is now the Corona Regional Medical Center as an orderly in the Intensive Care Unit. (It was actually an experience there on a head trauma case involving an oral surgeon that led me towards dentistry.)

One of my other memories there was listening to stories by one of the hospital staff's favorite MD's, Dr. Kramer. (Interestingly, a couple of our members are related to Dr. Kramer!) One story that has stuck in my mind was Dr. Kramer telling how he disliked having people ask him medical questions when he was out in the public.

One day while in the grocery store the checker greeted him, “Hello Dr. Kramer!” Immediately, another customer turned to him and asked him what kind of doctor he was.

He said he could sense that some medical questions were forthcoming so he said, “I’m a Veterinarian!”

Immediately the lady said, “Oh good...I’ve got some questions about my cat!” Dr. Kramer said he quickly excused himself and left the store swearing to never try that trick again!

I know dentists run into the same thing in public when someone finds out they are a dentist. Sure, we run into the ones who say, “Oh! Well! I hate the dentist!” (Why is it that people don’t realize how rude this is?)

There are those who immediately cover their mouths and say, “Don’t look at my teeth!” Of course, they don’t realize that we had already looked at their teeth, counted the old amalgams and discolored crowns, did a quick plaque score, checked for any deviations of their mandible while they masticated the crackers, evaluated their posture when they walked up while checking for sleep apnea and TMJ dysfunction issues, observed the peri-orbital tissue for signs of allergic pooling, which might indicate possible airway obstructions, and did a cursory cancer examination! Most people think that, as dentists, we are only concerned with their teeth.

The term “dentist” is indeed a reference limiting itself to only teeth. It didn’t take my two years of

studying Greek to know that “dent” refers to the Greek word for teeth and “ist” is a typical reference to denote a person who practices or is concerned with something that is written before the “ist.” So when we say “I am a dentist,” we are saying we are a person who practices or is concerned with teeth...and that is it.

We realize, however, that we are involved with so many things involving the head and neck due to other parts of the body being affected by either what we do in the mouth, (termed descending issues), or the mouth being affected by pathologies below the mouth, (termed ascending issues). We know that for many years dentists have taken the responsibility for the care of gums, tongues, and other soft and hard tissues surrounding those pearly hard tissues for which our profession is named.

We have been aware for many years about plaque bacteria being linked to cardiovascular and cerebrovascular disease. We have known that the smallest bacterial infection, from the removal of plaque bacteria by a sharp instrument in the mouth, can end up embedded around a knee or hip replacement prosthesis and lead to the loss of that prosthetic implant. We, as dentists, have known that we are responsible for diagnosing all pathologies surrounding the mouth and the medical community has even asked our help in diagnosing hypertension, diabetes, and now sleep apnea.

Outside of the health care family, the malpractice lawyers have also learned that our responsibility is outside of the incisors to the wisdom teeth. It certainly would be no defense to say that we should not be held accountable for diagnosing cancer or other life threatening pathologies by saying we are “dentists” and only responsible for the teeth.

I have heard some lecturers say dentists should be called “Mouth Doctors.” That might give us the term “Oralists” and I’m sure that would call for more questions from someone who asked what kind of doctor we are.

I’m concerned that the public still tends to think of dentists as only dealing with the teeth. There are many dentists in specialties that even don’t call themselves dentists anymore. They refer to themselves by their specialty - that does not help the whole of the profession of which they most certainly are a part. The public’s perception of a dentist then is denigrated even further as just a driller and filler of teeth - a tooth carpenter! The job of all dentists, general or specialist

should be to raise up our profession to the public so that the public will not only understand about oral health care, but also put an importance upon it to the betterment of our society.

The California law that our member, Senator Bill Emmerson, co-authored while in the Assembly, requires a dental examination before a child enters school. This was a prime example of public ignorance. A medical exam was required, but not a dental exam. The dental exam, which is indicative of the perception of the dental profession, was so low on the totem pole that it was seen as not only unimportant - but, unnecessary. However, as Bill was able to point out, more student school days were lost due to dental pain than any other reason.

I think that rather than come up with a new name for our profession, we need to educate the public to the connections the mouth has to their overall health. We need to educate the public as to what we can do for their health and to educate ourselves to keep up with the changes within our profession. We must make the term "dentist" become synonymous with

someone who takes care of all the structures surrounding the mouth and is aware of pathologies elsewhere in the body that might affect the mouth - even systemically.

There is a term called an "elevator speech" which is a synopsis of some information that one might give in the time that it takes to ride an elevator from one point to another in a building. This usually takes about thirty seconds to two minutes. When cosmetic dentistry was really in its prime with the TV show *Extreme Makeovers*, it was suggested that cosmetic dentists develop an elevator speech to succinctly answer the question, "What do you do?" Answers were as short as "I make the world smile" to inspire additional questions.

I encourage all dentists to develop your own elevator speech. (It's good for marketing too!) Include things in your elevator speech that will uplift our profession and wow the listener to say at the end, "I didn't know dentists did all of that!" Then you will be proud to say to anybody you meet, "I am a dentist!"

Join Penny and fellow colleagues by becoming a Friend of the CDA Foundation!

**Learn how by calling 800.232.7645
Ext. 4916 or foundationinfo@cda.org.**



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My Patient Filed Bankruptcy, Now What?

Yasica Corum
Risk Management Analyst, TDIC



Will I receive any payment on the balance? Can I dismiss the patient? Am I required to complete treatment? Can I call the patient to discuss the matter? Those are a few questions that you may have if a patient files bankruptcy. Circumstances differ depending on the treatment plan, stage of treatment and

type of bankruptcy filed. Approach each situation on a case-by-case basis. Establishing and following a bankruptcy protocol can save your practice time and possibly money as well as the potential threat of a lawsuit if the matter is not handled appropriately.

According to the American Bankruptcy Institute, more than 1.4 million consumers filed for bankruptcy in 2009, up 38 percent from 2008. With so many people filing bankruptcy, you have a much higher chance of receiving a notice from the bankruptcy court.

If you receive a notice from the bankruptcy court:

- **Review the patient's chart and note any outstanding treatment.** You have an ethical responsibility to avoid harm or injury to your patient. Complete any mid-treatment cases such as cementing crowns before withdrawing from care. In orthodontia cases, offering to remove the appliances, confirm the bite is stable and then provide a retainer at no cost may be an acceptable option. Contact and receive preapproval from the bankruptcy trustee before continuing or initiating any treatment other than emergent care.

- **Stop all collection efforts.** Bankruptcy laws prohibit contacting the consumer to demand payment. Any pending court actions against the person who filed the bankruptcy are stayed without a specific order of the bankruptcy court. Interest can no longer accrue. Violation of this rule could result in fines and/or court sanctions. There may be ways to recover a portion of the balance and for that, you would need to contact the bankruptcy court.
- **File a Claim.** Depending upon the nature of the bankruptcy, you may receive a notice or invitation to file a claim as a creditor for money owed you for services already provided. While bankruptcy in most cases means you will not likely be paid, failing to file a timely claim will preclude getting any payment, even a fraction of the money owed.
- **Protect the patient's privacy.** Avoid asking questions related to the bankruptcy while he or she is in the office to complete treatment. Caution staff to be respectful and to discuss information related to treatment purposes only.

If you decide to dismiss the patient, do so after the treatment that was begun is completed. That does not mean completing an entire treatment plan if there were teeth or areas not yet treated. Offer 30 days emergency care and two viable referrals, such as, the local dental society or patient's insurance provider. Failure to send the dismissal letter means that he or she remains an active patient of record. In the event of an emergency, you will need to see the patient for an evaluation and possible treatment. For more advice on what to do if your patient files for bankruptcy, call the TDIC Advice Line at 800.733.0634.

Governor signs bill to end fee caps on non-covered services

Che CDA-sponsored legislation that prohibits fee caps on non-covered services was signed into law by Governor Arnold Schwarzenegger on September 30.

AB 2275 (Hayashi) allows dentists to reasonably cover their costs of providing non-covered services by enabling them to charge up to their usual and customary fees that would apply to most private-pay patients. It also requires dental plans to provide a disclosure statement in their enrollees' evidence-of-coverage document explaining the law and encouraging them to contact their plan or insurance broker for further information.

The law, which goes into effect January 1, 2011, is

the result of a resolution passed by the CDA House of Delegates in November 2009 that directed CDA to consider options, including legislation, to ban these fee restrictions on non-covered services.

"CDA members told us that this was a top priority," said Thomas Stewart, DDS, CDA president. "Dentists wanted legislation that would end the practice of insurance companies capping fees on services they don't cover, and we are thrilled the governor recognized the bill clearly made sense."

The new law received unanimous support from both the Senate and Assembly.

Member in the Spotlight

Steve Morrow appointed to Dental Board of California



Tri-County member, Steven Morrow, D.D.S., has been appointed to the Dental Board of California. He has worked for Loma Linda University School of Dentistry as professor of endodontics since 1981 and director of patient care services and clinical quality assurance since 2000. Previously,

Morrow worked in private practice from 1962 to 2005. He was a dental officer for the U.S. Navy Dental Corps in the U.S. Navy from 1960 to 1968.

Morrow is a member of the ADA, CDA, American Association of Endodontists, California State Association of Endodontists, Southern California Academy of Endodontics, American Dental Education Association, American College of Dentists and Loma Linda University School of Dentistry Alumni Association.

Dr. Larry J. Moore is 2010-2011 President of the American Association of Oral and Maxillofacial Surgeons



Larry J Moore, DDS, MS, Chino Hills, assumed the presidency of the American Association of Oral and Maxillofacial Surgeons during the Association's 92nd annual Meeting, Scientific Sessions and Exhibition in Chicago, Illinois, September

27 - October 2, 2010. Dr. Moore comes to this position following one-year terms as the association's President-elect and Vice President. Prior to his election as an officer of the association, he served three years as a trustee on the AAOMS Board of Trustees representing fellows and members practicing in the District VI jurisdictions of Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah and Washington.

"I am grateful to my colleagues for the confidence they have placed in me and look forward to leading the Board of Trustees of this illustrious organization in the coming year," says Dr. Moore. "As the healthcare landscape continues to shift, the patient care delivery system is striving to adapt to the ongoing evolution. Oral and maxillofacial surgeons, with our extensive

dental/surgical training, are vital members of the healthcare team and AAOMS' immediate focus will be to ensure that the specialty's practitioners remain best prepared and positioned for this changing environment."

Dr. Moore is a diplomate of the American Board of Oral and Maxillofacial Surgery and a fellow of the AAOMS, the American College of Dentists and the International College of Dentists. In addition to AAOMS, he is a member of several professional organizations including the California Association of Oral and Maxillofacial Surgeons, American Dental Association, California Dental Association, American Society of temporomandibular Joint Surgeons and the American Dental Society of Anesthesiology.

Dr. Moore maintains a private practice with offices in Chino Hills. He is also a lecturer in the Oral and Maxillofacial surgery Residency Program at King/ Harbor-UCLA Medical Center. He received his dental degree and a master's degree in oral biology at the UCLA School of Dentistry, and completed his surgical residency at Harbor-UCLA Medical Center. Dr. Moore and his wife, Jill, reside in Altadena.

New study finds defensive medicine costs \$45 billion nationally

*Lisa Maas, Executive Director
Californians Allied for Patient Protection*



Lisa Maas, executive director of Californians Allied for Patient Protection (CAPP), issued the following statement in response to a recent study published in the 2010 issue of Health Affairs which found that costs related to medical liability account for more than \$55 billion a year or 2.4% of the total costs to the U.S.

healthcare system. According to the study, approximately 80%, or \$45 billion of these costs are the result of defensive medicine, procedures performed to avoid unnecessary litigation.

CAPP is a coalition of physicians, hospitals, community clinics, local governments, dentists, nurses and other groups-including Tri-County Dental Society-supporting California's Medical Injury Compensation Reform Act (MICRA) law which allows reasonable reforms on medical liability lawsuits to protect access to healthcare. MICRA provides injured patients unlimited compensation for economic damages (lost wages, medical costs), unlimited punitive damages, but limits non-economic damages (pain and suffering) to \$250,000.

Common sense dictates that if healthcare practitioners are looking over their shoulders and constantly worried about getting sued, they will take action to cover themselves. These actions have societal costs and this recent study found that the costs impact us by more than \$45 billion per year.

Meritless lawsuits do not result in better care, just more dollars spent on defensive medicine, unnecessary tests and litigation costs that drive up the cost of healthcare for everyone.

The study demonstrates that if national medical liability tort reform were implemented to limit meritless lawsuits, it could produce a national healthcare savings of tens of billions of dollars. That is a significant savings. It would free up these funds to care for the uninsured, make insurance affordable, or provide new dollars for more research.

If President Obama and those working to implement national healthcare reform are serious about 'bending the cost curve down,' then national medical liability tort reform, similar to California's MICRA, would achieve significant savings nationally. The purpose behind the recent federal reform legislation was to reduce the cost of healthcare and make it more affordable for all Americans. Real medical liability reform complements this goal and will generate tangi-

ble savings quickly without negatively impacting care. We hope this study will spur Congress to adopt these evidence-based reforms in its next session.

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We've changed our format. Classes will be 2 hours per session on Thursday evenings. The cost has been reduced to \$40. Seating is limited so reserve your spot today.

See the enclosed flyer.

TCDS - A Winning Team

Tri-County Dental Society has a history of having a long-term, outstanding staff. With this issue of the TCDS Bulletin, we are acknowledging a change in staff. Annah Kreps is retiring after 19 years as CE coordinator. We welcome our newest employee, Stacey Drake. In this issue, our staff was interviewed to help our members become better acquainted with them as well as hear some of their thoughts on TCDS.



Penny Gage has been our Executive Director for 25 fantastic years. Penny has managed to keep TCDS in the forefront of what is looked upon as an example of a successful component - not only in California but the nation. TCDS

has gone through a lot of changes in both membership numbers, (growing from 750 to 1800), and in types of members in regards to age and training background. I asked Penny for some of her thoughts on TCDS.

I asked Penny how she sees the staff change affecting TCDS. She said, "Whenever there are staff changes, it takes a while to adjust. But, having someone new always adds a new view of the way we do things. I expect that Stacey will find new and innovative ways to help support our continuing education programs, Give Kids A Smile program, and increase our advertising revenue."

Penny said the challenges for the TCDS staff in the future will not change much. She says, "We are always aware that this is an organization for dentists and we are here to facilitate the projects they wish to pursue. We will continue to be enthusiastic and supportive of the Tri-County Dental Society activities. We will continue to be available as a resource to the membership."

Penny says, "One of the biggest challenges for TCDS is member apathy. The board of directors, committees and councils are striving to respond to the needs and wants of the membership. Often times, programs requested don't bring the attendance that we expect. Unfortunately, that is what happened with the Symposium planned for Morongo this past October. The membership has changed in the past 25 years and the dental society recognizes those changes. The challenge is to figure out how to accommodate the memberships' current needs."

I asked Penny what are some of her challenges as our Executive Director and she responded, "It feels like government intervention and regulation has tripled since I began working for the dental society in 1985. It is frustrating trying to keep up with what seems like unreason-

able paperwork, deadlines and minutiae. Another challenge is keeping the membership satisfied. Each member has his/her own expectation and it isn't always possible to meet the needs of individuals. The dental society has to concentrate on the needs of the majority of its members without alienating those with individual requirements. That is a challenge."

For 25 years Penny has been able to assist and lead TCDS to meet the various challenges that have come. I'm sure we can all depend on Penny to continue to do this for us all.



Annah Kreps has been with at TCDS for over 19 years and unfortunately she has decided she does not want to make it 20! She will be leaving TCDS as of the end of this year. Along with the annual installation of officers and holiday party on December 2, we will be honoring

and thanking Annah for her many years of superb service to our component.

Annah has spent many hours helping TCDS develop CE meetings which included calling and confirming speakers and lining up exhibitors to help defray the expenses of our CE meetings. She has accumulated a lot of knowledge and networking contacts over 19 years and this will be very hard to replace. She has also assisted the CE committees in evening meetings and in arranging meals for the meetings. It has become very easy for members and member officers to just call or email Annah and get a quick answer to questions about CE.

I encourage everyone to attend the December party to thank Annah for her successful years helping TCDS become the great component of CDA.

I asked Annah a few questions about her relationship with TCDS and I will share her comments.

Annah says she describes her 19 years as having gone "fast!" But she says she has "a very warm fuzzy feeling both personally and professionally about my time at TCDS. I have made many great, long-lasting friendships."

She obviously has seen many changes to TCDS and comments that, "TCDS has always been very open to change and keeping up with modern advances for the betterment of its members. Over the years, we have also had many lease-hold improvements which have provided a more pleasant working environment."

Annah's message for our TCDS members is, "Plan for the future but enjoy each day as it comes. And remember...TCDS has the best staff in the world, ready to help you with all of your professional needs. So, call any-

time...they are there for YOU!"

Annah says her plans for retirement are "first and foremost to just enjoy the freedom to do what I want, such as spending more time with my family and friends, travel, do a little house remodeling, take some classes, and...just relax!"

Thank you Annah for your many years of loyal endeavors for TCDS. We wish you health, success, and peace!



Shehara Gunasekera is membership coordinator at TCDS. This means she handles the membership applications and transfers-her department! As if that is not enough, she is also the TCDS staff liaison to the New Dentist

Committee, which means she is also involved with both dental schools within our component territory. Behind the scenes, she maintains the TCDS website, www.tcds.org, as well as the TCDS Facebook pages. Shehara has been with us for nearly five years now and so I asked her some probing questions to reacquaint our members with Shehara.

When I asked Shehara what she sees in the future for TCDS she responded, "I see a change in the TCDS CE and New Dentist seminar formats. They will be transitioning from day meetings to shorter evening CE seminars and study club-type meetings. The New Dentists will be invited to bring in case studies and receive guidance from various TCDS members - including specialists."

Shehara is in contact with many of our members and she has heard from them about their "constant struggle to succeed in a failing economy." This, of course, is foremost in their minds. She says she is "surprised when members call and are unaware of the Electronic Dues Payment, (EDP), program. A simple phone call to the dental society can help them maintain their membership benefits and resources."

If you have not met Shehara either in person or on the phone, you will be delighted to find out she is such a nice lady. She says this is from great parenting and good fortune! She shares that the thing she has enjoyed most about working at TCDS so far is the "networking with dentists, dental students, fellow component staff members and volunteers. They are a constant reminder of how each of our small parts in organized dentistry is helping the profession on a grander scale!"

TCDS members are indeed fortunate to have staff members as competent and pleasant as Shehara.



Stacey Drake is transitioning into Annah's position at TCDS. So, if you hear a new voice on the phone when you call the TCDS office, you can pretty well surmise it is Stacey! I have found Stacey to be very pleasant and professional. I really did not know much about her background; but after

interviewing her, I can understand why she is quickly so comfortable to be around. As a real estate agent for almost 20 years, she has had to meet a lot of new people who are operating in a stressful situation - just like dentists! She says her real estate background also "taught me to be self-motivated and very organized."

I asked Stacey what she wished to share about her personal life and she said, "I'm married with three children. The oldest graduated from CSULB this past June on a golf scholarship. He is currently pursuing his pro golfing career. My middle child is currently enrolled in the Sheriff's Academy and my youngest is a junior in high school and swims competitively."

Going from real estate to a dental society must have brought about some surprises and Stacey admitted she was "surprised from my first day on the job as to how many hours Penny puts in each week." Stacey likes to listen to Christian rock and likes music from the 70's and 80's. Her favorite vacation spot is Maui. She has 2 dogs, (a puggle named Tobymac and a miniature pinscher named Freeway), and a cat, named Sissy. What free time Stacey gets she says she spends "watching my kids' sporting events."

Stacey says she is extremely happy to be with TCDS and that she has grown to really like the women with whom she works as well as the type of work she is doing. We're extremely happy for you to be with us, too, Stacey.

TROUBLE WITH ADDICTION?

Alcoholism and drug addiction can touch any of us.

The Well Being Committee is organization of dental professionals who can give
CONFIDENTIAL ASSISTANCE

to members of the profession, their spouses and staff members. Information, help and/or support is available at the numbers below.

Southern California Well Being Committee
(818) 437-3204 or (310) 406-6319

Tri-County Dental Society
Well Being Committee (951) 203-0505



We go through life as very distinct individuals.

Some feel we are who we are as a result of our genetic makeup. Others believe we become who we are mainly as a result of our upbringing...nurture vs. nature. Most scholars believe that we become who we are as

a product of both theories. In the process of becoming distinct persons, we develop a sense of what is fearful and a sense of safety. I feared little. To this day, there is little that scares me at all, but there is one thing that now scares me and that's going back to prison!

I, unlike many of my classmates, loved dental school. (Remember, I'm not easily scared.) My private solo practice of dentistry was started from scratch in my Grandfather's hardware store building and I saw my first patient July 27th of 1981 after a May graduation. The small southwestern Virginia town was the largest town in the county and had a population of around 1800. There was one traffic light and it was just down the block from my office....a prime location for my new practice. My father taught in the local high school and my mom was a nurse in the local hospital. My grandfather was superintendant of schools. We lived on a farm and I learned from an early age 2 important lessons while farming.

The experience taught me 1) how to work hard for a living and 2) if I could do something else to support myself and my family I'd sure try because farming was too hard and paid too little! I chose dentistry as a career and purposed to come back home to "hang out my shingle".

From that opening day in 1981, I was busy. I don't know if it was a result of having the history there in the community and its great people or from having a family with a long standing presence and a good reputation but the plan worked. The practice grew every year from its inception. We went from having my wife at the front desk and one assistant to having 2 business staff people, 3 chairside assistants, and 2 hygienists. We worked hard to provide excellent dental care as gently as we could for the people of the area and felt needed and appreciated for what we did. I sought the help of practice management consultants and

implemented business and clinical systems that increased both our productivity and the quality of services we provided.

I was living the dream. Everything I had worked and planned for had come to fruition when it all came crashing in around my head.

On October 24th, 2003, while at the ADA convention in San Francisco, I received news that the FBI had executed (interesting choice of words) a search and seizure warrant on me and the practice, had battered down the back door to my office, and that a team of agents were carrying out every patient and business record I had. Now, this naive man, who was scared of nothing, was terrified.....and rightfully so. To say I was shocked would be a huge understatement. "Things like this don't happen to people like me," I said to myself. I kept thinking that it was all a huge mistake and at some point someone would come to the realization of that mistake. Wrong! Things quickly moved from bad to worse!

The search and seizure just happened to occur the Friday before the yearly town festival. Coincidence, maybe, but I don't think so. The notice of the search and seizure appeared in the newspaper the following day, the day of the festival. The news was out and in a small community like mine spread like wildfire! My thought was that regardless of the outcome, life was ruined. Amazingly enough I was wrong...again. (Being wrong about something I thought to be true became an everyday occurrence.)

The practice continued to grow and flourish, in spite of the "investigation." Patients remained loyal and life continued. Without any records, things were difficult and slow going. We had to notify the FBI of our patient schedule and they would produce the records so that we could duplicate them ourselves before seeing the scheduled patient. Agents were in the office almost every day. It was difficult but life went on. It's interesting; the staff was just as shocked and confused about what was happening as I in the beginning but that slowly changed.

They were interviewed time and time again over the course of the next 3 years. Most ended up leaving because of the stress of living under the microscope and having to deal with both the agents and prosecutors and the pressures of working "in it" day to day. There were several days when I left the office, only to find the agents and prosecutors talking with staff in

the parking lot.

To say it was hard is a grave understatement. The investigation branched out into the community and into our personal lives. The video recording of the church service that followed the search and seizure was subpoenaed because I addressed the issue before the church. I would get periodic calls from a business or a colleague who informed me that the agents had been asking questions or had subpoenaed records.

At one point, 3 teams of agents appeared at my 3 children's Universities, presented their credentials to university authorities and stopped my children before class or removed them from their classes, in front of their peers, to be questioned.

My thought again was, "This doesn't happen in the United States!"...but it can and does. Don't get me wrong, the government did not overstep its authority. They operated within the bounds set by existing legislation. Anything done was done with the blessing and knowledge of the powers that be....but that doesn't alter the fact that it hurt beyond description. There would be a few days that would pass without any new acknowledgement of action in the community or among my contacts. We would hope that they had decided to give up the hunt, just to be disappointed again to learn that something else had happened. The fear never really abated. Then on October 24, 2006 our worst fear was realized. Multiple agents appeared at my home to arrest me and to confiscate all our vehicles. While being read my rights, the telephone rang. The agent in charge ordered my wife not to answer it. The answering machine picked up and we heard my youngest daughter, distraught, explain-

ing that agents were in Charlottesville and they had taken her car. She needed reassurance that we were OK.....She said, with a strength and determination in her voice that I can't explain, "I'm OK, don't worry about me, but are you guys OK?" Again, that voice of reason in my head was saying, this can't be real...but unfortunately it was!

The action was not initiated by Medicaid. In fact, Medicaid conducted 2 reviews during the course of the investigation and determined that they did not have a problem with me, the care provided, nor the billing of the work done. We do not know for sure, even to this day, how the action originated but nonetheless, lightning did strike!

During the course of the investigation as well as in the preparation for and during my trial, it became apparent that my records, billing, and coding systems were faulty...a very difficult but important lesson to learn. Although I was certain that they were complete and correct at the time, we found that I was mistaken.

The message I hope to convey is: You, the doctor and no one else, are ultimately responsible for every area of your practice. Record keeping, coding, billing, and review of those systems are your responsibility. Be aware and forewarned that if it's not in your clinical record, you didn't see it, you didn't say it, you didn't do it, it didn't need to be done, and it doesn't exist....from the legal perspective. Believe me, I know all too well from personal experience.

Be careful, be concise, be complete, be diligent, and be free! Don't ignore or neglect your business systems...otherwise, lightning can strike you as well!

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Patient credit probed in NY; California law addressed issue

The New York attorney general has recently launched an investigation of patient credit financing practices, including CareCredit. The ADA has been included in the investigation because ADA Business Enterprises, Inc., endorses CareCredit.

The ADA reported that it “shares the concerns of the N.Y. Attorney General's Office about patient credit financing practices and fully supports the patients' right to understand their treatment plans and the costs of treatment.”

The ADA has also reported that its “investigation of CareCredit turned up no negative information; and nothing learned since has given the ADA any reason to change its long-standing relationship with CareCredit, which has greatly benefitted both ADA members and the public.”

Concern regarding patient financing is not new to California. Two years ago, reported instances of dental offices arranging for patient financing without proper disclosure and consent led to the introduction of legislation in California. After nearly two years of negotiations, CDA supported the legislation, AB 171 (Jones), which clarifies the respective rights and obligations of patients and dentists when commercial credit financing products (credit cards, lines of credit or loans) are offered to patients in the dental office.

As reported in the November 2009 Update, Gov. Arnold Schwarzenegger signed the bill. The law

became effective in January 2010. Specifically, the new law:

- * Requires dentists to provide a written treatment plan to patients prior to arranging or establishing third-party credit;

- * Requires dental offices to obtain the patient's signature on a specified written disclosure notice outlining the nature and terms of the credit product;

- * Prohibits the arranging or establishing of commercial credit for a patient who has been administered or is under the influence of general anesthesia, conscious sedation or nitrous oxide; and

- * Requires a refund within 15 days of a patient's request of any payments made through such a credit arrangement for treatment that has not been rendered or costs that have not been incurred.

CDA worked closely with the author of this legislation to ensure its provisions reflected standard ethical business practices that will help patients fully understand the nature of any credit arrangement prior to treatment. By giving patients standardized information beforehand, dentists will be helping to prevent misunderstandings and possible legal disputes, which ultimately should be in everyone's best interests.

CDA members can find a more detailed description of the requirements of the California dental credit law and download sample disclosure forms in all required languages at cdacompass.com.

Updated Workers' Comp Poster

All California employers must post an updated "Notice to Employees-Injuries Caused by Work" poster before October 8, 2010. This poster is dated June 2010 and can be downloaded from this Division of Workers' Compensation Web site, http://www.dir.ca.gov/dwc/forms/DWCForm7_2010.pdf. Changes to the poster include information on Medical Provider Networks and an employee's right to predesignate a personal physician.

If an employer utilizes a Medical Provider Network (MPN) for workers' compensation claims, a separate "MPN Notice" must be posted near the "Notice to Employees." Most dental practices will get the MPN Notice from their respective workers' compensation insurance carrier. The state also provides a sample MPN Notice at

http://www.dir.ca.gov/dwc/FORMS/MPN_MaterialModification_oct2010.pdf.

A copy of the same MPN Notice must be provided to any employee injured at work on or after October 8, 2010. If an employer changes, terminates, or implements an MPN, notice of the action must be provided to employees and a new MPN Notice, if applicable, should be posted.

Employers also must distribute to each new employee starting work on or after October 8, 2010 a new pamphlet, "Your Rights to Workers' Compensation Benefits." The poster, MPN Notice, and pamphlet also are available from respective workers' compensation insurance carriers.

Short Abstracts

Would a sleep apnea appliance work here?

Retro-pharyngeal obstruction in association with osteophytes of the cervical spine, S. Fuerderer, K. Eysel-Gosepath, U. Schröder, K.-S. Delank, P. Eysel doi:10.1302/0301-620X.86B6.14933 \$2.00 J Bone Joint Surg [Br] 2004;86-B:837-40.

We describe five patients with cervical spondylosis and large anterior osteophytes causing pharyngeal compression. All had dysphagia, two had obstructive sleep apnea and another two had dyspnoea and stridor on inspiration. One, with perforation of the pharynx, required emergency tracheostomy. Compression of the retroglottic space was confirmed in all patients by pharyngoscopy and in all the symptoms were relieved by excision of the osteophytes. Three also underwent intervertebral fusion. One had some persistent sleep apnea. Cervical spondylosis may cause dysphagia. The posterior wall of the pharynx is separated from the vertebral column only by a thin layer of soft tissue. Cervical pathology above C4 may compress the pharynx.

(These are cases where if a dentist had only provided the patients an anti-snore appliance and not referred for a complete medical survey they might have died!) dj

Fracture Resistance of Endodontically-treated Teeth: Effect of Combination Bleaching and an Antioxidant, M. Khoroushi, A. Feiz, R. Khodamoradi (2010) Fracture Resistance of Endodontically-treated Teeth: Effect of Combination Bleaching and an Antioxidant. Operative Dentistry: September 2010, Vol. 35, No. 5, pp. 530-537. doi: 10.2341/10-047-L

The fracture resistance of endodontically-treated teeth decreases after combination bleaching. The use of sodium ascorbate as an antioxidizing agent reverses decreased fracture resistance. In addition, it decreases the treatment period and the risk of catastrophic crown fractures. This in vitro study assessed the fracture resistance of endodontically-treated teeth undergoing combination bleaching with 38% and 9.5% hydrogen peroxide gels as in-office and at-home bleaching techniques, respectively. In addition, the effect of an antioxidizing agent, sodium ascorbate, was investigated. Results: Significant differences were observed among the study groups ($p < 0.05$). Groups I and II demonstrated the highest and lowest fracture resistance, respectively. The samples that were not bleached (Group I) and the 10% sodium ascorbate gel group (Group IV) demonstrated significantly higher fracture resistance than the positive control group ($p < 0.05$).

Conclusion: Within the limitations of the current study, it can be concluded that the fracture resistance of endodontically-treated teeth decreases after combination bleaching. The use of sodium ascorbate can reverse decreased fracture resistance.

ADA Offers New Resource



The American Dental Association (ADA) offers The ADA Practical Guide to Frequently Asked Legal Questions to help dentists understand some of the most common legal issues regarding dental practice. This ADA publication features plain-language information about more than 180 common questions on everyday topics ranging from HITECH provisions to office policies.

In addition, the guide contains sample forms as well as a CD-ROM that allows dentists to work with their attorneys to customize and print the information they need.

The ADA member price for the ADA Practical Guide to Frequently Asked Legal Questions is \$89.95 and the price is \$134.95 for non members. For more information, please visit www.adacatalog.org or call (800) 947-4746.

What's Happening?

Day/Date	Event Details
Tues. Nov. 9	Board of Directors Meeting TCDS Office, 6:00 p.m.
Tues. Nov. 9	TCDS Pre-House Caucus TCDS Office, 7:00 p.m.
Nov. 12-14	CDA House of Delegates Beverly Hills
Mon. Nov. 15	GKAS Planning Meeting TCDS Office, 6:30 p.m.
Nov. 25-26	Thanksgiving Holiday TCDS Office Closed
Mon. Nov 29	Electronic Dues Payment Registration Open
Thurs. Dec. 2	Installation of Officers & Holiday Hoedown 6:00 p.m. Fairplex Hotel, Pomona

Day/Date	Event Details
Mon. Dec. 6	GKAS Planning Meeting TCDS Office, 6:30 p.m.
Dec 24-Jan 2	Holiday Break TCDS Office Closed
Mon. Jan. 10	GKAS Planning Meeting TCDS Office, 6:30 p.m.
Tues. Jan 11	Board of Directors Meeting TCDS Office, 6:30 p.m.
Thurs. Feb 24	Continuing Education Meeting TCDS Board Room Social Hour: 5:30-6:30 p.m. Lecture: 6:30-8:30 p.m. "Reconstructive Dentistry" Tony Daher, DDS



CDA Compass Tip

When posting claim payments, routinely compare the allowed amounts to your contractual fee schedule. Notify the plan if there are any differences. For additional information about this or other resources available from the CDA Practice Support Center, go to www.cdacompass.com.

Hot Shorts

The American College of Prosthodontists, in conjunction with Loma Linda University, School of Dentistry, produced an oral cancer screening program that shows a video of a comprehensive examination. Members may want to purchase a copy that is available through the ACP Central Office at prosthodontics.org.

Desert Friends of the Developmentally Disabled, DFDD, is looking for volunteer dentists, hygienists and dental assistants to work on our developmentally disabled population. To volunteer, or for more information, contact Marianne Benson, (760) 832-6555 or dfddnow@me.com. DFDD is located in Rancho Mirage.

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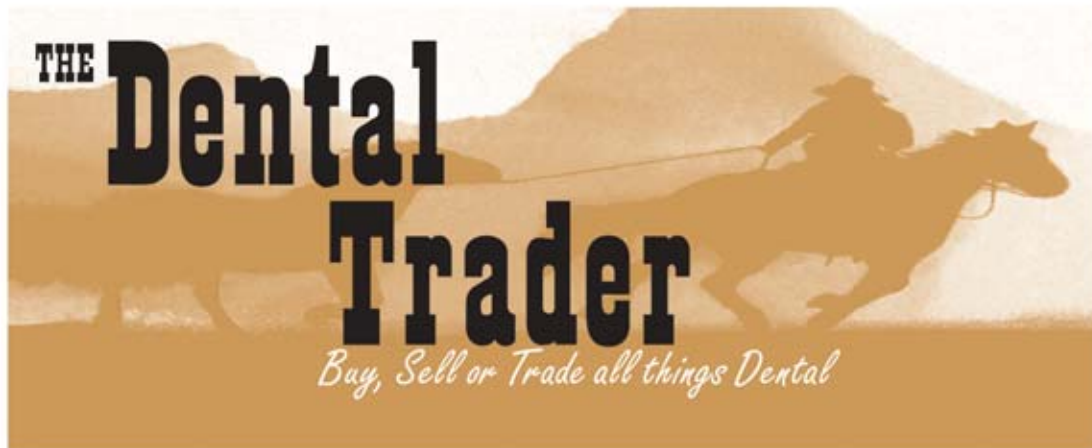
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Dr. Kevin Lochona

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Jeffrey Hempel, DDS

*This is the first time I've used **The Dental Trader** Online Ad Board. I was pleasantly surprised to have several contacts within the first week.*

Dr. R. P., DDS

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Dental Dote: HOT!

I recently was “friended” on Facebook by Mary, a former employee of 30 years ago when I practiced in a small town of six hundred in Michigan. It's nice to re-connect with old friends this way. We chatted for a while and then I remembered an incident that I have always smiled about.

I had hired Mary to clean instruments after High School. My house/office was just across the street from the school so this was very convenient for her. In fact, her father was the realtor and friend through whom I had purchased the old house. As I was teaching her about sterilization techniques, I pointed out that the dry oven sterilizer was very hot and that plastic instruments would not survive inside.

I told her at the time that I knew that at some point she would no doubt mistakenly put some plastic in, like a mixing stick or suction tip, but that I will understand and would not get mad or yell at her - or fire her! She was very shy at the time and acknowledged that she understood and would do her best.

Mary worked for me for four years through High School and part of college and she had never put any

plastic in the dry heat sterilizer - amazingly. However, one day I smelled that unique smell of plastic! I walked into the sterilization area and saw Mary standing there with the tray pulled out - and tears in her eyes.

She looked up at me and quickly said, “Now, remember...you said you would not get mad or yell at me if I put some plastic in there!” She had remembered. She told me she had determined not to ever put plastic in the oven but somehow she put some in this time. I reassured her things were fine and whatever was burned can be either thrown away or replaced.

As I looked for what was burned, I realized she had put 4 ultrasonic tips into the oven - they were toast! She was still fearful as I pulled out the ultrasonic tips. I laughingly told her, “Well Mary, at least when you did put some plastic in, you really did it big time!” She seemed relieved and, of course, never again put plastic in the sterilizer again.

Unclassifieds

Be sure to visit Classified Ads on your personal web page at www.tcds.org.

Exclusive Dental Suites for Lease. Menifee, Temecula Valley. Short/long-term lease for startup endo, perio. Brand new office building. 1500 sq ft space, 6 plumbed operatories, excellent location in a growing city with new homes. New Loma Linda University hospital is being built nearby. Contact Vivian (951) 704-6223 or e-mail vivianphung1@yahoo.com for more details.

MONTEREY. This is a four operatory, high quality practice that has consistently grossed approximately \$1.1 million over the past few years. The owner is retiring and will help with the transition. E-mail name and phone # to sellingdoc@gmail.com.

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Space for Rent. Dental office on Arlington Ave. has office space for rent. Busy Riverside dental office had an orthodontist subleasing space for many years. Orthodontist retired and sold his business to local orthodontist. We now have office space available to lease. Previous tenant's lease included use of 4 operatories on Tuesday and Thursday. Separate office reception check-in and consultation room. Great location for an Orthodontist or Endodontist to work 1 or 2 days a week in their own practice. Call Dr. Slepski at (951) 785-1209 for more details. Rental fee to be discussed.

Periodontist Wanted. Position available in a beautiful group dental office in Las Vegas, NV. We are looking for a motivated and experienced periodontist to join our busy group general practice that has a strong emphasis on specialties. 1-2 days a month, state of the art offices, excellent compensation, flexible days. Would prefer more than one year of experience. For more information, please send resume to periodontalproviders@hotmail.com or call (818) 389-7288.



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Say What?

First year dental students at Loma Linda University (Class of 2014) were asked, "Why did you choose dentistry?"



Ronald Walker, hometown: Chicago - IL.

"I chose dentistry because it is an opportunity to help those who lack dental care. It may sound cliché, but there are many areas, both domestically and internationally, that need dental care and I would love to help meet that need."



Melissa Eek, hometown: Kelowna, BC, Canada -

"I watched my brother transform completely when he received orthodontic treatment-from shy and never smiling to outgoing and laughing all the time. I love knowing that we, as dentists, have the potential to change a person's life."



Chioma Nkwocha, hometown: Loma Linda, CA-

"I selected dentistry as my professional career because of the influence I could have and the impact I could make on preventive care, holistic approaches and the seriousness of baby bottle tooth decay."



Vincent Ferretti, hometown: Oroville, CA -

"I want to help people in a physical and tangible way. Dentistry is an exciting and dynamic field. I am fascinated by the way teeth come together to make a beautiful smile. I am also excited about the opportunities to own my own business and the opportunities to specialize."



Yeghisheh Mirzoyan, hometown: Van Nuys, CA:

"Dentistry is the perfect field that will allow me to grow and learn as a member of society and let me give back to my fellow people."



Janelle Bedford, hometown: Bellflower, IL:

"I chose dentistry to serve people and build trusting and meaningful relationships."

As part of Tri-County Dental Society's Mission Statement, we want to help at least 500 uninsured low-income children get dental care. Please call today to see how you can be a part of this amazing program.
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