



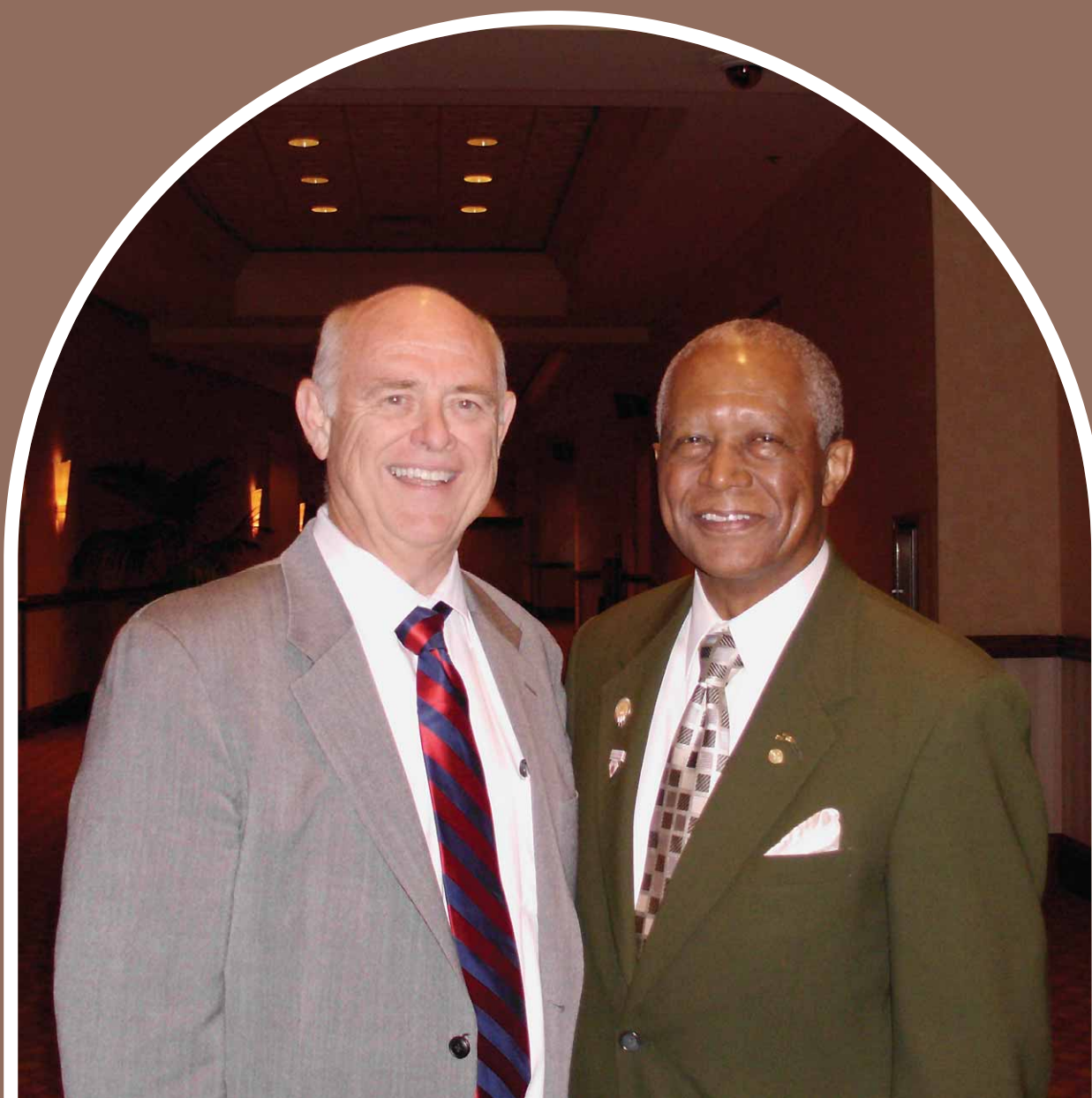
Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

NOV/DEC 2011

Volume 58 No 6



Presidents meet in Las Vegas

TCDS Membership Status Report

Active/Recent	1,438
Life Active	77
Life Retired	143
Retired	34
Post Grad	40
Faculty	53
Disabled	14
Military/Public Health	6
Provisional	77
Hardship	12
Pending Applications	19
TOTAL	1,913

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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

Winchester

The banner photo features a morning view of Lake Skinner located in Southwest Riverside County.

Featured Cover Photo

TCDS President Dan Jenkins and ADA President Ray Gist met in Las Vegas during the American Association of Dental Editors Conference held in conjunction with the ADA Annual Meeting.

Presidential Message...

*Daniel N. Jenkins, DDS, FICD
AADE Certified Dental Editor*

TCDS continues on



Over my nearly ten years as editor, I have reviewed each TCDS president's last message in which they mention how fast their year as president has gone. The realization is that one year does not give much time to develop and finish many of the goals a president might like to accomplish in addition to the

regular duties of the office. The way our system of progression works, however, from Vice President to President-Elect, to President, to Immediate past President, it does allow for a continuity and progression of ideas and goals that are shared by many. Thus, any accomplishments for TCDS that might happen during a presidency are the continuation of the work of previous presidents...and presidents to be.

At the start of my progression as Vice-President, Dr. Robert Stevenson and Dr. Leonard Raimondo caught me up on what they were working and the three of us worked together. This has continued with Dr. Ken Harrison and Dr. Jeff Lloyd filling in the President-elect and Vice President positions respectively, as time has marched on - this is continuity. This progression allows discussion of ideas among the executive committee without one person's idea being the "only" idea.

This has also allowed for flexibility in programs and goals as changes are noticed. We found it necessary this last year to make changes in the CE programming that had already been scheduled two years previously. We felt we needed to adjust the time and the cost of the CE meetings. There was no battle over making the adjustments, we all wanted what was best for TCDS - it doesn't get any better than this. (If only Congress could work this well!)

Another example of the flexibility of our system was the ADA membership meeting in Chicago. Traditionally, the President would attend the meeting. When I went as President-elect, I felt that since I was already the Membership Committee chair the information was a little too late me. I felt TCDS would benefit more by having the VP and the President-elect go to reap the most ideas with time to put them into effect. Thankfully, Dr. Harrison and Dr. Lloyd were both able to go and we all feel that TCDS will benefit greatly from their attendance. I should add that the two-day meeting is arduous and not a "party" event! Both Ken and Jeff had to take time out of their practices to go! (The funds were supplied by ADA and TCDS!) This next year when Jeff goes along with our 2012

VP, Dr. Art Gage, and our membership coordinator, Shehara Gunasekera, the continuity will allow TCDS the most benefit.

This year we developed a policy to evaluate the various committees and provide for better continuity of committee members. This will mean there will be committee members that have served for a while that will have knowledge of past decisions made, but will also bring in new members with fresh ideas. Otherwise, the committee may become stale. The Governance Committee chair, Dr. Butch Ehrler, has been serving well above and beyond in this as he also maintains his duties as CDA Treasurer - and he was selected by the CDA Board of Trustees to serve as CDA Treasurer once again. (Congratulations, Butch!)

A big change for TCDS this year was the decision to move our offices to Riverside. The Colton location has served us well for 25 years. Some of the reasons to relocate were the availability of space next to the Riverside Medical Society and the San Bernardino Medical Society, the deterioration of the area around the old office, some of the unwelcome "visitors" in the parking lot, and the desire to have a larger board room where we could hold larger CE meetings before having to rent a larger meeting room. The new office will serve TCDS for many years to come. (If we can get Penny Gage to stay until we are done using the new Riverside location, it would be perfect!) The address, so you can enter it in your GPS and check it out, is: 3993 Jurupa Avenue, Riverside CA 92506.

This year we hired a new staff member, Monica Chavez, who has been an absolutely perfect team member to go along with Penny Gage and Shehara Gunasekera. Shehara and Monica have been working in tandem as if they had been working together for years! They are both very creative and driven to give TCDS whatever is necessary to keep TCDS the leader in the years to come. Of course, their personalities along with Penny's really liven up the office.

One of the benefits this year is our new website that allows changes to be made by the TCDS staff. Another more consistent product from them is the email blast to provide information to the membership in a timely manner. The time lag to get information through our Bulletin is about two months!

A great benefit that TCDS has is having two CDA trustees. The smaller dental societies only have one trustee. Trustees "term out" and have to be replaced after two terms. Last year, Dr. Ann Steiner termed out and TCDS certainly lost a major leader at the Board of

Editorial... CONTINUED

*Daniel N. Jenkins, DDS, FICD
AADE Certified Dental Editor*

Trustees. However, her co-hort at the CDA Board of Trustees (BOT), Dr. Narendra Vyas, had his years of experience to share with our new trustee, Dr. Jerry Middleton. Again, the TCDS continuity came through!

This summer a new set of TMJ guidelines was to appear before the BOT. I personally did not feel these guidelines were appropriate. I contacted both of my trustees about this...as a TCDS member. I expressed my concerns. Both of them were in agreement and spoke for me as well as others to the other trustees. By the time the resolution came up for discussion, it was decided to send it back to the CDA Council on Peer Review. I mention this incident to let all of our TCDS members realize that our system does work and much of this has to do with the continuity of the way our organization works.

The continuity of our Board of Directors is one of our main strengths. The board members are not the same ones year after year ad infinitum. Also, we do not have an all new board in any given year. There are some of us who, because of various office positions, have attended the board meetings for more than ten years. However, many board members are there for two to four years and leave. This allows them to get serve, but it also allows the board to be composed of new people with new ideas. I should point out that all members can attend the board meetings even if they do not hold an office in TCDS. Just let the TCDS office know ahead of time.

The board members with whom I've worked this year have been outstanding. The new members have melded right in and have been willing to help out at any time. They have had good mentoring from the experienced board members and again...that is the continuity.

This year has been a tough year financially for many of our members. I have personally heard the stories of loans being denied, patients no-showing, bills not being able to be paid...and even dentists walking out of their practices walked. I hope many of you have found some help with the discount deals attempted or with the information provided by the various practice consultants that have provide us with articles in our Bulletin.

While we often hear of the financial crisis for which many of us are too aware, it also means an emotional crisis as the stress flows throughout our lives. I wish you all success...financially, emotionally, mentally, and spiritually. I wish you peace!

At my installation, I noted how many TCDS members are also active and honored in other organizations. The continuity of TCDS helps to grow and support leaders. Certainly I have been honored beyond my dreams to be one of the presidents of TCDS. This year I also became President-elect of the American Association of Dental Editors, President-elect of the International Association of

Comprehensive Aesthetics, and LVI Alumnus of the year. I am very cognizant that I would never have accomplished any of these positions or accolades without my association with TCDS.

I have many people to thank along my journey. Of course my wife, Shirley, has been so supportive in all of this. As officers, we need to be mindful of the spouses who sacrifice their time so TCDS can prosper. I must thank all of the officers I have mentioned above for their help and inspiration to maintain and build TCDS as much as I can.

Of course without the ever faithful help of our TCDS Executive Director Penny Gage, I and most of the leadership would be floundering just trying to find a piece of paper. Penny has worked hard on learning about the whole dental organization and has developed a great network to find answers and new ideas to help TCDS succeed beyond most societies' dreams. Thank you so much, Penny, from me and the membership, for your help and friendship for twenty-six years! Again...continuity!

On December 1, we will have the installation party for my friend and classmate, Ken Harrison, as he becomes your next TCDS President. I hope you have made your reservations because the continuity continues and this installation will no doubt be one you do not want to miss!

Thank you all for your support!

Contact Your Dental Society Staff

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Governance

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Give Kids A Smile/Community Health
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Employment Assistance

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New Professionals Services
Dental Student Services
Website Assistance

Extension 22 – Shehara@tcds.org

Editorial...

Jeffrey D. Lloyd, DDS

From the Desk of the VP



As 2011 winds down, I want to thank each of our members in TCDS for allowing me to serve you as your Vice President. This year has been a busy, but very fruitful one. With Board of Directors' meetings, committee meetings, leadership conferences, House of Delegate duties, working with our wonderful

staff, fellow officers, directors and trustees, it has supercharged me and given me lots of ideas to work on as I continue my progression through the offices of TCDS's Executive Committee.

Two of the committees I worked closely with this year were Membership and Continuing Education. These committees worked hard to strengthen and expand our already strong membership and see to it that our members have the best of continuing education experiences. I want to thank all those who served on these committees for the time you spent and the ideas you shared. It was well worth it and we saw tremendous benefits from your service.

On the membership front, Dr. Ken Harrison, Shehara Gunasekera and I attended ADA's Membership Conference earlier in the year in Chicago. We were a part of a large contingency from the CDA. The conference lasted two days and gave us tons of ideas on how to make TCDS even better than it is. Hopefully, you will see the benefits of our having attended the conference with next years' activities for TCDS.

TCDS's Membership Committee is headed by the President-elect. In that role this year, Dr. Harrison made sure that no member was left behind and that every opportunity was taken to capitalize on our ever-growing market share. There's quite a diversity of members to watch over in TCDS-all the way from the new kid on the block, to those of us who are in the "advanced stages" of their careers. Hopefully, you felt a part of our "family." We value your membership and encourage you to be a part of the inner workings of the society. In other words, take the opportunity to get involved! I promise you, you won't regret it.

Our continuing education program changed direction completely this year. The VP is the chair of this committee for TCDS. Last year, when Dr. Harrison was the VP, the decision was made to move in a whole new direction, and thank goodness we did! It wasn't easy. Ask any of us who served on the committee. But, this year has proven

that we chose a new, corrected road to travel that helped immensely. Instead of holding our CE meetings on Friday's for an all-day program, where only 15-25 of our colleagues would come out and spend the day with us, we switched to Thursday evenings for a couple of hours and the numbers tripled! We will continue to hold these Thursday evening meetings, but included some of the Friday programs as well for next year. Thank you for your support. Hopefully, you found the topics that were chosen to be beneficial to you in your practices. Pass the word along to your colleagues that TCDS's CE program is revamped, revised, and energized!

A couple of other comments from my perspective: 1) TCDS is moving, physically and 2) Wow, what a new web site!

Moving? Yes, we are. Out with the old, and in with the new. Some say it's about time, others will wonder "where the heck did they go?" There were lots of reasons for the move, but let's just say...the time was right. We look forward to our new facility located at 3993 Jurupa Avenue, Riverside CA 92506. We should be there by the time you are reading this article. You will see a functional, well laid out design that offers you all of the conveniences of home as well as the latest in technology to stay connected in today's expanding world. Plan on joining us for one of our meetings sometime soon.

A new web site? Yes! Monica Chavez and the rest of the staff at TCDS have been diligently working on our new web site. Check it out! www.tcds.org. Don't know how to maneuver your way around the web site? Monica has tutorials to walk you through every little detail. Thanks, Monica! Super job. You have opened a whole new world to us with your talents in the "high tech" world in which we live.

Next year will bring more work, more responsibility, and more opportunity. For me, I'm ready to go. Looking forward to it! Hope that I find all of you in the same boat.



FTC Rules Over NC Dental Board on Teeth Whitening

*Alvaro Ochoa, DDS, Chair
Council on Legislation*



This past June a federal commission ruled over a state agency to nullify state law. In an unprecedented case, the Federal Trade Commission (FTC) charged the North Carolina Board of Dental Examiners (Dental Board) with harming competition by blocking non-dentists from providing teeth whitening services.

Furthermore, Supreme Court Judge D. Michael Chappell ruled the dental board was acting in an "unreasonable restraint of trade and an unfair method of competition."

Complaints to the FTC began when the Dental Board sent cease and desist letters to numerous non-dentists providing teeth bleaching services, many of them operating at spas and mall kiosks.

The Dental Board sent investigators to these sites where they found several violations of the Dental Practice Act of North Carolina. Violations included practicing dentistry by polishing teeth prior to bleaching and making impressions for dental models. One investigation revealed a salon make-up artist making impressions for trays without using gloves or following any sterilization procedures while she had a poison ivy rash on her hands.

The Dental Board is an agency created by the North Carolina legislature to enforce the dental laws of the state. The laws are created by the state legislature and not the Dental Board. The Dental Board of North Carolina maintains it is acting in the best interest of the consumer by enforcing the Dental Practice Act of North Carolina in order to protect the patient.

The ruling demonstrates the FTC's fundamental misunderstanding of the way state boards operate. The board cannot lawfully force a non-dentist to stop providing dental services, nor can it convict anyone of the crime of practicing dentistry unlawfully. That is the function of the courts. The cease and desist letters sent by the board is the actual duty of the board and the letters themselves do not carry any penalties if they are ignored. It would then be the responsibility of the courts and district attorneys to charge and prosecute the crimes.

The FTC rulings bring up many concerns of constitutional violations. Some of those include the 11th Amendment of the U.S. Constitution, which provides that, since the Dental Board is an agency of the state, it, therefore, possesses "sovereign immunity," which means the state cannot be prosecuted by the federal government unless it violates a federal law. Also, the FTC lacks jurisdiction over conduct that does not have a direct, substantial and reasonable foreseeable affect on U.S. Commerce.

Additionally, the Dental Board is protected by the 10th Amendment of the U.S. Constitution, which states that "powers" or "prohibitions" that have not been reserved for the federal government by the US constitution will become the responsibility of the individual states. Ironically, the Director of the FTC's Bureau of Competition, Richard Feinstein, stated that the actions of the NC Dental Board have "harmed consumers." This statement ignores the value of having a dental exam prior to bleaching, as most dental associations agree proper examination, for grossly decayed teeth, hopeless teeth, extrinsic stains, "unbleachable" teeth such as crowned teeth, filled surfaces, endodontically treated teeth and teeth with pins and posts, should be done to avoid wasteful bleaching and wasting the time and money of the consumer. Additionally, the use of dental instruments including cheek retractors or application of any material such as gingival barriers to the mouth should be applied and properly removed by a dental professional to reduce incidence of iatrogenic damage and if damage occurs proper treatment and management would be necessary. Attorney for the FTC Bureau of Competition, Melissa Westman-Cherry, stated over a phone interview with News 14 Carolina, that "if it is a product that is desired, it is nice to have those options for consumers," suggesting that if commerce demands a product, then patient safety should not be taken into consideration.

It is important to note that the FTC has many different bureaus and while these rulings are coming from the Bureau of Competition, a separate bureau within the same commission has not been involved in this issue (as of yet). The Bureau of Consumer Protection should be involved as well since the actions of the Bureau of Competition will ultimately affect the safety and welfare of many patients and consumers.

To file a complaint to the Bureau of Consumer Protection visit the FTC's webpage at www.ftc.gov



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My Father's Access to Care

Joan Dendinger, DDS



I was recently in South Dakota to visit my mother and sisters. My father, Creighton University DDS 1946, was a life-long avid collector of books. Although the library has seen considerable attrition since his death in 1998, going through what remains of Dad's books is still both entertaining and comforting when I am home.

My baby sister turned 50 this summer and, from Dad's den, I pulled out "The World Book - 1961" to look back on the year of her birth. The World Book series had tidbits of information from a multitude of scientific, political, industrial and social issues of the day. I looked up dentistry. Know what the biggest concern of the profession was in 1961? You got it! Access to care.

It seems poor people couldn't scare up the \$5.00 an amalgam filling cost back then any better than they can scare up the \$150.00 for a composite today. What was the response to the problem in the decade of the 60s? Lyndon Johnson's Great Society developed Medicaid and Medicare to care for the poor, disabled and elderly. Government manpower studies highlighted a shortage of dentists, and schools were built with federal money and tuition was partially underwritten. (I was a beneficiary of the program, attending a brand new school and paying a whopping \$3,500 tuition at a private university.) The profession developed the Delta Plans to compete with private market insurance companies. Dental insurance was a brand new perk for employers to use to attract the best employees. Research was government funded to study the causes and treatment of dental disease, as opposed to most of today's research funded by manufacturers. The list goes on.

Have the programs instituted by both private and public sectors made an impact? Absolutely! In 1961, a large segment of society still accepted that dentures were as inevitable as gray hair and glasses as we aged. My dad said people expected dentures at 40 or 50, and a person could pinpoint the day they got old, because it was the day they lost their teeth. When I started dental school in 1975, the statistics were that 98% of the population had experienced dental caries; more than half the population over 65 was edentulous.

Flash forward to 2011. Jesus Christ said the poor

will always be with us. Government can no longer afford to pay their dental bills. The huge deficit means fewer federal dollars for research or education. Job loss equates to loss of dental benefits as well as the inability to squeeze family budgets. A minimum wage worker is lucky to have housing and food; medicine and dentistry are luxuries. Safety net programs have morphed into "insurance" for as much as a third of the population of some states. And, as with medicine, the huge improvements in materials and technology contribute to an ever increasing price tag for care. The cost of a dental education? I shudder to think of the student loans and income necessary to service them. Things are better, but they're worse.

There is another problem I detect. I think there is a growing segment of the population that trusts uneducated people to perform irreversible procedures such as body piercing and tattoos, and they are beginning to think "why not teeth?" Our profession has made monumental strides in the last 50 years to improve the oral health for all. There are many people who reject these efforts. Why would anyone with Medicaid, which would have paid 100% of their dental bills, have a bombed out mouth? Why do we still see parents bring in toddlers with rampant early childhood caries? Why do people drop out of high school when they know there will be no job prospects? There is a segment of our population that avoids education-that actively rejects it. It isn't just that our safety net has holes in it.

It seems the latest answer to the access to care issue is to dumb down the profession. Like the Chinese "barefoot doctors" of the Cultural Revolution, there are those who look to a lower-tier, less educated, better-than-nothing level of care. Mid-level providers will be a great answer once our society makes the paradigm shift to accepting that the poor will receive a quality of care based on their ability to pay. As it stands, ethical professionals are obligated to treat each patient with dignity, respect and a uniform level of expertise. Patients are not allowed to consent to treatment that might be detrimental to their health. Is it time for the educated professionals to get out of the way? I don't see this working out for the better. I wish I had an answer.

Case Acceptance is a Team "Sport" Not an Individual "Event"

This is Part Five of a series of six articles designed to get your practice working efficiently and effectively in 2011. This article is designed to give you the tools to facilitate consistency and trust.

*David Milligan
Innovative Practice Solutions*



When we talk about the new patient experience we have to start long before the phone rings and patients flow through the door.

To receive the new patient call, the marketing plan must be working. Whether the plan contains radio, news print, word of mouth or web presence,

one thing is clear, the patient already knows more about you, then you know about them. What do they know about you? Do they know who you are? Does your practice match what your advertising says? Does your practice match your expectations? Do you have the right people in the right places and are they trained in the way you want them to behave. Too many times there is a rift between what you want and what is actually happening.

Can you really expect your team to do as you ask every time? Do you even have any control over their behavior? If you think about what you can do to influence, then the answer would be yes, you do have some control. For example, in 1966 Detroit manufactured cars with safety belts as standard equipment. Since then the government has been working on changing our behavior.

Because something is the right thing to do, doesn't always translate into doing it. That's why you have heard about the "click it or ticket" and "safety belts saves lives" programs among a few. What has proven to be the most successful? An engineering system. What's that noise? When the buzzer won't shut off, you fasten your safety belt.

The influences we have are the systems we put in place. Systems support behavior. In the case of the safety belt, the buzzer is the system. In many cases the system happens by default, meaning, you do what you do because there were no established systems in place. Are you getting the results you want with your current systems?

When a new patient finds you, they are making the choice based on who you are; systems support that behavior, that's who you are and what makes you different from any other office.

The New Patient Experience

Answering the phone

"Thank you for calling ____, this is ____ and I can help you."

What a positive start to a conversation!

To determine if the caller is a new patient, simply ask, "When was the last time you were in to see Dr. ____." If the caller is new, please do not ask about their insurance information first! We should always show that their needs are our first priority. Develop a new patient phone slip to ensure the appropriate information is collected.

Scheduling

When scheduling a patient remember to give choices that are good for them as well as for the practice.

"Would the early or the latter part of the week be better for you?"

"Would 10:00 or 2:00 be best for you?" Always give time choices based on the blocked scheduling format and try to fill the most difficult times first.

When the day and time has been chosen say, "Okay Mr. Smith, I have reserved 1 hour of Dr. ____'s time for you on ____ at ____ o'clock."

Use the word "reserve" and the doctor or team member's name that they will be seeing. This makes it more personal and emphasizes the importance of the commitment.

New Patients arrival

There is a counter between you and the new patient so please extend your hand and introduce yourself. Use the patient's name.

Forms and the new patient interview

New patients should be greeted immediately upon arrival. Use a dialogue similar to this: "Mr. Smith, I would like to invite you into our conference room so we may talk for a minute." Take a moment to ask about their expectations. "It helps us to know what you liked about your last office and what you didn't like."

Let the patient talk and listen actively to what they say.

"It gives our patients a great deal of comfort to know our practice philosophy and the types of services we offer. Our doctor provides the newest technology and takes pride in providing the highest quality dental care. We do general dentistry, cosmetic dentistry, implants, whitening, ____, _____, and _____. It is helpful to show pictures. "We are very thorough. We will

Case Acceptance is a Team "Sport"... continued

do an oral cancer screening every six months for you as well as screen you for gum disease. Our team is interested in helping you achieve your goals. The doctor will tell you everything that he/she sees that needs your immediate attention. Then, of course, you will have the final say as to what you would like to have done. As a courtesy, we will file your insurance and follow up for a period of 60 days to ensure payment. At that time, if there are any challenges, we will contact you for assistance. We also work diligently to provide financial options."

Assistant and Hygienist Dialogue

Please extend your hand and introduce yourself in the following manner. "Hello Mr. Smith, my name is ____; it's so nice to meet you. Thank you for choosing us for your care. You will really like Dr. _____, he/she is wonderful. Dr. _____ has requested that I ask you a few questions about your teeth. Is that okay? Great! I will be focusing on areas you've noticed are sensitive. When the doctor comes in he/she will also be looking for areas you may not have noticed, but that will need your immediate attention."

Ask the following questions:

- When you eat or drink something cold, like ice cream or iced tea, do any of your teeth ever hurt?
- If you eat or drink anything hot, like hot cocoa or soup, do any of your teeth hurt or ache?
- When you bite down on something crunchy or hard, like meat, nuts or tough bread, do any of your teeth hurt or feel weak?
- Do you avoid chewing on either side of your mouth?
- If you eat something sweet, like candy, honey or jelly, do any of your teeth react to that?
- If you had a magic wand and could change your smile, what would you change?

Magnify the complaint by asking the following questions:

- What happens when you _____?
- How would you describe the pain?
- How long does this last? Does it keep you up at night?
- How long have you had it? Is it getting worse?
- Do you take any medication for it? How many, how often and does it help?

Once the issue is magnified, you will have a better idea of how to proceed. "It sounds like you would be a good candidate for _____. "BUT LET'S ASK THE DOCTOR."

Always end with, "BUT LET'S ASK THE DOCTOR."

Doctor's exam

This takes place with the assistant or hygienist in the room with you. Introduce yourself to the patient. "It's good to meet you." Ask the assistant or hygienist what are their findings. By listening, you learn where to focus your attention. This saves time. Provide a complete treatment plan and go over everything that needs their attention.

Use urgency dialog. "Make sure Mr. Smith gets the next available appointment." When the appointment is finished, the patient is "passed" to the financial manager by the assistant or hygienist as follows: "Mr. Smith, this is _____ she will write you a receipt for today and then schedule your next appointment." Turn to the financial manager and say, "_____, Mr. Smith needs a _____ and the doctor wanted to make sure you schedule him at our next available appointment."

This new patient experience combines like-ability and believability. Being congruent and consistent creates trust. When patients trust you, they say "yes" and refer more new patients.

Look for our next article, "Customer Service - What do patients really want from you and your team. If you would like more information, please contact us at info@ipsdentist.com Join us on facebook <https://www.facebook.com/InnovativePracticeSolutions>

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Short Abstracts

Review of Matrix Metalloproteinases' Effect on the Hybrid Dentin Bond Layer Stability and Chlorhexidine Clinical Use to Prevent Bond Failure

Peter C Moon, Jared Weaver, and Carol N Brooks, Open Dent J. 2010; 4: 147-152, doi: 10.2174/1874210601004010147, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3040992/?tool=pubmed>

Virginia Commonwealth University School of Dentistry study indicates the use of 2% Chlorhexidine for one minute on the dentine, after etching, has shown to maintain the bonding in dentine for up to 2 years - the length of the study. Prior to this, if the dentin was etched for 15 seconds with 37% phosphoric acid, the bond was lost due to hydrolysis. This study does not mention how deep into the dentinal tubules the etch or the resin was able to penetrate. I have included their technique below as I'm sure many will find it useful.

"Based on convenience and what was available at our clinics, we selected the 2% chlorhexidine solution, Consepsis (Ultradent, Inc., South Jordan, UT 84095), applied it for one minute after etching with 37% phosphoric acid for 15 seconds, water rinsing thoroughly and drying to moist surface before applying CHX. The CHX treated surface is again dried to a moist surface followed by the resin application of adhesive resin like Optibond Solo Plus (Kerr U.S.A., Orange, CA 92867) which we use. In addition, to enhance the bond strength, we recommend at least two separate coats of the bonding agent resins applied without pooling of the resins in the prep. Also, air pressure drying is required to evaporate the solvent out of the bonding resins for 10 seconds between coats and after the last coat to insure thorough light curing. Better solvent evaporation increases the degree of cure and prevents excess water absorption by water displacement of the remaining solvent. This increases bond strength, decreases nano leakage, hydrolysis of the resin and MMPs attack on the collagen of

the hybrid layer with time. These procedures are design to minimize sensitivity, marginal staining, or chipping and improve retention of direct bonded composite restorations."

Critical Review of Some Dogmas in Prosthodontics

Gunnar E. Carlsson, *Journal of Prosthodontic Research*, Volume 53, Issue 1, January 2009, Pages 3-10

This study should make us all think to review what we have "learned" in the past and look at it with a new eye. ADA members are able to access Pub Med and the Cochrane Review through the www.ADA.org site as a benefit of being a member of the ADA.

Purpose: In prosthodontics like in other dental disciplines there are many clinical procedures that lack support of good evidence, which means that the effect is unknown, and even worse, we do not know if they do more good than harm. It is the aim of this paper to review current evidence for selected procedures based on a scrutiny of the prosthodontic literature.

A MEDLINE/PubMed search was conducted for articles on the selected items with a focus on best available evidence.

Results: Many "old truths" regarding prosthodontic interventions can be called dogmas, opinions based more on belief than scientific evidence. There is, for example, lack of evidence to support the opinion that a face-bow is necessary in the fabrication of a prostheses, and many theories related to occlusion are not evidenced based. Some such dogmas in various areas of the discipline are exemplified and discussed in the article.

Conclusion: A scrutiny of the prosthodontic literature indicates that many common clinical procedures lack scientific support. In the era of evidence-based dentistry, ineffective interventions should be eliminated and decisions should be made on best available evidence.

Dental Dote

Common Ground - Veteran Humor

I was told I would be seeing a patient that I had not seen before. The assistants, Judy and Patty, informed me that this patient was "unique." The patient was a transgender from a man to a woman. Thus while the name on the chart was Mary, "her" legal name was Fred! They said the difficulty was that she still looked very much like a man other than her long hair and she was wearing a dress - she did shave!

I always try to find something I have in common with a new patient...this was going to be difficult. After I introduced myself and discussed her treatment for the day, she made the comment that she had "not been this scared

since Viet Nam!" As a Viet Nam veteran, I realized I finally found a common area. So, I asked her what years she was in "Nam." She responded 1967-1968. I quickly mentioned I was there in 1967. Then, she turned to me and said with a smile on her face, "Of course...that was when I was a man!" I responded, "I was a man then, too!" She laughed and said, "But...you still are!"

Actually, the big comedy here for me was the assistant trying to keep from falling off of her stool! The patient and I ended up bonding very well...even if I am "still" a man

Unclassifieds

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

Orthodontic Suite for Rent or Purchase. 1600 to 1950 sq. ft. Oceanside, Carlsbad area. Rent or Purchase. Contact Tom Aspel at taspel@cox.net or (760) 639-3842.

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Going on Vacation and Need a Dentist Temporarily? Need a dentist to monitor your office while you are away? I am a 67 year-old retired Periodontist who practiced in Orange County. I can take care of emergencies and monitor the office, including the hygienists so they can function as usual. If interested, please contact me at (760) 565-1459 or cell: (714) 801-6880.

Coachella Valley Dental Office For Sale. Frontage road on Hwy 111. 4 ops, 3 equipped. General/endo. \$65K. (760) 341-8441.

Office space available in Redlands on beautiful Brookside Avenue. 300(4 rooms)-2000((11 rooms) Sq/feet @ \$2/ft includes utilities. Perfect for specialty dentist (orthodontist, oral surgeon) or dental lab looking to expand into the Inland Empire. Separate reception area, restrooms. Close to downtown, shopping, restaurants, bus, movie theaters. Contact Dr. James Patrick Caley at 909-798-5117 or nsczolgist@aol.com.

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Alcoholism and drug addiction can touch any of us. The Well Being Committee is an 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

CDA Compass Tip

When billing for end of year services, payments are applied to the patient's 12-month maximum based on the completion date. It is considered fraud to misrepresent the completion date to have the cost apply to the incorrect 12-month maximum period. For additional information about this or other resources available from the CDA Practice Support Center, go to www.cdacompass.com.



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Dr. Rockwell referred a new CDA member.



In support of ADA's Give Kids a Smile Campaign, Tri-County Dental Society is looking for dental professionals to volunteer in this program through:

- **Hosting an event at your site.**
- **Volunteering at a local GKAS clinic.**
- **Adopting a child for comprehensive care**
- **Participating in Crowns For Kids.**

TCDS will provide you with a step-by-step guide to assist you in the planning process, if you are hosting an event, as well as all the support and tools needed during your experience as a volunteer. In turn, you will be helping kids who would not otherwise receive dental treatment.



Is a trademark of the Sacramento District Dental Foundation

**To sign up as a GKAS volunteer or
To Host A Clinic please go to**

www.tcds.org/?GKAS

Click on "I want to volunteer"



ADA American Dental Association

What's Happening?

Day/Date	Event Details
Mon. Nov. 7	New Dentist Study Club 3993 Jurupa Ave., Ste. 104, Riverside TCDS Office, 6:30 p.m.
Tues. Nov. 8	Board of Directors Meeting 3993 Jurupa Ave., Ste. 104, Riverside TCDS Office, 6:00 p.m.
Tues. Nov. 8	TCDS Caucus 3993 Jurupa Ave., Ste. 104, Riverside TCDS Office, 7:00 p.m.
Nov. 11-13	CDA House of Delegates Sacramento
Thurs. Nov. 17	Continuing Education Meeting TCDS Board Room 3993 Jurupa Ave., Ste. 104, Riverside Social Hour: 5:30-6:30 p.m. Lecture: 6:30-8:30 p.m. "Oral Pathology, Salivary Diagnostics, Dental Erosion & Acid Reflux" Drs. Elizabeth Andrews, Bradley Henson and David Lazarchik
Nov. 24-25	Thanksgiving Holiday TCDS Office Closed
Thurs. Dec 1	Installation of Officers & Holiday Round-Up 6:00 p.m. Mill Creek, Mentone
Dec 26-Jan 2	Holiday Break TCDS Office Closed
Sat. Jan. 21	Board of Directors Meeting TCDS Office 8:00 a.m. - Executive Committee 9:00 a.m. - Directors' Orientation 10:00 a.m. - Board of Directors
Thurs. Jan 26	TCDS' GRAND OPEN HOUSE TCDS Office 3993 Jurupa Ave., Ste. 104, Riverside 4 p.m. - 8 p.m.
Fri. Jan. 27	Peer Review Calibration Workshop 9:00 a.m. - 3:00 p.m. Place to be announced

Hot Shorts

Fourth Annual CDA Dental Motorcycle Ride, June 7-10, 2012. Plan now to explore the San Jacinto and San Bernardino Mountains. The weekend will combine riding through some beautiful and interesting scenery, fellowship with your fellow dentists, great food and top-notch CE provided by Dr. Lane Thompson. Accommodations will be at the Highland Springs Resort in Cherry Valley. For more information go to <https://sites.google.com/site/dentistrides/> or call Tri-County Dental Society, (909) 370-2112, for to receive an informational flyer/registration form.

Are you an orthodontist? You could be a part of an office-based intervention designed to increase physical activity, reduce sedentary practices and promote healthy diets, or to reduce tobacco initiation and exposure among preteens. **"Healthy Smiles: An Orthodontist Program"** is a scientific study funded by the National Institutes of Health testing some simple ways health care providers can expand the range of health protective services they provide their pre-teen and teen patients. This **San Diego State University** study is currently in 15 San Diego offices. The program is now looking to expand into Riverside and Orange Counties. Click here or contact the program at 858-505-4770, ext. 151, to learn more.

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Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

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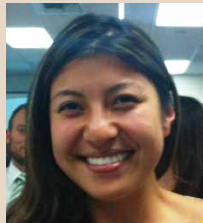
Say What?

Dentists attending the October New Dentist Seminar, "How to Assess Associateship Contracts," featuring Katie Fornelli, were asked, "Who is the first person you turn to when facing a tough business dilemma?"



Jerhet Ask, DDS, Loma Linda-

"My father, who is a very wise, disciplined, experienced and intelligent businessman, dentist and father."



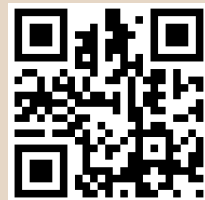
Karen Watanakeeree, Loma Linda Dental Student, c/o 2013 -

"I would turn first to my father. Any financial frustrations I would vent to my father first and then after I calm down, I would use the resources available for dentist, like CDA Compass, and contact my local dental society to guide me in the right direction."



Kevin Prates, Loma Linda Dental Student, c/o 2013 -

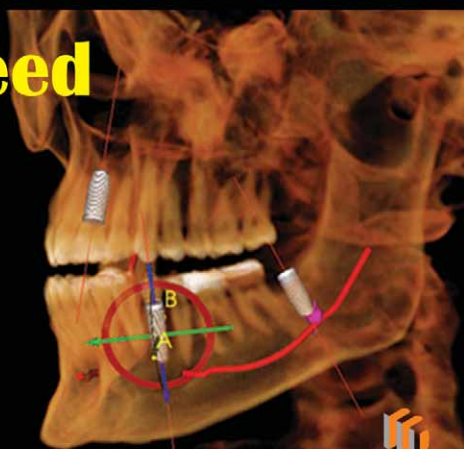
"My mentor is my wife's old dentist, who has a great practice, experience, and whom I trust. I've had time to observe with him and like how he runs his practice"



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Get your collection jar. Star Refining London:

800.333.9990 or

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