

BULLETIN

*Proudly supporting the dentists in
Riverside, San Bernardino and eastern Los Angeles Counties*

MAR/APR 2012

Volume 59 No 2



New Dentist Study Club

TCDS Membership Status Report

Active/Recent	1,449
Life Active	87
Life Retired	149
Retired	32
Post Grad	31
Faculty	55
Disabled	11
Military/Public Health	5
Provisional	70
Hardship	0
Pending Applications	11
TOTAL	1,900

Toll-Free Numbers

ADA	(800) 621-8099
CDA	(800) 736-8702
Practice Support Center	(866) 232-6362
Resource Center	(866) CDA-SMILE (866 232-7645)
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

Riverside

The new TCDS office in Riverside is spotlighted in this issue's banner photo. For photos of the Grand Open House, go to page 10-11.

The New Dentist Committee holds study club meetings quarterly. New dentists are encouraged to bring cases for discussion with specialists. On the cover (from left) are panelists: Oral Surgeon Gary Chan, Periodontist Denine Rice, General Dentist Al Ochoa, Prosthodontists Mark Estey and Judy Strutz.

Presidential Message...

Kenneth T. Harrison, DDS

I'm Just Talking... March 31st is a Big Day for Dentists



We all recognize some happy days, where just hearing the date makes us smile with many fond memories: January 1st --New Year's Day, February 14th-- Valentine's Day, July 4th--Fourth of July, the 4th Thursday in November-- Thanksgiving Day, December 25th--Christmas Day and December 31st --New Years Eve.

We are also all too aware of some dreaded dates: April 10th & December 10th—deadline for paying property taxes in California, April 15th -- (maybe the most hated date) deadline for filing and paying last year's taxes. January 15th, April 15th, June 15th, September 15th---all deadlines for paying quarterly state and federal taxes. Here's another date that all California dentists must remember—March 31st.

Wait, now what's the big deal about March 31st for TCDS dentists? March 31st is the deadline to renew your 2012 membership in the Tripartite: ADA, CDA and TCDS. Failing to renew on time will cost you an extra \$100.00 reinstatement fee when you do choose to renew. Additionally, 2011 members risk losing many of the big benefits that only come with a paid 2012 membership. In a slow economy, it is vitally important to assess the value that we receive for every dollar spent. Let's look at some of the most important benefits of joining organized dentistry in these trying economic times.

1) Continuing Education: Each year, usually late spring in Anaheim and early fall in San Francisco, our California Dental Association holds "CDA Presents." These meetings are simply among the finest CE meetings in the world of dentistry. With your membership you receive free registration for all three days. While most of the CE classes are free, there is a separate fee for some of the classes. For comparison purposes, the advanced registration fee for non-member CA dentists for the 2012 May meeting is \$800! Your TCDS also presents 4 CE meetings each year. In 2012, TCDS will offer two full day (7 CEU) meetings and two Thursday evening (2CEU) meetings. TCDS members receive a reduced tuition fee for TCDS CE meetings.

2) Insurance Protection: The Dentists Insurance Company is a benefit available to CDA members. TDIC now offers Professional Liability, Building and Business

Personal Property Packages, Health Insurance, Workers Compensation Insurance and Employment Practices Liability insurance at very competitive rates. Additional money can be saved by combining various types of insurance coverage into packages and by taking risk management classes.

3) Political Advocacy: While sometimes hard to define, advocacy is a type of problem solving designed to protect personal and legal rights and insure a dignified existence. Our CDA headquarters, located just 2 blocks from the State Capitol building, has all of our members' backs regarding the State political activities that directly or indirectly affect California dentists. During 2011, CDA tackled many issues for member dentists: Fluoride safety, community water fluoridation, IRS rules regarding 1099 forms and vendor transactions, Dental Board of CA structure, and strategies to reduce barriers to care. And as most of you know TCDS also has one of our own members, fellow orthodontist Dr. Bill Emmerson, representing us as the Senator from District 37. If you have any questions for Senator Emmerson he may be reached at his Capitol Office: 916-651-4037, his Riverside Office: 951-680-6750 or his Palm Desert Office: 760-568-0408.

4) Peer Review: This is one of the benefits that most dentists don't even think about until they need it. Most members have no idea how valuable an asset peer review can be. Every year many potential legal situations are prevented by the hard working, conscientious peer review committees. Committees evaluate complaints from both patients and dentists. Decisions are then made regarding appropriateness and quality of the dental work in question. While going through the peer review process is never fun; it sure beats involving lawyers and the always complicated California legal system. Wouldn't you really rather have 3 of your true peers (dentists) evaluate your work than have 12 of your peers (as a jury is known) try to evaluate dental work that they simply don't understand?

5) CDA Practice Support Center: The CDA Compass was established in 2009 because members asked for it and the CDA House of Delegates voted the money to establish it. The CDA is the only state dental society in the USA that has a service like our CDA Compass. Only current members have access to this unique website. Any question that a member has regarding the business of dentistry, employee management, California law, Dental Board Regulations, HIPAA, writing an office manual...you get the idea, is dealt with in the CDA Compass.

Continued on page 4

Presidential Message... CONTINUED

This website, cdacompass.com, will save you thousands of dollars in consultant fees.

6) **Pride of Belonging:** Groucho Marx once said, "I don't want to belong to any club that will accept me as a member." Groucho, thankfully, wasn't a dentist. Tripartite membership opens many doors for all dentists to gather, exchange ideas, set up mentor systems, seek higher education and just have some fun together to help blow off the unique pressure that we dentists face each working day. Take a moment to ask yourself: what is the contribution that you want to make to organized dentistry, but so far a space hasn't been made for you? Then, if you haven't yet renewed your 2012 membership, it's time to get the ball rolling. CDA now offers an Electronic Dues Payment Program (EDP) where you can pay your annual dues with monthly debits to your checking account. For less than \$130 per month all of the numerous benefits of membership in all three organizations can be yours. Don't let March 31st pass without joining the Tripartite Party. If you need any assistance with your membership, please call our TCDS office (951-787-9700) and speak with the Membership Coordinator, Shehara Gunasekera. To all of our TCDS members who have already renewed their 2012 memberships; thank you, welcome back, and please call and volunteer to serve.

I will offset my ramblings this year with a few words of wisdom from one of my heroes when I was growing up: Coach John Wooden. Coach Wooden's great quotes apply to life as well as our lives in the world of dentistry.

"Be more concerned with your character than your reputation, because your character is what you really are, while your reputation is merely what others think you are." "It's what you learn after you know it all that counts."

I'm hoping that springtime in 2012 is bringing you renewed practice growth, peace, and prosperity. KTH

Contact Your Dental Society Staff

(951) 787-9700 or (800) 287-8237

Penny Gage, Executive Director

Administration

Governance - Ethics

Extension 23 – Penny@tcds.org

Monica Chavez, CE Coordinator

Continuing Education

Give Kids A Smile/Community Health

Advertising/Exhibitors

Employment Assistance

Extension 21 – Monica@tcds.org

Shehara Gunasekera, Membership Coordinator

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Extension 22 – Shehara@tcds.org

San Diego Dental Technology Expo

4-13-2012

15 CE COURSES

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CAD CAM, CA INFECTION CONTROL

HARD TISSUE LASERS, OCCLUSION

CA DENTAL PRACTICE ACT, DIODE LASERS

BONE GRAFTING, LEASE NEGOTIATIONS

EMBEZZLEMENT, SOCIAL MEDIA

SNAP ON SMILE, PANORAMIC X-RAYS

Dentist \$199, Non-Dentist \$95

Marina Village 1936 Quivira Way San Diego CA 92109



DIODE LASER CERTIFICATION COURSE

4-13-2012 Dentist \$595, Hygienist \$495

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Editorial...

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

Now what?



My year started off with one of those “milestone” birthdays; a childhood father figure passing away; my childhood best friend calling to wish me happy birthday and in the same breath telling me he had coronary bypass surgery two weeks before; and my adult best friend telling me that he had

spent the previous night in the hospital. I felt the urge to grab my sphygmomanometer to give myself a little reassurance!

When things like this happen, it does cause one to do some reevaluating of life. It brings the reality that life does change...and sometimes rapidly! Goals at this stage of life are different than even ten years ago. One might also consider the inevitable and look back on what was accomplished in life and even what would be said at one's eulogy!

My children are all grown and “sort of” on their own. I tend to wait for phone calls to announce the delivery of a new grandchild. (Thus, the “sort of!”) While I seem to be able to still practice dentistry, I don't think I can commit to be doing what I do now in ten years—but, I'd like to. I know some dentists avoid making dentistry their whole life and I'm comfortable with that. I have found, however, a lot of pleasure through dentistry in various ways.

Being a dentist and being involved in dentistry does not necessarily mean only doing clinical work. Obviously, I have been involved as a dentist-editor. I find that what I have experienced through the job TCDS has given me, have been very interesting.

I know many people fear speaking in public. Dentistry has given me the opportunity to become less fearful of public speaking and enabled me to travel to lecture – sometimes for pay! Dentistry has allowed me to meet people from all over the world while instructing in dental courses.

Perhaps meeting the various and interesting people I have met through dentistry is my favorite part of being a dentist. As I continue in various obligations in dentistry, I'm sure I will still enjoy that for many years to come – as long as I can see and type.

While I have had many friends over the years that are not dentists, I must admit that my dentist friends are better able to commiserate with me over dental issues. For

example, I have talked to my non-dentist friends about SB694 and they don't seem to really care! (If you, as a dentist, don't care about SB694 you should consider turning in your license. Be sure to read about it in this issue and in the CDA Journal.)

If you are also wondering “now what” for your goals or objectives for the rest of your life, I have some suggestions. This year TCDS once again promoted GKAS clinics – consider volunteering. Contact the TCDS office to see how you can help in your community. If working on kids is not your idea of a relaxing time and you don't want to give it a try, consider doing other dental volunteer work.

In this issue you can read about Dr. Matt Shane who turned his reception area into a music studio to raise money for the dental care of struggling down-on-their-luck musicians. If you, too, have come up with something innovative for dental volunteer work and are willing to share what you have done, I would love to hear your story and share it with others – especially legislators. One of the background stories of SB694, is that many legislators think of dentists as being only concerned with money. They often do not hear the stories of most dentists providing dental care at reduced fees or even no cost – intentionally!

If dentistry is becoming boring to you, read Debra Quarles' article on increasing your knowledge to offer more services to your patients – thus increasing your income, too. Or, read Dr. Brian Allman's article on Dental Sleep Medicine. The CDA House of Delegates passed a resolution last year backing the concept of dentists being involved with physicians in the treatment of sleep disorders. (If you are presently treating sleep disorders...do you have a sleep study done for the patient after you provide the oral appliance to make sure it is working properly?)

You can also find satisfaction in life by participating in other TCDS activities, such as the CE programs and the New Dentists Study Club. (Advisers are on the cover of this issue.) You will enjoy the camaraderie with people who understand dentists – dentists!

If in your life you are also wondering “now what” for your future, be sure to realize that our own Tri-County Dental Society can provide you a purpose and fulfillment in what you have either chosen or been lead to for your life work – dentistry. I wish you success...and peace!

CA SB 694 Calls for Dental Director and Midlevel Provider Study *Al Ochoa, DDS*



CA SB 694, authored by Senator Padilla, calls for California to establish an office of oral health and establish the position of a Dental Director. More importantly SB 694 is also authorizing a “scientifically rigorous study to assess the safety, quality, cost effectiveness and patient satisfaction of expanded dental procedures for

the purpose of informing future decisions about how to meet the state’s unmet oral health need for the state’s children. The research parameters of the study shall include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers. Procedures performed during the study shall be performed only by providers within the confines of a university based study.”

Over the past month, SB 694 moved rather quickly through the State Senate committees and passed the Senate floor with a 34-2 vote. It now will head towards the State Assembly for their review before returning to the Senate for final voting.

SB 694 has sparked a wave of opinions with several organizations opposing its legislation. CDA currently supports SB 694 as it is in accord with the current CDA resolutions that were recently passed this past November at the CDA House of Delegates. Opponents to SB 694 state the bill will introduce the mid-level provider into California. They state the bill will allow experimental research to be done on California children as the test subjects.

Supporters of SB 694 say it will only introduce the Office of Oral Health with a new Dental Director and conduct a research study to assess the midlevel provider. Criticism of CDA’s support has caused a heated debate within the CDA and many say CDA support of this bill is dividing the organization.

It is important to note that SB 694 is currently sponsored by “The Children’s Partnership,” an organization which recently published a report titled “Expanding California’s Dental Team to Care for Underserved Children; New Times, New Solutions.” Many have criticized the report as being a largely inaccurate assessment of California’s access issues with solutions that do not correlate with the problems California is facing.

The California Dental Hygiene Association (CDHA) is also prepared to support SB 694 if the position of Dental Director would be open to be filled by a hygienist. Many members don’t realize that CDA has been working

with Senator Padilla and has provided much needed input and advice on this bill thus far. If CDA were to rescind its support of SB 694, we would “leave the table” and leave “The Children’s Partnership” and the CDHA as the only advisors to this bill, which is expected to proceed—with or without CDA’s input.

Editor’s note: There are some CDA members contacting the officers of component societies as well as individual members regarding this issue. There was much discussion regarding this at the CDA House of Delegates before a vote was taken. However, there is a group that is demanding a special session of the House of Delegates – which will cost each component the expenses for transportation and hotels. Tri-County Dental Society President Ken Harrison has written a letter regarding the TCDS stance, as approved by the TCDS board of directors and the 2011 delegates, that TCDS is opposed to a special session of the House of Delegates and supports CDA’s position. For updates on this historic fluid event, go to the TCDS website at: www.TCDS.org.

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Dentistry-Helping Preserve Our Musical Heritage

Matt Shane, DDS

This is Part Six of a series of six articles designed to get your practice working efficiently and effectively in 2011. This article will help you understand what your patients really want from you and your team.



As I peered over the loft rail at the reception area, I couldn't believe the crowd below, packed in and enjoying themselves unlike anytime I had ever seen in a dental office. As a third generation in dentistry from Louisiana, I came to Austin after dental school at LSU with a love for music and no idea where I was heading.

The crowd below was not there waiting for root canals or a hygienist but for live music and a series of songwriters performing one-hour showcases through the evening. It had been a long day that started at 5:00 a.m. for a performance broadcast live from my dental studio on the morning news with the Grammy nominated Tortilla Factory. This may have you wondering what kind of dental office I have...

It may seem strange, but in the past year, two new music projects were pioneered here. Both were devoted to raising money for the Health Alliance for Austin Musicians (HAAM) and MusiCares. These organizations are the only option for many struggling musicians who find themselves in a health care crisis, and just as important, with preventative solutions.

Imagine a world without music. I would go as far to say that humanity would not be where it is without it. Most music history scholars would agree. In his book, "This is your Brain on Music," Daniel Levitin surmises that eons ago, music is what forged bonds, prior to speech, in the earliest tribal cultures and is likely the most important factor in the evolution of communication.

Ain't it funny how a melody can bring back a memory
Take you to another place in time
Completely change your state of mind
State of Mind - Clint Black

It is no surprise to many neuroscientists that music influences emotion as well as the motor centers of the brain. Studies have shown numerous anatomic and biochemical connections, including the release of oxytocin, when people sing together (oxytocin is known to increase trust in humans), an increase in serotonin when listening to pleasant music and even an increase in salivary IgA. It seems the benefits of music to humanity are endless, but what are its effects on the world around us?

About a decade ago, the Austin American Statesman did a series on the historical importance of cultural creative centers. The gist of the articles favored Austin as one of those centers, where just as throughout the course of civilization, in every great society that has existed, advances in science, technology and innovation co-evolve with artistic expression. With nearly 10,000 resident musicians, Austin, Silicon Hills, Live Music Capital of the World, has indeed solidified itself as one of those cultural creative centers.

At the same time, the Austin Chronicle was running stories about how Austin was becoming unaffordable for its musicians as droves of high techies moved here. There was also one about Peyton Wimmer, who wanted to set up some sort of health care system for musicians who couldn't afford it. He had just returned from a visit to New Orleans to learn how the New Orleans Musicians Clinic had been set up.

Having moved to Austin from New Orleans for the music, I decided I had to get involved to ensure the single most important quality that led me here didn't dissolve before my eyes! I contacted him to help organize it; however, after a few potential board member meetings, the idea never came to fruition.

Out of those meetings, I ended up in a referral-based network that helped musicians as needed. I have treated dozens of musicians over the years, late nights and weekends, having donated many root canals, fillings and even crowns. The expense of providing care is often a limiting factor in what any individual can do, but for the most part, acute problems are manageable and treated pro bono or on a sliding scale.

Fractured teeth from battles with stage equipment have become familiar causes to require dental treatment. One night while I was out at the

Saxon Pub, a pedal steel player chipped a tooth while playing with his teeth; he never let on but kept playing. The funniest thing about it was that he was already a client and right after it happened he looked out in the audience and realized I was there! He came in the following week for a simple fix with a soft touch and a finishing bur.



Continued on page 8

musical heritage... continued

The Health Alliance for Austin Musicians (HAAM) was founded in 2005 and has been the most helpful resource for Austin musicians. Its mission is to provide access to affordable healthcare for low-income, uninsured working musicians, focusing on prevention and wellness.

For dental care, musicians initially were only seen on mobile dental units owned by St. David's Hospital when they weren't being used for children in low-income school districts. As one may imagine, these units are limited in the services they can provide with preventative care, fillings and extractions. In 2011, a partnership was forged between St. David's Hospital and the Capital Area Dental Foundation allowing musicians to have comprehensive dental care with limited reimbursement to the volunteer dentist, a tremendous help to both the patient and provider.

What thoughts would go through the heads of an audience admiring a songwriter if when the first lyric was sung everyone noticed a missing central incisor? Recently an amazing blues singer came in with this exact problem. She had the most horrible experience as a teenager when she was placed in a prison population as part of a program to teach juvenile delinquents why they should be good citizens. She had multiple teeth fractured in an assault while there. She had no insurance, savings or significant cash flow. With the help of HAAM we were able to get an implant placed and restored. Seeing her smile after belting out some old school soul and an audience applaud is more than gratifying.

Finding creative ways to support the cause ---

South by SouthWest (SXSW), every spring break in Austin, Texas, is one of the largest music festivals in the country. Its economic impact in 2011 was over \$167 million. It is huge for the music and film industry and live music junkies, but a pain for the locals trying to get around downtown as SXSW takes over almost every live music venue. There are unofficial showcases at any venue not part of the festival and in just about any place that can get a sound system set up.

My practice, Authentic Smiles Dental Studio, is located in downtown Austin, in middle of all the chaos and now part of it. Weeks before last year's festival, Beth, one of our hygienists, said we had so many musician clients we could have them playing all day during South by SouthWest. Immediately I blurted out the parody—we could call it Mouth by MouthWest. We laughed all day about it. As the joke spread throughout the following days, many musician-patients said they would play just because we called it that. In less than ten days, a three-day schedule with 21 bands, a catered bar, silent auction and a morning newscast remote were booked. This event raised over \$8,000 and now the second annual Mouth by

MouthWest is planned for March 13, 14, and 15, 2012!

The next idea to generate funding was the Holiday HAAM Jam. Last fall we hosted an open house show at Authentic Smiles Dental Studio with Rod Williams, Shelley Mac and Jimmy Ruggiere. It was such a great performance that Rod and I were inspired to concoct a plan to have a holiday show, record it, and sell CD's to raise money for HAAM. We planned to put a few singer/songwriters together with some random top-notch musicians. Instead it turned into a full album with multiple bands and styles that reflect a variety of sounds from Austin's vibrant music scene.

In less than a month, nearly forty musicians and industry professionals came together to produce a true masterpiece. Holiday HAAM Jam 2012 is already scheduled and several commitments have been made ensuring Volume 2 will be another pleasant surprise!

The arts, including music programs, have taken the heaviest funding cuts in our current economic state. Only the top selling artists earn enough on which to retire. The majority of musicians work many hours for little pay, but this is the breeding ground from which all the best songs come and the reason we should keep it healthy.

If you believe music is an important part of your life and our culture please consider donating to the Health Alliance for Austin Musicians at www.myhaam.org. You can also help by ordering the Holiday HAAM Jam Volume 1 CD online at Waterloo Records, or downloading it on iTunes. It is an easy way to enjoy supporting such a great cause. Otherwise, if spring break is looking bleak on the



slopes or beach and you like music, check into Mouth by MouthWest and come see a dental studio transform into a live music venue with the Best Music for Your Molars!

Legally Required vs. Morally/Ethically Right

Dr. Lew Powell, Faculty of Roseman University College of Dental Medicine



Mitchell Zuckoff, author of *Lost in Shangri-La: A True Story of Survival, Adventure, and the Most Incredible Rescue Mission of World War II*, tells a haunting tale.

On May 13, 1945, twenty-four American servicemen and WACs boarded a transport plane for a sightseeing trip over the jungle-covered mountains of Dutch New Guinea. When the plane crashes, only three survive. Injured and starving, the survivors hunker down in a lush, green field and wait for help. It seems there is no easy way to rescue them. Days pass. The army is unsure what to do. Japanese soldiers may be hidden in the jungle and there are thought to be cannibals who inhabit the valley. Finally a decision is made. The army doesn't know how to get the survivors out, so instead they send in more men, paratroopers. The initial group, who are hungry beyond belief, are stunned when one of the paratroopers, a medic, reaches down and pulls up one of the plants that surround them. For days they'd gone hungry because they didn't realize they were standing on a field full of food, sweet potatoes to be exact. The group is at least saved from starving. Eventually, with no other choice, they all walk out of the jungle on their own.

This same story is carried out in dental practices every day. Often, when we have a problem we wait too long to fix it, worrying about the hidden dangers that might lurk. Sometimes we think the answer is to "throw" more people at the problem—which might mean hiring a new team. And many times the answer is right below our feet and perhaps there is even someone in our group who knows it. Hopefully, at some point the team realizes they must do something to save themselves.

Identifying the challenge:

Trendsetters are monitored closely. Merchandisers want to know what the next big thing is going to be. If it is discovered that a certain kind of shoe is the next rage, buyers for department stores want to have it in stock. Reacting to trends in your dental practice is not so different. You want to identify the trend quickly and be prepared—proactive versus reactive. The challenge seems to be when you are proactive it means the situation barely exists. Many do not even consider the challenge important until they've finished the month and recognized the goals were not met or bills paid.

Why do we clean our medicine cabinets regularly? Because medications lose effectiveness or might even cause a health problem. Why should you look at your systems regularly? The same reason. Your current system may have lost its effectiveness with patients or might even be killing your practice.

For example: We see the patient in hygiene. The hygienist explains how important frequency is along with a myriad of other thoughts. She releases the patient to the front desk who schedules the patient for six months and lets the patient know that if the appointment doesn't work, "just call us." No commitment to appointment, no value to frequency.

Let's get proactive. Say your practice is experiencing a large number of cancellations and no shows. Is your response to say, "We are having a rough week. I bet next week people won't have the flu?" Or do you realize you must act now and check to make sure you are consistent in the handling of cancellations and no shows.

- Review your system.
- Evaluate the dialog for effectiveness.
- And/or try something entirely new.

When the system is not giving you the desired results, it's either lack of consistency or a system in need

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Executive Director Penny Gage was presented with a "Scroll of Appreciation" from Lt. Col. Ericka Clarkson. She was recognized by the 6th Medical Recruiting Battalion for serving as Advisory Board Chair for the US Army's LA Medical Recruiting Company and for supporting their efforts to recruit health care providers.

If you are interested in becoming involved with the US Army by providing opportunities for recruiters to speak to your colleagues or dental students, or by learning more about the Army Reserves, please give Penny a call, (951) 787-9700. The Advisory Board will meet in the TCDS office the evening of April 12.

Our New Headquarters...



TCDS Open for Business...

On January 27, the Tri-County Dental Society held its Grand Open House celebration to nearly ninety visitors. TCDS president Ken Harrison was there to greet and meet the visitors along with a proud and beaming TCDS Executive Director Penny Gage and her staff, Shehara Gunasekera and Monica Chavez.

The new facilities have already been "broken in" by two board meetings, a CE meeting, and several committee meetings. The "Smart Board" has been very handy for providing information during these meetings. The TCDS kitchen was used by Monica in preparing a meal for the CE committee planning meeting...and it was delicious!

Thanks go to our event sponsors:

Innovative Practice Solutions (Salt), Northwest Mutual, US Bank and TDIC Insurance Solutions. Bann Thai Restaurant, Fred Lamb Design, Provence Interiors, DDS Lab, Inland Empire 66ers and Morgan Stanley Smith Barney, as well as TCDS, provided prizes for those in attendance through multiple drawings during the celebration. Goodie bags were filled with giveaways donated by Sharp Business Systems, The Hanigan Company, Project KIND, Western University/CDM, Precision Ceramics, US Army Medical Recruiting Company, Capstone Incorporated, BBVA Compass Bank, US Bank, American Dental Association's GKAS, TDIC Insurance Solutions and California Dental Association's Membership Department. Thank you to each of those companies for their support.

If you were not able to attend the Grand Open House, be sure to stop by and see your dental society's new home at 3993 Jurupa Avenue, Ste. 104, Riverside.





legally required... continued from page 9

of change. Remember, the definition of insanity is doing the same thing and expecting a different result. We can't make patients show up, but we can control the creation of a short call list. We can't control illness, but we can control our dialog regarding the importance of the patient's commitment to the appointment.

And we can make changes. Are you having difficulty with patients keeping the hygiene/exam appointments? This has been a challenge for offices ever since the verbiage of "it's just a cleaning" gained ground. It's not just a cleaning and exam. It's a hygiene appointment including oral cancer screening, and periodontal evaluation. You will be checking for teeth that are decaying, or cracking . . . it's important. Make it sound that way!

During the hygiene appointments there is so much information given. Some patients will not be able to remember it all, so before each patient leaves sit them up, look them in the eyes and say the following dialog. "If there's only one thing you take from your visit today, I would like it to be . . . you need us to remove bacteria below where your toothbrush can get." Or, "you have periodontal disease." Or, "we should see you in July." Leave them with just one important thing to remember and they will.

Recognize that sometimes the challenge with canceling and no showing is that the patients may not really own their problem. Perhaps you need to give them additional education in a unique format—a personally made video sent via email? Perhaps the periodontist is needed to collaborate? Bottom line: don't sit and wait for your situation to change, act.

Moving beyond fear:

In order to achieve your goal, you must get past your fear.

"I must not fear. Fear is the mind-killer. Fear is the little-death that brings total obliteration. I will face my fear. I will permit it to pass over me and through me. And when it has gone past I will turn the inner eye to see its path. Where the fear has gone there will be nothing. Only I will remain."

--- Frank Herbert, *Dune*

Fear of losing patients is the number one reason that change is not made and... patients are lost.

You can't fear change. In fact, all of us must dance faster to keep up with the technology that is coming, it seems daily. The only way past fear is to walk through it. So, how long do you want to suffer? Then perhaps you'd better get moving.

The people problem:

Sometimes it is a people problem and change should be made. Many more times the right people are in the right spot, but they have been given a system that doesn't allow for their success.

I still enter practices where they have a computer that is used for scheduling as well as a paper book. Is it any wonder there are mistakes and surprise patients? I also find practices where charts are written in and computer charting is done. Computers are to increase our efficiency and effectiveness—to allow our teams to accomplish more in less time. Make sure your systems encourage that, not create more work and increase errors.

Make sure you allow for safe feedback from your team. Too many times they know the answer, but are afraid to speak up.

Surviving

It takes 28 working days to form a new habit. Almost two months for most offices. How many times do we forget "the change" and fall back on our old habits well before that?

I called an office, "Hello, this is . . . I can help you." I told her who I was. She was so very pleased she'd answered the telephone with the appropriate new dialog. One week later, "Hello, this is . . . How can I help you?"

I'm not saying change is easy, I'm just saying it's necessary.

Debra Quarles is a coach/consultant with Salt Dental Practice Management. Savor success and learn more at www.saltdpm.com or contact her at info@saltdpm.com.

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Maybe Snoring IS Sexy?

Bryan Allman, DDS



Sleep Medicine is the newest and fastest growing specialty in medicine today. Our medical specialist colleagues are asking for our help managing a deadly disease. Are you ready?

Snoring used to be considered a bedroom annoyance often evoking a nocturnal elbow jab to quiet the offender or in

extreme cases, a silencing bullet as in the case of Jessie James' neighbor (J.J., unable to sleep, killed a snoring man sleeping in an adjacent hotel room by firing his pistol through the wall silencing the victim forever!) Fast forward to the 21st century and we find that nearly 27% of couples sleep in separate quarters due to snoring; an unfortunate statistic of bedroom discordance.

Compelling medical research now suggests that a more dangerous condition, as common as diabetes and asthma, termed obstructive sleep apnea (OSA), is a real killer and snoring (sans Mr. James) may be one indication of this potentially fatal condition. Paradoxically though, not all snorers suffer from OSA and not all OSA sufferers snore. Learning to distinguish someone who snores (aka, primary snoring) from someone with OSA is our next educational challenge in dentistry. Truly a life-or-death distinction as appropriate care of the former patient is an appliance to dampen cacophonous snorts while the later patient requires dental referral to a medical sleep specialist.

Nearly six years ago, a seminal article was published in the *Journal of Clinical Sleep Medicine* authored by a recognized panel of medical sleep specialists commissioned to evaluate the role and efficacy of oral appliances in managing OSA. The sleep experts concluded that dentists should indeed play a pivotal role in identifying likely OSA victims and when appropriate, provide oral appliance therapy (OAT) memorializing dentistry's invitation to help with the following statement:

"Oral appliances (for OSA patients) should be fitted by qualified dental personell who are trained and experienced in the overall care of oral health, the TMJs, dental occlusion and associated oral structures."

Oral appliances for OSA are not new by any means. The first oral appliance article was published in the *Journal of the American Medical Association* in 1982. The article, *Effects of nonsurgical treatment of obstructive sleep apnea: The tongue retaining device*, introduced

medicine to dentistry. The tongue retaining device or TRD, was developed by Chicago psychiatrist, Dr. Charles Samelson, with the help of Northern California dentist, Dr. Michael Alvarez and utilized a customized intraoral suction bulb apparatus to prevent the tongue from falling into the oropharynx during sleep. This was the beginning of oral appliance therapy for OSA; over 30 years ago! Over three dozen FDA approved appliances now exist to help support the craniomandibular complex and prevent airway collapse during sleep and of great unrecognized import is the published plea from our medical colleagues soliciting our help. With the over-commercialization of appliances and the lack of enough credible dental sleep medicine education, dentistry is failing to pick up the ball and run with it. Focusing on credible protocol providing these medical devices is what will create sustainability with this mandatory and welcomed medical-dental synergy - physicians diagnose / dentists treat. Unfortunately, myopia in dentistry persists with the most commonly asked question, "Which appliance do you use?" Wake up colleagues, the most uncommon appliance answer is: "It doesn't matter!"

What does matter is supporting a new paradigm in dental sleep medicine practice which advocates an evidence-based-medical-model for dentists by providing OAT to medically referred OSA sufferers credibly, collegially, and most of all collaboratively. No longer can we practice dental sleep medicine vacuously espousing that continuous positive airway pressure (CPAP), is evil and only our dental appliances can cure all sleep apnea. Dental colleagues, there is no magic appliance for OSA just as there is no magic pill for cancer. Managing OSA requires a multidisciplinary approach. It is time we started thinking like dental sleep physicians advocating multidisciplinary modalities such as using a dental appliance in conjunction with CPAP or surgery. Perhaps dentistry should aspire to becoming medicine's 28th specialty?

Clinically, identifying likely OSA sufferers needing medical examination requires an understanding of the pathophysiology of sleep-breathing disorders such as OSA and an appreciation for associated co-morbid conditions. Admittedly, this article cannot address both subjects comprehensively though a brief summary is presented in an effort to stimulate a broader understanding of the complexity of OSA and further study by interested clinicians and academicians.

First, OSA is commonly presented in weekend hotel seminars as a disease easily managed by a dental appliance often, though dangerously encouraged, without the diagnostic expertise and referral by a medical specialist. Too often a commercial interest is promoted rather than

Snoring.. continued

appropriate medical-dental collaboration; as long as you buy the RIGHT appliance, it will work (erroneous!). In other words, an anecdotal treatment protocol is often presented to gullible attendees in an effort to sell an overstated product miserably failing to consider the implications of co-morbid conditions often accompanying our OSA positive patients. This commonly taught regimen can create significant adverse outcomes for our unknowing patients. The astute dental sleep physician learns that OSA is best managed in a multidisciplinary setting involving not only dental sleep physicians, but other healthcare providers including allergists, ENT surgeons, behavioral psychologists, respiratory therapists, cardiologists, pulmonologists and neurologists as well as board certified sleep specialists working with American Academy of Sleep Medicine (AASM) accredited sleep centers.

Secondly, failing to understand the limitations of OAT leads to frustrated dentists, discouraged patients and distrusting medical sleep specialists; especially when the onus of therapeutic outcome is heinously misplaced solely on the dentist BY THE DENTIST! Often, systemic co-morbidity makes oral appliance therapy success difficult or impossible. For example, weight gain, lung diseases and asthma can severely compromise dental therapeutic outcomes for OSA. If however, we adopt a medical model mindset, unmet expectations and frustrations are almost eliminated. Dental professionals often nurture an "I have to fix everything" mentality which increases emotional stress significantly when everything doesn't work perfectly. Our new generation of dental sleep physicians must embrace the limitations of OAT as single therapy. Consider oncology, endocrinology and cardiology: Is there just one treatment for cancer, diabetes and hypertension or our multiple modalities used to manage diffi-

cult diseases? When we adopt a synergistic and collaborative mentality, our appliances don't have to work every time, for every patient; fact is, they don't. We are expected only to provide competent OAT and follow-up in an effort to manage disease given the condition of the patient, body habitus and, co-morbidity. We are expected to do the best we can with whom and what we have to work with: That's it. And, if our appliance fails to normalize OSA completely, we turn to our medical specialist colleagues for further diagnosis and treatment without hesitation or embarrassment. Our goal is to maximize patient outcomes by working TOGETHER!

Providing oral appliance therapy for your patients is a very rewarding procedure you should provide your patients. In fact, if OSA is identified early in a child's development, it can be cured avoiding severe neurocognitive sequelae. Learn to screen and refer likely OSA sufferers predictably and credibly. Adopt a dental sleep physician medical model mindset. Avoid the "It is me" frustration and by all means when it comes to managing OSA sufferers successfully, avoid a case of STDs: STOP THINKING LIKE A DENTIST!

Brian Allman, DDS, DABDSM, DAAPM, FAGD, FAACP, FICCMO, FIAO, FASGD, FAAFO, is an internationally recognized Dental Sleep Medicine clinician and lecturer. He has a private practice in Reno, NV. He can be reached through: www.EliteDentalInstitute.com.

Dental Dote

Cured by a Smile

I had a lady in her mid to late eighties come in for an exam and repair of her worn and painful dentition. Her husband was a raging tight wad-- Eastern European, post-war immigrant that worked as a miner and lived in the bush all their life so I could understand his outlook on life.

He wanted to haggle on the price for phase one of a full mouth reconstruction for her badly worn dentition. The usual exchanges took place about haggling for products vs haggling for services. In the end, he paid for phase one up-front in cash.

We treated his wife successfully with a couple of chrome partials to a comfortable neuromuscular bite. His wife was keen for reconstruction, but her husband was having none of it.

A few years later she came in and asked for an appointment for the reconstruction. I asked her what had changed. She said her husband, Vic, was on his death bed so she had put the house on the market to get her teeth done and now had the funds.

She had always wanted a beautiful smile and was very pleased with her new bite and smile. But...her husband made a miraculous recovery. Must have been her new smile! - dnj

In Memoriam



Clinton Campbell Emmerson, 1919-2011 a Tri-County Dental society member who practiced in Hemet from 1955 until his retirement in 2004, passed away in Redlands, December 30, 2011.

Born in Forest Grove, Oregon, he moved as a boy with his family to the Napa Valley in California, where his father worked at Pacific Union

Collage. Clinton later attended PUC and, there, met his future wife, Patricia Giddings. They were married following Patricia's graduation in 1941.

In 1940, Clinton entered the U. S. Army Specialized Training Program as a student at the College of Physicians and Surgeons, now the Dugoni School of Dentistry, University of the Pacific, in San Francisco. He was a member of Tau Kappa Omega Honor Society and Omicron Kappa Epsilon, the national honor society for dentistry.

After graduation from dental school in 1944, Dr. Emmerson began active duty service as a dentist at Station Hospital in Georgia, attaining the rank of Captain.

Following discharge from the Army, Dr. Emmerson practiced dentistry in Corona del Mar, until he relocated to Hemet in 1955, where he established his dental practice as well as farming and raising Arabian horses along-

Clinton Campbell Emmerson 1919 – 2011

side their residence on the family ranch. His pediatric patients delighted in viewing the horses and other farm animals at their dental appointments.

In 1957, Dr. Emmerson became a diplomate of the American Board of Pedodontics. He was also a Fellow of the ACD and ICD.

From 1957 to 1963, while maintaining his practice in Hemet, he served as professor and chair of the Department of Pediatric Dentistry at the University of Southern California.

For many years, Dr. Emmerson collected food, clothing, and toys for the Navajo Tribe in Monument Valley, Utah, and volunteered his dental services to tribal members on the reservation.

Because of his interest in agriculture and raising horses, he was appointed to serve on the Board of Directors of the 46th Agricultural Association (Farmers Fair, now Southern California Fair) by Governors Reagan, Brown, Duekmejian, and Wilson. During his years of living and working in the San Jacinto Valley, he served as president of the Hemet Kiwanis Club, co-founder and board member of the Rancho California Arabian Horse Club, and program director of the Ramona Bowl Music Association.

Dr. Emmerson is survived by his wife of 70 years, Patricia; one son Bill (Nan); one daughter, Sharon; and three grandchildren.

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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, (951) 787-9700, to receive an informational flyer/registration form.

Pacific Coast Society for Prosthodontists invites you to attend their annual meeting at the Fairmont Empress Hotel in Victoria, British Columbia, Canada. The June 20-23, 2012, meeting features many prestigious speakers from around the world, including, Drs. Richard Roblee, William Becker, J. Robert Kelly, Gregg Kinzer and Ricardo Mitrani. For more information or to make reservations, go to www.pcsp.org.

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Short Abstracts

Oral appliances or maxillomandibular advancement osteotomy for severe obstructive sleep apnoea in patients refusing CPAP

Jalbert F, Lacassagne L, Bessard J, Dekeister C, Paoli JR, Tiberge M, Rev Stomatol Chir Maxillofac. 2012 Jan 12

Study on 102 patients diagnosed with severe obstructive sleep apnea treated with either Maxillo-mandibular advancement osteotomy or an oral appliance.

All patients underwent polysomnography sleep evaluation at 3 months post treatment. While the surgical group had a "success" rate of 89% the oral appliance group had a 56% "success" rate which was interpreted as being effective enough to be considered a useful therapeutic option even for severe OSA.

The association between obstructive sleep apnea and dietary choices among obese individuals during middle to late childhood

Beebe DW, Miller N, Kirk S, Daniels SR, Amin R. Sleep Medicine, 2011 Sep;12(8):797-9.

This study on 42 obese subjects aged 10-16.9 years found that the Apnea-Hypopnea Index (AHI) was significantly associated with total calories, as well as grams of fat and carbohydrate...but not protein.

Determine whether obstructive sleep apnea (OSA) is associated with the dietary choices of obese individuals during middle- to late-childhood. It was hypothesized that OSA would be associated with increased caloric content of a dinner order, particularly with high carbohydrate food choices. Secondly, we examined the relationships between sleep duration and dietary choices.



CDA Compass Tip

An Excel calculator has been created to evaluate the return on investment for new or current dental benefit plans you are considering for your practice. This resource is best used in conjunction with the Evaluating Dental Benefit Plans Checklist, Sample Letter to Patient Regarding Dental Benefits and the Insurance Plan Breakdown Form.

For additional information about these or other resources available from the CDA Practice Support Center, go to www.cadcompass.com.

AADB Publishes 23rd Edition Of Composite

The American Association of Dental Boards has released the twenty-third edition of the Composite, a reference detailing the structure, licensing and disciplinary activities of all state dental boards. The information was collected in 2011 from the licensing jurisdictions and contains 40 charts describing the following:

- (1) State dental board structure and operations;
- (2) Licensee population within each state;
- (3) 2010 board disciplinary activity and complaint statistics; and
- (4) State licensing requirements.

More than 20 categories of final board disciplinary actions involving both dentists and other licensees have been charted for each state. Also included is a table listing types of violations that correspond to these final state board actions.

The Composite is copyrighted by the AADB and may not be reproduced without permission. Copies are available through the AADB website, www.dentalboards.org; \$50.00 for AADB members and \$75.00 for nonmembers (shipping costs included). Orders can also be prepaid with check or money order payable to the American Association of Dental Boards. Please print or type full name and mailing address and specify the number of copies you wish to purchase and send orders with payment to: COMPOSITE, American Association of Dental Boards, 211 East Chicago Avenue #760, Chicago, IL 60611. For more information, contact Ms. Molly Nadler, AADB Executive Director, 1-(800) 621-8099 or 1-(312) 440-7464.

The twenty-third edition of the Composite has been made possible through a generous contribution from the American Dental Education Association.

Editor's Note: Tri-County Dental Society has purchased a copy of Composite for members' use at our office in Riverside.



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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.

Endodontist Wanted. Experienced Endodontist wanted 2 - 4 days per month to work in our Yucca Valley group practice. Board certified/board eligible preferred. Must be personable, prompt and able to work with others. Compensation negotiable. References required. Contact Daniel Green at dgreen@yuccadental.com.

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.

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Dentists Wanted. Indio Surgery Center located at 46-900 Monroe St., Suite B-201, in Indio, CA, is available to dentists who are interested in treating their own patients under general anesthesia. Call Larry Church, DDS, or Diana Jesson, RN, at 760-396-5733 or email d.jesson@indiosurgerycenter.com

General Dentist Wanted. Experienced General Dentist wanted for part-time leading to full-time work in our Yucca Valley and Twentynine Palms Group practice. Must be experienced in all phases of general dentistry including oral surgery and willing and able to take direction. Must be personable, prompt and able to work with others. Compensation negotiable. References required. Contact Daniel Green at dgreen@yuccadental.com.

Orthodontic Suite Available. Lease 994 Sq. Ft. upstairs suite with a beautiful view of mountains located in Palm Desert, CA. Great location stone's throw from El Paseo. Contact John Canavan at jcanavan@canavangroup.com or 760-578-9446.

Welcome New Members

Sandra Rodriguez, DDS
General Practitioner
Universidad De La Salle, Mexico, 2011
No Address Available

Vivian Valdez, DDS
General Practitioner
Boston University, MA, 2011
4129 Riverside Dr.
Chino, CA 91710
(909) 591-9211

Committee (951) 787-9700

TROUBLE with ADDICTION?

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) 787-9700

Member In the Spotlight



State Assemblyman Mike Morrell presented Dr. Joan Dendinger with a plaque from the Yucaipa Valley Chamber of Commerce and Certificates of Recognition from the California Legislature, State Senate and San Bernardino County.

Dr. Joan Dendinger, a Tri-County Dental Society member and delegate to the California Dental Association House of Delegates, recently received the Yucaipa Valley Chamber of Commerce's Citizen of the Year award. Dr. Dendinger was recognized for her many charitable contributions to humanity in Yucaipa and through her international activities in dentistry.

Ms. Rachel Gustason, in her nomination speech, mentioned many of Joan's activities and accomplishments – including being a past president of the Yucaipa Valley Rotary Club.

Joan had successfully organized the fundraising efforts of the club to help others in need. Joan was also given credit by one patient for saving her life through her diagnostic and treatments for her periodontal disease. She also noted that Joan is also involved internationally in a private tour company called Pace International that brings dental and dental hygiene students from Fukuoka College of Health Science in Japan to Loma Linda University for a one-week cultural exchange. She has even hosted some of the students in her own home.

The Tri-County Dental Society is proud to have Joan as a member and many of us have witnessed her leadership qualities in committee meetings and at the House of Delegates. Joan has served our dental profession proudly and deserves to be recognized for her activities.

What's Happening?

Did you know you can register for any TCDS event online at www.tcds.org. Give it a try!

Day/Date	Event Details
Tues. Mar. 13	Board of Directors' Meeting TCDS Office 6:30 p.m.
Fri. Mar. 16	Continuing Education Meeting NEW LOCATION! UCR Alumni & Visitors Center 3701 Canyon Crest Dr. Riverside, CA 92507 Registration: 7:30 am Seminar: 8:00 am-4:30 pm "Prosthodontics: Troubleshooting the common problems in implant and conventional prosthodontics" Izchak Barzilay, DDS 7 CEUs
Mon. Mar. 19	New Dentist Study Club TCDS Office 6:30 – 9 p.m. 2 CEUs
May 3-5	CDA Presents Anaheim Convention Center
Tues. May 8	Board of Directors' Meeting TCDS Office 6:30 p.m.
Mon. May 21	New Dentist Study Club TCDS Office 6:30 – 9 p.m. 2 CEUs
Mon. May 28	Memorial Day Observed



IT'S TIME TO RENEW YOUR MEMBERSHIP

You can **renew** your membership or sign up for **EDP** at:

http://www.cda.org/page/Join_CDA



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Say What?

Members attending the Grand Open House of the TCDS Riverside office were asked, "What do you think of Tri-County's new location?"



Bob Iannello,
Moreno Valley, "New is Nice!"



Bruce Taber,
Loma Linda, "Great facility, very professionally designed and the location is a great improvement over the previous site. I am sure it will serve TCDS very well for many years. Congrats to the staff"



John Brown, Retired,
Claremont, "I like it - much better and very nice. But it is much harder for an old TCDS member to find."



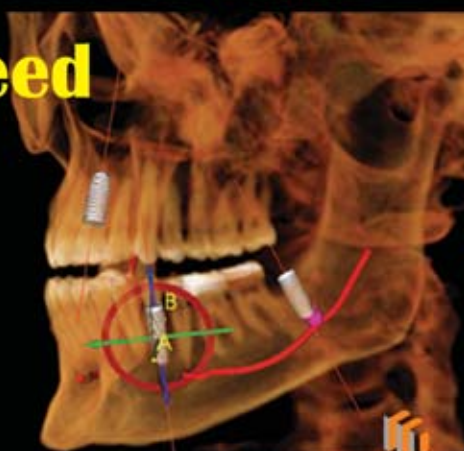
Peter Brightman,
Corona, "Great location, easy to find, good parking much better than Colton. Also closer to my home and office."



Ginny Minutello,
Corona, "Location's perfect and fantastic. the facility is very welcoming, open and professional. It must be put to good use for many years to come. Congratulations, Tri-County Dental Society"

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