



## BULLETIN

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DATED MATERIAL

## Say What?

Volunteers were asked, "Why do you volunteer for Give Kids A Smile?"



**Ashley Lai**

D1, LLU/SD, helped stuff goodie bags for the kids who received treatment at the GKAS clinics. "I wanted to volunteer in a dental-related project that worked with kids."



**Gabriela Pardo**

Bloomington Community Health Center GKAS Clinic, "May kids don't get the chance to get proper dental treatments or parents cannot afford any dental treatment. If I can contribute my skills to volunteer and help kids take care of their teeth, I the community. Seeing a child smile is the best gift...priceless."



**Maria Flores**

DA, Dental Care of San Bernardino GKAS Clinic, "Because it makes me feel good to help the community. As a parent, I know how much of a help it is to receive services like this."



**Dr. Dat Vo**

Bloomington Community Health Center GKAS Clinic, "I like volunteering."

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Events  
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# BULLETIN

*Presidents from TCDS, ADA,  
IDA and CDA meet at IDA's  
Installation of Officers*

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Mar/Apr 2013 — Volume 60 No 2





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## Mission Statement

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

ADA President Robert Faiella

## Featured Member City

### Lake Fulmor

is located in the San Jacinto Mountains near Idyllwild.

Photo courtesy of Fred Lamb Design



## Featured Cover Photo

TCDS President Jeff Lloyd (left) poses for a photo along with Indian Dental Association President Kiran Trivedi (San Gabriel Valley Dental Society member), ADA president Robert Faiella and CDA President Lindsey Robinson at the Indian Dental Association of California installation of officers.

# Presidential Message

## At a Glance :

*The last 100 years have brought about a lot of changes. What changes will dentistry see in the next 100 years? Will the Affordable Care Act (aka Obamacare), medicare, mid-level providers, demise of private practice and organized dentistry be involved?*



## How our world has changed in one hundred years!

Jeffrey D. Lloyd, DDS

**T**he year is 1910, one hundred and three years ago. What a difference a century makes! Lest we forget our past and where we've come from, here are just a **few** of the interesting statistics for the Year 1910:

- Fuel for this car was sold in drug stores only.
- Two out of every 10 adults couldn't read or write and only 6 percent of all Americans had graduated from high school.
- The average US wage in 1910 was 22 cents per hour.
- The average US worker made between \$200 and \$400 per year.
- A competent accountant could expect to earn \$2000 per year, a dentist \$2,500 per year, a veterinarian between \$1,500 and \$4,000 per year, and a mechanical engineer about \$5,000 per year.
- More than 95 percent of all births took place at HOME.
- Ninety percent of all Doctors had NO COLLEGE EDUCATION! Instead, they attended so-called medical schools, many of which were condemned in the press AND the government as 'substandard.'
- The 5 leading causes of death were: 1) pneumonia and influenza 2) tuberculosis 3) diarrhea 4) heart disease and 5) stroke.
- Marijuana, heroin, and morphine were all available over the counter at the local corner drug stores.
- The average life expectancy for men was 47 years.

### 100 years later, 2013. What will those in the future read about us now?

I asked several of my friends, both young and older, their thoughts.

*1) What do you see happening this year that's going to have an impact on organized dentistry?*

**Dental Plans** – look for continuing changes in dental plans as the market continues to put pressure on them to lower costs and decrease provider reimbursements. CDA has created a special task force (Dental Benefits and Financing Taskforce) to analyze the



1910 Ford Model R

forces at work on dental plans and to understand the effects on dentists' practices.

At the CDA HOD meeting in November 2012 we heard from a panel of experts who described how major national trends are shaping the way health care will be practiced in the future, including dentistry. Utilization of adult dental services has been declining even before the recession began in 2008. In the last ten years there has been a gradual shift in the source of financing for adult benefits from the private sector to government sponsored programs and to the uninsured. At the same time states are continuing to eliminate oral health programs and adult Medicaid benefits in response to budgetary constraints, shrinking the dental safety net and placing greater demands on hospital Emergency Departments where the cost to provide care is vastly more expensive.

Dental care is increasingly being viewed as a commodity rather than a necessary part of maintaining health, and there is significant expansion of large group and corporate practices as models for delivering care. The task force is hearing from a variety of speakers who are putting this issue into a broader context. They will be reporting on their work later this year.

**Affordable Care Act** – this is the wildcard whose influence is not yet fully understood especially in terms of how dental plans fit into the Health Benefits Exchange. Governor Brown's administration has been pushing for the expansion of managed care in the Denti-Cal program as a means of controlling future costs. It is likely in the future that the entire Medi-Cal dental program will be in some kind of managed care financing structure.

*continued on page 4*

**Presidential Message** *continued from page 3*

**Obama's Medical Device Tax** – already became effective Jan 1, 2013. A 2.3% tax of gross sales (non-profit) was imposed on medical manufacturers, which includes things like braces, certain dental supplies, and equipment. As it turns out, the medical device tax could apply to almost anything that the dentist uses in their office. The tax will be charged to the manufacturer and the manufacturer will pass that 2.3% on to you the dentist. 2.3% does not seem like much as long as you raise your fees to cover it. How easy is that going to be if all you take is PPO's where the fees are fixed? If that device tax represented your full overhead cost and your overhead is 77%, you have just had your personal income decrease 10%. That's more than four times the 2.3% tax.

**Dental therapist/mid-level provider** – a return of the Padilla bill is eminent which is related to establishing a state Dental Director and conducting a study of new workforce models. The cost of a study, even with a smaller scope and limited parameters, will still cost significant money. If California is still operating with a deficit, as it has in the past, it remains to be seen if the bill will be introduced and if so passed.

Then, there is the consideration of who would fund it. Padilla has asked the sponsors for an update on fundraising progress. Kellogg has just gone on the record to say that there have been enough studies supporting dental therapist and no further studies are needed.

Most agree that CDA is doing an exceptional job in a collaborative manner to make sure that dentistry remains at the table for discussions and involvement. There are no states in which organized dentistry walked away and just said "no" to midlevel providers. Organized dentistry has been very successful to date in stopping the progress or modifying the result and for advocating what is in the best interest of the patient. While many do not agree with the Minnesota model, it does require a BS degree and later a Master's degree and dentist supervision, which is what they wanted. In Alaska, DHATS are limited to tribal land. Oregon fought it vigorously, went into arbitration and settled for studying it. This was several years ago and they have yet to start a study. Washington State has fought successfully for many years, but will send some legislation forward for expanded duties, which remains to be seen.

**New dentists** – the cost of entry into the profession is too high! It is not uncommon for a new graduate to come out of school with \$400,000 in school debt. Even with a 30-year note, what is the monthly payment on that? And that is without any practice purchase or associate buy-in. If you add to that more "Standard of Care" technologies like cone beam 3D CT if you place

implants, microscopes if you do endodontics, lasers for non-surgical periodontics, PulseOx with CO2 monitor if you do sedation (even an EKG monitor?), you could be up to over \$1,000,000.

Wow! The likelihood of them starting a practice of their own doesn't sound like something in the near future. And for now, with decreasing jobs in the private sector, where are they supposed to go work? Over 30% of them will end up working for "large group practices" or corporate dental offices. Maybe someday they will be able to start or buy a practice of their own. But I'm not the only one wondering how.

TCDS and CDA can help with resources like the New Dentist Brochure and the CDA Compass. Study clubs and mixers have also been designed to reach out to new dentists who are not yet members and those who are new to membership so that they can learn and network with each other, vendors and committee members as well as earn free CE. As new dentists become more involved and aware of what TCDS and CDA does for them, the more likely they will get more involved and realize the benefits of belonging to organized dentistry.

**Portfolio exam for licensure** – not this year, but soon! So far it doesn't appear to test applicants for licensure in their management or treatment of primary teeth, and some feel it should. Another issue is the possible conflict of interest that exists if dental school faculty are grading their students—are they going to be willing to not pass the certain percentage of students that don't traditionally pass the licensing exams? Implementation date looks like it may be 2015.

**A second recession** – is it possible to have a bigger recession than anything we have ever seen before? Some of my friends think so.

**Market share** – as of 12/31/12 CDA's Membership Statistic Report showed an increase in market share from 70.6% to 73.7% for CDA, and 65.9% to 70.2% for TCDS. While this is encouraging, the significant increase is a result of several key factors: 1) Increased retention of current members for the year 2) Increase in new members 3) Significant decrease in the number of new licensees in California and 4) Special efforts from local societies, CDA, and the ADA to improve data integrity and verified licensee/membership status across the state and nation.

Market share is always a "snapshot" of any given moment in time, and there's a strong likelihood of increased licensees and the total market of dentists statewide will increase and drive our share down in 2013. Definitely something to keep an eye on – but encouraging for our collective efforts nonetheless!

*continued on page 8*



## CDA House of Delegates takes action on "social couponing," Internet referral services

### At a Glance :

*Social Couponing involves discounts through partnering with non-dentist corporations. Is this good, bad, unethical, illegal, or risky for the dentist?"*

The CDA House of Delegates has taken action on several resolutions related to social media marketing and fee splitting in the dental practice.

At its meeting in November, the House voted in favor of modifying the CDA Code of Ethics to include an advisory opinion on split fees in advertising and marketing services.

Over the last four years, the CDA Judicial Council has observed that one of the common inquiries and ethics complaints filed at both the state and local levels is related to "social couponing." As a result of this and an advisory opinion on the same topic added by the American Dental Association last April, the CDA House of Delegates approved the following opinion:

"11.A.1. Split Fees in Advertising and Marketing Services: The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected. The prohibition against fee splitting is not applicable to marketing via group advertising or referral services that do not base their fees on the number of referrals or amount of professional fees paid by the patient to the dentist."

The CDA Subcommittee on Ethics in Dentistry will now undertake efforts to inform members of the council's interpretations and provide guidance on ethical conduct in this area.

"It is important for organized dentistry to be aware of how marketing techniques are changing for dental practices in this new age of technology and provide legal and ethical tips for dentists to follow when participating in such techniques," said CDA President Lindsey Robinson, DDS.

The House of Delegates also passed a resolution to

make sure the appropriate CDA entity encourage the Dental Board of California to provide clarification of whether social couponing is in compliance with California law.

In response to concerns from members in regard to fair business practices of Internet referral services, the House of Delegates also approved resolutions stating that CDA will: evaluate social media and Internet referral services in an effort to ensure the fair business practices by such entities; and continue to provide guidance and educate members on the effective use of social media and Internet referral services.

"The steps taken this year by the House ensure that CDA will continue to place member protection at the forefront of the organization's goals," Robinson said.

### 'Daily deal' website recommendations

CDA recommends that dentists using "daily deal" websites make sure the ads are not false or misleading in any material respect (see Section 6 of the CDA Code of Ethics). The ad should contain all of the information patients would need to properly evaluate the deal and make an informed choice about the provider and the service.

From a legal standpoint, members should watch for several red flags, including:

- Ads must not be intended or likely to create false or unjustified expectations of favorable results.
- Ads may not make a scientific claim that cannot be substantiated by reliable, peer-reviewed, published scientific studies.
- Dentists may not offer gifts, discounts or anything of value as compensation or inducement for patient referrals (but it is acceptable to provide something to the actual new patient).
- Dentists may not advertise that they will perform any procedure "painlessly."
- Claims of professional superiority are not lawful.
- Price advertisements must be accurate and precise, without the use of phrases such as "as low as," "and up," or similar words or phrases.
- Ads relating to fees must fully disclose all services customarily included as part of the advertised service, as well as any additional services not part of the procedure but for which the patient will be charged, together with the fees for such services.
- An advertisement of a discount must:
  - List the dollar amount of the non-discounted fee for the service;

*continued on page 18*

## Editorial

*At a Glance: It's best to know the background of who is giving you information for the treatment of your patients.*



### Good luck!

*Daniel N. Jenkins, DDS*

Two friends of mine were discussing a case online. After all the discussion on techniques, materials, education, anatomy, physiology, and the phase of the Moon, the one doing the case

thanked the other friend. The other friend responded with "No problem...good luck!"

Is what we do in dentistry really a matter of luck? Do we take all the courses we take and read all the articles we read so we can just take a chance that we might successfully help someone? Is the bottom line of our continuing education to teach us a better way to throw the dice? Do we have a way to assure that our treatment will be successful 100% of the time?

We all know that in the practice of dentistry we are dealing with human beings that are not all exactly the same. It is not the same as becoming a Ford or Mercedes mechanic where each model is made exactly the same with the same tolerances. It does not take very long in practice before we experience repeating the same treatment on multiple people and getting different results. We conduct multiple randomly controlled trial studies and still have to depend upon statistics to determine if the study procedure or material is going to work...at least most of the time.

Even with our studies there can be an interpretation of the results that would be influenced by the background of the author. If the author was being subsidized by someone, an institution or company, it would be very tempting for the author to "lean" toward his benefactor's wishes. This is why it is important for authors to disclose not only their financial conflict of interest but their

own philosophical stance as well.

Most of the major scientific dental journals do require a disclosure of conflict of interest. In reviewing many articles over the years, however, I have seen philosophical conflicts that were not disclosed. I found this out either by my own past experience or...by Google. In checking out the journals' requirements for submission of articles they ask for disclosure, but it is apparent that it is not really investigated by the journals. Perhaps the cost of doing so prevents a thorough investigation. Perhaps the editorial staff reviewing the manuscript being submitted is not aware of any other philosophy against which the author would be biased? It is also possible that the author himself/herself is not aware of any different philosophy than to what they adhere?

The importance of this disclosure is not so much to allow exposure time to an opposing philosophy but rather to allow the reader to better evaluate the article...and its conclusions. The opposing philosophy is allowed to respond either by writing a letter to the editor addressing their differences and/or they can submit their own research to justify their own position. I often wonder how often the letters to editors are read in the journals but at the last CDA-HOD our TCDS CDA

Trustee Jerry Middleton asked me about a letter to the editor I

had written that appeared in the October 2012 JADA. Jerry said that the letters to the editor is the first

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letters to editors are read in the journals but at the last CDA-HOD our TCDS CDA Trustee Jerry Middleton asked me about a letter to the editor I had written that appeared in the October 2012 JADA. Jerry said that the letters to the editor is the first thing he reads! (It is no surprise, therefore, that Jerry had his own letter to editor published in the November 2012 CDA Journal!)

I encourage our members to consider these conflicts of interest when reading any article. It may seem like a lot of work to search out background information on each author, like a murder mystery investigation, but suppose you take the information given and try it only to lead to a failure. If that happens, it's you who looks bad to the patient...not the author!

Of course, many dentists depend upon their dental supply company salesperson to provide them with clinical information. I would advise to always keep in mind from where and who they got their information and consider their educational background. Most likely the salesperson got his/her information from either their sales manager or a manufacturer's representative. I'm not implying the salesperson is unqualified to provide you information or that they are lying to you to make a sale...it's just a matter of considering the source of information and applying your own basic science and advanced continuing education information to any information you receive.

I see no problem with people having different philosophies or even being subsidized by commercial entities, but we need to keep these things in mind when reading an article or listening to a presentation. If we do not know these things about a presenter of a procedure and then use that procedure on a patient...maybe we will need that "Good luck?"



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**Presidential Message** *continued from page 4*

**Advocacy** – one of the most important reasons why a dentist should be a member of organized dentistry. Legislators listen because they feel that CDA is actually speaking on behalf of their elected leaders. Organized dentistry is the only advocate for private practitioners that has political clout. We need a collective voice at the table related to critical issues such as dental benefits, the future providers of the profession and changes that guide us to better times.

Once dentists become aware of the challenges they face in private practice and the support they receive for the day-to-day operations within their practices, as well as the advocacy at the state and national levels, they should want to become and stay members as long as they can pay their dues. CDA has made this very easy by allowing monthly electronic payments.

**Private practice** – speaking of private practitioners, could private practice be a thing of the past? Not this year, but certainly somewhere in the future. As more and more pressures are placed on the private practitioner, the harder it will be for them to survive. Without private practice, organized dentistry will become less relevant. Medicine has seen their rolls decrease significantly because the practitioner is now an employee rather than a business owner. The day may come where dentistry will have to follow to survive.

There was more, but I'll save it for another article.

The leadership at TCDS, CDA and the ADA are committed to watch for and deal with these critical issues as they develop. We hope to leave the reader of the **"2013 Organized Dentistry's Statistical Report," 100 years from now**, with the conclusion that we did our job well. It's going to take both the younger and the older generations working together to preserve this great profession of ours. I truly believe that we can do it.

Organized dentistry is the best vehicle to sustain and enhance the profession. Individually, we may not agree with every policy or decision, but for the most part we will weather the storm more effectively as a group than as individuals. I'm proud to be a part of the group!

**CDA Compass Tip****Top 10 CDA Compass resources in 2012**

From the latest updates on infection control regulation to a reference guide for all things legal as it pertains to dentistry, the Practice Support Center's website, [cdacompass.com](http://cdacompass.com) has it all. Below is a list of the Top 10 Compass Resources in 2012:

1. **Exposure Control Plan**  
(<http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Exposure%20Control%20Plan/Default.aspx>)
2. **What to do When a Patient Asks for a Refund**  
([http://www.cdacompass.com/HomeInner/Article/tabid/94/topic/What\\_to\\_do\\_when\\_a\\_patient\\_asks\\_for\\_a\\_refund/Default.aspx](http://www.cdacompass.com/HomeInner/Article/tabid/94/topic/What_to_do_when_a_patient_asks_for_a_refund/Default.aspx))
3. **Tips and Sample Letters to Manage Missed Appointments** ([http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Tips\\_and\\_Sample\\_Letters\\_to\\_Manage\\_Missed\\_Appts\\_/Default.aspx](http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Tips_and_Sample_Letters_to_Manage_Missed_Appts_/Default.aspx))
4. **2012-2013 Sample Employee Manual**  
([http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Sample\\_Employee\\_Manual/Default.aspx](http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Sample_Employee_Manual/Default.aspx))
5. **Controlled Substances Prescribing and Dispensing**  
([http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Controlled\\_Substances\\_Prescribing\\_and\\_Dispensing/Default.aspx](http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Controlled_Substances_Prescribing_and_Dispensing/Default.aspx))
6. **Dental Board of California Infection Control Regulations** (<http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/DBCIInfectionControl/Default.aspx>)
7. **Patient Financial Agreement and Consent Form**  
([http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Patient\\_Financial\\_Agreement\\_Form/Default.aspx](http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Patient_Financial_Agreement_Form/Default.aspx))
8. **Benefit Breakdown Form**  
([http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Benefit\\_Breakdown\\_Form/Default.aspx](http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Benefit_Breakdown_Form/Default.aspx))
9. **Proposition 65 FAQ For Dentists** ([http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Prop65\\_Q\\_A/Default.aspx](http://www.cdacompass.com/Home-Inner/Article/tabid/94/topic/Prop65_Q_A/Default.aspx))
10. **School Absences and Sample Release Form**  
([http://www.cdacompass.com/HomeInner/Article/tabid/94/topic/School\\_absence/Default.aspx](http://www.cdacompass.com/HomeInner/Article/tabid/94/topic/School_absence/Default.aspx))

*For more information, visit [cdacompass.com](http://cdacompass.com).*

**Zero is the only number that cannot be represented by Roman numerals.**

## From Leeches to Lidocaine: How American Dentistry Forged a New Notoriety in the 19th Century

By Angela Maynard

Modern, American dentistry has a lot of people to thank for its conception. Not only the earlier European scholars, such as Pierre Fauchard, the Frenchman we know as the “father of modern dentistry,” but, also, scores of the New Land's greedy fortune seekers, certain captains of industry, and a slave boy are considered the real galvanizers for today's highly-organized, nearly pain-free and technology-driven profession.

When learning about world dental history, with its the dubious “tooth drawers,” blood-letting practices, belief in “tooth worms,” application of arsenic salves, and, of course, the guaranteed, excruciating pain during treatment, a dental student may find it difficult to differentiate between the charlatans and earnest practitioners of the past 2000 years, says Dr.

Lane Thomsen, Oral Pathology instructor at Loma Linda University School of Dentistry.



Dr. Lane Thomsen

Even by the early 18th century, when the dangers of Quackery were being addressed and legitimate dental surgeons sought respect, Pierre Fauchard must have known that his advice to gargle with urine to cure toothache was not far-evolved from 1st century Rome's belief in the same, (save for the Roman preference for the early morning urine of young boys).

It would take another century, says Dr. Thomsen, on another continent, before empiricism would embrace technology to dispense with folk medicine, and induce an oral care industrial revolution. Thus begat the creation of modern, American dentistry, the topic of Dr. Thomsen's upcoming lecture/slide presentation at the San Bernardino County Medical Museum's annual Open House, Sunday, May 5, 2013, in Riverside.

Dr. Thomsen, who has lectured on dental history,

### At a Glance :



keeps several useful books with eye-catching titles, such as “The Excruciating History of Dentistry,” in his 4th floor office. His collection of dental memorabilia includes a tin advertising placard touting the exemplary tooth extraction abilities of one, overconfident, 19th century dentist (quack or trailblazer? Who knows?). Similar items on continuous display at the museum, combined with Thomsen's captivating collection of slides, will dazzle dental debutantes and revive any veteran buff's voracity for history.

Come and enjoy Dr. Thomsen's entertaining answers to questions such as: How did dentistry's forefathers manage to convert the trade to a profession when many students couldn't even spell “jaw” correctly? Whom should we thank for inadvertently providing dentures to the edentulous masses? Why should dentists honor thy sewing machine? How did encouraging drunken behavior at parties ignite anesthetic innovation?

For more information, please visit [www.socalmedicalmuseum.org](http://www.socalmedicalmuseum.org) or call Debbie Long (951) 787-7700.

*Did you know today's controversy over dental amalgam has its own, embarrassing, history in organized dentistry? Attend this great event to find out about the great amalgam war of the..... 1850's!*

**San Bernardino County Medical Museum's Annual Open House, Sunday, May 5, 2013, 3993 Jurupa Avenue, Riverside, 2 p.m. and admission is Free!**

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**TCDS Hospitality Suite**  
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**from 7 am to 5 pm.**



## Unclassifieds

*Be sure to visit Classified Ads on the TCDS web page at [www.tcds.org](http://www.tcds.org).*

**Office Space For Rent.** Dental office on Arlington Avenue in Riverside has office space for rent. Good opportunity for Orthodontist or Specialist to start or relocate practice in Riverside. Call for more information (951) 785-1209.

**Office Sharing Opportunity - Palm Springs.** Licensed dentist HMO practitioner or specialist; share expenses and sublease existing fully operative and staffed 1200 square foot Dental Office in Palm Springs. Please contact 619-300-1543 for more details.

**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](mailto:nsczolgist@aol.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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### TCDS Membership Status Report

Active/Recent	1,454
Life Active	97
Life Retired	155
Retired	32
Post Grad	21
Faculty	47
Disabled	11
Military/Public Health	8
Provisional	43
Hardship	1
Pending Applications	24
<b>TOTAL</b>	<b>1,892</b>

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TDICIS.....	(800) 733-0633
TCDS.....	(800) 287-8237
Denti-Cal Referral.....	(800) 322-6384

### 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

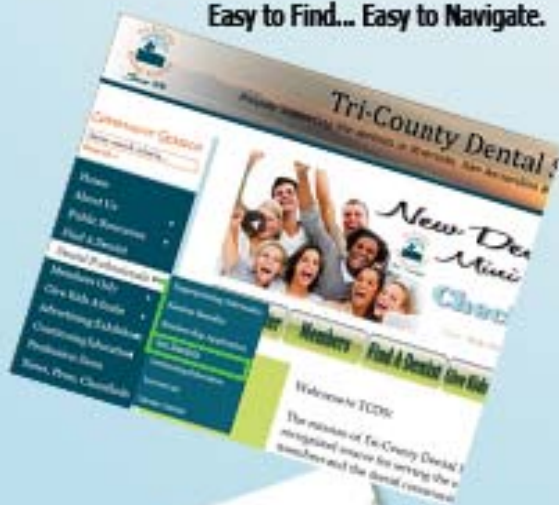
Continuing Education  
Give Kids A Smile/Community Health  
Advertising/Exhibitors  
Website Assistance  
Extension 21 – Monica@tcds.org

#### Shehara Gunasekera, Membership Coordinator

Recruitment/Retention  
New Dentist Services  
Dental Student Services  
Website Assistance  
Extension 22 – Shehara@tcds.org



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**Our New Dentist website may be small in size, but it's big on information and resources!**

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- View Photos
- Submit a Topic or Case
- Meet The Specialists

### **New Dentist Mixers**

- Reserve Your Space
- View Photos
- Suggest a Venue

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## What Does a New Dentist Need?



*Al Ochoa, DDS,  
Chair, New Dentist  
Committee*

### *At a Glance:*

*New Dentist programs provide  
consults with specialists,  
peace of mind, and fun!*

I can remember hearing that question years ago as I sat in meetings with the New Dentist Committee at Tri-County. The obvious answer to that was: New Dentists need a JOB! Unfortunately, your dental society cannot provide you with a job. But, as I found out, there are so many more valuable things your dental society can provide for you that can allow you to thrive as a dentist.

One of the things I was searching for when I had just graduated from dental school was a mentor in the dental profession. Not necessarily one who guided me every step of the way, but someone who I could bounce ideas off of and get solid advice...whether it was clinically or business related.

I was lucky to discover the resources at Tri-County Dental Society and specifically with the New Dentist Committee. Every other month I attend the New Dentist Study Club at the Tri-County Dental Society office. There dentists are welcome to bring in their difficult patient cases and discuss them with a panel of experts. On the panel of experts, we have two prosthodontists, a periodontist, an orthodontist, an oral surgeon, and a dental anesthesiologist. Having this level of expert input on your patient cases is invaluable and the knowledge that I gain allows me to be a smarter dentist and to provide the best possible care to my patients.

Besides the wealth of knowledge that one can acquire from the New Dentist Study Clubs, there is a great sense of confidence that one gains from discussing cases with the experts. Receiving the assurance that you are proceeding with your treatment with a well thought out plan and the 2 hours of free CEU's for members isn't a bad incentive either.

Another one of the great events that the New Dentist Committee organizes are the New

Dentist Mixers. There, all new dentists and their spouses are invited to get together for food and drinks at a local restaurant to meet and enjoy time with other new dentists in the area. I have found these events a great opportunity to meet new dentists that I would not have had the opportunity to meet otherwise. Don't think most dentists will be caught "talking shop," this is strictly a networking and socializing event where the focus is more on taking time off from our busy professional lives.

I encourage all new dentists in our area to attend the New Dentist events at TCDS and discover the great resources available to you at your local dental society. Events can be found on the Tri-County website at [http://www.tcds.org/events/event\\_list.asp](http://www.tcds.org/events/event_list.asp).

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## Welcome New Members

### **John Martin Beene, DDS**

General Practitioner  
Marquette University School of Dentistry,  
WI, 1990  
40680 California Oaks Rd, Ste 2C  
Murrieta, CA 92562  
951.894.6440

### **Matta Joseph Matta Botrous, DDS**

General Practitioner  
Univ of Cairo, Egypt, 2001  
Univ del Bajio A C, Mexico, 2012  
No Practice Address Available

### **Gerald E. Chang, DDS**

General Practitioner  
Loma Linda University, 2006  
1111 Tahquitz Canyon Way, Ste 210  
Palm Springs, CA 92262  
760.327.1125

### **Alexander Choe, DDS**

General Practitioner  
New York University, NY, 2011 (DDS)  
V A Med-W Los Angeles, 2012 (GPR)  
3943 Grand Ave.  
Chino, CA 91710  
909.843.9144

### **Barbara Milam Gray, DDS**

General Practitioner  
Howard University, DC, 1996  
1725 N Riverside Ave.  
Rialto, CA 92376  
909.874.0400

### **Robert Manuel Gray, DDS**

General Practitioner  
Howard University, DC, 1996 (DDS)  
Rancho Los Amigos, 1999 (GPR)  
V A Med-W Los Angeles, 2000 (GPR)  
1725 N Riverside Ave.  
Rialto, CA 92376  
909.874.0400

### **Yeow Teh Tee, DDS**

Endodontist  
Loma Linda University, 2000 (DDS)  
Loma Linda University, 2013 (Endo)  
No Practice Address Available

## Member in the Spotlight

TCDS member Senator Bill Emmerson will have a busy legislative year. He has been named Vice Chair of the Budget & Fiscal Review Committee as well as the Business, Professions & Economic Development Committee. He will also be



serving on the following committees: Budget Subcommittee 3 – Health and Human Services; Governance and Finance; Human Services; Rules; and the Joint Legislative Budget.

## Hot Shorts

TDA, RDA, CDA, RDH, and DDS/DMD Licensing (x-ray, pit & fissure sealants, coronal polishing, RDA review) and Innovative (Bleaching, Custom Temporaries, Dental Practice Management) Continuing Education courses are now being offered through the **Community Education Department at Chaffey College**. Great value and College Instructors and professional experts as presenters! Browse the catalog at: <http://www.chaffey.edu/communityed/dental.shtml>.

**The Pacific Coast Society for Prosthodontics** invites you to attend their 78th Annual Meeting, June 26-29, 2013, in Anchorage, Alaska. Speakers include: Dr. Jeff Rouse, Dr. Jonathan Ferencz, Dr. Ken Kurtz, Dr. Izchik Barzilay, Dr. Charles Goodacre, Dr. John Sorenson, Dr. John Beumer, Dr. Ken Hinds and Dr. Brian Vence. As usual, a number of wonderful social events are planned including an incredible Post Conference Cruise aboard Holland America Line's incomparable ms Zaandam. Beyond the 16 hours of continuing education credits, the cruise includes an additional 10 hours of CE credits. For information and reservations call now: 1-800-326-0373 or go to [http://www.specialeventcruises.com/pcsp\\_2013.html](http://www.specialeventcruises.com/pcsp_2013.html). If you plan to cruise, you will need your passport since you will disembark in Canada



# TRI-COUNTY DENTIST anesthesiologists

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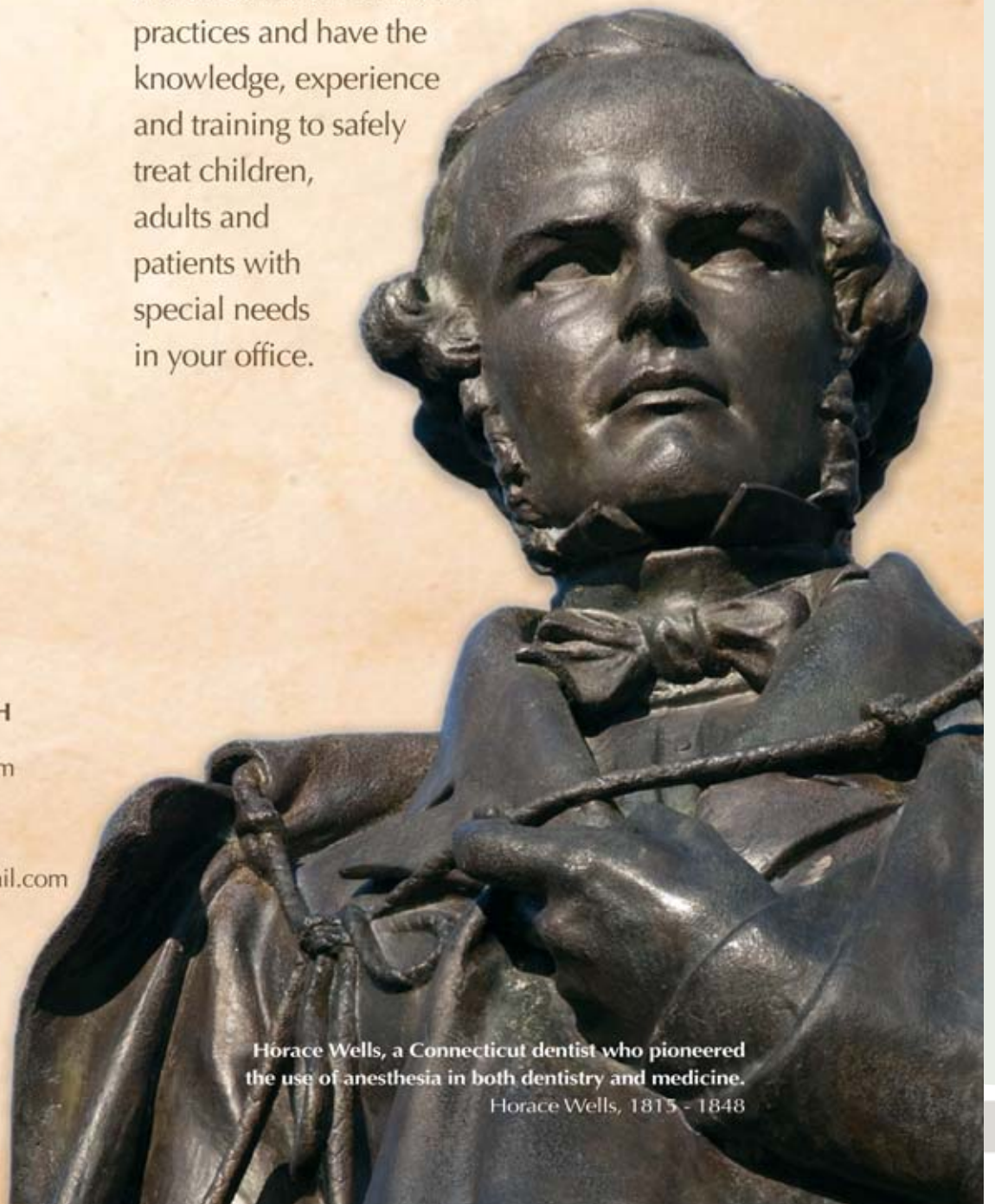
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jessicatsaida@yahoo.com

Our members are dentist anesthesiologists who truly understand the unique challenges of providing anesthesia in the dental environment. We have dedicated ourselves to our practices and have the knowledge, experience and training to safely treat children, adults and patients with special needs in your office.



Horace Wells, a Connecticut dentist who pioneered the use of anesthesia in both dentistry and medicine.

Horace Wells, 1815 - 1848



## Go Big or Go Home: Abundance



Lenora Milligan,  
Salt Dental Practice  
Management

**At a Glance:** *The success of your practice may well depend on attitude...and not just of your patients' or staff's!*

In our last article we discussed the importance of setting goals, thinking big and reaching for the stars. So, did you do it? Consider

this: Mark McCormack, the author of "What they don't teach you at Harvard Business School," tells about a study done with Harvard MBA students. In the study the students were asked, "Have you set clear, written goals for your future and made plans to accomplish them?" 3% had written down their goals and plans, 13% had goals, and 84% had no specific goals at all. During a follow up to the study 10 years later the results showed that the 13% that had goals, earned on average twice as much as the 84% who had no goals and the 3% who wrote down their goals, were earning 10x the amount as the other 97% put together! The power of setting goals and having a clear vision can make you extraordinary.

As you read this you might be surprised to realize the first quarter of the year is almost over. That means it's time to check your statistics and see if you are heading in the right direction and at the right speed. I suggest you compare your year-to-date production and collection to the same period of time last year. Are you behind or ahead? If you are ahead, good for you, stay focused. If you are behind it is time for course correction. Project your production and collections forward to see where you will end this year if you keep your current pace. This gives you a preview of where you are headed and gives you an opportunity to make changes before it's too late. Measuring and monitoring your practice is one key to being successful. Another key consideration is how you and your team think on a daily basis.

I find it interesting that many dentists are having the best year they have ever had while their colleagues are suffering. What is the difference? The ones suffering would call it bad luck. The ones prospering would say they "think in abundance."

In Mark Fisher's book, *The Instant Millionaire*, the millionaire asks someone wanting advice, "Why aren't you rich already?" If you aren't already rich,

answering is the first step in figuring out how to get there. Not sure how to answer that question? Try this.

Get the paper you wrote down your goals for the year on and choose one that is important to you. On a new sheet of paper write down your goal, underneath it write "Obstacles." Now write everything you can think of that is preventing you from achieving what you want. Go ahead, don't be shy; write it all down. Fill up an entire page with everything you can think of. It's very important to let yourself be honest about the obstacles in your way. Let's say one of your goals is to add 40 new patients per month. You might write as obstacles, "There are too many dentists in my area competing for the same patient base, there are not enough patients to go around. The economy is so bad people do not want to come to a dentist unless it's an emergency. With everyone concerned about money, most people are shopping around for the best price or hopping from dentist to dentist using coupons. I don't have a big enough marketing budget to do anything about attracting new patients"

Now that you have all of the obstacles identified sit down and read them all out loud to yourself, or read them aloud to a loved one. What you have created is "your story." You've heard the expression, "That's my story and I'm sticking to it!" It's true; many of us tell ourselves a story based on our perception of ourselves and the world around us. Pretty soon we start to buy into it. Then we may begin to identify with it. Sometimes we actually become so comfortable with our stories we define ourselves by them. What parts of your story have you bought into, or simply accepted as truth? What parts are self-limiting? These stories often contain fears, rationalizations, justifications, doubts, excuses and thinking errors. It's a little more revealing to see it written down on paper, isn't it? Everyone has a story; some of us have more than one. Once you are able to identify these stories you will notice that your team, your spouse and your patients have them too.

*continued on page 18*

*continued from page 17*

The way you think changes the way you behave. The way you behave causes results. When you believe your patients cannot afford treatment because of the economy, you present the case differently than if you were thinking in more positive terms. You are applying a thinking error called the "externalization of blame." (Thinking errors are lies we tell ourselves and believe.) If the problem is due to external causes, it follows that it is out of your control, which follows that it is not your fault. The logical conclusion is that you can't do anything to change the situation. And this means you are not responsible for your results. People who think this way frequently feel their lives are out of control thus making them victims of their situations. Limiting beliefs and thinking errors limit us and stop us from achieving everything that really is possible. It is quite an exercise to identify these in your life and change them into more empowering beliefs.

Consider the way you present options for treatment to your patient. If a patient claims to not be able to afford treatment, it may be that he or she believes the expenditure is not as important as something else. Your job is to make sure you present treatment in a way that creates a desire or "want," as well as clearly communicates potential health risks of refusing the procedure. If you approach a patient and say, "We need to take a pano x-ray today; its \$100 and your insurance may not cover it," the patient will most likely say no. Change your presentation to "We will be completing your oral cancer screening today. Since one person dies every hour in the USA from oral cancer, we would like to take an x-ray that allows us to see if you have any abnormalities that might be of concern." The patient, who is now informed of the actual facts, will most often desire to have the treatment even if insurance doesn't cover it. If you feel the need to add the financial information please say, "The fee is \$100 and some insurances cover it."

Be aware of the use of "limiting terms" in your life and practice. "It's just a cleaning," minimizes the importance of the treatment. Create importance by saying, "It's your cleaning and oral cancer exam." Some dentists try to minimize fear by saying things like, "You have a tiny cavity." But think

about what the patient may wonder when presented with the bill. If this was a tiny filling then why doesn't it have a tiny price tag? Think about the words you and your team use and what they can imply to your patients. Perhaps you could say, "You have an area of active decay." What do you think of when you hear the word "active?" Think of the difference between a volcano and an active volcano. One certainly gets my attention more than the other.

Replace your negative thinking cycle with one of abundance. Say to yourself, "There are more than enough patients to go around." "Everyone wants a healthy beautiful smile." And it's true. Everyone does want a healthy beautiful smile. There are enough patients to go around. You are your own competition, stop worrying about the dentist next door. If you create a positive, healthy, environment of abundance for your patients to enjoy they will stay with you and refer to you. Exceed your patient's expectations instead of just meeting them.

We all want to be around positive, happy people who build us up and give us a reason to smile. Recognizing that your results are affected by the stories you buy into, how you think, and how you present yourself gives you the power to choose, the power to control your own outcome. Think in abundance!

*For more information please visit us at [www.saltdpm.com](http://www.saltdpm.com) and follow our blog at <http://saltdentalpracticemanagement.blogspot.com/>.*

*CDA continued from page 17*

- List either the dollar amount of the discount fee or the percentage of the discount for the specific service;
- Inform the public of the length of time, if any, the discount will be honored (i.e. expiration
- List verifiable fees pursuant to Section 651 of the Code (See the two bullets above.); and
- Identify specific groups who qualify for the discount or any other terms and conditions or restrictions for qualifying for the discount.

For more information, review the ADA Code of Ethics at [ada.org/194.aspx](http://ada.org/194.aspx) and the advisory opinion at [ada.org/1382.aspx](http://ada.org/1382.aspx).

## WesternU graduates first dental class



*Steven W. Friedrichen, DDS,  
Professor and Dean, College of Dental  
Medicine*

For those who were on the “hard-hat” tour of the College of Dental Medicine at Western University of Health Sciences on September 17, 2009, it may be hard to believe, but the inaugural class of 2013 is almost ready for graduation.

The faculty and staff in the College are busy with the preparations for the various events and ceremonies that will take place in advance of the commencement ceremonies. We have our first administration of the WREB exam for our students, the final CODA accreditation site visit, Honors Day and our first Senior Student Commencement Dinner to accomplish before we are ready for the students to walk across the stage on May 15th. Meanwhile, the students are busy finishing up their remaining patient care, finalizing practice arrangements or residency/specialty program admissions and preparing to transition to the next stage of their professional lives.

Being a member of the inaugural class has many parallels to first-born children – they have “benefited” from all of our parental learning over the course of the past four years. To their credit, they have not only been pioneers in the truest sense of the word, but they have provided feedback and suggestions that have helped us craft the program in many ways. They will forever own the legacy of not only helping to shape the curriculum, but also the culture of the College.

The students have established active chapters of ASDA and AAWD, have started interest groups in various specialties, developed one of the most creative student research groups in pre-doctoral education, served as mentors in the Summer Medical Dental Preparation Program, participated in GKAS, LA Cares, Special Smiles and successfully designed and delivered a very successful Dental Ethics week.

Although they are novice clinicians, they are well prepared for clinical dentistry and have shown exceptional engagement in the dental community at large. I believe they are as well equipped as any

group of dental graduates I know of as they prepare to join the practice community. I am certain they will make us proud of their accomplishments in the years to come. Believe it or not, we are now discussing our first ADA Alumni reception and have begun early discussions on timing for their first 5 year reunion. I am certain it will be here before we know it.



### Dental Humor

Atlanta Journal Constitution, Friday, Jan. 4, 2013--A portion of Atlanta's airport, including MARTA rail service, was interrupted for more than half an hour Friday morning because of a toothbrush.

Airport officials told local TV News that an electric toothbrush began vibrating inside a bag checked onto an AirTran flight, causing workers to alert airport officials to the strange noise.

A portion of the North Terminal baggage claim area was cordoned off while the bag was investigated, officials said. Airport passengers and MARTA passengers were diverted to the Terminal South entrance.

When officials determined the cause of the noise just before 8:30, the terminal was reopened and MARTA resumed regular service

*Editor's note: Maybe they thought it was a rattlesnake?*





## What's Happening?

*Register for any TCDS event online at [www.tcds.org](http://www.tcds.org).*

Day/Date	Event Details
<b>Tues. Mar. 12</b>	<b>Board of Directors Meeting</b> TCDS Office 6:45 p.m.
<b>Thurs. Mar. 14</b>	<b>Continuing Education Meeting</b> TCDS Office Social Hour: 5:30 p.m. Seminar: 6:15 – 8:30 p.m. "CE Seminar: Hidden Pathology & Cone Beam CT & Dentist's Responsibility" Dr. Bruno Azevedo 2 CEUs
<b>Tues. Mar. 19</b>	<b>New Dentist Study Club</b> TCDS Office 6:00 p.m.
<b>Mar. 22-23</b>	<b>CDA Leadership Education Conference</b> Santa Clara
<b>Mon. Mar. 25</b>	<b>Give Kids A Smile Wrap-Up Meeting</b> TCDS Office 6:00 p.m.
<b>Apr. 4-6</b>	<b>RAM Event</b> Riverside County Fairgrounds Indio
<b>Apr. 5-6</b>	<b>ADA R/R Conference</b> Chicago
<b>Fri. Apr. 5</b>	<b>GKAS Thank You Party</b> Dave & Buster's, Ontario 6:00-11:30 p.m.
<b>Apr. 11-12</b>	<b>TCDS Hospitality Suite At CDA Presents</b> Palisades Room, Anaheim Hilton 7:00 a.m. – 5:00 p.m.
<b>April 11-13</b>	<b>CDA Presents</b> Anaheim
<b>Fri. Apr. 26</b>	<b>GKAS Zumbathon Fundraising Event</b> Place to be announced, Riverside 6-8 p.m.

## Short Abstracts

**Obstructive sleep apnea is associated with increased high-sensitivity cardiac troponin T levels.** Randby A, Namtvedt SK, Einvik G, Hrubos-Strøm H, Hagve TA, Somers VK, Omland T. Chest. 2012 Sep; 142(3):639-46.

Obstructive sleep apnea (OSA) is associated with increased cardiovascular risk. Stress imposed on the myocardium by repeated severe hypoxemia and/or BP surges during sleep may result in subclinical myocardial injury. A high-sensitivity cardiac troponin T (hs-cTnT) assay has been developed. We hypothesized that the severity of OSA, as assessed by the apnea-hypopnea index (AHI), is associated with circulating levels of hs-cTnT in the general population.

Five hundred five subjects drawn from the general population (age range, 30-65 years; 45% women), were used. Overall, hs-cTnT was detectable ( $\geq 3$  ng/L) in 216 subjects (42.8%). Conclusions: The prevalence of detectable hs-cTnT increases in proportion to OSA severity. PMID: 22406957 [PubMed - indexed for MEDLINE]

**Fatigue resistance and crack propensity of large MOD composite resin restorations: Direct versus CAD/CAM inlays.** Batalha-Silva S, de Andrada MA, Maia HP, Magne P. Dent Mater. 2012 Dec 31. pii: S0109-5641(12)00470-8. doi: 10.1016/j.dental.2012.11.013.

A standardized MOD slot-type tooth preparation was applied to 32 extracted maxillary molars (5mm depth and 5mm bucco-palatal width) including immediately sealed dentin for the inlay group. Fifteen teeth were restored with direct composite resin restoration (Miris2) and 17 teeth received milled inlays using Paradigm MZ100 block in the CEREC machine. All inlays were adhesively luted with a light curing composite resin (Filtek Z100). Enamel shrinkage-induced cracks were tracked with photography and transillumination. Cyclic isometric chewing (5Hz) was simulated, starting with a load of 200N (5000 cycles), followed by stages of 400, 600, 800, 1000, 1200 and 1400N at a maximum of 30,000 cycles each. Samples were loaded until fracture or to a maximum of 185,000 cycles.

Teeth restored with the direct technique fractured at an average load of 1213N and two of them withstood all loading cycles (sur-

## Board Actions

vival=13%); with inlays, the survival rate was 100%. Most failures with Miris2 occurred above the CEJ and were re-restorable (67%), but generated more shrinkage-induced cracks (47% of the specimen vs. 7% for inlays).

CAD/CAM MZ100 inlays increased the accelerated fatigue resistance and decreased the crack propensity of large MOD restorations when compared to direct restorations.

Copyright © 2012 Academy of Dental Materials. Published by Elsevier Ltd. All rights reserved. PMID: 23287406 [PubMed - as supplied by publisher]

**Fluorescence properties of commercial composite resin restorative materials in dentistry.** Meller C, Klein C., Dent Mater J. 2012;31(6):916-23. Department of Operative Dentistry, Periodontology, Endodontology and Pediatric Dentistry, School of Dental Medicine, Eberhard-Karls University.

The objective was to assess the fluorescence properties of current commercial resin composites. Sixteen light-curing resin composites, representing a total number of 241 shades, were analyzed. Fluorescence measurements of all samples were taken using the monochromator-based fluorescence reader Synergy(TM) Mx (BioTek Instruments Inc.). Additionally, samples of dentin and enamel were analyzed for comparison. The mean of the maximum excitation wavelength was (398±5) nm and the mean of the resulting emission wavelength was (452±9) nm for all composite shades. The maximum fluorescence varied widely between 50 and 70,808 RFU with a mean of (28,948±15,380) RFU. The maximum for dentin was (9,308±3,676) RFU and enamel (5,467±506) RFU. The results showed that the analyzed composites fluoresced at nearly the same excitation-emission wavelengths combination but with varying optical intensities. These results provide useful reference for optimal fluorescence induction and may help to develop better fluorescence diagnostic methods needed for treatment, forensic investigations and epidemiological research/analyses.

PMID: 23207195 [PubMed - in process] Free full text



The Board of Directors met on January 8, 2013. The following is a summary of their actions:

The TCDS Bylaws were amended to remove voting privileges for CDA trustees due to the possible conflict of interest which could arise. The Bylaws now stipulate that the Secretary/Treasurer of TCDS will serve as chair of the Finance Committee.

In order to provide a charitable arm to TCDS without forming a foundation, Tri-County will pursue a relationship with the Riverside Community Health Foundation (RCHF). RCHF will serve as the fiscal sponsor for community outreach projects, such as Give Kids A Smile and Give Adults A Smile. RCHF will allow TCDS to apply for grants and participate in fundraising.

The Leadership Development Committee is looking for members willing to volunteer to serve on committees, the board, as a delegate or alternate delegate to the CDA House of Delegates. The Ethics Committee and Dental Education Committee (continuing education) are eager to find willing volunteers.



Help is one step away...

The CDA Well-Being Program

A resource for those struggling with alcohol and chemical dependency issues.



Tri-County Dental Society  
Southern California Well-Being Committee

951.787.9700  
310.406.6319  
or 818.437.3204





## Medical Volunteers Needed

**April 4-7, 2013  
Riverside/Indio Fairgrounds**

We need volunteers for a free medical clinic we are organizing for the Coachella Valley community. With your help we hope to provide free dental, vision and medical care to over 3000 patients over 4 clinic days. We need:

- Dentists, Hygienists, Assistants
- Dental X-Ray Techs
- Ophthalmologists, Optometrists
- Opticians, Ophthalmic Techs
- MDs, RNs, LVNs/LPNs, EMTs
- Acupuncturists, Chiropractors
- General volunteers

To register or find out more information check our website at [www.ram-ca.org](http://www.ram-ca.org).

To learn more about our clinics see the 60 Minutes episode featuring RAM on our website.

Clinic organized by RAM California - [www.ram-ca.org](http://www.ram-ca.org)  
In cooperation with  
The Flying Doctors  
The California Association of Oral and Maxillofacial Surgeons  
RAM CA is an affiliate of Remote Area Medical® [www.ramusa.org](http://www.ramusa.org)

## Dental News

- Report in JADA points out that in practices utilizing dental therapists there has been no reduction in incidence of caries. Link: <http://jada.ada.org/content/144/1/75.full.pdf+html>
- A documentary film is being made about . . . Dental Floss! The director was being "encouraged" by his hygienist so much that he thought if he made a film about dental floss he would pick up the habit – and it worked. He is now a regular flosser. Read the article: "Yes, Virginia, there will be a movie about dental floss" at DentistryIQ. Link: <http://www.dentistryiq.com/articles/2012/12/yes-virginia-there-will-be-a-film-about-dental-floss.html>
- One of the requirements of the Affordable Care Act will require some people who by medical insurance through health plan exchanges to purchase pediatric dental insurance as well—even if they do not have any children themselves! The California health plan exchange will also offer adult benefits as an option. There is a lot of confusion regarding guidelines on the implementation of the ACA and so far, the US Department of Health and Human Services, which is charged with issuing regulations under the new law, has declined to offer guidance. More information can be found at [www.medscape.com](http://www.medscape.com).



**Give Kids A Smile**

**2013**

**Main Supporters**

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**THANK YOU**

**"EVERYBODY CAN BE GREAT...BECAUSE ANYBODY CAN SERVE... YOU ONLY NEED A HEART FULL OF GRACE. A SOUL GENERATED BY LOVE"**

**MARTIN LUTHER KING, JR.**

**Show your love of dentistry and the Tri-County Dental Society by serving on a committee during 2013. Most committees meet only 1-3 times during the year.**

**Contact Leadership Development Committee Chair Ken Harrison at [kjharrison5@verizon.net](mailto:kjharrison5@verizon.net) or the TCDS office at 951-787-9700 to begin your road to 'service greatness'.**

## Copyright Infringement and Website Images

### *Risk Management Staff*

While surfing the web looking for photos to jazz up your website, you see a photograph of a dazzling smile in an online image library. So you download the photo and post it on your website. You may even credit the source of the photo. Or maybe the photo was “royalty free.” You’re covered, right?

Unfortunately, it’s not that simple. Photos published on the Internet are not public domain. The Copyright Revision Act protects photographs and other works such as videos, graphics, music, text and trademarks, and the Digital Millennium Copyright Act extends protection to the Internet. When it comes to dental practice websites, the most common copyright violation is use of a photograph without obtaining a license, according to Eric Gale, a California attorney specializing in copyright infringement cases. Gale noted a spike in copyright cases about five years ago, and said the number has since remained steady.

The Dentists Insurance Company reports an increase in web-related copyright infringement claims with 16 cases in 2012, up from two claims in 2009. TDIC analysts say dentists, or the individuals who set up dental practice websites, may not be aware of the legal requirement to secure a license for photos and other materials used online.

Dentists are responsible for the content on their websites, whether they hire a website designer or create the website themselves.

While the use of copyrighted images may be unintentional, penalties can include retroactive licensing fees for each violation and can result in a website ban. TDIC reports damages between \$1,000 and \$2,000 per image violation. However, damages can range from \$750 to no more than \$30,000 per image. If the copyright infringement is established as “willful,” the fine can jump to \$150,000 for each violation. Additionally, new technology makes it easy to identify copyright infringement. For instance, photographs may have invisible identification watermarks embedded in them that can be found by searching the web.

In the event of copyright infringement, the owner of the image will typically send a cease-and-desist letter requesting royalties for use of the photo or removal of the photo. Dentists receiving such a letter are advised to contact their insurance carrier immediately.

Gale said cease-and-desist letters must provide documentation of the copyright violation, and are sent to stop the infringement and avoid inequitable conduct. The letter also serves “to provide a basis for claiming that any continuation of the infringing conduct after receipt of the letter is willful,” opening the door for a significant increase in fines.

Following are a few key points to help avoid copyright infringement on your dental practice website:

- If hiring a vendor to create your website, choose a knowledgeable individual or firm, require a written agreement and approve all content prior to publishing on the Internet.
- Make sure a license has been obtained for photos and other materials used on the site and require proof of license.
- If setting up a website yourself, take your own photos, hire a photographer or pay a photographer for use of his or her images.
- If taking your own photos using staff or patients, obtain written permission from the subjects prior to using the images. TDIC offers an Image Release form online at [thedentists.com](http://thedentists.com).
- Online image libraries abound and offer royalty-free photos, but they are not free. Photos can be purchased individually, in a group or by subscription to the photo library. With royalty-free photos, you buy them once and can use and reuse them without paying again. Royalty-free photos have license agreements, so understand the restrictions.
- Be aware of “rights managed” photos that require a fee to use a photograph for a set period of time in a very specific way. For instance, use of a photo for one year on your website only.
- There are public domain photo sites that allow use of photos for photographer credit, but
- these sites state that some photos require model or property release.
- Secure written permission before using photos of products or trademarked words or symbols on your website.

*For more information about copyright infringement or protection provided by TDIC's Professional and Business Liability policy, contact the Risk Management Advice Line at 800.733.0634.*