



BULLETIN

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DATED MATERIAL

Say What?

Finance Committee members were asked, "What is the biggest budget challenge for TCDS for 2014?"



Evangelos Rossopoulos,
Corona, Finance
Committee Chair,
"Maintaining dues
income."



Marileth Coria,
Grand Terrace, "Finding
ways to increase non-
dues revenue."



Butch Ehrler,
Fontana, "Low investment
returns."



Jerry Middleton,
Riverside, "Our biggest
challenge is being able to
fund innovative ideas that
will keep our members
engaged and attract new
members."



Wayne Nakamura,
Ontario, "Our TCDS
Hospitality Suite and our
Executive Director's
Retirement Party in 2015!"

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BULLETIN

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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.



Featured Member City

Riverside
 The Historic Mission Inn is a special place during the holidays.



Featured Cover Photo

TCDS member Dr. Russ Webb and his wife, Kathi, continue their dedication to organized dentistry and a commitment of involvement with the CDA Foundation. CDA Foundation Chair Don Rollofson, DMD, says the Webbs are great role models for the profession. Both Kathi and Russ are on the Steering Committee for the CDA Cares San Diego event. - To learn more about the Webb's involvement with the CDA Foundation, go to CDAFoundation.org. To read how you can become involved with CDA Cares San Diego, go to page 14. (Photo courtesy of the CDA Foundation.)

Presidential Message

At a Glance : TCDS President thanks the TCDS board of directors, volunteers and staff.



Panhandlers? Not in TCDS

Jeffrey D. Lloyd, DDS

Panhandlers are to Los Angeles as four-leaf clovers are to a St. Patty's day parade — they are everywhere!

Typically, most panhandlers offer the same routine:

- 1) Start off by saying, "Excuse me ladies and gentlemen" in an unnecessarily loud voice
- 2) Tell a sob story that mimics many other panhandlers' stories
- 3) Aimlessly walk up and down the sidewalk collecting change
- 4) Change city blocks and repeat the same routine

What if one day, instead of encountering someone sharing a depressing story as to why he was down on his luck, you encountered a guy living an awesome life? And instead of asking for money, he simply asked you to congratulate him. How exactly would you react?

Shock, surprise, bewilderment?

Well, it's been my pleasure this past year to work with not panhandlers, but some of the best people I know who are giving of themselves and live some pretty awesome lives. I just want to give them the "congratulations" they deserve.

Starting with our Executive Director, Penny Gage, who has been a rock all these years. How would any president do it without her? Thank you, Penny, for 28 and one-half years of service. You made my job a piece of cake! With support like Penny, I don't see why more people volunteer and give of their time. It's as easy as a phone call or logging onto our web site at www.tcds.org!

TCDS's Executive Board.....Ken Harrison, Art Gage, Doug Brown and Evangelos Rossopoulos. Thanks, for your mentoring, leadership and endless hours of service.

TCDS's Board of Directors.....you are the best!! Frank discussion, mutual respect and dedi-

cation. Thank you for all that you contributed at the board meetings and with your various assignments.

Committee chairs/members.....visionary, hard working.

Thank you for coming and participating in the work of our dental society. A lot was accomplished. Jobs well done, including informative CEs, community outreach to provide services to kids and adults, social activities, and helping resolve patient complaints!

Staff.....Shehara and Sally. Thank you both for all that you do. You make our jobs as volunteers a whole lot easier by coordinating our activities and by providing a face (and voice) to the public.

Trustees.....thanks Jerry Middleton and Narendra Vyas for representing TCDS so well at the CDA level. Thank you for keeping the board so well informed of the activities in Sacramento.

Delegates.....thank you for serving this year at CDA's House of Delegates in November. I believe we have an excellent group this year and I want to thank you for your attention, contributions, debate and social interactions with our delegation.

CDA's Treasurer and past TCDS president....Butch Ehrler – congrats on your nomination for Secretary to the CDA. We're keeping our fingers crossed that the vote at the House on November 16 is a resounding "YES for Dr. Ehrler."

As you can see, we have no panhandlers serving in TCDS, simply awesome, dedicated, hard working people - they are everywhere!

Thank you, my friends; keep up the good work. It's been a pleasure and an honor serving with you.

I encourage all of the members of TCDS to come to our Annual Party on Thursday, December 5, so that we can sign this year off with some fun, camaraderie and good food!





Rich Dentists

Daniel N. Jenkins, DDS

The city of Berkley recently passed an ordinance that requires dentists to go beyond the California State law in informing and acquiring permission from a patient if an amalgam filling is to be

placed – for each filling. Since most governmental bodies are concerned with what each of their actions will cost, the ordinance states that the cost to the city will be zero as the cost will be passed on to the dentists. As to the cost for the dentists, the ordinance states that the cost will be negligible as it will only be an incidental “administrative” expense.

When I read this, I could not help but think back to when dental offices were first invaded by OSHA. At that time, the government estimated the increased cost for OSHA regulations and “administrative” expenses would only be about \$8/month—which was quickly readjusted to \$500/year. Of course now, practicing dentists know it amounts to much more than a few thousand dollars for frequent in office training, biannual CE courses, contracting with a company to assure the office is in compliance, maintaining MSDS sheets, reading and researching current OSHA regulations and interpretations, and paying the team members for copying documents as well as double checking the other team members’ documentations.

Initially, dentists charged an “OSHA fee” directly to the patients to compensate for the increased costs. But, not only did dental insurance companies not approve payment of the OSHA fee, they said that the dentist could not even charge one of their subscribers the fee as it should be included in whatever procedures the dentist was doing – without raising their insurance approved fee. It is assumed that dentists are making plenty of money to be able to absorb these “incidental” expenses!

For many years, the ADA and other organizations have done surveys regarding the financial

status of dentists. While it is commonly reported that the average private general dental office collects \$350,000, has an overhead of 70% and, somehow, the dentist takes home \$150,000, it would be well to remember these are all determined by a survey – not an office by office audit.

In private conversations with dentists who have revealed their innermost trials to me, I have met those who collect half of the supposed norm, have an overhead over 90%, and take home a small enough amount to be on food stamps – but they are too proud to apply.

I found the same thing true several years ago, before this current “Great Recession,” when I was seeking to purchase a practice. The selling dentists’ financial documents frequently revealed an extremely high overhead and a very low take-home. Many members have asked me what organized dentistry is doing to help them financially for their hard to come by dues. The ADA currently is ramping up their educational public relations marketing

campaign; the ADA also has promotional brochures available to educate or inform patients of various procedures; and, both the ADA and CDA have meetings where dentists can learn new techniques as well as practice management. Other than offering in-office management I’m not sure what else organized dentistry can afford to do for its members.

To raise a dentist’s take-home pay it is easy to say, “Just raise your fees!” If a dentist is con-

tracted with various insurance companies they have a contracted agreement to abide by the fees allowed by the insurance company – even if the insurance company lowers their fees.

At some point, a dentist may decide that he or she cannot provide services at or above the standard of care at the fees allowed by a third party payer – or insurance company.

The decisions dentists must make are how to lower their own overhead to accommodate the lower



fees. Can dentists lower their rents? What would it cost them to relocate? What would be the results if dentists told their teams that their pay was going to be reduced by 15% to accommodate the reduction in third party fee allotments? This would be illegal if a team member is already paid the regulated minimum wage.

Is it possible to use cheaper materials with which a dentist does not feel "comfortable," just for his/her insurance patients? Would this be unethical? How about seeing more patients? But, most dentists are already wanting to see more than what they do now and are finding that difficult.

Then there is the legal difficulty for dentists to get together to discuss these things. It is against the law for dentists to discuss fees or agree to drop insurance from their practice. In the 1940's Congress gave special status to insurance companies and over the years their political contributions have paid off for their being protected – even from free speech!

I write this, of course, to warn our members to not collude to drop their contracts with insurance companies. I also cannot report to you how some have started eliminating those insurance companies from their practices from which they were not receiving much compensation and found out they

were doing fine.

Dr. Paul Gosar, congressman from Arizona, has introduced a bill to Congress to take away the special status of insurance companies. As a dentist, Dr. Gosar surely knows first-hand how that status has negatively affected dentistry.

While insurance companies and the public at large think that all dentists are rich, I'm sure most of our members know that is not a true generalization. Dentists are an altruistic, sacrificial group that could do much better financially if they did something else. In fact, if you consider someone who becomes a city garbage collector right out of high school, earning \$50,000/year, versus the lost income and educational expenses while going through college and dental school, even with the survey results of \$150,000/year take-home for the dentist, the garbage collector with retirement pay will come out ahead – financially.

The satisfaction we dentists get from doing what we do for humanity does have value. However, I feel that if the quality of care is affected by cost cuts, there is an increased possibility of increased ethical problems in not properly caring for our society, our patients ... and our families!



ANNUAL HOLIDAY OPEN HOUSE

Thursday, December 5, 2013

TCDS Board Room

3993 Jurupa Ave., Ste. 104

Riverside, CA 92506

(951) 787-9700

5-9 p.m.

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Don't Forget TO RSVP →

Online: <http://www.tcds.org/event/2013AnnualHolidayParty>

Go big or go home: Priorities



Debra Quarles,
Salt Dental Practice
Management

At a Glance: An important part in achieving goals is setting priorities for the team.

In this series of articles, Go Big or Go Home, we have talked about creating your experience and how focus and consistency are necessary elements to

achieving results. If you are still not obtaining your desired goals, perhaps it is because a better understanding of priorities is needed.

I often hear doctors say they would like to be more productive. See more patients each day. Have more new patients visit each month. They inform me that if only they could figure out how to have that, they would be doing well.

Many of us have challenges prioritizing our days. We have so much to do and so little time to do it in. In the end, we accomplish less of what is most important. When discussing the tasks that must be finished in any dental practice it is best to group them into the following categories: People, Priorities and Projects.

People come first because people are most important. No matter what type of business we are talking about, this is true, but it is particularly true of the business of dentistry. People tasks should ALWAYS come first. People-based tasks include greeting, checking patients in and out, answering the telephone and providing dental care. With people as our primary focus, we must strive to do all we can to ensure they know we respect and value them.

Priorities are tasks that must be completed before each team member and/or the doctor leaves for the day. Priorities include things such as charting, sterilization, day sheets, and confirmation.

Projects are items that need to be done, no doubt, but they are tasks that can be completed at any time and are not necessarily time critical to today. They are things like insurance follow-up, ordering and finding someone to replace a ceiling tile. Important, yes, but maybe not so important that it can't wait until tomorrow.

In a group setting, I will often go to each team member and have them list the main things they do for the practice, placing each task in the appropriate category based on how they view it. Many times I find the following items in the project category: treatment follow-up, recall and marketing. Remember, projects



are things to be completed only after people and priorities if there is additional time at the end of the day. If your true desire is more patients in your schedule, more new patients coming in, then shouldn't the efforts of your entire team reflect this?

A doctor walked into her office and stated it was time to clean the carpets. Later that day she had a number of bids on her desk to clean the carpet. That is great, except her schedule also had five hours open for the next few days and no one had been working on it. It is a great example of what happens when the line between people, priorities and projects is blurred.

To see more of your existing patients or to have more new patients come into your practice, the tasks that directly lead to that outcome should be a priority and, aside from people activities, take precedence.

So how do you effectively prioritize into a day the treatment follow-up, recall and marketing?

Early each day confirmation should be accomplished so it is clearly understood how much time needs to be filled to achieve goal. A certain number of hours and/or a certain number of calls can reflect the priority of continuing care or treatment follow-up. Remember, an office is never finished with handling recall. No one should ever hear, "We've called everyone. There is no one else to call." Recall is something that is never completed. There should always be someone who can be called. Calling too much is not the problem when patients report feeling harassed, it is generally because leaving messages is the problem. So if you have team members who report they are being told, or are feeling like they are harassing patients, advise them to not leave a message.

Calling patients for follow-up treatment or recall means calling every number available unless a patient has asked us to do otherwise. Do not assume because

a patient has not been seen for a year or two they are no longer interested in coming to your office. More often than not, patients think they've just seen you and are surprised to learn it's been so long.

Marketing for new patients is another task that too often is considered a project. I have yet to meet anyone from any practice anywhere in the country where they tell me, "We have too many new patients. We don't want anymore. We can't see them all." That means marketing should be a priority in everyone's day. Again, every member of the team must do something for marketing before they leave for the day.

There are two types of marketing, internal and external. Internal marketing is marketing to existing patients. This is easy. All those patients coming in to see you can be asked to send in their friends and family. "I smile every time I see your name on my schedule. I wish all of my patients were as wonderful as you. If you have any friends or family who are looking for a dentist, please send them our way. We find that wonderful people tend to have wonderful friends, too."

With social media a source of information and, more importantly, referrals, it can also be beneficial to ask for reviews from those best patients. If you are really interested in increasing your number of new patients, there is no better way than increasing your exposure on-line through the use of great testimonials. Make it easy for your patients to review you. Set your practice up to where patients receive automatic requests for reviews and comments or direct them to

the reviewing sites you use: Google, Yelp, etc. Even though you may have an automated system you still should remind and ask patients to comment on your office.

Facebook, LinkedIn, YouTube and Twitter. When considering what to say or do on social networking sites; for Facebook think pictures, for LinkedIn think articles, for Twitter think links and for YouTube think short testimonials and informational pieces. How often should these sites be accessed? Facebook twice a day, LinkedIn twice a week, Twitter more frequently and YouTube whenever you have an interesting video to share.

Remember to also work on your external marketing daily. Whether you are a general dentist or a specialist, it is in your best interest to connect with the offices you refer to and who can refer to you. Build relationships with the other teams. The doctor can do this by choosing one mutual patient a week to discuss with another office via telephone. The front office can do this by providing information on a patient recently seen, or a patient the office has not been able to get back into the office. Referral slips can be mailed. Calls can be made to determine if a general dentist is seeking a relationship with a specialist, specialists can be contacted to provide them with business cards. Visiting businesses, day cares, schools, medical offices and other places where information can be provided can assist you in getting your name out to those who are seeking your care.

ADA Offers 2014 CDT Dental Procedure Codes with CDT Code Check App

The American Dental Association (ADA) is offering dentists the opportunity to download the newest 2014 CDT Dental Procedure Codes with the CDT Code Check mobile app.

CDT Code Check contains the most up-to-date CDT Codes, including 29 new procedure codes, 18 revised procedure codes, 4 deleted procedure codes and seven changes to subcategories and their descriptors. CDT Code Check app is an especially handy practice management tool for dentists and dental staff who travel between offices.

Features include:

- A complete listing of 2014 CDT Codes including category of service, subcategory, procedure code, nomenclature and descriptor.
- A list of new, revised and deleted codes with tracked changes so you can see exactly what was changed.
- Codes that are searchable by three categories: code number, keyword and category of service.
- The 2013 CDT codes at no additional cost

CDT Code Check is now a subscription-based service. As soon as the 2015 CDT Codes are released, users will receive an automatic update inviting them to purchase the new version while keeping the code sets from previous years. This ensures the user will have most current information available directly from the ADA, the official source of the CDT dental procedure codes.

The ADA CDT Code Check app is available for \$19.99 for the Apple mobile device via the iTunes store and the Android mobile device via Google Play.



Your Opportunity to Volunteer!

CDA Cares San Diego 2013

Del Mar Fairgrounds: Patient treatment: Dec. 7-8 • Set-up: Dec. 6 • Breakdown: Dec. 9
Dentists & Dental Professional Volunteers needed!

Now we need you...

You can help provide oral health care services at CDA Cares San Diego. A large number of patients are expected. Please help make this CDA Foundation event a success! Patients will receive free cleanings, restorations, extractions, prostheses, oral health education and assistance in finding a dentist for follow-up care.

Dentists and Specialists are needed in areas throughout the clinic, including restorative, oral surgery, endodontics, prosthodontics, local anesthesia, pediatric, triage, and routing.

Dental team members are also encouraged to volunteer in: central supply, data entry, dental assisting, RDAs (general, endodontics, oral surgery, pediatrics, prosthetics, restorative), dental equipment, digital radiography, anesthesia (Hygienists), dental hygiene, sterilization, interpreting,

laboratory, line control/patient safety, medical triage, patient education, patient registration, patient escort, patient exit interview, food & beverages, and general volunteering.

Other professionals needed:

Nurses, Pharmacists, Lab Technicians, and Community Volunteers.

How you can help at CDA Cares San Diego:

To help provide oral health care services to the large number of expected patients, we need volunteer dental health professionals including general dentists, oral surgeons, dental hygienists, assistants, lab technicians, nurses and pharmacists. Additionally, community volunteers are needed to assist with registration, clinic setup, data entry, escorting patients, translating, and much more. Patients will receive cleanings, restorations, extractions, oral health education and assistance in finding a dentist for follow-up care.

To volunteer for the event or to sponsor a chair

Register by going to <http://cda.org> and click on "CDA Cares" at right column.

Or contact Robyn Alongi at 916.554.5305 to volunteer and contact Michelle Rivas at 916.554.5393 to sponsor or become a donor.

CDA Cares: Dental Lab Technicians needed



Carol Pilmer, CMT

When you have a nice smile, everything seems to go your way, the whole world looks great and life is good! If there is anything better than having a nice smile of your own, it is being a part of a team that

shares their time and talents to give new smiles to those who otherwise could not afford it.

Changes like this are the mission of CDA Cares. Yes, these new smiles bring amazing cosmetic changes, relieve pain, and bring a new confidence that allows many of the recipients to begin a job search and look forward to interviews and being hired.

I invite each of you to share this invitation and opportunity with your Dental Lab Technicians. Your invitation WILL make the difference in the number of dentures, stayplates and repairs we are able to provide. Dedicated, caring, talented dental lab technicians were a vital part of CDA Cares San Jose's success and now CDA Cares San Diego gives us the same opportunity to share this experience with our colleagues here.

Please invite them today. We have been challenged to fill approximately 75 individual shifts. Technicians can choose to work one shift or an entire day (two shifts). The magic to create the smiles is literally in their talented hands. They will become heroes to patients and clinicians alike as they enthusiastically express their appreciation and gratitude.

Go to www.cdafoundation.org/cdacares for information on how to volunteer.

San Jose Exit Interview Volunteers confirmed that "The lab department has provided the most incredible feedback of the weekend; patients are blown away with their smiles."

Everyone deserves the satisfaction that volunteering his or her time and talent on such a grand scale can provide. Those who have been a part of past CDA Cares events know exactly

what I'm talking about. Something inside changes as we shared our knowledge, time and talents to help change the lives of others.

We are also asking for certain equipment donations and/or loans. I'm happy to provide answers to any questions you or your technician may have regarding CDA Cares, San Diego Lab. Please contact me at rdental@sbcglobal.net or 858-259-2436.

What can a CPA do for You?

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Notice of Provider Relocation: Dental patient's right to be informed when their treating dentist has left a practice



*Donna K. Klauser, DDS, DABP
CDA Judicial Council*

Your associate has just informed you that he or she is leaving your dental practice, or perhaps you are the associate dentist who is leaving a practice. In either of these

scenarios, it is important that both parties (practice owner dentist and departing associate dentist) are aware that patients should be notified that their treating dentist will be departing the practice. Hopefully, the subject of “notice of provider relocation” is addressed in the associate’s employment contract. However, if that is not the case, the following guidelines will aid you in ethically navigating this sometimes difficult transition.

Advisory Opinion 1.B.2 of the CDA Code of Ethics states:

Notice of Provider Relocation: Patients treated by a dentist who leaves a dental practice have the right to be informed of the dentist’s new contact information. It is unethical to withhold this information, if known, upon the request of a patient or to provide misleading information to patients. If the responsibility for notifying the patients falls to the departing dentist rather than the dental practice, the practice should not interfere with the discharge of these duties by withholding patient lists or other necessary information.

Key ethical points to remember in notice of provider relocation:

- Respect patient autonomy. Patients have the right to choose their dentist.
- Notification helps avoid patient abandonment issues.
- In the interest of preserving continuity of care, the owner and associate should agree on the best way to allow the associate to complete remaining treatment on any patient(s) whose course of treatment has not been completed.
- Uphold veracity (honesty). The owner cannot withhold the former associate’s new contact

information from patients who were referred to or treated by the associate. The former associate should also refrain from actively soliciting patients from his or her former practice.

- In order to avoid any misunderstandings, the CDA Judicial Council recommends that the owner incorporate in the associate agreement contract specific language as to which party bears responsibility for notifying the patients who were treated by the relocating associate dentist. It is not appropriate to place the burden for locating the former associate on the patients.
- The CDA Judicial Council recommends notifying patients treated by the relocating associate of his or her relocation in writing as soon as possible after the associate notifies the practice of his or her pending departure.
- The notification letter may address whether the former associate would be available for emergency treatment (preferably for 30 days from the termination of the associateship).
- The notification letter should confirm that patients treated by the relocating associate dentist will continue to be treated by the owner dentist if they wish to stay with the practice.
- The CDA Judicial Council recommends that the owner dentist draw up the notification letter in order to reduce the possibility of the letter being misconstrued as an attempt by the departing associate to solicit patients to his or her new practice location.

The bottom-line is: Patients have the right to be notified when their treating dentist leaves a practice. The patient’s decision to stay with the practice or continue to see their treating dentist at a different practice must be respected. It is best to address the subject of “notice of provider relocation” in an associate agreement, which should be reviewed by your legal counsel, prior to the start of the owner-associate relationship.

Additional resources about notice of provider relocation are available on the CDA Compass (cdacompass.com). Or, for further guidance, call Penny at Tri-County Dental Society, (951) 787-9700.

Thank You... Thank You... Thank You...
Thank You... Thank You... Thank You...



Hats off to our 2013 Committees!

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Andrea Feather, DDS
Vivian Haber, DDS
Deborah Hutton, DDS
Jeff Lloyd, DDS
Evangelos Rossopoulos, DDS

Ethics

David Roecker, DDS, Chair
Livia Eftimie, DDS
Hongsheng Tong, DDS

Finance

Evangelos Rossopoulos, DDS, Chair
Marileth Coria, DDS
Butch Ehrler, DDS
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Al Ochoa, DDS
Denine Rice, DDS
Archana Sheth, DDS
Judy Wipf, DDS

New Dentists

Marcus Paulson, DDS, Chair
JD Bilbao, DDS
Phil Cho, DDS
Mark Estey, DDS
Raelene Fulford, DDS
Cameron Fuller, DDS
Matt Murray, DDS
Denine Rice, DDS
Erik Sahl, DDS
Judy Strutz, DDS

Nominating

Jerry Middleton, DDS, Chair
Butch Ehrler, DDS
Art Gage, DDS
Ken Harrison, DDS
Jeff Lloyd, DDS

Peer Review

Mark Harris, DDS, Chair
John Bianchin, DDS
Frank Bordonaro, DDS
Michael Borovac, DDS
Larry Char, DDS
Vijaya Cherukuri, DDS
Michael Clapper, DDS
Tom Clonch, DDS
Joan Dendinger, DDS
Steve Fraker, DDS
Vince Goymerac, DDS
Ken Hodgkins, DDS
Marvin Martin, DDS
Toby Maynard, DDS
Hank Mercado, DDS
Krishan Mittal, DDS
Robert Mohn, DDS
Dhaval Shah, DDS
Ann Steiner, DMD
Robert Strain, DDS
Tom Strand, DDS
Wendy Sugiono, DDS
Wijaya Sulaeman, DDS
Ivonne Vazquez, DDS
Edward Walker, DDS
Steve Wolfram, DDS
Specialty Peer Review
Robin Abari, DDS
Leif Bakland, DDS
Samir Batniji, DDS
Rajiv Bhagat, DDS
Doug Brown, DDS
Tony Daher, DDS
Todd Ehrler, DDS
Randall Hoff, DDS
Ellie Kheirkhahi-Love, DDS
Johnny Ma, DDS
Aeshna Mathur, DDS
Marcus Paulson, DDS
Saijai Peng, DDS
Denine Rice, DDS
David Wolfe, DDS
Warren Yow, DMD

Never trust a photocopier



*Kelly Soderlund
Senior Editor, American
Dental Association*

Today's photocopiers do more than just reproduce information from one page to another.

They're computers. Photocopiers today can copy, print, scan, fax and email documents.

So when a piece of paper moves through a photocopier's digital machine, the information on the paper is stored on the hard drive. If business owners, including dentists, don't take steps to protect the data, it can be stolen from the hard drive through remote access or by extracting the information once the drive has been removed.

The Federal Trade Commission's Bureau of Consumer Protection issued a series of steps business own-

ers can take to ensure their copiers are secure. The guidelines are especially pertinent to health care providers who may make copies of patient records or other documents that include patients' private health information.

To learn more about how to keep photocopiers secure, visit www.business.ftc.gov/documents/bus43-copier-data-security.

Soderlund K. Never trust a photocopier. Posted May 20, 2013 online at <http://www.ada.org/news/8637.aspx>. Copyright © 2013 American Dental Association. All rights reserved. Reprinted by permission.

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cdafoundation.org/cdacares

cda
FOUNDATION

Welcome New Members

Tonia Cantrell, DDS

Pediatric Dentist
UCLA, 2004
Children's Hospital, WI, 2006 (Pedo)
22500 Town Circle, Ste. 2074
Moreno Valley, CA 92553
951.697.6822

Michael Johnson, DDS

General Practitioner
USC, 2008
Army Dental, HI, 2013 (GPR)
Shuttleworth Dental Clinic, BLDG #171
Fort Irwin, CA 92310
619.884.6848

Rashi Vohra, DDS

Endodontist
UCLA, 2006 (DDS)
UCLA, 2007 (Endo)
V A Med-W Los Angeles, 2009 (GPR)
Columbia University, 2012 (Prosth)
No Practice Address Available

Aileen Contreras Luna, DDS

General Practitioner
University of the East, Philippines, 1988
1301 W. Arrow Hwy, Ste. 120
San Dimas, CA 91773
909.592.8338

Linh My Nguyen, DDS

General Practitioner
USC, 2010
847 E. Philadelphia St.
Pomona, CA 91766
909.627.4177

Jeremy Huy Pham, DDS

General Practitioner
Creighton University, NE, 2013
22675 Alessandro Blvd.
Moreno Valley, CA 92553
951.571.2365

Blake LaBounty, DDS

General Practitioner
USC, 2001
68487 E. Palm Canyon Dr.
Cathedral City, CA 92234
760.770.2776

TRI-COUNTY DENTIST anesthesiologists

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.

Siamak Eshaghian, DDS

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Chad Tomazin, DDS

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Horace Wells, a Connecticut dentist who pioneered the use of anesthesia in both dentistry and medicine.
Horace Wells, 1815 - 1848

HOT SHORTS

DA, 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> or call 909-652-6041 for more information.

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Thinking of providing your staff with a bonus?

Visit CDA Compass at www.cda.org/compass and search for bonus to learn how to implement a bonus system and inspire your team. The CDA Compass website has been incorporated into cda.org to better communicate its business services and resources to members.

The new Compass site, which can be found at cda.org/compass, includes, among other things, an improved navigation system that allows users to find what they are looking for with ease.

The new Compass is also mobile friendly so members have easy access to the site on smartphones and tablets.

A to Z

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a dentist needs,
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PROGRAMS

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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



We're All In This Together!

The holidays are fast approaching and your Tri-County Dental Society needs the gift of your time. We are looking for members who are willing to “pay forward” their knowledge and expertise by volunteering on our committees during 2014.

Most committees meet only 1-3 times per year. So, you can contribute by committing as few as 2-8 total hours of your time. Are you interested in: Membership, CE Program Planning, Peer Review, Give Kids A Smile, Give Adults A Smile, Ethics, Leadership Development or New Dentists?

Please contact the Leadership Development committee chair, Ken Harrison, at kjharrison5@verizon.net or call the TCDS office at (951) 787-9700 to inquire about volunteering. Donating your time is the perfect way to say thank you to dentistry for all that it has provided for you.

ADA Offers Book to Help Dentists Communicate with Patients, Staff

“The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success” Now Available

The American Dental Association (ADA) is offering dentists the opportunity to pen perfect professional prose using customizable letters in the new book, “The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success.” The book is a compilation of sample writings that reflect the many ways in which people communicate via traditional letters, news releases, blog, Facebook and Twitter posts and text messages.

The book includes:

- Letters geared to patients such as dental health education materials, handouts, welcome forms and general patient forms
- Administrative letters for staff and vendors
- Letters geared to marketing and promoting the dental practice

Each one-page letter is written in simple language and is accompanied by instructions on how to adapt the letter for a variety of uses. The book comes with a CD-ROM of letters in Microsoft Word format for easy personalization. The book is \$59.95 for ADA members and \$89.95 retail. To purchase “The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success.” please visit adacatalog.org or call the ADA Member Service Center at (800) 947-4746.



You are not a statistic.



You are also not a sales goal or a benchmark or a market segment. You are a dentist. And we are The Dentists Insurance Company, TDIC. More than 30 years ago, the small group of CDA dentists who started this company made three promises: to only protect dentists, to protect them better than any other insurance company out there and to be there when you need us. Because with TDIC, you're a dentist first, last and always.

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Join us for
TCDS NIGHTS
2014 SCHEDULE

TCDS NEW DENTIST STUDY CLUB MEETINGS
dine and discover

DATES:	C.E.: 2.0 UNITS
-January 28	COST: MEMBERS-\$0
-March 4	NON-MEMBERS-\$45
-May 6	TIME: 6:30- 8:30 PM
-July 15	LOCATION: TCDS BOARD ROOM
-September 16	3993 JURUPA AVENUE
-November 4	SUITE 104
	RIVERSIDE, CA 92506
	~ Dinner Included ~

TCDS NEW DENTIST MIXERS
mix and mingle

DATES:	COST: MEMBERS-\$0
-February 27	NON-MEMBERS-\$0
-May 1	TIME: 6:00- 9:00 PM
-September 11	LOCATION: TBA
	~ Dinner Included ~



**MEMBERSHIP RENEWAL
IS IN NOVEMBER**

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

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

Unclassifieds

*Be sure to visit Classified Ads on the TCDS web page at
www.tcds.org.*

Harvey Chemiclase EC5500 sterilizer - \$350
(Riverside) Harvey Chemiclave EC5500 sterilizer still in working condition and was used in dental office. Please contact if you would like to make an offer. Asking \$350 OBO. (951) 686-9255 paulgre-waldds@yahoo.com

Office Space for Rent. Dental office space 2,500 sq. ft. on 40th St. and Waterman Ave. in San Bernardino available for rent. Excellent for orthodontist, prosthodontist or any specialist to start or relocate practice to San Bernardino. 4 operatories ready to use with lab space, lunch room, consultation room and beautiful courtyard. Please call for more information @ 951-536-8419.

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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. 4 operatories ready for use. Call for more information (951) 785-1209.

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.



What's Happening?

Register for any TCDS event online at www.tcds.org.

Day/Date	Event Details
Oct. 31 – Nov. 3	ADA Annual Session New Orleans
Tues. Nov. 5	New Dentist Study Club TCDS Office 6:30 p.m.
Thurs. Nov 7	Give Adults A Smile Committee TCDS Office 6:00 p.m.
Tues. Nov. 12	TCDS Pre-House Caucus TCDS Office 6:45 p.m.
Thurs. Nov. 14	Continuing Education Meeting TCDS Office Social Hour: 5:30 p.m. Seminar: 6:30 – 8:30 p.m. "Defensive Practice Management: Managing Patients & Parents" Katie Fornelli, Practice Analyst CDA Practice Support Center 2 CEUs – Seating is Limited
Nov. 15-17	CDA House of Delegates Sacramento
Tues. Nov. 19	Board of Directors Meeting TCDS Office 6:45 p.m.
Nov. 28-29	Thanksgiving Holiday TCDS Office Closed
Thurs. Dec. 5	TCDS Annual Open House TCDS Office 5-9 p.m.
Dec. 6-9	CDA Cares San Diego Del Mar Fairgrounds TCDS Office will be closed on December 6 so TCDS staff may volunteer)
Dec. 24 - Jan1	Holiday Break TCDS Office Closed

Short Abstracts

The electromyographic activity of masseter and anterior temporalis during orofacial symptoms induced by experimental occlusal highspot LI, J., JIANG, T., FENG, H., WANG, K., ZHANG, Z. and ISHIKAWA, T. *Journal of Oral Rehabilitation*, 35: 79–87. doi: 10.1111/j.1365-2842.2007.01750.x Volume 35, Issue 2, pages 79–87, February 2008.

Study investigated the short-term impact of an occlusal high spot on the occurrence of orofacial symptoms. Symptoms were evaluated through subject self evaluation and use of electromyography (EMG) evaluation. A high onlay crown was placed on tooth #30 on six volunteers for six days. EMG's were compared pre and post cementation as well as on the third day and after removal. All subjects complained of headache after three days in the temporal region. Maximum voluntary contraction of the masticatory muscles was diminished. The researchers concluded that "the changes in muscular activity may have some relationship with the occurrence of tension-type headache in temporal region."

One-visit versus two-visit root canal treatment: effectiveness in the removal of endotoxins and cultivable bacteria. Xavier AC, Martinho FC, Chung A, Oliveira LD, Jorge AO, Valera MC, Carvalho CA. *J Endod*. 2013 Aug;39(8):959-64. doi: 10.1016/j.joen.2013.04.027. Epub 2013 May 22.

Source This clinical study was conducted to compare the effectiveness of 1-visit versus 2-visit root canal treatment in removing endotoxins and cultivable bacteria from primarily infected root canals. This clinical study was conducted to compare the effectiveness of 1-visit versus 2-visit root canal treatment in removing endotoxins and cultivable bacteria from primarily infected

root canals.

Forty-eight primarily infected root canals were selected and randomly divided into 4 groups: G1, 1% NaOCl; G2, 2% chlorhexidine (CHX) gel; G3, 1% NaOCl + Ca(OH)2; and G4, 2% CHX gel + Ca(OH)2 (all, n = 12). G1 and G2 involved 1-visit treatment, whereas G3 and G4 involved 2-visit treatment with the placement of Ca(OH)2 medication for 14 days. A chromogenic LAL assay test was used to quantify endotoxins.

Endotoxins and cultivable bacteria were detected in 100% of the initial samples. All treatment protocols were effective in reducing bacterial load from infected root canals: G1 (1% NaOCl, 99.97%), G2 (2% CHX gel, 99.75%), G3 (1% NaOCl + Ca(OH)2, 99.90%), and G4 (2% CHX gel + Ca(OH)2, 96.81%), respectively ($P < .05$). No differences were found in bacterial load reduction when comparing 1-visit and 2-visit treatment groups, irrespective of the irrigant tested ($P > .05$). Higher median percentage values of endotoxin reduction were achieved in the 2-visit treatment groups (G3, 98.01% and G4, 96.81%) compared with 1-visit treatment groups (G1, 86.33% and G2, 84.77%) (all $P < .05$).

Conclusion: Both 1-visit and 2-visit root canal treatment protocols were effective in reducing bacteria and endotoxins, but they were not able to eliminate them in all root canals analyzed. Furthermore, 2-visit root canal treatment protocols were more effective in reducing endotoxins than 1-visit root canal treatment protocols.

Dental Humor

It's not every day that our patient gets arrested in the parking lot on the way to her appointment for a teeth cleaning. Especially by a cop on whom we had just seated a crown. The cop was nice enough, however, to come in and tell us that our next patient wouldn't be able to make her appointment because she had a car full of drugs.

Courtesy of a former TCDS Member now practicing out of state.

TCDS Membership Status Report

Active/Recent	1,426
Life Active	86
Life Retired	160
Retired	29
Post Grad	33
Faculty	47
Disabled	11
Military/Public Health	9
Provisional	156
Hardship	2
Pending Applications	21
TOTAL	1,980

HMO Consumer Complaint Hotline

(800) 400-0815

State Dept. of Corporations Consumer Services division

Toll-Free Numbers

ADA.....	(800) 621-8099
CDA.....	(800) 736-8702
CDA Member Resource Center.....	(866) CDA-SMILE (866) 232-7645
Practice Support Center.....	(866) 323-6362
TDIC.....	(800) 733-0634
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
Advertising/Exhibitors
Extension 23 – Penny@tcds.org

Sally Medina, CE Coordinator

Continuing Education
Community Health
Exhibitors
Extension 21 – Sally@tcds.org

Shehara Gunasekera, Membership Coordinator

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