



BULLETIN

**Graduation Day for our new dentists
...Western University and Loma Linda
University preparing professionals
for tomorrow and beyond.**



Representing dentists in Riverside, San Bernardino and eastern Los Angeles counties

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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.

In a Member City...

Do you know where this is?
 See page 22 for answer.



Featured Cover Photo

Graduation Day for our new dentists.
 Western University and Loma Linda
 University preparing professionals for
 tomorrow and beyond.

Presidential Message



At a Glance :

There are lessons to be learned from tales told long ago as they still apply today. Dr. Rossopoulos shares the application of a few tales regarding TCDS and its valuable members.

"It's All Greek To Me - IV"

Evangelos Rossopoulos, DDS

It is hard to believe but the summer is here!! And when summer comes, it reminds me of one of the Aesop' fables: The Ant and the Grasshopper.

In a field, one summer's day, a Grasshopper was hopping about, chirping and singing to its heart's content. An Ant passed by, bearing, with great toil, an ear of corn he was taking to the nest. "Why not come and chat with me," said the Grasshopper, "instead of toiling and moiling in that way?"

"I am helping to lay up food for the winter," said the Ant, "and I recommend you do the same." "Why bother about winter?" said the Grasshopper; "We have plenty of food at present." But the Ant went on its way and continued its toil.

When the winter came the Grasshopper had no food and found itself dying of hunger - while every day, it saw the ants distributing corn and grain from the stores that they had collected in the summer. It was then that the Grasshopper realized: It is best to prepare now, in advance of days of need, in the future.

Why all organizations do not take a lesson from Aesop's fable is all Greek to me! It is reassuring to know that in TCDS, we were able to build enough reserves over the years to withstand a "winter" if the need arises.

Our finances are in excellent shape, thanks to the dedication and participation of all our members, including those that elect not to be in "leadership", as Aesop's "Belly and the Mem-

bers" fable describes.

One fine day it occurred to the Members of the Body that they were doing all the work and the Belly was having all the food. So they held a meeting, and after a long discussion, they decided to strike until the Belly consented to take its proper share of the work. So, for a day or two, the Hands refused to take the food, the Mouth refused to receive it, and the Teeth had no work to do. After a day or two the Members began to find that they themselves were not in a very active condition: the Hands could hardly move, and the Mouth was all parched and dry, while the Legs were unable to support the rest. So thus, they found that even the Belly, in its dull quiet way, was doing necessary work for the Body, and that all must work together or the Body will go to pieces.

Why some in leadership do not recognize the value of each individual member is all Greek to me!

It is also evident that strength comes in numbers as in Aesop's "The Four Oxen and the Lion" fable:

A Lion used to prowl about a field in which Four Oxen used to dwell. Many times, he tried to attack them; but whenever he came near they turned their tails to one another, so that whichever way he approached them he was met by the horns of one of them.

At last, however, they fell a-quarrelling among themselves, and each

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went off to pasture alone in a separate corner of the field. Then the Lion attacked them one by one and soon made an end of all four.

It is of utmost importance that we, as members of Organized Dentistry, keep our tails turned to one another in order to survive the “lions” out there.

This year marks the 108th anniversary of TCDS, which was established in 1908 along with thousands of other companies, some well-known such as Briggs and Stratton, Brother, Converse and Hoover. Many of those companies are not around anymore or they were bought out by other entities.

However TCDS, not only grew and flourished, but now we find ourselves in a dawn of a new era in so many ways. The “Strategic Planning,” “Financial Audit,” and “Communications Audit” were all accomplished during the first six months of 2016.

These important tasks will provide us with the necessary tools to take advantage of all the opportunities in front of us, in order to build new systems and explore new horizons making TCDS the “premiere” dental organization.

It slowly started making sense to me over time... and now, I’m getting to the point that it’s not all Greek to me, anymore!



DENTAL HUMOR

"Open wider." requested the dentist, as he began his examination of the patient. "Good God!" he said startled. "You've got the biggest cavity I've ever seen - the biggest cavity I've ever seen." "OK Doc!" replied the patient. "I'm scared enough without you saying something like that twice." "I didn't !" said the dentist. "That was the echo."

While I was waiting to see the dentist, a woman came out of his inner office smiling. Nodding to me, she said, "Thank goodness my work is completed. I'm so glad to have found a painless dentist and one who's so gentle and understanding too." When seated in the dentist chair, I related the incident to the doctor. He laughed and explained, "Oh, that was just my Mother."

"I came in to make an appointment with the dentist." said the man to the receptionist." "I'm sorry sir." she replied. "He's out right now, but..." "Thank you." interrupted the obviously nervous prospective patient. "When will he be out again?"

Editorial



At a Glance :

In life there is no insurance that guarantees life. Why do patients sometimes think having dental insurance guarantees the type of dental care they desire

Life's Insurance

Daniel N. Jenkins, CDE-DDS

In life we have Life Insurance, Health Insurance, Dental Insurance, Property Insurance, Auto Insurance, Flood Insurance, Earthquake Insurance, Disability Insurance, Unemployment Insurance, and Liability Insurance. Sometimes it seems like our insurance costs, which are supposed to protect our future, are more than our daily living costs!

Most commonly we might think of insurance as a financial agreement for compensation in an untoward situation. Another definition of insurance is a thing providing protection against a possible eventuality. This definition of protection brings to mind the kind of “protection” we see in movies where a business owner is “sold” protection from gangs to keep their business from being damaged. This type of insurance definition implies a guarantee of avoiding a disaster.

In life insurance there cannot be a guarantee that you will live to be one hundred. And, just as well, in financial planning there is no guarantee that you will die before you are one hundred to make sure you do not run out of money while still alive. As a former LLUSD Academic Dean told my class, “The ideal situation would be to spend your last dime on the day you die.” But, how do you know ahead of time? Thus, with no guarantee of longevity, lack of accidents; earthquakes, disability, or lawsuits; insurance becomes just a money game – like gambling. You are betting the insurance company that you will have tragedies for



which they will compensate you for more than you have paid them, and they are betting you will not!

Of course, insurance is not necessary in life. I have known individuals that have never had any insurance of any kind – even auto insurance. However, when tragedy strikes, where do they get the money required to recover? Often I have listened to news reports about tragedies and it is mentioned the victims or families are accepting donations. I do feel it is a good thing for communities to come together to help one another during a tragedy but I have noticed a new twist in the way people expect a community to “come together” to help.

I’ve seen on several occasions someone asking for money to be sent to their “Help Me” account so they could take a trip to Europe, a honeymoon in Fiji, or buy a new car. They seem to want a guarantee in life to have a good time and expect their community to fulfill their desires! Can you say the word “entitlement?”

As dentists we all have patients who come in with expectations of treatment. Many are quick to point out that they have insurance. They expect to receive whatever services they desire. Some are very specific in their desires, such as, “I want to have veneers so I can have a smile like Julia Roberts before my cousin’s wedding next week.” (Aren’t her teeth natural?) Yet, their dentition is such that it would require orthodontics, implants, and full mouth reconstruction – maybe a denture?

Of course, on top of all this, when you explain their

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insurance company will not cover everything they desire even if it is possible, they become argumentative and distrust you because they feel you are just after THEIR money and not cooperating with their insurance company.

Why are people expecting so much from their dental insurance? Could it be it is not explained to them properly? Do the insurance companies not go into enough detail when they offer a policy? Do the employers providing the policies not spend sufficient time explaining the limitations of the policies – such as not covering cosmetic procedures?

Let's face it – the ultimate responsibility for understanding the policy and its limitations lies with the patient themselves. If they have questions about their policy they should question their insurance company or their company's HR department. But, since most dentists are altruistic and desiring to be helpful to humanity, they try to explain the insurance policy to the patients who have their own assumptions on how it works.

Patients need to understand that dental insurance, like all insurance policies, is not a guarantee of anything – even payment for services rendered. (Read the insurance companies' statements on their pre-authorization papers – “This does not guarantee payment.”)

Perhaps as dentists, if we wish to continue to work with insurance patients of any kind, we need to relieve our stress by simply writing down a treatment plan and referring the patient to their company's HR or to their insurance representative? But, are we afraid to do that for fear the patient will go “shopping” and get the work done elsewhere? This brings up establishing a relationship with the patient and gaining their trust.

Relationships and trust – but, that's for another time!

DENTAL INSURANCE
DENTAL INSURANCE
DENTAL INSURANCE

TCDS Membership Status Report

Active/Recent	1387
Life Active	100
Retired	35
Life Retired	160
Post Grad	22
Faculty	46
Disabled	8
Military/Public Health	5
Provisional	88
Hardship	8
Pending Applications	11
*TOTAL	1870

Toll-Free Numbers

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

John C. Fields, Executive Director

Administration
Operations
Governance/Ethics
Advertising
Accounting
Publications
Extension 23 – John@tcds.org

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Recruitment/Retention
New Dentist Services
Dental Student Services
Website Assistance
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Alexandra Hernandez, Programs Coordinator/Receptionist

Continuing Education
Community Health
Peer Review
Website Coordination
Exhibitors
Advertisers
Extension 21 – Alexandra@tcds.org

HMO Consumer Complaint Hotline

(800) 400-0815

State Dept. of Corporations Consumer Services division



**You are not a
policy number.**

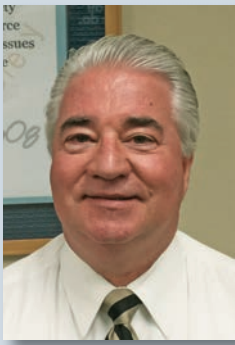


And at The Dentists Insurance Company, TDIC, we won't treat you like one. We were started by, and only protect, dentists. This singular focus has led to an unparalleled knowledge of dentistry and the best ways to protect you. This respect for your profession supports exceptional service, including an in-house claims team, razor-sharp legal team and industry-leading risk management resources. Because with us, business is about doing what's best for you.

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Protecting dentists. It's all we do.®

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TCDS Publication, The Bulletin, To Undergo Radical FACE LIFT!

John C. Fields, Executive Director

Print or Digital?: Contact the TCDS office by phone or email as to your preference!

Since 1999, Mr. Fred Lamb, our publisher and designer; Dr. Daniel Jenkins, our editor; and Ms. Penny Gage, former executive director, have modified and updated the look of our publication. That 1999 version of *The Bulletin*, lasted until about 2007, when these three updated the design to what you've seen over the past nine years or so.

Earlier this year, TCDS engaged an outside consultant to perform a "communications audit." This audit reviewed how TCDS communicates with its members and the public, and focused primarily on our publication and our website.

Needless to say, the findings of the communications audit concluded that it's high time that both the TCDS publication and the TCDS website undergo a radical facelift... and we'd love to have your constructive input, suggestions, and ideas.

We will be starting with *The Bulletin* this year and then moving on to the website in 2017. The re-design of *The Bulletin* will take place over the next few months and the new version will be unveiled with the November-December 2016 issue, later this year. Not only will the look and feel of the publication change, but aspects of the content as well. For example:

- New TCDS Member profiles.
- New regular, ongoing columns will be added for articles and stories from New Dentists, Ethnic Dentists, Female Dentists, Specialists, and Dental Students.
- New regular, ongoing columns will be added for articles and stories from a regional perspective, including:

High Desert – Victorville, Apple Valley, Hesperia, etc.

Mountain – Crestline, Lake Arrowhead, Big Bear, etc.

Coachella Valley – Palm Springs, Palm Desert, Indio, etc.

South Riverside County – Temecula, Murrieta, Lake Elsinore, etc.

Inland Empire – Riverside, San Bernardino, Ontario, etc.

East Los Angeles County – Pomona, Claremont, Diamond Bar, etc.

WE NEED CONTRIBUTORS!!!! It's just six issues a year, folks... Please consider stepping up and committing to writing just six articles a year that let your fellow TCDS members know what's happening: in your neck of the woods, or in your new practice, or on your dental school campus.

WE NEED PHOTOGRAPHERS!!! If you have a photograph that involves the dental profession in the Tri-County service area, we want to see it and share it!

SAVING YOUR TCDS SOME SERIOUS MONEY!!!

Finally, over 95% of our nearly 1,900 TCDS members have an email address and, beginning in September, we will start distributing *The Bulletin* via email and print until the end of the year. The board will vote in September whether to change to digital only after the first of the year. To print and mail each of the six issues of *The Bulletin*, it costs TCDS about \$6,000 per issue. Distributing the publication via email will save TCDS over \$30,000 per year!



THE BRAIN TRUST - Left to Right: Bulletin Editor, Dr. Dan Jenkins; Executive Director, John Fields; & Publisher, Fred Lamb



SHREDDING DAYS

OCTOBER 14 2016

12 pm-4 pm

***Members Must Register online
by October 1 to Participate.**



SAVE

THE DATE

NEW DENTIST MIXER

AUGUST 5 2016

***CHECK YOUR EMAIL for more information and the location.**

Nominating Committee Selects Slate for 2017

As required by the Tri-County Dental Society Bylaws, the Nominating Committee is presenting its recommendations for the officers to serve on the board of directors for 2017. The committee, headed by Dr. Gerald M. Middleton, presents the following slate.

President:	Judy Wipf
President-Elect:	Wayne S. Nakamura
Vice President:	Michael Mashni
Secretary-Treasurer:	Katherine Cooke
Director:	Joan Deninger
Director:	Paul Simeteys
Director at Large:	Hemant Joshi

Other board members who remain on the board are:

Evangelos Rossopoulos, Immediate Past President
Michael Clapper, Director
Deborah M. Hutton, Director
Oariona Lowe, CDA Trustee (Nominated for this office)
Kenneth Harrison, CDA Trustee
Daniel N. Jenkins, Editor

Additional nominations for officers and directors may be made by an active, dual or life member of the Society, provided such nomination is supported by the endorsing signatures of 15 active, dual or life members and received in the Tri-County Dental Society office by August 10.

Candidates nominated for an office or to serve as a director, if unopposed, shall be declared elected at the close of the 30-day nominating period and will take office on January 1, 2017. In contested elections, voting will be held by mail ballot.

Tri-County Dental Society Office Staff Extends Service Hours

By John C. Fields, Executive Director

We know that during the hours that your practice is open, it may be difficult to break away and contact our office. Because of this, we realized you may need to contact our TCDS staff early in the morning and/or after 5 PM.

So, effective June 1, 2016, our TCDS Office has been manned from 7:00 AM to 5:30 PM, Monday through Friday. This change will provide our members with more effective service and increase accessibility to our staff from 40 to 50 hours of service per week. That's a 25% increase!!!

Use your TCDS membership! These extended hours are just one example of increasing service to our members! Tell us how we can maximize service to you! Email me with your suggestions at john@tcds.org. I look forward to hearing from you soon and often! Thanks, John



At a Glance :

This is an example to help you learn more about financial planning. You should check with a professional advisor to determine your own plan of action for your situation.

Traditional Investments vs. a Safer Alternative Plan

Don Stanley

In order to compare traditional investments to investing with a safer alternative plan, we are going to look at a 401(k) in a mutual fund and a post-tax equity account and compare them to what could be considered a safer alternative plan. The two questions we will ask are: 1) Is it better to fund a 401(k), a qualified “tax deferred” plan or 2) use a conventional post-tax brokerage account compared to the post-tax safer alternative plan in order to receive the most money back during retirement. There is a lot of information here, and this is a difficult task and due to the brevity of the article, we are going to drastically condense the information and provide primarily final results.

As we do these comparisons, we will use a client who contributes \$15,000.00 a year from age 45-65 and removes money from the account from age 66-85. We will use a 7% investment return over the life of each plan. In order to make these as “real life” as possible, adjustments were made in each case to adjust for taxes paid and taxes saved based on each of the investments with the investor being in the 15%, 30%, and 40% tax brackets. Adjustments were also made with regards to additional taxes and initially conservative expenses, and then, more actual “real life” expenses and costs incurred relevant to each investment. The 401(k) and the equity accounts will have an account value of zero at age 85.

Each of the investments has its own characteristics. For example, the 401(k) plan is a qualified “tax- deferred” plan. As contributions are made, the investor gets to add \$2,250 for being in the 15% tax bracket, \$4,500 for the 30% tax bracket, and \$6,000 in the 40% bracket—this additional money goes into a side account for this investment and will be added back in the comparison. This is money the two after tax investments, the post-tax equity account, and the safer alternative plan, are required to pay up front because they both use after tax dollars. The objective was to have relative amounts of money going into each investment

so the returns were based on actual returns and not skewed by any unaddressed factors. Below are two examples of retirement investments for you to consider. Your situation may differ, but you can check with your investment advisor for which one seems best for you.

For the “conservative” and actual “real life” expenses, a .6% annual mutual fund expense was used as the “conservative” example— the industry average is 1.5%. Then, on the more “real life” example, we used a 1.2% mutual fund expense and a .6% money management fee which are very typical expenses for a 401(k) or a post-tax equity account. We must also keep in mind that the money coming out of a 401(k) plan is fully income-taxable in the year received, and the money in the safer alternative plan both grows tax-free and comes out tax-free in retirement.

This brings us to another question: Is it better to pay taxes on the seed or on the harvest? In this case, the seed is the money going into the investment, and the harvest is the money taken out during retirement. Let’s see what our results reveal.

This is comparing a “conservative” 401(k) plan to the Safer Alternative plan:

	“After –Tax” Retirement Income Ages 66-85
Regular 401(k) with in a 15% tax bracket	\$55,091
Regular 401(k) with in a 30% tax bracket	\$52,785
Regular 401(k) with in a 40% tax bracket	\$50,458
The Safer Alternative Plan	\$63,745

Now we’ll compare a more “real life” 401(k) plan to

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the Safer Alternative plan:

	" After -Tax" Retirement Income Ages 66-85
Regular 401(k) with in a 15% tax bracket	\$43,761
Regular 401(k) with in a 30% tax bracket	\$41,157
Regular 401(k) with in a 40% tax bracket	\$38,676
The Safer Alternative Plan	\$63,745

In reviewing the results above, the Safer Alternative Plan compared to the "real life" 401(k) plan returns 46% more if you are in the 15% income tax bracket, 55% more if you are in the 30% income tax bracket, and 67% if you are in the 40% income tax bracket. It is also pretty obvious that paying taxes on the seed—the money going into the investment is the better choice.

Remember, the money from the safer alternative plan, the \$63,745, from age 66-85 is tax-free money. These results are substantial.

Comparing a post-tax equity account to the post-tax safer alternative plan, you have to pay income taxes on the money before you invest it in both cases. And with the equity account invested in the stock market, you also have to pay other expenses such as mutual fund expenses if investing in mutual funds, money-management fees, and dividends and capital gains taxes over time as your money grows.

The safer alternative plan has its expenses that have also been accounted for.

This chart shows how significant the effects of the fees and expenses are on the post-tax equity accounts. Also, as you look at these comparisons, it is very obvious that any of the money taken out of the post-tax brokerage account with regular expenses (column D) is less than what could be removed from any of the 401(k) examples. That supports having a 401(k) over a post-tax equity account, but neither of them comes close to the returns of the Safer Alternative Plan providing \$63,745 tax-free every year. Again, the safer alternative plan truly supports the idea of paying tax on the seed rather than the harvest.

If you want additional information on this subject you may contact Don Stanley at 760-408-2273 or email him at lighthousefinsvcs@gmail.com or visit: <http://bit.ly/1NfChkx>

More on the Safer Alternative Plan next time!



Here are the results using various fees and expenses:

Blended Annual Tax Rate	A	B	C	D
15%	\$51,793	\$46,874	\$42,405	\$38,346
20%	\$48,367	\$44,020	\$39,970	\$36,442
25%	\$45,159	\$41,333	\$37,818	\$34,592
Safer Alternative Plan	\$63,745	\$63,745	\$63,745	\$63,745

The variables A – D are explained below:

- A No mutual fund or money management fees
- B A .6% annual mutual fund expense (the industry average is 1.5%)
- C 1.2% annual mutual fund expense
- D 1.2% annual mutual fund expense and .6% money management fee



At a Glance : *Creating a Blog is intimidating for most dentists. Not only does Austine guide us through the creation of a Blog, but she also provides operating tips to make it more successful.*

Do you have a Blog?

Austine Etcheverry

Last time we focused on Instagram and how Instagram can help build your social media platform. This time we are going to focus on Blogs, and how writing a blog and posting a few times a week allows you to share valuable information with your patients.

Blogs are short articles about a particular topic. They are a fantastic way to share information with patients about state-of-the-art technologies you are offering in your office, new procedures, and even general information on basic dental topics like decay prevention and home care. There are a variety of options when choosing a host for your blog. Some you may already be familiar with: Blogger, BlogSpot, Wordpress, Webley, and Blog.com. It doesn't matter which host you choose; it matters what you post on your blog, how consistent you are, and how often you post. Most of the blog formats are similar to set up and are as simple as Blogger, which we will walk through together.

Blogger is an easy option when you have a Gmail account. It is simple to use because you already have an email linked to Blogger. In order to find it, log into your Gmail account. You can click on the 'dots' in the right-hand corner. The dots provide a drop-down menu that gives you the option to find other Google applications. Blogger is a giant orange 'B.' If you click on that you will be taken to the Blogger dashboard. Once there, check the top left-hand corner. You will see your name and any blogs you currently host. Down below that is the option to start a new blog. You can have as many different blogs as you want, but for now, I recommend you start with one. If you are a specialty office, or you want to focus on new technologies or a particular procedure you are introducing such as Sleep Apnea, Cerec, or Laser procedures, you may eventually want a blog specific for each topic, and post only articles about that specific topic under that blog topic.



To set up your blog you will click on the button that says, "new blog." When you click on that you will be prompted to pick the title of your blog. Choosing your title is very important. The title is how people will find you and what will be listed on your other social media sites when you link your blog to Facebook, Twitter, and Instagram.

You will then create your URL. This is another way for people to search and find your blog. This should be simple to type in, but should also be clear and concise. The above-mentioned platforms will prompt you in setting up your URL. Keep in mind when choosing a title and URL, it should not be anything that is difficult to find, is similar to other blogs, or does not represent you and your office. For Blogger, your URL can be the name of your office, and then it will add blogspot.com to the end. For example: ClickbitsCreativeMedia.blogspot.com

Once you have picked a name and URL it is time for some fun. You will be able to pick a template that best fits your need. Each template is a little different. For example, one template may have space for one photo and one area for text. Other templates may have space for two or three photos and then an area for text. The templates also have a variety of colors you can choose from. You can customize your site so you can choose specific colors and your exact style. You want to make sure your site looks similar to other sites you have and/or the colors you use for your website, Facebook profile, and Instagram profile. It is easier to have everything look uniform and be familiar to patients. This helps them to locate your office and know the information is from you.

I highly recommend posting photos on the blog of the dental office, photos of you and your staff, and then a few that show who you are as an office. With any social media site you participate in, it is crucial your patients are able to build a relationship with you. In 2016, they can do this

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outside the walls of your office. You can also post a quote, mission statement, tag line or a saying that represents your office on the front page. Once you have set up your page, picked your URL, and template, you will click on the bottom orange button that says to create a blog.

Your blog is now created, and you are ready to post articles, photos, and other information. The left-hand side of your blog in Blogger will have a variety of information. I recommend you review them in order to see what everything does. The top one says, "new post." This button will take you to a page where you can now create your first blog post. At the top of the page is your post title. This will be a title for the topic you are going to be discussing. You will want your title to be something that is catchy, but that describes what you are going to talk about as this will be important for people that are searching for information. Then you can begin to type your article.

Once you have finished typing everything, you can click on the right button that says, preview. This will allow you to see what your page looks like and also how the photos and text will appear. This can be helpful because sometimes you may think your page is aligning correctly, but when you preview your words are off the left of the page, or they are not centered when you want them to be. When you are finished typing your article you will want to click in the box that says, "labels." These labels are similar to "tags." Ensure you spell the words correctly. These are the search terms people will type when they are looking up information. Google places your blog at the top or bottom of searches depending on the words that you use, and how many people are looking for that topic. Labels can be a few words together such as, "cosmetic dentist," or they can be one word, "Dental." Using your name with the city is an easy way for people who are searching your office to find you.

On the right hand-side of your page you can also schedule when you want the blog to be posted. If you write three or more articles at a time, but then want one or two posted a week, you can schedule them for the time and date that works for you. You may want to evaluate when you are getting the most hits on the blogger dashboard in order to determine the best time to schedule your blog to post. If you post at midnight on Friday, and you see no one is looking at your blog, you can try another time to help increase your hits.

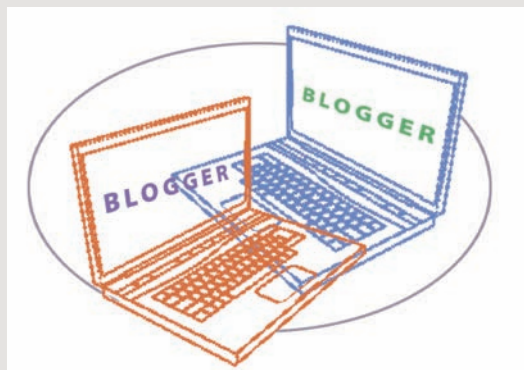
Now that you have everything set up, and you know what everything is, what do you post? Blog topics can be in-

depth, or they can be informative. They should be between two hundred and fifty to five hundred words. You don't want them to be too lengthy, as you may lose your audience. You should be careful about posting really technical information with complicated vocabulary that patients wouldn't be familiar with. Blogs are meant to be informative reading places where I, as a patient, can learn something new. Blogs can also be funny or share interesting facts. Your topics can be themed or represent a variety of interests. You may want to do some research in order to see what other dental blogs are talking about. You can add a simple photo into your page as well by clicking on the insert button at the top of the page. Once it is inserted, you can move it to the top of the page, the left or right side or the bottom. Photos should be medium sized, and not blurry – another good reason to preview your post before submitting it for publishing.

Once you have completed writing, putting in your labels, and scheduling your post time, click on publish and your article will be ready to share with the world. There is a link you can copy and paste at the middle right-hand side. This link can also be shared with your other social media sites in order to help increase traffic to your blog. One of the best reasons to blog is so that you can be seen as an expert in your field. Patients want to be seen by those who they feel are knowledgeable, well-informed, and confident. Use your blog to showcase yourself, your team and your office and you will be well on the way to practice success.

Social Media takes time to build. For more information on the Do's and Don'ts of your social media contact Austine Etcheverry at: Clickbitscreativemedia@gmail.com

Austine Etcheverry is a positive, dedicated professional with over 10 years of experience in the dental field. Austine has a keen eye for designing websites and blogs. She has experience in social media and search engine optimization.



SHORT ABSTRACTS

In vitro assessment of a calcium-fluoroaluminosilicate glass-based desensitizer for the prevention of root surface demineralization.

Miyajima H1, Ishimoto T, Ma S, Chen J, Nakano T, Imazato S., Dent Mater J. 2016;35(3):399-407. doi: 10.4012/dmj.2015-273.

The purpose of this study was to evaluate the ability of a calcium-fluoroaluminosilicate glass-based desensitizer (Nanoseal) to protect against root demineralization in vitro. Nanoseal was applied to human root dentin, which was immersed in acidic buffer for 72 h, or exposed to pH cycling by immersing in distilled water or mineralizing solution for 24 h intermediately during 48 h-acid attack. The Nanoseal-treated group had the lowest mineral loss (ML) and lesion depth (LD). Analysis using an EPMA demonstrated calcium and phosphorous were incorporated into the superficial layer of specimens in the Nanoseal-treated groups, suggesting Nanoseal modified the dentin surface, making it resistant to demineralization. Application of Nanoseal is an effective method for protecting root from demineralization.

PMID: 27251995

<http://www.ncbi.nlm.nih.gov/pubmed/27251995> (Free full text.)

The Buffalo Model: Shifting the Focus of Clinical Licensure Exams in Dentistry to Address Ethical Concerns Regarding Patient Care.

Gambacorta JE1, Glick M2, Anker AE2, Shampaine GS2. J Dent Educ. 2016 Jun;80(6):641-7.

Most jurisdictions grant dental licensure to graduating students following successful completion of a clinical exam. Testing agencies nevertheless conduct their exams at school facilities. Patient participation in these exams raises ethical concerns regarding such issues as unlicensed providers' performing irreversible procedures with minimal supervision and graduates' limited accessibility to provide follow-up treatment. To address these concerns, a collaborative effort between University at Buffalo School of Dental Medicine faculty and testing agency personnel was launched. The aims of this article are to describe the development and implementation of the resulting Buffalo Model, to highlight ethical advantages in its application, and to identify areas of improvement to be addressed in future iterations. With the Buffalo Model, candidates can take it at various points during their fourth year. In addition, after calibration of school faculty members, 98.5% of cases verified by faculty were accepted by the Commission on Dental Competency Assessments for use in the exam. In two cases, restorative treatment completed during the exam did not meet the school's competency standard. This new approach ameliorates ethical concerns associated with clinical licensure exams because treatment is provided only to patients of record within a sequenced treatment plan and timely and appropriate treatment is provided to all patients. The results of this first year of implementation also suggest that calibrated faculty members will not show bias in the selection of lesions or competency evaluations of candidates.

PMID: 27251344 [PubMed - in process]

<http://www.ncbi.nlm.nih.gov/pubmed/27251344>

Oral manifestations in vitamin B12 deficiency patients with or without history of gastrectomy.

Kim J1, Kim MJ1, Kho HS2,3. BMC Oral Health. 2016 May 27;16(1):60. doi: 10.1186/s12903-016-0215-y.

The purpose of this study was to compare clinical features of vitamin B12 deficiency patients with a history of gastrectomy to those without a history of gastrectomy.

Eleven patients had a history of gastrectomy and 11 did not. The chief complaint was glossodynia in all patients. No significant differences were observed between the two groups regarding age, sex, symptom duration, or plasma vitamin B12 level. Erythema and depapillation of the tongue were the most common

Continued on pg 17

Help is one call away.

The CDA Well-Being Program

Concerned that you or a dental professional you know may have an alcohol or chemical dependency problem? Support is available.

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Southern California
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What's Happening?

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

Day/Date	Event Details
Thurs. July 7	Continuing Education Meeting TCDS Office (Includes Dinner) Social Hour: 5:30 PM Seminar: 6:15 PM to 8:30 PM "Supra-gingival Dentistry: A Healthier Approach to Restorative and Aesthetic Dentistry" Dr. Jose Luis Ruiz 2 CEU's – SEATING IS LIMITED! Sponsored by Burbank Dental Lab & Kettenbach USA
Thurs. Aug. 8	New Dentist Study Club Meeting TCDS Office (Includes Dinner) Social Hour: 5:30 PM Meeting: 6:15 PM to 8:30 PM 2 CEU's – SEATING IS LIMITED!
Thurs. Aug. 25	Continuing Education Meeting TCDS Office (Includes Dinner) Social Hour: 5:30 PM Seminar: 6:15 PM to 8:30 PM "Predication For The Dental Patient" Dr. Liviu Eftimie 2 CEU's – SEATING IS LIMITED!
Thurs. Sep. 1	New Dentist/Student Mixer Romano's Restaurant 330 Orange Street, Redlands, CA 7:00 PM.
Sun. Sep. 11	Annual Meeting and Family Fun Day Fiesta Village 1405 East Washington St., Colton, CA 10:00 AM to 2:00 PM (Lunch Included)
Tues. Sep. 13	Board of Directors Meeting TCDS Office 6:45 PM to 8:00 PM

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July 2016

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www.tcds.org.*

Day/Date	Event Details
Thurs. Sep 15	Continuing Education Meeting TCDS Office Seminar: 7:30 AM to 12:40 PM (Includes Breakfast) "Infection Control and California Dental Practice Act" Leslie Canham 4 CEU's – SEATING IS LIMITED!
Fri. Oct 14	A Shredding Event TCDS parking lot 12:00 PM to 4:00 PM Must register online to attend

Continued from pg 15

findings, however less common among patients without a history of gastrectomy. Patients with a history of gastrectomy were more anemic. Oral symptoms of the majority of patients responded to antifungals and vitamin B12 replacement.

CONCLUSIONS:

Vitamin B12 deficiency and its associated etiological factors should be considered in patients with glossodynia, even those whose oral mucosa appears normal and who lack a history of gastrectomy.

PMID: 27234214 [PubMed - in process] PMCID:
PMC4884371

<http://www.ncbi.nlm.nih.gov/pubmed/27234214>



TCDS NEW DENTIST STUDY CLUB MEETINGS

dine and discover

2016 DATES

- March 31 - August 18 - October 27

TREATMENT PLANNING HELP FOR NEW DENTISTS

C.E.: 2.0 UNITS

COST: MEMBERS- \$10
NON-MEMBERS- \$20

TIME: 6:30- 8:30 PM

LOCATION: TCDS OFFICE
3993 Jurupa Ave., Ste. 104
RIVERSIDE, CA 92506

News for *Dentists*



SB 137 Requires Accurate Dental Plan Provider Directories

A law created by Senate Bill 137 goes into effect on July 1 and requires all health plans to maintain accurate provider directories. This law requires dentists contracted with dental plans to respond to a plan's request for accurate directory information within 30 days or face payment delays, reimbursement reductions or, ultimately, termination of their participating provider agreement.

<http://www.cda.org/LinkClick.aspx?fileticket=TzR7adwaQ4Q=&portalid=0>

Nearly A Third Of Americans Never Floss Their Teeth, CDC Study Finds.

ADA Morning Huddle - Newser (6/8, Dier) reports in continuing coverage that Centers for Disease Control and Prevention researchers surveyed "more than 9,000 Americans aged 30 and over" about how often they floss, finding "32.4% said they didn't floss their teeth at all, in contrast to the 30.3% who said they flossed daily." Discussing the oral health benefits of regular flossing, the article notes that the American Dental Association recommends flossing daily

Muhammad Ali "Battled Child Tooth Decay" In 1976 Album.

ADA Morning Huddle - Rolling Stone (6/6, Heller) reported that by 1976 Muhammad Ali was "a household name, a superstar, an icon," and adding to his list of accomplishments, he also "battled child tooth decay" in a children's album. Released in 1976, The Adventures of Ali and His Gang vs. Mr. Tooth Decay featured "the voice talents of Ali," Frank Sinatra, Howard Cosell, and Ossie Davis, combining "music, narration and PSA preachiness."

Study Finds Association Between Two Types Of Bacteria Found In Gum Disease, Pancreatic Cancer.

ADA Morning Huddle - Fox News (6/7, Samadi) reports on its website that a new study presented at the 2016 American Association for Cancer Research meeting "points to a connection between periodontal disease as a potential early marker for pancreatic cancer." Researchers from New York University (NYU) Langone Medical Center found "people with two types of periodontal disease-causing oral bacteria have a higher prevalence of pancreatic cancer than those who did not have the gum disease."

Washington Examiner - Dem: Medicare needs vision, hearing and dental coverage

By ROBERT KING • 6/8/16 3:28 PM

A top Democrat wants to expand Medicare's benefits to provide hearing, vision and dental care to the nation's seniors.

Rep. Jim McDermott, D-Wash., introduced the bill on Tuesday that would cover items such as hearing aids, dental exams and eye exams. However, the bill doesn't touch on how much the additional benefits would cost or how they would be paid for.

<http://www.washingtonexaminer.com/dem-medicare-needs-vision-hearing-and-dental-coverage/article/2593359>



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Alexandra@tcds.org

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Photography Tips - Sun

By Dan Jenkins DDS, CDE

When our society is having an outdoor event you might want to document all the fun so those who did not attend will wish they had made it. We are always in need of more photographs for our Bulletin! If the event is in nice weather with a blue sky and a bright Sun your challenge for the day is that bright Sun!

First, if you are taking pictures of people with the Sun shining right into their eyes they will squint or even close their eyes. Obviously this does not make for good pictures. One way to avoid this problem is to be aware of where the Sun is when you shoot and try to keep it behind the people you are shooting. You could have them turn their heads away from the Sun or toward each other with the head of the one person shading the eyes of the one looking into the Sun. Doing this will allow the people to keep their eyes open and allow for a good exposure of them so they are not washed out by too much light. One drawback is that things in the background may be washed out. But, I feel the people are the priority.

A second method would be to find some shade for the people to be in the foreground and the background in either Sun or shade. Again, this gives priority to the images of the people and the background just "is what it is."

A third way of altering the Sunlight is to use what is called a "diffuser." This device allows light to pass through it but even-out the lighting. Thus, you may have someone hold the diffuser in the way of the direct Sunlight and it will even-out the lighting and make it easier for your subjects to hold their eyes open and be comfortable. A thin white T-shirt might even work as a diffuser!

My fourth suggestion is for when the people can strain to open their eyes but there is still just too much light and shadows on them. In this case you can use your camera flash to "fill in" the shadows and even-out the lighting on the subject.



Unclassifieds

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

Upland Practice For Sale - Ideal location on a main avenue, with a beautiful view of Mt. Baldy. Long established. 2,395 Sq. Ft. Five operatories, Two digital X-ray units, Two Bathrooms, Two offices, Large Front Office work space, Lab with work area. Please call Arce Ramos at 909-816-7642.

CEREC Omnicam, MCXL mill, Programat CS Oven - CEREC 2013 Omnicam SW 4.4, 2012 MCXL mill, 2012 Ivoclar Programat CS Oven. Excellent working condition. Supported and transferable Patterson Service Club Membership. Please email Daniel at danieltdn@yahoo.com for details and make best offer.

Dental Assistant Needed - (RDA) Preferred - A Pedodontist office in San Bernardino seeks a Dental Assistant. Pedio. office and managerial experience desirable. Ability to speak Spanish, also desirable. Fax Resume to: 909-891-1132.

Dentist Needed – Child-friendly Dentist needed for Pedio office. PT/FT. Email resume for an interview to: officemanager.drko@gmail.com.

Share a space - Modern 6 operatory dental office in Redlands, available to share. Panorex, small lab, sterilization area. Ample convenient parking. Please make inquiries by calling Dr. Sharlyn Ziprick at 909-793-6700 or 909-557-4232, or via email at skziprickdds@gmail.com

RDA back office Children's Dental Office - This is a pediatric dental office looking for a highly motivated and enthusiastic registered dental assistant for the back office to work Mondays, Wednesdays and Fridays 8-5. RDA certificate is a requirement for this position. This is a new, upscale PPO-only dental office in beautiful Rancho Cucamonga. This is a dream job for the right candidate. Email your resume to: contactchildrensdentistry@gmail.com

Office For Rent - Dental office for rent in Riverside. Plumbed for 5 operatories. Second office plumbed for 3 operatories. Prime Location. Well maintained. Excellent parking. Call Mina Boyd for more information. (909) 241-8907.



Register Early & Save \$20

July 7- “Supra-gingival Dentistry: A healthier approach to restorative and esthetic dentistry” with Dr. Jose-Luis Ruiz—**2 CEUs**

Sponsored by Burbank Dental Lab & Kettenbach USA

August 25- “Predication for the Dental Patient” with Dr. Liviu Eftimie—**2 CEUs**

September 15- “Infection Control & CA Dental Practice Act” with Leslie Canham—**4 CEUs**

November 3- CPR & AED with Jim Rybicki—**2 CEUs**

For further details or to register go to www.tcds.org or call (951) 787-9700

Welcome New Members...



Mustafa Al-Adami, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Michael Alano, DDS
General Practitioner
New York University, 1999
No Practice Address Listed

Thaer Alqadoumi, DDS
Oral Surgery Resident
Loma Linda University, 2016
USC, 2022 (OMFS)
No Practice Address Listed

Khaled Eissa, DDS
General Practitioner
Univ of Cairo, Egypt, 1999
31737 Riverside Dr Ste B
Lake Elsinore, CA 92530-7890
951.674.8707

Madelyn Fletcher-Stark, DDS
General Practitioner
Loma Linda University, 2000
No Practice Address Listed

Nicholas Gih, DDS
General Practitioner
USC, 2009
231 N Indian Hill Blvd, Ste B
Claremont, CA 91711-4674
909.624.7865

Stepan Harutyunyan, DMD
General Practitioner
Western U, CDM, 2015
Palo Alto VA, 2016
No Practice Address Listed

Taoheed Johnson, DDS
General Practitioner
Tufts University School of
Dental Medicine, MA, 2011
UOP, 2016 (GPR)
No Practice Address Listed

Young Koh, DDS
General Practitioner
Loma Linda University, 2012
No Practice Address Listed

Johnny Koo, DDS
General Practitioner
Loma Linda University, 2003
22500 Town Circle, Ste. 2074
Moreno Valley, CA 92553
951.697.6800

Dineshchandra Makadia, BDS
General Practitioner
Govt Dntl College and Hosp
Ahmedabad, India, 1982
11058 Limonite Ave
Mira Loma, CA 91752-2120
951.737.6005

Roshanak Momen, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Essence Page, DDS
General Practitioner
USC, 2012
701B Langford Lake Rd
Fort Irwin, CA 92310-1474
760.380.7660

Jennifer Ramirez, DDS
General Practitioner
New York University, 2003
3991 Grand Ave Ste D
Chino, CA 91710-5442

Alberto Rodriguez- Cruz, DDS
General Practitioner
Univ Nacional de Mexico
(UNAM),
Mexico, 1976
79440 Corporate Center Dr Ste 1
La Quinta, CA 92253-7241
760.564.7716

Haitham Shasha, DDS
General Practitioner
Loma Linda University, 2016
326 N Riverside Ave
Rialto, CA 92376-5926
909.875.1464

Andrew Shin, DDS
General Practitioner
USC, 1985
14880 7th St Ste 1
Victorville, CA 92395-4034
760.243.5410

Ike-Arthur Tomas, DDS
General Practitioner
Loma Linda University, 1994
No Practice Address Listed

Phuoc Trinh, DDS
General Practitioner
Boston University, MA, 2006
17185 Arrow Blvd
Fontana, CA 92335-3972
909.822.4777

Ryan Walker, DDS
General Practitioner
Univ del Bajio A C, Mexico, 2013
23224 Westwood St
Grand Terrace, CA 92313-5313
909.327.7366

Michael White, DDS
General Practitioner
UCLA, 1985
No Practice Address Listed

Roland Williams, DDS
Oral Surgeon
Loma Linda University, 2004
UCLA, 2010 (OMFS)
36481 Woodbriar St
Yucaipa, CA 92399-5288
909.258.9263

Dental Anecdote

Daniel N. Jenkins DDS, CDE-AADEJ

In my first practice in the Deep South I was fortunate to have Jackie as my first hygienist. She was an outstanding hygienist and a great teacher to a newbie dentist in practice.

Since I was a new dentist, I'm sure Jackie was not that sure about me – especially in regards to supporting her. One day, Mawd came in for a “prophy” appointment. Mawd was an “old maid” in her 60's and did not take proper care of her teeth – lots of calculus. She wore dresses like you would see in period movies of the Old South and her accent was definitely southern. One unique thing she did was that if you asked her a question and she agreed she would say, “Yeah-yaw.” The first few times she said this to me it was difficult to keep from smiling or just busting a gut laughing!

On this visit, Jackie had removed a large chunk of calculus from the lingual of #10. When I saw Mawd for her exam she was upset and told me Jackie had pulled off part of her tooth or a filling. I looked at it and saw a perfectly clean and smooth #10 as well as adjacent teeth. I told Mawd that it must have been a chunk of tarter or calculus and that everything looked fine. She gave me a cross-eyed look and said nothing.

Mawd did need a filling on the lower left quadrant and she said she would like to have it done while she was there. I moved her to another operatory. After everything was set up, I went in to start.

Mawd decided she wanted to talk more about Jackie “pulling part of her tooth off” so she went on and on about it and essentially wanted Jackie fired. I explained the situation to her again, but she was adamant.

Finally, in frustration, I told her that Jackie had 28 years of experience as an excellent, highly-qualified hygienist and that if she had indeed removed part of a patient's tooth or a filling, she would own up to it. In addition, I told her that if a tooth structure or a filling was removed by cleaning, then it was not very strong and it needed to be fixed anyway. But, in her



case, the natural tooth was still there and if she wanted to keep complaining about it she should find another dental office!

Even though I said all that in a low calm voice, Mawd was shocked. I said, “Do you understand me?” Mawd timidly said, “Yeah-yaw.” I anesthetized her and walked out into the hallway – where Jackie had been standing and listening to my lecture. She looked at me smiling and said, “Thank you!”

We had mutual trust with each other for the rest of our time together.

Answer to Member City Question on Page Two:

Area pic is of graduation ceremony for the 2016 class at the University of California at Riverside. The UCR Carillon tower, erected in 1966, stands to the right.

Become a volunteer on a TCDS committee so you can meet other dentists and contribute to your organization

(Most committees meet only 1-3 times per year and require as few as 2-8 hours of your time)

GET YOUR FEET WET

Please contact Leadership Development Committee Chair Joan Dendinger, at joandendinger@earthlink.net or call the TCDS office at (951) 787- 9700 to inquire.

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Thank you to Dr. Norma A. Lantzch for hosting a Give Families A Smile (GFAS) clinic on May 7, 2016, and volunteering her office, staff and time.

Through their generosity and help 16 patients were cared for, with \$23,000 of services provided to those in need.

A very special thank you to Zulma Nardino and July Lemus of Project K.I.N.D for partnering with TCDS to coordinate a successful event.



We welcome those interested in hosting their own GFAS Clinics in 2016 to contact Alexandra Hernandez at [951-787-9700](tel:951-787-9700) or alexandra@tcds.org to obtain clinic supplies and help coordinating the event.



BULLETIN

3993 Jurupa Ave., Suite 104
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DATED MATERIAL



What is a QR Code?

A QR code (quick response code) is a type of 2D bar code that is used to provide easy access to information through a smartphone or other smart devices that contain cameras. QR codes are useful for directing users to websites and other online information.

To download QR Scanner, visit your App Store on your phone and search for "QR Scanner." Once downloaded, open the app and scan the barcode.

Now you'll be able to access more information with just a quick scan.



Website



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Events Calendar

TCDS ANNUAL MEETING



September 11
10 AM - 2 PM

Mini Golf Go Karts Lazer Tag Waterslides Amusement Rides Roller Skating

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