



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

# BULLETIN

Jan-Mar 2017

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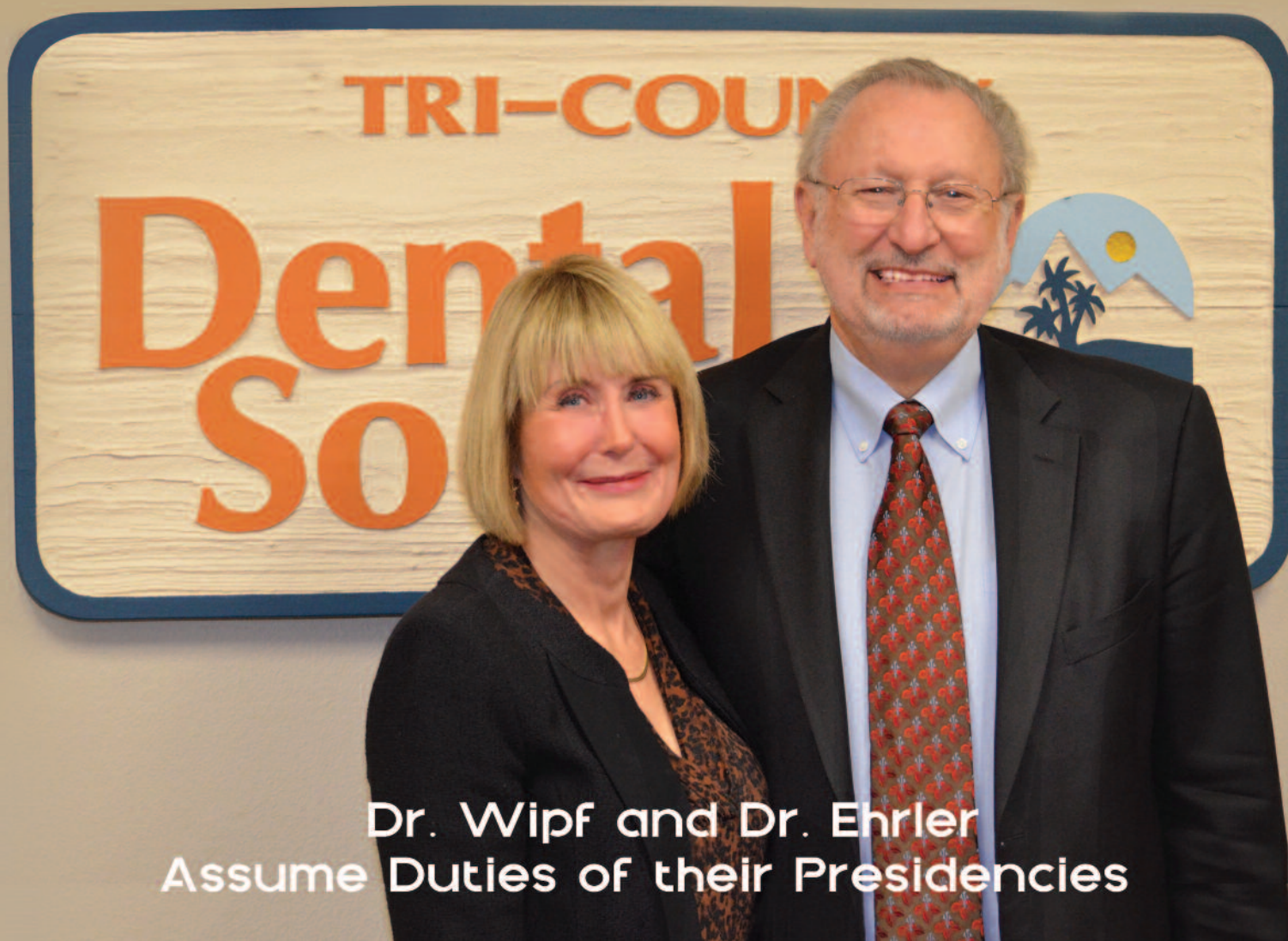
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**Dr. Wipf and Dr. Ehrler  
Assume Duties of their Presidencies**

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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 Cover Photo

Dr. Ehrler assumes the office of President of the California Dental Association.

Dr. Wipf assumes the office of President of the Tri-County Dental Society.

# Presidential Message

## At a Glance :

*Our new TCDS president wants all to prepare to participate in the many new things to happen at Tri-County Dental Society.*

## From the President

Judy Wipf, DDS



Helen Keller said “Life is either a daring adventure or nothing at all.” I am always amazed when I hear about the adventures people experience. Whether it is extreme sports, an exotic trip to the Amazon or zip lining down a canyon rim, all provide the same exciting feeling one gets when doing something not done before.

Beginning this month my new yearlong adventure begins leading an engaged and active board as the president of the Tri-County Dental Society (TCDS). The TCDS officers are elected each year to a board that has a history of commitment for making decisions in the best interest of the dental profession in the Tri-County area. It is my privilege to be working with our 2017 volunteer leaders. I am as excited and committed as when I went to Africa for the Lutheran World Brotherhood Exchange after my college graduation!

I want to extend a special thank you and appreciation to Dr. Rossopoulos for his dedication and leadership in 2016. The 2017 board is starting the year with a new strategic plan that was completed under his guidance. The TCDS strategic plan has three major objectives with four to five “action” goals outlined for each objective. This plan will guide the direction of the dental society for several years. To review the entire strategic plan and the direction charted for TCDS visit

[tcds.org](http://tcds.org).

In 2017, the board will focus on specific goals set forth within the major objectives. With the help of TCDS’s dedicated staff, the leadership has a commitment to achieve the following activities designed to take our member benefits to an even higher standard of service and prepare our dental society for the future.

1. Substantially expand and enhance CE programs,

2. Develop more networking programs and social activities for students and new dentists,

3. Dramatically transform our communications strategy with members. Specifically, redesigning: TCDS publication, TCDS website, and Email blasts.

Yes, these are lofty goals, and our board is committed to starting this new strategic direction. While the board is engaged and

ready to work, it is also important to have member participation too. I am sure as consumers you have sampled wine or cheese and provided feedback. Businesses also provide sampling because they know it stimulates an opinion on their product and many times leads to a purchase. I think of volunteering like sampling a fine wine.

At TCDS this year, it will be your opportunity to

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Incoming TCDS President Judy Wipf hands Ross Rossopoulos his traditional presidential gavel..



sample and provide feedback. How do you sample and provide feedback? Attend one or more of the new CE programs, come and network with the students, let us know if you like the new e-blast or website. Once you have sampled, tell me, or the volunteer leaders or staff about your experience. Our goal is to begin a process that will allow TCDS to offer a new generation of service to its member dentists and it begins with you. Our desire is for members of TCDS to experience a sense of community, making organized dentistry fun and fulfilling! You are the members and we want to hear from you!

By sampling the variety of member benefits, you may be surprised that you do want to volunteer, to become involved and help foster even greater accomplishments. I have learned through years of volunteering that it is an excellent way to give back to our profession along with being a wonderful social experience. Volunteering has helped me understand the importance of build-

ing relationships to support our profession. The knowledge I have gained through leadership provides an insight as to what dentists are experiencing in our profession today and may experience in the future.

Join me as we make this a “new” year for TCDS! My adventure and your adventure starts today — get involved, provide feedback, and if you are ready to make a commitment, become a new volunteer! Through your involvement, you can help TCDS support new volunteer activities that strengthen our profession. Volunteering doesn’t mean hours of commitment, it can be an hour a week or a few hours each month, but each time you volunteer our colleagues benefit by the gift of your free time. I want to hear from you this year, so send your comments and feedback to: [judy@tcds.org](mailto:judy@tcds.org).

Let our new adventure begin!



*At a Glance:* San Diego Dental Society Editor, Bryan Shue shares a piece of his study on dental history.

## Light on dental history . . .

By Bryan Shue, DDS, CDE

“With these remarks, we submit to our professional brethren the important question, whether a dental magazine can be sustained in our country.”—American Journal of Dental Science, 1(1):7, 1839.

The world’s first dental journal arrived in the summer of 1839 like a cannonball splash into a vast swimming pool full of gasconating empyricks, mountebanks, and hum-bugs who had the audacity to call themselves dentists. Our organized forefathers created the American Journal of Dental Science (Journal) in order to elevate dentistry into a science and a profession. And if that wasn’t enough, the following year

they established the first national dental association—the American Society of Dental Surgeons (ASDS—not the ADA)—and the world’s first dental school. But the Journal almost didn’t happen.

Baltimore dental surgeon and bestselling author Chapin A. Harris, 33 years old and a “remarkably handsome and intellectual-looking man,” believed the world was ripe for a dental journal. He prepared to make a 190-mile journey (as the Google Maps flies) to New York City for the world’s first dental editorial board meeting and asked another local dental surgeon to join him. No one from Baltimore, let alone anyone else in the entire early 19th Century, was more suited for this invite than 69-year-old Horace “the fa-

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*At a Glance : What is a new patient worth to you? Do you think the new ADA marketing program will be of value to you?*



## ADA Marketing Plan

*Daniel N. Jenkins, DDS, CDE-AADEJ*

One of the resolutions at the ADA House of Delegates involved developing a marketing plan for the ADA to use in promoting dentistry to the public. I remember something similar was attempted in the 1980's. At that time it was to be something similar to "Got Milk" ads that became very popular. The cost per member on that was to be \$50/year but it was voted down.

This time the resolution passed but will be under scrutiny to see how well it works for all members. This is a 3 year 18 million dollar campaign with an emphasis on technology and touting the benefits of seeing an ADA member dentist. The dues increase – \$10 per member per year. I know...over three years that comes out to a total of \$4.77 million for our 159,000 members and quite a bit short of the \$18 million. The additional costs are to come from other forms of income to the ADA. If it was all from our dues it would come out to less than \$40/member. (Less than was proposed and defeated in the 1980's.)

What is the value to you for a new patient from this campaign? I have heard many consultants state that a new patient is worth over \$1,000 in production – even more if the referrals from that new patient is considered. If you knew you would get one new patient per month from the ADA marketing, (that's 12



new patients/year!), would you pay \$1,000 more in dues per year? That would be an ROI of \$11,000. If that worked for sure then perhaps the ADA should raise the dues by \$10,000!

Why does marketing work to bring more people seeking dental care? You would think that if they needed dental work they would come in without marketing. After all, it seems like there is a dental office on every corner. Statistics show that only 20% of the population sees a dentist regularly. Another 20-30% will seek dental care in a given year. This leaves 50-60% in any given year that do not see a dentist – I'd say most likely because they do not feel the need. Maybe they do not have pain or at least not enough pain for them to move up dental care in their budget? The marketing can educate the non-pain populace to seek dental care to prevent things they are unaware of from becoming painful or loose – or, deadly, from oral cancer.

I hope the marketing involves more than technology. I've seen lots of technology in friends' offices with cob webs hanging from where they are stored. One used his cad-cam for a flower pot stand. I hope the marketing educates the public about dentistry and how fantastic dentists are. I remember a patient

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telling me, “My cousin is a dentist. We spent a weekend family reunion together and he told me all about dentistry. So, I know everything about dentistry.” I was tempted to offer him “do-it-yourself” dentistry. It would make discussing the patient’s diagnosis and treatment plan easier if they came into the office understanding some level of dental care and how altruistic dentists really are. I had one patient who would not allow any fillings on her children unless she could “stick” the cavity with her needle. (Am I the only dentist to be found by these patients?)

What will the advantage be in going to an ADA member dentist? I highly doubt that the ADA will be advertising “ADA dentists make crowns that fit better than non-ADA dentists.” If the quality of care is the difference, how would a patient measure the quality of care? For all that matter – how would you measure your own quality of care? Even if your recall examinations show the best work you know how – do you know of better treatment but don’t do it? I doubt that. If you had to choose a dentist for a family member, and this is common for all of us, would you even be able to evaluate the quality of their work? Would you choose one because of the dental school they attended? We all know of dentists from our own schools who have lost their license due to misconduct. I know when I choose one the first thing I want to know is if they are a member of the ADA simply because they have agreed to abide by the code of ethics.

I feel the main advantage for a patient going to an ADA member dentist is the ADA Code of Ethics. If it has been a while since you read it here is the link to the 2016 version.  
[http://www.ada.org/~media/ADA/Publications-Files/ADA\\_Code\\_of\\_Ethics\\_2016.pdf?la=en](http://www.ada.org/~media/ADA/Publications-Files/ADA_Code_of_Ethics_2016.pdf?la=en)

The code of ethics was one of the main reasons for the predecessor of the ADA, the American Society of Dental Surgeons. They felt that if a group of dentists agreed to abide by a code of ethics it would set them apart from those den-

tists who took advantage of people and set dentistry up as a true profession and not a trade. (I do worry about this being reversed with the common use of the term “dental industry” in more dental publications!) If dentistry is a trade wouldn’t that make us just “carpenters in the mouth?” How many times, after you tell someone you are a dentist, do they refer to you as “Mr. Jones?” I have a pharmacist I deal with who, even after I wrote out a prescription for a patient said, “Thank you Mr. Jenkins.” Sometimes I wonder how well we have done to get the message out to the public about dentistry being a profession! If we are a trade, how much confidence does that instill in our patients?

My hopes are that this ADA marketing campaign will work well for all ADA members. We know that one third of all licensed dentists in our TCDS area are NOT members. Perhaps if the other third would see an advantage of membership as being perceived as someone better they would join us. Perhaps TCDS could also do a marketing campaign in our area? Of course that would mean a dues increase. But, again, what are new patients worth to you? Perhaps we could work together with the other societies in southern California and even place educational advertisements on television and radio?

Send me your thoughts. I wish you success and peace. Dan

## Attention TCDS Members...

**Suggest a new name for our publication  
and win a year's free TCDS dues if your  
suggestion is chosen. Contact TCDS office  
for more details.**





*At a Glance:* TCDS member Butch Ehrler roasted as he is installed as CDA President.

## Dr. Clelan "Butch" Ehrler Installed as CDA President

*Daniel N. Jenkins, DDS, CDE-AADEJ*

**T**ri-County Dental Society member and past president, Clelan "Butch" Ehrler was installed as CDA President at the conclusion of the CDA House of Delegates. Special shirts were made up to honor Butch and a presentation of a "Top Ten" list of reasons why Butch will make a great CDA president was developed and directed by TCDS member, past president, and current CDA Trustee, Dr. Ken Harrison. Dr. Harrison was assisted by our TCDS delegates in a humorous presentation which entertained all of the 200+ CDA delegates.

The outgoing president, Dr. Ken Wallis, had the traditional party. He chose a "Pirate" theme and the attendees came up with some outstanding



Esteemed ED Pirate John Fields with Kathy Cooke and his lovely Pirate wife Rima!

outfits. Dr. Wallis told our TCDS group that the reason for the Pirate theme was because it was at the Disneyland Pirates of the Caribbean ride where he proposed to his wife. He also announced to us that he planned on moving to La Quinta and become a TCDS member! So, an early "Welcome to TCDS" to former CDA President, Dr. Ken Wallis.

While the above events were fun to be a part of at the House of Delegates there were other duties such as reviewing many resolutions, sitting through the discussions with the reference committee and listening to the arguments of pro and con on each of the resolutions.

To make things more efficient the delegates  
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Tito's Angels...Butch Ehler, leader of the pack

were provided box lunches so they could stay in their seats and listen to the discussions before the floor of the House.

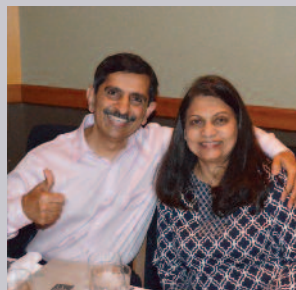
If you would like to be a part of the delegation to the CDA House of Delegates you can notify the TCDS office by phone or email.



Someone always insists on stealing the Editor's camera!



Jeff Lloyd, Wayne Nakamura, and Jackie Lloyd getting to the food



Dr. Hemant Joshi with wife, Dr. Madhavi Joshi



TCDS ED John Fields and his wife Rima at dinner.



Kathy Cooke, Leonard Raimondo and his wife Diana along with a "genuine" pirate.

## TCDS Continuing Education Programs

By John C. Fields, Executive Director

**T**raditionally, when you think of TCDS and Continuing Education, you might envision five or six opportunities each year to pay \$80 for some pizza and a 2-hour program on a Thursday night and, for the last several years, you'd be correct, as that's been the basic routine.

Much of that will dramatically change in 2017, thanks to our 2016 Continuing Education Committee, chaired by Dr. Wayne Nakamura, and our Programs Coordinator, Alexandra Hernandez.

For starters, there are 12 programs scheduled for 2017, one every month, and eight of these are **FREE** to members. All that's required is a \$50 refundable deposit at the time of registration. In addition, we've expanded into a spacious new training facility in the First Christian Church Fellowship Hall, just next door to the TCDS Offices. For courses that attract only 30 attendees or less, we'll still use the TCDS Conference Room, but those that attract 31 or more, we have already reserved the Fellowship Hall for all the 2017 dates. Now that many of our CE

courses are **FREE**, we're expecting a much larger turn out and a return to increased social interaction at these events.

The other four **SPECIAL** CE programs aren't free, but they are exceptional and will surely fill up very quickly. **SAVE THE DATES AND BUY YOUR TICKETS TODAY!** These include:

- **Mar. 16** - 4-Hour Infection Control & California Dental Practice Act with Leslie Canham - 4 CEUs
- **May 12** - **SPECIAL! FULL DAY OF TRAINING** - Including Breakfast & Lunch "When Esthetic & Other Treatment goes Oops: Prevention & Resolution" with **Dr. Bruce Crispin** - 8 CEUs
- **Oct. 27** - **SPECIAL! FULL DAY OF TRAINING** - Including Breakfast & Lunch at the Sheraton Fairplex "Adhesion Dentistry Incorporates Biomimetics." with **Dr. Raymond Bertolotti** - 8 CEUs

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*At a Glance: Sedation guidelines, specialty changes, and a change of leadership at the ADA.*

## ADA House of Delegates – Denver

**Daniel N. Jenkins, DDS, CDE-AADEJ**

The ADA House of Delegates met in Denver along with and following the ADA Annual meeting. TCDS has several members serving as ADA Delegates. For many weeks ahead of the meeting the delegates receive the resolutions to be considered. It is important for delegates to read all of the resolutions presented ahead of time. It is not unusual for quite a few resolutions to be added just a few days before the meeting. Thus, not all of the time spent as a delegate is just during the 3-4 days of the House of Delegates. After an initial general meeting of all districts, the various district representatives, (California is the 13th District by itself), meet on the first day to discuss the resolutions and the candidates for office. Representatives from the various district sub-committees, (Education, etc.) are sent to observe the different reference committee hearings. This is where the resolutions are discussed and the reference committee can listen to various peoples' comments on each resolution before presenting the resolution to the whole House of Delegates on a later day.

Between the reference committee meetings, and into the evening social events, there is much discussion between delegates and others regarding the resolutions. Although many delegates are passionate about some resolutions I have always felt the discussions appeared to be very professional.

Some of the major resolutions this year involved recognition of Operative Dentistry as an "Area of

Interest" under general dentistry, a new ADA marketing program, dental specialties, and sedation guidelines. Operative Dentistry as an area of special interest gives those dentists completing a required residency more of an official status which it is hoped will aid in more dentists



Butch Ehler contemplates resolutions at ADA-HOD.

participating as faculty in teaching dentistry. The marketing program is intended to bring more people into dental offices for dental care. While it does raise the annual dues the results should more than compensate for that. There did not seem to be a lot of opposition to this resolution and it passed. The ADA felt the rules for advertising specialty status and for specialists to be able to practice general dentistry required changes. Briefly, if a dentist is considered a specialist by their state, even though it is not one of those listed by the ADA, they can hold themselves out

as a specialist and not be in violation of the ADA rules on ethics. Also, if a specialist wishes to include general dentistry procedures in their practice they are not in violations of the rules of ethics. This passed without a lot of dissent.

A bigger issue presented again this year was a change in sedation guidelines. Last year there was a lot of dissent and it was referred back to the reference committee to await a study by the Pediatric Dentistry Association. The main issue seemed to be over the need for CO2 monitoring equipment. Some state boards have already written rules that CO2 monitors must be utilized. Many delegates felt that it would be confusing for state boards to have one set of rules

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ADA President Gary Roberts, addresses the ADA House of Delegates.

and the ADA to have a less stringent set of guidelines. Perhaps this is why it passed? The California Board of Dentistry has recently recommended new rules on this.

Dr. Carol Summerhays' term as ADA President ended with the meeting. She is a member of the San Diego Dental Society and it seemed more comfortable having a fellow CDA member being president. The 2017 president, Dr. Gary Roberts from Louisiana was installed. I have met him on several occasions and have found him to be a real down to Earth "nice guy." One of his main thrusts is regarding license portability which would allow dentists to relocate from one state to another without having to go through the examination gauntlet. He points out that our society today is much more mobile



Long line at ADA reference committee microphones.

and a dentist moving from one state to another to go along with a spouse being transferred will sometimes mean that the dentist might not practice for up to a year!

The new ADA President-elect, Dr. Joe Crowley from Cincinnati, will take office next year. During the voting process all of the delegates had to go downstairs to vote.

As I returned to our CDA area I noticed Joe, and the other two candidates laughing and talking together like the friends they are. Then, they started to play "Rock, Paper, Scissors" to determine amongst themselves who was going to win. I quickly raised my camera and – I shot all three of them in the act! Joe is also a very nice fellow and I look forward to getting to know him



ADA President-elect candidates Terry L. Buckenheimer, D.M.D., Julian Hal Fair III, D.M.D., & Joseph P. Crowley, D.D.S. playing Rock, Paper, Scissors to determine who wins. All used "Rock!"

better than through the short conversation we had.

If you are interested in participating as an ADA Delegate you may apply on the CDA website at [CDA.org](http://CDA.org).

TCDS can always use more members to participate not only as ADA Delegates, but many other offices. If you have any questions just call or email the TCDS office.



*At a Glance:* How do you go about hiring someone who will not take the money you have earned? David is an expert in this area. If you think you don't have to be concerned about this – think again!

## How Not To Hire the Wrong People in Your Practice

*By David Harris, MBA, CPA, CMA, CFE, CFF*

Much has been written about hiring the right people for dentists. Finding a good personality fit and ensuring that employees properly project your office's personality are things others know far more than I do, so there is little that I can contribute to that discussion.

However, my background and experience provides some insight into how “serial embezzlers,” who are the very LAST people you want to hire, successfully conceal unsavory pasts. I'd like to share what I have learned about their tactics.

Let's start by profiling typical embezzlers. They are smart, organized, and have strong computer skills. They present well in interviews, and convey an understanding of the preciousness of your time, and commit to creating an environment where that time can be used most effectively. They present an attractive resume without typos (seemingly a rarity today). And, of course, they have dental experience, although you don't yet fully comprehend the nature of that experience.

You are likely thinking that I have just described a perfect employee. One of the ironies of embezzlement is that thieves superficially resemble the perfect employee. Fortunately, there are areas where embezzlers differ from truly ideal employees, and this article will help you differentiate.

The most obvious area is that many, but certainly not all, serial embezzlers have criminal records. A properly conducted criminal records check will uncover this, and allow some rotten apples to be foregone. Two things

should be kept in mind here. Many embezzlers don't have criminal records either because charges were never brought, or because of the agonizing slowness of the justice system. Also, since a criminal record could reside in many different places, criminal background checking is complicated and best contracted out to professionals.

My next advice is that, when checking with former employers, verifying education etc., eschew any phone number provided by an applicant. We have seen many cases where doctors thought they were speaking to former employers, finding out much later that it was actually a friend of the applicant pretending. So when verifying past experience or a credential, locate the phone number independently so that you know with whom you are speaking.

Now that you are speaking with the right person, let's consider what you should check. What you are seeking is the “undisclosed job” that the applicant wants to conceal. This job can be hidden either by covering it with non-employment (“home with children,” “travelling through Europe,” etc.), or by “stretching” the dates of other employment to cover what they want to hide.

If an applicant claims a lot of time out of the work force, request a copy of their tax return and assessment from the IRS. Like any document, a tax return could be forged, but the nature of this form makes the forgery a lot of work, so most applicants trying to hide something will simply move on to another victim.

My other suggestion is to ask each former em-

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ployer (and you should normally contact all employers from at least the last five years) a few strategic questions.

- Get them to provide exact dates of employment. Don't prompt them with the dates in the resume and ask for verification; human nature may result in them agreeing without verifying
- Verify job title and responsibilities
- Ask who the previous and subsequent employers were (most former employers know this)
- If the applicant claims to be currently working for that employer, confirm this with the employer. People who have been fired tend to conceal this fact from you
- Finally, ask each former employer a very specific question, "If this person were available and if you had a suitable opening, would you re-hire them?"

The attractiveness of this question is that, while former employers are often cautioned by attorneys to avoid derogatory statements, most will find this question, which simply asks about future intent and not about specific actions or characteristics, to be a "safe" question to answer. And a single word answer, like "no" (or anything short of an enthusiastic "yes"), shouts volumes about the applicant.

Compare all answers to the resume, and reject any applicant where dates or job history do not line up exactly with the information you determined independently.

While there is no foolproof means of identifying resume cover-ups, the simple techniques outlined here give you an excellent chance of spotting situations when resumes have been "doctored." Also, while the focus of this article is on finding criminal activity, techniques shown here will also help uncover "resume embellishment," which is a definite concern -- published studies suggest that over 60% of resumes contain some form of lying. Also, 65 million Americans (1 in 4 adults) have criminal records.

By making some relatively small improvements to your hiring process, you can greatly reduce your chances of making a catastrophic hiring mistake.

*David Harris is an authority on dental office embezzlement, and the Chief Executive Officer of Prosperident, the world's largest dental embezzlement investigation firm. For additional information you may go to: [www.dentalembezzlement.com](http://www.dentalembezzlement.com)*

## EPA issues final rule: Amalgam separators required

The administrator for the Environmental Protection Agency has signed off on a final rule under the Clean Water Act to control the discharge of mercury and other metals entering the waste stream from dental practices. The rule will regulate dental practices that place or remove amalgam — it is not intended to apply to dental practices such as orthodontic and periodontal practices except in limited emergency circumstances. The effective date of the rule is 30 days after the rule is published in the Federal Register. The compliance date for most dentists will likely be January 2020, three years after the effective date.

Under the final rule, a dental facility that places or removes amalgam will be subject to two best

management practices: 1) collect and recycle scrap amalgam; 2) clean the chairside traps with non-bleach or non-chlorine cleanser so as not to release mercury.

The rule also includes an amalgam separator requirement, stating that a dental facility must install an amalgam separator that is compliant with either the American National Standards Institute American National Standard/American Dental Association Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization 11143 Standard (2008) or subsequent versions so long as that version requires

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*At a Glance:* Previously, Austine has helped us address Google updates and taglines. This time she has recommendations for how to use Pinterest.

## What Can Pinterest Do For You?

**Austine Etcheverry**

**O**ur last article focused on Google updates that cause a change in how people connect with your business and the way they changed tag lines and other features to ensure your clientele could find your practice. In this article, we are going to focus upon the power of Pinterest. <https://www.pinterest.com/Pinterest>

Some of you may be shaking your head and thinking, “Pinterest, what am I going to do on Pinterest? It is full of recipes, photos on crocheted items, and how to create a bookshelf out of scrap pieces of wood.” I am here to share with you an untapped social media resource that can take your dental business up a notch. Pinterest can help you connect with individuals you may not otherwise connect with.

### How do you post on Pinterest?

Sharing, posting and uploading items to Pinterest is similar to how you would upload other items on Facebook or twitter. <https://www.pinterest.com/Pinterest>. Once you create a page, you will have what is called boards. These boards are a collection of things you like and find interesting. When you are connected and logged into your page, at the top right corner, there is a plus sign. When you click on the plus sign, you are able to pin photos, links, websites or add information to a particular board. Pinterest is a fantastic location for you to post on because research shows that the majority of people who are on Pinterest are female. This lends itself to a large population of people who are potentially looking for referrals to a great dentist, are looking to connect with their dentist, or who are willing to share their great experiences with other people they know.

You can add followers and you can follow different people or groups. These groups help you to connect

with your patients, other dentists, and other health care providers. You may want to share or pin a healthy recipe that is great for your smile. Or you may want to share a funny photo you found on Pinterest with your patients. The information shared on Pinterest is varied and you might be surprised, but there is a large amount of information on Pinterest that is dental related.

Following people is a feature that is available on Pinterest. This works similar to following people on Facebook or Twitter. This means you can invite, follow and pin other items from your patients that you connect with. They in turn can also follow, share and pin items that you share. Following people is as easy as clicking on your page and then going to the, “Followers,” section at the top. This will bring you to a page where you can add followers and where you can see everyone who is following you. This will help you to build up the number of individuals who are watching what you post.

Some research shows people on Pinterest share and Pin what they really believe in. This is a fantastic place for you to add an important video of why your clientele should brush and floss. Where you post a funny photo of you picking out your favorite toothbrush and toothpaste. All of these photos and quotes build a social relationship outside the walls of your office.

### How do you tell patients about you Pinterest page?

Once you have created a Pinterest page it only works for you if people know about it. This will take some marketing on your end. Once you have created your page, share it on your other social media pages. Tell your Facebook page, your Twitter followers, Yelp and your LinkedIn professionals you have created a wonderful page of resources where they can now keep all

*Continued on pg 14*

the important information from you. Then create a QR code and post it in your office. This is a link to your page that will allow patients to take a photo and immediately be taken to your Pinterest page. This helps remove the problem of them typing the name wrong in, or not being able to find your page. If you really want to increase your followers run a contest: offer a prize to the person who shares your information the most, or gives a gift card to a person who takes a photo and uploads it to your Pinterest page.

Make this exciting and help them see this is important to you through creative ideas. You may want to make a big photo of your Pinterest page and post it on a wall of your office. Patients who follow you on Pinterest can take a photo with the Pinterest logo and post it on their page. The important piece of this is creating a wave of excitement for your page and then posting useful information on it.

### **What Can You Post?**

I discussed earlier you can post photos of funny sayings. You can also post items or quotes that help motivate you, or a video that shares important information about proper brushing techniques. You can also add brief articles or informative pieces on research that backs up and supports the messages you are trying to share with patients. This may include ways to help improve their smile, a short article on the benefits of veneers or the challenges of dental decay, and the impact that it has on your body. No matter what information you choose to share, it is important to keep in mind you want a healthy mixture between photos of your practice, fun photos, serious information. Anything you would post on Twitter or Facebook you can post on Pinterest.

Pinterest photos should have captions with large-size fonts, be easy to read, and have bright colors to catch people's attention. The quotes should be meaningful but short, and the text needs to be free of fancy fonts that make it difficult to read. The photos should be obvious and professional. The summaries you write, or the longer articles you

post, should be free of typos, be comprehensible and concise, and less than 240 words. Keep in mind, you can create a post that is a link to your already written blog post as well.

Before and After photos are a great way to catch the attention of your demographics. They are bright-colored photos, they are the real work you are doing in your office and help people to see what is really possible. When a fantastic before and after photo is paired with 100-200 words, it is more likely to be shared than other posts, which do not have before and after photos, or who do not have words added.

### **You Can Have Group Boards At Your Fingertips**

A unique feature of Pinterest is the concept of group boards. While you will have your own boards of things, you share and pin, you can create a group board where patients can come together and share significant information. This is a great way to have a place where all important information can be held, and multiple people can access the information. It is easy to access and when new information is added, Pinterest will notify people that something has been added. You can also join a group board and help to build off of what they are pinning and important information they are sharing in order to catch people's attention.

Do not waste time, begin pinning your dental information and your practice today!

*Great social media takes effort. Take time to work on your practice regularly to build quality communication and strengthen your results. For more information you may contact Austine Etcheverry at [Clickbitscreativemedia@gmail.com](mailto: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

## **Association between maximum occlusal force and 3-year all-cause mortality in community-dwelling elderly people.**

Iinuma T, et al. BMC Oral Health. 2016 Sep 1;16(1):82. doi: 10.1186/s12903-016-0283-z.

Among the very elderly, poor oral health reduces life expectancy. Differences in the magnitude of the maximum occlusal force (MOF) was measured in individuals aged 85 years or older. MOF tertiles were independently associated with a lower risk of death. Free PMC Article

<http://www.ncbi.nlm.nih.gov/pubmed/27586200>

## **Clinical and radiographic sequelae to primary teeth affected by dental trauma: a 9-year retrospective study.**

Costa VP, et al. Braz Oral Res. 2016 Aug 18;30(1). pii: S1806-83242016000100702. doi: 10.1590/1807-3107BOR-2016.vol30.0089.

This retrospective study aimed at determining the predicted risks of clinical and radiographic complications in primary teeth following traumatic dental injuries, according to injury type, severity and child's age.

Free full text

<http://www.ncbi.nlm.nih.gov/pubmed/27556555>

## **A Training Program Using an Audience Response System to Calibrate Dental Faculty Members Assessing Student Clinical Competence.**

Metz MJ, Metz CJ, Durski MT, et al. J Dent Educ. 2016 Sep;80(9):1109-18.

The aim of this study was to assess the effectiveness of calibration training of departmental faculty and competency graders across 12 months. The positive results from this study support the value of dental schools introducing faculty development programs to ensure consistent instruction for assessing dental student competence.

<http://www.ncbi.nlm.nih.gov/pubmed/27587578>

## **Effect of enamel margin configuration on color change of resin composite restoration.**

Aida A, Nakajima M. Dent Mater J. 2016;35(4):675-83. doi: 10.4012/dmj.2016-039.

This study aimed to investigate the effect of enamel margin configuration on color change of resin composite restoration. Enamel margin configuration affected color shifting of resin composite restoration and color adjustment of the border.

Free full text

<http://www.ncbi.nlm.nih.gov/pubmed/27477235>

## **An oral health optimized diet can reduce gingival and periodontal inflammation in humans - a randomized controlled pilot study.**

Woelber JP, Bremer K, Vach K, et al. BMC Oral Health. 2016 Jul 26;17(1):28. doi: 10.1186/s12903-016-0257-1.

The aim of this pilot study was to investigate the effects of four weeks of an oral health optimized diet on periodontal clinical parameters in a randomized controlled trial.

The experimental group (n = 10) had to change to the new diet. All inflammatory parameters decreased in the experimental group to approximately half that of the baseline values. Thus a diet low in carbohydrates, rich in Omega-3 fatty acids, rich in vitamins C and D, and rich in fibers can significantly reduce gingival and periodontal inflammation.

Free PMC Article

<http://www.ncbi.nlm.nih.gov/pubmed/27460471>

## **Ceramic Inlays: Effect of Mechanical Cycling and Ceramic Type on Restoration-dentin Bond Strength.**

Trindade FZ, Kleverlaan CJ, da Silva LH, et al. Oper Dent. 2016 Jul-Aug;41(4):E102-17. doi: 10.2341/14-155-L.

This study aimed to evaluate the bond strength between dentin and five different ceramic inlays in permanent maxillary premolars, with and without mechanical cycling. Conclusion: composition and manufacturing process of ceramics seem to have an influence on the ceramic surface and resin cement bond strength.

<http://www.ncbi.nlm.nih.gov/pubmed/27455117>

## TCDS Membership Status Report

Active/Recent	1440
Life Active	104
Retired	29
Life Retired	158
Post Grad	13
Faculty	42
Disabled	7
Military/Public Health	4
Provisional	66
Hardship	3
Pending Applications	12
<b>TOTAL</b>	<b>1878</b>

## 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

### Shehara Gunasekera, Membership Coordinator

Recruitment/Retention  
New Dentist Services  
Dental Student Services  
Website Assistance

Extension 22 – Shehara@tcds.org

### 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**



## What's Happening?

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

Day/Date	Event Details
<b>Tues. Jan. 10</b>	<b>Board of Directors Meeting</b> TCDS Office 6:45 PM
<b>Thurs. Jan. 26</b>	<b>Continuing Education Meeting</b> TCDS Office Social Hour: 5:30 PM Seminar: 6:15 – 8:30 PM “Third Party Payers” Dr. Gary Dougan 2 CEU's – Seating is Limited FREE to TCDS Members - \$50 refundable deposit re- quired
<b>Thurs. Feb. 16</b>	<b>Continuing Education Meeting</b> TCDS Office Social Hour: 5:30 PM Seminar: 6:15 – 8:30 PM “How to Make a Simple and Economical Implant Sup- ported Bridge” Dr. Parsa Zadeh 2 CEU's – Seating is Limited FREE to TCDS Members - \$50 refundable deposit re- quired
<b>Tues. Mar. 14</b>	<b>Board of Directors Meeting</b> TCDS Office 6:45 PM
<b>Thurs. Mar. 16</b>	<b>Continuing Education Meeting</b> TCDS Office Social Hour: 7:30 AM Seminar: 8:30 AM – 12:40 PM “4-Hour Infection Control & California Dental Practice Act” Leslie Canham 4 CEU's – Seating is Limited

Thank you to Woodcrest Dental Studio for hosting a Give Families A Smile (GFAS) clinic on September 24, 2016 and volunteering their 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](mailto:alexandra@tcds.org) to obtain clinic supplies and help coordinating the event.

## What's Happening - Cont.

Thurs. Apr. 13

### Continuing Education Meeting

TCDS Office

Social Hour: 5:30 PM

Seminar: 6:15 – 8:30 PM

“Forensic Dentistry for the Dental Professional”

Dr. Stephen Lojeski

2 CEU's – Seating is Limited

FREE to TCDS Members - \$50 refundable deposit required

12:00 PM to 4:00 PM

Must register online to attend



## Dental Humor

*Daniel N. Jenkins, DDS, CDE-AADEJ*

**M**y first practice had three Ritter J stand-up dental units and an assistant with 28 years of experience.

Included was also a large clanking mechanical/electric adding machine. When Mrs. Floyd would be running through the accounts – I could still hear it clanking throughout the office. I finally managed to save up enough money to buy a fully electronic adding machine that made a “zing” sound; and, a “sound off” switch. I had shown Mrs. Floyd the features of the new adding machine AND that the sound could be turned off.

Over the next few weeks I could still hear a constant zing sound. Finally, in frustration and when no one else was in the office, I went to the front desk and again showed her the sound switch. She responded, “Well, yes, I know where it is but – I just like to hear the noise!”



# News for *Dentists*

## ADA NEWS:

Washington — Voters elected four ADA members to the 115th Congress Nov. 8, all with wide margins of victory. Dr. Drew Ferguson, newly elected to represent Georgia's 3rd congressional district, will join incumbent Reps. Mike Simpson, Idaho 2nd, Paul Gosar, Arizona 4th, and Brian Babin, Texas 36th, in the Republican majority in the House of Representatives when Congress convenes in January. Click on this link to go to full ADA NEWS article: Four members elected to Congress (November 9, 2016). To see the current ADA NEWS issue click on [this link: http://www.ada.org/en/publications/ada-news/current-issue](http://www.ada.org/en/publications/ada-news/current-issue)

## CDA UPDATE:

News in the Nov 21, 2016 issue: New CDT codes; New minimum wage rules; Answer to a question about ethics or legality of certain marketing incentives; 2016 laws and regulations update; children's dental plans in Covered California; holiday pay issues; announcement of start of registration for CDA Presents in Anaheim, May 4-6, 2017. Visit [cdapresents.com/Anaheim2017](http://cdapresents.com/Anaheim2017); using the new I-9 form when hiring new employees; and a reminder of the CDA CE course calendar at: [www.cda.org/cecalendar](http://www.cda.org/cecalendar).

[http://www.cda.org/Portals/0/update/update\\_122016.pdf](http://www.cda.org/Portals/0/update/update_122016.pdf)

Click on the above link to access the current CDA UPDATE.

## 400-year-old Prosthesis Unearthed by Archaeologists

Found at a monastery in Tuscany - NOVEMBER 2016

"This is the first archaeological evidence of a dental prosthesis using gold band technol-



ogy for the replacement of missing teeth," Simona Minozzi, a paleopathologist at Pisa University, told Discovery News.

<http://www.telegraph.co.uk/news/2016/11/21/400-year-old-dentures-made-human-teeth-unearthed-archaeologists/>

## Mouth cancer rates soar over 20 years

November 25, 2016 - Cancer Research UK - A new Cancer Research UK analysis reveals that rates of mouth (oral) cancer have jumped by 68 per cent in the UK over the last 20 years.

<https://www.sciencedaily.com/releases/2016/11/161125084242.htm>.

## This smart device sniffed my morning breath to check for gum disease

A Silicon Valley startup called Breathometer has developed a product for people to evaluate a person's breath. They claim it is an FDA-approved class I medical device, called "Mint." It looks like a removable mouthpiece. It syncs with an app via Bluetooth, and "works with your smartphone to help you understand and improve your oral health," according to the Mint website. <http://www.theverge.com/2016/11/19/13680544/breathometer-mint-breath-tester-cavities-gum-disease-oral-health>

## First-ever Study Shows E-cigarettes Cause Damage to Gum Tissue

November 16, 2016 - A University of Rochester Medical Center study suggests that electronic cigarettes are as equally damaging to gums and teeth as conventional cigarettes. The study, published in *Oncotarget*, was led by Irfan Rahman, Ph.D. professor of Environmental Medicine at the UR School of Medicine and Dentistry, and is the first scientific study to address e-cigarettes and their detrimental

effect on oral health on cellular and molecular levels.

<https://www.urmc.rochester.edu/news/story/4667/first-ever-study-shows-e-cigarettes-cause-damage-to-gum-tissue.aspx>

### Surgeon General Issues Landmark Report on Alcohol, Drugs and Health

From HHS media office, Nov 17, 2016 -

“How we respond to this crisis is a test for America”

A new Surgeon General’s report finds alcohol and drug misuse and severe substance use disorders, commonly called addiction, to be one of America’s most pressing public health concerns. Nearly 21 million Americans – more than the number of people who have all cancers combined – suffer from substance use disorders. “Alcohol and drug addiction take an enormous toll on individuals, families, and communities,” said U.S. Surgeon General Dr. Vivek Murthy. “Most Americans know someone who has been touched by an alcohol or a drug use disorder. Yet 90 percent of people with a substance use disorder are not getting treatment. That has to change.” The report, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, marks the first time a U.S. Surgeon General has dedicated a report to substance misuse and related disorders. The report addresses alcohol, illicit drugs, and prescription drug misuse, with chapters dedicated to neurobiology, prevention, treatment, recovery, health systems integration and recommendations for the future. It provides an in-depth look at the science of substance use disorders and addiction, calls for a cultural shift in the way Americans talk about the issue, and recommends actions we can take to prevent and treat these conditions, and promote recovery.

<http://www.hhs.gov/about/news/2016/11/17/surgeon-general-issues-landmark-report-alcohol-drugs-and-health.html>

# 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.

### Northern California

530.310.2395

### San Francisco/Bay Area

866.430.0922

### Southern California

818.437.3204 / 714.814.7732

### San Diego

619.275.7180



## What can a CPA do for You?

We have extensive experience with Dental Practices. The professional staff of Frank W. Stearns offers a wealth of knowledge in financial practice management. We tailor our services to meet specific needs. We offer the highest quality of professional services designed to improve the profitability of your practice while enhancing productivity and performance.

We can Assist you with:

- Practice Acquisition/Mergers
- Tax planning and Preparation
- Dental Practice Accounting
- Computerization
- Payroll Accounting
- Retirement and Estate Planning

If we can assist you in of these areas, please call Frank (Chip) Stearns.

### Frank W. Stearns

Certified Public Accountant, Inc.

2453 Falling Oak  
Riverside, CA 92506

951-780-5100

**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](mailto:danieltdn@yahoo.com) for details and make best offer.

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

**Dentist Needed** – Child-friendly Dentist needed for Pedo office. PT/FT. Email resume for an interview to: [officemanager.drko@gmail.com](mailto: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](mailto: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](mailto: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.

**Prosthodontist Associate in Multi-Specialty Office California (Palm Desert) -**

A terrific opportunity for a skilled prosthodontist associate. Preferably board-certified, with strong communication skills. Needed in established multi-specialty Palm Desert, CA office established in 1992. High income potential for only working one day per week. Please email cover letter and CV to [golfinthedesert@gmail.com](mailto:golfinthedesert@gmail.com).

**1,300 SF Dentist Office For Lease**

Prime Neighborhood Retail Center! Located on Valley Boulevard, one block from intersection of Cedar Avenue and the 10 Freeway. Located between the cities of Riverside, Colton, Fontana and Rialto. Adjacent to busy Subway Sandwich and Boost Mobile. Core intersection within an established trade area. Great center with lots of foot traffic. (909) 973-6348

*TCDS Continued from pg 8*

- **Nov. 3** - 8-Hour Infection Control (For Unlicensed DA's)  
with **Leslie Canham — 8 CEUs**

If this isn't enough, we realize that many of our members prefer to take CE Courses online, in the comfort of their own home and we've made sure that these bases are covered as well. TCDS IS VERY PROUD TO ANNOUNCE a brand new partnership with the Western University of Health Sciences – College of Dental Medicine. Specifically, with the **Virtual University at Western University or VirtualU@WesternU**, for short. Effective Immediately, TCDS members will have access to 100's of hours of high quality CE courses at a highly discounted rate.

Go to <http://virtualu-westernu.com/> and sign up for courses today!



*At a Glance: Peer Review Committee and the Board of Directors  
met for a delicious meal and conversation*

## Peer Review Committee Honored with Dinner with the Board

*Daniel N. Jenkins, DDS, CDE-AADEJ*

O

n November 16, 2016 the Tri-County Dental Society Peer Review Committee was honored at a dinner hosted by the TCDS Board of Directors. Peer review, while sometimes thought of as a parallel to a police department's Internal Affairs and being very secretive, is comprised of a very dedicated

group of fellow dentist members who sacrifice a lot of personal time in reviewing records and writing reports.

The board had a great time meeting and interacting with the Peer Review Committee members who were able to attend. A fantastic table of food was laid out by TCDS staff member Alexandra Hernandez and the food was enjoyed by all.



Alex presents the table of food for the Peer Review Committee and Board members.

*EPA Continued from pg 12*

amalgam separators to achieve at least a 95 percent removal efficiency.

CDA recommends that members not purchase separators until the rule is published.

Dental practices that already have amalgam separators will be required to replace the equipment within 10 years of the rule's effective date with equipment meeting the new standard.

Additionally, there are reporting requirements. All dental facilities must submit to the local authority a compliance report and have maintenance and inspection records available for inspection.

CDA and the ADA advocated to the EPA for revisions to the proposed rule, published in 2014, with CDA calling for withdrawal of the rule to allow sanitation agencies, states and regions to

“develop their own guidelines to use when developing and enforcing dental amalgam programs which will allow for the appropriate response based on each local jurisdiction's needs.”

CDA is developing an FAQ and other resources to assist dental practices with compliance dates, California-specific required BMPs, penalties for non-compliance and more.

In addition, CDA has worked with PureLife Dental to help make complying with the new mandate easier and more affordable. With the confidence of CDA's Endorsed Programs, PureLife's ECO II amalgam separator is available to members for only \$99 per unit with a discounted one-year replacement cartridge and disposal service agreement. To learn more, visit [cda.org/amalgam](http://cda.org/amalgam).

## Welcome New Members



**Sky Martin, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

**Sooyeol Sohn, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

**Shahbaz Katebzadeh, DMD**  
General Practitioner  
Western U, CDM, 2015  
St Barnabas Hospital, NY,  
2016 (GPR)

**Donghan Kim, DDS**  
General Practitioner  
USC, 2016  
No Practice Address Listed

**Sukhpreet Sandhu, DDS**  
General Practitioner  
Virginia Commonwealth Uni-  
versity, VA, 2015  
UCLA, 2016 (GPR)  
44066 Margarita Rd. Ste 1  
Temecula, CA 92592

**Winifred Lee, DDS**  
General Practitioner  
Univ of Alberta, Canada, 2005  
Hartford Hospital, CT, 2006  
(GPR)  
19333 Bear Valley Rd. Ste 205  
Apple Valley, CA 92308-5150  
760-247-4155

**Sylvia Tozbikian, DDS**  
General Practitioner  
Ohio State University, 2016  
50249 Harrison St Ste G  
Coachella, CA 92236-1530  
760-398-9848

**Kiddee Poomprakobsri, DDS**  
General Practitioner  
LLU/SD, 2012  
No Practice Address Listed

**Mistina Massey, DDS**  
General Practitioner  
LLU/SD, 2015  
No Practice Address Listed

**Ona Erdt, DMD**  
General Practitioner  
Western U, CDM, 2016  
No Practice Address Listed

**Min Jo, DDS**  
General Practitioner  
LLU/SD, 2016  
287 Clydesdale Way  
Montclair, CA 91763-4179

**Jonathan Kim, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

**Esther Song, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

**Michaela Miller, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

**Derek Enciso-Ng, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

**Theresa Nguyen, DDS**  
Orthodontics Resident  
LLU/SD, 2016  
LLU/SD, 2018 (Ortho)  
No Practice Address Listed

**Brian Park, DDS**  
General Practitioner  
LLU/SD, 2016  
33165 Monte Verde Rd  
Temecula, CA 92592-9220

**Sassan Dadseresht, DDS**  
General Practitioner  
USC, 1993  
29645 Rancho California Rd.  
Ste 126  
Temecula, CA 92591-5211  
(951) 676-4556

**Seongro Yoon, DDS**  
General Practitioner  
LLU/SD, 2016  
14495 7th St,  
Victorville, CA 92395-4223  
(909) 255-4874

**Andrew Rastegar, DDS**  
General Practitioner  
UCLA, 2015  
37086 Cathedral Canyon Dr  
Cathedral City, CA 92234-1877  
(760) 328-3827

**Tory Silvestrin, DDS**  
General Practitioner  
LLU/SD, 2015  
Loma Linda University Fac-  
ulty Dental  
159 W Hospitality Ln Ste 100  
San Bernardino, CA 92408-  
3348

**Wesley Arnold, DDS**  
General Practitioner  
LLU/SD, 2016  
No Practice Address Listed

ther of American dentistry” Hayden, who had been honored with the first license to practice dentistry in the U.S. Did Hayden always advocate for the science and ethics of dentistry? Yes. It was rooted deeply into his smear layer. So did he join Harris? No.

Uh-oh. “Dr. Hayden declined to comply, alleging that he had labored too hard and too long in the acquisition of professional knowledge to sow it broadcast through the land by means of a magazine,” as documented by dental historian Lawrence Parmly Brown.<sup>1</sup> So Harris traveled alone. The editorial meeting included Eleazar Parmly, Elisha Baker, and Solyman Brown, solid dentists that just so happened to be the original president, vice-president, and corresponding secretary, respectively, of the world’s first dental society—the Society of Surgeon-Dentists of the City and State of New York. Establishing a dental journal would be as easy as achieving 100% anesthetic success on every maxillary infiltration, right? Not so much (insert jarring noise of a LP record scratch here).

The all-day meeting began, but trouble cometh. “Late in the afternoon Dr. Hayden arrived and joined in the discussion.” What’s going on, Harris had to be thinking. Hayden was less welcome in this meeting than a bubble on the margin of a crown impression. Not only did Hayden actually make the long trip, but he continued to undermine the effort, “still expressing himself as opposed to the movement of publishing professional knowledge to the world.” When Horace Hayden talked, dental surgeons listened. “Nevertheless, in spite of this individual objection, the meeting resolved on the publication of a Dental Journal forthwith,” reported Brown, who quoted from his grandfather Solyman Brown.

Strangely enough, some historical accounts actually praised Hayden’s role in the creation of the Journal. One source stated Hayden “was instrumental in organizing, with the aid of his confreres, The American Journal of Dental Science, the first dental journal ever published.”<sup>2</sup>

But Solyman Brown recalled “Hayden was never

an editor or conductor of the Journal.” And over 175 years later, additional facts show Hayden didn’t support the creation of the Journal. Take the newly-formed ASDS (not the ADA) and its first president, who happened to be . . . Horace Hayden. Solyman Brown wrote “although the conductors and original projectors of the American Journal of Dental Science, were quite willing to resign the publication into the hands of the society, that body was disposed to decline the transfer.”<sup>3</sup>

Additionally, the Journal printed the names of its 179 initial subscribers, a veritable who’s who of the era, and said this list “will satisfy our professional brethren that the journal is extensively approved by the profession.”<sup>4</sup> Even the entire publishing committee subscribed. And Horace Hayden? Offering weaker support than a first generation dentin bonding agent, he was not listed as a subscriber. Eight issues later, the updated list of subscribers now included 350 names. Still, no Hayden.<sup>5</sup>


Eventually, all was well with organized dentistry’s original organized dentist. In 1841, Hayden’s ASDS did assume publication of the Journal for volume 2 and Hayden became a Journal “collaborator” and author. But that didn’t last. Before he died just over two years later, he disparaged the Journal and his friend Harris in extremely long and creative diatribes that would appear in—of all places—the Journal. Hayden got the last word in before he left.

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