

Summer 2011
Volume XXI Issue 3

Filling You In...

The Official Publication of the San Gabriel Valley Dental Society



PRESIDENT'S MESSAGE



Ashish Vashi, D.D.S.

“Take some time this summer to assess your happiness, personally and professionally. Make it a point to spend time with your loved ones”

I hope this edition of our newsletter finds you and your family fit and ready for the upcoming summer. I still can't believe its June and half the year has flown by. Summer is a time that everyone looks forward to. This season is full of family and friends, great weather, some time off from the office to enjoy life, and a time of happiness. Additionally, I think the summer is as good a time as any to reflect and make sure we are happy, both personally and professionally.

On a personal level, I like to take a look at the people in my life. How is my relationship with my family? How are my relationships with my friends? Do I feel fulfilled by those relationships and am I happy with where they are and where they are going? Am I doing my part to strengthen those relationships? It is so easy to get bogged down with work and the daily routine, that sometimes we lose sight of all the people important in our lives. I tend to take time to reflect in the summer, because it affords me the time to bolster those relationships and create time for the people I care about.

Professionally, I like to take a look at the state of my dental practice. Are we profitable? Are our patients happy with our service? But most of all, I try to evaluate if I am happy practicing dentistry. If I am not, I ask myself why? In the day to day workings as a dentist, there are many issues that come up which are not fun. It could be difficult staff management issues, or issues with an insurance company, or treatment of complex patients. We all face these topics periodically, and it is easy to become frustrated with our office. One thing I have realized is that all of these issues do not go away. They will remain, in one form or another, but it should not discourage us from our profession.

One thing I found to give me fulfillment as a dentist and to get me out of the daily grind of the office, is volunteering. Many of our member dentists volunteer in various ways such as volunteering for a free clinic, performing dental screenings at schools, or serving for the dental society. All of these acts of service have really changed my outlook and happiness as a dentist. In addition to the fulfillment of giving back, it has given me the opportunity to meet so many incredible people that have become such great friends. Many of us practice in a solo office, and it is difficult to meet other dentists and create these friendships. This is my sixth year serving on the Board of the San Gabriel Valley Dental Society. Without this experience, I know I would not have met many of the other dentists that serve and volunteer, let alone have such great friendships with these amazing people. I know that part of my happiness with dentistry is working with and serving with these great dentists.

Take some time this summer to assess your happiness, personally and professionally. Make it a point to spend time with your loved ones. If you are looking for a way to increase your fulfillment professionally, I encourage you to volunteer. I guarantee you will receive far more than you give.

Peer Review Police “To Protect and Serve”

Actually, the motto of our Society's Peer Review Committee is “careful, consistent, confidential.” However, we could adopt the aforementioned motto of the Glendora Police Department because we do try to **protect** our colleagues and their patients from lengthy, costly, lawsuits and we aim to **serve** in two ways, by sharing tips on how to avoid a peer review and by conducting a review when asked.

Peer Review: A bad dream?

Is it anyone's dream to star in his/her own peer review? No, but it's not a nightmare either! It's simply a **free solution** when a conflict arises between a patient and dentist. The outcome is determined by a **volunteer** group of three, or more, of your calibrated (trained) colleagues. Like others on the committee, I have “worn the shoes” of being the doctor under review. Afterwards, I was asked to join this group. Now, thirteen years later, I can say that decisions are never reached lightly. Many hours are spent to determine a **fair ruling** based on **objective, conclusive evidence**. If the patients' complaint is

deemed valid, a refund is required. If the complaint is not valid, the resolution letter to the patient will explain why the treatment is acceptable. With either result, the goal is to “make it go away” without the patient seeking a lawyer. Even without a return of fees paid, the patient may be satisfied by reason of having been carefully listened to and impartially examined by the committee members. Often, the patient feels that trust has been broken with his dentist and the patient just wants answers to questions about his treatment. Sometimes, the patient is hurt or angry when he feels that his practitioner wouldn’t help with a problem and the patient wants to vent. Doctors, it’s wise to **communicate personally with an unhappy patient**, in a timely manner. Don’t delegate this to a staffer.

Oops, where did it go?

Occasionally, the patient’s treatment under review had been altered by a subsequent treader. For example, the crown has been redone. In this situation, rather than close the case as non-reviewable, the committee will study other evidence, if enough is available to render a fair decision. Again, any decision may help to support our colleague under review. A **Non-Determination** may leave the patient seeking redress before a judge.

A word about record keeping

A major part of the review involves studying the treatment record provided by the doctor under review. This is the legal record – “if it’s not written, it didn’t happen.” **Write more, not less.** Include: Diagnosis with Periodontal Charting; pre-op and post-op Radiographs; other physical aids such as photographs and study models; Treatment Plan Options with Risks/Benefits; Informed Consents (if only verbal, get the patient’s signature in the chart); Treatment including materials used, observations, and patient comments; and Referrals made. Peer review seeks reasonable, not perfect, treatment. More than one treatment plan can fulfill goals satisfactorily. Those of us who conduct the reviews also learn from them. We’ve been known to exclaim “Yikes, I’m going to start keeping better records now!”

Just Doing a Favor

What happens when we treat a friend or relative? We may be tempted to be casual in regards to record gathering and keeping or let ourselves be talked into rendering treatment that we feel would be better done by a specialist. Don’t. **It’s the ones we least expect that come back to bite us.** Especially, do not succumb to letting the patient dictate the treatment. Remember, when doing treatment in a specialty area, general practitioners will be held to the same standards as the specialists.

What, no heads up?

Prior to the centralization of the peer review process at the CDA headquarters in Sacramento, as Chair I would often make a courtesy call to the dentist under review to alert him, answer questions, and see if the case could be resolved before going ahead (a call would go to the patient too). This contact is now considered a **potential conflict of interest.** Unfortunately, we’ve lost a part of the peer review experience that may have helped to ease nerves and lessen sleepless nights. Let me continue to share a few more facts here instead.

Facts

The decisions of peer review are not made public. However, if a refund is awarded and the dentist elects to have it **paid by his liability insurance carrier, that refund is reported,** to the National Practitioner Data Bank.

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MISSION STATEMENT

*The San Gabriel Valley
Dental Society
is dedicated to the
promotion and support of our
member dentists in their pursuit
of providing excellent dental care
to the public.*

Pregnancy Disability Leave 101

The only portion of the process that is “discoverable” if the case does go on to court is the final “Resolution Letter” that is mailed to the patient and copied to the dentist. Only the treating doctor receives a second document containing the committee’s clinical findings called the **Resolution Addendum. Caution – Keep this separate from the patient’s chart** (or it can be called into evidence).

A committee member will recuse him/herself if there is a close relationship with the doctor or patient under review (close friend, business associate or relative). The patient or treating dentist also may choose to **transfer the review** to a different component than the one in which treatment occurred, if either of them feels that there is a conflict of interest.

Stand Tall

Be proud that you are a **C.D.A. member** who offers the **benefit of peer review** to your patients. While not a guarantee of satisfaction, as one of my friends said, “It’s a cushion, in case the patient is unsatisfied.”

Muchas Gracias

In closing, thank you to the general dentists serving on Peer Review and to the many specialists who may never get to serve, yet go through calibration anyway. Also, a particular appreciation to Dr. Marvin Carnow, our former member and chair, who is completing his sixth and final year on the State Council on Peer Review. What a lot of work!

And thank you to our San Gabriel membership for utilizing peer review or just calling in with questions. By the way, the number of reviews in our component, as well as statewide has fallen off these past two years. That’s gotta be good!

On behalf of the committee,
Patricia Donnelly, DDS, Chair
626-963-4464
Glendora

You have suspected it for a while and finally your employee has told you that they are pregnant and will need to take time off to care for their baby. When an employee comes to you to request a leave of absence, it can be pretty overwhelming! What laws do you follow, how much time do I have to give them off, what about benefits, etc.?!?! Depending on the size of your practice, you will have certain laws that you need to follow. There are more than 300,000 babies born each month in the United States, so it is imperative that businesses be prepared for all of these new arrivals – one such rule is the Pregnancy Disability Leave (PDL) law for California employees.

If you have five or more employees on your payroll then your practice is covered by PDL. If your employee headcount has fluctuated, you may still be covered by PDL. The law states that if an employer has had five or more employees in 20 consecutive weeks in this year or the preceding calendar year, you are also required to follow PDL guidelines. Employees who are covered by PDL are eligible to take the leave from the first day of employment – there is no waiting period or minimum number of hours an employee must work for you before they are eligible to take leave.

In order to be eligible for PDL as stated in the provision of the law, an employee must be “unable to perform any one or more of her essential job functions with undue risk to herself, the successful completion of her pregnancy or to other persons”. This means that a health care provider must certify that the employee is unable to perform her job functions, it does not mean that the employee walks in one day and says ‘I want 5 months off and you have to give it to me’.

When an employee qualifies for PDL, they are eligible to take up to four months or the equivalent of 88 work days. These guidelines are for an employee who works full-time, so if you have an employee who only works in your office 2 days a week, they would only be eligible for a prorated amount of PDL.

As with all leaves, you may require employees to provide certification from a healthcare provider that states the following information; 1) the leave is required due to the fact that the employee is unable to work all or some of the essential functions of the job, 2) the date disabled by pregnancy and 3) the expected duration of the leave. You can only ask this of an employee requesting PDL if you request it of all other employees. You do not want to single an employee out just because they are pregnant and ask them to provide documentation that you do not require other employees to provide.

Mark your calendars!

Thursday, September 15, 2011
**'HR & Preventing
Legal Cavities'** Mari Bradford, CEA
&
'Legally Mine' Stewart Carnes
5:30-9 PM
3 CE
\$25 - Light Dinner
Almanson Court, Alhambra

The employee should give you at least 30 days notice when their leave will begin unless due to lack of knowledge of when the leave or transfer will begin because of a change in circumstances or because of medical emergencies, then as soon as practical.

You should review your employee handbook to check to see if you include language regarding notice requirements since you must inform employees what type of notice you require. Once you have a handbook, you are required by law to include information regarding PDL as well as any other leaves your employees are covered under. If you have not updated your handbook lately, now is the time to contact the SGVDS Human Resource Hotline to order the Sample Employee Handbook created just for dental offices. All of the language that is required regarding PDL, notice requirements and other leave regulations is already written for you and ready to be shared with your employees.

Pregnancy Disability Leave and other leaves can be a very confusing and frustrating process

PDL is an unpaid leave - you are not required to continue an employee's salary while they are on PDL. You may require an employee to use sick time while they are on PDL, but you cannot require them to use their vacation or PTO. If an

employee would like to use their accrued vacation or PTO they may, but you cannot require them to use it or automatically pay it out to them while they are on leave without their approval.

If you have more than 50 employees in your practice, then you will also need to follow the guidelines regarding FMLA (Family Medical Leave Act) and CFRA (California Family Rights Act). But if you do not have more than 50 employees, you are not required by law to follow those provisions. If you have questions regarding FMLA or CFRA, please contact the HR Hotline.

If you provide medical benefits to your employees, you are not required to continue paying their benefits at the same level when they are on PDL. But you should follow the same practice for other leaves of absence for employees on PDL. For example, if you continue covering the cost of medical benefits for one month for other leaves, you should do the same with employees on PDL. If you do not cover the cost of benefits for other leaves, you do not have to with PDL. When you have an employee request PDL, you should contact your medical carrier or broker to discuss the best process for putting your employee on COBRA.

Upon the completion of PDL, the employee must be returned to their same or comparable position at the same pay they were receiving before they left. There are very limited circumstances in which an employee may not be returned to their former position, if you have experienced a reduction in force during the employees leave of absence and their position would have been eliminated regardless of status, you may have legitimate grounds for termination. We strongly encourage you to contact the hotline before you make any employment changes for an employee on a leave of absence.

Once an employee has finished their PDL, you can request that they provide you with a note from their medical provider stating that they are able to return to work and are released from disability. If an employee requests additional time off and they are no longer classified as 'disabled' by their medical provider, then you are no longer required to follow the PDL guidelines and reinstatement to their former position is not required. Furthermore, you are not required to honor a request for a different job or schedule. Requests to return to a different position, work new hours, reduced hours, etc. should be handled just like any similar request from another employee.

Pregnancy Disability Leave and other leaves can be a very confusing and frustrating process, but that is what the SGVDS Human Resource Hotline is for – please call us at 800-399-5331 if you have any questions about PDL, leaves of absence or any other labor law question, we are here to help!▲

**We ALL have questions -
Now YOU can get the answers!**

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For Members of San Gabriel Valley Dental Society

(800) 399-5331

TAX CORNER

Assessing the California Mandatory E-pay Penalty

According to the California Taxation and Revenue Code (CT & RC) Section 19011.5 the mandatory e-pay penalty will be assessed to a taxpayer:

1. who files a return with a tax liability over \$80,000 or
2. who makes an estimated tax or extension payment that exceeds \$20,000 for taxable years beginning on or after January 1, 2009.

Once either of the above conditions is met, all future payments regardless of type, amount or tax year must be remitted electronically.

No More Check in the Mail

Starting January 1, 2011 the Franchise Tax Board will begin to enforce the mandatory e-pay penalty. The penalty is equal to one percent (1%) of the amount paid unless the failure to pay electronically was for reasonable cause and not willful neglect.

Taxpayers who were previously notified (in 2009 or 2010) that they meet the California mandatory e-pay must make their California payments electronically starting January 1, 2011. Taxpayers can request a waiver from mandatory e-pay by filing Form FTB 4107, Mandatory e-pay Election to Discontinue or Waiver Request. If taxpayers are granted a waiver and later meet e-pay requirements, taxpayers must resume making payments electronically.

Taxpayers may remit payments electronically in one of the following options:

- Electronic Funds Withdrawal (EFW)
- Web Pay
- By credit card
- Pay-by-phone through completing and submitting Form FTB 4073.

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Fiduciaries, estates and trusts are not required to make payments electronically regardless of the amount owed. ▲

SAVE THE DATE



The San Gabriel Valley
Dental Society Presents

A Shred-A-Thon

Saturday, October 1, 2011

10:00 a.m. – 1:00 p.m.

Location:

1928 Huntington Drive
South Pasadena, CA 91030

For a listing of record retention guidelines go to
www.cdacompass.com or call

CDA practice support center at: (866) 232-6362

Cuong Le, EA, CPA, CSA is a practitioner located in Santa Monica providing tax, financial advisory and practice due diligence to healthcare professionals (especially dentists), a selected number of nonprofit organizations and the entertainment community.

Professional Courtesy for Dental Treatment An Employee Benefit

By: CDA Practice Support Center

Many employers provide their employee with dental treatment as a benefit of employment. The employer may provide all dental treatment at no cost with the exception of lab fees. However, what are the considerations when an employee has dental benefit coverage? Should the insurance be billed? How much should be billed? What happens if the benefit is maxed out? These are all questions that pertain to professional courtesy discounts.

Offering professional courtesy discounts dates back to Hippocrates. The practice served to build bonds between doctors, and to reduce the incentive for doctors to treat their own families. There are stipulations on the correct way to offer professional discounts when an employee has insurance. The keyword is disclosure.

As a contracted provider in a dental plan, under what circumstances can a dentist waive patient/employee responsibility for co-pays, deductibles and non-covered services?

Most dental plans are not designed to cover 100% of all costs. Patients are usually expected to share in the cost of the treatment. A typical plan might cover 80% of the cost and the patient would be responsible for 20%. A participating dentist may occasionally offer patients discounts in instances of professional courtesy or financial hardship; however, this must be disclosed to third party payers on the claim form. A dentist who regularly writes off or fails to collect the patient's portion misrepresents to the dental carrier the fee actually charged. The American Dental Association policy on waiver of copayment states "A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party that the charge to the patient for service rendered is higher than it actually is."

If a dentist submits a claim for an approved fee for \$100.00 but accepts the payment of \$80.00 as payment in full, the dentist's actual fee is only \$80.00. Misrepresentation of the actual fee charge is known as overbilling. This may lead to termination of participation agreements and may be reported to the state licensing board. The correct way to report

discounts on claim forms is to enter the fee the dentist intends to collect as payment in full in the total fee column of the claim form. This insures the discount is applied to both the plan portion and the patient portion. A comment should also be documented in the remarks section of the claim form indicating an employee discount has been offered, and the patient responsibility has been waived.

| Incorrect | Correct |
|--|----------------------|
| Billed \$100.00 (UCR) | Billed \$80.00 |
| Accepted fee \$ 80.00 Allowed | Accepted fee \$80.00 |
| Plan pays \$ 80.00 | Patient pays 0 |
| Patient pays \$ 20.00 not collected | |

When the fee charged to the patient is lower than the dentist's usual fee, and it is correctly entered on the claim as the actual fee charged, there is no effect on the dentist's participation agreement. It is also essential to fully document the treatment in the patient chart.

Once the dental benefits have reached their maximum through the dental plan, the continuation of benefits may be outlined in the employee manual.

Sample wording:

Dental Treatment

After [for example, three months] of service, [employer] offers dental treatment for eligible employees as a benefit of their employment. These dental services are available to the employees' family members: [for example, your spouse, significant other, domestic partner, child, parent, legal guardian, brother, sister, grandparent, grandchild, any in-law, and any person with whom you reside] at [for example, no charge, a __ percent discount].

Dental treatment is available subject to the following: [list the yearly limitations, who is responsible for lab fees, appointment hours, dental insurance and types of services available under the plan]. Dental benefits are at-will and may be modified or cancelled at any time at [employer]'s discretion. So, if you offer an employee with dental coverage a professional discount, what steps should you take?

- ◆ Bill fee that is accepted as payment in full rather than UCR on the claim form
- ◆ Disclose the professional courtesy discount in the remarks section of the claim form
- ◆ Document the treatment in the chart
- ◆ Document the policy in the employee manual

Advice Is Free But Knowledge Is Priceless

By Jaime Welcher

Dental malpractice claims can come from anywhere. An angry patient demands a refund, a patient claims a poor outcome after she receives the bill, or perhaps the dentist perforates a patient's sinus during a root canal.

According to TDIC loss reviews, restorations, endodontic treatment, extractions, and implants are the procedures that generate the most frequent claims. As for the reasons patients file claims, they vary from dissatisfaction with treatment results to frustration due to miscommunication. By addressing an issue when it happens, a dentist may be able to avoid a claim or, at the very least, cause the claim to be less severe.

TDIC's Risk Management Department offers a variety of resources for dentists to utilize when needed. The most popular service is the TDIC Advice Line. Dentists call with questions ranging from how to dismiss a patient, to how to communicate with another dentist about a patient they have in common. During a call, the dentist presents the issue at hand, and then the analyst offers options the dentist can choose from based on claims experience. If the situation presented is beyond the scope of risk management, the analyst refers the caller to the Claims Department.

A common misconception among policyholders is that calling TDIC Risk Management counts as an adverse incident and causes an increase in premiums.

This is not the case. TDIC encourages policyholders to be proactive and seek assistance whenever necessary as doing so reduces risk outcomes and claim severity.

If a dentist does not take advantage of the Advice Line, TDIC provides additional ways to avoid large losses. Dentists can also gain insight into handling adverse situations by reading Liability Lifeline, a quarterly newsletter published by TDIC and based on Advice Line calls and current industry trends. Policyholders can access articles on various topics via the website at thedentists.com.

To encourage participation in TDIC's risk management seminars, TDIC offers continuing education opportunities and a policyholder discount. In its 26th year of offering seminars, TDIC provides C.E. credits for dentists and staff. Dentists who are policyholders can take the most current seminar, Good Intentions — Bad Outcomes for a 5 percent professional liability premium discount. Dentists and staff can attend a live course or take a self-study course via CD or online.

Dentists will experience patient issues at some point in their career. While you cannot stop a patient from suing you, you can be proactive by addressing situations before they escalate.

Jaime Welcher is a senior risk management analyst for TDIC. For risk management assistance, call 800.733.0634. TDIC's risk management analysts give advice relative to all areas of the dental practice, including employment matters. They are not attorneys, and some matters may need to be referred for legal advice. ▲

Help is one step away... The CDA Well-Being Program

Southern California Well-Being Committee
818.437.3204 or 310.406.6319

San Gabriel Valley Dental Society
626.285.1174

California Dental Association
800.232.7645 ext.4961

It Could Happen to YOU

We need to prepare for the unexpected! Our Society is compiling reference files for all its members so we can best assist you (or your family members) care for your patients in the event you have an unexpected (personal) emergency. Please make the call to our executive director at (626) 285-1174; or send her an email, director@sgvds.org, and let her know which of your colleagues you would want contacted in order to provide short-term, pro bono dental care to your patients.

The Society will help you build your support "team" that you, too, will support, if need be. Preparing in advance can make all the difference in the world. If you would like to discuss this "Mutual Office Coverage," also known as "MOC" with Dr. Michael Tanaka, Committee Chair, please feel free to contact him at (626) 331-3354. Forms to get you started in your emergency coverage arrangements are available at the Society office. Please do not delay!

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Message from the Executive Director



Lee Adishian

Change... we all try to resist it!

I recently got my first iPhone, and while I had been using a smart phone, I dreaded the learning curve that comes with change. Now many of you are saying, 'what's the big deal'; however there are equally as many of you saying, 'why change'? A few years back I walked into a Verizon store ready to make an upgrade. 'The salesperson asked me what do you want in a phone?' I remarked, 'I would like to be able to make a call and receive a call.' Clearly, I was no tech genius, and was not quite ready to make the leap into what I perceived as the unknown!

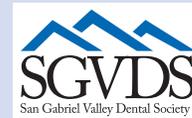
Change, we all try to resist it. In a recent study from the 'The Society for Human Resource Management Magazine', it stated by next year five generations will be represented in the workforce. It recognized the significance of this as being, "Multigenerational discord can impede workplace relationships and lower engagement." Managers list concerns about younger workers to be: informality, poor work ethic, need for supervision and lack of respect for authority. Complaints of younger workers about older managers include: resistance to change, lack of recognition and the tendency to micromanage. Technology was mentioned across all generations but for differing reasons. The older workforce claims, 'inappropriate use of or excessive reliance on technology'. The younger workforce notes that older managers have an 'aversion to technology'.

So what can we do bridge the technology gap? I like this simple quote, 'Attitude is 80 percent and aptitude is 20 percent. (Funmi Wale-Adegbite) We often resist change because we are afraid to fail, and or we do not want to acknowledge we may not know the answer. Haven't they said for years that we only use 10 percent of our brain capability? Maybe it is time to take a risk, try something new, and expect that it might take some time to become proficient. Quite frankly,

what ultimately motivated me was that I do not want to be 'left behind'. Ask.....the younger generation is more than willing to share their expertise and meanwhile they can learn valuable life lessons from you. The communication will most certainly help to bridge the generation gap.

Technology is here and as I work alongside the younger generation, I am confident we can learn from one another. Their energy and zest for new knowledge is contagious. As someone from the 'older generation' it takes courage and patience to change. Courage to release the familiar, the pattern one has become accustomed to, and patience with oneself to embrace the new and climb the learning curve. I believe change is forever in motion, and while it might challenge us, if we chose to embrace a new way to reinvent ourselves, the possibility of the benefits could be personally and professionally significant.

Enjoy your new summer adventures!



San Gabriel Valley Dental Society
*wishes to thank this year's
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for their generous support.*

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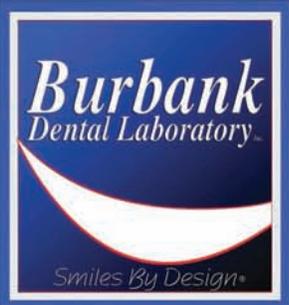
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SGVDS News 7-11-11
Offer Expires Sep. 30, 2011



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SGVDS

New Member Social

San Gabriel Valley Dental Society welcomed new members to the Society office on April 21st. This social gave new members an opportunity to connect with colleagues and Board members. Introductions, lively conversation, networking and food rounded out the evening. Continue to check the calendar and website www.sgvds.org for upcoming events.

All photos (left to right)



Drs: Sunjay Lad, Tsung Shen, Craig Cheng, Victor Ho, Gary Niu and Andy Su



Drs: Victor Ho, Linda Hu, Tamara Tom and Rita Chen



Drs: David Uyehara, Irvin Kaw, Kathleen Hwang, Angie Terzian and Dino Gharibian



Drs: Paula Elmi, Linda Hu, Monica Munoz, Donna Arase and Ashish Vashi

Meet and Greet BJ's West Covina



American Dental Association “New Dentist Committee 2011

Outstanding Program Award of Excellence”

The San Gabriel Valley Dental Society New Dentist Committee was selected as the 2011 recipient of the ‘New Dentist Committee Outstanding Program Award of Excellence’. This award and a check for \$500 was presented at the ADA 25th New Dentist Conference on June 16-18th in Chicago to SGVDS President, Ashish Vashi. Dr. Vashi shared the award-winning submission during the conference’s Network Idea Exchange luncheon. After presenting, Dr. Vashi entertained questions from the audience. The SGVDS New Dentist Committee members are: Drs: Leshin Chen, Paula Elmi, Kathleen Hwang, Chair, Andy Kau, Irvin Kaw, Sunjay Lad, Amy Tran and Ashish Vashi. Congratulations to our committee on this outstanding achievement and their commitment to new dentists.



Chairman ADA New Dentist Committee, Dr. Robert Leland, presents President, Dr. Ashish Vashi with “2011 New Dentist Committee Outstanding Program Award of Excellence”



Dr. Ashish Vashi giving an impromptu talk at the ADA New Dentist Committee



Photo courtesy: ADA News, 2011 American Dental Association

Our Dedicated Peer Review Committee

SGVDS Peer Review Committee Members



Drs: Kent Wilson, Regina Wong, Jeffrey McDermaid, Marvin Carnow, Gregory Moegling, Saeda Basta, Guadalupe Corder



Dr. Marvin Carnow, CDA Council on Peer Review conducting a Peer Review Calibration Seminar

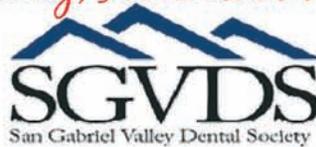
Thank You to the following SGVDS Members who serve on the Peer Review Committee

Drs: Emad Ammar, James Angelos, Dan Banh, Saeda Basta, George Chakmakjian, Milton Chan, Sam Chui, Guadalupe Corder, Chairperson-Patricia Donnelly, Enrique Garcia, Viviane Haber, Ralph Hansen, William Hentosz, Serena Hsu, William Hyman, Sanford King, Hanfu Lee, Ray Loomis, Jeffrey McDermaid, Gregory Moegling, Kathleen Moldenhauer, Vance Okamoto, Missagh Pezeshkian, Richard Phillips, Sumalee Sangsurasak, Kanoknuch Shiflett, Tina Siu, Sony Thomas, Dale Wagner, Kent Wilson, Trevar Windsor, Andrew Wong, Regina Wong



Save the Date...

Saturday, November 19, 2011



Cordially invites you to attend:

Betting on the Future of SGVDS

All-Member Casino Night Social Gala &
2012 Installation of Officers

At

The San Gabriel Country Club

350 E. Hermosa Drive, San Gabriel

6:30 p.m. Appetizers

Event \$75.00 per person / \$140.00 per couple.

Please join the Board of Directors & Committee Chairs for an evening of fun, camaraderie, dinner and entertainment. First set of "play" betting chips are on the house to try your luck with professional dealers at the blackjack, poker, roulette tables & more! The more you win, the more raffle tickets you earn for a higher chance to win some cool prizes! Dress code is black-tie optional.

RSVP by Tuesday, November 1, 2011. Pay by check or credit card.

Mail: 312 East Las Tunas Drive, San Gabriel, CA 91776

Fax: (626) 285-4873

Phone: (626) 285-1174

E-mail: director@sgvds.org

Please make checks payable to: San Gabriel Valley Dental Society.

SGVDS 2011 Calendar

JULY-AUGUST 2011

Mon., 4 Independence, SGVDS Office Closed
 Mon., 25 Nominating Committee Meeting, SGVDS Office
 6:30pm

AUGUST 2011 NO BOARD MEETING OR C.E. PROGRAM THIS MONTH

SEPTEMBER 2011

Mon., 5 Labor Day Holiday, SGVDS office Closed
 Wed., 7 CPR Certificate, SGVDS office
 5:30-9:30pm
 Thurs., 15 Legally Mine & CEA
 Almansor Court, Alhambra
 5:30-9:00pm
 Tues., 20 CE Meeting "10 Top Management Tools for a
 Successful Practice"
 Almansor Court, Alhambra
 Scholarship Presentation/GKAS Presentations
 4:30-8:45pm
 Thurs., 22 Meet & Greet "TBA"
 7:00pm
 Thurs-Sat., 22-24 CDA Presents: The Art and Science of Dentistry
 San Francisco
 All Day

OCTOBER 2011

Sat., 1 Shred-a-thon, 10:00am-1:00pm
 Tues., 4 Finance Committee Meeting, SGVDS Office
 6:30pm
 Wed., 5 CPR Certificate, SGVDS Office
 5:30pm-9:30pm
 Mon-Thurs., 10-13 ADA Annual Sessions, Las Vegas, NV
 Tues., 18 "Perioperative Patient Management"
 Alan Felsenfeld, DDS
 Almansor Court, Alhambra
 4:30pm-8:45pm
 Mon., 24 Pre-caucas (HOD), 6:30pm
 Thurs., 27 Meet & Greet, "TBA"
 7:00pm
 Fri., 28 All Component Caucus (HOD)

NOVEMBER 2011

Wed., 2 CPR Certificate, SGVDS Office
 Fri-Sun., CDA House of Delegates, Sacramento
 Tues., 15 CE Meeting, "21st Century Caries Control"
 Brian Novy, DDS
 Almansor Court, Alhambra
 Sat., 19 "BETTING ON THE FUTURE OF SGVDS", ALL MEMBER CASINO
 NIGHT SOCIAL GALA & 2012 INSTALATION OF OFFICERS
 SAN GABRIEL COUNTRY CLUB, SAN GABRIEL
 Thurs.-Fri., Thanksgiving Holidays, SGVDS Office Closed

SGVDS 2011 OFFICERS AND DIRECTORS

President—Ashish Vashi, DDS
President-Elect—Irvin Kaw, DMD
Vice-President—R. Jerry Smith, DDS
Secretary—Donna Klauser, DDS, DABP
Treasurer-Pres.Appt—Vance Okamoto, DDS

(Ex Official/Presidential Appointment)

Past President—Michael Tanaka, DDS
Trustee—Scott Adishian, DDS
Trustee—Ronald Robin, DDS
Director, Zone I—John Khalaf, DDS
Director, Zone II—Lynn Mutch, DDS
Director, Zone III—Paula Elmi, DMD
Director, Zone IV—Sunjay Lad, DDS
Director, Zone V—Saeda Basta, DDS, MS
Editor—John DiGiulio, DDS, MS *(Ex Official/Presidential Appt./Continuing)*

CDA Delegates—New Terms (3-year term)

—Patricia Donnelly, DDS
 —Stephen Lojeski, DDS,

Continuing Terms

—Donna Arase, DDS
 —Irvin Kaw, DMD
 —Ashish Vashi, DDS
 —Michael Tanaka, DDS
 —Donna Klauser, DDS, DABP

Alternate Delegates—1 year term-alphabetical

—Emad Ammar, DDS
 —Saeda Basta, DDS, MS
 —Leshin Chen, DDS
 —Paula Elmi, DDS
 —Andy Kau, DDS
 —John Khalaf, DDS
 —Sunjay Lad, DDS
 —Gary Niu, DMD, MS

2011 STANDING COMMITTEE CHAIRS

| | | |
|---|--|------------------------|
| ADHP (Allied Dental Health Professionals) | | Ronald Robin, DDS |
| Bylaws | | Stephen Flanders, DDS |
| Community Health | | Donna Arase, DDS |
| DA/Hygiene Liaison | | Saleh Kholaki, DDS |
| Emergency Care | | Oariona Lowe, DDS |
| Ethics | | Donna Klauser, DDS |
| ,DAPB | | |
| Legislation/CalDPac | | Ronald Robin, DDS |
| Co-Chair | | Kit Neacy, DDS |
| Membership | | Gary Niu, DMD, MS |
| Mutual Office | | Michael Tanaka, DDS |
| Peer Review | | Patricia Donnelly, DDS |
| Programs | | Ralph Hansen, DMD |
| Publications | | John DiGiulio, DDS, MS |
| Well Being | | Robert Shimasaki, DDS |

AD-HOC COMMITTEE CHAIRS

| | |
|-------------------|--|
| Assets Management | (P.Pres, Pres, Pres-Elect & Treasurer) |
| Committee to the | |
| New Dentist | Andy Kau DDS |
| Website/Media | Leshin Chen, DDS |
| Relations | |
| Restructure | Ashish Vashi, DDS |
| Committee | Irvin Kaw, DMD |

Who Do I Trust?



When a new patient signs your forms and sits in your dental chair, he or she is placing their dental healthcare in your hands. They are entrusting you to act in a professional and caring manner and to put their best interests at heart. When a dentist signs a listing agreement with a dental practice broker, he or she is entrusting them to act in a professional and caring manner, with their financial business interests at heart. Just as the dental patient must carefully select a dentist, you must carefully select your broker.

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Practice Update—Do you have an associate position, space to share or a practice for sale? Let SGVDS staff know and they can assist you and your practice. — Let us know if you are looking for a full or part-time associate and what days per week. Also, if you have a space to share if a dentist wishes to set up his/her practice within your office. Advise us how they can contact you, either by phone or email. Call Lee at the Society office at 626-285-1174 or email director@sgvds.org.

State of the art dental office for rent/lease: North Glendora, newly remodeled, 1125 sq.ft., 4 operatories. 626.354-3482 or 626.963-3482.

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Glendora Dental Office 4 Lease...Call (626) 963-3482. <http://dentaloffice4lease.wordpress.com>

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Orthodontist Wanted---in busy general practice, has existing orthodontic patients, 5+ years experience required in San Gabriel Valley. vtchen@yahoo.com

New Dental Office for Sublease or Sale at 2630 San Gabriel Blvd. Rosemead, 91770-digital x-ray, excellent location, plenty of parking space. vtchen@yahoo.com ▲

Frequently Called Numbers:

American Dental Association
(800) 621-8099 (Members only)
(312) 440-2500
www.ada.org

California Dental Association
(800) 736-8702 (Operator)
(800) 736-7071 (Voicemail)
(866) 232-6362 (Member Contact Center)
www.cda.org

Cal/OSHA Consultation
(800) 963-9424

California Poison Control System
The Poison Action Line
(800) 876-4766;
www.calpoison.org

(DEA)U.S. Drug Enforcement Administration
(213) 621-6700
www.dea.gov

Dental Board of California (New Contact information as of 3/2/2008)
2005 Evergreen St., Suite 1550
Sacramento, CA 95815
(877) 729-7789 (916) 263-2300
Lic Renewals: ext 2304
Complaints (877) 729-7789, www.dbc.ca.gov/
FNP (Fictitious Name Permits): David ext 2332

EPA – Environmental Protection Agency
(800) 618-8942

Federal Trade Commission/Western Region
(777) 382-4357

(TDIC) (The) Dentists Insurance Company
<http://www.thedentists.com/?prolificView=3>
Sales Reps for SGVDS:
Commercial (Prof. Liability):
Samson Landeros: (877) 393-9384
Personal Life & Health: David Jacobsen:
(866) 691-0309

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Hacienda/La Puente: (626) 934-2890

Editor: John DiGiulio, DDS, MS

Executive Director

Managing Editor: Lee Adishian, RDH

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The opinions expressed in this newsletter are those of the author(s) and are not regarded as expressing the view of the San Gabriel Valley Dental Society unless such statements or opinions have been otherwise decided upon by special resolution of the Board of Directors. All editorial contributions are subject to space and/or content editing at the Editor's discretion. Acceptance of advertising in no way constitutes professional approval or endorsement.

NEW MEMBERS—UPDATES & MORE

NEW MEMBERS

Nicole Ajalat Abraham, D.D.S.

GP- UCSF 2010
2028 Lake Ave.; Altadena 91001
(626) 797-7551

Lidya Acevedo, D.D.S.

GP- U Santo Tomas Columbia 1989
709 W. Beverly Blvd. Ste. 201;
Montebello 90640
(323) 724-1010

Gabriel De La Vara, D.D.S.

GP- UCSF 1999
2219 S. Hacienda Blvd., # 202; Hacienda
Hghts. 91745
(626) 369-8617

Yolanda Dycoco Esguerra, D.M.D.

GP- U of Philippines 1991
546 W. Badillo Street, Ste. E; Covina 91722
(626) 974-9382

Beatrice Haddad, D.D.S.

GP- U of Bagulio – Philippines 1992
704 E. Colorado Blvd.; Pasadena 91101
(626) 792-4300

Chuping Liu, D.D.S.

GP – Taipei Medical U 1983
Interviewing

Stacy Love, D.D.S.

GP – Ohio State 2005
Interviewing

Fernando Millot, DDS

GP – LaSalle U, Mexico 2010
4129 E. Live Oak Ave.; Arcadia 91006
(626) 446-4124

Lindsey Hambleton -Macfarlane, DDS

USC-Orthodontist May 2011, 2008
200 S. Oak Knoll Ave.; Pasadena 91101
(626) 795-0634

David Tsai, D.D.S.

GP- NYU 2002
1129 S. Glendora Ave.; West Covina 91790
(626) 919-7707

Joseph Zaghi, D.D.S.

GP- U of Illinois 2004
3551 Peck Rd.; El Monte 91731
(626) 444-2002

TRANSFERRED MEMBERS

Jihee Chun, D.D.S.

GP- Loma Linda U 2003
Transfer from TCDS
556 W. Badillo Street; Covina 91722
(626) 332-4063

Ramsey Alan Ezaki, D.D.S.

GP – USC 1980
Transfer from TCDS
16336 E. Whittier Blvd., Ste. 101;
Whittier 90603
(562) 947-9958

Dino Gharibian, D.D.S.

GP – USC 2010
Transfer from SFVDS
1406 N. Azusa Ave.; Covina 91722
(626) 858-9940

Andrew Kwon, D.D.S.

GP- UOP 2006
Transfer from WLADS
1042 W. West Covina Pkwy.
West Covina, 91790
(626) 960-2766

Antemio Millot, D.D.S.

GP- USC 2008
Transfer from LADS
4129 E. Live Oak Ave.; Arcadia 91006
(626) 446-4124

DIRECTORY UPDATES - ADDRESS CHANGES

Phillip Au, D.D.S. – 75 N. Santa Anita Ave., Ste. 104, Arcadia; (626) 446-2879

David Jen, D.D.S. – 255 S. Rosemead Blvd., Pasadena; (626) 449-3636

Lesley Jeong, D.D.S. – 1245 W. Huntington Dr. Ste. 200, Arcadia; (626) 795-5978

Vivain Lee, D.D.S. – 464 W. Sierra Madre Blvd., Sierra Madre; (626) 335-6459

Theodore Tanabe, D.D.S. – 13203 Hadley Street, # 101, Whittier; (562) 698-0387

Obituaries

Carl Elwood Laine

Carl Elwood Laine DDS died Feb 2 at the age of 88 of natural causes. Born April 1, 1922 in Astoria, Oregon, he was proud of his Finnish heritage, and spoke the language. Carl was a graduate of Fairfax High School in Los Angeles, and earned his dental degree from the University of Southern California in 1945. After graduating he entered the Navy Dental Corp and was stationed in San Diego. He married his college sweetheart from USC (Virginia Luff) in

June 1945. Upon completing his Naval assignments he resumed his dental practice in Pasadena, and was the first pediatric dental specialist in Pasadena. In 1986, after 41 years of practice he retired. He was a member of the Masonic Lodge, Scottish Rite, Pasadena Rotary Club, San Gabriel Valley Dental Society, American Dental Society, Century Club-USC School of Dentistry and the American Dental Society for Children. Carl is survived by his wife of 65 years, and Trojan family, son Dr. Gary Laine ('73), daughter Linda ('71), and granddaughters Shannon ('2011), and Julia (2013), daughter-in-law Judy, and son-in-law James.

J. Vernon Scott

J. Vernon Scott was killed in a car accident in February 2011. Born June 5, 1922 in Shanghai, China, he graduated from College of Physicians and Surgeons in San Francisco (UOP) in 1945. He served in the US Navy Dental Corps in 1945-46 and 1952-54. Dr. Scott was very active in organized dentistry. He served in numerous positions with SGVDS and as the President in 1969-70. Dr. Scott later became CDA President in 1977-78. Dr. Scott served as Chairman of SGVDS Peer Review, CDA Trustee and an ADA Delegate. His dental practice was in Monrovia, California where he was active with the Monrovia Kiwanis and Monrovia Chamber of Commerce. Dr. Scott retired to Hemet, California in 1983. He was married to Yvonne Maynard in 1946 and had one son, James Alan Scott.

Richard Jones

Richard (Dick) I. Jones D.D.S. died in January, just short of his 87th birthday. He graduated from USC in 1951, taught part time at his alma mater and sent his three children to USC as well. He practiced in Covina for 44 years, until retiring in 1995. He is survived by his dental hygienist daughter Theresa, and sons Richard and Robert DDS.

SAN GABRIEL VALLEY

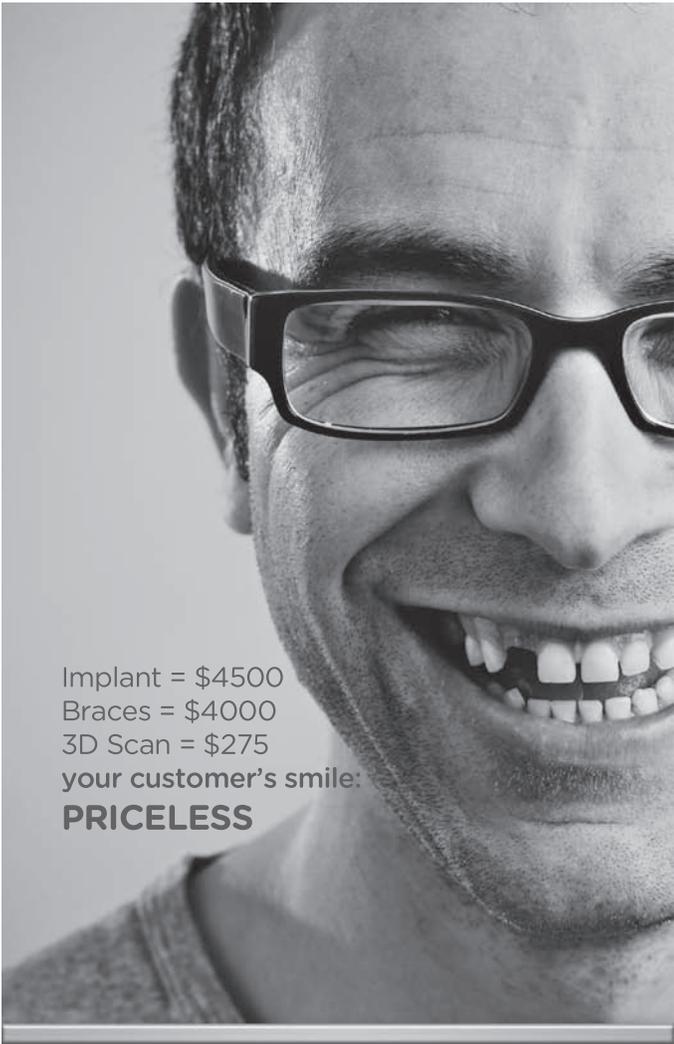
DENTAL ASSISTANTS SOCIETY

www.sgvdas.org
LeAnna Martin, President
email: sgvdas14@hotmail.com

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DENTAL HYGIENIST SOCIETY

www.cdha.org/sgvdhs
Liz Lopez, R.D.H., President
email: lizlopezrdh@yahoo.com
626-353-4352
Employment & Referral:
RDHPolishers@aol.com
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 1201 W. Huntington Drive, #108
 ARCADIA, CA 91007
 nblieden@sbcglobal.net
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Donated Dental Services Program Update

The Southern California Donated Dental Services (DDS) program, supported by CDA Foundation, will be now be administered by Dental Lifeline Network, formerly the National Foundation of Dentistry for the Handicapped, which manages the program in the northern part of the state. Dental Lifeline Network began the first DDS program in Colorado in 1986 and has since developed similar programs in all fifty states. In an effort to maximize the program's effectiveness to best serve patients, CDA's Executive Committee approved funding that the Foundation will grant to Dental Lifeline Network. This funding will support a full-time coordinator who will be responsible for all of California. To volunteer or learn more about the program, please contact Sue Lear, the California DDS coordinator at 877.357.8660.

Important News Bits

Help Your Community! Crowns for Kids!

Your dental society is participating in the Crowns for Kids Grant Program and we are very excited to share the details of this program with you. By donating the metals used in crowns through the Crowns for Kids Grant Program, you will help fund essential programs in your own community. Participation is easy! Simply collect crowns in the jar provided and give us a call when the jar reaches the “pick-up” mark. For jar pick-up and distribution, contact Melissa Arnold at the CDA Foundation at melissa.arnold@cda.org or 916.554.5942.

MEDICAL EMERGENCY KIT

BY CDA COMPASS

What do you need in your medical emergency kit? That is determined by your practice type, your patient base, and the training you and your staff have had.

Most dental offices have one emergency kit to be used for both employees and patients. For employees, Cal/OSHA does not specify what should be in a medical emergency kit, just that the employer have documentation that a physician approved the kit. Make a list of the contents of your emergency kit, talk to a physician about the type of injuries that could be anticipated in your practice, and ask the physician for a signature approval on the list.

For patients, it is recommended the kit contain: oxygen, blood pressure monitoring equipment, epinephrine, Benadryl, a quick source of glucose, nitroglycerin, and a CPR pocket mask. The drugs should be checked periodically to ensure they have not expired. The ADA Council of Scientific Affairs has recommendations for office emergency kits. If you are a provider for a dental benefit plan, the plan may have specific requirements. Check your provider handbook.

Kit items can be purchased separately or pre-packaged. A pharmacy can fill a prescription for an epi pen or nitroglycerin if the prescription indicates it is for the office medical emergency kit. Provide the pharmacist with a copy of the ADA article if necessary. For offices where general anesthesia is used, the Dental Board of California requires specific equipment (Section 1043.3 of the Dental Practice Act).

Keep Us Updated!

New email address?

Moving?

Opening another office?

Offering new services?

*Share the information
with the Society.*

We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events. Give us a call at 626-285-1174. The more accurate information we have, the better we can serve you.

Patient resources now available online

Dentists who want to provide their patients with the latest information on oral health can access the following resources at cda.org:

* Fluoride – This resource explains that studies conducted throughout the past 65 years have consistently proven fluoridation is safe and effective in preventing dental decay in both children and adults. Community water fluoridation is the single most effective public health measure to prevent tooth decay.

* Dental Sealants – Sealants are very effective in preventing cavities, and placement on permanent molars is frequently covered by insurance.

* Perinatal Oral Health – Preventive and restorative dental treatment is safe during pregnancy. Caries is a transmissible disease that can be passed from mother to child and from sibling to sibling.

* Baby Teeth Matter – This resource explains why baby teeth are important and what parents need to know to maintain good oral health for themselves and their children.

* Kick the Can – Help patients understand the negative impacts of sugar-sweetened beverages, especially soda.

* Smiles for Life – This resource was developed in response to the need for education and awareness on the importance of continued good oral health for older adults.

To find these and other resources, visit cda.org/patient_&_community_resources.

Fingerprints Required for License Renewal

Beginning July 1, the Dental Board of California (DBC) is requiring fingerprint submission for the license renewal process for dental professionals licensed prior to January 1, 1999. A copy of the regulation is available on the Dental Board Web site www.dbc.gov.ca. Forms for fingerprinting may be downloaded on the website as well as the contracted service provided for electronic fingerprinting is LIVESCAN.

American Heart Association Guidelines for CPR

Can't remember how many breaths to give during CPR? Don't worry. New research indicates that a person can save a life with chest compressions alone. As many of you are aware, the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care have been updated. The American Heart Association recommends that people start with fast, hard compressions to the chest before considering mouth-to-mouth. FirstLink CPR, our CPR provider in the SGVDS office provides the most current up-to-date CPR instruction. CPR is offered the first Wednesday of the month from 5:30-8:30PM at the Society office (excluding July, August and December). A new textbook with updated material needs to be purchased for the cost of \$12.00. These are made available the night of the CPR class.

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Tuesday, September 20, 2011 (3 CE Units)

“10 Top Management Tools for a Successful Practice”

Lois Banta,
Banta Consulting, Inc.

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra



ABOUT THE LECTURE:

Designing systems and protocols for a good foundation of production and collections can be quite a challenge. This seminar is designed to identify strategies and systems to keep your finger in on the pulse of the practice and address day to day concerns before they become major issues. We will identify the top 10 must have systems that need to be in place to achieve optimal results. Identify key systems for a successful practice. Learn key strategies to grow your practice forward. Develop effective communication skills to assist patients in making informed decisions.

ABOUT THE SPEAKER:

Lois Banta is CEO, President and Founder of Banta Consulting, Inc., a company that specializes in all aspects of dental practice management. Lois has over 32 years of dental experience and consults and speaks nationally and internationally. She is the new owner and CEO of The Speaking Consulting Network, and a member of ADMC and AADPA.

Tuesday, October 18, 2011 (3 CE Units)

“Perioperative Patient Management”

Alan Felsenfeld, DDS

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra



ABOUT THE LECTURE:

There is no question that we are getting older and so are our patients. Couple this with the numerous medical problems and medications that they are taking and we have entered a new era in dental care. In addition we are constantly striving to take care of our patients in an educated and thoughtful way. This becomes the essence of our practices.

This lecture will present a potpourri of tips for the pre-, intra- and postoperative management of our patients.

ABOUT THE SPEAKER:

Dr. Felsenfeld is professor of clinical oral and maxillofacial surgery and Assistant Director of the residency program in oral and maxillofacial surgery at UCLA. In addition he is Chair of the Division of Oral and Maxillofacial Surgery at the Harbor-UCLA Medical Center. He received his DDS from UCLA in 1974 and did a residency in oral and maxillofacial surgery at Cook County Hospital in Chicago.

Dr. Felsenfeld has been active in organized dentistry and oral and maxillofacial surgery. and past president of the San Gabriel Valley Dental Society. He is a member of the executive committee of the California Dental Association in his capacity as Speaker of the House of Delegates and was editor of the Journal of the California Dental Association for four years.