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Filling You In...

The Official Publication of the San Gabriel Valley Dental Society



PRESIDENT'S MESSAGE



Ashish Vashi, D.D.S.

“To provide effective leadership, one must possess the appropriate attitude.”

“Leadership Reflects Attitude.”

This is a famous quote I was told when I first started my career in dentistry. As a new graduate I did not really understand what it meant, but throughout the years this quote has helped me grow as a person and a professional.

It does not matter if it is a championship sports team, a successful dental practice or a volunteer group, without proper leadership no organization can successfully function. To provide effective leadership, one must possess the appropriate attitude. Among several

attributes, one must have the attitude to be accountable, the attitude to lead by example and the attitude to think not only of the present but for the many years to come. To me this quote has meant that successful leadership is dependent on the proper attitude. This may sound simple enough, but it is not always so simple to put into practice.

We are very fortunate to have incredible leadership in the Board of Director's for the San Gabriel Valley Dental Society. Our current Board and all the selfless volunteers that have given their time over the years, with hard work and constant commitment have made SGVDS one of the most successful dental societies in California. To further enhance our abilities to better serve our membership, many of our Board Members will be attending the Leadership Education Conference. This is an event organized by CDA that will further train our current leadership, help us to organize for the future direction of our component and empower more of our members to get involved.

Leadership is a continuous process. It is a continuous process of learning, implementing, and growing. It requires the right attitude and discipline to have a successful organization at any level. I look forward to the Leadership Education Conference and how it will help us advance our dental society, and I encourage all of you to get involved and have the mindset to continue to grow in your own leadership skills.

Top 10 Social Media Pitfalls

If you were to make a list of up-and-coming business trends, social media strategies would probably be near the top. However, thousands of companies are rushing headlong into the profile-creating, news-tweeting, blog-posting frenzy...only to find that their valiant efforts are not getting the results they had hoped. If you're looking for fans, followers, and friends to build a Social Nation around your business, don't panic, says Barry Libert., author of *Social Nation: How to Harness the Power of Social Media to Attract Customers, Motivate Employees, and Grow Your Business*.

“When it comes to building a successful social network for your company, you need to understand that there's a lot of prep work to be done,” Libert explains. “You can't just set up a Facebook profile for your company, tweet once or twice a day, and expect public interest in your company to shoot through the roof. “ Think about it this way: if you were in charge of your company's booth at a trade show or conference, you wouldn't just slap your company's logo onto a piece of poster board, place your business cards on the table, and hope for the best, would you? Of course not.

“If you want to become a meaningful part of social conversations and interactions,” explains Libert, “you've got to know who your target 'fan base' is, where they spend their time online, and what sorts of content and programming is valuable and relevant to them, and will foster their continued interest and participation. You also need to make sure you have the wherewithal to commit to growing and sustaining your Social Nation, and you've got to make sure that you have buy-in from within your company. And that's just for starters.”

Libert is eager to share the top 10 social media pitfalls he's seen organizations fall victim to in the past.

1. **Running a Social Nation like a traditional business.** If you want to run a social company, you first need to understand that almost everything you do is a two-way street. That is to say, you're not going to prosper if your products and services are designed solely by folks on the inside. You need to embrace the perspectives and contributions of your employees, as well as those of customers and partners.
2. **Underinvesting in social initiatives and abandoning them too soon.** Understand that a Social Nation is organic. Early on, you'll need to invest a good deal of time, thought, and money in attracting fans and followers —and your efforts will need to be sustained. Only after you've built a firm foundation will your social network begin to sustain itself through participant contribution and recommendation. Successful strategies include posting quality content that people want to consume, letting customers tell their stories and post their grievances, and then responding to their criticisms. Also, make sure that prospects are able to learn about your business through customer and employee testimonials. Lastly, remember that using multiple approaches —for example, a blog, Facebook profile, and interactive website —will reach more people.
3. **Neglecting to find ways to encourage and inspire your Social Nation's followers and fans.** Realize that your fans and followers are essentially volunteering their time and energy to serve as developers, sounding boards, and advertisements for your company. So for goodness' sake, respect what they have to say and take their input to heart!
4. **Relying on a “build-it-and-they-will-come” mentality.** You need to purposefully reach out to potential community members and make it worth their while to accept your invitation. “Rolling out a community and just expecting people to join as friends or followers is a flawed philosophy,” confirms Libert. “Marketing 101 principles still apply. That means you need compelling incentives to have people join your community. You also need an aggressive programming strategy, one that includes defining your key audiences and targeting them through all available channels, to ensure that they know that you want to build a relationship with them.”
5. **Delaying the process of going social.** Contrary to what you may wish, your company doesn't have the luxury of waiting until it's “convenient” to go social. Why? Well, you have competitors, right? And if you don't start gathering loyal followers and fans now, there's a good chance that some other company will woo them first. One of the best strategies for going social as quickly and effectively as possible is to designate employees and subject matter experts to act as community success managers focused on fostering community growth and member satisfaction. Separate from your sales and support teams, these community leaders should have the ability to advise members of the community on how to best participate with the company and with each other. If you do things well, you'll find that they'll generally serve as internal and external advocates for others in your organization —be it employees, partners, or customers.
6. **Underestimating the power of a Social Nation.** If you believe that social networking is just a window dressing that your company “needs” (but not really), then think again. Social media and community collaboration bring

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MISSION STATEMENT

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is dedicated to the
promotion and support of our
member dentists in their pursuit
of providing excellent dental care
to the public.*

many benefits, including brand-building, customer loyalty and retention, cost reductions, improved productivity, and revenue growth.

7. **Neglecting employees, partners, investors, or customers when building your Social Nation.** Set up a focus group of employees to serve as community leaders who will shepherd your company into the social networking world, but don't put all of the power in their hands. Social Nations are organic organizations, so the more people who are empowered to influence yours, the better. "You'll find that leaders will emerge from your community population —whether they are employees, partners, customers, or prospects, "promises Libert.
8. **Relying on traditional approaches when designing your Social Nation.** A decade ago, you probably would have been horrified at the thought of releasing ideas and products into the hands of your customers before they were as complete as you could get them. With social networking, that approach is now becoming obsolete.
9. **Developing your own social software and analytics solutions.** You wouldn't dream of placing "remodeling the office" or "handling legal issues" in the Do It Yourself category, would you? Not too many would. Instead, you'd hire someone skilled in those areas. Do yourself a favor and use the same strategy when it comes to building your own Social Nation.
10. **Getting caught without partners to help you succeed.** Make sure that you truly treat your community members as partners, not just as fans or numbers. Yes, integrating into the social web (Facebook, Twitter, and other social networks) is key to your company's future success, but being connected to the social web is only a part of what you need to do. Shifting your business strategically, culturally, and operationally are key components to the equation.

"We are on the cusp of a new business era," concludes Libert. "Building a new Social Nation isn't just about a paradigm shift in technology. It also requires a business and cultural shift in how your company is organized and run. Now is the time for leaders and their organizations to find a way to connect to individuals —be they coworkers, investors, customers, or partners —on personal and social levels. Do all of this with an appropriate amount of forethought and planning, and you'll succeed in creating enduring social and emotional value for your organization." ▲

Source: California Employer's Association - CEA

What is Privileged Communication?

By **Yasica Corum**
Risk Management Analyst

Privileged communication is the exchange of information between two individuals, which is confidential due to the nature of the relationship, such as a doctor-patient relationship.

Doctor-patient confidentiality begins when a patient seeks the advice, care, and/or treatment of a dentist. This applies to dental consultations as well. Patients seeking dental treatment or advice should not fear that their dental concerns, medical conditions or personal information will be disclosed to others. The expectation is for dentists to hold that personal health information in confidence and use it exclusively for the benefit of the patient.

Maintaining confidentiality covers not only what a patient may reveal to the dentist, but also what a dentist may independently conclude or form an opinion about, based on an examination or assessment of the patient. Confidentiality covers all of the dental record (including radiographs, lab

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HELP SUPPORT DENTAL HEALTH IN YOUR COMMUNITY!



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The California Dental Association Foundation is committed to supporting community programs that increase access to oral health care across the state. The Crowns for Kids™ program provides dentists the opportunity to support nonprofit dental programs efforts in their community. Through the collection of donated crowns, financial resources are available to these agencies through CDA Foundation grants targeted to local community oral health access programs.

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or one of our representatives in your area

Jim Ryan - Northern California: 209.623.9332

Grant Eggleton - LA & Ventura Counties: 818.521.4726

Denise Blanks - Orange & San Diego Counties: 949.212.7101

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Do you have an extra \$80,000 to give to the State of CA?

That is the potential check you could write to the Labor Commissioner if you are currently paying your hygienist as an salaried/exempt employee and they are not receiving overtime, meals, rest breaks, etc. and they file a complaint with the Labor Commissioner's office. Sound outrageous? Well, it is! It's a crazy amount of money you may have to pay, but if you are not paying your dental staff on an hourly basis and ensuring they take their required breaks and receive overtime for working more than eight hours in a day, you are playing a risky game.

Employees can now claim up to three years of lost wages when they file a complaint with the Labor Commissioner. What is considered a 'lost wage'? If you have your employees work an extra half hour without paying them, but 'let them leave early another day', your employees have lost wages. If your employees start the work day at 8:00 a.m. and you do not have them start their lunch break until 1:30 p.m., you have broken the law regarding meal periods and you will owe your employee an extra hour of pay – for every meal break that has not commenced before the completion of the fifth hour of work.

Anytime an employee is not compensated according to the wage and hour laws of California, they can file a complaint with the State and not only will you have to pay them their past due wages, but the state will add on some extra interest and penalty fees as an added bonus.

Wage and hour laws have become increasingly complicated in California over the past few years and who knows what the future will hold with a new administration coming in to office. So how can you protect yourself? By contacting the SDDS Human Resource Hotline whenever you have questions about your office personnel practices and also by joining us for one of our upcoming HR Webinars. Webinars are scheduled throughout the year and in one short hour, you can receive a wealth of information to help you stay compliant with the confusing world of California Labor Law and stay out of the Labor Commissioners hearing room! The Hotline can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. at 800-399-5331. ▲

(Mari Bradford, California Employer's Association-CEA)

California's Tough Budget Choices

Gov. Jerry Brown was required to release his proposal for dealing with another severe state budget deficit, this one estimated at \$25.4 billion. Not surprisingly, given the state's limited options after years of deficit crises, his proposed budget package includes widespread spending cuts at a minimum, which would further damage already depleted state oral health care programs.

In his Jan. 10 budget announcement, the governor called on the Legislature to enact more than \$12 billion in overall spending reductions by March 1, and at the same time to place on a June special election ballot a five-year extension of personal income, sales and vehicle taxes enacted two years ago. By early February, both the Assembly and Senate had begun holding hearings on the budget package, but no agreements had been reached.

The \$12 billion in initial spending cuts requested by the governor would include a number of reductions to health care programs, \$1.7 billion coming from Medi-Cal alone. Cuts would include:

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TAX CORNER

Meals and Entertainment Tax Bite Internal Revenue Code (IRC) 274 (a) (1) disallows entertainment, amusement or recreation ... with respect to certain activity or facility unless the taxpayer can establish a bona fide business discussion, meeting or convention associated with the active conduct of a trade or business.

According to the IRS, taxpayer can deduct entertainment expenses only if they are both ordinary and necessary and meet one of the following tests:

1. Directly-related test

To meet the directly-related test for entertainment expenses (including entertainment-related meals), you must show that:

- a. The main purpose of the combined business and entertainment was the active conduct of business,
- b. You did engage in business with the person during the entertainment period, and
- c. You had more than a general expectation of getting income or some other specific business benefit at some future time.

2. Associated test

To meet the associated test for entertainment expenses (including entertainment-related meals), you must show that the entertainment is:

- a. Associated with the active conduct of your trade or business, and
- b. Directly before or after a substantial business discussion

The 50% limitation rules

IRC 274 (n) limits the deduction for meals and be deductible.

The 50% limit applies to business meals or entertainment expenses you have while traveling away from home on business, entertaining customers at your place of business, a restaurant, or other location, or attending a business convention or reception or business luncheon at a club.

The 100% Deductible

The following exceptions result in the meal or entertainment expense being fully deductible.

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Success Through Diligence

1. Advertising or promotional activities including meals, entertainment, or recreational facilities to the general public such as free concert for advertising or goodwill purposes or full cost of free dinners provided by real estate brokers to potential investors who attend sales presentations.

2. De minimis fringe benefits (IRC 132(a)(4))

Meals are provided to employees as a convenience to the employer on the business premises and are furnished to more than half of the employees.

3. Employer provided social or recreational expenses for the benefit of employees such as company's holiday party or summer picnic.

Non-Deductible Expenses

IRC 274(a)(1)(B) disallows the expense of owning or renting an entertainment facility.

Dues paid to clubs with a principal purpose of entertainment to members or guests are not deductible.

The purposes and activities of a club, not its name, will determine whether or not you can deduct the dues. You cannot deduct dues paid to country clubs, golf and athletic clubs, airline clubs, hotel and business luncheon clubs, or clubs operated to provide meals under circumstances that might otherwise be considered to be conducive to business discussions. ▲

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.

* A 10 percent reimbursement rate reduction for Medi-Cal providers (including dentists); a similar reduction is currently subject to litigation (See “Supreme Court to rule on Denti-Cal cuts,” below.);

* A mandatory Medi-Cal/Denti-Cal patient copayment of \$5 per visit (to be deducted from the provider’s reimbursement rate)

* An annual 10-office visit cap for Medi-Cal patients (which currently does appear to include dental office visits); and

* Significantly increased premiums and copayments for enrollees in the Healthy Families Program.

In addition to the above reductions, the governor proposed to shift \$1 billion in existing state and local First Five commission reserve funds (which come from a special 50 cent tobacco tax to pay for health services for young children, half the future proceeds of which would also be diverted) to the state general fund. First Five commissions currently fund a variety of oral health services for children throughout the state, including water fluoridation, school screenings, oral health education and fluoride rinse programs.

“While we understand the dire fiscal situation the state is in, we are deeply concerned about the impact of the proposed cuts when taken as a whole,” said Jean Creasey, DDS, chair of CDA’s Government Affairs Council. “The Denti-Cal rate cuts and copayments will make it even harder for providers to remain in the program, while First Five tobacco tax funds have served as a vital lifeline to preventive care for underserved children. CDA will be an active participant as these difficult budget discussions continue.” ▲

Dentistry Fighting Burdensome IRS Rule

Among the less-publicized provisions of the enormously complicated federal health care reform package enacted last year was a new Internal Revenue Service reporting requirement for businesses, including dental offices that make purchases from outside vendors.

The ADA has joined the business community in advocating for repeal or modification of the new rule, which will otherwise become effective Jan. 1, 2012.

Current law requires businesses to file 1099 forms with the IRS for every individual to whom they make annual payments for services of more than \$600. In an effort to generate increased tax revenue from underreported income, the health care reform package included language expanding this reporting requirement to include purchases of services or property from any for-profit corporation as well as from individuals.

These changes would substantially increase the IRS paperwork burden for most dental practices. A dentist would be required to file an annual 1099 form for each vendor (e.g., office supply companies, laboratories, dental equipment suppliers) from which he or she made more than \$600 in purchases.

A number of advocacy campaigns are under way at the federal level to overturn or modify the new 1099 reporting requirements. Organized dentistry has joined with the broader business community in a lobbying effort to overturn the entire requirement legislatively. A vote on the Senate floor in late November failed passage, but the issue is expected to be pursued again as the new Congress convenes in 2011.

In addition, the ADA and other national dental organizations have joined a campaign to urge the IRS to modify the reporting requirement’s scope through regulation. That effort has met with some success, as the IRS recently finalized regulations exempting from the 1099 filing requirement vendor purchases made via credit or debit card, since those transactions already have to be reported by the bank or other processing entity.

Along with all the other aspects of national health reform, additional information on this issue will be forthcoming over the course of 2011. ▲

continued on from 4

reports, and billing) as well as all communications between the dentist and patient. It includes communication between the patient and dental staff and phone conversations between dental staff and third-party payers. The duty to preserve privacy even continues after a patient is no longer part of the practice.

Divulging health information is a privilege belonging to the patient, not the dentist. Only the patient may waive that privilege. In general, dentists should not release health information to a third party without getting a release signed by the patient. A common exception occurs when two dentists are treating the same patient and they consult each other regarding treatment. To obtain a sample "Release of Patient Records" form, visit the Risk Management section of the TDIC website at www.thedentists.com.

Medical issues warranting special confidentiality include mental health information, drug and alcohol abuse records, and HIV test results. Do not release this information unless you have express written permission from the patient or the patient's legal representative allowing you to do so.

If you have questions regarding the information presented in this article or you need to discuss another Risk Management issue affecting your practice, please call the TDIC Risk Management Advice Line at 800.733.0634. ▲

Feds Recalibrate Optimal Fluoride Level

The U.S. Department of Health and Human Services announced in January that it is revising the recommended level of optimal fluoride in community water systems.

The proposed recommendation lowers the optimal level of fluoride to 0.7 parts per million. Historically, the recommended level has been between 0.7 to 1.2 parts per million.

The recalibration will still provide an effective level of fluoride to reduce the incidence of tooth decay, while minimizing the rate of fluorosis in the general population. A recent government study noted that besides water, Americans now have access to more sources of fluoride such as toothpaste and mouth rinse. Fluorosis in the United States appears mostly in the very mild or mild form — as barely visible lacy white markings or spots on the enamel.

In addition, the Environmental Protection Agency announced that it will review its current maximum allowable level of fluoride in water, which is 4 parts per million (2 ppm in California). The announcement did not question the effectiveness or safety of optimal water fluoridation.

CDA supports the evidence-based recommendation to recalibrate the ratio of fluoride to water in community water systems and continues to work with local communities to increase the number of Californian's who benefit from fluoridated drinking water. Approximately 58 percent of Californians (21.5 million) receive the benefits of fluoridated water, up from 27 percent in 2002. Nationally, nearly 75 percent of the population receives fluoridated water. ▲

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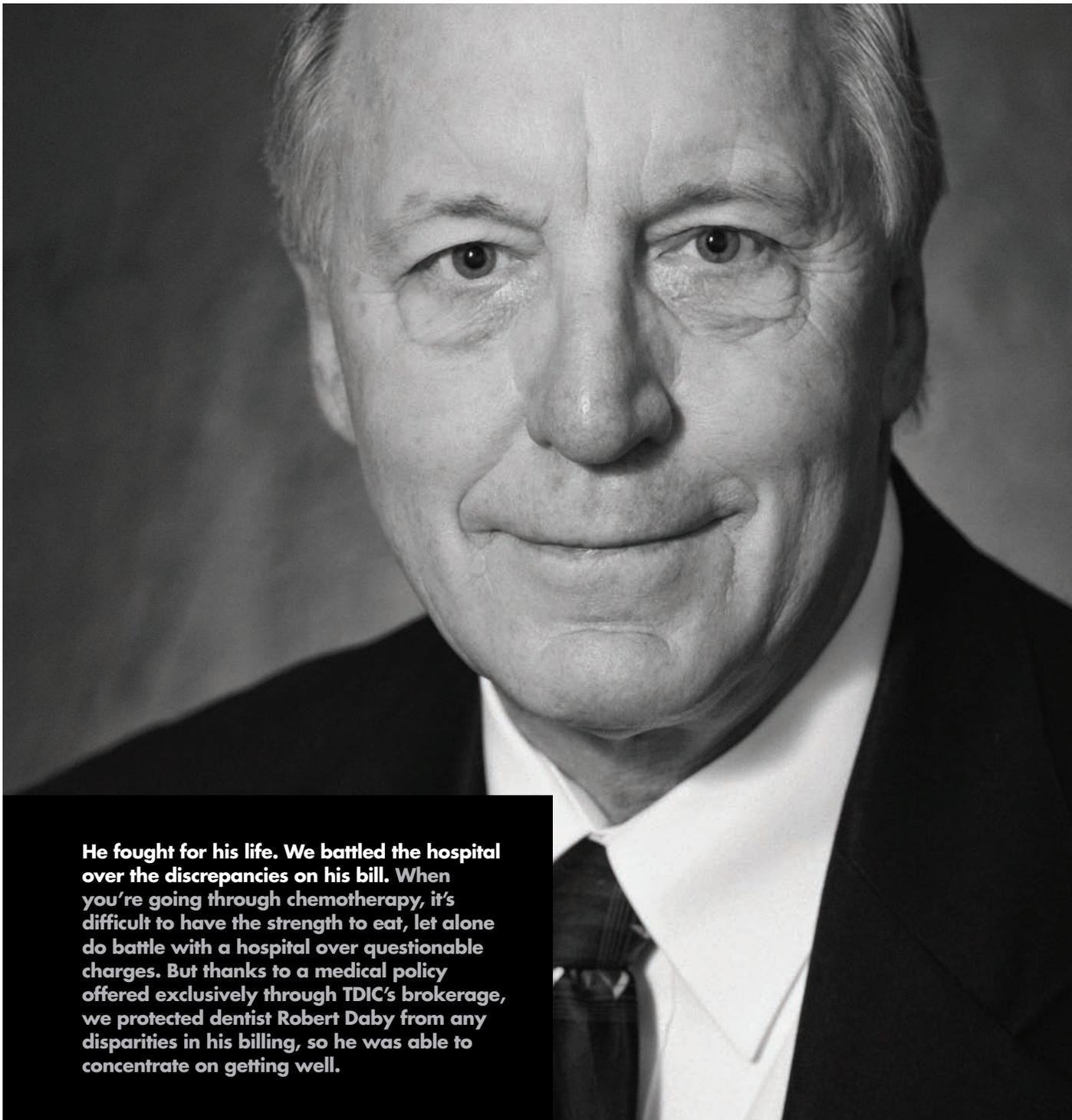
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It Could Happen to YOU

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

'Never Flying Solo'

'We can use you on our team'

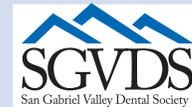
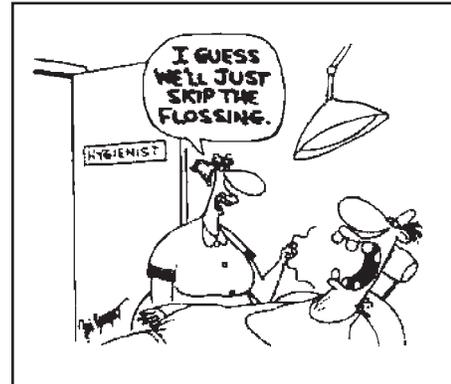
Recently I saw this comic, and it reminded me of my 'dental hygiene' career days. Isn't it true how every patient presents something unique? There is seldom a routine procedure. As dental professionals, you are expected to adapt to the situation that presents itself. You need to anticipate the next step in the procedure and adjust accordingly. Since dentistry is a service oriented business, you know how key it is to determine your patients needs, and provide them to the best of your professional ability. Your staff, working alongside you is cognizant of how important this is as well. Together as partners, you and your trained staff accomplish the task at hand.

I liken your dental team to our Board of Directors and leadership. The SGVDS leadership is a team. The leadership team is challenged with making decisions on behalf of its members. The team meets together as a group, converses about what needs to be accomplished and how best to disseminate the work load to get the project completed.

Recently, some of our SGVDS leadership team attended the CDA Leadership Education Conference in Los Angeles. The 'Power of We' was the theme. We were confronted with, 'Never Flying Solo'. Keynote speakers and break-out sessions offered thought provoking topics that will help our leadership team accomplish our mission and remain relevant to our members. We were reminded how it is always better to be a team of 'we' and not a team of 'me'.

Are you eager to be apart of the leadership group at SGVDS? Make yourself known! We can use you on our team.

Here to help...Lee



San Gabriel Valley Dental Society

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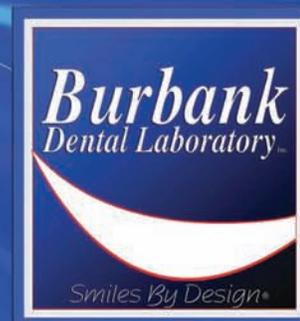
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2011 California Dental Association Leadership Education Conference

March 11-12, 2012 Los Angeles



Photo Left-Right

Executive Director, Lee Adishian, Drs: Irvin Kaw, Jerry Smith, Donna Klauser, Paula Elmi and President, Ashish Vashi.

**“people who share a common direction
and a sense of belonging can go further together.”**

Leadership isn't about going it alone. It's about working to get the best out of every member of your team and collaborating to reach a collective goal. Take geese for example. When migrating, they use ingenious and innate skills to reach their destination faster, better and smarter.” (CDA-LEC)

Over the weekend of March 11-12th, SGVDS members attended the CDA-Leadership Education Conference. The theme of the meeting was ‘The power of we’. We were charged with, *Never Fly Solo!* Dr. Paula Elmi, one of our Board members served on a panel titled, ‘The 21st Century Team: Creating Tomorrow’s Success Today’. Strategies for teamwork, change and personal growth were presented, and succeeding in highly competitive and demanding environments was addressed. It was stated that, “people who share a common direction and a sense of belonging can go further together.” CDA- Leadership Development Committee presents an education conference bi-annually. Components from all across California network, share ideas and sharpen their vision. Your SGVDS leadership team gleaned valuable skills to assist them in the future direction of our component.

OUR DEDICATED MEMBERS

2011 CDA Life Membership

George Chakmakjian, DDS - Member of organized dentistry 39 yrs. General Practitioner, 1970 Case Western Reserve U graduate; practices in Whittier

Richard Fuentes, DDS - Member of organized dentistry 37 yrs. General Practitioner, 1971 Loyola U of Chicago graduate; practices in South Pasadena

Ki Won Hoh, DDS - Member of organized dentistry 30 yrs. General Practitioner, 1970 Seoul National U graduate

Gary Hopper, DDS - Member of organized dentistry 35 yrs. General Practitioner, 1975 USC graduate; practices in Hemet

Dickran Yervant Ketenjian, DDS - Member of organized dentistry 34 yrs. General Practitioner, 1970 Loyola U of Chicago graduate; practices in Pasadena

James La Briola, DDS - Member of organized dentistry 35 yrs. General Practitioner, 1976 USC graduate; practices in Pasadena

Soo Nam Lee, DDS - Member of organized dentistry 30 yrs. General Practitioner, 1979 USC graduate; practices in El Monte

Baldwin Marchack, MBA, DDS - Member of organized dentistry 39 yrs. General Practitioner, 1971 USC graduate; practices in Pasadena

Dennis Naylor, DDS - Member of organized dentistry 37 yrs. Retired General Practitioner, 1971 Loyola U of Chicago graduate

Lawrence Perkins, DDS - Member of organized dentistry 38 yrs. General Practitioner, 1973 USC graduate; practices in Pasadena

Gary Wullschlager, DDS - Member of organized dentistry 36 yrs. General Practitioner, 1972 USC graduate; practices in Pasadena

Kenneth Yamanaka, DDS - Member of organized dentistry 40 yrs. General Practitioner, 1970 UCLA graduate; practices in South Pasadena



(Left-Right) Drs: President, Ashish Vashi, Gary Wullschlager, James La Briola, Baldwin Marchak, and Richard Fuentes

Meet & Greet

El Cholo-Pasadena



Panel Discussion Meeting II

March 20, 2011

Almanson Court, Alhambra

On Sunday, March 20, 2011 SGVDS New Dentist Committee held a Panel Discussion Meeting for newer dentists and dental students. The panel representing business specialists was comprised of: Dental Practice Attorney, Lee Maddox, CDA Membership & Practice Support Center, Conor McNulty, California Employers Association, Kim Parker, CPA Wiederman & Associates, Hugh Sills, Patterson, Sean Griffin, TDIC, David Jacobsen and Union Bank, Joey Fan. An interactive discussion ensued between the dentists and panelists for nearly two hours. Participants were eager for answers to questions that would assist them in making wise business decisions, and further their success as small business professionals. Questions pertaining to HR, insurance, what CDA can do for you, are there loans for new dentists graduating with debt and association and partnership contracts were answered. The participants comments ranged from, “extremely helpful information, a lot to think about, good information but also scary, and the panelists answered many of the questions I needed answers to, I hope you will do this again for us”. The New Dentist Committee is committed to arming our new dentists with information, skills and networking opportunities. The New Dentist Committee members are Drs: Leshin Chen, Paula Elmi, Katheleen Hwang, Chair Andy Kau, Irvin Kaw, Sunjay Lad, Amy Tran and Ashish Vashi. Thank you new Dentist committee for your commitment to our new dentists.

PANELISTS



Left to Right
Lee Maddox, Sean Griffin, Joey Fan, Hugh Sills, David Jacobsen, Conor McNulty and Kim Parker

Panel Discussion Meeting II cont.



SGVDS 2011 Calendar

APRIL-AUGUST 2011

- Wed., 4/6 CPR Certification, SGVDS Office
5:30-9:30pm
- Tues., 4/19 “Treatment of Endodontically Restored Teeth”
Nadim Baba, DMD, MSD, FACP
Almansor Court, Alhambra
4:30-8:45pm
- Thurs., 4/21 New Member Social
The Society Office
- MAY 2011** NO C.E. PROGRAM THIS MONTH
- Wed., 5/4 CPR Certification, SGVDS office
5:30-9:30pm
- Thurs.-Sat, 5/12-14 CDA Presents: The Art and Science of Dentistry
Anaheim Convention Center
All day
- Mon., 5/30 “Memorial Day Observed” SGVDS office CLOSED

JUNE 2011

- Wed., 6/1 CPR Certification, SGVDS office
5:30-9:30pm
- Thurs., 6/9 Meet & Greet
TBA
- Thurs.-Sat 6/16-18 ADA New Dentist Conference
Chicago, IL
All day

JULY 2011

- NO BOARD MEETING OR C.E. PROGRAM THIS MONTH
- Mon., 7/4 Independence Day - SGVDS office CLOSED
- Mon., 7/25 Nominating Committee Meeting, SGVDS office
6:30pm

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

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 Officio/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 Officio/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

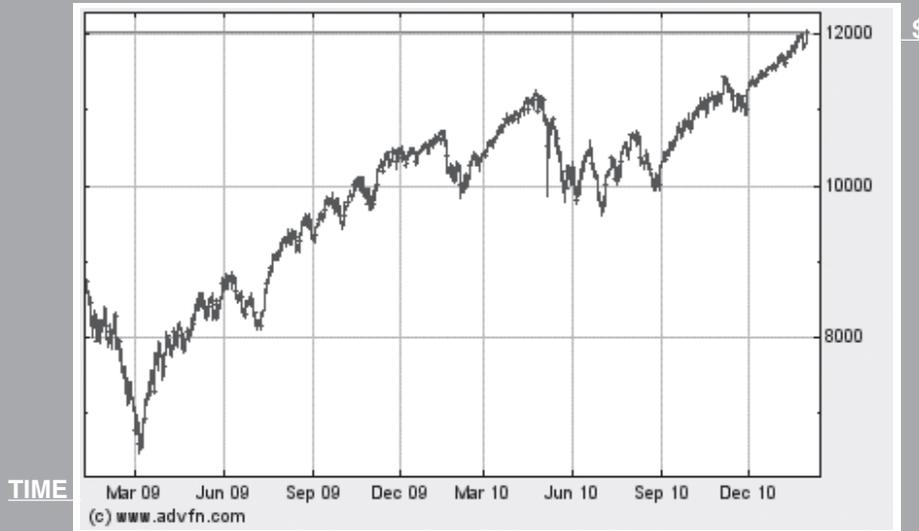
2011 STANDING COMMITTEE CHAIRS

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, DABP
 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

Since March 9th, 2009 the Dow Jones Industrial Average increased by 84% through February 1st, 2011. If your retirement plan took the same or similar ride, then it may be time for you to reconsider your retirement!!



March 9th, 2009: The Dow Jones Industrial Average was 6,547.
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Glendale, Turn-Key Dental Office for Lease: 1,749 sqft, 4 operatories, State-of-the-Art, Customized Dental Office. Top quality Floor to Ceiling Design and Details. 2nd floor suite with view. Turn Key, installed with New Electronic Equipment and Digital Technology. Busy area with PPO/PVT patient base. Right off 134 fwy, within 1 mile of Americano Mall, on North Brand Blvd. Move-in, February 1st, 2011. Ask about Move-In Specials. Contact Lisa (310)780-5278.

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Glendale Dental/Office Space for Buildout: 858-3,325 sqft space on 3rd Floor of Newly Renovated Professional Building on N. Brand Blvd. Several floorplans available depending on sqft needed. Great window views and lots of natural sunlight. Building Owner will incur cost of Space Design/

Build Out to your desired specifications. No money out of your pocket! Contact Lisa 3107805278

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.

Hanau and Denar articulators, facebow for sale by owner. In good condition. Call 310-600-3356.

Cerec '07 4 Sale. Latest MCXL Milling unit, Acquisition System, Ivoclar furnace. Sale by original owner. Lightly used. Call 626-552-8844. cerec4sale@gmail.com.

Dent-X 810 Basic x-ray processor free. Call 626-793-4185 or Fax 626-793-8904.

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. ▲

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

X-ray License Certification Classes
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Hacienda/La Puente: (626) 934-2890

Editor: John DiGiulio, DDS, MS

Managing Editor: Lee Adishian, RDH
Executive Director

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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

Lin Yun (Linda) Hu, D.M.D./M.S.

GP- Kunming Med U China 1984
212 S. Atlantic Blvd., # 103, Monterey
Park 91754
(323) 722-6600

Te-Chao Huang, D.D.S.

GP- International 1996
11766 Valley Blvd., El Monte 91732
(626) 448-5000

Jeff Lee, D.D.S.

GP – UCLA 2010
Interviewing

May Chong Louie, D.D.S.

GP- UCLA 1982
15855 E. Main Street, La Puente 91744
(626) 333-7022

Yvonne Tsay, D.D.S.

GP- SUNNY 2010
Interviewing

Stacey Woo, D.D.S./PhD

Endodontist – U of Missouri KC 2010;
PhD - UCLA 2008; 2005
7201 Painter Ave, Whittier 90602
(562) 698-7925

Linda Yanaga, D.D.S.

GP- USC 1992
1028 E. Walnut Creek Pkwy.
West Covina 91790

TRANSFERRED MEMBERS

Jiwon Kim, D.D.S.

GP- USC 2010
Transfer (student to active) LADS
18340 Colima Rd., Ste. 2B Rowland
Hgts. 91748
(626) 839-8272

Mona Taraman, D.D.S.

GP- USC 2010
Transfer (student to active) LADS

11450 Valley Blvd., El Monte 91731
(626) 575-5852

DIRECTORY UPDATES - ADDRESS CHANGES

Susan Bae, D.D.S. – 174 W. Foothill
Blvd., # 312; Monrovia; (626) 390-0642

Toni Chen, D.D.S. – 8204 Huntington
Dr., Ste. B; San Gabriel; (626) 656-
8680

Richard Furuichi, D.D.S. – 823 S.
Atlantic Blvd., Ste. 6; Monterey Park;
(323) 283-2240

Eunice Yun-Sun Im, D.D.S. – 715 S.
1st Ave., Ste. D; Arcadia; (626) 445-
8600

Obituaries

Douglas H. Doughty, DDS passed away on February 11, 2011 of lung cancer. Dr. Doughty graduated from Whittier College in 1959, and Northwestern Dental School, Chicago in 1967. In 1968 he joined his father's dental practice in North Hollywood. Later he moved his practice to his hometown, Whittier where he practiced until retiring in 2000. In 2007, he and his wife moved to the central Oregon coast joined by numerous family members.

Alfred Jacobsen, DDS passed away on October 15, 2010. He practiced for many years in San Marino, California, retiring in 1989 and moving to Laguna Beach. Dr. Jacobsen graduated from Northwestern Dental School in 1957.

John Rhatigan, DDS passed away on April 24, 2010. He practiced Pediatric Dentistry in Arcadia until retiring in 1986 and moving to Yucca Valley. Dr. Rhatigan was a graduate of the University of Southern California, School of Dentistry in 1949.

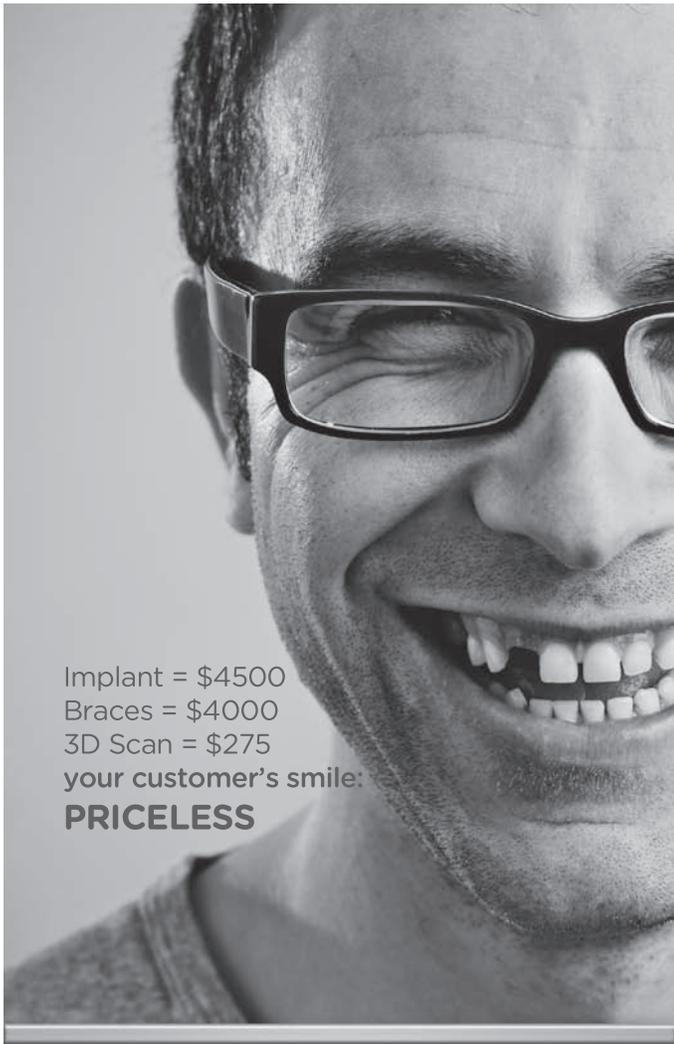
Maurice D. Smith, DDS, FACD, passed away as the result of a spinal stenosis injury on January 27, 2011. He graduated from the University of Michigan Dental School in 1953. He practiced pediatric dentistry in Whittier for 50 years. He was the past president of SGVDS in 1970, past chairman of the CDA Insurance Council and a member of the committee that developed the unification of the Southern and Northern California Dental Associations into the current CDA. He was especially active in dental education programs in the several Whittier school districts. Dr. Smith was an avid sportsman, enjoying golf, snow skiing, skeet shooting, flying and hunting.

SAN GABRIEL VALLEY DENTAL ASSISTANTS SOCIETY

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

SAN GABRIEL VALLEY DENTAL HYGIENIST SOCIETY

www.cdha.org/sgvdhs
Liz Lopez, R.D.H., President
email: lizlopezrdh@yahoo.com
626-353-4352
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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

TDIC to offer its own workers' comp insurance

TDIC received regulatory approval from the California Department of Insurance to offer its own workers' compensation insurance as part of its full suite of insurance coverage that protects dental practices.

This approval allows TDIC to develop a workers' compensation insurance product, adding to its existing portfolio of professional and business liability, property and employment practices liability. Now, with the addition of the workers' compensation product, TDIC provides all the primary business coverages necessary for the dentist and practice owner. Additionally, dentists will be eligible for a multi-line discount of up to 15 percent.

"TDIC is proud of our reputation for being a leading insurance provider uniquely focused on the needs of dentists," said Dennis De Tomasi, DDS, TDIC board chair. "This enables us to build on our 30-year tradition of providing CDA members with the specialized products and protection they need."

TDIC's comprehensive workers' compensation product will offer competitive rates, proactive safety-on-the-job education and 24/7 injury triage and reporting services. The injury triage service, administered by licensed nurses, will reduce workers' compensation claims and costs while improving health outcomes for injured employees.

"We look forward to further serving our member dentists who want the best possible coverage for their businesses," De Tomasi said. "This natural extension of our product line will offer the same excellent service that dentists have grown to know and trust from TDIC."

CDA dentists founded TDIC in 1980 to stabilize rising annual insurance premiums at a time when soaring rates were forcing some practitioners out of business. Today, in addition to providing

stable rates, TDIC has evolved to meet the needs of dentists by offering comprehensive service and products they need to protect their practices. This workers' compensation approval is the result of months of careful analysis and due diligence by TDIC's Board of Directors and TDIC staff. Final details are in the works, and it is expected that the product will be available to dentists by mid-year. TDIC will keep members informed as details become available. For more information on TDIC, visit thedentists.com.

2011 Update Posters for Dental Offices

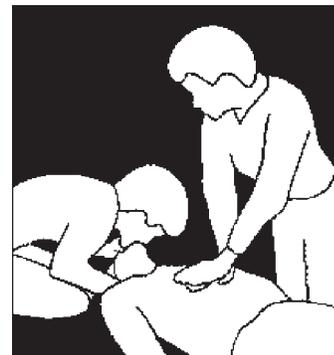
CDA and SGVDS are pleased to offer updated posters in April. They will be distributed to your primary offices as soon as they are available for mailing.

Got job descriptions for your employee's?

A job description is a useful tool that benefits the employer and the employee. A well written job description outlines required duties and expectations. Search CDA Compass for sample job descriptions under the blue tab 'Employment Practices'.

New BLS for HealthCare Provider Textbooks

FirstLink CPR, our CPR provider in the SGVDS office has informed us that the new 2011 American Heart Association Guideline materials will be released this spring on March 23, 2011. The BLS for Healthcare Providers Course has been updated to reflect new science in the 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. The textbook will be available for the cost of \$12.00, and will be used beginning April 1, 2011. As always, you may purchase the textbook from Susanne Dean when you take your CPR instruction class at the society office. (CPR is offered the first Wednesday of the month from 5:30-8:30PM at the society office-register early as classes fill up quickly.)



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.

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Tuesday, April 19, 2011 (3 CE Units)

“Contemporary Restoration of Endodontically Restored Teeth”

Nadim Baba,
DDS, MSD, FACP

4:30-8:45pm

Dinner Included

Almansor Court, Alhambra



ABOUT THE LECTURE:

Dr. Baba received his DMD degree from the University of Montreal in 1996. He completed a Certificate in Advanced Graduate Studies in Prosthodontics and a Masters degree in Restorative Sciences in Prosthodontics from Boston University School of Dentistry in 1999. Dr. Baba currently serves as a Professor in the Department of Restorative Dentistry at Loma Linda University School of Dentistry. He is a Diplomate of the American Board of Prosthodontics and a Fellow of the American College of Prosthodontics. Dr. Baba is an active member of various professional organizations including the American Academy of fixed Prosthodontics and the International College of Prosthodontists. Dr. Baba has received several honors and awards during his career including: The David J Baraban Award from Boston University, the Claude R. Baker Faculty award for Excellence in Teaching Predoctoral Fixed prosthodontics in 2009 from the AAFP, and the California dental Association Arthur A. Dugoni Faculty award in 2010. He is also the president of the California Section of the American College of Prosthodontics. He is the author of numerous publications and has lectured nationally and internationally.

ABOUT THE SPEAKER:

The idea of using a root for the restoration of a missing crown is not new. Thru continuous research our understanding of the causes of failure have improved. Recent research on endodontically treated teeth has changed our views concerning some old principles while consolidating others. Clinical success in treating endodontically treated teeth depends on our ability to use the latest materials available in conjunction with sound clinical methods.

This presentation will review selected, clinically relevant research on the restoration of Pulpless teeth along with various factors that can enhance the prognosis of Pulpless teeth.

Course objectives:

Upon completion of this course, participants will have learned:

- To determine when posts are needed
- To determine where posts are needed
- Understand the current concepts for the restoration of endodontically treated teeth
- Enumerate the clinical factors that affect the longevity of an endodontically treated tooth
- Decision criteria for cast post and cores vs. prefabricated posts
- Advantages and limitations with various types of prefabricated posts
- Selection of cements and method of cementation of posts
- Decision criteria for endodontic treatment vs. implant therapy