

Fall 2012  
Volume XXI Issue 4



# SGVDS Explorer



The Official Publication of the San Gabriel Valley Dental Society



**Healthy Living:  
Handling Job Stress  
The Problem Is Me**

## PRESIDENT'S MESSAGE



Irvin Kaw, DMD

### Highlights of the Year in progress...

I have sincerely enjoyed meeting the many faces that make up this organization. Having had the opportunity to chat with many of our members at our CE and social occasions has made this year even more rewarding. You remind me that our dental society is made up of such wonderful people that want to do good for our patients and local communities.

This year has been an incredible experience for me both personally and professionally. It has been an honor and a privilege to serve as your President for 2012. Sincere thanks to everyone for your support and friendship. I look forward to seeing you around.

You will be in good hands with Dr. Jerry Smith, your incoming President for 2013. Please join us on Saturday, December 1st for the All-Member Casino Night and Officer Installation. It will be an awesome evening!

Remember that our society has much to offer for each of us. You simply need to take it upon yourself to take advantage of the benefits.

Sincerely,

Irvin

**G**reetings everyone!

I cannot believe how fast my term as your President has gone by. We have had a lot of events, but we are not quite done just yet. There are still CE courses, socials and other events to come this last quarter.

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## Mind/Body Health: Job Stress

Jobs and careers are an important part of our lives. Along with providing a source of income, they help us fulfill our personal aims, build social networks, and serve our professions or communities. They are also a major source of emotional stress.

### Stress at work

Even "dream jobs" have stressful deadlines, performance expectations, and other responsibilities. For some, stress is the motivator that ensures things get done. However, workplace stress can easily overwhelm your life. You may continually worry about a particular project, feel unfairly treated by a supervisor or co-workers, or knowingly accept more than you can handle in hopes of earning a promotion. Putting your job ahead of everything else can also affect your personal relationships, compounding the work-related pressures. Layoffs, restructuring, or management changes can heighten anxiety about your job security. In fact, a Norwegian study showed that the mere rumor of a factory's closure caused rapid increases in workers' pulse and blood pressure. Research in the U.S. has found that workplace injuries and accidents tend to increase in organizations that are being downsized.

### The body reacts

Along with its emotional toll, prolonged job-related stress can drastically affect your physical health. Constant preoccupation with job responsibilities often leads to erratic eating habits and not enough exercise, resulting in weight problems, high blood pressure, and elevated cholesterol levels.

Common job stressors such as perceived low rewards, a hostile work environment, and long hours can also accelerate the onset of heart disease, including the likelihood of heart attacks. This is particularly true for blue-collar and manual workers. Studies suggest that

because these employees tend to have little control over their work environments, they are more likely to develop cardiovascular disease than those in traditional “white collar” jobs.

Your age is also a factor. A University of Utah study found that as stressed workers get older, their blood pressure increases above normal levels. Interestingly, many of the study’s over-60 workers reported that they did not feel upset or unduly pressured by their jobs, even though their blood pressure levels were significantly higher.

## A loss of mental energy

Job stress also frequently causes burnout, a condition marked by emotional exhaustion and negative or cynical attitudes toward others and yourself.

Burnout can lead to depression, which, in turn, has been linked to a variety of other health concerns such as heart disease and stroke, obesity and eating disorders, diabetes, and some forms of cancer. Chronic depression also reduces your immunity to other types of illnesses, and can even contribute to premature death.

## What you can do

Fortunately, there are many ways to help manage job-related stress. Some programs blend relaxation techniques with nutrition and exercise. Others focus on specific issues such as time management, assertiveness training, and improving social skills.

A qualified psychologist can help you pinpoint the causes of your stress, and develop appropriate coping strategies.

Here are some other tips for dealing with stress on the job:

Make the most of workday breaks. Even 10 minutes of “personal time” will refresh your mental outlook. Take a brief walk, chat with a co-worker about a non-job topic, or simply sit quietly with your eyes closed and breathe.

If you feel angry, walk away. Mentally regroup by counting to 10, then look at the situation again. Walking and other physical activities will also help you work off steam.

Set reasonable standards for yourself and others. Don’t expect perfection. Talk to your employer about your job description. Your responsibilities and performance criteria may not accurately reflect what you are doing. Working together to make needed changes will not only benefit your emotional and physical health, but also improve the organization’s overall productivity. ▲

*The American Psychological Association gratefully acknowledges the assistance of Sara Weiss, Ph.D., and Nancy Molitor, Ph.D., in developing this fact sheet.*

## Importance of Balance at Work

**THE PROBLEM IS ME!**

**Trust In Your Team and Delegate**

*Authored by CDA Compass*

If you relate to the title above, you are likely in a place of frustration with some or many aspects of your practice. Are you the dentist who has evaluated every system in the practice, run every statistic imaginable, taken every CE course offered on treatment planning, only to see dismal treatment acceptance numbers month after month? If so, you are not alone and you are not the first dentist to ask “Am I the Problem? Are patients not accepting treatment because of something I’m doing wrong?”

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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.*

First of all, try not to be so hard on yourself. If you are striving for a 100% treatment acceptance rate, then you will be relieved to know that 100% acceptance is actually a bad sign when it comes to determining treatment planning success. Think about it, if your records show that 100% of your patients accept treatment, it means one of two things – either treatment acceptance is not being tracked properly OR you are not presenting all possible treatment to your patients. Make sure that you are first tracking case acceptance properly – are you calculating the number (or dollar amount) of treatment plans presented compared to the number (or dollar amount) of treatment plans that were scheduled? The key to getting an accurate number is to only track the procedures that were actually treatment planned - if you are including diagnostic procedures (exams, radiographs) in your case acceptance number, these need to be removed as they are not part of the doctor's treatment presentation and are considered "accepted" prior to the treatment plan discussion. Once you have an accurate case acceptance percentage, look to see if the number is too high – meaning that you are only presenting treatment that will be easily accepted (i.e. treatment that is covered by dental benefits or absolutely necessary) or is requested by the patient (i.e. patient is in pain or concerned about a certain area). For dentists who are confidently providing comprehensive treatment plans, it is not unusual for the case acceptance number to be under 70%. Rather than focusing on what is considered a "good" percentage, figure out where you are and set a goal to improve that number by 10-15% over the course of the next six months to one year.

Once you know where you stand with treatment plan acceptance and you have set a goal to improve, look to your team for help. The dentists most successful at treatment planning rely on their team to build rapport with patients and to conduct most of the actual consultation. If you are finding that your valuable time spent with patients in treatment plan consultations is not effective, it may be time to train your team and delegate responsibilities. Granted, you are responsible for conducting the exam and providing the diagnosis, but why can't your front office administrator, dental assistant or treatment coordinator convey the value and benefit of treatment to your patients? Patients are often intimidated by the dentist – whether you see it or not, most patients place doctors on a level above themselves. Your staff members, however, are considered to be more on an equal level in the eyes of your patients – and who wouldn't want to have a personal discussion, such as this, with someone they can relate to?

Invest in the following staff roles and follow the recommendations below to see your case acceptance numbers increase:

### **The Front Office Administrator**

One could argue that this is the most critical role in the practice. If you are a skeptic of the importance of this role, think about yourself as a consumer, customer or patient – how many times did the first phone call make or break your decision to buy a product or accept a service? Believe it or not, a significant percentage of treatment plans are either accepted or declined before the patient even reaches the doctor. Make sure you have an extremely capable and exceptionally friendly front desk administrator. Share your treatment philosophy with this staff member and give this person the freedom to talk about your style, strengths and benefits of your practice to patients. The rapport that is established between your front office administrator and a patient prior to the

exam is critical. It creates trust, comfort, and a perceived value for your services before the treatment plan is even determined. Provide this staff member with clear systems to manage patients and the schedule, and watch your case acceptance percentage increase.

### **The Treatment Coordinator or Highly Trained Dental Assistant**

Nothing is more powerful than a treatment coordinator or dental assistant who is trained to the point that he or she can predict the steps the doctor is going to take and the words that the doctor is going to say. It takes time and slowly allowing your chairside staff to take on more and more responsibilities, but once trained, it will make you wonder how you ever survived without this right-hand man or woman. Think about all of the responsibilities in a comprehensive exam that could be delegated – taking records, charting of existing restorations, discussing health history, conversing with each patient about goals, concerns, and symptoms, providing oral health education – there is no reason why any of this has to be conducted by the doctor unless it is an aspect you enjoy (and do well). A highly trained chairside staff member should be able to follow your every move through an exam and take notes on everything you see. Further, with training, this staff member should know where your diagnosis is going and should be preparing a treatment plan when you ask the patient certain leading questions, such as "Do you know how long you've had this filling or crown?", "Are your gums ever sore in this area?" and "How often would you say you floss?" Once you have completed the exam and you share your findings with the patient, the rest can be turned over to a treatment coordinator or again, a highly trained dental assistant. You can then leave the patient with your very capable staff member and convey to the patient the level of confidence you place in this team member. The financial discussion should follow, and can either be performed by the treatment coordinator or the patient can be guided to the appropriate administrative staff member for this next stage of the consultation.

In the book "Good to Great", by Jim Collins there is a concept referred to as "First Who...Then What." The first part of the concept is obvious – you must hire individuals, or "get the right people on the bus", who share your practice philosophy and whom you believe will contribute toward your practice vision. When you are inviting people on the bus, and getting the wrong people off the bus, you don't necessarily have to know right away where they will all be seated. The second part of the concept is a little more complex – once you have the "right people on the bus", you must then place everyone into roles that maximize their individual strengths. In the book, Collins writes,

"The good-to-great leaders, however, would not rush in judgment. Often, they invested substantial effort in determining whether they had someone in the wrong seat before concluding that they had the wrong person on the bus entirely. When Colman Mockler became CEO of Gillette, he didn't go on a rampage, wantonly throwing people out the windows of a moving bus. Instead, he spent fully 55 percent of his time during his first two years in office jiggering around with the management team, changing or moving 38 of the top 50 people. Said Mockler, "Every minute devoted to putting the proper person in the proper slot is worth weeks of time later."

As you assess the “right seat on the bus” for each of your team members, evaluate if YOU too are in the right seat. Are you trying to be the all-knowing practice owner, with a hand in every task, who is average at everything, rather than exceptional at one thing? Figure out the one or two areas of the practice where you truly excel and thrive, and if building rapport with patients is not it, empower your team and delegate.

THE PROBLEM IS ME! TRUST IN YOUR TEAM AND DELEGATE  
This resource is provided by the CDA Practice Support Center.  
Visit the Web site at [cdacompass.com](http://cdacompass.com) or call 866.232.6362 ▲

## Health and Safety in the Workplace

‘Employee needlestick injuries are prevalent and preventable’

By TDIC, Risk Management staff

The Dentists Insurance Company reports employee needlestick injuries as the most prevalent workers’ compensation claim and, more often than not, the needles have been contaminated from a patient injection.

There is often a pattern of behavior related to needlestick injuries.

“The injuries frequently occur when breaking down instrument trays following a procedure,” said Deborah Boyd, workers’ compensation manager for TDIC.

Boyd said it’s common to hear that the employee was removing the anesthetic carpule or removing the needle from the syringe and the cap slipped off of the needle.

“Instrument punctures usually occur during cleaning of the instruments in preparation for sterilization,” she noted.

The Centers for Disease Control and Prevention report disposal-related and improper disposal as causes for 22 percent of needlestick injuries. Cleanup related injuries account for 11 percent and handling or passing of a device during or after use cause 10 percent of needlestick injuries.

Boyd emphasized the necessity of following Occupational Safety and Health Administration’s Bloodborne Pathogen Standard outlined at [osha.gov](http://osha.gov) to help minimize such injuries. OSHA’s standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials, regardless of how many workers are employed.

In addition to OSHA’s nationwide protocols, the agency also approves state plans. Each state has the option to establish its own safety protocols in addition to OSHA’s general protocols. Twenty-five states have done so. These safety plans can be found on OSHA’s website under resources. The National Institute for Occupational Safety and Health and the Centers for Disease Control and Prevention also have several documents related to the prevention of occupational exposure to blood. To help reduce the risk of needlestick accidents and exposure to bloodborne pathogens such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV), dentists are required to use “universal precautions” and to have an exposure control plan with details on employee protection measures. The plan must specify use of a combination of engineering and work practice controls including: personal protective clothing and equipment, training,

medical surveillance and hepatitis B vaccinations, and signs and labels.

Infection control experts recommend minimized contact with needles and other sharp devices as well as engineering controls and safe work practices.

Engineering controls include safety syringes designed to eliminate recapping and removing the needle after use. One type of safety syringe has a sliding plastic tube that covers the needle so it does not need to be recapped.

Sharps containers are also considered an engineering control. Experts recommend immediate disposal of sharps, including disposable syringes and needles and scalpel blades in puncture-resistant containers located near where sharps are used. Strict observance of the “full” line on sharps containers is advised. When sharps reach the “full” line, put the cap on the container and remove it from service. Arrange for pickup, mail away, or dispose according to your state and local regulations.

Other safety measures include not bending or breaking needles before disposal, avoidance of passing a syringe with an unsheathed needle and storage of reusable sharps in containers with wire basket liners that can easily be removed for cleaning and disinfecting. If a needle must be bent for a dental procedure, it should be done in the safest possible manner.

The Needlestick Safety and Prevention Act requires the involvement of non-management employees in evaluating and choosing devices. The act also mandates employers to keep a sharps injury log. This requirement may vary state to state, however, TDIC Risk Management analysts recommend that all dental offices maintain a record of sharps injuries.

According to OSHA, the log must contain, at a minimum, information about the injury, the type and brand of device involved in the injury, the department or work area where the exposure occurred, and an explanation of how the incident occurred. The log must be recorded in a way that protects the confidentiality of the injured employee. ▲

### 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](mailto: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!

# TAX CORNER

## Qualified Interest Expenses Deductions on a Personal Residence

For mortgages incurred after October 13, 1987, homeowners can deduct qualified home mortgage interest up to \$1 million of acquisition debt and on another \$100,000 of home-equity debt that can be used for any purpose.

To be tax deductible the following criteria must be met:

1. Secured Debt. A secured debt is a signed instrument that put your qualified home up as collateral to protect the interests of the lender.

Under Internal Revenue Code Section 163, a qualified residence includes your principal residence as well as one second home that is not hold out for sale to others and provided the secondary home was not rented during the year or if rented, it must also be for personal uses exceeding the greater of more than fourteen days or 10% of the number of days it was rented at fair market value.

2. The indebtedness is limited to \$1 million (\$500,000 for Married Filing Separately).

According to the IRS and based on most recent tax court case (138 T.C. No. 8 Filed March 5, 2012), the \$1 million limitation on acquisition indebtedness under Section 163(h) (3)(B)(ii) applies to the property as a whole and not separately to each owner.

If you have more than one second home, then only one qualified second home can be qualified for interest deductions. The qualified second home can be changed should there is a new home purchase during the year and the new home is considered as a second home on the day of purchase.

Please be careful that refinancing of an acquisition debt is tax deductible as long as it does not exceed the principal outstanding on the loan immediately before the refinancing.

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*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.*

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# 'Informed Refusal'

## Form and Recommendations Revised form serves as a guide for required patient discussion

By Risk Management staff

Informed consent and documentation of recommended treatment are important parts of patient care, but what about informed refusal?

The Dentists Insurance Company advises that informed refusal of recommended treatment deserves equal consideration especially since it is required by law in all states when a patient's informed refusal holds potentially serious complications.

TDIC recently revised its informed refusal form and recommendations to assist dentists in keeping records of such situations. The new form is available on TDIC's website at [thedentists.com](http://thedentists.com), and TDIC analysts are prepared to answer any questions about informed refusal. TDIC's Advice Line can be reached at 800.733.0634.

TDIC Risk Management analysts say informed refusal is essential because it proves the dentist had a discussion with the patient about the specifics of the recommended treatment and outlined the risks, benefits and alternatives of the proposed treatment.

"Patients must know the potential consequences of refusing a proposed treatment or procedure," said Carla Christensen, senior Risk Management analyst for TDIC. "For instance, a patient who refuses a recommendation to place a restoration on an endodontically treated tooth should understand the potential for fracture and what that could mean for the patient's oral health."

Rather than continuing to provide dental care to patients who refuse treatment that could pose a risk to their health or the possibility of a successful treatment outcome, dismissing the patient may be the only reasonable option. The message is clear, Christensen said. "A patient's refusal of treatment does not allow a dentist to practice below the standard of care. Patients have the right to decline treatment recommendations, but cannot consent to substandard care such as continued or repeated refusal to have diagnostic radiographs."

While patients may refuse to consent to treatment recommendations, they must be informed of the consequences. Following is a checklist for leading a discussion about informed refusal:

Use TDIC's informed refusal form as a guide for the discussion. Answer all questions and clearly explain all possible risks associated with forgoing treatment recommendations. Detail the benefits of the treatment and any alternatives that may be available. Have the patient sign the informed refusal form and keep it in the patient's file. Document the date and details of the discussion in the patient's chart. Record who was present, write down what

questions were asked, summarize answers provided, and note that the patient understood and signed the refusal of treatment form.

Conduct the discussion in person. Law requires dentists to lead the informed consent discussion and not delegate it to staff. However, staff can add to and enhance the discussion between the dentist and patient. If the patient requests a representative such as a relative, spouse, partner or caregiver be present, invite them to join the informed consent discussion and answer any questions they may have.

Remain relaxed and ask questions. Risk management experts say open discussion helps the process. Ask why the patient does not want to proceed with the treatment recommendation. Is the refusal due to finances? Is the refusal related to fear? Once you have an idea about why, continue the discussion by offering details about the procedure and what alternatives are available.

Continue the documentation process. Informed refusal does not end after the first refusal. Make a chart entry concerning refusal of care at every following visit when you discuss the issue, no matter how much time has elapsed between visits.

Give careful consideration to the case. Attention must be given to cases in which dismissing the patient may be the only reasonable option.

Call TDIC's Risk Management Advice Line at 800.733.0634 with any questions about informed refusal. ▲

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**For Members of San Gabriel Valley Dental Society**

**(800) 399-5331**

# Spotlight on Member

...and a glass of wine

By Stephen Flanders, DDS

Stay challenged. Be creative. Work hard. Our practices definitely give us challenges. But there should be something beyond our practices and our families, to which we are already committed, that adds interest to our leisure hours. Most of us have several, or even many outside interests, sometimes depending on the season like skiing, sometimes year around like woodworking.

Since the current issue relates to "Healthy Living", our Editor, Sunjay, asked me to write a bit about the wine we make. Of course I immediately thought of those healthy antioxidants we all know are in wine; and then there are the supposed digestive benefits of a glass of wine with dinner. But I'm not going to write about how wine contains beneficial antioxidants, how antioxidants destroy free radicals and thus may be beneficial in diseases associated with aging, because neither of us consumes a glass of wine for that purpose.

First, it is legal to make wine or beer for personal consumption. Only when one tries to sell the product does the the government get in to the act with taxes, inspections, OSHA requirements, etc. (Think how useful are those fees and inspections of your air compressor and x-ray machine).

Now, I didn't initiate this wine making venture. I'm a member of a group started by the senior partners almost thirty years ago. Over the years, we have acquired better and better equipment, more barrels, considerable experience, and reliable contacts in various vineyards mostly in the central coast area (from San Luis Obispo to King City) from which we purchased the grapes.

The Crush (Sept.- Nov): In the fall, when word arrives that the grapes are ripe, the first step is for a couple of the partners to drive up to the vineyard to pick up the grapes of the day. We are using Cabernet Sauvignon, Merlot, Zinfandel, Syrah, Pinot Noir and Grenache grapes this year. So we bring home a ton or two (or more if possible) of whichever grape we are going to use that day. Meanwhile, three to six partners are readying the crusher and sterilizing the fermenters for a noon arrival. When the truck drives up, we unload the grapes (a Home Depot bucket at a time) into the crusher which removes the stems and crushes the grapes into a fermenter. We'll usually have four to eight fermenters full of each varietal. After we clean everything up, it's time for a glass of wine and to enjoy our success.

The Press: The juice will be in the fermenters for four to ten days depending on the ambient temperature. At this point, the clear juice has picked up the color of the grape skins, the fermentation has turned some of the sugars to alcohol, and some of the sediment has settled to the bottom. The grapes and juice are scooped out of the fermenter, and into the press, which squeezes the juice from the grapes so that we can pump it into barrels for additional fermentation. Often, another variety has arrived by then, and we are both crushing and pressing on the same day. And then we have a glass of wine, some pizza and enjoy our success. This process is repeated for the other varietals as they arrive, and then we have some wine and cheese and enjoy our success. You may detect a theme developing here; this is obviously a social venture.

Racking (December): At this point in the process, we have accumulated many barrels and many carboys (five gallon glass containers) of wine. The sediment has settled to the bottom of the barrels, so we pump the wine off the dregs and back into the sterilized fermenters allowing us to clean out the barrels. We then pump the wine back into the cleaned barrels, often doing some of the blending at this point. We age the wine in either French oak or stainless steel 60 gallon barrels, with any excess going into carboys again. And then we clean everything up, and it's time for a glass of wine and to enjoy our success.

Bottling (May): Our final blending occurs when we pump the wine from the barrels into the blending tank. From there, the wine flows to the bottler where we bottle the wine and the corker corks the bottles. The last couple years we have done the bottling all on one weekend. And then we clean everything up, and it's time for a glass of wine, some food, and to enjoy our success.

Do we do this because we like wine; just for the camaraderie; as a way to fill up part of several weekends with something different to do; just so that we'll always have some wine on hand; or for that healthy antioxidant content of red wine? Well, yes to all the above. But mostly because our wine is darn good! We have consistently placed favorably at the Orange County Fair judging, and on our own as well as other's palates.

There's more to the process than what I've briefly outlined here. But we'd have to sit down with a glass of wine to expound on this further.



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

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The TDIC logo is located in the bottom right corner of the advertisement. It features the word "tdic" in a white, lowercase, serif font. Above the letter "i" is a stylized graphic consisting of three parallel, slanted lines in a gradient of yellow and orange, resembling a sunburst or a flame. A registered trademark symbol (®) is positioned to the right of the word "tdic". The logo is set against a solid red background that occupies the bottom right portion of the page.

## Message from the Executive Director



Lee Adishian

### What Is the Ideal Age to Be?

If you could live forever at one particular age, what age would you choose? When The Harris Poll asked this question of a cross-section of 2,306 adults nationwide, the average age chosen was 41.

But that number is deceiving. There was absolutely no consensus of one ideal age with responses ranging from younger than 21 to older than 90. "Forty-one" is just an average of the answers. When broken down by gender, women chose 43 as the ideal age, while men chose 39.

There was a distinct pattern, though. Most people chose an ideal age that was fairly close to their current age. The exception is that once folks hit 50, the age they chose was younger. A small, but not insignificant, number of people choose remarkably old ages as the ideal. Fully one in 12, or 8 percent of the total sample, see 90 or older as the ideal age if you are healthy.

**Yet most of us, until we reach middle age, would like to stay at our present age.**

The age people chose as the ideal only seemed to be influenced by their current age and not whether they were rich or poor, African American, white, Hispanic, Republican, Democrat or independent, highly educated or not.

Why ask such a question? It was the idea of the distinguished social scientist Leo Bogart who said in a news release announcing the study findings, "People are living longer, with better health care and new medical advances. Yet most of us, until we reach middle age, would like to stay at our present age. American culture has always emphasized youth, but the elderly wouldn't want to go back to their twenties and almost no one wants to start life over again as a child or teenager. Most of us seem to be comfortable with where we are."

So, what is your ideal age to be? I venture to say the ideal age is relative to one's health, although...I will forever be 39 again!

Cheers to your health...Lee

*(Article found online at Netscape)*

## Message from the Editor



Sunjay Lad, DDS

### Striking A Balance

Go to work. Run a morning huddle. Treat patients. Catch up on paperwork. Treat patients. Make some phone calls. Catch up on patient charts. Go home. Sleep. Repeat the next day.

Does this sound familiar? As dentists, many of us are also small business owners. We are unique amongst our health care colleagues in that most of us must tend to not only the needs of our patients, but also the challenges that come with running a small business. With so much on our plate, it is easy to get caught in the same repetitive routine on a day-to-day basis. Where is the balance in our lives? Where is that moment of zen and inspiration that allows us to step aside from patient treatment and paperwork and phone calls for a moment, to remember what truly drives each of us?

**It is important to take the time to integrate these passions into our lives.**

Our focus in this issue of the SGVDS Explorer is the importance of healthy living and living well. If we do not take care of our own health and mental well-being, how can we expect to provide optimal care for our patients? Striking a better work-life balance is something we all know is important, but unfortunately we do not always make the time to find this balance. Whether it is a hobby outside of the office that you love, spending time volunteering in your community, or coaching your kid's sports team; whatever it is that excites you and lets you forget about everything else in the world: it is important to take the time to integrate these passions into our lives. Research has shown time and time again, that those who balance their work with the things they love outside of work, not only manage their time and schedules better, but also have a better sense of fulfillment and mental well-being.

So take the time to pursue the things you love outside the office. We spend our days caring for the health of others, but I think we can all agree that we can only be truly effective in our chosen profession, if we take just as good care of ourselves.

Sunjay Lad, D.D.S.  
Editor

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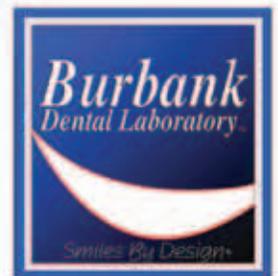
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# 2012 'Give Kids A Smile' Awards

2012 marks the 10th Anniversary of 'Give Kids A Smile' campaign throughout the nation. In October at the ADA Annual Session in San Francisco, friends and colleagues will be celebrating the great achievements of 'Give Kids A Smile' over the past ten years. Throughout the country and locally volunteers participate in providing oral health screenings, education and limited treatment to children. SGVDS has been actively involved in the 'GKAS' campaign and our local Zone Directors and volunteers were honored at our September CE meeting. In 2012, our members screened over 8,500 children. The Zone Director's provide key organization to the screenings; however it takes many volunteers to accomplish the task. **The Board of SGVDS wishes to thank the volunteers who assisted in providing this service to the community.**



Photo Caption:

Drs: Anahita Taraporella, Zone 5 Director, Donna Arase, Community Health Chair and Sunjay Lad, Zone 4 Director

(Not in attendance Drs: John Khalaf, Zone 1 Director, Amy Tran, Zone 2 Director and Ted Tanabe, Zone 3 Director)

## The Foundation to a Better You

Anahita Taraporewalla, DDS, Zone 5 Director

Fitness and proper nutrition aren't the only aspects of staying healthy. It is about physical, mental, and emotional well-being. As health care providers, each day we work to improve the oral health of our patients. We alleviate their pain, treat disease, and give them something to smile about—but what about our own well being?

Some practitioners maintain their well being by exercising, eating right, meditating and volunteering. Yes, that is right, I said volunteering. Over the past two decades there has been growing evidence that indicates volunteering provides health benefits in addition to social benefits. Even when controlling for other factors such as age, health, and gender; research has found that when individuals volunteer, they are more likely to live longer (1). Giving back to others also provides volunteers with a sense of fulfillment and well being that is hard to come across.

The Foundation of the San Gabriel Valley Dental Society (FSGVDS) is planning a new volunteer opportunity for those in our society. This project is aimed to improve the oral health of children without access to dental care in our area. On February 23, 2013, The Foundation will be holding its first day of service, where we will provide free dental care to approximately 100 children in the Charter Oak School District. We ask you to save the date not only to improve your own health—but more importantly to give a child a reason to smile.

For more information about the upcoming FSGVDS event or to express interest in volunteering please contact Lee Adishian ([director@sgvds.org](mailto:director@sgvds.org)) or Anahita Taraporewalla ([anahita.dds@gmail.com](mailto:anahita.dds@gmail.com)).

The Corporation of National and Community Service "The Health Benefits of Volunteering- A review of recent research" 2007.

# Meet & Greet Pacos, Arcadia



*Join us!  
Meet & Greet*

*Wednesday, December 5th  
7 PM*

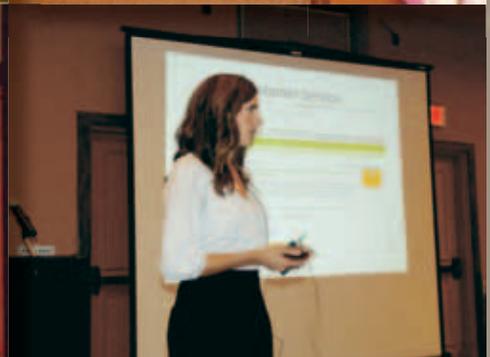
*Carmines, South Pasadena  
See you there!*

# *'Raising Your Business IQ'*

## *Joint Meeting*

### *San Gabriel Valley Dental Society & Chinese American Dental Society of Southern California*

Dentists across the San Gabriel Valley met together to learn important employer-employee issues facing small businesses from CEA Regional Director, Stacy Rochelle. The tripartite was well represented at this joint meeting with ADA Membership Liz Bronson, CDA Membership Carrie Harcharik, CDA Practice Support Center, Katie Fornelli and TDIC Representative, Samson Landeros. The tripartite staff shared the many benefits of membership to the participants. Dr. Peter Liu, SGVDS member and Past President of CADSSC shared the value of being a member of the tripartite. Dr. Anahita Taraporewalla gave the audience a legislative update from CDA. Raffle prizes, brunch and lively conversation rounded out this successful event. SGVDS wishes to thank CADSSC President, Dr. George Ko, for his leadership and partnership with this event.





# The San Gabriel Valley Dental Society

Cordially invites you to attend the

## All-Member Casino Night Social Gala & 2013 Installation of Officers

*R. Jerry Smith, D.D.S.  
To be Installed as 2013 President*

**Saturday, December 1, 2012  
at  
Rococo Room**

70 W. Union Street, Pasadena, CA  
6:00 p.m. – 10:30 p.m.

Event \$85.00 per person/one complimentary drink ticket

\*From the 210 Freeway, Exit Fair Oaks, travel south, turn right (west) on Union, restaurant on left side of the street.

Parking: Valet parking is available for \$ 7:00 with the Rococo validation stamp and is located on the SW corner of Union and De Lacey Street. Self-parking is also available for a flat rate of \$ 7:00 in the parking garage located directly across the street. There is no validation option for the garage.

Please send your check or credit card information and the bottom portion of this page to the SGVDS office by Friday, Nov. 16, 2012 at: 312 E. Las Tunas Dr., San Gabriel, CA 91776 or simply call the Society office to register at: (626) 285-1174

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

DETACH HERE

Yes, I will attend the All- Member Casino Night Social Gala on Saturday, December 1, 2012

Name: \_\_\_\_\_ Guest Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Check enclosed for: \_\_\_\_\_ OR Charge to MC/Visa: # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Indicate Entrée Choice: Steak \_\_\_\_\_ Salmon \_\_\_\_\_ Vegetarian (Mushroom Risotto) \_\_\_\_\_

# SGVDS 2012 Calendar

## OCTOBER 2012

- Thurs., 18-21 ADA Annual Sessions, San Francisco, CA  
All Day
- Mon., 22 Pre-caucus, SGVDS Office  
6:30pm
- Fri., 26 All Component Caucus, Sheraton Gateway Hotel (LAX)  
6:30pm

## NOVEMBER 2012

- Tues., 6 Board Meeting, SGVDS Office
- Wed., 7 CPR Certificate, SGVDS Office  
5:30-9:30pm
- Fri-Sun., 9-11 CDA House of Delegates, Newport Marriot
- Sun., 11 Board of Trustees, Newport Marriot
- Tues., 13 **“Graftless Solutions in Implant Dentistry”**,  
Saj Jivraj, DDS, Almansor Court Alhambra
- THURS.-FRI., **THANKSGIVING HOLIDAYS, SGVDS OFFICE CLOSED**

## DECEMBER 2012

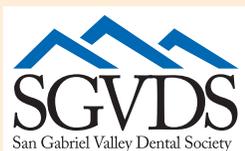
- Sat., 1 2013 Installation of Officers, Rococo Room, Pasadena  
6-10:30pm
- Wed., 5 Meet & Greet, Carmines, South Pasadena  
7:00pm
- MON.-TUES., 24-25 **CHRISTMAS HOLIDAYS, SGVDS OFFICE CLOSED**

## JANUARY 2013

- MON., 1 **NEW YEARS DAY, SGVDS OFFICE CLOSED**
- Wed., 9 CPR Certification, SGVDS Office  
5:30-9:30pm
- TBA **Leadership Retreat**
- Tues., 22 **“CA Law & Infection Control”**,  
Almansor Court, Alhambra  
Leslie Canham, CDA, RDA  
3:30-8:45pm

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Select Practice Services  
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## SGVDS 2012 OFFICERS AND DIRECTORS

**President**—Irvin Kaw, DMD  
**President-Elect/Treasurer**—R. Jerry Smith, DDS  
**Vice-President**—Donna Klauser, DDS, DABP  
**Past President**—Ashish Vashi, DDS  
**Trustee**—Scott Adishian, DDS  
**Trustee**—Saleh Kholaki, DDS  
**Director, Zone I**—John Khalaf, DDS  
**Director, Zone II**—Amy Tran, DDS  
**Director, Zone III**—Ted Tanabe, DMD  
**Director, Zone IV**—Sunjay Lad, DDS  
**Director, Zone V**—Anahita Taraporewalla, DDS  
**Editor**—Sunjay Lad., DDS

### CDA Delegates—New Terms (3-year term)

—Donna Arase, DDS  
—R. Jerry Smith, DDS

### Continuing Terms

—Patricia Donnelly, DDS  
—Paula Elmi, DDS  
—Irvin Kaw, DMD  
—Donna Klauser, DDS, DABP  
—Stephen Lojeski, DDS  
—Ashish Vashi, DDS

### Alternate Delegates—1 year term-alphabetical

—Emad Ammar, DDS  
—Saeda Basta, DDS, MS  
—Leshin Chen, DDS  
—John DiGiulio, DDS, MS  
—Viviane Haber, DDS  
—Ralph Hansen, DDS  
—Sunjay Lad, DDS  
—Michael Tanaka, DDS

## 2012 STANDING COMMITTEE CHAIRS

|   |                            |
|---|----------------------------|
| ADHP (Allied Dental Health Professionals) | Saeda Basta, DDS, MS       |
| Bylaws                                    | Stephen Flanders, DDS      |
| Community Health                          | Donna Arase, DDS           |
| Ethics                                    | Donna Klauser, DDS, DABP   |
| Legislation/CalDPac                       | Anahita Taraporewalla, DDS |
| Membership                                | Andy Kau, DDS              |
| Mutual Office                             | Michael Tanaka, DDS        |
| Peer Review                               | Patricia Donnelly, DDS     |
| Programs                                  | Ralph Hansen, DMD          |
| Publications                              | Sunjay Lad, DDS            |
| Well Being                                | Robert Shimasaki, DDS      |

### AD-HOC COMMITTEE CHAIRS

|                                 |  |
|---------------------------------|--|
| Assets Management               | (P.Pres, Pres, Pres-Elect & Treasurer) |
| Committee to the<br>New Dentist | Paula Elmi, DMD                        |
| Website/Media<br>Relations      | Leshin Chen, DDS                       |



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# MEMBER NETWORK

**Resumes** One of the member services your San Gabriel Valley Dental Society office provides is employment resumes. Our office will keep on file resumes for back office, front office, dental hygiene and dental associate positions for three (3) months. If at that time you would like your resume extended, please call our office and we would be happy to do that. Let us know if you are looking for full or part time positions.

**Renting/Selling?** Do you have operatory space to rent in your office, looking to retire or would like to sell your practice, we would be happy to post that in our quarterly publication.

**Need CPR?** CPR is taught at the Society office on the first Wednesday of the months (Jan-June & Sept-Nov) at 5:30 PM. This is a re-certification class only. Cost is \$45 members/\$65 non-members. A current textbook is mandatory, and may be purchased for \$12 at the time of the class.

**Change of address and/or email?** Keep your office and email address with the Society office up to date. This will ensure that you receive our communication in a timely manner.

**American Dental Academy** has motivated, bilingual (English/Spanish or English/Chinese) Dental Assistants seeking part-time or full-time jobs. American Dental Academy has Board approved Radiation Safety Certification program. Tel: 323-622-6688 or adalosalosangeles@gmail.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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**Editor:** Sunjay Lad, DDS

**Managing Editor:** Lee Adishian, RDH  
Executive Director

**Design and Production:**  
Mike Serrano for Casa Graphics Inc.  
**Printing:** Mike Serrano - 626.437.0248

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

### Michael Chan, D.D.S.

GP – LLU 2012  
4100 Rosemead Blvd., Rosemead  
91770  
(626) 575-1161

### Richard Tan Chu, D.D.S.

GP – NYU 2009  
Interviewing

### Mindy Copeland, D.D.S.

GP – U of Michigan 2011  
500 North First Ave., Arcadia  
91006

### Jenessa Oo, D.D.S.

Endodontist- UCLA 2012; 2009  
Interviewing

### Chau Bao Tran, D. D.S.

GP – Case Western U 2007  
Interviewing

### Nicholas Yeung, D.D.S.

GP – UCLA 1994  
1212 E. Main Street, #3; Alhambra  
91801  
(626) 289-3755

### Tae Lim Youn, D.D.S.

Oral/Maxo – LAC & USC 2016  
(pending)  
GP- USC 2009  
Student

## TRANSFERRED MEMBERS

### Jaclyn Bradle, D.D.S.

GP – USC 2011  
Transferred from LADS  
613 N. Azusa Ave., Ste. B; Azusa  
91702  
(626) 334-2171

### Rachel Hollander Fine, D.D.S.

GP- U of Florida 2008  
Transferred from SFVDS  
255 N. Rosemead Blvd., Pasadena  
91107  
(626) 351-0195

### Ryan Huang, D.D.S.

GP- U of Michigan 2007  
Transferred from SFVDS  
Interviewing

### Maria Magdalena Ligad, DDS

GP – U of Philippines 1992  
Transferred from TCDS  
15925 Gale Ave., Ste. C; City of  
Industry 91745  
(626) 336-6401

### Erin Lobo, D.D.S.

GP – UCSF 2009  
Transferred from SFDS  
Interviewing

### Anne Sanglimsuwan, D.D.S.

GP – USC 2010  
Transferred from LADS  
1448 S. San Gabriel Blvd., San  
Gabriel 91776  
(626) 288-2000

## DIRECTORY UPDATES - ADDRESS CHANGES

### Andy Chang, D.D.S. –

175 S. El Molino Ave., Ste. 5;  
Pasadena; (626) 793-6947

### Young Lee, D.D.S. –

17515 Colima Rd., Ste. 3;  
City of Industry;  
(626) 965-0971

### Ruben Saucedo, D.D.S. –

1446 Merced Ave., Ste. 201;  
Baldwin Park; (626) 939-9116

### Larry Tuan, D.D.S. –

103 Las Tunas Dr., Ste. A; Arcadia;  
(626) 824-3988

## Fall 2012 Obituaries

### Dr. M. Dale Nelson

Dr. Nelson passed away on May 5, 2012 after a long battle with cancer. He received his BS from BYU in 1957 and graduated from USC Dental School in 1966.

Dr. Nelson practiced dentistry in San Dimas and Glendora for forty one years. He was a life member of ADA. Dr. Nelson was a devout member of the Church of Jesus Christ of Latter Day Saints, serving in every organization. He is survived by his wife, Barbara, and had 6 children and 16 grandchildren.

### Robert Yudelson, DDS

Dr. Yudelson passed away in late September. Dr. Yudelson graduated from Creighton in 1951 and USC Department of Orthodontics in 1953. He practiced in Whittier.

### SAN GABRIEL VALLEY

#### DENTAL ASSISTANTS SOCIETY

[www.sgvdas.org](http://www.sgvdas.org)

LeAnna Martin, President

email: [sgvdas14@hotmail.com](mailto:sgvdas14@hotmail.com)

### SAN GABRIEL VALLEY

#### DENTAL HYGIENIST SOCIETY

[www.cdha.org/sgvdhs](http://www.cdha.org/sgvdhs)

Liz Lopez, R.D.H., President

email: [lizlopezrdh@yahoo.com](mailto:lizlopezrdh@yahoo.com)

626-353-4352

Employment & Referral:

[RDHPolishers@aol.com](mailto:RDHPolishers@aol.com)

Mobile Dental Hygiene Services:

[debbiehartmanrdhap@yahoo.com](mailto:debbiehartmanrdhap@yahoo.com)

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*The San Gabriel Valley Dental Society cordially invites you to*  
**"Setting and Enforcing Professional Boundaries for the Female Dental Team"**

Motivational Speaker,  
**Lauren Hines Roselle**

*'This self-defense workshop aims to empower women to communicate clearly, protect themselves effectively, and move through the world with more confidence.'*

**"Special Event for Women"**

**Saturday, February 9, 2013**

**11-2pm (2CE)**

**Luncheon**

**Almanson Court  
700 South Almanson Street, Alhambra**

**\$40 registration fee  
(Staff welcome)**

# Important News Bits

## REGULATORY COMPLIANCE

The Dental Board and Cal/OSHA are not the only entities that regulate your practice. Find out more about these other entities, what their requirements are and what you need to do to comply with them. You may download the Regulatory Compliance Manual and customize it for use in your office on the CDA Compass website at [www.cdacompass.com](http://www.cdacompass.com). Get answers to questions related to legal reference and more.

## WHEN TO DISPOSE OF HAZARDOUS WASTE

*Teresa Pichay –CDA Compass*

A dental practice contacted us to verify information a vendor provided it—that hazardous waste must be picked up more frequently because of a new federal law. In fact, no federal law has changed the accumulation and storage requirements for very small quantity generators of hazardous waste.

The state Department of Toxic Substances Control has online two fact sheets:

- **Hazardous Waste Accumulation Time for Generators, December 2006**

- **Accumulating Hazardous Wastes at Generator Sites, January 2002**

State and federal laws set rules for how long generators can accumulate and store hazardous wastes. According to the fact sheets, there is no accumulation time limit for generators who generate and store on site less than 220 pounds of hazardous waste per month. CDA recommends, however, that dental practices accumulate and store hazardous waste for no longer than twelve months. Also, note that local enforcement agencies may enforce shorter accumulation and storage times.

Medical waste accumulation and storage rules differ from hazardous waste rules. If accumulated and stored in separate containers, pharmaceutical waste must be disposed within twelve months, sharps waste when the container is three-fourths filled, or full, and bloody items, kept at room temperature, within 30 days. If any of these three items are combined in the same container, the shorter accumulation and storage time applies. For example, if you dispose of blood gauze or outdated pharmaceuticals in a sharps container, that container must be disposed within 30 days. The rules and management options for both hazardous and medical wastes are outlined in a table, “Dental Waste Management Options.”

## NEW REGULATIONS FOR QUALITY ASSURANCE IN FILM RADIOGRAPHY

*By Teresa Pichay –CDA Compass*

AB 929 (Oropeza), enacted in 2005, required the state Department of Public Health (DPH) to adopt regulations “to require personnel and facilities using radiation-producing equipment for medical and dental purposes to maintain and implement medical and dental quality assurance standards that protect the public health and safety by reducing unnecessary exposure to ionizing radiation, while ensuring that images are of diagnostic quality.” Those regulations received final approval last month and become effective October 3, 2012.

Although the legislation was intended to apply to all types of radiographic equipment, the department chose initially to address only film radiography, stating that there were more established and accepted standards in place for film radiography than for digital. In the supporting documents for the regulations, the department states that it hopes to develop regulations for digital equipment in the future “when standards have been established, accepted, or published by nationally recognized radiation protection organizations.”

DPH chose to base the regulations applicable to dentistry on the most cost effective quality assurance standards recommended by the American Dental Association Council on Scientific Affairs.

Information on the regulations, instructions for creating a reference film, a sample office policy, and a sample log sheet can be found with Dental Radiographic Film Quality Assurance Requirements,” available on this web site. ▲



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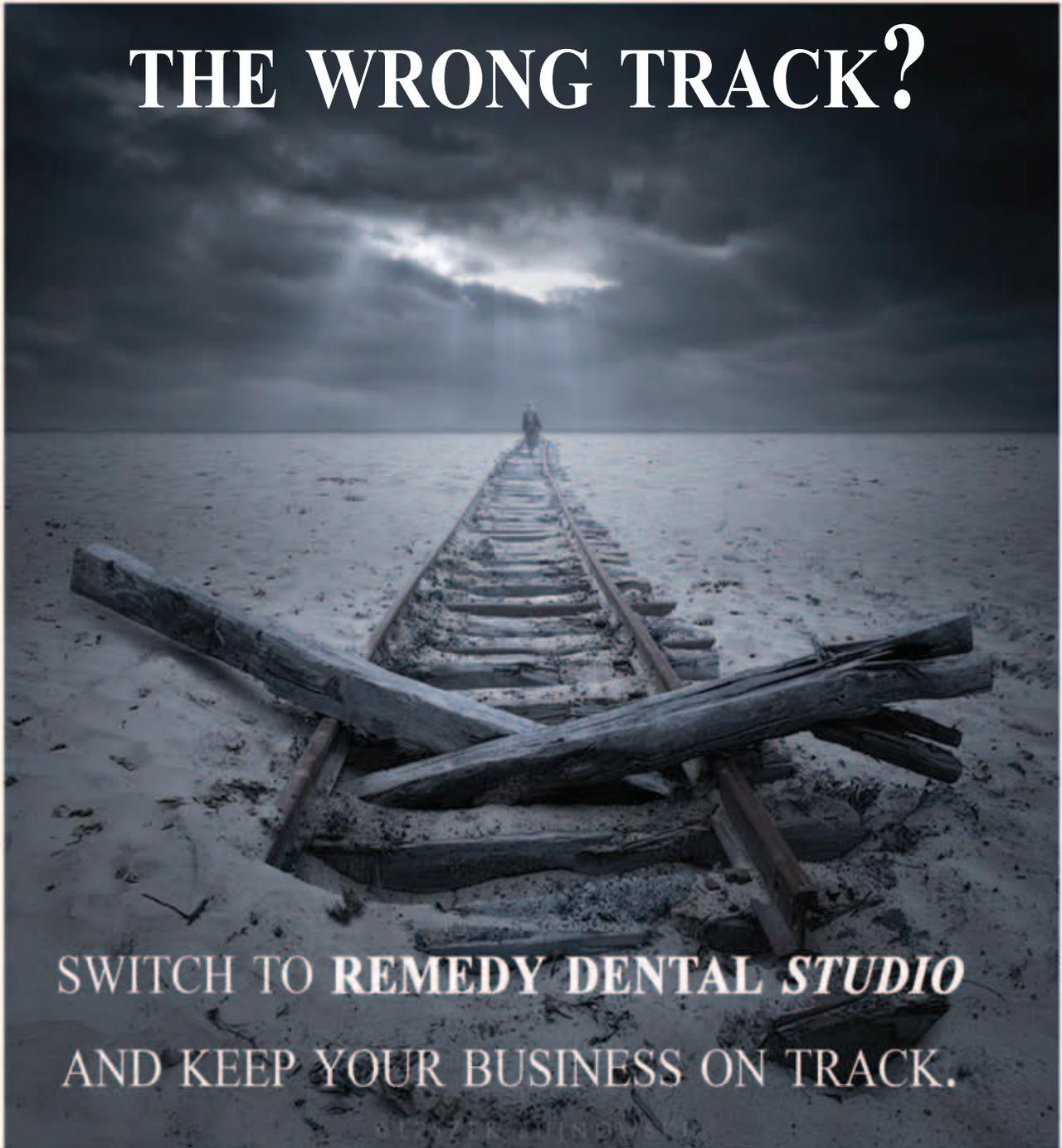
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## Tuesday, November 13, 2012 (3 CE Units)

**Saj Jivraj, DDS**

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra

### “Graftless Solutions in Implant Dentistry”



#### ABOUT THE SPEAKER:

Dr. Jivraj completed his dental degree at the University of Manchester in England and his advanced Prosthodontic training at Ostrow School of Dentistry on USC. He is the former Chairman of fixed prosthodontics and operative dentistry at USC. He has published numerous articles on Esthetic and Implant Dentistry in Peer Review journals, and lectures both nationally and internationally. He has co-authored the textbook ‘Treatment Planning in Implant Dentistry’.

Dr. Jivraj currently holds a faculty position as an Associate Clinical Professor at USC. He maintains a private practice limited to Prosthodontics and implant dentistry in Oxnard.

#### ABOUT THE COURSE:

Edentulous patients wishing fixed prosthetic rehabilitation are very often faced with time consuming, expensive and uncomfortable bone grafting procedures. The perceived complexity of rehabilitation is an obstacle to treatment acceptance for the patient and many dental clinicians.

This course will be an overview of the graftless solutions available to practitioners when treating the edentulous patient. Emphasis will be placed on diagnosis and treatment planning. Concepts will be illustrated through the use of patient presentations.

## Tuesday, January 22, 2013 (4 CE Units)

**Leslie Canham, CDA, RDA**

3:30-8:45pm

Dinner Included

Almanson Court, Alhambra

### “CA Law” and “Infection Control”



#### ABOUT THE SPEAKER:

Leslie Canham, CDA, RDA is a Speaker and Consultant specializing in Infection Control, OSHA Compliance, Dental Practice Act and HIPAA regulations. Leslie has over 37 years of experience in dentistry and is the founder of Leslie Seminars. In addition to speaking nationwide, Leslie conducts in-office training, “mock” OSHA inspections, and consulting on infection control and safety. Leslie is the moderator of the Infection Control Forum on Dentaltown.com, and is an active member of the Organization for Safety and Asepsis Procedures, the Academy of Dental Management Consultants, the Speaking Consulting Network, the National Speakers Association, and the California Dental Association. Leslie is authorized by the Dept. of Labor as OSHA Outreach Trainer in General Industry Standards.

#### ABOUT THE COURSE:

California Dental Practice Act. This seminar will cover the California Dental Practice Act, Rules & Regulations, and Duties & Settings issued by the California Board of Dental Examiners. This class meets the requirements for a 2 hour course of study of Dental Practice Act required for license renewal.

Infection Control – How to meet the California Standards  
This seminar focuses on the California minimum infection control standards Section 1005 as required for dental license renewal. The participant will be able to determine if their current infection control procedures meet CA regulations infection control and will be provided resources for infection control training and information.