

SGVDS Explorer

The Official Publication of the San Gabriel Valley Dental Society



Emergency Preparedness

- **10 Steps To An Effective Disaster Survival Plan**
- **Health & Safety In The Workplace During an Emergency**

UPCOMING SGVDS EVENTS!

General Meetings

February 19, 2013

New Advancements in Bonded Restorations

Presented by: Sillas Duarte, DDS
4:30-8:45 PM 3 CEU
Almansor Court, Alhambra



March 19, 2013

Stop Cancellations- Practice Management

Presented by: Steve Anderson
4:30-8:45 PM 3 CEU
Almansor Court, Alhambra



Life Members Recognized Staff Appreciation Month

April 16, 2013
Application of CBCT

Presented by: Dave Gilbert, DDS
4:30-8:45 PM 3 CEU
Almansor Court, Alhambra



ADHP Scholarship Presentations

CPR Renewal Courses

Wednesday, February 6, 2013

Wednesday, March 6, 2013

Wednesday, April 3, 2013

5:30-8:30 PM 4 CEU

Society Office

Meet & Greet

*Wednesday, January 30th
7 PM*

*Clubhouse 66, Glendora
See you there!*

FSGVDS Mobile Clinic

Saturday, February 23, 2013
8:00-4:00 PM
Charter Oak School, Covina

*Call
the Society Office
to volunteer*



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The Official Publication of the San Gabriel Valley Dental Society

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.

Editor: Sunjay Lad, DDS

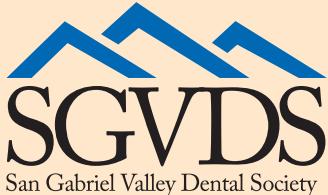
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Executive Director

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PRESIDENT'S MESSAGE



R. JERRY SMITH, DDS

Emergency Preparedness... are you ready for the New Year?

Emergency Preparedness...are you ready for the New Year? Check your CPR card; is it still valid? Two years go by so fast it is easily forgotten. And don't forget the new numbers: 30:2. That's 30 compressions, two breaths.

Check your oxygen tanks to ensure they are full and that the ambu bag is working properly. This is one of the first things the Delta rep looked for during a recent office review.

Use the Epocrates program for drug related information. It can be easily downloaded on your computer as well as other electronic devices you may use in your office (iphone, ipad). Patients, especially older ones, are likely to be taking multiple medications and the Epocrates program enables you to quickly determine compatibility of drugs. It saves you time and ensures the safety of your patients.

We have an exciting year coming up with a dynamic group of individuals serving you as your Board, Trustees and Executive Director. Ralph Hansen has a great slate of C.E. courses which can provide you with as many as 25 CEUs during the year. SGVDS has a highly capable and respected staff led by Lee Adishian who is not only working for you at the component level, but with CDA and ADA on our behalf as well. Our SGVDS Foundation Committee, capably led by Dr. Anahita Taraporewalla, has organized a clinic for underserved children at the Cedargrove Elementary School in Charter Oak/Covina. They will be treating 100 kids on Saturday, February 23rd. Volunteers are needed so please contact Dr. Taraporewalla if you are able to help.

So, buckle-up fellow members....this component is on a roll!

SGVDS 2013 Officers and Directors

BOARD OF DIRECTORS

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Sunjay Lad, DDS

2013 STANDING COMMITTEE CHAIRS

ADHP /SCHOLARSHIPS
BYLAWS
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Sunjay Lad, DDS
Leshin Chen, DDS
Robert Shimasaki, DDS

AD HOC COMMITTEES - CHAIRS

ASSETS MANAGEMENT
(PRESIDENT, P. PRES, PRES-ELECT & TREASURER)

CDA Delegates- New Terms (3-year term)

Paula Elmi, DMD
Amy Tran, DDS

Continuing Terms

Donna Arase, DDS
Patricia Donnelly, DDS
Irvin Kaw, DMD
Donna Klauser, DDS, DABP
Stephen Lojeski, DDS
R. Jerry Smith

Alternate Delegates

Emad Ammar, DDS
Craig Cheung, DDS
Tony Crivello, DMD, MS, FRCD
John Khalaf, DDS
Andy Kau, DDS
Sunjay Lad, DDS
Anahita Taraporewalla, DDS
Ashish Vashi, DDS

Message from the Executive Director



Lee Adishian

Leading In a Crisis

Picture this...you are in the middle of finessing a prep, the day has gone smoothly and you are looking forward to a carefree Friday night with your family. You are ready to dismiss the patient after cementing the provisional, and an earthquake occurs. This time it's the BIG one. That smooth day you were experiencing has come to a screeching halt. You won't be heading home for the night, power lines are down, sirens are blaring and you and your staff are now stuck at work.

Are you prepared?

A crisis can be a challenge for leaders. In the midst of turmoil, we are forced to not only manage our own feelings, but to interact with those around us who have been affected by the same circumstances. Leaders who possess the necessary interpersonal skills which manage individuals tend to succeed and help to navigate others through the unknown.

When called to be a leader, how do we manage and keep our emotions in check and provide the support that others need from us at home and work? Here are a few practical tips I have gleaned that might be helpful:

Recognize that not everyone will react to a crisis in the same way. There isn't one way to react, cope and or recover. Each of us will deal with the crisis in our own way and at our own pace.

Be attuned to not only expressed emotions, but unspoken words and body language. While one person might chatter, another individual might withdraw.

It's okay to show your own appropriate emotion. While you are deemed 'the leader', it is only natural that you have feelings as well. Don't forget physical touch...a hug or a touch on the shoulder can provide an emotional release.

Provide structure and stability. Involve team members in the recovery process by getting them involved. This can provide distraction, draw others in, and turn their attention from potential chaos to cooperation.

While no one can predict the future, as leaders it is critical that attention is paid to being prepared for an emergency. Learning to manage our own reactions as well as interacting with sensitivity to those around us will help to bring calm in the midst of a crisis.

Cheers to a prosperous, *calm* 2013!

Message from the Editor



Sunjay Lad, DDS

When You Least Expect It ...

On a chilly December morning in 2011, I walked into my practice, flicked on the light switch, and waited ... and waited ... and waited. The lights never came on that day, and did not come on for six more days while Edison crews worked tirelessly to repair damaged power grids. The massive wind-storm that struck the San Gabriel Valley in December of 2011 caused widespread power outages for many of us at our homes and businesses. Power poles snapped like matchsticks and uprooted trees were seen all throughout Pasadena, Arcadia, and the surrounding communities. It was a humbling reminder of the immense power of Mother Nature, and for many of us who lost power at our practices, a reminder of what precautions we should take to be prepared for any type of emergency.

The recent events of Hurricane Sandy have again shown us the devastation that natural disasters can inflict. While there is no way to predict when the

next earthquake, windstorm, or flood may occur, we can do our best to be prepared and to make sure our office team is prepared for such an emergency. In a time of crisis, your staff will look to you to provide direction, so be prepared to be a leader in such an event.

In this issue of the SGVDS Explorer, we have compiled several resources that we hope will provide useful advice on preparing for an emergency. Take some time to evaluate your own office disaster plan, so that you and your team can be prepared for the unexpected.

Happy New Year, and I wish you all a healthy and prosperous 2013!

TAX CORNER

California Proposition 30: Tax Rate Hikes

With the approval of California voters on Proposition 30, California will increase the sales and use tax starting January 1, 2013.

The increase will be one quarter of one percent (0.25%) for four years from January 1, 2013 through December 31, 2016. The sales tax increase does not apply to sales of motor vehicle fuel (gasoline) but will affect diesel fuel.

Sales and use tax is required for all tangible personal property. According to the current Wikipedia

http://en.wikipedia.org/wiki/Sales_taxes_in_the_United_States#California

“... dental implant fixtures are exempt from sales tax with the exception of prosthetic teeth such as dentures, dental orthotics/orthopedic devices, and dental crowns which the state treats as personal property...”

In addition to statewide sales and use tax increase, some cities and counties have voter-approved district taxes. The California Board of Equalization has a listed of tax rates by city and county.

http://www.boe.ca.gov/cgi-bin/rates_2013.cgi

Santa Monica and Inglewood have one of the highest sales and use tax rates (9.5%) in California. Beverly Hills, Los Angeles, San Gabriel rates will be 9% compared to Orange County (8%) or San Francisco, San Rafael (8.75%).

With Proposition 30, personal income tax for taxpayers with taxable income exceeding \$250,000 will increase. The increase will be in effect for seven years (2012 through 2018 tax years) and retroactive to the start of the 2012 tax year. The new tax will eclipse New York and Hawaii from their top rates.

The over \$250,000 is divided into high-income tax brackets:

\$250,001 to \$300,000 (for single) or \$500,001 to \$600,000 (for joint filers) will pay 10.3% up from 9.3%.

\$300,001 to \$500,000 (for single) or \$600,001 to \$1,000,000 (for joint filers) will pay 11.3%.

\$501,000 and over (for single) or \$1,000,001 and over (for joint filers) will pay 12.3%.

The extra 1% tax dedicated to mental health services for annual income of over \$1 million still applies. The tax bracket therefore will be 13.3%.

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

Dr. Baldwin Marchack Honored

Last month several of our member dentists attended the 42nd annual session of the American College of Prosthodontists in Baltimore. They had the chance to learn about the latest developments in their specialty and took advantage of the opportunity to get together and have a great time. Dr. Bach Le, an Oral surgeon, lectured on "Accomplish the Unexpected: Bone Grafting in the Esthetic Zone."

One of our members also received a prestigious award during the Annual Awards and President's Dinner. Dr Baldwin W. Marchack was awarded the "Honorary Member Recognition".



Pictured with Dr. Hari Prasad are our SGVDS members Dr. Evangelos Rossopoulos, Dr. Bach Le and Dr. Baldwin Marchack

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Success Through Diligence

10 Steps to an Effective Disaster Survival Plan

What would happen to your practice if natural disaster struck? Most doctors don't know, and their lack of preparedness could prove fatal. Here are 10 steps to include in your practice's written disaster survival plan.

Natural disasters happen, and your practice could be affected. In the past few years, we've heard from doctors struck by hurricanes in Louisiana, Mississippi, Alabama, and Florida, earthquakes in California, floods along the Mississippi River, and tornadoes in the Midwest.

Moreover, the chances of a fire striking your practice are statistically great. Recent studies indicate that a business burns every five minutes in this country, and 90 percent of those never reopen. Statistically speaking, most businesses will not recover from a major disaster unless they have a realistic and tested disaster recovery plan. The odds against a business that is unprepared are simply overwhelming.

Your dental practice may have better odds than a commercial business of recovering from a fire or other natural disaster. Doctors still have their skills and experience, and people still need dental care, even if your office is destroyed. These intangible assets provide a major advantage in surviving a disaster.

Yet, we have seen doctors' practices suffer, and nearly go under, when disaster strikes. Some were saved mainly because they were able to respond quickly and minimize their downtime. Developing a disaster survival plan before anything goes wrong is essential to recovering swiftly and effectively. In fact, just thinking through what might happen in a disaster improves your ability to cope if it actually does occur.



Here are 10 steps to include in your disaster survival plan ...

1. Be sure to have adequate fire and hazard coverage for your building and equipment. This coverage should be based on "replacement cost" rather than "historical cost" to assure that you can rebuild completely, given the dramatic increase in construction costs.

2. Make sure that your business has adequate business interruption coverage. This coverage insures against loss of income in the event the practice is interrupted by a disaster. Doctors commonly confuse this coverage with "business overhead coverage," which kicks in to cover practice operating expenses only if the doctor becomes sick or disabled.

3. Maintain photos and preferably videotapes of your office building and equipment. This will help in filing insurance claims and re-ordering supplies to get your practice back up to speed as quickly as possible.

4. Maintain an up-to-date listing of all dental and office equipment, as well as contact information for related vendors.

5. Make sure that you are storing back-up computer data offsite at least once a week.

6. Check with equipment suppliers, including the computer vendor, about the best way to obtain necessary items, perhaps on a loan or rental basis, within a few days' notice in the event of a disaster.

7. Investigate where you can see patients, almost on a "next day" basis, if your office is destroyed. Consider arranging to share office space with another practice on a reciprocal basis if yours is destroyed. Know-

ing where you can see patients will be your greatest relief in the event disaster strikes.

8. Obtain fire-resistant file cabinets for all active records.

9. Plan to write a letter to all active patients and referrers immediately following a disaster to tell them where you are temporarily relocated, and that you will be available for their continued care. You may want to set up a telephone team to call patients you are actively treating, especially if you keep a copy of your office schedule offsite.

10. Place a copy of the written disaster plan offsite. You may want to give a copy to your lawyer or accountant for safekeeping. Being able to pull this out promptly and refer to it, including names and phone numbers of key people to contact, lets you launch into recovery with confidence that you can quickly and efficiently overcome your misfortune.

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Visit www.mcgillhillgroup.com or call 888.249.7537 for further information."

SPOTLIGHT ON MEMBER FORENSIC ODONTOLOGY

By Stephen M. Lojeski, DDS, DABFO

Forensic Dentistry (another name for Forensic Odontology) fulfills its most important professional, social, and moral obligations by utilizing its unique expertise in the identification of the victims of homicides, crime scenes, disasters (both natural and man-made), terrorism events, and natural deaths. Identification can be established by visual means; fingerprints; DNA; bodily scars, marks, and tattoos; artificial prostheses; photographs; and Dental treatment records, x-rays, and study models. In a society based on laws, it is essential to identify the deceased so that the surviving family members can gain closure and move on with their lives.

Los Angeles County, with its population of nearly 10 million residents, has only 2 Forensic Odontologists of which I am one. My interest in the field of Forensic Sciences goes back many years ago when I took a weekend course soon after graduation given by former Chief County Coroner Dr. Thomas Noguchi and one of my former U.S.C. Dental School instructors, Dr. Jerry Vale. Dr. Vale mentored me as a Forensic Odontologist for over 25 years through the Los Angeles County Dental Forensic Team he established. Nine years ago, I was brought on board as a paid Forensic Odontology Consultant, Deputy Medical Examiner, and Deputy County Coroner with Los Angeles County when Dr. Vale scaled his county obligations way back and ultimately retired.

It's not unusual to find me one to two nights a week (or more) at the Morgue working on cases after finishing my regular dental patients for the day. Sometimes my forensic partner (who practices herself in Upland) and I will go a couple of weeks with no calls, while other times it gets quite busy. Occasionally with "high profile, rush cases" the victim's remains which might consist of a head, skull, teeth, or pieces of jaw and Dental records are physically brought to my office while I try to work between my regular patients to work on these cases. Having the Coroner Vans parked in my parking lot outside my office probably doesn't help me attract new patients, but my patients seem to understand and are fascinated by forensics too!

Probably 90% of the work we are asked to do in Forensic Odontology is HUMAN IDENTIFICATION THROUGH DENTAL EVIDENCE. The rest of my tasks as Forensic Odontologist include bite mark analysis of both victims and suspects, testifying in court, crime scene investigation, analysis of child and elder abuse victims, and

separating remains of victims who are comingled such as in fires, explosions, or airplane crashes. Many times it will be days later when I'll read in the newspapers that Positive Identification was determined by Dental means, and I'll realize I had a hand in this!

DNA analysis is the Gold Standard for scientifically identifying human remains. Unfortunately there are two problems with using DNA for identification. Number 1, it's expensive and number 2, it often takes some time to get the results. Fingerprints are also widely used for identification, and as far as we know our fingerprints are unique to each of us. Even identical twins have different fingerprints. Many times fires or decomposition make fingerprint retrieval impossible. In addition, not everyone has their prints on file - although that's changing with more and more of us having our prints on file. The Coroner loves to use my partner and myself as Forensic Odontologists when needed because we are very accurate, reliable, fast, and scientific. I suppose it takes a special person to do what I do in dealing with the dead because most of my work is very smelly and filled with very unpleasant odors and scenes. Fortunately these things don't tend to bother me or give me nightmares, but I know there are many people out there who are very glad that I'm the one dealing with these things so they don't have to!

Having good Dental Records and x-rays that are clear and readable is very important in my forensic evaluations. And of course having some hint or idea as to who the victim is thought to be is crucial to my success. But many times a negative identification is also important for families and people involved in reconstructing what truly happened. In Los Angeles County many "unknown John and Jane Does" are regularly discovered who we have no clue as to who they might be. When this occurs we gather as much scientific data as possible in evaluating and processing the human remains and the scene location itself. There have been times where I've established a Positive Identification based upon one single tooth or x-ray assuming that I've found something extremely unusual or unique in the comparison of the antemortem and postmortem records. We've even established positive identifications based upon rugae patterns in young orthodontic patients. Of course it only takes one discrepancy that I can't explain to give a finding of a negative identification (such as a tooth that was previously restored in life that now in death appears as a virgin unrestored tooth). If all the evidence that I've examined reveals no



discrepancies between the antemortem and postmortem records, but yet I still don't feel based upon my professional experience that there are enough "points of concordance" to establish a positive identification, then my finding is an inconclusive identification. At this point it's up to the Chief Medical Examiner/Coroner as to whether he's willing to make this a positive identification or not based upon all the other evidence like personal effects or whatever.

In doing Forensic Odontology I'm basically doing what we Dentists do all day long with our real patients. I'm doing a clinical examination and evaluation, taking x-rays and photographs, and charting my findings down in a written record format. Because of the conditions of most of what I deal with, the jaws are usually dissected and removed from the victims before I even begin my evaluation. What holds my interest and passion in this field (where I seldom, if ever, will ever meet the family survivors who I've assisted), is that I know I'm providing a crucial service to society; and how grateful I would feel if one of my family members was able to positively be scientifically identified after a tragic death. Yes - there would no doubt be sorrow for the loss of this loved one, but the confirmation by scientific means of their passing would allow me and my family to move onward. It's that satisfaction of helping out others who I'll most likely never meet that keeps me going in this fascinating field. Not to mention the fact that I've always loved mysteries and reading crime scene novels!

About the Author: In addition to his work in Forensic Odontology, Dr. Stephen Lojeski has maintained a general dental practice in Arcadia, CA for over 36 years. He also teaches Forensic Odontology to the Resident Medical Doctors and Pathology Fellows one to two days per month at the Department of Coroner facility. He can be contacted at:

steve1512@roadrunner.com.



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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.



CONTACTS AT YOUR FINGERTIPS

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)
www.cdacompass.com
(866) 232-6362 (Practice Support Center)
www.cda.org

CDA Peer Review Dept. (Complaints)

(800) 232-7645

Cal/OSHA Consultation

(800) 963-9424
San Fernando Valley Office
(818) 901-5754

California Poison Control System

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

CEA Hotline – California Employer Assoc.

Mari Bradford: (800) 399-5331

Consumer Hotlines:

Dept. of Insurance (800)-927-4357;
Insurance Commissioner: (616)-445-5544

(DEA)U.S. Drug Enforcement Administration

Los Angeles Office
(213) 621-6700
www.dea.gov

Dental Board of California

Lic Renewals: ext 2304
Complaints (877) 729-7789; www.dbc.ca.gov/
FNP (Fictitious Name Permits): David x2332

Dept of Public Health

Radiologic Health Section
(916) 322-2073 (Equipment Registration)
EPA – Environmental Protection Agency
(800) 618-8942

NPI-National Provider Identifier

1-(800)-465-3203; www.nppes.cms.hhs.gov

INSURANCE

(TDIC) (The) Dentists Insurance Company
www.thedentists.com

Sales Reps for SGVDS:

Commercial: (Prof. Liability):
Samson Landeros: (800)-733-0633 ext. 5994
Personal Life & Health Ins:
Jonathan Ingalls (800)733-0633 ext. 5966

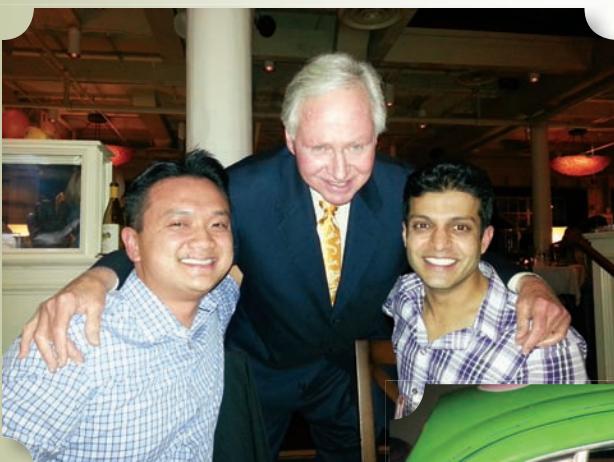
CPR: Recertification/4 CE's via SGVDS

Firstlink CPR Suzanne Dean: (714) 357-0428
CPR: 1st time (8 hr) class: (888) 244-9921-Ultimate
CPR

X-ray certification + coronal polishing and RDA prep courses: Hacienda/La Puente: (626) 934-2890

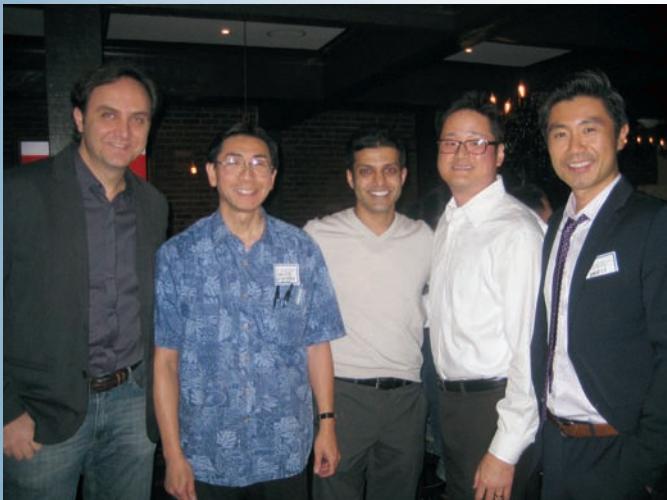
2012 CDA HOUSE OF DELEGATES

The annual session of the 2012 CDA House of Delegates met on November 9-11 in Newport Beach. Below are a few photos of your delegates at the 'House' and President's Party. You may download the 2012 unofficial summary of actions at cda.org. 2012 SGVDS delegates are Drs: Donna Arase, Patricia Donnelly, Paula Elmi, Irvin Kaw, Donna Klauser, Stephen Lojeski, Jerry Smith, Ashish Vashi.



New Dentist Committee

Meet & Greet Carmine's South Pasadena



*Join us!
Meet & Greet
Wednesday, January 30th
7 PM
Clubhouse 66, Glendora
See you there!*

ALL MEMBER CASINO NIGHT & 2013 BOARD OF DIRECTOR'S INSTALLATION ROCOCO ROOM, PASADENA

Members, friends and family 'rolled the dice' at Casino Night and welcomed the 2013 SGVDS President, Dr. Jerry Smith and Board of Directors at the lovely Rococo Room in Pasadena on Saturday, December 1st. Outgoing President, Dr. Irvin Kaw thanked his Board and Committee Chairs for their service over the past year. Installing officer, Dr. Emad Ammar, installed Dr. Jerry Smith, President and the Executive Board for 2013.

2013 Board of Directors



Left to right

Drs: Tony Crivello, Zone 1 Director, Amy Tran, Zone 2 Director, Craig Cheung, Zone 4 Director, Donna Klauser, President-Elect, John Khalaf, Secretary, Irvin Kaw, Immediate Past President, Jerry Smith, President. Not in attendance: Drs: Ted Tanabe, Zone 3 Director, Anahita Taraporewala, Zone 5 Director and Ralph Hansen, Vice President (Committee Chairs, Delegates & Trustees listed on page 3)

SGVDS Past Presidents



Left to right

Top Row: Drs: Emad Ammar, Stephen Flanders, Saleh Kholaki, Irvin Kaw, Ashish Vashi, Scott Adishian, Fred Stephens

Bottom Row: Drs: Dale Wagner, Ron Robin, Michael Tanaka, Vance Okamoto

Casino Night Highlights & Installation 2013





Health and Safety In The Workplace During an Emergency

No one likes to think that a medical emergency will happen at their workplace. But the fact is emergencies can happen anytime, anywhere and to anyone. Suppose there is a situation at your office where an employee is complaining of chest pains or shortness of breath or abdominal pain. What should you do first? Do you call 911? Do you try and reach the employee's emergency contact?

An employer is responsible for the health and safety of all employees in the workplace. The best way to prepare for a medical emergency is to plan ahead of time for how employees and the company should respond. For most people, it's difficult to think clearly and logically during a crisis. So it's important to be able to think about different, potential workplace emergencies before they actually happen and plan your course of action. Here are a few recommendations from certified HR experts on some general medical emergency procedures and guidelines:

Who to Call First in a Medical Workplace Emergency

- In a medical emergency, the immediate response should be to call 911, then the physician/clinic on call and the emergency first aid personnel.

- If when emergency personnel arrive, the employee decides they don't want treatment, the employer should have the employee sign a waiver or affidavit that expressly states that the employer should be held harmless for that decision.

- Employees should not be driving other employees to the emergency room, unless it is more of a simple first aid situation. If the medical issue is really unknown, it places both of the employees at risk and the employer should not allow that to happen.

How Should Health & Safety Policies Be Communicated in the Workplace?

An employee handbook is one of the most essential communication tools between a company and its employees. An employee handbook includes information on general work policies, employee classification, orientation & training, workplace harassment, compensation & benefits, attendance, personal conduct, termination of employment and internet/email policies... plus much more.

Most employee handbooks do address health and safety policies, even if it is as simple as: "ABC Company is committed to providing a safe and healthy workplace for all employees. We have established safety procedures and have designated a safety committee [or point of contact]. Our response to medical emergencies is to immediately contact emergency medical professionals to assess the situation. Our procedures for medical emergencies as well as safety evacuations can be found [state the place where this is posted - online portal, break room, etc.] or you can talk with your manager or a member of the safety committee for more information."

What about worst case scenarios?

Bomb threats, violent incidents, fires, explosions and natural disasters can take lives and disrupt or destroy businesses. Every year billions of dollars are lost and businesses fail due to man-made and natural disasters. Yet most people take an "it can't happen here" approach to emergency preparedness, and even repeated calamities often find them unprepared. The chance is good that a business, organization or institution will experience some type of crisis. The existence of a plan can save lives and assets and make the difference between survival and failure. The high cost of being unprepared is a convincing argument for disaster planning.

Create a Team

The first step in the formation of a recovery plan is to appoint the right person to be in charge. All individuals in the of-

fice need to be involved and one official serves as the overall plan coordinator. There should also be a coordinator at each facility reporting to the main office if applicable.

Set Priorities

A common guideline suggests the following priorities in an emergency: first, protect human life; second, eliminate or minimize the risk of injury; third, protect physical assets, including electronic data; fourth, minimize inevitable losses; and last, resume normal operations as quickly as possible

Investigate and Use Existing Resources

Many offices already have in place some of the pieces necessary for an emergency response and/or disaster recovery plan. Check to make sure you do the following as part of your emergency plan/process:

- Communicate the plan to all employees at new hire orientation as well as throughout the year.
- Ensure that you keep the plan up-to-date and current as office conditions may change during the year.
- Periodically check to ensure that you have your employee's current contact information as well as their emergency contact information.
- And finally, test the plan! Give everyone the opportunity to work together while training them and testing out your safety plan and process (HR Hint, you can turn this in to a fun team building exercise at the same time).

A plan should provide the basis for orderly actions, clear communication and good decision-making during and after an emergency. A recovery plan can be comprehensive and detailed, with a contingency plan for every type of conceivable threat, or it may be generic and fairly simple. The thing to remember is that almost any plan is better than none.

Compiled by Mari Bradford, CEA with sourced material from SHRM and Prime Pay

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Layla Shirazi
Retirement Program Specialist
Northern California



Elizabeth E. Clark
Chief Executive Officer

Member Benefit



2013 California & Federal Employment Notices-HR Poster will be available in late April. Posters will be sent to your offices at this time.

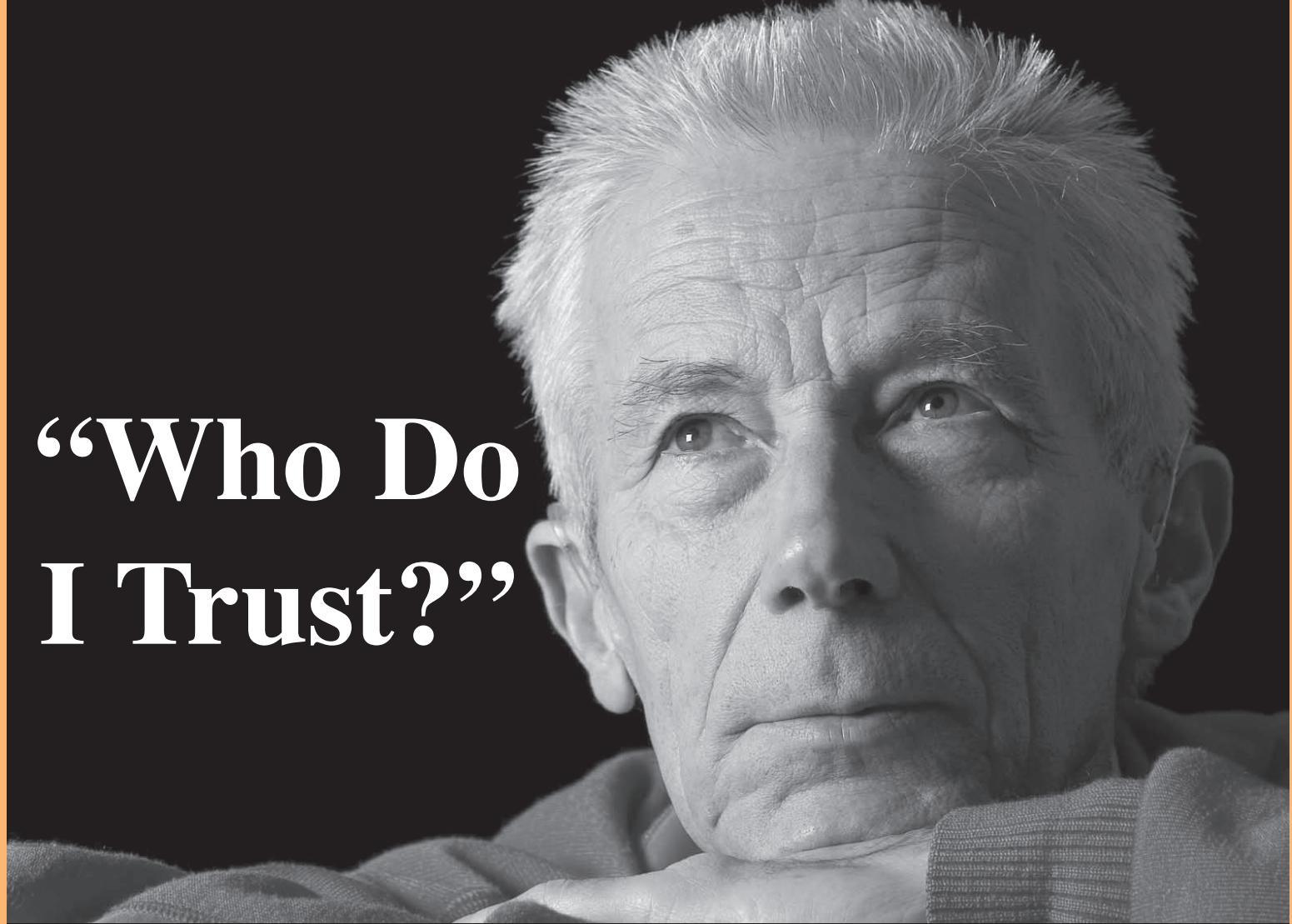
Dental Board Requires New Posting

As of Nov. 28, 2012, dental practices are required to post a new notice to consumers. The notice must be accessible to public view on the premises where dental services are provided. The notice must be in at least 48-point type font and include the following statement and information:

NOTICE TO CONSUMERS

Dentists are licensed and regulated by the Dental Board of California
(877) 729-7789
www.dbc.ca.gov

A sample notice is available for download on cdacompass.com. Pharmacists and physicians also are required to comply with a similar requirement.



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Tanya Bejarno, D.D.S.

GP - USC 2012
81 N. Lake Ave., Pasadena 91101
(626) 440-0240

Julia Chen, D.D.S.

GP- Boston U 2010
2139 S. Hacienda Blvd., Hacienda Heights 91745
(626) 855-7911

Ting Ferrah Cho, D.D.S.

GP- UCSF 2011
Interviewing

Tran Hue Du, D.D.S.

GP - Virginia Commonwealth 2012
12072 E. Valley Blvd., El Monte 91754
(626) 527-2200

James Feng, D.D.S.

GP - UCLA 2001
Interviewing

Ani Agnes Janbazian, D.M.D.

GP- Tufts U 2009
Dual Member - SFVDS

Peter Joohak Lee, D.D.S.

GP- UCLA 2009
1740 W. Cameron Ave. # 106; West Covina 91790
(626) 960-0970

Benjamin Lu, D.D.S.

GP- USC 2011
9216 Las Tunas Dr., Temple City 91780
(626) 287-1386

Kevin Chew Lu, D.D.S.

GP- UCLA 2012
19231 Colima Rd., Rowland Heights 91748
(626) 964-6464

TRANSFERRED MEMBERS

Oksana Boyechko, D.M.D.

GP- Oregon Health Science U 1999
Transferred from SFDS
482 N. Rosemead Blvd., Ste. 201 Pasadena 91107
(626) 351-8444

Wendy Chin, D.D.S.

GP- UOP 2011
Transferred from SFDS
Interviewing

Maria Melissa Francisco, D.D.S.

GP- NYU 2008
Transferred from WLADS
410 S. Glendora Ave., # 150; Glendora 91741
(626) 963-9112

Dominic Gaspar, D.D.S.

GP- UCLA 2012
Transferred from WLADS
750 S. Garfield Ave., Alhambra 91801
(626) 284-1800

Phuu Pwint Han, D.D.S.

GP - USC 2012
Transferred from LADS
Interviewing

Anifa Krekian, D.D.S.

GP- USC 2010
Transferred from HDS
1451 N. Montebello Blvd., Montebello 90640
(323) 724-9955

Hardev Singh, D.M.D.

GP - U of Pittsburgh 2006
Transferred from TCDS
10811 Garvey Ave., El Monte 91733
(626) 442-6115

Chun Xiao Sun, D.M.D.

Periodontist - LLU 2009, Shejiang U 1992
Transferred from TCDS
219 E. Badillo Street, Covina 91723
(626) 966-9971

Thomas Tokuza, D.D.S.

GP- USC 2009
Transferred from WLADS
470 W. Badillo Street, Covina 91723
(626) 331-3354

Ji Min Yochim, D.M.D.

Pediatric - USC 2012; Nova U 2009
Transferred from LADS
2233 E. Garvey Ave. N.; West Covina 91791
(626) 966-3033

DIRECTORY UPDATES - ADDRESS CHANGES

Baldwin Marchack, D.D.S.

566 El Dorado Street, Ste. 200; Pasadena
(626) 793-6700

Christopher Marchack, D.D.S.

566 El Dorado Street, Ste. 200; Pasadena
(626) 793-6700

Haley Pham, D.D.S.

1235 W. Huntington Dr., Ste. C; Arcadia
(626) 792-6109

Winter Obituaries 2013

Richard Meloni, DDS

Dr. Richard Meloni passed away on November 19, 2012 in Sequim, Washington. He practiced in Glendora for many years and graduated from Georgetown University in 1956. His wife remarked, 'for many years even in retirement he had joy in reading the news of the San Gabriel Valley Dental Association.'

Kenneth Yamanaka, DDS

Dr. Yamanaka passed away the first week of January. Dr. Yamanaka graduated from UCLA Dental School in 1970, and practiced in South Pasadena. Dr. Yamanaka was a Life Member of CDA.

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

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www.cdha.org/sgvdhs
Liz Lopez, R.D.H., President
email: lizlopezrdh@yahoo.com
626-353-4352
Employment & Referral:
RDHPolishers@aol.com
Mobile Dental Hygiene Services:
debbiehartmanrdhap@yahoo.com

Dental Office Clean-up

Re-opening a Dental Practice after a disaster

If you and/or your staff are going to participate in clean-up efforts, exercise caution by wearing heavy-duty gloves, eye protection, hard hats and lightweight masks. Unless you are certain to the contrary, assume floodwaters contain sewage waste. Disinfect your clothing when you return home. Be careful not to expose anyone to physical risk when working around mold or other environmental conditions. Mold and mildew can release spores into the air, causing allergic reactions. Watch for symptoms such as:

- Watery eyes • Runny nose**
- Sneezing • Congestion**
- Fatigue**

Generally, you can save paper records and files by separating them and laying them out on a flat, dry surface. If you are unable to do this within 24 hours, place them in a freezer. Cold temperatures keep mold from forming. Museums have preserved books in this manner for up to 10 years before starting the reclamation process.

"There are many more resources available on ADA.org, for more information on how to plan for a disaster visit: <http://www.ada.org/disasterrecovery.aspx>"

Hire a professional firm to assist you if you can, but in a widespread disaster, it may be difficult to get someone promptly. There are some things you can do.

Practice basic hygiene. Wash your hands with disinfectant soap after touching debris or anything that may have come in contact with contaminated materials. If there is no running water, fill a beverage cooler (or similar container that has a spout) with clean water and transport it to the site. If you have running water, but its purity is suspect, add a tablespoon of bleach to each gallon and use it only for washing. If moisture is present, open windows and doors and use the outside air to help dry your office. Use exhaust fans and dehumidifiers if you have them. Open drawers and cabinets. Unwrap anything you covered with plastic.

If water has penetrated walls, floors or ceilings, they should be opened up, cleaned, decontaminated and totally dried. It is likely they will have to be replaced, but releasing trapped water and allowing areas to dry out will reduce mold production.

Check with local authorities about removing wet insulation or other building materials. Discard all non-essential paper files and paper products.

Remove waterlogged carpet as soon as possible to avoid causing more damage to the floor. You may be able to save expensive carpet if it can be cleaned and dried quickly, but carpet padding must be discarded.

Scrub floors and woodwork within 48 hours using firm brushes and disinfectant. Wipe them down and allow them to dry thoroughly.

Discard upholstered furniture if it has been exposed to water or contaminated materials. Wood furniture may be salvageable if you can clean and disinfect it promptly. Allow it to dry slowly. Metal surfaces must be disinfected. It is important to try to prevent mold and mildew growth. Common bleach can be effective in killing mold spores on non-porous surfaces, such as stainless steel. Wipe the item down thoroughly and dry it well. Bleach does not work as well on porous surfaces, such as wood flooring.

There are some EPA-registered products that are considered effective in killing mold and fungus on all types of solid surfaces. Check with your local cleaning products vendor or look for them at local building supply stores.

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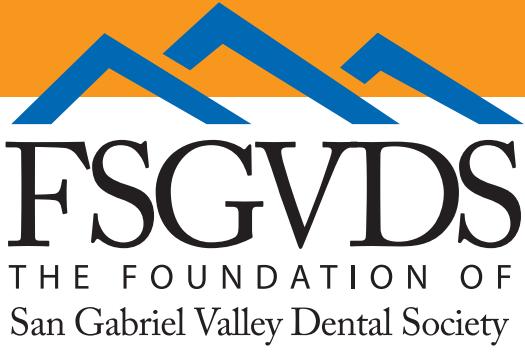
Help is one step away...
The CDA Well-Being Program

Southern California Well-Being Committee 818.437.3204 or 310.406.6319	California Dental Association 800.232.7645 ext.4961
San Gabriel Valley Dental Society 626.285.1174	

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!



Volunteer Opportunity

The Foundation of the San Gabriel Valley Dental Society is collaborating with the Charter Oak School District for our first mobile clinic. On Saturday, February 23, 2013 free dental care will be provided to children without access to dental care. We need your help to treat over 100 kids!!!

Who: Dentists, Hygenist, Assistants, and Staff

What: FSGVDS Mobile Clinic

When: Saturday, February 23, 2013

- Volunteers needed
- All Day (7:45am to 5pm)
- Morning (7:45am-12:30pm)
- Afternoon (11:00am-5pm)
- Stations include: Operator/Assistant, OHI, Radiology, Screening, Hygiene, and other areas like Check-In/Out, Post-Op instructions.

*Our best attempt will be made to place volunteers in their preferred area but we may not be able to accommodate all request.

Where: Cedargrove Elementary -1209 N. Glendora Ave., Covina, CA, 91724

Why: To help make a child smile

Questions: Contact Lee Adishian, director@sgvds.org, Dr. Anahita Taraporewala, anahita.dds@gmail.com, or your Zone Director.

Please respond to this email with the time(s) you and/or your staff are interested in helping. Respond to Society Office or Zone Director.

2013 Zone Directors

Zone I Director – Dr. Crivello • (626) 796-5361

Altadena, Pasadena, San Marino & S. Pasadena

Zone II Director – Dr. Tran • (626) 307-1064

Alhambra, E. Los Angeles, El Sereno, Montebello, Monterey Park & Pico Rivera

Zone III Director – Dr. Tanabe • (562) 698-0387

Hacienda Heights, Industry, La Puente, Rowland Heights, Valinda & Whittier

Zone IV Director – Dr. Cheung • (626) 795-5978

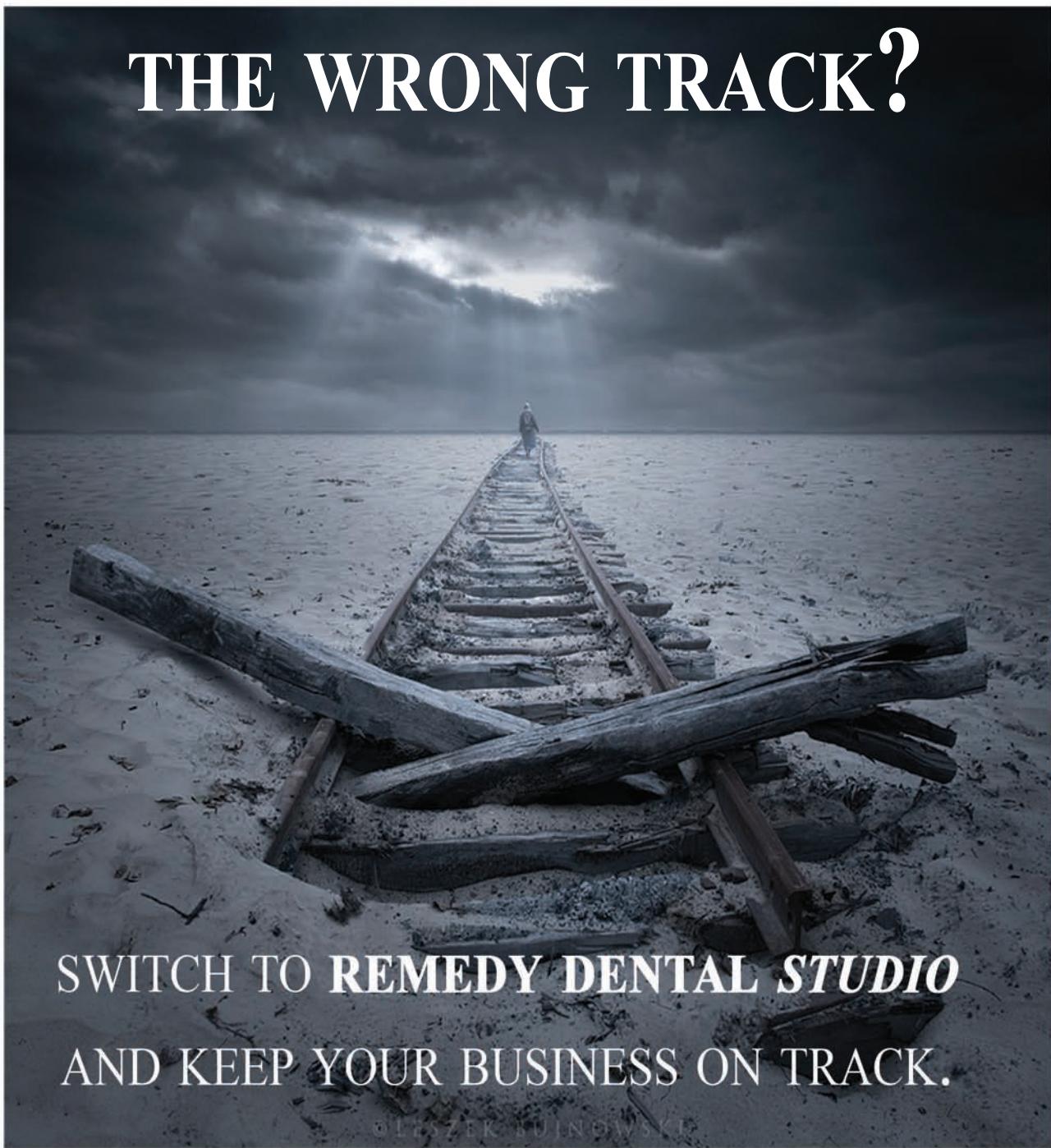
Arcadia, Bradbury, Duarte, El Monte, Monrovia, Rosemead, San Gabriel, Sierra Madre, S. El Monte, & Temple City

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SGVDS 2013 CALENDAR

JANUARY 2013

- Mon., 1 New Years Day Holiday(s),
SGVDS office CLOSED
- Wed., 9 CPR Certification, SGVDS office
5:30-9:30 p.m.
- Tues., 22 **"CA Law & Infection Control"**,
Leslie Canham, CDA, RDA,
Almansor Court, Alhambra
3:30-8:45 p.m.
- Wed., 30 Meet & Greet, Clubhouse 66,
Glendora 1200 E. Route 66
7:00 PM

FEBRUARY 2013

CHILDREN'S DENTAL HEALTH MONTH – GKAS CAMPAIGN

- Wed., 6 CPR Certification, SGVDS office
5:30-9:30 p.m.
- Mon., 18 PRESIDENTS' DAY,
SGVDS OFFICE CLOSED
- Tues., 19 **"New Advancements in
Bonded Restorations"**
Sillas Duarte, DDS,
Almansor Court, Alhambra
4:30-8:45 p.m.
- Sat., 23 FSGVDS Mobile Clinic,
Charter Oak School, Covina
8-4p.m.

MARCH 2013

- Wed., 6 CPR Certification,
SGVDS office
5:30-9:30 p.m.
- Tues., 19 **"Stop Cancellations'
Practice Management"**,
Steve Anderson
Almansor Court, Alhambra
4:30-8:45 p.m.
- SGVDS LIFE MEMBERS
HONORED
- STAFF
APPRECIATION MONTH
- Fri./Sat.
22-23 Regional Leadership Training,
(CDA), Santa Clara, CA

APRIL 2013

- Wed., 3 CPR Certification,
SGVDS office
5:30-9:30 p.m.
- Thurs.-Sat.
11-13 CDA Presents:
The Art and Science of
Dentistry, Anaheim
Convention Center
(All day)
- Tues., 16 **"CBCT and Surgery"**,
David Gilbert, DDS,
Almansor Court, Alhambra,
4:30-8:45pm
- SCHOLARSHIP
PRESENTATIONS

