

BULLETIN OF THE SAN FERNANDO VALLEY DENTAL SOCIETY

# DENTAL DIMENSIONS

WWW.SFVDS.ORG

*Fall*  
2011

## We Are The ADA!



**Decay  
Free for Life**

**Year-end  
Tax Planning**

**Becoming an ADA Champion**

**SFVDS Member Receives  
International Volunteer Award from ADA**

# Getting all of your insurance through the most trusted source? Good call.

## Protect your business:

### TDIC Optimum bundle

- Professional Liability
- Building and Business Personal Property
- Workers' Compensation
- Employment Practices Liability

## Protect your life:

- Life/Health/Disability
- Long-Term Care
- Business Overhead Expense
- Home and Auto

Endorsed by  
**San Fernando Valley  
Dental Society**

**Protecting dentists.  
It's all we do.**

800.733.0633 [tdicsolutions.com](http://tdicsolutions.com) CA Insurance Lic. #0652783

Coverages specifically written by The Dentists Insurance Company include Professional Liability, Building and Business Personal Property, Workers' Compensation and Employment Practices Liability. Life, Health, Disability, Long-Term Care, Business Overhead Expense and Home and Auto products are underwritten by other insurance carriers and offered through TDIC Insurance Solutions.





Published by the San Fernando  
Valley Dental Society  
22110 Clarendon Street, Suite 101  
Woodland Hills, CA 91367  
Office: (818) 884-7395  
Fax: (818) 884-2341  
E-mail: [exec.sfvds@sbcglobal.net](mailto:exec.sfvds@sbcglobal.net)  
Web Site: [www.sfvds.org](http://www.sfvds.org)

## Executive Committee

Mehran Abbassian, D.D.S.  
*President* (661) 259-9100

Mark A. Amundsen, D.D.S.  
*Immediate Past President*  
(818) 340-4110

Afshin Mazdey, D.D.S.  
*President-elect* (818) 885-3636

Nita Dixit, D.D.S.  
*Treasurer* (818) 506-2424

Mahrouz Cohen, D.D.S.  
*Secretary* (818) 788-9977

Anita Rathee, D.D.S.  
*Editor* (818) 348-8898  
E-mail: [editor.sfvds@sbcglobal.net](mailto:editor.sfvds@sbcglobal.net)

Gary Herman, D.D.S.  
*CDA Trustee* (818) 766-3777

Alan R. Stein, D.D.S.  
*CDA Trustee* (818) 772-1280

T. Andris (Andy) Ozols  
*Executive Director*  
E-mail: [exec.sfvds@sbcglobal.net](mailto:exec.sfvds@sbcglobal.net)

Volume XXXXV Number 4

From the Desk of the Editor	4
President's Message	5
From the Desk of the Executive Director	6
Trustees' Report	7
Legislation Report	7
General Meeting Review/Preview	8
Year-End Tax Planning Tips	9
An ADA Champion	10
We Are the ADA	11
Decay Free for a Lifetime	13
Organized Dentistry – A Tale	16
Second Opinions: Handle Them Carefully	18
ADA International Volunteer Service Award	19
VCCC Awards Distinguished Agency Award to MEND	20
Schlep and Shred – Glendale	21
Hollywood Bowl Social	21
Antelope Valley Report	22
LA Kings Social	22
Upcoming Events & New Members	23

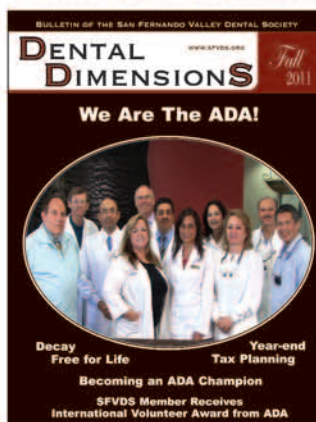
ADA American  
Dental  
Association®



Published quarterly by the San Fernando Valley Dental Society. The Society solicits essays, letters, opinions, abstracts and publishes reports of the various committees; however, all expressions of opinion and all statements of supposed fact are published on the authority of the writer over whose signature they appear, and are not regarded as expressing the view of the San Fernando Valley Dental Society unless such statement of opinions have been adopted by its representatives. Acceptance of advertising in no way constitutes professional approval or endorsement.

Graphics by: C. Stieger Designs

## On The Cover.....



SFVDS member doctors who participated in the filming of our first TV commercial, l-r, front to back: Drs. James Mertz, Virginia Hughson-Otte, Anita Rathee, Roya Shoffet, Bernie Viladiego, Bob Merin, Jorge Alvarez, Mark Amundsen, Afshin Mazdey, Mahrouz Cohen, and the office host, Dr. Fariborz Matian.

Cover photo by: Keith Bowden, Castleland Productions



## From the Desk of the Editor

### Do You Know Where You're Going To?

The song by Diana Ross asks "Do you know where you're going to?" This is the question that comes to my mind when I think of our profession at crossroads today. We have come a long way from the days when barbers extracted teeth at the roadside. Yet it seems there are forces outside, and yes, even within our profession, that seem to be pushing the practice of dentistry back to a trade. There are people who believe that two years of training after high school is sufficient for someone to practice dentistry. How can that possibly be true when we studied for eight years after high school just to be considered minimally competent to practice? Current dental literature is full of articles on this very concept.

After four years of undergraduate education and four grueling years of intense dental school curriculum, we had to still pass a licensing exam before being able to practice on patients without supervision. I remember how very different it was practicing on a live patient in second year of dental school than practicing on models in first year. It took another 3 years of practicing under the supervision of dental school faculty, before we were competent enough to practice without supervision and obtain a license. How then can someone with only two years of "training" be competent to fill teeth, extract teeth and essentially practice dentistry? This is truly a case of ignorance is bliss. You don't know what you don't know. Legislators and administrators don't know or understand the complexity, judgment and skill level needed for the day to day practice of dentistry. Public health dentists and researchers must be far enough removed from wet-fingered dentistry to have forgotten this. Although I have a public health education and understand the needs of the underserved, I am a practicing dentist. I know the minimum standards we currently have for the practice of dentistry are essential to provide safe and competent care for the public.

I am going to use an analogy which may help others to understand our opposition to non-dentists performing dentistry. Imagine the following discussion: How difficult is it to perform routine orthopedic surgery? I'm not talking about spine surgery, but routine surgery involving bones. After a couple of years of training someone to perform routine, uncomplicated procedures, they should be able to take care of the population that cannot cur-

rently afford or get access to an orthopedic surgeon. After all, orthopedic surgeons are very expensive and do not serve the "underserved" populations in need. As the population is aging, more and more adults need knee replacement and hip replacement surgery. These new level of providers will be able to take care of this growing need. There are very few surgeons trained or willing to take care of children, so let's let this new level of provider take care of the children's orthopedic problems. Wait! Does anyone see a problem with this picture? Why is this so easy to see but not in the case of dentistry?

Can we educate the public, legislators and other decision makers on how under-educated providers cannot provide safe dentistry? We have proven and safe solutions to the access to care problem. So why doesn't anyone want to use them? The bottom line is funding. Providing dental services is expensive and not because of the dentists' salary. As any practicing dentist knows, this is only a small part of the cost of dentistry. Any provider will still need equipment, a clinic, supplies and assistant/staff, not to mention all the taxes, licenses and insurances needed to practice dentistry. Will cutting the cost of the provider create enough efficiency of scale to make dentistry "affordable"? I think not.

Dentists invest enough time and money in their own education to make dentistry a lifelong career. The much referenced DHAT program in Alaska has only a small fraction of trained therapists still in practice. The cost of training a non-dentist provider over the number of years they practice may turn out to be less cost effective than investing the same money into other strategies to solve the access to care problem.

Everyone wants to find the golden bullet solution to the access to care problem in dentistry and run with it. This multi-faceted problem requires multi-pronged solutions. There is no one golden bullet, but there are many proven safe solutions, if we can find the funding to implement them.

Anita Rathee, D.D.S., MPH.  
Editor, SFVDS







## *From the Desk of the President*

Dear Friends,

As I am getting closer to the end of my term, I need to thank all of my fellow board members for all their time and efforts. I'd also like to thank Wendy, Bella and Andy at the central office for all their hard work. Without them the

society's business affairs would not progress properly. Last but not least, in addition to serving on the board, Dr. Anita Rathee is the editor of the Dental Dimensions, a job which requires a lot of thankless work. We sincerely thank you.

We have been very busy trying to purchase a home for the dental society. Up to now we have considered over 100 buildings. We are close; however we are being very careful in making a decision, because of our duty to the dental society. If anyone is aware of a potential building please contact Andy at the central office.

As I am writing this message to you, our last schlep and shred event is taking place in Sherman Oaks. This is a great service for the members, please take advantage of it.

In November your representatives to of the House of Delegates (HOD) will be attending the HOD meeting in Sacramento. One of the most important topics that pertains to dentistry, in my opinion, will be discussed and voted on. That is the issue of mid- level providers in California. This deals with non-dentists performing irreversible procedures. Rest assured that your board will represent your and public's interest eagerly and with lots of passion.

In my last message I will report to you on the outcome of the meeting. Until then, be healthy and productive.

Yours truly,  
Mehran  
Dr. Mehran Abassian  
President, SFVDS

*The San Fernando Valley Dental Society Program  
Committee presents:*

### **Are You Ready To "Love Dentistry, Have Fun and Prosper?" January 18, 2012**

Would you like to learn the simple proven secrets that could easily and predictably take your dental practice to a level you never thought possible? Then don't miss Dr. Richard Madow and Dr. David Madow, (The Madow Brothers) when they present their now famous "Love Dentistry, Have Fun, and Prosper" seminar on January 18, 2012!

With their typical irreverent style, Dave and Rich tell it like it is, not worrying about whose toes they step on or which industry icons they upset. After graduation and residencies, Dave started a practice from scratch and Rich bought a near-bankrupt practice. Within a short time, by adhering to some simple principles which they had developed, both practices were built up and sold for extremely healthy profits.

In this practice management seminar, Rich and Dave are ready to reveal the secrets that made their practices super successful!" This fun, fast-paced seminar is perfect for doctors, spouses, and staff members. Now – updated with segments on Social Media Marketing and "Profitable Dental Scheduling!" There will be so much take home information that your head will be spinning!

Why not take this step so that you can learn to thoroughly enjoy your profession while at the same time bringing home a lot more money? Your staff will benefit as well as they see that dentistry can be a fun and rewarding career.

Caution: Side-splitting laughs can be advantageous to your practice!



*Drs. David and Richard Madow  
(The Madow Brothers)*



## From the Desk of the Executive Director

By: Andy Ozols  
Executive Director



At the end of this month, November, 2011, I will have been your executive director for four years! Four years!

My how time flies... and yes, I have been having fun, along with the challenges associated with the position.

I hope I have guided some positive improvements in the dental society and that the central office is more responsive to your needs, and that we do so in a timely manner. Always feel free to let us know how we can serve your needs better and faster.

Our membership numbers have held steady for those four years, maintaining in and around 1275 members despite the most brutal recession any of us can remember. This is very good as many other associations have suffered substantial membership declines. Thank you to everyone who loyally renews their membership every year.

As you are all familiar with the adage that 'there is strength in numbers', I have two favors related to that adage to ask of each of you:

1. While 1275 members makes us the 6th largest dental society in California (out of 32 local dental societies), we still have 900+ non-members within our boundaries who are not members. My guess is that each of you knows at least one

such non-member, so the dental society would appreciate your trying to help convince them to join us to help increase that strength in numbers.

With 2012 right around the corner, this is a great time to start a membership. Besides, as you will see from the inserted flyer, CDA is offering a \$100 per member bounty for each new member a current member helps to recruit, up to \$500 for five new members. This can be paid as a cash reward or even applied to your own dues.

2. That same strength in numbers that I am talking about, can have a very positive influence on our local politicians, which brings me to my request for a second favor. We have formed a local Political Action Committee (Val-D-PAC) to try to bring that influence to bear. But, only a handful of you have contributed to Val-D-PAC and frankly, we need all of you to participate. The Val-D-PAC committee is only asking for a \$25 contribution from each member to help us build up a war chest of influence. Please send in your \$25 to the central office, payable to: 'San Fernando Valley Dental Society Political Action Committee'.

Lastly, as the end of the year approaches, please mark your calendars to join us at the Glendale Theater on December 3, 2011 for Charles Dickens' classic play, "A Christmas Carol" and attend our annual holiday party on December 8 at the Knollwood Country Club in Granada Hills (see the enclosed flyer.



**MADDOX PRACTICE GROUP**  
was created to meet the critical demand for **strong, ethical, and professional leadership** in the dental transition business.

- PRACTICE SALES
- PRACTICE EVALUATIONS
- PARTNERSHIPS / CORPORATIONS
- SPACE SHARING / SUBLEASES

We, at MADDOX PRACTICE GROUP, look forward to assisting you with your practice transition needs.

[WWW.MADDOXPRACTICEGROUP.COM](http://WWW.MADDOXPRACTICEGROUP.COM)



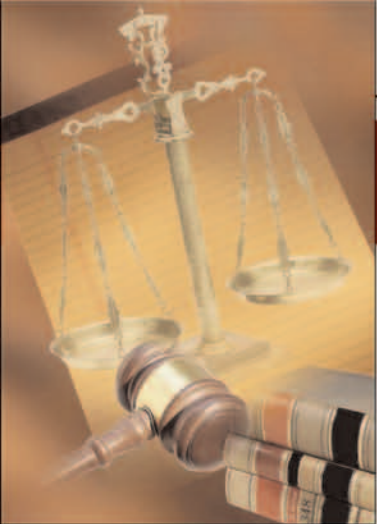
PLEASE CALL FOR MORE INFO  
**(949) 675-5578**

A. LEE MADDOX DDS, JD  
BROKER NUMBER-01801165  
414 31ST ST. SUITE C  
NEWPORT BEACH CA 92663

When we all return from the holidays, be prepared to participate in one of the best CE program courses we have ever offered (see the enclosed label sheet), starting with the practice management comedy duo, the Madow Brothers (two brother dentists) followed by none other than Gordon Christiansen himself in March.

My best wishes for a happy and safe holiday season!





## Legislation Report - United States Supreme Court hears oral arguments in Medi-Cal/Denti-Cal litigation

*By: Jan Katerkamp, CDA Regulatory & Privacy Compliance Administrator*

The United States Supreme Court heard oral arguments on Oct 3, 2011 in *Douglas v. Independent Living Center of Southern*

California (ILC), et al. The issue before the court is whether Medi-Cal providers and beneficiaries have the legal standing to sue the State of California for reducing the Medi-Cal reimbursement rates in a manner that is inconsistent with the federal Medicaid program.

CDA is very involved in this significant litigation. As previously reported, ILC filed suit against the state in April 2008 in order to prevent it from cutting reimbursement rates by 10 percent. Because Denti-Cal is funded through Medi-Cal, CDA and several other healthcare organizations successfully intervened in the action. In August 2008, the U.S. District Court in Los Angeles issued an injunction, requiring the California Department of Health Services to restore the 10

percent cuts. The state then appealed to the 9th Circuit Court of Appeals, which affirmed the district court's decision.

The appeals court held that the state failed to show that the cuts would have no impact on access to care. The state then petitioned the United States Supreme Court. At yesterday's hearing, the Justices engaged in spirited discussion with the attorneys on both sides of the case. The high court's decision is not expected for several months.

Simultaneous to the court proceedings, CDA and the other organizations are seeking the right to participate in the administrative review process on the rate cuts by the Centers for Medicare and Medicaid Services.

If you have questions or comments about these important advocacy efforts, please contact Carrie Gordon, [carrie.gordon@cda.org](mailto:carrie.gordon@cda.org), or Alison Sandman, [alison.sandman@cda.org](mailto:alison.sandman@cda.org)

## Board of Trustees Report

*By: Gary Herman, DDS, SFVDS Trustee*

The CDA Board of Trustees met August 26 and 27, as well as October 1, 2011. The August meeting focused on the election of members to Committees, Councils, and Boards. I am happy to report that several of our members have been elected or re-elected to positions at CDA. As a retiring member of the Committee on Volunteer Placement, I am gratified by the quality of CDA members who choose to serve the statewide organization in more than 100 positions.

The final report on Barriers to Oral Health and the Strategies to address them was accepted for transmission to the House of Delegates in November. I expect a good debate over this important policy issue. I would like to note that the final resolving clause states, "that as compelling data on the quality and safety of irreversible surgical procedures performed by non-dentists does not now exist, until such data on which to base a recommendation are available, CDA opposes any scope of practice changes allowing non-dentist providers to perform such procedures."

At our October meeting, the major issue was approval of a vendor to supply our new technology needs. We are moving to a system that will manage most aspects of the association seamlessly, allowing all of CDA's areas to utilize the same system and work more efficiently. Although expensive, it is within our financial budget, which has remained strong, despite the economic issues in our state. I can add that there is not expected to be a dues increase from CDA, continuing the record of the last 14 years.

My last report of the year will come after the ADA and CDA House of Delegates have met.





# General Meetings - Preview

**JANUARY** 18, 2012  
2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

Are You Ready to “Love Dentistry,  
Have Fun and Prosper?”

Speaker: Dr. Richard Madow and Dr. David Madow



**About the Program:** To kick off the new year with a bang... and sidesplitting laughs, these two brothers, both dentists, will conduct a fast-paced, fun and humor-filled session on Practice Management. This is a presentation that should be attended by the entire office staff as this serious and well respected comedy duo promise to impart the secrets of delivering better patient care, practice growth and fulfillment in the profession of dentistry – all while having one of the most enjoyable days learning about the business of dentistry.

**FEBRUARY** 29, 2012  
2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

Creating Predictability in Anterior  
Tooth Replacement & Management  
of Esthetic Complications

Speaker: Dr. Shahriar Parvizpour  
Sponsored by Nobel Biocare



**About the Program:** This program is designed to review the basic concepts for achieving predictable esthetics outcome using dental implants. The goal of this presentation is for the audience to be able to predict the final outcome prior to treatment as the real world of clinical practice is filled with both success and failures. Decisions such as implant size, type, screw retained vs cement retained, and abutment type should be made prior to treatment. Cases with poor clinical outcome will be presented and their surgical and prosthetic management will be discussed.

**General Meeting  
Review**

**September 14, 2011**

Speaker: J. Luis Ruiz, DDS  
Occlusal Disease



Dr. Ruiz provided a very practical course that taught attendees how to implement a methodic and incremental approach to diagnosis for every patient, understand the 7 signs and symptoms of occlusal disease, and how that disease impacts the longevity of restorations. Dr. Ruiz also provided pointers on how to educate patients about occlusal disease, which leads to greater treatment acceptance, added profits and the maintenance of a highly ethical practice.



**October 19, 2011**

Speaker: Brian Novy, DDS  
Who Caries?

Sponsored by GC America



Dr. Novy provided an in-depth look at the current understanding of dental caries, and how best to treat the disease medically. New diagnostic tools were discussed as well as their limitations. Emphasis was placed on traditional and novel treatments for caries and how to effectively manage high caries risk patients.



# Year-End Tax Planning Tips

By Arthur S. Wiederman, CPA CFP



Believe it or not, it is almost at the end of 2011. And so it is time to sit down with your CPA and see if you can deprive the government of some of your hard earned money. There are ways to do this.

## Year-End Equipment Purchases:

Until the end of 2011 dental practice owners can purchase up to \$500,000 of equipment, furnishings, computers, etc. and expense them using the Section 179 deduction. This includes items such as CAD-CAM technology, Digital X-Ray equipment, lasers and other equipment, along with office furnishings and computers.

A few rules you need to follow: First, the assets must be placed in service by December 31, 2011. If you pay for the assets before the end of the year but place the assets in service in January, 2012, then your deduction is in 2012 and not 2011. Second, if you are an S Corporation, you need to generate S Corporation basis. If you borrow \$500,000 from the bank inside your S Corporation and write a check to the equipment company, it is very likely that you will not get the deduction this year. Consider borrowing the money personally and contributing it to your S Corporation which creates basis. Be sure to ask your tax professional about making sure you have sufficient basis to take the deduction in your S Corporation.

**Maximize Retirement Plan Contributions:** Most dentists have either a SIMPLE-IRA retirement plan which allows the owner to defer from his or her salary \$11,500 per year (\$14,000 if the dentist is over age 50) and match 3% of salary. No IRS forms are required and if you put your spouse on the plan, you can save close to or in some cases over \$30,000.

A profit sharing plan allows a contribution of up to \$49,000 (plus if you have a 401(k) and are over age 50 that becomes \$54,500). Add your spouse to the 401(k) plan and this can go towards \$75,000 or more. Your pension administrator can help run models to see what works for you.

Dentists who are over the age of fifty can look at a Defined Benefit Pension Plan. With this plan which works best with a doctor who is older and a younger staff, the contribution can exceed \$100,000 and many times can go over \$200,000. A competent actuary and pension plan administrator is needed here.

If you want to set up the SIMPLE plan, it has to be established by October 1st. Same with a 401(k). But a straight forward profit sharing plan or a defined benefit pension plan need only a signed adoption agreement by December 31st. Incorporated doctors have until September 15th and unincorporated doctors have an extra month until October 15th to fund for the prior year. The defined benefit pension plan must be funded by September 15th regardless of whether you are incorporated or unincorporated.

**Capital Gains:** Most people associate the capital gains and losses with the sale of stocks and bonds. As we all know, it has been a bumpy, bumpy ride in the stock market for much of this year, especially after Congress agreed to raise the debt ceiling in early August. While many people are looking at capital losses for this year, you may own stocks that you have held for a long time and that still have appreciation. In addition, if you are selling your practice before the end of the year, much of the price will probably be allocated to goodwill which is considered a long-term capital gain.

For 2011 and 2012, the maximum long-term capital gains rate is 15%. This rate is scheduled to go up to 20% in 2013, but who knows.

There is a special rule that some of you can possibly take advantage of. If your taxable income is under \$69,000 for a married couple, you could very well qualify for the 0% (no, this is not a misprint) tax rate on long-term capital gains.

So if you have generated long-term capital gains or have the capability of doing so, maybe you can use the Section 179 deduction noted above to reduce your income to a point where you qualify for the zero percent tax rate. Or maybe this is the year you make that large charitable donation. Sit down with your tax advisor and look at the worksheet for Federal Form 1040, Schedule D and run different options. Myself and other tax advisors have sophisticated tax software that can run "what if" scenarios.

These are just a few tax saving ideas. Be sure to make an appointment with your CPA or tax advisor to go over some of the many things you can do to cut your income tax bill.

*Mr. Art Wiederman is a CPA specializing in Dental Practice Accounting. He may be reached at his Tustin, CA office at (714) 259-0505 or [art@w-acpa.com](mailto:art@w-acpa.com)*



# Evidence Based Dental Practice

By Shukan Kanuga, DDS, MSD



I had the privilege of being amongst 100 dentists across the US to attend the ADA "Evidence Based Dentistry" (EBD) Championship Conference at their headquarters in Chicago at the end of July. According to ADA, champions are credible individuals that support the transfer of evidence based knowledge among their peers and in their community.

A few highlights of the 4th EBD conference were a hands-on training session to learn to search for scientific evidence online, an opportunity to interact with the profession's most passionate EBD practitioners, and presentations from expert EBD speakers from varied walks of dentistry including research, private practice, industry and academia. The participants applied the EBD principles to clinical scenarios and had panel discussions to brainstorm the barriers to EBD practice, and developed ideas to overcome those barriers.

California was well represented. Ten percent of the participants from CA were California Society of Pediatric Dentists. Dr. Yaara Berdan and I were the SFVDS member champions.

Dental practice in the US has come a long way from being 'experience and expertise' based to 'evidence-based' in the past 3-4 decades. Nonetheless, we have a lot of catching up to do with our colleagues in medicine.

Intuitively, we all practice EBD. However, the question to ask ourselves is, "Do we practice EBD on the basis of the best current evidence?" Each year, investigators publish reports of more than 500 human clinical trials related to each dental specialty, the reports of which appear in more than 50 journals. Therefore, to provide patients with the highest quality care based on the best current evidence, we would need to identify, obtain, read and appraise more than one article per day, 365 days per year, for the rest of our professional lives! Fortunately, we are blessed with multiple valuable resources which make it easier to practice EBD.

A clinical guideline or a clinical recommendation is a recommendation for patient treatment made by an expert panel based on the best evidence available, as determined by a 'Systematic Review'. The American Academy of Pediatric Dentistry (AAPD) guidelines (<http://www.aapd.org/media/policies.asp>) are a 'go-to' tool for most pediatric dentists for a lot of treatment decisions. An 'evidence summary' is a short (1-2 pages) summary and

discussion of a systematic review. Evidence summaries can be found on the ADA's EBD website ([www.ebd.ada.org](http://www.ebd.ada.org)), JADA, Database of Abstracts of Reviews of Effects (DARE) and the EBD journals. The EBD website is a wonderful user-friendly tool at our disposal which allows us to search a topic with systematic reviews plus critical summaries including those from the Cochrane Collaboration in as little as 5-10 minutes (the amount of time most of us have to research a topic in our busy practice lives!)

Of course, there are a multitude of other resources to go to during the slower days in our practices! PubMed has online tutorials to enable users to use it to its full capacity (<http://www.nlm.nih.gov/bsd/disted/pubmedtutorial/>). We can go a step further by evaluating the quality of the evidence found through PubMed with appropriate tools from [www.unisa.edu.au/CAHECATS/](http://www.unisa.edu.au/CAHECATS/) or the Center for Evidence-Based Medicine (<http://www.cebm.net/>).

As an illustration of how handy some of these resources can be, I got a chance to do a small 'EBD exercise' recently. A teenage patient of mine after getting de-bonded asked me if a product called "MI paste" that he had heard of would help with the white spots on his teeth. I was delighted to find a Critical Summary of "Caries preventive effect of casein phosphopeptide-amorphous calcium phosphate (CPP-ACP): a meta-analysis" on [ebd.ada.org](http://ebd.ada.org). The preliminary evidence based on the meta-analysis (the highest level of evidence) suggests re-mineralizing and caries preventive effects. My patient who is a science major was pleased to receive a print-out of the critical summary that I used to answer this clinical question. The summary can be found at <http://ebd.ada.org/SystematicReviewSummaryPage.aspx?srId=6d74d1df-46b6-4650-b350-cde47305cbcd#>.

Last but not the least, we can absorb and share this critical EBD knowledge in informal and formal ways by actively involving our staff and colleagues in the process, and by incorporating EBD in treatment planning conferences in residency programs, study club discussions, presentations, practice websites, social media and patient newsletters.

I urge all of you to join hands in embarking on this wonderful journey of evidence based dental practice and continue to improve the oral health of our patients based on the best current evidence.



# *"We are the American Dental Association"*

## SFVDS Shoots First Ever TV Commercial

*By: Andy Ozols, Executive Director*



The group prepares for the closing shot where everyone proclaimed in unison, "We are the ADA in the San Fernando Valley". Front to back, left to right, members participating in the commercial shoot were: Drs Virginia Hughson-Otte, Anita Rathee, Roya Shoffet, Bernie Villadiego, Jim Mertz, Robert Merin, Jorge Alvarez, Mark Amundsen, Afshin Mazdey, Mahrouz Cohen and location host, Dr. Fariborz Matian.

Mazdey, Bernie Villadiego, Virginia Hughson-Otte, Jim Mertz, Roya Shoffet, Robert Merin, Mark Amundsen and Fariborz Matian. Last but not least, our spokesmodel, Sarah Rayner.

On these two pages, you will see some stills from the shoot and you are invited to go to our website, [www.sfvds.org](http://www.sfvds.org) to view the actual commercial itself. You

On Friday, August 12, 2011, 11 SFVDS members, Castleland Productions and I gathered at the Tarzana offices of member Periodontist, Fariborz Matian DDS, to shoot the first ever SFVDS TV commercial. Over the course of a couple of hours, various elements of the commercial were shot and reshot, until the production company felt it had the proper look and feel for our commercial.

The script was developed by SFVDS Media Relations Chair, Dr. Jorge Alvarez and me, fine-tuned by ADA's Marketing and Legal departments back in Chicago, and shot/edited by Keith Bowden of Castleland Productions of North Hollywood.

Members participating were Drs. Mahrouz Cohen, Jorge Alvarez, Anita Rathee, Afshin

may also view the commercial on YouTube at <http://www.youtube.com/watch?v=QFKOrkcArBY> You may have already seen the commercial airing on various channels in the West Valley market.

Airing of the commercial began in October and November, starting in Time/Warner's West Valley media sector. With a little help from CDA and ADA, we'll customize the commercial for runs in the East Valley, the Santa Clarita Valley and the Antelope Valley TV markets early next year.

Without going into too much detail, the commercial seeks to accomplish a number of concurrent goals under the theme, "We are the ADA":

1. Capitalize on the public's pre-conceived recognition and positive view of the American Dental Association

Continued on page 12





Keith Bowden, Production Director for the commercial shoot readies his camera and lights.

## *"We are the American Dental Association"*

Continued from page 11

2. Repeatedly emphasize that our members are all ADA members
3. Direct the public to look for the ADA/CDA/SFVDS membership stickers in our members' offices

4. Prod the public to question their dentist as to why he/she is not an ADA member.

5. Emphasize that the SFVDS is a non-profit organization of 1300 ADA member dentists offering the highest standards of care.

6. Show both the geographic and ethnic diversity of our membership.

7. Provide both a local referral number as well as direct the public to a special 'Find a SFVDS Dentist' location on ADA's website.

The afternoon was serious, yet fun and exciting as the camera panned through the office, focused on doctors working with patients and a final group shot proclaiming,



Mahrouz Cohen, DDS, prepares for her 1.5 seconds of fame



Members milling around and chatting before the shoot began. l-r Drs. Bernie Viladiego, Mark Amundsen, Virginia Hughson-Otte, Anita Rathee, Roya Shoffet, and Jim Mertz.

Old friends, Dr. Matian (l) and Dr. Mazdey steal a moment to catch up during the shoot.



## *"WE ARE THE ADA!"*





# Decay Free For a Lifetime

By: Dr. Randy Shoup

This article is the first in a series describing the evolution in understanding of the decay/dental disease process. The series will also explore the systems and

protocols used to create an environment for the patient that will render each patient with a greater than 90% probability of never having decay in their life, even with a past history of decay.

## Paradigm:

Dentistry today has a significantly deeper understanding of the true nature of the microbial biofilm that is commonly called dental plaque.<sup>(1)</sup> What was once thought of as mindless, sticky, slimy goo that grows on teeth is now understood to be an extremely complex community of varied microorganisms. This community communicates, plans, shares genetic information and protects itself from noxious agents by building a mucopolysaccharide covering.<sup>(2)</sup> The biofilm can create an environment that is conducive to the decay process and fosters the growth of pathologic bacteria all the while prohibiting the growth of commensal bacteria species.

Dentistry has generally blamed the patient's poor oral hygiene and poor dietary choices for their decay disease. What dentistry now appreciates is that young children are literally inoculated with pathologic acidogenic bacteria from the child's primary care givers after birth. The condition of mom and dad's dentition is usually the dental future of the child, not due to genetics but due to an acquired infection. Without an appreciation for: 1- the origin of this communicable infection, 2- the infections virulence, and 3- the durability of the biofilm, the measures traditionally taken to stop the decay process will be met with disappointment and failure.

## Process:

The protocols and programs needed to effectively change the biofilm from a destructive environment to a constructive and beneficial biofilm is in existence and well within the grasp of every patient and every dentist.

An accurate analogy to the dental disease model is the invasion of termites into a house. When a homeowner discovers eaten and defective boards in a house the homeowner makes two telephone calls. The first call is to the carpenter to remove the "infected", damaged, and defective boards. The carpenter will replace the boards with new, strong, and "disease free" structure.

The second call will be to the exterminator who will kill

...there is a much more complex process at play with the acidification of the biofilm from carbonated beverages...

the existing termites and will suggest a program for preventing the termites from returning. This prevention is based on creating an environment where the invaders cannot survive.

Dentistry has been excellent in the carpentry department with drilling and filling the damage created by the decay bugs. The prevention portion of the equation has historically consisted of chastising the patient for poor habits and choices

along with regular dental check ups every 6 months. What is more common than not is at the next check up appointment there are new decay lesions forming.

The prevention component of the equation has proven woefully ineffective in the face of decay being the most prevalent communicable infection in human's world wide. "Dental caries remains the most prevalent childhood disease in the U.S., five times more common than asthma and seven times more common than hay fever".<sup>(3)</sup>

With regard to decay causation, dentistry has focused on fermentable carbohydrates, "sugar". Sugar certainly plays an important role in feeding the acidogenic bacteria (namely strep Mutans, strep Sobrinus, and Lactobacillus as the primary offenders) which excrete acid into the biofilm. Yet

*Continued on page 14*



# Decay Free For a Lifetime

Continued from page 13

there is a much more complex process at play with the acidification of the biofilm from carbonated beverages and a very bio acidifying diet.<sup>(4)</sup>

Carbonated beverages, even if they do not contain sugar, have a significantly more powerful effect on pushing the microbial biofilm toward a very low pH. This pH shift toward acid drives the enamel of the teeth into a demineralization cycle where the tooth will leach potassium, phosphate, calcium, and fluoride.<sup>(5)</sup> Popular carbonated beverages and sport drinks have pH values in the range of 2.0 to 3.8. (A list of beverages and their pH can be viewed and printed from the web site: [www.drshoup.com](http://www.drshoup.com)) Tooth enamel begins to demineralize below a pH of 5.5. Even in the total absence of sugar teeth will demineralize from an acidified biofilm.

It is the presence of an acid charged microbial biofilm that drives the decay process not the existence of fermentable carbohydrates (sugar) in the diet.

Decay prevention strategies that focus on dietary sugar alone and do not address the pH of the intake, the body, the saliva, and the biofilm will not be sufficient to halt the progression of dental decay.

## ASSESSMENT

Anti decay programs must begin with a risk assessment of the patient. CAMBRA (caries management by risk assessment) has been thoroughly researched and stands as the benchmark for calibrating the appropriate protocol for each patient. Patients identified by a risk category (high, medium, low) are then treated with specific protocols appropriate to the risk category.

The treatment of the patient does not have to be reinvented each time a new patient enters the practice. The assessment of the risk category brings into play an automatic

series of treatments that is a combination of in office treatments and home care procedures.

In the next article we will discuss the protocols used for each of the risk categories. We will examine how the risk classification is determined based on the presentation of the patient and how the entire dental team participates in the process.

*Dr. Randy Shoup is in private practice in Indianapolis, IN and will be lecturing to the SFVDS on "Biomimetic and Minimally Invasive Dentistry" on November 7, 2012*

## References:

- 1) Montana State Univ. Center for Biofilm Engineering
- 2) Marsh, P.D., Dental Plaque as a Microbial Biofilm, Caries Research 2004
- 3) Ramos-Gomez, et al, General Dentistry, Nov/Dec 2010, p505
- 4) Dr. Susan E. Brown, Larry Trivieri, Jr. The Acid Alkaline Food Guide, 2006
- 5) Dr. John Featherstone, The Caries Balance Model

**We don't just calculate  
your bottom line.  
We help you build it!**



**AllegentGroup, LLP**  
Certified Public Accountants and Advisors

5959 Topanga Canyon Boulevard Suite 370  
Woodland Hills, CA 91367  
818.703.0807 [www.allegentgroup.com](http://www.allegentgroup.com)

27240 Turnberry Lane Suite 200  
Valencia, CA 91355 661.775.2929

Serving the San Fernando Valley Dental Society  
and its members for over 25 years



**You've built a practice as  
exceptional as you are.  
Now choose the optimum  
insurance to protect it.**

## **TDIC Optimum**

Anything but ordinary, Optimum is a professional bundle of products that combines TDIC's singular focus in dentistry, thirty years of experience and generous multipolicy discounts. Creating the ultimate coverage to protect your practice, perfectly. And you wouldn't have it any other way.

**TDIC Optimum Bundle**  
**Professional Liability**  
**Building and Business**  
**Personal Property**  
**Workers' Compensation**  
**Employment Practices**  
**Liability**

Endorsed by  
**San Fernando Valley  
Dental Society**

**Protecting dentists.  
It's all we do.**

**800.733.0633  
tdicsolutions.com**

Eligible multipolicy discounts apply  
to Professional Liability, Building  
and Business Personal Property  
and Workers' Compensation.

**tdic**<sup>®</sup>



# ORGANIZED DENTISTRY A TALE

By: *Jorge Alvarez, DDS, 2009 SFVDS President*



I graduated as a dentist in 1974 in Mexico City and practiced dentistry in Mexico until 1984. Later that year, I became a licensed dentist in California, always practicing in the San Fernando Valley and the City of Los Angeles.

When I practiced dentistry in Mexico, I became a member of the Asociación Dental Mexicana (Mexican Dental Association) thru the local dental society in the City of Cuernavaca, about 70 miles south of Mexico City. Years later, I moved and joined the local dental society in the City of Ensenada, in Baja California. I then emigrated to the US in 1984, and I became a member of San Fernando Valley Dental Society, CDA and ADA in 1994.

I would like to call my journey an evolution since I have seen two different approaches from one country to another. Concerning our local component, the SFVDS, I have witnessed an increase in the influence our component has had in a very positive manner, in many different areas that are important to protecting the oral health of the people in the communities our members serve. It is not only in the scientific, charitable and social model that we enjoy this influence, but also the political arena.

Through all these years I have been in contact with my peers in Mexico where the local and state dental societies generally do not interact directly with government authorities. Without a real organized political body, lacking even a PAC (political action committee), every time an issue related to dentistry comes up, only the public health physicians' and public health dentists' opinions decide what the new policies will be. As a result, the legislators only get one part of the story, from interest groups outside of the private practice dental workforce. I can tell you with certainty that this approach has generally not produced an improvement in the health of the majority of the population.

This makes me think of an analogy, from one of my favorite Spanish classical books, *Don Quixote* by Miguel de Cervantes Saavedra. In one of the chapters, *Don Quixote* is ready to fight giants (in his mind) when in reality he is about to engage in battle with a bunch of windmills. Our membership needs to understand that our profession is not fighting imaginary battles against windmills. We are fighting battles against real giants like government bureaucracies, public and corporate foundations, public health entities, academic institutions, insurance companies, public misconceptions, and so forth, in order to maintain the standard of care our communities deserve.

That is why, we need to have and support our own political action committee (PAC). It is the most effective way to establish communication with the various government entities and politicians that have a say in the way we deliver

oral health services to our communities.

A classic negative example is what happened in the state of Minnesota. I recently visited the School of Dentistry at the University of Minnesota in the city of Minneapolis. There, I had the opportunity to talk with the chair of the first dental therapist program in the country. Our conversation was about the issue of access to care in the state and why the legislature mandated the creation of the dental therapist program, without the input of organized dentistry – Minnesota's existing private practice dental workforce.

Imagine a 28-month program that only requires one year of college, where the graduates will be able to perform irreversible surgical dental procedures on human patients under the supervision of a licensed dentist. The procedures they can perform include teeth extractions, preparing carious teeth with a high-speed hand pieces and filling the teeth. Keep in mind that this is mandated by the Minnesota Legislature in the name of "Access to Care".

Dentists, on the other hand, have to go through four years of schooling and rigid examinations, both didactic and clinical, just to be considered safe to start practicing dentistry.

This paradox is mostly the result of the dental profession not being prepared to contest and aid in situations like the ones in Mexico and Minnesota. Who better to help understand the issue of access to dental care and the proper level of education needed than the existing private practice workforce?

With the growing national movement toward licensing mid-level providers and to implementing programs like the one in Minnesota, we need to understand the importance of organized dentistry's political action committees. ADA operates ADPAC on a national level, CDA operates Cal-D-PAC at the state level, and now our own component created Val-D-PAC last year out of the necessity to protect the public, our profession, and to stay in close contact with our city and county political leaders.

In this article I have tried to share with you two examples of how a lack of communication with governmental agencies results in poor public policy for our communities, and how powerful and beneficial it can be when organized dentistry participates in shaping the policies that insure that proper dental services are being delivered to the public.

This is your invitation to support our San Fernando Valley Dental Society Political Action Committee. Please call our central office (818.884.7395) for more information.



# Education for Lifelong Success

**San Joaquin Valley College** does more than teach job skills, SJVC helps students reach their full potential in the workplace.

## About the Dental Hygiene Program:

- Personal & individualized instruction at an accelerated pace
- Hands-on training through our community health clinic
- National board exam preparation included in curriculum
- 98.7% National and 87.6% California Board Pass Rates\*
- Small class sizes & fully equipped facilities (30 work stations)



*Program available at Visalia and Rancho Cucamonga campuses:*

Rancho Cucamonga	
Start Date	App Deadline
June 4, 2012	March 15, 2012
February 11, 2013	November 15, 2012

Visalia	
Start Date	App Deadline
February 6, 2012	November 15, 2011
October 1, 2012	June 15, 2012

*\*Statistics as of May 2011. Visit [www.sjvc.edu](http://www.sjvc.edu) for the most updated information.*

**VISALIA** 8400 W. Mineral King • **RANCHO CUCAMONGA** 10641 Church Street

For more information visit us online at [www.sjvc.edu](http://www.sjvc.edu)

or call **866-314-4523.**



# Second Opinions: Handle Them Carefully

By: Yasica Corum

*Risk Management Analyst, TDIC*

Dental offices receive requests for a second opinion for a number of reasons. A patient could be comparing prices or getting an opinion on treatment provided by another dentist. He or she may be trying to build a case against a current dentist and planning to use your opinion as ammunition. If you are unsure of a patient's motives for getting a second opinion, you can ask some basic questions.

For every patient who presents for a second opinion, raise questions such as:

- What brings you here today?
- Who was your previous dentist?
- How did you find my office?
- When was your last dental appointment?
- Why were you unable to complete treatment?

Answers to these questions provide a better picture of the patient's intention for seeking a second opinion. Avoidance or refusal to answer these questions are red flags and treat them as such.

If you experience this, decide if you feel comfortable continuing with the exam. It could be the opportunity you need to respectfully decline further contact with that patient. You could respond with, "Mrs. Jones, I've asked you simple questions necessary for me to provide you with a thorough opinion. Since you are unwilling to answer them, I think it is best for you to seek an opinion elsewhere."

If you notice what appears to be questionable dentistry during the exam, do not say, "I would have not done it that way." A patient could have omitted facts or withheld information critical for

an accurate assessment. Give your opinion without making disparaging comments about prior services. For example, "It is difficult to provide a

complete exam and recommendation without knowing all of the treatment history regarding this area. Based on the information I do have, I recommend..." Do not make unknowing, unsupportable or unjustified comments regarding the previous dentist or the work performed. Doing so could place you in the middle of a refund battle or professional liability claim.



Remain objective when giving your opinion. State the facts and keep subjective comments out of the discussion. Remember, a second opinion dentist is often working with incomplete information at the time of the appointment.

Create a chart and document the results of the exam in the chart. It should include the purpose of the visit, the scope of the examination, your discussion with the patient as well as the outcome. Send a follow-up letter to the patient and the treating dentist with the results of the second opinion. State the examination was for a second opinion and limited to the area discussed. Keep a copy of the letter in the patient chart.

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



## ADA International Volunteer Service Award Presented to SFVDS member, Haleh Shaheedy, DMD

By: Andy Ozols, Executive Director



Knowing the dedication and personal sacrifices made by member, Dr. Haleh Shaheedy to provide pro-bono oral health care to the people of Central America, Dr. Karin Irani, Membership Chair, and I, nominated Dr. Shaheedy for the ADA International Volunteer Service award back in March, 2011.

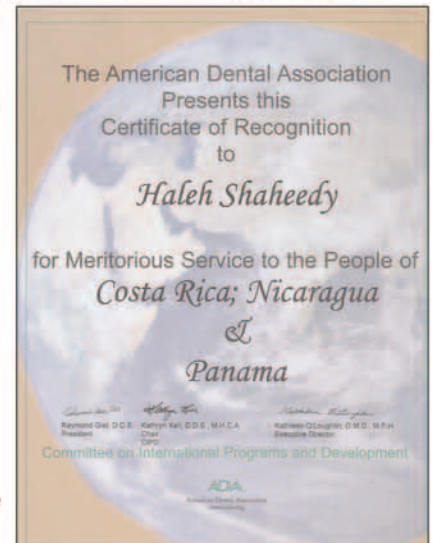
In August, 2011, ADA's Committee on International Programs and Development voted to award their certificate of recognition to Dr. Shaheedy for her selfless and meritorious service to the people of Costa Rica, Nicaragua and Panama.

Working with AYUDA International Dental Clinics for the past five years, Dr. Shaheedy has volunteered her time and expertise to travel to Central America to render dental care to underserved children. As if it were not enough to work

with children in the primitive settings of Central American jungles, Dr. Shaheedy also contributed in fund raising to provide dental students at the Herman Ostrow School of Dentistry at USC scholarships to give and learn in those settings. She not only provided much needed oral health services to the children in these countries, but she taught dental students the more advanced techniques required to properly provide services to even the most difficult patient cases while there!

It is worth mentioning that Dr. Shaheedy's passion and dedication don't stop there either. She recently served at a very special clinic at Terra Bella in the Central Valley of California. Mentoring 40 top dental students in the process, she and her team of students provided restorations, extractions and oral health education to more than 700 under-privileged patients in three days!

Dr. Shaheedy was honored for her service during the SFVDS' October 19, 2011 CE meeting, where she was presented with her certificate of recognition.



### CORRECTION

In the last issue of Dental Dimensions, in an article referring to the responsibility of the owner of a building to comply with the requirements of the ADA it was mentioned that if the building was built prior to the date the Americans with Disability Act was enacted that some of the defects may be grandfathered out.

This was not correct.

Owners must comply with the requirements of the law. However, if the building is not in compliance, the owner should retain the services of a Certified Compliance Specialist. This specialist will evaluate the property. He may find that if the building was built before the law was enacted, and remodeling had not been done since the law was enacted, that there may be some corrections that can not be brought up to ADA standards, without extreme financial and building measures, then the Certified Specialist may deem that those defects would be exempt from having to comply.



## Valley Care Community Consortium Awards Distinguished Agency Award to MEND

*By: Jorge Alvarez, DDS*

The Valley Care Consortium had their Fourth Annual, Distinguished Agency Award Reception on Thursday September 8th at the Sportsman's Lodge in Studio City.

As last year's recipient of the award, the San Fernando Valley Dental Society was invited to present the Distinguished Agency Award to MEND (Meet Each Need with Dignity). The award was presented to Ms. Marianne Haver Hill, MEND President and CEO, by Dr. Jorge Alvarez, an SFVDS past president.

A frequent volunteer dentist at MEND, Dr. Alvarez spoke to those in attendance about the amazing services that MEND provides to the NE Valley community of Pacoima (a federally designated underserved area) – not just with a free dental clinic, but with free medical care, vision services, clothing, food, shelter assistance, classes

*From left to right: Jorge Alvarez, DDS; David Adelman, MD; Delio Perez, RN; Marianne Haver-Hill, President & CEO; Joseph Turcillo, MD; Victor Estrada, Med. Clinic Mgr; Gloria Hampton, RN; Susan Fredericks, DDS.*

teaching English, interviewing skills and basic computer skills, and offers family counseling as needed.

MEND is an organization based on the work of paid staff and volunteers to serve the needs of the community without tapping into any government funded assistance programs. With the support of volunteers and private donations from individuals and foundations, MEND serves thousands of people each year, giving them hope, a hand up and a sense of dignity back.



---

*The San Fernando Valley Dental Society Program Committee presents:*

### **THE CHRISTENSEN BOTTOM LINE-2012** **GORDON J. CHRISTENSEN DDS, MSD, PhD** **MARCH 18, 2012**

This fast moving "bottom line" course includes the areas of dentistry with the most activity and change in the past few years. The course is easily understood and has numerous summaries that help attendees to interpret the ongoing advancements in the profession. The course encourages audience participation, and questions and answers and is presented in an enjoyable and humorous manner.





# Schlep and Shred – Glendale



Our third Schlep and Shred of the year was another well attended event that saw the shredding of nearly 12,000 pounds of material, plus dozens of e-waste items, all free to our members.

In addition, given the new Dental Board digital fingerprint requirements, the central office contracted with a local, mobile fingerprinting service to be on site to quickly and easily help members satisfy the new requirement. 13 members were able to take advantage of this service in a convenient, friendly atmosphere.

## Hollywood Bowl Social



*SFVDS executive director, Andy Ozols, shows off a couple of the turkey sandwich goodie bags readied for distribution*

August 20, 2011 at the Hollywood Bowl saw another successful multiple-component social take place under the sights and sounds of Walt Disney's Fantasia. Dentists from the Santa Barbara/Ventura County, West LA, Harbor and San

Fernando Valley Dental societies gathered under the stars, taking up the better part of section 'L', to enjoy an evening of beautiful music and 'Disney Magic'. SFVDS central office staff, Wendy, Bella and Andy arranged for each attendee to receive a small 'dinner box' that included a well-stuffed sandwich, chips, a bottle of water and a Rice Crispy treat. Many brought their own wine and additional snacks – as is the convention when attending events at the Hollywood Bowl.

*Past president, Dr. Jorge Alvarez with his wife, Eva, among the crowd of dentists and their families at the Hollywood Bowl*



*The opening scene at the Hollywood Bowl*



*Member Lou Schwarzbach and wife, Sheri smile for the camera.*



*SFVDS members, Martin Courtney and Ted Feder among the sea of members from the SFV, Santa Barbara/Ventura County and Harbor Dental Societies. In all, 178 member dentists and their families attended a great show.*



# Antelope Valley Report

By: Char Brash

*Hi Desert Children's Dental Clinic receives \$10,000 from the 17th Annual Thunder on the Lot Event!*

*This year's Thunder on the Lot Event welcomed a record number of attendees. Since 1994 this event has raised more than \$3 million, all of which has been donated to charitable organizations that assist needy children in the Antelope Valley. The Hi Desert*



*Children's Dental Clinic provides free dental care for children age 5 to 17 from low income homes.*

*The Hi Desert Children's Dental Clinic would like to take this opportunity to thank the many volunteers who make it possible to help the children of the Antelope Valley.*

## UPCOMING ANTELOPE VALLEY SEMINARS

*November 21, 2011*

*Topic: Evolution of Nano Technology*

*Speaker: Gregor Connell – VOCO GmbH*

*December 7, 2011*

*Topic: When to See the Orthodontist*

*Speaker: Thad Champlin, D.D.S., M.S.D.*

*For information on the above seminars, contact Kathy McKay @ 661-945-7868*

*2012 Schlep & Shred dates will be announced in the near future!*

*We are working on low cost (\$15 - \$20) CPR Certification Classes for Antelope Valley Dentists and their staff. More details to follow!*



## Kings for a Day

In yet another SFVDS social event, 35 people attended the pre-season opening game between the LA Kings and Anaheim Ducks hockey teams at the Staples center on September 25, 2011.

This game was a bonus game (free) between the two teams, as the actual game tickets purchased were for the March 3, 2012 regular season game. Central office staff happened upon the deal while searching for a 'good' game for members to attend together and decided to take advantage of the two-fer deal. Everyone in attendance enjoyed the game, despite the loss by the Kings, and they are all looking forward to the March 3, 2012 game – which may actually have playoff implications.



Past-president, Mark Amundsen, DDS, prepares to enjoy a fun night at the SFVDS night with the LA Kings on September 25, 2011. SFVDS members and guests filled 35 seats at the game, where sadly, they lost to the Anaheim Ducks, 3-1.



# Welcome New Members

Kharen Minasyan, DDS  
General  
UCLA, 2001

Joey Pedram, DDS  
368 N. Kanan Rd.  
Oak Park, CA 91377  
818-889-5440  
Pediatric  
Tufts, 2011

Michael H. Elyson, DDS  
9535 Reseda Blvd. Ste. 203  
Northridge, CA 91324  
818-349-6373  
General  
UCLA, 1992

Jun Royce M Flores, DDS  
General  
UCLA, 2008

Isaac Kahen Kashani, DDS  
16101 Ventura Blvd. # 350  
Encino, CA 91436  
818-751-5100  
General  
NYU, 2009

John Matchett, DDS  
916 W. Burbank Blvd  
Burbank, CA 91506  
General  
(818) 567-0522  
UCSF, 2010

Evan Afshin Farr, DDS  
12115 Saticoy St.  
North Hollywood, CA 91605  
(818) 759-1001  
General  
Tehran University, Iran, 1997

Afsaneh Kadkhoda, DDS  
General  
USC, 2011

Carrie Ka Lei Wong, DDS  
702-673-8301 (cell)  
General  
UOP, 2010

James Po Lin, DDS  
General  
NYU, 2003

Gabriel Jose Larrea, DDS  
6425 San Fernando Rd  
Glendale, CA 91203  
818-956-3754  
General  
Tufts University, 2010

Anna Y. Tam, DDS  
General  
Howard University College of  
Dentistry, 2010

John Okuyama, DDS  
15336 Devonshire St. Ste 5  
Mission Hills, CA 91345  
818-894-5777  
General  
Univ Peruana Cayetano Heredia,  
Peru, 1995

## CLASSIFIED

General Dentist in unique, multispecialty dental group, (12 partners). Associateship beginning in the Spring of 2012 leading to a partnership interest. This group practice has cared for patients in the Monterey/Carmel area for 32 years. 4 Ops. \$900k+ Production. Business and HR Administration allows you to focus on Dentistry. Email your resume to: [mpdg@redshift.com](mailto:mpdg@redshift.com)

Rare opportunity to share space in a gorgeous office in the highly sought after West Hills Medical complex (adjacent to West Hills Hospital). Must see! 4 ops can be expanded to 5. Great opportunity for dentist with a nucleus of patients or any Dr. looking to reduce overhead while upgrading to a high end office, fully equipped including digital X-rays. Call 818-348-8898 or email: [twila@ratheedds.com](mailto:twila@ratheedds.com).

## UPCOMING EVENTS

**DECEMBER 3:** 7 PM, GLENDALE CENTER THEATRE, A CHRISTMAS CAROL

**DECEMBER 7:** 6 TO 8:30 PM, CPR RECERTIFICATION, CENTRAL OFFICE

**DECEMBER 8:** 6:30 TO 11 PM ANNUAL SFVDS HOLIDAY PARTY, KNOLLWOOD COUNTRY CLUB

**JANUARY 18:** 3 TO 9 PM, AIRTEL PLAZA HOTEL, DRs. RICHARD AND DAVID MADOW, 'ARE YOU READY TO LOVE DENTISTRY, HAVE FUN AND PROSPER' (COMEDY PRESENTATION ON PRACTICE MANAGEMENT CE) LIVE SCAN FINGERPRINTING WILL BE AVAILABLE AT THE BEGINNING OF THIS LECTURE

**FEBRUARY 1:** 6 TO 8:30 PM, CPR RECERTIFICATION, CENTRAL OFFICE

**FEBRUARY 29:** 3 TO 9 PM, AIRTEL PLAZA HOTEL, DR. SHAHRIAR PARVIZPOUR, 'CREATING PREDICTABILITY IN ANTERIOR TOOTH REPLACEMENT' LIVE SCAN FINGERPRINTING WILL BE AVAILABLE AT THE BEGINNING OF THIS LECTURE

**MARCH 28:** 3 TO 9 PM, AIRTEL PLAZA HOTEL, DR. GORDON CHRISTENSEN, 'THE CHRISTENSEN BOTTOM LINE' LIVE SCAN FINGERPRINTING WILL BE AVAILABLE AT THE BEGINNING OF THIS LECTURE

PLEASE WATCH FOR FUTURE ANNOUNCEMENT, PARTICULARLY IN YOUR SNAIL-MAIL AND EMAIL BOXES, OR CALL THE CENTRAL OFFICE FOR MORE INFORMATION.

2011  
2012



DATED MATERIAL

# Trigeminal Neuralgia Treatment with GAMMA KNIFE RADIOSURGERY



## TRIGEMINAL NEURALGIA Facts:

- Characterized by brief attacks of severe electric shock-like pain (with rapid onset and abrupt end) on the face
- Pain is usually on one side of the face, about 10 percent of patients have pain on both sides
- Stimuli may trigger an attack (touch, cold, eating, brushing hair, etc.)
- More frequent in women and people over 50
- If medications are unable to control the pain or if they cause intolerable side effects, interventional treatment may be indicated
- Such intervention may include microvascular decompression, rhizotomy, or Gamma Knife Radiosurgery
- Gamma Knife Radiosurgery is the least invasive method for treating this condition and results in comparable outcomes

## GAMMA KNIFE Facts:

- Northridge Hospital has the only Gamma Knife in the San Fernando Valley
- Our physicians have treated more than 550 patients
- Radiation conforms to the shape of the lesion or tumor while sparing the surrounding tissue



## Trigeminal Neuralgia Support Group at Northridge Hospital

*In partnership with the Trigeminal Neuralgia Association*

Patients can obtain information, encouragement and treatment options by calling  
**(818) 885-8500, ext. 2565**



Gamma Knife  
Center  
**(818) 885-5432**



**Northridge Hospital Medical Center**

A member of CHW

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