

DENTAL DIMENSIONS

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Spring
2013

**Dr. Gharpetian Wins
Glendale School
Board Seat!**



- *Wastewater Inspections*
- *Volunteering in Honduras*
- *Prescribing & Dispensing Controlled Substances*

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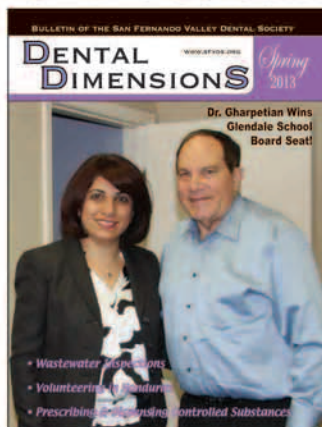
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On The Cover..... SFVDS member, Dr. Armina Gharpetian meets with SFVDS Legislation chair, Dr. Jim Mertz at her campaign office.



Call for Submissions

Do you have an unusual case study or an interesting article you would like to have published? Dental Dimensions is looking for articles from our members so we can share our collective knowledge. Articles should be 500-1000 words with references where applicable and photos if possible. Send your submissions to:
editor.sfvds@sbcglobal.net

From the Desk of the Associate Editor

The last couple of months have enlightened me as to how dentistry is indeed a 'noble profession'. Not just from a patient-care standpoint, but from how organized dentistry plays a pivotal role in looking out for the fraternity of our profession, how passionate and committed our colleagues are in the betterment of the profession in general and its professionals in particular, and how privileged we are to belong to one of the largest and most accomplished components of the CDA, the San Fernando Valley Dental Society. My active involvement with the Council on Dental Health Committee chaired by Dr. Eileen Zeirhut, setting up and volunteering at Give Kids a Smile site at the North Valley YMCA, attending my first board meeting at our beautiful and huge office in Chatsworth, and last but not the least, working as an associate editor with Dr. Anita Rathee and our executive director, Andy Ozols. These opportunities have given me a first hand experience analogous to a 'mini internship' and has instilled in me a new-found perspective and appreciation for organized dentistry and the energetic individuals that drive it! Meeting colleagues and making new friends has definitely been a bonus!

When Dr. Rathee approached me to write this column, I felt truly honored. Nonetheless, I knew, I had some mighty big shoes to fill! A novice at this, I decided to give it my best shot! Speaking of 'shots', our committee's brainstorming session resulted in the amazing Public Service Announcements (PSAs) in English and Spanish about early childhood oral health. Thanks to Mr. John Lee of our foundation board, these educational PSAs will be running on Time-Warner cable.

"Dentist's office a 'perfect storm' for HIV and hepatitis exposure, health official says" reads a recent CNN news headline. Multiple sterilization/cross-contamination issues,

By: Shukan Kanuga DDS, MSD

an unlocked and unattended drug cabinet with missing drug logs, and unlicensed/unauthorized employees performing IV sedation were among the issues reported by the state dental board upon investigation after a potential Hepatitis C infection was reported from Dr. Harrington's office in Tulsa, Oklahoma. It is appalling at the very least and unacceptable when our clinical profession is tainted by failure to follow the basic universal precautions for blood-borne pathogens. 7000 patients, many of whom received invasive surgical treatment at the office in the last six years are at risk of infectious diseases including HIV, Hep B, and Hep C, and are being contacted to get screened for the these. This unfortunate episode raises several questions not only in the minds of the trusting patients who mostly take sterilization and disinfection protocols at their dentists' office for granted, but also for us as professionals. It is always a good idea to double check our office protocols for sterilization and disinfection making sure they are in complete sync with the CDC guidelines. The ADA website (<http://www.ada.org/news/8459.aspx>) has useful resources for us to help alleviate our patients' concerns and questions as a result of the extensive media coverage on this incidence.

On a brighter note, I firmly believe that we are privileged to be practicing in a country that leads the world in dental training, cutting-edge research and technology, evidence-based dental practice, standard of care, and organized dentistry that empowers our professional and personal lives.

Best,
Shukan



Val-D-PAC Goes into Action

As a result of the generous contributions of SFVDS member dentists, the SFVDS Political Action Committee (Val-D-PAC), has made its first political contributions. A total of \$1250 has been contributed to the following campaigns:

- 1.) \$250 to SFVDS member dentist, Armina Gharpetian of Glendale, who ran successfully for a seat on the Glendale School Board. In addition, Glendale member Dr. Chi Leung hosted a meet and greet for SFVDS members to personally meet Dr. Gharpetian, at her home in Glendale. Val-D-PAC felt it important to support her in any way possible because school boards have historically been the first step to higher elective office.
- 2.) \$500 to Jim Wood, DDS for CA State Assembly in 2014. Dr. Wood is a member of CDA from Northern California, has been a city councilman and mayor in Healdsburg, CA, and the chair of CDA's Political Action Committee.
- 3.) \$250 to Bob Blumenfeld and \$250 to Felipe Fuentes, both of whom were termed out of the CA State legislature and successfully ran for LA City Council by gaining more than 50% of the primary vote in early March, 2013. Both have been friends of dentistry while in the legislature and are sure to continue in that vein as small business and health related issues come to a vote in the LA City Council.

For those members who have not yet made a contribution to the SFVDS PAC, please consider doing so either through your dues statements or by sending the PAC a check c/o the central office. We need to build up a treasury for the near future as other dentist-friendly candidates vie for our votes and support. For more information call the central office at 818.576.0116.

From the Desk of the President



Dear Friends,

It has been a busy time at the dental society with all committees going full swing and the foundation board trying to get our fledgling foundation off the ground.

You should have received mailings about the foundation with the recent CE mailings. Please take a moment to read it and respond to it in the capacity with which you feel comfortable. Your generosity will help establish the Foundation and highlight the generosity and encourage our members for decades to come.

We are starting a number of projects under the 'Smiles from the Heart' program to fill in the need we see in our component for emergency dental care. We are also trying to get some resources to identify and treat the dental needs of patients in convalescent homes - a neglected segment of our society.

Our main focus is on education about good oral health and prevention of dental decay. We all agree that we cannot drill our way out of the problem of rampant caries in the populace. Educating the public about the damage caused by acidic drinks and the need for proper care is the only solution that will help us get a handle on this problem - not mid-level providers. To that end, we produced the first of a series of Public Service Announcement (PSA) that aired on Time Warner Cable in April and May, 2013. Our new foundation board member, Mr. John Lee, has helped us procure the airtime for it. Mr. Lee who is the chief of staff for LA City Councilman Mitchell Englander, has helped us procure the airtime for it, and brings considerable fundraising experience and know-how to his position on the foundation board.

These first PSA's were aimed at infant dental care and will be broadcast in English and Spanish. In the future, we will have PSAs aimed at different age groups and hopefully have them translated into different languages for You Tube, as well as Time/Warner Cable.

I will let the committee chairs report on the activities of their committees but would like to add how gratifying it has been working with this amazing group of people. It is group sourcing at its best and if you have been toying with the idea of volunteering at the dental society, now is the time to do it. It is time to see the work that is being put into shaping the future of our profession and to be a part of it.

I would like to take a moment to acknowledge the efforts of CDA President, Dr. Lindsey Robinson, in asking for answers on behalf of our members from Delta Dental with respect to the proposed reduction of Premium PPO fees. Increasingly, decisions are

being made in a vacuum with the rationale that the marketplace demands it. Well, what part of the excellent care that we provide can the marketplace do without? All the cuts are made at the expense of the owner/ practitioner and I am not sure how long we can continue the juggling act of robbing Peter to pay Paul in our practices. A lot of us are starting to get the feeling that we may be spinning our wheels dealing with some of the lower paying dental benefit plans. Many are starting to feel frustration in the high overhead healthcare field.

The Strategic Plan for 2013-2018 has been approved by the board and is part of this issue (see page 19). The plan is reviewed and modified annually by the board of directors and staff.

We have great CE meetings and member events planned for the rest of the year, so I hope to see you at the general meetings and at the various membership events. An organization gets its strength from its members and your participation in our activities will continue to make us a voice to be heard.

Best wishes,
Nita Dixit, DDS

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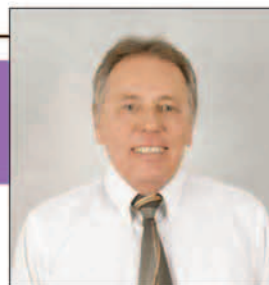
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From the Desk of the Executive Director



So far, 2013 has been a very busy year. We have been busy trying to keep all of our programs not only running, but improving as well. This includes our regular CE classes, CPR recertification classes, new dentist events, defining the scope of services for the new SFVDS Foundation, planning an October 5, 2013 fundraising gala for the foundation (read "mark your calendars") at Knollwood Country Club, increasing our presence on the web and in social media, taking the first steps in making campaign contributions to dentist-friendly candidates by our Political Action Committee, and taping and airing a Public Service Announcement (PSA) in both English and Spanish designed to educate parents about the oral health of their infants.

Under the leadership of this year's president, Dr. Nita Dixit, the dental society has also greatly expanded its committee memberships across the board. More and more members are stepping up to get involved to further and protect the interest of dentistry, our members and the public health. This is an excellent turn of events because our committees are now getting full, and include many younger members who will work their way up the leadership ladder for our society's future.

The current members of our executive committee recently attended CDA's Leadership Education Conference in Santa Clara, CA and learned about becoming better leaders through sessions emphasizing best practices knowledge about running local dental societies and accommodating members' needs.

In addition, membership chair, Karin Irani, DDS and I traveled to ADA headquarters in Chicago for the annual membership conference in early April, where we were able to showcase some of our more successful membership programs to other state and local dental societies. We made presentations about the creation of our TV commercial and our hosting of last September's 'Afternoon Tea' which emphasized the unique needs and interest of our female dentist members.

Our component continues to be very active, not just at the local level, but also at the state and national levels. We both learned from others and taught others about best practices in component management, program development, and publicizing the value of organized dentistry and ADA membership.

And, if I may toot our horn a little, our membership committee was successful in being awarded \$32,000+ dollars from ADA's Membership Program for Growth for various membership recruitment and retention programs during 2013. This represents 1/3 of the total ADA dollars received within the State of California!

Speaking of membership growth, we need your help to reach out to your non-member colleagues. We all know at least one non-member dentist, possibly more, and there is no better way to recruit a new member than through you, their friends. As an added incentive, both ADA and CDA have established funds to

help reward those who help recruit new members. You may already have heard about the

'Member get a Member' program, but if you haven't, it's a very simple and straightforward program: For every member who recruits a non-member to join, they will earn \$100 from CDA and \$100 from ADA, up to a maximum of five new members. That means that you can earn an extra \$1000 by recruiting only five new members! Just have your non-member colleague put your name into the 'Referred by' line on the membership application and the money will be sent to you by CDA and ADA. Of course, if you just want to help your local dental society (us), and don't care about the money as much as strengthening organized dentistry, just donate your bounty to our charitable foundation!

Lastly, let me wish all of our members a safe and happy summer. Summer is just around the corner, the kids will be out of school and we'll all likely take at least a few days off to relax- a well deserved few days!

Andy

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	June 3, 2013	May 15, 2013

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Legislative Dominance

As I am writing this article it is just the beginning of the California legislative

process. One of the problems that we should all be concerned about is the total dominance of one party in both houses of the Legislature and in the executive branch. The legislature, with the approval of Governor Brown, is determined to implement the Patient Protection and Affordable Care Act as soon as possible. My concern is that to iron out the details of a new system that will affect the state for many years, it should take many months of expert testimony from many in the healthcare industry and then very careful planning. However it seems as if the legislators have different goals. It almost seems as there will be a repeat of the Pelosi plan that stated "Let's pass the Affordable Care Act and then we will read it and see what is in it". There is a big rush to meet the 2014 deadline.

In addition, State Senator Hernandez (D), an optometrist, has submitted a number of bills (SB 491, 492, 493) which would allow optometrists, pharmacists and nurse practitioners to expand the medical services they can perform. His position is that under the ACA there will not be enough medical professionals to provide the services for all the additional people that will be covered by the ACA. Senator Fran Pavley (SB352) has submitted a bill to expand the scope of practice for physician's assistants. The ACA provides health insurance for every one, however, at this time, no provision has been made to find enough providers. As dentists, you have to be very naïve to think that the dental profession will not be targeted in the same way. **BEWARE OF MIDDLELEVEL PROVIDERS.**

I found it interesting to read an evaluation by health researchers for the UN, evaluating the danger of mercury in the environment. In one of their conclusions they stated

that mercury in dental amalgam causes NO health risk. The report went on further to state that we could ultimately avoid placing most dental restorations by promoting oral health education.

Assemblyman Bocanegra has submitted AB 1174. This provides for a Virtual Dental Home System. It is designed to provide certain diagnostic and temporary procedures to children in remote areas. A trained hygienist or RDA will take x-rays, necessary photographs and perform a visual exam. This information will be transmitted via computer to an offsite dentist for his evaluation and treatment plan. The dentist will indicate to the onsite individual, to perform certain procedures such as: to "scoop out" with a hand instrument, the decay and place a temporary fluoride glass ionomer filling; to do a prophylaxis and fluoride treatment; and to refer to the closest dentist for additional treatment. This would eliminate the need for making appointments for patients that may not need anything more than routine exams and prophylaxis. It would save chair time for only the patients needing treatment and would avoid, for some patients, traveling long distances to visit a dentist.

There was a discussion at the last CDA House of Delegates regarding the state board certifying dental laboratories. The general conclusion by members of the CA State Dental Board, by members of the CDA Government Affairs Council and by many local components was that each dentist is responsible for knowing and informing his patient of the contents of the materials in the laboratory prepared restorations, to avoid patients suffering allergic or adverse health reactions. Dentists should be particularly concerned about laboratory restorations from overseas, and should ask their labs where the restorations were manufactured.



By: Jim Mertzel, DDS

JIM WOOD D.D.S. IS A CANDIDATE FOR THE CALIFORNIA STATE ASSEMBLY IN 2013

Jim has served his profession and his community extremely well. He maintains a family practice in Cloverdale and has received many commendations for his service as an expert in forensic dentistry.

He has acted as chairman of CDA's Political Action Committee as well as on the Government Affairs Council.

Dr. Wood has proven himself on the political scene as well. He has served on the Cloverdale General Plan Advisory Council, and is presently serving his second term as member of the Healdsburg City Council and as their mayor in 2010.

As dentists we have the opportunity to have someone in our profession represent us in Sacramento. As a Democrat in a highly Democratic state he can be more influential in being placed on strategic committees, and even as chairman of those committees. At present, Bill Emerson D.D.S. will be term limited out of the state senate next term. Jim is fiscally conservative and that is a much-needed trait in Sacramento.

He needs your financial support to get elected. Please send your contribution to:
Jim Wood for Assembly, 102 South Main St., Cloverdale, CA 95425



General Meetings - Preview

JUNE 19, 2013

Dental Materials – An Update for the General Dentist

Speaker: Ed Hewlett, DDS

Sponsored by GC America



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

Last seen at our CE courses two years ago, Dr. Hewlett is coming back to update our membership on the newest dental materials and methods for using them most effectively. Attendees will have a chance to ask questions about their own experiences and learn not only about new dental materials, but also a look at what is in the pipeline for the future.

SEPTEMBER 18, 2013

Esthetic Implant Dentistry

Speaker: Saj Jivraj, DDS

Sponsored by Nobel BioCare



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

Learn or be updated on the latest in implant diagnosis, implant treatment planning, criteria for implant placement, soft tissue development, materials for final restoration and interdisciplinary management.

General Meeting Review

February 20, 2013

Endodontics for the General Dentist

John West, DDS



Dr. West reviewed the dos and don'ts of Endodontics for the general dentist. He discussed when to attempt a simple root canal and how to identify when you should refer to an endodontic specialist. He shared some of his most successful techniques and spent time answering members' questions on specific types of cases.

March 27, 2013

Esthetic Materials, Techniques and Prevention

Gerald Kugel, DDS

Co-sponsored by Crest/Oral B, Henry Schein, D4D & Ivoclar-Vivident



Dr. Kugel shared his insights and experiences with a variety of materials used in the esthetic enhancement of patient needs, his techniques for accomplishing patient satisfaction and the prevention of mistakes he has seen over the years, from the simple to the complex. Attendees reported satisfaction with the mountain of information provided by Dr. Kugel and the excellent handouts, which would be good for future reference.

April 17, 2013

CA Dental Practice Act, Infection Control and an OSHA Refresher

Ms. Diane Morgan-Arnes, CDA



Ms. Morgan-Arnes covered an otherwise dry subject by conducting a fun and interesting presentation on these required courses for license renewal. She also included a refresher on OSHA requirements and current trends in safety for the dental office.



By: George Maranon, DDS

Report from the Trustees

The March Board of Trustees meeting was held in conjunction with the 2013 Leadership Education Conference, 'Forward Thinking. Forward Momentum', on March 22-24 at the Santa Clara Marriott. In addition to a number of leadership workshops, conference attendees heard presentations by Assembly Health Chair, Richard Pan, MD, and remarks from James D. Wood, DDS. Dr. Wood has announced plans to run for State Assembly District 2 in 2014. He has been a strong voice in CDA for more than 15 years and has served on the CDA Government Affairs Council and Board of Trustees. He served as chair of CalDPAC from 2005-06 and 2008-12. Members are encouraged to visit Dr. Wood's website and to consider supporting his campaign.

As has been widely publicized, Delta Dental has decided to cut fees an expected average of 8 to 12 percent for its Premier product. It is likely that the reductions will be in the range of 8-12%. On March 1, 2013, in an open letter to Delta Dental Chief Executive Officer, Mr. Gary Radine, CDA president, Dr. Lindsey Robinson demanded that the company immediately communicate its impending actions and reasons to their provider network. This request has gone largely unanswered. CDA is developing an overarching strong, assertive strategy to address Delta Dental's lack of response to concerns expressed by our members. CDA members make up the majority of Delta Dental's provider network. Unfortunately, because Delta Premier providers have individual agreements with Delta, it is unlikely that any legal challenge by CDA would be considered by the courts. In addition, anti-trust laws prohibit CDA from responding to or encouraging actions attempting to either set or influence prices. This includes fees paid for services by dental benefit companies. CDA will continue to keep members informed and has established a hotline (916-554-5858) with a dedicated staff person to address member concerns. CDA Insurance Analyst Ann Milar is available to answer questions and complaints related to Delta Dental or any other dental benefit issue. Ms. Milar can be reached at ann.milar@cda.org or 916-554-4994. A Dental Benefits Research Task Force has also been impaneled and has spent the last year gathering data to better understand trends in dental financing. Deliberations are ongoing on a set of short and long-term recommendations to best position the dental profession in the future.

CDA is supporting legislation in Sacramento. AB 836 (Skinner), which proposes to reduce continuing education requirements by 40 percent for retired dentists wishing to provide volunteer care. SB 562 (Galgiani) proposes to

expand the DBC regulatory requirements for mobile dental operations to encompass portable operations as well, and to require additional regulatory standards for continuity of care for both mobile and portable practices. SB 562 is intended to address ongoing concerns about continuity of care when mobile or portable dental companies market their services to schools. With respect to the expansion of the workforce, Senator Alex Padilla introduced SB 456, which he intends to be a placeholder while discussions continue on both the state dental director and workforce study issues that were contained in last year's SB 694.

The CDA Foundation is planning two CDA Cares free clinics for 2013, the first to occur May 17- 19 in San Jose. A second clinic is planned for this December in San Diego. The 2012 House of Delegates directed the CDA Foundation to host four more clinics before the end of 2014: two in Northern California and two in Southern California. Consideration is being given to a CDA Cares event to take place in the Los Angeles area and The San Fernando Valley Dental Society is in discussions for that event to occur in our component jurisdiction.

Membership numbers for CDA continue to trend upward demonstrating more than 10 years of continued growth for the organization. There are 26,330 total members for CDA. This is remarkable sustaining growth given the still sluggish economy.

The Practice Support Center (PSC) was a new membership benefit intended to assist members in achieving success in their practices. The mission of the PSC is: "To provide expert assistance and advice to members in areas critical to developing and maintaining a successful dental practice." Assistance is given in four primary areas -- employment law, regulatory compliance, practice management and dental benefits. The PSC also offers live telephone support where members can pick up the phone and speak directly to a subject matter expert. Cdacompass.com continues to be seen by members as a valued resource for practice management information. As of September 2012, registration was up to 13,527, including 971 nonmember dentists and 2,414 designated office staff.

Lastly, the Institute of Medicine (IOM) has invited CDA to be a sponsoring organization and a roundtable member on health literacy. The IOM's Health Literacy Roundtable will discuss challenges facing health literacy practice and identify approaches to promote oral health literacy through mechanisms and partnerships in both the public and private sectors for vulnerable and underserved populations.

Give Kids a Smile – 2013



Dr. Dan Iannotti



Dr. Nita Dixit



Dr. Mahfaaz Gereis

This year's Give Kids a Smile (GKAS) program provided 2,427 children with a basic oral health screening, fluoride varnish and oral hygiene instruction. Thanks to our member dentists who volunteered their time and expertise and the SFVDS Foundation which provided the materials and supplies.

We had more dentists show an interest in volunteering this year than any other year before. We had dentist brothers, fathers and sons, and spouses volunteering together.

Give Kids A Smile is sponsored annually by the ADA (with help and basic supplies for about one-third of our needs coming from Colgate and Henry Schein.) Thankfully, our new SFVDS Foundation stepped in to purchase the supplies needed for the rest of the children.

Just as in the past, we had some criers, some talkers and some kids who were as excited as can be to be "meeting a doctor in real life" as one of the kids put it. All of our volunteer dentists were amazing



Dr. Ani Janbazian



Dr. Chi Leung

By: Bella Peñate, SFVDS Membership Coordinator



with the children.

Give Kids A Smile month is mostly all smiles throughout

the month of February, though we do keep seeing more and more silver crowns in the mouths of these 3, 4 and 5 year olds every year. There were too many children who have never visited a dental office, so for these kids' we offered follow-up services through our members' generosity and low cost or free dental clinics we work with throughout the year.

The central office keeps an ever-growing list of member dentists who would like to volunteer for future events such as GKAS or other health fairs we might attend, so if you would like to volunteer for our February, 2014 program or any other opportunities to volunteer, call the central office (818.576.0116) and we'll add your name to the list. By helping the less fortunate in our communities, we guarantee that you will have an immensely rewarding experience.



Children at Woodman Headstart CCRC



Dr. Nita Dixit



Dr. Ryan Schatz



Dr. Jill Cohen Lasky

LIVING IN AMERICA: WE'VE GOT IT MADE!

This is a story of the power of our profession, the depth of our soul and the compassion in our hearts. We often take things for granted, not knowing how fortunate we are to live in America and what little we may believe we have, is actually much more than what others have in other countries. I hope that my journey in understanding the true meaning of life through my most recent life changing experience will touch your heart.

I was approached by my daughter, a student at USC in the pre-dental honor society, who asked if I would consider mentoring students in the upcoming Global Brigades in Honduras. Global Brigades is a student run, non -profit, charitable humanitarian organization whose vision is to elicit change in medically underserved areas. USC was joining forces with Virginia Polytechnic University during this Global Brigade to render medical and dental care to the indigent in Honduras; unfortunately, no dentist had come forward to participate. I made the last minute decision to help out, and my experiences allowed me to see the world in a totally different light.

Upon arrival in Honduras, both schools jointly arranged and organized medications, supplies, materials and educational

aids and agreed on a plan that would work best in treating as many patients as possible during our short stay of one week. Our clinic site was an elementary school located on an

unpaved, bumpy road 2 hours away from where the need for care was most apparent. Rain or shine, there was a long line



of patients waiting to be seen, some individuals walking four hours to this site. Our "clinic" was comprised of triage, intake, education, dental, medical, gynecology, and pharmacy stations, which were each set up in individual classrooms. Our dental clinic consisted of a table of supplies and materi-



als, a table of surgical instruments, sterilization solutions, student desk/chairs lined up for extractions, and a lawn chair for restorative work. We had a portable compressor which, unfortunately, had no vacuum. Had it not been for the few flashlights I brought, there would not have been any light,



By: Elbert Tom,
M.P.H., D.D.S.

and I was happy when the sun shone through the windows to make the oral field easier to view. Although I thought the patients would view our setup as being not only rudimentary but unacceptable, I was mistaken as every patient respectfully appreciated all that we did to ease them of their pain while improving their self-confidence and esteem in the hundreds of anterior composites we placed. The need was so apparent, and although totally exhausted at the end of the day, we felt fulfilled and even more energized to make a greater impact in the days ahead. By the end of the Brigade, USC and Virginia Polytechnic University saw a total of 1,111 patients, an unprecedented number in the history of the Brigades!

Our hearts grew heavy as the Brigade came to an end. We recognized that several children longed not only for care, but to play with us after clinic ended. The Honduran children are forced to experience a life of hard labor at a young age, so they yearn for every opportunity to play with others; this was another reality check that saddened us.

It is apparent that we truly have the good life here in America, and there are many countries, such as Honduras, that may never have essential care if it were not for intervention from humanitarian charitable organizations such as Global Brigades. I know that this experience has brought true meaning and purpose to my life, and I strongly encourage everybody to consider volunteering in some capacity to the underprivileged; be it in this country or abroad. Yes, together we CAN make a difference!



Dr. Paul and two assistants.



Dr. Paul and Rebecca

ACKNOWLEDGEMENTS: With much appreciation to MEND Clinic (Pacoima), Kids Community Dental Clinic (Burbank) and GC America for their support in our venture.

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CONTROLLED SUBSTANCES PRESCRIBING AND DISPENSING



Drug Enforcement Agency Registration

Dentists must register with the U.S. Drug Enforcement Agency prior to prescribing, administering, or dispensing controlled substances. Information and an application for registration are available on the DEA Web site, <http://www.deadiversion.usdoj.gov/drugreg/index.html>. Separate registration in California is not required. DEA registration is not required for writing prescriptions for antibiotics, fluoride, and other non-controlled substances. If a dentist writes controlled substances prescriptions at more than one location, or if controlled substances are stored at more than one location, the DEA requires the dentist to hold separate registrations for each location. A Practitioner's Manual (2006) provides an overview of your responsibilities as a controlled substance prescriber under federal law. It can be viewed and downloaded at the U.S. DEA Office of Diversion Control Web site at <http://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>. Go to the end of this article to see a partial list of controlled substances and schedules.

Tamper-Resistant Prescription Forms

All written prescriptions for controlled substances must be on tamper-resistant forms. Tamper-resistant prescription forms replaced the use of triplicate forms in 2004. You may also use the tamper-resistant forms for prescribing other types of medicines such as antibiotics.

Purchase tamper-resistant prescription forms only from state-approved printers. A list of approved printers is on this Department of Justice Web site, <http://oag.ca.gov/security-printers/approved-list>. Printers require photo identification from a customer who personally picks up the forms, and only established customers may pick up the forms in person. If mailing the forms to a prescriber, the printer must use certified mail or other means that requires the recipient's signature, and must send the forms to the prescriber's address that is on file with the DEA.

The forms may be ordered in any format you like (including duplicate copy), but the following information is required to be preprinted on the forms:

- Prescriber's name and address; (tamper-resistant forms without a preprinted address have not been accepted since July 1, 2012)
- Category of licensure and license number;
- Federal controlled substance registration number (DEA number);
- The statement, "Prescription is void if the number of drugs prescribed is not noted";
- Check boxes for the prescriber to indicate the number of refills ordered;
- A place to indicate the prescription's date of origin;
- A check box indicating the prescriber's order not to substitute;
- An identifying number assigned to the approved security printer by the Department of Justice
- A check box by the name of each prescriber when the form lists multiple prescribers (the prescriber signing the form must check the box next to his or her name); and
- A number for each batch of forms, with each form in a batch numbered sequentially beginning with the number one.
- A prescriber who has more than one facility may have multiple addresses, with check boxes, preprinted on the forms.
- More than one prescriber name can be preprinted on the forms as long as each prescriber has a DEA number and all prescribers work at all addresses printed on the forms.
- Although it is not required, include the prescriber's NPI number, or space to write it, on the prescription form because the dispensing pharmacy needs the number to obtain payment.
- The tamper-resistant prescription forms have a number of security features, and a description of each feature is on the back of each form:
 - "Void" appears throughout the form when tampered with, to prevent duplication (i.e. chemical washing to alter);
 - Watermark on the backside of the prescription with the text "California Security Prescription";
 - A chemical void protection that prevents alteration by chemical washing;
 - A feature printed in thermo-chromic ink;
 - An area of opaque writing so that the writing disappears if the prescription is lightened;
 - A description of the security features printed on each prescription form; and
 - Six quantity check-off boxes so that the prescriber may indicate the appropriate prescription quantity range (space is provided to designate the units referenced in the quantity boxes for example, "ml," if a liquid is prescribed).

Continued on page 15

Controlled substance prescriptions (Schedules II-V) are valid for six months. Only the prescriber can sign and date the written prescriptions. In addition to the required preprinted information, the prescription form should include:

- Prescriber's telephone number;
- Name of the ultimate user of the controlled substance (or contact information as determined by the U.S. Department of Health and Human Services);
- Refill information, such as the number of refills ordered and whether the prescription is a firsttime request or a refill; and Name, quantity, strength, and directions for use of the controlled substance prescribed.



References: Health & Safety Code §§ 11161.5(h), 11162.1, 11164, 11166

Electronically and Orally Transmitted Prescriptions

An electronically transmitted prescription may be an "electronic image" prescription (a fax) or an "electronic data" prescription. A prescription for Schedule III, IV, or V controlled substances may be faxed to the pharmacy, but it should be written on a regular prescription form first. Faxing or photocopying the tamper-resistant prescription form will create a copy that has "VOID" throughout the form, and the pharmacy will be unable to fill it. Any individual who transmits, maintains, or receives any electronically transmitted prescription must ensure the security, integrity, authority, and confidentiality of the prescription.

A prescriber, or someone authorized by the prescriber, may call in a prescription for Schedule III, IV, or V controlled substances. A pharmacist or pharmacist intern must receive a telephone order. In addition, the pharmacist must be able to authenticate the validity of the prescription.

References: Health & Safety Code § 11164(b); Business & Professions Code §§ 4040(c), 4071, 4071.1

Questions-and-Answers on Prescribing

I teach at the dental school--do I have to provide my own forms, or is there an alternative?

Licensed health facilities, such as teaching facilities, may use institutional forms. Institutional forms have preprinted facility information, and they are ordered by the facility's "designated prescriber." The "designated prescriber's" name, license number and DEA number also are preprinted on the forms. The "designated prescriber" issues the forms to other prescribers at the facility, and must keep a log of the distribution. The "designated prescriber" may delegate this task, but will be held accountable. The actual prescriber must add name, license, and DEA number to the forms. The distribution log must include the name, license number, DEA number, and quantity of forms issue, and the log must be maintained for three years.

What are the quantity check-off boxes on the tamper-resistant prescription forms?

The quantity check-off boxes are a security feature that ensures the quantity, for which the prescription is written, is not tampered with in any way. The prescriber writes the prescription as usual, including the quantity, in the body of the prescription. In addition, the prescriber checks the box next to the applicable quantity range confirming the quantity for each prescription written. If the prescription is for anything other than tablets or capsules, the prescriber must also designate the units referenced in the quantity range.

How does a prescriber mark the quantity check-off boxes when writing a prescription for multiple drugs on one prescription form?

Some of the tamper resistant prescription forms provide separate sections for writing multiple drug prescriptions, which include separate quantity check-off boxes for each. However, some form designs include only one set of quantity check-off boxes. Prescribers check the appropriate quantity range confirming the quantity for each prescription written. For example, if a prescriber writes one prescription for 100 tablets and, on the same form, writes another prescription for 25 tablets, the prescriber would check the quantity ranges 75 to 100 and 25 to 49. If the quantity of more than one prescription falls within the same range, simply check the quantity range once. For example, if the prescriber writes three prescriptions and two are for 100 tablets each and one is for 300 tablets, the prescriber would check the quantity ranges 75-100 and 151 and over.

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CONTROLLED SUBSTANCES PRESCRIBING AND DISPENSING

Continued from page 15

By: CDA Practice Support Center

Can a prescriber electronically transmit a Schedule III, IV, or V controlled substance prescription from a computer or personal digital assistant (PDA) to a pharmacy's computer or fax machine?

Yes, if the pharmacy accepts the prescriptions. Pharmacies must ensure the authenticity, integrity, nonrepudiation, and confidentiality of the document. Authentication means ensuring that the prescriber is the person he or she purports to be. Integrity means ensuring that both the document and the signature have not been altered in the course of transmission. Nonrepudiation means ensuring that a party to the transaction cannot later disclaim it.

Dispensing Controlled Substances

Prescribers who dispense controlled substances must comply with federal law (summarized in the DEA's A Practitioner's Manual, <http://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>) and the requirements of state Business & Professions Code §§4076, 4077, 4078, 4080, 4081, 4170, 4172 and 16CCR §1707.5:

1. Store controlled substances in a locked cabinet or drawer.
2. Maintain a log. Log must be maintained for three years.
3. Inventory controlled substances at least once every two years. The inventory record must be in written, type written, or printed form and be maintained at the practice for at least two years from the date that the inventory was conducted. Each inventory must contain the following information:
 - a) Whether the inventory was taken at the beginning or close of business;
 - b) Names of controlled substances;
 - c) Each finished form of the substances (e.g., 100 milligram tablet);
 - d) The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle);
 - e) The number of commercial containers of each finished form (e.g., four 100 tablet bottles); and
 - f) Disposition of the controlled substances.

Controlled substance samples provided by pharmaceutical companies must be included in the inventory record.

4. Dispense to a patient no more than a 72-hour supply of a Schedule II controlled substance in accordance with normal use.
5. Prior to dispensing, offer to give a written prescription to the patient that the patient may elect to have filled by you, the dentist, or by any pharmacy. You must provide the patient with a written disclosure that the patient has a choice between obtaining the prescription from you, the dentist, or obtaining the prescription at a pharmacy of the patient's choice.
6. When dispensing controlled substances to a patient, you must:
 - Use a child-proof container;
 - Label the container as described below; and
 - Inform the patient orally or in writing of possible side effects of the drug.

Container Labels:

Label requirements are intended to provide patients with easy-to-read labels. The following elements must be clustered into one area of the label that comprises at least 50 percent of the label:

- Patient's name;
- Drug name and strength;
- Directions for use; and
- Purpose or condition.

This part of the label must be highlighted in bold typeface or color, or have blank space to set off the above items.

The remaining required elements of the label must be printed so as not to interfere with the legibility of the four elements listed above. The remaining required elements are:

- Prescriber's name and address;
- Date medication was dispensed;
- Quantity of medication dispensed; and
- Expiration date of the effectiveness of the medication dispensed.

Continued on page 17



Also, inform the patient of possible side effects of the drug. This information does not have to be on the label.

References: Business & Professions Code §4076.5 and 16 California Code of Regulations §1707.5

Samples of patient-centered prescription drug container labels can be found on the Board of Pharmacy Web site, <http://www.pharmacy.ca.gov/licensing/labels.shtml>.

Reporting to CURES -- Controlled Substances Utilization Review and Evaluation System

Prescribers who dispense Schedule II, III, or IV controlled substances are required to submit information to the Department of Justice CURES program, except for Schedule IV controlled substances that are dispensed in a quantity limited to an amount adequate to treat the patient for 48 hours or less. Prescribers who dispense Schedule II or III controlled substances in a quantity limited to an amount adequate to treat the patient for 48 hours or less may submit the required information monthly. Prescribers who dispense in quantities greater than this must submit information weekly.

This information is aggregated into a statewide database used by law enforcement, regulatory agencies, and other controlled substance prescribers. CURES currently uses an outside vendor, Atlantic Associates Inc. (AAI), to collect the information. Data must be submitted in a prescribed format. Refer to the CURE's Web site, <http://oag.ca.gov/cures-pdmp>, for more information.

The following information is reported to CURES for each prescription dispensed:

- Full name, address, telephone number, gender, and date of birth of the patient;
- Prescriber's category of licensure, license number, and federal controlled substance registration number;
- NDC (National Drug Code) number of the controlled substance dispensed;
- Quantity of the controlled substance dispensed;
- ICD-9 (diagnosis code), if available;
- Number of refills ordered;
- Whether controlled substance was dispensed as a refill or a prescription or as a first-time request; and
- Date of origin of the prescription.

References: Health & Safety Code § 11165, 11190, Business & Professions Code §4170

Administering Controlled Substances

The administration of a Schedule II or III drug does not have to be reported to the CURES program. However, every prescriber who prescribes or administers a Schedule II drug must make a record of the transaction that includes all of the following:

- Name and address of the patient;
- Date of transaction;
- Character, including name and strength, and quantity of the control substances involved; and
- The pathology and purpose for which the controlled substance was administered or prescribed.

The information can be kept in the patient record; a separate drug log is not required for the administration of Schedule II drugs.

Reference: Health & Safety Code §11190

Prohibited Actions

No person shall:

- prescribe, administer, or furnish a controlled substance for himself;
- prescribe, administer, or furnish a controlled substance except under the conditions established in law;
- antedate or postdate a prescription; or
- make a false statement, or give a false name or false address, in any prescription order, report, or record.

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CONTROLLED SUBSTANCES PRESCRIBING AND DISPENSING

Continued from page 17

By: CDA Practice Support Center



Using the Prescription Drug Monitoring Program (PDMP)

In order to assist prescribers in making better prescribing decisions and to cut down on prescription drug abuse, California offers real-time access to its database of patient controlled substance history information through the PDMP. Licensed prescribers, as well as pharmacists, law enforcement, and regulatory boards, must register with CURES to access the system. More information on the program and a link to the electronic application can be found on the CURES site, <http://oag.ca.gov/cures-pdmp>. The submission of the electronic application must be followed by mailing notarized copies of DEA registration, dental license, and state-issued identification.

Once access to the PDMP has been granted, a prescriber must notify CURES within 10 days of any changes to the prescriber's account (for example, address change). Access to the PDMP may be denied or suspended for a number of reasons including but not limited to failure to maintain effective controls for access to patient activity reports, accessing information for any other reason than caring for one's patients, and falsifying an application for access.

The Department of Justice may conduct audits of the PDMP and its users. Dissemination or distribution of the controlled substance history information to anyone other than the registered user is prohibited. HIPAA and all confidentiality and disclosure provisions of state law cover the information contained in the database. All users of the information must comply with state and federal health information privacy laws. Disciplinary, civil or criminal actions will be taken by the Department of Justice and/or the appropriate licensing agency for any misuse or inappropriate access of patient data.

References: Health & Safety Code § 11165.1

Reporting Theft or Loss of Drugs or Forms

The theft or loss of controlled substances from a prescriber's premises must be reported to local law enforcement and to the DEA. Report the theft or loss to the DEA using form 106, available at http://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html. Secured prescription forms that are lost or stolen must be reported to local law enforcement and the state Department of Justice CURES/PDMP no later than three days after the discovery of the loss or theft. Go to this Web site, <http://oag.ca.gov/cures-pdmp#lost>, to report the loss.

Reference: Health & Safety Code § 11165.3

How to Dispose of Control Substances?

Dispose off out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to an entity that is authorized to receive such materials. These entities are referred to as "Reverse Distributors." Contact your local DEA field office

(http://www.deadiversion.usdoj.gov/offices_n_dirs/fielddiv/sanfran.htm) for a list of authorized Reverse Distributors.

Schedule II controlled substances should be transferred via the DEA Form 222, while Schedule III–V compounds may be transferred via invoice. Maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years.

Examples of Controlled Substances

Schedule II	Schedule III	Schedule IV
Morphine	Vicodin	Valium
Oxycontin	Tylenol with Codeine	Xanax
Demerol	Anabolic Steroids	Halcion
Dilaudid, Ritalin	Ketamine	Ambien
Fentanyl	Dronabinol	Talwin
Methadone		Sonata

A complete list of controlled substances and schedules is available on a U.S. DEA web site, <http://www.deadiversion.usdoj.gov/schedules/index.html>.

2013-2018 Strategic Plan

MISSION

The San Fernando Valley Dental Society is a professional organization committed to serving its members in their mission to provide oral health services to the community with excellence, integrity and compassion.

VISION

The San Fernando Valley Dental Society will be a model organization serving all of the needs of the dental community.

VALUES

The San Fernando Valley Dental Society promotes and adheres to the values of excellence, integrity and compassion.

GOALS

1. Strong Membership
2. Advocacy
3. Community Service
4. Effective Communications
5. Viable Organization

STRATEGIES

1. Strong Membership (Membership Committee and Antelope Valley and Foothills Liaisons)

A. Membership Retention

1. Zone Meetings to strengthen bonds with members
2. Member benefit events
 - a. Shred-a-thon
 - b. Holiday Party
 - c. Member Picnic
 - d. Member General Meetings
 1. Explore live demo/hands-on sessions

3. Develop additional local membership benefits
4. Expand committee participants from among SFVDS membership and groom them for leadership.

B. Membership Recruitment

1. Explore telemarketing to build membership
2. Join ADA/CDA in 4th quarter dues waiver program for new members
 - a. Create resolution for the 2013 CDA House from SFVDS to permanently join ADA in 4th quarter dues waiver program.
3. Member events that encourage members to bring non-members along to Zone Meetings, General Meetings and member socials.

2. Advocacy (Legislation Committee and Council on Dental Care)

A. Increase Issue Awareness

1. Develop viable options to increase "Access to Care"

2. Educate SFVDS membership about changes to Dental Benefit Plans and growth of corporate dentistry.

B. Collaborate with other components

C. Increase Legislative Outreach Efforts

D. Local PAC

1. Increase Fundraising
2. Promote value of Val-D-PAC to the membership
3. Community Service (Council on Dental Health & SFVDS Foundation)

A. Give Kids a Smile

B. Encourage Care Harbor participation by the membership

C. Community Events/Patient Education

1. Health Fairs
2. Career Days
3. Develop Oral Health Literacy programs

D. Promote SFVDS Foundation

1. Mount fundraising campaigns
2. Develop program goals
 - a. Develop service delivery system
 - b. Acquire portable equipment and materials
 - c. Recruit volunteers from among the SFVDS membership
 - d. Begin scheduling visits

4. Communications (Media Relations, Membership and Editorial Committees)

A. Website

B. Dental Dimensions

C. Social Media

D. Email Blasts

E. Printed and On Line Materials for the Public/Media

1. Develop broadcast commercial(s)
 2. Identify ADA/CDA print materials to be used
- ### F. Speakers Bureau and Media Training for SFVDS Leadership

5. Viable Organization (Ex Com, Leadership Development and Employee Oversight Committees)

A. Leadership Development

B. Financial Planning

1. Short term solvency
2. Long term solvency

C. Review Governance Documents and Update as Needed

1. By Laws
2. Policy Manual
3. Office Manuals
 - a. Personnel Policy
 - b. Operations Manual
 - c. Disaster manual

D. Ongoing Staff Assessment

E. Strategic plan annual review

Copyright Infringement and Website Images

By: TDIC Risk Management Staff

While surfing the web looking for photos to jazz up your website, you see a photograph of a dazzling smile in an online image library. So you download the photo and post it on your website. You may even credit the source of the photo. Or maybe the photo was "royalty free." You're covered, right?

Unfortunately, it's not that simple. Photos published on the Internet are not public domain. The Copyright Revision Act protects photographs and other works such as videos, graphics, music, text and trademarks, and the Digital Millennium Copyright Act extends protection to the Internet. When it comes to dental practice websites, the most common copyright violation is use of a photograph without obtaining a license, according to Eric Gale, a California attorney specializing in copyright infringement cases. Gale noted a spike in copyright cases about five years ago, and said the number has since remained steady.

The Dentists Insurance Company reports an increase in web-related copyright infringement claims with 16 cases in 2012, up from two claims in 2009. TDIC analysts say dentists, or the individuals who set up dental practice websites, may not be aware of the legal requirement to secure a license for photos and other materials used online. Dentists are responsible for the content on their websites, whether they hire a website designer or create the website themselves.

While the use of copyrighted images may be unintentional, penalties can include retroactive licensing fees for each violation and can result in a website ban. TDIC reports damages between \$1,000 and \$2,000 per image violation. However, damages can range from \$750 to no more than \$30,000 per image. If the copyright infringement is established as "willful," the fine can jump to \$150,000 for each violation. Additionally, new technology makes it easy to identify copyright infringement. For instance, photographs may have invisible identification watermarks embedded in them that can be found by searching the web. In the event of copyright infringement, the owner of the image will typically send a cease-and-desist letter requesting royalties for use of the photo or removal of the photo. Dentists receiving such a letter are advised to contact their insurance carrier immediately.

Gale said cease-and-desist letters must provide documentation of the copyright violation, and are sent to stop the

infringement and avoid inequitable conduct. The letter also serves "to provide a basis for claiming that any continuation of the infringing conduct after receipt of the letter is willful," opening the door for a significant increase in fines. Following are a few key points to help avoid copyright infringement on your dental practice website:

- If hiring a vendor to create your website, choose a knowledgeable individual or firm, require a written agreement and approve all content prior to publishing on the Internet.
- Make sure a license has been obtained for photos and other materials used on the site and require proof of license.
- If setting up a website yourself, take your own photos, hire a photographer or pay a photographer for use of his or her images.
- If taking your own photos using staff or patients, obtain written permission from the subjects prior to using the images. TDIC offers an Image Release form online at dentists.com.
- Online image libraries abound and offer royalty-free photos, but they are not free. Photos can be purchased individually, in a group or by subscription to the photo library. With royalty-free photos, you buy them once and can use and reuse them without paying again. Royalty-free photos have license agreements, so understand the restrictions.
- Be aware of "rights managed" photos that require a fee to use a photograph for a set period of time in a very specific way. For instance, use of a photo for one year on your website only.
- There are public domain photo sites that allow use of photos for photographer credit, but these sites state that some photos require model or property release.
- Secure written permission before using photos of products or trademarked words or symbols on your website.

For more information about copyright infringement or protection provided by TDIC's Professional and Business Liability policy, contact the Risk Management Advice Line at 800.733.0634.



Wastewater Inspections are Back!

By: Andy Ozols, Executive Director

The LA City Bureau of Sanitation has again begun checking for permits and inspecting dental office wastewater treatment protocols. These inspections are not a 'Cite and Fine' situation. Inspectors will review your operations and waste management procedures to determine if a wastewater permit is necessary. This new round of inspections only applies to those who have a practice in the City of Los Angeles.

If you agree to certify that you are following 'best management practices' (BMP), the inspector will assign you an annual inspection and control fee. The initial permit cost will be in the \$375 neighborhood and the annual inspection fee for dentist will be around \$50. If needed, inspectors will help dentists with the permit application process while at their offices. Go the SFVDS website to read and download the Best Management Practices document, which was created in a collaborative effort between the city of LA and CDA about 10 years ago.

The inspectors are concerned with the disposal of mercury (amalgam), photographic solutions, disinfectants, preservatives and medical waste because of the metals, organics and infectious nature of the substances contained within these wastes.

Below, you will find a short Q&A about wastewater management: City of Los Angeles Industrial Wastewater Permit Dental Offices and Clinics

1. Why must I apply for a permit?

In accordance with the City of Los Angeles Municipal Code, Industrial Waste Control Ordinance, Section 64.30.C.1.(a), No person shall discharge industrial wastewater to the Publicly Owned Treatment Works without permission as provided in an Industrial Wastewater Permit. Dental Offices and Clinics generate and discharge industrial wastewater to the City's sewer system, and by City Ordinance, are required to obtain an Industrial Wastewater Permit.

2. Where and when do I get the permit application? (also on the SFVDS website)

The Industrial Wastewater Permit application is made available on the Internet at <http://www.lacity.org/san/iwappl.htm>. It is also accessible through the mail (2-4 days) by contacting the Industrial Waste Management Division (IWMD) at 323-342-6200. The application can also be obtained at any of the Industrial Waste Management Division district offices. Apply now, and IWMD will schedule the initial permit inspection.

3. Will I get advanced notice of the initial site visit by an inspector?

Yes. The inspector will contact you in advance to schedule the initial permit inspection. However, future inspections (once a year or every 5 years) will be unannounced and occur during the normal business hours.

4. What occurs during the initial visit by an inspector?

During the initial visit, the inspector will inspect the facility to identify all wastewater generating processes, methods of wastewater conveyance, and pretreatment processes. The inspector will then explain the permit conditions (BMPs), requirements, and program details (enforcement, fees, and billing).

If the permit application has been completed prior to the inspection, the inspector will verify that the information provided in the application is complete and accurate. If the application had not been previously submitted, the inspector will provide an application during the initial site visit and request the authorized representative to complete and submit the application with the appropriate fee.

5. What are the fees for the application and permit?

Each permitted Dental Office or Clinic must pay an Industrial Wastewater Permit application fee (one time only) of around \$375.00. The fee pays for the City's cost of processing the permit application, performing the initial field visit, and final issuance of the permit. The Dental Office or Clinic is required to pay an Annual Inspection and Control (I/C) fee for the cost of monitoring, inspection, sampling, laboratory services, inventory control, and data management. The annual I/C fee for a Dental Office or Clinic is around \$250.00. The City has provided the Dental Office or Clinic the opportunity to qualify a Sub Class I Annual I/C fee of about \$50 instead of the annual I/C fee of \$244.00 if the Dental Office or Clinic certifies that BMPs are being followed.

6. When must the permit application be returned?

The application is due within ten (10) days of notification by the Industrial Waste Management Division.

7. If I qualify for a reduced Inspection and Control fee, what can occur when a subsequent inspection of my office shows that BMPs were not implemented? Is it the same response whether I failed to comply with one or more of the BMPs?

If the Dental Office or Clinic is not following one or more of its' BMPs, a warning notice is issued identifying the BMPs not being followed. The Dental Office or Clinic has thirty (30) days to correct the deficiency and properly follow the BMPs. A follow up field inspection is performed. If the inspection shows that the BMPs are not being followed, a Notice of Violation (NOV) is issued. As a result of the NOV being issued, the Dental Office or Clinic no longer qualifies for the Sub Class I Annual Inspection and Control fee, and must now pay the assigned I/C of approximately \$250.00 per year. However, after one (1) year, the Dental Office or Clinic may qualify for the Sub Class I Annual I/C fee of around \$50 upon verification that the BMPs are being followed.

8. I have my permit, but I know a colleague who does not have a permit. When will he have to get one?

The Industrial Waste Management Division began the permitting phase of the Dental Office Program on July 01, 2003. Resources had originally been dedicated to permit approximately 1,200 Dental Offices and Clinics in the City of Los Angeles during the first few years. A colleague may be without a permit for no more than two years. If after two years the colleague has not obtained an Industrial Wastewater Permit, please forward any information by contacting the Industrial Waste Management Division at (323) 342-6200.

The dental society has also posted a variety of resources and links on our web site, www.sfvds.org, in the members only section so you will need your username and password to access it. (If you have forgotten your password, call the central office and we can reset it for you.)

Antelope Valley Report

By: Char Brash

THUNDER ON THE LOT

The 19th Annual Thunder on the Lot Event will be held at the AV Fairgrounds on Saturday, June 8th and Sunday, June 9th. There will be a huge motorcycle show, classic car show, carnival and kids attractions, and 2 stages of live music. This event is put on by the Kids Charities of the Antelope Valley, and each year this event focuses on helping thousands of children.

Volunteers for the Hi Desert Children's Dental Clinic will be participating for the 8th consecutive year. This is a grass roots event that is fully organized and operated without paid staff – just hundreds of volunteers who want to help children. We invite everyone to come to this exciting event!

5TH ANNUAL ROP DENTAL FAIR

This year's ROP Dental Fair will be held on Saturday, June 15, 2013. There will be a variety of educational speakers and all attendees will receive 5 C.E. Credits. This is a wonderful opportunity for current dental professionals to give back and assist our future dental professionals. Lunch is included with the registration fee, and all proceeds go directly to the ROP Dental Program.

Date: Saturday, June 15th

Time: 8:30 a.m. to 3:00 p.m.

Pre-Registration: \$40

On-Site Registration: \$50

For more information on this event contact:

Kathy McKay @ (661) 945-7868



GLENDALE/BURBANK/FOOTHILLS REPORT

By: Chi Leung, DDS



In January I was appointed to the Board of Directors for the San Fernando Valley Dental Society. I am the liaison for the Glendale/Burbank/Foothill area where my office is located. I am proud and honored to be part of this team consisting of very fine and dedicated colleagues who make our dental society strong and influential.

Recently, I organized and hosted a "Meet and Greet" event at my home for one of our colleagues, Dr. Armina Gharpetian, a candidate for the Glendale School Board. Dr. Gharpetian is an enthusiastic and knowledgeable candidate who wants to make a difference for our community and the children of the Glendale School District. One of the questions posed to her was "if your campaign is successful, will you continue to strive for higher elected office"? She responded with a smile and said, "Let the future be my guide".

There are quite a few upcoming events for the Glendale/Foothills area. A few of our upcoming society events scheduled for our membership include continuing education seminars/courses, CPR, local zone meetings and patient document shredding events. The new 2014-15 employment law posters are now available and members in the Glendale/Burbank/Foothills area may stop by my office to pick them up.

The San Fernando Valley Dental Society supports our membership. As members, we gather in support of organized dentistry to make our profession and organization stronger and to benefit our membership. Please encourage our colleagues to become active and participate in our component society events and committees. Encourage non-member colleagues to join the San Fernando Valley Dental Society. Please feel free to address any suggestions, questions or concerns to the San Fernando Valley Dental Society or directly to me as your liaison to the board.

Welcome New Members

Nova Aghabashian, DDS
UCSF, 2012
General

Pedro Alejandro Romero, DDS
747 Foothill Blvd. Ste 1
La Canada Flintridge, CA 91011
General
661.790.1160
Escuela Colombiana De Medicina,
Colombia, 1993

Rosemary Navarro, DDS
12737 Glenoaks Blvd, #6
Sylmar, CA 91342
General
818. 833.7216

Tin Luong, DDS
Periodontics
USC, 2009

Raffi Chalian, DDS
16133 Ventura Blvd. #1070
Encino, CA 91436
General
818.990.9660
USC, 1990

Emelito R. Reyes, DDS
6911 Topanga Canyon Blvd. Ste. 120
Canoga Park, CA 91303
General
818.340.2782
Centro Escolar University, Philippines,
1984

Dami C. Cho, DDS
13251 Victory Blvd.
Van Nuys, CA 91401-2025
General
UCSF, 2011

Linda Y. Makuta, DDS
20224 Kinzie St.
Chatsworth, CA 91311
General
UCSF, 1998

Michael Haddad, DDS
General
USC, 2005

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Lan Su, DMD, PhD, Diplomate, American Board of Oral & Maxillofacial Pathology
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