

SPRING / SUMMER 2020

DENTAL DIMENSIONS

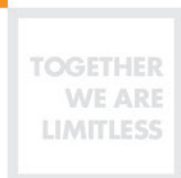
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Opening California Dental
Facilities After Closure -

✓ **CHECKLIST**

A PUBLICATION OF THE SAN FERNANDO VALLEY DENTAL SOCIETY

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*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: exec.sfvds@sbcglobal.net or contact the dental society office at 818-576-0116.





EDITOR'S NOTE

MOJGAN SHOKRI, DDS

“Life always presents us with challenges. Just when we think we cannot handle anything else, the universe adds another hurdle and we realize our true strength and capability by coming out of the other side stronger.”

Was 2019 really that bad? As the ball dropped on New Year's Eve and we said farewell to 2019, people around me expressed their sheer happiness for the disappointing year to be over. They placed all their hopes in the upcoming leap year.

Although the first couple of weeks of 2020 seemed calm and promising, the storm came rolling in with the tragic loss of Kobe Bryant, his daughter, Giana, and seven others in a helicopter crash on a foggy Sunday in Southern California. I, with the rest of America, mourned for several weeks until realizing how I should cherish the short life that I get.

Shortly after moving on from Kobe, the news of a virus outbreak in Wuhan, China, crawled to the top of the charts. The World Health Organization declared an international public health emergency, and eventually, pronounced it as a pandemic. The novel coronavirus was formally named COVID-19, changing our world as we knew it. Overnight, COVID-19 altered our every day routines as social distancing and wearing masks and gloves became our new lifestyle.

Life always presents us with challenges. Just when we think we cannot handle anything else, the universe adds another hurdle and we realize our true strength and capability by coming out of the other side stronger. We will get through these challenging times as a person and a clinician, with stronger bonds and greater appreciation for our families and colleagues.

The ADA, CDA, and above all, our local chapter San Fernando Valley Dental Society (SFVDS), have served as my backbone during these times of uncertainty, helping me maintain my sanity and composure. I am grateful to have a group who helped guide, support, and advise me through my professional and financial needs and fears. I hope we can encourage more of our colleagues to join our membership, and create an even stronger advocacy for dentists and dentistry.

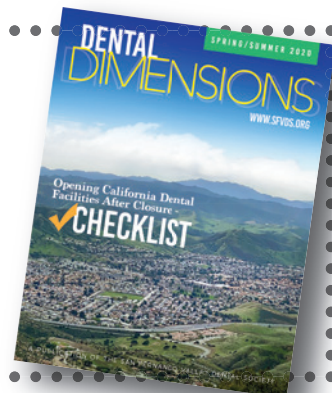
Please enjoy this informative issue of our magazine, we wish all of you well! •

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COVER PHOTO

This photo, taken by fellow SFVDS Member, Dr. Shukan Kanuga, and author of the Happy Hour Article (pg. 16), features an outstanding view of Simi Valley from the top of the Rocky Peak Hiking Trail this Spring during the quarantine.



California Governor, Gavin Newsom announced in May the reopening of small businesses allowing us dentists to open our practices for our patients.

When I was looking at the re-opening of our offices some of the top issues caught my attention immediately.

First of all, is the safety of our office staff. As essential health care providers, we need to have proper PPE. Our profession produces a lot of aerosols which include but are not limited to our handpieces, air/water syringes and the Cavitron for our hygiene procedures. These aerosols would linger in the air, and COVID-19 could suspend into the air for as long as four hours.

When patients come in our office for their next routine dental visit, they should notice some differences in our office as we and our staff take additional safety precautions to help limit COVID-19 transmission. We now have to take longer time for each patient's procedure, and the office environment has to change, too.

We will find ourselves with increased costs for the PPE, and treating patients who are unemployed and no longer have dental coverage. Patients will now be afraid to come in for their routine dental appointment, which increases the number of cancellations in our

schedule. These economic challenges will add more to the financial burden on our shoulders. Our members who got the Paycheck Protection Program found themselves under too stringent requirements to comply with the loan forgiveness stipulations.

I passionately believe that we have to exercise our professional judgment when seeing patients and carefully consider the availability of appropriate PPE to minimize the risk of Covid 19 transmission. The ADA has issued the guideline and toolkit as guidance for us to return to work, but we are still in need of the PPE supply. As frontliners, without proper protective equipment and supplies, we cannot perform our duty as dentists.

Please join us, together, we have the power of organized dentistry. Let us write letters to the leaders of legislature, talk to our patients who might have a variety of social status connections and ask for any help we might be able to get. This is the time for us to come together, work together, and to get back to what we do best, which is to take care for our patient's dental health. It is the only way we can win! •



FROM THE PRESIDENT

CHI LEUNG, DDS



FROM THE EXECUTIVE DIRECTOR

CURT THORNTON, MBA

Hello to all our members of The San Fernando Valley Dental Society! It is truly an honor to be your new Executive Director. First and foremost, I would like to thank our esteemed Board of Directors for selecting me as the new Executive Director of the SFVDS as we went through an extensive search process together ultimately culminating with the beginning of a great partnership!

I joined the SFVDS in Mid-March, during incredibly challenging, turbulent, and demanding times – two days before the “shelter-in-place” order was given. So, I literally had 2 days in the office together with the rest of the team before we had to figure out how to work remotely beginning on day 3. And, we did; It was truly a team effort! I am sure you can imagine the challenges of starting a new job, with a new company, with a new team, while being thrust into an immediate ‘telecommute’ situation. And then, overlay the daily navigation of the Covid-19 crisis while simultaneously establishing new relationships via cell phone, text messages, emails, and our newfound friend, Zoom. But, it's all worth it as we focus on getting through each day so we

create an even greater future together! A quick thank you to the office staff at the SFVDS, Bella and Wendy! And, to our interim ED, Dr. Anette Masters, thank you for your continuous support during this transition period!

Just a little bit about me. I have more than 30 years of experience in business, technology, and general management – both domestically and internationally spanning many diverse markets in private and public companies. As a founder and CEO, I have successfully launched four start-ups, taking two through a public offering. My background includes an MBA from Pepperdine University and a Bachelor's degree in Engineering from Western Illinois University.

I'm very excited about the opportunity to lead the SFVDS and advance our efforts not only during this time of crisis but also far into the future. We've got some exciting ideas and visions for the future of the SFVDS and we'll be sharing them with you as our journey together continues!

On behalf of the SFVDS BOD and Staff thank you for your patience during this crisis and our transition. We're here for you, as we appreciate each and every one of our members! •

TRUSTEE REPORT

Are we Essential?



KARIN IRANI, DDS

The year 2020 has proven to be a challenging one so far. Let's hope that by the time you are reading this report, we are back in our offices, and providing much needed care to our patients in a safe environment. As many of you may know, one of our staff was personally affected by the COVID-19. Our hearts and prayers go to our precious Wendy Zaslove, who lost her father to COVID-19 infection.

At the time of writing this report more than a million Americans have been infected by The Corona virus and more than sixty five thousands have lost their lives to this

mysterious "flu like" disease (about 50,000 confirmed positive cases in California). As dentists, we are used to healing people, be in the front line and participate in the action. But, along many other "healthcare providers" such as Plastic surgeons, and primary care physicians, we were asked by our government to stand back and allow first responders, hospitals and ER practitioners to take over the care of COVID 19 patients. We were asked to be patient, and give up our supplies so lives could be saved. In the meantime, many were wondering why not me. I am a dentist and should be given the same respect as other healthcare providers. Yes, not only are we healthcare providers, but we also run small businesses. To answer that question, from the beginning, dentistry was recognized as "essential" but also on top of the list as "high risk" for contamination.

Here is what has happened for the last couple of months (that to many of us seems like years!). Since the news of the pandemic started, CDA and ADA have been working zealously on behalf of dentists nationwide. Working directly with FEMA, trying to secure much coveted N95 masks and other PPE supplies. Working with legislators, to secure funding for disaster loans and SBA loans for dentists.

In California, CDA has been working closely with Governor Newsom as the pandemic recommendations evolved. CDA has also been working with Dr. Kumar, our California dental director, to ensure a safe return to practice for dentists, their staff and patients. Both ADA and CDA continued providing us updates and safe back to practice check lists to ease the return to a safe environment. As many of you are aware, without their efforts and the strength of the numbers behind them, dentistry would not be as successful as it is now. TDIC provided premium refunds for policy holders during COVID-19 pandemic (you should have already gotten or will get a letter from TDIC). CDA and ADA provided dentists with resources on how to apply for SBA loans, information on all the financial aid available, webinars, Free CEs and live response to questions. Furthermore, CDA and ADA have been working diligently with the Department of public health and the legislators to assure a safe, and reasonable guidelines for dentists. It must be understood that the mandatory PPE that was appropriate prior to the COVID-19 crisis, might not be sufficient as we move forward.

It is evident that this pandemic has affected all of us on so many levels and we all want our life back to normal. Our responsible response to evidence based research and results of the "stay at home" orders will determine what normal would be in the coming months and maybe years. Your organization

has been front and center protecting your rights, providing much needed mental and Professional support to members. As the situation is evolving and the information is changing on a daily basis, make sure to check your emails or look for CDA and ADA resources on ADA.org, CDA.org and their social medial platforms.

“Yes, you are essential.”

To recap, yes, you are essential. You are an essential healthcare provider but highly at risk. That is why, you were asked by our governor to limit your practices to emergency care in order to keep your patients from visiting the ER and potentially getting infected.

But, you are also essential to your family, to your children and to your community. By acting responsibly in this time of crisis, and staying patient, Dental professionals were "essential" in flattening the curve.

Know that your dental society and colleagues are here to help. Stay safe and healthy. •

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LEGISLATIVE COMMITTEE REPORT

“By the time our San Fernando Valley Dental Society members are reading this article, the elections for Presidential Primaries, LA City Councils Districts number 2,4,6,8,10,and 12, Proposition 13, along with other electoral positions to State and Federal representatives, will be history. We are heading to the General Election in November of this year, and as health professionals we have to place our profession in the forefront of all the issues that directly affect the way we serve our communities by being vigilant and proactive.”

Dear Colleagues, this was the way I intended to write the last Legislative Committee report back at the beginning of the month of March 2020.

Until that day and unknown to us, in the following days, we were going to be facing one of the most extraordinary challenges we have ever dealt with in our personal and professional lives.

The Pandemic of COVID-19 arrived to change everything we used to do, not only at a personal level but also the way our profession serves our communities. In the whole country, Dental teams were asked to put a hold on dental services. We were asked to do it to help our healthcare first responders who are sharing our Personal Protective Equipment (PPE) to contain and treat all the people infected by this virus. This has been a great sacrifice to our profession and communities we serve, since dentistry is part of essential services but is considered high risk.

At this time, our local (SFVDS), state (CDA) and national (ADA) organizations have been working with political leaders, to help our profession preserve our dental team jobs (RDAs, RDHs and clerical staff) thru different legislations and stimulus programs that have been passed at local, state and federal levels. These programs include Economic Injury Disaster Loan, Paycheck Protection Program, loan forgiveness depending on business expenditures and small

business loans through lenders at low interest rates. There is also the State and Federal unemployment coverage extended to us with an extra amount covered by the Federal government until dental offices are able to open for regular business.

I will pass at this time in reporting on what state bills are supported or opposed by CDA, instead I am suggesting to all of you,

✓ **To check all digital communications from the San Fernando Valley Dental Society, CDA and ADA, regarding the new OSHA, CDC and California Department of Health protocols for dental offices.**

✓ **If you have any questions regarding stimulus programs for businesses, please contact our component central office, CDA or ADA, for assistance and guidance to make sure your voice is heard.**

✓ **Check with your dental supply companies on the availability of PPEs**

✓ **Prepare your dental team for the new safety protocols.**

Paraphrasing the beginning of this report “We have to place our profession in the forefront of all the issues that directly affect the way we serve our communities by being vigilant and proactive”

I will close this report wishing a safe and speedy return to serve our communities with what we do best, which is providing the BEST DENTISTRY IN THE WORLD.

Lastly, as I take over the new position as Trustee of the SFVDS and your previous Legislative Chair, I would like to welcome Dr. Gib Snow, Legislative Committee Chair 2020, who will take the lead in making sure that oral health legislative issues will have a voice in legislature. •



JORGE A. ALVAREZ, DDS

LEGISLATIVE COMMITTEE CHAIR 2019

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5 TIMELY SOCIAL MEDIA UPDATES FOR YOUR PRACTICE

BY RITA ZAMORA

Social media is changing all the time. Although not every change is relevant for dental practices, there are some major updates that can have an impact on your practice – for better or worse. Ensure your practice is staying at the forefront of social media by making these updates.

FACEBOOK GROUPS

Facebook groups now have the option to allow Facebook Business Pages to join their groups. This is an excellent opportunity for dental practices to network and build relationships with people and businesses in their neighborhoods.

It's not uncommon for someone in a neighborhood group to post a question asking neighbors to weigh in. For example, "Which local dentist do you recommend?" Depending on the city or neighborhood group size, questions can get dozens or hundreds of responses.

Imagine if your practice were active in your neighborhood group on Facebook. You could comment on the post directly from your practice's Facebook page and invite the prospective patient to visit your practice and meet you and your team members. Your practice page could also like and thank all of the patients who were complimenting

and recommending you. You might even take your efforts offline and send those patients who mentioned you a small coffee shop gift card or thank-you note for the kind recommendation in the group. (Remember, make sure gifts are nominal in value and comply with federal guidelines.)

If you aren't in your neighborhood groups yet, log in to Facebook and start searching for opportunities. Enter your neighborhood's ZIP code or name or ask some of your patients who are active on Facebook if they know of any neighborhood groups.

ENGAGEMENT BAIT

If you are not aware of Facebook's engagement bait rules, you'll want to become familiar with them. Many businesses are not up to date with these guidelines and can get their account's visibility reduced or even get locked out of their accounts. Unfortunately, "Facebook jail" is not a rumor. Even large organizations like Wired Magazine have been punished by having their visibility greatly reduced, as shared by a Wired Magazine social media community manager during a recent presentation at the Denver Digital Summit.

Facebook defines engagement bait as using tactics that encourage people to interact with your content to unnaturally boost visibility.

This is the reason you should not post statements like these:

Tag three friends!
Like our page to be entered to win!
Share this for additional entries!

Be sure you or your social media manager are aware of the risks and how you can avoid a Facebook hand slap or worse.

IMAGE MAKEOVERS

With all the filters and tools available, there is no reason to get stuck using unattractive images – including blurry, grainy, generic or outdated images or graphics – to represent your practice. If you are creating your own graphics, you can check out tools like Canva or Pic-Monkey to add polish to your photos. If you are using any stock photos (and I hope you are instead using real-life pics whenever possible), be sure to use high-quality, copyright-free images. A great free option for copyright-free and free of cost images is Pixabay.

Another method of attractiveness you can leverage is positivity. There is enough negativity on social media, so why not set your practice apart by spreading smiles and good vibes. The future is bright, and the numbers support it – we see higher levels of engagement, shares, likes and comments with positive, uplifting messaging.

I hope your practice is on Instagram. If not, you should set up an account ASAP. Instagram has been the fastest-growing social media network in the past year. According to Pew Research Center, 35% of adults who are online used Instagram in 2018. That statistic is sure to rise when updated statistics are released, considering the skyrocketing increase in Instagram's popularity.

Instagram users will often check out their local hashtags, and that gives you a perfect opportunity to be discovered. If someone is looking at which posts show up for #Denver, your Denver practice will be included in any #Denver results if you include the hashtag in your post. Don't forget to do your homework and add any other relevant local hashtags. In the case of Denver, for example, you might also use:

You can also include a geotag for your practice. Tagging your practice essentially creates a link on a map to your exact practice location. Research by SproutSocial.com showed that posts tagged with a location see 79% higher

With all the new social media options, users can become overwhelmed. Save time and make your social media marketing more effective by implementing systems and processes, such as planning next month's content on a calendar. Some practices may do this on Facebook or using a scheduling tool like Hootsuite. Planning a monthly strategy is a proven method that will save you time and get you better results.

When planning your monthly content, we recommend an 80/20 content mix – 80% social-related content and 20% dental-related content. Be sure to focus your dental-related content on the type of dentistry you want to grow in your practice. If you want to attract dental implant, sleep dentistry or clear aligner patients, for instance, you should post about these topics. Planning a strategy in advance will help you achieve your social media goals.

Ms. Zamora and her team provide customized social media marketing services for general dentists and specialists. Since 2008, they've worked with hundreds of dental professionals worldwide to train them in authentic and valuable online interactions. Learn more about her services and her book, Get Found, Get Liked, Get Patients: Making the Most of Social Media, at RitaZamora.com. •

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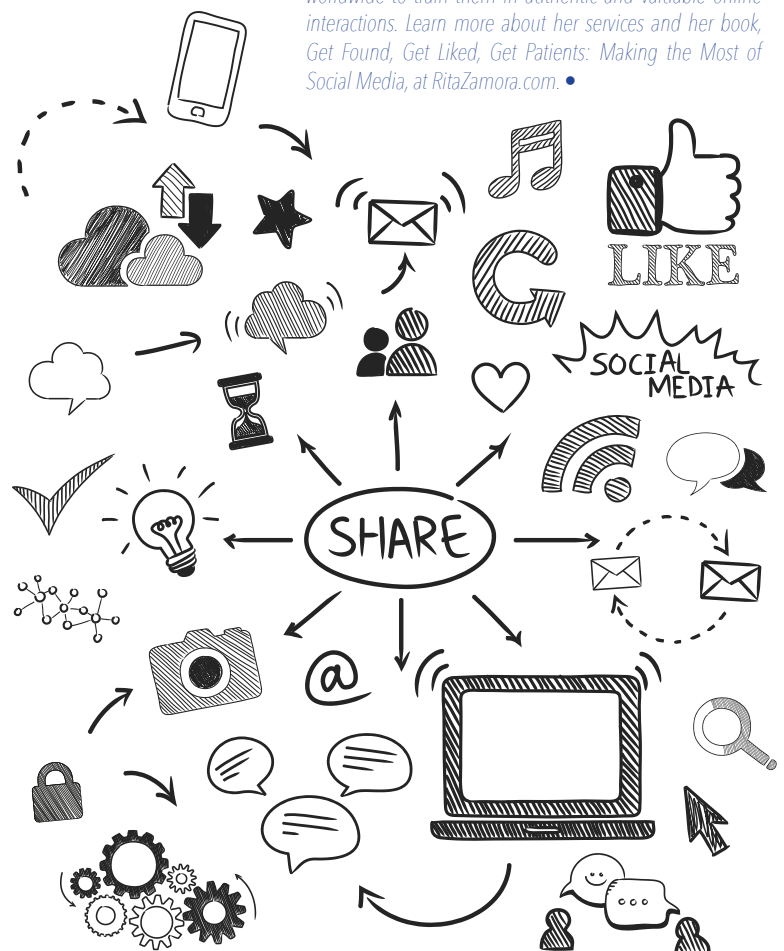
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*This program is available to medical doctors with a minimum M.D., D.O., D.D.S., D.V.M. or D.M.D. degree who have an employment contract or verification of terms of employment acceptance. This includes medical doctors, dentists, podiatrists, ophthalmologists and veterinarians. Programs included on this flyer are subject to approval based on individual program guidelines and borrower's credit and underwriting approval. Contact your Draper and Kramer Mortgage Corp. professional for full program details.



NEW PRESCRIPTION FORMS AVAILABLE, NOT REQUIRED UNTIL JANUARY 2021

Dentists are reporting to CDA that pharmacies are telling them to get new prescription forms. The new forms are now available; however, as CDA has previously reported, California law does not require that they be used until Jan. 1, 2021.

The state Department of Justice published a 2019 bulletin on the transition period for using the new prescription forms containing specific serial numbers and barcodes as required by Assembly Bill 149. The new forms should be ordered from an approved printer listed on the DOJ website at www.oag.ca.gov/security-printers/approved-list.

Mandatory e-prescribing for all prescriptions, with limited exceptions, is expected to start Jan. 1, 2022. Information on how to get started with e-prescribing is in the CDA Practice Support resource article "Controlled Substances: Prescribing and Dispensing." Dentists can check with their respective electronic health record company on availability and costs of e-prescribing software and with the following stand-alone e-prescribing software companies:

- **DrFirst:** www.drfirst.com/audience/physicians-dentists
- **NewCrop:** www.newcroprx.com/epcs
- **RXNT:** www.rxnt.com/solutions.electronic-prescribing
- **Bravado Health:** www.bravadohealth.com/treat

READ THE DOJ'S MAY 2019 BULLETIN "AB 149 – New Requirements for Prescription Forms" at <https://oag.ca.gov/security-printers>. •

CLASSIFYING WORKERS AS INDEPENDENT CONTRACTORS UNDER LAW

NEW WEBSITE PROVIDES EMPLOYER FAQ

Employers in California can now visit a single website to help them understand their requirements under a new law that further restricts their ability to classify their workers as independent contractors. Assembly Bill 5 (Gonzales, D-San Diego) took effect Jan. 1 and, as CDA previously reported, the bill requires that employers apply the more stringent "ABC test" when determining if their workers are employees or independent contractors – with some exceptions. Launched late last year by the California Labor & Workforce Development Agency, the website provides employer-specific resources and FAQ summarizing AB 5 and the ABC test and how and when the test is applied, how the "more predictable" ABC test compares with the multifactor Borello test, penalties for misclassifying workers as independent contractors and more. The website also provides resources to help workers understand how the law may impact them.

GET ANSWERS TO QUESTIONS about AB 5 and the required ABC test at www.labor.ca.gov/employmentstatus. •

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DENTISTS RANK NO. 2 IN U.S. NEWS & WORLD REPORT'S BEST JOBS REPORT

BY DAVID BURGER

Washington – Dentists leaped up to No. 2 in U.S. News & World Report's annual rankings of the 100 Best Jobs, the magazine revealed on its website Jan. 7.

For the third year in a row, software developer topped the list as the Best Job overall.

Dentist – which topped the list in 2017 – moved up from the No. 4 position last year. Physician assistant came in at No. 3, followed by orthodontist at No. 4. Oral and maxillofacial surgeons rank No. 9, with health care occupations tallying 46 of the 100 Best Job spots, according to the magazine.

"Occupations in health care continue to show promise due to a combination of high salaries and low unemployment rates," a magazine news release said.

"The world has evolved significantly over the last 10 years with how we use and depend on technology," said Whitney Blair Wyckoff, senior editor, advice products at U.S. News & World Report, in the release. "So for students who love math and science, we have good news. Our 2020 U.S. News Best Jobs rankings is packed with health care, business and technology occupations. Though you may need a lot of schooling before

"Occupations in health care continue to show promise due to a combination of high salaries and low unemployment rates."

you get your first job, many of these roles come with high salaries."

U.S. News & World Report gathered data on nearly 200 jobs from the federal Bureau of Labor Statistics and conducted some of its own reporting to come up with the Best Jobs of 2020, according to its website. The magazine considered factors such as median salary, anticipated job growth and ability to maintain a good work-life balance.

The magazine cited the Bureau of Labor Statistics for projecting 7.6% employment growth for dentists between 2018 and 2028. In that period, an estimated 10,400 jobs should open up.

The magazine also revealed the Best-Paying Jobs, with oral and maxillofacial surgeons ranking No. 3. Anesthesiologists topped the list.

Dentists made a median salary of \$151,850 in 2018, the report said. The best-paid 25% of dentists made \$208,000 that year, while the lowest-paid 25% made \$107,440. •



UPDATED EMPLOYMENT NOTICES REQUIRED IN THE DENTAL OFFICE

EMPLOYER ACTION REQUIRED

CDA updates poster sets regularly to ensure members have the most current postings. The new 2019-2020 set is now available, reflecting updated regulations and compliance requirements.

UPDATES TO THE 2019-2020 POSTER SET

- **Paid Family Leave brochure** – revised January 2020
- **"California Law Prohibits Workplace Discrimination and Harassment"** notice (DFEH-E07P-ENG) – revised November 2019 *effective 1/1/2020
- **"Your Rights and Obligations as a Pregnant Employee"** notice (DFEH-E09P-ENG) – revised December 2019
- **"Family Care and Medical Leave and Pregnancy Disability Leave"** notice (DFEH-100-21ENG). Employers with 50 or more employees – revised December 2019
- **"Sexual Harassment"** (DFEH-185P-ENG) – new December 2019
- **"Transgender Rights in the Workplace"** (DFEH-E04P-ENG) – new December 2019

- **"Safety and Health Protection on the Job"** – new notice released August 2019

- **"Notice to Employees: Standards for Protection Against Radiation"** – revised April 2017

- **California Minimum Wage notice** contains a misprint, and an immediate update is needed to stay in compliance with California regulations. Download the correct California Minimum Wage notice, print it and affix it to page 4.

As agencies update posting requirements from time to time, refer to a complete list of Required Postings in a Dental Office and look out for printable poster updates, if available.

REQUIRED POSTER SET FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) NOTICE

On or before April 1, 2020, employers must post or provide the new Families First Coronavirus Response Act (FFCRA) notice to employees. Each

covered employer must post a notice of the Families First Coronavirus Response Act (FFCRA) requirements notice in a conspicuous place on its premises. An employer may satisfy this requirement by emailing or direct mailing this notice to employees, or posting this notice on an employee information internal or external website.

https://www.dol.gov/sites/dolgov/files/WHd/posters/FFCRA_Poster_WH1422_Non-Federal.pdf

Every CDA member who has confirmed their status as a practice owner is entitled to one free CDA Poster Set. Should members need additional 2019-2020 poster sets, they may purchase them from the CDA store or by calling CDA at 800.232.7645. CDA will develop and release the 2021-22 poster set in spring 2021. •



FROM THE INTERIM EXECUTIVE DIRECTOR

ANETTE MASTERS, D.D.S.
MEMBERSHIP CHAIR

“I have been very lucky to be able to see the best of both worlds.”

BEHIND THE SFVDS TRANSITION

November 2019 was a bit trying for the San Fernando Valley Dental Society when our Executive Director, Andy Ozols put in his resignation. The SFVDS has progressively moved forward under Andy's leadership. Our Membership has grown, we purchased our own building, we were able to start the SFVDS Foundation, we provided more informational general meetings, hands on workshops as well as free CE zone meetings and many more.

In December, I was then asked by the SFVDS BOD to help run the SFVDS as an Interim Executive Director as we seek for a replacement. Having worked closely with Andy, Wendy & Bella, I took on the responsibility to help keep the dental society afloat and continue the projects planned for the Membership in 2020. Soon after taking over, I discovered the amount of hard work that Andy had put in as the Executive Director. Little did I know that a simple task will require a lot of hours to accomplish. Multitasking was something a DDS can relate to, but doing several tasks and directives took the ED position at a different level.

Then came the Covid 19 Pandemic where the new norm came into play. All CE meetings in March were cancelled and nonessential work were shut down. And just like everyone, SFVDS team had to work remotely from home. During these unprecedented times, the SFVDS Board of Directors were able to hire a new Executive Director, Curt Thornton to get started. But unfortunately, the “safer at home” was put in place on his second day of job, requiring him to learn the ropes of running SFVDS remotely. Despite the struggles of working at a distance the SFVDS team was able to make it work.

Very quickly, we have adapted to the new ways of communicating. The new norm is to have teleconferences, Zoom video meetings as well as using Basecamp, TeamViewer, Any Desk and Microsoft Team. Texting and quick phone calls to each other became more prevalent than before.

Because of the “no crowd gathering” issue that was put upon us, we also have to come up with quick solutions to engage with our Members. We then decided to convert the cancelled General and Zone Meetings into Free Webinars to still provide service and value to our Membership. We were able to continue to give lectures to satisfy the required CE units for renewing our Membership's dental license.

To keep the Membership informed and up to date with the changes during the Covid 19 pandemic, the SFVDS Weekly Update came into fruition. The Update is a resource that helps Dentists keep track of the latest information, changes in regulations, protocols and interim guidelines from ADA, CDA, National, State and Local Agencies. Gathering all the information might be tedious sometimes but getting all the links ready made it easy to provide membership information with just a click away. This transition has given me the opportunity to get to know more about our membership, to hear the concerns they have during the Covid 19 pandemic and to help address some of the issues that we didn't have to deal with during the normal times. My clinical knowledge was put to use and my technology and computer skills were enhanced. Although challenging at times, it made me realize that embracing the new norm, learning new technology and acquiring different computer skills could be a lot of fun. It has given me a different perspective of Dentistry as a whole.

Not only did I learn the inner workings of the dental society, I was also able to bring back the “nerdish” part of myself where I got to enjoy reading journals and articles, researching facts and information, drafting write-ups, doing some editorial editing and keeping up with the latest information on Live Webinars and teleconferences. Although, I am still a work in progress, this has opened a lot of opportunity for me to learn and serve others with the knowledge and experience I have acquired.

As a Dentist, thinking outside the box, this has been such an experience. Being a part of Organized Dentistry was also an eye opener. I never realized the hard work that goes on behind the scene of running the SFVDS, CDA & ADA. I have been very lucky to be able to see the best of both worlds. It has been an honor to serve you as your Interim Executive Director but most importantly I am humbled to be given this opportunity to work with all of you. THANK YOU! •

2020

Membership Events

CDPA & Infection Control Meeting



CDPA & Infection Control Meeting



Current Topics in Oral Surgery Meeting



Stem Cell Zone Meeting with Dr. Xerkez Calilung



SFVDS Members getting their PPE



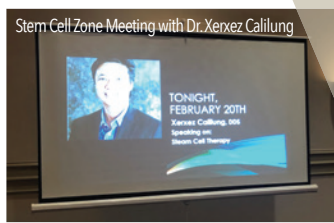
SFVDS Members getting their PPE



Stem Cell Zone Meeting with Dr. Xerkez Calilung



Stem Cell Zone Meeting with Dr. Xerkez Calilung



**PRE-COVID AND POST-COVID
MEMBERSHIP ENGAGEMENT**

PRESCRIPTIVE AND PREDICTABLE BLACK TRIANGLE TREATMENT

MATRIX SYSTEM AND UNIVERSAL COMPOSITE OFFER NON— INVASIVE SOLUTION

JIHYON KIM, DDS

Providing minimally invasive esthetic solutions to patients in order to help increase their comfort and confidence is one of the most critical aspects of a dentist's job. As the emphasis on having an attractive smile continues to grow throughout society, more and more patients are coming forward to request a variety of treatments to improve their smiles.

One request that is becoming increasingly commonplace is for treatment to eliminate the appearance of black triangles. Also known as open gingival embrasures, black triangles are not only unesthetic but are also prone to food and plaque buildup. Unfortunately, adult orthodontic treatment results in black triangles approximately 40% of the time.^{1,2}

Fortunately, however, there is a straightforward and noninvasive solution that is simple to perform and provides esthetic results for patients. The following case demonstrates a step-by-step method to achieve black triangle closure using an additive approach featuring a matrix system and a universal composite.

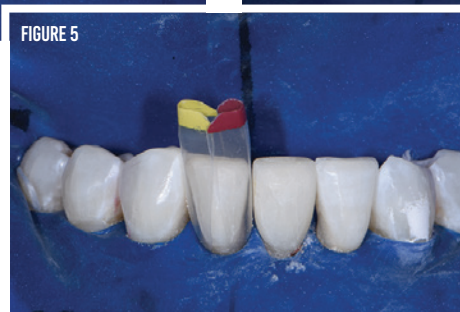
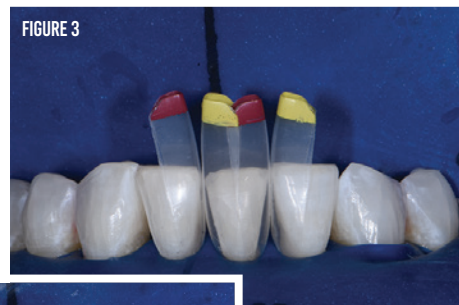
CASE REPORT

A male patient presented to the office with unesthetic black triangles in his upper anterior and lower anterior sextants. He had recently completed orthodontic treatment to address the situation; however, he was disappointed that this initial treatment not only failed to resolve his esthetic concerns but actually made them worse. Because the black triangles remained, the patient subsequently sought out alternative treatment options. He was primarily interested in finding a conservative solution that would successfully and effectively close his black triangles.

Before beginning treatment, the patient's overall situation was assessed in order to identify any potential challenges. In this case, the patient was congenitally missing tooth No. 26, and his black triangles were moderate to large in size (Figure 1). The challenge was to close the spaces while creating anatomic tooth contours and widths and maintaining the proper verticality of the contact lengths.

The first step was to isolate the area using a rubber dam in order to guarantee the best field control and soft-tissue retraction. Following isolation, the teeth were dried, and a disclosing solution was applied once to reveal any biofilm, which was then removed with aluminum trihydroxide in an air polisher (The Blaster, Bioclear) (Figure 2). Completely clean interproximal spaces are crucial for strong adhesion and the effective closure of black triangles; therefore, the use of a rubber cup and pumice would have been inadequate to remove the biofilm that was present in these interproximal spaces.

Next, small incisor matrices were selected from a matrix system (Black Triangle Intro Kit, Bioclear) and placed (Figure 3 and Figure 4). This matrix system was specifically designed for the postorthodontic finishing of cases in which black triangles may have resulted as well as for the closure of black triangles in orthodontically well-aligned cases. A black triangle gauge, which is included with the system, was used prior to isolation to select an appropriate mix of matrices





in order to close the patient's spaces and maintain the vertical contacts without canting. Tooth No. 24 was injection molded first, followed by tooth No. 25, using a universal composite (Filtek™ Universal Restorative [shade A1], 3M) (Figure 5 and Figure 6). Critical to injection molding is the excess volume, which creates a monolithic inner core while driving defects to the outer layer. This outer layer is subsequently removed, and discs are used to finish the inner core into the final desired shape.

At the end of the case, a total of four black triangles were closed between tooth No. 22 and tooth No. 27 (Figure 7). It was important that the treatment resulted in proper anatomic shapes and a polish that was pleasing and felt natural to the tongue (Figure 8). The final result achieved an immediate closure of the spaces as well as an atraumatic tissue condition with adaptation to the new shapes (Figure 9). In the immediate postoperative retracted view, it can be seen that the teeth are still dehydrated, but the color blending that was possible with the universal composite can already be appreciated (Figure 9). The immediate postoperative retracted occlusal view (Figure 10) and pre- and postoperative

radiographs (Figure 11 and Figure 12) further demonstrate the atraumatic and favorable tissue response and adaptation.

In conclusion, the black triangles were closed with a minimally invasive additive technique (ie, no tooth reduction) using the matrix system and universal composite. The anatomic matrices enabled predictable, atraumatic outcomes with subgingival contour changes that would be difficult to achieve with other direct restorative methods. The final result accomplished a beautiful blend of the universal composite with the natural tooth color. As a result of the composite's excellent polishability and shine retention, the restorations exhibited both natural-looking contours and colors. The black triangles were successfully closed, and most importantly, the patient was thrilled with his new smile. •

ABOUT THE AUTHOR

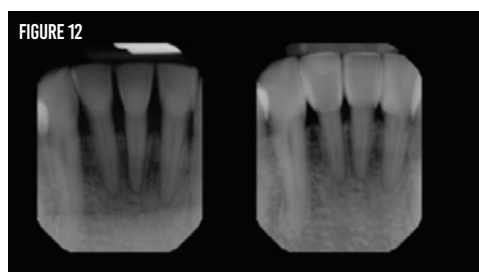
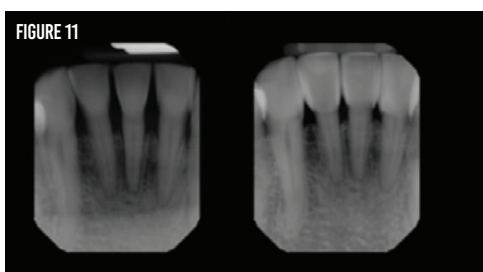
Jihyon Kim, DDS
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Bellevue, Washington

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IMPORTANT CHANGES TO LICENSURE REQUIREMENTS FOR DENTISTS BEGINNING JANUARY 1, 2020

IMPORTANT CHANGES TO THE DENTAL BOARD'S ACCEPTANCE OF THE WREB EXAMINATION:

Assembly Bill (AB) 1519 (Low, Chapter 865, Statutes of 2019) revised licensure eligibility requirements for dentists qualifying through an examination beginning January 1, 2020. Beginning January 1, 2020, Business and Professions Code Section 1630 requires examinations of applicants to practice dentistry in California to assess competencies in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry.

Applications for licensure eligibility through the WREB examination must meet all legal requirements in place at the time the application decision is made, not when the application is filed.

Candidates who take the WREB examination on or after January 1, 2020 will be required to take and pass all competencies listed in Business and Professions Code Section 1630, regardless of whether the candidate submitted an application for licensure eligibility to the Board on or before December 31, 2019.

Applications for candidates who take the WREB examination on or before December 31, 2019 and who have not completed all sections required by Business and Professions Code Section 1630 effective January 1, 2020, must meet all requirements to have the application deemed approved on or before December 31, 2019. Applications received on or before December 31, 2019 deemed deficient and those deficiencies are not cleared and the application approved by 5 p.m. on December 31, 2019, will be required to meet all licensure requirements in effect beginning January 1, 2020.

Additionally, effective January 1, 2020, the WREB examination must be successfully completed within five (5) years prior to the date of application for licensure eligibility.

IMPORTANT CHANGES TO THE BOARD'S LICENSURE BY RESIDENCY PATHWAY:

Assembly Bill (AB) 1519 (Low, Chapter 865, Statutes of 2019) revised licensure eligibility requirements for dentists qualifying through Licensure by Residency beginning January 1, 2020. Specifically, the certification of clinical residency program completion approved by the Board will be required to be within two (2) years prior to the date of the resident's application for licensure under this pathway. Additionally, completion of the program will be required to be within two (2) years prior to the date of application for a license through this pathway.

IMPORTANT CHANGES TO THE BOARD'S APPROVAL OF FOREIGN DENTAL SCHOOLS:

Assembly Bill (AB) 1519 (Low, Chapter 865, Statutes of 2019) revised requirements for the Board's approval of foreign dental schools beginning January 1, 2020.

Beginning January 1, 2020, the Board will not accept new applications for schools seeking approval as a foreign dental school and will instead require the applicant school to successfully complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the Board. An application for foreign dental school approval must be deemed a complete application pursuant to the rules promulgated by the Board prior to January 1, 2020 in order to be accepted.

Current Board-approved foreign dental schools required to submit a renewal application after January 1, 2020, are not required to submit that application and are deemed approved until January 1, 2024, subject to the continued compliance of the school.

By January 1, 2024, in order to remain an approved foreign dental school in California, all schools previously approved by the Board must complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the Board.

Graduates of a foreign dental school whose programs were approved at the time of graduation are eligible for licensure.

Acceptance of the ADEX Examination:

On November 15, 2019, the Dental Board of California (Board) voted to accept the ADEX Examination for the purpose of establishing eligibility for dental licensure in California. Candidates who initiate and successfully pass the ADEX examination on or after November 15, 2019 may use those results to apply for licensure in California. Examination results received prior to November 15, 2019 will not be accepted by the Board; this includes results of any component of the examination that was initiated prior to November 15, 2019.

Please be advised, beginning January 1, 2020, the Board requires an examination of applicants to practice dentistry in California to include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry.

Prior to acceptance of applications for this new pathway to licensure, the Board must update its licensing system and develop application forms. The Board anticipates acceptance of applications beginning in Spring 2020. Please check the Board's web site periodically for updates. •

Happy Hour!

TIME FOR A QUARAN-TINI!

HUMAN INTEREST ARTICLE BY
SHUKAN KANUGA D.D.S., M.S.D

While history indeed has repeated itself in a reasonably short span of a century, imagine how much humanity as a whole has evolved in that time frame. Remote learning in schools and colleges was an occasional "telephone consult" with teachers during the 1918 Spanish flu pandemic quarantine. Eating home-cooked meals was a "measure of wealth" as most people lacked enough iceboxes to store stockpiles of grocery! And hence restaurants were considered "essential services" to allow access to meals for working-class people living in crowded tenements without kitchen access to meals. According to a recent article from slate.com, "The 1918 flu is also the last time large swaths of Americans found themselves quarantined because of a pandemic, and an analysis of contemporaneous newspaper accounts reveals that #Quarantinelife in 1918 was just as mundane and arbitrary – and occasionally surreal – as it is now."

Fast forward a century where school-aged kids have access to an inexhaustible bundle of sources with online learning beyond their schools' assignments and Zoom/Google classroom instructions. Thanks to a plethora of recipes on multiple online platforms and heavy-duty refrigerators, several households across the world are burgeoning with new and rising home chefs creating and sharing a bite or two of their culinary "magnum opuses" all over social media. Families and friends across the world are coming together to "hang out" significantly more than the pre-pandemic era, albeit virtually, thanks to the gift of time and technology. The fitness industry is effectively keeping us from turning into "couch potatoes" binging on Netflix with the wide selection of home work-out routines, group exercise classes and meditation guides online. We definitely could use a few minutes of the laTter to calm our hyperactive brains in this day and age! Thousands of books and reading resources are just a click away. Boredom is truly a thing of the past. While our profession may be limited in capacity of what we can accomplish for our patients with tools like teledentistry, a huge chunk of the global workforce is able to achieve



results and continue to emerge in terms of productivity and measurable outcomes. The world is indeed a global village and we are all connected with each other in ways like never before.

Personally, the social distancing has opened up unprecedented and creative scenarios of meaningful connectivity for me and my family in the past few weeks. My 10th grader in conjunction with a couple of her friends from the neighborhood have been doing art classes on Zoom every day for the past 7 weeks to keep the younger kids engaged and away from their devices. They take turns choosing an art project and sending a Zoom meeting invite every morning for that day's "after school art session". What started with 5-6 kids attending these classes in the first week has grown into 20+ kids who are all sharing a screen and learning a cool new art/craft every single day. This art class acts as an incentive for my 5th grade son and his buddies as they are rewarded with a Roblox/Fortnite online "play date" after. While the kids miss their weekly sports practices and weekend games, the Speech and Debate world has done a phenomenal job moving most of the major tournaments for the rest of the year to an online platform. My 10 year old finds himself busy preparing his speeches and researching his Congress bills every day after "school" to compete in the tournaments on the weekend. While there were glitches initially and it took a few practices to get the system running smoothly with hundreds of competitors in multiple categories and several judges, tournament directors and behind the scenes staff running the whole tournament with multiple rounds and "rooms" virtually and

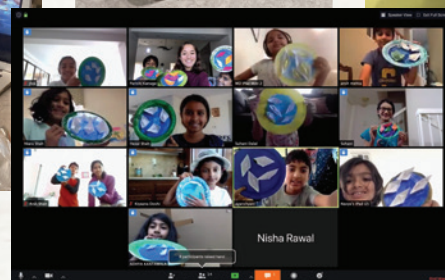
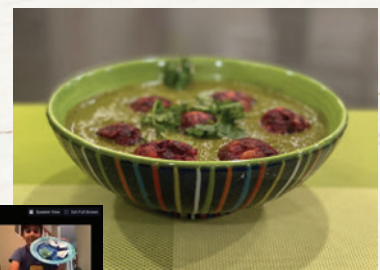
seamlessly! Quarantine made my son realize that chess classes for him and his three other chess-mates on Zoom are just as effective as the in-person classes with the same passionate instructor and students who want to learn and improve their game strategy. He is amazed at how he is beginning to not only master some seemingly difficult cooking challenges but share them and break it down with his peers over a Zoom pizza-making cooking class he conducted. My daughter has succeeded in finding "online internships" and conducts and leads meetings for the Joe Biden campaign on a routine basis. I have been able to channelize my passion for fitness and exercise into weekly Zoom work out classes with a dozen girl-friends who need the little nudge, motivation, and structure to maintain their exercise routine. Besides catching up on a bunch of free webinar based CE courses, I find myself taking tons of pictures of my food in an attempt to rekindle my passion for creating and sharing recipes on my food blog. While I am nowhere near the "food-styling" pictures my Instagram feeds are filled with, it is work in progress and I am learning by example! While running outdoors, my husband and I have both noticed a surge in families walking together, biking together, and on the hiking trails until they were open. While my husband is occupied with his work meetings and emails all day, the kids are on auto-pilot with their work, activities and learning some new life skills, I am simply enjoying soaking in the deceleration from this "PAUSE" button that the nature has pushed for us. With pollution levels around the world at an

all-time low, the pandemic has done what climate change activists and governments around the world have failed to accomplish over the last few decades especially in cities like New Delhi and Shanghai which had alarmingly dangerous levels of air pollution. The water in the Venice canals looks way cleaner than ever before and the city of Mumbai has been seized by beautiful pink flamingo families. It has made many of us wonder "what was all that rat race about after all?" It has helped us put things into a new perspective and realize what matters the most is good health, peace, and family - all the things we took for granted and had little time to be grateful for. In no way can the devastating effects of the COVID-19 pandemic, the pain, suffering, loss, and disruption of day to day life be minimized. However, the silver lining also does stand out very strikingly. Every one of us will have a unique and interesting version of their pandemic experience and stories they will remember and share with their future generations. Hopefully it will allow us to fill in the gaps in the evolution in humanity and help us see the world in a new light - a light that filters out negative emotions and reflects compassion, equality, and gratitude. •



SHUKAN KANUGA D.D.S, M.S.D
BOARD CERTIFIED PEDIATRIC DENTIST

**FOR RECIPES AND TRAVEL READ HER BLOG AT: TANTALIZING-TASTEBUDS.BLOGSPOT.COM
AND FOLLOW HER ON INSTAGRAM AT: [INSTAGRAM.COM/SHUKANKANUGA](https://www.instagram.com/shukankanuga)**



FDA APPROVES COMBINATION IBUPROFEN-ACETAMINOPHEN DRUG FOR U.S.

ADA HAS LONG—ADVOCATED FOR OVER—THE—COUNTER COMBINATION DRUG

BY JENNIFER GARVIN

The Food and Drug Administration has approved the first over-the-counter ibuprofen and acetaminophen combination drug for the U.S.

The product – called Advil Dual Action – will be available nationwide later in 2020 and contains 250 mg of ibuprofen and 500 mg of acetaminophen, said GlaxoSmithKline, the drug's manufacturer, in a news release.

The ADA has long advocated for the development of a single strength-controlled acetaminophen-ibuprofen combination drug to be available over-the-counter for dental patients – particularly as the nation continues to battle the opioid epidemic.

Dr. Mia Geisinger, chair, ADA Council on Scientific Affairs, cheered the news and pointed to the ADA Science Institute's 2018 overview of systematic reviews of acute pain medications that concluded combinations of ibuprofen and acetaminophen "offered the most favorable balance between benefits and harms" for treating dental pain.

"Many other studies point to using nonsteroidal medications with or without acetaminophen as being safe, effective and a preferred alternative to opioid medications in most patients," said Dr. Geisinger, who also cited studies led by past and present CSA members published in the Journal of the American Dental Association. "The introduction of this medication may

simplify this medication protocol for use in dental practice and further reduce the use of opioid prescriptions as first-line pain control therapy."

The approval was based on data from several clinical studies, including three efficacy and safety trials, for the product, according to GlaxoSmithKline. The company also noted the data demonstrated "a fixed-dose combination of ibuprofen and acetaminophen achieves a superior level of pain relief compared to the individual components alone."

"For decades, many consumers have been using ibuprofen and acetaminophen to get the benefits of both active ingredients when safely treating their headaches, muscle aches, backaches, arthritis and other joint pain," said Franck Riot, head of research and development, GlaxoSmithKline, Consumer Healthcare. "[Advil Dual Action] will offer U.S. consumers the first-ever alternative option – a single, fixed-dose combination pain reliever."

For information about the ADA's advocacy efforts with opioids education, visit ADA.org/opioids. Additional online resources can be found on the ADA Center for Professional Success. The ADA Catalog also features "The ADA Practical Guide to Substance Use Disorders and Safe Prescribing." •

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OPENING CALIFORNIA DENTAL FACILITIES AFTER CLOSURE - CHECKLIST

The following checklist is designed to help you navigate the challenges of opening your practice after emergency closures. The tasks below are adapted from Hu-Friedy's Opening & Closing Dental Facilities Checklist. In addition to these steps, dental practices should follow individual state agency guidance when reopening. Check the tasks applicable to your practice's administrative and clinical needs.

ADMINISTRATIVE TASKS

- Notify patients that you anticipate reopening and when routine care is expected to resume.
- Establish and implement procedure, aerosol risk and COVID risk (i.e. elderly, immunocompromised) -based scheduling protocols
- Establish patient screening protocols for patient arrival, including non-contact body temperature, and scripts to guide initial phone or telehealth communications.
- Post CDC hand hygiene posters in the reception area.
- Turn on office equipment that has been off or unplugged and check to see if it appears to be operating normally.
- Place pop-up tissue boxes and covered, foot-operated trash receptacles with liners in the reception area as well as in treatment rooms.
- Consider changes to non-treatment areas of the office to improve infection control, including: procedures to clean common-use areas, barriers for keyboards or pens patients use for checking in, and/or simply asking for verbal confirmation rather than using a check-in sheet or screen.
- Conduct a team meeting and review all infection prevention and control protocols prior to reopening and seeing the first patients.

CLINICAL TASKS

- Carefully review new recommendations or standards that may be forthcoming for dental practices.
- Prior to reopening, confirm adequate supplies of personal protective equipment are available (masks, eye protection, gloves, gowns). Also confirm adequate supplies of sterility assurance monitoring supplies are available (chemical indicators, biological indicators or mail-in spore strips, sterilization pouches in multiple sizes, CSR wraps).
- Run a biological indicator in all sterilizers and send for analysis or process in the office, depending on the system used.
- Do mail-in testing several days before reopening. Be sure to factor in the time required to obtain test results. In-office monitoring kits can provide test results within as few as 10 hours. However, mail-in system results will not be available immediately, so plan accordingly
- Run a chemical type 5 integrator strip in a sterilization pouch in each sterilizer as an immediate assessment of sterilizer function.
- Follow equipment manufacturers' instructions to ensure your equipment and systems are ready for regular use.
- Turn on dental equipment that has been off or unplugged and check to see if the equipment appears to be operating normally. Assess signs of wear or needed repair.
- Test the dental unit waterlines for microbial contamination. The CDC recommends ≤ 500 CFU/mL of heterotrophic water bacteria for routine dental treatment output water. Water test kits are available online from dental suppliers. Review manufacturers' instructions for use and plan for time to obtain test results in advance of resuming patient treatment.
- Refer to the dental unit waterline treatment product instructions to determine what is needed to get the dental unit up and running. If shocking is needed, note the time required, as some products require up to three days for a complete protocol.
- Keep instruments/cassettes in sterilization pouches or wraps until patients are seated in the treatment room. Present the sterile, wrapped instruments/cassettes and inform patients of the cleaning and sterilization that are part of your safety protocols.
- Prepare patient communications with an intent to share your processes for ensuring patient safety, including: sterile instrument and devices, hand hygiene, cleaning and disinfecting surfaces, personal protective equipment and water quality. Consider updating your practice's website, emails and social media platforms.
- Be prepared to answer questions from patients and refer them to your Infection Prevention and Control Coordinator (IPCC), as available.

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BACK TO PRACTICE PATIENT CARE

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1201 K Street, Sacramento, CA 95814
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Covid-19 Patient Screening Form

Instructions for use: Use one form for each patient appointment. Ask the patient these questions at the time appointment is made or with appointment reminder, and again no more than two days before the appointment. Take the patient's temperature and note any signs of fever, coughing, or shortness of breath.

Patient/Parent/Guardian Names: _____

Screening questions	Date: / / Staff initial: _____	Date: / / Staff initial: _____	Notes
Do you have a fever or above-normal temperature (>100.4° F)? <i>Take temperature at appointment.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If patient answers "yes" to either question on shortness of breath or coughing, or answers yes to any combination of two other symptoms and the patient does not need emergency care, consider not scheduling or seeing the patient until symptoms resolve or until patient can provide proof they are not infectious for COVID-19. The dentist may want to seek additional information from the patient regarding symptoms.</i>
Are you experiencing shortness of breath or having trouble breathing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a dry cough?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a runny nose?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you recently lost or had a reduction in your sense of smell or taste?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a sore throat?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you experiencing chills or repeated shaking with chills?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have unexplained muscle pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a headache?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If "yes" and patient does not need emergency care, do not see patient unless it has been more than 7 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.</i>
Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Member Highlight

PEDIATRIC DENTISTRY



NAME	OFFICETYPE	ADDRESS	OFFICE PHONE	IDNUM
Kathryn F. Cheng, DDS	1-Primary	18531 Roscoe Blvd, Northridge, CA 91324-4641	N/A	2441
Joseph A. Curtin, DDS	1-Primary	Encino Pediatric Dental Group 16550 Ventura Blvd Ste 322, Encino, CA 91436-5023	(818) 849-5457	2420
Arina V. Hartunian, DDS	1-Primary	451 W Gonzales Rd Ste 300, Oxnard, CA 93036-9003	(805) 983-0010	2347
Joey Pedram, DDS	2-Second	My Kid's Dentist 2370-D East Las Posas Rd., Camarillo, CA 93010	(818) 389-3543	1983
Joey Pedram, DDS	1-Primary	Oak Park Dentistry for Children 368 N. Kanan Rd., Oak Park, CA 91377	(818) 889-5440	1983
Sanah A. Sohrab, DDS	1-Primary	Star Kids Dental & Orthodontics 1824 West Verdugo Ave, Burbank, CA 91506	(818) 566-8715	1639
Mark Ortega, DDS	1-Primary	8135 Painter Ave Ste 202, Whittier, CA 90602-3175	(323) 804-5391	2675
Robert Stanislawski, DDS	1-Primary	25880 Tournament Rd Ste 216, Valencia, CA 91355-2840	(626) 215-3009	2501
Carla Abboud, DDS	1-Primary	2277 Michael Dr, Newbury Park, CA 91320-3392	N/A	1412
Carla Abboud, DDS	2-Second	2277 Michael Dr, Newbury Park, CA 91320-3392	(805) 376-1822	1412
James M. Yee, DDS	1-Primary	19231 Victory Blvd Ste 551, Reseda, CA 91335-6371	(818) 345-4296	1040
James M. Yee, DDS	2-Second	724 Moorpark Ave, Moorpark, CA 93021-1117	N/A	1040
Lecia E. Harmer, DDS	1-Primary	16542 Ventura Blvd Ste 506, Encino, CA 91436-4577	(818) 389-8130	1797
Jill C. Lasky, DDS	1-Primary	12930 Ventura Blvd Ste 226C, Studio City, CA 91604	(818) 708-2393	513
Michael O. Lasky, DDS	1-Primary	12930 Ventura Blvd Ste 226C, Studio City, CA 91604	(818) 708-2393	515
Elena W. Rumack, DDS	2-Second	23622 Calabasas Rd. Ste. 119, Calabasas, CA 91302	(818) 222-4543	1427
Elena W. Rumack, DDS	1-Primary	16542 Ventura Blvd Ste 506, Encino, CA 91436-4577	(818) 222-4543	1427
Dean Schweitzer, DDS	1-Primary	23838 Valencia Blvd Ste 300, Valencia, CA 91355-5334	(661) 259-2960	813
Faina Gelman, DDS	1-Primary	1115 Lindero Canyon Rd, Westlake Village, CA 91362-5473	(818) 889-5440	1923
Faina Gelman, DDS	2-Second	1188 Road Runner Way, Simi Valley, CA 93065	(805) 526-1188	1923
Stephen F. Hirano, DDS	1-Primary	Kidz Dental Care 11239 Tampa Ave Ste 208, Porter Ranch, CA 91326-3783	(818) 368-6266	1332
Janet Y. Schrodi, DDS	1-Primary	TLC For Smiles 17411 Chatsworth St Ste 100, Granada Hills, CA 91344-7612	(818) 360-2131	1816
Heidi Hame, DDS	1-Primary	43731 15th St W Ste C, Lancaster, CA 93534-4785	(661) 949-0120	356
Heidi Hame, DDS	2-Second	23440 Civic Center Way, #202, Malibu, CA 90265	(310) 456-1008	356
Susan J. Jarakian, DDS	1-Primary	Susan Jarakian, DDS, INC. 18531 Roscoe Blvd Ste 207, Northridge, CA 91324-5968	(818) 772-1800	1554

PEDIATRIC DENTISTRY (CONTINUED)

Rebecca Lee, DDS	1-Primary	11200 Corbin Ave # 108, Northridge, CA 91326-4120	(818) 831-8252	703
Linda D. Lott, DDS	1-Primary	28040 Dorothy Dr Ste 201, Agoura Hills, CA 91301-4916	(818) 889-2061	1519
Charles C. Low, DDS	1-Primary	2258 Foothill Blvd Ste 800, La Canada Flintridge, CA 91011-1474	(818) 236-3636	565
Natalie C. Mansour, DMD	1-Primary	709 S Central Ave Ste A, Glendale, CA 91204-2010	(818) 500-7330	1511
Rose E. Kim, DDS	1-Primary	27885 Smyth Dr, Valencia, CA 91355-4011	(661) 294-1800	462
Shukan C. Kanuga, DDS	1-Primary	Kidz Dental Care 18580 Via Princessa Ste 3, Santa Clarita, CA 91387-8329	(661) 388-0499	1869
Haleh Shaheedy, DMD	1-Primary	Smiles For All 19963 Ventura Blvd, Woodland Hills, CA 91364-2631	(818) 703-0234	826
Kathleen L. Mulcahey, DDS	1-Primary	27885 Smyth Dr, Valencia, CA 91355-4011	(661) 294-1800	657
Christopher F. Ezzat, DDS	1-Primary	27450 Tourney Rd Ste 200, Valencia, CA 91355-5623	(661) 253-9009	1209
Amy K. Monti, DDS	1-Primary	19255 Golden Valley Rd, Santa Clarita, CA 91387-1472	(661) 251-0200	1383
Laura D. Greenwald, DDS	1-Primary	25900 Mcbean Pkwy, Valencia, CA 91355-2006	(661) 349-8636	1724
Joseph P. Sciarra, DDS	1-Primary	22554 Ventura Blvd Ste 102, Woodland Hills, CA 91364-1433	(818) 224-2970	814
Zinnia C. Regala, DDS	1-Primary	2625 W Alameda Ave Ste 216, Burbank, CA 91505-4823	(818) 846-8564	132
Eun H. Chung, DDS	1-Primary	13320 Riverside Dr. Ste. 202, Sherman Oaks, CA 91423	(818) 789-3844	1979
Michelle P. To, DDS	1-Primary	Smiling Sea Pediatric Dentistry 13320 Riverside Dr Ste 202, Sherman Oaks, CA 91423-2512	(818) 789-3844	1906
Shahrazad Sami-Dowlastshahi, DDS	1-Primary	5017 Lewis Rd Ste B, Agoura Hills, CA 91301-2421	(818) 578-4894	1803
Jonathan M. Gidan, DDS	1-Primary	Studio City Dental Group 12840 Riverside Dr Ste 508, Valley Village, CA 91607-3339	(818) 506-2424	307
Suzanne P. Berger, DDS	1-Primary	28040 Dorothy Dr, Ste 201, Agoura Hills, CA 91301-4916	(818) 889-2061	1374
Christine Armenian, DDS	1-Primary	418 E Glenoaks Blvd Ste 202, Glendale, CA 91207-2093	(818) 244-5052	1347
Shohreh Z. Selki, DDS	2-Second	29525 Canwood St., Agoura Hills, CA 91301	(818) 991-8010	1285
Shohreh Z. Selki, DDS	1-Primary	16101 Ventura Blvd Ste 305, Encino, CA 91436-2514	(818) 501-3333	1285
Stephen D. Willens, DDS	1-Primary	3923 W Burbank Blvd, Burbank, CA 91505-2118	(818) 846-1733	1023
Mahvash Shayan, DDS	1-Primary	Teddy Bear Childrens Dentistry 23101 Sherman Pl Ste 201, West Hills, CA 91307-2019	(818) 716-8424	837
Judith S. Pabst, DDS	2-Second	29525 Canowood Street, Agoura Hills, CA 91301	(818) 991-8010	696
Khanh D. Le, DDS	1-Primary	7052 Owensmouth Ave, Canoga Park, CA 91303-2005	(818) 713-8034	520
Gerald M. Kirshbaum, DDS	1-Primary	5400 Balboa Blvd Ste 308, Encino, CA 91316-5221	(818) 788-8840	468
Stephen J. Howard, DDS	1-Primary	Dr. Supertooth 18411 Clark St, Ste 306, Tarzana, CA 91356-3544	(818) 343-9119	407
Judith S. Pabst, DDS	1-Primary	Pediatric Dentistry & Orthodontics 7345 Medical Center Dr Ste 330, West Hills, CA 91307-1963	(818) 346-6282	696
David A. Chin, DDS	1-Primary	1808 Verdugo Blvd Ste 312, Glendale, CA 91208-1456	(818) 790-6721	155

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Diplomate, American Board of Orofacial Pain

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IVY FUA, DDS

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818-846-1733
Pediatric
USC, 2018

NAREH ABRAHAMIAN, DDS

411 E Palm Ave
Burbank, CA 91501
818-426-3199
General
USC, 2013

SURYA DOGRA, DDS

General
Univ. of Western Ontario 2017

MATTHEW YEKIKIAN, DDS

General
USC, 2017

MARTHA PATRICIA PARROQUIN, DDS

General
Universidad Autónoma Metropolitana,
1989

SONA GALSTIAN, DDS

General
Tufts University, 2017

NAHRIN VERONICA EBRAHIMI, DDS

General
Tufts University, 2018

CHRISTY TRAN, DMD

General
Midwestern University, 2020

HAMLET AVANESIAN, DDS

General
USC, 2002

MICHAEL ABAIAN, DDS

4312 Woodman Ave. Ste. 100
Sherman Oaks, CA 91423
310-254-5275
General
USC, 2004

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General
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