

Dental Dimensions


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Summer
2014

- Root Canal Perforations
- No On Prop. 46



- Bryan's Smile
- Dental Tourism
- Europe in the Summer



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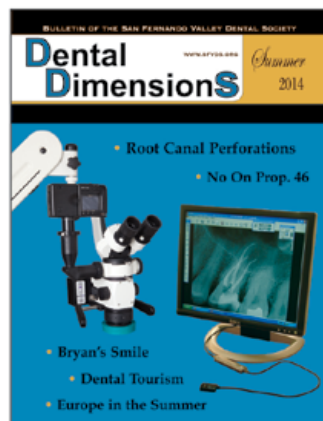
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Call for Submissions

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:
shukandds@gmail.com
or contact the dental society office at 818-576-0116



On The Cover.....

The tools of today's Endo trade:
An operating microscope (OM)
and a computer on which to
view digital x-rays. The OM
has allowed endodontists to
resolve treatment challenges
previously unrecognized or
untreatable. The computer
allows instant viewing of x-rays
and enhancement capabilities
not available with standard film-
based x-rays.

From the Desk of the Editor



I have always been a proponent of volunteering at local, state and national dental organizations, but it was not until recently that I discovered the real "value" of it I got a frantic phone call on a Friday night from my physician sister about how my grandmother tripped in Millennial Park during their weekend trip to Chicago.

Her maxillary denture clasp injured her labial mucosa causing bleeding with difficult hemostasis even after a couple of hours of pressure and local measures. With her history of daily Plavix and the vascularity of the labial mucosa, I was not too worried until another phone call from her describing what happened to be a puncture wound with a communication between the skin and the labial mucosa.

I started contacting my DDS friends asking them for cell phone numbers of oral surgeons they knew. When all else failed, I called our executive director, Andy for contact numbers of oral surgeons on the board of directors with whom I work and see almost monthly. Sure enough, I was beyond relieved to talk to Dr. George Maranon, who was so forthcoming and helpful on a Friday night, that he not only did a "phone/email consultation" with the pictures that my sister had sent me, but also assured me that my family could contact him anytime with further questions without any hesitation.

I was extremely touched by his kindness and unconditional willingness to help - true attributes of our "noble profession". Additionally, my husband's first reaction was, "Aren't you so glad, you are involved with the San Fernando Valley Dental Society?" The value of volunteering your time and expertise in organized dentistry is undeniably immeasurable. The relationships you make with your peers alone make up for your time and efforts.

To keep in sync with our summer issue's theme of "Travel and Leisure", I will share with you an excerpt from my passion for travel. Waning long-term memory has been a side-effect of multi-tasking, and balancing personal and professional life for me. It would be a disgrace to not remember the details of the wonderful trips that my family and I take year after year. That was the major reason to start devoting some time on every trip blogging about our experiences. Another reason was being able to share our experiences with our friends and family, especially if they planned a future trip to the places we had visited. Of all the places in the world that I have visited, there is none that compares to the majestic Yellowstone National Park. It is spread out over the three states of Wyoming (primarily), Montana and Idaho. So, here is a small piece extracted from my travel blog on Yellowstone National Park.

"The Grand Canyon of Yellowstone"
Rolling hills, infinitely vast expanse of green pastures dotted with deer and bison herds, cascading streams, quiet rivers, sky-touching evergreens, dead and broken trees, strange steam vents emerging from the ground, petite gurgling geysers are just a few of the rando vistas that I recollect spotting in an hour's drive. These are nowhere as discrete as my words; they co-exist and flow in perfect

harmony providing a feast for all your senses.

While driving to the Canyon, some unique geothermal features caught our attention and thankfully compelled us to take a stop, although not on our agenda for the day. The "Biscuit Basin" had quite a few small surprises in store for us with 'geysers', 'mud pots', 'fumaroles' and 'steam vents' all scattered with a boardwalk for visitors to explore these magical geothermal wonders. These eye-popping features literally overpowered all our senses with the potent smell of hydrogen sulfide gas and the roaring sound of the gurgling waters from the various spouters.

The 109 foot tall Upper Falls and the 308 foot tall Lower Falls adorn the Grand Canyon of the Yellowstone River. Different viewpoints offer varied views of these majestic falls. A short but steep hike down to 'Red Rock Point' was rewarded with a magnificent view of the roaring Lower Falls and the canyon rising above us.

Exploring the wilderness and with a few picture stops along the way, we were transported to our next destination, "The Mammoth Hot Springs", an area of changing vegetation and landscape in a matter of an hour, thanks to our expert drivers.

Please feel free to read more about the Yellowstone and Grand Teton National Parks at my blog, <http://ywgt.blogspot.com/>. Wishing you all a very happy summer.

Cheers,
Shukan Kanuga DDS, MSD.
Diplomate, American Board
of Pediatric Dentistry
shukandds@gmail.com



Grazing Bison

Morning Glory





From the Desk of the President

Dear colleagues,

I, along with our board members, are hard at work achieving goals for the society, which in turn will affect the quality and the integrity of the dental society at large, and that of our patients. Below, you will find summary of our progress.

First, a more disturbing event to report to you is the successful qualification of a ballot measure by trial lawyers to increase the 'Pain and Suffering' limits under the 1975 Medical Injury Compensation Reform Act (MICRA). This will be on the ballot in November 2014. They are trying to increase the cap amount on pain and suffering damages from \$250,000 to \$1.1 million. SFVDS, the CDA and a broad coalition that includes doctors, hospitals, community clinics, business groups, civil liberties groups, local governments, labor unions and others are fully prepared to do what it takes to defeat this initiative. Our Executive Director, Andy Ozols, has written an informative article on pg. 7 regarding this very important issue.

If the initiative passes, it is expected that there will be astronomical increases in dental and medical malpractice insurance, which in turn will increase the cost of running a practice ultimately leading to higher health and dental care costs for all Californians. We must all support the fight to defeat the passage of this initiative, which has been assigned the proposition number 46. Each of us can and must do something about this. Please visit cda.org for more information on MICRA (type MICRA in the search box) or go to: www.stophigherhealthcarecosts.com/. Please be informed and let your friends and patients know these increases in MICRA will adversely affect all of us. Don't allow this to happen!

Now, back to our progress on dental society goals. We have set a date and booked the venue for our foundation's annual fundraising party. It will be held at the Porter Valley Country Club on October 24, 2014. At this event, as has been mentioned previously, our guest of honor will be Dean Landesman (a former dean of the USC School of Dentistry and the Colorado School of Dentistry). In addition, Gary Bryan (the host of Kearth-101) has agreed to be our master of ceremonies.

Please keep that evening open as we anticipate a warm, fun and wonderful evening. As you know, all of the proceeds will be used to give much needed dental attention to low income and uninsured children and adults within the boundaries of our component. This year, we are adding a date in November to help veterans. You too can help our fundraising efforts, not only by attending this event, but by asking the dental sales representatives you are in contact with to donate either cash or silent auction items to our fundraiser. If you are successful in securing donations for the fundraiser, please contact our office so we may acknowledge your help in this honorable cause. Lastly, I would like to thank Dr.

Dixit, Dr. Snow, Dr. Admundsen, Dr. Alvarez, Dr. Irani, Dr. Saghizadeh, and Dr. Mazdey for their tireless efforts to make this all happen. Please show your support in making this a successful event.

I am also pleased to inform you that in last few months the New Dentist Socials, Job Opportunities Fairs, Member Ambassador Program, Zone Meetings and Speed Pairing all have been well received and have been very beneficial to our new members. Thank you, Dr. Annette Masters for organizing and managing these important projects.

Dr. Chi Leung organized a zone meeting in Glendale on June 5, 2014. The SFVDS zone meeting on the Pinhole Surgical Technique was both well attended and well received. Thank you Dr. Leung.

Our Botox and Laser hands on courses were also well attended. Thank you, Dr. Simmons and Dr. Mazdey, as we could not have put on these informative courses without your expertise.

We have a very bright future for our hands-on courses at our own central office, and I am happy to report that our next year's program chair, Dr. Alfred Penhaskashi and President-elect, Dr. Michael Simmons, are working hard to place continuing education and hands-on courses in our central office that would maximally benefit our members.

With the CDA House of Delegates coming up in November, SFVDS delegates will be preparing by attending our own in-house caucus and an all-component caucus at LAX on October 31, 2014. We will go over, study and discuss all the resolutions one by one. This insures that we all cast votes that are based on sound judgment and the best interests of SFVDS members.

Alan Lewis reports that our Peer Review Committee still needs a few more specialty members. He would like to have three specialists from each specialty available to review each peer review case of a member specialist. He needs Periodontists, Prosthodontists, Endodontists, Oral Surgeons, Pediatric dentists and Orthodontists to be added to the committee. Your help would be greatly appreciated and will ensure a balanced and more complete Peer Review system.

Simply contact the central office (Wendy) to learn more and get involved.

In closing, I would like to thank you for the honor and the trust you have placed in me as the President of the San Fernando Valley Dental Society. I shall continue to steer the helm to a better future for our society.

Mahrouz Cohen, DDS
Diplomate of Board of Endodontics
818-788-9977
mcoheninc@aol.com

Legislation Report

By: Jim Mertz, DDS



I have been privileged to serve as legislative chairman of our dental society for the past 14 years and I am proud of the fact that many of the issues for which CDA advocates are in the best interest of our patients.

Recently members of the SFVDS legislation committee, Drs. Jorge Alvarez, Anette Masters, Chi Leung, Mahfouz Gereis and myself attended CDA's 'Advocacy Day' to meet with the state legislators who represent the regions that serve the San Fernando Valley and surrounding communities.

MEDICAL LOSS RATIO

One of the major pieces of legislation that CDA has sponsored (AB1962) is referred to as the Medical Loss Ratio (MLR) bill. Presently medical insurance companies are compelled by state legislation to guarantee to the insureds', collectively, that approximately 85% of the premium that is collected will be used to pay for medical treatment and only 15% will be used for administrative costs of the insurance company. If the insurance company does not comply with that ratio, then the insurance company must reimburse the insureds' for any excess the insurance company does not use to pay for medical costs or must lower the premium to conform with that ratio.

Unfortunately there is no such protection for patients who purchase dental insurance. CDA has been negotiating with legislators to pass the same legislation, as presently exists for medical insurance, with the same ratios, to apply to dental insurance companies. Obviously the dental insurance companies have lobbied against this legislation. A decision was reached in the assembly to delay further action on this bill until more data can be collected regarding the premiums and costs experienced by the dental insurance companies.

DENTI-CAL

A major effort on the part of CDA has been to negate the 10% rate cut initiated in 2011 for procedures paid for Denti-Cal reimbursement. Although limited dental procedures have been approved to be performed effective May 1, 2014, the increase in fees was not included in

the state budget. Our committee, when meeting with our legislators in Sacramento, urged them to add to the list of eligible procedures, scaling and root planing (SRP) as well as partial dentures. Our concerns regarding SRP is that as dentists we might be considered negligent if we did not perform minimally needed periodontal therapy. With regard to partial dentures, there was some concern that patients would be willing to sacrifice perfectly sound teeth in order to have full dentures made, so the patient could have missing front teeth replaced.

STATE DENTAL DIRECTOR

The governor's budget for the next fiscal year included funding to provide for a state dental director. CDA has long advocated for a licensed dentist familiar with oral health programs, who could leverage state and federal funds to establish oral health literacy projects and dental disease prevention programs for children.

MICRA

Please read the article regarding the Medical Insurance Compensation Reform Act (MICRA) in this issue and become an informed active advocate to our patients and friends opposing the MICRA initiative on the November ballot.

If that initiative passes it will not only adversely affect each one of us economically, but will have a negative effect on everyone in their ability to get access to care.

PLEASE READ, BECOME INFORMED AND GET INVOLVED!

JIM WOOD DDS

Jim Wood, who has been a very active member of CDA, serving as Chairman of CDA's Political Action Committee and on the Government Affairs Council, will be a candidate for state assembly on the November ballot. He has served as a councilmember and mayor of his town. Jim will be a strong advocate for dentistry in Sacramento and if elected will be the only dentist in the legislature. He needs your financial support.

Jim Wood for Assembly 102 South Main St., Cloverdale CA 95425

Oppose Prop. 46

A costly threat to your personal privacy Californians can't afford.

By: T. Andris (Andy) Ozols, MA, MBA, Executive Director

The San Fernando Valley Dental Society has joined the California Dental Association, other local dental societies, and a broad and bipartisan coalition of dentists, physicians, community health centers, hospitals, local governments, public safety, education groups, business and labor unions to fight Proposition 46 on the November 2014 ballot.

Prop. 46 was drafted by trial lawyers out to profit from medical lawsuits. If passed, the Prop. 46 measure will increase health care costs, threaten the privacy of personal prescription drug information and will jeopardize people's ability to see their trusted doctors.

The measure's main provision will quadruple the non-economic damages cap on California's successful Medical Injury Compensation Reform Act (MICRA), the law that governs legal proceedings if someone is injured in a medical procedure. This single change will triple trial lawyers' legal fees in the non-economic damages portion of medical lawsuits filed against doctors and hospitals. This change to MICRA also could lead to higher medical liability rates for dentists and all health care providers. (*Note: Under MICRA, economic damages for past and future lost wages, past and future medical costs, and punitive damages are unlimited*) And opposition to prop 46. would not affect this.

If trial lawyers get their way, medical lawsuits and payouts will skyrocket. Someone will have to pay those costs. And that someone...is you.

Prop. 46 contains two other unrelated provisions dealing with drug testing and prescription drug databases which were intentionally included by the backers in an attempt to mislead voters by taking the focus off the lawsuit provisions. The prescription drug database poses serious privacy risks for California patients and is not functionally equipped to handle the demands Prop. 46 will place on it. The drug testing provision was included for political, not policy reasons. In fact, one of the main supporters of the proposition admitted to the Los Angeles Times that the drug rules are in the initiative because they poll well, calling these provisions "the ultimate sweetener."

Here's why Proposition 46 should be rejected:

Prop. 46 is Costly for Consumers

According to a study by California's former Legislative Analyst, the new lawsuits and massive payouts under Prop. 46 will increase health care costs across all sectors by

\$9.9 billion annually. That amounts to more than \$1,000 a year in higher health costs for the average California family.

In addition, California's current independent Legislative Analyst's Office (LAO) warns that Prop. 46 could increase state and local government medical liability and health care costs by "hundreds of millions of dollars annually," placing the burden of this additional cost on all taxpayers.

Prop. 46 Threatens People's Personal Privacy

Prop. 46 forces doctors and pharmacists to use a massive statewide database filled with Californians' personal medical prescription information. A mandate government will find impossible to implement, and a database with no increased security standards to protect your personal prescription information from hacking and theft – none.

And who controls the database? The government – in an age when government already has too many tools for violating your privacy.

Prop. 46 Puts Prescribers and Dispensers in a No Win Situation

Though the Controlled Substance Utilization Review and Evaluation System (CURES) already exists, it is underfunded, understaffed and technologically incapable of handling the massively increased demands this ballot measure will place on it. Prop. 46 will force the CURES database to respond to tens of millions of inquiries each year– something the database simply cannot do in its current form or functionality.

Continued on page 8

ADVANCED PRACTICE SALES

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The advertisement includes a Venn diagram with three overlapping circles labeled "BROKER", "CPA", and "ATTORNEY". In the center, where all three circles overlap, is a logo for "ADVANCED PRACTICE SALES". To the right of the Venn diagram is a portrait of a man in a suit.

Oppose Prop. 46

A costly threat to your personal privacy Californians can't afford.

Continued from page 7

A non-functioning database system will put health care providers in the untenable position of having to break the law to treat their patients, or break their oath by refusing needed medications to patients.

Prop. 46 Jeopardizes People's Access to their Trusted Health Care Providers

If California's medical liability cap goes up, people could also lose access to their trusted health care providers. Many could be forced to leave California to practice in states where medical liability insurance is more affordable.

Respected community clinics, including Planned Parenthood, warn that specialists like OB-GYNs will have no choice but to reduce or eliminate vital services, especially for women and families in underserved areas.

Help us Defeat Prop. 46: Here's How You Can Get Involved

Please join us and become an official member of the 'No on Proposition 46 Campaign,' the campaign to oppose the trial-lawyer-sponsored ballot measure that will increase health care costs and reduce patient access to care.

To join, visit the No on Prop. 46 campaign website.
www.noon46.com

From the website you can:

- Sign up to add your name to the growing list of individuals and groups opposed to the MICRA ballot measure.
- Get important facts, downloads and information that will help you spread the word about this costly measure
- Contribute to the campaign to help fight the trial lawyers.

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- Be part of our outreach team. If you have direct patient contact, become part of our outreach team. Send an email to info@NoOn46.com to order posters, and brochures that would be a great addition to your waiting room lobby. We also have buttons saying, "Prop. 46, Ask Me!"

- Follow us and be active on social media. We need everyone's help to ensure voters understand the negative impacts of Prop. 46. Help us by becoming part of our social media army:

- o Twitter: [@NoProp46](https://twitter.com/NoProp46)
- o Facebook: Name
www.facebook.com/voteno46

We urge you to get the facts and join the coalition opposed to this measure by visiting www.NoOn46.com

Increased costs. Losing your doctor.
Threatening your privacy.
Exactly what happens when trial lawyers play doctor.

General Meetings - Preview

SEPTEMBER 17, 2014

Esthetics for the General Practitioner
Marc Geisberger

(Sponsored by Catapult Educational Programs)



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

Treatment planning, designing and managing complex restorative and esthetic cases can be a daunting task. While each practitioner may have their own treatment preferences, Dr. Geisberger teaches that several universal design and treatment principles can be applied to the treatment of all complex cases. Particular emphasis will be placed on specific techniques and design concepts to aid practitioners in achieving optimal functional and esthetic results.

OCTOBER 22, 2014

Local Anesthesia: 30+ Years of Hits,
Misses and Near Misses (Sponsored by Septodont)
Mel Hawkins, DDS, BScD(AN), FADSA, DADBA



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

Dr. Hawkins will review the local anesthesia pharmacology IS technique and the local anesthetic technique IS pharmacology. The participant will learn to enhance local anesthesia techniques via the clinical application of modern pharmacology and multi-tasking with advanced block approaches and infiltration. The Akinosi, Gow-Gates, Conventional Inferior Alveolar and Maxillary nerve block techniques including the V2 palatine canal block will be reviewed. Product selection, what's new including the current status of articaine, reversal agents, buffering systems, inhalational local anesthetics, and what's upcoming will be presented.

NOVEMBER 19, 2014

Oral Surgery for the General Dentist
Bach Le, DDS



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

In the last CE meeting of the year, this course is designed for the general dentist who wants to expand their oral surgical experience and better understand and manage dentoalveolar surgical problems. The objective of the course is to offer the dental practitioner an opportunity to better understand proper management of the medically compromised patient and a comprehensive discussion on extraction site management. The discussion will include topics on minimally invasive extraction techniques, socket preservation, a decision tree on immediate versus delayed implant placement, management of complications, and much more.

General Meeting Review

April 26, 2014

The Wonderful World of Lasers in Dentistry
(Sponsored by AMD Lasers & Biolase)
Don Coluzzi, DDS



The dental society's first hands-on course, held at the Gelfand educational center of the central office, was a smashing success as members learned about both soft and hard tissue lasers, and had the opportunity to practice with both kinds of lasers on porcine jaws.

June 4, 2014

Using Botox for Pain and Dystopia • Steven Graff-Radford, DDS



In the dental society's second hands-on course, Dr. Graff-Radford presented on Botox, first in a lecture format and then allowed attendees to observe and practice on mannequins to get a feel for the correct injection sites and delicateness of the small gauge injection needles. Participants were given an instruction manual and practice package to take home to hone their skills.

Continued on page 12

Bryan's Smile



At the beginning of the year, the news was filled with stories about the death of actor, Phillip Seymour Hoffman. We would like to tell you the story about someone you probably don't know, our son Bryan. Bryan was found dead in his condominium of a heroin overdose on January 2, 2014. Bry was only 26 years old.

To give you some history, Bryan was born in Santa Monica and was Melanie's first born. At the age of three, he was blessed with a baby brother, Casey. Bry experienced the divorce of his parents when he was seven. Melanie and I married and she honored me by allowing me to help raise her sons, Bryan and Casey. Bry endured the back and forth between households for more than 10 years. He grew up going to preschool and Sunday school. He was a Cub Scout and Boy Scout and earned scouting's second highest rank-Life Scout. Bry played little league and was voted President of his 5th grade class. In high school, he excelled in baseball, water polo and swimming. The teen years brought typical defiance and peer pressure. Although he had many friends and looked like a leader on the outside, he was shy and insecure on the inside. During high school, he did what many kids do and began to experiment using alcohol and "harmless" marijuana.

Unbeknownst to his family, Bry was fighting depression. Sometimes he would appear completely happy and normal. His negativity was often excused as the rebellion of adolescence. This made identifying depression and/or drug addiction very difficult. He started self-medicating which eventually led to stronger, more addictive drugs. Bryan did have another strike against him; he was genetically predisposed to addiction. Once the drug addiction was identified, we spent many years attempting to treat the disease, trying everything including drug rehabilitation centers, sober living, and keeping a close eye on him. Bry would do well for a while and then he would stumble. His depression had not been fully recognized and was driving his addiction. Experts told us that he had to "hit bottom" before he could overcome his addiction and that depression was a secondary issue.

For the last few years, he had worked hard to get his life back. Bryan had regained pride. He was working full-time and had his eye on getting a bachelor's degree in Computer Science. He earned a 98% as his final grade in his computer class his last semester and bragged to all of us about it with his sly smile. He had stayed sober and had every



By: Dr. Melanie Gullett
and Dr. George Maranon

intention of starting fresh in 2014. Sadly, in spite of how painfully hard he tried to stay sober, he did "hit bottom" when the disease cycle finally took his life.

Regrettably, addiction has been stigmatized. Hopefully, the death of Phillip Seymour Hoffman, Bryan and so many others will help to erase this stigma. Bry was not some loser found in a gutter or under an overpass. He was a sick young man. His family and friends loved him. He had a home and he had a promising future. Addiction is a chronic disease for which there is currently no cure. Just like other chronic diseases, such as diabetes, early diagnosis is the most important factor in preventing death.

So why is this story being written for Dental Dimensions? To make Bryan smile and to make his life meaningful for others. Many stories of addiction start with the use of legally prescribed medications. Obviously, the therapeutic prescription of these medications is not the cause of the disease, but self-medication with these drugs is a response to the conditions that affect at-risk individuals. According to the CDC, "Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. In 2008, more than 36,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs." The CDC also reports that "almost all prescription drugs involved in overdoses come from prescriptions originally; very few come from pharmacy theft. However, once they are prescribed and dispensed, prescription drugs are frequently diverted to people using them without prescriptions. More than three out of four people who misuse prescription painkillers use drugs prescribed to someone else."

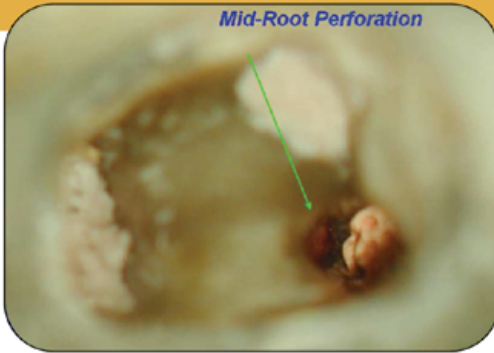
The American Dental Association has a policy on the prescriber's responsibility in preventing prescription drug abuse. The ADA policy states that dentists should:

- Tell patients about the dangers of using prescription drugs for non-medical purposes. (Many don't know using these drugs other than as prescribed is illegal, dangerous and can even be fatal.) Be judicious about prescribing opioid painkillers and, when doing so, counsel patients about how to properly secure, monitor and dispose of their medication(s).
- Learn to recognize when a patient may be seeking prescription drugs for non-medical purposes. (Reference your state's prescription drug monitoring program to determine

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CLINICAL MANAGEMENT OF ROOT CANAL PERFORATIONS: IS THE TOOTH DOOMED?

By: Dr. Nishan Odabashian



Clinical Photo of mid-root iatrogenic perforation during initial RCT by GP

Endodontic treatment can be both a very rewarding and sometimes challenging dental procedure for the practitioner.

While generally endodontic treatment may be straightforward, once the root canals have been located and negotiated to length, sometimes iatrogenic perforation of the pulp chamber floor or the root becomes a stressful reality for the clinician, and perplexing, if not upsetting, for the patient. Is such a tooth doomed in those circumstances? In this article, the different factors are addressed (location, size, length of time since perforation, repair material of choice, use of magnification and the experience of the clinician dealing with perforation) that may determine the success of perforation repair, and the long-term retention of such teeth. Some clinical cases are presented at the end of the article.

Procedural accidents present a source of frustration to the dental clinician. One such accident is the perforation of the tooth during endodontic treatment. However, contrary to the belief that once a tooth has been perforated, that its prognosis becomes poor to hopeless, perforation repair can be a very successful and predictable procedure long term¹.



Radiographic presentation of repaired perforation with MTA-Two years follow up

Perforation repair is a procedure that is routinely performed by endodontists.

The factors that determine the success of teeth that have had a perforation include:

location (sub-ossous, coronal, furcal, mid-root, or apical); size (small, medium, or large); length of time since the perforation (recent, or long standing); repair material

(MTA, amalgam, Dycal, composite, or IRM); use of magnification (none, loupes, endoscope, or microscope); and the experience of the operator (none, low, medium or extensive).²

Mineral Trioxide Aggregate (MTA) is a material used in endodontics that was developed by Mahmoud Torabinejad at Loma Linda School of Dentistry in 1995, which was originally developed as a root end filling material.³ MTA is biocompatible, has a sealing ability, sets in moisture, is radio-opaque and osseo-conductive.

Perforations that occur during endodontic therapy can be varied in location, size and the means by which they are created. Perforations can be created using burs, mechanized files, or by caries. They can be coronal or radicular. Perforations that are in the crown portion of the tooth are clearly more easily repaired, while those in the root require a more experienced operator. Perforations can be furcal, or lateral root in nature. Regardless of the location, and to a certain extent in size, perforations can be successfully repaired.



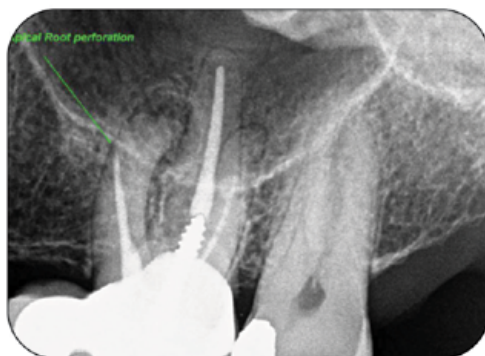
MTA repair of apical perforation, and the MB Root Canal Obturated. Patient finally symptom free

Perforations that are of small size, are sub-ossous and that are repaired immediately with MTA using a surgical operating microscope (SOM) by an experienced clinician have the best prognosis for long term success. However, perforations of different sizes (provided they are below the crest of the bone) and at different levels of the tooth will often have good long term success rates if it is repaired with MTA under proper isolation and moisture control, delivered by specialized carriers, using the SOM. Successful recalls of teeth repaired with MTA date back close to 20 years.

Continued on page 12

CLINICAL MANAGEMENT OF ROOT CANAL PERFORATIONS: IS THE TOOTH DOOMED?

Continued from page 11



Apical perforation in the lateral aspect of the MB Root. Note PAL



MTA repair of apical third perforation in MB Root. Note Healing of PAL--One year follow up.



Perforation by Endodontist in the apical of the MB Root, apical entry into the MB canal apex.

It becomes important for a general practitioner to refer the patient who has experienced the unfortunate event of a perforation as soon as reasonably possible in order to increase the long term success of the treatment. It behooves the dentist as well as the patient to be seen by an endodontist with extensive experience in dealing with procedural accidents, and one who makes full use of a SOM. Both patient and referring doctor will often be pleasantly surprised as to the long term success and predictability of such procedure; thereby averting the loss of the tooth and maintaining the patient's natural tooth for a long period of time.

¹Ree M, Schwartz, R. JOE 2012 Oct;38(10):1422-7.

²Krupp C, Bargholz C, Brüsehaber M, Hülsmann M. JOE. 2013 Nov;39(11):1364-8.

³Torabinejad M, Hong CU, McDonald F, Pitt Ford TR. JOE. 1995 Jul;21(7):349-53.

Dr. Nishan Odabashian is a graduate of LLU Department of Graduate Endodontics, where MTA was developed. He has a full time practice limited to Microscope-Aided Restorative Endodontics in Glendale, CA.

General Meeting Review

Continued from page 9

June 5, 2014

Scalpel Free, Suture Free: An Overview of the Pinhole Technique (*Sponsored by Patterson Dental*)
John Chao, DDS, JD



Dr. Chao, inventor of the 'Pinhole Technique' treated attendees to not only a lecture and video of actual 'Pinhole' surgeries, but also brought a patient, treated just the day before, to offer testimony regarding the ease of this all but painless procedure to correct gum recession. After the presentation, attendees were able to speak with and inspect the work done on the patient.

June 25, 2014

A Dental Materials Update (*Sponsored by GC America*)
Todd Snyder, DDS



Attendees learned what has changed in dental materials during the past year, what new materials they should be using, how and when to use those new materials, and what are the indications and contra-indications of using various materials. They also learned about advances in direct adhesives, composites and nano-technology, which materials provide strength and esthetics, which impression materials to use and when, when to use glass ionomers, luting and adhesive cements, and how to protect and strengthen teeth using sealants and remineralization.

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Statement on Dental Tourism — Ethical Obligations of Dentists

By: ADA Staff



Dental tourism is defined by the American Dental Association (Resolution 28H-2008) as the act of traveling to another country for the purpose of obtaining dental treatment. The global market

presents greater opportunities for the growth of dental tourism. Patients seeking care in foreign countries are becoming an increasing phenomenon that confronts dentists in the United States.

The Council on Ethics, Bylaws and Judicial Affairs recognizes that there are very capable dentists, many of whom are ADA affiliate members, who provide quality care out-

side the United States. By issuing this statement, CEBJA's ultimate goal is to advance the welfare of patients who choose to obtain dental treatment through dental tourism and assist dentists in resolving any consequent ethical dilemmas.

A patient's freedom of choice is an overriding consideration in any situation and is one in which dentists must recognize (ADA Code, Section 1, Patient Autonomy). The ethical dentist will treat the patient who has received dental treatment outside the United States in the same manner as he/she would treat a patient who has transferred their care from any other practice, irrespective of the fact that the treatment performed outside of the United States might or might not be substandard and, in some instances, a possible detriment to the patient's health. A dentist should consult applicable state law to determine the definition of "patient of record." Failure to treat such a patient may raise ethical concerns under ADA Code Section 2.F, Patient Abandonment.

As in the case of all patients, the dentist should clearly describe to the patient his/her oral health status (ADA Code, Section 4.C, Justifiable Criticism) and maintain carefully documented records of treatment provided. Records should detail the patient's baseline condition so secondary dental care can be clearly differentiated from treatment performed by another dentist whether in or outside the United States.

Where there is an emergency situation that develops as a result of dental tourism and the patient is not—or is no longer—one of record, dentists are obliged, at the least, to make reasonable arrangements for emergency care (ADA Code Section 4.B Emergency Service).

Dentists, especially those practicing in border states where dental tourism occurs more frequently, should begin to educate their patients about optimal oral health and costs versus the perceived value of dental tourism and advise them of the potential difficulty in seeking redress if problems are encountered with dental treatment performed in a foreign country.

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Reiki: The Stress-Free Prescription

By: Marydale Pecora

Over the last several decades the obscure healing modality called Reiki has made its way into the far-reaching corners of the earth. Perhaps this is because Reiki (Universal Life Energy) is an ideal complement to East/West methods of medicine and wellness. Plus, hundreds of thousands of people near and wide have had and continue to have positive experiences with Reiki every day on many levels of their being.

Consider this: there is an unseen energy flowing through all living things that directly affects the quality of a person's health. The awareness of this energy has been a part of many cultures since ancient times. This life energy goes by many names: qi in China, ki in Japan, and prana in India. The ancient Hawaiians call it ti or ki. It has also been called orgone energy and élan vital, and science refers to it as biofield energy.

When your energy is low, it is more difficult to deal with stress, as you may not sleep well and you're more susceptible to illness. When your life energy is strong, you feel strong, you can more easily deal with stress, and you are less likely to get sick. Reiki is a technique that increases a person's supply of life energy.

Reiki is very easy to learn, lasts a lifetime, and can do no harm. The number one benefit of the application of Reiki is a sense of calm. According to the American Psychological Association, 75% of adults reported experiencing moderate to high levels of stress in the past month and nearly half reported that their stress has increased in the past year.

Let's face it, very few people get excited about having to go to the dentist and many stress over the idea of having to visit the dentist for any reason. Therefore, the dental field is the perfect arena for the application of Reiki. Imagine your patients feeling relaxed and happy and actually looking forward to their next visit; a winning proposition for everyone!

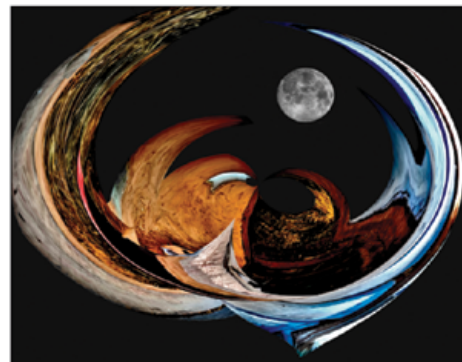
If you are curious about Reiki, would like to enjoy the experience of Reiki for yourself, or want to become a Reiki practitioner for the good of your patients, please join us at Param Yoga Healing Arts Center in Chatsworth, (747) 224-0402, for one of our many Reiki events.

Life After Retirement

By: James R. Oswald, DDS



There is a life after retirement! I just wanted to let my colleagues know that I have several photographs showing at Jones and Terwilliger galleries in Carmel and Palm Desert. They have been there since March. Lots



to keep you busy; golf, tennis (our team is in the playoffs for the USTA super senior northern California

championship) - docent at Robert Ferguson Observatory in Santa Rosa Ca. - photography. I miss the dental society and working on the Peer Review committee. If anyone is interested in seeing additional pictures they are on my web site -www.joswaldphoto.com.

Traveling is an art of leisure

We humans lead a monotonous existence. Life, for most of us, is a mad rush from one place to another, from one activity to another, trying to gather as much as possible. In this process we tend to forget who and what we are. There is no time to think and wonder. To break this monotony of life, don't you think we need some time off, slacken our work schedules and relax ourselves by indulging in some traveling? Traveling is a time when we can relax, reflect and recharge. Most people, after a pleasant travel experience, return home with a fresh outlook, new zeal and a better determination. I am, by all odds, one of them, and this love and passion of traveling led me to open my own travel planning firm CLOUDSANDSEA / IPLANTRAVEL.

Traveling also has great informative value. It widens the grasp of our knowledge of geography, cultures and people. Nothing beats the scenic and picturesque beauty of the continent of Europe. It is a continent consisting of a multitude of countries, cultures, regional and ethnic communities. Europe is blessed with thousands of years of history and culture. For many people it's the ultimate holiday destination.

Greece:

Recently at the invitation of the Hellenic American Chamber of Commerce and Tourism I was invited to visit Greece and experience the Greek Culture. During my 10 days trip to Greece, I visited Santorini, Athens and Loutraki, with a stopover in

my favorite city Paris.

Santorini:

With multi-colored cliffs soaring more than 300 m from a sea-drowned caldera, Santorini rests in the middle of the indigo colored Aegean Sea. With Cycladic white-washed homes that line the cliff tops and breathtaking blue-domed churches that spill along the terraced rocks, Santorini is the quintessential Greek isle. Perched on the northern tip of the island, the village of Oia is known throughout the world for its quiet life and fantastic sunsets. Sage green slopes filled with wildflowers, sun-bathed verandas and busy streets packed with shops, taverns and cafés—you will struggle to find a more stunning Cycladic village. For lovers of ancient civilization the Akrotiri peninsula is known for the famous ruins from the Minoan period.

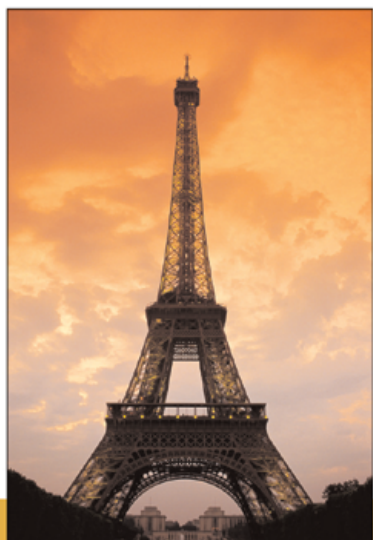
Athens: Most people refer to Athens as the capital of Greece and the birthplace of Western Civilization. It occurs to few travelers that Athens is



a city of hills; a city surrounded by three mountains and containing twelve within - the Acropolis being the most famous of them all. Despite all the recent concerns about protests in the city due to the economic downturn, it remains a delightful city that offers so much to all kinds of travelers. From the breathtaking views of the city from atop the many hills, to the gorgeous views of the Aegean Sea, to the history, art, culture, sports and famous Greek food, Athens has something for everybody. During my stay I was also invited to visit three gorgeous Greek islands in one day on an island-hopping cruise from Athens, visiting the Saronic Islands of Hydra, Poros and Egina. Include Athens on your bucket list because a traveler's journey will not be complete without a trip to the birthplace of democracy and modern civilization!

Places of Interest: Although Athens offers a plethora of choices for travelers, if you must only see three things in Athens, then they have to be the Acropolis, the Acropolis Museum and a panoramic view of the city from the Lycabettus hill.

Loutraki: is a seaside resort on the Gulf of Corinth, in Corinthia, Greece. The town is well known for its vast natural springs and its therapeutic spas. It is also well known for its Casino (Club Hotel Casino Loutraki), one of the biggest in Europe.



Paris:

After leaving Athens behind, I traveled to Paris for my brief 2 day stopover. Being a certified French translator and interpreter, **FRANCE** and in particular Paris, is very

By: Jalpa Shah

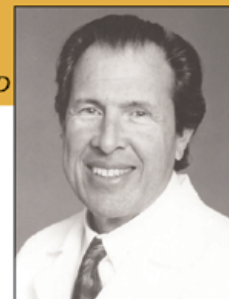
close to my heart. France has an incredible diversity of soaring landscapes, gorgeous villages and world-famous resorts. Besides the country's style, culture, architecture, food, wine and fashion, which exist in multiple layers of excellence, the language is one of the most beautiful things about France. It is a place where you come across both modern and cultural heritage. The immaculate city of Paris is very prepossessing and is rightly dubbed as The City of Light. For museum lovers there is no better place on earth than the Louvre. No visit is ever complete without visiting the Eiffel Tower and Montmartre du Sacre Coeur.



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Securing The Safety Zone

By: Richard Benveniste, DDS, MSD



In a recent mailing the majority of insured dentists in California had been contacted by the most widely used malpractice insurance company describing their experience of the great psychological trauma that a licensee can experience when receiving malpractice notification (or even being notified by the impending action by the Dental Board).

It reported the emotional turmoil created which often resulted in feelings of sadness, loss of sleep, emotional stress, withdrawal, loss of confidence and an over-all change in lifestyle even affecting the relationship with friends and loved ones while worrying about the need for adequate response to the accusations.

Additionally long possible waiting period for the decisions of the third party often perpetuates the unhappiness on a continual basis. The daily practice mood itself most likely could be affected as well.

Having been a former multi-term California Dental Board member and consultant regarding malpractice considerations in the past, my long term experience has shown that there are strong, safe and ethical steps available to the practitioner who has provided needed treatment based on professional judgment according to accepted professional standards. Reducing negative repercussions can be made through simply and consistently following, at the very least, these easy steps for every patient.

1. Initially have the patient fill out all personal and insurance background information (no P.O. box, in case of emergency).

2. Obtain signed complete documented medical and dental history.

3. Have symptoms or reasons for the office visit explained by the patient and document fully.

4. Full mouth x-rays and any necessary auxiliary imaging as needed along with performing full dental, periodontal, oral, hard and soft tissue examination or any other noticeable head or jaw irregularity (otherwise there may be far more serious asymptomatic lesions that the patient may not be aware of which the practitioner may be held responsible if not detected and investigated). Fully document pertinent findings.

5. Consult with the patient's M.D. for medically compromised patient. Also address any medications being taken which may alter treatment accordingly.

6. After obtaining the clearance to proceed, most importantly, have any proposed treatment plan (and the authority to contact a 3rd party or insurance company etc.,) signed by the patient and given a copy as well.

7. Obtain patient consent form with the statement of "No Guarantees" signed before starting treatment as a matter of mutual understanding.

8. Be sure all OSHA standards are in place (and emergency items immediately available).

9. Insurance pre-authorization is recommended before starting treatment to avoid this often occurring discord. Then make

treatment payment arrangements and give the signed copy to patient to avoid any misunderstanding.

10. Perform treatment only if within the scope of the practitioner's expertise.

Otherwise refer to the specialist.

11. Keep treatment to strict adherence to state and ADA proven standards since any deviation here may be the ultimate biggest risk factor. Treatment alternatives can be given only if they abide by professional standards and are not dictated by the unlicensed patient who may insist on any deviation.

12. Provide treatment as agreed upon and, if necessary, explain to the patient any unusual factors that may be anticipated or have been encountered at treatment. If a mishap occurs, address it immediately either in the office or refer if necessary.

13. Follow-up with the patient after any involved procedure. This is always appreciated and the dentist will be perceived as someone who truly cares. This is one of the most important factors in handling and avoiding any negativity or feelings of abandonment by a patient. Very few patients will ever complain about someone who shows care and concern.

14. Totally document each visit or any professional communication, clearly and legibly, always assuming that any 3rd party may be reviewing those records to establish whether the licensee has or has not provided the appropriate adequate professional care. Incomplete documentation always attracts negative speculation. When consistently utilizing each of these basic steps, needless worry can be diminished greatly, especially when treatment has been performed to the highest standard of care.

As a treating professional, one must recognize that patients' attitudes vary greatly and an occasional discord with a patient can be reconciled by the strong records, by the signed documentation and by showing the patient the strong desire to provide for his/her health and happiness. The licensee who provides the treatment often is viewed in the role of a parent or authoritative guardian who is providing health and trust for a dependent. Therefore, the emotional factor as well may be of significant importance.

Being consistent with these basic principles can truly provide the difference between frustration and professional/emotional security.

Richard Benveniste, DDS, MSD, 818.881.7337

Former Multi-term Member and Officer, State Dental Board of California

Former Adviser to Dental Malpractice Defense Attorney, Gerald Shepard, Et Al

Former Chairman, California Society of Periodontists

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Addressing Interoffice Dating

By: TDIC Risk Management Staff

Interoffice dating can be tricky. Potential land-

mines include sexual harassment claims, allegations of favoritism, low morale, breakup drama and decreased productivity that can affect the entire dental office, especially if a workplace relationship goes bad.

Legal and human resource experts across the board look at office dating in two ways: between coworkers and within the "chain of authority," such as a manager or practice owner dating an employee. The latter carries additional risk.

To help prevent a problem before it arises, The Dentists Insurance Company recommends a policy defining the consequences of interoffice dating among employees. The policy should include expectations that an office relationship is separate from the work environment and should outline appropriate behavior, such as banning public displays of affection and retaliation if the relationship ends. Prohibiting the use of office email for personal communication also helps employees stay focused on work.

Interoffice dating guidelines can be used in place of an "anti-fraternization policy," which may be difficult to enforce. As practice owners, dentists ideally want employees to perceive them as advocates for their well-being and not as managers of their personal interactions. Additionally, some state laws restrict an employer's ability to regulate employee relationships unless they involve a conflict of interest.

Experts concur that the most important aspect of an interoffice dating policy is the office's sexual harassment policy. A written sexual harassment policy is essential for defining and forbidding inappropriate behavior. Harassment occurs when one employee indicates no interest, yet unwanted attention from another employee continues. Provide information about the consequences of such behavior on continued employment. The sexual harassment policy should be part of the employee manual and include a document that employees sign to indicate they understand and will honor the policy.

The second type of office dating occurs when a manager or practice owner has a relationship with an employee who

reports to him or her. This relationship carries the additional risk of allegations such as favoritism, coercion or harassment, and it requires practice owners to take extra steps to prevent liability. In this instance, TDIC recommends a written consensual relationship disclosure.

The disclosure should state that a voluntary and mutually consensual relationship exists and that either party can end the relationship at any time. Both parties agree that, should the relationship end, the breakup will not be allowed to negatively impact the performance of duties. The disclosure must require a review of the office's sexual harassment policy and acknowledge that the relationship is not a condition of employment or a promise or threat regarding employment. Employees cannot be required to sign the disclosure and should be advised of their right and responsibility to have a lawyer review it.

TDIC strongly advises practice owners to carefully consider their leadership role and weigh the potential consequences of entering into relationships with employees. If a dentist and an employee decide to enter a relationship, it is important for them to handle the situation professionally from the beginning. The dentist should first discuss the situation with practice partners or associates. Concealing the relationship from partners, associates and other staff typically is not successful and can lead to the perception that the relationship is inappropriate.

Please call TDIC's Risk Management Advice Line at 800.733.0634, opt. 2 with questions about relationships within the dental office.

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Bryan's Smile

Continued from page 10

whether a patient may be "doctor shopping."

- Urge patients to visit MouthHealthy.org/rxabuse to learn more about keeping prescription drugs from becoming a source of harm.

As prescribers of medications with abuse potential, we must be vigilant with the medications we prescribe. Adults who are prescribed these medications and parents responsible for giving their children these types of medications should be instructed to properly secure them. As dentists, we treat people and not just teeth. We share in the responsibility of identifying at-risk individuals and controlling access to prescription drugs. Dentists develop long term relationships with our patients and we are well positioned to recognize the "early" signs of depression and loneliness like changes in behavior that can't be explained. We must become involved and get help for at-risk children,

teens and young adults in our practices and in our lives before these individuals start self-medicating. Lastly, federal drug laws make it extremely difficult to dispose of medications with abuse potential. It should not be more difficult for a patient to dispose of the unused portion of a prescription than it is to fill it. Our profession should be in the forefront in developing a process that facilitates the return and safe disposal of these types of unused prescription medications to save the lives of so many others like Bry. The disease of addiction has arrived in our own backyards and is taking the lives of our young. We need to stop it now.

Since Bryan's passing, our goal has been to educate as many people and health care providers about addiction and depression, and help prevent more loss of life. You can find out more about by going to our website, www.bryanssmile.com.

THANK YOU!

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Dr. M. Perry • Dr. Maria Singson • Dr. Mark Shimizu • Dr. Melissa Nabors • Dr. R. Kogen • Dr. Thomas Lee
Dr. Vladislav Viksman • Dr. Les Kurian • Dr. Mike Giovanni • Dr. Robert Meeker • Dr. Arleen Azar-Mehr

Please join your colleagues in supporting the SFVDS Foundation as it begins its programs of oral health literacy and free restorative services to low/no income adults and seniors who have no insurance and do not qualify for any other forms of assistance. Please use the form below to send in your tax-deductible donation and to volunteer to help deliver much needed services to the adult and senior populations. Please also mark your calendars and attend the foundation's second annual fundraiser in mid-late October, 2014

Contribution Form

(All contributions to the SFVDS Foundation are tax deductible, charitable contributions. You will receive a confirmation letter for your tax records)

Name: _____

Contact phone and/ or email: _____

☐ \$5,000 Founding Member*

☐ \$2,500 Sponsor*

☐ \$1,200 Friend*

☐ \$500 Supporter

☐ \$250 Contributor

☐ \$100 Donor

☐ Enclosed is my check (Payable to: San Fernando Valley Dental Society Foundation)

☐ Charge my credit card # _____

(Visa, M/C, Discover only)

Exp Date: _____ Sec Code: _____ Street number of billing address: _____ Billing address Zip Code: _____

* Initial here _____ if you would prefer to have your 'Founding member', 'Sponsor' or 'Friend' level donation charged to your credit card in 12 equal monthly installments.

I would also like to volunteer to:

☐ Provide Triage Screening for Adults and the Elderly

☐ Provide emergency care in my office

☐ Provide screening for GKAS

☐ Follow-up care for GKAS, or for the adults and elderly program

☐ Help with Fundraising

☐ Join a Foundation Committee

**Once completed, please fax/email/mail this form to the foundation office at (818) 576-0122.
exec.sfvds@sbcglobal.net or SFVDSF, 9205 Alabama Ave., Ste B, Chatsworth, CA 91311**

Antelope Valley Report

By: Kathy McKay

HI DESERT CHILDRENS DENTAL CLINIC Participates in the 20th Annual "Thunder on the Lot" Event!

Volunteers for the Hi Desert Children's Dental Clinic participated in the 20th Annual "Thunder on the Lot" Event. The Clinic has been a participant at this event for the past 10 years. Each year this event focuses on assisting hundreds of children in the Antelope Valley. As this event has grown, so have the donations to local charities. Since 1994 the "Thunder on the Lot" event has raised more than \$4 million dollars and all of the proceeds go to kids' charities. This event has become a tradition in the Antelope Valley and is fully organized and staffed by hundreds of volunteers. Each charity is required to sell 25, \$100 Raffle Tickets, and this year our clinic, due to the generosity of our local dental professionals, sold 65 tickets! We'd like to thank the Antelope Valley ROP Program for providing volunteers for clean-up.

The Hi Desert Children's Dental Clinic booth at this year's event was one of the most popular; and we were able to hand out hundreds of brochures about our clinic. The best news of all came on Sunday afternoon, when it was announced that Kids' Charities has committed to an additional 5 years of "Thunder on the Lot". As one of the seventeen charities that benefit from this event, we would like to thank and acknowledge Kids Charities on behalf of the children of the Antelope Valley. For more information or to view pictures of this event go to: www.thunderonthelot.com



GLENDALE/BURBANK/FOOTHILLS REPORT

By: Chi Leung, DDS



The Zone Meeting for the Glendale, Burbank and Foothills area was held recently on June 5th, 2014 at the Odyssey Seafood restaurant in Glendale. Dr. John Chao, the inventor of the 'Pin Hole Technique' (PST), introduced his procedural tactics for the first time outside of his formal PST classes at this event. Nearly 100 dentists attended this wonderful event, and while most were general dentists, a range of specialists were also present. Attending doctors enjoyed a stimulating presentation and discussion presented by Dr. Chao, and had the opportunity to speak with and conduct an oral exam with a patient who had undergone the treatment just the day before.

The evening offered attendees two C.E. credits, delicious food, and

easy parking accessibility. This positive feedback regarding the event provides encouragement to increase the number of Zone Meetings in the Glendale, Burbank and Foothills area. I would like to thank everyone for attending this very informative meeting, and I hope to see you all in the near future.



Welcome New Members

Deepti Singh, DDS
General
University of Washington, 2012

Arash Danny Molayem, DMD
20046 Ventura Blvd.
Woodland Hills, CA 91403
General
818.716.0297
Boston University, 2007

Melanie Ngov, DDS
14422 Victory Blvd.
Van Nuys, CA 91401
General
UCLA, 2009

Vahagn Hakopyan, DDS
2029 verdugo Blvd. #130
Montrose, CA 91020
818.370.0112
General
NYU, 2008

Mariya Plitser, DDS
19901 Ventura Blvd.
Woodland Hills, CA 91364
General
818-992-7300
NYU, 2004

Kaveh Kohanof, DDS
19043 Bessemer St.
Tarzana, CA 91335
General
NYU, 2010

Jin Young Kim, DDS
General
SUNY- Buffalo, 2008

Fawzy Tadros, DDS
12601 San Fernando Rd.
Sylmar, CA 91342
818.364.1991
General
USC, 2000

Birva J. Jones, DDS
7301 Medical Center Drive. # 305
West Hills, CA 91307
818-887-7172
General
Creighton University, 2009

Caroline Fernandez, DDS
11631 Victory Blvd. Ste. 102
North Hollywood, CA 91606
General

Arash Razi, DDS
15501 San Fernando Mission Blvd
Mission Hills, CA 91345
818.365.8600
General
NYU, 2006

Anna Harmandarian, DDS
1609 Colorado Blvd.
Los Angeles, CA 90041
323.474.6212
General
UCLA, 1991

Arsen Kalpakchian, DDS
12650 Sherman Way #7
North Hollywood, CA 91207
818-503-4900
General
University of Pennsylvania, 1997



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

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