

BULLETIN OF THE SAN FERNANDO VALLEY DENTAL SOCIETY



DENTAL DIMENSIONS

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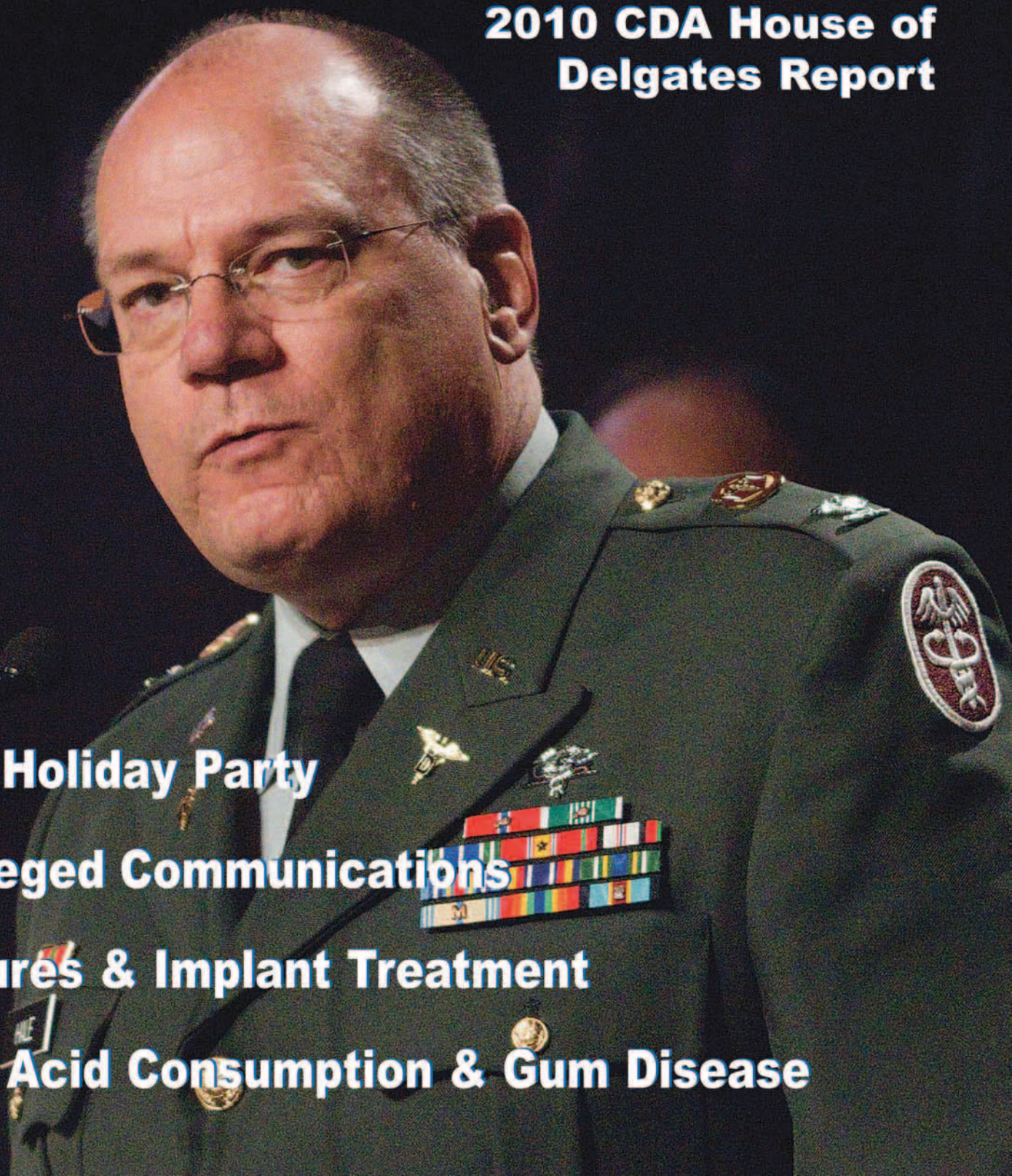
**2010 CDA House of
Delegates Report**

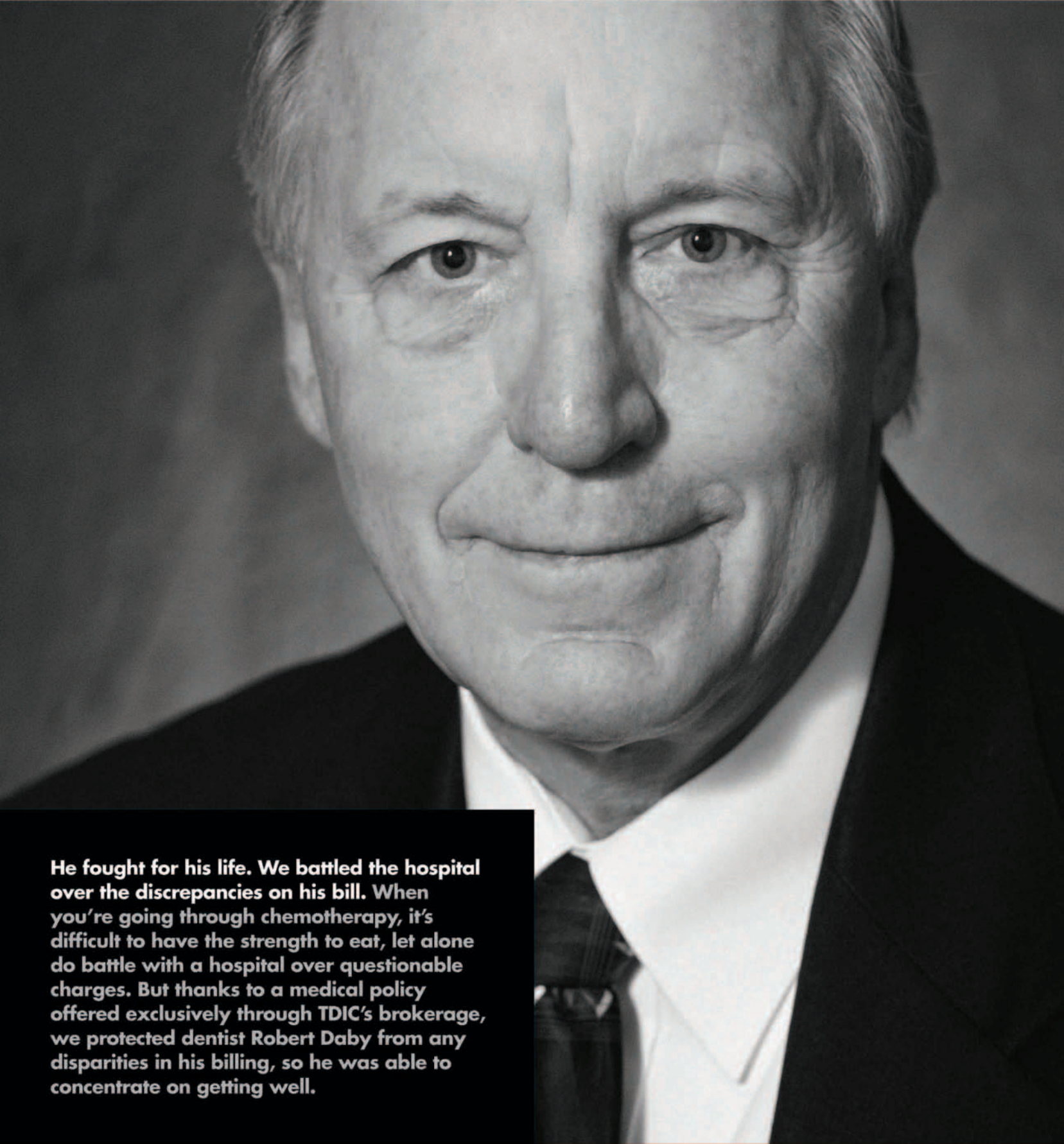
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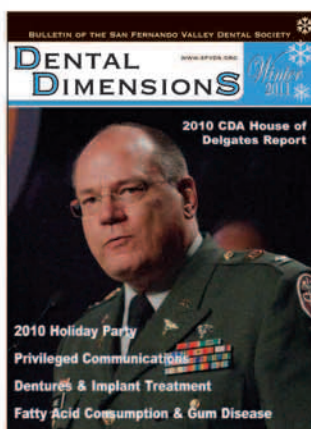
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On The Cover.....



Army Colonel Robert G. Hale, DDS, a past-president of the SFVDS, accepts honorary CDA membership at the November 2010, CDA House of Delegates meeting. Dr. Hale was nominated by the SFVDS House delegation and his honorary membership was granted by a unanimous vote of all delegates in attendance.

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From the Desk of the Editor



"Teledentistry- A New Frontier?"

Some of you may have heard the term "teledentistry". What does it mean? Preliminary use of the term refers to one person gathering records on a patient and transmitting the information electronically and telephonically for another person to review. It is a term you will be hearing more and more of. Just that one sentence opens up the debate for numerous and, as yet, unanswered questions. Who is gathering the information, who is reviewing it and for what purpose?

There is a preponderance of feeling in our profession that teledentistry between peer professionals i.e. one dentist and another, is appropriate and useful. It can be particularly beneficial for dentists and patients in remote areas with limited access to specialists, as a means of consulting with a specialist remotely. There is equally a strong sentiment that teledentistry between a dentist and non-dentist, particularly a mid-level provider is inappropriate and not in the best interests of the patient.

Under our current workforce model, would it be ethical for auxiliary staff to gather patient information and transmit this to a licensed dentist? If so, to what end? The patient still needs to be seen by the dentist for treatment, so what would be the benefit of the remote transmission of information? What if the patient were to

be treated by a non-dentist after consultation with a licensed dentist? How about an unlicensed dentist or a dentist in another state? Will teledentistry enable us to transcend state or even national lines? How many of us would be comfortable recommending treatment for a patient we have not physically examined ourselves? Where would the liability fall for accurate diagnosis and treatment? Although these questions may seem ethereal and remote, we must ask them in order to determine the fate of our profession and ultimately the care of the population and patients we serve.

As with any new technology or new use of existing technologies, it raises numerous legal and ethical questions. As this editorial is being written, pilot programs using teledentistry are underway, one right here in the San Fernando Valley. MEND, in conjunction with the University of the Pacific (UOP), is hosting such a program. Be prepared for the legal-ethical issues that accompany uses of modern technologies. We must be the watch guards of our profession in order to ensure the safety of our patients as well as the public.

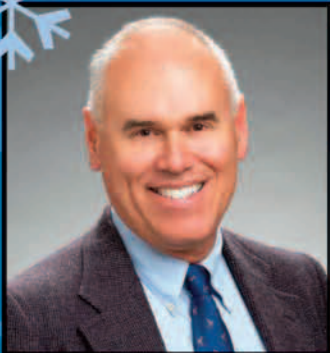
Anita Rathee, D.D.S., MPH.
Editor, SFVDS

UPDATE YOUR PROFILE

Did you know that the new SFVDS website allows each member to update their own profile? Each Member's Profile can be viewed by the public when they click on your name, following their initial search under the 'Find a Dentist' menu item.

To change and /or update your profile, you must enter the 'members only' section (bottom left side on the home page). Enter your username (your ADA number) and use the temporary password 'SFVDS'. Once you are in your profile, you can change your password.

It's that easy!



The Unforgettable Journey of 2010

As I look back at my year as President of the San Fernando Valley Dental Society I have to offer thanks to all those who helped make it an exciting, unforgettable journey. I was told by many who had held the office before me, "Just set one goal and try to accomplish it." Since our dental society never had a written strategic plan, creating one for the SFVDS was my goal. At the end of 2009 we established our mission, our vision, a whole bunch of goals and even more strategies. We were fortunate that our local CDA component societies had set up a strategic planning conference in Orange County last January. Our executive committee went to Costa Mesa all fired up about putting together our first written strategic plan.

At the meeting, most of our neighboring CDA components already had strategic plans in place. They attended to update and revise their future plans. Thanks to the help from the professionals at the conference, our office staff and our very motivated volunteer board members, our strategic plan came into being very early in my term. Wow, I was lucky! I hit my 2010 goal in February. The wheels were turning, and it was just the beginning of the journey.

One of our strategies was to increase our efforts in community service. When the 2010 "Give Kids A Smile" (GKAS) program was implemented, it was done at many locations, on many dates. The advanced planning for acquiring donated goods, securing multiple locations and getting everything to the locations by our office staff and volunteers made the difference. The number of kids we saw this year increased exponentially. This past summer the SFVDS received a the 2010 "Distinguished Agency Award from the Valley Care Community Consortium for our community service efforts in many different programs, including the Remote Area Medical (RAM) event at the LA Sports Arena, MEND, several community health fairs, participation in high school career fairs, as well as GKAS. At the award ceremony, our component received several special certificates of commendation from many of our state and local legislators for our

From the Desk of the President

efforts. The function was attended by the biggest players in local community health care. I want to thank our central office staff and all of the volunteers who made this a special year in community service for SFVDS.

Strengthening membership value was one of the most important strategies of our new strategic plan. We got the idea of our "Schlep and Shred" from one of our neighboring components. It was done on four different dates, in four different locations. Having a free and easy way to dispose of old dental records was a great local member benefit. We recommended that those who brought charts write a check to support "Give Kids A Smile" (GKAS). With this we raised a good amount of money to support our 2011 GKAS program. In addition our Dodger game, Magic Mountain day and Holiday Party were also well attended.

The idea of forming a local PAC and a Foundation in one year was never in my wildest dreams. Once again we had motivated people and the wheels were turning. Val-D-Pac is already running. All of the specifics for the Foundation are in place, but we are waiting on some final approvals from the government, before we can go into operation, (and we all know how quickly the government moves). The formation of the PAC was one of our advocacy strategies on our new strategic plan. The formation of the Foundation was one of our community service strategies.

This past year we also completed updating our governance documents. In 2010 we finished amending our Personnel Manual and our Policy Manual. In addition we set up a means to regularly contribute to specific strategic funds, to help insure the association's solvency and to provide a building purchase down payment fund. With the wheels turning, hopefully SFVDS will realize our long term dream of owning an office in the near future. Updating the governance documents and creating our new strategic funds were parts of our viable organization strategies.

I would like to give my sincerest thanks to our office staff, and our great volunteers who worked to take our SFVDS into new endeavors on the unforgettable journey of 2010. Let's all work to keep the wheels turning in 2011!

*Mark A. Amundsen, D.D.S.
Immediate Past President*

From the Desk of the Executive Director

Happy New Year!

While the 2010 economy wreaked havoc on many of our members' practices and a large number of recent grads were having a difficult time finding positions as dentists, the SFVDS continued to move forward on a variety of programs as identified by your board of directors' strategic plan.

We formed a local Political Action Committee (please see the insert in this issue of Dental Dimensions), and we formed a separate non-profit organization, The SFVDS Foundation, to help our dental society to raise funds and hopefully garner some grant funds to help us expand our community service programs (tax-exempt status is pending with the IRS). In addition, we continued with our successful 'Schlep and Shred' events, Magic Mountain Day, holiday party, new professionals and zone meeting events, and offering high-quality CE programs for the membership.

The central office lease is up in September of this year and if possible, given the deep dip in real estate prices, the building search committee of the board will attempt to find a building of our own. They are functioning within some pretty strict parameters as the amount of down payment and ability to pay a mortgage is still constrained by the realities of our financial position and our other needs. In addition, the difficulties of securing a bank loan (as a non-profit organization), means we must find a seller willing to carry the loan. Not an impossible task, but certainly one that will take the diligent work of your

board. They will also be studying the alternative of securing less expensive leased space in an effort to take advantage of the drop in commercial lease rates.

2011 is also our 60th anniversary as an independent dental society.

An ad hoc board committee has been created to explore ways of celebrating this milestone. Their focus will be on re-emphasizing the importance of organized dentistry to our members, to reaching out to the many non-members within our component's boundaries and taking a proactive position to educate the communities in which our members practice. These efforts will focus on who we are, what we do and how we help improve the oral health of all people living within our communities.

As opportunities to become involved are announced, please step up to the plate and help as much as you can. Help us educate the public, treat the disadvantaged and expand our membership by talking to your friends and associates who are not yet members.

Working together, we'll all be assured of a brighter and more prosperous New Year and we'll be positioning ourselves for greater successes as the economy begins to improve!

Andy Ozols

Executive Director



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Legislation Report

One of the benefits of membership in the ADA and its components, CDA and the SFV Dental Society are the behind the scenes services of the Government Affairs Council, the Political Action Committee and the Legislative Committee. These committees, working together, effect legislation that benefits the dentists as well as the patients we serve.

The members of the SFVDS Legislative Committee are responsible for establishing positive relations with legislators who serve the San Fernando Valley, at the Local, State and Federal Level. Getting to know the Legislators on a personal level, makes it easier to meet with the Legislators when we want to discuss dental related legislation. One of the events we sponsor each year is a pot-luck dinner at which time I invite one of the CA State legislators to meet with active members of our Society. In the past we have hosted Richard Alarcon, Alex Padilla, Paul Krekorian, Keith Richman, Sharon and George Runner, Cameron Smyth and this year, Assemblyman Felipe Fuentes.

After enjoying some of the gourmet food prepared by the dentists or their spouses, our members and their spouses had the opportunity to hear from the Assemblyman regarding some of the pressing issues in Sacramento. Certainly of concern to all is the huge deficit facing California. Although no solutions were proposed, the chances to restore adult Denti-Cal services, was of concern to Assemblyman Fuentes. There was also a discussion regarding the problems with local schools, an issue which has caused even more controversy since the movie, "Waiting for Superman" was released. There was also a discussion about term limits. Fuentes, who has an MBA degree, impressed everyone with his clarity and knowledge as he discussed issues and legislation which will confront the Assembly in 2011. Fuentes also mentioned that he thought it would be beneficial to revise the term limits legislation to allow a legislator to serve twelve years in one house rather than the present situation where the legislator can only serve six years in the Assembly and eight years in the State Senate.

Our members alerted Fuentes about the possible attempts by the Pew and Kellogg Foundations to establish mid-level dental provider programs in California. We emphasized that there were sufficient dentists to provide dental services in the urban areas of the state and that if there was a need for dental providers in outlying areas, the state could offer incentive programs to recent dental school graduates to help them repay their tuition loans.

There is a segment of our community which is in need of dental treatment. These families are not aware of the importance of regular visits to the dentist and are uneducated as to how to prevent dental caries. Our group said that we would



(L-R) Participants at the pot-luck dinner with Assemblyman Felipe Fuentes: Executive Director, Andy Ozols, Drs. Jorge Alvarez, Anita Rathee, Mehran Abbassian, Jim Mertz, (rear) Assemblyman Felipe Fuentes, Drs. Mark Amundsen, Lou Schwarzbach, Susan Jarakian and Jerry Gelfand.

work with Assemblyman Fuentes in efforts to educate this underserved community. We proposed to offer our services to make presentations to the health classes in the local schools. In addition, we suggested that parents whose children were enrolled in state supported Head Start programs be mandated to attend a lecture on dental health as a pre-requisite for enrolling their child in a Head Start program. One of the most significant causes for absenteeism in school is due to dental emergencies. Another suggestion regarding dental literacy was to be certain that physicians who are providing obstetric and pediatric care be provided with literature to educate new parents about dental health. Fuentes indicated that he would make efforts to coordinate with our Society's dental education lectures in the public schools.

The Government Affairs Council of CDA was effective in promoting and enacting into law, legislation this year which: (1) Will allow dental students in California to be licensed in California by portfolio, rather than having to sit for a clinical exam: (2) Prevent insurance companies from capping the dentist fees for procedures which the insurance company is not insuring.

On a Federal level, the ADA was one of the lobbyists instrumental in effecting legislation to exempt small businesses including dentists from the Red Flag Rule. ADA is lobbying to exclude small businesses from having to file 1099 forms for every entity with which they do business, a rule in the Obama Health Care Bill. ADA is also lobbying to eliminate the Insurance Company's exemption from the McCarren-Ferguson Bill.

As always, I encourage everyone to get involved in local politics. Meet the candidates, and support them if they represent your point of view. Please let me know if you have worked in a campaign for a legislator. We can use your influence with that Legislator to help enact legislation supporting our profession.

James Mertz D.D.S. Legislative Chairman, SFV Dental Society: Committee Member, CDA Governmental Affairs Council

General Meetings - Preview

MARCH 09, 2011

CA Dental Practice Act and Infection Control
(Mandatory courses for license renewal-Core)

Speaker: Nancy Andrews, CDA, RDH



5PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

About the Program: Topics covered will include: Highlights and updates of the Dental Practice Act; Scope of practice for dentists and allied dental health personnel; License renewal requirements, continuing education, laws governing citations and fines; Laws pertaining to prescriptions; Dental record keeping; Acts in violation of the Dental Practice Act including unprofessional conduct; Dental Board Infection Control Regulations (DPA Section 1005)

MAY 11, 2011

The Wonderful World of Prosthodontics

Speaker: Mark Exler, DDS, FACP



5PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

About the Program: Dr. Exler will take course participants through various strategies of prosthodontic success, from the initial patient contact through the final completed treatment, including the potentialities of future rescues. Emphasis will be placed on implant technologies, procedures, esthetic restorations and properly understanding patients' needs.

JUNE 22, 2011

Clear the Fears, Drug the Bugs:
Pharmacologic Management of the Surgical Patient

Speaker: John Yagiela, DDS



5PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

About the Program: Dr. Yagiela will present our annual course designed to update the dentists on the latest in pharmacology.

**General Meeting
Review**

November 17, 2010

Achieving Success in Endodontics

Speaker: Ilan Rotstein, DDS



Dr. Rotstein, a USC Dental School professor, brought attendees up to speed on the many exciting changes taking place in biology, technology, biomaterials and equipment as they affect endodontics. He reviewed many of the best diagnostic skills needed to preserve natural dentition and achieve more successful and predictable treatment results. His focus was on evidence-based endodontic evaluation, treatment and therapy with more predictable results and patient satisfaction.

JOINT BOARD MEETING

By: Andy Ozols, Executive Director, SFVDS



(L-R) Incoming president, Dr. Mehran Abbassian presents outgoing President, Dr. Mark Amundsen with a plaque of appreciation.

December 7, 2010 saw the installation of the San Fernando Valley Dental Society's slate of new officers at Maggiano's Restaurant in Woodland Hills, CA.

Installed at the annual joint board meeting dinner (where the previous year's board meets with the following year's board) were:

President - Mehran Abbassian, DDS, a general dentist in private practice in Valencia.

President-elect - Afshin Mazdey, DDS, a Board Certified Endodontist in private practice in Northridge.

Treasurer - Nita Dixit, DDS, a general dentist in a group practice in Studio City.

Secretary - Mahrouz Cohen, DDS, an Endodontist in Encino

Editor - Anita Rathee, DDS, a general dentist in West Hills

Last year's president, Dr. Mark Amundsen, a general dentist in private practice in Woodland Hills, was recognized for having a year of many accomplishments, including the establishment of the society's first-ever Strategic Plan, the formation of a local SFVDS Political Action Committee (VAL-D-Pac), and the establishment of a new charitable arm for the SFVDS, the SFVDS Foundation.

All 2011 officers assumed their new positions during the evening's festivities, where Dr. Alan Stein, CDA Trustee for the SFVDS, presided over the installation.



(R-L) Incoming president, Dr. Mehran Abbassian with his wife, Araceli, and their two children, Luis and Jose.



New Professional Meet in Sherman Oaks

San Fernando Valley Dental Society's New Dentist Committee held it's last meeting of 2010 on Nov 30 at the Cucina Bene Restaurant in Sherman Oaks.

We were fortunate to have an excellent lecturer, Dr. Richard Hoefke, Chair of the SFVDS Peer Review Committee (center).

Dr. Hoefke has been recognized as California's top peer review chair and his lecture concentrated on how to avoid conflicts with patients, how to win a peer review case, and why peer review is the top member benefit offered by CDA.

This meeting was free to all our new dentist members (practicing 10 years or less) and 2 CE units were provided. Members were able to discuss cases, exchange ideas and listen to Dr. Hoefke's advice while enjoying a pleasant dinner. Dr. Stephen Horowitz (right front) was introduced as the new chair of the New Dentist Committee for the year 2011. We look forward to more meetings and activities addressing issues concerning new dentists in the coming year.

By: Karin Irani, D.D.S.

The Role of the Complete Denture in Implant Treatment: Back to Basics

The implant-retained overdenture is quickly replacing the conventional complete denture as the primary treatment option for our edentulous patients (especially in the mandible). Often, however, implant retained or supported prostheses are not feasible for patient health or financial reasons. When this is the case, we can still provide an excellent service with well-constructed complete dentures.

Some of the problems that I encounter regularly with complete denture patients are as follows:

- Patients have high esthetic and functional expectations
- Patients have varying degrees of success in using complete dentures. Many patients use ill-fitting dentures successfully, while others cannot adapt even to well-fitting dentures.



Before: Old dentures with worn teeth and loss of occlusal vertical dimension



After: New complete dentures fabricated using basic prosthodontic principles

It may seem easy enough to get from point A to B, but the modality of treatment we use and the chances of success will depend on patient expectations, anatomic limitations, and a carefully developed and well presented treatment plan.

Well constructed dentures have many benefits. Complete dentures can be a cost effective definitive solution to complete edentulism, or they can be an initial step in a phased treatment plan. Esthetic and functional goals for removable and fixed implant prosthesis can be established using carefully fabricated complete dentures.

In addition, the patient can experience the limitations of complete dentures (yes, this is a benefit!) It is my opinion that patients with a terminal dentition should experience complete edentulism (with conventional dentures) prior to implant treatment. Staged extractions with fixed provisional restorations, immediate placement, and loading of implants have become very popular in recent years: Are we really doing our patients a good service by pushing the envelope, raising expectations even higher while increasing the risk of failure?

It is important to fabricate these dentures as carefully and ideally as possible. In this way, the patient knows he or she

is getting the best quality conventional dentures possible. An interim denture can be an excellent diagnostic tool. We can see if the patient adapts well to dentures with their inherent limitations. We can also determine if a flange will be tolerable and/or necessary for lip support and facial esthetics. If the patient is unhappy, or complains that the dentures "do not fit", it is much easier for the patient to understand that this is due to his or her own anatomical or adaptability limitations. This type of patient may be willing to consider implant treatment after all non-surgical options have been exhausted. In addition, we have created an ideal guide for implant placement, which can be duplicated for a surgical template. Implants can be an excellent solution, but all too often they are placed without an appropriate prosthodontic treatment plan.

The factors to evaluate in implant diagnosis and treatment planning are not much different from complete denture treatment planning:

1. General health: A thorough history is taken to rule out systemic disease such as uncontrolled diabetes, peripheral cardiovascular disease, and history of radiation therapy. A thorough oral cancer examination is completed.

2. Psychological factors: We can sometimes gain clues as to the patient's psychological makeup by examining their dentures: Look for signs of self-adjustment/modification. Be especially wary of the patient who brings in a bag of old dentures with a story behind each one! ⁽¹⁾ Look for signs or symptoms of phobias, chemical dependency, depression, or obsessive-compulsive disorder. In some cases, referral for psychological consultation prior to treatment may be indicated. Use of the House personality classification (Philosophical, Exacting, Indifferent, and Hysterical) can also be helpful in establishing restorative prognosis.

3. Mucosa: Note any signs of inflammation & infection. Observe tissue thickness and biotype. Attached tissue, while important for denture bearing surfaces, is not as important for implant success as we once thought, but it is less likely to become inflamed.

4. Bone Quantity & Quality: The Lekholm/Zarb classification (1985) A=most bone through E=least bone and 1=primarily cortical through 4=primarily cancellous is a useful screening tool.

5. The maxillomandibular relationship must also be evaluated: In the patient with a prognathic mandible, mandibular implants may destabilize a maxillary complete denture. The retrognathic patient will tend to posture forward. (Be careful not to "correct" this occlusal relationship). The

amount of resorption of the edentulous ridges will not only affect denture prognosis, but implant restorative prognosis as well. We know from longitudinal studies ⁽²⁾ that the maxilla resorbs superiorly and medially, while the mandible resorbs inferiorly & laterally. This is an especially important consideration when the implant prosthesis opposes, and may destabilize a complete denture. Resorption can also affect type of prostheses needed for lip support.

6. Occlusion: Natural teeth or implants in an arch opposing a complete denture will generate much greater force than a denture. A diagnostic mounting of the patients old dentures on an articulator can be helpful in confirming our assumptions about problems with occlusion, and in demonstrating these problems to the patient. Correcting the occlusal plane in the opposing arch may require equilibration or restorative treatment to create favorable occlusion for a complete denture or implant prosthesis. Evaluating the occlusal vertical dimension (OVD) is essential in determining whether fixed or removable implant prosthesis is feasible.

7. Oral hygiene: Most patients have lost their teeth due to poor oral hygiene. Luckily, the bacteria that cause periodontal disease do not necessarily cause bone loss around implants. Still, poor oral hygiene can lead to painful inflammation and infection. Evaluate the patient's manual dexterity and hygiene access: A removable prosthesis may be a better choice for a patient with rheumatoid arthritis, or other condition which would make cleaning of a fixed prosthesis difficult.

8. Denture prognosis: In the maxilla, several factors indicate an unfavorable denture prognosis. These include ridge resorption, a tapered arch or palate, shallow labial vestibule, fibrous ridge crest, and a prognathic jaw relationship. In the mandible, ridge resorption, a tapered ridge or arch, shallow vestibules, thin or thick mucosa, a retrognathic jaw relationship, a large or strong tongue, and poor muscle coordination all reduce chances of denture success. In any case, high patient expectations always point to a lowered denture prognosis, and implants should be considered as part of the phased treatment plan early on.

The PDI (Prosthodontic Diagnostic Index) developed by the American College of Prosthodontists is a quick and easy diagnostic tool used to establish denture prognosis. It is a "I" through "IV" classification scale where "I" is most favorable and "IV" is least favorable. With PDI, a simple checklist is utilized to systematically categorize prosthodontic prognosis.⁽³⁾ Classification checklists are also available for the partially edentulous patient as well as the dentate patient.

I prefer to follow the same steps in fabrication of

complete dentures that we all learned back in dental school.⁽⁴⁾ (They really aren't a waste of time!)

1. Preliminary impression: Using irreversible hydrocolloid (alginate), the objective is to record all areas to be covered by the denture and adjacent landmarks, so that a properly extended custom tray can be fabricated.

2. Final Impression: I prefer to use a selective pressure technique in a border molded custom tray. Impression compound or Adaptol are great materials to extend for maximum coverage. Light pressure is used in vestibules to create a border seal. My favorite materials for the final impression are light body polysulfide or zinc oxide-eugenol (Krex®). The maxillary landmarks that should be recorded are the hamular notches, fovea palatina, buccal vestibule, frenum attachments, palate, and labial vestibule. In the Mandible, be sure to record the retromolar pads, buccal shelf, external oblique ridges, frenum attachments, sublingual space, retromylohyoid space, buccal and labial vestibules.



Before: 50 year-old female with terminal dentition. All remaining teeth have hopeless prognosis due to advanced caries and periodontal disease.



After: an initial course of treatment with immediate dentures, definitive treatment included an implant retained maxillary complete over denture and mandibular implant supported fixed complete denture ("hybrid prosthesis").

3. Jaw Relation Records: With well fitting record bases and wax occlusion rims, record the physiologic rest position, occlusal vertical dimension, and centric relation position. A facebow transfer and protrusive or lateral relations are essential for an accurate articulator mounting and accurate setting of teeth.

4. Esthetic Try-in: The classic denture esthetic principles taking into account the patient's sex, personality and age ("dentogenic/SPA" factors) ⁽⁵⁾ are still used today in esthetic and implant treatment planning. A try-in may not be possible for an immediate denture, but we may want to show the

Continued on page 12

The Role of the Complete Denture in Implant Treatment: Back to Basics - *Continued from page 11*

more demanding patient the setup prior to processing. Phonetics (/f/, /v/, /s/ sounds) must also be evaluated. After the trial setup is approved by the patient and the dentist, the setup can be duplicated for a radiographic or CT stent.

5. Insertion & Delivery: The dentures are placed and initial adjustments of the intaglio made using pressure indicating paste (PIP), and denture borders are verified with disclosing wax. Centric relation records are made and a clinical remount and occlusal equilibration is completed.

6. Adjustment & Adaptation Period: For complete dentures, adaptation can take approximately three months (six months for immediate dentures). Careful monitoring of the patient during this period will help make a final determination if the patient is undecided regarding implants.

The Future: The new paradigm in implant prosthodontics is guided surgery. Using several different proprietary systems, implant surgical stents and definitive (or provisional) restorations can be made from the pre-surgical CT scan. Both immedi-

ate load and immediate function protocols exist for various types of implant supported prosthesis. These techniques are beyond the scope of this review. My personal opinion, however, is that these techniques are best used for accurate implant placement, not for placement of an immediate definitive prosthesis.

Whether they are used as a provisional or a definitive prosthesis, carefully fabricated complete dentures are more important than ever!

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What is Privileged Communication?

*By: Yasica Corum
TDIC Risk Management Analyst*

Privileged communication is the exchange of information between two individuals, which is confidential due to the nature of the relationship, such as a doctor-patient relationship.

Doctor-patient confidentiality begins when a patient seeks the advice, care, and/or treatment of a dentist. This applies to dental consultations as well. Patients seeking dental treatment or advice should not fear that their dental concerns, medical conditions or personal information will be disclosed to others. The expectation is for dentists to hold that personal health information in confidence and use it exclusively for the benefit of the patient.

Maintaining confidentiality covers not only what a patient may reveal to the dentist, but also what a dentist may independently conclude or form an opinion about, based on an examination or assessment of the patient. Confidentiality covers all of the dental record (including radiographs, lab reports, and billing) as well as all communications between the dentist and patient. It includes communication between the patient and dental staff and phone conversations between dental staff and third-party payers. The duty to preserve privacy even continues after a patient is no longer part of the practice.

Divulging health information is a privilege belonging to the patient, not the dentist. Only the patient may waive that privilege. In general, dentists should not release health information to a third party without getting a release signed by the patient. A common exception occurs when two dentists are treating the same patient and they consult each other regarding treatment. To obtain a sample "Release of Patient Records" form, visit the Risk Management section of the TDIC website at www.thedentists.com.

Medical issues warranting special confidentiality include mental health information, drug and alcohol abuse records, and HIV test results. Do not release this information unless you have express written permission from the patient or the patient's legal representative allowing you to do so.

IRS ISSUES FORM TO CLAIM HEALTH CARE TAX CREDIT:

The IRS has released the form that small businesses and tax-exempt organizations will use to calculate the small business health care tax credit when they file their 2010 returns.

Form 8941 is posted on the IRS website, www.irs.gov. Both small businesses and tax-exempt organizations will use the form to calculate their credit. Small businesses will then include the amount of the credit on their income tax returns.

For tax years 2010 to 2013, the maximum credit is 35 percent of premiums paid by eligible small business employers and 25 percent of premiums paid by eligible tax-exempt organizations. Beginning in 2014, the maximum tax credit will go up to 50 percent of premiums paid by eligible small business employers and 35 percent of premiums paid by eligible tax-exempt employers.

The maximum credit goes to smaller employers – those with 10 or fewer full-time employees paying average annual wages of \$25,000 or less. The credit is completely phased out for employers that have 25 employees or more or that pay average wages of \$50,000 per year or more.

Dr. Gosar Goes to Washington

By: Karin Irani, D.D.S

Congratulations to our colleague, Dr. Paul Gosar, who was elected to the 112th U.S. Congress last Tuesday. Dr. Gosar, a Republican, will represent the First District of

Arizona. I had the pleasure to meet Dr.

Gosar in Washington D.C. in

June 2009. Dr. Gosar and I were among the seven dentists sponsored by ADPAC to attend the "Art of Political Campaigning" organized by Politics magazine.



Pictured from L-R: Dr Fred Costello (FL) Brian Sederghren, Dr. Denny Zent (IN), Dr. Karin Irani (CA), Dr. Damian Dachowski (PA), Dr. Paul Gosar (AZ)

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

(L-R) CA First Lady, Maria Shriver, SFVDS Member, Karin Irani, DDS, and Santos Cortez, DDS of Long Beach at the modern house call.

A Modern House Call for Women

By: Karin Irani, DDS, SFVDS Membership Chair



Once again, dentists from throughout Southern California donated their time and skills to bring care to those in need. Organized by the First Lady of California, Maria Shriver, "The Modern Day House Call for Women", a groundbreaking three-day event, provided a range of free medical, dental, financial and educational services to underserved women in the Long Beach/South Bay area.

The Modern Day House Call For Women took place on Friday, October 22 through Sunday, October 24, 2010 at the Pyramid at California State University, Long Beach. On the second day of the event the participants received a visit from California Governor, Arnold Schwarzenegger, and California's First Lady, Maria Shriver. "This innovative, cooperative partnership will help connect many hard-working women with important programs and resources they may not otherwise receive," Schwarzenegger said. Governor Shwarzenegger even shared some of his dental experiences with me while observing a patient undergoing an extraction!

Patients were able to receive a wide range of health care services such as mammograms, bone density evaluations, immunizations, PAP smears, nutrition counseling and prenatal care. The participants also had access to financial resources, including money-saving programs, job resources, and housing assistance services organized through Ms. Shriver's 'WE Connect' program.

384 dentists, dental hygienists and dental assistants participated in this event. A reported 1,330 patients received approximately 4,000 dental procedures including fillings, cleanings, extractions, and porcelain crowns.

Many patients explained their lack of care due to a recent job loss and/or insufficient dental coverage, and were very thankful for the free care. Needless to say, this was another successful and rewarding event for both volunteer health care practitioners and those unable to pay for much needed care.



Governor Schwarzenegger talks with one of Dr. Irani's Modern House Call Patients.



Schlep and Shred...

4 "Schlep and Shred" events are being planned for 2011. While no specific locations have yet been identified, the areas of the events will be: Santa Clarita in February; Lancaster in April; Glendale in August; and the West SF Valley in October. Watch your emails for specific locations and details. Members interested in hosting a Schlep and Shred event please contact Wendy at (818) 884-7395.

Consuming Polyunsaturated Fatty Acids

May Lower the Incidence of Gum Disease

New Study in Journal of the American Dietetic Association Indicates Link

Periodontitis, a common inflammatory disease in which gum tissue separates from teeth, leads to accumulation of bacteria and potential bone and tooth loss. Although traditional treatments concentrate on the bacterial infection, more recent strategies target the inflammatory response. In an article in the November issue of the *Journal of the American Dietetic Association*, researchers from Harvard Medical School and Harvard School of Public Health found that dietary intake of polyunsaturated fatty acids (PUFAs) like fish oil, known to have anti-inflammatory properties, shows promise for the effective treatment and prevention of periodontitis."

We found that *n*-3 fatty acid intake, particularly docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), are inversely associated with periodontitis in the US population," commented Asghar Z. Naqvi, MPH, MNS, Department of Medicine, Beth Israel Deaconess Medical Center. "To date, the treatment of periodontitis has primarily involved mechanical cleaning and local antibiotic application. Thus, a dietary therapy, if effective, might be a less expensive and safer method for the prevention and treatment of periodontitis. Given the evidence indicating a role for *n*-3 fatty acids in other chronic inflammatory conditions, it is possible that treating periodontitis with *n*-3 fatty acids could have the added benefit of preventing other chronic diseases associated with inflammation, including stroke as well."

Using data from the National Health and Nutrition Examination Survey (NHANES), a nationally representative survey with a complex multistage, stratified probability sample, investigators found that dietary intake of the PUFAs DHA and (EPA) were associated with a decreased prevalence of periodontitis, although linolenic acid (LNA) did not show this association.

The study involved over 9,000 adults who participated in NHANES between 1999 and 2004 who had received dental examinations. Dietary DHA, EPA and LNA intake

were estimated from 24-hour food recall interviews and data regarding supplementary use of PUFAs were captured as well. The NHANES study also collected extensive demographic, ethnic, educational and socioeconomic data, allowing the researchers to take other factors into consideration that might obscure the results.

The prevalence of periodontitis in the study sample was 8.2%. There was an approximately 20% reduction in periodontitis prevalence in those subjects who consumed the highest amount of dietary DHA. The reduction correlated with EPA was smaller, while the correlation to LNA was not statistically significant.

In an accompanying commentary, Elizabeth Krall Kaye, PhD, Professor, Boston University Henry M. Goldman School of Dental Medicine, notes that three interesting results emerged from this study. One was that significantly reduced odds of periodontal disease were observed at relatively modest intakes of DHA and EPA. Another result of note was the suggestion of a threshold dose; that is, there seemed to be no further reduction in odds of periodontal disease conferred by intakes at the highest levels. Third, the results



were no different when dietary plus supplemental intakes were examined. These findings are encouraging in that they suggest it may be possible to attain clinically meaningful benefits for periodontal disease at modest levels of *n*-3 fatty acid intakes from foods.

Foods that contain significant amounts of polyunsaturated fats include fatty fish like salmon, peanut butter, margarine, and nuts.

Article: "*n*-3 Fatty Acids and Periodontitis in US Adults" by Asghar Z. Naqvi, MPH, MNS; Catherine Buettner, MD, MPH; Russell S. Phillips, MD; Roger B. Davis, ScD; and Kenneth J. Mukamal, MD, MPH, MA.
Commentary: "*n*-3 Fatty Acid Intake and Periodontal Disease" by Elizabeth Krall Kaye, PhD

Both appear in the *Journal of the American Dietetic Association*, Volume 110, Issue 11 (November 2010) published by Elsevier.

*Editors Note: Reprinted courtesy of the American Dietetic Association Contacts: Ryan O'Malley, Allison MacMunn
800/877-1600, ext. 4802, 4769 • media@eatright.org*

Fish (From Wikipedia - see also fish oil)

The most widely available source of EPA and DHA is cold water oily fish such as salmon, herring, mackerel, anchovies and sardines. Oils from these fish have a profile of around seven times as much n_3 as n_6 . Other oily fish such as tuna also contain n_3 in somewhat lesser amounts. Consumers of oily fish should be aware of the potential presence of heavy metals and fat-soluble pollutants like PCBs and dioxin which may accumulate up the food chain. After extensive review, researchers from Harvard's School of Public Health reported in the Journal of the American Medical Association (2006) that the bene-

fits of fish intake generally far outweigh the potential risks. As fish oil supplements are bought for their healthful Omega-3 fatty acid content, it is therefore vital that manufacturers and suppliers of these products ensure that they do not contain high levels of dioxins and other toxins.^[108]

Even some forms of fish oil may not be optimally digestible. Of four studies that compare bioavailability of the triglyceride form of fish oil vs. the ester form, two have concluded that the natural triglyceride form is better, and the other two studies did not find a significant difference. No studies have shown the ester form to be superior although it is cheaper to manufacture.^{[109][110]}

Although fish is a dietary source of n_3 fatty acids, fish do not synthesize them; they obtain them from the algae (microalgae in particular) or plankton in their diet.

Grams of n_3 per 3oz (85g) serving of popular fish.^[112]

Common name	grams n_3	Common name	grams n_3
Tuna	0.21–1.1	Halibut	0.60–1.12
Tuna (canned, light)	0.17–0.24	Mahi Mahi	0.13
Pollock	0.45	Orange Roughy	0.028
Salmon	1.1–1.9	Red Snapper (disambiguation needed)	0.29
Cod	0.15–0.24	Shark	0.83
Catfish	0.22–0.3	Swordfish	0.97
Flounder	0.48	Tilefish	0.90
Grouper	0.23	King Mackerel	0.36

HOUSE OF DELEGATES

MOVING FORWARD. TOGETHER.

By: Andy Ozols, Executive Director, SFVDS

House of Delegates

On November 12-14, 2010, the SFVDS' delegation of 11 delegates attended the CDA House of Delegates meeting to express this component's votes on the issues CDA put forth, and to introduce and defend our delegation's submission of three resolutions. The SFVDS delegation submitted the following three resolutions:

1. That CDA grant Colonel Robert G. Hale honorary membership
2. That CDA direct the appropriate CDA entity to increase oral health literacy programs, particularly for new mothers, expectant mothers and teens as a means of reducing the access to care problems in California
3. That CDA work with the appropriate state authorities to allow dentists to co-diagnose sleep-related breathing disorder issues with the medical community, given that dentists are the most likely health care professionals to identify such disorders as they commonly originate in the oral cavity, and patients often see their dentist more frequently than their physicians.

Honorary membership for our past-president, Colonel Robert G. Hale, DDS, won with a unanimous vote of the House. The SFVDS flew Dr. Hale in from Ft. Sam Houston in San Antonio, TX to accept the award. Dr. Jorge Alvarez, our past-president from 2009, who credited Dr. Hale as his mentor and the one who got him involved in leadership positions with the SFVDS, spoke eloquently in his introduction of Dr. Hale to the House. After the presentation of a plaque to Dr. Hale to commemorate his honorary membership by CDA President, Dr. Tom Stewart, Dr. Hale made a few remarks to the House about the satisfaction of putting his oral surgery skills to work helping our men and women in uniform, particularly those returning from Iraq

2010 CDA House of Delegates (HOD) Meeting

All Component Caucus

This year's HOD meeting report starts with the All Component Caucus because for the first time in many years, the San Fernando Valley Dental Society hosted the event.

As hosts, we invited all 32 component dental societies to send their HOD delegates to the Embassy Suites Hotel at LAX on October 29, 2010 to discuss and strategize components' positions on the myriad of issues that were going to be presented at the CDA House of Delegates.

Last year's SFVDS president, Dr. Jorge Alvarez, acted as the facilitator for the nearly 100 delegates who came to the caucus from all over the state. Resolution by resolution, Dr. Alvarez led the group through its discussions and the development of component positions on the issues.

While admittedly, the slate of business was not particularly contentious, Dr. Alvarez did a remarkable job keeping the flow of discussions and voting on the issues moving forward. So remarkable was his stewardship that the caucus ended successfully and a couple of hours early – to the glee and satisfaction of all in attendance.



Dr. Jorge Alvarez leads the discussion at the all component caucus



The SFVDS' house delegation caucuses on Saturday morning ahead of the day's CDA House session.



and Afghanistan with maxillofacial battle injuries. The photo on the cover of this issue was taken during his acceptance speech.

Our Oral Health Literacy resolution was referred to the CDA Policy Development Committee, who has already started working on this issue this year. A report on their progress will be presented to the 2011 House in Sacramento, including how they have incorporated some of our suggestions in their efforts.

Lastly, the resolution concerning the co-diagnosis of sleep-related breathing disorders was also referred to the Policy Development Committee for further study and a report back to the House in 2011. This resolution actually turned out to be the most contentious one at the House, in that the Speaker of the House, Dr. Alan Felsenfeld, ruled the resolution out of order based on his belief that the essential request of the resolution was to have CDA attempt to rewrite portions of the Dental Practice Act in an effort to legally allow dentists to diagnose medically-based sleep-related breathing disorders – which he stated, CDA did not have the power or authority to do. Once the ‘out of order’ ruling was officially made by the Speaker on the floor of the House, our delegates immediately challenged his ruling, made very strong arguments for keeping it alive and were eventually successful in having the House vote to override the Speaker’s ruling and refer it to the Policy Development Committee for further study and discovery of the best way to have dentists involved in helping their patients with these disorders.

Challenging and winning against the Speaker’s rulings is very rare so we should all be extremely proud of our delegation for sticking to its beliefs, making incredibly persuasive arguments on the floor of the House and achieving a ‘Yay’ vote on this issue!

On Saturday night, our delegation attended the CDA President’s party, where a good time was had by all. There were good eats and we all played ‘dress-up’ in tune with the party’s theme, “Tom’s Bahama Bar and Grill” in honor of

outgoing CDA president, Tom Stewart, DDS (an avid Caribbean fisherman). Our delegation dressed in ‘Island garb’, with straw fisherman’s hats, complete with hooks and bobbers.

Sunday’s House session was but a closing formality as all other business was taken care of by the close of the day on Saturday, a rare yet pleasant occurrence.



Overall, our delegation felt that they had made an impact on the House this year and look forward to another great House in 2011.

1. Members of the SFVDS delegation to the CDA House settle in before the opening session.

2. SFVDS delegates, Drs Virginia Hughson-Otte, Martin Courtney & James Mertzel at the CDA President’s Party Saturday night.

3. Dr. Mike Bromberg and his wife Donna, smiling for the camera at the President’s party.

4. Dr. Jorge Alvarez introduces SFVDS past president, Colonel Robert Hale, DDS to the CDA House of Friday.

2nd Annual SFVDS Holiday Party



Well, we did it again but only this time bigger and better!! On December 9, 2010, we had our 2nd Annual Holiday Party at the Knollwood Country Club in Granada Hills, CA, and it was spectacular!!

The evening started at 7pm with registration and photos being taken at our photographer's 'Green Screen' booth. Each person who attended received a photo on the spot with the background of their choice. At 7:30 pm, appetizers started coming out until dinner was served at 8pm. Dinner was a delicious buffet consisting of salmon, tri-tip, green and fruit salads, breads, vegetables and so much more. Everyone raved about the food this year!

After dinner the real fun began. Our DJ was able to get people up and dancing and the casino opened where one could play blackjack, roulette or craps! The concept was to win as many chips as you could. Every \$5 worth of chips you turned in would give you a ticket to enter a drawing for one of the 23 gifts ranging from movie tickets, a wine set, dining gift cards, a digital camera, a

1. SFVDS President, Dr. Mehran Abbassian (standing with tie) and guests.
2. SFVDS President-elect, Dr. Afshin Mazdey (gray suit, right front) and guests.
3. Lining up for the dinner buffet.
4. Eduardo Morales shows off his 50/50 winnings.



5

By: Wendy Abrams, SFVDS Staff

Magic Mountain gift bag with 2 tickets to the park, an overnight stay at the Airtel Plaza Hotel, a netbook, a foursome of golf, and more!!

One of the most amazing parts of our evening was our fundraiser for the Give-Kids-A-Smile program coming up in February, 2011! Everyone in attendance was given the opportunity to purchase 50/50 drawing tickets starting at \$1. This was truly a success with a final total of \$701 half of which went to the Give-Kids-A-Smile Program and the other half went to the winner, Eduardo Morales from Dr. Mark Amundsen's office. A success all around!

The evening ended around 11:30 pm with lots of people walking out, happy, full and tired!

We would like to thank everyone for attending and making this event such a success. We also hope to see you all there next year because once again, we hope that it will be even bigger and better for 2011!!!



6



7



8



9

5. SFVDS Executive Director, Board Members, Trustee and Editor pose for a group photo.
6. Dancing...
7. Dancing... 8. ...and more dancing
9. SFVDS office staffer Wendy Abrams, presents Dr. Matian with a gift certificate won in the drawing.

Antelope Valley Report

The Antelope Valley component of the San Fernando Valley Dental Society will be actively promoting the ADA Program "Give Kids A Smile" (GKAS) during February 2011.

By: Char Brash

We are pleased to again be working with the Greater Los Angeles Girl Scouts and are proud to announce that we are expanding to include both the Ridgecrest and Santa Clarita areas. More than 2,500 girl scouts are being invited to participate in an essay contest. The topic that has been chosen for this year is "What I need to get the smile I want to live with and why". The focus of this essay contest is to educate our community on the epidemic of untreated oral disease and why it is important to practice good oral health. The need for dental services became apparent when local dentists visited many of the Antelope Valley schools and discovered that more than 10% of the children examined

had never seen a dentist; 20% had not seen a dentist in more than a year; and a higher percentage of the children seen needed immediate dental treatment. The deadline to turn in essays is February 25th. All of the participants and their families will be invited to an award ceremony in March, where prizes will be presented to the essay winners.

We chose to adopt this program to educate our community about the importance of good oral health. We also believe that it is our obligation as professionals to provide such an outstanding program due to the fact that more children miss school due to poor oral health than from asthma or allergies.

A great deal of pride comes from being part of this program, and we look forward to additional success in the future.



Long time SFVDS Member, Robert L. King, DDS, died on December 11, 2010. He was survived by his wife Susan and four sons: Jeffrey, Paul, Kevin and Jonathan.

Robert King was a WWII veteran of the Marine Corps. He fought as an enlisted man in the USMC's Iwo Jima campaign. After Japan's surrender, Bob was part of the occupation force (Military Police) on the Japanese mainland. Bob is a decorated war veteran, among his numerous medals are the Navy Cross and two Purple Hearts.

After the war he continued his military service by enlisting with the California State Military Reserve. The CSMR provides support to the California National Guard, and Bob used his dental skills to support the National Guard's mission. Bob, a long time member of the CSMR, retired as a Colonel.

Bob attended and received his dental degree from The College of Physicians and Surgeons (P&S), San Francisco in 1956. Bob was at the top of his class through his college career. and while at dental school he was elected to the OKU Honor Society, and also belonged to the National Dental Honor Society TKO, and was a member of the PSI Omega Fraternity. Between 1958 and 1960 Bob taught Dental Anatomy and Fixed Prosthodontics at USC. Bob was the first Periodontist in Northridge and went on to practice for forty years. His patients were always grateful for the exceptional treatment they received while under his care. Bob also was three time Chief of Dental Staff at Northridge Hospital and belonged to numerous dental associations during his practicing years.

He was an interesting and delightful self-made man. Bob had an extremely broad range of interests: hunting, fishing, and an insatiable desire for information and knowledge. Bob cherished the time he spent with family and friends and those who knew him would say he was one of a kind.

Welcome New Members

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UCLA, 2008

Younes Safa, DDS
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USC, 1990

Robert Wayne Mower, DDS
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661-255-1515
Oral Surgeon
Loma Linda, 1998

Drew Preston, DDS
General Dentistry
UCLA, 2010

Alejandro J. Assatourians, DDS
General Dentistry
UOP, 2010

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Tehran University, 1988

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USC, 2003

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General Dentistry

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Valley Village, CA 91607
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General Dentistry
NYU, 2010

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Sherman Oaks, CA 91407
818-634-5884
General Dentistry
UCSF, 2010

Daniel Khorramian, DDS
11243 Dona Lola Dr.
Studio City, CA 91604
General Dentistry
UOP, 2010

SFVDS LIFE MEMBERS

It is with great pride and admiration that we publish the below listing of SFVDS members who, in 2010, achieved LIFE MEMBERSHIP status. A few were on hand at the October 20, 2010 general meeting to receive their awards and ADA pins from President, Mark Amundsen, DDS. If you know any of these long-time members, please call and congratulate them on their dedication to organized dentistry for the past 30+ years. The congratulations and heartfelt thanks of the SFVDS goes out to one and all on this list.

Member Name	Years of Membership	Member Name	Years of Membership
Young Y. Amano, DDS	30	Steven D. Iceland, DDS	35
Laurence M. Amelang, DDS	36	Arthur F. Koebel, DDS	32
Linda A. Axman, DDS	31	Murray S. Levine, DDS	41
Stuart Bernthol, DDS	39	Peter C. Nissler, DDS	40
Howard K. Cho, DDS	32	Gerald T. Nomura, DDS	38
Mary A. Ditto, DDS	34	Clifford Oyama, DDS	36
Peter K. Elloway, DDS	36	Steven Sander, DDS	34
Alan M. Fink, DDS	37	Irv Seiler, DDS	41
Gerald Gelfand, DMD	34	Michael Sriro, DDS	41
Ronald M. Gerecht, DDS	39	Henry Tanner, DDS	38
Herbert M. Goldberg, DDS	34	Lawrence Trudgen, DDS	38

DATED MATERIAL

Trigeminal Neuralgia Treatment with GAMMA KNIFE RADIOSURGERY



TRIGEMINAL NEURALGIA Facts:

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

GAMMA KNIFE Facts:

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



Trigeminal Neuralgia Support Group at Northridge Hospital

In partnership with the Trigeminal Neuralgia Association

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



Gamma Knife
Center
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