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 - Meeting With Our Corporate Colleagues



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Volume L Number 1

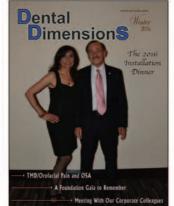
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Call for Submissions

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.....

Anita Rathee, DDS, MPH is installed as the 2016 president of the SFVDS by Dr. Mike Bromberg, himself a past-president of the SFVDS, at a beautiful and fun ceremony at the Sheraton Universal on January 15, 2016. (See photo story on page 19)

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From the Desk of the **Editor**

Shukan Kanuga DDS, MSD. Board Certified Pediatric Dentist

"You don't need endless time and perfect conditions. Do it now. Do it today. Do it for twenty minutes and watch your heart start beating. "-Barbara Sher. This summarizes 2015 for our component dental society which was successful in some significant areas, thanks to the vision of our Immediate Past President, Dr. Michael Simmons and the unstinted teamwork of our board of directors. I take the privilege to enlist most of these below so we can all feel the gratitude of belonging to such an impactful component.

- 1) New membership increased by 20+.
- 2) Two Golden Apple Awards from ADA One 'Green Apple' award (environmentally sustainable membership activity) for our Schlep and Shred events and the other award was a Golden Apple for 2014's 'Ambassador' program.
- 3) Resolutions introduced at the CDA House of Delegates.
- 4) Resolutions at the ADA House (one through the Texas Dental Association).
- 5) Foundation Gala raised approximately \$15,000, CE > \$6,000, other donations, free PSA's, videos.
- Provided free care to the needy through our Foundation and Veterans Smile Day.
- 7) Multiple accolades for the Dental Dimensions for the quality of articles and the overall publication.
- 8) Ist ever cruise retreat by the board was a successful model for strategic planning.
- 9) Increased outreach to other organized dental groups including ethnic dental societies.
- 10) Conversations to develop common ground throughout organized dentistry. Two dinners includ ed one with Pacific Dental Services and the second in November with other CDA component leaders and included Western, Bright Now, Pacific, Kool Smiles and Aspen.
- 11) Understanding of our membership's interest in

- future hands-on and CE courses, and research showed that members preferred a modest \$29 dues increase to a \$101 increase that included one free Wednesday CE course.
- 12) Gave opportunity for two dentists to join our BOD and contribute to the SFVDS, which included Dr. Penhaskashi as program chair and Dr. Joshi-Jones as the new dentist committee chair.
- 13) Added items to our (& Foundations) physical assets such as a large portable video screen, presentation easels, a portable x-ray unit, a volunteer work station, art and more.
- 14) Ad hoc committees led by Dr.'s Bromberg and Herman began important work to collect SFVDS historical work and develop mentorship programs. We started a historical library for the SFVDS.
- 15) Tea Party #3 organized by Dr. Irani and attended by 65 people including Lindsey Robinson, Kerry Carney and the new ADA Vice President, Irene Marron Karrazi who joined us from Florida.
- 16) George Maranon was nominated as the trustee member of the CDA Holding Company Inc. Board of Directors which only otherwise includes CDA's executive director, CDA's President and CDA's Treasurer.
- 17) Drs. George Maranon and Karin Irani were fellows inducted to the International College of Dentists at the ADA annual meeting in Washington DC.
- 18) Dr. Simmons was elected as President of the Dental Foundation of California (DFC) following closely in the footsteps of past SFVDS president, Dr. Nita Dixit who was DFC President in 2014.
- 19) We held a private potluck dinner, SFVDS leadership event including a private potluck dinner with Senator Hertzberg hosted at the home of legis lation committee chair, Dr. Jim Mertzel and his wife Marianne.
- 20) One of our board members (Dr. Penhaskashi) had a baby yes as a group we even created life!

2015 was a wonderful year for the SFVDS and I am confident and excited about all that 2016 will bring for organized dentistry under our very able leadership.

A very happy and healthy new year to you!

Shukan Kanuga DDS, MSD.

Let me begin by wishing you all a happy and prosperous New Year!

By the time you read this, we will already be into the second month of the year. We have had a busy and productive month of January and have many things planned that will make 2016 another great year! We installed our new board of Directors for 2016 and welcomed our new volunteers for the San Fernando Valley Dental Society at our installation dinner-dance on January 15th. We were honored to have Dr. Ken Wallis, our CDA president, Dr. Lindsey Robinson, our ADA trustee, along with several of our neighboring component and ethnic dental society leaders, join us in our celebration. We kicked off our fantastic line up of CE programs with Dr. Gordon Christensen who is always informative and keeps the audience up to date on the latest developments in dentistry.

This year, one of the things I want to focus on is member engagement. There are many opportunities and avenues for you, as a member of our dental society, to participate and get involved. Come to one of our social events, participate in our CE lectures and hands on courses, or become involved in leadership in your dental society by joining one of our committees.

Our Legislative Committee meets with our local and state government representatives to open dialogue and make sure your interests and those of your profession are heard. Our Political Action committee (PAC) meets with legislators and supports upcoming candidates for office. These are both very exciting committees for those of you who are interested in politics.

The Membership Committee coordinates all our member events and is responsible for encouraging and stimulating membership of eligible dentists. Over the past few years, we have increased the number and variety of events benefitting our members. If you have some ideas of things you would like to see your society provide, or just love social interaction and organizing events, this would be the committee you will want to be part of! The Committee on the New Dentist is specifically tasked with doing the same for dentists that are less than 10 years out of school.

From the Desk of the **President**

Anita Rathee, D.D.S., M.P.H.



Public service programs and educating the public on dental health are just a few of the activities of the Council on Dental Health. The SFVDS Foundation, started just three years ago, has already raised funds and awareness to provide the resources to improve and expand our programs. We are proud to give back to our local community through our volunteers. SFVDS member dentists provide dental care to the underserved in our area through programs such as "Give Kids a Smile", "Smiles from the Heart" and "Veteran's Smile Day". Consider volunteering for just a day, becoming part of this worthwhile and rewarding committee or joining our foundation's board.

We want to hear from you, our members, on how we can serve you better. We want you to be more involved and engaged in your dental society. Below is a list of the committees of the SFVDS. See if any of them piques your interest. Call Andy Ozols, our executive director, for more information and I will personally contact you to answer any questions you may have. I look forward to meeting and working with all of you this year, to not only better serve our dental society, but to better serve our profession, our patients and the public.

Anita Rathee, D.D.S., M.P.H. President, SFVDS

SFVDS Committees:

- 1. Bylaws Committee
- 3. Program Committee
- 4. Council on Dental Care
- Council on Dental Health
- 6. Council on Leadership Development
- 7. Editorial Committee
- 8. Ethics Committee
- Legislation Committee
- Media Relations Committee
- 11. Membership Committee
- 12. Peer Review Committee
- 13. Committee on the New Professional

Trustee's Report

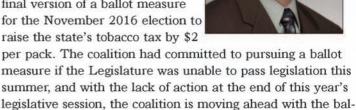
Over the past few months the California Dental Association (CDA) Board of Trustees (BOT) has been busy with plans for the House of Delegates to finish the work that was postponed from last fall. Most of the work will involve the governance review and possible restructuring of the association. The restructuring will shift many responsibilities to the CDA BOT from the House of Delegates. The changes raise concerns of accountability and of input on financial matters of CDA. Policy decisions that are "dental" will remain with the HOD; however the decision of what is a "dental" policy will be made by the BOT.

In December the Board of Trustees approved a contribution to the Save Lives California campaign committee, allowing CDA to serve on the campaign's executive committee, which was formed to place an initiative on the November 2016 ballot to increase the state tax on tobacco products. The Save

By: Martin Countney, DDS

Lives California coalition filed its final version of a ballot measure

lot measure campaign.



In addition to increased Medi-Cal reimbursement rates that the new revenue would provide, CDA had the opportunity to add language to the measure that dedicates \$30 million annually to the Department of Public Health specifically for the state dental plan and oral health programs overseen by the dental director. This would provide an unprecedented dedicated funding source for oral health programs in California.

> In other news, Sunday, Oct. 11, was Gov. Brown's deadline to sign or veto bills for the year. A few bills of interest to dentistry were signed: AB 679 (Allen) - Extends the deadline for providers to register for the state's CURES prescription drug database from Jan. 1, 2016, to July 1, 2016 (supported by CDA).

AB 179 (Bonilla) - The Dental Board of California's sunset review legislation that raises the limit on dental licensure fees from \$525 to \$650 as of Jan. 1, 2016, and to \$800 in 2018. The bill also exempts spousal care by dentists from the definition of professional misconduct (CDA did not take a position on the bill, but ensured that the spousal care exemption was included).

AB 502 (Chau) - Sponsored by the California Dental Hygienists' Association, this bill authorizes the creation of RDHAP corporations and establishes rules for them. The bill was substantially amended earlier this year based on CDA's concerns to remove inappropriate expansions of RDHAP practice (current version supported by CDA).

AB 768 (Thurmond) – Bans the use or possession of smokeless tobacco products on the playing field of a baseball stadium during a professional baseball game or practice (supported by CDA).

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Legislative Committee Report

By: Jim Mertzel, DDS



CDA has teamed up, together with Save Lives California to promote an initiative, The California Healthcare, Research and Prevention Tobacco Tax Act of 2016, to be placed on the November 2016 ballot. This initiative would increase the tobacco tax from \$0.87 cents to \$2.87 per pack of cigarettes and equivalent tax on other tobacco products. There has not been a tobacco tax increase since 1998, a fact that has placed California 35th in the nation in terms of the lowest tobacco tax. The California Medical Association, California Hospital Association, American Cancer Society, American Heart & Lung Association of California, Service Employees International Union, and Blue Shield will join the campaign.

As with the successful campaign for No on Prop 46, an initiative to increase the cap on medical liability, the Healthcare community is coalescing in an all out effort to promote this initiative. Signature gathering has begun to qualify the measure for the November ballot. Our members will be asked to participate by signing the petition and gathering signatures from their patients and friends.

Tobacco use continues to be a preeminent public health problem. Studies have shown that an increase in tobacco

tax diminishes the use of tobacco. In addition funds accumulated from the tax increase will be used to fund:

- 1. Health care programs through the CA Department of Health Care Services, including Medi-Cal.
- Smoking prevention programs administered by the CA Department of Public Health Tobacco Control Program and Department of Education.
- 3. Medical research on tobacco related diseases including cancer, heart and lung disease through the University of
- 4. Thirty million dollars annually would be allocated to the states oral health program now overseen by the new state dental director.

This is an election year. I encourage everyone to become familiar with the issues confronting our city, our state and our country. Get involved. Support the candidates who advocate for the causes that concern you. If you want to be involved in issues relating to our profession, please contact our dental society office. I would welcome you to serve on the Legislative Committee.

VETERANS SMILE DAY



Once again San Fernando Valley dentists were among the volunteers across the United States to provide free dental care to Veterans on Nov 13-14, 2015. This national event was organized by SFVDS President-elect, Dr. Karin Irani and Dr. Deryck Pham from New Jersey. A total of 300 dentists participated in the event and treated more than 2,000 veterans. No-charge dental services

By: Karin Irani DDS

included: Oral cancer screening, X-rays, exams, cleaning, fillings, root canal therapy, extractions, etc.

Veterans smile day was successful on so many levels. We thought we were just

providing dental care for veterans. What we discovered was passion and compassion. San Fernando Valley dentists, Drs. Michael Simmons, Afshin Mazdey, Mehran Abassian, Nita Dixit, Anita Rathee, Sean Naffas, Elham Partovi, George Maranon, Jorge Alvarez, Mahrouz Cohen, Thomas Rennaker, Phelomena Oboh and Gib Snow participated in Veterans Smile Day and provided much needed care for veterans. Each dentist provided as much care as they were able to. Offices saw from 3-25 veterans each and a total of about \$45,000 in dental care was provided by San Fernando Valley dentists during the two day event.

According to the U.S. Department of Veteran Affairs, veterans have to meet certain eligibility factors to receive

Continued on page 12



General Meeting Review

November 18 Dental Materials & Bonding

Raymond Bertolloti, DDS



Attendees of this session were treated to a surprise additional lecturer, Dr. Michael Miyasaki, the current Director of Education for the Pacific Education Continuum. Together, both lecturers spoke to the latest advances in adhesive dentistry, even though it has not fully replaced traditional mechanically retained dentistry for a variety of reasons. They addressed the lack of trust in adhesives, perceived difficulty, and "It wasn't what we were taught in dental school" reservations. The lecture covered proven methods to strongly adhere not only to enamel, but to dentin and all restorative dental materials, satisfying patients' demands for minimally invasive and affordable aesthetic improvements. A lively Q&A period followed this very informative lecture.

2016 General Meeting Lineup =

(Watch your emails for our annual 'Season's Pass' discounts)

January 27 Gordon Christensen, DDS Th February 24 James Grisdale, DDS Er

March 30 Carla Cohn, DDS

April 20 Ms Diane Morgan Arnes, RDH

June 22 Douglas Young, DDS September 21 Kyle Stanley, DDS October 19 Bob Lowe, DDS

November 16 Ms Olga Ibsen, RDH, MS

The Christensen Bottom Line.

Emerging Trends in Periodontics and Keys to Successful

Bone Grafting.

Practical Pediatric Dentistry for the General Practitioner.

CA Dental Practice Act and Infection Control.

Dental Materials, With an emphasis on Caries Management.

The Biggest Problems in Implant Dentistry.
Esthetic Dentistry for the General Practitioner.

Oral Pathology for the Dental Professional and Differential

Diagnosis of Oral Lesions.



Meeting with our Colleagues

By: Andy Ozols, Executive Director

On November 19, 2015, members of the SFVDS, leadership from our neighboring components (LADS, TCDS, WLADS) and seven representatives from Heartland Dental, Kool Smiles, Western Dental, Pacific Dental Services (PDS) and Benevis Practice Services met at the STK Restaurant in Westwood. Under an ADA grant awarded to the SFVDS, the meeting was called to 'break the ice' between local components and large group practices - at the local level (state and national levels have been engaged in talks and developing cooperative efforts for many years already).

The dinner meeting gave tripartite members the opportunity to ask questions and either confirm or dispel a wide variety of hearsay from both sides of the meeting. Component leadership was able to gain an excellent insight into the various business models utilized by different large group practices and better understand how dentists are treated in their environments.

All in attendance were very happy to participate in this event and to finally begin to recognize each other as colleagues... as dentists with the same goals and objectives: To promote and enhance the profession of dentistry to the public; To lobby for laws and regulations favorable to dentistry; To help recent graduates find their first employment opportunities; And, to gain each others' mutual respect.



Among the many things both sides learned about each other was that these large group practices, in more ways than not, share the same concerns and interests as private practice dentists. This includes their corporate effort to provide community service (including PDS' mobile clinic used at the Special Olympics) and their willingness to work with local components' community service programs. We also learned that they are as interested in the latest technologies and price shopping for the best deals on equipment and dental materials. We learned that each corporate entity had a strong code of ethics and that dentists who 'over-treat' are disciplined immediately, including, if warranted, dismissal from the practice. Their office managers do not drive treatment plans, though like everyone else, they are concerned with meeting 'production' goals - but treatment plans are always under the direct control of their dentists.

Overall, both sides expressed an interest and willingness to work with each other, promote membership in the tripartite, network and socialize with each other to develop mutual respect, be more welcoming to each other and help new grads cope with their employment prospects.

A good time was had by all, in this long overdue meeting at the local level.

The SFVDS Foundation and the SFVDS Council on Dental Health is looking for members to volunteer to eliminate immediate pain and provide much needed dental services to low-income, uninsured community members. All necessary lab fees are covered by the foundation and patients need not be accepted as patients of record. Accepting just one or two patients per year will go a long way toward giving back to the communities in which we practice.

Help us help those most in need!

Please contact Wendy at the central office at
818.576.0116 and let her know of your interest in helping.



A Gala A Gala to Remember



BY: Michael Simmons, DMD, Immediate past-president, SFVDS & SFVDSF

On October 24th 2015 the SFVDS Foundation had its 3rd gala at the Mountain-Gate Country Club to help raise funding and awareness of the SFVDS outreach to the underserved in our local community. The SFVDS has three outreach programs which include (1) Smiles from the Heart (2) Veteran's Smile Day and (3) Give Kids a Smile. Our previous two gala's had been located at Porter Ranch and Knollwood Country Clubs. This year's gala was a step up in elegance as it was a black tie optional event at a lovely setting with our wonderful master of ceremonies, KFI 640 AM radio show host, Bill Handel. You may have heard Mr. Handel talking about the SFVDS on his morning radio show during October. Among the 170 attendees at the gala were distinguished guests, Nury Martinez, Councilwoman, District 6, City of Los Angeles (and former Mayor of the City of San Fernando) and her husband, Gerardo Guzman (Chief of Staff for former California Assemblyman Raul Bocanegra) and representatives from Los Angeles Mayor Gil Garcetti and LA County Superviser, Mike Antonovich.

The guest of honor this year was Patterson Dental Company CEO, Mr. Paul Guggenheim, who has enabled many dentists to better enjoy the profession in addition to serving on the board of multiple dental foundations. The theme of the gala was 'Humanitarians' and one of our own member dentist's (oral surgeon, Dr. Bob Hale) humanitarian efforts were also highlighted. Dr. Hale completed his military service and has returned to private practice in Woodland Hills. In 2014, he received the 'Humanitarian Award' from the ABOMS for saving the faces of so many soldiers some slides of his work were shown. Additionally, a short but emotionally charged video about the SFVDS Foundation's work, completed under supervision of Dr. Alvarez, was shown to attendees and garnered much applause.

The gala event included fabulous hors d'oeuvres, food, wine and entertainment from marvelously quirky comedian and concert level pianist, Richard Rubin. This was followed by an exotic dance group with a saxophone player and then attendees had the chance to dance the evening away.

The gala was a wonderful event that raised much funding and awareness for the SFVDS Foundation, especially since about 1/3 of the attendees were non-dentists. Many thanks are due to our foundation board of directors who collectively spent many hours and donated so much to make this year's event so special. These include Drs. Abassian, Cohen, Dixit, Irani, Mazdey, Simmons, Snow, acting board director and past USC Dean, Howard













Landesman, DDS and the newest board member and non-dentist, Mr. Greg McWilliams of the Newhall Land Company. In particular, the following sponsors are also thanked: Platinum sponsor, Space Maintainers Lab (Dr. Robert Veis); Silver Sponsors, Linda Brown of Told Partners, Paul Maimone of D&M Practice Sales, Bonnie Bradbury of Fortune Management, Greg McWilliams of Newhall Land and Dr's Alan Lewis and Michael Whang.



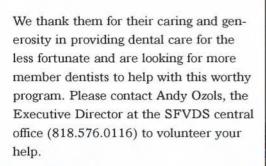
This year the SFVDS has helped more than 20 underserved patients in our community delivering more than \$26,000 worth of dental care. One dental lab, "DNT" has

provided prosthetic restorations at their cost. There are a number of volunteer dentists that have donated care for our SFVDS Program, 'Smiles from the Heart' and these include the following doctors:



Mehran Abbassian, Jorge Alvarez, Henide Arias, Martin Courtney, Nita Dixit, Ted Feder, Daniel Galaif, Mahfouz Gereis, Ted Feder, Gary Herman, Bog Kogen, Randy Lozada, Andre Kanarki, Kavian Kiai, Chi Leung, George Maranon, James Mertzel, Afshin Mazdey, Sarah Phillips, Anita Rathee & Michael Simmons.















VETERANS SMILE DAY



dental care, such as a service-related dental disability; or if they are a former prisoner of war.

In addition, some veterans who qualify for dental benefits still don't receive the care they need because of the distance to their nearest VA hospital. Veterans Smile Day allows better access to care due to participation of multiple offices.

Organizers find veterans who need dental care by promoting the event in colleges, veteran services organizations, through word-of-mouth, and social media. Those veterans are then paired with a volunteer dentist. The day and time of the visit is scheduled ahead of time.

The event is organized, so doctors can choose the date and amount of time they would like to volunteer. Using their own equipment and working with their own staff makes it more comfortable for doctors versus going to one of the large venues. Also, we try to match the patients to a doctor closest to them.

One of the main goals of this event has been to bring attention to veterans' needs but what happened is that many of the doctors received great public appreciation in their communities for the good deed they were doing. Dentists interested in participating this year decided how much time they could contribute, how many people they could see, what time of day they could see the veterans, what dental services they could provide, and whether they could provide the services for free or at a discount.

Henry Schein and Procter & Gamble again sponsored the event by supplying patient care packages, basic supplies and dental materials such as composite, Gutta Percha (GP), bonding materials, and other supplies.

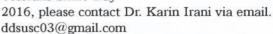
What we are receiving, more than anything else, are messages and emails from doctors expressing their happiness in participating in the program and how gratifying it was to treat veterans and give back to their community.

One thankful veteran, not being able to pay for the services, left a nice yelp review for Dr. Simmons saying:

Great morning on veterans treatment day. First time

and everyone treated me with courtesy and respect. Doctor who treated me went above and beyond. I truly can smile again, keep up the good work! Forever Grateful.

The event continues next year on or around Veterans Day on Nov 11, 2016. If you are interested in participating in Veterans Smile Day













Welcome New Dentists

By: Andy Ozols, Executive Director, SFVDS

On Sunday, December 13, 2015, thanks to an ADA grant, six members of the SFVDS Board of Directors hosted a Sunday brunch for our new dentist members at the 94th Aero Squadron restaurant in Van Nuys. 10 new dentist members (in practice less than 10 years) attended a scrumptious brunch and networked with each other and our board members.

The main purpose of the get-together was to advise and remind our new dentist members that the dental society is ready, willing and able to provide whatever help these new dentists need in order to best establish themselves as practitioners. They were given select handouts on: Understanding what it means to be an associate; The appropriateness of associate agreements; How to start their own dental practices; Pamphlets describing both CDA and ADA benefits; and, a few giveaway goodies.

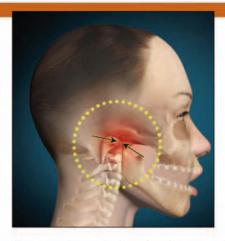
Perhaps most importantly, new dentists were invited to contact the board and central office if they wanted an assignment of a specific mentor with whom they could discuss virtually anything on their minds, including professional and personal issues with which they may be grappling.

The photos on this page illustrate what a great and productive time everyone had, while watching the small private aircraft take off and land at the Van Nuys airport.

Members who would like to make themselves available as mentors to new dentists, should call and let the central office know, and they will put you in touch with the chair of our mentorship program.







TMD/Orofacial Pain and OSA, Correlation or Causation?

By: Dave Shirazi DDS MS MA LAc RPSGT D.ABCP D.ABC-DSM

By now the majority of us have read the article in JADA about the prevalence of orofacial pain among our patients between the ages of 18-931, specifically how one in 15 have musculoligamentous pain, but one in six have dentoalveolar pain (which includes referred pain to dentoalveoloar areas not associated with an infectious process). In the 6-17 y.o. subgroup the numbers are even more bleak as one in three² or one in four³ children and adolescents respectively are suffering, largely in silence. If the prevalence is that high in children, why aren't they being treated or referred for treatment? How did this happen, seemingly 'all of a sudden'? The answer to that, in truth, comes as the answer to all such questions in medicine: we never looked! We have heard that expression called by the acronym WNL, and I have to say I would agree with it given my anecdotal observations of dentists and how they view their existing patient population at new and recall appointments.

The challenge is in education as well as treatment. Many of us received minimal to no education on orofacial pain in our pre-doctoral training. Much of what we were given or what we believed to be efficacious is now outdated, outmoded or more directly entirely inaccurate, such as the use of occlusal equilibration as a methodology to treat chronic facial pain or TMD (TemporoMandibular Disorders) or Sleep Bruxism (SB)4,5,6. In fact, new research has demonstrated that raising the occlusion iatrogenically with gold foil to mimic the supposed 'high bite' did little to nothing to increase masseter EMG activity or pain in patients already suffering from myofascial pain7. To have comprehensive knowledge which leads to diagnosis and treatment (or referral) takes a worldly view on the subject, whereby orofacial pain, TMD and musculoskeletal disorders associated with the stomatognathic system are demonstrating correlation and/or causation with a myriad of other disorders such as tension headache, migraine and CN neuralgias8. Further studies have seen the correlation with ear pain^{9,10} and somatic tinnitus 11,12 and fibromyalgia 13,14. Thankfully, we are seeing a new trend in predoctoral training in Orofacial Pain from University of Minnesota, University of Tennessee, Memphis as well as Tufts University and others. I am hopeful that with great leaders such as Drs.

Mehta, Olmos and Lavigne leading the pre-doctoral and post-doctoral training, who take on this more worldly view of the immense complexity of these patients, the mind of the current and future dentist will go far beyond the enam-

And the segway at the heart of the controversy lies in Sleep Bruxism (SB) and its role in both TMD and OSA (Obstructive Sleep Apnea). Many speculations have been made about SB as it relates to all aspects of dentistry, and definitions and boundaries need to be understood. Ultimately SB is a centrally mediated movement disorder characterized by Rhythmic Masticatory Muscle Activity (RMMA) associated with tooth grinding and occasional tooth clenching^{15,16} and has a world wide prevalence of 5.5%¹⁷. Its classification is more along the lines of RLS (Restless Leg Syndrome) and PLMD (Periodic Limb Movement Disorder), unlike awake bruxism which has been associated with nervous tics and reactions to stress¹⁸. It has been observed with causality to UARS (Upper Airway Resistance Syndrome), which is not to be confused with OSA. UARS is a pre-OSA condition characterized by negative esophageal pressure changes that happen concomitantly with decreased oronasal flow in the absence of apneas or oxygen desaturation and also with brain wave arousals that disturb brain wave activity from a deeper stage of sleep to a lighter one, or REM to non-REM sleep¹⁹. It's interesting to note that SB is also exasperated by sleeping in the supine position²⁰, and though casually observed with OSA21 with resolution of SB when using CPAP therapy to treat OSA, its when we narrow our focus to patients with UARS and SB, 86% show resolution in SB with the use of CPAP22. This is significant when we observe that SB does not typically resolve on its own over time, regardless of the number of years between observances23.

Given this data, observance of the effects of SB on teeth and associated structures should prompt the dental clinician to at least educate and refer the patient for a sleep evaluation in an overnight sleep study to evaluate for UARS with a physician.

Continued on page 15

The dental clinician may even inquire about the presence of nasal obstruction with the patient. What is not recommended is to mask the symptom of SB with an occlusal/night guard as a stand alone treatment, not the least of which is due to the possible worsening of their Sleep Breathing Disorder that can be caused by one²⁴, regardless of how small the worsening may be^{25,26}, this can be attributed due to the relatively mild nature of UARS when compared to OSA.

Patients with SB have also been shown to overlap with TMD and orofacial pain, with at least one of the following symptoms present: arthralgia, osteoarthritis and osteoarthrosis of the condyle(s)²⁷, jaw pain (capsular) and myofascial pain²⁸, chronic migraine, episodic migraine and tension type headache^{29,30}. Simultaneously and serendipitously, we see questionable improvement of these symptoms with the use of the said occlusal/night guard or flat plane splints^{31,32,33,34}. However we do see improvements in these pain symptoms when the mandible is advanced with anteriorly advancing orthotic therapy^{35,36,37}, and improvements again with mandibular advancements in patients with UARS and OSA^{39,40,41}, along with the well observed significant reduction in SB with mandibular advancement^{42,43,44}.

The overlap of TMD/orofacial pain and sleep disordered breathing has been repeatedly observed and correlated^{45,46} and is no longer a question of 'if' or 'maybe' but a question of evaluation and diagnosis by the dental and medical teams, and it is up to the dental clinician, who will often be the first in line to evaluate, refer and possibly manage these issues that impact such a large percentage of the population. When this happens, and I believe in my heart that it will happen much sooner rather than later, we can change again the meaning of the acronym WNL to We're Never-endingly Looking.!

David Shirazi, DDS, MS. MA, L.Ac, RPSGT, D.ABCP-DSM has been in practice for 15 years treating jaw disorders, facial, cephalic and cervical pain, and sleep disordered breathing. He can be reached at his office in Thousand Oaks, CA at 805.496.5700 or 5710 or daveshirazi@yahoo.com. www.tmjconejo.com

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4 Tips for a

Profitable Hygiene Department

In my opinion: a dental practice is only as strong as its hygiene department.

When you think about it, the number of regular recall patients/visits and the production that comes out of hygiene are what determine the stability of any given practice. These are patients that regularly show up and more or less willingly go ahead with any needed treatment when something goes wrong with their mouths. The additional dentistry that is there to be done on fifteen hundred to two thousand recall patients can keep a dentist very busy with little new patient flow. A productive hygiene department is a win-win for you, your patients and your practice.

If you've been holding off on hiring a hygienist due to cost, I'm going to show you in this article how to build a highly profitable hygiene department that will be more than worth the effort.

1) The importance of regular hygiene visits needs to be driven home to patients-by all staff members.

Most patients don't want to go back to the dentist twice a year. But they need to in order to maintain healthy teeth and gums long-term. So, they need to be reminded of that as often as possible. Everyone in the practice needs to encourage patients to come back for their next cleaning; insist that they get scheduled for it and then follow through with the appointment.

It absolutely has to be emphasized by every staff member in the practice—but if the doctor isn't on board then the staff are fighting a losing battle.

2) Calculate YOUR hygiene potential

Let's take a look at your potential number of weekly recall visits for your practice. To do this, we'll use our "Hygiene Equation" below.

Now, the first thing we'll need to know is how many charts you have. Let's not get into the whole active-versus-inactive argument – part of the reason you may have a lot of "inactives" is no hygiene department! Let's start with – number of patients seen for anything in your practice in the past five years. You should be able to get this number from your soft

ware, then you can plug it into the "Hygiene Equation" below to come up with your potential weekly days of hygiene. For an example, let's say the number is 3,000.

- a) Total # of charts: 3,000
- b) Multiply this number by 2: 6,000 (as there is at minimum 2 recall visits per year)
- c) Now, subtract 20% (to account for attrition people leaving the practice): 20% of 6,000 is 1,200, so we subtract that from 6,000 and end up with 4,800.
- d) Divide this (4,800) by the number of weeks worked per year: we'll use 50 weeks here as you might take 2 weeks a year off (if you take more time off, this number would be lower): 4,800 charts ÷ 50 weeks = 96 potential recall visits a week.
- e) We'll break it down further. Let's say your hygienist could see an average of eight patients per day. Divide the 96 potential recalls by "8" and you will see the number of hygiene days. Using our potential number from "d" above, we get 96 divided by 8 = 12 days of potential hygiene PER WEEK!*

*This is JUST RECALL and does NOT include new patients and perio patients which will add to the number of days needed.

f) Now the potential depressing part: calculating your current hygiene compliance percentage. Take the average number of actual recall visits done (I would use a weekly average over a three month period) and divide this by the potential weekly recall (your number from "d" above). Let's say you average 20 recalls a week (again – remember we're not counting scaling appointments, new patients, etc. You can, however, count perio maintenance). So we take this 20 and divide it by 96 from "d."

You see 20 recall patients/week, 20 divided by 96 = 20.8% Compliance Percentage (Ugh...)

With our veteran clients we target 80% hygiene efficiency—with one third of the overall production coming from the hygiene department. Brand new clients will typically arrive with roughly 20% efficiency and about 10% of overall production coming from hygiene; so if you don't score that well when doing the calculation you shouldn't feel too poorly.

3) REACTIVATE your "inactive patients."

Now get a 'Reactivation Program' started.

We dentists get our feelings hurt way too easily. If a patient hasn't returned in a couple of years we are certain we did something wrong and they've switched dentists. But hasn't it happened to you before that a patient comes in that you haven't seen for a few years and they think they've only been gone for six months? You didn't think they were your

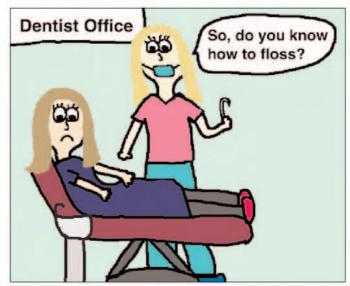
patient anymore—but they still thought you were their dentist! Most patients just don't realize how long it's been since they saw you.

So what does this mean? Give them a break and consider that anyone who is still alive and hasn't told you they are not coming back is still your patient. That means you should still actively pursue getting them to return with phone calls, letters, patient newsletters, etc.

We can provide you with a step-by-step program for reactivating your inactive patients. It's simple and easy to implement in your office. Just give us a call at (800) 640-1140 or write me at Greg@mgeonline.com and I'll send it to you.

The doctor's exam.

Once you have a hygienist, most states require that the doctor examine the patient at least annually. Doctor: this is not a time to socialize or find out how the grand kids are doing, etc. If the exam is taking 20 minutes then everyone will run late and that causes stress throughout the office. The purpose of the exam is to diagnose any hard or soft tissue conditions. You really only have about one minute, at most, to socialize. So be professional, precise, thorough and quick.



And the hygienist must be willing to be interrupted at any time during the appointment. That way the doctor can come do the exam as they have time in their schedule.

Obviously this is a big topic and could take several thousand words to cover completely. At MGE: Management Experts, we'll offer you a Practice Analysis with an MGE consultant free of charge. Just tell them you're a member of San Fernando Valley Dental Society and we'll help you calculate your hygiene potential and isolate specific issues in your practice that are preventing growth and eating away at your profitability.

Gregory A. Winteregg, D.D.S is a graduate of the Indiana School of Dentistry and was a MGE Management Experts client for 18 months prior to becoming a partner in the company in 1994.

When he first became a client in 1992, he had an average practice in a town of 10,000 people with twelve other dentists. Within twelve months of starting the MGE Management Experts program and applying the principles learned Dr. Winteregg was able to bring new patients from 10 to 70 per month on average (with no managed care); double practice revenues; assemble a great staff, and ultimately become one of the top four percent (4%) of practices nationally. While accomplishing all of this, he was also able to reduce his workweek to 22 hours per week.

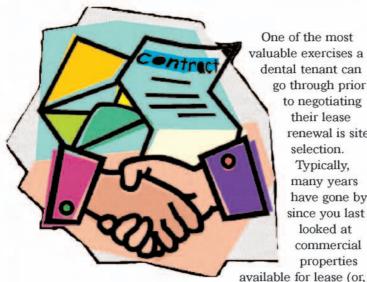
In 1994, Dr. Winteregg decided to sell his practice and join MGE Management

Experts as a partner. Since that time he has dedicated his career to teaching other doctors the tools he learned which enabled him to take control of his practice.

As a nationally recognized practice management speaker, Dr. Winteregg's seminar delivery is best described as entertaining, yet very hard hitting and informative. His specific knowledge and personal application of the principles he is teaching make the information very real and immediately applicable to a seminar attendee, whether that attendee is a doctor or office team member. He has personally lectured to or consulted several thousand dentists on every aspect of practice management and expansion and has been a featured speaker at a number of dental meetings. He has also been published in several national magazines specific to the dental industry.

Dr. Winteregg resides in Clearwater, FL with his wife of 34 years, Sandra, and has three children and one grandchild.





valuable exercises a dental tenant can go through prior to negotiating their lease renewal is site selection. Typically, many years have gone by since you last looked at commercial properties

potentially, purchase as you may be in a position to buy ...) and it's time to do that again.

Many dental tenants resist doing this homework claiming that they don't have the time, there are no good commercial spaces available for lease near them, or they have no intentions of moving anyway. Why waste time looking at other commercial locations? Actually, the converse is true. The more you think you want to stay in your current location, the harder you have to look at what other space is out there and available for lease - if you want to get a good lease renewal deal.

As we explain in our book, Negotiating Commercial Leases & Renewals FOR DUMMIES, an important first step is to check out what your competition has done over the past five years. Consider that your closest competitors may be going out of business, moving, downsizing, or struggling to stay open. Would this information change or affect your own lease-renewal plans? Of course it would.

Evaluating other locations for lease takes time, but it's free to do. You can look at as much space as you want to, but remember that the more sites you look at and the more information you gather, the smarter you become and the wiser your decisions will be. We recommend that dental tenants look at other potential sites in reverse order of preference if they were to consider moving - doing this will increase your confidence with dealing with other landlords and/or their agents as well as prevent you from making a hasty decision that you may likely regret.

Getting lease proposals on other sites can increase your renewal leverage. Ideally, you will do all of your site selection and receive multiple proposals (including a lease renewal proposal from your current landlord) within a few days. This makes it easier for you to compare all the deals on paper side by side.

Doing Site Selection Even If You Don't Plan to Move - For **Dental Tenants**

By: Jeff Grandfield and Dale Willerton - The Lease Coach

A dental tenant will want to start the lease-renewal process about 12 – 15 months in advance of their lease expiration date. More precisely, a dental tenant should look at their renewal-option clause in their lease. If this states that the cut-off date for exercising your lease-renewal option is six months before the lease expires, the lease-renewal process should begin six months before that (or a total of 12 months prior).

Your strength or leverage may lessen the closer you get to your cut-off deadline, so the farther in advance you can find out what the landlord wants to do with your tenancy and rental rate, the more time you will have to react. If you're going to get bad news, you will want that information sooner rather than later. Keep in mind though that most landlords want and plan to have their tenants renew so you're usually on the same page plan-wise anyway.

This also applies in cases where you don't have a renewal option and want to remain in your same location. The closer you get to the end of your term, the less relocation time you have, and it becomes clearer to the landlord that you cannot or don't intend to move. There's also the peace-ofmind factor of putting the lease renewal to bed well in advance, if possible.

For a copy of our free CD, Leasing Do's & Don'ts for Commercial Tenants, please e-mail your request to DaleWillerton@TheLeaseCoach.com.

Dale Willerton and Jeff Grandfield - The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of Negotiating Commercial Leases & Renewals FOR DUMMIES (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, e-mail DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.

By: By Andy Ozols, Executive Director

(and Fun) of the 2016 Installation Dinner

The Success

On January 15, 2016 at the Sheraton Universal Hotel in Universal City, 90 dentists and their spouses attended the annual installation dinner to honor and welcome the 2016 Executive Committee of the San Fernando Valley Dental Society (SFVDS). CDA president, Dr. Ken Wallis and ADA Trustee, Dr. Lindsey Robinson attended, and The Angel City, Los Angeles and Harbor Dental Societies graciously sent representatives to the event to honor our new executive committee.

Dr. Mike Bromberg, himself a past-president of the SFVDS, had the honor of installing Dr. Anita Rathee as 2016 president, along with: Dr. Karin Irani, president-elect; Dr. Michael Simmons, Immediate past president; Dr. Gib Snow, Treasurer; Dr. Mahfouz Gereis, Secretary; and, Dr. Shukan Kanuga, editor.

After the installation ceremony, a new tradition was established, that of awarding past-presidents' pins to the past-presidents in attendance, of which there were 13 in attendance. In addition, volunteers of the 'Smiles From the Heart' and' Veterans' Smile Day' were recognized with a certificate of appreciation for helping to serve the unmet needs of the low-income, uninsured populations within our component's boundaries. Lastly, recognition and praise was directed at our Executive Director for working with the staff and board of directors in restoring the SFVDS' place among the best managed and fastest growing dental societies in California.

Then, it was on to a little entertainment by a 'Bollywood' dancer, that quickly turned into a dancefest for those in attendance, guided by a professional DJ. And, the dancing and good times continued until midnight!













Happy Holidays at the Central Office

By: Andy Ozols, Executive Director



For the third year running, the Board of Directors hosted the

dental society's third annual Holiday Social at the central office in Chatsworth on Friday,



December 4, 2015. On this page, you will see some photos of the good time that was had by all.

A tasty spread of barbecue meatballs, pigs-in-blankets, cold cuts, vegetables, egg rolls, cheeses, nuts and fruits, along with lots of beer and wine





kicked off the evening of networking, catching up with old friends and meeting new ones, and dancing. Yes, dancing to the

sounds of 'DJ Chris Perez' who had the crowd up and doing their best boogie-nights moves.

Thanks to consistent grants from CDA, the

holiday social is quickly becoming a steadfast tradition in early

December. Because of the foresight of your board of directors in buying our own building in 2012.

such events can now take place within the



confines of the central office's Gelfand Educational Center. Staff have become quite adept at converting the education center into a relaxing and spacious social space, all without the extra fees charged by outside venues.



If you missed this year's holiday social, be sure

to mark your calendars now for the December 9, 2016 Holiday Social!





By: Anette Masters, DDS., SFVDS Membership Chair



Membership Activities in 2015 - A Look Back

So, what did we get for being an ADA/CDA/SFVDS Member...

We always wonder what value we get out of our membership dues. As your membership chair and a proponent of my fellow dentists, and with the SFVDS efforts to provide you a great membership value we ended up this year with informative, educational and social events, as well as great CE classes.

We began this year by attending the ASDA event at UCLA where we met ASDA leaders and many regional recruiters for group practices. As the practice of dentistry evolves so does our business model and strikingly, we saw the overwhelming job concerns of our graduating seniors and their need for mentorship.

In February, our "GIVE KIDS A SMILE" program was well received within our community. Many of our members volunteered their time to provide oral screenings, fluoride varnish applications and other dental procedures to low income children who needed access to dental care.

We held three events that all of our members look forward to, 'Schlep and Shred', where members are able to dispose



of their old charts and recyclable electronics at no charge. With the increasing demand on being "green," these events meet the conscientious minds of our members who are going paperless in their practices and/or those who simply have too many old charts and files in storage. Our "Schlep and Shred"

programs were so noteworthy in fact, that our component won the coveted "Green Apple" award from ADA - presented to that state or local component that conducted 'Excellence in Environmentally Sustainable Programs and Education'.

In May we had a big turnout, all seats taken, on "How to Efficiently and Effectively File Insurance Claims" with Dr. Stuart Balikov, Aetna Dental Director. Our members made sure that they brought their main front office staff to learn new tips on what to do and not to do when filing claims.

With health care reform changes and recent legislation establishing the Affordable Care Act, SFVDS assembled an "ACA Symposium" where we brought experts from insurance companies, the Covered California Health Care Exchange and our own CDA health care legislative expert to address all the questions on how dentistry will be affected by health care reform and the mandates for pediatric dental coverage, and soon to be offered adult dental coverage. Once again, we had a full house and members left with a better understanding on how the Affordable Care Act will affect their practice, from the perspective of both their patients and staff.

As we continue to reach out to local dental students, we invited them to go on a "Harbor Cruise" where we were able to socialize and have a one on one time as mentors. We had an open forum where they were able to tell us



their concerns and ask questions as they embark on their career outside dental school. This allowed us to view how important mentorship and networking is to senior dental students.

We also made sure to visit all four Southern California dental schools where we gave them a night of decompression away from their busy schedules, and have them join us for a "small plate" dinner and drinks to update us with their current issues and needs as they embark in their career in dentistry outside of the dental school.

This year has been a very successful Membership year for the SFVDS. We have kept up our interaction with both our members and non members, and always showed the value of being an ADA/CDA/SFVDS member.

We have given back to our community what it has given us. We have reached out to those that needed access to care. Both our member volunteers and staff were diligent in reaching out to serve all areas of the SFVDS component.

We are proud to say that we belong to the "San Fernando Valley Dental Society".

On this page, you will see some pictures of our 2015 events.

Antelope Valley Report

By: Kathy McKay

THE STATISTICS ARE ALARMING!

Each year in California 500,000 children miss at least one day of school due to poor oral health.

10% of the children screened have never seen a dentist; 20% have not seen a dentist in more than a year; and a large percentage need extensive dental treatment.

Research shows that tooth decay is the MOST common disease among children in the United States.

School Screenings in the Antelope Valley are in full swing; the goal is to visit 50 local elementary schools during the 2015-2016 school year. To date, we have visited 28 schools and have screened approximately 3,000 students.





Students are given a short presentation regarding the importance of good oral health. The school screening form for each student is given directly to the health clerk, who in turn sends the information home to the parents and/or guardians. Students who need immediate dental care and cannot afford it, are referred to the Hi Desert Childrens Dental Clinic. The clinic provides free dental care to children from low income families without insurance. The clinic's motto is that "no child should go without dental care" and is responsible for treating approximately 100 children each year.

Glendale-Foothills REPORT

By: Chi Leung, DDS



This fourth quarter was quite a busy one! We had the Foothills Zone meeting on November 12th at the Phoenicia Restaurant, led by Dr. Meserkhani regarding the complications

of implants. Dr Meserkhani has lectured extensively on the subject of

Prosthodontics and Implant

Dentistry both nationally and internationally. This lecture provided an in-depth take on how to diagnose, prevent and treat complications. 52 member dentists attended. We'd like to thank the Zimmer Dental and GIE Dental Laboratory for co-sponsoring this successful event - and Dr. Meserkhani.



In other news, we had our CPR training and certification class on November 18th. Seven Doctors and staff attended, which was a good turnout. We're looking forward to the new year, which will bring more activities for the Glendale-Foothills area.

Smiles From the Heart

Thanks our Volunteers!

Mehran Abbassian, DDS - Valencia Nooshi Akavian, DDS - Tarzana Jorge Alvarez, DDS - Tarzana Henide Arias, DDS - Reseda Sarkis Aznavour, DDS Rex Baumgartner, DDS - Newhall Martin Courtney, DDS - Northridge Nita Dixit, DDS - Studio City Mahfouz Gereis, DDS - Panorama City Gary Herman, DDS - Valley Village Birva Joshi Jones, DDS - West Hills Andre Kanarki, DDS - Palmdale Shukan Kanuga, DDS - West Hills Kavian Kia, DDS - Encino Bob Kogen, DDS - Newhall Chi Leung, DDS - Glendale Randy Lozada, DDS - Palmdale George Maranon, DDS - Encino Afshin Mazdey, DDS - Northridge Jim Mertzel, DDS - Sunland Jorge Montes, DDS - N. Hollywood Philomena Oboh, DDS - Reseda Sarah Phillips, DDS - Santa Clarita Anita Rathee, DDS - West Hills Teresa Romero, DDS - N. Hollywood Phillip Sacks, DDS - Woodland Hills Michael Seastrom, DDS - Tarzana Michael Simmons, DMD - Tarzana Gib Snow, DDS - Palmdale Mark Stein, DDS - Encino

Welcome New Members

Husam Elias, DMD Sherman Oaks, CA 91403 818-789-6622 Boston University, 2004

Oshin Safarian, DDS 1335 N Maryland Ave Glendale, CA 91207 Western University, 2015

Anahita Tajbakhsh, DDS Ohio State, 2011

Rana Shahi, DMD University of Illinois, 2011

Maria Luisa Mercado, DDS Centro Escolar University, Manila,

Jeffrey Mccardle, DDS UOP, 2015

Haig Mastikian, DDS University of Pittsburgh, 2014

Stephanie Colleta, DDS 44407 Challenger Way Manipal College, India, 2001

Sachin Saharan, DDS 510 W Rancho Vista Blvd. Palmdale, CA 93551 661-273-8200 Manipal College of Dental Sciences, Manipal, 2001

Niosha Edalat, DDS USC, 2015

Wael Turki, DMD Western University of Health

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General dentist with pedo experience needed in Lancaster.minimum of 3yrs experience. Great pay with benefits.paid all state observed holidays and health insurance coverage. 818.781.4651 for additional information and to apply

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