

Dental Dimensions

Winter
2018

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Jim Mertz, DDS: Legislation Chair Extraordinaire

• Veteran's
Smile Day

• Dental
MBA
Program

• Complex
Zirconia
Framework



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Dental Dimensions

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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.....

Jim Mertz, DDS, and his wife Marianne pose at a recent SFVDS Foundation Gala. Jim has been the SFVDS legislation chair for more than 17 years and now has turned the committee over to Rozhah Babaan, DDS, as of January 1, 2018. Jim's farewell message starts on page 8.

From the Desk of the Editor

Shukan Kanuga DDS, MSD.



It is that time of the year again - new beginnings, new resolutions, new adventures and new ideas. It is a time to press those "refresh" buttons in every walk of our personal and professional lives.

For your dental society, it entails planning for the rest of the year including, but not limited to, board meetings, committee work, various social and educational events, advocacy issues, house of delegates meetings, etc.

The staff at the central office constantly works to streamline the events and act as a liaison to the board of directors. It is the time of the year to count our blessings and be grateful for our component dental society and the tripartite organization that looks out for us as a profession so that we can focus on growing our practices and serving our patients.

If getting involved in the dental society in any way is in your New Year's "to-do" list or even if you have been remotely thinking about it, it is the perfect time to reach out and make it happen! Any help is appreciated and does not have to involve several hours away from your families or work. We are fortunate to have mentors amongst the board members who are always happy to guide us and are enthusiastic for new ideas from newer committee and board members. Attending one of

the board meetings as a guest

would be a good introduction to what is involved. Feel free to call the central office and give them a heads up if you wish to attend. We do have guest members including students from time to time.

And then there is the "roll-over" list from the previous year that needs our attention. Don't we all wish we could use a clone or two!

Here's to a happy, healthy, enriching new year with items on your "wish-lists" and "to-do lists" fully checked in the course of 2018, with some time to spare and enjoy!

Cheers,
Shukan.

Corrections

Summer, 2017 Issue - We inadvertently left out one of our members from our list of Pediatric dentists: Ron Strauss, DDS, 5400 Balboa Blvd., Ste 308, Encino, CA 91316 818.776.8600

Fall, 2017 Issue - We inadvertently left out one of our members from our list of Periodontist dentists: Neal Murphy, DDS, 28920 Bardell Drive, Agoura Hills, CA 91301 818.905.5050

Our apologies to these members.



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Karin Irani, DDS

From the Desk of the President

#SFVDS Hero

This last year, I have found that working with the SFVDS board of directors, has been one of the best experiences anybody could have in their professional life. These dedicated board members spend time and energy to find ways to provide the best member experience for our dental society members. You might ask me, "How is that?"

One of the biggest accomplishments we had this year was our collaboration with other dental societies to pass a resolution at the CDA House of Delegates to help our members with their insurance issues. Our board members are practicing dentists like you and me. For the last few years we have noticed an increase in insurance claim denials as well as delays in payments.

Below is the final wording for Resolution 13S1-2017-H, as it passed the CDA House of Delegates: Dental Insurance Relations Task Force.

Resolved, that a task force be created to address dental insurance and practice economic issues and make recommendations on how CDA can address and assist members in responding to changes in dental insurance coverage and practice economics, and be it further

Resolved, that the task force place specific priority on researching dental payment denials and delays and urge the board of trustees to intervene and take appropriate action if necessary, and be it further

Resolved, that the task force provide a preliminary report to the 2018 House of Delegates, with a final report to the 2019 House of Delegates.

We would like to encourage all our members to contact CDA with all their insurance questions, complaints, and comments to help the taskforce compile the information needed. Your input as a provider is very important.

The San Fernando Valley Dental Society has been one of the most active dental societies this year. Some of the highlights of 2017 activities include:

SFVDS foundation gala. This was held on October 6. Dr. Carol Summerhays was the guest of honor at the SFVDS foundation gala. She has been a great supporter of our dental society over the years. Our foundation has been very active in providing care for those who cannot afford dental care and in supporting our "Veterans Smile Day" and "Give Kids a Smile" programs.

Our 6th annual Afternoon Tea Party hosted dentists from all around Los Angeles and even guests from Atlanta. Dr. Sharon Norling, a nationally recognized medical doctor, provided our attendees with keys to live their best lives. This included looking for ways to fight anxiety, low energy, as well as becoming more motivated and full of life. In addition to the traditional party gifts, (This year it was a nice cross body clutch), SFVDS donated a copy of Dr. Norling's book, "Your Doctor Is Wrong" to all attendees.

Our members participated in the 3rd annual "Veterans Smile Day" In November 2017. More than 350 veterans received free dental care by dentists in the Los Angeles area. This program has helped more than 5,000 Veterans nationwide over the last three years. Our biggest sponsor, Henry Schein, is to be thanked for more than \$40,000 in dental supplies donated for this national program. (See photos on page 20)

On Dec 7, we celebrated the graduation of the first Dental MBA class with our sponsor Bob Affleck from Citi Healthcare Practice Finance.

Our graduates received their certificates of completion at the Braemar Country Club and shared this great moment with their families and staff. The program included courses on online marketing, insurance negotiations and staff/office management.

Continued on page 6



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From the Desk of the President

Dental Symposium Day, a program planned with students from UCLA. This program brought SFVDS, CDA and ADA representatives together with the students and was sponsored by the ADA Engagement Grants program. The keynote speaker, Dr. Nick Morton, an endodontist from San Diego spoke about his experience on Shark Tank. Dr. Morton spoke on how the idea of his business, Topsy Elves, was created and now is a very successful business. Students also had a chance to network with many of the speakers who are practicing dentists and learn about private practice.

And of course, none of these activities would have been possible without the help of our hard-working staff, Andy Ozols, Wendy Zaslove, Bella Penate and Michael Lerman.

It has been a great honor and pleasure serving you and working with the SFVDS board of directors. Your board of directors sets a high bar and it is a pleasure to serve with them.

I am very proud of the achievements we've made as a volunteer board serving the community interests of our members.

I would also like to thank all our sponsors and supporting vendors throughout the year:

Henry Schein; Colgate; Citibank; Wells Fargo; Linda Brown; Bonnie Bradbury; Simone Liu; DNT Labs; AMD Lasers; Bisco; Doxa; Triodent; Kettenbach; Shofu; TDIC/TDICIS; Clifton & Assoc.; CARR Healthcare Realty; Bob Affleck; Law Offices of Cecilia Chen; 3M ESPE; Legacy Practice Advisors; Microcopy; Solution Reach; Ultradent; Brasseler; Invisalign; Dr. John Chao; LA Co. Svr. Katherine Barger; 3M Espe; Citibank; Air Touch dental; Bank of America Practice Solutions; Bergman Dental Supplies; Clear Correct; D&M Practice Sales; Dental Management Professionals; Dentito; Dunkle Dental Services; Excel Studios; First Citizens Bank; G&H Dental Arts; Garfield Refining; NAI Capital-Health Space; Heraeus Kulzer; Infinite Computing Technologies; Integrity Practice Sales; Kunau and Kline; LDM Commercial; Leader Insurance; Legal shield; Medico Professional Linen; Mona Dental Lab; NY Life; PFGR Advisors; Pro Touch Handpiece Repair; Pulpdent; Sheervision; Shoreline Dental Lab; Sky Dental Supply; Talladium, Inc.; The Valley School for Dental Assisting; US Bank; Ultralight Optics; Weave and Yapi.

Update on the November, 2017 CDA House of Delegates

By: Michael Simmons, DMD, MSc

On Saturday October 21, 2017 the ADA House of Delegates approved resolution AB 17 - "Proposed Policy Statement on the Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders". Sleep related breathing disorders range from benign snoring conditions to severe obstructive sleep apnea and worse. Now dentists can turn to the ADA for guidance on what is expected of dentists practicing dental sleep medicine.

Shortly following the adoption of this ADA sleep resolution, two of the SFVDS' CDA delegates brought up two separate sleep resolutions at the CDA House. The first proposed by Dr. Mahfouz Gereis and supported by the SFVDS delegation, was to adopt the recently passed ADA "Proposed Policy on the Role of Dentistry in the Treatment of SRBD". The second was proposed by myself as an individual SFVDS delegate (CDA allows individual delegates to propose resolutions) and addressed supporting the California state legislature on delaying adolescent school start times.

Neither of these two sleep resolutions were adopted by CDA although the vote was not far off. However, another SFVDS resolution proposed by Dr. Mike Bromberg and supported by the SFVDS delegation, on having CDA support dentists in their challenges dealing with 3rd party payers, did pass the CDA House.

Trustees' Report

By: Martin Countney, DDS



Tell colleagues about dental supply savings through TDSC Marketplace

The Dentists Service Company and its newly launched online dental supply marketplace are improving the business side of dentistry, allowing you to be more competitive and offering practice-changing savings on dental supplies.

The potential buying power of CDA's 27,000 members is the driving force behind TDSC's dental supply savings for practices of every size. To reach the potential and get even better savings we need everyone to sign up and use TDSC. It just makes sense that the more of us that use it the better the deals we can get. Save now. Save more later. Go to www.TDSC.com and sign up your office. It costs nothing to sign up! Right now CDA members are saving an average of 20 percent on everyday dental supplies with the TDSC Marketplace.

Actions of the Board of Trustees

At the October 13th Trustees meeting

The board voted to change the mission statement going back to the previous CDA mission statement: *CDA is committed to the success of our members in service to their patients and the public.*

The board voted to revise the 2017 Management Objectives for The CDA Executive Director: The changes reflect completion of some tasks (Deployment and Implementation of Guidewire Release B, the TDIC software.) Removes an expansion strategy for TDIC and adds a growth strategy and integration plan for the TDIC acquisitions from MODA of DBC, DBIC, and NORDIC. (these are insurance companies similar to TDIC and TDICIS that had been affiliated with the Oregon and Washington Dental Associations)

The board approved the 2018 Operating and Capital Budgets.

There was discussion on allowing Board of Trustees members to participate and vote from offsite of a BOT meeting. Concerns were raised as to the legal requirements of reasonable accommodations for illness, disability and medical reason of the member (or close relative). Logistical issues and the guaranteed integrity of future votes was discussed. Also discussed was what would be considered an "emergency." A resolution creating a policy that would allow remote participation was defeated 29 to 15. (Side note: this vote still leaves the BOT without a policy on remote participation.)

The Board voted to fund a Leadership Discovery Pilot Program. The purpose is to help dentists (particularly new dentists) by subsidizing travel, hotel and meals to CDA councils, board meetings and task forces as an observer. This helps the volunteer find areas in CDA where they could serve.

The CDA Board of Trustees voted to urge the CDA Foundation to activate a relief fund and to establish criteria for relief grants in response to the California wildfires.

My opinion

As the CDA Board of Trustees and The CDA House of Delegates continue to understand their roles in the restructured governance format, there will be bumps in the road. The CDA House of Delegates rejected the re-creation of the Policy Development Council, which leaves the 'As-Needed-Issue-Specific Task Force' model in place to research and create reports for the BOT and the HOD. The role of issue specific task forces will become more significant. Care must be taken to ensure the appointment of volunteers to a task force is open, clear and unbiased. I would rather have a task force made up of a representative cross-section of CDA members from various practice types and geographic locations, that can learn by gathering information and expert testimony on an issue, than a task force made up of experts on the issue. The work product of a task force provides the guidance to create policy and legislative recommendations that affect all CDA members.



Legislative Committee Report

Thank You & Goodbye

For the past 17 years I have served on the SFVDS Board of the Directors as the legislative chairman. During that period of time I have had the opportunity to be in the company of some very exceptional individuals who have dedicated themselves to serve our fellow members and to elevate the status of our component both statewide and nationally.

It is impossible to remember everyone with whom I have served. However, I would be remiss if I did not relay and recognize for you, the more than 1400 members of our society, some individuals who have contributed exceptional service. I apologize in advance if I omitted an individual.

Grey Berg introduced me to the committee. I knew Grey from undergraduate years and dental school at USC. He had a great sense of humor and was well liked by all. After retirement Grey served his community in many capacities.

Jerry Gelfand was at my side through all the years I served on the committee until his untimely death. He was exceptional. He served on the executive board through all the positions including President, Trustee, and in numerous CDA and ADA positions. Whenever I attended a CDA or ADA meeting, I discovered that everyone in leadership roles knew Jerry and respected him for his leadership. After his death, our component memorialized him by naming a room at our headquarters. He was the leader in developing a PAC for our component, with the goal to fund local dentists who had the desire to run for political office representing dentistry locally and hopefully, ultimately, statewide.

The constant, and serving on the board since I was on there, and for many years preceding, is Mike Bromberg. Mike and I are probably the only ones of a few active members who remember the formation of TDIC and Delta Dental Insurance. If Jerry Gelfand did not know everyone at CDA and ADA leadership, Mike did and does. I will miss my position on the board primarily for not being there to hear the wisdom and insight that Mike brings to every board meeting. Mike serves in national leadership positions for both ADA and AGD. I consider him a real treasure for our component.

There is much talk about diversity in our society and in organized dentistry. Our component represents a cross-section of our country, probably better than any other compo-

nent and probably better than most organizations in our country. However, diversity in and of itself is not significant unless the members who comprise that group are exceptionally intelligent and highly motivated individuals. The SFVDS board of directors fills the requirements extremely well.

Following is just a short list of a few additional individuals whom I have observed that have made impressive contributions to expand the dimensions of our local dental society.

One of the goals of the SFVDS for many years was to purchase our own headquarters. The discussion went on for many years and at one time, a collection was made to fund that goal, even though at that time we were not successful and the funds collected were returned to the membership. It took the leadership of Mehran Abbassian, a past president in 2011, to negotiate the purchase and supervise the renovation of our present headquarters in Chatsworth.

Gib Snow has shown exceptional leadership in organizing dentists in the Palmdale/Lancaster area to provide dental care for needy families. This has been an ongoing program for many years.

Mehran Abbassian, a past president, has also volunteered, over a period of years, to serve as program chairman, providing us with some exceptional programs.

Martin Courtney, who must have been an attorney in a past life, is a past-president and now serves as CDA Trustee, reads every document, word for word to, be certain that everything we do is "Kosher". And Mark Amundsen, who is constantly keeping us up to date to ascertain that we are in compliance with our bylaws.

Anette Masters, a past president, in spite of several major traumatic incidents in her life, has remained active and is one of the major reasons that our society has been one of the most successful in recruiting new members. She has also served on the legislative committee for many years, actively contacting local legislators.

Jorge Alvarez, a past president, and a member of the legislative committee, was instrumental in developing a public relations program for our component. Also a special thank you to his wife, Eva, for always volunteering to help my wife, Marianne, at our annual pot-luck dinners, meeting with California legislators.

Nita Dixit, a past president, has been extremely effective in adding to the diversity of our membership, by not only recruiting numerous individual members, but also encouraging them to accept leadership roles.

Mahfouz Gereis, president-elect, a member of the legislative committee and active in CDA and ADA activities has devoted many hours of meetings to promote our component.

Continued on page 9

Also a special thank you to his wife Maggie, for helping Marianne to assure successful outcomes of our pot-luck dinners.

Anita Rathee, past president, and Shukan Kanuga, for serving as editors of Dental Dimensions, a difficult task, especially when the frustration sets in trying to get the contributors to submit their articles in a timely manner. I confess, I was one of those.

Karin Irani, past president, has been very successful in recruiting new members, as well as making a name for our component on both CDA and ADA platforms, serving on numerous committees.

Mahrouz Cohen, past president, has been instrumental in helping to recruit new members, and to encourage them to take leadership roles.

Alan Lewis, peer review chairman, has served as chairman for many years. That position requires exceptional training and many hours of service. The peer review committee is one the most beneficial services our component can provide to our members.

Chi Leung, incoming treasurer, has been effective in organizing events in the Glendale area and also was effective on the legislative committee.

Michael Simmons, past president, for helping to broaden the scope of dentistry in the area of sleep medicine.

George Maranon, past president, now serving as CDA Trustee, has been very effective in negotiating our component's agenda at annual meetings of the CDA's House of Delegates.

Jim Jensvold, PAC chairman is a very effective lobbyist for CDA and for the oral surgeons society. He personally knows more members of the state legislators than any other member of our component.

There are a number of new members on our present board whom I have not mentioned, only because they are just getting their "feet wet". I know from what I have observed, that they will provide exceptional service to our society in the years to come.

Thank you to Andy, Wendy and Bella for their help through the years. We are for-

tunate to have an exceptional staff at HQ.

Thank you to Rozheh Babaan for your help on the legislative committee and for accepting the chairmanship of the legislative committee. I know you will enjoy working with the exceptional members of the SFVDS Board of Directors.

Thank you to all with whom I have served. It has been my pleasure to know you and to have been exposed to your exceptional intellect and expertise.

Jim Mertz, DDS



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General Meeting Review

Peter Jacobsen, DDS



November 15, 2017 - Fighting Dental Disease: Drugs, Bugs and Dental Products and Live Long and Prosper – Lifestyle Medicine in Dentistry

This course updated those who attended with the latest information on a wide range of prescription drugs and over-the-counter dental products. Dr. Jacobsen discussed the various "active ingredients", allowing for a better understanding of oral care products which are useful for our patients. And, of course, Dr. Jacobsen delivered the information in his unique, irreverent and entertaining way, while still focusing on the clinical realities of daily dental practice. All attendees received the latest copy of his "Little Dental Drug Booklet" as a handout.

General Meetings -2018

Nancy Dewhirst, RDA



February 28 - CA Dental Practice Act and Infection Control

Ms. Dewhirst is returning to update and remind us all about the requirements of the CA Dental Practice Act and Infection Control. Nancy has a knack of making these otherwise boring topics interesting and is a wealth of information ready to answer any and all of your questions on these topics. This is a required course for license renewal and is only offered once each year.

March 21 - Smile Design - How to Give Patients What They Desire

Tony Tomaro, DDS



"Discovering the Science of the Smile Exploits the Artist." Dr. Arthur Tomaro

Smile Design is an opportunity for the clinician to orchestrate beauty. However, it is a comprehensive task: listening to the patient's wants, needs, and expectations; having the capability to visualize the final results and communicating this vision to the patient; the quality of the dental technician is a game breaker.

Upon completion of this lecture the participants will have an understanding of the following: 1. Strategic planning of Smile Design; 2. Role of the dental technician; 3. Clinical protocol; 4. Science of adhesive dentistry

April 25 - Achieving Superb results with Everyday Bread and Butter, Direct and Indirect Procedures

Sam Halabo, DDS



Today's dental offices require a myriad of materials and techniques that demand time and practice to allow dentists to become proficient enough to provide great patient care. New technologies have emerged that will help close the gap between early materials and the newest generation of products. This course will show evidence based data, case presentations and methods of treating various procedures, standardizing and simplifying processes to ensure predictability and superb outcomes! Attendees will learn how to simplify routine techniques to save time and reduce overhead; What materials to use and where to use them; Proper surface treatments for both the tooth substrate and the ceramic bonding surface; How to handle difficult situations such as discolored teeth, subgingival margins, tissue sculpting, isolation problems and sclerotic dentin; How to eliminate sensitivity and reduce polymerization shrinkage at the margins of your composites thus increasing the longevity of your restorations; How to use the new bulk-filling technique which minimizes the technique sensitivity of the whole procedure and makes the clinical outcome more predictable; Achieve restorations that are strong, esthetic and bacteriostatic; Take home tips and skills that you can utilize right away in your office to make your practice and life a bit easier.

CARE HARBOR

(LA FREE CLINIC)

NOVEMBER 17-19, 2017



Imagine a once per year health care clinic on the scale of a dental convention with a 60-chair dental unit, a vision unit and a medical unit that together treated 1,000

patients in one day!

All of these disciplines were in a 60,000 square foot exhibition hall converted to a working clinic for three days.

My 7am patient stood in line outside the building starting at 12:30am and left the building at 5pm having received a medical screening, a provided lunch, two root canals, complete composite reconstruction of an upper central and lateral incisor and a filled prescription, all at no cost!

Imagine how happy patients were with their treatment and imagine the joy we felt delivering their care.

Welcome to the annual three day 'Care Harbor/LA Free Clinic' in Los Angeles.

The dental unit was awash with a rainbow of colored gowns: blue for the dentists, pink for the hygienists, green

By: David Campbell, DDS



for assistants and orange for translators. The dental section was a buzz of activity with a hygiene section, a restorative section and an oral surgery section.

You needed to see it to believe it. If an opinion was needed for a questionable oral lesion, there were service volunteers available to walk the patients to the dermatology section for an opinion. Digital x-rays were offered in the x-ray section, escorted by a service volunteer. How about a dental assistant? There were 80 dental assistant student volunteers from different schools. Even though they had only been in their training programs for a short time, they learned quickly and were excellent to work with.

I attended the room setup on Thursday and was surprised at the small number of gifted people who set up the entire clinic that treated so many patients. They installed air, water and power to 60 dental chairs as well as the other medical and vision units for this once a year event. The room was a miracle of bright minds and a strong commitment to helping others.

I highly recommend this event to my colleagues as an inspiring life experience. I hope to see you next year.

David Campbell, DDS, is an ADA life member and was the 1994 SFVDS president. David can be reached at dmccdds@aol.com

DENTAL ANATOMY

P N T B Y E B R N E Y R E T R A L A M M V S
E P N R M Y L S U O E N A T U C B U S O C U
L N N A A C U A U R T I G L A C R I M A L C
A E F O S B A A T B S I U G M V N E L M I S
C A I R S O E P A I M H R S L U R V E L Y I
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R N S P E C A R L L L I O D L S N O I N M M
O O L E R S X U P A A A S A I O A C P I I P
C C A R O T I D A R T E R Y R B I D N M V B
A R T I C U L A R I E I R F H F U E I E E L
R I I O H B L N I S R Y N R R P N L R G S T
T I P S L E A I E O U L D E O C M I A I T C
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A R C U A S N L L S S U B L I N G U A L U V
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I M U R T L I H P A S I X Z Y O M A A S I L
R B P B E T H M O I D U O Z O N T U C S P I
C N I C O N L E V A S S O F M A C I I A R F

alveolar	artery	articular
buccinator	cancellous	capsular
carotid artery	cartilage	conchae
cortical	eminence	ethmoid
fossa	frena	frontal
infraorbital	innervate	lacrimal
laminadura	lingual	malar
masseter	maxillary	meniscus
mylohyoid	nasopalatine	nerve
occipital	orbicularis oris	parietal
periosteum	philtrum	plexus
pterygoid	rugae	sinus
sphenoid	subcutaneous	sublingual
submandibular	superficial	suture
symphysis	temporal	trabeculae
trigeminal	tuberosity	

Answers on page 19

Minimizing Complications With Complex Zirconia Frameworks (Part 1)

Zirconia frameworks have a growing acceptance as a popular restorative material for implant-supported prostheses. The primary advantage of Zirconia is the whitish color of the framework, allowing for the fabrication of a restoration that can predominantly be of monolithic design. Additionally, the white color of Zirconia makes it beneficial in esthetic areas of the oral cavity and it is considered a suitable material for anterior restorations (Figures 1-2).

Zirconia technology has had a remarkable influence on the restoration of the edentulous and partially edentulous patient because of its biocompatibility, appearance, and strength.¹⁻³ Zirconia has a high flexural strength, which is an integral characteristic for framework in large implant restorations. These properties have resulted in the escalated use of Zirconia in the fabrication of full arch one-piece restorations. Unlike metal substructures Zirconia frameworks do not undergo plastic deformation under stress. Plastic deformation is the change in shape under strain without fracture. Despite a high modulus of elasticity, Zirconia materials do not deform plastically under stress and can fracture catastrophically. One common misconception with Zirconia is that it is a transitional metal restoration. In actual fact, the product used in dentistry is Zirconia dioxide, which is essentially a ceramic with brittle modes of failure. Therefore, in order to minimize the number of failures due to fractures, a prudent clinician will design these frameworks with thicknesses of at least 1mm in diameter to avoid deformation and strain on the framework. Figures 3-4 show thick full arch frameworks with a higher chance of resistance to framework fractures. The scientific literature lacks data regarding complete mouth Zirconia frameworks supported by implants. Clinical reports have evaluated restorations with a Zirconia structure supported by implants and have provided some insight; however, a significant amount of data is lacking in relation to this material and its application.

There are many clinical reports with one or two patients treated who have been followed up for four years or more. However, from an evidence-based perspective, the literature is lacking wide-ranging data to support monolithic full arch frameworks at this time. This statement should not be considered a deterrent, but caution must be exercised during case selection. A recent systematic literature review, indicated that Zirconia-fixed complete dentures have a very low failure rate in the short term, but have a substantial rate of minor complications (up to 16.1%) related to chipping of

the veneering porcelain.⁴ Figures 3 & 4 demonstrate a well-supported framework design to avoid complications related to chipping and fractures. Zirconia has the distinct advantage over a metal framework in that only very thin facial layering is required for a decent esthetic outcome. Thin facial layering coupled with a substantial framework design have the potential for esthetically pleasing and longer lasting restorations.

It is possible to achieve strength and maximum esthetics by minimal layering of Zirconia frameworks (Figures 1-2). However, a few clinical studies are showing that unsupported veneering ceramic has a higher risk of chipping (Figure 6a-6b).⁴⁻⁶ In order to get the best out of the material, it would be wise to design the frameworks such that occlusal contact areas are in monolithic Zirconia, minimal layering on the facial and visible surfaces only, with anatomically shaped design to support the ceramic (Figures 4a-c).

Cantilevers (see Figure 5a) in implant dentistry are valuable for sites where anatomic structures such as the maxillary sinuses and the mental nerve positions exclude the ideal placement of dental implants. Cantilevers are being used more often for graftless procedures. They may, however, negatively affect the biomechanics of implant restorations⁶ and may result in mechanical and/or biologic problems. Presently, evidence is limited concerning breakage of cantilevered Zirconia implant frameworks (Figure 5b). This evidence is mainly limited to anecdotal and expert clinical reports. Well-designed, clinically relevant laboratory studies are needed to establish the mechanical properties of Zirconia cantilever frameworks.

As cantilevers are unavoidable, one must err on the side of caution in order to reduce the chance of failure, fractures, and overloading (Figures 5b & 7).⁷ The following are recommended:

Maximize connector dimensions, buccal-lingually and occlusal-lingivally.

2. Minimize cantilever length.
3. If cantilevers are unavoidable, ensure very light occlusal contacts in these areas.
4. In situations where low to moderate alveolar resorption has occurred, posterior restorative space is often limited and, in the presence of a cantilever, may result in failure (Figure 5a).
5. Thicken the chimney around the most distal implant, and thicken the buccal and lingual walls around the



By: Mamaly Rashad, DDS



chimney of the implant (Figure 7).

6. Well-polished monolithic Zirconia is kind to the opposing dentition.⁸ One must ensure that any grinding and polishing is performed during the prototype phase. This will also help with the preservation and strength of the material while avoiding accelerated ageing failures in the presence of saliva.⁹

A potential problem of Zirconia is the inherent accelerated ageing or low-temperature degradation problem that is exacerbated in the presence of water or saliva.⁹ This leads to a decrease in physical properties by spontaneous phase transformation of the Zirconia crystals from the tetragonal phase to the weaker monoclinic phase and may place Zirconia-based restorations at risk of impromptu catastrophic failure. Current literature reports a relatively small number of framework fractures, which do not appear to have occurred spontaneously. In both in vitro and in vivo studies, it has been demonstrated that the exclusive mode of failure in all ceramic fixed partial denture frameworks was the fractures of the connectors where tensile forces are the greatest.¹⁰ To prevent such failures, the connectors of all ceramic fixed partial dentures (FPDs) must have sufficient height and width to withstand these forces. The suggested minimum dimensions for all-ceramic FPDs are greater than those for metal-ceramic FPDs. A minimal connector area of 7 to 16 mm² has been recommended for Zirconia frameworks. Figures 6a-c demonstrate a fractured Zirconia framework with acceptable dimensions, emphasizing the point of this discussion for larger connectors in 3 dimensions.

There have been numerous anecdotal reports of the patient hearing a clicking sound when both maxillary and mandibular prostheses are made with implant-supported monolithic Zirconia restorations. Currently, the consequence of forces being transmitted to the supporting implants is unknown. Lastly, there are very few data to show the longevity of the full arch Zirconia maxillary and mandibular situations with continuous function against one another. In situations where the clicking noise might bother the patient and excess forces in a very rigid system are a concern, the author recommends using an alternative softer occlusal material (acrylic resin teeth) in the mandibular arch. The use of softer acrylic resin teeth can overcome the potential problems discussed earlier. This is achieved by using the preferential wear of acrylic resin teeth in the mandibular arch as a clinical advantage. The patient must be warned of a higher level of maintenance, more accelerated material degenera-

tion, and the need to resurface the mandibular prosthesis in due course.

In summary, Zirconia frameworks may ideally be used where esthetics is a concern, posterior cantilevers are not present, and implant trajectory is ideal. These frameworks may also be considered in situations where posterior cantilevers are present, but only when adequate posterior restorative space (>15 mm) is present.

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Continued on page 14

Minimizing Complications With Complex Zirconia Frameworks - Continued from page 13

Figure legends:

Figure 1. Intra-oral view of full arch Zirconia restorations with minimal "Controlled cut back"



Figure 4a. Minimal cut back for optimal strength.



Figure 2. Lateral smile view of the patient in Figure 1.



Figure 4b. An example of moderate cut back for a more life-like appearance.



Figure 3. Framework with minimal cut back and adequate design to avoid fractures.



Figure 4c. Completed restoration in 4b.



Figure 5a. Cantilever full arch restoration.



Figure 6b. Chipping.



Figure 5b. Fractured cantilever.

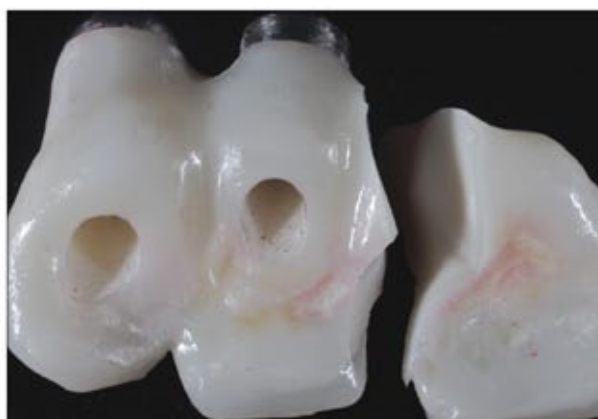


Figure 7. Fractured framework through titanium cylinder.



Figure 6a. Chipping.



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SCHOOL START TIMES

Why should any dentist or the field of dentistry be interested in adolescent school start times?

On a basic level, many dentists are also parents and would likely support their child's practice of good health decisions. The basics in health choices include good nutrition, exercise and adequate sleep. While missing a day of good nutrition or exercise does little to compromise overall health, the lack of adequate sleep can be serious or even deadly. The two leading causes of death for adolescents are motor vehicle crashes and suicide, both of which are closely tied to sleep deprivation.

Examining the problem of early school start times reveals that there is simply not enough sleep time opportunity for the majority of our adolescents. California school start time is around 8am for adolescents. If an allowance of 90 minutes is made to wake up, shower, dress, have breakfast, travel to school and be in class by 8am the wake time must be around 6:30 am. Working backwards from this means that the typical adolescent must be asleep in bed by 10pm to get the minimum 8.5-9.5 sleep hours per night, as recommended by sleep and pediatric specialists. This means getting ready for bedtime around 9:30 pm. Sounds reasonable except for one glaring fact: Adolescents are not ready to sleep at that time. Due to delayed phase shifting of their sleep cycle, most adolescents are just not sleepy, often until much later. Asking adolescents to sleep before they are ready is contrary to their natural biology and would be like asking a working adult to fall asleep at 10am...It just doesn't work.

This year, one SFVDS dentist delegate brought a novel resolution to the CDA House of Delegates. While any of CDA's 32 dental component societies may typically bring resolutions to the CDA house to be debated and voted

By: Michael Simmons, DMD, MSc



upon, it is also within the domain of any delegate. This is a good reason for any dentist to get involved with organized dentistry especially if they think they have a good idea to share with all CDA dentists. The SFVDS is one of the dental components that frequently brings resolutions to the CDA house. This particular resolution was inspired by California State Senator Portantino, a parent of at least one adolescent, who had introduced Bill SB 328 to delay adolescent school start times to 8:30am.

Why should dentistry care about school start times? My top three answers are: (1) Dentists are not just about teeth, they are about health care and health advocacy, which includes preventive care. Dentists promoting fluoridation or smoking cessation is about public health and health care advocacy. In other words it is not just about what individual dentists do at the patient level but more about what dentists as a group do to promote health at the population level. (2) Dentists have been treating sleep disorders for a very long time. Sleep bruxism is a "sleep related movement disorder" according to the International classification of sleep disorders manual - 3rd edition (ICSD-3) and dentists have been treating sleep bruxism since the beginning of the dental discipline. Moreover, dentists have been treating the epidemic of "sleep related breathing disorders", the largest ICSD-3 category by number of people affected, for more than 30 years. Nowadays, dentists have some of the very best scientifically validated interventions and solutions for all severities of obstructive sleep apnea. Being part of the solutions for sleep disorders means being part of sleep health advocacy and this includes attention to the preventive aspects of poor sleep. And finally (3), as a parent or caring doctor we should advocate for our children and patient's good health practices, and especially those basic health choices we should all subscribe to.

Below is the Resolution brought to the CDA house in 2017 for your perusal. Many significant health care organizations (AMA, AAP, CDC, AASM) have already supported later adolescent school start times. Don't you think dentistry should weigh in too?

This year the CDA house had 30% supporting the later school start resolution where 50+% is required to pass the resolution. While it failed at the voting level, there was a significant increase in awareness of the issues surrounding SB328 and discussion on the CDA resolution educated the delegates from around California. These discussions and the engaged voting process helps our state dental association continue to be among the leaders in the U.S.

Resolution 14

Later School Start Times

Action Required

Dr. Michael Simmons, Delegate, San Fernando Valley Dental Society

Background

Sleep, like nutrition and physical activity, is a critical determinant of health and well-being [1]. Unfortunately, adolescents are squeezed out of adequate sleep time by circadian sleep rhythms that reduce their ability to fall asleep before about 11 pm, and by early school start times (SST), which require them to wake too early to obtain the recommended 8.5 to 9.5 hours of sleep of per night [2]. California Senate Bill 328 would remedy this by delaying middle and high SST to no earlier than 8:30 am. This is consistent with SST statements by the American Academy of Pediatrics (AAP), the American Academy of Sleep Medicine (AASM) [3], the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) [4].

Dentistry contributes widely to public health: fluoridated water is just one example. Dentistry is increasingly addressing epidemic sleep disorders such as sleep apnea, another public health problem, and with that engagement comes increased responsibility to advocate for sleep health including for our adolescent population's healthy sleep.

Adolescent sleep deprivation has a significant impact on their health, academic performance and public safety. Both of the two leading causes of death of adolescents, motor vehicle crashes and suicide, have significant links to sleep deprivation. A wide body of research has also linked inadequate sleep with suicidal ideation, depression, substance use and athletic injuries. Additionally, later school start times are linked to higher test scores and graduation rates, increased attendance, and decreased tardiness and behavioral incidents.

In response, many school districts across the U.S. (about 400) and in many other countries have already moved to later school start times. However, the most recent data from the 2015-2016 National Teacher and Principal Survey [5] show that only 18.5% of public middle schools and 13.4% of public high schools have start times of 8:30 am or later. Common objections to moving start times include logistical issues such as transportation, sports schedules and general averseness to change, even though these issues have all been successfully addressed by schools that have already made the shift. In addition, schools and districts stand to benefit economically from later SST. A recent 40+ page report on delayed SST by RAND corporation [6] states on page 14 that "California would gain the most from a delay in SST to at least 8:30 a.m. For instance, after two years, it is predicted that California's GSP would be about \$1.1 billion larger compared to the status quo. This is predicted to increase to about \$17 billion after 15 years." Because school funding in California is also based in part on daily attendance, the attendance gains from later start times would translate into additional funding for schools.

Most important, however, is that later SST addresses a significant public-health issue. We can draw a parallel to the issue of lead paint, which is associated with brain damage in children [7]. Lead paint was eliminated because it was a public health problem for our children and essentially became a no contest. One leading pediatric sleep specialist published in a review article "sleep restriction might not be considered any more tolerable during childhood or adolescence than noxious serum lead levels or unregulated artificial tanning facilities" [8], and scientific evidence supports that reduced sleep for our adolescents is damaging their health including brain damage [9,10,11,12,13]. The conclusion from an extensive CDC review of school start times [4] is that "Nearly all studies to date provide evidence that delaying school start time accomplishes the goal of increasing sleep duration among these students, primarily by delaying rise times. Most of the studies saw a significant increase in sleep duration even with relatively small delays in start times of half an hour or so. Later school start times also generally corresponded to improved attendance, less tardiness, less falling asleep in class, fewer depression symptoms, and fewer motor vehicle crashes. Although not all studies found that later start times corresponded to improved academic performance, no studies found a negative impact of later school

start times on academics.” Other organizations have explored the benefits to delayed SST (14) and addressed the associated myths and misconceptions. (15).

CDA dentists are increasingly important contributors to sleep health within our State and have an important voice in addressing adolescent sleep health. CDA dentists should join with the CDC, AAP, AASM, AMA and the California Sleep Society in supporting adolescent school start time no earlier than 8:30am.

A list of supporting background information sources and policy statements include:

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Attachments

Support documents and reference material is available [here](#).

Financial Impact

None

Recommendation

Dr. Michael Simmons recommends adoption of the following resolution by the House of Delegates:

14. Resolved, that CDA endorse adolescent sleep health by supporting school start times for California middle and high school students to begin no earlier than 8:30 a.m.

Practice Transitions

Step 6: Understand the Different Points of View

By: Cliff Hauser, Kuneau and Kline

A smooth transition takes planning and yes the dedication to see it through. After all your work toward patient satisfaction, it is now time to start looking at how people will react to the changes that are coming.

Value to the new dentist is greatest when patients continue to bring their family and friends to the practice. That desire is enhanced when you work with the associate and introduce them to your dental family over a period of time.

When it is time to execute the transition plan, you want the practice to be healthy and growing. This will enhance your ability to bring a fair price for your practice. The personalities that are involved in the sale are many but let's look at a few.

Selling Dentist: This is the time to take a back seat in operations. The staff will continue to look to you for guidance but it is now time to send them back to the new buyer for direction. Getting into the habit of answering questions took you longer than you remember. It is just as difficult to turn the process off. Your best plan is to assist the new buyer by letting them answer the question coming from staff. It is not your job to be the messenger.

If you are renting, look over your lease. Quite possibly you have a lease that does not allow a buyer to move your patients to their local office.



Buyer Dentist: The buyer is excited to implement new ideas and procedures. This can often times appear to be too much too fast. When the buyer is the associate, they are familiar with the routine and can make small changes that improve the overall operation. The loyalty will come to the new dentist but remember the loyalty you seek must be earned. The staff are eager to please but for a period of time, will often look to the seller for approval.

Office Staff: The staff have more issues to deal with and in a shorter time interval. When the sale is complete, staff will want to know how they are being paid, vacation time, profit sharing issues, etc. The quicker these issues are resolved the better the staff will respond. I would like to think that all of these issues can be completed during the escrow period. The staff are not aware of issues that are still being resolved between buyer and seller. I suggest that the staff be made aware of the escrow process and the possibility that the sale will be completed. A staff luncheon by the buyer is a good idea. The opportunity to answer questions and create a feeling of a seamless transition will be most beneficial.

DENTAL ANATOMY

P N T B Y E B R N E Y R E T R A L A M M V S
E P N R M Y L S U O E N A T U C B U S O C U
L N N A A C U A U R T I G L A C R I M A L C
A E F O S B A A T B S I U G M V N E L M I S
C A I R S O E P A I M H R S L U R V E L Y I
I H I I E Y P C S C B A Y T S A E E A L L N
T C A U T N M A U U S R N C O O R T N A E E
R N S P E C A R L L L I O D L S N O I N M M
O O L E R S X U P A A A S A I O A C P I P
C C A R O T I D A R T E R Y R B I D N M V B
A R T I C U L A R I E I R F H F U E I E E L
R I I O H B L N I S R Y N R R P N L R G S T
T I P S L E A I E O U L D E O C M I A I T C
I L I T E R R M T R T O P I E L I Y S R I O
L G C E U O Y A A I U U L N O L A U S T B C
A R C U A S N L L S S U B L I N G U A L U V
G L O M D I O G Y R E T P N E P E M G N L A
E E A R C T A C O R T I C A L C O H M N E N
L S V C M Y L O H Y O I D E R G N V P O I M
I M U R T L I H P A S I X Z Y O M A A S I L
R B P B E T H M O I D U O Z O N T U C S P I
C N I C O N L E V A S S O F M A C I I A R F

- alveolar
- artery
- articular
- buccinator
- cancellous
- capsular
- carotid artery
- cartilage
- conchae
- cortical
- eminence
- ethmoid
- fossa
- frena
- frontal
- infraorbital
- innervate
- lacrimal
- laminadura
- lingual
- malar
- masseter
- maxillary
- meniscus
- mylohyoid
- nasopalatine
- nerve
- occipital
- orbicularis oris
- parietal
- periosteum
- philtrum
- plexus
- pterygoid
- rugae
- sinus
- sphenoid
- subcutaneous
- sublingual
- submandibular
- superficial
- suture
- symphysis
- temporal
- trabeculae
- trigeminal
- tuberosity

Answers to puzzle on page 11

Veterans' Smile Day - November 10, 2017

Our members participated in the 3rd annual Veterans Smile Day during November 2017. Veterans' Smile Day is a quickly expanding program, started in NY and CA that has helped more than 5,000 veterans nationwide during the last three years. More than 350 veterans received free dental care by dentists in the Los Angeles area this November. Our biggest sponsor, Henry Schein, is to be warmly thanked for donating more than \$40,000 in dental supplies for this national program.



David Christman,
US Army



A veteran works on his
intake papers



Vets waiting their turns



Dr. Yasser Sadek, Dr. Gib Snow, Assemblyman Tom Lackey, Dr. Michael Simmons, Dr. Matthew Baker



Dr. Matthew Baker Consults with a veteran

A well deserved thank you goes out to those SFVDS members who participated in this year's program and helped the veterans who have helped us!

Karin Irani, DDS
Michael Simmons, DMD
Afshin Mazdey, DDS
Mehran Abbassian, DDS
Nita Dixit, DDS
Anita Rathee, DDS
Sean Naffas, DDS
Elham Partovi, DDS
George Maranon, DDS
Jorge Alvarez, DDS
Mahrouz Cohen, DDS
Thomas Rennaker, DDS
Philomena Oboh, DDS
Gib Snow, DDS
Mike Abaian, DDS
Delaram Hanookai, DDS
Jorge Montes, DDS
Mahfouz Gereis, DDS
Roger Garrett, DDS
Melanie Marshall, DDS
Dr. John Cho, DDS
Roya Shofet, DDS
Hermineh Karamanian, DDS

Members interested in joining this volunteer effort for Veterans' Day, in November, 2018 should call the central office to sign on (818.576.0116). When the time draws near, you will be contacted by the program coordinator to establish appointment times.



Dental MBA - A Member Program Designed to Enhance Business Knowledge

By: Andy Ozols, Executive Director

Sponsored by Bob Affleck of Citibank, the Law Offices of Cecilia Chien, and Carr Healthcare Realty, it all started on March 23, 2017 and continued through October 12, 2017: Six 2.5 hour classes, plus a December, 2017 graduation ceremony at the Braemar Country Club. Additional speakers included: Wes Read, CPA, CFP; Ali Oromchian, Esq, Weston Lunsford; and, Scott Stewart.

71 Members and dental students participated throughout the course of the program and learned important business details about: The Business of Dentistry; Creating a Winning Team; Proper Practice Systems and Data Understanding; Outperforming Your competition; Developing Strategies for Success; and, The Financial Integrity of Quality Dentistry.

If you missed this past year's business program, enroll on-line or call the central office at 818.576.0116 to register for the 2018, Dental Success Summit, another six-part series designed to help members achieve business success with their practices.

Below are some photos of graduation day at Braemar Country Club.



Dental MBA Participants

Abbassian, Mehran, DDS
 Abrahamian, Ariga
 Adorjan, Gabor, DDS
 Alapati, Lakshmi
 Alvarez, Jorge, DDS
 Bandary, Narbeh, DDS
 Baronian, Lisa, DDS
 Bassali, Emad, DDS
 Boldbaatar, Alimaa
 Booth, Dylan, DDS
 Carr, Scott
 Cronk, Daniel, DDS
 Danishwar, Afsana, DDS
 Diep, Brian
 Dixit, Nita, DDS
 Djang, Sam, DDS
 Ebrahimian, Juliet
 Fakheri, Mehran, DMD
 Gereis, Mafouz, DDS
 Ghiam, Chantelle
 Gluckman, Emanuel
 Golshani, Zarrin, DDS
 Heydari, Cameron, DDS
 Irani, Karin, DDS
 Isaacs, David, DDS
 Jirgis, Lidya
 Kang, Jin Ki
 Kang, Joshua, DDS
 Karabidian, Eddie
 Karakozian, Sako, DDS
 Khanian, Robert, DDS
 Kim, David, DDS
 Kimia, Dara, DDS
 Kotchouian, Taline, DDS
 Kunder, Monika
 Kureghian, Narbeh, DDS
 Leung, Chi, DDS
 Luong, Tuan
 Makineni, Suneel
 Manesh, Firouzeh, DDS
 Masters, Anette, DDS
 Matatiaho, Daniel, DDS
 Naghibi, Azadi
 Naik, Parth
 Oboh, Philomena, DDS
 Partovi, Elham, DDS
 Patel, Meha, DDS
 Penhaskashi, Alfred, DDS
 Phan, Bang, DDS
 Potdar, Hernali
 Rabizadeh, Nathan
 Rathee, Anita, DDS
 Sakhai, Sean, DDS
 Scott, Eric, DDS
 Sepehripour, Behnaz, DDS
 Shah, Eileen
 Shoffet, Roya, DDS
 Sierra, Karen
 Simanian, Emil, DDS
 Snow, Gilbert, DDS
 Sooferian, Sean
 Statman, Benjamin
 Taheri, Marjan, DDS
 Teng, Xiaofei
 Toutounjian, Viken, DDS
 Weber, Douglas, DDS
 Wong, Tim
 Yuan, Yi
 Zhong, John



Dental MBA organizer, Mr. Bob Affleck of Citibank, opens the graduation ceremony with a wrap up summary.



Sako Karakozian, DDS thought it was a time for a selfie with SFVDS president, Karin Irani, DDS.



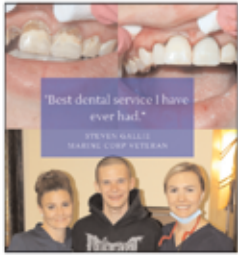
Dr. Jorge Alvarez receives his certificate of completion from Dr. Karin Irani, president of the SFVDS.



Taline Krotchovian, DDS accepts his certificate from Dr. Irani.

Antelope Valley *Report*

By: Gib Snow, DDS



Veterans' Smile Day Antelope Valley

More than 50 veterans lined up on Friday, November 10th for Veterans' Smile Day. Dr. Gilbert Snow, Dr. Matthew Baker, Dr. Yasser Sadek, Dr.

Louis Simmons and Dr. Monica Kasprzak

cleared their appointments schedules to gather at Snow Orthodontics and Division Street Dental to clean teeth, fill cavities, pull teeth, along with oral screenings. One of the veteran, Steven Gallie, had a life changing experience when Dr. Monica Kasprzak bonded his teeth to create the beautiful smile you see pictured on the left. The event was also attended by Los Angeles County Supervisors Katheryn Barger's field

CPR CERTIFICATION

Classes will be scheduled as needed. \$35 per person Dental Discounted Price w/ \$5 Donation to the SFVDS Foundation. Minimum of 9 people per class (can be combined with other offices).

SNOW ORTHODONTICS

868 Auto Center Dr., Suite C
Palmdale, CA 93550

RSVP: Vanessa at 661.450.0033

Email: vanessac.snoworthodontics@gmail.com

HERITAGE ORAL SURGERY & IMPLANT CENTER

22142 Sherman Way, Suite 201
Canoga Park, CA 91303

RSVP: Danielle at (661) 450-0201

Email: danielle.snoworthodontics@gmail.com

2018 DENTAL SEMINAR SCHEDULE

1.75 C.E. CREDITS

FOOD AND BEVERAGES: 5:30 pm

PRESENTATION: 6:30 - 8:30 pm

DATE	SPEAKER	TOPIC
02-08-18	Dr. Doug Fetig (USA)	Fraud in Your Dental Practices: How to Reduce Your Risk and Your Loss.
03-15-18	Dr. Daniel Pompa (USA)	The "Top 10 List" for Essential Drugs In The Emergency Drug Kit.
05-03-18	Dr. Tal Morr (USA)	Prosthetic Management of the Adolescent Partially Edentulous Patient.
06-21-18	Dr. Warren Roberts (Canada)	The Therapeutic Use of Botulinum Toxin in Dentistry and The Cosmetic.
09-21-18	Dr. Michelle Heffernan (Australia)	Endodontic Problem Solving.
10-25-18	Dr. Enrique Diaz Guzman (Mexico)	Aesthetic Zone with Flowables.
12-06-18	Dr. Jeff Okeson (USA)	Understanding Occlusion and how it is related to TM Disorders.



Glendale-Foothills *REPORT*

By: Chi Leung, DDS

Thanks for the support from the members in the Foothill/Glendale area during the 2017 calendar year. We wish you a wonderful new year full of happiness and prosperity.



In the last quarter of the year, we conducted a CPR re-certification course led by Marni Kalestaad, and Dr. Stewart R. Balikov gave an in-depth reveal of how to unlock insurance claims at a zone meeting. He is a certified dental consultant and he has been working with numerous organization involving quality assurance.

Among the activities we have planned for the Foothills/Glendale area in 2018 are CPR classes, zone meetings and of course, a schlep and shred.

Please join us and enjoy the benefit of being a tripartite member of ADA, CDA, and the San Fernando Valley Dental Society.



Welcome New Members

Mo Kang, DDS
11550 Indian Hills Rd. Ste. 251
Mission Hills, CA 91345
818.837.8300
Endodontics
UCLA, 2001

Seung Yi, DDS
5658 Sepulveda Blvd. Ste. 2
Van Nuys, CA 91411
818.988.9959
General
UCLA, 2016

Benjamin Garai, DDS
General
USC, 2017

Lorena Ramos, DDS
General
USC, 2017

Marie Tabora, DDS
710 E Colorado St. Ste. A
Glendale, CA 91205
818.956.6101
General
University of the East, 1991

Andre Marderosian, DDS
418 E Glenoaks Blvd. Ste. 101
Glendale, CA 91207
818.239.2217
General
University of Pennsylvania, 2017

Mojgan Shokri, DDS
6325 Topanga Canyon Blvd. Ste. 228
Woodland Hills, CA 91367
818.225.0093
General
Northwestern University, 1994



Need CPR Re-Certification?



The San Fernando Valley Dental Society provides reduced cost, CPR re-certification for members' entire dental offices. The nominal cost of \$35 per person, which includes a \$5 donation to the SFVDS Foundation, is offered as a member benefit to all SFVDS members and their staff.

Scheduled classes take place in Chatsworth, the Santa Clarita and Antelope Valleys, and the Glendale/Foothills area. With nine or more students, our contracted CPR instructors will even come to your office.

For more information and to sign up for CPR re-certification, call:

Chatsworth/Santa Clarita/Glendale/Foothills areas: Bella Penate @ 818.576.0116
Antelope Valley area: Eric Sarkissian @ 661.273.1750

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3. Microscopic diagnosis for the biopsies submitted by dentists;
4. Diagnosis of ambiguous white/red lesions (oral cancer/precancer) and clinical follow-up programs;
5. Comprehensive care of prior/post radiotherapy for head/neck cancers

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

Diplomate, American Board of Orofacial Pain
31332 Via Colinas, Suite 109 Westlake Village, CA
91362 Telephone: 818 865 1039 www.oralpathmed.com

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818.437.3204 (cell)

San Fernando Valley Dental Society

818.576.0116

California Dental Association

800.232.7645

cda