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NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

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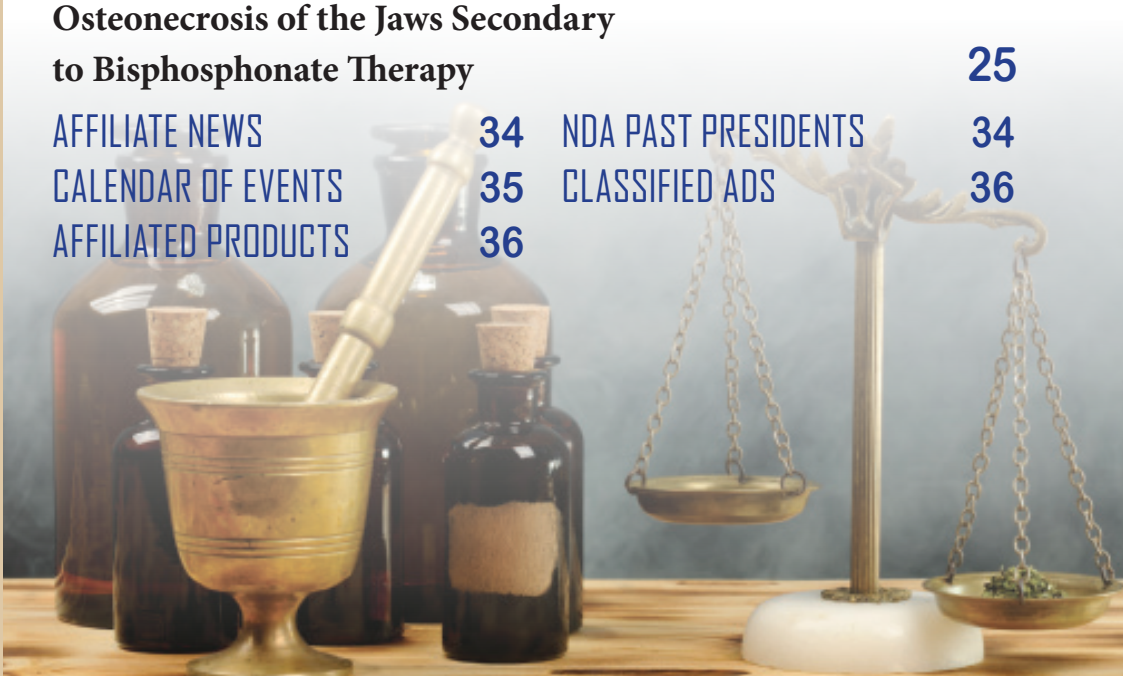

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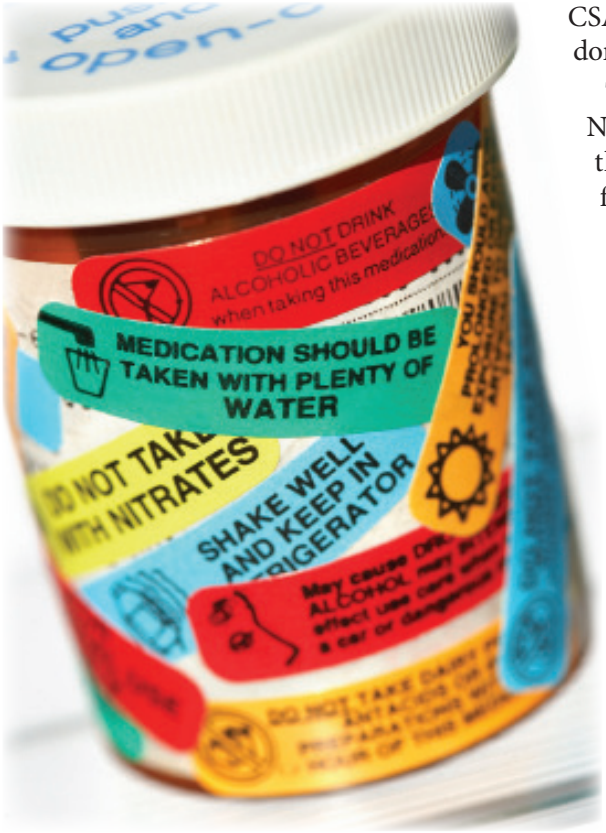
Dr. Orr practices Oral & Maxillofacial Surgery in Las Vegas, is a Clinical Professor of Surgery and Anesthesiology for Dentistry at UNSOM, Professor and Director of OMS at UNLV SDM, and is a member of the California Bar. He can be reached at editornda@nvda.org or 702-383-3711.

A Good Rx

The Nevada Controlled Substance Abuse Prevention Task Force (CSAPTF) maintains prescription data from April 1997 to date. Occasionally practitioners will receive a comprehensive prescription history from the CSAPTF for a known patient. These reports are usually voluminous and at times health professionals therein are shown as prescribing dozens of prescriptions for hundreds or thousands of doses of controlled substances, some of which are historically abused, such as tranquilizers, opiates, or barbiturates. When such a report is generated, steps can be taken by the practitioner to try to limit the access to the drugs in question for the individual named in the report if the drug use is determined to be abusive.

The CSAPTF data is accessible to: all prescribers of controlled substances; all dispensers of controlled substances; all professional licensing boards upon an open investigation; and other state agencies (approved by the CSAPTF attorney) and law enforcement only if an open investigation is ongoing. The DEA does not have access to the CSAPTF data unless working with state or local law enforcement or a professional licensing board.

At the NSBDE public meeting on April 30, Board attorney John Hunt recommended developing legislation requiring all dental licensees to self-query twice a year, with the queries being more than three months apart. As Mr. Hunt pointed out, other individuals, for instance office staff, may use a doctor's DEA number to authorize an Rx without the doctor's knowledge. If that circumstance is discovered during the rapid, concise, and technically straightforward CSAPTF self-query, dentists might legitimately wonder what else is being done with their credentials without permission.



The process for running a self-query is straightforward. One opens the Nevada State Board of Pharmacy home page (http://bop.nv.gov) and then links to the CSAPTF. Self-queries can cover any period of time from the inception of the data bank in 1997 to date.

The informative reports are usually returned within hours. When a search is requested for a specific DEA number, CSAPTF data is referenced by patient name, patient date of birth, the date the Rx was filled, the date the Rx was written, the drug in question, the amount of drug dispensed, the Rx number, the pharmacy identifier number, and method of payment. Occasionally in the drug column, one will see NDC, which stands for National Drug Code, in place of the drug's name. NDC could indicate a new formulation or manufacturer, for instance.

Not only does one receive a comprehensive history of drugs intentionally prescribed, but also prescriptions that may not have been intentionally prescribed. In my own most recent query, there were several Rxs for drugs I don't normally prescribe. As it turns out, in Nevada there are at least two other Drs. Orr (one internist and one psychiatrist) and one Dr. Ortega, a group which

Continues on page 5

NDA Executive Director's Message

Robert H. Talley, DDS, CAE
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Summer is heating up and so is the election season. The primaries are over and your NDA Executive Board along with the Legislative Committee is working hard to interview as many candidates (especially the new ones) as possible to educate them on our dental issues. Educating legislators on our issues is a key component of our legislative advocacy. We strive to be proactive on issues that are important and we will be ready for the inevitable attacks on our profession. As hard as it may be for some dentists to understand, we must support "friends of dentistry" no matter what political party they are affiliated with. A good friend of mine in North Carolina who is the chair of their association's legislative committee once said that some of his members remarked that it was hard for them to tell which political party he supported. He replied, "I am from the Party of Dentistry."

Make sure to read the article on page 34 that highlights of the ADA endorsed products, In Touch Practice Communications, which offers a "Message on Hold" service at substantial savings to our members. ◆

Please save the dates for our 2011 meetings

Mid-Winter Meeting
February 11–12, 2011
Silverado Resort
Napa Valley, CA

93rd Annual Summer Meeting
July 7–9, 2011
Grand Wailea Resort & Spa
Maui, Hawaii

A Good Rx, from page 4

cumulatively had several Rx's the dispensing pharmacies had assigned to my DEA number.

Once a prescription is cross-referenced with the pharmacy (CSAPTF also supplies the dispensers' phone numbers on another sheet of paper), one may call the dispenser to request a correction of such provider confusion, a process that is usually handled during one initial phone call. If things don't go smoothly with the pharmacy, the health professional has the option to call the CSAPTF directly.

In addition to the unauthorized Orrs and Ortega on my record, there was an Rx on my list for which I authorized dispensing of 16 tabs that had somehow resulted in the sale of 76 tabs. In such questionable transactions, if warranted, the CSAPTF will provide a "hot sheet" on which a prescriber can indicate that they did not write the Rx as it was filled. That information is provided to the dispenser and then distributed to other dispensers state-wide.

In 2003, emergency room visits because of illegal drug use (i.e. cocaine, heroin) were twice as common as visits secondary to legal (over-the-counter or prescribed) drug consumption. The Centers for Disease Control now reports that in 2008 visits from both groups were about the same. [1]

Certainly a self-query from the CSAPTF from time to time can be a valuable exercise and can help assure the legitimate use of controlled substance prescription privileges. The entire self-query process is efficient and can potentially yield valuable information to the health professional. The CSAPTF database is a tool dentists in Nevada may want to consider using at this time, regardless of whether or not such use becomes mandated by statute or rules and regulations of NRS 631 in the future. ◆

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NDA President's Message

Peter Balle, DDS

It is with mixed emotions that I address you one last time as President of the NDA. I am happy to pass the baton to Dr. John DiGrazia, but also sad to close this chapter in my life. Our organization breeds incredible, selfless individuals. Being involved and active in the organization throughout the years has been an enriching experience. I am grateful to all the friends I have made and all that I have learned.

Many dentists that I have met at all levels of organized dentistry are some of the brightest, most passionate, enthusiastic individuals all of whom have a common goal—the preservation of our profession. Some have sadly passed to another life. But their services and legacy will live on through their work and memories.

Many members and non-members have benefited from the actions of those who are involved and have tried to make a difference.

I want to acknowledge and thank our Executive Director (E.D.), Dr. Bob Talley. Being E.D. is not merely a job for Bob, it is in his soul. He breathes, eats, and lives his position. He cares deeply about this organization and its members and has always gone the extra mile for all of us. Bob is a good man and a consummate professional. We should all be proud to have him at our service.

Our Treasurer, Dr. Dwight Brooks, has given so much to our organization that no amount of compensation could cover his effort. He volunteers tirelessly year after year as treasurer and serves as committee chair of the Council on Ethics, Bylaws and Judicial Affairs for not a penny, but for the satisfaction of given back to his profession. His generosity to our organization is very much appreciated.

Dr. John DiGrazia, our incoming president, is an intelligent and passionate individual. His analytical mind will serve us well during this upcoming legislative. With the constant attacks on the quality of dental practice at the legislature I can't think of a better person to lead us.

I am glad to know that John will have my independent thinking good friend and confidant Dr. Michael Banks at his side to advice him during his tenure. Rounding out the team is Dr. Gilbert Trujillo. He is a man who is impartial, fair, and unbiased.

These gentlemen have been a great resource to me and I know they will continue to serve our association well.

I want to thank all who I have worked with including our Past President, Dr. Joel T. Glover and our ADA Senior Delegate, Dr. Jade Miller. Thank you to our executive assistant Anthony Ferreri, all council and committee members and our component societies' board members and staff.

It has been my pleasure serving with all of you.

My last request is that our members step out and get involved. We need you to make a difference.

Thank you. ◆

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Committee on the New Dentist

By David White, Nevada CND Chair

I would like to thank the members of the committee for their dedicated work making phone calls to reach out to Nevada's new dentists. I also thank the NDA for its continued support and for allowing us to have a voice in our association. Many states don't offer young dentists a seat at the table or even much of a voice. Again, I thank Dr. Bob Talley and the Executive Committee for our opportunities.

With that being said, I encourage all new dentists to take advantage of these opportunities by becoming involved in the issues facing our profession. Free time and involvement vary amongst us all; however, membership and advocating membership should be where we set our minimum standard. It is membership that provides the finances to help ward off threats to our profession and allow us to speak as a collective whole.

During the summer and fall, we will be conducting social networking events to help us get to know one another. We also look forward to offering unique CE courses specifically tailored for young dentists.

If you have questions about the Committee on the New Dentist, please feel free to contact me at whitedav@umich.edu or on my cell at 775-287-7960. ◆

Happenings

NDA Delegation at the ADA Washington Leadership Conference

At right:

Jeanette Belz, NDA lobbyist, Drs. White, Johnson, Banks, Brooks and Jones

8th Annual Mario Gildone Lifetime Achievement Award Dinner Honors 2010 Recipient Joel F. Glover, DDS

Bottom left:

The Glover Family receiving award

Federally Authorized Economic Turmoil for Healthcare Providers *and, believe it or not,* Some Federally Approved Planning that Really May Work

By Daniel L. Orr II, DDS, PhD, JD, MD; Editor, NDA Journal

On the heels of the recession beginning in October 2007, a June 17, 2010 US Senate vote authorized a 21.3% reduction in Medicare reimbursement to healthcare providers, the majority of which are physicians. This pay cut has been off and back on the table for months as our physician colleagues are treated like yo-yos during the political machinations. This latest demonstration of the results of the decades long paradigm of inserting layers and layers of administrators between doctors and their patients, planning that only benefits the administrators, not patients or doctors, may actually result in some movement by the health professions to counter the toxic healthcare environment we are now up to our necks in. The AMA, which purports to represent organized medicine, actually claims far less than 20% of the total physician population of the country, in large part because the AMA has historically supported socialized medicine, which ultimately does nothing to further the goals of patients and doctors. The current federal stewards may be pouring gas on the fire, which of course will make the cure much more painful and prolonged.

Fortunately for dentists and their patients, the dental health professional niche is behind the curve in socialized healthcare planning, although some dental factions seem intent on plodding down that path.

Be that as it may, even while medicine is being eviscerated on one hand, at this time the Federal Government has actually put in place some instruments that will help citizens preserve their autonomy, freedom, and ability to be charitable of their own volition.

Defined Benefit Pension Plans

DBPP's, qualified plans which receive favorable letters of determination from the IRS, came into vogue in the 1970's and became so successful that billions of dollars were saved by participants. In the early 1980's, tax laws began to implement more and more regulatory requirements on DBPP's until the cost of maintaining a plan eliminated all benefit for the employer/sponsor. At that time, DBPP participation fell dramatically, resulting in an inability of employers and employees to effectively save for retirement using a DBPP. But, in 2001 the Federal Government reversed many of the onerous regulatory requirements related to the DBPP, increased DBPP savings and annual deductible contribution limits by 300%, and the DBPP has once again become an attractive planning technique. The DBPP requires C corporation status.

Long-term Care Insurance

The difficulty of accumulating sufficient savings for retirement was demonstrated by an AARP study that indicated the Baby Boom Generation has inadequate savings to ever retire. [1] Commerce Department studies in 2006 revealed that the average US family has zero savings, a statistic not seen since 1934 when the country was in the midst of the Great Depression. [2] The government also recognized that individuals would not have the means to pay for enhanced health care often necessary as the population ages. A provision of HIPPA legislation has now been enacted which redefines long-term care insurance as health insurance, makes premiums paid by C corporation status employers deductible, and also not taxable to the employee/insured. In addition, the legislation created further incentives by making the benefits paid by long-term care insurance policies tax free transactions.

Roth IRA Conversions

Another example of tax legislation that incentivizes a constructive social outcome was the legislation that provided for the creation of Roth IRAs, which excluded the future growth and distributions from losses to income and estate taxes. Initially Roth IRAs were only available to individuals with annual earnings that were less than $100,000. However, since January 1, 2010,

any individual is allowed, for the first time, to fund a Roth IRA. Many planners are now transferring assets from existing qualified retirement plans and IRAs to Roth IRAs to eliminate losses of earning on these savings to future income and estate taxes. Such a transfer requires payment of taxes on funds transferred from the IRA to the Roth IRA. This taxable event can be facilitated at a relatively minimal cost for the benefit gained.

Depending on individual circumstances, use of these or other available strategies can result in lifetime savings of over $1,000,000. As is always the case, Congress can alter the laws at any time, so 2010 planning options could change dramatically, for better or worse, in 2011.

Part II of this brief analysis involves asking what one can do to optimize investment earning if one is fortunate enough to have a savings account. As the nation-wide losses of savings, often over 50% for individuals, and an estimated ten-trillion dollars in total, since October 2007 have demonstrated, it is difficult to find vehicles that are truly insulated from the world-wide political and financial travails. The problem is that nearly all investments, stocks, bonds, real estate, etc. are correlated. What adversely affects one asset class soon affects another. An example of the unrealistic concept of "diversity" in investments occurred after 9/11, when markets around the world crashed and no typical asset class was exempted.

Economists have been searching for a viable means of diversifying for a long time. Dr. Harry M. Markowitz won the Nobel Prize in Economics in 1990 for his concept of Modern Portfolio Theory. [3] Many sophisticated planners, including the nations' leading charities, invested hundreds of millions in Modern Portfolio Theory models and did well with investments. However, it should be noted that during these years, almost every investment strategy did well. 9/11 and events since October 2007 have proved that even this Nobel Prize winning concept of diversification is not immune from investment failure when investments are correlated to even a small degree.

One non-correlated asset class has been used successfully for years. Individuals may invest in life insurance policies with confidence that the insured will leave mortality at some time in the future and a financial return will be realized. Like taxes, death is a sure thing. There is nothing wrong with making this transition a profitable occurrence, i.e. mortality gain. Under IRC 101(A), proceeds from life insurance policies are tax-free events. 101(A) opens a wide range of options for sophisticated planning.

Another asset class that was apparently not affected by either 9/11 or the October 2007 downturn is international currency exchange. Historically, this vehicle has been used only by institutions such as banks, with billions of dollars available for investment on a daily basis. Although apparently non-correlated, currency exchange is a risk investment, unlike 101(A) planning for death based on standardized and highly predictable actuarial tables. Successful currency exchange managers are singular advisors that are not generally accessible to most investors, unlike Roth IRA coordinators for instance.

Some of the above planning options in this very brief report are straight-forward, while others graduate to the big leagues of financial planning. Of course, many combinations and permutations of such planning are available when use of these tools is considered. One may consult with knowledgeable financial advisors to see what planning options are viable on an individual basis. ◆

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Understanding and Managing Overhead

By Bill Blatchford, DDS

Patient satisfaction is important, but profit is what provides us with our livelihood. In order to have profits, there's a basic business principle you must follow: earn more than you spend. To do this, you must set a budget. Unfortunately, most dentists don't have a budget and are constantly trying to outrun their overhead. If you set an appropriate budget, you'll make a profit even in low production months. Setting a budget starts with understanding overhead and then determining how much you should spend on each category based on a reasonable, not aspirational, monthly production goal.

Overhead Costs

In simple terms, overhead is what it costs to treat your patient. The average practice overhead runs about 75% of total production. This means that if you're doing roughly $1 million in production, the net income will be around $250,000. The largest overhead expense (30%) is salaries, which includes hygiene, dental assistants, administrative staff and all payroll costs such as social security and worker's comp. The second largest expense is laboratory, averaging between 8–9% in most practices. The rest includes dental supplies (5–6%), rent (3–5%), equipment (3–5%) and marketing, which for most practices is zero.

Overhead Goals

Your goal for overhead should be 60% of production. There are only three items that will make the difference: salaries, lab fees and marketing. Even though the national overhead average for salaries is 30%, you should be able to provide exceptional patient care with salaries averaging between 15–20% of production. If your salaries are higher, you probably have too many people. Secondly, the lab costs are too low in most practices. If you are a general dentist and your lab costs are 8–9%, then you and your team may not be effectively communicating the value of the dentistry to patients. And finally, if your overhead allocations are "average" and the practice is investing 0% in marketing, you have more capacity to perform dentistry and not enough demand.

Overhead Adjustments

As I mentioned, there are only three areas of overhead you should focus on. The first is to set salary expense at

20%. To find out how many staff members you truly need, sit down and determine, based on last year's production, your budget. If you have a practice doing $1 million, then you have $200,000 for all salary expenses. This includes salaries, pension plans, medical insurance, employer's costs, match and social security. And, a significant part of that $200,000 should be in the form of a bonus/ incentive plan.

The second area is to increase lab costs to 12–15%. This may seem counterintuitive, but when your lab bill is higher, there is a dramatic change in mix of treatment to more high-end, permanent dentistry, which not only benefits patients, but is more profitable for the practice. Break free from presenting treatment based on what insurance is going to pay and learn how to present treatment so patients see the value in your dentistry. Don't forget to make dentistry comfortable by offering convenient payment plans from a patient financing program (i.e. CareCredit), and let patients know up front they are available. To wait until the final five minutes of the treatment and fee discussion when the patient brings up concerns with money is a huge mistake.

The last area of overhead to adjust is increasing marketing to 3–10% of production. Of course, word of mouth and patient referrals are the best marketing, but you cannot be an "invisible" dentist, one who goes to work every day but no one notices. Before you start advertising, answer three questions: Who are you? What do you do? And for whom do you do it? In other words, what are we going to market? How do we show that we're distinctly different from other dentists? And who's our target market? Don't just advertise price, communicate value. The key is to have a strong message and proactively talk to your community so you are no longer invisible to prospective patients.

Overhead is something that must be tracked and managed. By making these three adjustments to salary, lab bills and marketing, you are on your way to achieving the attainable goal of having overhead expenses at only 60% of production. When you achieve this goal, you will not only be more profitable, but you will enjoy your patients and your practice more. ◆

Dental Tourism
A Wake Up Call to U.S.A.

By Franson K.S. Tom, MS, DMD

According to the ADA Council on Dental Benefit Programs (CDBP), the Council on Dental Practice and the Health Policy Resource Center, "Dental Tourism is the act of traveling to another country for the purpose of obtaining elective dental treatment.[1] In 2006, Dr. Joel F. Glover, ADA trustee for the 14th District said he was "aware and fully supportive of" the push to discuss dental tourism at the ADA House.[2]

Dental Tourism is a symptom of decreased access to affordable dental care, the increasing employee/patient cost in employer-sponsored group dental plans, and the "shrinking" of the world in terms of the rise of a truly global economy and the ease of travel to foreign nations. Patients are traveling abroad to seek expensive health care at a lower cost assuming the quality of health care is improved in many areas of the world a.k.a. "first world medical care at a third world price." [3]

Reva Health Network is an online resource and search engine promoting medical tourism. Reva estimates that over 2.5 million people a year, search the Internet for information about dental treatment abroad. Reva receives an estimated 600 inquiries a week on dental tourism alone. Reva-gathered data shows that patients opting for care outside their home countries seek these procedures: implants (27%), veneers (20%), crowns (16%), teeth whitening (11%), bridges (9%), braces (6%), and all other treatment (11%). The favored destinations for dental tourists are: Hungary (31%), Mexico (18%), Poland (17%), Thailand (9%), Turkey (7%), Spain (5%), and other countries (13%).[3]

A checklist for dental tourists recommends reviewing freedom of choice; treatment options with benefits, hazards, and consequences; patient confidentiality i.e. transfer of patient records; extremely low out of network insurance coverage; sanitation and sterilization standards; complications i.e. managed free of charge; guarantees i.e. quality of lab work; professional education, accreditation, memberships, and experience; follow-up visits; malpractice insurance, and legal options; references; anesthetics; how soon after treatment will you be able to travel home i.e. long flights; and continuity of post operative care after proper healing time just like you would check in the United States.[3]

But the real question for dental tourists is, "Can you really do periodontal surgery, root canal therapy, extractions, bone and soft tissue grafts, implants, abutments, and 4–20 crowns and veneers without complications in one visit and still have time for vacation activities?" Of course, you can always fly back and forth with the right passport, visa, vaccinations, and medications instead of paying for a rental car and hotel with special meals several weeks while you heal as a long-term dental tourist.

Staying healthy during your "dental vacation" may prove difficult. The International Association For Medical Assistance To Travelers common sense prevention "Travel Health Basics" includes a long list of "Do" and "Avoid".[4] Do drink boiled or bottled water or use water purifiers/tablets; wash your hands regularly with anti-bacterial soap, especially before handling food; eat thick skinned fruits that you can peel yourself, such as oranges and bananas; eat well cooked food while it's hot; use anti-mosquito measures including sprays or lotions containing DEET, stay fit, and be well rested. Avoid ice cubes in drinks, unpasteurized milk and dairy products, shellfish and large fish, food from street vendors, insect and animal bites, swimming in fresh water, unprotected sexual contact.[4] Seek immediate healthcare professionals for a high fever (105°F) accompanied by shaking chills, headaches, stiff neck, abdominal pain, muscle and joint pain, skin rash, yellow skin or eyes and/or bloody diarrhea; breathing difficulties and/or

More than 750,000 Americans went offshore in 2008 for elective surgery, a number expected to grow to 6,000,000 this year.
(Reuters 07/30/08)

numbness and tingling in the extremities and around the mouth; rabid animal bites; and injuries from motor vehicle accidents and trauma such as falling, tripping, slipping, and near drowning in vacation activities you normally don't do.[4] Every employer may not set their work schedules with multiple weeks of employee vacations or do you take non-paid leave? When you add up all the "vacation" expenses, is it less seeing a local dentist, healing in the comfort of home, food, and family while spreading out affordable treatment over time?

Dr. Joseph Hagenbruch, CDBP Chair says patients may not be aware that within the US there exists a distinctively sophisticated network of checks and balances in terms of measurable parameters that ensure a superior level of probability relative to the quality of treatment.[1] After leaving the protective cocoon of the United States, is the patient able to make the same level of sophisticated judgment about quality of care in a foreign country with different rules, regulations, culture, and maybe a different language? Dr. Hagenbruch further observes, "Primarily most important in any given scenario are the establishment and preservation of optimal health and well-being of the patient."[1]

Finally, dental tourism promotes dentistry just as good as the United States with US-trained doctors. However, even if foreign locations obtain the same high training, technology, equipment, materials, staffing, and hygiene conditions, what happens when something goes wrong? Do you travel thousands of miles for a post-op complication or redo? Are there nearby specialists to handle complications beyond the capabilities of this foreign location? If you want care just as good as the United States, maybe you should see a dentist in the United States. Maybe foreigners should join dental tourism packages coming here. Many do. We should wake up, pay attention, and ask why.

The question US dentists should ask is, "Has the economy and a naïve dental IQ driven dental tourism or have we forced patients to risky health care because we have forgotten our patient–doctor relationship skills?" Also increasingly, the travel agent industry is packaging so called "dental holidays" that combine elective care with vacation tours of a foreign country. Why don't travel agents package Las Vegas dental holidays? The increased interest in dental tourism should be a wake up call for US dentists to re-evaluate their patient-doctor relationship skills that used to convince patients that the best oral health care was right here in the U.S.A. If a patient does want a dental holiday, why not promote Las Vegas or Reno/Lake Tahoe? ◆

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Reva Health Network, an online resource and search engine promoting medical tourism receives an estimated 600 inquiries a week on dental tourism.

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If You Can't Say Something Nice

By Matthew J. Messina, DDS

Reprinted from ODA Today, official magazine of the Ohio Dental Association, January 2010

My mother always used to say, "If you can't say something nice, then don't say anything at all." Unfortunately, that sound advice seems to be no longer in practice. As far too many dentists are finding out, social media sites like Facebook and Yelp present an easy opportunity for others to destroy your good name on the internet, adversely affecting your patient flow.

Cyber attack sounds like the plot line to a pop culture novel, but cyber character assassination is alive and well, being practiced every day across the country. The sad fact is that bad news travels fast on the Internet.

Hard as we try to craft a solid reputation, in the community and on the Internet, it is simple for someone to post a malicious review online. Once that review begins to appear stubbornly at the top of a Google search whenever someone enters your name or your practice name, it can be nearly impossible to remove.

San Francisco dentist Gelareh Rahbar made headlines last year when she sued two patients who had made scathing reviews about her on the consumer review web site Yelp.com. These cases are proving to be a valuable lesson on the challenges of contesting devastating comments when you believe them to be false. Dr. Rahbar denies the allegations of the patients and contends that they posted the reviews in retaliation for her sending their overdue accounts to collections.

Dr. Rabhar has said, "I have nothing against online review sites, but I don't agree with defamatory speech." However, she faces difficult legal challenges in her quest. Yelp is protected by the U.S. Communications Decency Act of 1996, which holds operators of websites harmless for statements posted on their sites by third parties. A suit against Yelp would be summarily dismissed. Dr. Rabhar has chosen to sue the patients, but the defense of the patients is being provided for free by free speech advocacy groups. It is a steep hill to climb to win this case, as Dr. Rabhar must prove the legal definition of defamation; that the statements were false and that she was demonstrably injured by them.

Adding insult to injury, Dr. Rabhar said that Yelp advertising executives had approached her with an offer to prominently display a favorable review in exchange for a monthly fee, which she said "felt like extortion." She has since given in to the solicitation, and is paying $500 a month to receive the right to choose a review that is displayed at the top of the results when her name is searched. She

> "Be more concerned with your character than your reputation. Your character is who you really are, while your reputation is merely what others think of you."— *John Wooden, 1910-2010*

reasons that this is important because the first few lines of this review appear in Google searches of her name.

Before we all despair, there are some things we can do in this new era of reputation management. Since there is little legal support for our side, we need to fight back in the same manner that is used against us. Richard Geller, writing for *Dr.Bicuspid.com* suggests some tips to fight back:

1. **Respond to negative reviews promptly.** Since negative reviews can get syndicated to other websites over short days or weeks, your response needs to be placed quickly so that it travels with the negative comment.
2. **Google alerts.** The key is to know when an online review has been posted so you can respond. You have to look, and look often. Assign a member of your staff to check the reviews weekly if you can't bring yourself to look. Google also has a system that emails you whenever something is posted about you. Go to www.google.com/alerts and enter your name and another alert for your practice name.
3. **Ask patients to create real, positive reviews.** Much as you ask for referrals, asking patients to help you by posting positive comments on Facebook, Yelp, or Dr. Oogle can go a long way to mitigating the effects of negative reviews. A preemptive strike with good news is always a good policy.

Geller and other reputation management experts conclude that you won't ever really conquer the problem. You should do all you can to build a positive image and protect your reputation, but relax, even if someone occasionally tries to stab you in the back online.

I have a difficult time accepting that, as my reputation is the result of all I have done since probably high school. The formidable power of the internet is that nothing ever ceases to exist. Years of hard work are at risk in an instant, but that is the world in which we now live.

I suppose that I must take solace in the words of legendary basketball coach John Wooden, who urged; "Be more concerned with your character than your reputation. Your character is who you really are, while your reputation is merely what others think of you." While reputation is subject to the whims of malicious gossip, I always have control of who I am, and character can never be taken away. ◆

Charging for Missed Appointments

By Cyndie Dubé-Baril, DMD, Cert Pedo, LLB, LLM

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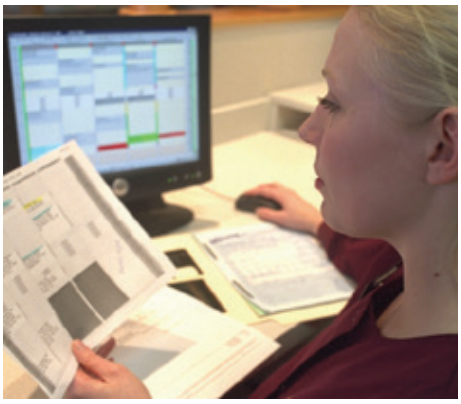

In a particularly interesting article that appeared in *JCDA*, Dr. Andrew Nette listed ten conclusions he had reached over the years that increased his enjoyment of our wonderful profession.[1] It is always helpful to pass along useful tips or share difficulties we may have encountered in our dental practices. This allows our peers to benefit from the lessons we have learned from our experiences.

Among Dr. Nette's conclusions was a recommendation to charge patients for missed appointments. I believe clarification of this point is needed to allow dentists who are using, or wish to use, this method of dissuasion and compensation to do so appropriately.[2,3] Dr. Nette rightly notes that "missed appointments are bad for staff morale as well as the bottom line."[1] On the other hand, charging for missed appointments does not fully rectify the situation and can cause other problems. As the author accurately points out, "You hope for one of two desirable outcomes: the charge stings and encourages the client to act more responsibly next time, or the charge annoys them enough that they leave your practice." However, a different outcome could also be possible—the patient may be offended, refuse to pay the charge for the missed appointment (which forces the dentist to go to court to claim the amount owed)[4,5] and lodge a complaint. Such a complaint was brought before the College of Physicians and Surgeons of New Brunswick.[6]

A patient claimed that a physician had wrongly refused to continue treating her because she had failed to pay a fee for a missed appointment. She alleged that it had been impossible to contact the physician's office to let him know she couldn't attend the appointment, and maintained that she had not been informed in advance that she would have to pay such a fee.

In his defense, the physician argued that an answering machine was available after hours and he had other reasons for refusing to see the patient.

The committee responsible for reviewing the case highlighted a number of interesting points in the guidelines of the College of Physicians and Surgeons of New Brunswick.[7] For example, the office policy regarding missed appointments must be clearly communicated and patients must know how to inform the office if they are unable to make their appointments. In this case, the investigation revealed that although the office did have an answering machine, it did not specifically ask patients to leave messages related to cancelled appointments. The committee also determined that is was difficult for patients to communicate with the staff or leave a message. In short, the committee concluded that the charge was inappropriate and even questioned whether the conflict over the invoice was sufficient reason to refuse to continue treating the patient, noting that "where there is an outstanding invoice, denial of care is a poor way to enforce it. Such may generate a complaint and seldom causes the bill to be paid."[6]

Guidelines for Consideration

To protect themselves from excessive cancellations, dentists who charge, fees for missed appointments should proceed with caution and assess each situation carefully to avoid regrettable consequences. To this end, the following guidelines should be considered:

- Know and respect existing laws and regulations. Verify positions adopted by the regulatory authority or the provincial association and comply with them.
- Establish a clear policy for charging for missed appointments, applicable to all patients.
- Discuss fees in advance with all patients and ensure that they understand and accept this policy. Once patients have been informed and agree to the policy, have them sign an approval form that outlines all the required information.
- Charge a reasonable amount that reflects actual costs incurred because of missed appointments and not the amount of the intended service.
- Provide a telephone messaging service at all times that will allow patients to advise your office if they cannot make their appointments and be sure to inform patients of this service.
- Ensure that the patient didn't cancel an appointment at least 24 hours in advance or that the missed appointment wasn't due to an unforeseen event.
- Be available to see the patient at the time of the appointment. If you fit in another patient during the time slot left open by a cancellation, no fee should be charged.

These guidelines do not address all the issues surrounding this subject, particularly certain ethical questions that may arise from such a practice (including reciprocity). A debate within regulatory authorities on a clear regulation for charging for missed appointments would be desirable. The regulatory authority for psychologists in Quebec recently amended its code of ethics to add a clause allowing for charges for missed appointments on the condition that there was an agreement in writing between the psychologist and the patient.[8] In such cases, the psychologist may "require administrative fees for an appointment missed by the client according to predetermined and agreed-upon conditions, those fees not to exceed the amount of the lost fees."[8]

Moreover, it would be inappropriate to refuse to provide care due to an unpaid fee for a missed appointment. A patient's frequent failure to show up for appointments may, however, constitute justification for terminating your contractual relationship with him or her.[9]

In conclusion, it is not illegal to require reasonable fees for a missed appointment. However, to be in a position to levy such a charge, the dentist must adequately and clearly inform the patient of this policy and the patient must agree to these conditions.

Given that communication is the key to success in the relationship between patient and dentist, it is important to properly explain to the patient from the outset the importance of mutual cooperation. For some dentists, providing clear explanations to patients about the importance of respecting appointments may suffice, without having to resort to more radical steps such as charging for missed appointments. A "three strikes and you're out" style of policy (where three missed or cancelled appointments without sufficient notice automatically leads to termination of treatment and the end of the contractual relationship between the dentist and patient) may be a suitable alternative or complementary strategy to this type of billing. However, it should be noted that certain rules must be respected before ending a contractual relationship.[9] Finally, those wishing to charge for missed appointments but who fear a negative reaction from patients (this practice could be seen as a way to get money from patients) might consider donating the revenues from these fees to a charitable organization. This way, while the dentist and patient both lose out because of a missed appointment, at least the money will go to a good cause. ◆

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Clues to Impairment in the Dental Office

In our effort to help our fellow professionals, we are sharing this information with our members by permission of the author Arnie Zepel, National Services Representative, The William J. Farley Center at Williamsburg Place, 5477 Mooretown Road, Williamsburg, VA 23188, 800-582-6066, www.farleycenter.com.

Professional: Office

- ☐ Workaholic (early)
- ☐ Office hours may change to accommodate drinking or drug use and avoid withdrawals at work
- ☐ Inaccessibility to patients and staff
- ☐ Disorganized schedule
- ☐ Unreasonable behavior
- ☐ Frequent office absences
- ☐ Decreased workload and tolerance
- ☐ Ordering patterns for stock medications may change e.g. Excessive drug use prescriptions and supply i.e. nitrous
- ☐ Staff may be asked to phone in prescriptions, sometimes using other names for Dentists own use
- ☐ Frequent complaints by patients to staff regarding doctor's behavior i.e. altercations with patients
- ☐ Prolonged lunch breaks
- ☐ Alcohol on breath
- ☐ Opiate withdrawal such as nausea, vomiting or diarrhea may disrupt patient care
- ☐ Stimulant abuse may cause fatigue and impaired concentration

Professional: Hospital

- ☐ Often late, absent or ill
- ☐ Decreased work/chart performance
- ☐ Inappropriate ordering e.g. Unavailable for verbal orders at night; Slurred or incoherent over phone
- ☐ Subject of hospital gossip
- ☐ Unavailable for discussions
- ☐ Heavy drinking at staff functions
- ☐ Altercations with hospital personnel
- ☐ Appears at rounds at inappropriate times
- ☐ Negative patient feedback

Professional: Other Problems

- ☐ Frequent job changes or relocation
- ☐ Unusual medical history
- ☐ Vague letters of reference
- ☐ Inappropriate qualifications
- ☐ Deteriorating relationships to patients and staff (office and hospital)
- ☐ Deteriorating professional performance – increasing malpractice incidents

Personal

- ☐ Deteriorating personal hygiene, clothing and dressing habits
- ☐ Multiple physical complaints e.g. Frequent ER visits; Frequent accidents and hospitalizations
- ☐ Personality and behavioral changes
- ☐ Inappropriate tremulousness and/or sweating
- ☐ Many prescriptions for self and family
- ☐ Emotional crises
- ☐ Irritable and short-tempered behavior

Home and Family

- ☐ Behavior excused by family (and friends)
- ☐ Drinking activities priority
- ☐ Fights, arguments, violent outbursts
- ☐ Sexual problems: impotence, extra-marital affairs
- ☐ Unexplained absences from home
- ☐ Withdrawal from family and fragmentation of family
- ☐ Children neglected: abnormal, illegal, anti-social actions of children i.e. drug & alcohol abuse
- ☐ Financial crises
- ☐ Separation or divorce

Friends and Community

- ☐ Personal isolation
- ☐ Embarrassing behavior
- ☐ Drunken driving arrest(s)
- ☐ Legal problems
- ☐ Neglect of social commitments
- ☐ Unpredictable behavior, such as inappropriate spending

If you or someone you know may be in need, please contact the Southern Nevada Dental Society at 702-733-8700. Further information is also available on our website at sndsonline.org under Southern Nevada Dentist Health and Wellness Committee.

Warning Notices Available from the District Attorney

Offices of both the Las Vegas (702-671-4701) and Reno (775-789-7171) District Attorney will provide bad check and other warning notices to post in offices, mailed free of charge, with a request via telephone.

Figure 1 *Bad check warning notice*

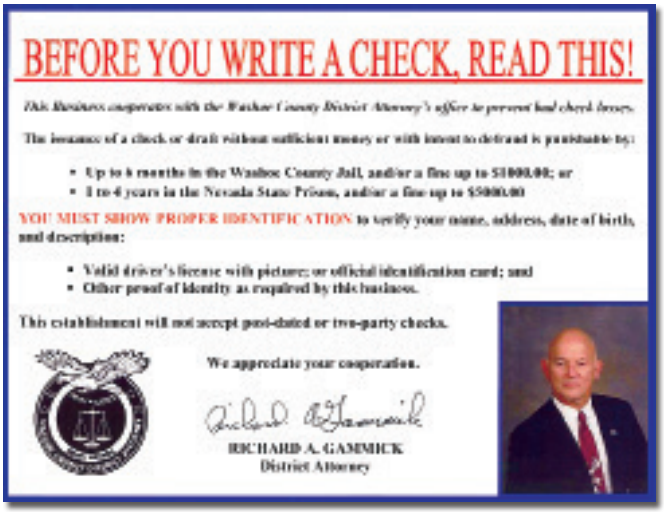
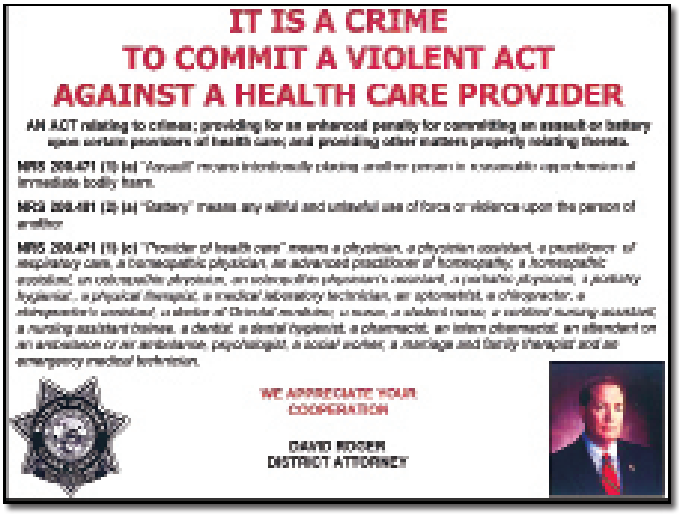


Figure 2 *Enhanced protection notice*



Central Ossifying Fibroma

By Matthew J. Madsen, DMD, MD

Case Report

A 15 year old African American girl presented to the oral and maxillofacial surgery outpatient clinic for evaluation of an intraoral lesion that the patient had been observing for several months. She noted that it appeared to be enlarging and expressed her concern to her parents. She was then taken to her dentist for examination and further testing. Periapical (PA) radiographs were taken, periodontal probing depths were measured, and tooth vitality testing was performed by her dentist. It was noted that the probing depths and tooth vitality were normal. There was a radiolucency noted on the PA films, but the size of the lesion was larger than the films. The decision was made at that time to send her to our clinic for further evaluation and work up. When she presented, she came with a referral note that contained her dentist's findings.

A review of the patient's medical history was non-contributory. Her past surgical history was non-contributory as well. She stated that she was not taking any medications and that she had not had any previous surgeries. Upon questioning, her mother denied any family history of any dentofacial deformities, tumor growth, or malignancies. Her family history was significant for hypertension and type II diabetes. A review of systems was benign with the patient denying any headache, visual changes, fever, night sweats, malaise, palpitations, dyspnea, or changes in bowel function.

The patient's clinical exam revealed a pleasant, well-developed, well-nourished girl. She was normocephalic with no visible facial asymmetry. Her eye and ear examinations were normal with extraocular movements and tympanic membranes normal bilaterally. Her nasal exam was regular with no septal deviation or turbinate pathology. Her dentition was functional and oral mucosa including the tongue and floor of mouth was normal with appropriate pigmentation, no areas of dehiscence, and no abnormal findings. On the buccal surface of the left maxilla an expansile mass was noted extending from approximately tooth number 9 to 13. *(Figure 1)* This lesion had well demarcated borders, filling the vestibule and extending to the mucogingival junction caudally. This mass was immobile and hard. There were no bruits or thrills noted with the lesion. There was also no paresthesia or dysesthesia. A panoramic film was taken to evaluate the lesion. *(Figure 3)* The film showed age appropriate dentition with normal maxillofacial findings with the exception of a radiolucent apical lesion located between teeth numbers 11 and 12. There was deviation of the apices of the teeth with what appeared to be a radiopaque line circumscribing the lesion most evident in the 12/13 area. There were no obvious calcifications seen within the radiolucency.

After explaining the findings to the patient, the decision was made to recommend a biopsy. The risks, benefits, and alternatives were reviewed with the patient and after


Figure 1

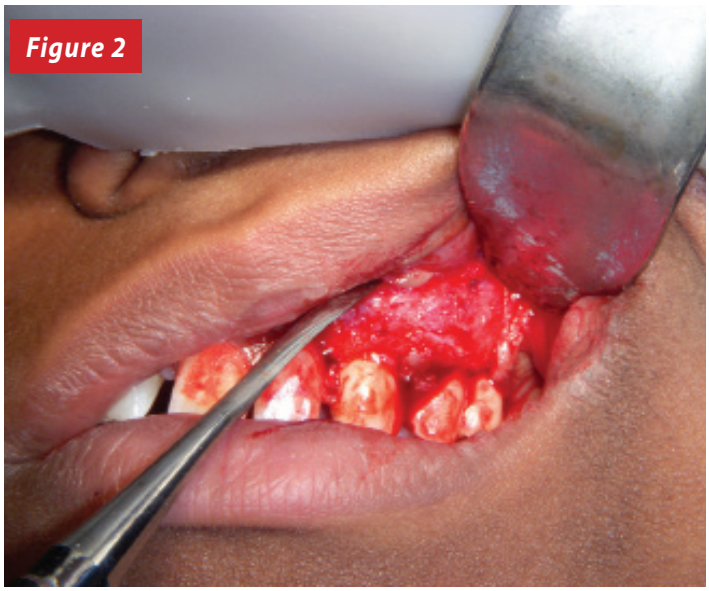


Figure 2

appropriate consent was obtained, she was the anesthetized with local anesthetic. An 18 gauge needle was introduced into the lesion to rule out a vascular lesion and resulted in a negative aspiration. Following this, a full thickness mucoperiosteal flap was raised and an expansile bony lesion was visualized. The bone was friable and spongy and a biopsy was easily taken. *(Figure 2)* This sample was then sent for histopathological diagnosis. The differential diagnosis at the time included fibro-osseous lesions, most likely: central ossifying fibroma, osteoblastoma, focal osseous dysplasia, fibrous dysplasia, and cementoblastoma (although unlikely).

The histopathological review confirmed a diagnosis of central ossifying fibroma. The patient then returned to discuss further treatment options. At this time, it was explained that the patient would benefit from a CT scan to further delineate the extent of the lesion as well as aid in the plan for surgical excision. A cone beam CT was done which showed approximation near the pyriform aperture of the nose with some erosion of the anterior wall of the maxillary sinus. *(Figure 4)* The CT scan also showed some regions of calcification within the tumor. The patient was planned for definitive treatment in the operating room for enucleation and bone grafting using resorbable, tricalcium phosphate matrix.

Discussion

This case highlights the diagnostic and treatment points of a relatively rare bony neoplasm with growth potential. Central ossifying fibroma has a female predilection with the mandible being the most common site for involvement. The tumor mostly involves the premolars or molars. Because it is asymptomatic, it can grow dramatically before evaluation by a dentist. Radiographically it is unilocular and may or may not show calcifications. If teeth are involved, they may either show root resorption or deviation. Treatment involves complete tumor enucleation. Recurrence is low and there is no evidence that malignant transformation is a risk. ◆

Matthew J. Madsen, DMD, MD is a Resident in the Oral and Maxillofacial Surgery Department of Surgical and Hospital Dentistry at the University of Louisville, Louisville, KY.

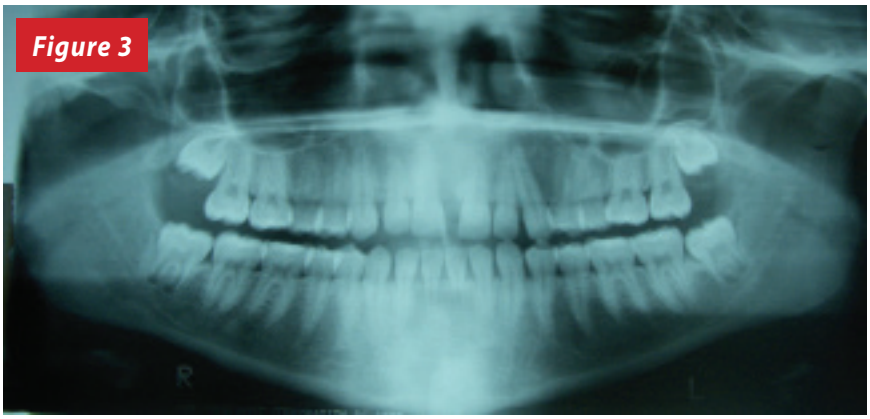


Figure 3

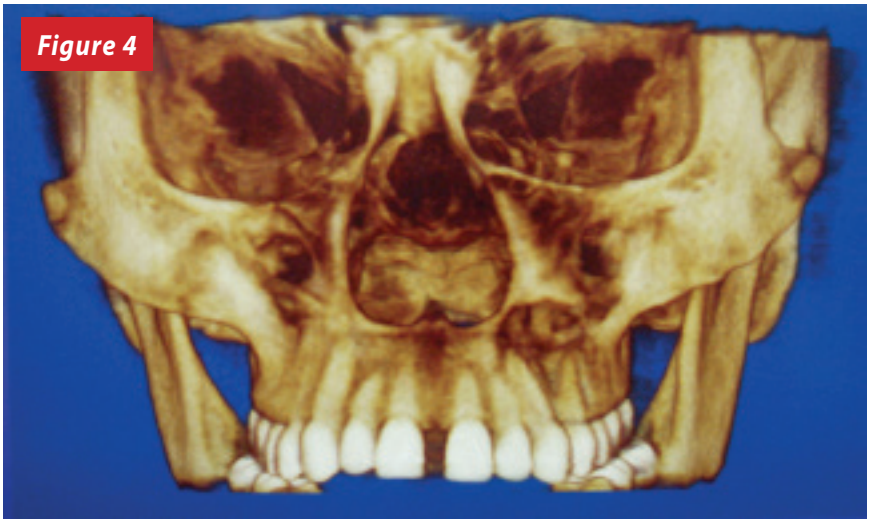


Figure 4

Notes from around the US

Will Doctors Quit?

As mentioned in the *American Association of Physicians and Surgeons News* in January 2010, *Investors' Business Daily* (09/15/09) reported that reported that 45% of physicians are considering early retirement secondary to the current health care policy. The *Washington Post* (12/12/09) quoted a White House spokesman saying, "Congress has implemented even larger savings in Medicare in the past, and no access problems have materialized."

The Mayo Clinic lost $840 million treating Medicare patients last year and has notified patients of its Arizona clinic that it will no longer be a Medicare provider as of January 1, 2010.

Mississippi State Medical Association Quits AMA

On October 2009, the MSMA House of Delegates de-unified from the AMA.

What is it?

This instrument system was found in a box dated 1954. After investigating, the Editor, a dentist of tender years, learned what the instruments were designed to do.

See page 36

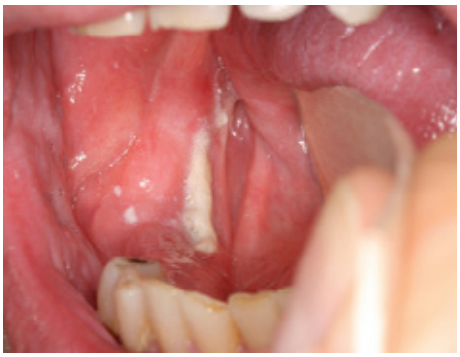
Osteonecrosis of the Jaws Secondary to Bisphosphonate Therapy

By Peter Balle, DDS

I was fortunate to attend the American Academy of Restorative Dentistry Meeting in Chicago on February 27, 2010. A brief summary of one of the interesting topics covered follows.

"Osteonecrosis of the Jaw Secondary to Bisphosphonate Therapy"

By Parish Sedghizadeh, DDS, MS; Asst. Professor and Director of USC Center for Biofilms



Stage I bisphosphate-related osteonecrosis of the jaw (BRONJ) of the right mylohyoid ridge area. *Photo courtesy of eMedicine.com*

Bisphosphonates are synthetic analogues of inorganic pyrophosphates which have a high affinity for calcium and therefore bone. They have a short plasma half life, but the small percentage that binds to bone is bioavailable in bone for a long time (5–15 years). The Bisphosphonate is incorporated into the osteoblasts and is a potent inhibitor of osteoclastic activity. Thus the balance between osteoclastic and osteoblastic activity in bone remodeling is tipped in favor of bone deposition.

The older form of bisphosphonates are nonnitrogen containing and are not associated with any jaw problems. The newer nitrogen containing bisphosphonates are associated with osteonecrosis of the jaw. These drugs also have strong antiangiogenic and anticancer properties. They can reduce the risk of hip fracture by up to 80% if taken properly with very few side effects other than Jaw Necrosis.

Osteonecrosis of the Jaw Secondary to Bisphosphonate Therapy is defined as nonhealing of bone for more than 8 weeks in a patient with a history of nitrogen containing bisphosphonate use and no history of radiation therapy to the head or neck. This occurs in approximately 6–12% of patients given the IV form and up to 4% in patients given the oral form. We may see the percentage increase with time for the oral form as the complications are time and dose dependent.

Why the jaw? Because this is a biofilm mediated disease; it is essentially an osteomyelitis of the jaw (which is normally rare). It has been associated with known oral pathogens such as Fusobacterium, Streptococci, and Actinomyces.

What to do before: Do a thorough oral evaluation and risk assessment prior to beginning bisphosphonate therapy if possible. Get patients cleaned up, treat odontogenic and periodontal pathology.

Note: *There is no science to support Serum CTX testing, Hyperbaric O², Bone Scans or Drug Holidays.*

If patients are currently on a bisphosphonate and need surgery place them on an antimicrobial rinse such as chlorhexidine one week pre-op and one week post-op.

For high risk patients—such as older patients, diabetics, or patients that have had the IV form or have been on the drug for a long time—you may treat with prophylactic antibiotics such as Amoxicillin one week pre-op and one week post-op.

If patients get the disease it usually starts with a small piece of exposed bone and localized inflammation and usually is seen as a little pain or pus. It most often follows an extraction, surgery, or some kind of trauma from a denture, etc. The condition is usually localized and not usually life threatening. Radiographically it appears as an ill defined radiolucency. Eventually a sequestrum will appear. Once the dead bone is removed the site will usually heal.

If a patient gets the lesion treat conservatively: antimicrobial therapy and regular follow up as with periodontal therapy. In more advanced stages consider sequestrectomy and debridement (avoid resection), possible antibiotics oral or IV prn. Serious complications are rare.

The most interesting statistic was that 50% of hip fractures result in fatalities. Therefore, the risk of taking someone off of the bisphosphonates to avoid osteonecrosis may put the individual's life at risk. ◆

SNDS Executive Director's Message

Robert Anderson

Greetings to all of our members! The weather continues to warm up and summer is under way!

As always, your SNDS office is entering the busiest part of the year. We're gathering information and putting together this year's Continuing Education Series. The same goes for our Community Night, SNDS/UNLV Mentor Program, and even Give Kids A Smile!

We just finished up the first full year of our new CE Café series, and had very good comments. Thanks to our partners at Burbank Dental Lab, who help with speaker costs, Nevada State Bank, who provide the meeting space and share food coasts with Burbank Dental Lab. With our partners' help, there is no cost to the SNDS for the CE series, and, of course, no cost to the members. We are also coordinating our next season of these two-hour, after work seminars.

Our mainline continuing education series concluded this spring, and we want to thank our speakers and our participants for making the series a success. We also need to thank our faithful sponsors, especially Henry Schein Dental, Burbank Dental Lab, TDIC Insurance, Wealth Consulting Group, among others. For this coming year we are putting together an interesting slate of speakers, including Dr. Carl Misch and Dr. Robert Cronin, among others. Watch for the upcoming fliers for details.

The popularity of Community Night has grown each year, so this year we are making sure we have plenty of room. Over the years we have gone from 40 to 60 exhibitor tables, and the meeting is our best attended of the year. An important component of Community Night is the presentation of the Fae Ahlstrom Heritage Award. This award is intended to highlight lifelong members who have contributed to the dental profession and organized dentistry here in southern Nevada. Past recipients have included Dr. Fae Ahlstrom, Dr. James Jones, and Dr. William Busch. We are now accepting nominations for our 2010 recipient, so please give the SNDS office a call if you have a suggestion.

We'd also love to hear from you if you'd like to participate in our mentor program, a joint venture of the SNDS and the UNLV School of Dental Medicine students. We'd like to pair students up with practicing dentists to help them make the transition from the classroom to practice. Give the SNDS office a call if you'd like to participate.

Other committees that can use volunteers include our Peer Review Committee and Membership Committee. Participating on committees can really help a member to feel a part of things and make them more aware of all the work the Society does in the community as well as for the members. Feel free to give the SNDS office a call if you'd like more information.

I hope you'll have a great summer, and we'll see you in September at Community Night! ◆

Evangeline Chen, DDS

I am very happy to introduce myself in this, my first report as President of the Southern Nevada Dental Society. During the past 30 years of my dental career, I have been actively engaged in dental practice while giving birth to and raising six beautiful children, now ranging from 14 to 30 years of age. I am also a proud grandmother of four very darling grandchildren whom I adore.

With the continuous support, cooperation and encouragement of my dear family, we managed to squeeze in a 3 ½ year Prosthodontics specialty training for myself while carrying and having my fifth child. Looking back with much emotion, I give thanks to my Heavenly Father and pay tribute to my sweet family for what I am today!

After 23 years of practice in Birmingham, Alabama, we came to this special place called Las Vegas, to start yet another chapter of our lives. While I never participated in organized dentistry much in the past, I was privileged to have served as a Delegate, Secretary-Treasurer, President-Elect and now President since 2005. I owe a big *thanks* to Bob Anderson, our Executive Director, for the invitation, to Dr. Scott Weaver and Dr. George McAlpine for seeking me out and trusting me and training me thus far. Serving in the society has allowed me the great opportunity to meet many of you and to learn about the different facets of organized dentistry and our own society.

One thing that I have learned in particular is now, more than ever, there are very good reasons for being members of organized dentistry. There are some signs that our economy in southern Nevada may be starting to recover. This would be good news for all of us, dentists included! Many of us have had our practices inversely impacted by this economic slowdown, hopefully that, too, will start to turn around. Fortunately, member discounts on a variety of products and services, and the networking opportunities provided at our meetings and seminars can prove to be very helpful.

Foremost among these benefits is our Continuing Education program. The Continuing Education Committee is in the process of compiling together a series of excellent speakers and topics that will benefit a wide range of dental issues. We are able to bring to you speakers, such as Carl Misch, and enable you to hear world-class presentations in our own backyard. I am also very pleased that once again, this year there will be no fee increase for our members.

Over the course of my presidential term, it is my heart's sincere desire to meet more of you, and work together with you to build relationships and collegiality among our members. Let us not forget that we are a society, not a business. It is also vital to share in fellowship and build lasting friendships. As we recruit new members, I believe it is that sense of community that will attract them.

This reach of friendship extends to improving attendance at our dinner meetings, our seminars and all of our Society functions. These are great opportunities for sharing, fellowship, and uniting us as a true community. It is so easy to let a small handful of members do the work of the Society, or to speak for us, when in reality we can be so much more effective and get more from our membership, if we strive to reach out to our colleagues, step out and work together to improve our very own society.

Watch for the Prezfax and other reports from the SNDS office for details on our Continuing Education programs, meetings and events. However, by all means, feel free to contact either the SNDS office or myself if you have any questions or suggestions. This is your Society and any input you have is vital to the betterment of everyone as a whole.

I look forward to serving you, and with your help, we can make this a great year and put a smile on southern Nevada! ◆

SNDS Dental Health and Wellness Committee

By Franson KS Tom, MS, DMD, Chair, SNDHAW

Overall this year has been our best year. The committee is highly professional while being empathetic, caring and confidential. The participants have been receptive and comfortable while two have made life-changing choices. I have to thank all our committee members because their dedication and input has made this possible. When you get a chance, please give a big *mahalo* (thank you) to Drs. Pamela Caggiano, Michael Duboff, Peter Mansky, Richard Walker, and our Treasurer, Bob Anderson.

If you are aware of any professionals that may have an addiction concern, the SNDHAW encourages concerned parties to contact our committee at the Southern Nevada Dental Society, 8863 West Flamingo Rd, Las Vegas, NV 89147, 702-733-8700.

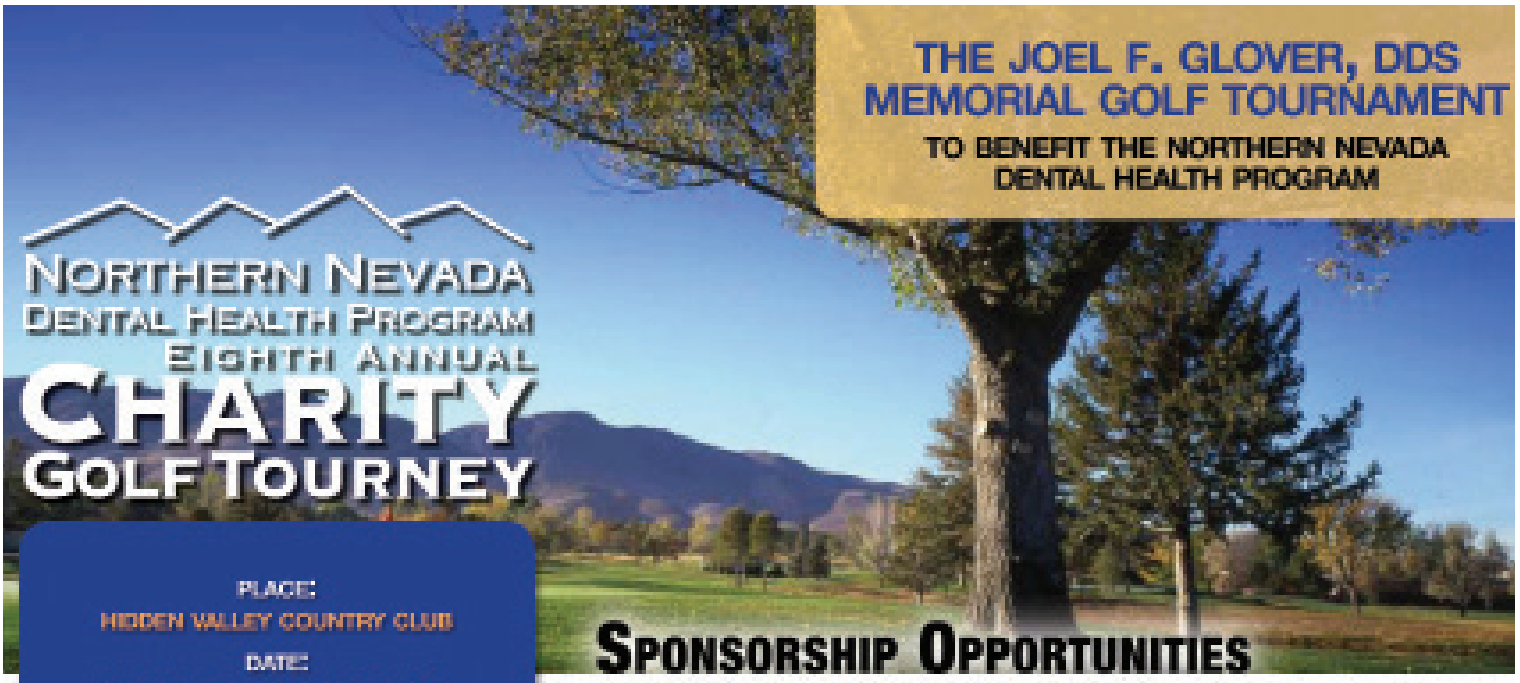
The entire committee attended the Northern Nevada Dental Society great 6 CEU "Health & Wellness Day for Health Care Professionals" with some well-known speakers in August 2009 at the Sienna Hotel Spa Casino in Reno, NV. The Southern Nevada Dental Society supported them and sponsored our ADA/NDA/SNDS members with registration fee and airfare to the event. There was an airport shuttle with the sponsoring hotel. We all got "unstuck" and "brewing" to get going.

When I began volunteering for SNDS three years ago, I was told they had been searching for someone to start this committee from the ground up for 20 years. We gathered volunteers, started training, established strong protocols and have made an impact in our community. Thank you to all the committee members for their fine input and interaction with participants. I repeat that I would be hopelessly overwhelmed without their dedication. I know you will also recognize the great responsibility this committee has accepted to help our fellow professionals while protecting our community and public trust. I congratulate Dr. Richard Walker for accepting the position of committee chair. He will confidently do a great job and I will continue to support their efforts.

Thank you NDA and SNDS for all your support over the last three years and I look forward to your continued support. Finally, the foundation of this committee was dependent upon the timely advice and encouragement of Dr. Michael Day. I thank him for all his help. ◆

SNDHAW Mission Statement

To provide a confidential comprehensive early advocacy program to identify, and intervene with, any Nevada dentist who is suffering from the consequences of substance abuse, addiction, physical health and/or behavioral/mental health disorders by coordinating voluntary evaluation and treatment through case progress monitoring, after-care, and educate the dentist of Nevada about dentist health and wellness through agreements that may give dentists an opportunity to help decide their personal, families, and professional future while protecting the public.



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MONDAY, SEPTEMBER 27, 2010

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TIME:
12:00 P.M. SHOTGUN START

FORMAT:
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(NO DENIM, COLLARED SHIRTS, PLEASE.)

FEES INCLUDE:
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NNDS Executive Director's Message

Lori Benvin

With the election primaries behind us it's time to focus on the general election. Talking to our candidates and those who will represent the dental profession this coming legislative year is going to be very important. Being a member of the NDA gives all of you a voice as a collective group. Also, with our legislative lobbyist Jeanette Belz in our corner, we have a very persuasive combination. Your NDA Legislative Committee is certainly willing to hear from you with your concerns or if you want to help our efforts. Contact Dr. Bob Talley, NDA Executive Director at robert.talleydds@nvda.org to find out how you can help and get informed.

New NNDS Executive Committee

On June 1, our new NNDS Executive Board took office. I would like to thank the 2009–10 board members; with special thanks to our outgoing Past President Dr. Mark Funke. Thank you Mark for your dedication and time spent devoted to this society. I also want to thank our former President Dr. Scott Jarrett. I know that this position was not something he felt like he wanted to embrace, however I am pleased that he had this experience and I know Dr. Jarrett did a great job conveying to his colleagues the importance of giving back and serving the dental profession. Your newly-elected president for the 2010–11 year will do an exceptional job. Dr. Mark Handelin has already hit the ground running and has been very involved with the NNDS since 2001. Your other board members, who continue to devote their time and energy, are Dr. Quincy Gibbs as Vice President, Dr. Jason Ferguson as Secretary/Treasurer and Dr. Bill VanPatten as returning Member at Large. We welcome our newest board member Dr. Brandi Dupont as our second Member at Large—Brandi is also our new CE Speaker Chair. Dr. Dupont is going to do a fantastic job in bringing all of you some excellent continuing education venues this year.

Our other Executive Committees need our thanks as well; the Peer Review Committee for their countless volunteer hours to help *you* mediate dental disputes. Peer Review is one of your principal membership benefits as it helps resolve patient conflicts without involving the Nevada State Board of Dental Examiners. Thanks also to the NNDS Health & Wellness Committee, the Legislative Committee, the Northern Nevada Dental Health Program Advisory Board, the Golf Committee, and the Mario Gildone Lifetime Achievement Award Nominee Selection Committee.

Give Seniors a Smile

The "Give a Senior a Smile" pilot program was a success thanks to the volunteer efforts of many members! This pilot program was a partnership between the TMCC Dental Hygiene program, UNR Sanford Center for Aging, Senior Outreach (SOS) program and volunteer dentists from the NNDS. Thirteen low-income, home-bound, Washoe County seniors received pro-bono comprehensive dental hygiene services at TMCC. Referrals were also made to NNDS members who volunteered to adopt a senior in need of restorative care. Special thanks to Drs. Frank Caffaratti, Ramin Homanfar, Monte Neugebauer, Michael O'Gara, Greg Pisani, Norm Beesley, Kelly Euse, Brian Struby, David White and Superior Dental Labs.

TMCC would like to continue this program, and hopes that other dentists in the community will volunteer to adopt a senior in need. If you are interested in participating in this program, please contact Julie Stage, RDH, MPH, "Give a Senior a Smile" Coordinator at TMCC Dental Hygiene Program at 673-8279.

NDA Summer Meeting 2010 and Becoming a Delegate

The NDA Annual Summer meeting at the Hotel Del Coronado in San Diego will be concluded once you receive this journal. The NNDS is always looking for Delegates and Alternates to serve on behalf of your fellow society members biannually at these meetings. If you want to get involved, to be a part of issues facing your profession or to be a part of making your association better but don't think you have the time to devote as an Executive Board member, than *become a Delegate*. The time commitment for being a Delegate is only twice per year. For more information in serving as a NNDS Delegate contact our Chief Delegate Dr. Frank Caffaratti, at fdcdds@gmail.com or myself. We would be happy to tell you more about it. ◆

NNDS President's Message

Mark J. Handelin, DDS, MSD

I would like to begin by thanking all of you for allowing me to serve our profession during these interesting times. I am looking forward to the upcoming year and am excited about the events we have in store. 2011 is also a legislative year and if recent sessions indicate anything, it may prove to be another eventful session. Given the trials and tribulations that our state, our patients, and ourselves have undergone over the last couple of years we should count our blessings that we are part of such a great profession and continue to strive to be the best dentists and members of our communities that we can be.

Our society is not only our conduit for professional relationships and education, but also acts with the best interests of the communities that we are privileged enough to treat. I would like to invite every one of the dentists in Nevada to get involved with either the national, state, or local constituent dental society to make our society even better. The illustrious Dean Art Dugoni often spoke to our dental school class and reiterated time and time again to be there, pay attention, and get involved. There are many potential changes on the horizon that may greatly affect the way we currently practice. Two of the larger issues looming in the not too distant future include insurance regulations (capping of non-covered benefits) and the introduction of mid-level providers (an adjunct professional able to restore and extract permanent teeth). We are the only ones with the intimate knowledge to guide the future of our profession. Should we sit on the sidelines others will most definitely decide our professional fate for us.

On that note of involvement, I would like to thank the many cogs of our great Northern Nevada Dental Society machine. First and foremost is our tireless and extremely dedicated executive director Lori Benvin. Lori has been absolutely indispensable and I've learned first-hand about the endless meetings, committees, and errands that Lori attends to for our society on a monthly basis (the number is quite staggering). Thank you very much for all that you do to keep our wonderful society working at full steam.

Another vital segment of our society is your executive council. Drs. Scott Jarrett, Quincy Gibbs, Jason Ferguson, Bill Van Patten and newly anointed member Brandi Dupont selflessly give their time and energy for the betterment of our society, our profession, and our community.

I would also like to thank the many members of our society that participate with the other critical committees of the dental society. These in include Peer Review, Legislative Committee, Northern Nevada Dental Health Program, Recruitment & Retention, Health & Wellness Committee, and our Northern Nevada Delegates. Their countless hours of service for the profession and community help elevate the level the professionalism of dentistry in northern Nevada.

There are multiple avenues for involvement within our great dental society. I implore each and every one of you to ask yourself why we are where we are today and to get involved one way or another. If we don't, I fear what our future profession may resemble. In these ever-changing times don't ask what your dental society can do for you; ask what you can do for your dental society. Our patients and our profession are counting on us. ◆

NNDS Upcoming Events

All of our events are updated on our website at www.nndental.org.

August 12: NNDS Annual Open House, BBQ Bartley Ranch Park

September 27: Joel F. Glover, DDS Memorial Golf Tournament to Benefit NNDHP, Hidden Valley Country Club

WELCOME NEW NNDS MEMBERS

Jared T. Buck, DDS – Endodontics

Gregory B. Carman, DMD – General Dentistry

Julio Escobar, DDS – General Dentistry (returning member)

Shannon M. Sena, DDS – General Dentistry

Atty Smith, DDS – General Dentistry

UNLV School of Dental Medicine Report

Karen P. West, DMD
UNLV SDM Dean

CLASS OF 2014

In August, 2010 we will welcome a great group of 1st year students to our School of Dental Medicine. We currently have selected 69 students from an impressive group of 2,346 applicants and have made offers to 11 additional students that we are waiting to hear back from. Our applicant pool is slightly lower than last year but still very impressive and competitive. UNLV School of Dental Medicine is one of the top choices of dental schools for at least one of every four applicants to U.S. dental schools. The gender makeup of the class thus far is females 18 and males 51. The residency break down is Nevada residents 44 and Non-Nevada residents 25. California and Utah are our top feeder states behind Nevada. The ethnic representation of the class is White 42, Asian/Pacific Islander 19, Hispanic 7, and African-American 1. The number of languages spoken by this class shows a true international flavor in the student body. The languages are Arabic, French, Hindi, Korean, Mandarin, Norwegian, Persian, Portuguese, Punjabi, Samoan, Spanish, Swedish, Tagalong, and Vietnamese. This has become very important in treating the patients in the school dental clinics because our patients come from diverse cultures and ethnicities. The academic accomplishments of this class are also noteworthy with the average science GPA 3.32 and cumulative GPA 3.40.

STUDENT ORGANIZATIONS AND AWARDS

The students of the dental school have different student organizations that allow them to develop their leadership skills and to participate in national organized dentistry groups. The students attend national meetings frequently such as that of the American Dental Education Association and the American Dental Association. The activities of the students groups are as follows:

- **ADEA Student Chapter—** Our UNLV student chapter of the American Dental Education Association (ADEA) was recognized for "Best Chapter Activities and Events" in 2009. Three of our students were chosen to serve the national ADEA Student Association. Kris Smith (DS3) Vice Chair of Council of Students, Residents and Fellows (COSRF), Jared Dye (DS3) Center Group Leader for Educational Policy and Research and Tara Paterson (DS2) West Coast Regional Representative for COSRF. The ADEA chapter has been very active in the past year sponsoring several activities and projects which include:
  - 3rd annual "Pre-dental Simulation Course" educated 150 predental students about the profession of dentistry and dental school.
  - 2nd Annual Miles for Better Smiles 5K Charity Run raised funds to support financially needy patients with dental care.
  - Funded the creation of the ADEA student lounge at the UNLV SDM campus.
  - Funded activities for the UNLV "Preview to Dentistry Course" and the UNLV and UNR Pre-dental Clubs.
  - Sponsored student travel to ADEA interim and national conferences.
- **ASDA Student Chapter—**The UNLV student chapter of the American Dental Association was quite active this past year. Here are some of the ASDA awards and activities:
  - Hosted the first annual District 10 Meeting in January 2010. It was a great success, including participants from Arizona, Washington, Oregon, California and Nevada.
  - Three students attended National Lobby Day in Washington D.C. to advocate for student interests.
  - Five officers attended regional session in October 2009 in St. Louis to give a presentation as winner of Ideal ASDA: Best Chapter in the Nation.
  - Four officers attended the Annual Session in March, 2010 in Baltimore, Maryland.
  - Participated in the NDA board meetings and collaborated with the SNDS with the Mentoring Program and seminars on "Transition from DS4 to Career Choices."
  - Sponsored the Fall and Spring Vendor Fairs. There were 26 vendors that participated in the Spring Vendor Fair 2010.
  - Other activities included a popular "Lunch and Learn " program, social activities such as Taco Mania Party, Arm Wrestling Contests, and community service such as Dental Hygiene presentations at local elementary schools.
  - Two awards for 2010 were presented to Carmen Tsang, chapter president; "Delegate of the Year, District 10" and "Pierre Fauchard Academy Annual Scholarship Award."
- **The Diversity Club—**A new organization this year at the SDM is "The Diversity Club". As mentioned,

the student population at the dental school comes from diverse cultures. The Diversity Club helps with the interaction of dental students from different cultures and customs. The Diversity Club is off to a great start by hosting the international luncheon event in the spring semester. Multiple students from different backgrounds cooked varied dishes which the students were able to enjoy. At every meeting of the Diversity Club floor discussion occurs about how race or different ethnicities may relate to students in the clinical setting.

- **The American Association of Women Dentists**—UNLV's chapter of The American Association of Women Dentists increased its membership to 50 members. This year is mainly a rebuilding year, in which they are focusing on fundraising, increasing membership and shaping it to the needs of the student members. Since there are so many service opportunities at UNLV, the chapter has chosen to focus on activities to increase networking among the women in the different classes. We started the year with an introductory meeting which the upper class women answered questions for the new DS1s. We also had a wine and cheese party at a member's house. Last year we implemented a "Big Sis/Lil Sis" program which a DS2 is paired with a DS1. This year was our second year of the program, so now the DS2s have a DS3 to help mentor them and also the new DS1s. The Big Sis's get a dental-related gift for their Lil' Sis like kavo teeth for sim lab, notes from classes, and study aids. The club is also planning to put on Smiles for Success this summer which is a one day clinic for women who feel their smiles keep them from getting a job.
- **Psi Omega Dental Fraternity**—Over the past year, the Upsilon Nu chapter of Psi Omega has worked on various projects throughout the community. Working with United Blood Services, the chapter coordinated two blood drives for the city of Las Vegas. The last blood drive took place in late 2009 and 31 people donated blood. The chapter plans on continuing to work with UBS to coordinate future drives. Psi Omega also held several drives to collect food and clothing for local homeless shelters. Working with the Ronald McDonald Foundation, members of the chapter donated food and prepared dinner for families and were able to listen to their stories. Several members participated in the Make-A-Wish Foundation walk in Las Vegas in January 2009. In addition to these events, various members continue to volunteer for the Sgt. Ferrin Memorial Clinic, and Saturday Children's Clinic at UNLV School of Dental Medicine. In the near future, Upsilon Nu chapter is planning on holding a charity basketball tournament to help raise money for families who have children born with orofacial defects such as cleft lip/palate. Proceeds will go towards medical bills and support for these families.
- **The Sergeant Clint Ferrin Memorial Clinic**—Local veterans and National Guard soldiers now have something to smile about—literally. Many are getting free dental care thanks to a UNLV program honoring a fallen soldier. The Sergeant Clint Ferrin Memorial Clinic began nearly two years ago, initially treating National Guard troops deemed nondeployable because of poor oral health. It now serves all veterans who can't afford dental care and who cannot receive it elsewhere.

GRADUATE PROGRAMS

- **Pediatric Dentistry Residency Program**—Our first class of four pediatric residents graduated as board-eligible pediatric dentists in July 2010. The 24-month program which has been recommended for full accreditation, accepts six highly qualified residents each year from diverse backgrounds and provides an integrated training approach; incorporating advanced didactic education with on-site clinical experiences, hospital training at the University Medical Center's Children's Hospital of Nevada, and rotations to specialty clinics, multidisciplinary clinics, community and tribal clinics. Rotations and hospital training allow residents to become clinically proficient in managing complex cases for all sectors of society, including compromised and disadvantaged populations.

CELEBRATING NEW FACULTY

We are pleased to welcome two new full-time faculty members to the Department of Clinical Sciences; Dr. William Leavitt and Dr. Wenlian Zhou. We want to hear from those of you who are interested in serving as volunteer clinical faculty and we thank all of you who are currently volunteering at our school.

ALUMNI ASSOCIATION

The Alumni Association is off to a great start. Members of the inaugural Board of Directors have been identified with Dr. William Dalhke elected as president. Dr Francis Curd, Associate Professor, Clinical Sciences has been appointed Director of Alumni Affairs for the School Of Dental Medicine. We are in the process of developing alumni functions and we are asking all our alumni and friends of UNLV-SDM to please contact Dr. Dalhke or Dr. Curd at the dental school for further information. ◆

Message on Hold Service Educates Patients and Boosts Bottom Line

What do most patients hear on their phone when they are put on hold by a dental practice? According to a 2008 survey of dentists from ADA Business Resources, 55% of respondents said their callers hear nothing, 10% hear music, and 35% hear a pre-recorded message with updates and information about the practice. Most dentists realize it's a reality of a busy practice that some callers will be put on hold. Then the question becomes, how to best utilize the on hold time for everyone's benefit?

Thousands of ADA members have found that offering a custom message while callers are on hold can help educate patients about every service the practice offers. Furthermore, patients generally prefer hearing a message to silence. William Schroeder, Vice-President of InTouch Practice Communications, believes that patients don't always know that practices offer services such as veneers, implants or whitening. "We've worked with thousands of dental practices over the years. We hear dentists tell us that patients are leaving their general dental practice to look elsewhere for services such as veneers because they didn't know that a general dentist could provide that service."

Schroeder cites statistics that claim that callers hearing dead silence will abandon the call much sooner than those who hear a message. A message on hold can help callers learn more about a practice's services, but also about the staff and any changes or news. Dr. Andrew Arriola, from Temecula, CA, an ADA member since 1983, remarked, "Before we had the message on hold, my patients heard dead silence. My patients are now asking questions when they come off hold. The message on hold has been a rock-solid system for us."

The staff at InTouch Practice Communications—the only message on hold company endorsed by ADA Business Resources—are experts in dentistry who attend dental meetings across the US. This enables the staff to understand the new technologies and services that dentists are eager to educate their patients about. Plus they give each recording its own personality and professional voice.

In addition, InTouch's on-hold programs are 14 minutes in length, longer than other on-hold systems, so frequent callers will hear a variety of messages about services that make each practice unique. ADA members who are interested in hearing what a custom on hold message sounds like can hear a sample at www.intouchdental.com.

ADA Members can save $300 from the one time system cost. And with the Flex Plus Plan, members receive unlimited message changes, unlimited short subject program creation, and a full replacement warranty—all for $259 annually. InTouch also provides appointment reminder systems proven to significantly reduce missed appointments by contacting patients via phone, text or email for as low as $99 a month. For more information, visit www.intouchdental.com or call 1-877-493-9003. ◆

NDA PAST PRESIDENTS

1922 George H. Marvin	1951 Leonard G. Jacob	1980 Duane E. Christian
1923 John V. Ducey	1952 Clifford A. Paice	1981 Dwight Meierhenry
1924 Thomas H. Suffol	1953 Walter R. Bell	1982 Clair F. Earl
1925 George A. Carr	1954 Raymond J. LaFond	1983 R. D. Hargrave
1926 Samuel T. Spann	1955 Jack E. Ahlstrom	1984 James L. Davis
1927 Bruce Saulter	1956 J.D. Smith	1985 N. Richard Frei
1928 Frederick H. Phillips	1957 Kern S. Karrash	1986 Lloyd Diedrichsen
1929 Frederick J. Rulison	1958 Vincent J. Sanner	1987 Gerald Hanson
1930 William H. Cavell	1959 Wallaxe S. Calder	1988 Gerald C. Jackson
1931 Harold E. Cafferata	1960 John B. Hirsh	1989 James C. Evans
1932 Louis M. Nelson	1961 David W. Melarkey	1990 Whit B. Hackstaff
1933 Carlton E. Rhodes	1962 David W. Melarkey	1991 William E. Ursick
1934 Pliney H. Phillips	1963 Fae T. Ahlstrom	1992 Dennis J. Arch
1935 Harold R. McNeil	1964 Morris F. Gallagher	1993 A. Ted Twesme
1936 Lawrence D. Sullivan	1965 Wayne L. Zeiger	1994 Bruce Pendelton
1937 Alexander A. Cozzalio	1966 Mario E. Gildone	1995 J. Gordon Kinard
1938 Charles A. Cozzalio	1967 William D. Berry	1996 Joel F. Glover
1939 George A. Carr	1968 James F. Archer	1997 Rick Thiriot
1940 George A. Steinmiller	1969 Philip J. Youngblood	1998 Jade Miller
1941 George A. Steinmiller	1970 Carl M. Hererra	1999 Patricia Craddock
1942 Omar M. Seifert	1971 George P. Rasqui	2000 William C. McCalla
1943 Stephen W. Comish	1972 William H. Schaefer	2001 Robert H. Talley
1944 Quannah S. McCall	1973 Robert L. Morrison	2002 Susan Jancar
1945 Oliver M. Wallace	1974 John S. McCulloch	2003 Dwyte Brooks
1946 Gilbert Eklund	1975 James M. Jones	2004 Peter DiGrazia
1947 Robert H. Gatewood	1976 Harry P. Massoth	2005 Robert Thalgott
1948 E. Ross Whitehead	1977 Leeland M. Lovaas	2006 Arnie Pitts
1949 Howard W. Woodbury	1978 Blaine R. Dunn	2007 George Rosenbaum
1950 Roy P. Rheuben	1979 Louis J. Hendrickson	2008 Joel T. Glover

Calendar of Events

JULY 2010

JULY 6	NNDS Executive Committee Meeting	5:30 pm	NNDS, 161 Country Estates Cir #1B, Reno
JULY 8-10	NDA Summer Meeting & House of Delegates	various	Hotel Del Coronado, San Diego
JULY 14	SNDS Dentist Health and Wellbeing Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
JULY 21	SNDS Peer Review Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
JULY 28	NNDS Peer Review Committee (if clinical)	5:30 pm	3575 Grant Dr, Reno
JULY 30	ADA Peer Review Training	5:30 PM	3575 Grant Dr, Reno

AUGUST 2010

AUG 10	NNDS Executive Committee Meeting	5:30 pm	NNDS, 161 Country Estates Cir #1B, Reno
AUG 11	SNDS Dentist Health and Wellbeing Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
AUG 14	Jason Eberle Memorial Concert & BBQ	5 pm	Bartley Ranch Amphitheater, Reno
AUG 18	SNDS Peer Review Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
AUG 19	NNDS Open House BBQ	5 pm	Bartley Ranch Park, Reno
AUG 24	SNDS Executive Committee Meeting	6 pm	SNDS, 8863 W Flamingo Rd, Las Vegas
AUG 25	NNDS Peer Review Committee (if clinical)	5:30 pm	3575 Grant Dr, Reno

SEPTEMBER 2010

SEPT 7	NNDS Executive Committee Meeting	5:30 pm	NNDS, 161 Country Estates Cir #1B, Reno
SEPT 9	NNDS Annual Spouses/Guest Night Dinner Meeting	5:30 pm	Mt. Rose Winter's Lodge, Reno
SEPT 14	SNDS Community Night	6 pm	Gold Coast Hotel, 4000 W Flamingo Rd, Las Vegas
SEPT 15	SNDS Dentist Health and Wellbeing Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
SEPT 22	SNDS Peer Review Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
SEPT 24	NDA Exec. Committee	9 am	NDA, 8863 W Flamingo Rd, Las Vegas
SEPT 27	Joel F. Glover DDS Memorial Charity Golf Tournament	12 noon	Hidden Valley Country Club, Reno
SEPT 29	NNDS Peer Review Committee (if clinical)	5:30 pm	3575 Grant Dr, Reno

OCTOBER 2010

NOTE: SNDS October dinner meeting canceled due to conflict with ADA meeting

OCT 9-12	ADA Annual Meeting	All day	Orlando, FL
OCT 12	NNDS Executive Committee Meeting	5:30 pm	NNDS, 161 Country Estates Cir #1B, Reno
OCT 13	SNDS Dentist Health and Wellbeing Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
OCT 14	NNDS General Membership Dinner Meeting	6 pm	The Grove at SouthCreek, Reno
OCT 20	SNDS Peer Review Committee Meeting	6 pm	Call SNDS for location, 702-733-8700
OCT 21	AGD General Membership Dinner Meeting	6 pm	tba
OCT 22	CE Seminar, sponsored by the SNDS	9 am – 4 pm	Gold Coast Hotel, 4000 W Flamingo Rd, Las Vegas
OCT 26	SNDS Executive Committee Meeting	6 pm	SNDS, 8863 W Flamingo Rd, Las Vegas
OCT 27	NNDS Peer Review Committee (if clinical)	5:30 pm	3575 Grant Dr, Reno

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What is it? *from page 24*

Answer: *According to Dr. Samuel Wexler of Richmond, IL, the device is a Dudley Oral Surgery Mallet. It was designed to replace handheld elevators, was used with a belt driven system, and was most akin to a "mini jack hammer."*

Editor's comment: *Intrigued after speaking with Dr. Wexler, the Editor determined to test the "Dud," perhaps on a wall of the (insured) orthodontic building at UNLV SDM, in order to see how many seconds it would take to create an unrestorable cavity (as opposed to carious lesion). However, the test was deferred and this modality was arbitrarily assigned to second place in the scary dental instrument category, behind only "dental dynamite."*[1] *Reader comments are welcome.*

1. Twesme, A. Ted, personal communication.

AFFILIATED PRODUCTS

The following companies are NDA affiliated products. These products have been evaluated and are recommended for use in running your practice. Please let us know if you have any feedback or would like to recommend a product or service for affiliation.

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citibank	*Student Loans*	**866-863-6758**
citifinancial auto	*Auto Financing*	**888-248-4325**
citimortgage	*Real Estate Assistance*	**888-466-3232**
Collegiate Funding Services	*Student Financing*	**866-312-7227**
CoreVault	*Offsite Data Backup*	**405-391-8123**
D-Mmex	*EasyRefine Program*	**800-741-3174**
DRNA	*Waste Management*	**800-360-1001 x11**
EBESCO	*Subscription Service*	**800-527-5901 x1652**
FedEx	*Shipping Services*	**800-636-2377**
Hertz	*Car Rental*	**800-654-8216**
IC System	*Collection Service*	**800-279-3511**
JAT	*Printed Business Communications*	**800-421-5452**
Lands' End	*Business Outfitters*	**800-990-5407**
TDIC	*Professional Liability*	**888-319-7477**
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TOURNAMENT DETAILS

LOCATION ..... HIDDEN VALLEY COUNTRY CLUB
DATE ..... MONDAY, SEPTEMBER 27, 2010
GOLFER CHECK-IN ..... 10:30 A.M.
BBQ LUNCH ..... 10:30 A.M. - 12:00 P.M.
TEE TIME ..... 12:00 P.M. SHOTGUN START
DINNER/AWARDS ..... FOLLOWING THE TOURNEY

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