



GP NEWS



The Publication for the General Practitioner

Volume 40, Number 3

October, 2016

California AGD's Delegation To Boston

Each year California (*Region 13*) selects twelve members to represent the CAGD at the Governance AGD session. There are 200 delegates from the U.S. and Canada who discuss current issues as they affect our profession. The work of the HOD gives direction to our AGD leaders and spokespersons to advocate for general dentists nationally and internationally. I wish to thank all the California AGD delegates and alternate

delegates for their preparation, attention, and discussions regarding the resolutions for this recent HOD (*House of Delegates*) meeting in Boston.

As many of you know, the next Annual Meeting/Scientific Session will be in Las Vegas in July of 2017, but the Governance (HOD) will take place in November of 2017 in Chicago. This will be the (*continued on page 4*)



Front row: Drs. Mike Bromberg, Chethan Chetty, Howard Chi, Anita Rathee, Bill Kushner, Harriet Seldin.

Middle row: Drs. Thanh Trinh, Ricardo Suarez, Mahtab Sadramelli, Laine Janzen (*student delegate*), Eric Wong, Terri Wong (*Executive Director*), Kirk Hobock, Samer Alassaad.

Back row: Drs. Dinu Gray, Mike Lew, Jay Thompson, Steve Lockwood.

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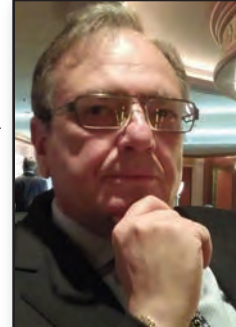
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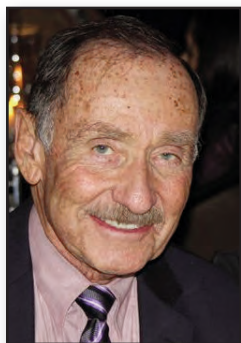


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as well as FellowTrack and MasterTrack Coordinators



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G.P. NEWS *A Publication of the CALIFORNIA ACADEMY of GENERAL DENTISTRY*

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The *GP News* is published three times annually by the California Academy of General Dentistry. Inquiries should be made by contacting Terri Wong, Executive Director at 8 River Garden Court, Sacramento, California 95831. Phone 877-408-0738 or fax to 916-228-4494.

BOSTON *(continued from page 1)*

first year AGD is separating the Scientific Session from the Governance in an attempt to have the HOD approve the budget closer to the start of the new calendar year.

Listed below are the highlights from the 2016 HOD (housekeeping and minor resolutions are not included in this report):

ADVOCACY ISSUES

Resolution 301: “Resolved, that a Policy Statement on the Cost-Efficiency of Primary Oral health Care Delivery System be adopted as AGD HOD Policy.” The goal is to be clear that no alternative to our current standard of care with the dentist (*general practitioner and pediatric dentist as head of the dental team*) be modified (i.e. No legitimate allowance for MLPs).

Resolution 302: Essentially reinforces AGD election protocols remain respectful and ethical. Of course it passed.

Resolution 304: The HOD approved language that is supportive of Sleep Dentistry diagnostic and treatment protocols and acknowledges that physicians and dentists work in coordination for the betterment of patient care. The AGD supports medical benefit plans providing coverage for treatment approaches for sleep disorders provided by dentists.

Resolution 315: The HOD approved language supporting legislation that seeks to increase professional and public awareness of accurate and current information on the link between oral health and overall health.

Resolution 317: “Resolved, that the AGD supports qualified dentists providing treatment for obstructive sleep apnea (OSA) with custom, titratable oral appliances when prescribed by a referring sleep physician. And be it further resolved; that the AGD supports dentists in the oversight of patients in appliance therapy for OSA in conjunction with a sleep physician to improve treatment efficacy.”

CONTINUING EDUCATION ISSUES

Resolution 201R: The HOD approved minor changes in FAGD/MAGD/LLSR requirements giving more credit hours to teaching and publications.

Resolution 202: Referred to the DE Council. There was much discussion on making the LLSR and award similar to FAGD and MAGD. Meanwhile, the DE Council will make a recommendation and will allow LLSR recipients to walk across the stage as they have done in recent history. Further direction was given to the DE Council to consider other forms of membership recognition (distinction) for community service and/or other accomplishments distinct from our current awards.

ADMINISTRATIVE, IMAGE AND MEMBERSHIP ISSUES

Resolution 101R: With the help of dental student delegates, including Laine Janzen from Western U, Pomona, the HOD supported the adoption of this resolution to form Chapters within each dental school. The goal is to have a more legitimate student group that will receive recognition from individual dental school as student clubs whereby financial support and access to meeting rooms is permitted. This goes beyond FellowTrack programs, but will stem from the FellowTrack participants. There will soon be specific policy changes from CAGD to properly recognize and support the dental school chapters and their student leaders who seek to participate in CAGD board business.

Resolution 104: The Trustees and AGD administrators (CFO) are alerted to keep greater financial accountability regarding the necessary Board of Trustees’ meetings and to strictly follow the AGD policy setting meeting expenses up to \$100,000 per individual meeting.

Respectfully submitted,
Stephen Lockwood, DMD, MAGD
and Regional Director for the CAGD



Dr. Steve Lockwood is a solo, private practitioner in La Jolla.



“Achieving the AGD Fellowship, and especially AGD Mastership status, are goals that deserve the attention of every general dentist.” —DR. GORDON CHRISTENSEN

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California AGD Presents "Sleepless in San Francisco"

Seven Steps To Successfully Integrate Sleep Apnea into Your Practice

Learning Objectives:

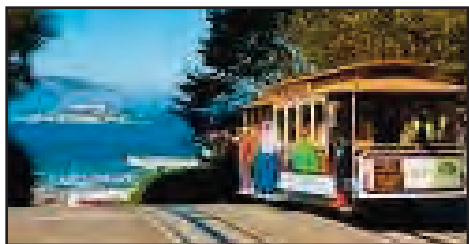
- ◆ Understanding sleep
- ◆ Understanding your role
- ◆ Working with the dentist / physician team
- ◆ Collecting the data needed to recognize the problem and the treatment options
- ◆ Selecting, fitting and follow-up
- ◆ Getting paid — the medical model
- ◆ getting the word out — marketing

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Lamberg Sleep Well

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winecountrylimos.com/sf-group-tours.html
or www.alcatrazcruises.com



About the Course:

As a dentist, you are often the first person who has the chance to recognize the signs of OSA. It is time to improve the lives of your patients by learning to recognize and treat sleep apnea. OSA affects one in seven people in America. Fifteen percent of Americans have sleep apnea. It has been linked to diabetes, heart disease, obesity and high blood pressure. However, eighty to ninety percent of people with OSA do not even know they have it.

Dr. Rob Veis, one of the most well-known speakers in the field of Dental Sleep Apnea will share with you his keys to effectively recognize the signs and symptoms that contribute to Obstructive Sleep Apnea (OSA).

You will learn to effectively integrate sleep medicine into your practice and to treat patients at all levels. You will learn how to properly communicate with patients and physicians for a team approach to care.

In addition to CPAP, dental appliances are the preferred non-surgical solution to help patients with sleep apnea. The dentist plays a key role throughout the procedural levels of Sleep Medicine. Additionally, the dental practitioner must be involved in the screening of existing as well as new patients, knowing when to refer for a sleep study and communicating the results to the patient. This should include the presentation of individually viable treatment options.

Join us for this informative, all-day eight CE credit course.



Questions, call: **916.932.2245**

Cancellations can only be honored prior to October 30, 2016



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About Our Speaker: Rob Veis, DDS

Dr. Rob Veis has been practicing dentistry since 1984. He is a graduate of the USC Ostrow School of Dentistry. He was a Clinical Professor in Restorative Dentistry at USC for twelve years. He is an internationally renowned lecturer on the topics of Dental Sleep Medicine, Orthodontics for the General Practitioner and Appliance Therapy. He has served on the faculty of the Las Vegas Institute of Advanced Dental Studies. He is the co-author of the book "The Principles of Appliance Therapy for Adults and Children" (considered one of the definitive texts on the subject).





DR. HOWARD CHI
Stockton

IN APPRECIATION

My Year As Your President

As we approach our final quarter of the year, my term as President of the CAGD is coming to an end. Your Board had several accomplishments this year in making the CAGD a stronger organization. Your CAGD received two Honorable Mention awards from the AGD. We received Honorable Mention in **Advocacy** and also an Honorable Mention in **Continued Education**.

Congratulations to us!

At our recent House of Delegates in Boston, the AGD passed a resolution to organize AGD Student Chapters in each state at their respective dental schools. This is a huge step forward in fostering future leaders and members in our academy. For years, California has had groups in our schools referred to as "FellowTrack." The CAGD is working to create [AGD Student Chapters] in all six schools.

Before our Spring Board Meeting in Anaheim, both presidents and presidents-elect from the CAGD and the CDA met. Both organizations are working together and are synchronized with advocacy issues for the betterment of general dentistry. During this meeting, we had the opportunity to see Dr. Kenneth Wallis, President of the CDA, renewal his membership with the AGD. Indeed, we are synchronized with each other.

In reflecting on my journey through our academy, it all started when I became a student-member while at the Temple University School of Dentistry. Later, during my career, earning Fellowship and Mastership status. I'm now in the process of applying for the LLSR. These accomplishments have been some of my greatest highlights as a dentist. Along the way in the Academy, I've made many friends and found great support from everyone. These are friends forever. We are in a community of like-minded individuals, with the common goal of achieving excellence in what we do in general dentistry and a commitment to

life-long learning. As a group, we are proud to be general dentists and proud to be a part of the AGD. *We are family!*

My year as President would not have been a successful one without the support of the Board. I thank them for all of their hard work and personal sacrifices to serve. I thank my family for their support and personal sacrifices to allow me the time to serve.

In addition, I give a shout-out to the following individuals who have been pillars in my journey in the CAGD. *In alpha order, they are:* Dr. Guy Acheson, Dr. Kevin Kuo, Dr. Bill Langstaff and Dr. Eric Wong. I especially want to give a special thank you to Terri Iwamoto-Wong, our Executive Director. As a leader, you need a strong backbone in the organization to assist you. *Terri is our backbone.* She is our inner bond. I am fortunate to have had her by my side during this time. *Thank you Terri for all that you do for us!*

My final message to **you** is to consider being a leader in the CAGD. You will grow and learn about our Academy and witness the great people who are there to fight for your rights and privileges as a general dentist. Our future is bright and ever-evolving. We need your help to ensure our profession and our organization continues its greatness.

I will always remember my time as your President and serving in several leadership positions in the AGD, the CAGD and the SSAGD. I wear my AGD badge with honor. I have been privileged to serve you as President. Please continue to be the best you can be and continue to grow as general dentists, like our forefathers in the AGD envisioned.

In deep appreciation, thank you again for affording me this honor. ■

Respectfully,
Howard Chi, DMD, MA, MAGD, *President*

Watchdog REPORT

Guy Acheson, DDS, MAGD, Rancho Cordova



DR. GUY ACHESON
Rancho Cordova

Pediatric Sedation Regulations under Review

AB2235 has passed both houses and is sitting on Governor Brown's desk for his signature as I write this article. The bill will be known as Caleb's Law. Caleb Sears was a five-year-old who died in an oral surgeon's office while having a tooth extracted under general anesthesia (*go to www.calebslaw.org*). His parents lead the effort to create this legislation that requires the Dental Board of California to "provide to the Legislature a report on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients and present that report to the legislature by January 1, 2017." The DBC began the process as soon as the legislation came to light and has expanded the process to compare California regulations with all other states and all relevant organizations concerning pediatric sedation. The DBC has issued a preliminary draft document

on their progress and is actively working with representatives of virtually all professional organizations involved with sedation in dentistry, both pediatric and adult. There have been several recent deaths involving children undergoing dental treatment under sedation. The way that these incidents are presented by the media has cast a shadow over the perception of the safety of dentists delivering care with sedation.

The California Dental Association is actively involved in this process. I recently participated in a working group on the question of pediatric sedation safety that was organized by CDA. There were representatives from oral surgeons, periodontists, dental anesthesiologists, pediatric dentists, public health dental providers, dental sedation educators, and I represented general dentists and the AGD. The overriding problem in assessing the safety of sedation in pediatric dentistry is the lack of data to make objective evaluations. We are made aware of the very small number of deaths associated with dental treatment under sedation, but we have no credible data on how many total dental sedations are being done. Medicine has a much more robust reporting system regarding all pediatric sedations provided by anesthesiologists. Dentistry does not have a comparable system to gather data.

There are many forces at work to enhance the safety and perceived safety of pediatric sedation in dentistry. Different organizations (*oral surgeons, pediatric dentists, anesthesiologists, dental anesthesiologists, dental educators, American Dental Association, pediatricians*) have their own opinions and guidelines for regulating pediatric sedation with the goal of improving patient safety. To its great credit, the CDA is trying to reach a consensus that works for dentists and for patients in enhancing safety but with minimal restrictions in access to care.

There are multiple trends in dental sedation and pediatric sedation. Currently in California the regulation of sedation is based upon several factors: intended depth of sedation, the route of administration of drugs, and the age of the patient. Minimal sedation requires no special certificate or permit. Strictly oral/enteral administration to a level of moderate sedation requires a one-time certificate and there is one for adults and another for children (*under age 13*). There is a Conscious Sedation Permit which allows enteral and parenteral (*intravenous*) administration of medications to the level of moderate sedation and covers all ages of patients. Deep sedation and general anesthesia are both covered under a general anesthesia permit.

The trends in anesthesia are to regulate sedation based upon the intended depth of sedation no matter what the route of administration (*minimal, moderate, deep, general anesthesia*). The trends also recognize that treating children requires different skill sets than adults. However, the definition of what a child is for purposes of regulation range up to 12, 13, 18 and 21 years old. Most pediatric practitioners use puberty as the line in the sand. There is also a recognition that children under the age of six are distinctly different than older children with regards to airway anatomy and physiology.

There is a recognition that California needs a robust system to gather data on the number of dental sedations delivered and this should probably include the ages of patients. There is a consideration for reporting the total numbers of sedations, the types of sedation, and the ages of the patients by each permit holder when they renew. There would also be benefits from a standardized (*continued on the following page*)

WATCHDOG *(continued from page 8)*

method of documenting adverse outcomes to allow identification of who provided the sedation, what setting the sedation was provided in, what monitors were used, how many and what kinds of providers were present during the procedure, and much more. Caleb's Law will require this detailed reporting of adverse outcomes.

Should sedating children require a distinct permit and should that permit be based on the route of drug administration, the intended level of sedation, or both? Should very young children (< six years old) be a distinct regulatory category? Should periodic renewal of permits require some specific courses such as advanced airway management, ACLS, PALS, Sim Man?

Update on Legislation I talked about in Previous WatchDog Reports

SB482, is also sitting on the governor's desk. This law will require using CURES to "review a patient's controlled substance history before prescribing a Class 2, 3, or 4 controlled substance for the first time..." There does seem to be some relief for dentists. There is an exemption, "if the prescription is part of a treatment for a surgical procedure...if the quantity of the controlled substance does not exceed a non-refillable five-day supply."

AB2048 and AB2485, the legislation directed at facilitating dental student loan repayment in exchange for working in a federally designated underserved area is waiting for a signature.

A very positive step towards promoting dental health is AB2207 which will "require a Medi-Cal managed health plan to provide dental health screening for eligible beneficiaries and refer them to appropriate Medi-Cal providers."

And finally, Groupon dentists can breathe more freely. SB994 will specifically allow the Groupon model for advertising and clearly states that this business model is not "fee splitting" which is illegal in California for dentists.

Dr. Guy Acheson is a general practitioner at American River Dental in Rancho Cordova. *Comments? He can be reached at guyacheson@aol.com*



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Congratulations To New Masters

AGD Exam/Awards/Recognition, Chicago, Illinois

ACHIEVING MASTERSHIP STATUS

The practitioners listed on this page qualified for and received the Academy of General Dentistry's prestigious Mastership award in Boston at the AGD's Annual Meeting. They successfully completed a rigorous curriculum outlined by the national Academy of General Dentistry.

Mastership is the highest award available in the AGD. It is one of the most respected and recognizable designations in the dental profession. Less than one percent of the general practitioner population in the United States have achieved this lofty goal. California has 179 actively practicing Masters out of a population of over 22,500 general dentists. *Rather rarified air...!*

To achieve Mastership, a dentist must complete a minimum of 1,100 hours of approved continuing dental education. Most who have reached this level of continuing education have many, many more hours than the previously stated minimum number. At least 400 hours must be accrued in participation, hands-on courses in sixteen different subject codes.



BLAKE W. SCOTT, DDS, MAGD
Fresno

Candidates are involved in the demonstration of a particular skill or technique under the direct supervision of highly skilled experts. The CAGD congratulates these five California dentists on their road toward excellence. ■



No photo received at press time for:

MICHAEL B. LAMBERT, DDS, MAGD
San Jose

MINA LEVI, DDS, MAGD
San Francisco

KYUNG O. YOON, DDS, MAGD
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She can be reached at: **877.408.0738** or **terri@cagd.com**

We Congratulate New Fellows

AGD Exam/Awards/Recognition, Chicago, Illinois

ACHIEVING FELLOWSHIP STATUS

Candidates for Fellowship in the Academy of General Dentistry must have been members for at least three years prior to becoming a Fellow. They have completed a minimum of 500 hours of continuing education. After that, they must pass a comprehensive 400-question written examination.

That exam is administered by the AGD each year at their annual meeting. Study courses are available at every annual meeting to any AGD members desiring to avail themselves of this. ■

In addition, study guides are available by contacting the AGD at:

www.AGD.org

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El Cajon

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IS OUR REPRESENTATION ON YOUR BEHALF.**

California AGD Trustee's Message

Michael Lew, DMD, MAGD, Trustee, Academy of General Dentistry



DR. MIKE LEW
Novato

THE STATE OF THE AGD

I am excited about our future with the AGD. You have heard me say this before, and it is true today. I believe that the AGD is on the precipice in moving to new heights.

We have a great organization which has helped many general dentists improve their services to their patients. Our current executive leadership is GREAT. Dr. Maria Smith, AGD President and Dr. Manual Codero, President-Elect both share a vision developed with our past presidents that will take the AGD to the next level.

They will effectively execute those visions that the past boards and HOD have decided on. Dr. Neil Gajaar is a visionary whose feet are on the ground. I am confident that over the next three years we will see a transformation to a new AGD with a mix of new products and refinement of our existing programs. It will not be without some controversy—change never is without controversy. So, I am delighted that Connie White will be there to help even out the emotions. I can envision her keeping the “family” in the culture of the AGD. The AGD is in good shape financially; it is redeveloping itself in its image and its products; and it is moving forward to hire and develop a more powerful and better serving staff.

We are entering the 2016-2017 era with a balanced budget and with plans to grow projects. We are planning to complete the purchase of our building in Chicago. And, we have assets in reserve. We are on sound financial ground.

Reports came to the Board of Trustees via the Communications Council that the website, the Impact newsletter, the AGD Journal, and the various letters and other communications to the public and other interest groups each presented a different image of the AGD. The purpose of the Rebranding Initiative is to focus or refocus our image, bring a more youthful feeling for the younger dentists, and then review our communication products to ensure that the logo, the fonts, the typesetting, and all of those little things in publications that represent us, at a glance, become consistent. *This is a good direction.*

The AGD currently is involved in social media including podcasts, blogs, and other social networks presence. *This also is a good direction.*

Our information technology is out-of-date. Bad on us. The Board has committed to updating our hardware and software to strengthen our infrastructure. The executive committee and the Board of Trustees have given upgrading the highest priority — this project may push other projects down the scale temporarily, but not upgrading will impede and compromise our services to our members.

12 Badging and certificates are new ways to recognize post-

graduate achievements. Certificates in this new language are different than certificates from hospital and academic training programs. The AGD is working to develop certificate programs to support our members as they work for their Fellowship and Mastership Awards. It is forward-looking for our AGD to do this.

The AGD is leading other health organizations in the Oral Health Literacy Initiative. This positioning is important for two reasons—we need to be an organization whose purpose includes improving the health of our patients. We cannot be just a self-serving organization. Our AGD Foundation also serves this same purpose. The AGD showing this type of leadership validates us as significant “health care providers” when we advocate for our members.

Our core products, our Fellowship and Mastership programs continue to inspire dentists throughout the country to seek continuing education. Our CE council continues to monitor these programs for improvement such as adding the ethics courses to the curriculum. In response to requests from our membership through our HOD, the CE council is considering making the Lifelong Learning and Service Recognition more than just a nod for a job well done. I am in support.

Our PACE Committee, headed by Dr. Eric Wong, continues to help set the standard for CE providers. Because the ADA is bigger, CERP has taken on a similar role. But CERP has been following the PACE lead in defining what is good CE for the general dentist. Dr. Wong continues to lead, mentor, and inspire leaders throughout the organization. The AGD is very lucky to have his talent.

Staff—Yes, we are going through staff changes. Yes, it is uncomfortable. In the book “Good to Great,” Jim Collins describes that good companies will work with whoever is there. Great companies ensure that “the right people are on the bus.” We had an executive director, a good man, but a man with a different vision of what the AGD could be than we. He was not on the bus. We had employees who were using the AGD as a stepping stone for their next promotion. Nothing wrong with that, but they were not on the bus. We have also had some employees with questionable competencies. Do we want them on our bus? Currently, Mr. Dan Buxta, a long-time rock in our organization, and Mr. Tom Killian, a manager with a lot of experience in membership growth in the ADA, are managing our employees and doing a great job of it. We are stable, but to grow we will need an individual who can be accountable to the Board and to the HOD. Someone who must be on our bus.

There's much work ahead for us. Dr. Stephen Lockwood is leading our national Leadership Development Symposium in Chicago in November. Under Steve's management, I know this program will be a success. I hope you can be there. But if you cannot make Chicago, I hope that the CAGD can

(continued at the bottom of the next page...TRUSTEE)

The California AGD Welcomes New Members

May 2, 2016 thru August 29, 2016

Dr. Gilbert Abilez Encino
Dr. Gabor Adorjan Van Nuys
Dr. Shahenaz K. Ahmed Whittier
Dr. Abdallah Al-Harazneh Santa Maria
Dr. Thaer Alqadoumi La Quinta
Dr. Christopher Apuy Fresno
Dr. Geon Bae Torrance
Dr. Anahita Behshadpour Encino
Dr. Mikaela B. Benlulu Beverly Hills
Dr. Aarti Bhardwaj Los Angeles
Dr. Ashley S. Bokhoor Los Angeles
Dr. Dylan Booth Venice
Dr. Khanah N. Chau Ontario
Dr. Christiana H. Cheng
Dr. Yulia Chigir Loma Linda
Dr. Ihnbae Cho Los Angeles
Dr. Ji Young Choi Buena Park
Dr. Obik Chowdhury Victorville
Dr. Onik Chowdhury Victorville
Dr. Kurt A. Christensen El Cajon
Dr. Leon C. Chung Fremont
Dr. George M. Correa Thousand Oaks
Dr. Erika Cuevas Bell
Dr. Lillian F. Dashiell Oakland
Dr. Alfonso O. Delgado Stockton
Dr. Shria Dhaon Los Angeles
Dr. Christopher M. Dudzik Carlsbad
Dr. Weston R. Eggett Rancho Cucamonga
Dr. Nima Ehsan Bakersfield
Dr. Nashwa A. Elrashidy Livermore
Dr. James Fedusenko Loma Linda
Dr. Brent S. Ford Fallbrook
Dr. Michele N. Ghassemloou Canoga Park
Dr. Jubliee Goel Los Angeles
Dr. Jaspreet K. Harika Newark
Dr. Joshua J. Heyrend Chino
Dr. Kelly E. Hong Los Angeles
Dr. Jamie Mellert Houck El Segundo
Dr. Patricia N. Huh Los Angeles
Dr. Didi Hui Pomona
Dr. Ma Nyzza I. Ignacio Glendale
Dr. Ijeoma C. Igwe Los Angeles
Dr. Ashley Krystle Joves El Dorado Hills
Dr. Monika Kasprzak Venice
Dr. Kiran Khemani Castro Valley
Dr. David Lam Antelope
Dr. Alexander H. Lee Los Angeles
Dr. Charles Li San Francisco
Dr. James M. Lin Cupertino

Dr. Saif Liswi Pomona
Dr. Raymond J. Lotuaco Sylmar
Dr. Connor Maguire
Dr. Sarah Amir Aslanzadeh Mamaghani San Francisco
Dr. Cristina R. Markiewicz Camarillo
Dr. Mackenzie K. Martin Long Beach
Dr. Gregory MK McEwen Camino
Dr. Leslie McGarvey San Francisco
Dr. Alexander R. Meade Benicia
Dr. Margarita Mendoza Corona
Dr. Kyim Mung Riverside
Dr. Nicole Naidoo Pomona
Dr. Erik Nariyoshi Los Angeles
Dr. Shahram Nouri Northridge
Dr. Ayeh Nourikhorasani Pomona
Dr. Mariko Oda Ontario
Dr. Yun Hwan Oh Rancho Cordova
Dr. Soniya Patidar Upland
Dr. Shabnam Pedram Los Angeles
Dr. Derrick Pham El Toro
Dr. Steven Phan Mission Viejo
Dr. Fred Pockrass Oakland
Dr. Carlos Poni Temecula
Dr. Nikunj M. Raiyani Hanford
Dr. Lyssa Reed Yuba City
Dr. Allyson Reel Ontario
Dr. Tyler Roemelt San Francisco
Dr. John R. Row Madera
Dr. Kanika Sabhlok Los Angeles
Dr. Reena R. Saini San Jose
Dr. Robert Saunders Loma Linda
Dr. Oleg Semeryuk West Sacramento
Dr. Geetha Shankarnarayan Bloomington, Illinois
Dr. Suraj Pal Sharma Riverside
Dr. Marlana Shile Palo Alto
Dr. Colt Sicher Redlands
Dr. Preetkamal K. Sidhu Loma Linda
Dr. Karen Sierra Gardena
Dr. Margaret Soh Pomona
Dr. Christopher E. Spears Los Angeles
Dr. Karl A. Tajeddini Ontario
Dr. Jesse A. Toftely San Clemente
Dr. Jacqueline J. Tran Yorba Linda
Dr. Russell Uchizono Irvine
Dr. Michael J. White Rancho Mirage
Dr. Min Yang Los Angeles
Dr. Youngho Yun
Dr. Alek Zand San Diego ■

TRUSTEE (continued from the adjacent page)

a Leadership Development Meeting in San Francisco during our CAGD Annual Meeting. Programs like this build both the California AGD and one's own personal leadership skills. Finally, I wish to end by acknowledging our new executive

director, Mrs. Teri Iwamoto-Wong. She is doing a great job and she gives me much confidence in the future of our CAGD. ■

Dr. Lew is the Trustee representing California to the national AGD. He can be reached at:

MLewMAGD83@gmail.com

THE CALIFORNIA AGD NAMES

Dr. Eric Wong Spirit of Leadership Awardee

Terri Iwamoto-Wong, Executive Director, CAGD

The California AGD has named Dr. Eric Wong as the recipient of the prestigious Dr. Deon Carrico "Spirit of Leadership Award." It was created in the memory of Dr. Carrico who was a founding member of the CAGD and served as our executive director for many years. The criteria for this award states that the award shall go to a member who has contributed time, effort and talent toward the betterment of the CAGD. Dr. Wong clearly fits the criteria. He has served in all officer capacities and was our president in 2007 and remains active in the affairs of the CAGD as an advisor to the Board of Directors. Dr. Wong currently serves the national body of the AGD as their PAC Committee Chairman.

It is impossible for me to write about the recipient of the prestigious Dr. Deon Carrico "Spirit of Leadership Award" without sounding like a gushing wife, so I will not even try. Eric Wong has been my partner in life for thirty-three years, my husband for twenty-eight of those years. Together, we have built two successful dental practices, raised three incredible children, and have loved being part of the CAGD family for most of our married life.

Eric graduated from the University of the Pacific School of Dentistry in 1988, and did a one-year residency at UOP's C Street Dental Clinic. We were married in 1989 and began our family in 1991. Eric worked as an associate dentist for a couple of years, while honing his oral surgery skills working at Sears' Prodex Dental Center.

We bought our first practice in 1991; the second one in 1999, combining the two practices into one. He retired from private practice in 2007 and began working for the State of California, where he is the Union Shop Steward for all of the dentists at his facility.

Our first family AGD trip was to Nashville, Tennessee, when Eric was awarded his Fellowship in 2003. Our youngest slept through the entire convocation. Our children remember that trip as one of their favorite vacations. Eric participated in California's first MasterTrack Program and was awarded Mastership in San Diego in 2007—Shelby slept through that one as well, but she's very proud of her dad!

Eric has always loved being a part of the AGD, CAGD, and our local component, the Sacramento-Sierra AGD since 1999. He has been a delegate at the AGD House of Delegates meetings since 2002 and served on several Reference Committees at the house. He was SSAGD's president in 2003, and in 2007 he was installed as CAGD's President.

He was also part of a special AGD task force (MVP: Membership Prioritization) in 2005 and 2006. Eric was appointed to the PACE Council in 2011, and he was named PACE Council Chair in 2013, for a 3-year term. In January 2013, Eric participated in "A Great Dentist Goes To Washington (D.C.)."

Eric's leadership abilities do not end with AGD. Eric has also worked for the California Dental Board as an independent contractor for many years. He started in 2000 as an Expert Dental Examiner when California still held dental board exams for dentists. In 2004, he was appointed to the Committee of Dental Auxiliaries as an Examiner RDAEF, for which he prepared the Class III composite preparations for the RDAEF Exams. In 2006 he helped create examination questions for the California Dental Board Law and Ethics Written Examination. Since 2011, Eric has been a Dental Board Expert for the Dental Board of California's Enforcement Unit. In 2013 Eric became a Consultant to the California Dental Board RDA Examinations and was appointed Chief Examiner and Coordinator in 2014. He has participated in Town Hall Meetings for Dental Assist-

ing Educators and has acted as the moderator. Eric also participated in the revision of the California Law and Ethics Examination for the DBC.

On a personal level, Eric was an Assistant Den Leader, when our son, Trevor, was a Tiger and then Boy Scout. He gave up a lot of evenings and weekends as Assistant Den Leader, but he loved it. Together, Trevor and Eric went on to win several Pine Wood Derby awards!

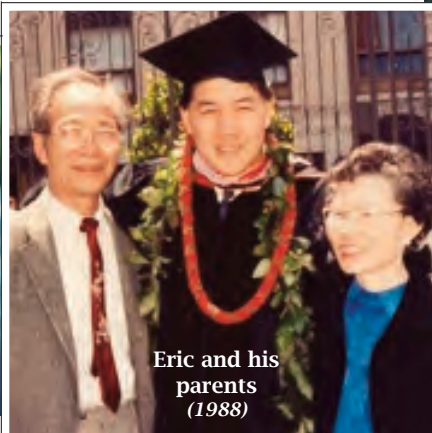
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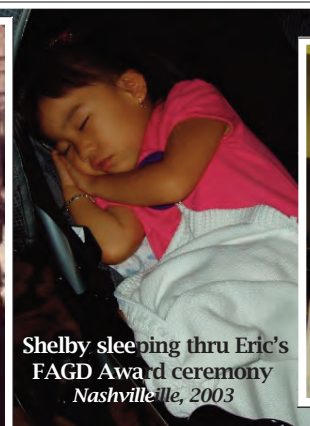
DR. ERIC WONG
Sacramento



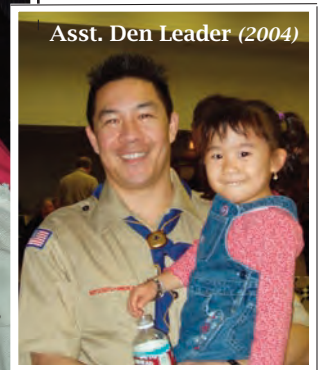
Wedding Day
January, 1989



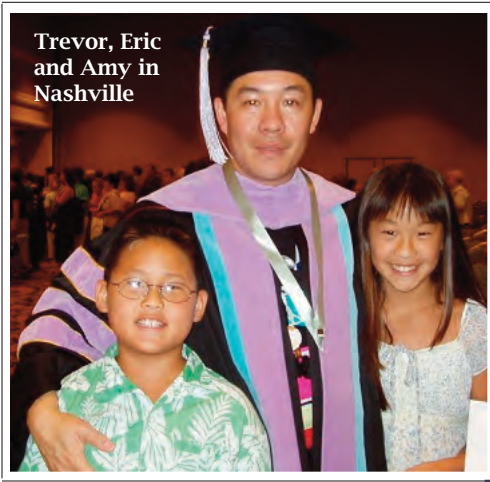
Eric and his
parents
(1988)



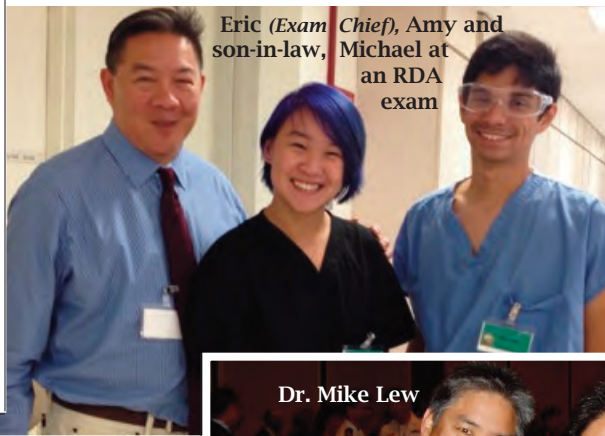
Shelby sleeping thru
Eric's
FAGD Award ceremony
Nashville, 2003



Asst. Den Leader (2004)



Trevor, Eric and Amy in Nashville



Eric (Exam Chief), Amy and son-in-law, Michael at an RDA exam



Eric and Terri

MAGD ceremony (2007)

I am so incredibly proud of my husband. I am humbled that he would receive this award. He does not do any of these things for the recognition. Eric does them to make a difference. He spends a lot of time away from me, our home and our children, which has been a great sacrifice. But I have supported him and loved him for his dedication to the profession of general dentistry.

Together we have accomplished so much, but mostly, I am proud to call him my husband, my best friend and the father of our children. ■



Dr. Mike Lew

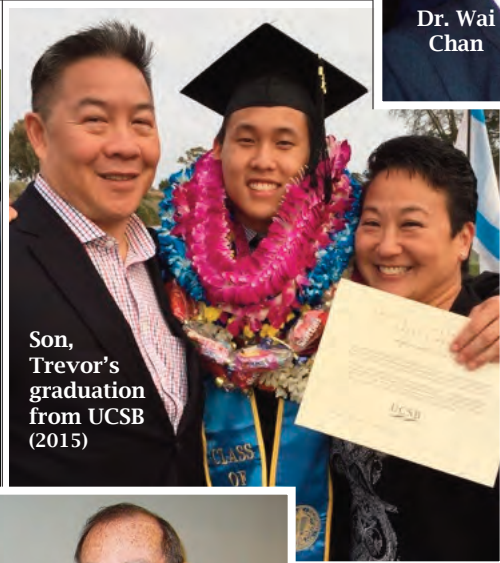
Eric

Dr. Wai Chan

Benjamin Lew



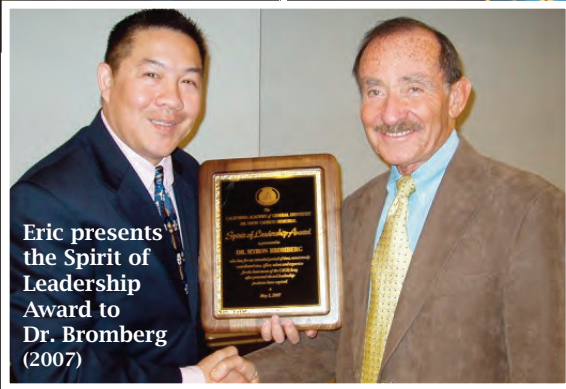
Eric (Shop Steward) and Ami Bera at a Union Meeting



Son, Trevor's graduation from UCSB (2015)



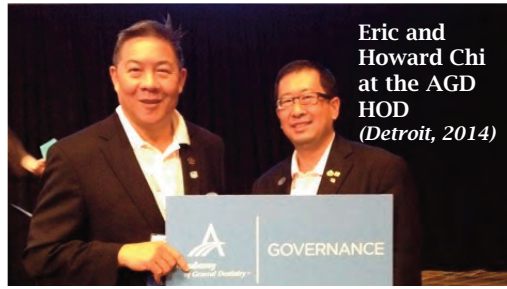
Eric and Terri at their daughter's wedding (2016)



Eric presents the Spirit of Leadership Award to Dr. Bromberg (2007)



Eric at Fenway Park



Eric and Howard Chi at the AGD HOD (Detroit, 2014)

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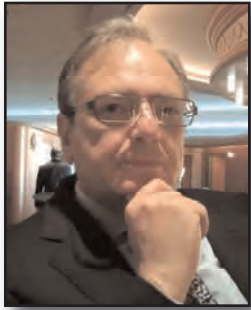


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DR. DINU GRAY
Mill Valley

Trust but Verify...!

Dinu Gray, DDS, President, NCAGD

We have met the enemy and he is us!" Or, so the saying goes. In an age of dentistry full of paradoxes where on one hand we have the baby-boomer retirees with significant resources, an abundance of technological advances such as 3d conebeam, implant dentistry going mainstream, social media connecting us to our patient and potential patient base, digital scanning, etc. And, on the other hand government over-regulation, insurance company dictates and corporate dentistry, we find ourselves at times walking a tightrope. If you are reading this column, and have been part of the AGD, you probably have the advantage of having participated in more continuing education courses, and more apt to network with colleagues.

Thus, doing the balancing act of providing great dental care, running the business side and keeping up with the latest technologies, we do our best to allocate our time and financial resources accordingly. **THIS IS WHERE WE TEND TO FAIL.** Specifically the single practitioner, still the most prevalent practice model, with one front desk, one hygienist, one assistant and maybe one additional roving staff member, has the tenancy to assign responsibilities to their staff according to their office position. The front desk will schedule and confirm patients, accomplish post-treatment billing of insurance, and so forth. *You know the drill.*

As a dental consultant, having had multiple offices, and now working mostly with single practitioner offices, there is a common tread. We delegate BUT lack in the verification process. Yes, we take continuing education courses and yes, we try to implement more services in our practice and yes, we try to compel our patients to undertake necessary treatment. So many times we are not familiar with our dental management system, or not familiar with reading reports, generating them, interpreting data and taking appropriate action.

We are our own worst enemies because we have a tendency to try and cross the Ts and dot the Is, but miss the fundamental weakness (*on some occasions, yes, strengths*) of our front desk or managers. I'm not insinuating that your loyal and dedicated front desk is doing anything wrong or is being inefficient. *Empirically, this is were we need to be more apt to trust, but also to verify.*

Allocate enough time to review your statistics. Follow up whether your new patients and returning patients have been scheduled. Has treatment been accepted and patient scheduled? Has the patient been scheduled for recare? Are your cancellations tracked and followed up? Are no-shows followed up? *The list goes on.*

Your front desk *must* be trained and retrained. YOU must be trained and retrained. You cannot be at the mercy of your front desk, if she or he is not available.

It's possible that you anecdotally evaluate practice success based on year-over-year growth, new patients and collections. GREAT! Nevertheless, as we struggle with our practice management and patient management, we have a spigot where what we struggle to bring through our front door, *partially escapes through the same front door.*

Incentivise, your front desk to the maximum, but expect maximum results. Some dentists that acquire practices from retiring dentists, and inherit office staff that have been with office from many years, need to review practice and performance, rather than allow the front desk to continue as in the past, although results were satisfactory.

The **DENTIST MUST BE AWARE.** We know we can't do everything because we produce with our hands. If we are not drilling, we are not producing. If we don't work smarter and more informed, we are the ones to pay with our physical and mental stress.

Do a self-assessment test: Follow up all new patients from the last sixty days and see where they are in the schedule. Are practice hours of operation the hours that our patients want or are they dictated by staff? Are case presentations done by the dentist or the staff? What is level of acceptance? Do patients leave without pre-appointment for recare? Is an attempt made to schedule? What is the phone etiquette of employees? Do you have occasional "secret shopper" calls to evaluate performance? How are emergency calls handled? Are patients scheduled for the convenience of the staff or at the convenience of the patient?

These few paragraphs are an attempt to induce you, the general dentist to be more cognizant of our at times wasted efforts, not in our control. Of course you also have to watch out for other losses, such as \$\$\$.

I'm aware that this article does not break any ground. It's meant to raise common sense issues. It's intended to make one realize that, possibly, *the most costly problems may be staring us in the face every day, literally!* ■



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Southern California Component

DR. RICARDO SUAREZ, *President, West Covina*



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AGD Member:	\$399	\$499
Students/Active Military:	\$249	\$349
All Others:	\$499	\$699

The Use of Botox Therapy in Dentistry

WHEN	Saturday, November 5, 2016 (8:00 a.m. till 5:00 p.m.)		
SPEAKER	ANDREW BLUMENFELD, MD is a neurologist and the director of the Headache Center of Southern California, located in San Diego. He has been teaching Botox since 1990.		
WHERE	BENCO DENTAL ♦ 3590 Harbor Gateway North, Costa Mesa, California 92626		
COURSE DESCRIPTION	This course will cover the uses and instructions for botulinum toxins, their history, dosage preparation and injection techniques for a variety of dental related procedures which include: TMJ pain and muscle spasm, bruxation therapy, esthetic lip repositioning and smile contour, and treatment of associated migranes. Informed consent and the risks, benefits and alternatives (RBAs) will also be included in this course. Past confusion for use of Botox therapy by dentists will be clarified. A syllabus of instruction and photos will be given to all <u>dentists</u> attending.		
TUITION	\$195 for AGD members After October 26: \$250 At the door: \$400	\$295 for non-AGD dentist \$325 \$400	\$125 Auxiliary/Staff \$175 \$300
REGISTRATION	Go to scagd.com to register or call Avani Chetty at 310.471.4916 or email her at avani@scagd.com		
INCLUDES	Continental breakfast and lunch; free parking		
CREDITS	Eight (8) CE units (the course is limited to 90 attendees)		





DR. THANH TRAN

2016 Recap — San Diego AGD

2016 has kick-started with a number of events including our AGD social with the local Navy Wardroom dentists from San Diego that took place on April 21st, 2016. The social was put together by present San Diego AGD Secretary and former Region 17 Military Liaison, Dr. Erika Kullberg. There were over twenty-five military dentists in attendance, military dentists learned about the Academy and how membership continues to benefit their profession regardless of their practice setting.

San Diego AGD sent 2016 President Dr. Thanh Tran to the House of Delegates in Boston, July 14-July 17, to serve as a delegate. Dr. Harriet Seldin and Dr. James Thompson went as alternate delegates. They were there to discuss and vote on numerous topics affecting the practice of dentistry (refer to Dr. Stephen Lockwood's Regional Director Report on pages 1 and 4 for more information).



Dr. Stephen Lockwood, Dr. Kick Hobock, Dr. Harriet Seldin, Dr. Thanh Tran, Dr. James Thompson

The San Diego AGD, along with Chris Ippolito with CEA Dental, collaborated together on a joint multi-speaker continuing education event on Friday, August 12th. *The speakers were:* Dr. Jana Osmolinski on Medical Emergencies within the Dental Practice and Dr. John Chao from the Pinhole Academy on the Benefits of Pinhole Gingival Rejuvenation. The event was held at the Marina Village Conference Center in San Diego. It also consisted of a wine and cheese social mid-afternoon where attendees mingled and spoke one on one with the speakers. The course was sold out and feedback was very positive.

Don't miss our annual meeting. It will be a hands-on event on Friday, September 30th. It will feature Dr. Ray Padilla on the Treatment and Prevention of Dento-Alveolar Injuries sponsored by Dentsply. *For more information and to sign up, visit:* <http://www.sdagd.org>



Left to right: Chris Ippolito, Dr. James Thompson, Dr. Larry Pawl, Dr. Eric Lewis, Dr. John Chao, Dr. Erika Kullberg, Dr. Thanh Tran, Dr. Adina Monalescu, Dr. James Harris.

Thanh Tran, DDS, President, SDAGD, San Marcos



Dr. Erika Kullberg speaking with an attendee during the wine and cheese breakout.

Lastly, our ongoing Practice Management Study Club has had two really strong speakers so far this year. On February 17th, the first speaker was Mr. Ken Ruben, C.P.A. His three-hour presentation had many of the doctors asking very serious and pointed questions. Ken showed us many of the areas where he routinely saves his clients' money. Eyes were opened and heads were being scratched. We will have him back for sure!

On May 18th, our second speaker really blew the group out of the water! Dan Smith showed us how our own web sites could be made better and how some were even hurting practice growth. Several members spent a long time, after the three-hour presentation, asking lots of questions. Many business cards were passed. This is the benefit of being a member of this club, being exposed to resources that can help you be a more profitable dentist.

On September 21st, we will host past National AGD Treasurer, Dr. Kevin Anderson, speaking on **CHECKING YOUR PRACTICE NUMBERS**. This is a dentist who truly "walks his talk." Bring your P&Ls and any other stats that you keep to find out how you match up to a 'best practice.' I'll bet you will be surprised on what you can change to help your practice get to the next level.

Our final meeting for the year will be on November 9th. **You do not want to miss this one!** Ms. Anna Winn, Deputy District Attorney, will be talking about **EMBEZZLEMENT**. Tell your friends. This seminar will sell out fast. We only have room for forty doctors.

Put these last two dates on your calendar:

September 21 — **Checking Your Practice Numbers**
with Dr. Kevin Anderson

November 9 — **Embezzlement**
with Anna Winn, Esq.

These seminars are held at The University Club. The cost is \$200/seminar and you get a fantastic meal with wine, three CEs and valet parking. *It just doesn't get any better!*

Call Dr. Larry Pawl at 619-466-4544. Let him know your name and how many guests you are bringing (along with a check) to the seminar. ■



Dr. Samer Alassaad
Davis

Moments of Gratitude

A recent Master of the AGD, Dr. Darrell Chun, expressed his gratitude for those who volunteered at the California AGD and gave him the opportunity to earn his MAGD award by organizing and giving a full-day hands-on course to his fellow AGD members about laser therapy on pig jaws. What an honorable way to show gratitude, *the Master-of-AGD way!*



Dr. Chun discusses the latest laser techniques utilizing videos and photographs of cases he treated in his own practice such as implant uncovering and fibroma removal.



Dr. Chun closely demonstrates laser procedures on pig jaws including gingivectomy and pocket debridement.



SSAGD Component

AGD Boston 2016, for the Love of Dentistry!

SSAGD members served as delegates to the AGD House of Delegates (HOD) in Boston in July, where policies that advocate for general dentists' daily practice were coined.

After a thorough discussion, important policies such as those supporting OSA appliances and the role of general dentists in evidence-based dentistry were passed. →



From left to right: Dr. William Kushner (CAGD Secretary), Dr. Eric Wong (PACE Council Chair), Dr. Howard Chi (CAGD President) vote at the House of Delegates.

Treatment Planning Sessions Are Back

The SSAGD is pleased to invite you to attend Dr. Guy Acheson's Treatment Planning Session. Cases will be presented and attendees will share their views regarding the various possible treatment approaches.

This study club dinner meeting will be held at 33rd Bistro Restaurant located at 3301 Folsom Boulevard in Sacramento on Thursday, October 13th at 6:30 p.m. (3 CE units). The course fee is \$45 which includes dinner. *Don't miss this opportunity!* Your cases are welcome for the discussion. Register at terri@cagd.com

SSAGD's 2017 Proposed Slate of Officers

- DR. ARDEN KWONG - *President*
- DR. KAYEE SUI - *Treasurer*
- DR. CHIRAG VAID - *Secretary*

The election of officers will take place at Scott's Seafood Grill located at 4800 Riverside Boulevard in Sacramento, on December 1st, 2016 from 6:30-7:00 p.m. Nominations can be taken from the floor. "Holiday Dinner" is \$75 and will be served at 7:00 p.m. ■ Register at: terri@cagd.com



Dr. Arden Kwong



Dr. Kayee Sui



Dr. Chirag Vaid

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- ◆ Entry fee in Nastar Race
- ◆ Friday night Awards Banquet
- ◆ All taxes and service charges

Package price per person:

- \$1875** – 2 or 3 bedroom Deluxe category
- \$1945** – 2 or 3 bedroom, Premier category
- \$2050** – Laurelwood Studio – two sharing, Premier category

We have a program that provides 16 units of continuing education for both CERP and PACE, FAGD and MAGD. We welcome your attendance. Doctors @ \$260; auxiliaries @ \$125. If you wish to participate, contact Dr. Robert Garfield as shown below.

Aspen and Snowmass are located in the picturesque Roaring Fork area, only eight miles from the Aspen Airport. Why is Aspen/Snowmass so special? Great skiing on four spectacular mountains, a top rated resort with ski-in, ski-out lodging, and Aspen town has over 100 years of history, unsurpassed shopping, dining, and après-ski activities.

Snowmass Mountain's Top of the Burn is located at 11,835 feet with a vertical rise of 4,087 feet. 2500 acres of skiable terrain and the longest run is over four miles. Snowmaking on 55 acres with 21% expert, 18% most difficult, 50% more difficult, and 10% beginner terrain. In addition, Aspen (Ajax) Mountain has a vertical rise of 3,267 feet with a summit of 11,212 feet. 30% expert, 35% most difficult, and 35% more difficult. Adding Aspen Highlands and Tiehack/Buttermilk make these four mountains the greatest skiing, by far.

WHERE WE WILL STAY:

The **Top of the Village** condominiums are located at the very top of this great mountain. These 2- and 3-bedroom apartments all have views of the ski slopes and are ski-in/ski-out, with fully equipped kitchens, private balconies, wood-burning fireplaces, spacious living areas, the convenience of washers and dryers, elevators, and covered parking. The facilities also included at the "Gate House" are a heated outdoor pool and hot tub, large sauna, exercise room, party and meeting rooms. Services include on-call shuttle service within the village and daily housekeeping. We are using Premier Studios at the Laurelwood for those who do not want to share a two-bedroom condominium. ■



For more information, contact:

Dr. Robert Garfield, Seminar Director

2720 Aqua Verde Circle, Los Angeles, California 90077

E-mail: drrobertgarfield@aol.com

Phone: **310.472.2949**

Our President Is a Master in the Academy and a Master of the Barbecue Pit

Editor's Note: Something over a year ago, I heard about Dr. Howard Chi's BBQ [hobby] from another dentist. I asked Dr. Chi if he would work up an article for the "GP News." Well, here it is.



DR. HOWARD CHI
Stockton

"My best overall finish was 4th place in a field of 24 teams."

My passion for dentistry is just as strong as it is for cooking, especially barbecuing. I've been asked many times how did I get into competitive barbecuing. It all started with my love for all foods cooked over an open fire. As a child, my favorite meal was when my dad grilled ribs or chicken. For many years, I thought this was barbecuing. That is what a lot of Californians call it. I learned this was actually grilling (*using high heat*) as opposed to smoking (*using low heat*) where the end product is a succulent piece of meat. The intense flavoring comes from the rub, the sauce and the type of wood used.

Going forward as an adult, I would do my grilling and eventually wanted to learn to smoke meats; this after eating barbecue meats at restaurants and from watching the Food Network. Who would have thought if you asked someone twenty years ago if they would consider watching a TV channel with it's point of view being only food. It's interesting how times have changed.

When I travel, I try to taste local food and barbecue from that region (*you may have read from my previous adventures at the House of Delegates meeting*). After reading and seeing the food shows on regional differences in barbecue, I wanted to know more and wanted to taste it. To travel to all these regions in barbecue heaven was a dream. The Carolinas, for their pulled pork and vinegar-based sauce; Memphis for its dry rubbed ribs; Kansas City for saucy ribs and brisket burnt ends; and Texas for the brisket. Since I would not be able to visit all these places to try the barbecue, I decided the only way for me to eat this type of food was to cook it myself.

As my hunger for smoked meats increased, so did my curiosity. I wanted to learn and wanted to know. So, like any good student who is learning, I studied. First, by buying cook books and books about barbecue. I read and studied and took notes. I was like a sponge. My desire to learn the art and science of barbecuing consumed me. To date, I have read over sixty-six barbecue books from cover to cover! It was time to apply what I learned. It's like being in pre-clinic, and now it was time to be in the clinic. With me, in the backyard in front of my pit.



Checking my chicken at a competition

My first smoker was an indirect offset cooker. I had no clue how to use it, but I was determined to try. My first attempt at smoking was a Thanksgiving turkey. *Yes!* A Thanksgiving turkey for my first smoke. After several hours of prep work on the bird, it was time to "hit the pit." On went the turkey and on went my first cook. It was exciting. I was finally smoking, but it was not a success. The turkey was dry and tasted like an ash tray, suffice to say this was not a meal I expected. Luckily, we had a second turkey roasting in the oven as a back up, thank goodness for that fortitude or

(continued on the adjacent page)



Slicing brisket at a competition

else my family's Thanksgiving would have been ruined. From that day, my determination was stronger than ever to become a pitmaster. Over countless pounds of smoked meats, I finally became proficient at smoking.

My next step was to take it to the next level. I wanted to try competitive barbecue. I attended a couple of contests to see what they were all about. I liked what I saw. After all, everyone who tried my "cue" enjoyed it and it seemed like fun. It was time to hit the research again, this time on competitive barbecuing. I took two different competitive barbecuing classes by legends in the barbecue world: Ray Lampe, aka Dr. BBQ and Chris Lilly. The bug had bitten me. Those who golf, know what I mean. I learned what it takes to compete and started to practice every weekend. I started to change the pits I used and decided to use a backyard smoker called the Weber Smoky Mountain (aka WSM). To date, I have twenty-five grills and smokers in my collection! For competitions, I do not use those big pits that cost in the thousands. I stick to my trusty backyard smokers, which are also easy to transport, since I am a one man team. My WSM is run by a microcomputer which manages my pit temperature. After about two years of practicing smoking meats, refining my own rubs and sauces, it was time to hit the circuit.

In competitive barbecue, you are required to cook meats in four categories: chicken, ribs, pork and brisket. You are judged on appearance, taste and texture. You will score in each individual category. Your overall cumulative score will determine your overall finish. My first competition was in Modesto, California in 2008. I entered the "Pro" Division. To my surprise, my results were respectable. My ribs came in 11th place with an overall 18th place finish out of 48 teams. I was hooked. I do not compete a lot, only around three to four competitions a year. I mostly compete in Northern California, although there are other contests throughout the state.

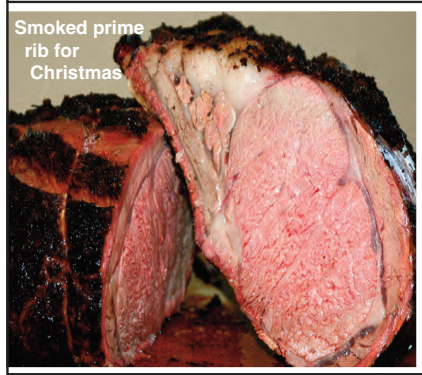
After my rookie year, I started to hone my skills and learn what the judges look for. I started to hit my stride. Most of my turn-ins are usually scored in the top ten. My best finish in chicken was 4th place, ribs 4th place, pork 10th place and brisket 5th place. My best overall finish was 4th place in a field of 24 teams. Last year, my best finish was 7th place out of 30 teams. My dream of earning a grand champion still eludes me, but I guess you can say, my "cue" is award winning.

It's a lot of work, but I made some great friends in the barbeque arena and have had a lot of fun. I was even invited to be a teammate on one of California's top teams. That team earned a spot in the contest of all contests, the Jack Daniels World Championship Invitational Barbecue Contest in Lynchburg, Tennessee. The organizers only host grand champion teams to that competition.

I guess you can say that my path in barbecue is not all that different from my profession. You have to work hard and sweat a little to achieve your mastery in the AGD. The same can be said about being a master of the pit. As my journey continues in the barbecue world, *I will keep the flames burning and smoke on...!* ■



Pulled pork with a mustard-based BBQ sauce



Smoked prime rib for Christmas



Smoked pork ribs



A successfully smoked turkey



Brisket turn-in from a competition

Efficient Patient Care

Thanh Tran, D.D.S., *President/Treasurer, SDAGD*



DR. THANH TRAN
San Marcos

Introduction: The ever-changing demands of dental patients can put increasing pressure on dentists today. The following case involves a patient with an immediate esthetic concern and requires a prompt temporary solution to accommodate her busy social and work life.

A 24 year-old female patient presented to the office with a broken upper left first bicuspid. She had been in pain for a few days as she unable to come into the office due to her work schedule. Figures 1A, 1B are pre-operative radiographs. Figure 1B

is the pre-operative intraoral photo. Clinical exam reveals #12 with severe unrestorable decay with a periapical radiolucency. The patient had good oral hygiene and a stable occlusion.

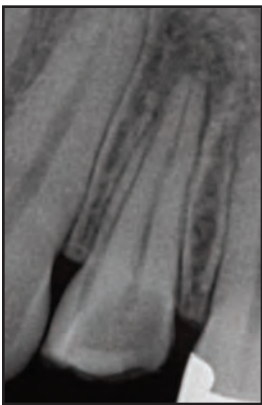


Figure 1A (pre-op)

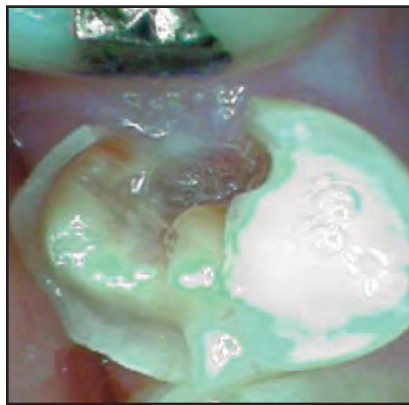


Figure 1B (pre-op)

After reviewing the treatment options, risks, and benefits with the patient, she ultimately decided to have an implant. However, the patient did not want to head to work with a missing tooth. What temporary solutions were available? A stayplate was not practical given the patient's time constraint. A temporary bridge was out of the question. An alternative solution was suggested: a clear retainer with a pontic (made in the office). Alginate impressions were taken, poured up, and a composite mock-up was done. A subsequent vacuum-formed retainer was made with the pontic in place for tooth #12. The patient returned a couple hours later. The tooth was surgically removed as well as granulation tissue. An allograft bone graft and resorbable membrane were placed and closed with sutures. The clear retainer with pontic was delivered.

The patient returned after four months of healing and an implant was put in place. Following the osseointegration period, the patient returned for the uncovering of the implant. The final restoration of the implant was put in place. The restorative plan was for a screw-retained hybrid implant crown utilizing in-office CAD/CAM technology. Figure 2A shows the implant after its placement. Figure 2B shows the scanning post prior to the digital impression.

24 Figure 2C shows the healed site prior to delivery of the screw-retained crown.



Figure 2A
(implant w/healing abutment)



Figure 2B
(scanning record)

Utilizing CAD/CAM technology allows the dentist the opportunity to have full control over design of the final restoration. The emergence profile, occlusion, contacts, and final esthetic outcome of the case. Utilizing a screw-retained crown has multiple advantages for both the patient and the clinician. One of the leading causes of failure of an implant is sepsis due to retained cement. With screw-retained crowns, crowns and abutments are luted extraorally and the subgingival interfaces are finished without leaving remnants of cement. In addition to the clinical benefits of screw-retained crowns, chairside time to deliver the final restoration is reduced and simplified. This frees up the clinicians time to focus on other patients. Figure 3D shows the screw retained crown prior to delivery which is luted extraorally to titanium base to produce a smooth sublingual surface.

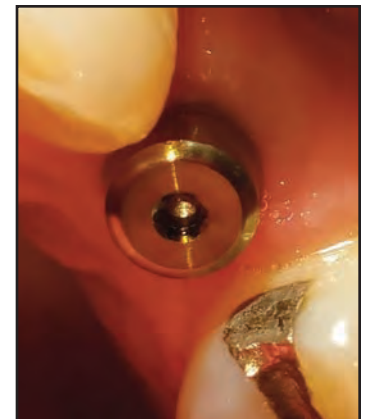


Figure 2C
(healed site w/healing abutment)

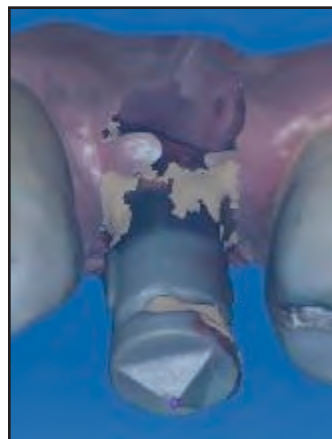


Figure 3A *(digital records acquired during uncovering appt.)*

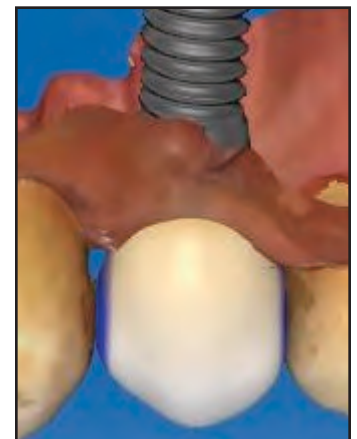


Figure 3B *(designed restoration, buccal view)*

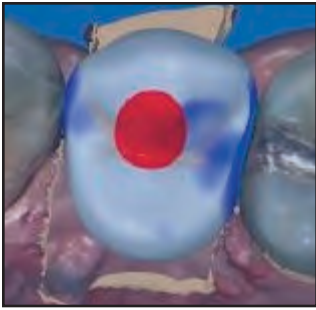


Figure 3C (screw access)



Figure 3D (finished final restoration)

The healing abutment is removed at the delivery appointment. The restoration is tried in place and a radiograph is taken to verify the seat after being torqued appropriately. The screw access is covered with wax, cotton and teflon to protect the screw head. A composite is placed on the occlusal surface. The result is an esthetic and functional restoration that the clinician can be confident will provide years of service including periodontal health for the patient.



Figure 4A (screw-retained crown in place)



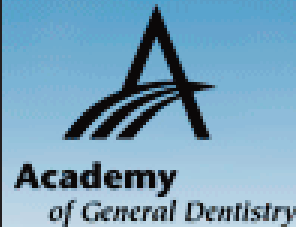
Figure 4B (screw access finished w/matching composite)



Figure 4C (the final result)

Summary: Patient satisfaction and patient management are enhanced with improved clinical techniques. In this case, a greater predictability of outcome can be assured with a surgical guide that centers the screw-access hole in the anticipated crown. Also, use of low-profile healing abutments at the time of implant surgery gives the keratinized tissue a headstart in the soft tissue profile. In fact, if the peri-implant soft tissue has healed prior to the digital impression of the scanning post, the screw-retained crown can be fabricated and delivered the same day.

Because of the lingualized position of implants, it is important to anticipate creating a buccal emergence profile that is abrupt enough to align with the buccal contours of the adjacent natural teeth. ■



CALIFORNIA IS AHEAD OF THE CURVE

AGD Helps Students Get a Head Start Across the USA

The AGD is excited to announce that during the 2016 annual meeting in Boston, the AGD House of Delegates amended the bylaws to *formally* recognize AGD Student Chapters at dental schools. While some constituents and dental schools may have already been referring to their student programs as “chapters,” with the recent announcement, we now officially use the term “AGD Student Chapter.” This allows the level of recognition that is needed within the school as AGD Student Chapters continue to *provide students with an opportunity to get a head start toward earning the AGD Fellowship (FAGD) designation.*

We are looking forward to working with constituents and student chapters to offer all dental students an array of benefits, including:

- ◆ Educational and social activities
- ◆ An introduction to organized dentistry
- ◆ Post-graduation assistance
- ◆ Networking opportunities
- ◆ Mentoring, *and more.*

A few ideas to formally recognize and develop a great working relationship are:

- ◆ Have a student representative position on your constituent board
- ◆ Invite students to educational and networking events of your constituent
- ◆ Provide CE opportunities at local dental schools
- ◆ Work with local AGD members to establish a local mentor program.

Student chapters are to be registered with AGD Headquarters so we can have information about upcoming events. In addition, we can help enhance the relationships with the student chapters and the AGD can assist with supplies and/or other resources.

For more information call **888.243.3368** or email membership@agd.org

University of Southern California

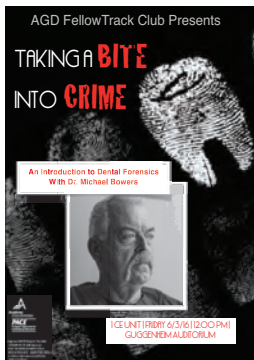


DENNIS SOURVANOS
Los Angeles
Leadership Team Member

The AGD Student Chapter at the USC Herman Ostrow School of Dentistry has had an exciting summer trimester. We hosted Lunch and Learn presentations, welcomed new members to our AGD Student Leadership Board, and embarked on a series of groundbreaking initiatives to help grow our organization within the USC academic community. Needless to say, the Fall 2016 term will be bustling with opportunities for students to learn about the AGD FellowTrack Program.

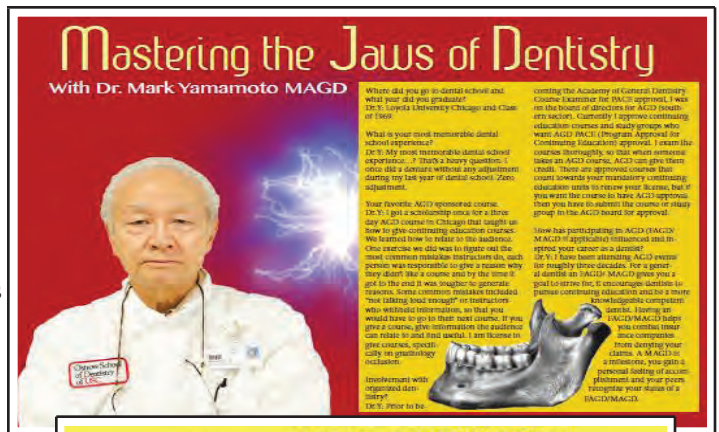
The Fall of 2016 is expected to be our busiest term of the year. Our faculty advisor Dr. Cheryl Goldasich has been extremely supportive of our new leadership team and has been active in cultivating initiatives geared towards new membership. We are looking forward to welcoming a "Class of 2020" student ambassador to the leadership board, we will be hosting our first Lunch and Learn with Dean Avishai Sadan in September, and we will be partnering with Patterson to host an exclusive hands-on CAD/CAM course for our members at their El Segundo location in November. The leadership board has also extended the reach of FellowTrack program by creating a presence on Facebook (www.facebook.com/FutureFellowUSC/), and through the launch of a newsletter titled "The Future Fellow" which will be geared towards the students of the USC community.

The USC Student Chapter is well known to all dental students for the diverse array of subjects explored during Lunch and Learn seminars. We were pleased to have USC faculty present two new topics over the summer: Dental Forensics and CAD/CAM Technology Concepts for Adhesive Restorations.



"Taking a Bite into Crime" Dental Forensics by Dr. Michael Bowers

Dr. Bowers captivated attendees with valuable insight to the field of forensic odontology. He gave a brief introduction to the basics of dental forensics which included dental identification (postmortem considerations), dental jurisprudence, and bite-mark evidence. He also shared his experiences in working with "The Innocence Project" and the Alaska Airlines Flight 261 Crash in Port Hueneme, California.



"CAD/CAM Technology Concepts for Adhesive Restorations" by Dr. Neimar Sartori

Dr. Sartori inspired audience members with his presentation on different approaches for selecting CAD/CAM technology in clinical scenarios. His presentation was based on original research data and emphasized technique and new materials selection. Attendees were taught how to choose adhesive restorative materials, learned about the challenges related to establishing a stable dentin-adhesive interface, and gained insight on the advantages and limitations of current in-office CAD/CAM materials used for full-mouth rehabilitation.



We have modestly expanded our leadership board for the 2016-2017 academic year. The motivation for this growth is to ensure that there is full representation for all (DDS) Doctor of Dental Surgery classes and the (ASPID) Advanced Standing Program for International Dentists. ■



Left to right, front row: Bernadette Leonicio (2017), Rebecca Yamane (2019), Dr. Cheryl Goldasich (faculty advisor), Paulina Nguyen (2018), Eileen Shaw (2018).

Back row: Tiffany Neimar (2018), Dennis Sourvanos (2018), Scott Carr (2018); Tim Wong (2018), James Tse (2019).

Not pictured: Alex Lee (2017), Valerie Velasco (2017). Photo credit: Tan Khuu.

University of California at Los Angeles

Valentina Babuchyan, President, UCLA FellowTrack



VALENTINA BABUCHYAN
Los Angeles

This past Summer quarter, the AGD student chapter at UCLA started a new program called “AGD Shadowing Day.” The purpose of the program is to allow dental students to shadow general dentist faculty members at UCLA in their private practices.

Dr. Larry Kozek, a UCLA alumnus who has been in private practice for more than forty years and is currently a part-time faculty in restorative dentistry at UCLA, warmly accepted our invitation to participate in the program for the Summer Quarter.

During the months of July and August over fifteen UCLA students shadowed Dr. Kozek as he saw patients at his Beverly Hills practice. Students were able to observe not only a diverse array of dental procedures, but also the skillful way that Dr. Kozek interacted with his patients. They reported that it was an invaluable opportunity to witness the patient-doctor relationship in a way that they are not able to in dental school. Also, students appreciated learning Dr. Kozek’s tips and tricks from real practice experience. Overall, the participants were delighted about the experience and expressed their willingness to participate in the program again.

In August, the UCLA AGD invited Dr. Kozek to give a talk titled “Making Dentistry Great Again — Part 1: Setting the Bar at 10,000 Hours” in a “Lunch and Learn” event with UCLA FellowTrack members. The presentation was intended to spark students’ interest to improve their skills and receive a “real world” view of what awaits them in clinical practice.

Dr. Kozek’s talk was very personal; he shared his rules for measuring success and encouraged the students to work hard and practice their best out in the “real world.” Dr. Kozek also shared examples of dental work he has seen that was not ideal, counseling students to perform only procedures with which they feel comfortable in order to avoid doing harm to patients. Overall, the event had a great turnout and students rated the event highly.

Looking toward the Fall Quarter, the UCLA AGD will be inviting new professors to participate in the AGD Shadowing Day program we started this quarter. We believe the experience will be educational for FellowTrack members and will help them build a lifelong relationship with faculty members.

We will also be putting on a new CE event designed to help students learn the differences, advantages and disadvantages of partnerships versus associateships in general dentistry. ■

NEW PROGRAM:

“AGD Shadowing Day”

LUNCH & LEARN EVENT:

“Making Dentistry Great Again— Part 1: Setting the Bar at 10,000 Hours”



From left to right:

Allyson Taylor
Immediate Past President

Dr. Larry Kozek
Speaker and Host

Valentina Babuchyan
President

Kearny Chang
Vice President



Western University of Health Sciences, College of Dental Medicine

Brian (Ho-Hyun) Sun, Surgical Sciences Representative, Western University Dental



BRIAN (Ho-Hyun) SUN
Irvine

“CEs for Causes”— Partnering Education with Charity

The WesternU Student Chapter in Pomona, California is proud to announce the start of a new, bi-monthly “CEs for Causes” program for the Western University of Health Sciences. The program seeks to offer popular and high-quality continuing education courses facilitated by experts in the field for a modest donation of \$5.00 or more. The entirety of

the donations is then sent to the facilitator’s charity of choice, providing an opportunity for the facilitators to secure donations to their causes while allowing the attendees to enjoy valuable courses for a relatively small “fee.”

The first “CEs for Causes” meeting was held in July, when Dr. Setareh Lavasani led a course titled “An Update on the Applications of CBCT in Dentistry” for WesternU students and faculty members alike. The meeting was indeed a continuation of the immensely popular “Guardians of the Oral Cavity” course offered at the CDA Anaheim meeting in March. It explored the various protocols and indications for the use of CBCT from the perspective of a board-certified oral and maxillofacial radiologist. In particular, the course served to highlight the efficacy of CBCT in analyzing the osseous structural complexities in

implant surgery and in determining canal patency during complicated endodontic procedures. All proceeds from July’s programming went towards St. Jude Children’s Research Hospital per Dr. Lavasani’s request for their valiant efforts against childhood cancer.

The next “CEs for Causes” session will likely follow in the footsteps of a previously offered course in porcine surgery. WesternU FellowTrack had partnered with the Western University student branch of the American Association for Dental Research to offer a pig biopsy workshop during the 2016 April Oral Cancer Awareness Month.

For the next iteration of “CEs for Causes,” FellowTrack will partner with the WesternU Oral and Maxillofacial Surgery Interest Group to offer a hands-on pig-jaw course in the basics of surgical components including flap designs, suturing, and bone contouring. The course is planned for facilitation by Drs. Jeffrey Elo and Dr. Hardev Singh and will be made available to the student FellowTrack members at WesternU.

The WesternU FellowTrack will look to continue offering exciting new CE courses via the “CEs for Causes” program as well as regular FellowTrack gatherings and meetings. ■

The AGD is for general dentists.

It empowers your voice and celebrates continuing education.

*Look for this logo when you
sign up for continuing
education courses*



AGD Recognizes CAGD in Boston

*The
California AGD
received two
national awards
at the
AGD's Annual
House of Delegates
Meeting*



*Honorable Mention
in
ADVOCACY
and
Honorable Mention
in
CONTINUED
EDUCATION*

*“Annual Hill Day” * AGD Advocates in Wash., D.C.*

AGD leaders and advocacy members from key legislative districts across the USA gathered in Washington, D.C. for the “AGD’s Annual Hill Day” in June.

As part of the event, attendees heard from a variety of issue experts and met with lawmakers to urge their support for AGD’s top priority issues, including the following legislation:

Dental and Optometric Care (DOC) Access Act (H.R. 3323)—Legislation that prohibits dental and vision plans from dictating what a physician or dentist can charge plan enrollees for non-covered services.

Protecting Seniors’ Access to Proper Care Act (H.R. 4062)—Legislation that would exempt dentists and other non-physicians who write prescriptions for Part D beneficiaries from the Medicare enrollment mandate.

Student Loan Refinancing Act (H.R. 649)—Legislation that would allow new dentists to refinance their federal Direct Loans, Direct PLUS Loans, and Direct Consolidation Loans whenever a lower interest rate is available.

Post Grad Act (H.R. 4223)—Legislation that would reinstate graduate and professional student eligibility for subsidized federal loans that do not accrue interest while students are in school.

————— *At the time of this writing these issues are still pending.* —————

The broader the base of the AGD’s membership, the more effective is their advocacy on your behalf.

California AGD Leadership Awardees...A Bit of Our History

DR. VIRGIL BROWN MEMORIAL

Dentist of the Year Award

Past Recipients:

Dr. Tsujio Kato, 1972
Dr. Duncan Wallace, 1975
Dr. William Frank, 1977
Dr. William Molle, 1978
Dr. John Brown, 1979
Dr. Judson Klooster, 1981
Dr. Robert Barrett, 1983
Dr. Elwood Streeter, 1984
Dr. Bruce Lensch, 1985
Dr. Terry Tanaka, 1986
Dr. John Lehman, 1987
Dr. Eldon Parminter, 1988
Dr. Eugene Manusov, 1990
Dr. Deon Carrico, 1991
Dr. Ted Fortier, 1992
Dr. Edward Johnson, 1993
Dr. Bruce Schutte, 1994
Dr. Robert Garfield, 1997
Dr. Myron Bromberg, 1998
Dr. Robert Hubbert, 1999
Dr. George Davis, 2000
Dr. Robert Kelly, 2001
Dr. Richard Sipes, 2002
Dr. Kevin Anderson, 2003
Dr. Carol Summerhays, 2004
Dr. Richard Ringrose, 2005
Dr. Wai Chan, 2006
Dr. Jeff Lloyd, 2007
Dr. Guy Acheson, 2008
Dr. James H. Thompson, 2009
Dr. Yolanda Mangrum, 2010
Dr. Sun Costigan, 2011
Dr. Michael Lew, 2012
Dr. Steven Lockwood, 2013
Dr. John DiPonziano, 2014
Dr. Cheryl Goldasich, 2015

This award reads as shown below:

*The California Academy of General Dentistry
proudly presents its Dr. Virgil Brown*

Dentist of the Year Award

for (year) to

DR.

*for outstanding contributions and dedicated service to
the dental profession, the community and the*

30 *California Academy of General Dentistry*

DR. DEON CARRICO MEMORIAL

Spirit of Leadership Award

Past Recipients:

Dr. Deon M. Carrico, 2002
Dr. William Frank, 2003
Dr. Robert E. Garfield, 2004
Dr. Robert Barrett, 2005
Dr. Robert Hubbert, 2006
Dr. Myron Bromberg, 2007
Dr. John Brown, 2008
Dr. Victor Diamond, 2009
Dr. Steve Skurow, 2011
Dr. Anita Rathee, 2012
Dr. Richard Ringrose, 2013
Dr. William Langstaff, 2014
Dr. James H. Thompson, 2015
Dr. Eric Wong, 2016

This award reads as shown below:

*The
CALIFORNIA ACADEMY of GENERAL DENTISTRY
DR. DEON CARRICO MEMORIAL*

Spirit of Leadership Award

is presented to

DR.

*who has, for an extended period of time, consistently
contributed time, effort, talent and expertise
for the betterment of the CAGD, long
after personal elected leadership
positions may have expired.*



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<i>Annual Compounding Rate, 2009-2014</i>	+12.4%	+20.1%	+14.7%	+21.7%

Compiled from annual audits. Returns are net (after) performance fees.

- ◆ \$310,000 invested in 2009 in the fund is now worth over \$1 million
 - ◆ Fund Manager: Kevin Anderson, DDS, MAGD; AGD Treasurer '04-'06
 - ◆ Rare with investment funds: No management fee. Partners' investment return has same fate as manager's = a "Win-Win" result
 - ◆ Kevin has over \$3m of funds invested alongside partners
- ◆ Long-term focused value investing style: Capital preservation and appreciation so that your investment buys more in the future
 - ◆ Suitable for high net-worth individuals (*meeting SEC definition of an accredited investor**) with personal, trust and/or retirement funds
 - ◆ The partnership is limited to 99 partners and there is a wait list
- ◆ As an original founding AGD Investment Committee member, Kevin raised the Academy's reserves from 16% (\$2.1m) to 53% (\$6.9m) after staff handed him the largest deficit budget in the AGD's history (\$3.1m)
 - ◆ AGD Distinguished Service Award: "Established goals and strategic direction for AGD's financial stability"



www.AndersonInvestmentFundLP.com or 619-248-7379

* Under the 1933 SEC Act, Reg. D: \$1m net worth excluding primary residence.

Contact Kevin and see if the fund is right for you!