# GP NEWS

*The Publication for the General Practitioner*

**Volume 41, Number 2** **May, 2017**

# Taking It To the Top!

**Dr. Rich Ringrose**, ***MasterTrack Course Director, Clearlake***

Achieving Mastership is a professional designation within the Academy of General Dentistry beyond Fellowship and reflects a general dentist's on-going commitment to provide quality care through education. Members achieving this distinction have completed a challenging course of study in sixteen dental disciplines, totaling 600 hours of continuing education, 400 hours of which must be hands on.

The California Academy of General Dentistry offers a MasterTrack program to satisfy the requirements for the hard to obtain 400 hours required to earn this award. What you achieve through this program will be yours for a lifetime. The protocol format is used. Participants will combine lecture material with work done in their offices to prepare a presentation for the group and instructor.

*The following disciplines in dentistry will be covered:*

- PHOTOGRAPHY, DIGITAL IMAGING & POWER POINT
- ENDODONTICS
- OPERATIVE DENTISTRY
- ANESTHESIA / PAIN MGMT.
- PERIODONTICS
- ORAL DIAGNOSIS
- BASIC SCIENCE
- SPECIAL PATIENT CARE
- ORAL & MAXILLOFACIAL SURGERY
- ORTHODONTICS
- PEDIATRICS
- PERIODONTICS
- PRACTICE MANAGEMENT
- REMOVABLE PROSTHETICS
- FIXED PROSTHETICS
- IMPLANTS

Locating all the courses and units necessary to complete this requirement can be time-consuming and expensive for individuals seeking to accomplish this outside of an organized MasterTrack program. Doctors who have achieved Mastership on their own have estimated that it took them over ten years at a cost of over $50,000. That is why the CAGD has organized the subjects and arranged for excellent speakers at a convenient location, all at very affordable prices.

Courses and curriculum are scheduled a year in advance to accommodate your schedule. The four-year program is held twice a year for four days, Thursday through Sunday. The cost of a school year is $3,395. The new MasterTrack program will be held in Newport Beach at the beautiful "DUKE" Hotel *(formerly the Fairmont),* providing easy access to shopping, dining and entertainment opportunities for participants and their family members. Tuition includes a full breakfast, a sit-down hot lunch and a discounted room rate. The hotel is conveniently located less than five minutes from the Orange County/John Wayne Airport and the hotel provides free transportation to and from the hotel.

Although the initial goal of all new MasterTrack course enrollees is to receive their MAGD Award, all graduates will tell you they received so much more. The special relationships built up both in and out of the classroom with the rest of the group is most often cited as the most valuable benefit of the program. The average clinical experience of the members is twenty years. That comes out to over 700 years of dental practice. Many doctors have told me they have learned as much from their colleagues as the have from their instructors. Many instructors have said they have learned from their students such as questions during the lecture and through student presentations.

*(continued on page 6...TO THE TOP)*

# YOUR 2017 CALIFORNIA AGD LEADERS

## Trustee, Regional Director, Board Members, Advisors,

**DR. MICHAEL LEW**
*Trustee*
**DMD, MAGD**
*Novato*

**DR. SAMER ALASSAAD**
*Secretary*
*"GPNewsFlash" Editor*
**DDS**
*Davis*

**DR. ERIC LEWIS**
***San Diego***
*AGD Component President*
**DMD, MAGD**
*San Marcos*

**DR. STEPHEN LOCKWOOD**
*Regional Director*
**DMD, MAGD**
*La Jolla*

**DR. JAMES THOMPSON**
*Treasurer*
**DMD, FAGD**
*San Diego*

**DR. ARDEN KWONG**
***Sacramento-Sierra***
*AGD Component President*
**DDS**
*Sacramento*

**DR. CHETHAN CHETTY**
*President*
**DDS, FAGD**
*Los Angeles*

**DR. ROBERT HUBBERT**
*Editor, "GP News"—*
*Editing, Layout, Typesetting*
**DDS, MAGD**
*Santa Ana*

**DR. PAUL SCHAFER**
***Northern California***
*AGD Component President*
**DDS, MAGD**
*Novato*

**DR. KIRK HOBOCK**
*President Elect*
**DDS, MAGD**
*San Juan Capistrano*

**DR. HOWARD CHI**
*Immediate Past President;*
*AGD PACE Council*
**DMD, MAGD**
*Stockton*

**DR. RICH RINGROSE**
*MasterTrack Course Director;*
*CAGD Awards Committee Chairman*
**DDS, MAGD**
*Clearlake*

**DR. WILLIAM KUSHNER**
*Vice President*
**DDS**
*Danville*

**DR. RICARDO SUAREZ**
*Southern California AGD Component President*
**DDS**
*West Covina*

**DR. ANITA RATHEE**
*Advisor, Dental Care Chairperson*
**DDS**
*West Hills*

# as well as FellowTrack and MasterTrack Coordinators

**DR. MYRON BROMBERG**
*Legislative Chair, Dental Care Co-Chair, Nat'l AGD Advocacy Division Coordinator*
**DDS**
*Reseda*

**DR. JOHN BETTINGER**
*Advisor*
**DDS, FAGD**
*Santa Monica*

**TERRI IWAMOTO-WONG**
*Executive Director*
**BS, MBA**
*Sacramento*

**DR. GUY ACHESON**
*Advisor, "Watchdog Report"*
**DDS, MAGD**
*Fair Oaks*

**DR. CHERYL GOLDASICH**
*CAGD FellowTrack Coordinator*
*(all California Schools of Dentistry—USC, UCLA, UCSF, UOP, LLU and Western)*
**DDS, FAGD**
*Torrance*

**DR. HARRIET SELDIN**
*Public Information Officer for CAGD*
**DMD**
*San Diego*

**DR. ERIC WONG**
*Advisor, AGD Nat'l PACE Committee Chairman*
**DDS, MAGD**
*Sacramento*

**DR. RALPH HOFFMAN**
*UCSF FellowTrack Coordinator*
**DMD, MAGD**
*San Francisco*

**DR. ROBERT GARFIELD**
*Advisor; Assistant Editor, "GP News"*
**DDS, FAGD**
*Los Angeles*

**DR. JOHN DIPONZIANO**
*Advisor*
**DDS, MAGD**
*Pleasanton*

**DR. PHIL BUCHANAN**
*UOP FellowTrack Coordinator*
**DDS, EdD, FAGD**
*San Francisco*

**DR. WILLIAM LANGSTAFF**
*Advisor, CAGD Historian*
**DDS, FAGD**
*Villa Park*

**DR. STEVEN SKUROW**
*Advisor*
**DDS, FAGD**
*West Covina*

**DR. TIM VERCELES**
*Advisor*
**DDS, MAGD**
*Hayward*

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

The GP News or the CAGD will publish signed articles related to all phases of dentistry, but assumes no responsibility for the opinions or results expressed by the contributors. The views expressed are those of the author as an individual, and do not necessarily reflect the positions or endorsement of the CAGD. Acceptance of advertising in no way constitutes professional approval or endorsement. The CAGD does not assume liability for contents of advertisements.

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.

# TO THE TOP *(continued from page 1)*

*The following are comments from several AGD members who have achieved Mastership status, some going back over forty years:*

***Dr. Donald P. Tormey**, Fullerton (MAGD, 1978)*

*The experience of chosing and attending courses all over the United States was invaluable. The selection of required courses by the Academy became more apparent as I was finishing them. The true definition of general dentistry was defined when I realized we were to become more proficient in all phases of dentistry. Even in areas I didn't wish to practice, it gave me a much better understanding of the specialist's position. I have practiced in Fullerton since 1959 and still thoroughly enjoy it.*

***Dr. Upen Patel**, Sacramento (MAGD, 2014)*

*Through my affiliation with the Academy of General Dentistry, I have been able to meet like-minded people who are very remarkable and do a lot of good. Apart from applying to dental school over fifteen years ago, participating in the California AGD's MasterTrack program was the best decision I've made, I feel such confidence in presenting treatment plans to patients and excellent clinical care because of the training received from mentors and friends through the MasterTrack program. The wealth of experience in the MAGD class added up to hundreds of years of dental clinical knowledge. The Mastership has given me a great foundation to be a lifelong learner alongside a fantastic group of friends of all ages and experience in the profession of dentistry.*

***Dr. Wayne T. Yee**, Modesto (MAGD, 2007)*

*Prior to my MasterTrack experience I was somewhat reluctant to take on involved cases. The program expanded my clinical skills. I was challenged by it. My fellow students were the best of what dentistry has to offer, sharing their expertise, wisdom and friendship. I enjoyed every session we had and miss the bi-annual weekends. The experience made me a better clinician and a better person. I am truly grateful.*

***Dr. Eric Lewis**, Chula Vista (MAGD, 2015)*

*Attending the MasterTrack course two times a year was a thrill. Although a little daunting at first, I mustered enough will to deliver clinical presentations in front of mentors and peers. This rite of passage pushed me to grow as a professional. I was in complete awe with the comprehensive cases my classmates presented from complex orthodontic, restorative, implant surgery and endodontic therapy. I gleaned much and was able to incorporate many "pearls" into my everyday practice. The journey broadened my scope in clinical areas where I was once reluctant to venture. It also provided a built in, lifetime network of friends that face similar rewards and challenges of a demanding professional practice.*

***Dr. Chris Chui**, San Francisco Bay area (MAGD, 2012)*

*I finished the whole requirement one unit at a time. The MAGD title really helps me in several ways. I have more confidence and have had patients verify my MAGD, coming back saying that they were impressed. It reinforces the doctor-patient relationship.*

***Dr. Robert Hubbert**, Tustin (MAGD, 1981)*

*How helpful and cost-effective it would have been to have in the sixties what the CAGD offers today. Early in my first year in practice I learned of a dental study group in Orange County and became a member. We met monthly for a full day with speakers (often specialists) covering subjects across the spectrum of dentistry. Thirty-five general practitioners participated. Many of us were members of the AGD, some were on the pathway toward Mastership. At times, courses were sought across the USA in order to further improve our skills. In addition, some of us attended monthly MasterTrack courses at Loma Linda School of Dentistry, satisfying some of the harder-to-find requirements toward Mastership. The interactions in group settings with other GPs with similar mindsets is invaluable; what one may not know, others likely do. Many of us are now retired after that fifty-year study club run from 1964 through 2014. What a great group of fellows who still socialize.* ◆

## A New MasterTrack Class

# Pathway to Clinical Excellence

Orange County class sessions:
**April 6-9, 2017** then resumes
**October 12-15, 2017**

**The first session will have been completed by the time this "GP News" gets to you. At this point, an adjustment to catch up can be made for a limited number wishing to join this four-year journey.**

*At present, there's room for four more participants. If you wish to be a part of this educational experience, contact CAGD's Executive Director, Terri Iwamoto-Wong, for more information.*

Terri can be reached at: **877.408.0738** or **terri@cagd.com**

# In This Issue

DR. RICH RINGROSE
*Pages 1, 4*

DR. GUY ACHESON
*Page 8*

DR. MIKE LEW
*Pages 6, 11*

DR. KEVIN ANDERSON
*Pages 12, 13, 28*

DR. STEVE LOCKWOOD
*Pages 14, 15, 16*


**1** ***Taking It To the Top*** *by* ***Dr. Rich Ringrose***

**2** ***California AGD's Leaders***

**6** ***Trip To China*** *by* ***Dr. Mike Lew*** *ANNOUNCEMENT*

**7** ***AGD Nat'l Meeting in Las Vegas*** *ANNOUNCEMENT*

**8** ***Watchdog Report*** *by* ***Dr. Guy Acheson***

**9** ***HÍOSSEN Implants*** *ADVERTISEMENT*

**10** ***CAGD's Annual Meeting Held in San Francisco***

**11** ***Trustee's Message*** *by* ***Dr. Mike Lew***

**12** ***Pathway To Retirement*** *by* ***Dr. Kevin Anderson***

**14** ***Tissue Regeneration*** *by* ***Dr. Steve Lockwood***

**17** ***SDAGD News*** *by* ***Dr. Eric Lewis***

**18** ***Botox Course*** *by* ***Dr. Ricardo Suarez*** *ANNOUNCEMENT*

**19** ***SSAGD News*** *by* ***Dr. Arden Kwong***

**20** ***UCLA "FT" Chapter*** *by* ***Valentina Babuchyan***

**21** ***Western University "FT" Chapter*** *by* ***B. Sun, etal***

**22** ***UCSF "FT" Chapter*** *by* ***Trung Nguyen, etal***

**24** ***UOP "FT" Chapter*** *by* ***T. Zylstra / New Members***

**25** ***USC "FT" Chapter*** *by* ***Dennis Sourvanos***

**26** ***Ski and Learn Seminar*** *by* ***Dr. Garfield*** *ANNOUNCEMENT*

**27** ***Laser Certification Course in Las Vegas*** *ANNOUNCEMENT*

**28** ***Anderson Investment Fund*** *ADVERTISEMENT*

# EDUCATION *and* DENTAL CARE *in* CHINA

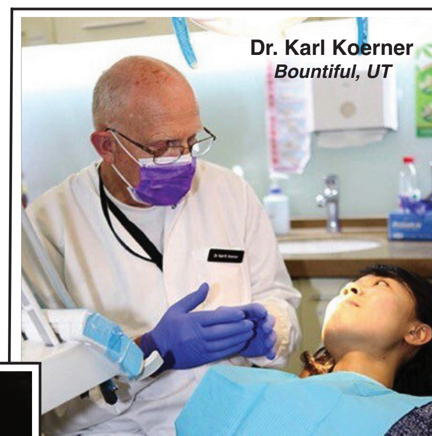
## *Destination:* Chengdu City, Sichuan Province, China

**WEST CHINA SCHOOL OF STOMATOLOGY** *Where the* **Panda Bears** *are located!*

### October 6 thru October 16, 2017

*An experience of a lifetime that will include educational interaction with local Chinese dentists and hands-on dental care for local indigent Chinese people.*

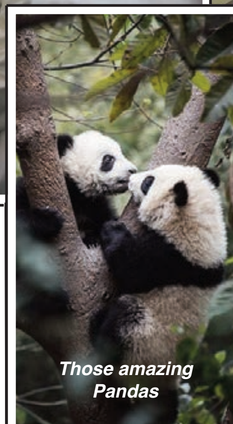
*American instructors and travel guides will be* ***Dr. Karl Koerner*** *and* ***Dr. Bruce Bosler****. They are especially well-versed in the treatment at the Chinese facilities and with the geographics and travel requirements.*


Dr. Karl Koerner
*Bountiful, UT*

Dr. An-I Tsai
*Boston, MA*
*Periodontist*

Dr. Bruce Bosler
*Vacaville, CA*

Dr. Wai Kee Fung
*Grenwood Lake, NY*


*Those amazing Pandas*

Dr. Newell Walther
*Alaska*

COMMENTS FROM A PREVIOUS TRIP:

*"It was a privilege to bring American dentistry to China. We were all touched at one time or another by the wonderful people we met and served. We saw 85 patients during the week. We provided restorative, endodontic and oral surgical services. We placed five implants. Except for the implant patient, our patients were unable to afford dental care. It was a great experience, long-remembered by our group."*

*The cost of* ***$2750**** *covers airfare, transfers, hotel, breakfasts, banquets and sightseeing.*

**Early advertising may see a change in price due to fuel charges.*

*If you are interested in joining this wonderful opportunity, contact Avani Chetty via email, telephone or fax:*

*Email:* **Avani@CAGD.com** *Telephone:* **310-471-4916** *Fax:* **626-250-0470**

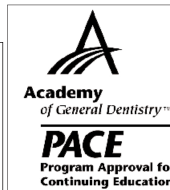
*Instructor-Travel Guides who have conducted several teaching-humanitarian trips to China are:*

DR. KOERNER

*Dr. Karl Koerner is a General Dentist who has taught hundreds of dentists the nuances of surgical extractions for over 20 years.and has organized fifteen dental humanitarian trips to China. He enjoys studying and speaking Mandarin Chinese.*

DR. BOSLER

*Dr. Bruce Bosler has been involved with several humanitarian and teaching trips to China. He is a Master in the AGD and is in private practice in Vacaville, California.*



# *The* PREMIER MEETING *for* GENERAL DENTISTRY

# AGD2017

*Plan to be in*
*Las Vegas*
*for the*
*Annual Meeting*
*July 13 to 15, 2017*

*Go to*
**www.AGD2017.org**
*for more information*

# Watchdog REPORT

**DR. GUY ACHESON**

*Rancho Cordova*

The month of February was busy regarding the legislature's review of Pediatric Dental Sedation. The Dental Board of California (DBC) was ordered by the legislature to review the safety record of dental general anesthesia in children. The DBC took the opportunity to review all instances of poor outcomes from all forms of sedation used to deliver dental care from 2011 through 2015. Their report showed a very low incidence of adverse outcomes and surprisingly it showed that most instances of poor outcomes when using general anesthesia occurred when anesthesia was provided by a dedicated anesthesiologist. The DBC recommendation to the legislature was to require that when general anesthesia is used in children having dental treatment, the anesthesia must be provided by someone other than the treating dentist. It suggests eliminating the operator-anesthetist model. This would bring dental general anesthesia under the same requirements as medical general anesthesia.

On February 13, the California Senate Business and Professions Committee held a hearing on Dental Pediatric General Anesthesia and invited representatives of most parties involved in providing pediatric dental care using general anesthesia. I was invited to represent general dentists and the California Academy of General Dentistry (CAGD). My testimony said that the CAGD was in agreement with the guidelines published by the American Academy of Pediatric Dentistry which is what the DBC proposed. We must now wait to see what the legislature will do.

February's DBC meeting was involved mainly with reviewing what the DBC accomplished in 2016 and what their agenda will be for the next year or two. One notable accomplishment was the result of joint work by CDA and CAGD to amend B&P 726 which prohibited "The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any healing arts professional." An exemption had been provided for physicians regarding their spouses or domestic partners, but not dentists. This has been corrected. Dentists can now legally treat their spouses and partners.

Near term projects will include an occupational analysis of the Registered Dental Assistant (RDA) and Registered Dental Assistant in Expanded Functions (RDAEF) examinations. This means that outside experts will review the actual tasks and duties that RDAs and RDAEFs do on the job. They will then examine the practical and written tests administered and make sure those examinations test real world tasks and duties. The DBC is in agreement that once this is completed for RDAs and RDAEFs, the dentist examinations should undergo the same evaluation.

The DBC has a problem collecting fines and fees that are assessed against a dentist for both disciplinary actions and investigations. Currently, when a fine or fee is assessed against a dentist, that money is added to the next license renewal fee. This is not working very well because many of the disciplined dentists just leave the state. How bad is it? For 2010-2011 assessed fines were $135,900. They collected just $15,850. For 2013-2014 assessed fines were $301,150. They collected $28,782. The DBC will consider using the Franchise Tax Board to help collect those moneys.

There have been complaints from the public regarding the situation where their dentist retires and/or sells the practice and then their dental records are not available. The old dentist is unresponsive to requests for records and the new dentist/owner claims that they do not have the records. The DBC will consider whether patients need to be proactively notified of the retirement or practice sale and be given an opportunity to request those records. They may also make specific requirements for retention of old records.

The rate of increase in new dentists continues to accelerate. Total new dental licenses issued in 2015 was 1,039 (WREB 747, Residency 162, Credential 116, Portfolio 7). Total new dental licenses issued in 2016 was 1,116 (WREB 786, Residency 154, Credential 142, Portfolio 34). This is expected to continue to accelerate as Portfolio continues to grow and with the ADEX examination ultimately being accepted.

Another licensing issue that the DBC is taking up regards dentists who were originally licensed in California, moved out of California, practiced in another state and did not renew their California license for more than five years. Their license expired. Now they want to return to practice in California. The laws regarding this situation were enacted long before the category of Licensure by Credential was created. Some members of the DBC spoke up as wanting to get this issue cleared up. My crystal ball predicts that dentistry may have something close to national licensure in about ten years.

That is the meat regarding DBC activities. ◆

Any questions? Contact me at **GuyAcheson@aol.com**

# Superior Hydrophilicity for Enhanced Osseointegration

## ETIII NH IMPLANT

The Hiossen ETIII NH Implant features a super-hydrophilic Sandblasted and Acid-etched (SA) surface combined with a unique bio-absorbable apatite Nano Coating that helps ensure optimal treatment outcomes with every implant you place.

- Enhanced blood affinity and platelet adhesion
- Excellent cell response and initial stability
- 39% improvement in bone-to-implant contact
- Higher success rate in poor quality bone
- Improved osseointegration decreases treatment period by over 30%

Both implants were dipped in animal blood for one minute

**To learn more, visit hiossen.com or call 888.678.0001**

HIOSSEN
Made in the USA

# California AGD meets where the sky's the limit... San Francisco

The CAGD held its 2017 Annual Meeting in the beautiful city of San Francisco in February.

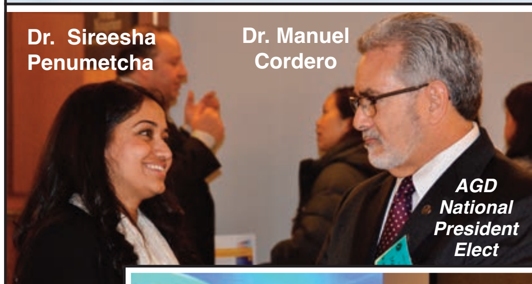
Two continuing education courses were presented. The Surgical GP—A Fast-Growing Market *by Dr. Todd Engel and* How To Create an Unstoppable Team *by Dr. Yolanda Mangrum and Laura Boone.*

In addition, two outstanding CAGD members were presented with prestigious awards. Dr. Anita Rathee was named "Dentist of the Year" and Dr. Eric Wong received the "Spirit of Leadership Award."

Our outgoing president, Dr. Howard Chi, received the President 2016 plaque. Dr. Chethan Chetty was inducted as CAGD's president for 2017. AGD's President Elect, Dr. Manual Cordero from New Jersey, attended and installed CAGD's new Board of Directors. ◆

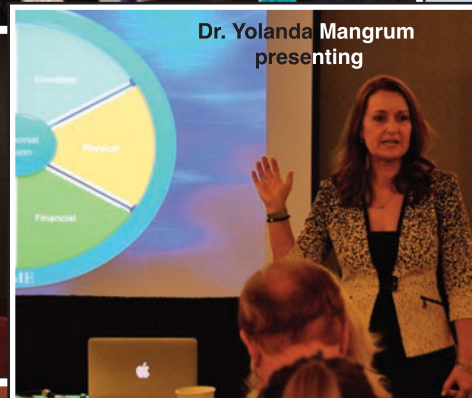
Dr. Mike Bromberg
Dr. Anita Rathee

Dr. Howard Chi
Dr. Eric Wong


Dr. Sireesha Penumetcha
Dr. Manuel Cordero
*AGD National President Elect*

Dr. Howard Chi hands over the CAGD President's gavel to Dr. Chethan Chetty

Dr. Todd Engel presenting


Dr. Yolanda Mangrum presenting

*You'll see it my way, Jay, or out it comes...!*
Dr. Jay Thompson
Dr. Mike Bromberg

*Now, Jay, being agreeable isn't so bad...right?*
Dr. Kirk Hobock
*Looks like Jay got with the program!*
Dr. Mike Bromberg
Dr. Jay Thompson
I should've known better, Mike.

Drs. Dinu Gray, Samer Alassaad, Howard Chi, Eric Wong, Cheryl Goldasich, Paul Schafer, Anita Rathee, Kirk Hobock, Sireesha Penumetcha, Steve Lockwood, Jay Thompson, Mike Bromberg, Bill Kushner, Chethan Chetty, Mike Lew

**DR. MIKE LEW**
*Novato*

# Reach for the Sky with the Academy of General Dentistry

*"...the best learning comes not from the information in the polished practiced powerpoint presented at the front of the room, but in the exchange of questions and answers, the asking how come and the sharing of difficult clinical experiences..."*

Friends,

We recently had a wonderful meeting in San Francisco.  I wish you had been there to enjoy the CE and the comradery of other general dentists.  Attending the California AGD courses and Leadership Dinner that evening would signify that you would be growing in your dental clinical and leadership skills. It was interesting to see in our implant course with Dr. Todd Engels the dentists who are planning to incorporate surgical implant skills into their dental armamentarium. It was even more impressive for me to observe seasoned dentists who already are placing implants in their practice interfacing with Dr. Engels. Often the best learning comes not from the information in the polished practiced powerpoint presented at the front of the room, but in the exchange of questions and answers, the asking how come and the sharing of difficult clinical experiences from both the speaker and the other attendees. I say the same for Dr. Yolanda Mangrum's course on success in dentistry. It is always a conversation. For me, the best learning happens when the group shares. And the higher quality groups always have a better experience.

The evening finished with ceremonies celebrating our leadership. Dr. Eric Wong has been a friend to everyone in organized dentistry. He has supported the Sacramento-Sierra component of our California AGD from its inception by inviting members to attend meetings, encouraging leaders to join the board, and advising many on dental techniques and in their careers. He is also influential on a national level with the PACE Council, of which he is chairman. They set the standard for dental continuing education. If you ever can meet Dr. Wong, you will benefit as he is a wonderful mentor.

Dr. Anita Rathee is special. She is highly regarded in organized dentistry because she is perceptive about dental issues and communicates well with others. We in the CAGD are lucky that she continues to make a stand for general dentistry.

To be explicit, without leaders like Dr. Wong and Dr. Rathee, general dentistry would be restricted to prophys, simple fillings, single crowns, simple extractions, anterior endodontics and basic prosthetics as the specialist and third party payers restrict our ability to provide more complex services.

Yes, you would have wanted to be there to share our appreciation, to thank them and learn from them. You would be encouraged by their examples.

We are putting together our meetings for next year now. Email Terri and get involved with your AGD. You will improve both in dentistry and in your personal life. You will make new friends as you meet other board members.

Get involved with the AGD and the sky is your limit! ◆

**DR. KEVIN ANDERSON**
*Jamul*

## A PATHWAY IN PREPARATION FOR

# Retirement

### A SERIES OF ARTICLES DESIGNED TO ASSIST IN MANAGING THE PROCESS

One of my closest colleagues *(and a past CAGD president)* tells me, "Dentistry is a pretty good gig." It is indeed and we are very fortunate to be dentists. However, it is still very necessary and important to have other means in life so that we have options as we advance through our profession. We would not want to be forced to practice dentistry when our mind, body and spirit are not ideal because of, perhaps, debilitating personal health or the need to be home to care for a sick family member. Unless you will inherit a big chunk of money or hit a huge lottery (and unfortunately we know from TV shows how most of those people turn out), retirement planning is critical. It isn't a matter of **if** you'll get a rainy day, it is a matter of **when**. Not only do you want to be prepared for the rainy days, you want to be the guy in the field playing the tuba the day it rains gold!

As a point of information to the reader from the ADA Health Policy Institute, the most recent dentist net income earnings *(after expenses, before taxes)* from 2015 for a general practitioner averaged $179,960 *($195,200 for owner GPs and $132,370 for non-owner GPs).* When adjusted for inflation, average net income has decreased significantly for all general practitioners since the 2005 peak income of $219,638. However, even with these comparably lower levels of income, a pathway to an awesome dream retirement is definitely achievable.

Several visions of a life or status in retirement should be understood. In retirement, we want to have the option to live at the same standard of living or better as when we were treating patients. We would all desire that option sooner rather than later. What comes to mind is being free of debt and having the ability to cover not only the basic necessities of food, clothing and shelter, but also the option to afford luxury travel, new cars, and maybe second homes. As additional stretch goals we might think of things like college, home down payments and dental educations for one's children and grandchildren along with huge charitable gifts, not to mention leaving a legacy estate for others. The profession of dentistry is the strategic starting point that enables us, if we choose, to be able to do all of these. A pathway to facilitate this will be delineated in a series of articles written exclusively for "GP News" recipients.

The author, yours truly, has lived and practiced the pathway that will be summarized. *(Editor's note: Kevin retired at 43 years young!)* It is understood that there are many other avenues available and ways to achieve financial independence.

I feel that my pathway has the least risk *(a term that we shall define and discuss in a later article),* least amount of continually detracting busy work and is most easily duplicated by a disciplined dentist. Additionally, it is felt that we have one of the top professions in the greatest country with a system that rewards those that are disciplined and work hard toward an achievable realistic goal. While what is described will sound simple, it is not easy to implement. There is pressure and even small failure along the path. However, everyone knows that achieving a highly desirable goal requires continual focus and dedication.

The principles for this series of retirement planning articles were born to share and assist fellow colleagues in areas where dentists often regard as gospel that which comes from highly commissioned "hit men" that are after a sale. This reinforces the concept that it is so useful dealing with people you can trust and getting all others out of your life. Wise people want to avoid other people who are just total rat poison, and there are a lot them. Besides our government's continual take of our earnings, many industries like insurance, dental equipment and especially Wall Street are up at night devising the latest pre-packaged products to push at us. The ability to say "No" and even sometimes "Hell No" is underrated. Independent sourcing of knowledge by dentists remains critical. This is much easier today with internet search. The importance of continuing education, the pillar of our profession and AGD, cannot be overemphasized. Become the best learning machine that you know. Wisdom continues to build upon previously learned foundations. I do not know anyone who is wise that doesn't read all the time.

*Future anticipated "GP News" article topics include:*

- Savings *(on the adjacent page)*
- How Much Do You Need?—Your "Number"
- Lifetime Financial Ratios—Where You Should Be
- Insurance Needs and Practice Overhead
- Definition of Risk / Investment Alternatives / Leverage
- Optimal Portfolio Withdrawal *("Spend Down")*
- Priority for Tax Efficiency Diversification in Retirement

If you have a comment or question, I'd love to hear from you at
**sdkevindds@aol.com**

*(continued on the next page...RETIREMENT)*

# RETIREMENT *(continued from the adjacent page)*

EXCLUSIVE:
*A Pathway in Preparation for Retirement*
*#1— It's Never Too Early to Save*

**Total Value at Retirement** *(Age 65)*

| Start Age | Annual Contribution $15,000 | Annual Contribution $20,000 |
|---|---|---|
| 27 | $3,304,739 | $4,406,319 |
| 28 | 3,046,054 | 4,061,406 |
| 29 | 2,806,532 | 3,742,042 |
| 30 | 2,584,752 | 3,446,336 |
| 31 | 2,379,400 | 3,172,533 |
| 32 | 2,189,259 | 2,919,012 |
| 33 | 2,013,203 | 2,684,271 |
| 34 | 1,850,188 | 2,466,917 |
| 35 | 1,699,248 | 2,265,664 |
| 36 | 1,559,489 | 2,079,318 |

Adding just $5000 per year gets you $1.1 million more. —Yeah!

Waiting just five years costs you $1.487 million. —Ouch!

The table represents a non-owner dentist starting to earn an average salary at age 27 with savings contributions of 11.3% ($15,000) versus 15% ($20,000) of salary and annual returns of 8%. Percentages are based on the annual non-owner dentist 2015 average salary of $132,370 *(as per most recent ADA statistics).*

The chart above is proof to the two most important aspects of compounding money – the earlier start with the larger amount wins the money growth race! A larger savings rate and longer amount of time are the determining factors of eventual retirement amounts. America is in a savings crisis with one in three families having no savings and one in ten of those making over $100,000 having no savings. The minimum rate a dentist should save is 15%. Why create a problem for yourself and your family when it is preventable? If you err on the side of an even higher savings rate, your life will be far easier with more options. ***The ability to discipline yourself to delay gratification in the short term in order to enjoy greater rewards in the long term is the indispensable prerequisite for success.*** My wife would say that enjoying an early retirement with virtually unlimited options boils down to one thing: Early denial. Envy and jealousy *(two of the Ten Commandments),* even in small doses, will make one utterly miserable. *If dentists in their twenties and thirties can deny the temptation to spend and adopt the diligence and focus to save, then compounding can work its' magic and Easy Street is just around the corner!*

One of the reasons that many of us chose dentistry was because of the independence and freedom that if offers. We can choose what we want to do and when we want to do it – at least that's the theory. However, along with that independence, we also are the ones who are responsible to look after our own retirements. There is no choice of a company-run pension that matches our contributions or anything of the like. Unfortunately, there was never any education offered that detailed what to do or when to do it. We were thrown to the wolves of Wall Street. Additionally, there was never the description of compounding whereby the accrued earnings begin to earn income of their own. This also means you can contribute fewer funds later. An abbreviated shorthand rule to estimate the worth of money over time is the Rule of 72. It provides the time it takes to double money at a given interest rate. *Every fourth grader in America should be taught it!* You divide the interest rate into 72 for the answer. For example, funds invested at 8% will double in nine years. Unfortunately, the Rule of 72 can work against you when paying on a loan or debt. It is vitally important to get out of debt by paying off the higher interest rate debt first.

Consumer debt should be out of bounds for dentists as not only does it have the highest interest rates but purchases are also typically wants and not needs! A colleague *(and a past CAGD President)* summed it up nicely when he told me that it is far better to earn interest than to pay it!

An Emergency Cash Reserve Fund is an important asset to have. Because a new dentist could sustain a terrible triple play that is out of one's control – auto accident (1) breaking your wrist (2) and a toilet hose break that floods your house (3) – it is important to have saved six (6) months of income to cover deductibles, mortgages, and medical.

A dentist nearing or in retirement will want to have twenty-four (24) to forty-eight (48) months of income in an Emergency Cash Reserve Fund to cover living expenses while not having to worry about volatility of a stock-market-based portfolio. These reserves should be in a cash type of account that is readily available and liquid. The concern should not be on maximizing return but on quick availability of the funds.

Along with personal savings, retirement accounts should be maximized to their fullest potential. This will allow money to grow tax deferred or even tax-free. You may contribute $18,000 for a 401(k) with an additional $6,000 catch-up contribution if over the age of 50 and $5,500 for IRAs, with an additional $1,000 catch-up contribution.

Strongly consider the Roth IRA instead of the traditional IRA as there are no taxes on withdrawal. However, there is no deduction on your tax return now. Total IRA annual contributions cannot exceed $5,500 or $6,500 if you are over 50 years of age – however, your Roth IRA contribution might be limited based on your filing status or income. Check the IRS charts or consult your tax advisor.

By having different tax treatment buckets of money on retirement – personal, tax-deferred *(Traditional IRA)* and tax-free *(Roth IRA),* there will be tax diversification. It is nice to have different tax treatment buckets of money *(tax diversification)* in order to have the luxury of selectively withdrawing retirement funds and paying the least in taxes. Otherwise, one could be forced to withdraw from a bucket that has the highest tax hit. That discussion will be in a later article exclusively for "GP News" recipients. ◆

*Dr. Kevin Anderson graduated from the University of the Pacific (now Dugoni) School of Dentistry and completed a hospital-based GPR at the University of Southern California (now Ostrow) School of Dentistry. Kevin is the past AGD Treasurer. He was handed the largest deficit in history of $3.1m. He balanced the budget and grew the reserves from $2.2m to over $6.5m in two years. Retired from dentistry at the age of forty-three, Kevin now manages the Anderson Investment Fund, based on the principles of the original Warren Buffett Partnership for retirement plans, corporations and high net worth individuals.*

# Autologous L-PRF: Wound Healing and Tissue Regeneration

***Understanding L-PRF (Leukocyte-Platelet Rich Fibrin): Wound Healing and Tissue Regeneration***

*—Stephen Lockwood, DMD, MAGD, Associate Fellow, AAID*

**DR. STEVE LOCKWOOD**
*La Jolla*

As dentists, we manage tooth loss and the associated bone loss when we anticipate implant placement. With ideal conditions, immediate implant placement has shown to preserve bone and papillary height. Most extractions, however, are of diseased endodontic roots and most clinicians prefer to allow the patient's immune system to "clean up" such areas and allow time for healing or bone regeneration prior to implant placement. Conservative dentistry goes beyond saving a tooth and now includes preserving and enhancing bone for implant sites. This article will discuss the biological attributes of L-PRF as a promoter of alveolar bone and keratinized tissue regeneration. It will also examine the clinical application of L-PRF and its role in wound healing.

### *The Biology of L-PRF*

Imagine a bioactive, autologous substance that, when reintroduced to the body (socket), can secrete a number of factors that enhance wound healing. At the same time, it also potentiates stem cell proliferation, cell growth and differentiation that leads to regenerated tissue. This substance is obtained via phlebotomy followed by immediate centrifuge to form a robust clot *(Image 1 and 2)* of concentrated growth factors, leukocytes, and cytokines. Leukocytes (WBC) provide an immune regulatory function by releasing large amounts of vascular endothelial growth factor (VEGF) and other cytokines. As a result, a matrix for new blood vessels is present.

### *Wound Healing of L-PRF*

We have learned it takes three days for arterioles and venules to reattach after wound closure. This assumes tissue-to-tissue wound closure or healing of primary intent. Consider the healing of a socket of an extracted wisdom tooth where there is eventual healing by secondary intent. In this scenario there is a slow and painful remodeling process involving epithelialization with bone regeneration initially from the apical aspect. Let us now relate this to our current "socket-preservation" techniques where a myriad of substances have been discovered or designed to preserve as much tissue as possible in hopes of having a clinically sound amount of keratinized tissue and bone for a dental implant. The healing of a socket and preservation of bone tissue depends on reducing the time for regeneration of bone against the faster rate of epithelialization. The speed of regenerating bone within a socket is dependent on cell proliferation, growth and oxygena tion of tissue or blood supply.

### *Clinical Application of L-PRF*

If a wound does not have tissue-to-tissue contact, there is little to no blood supply, thus resulting in shrinkage of bone. Consider that the L-PRF clot (blob) introduced to a socket or sinus provides tissue-to-tissue adaptation and the vascular endothelial growth factors commence formation of new oxygen-carrying blood vessels. *(Image 3)* This is why L-PRF introduced to a socket or sinus not only stops bleeding, but initiates faster healing. Moreover, this healing includes regeneration of alveolar bone in less time than non-autogenous grafting materials. It is not uncommon to see thin pink keratinized tissue covering the top area within one week post-op. Allowing four months is now a conservative time frame prior to implant placement, as bone has been reported to be implant-ready as early as three months post-extraction. Maxillary bone from a sinus lift is implant–ready at six months. Each patient and implant situation, however, differs as to the quality of bone, initial implant stability and anticipated implant load.

Surprisingly, in cases where the socket perimeter is fully intact, sutures may not be necessary. There exists tissue-adherence qualities to L-PRF which help stabilize this autologous grafting substance. L-PRF can be flattened or shaped to be used as a membrane or wound dressing, as well. Light pressure applied to the L-PRF for about 10-15 seconds using moist gauze helps to stabilize the wound site. When a large oversized L-PRF clot is placed in a socket, the use of a single-fold moistened 2 x 2 gauze can be adapted over the ridge to further compress the L-PRF and stop bleeding. *(Images 4, 5 and 6)* Upon removal of the moist gauze the margins are well adapted and remain closed as if the clot was "glued" in place. This tissue adherence is strong enough for the patient to begin saline rinses that evening. The use of L-PRF in sinus lift surgeries affords the ability to use the L-PRF clot to completely fill and displace the released Schneiderian membrane while sealing off any small perforations that may be present. The Schneiderian membrane of the sinus has osteogenic potential that is further activated by the L-PRF. Applying some radiopaque allograft granules on the surface of the L-PRF prior to insertion will aid in identifying the initial graft site radiographically. *(Image 7 and 8)* This will serve as a reference for the anticipated CBCT to determine bone growth and when to commence implant placement.

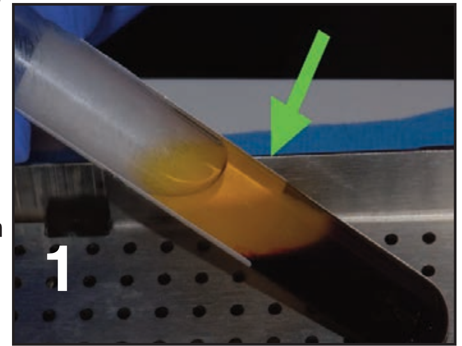
Using this protocol for wound healing and tissue regeneration may reduce oral antibiotic use post-operatively. The L-PRF sites are healing more predictably and quickly with little to no discomfort. One particular application of L-PRF that has significantly reduced pain is the placement of an

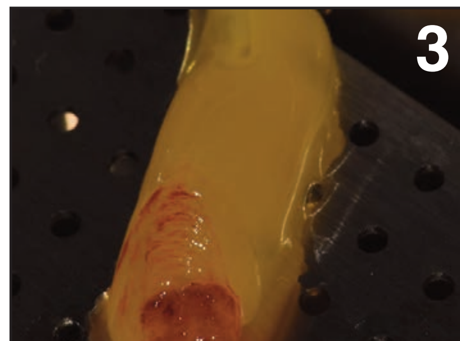
*(continued on the adjacent page)*

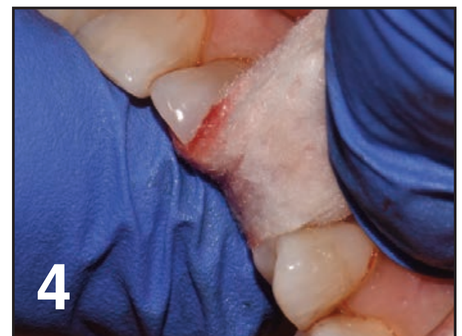
# A New Approach To Tissue Grafting and Healing

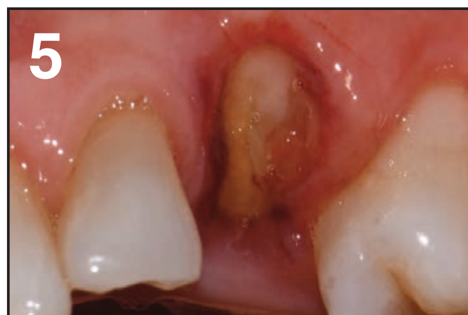
L-PRF wafer pressed and shaped to the dimensions of donor CTG and inserted into the same palatal donor site. *(Images 9 and 10)* After 30-60 seconds of light compression with moist gauze the site stops bleeding. The comfort is enhanced to the point where the palatal site is now more comfortable than the recipient site. Many of us know this hasn't always been the case, as the sutures, tissue adhesives, palatal stents and secondary-intent healing has had a painful history.

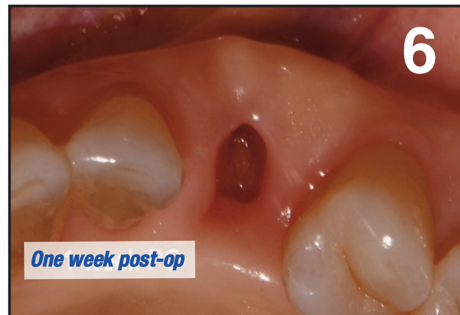
The biology and physiology of wound healing is of great interest as we desire to deliver predictable, conservative, safe and painless dentistry to our patients. Such platelet-rich blood derivatives may also reduce the use of costly biologics as well. Research will continue in this area that will further find its way into clinical medicine and dentistry. The concept of converting all wounds or surgical sites to healing by primary intention has many applications. ◆

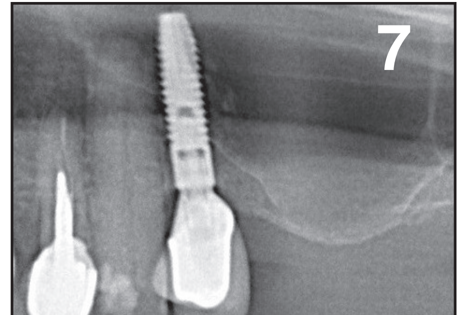


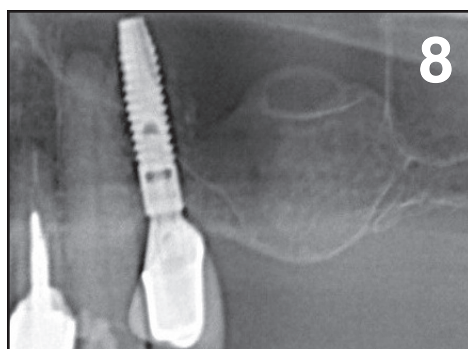


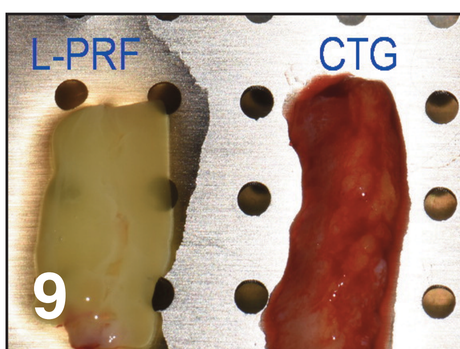



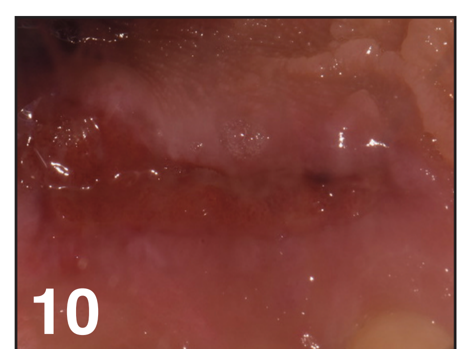



# 2017 GENERAL MEMBERSHIP APPLICATION

*For more information, call us toll-free at*
**888.AGD.DENT (888.243.3368)**
*or join on line at* **www.agd.org**

***Referral Information:***
*If you were referred to the AGD by a current member, please note information below:*

MEMBER'S NAME ____________________

CITY, STATE/PROVINCE OR FEDERAL SERVICE BRANCH ____________________

## Member Information

FIRST NAME ______ MIDDLE INITIAL ______ LAST NAME ______ DESIGNATION *(e.g. DDS, DMD, BDS)* ______ INFORMAL NAME *(if applicable)* ______

**Type of Membership** *(check one):*

❑ Active General Dentist ❑ Active General Dentist *(but, a recent graduate in last four years)*
❑ Associate ❑ Resident ❑ Dental Student ❑ Affiliate

Date of Birth *(month/day/year)*
*Required for access to the AGD website*

Do you currently hold a valid U.S./Canadian dental license? ❑ Yes ❑ No ______
LICENSE NUMBER ______ STATE/PROVINCE ______ DATE RECEIVED *(month, year)*

If you are not in general practice, indicate your specialty:______________________

Current practice environment *(check one):* ❑ Solo ❑ Associateship ❑ Group Practice ❑ Hospital ❑ Resident
❑ Faculty *(institution):*______________ ❑ Federal Services *(branch):*______________

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: ❑ U.S. Military Counterpart ❑ Local Canadian Constituent

## Contact Information

Your AGD constituent is determined by your address *(Northern California, Sacramento-Sierra, Southern California or San Diego)*

PREFERRED METHOD OF CONTACT: ❑ E-Mail ❑ Mail ❑ Phone
PREFERRED BILLING/MAILING ADDRESS: ❑ Business ❑ Home

BUSINESS ADDRESS ______ CITY ______ STATE/PROVINCE ______ ZIP/POSTAL CODE ______ COUNTRY ______

NAME OF BUSINESS *(if applicable)* ______ PHONE ______ FAX ______

HOME ADDRESS ______ CITY ______ STATE/PROVINCE ______ ZIP/POSTAL CODE ______ COUNTRY ______

PHONE ______ PRIMARY E-MAIL ______ WEBSITE ADDRESS ______

## Education Information

ARE YOU A GRADUATE OF AN ACCREDITED* U.S./CANADIAN DENTAL SCHOOL? ❑ YES ❑ NO ❑ Currently Enrolled

DENTAL SCHOOL ______ GRADUATION DATE *(month and year)* ______

Are you a graduate of an accredited U.S. or Canadian post-doctoral program? ❑ YES ❑ NO ❑ Currently Enrolled TYPE: ❑ AEGD ❑ GPR ❑ Other

Post-Doctoral Institution ______ STATE/PROVINCE ______ Start Date *(month and year)* ______ to ______ End Date *(month and year)*

## Optional Information

GENDER: ❑ Male ❑ Female Are you interested in becoming a: ❑ MENTOR ❑ A MENTEE

ETHNICITY: ❑ American Indian ❑ Asian ❑ African-American ❑ Hispanic ❑ Caucasian ❑ Other______

HOW DID YOU HEAR ABOUT US? ❑ AGD Member *(please indicate information in the Referral Information box, top right)* ❑ AGD Website ❑ AGD Constituent
❑ Newsletter ❑ Advertisement ❑ Mailing ❑ Dental Meeting ❑ Other______

## Dues Information

**AGD HDQTR. DUES**

| | |
|---|---|
| Active G.P. | $386 |
| Associate | 386 |
| Affiliate | 193 |
| Resident Program | 77 |
| 2015 Graduate | 77 |
| 2014 Graduate | 154 |
| 2013 Graduate | 231 |
| 2012 Graduate | 308 |
| Student | 17 |

**CALIFORNIA AGD DUES**

| | |
|---|---|
| Regular (GP/Assoc.) | $180 |
| First Year Graduate | 16 |

***AGD Hdqtr. Dues:*** $______

*plus*

***California AGD Dues:*** $______

*equals*

**TOTAL AMOUNT ENCLOSED** $______

## Payment Information

❑ Check *(enclosed)* ❑ VISA ❑ MasterCard ❑ American Express
*Note: Payments for Canadian members can only be accepted via VISA, MasterCard or check*

Expiration (mm/yyyy) ______ PRINT THE NAME AS IT APPEARS ON YOUR CARD ______

*I hereby certify that all the information I have provided on this application is correct and, by remitting dues to the AGD, I agree to all terms of membership.*

Signature______ Date______

*Return this application with your payment to:*
**AGD, 560 West Lake Street, Seventh Floor, Chicago, Illinois 60611-6600**
*Credit card payments, fax to:* 312.335.3443

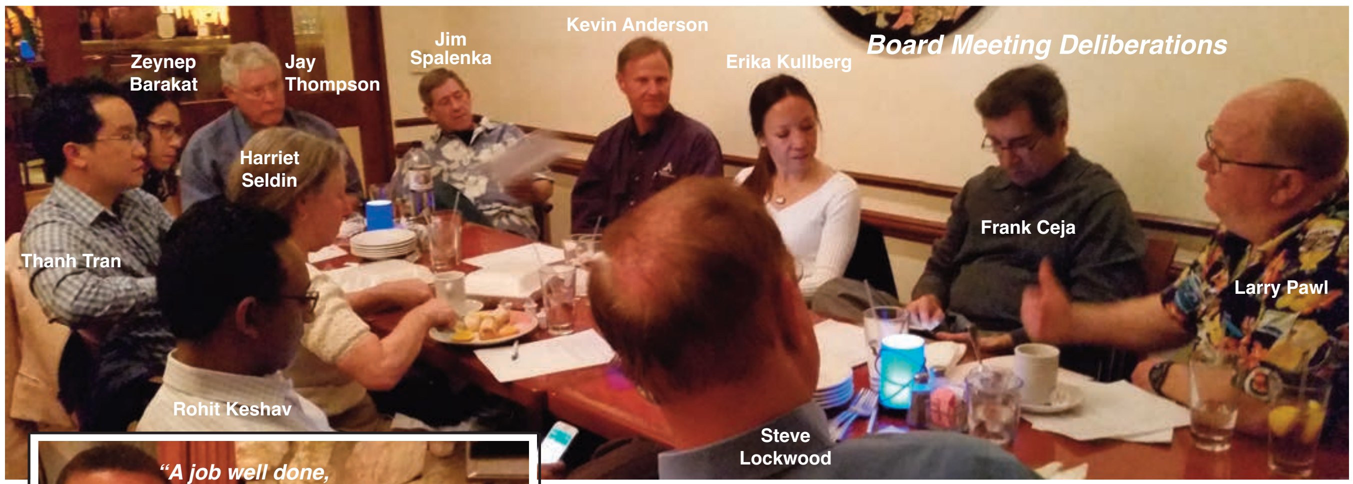
Academy of General Dentistry

# San Diego

## ACADEMY OF GENERAL DENTISTRY

**DR. ERIC LEWIS**
*President*
*Chula Vista*

San Diego AGD hosted its first Annual Members' Appreciation Night in February. The event took place at Duke's La Jolla. Complimentary CE, food and drinks were provided. Our guest speaker for the evening, Paul Koshgerian, DDS, MD, OMFS discussed ***"The Latest in Oral Surgery and Ridge Preservation."*** An overall good time was had by all. Attendee surveys were very positive with an overwhelming number of participants requesting similar events in the future.



The SDAGD Board Meeting was held at Appollonia Bistro in La Jolla. Recruitment and strategies for greater participation from SDAGD members was discussed.

Dr. Thanh Tran was presented with an award for outstanding, devoted service to the SDAGD during his tenure as president. Board meetings are open to general members.

The San Diego Acacdemy of General Dentistry and the San Diego County Dental Society came together after several years of planning to present our First Annual Joint CE Meeting at the Handlery Hotel in Mission Valley. The guest speaker for the meeting was Dr. Joyce Bassett. She presented an informative six-hour CE course entitled ***"Real World Cosmetic Dentistry: Faults, Failures and Fixes."*** This successful event attracted over 100 attendees. *More photos of this especially successful event can be found on page 27 herein.*

If interested in attending future events, please contact Dr. Erika Kullberg at ekullberg@gmail.com for more information. ◆

# ACADEMY OF GENERAL DENTISTRY
*Southern California Component*

## *Be prepared to offer your patients a viable treatment pathway by using*

# **BOTOX**THERAPY *where indicated*

*Comments from course attendees after completing the course:*

***"I can now do something for TMJ pain if all else fails."*** — J.T., DDS, *Irvine*

***"There are several 'gummy-smilers' in my practice who will be happy to know that this sad condition has a non-surgical solution."*** — B.G., DMD, *Encino*

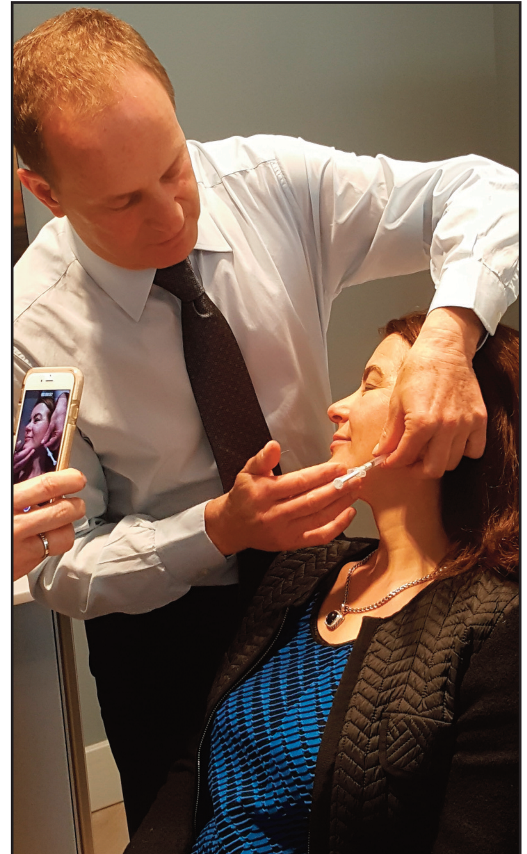
***"This course sure cleared-up all the controversy we've been hearing about Botox and the Dental Board regulations."*** — John G., DDS, *Monrovia*

***"How fortunate we were today to be instructed by a medical doctor neurologist who uses Botox every day and understands dental anatomy and neuromuscular overloading."*** — William S., DDS, *Anaheim*

***"I was not aware that there are few lawsuits resulting from the use of Botox, since its effects wear-off in about three-months and everything returns to the way it was before."*** — George C., DDS, *Calabasas*

***BOTOX THERAPY*** *has many uses in everyday dentistry. Often, when using Botox to treat dental conditions, some facial wrinkles are unavoidably eliminated. Your California dental license permits you to treat various dentally-related conditions by injecting botulinum toxin (Botox).*

*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 in the use of Botox therapy by dentists will be clarified.*



**ATTENDANCE IS LIMITED TO THIRTY PARTICIPANTS**

## *Andrew Blumenfeld, MD* NEUROLOGIST

When: ***Friday, August 18, 2017*** *8:00 a.m. till 6:00 p.m.* *(Registration: 7:00 a.m. till 8:00 a.m.)*

Location: ***BENCO DENTAL*** *3590 Harbor Gateway North, Costa Mesa, California 92626*

***Free Parking*** ***Eight CE Units*** ***Continental Breakfast*** *and a* ***Buffet Lunch*** *included*

*A* ***syllabus*** *of* ***instruction*** *with* ***photos*** *will be provided to all* ***dentists.***

## REGISTRATION

*Any attendee may volunteer to experience botox therapy performed on them by Dr. Blumenfeld, even if for esthetic purposes, for an additional cash-only fee of $250 to $350*

| Tuition by: | August 9, 2017 | After August 9, 2017 | At-the-Door |
|---|---|---|---|
| AGD Member | $995 | $1295 | $1500 |
| Non-AGD Dentist | $1295 | $1325 | $1500 |
| Auxiliary/Staff | $250 | $350 | $500 |

*To reserve, contact:* ***Avani Chetty*** *by email, fax, U.S. Mail at SCAGD, P.O. Box 3862, San Dimas, California 91773*

*Telephone:* ***310-471-4916*** *Fax:* ***626-250-0470*** *Email:* ***Avani@CAGD.com***

**DR. ARDEN KWONG**
*Sacramento*

## *The Caring Light (or the Curing Light) We Share: Of Markers, Maturation, Mentorship and Mileage*

The first two words from Shakespeare's *Hamlet* are "Who's There?" Linking Shakespeare seems to be the name-dropper needed to transform a casual, corny, or flippant knock-knock joke into a noteworthy and legitimate classic—a concise invitation that has been revered by writers, readers, and scholars over time and is still studied today in all of its elegant minimalism.

Similarly minimal, my early years right after graduating from dental school seemed to point me into taking name-dropper courses which I had heard would be essential to understanding how real world dentistry revolved and revolves, so names like Christensen, Bertolotti, Kanca and Press were among the authors of the words of wisdom I'd follow. My focus right out of school could be narrow at times.

Some years later I discovered that the name-dropper game could change again—not just in a person's name but into the form of various mantras: "evidence-based," "risks-benefits-alternatives," "biofilm c.f.u." were among a long list of many others. Looking back, perhaps your favorite or most memorable buzzword can be collectively added here, independent of your year of graduation. Although I didn't know it at the time, I was actually marching along a pathway lined with the first of many guidepost markers.

While I knew that learning was a lifelong journey, what I came to realize after I had paid my last monthly Sallie Mae student loan payment (circa 1994) was that journey of learning was infinitely much more enjoyable when shared with and among classmates and close friends. We'd simply plan our classes together or relish accidentally meeting at a class only to discuss afterwards each person's own experience with a new material or revised technique or latest treatment modality as well as catch up on news of each one's most recent personal and family experiences and adventures.

With time, I found myself guided less and less by name-dropping and buzzwords and more by colleagues who became my friends and my earlier friends who graduated alongside me or a year apart in the early '80s. For better or worse, I dropped the name-droppers, buzzed the buzzwords. Radical you might ask? Hardly—from my point of view, I was merely following the next spiral of growth.

My friend Ben, who is the headmaster of residential (read boarding) Cate School for grades 9 to 12, opened the school year by paraphrasing and adapting from Khalil Gibran's *The Prophet.* Modifying Gibran's message on marriage and love, Ben suggests it to be also valid and appropriate as a connection (or connections) for "comrades, teammates, friends, companions, parents, children, classmates, colleagues, and really anyone who sincerely cares." Ben summarizes about the life force of a community and its potential: "We make our bonds so that we might grow not in each others' shadow, but in our collective light."

Like Gibran's growing Oak and Cypress trees not crowding each other, both sharing and refracting light, adapting and thriving, connected yet distinct, I find a fellowship of collective and shared learning empowering, reaffirming, enlightening, cathartic, enabling. On occasion, I have been told by some that, over time and over the miles, it can be considered defining.

And after 34 years of private practice, that fellowship, that continued learning, and the high privilege of practicing with my father for 7.5 years until his passing in 1991 has made all the difference. The key for me is less what we study and know and more where we have chosen to be and why. The why part is longer than I have time for here, but intertwined in and connected to it is also the who. ◆

*Dr. David Jolkovsky presenting*
**"Achieving and Maintaining Periodontal Stability for a Better Orthodontic Outcome"**

*Dr. Ashkan Alizadeh presenting*
**"How To Phase Overall Treatment Plans with Clear Aligner Therapy"**

*Fiat subfuga! Let there be light flight!*

*Dr. Guy Acheson soaring above terra firma*

*U.S. National Champion, Advanced Glider Aerobatics, 2015 and 2016*

# University of California at Los Angeles

**VALENTINA BABUCHYAN**
*President*
*Los Angeles*

The Winter Quarter is one of the busiest and most hectic for everyone at UCLA. Nonetheless, the UCLA AGD Chapter managed to hold one fun service event and one educational dinner lecture.

Keeping with our tradition over the past two years, we decided to volunteer at the Los Angeles Regional Food Bank as a group. A total of fourteen AGD members volunteered. This event not only allowed us to pack food bags for more than 4,800 people, but also gave members an opportunity to serve the community while bonding outside of dental school. Of all the community service activities I have participated in, this has been one of my personal favorites.

In March, we worked with the Academy of Osseointegration (AO) and welcomed the very well-known immediate past president of AO, Dr. Russell Nishimura, to give a talk on "Advancing the Vision of Implant Dentistry." Specialty residents and other faculty members were present as well as student AGD members. Over the course of an hour, Dr. Nishimura covered more than ten cases, including single-unit and multiple-unit cases, as well as edentulous cases with implant assisted/supported overdentures. Among the many take-home messages for dental students, the following two were new to some of us:

- If the implant is not stable enough to hold a temporary crown, a treatment partial can be made instead.
- After an extraction and immediate implant placement on the same day, a temporary crown can be made from the extracted tooth. The tooth will be slightly lighter in color. As it gets hydrated, it will return to the original color.

Dr. Russell Nishimura

According to Dr. Nishimura, the implant industry is growing exponentially and patients are showing increasing interest in learning about implants. In the coming year, implants will comprise an 8.3 billion dollar industry. Dr. Nishimura encouraged the attendees to recognize evidence-based research and the need to study literature regarding implants, not to mention every other aspect of dentistry. Lastly, Dr. Nishimura stressed the importance of sharing the associated risks and benefits of implant treatment with our patients before starting treatment. ◆

# Western University of Health Sciences, College of Dental Medicine

**Ho-Hyun** (Brian) **Sun**, MS; **Jeffrey A. Elo**, DDS, MS, FACS; **Fernando Rodriguez-Paris**, DDS;
**Christopher Yi**, BS; **Chan Park**, DDS, MD, FACS

## A CASE FOR PERIODIC EVALUATONS

# Concealed Lesion in the Mandible

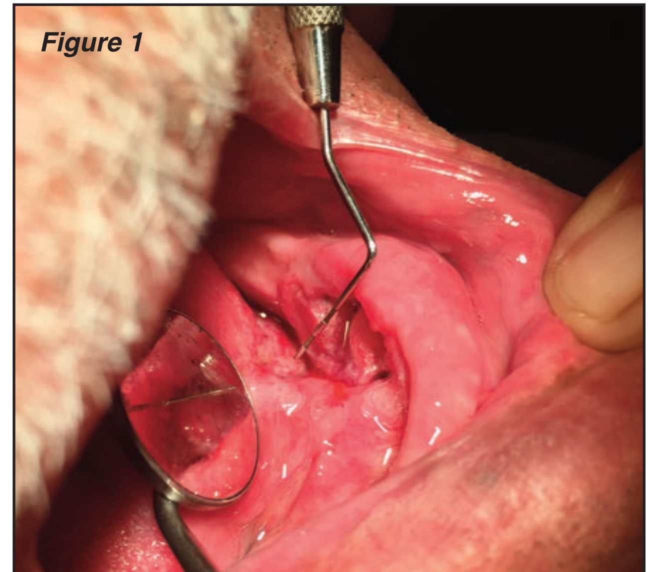
A 71-year-old male presented to a community clinic with complaints of a consistent burning discomfort on the left side of his anterior mandible. He had been edentulous for approximately fifteen years. He admitted to foregoing dental visits for "a long time" because of edentulism; he no longer felt the need for visits since his teeth had all been removed. His medical history was positive for type 2 diabetes mellitus, iron-deficiency anemia, and L2 vertebral degeneration, which were all diagnosed three years prior. He was not taking any prescription medications but reported a 59-year tobacco use history.

Intraoral examination revealed poor oral hygiene with copious debris on the dorsum of the tongue and the pharyngeal tonsils. The painful anterior mandibular area demonstrated a 9 mm x 9 mm x 9 mm exophytic, doughy-firm mass with a mixed erythematous/leukoplakic and ulcerated surface. Also noted was a 9 mm deep concavity in the lingual cortex of the left premolar region. *(Figure 1)* The concavity allowed for concealment of the lesion underneath the mandibular prosthesis. There were also multiple sensitive, exudative flat ulcerative lesions noted on the floor of the mouth (FOM). Examination of the left neck revealed a solitary, firm, and fixed submandibular lymph node measuring approximately 20 mm x 20 mm immediately inferior to the left mandibular angle. Also noted was paresthesia of the left lower lip and chin. Given the limited radiologic resources available at the community clinic, a periapical radiograph was taken of the area which demonstrated multiple round, well-defined, "punched-out" radiolucencies of the left mandibular alveolus. *(Figure 2)*

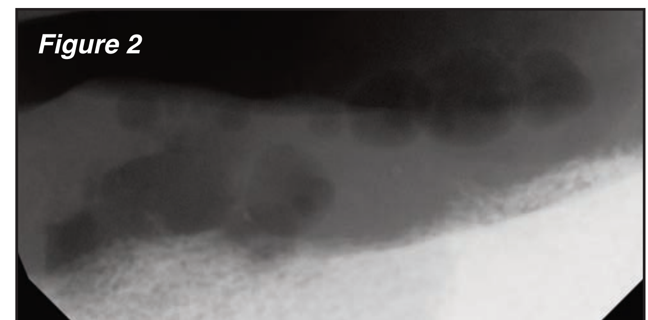
Core biopsy of the enlarged left submandibular lymph node revealed invasive, keratotic cells with increased mitoses and increased nuclear-cytoplasmic ratio suggestive of squamous cell carcinoma.[1] He was immediately referred to an oncologist and head and neck surgeon for further work-up and treatment.

Oral squamous cell carcinoma (OSCC) is the sixth most common cancer worldwide with a predilection for middle-aged male smokers. While FOM OSCC itself is not rare, our case provided some important considerations for dental practitioners: its aggressive nature led to invasion of the adjacent bone/inferior alveolar neurovascular bundle causing paresthesia. While studies indicate that perineural invasion in FOM OSCC occurs in approximately 20% of patients[2,3] and that most patients are quick to report sensory disturbances, our patient did not understand the significance of this change. In addition, the lesion invaded the cortical bone of his edentulous ridge, which is often resistant to perforation. Transcortical chemotaxis typically requires movement through the tooth sockets unless the jaw had undergone extensive irradiation previously.[4,5] Surveys have noted less than a 3% risk of complete cortical penetration in an edentulous jaw.[2]

Perhaps most significantly, the case was made more dire because the lesion was concealed from non-dental healthcare providers addressing the patient's other systemic conditions. Soft tissue squamous cell carcinomas typically result in only a 4% rate of metastasis over a period of three to four years, and it is likely that the patient exhibited a definite but concealed lesion for a notable amount of time.[6] Past provider records were obtained, which included repeated and detailed observations of the oropharynx, but did not indicate awareness of the prostheses. While unfortunate, few professions outside of dentistry would have the insight to recognize and examine beneath a well-made dental appliance.




*An intraoral view of the lingual concavity and the fungating masses within it. Note the multiple ulcerative lesions of the floor of the mouth and the readily bleeding surfaces. Almost the entirety of this lesion was obscured from view by the lower denture and went unnoticed by the non-dental healthcare professionals from whom he sought care.*




*A periapical radiograph of the region around the lesion showing multiple "punched out" areas within the soft tissue suggestive of a malignant process.*

Cases like this highlight the importance of periodic oral evaluations even in those who no longer have teeth for dentists to evaluate. Education and advocacy for regular recall also remain crucial for all types of patients, especially if they report histories of alcohol, tobacco, or areca nut use. Because dentistry has long since expanded beyond the scope of "dent-" or "tooth" science, its practitioners must remain well-aware of their new place as the specialists of the entire maxillofacial region and avoid complacencies based on outdated avoidance of responsibility. ◆

*For numbered citations, go to:* **https://goo.gl/4k928R**

# University of California at San Francisco

## IMPLANT CE COURSE

Contributors: Dr. Jeffory Eaton, Dr. Maungmaung Thaw,
Leon Chung, Tanya Varimezova, and Trung Nguyen

In February, our UCSF AGD Student Chapter hosted our first two-day Implant Course at the UCSF School of Dentistry. With the support and guidance of two UCSF faculty, Dr. Jeffory Eaton and Dr. Maungmaung Thau, and Straumann USA, our members had the opportunity to attend lectures and engaged in hands-on implants placement. We caught up with Leon Chung, chapter president, and Dr. Eaton and Dr. Thaw to discuss their motivation and vision for this course and UCSF AGD. We also spoke to a few course attendees for their testimonials.

***Why did you get involved with AGD at UCSF?***

**Leon:** *UCSF AGD, to me, was an opportunity to make a positive impact on the education of dental students – by being an organization for the motivated students to augment their education. I truly believe that a person is ultimately responsible for their own education. At UCSF AGD, we want to give students unique courses where they can experience a new skill. This adds value to them as a dentist that is translatable to real-world dentistry. We were able to accomplish this by providing hands-on CE courses and multiple lunch-and-learns to enhance our members' education.*

***What was your thought process in choosing implants to focus on for this CE course?***

**Leon:** *Implants are becoming a skill that more and more general dentists have in their arsenal. Employers are looking for associates with extensive knowledge about implants. It was a topic that the students were very interested in. The hands-on workshop was also something the students never experienced.*

***What do you hope to accomplish with AGD at UCSF?***

**Leon:** *Establishing a real organization culture and organization identity were my top priorities this year. My team and I worked very hard this year to change our culture and our image. Once we were able to establish what we want to be and who we want to be, the commitment and passion started to come. We wanted to be financially independent as a student organization. With that in mind, we wanted to function more like a professional non-profit organization. That is the type of organization that UCSF AGD has become.*

***How do you see the progression of AGD at UCSF in the coming years in terms of goals and accomplishments?***

**Leon:** *This year is the first year of our three-year plan for UCSF AGD. In our first year, we were able to boost membership by 300%. We launched two brand-new, professionally organized hands-on CE courses in implants and veneers for students. In the coming years, we plan to offer even more of the same to both students, faculty and local dentists.*

***Why do you think it is important for dental students to begin taking CE courses while they are still in dental school?***

**Leon:** *CE courses are one of the best ways to improve yourself as a dentist. It is never too early to start because habits take time to build. Furthermore, the top CE courses tend to be hands-on and cost thousands of dollars. The CE courses that we offer are organized by business-minded students so we are able to keep costs down and offer them to students at an affordable rate.*

**What sparked you to take time off to invest in planning this course?**

**Dr. Eaton:** *I have a mission to improve the quality of training currently available to general dentists who have an interest in this fast changing area of dentistry. 3D-CBCT scanning and case management and design with computer assisted software are rapidly changing what will become the standard of care. We should always strive to do our best, keep learning, and keep improving. I have a passion for what I do and I love sharing this with others.*

**Dr. Thaw:** *I am passionate about teaching. Implant dentistry is one of my favorite subjects. I would like to share my experience with our students. Every time that I deliver an implant-supported crown, I am able to restore my patient's ability to function and witness their smiles, happiness and satisfaction.*

**What was your goal for the students?**

**Dr. Eaton:** *My goal for the students who attended this program was to gain insight and respect for the complexity of this domain. To see what can be done and what should be built upon to provide this service safely and with expertise. My goal in general for the study of implants is to raise the bar on training and make it more readily available to general dentists.*

**Dr. Thaw:** *My goal for students is to introduce and give fundamental knowledge regarding implant dentistry and to enhance the level of training currently available.*

***Will you plan on doing more opportunities like this in the future and why?***

**Dr. Eaton:** *Yes, absolutely. I hope to do more training sessions like this. When students such as yourself and your peers show interest and desire to learn more, I will always be there. I look forward to reading your article and thank you again for your hard work in starting what I hope becomes a new tradition here.*

**Dr. Thaw:** *Whenever I have the opportunity, I would love to do it again because I would like to "play it forward."*

(continued on the next page)

Dr. Eaton

## IMPLANT COURSE

(continued from the adjacent page)

***Student Testimonials:***

**Elias Almaz** – D3: *The AGD Intro to Implantology CE is a wonderful way for any dental student to learn about the foundations of dental implant placement and restoration. Through the spectacular partnership between UCSF AGD and Straumann, students from the D2, D3, and D4 classes all had the opportunity to learn more about case selection, implant designs, surgeries, and equipment. As a D3, it was wonderful to supplement my didactic exposure to implants with a practical and hands-on tutorial on using an implant surgical cassette to successfully place an implant into a simulated mandible. I recommend that all students at UCSF should make the time in their schedules to attend this CE.*

**Bishoy Besada** – IDP3: *The Implant Course was very informative with the technology of dental implants and how it is changing patient decisions for treatment. Implant has evolved so much in the past decade, making it the best option a patient can select in most of the cases.*

**Ricardo Jara Castro** – D4: *After almost two years in the clinic, many of my classmates, including myself, have not had the chance to finish an implant case through the Student Implant Program yet. The most we have done has been to replace a tooth through a bridge or a removable partial denture. I have taken a few CE courses this year through AGD, and the Implant Course was definitely the most rewarding. In the past, we were given a couple of lectures on implants. It included a session in the simulation lab, where we were able to check occlusion and contacts on an implant placed on a typodont. However, we never had the chance to place one.*

*For one, I am a visual learner. I need to see a procedure in order to get the most out of it. Thus, having the opportunity to use a high speed along with a wrench and place one myself, was very satisfying. Regardless of the angulation of placement, I now have some type of foundation regarding implant placement. I am very far from placing one myself, but I am now curious to learn more about this procedure.*

*Everyone who attended this course was very fortunate to have Dr. Thaw, Dr. Eaton, and the Straumann representative. Hopefully, this course is offered again next year for the incoming classes. I am thankful for the people that made it happen.*

**Sumayia Elnur** – IDP3: *I really appreciate the time I spent in this two-day course. The practical knowledge I gained in implants from the skillful practitioners and the Straumann adviser was beyond my expectations as a dental student. I have certainly learned and benefit massively from the hands-on experience. Thank you for giving us this opportunity. We could not have had it without your support.*

**Thuy Truong** – IDP3: *I would recommend other students to take this implant course as early as they can. Even though I had many implant lessons before, I never had a chance to see an actual implant system or had any hands-on experience. The course not only covers surgical techniques, but also focuses on case selection which is critical to prevent implant failures. Now I can confidently say I know how a 35 Ncm torque feels or the bur sequence to place an implant. Thank you Dr. Eaton, Dr. Thaw and everyone from the AGD!*

*Our UCSF AGD Chapter is especially thankful to those involved in organizing the implant course. We are very fortunate to have such motivated and supportive faculty and student leaders, and cannot wait to see what the future holds for our chapter.* ◆

Dr. Thaw

# University of the Pacific

**TANNER ZYLSTRA**
*President*
*La Verne*

The University of the Pacific Chapter of the Academy of General Dentistry hosted a valuable CE course in conjunction with UCSF. The seminar was entitled “Introduction to Adult Oral Sedation” by Dr. P.J. Goyal.

The event was well attended by 75 students from UCSF and UOP. Dr. Goyal covered a wide breadth of information during the eight-hour course. He identified seven factors to confidently deliver sedation dentistry, explained which patients are appropriate for sedation treatment, discussed how to provide maximum safety protocols, and illustrated the benefits and risks of oral sedation.

The course provided a strong foundational knowledge on oral sedation. All in attendance received seven CE units towards their AGD FellowTrack program.

We are very grateful to Dr. P.J. Goyal (DOCS Oral Sedation Course) and the many hands that took part in organizing this event, namely Dr. Ralph Hoffman and Dr. Paul Schafer. ◆

# The California AGD Welcomes New Members

*December 23, 2016 thru March 15, 2017*

**Dr. Ashin N. Alves**, *Laton*
**Dr. Lacey Andrews**, *San Francisco*
**Dr. Kanika Attam**, *Sacramento*
**Dr. Prajna Banan**, *Sacramento*
**Dr. James Byun**, *Los Angeles*
**Dr. Shawn Chadha**, *San Francisco*
**Dr. Herbert Chan Ching**, *San Francisco*
**Dr. Yojeong Cho**, *Los Angeles*
**Dr. Kristeen Chu**, *San Francisco*
**Dr. K. Peter Chung**, *Loma Linda*
**Dr. David Dang**, *San Francisco*
**Dr. Steven M. Debulgado**, *Redlands*
**Dr. G. C. Derboghosian-Smirlian**, *San Francisco*
**Dr. Gumoor Dutt**, *Pearland*
**Dr. Jasmine El-Khoury**, *West Hills*
**Dr. Ramin Foroughi**, *Los Angeles*
**Dr. Maureen E. Galvez**, *Hayward*
**Dr. Gwendolyn Garcia**, *Alta Loma*
**Dr. Roshni Gehlot**, *San Francisco*
**Dr. Abdulkader H. Ghadiali**, *Stockton*
**Dr. Enejan Hanamova**, *Danville*
**Dr. Joshua L. Helmstadter**, *Palm Desert*
**Dr. Angineh Hovasapian**, *San Francisco*
**Dr. Venkateswarlu Kadiveti**, *Patterson*
**Dr. Susana E. Kay**, *North Tustin*
**Dr. Bo Kyoung Kim**, *Loma Linda*
**Dr. Sally Kim**, *Redlands*
**Dr. Jenna Lau**, *San Diego*
**Dr. Lawrence Lau**, *Sacramento*
**Dr. Allen Lee**, *Redlands*
**Dr. So Yeun Lee**, *Los Angeles*
**Dr. Jaycee Lim**, *Carson*
**Dr. Michael Lim**, *Loma Linda*
**Dr. Christopher B. Lopes**, *San Bernardino*
**Dr. Amanda Maitino**, *Santa Clarita*
**Dr. Sean McCombs**, *San Francisco*
**Dr. Harold L. McQuinn**, *Los Angeles*
**Dr. Paul J. Martin**, *San Diego*
**Dr. Elizabeth Moncada**, *Half Moon Bay*
**Dr. Mugunth Nandagopal**, *San Francisco*
**Dr. Thomas H. Nguyen**, *San Leandro*
**Dr. Chandni Patel**, *Simi Valley*
**Dr. Alison M. Perez**, *Alta Loma*
**Dr. Thomas Poelman**, *San Jose*
**Dr. Javid N. Pour-Ghasemi**, *Hesperia*
**Dr. Divakar Prakash**, *San Francisco*
**Dr. Faheem Qazi**, *Palo Verdes Peninsula*
**Dr. Nathan Rabizadeh**, *Los Angeles*
**Dr. Samuel Russom**, *San Francisco*
**Dr. Manbir Sandhu**, *Fresno*
**Dr. Priyanka Saxena**, *San Francisco*
**Dr. Eric J. Stratton**, *Redondo Beach*
**Dr. Ashlee Sumilat**, *Colton*
**Dr. Daniel Q. Ta**, *Cypress*
**Dr. Niloo Tavakol**, *Northridge*
**Dr. Ronney Tay**, *Folsom*
**Dr. Eliza Tran**, *Stockton*
**Dr. Maria Socorro I. Valdez**, *Daly City*
**Dr. Karina Valentin**, *Chicago*
**Dr. Karin Elisabeth Vanberg**, *San Francisco*
**Dr. Rhutvi G. Virani**, *San Francisco*
**Dr. Kenneth G. Wallis**, *Santa Clara*
**Dr. Xueying Zhao**, *San Francisco* ◆

# University of Southern California

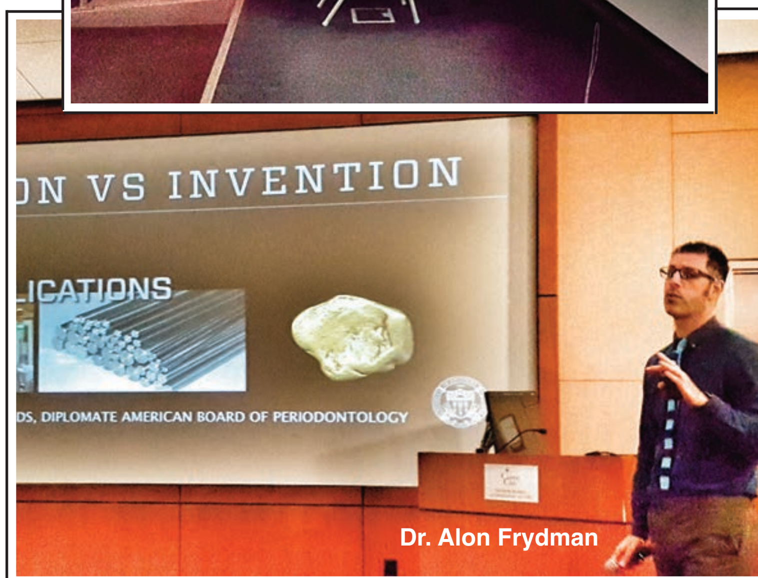
**DENNIS SOURVANOS**
*President*
*Los Angeles*

The AGD Student Chapter at the USC Herman Ostrow School of Dentistry has had an exciting Spring 2017 term. We hosted several Lunch and Learn seminars that were led by USC Ostrow faculty, USC Alumni, and from the Annenberg School of Communications.

*Topics included:*

- Medical Emergencies in the Dental Office
- Principles of Smile Design
- Peri-Implant Complications
- Building Your Professional Brand

Dr. Jack Ringer



Dr. Alon Frydman

**Medical Emergencies** *by Dr. Mary Satuito*

The presentation made by Assistant Professor and Anesthesiologist Dr. Mary Satuito provided an extremely informative presentation and Q & A session discussing various medical scenarios that could occur while providing patient care. Topics discussed included training auxiliary staff, recognizing medical risks before a patient sits in the chair, understanding lidocaine toxicity, and how to appropriately respond in the event of a medical situation.

**Principles of Smile Design** *by Dr. Jack Ringer*

Dr. Jack Ringer captivated audience members with his presentation on the principles of smile design. Attendees were taught how to apply preset templates to various gingival architectures, the selection of materials, the importance of establishing a stable adhesive interface, and provided insight on the advantages of current digital smile design applications.

**Peri-Implant Complications** *by Dr. Alon Frydman*

Dr. Frydman captivated audience members as he discussed the importance of implant treatment planning from a periodontal surgeon's perspective. The aim of this lecture was to discuss why implants fail. Topics discussed included the science behind osseointegration, implant success and failure, periodontal disease and potential impact on implant prognosis, implants as foreign bodies, and a discussion of various theories behind implant disease. Participants viewed multiple video case presentations of failed implant removal procedures.

**Building Your Professional Brand** *by Simon Uwins*

Professor Simon Uwins (Annenberg School of Communications lecturer) led a discussion on building your professional brand while inspiring customer loyalty. He reflected on his experiences of multinational brand strategy with Tesco UK and the basics of consumer branding that can be applied to dental professionals. Professor Uwins shared a "loyal brand framework" for dentistry with the focus of "helping, and instilling confidence" rather than selling a service. ◆

# Ski and Learn Seminar

◆ FOR YOUR **STAFF**, **FAMILY** AND **FRIENDS**

*You're invited!*

◆ **SATURDAY, FEBRUARY 3** *thru*
**SATURDAY, FEBRUARY 10, 2018**

◆ *The best overall value in the ski industry...!*

## ◆ SNOWMASS, COLORADO

◆ *This is the 38th year that the **SCAGD** has held this educational seminar*

*Included in the package:*

- ◆ Round trip airfare from Los Angeles to Aspen on United Airlines
- ◆ Round trip bus transfer
- ◆ Seven nights lodging, **Top of the Village**
- ◆ Two- and three-bedroom condominiums, *(Deluxe or Premier categories available)*
- ◆ Baggage handling at condominiums
- ◆ Free shuttle service around Snowmass
- ◆ Welcome Party
- ◆ Five days of skiing *(all mountains)*
- ◆ 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

* *Early advertising in May of 2017 may find some fees subject to change for 2018.*

***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**

# LASER CERTIFICATION at AGD2017

**LAS VEGAS ◆ JULY 13 TO 15, 2017 ◆ WWW.AGD.ORG**

The AGD, in collaboration with the Academy of Laser Dentistry (ALD), is offering AGD2017 attendees the opportunity to earn the Standard Proficiency Certification for Dental Laser Education as recognized by the ALD *(a two-day course).*

## Laser Dentistry —

### A Standard Proficiency Certification Course

*presented by*

**Robert A. Convissar, DDS, FAGD**

***Friday, July 14***
*(9 a.m. to 5 p.m.)*

***Saturday, July 15***
*(9 a.m. to 5 p.m.)*

*This two-day course includes:*

- *An in-depth discussion on the use of lasers for specific procedures found in everyday general practice.*
- *Hands-on use of various wavelengths to perform surgical and nonsurgical procedures on pig mandibles.*
- *A written exam to receive the Standard Proficiency Certification from ALD.*

*Your voice for excellence through education and advocacy.*

*This course is in collaboration with the Academy of Laser Dentistry*

*If you wish to modify your registration, go to:*

***www.AGD2017.org***

## SDAGD and SDCDS ✳ First Annual Joint CE Meeting

(continued from page 17)

*"Real World Cosmetic Dentistry: Faults, Failures and Fixes"*
*(combined CE meeting with SDAGD and SDCDS)*

*San Diego AGD Leaders*

Jay Thompson, Mark Martin, Steve Lockwood, Eric Lewis, Nita Largoza, Joyce Bassett *Guest Speaker*, Larry Pawl, Harriet Seldin

*Lunch in the lush gardens at the Handlery Hotel, Mission Valley*

California Academy *of* General Dentistry
*Post Office Box 22417, Sacramento, California 95822*

*Presorted Standard*
U.S. POSTAGE
**PAID**
*Fullerton, California*
*Permit No. 664*

*The Academy of General Dentistry is the premiere organization for the general practitioner.*

*For more information on AGD benefits and membership, visit our website at*

*www.AGD.org*

*The broader the base of our membership, the more effective is our representation on your behalf.*

ADVERTISEMENT

## *Do your best dentistry and let the Anderson Investment Fund work at compounding your investment!*

**Anderson Investment Fund, LP: Superior Outperformance 2009-2016**

| *Compound Return 2009-2016* | DOW | Nasdaq | S&P 500 | AIF* |
|---|---|---|---|---|
| | +10.7% | +16.6% | +12.0% | +17.1% |
| *$300,000 Invested in 2009^* | $676,554 | $1,024,966 | $742,789 | $1,060,661 |

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

- $300,000 invested in 2009 in the fund is now worth over $1 million
- Fund Manager: Kevin Anderson, DDS, MAGD; Past AGD Treasurer, Former CAGD President
- Rare with investment funds: No management fee. Performance fee only—Partners' investment return has same fate as manager's = a "Win-Win" result with perfect alignment of interests
- Kevin has over $3.5 m 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)

**www.AndersonInvestmentFundLP.com** *or* **619-248-7379** *or* **sdkevindds@aol.com**

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

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