



GP NEWS



The Publication for the General Practitioner

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May, 2013

A Tsunami Is Avoided

Jay Thompson, DMD, FAGD, *Trustee*



*A Tsunami and
SB-694*

Dr. Mike Bromberg (left) is presented a trophy for his tireless efforts working against the passage of SB-694. The presentation was made by Dr. Jay Thompson, CAGD Trustee, at the CAGD's Annual Meeting in San Francisco in January.

The Tsunami represents the potential negative rippling effect that SB-694 could have had on the delivery of dental care for the poor and underserved in California, had it not been defeated.

One of the most destructive forces on earth is the tidal wave or Tsunami. This is a disaster that may have its origin far from the place where the damage occurs. If there is a sudden movement of the earth's tectonic plates which displaces deep water, the energy transmitted to the ocean water races in all directions until this energy approaches shallow water. As the energy moves through the ocean it may only appear as a large ocean swell two to four feet in height. Ships traveling over this swell may never know what is occurring.

Once this energy enters shallow waters, something strange happens, the ocean water pulls away from the coast. This can happen so fast as to leave fish exposed on the dry sea bed. When the energy reaches the shore, it brings millions of gallons of seawater which may rush inland for miles. And everywhere the Tsunami touches...the world changes to some extent.

Social movements are similar in many ways. An idea may start in some obscure place for a variety of reasons; freedom from religious persecution, oppression from an unresponsive government, the need for access to medical and dental care. These are problems that a society has to address.

Once these ideas begin to take hold, perceived solutions are discussed and when they achieve a critical mass, groups form to push for those solutions. When the solutions are reasonable and beneficial, they may act as a Tsunami and sweep the society; and the reforms they bring are lasting, the society will change and the public will reap the benefits.

When the solutions are *not reasonable or beneficial* the resulting Tsunami will bring devastation and the population that it meant to help may suffer for years.

(continued on page 4...see TSUNAMI)



The **G.P. NEWS**

A PUBLICATION OF THE

CALIFORNIA ACADEMY of GENERAL DENTISTRY

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SB-694 was such a destructive Tsunami. This California Senate Bill would have established a Pilot Project in which **people who were not qualified to attend dental school** would be provided with two years of **technical training** and then be allowed to practice limited dentistry. The result of this would be the establishment of another obstacle for the poor and underserved to receive competent dental care.

The promoters of the concept of the mid-level dental provider, or dental therapist, have been very well organized. They have the support and backing of many prestigious national organizations with significant financial support: The Pew Foundation, the Kellogg Foundation, the National Research Council and the Institute of Medicine.

These are organizations which are not only prestigious, but have the **reputation** of being **neutral** in their approach to solving the **utilization** and **access** to dental care issues which face the poor and underserved. These supporters have worked diligently to promote their agenda to those in the Halls of Power and Influence throughout the U.S.A.

When this issue was presented to Senator Padilla, I have it on good authority that he was told that this Bill would have little to no opposition, that the dental therapist concept would be easy to pass because it would be supported by the organizations previously mentioned as well as the American Dental Educators' Association. In fact, because of the effectiveness of the proponents, this was the case. The energy was building a huge wave with unstoppable force. The campaign had an air of inevitability.

We were told that: *"We had to be at the table,"* that *"We needed to pass the study, so we could slow the process down,"* that *"There will be millions of children who will now have coverage"* and that *"There were not enough dentists to do the work,"* that *"The current model of providing dental care, the [for-profit dental practice] was outdated,"* that *"The dental therapist had been successful in many places throughout the world, and could be successful here in California,"* and that *"There are hundreds, if not thousands, of underserved [geographic areas] . . . like San Francisco."*

Yet it was (and is) the Academy of General Dentistry that held the unwavering position that the development of the dental therapist was unnecessary because not only would it not solve the utilization and access problem, it would make it worse!

The AGD responded by writing its White Paper on **INCREASING ACCESS TO AND UTILIZATION OF ORAL HEALTH CARE SERVICES** and, more recent, its companion document **BARRIERS AND SOLUTIONS TO ACCESSING CARE**. The AGD

reached out to other dental organizations and groups to address this problem and to fight the establishment of the dental therapist.

In California, the CAGD formed its "Watchdog" group. The goal was to have a CAGD board member attend the Dental Board of California meetings and to follow legislation that came before the California State Legislature. It was this group that led the efforts of the CAGD to protect the right the public has to see a properly trained and licensed dentist.

When the CAGD was made aware of SB-694, it was believed that this Bill would take some time to work through the labyrinth that is the California State Senate. It passed the Senate very quickly with only two votes against it (a liberal from San Francisco and a conservative from San Diego). During the Senate hearings, I saw on television two of our Watchdogs speak against the Bill, the comment that I recall was from a Senator who said: "What's wrong with a study?" The Bill was gaining energy and momentum.

SB-694 went to the Assembly. Dr. Mike Bromberg described the battle this way: *"The CAGD was characterized by some (including many legislators) as obstructionists, outliers and malcontents. Others perceived us as heroes, known throughout the state (and we were clearly known that way) as leading the fight against this Bill. '694' came out of the gate strongly with great momentum, passing the Senate and each committee almost unanimously. When we received even just one vote, it was such a rare event that we considered it a victory. It was clear to all that '694' was going to pass easily."*

"Nevertheless, we did not give up. We spent much time writing and rewriting dialogue to present to the legislators or for our members to send to the legislators. We had representatives at almost every hearing, giving testimony, which always fell on deaf ears. Things were bleak and many were discouraged. Still, in the face of defeat, we continually corresponded with and involved our membership as much as possible."

"Our Watchdog Committee had a conference call where we decided we could not compromise our beliefs and even in the face of defeat, we would continue the fight."

"We clearly understood the legislative process, so we always knew which committee hearing was coming up next. When it was time for the final committee, the Appropriations Committee, to do its deliberations, as involved as we were before, we ratcheted it up even more. It was, as it was all along, a true CAGD team effort, with much support from our Executive Director, Lynn Peterson, who often put work aside to focus on what we needed right away. Dr. Guy Acheson and Dr. Harriet Seldin stepped up to a major degree and

(continued on page 26...see TSUNAMI)

THE PRESIDENT'S CORNER



DR. GUY ACHESON
Fair Oaks

“Advocacy...the number one goal for the AGD... because of the significant effort by organizations outside of dentistry that are pushing their own vision of how to deliver dental care.”

My first article to the members as President of the CAGD! What an honor for me. Hopefully, it will be satisfying for you.

My goals are very simple and I believe go straight to the heart of strengthening the CAGD and making it more meaningful for the members. I have five goals. Number one is strengthening our communications systems so that we have excellent printed and electronic newsletters that are fully integrated with our website. Number two is to continue to grow our advocacy program. Number three is to strengthen and expand our outreach program to dental students, our FellowTrack program. Number four is to support the Board by creating a CAGD Board Handbook that will contain our bylaws, history, policies and procedures as well as providing the AGD goals and strategies. Number five is to have continuous communication among all the executive board so that future presidents are supportive of the existing administration as well as smoothing the transition to their future administrations.

Communications are so important for an organization, yet are most difficult to support because of the heavy workloads required. It is very easy for board members and members to say they have great ideas for improving communications, newsletters, websites, e-blasts and such, but to make these things actually happen requires a sustained effort, not just a good effort for a couple of months.

Advocacy is the new number one goal for the AGD. We in the CAGD feel the same because of the significant effort by organizations outside of dentistry that are pushing their own vision of how to deliver dental care. The success of organizations like The Children's Partnership, the Hugh Charitable Trust, and the Kellogg Trust to promote the idea of non-dentists performing surgical and irreversible procedures on children without engaging any dental organizations is just plain scary. Legislators just do not see that dental caries is a virtually 100% preventable disease and they do not see cutting human tooth structure with a drill or extracting human teeth as surgical procedures. We need to be working on changing those perceptions.

Membership growth is the core of every organization. The AGD is different than virtually every other dental organization because it requires WORK to maintain membership. You are required to complete more continuing education every year than any state licensing entity requires as a basic requirement of continued membership. The core requirement for membership in the ADA and the CDA is paying the annual dues. That professional lifestyle of continued professional growth and development that is the defining difference to be an AGD member starts very early in a dentist's career. We must capture those students and support those students before graduation and all the distractions that beginning a professional career provide get in the way.

The CAGD Board and the boards of all the components are the heart of our organization. It is hard work to be a Board member. Anything we can do to educate the Board members on their obligations, the rules of the road on being Board members, the history of the organization, the already decided policies of the CAGD and the AGD, will only make the Board members able to function more effectively at a quicker pace. A CAGD Board Handbook should be a valuable resource to everyone.

The last goal is to have all the members of the executive board in a continuous conversation about what we are doing and where we are going. Each leader needs to be supportive of the current leader and know that they will be supported when they are the leader. By interconnecting the individual goals and aspirations of each leader with the ongoing transitions between administrations makes for continuity in leadership and organizational momentum.

That's my vision of the next year. I am a fully committed AGD dentist and I am fully engaged in the growth and success of the CAGD.

THE NEW APPROACH TO

Sinus Lifting through the Implant Osteotomy

John DiPonziano, DDS, MAGD, DICOI, CDT



DR. DIPONZIANO
San Leandro

Within the past few years, a new type of osteotomy preparation system has been developed which has made the simultaneous procedures of implant placement, preceded by sinus lifting through the osteotomy, a more predictable and relatively straightforward technique. The older procedure that has been practiced for many years involved drilling the proposed implant site to within one millimeter of the sinus membrane and upfracturing the bone with a mallet and osteotome. This procedure, known as the Summers' Technique,¹ was difficult to perform routinely because of the variability in sinus floor morphology, which made the drilling to within the required one millimeter of the sinus, unpredictable. In addition, the upfracturing of the sinus floor would not allow more than a few millimeters of lift—otherwise it could risk the perforation of the membrane.

Also, it has been reported that the tapping of the osteotome with a mallet caused some patients to experience post-operative vertigo due to the release of otoliths (calcifications) in the inner ear from the mallet blows.

The Latest Technique: Reduced Trauma

The newer technique for the osteotomy sinus lift uses specially designed drills and hydraulic saline injection to atraumatically raise the sinus floor. The saline injection, under controlled pressure, allows a much greater lifting height to be created than the older osteotome technique.

There are several systems on the market which use hydraulic lifting. The author is familiar with the system marketed by Hiossen² and has been using this company's "CAS Kit" (Crestal Approach Sinus Kit) for the last two years. In fact, the author conducts surgical training courses, and has seen many students place their first implant with simultaneous sinus lifting using this technique.

Special Drills: The Key Element

The technique involves drilling to within 2 or 3 mm of the sinus with a depth-limiting twist drill. This is followed by progressively longer "CAS" drills that are advanced to the sinus in 1 mm increments. The drilling depth is controlled, in each step, by placing titanium "Stoppers" over the drills to limit their cutting depth. (Figure 1)

These "CAS" drills have a rounded end that does not penetrate the delicate Schneiderian sinus membrane when used in the advancing increments of 1 mm.

Once the sinus floor is reached, a silicone "Lifter" is held tightly up against the osteotomy to seal it. (Figure 2)

Saline is slowly and incrementally injected through the "Lifter" and withdrawn, using a small syringe to balloon the membrane up and

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(continued on the next page)

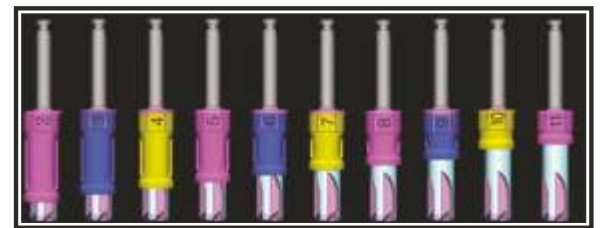


Figure 1: Drills with "Stoppers"



Figure 2: Silicone "Lifter" held tightly against the osteotomy

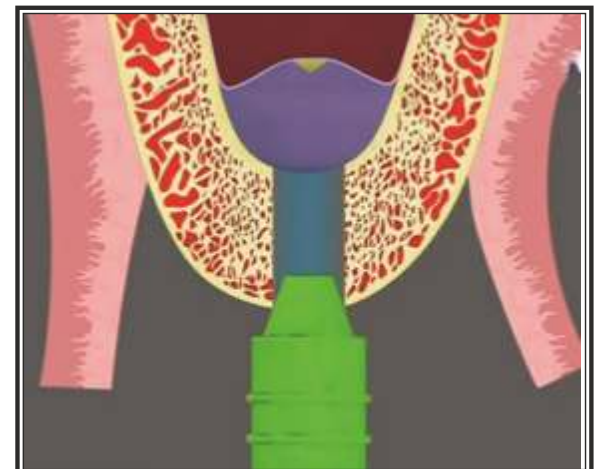


Figure 3: Saline injected through the "Lifter" to raise the membrane



Figure 4: "Lifter" with saline syringe attached to raise the membrane



Figure 6: Pre-op sinus lift in sites #13 and #14

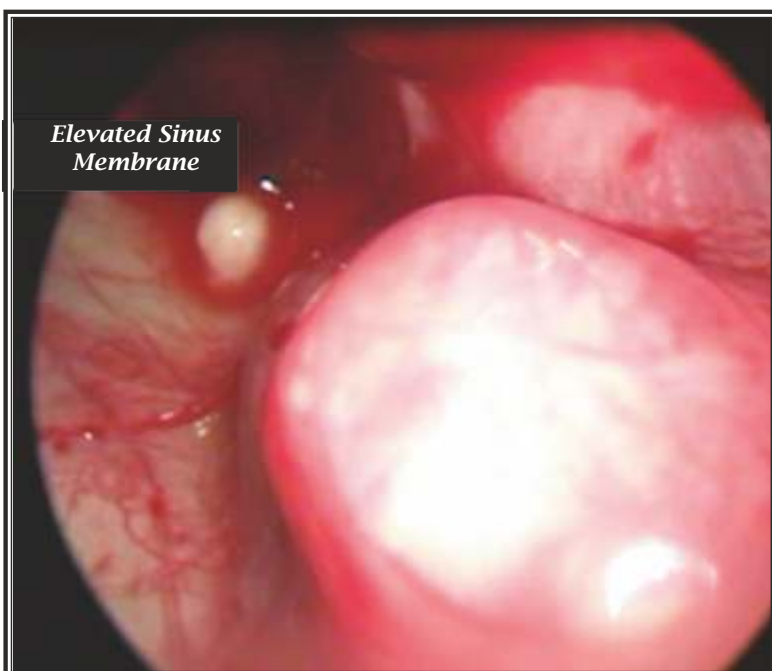


Figure 5: Endoscopic view into maxillary sinus after elevating showing the ballooning effect of the hydraulic lift and the packing of the bone graft

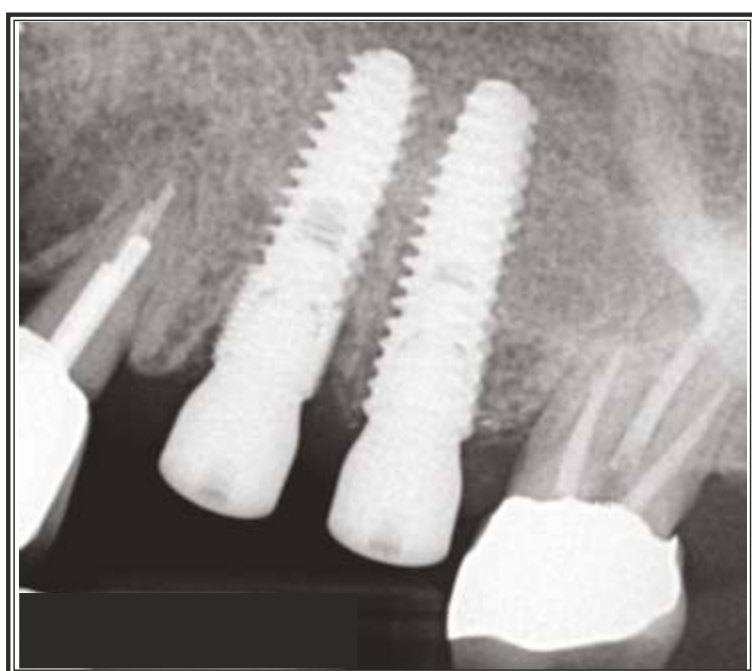


Figure 7: Immediate post-op with implants

Hydraulic Pressure: Gentle Membrane Separation

The saline does two things that facilitate the lifting of the sinus membrane: The saline first softens the membrane by hydration. Then, the controlled pressure gently separates the membrane from the underlying bony floor. This ballooning of the sinus membrane can create several millimeters of sinus floor lifting. (Figure 5)

The osteotomy hydraulic lifting technique has made implant placement in the posterior maxilla an easier and more routine procedure than was ever possible with older techniques when a low sinus floor is involved. (Figures 6 and 7)

References:

1. Summers RB. A new concept in maxillary implant surgery: the osteotome technique. *Compend Cont Ed Dent* 1994; 15: 152-160
2. Hiossen, Inc. 85 Ben Fairless Drive, Fairless Hills, PA 19030



Watchdog REPORT

Dr. Guy Acheson, DDS, MAGD

Committee Chairman, Fair Oaks

A Dental Assistant Removing Caries?

Remember way back in 2012 when legislation was proposed to form a study of non-dentists preparing teeth for restorations and extractions? Our younger colleagues may not recall, but there was quite a bit of anxiety and acrimony within the profession about what was known as SB-694.

That legislation failed, in part, because the study would cost California some money. Fast forward to 2013 and legislation is on the floor that would allow RDAEFs and RDHs to remove carious tooth structure and place restorations. This does not involve a study that would take several years and cost California some money to run. This is a call for a change in scope of practice. *This is the real deal.*

AB-1174 (Bocanegra) proposes three things. First, it allows dentists to be paid for examinations of patients using telemedicine techniques. This is a situation where the patient has examination data obtained by a non-dentist at a remote site and that information is transmitted to a dentist by electronic means. This is a concept that has been used in medicine for some time now. With digital radiographs, digital photography, real time video conferencing, and electronic charts the remotely sited dentist can evaluate the patient's situation with fairly high fidelity.

The second part of AB-1174 would allow non-dentists (RDA, RDH) at a remote site to independently determine what radiographs are needed to complete a dental examination and to take those radiographs on their own, without an order from a dentist. This concept of having non-dentists at remote sites completing dental examinations and constructing a dental chart to forward to a dentist for examination, diagnosis, and treatment planning has been in action for several years in a concept of practice called The Virtual Dental Home. Dr. Paul Glassman at the Arthur A. Dugoni School of Dentistry has been running this program as a Health Workforce Pilot Project (HWPP-172) for about one year. (A Health Workforce Pilot Project allows workforce duties that are currently not allowed by law to be demonstrated and evaluated for consideration by the legislature).

The third part of AB-1174 would allow remotely sited RDAEFs and RDHs, upon the order of a supervising dentist via telemedicine, to excavate carious tooth structure by hand and place a restoration. The restoration is intended to be a temporary

restoration to stabilize the patient until they can be treated by a dentist. This technique is used in many countries and is most commonly known as the Alternate Restorative Technique (ART) or the Interim Therapeutic Restoration (ITR). This means that the non-dentists will be excavating caries and placing restorations without a dentist being physically present and where a dentist has probably never physically examined the patient. This situation could be called "remote supervision," which seems to be equivalent to what is called general supervision in the California Dental Practice Act.

All three of these concepts are part of HWPP-172 which has just entered its second year. The pilot project has nine sites and each site is to be visited by an evaluation team of dentists and other members of the dental community so that the team can form an opinion about the safety and effectiveness of the new duties and practice concepts being demonstrated. The report of the team is supposed to be submitted to the legislature to be used in their consideration of whether those new duties should be codified into law. That evaluation team has only visited three sites so far and the ITR procedure has hardly been demonstrated to the team. It was anticipated to take four years to complete all the site visits. AB-1174 is being pushed through this year because Dr. Glassman does not have the funding to run the pilot project long enough for the team to complete the evaluation process. This legislation is being put on a fast track and is in committees as you read this.

What do you think? Where is CDA on this? Why aren't you reading about this in every piece of dental news material you see? Where is your dental society on this issue? The CAGD Board will be discussing this when we meet during the CDA Anaheim meeting. We need your input. Your dental society needs your input. The CDA needs your input.

Follow this link to the current version of AB1174 as of April 9:
http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_1151-1200/ab_1174_bill_20130321_amended_asm_v98.pdf

For the Virtual Dental Home:
[http://dental.pacific.edu/Community_Involvement/Pacific_Center_for_Special_Care_\(PCSC\)/Projects/Virtual_Dental_Home_Demonstration_Project.html](http://dental.pacific.edu/Community_Involvement/Pacific_Center_for_Special_Care_(PCSC)/Projects/Virtual_Dental_Home_Demonstration_Project.html)

San Diego AGD Happenings

The SDAGD started off a busy year with "Contemporary Solutions for Restorative Dentistry" in March. Thirty participants joined Dr. Frank Shull in a hands-on setting and learned about the cutting edge in adhesive dentistry. This followed our successful course in October with Dr. Peter Pang discussing "Perio and Soft Tissue Application Using Diode Lasers." Both courses were very successful and we look forward to many more at the Patterson Education Center.



Dr. Frank Shull presenting to SDAGD members in March at Patterson Dental



Dr. Kirk Hobock, SDAGD President

Sean Sullivan, Patterson-Branch Manager

Kirk Hobock, DDS, MAGD
President, SDAGD, San Juan Capistrano

In appreciation to Patterson Dental Supply in supporting our common goal of providing quality continuing education by their continued sponsorship and making the Education Center available for our courses, we presented Sean Sullivan with a surfboard as a small token of our gratitude.

Our annual meeting will be held on October 18, 2013, where we will be hosting Dr. Andrew Chapokas presenting Implants in the Esthetic Zone. This will be a hands-on course with a strong focus on proper planning, placement, and restoration of dental implants (*see the ad below and visit our website*).

The SAN DIEGO ACADEMY of GENERAL DENTISTRY presents

Implants in the Esthetic Zone

Andrew R. Chapokas, DMD, MSD

Friday, October 18, 2013, 8-5 p.m. (MARK YOUR CALENDAR)

To be held at the Patterson Education Center

4030 Sorrento Valley Boulevard, San Diego, California 92121

Implants in the esthetic zone can be the ultimate challenge. In this course, learn how to treatment plan and restore implants in the anterior region both with traditional and immediate placement. Prosthetics, soft tissue and grafting considerations. Participation will include provisionalize and custom impression techniques.

This is a hands-on course with eight hours of MAGD credit and lunch is included

Contact sandiegoagd@gmail.com

for more registration details or visit www.sdagd.org



THE SOUTHERN CALIFORNIA AGD HONORS LONG-TIME MEMBER *Ski & Learn's* DR. BOB BARRETT

Dr. Bob Garfield, SCAGD Executive Director, Los Angeles

In January of this year our SCAGD board honored one of its long-standing members by holding a special party celebration recognizing the contributions of Robert W. Barrett, DDS, MAGD. This event was held at the Il Fornaio restaurant in Old Town Pasadena and was attended by thirty-four board members and guests. Over the years Bob has been the single force that has perpetuated and energized our now famous SCAGD Ski & Learn Seminar held in Colorado every February. This event has become the best eight-day value in

the entire skiing industry, largely due to Bob's efforts combined with the talent of Martha Perez, our venerable travel coordinator from ski.com.

In 2009 Bob directed the merging of this annual ski seminar with the ski seminar of the Western Society of Periodontology, represented by Lionell Greenberg, DDS, a periodontist from Santa Monica. Today, the SCAGD-WSP Ski & Learn seminar is planning its thirty-fourth annual event for Aspen-Snowmass, (see the following page)



Bob and Patti Barrett
Beaver Creek
Colorado

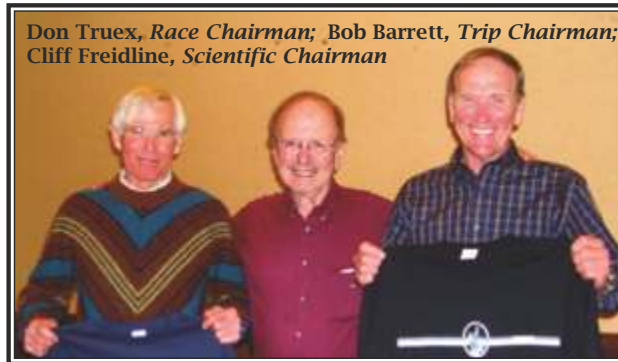
Below: SNAPSHOTS FROM TRIPS OVER THE YEARS SINCE 1981



Bronze Medalist,
Bob Barrett, in his first
race in 1981 at
Steamboat



Don
Truex,
Race
Chairman



Don Truex, Race Chairman; Bob Barrett, Trip Chairman;
Cliff Freidline, Scientific Chairman



CLINICIANS

Brant
Bradford

Phil
Mendelovitz

Bruce Houser

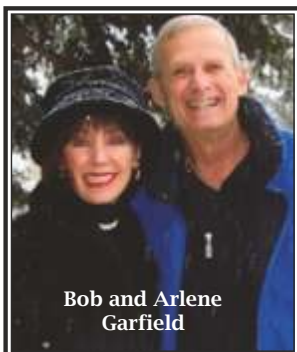
Jeff
Forester



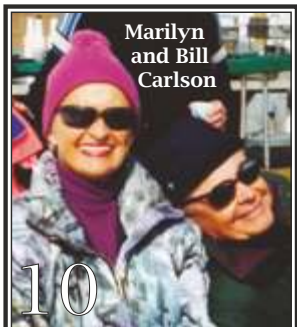
Group of happy
skiers enjoying
the sunshine



Joe Cain, Clinician and
wife, Jadranka



Bob and Arlene
Garfield



Marilyn
and Bill
Carlson



The first "Ski & Learn"
trip was to
Steamboat Springs
in Colorado
(1981)



Long-time SCAGD and later CAGD
Executive Director, Dr. Deon Carrico
and wife, JoAnn, who were
"regulars" on the trips

Lynn Peterson's
Mom and Dad

Friends Honor Dr. Barrett for His Years of Operating the SCAGD "Ski & Learn" Excursions

Colorado from February 8-15, 2014. Bob's knowledge and advice will be a great help to us with the planning and operation of our future trips. Currently, he is still in active general practice after fifty-eight years at his office in Torrance.

Bob is a native of Los Angeles who served in the Army Air Force during World War II. After serving two and one-half years in the Pacific theatre, at war's end he attended USC as an undergrad with a major in zoology, followed by four years at the USC School of Dentistry. While at the School of Dentistry Bob met his wife, Patti, also a student at USC, and they married after graduation. They have two daughters and five grandchildren. Bob and Patti today are both active and healthy and enjoy life to its fullest with travel, active participation sports and good health.

Dr. Barrett is a past-president of the SCAGD and has served for many years on the board of directors of the USC School of Dentistry, and as president in 2001. He served as president of the Los Angeles Chapter of the Alpha Omega Dental Fraternity. Bob is a regional consultant for Delta Dental and the California Denti-Cal program. He is a Fellow of the American College of Dentists (FACD), the International College of Dentists (ICD), the Academy of Dentistry International (ADI), the Pierre Fauchard Academy, and was recognized as the best speaker by the Gardena Toastmasters in 1978, and as their president. Bob served as president of the Torrance Lions Club and is a founding contributor of the Hebrew University and the Tel Aviv University Schools of Dentistry in Israel, as well as being a member of the Prime Minister's Club for State of Israel Bonds. If that's not enough for one person, Bob also is on the advisory board for the Southern California Occupational Dental Assistants' Training Center. Incidentally, Bob was one of the early AGD members to receive the prestigious Mastership award in the Academy of General Dentistry.

Despite all of these professional activities within organized dentistry, community service and private practice, Bob and Patti find time to lead healthy balanced lives of exercise, biking, tennis and family. Bob and Patti especially enjoy their five grandchildren.

On behalf of our entire board of directors, we are grateful and proud to have known and been associated with Bob over the years. He has certainly made this world, the AGD and all of dentistry a better place now than it was when he stepped into it for the first time back in the mid-1950s. *Thank you, Bob...!*

Anyone interested in attending next year's

SCAGD-WSP SKI & LEARN SEMINAR

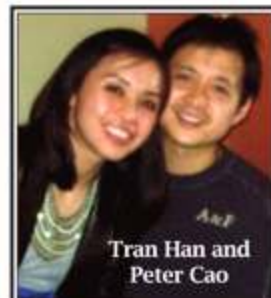
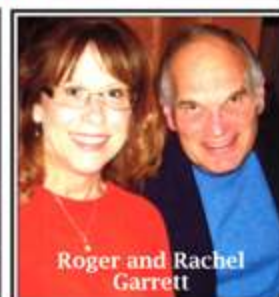
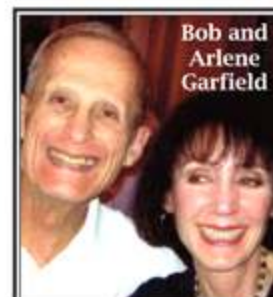
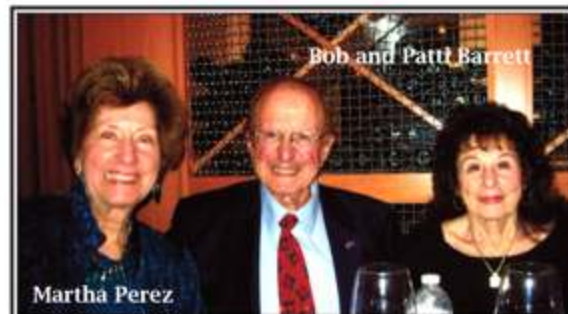
to be held at

Aspen-Snowmass, Colorado * February 8-15, 2014

should contact:

Dr. Bob Garfield at drrobertgarfield@aol.com

or Martha Perez at mperez@ski.com



Periodontal Conditions THAT ARE

Brian Hollander, DDS, MS, Novato

As the American population is approximately fifty percent female, it is important to note the periodontal conditions unique to the female gender. The female patient presents with unique therapeutic challenges that vary throughout her life's continuum. Hormonal influences may appear in oral tissues before other systemic manifestations are apparent. Periodontal tissues can reflect the need to alter conventional therapy. Therefore, it is the clinician's responsibility to recognize, customize and vary periodontal therapy as necessary based on the individual female and the stage of her life cycle.

PUBERTY—An exaggerated periodontal tissue response to periodontal risk factors may occur during puberty in male subjects and female subjects. In the pubertal female patient, the tissues are likely to present with inflammatory responses as a result of elevated sex steroid hormone levels, which are irregular until postpubertal hormones stabilize. An enlargement of the gingiva may occur in areas where food debris, materia alba, plaque and calculus are deposited. The inflamed tissues can become erythematous, lobulated and retractable. Bleeding may occur easily upon mechanical debridement of the gingival tissues, especially interproximally. Preventive care, including vigorous implementation of oral hygiene, is vital for maintaining periodontal health. Periodontal maintenance appointments may need to be more frequent when there is an apparent risk of periodontal disease progression.

Female adolescents (11–14 years of age) are susceptible to problems associated with eating disorders. The clinician should examine for intraoral signs and symptoms of anorexia nervosa and bulimia nervosa in a suspect patient. Oral healthcare providers are often the first to recognize eating disorders. After consultation with the patient and/or parent, a referral to a physician, psychologist or nutritional consultant is advised.

MENSTRUAL CYCLE—The monthly reproductive cycle can be separated into two phases: Follicular Phase and Luteal Phase. During the luteal phase (*the second stage of the menstrual cycle*), increased gingival sensitivity and bleeding have been reported.

The possibility of anemia as a result of iron loss during menstruation can also influence treatment. Iron-deficiency-related anemia has been estimated to affect almost twenty percent of women of childbearing age, and the possibility of anemia must be considered for women of reproductive age with lower than average body weight or with a history of heavy menstrual flow. Severe anemia may result in angular cheilitis, atrophic glossitis and/or oral mucosal atrophy.

The pre-menstrual syndrome consists (PMS) of physical and emotional symptoms that are associated with the menstrual cycle. Many patients with pre-menstrual syndrome also receive antidepressants. It is important to recognize that antidepressants are associated with an increased incidence of xerostomia. Patients can be more sensitive to and less tolerant of therapeutic procedures while using some antidepressants and may have an exaggerated response to pain.

ORAL CONTRACEPTIVES—Early studies examining the effects of oral contraceptives on the periodontium have shown that the periodontal response to these agents is

similar to that seen in pregnant women. The studies reported an exaggerated gingival response to local factors. Inflammation can range from mild edema and erythema to severe inflammation with hemorrhagic or enlarged gingival tissues. However, it is important to note that the concentration of female sex hormones in current oral contraceptives is significantly lower than in the earlier formulations (1970–1990) and current data examining contemporary formulations suggest that oral contraceptives do not have a significant effect on the inflammatory composition of the periodontium.

For those rare patients who are sensitive to the adverse effects of oral contraceptives and exhibit an exaggerated gingival response while using an oral contraceptive, treatment should include careful mechanical debridement and the establishment of an effective oral hygiene program. Periodontal surgery may be indicated if the gingival response is inadequate after initial scaling and root planing.

PREGNANCY—The importance of providing oral health care for pregnant women is undisputable. Data suggest that maternal oral health is associated with pregnancy health, and further research on the nature of this association is ongoing to determine if there is a causal relationship. Establishing a healthy oral environment and maintaining optimal oral hygiene levels are primary objectives in the pregnant woman. The periodontal tissues, which contain hormonal receptors, can be affected by pregnancy hormones and may reflect an over-exuberant response, such as pregnancy-associated pyogenic granulomas.

A preventive periodontal program consisting of nutritional counseling and rigorous plaque-control measures should be reinforced. The increased tendency for gingival inflammation during pregnancy should be clearly explained to the patient so that acceptable oral-hygiene techniques may be taught, reinforced and monitored throughout pregnancy. With adequate home care and periodontal intervention, inflammation may resolve postpartum. Scaling and root planing may be performed, whenever necessary, during pregnancy.

TRIMESTER PERIODONTAL CARE—Pregnancy alone is not a reason to defer routine periodontal therapy. In fact, the pregnant woman is more susceptible to periodontal inflammation during this time of her life. The California Dental Association Foundation, in collaboration with the American College of Obstetrician and Gynecologists, produced guidelines that state prevention, diagnosis, and treatment of oral diseases, including needed dental radiographs and use of local anesthesia, is highly beneficial and can be undertaken during pregnancy without additional fetal or maternal risk when compared to the risk of not providing care.

During the first trimester, therapy should include preventive therapy, creating individualized homecare instruction. If there is periodontal inflammation, it is safe and effective to provide periodontal care to reduce periodontal disease and periodontal pathogens during pregnancy. It is prudent, however, to avoid elective dental care if possible during the first trimester and the last half of the third trimester. The first trimester is the period of organogenesis, when the fetus is highly susceptible to environmental influences.

(continued on the following page)

UNIQUE TO THE FEMALE GENDER

Early in the second trimester (14–20 weeks of gestation) is the safest period for providing routine dental care. The emphasis during this trimester is to control active disease and eliminate potential problems that could arise in late pregnancy. Periodontal debridement should be performed during this trimester. Major elective oral or periodontal surgery should be postponed until after delivery. Pyogenic granulomas that develop during pregnancy ("pregnancy tumors") that are painful, interfere with mastication or continue to bleed or suppurate after mechanical debridement, may require excision and biopsy before delivery.

In the last half of the third trimester, a hazard for premature delivery exists because the uterus is very sensitive to external stimuli. Prolonged chair time should be avoided because the woman is most uncomfortable at this time. Furthermore, supine hypotensive syndrome may occur.

MEDICATIONS—Drug therapy in the pregnant woman is controversial because drugs can affect the fetus by diffusion across the placenta. Prescriptions should be kept to as brief a duration as possible to support the pregnant patient's wellbeing and drugs should only be administered after careful consideration of potential side effects.

Antibiotics, in particular, are sometimes needed in periodontal therapy. The effect of a particular medication on the fetus depends on the type of antimicrobial, dosage, trimester and duration of the course of therapy.

Usually, there is a risk that the drug can enter breast milk and be transferred to the nursing infant. Unfortunately, there is minimal conclusive information on drug dosage in the mother and level of drug in the breast milk, and the effect on the infant; however, retrospective clinical studies and empiric observations, coupled with known pharmacologic pathways, allow recommendations to be made. The amount of drug excreted in breast milk is usually not more than 1–2% of the maternal dose. When possible, the mother should take prescribed drugs just after breastfeeding and then avoid nursing for four hours or more, if possible, to allow the drug concentration in breast milk to decrease.

MENOPAUSE—The median age for menopause is approximately fifty years, with ten percent of women becoming menopausal before forty years of age and ten percent after sixty years. Because of the possible alterations in oral soft and osseous tissues during perimenopause and after menopause, appropriate questioning regarding hormone changes should be performed and documented. Estrogen depletion has also been associated with xerostomia. To compound the problem of xerostomia, many postmenopausal patients will be on anti-depressants, which also reduce saliva secretion.

Gingival and mucosal tissue thinning often occurs during this stage. It is generally safe to perform soft-tissue augmentation procedures if needed. Oral pain may result from thinning tissues, xerostomia, inadequate nutritional intake or hormone depletion. In patients with oral symptoms who receive hormone replacement therapy, symptoms may be significantly reduced.

It has been suggested that the postmenopausal woman who is susceptible to osteoporosis may also be more susceptible to periodontal

bone loss. Alveolar crestal height loss and maxillary tooth loss have also been associated with decreased bone mineral density. However, studies evaluating the association of clinical attachment loss and osteoporosis have produced equivocal results. Currently there are no scientific data available to contraindicate the use of osseointegrated implants in osteoporotic patients, despite articles indicating osteoporosis as a risk factor.

BONE-SPARING DRUGS—Bisphosphonates are one of the primary medications prescribed for osteoporosis. A rare side effect associated with bisphosphonate use is osteonecrosis of the jaw. To date, no data are available regarding success or failure with periodontal procedures in osteoporotic versus nonosteoporotic individuals, with or without bisphosphonate therapy.

Current recommendations for treating patients with osteonecrosis of the jaw related to oral bisphosphonate use are found in the 2011 American Dental Association recommendations 'Managing the Care of Patients Receiving Antiresorptive Therapy for Prevention and Treatment of Osteoporosis.' Most cases of osteonecrosis are with patients on I.V. bisphosphonates and a recent review showed that sixty percent of the cases followed dentoalveolar surgery but forty percent appeared spontaneously with denture wearers.

SUMMARY—The female patient presents unique complexities that vary along her life's continuum. The cyclic nature of the female sex hormones is often reflected in the gingival tissues as initial signs and symptoms. Patients should be educated regarding the profound effects that sex hormones may play on periodontal and oral tissues as well as the need for proper oral self-care and a frequent professional intervention.



Dr. Brian Hollander is a periodontist in private practice in Novato. He is an Associate Clinical Professor at the University of California at San Francisco.

If any questions, he can be reached at 415-898-6660.

His e-mail address is bnhdds@hotmail.com
and his website is DrBHollander.com

Every general practitioner needs to be aware of the fact that the AGD is the only organization that speaks solely for the general dentist. State and national associations represent all specialties in dentistry. We have been and are very much about advocacy for the GP. Urge your non-member colleagues to join with us in our efforts to have an even stronger voice in dentistry.

Numbers do carry the day!



Northern California AGD Happenings

Chitra Shikaram, DDS, Editor, NCAGD, Campbell

Information is not knowledge. The only source of knowledge is experience. Learning is experience. Everything else is just information. — ALBERT EINSTEIN

The NCAGD strives to provide the information that a general dentist needs to learn and expand on his or her knowledge! Under the Leadership of Dr. Mina Levi, the NCAGD has planned a variety of continuing education courses for 2013.

In January the NCAGD and the CAGD presented “Crucial Steps To Your Practice Success” at the Aldea Center in San Francisco (see photos on this page) and was attended by GPs and students from UCSF and UOP. The course had great reviews.

In March, we presented “New Dimensions in Endodontics” by Dr. Alex Fleury. It was a full-day presentation including lecture and hands-on at the Sobrato Community Conference Center. Dr. Fleury has been named the recipient of the Edward E. Osetek Award by the American Association of Endodontists for being the Best New Endodontic Educator of the Year. We are pleased to be able to offer a variety of courses to all general dentists.



Mark your calendars for these upcoming courses:

May 3rd & 4th—**Perio Institute Certification Course**

July 20th—**Hiossen Implant Class** by Dr. Mike Chen

September 13th—**Cerec Class** at Patterson, Concord

October 18th—**Hottest Topics in Dentistry**
including **Botox and Injectables**
by Dr. Louis Malcmacher



NCAGD President's Message

Mina Levi, DDS, President, NCAGD



DR. MINA LEVI
San Francisco

The year 2012 was very busy for the NCAGD, supported by the strong leadership of Dr. Craig Crispin, our immediate past president. Our 2013 agenda is lined up with multiple continuing education courses and leadership programs, helping our members become better dentists and practice managers.

The goals for this year will be not only to contribute to your continuing education, but also to work on introducing members to multiple benefits through our organization. This includes preferred rates on credit cards, disability and life insurance premiums and on car purchases . . . *and many more.*

We started our continuing education year in March with an excellent course in endodontics with Dr. Alex Fleury sponsored by Brasseler USA. The NCAGD's future meetings will focus on periodontal techniques for general dentists as well as implant placement and CAD/CAM technologies.



Alex Fleury, DDS, MS
(lecture portion)



Dr. Fleury demonstrating the biomechanical preparation of the root canal during the hands-on segment of the course.



Dentists practicing technique during the hands-on course

Toward the end of 2013, we will be holding a Botox and Dermal Fillers course with Dr. Louis Malcmacher, a leading speaker in the field.

The course will include techniques as well as the legal regulations in the state of California.

Go to our website to check details on upcoming continuing education courses:

www.ncagd.com

2013 ANNUAL MEETING IN SAN FRANCISCO

Camaraderie at Its Best!

Dr. Samer Alassaad, DDS, Davis

A full house for the lectures at CAGD's Annual Meeting.



The warmth within the majestic architecture of The Palace Hotel in San Francisco carried on throughout the whole 2013 CAGD Annual Meeting, from the initial welcoming greeting, to the practical courses, and during the memorable reception and dinner celebrating the past year's success of the CAGD and planning a great upcoming year.

We were first greeted and checked in by the longtime CAGD executive director, Lynn Peterson, then welcomed by president Dr. Guy Acheson and other CAGD board members to breakfast where many familiar faces seemed very relaxed enjoying their conversation.

After breakfast and a couple of chats with friends and vendors, we were energized and ready for a full day of practical dental learning. Dr. Karl Koerner's lecture, "Atraumatic Oral Surgery for the General Dentist," started with a radiograph of a fractured root and clinical tips to remove it. As a general dentist, you knew that you were in the right place when a day-long lecture started with an internationally renowned instructor immediately sharing practical tips learned from many years of success and challenges. Dr. Koerner then went on showing radiographs and photographs of his cases discussing many aspects of clinical oral surgery, yet still supporting the content with research; a skill that is worth praise. During breaks, lunch, and dinner, Dr. Koerner graciously made himself available to answer questions. I personally appreciate the time he dedicated to me during lunch and answered my questions about the challenges of some modern oral surgical approaches.

Nobody went away hungry!



At the end of the day, while it is always expected from attendees to go to the registration desk and pick up their "CE" certificates, executive director Lynn Peterson approached me, far away from the registration desk, and handed me a certificate with my name already printed on it. That was exceptional, considering the fact that she just met me for the first time that day...

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The meeting would not have been as complete without attending the officer installation reception and dinner. This was a great chance to closely spend time with the engines that run the CAGD and their families.

During dinner, Dr. Mike Bromberg said "It is amazing what you can achieve when you do not care if you are recognized or not." This reminded me of the motto "Service above Self." However, with our appreciation for the efforts of all those who dedicated their time and energy to the CAGD, recognition was inevitable. The Dr. Deon Carrico Spirit of Leadership Award was presented to Dr. Rich Ringrose. The Memorial Dentist of the Year Award was presented to Dr. Michael Lew. SB-694 Awards were presented to Dr. Guy Acheson, Dr. John Bettinger, Dr. Steve Skurow, Dr. William Langstaff, Dr. Harriet Seldin, Dr. Eric Wong, and Dr. Sireesha Penumetcha. The President's Plaque and the CAGD Past President's Pin was presented to Dr. Sun Costigan. A surprise award of a glass wave (*Tsunami*) sculpture was presented to Dr. Mike Bromberg for his many years of dedicated service to legislative and advocacy activities for the California AGD and most recent, SB-694. The Oath of Office was given to the 2013 Officers by our national AGD President-Elect, Dr. Linda Edgar.

Officers for 2013 are:

Dr. Guy Acheson, *President*
 Dr. Timothy Verceles, *President-Elect*
 Dr. Sireesha Penumetcha, *Vice President*
 Dr. Chethan Chetty, *Secretary*
 Dr. Howard Chi, *Treasurer*
 Dr. Robert Hubbert, *Editor*
 Dr. Sun Costigan, *Immediate Past President*

The evening concluded with Dr. Acheson's emotional and inspirational speech. "It is hard not to be emotional when you speak about the people you love," Dr. Acheson said while introducing his family and his dental office staff who supported him through his professional journey. He plans to approach leading the CAGD similar to flying glider aircrafts. "Every flight begins with a plan, the flight plan. The CAGD has a very ambitious flight plan for this year and the future," Dr. Acheson stated as he presented his goals for 2013. *They are:* Increasing membership, strengthening our communications systems, making advocacy a cornerstone of the CAGD, being widely recognized as "the voice of the general dentist," and developing a more business-like structure to organize future world-class events.

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CAMARADERIE (continued from the previous page)

While being congratulated for his new role with the CAGD, Dr. Acheson replied, as I heard him many times say with

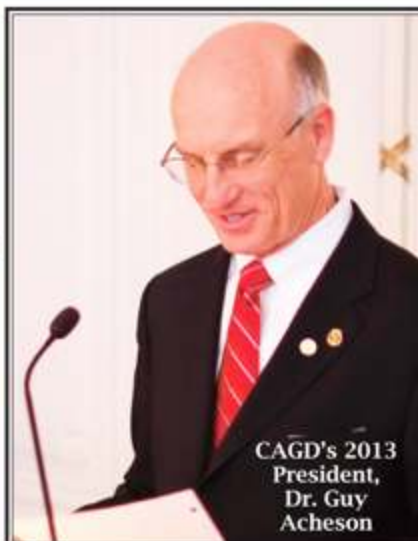
enthusiasm, "This is going to be a great year." Yes, it will be, Dr. Acheson! □



Installation of Officers for 2013 (Oath of Office by National AGD President, Dr. Linda Edgar)



"It's going to be a great year!"



CAGD's 2013 President, Dr. Guy Acheson



Past President plaque presented to Dr. Sun Costigan

A special thank you to all our exhibitors. They were:

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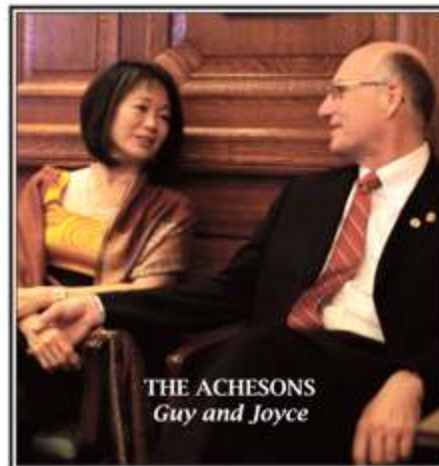
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THE ACHESONS
Guy and Joyce

Descriptions of the awards presented at the meeting:

Dr. Deon Carrico Spirit of Leadership Award: This award recognizes those members of the California Academy of General Dentistry who have 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 have expired.

Dentist of the Year Award: This award recognizes those whose contributions to dentistry in the State of California have obtained recognition and significance to the majority of the general membership of the California Academy of General Dentistry.

SB-694 Awards: These awards recognized those who personally provided testimony at legislative sessions concerning SB-694.



GREETING AND REGISTRATION "CREW"

Dr. Dinu Gray

Dr. Sun Costigan

Dr. Mike Lew

Lynn Peterson

Vivian Lew



Attendees gathering information from exhibitors

Sacramento-Sierra AGD News

Kevin Kurio, DDS, MAGD, President, SSAGD, Rocklin



DR. KEVIN KURIO

It is with regret that I report that our president for 2013, Dr. Erin Carson, has resigned her position for personal reasons. I know she was excited about leading the SSAGD this year, and she was instrumental in planning this year's activities. We wish Erin the best and a quick return to our board when circumstances permit.

Our next continuing education course, "Updates in Contemporary Dentistry" should be an exciting presentation covering many topics relevant to general dentists (*see details on this page and the next*). One of the speakers will be Dr. Rella Christensen. Dr. Christensen's services were donated in a silent auction that benefitted the AGD Foundation and were purchased by Dr. Guy Acheson and the SSAGD at the Annual Meeting of the AGD which was held in San Diego in 2011. She is a co-founder of CRA with her husband, Dr. Gordon Christensen. This course is open to dentists and hygienists.

Our final study club dinner meeting for the year is scheduled for September 26th. The course details will be announced in the future.

We are proud to have Dr. Guy Acheson as president of the California AGD, Dr. Sireesha Penumetcha as vice-president, and Dr. Howard Chi as treasurer, all from SSAGD. Dr. Acheson is the second SSAGD member to be elected president of the state organization. The first was Dr. Eric Wong in 2007. We are fortunate to have such dedicated members from SSAGD, the youngest component of the CAGD. The SSAGD was formed in 2000 through the vision of Dr. Wai Chan. To our SSAGD members, we are always looking for people to help our organization. Please feel free to contact any board member to join us at the next board meeting.

PLAN TO ATTEND THE

Updates in Contemporary Dentistry

COURSE ON FRIDAY, JUNE 7, 2013

Location: DoubleTree by Hilton Sacramento
2001 Point West Way, Sacramento 95815

Hours: Registration from 7:00-7:30 a.m.
Course from 7:30 a.m. till 5:00 p.m.

How: See the details on the next page
for how to register, either
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- Laser Dentistry
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TAKE IT TO THE TOP!

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

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 cost is \$32.50 per hands-on unit. 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.

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 a very affordable price.

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 \$3,250. The new MasterTrack program will be held in Newport Beach at the beautiful Fairmont Hotel, providing easy access to shopping, dining and entertainment opportunities for participants and their family members.

*Achieve the highest
AGD honor...
become a "Master"*



* *Ralph Hoffman, DDS, MAGD participant: "Thank you for one of the most, if not the most, rewarding experiences of my entire career."*

* *Grace Sun, DDS, MAGD participant: "This MasterTrack experience has to be rated number one among many others for reaching higher places."*

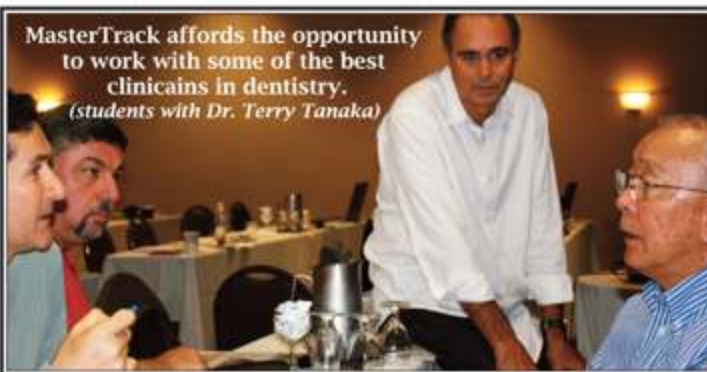
* *Treva Lee, DDS, MAGD participant: "A better experience than my GPR. No one was an expert at everything, and everyone was an expert in something."*

* *Sun Costigan, DDS, MAGD participant: "The best learning experience I have ever had!"*



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Making life-long bonds with other talented dentists is one of the most valued benefits of MasterTrack.



MasterTrack affords the opportunity to work with some of the best clinicians in dentistry.
(students with Dr. Terry Tanaka)



Contact our Executive Director, Lynn Peterson, to sign up now or to get onto our waiting list.

Lynn can be reached at: **877-408-0738**

MasterTrack IV Curriculum (YEAR ONE)

FIRST SESSION – April, 2014

Thursday, April 10th

PHOTOGRAPHY, DIGITAL IMAGING & POWER POINT Dr. Guy Acheson

This course will provide the basis to allow participants to present protocols to the group in a Power Point format. AACD guidelines will be covered and the latest equipment and techniques will be discussed. Dr. Acheson is a founding member and past president of the Sierra-Sacramento Component of the CAGD. Guy is currently serving as President of the CAGD. He received his MAGD in 1998 and has lectured extensively in Photography and Digital Imaging and acted as a moderator for case presentations in all the previous MasterTrack programs. This session of eight hours of lecture will, with homework, give you twenty-four participation units in Electives.

Friday and Saturday, April 11th and 12th

OPERATIVE DENTISTRY Dr. Harry Albers

This course will focus on tooth-colored restorations. The emphasis will be on material selection to achieve restorative goals in operative dentistry. Direct and indirect resin restorations, resin bonding and bonded porcelain restorations will be covered. Dr. Albers is one of the leaders in postgraduate dental education. He received the “H. Weclaw Honorary Fellowship Award” from the Academy of General Dentistry and was awarded a “Masters of Esthetic Dentistry” from the Journal of Esthetic and Restorative Dentistry. He was the first recipient of the Academy of Cosmetic and Adhesive Dentistry’s “Lifetime Service Award.” He is the author of the widely-used text book Tooth-Colored Restoratives. He has lectured internationally on cosmetic and restorative dentistry and maintains a private practice in Santa Rosa. These two days of 16 lecture hours will provide, with presentation thirty-two hours of participation credit in Operative Dentistry.

Sunday, April 13th

ANATOMY OF ORAL ANESTHESIA Dr. Alan Budenz

The pharmacologic mechanisms and delivery techniques of local anesthesia will be covered. Appropriate use of various local anesthetics and how to solve some of the difficulties that arise in obtaining profound anesthesia will be discussed. Dr. Budenz is a Professor of Anatomy and Chair of the Department of Diagnostic and Emergency Services at UOP. This six-hour lecture, with homework, will provide twelve participation units in Basic Science.

SECOND SESSION – October, 2014

Thursday and Friday, October 16th and 17th

PERIODONTICS Dr. Randal Rowland

Diagnosis and documentation will be covered including the use of radiographs and charting. Root debridement will be discussed along with the latest information on locally placed anti-microbial agents. Surgical procedures such as crown lengthening, apically re-positioned flaps and gingival augmentation grafts will be discussed. Cases involving full flap osseo-mucogingival surgery and bone grafting will also be shown. Dr. Rowland is the former Professor and Director of Periodontology at UCSF where he was also Director of the Graduate Residency Program in Periodontology. Dr Rowland is Board Certified by the A.B.P. These two days of sixteen lecture hours will provide, with presentations, thirty-two participation units in Periodontics

Saturday, October 18th

PROTOCOL PRESENTATIONS Drs. Albers, Acheson and Budenz

Participants will present and discuss homework projects from the previous session in operative, basic science and photography. Participation is necessary to receive full credit in these categories. Those who do not present will be given hour-for-hour lecture credit only.

Sunday, October 19th

ORAL DIAGNOSIS Dr. Alan Budenz

A potpourri of diagnostic problems will be discussed and the newest thinking in oral medicine will be covered. Dr. Budenz is Chair of the Department of Diagnosis and Management at UOP. This six-hour lecture with protocol presentation will yield twelve units of participation in Oral Diagnosis /Oral Medicine.

SUBJECT CATEGORY	PARTICIPATION CREDITS GIVEN	PARTICIPATION CREDITS NEEDED
Electives	24	30
Operative	32	30
Basic Science	12	12
Oral Medicine	12	12
Periodontics	32	30



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Joint FellowTrack Meeting Held with USC and UCLA Student Leaders

In March, the USC and the UCLA AGD student leaders held a joint event in Los Angeles. Months before, those student leaders met for the first time and, together, decided to host a collaborative event in order to strengthen the bond between the Southern California dental schools. Thanks to the meticulous planning between Dr. Bob Garfield and Dr. Cheryl Goldasich, a venue and dinner was secured at Maggiano's Little Italy at The Grove. Among special guests included were Dr. Guy Acheson (CAGD President), Dr. Bill Langstaff (Past President of the CAGD), and our speaker, Dr. Mike Lew (CAGD's Regional Director).

The evening consisted of a delicious, family home-style Italian dinner, along with a profuse amount of valuable information divulged eloquently by Dr. Mike Lew. His talk focused on the what the future could possibly hold for newly graduated dentists. As wide-eyed students about to face reality working as dentists, we listened eagerly. The importance of organized dentistry in an ever-changing and fast-paced workforce was a message that we most truly took to heart.

The joint dinner was a successful one that brought the FellowTrack leaders of the AGD in the Southern California area together. We look forward to the next collaborative event. □



UCLA FellowTrack Students (left to right, back row): Andrey Antonenko, Elizabeth Koo, Noha Nour, Sarah Koyama, Kim Lau, Christian Chen (left to right, front row): Nidhi Taneja, Rebecca Paddack, Ryan Woo, Tigon Abalos, Angela Lam, Dmitriy Ivanov



UCLA FellowTrack co-leaders (left to right, front row): Ryan Woo, Sarah Koyama, Elizabeth Koo, Dr. Cheryl Goldasich, Claudine Kashiwabara,



USC FellowTrack Students

David Kim

Crystal Vo

Jim Lam

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CAGD LEADERS WERE PRESENT

CAGD President, Dr. Guy Acheson

SCAGD Executive Director, Dr. Bob Garfield

FellowTrack Faculty Advisor, Dr. Cheryl Goldasich

CAGD Past President, Dr. Bill Langstaff

University of the Pacific School of Dentistry



AMANDA TSOI

Amanda Tsoi, Secretary-Treasurer, AGD FellowTrack Program, University of the Pacific

The AGD has had a growing impact on the Dugoni School of Dentistry campus in the current school year. For the 2012-2013 academic year, Brandon Hooper is the chapter's AGD president, Bartolo Espana-Austin is the vice president and Amanda Tsoi is the secretary/treasurer.

Dugoni's AGD leaders, as well as six other Dugoni students, attended the AGD Leadership conference in Oakland in October of 2012 to listen to a series of AGD mentors and plan AGD events for Dugoni dental students for the upcoming year. Students from USC, UCSF and UCLA attended as well.

Dr. Michael Lew spoke about "Success in Dentistry." Dr. Rich Ringrose provided an introduction to the AGD Fellowship and Mastership programs (*fewer than 4% of general dentists in the U.S. achieve AGD Fellowship status and less than 1% of all general practitioners achieve Mastership status*).

Dr. Ralph Hoffman showed the attendees the AGD website and Dr. Mina Levi gave an enlightening presentation on the use of social media in dentistry. This conference was a great learning opportunity and Dugoni's AGD leaders wanted to share the AGD with their classmates.

The Dugoni chapter of the AGD had its orientation in October of 2012. There was more information provided about AGD continuing education courses and other benefits of being a member of the AGD. There were four opportunities presented for students to receive continuing education lecture units.

The first was entitled "Crucial Steps To Your Practice Success" in January of 2013. Several AGD students got to hear very useful lessons on a range of topics from JoAnne Tanner, J. Haden Werhan, Ron Goldman and Matthew Wakefield.

The AGD students who attended the conference were impacted greatly by Dr. Michael Lew's talk on "Success in Dentistry." They arranged to have him come and speak to the Dugoni students about success at an after school continuing education course.

The third opportunity to learn was a talk in February on "Implant Surgical and Restorative Treatment Planning." It was presented by Dr. Stephen E. Lockwood, up from La Jolla, on updates in restorative dentistry, periodontal care, implant dentistry, communication with staff and patients and tips for running a private practice.

In March we learned about the "New Dimensions in Endodontics" from Dr. Alex Fleury. This was a lecture and hands-on presentation to learn how to perform endodontics in such a way that patients can have long-term predictable outcomes as an alternative to implants.



A few of the attendees at the AGD's Leadership Conference

The great thing about the AGD is that it provides students with the information and tools necessary to plan for a successful career in dentistry. The AGD encourages lifelong learning early-on, also providing the opportunity to earn continuing education credits as a dental student. Dugoni's AGD leaders recognize this and are enthusiastically spreading the word about the AGD to their classmates!

*Every general practitioner needs to be aware of the fact that **the AGD is the only organization that speaks solely for the general dentist.** Our state and national associations represent **all specialties in dentistry.***



Ronald Goldman, Esq., gives pointers to Dugoni students about being in practice (business).

FellowTrack North ✱ An All-Day Course University of California at San Francisco



SO YOUN MIN
"Jenny"

This year's CE events were held at a beautiful location in Mt. Sutro. The AGD student chapter of the UCSF worked together to make the events both informative and an enjoyable experience for everyone. Our very first orientation event definitely generated a lot of awareness amongst our UCSF student body and we were very pleased about the great turn-out as well.

The first CE course was "Crucial Steps To Practice Success." We were honored to have four amazing speakers: JoAnn Tanner, J. Haden Werhan, Ron Goldman, and Matthew Wakefield to shed light on how to successfully manage a dental practice. We learned a lot about team building within the practice, key points to look for when signing contracts and the importance of insurance for our practices. The topics were especially helpful to graduating seniors who will be looking for jobs. Listening to different cases that the speakers presented was fun and interesting.

The second course was about advanced general dentistry. Many topics were covered, including updates in restorative dentistry, periodontal care utilizing grafts, biologics and lasers, implant surgical and restorative dentistry, effective staff and patient communication, and tips for a well-tuned private practice. Thanks to our sponsors, we were able to demonstrate the new laser machines on site.

Of course, we had amazing food. We were so grateful to have wonderful mentors there to chat with us and answer our burning questions about general dentistry!

We are looking forward to having our final course for the year, "New Dimensions in Endodontics." It will be a hands-on course to wrap up a successful year of AGD continuing education for the University of California, San Francisco. □

So Youn Min, Class Representative, UCSF



Dr. Steve Lockwood (San Diego) speaking on implant treatment



Dr. Ralph Hoffman (Corte Madera) introducing Matthew Wakefield



JoAnn Tanner covered management and marketing for dental practices



J. Haden Werhan, CPA/PFS, owner/partner of Thomas Wirig Doll, a dental-specific tax, accounting, wealth management, retirement planning and transition consulting firm in the Bay Area.



JoAnne Tanner, MBA

J. Haden Werhan, CPA

Dr. Paul Shafer

Dr. Sun Costigan

Ron Goldman, Esq.

Dr. Ralph Hoffman



Student leaders at UCSF and UOP with speakers



DENTIST SPEAKERS

Dr. Ralph Hoffman

Dr. Steve Lockwood

Dr. Mike Lew

Dr. Sun Costigan

FellowTrack South Lunch and Learn University of California at Los Angeles

Sarah Koyama, *Student FellowTrack President, UCLA*



SARAH KOYAMA
*AGD FellowTrack
Student Chapter
President*



AEGD AND GPR ANNUAL INFORMATION SESSION

The first AGD Lunch & Learn at UCLA was the annual information session on general practice residencies. We give a big thanks to the California Academy of General Dentistry for donating the funds to have lunch catered for our attendees!

We were privileged to hear from two UCLA Class of 2012 graduates, Dr. Kelly Shimada and Dr. Robert Jungman. Dr. Shimada is a first-year General Practice Resident (GPR) at UCLA and Dr. Jungman is a first-year Advanced Education in General Dentistry (AEGD) resident at UCLA. They covered pretty much every aspect of the differences and similarities of the two programs.

Many of the students at UCLA who are considering a general practice residency are somewhat on the fence regarding which route they'd like to take. Many appreciate this annual lecture to help guide them in making the decision.

While bringing you more complex cases and medically compromised patients, GPR-type residencies tend

Dr. Kelly Shimada
and
Dr. Robert Jungman



to have a more hospital-based approach. AEGD-type residencies can have a more private practice feel. Many AEGD programs can have more GPR aspects to them and vice versa. In the end, doing research on each specific program is your best bet.

GPR-type residencies have been known to provide larger stipends for their residents. For instance, the GPR residency at UCLA provides a \$50,000 stipend, while the AEGD residency provides a \$20,000 stipend. Both programs are a great opportunity to build on top of the fundamentals learned in dental school. Each provide enough practice to increase your speed, furthering your education in complex treatment planning, and teaching you how to confidently manage medically compromised patients.

Ballad of the “GP”

We general dentists do so much
to give all our work that right touch.

We work long hard hours you see,
we deserve a commensurate fee.

We have to fight Delta for what’s due us,
and argue with clerks that are clueless,
and worry that someone might sue us.

The paperwork piles up higher and higher,
for doing good work, it kills the desire.

Then days come along when work is slow,
when we think it’s as low as it can go,
along comes that scourge, the HMO.

But there’s a place to go, you see,
that’s only for the humble “GP.”

A bunch of great dentists and good CE,
great meetings, good food and comraderie;
of course, you see, it’s the AGD!

If you study hard and stay mellow,
you can someday become a “Fellow.”

And if you work even faster,
you can become a “Master”
and gain recognition for such a position
of continuing “ed” in the AGD system.

—Mark Z. Yamamoto, DDS, MAGD
Huntington Beach

TSUNAMI *(continued from page 4)*

each, in their own way, were quite effective.”

“Then a strange thing happened. The California State Assembly Appropriations Committee listened. The Bill was put into suspense, in legislative language, IT DIED.”

Instead of a huge unstoppable wave rushing inland at incredible speed, the waters quietly flowed back and the defeat of the bill left its supporters quiet in disbelief.

The battles will continue, this issue will still have to be confronted in other states, and we will still have to remain vigilant about this and other issues confronting dentistry. We still need our strategies and solutions to address the problem of Utilization and Access To Dental Care for the Underserved accepted. Make no mistake, the ultimate battle was decided in our favor and the true victors are the dental profession and the people of California. If not for the compassionate and caring dentists throughout the State of California who rallied to our banner, SB-694 would be California State Law.

I want to recognize the following dentists on the CAGD Watchdog Committee, so that we may properly thank them for a job well done and recognize the service they provided not only to the CAGD and the profession of dentistry, **but to the proposition that everyone, no matter their affluence or condition, has the right to be seen by a properly trained and licensed dentist.**

They are:

Dr. Guy Acheson	Dr. William Langstaff
Dr. John Bettinger	Dr. Eric Wong
Dr. Mike Bromberg	Dr. Harriet Seldin
Dr. Steve Skurow	Dr. Sireesha Penumetcha

This is not a complete list of the doctors who fought this battle. Many dentists at local dental societies throughout California rallied to defeat SB-694. Many of them will not receive recognition for the efforts they put forward in contacting their elected representatives, but they do know that their efforts were successful. It is these unnamed doctors who are also the champions in the fight for Access to Care.

I thank you!

—Dr. Jay Thompson
National Trustee for the
California Academy of
General Dentistry





2013 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

NAME OF BUSINESS (if applicable) PHONE FAX

HOME ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE

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 Begin 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.....\$354
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Affiliate..... 177
Resident Program..... 71
2010 Graduate..... 71
2009 Graduate..... 142
2008 Graduate..... 212
2007 Graduate..... 283
Student..... 16

AGD Hdqtr. Dues:

plus \$

California AGD Dues:

\$

equals

TOTAL AMOUNT ENCLOSED

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Payment Information

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

Expiration 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, 211 East Chicago Avenue, Suite 900, Chicago, Illinois 60611-1999
Credit card payments, fax to: 312.335.3443

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Dr. Lisa Baronian, *North Hollywood*
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Dr. Hujatullah Bayat, *Antioch*
Dr. Priyadarshini Beedu, *Fremont*
Dr. Sanaa Beguwala, *Corona*
Dr. Roberta Blowers, *Long Beach*
Dr. Scott Brewster, *Union City*
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Dr. Joy Chang, *San Francisco*
Dr. Joan Chen, *Arcadia*
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Dr. Dina Contreras, *Los Angeles*
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Dr. Kristi Crispin, *Tarzana*
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ALL GENERAL DENTISTS NEED TO KEEP THIS IN MIND

*The Academy of General Dentistry is the premiere organization for the general practitioner.
The California AGD's website is there for you 24/7 at: [HTTP://CAGD.COM](http://CAGD.COM)*