



RECLAIMING YOUR PRACTICE IN 2020

- Office Updates and PPE Info Sharing
- Monterey Bay Dental Society Website Update
- Tribute to Dr. Arthur A. Dugoni
- Virtual House Of Delegates



“Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.”
—Dale Carnegie

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SmileLine

The Newsletter of The Monterey Bay Dental Society

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A Message From Your Incoming MBDS President For 2021

As we soon bid a not-so-fond farewell to 2020, I'm sure we can all agree that it has been a much different year than any of us anticipated. Sometime around the end of 2019 or the beginning of 2020, we heard stories of a "novel" virus and although there was concern, I doubt many saw how it would forever change our lives, personally and professionally. Over the next few weeks, things changed fast, and before we knew it, offices were closed and our lives were completely upended. Aside from changes brought about by the COVID-19 virus, this year we experienced great social unrest, riots and fires.



Dr. Matt Wetzel, DDS

As it likely was for many of you, it was difficult for me to stop working and set aside those skills that I had spent so many hours honing. We waited and we hoped. Then we began planning and organizing. We learned more about levels of masks, aerosols, suction units and PPE than we ever thought we'd need (or wanted) to know.

Despite the difficult times we have faced (and are still in the midst of facing), I feel a great sense of hope and optimism for our future. I have been encouraged by the amazing positivity and resilience of our members. I've seen doctors and staff adapt to follow the best available science and recommendations to provide quality, safe care to our patients. I've never been more proud to be a member of organized dentistry. At a local, state and national level, The Monterey Bay Dental Society, California Dental Association and American Dental Association have worked tirelessly to assure that dentistry was not ignored or left behind. These organizations have helped to set up dentistry for a successful

recovery and we (members and non-members) owe them a debt of gratitude. Without their influence, I believe we may have been overlooked and would not have been able to see as speedy or successful a recovery that we have been experiencing.

The ADA's data shows that 99% of dental practices have reopened and while the majority are not practicing in a way we would describe as "business as usual," we are able to see and treat our patients in a safe manner. Although some of the changes I've implemented into my practice likely won't be permanent, many will. I now see aerosols and infection control in a new light.

We have already seen how the challenges we have faced have led to innovation. Some of the changes have been quite cumbersome and some seem (to me) like things I should have always been doing. I'm confident in time, we'll continue to see changes and improvements. The challenges we have experienced this past year have changed my perspective and, I am confident, will make my office and dentistry safer for our patients, staff and doctors moving forward.

Warm Regards,

Dr. Matt Wetzel, DDS
MBDS President

THINKING ABOUT SELLING OR BUYING A PRACTICE?

Let's have a conversation about your goals and timeline today.



Darren Hulstine, Dental Practice Broker

I was a top-performing supplies and equipment representative for Patterson Dental from 1993 to 2014. In 2011, I co-founded IPS and turned my attention to helping dentists with successful practice sales and transitions. Now with 25 years of dental-industry experience and as a long-time resident of the Central Coast, I am well connected to an extensive network of dental professionals in Santa Barbara and San Luis Obispo counties. I also hold a wealth of knowledge in regard to dental-practice sales and transitions, including market-specific trends and activity.

Let's talk today. Call me at (805) 878-0633.

Mobile: (805) 878-0633

Email: darren@integritypracticesales.com

Darren's DRE#: 01899816 IPS DRE#: 01911548



**INTEGRITY
PRACTICE SALES**

“*Perseverance, self-reliance, energetic effort, are doubly strengthened when you rise to battle again.*”

— Anonymous

**Dr. Carl Sackett, DDS,
Editor**

Is it just me, or did this past year feel a little “off”?

All joking aside, the Monterey Bay Dental Society is grateful and eager to greet you with another Edition of the SmileLine (after a nearly year-long hiatus!) It goes without saying that 2020 certainly didn't go the way we all had planned. At the beginning of this year, just as we were beginning to organize the Spring issue of the newsletter, the world came to a screeching halt. A novel and dangerous SARS Coronavirus took center stage globally, and introduced us all to a myriad of terms and phrases that we had likely never heard before in our lifetimes: Shelter-In-Place, Flatten the Curve, Social Distancing, etc. A global pandemic was eventually declared, our practices were forced to close, and the future of dentistry hung in the balance. COVID-19 completely took over the landscape, and affected virtually every aspect of society as we know it. Since then, many of us have had family members and friends whose lives were forever changed by the impact of the shutdown.

Despite the challenges of this past year, the members of the Monterey Bay Dental Society continue to display their professionalism, perseverance, and ability to rise up against difficult circumstances and pressures. Over the course of this year, all of our offices have needed to undergo massive changes and overhauls to adapt to the demands of the pandemic. Battling a respiratory virus required specific alterations to our office layout, specialized scheduling dynamics, and, of course, a brand-new definition of appropriate PPE.

This issue of the SmileLine highlights the offices of three of our MBDS member doctors who were willing to share the changes they each made in response to COVID-19. Needless to say, it can be overwhelming navigating the ocean of PPE and equipment options that now exist, and our email inboxes have become flooded with endless advertisements. A sincere “Thank You” goes out to Drs. Irving Chao, Dan Pierre, and Devin Bernhardt, who all submitted articles and photos on our behalf. Hopefully, you'll find them helpful, enlightening, and a source of comparison against the modifications you and your staff have made.



The many COVID adjustments have required doctors and staff to take on leadership roles that require immense amounts of responsibility and oversight. Each of us can likely pinpoint one or two individuals who were pivotal in providing guidance at the beginning and throughout the mandatory closure. At our own practice, Dr. Marielena Murillo spent countless hours after work developing Respiratory Protection protocols, and continues to do so.

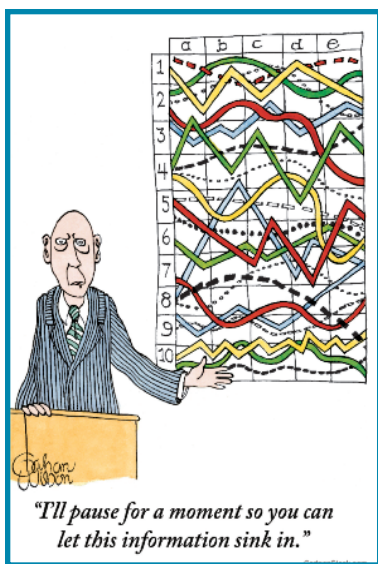
The MBDS Board of Directors itself was incredibly fortunate to have Dr. Steve Ross at the helm during this undeniably disorienting year. If you have ever had the opportunity to meet Dr. Ross in person, he is level-headed, poised and approachable. His calm demeanor helped to provide peace of mind and reassurance that the MBDS would meet this challenge head-on. His desire to remain connected with our fellow doctors during the shutdown was evidenced in his continual online correspondence with the membership. Thank you, Steve, for serving as President in what will surely be a memorable year for you, and all of us.

Of course, Debi Diaz continues to show us all why she was chosen to be Executive Director of the Monterey Bay Dental Society. In a year in which many EDs would have thrown up their hands at the amount of extra work put on their plate, Debi rose to the occasion as always. She has been consistently available in advising the membership, and answering the myriad of questions presented to her. Believe it or not, this year marks the 10-Year anniversary of Debi's appointment to the position. A big “Congratulations!” on reaching this special milestone, and we anticipate benefiting even further from her dedication and commitment to the role.

For many of us, this has been one of the most trying times of our entire lives, and uncertainty still looms in the distance (even as I write this, there is an established curfew in place for Monterey County). In addition to the pandemic, 2020 brought to light many other societal issues that linger on and need addressing. Racial and political unrest are at the forefront, and environmental changes continue to wreak havoc. Far too many of us were affected by the wildfires that occurred in the Fall, and at least one of our

dentist members lost their homes. Indeed, it has become almost trite to define this year as “unprecedented.”

Despite all the chaos these times bring, I hope that it has also provided some unexpected opportunities to rest and reflect, and perhaps even practice some self-care. It goes without saying that in today's modern world, there is an undeniable culture of unending consumerism and relentless productivity. How can you not feel spread “too thin” when you are forever burning the candle at both ends? Indeed, stress, anxiety and exhaustion can and have become chronic issues amongst the masses, and it remains to be seen if this will continue in the post-COVID era...



That being said, I would encourage you to occasionally take a break from the onslaught of the media and daily news cycles. While it is good to be an informed citizen, and practice all civic duties that are being asked of us, we must also be aware of the effects it can have on our mind, body, and spirit. In addition to the legitimate, factual and

helpful information that exists, there is also an abundance of misinformation and dis-information that is perpetuated. As this cartoon demonstrates, it is a very real possibility to experience “information overload,” and, even worse, become nearly paralyzed by fear.

I personally remain hopeful for the future of our profession, and the world in general. Dentists and dental professionals remain “essential” to the health of the communities we care for. Humans have unceasingly shown their ability to respond with strength and fortitude in the face of various crises, and I never cease to be amazed at the resilience of our fellow man. The race for the development of a vaccine has shown how virtually the entire planet can come together for a common cause and effort. As one of the CMOs from one of our local hospitals recently commented, “There is light at the end of the tunnel, it’s just a really long tunnel.”

We dentists can see clinically how humans are slowly evolving, oftentimes via congenitally missing teeth.

We need to be mindful, however, that the innumerable pathogens that cohabit our environment are evolving right alongside us (e.g., MRSA), and it is a continual battle for “survival of the fittest.” COVID-19 wasn't the first major public health issue dentistry has had to face, and it likely won't be the last. I have faith, however, that we can overcome these adversities, and emerge on the other side stronger than when we started.

Amidst all this turmoil, I feel incredibly fortunate to be able to correspond with our members, and keep you abreast of the on-goings within our dental society. We at the MBS pledge to remain engaged, and will provide local and state-wide updates in the upcoming year that may affect our practices.

I wish you a safe and healthy holiday season, and look forward to seeing you in-person someday soon as well.

Warm Regards,

A handwritten signature in black ink that reads "Carl Sackett, DDS".

Carl Sackett, DDS
MBDS SmileLine Editor



Lena and Daddy

Welcome To Our New Members for 2020

APTOS

Jackson Partin, DDS

Gilroy

Terence Chen, DDS

HOLLISTER

Joshua Sanchez, DDS

LIVERMORE

Gregory Singer, DDS

MARINA

Yasmin Grewal, DDS

MONTEREY

Jennifer Chang, DDS
Priyanka Chitkul, DDS

PACIFIC GROVE

Phillip Dunsford, DDS

SALINAS

Jose Cardenas, DDS
Kory Golchert, DDS
Taiga, Hashimoto, DDS
Ramiro Mancias, DDS
Crystal Sidhu, DDS

SEASIDE

Tiana Dorneman, DDS
Michael Faktor, DDS
Kunjai Patel, DDS

SANTA CRUZ

Daniel Hulme, DDS
Bryant Irawan, DDS
Don Larson, DDS
Lola Stanson, DDS

WATSONVILLE

Jay Anderson, DDS
Sofia Espinoza, DDS

We encourage old members to reach out and welcome our new members if they have not done so already. We are excited and happy to have them join us! For information about contacting our new members visit the member only section of the website for the full member directory that includes addresses and phone numbers.

“Perseverance is not a long race; it is many short races one after the other.”

— Walter Elliot

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dfitzgerald@rectangle.com

Monterey Bay Dental Society | 831-658-0168 | mbdsdentist.com



MONTEREY BAY DENTAL SOCIETY
2021 Continuing Education – LIVE WEBINARS

Tuesday, January 26, 2021
Infection Control – LIVE WEBINAR
Nancy Dewhirst, RDH
VIA ZOOM CONFERENCING
6 pm – 8 pm
2 CE Units (Core/Live)
*Course fee: \$49.00
Sponsored by: PCIHIPAA

**REGISTER FOR BOTH COURSES (January 26th & February 2, 2021 together and pay a discounted rate of \$79.00)*

Tuesday, February 2, 2021
California Dental Practice Act – LIVE WEBINAR
Nancy Dewhirst, RDH
VIA ZOOM CONFERENCING
6 pm – 8 pm
2 CE Units (Core/Live)
*Course fee: \$49.00
Sponsored by: PCIHIPAA

Tuesday, March 23, 2021
Ergonomics Live Webinar - LIVE WEBINAR
“Position Yourself for Success During Pandemic Times”
Lisa Fitzpatrick, DrOT, CHT, CAE, CEAS
6 pm – 8 pm
2 CE Units
*Course fee: \$49.00
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Immediate Past President	<i>Lindley Zerbe, DDS</i>
County Directors	<i>Devin Bernhardt, DDS, David Brock, DDS, Rajneesh Dail, DDS, Sarah Frahm, DDS, Christopher Mule, DDS and Joseph Robb, DDS</i>

Publications	<i>Carl Sackett, DDS</i>
Legislative Chair	<i>Daniel Pierre, DDS</i>
Dental Health Committee	<i>Lloyd Nattkemper, DDS</i>
Community & Public Relations	<i>Lindley Zerbe, DDS</i>
Ethics Committee	<i>David Shin, DDS</i>
Peer Review Committee	<i>James Leamey, DDS</i>
New Dentist Committee	<i>Garrett Criswell, DDS</i>
Membership Committee	<i>Matthew Ronconi, DDS</i>
Continuing Education Committee	<i>Steve Ross, DDS</i>

WELCOME TO OUR 2021 INCOMING BOARD OF DIRECTORS

President	<i>Matthew Wetzel, DDS</i>
President-Elect	<i>Matthew Ronconi, DDS</i>
Vice President	<i>Devin Bernhardt, DDS</i>
Secretary	<i>Jennifer Lo, DDS</i>
Treasurer	<i>Richard Kent, DDS</i>
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County Directors	<i>Devin Bernhardt, DDS, Rajneesh Dail, DDS, Sarah Frahm, DDS, Julius Kong, DDS, Christopher Mule, DDS, and Joseph Robb, DDS</i>

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Continuing Education Committee	<i>Matthew Ronconi, DDS</i>

Monterey Bay Dental Society Board of Directors — Past Presidents

1980-1981	<i>John Rhoads, DDS</i>
1981-1982	<i>Raymond Hansen, DDS</i>
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1984-1985	<i>John Steel, DDS</i>
1985-1986	<i>Barry Staley, DDS</i>
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1994-1995	<i>Geralyn Menold, DDS</i>
1995-1996	<i>Philip Bhaskar, DMD</i>
1996-1997	<i>Bruce Donald, DDS</i>
1997-1998	<i>Norman Jacobson, DDS</i>
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1999-2000	<i>David Stein, DDS</i>
2000-2001	<i>David Montgomery, DDS</i>
2001-2002	<i>Rick McBride, DDS</i>
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2003-2004	<i>Bryan Mansour, DDS</i>
2004-2005	<i>Kevin Ippisch, DDS</i>
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2006-2007	<i>Harry Stuart Osaki, DDS</i>
2007-2008	<i>William Francis, DDS</i>
2008-2009	<i>Chad Cassidy, DDS</i>
2009-2010	<i>Marielena Murillo, DDS</i>
2010-2011	<i>Nannette Benedict, DDS</i>
2011-2012	<i>Corrine Cline-Fortunato, DDS</i>
2012-2013	<i>Daniel Pierre, DDS, MS</i>
2013-2014	<i>Tim Griffin, DDS</i>
2015	<i>Carl Sackett, DDS</i>
2016	<i>Ariana Ebrahimian, DDS</i>
2017	<i>Richard Kent, DDS</i>
2018	<i>Eric Brown, DDS</i>
2019	<i>Lindley, Zerbe, DDS</i>
2020	<i>Steven Ross, DDS</i>



May virtual Board of Directors meeting



July virtual Board of Directors meeting

“ Perseverance is the hard work you do after you get tired of doing the hard work you already did. ”

— Newt Gingrich



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Setting Time (min)	When <30 min, ≤110% stated by the manufacturer. When >30 min, <72 hours, within the range (min)	70± 9.0[1]	711.33± 95.03[1]

[1] Marina A. Marciano, DDS et al. Physical Properties and Interfacial Adaptation of Three Epoxy Resin-based Sealers (JQE, Volume 37, Number 10, Oct2011)

[2] Lee et al. Physicochemical Properties of Epoxy Resin-Based and Bioceramic-Based Root Canal Sealer

Valid until December 31, 2020. Cannot be combined with other offers or promotions. Groups excluded from offer. Promo code must be entered online at checkout or given to sales representative at time of purchase.

All members get a 30% discount on all Komet Products.

Ken Parker, District Manager – San Jose, San Francisco • Mobile: 1-650 743 3349
Email: kparker@kometusa.com

Covid-19 Monterey Bay Face Shield Project Acknowledgements

A team of Santa Cruz and Monterey County businesses and nonprofits collaborated to produce and distribute about 14,000 face shields for personal protective equipment.

Joe Graney, President
Santa Cruz Bicycles
2841 Mission St,
Santa Cruz, CA 95060
joe@santacruz bicycles.com
(831) 459-7560

Role: Donation of manufacturing, design and packaging services



Human Services Agency
John McKeon
Taylor Farms
150 Main Street, Suite 300
Salinas, CA 93901

jmckeon@taylorfarms.com
(831) 465-4911

Role: Donation of raw materials delivery and logistics services



Ibis Bicycles
Tom Morgan, President
Hans Heim, Principal and CEO
Ibis Bicycles

2240 Delaware Ave, Santa Cruz, CA 95060
tom@ibiscycles.com hans@ibiscycles.com
(831) 461-1435

Role: Donation of manufacturing services



Tarek Tayara
Chief Operations
Officer

Global Plastics Inc
145 Malbert St. Perris CA 92570
tarek@gplastics.net

Role: Donation of raw materials



Stephen Slade, Executive Director
Land Trust of Santa Cruz County
617 Water Street, Santa Cruz, CA 95060
Stephen.Slade@LandTrustSantaCruz.org
(831) 429-6116

Role: Donation of coordination and delivery services



Bryan Largay, Conservation Director
Land Trust of Santa Cruz County
617 Water Street, Santa Cruz, CA 95060
Bryan.Largay@LandTrustSantaCruz.org
(831) 234-1177

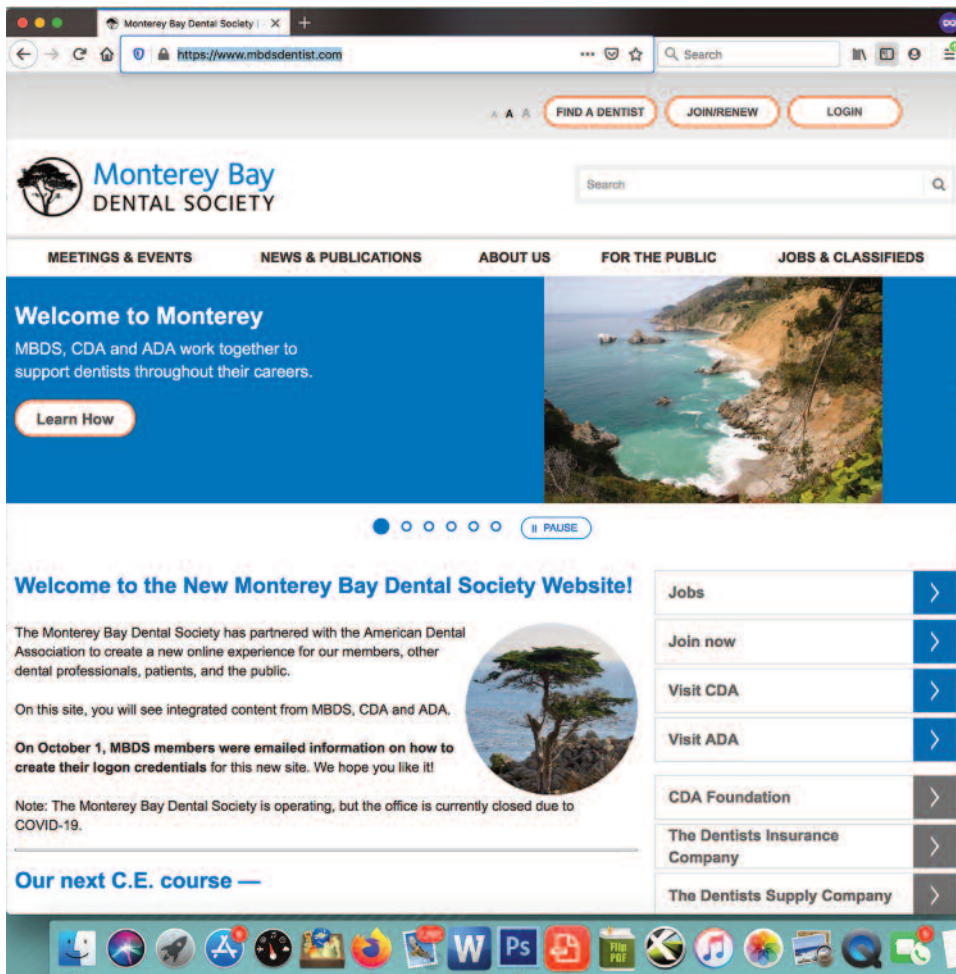
Distribution of shields is available via:

- Santa Cruz County Health Services Agency
- Monterey County Health Department
- San Benito County Health and

Recipients

Community Action Board of Santa Cruz County	348
Dientes Community Dental	500
Five Branches Medicine	48
Santa Cruz Food Not Bombs food bank	24
Harbor UCLA Speech Language Pathology	24
Medical Societies of Santa Cruz and Monterey Counties	3100
Monterey Bay Dental Society	512
Monterey County Health Clinics	980
Monterey County Health Department	480
Natividad Hospital Residency Program	480
Physician's Assistant Program Cal State Monterey Bay	486
San Benito County Health Services	96
San Francisco Department of Public Health	24
Santa Cruz County Health Services	5788
Sierra/Plumas County	106
Watsonville Community Hospital	300

Website Upgrade

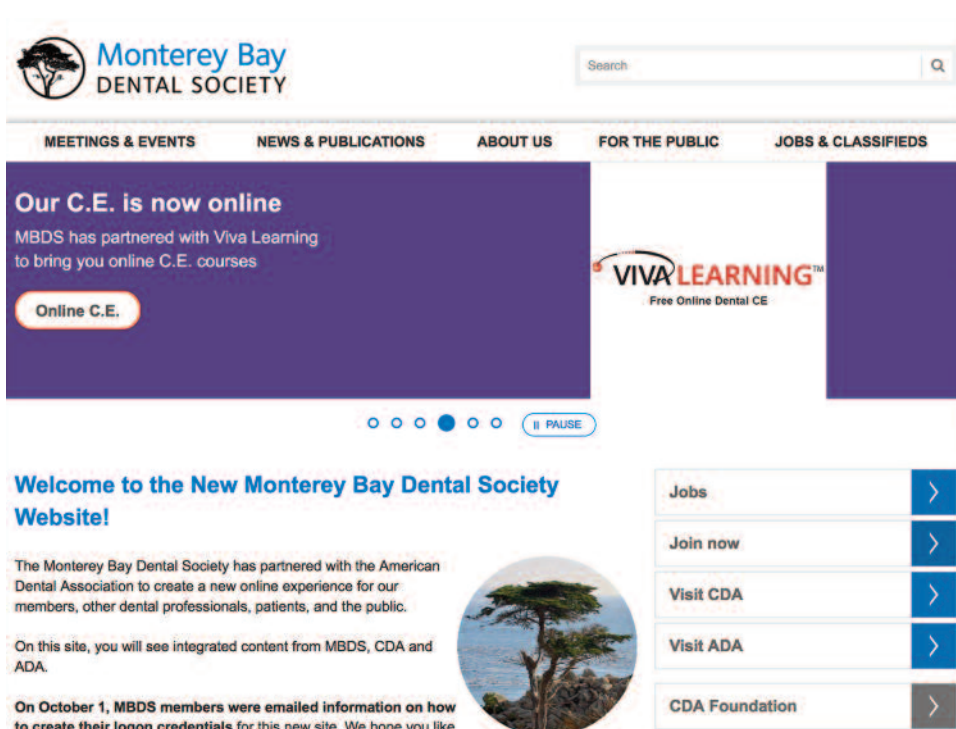


Welcome to the new mbdssdentist.com!

The Monterey Bay Dental Society and ADA have partnered to bring you a new Monterey Bay Dental Society website that can help YOU find staff and help future patients find YOU!

The website has several new features:

- A direct link to ADA's attractive Find a Dentist search that helps patients find you.
- Online forms so you can post an open position, a practice for sale, or equipment for sale.
- Links to local dental auxiliary training programs where you can post job openings.
- An easy-to-use visual index of SmileLine issues.
- An ADA branded look that lets everyone know Monterey Bay Dental Society as part of organized dentistry.
- Link to our online Continuing Education Webinars





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The Goldman Law Firm provides aggressive cost-effective and result-oriented representation to our clients. GLF focuses its practice in the representation of dentists in all of the practice areas which a dentist will typically encounter during his/her practice career.

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Malpractice Defense: GLF has one of the most successful track records in winning jury trials and arbitrations in malpractice cases involving restorative, endodontic, periodontic, orthodontic, nerve injury, osteomyelitis and complicated infection issue cases. GLF welcomes doctors to contact them regarding potential claims or to obtain a second opinion on a malpractice defense position.

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Julia Goldman,
Goldman Law Firm

Many of you are likely aware that in March of 2020, Congress passed the Families First Coronavirus Response Act, (FFCRA), to provide citizens with relief in response to the impact of the novel coronavirus. Among this relief, two brand new employment leave laws were created: twelve weeks of Emergency Medical Family Medical Leave Act, and two weeks of Emergency Paid Sick Leave. These new laws require private employers to offer new avenues of paid leave to employees.

The enactment of these leave laws has stemmed confusion over how to properly implement them in dental practices. This article will briefly summarize the basics of Emergency Family Medical Leave and Emergency Paid Sick Leave, discuss how leave can be used and paid, explain exceptions to the leave laws, and conclude with identifying recent changes in application of these leaves of absence.

1. Emergency FMLA (“Emergency Family Leave”)

Emergency Family Leave provides twelve weeks of protected leave to eligible employees. Emergency Family Leave may be used for one reason: if an employee must provide care to a minor child because of a school closure or childcare being otherwise unavailable due to COVID-19. An employee becomes eligible to use Emergency Family Leave on the thirtieth day of employment, after hire. Each employee may use Emergency Family Leave between March, 2020 and December 31, 2020.

The first two weeks of Emergency Family Leave are unpaid, and the remaining ten weeks of leave are paid. Leave is paid at 2/3 of an employee’s daily wage or \$200 per day, whichever is less.

2. Emergency PSL (“Emergency Sick Leave”) Emergency Sick Leave

Emergency Sick Leave provides two weeks of protected leave to eligible employees. Emergency Sick Leave may be used for five reasons: Emergency Sick Leave may be used for five reasons: (1) if an employee takes time off to get tested for COVID-19; (2) if an employee is subject to a government-ordered or physician-ordered quarantine;

(3) if the employee is helping another person comply with a quarantine order; (4) if an employee’s child requires care because of a school closure or childcare is unavailable due to COVID-19; or (5) if the employee is experiencing a substantially similar condition as specified by the Secretaries of Health and Human Services, Treasury and Labor. An employee becomes eligible to use Emergency Sick Leave immediately upon hire. Each employee may use Emergency Sick Leave between March, 2020 and December 31, 2020.

The two weeks of leave are paid. If an employee uses Emergency Sick Leave to get tested for COVID-19 or to comply with a government-ordered or physician-ordered quarantine, then leave is paid at the employee’s daily wage, or \$511/day, whichever is less. If Emergency Sick Leave is used for any other legitimate purpose, leave is paid at 2/3 of an employee’s daily wage or \$200 per day, whichever is less.

3. Exceptions to Emergency Family Leave and Emergency Sick Leave

There are two exceptions to Emergency Family Leave and Emergency Sick Leave: (1) the healthcare provider exception and (2) the small employer exception.

A. Healthcare Provider Exception Overview

A “Healthcare Provider,” is defined as any person who is employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care. Dentists, dental assistants, and hygienists are included in this definition. Office managers, financial coordinators, and receptionists are not healthcare providers.

If an employer chooses to use this exception, then healthcare providers cannot use Emergency Family Leave. Healthcare providers, can, on the other hand, use Emergency Sick Leave, but only under the following circumstances: (1) if the employee is subject to a government ordered or physician ordered quarantine, or (2) if the employee is prohibited from working by the employer due to health concerns related to the potential transmission of COVID-19. The pay shall not exceed their regular wages in the last pay period or \$511 per day, whichever is more.

Non-healthcare providers must be provided with all of the full amount of Emergency Family Leave and Emergency Sick Leave, for all covered purposes, as discussed in Sections 1 and 2.

B. Small Employer Exemption Overview

An employer with fewer than fifty (50) employees may be exempt from providing leave to an employee due to school or child care provider unavailability for COVID-19. An employer may (internally) claim this exception if (A) the employer has fewer than fifty (50) employees and (B) an authorized officer of the business has determined that one of the following apply:

1. Providing Emergency Sick Leave or Emergency Family Leave would result in the small business's expenses and financial obligations exceeding available business revenues and cause the small business to cease operating at a minimal capacity;

2. The absence of the employee or employees requesting Emergency Sick Leave or Emergency Family Leave would entail a substantial risk to the financial health or operational capabilities of the small business because of their specialized skills, knowledge of the business, or responsibilities; or

3. There are not sufficient workers who are able, willing, and qualified, and who will be available at the time and place needed, to perform the labor or services provided by the employee or employees requesting Emergency Sick Leave or Emergency Family Leave, and these labor or services are needed for the small business to operate at a minimal capacity.

If this exemption is adopted, all employees shall receive two weeks of paid leave, but only under the following circumstances: (1) if an employee takes time off to get tested for COVID-19; (2) if an employee is subject to a government-ordered or physician-ordered quarantine; (3) if the employee is helping another person comply with a quarantine order; or (4) if the employee is experiencing a substantially similar condition as specified by the Secretaries of Health and Human Services, Treasury and Labor. If an employee uses Emergency Sick Leave to get tested for COVID-19 or to comply with a government-ordered or physician-ordered quarantine, then leave is paid at the employee's daily wage, or \$511/day, whichever is less. If Emergency Sick Leave is used for

any other legitimate purpose, leave is paid at 2/3 of an employee's daily wage or \$200 per day, whichever is less.

4. Interactions Between the Leaves of Absence and Exceptions

A. If a dental practice adopts both exceptions, which leave is provided to employees?

- a. Emergency Family Leave

- i. No employees are eligible to receive Emergency Family Leave.

- b. Emergency Sick Leave

- i. Healthcare providers receive two weeks of leave: (1) if the employee is subject to a government ordered or physician ordered quarantine, or (2) if the employee is prohibited from working by the employer due to health concerns related to the potential transmission of COVID-19. The pay shall not exceed their regular wages in the last pay period or \$511 per day, whichever is more.

- ii. Non-healthcare providers receive two weeks of leave: (1) if an employee takes time off to get tested for COVID-19; (2) if an employee is subject to a government-ordered or physician-ordered quarantine; (3) if the employee is helping another person comply with a quarantine order; or (4) if the employee is experiencing a substantially similar condition as specified by the Secretaries of Health and Human Services, Treasury and Labor. If an employee uses Emergency Sick Leave to get tested for COVID-19 or to comply with a government-ordered or physician-ordered quarantine, then leave is paid at the employee's daily wage, or \$511/day, whichever is less. If Emergency Sick Leave is used for any other legitimate purpose, leave is paid at 2/3 of an employee's daily wage or \$200 per day, whichever is less.

B. If a dental practice only adopts the healthcare provider exception, which leave is provided to employees?

- a. Emergency Family Leave

- i. Healthcare providers are ineligible for Emergency Family Leave.

- ii. Non-healthcare providers are eligible to use Emergency Family Leave for childcare purposes. Leave is paid at \$200 per day or 2/3 the employee's daily age, whichever is less.

b. Emergency Sick Leave

i. Healthcare providers receive two weeks of leave: (1) if the employee is subject to a government ordered or physician ordered quarantine, or (2) if the employee is prohibited from working by the employer due to health concerns related to the potential transmission of COVID-19. The pay shall not exceed their regular wages in the last pay period or \$511 per day, whichever is more.

ii. Non-healthcare providers receive two weeks of leave: (1) if an employee takes time off to get tested for COVID-19; (2) if an employee is subject to a government-ordered or physician-ordered quarantine; (3) if the employee is helping another person comply with a quarantine order; (4) if an employee's child requires care because of a school closure or childcare being unavailable due to COVID-19; or (5) if the employee is experiencing a substantially similar condition as specified by the Secretaries of Health and Human Services, Treasury and Labor. If an employee uses Emergency Sick Leave to get tested for COVID-19 or to comply with a government-ordered or physician-ordered quarantine, then leave is paid at the employee's daily wage, or \$511/day, whichever is less. If Emergency Sick Leave is used for any other legitimate purpose, leave is paid at 2/3 of an employee's daily wage or \$200 per day, whichever is less.

C. If a dental practice only adopts the small employer exception, which leave is provided to employees?

a. Emergency Family Leave

i. No employees are eligible to receive Emergency Family Leave.

b. Emergency Sick Leave

i. All employees may use Emergency Sick Leave: (1) if an employee takes time off to get tested for COVID-19; (2) if an employee is subject to a government-ordered or physician-ordered quarantine; (3) if the employee is helping another person comply with a quarantine order; or (4) if the employee is experiencing a substantially similar condition as specified by the Secretaries of Health and Human Services, Treasury and Labor. If an employee uses Emergency Sick Leave to get tested for COVID-19 or to comply with a government-ordered or physician-ordered quarantine, then leave is paid at the employee's daily wage, or \$511/day, whichever is less. If Emergency Sick

Leave is used for any other legitimate purpose, leave is paid at 2/3 of an employee's daily wage or \$200 per day, whichever is less.

D. If a dental practice does not adopt either exception, what leave is provided to employees?

a. Emergency Family Leave

i. All employees are eligible to use Emergency Family Leave for childcare purposes. Leave is paid at \$200 per day or 2/3 the employee's daily wage, whichever is less.

b. Emergency Sick Leave

i. All employees receive two weeks of leave: (1) if an employee takes time off to get tested for COVID-19; (2) if an employee is subject to a government-ordered or physician-ordered quarantine; (3) if the employee is helping another person comply with a quarantine order; (4) if an employee's child requires care because of a school closure or childcare being unavailable due to COVID-19; or (5) if the employee is experiencing a substantially similar condition as specified by the Secretaries of Health and Human Services, Treasury and Labor. If an employee uses Emergency Sick Leave to get tested for COVID-19 or to comply with a government-ordered or physician-ordered quarantine, then leave is paid at the employee's daily wage, or \$511/day, whichever is less. If Emergency Sick Leave is used for any other legitimate purpose, leave is paid at 2/3 of an employee's daily wage or \$200 per day, whichever is less.

5. New Interpretations of Leave Application

As of September 2020, new interpretations were issued by state and federal authorities providing further guidance on how to grant leave to employees. Emergency Family Leave and Emergency Sick Leave may each be taken in one lump sum. Employers are not required to offer leave on an intermittent basis. For example, if an employee requests to take two weeks of Emergency Sick Leave, the employee must take all two weeks at once. An employer can choose to grant leave on an intermittent basis. This means that an employee can use leave as needed, a few days at a time. If an employer allows one employee to use leave on an intermittent basis, then the employer must allow all other employees to use leave on the same basis.

Also, employees can only use Emergency Family Leave or Emergency Sick Leave if the employee is scheduled to work. For example, if an employee is furloughed, or on vacation, or if the office is closed for a holiday, the employee is not scheduled to work. Therefore, the employee would not be entitled to use Emergency Family Leave or Emergency Sick Leave.

Although there is a right to reinstatement at the termination of each new leave of absence, employees are not protected from employment actions such as layoffs, that would have affected a work unit, regardless of whether or not an employee used leave. This means that an employer can lay off staff members for legitimate business reasons, such as the closure of a worksite due to another quarantine.

Finally, employees working remotely are ineligible to use Emergency Family Leave and Emergency Sick Leave.

6. Conclusion

The Emergency Family Leave and Emergency Sick Leave policies are complex and require proper application to employees. We hope that this article has assisted with providing a roadmap to both employers and employees about how these new leave laws may be used in a dental practice setting. The Goldman Law Firm is available to answer any questions about FFCRA leave or its application.

“ You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it. ”

— Maya Angelou

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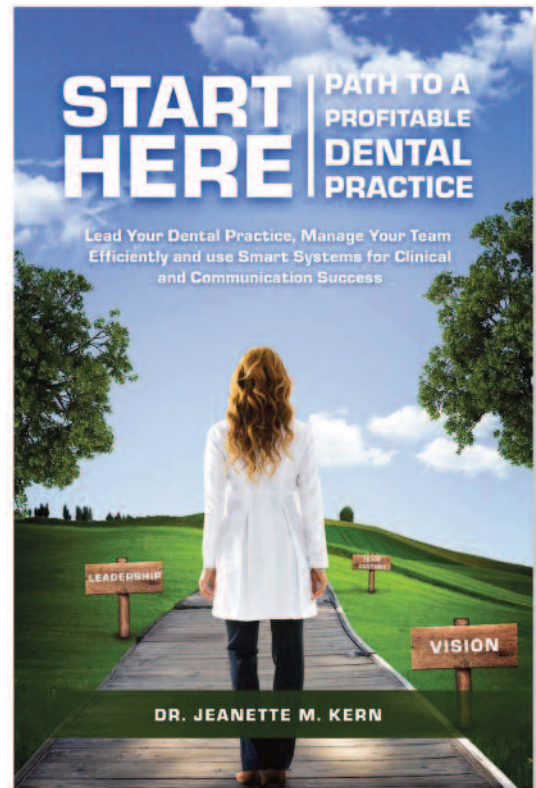
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Dentistry As We Know It—Changed Forever



Dr. Irving Chao, DDS

The days of dentistry as we know it are changed. When we started out with the initial shelter in place order, we thought it would last for a week or two and everything would go back to normal. Little did we know at the time that our normal would soon be changed forever. As we started learning more and more information about the new virus, fears began to increase about how we were going to protect ourselves, how we will protect our employees and patients, and how we were going to stay afloat as a business.

Personal Protective Equipment (PPE) became that focus of our strategy. We decided that in order to achieve our first goal of protecting our team, we would require a N95 respirator or Power Air Purified Respirator (PAPR) for all clinical team working with an aerosolized procedure. Deciding to require the respirators was just the beginning of the OSHA requirements for requiring respirators. Thankfully, the California Dental Association provided the policy and procedure the respiratory protection program and the steps for us to be compliant. Each of our team was required to undergo an independent medical screening evaluation to determine that it was

safe for them to wear a respirator during work. Then they must be fit tested for each specific mask that we provided in our office. We were able to obtain a fit testing hood and developed a protocol to fit test all of our team. We then had to provide education and training to each employee on how to check to make sure they were protected each time they donned and doffed their respirator.

Another challenge was finding gowns long enough, with cuffs and a button up all the way to the neck line. Initially, we were torn between expensive hard to find disposable gowns or buying reusable gowns at a high initial cost and then using valuable office time to have team members wash, dry and fold the gowns. After doing some research, we were able to find a professional health grade

laundry service to provide the gowns for us. They would launder and deliver clean gowns for the week. We were able to get new gowns delivered and laundered for \$1 each with volume pricing. This gave us one less thing to worry about and was something that was done automatically.

At any given time, we may have 30 to 40 people in our office and needed a full time foot traffic coordinator or transporter. This allows us to safely social distance patients from each other and prevent traffic jams in our hallways. All members of our team wear walkie talkie headsets. This allowed for us to define the role that only the patient transporter would escort a patient from the waiting room to the operatory and from the operatory to the treatment coordinator office and then walk the patient out the back door when their visit was complete. Developing one way traffic flow through the office also helps us prevent cross contamination among patients.

Another strategy to help us with even out foot traffic is staggering schedules for doctors and hygienists. Each doctor was paired with a hygienist and would be scheduled either on the hour, on the 20 minute mark, or on the 40 minute mark. This prevents all the patient



Online staff meetings

from coming in at the same time and allows for a more steady continuous flow of patients. This allows for our business team to spend more time checking in, going over treatment plans, and checking out our patients without being overwhelmed.

The business of dentistry seems to be the last thing that comes up and is very important. How do we continue to stay productive and meet all of our financial obligations? Like many of you, our six month recare schedule came to a halt. Patients who had hygiene appointments at the end of March, April and May are no longer scheduled in September, October and November. Normally pre-booked hygiene appointments in the future would be almost full; however, now they are empty. As we know, hygiene is the lifeblood of the doctor's restorative schedule. We know that simply calling a patient to reschedule would not be enough. There would be hundreds of phone calls needed and actually getting a patient on the phone is often times a difficult task. To combat this problem, we implemented online scheduling. We automatically text/email patients overdue for recare and provide the online scheduling link. But that still wasn't enough. We were still working the phones and decided that when we

didn't reach a patient and had to leave a voicemail, we would also send them a text message with the link to our online scheduling platform. This combination has been helpful in getting patients to take initiative to schedule their recare appointment.

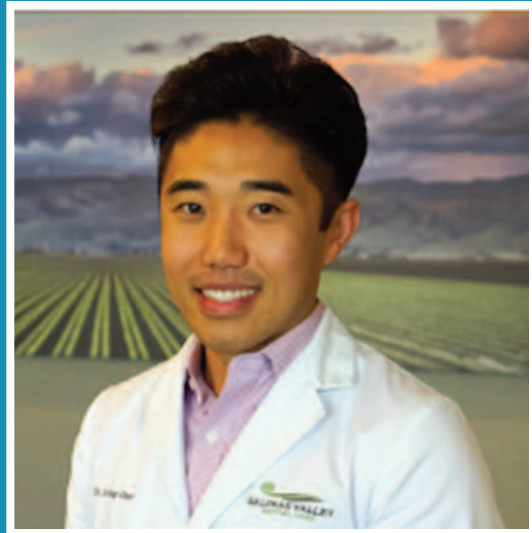
During our shutdown, we wanted to keep our staff engaged and use the downtime we had for training so we could hit the ground running once we reopened. We were able to do this by scheduling online staff meetings. Once we reopened, we decided to continue our virtual meetings so that we can safely social distance of staff members and not cram everyone into a room. We not only had virtual meetings with our staff but also had virtual consultations with new patients. This allowed us to meet the new patients more personally without having all of our PPE on and allowed the patient to ask questions and become more comfortable with our office before coming in. Virtual consults also allow us to save on valuable chair and costs involved with turning over operatories.

One thing that was of great value to me was my relationship with my supply rep. Whether you work with Henry

Schein or Patterson or another vendor, having a real life local person available has been invaluable. We stayed in continual contact sometimes daily to brainstorm strategy on supplies, to change to different brands when costs became too high, and to be on top of inventory when things became available.

In these uncertain times, it is crucial that we change the way to think and practice. We need to utilize technology, relationships with vendors, and changing guidelines to help us cruise through these turbulent times. Please feel free to reach out to our office if you need any advice!

Disclaimer: The aforementioned dental products, equipment and suppliers in this article are not formally endorsed by the Monterey Bay Dental Society. For further information and assistance, you are encouraged to reach out to the dental office or company directly.



Dr. Irving Chao

Dr. Irving Chao is a general dentist in Salinas, and received his Doctorate of Dental Surgery from Arthur A. Dugoni University of the Pacific Dental School.

Dr. Chao is committed to giving back to the Salinas Valley community. In addition to serving the patients of his own practice, he provides free dental care to the members of the Elm House Rehabilitation Center. He has also served on the Monterey Bay Dental Society Board of Directors as the Chair of the Dental Health Committee.

“*Courage and perseverance make difficulties disappear and obstacles vanish.*”

— Anonymous

Surviving and Thriving Through the COVID Economy.

Realtime resources are available for small business to weather what has been forced on our economy. I'm sure you've heard it said that billions of dollars in government aid for small business goes unfunded every year. These funds are incentive dollars and not grants or loans as is the popularized Payroll Protection Program. So, where are all these dollars and how difficult are they to access? Here are four examples of federal programs available to all small business, and in every state. If you are a small business in the United States that pays Federal and/or State income tax, you are due tax incentive dollars.

WOTC

The Work Opportunity Tax Credit (WOTC) is a federal tax credit providing incentives to employers for hiring groups facing high rates of unemployment, such as veterans, youths and others. WOTC helps these targeted groups obtain employment so they are able to gain the skills and experience necessary to obtain better future job opportunities. The WOTC is based on the number of hours an employee works and benefits the employer directly as a dollar for dollar tax credit against the employer's contribution of the employee's payroll tax.

ERC

The Employee Retention Credit is a refundable tax credit against certain employment taxes equal to 50 percent of the qualified wages an eligible employer pays to employees after March 12, 2020, and before January 1, 2021. Eligible employers can get immediate access to the credit by reducing employment tax deposits they are otherwise required to make. Also, if the employer's employment tax deposits are not sufficient to cover the credit, the employer may get an advance payment from the IRS.

Cost Segregation

According to the American Society of Cost Segregation Professionals, a cost segregation is "the process of identifying property components that are considered "personal property" or "land improvements" under the federal tax code." A cost segregation study identifies and reclassifies personal property assets to shorten the depreciation time for taxation purposes, which reduces current income tax obligations.

R&D Tax Credit

The "Protecting Americans from Tax Hikes (PATH) Act was signed into law by President Obama in 2015. This law makes billions of dollars in incentives and cost reduction programs available to Startup Companies and existing small business. Prior to The PATH Act companies without income

tax liability or companies who fell under Alternative Minimum Tax (AMT) either did not qualify for or had to carry forward R&D tax credits. Now, small businesses qualifying under The PATH Act can capture the R&D tax credit within the immediate tax year against payroll taxes, AMT, or Federal Income Taxes. Modification of the PATH Act recently expanded the R&D to include processes, procedures, equipment & supplies required for COVID-19 related clean-up and sanitation. A Small Business qualifying under The PATH Act with a payroll of \$250,000 would normally have to pay \$15,500 in FICA. The available (estimated) R&D Tax Credit of \$16,000 would offset their tax liability 100%.

As a small business you became uniquely qualified for these and other relief programs when you created your business entity, hired employees, and started paying income and payroll taxes. So you have already qualified for state and federal tax incentives, how much have you qualified for? Each program has a unique formula to calculate present and future incentives you are and will be due and there are two quick methods to access and calculate what you are due.

Stryde Solutions is a small business resource center that has been helping Main Street America with specialty tax incentive programs for 20 years, and we do it on our dime. All services are provided on a contingency basis, so you only pay when you have realized a benefit. Within a 10-minute conversation we can provide an estimate of the dollar amount that your practice is due. If on the other hand you would prefer to access an online platform to estimate your due, go to www.gmg.me/552031. Either way, our resources are available at no cost to see what the possibilities are to survive and thrive through the covid economy.

Ron Messimer is a Senior Advisor with Stryde Solutions, Growth Management Group and can be reached at ron@messimer.com, (831) 435-0075, and [linkedin.com/in/ron-messimer-34493019](https://www.linkedin.com/in/ron-messimer-34493019)



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Practicing Dentistry In A Pandemic—What Fun!



Dr. Devin Bernhardt

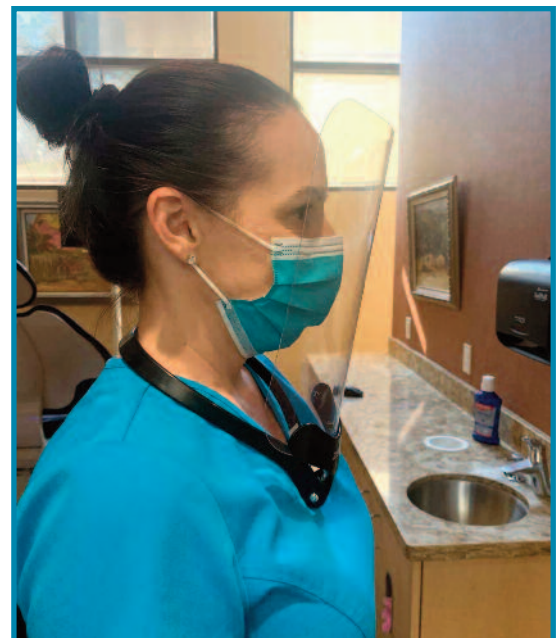
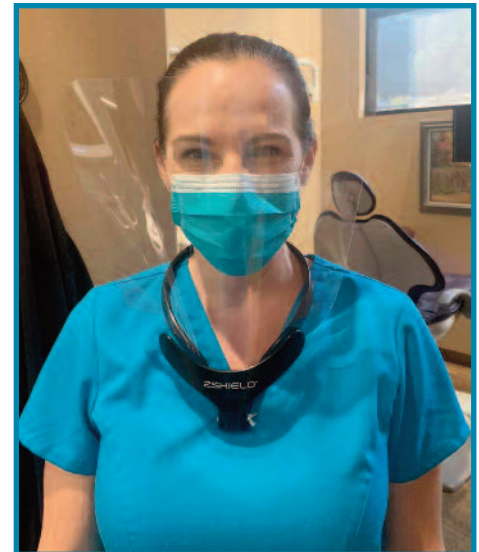
There are guidelines and recommendations and then there is what works for your practice in the real world. These are some of the changes we have instituted in our office that we have found work for us. As always, things are changing and what we do now may not work in the future.

We installed a REME Halo HALO® Whole Home In-Duct Air Purifier into each of our HVAC systems. (<https://www.rgf.com/products/air/reme-halo/>) Essentially, it introduces hydroperoxides into the office air at a level that is closer to what is found in outdoor air and (supposedly) reduces virus and bacterial loads significantly.

We have been using an online scheduling system that allows patients to find and schedule their own cleaning appointments. It views our schedule and updates in real time. This helps relieve some of the stress of rescheduling hundreds of hygiene appointments. The system is called LocalMed and has worked well for us, with only a few glitches. You can see how it works at the top of our website, scottsvallydentist.com

- Face shields. We have tried quite a few different kinds. About half of our team is fond of the flip up face shields, they fit over loupes, they're lightweight and it's easy and cheap to change out the shield when you need to. We use the Lumashields (<https://lumadent.com/lumashield>). The other half of our team is a fan of the shields that go around the neck and can fold down.

- Wearing masks. I'm a fan of wearing the head covering that has the buttons to help keep your ears comfortable. It seems to help with over-the-ear masks as well as guiding the straps of the masks that go behind the head.





There is limited, if any, evidence to show that dental offices are implicated in the spread of Sars Cov 2, even with the aerosols we produce. But we should be rightly concerned about the health of our patients and team. I believe the most dangerous part of your office in spreading COVID is in the break room and with each other. We are most comfortable eating and talking together and, in my opinion, are far more likely to spread it from employee to employee rather than to or from a patient. Encourage your team to eat outside and to wear masks as much as possible around each other. We recently purchased an outdoor picnic table, we live in a place where we have amazing weather most of the year, we should take advantage of that.

Disclaimer: The aforementioned dental products, equipment and suppliers in this article are not formally endorsed by the Monterey Bay Dental Society. For further information and assistance, you are encouraged to reach out to the dental office or company directly.

“Perseverance, self-reliance, energetic effort, are doubly strengthened when you rise to battle again.”

— Anonymous



Dr. Devin Bernhardt

Dr. Devin Bernhardt grew up in Santa Cruz and attended Harbor High School before finishing his undergraduate studies at UC San Diego. He then graduated from the UCSF School of Dentistry just like his mom, Dr. Benedict.

Dr. Bernhardt has participated in many dental humanitarian missions around the world including traveling with his mom and family to Guatemala, Ecuador, Haiti and most recently Uganda. He has worked with the US Navy, Rotary Club, Los Medicos Voladoras (The Flying Doctors) and For World Wide Smiles to help deliver dental and medical care to the under-served in other countries.

In his free time he enjoys playing soccer, volleyball, skiing and spending time with friends and family.

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- Real estate programs and commercial real estate loan product options
- Buying or starting a practice

Additional topics we can discuss are opportunities to expand your practice in today's market, how to facilitate key transitional events and future transition planning.

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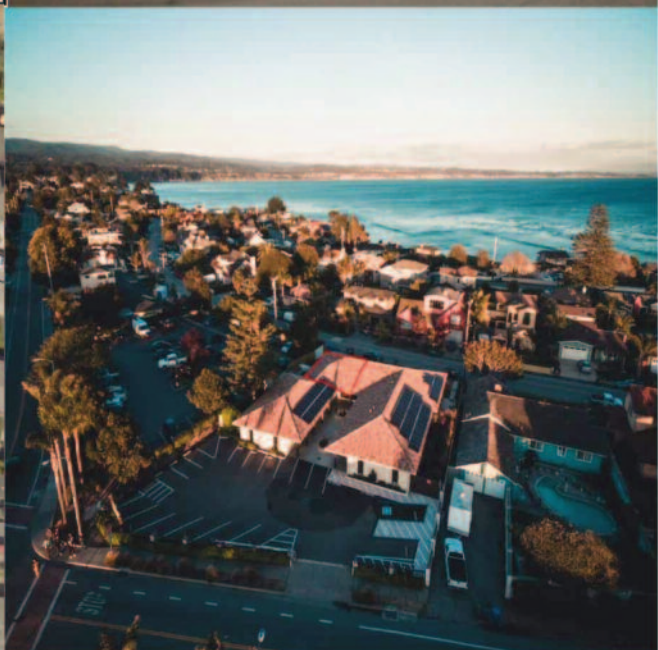
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Preparing Our Team and Patient Safety During The Pandemic

Daniel J Pierre DDS MS

Arriving to the office was eerie. There were no cars in the usually busy parking garage. One of my team members said, “no offices were open in the building besides ours.” The stark reality of COVID-19 hit me—Change was coming—and fast!

I came home from work and was overwhelmed with emotion for the safety of my patients, my employees, and my family. I talked to many trusted colleagues and mentors and they agreed it was wise to pause and learn more about this virus causing a global pandemic.

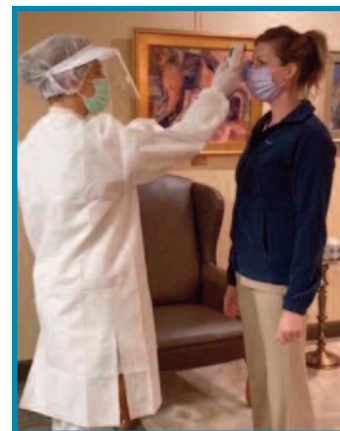
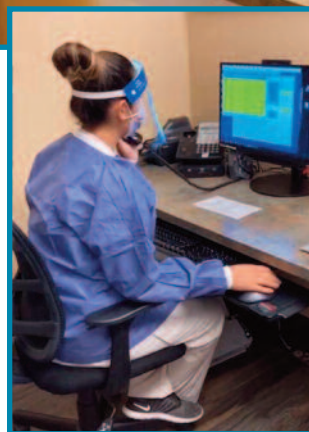
From the very beginning, we held a team meeting and discussed the importance of everyone on the team. We came together as a team. We worked together to learn more about this virus that was sweeping the world and to ensure the safety of our office.

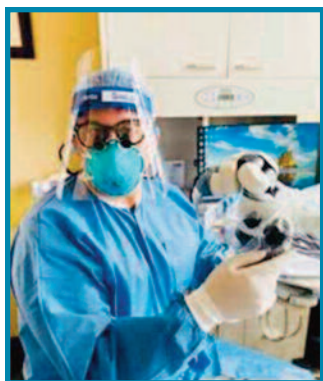
We stopped seeing patients completely in order to find out more about this deadly virus. After much deliberation, we chose to keep our staff hired, albeit reduced hours. Some employees worked from home while others worked within the office, social distancing while trying to work together and providing patients with as much care over the phone as possible. Weekly Zoom meetings kept us connected and emotionally stronger knowing we had each other for support.

I wrote letters to our Governor and called our senators stating the importance of emergency dental care and our professions ability to help keep patients out of the emergency room. I learned we still have a long way to go to educate the public on our important role in people’s health. The risks we take in order to serve our patients are profound and admirable.

N-95 masks became the new standard, which were incredibly challenging to obtain. Months of trying to secure personal protective equipment (PPE) became my obsession. I soon learned all the nuisances of manufacturing PPE in countries around the world and what role our FDA plays in certifying health care equipment.

The next challenge was having N-95 fit tests and finding out most of the N-95 masks that were so difficult to obtain





did not fit my assistants. The changes came on quickly and so we acted quickly, ordering everything from N95 masks, disposable gowns, face shields, and special mouth rinses for our patients.

When something extraordinary and serious comes

on so suddenly, it can be overwhelming to know how to handle it, especially in the healthcare industry. Right from the start, we came together and were able to get all the personal protective equipment (PPE) necessary to run a safe and successful office.

Our office has not let the “little things” slide either. Sometimes the little details hold the greatest impact in a healthcare setting. From the first contact with a patient, we attempt to have them fill out all office and pre-screening COVID forms electronically. We invested in sneeze guards and JADE units from Surgically Clean Air to filter and clean the air in our operatories.



The changes we have made start with only allowing one patient in the office at a time, this prevents unnecessary contact. While it may affect production of our business, our first concern is for the health of our patients and team. When the patient arrives to our office, they are asked to call the office to make sure there is nobody else there and are asked a series of covid-19 safety questions.

When it is safe to come up, they are greeted at the door where their

temperature is taken and then they are brought back where they are given a peroxy mouthwash that reduces bacteria and viral loads before we examine inside the mouth. Both the assistant and doctor are fully prepared with the proper PPE from head to toe. A hair cover, face shield, N95 mask, long disposable jacket, gloves, and shoe covers are worn. When the patient is dismissed, we wipe down EVERYTHING. This is where the little details come in. We start with the door handles, the front counter, the credit card machine, bathroom and of course our operatory. All sur-

faces are wiped with a disinfecting towelette that kills bacteria and viruses in just two minutes.

This pandemic has not only been a change for all healthcare workers and providers, but for the entire world. We are doing our part to come together and make sure that when you come to our office you know you are safe and know that we have done the best possible job of providing the things you need during this time.

We are fighting this together, so stay safe and well.

Disclaimer: The aforementioned dental products, equipment and suppliers in this article are not formally endorsed by the Monterey Bay Dental Society. For further information and assistance, you are encouraged to reach out to the dental office or company directly.



Dr. Dan Pierre

Dr. Dan Pierre is an Endodontist in Monterey, CA, and also serves on the Board of Directors for the Monterey Bay Dental Society. Originally from Green Bay, Wisconsin, he received his education at UCSF Dental School. He has held various leadership roles in the American Association of Endodontics as well as the American Dental Association.



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Tribute to Art Dugoni: Reflections on a Life — 1925-2020

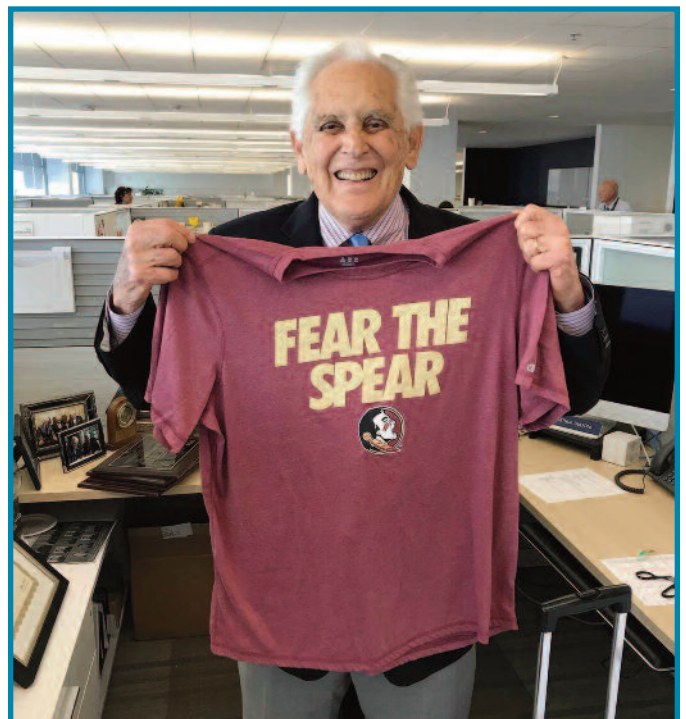
Lloyd P. Nattkemper, D.D.S.

Early in the morning on Wednesday, September 23rd, 2020, Arthur Albert Dugoni, D.D.S., M.S. quietly passed away. The previous evening he had fallen, and complained of feeling agitated—something rare for him—mostly about the COVID-19 pandemic and the PSA numbers his doctors were increasingly concerned about. Art had been fighting prostate cancer along with numerous issues related to its treatment for 15 years. He was 95.

Art did more than make the most of those 95 years. In a thoughtful, determined and untiring way, he made the most of every single day, providing a role model for generations of students, colleagues, educators and administrators in his beloved school and around the world, as well as his friends and loved ones. Art Dugoni personified leadership, vision, attitude, work ethic, rich interpersonal relationships, a remarkable memory for names and details, approaching everything with humanism, warmth, enthusiasm and love.



Art and Lloyd in Art's study, 2013



Eating humble pie—Art lost a bet with a FSU grad. Getting ready to wear the T-shirt around the school

Here is a very abbreviated list of Arthur Dugoni's career achievements and activities:

(NOTE: This is adapted from the first of three articles I wrote about Art for the SmileLine, following interviews I did with him in 2013 and 2014. They appeared in the Spring/Summer Smileline editions of those years and are viewable on the MBDS Website).

- Valedictorian, St. James High School, San Francisco (1943)
- US Navy following WWII: USMC—Korean Conflict (as dental surgeon)
- Valedictorian, College of Physicians and Surgeons (now University of the Pacific Arthur A. Dugoni School of Dentistry, San Francisco), (1948)
- Diplomate, American Board of Orthodontics (1970)
- Professor, Orthodontics and Chairperson, Dept. of Orthodontics—P&S (UOP)
- Dean, University of the Pacific School of Dentistry (1978-2006, 28 years)
- President, California Dental Association (1982)
- President, American Board of Orthodontics (1985)
- President, American Dental Association (1988-89)
- President, American Association of Dental Schools (1994-95)
- President, American Dental Association Foundation (2003-2010)
- House of Delegates, CDA (1958-2019)
- House of Delegates, ADA (1965-2019)
- Honorary Chair, ADA Foundation campaign, "Our Legacy—Our Future"
- Dr. Irving Gruber Award for Excellence in the Advancement of Dental Education (1997)
- World Dental Federation (FDI) List of Honour (1998). Art participated for 12 years in restructuring the FDI, creation of multiple programs to "enhance oral health and dental education in underdeveloped and developing countries."
- American Association of Orthodontists Foundation Award (1999)
- Pacific Coast Society of Orthodontists Lifetime Achievement Award (2007)
- Distinguished Service Awards (this is a partial list): California Dental Association, Pierre Fauchard Academy, American Dental Association, American Association of Dental Schools, California Association of Orthodontists, Dale F. Redig Distinguished Service Award (CDA)
- Fellowships (partial list): American College of Dentists, International College of Dentists, American Academy of Pediatric Dentistry, National Academies of Dentistry,



Speaking at Pacific's 2018 Annual Alumni Meeting

Pierre Fauchard Academy, American Academy of Oral Medicine

- Over 1,250 professional presentations
- Over 175 publications
- A multiplicity of innovative educational programs and advances in orthodontic research over the course of his tenure as Dean at UOP (or as Art preferred to call his school, "Pacific")—and in the years since as a very active Dean Emeritus.
- Several community outreach programs, programs that provide advanced degrees for faculty and staff, and untiring work on fundraising for his school and its students
- Art's family and loved ones include his wife Kaye, who passed away in 2015, Cathie Perga, his companion in recent years, seven children, fifteen grandchildren and nine great-grandchildren.

A week after Art's death, Craig Yarborough and I spent an hour on the phone talking about Art's legacy, about the last few years and days of his life, about some of the elements of Art's character that drove him and inspired others. Craig met Art 42 years ago when Art became dean in 1978. Craig was a student at Pacific, whose dean when he began his dental training was Dale Redig. Following his graduation, Craig established a dental practice in Lodi, California. He also became a faculty member, initially one day per week at Pacific. "Art offered others opportunities. He always saw more in individuals than they did in themselves. He told Craig "...that I could achieve more than even I expected of myself." Art offered Craig a full-time position as faculty group practice



Craig Yarborough and Art Dugoni enjoying an afternoon at the Vi, 3013

administrator at Pacific in 1993. “It was a fantastic opportunity for me—but I wasn’t sure Art would be around more than another two or three years as dean, and as a mentor to me. He was 68 at the time.” Art’s active involvement with Pacific as dean and subsequently Dean Emeritus continued for another 27 years. Over the course of those years, Art asked Craig to fill various roles on the faculty and in the administration at Pacific. Craig has also become actively involved with CDA, as Art was, and served as Speaker for the CDA House of Delegates (HOD).

“He gave me, gave all of us, a blueprint for life. He saw in you more than you saw in yourself. And somehow, everyone whose life he touched, wanted to live up to that.” Craig currently serves as Associate Dean for Institutional Advancement & Director, Center for Success at the Arthur A. Dugoni University of the Pacific School of Dentistry. Craig Yarborough is one of hundreds, maybe thousands of individuals, whose accomplishments and whose service to others have been inspired to some degree by Arthur Dugoni.

Peter DuBois, who has served many years as CDA’s Executive Director, shared an observation about Art after first becoming ED. Peter told Craig that when he first met Art, he thought Art should retire. Peter ascribed to a leadership theory claiming that no one should be in the same position of leadership for more than 20 years. At that time, Art had been serving in multiple leadership positions in organized dentistry, dental education, as well as (at that time) nearly 20 years as dean at Pacific. A year later, after working with Art on several HOD proposals, seeking his counsel on issues, Peter changed his recommendation. Craig remembers Peter telling him Dugoni was an exception to the rule. “Art had the ability to re-invent himself every two to five years.” Art shared with me when I was a faculty member at Pacific, and years later during one of our

interviews, that he actively sought new viewpoints, new information and technology, and felt energized when in meetings where new ideas were put forth. He was always making lists, including items he wanted to study ahead of time. Before any meeting, Art would (as Craig said) “... have all of his ducks lined up.” He would have a thorough knowledge of issues and about each participant—their viewpoints and how they would vote on important issues.

When Art was in a meeting, or in any conversation, Craig emphasized to me what he saw as a true key to Dugoni’s brilliance as a leader, administrator and mentor. “Art’s greatest strength was his ability to communicate. He was an unbelievable listener. He’d often open meetings saying, ‘Here’s the topic, what are your opinions?’” During the conversation, Art looked the speaker in the eye, gestured with his hands as though “tell me more!” to encourage the speaker. Even if Art’s opinion and ultimate decision, “... was 180 degrees different from what I had suggested,” Craig remembers Art clearly repeating the points Craig or others had brought up, and gently explaining what went into his final decision, often based on factors where Art ultimately had to shoulder the outcome of the decision.

Craig commented that Art Dugoni’s powerful skills in communication and leadership were always in mind. Craig often asks himself, “What would Art do? How would he approach this issue? He was always fair. Not only professionally, but personally, in society, and as a dentist. He was always striving to be a better father, husband, friend, leader.” Art, very simply, put thoughtful effort into every relationship and every project he took on. During one of the visits I had with Art at his home in Palo Alto several years ago, he and I were talking about how much he put into relationships and into things he wanted to succeed. He pulled a book off a shelf in his study, opening the cover to show me a personal inscription from the author, UCLA’s famed basketball coach John Wooden, to Art. He told me, “It’s as simple, and difficult, as this. Wooden said it and it’s what I strive for. ‘Make each day your masterpiece.’”

I know from my interviews with Art at his home a few years ago, as well as many phone conversations that included quizzing me about weightlifting, diet and aerobic training, and hearing Art talk about what he did each day to maintain fitness (yes even when he was well past 90 years of age) that he took an extremely active role in maintaining his physical



Art and Frank Brucia in 2019, celebrating the 150th anniversary of the San Francisco Dental Society.

and mental fitness. During some of our phone conversations on Saturday mornings, Art was riding his stationary bike. “Going for ten miles today Lloyd!”

There was another dimension to Art’s resilience and character. I asked Craig what kept Art going, especially over the last several months before his death, with his school shut down because of the pandemic, increasing concern over his PSA numbers, and times he questioned what value he still had. Craig immediately answered, “His faith.” Art was a devoted Catholic all of his life, and right along with his faith in God, he infused love into every relationship he had, personal and professional. Even in situations where Art was dealing with unpleasant individuals, or people he did not agree with, Craig remembers, “...he was a diplomat, always professional and respectful with people. If he didn’t like someone or a situation, Art would come from a position of appreciation for the person or their position, finding their attributes and hopefully a place for compromise.

It was only when something struck against his core values would he become upset, but it would always be brief. He was a master at control and conciliation.”

The five years prior to Art’s passing were not easy for him, perhaps especially because, as I’ve mentioned, he sometimes questioned his purpose, his worth. He shared this openly with Craig, even about frustrating, sometimes embarrassing physical issues. “Yet whenever Nader (Nader Nadershahi, current Dean at Pacific) had a question or a problem, Art provided invaluable experience. He would add guidance only when asked, putting things in perspective of past and current issues, and the future of the School and of dentistry. He was always on top of information.” Art remained active, and as Craig describes, “...brilliant at philanthropy.” He contributed enthusiastically in the postgraduate department of orthodontics at Pacific as well. In a phone conversation I had with Art one evening a few years ago he excitedly described details of a study he and the director of the orthodontic program at Pacific were getting ready to publish, on early intervention of Angle class II cases. Art also supported and encouraged me, speaking from his own experience, as I have dealt with cancer. His worth as mentor, colleague and enthusiast of our profession, in spite of the difficulties he faced, never diminished.

I’d like to close with a story Art shared with me. He was in conversation with orthodontic residents in the beautiful new clinic at Pacific, one of whom asked him for a “pearl” that she might use in caring for patients. Art responded, “Do everything with love. Love what you do. Love all the people who you work with and who you know. Love every day you have. Love your friends and treat them like they really matter. Try to look at every situation not through fear or with negativity but from the standpoint of love.”

The legacy this man created, and has left us, is something all of us in the dental profession can reflect upon proudly, and use to richly live our lives.

“Perseverance—secret of all triumphs.”
— Victor Hugo

CDA Virtual House of Delegates 2020



The annual California Dental Association House of Delegates meeting was yet another event in 2020 that was dramatically affected by the COVID-19 pandemic. Normally, each year we look

forward to sharing photos with our membership of the annual gathering in either Northern or Southern California. Typically, this includes fun photos of the themed President's Installation Party, the silent and live auctions, and the closing ceremonies. Needless to say, the surge of the virus forced the cancellation of these activities, and a "virtual" HOD was scheduled instead.

On Friday, November 13th, the first ever "ZOOM" HOD was held online (see photos). While there were no resolutions to be discussed, the incoming CDA Executive Committee appointees were announced. The Monterey Bay Dental Society would like to congratulate Dr. Judee Tippet-Whyte, DDS as the incoming President of CDA, as well as acknowledge Dr. Richard Nagy for his steadfast leadership as President during this undoubtedly challenging year.

The MBDS also thanks Dr. Nannette Benedict of Scotts Valley who continues to serve as CDA trustee, and represents our component with integrity, professionalism, and dedication. The efforts of CDA throughout this past year were truly appreciated, and our members benefitted in countless ways. We look forward to seeing how organized dentistry continues to help navigate us and our practices through these trying times.



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What's The Status Of Dentistry4Vets?

Dentistry4Vets in Association with Monterey County Gives

Asks for Support from our Local Dental Community

In 2018, Carmel resident and Navy veteran, Dr. George Yellich (OMS) set out to provide an opportunity for local veterans to receive quality dental care through a nonprofit organization he founded and titled Dentistry4Vets.

Most people do not know that the standard medical package from the VA does not offer dental coverage. Many veterans simply cannot afford the care so they go without treatment. This has resulted in a large number of veterans suffering from poor dental care and the compromised health that often follows.

After two years of routing patients to respective dental care volunteers / providers, Dentistry4Vets will now have a clinic thanks to the generosity of the Montage CHOMP Foundation. The new clinic is located in the Montage Health Center in Marina—fully donated by the Montage CHOMP Foundation. In addition, Cabrillo College School of Dental Hygiene is providing dental hygiene.

All this has been accomplished by dedicated board members and volunteering practitioners, plus generous donations from our community. Of special mention is the donation of the equipment by Dr. Philip Bhaskar in Monterey and Henry Schein Cares in New York.

Please consider a donation through Monterey County Gives which opens November 12th and runs through December 31st, 2020.

<http://montereycountygives.com/dentistry>

To learn more about the organization visit

Dentistry4Vets.org

Special Thanks to the following volunteers:

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Dr. Flavio Cheng
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Dr. John Eisinger
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Recipients:

Bernie McDermott
US Army
1966-1972

John Tomkinson
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US Marine Corps

Carrie Huddleson
US Navy
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US Army
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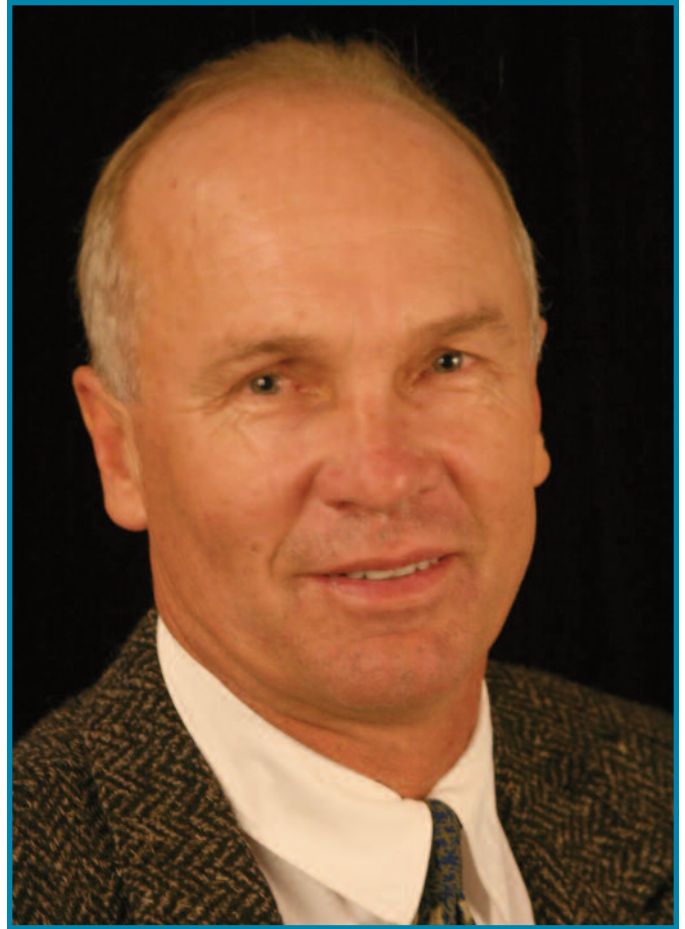


Dr. Fidele Robert de la Torre
1941-2020

“Dr. D,” as he was affectionally referred to, attended the University of Southern California School of Dentistry, class of 1966. He spent 50 years providing quality dentistry, which he believed was truly an art form.

Dr. D was a master falconer and worked with UCSC to help bring the Peregrine falcon species off of the endangered list. Not only did he have huge two-story aviaries at his home, but also a small one at his office where he would share his love of birds of prey with his patients.

Dr. D will be loved and missed by his family, friends, and all that knew him.



Dr. Cyrus Kenneth Oster
1951-2020

Resident of Santa Cruz

Cyrus is survived by his 2 children, Nathan and Jillian, and will be missed greatly by his brother, Don, sister, Ellowyn, and many close friends and family including thousands of patients with whom he spent the last 40 years providing compassionate dental care. He outlived the love of his life, Linda, by only 4 months and his abrupt departure is attributed to a broken heart.

Whether windsurfing, golfing or riding his motorcycle, Cy was more often found enjoying a hobby than in the office, and was happy to share details about his family’s latest adventures with any who were interested.

Carrying on the memory and work of his late wife, Cy’s children ask that any gifts be made to the Scholarship Fund at LindaOster.life. If you would like to offer condolences to Cy’s family, share your memories (or photos), or light a candle in his honor, please visit www.scmemorial.com.



Dr. Chad Joseph Corriveau

Chad Corriveau
June 25, 1963 - November 28, 2020
Monterey

Chad Joseph Corriveau (June 25, 1963 to November 28, 2020) was a resident of Monterey, California who passed away after a battle with pancreatic cancer. Chad grew up in Riverside, California and attended college at the University of Utah where he earned his degree in Pharmacy. Chad went on to become a dentist attending the University of Illinois, Chicago. Chad was passionate about golf and his community, and was a terrific irreplaceable friend. He was

the loving fiancé of Stephanie Nash; proud father of Trevor and Chloe; widower of their mother, Cheryl; beloved son of Barbara and brother to Sharon, Scott, and Steve; uncle to Brandon, Audrey, Allegra, Luke, Rachel, Kristina, Chanel, and Nicole; great uncle to Ava and Caden. In the weeks preceding his passing, Chad was surrounded by family and friends who were able to capture his message to the Monterey Community. In his own words he expressed:

“Over the last 25 years it’s been an honor and a privilege to live in Monterey, and treat the patients at Monterey Peninsula Dental Group. I could not have asked for a better experience that brought fulfillment and joy to my life. I came to the Monterey Peninsula through Dr. Burnett and he gave me the opportunity to be a part of the Monterey Peninsula Dental Group. I am proud to have worked with many partners, former and current. They have been a joy to work with, and they have provided much enhancement to my life. I would personally like to thank Dr. Burnett's family and The Faia Family for all their support over the decades that I have been here. Outside of work, some of my favorite things to do on the Monterey Peninsula, where to play golf with friends and being involved with the Pebble Beach Junior Golf Association. Being president of the golf association and participating as a board member, and watching both of my children going through the golf program was especially fun.”

Chad’s wishes, in lieu of flowers, are to have donations made on his behalf to the AT&T Pebble Beach Junior Golf Association <http://attpbjrgolf.com/donate> or to Rotary Club of Monterey <https://www.rotary.org/en/donate>. Chad also wanted to have friends and family gather to remember him at the Church in the Forest. A celebration of his life will be forthcoming in 2021 and information regarding this event will be shared on Legacy.com and Facebook.

“Perseverance is another word for faith.”

— Earl Nightingale



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— ATGW



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— Anonymous





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Parting Shot



PHOTO BY: HEIDI HEATH GARWOOD Sunset through smoke of CZU Fire August 19, 2020