

# SMILELINE



THE NEWSLETTER OF THE MONTEREY BAY DENTAL SOCIETY

SPRING/SUMMER 2013

## *“The Accomplished Dentist”*

A Special Piece Of The Pie

Young Financial Idiot  
is Trainable with the Right Spouse

What Makes For Success

Too Stressed to be ‘Accomplished’?

Dugoni—Part One: Service, Leadership  
and The Humanistic Model



# SMILELINE



## A Message From Your MBDS President

I am humbled and honored to be your Monterey Bay Dental Society President. The state of our dental society is strong. However, we must always look to the future and anticipate the challenges that we will encounter as an organization.

In an effort to look to the future and anticipate challenges, we devoted a day in February for strategic planning for our dental society. Gail Grimm from the California Dental Association (CDA) helped facilitate our meeting. The meeting resulted with a three year plan with four main areas of focus: #1 Increase Communication with our members, #2 Increase the quality of our Continuing Education, #3 Increase Service to community, and #4 Increase member involvement. We agreed to have an annual retreat to revisit our mission and continually plan for the future.

Our dental society has had a successful start to the first half of the year. One of our chief goals this year is to strengthen our communication with members and update our website with the latest technological advances. Our Executive Director, Debi Diaz, has worked tirelessly on improving our website and enabling efficient online payment for MBDS events and continuing education.

We have a vision of offering world-class continuing education in one of the most beautiful places in the world. Dr. Tim Griffin, CE Chairman of our dental society, helped us proudly host Dr. Gordon Christensen in January to kick-off our successful continuing education seminars. In addition, we are committed to learning new strategies to enhance the value of our membership. In March, myself and a selection of board members dedicated two days to attend the CDA leadership conference in Santa Clara. We learned skills and came up with ideas to help our society grow and more effectively serve you.

You can be proud that we are taking an active leadership role in serving those patients that do not have access or cannot afford dental treatment. Most recently our dental society



sponsored a dental chair with a donation of \$500 to support the San Jose CDA Cares Event held on May 17-18th. Thank you to the numerous MBDS members and staff that volunteered their services at last month's event. Over 1.6 million dollars in dental services were administered to treat an amazing 2,202 patients.

Increased involvement of our membership is critical in building the intimate camaraderie that is special to our society. We recently had

a general membership dinner at the Monterey Hyatt. Robyn Thomason, CDA Practice Support Program Director, spoke on employee/employer relations. Thomason's presentation was a hot topic and elicited quality discussion questions. Furthermore, after a few year hiatus, the Staff Appreciation Dinner was held on June 6th at the Embassy Suites in Seaside. We are grateful to Dr. Osaki's wife Daryl, who spearheaded the organization of the evening with help from several members and their staff. *It is so important to recognize our staff members and thank them in helping us deliver excellent care to our patients.* A special thanks for our very own Dr. Joe Mitchell for agreeing to be the Master of Ceremonies. His unique talent of working a crowd truly made the evening fun for all. In addition, we are looking forward to the New Dentist Welcome Social June 20th from 6:00 to 8:00 at the Monterey Beach Resort Hotel. It is a great venue for new dentists to come for casual summertime fun at a beachfront reception to socialize and share their experiences as new dentists.

We have an outstanding executive director who works very hard on our behalf and a fun and dedicated MBDS board. We are harnessing the potential of our younger members and the wisdom of our veteran members. I thank our board members and all of our members for your dedication and commitment to our profession. I am confident that we are heading in the right direction, together.

*I am proud to be your colleague,*  
**Daniel J. Pierre DDS MS, President**

# SmileLine

## The Newsletter of The Monterey Bay Dental Society

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## Welcome To Our New Members

Oana Carnu, DDS

Gabriela Torres De Fernandez, DDS

Joseph Fullmer, DMD

Seth Reder, DMD

Jeffrey Ryan Lehr, DDS

General Practitioner

General Practitioner

Oral Surgeon

Pediatric Dentist

General Practitioner

Ben Lomand

Santa Cruz

Monterey

Salinas

Monterey

## NEW MBDS WEBSITE COMING SOON

Please watch for information coming soon on how to access the newly-updated website.

## MBDS Board Room available

Members can now utilize the board room at the dental society for a small fee to host study groups, meetings or staff events. For more information, contact the Dental Society at 831-658-0168

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**Business Litigation:** GLF attorneys have comprehensive experience with business related lawsuits between dentists. Our knowledge with business litigation spans such issues as practice value matters, loss of goodwill, unfair competition via patient solicitation, actions against former associates, partnership dissolutions and breaches of either practice sale or associate agreements. Whether arguing these matters in front of a judge, jury or an arbitrator, GLF has the experience in this field second to none!

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The Goldman Law Firm views every client as a consumer, recognizing the client's expectation to receive very effective legal representation at a reasonable cost. **Having the right lawyer can make the difference between winning or losing and between a really good deal or a really bad deal!** For those reasons, consider The Goldman Law Firm for your legal needs.

**GOLDMAN LAW FIRM**

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## MBDS Board of Directors 2012 - 2013

President	<i>Daniel Pierre, DDS</i>
President-Elect	<i>Tim Griffin, DDS</i>
Vice President	<i>Carl Sackett, DDS</i>
Secretary/Treasurer	<i>Mona Goel, DDS</i>
State Trustee	<i>Geralyn Menold, DDS</i>
Immediate Past President	<i>Corrine Cline-Fortunato, DDS</i>
County Directors	<i>Drs. Julius Kong, Ariana Ebrahimian, Rick Mc Bride, John Chan, &amp; David Shin</i>
Publications	<i>Lloyd Nattkemper, DDS</i>
Legislative and Cal D Pac	<i>Nannette Benedict, DDS</i>
Dental Health Committee	<i>Julius Kong, DDS</i>
Ethics Committee	<i>David Shin, DDS</i>
Peer Review Committee	<i>Richard Kent, DDS</i>
New Dentist Committee	<i>Garrett Criswell, DDS</i>
Membership Committee	<i>Carl Sackett, DDS</i>
Continuing Education Committee	<i>Tim Griffin, DDS</i>

“ *This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one; the being thoroughly worn out before you are thrown on the scrap heap; the being a force of nature instead of a feverish little clod of ailments and grievances complaining that the world will not devote itself to making you happy.* ”

**George Bernard Shaw**

## Upcoming MBDS Calendar of Events for 2013

### Continuing Education 2013

January 18, 2013

Gordon J. Christensen, DDS MSD PhD

“The Christensen Bottom Line - 2013”

Embassy Suites, Seaside, CA 93933

8 AM – 4 PM

7 CE Units (Core)

Member Dentists \$280~Non-CDA members

\$350~Auxiliary \$130

March 15, 2013

Marc Geissberger, DDS

“Digital Dentistry – Are We There Yet?”

Current Trends in CAD/CAM Dentistry”

Embassy Suites, Seaside, CA 93933

9 AM – 5 PM

7 CE Units (Core/Category I)

Member Dentists \$250~Non-CDA members

\$350~Auxiliary \$115\*

(see discount information below for additional staff)

May 17, 2013

Ron Goldman, JD & Eve Cuny

“Infection Control & California Dental Practice Act”

Hyatt Regency Monterey

8:00 AM – 1 PM

4 CE Units - Dental Board Mandated

Member Dentists \$140~Non-CDA members

\$280~Auxiliary \$60

July 19, 2013

Charles Blair, DDS

“Focus on Profitability for the Efficient Practice”

Hyatt Regency Monterey

9 AM – 5 PM

7 CE Units (Core)

Member Dentists \$250~Non-CDA members

\$350~Auxiliary \$115\*

(see discount information below for additional staff)

Sept, 13, 2013

John Tucker, D.M.D.

“Implementation of Dental Sleep Medicine- Snoring  
and Sleep Apnea Can Be Treated Safely and Effectively”

Hyatt Regency Monterey

9 AM – 5 PM

7 CE Units (Core)

Member Dentists \$250~Non-CDA members

\$350~Auxiliary \$115\*

(see discount information below for additional staff)

October 18, 2013

Jose Ruiz, DDS

“Dentistry as a Beautiful Art: How to Achieve Highly  
Esthetic and Predictable Direct Anterior and Posterior  
Composite Restorations”

Hyatt Regency Monterey

9 AM – 5 PM

7 CE Units (Core)

Member Dentists \$250~Non-CDA members

\$350~Auxiliary \$115\*

(see discount information below for additional staff)

REGISTRATION FEES —Fees include lunch for all day courses and  
breakfast for AM only course. \*A \$95.00 rate will apply for each ad-  
ditional auxiliary from the same member office.

### General Membership Dinner Meetings & Member Staff Appreciation Dinner

Thursday, February 21, 2013

Joshua Taff, DDS (Dientes)

Pediatric Techniques for the General Dentist

6:00 PM • Bittersweet Bistro, Aptos, CA

Thursday, April 25, 2013 (Members & Spouses only)

Robyn Thomason

Employee/Employer Relations

6:00 PM • Hyatt Regency Monterey

Thursday, June 6, 2013

Member Staff Appreciation (Back by popular demand)

6:00 PM • Embassy Suites, Seaside, CA

Thursday, August 22, 2013

Bill Lewis (CDA)

Legislative Issues Affecting Dentistry

6:00 PM • Bittersweet Bistro, Aptos, CA

Friday, November 8, 2013

Installation of Officers

7:00 PM • Seascope Golf Club

610 Clubhouse Drive, Aptos, CA 95003

### MBDS Board Of Director's Meetings – 6:00 PM Dental Society Office, 8 Harris Ct, A2, Monterey

Tuesday, January 8, 2013

Tuesday, March 12, 2013

Tuesday, May 14, 2013

Tuesday, July 9, 2013

Tuesday, September 10, 2013

Tuesday, November 12, 2013

2013 House of Delegates – Sacramento, CA • Friday, November 15th - Sunday, November 17th, 2013

Lloyd Nattkemper, DDS, Editor

### The Accomplished Dentist

My grandmother had just turned seven years old when very early on an April morning, as she and her sister were coming down the stairs of the San Francisco Victorian where their family lived, a large chandelier hanging from the ceiling over the entryway began swaying. A few moments later the windows rattled, and the very stairs they stood on shifted right and left, faster and faster. The two girls thought it was great fun—there must be a giant outside wiggling their house! That night, and the next, and the next, they watched the city burn, and while it was terrible, the sisters both also thought it was beautiful in a way. The family spent the next two and a half months camped in Golden Gate Park alongside hundreds of other families, whose homes and fortunes were destroyed, but whose spirits almost



My grandmother Leonie Bell and her sister, Mignonette in 1905.

uniformly were hopeful and whose attitudes were helpful and generous to one another. Nothing in my grandmother's life was the same afterwards.

Her father rebuilt his business in time, but the comforts she had experienced in those first few years were few and far between—particularly when the Great Depression again resulted in financial ruin for her family. She and her beloved husband Harold sacrificed, worked very hard, and did

without. Along the way she maintained a consistently positive, grateful, practical and generous nature.

When I came on the scene, she managed numerous Texaco stations in Santa Cruz and Watsonville, took meticulous care of their sprawling home off of Pasatiempo Drive complete with a one and a half acre garden, taught horticulture and flower arranging, and dang she could entertain. It seemed like she never slept. She managed to make everyone around her—Harold, my mom, brother and me, other family members and friends—her prime focus and source of happiness. There was always something positive, something exceptional, something memorable and touching in the way she conducted her life. The example she provided me of someone who had truly been to the bottom and made the most of their life will always stay with me. One of her favorite sayings—which she applied to relationships, to dealing with hardship, to how she chose to conduct herself, was “hitch your wagon to a star.” I believe each of the authors in this edition follow this philosophy, in their own ways.

This issue of the MBDS SmileLine is for me the most meaningful I've edited. I asked several “stars” I know—and my selection process, by the way, had not to do with age, but



Leonie Bell, 1924

with level of professional accomplishment—to share a glimpse of their life, about choices they've made or that they feel are important, about what they do that has been meaningful, or made a difference in their life and the lives of others. Each article has a very personal feel—from Doug Carlsen's light-hearted "Financial Idiot" to Mark Bayless' extremely thoughtful "Wise Dentist." I hope you will find it worthwhile to print this edition, share it with others, highlight Sally McKenzie's recommendations, underline Art Dugoni's key points on leadership, reflect and consider increasing the breadth of your life away from the office as Nannette Benedict writes.

Please also take a look at the photos from CDA Cares—which just took place in San Jose. There are opportunities like this all around us, to make a difference in the lives of others. We have wonderful gifts, the skills we use every day. We can use them for more than simply making a living.

I am deeply indebted to the people who made this edition possible. While they discuss how to run a practice or about details involving dentistry, I believe you will take away some keys to living a successful, happy and meaningful life—these are words from their hearts. Maybe you can fill your wagon with them—things like staying excited and current with your



Art Dugoni and your editor, 2/23/13

work and outside interests, caring for staff, patients, family members and others with respect, and expending your effort, as Art Dugoni says, to "build on the positive." And like my grandmother, to make the very most of the life, the skills, the opportunities you have been given.

This is the real deal.

“ Every worthwhile accomplishment has a price tag on it: how much are you willing to pay in hard work and sacrifice, in patience, faith, and endurance—to obtain it. ”

Harold Sherman

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## What Makes For Success

### Bruce Donald, DDS

I remember looking back to a time when, as a little kid, I would play in my grandfather's dental office. I could play with wax and get my fingers burned. I could see and hear how he related to patients, and how grateful they were. By the time I got out of high school, I knew that I wanted to become a dentist.

What does one say about what goes into becoming a successful dentist? Obviously you have to be good with your hands to be able to perform the multitude of skills needed in modern dentistry. And, not only must one keep up with the advances in science, art, and technology, but one must develop and perfect the people skills in order to communicate effectively and empathetically with their patients. We graduate from dental school with knowledge and skill—but it takes continual evaluation, thoughtful upgrading and effort to stay current. That's why they call it dental *practice*! As in sports, in order to stay at the top of your game it takes constant practice. Every day.

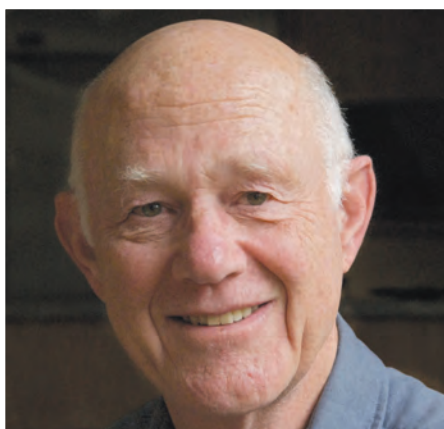
How do I measure success? Some would say by means of the units of work or dollars of production. Others (put me in with this crowd) would say through the gratification that comes with a job well done and a very satisfied patient.

I have found that when you listen to—and hear—a patient's wants and needs, and tailor the treatment plan accordingly, the outcome will nearly always be successful.

In my experience, it is listening and hearing skills that take constant practice in order to provide the best treatment for each patient. It is not how much we can sell to our patients, but what is in their best interest for their particular age and stage in life. When economic times are tight—which they are for many right now—sometimes a “holding” treatment plan will solve the patient's immediate problems. For this they will be grateful and much more likely to return for comprehensive treatment in the future. This leads to building a strong continuing care practice *and, when patients are financially able, they will be willing to have the more complete treatment.*

Another aspect to success in practice is connection with your community. This can involve several avenues, such as church or club activities in your town, where you participate or volunteer your time—in this way, people can get to know you outside of your office. Also, volunteering in your dental society and sharing ideas with your colleagues can be a way of helping to promote good dentistry as well as advance your skills.

I have thoroughly enjoyed 42 years of practice, my patients and the many colleagues I've met along the way. I wish all of my Monterey Bay Dental Society colleagues success in their practices and their lives!



## A Special Piece Of The Pie

Debra Woo, DDS, MA

When I first began practicing as a dentist, every minute of my time was taken up with growing and managing the practice and raising two children simultaneously. Now that our children are away at school and busy establishing their future careers, I have discovered precious free time to pursue many interests outside of the office.

I became President of the Alumni Association at the UOP, Arthur A. Dugoni School of Dentistry, play a lot more golf, and became the Captain of the local women's golf club.

At the same time, there were many issues that began to affecting our profession that inspired me to get more involved. For me, representing our dental society at the CDA level has been extremely rewarding. Every committee or task force that I serve on fulfills a desire or a concern I share in defining the future direction of dentistry or makes a positive, lasting impact to restore dignity to Californians who have barriers to care. Serving on the board of directors for CDA Foundation allows me to help make a real difference. To respond to limitations in access to dental care, we made a commitment to help by hosting free dental clinics across California. The CDA Cares Free Dental Clinic on May 18th and 19th in San Jose is just one example.

Serving on the Practice Support Center Taskforce/CDA Compass helps all CDA members with the many issues

that affect our practice on a daily basis. Simply put, the mission of this taskforce is to provide assistance and advice to members as they develop and maintain successful dental practices.



Classmates at our 25th reunion UOP dinner. (Debra lower right)

On a political level, I participate as a CDA and ADA delegate—because our profession needs a voice at the state and national level. It is eye opening to realize that legislators can determine the scope of our practice.

In addition to all of this, I am an Assistant Professor in the Department of Integrated Reconstructive Sciences at the Arthur A. Dugoni School of

Dentistry. It has always been my passion to teach, and imparting all that I've learned from practicing for 27 years is tremendously rewarding for me, personally and professionally.

As you can see, being a dentist can be so much more than the office walls that surround you. My motto has always been to follow your passion in everything you do. Giving back is the piece of the pie that Lloyd asked me to share and I hope I have inspired someone—perhaps you—to do so.



Kids In The Clinic Golf (raises \$ for pediatric dental treatment for disadvantaged children). My foursome: (left to right) Dr. Rick, my brother, myself, and Ron Crone.



As Alumni President, I was presenting a check to the Dean from my class of 1986 at our 25th reunion during the UOP Alumni Weekend. from left to right: Craig Yarborough, Associate Dean, myself-President of the Alumni Association, Brian Payne one of my classmates, Dave, dean of Development and Dean Patrick Ferrillo.

## 2012 House of Delegates



Your 2012 MBDS Delegates: (Clockwise from top left) Dan Pierre, DDS, Charles (“Carl”) Sackett, DDS, Nannette Benedict, DDS, Debi Diaz, Executive Director of the Monterey Bay Dental Society, and GERALYN MENOLD, DDS

The 2012 House of Delegates meeting was yet another success! Held on the weekend of November 9th-11th, the venue for this year’s event was the Marriott Hotel in beautiful Newport Beach.

CDA did yet another spectacular job of organizing the event, and all the delegate doctors were able to participate in a productive and meaningful meeting. The Monterey Bay Dental Society was well-represented with four of our member dentists, as well as our esteemed Executive Director, Debi Diaz.

On Saturday evening, a fun party and live auction was organized, with a “groovy” 60s theme. There were many original and unique costumes, and an exciting local rock band headlined the event. Everyone had a great time, and these photos surely show it!

A wide variety of topics were discussed ranging from the ethical considerations of social couponing (i.e., Groupon) to salt fluoridation. In addition, there were many special presentations that highlighted CDA scholarship recipients,

as well as the Installation of our newest CDA President, Dr. Lindsey Robinson.

We look forward to yet another great House of Delegates meeting in 2013, and we will be returning to Sacramento on Nov. 15th-17th. It is truly an honor to be a part of the legislative process of organized dentistry, and help make a difference in the future of our profession. Thank you for entrusting us with the great responsibility of attending on your behalf.



## Young Financial Idiot is Trainable with the Right Spouse

Doug Carlsen, DDS



After graduating from UCLA Dental School in 1977, I spent the next two years in a hospital residency and the Public Health Service. I had my sights set on Denver or Albuquerque, so was overjoyed when a good practice opportunity appeared in Albuquerque in 1979 at age 28.

A dentist that was overloaded with patients rented me an extra room. I took out a small loan for dental equipment and supplies and within a year, because of his generosity in referring patients, had production of \$8,000 per month and net income of \$3,000 per month. Not bad for a single-room doc in 1980!

Many of you may recall that inflation ran rampant in the late 70s and early 80s. Also we had a huge real estate bubble. I felt, as many of us also did much later in 2005-2006, that if I didn't buy a home "now," I'd never be able to afford one in the future. I bought a home for \$75,000 in 1980 at 12.5% interest. Payments were \$800 per month.

It was also time to buy a new "doctor" car. I bought a VW Jetta with all the luxuries for \$12,000 at 12% interest with \$365 monthly payments.

I was so set and so stable, right? Not quite. Once my first estimated tax payment for federal and state taxes on that \$36,000 income per year was due, I knew I'd made a big mistake.

Monthly Totals (at age 29):

Net Income: \$3,000 (\$8,000 in 2013 dollars)

Federal and State Taxes: \$900

Auto Payment: \$365

Home Mortgage: \$800

Money to live on: \$935.

I had a grand total of a little over \$900 a month for groceries, clothes, utilities, gas and auto maintenance, insurance, entertainment, hobbies, and vacations. And I needed at least \$10,000 to furnish my new house! It was a great learning experience to live in a mostly empty home that was not appreciating in price any more. Of course, I had purchased at the peak!

That \$935 per month I had for living expenses translates into \$2,500 per month in 2013 dollars. How many of you can live on \$2,500 per month?

Needless to say, that home had one bed, one couch, one dresser, along with two empty bedrooms, and empty dining room, and an empty den for the next four years.

### Douglas Carlsen, DDS

Douglas Carlsen, DDS, graduated from UCLA School of Dentistry in 1977 and practiced in Albuquerque, NM from 1978 until 2004. He retired from active practice at age 53.

Carlsen currently writes monthly financial columns for *Dentaltown Magazine*. He has over 400 articles published nationally and has lectured nationally since 2007.

He has no financial ties to any company or individual, sells no products. He speaks freely about debt, savings, investment strategies, and financial scams.

## Young Financial Idiot is Trainable with the Right Spouse (Continued)

I vowed never to buy a car again until I had enough savings to pay cash. And I haven't.

I married a gal in 1984 that had a small art business of her own. On an income of about one-half of mine, she'd managed to save more than her yearly income in just five years. I'd managed to wrack up no savings, a whole lot of practice debt, and no furniture in those same five years.

By 1990, my wife and I had low residual practice debt and a now-affordable mortgage. Yes, I married the right woman! Being cautious about home upgrades, taking low-key vacations, and paying cash for cars, we began to save in earnest by the late 80s.

By 2000, after saving \$40,000+ per year in conservative investments, we'd garnered a nice nest egg. The conservative investments were hardly affected by the 2001-2002 recession, so that, by 2004, there was enough savings after my practice sale to retire if I wished. And I did.



Lessons learned: Being forced early to live a Spartan life due to overindulgence on a home and car, taught me that life is much more calm without heavy debt burdens. In fact, since 2004 I've had zero debt. It drives others nuts, yet is the key to financial freedom and is a huge priority for any dentist wishing to retire.

For more debt, savings, and investment videos, go to Carlsen You Tube site at

<http://www.youtube.com/user/DrDougCarlsen>

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\*\$100 check issued to referring member once referral joins and pays required dues.



Dr. Rockwell  
referred a new  
CDA member.

### J. Mark Bayless, DMD

There was a piece (or a few pieces) in a past Smileline about the “New Dentist,” and Dr. Lloyd Nattkemper, editor of the MBDS Smileline, asked me to write a short piece about my experience as a pediatric dentist at the opposite end of the spectrum. I hope Lloyd will be kind enough not to call the article, “The Old Dentist,” but the implication was there.... Well, I definitely do not feel old, even though I have been in practice since 1985, and I have at least 10 or more years left in me, as I cannot imagine retiring yet.



On a dental mission in Kathmandu, Nepal, here is Mark doing his famous Mouse magic trick for some monks.

I thought about what to write about for a few weeks, and then I came up with the few ideas which have guided my career. There are multitudes of philosophies on how to practice, and there is no one answer. We are all individuals, and we all know what works best for us. So, I decided to jot down a few ideas and principles that have guided my life and my career. So, take this with a grain of salt, but this is what I have found valuable to me as a practitioner:

1) Get better every day. Read journals, listen to CD's on CE, attend courses, talk to friends, and know the literature. Practice evidence-based dentistry. Do the very best dentistry you can do. If you practice in this way, you will always be able to sleep well at night, you will provide the most up-to-date care, and you will never be concerned if Peer Review gives you a call.

2) Be transparent. Inform your patients and parents about what you do, why you do it, and the possible outcomes, risks, and benefits. If you are practicing at the highest standard of care based upon the literature, you should share this knowledge clearly with your patients and respect them by allowing them to consent freely on your course of action based upon the information you have provided them. Do not steer them toward what is most expedient or profitable for you. You are working for them, inform and let them decide.

3) Don't rush to treat what could be watched. A watch spot is exactly that, a watch spot. Allow your patient the chance to improve their oral hygiene with your education. Prescribe Prevident, Chlorhexidine, Xylitol, fluoride

varnishes, etc. Allow the reversible process of decalcification become recalcification. If the patient does not change their habits, or take advantage of your information, you can always do the treatment later; just give them to opportunity to change.

4) Love your staff! When you find a staff member that is motivated, intelligent, competent, and good with people; give them a raise, then give them another one. Keep them happy, pay them well, keep them forever. They will be loyal, loving, and dedicated to you and your patients for as long as they work. Appreciate them, talk to them, and cherish them. You spend more waking hours with them than your spouse, girlfriend, boyfriend, or friends. Enjoy them, inquire about their lives, and value them. They are the backbone of your practice and your companions during the vast majority of your waking existence. Treat your staff well and do not ever take them for granted.

5) Don't expect your staff to be perfect. Are you??? They will be late, they will gossip, they will fake sickness, they will make mistakes, they will chat, they will check in late, they will check in and do their make-up and gossip. **THEY ARE HUMAN.** If they are not perfect, counsel them, discuss this with them, and cajole them into the right path. Then what do you do when your guidance and counseling (well documented) does not work? Let them go. It is a great learning experience for them, and they grow from it, but only if you first gave them the chance to learn, to change, to grow. If they don't respond,

then you have no choice. Don't let a negative person stay in your practice. You have to cultivate the best staff possible, and it takes years to do so. Don't be in a hurry. Be mature, kind, helpful, and firm. But you are ultimately the captain of the ship and you lead by example. You must be honest, forthright, technically capable, able to admit mistakes, generous, and consistent.

6) Give your staff great benefits. You want them to know you care about their well-being. You want your staff to stay with you forever. Turnover costs are very high, and it sends a signal to patients that there must be something slightly off in your office if you are always hiring and firing staff.

7) Internal marketing is the most effective and cheapest form of marketing. This starts with a well-trained and happy staff. If you have a happy and well educated staff which respects you, and respects your work, your staff will know that their work is valued, and that there is no better place for the patients to be. Listen to your patients more than you talk to them. Be curious, be part of their

family as their family doctor. Patients love having a relationship with their doctor that is why they go to you in the first place, no matter how technically competent you are. Do everything possible to be the best dentist you can be, both personally and technically. Your patients will recognize this, they will love you for this, and they will refer their friends to you because they trust you.

8) Take time off to be with your family and friends. After 20 years of working 5 days a week, I finally took a day off per week. I should have done it sooner. Don't run yourself ragged in the office. I don't need to tell anyone that dentistry is HARD work! Have hobbies, take your kids to school, take time off for their afternoon games, and spend time with your spouse.

9) Give back. Find a way to share your skills. It does not matter how. Just do it. Join the Rotary Club, help an old lady carry her groceries, do some pro bono treatment in your office, volunteer locally or internationally.

10) See the big picture. In a world that contains nearly seven billion souls, we are so fortunate to have a job, to provide a needed service, and to have the honor and privilege of serving others. We can drive nice cars, we can go out to dinner, we can travel, our kids go to great public and private schools, we have food on our tables, we want for nothing. Appreciate your income, appreciate your situation, and appreciate our good fortune. Build solid building blocks of your practice, year after year. Success grows like an old oak. It gets huge after many years of nurturing. Appreciate your life, your spouse, your kids, your staff, and your patients. It is an honor to serve, and a gift that you have the skill to help. When most of the world does not have clean water or access to education or medical care, we are so blessed!



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## Too Stressed to be ‘Accomplished’?—Do This.

Sally McKenzie, CEO

What does it mean to be an “Accomplished Dentist”? Are you accomplished when you graduate dental school? Certainly, that is a significant achievement. Are you accomplished when you open your own practice? That too is no easy undertaking. Are you accomplished when you can get through an entire 12 months without staff turnover or a full day without a cancellation or no show? Are you accomplished when you have a fully funded retirement account? Obviously, your own sense of “accomplishment” may take many forms, depending on your individual circumstances and the desired outcomes.

I have spent my entire career helping dentists at all stages and with all sizes and types of practices to identify and achieve success - their specific vision of accomplishment. For more than 30 years, the dentists and dental teams that I have been able to help have become part of my own family. Like any doting “parent,” I have felt great pride in watching these doctors, their employees, and their practices achieve the success and the happiness they desired. That being said, like every achievement—be it completing dental school, opening your first practice, or choosing to pursue a higher level of success—requires tremendous work and dedication. It doesn’t just happen. Consider the question I posed in the first sentence. What does it mean to be an “Accomplished Dentist”? For some, it’s reducing stress, for others it’s having more free time, and for many, it’s those as well as improving their financial standing.

When we sit down with doctors who are frustrated and believe their practices could be and should be accomplishing more, there are several common factors that we find. Although these doctors are very good dentists, they do not have adequate knowledge of the business side of their profession. They tend to be stressed and generally unhappy with their teams, their practices, and, in some cases, even their patients. The rigors of running a small business have become all consuming. Often they are overextended and don’t have the time to educate themselves. They hire employees with “previous dental experience” because they hope that the employees will know what to do, will instinctively know what the doctor wants, and will solve the business problems facing the practice. Yet the practice continues to spin its wheels.

It is also common to find struggling practices led by dentists who have a very strong need to be intimately involved in



the minute details. They struggle to let staff take ownership of practice systems that could reduce stress and improve productivity. These doctors have difficulty trusting others. Their sense of “accomplishment” is control, but it is often overshadowed by frustration because they often cannot achieve their larger practice goals. While they do have control, they do not have the level of success or happiness or accomplishment that they desire.

As any practice owner knows all too well, being solely responsible for ensuring that every aspect of the business is running as it should be is a job of Herculean proportions. Even for the most detail oriented perfectionist, effectively diagnosing and delivering treatment as well as managing every other aspect of the practice from collections, to scheduling, to hygiene, to hiring—and the list goes on—is virtually impossible.

Moreover, it is not uncommon to find dentists that are not achieving the level of accomplishment that they desire routinely placing want ads because “good help is hard to find.” These doctors struggle with determining what they expect of their employees. They just want them to “do their job.” But they can’t articulate specifically what that job is. They dislike the human resources aspects of running the practice. Consequently, those systems are weak and cost the practice tens of thousands of dollars in inefficiency and lost productivity. These are among the major factors that interfere with a dentist’s ability to achieve the level of accomplishment that s/he desires.



Conversely, those that are the most successful make specific choices. They surround themselves with a team of trusted advisors to help them shore up the areas in which the practice struggles. They are open to creating specific systems of checks and balances where responsibilities are delegated to well-trained employees and practice owners are informed to the degree they desire to be and need to be. When a client tells us, “My employees now think like CEOs” it represents a significant step for the practice because it demonstrates that employees have taken ownership for their individual practice systems.

Additionally, the most accomplished practices with the most satisfied doctors and staff also have a stable team. They cultivate their employees through careful and deliberate hiring practices, professional training, solid human resource systems, and ongoing feedback. Employees that are happy are more productive and perform at a much higher level delivering an infinitely better quality product – be it customer service, hygiene, collections, treatment presentation, etc.

When employees are engaged, they are excited and energized. That alone pays huge dividends in productivity, but when they are actively problem solving and looking for better and more efficient ways to carry out their responsibilities, you are on your way to building a truly effective team that is prepared to achieve real results, and enable you to become an “accomplished dentist” and yours to be an “accomplished practice.”

### Sally McKenzie, CEO

Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management and marketing services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its website, [www.mckenziemgmt.com](http://www.mckenziemgmt.com). In addition, the company offers a vast array of Business Operations Programs and team training. Ms. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide.

To subscribe, visit [www.mckenziemgmt.com](http://www.mckenziemgmt.com) and [www.thedentistsnetwork.net](http://www.thedentistsnetwork.net). She is also the Publisher of the New Dentist™ magazine, [www.thenewdentist.net](http://www.thenewdentist.net). Ms. McKenzie welcomes specific practice questions and can be reached toll free at 877-777-6151 or [sallymck@mckenziemgmt.com](mailto:sallymck@mckenziemgmt.com).

“Remember that life is not measured in hours,  
but in accomplishments.”

James A. Pike

## CDA Cares – We Were There!

### CDA Cares San Jose – May 18-19, 2013

I assumed it would be easy to find the huge warehouse of full of dentists helping people with their dental needs. However, due to construction and many other activities going on in downtown San Jose, it was not as easy to find as I thought. As I parked near the San Jose Convention Center, I saw a line of perhaps fifty people wearing looks of despair and pain on their faces. I had arrived at my destination.

I was both impressed and saddened that so many people desperately needed our help. The amount of organization was evident and quite amazing. You truly have to experience it to feel the reality of so many people in one place focused on a single goal of helping people in need.

It was amazing to have 900 dentists, hygienists, and dental assistants provide dental care with enthusiasm and selflessness. In addition, another 800 community volunteers joined in helping provide care to 2,200 patients. Over 1.6 million dollars in dental services were provided to patients. Dr. Ken Wallis, Chair of CDA Cares San Jose, said “Once again a CDA Cares miracle took place; pain was relieved, infections were treated, smiles were restored and lives were changed.”

The Monterey Bay Dental Society was well represented with dozens of dentists and staff members volunteering. Our dental society sponsored a dental chair with a \$500 donation. If you are at all interested, I encourage you to volunteer at the next CDA Cares event in San Diego on December 7 and 8th, 2013. If your experience was like mine, you will receive much more than you give.

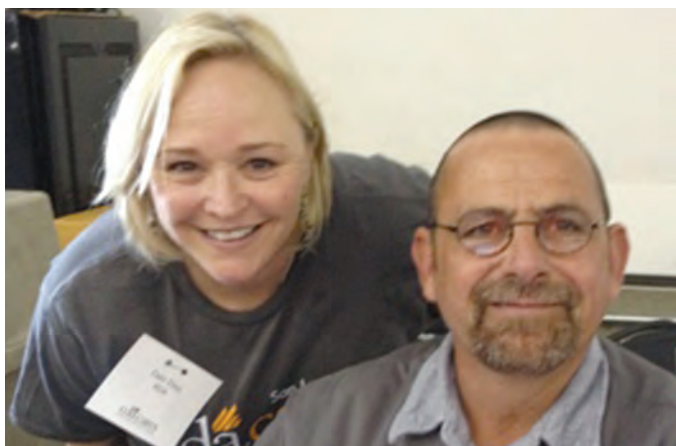
**Daniel J. Pierre DDS, MS**  
President  
Monterey Bay Dental Society



Cathy Brennan (center), John Menold (far right) and friend



Victor Diaz and others completing exit interviews.



Debi and her husband Victor Diaz ready to interview patients at the exit of their treatment.



Rick McBride, Geri Menold and Debra Woo ready to rock!

# CDA Cares – We Were There! (Continued)



Joerg Wittenberg--ready for action



Dan Pierre, his assistant Rachel Allen and friend



Ron Kroll and Larrell Wallace



Kelly Keen, RDH--now THAT's a positive attitude!



Dr. Wittenberg assisting with emergency



Nannette Benedict and assistant getting started!

**CDA Cares  
San Jose  
May 18-19, 2013**

## What Every Dentist Wants!



### Richard E. Kent, DDS

It was July 25, 1980. I was fresh from Loma Linda School of Dentistry. My wife, Ginger (who had just completed hygiene training) and I were visiting Monterey and waiting on our state licenses. I was to begin in an associate position offered by Ginger's brother-in-law, Ronald A. Seltzer, DDS. I got a phone call that my license acceptance letter came to our apartment in Colton, California. The adrenaline started pumping. All dentists remember the feelings we had. I no longer would need clinic instructors to check my work. I'd no longer have their help in diagnosing problems. Help!

My concept of dental practice "success" was to grow the practice so that eventually I'd be working out of multiple opertories, multiple auxiliaries following me as I moved rapidly from room to room. I was told that if I could visualize the end result, I could cut preps and pack cord for crowns in 5-10 minutes max. I was assured that "anybody can do it!" Dr. Seltzer was very helpful and allowed me to work in the manner I wanted. After two years, I heard of a practice for sale in Seaside. I completed the transaction and became the proud owner of my own dental practice October 1, 1982. That's what every dentist wants! Right?

U-oh, that thing needed employees and \$\$\$!

After a couple years of growth and various managerial problems, Ginger and I were told that a practice management consultant would help us to the "next level." Yes indeed and with more rooms and more employees! Growth continued and I was still trying to live up to the fast-paced dentistry model. It was within this first 10 years of practice that Ginger and I began our family—1987 to be exact! Things at home changed and our family goals became foremost in our lives. We sought God for help! Ginger and I were convicted to grow our family in the fear of God. God, family, and church were our priorities.

In the early 90's, feelings of dental practice inadequacy still dominated. At the urging of a classmate, we chose another practice management consulting group. They acquainted me with L.D. Pankey's "Philosophy of Dentistry" and his Cross of Life. I made analysis of my own personality style as well as that of our staff members. I learned how my particular personality style guides how I work best. Understanding personality styles also guided my communication with people. I began to design new goals relative to my personal values and created the type of dental practice that enabled me to give my best effort

## What Every Dentist Wants! (Continued)

for patients and for my team. It took a while to implement, but as the years have passed I have felt increasingly confident in my interpersonal skills—and I like the type of dental practice that’s evolved. It’s what every dentist wants! Contentment was what I needed and I learned it’s not based on another person’s formula. What works for one successful person won’t necessarily fit me.

My practice needed to support my personality style yet cater to the diverse needs and desires of those seeking care. A simple concept, and really, not so unique! That’s what every dentist wants in order to have integrity as well as a positive, enjoyable work environment, and to perform dentistry truly appropriate for each patient. It’s also important to have a team each of whom exhibit personal and professional integrity, and whose personality styles complement the dentist’s as well as one another. With this concept in mind and that team in place, I created a process of discovery (gathering of information) with each of our patients. The first step involves my being able to articulate their personal goals accurately (I have to listen to them!) explain my understanding of their current dental condition no matter what they believe (“My teeth feel fine,”), and then, I create a plan that helps them achieve their dental health goals and resolve any dental problems whether they knew about them or not. A detailed treatment plan accepted and agreed on by the patient is what every dentist wants!

**Here’s the system that I’ve found most successful for the type of dentistry I like to do.**

- Initial Interview – I meet the new patient in my consult room to review their health history and a questionnaire they’ve completed. I articulate my Mission Statement and seek to understand why they’re here. I explain the 4 steps I’ll be taking in the clinic to understand their dental condition. Then I ask permission to find anything wrong in their mouth. If they agree, we go to the clinic and take the following:
    - Photographic series of 16-18 views, extra-oral and intra-oral.
    - Alginate Study Model Impressions, Earbow, and Centric Relation records. At least someone’s happy about an Earbow record!
    - FMX images or appropriate alternatives.
    - Comprehensive Examination- It includes H&N + Intraoral tissue screening, tooth-by-tooth assessment with description of each restoration and structural integrity of each tooth, orthodontic classification, TMJ assessment, and periodontal evaluation measuring pocket depths, BOP, Furcation inv., and recession tooth-by-tooth.
    - Long process, but fun! What every dentist wants!
- Rarely do I discuss a diagnosis, a treatment recommendation, or schedule an appointment for any treatment on this day.



## What Every Dentist Wants! (Continued)

Ideally, 2 weeks later I meet with them again in the consult room and review all the records I've now compiled. Along with the records, I've prepared a written summary of their stated concerns, written explanation of the condition of their mouth in 5 categories, followed by a phased treatment plan based on their dental needs and coordinated with any stated limitations whether financial or time based. I am prepared to discuss the details of each phase along with a written estimate of fees.

While this process is not intended to be a pattern for any other dental professional, there are portions that would probably be important for all. I've found that with this kind of detail, I get a very high (95%+) acceptance rate for treatment plans I've designed. Acceptance is also what every dentist wants!

This is my answer to Dr. Nattkemper's question regarding wisdom or dental experience I felt was worthwhile to pass on to those newer to the profession. He said I was one of several "seasoned dentists" from whom he's requested a story. Do I feel old!?!...



*Remember...Contentment is my recommendation as a goal for your practice and your life. It's what every dentist wants!*

At your service, Richard Kent & Family



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## GRANDPA SAYS...

Wayne L. Richey, DDS

My Grandpa used to say, “I remember when we didn’t have that kind of stuff.” I’m old enough now, and being a grandpa myself, I’m beginning to say the same thing about my time in dentistry. This may really sound like I am old. The fact is—I was in dental school in what we refer to as the “middle sixties.”

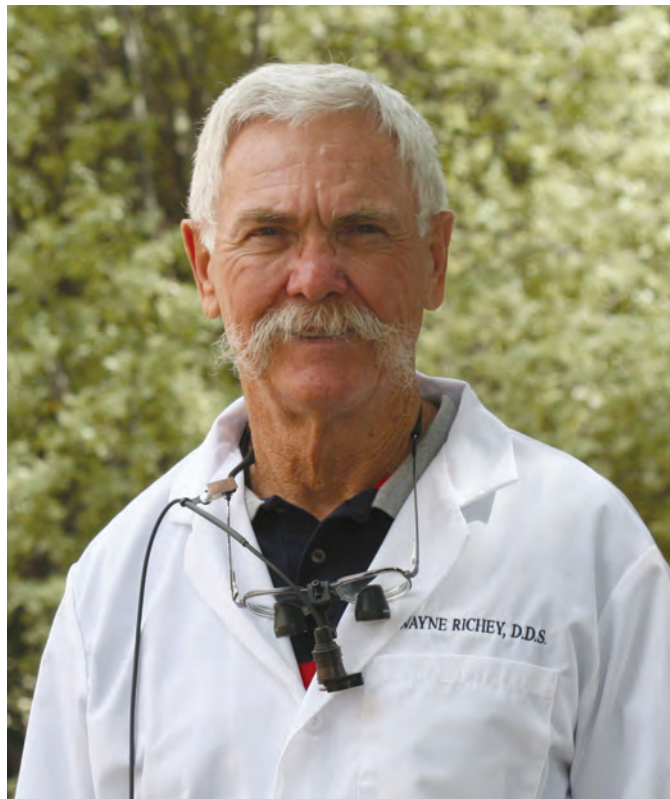
A short list of stuff that we didn’t have: computers, composites, lasers, assistants, digital x-rays, CT scans, HIPPA, OSHA, managed care, ergonomic chairs, high volume evacuation, high speed hand pieces, electric high speeds, head mounted lights, implants, masks, gloves, gowns. The list goes on and on.

Sonny, when I was in school only a few of the units had high speed. Only the selected seniors were assigned those units. The rest of us did operative with the “triple arm handpiece.” The chairs were version 1925 foot pump up type that was finished in black enamel, leather seat, and articulating headrest. All dentistry was done standing up, without any assistance.

The suction was provided very weakly by a water fall effect inside the unit as well as a spit bowl that had continuous water going round and round. There was an air syringe, and separate water syringe.

It seems the standard type of sterilizing—or more like “disinfection”—was done by immersing our instruments in a cold sterilizer container, which we carried around and placed in our lockers overnight. For surgical instruments there was the Chem-clave—that was vented directly into the room where we were working on patients. The standard restorative material for posteriors—and some anteriors—was amalgam. The other option was gold, in the form of cast gold, or gold foil. Foils were a real test for a clinician. It was probably the hardest technique to master. I’m not sure we ever truly mastered it. It was more like we managed to do it just well enough to pass our requirements. Placing a foil was always on all the state board exams. It was tough to do one under that kind of pressure.

There were three options of materials to restore an anterior tooth; gold foil, acrylic, or silicate restorative material. There was no such material called composite. No VLC. Upon my graduation, I acquired an older practice in Orange County. I had one employee. She spent most of



her time sitting at her desk doing secretarial work. When she got up, it was to develop an x-ray in the wet tank using metal hangers. Sometimes she would pass amalgam for me. Other than that, I took care of all tasks in the operatory by myself; standing up, even cleaned the room between patients. Gloves and masks were not utilized. We had an old pair of rubber gloves that was sometimes used during a surgical extraction case. One can certainly see where improvements have been made in this sector!

Fortunately, the office had a high speed handpiece. We had four operatories and one x-ray unit—basically, musical chairs. The dentists who I knew did prophies themselves on a 30 minute schedule.

My first assistant—before she worked for me—was an acrobat star in the circus. She could do a handstand, and walk that way the length of our hallway. I only had to worry about having enough dough in the bank to meet the payroll of one. My accountant filed some monthly forms, and that was about it. We did not have an Employee Office Manual, Job Descriptions, HIPPA manuals, OSHA manuals, sterilizing testing and recording, radiology badges and recording, waste management fees, or radiology fees to the state.



We had just begun to do PFM crowns. They were very opaque and not very natural looking. But what a step up from full gold crowns for anterior cases! I remember there was a process to stacking porcelain on a layer of platinum foil for all-porcelain crowns that had to be baked. Just look at the improvements in materials, speed of time, and esthetics what we can accomplish in today's office! The Cerec process has been wonderful for me to work with. Oh, we still use a lab man for big cases, but for a single crown or two, I love my Cerec and Emax blocks.

The word "computer" wasn't used until at least 10 years after my graduation. The first office computer that I put in had been upgraded to 64K. Hot stuff. Obviously, we can't get along without them today. Our office must have a dozen computers running at one time now. Just look at all the benefits of utilizing those computers—from basic data storage and x-rays to practice management, photos, pre-planning images, communication, patient education and more.

One of the biggest changes I have witnessed is the development of implant dentistry. General dentists are now placing implants and doing bone grafts. On the first cases that we did back 35 years ago, we had to choose between two companies, Branemark, and IMZ. The IMZ had a nylon washer under the abutment to act as a shock absorber, and somewhat replicate the PDL. We were supposed to disassemble the case periodically in order to replace this nylon "inter-mobile element." The screws had straight slots that rounded out easily. Thank goodness we got away from that procedure!

We did have Delta Insurance early on. They had been good to work with earlier. I realize there are many dentists that have pulled away from them now due to pricing and controls. Currently Delta is making noise about cutting our fees by about 15%. This is one of the situations that really gets my blood pressure up. The best thing we could all do is quit them all at once. They have taken the position that we are servants to them, instead of partners in providing health services.

Things have certainly changed. Why recently one of my patients was having a tooth problem while she was visiting in Geneva, Switzerland. She called me, and while we are on the phone I was able to email her most recent x-rays to her treating dentist in Switzerland. Bingo, done. This is just plain cool.





Dentistry is sure fun for me to be a part of. I enjoy going into the office every day and being of service to our patients. I think dentists now have a better business model than the physicians that I know. Many years ago, I think the physicians had it better, but I sense that the pendulum has swung more favorably toward dentists.

Who knows what's on the next horizon? There will be improvements in materials as the years go by. This will lead to changing techniques to place materials. There will be more government controls placed on us, and we will slowly lose some of our freedoms. That's just the sad story of big government and it's encroachment on the private business owner.

It will be interesting what developments will come to dentists who are under 40. There is the ongoing struggle to minimize or eliminate tooth decay and periodontal disease. You younger dentists will witness progress in these areas most assuredly. We may even be doing dentistry by robotics, like the Da Vinci surgical technique. Possibly dentists will be implanting tooth buds to grow new teeth, instead of titanium implants.

There is one thing that will never change, and that is how you treat your patients. All of us need to learn how to interact with our patients and staff in a kind and sincere way. I suggest it is our professional obligation—and honor—to treat with everyone in a fair and compassionate manner, and at all times, do our very best given whatever circumstances we face.

It has taken me 50 years to experience all the above. It will be interesting what they will be writing about in 2063.



“ A man’s character may be learned from the adjectives which he habitually uses in conversation. ”

“ Let us live so that when we come to die, even the undertaker will be sorry. ”

Mark Twain

## Reflections on 35 Years of Dental Practice

Nannette Benedict, DDS

When my high school counselor advised me to consider dentistry, my paradigm shifted. **Never in my wildest imagination had I considered dentistry. It was a super conservative men's profession. I was thinking of being a psychiatrist and helping people.** He explained that my art talent, scientific curiosity, compassion, and independence combined, were qualities he felt could make a great dentist. That also peeked my "trail blazer fantasy" as a woman in a male dominated world. For the shock value, I loved telling my college classmates I was going to be a dentist. In 1973 I entered UCSF School of Dentistry; that year only one percent of practicing dentists were female (contrasting with 16% female physicians at that time). I felt that I carried an extra burden of having to excel not just for myself, but for all the women I represented. I just loved dental school and found my heart in Community Health and preventive dentistry.

Through a Community Health Grant I worked on projects which nominated me for the Chancellor's Award for Public Service. I intended to work in a clinic for disadvantaged. However, I was not hired. The Chairman of the Department of Community Dentistry investigated and discovered I had been sexually discriminated against and with his influence I was offered the job. However, I did not want to work where I was not wanted ...So I entered the world of private practice.

In Campbell, I associated with a generous mentor. He had employed a woman dentist and found our gender an asset, so when I was not even getting interviews, he hired me and later allowed me to buy into a partnership. We took care of everyone. He encouraged me to perform all aspects of dentistry as he was there to bail me out of a difficult extraction and make it a teaching experience. In those days, after the end of the Viet Nam war, circa 1977, 10,000 Vietnamese refugees were arriving each week, into the San Jose area. They had great dental needs and DentiCal covered the expense. DentiCal was state funded dental coverage for poor people and covered



the refugees for their first 6 months in our country. In those days it paid the dentist a somewhat discounted fee and would not cover crowns or "high end" treatment, but was a great benefit to the patient and reasonable for the dentist.

The refugees had been living in war for years and had tremendous dental problems. The adults had perio disease, but I really felt for the children...I had to figure out how to make a set of dentures for a 4 year old! And work through an interpreter. I attended classes on pediatric dental treatment, but the instructors from Marin County/SF (fluoridated for 20 years) spoke on sealants and interceptive ortho...They weren't treating the kids I saw with a mouth full of black nobs for teeth!

After a couple of years I bought in as a partner. Under the tutelage of my partner and all those refugees, I gained speed, confidence, and experience. The beauty of a partnership allowed me some freedoms...like the ability to volunteer in Mexico with the Flying Doctors knowing my patients back home were cared for. The partnership allowed me to take off 6 weeks to have my babies: I did this three times and was so happy to have caring partners to cover for me. My husband and I had moved to Santa Cruz in order to purchase land so my horses could live at



Half Dome 2012

home with us and we could farm organically. With three little kids, the Highway 17 commute was killing me. After 19 years practicing in Campbell, I sold my portion of the practice and started anew in Scotts Valley near home. Since it was a new practice I was not very busy so could spend more time with my children and farm.

I have never returned to 5 days a week. As the practice grew, I brought in another dentist, also a mom who did not want the burden of a solo practice, but wanted to practice with flexibility in order to spend time with her kids. This was a perfect fit for me, as I really enjoy balancing my time. For me, this is one of the greatest advantages of our profession!

Now that my kids are older, I still appreciate my balanced time. I continue with volunteering. I ride horse patrol for Wilder State Park every week. I spend time with my four horses and farming. I participate in the Affinity program with Dientes where volunteer dentists take a disadvantaged patient and care for him in their own office for no fee...I do the same for the Western Service Workers Association.

Over the last 4 years I have exposed my kids to volunteering by taking them with me to Guatemala to help in dental clinics. After our first family trip, my middle son said, "This is how all our vacations should be: We help people and we have a lot of fun!" I receive such satisfaction giving, but I also enjoy practicing in my own high tech office.

I am constantly tickling my brain to keep abreast of advancements in dentistry. Reluctantly, I have come to the forefront of the digital age, from "computer-hostile" to computer-literate. I installed digital xray units in 2003, the next year bought a CEREC, and have been paperless since 2006. None of that came easily for me, but I love that my desire to be the best dentist I can be

forces me to take classes and continually learn new things. Another great aspect of dentistry!

And then the best part of dentistry: the people! We get to interact with people all day: with our staff and our patients and other colleagues. Dentistry provides a platform for everything...even politics. I have been involved with organized dentistry since I was student body VP! When I graduated from dental school I lived in Palo Alto and so joined the Midpeninsula Dental Society as its first female member. Then I joined Santa Clara County Dental Society when I started working in Campbell. I probably served on every committee until I found the best one: Legislative—which I chaired in Santa Clara the last 5 years I was there until I moved to Scotts Valley and joined the Monterey Bay Dental Society. I joined the MBDS Board around 2000 to chair the Legislative Committee and have stayed with it to present. I am fascinated with how bills become laws and how much that happens in Sacramento affects how we practice. Representing our region I have discussed dental issues with our legislators in Sacramento and Washington, DC. How exciting is that?

Dentistry is the perfect career for me. It has allowed me the time to balance work and play, stimulates educational growth, and because it is physically challenging, forces me to stay fit (last summer I swam from Alcatraz to SF and the next month climbed Half Dome). My enthusiasm for my career has rubbed off on my elder son—who I am proud to say is now a sophomore at UCSF School of Dentistry...and will be volunteering with the rest of the family this summer in Haiti!





Wedding day for the young naval officer and his wife

By Lloyd P. Nattkemper, DDS

### How This Article Came About

*I emailed Art Dugoni a couple of weeks after deciding upon the “Accomplished Dentist” theme for our Spring SmileLine issue. In the email I asked if he would be willing to write a few paragraphs about what had mattered most to him, what he felt were keys to success as a dentist, perhaps some glimpses about what has been most satisfying in his career. His response: “Lloyd, thank you for your kind and thoughtful e-mail. At this time my life is complicated both personally and professionally; as caregiver to Kaye my wife for 64 years, and dual medical situations, lack of secretarial support, etc. I would find it difficult to meet your request. However an alternative would be that you could interview me by phone or we could meet and you could author the article. Art”*

*We decided upon meeting in his home. I expected to spend perhaps an hour with Art. Instead, he, Kaye and I shared breakfast for over an hour, during much of which he spoke about their years together, their family, and his early years at the University of Pacific. Art and I then spent three and a half hours at his kitchen table talking. He shared his life and some of the keys to what has driven and inspired him. I took 12 pages of notes, and have 17 pages of transcription from portions of our interview. There is no way I would be able to adequately summarize all of what Art shared with me here in a single article. So here I will offer a glimpse of his life*

*today, list some of his accomplishments (trust me, listing all of them would take several pages!), share some guidelines he offered so far as how he has conducted himself in leadership positions, and outline the philosophy of education he lives and breathes. I will follow this with another article, in the next issue, with some more personal insights from the interview. They are well worth sharing.*

**Arthur A. Dugoni, DDS, MSD today**

Art Dugoni turns 88 this June. While he still stands tall, still has a great smile, and still is sharp and aware as ever, he’s not a kid anymore. He has some mileage on him. Many days of the week during his 28 years as Dean of the University of the Pacific School of Dentistry, (which he affectionately calls, simply, “Pacific”) he left



Art and Kaye today-Palo Alto

for work at 5 am, and frequently did not return home until 11 at night. His schedule, in his own words, "... was almost always full. Weekends included." He has been dealing with prostate cancer and the aftermath of various treatments for it over the past 12 years. It has been difficult for him to control his weight and maintain muscular strength because of side-effects of treatment he has had. He spends a good measure of his day caring for Kaye, his wife and mother of their seven children—each of whom, in their own ways, are exceptional individuals. Kaye suffers from severe spinal stenosis, some visual problems, and early dementia. Art and Kaye moved to a retirement residence a few years ago, where there are many conveniences, a medical center, and a variety of planned activities. There are many interesting neighbors in the residence as well as a polite, hospitable staff. For almost anyone in Art Dugoni's shoes, all of the above would spell "enough." Where's the remote, honey?

Not for this man.



Art & Kaye's First Dance 68 years ago.

"I just made it a rule that every morning I would get up around 6:30 or so, and do 10 miles on the bike. Sometimes I do 11 or 12. Sometimes I might do 8, because I've got to get some place in a hurry." "When I'm watching television, I usually try to lift some weights." "I play golf almost every Sunday with my son Steven, which is a great joy of my life, being able to go out with Steve...last week was crazy, because I played Wednesday, Friday and Sunday. But could I do better than all that? Absolutely."

I asked Art if he is still setting goals. He replied that he is, but that he is frustrated. You see, he wants to set up a schedule with a physical trainer. But he maintains three days a week at Pacific—now U.O.P. Arthur A Dugoni School of Dentistry in San Francisco, as well as lecturing recently at Indiana, Marquette, Roseman, and Midwestern Dental Schools... "all of these have interfered with me controlling my own life...I am going downstairs to our fitness center Monday with my appointment book and setting up four sessions a week with my trainer. That's the #1 goal." Another goal: spend more meaningful time with Kaye. In his words, "All of my life, she has been there for me and for our family. It's time I am there for her." And another goal: "I'm also in the process—with an author—of writing a book...we're deep into about 7 chapters now." The book will be about his life, but more, who and what shaped him, his mentors, his philosophies.

Art spends the balance of his days and nights, when not caring for Kaye or with family, continuing an active role in organized dentistry, dental education and in a multitude of leadership roles. He is determined to expand himself and to provide a positive influence in our profession, and particularly dental education, for as long as he lives—and as I've shared above, to actively take steps to maintain his health, so all that is possible. During the Saturday morning I spent with him, he received two phone calls from young dentists who were having difficulty making important decisions regarding career and practice. He arranged time with both to talk the following week. He continues an active role as Dean Emeritus, Professor of Orthodontics and as Senior Executive for Development at the dental school—his dental school—making himself available as much as possible for this institution which owes its unique blend of true collegiality, cutting-edge educational paradigms and technologically innovative clinical facilities to his efforts and vision. His schedule is still full. Weekends included.

## A Career of Service

A highly-abridged list of

Dr. Arthur A. Dugoni's accomplishments:

- Valedictorian, St. James High School (1943)
- US Navy – WW II; USMC—Korean Conflict (as dental surgeon)
- Valedictorian, College of Physicians and Surgeons (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)
- 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- )
- House of Delegates, ADA (1965- )
- Honorary Chair, ADA Foundation campaign, “Our Legacy – Our Future”
- Dr. Irving Gruber Award for Excellence in the Advancement of Dental Education (1997)
- List of Honour, (limited to 30 individuals worldwide)
- World Dental Federation (FDI) (1998): Art has participated for over ten years in restructuring of the FDI, and in creation of multiple programs to “enhance oral health and dental education in under-developed and developing countries”
- American Association of Orthodontists Foundation Award (1999)
- Lifetime Achievement Award, Pacific Coast Society of Orthodontists (2007)
- Distinguished Service Awards from (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, Pierre Fauchard Academy, American

Academy of Oral Medicine

- Over 1,000 professional presentations
- Over 175 publications
- Multiple programs and innovations developed during his deanship, including: the enhanced humanistic education model; Advanced Education in General Dentistry residency programs; International Dental Studies Program; Oral and Maxillofacial Surgery program; Frontiers in Dentistry lecture series; community outreach presence; MBA, MA, and EdD programs for faculty and staff; leading the ADA in a campaign to raise \$1.3 billion for dental education as President of the Foundation
- Art has also received numerous honorary degrees and multiple professional awards not listed here.
- Married to Katherine Agnes Groo Dugoni since 1949
- 7 children
- 15 grandchildren
- 3 great grandchildren

## How I came to know Art Dugoni—the concepts of MBWA and KYMSS—and Leadership

In September 1986 I had recently completed my periodontal residency, and had started practice with a small dental group in Petaluma. To make ends meet, I accepted an Assistant Clinical Professor position at Pacific, where I taught until 1995. The second week I was on the clinic floor, as the students were setting up to begin the morning clinic, Gretchen Bruce (who had begun teaching at Pacific the same day I did, and who continues today on the periodontal faculty there) was filling me in on her views on what qualities made for a “smooth” periodontal surgeon. Art Dugoni appeared behind us, addressed us both by name, and spent the next twenty minutes getting acquainted with us. He emphasized several times during the conversation how pleased he was to have such bright young scholars on his team. Gretchen and I were humbled. We both have shared how respected and valued we both felt—and how this yielded a comfort, confidence and sense of unity as members of a remarkable institution. In the years since, every Pacific graduate I have met has commented that they had a personal relationship with Art Dugoni. Every faculty member, every administrator, the ladies in sterilization, the janitors—every single person had (or still has) a first-name relationship with this man.

During our interview, I asked Art how he remembered so many names, how he managed to know something about

everyone, how the heck he could make the time to do this with everything he had on his plate. He laughed and then looked squarely at me. He worked at it! His executive assistant scheduled an hour two or three days each week—different times on different days—for MBWA—Management By Walking Around. Emergency clinic. Bill Carpenter’s office. Anatomy lab. Second year clinic. Maintenance team. Freshman lab. Meet the new perio faculty guy from Venice Beach. Then take notes and study them. Learn the names. And when talking with people, when at meetings—even when he passionately wanted to get a point across, when he felt certain his viewpoint and goals were best for everyone involved—he developed and followed another acronym. KYMSS—Keep Your Mouth Shut, Stupid.

Early on, Art realized that everyone must have a voice and that more important, in many situations critical information or ideas were shared at meetings that might have been missed completely had he used his authority to state his views before others had their chance.

KYMSS meant more to Art Dugoni than listening and keeping a lid on what he had on his mind, until the time was right. It keyed into concepts Art sincerely believed and that he used effectively in his roles as Dean at Pacific, as CDA and ADA President, and in every other organization he has chosen to lead.

The concepts:

- Effective Leadership Is 1/10 Leader, 9/10 Team;
- Be At The Table—Together;
- Don’t Do Something If You Can’t Make A Difference;
- Money Isn’t A Bad Thing.

### *Effective Leadership Is 1/10 Leader, 9/10 Team*

“The leader who doesn’t build strong teams, the leader who is afraid to bring people aboard who are better than he or she is, is doomed. You have to have faith to bring people aboard who are better than you at what they are going to do. They may not be better than you at what you’re doing. In my case, I brought in an academic team. Dave Chambers, much smarter than I was, a PhD from Harvard, others with PhD’s from Stanford, MBA’s, so forth and on down the line. Orthodontic chairs much smarter than I and more involved.” “You put out the ideas and vision, and then you build the teams to make them happen. You can’t be in the trenches to do it—that’s a mistake—because then the organization is only

as good as you are.” And something else: “Individuals who abuse power, who do things for self-service or who are arrogant—they don’t fit.” In building the faculty and administration he envisioned at Pacific, Art politely, but firmly, eliminated a number of individuals. “You build on the positives.”

### *Be At The Table—Together*

Art emphasized that in any organization—be it a dental office, dental school, professional association—participating fully, showing up on time, every time, and being involved as if it matters—is critical to success for the organization and as a leader. “Be at the table!” He touched again on the importance of listening, but also of getting involved and being unafraid to change things in order to be effective. “I believe strongly in communication. The dental profession has to ‘be at the table’ every place, whether it be with ADA, CDA or the American Dental Education Association (ADEA). I’m especially proud of bringing together the ‘ivory tower’ of education and ‘the giant’ on 211 East Chicago Avenue, the American Dental Association.

There was a huge chasm about the size of the Grand Canyon, between the American Association of Dental Schools (the name of ADEA at the time) and the ADA. It became competitive. There was a lack of respect and appreciation on both sides for each other. As President, I engineered and brought together meetings between all the leaders of the American Dental Association and the leaders in the American Association of Dental Schools, with the goal to discuss every issue that divided us and all the issues that could unite us, because we were too small to be in separate cocoons. The cocoon of education, the cocoon of practitioners, the cocoon of organized dentistry—all too small. We needed to be together.”

If Art Dugoni wields magic, it is in bringing people and entities together. The humanistic model of education—which I will devote more time to later—and which distinguishes Pacific—is based on a coming together of individuals, ideas and philosophies. I believe Art has applied this approach to all that he does in his professional and personal interactions. “We need to respect each other. We need to understand each other.” In speaking of challenges our profession is facing with “corporate dentistry” Art suggests the same approach: “There are a lot of challenges facing our profession right now—midlevel providers being a major one. Do we address

them with a biased view that is only in the best interest of our profession? Or should it be in the best interest of the patients we are privileged to serve? Can it be a combination of both? We need to keep our options open. We need to have civil, thoughtful discourse, conversations that allow equal time for each viewpoint.”

### *Don't Do Something If You Can't Make A Difference*

I asked Art what considerations and motivations went in to accepting some of the demanding positions he has held during his career. He began with telling me about one of the most challenging decisions he ever made, in 1977. He and Kaye were building a family. He had a busy, very successful orthodontic practice, and was enjoying a professorship at Pacific. There was balance. He was approached by administrators from the main (University of Pacific) campus in Stockton and from the dental school to consider stepping up as Dean. “It meant an 80% cut in income. Eighty percent!” He and Kaye discussed it at length. Art wrestled with the decision, discussed arrangements with the administration for practicing part time so he could meet his family’s living expenses, and then made a decision that profoundly changed his life. “That decision was not of the mind, but of the heart. I knew I could make a difference. Kaye supported me 100%.”

As the years went by, Art thoughtfully took on an impressive number of obligations outside of his responsibilities at Pacific. “What I wanted to do was to set an example of getting involved in organizations and helping to make a difference. I felt by doing that, I could motivate and inspire faculty initially, later staff, students and alumni to become involved in organized dentistry, dental education organizations, or perhaps involved in their communities in leadership roles—be it as city supervisors or on educational committees.” He hit again upon this core Dugoni philosophy: “To me, a true professional should make a difference—in their communities and their profession.”

Art emphasized that there had been a significant number of positions, opportunities and honors he had turned down—including among them, serving as President of the University of the Pacific. “You must be sure you have the time and the commitment, obviously the ability, to carry out the responsibility, and you need to research carefully when you are asked to pursue an obligation—what is the goal and vision of that organization, you are considering getting involved with?” And this: “The worst thing to do is accept an obligation for the title, in

which you maintain only the status quo, in which you make no difference at all.... Huge mistake.” By contrast, working hard, working with other outstanding, dedicated people in service to the community, “...expands you. You come away, by serving, with a totally broader view.” “I found out that by getting out and getting involved, there was more satisfaction internally for me, because it turned on my juices, stimulated me to think, stimulated me to do more homework, stimulated me to learn more about people, about how people make decisions, how to motivate people, how to build teams.” And finally, “I think once you take responsibility, mediocrity is just not good enough.”

### *Money Isn't A Bad Thing*

Art encountered frustration in his military career when there were inadequate resources to carry out goals and missions, similar frustration in his early days at CDA, the ADA, and at the FDI. Likewise, Pacific faced many fiscal challenges when he came on board as Dean. So that Dugoni magic for bringing people and entities together at the table came into play again—focused on creating means to fund the goals for organizations he was passionate about. “At CDA, we went from a very modest budget to the development of non-dues revenue or income centers, to produce income to help run the organization and give it the resources to carry out its programs. Same thing at the ADA, same at the FDI.” “Missions and goals are carried out by talented people, people with vision and passion. And also, you have to have the economic resources to carry them out. Money isn’t bad. In the old days, we used to think, ‘don’t go to bed with industry’—that’s bad. Well, that’s wrong. We need to build alliances with industry. That’s what we did at Pacific. We built alliances with people in Silicon Valley. We built alliances with major corporations—they have huge resources. There are more PhD’s at Proctor & Gamble, Colgate and Phizer than the dental school has and yes, they’re part of a bottom line motive. However, we can share talent and resources, preserving integrity.”

Art is also deservedly and tremendously proud of the fact that Pacific alumni are among the most supportive and generous of any dental school in the country. There were over 120 endowments created during his deanship, and there are another 75 in the process of being funded. Result: a continually increasing presence in the community, expansion of programs for students, faculty and patients,



thoughtfully engineered improvements in the quality of education and care every individual encounters who has contact with Pacific.

### The Humanistic Model Of Education

When Arthur Dugoni took the reigns as Dean at Pacific, Dale Redig (who had served as Interim Dean, and who then moved into the Executive Directorship at CDA) had introduced a new concept of education, a Humanistic model, which was viewed skeptically by many long-term faculty and administrators. Art was not only on board with the concept, he passionately believed it fit precisely with his vision for the school. “I wanted a culture that smelled different, felt different, and was the most demanding experience in our student’s lives, but one that they would do over again in a heartbeat. A culture founded on a sense of belonging, of trust and mutual respect.” Art Dugoni personifies this culture. “To me, that was the greatest of all rewards as an educator, helping to build on the ‘Redig model’, to create and enhance a Humanistic model. A model that opened up the avenues for respect and mutual trust between all parties in the institution, whether it be staff, student or faculty... As an educator, that’s what I’m most proud of.”

“At Pacific, we build people. Along the way they become doctors. Building people who care, who have honesty and integrity as the basis of everything they are. Dentistry is only part of this.”

### *Some of the ways this happens:*

- Respect for each other. “From the outset.”
- Looking beyond what a student or faculty member can do at this moment. “You learn how you can grow them. Make them better than they ever thought they could be.”
- Teaching dentistry as both an art and a science.

“Art—as in empathy, connection, caring, availability, lack of arrogance, solid values. Science—as in skill, technical expertise, knowledge, precision.”

In my years as a clinical instructor at Pacific, I was always inspired by the sincere personal and professional bonds between students, faculty and staff, the sense of accountability and trust, and the palpable atmosphere of working together. Graduates almost without exception exemplify confidence, a sense of community responsibility, and appreciation for the experience they had becoming professionals. It works. Art knew that in his heart that it would.



Five sons and son-in-law at Giant’s spring training (on my bucket list)— From left to right: James—Senior Associate Athletic Director at Pacific; Michael—Educator; Me (Dr. Art Dugoni); Dr. Steven Dugoni, Professor—Orthodontist; Art, Lead Graphic Designer, Russell—Apple Computer; Dr. Bert Rouleau son-in-law—Orthodontist.

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