

MONTEREY BAY

# SMILELINE



The Newsletter of The Monterey Bay Dental Society

Winter 2012

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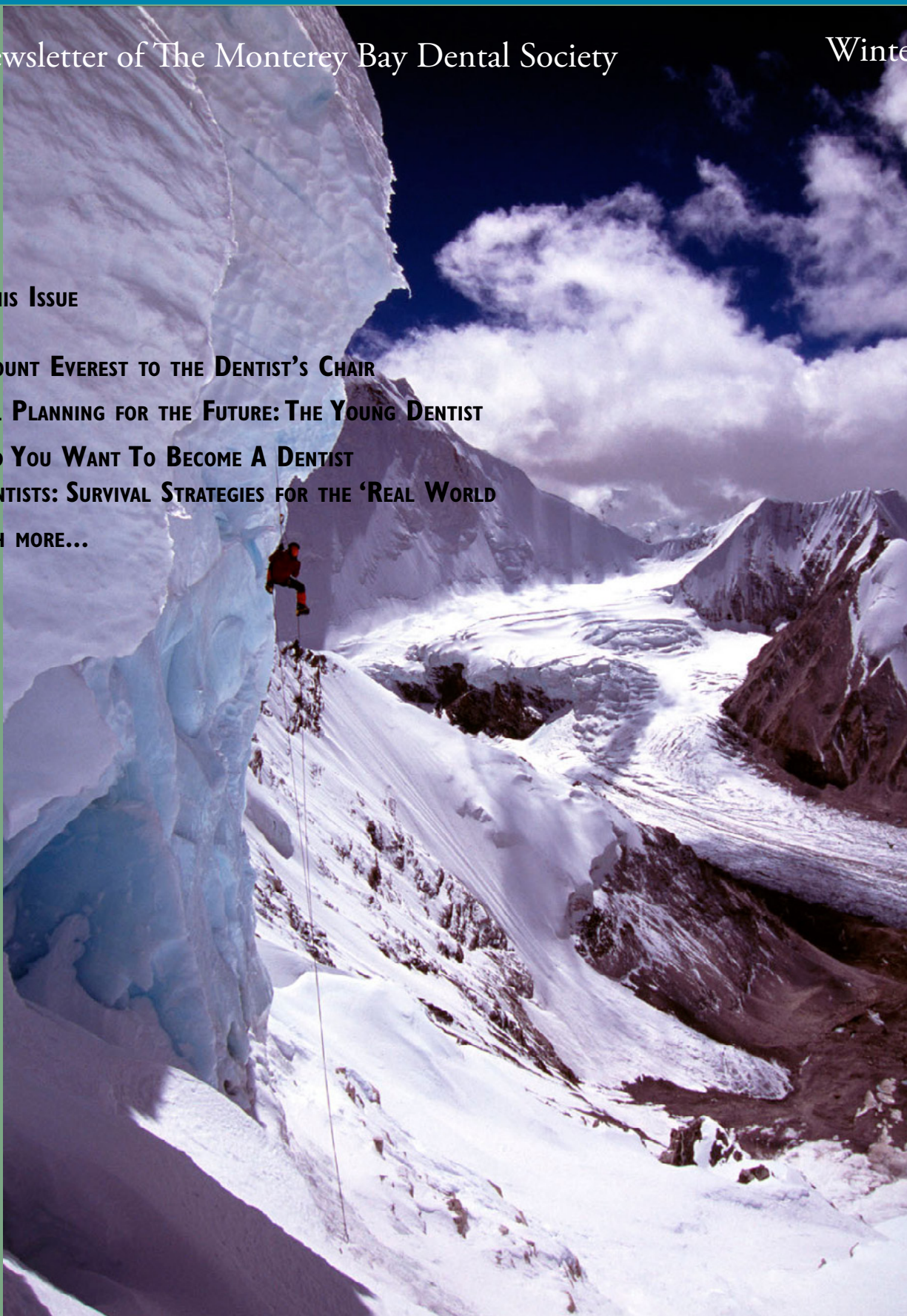
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# SMILELINE



## A MESSAGE FROM YOUR MBDS PRESIDENT...

Time certainly does pass quickly when you are having fun! As my year as President of the Monterey Bay Dental Society has concluded I am amazed at how quickly the year has passed.

I have certainly learned a great deal about organized dentistry, The Dental Tripartite (ADA, CDA, component societies) relationship and the “politics of dentistry”. However, above and beyond that I have learned that we are truly blessed as a “smaller society” to have so many members who are willing to play an active role in the mission of the MBDS.

I express my deepest gratitude and heart-felt thanks to all of the MBDS members who were kind enough to answer the call to serve organized dentistry during my term when called. There are just too many Board Members, Committee Chairs, Committee Members, Members in General AND their family members who stepped up to the plate when asked to name individually. However, I will share that the sweetest sound to my ears was that of “Sure, I can help out!” when recruiting volunteers. I knew I was asking them to give up their precious personal time and that was not easy. Nevertheless, I was continuously impressed by the generosity and dedication of our membership.

I would also like to take this opportunity to like to congratulate Dr. Dan Pierre on beginning his presidential year. He will be a stellar leader for MBDS of the highest caliber. I would also like to thank all of you who celebrated Dan’s presidential installation on October 26, 2012 at the Pasadera Country Club. It was truly an evening of fellowship and fun. In addition to passing on the gavel to Dan, I had the honor of recognizing the Monterey Bay Dental Society’s “Dentist of The Year”, Dr. Richard (Dick) Kent, for his many years of volunteer service to the MBDS, the past five of which Dick has chaired the Peer Review Committee. During his tenure he has had the opportunity to be a part of the development and implementation of the CDA Peer Review Calibration Process. As such, he has been fundamental in ensuring the Peer Review Process continues to be a valuable and viable option for California dentists and their patients.



As I look back over the year I suspect one of the reasons the time seems to have past so quickly has to do with all that the MBDS has accomplished to benefit both our members and the public we serve (I suspect another reason may simply be age):

\*The year began in January at the CDA office in Sacramento meeting with the Component Core Services team learning the basic component core services that are to be consistently offered by component societies of CDA.

This was the first year representatives of all 32 of California’s local components were given a Component Core Services Self Assessment, assisted with the development of an annual

Strategic Plan for each component and given CDA Dashboard Indicators of Best Component Services (think of them as a the Best Practices Act for our dental society). We reaffirmed our core values and established new ways to reach out to our members.

\*In March we attended the special session of the House of Delegates, where we voted on CDA’s position on SB694 (A. K. A.: “The Mid-Level Provider Bill”). Although the final vote of the House of Delegates was that CDA support the revised bill, SB694 died on the assembly floor due to lack of state funding. In addition, members attended the CDA Leadership Conference in Seaside.

\*The dental society has started the process of updating our website to improve functionality. As you know, you can receive your copy of The Smile Line on our website or by email, access the MBDS calendar of events, and membership directory. The public can access the “Find a Dentist” section of the website to select a dental care provider form within the dental society membership. While it is still a work in progress, we are working hard to permit CE registration and payment in the near future.

\* A new Member Recruitment Brochure was developed. This was made possible by the ADA Member Recruitment Grant awarded to the MBDS thanks to the exceptional efforts of Dr. Carl Sackette and Executive Director, Debi Diaz.

\*The annual Monterey Bay Dental Society Dental Hygiene Scholarship Award recipient was selected. The \$500.00 scholarship was presented to Ms. Ingrid Manning, a student attending the Cabrillo College Dental Hygiene Program.

\*Over 60 classrooms participated in the society's Dental Education Program this year. This program pairs membership volunteers with elementary schools within the MBDS geographic boundaries that have requested in-class instruction to increase their student's dental education and awareness.

\*Six Continuing education seminars were well attended (that's 39 CEU this year alone) thanks to the hard work of our Continuing Education Committee and the newly developed Continuing Education Committee Advisory Panel

\*Five general membership dinner meetings were held to offer members the opportunity for fellowship, networking and relaxing with their dental friends and peers. I look forward to continuing to work with the executive committee over the next year to continue our goal of expanding our membership and public services. It has been my very sincere pleasure serving the MBDS and working with such a tremendous group of volunteers dedicated to the improvement of dentistry.



Dick Kent, receiving the 2012 MBDS Dentist of the Year award from Corry Cline-Fortunato

Greetings!

Being that this issue of the MBDS SmileLine is focusing on the New Dentist, this is the perfect time to introduce the new Chair of our New Dentist Committee! I will be stepping down from the position after many fun and eventful years, but will continue serving on the MBDS Board.

That being said, it is a great pleasure to introduce to you, Dr. Garrett Criswell!

Dr. Criswell is an orthodontist in Monterey, and has recently joined on as an associate with Dr. Gary Palma ([www.montereyorthodontics.com](http://www.montereyorthodontics.com)). A graduate of UCSF Dental School, Dr. Criswell completed his orthodontic residency at the same institution. Throughout his academic career, he has been bestowed numerous awards and honors for his clinical and didactic successes. He and his family have enjoyed starting his career here in the Monterey Bay.

Dr. Criswell graciously accepted our invitation to fill this vacant seat on the Board, and we truly appreciate his willingness to contribute to the Society. He brings a wealth of knowledge to the position, and will surely be a wonderful addition to the MBDS Board of Directors.

Please join me in welcoming Dr. Criswell to the MBDS Board!

*Editor's Note: Dr. Sackett is a pediatric dentist practicing in Seaside and Salinas. He has served as co-chair of the MBDS New Dentist Committee with Dr. Daniel Pierre since 2007.*

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Design by Robert Packard*

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## WELCOME OUR NEW MEMBERS

<b>Jim Alderete, DDS</b>	<b>General Practitioner</b>	<b>Aptos</b>
<b>Cynthia Creech, DDS</b>	<b>General Practitioner</b>	<b>Ben Lomand</b>
<b>Sheila Farahani, DDS</b>	<b>General Practitioner</b>	<b>Monterey</b>
<b>Hillary Fritsch, DDS</b>	<b>General Practitioner</b>	<b>Carmel</b>
<b>Richard Garwood, DDS</b>	<b>General Practitioner</b>	<b>Santa Cruz</b>
<b>Jessica Heit, DDS</b>	<b>General Practitioner</b>	<b>Santa Cruz</b>
<b>Tony Ku, DDS</b>	<b>General Practitioner</b>	<b>Pajaro</b>
<b>Donghoon Lee, DDS</b>	<b>General Practitioner</b>	<b>Pacific Grove</b>
<b>Jennifer Lo, DDS</b>	<b>Pedodontist</b>	<b>Salinas</b>
<b>Linda Martin, DDS</b>	<b>General Practitioner</b>	<b>Monterey</b>
<b>Marta Mejia, DDS</b>	<b>General Practitioner</b>	<b>Big Sur</b>
<b>Jennifer Moran, DDS</b>	<b>General Practitioner</b>	<b>Salinas</b>
<b>Esmeralda Munoz, DDS</b>	<b>General Practitioner</b>	<b>Monterey</b>
<b>David Refaee, DDS</b>	<b>General Practitioner</b>	<b>Santa Cruz</b>
<b>Ehsan Rezvan, DDS</b>	<b>Periodontist</b>	<b>Monterey</b>
<b>Tatshyan Shioe, DDS</b>	<b>General Practitioner</b>	<b>Marina</b>
<b>Levon Solak, DDS</b>	<b>General Practitioner</b>	<b>King city</b>
<b>Allison Stahl, DDS</b>	<b>General Practitioner</b>	<b>Santa Cruz</b>
<b>Lindley Zerbe, DDS</b>	<b>General Practitioner</b>	<b>Monterey</b>

*Thanks to our Outgoing Board of Directors*

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

*And Welcome to Our Incoming Board of Directors*

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

**CALENDAR OF EVENTS FOR 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 (TBA)**

Member Dentists \$250-Non-CDA members \$350-Auxiliary \$115\* (see discount information below for additional staff)

**May 17, 2013**

Ron Goldman, JD &amp; Eve Cuny

"Infection Control &amp; 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 (TBA)**

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 additional 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 4 2012 (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

Bittersweet Bistro

Aptos, CA

**Thursday, November 8, 2013**

Installation of Officers

7:00 PM

Seascape Beach Resort

One Seascape Resort 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 NEW DENTIST

A special thanks --

I want to extend sincerest thanks to Dr. Michael Lew—and his wife, who assisted with copy and layout—for the beautiful work on our MBDS SmileLine over the past two years. Mike took time from a very busy schedule to share with you what has been going on in our community and in dentistry. He is continuing in his career in public health, serving our community, and has had to leave our area. Debi Diaz requested I return as editor in September, and I have worked over the last two months putting things together for this issue. I will do my best to keep you up to date, interested and hopefully excited about what's happening, just as Mike did.

Everything in our lives is in transition. And whether we recognize and respond to change or allow it to sweep over and past us, nothing remains the same. The focus and subject of this issue of the SmileLine is on the new dentist—who they are, what they encounter, what they offer, and most important, on how different the professional environment they are facing is from the world most of us woke up to once we passed our boards and sought to make a living. I asked several dentists new to our community, and one who practices in the Los Angeles area, to write about some aspect of their experience to date, and left the precise subject matter open. You will see that each “story” is very different. You will find yourself on Everest's peak, at a Boy Scout meeting, moonlighting at an office in San Francisco to help make ends meet while going through ortho school, succeed with your first general anesthesia case on a child, become inspired while sharing your vision and goals with one of the most highly respected endodontists in the world, wonder really where you belong as you work in one office after another. You'll struggle with ethical issues as you try to earn a paycheck in a “corporate” dental clinic, and feel frustrated and confused with well-intended philanthropic efforts that are neither valued nor appreciated. I was humbled, impressed and sobered as I read these stories. I can confidently assure you that we have a number of brilliant new members in our professional community—those who share their stories here are only a few of them. These young dentists bring vision, energy, talent, awareness, integrity, and something that has touched me most of all, a sincere appreciation and respect of those who they follow—you and me. Each of these professionals needs and deserves mentoring, a hand up, a kind word, friendship, and by all means, our respect.

I also invited two people who have contributed articles for the SmileLine to share some professional advice, aimed again toward the new dentist. Sally McKenzie and Doug Carlsen

are experienced and been-in-the-trenches consultants in dental management and financial planning. I encourage you to read their comments and incorporate what they offer into your practice as your own transitions take place. Doug, by the way, will be here to speak at an MBDS Dinner Meeting this next year.

Finally, still in the spirit of “transition”, are memories of two members of our dental community who have recently passed away. John Kistingner (who practiced in Gonzales) and John Stenovich (who practiced and taught in Aptos) were exceptional dentists as well as exceptional members of their local and professional communities. Perhaps most memorable about these men was their kindness and devotion to others in their lives.

I hope you will find this issue inspiring and thought provoking, and that you make an effort to embrace change proactively, boldly, and wisely. Most especially, I hope you will welcome every new member of our dental community with enthusiasm and appreciation. They are the future of dentistry. You are their role models.



Tom Sims, DDS and me at a recent dental meeting. Dr. Sims was director of my residency and has been a role model, mentor and friend throughout my career.



BY CHARLES “CARL” E. SACKETT, IV, DDS

When I was asked to reflect on my experiences as a new dentist, I didn't quite know where to begin. The journey from dental school, to residency, to group practice has been a whirlwind of sorts, filled with many ups and downs. The transitions have come quickly, and demanded adaptation and adjustment. Still, as I try to wrap my head around it, I am able to embrace my path to becoming a new doctor and real-life pediatric dentist.



After deciding that I wanted to pursue a career in dentistry in high school, thus began a long academic road from college at the University of San Francisco, to dental school at UOP, to a two year pediatric residency at Cincinnati Children's Hospital in Ohio. Despite originally growing up in Sebastopol, California, I ended up finding a job afterwards (through a dental school friend) in a large group practice three hours south of Sonoma County in Salinas.

Through all this, I tried to maintain my sanity, and nurtured my hobby of playing the guitar. Not only did it help with manual dexterity, I found it to be quite therapeutic during these rather chaotic and hectic years. Fast forward to seven years later - I am still learning all the dynamics of pediatric oral health care. Now that all the exams and Boards are behind me, I have fully entered the exciting world of private practice.

Needless to say, practicing dentistry in this day and age can be a challenging task. Of course, we are all aware of the economic environment that doctors are struggling to survive in nowadays. As for the new dentist, many students exit dental school with some hefty loans, and then enter a world with a myriad of additional financial responsibilities before them. Dental school provides shelter from many of the realities of private practice (overhead, etc.), which is then followed by a rude awakening of insurance programs with less-than-desirable reimbursement rates.

Also, practicing in an age in which the Internet is ubiquitous has affected dentistry immensely. Marketing oneself is ever easier, and online advertising can attract patients to your practice in ways doctors would have never imagined a few years ago. On the other hand, the accessibility of online reviews has affected both new as well as seasoned doctors in both positive and negative ways.

Still, it goes without saying that one of the wonderful aspects of being a new dentist is celebrating your successes as a graduated professional. There are many milestones that are reached which

become sources of pride and satisfaction. For myself, I will never forget the first ever general anesthesia case I completed in the operating room. It was a memorable day to say the least, and acknowledged the fact that I was finally putting my didactic studies into clinical practice.

Even more memorable, however, is when us “rookie” doctors have the inevitable untoward experiences - the ones we will certainly never forget (but we wish we could). While we are sent from dental school with confidence and a diploma in hand, we quickly begin to learn why they call it “practice.” Most doctors (including myself) will undeniably have their first encounter with a failed restoration or marginal discrepancy during these crucial first few years after exiting school.

As for pediatric dentists, many would agree that one's first encounter with an upset parent certainly becomes etched in our mind. Also, there is an incredible learning curve when it comes to delivering quality care for these little patients. Even something as seemingly simple as a vital pulpotomy can quickly turn into one's very first “perf-otomy” without some experience under your belt. Unfortunately, I too have been a victim in this regard, and have learned from what I now like to call my first “iatrogenic misstep”.

While I only speak from the perspective of a children's dentist, I'm sure my thoughts are shared with all types of new practitioners. Implementing our newfound knowledge and skills can be gratifying, but all of us have been burdened with unavoidable mistakes and humbling moments. I suppose the growth that comes with being a new dentist is trying to view these as “learning opportunities” (even though that seems almost impossible sometimes)!

As I proceed in my career, I eagerly look forward to the professional and personal maturity that will surely come with more years of practice. I cannot believe that in June of next year, I will be celebrating my ten year dental school reunion! It seems like only yesterday I was working on ivorine teeth and cramming for finals. Now, I am fully engaged in the ins-and-outs of day to day practice, and establishing a career. It has been an enjoyable adventure so far, and I look forward to what the future has in store...

*Editor's Note: Dr. Sackett practices pediatric dentistry in Seaside and Salinas with the Central Coast Pediatric Dental Group. He has served as chairman of the MBDS New Dentist Committee (founded and first chaired by Dr. Paul Morris, also with CCPDG) for the past 5 years. Dr. Sackett is now serving as Chair of the MBDS Membership and Continuing Education Committees.*

By JULIUS KONG, DDS

More than ten years ago at my freshman orientation, the dean at USC School of Dentistry told us, “You are stepping into the golden age of dentistry.” I look back and wonder if that golden age passed me by. I thought that the best part of my life was ready to begin as I entered society as a doctor.

After graduation, I was exposed to many different levels of dentistry. I first practiced in Watsonville, as an associate with Drs. Kevin Gremillion and Bob Davis. They both offered their mentorship and friendship. Bob and I worked really well together and he took me in as his apprentice. However, I left his practice because I could not picture myself in Watsonville. I dreamt of living in the big city, practicing in ‘the perfect office,’ and making lots of money! In the city, I worked in a busy dental clinic where patients waited hours to be seen and there was a constant “push” to sell dentistry. It was all about production and very little patient interaction. Later, I found myself in a spa dental office with candles, potpourri, and massages. That was not for me either. Then I worked in an office where the dentist didn’t have money to pay me. Over the years, I have worked in many cities--Sunnyvale, San Jose, San Francisco, Roseville, Sacramento--and Watsonville. I discovered that it is not easy to be an associate!

When my wife finished her orthodontic residency, we were ready to settle down. We searched for the right dental office to purchase. We looked at many dental offices across the San Francisco Bay area and Sacramento. While watching the weather channel in our hot apartment in Sacramento, we realized that Watsonville, after all, was where we belonged. The climate is nice, the people in Watsonville are great, and we looked forward to the next chapter in our lives.

We purchased a practice a few months later. We thought with two working doctors, the sky was the limit. Unfortunately, that did not happen. Being a practice owner came with great responsibilities. With the help of Dr. Davis and his wife Caroline, we completed a smooth transition. They were both very good mentors. However, as the economy made a turn for the worse, many patients lost their jobs and insurance. We struggled to keep our staff full-time and had to strategically downsize.

With our home worth half of the purchase price, student loans, practice loans, and children, we struggled at times. Even as a specialist, my wife has had her own struggles and is finding her way as well.

Over the years, I looked to my colleagues for support. With the help of Tim Griffin, Alison Jackson, Carl Sackett, and Marielena Murillo, I became involved with Monterey Bay Dental Society

and our dental community. Everyone was willing to lend a hand and share their experiences with me. The team work involved in making dentistry a better profession and to serve our community is amazing!

Being involved with Monterey Bay Dental Society offers networking, friendship, and mentorship. It really has brought the enthusiasm that first brought me into this profession back to me.

My practice is doing much better now and I am a happier person. I enjoy what I do and love interacting with my patients and colleagues. It takes time, hard work, and patience. I am still learning new things everyday such as new dental technology, running a business, and how to enjoy my profession.

Looking back, I had great expectations of living in a big city, having the perfect office, and driving a nice sports car. That didn’t happen. Cruising in my mini-van along Cabrillo highway, I can see the beautiful ocean and tree-covered mountains. I practice in a small community where my patients see me as a friend. I can also eat strawberries all summer long! And I have lunches every week with my dental colleagues discussing sports. My life didn’t turn out as I had pictured it to be, but nevertheless I am happy. I do not want to change any part of it.

I look forward to celebrating my ten year dental school reunion in 2013!



*Editor's Note: Julius Kong is a general dentist practicing in Watsonville with his wife Nancy Leung, an orthodontist. Dr. Kong is serving as the Watsonville County and Public Health Director for the MBDS.*

**BY STEVEN ROSS, DDS**

In my experience as a new dentist it has shocked me to find how difficult it is to give back. I can recall during orientation in dental school one brazen student responding to our instructor during question time following a lecture, "I want to know what YOU are doing to give back!" I can't recall the response to her question, but I have often thought of the moment since.

Initially I had aspirations of serving in a public clinic at least one day a week. After entering repayment on my student loans I realized I needed to work 5 days a week as an associate just to pay the bills of a family with four kids. I looked for ways to still serve yet cover the bills.

While bouncing from one associateship to another I was able to find a public clinic where I could work one day a week. While there I had my entire paycheck withheld for taxes. I felt like I was serving, yet the tax stipend helped to free up money elsewhere in my family's budget.

It was hard work in the public clinic. They would typically schedule ten minutes for certain procedures when most private practices would schedule an hour. I always felt rushed. Quality may have suffered a bit because of it. Apparently my posture suffered a bit as well because I started to have back problems.

I decided to take a leave of absence from the public clinic to focus on back health while still practicing four days per week elsewhere. When I was ready to return to the public clinic they informed me that they had funding issues and my services were no longer necessary.

I was shocked that a public clinic--this clinic had recently been given a sizable grant to open a new facility--was having cash flow issues. Perhaps they simply did not like me, but if that is not the case, what is wrong with this picture?

A dentist has time to serve. A clinic needs a provider to see its patients. But nothing happens because of a lack of funds.

As I reflected on this situation I have often thought: what if the value of services provided could be used as a tax deduction?

Currently, only the expenses may be deducted. What if the value of the services provided could be deducted? The government could even limit the deduction to services provided in a federally qualified health clinic. That would be very worth it to me. It would really help the federally qualified health clinics run with a better cash flow.

Additionally, I have heard of dentists who have just stopped working in their private practice once they have topped over Obama's \$250,000 mark. Now that doesn't make any sense—a dentist perfectly capable of providing care takes an extended break because of tax policy?

Under the above modified tax laws I can picture one individual being more than willing to serve in a health clinic to lower his tax burden. After all, nobody wants to work for free.

In summary, my response to my fellow student's question, "what are you doing to give back?" I'm afraid I would have to hang my head at this point in time. I had hoped to be giving more. However, I do intend to give back more in the future.



*Editor's Note: Dr. Ross is a general dentist currently practicing as an associate in Felton, Hollister and Salinas. He is a 2008 graduate of*

*UCSF School of Dentistry, and completed a GPR at the San Francisco VA Medical Center. He is married with a family of four and is actively seeking to purchase a practice.*



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## WHY DID YOU WANT TO BECOME A DENTIST ?

By ERIC BROWN, DDS

Have you ever had a patient give you that look and then ask... "Why did you want to become a Dentist"? You know the look; it's one of bewilderment and repugnance as if to say "Why would anyone want to be a dentist"? If you are like me you get asked that question a few times a week and my answer always surprises my patients.

When I was twelve years old I joined the Boy Scouts of America. Having already been a Cub Scout since I was eight years old, I was eager to leave the pine wood derby behind and go on high adventure scout trips. The kind of trips that combine danger plus excitement and send you home with hair on your chest! Our church congregation had a scout troop and I was lucky to have a lot of friends also join with me.

A successful scout troop really depends on how good your Scout Leader is. Each troop has a Scout Master and several assistants to help the scouts learn, grow, and go on fun outings. I was lucky to have a great Scout Master named Wayne Richey. Wayne, I later learned, was a dentist but that didn't mean much to me at the time. All I knew was that Wayne went on amazing adventures. He took us hiking, camping, backpacking, mountain biking, canoeing, white water rafting, rock climbing, and we learned a lot of life lessons along the way

Another thing scouts do is work on merit badges. There is a merit badge for just about any subject; in fact there are more than 100 to choose from. This allows scouts to choose topics and earn merit badges in things that interest them. Most of the merit badges require hands on learning. A few years into scouts Wayne took us into his office to work on a dentistry merit badge. There we were, 14 year old kids messing with sharp instruments, extracted teeth, and alginate. Chaos ensued but some learning also took place. I was immediately hooked. I thought, "I think I could do this!"

I continued my Scouting experience and with Wayne's help I earned my Eagle Scout Award. Wayne continued to help many scouts earn their Eagle Scout Award; under his leadership 46 scouts earned the award. In 1994 I graduated from High School and Wayne sold his practice in Southern California and moved to Monterey. For college I went to Brigham Young University and attended classes as a pre-dental student. Later I attended Marquette University School of Dentistry. My scouting memories and dentistry merit badge were never far behind but as life went on Wayne and I lost contact. I often wondered how he was doing in Monterey and if our paths would cross again.

In 2007 Wayne and I reconnected and he introduced me to the Monterey Peninsula. I hadn't been to the area since I was young but I immediately fell in love with the area and all it had to offer. I returned to Southern California where I was practicing but that started my quest to move to the area. In 2011 I had the chance to purchase a practice in Monterey and now practice 100 yards

from Dr. Wayne Richey. Not only do I owe Wayne a debt of gratitude for introducing me to Dentistry, I also owe him for really introducing me to the Monterey Peninsula.



I really love practicing Dentistry along the central coast and I also love Scouting. I have had the amazing opportunity to give back to scouting and I am now the Scoutmaster of Troop 132 in Monterey. I haven't introduced the kids to the dentistry merit badge but when I do it will be fun to relive the memories I had as a scout and to look back on the journey that brought me to dentistry and to Monterey.

## TOTAL HEALTH DENTISTRY

By ERIC BROWN, DDS

We're standing at a defining moment in our nations history. Medicine, as we know it, is about to drastically change over the next few years. As Dentists, we are on the sidelines for the most part anxiously waiting to see how this change will affect us. But instead of waiting to see how it will all play out we are poised to be the ones to create the change we have always desired.

Most of our patients come to see us twice a year for recare visits. During these visits we evaluate their oral condition, clean their teeth, perform an exam, and give them recommendations to improve their oral health routine at home. But what most of us don't realize is that while our patients come to see us twice a year most them don't see a physician once a year. And some of our patients don't have a physician at all! For some of our patients we are their primary care giver.

As dentists we are in a position to change the way our patients and the public perceive dentistry. By educating our patients about the connections between the mouth and the rest of the body we can actually help them improve their overall health. Medicine is finally realizing what we have known for years, that there is a connection between inflammation and bacteria in the mouth and inflammation and bacteria found elsewhere in the body.

How can we help our patients improve their overall health through dentistry? By broadening our scope just a little we can make a big impact. One way we can do this is by taking blood pressure at our recare visits. Recently, I had a patient in my office who had not had his blood pressure taken in several years. On that day it was 210/100! We immediately called his physician (that he had not seen in 2 years) who requested he see him immediately. We later had that physician call our office to thank us and let us know we may have possibly saved his life.

The main way we can help our patients is through education. Most of our patients come to our office because they care about their oral health. But, do they really know what makes a healthy mouth? We can educate and make a big difference. We can also



expand our health histories to include questions regarding family illnesses to better assess our patient's risk factors. If a patient is presented with a family history of heart disease and also has untreated periodontal disease, we need to have a serious discussion about the connection and how important it is to not only treat their mouth but to follow-up with their doctor.

As dentists we are ready and willing to be more than we have been in the past. We can change the way the public perceives us by helping our patient's overall health and wellness. We can affect great change in the lives of those we treat and can actually extend lives through dentistry. It takes a shift in our mindset but one that comes quite naturally to a concerned Dental Professional.

**ERIC CARL APPELIN, DMD**

I remember being near the end of my residency asking what I was going to do, where would I end up and what was my plan. I was interviewing all over the country and had a few states in mind. During my search I found myself at the office of Dr. Gary Carr in San Diego. Dr. Carr is a world famous endodontist and researcher. I was there to simply glean some insight on how to create a winning practice model and hoped some of the "magic" he has created in his exceptional career would rub off. I ended up getting to know his associate and business partner, Dr. Tami Decker, who pointed me to Monterey and I never looked back.



I have since been practicing in Monterey with Dr. Sharon Avant and I have taken to the lifestyle in this wonderful place. When I'm not seeing patients, and not with my girlfriend Dr. Jen Lo, I spend time playing water polo at CSUMB. I can also be found taking our two dogs down to the beach in Carmel, or golfing when I find the 4+ hours necessary to fit that in!

The MBDS has been most welcoming and the open door policy has brought a multitude of opportunities and introductions. I have many dental friends located all over the Country, just as each of you to be sure, who have been struggling greatly in the time following the recession. From meeting MBDS members who are caring and enthused about providing great patient care, to sharing mutual patients and seeing such a high level of care, I realize just how lucky I am to be here on the Central Coast.

I look forward to meeting each and every one of you over the years to come.

By GARRETT CRISWELL, DDS

Hello! I am a recently certified orthodontic specialist, treating children and adults of all ages. I grew up in Sacramento in a close-knit family of six boys. Honesty, integrity, compassion and hard work were cornerstones of our upbringing and values—and which I base my life on. I chose orthodontics so that I could be a part of the dramatic change that occurs during growth and treatment, both in the patient’s smile and self-confidence. I love interacting with patients, and bring enthusiasm, passion, and attention to detail to every patient.



I attended UCLA for college. Before entering dental school I worked as a licensed real estate broker and also taught for the MCAT and DAT standardized exams. UCSF was home for seven years while earning my DDS and my MS in orthodontics. As a dental student I completed the joint DDS-MBA program, graduating with an MBA from the University of San Francisco School of Business. I was honored to be inducted into the Omicron Kappa Upsilon National Dental Honor Society upon

graduating from dental school.

During my orthodontic residency, I served as Chief Resident and—in my spare time—moonlighted as a general dentist in San Francisco.

I have been practicing orthodontics in Monterey and Carmel with Gary Palma for almost two years. It is exciting and fun—using the latest diagnostic and treatment technologies, such as 3-D imaging, lingual “invisible” braces, Invisalign, and orthodontic “mini-implants” or TADs, in addition to mounting cases and developing surgical simulations. I incorporate a “face driven” approach to orthodontics focused on creating balance and harmony within the orofacial complex, with specific attention for smile esthetics. I maintain a close affiliation with the UCSF Craniofacial Clinic and treat patients in our area who have craniofacial anomalies such as cleft palates and associated syndromes.

So far as my personal life, I am happily married to my beautiful wife Jennifer, who was born right here in the former Fort Ord! We have a young family with two boys and another child due in 2013. In my spare time, I enjoy relaxing with my family, golfing, snowboarding, playing chess, cooking and recently surfing.

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AS TOLD TO YOUR EDITOR BY LINDLEY ZERBE, DDS

Reality and fantasy came together like colliding universes for one incredible moment at more than 27,000 feet in the sky on May 31st, 2005.

Lindley Zerbe struggled toward the highest peak on the planet, Mount Everest, willing his mind and body to ignore the exhaustion, danger and difficulty of a daunting journey that still loomed ahead – a climb toward the famous Hillary step and beyond that to Everest's true summit.

Horrific winds, literally the jet stream, ripped across the ridge line, sending needles of ice like slivers into flesh that peeked through his protective clothing.

Swirling snow devils made him duck.

Zerbe paused a moment to take in the view, one he'd certainly never see again. In reflection, he describes the scene: "the sun was rising on the horizon toward Tibet. I could see the curvature of the earth, this blood red horizon line. There was a rock cliff on my left, a slope to another cliff on my right. And in the distance I could see an electrical storm over Tibet. It was massive, but I was so high that I could see it as one unit. The thunder clouds were illuminated, also blood red, and I could see the lightning shooting out of them. It was the most incredible thing I've ever seen in my life. It was as if I was entering another world where humans are not supposed to be."

The scene Dr. Zerbe described above must feel like a lifetime ago as he is currently practicing general dentistry with Wayne Richey DDS in Monterey, CA.

Zerbe's road to Everest began after completing his bachelor's and master's degrees at Stanford University. Zerbe was looking for adventure and a change of environment and perspective. He had met fellow students from diverse cultures and wanted to immerse himself in another culture. To this end, he went to the cultural melting pot that is Singapore and took up an associate scientist's position at the National University. His first day on the job, the first email he received was an announcement of the NUS Centennial Everest program, advertising an opportunity for staff, students and alumni to apply to be part of a team to climb Everest in celebration of the university's 100th year anniversary.

He felt the opportunity was heaven sent and applied for the position. Zerbe was one of one hundred individuals that applied for the expedition. Five were eventually chosen. The



elimination process began with an overnight boot camp, designed by members of Singapore's mountaineering community and the military special forces. Zerbe says it was exceptionally well thought out, and exquisitely taxing. "One of the things they did was put a 20kg (44lb) pack on our backs and say, 'you're in a race, but we won't tell you where it ends. Just go.' We didn't know how long or how far we were going, but we were told to develop our own strategy. We started at 10:00pm, went through the forest and jungle and there were commandos stationed at various places to add weight to our packs, and to remind us that we could quit at any time." Identifying people who might quit under stress was clearly the point. To Zerbe, it was never a consideration.

He was one of 20 who were chosen to move to the next level, which included psychological analysis, a battery of interviews and written testing. The training that followed was grueling and consisted of a three-

year regimen that combined stair climbing, running and weight lifting in the tropical heat and humidity of Singapore. During the three-year period, after training climbs in New Zealand and Nepal, the team was cut to 6 members who went on to climb Gasherbrum II in Pakistan and Cho Oyu in Tibet. "Cho Oyu is a classic training ground for Everest because of its close proximity. It's a pretty straight forward climb, but you can still get the high winds and inclement weather, and it's a place to test your oxygen system and do your final test for food."

Zerbe's pathway to dentistry began with providing healthcare to people in great need while on the expeditions in Nepal, Tibet and Pakistan. During the program, he volunteered to be the team's medic and so was mentored by the team's physician in Singapore, Dr. Mok, in high altitude and wilderness medicine. Zerbe recounted, "one thing that I always noticed was particularly lacking in these poorer areas was dental care. This and an experience I had in Pakistan where I recemented a fellow climber's crown that had fallen out and took her out of pain, left a strong impression and set me on the path to dentistry."



## FAMILY FIRST: DENTAL STUDENTS FIND A HOME EARLY IN CDA

BY LINDLEY ZERBE, DDS, WRITTEN AS A SENIOR STUDENT AT UCLA SCHOOL OF DENTISTRY

Having been a dental student at UCLA and UCLA's CDA student representative for my class, I have a unique perspective on the opportunities both CDA and organized dentistry present to dental students in California. From the outset, I was struck by CDA's commitment to student involvement and participation. When I arrived at UCLA for dental school we were educated by both our senior students and professors about CDA and the active role it plays in shaping dentistry at both the state and national levels. From these initial impressions, I was inspired to run for the position of UCLA's CDA student representative and thankfully was voted into the position by my fellow classmates.



UCLA's Student Participants attend CDA's lobby day in Sacramento pictured with Senator Bill Emerson (CA), an orthodontist and CDA Supporter.

The benefits for dental students of membership in CDA are numerous and varied. From a political perspective, to inspire increased student involvement, yearly "lobby day" trips are open to small groups of students from each California dental school. During these trips, students from across the state travel to Sacramento and interact with State Senators, Representatives and CDA's own legislative experts. Many questions are asked and views expressed on topics ranging from Access to Care and Supplemental Dental Auxiliaries to issues of Licensure, a topic of great interest for dental students.

I and my fellow students were given free access to the CDA Presents Conventions in both Anaheim and San Francisco. At these conventions, students attended talks on various dental topics and browsed a vast array of both traditional and cutting edge dental products. I recall one of my fellow dental students enthusiastically describing to other UCLA students a new method of intraoral imaging and



UCLA's CDA Representatives, Lindley Zerbe, Carlo Santos and Ryan Abelowitz hamming it up at CDA Presents Anaheim in 2011.

impressionless model fabrication.

CDA is committed to fostering leadership at an early stage in a member's career, going so far as to fund spots for student attendance at leadership training events held each year.

The other benefits to students highlight CDA's commitment to fostering a dental professional family. The West Los Angeles Component includes UCLA and so maintains a close connection with its dental students. The society provides many opportunities for students to connect with practicing dentists, such as student attendance at continuing education classes and component networking events.

CDA Compass, CDA's Practice Support website, holds a wealth of knowledge for dental students and free access is included with membership. The website has examples of practice management paperwork including associate agreements and complete office SOP booklets.

All of the above and more are given to California's dental students for a nominal membership fee of \$5 per year. Also, as

a gesture of understanding the challenging transition student dentists face in their initial years of practice, the first year of CDA membership after dental school is free and isn't scaled up to the full fee until the 5th year.

With all of the conventions, leadership events, classes, networking opportunities, and lobby days that students can attend, it is clear that being a member of CDA includes students in a larger family, aspiring to foster participation, excitement and commitment to the future of dentistry.

*Editor's Note: Dr. Zerbe's article first appeared in the Western Los Angeles Dental Society Newsletter WestViews, in July 2012. It is reprinted here with permission of the WLADS, WestViews Editor Dr. Antigone Skoulas, and Dr. Zerbe. Dr. Zerbe is now practicing as an associate with Dr. Wayne Richey in Monterey.*



Students from across the state attend CDA's 2011 Leadership Education Conference in Los Angeles, CA

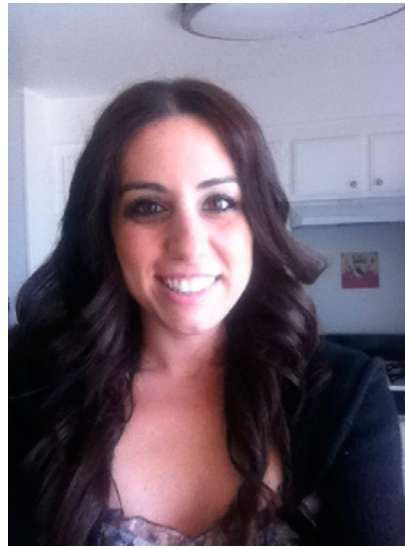


**BY ANTIGONE SKOULAS, DDS**

I recently filled out a questionnaire created by the ADA on new dentists and the large group practice setting. The goal of the questionnaire was to gain an understanding on how many new dentists are working for corporations and what they may need from ADA to supplement their work experiences. I have worked for two different corporations and can say that I do feel as though I have benefitted from the training they provide to the new dentist. I know that corporate dentistry can often be seen in a negative light due to possible production pushing issues, but at the end of the day, each dentist working for a corporation is responsible for their patient care. The corporation may give associate dentists a production goal but each dentist is responsible for treating their patients under their own ethical standards. My owner doctor was flexible in terms of material choices or rubber dam usage. She had no problem with my decision to place a rubber dam on each patient needing a filling, if that's what I believed was the standard of care. Her only concern was my time management and efficiency so that I was also productive. I think it's a lot about understanding how you want to treat your patients as a doctor and working with the schedule to make sure you have time to do that. I don't think this is any different than working in a private practice setting. Although, I do believe that there is a range of quality of care in the different large group practices and maybe I have been lucky enough to have worked for one where I have not had a negative experience.

As a new dentist with minimum to no experience starting at a corporation I was offered free CE courses, a weeklong orientation on efficient exam techniques and communication skills, as well as two weeks of shadowing the owner doctor prior to beginning as an associate. I found this training to be very beneficial and I still use many of the techniques that they suggested in terms of forming a connection with my patients and explaining treatment plans. I worked for one corporation for a year which I would describe as a higher end large group practice. Everything was chartless and we were offered Cerec training and experience. There really was no comparison to my experience as an associate for a private practice where the owner doctor provided no training at all.

Finding a dream associate position right out of dental school in California is tough these days. To gain those first experiences seeing multiple patients, increase efficiency and time management, I believe corporate dentistry has its benefits. Some people make a lifelong career out of becoming a part owner of one or several practices. Not having to deal with the business aspects of dentistry and having a corporate power to fall back on to take care of you can be appealing to practitioners.



To sum it up, I remember taking the professional oath in dental school stating my responsibilities to my patients as a practitioner. These responsibilities should remain the same whether or not you are an associate for a corporation, an associate at a private practice, or an owner. We should all be offering our patients the same standard

of care. I believe that through practice and desire to learn, production will fall into place.

*Editor's Note: Dr. Skoulas edits WestViews, the Western Los Angeles Dental Society newsletter. This article, which appeared in the July – September – October edition of WestViews is reprinted with the kind permission of the WLADS and Dr. Skoulas. In addition, a scholarship foundation was created with a portion of these funds, which provides ongoing support to deserving students at Cabrillo.*



**Steve Geib**

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## CABRILLO COLLEGE DENTAL HYGIENE PROGRAM

### THANK YOU AND GOOD NEWS! – FROM THE DIRECTOR OF THE CABRILLO COLLEGE SCHOOL OF DENTAL HYGIENE

Members of the Monterey Bay Dental Society: your investment in the Cabrillo College Dental Hygiene Program has been beneficial not only to the students, but also to the local community.

The Class of 2012 passed the Dental Hygiene National Board Exam and the Western Regional Exam Board (WREB) clinical licensing exam by 100%.

In October of this year, the DH program received full accreditation for the next seven years without reporting requirements. Our dental hygiene clinic proudly serves over 2000 patients from the local community each year with low cost dental hygiene services.

Thank you so much!

### BRIDGETE CLARK, BS, DDS

*Editor's Note: The Monterey Bay Dental Society, through contributions of individual members, made a substantial donation to the Cabrillo College Dental Hygiene Program in 2006. Many of these funds were used towards equipment students are now using in the new clinic, part of Cabrillo's Health and Wellness Building, opened in 2010.*



Cabrillo College Class 2013 Bake Sale



College Career Night 2012



Cabrillo College Class 2012

BY SALLY MCKENZIE, CEO, MCKENZIE MANAGEMENT

You've got the degree, now what? After years of blood, sweat, and grueling preparation new dentists enter practice hungry for success – financial, professional, and personal. Having survived the rigors of dental school, most new dentists enter the “real world” believing they are well prepared for the challenges that lie ahead. In reality, you don't know what you don't know. It's a dangerous position to be in, and it causes many new dentists a lot of problems. Not exactly the message the young dentist wants to hear, but it's a scenario we see it often.



Consider a few success strategies to better prepare you for your foray into the “real world.”

First, find a mentor. Link up with a practicing dentist who runs the type of practice that you would like to eventually establish. The mentor should be willing to share information on how s/he created this practice – the successes and the failures. Spend time both asking questions and observing how the practice actually functions on a day-to-day basis. Sit in the treatment rooms and listen to the kinds of questions patients ask. Observe the management arrangements and insurance procedures. Talk about what works and what doesn't to get a good perspective on the realities of how a practice that you would like to emulate actually operates.

### Never Assume They'll Say “Yes”

Although dentists graduate well trained clinically, they often forget that those excellent skills cannot be put to use if they do not have patients and if those patients haven't accepted treatment. It is not uncommon for new dentists to never consider that a patient isn't always going to do exactly what the dentist recommends. Dentists must develop treatment presentation skills, and they must have a plan for attracting and keeping new patients. Without those key tools, it will take considerably longer to get the practice up and running.

### Establish Ties that Bind

It won't be the yellow page ad or the mass mailing that brings in the patients who will stay with a practice; rather it is the connections between potential patients and the dentist. It's the relationships with existing patients and their referrals that bring in the new patients, and it is that relationship-based marketing that is often lacking in dentistry. Spend time in the community getting to know people. It will pay off in patients to your practice. The one-on-one introductions are vital to the future of the practice because the success of dental office, like any other small business, depends on the local people within a defined radius of the office who choose the practice for dental care.

### Lab 101

The doctor-lab relationship is as vital to the success of the practice as is the doctor-patient relationship. However, too few dentists, new and experienced, make an effort to establish a quality professional relationship with their lab. Dentists need to find an excellent laboratory with an experienced lab technician who has been in dentistry for a long time and use that lab technician as a mentor as well. Spend time at the lab and

ask the technician to walk you through the common mistakes that affect the quality of the product the lab is able to produce. That will save the dentist years of agony. If you have the right working relationship with the lab it can accelerate the clinical growth early on.

### Choose Partnerships and Practices Carefully

Be very selective in choosing your first employer. Oftentimes newer dentists don't investigate the associate opportunity carefully enough to really know if this is going to be a good fit. You want to be able to learn and grow from that first employer.

In choosing a practice, dentists frequently are lured into a purchase by the appearance of the facility. Many young dentist overlook the fact that there is far more to this purchase than eye appeal. Buying dentists need to look carefully at multiple aspects of the practice they are considering including production reports, fee schedules, cash flow, and active patients, to name a few. In addition, they need to assess if the location is conducive to establishing the type of practice the dentist desires. That typically requires researching the demographics of the area. If the doctor plans to keep the staff, s/he needs to gather information regarding the quality of the team, including the type of training they've received.

**Get a Plan**

Where do you want to be in five years? In your own building? On sound financial footing? On your way to retirement? In a solo or group practice? Do you know? Regardless of the objectives, the plan to achieve them must be put in place from day one.

Establish a five-year business plan in which you identify short-term and long-term goals, including preparations for retirement savings, which need to begin immediately. The plan should spell out the type of practice you want to establish and how you will go about creating that practice. The business plan is a dynamic document that should be reviewed at least annually.

Beyond the business plan, information and preparation are critical to every aspect of the practice. Do your homework. Use the resources that are available to you now such as the Internet, major dental meetings, and reputable consultants. The biggest mistake new dentists make is not seeking help from those who can save them from countless setbacks and struggles in the critical early years.

Create your own course; otherwise you just become a part of someone else's plan.

*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 at [sallymck@mckenziemgmt.com](mailto:sallymck@mckenziemgmt.com).*



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BY DOUG CARLSEN

Congratulations on your entry into the wonderful world of dentistry. It's time for your first BMW and a mortgage, right? Not so fast. You may be able to cut a prep with a 400,000 rpm hand piece in a couple minutes, yet the full restoration takes time and patience to build longevity.

The same is true of your financial strategy. Decisions made early in one's career have huge effects on stability years later.

In this article, I'll paint a landscape using the strokes dentists use to build real wealth.

But first, let's have some comments from a 2012 Dentaltown thread called "Financial Mistakes I Wish I Had Never Done."

1. Wish I never bought the home before setting up the office.
2. Wish I bought a small home instead of buying the "dream home."
3. Wish I bought life insurance and disability when I was younger and healthier.
4. Wish I didn't buy that swanky car and had my little fun for 3 years on it.
5. Wish I knew who had the Time Machine...

*Ntextdent 1/18/2012*

At the top of the list for financial mistakes (and general life mistakes) is marrying the wrong woman. Nothing else, other than losing your dental license, will be more expensive.

I totally agree with getting your practice established BEFORE buying your house.

Never spend more than 16% of your income on your mortgage, maximum.

Pay cash for your toys. If you can't pay cash, save until you can.

If you are over 35 pay cash for everything that isn't a home. Everything. Boat, Cerec, kitchen remodel....everything.

*bkoenitzer 2/07/2012*

...The NUMBER ONE MISTAKE I MADE: Arguing with my wife WAY too many times about changes that should have been

made. If I had listened and made the changes she thought right, we'd have gotten out of that deep hole I dug much sooner.

*ChipPayet 2/6/2012*

## The Psychology of Debt

Psychotherapist Phil Tyson lists two factors pertaining to the psychology of debt:

First is a principle he labels future discounting. We often take on debt giving little thought to how we need to change our lives to accommodate it. Madison Avenue has used this approach effectively for years.

Dr. Tyson's second principle is the relationship between consumption and personal identity. "Advertising has brainwashed us all to consume brands that provide us an identity. Our self-esteem becomes captive to products." 1

## Student Loans

Dentists attending public institutions often graduate with over \$200,000 in student loan debt, while those attending private schools often end up owing \$400,000.

Should the loan be paid off before taking on other loans or should it be paid off over a long period of time? Low interest rates often entice doctors to pay as slowly as possible.

For insight, I provide my favorite comment from Dave Ramsey, author and TV personality. The full interview can be accessed at [http://a1611.g.akamai.net/f/1611/23575/9h/dramsey.download.akamai.com/23575/audio/mp3/MyDRS%20Blog/04022008\\_\\_dont\\_get\\_docitis.mp3](http://a1611.g.akamai.net/f/1611/23575/9h/dramsey.download.akamai.com/23575/audio/mp3/MyDRS%20Blog/04022008__dont_get_docitis.mp3).

An abridged version:

Dear Dave,

I'm 33 and a resident with \$250,000 in student loan debt. Next year I'll finish my residency and increase my income dramatically. The interest rate on my student loan is just 3.5 percent, so I'd like to postpone paying it off and make house payments and begin saving for retirement instead. I'd put off paying the student loans as long as possible. Is this a good idea?

--Derrick

Dear Derrick,

That loan hanging over your head is unbelievable. I've worked with many doctors over the years where 20 years later they are still playing math games with the student loans like they're a stupid pet!.... if you're not careful, you might catch a nasty disease called "doc-itis."...Some of the symptoms include two or three leased BMWs and a fully furnished house with a pool on the golf course. That student loan can just wait a while to be paid. It's a financially debilitating disease.

You've been used to living on nothing (less than \$40,000) for a while now. Just keep on doing that for a little bit longer... you can have that student loan debt knocked out in a few years.

I'd postpone any retirement savings and buying a home until you've completely knocked out the loan and have an emergency fund (\$50,000+) in place...

– Dave

One who stretches out that first loan as long as possible has two strikes against him.

First is the fact that debt structure will be more complex and saving more difficult in the future.

Second, the young dentist will set up an insidious mental framework of debt being a natural part of life. It isn't. If you tie your identity to debt, you'll end up needing to work ten to fifteen more years than the dentist that doesn't. This is the most important message in the article. Debt is never your friend. Many will tell you to use debt for leverage, tax advantage, and other ploys. Nonsense!

The only reasonable use for debt is a home mortgage and a practice loan.

What can a young dentist do with onerous student debt? Unfortunately, suck it up and live like a student for a few years after becoming a doctor. One who pays off student debt quickly will have real savings by age 50.

### How much debt is appropriate?

#### Auto

An example involves two dentists, Dr. I.B. Smart and Dr. Wanda Beemer, who became financially prudent at slightly different ages. The first dentist, Dr. Smart, from age 30 until age 65, always paid cash for a two year-old moderately priced, yet nice vehicle, such as a Toyota Highlander, and replaced every four years. The second dentist, Dr. Beemer, did the same, except for one slight difference. She splurged at age 30 and took out a four-year loan for a new

BMW 7 series. Four years later, she became enlightened to the high depreciation inherent in a luxury auto and prudently bought two year-old Highlander-type vehicles for the remaining 31 years of her career.

That one-time purchase created a difference in savings of \$35,480 for those four years between our two dentists that compounded to \$309,000 (in age 30 dollars) by age 65, or the equivalent of \$14,000/year for life! After all fees and taxes, the average sale amount of a dental practice is near \$300,000. In other words, an expensive capital purchase early in one's career can have an effect as powerful as the sale of a dental practice.

A dentist will spend vast amounts of potential retirement savings taking out loans or leasing new autos frequently. Start a good habit. Always pay cash.

Consumer Reports repeatedly states that the worst way to buy a car is via lease with its hidden fees. Second worst is dealer financing. The best way to buy is cash.

#### Practice Loan

Brian Hufford, CPA, CFP of Hufford Financial, provides guidance with his Financial Balance Guide™. From a dentist's net income, Hufford indicates that one should designate 25% to personal living expenses; 25% to all loans, personal and business; 20% to savings; 25% to taxes; and 5% to large personal or practice purchases.<sup>2</sup>

For a young dentist, age 35, with a \$180,000 income, total annual loan payments should be no more than \$45,000. Two auto loans at \$1,250 per month eats up \$15,000. A student loan of \$2,500 per month ends the process. No practice or home loan is possible. Kill that student loan early, docs!

For a young dentist with no student loan or auto debt and an expected net income of \$180,000, a ten-year \$300,000 practice loan at a rate of 7% would have \$3,500 monthly payments with a total yearly loan burden of \$42,000. That's within Hufford's guidelines. Yet, there isn't enough left for a home loan yet.

Please be careful to take out a reasonable practice loan, with plenty of wiggle-room in your personal and practice budget in case your practice production falls short of projections.

#### Mortgage

Charles Farrell, J.D., LL.M., in *Your Money Ratios: 8 Simple Tools for Financial Security*, points out that the maximum amount of mortgage debt should never be more than twice your net family income. By age 50 it should be down to 1.5 times

income to retire by age 65. By age 65 it should be completely paid off.<sup>3</sup> Below are ratios for different ages.

Therefore, our 35 year-old dentist making \$180,000 per year should not have a mortgage of more than \$360,000. And that's contingent on Hufford's total loan amount, including any practice loan or auto loans, of 25% of \$180,000, or \$45,000. Not easy, is it!

Take out a 15-year mortgage. The monthly interest isn't that much more than a 30-year loan and will provide additional savings in your 50s.

Farrell also makes it clear that your primary residence value increases only at the rate of inflation over many years.<sup>4</sup> You will not be able to fund your retirement via your personal residence. And the more mortgage you have, the less you'll have to save for retirement. Never buy more home than you need.

It's great to look successful, yet real wealth is measured by your Vanguard account, not the size of your kitchen, master bath accessories, or the money you owe to Bank of America.

### Carlsen Debt Recommendations

Read *The Total Money Makeover* by Dave Ramsey.

Pay off student loans as quickly as possible and before taking out any other loan.

This means always paying cash for autos. That BMW X6 M is a wonder, yet pay cash.

Set up Emergency Fund (see below).

Take out a practice loan, if applicable.

Take out a home mortgage. The home mortgage always comes last and should be for 15 years.

Why have I spent over half the article beating you guys up on debt? Debt is the main block to savings and real wealth. If you have nothing to save, investing is not important. And there are many dentists, age 50, with little savings.

### Savings

#### Emergency Fund

This is funded after paying off student loans and before taking out a mortgage. It may be funded along with a practice loan. Note the mortgage always comes last.

Have the emergency fund in liquid form (money market account) of at least six months of your expenses. For the young

doctor, this is normally \$25,000+. Why? I personally know three doctors, who suffered a ski injury, a stroke, and cancer, which caused 3-6 months of disability. Disability policies paid little and they lost a huge chunk of income to medical co-pays and loss of work.

This is not an "emergency-trip-to-the-Caribbean fund" or "I-really-need-a-new-golf-membership" fund. It's strictly for medical and family emergencies.

### Retirement Savings

How much is appropriate?

Those that I've worked with that have saved 20% consistently, have no trouble retiring between age 55 and 58. But 20% is very difficult for many of us!

For an article titled "Only 4% of Dentists Able to Retire at 65? Nonsense,"<sup>5</sup> I used Monte Carlo software to analyze savings scenarios for a hypothetical doctor. Savings would be held in index funds with a 50/50 mix of stocks to bonds at a discount brokerage such as Vanguard with passive, buy-and-hold investing.

A typical dental couple needs around \$140,000 in retirement to keep his or her lifestyle intact. This is less than the working incomes listed below, yet lack of mortgage, savings, and decreased taxes lower the income needed substantially in the non-working years.

### From the article:

Let's next look at a young dentist, Dr. Anita Know, age 30, with an income that starts at \$125,000, increasing to \$170,000 at age 40, \$230,000 at age 50, and \$310,000 at age 60. These are fairly normal averages for dentists (4% real increase per year).

If she saves 10% per year starting at age 30, she will be able to retire with \$140,000 income at age 63 using a 50/50 stock-bond portfolio throughout her career.

Saving 15% per year will provide retirement at age 60.

Saving 20% will provide retirement at age 57.

If Dr. Know waits to start saving until age 35 at 10% per year, she will be able to retire as above at age 65.

If Dr. Know doesn't start saving until age 45 with at 10% per year, she will be able to retire at age 69. If she wishes to retire at age 63, though, she will have to save 21% per year.

**Note:** If using active management investment strategy, add one to two years to retirement ages above (see Swedroe comments below); if using a traditional broker or insurance agent, add another two years due to high fees/commissions.

The bottom line is to make a commitment, as soon as student loans are paid off, to save at a rate of 15% per year and you'll never look back.

As far as savings for children's education, it takes second place to saving for retirement and there isn't space for coverage of the topic in this article.

### Where Does One Invest?

I need to be blunt. You need to read three books before funding retirement savings.

The Elements of Investing by Burton Malkiel and Charles Ellis

The Only Guide to A Winning Investment Strategy You'll Ever Need by Larry Swedroe.

This is paramount before choosing where to invest.

Excerpts from Swedroe's book:

On active management (timing the market by buying and selling individual stocks and/or mutual funds):

Fortunately, there is a sure way to win the loser's game of active management. Don't play! Rather than attempt to time the market or pick individual stocks, it is more productive to invest and stay invested. Warren Buffet said: "We continue to make more money when snoring than when active." Mr. Buffet also said: "Most investors, both institutional and individual, will find that the best way to own common stocks is through an index fund that charges minimal fees. Those following this path are sure to beat the net results delivered by the great majority of investment professionals".<sup>6</sup>

We have seen that the average actively managed fund underperforms its benchmark by close to 2% per annum....With the availability of tax-managed funds, which improve on the tax efficiency of index and passive asset-class funds, we can now raise our underperformance estimate to perhaps as much as 3 per cent per annum.<sup>7</sup>

My comments: A three per cent annual loss of capital over a working career of 30 years means a loss of about 60% of one's total portfolio. \$2.5 million in savings invested with a buy and hold strategy would be reduced to \$1.4 million if managed actively.

Please don't fall for the hype. 98% of all investment firms I talk to insist they use only active management, as if it's better. It's worse docs; normally much worse.

Owning individual stocks and sector funds (such as gold---my comment) is speculating, not investing.

Never work with a commission-based advisor (stock broker or insurance agent)---there is a misalignment of interests.

Before acting on seemingly valuable information, ask yourself why you believe that information is not already incorporated into prices. <sup>8</sup>

Where does one go for financial advice besides the above-mentioned books?

### Podcasts

"Sound Investing" provides clear, concise advice on money and retirement, and includes interviews with the most influential people in the money business including Vanguard's Jack Bogle, Kiplinger's Knight Kiplinger, and Money Magazine's Jason Zweig.

"Man vs. Debt" provides wonderful commentary on the perils of debt and how to escape it's ugly clutches.

### The Web

Fundadvice.com at [www.fundadvice.com](http://www.fundadvice.com) provides free model portfolios for Vanguard, Schwab, T. Rowe Price, and Fidelity investors.

Lazy Portfolios at <http://www.marketwatch.com/lazyportfolio> provides even simpler portfolios that beat the street easily in the last decade.

### Financial Adviser?

It often makes sense for one who doesn't want to take the time to invest on one's own to hire an adviser, yet be aware that the airwaves are full of sharks. Your best bet is to work with a Certified Financial Planner or a CPA with a Personal Financial Specialist certificate.

For dentists specifically, Thomas Wiring Doll at 877-939-2500 has a bevy of planners that offer ethical advice with reasonable fees.

Discount brokerages offer the lowest cost financial advice. Examples are Vanguard, Schwab, and Fidelity.

Can one invest effectively on one's own? It's fairly simple. The easiest way is to use a target retirement fund from a discount broker. There is virtually no work, your portfolio is diversified, it's automatically rebalanced periodically, and the fees are low.

At even lower cost is to devise your own portfolio from Fundadvice or Lazy Portfolios listed above and rebalance on your own once a year.



Please, don't fall for anyone who promises to beat the market. Academically, almost all trail their benchmark indices by a wide margin.

### Dark Pits of Financial Depravity

Insurance Companies: Please steer clear of any insurance product touted as an investment. Annuity is normally a moniker for "sucker." There are valid reasons for annuities, but only in retirement. The fees are hidden and atrocious.

HELOCs (Home Equity Line of Credit): These were really fun for many during the housing boom. It was like free money for new kitchens, cruises, Cerecs, and paying off credit cards. Yet many lost their homes because of HELOCs they couldn't afford in later years.

Free seminars with meals attached: Content, beef-fed dentists are favorite prey for annuity, commodity partnership, and time-share salesmen. Be sure to get a second opinion from a neutral third party before "investing" in something presented with any freebee.

Day trading: Jim Cramer and his gang may be fun to watch on CNBC, yet any type of market timing is anathema to your savings. And it looks so easy! Yet there are countless illustrations of Ph.D. mathematicians and engineers diving headfirst into trading, followed quickly by an unremitting plunge due to the competition of institutions' algorithmic computer programs. It's a no win game, docs.

Vacation timeshares: The maintenance, special assessments, and taxes are normally higher than the rental rate at the same resort. And dare I mention depreciation? It's higher in the first year than purchase of a luxury auto. Yes, I know that you can trade for other resorts whenever you like. Yet, I'll normally find a better price through AAA or Kayak for the Grand Hyatt next to your condo without the trading hassle.

You are entering a very honored profession. There is little taught in school of practice management or personal finance. Please keep this article in a special place to refer to in the years ahead. I'm always available at the below listed email.

(Endnotes)

1 Phil Tyson, Ph.D., "Do You Understand the Psychology of Debt?" downloaded at [www.mens-wellbeing.com/2010/02/do-you-understand-the-psychology-of-debt.html](http://www.mens-wellbeing.com/2010/02/do-you-understand-the-psychology-of-debt.html) on April 28, 2011.

2 Brian C. Hufford, CPA, CFP, "Maximize Your Wealth: Improving Upon the Reality of Your Finances," AGD Impact, February 2010.

3 Charles Farrell, J.D., LL.M., *Your Money Ratios: 8 Simple Tools for Financial Security*. New York, NY: Avery, 2010, page 79.

4 *Ibid.*, page 85.

5 Douglas Carlsen, DDS, "Only 4% of Dentists Able to Retire at 65? Nonsense!" *Dentaltown*, March 2012.

6 Larry Swedroe, *The Only Guide to Winning Investment Strategy You'll Ever Need*, 2005, Truman Talley Books, NY, NY, page 229.

7 *Ibid.*, page 242.

8 *Ibid.*, page 236.



### *Carlsen Bio Sketch*

*Douglas Carlsen, DDS, has delivered independent financial education to dentists since retiring from his practice in 2004 at age 53.*

*For Dentists' Financial Newsletter, visit [www.golichcarlsen.com](http://www.golichcarlsen.com) and find "newsletter" button at the bottom of the home page.*

*Additional Carlsen Dentaltown articles are at [www.towniecentral.com](http://www.towniecentral.com). Search "Carlsen."*

*Videos available at [www.youtube.com/user/DrDougCarlsen](http://www.youtube.com/user/DrDougCarlsen).*

*Contact Dr. Carlsen at [drcarlsen@gmail.com](mailto:drcarlsen@gmail.com) or 760-535-1621.*

## JOHN KISTINGER MEMORIAL

Dr. John W. Kistingler, 77 of Gonzales passed away in his home with his loving family at his side after a brief battle with cancer on the morning of June 7, 2012. John was born on February 7, 1935 in San Francisco and went on to grade school in the Bay Area.

In 1952 John graduated from Acalanes High School in Lafayette, California. Afterward, he attended Santa Clara University for a year before becoming a draft volunteer for the United States Army. After serving 2 years and receiving his Honorable Discharge, John went on to receive his Associate of Arts from Hartnell College in 1957, his Bachelor of Arts in Zoology from University of California, Berkeley in 1960 and then his Doctor of Dental Science from University of the Pacific in 1964.

John and his wife Dian moved to Gonzales in 1964 where he would practice dentistry for the next 42 years. John not only championed dental health, but the health of his town through his vast community involvement: John served twice as the Mayor of Gonzales ('78-'80; '98-'00), Gonzales City Council (24 years), Recreation Commission (former member), Gonzales Volunteer Fireman (13 years, former president), Gonzales Chamber of Commerce (twice president). John was also involved in community organizations such as American Legion, Gonzales Post 81 (3 years as Commander), Gonzales Rotary Club (Past president and Paul Harris Fellow), and Salinas Elks (Lodge 614, 43 years). John was also very active with the Boy Scouts of America as Cub Master, Scout Master, and member of the Executive Board earning the District Award of Merit and Council Silver Beaver Award. John supported youth sports, participating in Gonzales Little League, Soccer, Pop Warner Football, and was a Gonzales High School Spartan Booster. John was also known for his mastery of the barbecue pit. GO BEARS!

John is survived by Dian, his loving wife of 54 years; his brother Rodney (Sarah); his sons Ross and Gavin (Claudia); his nieces and nephews; his grandsons Benjamin, Zachary, and William; his close friends and longtime neighbors Bobby and Paula Bonincontri; and "The best thing to come out of Las Vegas", his cat, Keeper.

*Editor's Note: John was universally admired and appreciated by his patients, colleagues, friends and family. Many entries in the guest book of the funeral home that handled John's service speak of his kindness and community involvement. Here is one, written by a patient John referred to me years ago:*

*The world is a better place thanks to your existence. I can't think of anyone who has unselfishly given so much back to the community. You will be sorely missed. If we are lucky, some of your magic will remain with us in the acts of others.*

GO BEARS!



## JOHN STENOVICH MEMORIAL



John and a zebra tooting on his beloved trumpet Lucille

*This is an abbreviated version of an obituary which appeared in the Santa Cruz Sentinel in September of this year.*

John Graham Stenovich DDS May 20, 1936-August 31, 2012 Resident of Santa Cruz Born in Madera, California to John and Lucile Stenovich, John Graham Stenovich graduated from Madera High School in 1954, where he played football, wrestled and was also student body president. He found a love for music, as he played the trumpet and had a jazz band that played during the summers. After high school, he attended Occidental College and was a member of the SAE fraternity. After three years at Occidental, he attended the San Francisco College of Physicians and Surgeons (now the Arthur A. Dugoni UOP School of Dentistry).

In 1961, he moved to Capitola and opened his first one-man office, before moving to Aptos a few years later, practicing for 42 years. His respect for his profession, his patients, and his staff was legendary. John had a sense of humor and irreverence, as well as professional integrity and loyalty. He provided all of his patients with the best. He was an active member of the Monterey Bay Dental Society and chaired its Peer Review Committee for many years. John loved to teach and was on the Dental Hygiene faculty at Cabrillo for 40 years, training hundreds of future hygienists in oral pathology and pharmacology. He considered his students to be his friends and family, and he took great pride in providing them an education as well as perspectives on life. He taught at Western Career College School of Dental Hygiene in San Jose, working for and with former students, and teaching many more, for three years. Since its inception more than twenty years ago, John was a devoted supporter of Dientes Community Dental Care. He was an advocate and member of their Board of Directors for three years and a member of its Advisory Committee for many more, and also served as a member of the Cabrillo College School of Dental Hygiene Advisory Committee for many years.

Even with a very busy professional life, John always made time for his favorite things, all of them having to do with family. He was an avid outdoorsman and taught all of his children how to

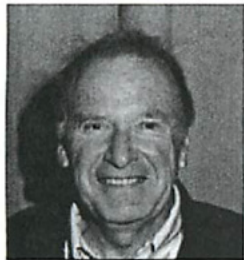
fish and ski, both on the water and in the snow. He took them camping to his favorite spots in the Sierras, including his beloved Long Lake, always cooking up his famous "Cowboy Bread" for everyone. He loved to go to his kids' and grandkids' Little League games, basketball tournaments, football games, soccer matches, and horse shows. After retiring, he began playing jazz trumpet again with several groups in Santa Cruz County and especially with Jazz A, which performed every Sunday at Aptos Coffee Roasting shop. They were also seen at Cafe Mare in downtown Santa Cruz, and along the route of the annual Wharf-to-Wharf race from Santa Cruz to Capitola. John was diagnosed with cancer two years ago and fought it valiantly until he died peacefully on August 31, only two weeks after his last musical performance in Aptos. He is survived by his wife Judy, and four step-children and their families: Daughter Lynne Domhoff of Prunedale; daughter Lori Hill, son-in-law Glenallen Hill, granddaughter Heleyna, and grandson G. J.; son Bill Domhoff and granddaughter Lorrynn Hamel-Domhoff, and son Joel Domhoff, all from Santa Cruz. He is also survived by his first wife, Janet Whitney of Bend, Oregon; son Curtis Stenovich of Austin, Texas; son Andrew Stenovich and daughter-in-law Meagan, grandson Sequoya and granddaughter Lilikoi Rose,

from Kauai, Hawaii; daughter Jen Rusk, son-in-law Tim Rusk, grandsons Will and Neal Rusk, of Bend, Oregon; and daughter Julie Kealey, son-in-law Tom Kealey, grandsons Thomas and Nicholas Kealey, also from Bend, Oregon. In addition, John is survived by his sister, Janice Fortune, nieces Chris Fortune and Laurie Parker, Laurie's husband Loren, nephew Garrett Parker and niece Meghan Parker, all originally from Madera. His very close, long-time friends Pat Blanchette and Jerry Dannemiller will miss him dearly, as will the many colleagues with whom he taught, his friends, students, and those with whom he played music.

*Editor's Note: John served as a mentor and friend to me since we first met while teaching at Cabrillo in 1995. Every student he shared his knowledge of pharmacology and oral pathology with remembers what he taught, and every one I have spoken to about John remembers him as one of the finest, most respected and loved teachers they have had. Everyone who knew John will think of him whenever they see a zebra. He was awarded the MBDS "Dentist of the Year" in recognition of his efforts in the community as a teacher, advisor, supporter and leader. Our profession and our community are richer thanks to this man. He will be sincerely missed.*

**ROBERT AUGER SR. MEMORIAL**

**Robert Auger Sr.**



Dr. Robert Auger, Sr. SALISBURY Robert Auger, Sr. quietly passed away the evening of Saturday, Sept. 1, 2012, at Lake Norman Regional Medical Center, due to complications from a prolonged illness. He was 83. Born Aug. 24, in Jersey City, N.J., Robert was the only child of Theresa Leville Auger and Henry Auger. He served in the U.S. Marine Corps from 1948 to 1952 and was a retired Clinical Psychologist. Dr. Auger received both his undergraduate and master's degree from the University of South Dakota and received his Ph.D. from the University of South Carolina in Clinical Psychology. He began his career in Columbus, Ohio, working as a Staff Psychologist at Columbus State School and Hospital. He continued to build his career until his retirement from the V.A. in Salisbury in 1993. Not content to quit working, Dr. Auger continued working part-time as a clinical psychologist with Vocational Rehabilitation Services in Concord until recently. He was an avid dog lover and participated in local theatre. Robert Auger leaves behind a large family to remember him, including a wife of almost 43 years, Harriett Auger, of Ashe County; and five children, David Auger and his wife, Kathy, of Huntersville, Debbie Gardner and husband, Bill, of Irmo, S.C., Bobby Auger, of Huntersville, Karen Simpson and husband, Roger, of Denver, N.C., and Susan Beeker of Harrisburg; 11 grandchildren, Julie Auger Willis, Megan Eagle Smith, Christy Gardner Browder, Christopher Auger, Kevin Gardner, Anthony Beeker, Alexandra Marie Beeker, Candace Auger, Matthew Hasty, Kathryn Hasty, and Jennifer Hedrick; and six great-grandchildren, Jordyn Willis, Justin Browder, Case Browder, Jamison Hedrick, Jhona Hedrick and Jeremiah Hedrick. Visitation will be held from 11 a.m. to 12 p.m. today (Friday, Sept. 7) at Summersett Funeral Home. The funeral service will follow at 12:15 p.m. in the Summersett Memorial Chapel. Burial will follow at the U.S. National Cemetery, Statesville Blvd. location. In lieu of flowers, contributions may be made to any animal shelter of your choice. Summersett Funeral Home is serving the Auger family. Online condolences may be made at [summersettfuneralhome.com](http://summersettfuneralhome.com).



Amending a patient's chart and rehiring a terminated employee can be tricky instances that require the use of best practices.

## Attention to dental records pays off in the long run

### Amendments require special care to maintain credibility

There is one thing you can do right now that will make you an even better dentist and serve in your defense in the event of a lawsuit.

That one thing?

Spend a few extra minutes with each patient's chart to make sure the dental record is complete.

"Dental records provide the history of what has taken place," said Reggie Green, claims supervisor with The Dentists Insurance Company. "You can't remember everything for every patient, and it's especially hard to remember what treatment you provided back in 2008."

Green, a claims professional for nearly 20 years, offered a reminder: "You never know when you will need that dental history."

Good dental records are the backbone of a sound dental practice.

Diligent recordkeeping contributes to the best possible care for the patient and facilitates communication between the

treating dentist and any other dentist or physician.

"Records help with the continuity of patient treatment," Green said. "Complete information such as a patient's medical history allows proper and effective treatment. For instance, it's important to know if the patient is taking a blood thinner prescribed by a physician."

Even if you know the patient is taking a medication and it does not show up in the dental record, it will appear as if you did not know.

Or, as Green put it: "If it isn't written down, it didn't happen. That will be the opposing attorney's perspective in court."

To reiterate charting standards, the patient record should reflect a diagnosis of the patient's problem based on clinical exam findings and the medical and dental histories. Document the treatment plan including the patient's chief complaint, a complete description of the recommended treatment and how the plan addresses

### Fall 2012

A Risk Management resource published by The Dentists Insurance Company.

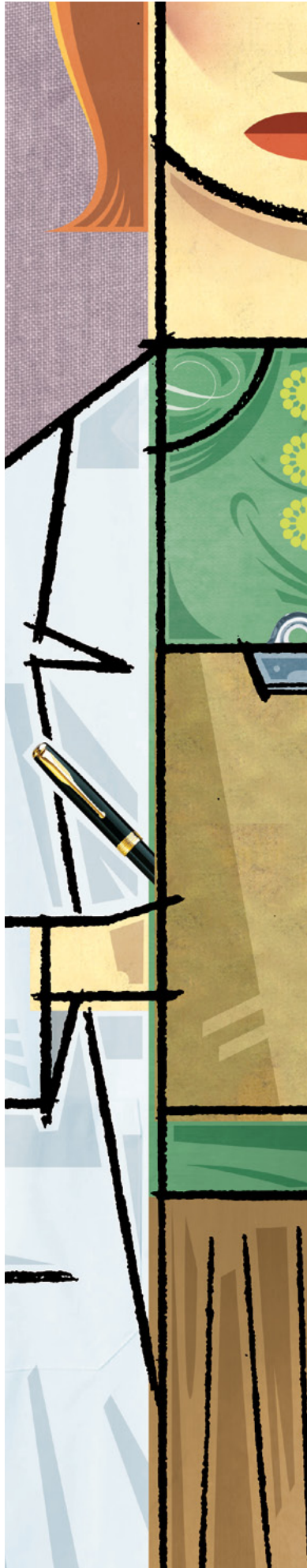
### In this issue

Recordkeeping essentials

How to amend an entry

Rehiring a terminated employee? Think twice

Questions and Answers



the situation identified in the diagnosis. Do not forget to note the informed consent discussion and include any signed informed consent forms.

Progress notes track what happens during treatment and should include normal findings, problems encountered and changes to the original treatment plan. Also include notes about significant discussions with the patient and staff. Prescription information documented in the dental record should include the name and dose of the medication and refill information. Note anesthetics or analgesics used during treatment, specifying type, amount and any reactions.

“I have seen charts with a single entry like RCT 31,” Green said. “That is an incomplete record. Include pathology such as ‘Tooth is decayed to the pulp’ and why you are doing treatment: ‘No way to save tooth other than RCT. Discussed with patient.’ It needs to be a complete entry, not just three or four words. This goes for small and simple procedures such as a restoration.”

Green has seen hundreds of dental malpractice claims in his career, and he said it is clear that “somewhere down the road you may need to explain what you did and why. If the record is complete, then anyone looking at it will know the treatment was justified and appropriate.”

While good recordkeeping supports a dentist’s credibility, nothing can erode integrity more than illegible, incomplete or, worse, altered records. One crucial point, according to Green, is never go back in to alter or add to an entry in a patient’s chart.

“My position is that you never add to an entry after the date of the entry has passed,” Green said. “If an entry is dated July 7, 2012, leave that entry alone after July 7.”

Some states allow doctors to cross out an incorrect entry with a thin line and make an amendment to a record, but it is critical that an entry is never obliterated. Do not use markers or correction fluid. The important factor is that the original entry must be readable, even if it is incorrect.

There can be a temptation to try to “squeeze in” or add to a previous entry, as if part of the original entry, but this will be evident if the dental record is reviewed. Alterations to patient records will be discovered. Advances in forensic science allow experts to identify changes in ink, handwriting, spacing and even pressure indentations. Detection of changes in records is not always based on technology. The front office could have given a copy of the dental record to the patient during treatment, and the earlier copy will not include changes made at a later date. The dental record will be inconsistent.

“You will always get caught,” Green said.

An addendum to a chart entry may be necessary and can be appropriate, but it must be written a very specific way or it can appear like an attempt to mislead or conceal the truth.

“Usually an addendum is done one or two days later; a week at the most,” Green said. Anything after that can appear like an attempted cover up. “Drop down to the next available line in chart, date the new entry, note that it is an addendum, and initial the new entry,” he advised.

The temptation to add to or try to clarify a dental record can be especially strong if a complaint surfaces or a lawsuit is filed. When notified about a claim, the first instinct is usually to review the patient’s records. Although most doctors will try to maintain a practical approach, it’s natural that the human conditions of fear and doubt can kick in. That’s when the temptation, however well meaning, to alter the records may emerge. Despite the fact that such alterations may be an honest attempt to clarify the records or more accurately depict the situation, the end result can be disastrous.

“It’s a major game changer,” Green said. “Altered records make a defensible case a liability.” He strongly advises dentists not to panic over an incomplete record in the event of a lawsuit. “Leave the record alone. We take what you give us, and we can work it.”

Claims experts refer to numerous closed cases in which dentists undermined their defense by adding to dental records after receiving a complaint or notice of a lawsuit. The case histories are often complex, as in the situation with a dentist who performed a surgical extraction of tooth No. 32 on a 38-year-old patient who reported excruciating pain in the lower right jaw.

The patient's medical history was significant and included chemotherapy and radiation therapy for neck cancer. The patient was diagnosed with oral cancer and was being treated by an oncologist. Self-described as a heavy smoker and drinker, the patient had not seen a dentist in years.

The dentist's clinical and radiographic evaluation of tooth No. 32 found decay to the pulp, and the doctor noted the entire buccal, distal and lingual cusps had fractured off and there was pulp exposure. The tooth had a vertical root fracture and class II mobility. Pulp testing determined that the tooth was nonvital. The dentist recommended extraction, and the patient wanted the tooth taken out as soon as possible due to extreme pain.

The dentist performed the extraction of the tooth and attempted primary closure of the socket with gut sutures. Post-op instructions included prescriptions for amoxicillin and Darvocet. The patient returned a week later and the extraction site was healing, but the area was still raw and sore. Additional amoxicillin was prescribed, and the dentist asked the patient to return in two weeks. During the next visit, the dentist noted the patient was still healing, and referred him to an oral and maxillofacial surgeon. On the referral, the dentist wrote, "Please evaluate and treat possible osteoradionecrosis (ORN) of the lower right mandible." The dentist did not follow up to see if the patient went to the oral surgeon.

Two months later, the patient requested a copy of the panorex for his physician. Shortly after, the dentist spoke with the patient's oncologist

who said the patient's healing time was delayed due to radiation treatment to the head and neck region. The right posterior mandible area had exposed bone 15 x 15 mm. The patient then had a mandibular resection with a diagnosis of ORN. The surgery involved removal of multiple teeth and a fibular bone graft to bridge the resected area of the mandible.

The patient initiated a lawsuit. While the plaintiff had experts to testify that the dentist did not understand the relationship between radiation therapy and ORN, defense experts were supportive of the dentist due to the emergency nature of the plaintiff's visit and the urgent need for extraction of the tooth. However, defense of the case crumbled as it became apparent the dentist had substantially altered the dental record.

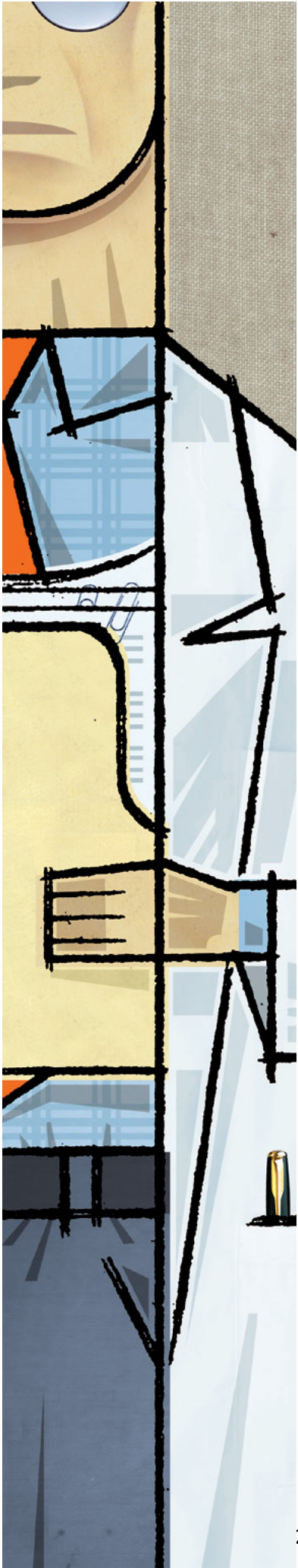
The defense document examiner confirmed that impressions left in the inside of the chart folder brought the credibility of the dentist into question.



In this and other cases, claims experts say dentists made their dental care look suspect by making additional entries in the dental record. Even when following the correct procedure for making amendments, making entries after receiving notice of a lawsuit gives the appearance of trying to cover something up.

Plaintiff's attorneys will scrutinize records hoping to prove they were altered. When there is evidence that the records may have been altered, fraud is often added to the list of malpractice charges, making the allegations extremely difficult to defend.

"We cannot defend a dentist who has rewritten a chart," Green said. "Credibility is destroyed at that point." Additionally, it may affect renewal of your policy.



Further, if the case goes to trial, “the jury will hammer you,” he emphasized. “Juries do not like professionals who change the record. You will get your hat handed to you.”

## Recordkeeping essentials

Remember that other dentists in the future may rely upon what you write in a dental record today. The record is also the single most important source of evidence in a liability claim. These guidelines for making dental record entries include information from the ADA:

- Date and initial each entry.
- Write neatly and only in dark ink. Never use pencil.
- Do not skip lines.
- Include attachments (i.e., referral slips) and diagnostic tools (i.e., radiographs).
- Document informed consent.
- If the patient refuses recommended treatment, note the reasons.

## Other things to consider

Do not keep patient information on small slips of paper that can be lost or misplaced. If you jot down facts on a scrap piece of paper first, be sure to organize and transcribe them into the record. Keep entries objective and stick to the facts relevant to the dental care. Document while the patient is still in the office or as soon as possible after the patient leaves the office. Abbreviations are acceptable; however it is important to keep a “universal key” of abbreviations and acronyms readily accessible. Remember, any staff person can make a chart entry, but the treating dentist is ultimately responsible for what the chart says.

## How to amend an entry

There are times when it is necessary to make an addendum in a patient’s chart; but amendments must be handled properly, or they can appear like an attempt to mislead or conceal the truth. Amend an incorrect entry as soon as possible. Do not amend the dental record in the event of a lawsuit, even if the record is incomplete. These guidelines on making an addendum can reduce liability:

- Drop down to the next available line.
- Mark the new entry “addendum to” with the date of entry being amended.
- Date and initial each amendment.
- Never obliterate an entry.
- Do not use markers or correction fluid.
- Make sure the original entry is readable.
- Do not insert or delete words or phrases in an entry.

Offices that utilize digital recordkeeping programs may have built-in restrictions when amending a record. If you are unsure how to amend a patient record using your digital recordkeeping program, contact the vendor you purchased the program from for instructions.

For more information on dental recordkeeping see TDIC’s *Risk Management Reference Guide*, a free publication available to policyholders online at [thedentists.com](http://thedentists.com). ■

## Rehiring a terminated employee? Think twice

When a dental practice is understaffed, there's often a need to hire a new employee as soon as possible, and rehiring a former staff member may seem like a quick solution.

However, according to employment experts, there are very few situations in which this would actually be a good idea, especially if the former employee was terminated.

"If this question came to me, I would counsel against it," said Daniel Watkins of Watkins & Letofsky, a law firm with offices in California, Nevada and Colorado.

"As a general rule, be very careful when hiring a previously terminated employee," advised Watkins, who handles Employment Practice Liability cases for TDIC. He also suggested discussing the matter with a third party by calling a resource such as TDIC's Risk Management Advice Line. Someone who does not have an emotional investment in the situation will be more likely to have a clearer view of the scenario.

"Employers should work to eliminate problem employees from the work environment," Watkins said.

Every business wants to build a strong team, and that includes employees who are honest and take pride in their work. A strong work ethic is essential too.

"I encourage a focus on being business men and women," Watkins said. "We are here to run a business, and a downfall of small businesses is that owners can be too nice."

Once an employee has been let go, many experts warn against rehiring. The Society for Human Resource Management recently discussed the issue in *HR News*, and most human resource managers made comments similar to Watkins'.

A key idea was that time can "soften an organization's memory" of a terminated employee, and this can be a detriment. Time can emphasize the positive memories and de-emphasize the negative traits that got the person terminated in the first place, one executive said.

Watkins said the situation presents too many unknowns on the employee's "true feelings" about being terminated.

There are, of course, exceptions to the general rule. "The only time I could envision hiring an employee back would be in a layoff situation where a good employee was let go because of cutbacks or decreased business and now things are picking up," Watkins said.

Experts say another exception is when a good employee moves out of town but returns at a later date. If a former employee brings above-average skills and has the potential to be a good team member, the overall dental practice could improve in a rehire situation. In the right situation, a rehire "could present an opportunity for a fresh start and renewed energy for the office," Watkins said.

HR News reported a case where a company rehired an employee about a year after he was terminated. The employee applied for a different position and passed a new background check. The CEO of the company reported that morale improved among other employees and that the business was seen as a "fair employer who gives people a chance to succeed and recover from previous mistakes."



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In looking at the pros and cons of the situation, some positive aspects of rehiring could include familiarity with the business, less training time and a familiarity with staff, which could lead to a smoother transition into the work environment. Also, the need to interview could be eliminated, and an employer does not need to spend time finding a new employee with an unknown background.

However, simply finding a quick solution to an unfilled position is risky, and there are situations in which an employee should never be rehired. Previously stealing from a dental practice is a case in point. Another serious, and likely unpardonable offense is sexual harassment.

Watkins also advised against rehiring a previously insubordinate employee. "This is a character trait that is hard to change," he said. A defiant or rebellious employee can affect other employees, and they may either buy into the insubordination or resent leniency toward that employee. "Insubordination can be like a virus," Watkins warned.

Experts say employers must seriously consider the downside of rehiring.

"The cons of rehiring include that familiarity with the business and the staff may breed complacency at a faster rate than normal," Watkins noted. Cost can be an issue too, as the employee will not want to make less pay than previously received. A former employee could also bring in a hidden bad attitude or have a chip on his or her shoulder.

"People are desperate for jobs, and they will say anything and act any way they need to get a job," Watkins said. "It may be tough to know whether the employee will really help improve operations."

Watkins also said the current pool of potential employees is good, so it is not necessary to risk rehiring. "There is energetic talent out there; and if we are looking to build a good team, a dose of new energetic talent will almost certainly help."

Additionally, a good employee manual is essential and should detail the duties and responsibilities of each position as well as a code of conduct. Professional liability carriers and/or dental associations may offer an employee manual for policyholders and members.

Watkins recommended that employers ask themselves the following essential questions before considering rehiring:

- Why did I previously terminate the employee?
- Why would I want the employee back?
- Does the employee have superior or essential skills and experience?
- What has changed in the circumstances that lead to the termination of the employee?
- Do I know for certain that the change in circumstances is real and beneficial?

Call the TDIC Risk Management Advice Line at 800.733.0634 with any questions about rehiring a previous employee. ■

## Questions and Answers

**Q:** I have worked as an associate at a practice for nearly a year. When I arrived this morning, a new dentist was present who said he'd just bought the practice and today was his first day as the new owner. That is all he said. We all went about the day as patients began to arrive shortly thereafter. Since then, the atmosphere has been strange. The new owner is a general dentist and so am I. This person seems much more involved with patients than the former owner. I really like this practice, but I am not sure there is room for two general dentists here. What should I do?

**A:** There probably was a better way to make this announcement. At your next opportunity, ask the new practice owner for a moment. This is a good time to find out his intentions. Tell him that since the announcement, you are uncertain about your job security and where you fit in the business plan. Share that you like the practice and have a good relationship with both the staff and patients. You never know what you may uncover during this discussion. He may own other locations and only intends to be at this location sparingly.

**Q:** I am about to send a letter acknowledging that a patient has chosen to withdraw from my practice. This patient communicates only through email. Is it OK to send this letter via email? I also have to send a refund check. How should I do that?

**A:** It is a good idea to send a letter acknowledging a patient has decided to go to another dentist. In this situation, it is fine to send the letter via email. Be sure to track the email delivery and print out the receipt showing when it is received. Place that printout in the patient's chart. Additionally, since you are issuing a refund, you should also send the letter certified mail with the check inside. Consider paying for restricted delivery service, which guarantees that a specified person receives and signs for the certified mail. Request the signed receipt and place that receipt in the patient file. ■

TDIC Risk Management Advice Line:  
**800.733.0634**



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