

MONTEREY BAY

SMILELINE

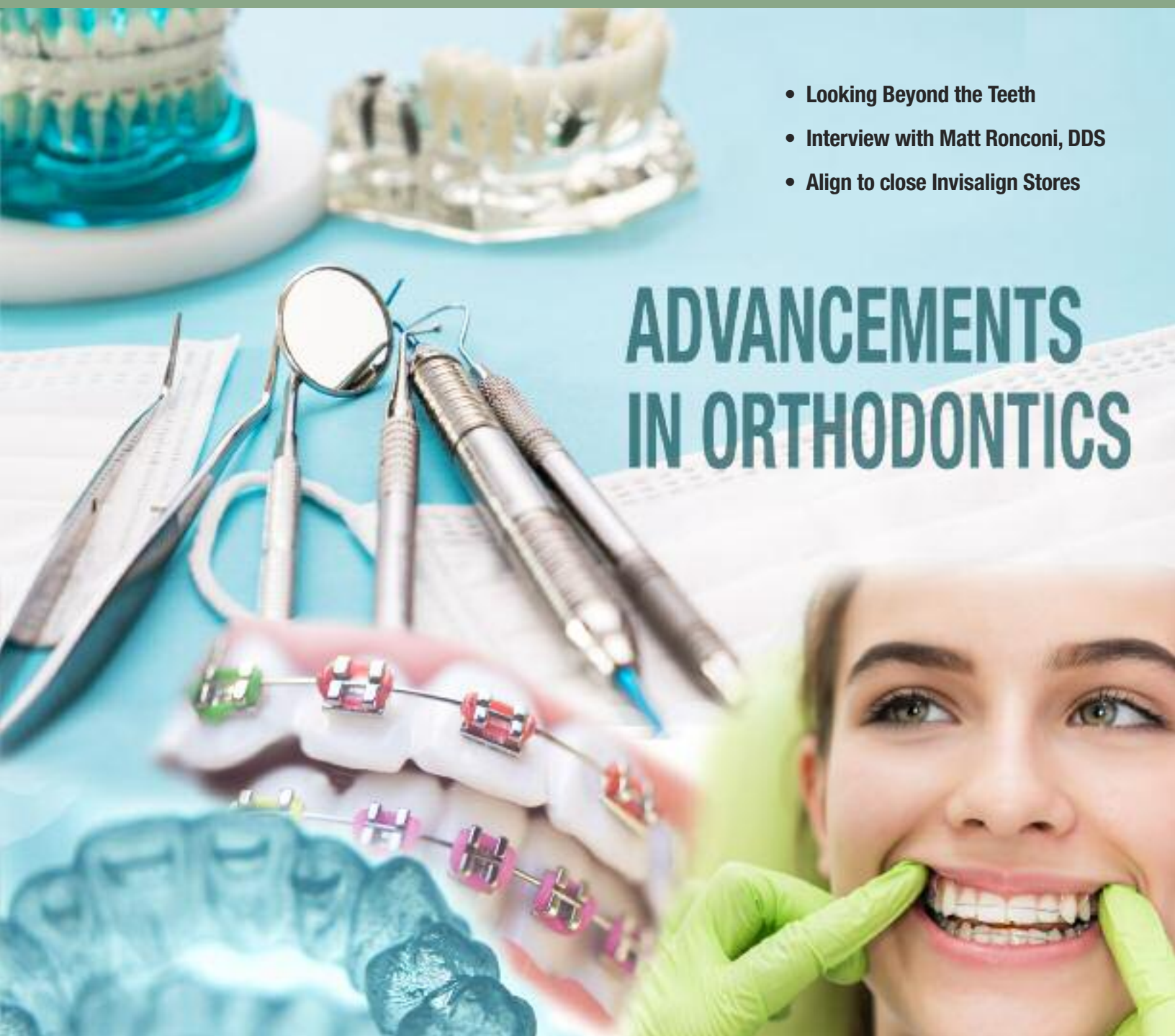


THE NEWSLETTER OF THE MONTEREY BAY DENTAL SOCIETY

SUMMER 2019

- Looking Beyond the Teeth
- Interview with Matt Ronconi, DDS
- Align to close Invisalign Stores

ADVANCEMENTS IN ORTHODONTICS



“ Sometimes your joy is the source of your smile, but sometimes
your smile can be the source of your joy. ”

—Thich Nhat Hanh

SmileLine

The Newsletter of The Monterey Bay Dental Society

Published By
Monterey Bay Dental Society

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Dr. Carl Sackett, DDS,
Editor

I hope your summer is going well, and you have been able to enjoy these warmer and sunnier days.

I am excited to announce that this issue of the SmileLine focuses on a specialty that impacts my own life on a daily basis: Orthodontics. Indeed, Pediatric Dentistry and Orthodontics are intertwined in many levels, and my level of respect for their expertise increases every day.

Their knowledge and ability to transform their patient's smiles never ceases to amaze me, and the additional training in the area of CranioFacial anomalies has proved invaluable on countless occasions.

We are fortunate to work in a component in which we are surrounded by many skilled and collegial orthodontists.



When we made an online petition to submit content for this issue, we were met with an enthusiastic response from several of our member doctors. Drs. Estrada, Leung and Criswell have each submitted personal articles, and Dr. Matt Ronconi accepted our invitation to be highlighted as a new member of the Board of Directors.

In compiling articles for this issue, I also had the opportunity to interact with personnel within the American Association of Orthodontists. They were more than willing to help, and guide me in the right direction for additional information. With the AAO at the helm, it is obvious that the specialty is in good hands.

You'll notice a recurring theme is this issue regarding the limitations (and even potential dangers) of Do-It-Yourself Ortho. In this digital age of unrelenting YouTube videos, and viral "Life Hacks," one of the victims in this trend has been Orthodontics. Patients seeking a "short-cut" and cheap alternative to traditional treatment methods end up back-firing, with more expensive and complicated treatments in the long run.

In any event, there are still countless people who opt to seek care with specialist doctors, and benefit greatly from their post-doctoral education. In fact, my very own niece, Keira, recently started Phase I Treatment in Santa Rosa with Dr. Charlene Chan (my former instructor at UOP). When I told Keira she'd be featured in the "magazine for the dentists," she was beyond excited!

Enjoy this issue of the SmileLine, and I wish you a great rest of your Summer.

Warm Regards,

Carl Sackett, DDS
MBDS SmileLine Editor



Welcome To Our New Members for Summer 2019

FREEDOM

Shannon Hayashibara, DDS

MARINA

Leanna Ursales, DDS

MONTEREY

Natalie La Rochelle, DDS

Glenn Takenaga, DDS

SALINAS

Sami Sreis, DDS

Romy Fe Valiente, DDS

Sung Sohn, DDS

Daniel Cummins, DDS

SEASIDE

Tiana Dorneman, DDS

Michael Faktor, DDS

Kunjal Patel, DDS

SANTA CRUZ

Kevin Reuter, DDS

Jessica Ray, DDS

Nathan Oster, DDS

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

STAND UP FOR SENIORS!



dientes
COMMUNITY DENTAL

Seniors identify dental care as their number one need. It's clear that seniors in our community struggle with the cost of dental care, making it difficult to access services that enable them to eat, speak, live without pain and be self-confident. All can lead to social isolation. Medicare does not include any dental benefits. With your help, that can change! Two bills are in Congress that need your support!

Please join Dientes for our Senior Coffee and Call-to-Action:

Saturday, August 3rd, 9-10 am

**Dientes, 1830 Commercial Way
Santa Cruz, CA 95065**

You will learn more about what you can do to help our community's seniors.
Please register here: <https://www.eventbrite.com/e/coffee-call-to-action-registration-65741818549>

Can't make the event, but still want to do your part? Check out this page: <https://dientes.org/seniors/>

Thank you for standing up for seniors!



Friday and Saturday, August 23 and 24, 2019

Karl Koerner, DDS

Oral Surgery for the General Dentist: Making It Easier, Faster, and More Predictable

Lecture only

Friday, 9 a.m.-5 p.m., includes lunch
7 CE Units – Core

Lecture and Workshop

Friday 9 a.m.–5 p.m., includes lunch
Saturday 8 a.m.–1:30 p.m., inc. light brunch
12 CE Units – Core

Lecture and workshop combination limited to 30 attendees. No refunds on cancellations less than 30 days prior. 50% refund if cancelled 30 to 60 days prior.

Lecture

Many extractions look easy but can soon become difficult, time consuming, and lead to problems. This course reviews the best techniques and instruments to remove “surgical” extractions easily and quickly while conserving bone. It makes exodontia more enjoyable and predictable so it can be performed with greater confidence and less stress. Dr. Koerner presents an algorithmic process that progresses “by the numbers” until the extraction is complete. If one thing doesn’t work, try the next one. It covers multiple extractions with alveoplasty and preventing complications such as sinus misadventures, excessive bleeding, and tuberosity fractures.

Learning Objectives:

1. More easily do “surgical” or difficult extractions that are frequently encountered in general practice.
2. Prevent and/or manage complications that can occur during or after dental extractions.
3. More easily recognize problem cases that may need referral.
4. Perform oral surgery more quickly and with less stress.
5. Become more familiar with correct principles of third molar surgery.

Hands-on Workshop

Participants will have the opportunity to perform Dr. Koerner’s techniques on typodonts under his direction. Participants are asked to bring headlights and loupes.

Koerner Oral Surgery Kits will be provided for use during the workshop. Kits will also be available for purchase at a 15% discount to workshop participants. Use your phone to scan the code at right to see the kit and its components.



Karl Koerner, DDS



Dr. Koerner is an Associate Professor of Oral Surgery at Roseman University in Utah. He has presented hundreds of didactic and participation courses to GPs over the last 20 years. He has authored or co-authored four books on surgery, and has made several surgery DVDs with Dr. Gordon Christensen. He is a general dentist trained in the Army with a current practice of only oral surgery. Dr. Koerner is past president of the Utah Dental Association.

SEE AD ON PREVIOUS PAGE

Continuing Education 2019

Special 2-day Course Option—Space limited to 30 attendees! Register Now!

Karl Koerner, DDS “Oral Surgery for the General Dentist: Making it Easier, Faster, and More Predictable.”

Day One: Friday, August 23, 2019: Lecture Course
9 AM – 5PM (Includes lunch – 1 hour)

Day Two: Saturday, August 24, 2019: Hands-on Training Course: 8:00 AM – 1:30 PM (Includes Bruch & Discussion on Saturday at approximately 10:30 am – ½ hour)

Oral Surgery Kits will be provided for the course but will also be available for purchase.

Tentative Course Location: Cabrillo College, Dental Hygiene Department
12 CE Units (Core)

Member Dentists \$1760~Non-CDA members \$1960~Auxiliary \$270

**No refunds on cancellation less than 30 days prior to the course. 50% refund if cancelled 30-60 days prior to the course.*

Lecture Only Option

Friday, August 23, 2019 (Lecture course)

Karl Koerner, DDS “Oral Surgery for the General Dentist: Making it Easier, Faster, and More Predictable.”

Tentative Course Location: Cabrillo College, Dental Hygiene Department

9 AM – 5 PM 7 CE Units (Core)

Member Dentists \$285~Non-CDA members \$385
Auxiliary \$135

Friday, September 20, 2019

Michael DiTolla, DDS, FAGD

“The Modern Restorative Practice”

Embassy Suites, Seaside, CA 93955

9 AM – 5 PM, including lunch 7 CE Units (Core)

Member Dentists \$285 – Non-CDA members \$380

Auxiliary \$135

Lunch is included with registration for all full day courses

Register now at www.mbdsdentist.com

MBDS Board Room available

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

MBDS Board Of Director's Meetings

6:00 PM Dental Society Office

8 Harris Ct, A2, Monterey

(2nd Tuesday of every other month beginning in January)

Tuesday, September 10, 2019

Tuesday, November 12, 2019

2019 CDA House of Delegates

Friday, November 15th – Sunday, November 17th
(Sacramento, CA)

Monterey Bay Dental Society Big Sur Water Station - 2019



Monterey Bay Dental Society members and the Cabrillo College DH faculty and students volunteering at the Big Sur Marathon

On Sunday, April 28th, the Monterey Bay Dental Society hosted yet another Water Station for the Big Sur International Marathon! Once again, it was a great turnout for the event, and several MBDS offices were represented, including: Dr.'s Lindley Zerbe, Philip Wolff, and Dick Kent.

Dr. Bridgete Clark, Joanne Noto, Marcie Wagner, Vicki and Michael Kimes, current 1st and 2nd year dental hygiene students, alumni and volunteers from the Cabrillo College dental hygiene program were in attendance.

After the event, the volunteers gathered at the Big Sur River Inn for food and camaraderie. All proceeds raised will benefit the Cabrillo Dental Hygiene Program.

Special thanks goes out to Dr. Lindley Zerbe for tirelessly organizing these events, and creating awareness of the Monterey Bay Dental Society within our community.

Thank you as always to all of our loyal and enthusiastic members who donated their time!

S D S
same day shred

C.C. Salmina
ccs@samedayshred.com
831.424.8737
www.samedayshred.com

3 Rossi Circle, Suite G • Salinas, CA 93907

**Thursday - September 26, 2019
4:00pm - 7:00pm**

8 Harris Ct., A-2, Monterey, CA 93940 (Ryan Ranch)

- Limited Capacity - RSVP Required

BACK BY POPULAR DEMAND!

With help again from our friends at -Same Day Shred,
The Monterey Bay Dental Society invites you to the

MBDS e-waste & shred event

Complimentary Food & Beverages will be provided between 5 pm - 6:30 pm

- **PAPER WASTE:** Up to 5 letter size-banker's boxes (10" x 12" x 15") are free.
 - ✚ **X-RAYS:** (BITEWINGS, FMXR & PANO's) MUST BE SEPARATED from paper waste.
 - ✚ **CD'S, DVD'S, FLOPPY DISKS DISPOSAL-** MUST BE SEPARATED from paper waste.
- **FREE E-WASTE DISPOSAL:** Electronics accepted: computers, laptops, cell phones, printers, fax machines, network equipment, medical equipment, phone systems, CD/DVD players, stereo equipment, PC boards, and wires/cables



Member Name		Est. # of boxes?
X-Rays?	eWaste?	
_____		[]
[]	[]	

**Register by mail: MBDS, 8 Harris Ct., A2, Monterey, Ca. 93940
or fax to 831-658-0530**

For more information contact Debi Diaz at the MBDS at 831-658-0168

Patient Documents Retention Period	
Patient (active) treatment record	Indefinitely
Patient (inactive) treatment records	
Adult patients	10 years from the date patient was last seen
Minor patients	7 years from the patient's last treatment or 1 year past the patient's 18 th birthday (age 19), whichever is longer

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The Dangers of Do-It-Yourself Braces



Dr. Nancy Leung, DDS,

With the convenience of the internet, Do-It-Yourself home orthodontic treatment has become quite popular among teens and young adults. One popular trend is to close a diastema with elastic bands. It is appealing because it is inexpensive, quick, and appears easy. However, the risks are severe and can lead to infection, periodontal problems, and loss of teeth.

Learning how to close a diastema can be done easily by searching online. Numerous videos made by laypeople teach how to do it and how to purchase the bands. They use elastic bands from Goody (hairties) for \$5 a bag or Gap Bands from Amazon for \$7.98 plus free shipping. These rubber bands are placed on the teeth, and the space closes in 1-2 days. The rubber band is then worn nightly to keep the space closed. It's so simple, anyone can do it!

The current president of the American Association of Orthodontists, Dr. Brent Larson warned, "Do-It-Yourself solutions are always tempting because of the possibility of saving money. But this isn't like home remodeling where if you get into trouble you can always call in a professional later....[the] damage could result in loss of the supporting tooth root, gum recession, or, in the worse case, loss of teeth."

In the December 2018 issue of the American Journal of Orthodontics and Dentofacial Orthopedics, a case study closely documents an 8 year-old boy in Greece who used a small elastic band to close a diastema. His parents placed the elastic band without the consultation of an orthodontist, and the space closed in 2 days. The elastic band disappeared and they were

not concerned. Later, he was brought to the Pediatric Dentistry Department of the Dental School of the National and Kapodistrian University of Athens in Greece complaining of pain and swelling around his maxillary central incisors. The maxillary central incisors exhibited extrusion, grade 2 mobility, 10mm pocket depth, and vertical bone loss. He was diagnosed with acute severe periodontitis for an unknown reason.

The treatment consisted of bonding a passive archwire to stabilize the maxillary central incisors followed by periodontal flap debridement with deep scaling of the roots with a periodontist. That was when the elastic band was found and removed. He was then referred for orthodontic treatment. Since he had a Class II malocclusion with maxillary crowding, the treatment plan involved slow eruption of the maxillary central incisors to maintain supporting alveolar bone. The maxillary central incisors were eventually extracted. The maxillary lateral incisors were then moved forward to the central incisor position. The maxillary lateral incisors were then built up with composite to the shape of the central incisors and the maxillary canines were re-shaped to look like lateral incisors. ***The total treatment time took three years and nine months to complete.***

The take home message from the co-author of this case study, Dr. Ross Brenner states, "***Patients and parents should know use of an elastic gap band to close a space between two teeth may result in severe periodontal destruction and eventual tooth loss. Prior to any tooth movement, patients are urged to see an orthodontist to find out their best plan.***"

In every day practice, many patients complain of spaces between their teeth. The solution is not always so simple and clear cut as to just close it. The underlying reason for the space needs to be addressed before finding the best treatment. Spacing between teeth can be caused by many factors such as jaw discrepancies (Class III malocclusions), size of teeth (peg laterals, tooth size discrepancies, microdontia), crowding of teeth, missing teeth, oral habits (thumbsucking, tongue thrusts, oral habits), and many other reasons.



Sometimes, treatment may involve one or a combination of the following: dental restorations (composites, veneers, crowns, implants), braces, Invisalign, orthognathic surgery, habit appliances, and/or myofacial therapy. With so many factors, it is important

for patients to see an orthodontist so a proper diagnosis and treatment plan can be implemented.

Even though the Do-It-Yourself braces can initially be viewed as cheaper and faster, it may actually cost more and cause serious dental consequences. As more Do-It-Yourself treatment trends circulate, it is imperative for our profession to communicate and education our patients.

The article in AJO-DO:

([https://www.ajodo.org/article/S0889-5406\(14\)00626-X/fulltext](https://www.ajodo.org/article/S0889-5406(14)00626-X/fulltext))



Fig 6. Intraoral progress photographs of the forced eruption process: **A**, start of treatment; **B**, start of treatment with the patient wearing a biteplate appliance; **C**, 10 months after forced eruption began; **D**, 12 months after forced eruption began.



Nancy Leung, DDS

Dr. Nancy Leung is an Orthodontist in Watsonville and Aptos. She attended dental school at USC, and completed her Orthodontic Residency training at the University of Minnesota.

She is married to Dr. Julius Kong, and is a longtime member of the Monterey Bay Dental Society.

“You’ll find that life is still worthwhile, if you just smile.”

— Charlie Chaplin

Dental Supply E-commerce Site Extends Savings Beyond The West

Dental supply e-commerce site extends savings beyond the West; 47 states slated for 2019

Printed in Dental Economics/April 2019

By Jonathan Ford, DMD

The expansion of The Dentists Supply Company (TDSC) is proving to be a great way for members of organized dentistry to experience significant savings on dental supplies. Prior to expanding in late 2018 to nine Western states, the e-commerce site tdsc.com had saved dentists over \$2.6 million compared to manufacturers' suggested retail prices. In one year alone, my average-sized private practice saved over \$10,000 on the same products I'd been purchasing from a major dental supplier.

The California Dental Association launched TDSC in 2017 as a member benefit to leverage the buying power of California's 27,000 dentists to create a large group purchasing program. TDSC leveled the playing field for solo practitioners like me who could not enjoy the discounts that major dental suppliers offered DSOs. With the ease of online shopping and consistent, competitive pricing on over 40,000 products, TDSC is gaining the loyalty and trust of thousands of dentists, one click at a time.

What do dentists think?

"TDSC is an amazing benefit for organized dentistry," said Cody Calderwood, DDS, president of the Utah Dental Association and owner of a Park City, Utah, dental practice. "I did the cost comparisons myself with the other companies and, on average, I save about 20% on supplies. Shopping with TDSC has allowed me to substantially shave my overhead. Those savings have allowed me to do some remodeling and upgrades to my office, which were much needed."

The expansion into Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, and Washington allows more members of organized dentistry to save significantly on dental supplies. In April 2019, tdsc.com

became available in Illinois, New York, and Texas, and will expand to 47 states by mid-2019. This disruption in the \$10 billion dental supply market frees dentists from the status quo of our cottage industry that has depended on dental supply company sales reps to stroll into our offices, take our supply orders, and hand us a bill. Those days are over.

"We have saved on supply costs consistently since our first TDSC order," said Jennifer Thompson, DDS, president of the New Mexico Dental Association and a practicing dentist in Farmington, New Mexico. "It's easy for a practice to send a list of products that they currently order, and a TDSC representative happily



Johnathan Ford, DMD is a general dentist at Ford Dental Group in Huntington Beach, California. He graduated from the University of Pennsylvania School of Dental Medicine in 2007. He served on the board of directors for The Dentist Service Company in 2015. He currently serves on a council for the California Dental Association and is a board member of the Orange County Dental Society. You can reach him by

email at drjonathan@forddentalgroup.com.

Visit his website at forddentalgroup.com.

returns a list of potential cost savings. Cost savings on even a handful of products can make a difference in your bottom line.”

How to use tdsc.com

Similar to other e-commerce sites, tdsc.com is easy to navigate and allows you to search for items and place them in your cart for checkout. Dentists can set up a subscription for common items such as gloves so that orders automatically arrive at the office each week or month. Additionally, shipping is free, and all in-stock supplies arrive within two to three business days, depending on the state.

I mentioned that my dental practice saved significantly during one year of purchasing supplies through tdsc.com. The exact amount was \$10,270.44. I know

this because the site tracks each penny I save. The savings gave me the opportunity to purchase some equipment and do some upgrades to my practice. TDSC gives solo practitioners information at their fingertips, and that knowledge translates into bottom-line savings.

Organized dentistry is at its best when it leverages the collective power of its members to create something that a solo practitioner cannot. TDSC is building partnerships with state dental associations across the country to offer tdsc.com as a member benefit, and this will help members combat the rising cost of providing care. That’s because dentists created the e-commerce platform for dentists, which is an important fact that I remember every time I shop for dental supplies now.

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Dental Society



Dr. Rosa Estrada, DDS

By Rosa Estrada, DDS

As oral practitioners, we are all well aware of the influence oral health can have on our patients' overall well-being. We may find ourselves often relating the many benefits of proper oral care and the dangers of improper care. We don't do this as a scare tactic but because we care for our patients to improve

and maintain their health. For us, maintaining an open eye and a more wholistic diagnostic approach is not only key to well cared for patients but a responsibility as health care providers.

As many of you may be aware, there is a rapidly growing interest in the dental community regarding the treatment of Obstructive Sleep Apnea (OSA). It is a topic not always well covered in dental school or residency, but it is very important to understand as it can have a significant impact on the lives of patients affected by OSA. Although OSA has no age limits, my focus for this article are children because in my practice I encounter many children where I have been alarmed by what I observe during their initial exam and as a parent myself, I want the best possible treatment and outcome for my patients.

The Basics. Clinically, OSA is a sleep-related breathing disorder that involves partial or complete blockage of airflow caused by the increased collapsibility of the airway. In children, it may present as snoring, witnessed breathing interruptions, awakening due to gasping or choking, restless sleep, and bed wetting. Now, this involves us oral practitioners because anatomic factors that can contribute to OSA include maxillary or mandibular retrognathism, increased lower face height, large tongue, elongated soft palate, and an inferiorly positioned hyoid bone. Structures in the back of the throat (i.e. tongue, tonsils, and adenoids) can occlude the airway during sleep and cause obstructive respiratory events.

Diagnosis. As an orthodontist seeing large tonsils, narrow jaws, and patients/parents affirming to snoring at night, I became interested in learning what my role is in getting my patients the care they need. I know an expander can broaden their maxilla and improve airway flow, but can it alone improve their sleep? As dental professionals, we cannot diagnose patients with OSA, but we can screen our patients and make the proper referral to their physician or a sleep medicine physician. With a thorough health history and clinical exam, enough information can be gathered to determine whether a referral is warranted. Following, I will go over elements I have incorporated into my initial exam process that helps me to determine if OSA is likely and a referral is warranted.

Health Questionnaire. It is important if a parent or child affirms to snoring. However, to dig deeper, give the parent/patient a sleep questionnaire to assist in determining the patient's risk of OSA. Below I have included a Sleep Questionnaire recommended by the American Academy of

PEDIATRIC SLEEP QUESTIONNAIRE
PATIENTS UNDER 18 YEARS OF AGE

Last Name First Name Age Date

Please answer on behalf of your child for the past month.
If you don't know, circle "?"

While sleeping, does your child . . .

1. snore more than half the time?	Yes / No / ?
2. always snore?	Yes / No / ?
3. snore loudly?	Yes / No / ?
4. have trouble breathing, or struggle to breathe?	Yes / No / ?
5. have "heavy" or loud breathing?	Yes / No / ?
6. have you ever seen your child stop breathing during the night?	Yes / No / ?

Does your child . . .

7. tend to breathe through the mouth during the day?	Yes / No / ?
8. have a dry mouth on waking up in the morning?	Yes / No / ?
9. occasionally wet the bed?	Yes / No / ?
10. wake up feeling unrefreshed in the morning?	Yes / No / ?
11. have a problem with sleepiness during the day?	Yes / No / ?
12. has a teacher commented that your child appears sleepy during the day?	Yes / No / ?
13. is it hard to wake your child up in the morning?	Yes / No / ?
14. does your child wake up with headaches in the morning?	Yes / No / ?
15. did your child stop growing at a normal rate at any time since birth?	Yes / No / ?
16. is your child overweight?	Yes / No / ?

My child often . . .

17. does not seem to listen when spoken to directly.	Yes / No / ?
18. has difficulty organizing task and activities.	Yes / No / ?
19. is easily distracted by extraneous stimuli.	Yes / No / ?
20. fidgets with hands or feet or squirms in seat.	Yes / No / ?
21. is "on the go" or often acts as if "driven by a motor".	Yes / No / ?
22. interrupts or intrudes on others (e.g. butts into conversations or games)	Yes / No / ?

Sleep Medicine. When a patient answers “yes” to 33% or more of the questions, they are considered high risk for OSA. Any “don’t know” answers are not used to calculate the risk status of the patient. Anything lower than 33% is considered low risk for OSA. Other important risk factors when suspecting a patient with sleep disturbance include obesity, craniofacial morphologies for example mandibular retrognathia, midface deficiency, long and narrow faces and genetic syndromes like Pierre Robin sequence and down syndrome. In addition to the health history, a clinical exam is key in gathering information that will assist in identifying a patient at risk for OSA.

Clinical Exam. I too have been found guilty of having tunnel vision and focusing on only the teeth. This is why I have incorporated a checklist into my initial patient exam, to push my nudge myself to look beyond the teeth. A clinical exam evaluating tongue size and position, soft palate, tonsil size, mouth breathing and frenal attachment can provide valuable information during an initial exam. Large tonsils or mouth breathing alone do not determine whether a patient has OSA, but they can be a part of the puzzle. Enlarged tonsils and/or adenoids are the most common risk factor for OSA in pediatric patients and the Brodsky scale is a great tool when evaluating tonsil hypertrophy. Tongue position is important to note and the Friedman Tongue Position system has been found to strongly correlate with OSA risk and severity. The relation of tongue mobility and OSA has not been supported by literature. A thorough clinical exam in addition to a health history will provide us enough information to determine whether a patient will benefit from a sleep study which is the gold standard for the diagnosing OSA.

I am far from an expert in the field of sleep medicine but I feel a duty to our patients to have enough knowledge to know when to refer. Dental professionals may play a role in an interdisciplinary approach to treatment when found appropriate by a sleep medicine physician. The treatment in children vs adults is different as we can manipulate the growth of developing children. Expanders in combination with tonsil and/or adenoid removal have been found to have improvement in decreasing apneic events.

A mandibular repositioning appliance may also improve airflow in patients where a CPAP is not well tolerated. I hope everyone finds this article useful and can start applying this information to your practices.



Rosa Estrada, DDS

Dr. Estrada is a Board-Certified Orthodontist and a Salinas Native. She recently opened her practice Monarch Orthodontics and is happy to be serving her local community.

She attended UC Santa Barbara and completed her Bachelors of Science in Microbiology. She obtained her Doctorate of Dental Surgery at UC San Francisco and practiced general dentistry for over 5 years before attending a 3-year orthodontic residency at St. Barnabas Hospital in New York.

Dr. Estrada proudly serves our country as a Major in the California Army National Guard where she aids in the care of our soldiers and their oral health. When Dr. Estrada is not creating beautiful smiles, she loves to be outdoors, hiking, mountain biking and spending time with her family, her husband John and daughter, Amelia.

Spotlight Interview with Matthew Ronconi, DDS



The Monterey Bay Dental Society Board of Directors is pleased to welcome Dr. Matthew Ronconi as County Director. Dr. Ronconi is an orthodontist in Salinas, and his knowledge and willingness to serve will surely benefit our component in innumerable ways.

In keeping with our Summer SmileLine theme of “Updates in Orthodontics,” we felt he would be a perfect candidate to spotlight as a new member to the BOD.

Please enjoy our conversation with Dr. Matthew Ronconi:

CS: So we can get to know you a little better, tell us a little about yourself:

MR: I grew up in Mountain View, CA with my parents, older sister and younger brother. Inspired by the Food Network and Alton Brown, I attended UC Davis where I studied Food Science with an emphasis in microbiology. Following UC Davis, I attended dental school at UCLA and then switched coasts to pursue my orthodontics training at Montefiore Medical Center in the Bronx, NY. I’m currently living in Salinas and fulfilling a lifelong

dream of owning my own orthodontic practice. I couldn’t be happier going to the office each day where I get to work with the best staff on the planet. In my free time, I enjoy raising and training puppies for Guide Dogs for the Blind. I love living on the Central Coast where I take full advantage of the amazing outdoor activities that we have in our backyard. When I’m not at the office, you’ll find me playing beach volleyball at Carmel City Beach, riding my bike in Monterey or hiking at Pinnacles, Fort Ord or Garland Ranch.

CS: What made you want to join the Board of Directors, and what do you hope to bring to the position?

MR: I was fortunate to get involved in the American Student Dental Association (ASDA) during my time at UCLA both at the local chapter as well as at the national level. Through my roles in ASDA, I saw the benefits of organized dentistry firsthand and how it shapes, supports and protects the future of our profession. I decided to join the Board of Directors because I want to stay on top of the important issues facing dentistry, and have a voice in the decisions being made. I also see joining the Board of Directors as a way to give back to the profession that has already given me so much. Serving on the board is a tangible way for me to help preserve our incredibly fulfilling vocations for the next generation of dental professionals. I plan to bring to my role as the Salinas County Director a positive attitude, a willingness to learn and commitment to represent all the Salinas dental professionals to the best of my ability.

CS: As you know, the theme of this Summer Edition is focusing on your very own specialty. What made you pursue Orthodontics in particular?

MR: My interest in Orthodontics began as a patient at an early age. Over the course of my life, I have had braces three times for a total of ten years. During that

time, I got to experience the life-changing impact braces had not only on my teeth and smile, but also on my self-confidence. I knew early on that I wanted to help people experience the same transformation that I had experienced, so I set the goal of becoming an orthodontist and I'm so thankful that I did.

CS: Are there any exciting or interesting updates with the specialty that you'd like to share with the members?

MR: In February of this year, the American Board of Orthodontics (ABO) administered the first scenario-based clinical exam that can be taken to become a Board-Certified Orthodontist. The change was made to eliminate the barriers getting in the way of orthodontists taking the case-based exam. In the previous exam format, orthodontists were required to present six cases that they had treated from start to finish. The treatment time alone just to have the cases prepared in order to take the exam took many years to complete. The new model has eliminated that aspect of the exam altogether. The hope is that more orthodontists will take the exam under the

new format, which will increase in the number of board certified orthodontists and ultimately strengthen the specialty. There has already been a positive response throughout the orthodontic community. The exams have been filling up rapidly as a wave of orthodontists are seeking to become board certified under the new exam format.

CS: What are the most enjoyable aspects of being an Orthodontist?

MR: I love being an orthodontist. There's nothing in the world I'd rather be doing as a profession. Even if I won the lottery today I'd still practice as an orthodontist because I enjoy every aspect of it. I love going to work each day. I love the challenges it brings. I enjoy solving puzzles and I see each malocclusion as a puzzle that needs to be solved. As an orthodontist, I get the unique opportunity to see my patients every month over the course of roughly two years. During this time, I really get to know my patients on a personal level. As a result,



I get to build relationships with amazing people that will hopefully last a lifetime. Straightening teeth and improving smiles is wonderful, but one of the best benefits of my job is getting to be a part of my patient's lives. Being a part of the Salinas Valley and outer communities is an incredible bonus of having my practice. I am thrilled every time I run in to a patient at the grocery store, restaurant or one of their sporting events and seeing the smile that I had the privilege to take part in.

CS: In contrast, what are some of the unanticipated challenges that come with your field?

MR: One challenge has been the sudden surge of mail order orthodontics. I recently had a new patient come in who had tried one of the commonly known mail order companies and it was a complete disaster. She has severe maxillary crowding, blocked out and high maxillary canines, nearly 100% overbite, #29 is rotated 90 degrees and to top it off, she has TMD. In my opinion, there is no way that this patient should have ever been considered a candidate for this treatment. Unfortunately, there is nothing an at-home aligner treatment could successfully address over the course of six months that would leave her with a healthy, stable and esthetic result. It's disheartening that a company has no problem taking her \$2,000 which she is still paying off. Now she needs to come up with additional money to correct problems that were not addressed even to the loosest standard of care. Even the "success" cases paraded on this company's social media don't appear to be treated to the standard of care, and I think it's a real shame that these companies are not yet being held accountable. There is an inexcusable lack of protection for the public. With the uptick of complaints and warnings by reputable organizations against mail order orthodontics, it is my hope that changes will be made to protect vulnerable and ill-informed patients.

CS: Thank you again for allowing us to highlight your involvement with the Board of Directors. I look forward to working alongside you in the near future.

MR: Thank you so much for including me in this edition of Smile Line and I look forward to working alongside you too!

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We're seeing more and more adult orthodontic patients these days, and it's not hard to figure out why. Appliances that are barely noticeable have been developed to give adults more discreet choices when it comes to orthodontic treatment. And many adults realize that investing in a smile makeover can have significant benefits, socially and professionally. Straightening teeth can be an important part of that confidence-boosting makeover process.

Healthy teeth can be moved at any age, so there's no such thing as being too old for braces. However, orthodontic treatment for adults is different in two important respects: For one thing, the growth and development of the jaws is complete in adults, so changes in actual jaw structure can't be accomplished

with orthodontic appliances in the way they can with a growing child.

Secondly, periodontal (gum) disease is more prevalent in adults than in children. While adults are wearing the orthodontic appliances, gentle forces will be applied to the teeth so they can move through their surrounding bone. Periodontal health plays a key role in all of this; if the gum tissues are not healthy during orthodontics, bone loss can result and weaken the long-term prognosis of your teeth. So any gum disease must be brought under control before orthodontic treatment begins. And to maintain proper periodontal health, it's important to have regular professional cleanings during the orthodontics while maintaining good oral hygiene at home.





Jedediah is a nice example of what can be done with proper orthodontic treatment on an adult patient. He presented with a Class II malocclusion on the left and a Class I on the right. He had improper anterior coupling due to ectopic maxillary canines and minimal overjet and overbite. Additionally, he was missing teeth # 1, 15, and 18.

After receiving clearance from his dentist, and after careful diagnosis and treatment planning, Jedediah began treatment with the following goals:

- Aligning and uprighting the teeth for a more esthetic and broader dental arch
- Bringing the ectopic canines into their proper position
- Creating proper anterior coupling
- Distalizing the maxillary left quadrant into a Class I occlusion while closing the space of the missing tooth #15
- Closing the missing tooth #18 space
- Extracting tooth #32
- Orthodontic extrusion of #4 (in lieu of crown lengthening) in order to gain more ferrule for a new crown

Though this treatment plan was very complicated, by closing the spaces for the missing teeth #15 and 18, we were able to successfully move the third molars into occlusion and eliminate the need for dental implants all while correcting the bite and gaining a more proper functional occlusion. Careful consideration to anchorage requirements was key in this case and enabled me to finish the treatment.

Jedediah Smith - Final Records - 3/5/2019

Birth Date: 4/5/1982 (37 years, 3 months)



Jedediah is a great example of a comprehensive case treated with braces and traditional orthodontic mechanics. However, some cases are better suited for clear aligner therapy. Though many of our readers likely treat mild

crowding and misalignment cases with aligners, more advanced treatments can also be accomplished with clear aligners.

Daniel, who is in the middle of treatment, is an example of a young adult with a severe anterior openbite, crossbite of the mandibular canines and first bicuspids, and incongruent maxillary and mandibular arch forms. The openbite has made him very self conscious about his smile, as well as created difficulties chewing properly. Daniel's treatment goals were to close down his anterior

openbite, create proper anterior coupling, and gain congruent arch forms.

As a twenty year old, he didn't want braces and wanted the least noticeable appliances available. Thus, Invisalign was chosen as the appliance and careful vertical control was instituted throughout the treatment.



Daniel Rodriguez - Invisalign Refinement - 6/28/2019

Birth Date: 11/6/1998 (20 years, 8 months)



Daniel is still currently in the finish stages of treatment, but his progress photos show clear evidence that after only 15 months of treatment, his bite is closing down and he is

close to finishing. The progress photos are his refinement photos and the final touches will be made to help settle the posterior segments and gain an optimal occlusion.

“ You don’t have to floss all your teeth—
just the ones you want to keep. ”

— Anonymous

Though there are many “Do-it-Yourself” mail order orthodontic companies that can straighten teeth, there is nothing that can compare to the proper diagnosis and treatment plan done by a professional. I thoroughly study and treatment plan every case because sometimes appearances can be deceiving.

Millie is a prime example of a case that would at first appear to require four bicuspids to be extracted due to the severe crowding. However, after carefully studying the case, it became apparent that much of the crowding was due to the severe narrow and underdeveloped maxilla. With proper mechanics, the maxillary teeth could be moved to a more “normal” position within the bone and periodontium, and in doing so, create enough room for all the permanent teeth.

Millie presented with a Class III malocclusion with severe crowding, ectopic maxillary canines, and a crossbite of almost the entire maxillary arch. Her treatment goals were the following:

- Expand the maxilla
- Level and align all the teeth
- Procline the incisors to their ideal inclination in relation to the maxillary bone
- Mesialize the maxillary arch and distalize the mandibular arch to achieve a Class I occlusion
- Gain proper anterior coupling
- Improve the smile esthetics
- Extract third molars at the proper time

Millie Hernandez - - 8/4/2016

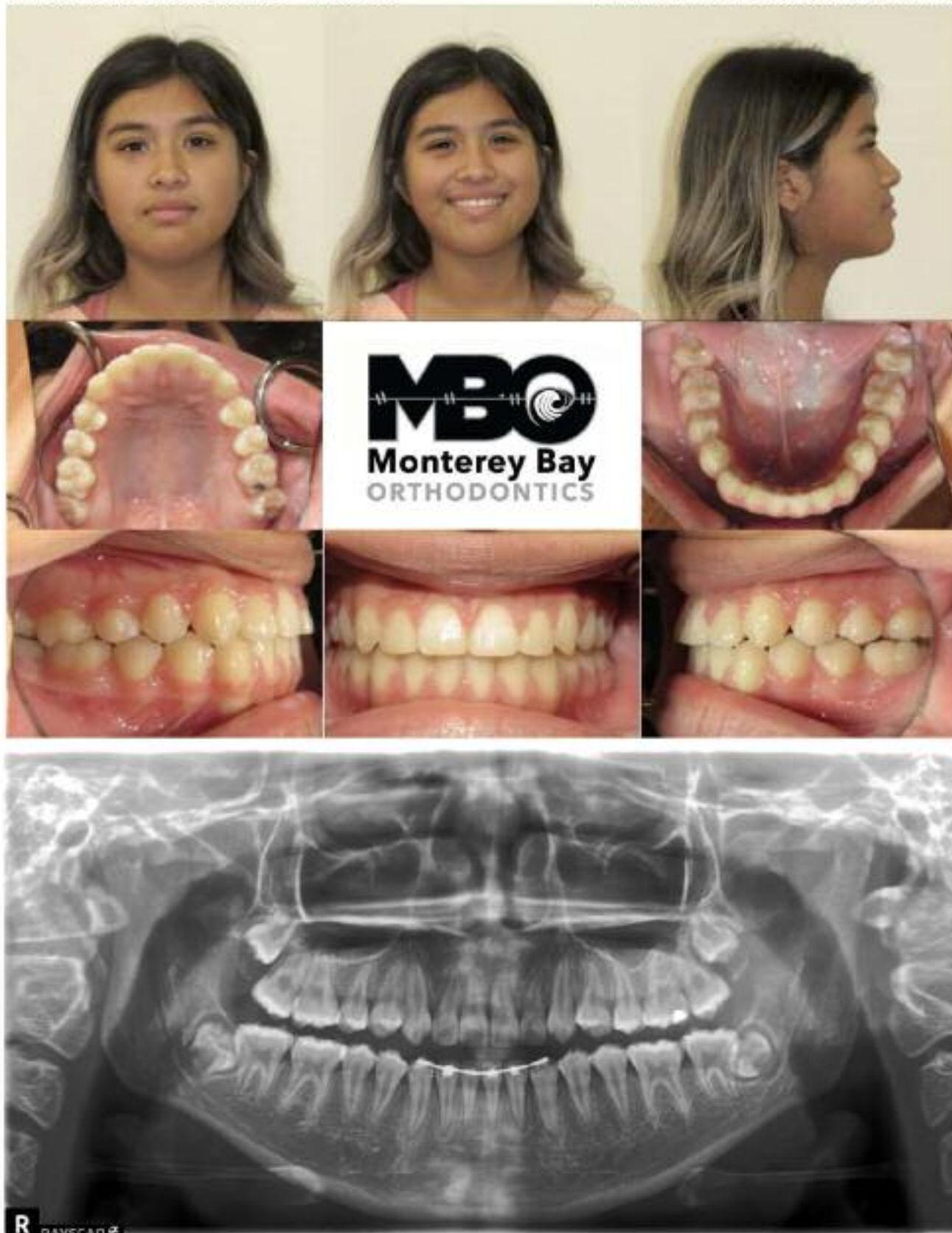
Birth Date: 7/31/2003 (15 years, 11 months)



After expansion and fixed orthodontic appliance treatment, the treatment goals were achieved and the patient was extremely happy and proud of her new smile!!

Millie Hernandez - Deband Records - 12/17/2018

Birth Date: 7/31/2003 (15 years, 11 months)

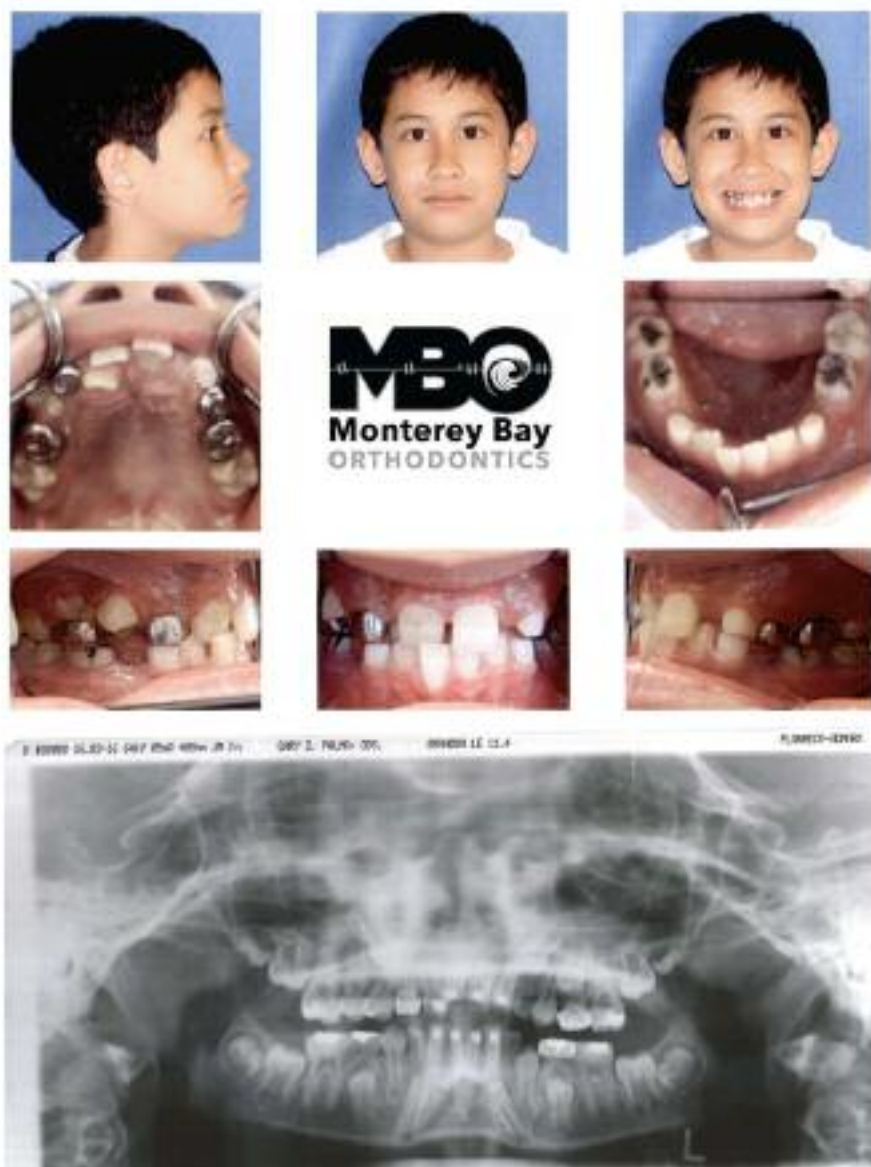


Finally, our office is a firm believer in interceptive Phase I treatment on younger patients between the ages of 6-10 years old. Now obviously at such a young age, the goals of treatment are not to make a perfect smile due to the numerous primary teeth that will exfoliate. Instead, the goals are very focused and are as conservative as possible. We only focus our efforts on goals that will significantly improve the child's development and make treatment easier once all of the permanent dentition is in place. We focus on creating a proper foundation for growth and development of the jaws and teeth to occur.

Brandon is a nice example of a young patient who needed some help. He presented with a Class II malocclusion, severe maxillary crowding, an anterior crossbite that was causing protrusion, recession and root prominence of tooth #25, and a narrow maxilla. Additionally, upon examination of the Pano, he had an ectopic eruption path #6 and #s 22 and 27.

Brandon's goals for treatment were the following:

- Expand the maxilla
- Create room for all permanent teeth
- Correct the anterior crossbite
- Bring tooth #25 lingually
- Improve eruption path of canines to reduce chance of ectopic eruption and possible damage of the roots of adjacent teeth
- Improve gingival health / recession of #25



After his first phase of treatment, his observation phase began with a maxillary hawley retainer and a lower lingual holding arch. He was seen every 3 months to ensure no abnormalities in eruption developed.



We then waited about a year and a half for the remaining teeth to erupt. Once the second molars erupted, Daniel was ready for his second phase of treatment. The before photos below show that Daniel is now a Class I case with mild misalignment of the teeth. He just began a 9-12 month treatment plan to finish aligning the teeth, gain

optimal anterior coupling, and perfect his smile esthetics. Daniel's mother was extremely happy that we did a majority of the work during his first phase. Now, as a 14-year-old teenager, he has a nice easy road to the perfect smile ahead of him.

Brandon Le - - 6/22/2017

Birth Date: 11/12/2004 (14 years, 7 months)



Brandon Le - Phase II Ready - 3/18/2019

Birth Date: 11/12/2004 (14 years, 7 months)





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panoramic and cephalometric radiographs. After a thorough examination, we then discuss all possible orthodontic options with the patient. We offer easy and affordable interest-free payment options and truly make orthodontic treatment affordable. We have offices in Monterey, Salinas and Carmel and are open Mondays – Saturday depending on the week, making our accessibility a convenient option for your patients. Thank you for allowing us to be a part of your patients' journeys towards a beautiful smile!

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CDA—Disaster Relief Grant



Financial assistance available to dentists impacted by California wildfires

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The CDA Foundation is accepting applications for the Disaster Relief Grant. The grant assists dentists, dental staff and component staff members with immediate and emergency needs as a direct result of the Camp Fire in Northern California's Butte County and the Woolsey and Hill wildfires affecting Ventura and Los Angeles counties.

The one-time, single-installment grant provides financial assistance of up to \$5,000 per California dentist, dental staff member currently employed in the dental field or CDA component dental society staff member. The grant covers food, shelter, clothing and other emergency needs. Applicants who have lost a home may request additional funds for dependent, immediate family members.

At the time of this printing, the fires were not yet fully contained and had claimed 80 lives and destroyed more than 13,500 structures while burning through a combined 247,000 acres.

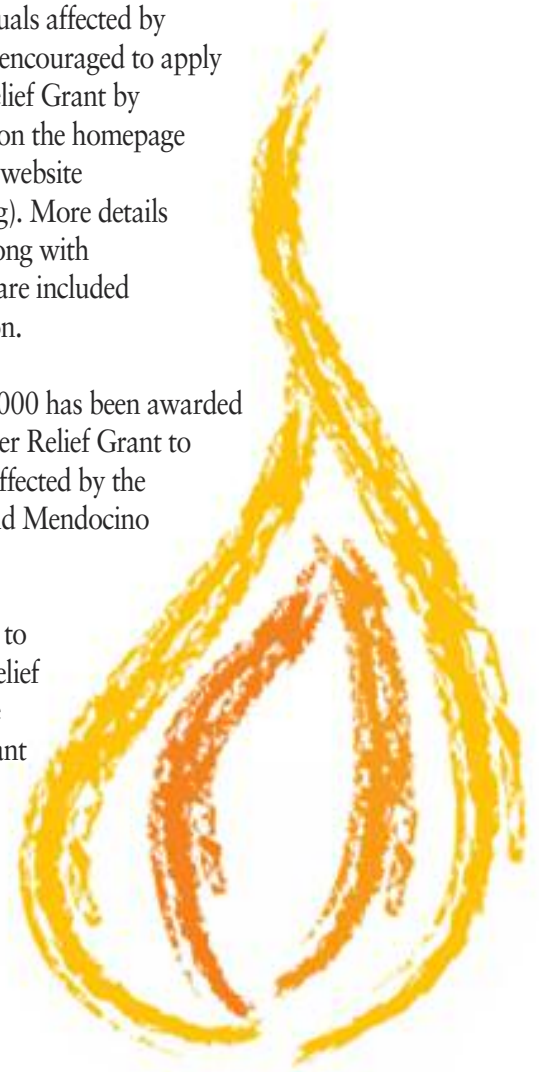
During this time, The Dentists Insurance Company is offering guidance and support for members who are dealing with the impact on their practices. To reach a TDIC service representative or a risk management analyst, call 800.733.0633.

Qualifying individuals affected by these wildfires are encouraged to apply for the Disaster Relief Grant by following the link on the homepage of the Foundation website (cdafoundation.org). More details about the grant along with qualifying criteria are included with the application.

To date, over \$37,000 has been awarded through the Disaster Relief Grant to assist individuals affected by the June 2018 Carr and Mendocino Complex fires.

Readers who wish to contribute to the relief efforts through the Disaster Relief Grant can text

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“ *Be true to your teeth or
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— Soupy Sales



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Lawmakers unveil bills targeting Coke and Pepsi in California

Efforts aim to reduce incidence of obesity, diabetes, tooth decay and heart disease

Feb. 20, 2019

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SACRAMENTO, Calif. — A broad coalition of physicians, dentists and public health advocates announced their support for a package of bills aimed at reducing consumption of sugar-sweetened beverages and ensuring that corporations like The Coca-Cola Co. (NYSE: KO) and PepsiCo Inc. (NASDAQ: PEP) stop targeting low-income communities and pay their fair share of public health costs.

The California Medical Association and California Dental Association are backing five measures, including a broad array of policy proposals that would reduce the consumption of sugary beverages such as soda, energy drinks, sweet teas and sports drinks that contribute to obesity, diabetes, tooth decay and heart disease.

“Like the tobacco industry, companies like Coke and Pepsi are peddling harmful products to children at a significant cost to public health and our health care system,” said CMA President David. H. Aizuss, M.D. “These measures will help lower consumption and help Californians make healthier choices that prioritize public health.”

Sugar-sweetened beverages are a major factor in preventable diseases such as Type 2 diabetes, which affects approximately 4 million California adults, costing the state billions of dollars in health care costs. The high levels of sugar and frequency of consumption of these beverages, which are consumed by over 50 percent of 8-year-olds daily, are especially problematic.

“The combination of high sugar content and acid makes soda especially damaging to teeth, and dentists see the devastating effects of this in our practices every day,” said CDA President Del Brunner, D.D.S. “Tooth decay is the No. 1 chronic childhood disease and it affects children’s ability to chew, speak properly and learn in school; we must do more to reverse soda’s lifelong negative effects on dental health.”

The measures introduced this week include:

- **AB 764** by Assemblymember Rob Bonta (D-Oakland) prohibits a soda company from offering a manufacturer’s coupon to their partnering manufacturer, distributor or retailer.



- **AB 765** by Assemblymember Buffy Wicks (D-Oakland) prohibits placement of sugar-sweetened beverages near the check-out counter at supermarkets, larger grocery stores, supercenters and warehouse clubs.
- **AB 766** by Assemblymember David Chiu (D-San Francisco) bans the sale of unsealed beverages larger than 16 ounces at food service establishments, including restaurants with self-service soda fountains.
- **SB 347** by Sen. Bill Monning (D-Carmel) requires a warning label on sugar-sweetened beverages so consumers can make decisions that work best for them.
- **AB 138** by Assemblymember Richard Bloom (D-Santa Monica) creates a fee on sodas and other sugary beverages and uses the new revenue to offset health and economic costs associated with overconsumption of sugar.

Effectively curbing the obesity epidemic will require a comprehensive approach to limit availability, place restrictions on advertising tactics and educate consumers about the harmful effects of sugar-sweetened beverages.

About the California Dental Association

The California Dental Association is the nonprofit organization representing organized dentistry in California. Founded in 1870, CDA is committed to the success of our members in service to their patients and the public. CDA also contributes to the oral health of Californians through various comprehensive programs and advocacy. CDA's membership consists of more than 27,000 dentists, making it the largest constituent of the American Dental Association. For more information, visit cda.org.

*The **California Medical Association** represents the state's physicians with more than 44,000 members in all modes of practice and specialties, and CMA is dedicated to the health of all patients in California. For more information, please visit CMAdocs.org and follow CMA on [Facebook](#), [Twitter](#), [LinkedIn](#), [YouTube](#) and [Instagram](#).*

Align To Close Invisalign Stores—Letter From The CEO of Align

March 5, 2019

Dear Doctors:

Since April 2018 Align has been engaged in an arbitration proceeding with SDC Financial LLC, SmileDirectClub LLC, and the Members of SDC Financial LLC other than Align itself (collectively, the SDC Entities) stemming from the claim that our Invisalign retail stores violate a non-compete provision applicable to Align due to its equity stake in SDC. Throughout this process we have maintained that we have acted in good faith and integrity with regards to the SDC Entities and our contractual obligations. And we believe that what makes Invisalign stores and every part of the Invisalign experience substantially different from SDC scan shops is our focus on a doctor's office for treatment.

Yesterday we received the final and legally binding results of that arbitration and the arbitrator has ruled in favor of the SDC Entities. I'm writing to share three key components of the decision:

1. Align must close its twelve Invisalign retail stores by April 3, 2019;
2. Align cannot open any new or additional Invisalign stores in the U.S. until after August 2022;
3. SDC will repurchase the equity stake Align has in SDC for a price equal to the capital account balance as of October 31, 2017, a price which is significantly below the current fair market value of such investment.

We're disappointed in the arbitrator's decision, not because we've won or lost, but because we were excited about what we were seeing in the Invisalign stores and about the long-term potential to engage consumers and connect them with Invisalign practices to get a smile they love.

But Align has always been committed to that connection between consumers and doctors, and we'll continue to develop and grow our long-held strategy of educating consumers worldwide on the benefits of a better smile and connecting them with doctors' offices for treatment. Building consumer awareness and driving patients to your offices for great outcomes and great treatment experiences is what we've always done and what we will always do – and we'll continue to find new and exciting ways to reach consumers and partner with you to engage them in treatment.

The arbitration decision has a lot of elements to it, and we are still working through many of the details. Our first priority is to support our store employees and network doctors in those markets. We appreciate the trust and collaboration we've seen from those doctors and their teams over the last year and a half. I know that many of those practices will use what they've learned from that collaboration to create even better Invisalign experiences of their own.

Regards,

Joe Hogan
President & CEO
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<https://www.chomp.org/prescribe-safe/#.W054PNVKiUk>



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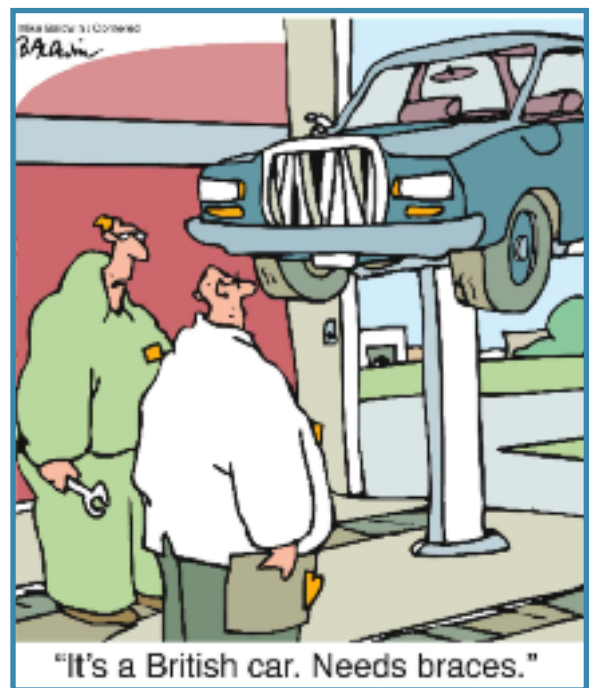
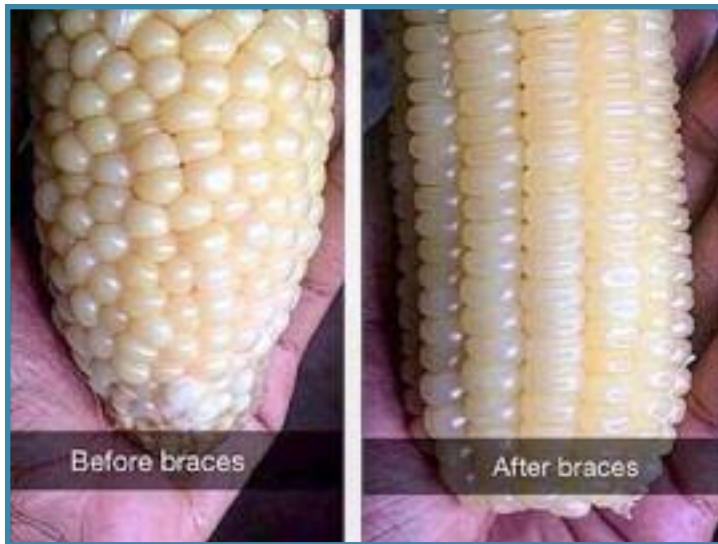
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(M) =Mandatory courses for the RDA application: Dental Practice Act, 8-Hour Infection Control, Coronal Polish, X-ray Certificate, Pit and Fissure Sealant is required upon the first renewal period of RDA license. The supervising licensed dentist will be responsible for ensuring that each unlicensed dental assistant who is in continuous employ for 120 or more, has successfully completed board-approved courses in Dental Practice Act, basic life support and an eight hour course in infection control within one year.



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Business Law and Litigation: GLF attorneys have comprehensive experience with the sale and acquisition of dental practices, associate agreements and partnership/corporation formation. We also handle business related lawsuits between dentists. Our knowledge with business litigation spans such issues as practice value matters, loss of goodwill, unfair competition via patient solicitation, actions against former associates, partnership dissolutions and breaches of either practice sale or associate agreements. GLF has the experience in this field second to none!

Employee Relations: GLF recognizes the need for expert advice in labor and employment contracts and disputes in today's high-risk professional environment. One of the most significant concerns facing a dentist is how to minimize the risk of an employee-based lawsuit. GLF proactively provides dentist/owner protection with effective staff employment agreements, policy manuals with mandatory dispute notice provisions, and binding arbitration of disputes. GLF defends dentists in matters ranging from Labor Commissioner actions, whistle blower claims, gender based claims, PAGA actions and traditional wrongful termination of claims.

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

Having the right lawyer can make the difference between winning or losing and between a really good deal or a really bad deal! For those reasons, consider The Goldman Law Firm for your legal needs.

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Parting Shot



PHOTO BY: HEIDI HEATH GARWOOD

Summer scene in Aptos on the Monterey Bay. Flowers are Romneya Coulteri—commonly called “Fried Egg Poppy” or “Matilija Poppy.” Thanks to the Aptos Garden Club Members and Denise Rossi, who helped me identify these beauties!