August/September 2017

the Nugget

Bone Sets the Tone

A Look into Bone Grafting for Dental Implants

Inside: 2018 Elections: SDDS / SDDF

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

Program at a Glance

Get your CE units THROUGH SDDS!

general meetings

SEPTEMBER 12, 2017 *TUE*
Throwdown Night
Prosthodontic Throwdown
Paul Binon, DDS, MSD; Jeffrey Vernon, DDS; Jefferson Clark, DDS, MS; Bryan Judd, DDS, moderator

OCTOBER 10, 2017 *TUE*
New Member Night
Appelblatt's Law - The Airway Always Wins!
Nancy Appelblatt, MD

NOVEMBER 14, 2017 *TUE*
Staff Night
Dental Photography. A Picture is Worth a Thousand Words
Mark Zablotsky, DDS and Robert Katibah, DDS

JANUARY 9, 2018 *TUE*
"SDDS Talk" Night
10 Minutes, 10 Slides, 6 Topics
Kelly Giannetti, DMD, MS; Kevin Keating, DDS, MS; Brandon Christensen, DMD; Jonathan Szymanowski, DMD, MMSc; Craig Alpha, DDS; Timothy Mickiewicz, DDS

MARCH 6, 2018 *TUE*
Guest Night
Mindfulness: It Will Change Your Life… and Your Practice
Mark Abramson, DDS

APRIL 10, 2018 *TUE*
Recruitment Night
Unseen Full Mouth Case in Every Practice
Michael Miyasaki, DDS

MAY 8, 2018 *TUE*
Foundation Night
Lower Molar Anesthesia – the NEW Game Changer!
Gregory Tuttle, DDS

3 CEU, core • 5:45pm – 9:00pm
Sacramento Hilton, Arden West

cpr bls renewal

NOVEMBER 10, 2017 *FRI (8am)*
JANUARY 17, 2018 *WED (6pm)*
APRIL 14, 2018 *SAT (8am)*

4 CEU, core • SDDS Classroom

continuing education

SEPTEMBER 15, 2017 *FRI*
Smile Design, Bonding and Esthetic Materials Update
Sponsored by Jag Heir, DMD, MD and 3M (5 CEU, core)
Gerard Chiche, DDS

OCTOBER 6, 2017 *FRI*
Manual Day: Build and Complete All Your Manuals – In One Day! (6 CEU, core)
Teresa Pichay (CDA) and Mari Bradford (CEA - SDDS Vendor Member)

NOVEMBER 3, 2017 *FRI*
Business Owners Bootcamp (Practice Mgmt) (5 CEU, 20%)
Virginia Moore

DECEMBER 1, 2017 *FRI*
Leadership Skills for Dentists: Engaged Team… Happy Patients… Successful Practice Co-Sponsored by CEA (5 CEU, 20%)
Daniela Devitt (CEA - SDDS Vendor Member)

MARCH 23, 2018 *FRI*
Creating Endodontic Excellence (5 CEU, core)
Cliff Ruddle, DDS

APRIL 20, 2018 *FRI*
Expanding the Roles of your Clinical Team: Utilization for Extended Production (RDAEF – How It Will Help Your Practice) (5 CEU, core)
Carl Hillendahl, DDS; Donna Drury Klein, RDA; and Teresa Lua, RDAEF2

JUNE 1, 2018 *FRI*
Pearls in the Backyard (5 CEU, core)
Panel of SDDS Experts

SDDS Classroom • See registration forms for times

hr webinars

SEPTEMBER 27, 2017 *WED*
Attitudes in the Workplace

NOVEMBER 16, 2017 *THU*
Crucial Conversations in the Workplace

JANUARY 17, 2018 *WED*
Labor Law Update 2018

MARCH 21, 2018 *WED*
Bras, Boyfriends, and Tattoos

APRIL 24, 2018 *TUES*
Alternative Workweek

1 CEU, 20% • Telecom • 12–12:55pm/1–2:00pm

business forums

SEPTEMBER 20, 2017 *WED*
Houston, We Have a Problem - IT Security, Disaster Recovery, HIPAA Compliance (2 CEU, core)
Jonathan Szymanowski, DMD, MMSc

OCTOBER 25, 2017 *WED*
The Insurance You Need – or Shouldn't Do Without (No CEU)
Panel of Experts

NOVEMBER 2, 2017 *THU*
Thriving or Surviving? The 5 Things Every Dental Business Owner Must Know
(2 CEU, 20%)
Virginia Moore

MARCH 21, 2018 *WED*
Ask the Lawyers – All the Legal Questions You Want to Know, but Are Afraid to Ask!
(No CEU)
Panel of Experts

APRIL 18, 2018 *WED*
HR Issues - for Doctors Only (2 CEU, 20%)
Mari Bradford (CEA - SDDS Vendor Member)

SDDS Classroom • 6:30pm – 8:30pm

lunch & learns

SEPTEMBER 20, 2017 *WED*
Dental Compounding: Could It Be Your Missing Piece?
John Richards

NOVEMBER 15, 2017 *WED*
Navigating GHS: The Contemporary Approach to Hazard Communication
Donna Drury Klein, RDA (FADE - SDDS Vendor Member)

MARCH 22, 2018 *THU*
Knock, Knock: It's the Dental Board
Terri Lane (Former Chief of Enforcement, Dental Board of CA)

APRIL 25, 2018 *WED*
IT Security, Disaster Recovery, HIPAA Compliance
Jonathan Szymanowski, DMD, MMSc

2 CEU, core • SDDS Classroom • 11:30am-1:30pm

licensure renewal

OCTOBER 27, 2017 *FRI*
California Dental Practice Act, Infection Control, & OSHA Refresher (6 CEU, core)
Leslie Canham, RDA

MAY 4, 2018 *FRI*
California Dental Practice Act, Infection Control, & OSHA Refresher (6 CEU, core)
Donna Drury Klein, RDA (FADE - SDDS Vendor Member)

SDDS Classroom • 8:30am-3:00pm

Aug/Sept 2017
VOLUME 63, NUMBER 7

Contents

FEATURES

COVER IMAGE CREDIT: SHUTTERSTOCK

Awards

International College of Dentists (ICD)
2016 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession
2015 • Special Citation Award, *unusual concept*
2014 • Outstanding Cover, *honorable mention*
2014 • Golden Pen, *honorable mention*
2013 • Outstanding Cover
2012 • Overall Newsletter
2010 • Platinum Pencil
Outstanding use of graphics
2007 • Overall Newsletter
2007 • Outstanding Cover
2007 • Golden Pen, *honorable mention*

Specials

Regulars

Get Ready For Our UPCOMING EVENTS

SEPT 6
WEDNESDAY

4PM-6PM
Retired Member Reception
An opportunity to get reacquainted with what SDDS can offer retired members and a chance to mentor a new member.

6PM-8PM
New Member Reception
Back by popular demand… come to the SDDS Office for this fun party!

RSVP to SDDS: (916) 446-1227

Coming In September 2017...

SEPT 12 — **General Meeting** • Tuesday, 5:45pm-9pm
Throwdown Night • Prosthodontic Throwdown
(3 CEU, CORE)

SEPT 15 — **Continuing Education** • Friday, 8:30am-1:30pm
Smile Design, Bonding and Esthetic Materials Update
Gerard Chiche, DDS (5 CEU, CORE)

SEPT 20 — **Lunch & Learn** • Wednesday, 11:30pm-1:30pm
Dental Compounding: Could It Be Your Missing Piece?
John Richards (2 CEU, CORE)

SEPT 20 — **Business Forum** • Wednesday, 6:30pm-8:30pm
Houston, We Have a Problem - IT Security, Disaster Recovery, HIPAA Compliance
Jonathan Szymanowski, DDS, MMSc (2 CEU, CORE)

SEPT 27 — **HR Webinar** • Wednesday, 12pm-1pm
Attitudes in the Workplace (1 CEU, 20%)

The Sacramento District Dental Society Invites You to Join Us for The
RIVERBOAT CRUISE
SATURDAY, SEPTEMBER 9TH

DJ • **DANCING** • NO HOST BAR • **SCENIC CRUISE**

5:30 Boarding • 6:00-7:30 Sail
L Street Dock - 1206 Front Street

$30 PER PERSON

Both SDDS Members and Guests Welcome

President's Message

By **Nancy Archibald, DDS**
2017 SDDS President

Well Being

This month I wanted to take a moment and remind all of our members that we have a Well Being Committee here at SDDS.

Well Being, by definition, is a condition characterized by health, happiness and/or prosperity.

For most of us, I believe we are in a state of well being. We enjoy good health. We have good dental practices and supportive staff. Nice patients. We are surrounded by family and friends. Our occupation allows us to have time for hobbies and entertainment and things we like to do when we are not working. And we have security for our future. We are blessed.

But, among us are those who struggle with personal well being, in whatever form that may take. Emotional, mental, addictive behaviors. Alone, or in combination.

You, a family member, co-worker, or friend can contact our Dental Society at 916-446-1227 and ask to speak to Cathy. It is all very confidential. Our Dental Society and our dental association are here to help.

You are not alone. We are here to help. Please don't hesitate to call if needed.

God Bless,

Nancy Archibald

Update!

A quick update since the last issue of the *Nugget*. Dr. Binon donated a dental x-ray unit which will be delivered to the dental clinic in Mexico!

Thank you,
Dr. Binon!

Cathy's Corner

By **Cathy B. Levering**
SDDS Executive Director

Here it is…
the KICKOFF to our next program season!

If you noticed the inside cover of this issue of the *Nugget*, you will see that our CE Advisory Committee has come up with some great ideas for programming this year. And, just so you know, almost all of the programs were the results of the surveys of those people who attend our courses (thanks to you all!).

The September General Meeting again presents the THROWDOWN format – the prosthodontists are throwing it down! The conversation promises to be lively, rest assured. And our CE program in September kicks off on September 15th when we welcome back Dr. Gerard Chiche. Dr. Chiche is a nationally known clinician and speaker and we are so lucky that he will be speaking to our members in the SDDS classroom.

Our Business Forums are set to bring you the best information that you need to know in your practice. Business in nature (not clinical), the topics presented this year are all topics that our members requested. September kicks off ON September 20th with Dr. Jonathan Szymanowski and his expertise on technology, HIPAA compliance and security. The Business Forums are a great way to learn about office and practice "stuff"!

Once again, on October 6th, we are offering our MANUAL DAY – a CE day where you can get all your required manuals done in a day: HIPAA, OSHA and Employment Manuals. Don't miss this – bring your office administrator and get this nagging project done.

In November we are offering Business Owners Bootcamp on Nov 3rd. But the night before, we will present a 2 hour program for dentist business owners. While different in content, the Nov 2nd and November 3rd courses (both stand-alone classes) will help dentists be better business owners for sure.

In addition to CE, Business forums, CPR, HR webinars, don't forget our Midwinter Convention on February 22nd-23rd. Plan your schedule now, don't book any patients those days and bring your entire team to Midwinter! You can get 15 or more CEUs, food is included, it's great team building and a fun two days!

So… hope to see you at a class or a CE event – we're here for you. Thanks for all the suggestions; we have a great program coming up! ■

Cathy

JOIN THE "FAMILY" OF SDDS…

Do you know a non-member? Do you want to recruit them to SDDS?

If they sign up BEFORE September 1st, SDDS will give you a $50 Amazon gift certificate!

And treat them to the September GM.

sacramento District Dental Society

LEADERSHIP

The Nugget is an opinion and discussion magazine for SDDS membership. Opinions expressed by authors are their own, and not necessarily those of SDDS or ***The Nugget*** Editorial Board. SDDS reserves the right to edit all contributions for clarity and length, as well as reject any material submitted. ***The Nugget*** is published monthly (except bimonthly in June/July and Aug/Sept) by the SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825 (916) 446-1211. Acceptance of advertising in ***The Nugget*** in no way constitutes approval or endorsement by Sacramento District Dental Society of products or services advertised. SDDS reserves the right to reject any advertisement.

Postmaster: Send address changes to SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825.

From the Editor's Desk

Bone Sets the Tone
for Healthy and Long Lasting Dental Implants

By Ash Vasanthan DDS, MS
Associate Editor

As most things keep changing in implant dentistry, the one thing that may never change is the need for bone, good in quality and adequate in quantity. Dental implants have become a mainstay of treatment planning and are gaining popularity in being offered as the number one replacement option for teeth. It is common knowledge that implants are the best alternative to natural teeth that we have today. When bone is insufficient, bone augmentation procedures are considered in order to gain the required amount of bone for dental implants. Bone grafting following extractions is becoming a common practice in most dental offices since there is growing awareness of the consequences of inadequate bone quantity for implants and the cost and morbidity associated with bone regeneration procedures. The benefits of preserving the alveolar ridge profile and its clinical significance for esthetics and function have clinicians buying into this concept. Bone grafting at the time of extraction preserve the existing bone profile or at least minimize the post extraction soft and hard tissue collapse associated with post extraction remodeling.

During my residency training, our Program Director used to say that research and industry changes associated with the findings had a general pattern in each decade as implants were evolving to the way we practiced in its current form of screw shaped implants. If we were to look at the last 3 decades of implant dentistry beginning from the early 80's, the early days of screw shaped implants, the industry and the research especially the 1980's focused on establishing successful Osseointegration and adopting guidelines for the clinical use of dental implants. 1990's were about refining the surgical protocol an working on different bone grafting techniques to preserve and augment bone for implants. The 2000's saw a significant improvement in the multitude of restorative options, as the surgical part seemed to have been quite clearly established by then. In my opinion the decade of 2010 going forward, has been a time period where the industry seems to be working to incorporate technology like CBCT scans, digital impressions, guided surgery and immediate loading protocols to simplify everyday implant dentistry. The bone grafts, membranes and other biologics of today seem to push the boundaries with how they can be used and manipulated to achieve the desired results and it is only going to get better with time. Autogenous bone, which is patients own bone, has long been hailed as the gold standard. I'm not sure if it should be the case anymore as Allografts, which are processed human bone grafts obtained from bone banks are proving to be equally good, comparable or even better in handling and much easier to obtain. They also come without the morbidity associated with harvesting Autogenous grafts. This issue of the *Nugget* will focus on bone grafting for dental implants discussing a few aspects and approaches. While one article starts off with what to do after an extraction to make the implant process easy, the other one talks about how to expand the available bone carefully to place the implant. Another one talks about multiple options with bone augmentation for thickness with an emphasis on using a block of Autogenous bone for implants and the fourth one discusses about navigating and working under the sinus to gain height of bone under the sinus in order to place the implant. Every one of these authors were picked for their wisdom, experience and clinical insight on this topic. I believe, "in order for tissue to not be the issue, bone has to set the tone." ■

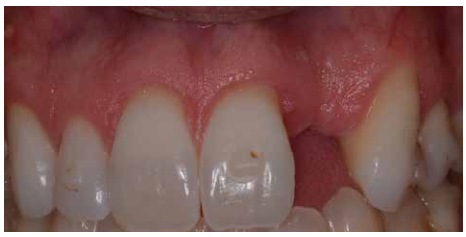


Fig 1. Note the collapse of the hard/soft tissue profile along missing tooth #10.

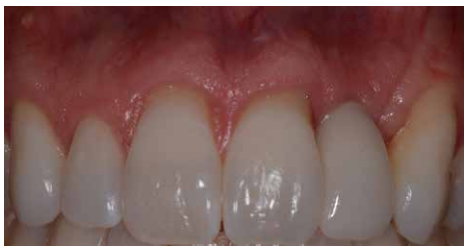


Fig 2. Restored implant shows improvement in the soft tissue profile after bone augmentation procedure allowed for implant placement.

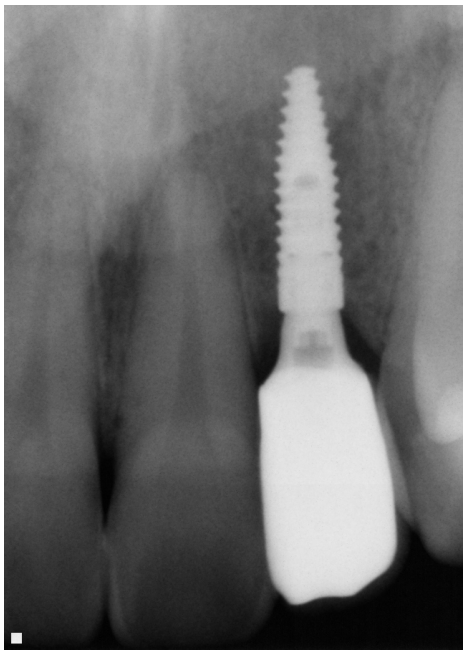


Fig 3. X-ray showing good implant integration with the grafted and regenerated bone.

Caution + control:

Reducing employment liability

Changing employment laws and a litigation-conscious public can intimidate the most confident dentists. Especially when practice employees are prepared to take legal action if they feel an employer breached their rights. With insights from Employment Practice Liability claims experience and calls to our Risk Management Advice Line, TDIC's seminar shows how to best handle employment concerns. Gain the caution and control to navigate past potential violations such as pregnancy discrimination, termination and sexual harassment.*

Get expert advice while earning **C.E. credits** and a **5% Professional Liability premium discount** for two years. Even better, **take the seminar online** at your convenience.

See more ways we reduce your risk at **tdicinsurance.com**

- Confidential guidance through our Risk Management Advice Line
- Publications dedicated to exploring timely dentistry liability issues
- Helpful guides, informed consent forms and sample manuals
- A variety of live and eLearning C.E.-eligible seminars

*Due to the sensitive nature of the issues being addressed and our employer-oriented approach, this course is available to dentists and their spouses only.

TDIC policyholders who complete a seminar or elearning option will receive a two-year, 5% Professional & Dental Business Liability premium discount effective their next policy renewal. To obtain the two-year, 5% Professional & Dental Business Liability premium discount, California dentists must successfully complete the seminar by April 28, 2018. Any eLearning tests received after the deadline will not be eligible for the discount. Nonpolicyholders who complete a seminar or eLearning option and are accepted for TDIC coverage will also be eligible for this discount.

Endorsed by the Sacramento District Dental Society

Protecting dentists. It's all we do.®

800.733.0633 | tdicinsurance.com | CA Insurance Lic. #0652783

YOU SHOULD KNOW

RDA EXAM SUSPENDED, BUT LICENSURE WILL CONTINUE…

While the Dental Board of California has suspended the practical exam for RDAs, licensing will continue ONCE the new law (AB1707) is signed into law by the Governor (sometime before October 15). Members are urged to encourage their dental assistants to apply for the licenses (after all other qualifications are met). **Go to the Dental Board website for updated information: www.dbc.ca.gov.**

DELTA DENTAL SETTLEMENT HEARING DATE TO BE RESCHEDULED

Reprinted with permission from CDA

A San Francisco Superior Court judge has delayed dates related to CDA's proposed settlement agreement with Delta Dental — the June 26 deadline to opt out or object to the proposed settlement and the August 31 hearing on final approval. The court's action will provide additional time for CDA, Delta Dental and the court to review procedures that were used to estimate the impact of the inflation adjustment percentage (INAP). **More information about can be found at deltadentalofcaliforniasettlement.com**

RECEIVE $200 THROUGH MEMBER REFERRAL PROGRAM

Dentists who refer a new tripartite member to CDA can receive a $100 check from CDA and a $100 American Express gift card from the ADA. The $200 reward as part of the Member Get a Member campaign, which provides incentives for every CDA member dentist who refers a new member to the tripartite membership (for a total maximum of $1,000 per referring member).

NEW 'NOTICE OF PRIVACY PRACTICES' FORMAT ALLOWS FOR SIMPLIFIED POSTING

Reprinted with permission from CDA

A new format for the HIPAA Notice of Privacy Practices is now available for download on the CDA Practice Support website. The new "layered" notice allows a dental practice to post only one page, instead of all pages, of the notice on the wall of the practice's reception area while making the entire notice available elsewhere in the reception area. The first page is a summary of the complete notice. The content of the complete notice has not changed. The entire notice must be offered to each new patient and must be included on the practice website. The new format is based on the U.S. Department of Health & Human Services model notice that aims to provide the required information in a user-friendly format. Every HIPAA-covered entity is required to provide patients with its notice of privacy practices. **Download "Sample Notice of Privacy Practices – Layered" at cda.org/resources. The resource includes instructions for dental practices on completing and posting the notice.**

MEDICARE OPT-OUT EXCLUDES ABILITY TO PARTICIPATE IN MEDICARE ADVANTAGE

Reprinted with permission from CDA

Most dentists have chosen to opt out of Medicare, but there's another Medicare category that dentists should consider: Registering with Medicare as an Ordering/Referring provider.

A dentist in the network of one of these dental plans utilized for Medicare Advantage who has formally taken the opt-out route for Medicare will not be able to remain in the dental plan contract and will have their contract terminated because of CMS's rule that opted-out providers cannot participate in Medicare Advantage plans. Any provider who sees a Medicare Advantage enrollee must be registered as an Ordering/Referring provider with Medicare. Being "opted out" will not permit a provider to submit claims to a Medicare Advantage plan. So, a dentist would need to register with Medicare as an Ordering/Referring provider if the dentist sees patients covered by a Medicare Advantage plan and submits dental claims to the patient's plan for the dental care the practice provides. **For additional information on submission of Medicare enrollment forms, call Noridian Provider Enrollment at 855.609.9960**

THE DENTISTS SERVICE COMPANY LAUNCHED TO SUPPORT MEMBERS

CDA's newest subsidiary, The Dentists Service Company, officially launched its services to CDA members this summer. TDSC was established to support dentists with the business side of dentistry, specializing in practice management advising and group purchasing services.

TDSC's practice management services take a comprehensive approach to practice advising, marketing and human resources. Member-clients work with TDSC experts as an extension of their team to build a strategic action plan geared toward their own practice goals and vision.

Visit https://www.tdsc.com/ to check it out!

STATE BUDGET BETTER HONORS WILL OF PROPOSITION 56 VOTERS

Reprinted with permission from CDA

This campaign resulted in a $30 million ongoing allocation to the state dental director's office and an initial state allocation of $140 million for increased Denti-Cal provider rates (totaling nearly $400 million, including federal matching funds) with the potential for substantially more in future budget years.

The budget also includes the full restoration of the adult Denti-Cal program beginning in 2018.

RISK MANAGEMENT ANALYSTS SHARE TOP THREE CONCERNS

Reprinted with permission from CDA

Practice owners who have questions about dismissing a patient, giving a refund or terminating an employee are not alone. The Dentists Insurance Company reports these are the top three risk management issues facing dentists today.

- Patient dismissals
- Patient refunds
- Employee termination

For individual concerns, contact the TDIC Risk Management Advice Line at 800.733.0633, email riskmanagement@cda.org or visit tdicinsurance.com/advice-line.

The Tooth Is Out!

Great!

...Now What Do I Do?

By **Jonathan Szymanowski, DMD, MMSc**
SDDS Member

Dr. Szymanowski, DMD, MMSc is a diplomate of the American Academy of Periodontology. He received his dental degree and postdoctoral degree from the Harvard School of Dental Medicine. He maintains a private practice in periodontics in Sacramento.

As dentists, our goal is to restore our patients to normal form and function. When we restore a tooth, we can use multiple materials to achieve that goal. However, when we remove a tooth there are multiple options we must consider. First, what do we do with an extraction site? The ridge preservation technique will depend on the ultimate restorative plan: removable appliance, fixed prosthetics, or a dental implant. For the sake of simplicity, this article will focus on single extraction sites.

> "...when we remove a tooth there are multiple options we must consider."

If the patient plans to have a removable prosthesis, there is no need to consider a ridge preservation technique. It is good to understand what happens to the alveolar ridge once a tooth is removed. Multiple studies have demonstrated that almost 50% of alveolar ridge is lost at 6 months to a year. Most of the loss occurs because the thin alveolar bone on the buccal or facial surface of the tooth lost one its blood supplies; the periodontal ligament. This loss is very significant if we are going to consider a dental implant.

If the plan is for a fixed prosthesis, we want to preserve the alveolar ridge as much as possible. This will require placing a graft material into the extraction socket. We want to choose a material that is dimensionally stable for a long time so we don't see the depression of the alveolar ridge under the pontic. This may create an esthetic or food trapping issue for the patient especially in the anterior maxilla. Bovine xenograft materials are the best type of graft material for this purpose. Multiple histologic studies have shown the persistence of the graft material years after placement. However, research demonstrates that even with ridge preservation, we still do lose some of the alveolar ridge width. Especially in the maxillary anterior, pairing the bone replacement graft with a connective tissue graft will give the best result. Connective tissue has been shown to be dimensionally stable over time. Also for the best result, it is very important to get the patient into a fixed provisional at the time of extraction. If time is not on your side, fabricate an essix type appliance to significantly reduce contact with the developing ridge. Avoid using a provisional partial denture because contact with the ridge can have a detrimental effect on the ridge preservation.

If the plan is for a dental implant, can we place the implant immediately or do we have to graft the ridge and place the implant in the future? Immediate implant placement is very technique sensitive and requires adequate bone. A CBCT prior to extraction will give a good idea if the patient will be a good candidate. If you do not place implants and feel this patient may be a good candidate for an implant, do not extract the tooth. It is best to leave the extraction up to your implant surgeon. If the extraction site has loss of buccal plate or extensive loss of alveolar bone, the ridge should be grafted prior to implant placement. The best bone replacement graft for this is a cancellous/cortical autograft combined with a resorbable membrane. The material needs to be resorbed and replaced with the patient's own bone. It is also recommended to combine the extraction with a connective tissue graft

to help with the soft tissue profile of the future implant. It is always better to have too much soft tissue.

In conclusion, consider these technique pearls for ridge preservation. 1) Spend the time to remove any granulation tissue in the extraction socket. In severely failing teeth, this will likely take longer then extracting the tooth. Bone needs to fill the extraction site not soft tissue. 2) Avoid elevating a buccal or facial flap. This will keep some blood supply to the thin cortical bone. Section horizontally fractured or severely decayed teeth internally to aid in the removal rather than elevate a flap. 3) Only advance the flap to attain primary closure if the defects are very large. In most single extraction sites, a little exposed resorbable membrane or soft tissue graft will not be a problem. Lastly, always have the final restorative plan in mind before you extract the tooth. This will help avoid needing to later perform other procedures that could have been completed at the time of extraction. ■

REFERENCES

1. Clin Oral Implants Res 2012;23(suppl):s1-s21.
2. Int J Periodontics Restorative Dent. 2015 Jul-Aug;35(4):541-7.
3. Clin Oral Implants Res 2012;23(suppl):s22-s38.
4. J Clin Periodontol. 2017 Feb;44(2):178-184.

Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is published on the SDDS website and provides a forum for job seekers to reach other Society members who are looking for dentists to round out their practice, and vice versa. If you are a job seeker, associate seeker, selling or buying a practice, contact SDDS at (916) 446-1227. *For contact information of any of the job bankers please visit www.sdds.org.*

ASSOCIATE POSITIONS AVAILABLE

George Chen, DDS • Folsom • part • GP
David Roholt, DDS • Auburn • full • GP
Abdon Manaloto, DDS • Roseville • part/full • GP
Wellspace Health • part/full/fill-in • GP
Laurie LaDow, DDS • Sacramento/Elk Grove • part/full • GP
Michelle Bartolome, DMD • Citrus Heights • part • GP
Ralph Isola, DDS • Sacramento • part • GP
Make A Smile Childrens Dental • Sacramento • part/full • GP/Pedo
Jerard Wilson, DDS • Rocklin • part/full • GP
Paul Denzler, DDS • Lincoln • part • GP
Raj Zanzi, DDS • Roseville • part • GP
Kids Care Dental • Roseville • full • Pedo
Kids Care Dental • Rancho Cordova • full • Ortho
Thomas Ludlow, DDS • Folsom/Modesto • part/full • GP
Charles McKelvey, DDS • Twain Harte • full • GP
David Park, DDS • part/full • GP
Ashkan Alizadeh, DDS • Sacramento • full • GP/Pedo
Eloisa Espiritu, DDS • Lincoln • part/full • GP
Gary Clusserath, DMD • Roseville/Citrus Heights • 2 days/week • GP/Endo/OMS
Kayla Nguyen, DDS • Roseville/Lincoln • part/full • GP
Timothy Herman, DDS • Lincoln • part/full • GP
Hung Le, DDS • South Sacramento, Stockton • part/full • GP

DOCS SEEKING EMPLOYMENT

Novan Nguyen, DDS • Sacramento • part • GP
Bruce Taber, DDS • fill in only • GP
Behdad Javdan, DDS • part/full • Perio
Ronald Rott, DDS • part • GP
Russell Anders, DDS • part (fill in only) • GP
Steve Saffold, DDS • (Emergency fill in only) • Sacramento • GP
Steve Murphy, DMD • part/full • Endo

DOCS LOOKING TO BUY A PRACTICE

Kayla Nguyen, DDS • GP
Abdon Manaloto, DDS • GP
Behdad Javdan, DDS • Fair Oaks • Perio
Scott Snyder, DDS • GP

DHPS SEEKING EMPLOYMENT

Janis Dufort, RDH • fulltime

Ridge Expansion for Implants

By **John F. Lewis, MS, DMD**
SDDS Member

Dr. Lewis has been a Diplomate of the American Board of Periodontology since 1992. He retired from the US Air Force in 1996 and has been in civilian practice since then. He currently works as an independent contractor in three dental practices, including Sierra Periodontal Group in Citrus Heights.

As advances continue in all aspects of implant therapy at a remarkable pace, the choices for solving associated problems continue to expand. When it comes to dealing with a loss of alveolar bone dimension, particularly horizontal bone loss, there are several options to choose from. Some of them include:

- Ridge augmentation with a block of bone which can be from a cadaver (allograft) or from the patient (Autograft).
- Use of Non-resorbable or resorbable membranes with particulate Allografts or Xenografts (bovine origin).
- A combination of the above approaches with growth factors like PDGF or BMP.
- Ridge expansion and ridge splitting techniques which will be discussed in this article.

Historical Perspective

Although the literature often cites Simion et al (1) as developing the segmental ridge-split procedure, others recognize Dr. Hilt Tatum as the individual who introduced a method of ridge splitting or bone spreading in the 1970s. There is a wide range of procedural techniques and applications for ridge splitting and ridge expansion, from developing a single implant site to widening long segments of a ridge in preparation for multiple implants. Furthermore, ridge splitting and expansion may be performed as separate procedures or in conjunction with other procedures, such as ridge augmentation grafting and sinus elevation for simultaneous or delayed implant placement.

Technique

Historically, many approaches have been presented regarding ridge expansion and ridge splitting procedures. The technique involves initial penetration and cutting the ridge crest in a mesio-distal aspect with drills, chisels or piezoelectric bone cutting. When ridge splitting is performed, the use of piezoelectric bone cutting allows for minimal flap reflection. The vertical bone cuts should be directed at an obtuse angle away from the crestal incision at it's mesial and distal extents with the base being wider than the top, without worry of penetrating the intact facial soft tissue. Subsequently, either rotary or traditional osteotomes may be utilized to expand the split ridge segment. As with any surgical procedure, local anatomy must be respected and taken into account prior to surgery.

Ridge expansion is very useful for site development for implant fixtures. In our practice, we utilize traditional osteotomes and mallets as opposed to rotary osteotomes for these cases (Fig. 1). This technique is most useful when horizontal bone dimension is limited, but there is still

Fig.1 Convex Osteotome tips with interchangeable (Colette) handle.

Fig 2 "Bayonet drill

marrow space between cortical bony plates. Anticipated bone expansion is usually about 2-3mm facially. Even if the remaining bone over the implant site is very thin, I believe grafting over thin autogenous bone is more desirable than grafting over exposed titanium threads.

Step by Step

If the existing ridge width is 3mm or more, we begin the osteotomy preparation with a pointed, three sided bur ("bayonet" bur). (Fig. 2) The diameter of this drill is 1.5mm. The sharp tip may be placed securely into the bony crest prior to drilling. At this point the drill setting is usually 400-600 rpm to enhance control. Initial depth is about 8mm. If the ridge width is adequate, a 2mm pilot drill is placed to 6-8mm depth at slow speed. At this point, a radiograph is taken with a guide pin in place. Since the osteotomy thus far is narrow and shallow, the angulation of the implant osteotomy preparation may be altered if indicated. At this time, it is advisable check the labiolingual, labiopalatal orientation visually with the guide pin in place.

If the position and angulation of the osteotomy is desirable, begin to expand the ridge utilizing a mallet and sequential osteotomes, which are available in many sizes. They usually correlate with the drills being used for the implant system chosen. The direction of force from the mallet must align with the long axis of the osteotomes.

Figure 3a

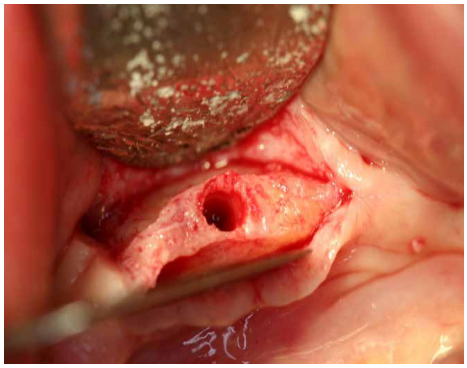


Figure 3b

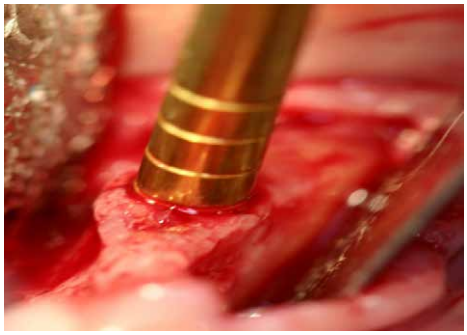


Figure 3c

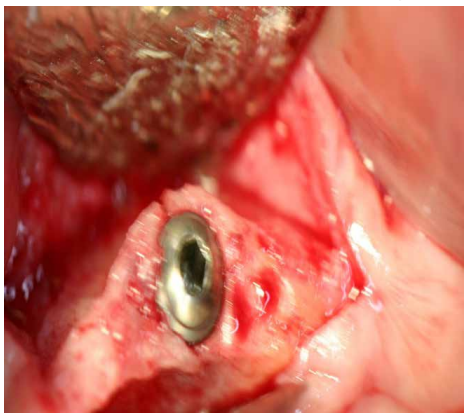


Fig. 3a Initial osteotomy showing preparation of 2mm drill with thing buccal and lingual bone.

Fig. 3b. Use of Osteotome to expand the ridge to 4mm.

Fig. 3c. Implant in place with a small buccal crack at the crest.

Commonly, the coronal 5-6mm of bony ridge is narrower than the apical portion. This is advantageous in ridge expansion cases and allows drills to be utilized alternately with the osteotomes if desired. Furthermore, the expanded or split ridge segment, in these cases, has a base that is wider to engage the implant, enhancing stability. (Fig. 3)

Figure 4a

Figure 4b

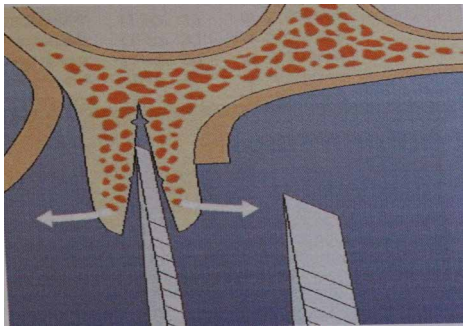


Fig. 4a Chisels,

Fig. 4b Rendering of a chisel shown in action.[1]

In cases where longer segments of ridge splitting is planned, chisels are often utilized. (Fig. 4)

Complications

Occasionally, in single site cases, the osteotomes become increasingly difficult to advance as the osteotomy site widens. This is often because the crest of bone at the mesial and distal of the site is dense and will not

Continued on the following page...

Continued from page 13

easily expand. To overcome this, the mesial and distal aspects of the osteotomy site may be widened slightly with a round bur to decrease resistance on the osteotomes.

It is not that unusual for the facial plate to crack or fracture during osteotomy preparation. Usually this is down the center of the site or, less commonly, on either the mesial or distal aspect. Most often, although fractured, the loosened bony segment will remain hinged in place. In those situations, it is a good idea to carefully leave the fractured bone segment in place and place particulate bone graft material over it, as in a traditional ridge augmentation procedure. Even if a segment of bone fractures off, it is recommended to position it back over and graft. Clinical reports have shown cases with success where complete detachment of the facial plate occurred. These cases have been managed by placing the fractured bone segment back into position and grafting over these sites, with the implants placed at the same time. Complete bone coverage over implants has been noted upon reentry.

Advantages:

A main advantage of ridge expansion is that simultaneous implant placement is usually possible. However, anticipated healing time before final restorations are placed is not shortened. If minimal expansion and no grafting is needed, anticipated healing time should be the same or 2-4 weeks longer than healing time for fixtures placed into bone that was not manipulated. If significant expansion and bone grafting is required, healing time should be the same as for any other case involving ridge augmentation grafting, that is 4-6 months.

Conclusion:

Ridge expansion and ridge splitting techniques offer a useful option, in selected cases, to enlarge bony ridges in a horizontal dimension in preparation for implant fixture placement. As with any procedure in dentistry, there is a learning curve and the need to purchase additional instruments/equipment. These techniques may be utilized for a wide range of cases from those requiring minimal expansion to those involving long segments in conjunction with other augmentation needs, such as sinus lifts and further ridge augmentation grafting. Thus, depending on the clinicians particular desires and overall level of training, these methods may offer a viable treatment option and should be considered. ■

Figure 5a

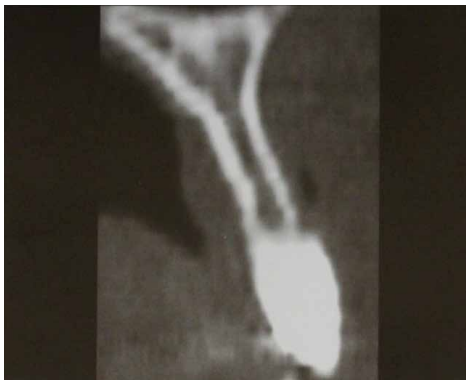


Figure 5b

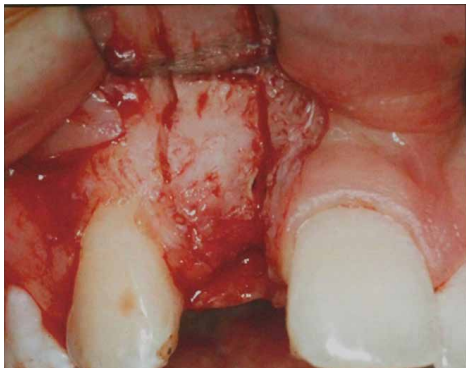


Figure 5c

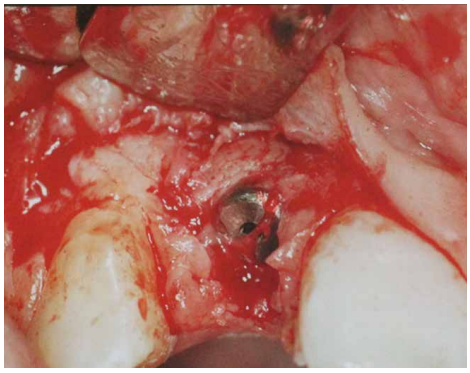


Figure 5d

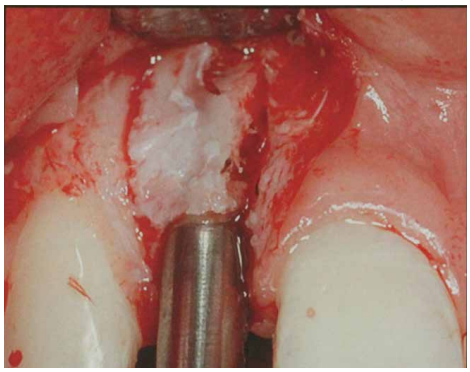


Fig. 5 – a. CT showing narrow ridge b. Ridge split with piezo c. Osteotome expansion and d. implant site at re-entry showing good bone. [2]

REFERENCES

1. Garg, AK. Maxillary Sinus Augmentation Strategies and Techniques, Pre-Symposium Workshop. ICOI World Congress XXII and 7th Annual Implant Prosthodontic Symposium, 2004.

2. Langer B, Langer L, Sullivan RM. Planned labial plate advancement with simultaneous single implant placement for narrow anterior ridges followed by reentry confirmation. Int J Periodontics Restorative Dent. 2012; 32(5): 508-519

Why Trust YOUR FUTURE with anyone but the Best?

#1 In Dental Transitions Nationwide

WOODANDDELGADO

- Over 38 Year Of Experience Representing Dentists
- Represented over 4800 Dentists
- On the Forefront of the changing issues facing your profession
- 190 Dental Practice Transitions in 2015
- Chosen Legal Advisors to numerous dental Societies
- Providing services NATIONWIDE
- The Chosen EXPERTS on Business Transactions for Dentaltown

"I have worked with Wood & Delgado many times involving my dental practice sales, lease negotiations and contractual disputes. They have always been extremely fair with a high degree of integrity. I recommend Pat Wood, Jason Wood & Marc Ettinger without reservation. I have worked with each in various capacities and I cannot overstate my confidence in each exceptionally professional attorney. My relationship with Wood & Delgado is carte Blanche in all legal aspects of my dental life."

THOMAS BOONE, D.D.S.
Sunset Beach, California

Call today for a free phone consultation

800-499-1474

www.DentalAttorneys.com

Specializing in:

Practice Acquisitions/Sales – Partnerships – Business Transactions – Lease Negotiations – Estate Planning – Transitions & Business Litigation
DSO – MSO – Practice Agreements – Associate Agreements – Wills/Trusts – Real Estate Acquisitions/Sales – Partnership Disputes

Reconstruction of Bone Defects
Prior to Implant Placement

By **Nicholas Rotas, DDS**
SDDS Member

Dr. Rotas is a Board Certified Oral and Maxillofacial surgeon. He currently practices in Roseville, where he concentrates on dentoalveolar surgery, oral pathology, bone grafting and reconstructive surgery as well as dental implants and outpatient anesthesia.

Reconstruction of defects prior to implant placement in 3 dimensions is challenging. Many options, materials and techniques are available to us to reconstruct these defects. I will concentrate only on hard tissue defects in this short discussion. The decision tree on what technique and what materials to use to graft with depends on many factors (This list and each category is not all inclusive of materials and techniques available)

Type of Augmentation

- Onlay Graft
- Inlay graft
- Sandwich Osteotomy
- GBR (tent +/screws)
- Distraction osteogenesis
- Ridge split

Type of Bone/Graft Material

- Autogenous: Onlay, Cortical or cancellous Chips, Bone Marrow aspirate (Autogenous bone is the "gold standard" in bone augmentation
- Allograft: (Puros; Symbios, etc.)
- Xenograft: (BioOss)

Type of Membrane

- Resorbable; Collagen
- Non resorbable (e PTFE; Titanium); "Tent" or GBR pouch

Fixation vs Non Fixation of Any Membranes

There is a tendency to sometimes use fixation screws or tacks over the membrane for stabilization of the membrane and to hold the space without collapse.

Use of Biologics

Gem 21, PRP, PRGF, PRF, BMP2(Infuse) A variety of choices are available to choose from with most of them being autogenous in nature.

Patient Acceptance of Materials You Propose To Use

Religious beliefs and other factors may need to be considered.

Surgeons Experience to Carry Out Procedure Planned

Finer aspects and sequence of steps in the technique is individual surgeon based.

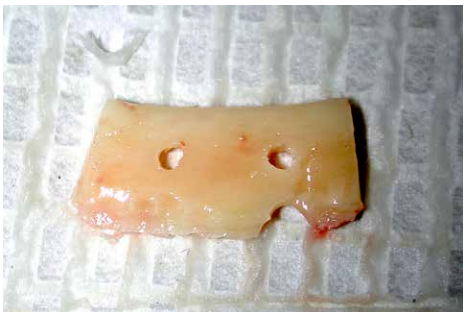
Initial information gathering should occur as for any surgical treatment pre operatively; know your patient. Medical history, medications, allergies; social history; drug use history; tobacco and alcohol use; ability to tolerate surgery and ability to heal should all be assessed by the surgeon. Dental examination is critical. Evaluation of overlying soft tissue and need to augment soft tissue in addition to hard tissue should be determined prior to attempted surgery. Classify soft tissue biotype, amount of keratinized tissue, smile line, and occlusion.

A cone beam CT is crucial in assessing defect anatomy in 3 dimensions.

Once you have this data you can formulate your ideal treatment to get bone and or soft tissue to ultimately place implant(s)

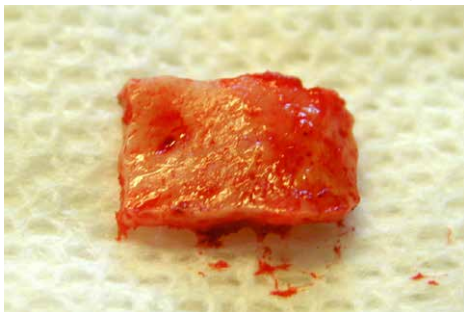
For many years I augmented deficiencies of alveolar areas prior to implant surgery with different techniques. A common procedure I used was augmentation with onlay grafts harvested from ramus or symphysis (figure 1,2). The onlay grafting procedure is fairly straight forward and predictable but invasive. Once bone was harvested, I would spend most of my surgical time trying to be a carpenter to get this block or blocks to fit well into my defect. I would stabilize the cortical bone with a screws and augment

Figure 1



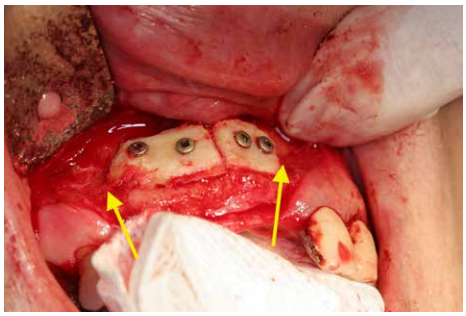
Ramal Graft

Figure 2



Symphysis Graft

Figure 3



Onlay Graft with void areas in yellow

edges of block graft with allogenic bone. On implant/reentry surgery-usually 4 months later. I would often find lack of good width or good quality bone at edges or margins of onlay bone (figure 3). I would have to additionally augment at time of implant placement surgery these areas. Onlay grafts are limited by thickness of buccal plate posteriorly, bone biotype with harvesting symphysis and patient tolerance. This procedure was good for adding horizontal width but not good for vertical height augmentation.

The technique I have been using the last 3 years to augment hard tissue defects is the "sausage technique" as developed by Dr. Istvan Urban from Budapest, Hungary. In this technique autogenous bone is used 1:1 with a xenograft (BioOss) to augment the ridge. An ACM bur (NeoBiotech) or a bone scraper (Salvin Dental) is used to harvest bone from ramus/retromolar area of mandible. By mixing this autogenous bone 1:1 with BioOss, I need to harvest much less autogenous bone. I mix the above mixture (autogenous bone and BioOss) with PRGF (Plasma rich in growth factors). This graft is contained by native collagen membrane (BioGuide) and secured with tacks (Salvin) or Profix screws (Osteogenics) to completely immobilize the graft. The stretched membrane over the graft looks like a sausage. This stretching and tacking of the membrane creates a very secure graft. The surgeon must plan on flap design, releasing incisions and undermining of tissues with periosteal release accordingly. The overlying tissue must be able to be advanced easily to allow a 2-layer closure with no tension. I use Cytoplast (PTFE) sutures to close the augmentation site. I allow this graft to mature 4-6 months and then reenter sites to place implants.

With this technique one has the ability to augment any area in the mouth and one can get lateral and vertical augmentation simultaneously. In the maxilla, a simultaneous sinus lift may be done if needed with same mixture of bone/PRGF.

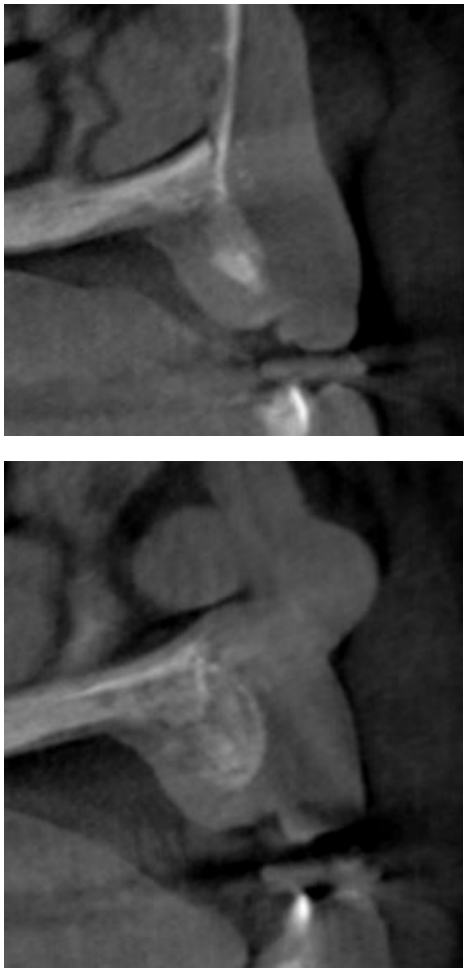
PRGF (Endoret) was developed by Eduardo Anitua, PhD, MD, DDS of Vittoria, Spain (http://www.bti-implant.us/prgf-endoret).

Endoret (PRGF) is formulated 45 minutes prior to planned surgery with venipuncture and filling 4-6 tubes (9ml each) with blood from your patient. The blood is put into a centrifuge and spun down as per Dr. Anituas protocol. The PRGF liquid is pipetted off and activated with Calcium just before placing bone mixture above into graft site.

Activated PRGF allows you to make "sticky bone"—the bone mixture coagulates once it has activated PRGF added to it and this makes placement of your bone mixture much easier to control. This mixture is also used for sinus lift augmentation which can be done simultaneous with ridge augmentation. With PRGF, you use not only formulate liquid but you can form fibrin membranes that are autologous and can be used over any over BioGuide on your graft; and in the maxillary sinus to form a "roof" over your sinus lift augmentation or to help a perforation. This fibrin membrane can also be used cover window in lateral wall of maxilla used to enter the sinus. The jury is out on whether these growth factors really add to the case and Urban doesn't use them in the "sausage technique". The biology of autologous growth factors is sound; cost effective; and simple to formulate.

This protocol is common in my current treatment planning for grafting.

I have two cases (radiographs below) showing results of this technique. Any radiopaque BBs on the radiographs are tack or screws holding the membranes in place. ■



Post-Op area #10-#11 – CT Cross section view

Reconstructing Bone Below the Sinus for a Dental Implant

By **Thiago Morelli, MS, PhD**

Dr. Morelli is a Clinical Assistant Professor in the Department of Periodontology, School of Dentistry at the University of North Carolina at Chapel Hill. Dr. Morelli is a Diplomate of the American Board of Periodontology and a Fellow of the International Team for Implantology (ITI). He has published and lectured in the fields of Regenerative Medicine, Implant Dentistry, and Tissue Engineering as it relates to periodontal and peri-implant reconstruction.

Introduction

Adequate bone volume is essential for successful implant therapy in combination with an appropriate restorative treatment plan. Implant primary stability is often challenging in the posterior maxilla because of the high trabecular component in the tuberosity area. Concomitantly, insufficient bone height mainly due to sinus pneumatization and alveolar bone atrophy as a consequence of tooth loss may also make it difficult or some times limit the rehabilitation of the posterior maxilla with dental implants.

To overcome the limitation on vertical bone height, maxillary sinus grafting was introduced and has become a predictable surgical technique. Since the early introduction of sinus grafting for implants, several modifications to the original technique have been proposed in the literature over time. Bone grafting material selection is one of the important factors that may play a significant role in sinus grafting outcomes. The search for and ideal bone grafting material that would enable clinicians to obtain the best mature bone formation in the shortest period of time, with minimal complications, is one of the most investigated topics in this field.

Most of the studies evaluating the sinus grafting techniques report high success rates. A meta-analysis demonstrated an average success of 92% for implants placed in grafted sinus.

There are two surgical procedures that are commonly used for maxillary sinus elevation. One is the Lateral Window approach and the second is the Osteotome technique. In addition, some modifications of those techniques have been described to facilitate the surgical technique, to increase patient's acceptance, and to improve the procedure predictability.

Lateral Window Technique

Requires the removal of buccal bone plate of the posterior maxilla with the goal to reach the Schneiderian or sinus membrane. After exposing the sinus membrane, it is very gently and carefully elevated in order to create space above the alveolar process along the floor of the sinus in which bone graft material will be placed to give the necessary bone height for the placement of a dental implant. The implant can be placed at the same time of the sinus augmentation or delayed and placed after appropriate bone healing. The decision to place and implant at the same time or delayed depends mainly on the bone height present at the time of surgery. A minimum height of 3mm of bone is necessary in order

Figure 1

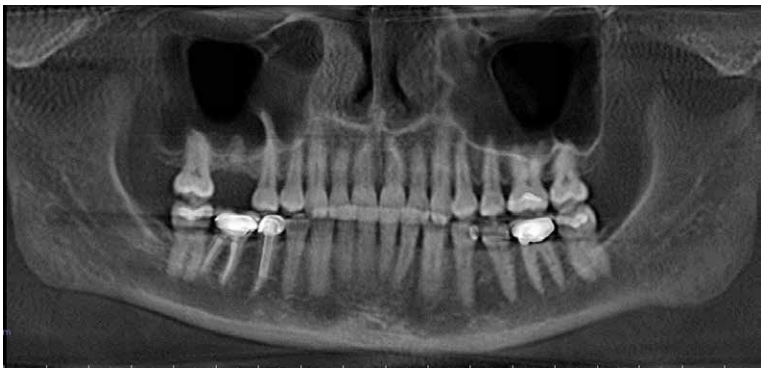


Figure 2

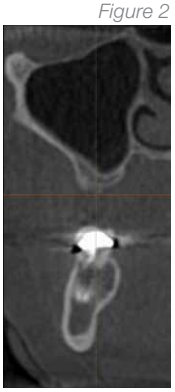


Fig 1: Panoramic view from CT showing missing tooth # 3.

Fig 2: Cross Sectional view from CT showing lack of bone height along # 3 area.

to allow implant primary stability and to be placed at the same time as the sinus elevation procedure. In case primary implant stability is not achieved, the implant placement could be delayed until the complete healing and maturation of the bone graft, which takes approximately 4-6 months depending on the available natural bone, type of bone graft material and the total grafted volume. It is recommended to obtain advanced surgical training in order to perform this technique and manage surgical or post-surgical complications in case it occurs. (Lateral window technique seen in figures 1-4)

Figure 3

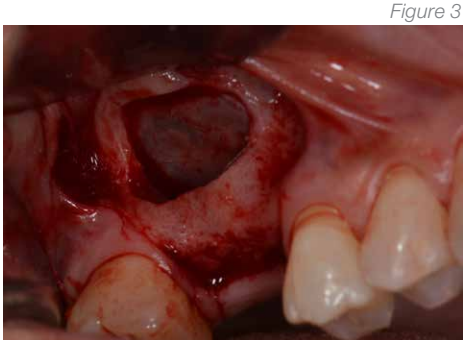


Figure 4

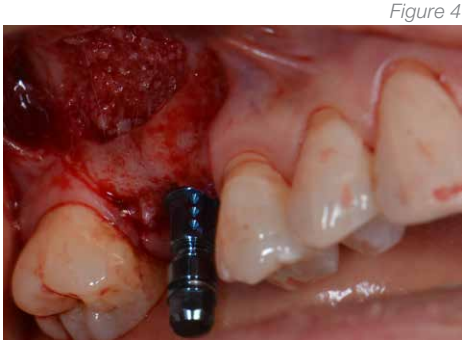


Fig 3: Lateral window prepared showing the sinus membrane intact after being freed up from the area of # 3.

Fig 4: Bone graft placed under the sinus membrane and simultaneous implant being placed.

Piezotomes

In the past, the use of ultrasonic devices in bone surgery have largely failed but the piezo-surgical instrument, developed in 1988, has certain fundamental characteristics that makes it safer and more precise. It consists of a cutting action produced by micro-vibrations, able to effectively cut mineralized structures like bone but remain completely inactive on soft tissues. It significantly minimizes surgical complications, such as the perforation of the sinus membrane during the removal of the buccal bone plate. There is an increased trend towards using this instrument to prepare the sinus window and get started with the sinus membrane elevation.

Osteotome Technique

The osteotome technique was primarily developed to compress soft maxillary bone and later included to be used for vertical elevation of the sinus in the immediate vicinity of the anticipated implant apex. Improved bone density obtained from bone compression of the osteotomy walls leads to better primary stability, while the ability to gently elevate the membrane with the pressure of bone graft particles created the additional room required along the apex of the implant. The osteotome technique is a valid approach in terms of success rate compared with the lateral approach. In this technique, the depth of the implant osteotomy is drilled to be approximately 1-2mm short of the floor of the sinus. Following a verification x-ray, the osteotome instrument is inserted and tapped firmly in 0.5 -1 mm increments until reaching the firm cortical floor of the sinus and feel its break or crack and then a give to reach the sinus membrane. There are some specialized instruments and drill kits that avoid the use of this blunt force osteotome technique and provide a smooth patient experience while gaining comparable sinus elevation for implant placement. This approach may be considered more conservative than the lateral approach but it is a blind surgical procedure, which increases the risk for sinus membrane perforation. When the sinus mucosa is perforated, the graft material may enter into the sinus cavity and increase the risk for postoperative infection and complications. This technique has been shown to predictably gain a height of 2 – 4mm for implant placement along the sinus floor. (Osteotome technique seen in figures 5-6)

Grafting Materials

Clinical studies have shown that the type of grafting material, alone or combined, did not influence implant survival when the bone graft used or combined was particulate in nature. There are mainly three different bone graft options: 1. Autograft (patient's bone), which requires a donor site; 2. Xenograft (bovine bone), which is considered a material with a slow resorption rate and 3. Allograft (cadaver bone), which resorbs faster than bovine bone but provides adequate bone remodelling. The combination of different materials is widely used. The main reason for combining bovine and allograft materials are to take advantage of the differing resorption rates allowing for early formation of vital bone and at the same time prevent the sinus membrane from slumping due to an early resorption. At times, the sinus is grafted with allograft near the floor and xenograft near the membrane in a "layered approach". The use of growth factors like BMP´s, PRF, PDGF are also used in order to increase the amount of vital bone and most importantly, to decrease the healing time for an earlier implant placement or loading.

Figure 5

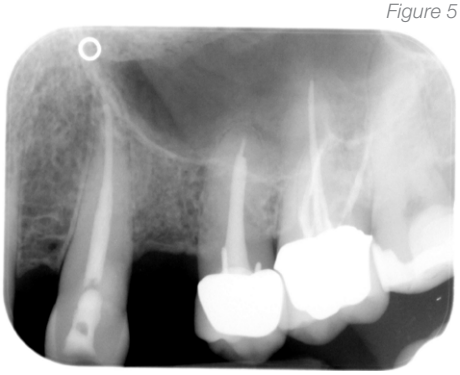


Figure 6

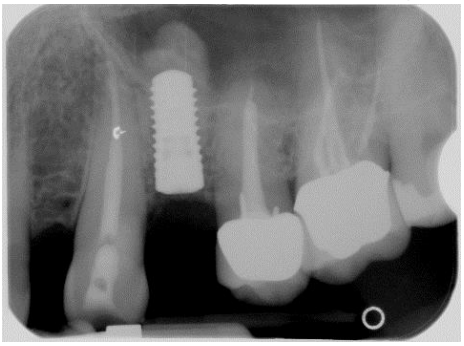


Fig 5: Peri apical x-ray showing missing tooth # 12 with a slightly low sinus.

Fig 6: X-ray showing Implant # 12 placed after bone graft was pushed under the sinus using Osteotomes.

Conclusions

With the advent of cone beam CT scans, there is the ability to precisely know the anatomical details of the sinus and plan for a successful sinus augmentation procedure. This allows the surgeon to place implants of adequate and desirable height in the load bearing area along the posterior aspect of the upper jaw, thereby allowing for good biomechanics for restorative treatment. Sinus augmentations have a long history of predictability and good success rates, making it the most predictable bone grafting procedure to gain height in the oral cavity. Sinus augmentations should be considered whenever required rather than trying to avoid it with other compromised treatment alternatives. All implant surgeons should take the necessary educations courses and training to feel comfortable rendering this service as a part of the implant treatment to rehabilitate the posterior maxilla. ■

Rate Increases Expected for Hundreds of Procedures Under State Program

Reprinted with permission from CDA

As California's new fiscal year starts, dentists can expect significant reimbursement increases for hundreds of procedures covered by Denti-Cal because of the passage of CDA-sponsored and supported Proposition 56, the tobacco tax measure. With anticipated federal participation, it is expected that an estimated $300 million in additional funding will be committed to increasing coverage for dental care in the program. This is a step in the right direction to fixing Denti-Cal by improving woefully inadequate rates with estimated increases of 40 percent for many procedures. The state made the announcement June 30 and will make additional details public by the end of July as federal approvals are sought.

"This commitment of hundreds of millions of dollars that will go directly to care begins to make good on the commitment voters made by passing Proposition 56 to help underserved Californians," said John Blake, DDS. "What's more, these increases support the provision of routine care as well as the complex and costly care that so many people need but go without, reducing preventable emergency room visits."

The rate increases are not the only investment the state is making in the Denti-Cal program as full adult dental benefits will be restored as of Jan. 1, 2018. These combined with the implementation of sorely needed changes in enrollment and billing procedures for Denti-Cal instituted by 2016 legislation by Assembly Member Jim Wood, DDS, (D-Healdsburg), and the Dental Transformation Initiative incentives for increased prevention, early intervention and care continuity for children's services, will expand access to dental care for underserved Californians.

While significant uncertainty remains over the ongoing commitment of funding due to potentially significant cuts to federal Medicaid funding, underserved Californians who are in dire need of substantial dental care will have some immediate needs addressed. If Congress and the president do not make drastic cuts to the nation's basic safety-net health system and tobacco tax revenue collections remain high, it is possible that the 2018-19 budget could make additional investments to Denti-Cal through Proposition 56 funding.

CDA's legislative and regulatory advocates will closely monitor those funding sources through the fiscal year to ensure distribution of all funds the Legislature approved as well as continuing advocacy to improve the State's Denti-Cal program. ■

Foundation of the Sacramento District Dental Society

Smiles for Kids Day, February 3, 2018!

Would you like to host a site for SFK Day? We'd love to have you!

What You Need to Do to Host a Site:

1. Open your office on Saturday from 8AM-noon
2. Get your volunteers together (doctors, staff, friends)
3. Work with your assigned school nurse (SDDS places kids by school/area in your office – you just need to do the schedule)
4. Pick up some supplies from SDDS the week before (we get donations for you!)
5. Blow up a few balloons, put on the coffee (make it strong!) and enjoy the appreciative kids and their families who come to your office for care
6. Thank you – thank you – thank you!

See the insert for more information and to sign up!

SACRAMENTO DISTRICT DENTAL FOUNDATION DOES…

broadway

THURSDAY NOVEMBER 9, 2017

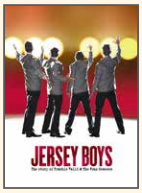
BEAUTIFUL

The true story of Carole King's remarkable rise to stardom, from being part of a hit songwriting team with her husband Gerry Goffin, to her relationship with fellow writers and best friends Cynthia Weil and Barry Mann, to becoming one of the most successful solo acts in popular music history. She made more than beautiful music, she wrote the soundtrack to a generation.

WEDNESDAY, JANUARY 3, 2018

SOMETHING ROTTEN

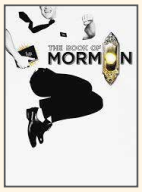
With 10 Tony® nominations including Best Musical, Something Rotten! is "Broadway's big, fat hit!" (NY Post). Set in 1595, this hilarious smash tells the story of two brothers who set out to write the world's very first MUSICAL! With its heart on its ruffled sleeve and sequins in its soul, it's "The Producers + Spamalot + The Book of Mormon. Squared!" (New York Magazine).



WEDNESDAY, JANUARY 31, 2018

JERSEY BOYS

Jersey Boys is the Tony®, Grammy® and Olivier Award-winning Best Musical about Rock and Roll Hall of Famers The Four Seasons: Frankie Valli, Bob Gaudio, Tommy DeVito and Nick Massi. This is the true story of how four blue-collar kids became one of the greatest successes in pop music history.

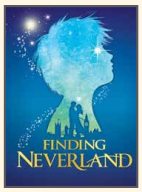


WEDNESDAY, MARCH 14, 2018

THE BOOK OF MORMON

The Washington Post says, "It is the kind of evening that restores your faith in musicals." And Entertainment Weekly says, "Grade A: the funniest musical of all time." It's The Book of Mormon, the nine-time Tony Award®-winning Best Musical.

- NOT Recommended for the entire family



THURSDAY, APRIL 12, 2018

FINDING NEVERLAND

This breathtaking smash "captures the kid-at-heart," says Time Magazine. Directed by visionary Tony®-winner Diane Paulus and based on the critically-acclaimed Academy Award® winning film, Finding Neverland tells the incredible story behind one of the world's most beloved characters: Peter Pan.

WEDNESDAY, MAY 23, 2018

AN AMERICAN IN PARIS

Tony Award®-winning musical about an American soldier, a mysterious French girl, and an indomitable European city, each yearning for a new beginning in the aftermath of war. Acclaimed director/choreographer Christopher Wheeldon brings the magic and romance of Paris into perfect harmony with unforgettable Gershwin songs!

Have a great night out of theater while supporting a good cause; all proceeds benefit the Sacramento District Dental Foundation!

Use the included insert to sign up!

Dental day at Raley Field

RiverCats vs. Albuquerque Isotopes • Event Highlights • June 20, 2017

What a hot evening! We were experiencing record high temps the week of our Rivercats game. Thanks to all the brave members and their family and friends who came out for the scorching 108˚ evening!

We hope to see you next year!

Join us for the next game: **AUGUST 31, 2017**
www.sdds.org/events/dental-day2

It's Time For...
SDDS ELECTIONS

NOTICE OF ANNUAL MEETING & ELECTIONS

Elections will be held at the **September 12, 2017** General Meeting

The Leadership Development Committee is tasked with guiding the future of SDDS by evaluating and nominating leaders for our organization. The committee met twice in the first quarter of 2017 and considered a very strong slate of candidates. We are pleased to report that the outlook is good with the following members listed below being nominated for 2018. SDDS is only as good as its volunteers and we appreciate all who give back to our organization.

SOCIETY SLATE OF NOMINEES

SDDS EXECUTIVE COMMITTEE

President: Margaret Delmore, MD, DDS
President Elect/Treasurer: Bryan Judd, DDS
Secretary: Carl Hillendahl, DDS
Immediate Past President: Nancy Archibald, DDS

BOARD OF DIRECTORS

(for 2018-2019 term)

Greg Heise, DDS (2nd term)
Matt Korn, DDS (2nd term)
Hana Rashid, DMD (1st term)

(continuing their 2017-2018 term)

Guy Acheson, DDS
Volki Felahy, DDS
Jag Heir, MD, DDS
Lisa Laptalo, DMD
Wesley Yee, DDS

TRUSTEES

Terry Jones, DDS (2017-2019)
Adrian Carrington, DDS (2018-2020)

DELEGATES TO THE CDA HOUSE

(2017-2018 term)

Gary Ackerman, DDS
Volki Felahy, DDS
Bev Kodama, DDS
Viren Patel, DDS

(Executive Committee, continuing)

Nancy Archibald, DDS
Wallace Bellamy, DMD
Margaret Delmore, MD, DDS
Carl Hillendahl, DDS
Bryan Judd, DDS

(continuing 2016-2017 term)

Guy Acheson, DDS
Kelly Giannetti, DMD
Jag Heir, MD, DDS
Brandon Martin, DDS
Peter Worth, DDS

FOUNDATION SLATE OF NOMINEES

BOARD OF DIRECTORS

Wallace Bellamy, DMD (1st term / 2018-2019 term)
Bryan Judd, DDS (2nd term / 2018-2019 term)
Kelly Giannetti, DMD, MS (2nd term / 2018-2019 term)
Nancy Archibald, DDS (SDDS Past President)
Carl Hillendahl, DDS (2018 Secretary)

Continuing Terms in 2018:

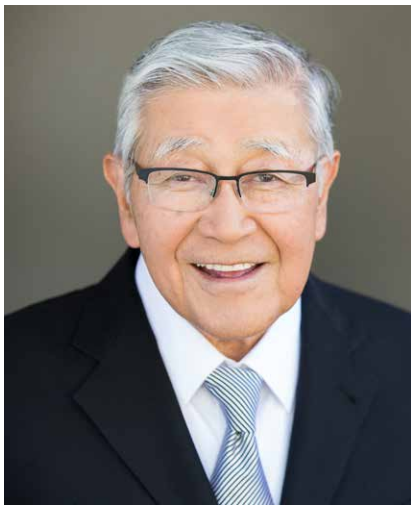
Steven Cavagnolo, DDS
Wai Chan, DDS
Robert Daby, DDS
Kent Daft, DDS
Bev Kodama, DDS
Viren Patel, DDS
Dennis Peterson, DDS

In Memoriam

Dr. Dan Miyasaki

Dr. Daniel Miyasaki passed away on July 1, 2017. He graduated from Chicago's Loyola University School of Dentistry and then served as a dentist in the Navy. Dr. Miyasaki practiced in Sacramento since 1961.

Dr. Miyasaki's commitment and service to dentistry spanned over a 58-year career. He was an SDDS Past President (1984-85) and a Life Member. He also served CDA on the Board of Managers, In SDDS, he served as Membership Committee Chairman, 1973-1975; SDDS Board of Directors Member, 1973-85; Peer Review Chairman, 1977-1979; and Chaired the SDDS MidWinter Convention 1983-1996. He was awarded the SDDS Distinguished Member Award in 1989.



Dr. Oliver Quam

Dr. Oliver Quam passed away April 22, 2017. He graduated from the University of Minnesota in 1951, earning his dental degree, and later became the first dentist to practice in West Sacramento. After a 30+ year career in dentistry, he was a SDDS Life Retired Member when he passed away.

Dr. Francis Silvey

Dr. Francis Silvey passed away on July 1, 2017. He graduated from UCSF School of Dentistry in 1960 and was a Life Member of Sacramento District Dental Society. A member since 1962, Dr. Silvey received "life" status in the American Dental Association, the California Dental Association and the Sacramento District Dental Society.

Dr. Thomas York

Dr. Thomas York passed away on July 17, 2017 at the age of 97. He graduated from Baylor College of Dentistry in 1947 with a specialty in Orthodontics. An SDDS member since 1961, Dr. York was a life member. He was also a valued member of Sacramento District Dental Foundation.

Dr. David Fong

Dr. David Fong passed away peacefully on June 23, 2017. He attended the University of California Berkeley before graduating with his doctoral degree in dentistry from Northwestern University School of Dentistry. He was passionate about dentistry and was a member of the Sacramento District Dental Society for 41 years.

Committee Corner

General Anesthesia Task Force

By **Warren McWilliams III, DDS**
General Anesthesia Task Force Chair

Our Task Force began back in 2013 and was created as a result of well documented poor performances statewide by FFS Denti-Cal and more specifically GMC Denti-Cal in Sacramento. Studies from Barbara Aved had eloquently pointed out many deficiencies in the program statewide. Later the issue drew the political attention of then Speaker of the House (now Mayor) Daryll Steinberg and Assemblyman Richard Pan. Due in strong part to the efforts of our Committee and our local politicians, the numbers for Denti-Cal have been improving….albiet with a long way still to go to adequately meet the needs statewide.

Our Task Force next addressed a near crisis situation related to access to care for those in our community who require general anesthesia to complete dental care. One of the major providers in the area, Sutter Health, announced its intention of stopping this service altogether. This stoppage could have resulted in chaos for those very young children and our special needs population in Sacramento who require general anesthesia in order to complete their dental care. Due in large part to the efforts of our Committee, Sutter Health eventually committed to a significant reduction in there case loads rather than shutting down the process and did not completely stop this service. Access to operating rooms is still an issue, but seems to have leveled off a bit recently.

Another issue that was causing extreme difficulty in the treatment of this demographic, was the authorization process on the Medical side. Many of our cases were being denied coverage, citing the lack of attempting treatment in an office setting with the use of various sedation techniques as the primary reason for the denial. Any doctor who has experienced this, is well aware that many cases for a myriad of reasons simply cannot even be attempted in an office without placing both the patient and doctor at risk. Those patients with complex medical histories those with ASD to those with extreme acute situational anxiety all fit into this category. The judgement of our trained professionals was being negated by insurance companies. A solution to this problem became a huge part of our discussions and over a couple of years and after numerous letters, phone calls, meetings and emails, the DHCS finally presented us with a plausible and concise workflow which we all feel, if properly implemented, will work. This solution is brand new and the jury is still out on its success or failure….we are ever hopeful.

Additionally, our Task Force has been very aware and following closely the events associated with the recent uptick in deaths associated with sedation. Whether it be in an office setting or surgery center, this is something that gets everyone's attention.

It is unfortunate that the media tends to not look to tell both sides of any given story. At any rate, organized dentistry is responding appropriately by being sure that it is made clear that when appropriate and established guidelines endorsed by AAP and AAPD are followed, our outcomes are highly successful.

We have also closely been following and support all the recent efforts of those gathering data for Caleb's Law discussions and future recommendations. Caleb's Law in its current state is a concerted effort on the parts of many parties from several disciplines to better understand and regulate all aspects of sedation dentistry.

Even though our Task Force is now formally coming to an end, many of us continue on with practices limited to the use of sedation and GA. We will continue to be stewards of our craft and report back as needed. ■

2017 SDDS Committees Schedule

Standing Committees

CPR Committee
Completed

Ethics
Completed

Nominating/Leadership Development
Completed

Peer Review Committee
Clinicals as needed

Foundation

Foundation Board
Dec 5

Golf Tournament
Completed

Advisory Committees

Continuing Education Advisory
Completed

Mass Disaster/Forensics Advisory
TBA

Fluoridation Advisory
Yolo County
Schedule as needed

Nugget Editorial Advisory
Sep 19

Strategic Plan Advisory
Schedule as needed

Budget and Finance Advisory
Schedule as needed

Bylaws Advisory
Schedule as needed

Legislative Advisory
Oct 2

Leadership

Board of Directors
Sep 5 • Nov 7

Executive Committee
Aug 18 • Oct 6 • Dec 1

Task Forces

General Anesthesia
Completed

Member Events & Benefits
Sep 5

Amalgam Separators
TBA

Other

Sac Pac
TBA

CDA Delegates
Nov 6 • Nov 8

Trustee Report

July 28-29, 2017

Highlights of the CDA Board of Trustees Meeting

Adrian Carrington, DDS & Terrence Jones, DDS
CDA Trustees

The CDA strategic plan was discussed and modified by the Board. The plan is regularly reviewed by the Board. The intent is to distribute this modified version of the plan to the components for review by their component delegation and/or Board of directors.

The CDA strategic plan includes a membership goal of increasing member loyalty and an objective to "make it easy" to join and renew. For several years, CDA has been making operational changes to support that goal and objective. In 2016, the Board of Trustees charged the Council on Membership to recommend simplification to the membership categories in the CDA Bylaws. The Council recommended reducing the categories of membership to three: dentist, student, and general member. The Board discussed and approved this change to the by-laws,

The Foundation Governance Task Force was charged with considering the CDA Foundation Board, as well as its committee structures and compositions, volunteer selection and election process, officer selection and election process, and the executive staff role in the governance structure. Based on this work, the Task Force made the following recommendations for consideration by the CDAF Board and the CDA Board of Trustees (CDA Board):

- Improve the CDAF Board's programmatic oversight and control by specifying the Board's oversight duties, establishing Board subcommittees, increasing the size of the Board, increasing and length of service, and adjusting Board composition.
- Utilize the committee on volunteer placement (CVP) in the CDAF Board and committee selection process;
- Convert the evaluation committee from a standing committee to a subcommittee of the Board; dissolve the Foundation Executive Committee; clarify the composition, term, and tenure of the audit committee in the bylaws; and update the Nominating Committee duties and composition.

Those recommendations were approved by both Boards.

The Board of Trustees approved the following recommendations by the volunteer Task Force regarding volunteer education programs: implementing a customized training system for volunteer leadership education/training, discontinuing leadership education conference and regional leadership symposium, and encouraging the Board of Managers to explore offering leadership courses at CDA Presents.

The Board of Trustees also selected officers and Committee Chairs. Judee Tippett–Whyte, from San Joaquin Dental Society, was chosen as Secretary of the association.

Steve Kend, from Los Angeles and past chair of TDIC, was chosen as CDA Treasurer.

SDDS was admirably represented by our own Kevin Keating as a candidate for Secretary and myself for Treasurer. Dr. Keating was particularly eloquent and impassioned in his presentation to the Board. He has been an outstanding leader at all levels of dentistry and universally recognized for his contributions to the profession. The results were not as we hoped, but SDDS should be proud of our candidates and the tremendous respect we were given. In addition, SDDS can be assured that CDA remains strong and vibrant with the leadership chosen.

Next CDA Board of Trustees Meeting:
October 13, 2017

Volunteer opportunities

SMILES FOR KIDS

VOLUNTEERS NEEDED: to Adopt a Kid after SFK Day. Call SDDS ASAP to volunteer!

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • smilesforkids@sdds.org)

SMILES FOR BIG KIDS

VOLUNTEERS NEEDED: Dentists willing to "adopt" patients for immediate/emergency needs in their office.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • sdds@sdds.org)

cda cares

October 5-8, 2017 • Bakersfield/Kern County Fairgrounds
April 26-29, 2018 • Anaheim
October 25-28, 2018 • Modesto

TO VOLUNTEER: www.cdafoundation.org/cda-cares

AUBURN RENEWAL CENTER CLINIC

VOLUNTEERS NEEDED: General dentists, specialists, dental assistants and hygienists.

TO VOLUNTEER, CONTACT:
Dr. Steve Holm (916.425.6766 • sholm@goldrush.com)

THE GATHERING INN

VOLUNTEERS NEEDED: Dentists, dental assistants, hygienists and lab participants for onsite clinic.

TO VOLUNTEER, CONTACT:
Kathi Webb (916.743.5351 • kwebbft@aol.com)

GLOBAL BRIGADES

VOLUNTEERS DENTISTS AND AUTOCLAVES NEEDED.

TO VOLUNTEER ABROAD VISIT: www.globalbrigades.org

TO DONATE AN AUTOCLAVE, CONTACT:
Dr. Dagon Jones (dagonjones@gmail.com)

CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: GENERAL DENTISTS, SPECIALISTS, DENTAL ASSISTANTS AND HYGIENISTS.

ALSO NEEDED: DENTAL LABS AND SUPPLY COMPANIES TO PARTNER WITH; HOME HYGIENE SUPPLIES

TO VOLUNTEER, CONTACT:
CALL! (916.925.9379 • CCMP.PA@JUNO.COM)

YOU THE DENTIST, THE BUSINESS OWNER

YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

Are You Planning for Your Retirement?

By D. Keith B. Dunnagan, Esq. (BPE Law Group, SDDS Vendor Member) and Andy Wass (Nicholas Pension Consultants)

After significant schooling and tirelessly building your reputation through attentive and efficient professional services to your patients, you likely have a lingering question: How will I fund retirement? To find a meaningful answer you should start your practice with strategic plans to accomplish your retirement goals. For many practitioners the plan will center around selling your practice and retirement plans like a 401(k), or Defined Benefit Plan.

The choice of whether to operate as a professional corporation, limited liability partnership, or sole proprietor should be considered in light of three questions: (1) How does the entity type impact your taxes? (2) How does the entity type impact your liability? (3) How does the entity type facilitate your future retirement? The professional corporation allows for an asset or stock sale. The LLP partnership agreement can build in mandatory buyout structures. The sole proprietorship provides the opportunity to easily allocate value to beneficial tax categories. Each has benefits and drawbacks from both operational and practical sale standpoints.

You should periodically review how your business model impacts a future sale. A tradename brands the business and allows patients to associate their dental treatment with the company and not solely with their doctor. When done effectively the tradename carries additional value which can increase the sales price. Another source of value (which will also increase your profits) can be the well-documented practice policies and procedures.

A professional with an imminent transition should pay special attention to their lease. Your practice loses considerable value if your successor is unable to keep the location. Negotiate your lease to allow subleasing, or better yet, an assignment of the lease to a successor. Forward thinking on such a topic saves you time and money during the transition process.

> "How will I fund retirement? To find a meaningful answer you should start your practice with strategic plans to accomplish your retirement goals."

When a practice sale or transition is upcoming, it is important to have a team of professionals to guide you not only in valuation, but the tax and legal implications of sale structures. In an asset sale, individual components of your business (your book of business, goodwill, tradename, and equipment) are independently valued and sold together and may provide you with a larger sale price, but can leave the seller exposed to the practice's prior liabilities. A stock sale, where the seller transfers all the stock of the corporation, may result in a lower sale price, but may also transfer all practice liabilities with the corporation. The key is to understand the implications of both. Additionally, it may add value and reduce risk for both the seller and buyer if the seller stays at the practice as an employee during the transition.

Once the type of the sale is determined the parties must agree on a payment structure. For some, a lump sum payment outweighs the tax expense. For others, the ability to spread payments and tax liability over several years is beneficial and worth the risk of non-payment. Others find that a hybrid of these structures provides the best security and financial flexibility desired by the seller. Your financial goals and risk tolerance will determine the best payment structure for you.

Additionally, strategic implementation of qualified retirement plans can minimize taxes and increase savings. A qualified retirement plan is a company sponsored plan that meets the requirements of Internal Revenue Code section 401(a), which generally defers taxes until distribution at retirement age. Any entity type can establish a plan include a professional corporation, limited liability partnership,

or sole proprietor. 401(k) Profit Sharing plans and Defined Benefit plans are the most common.

A 401(k) Profit Sharing plan can allow for significant tax savings while providing attractive employee benefits. Utilizing this plan for long-term savings can alleviate scrambling to save in later years. Individual contributions are capped at $54,000 or $60,000 if age 50 or older (indexed for 2017). Contributions can be made through employee 401(k) salary deferrals up to $18,000 or $24,000 if age 50 or older. Safe Harbor provisions are commonly used in plan designs to ensure owners can maximize their 401(k) deferrals by automatically satisfying certain discrimination tests. Safe Harbor plans typically include a 3% employer contribution or a $1 for $1 employer match up to 4% of income. Additional employer contributions are commonly achieved through discretionary profit sharing, which can be based on age to weight contributions toward owners who are older than the majority of their staff.

Defined Benefit and Cash Balance plans are also age-based and provide higher individual contributions (possibly $250,000+). Generally, the higher the age and compensation, the higher the possible contribution. They can be effective in saving large amounts within shorter periods of time. Coupling these plans with a 401(k) PS Plan can allow owners even higher contributions, while minimizing the required employee cost.

> Retirement planning is not just for those over age 60. It is something every dental professional should think about during their career.

When the time comes for the sale of a business, whether a stock sale or an asset sale, it can be critical to consider the impact on existing qualified retirement plans. It's important to note that if a seller chooses to terminate the plan prior to any sale, participants automatically become 100% vested upon plan termination. In stock sales, passing a retirement plan to a buyer may be easily accomplished by the seller, but most of the liability rests on the buyer that acquires the plan with any potential compliance issues. In asset sales, the retirement plan typically remains with the seller, but be aware of the partial-plan termination rule under which participants are automatically 100% vested when 20% or more of a workforce is terminated. In cases where sellers are paid ongoing consulting fees, retirement plans can be established to further retirement savings after the sale of a company.

Retirement planning is not just for those over age 60. It is something every dental professional should think about during their career. Be sure to keep your retirement goals in mind when operating your business because for many, retirement is the tangible evidence of a career well done. ■

See us at the Midwinter Convention

February 23, 2018
Jason Wood, Esq.
"Practice Ownership:
Are you ready to Buy.... or Sell?"
1:30-3:30

March 21, 2018
Jason Wood, Esq.
"Ask the Lawyers"
6:30-8:30

#1 In Dental Transitions Nationwide

W&D

WOODANDDELGADO

Call today for a free phone consultation

800-499-1474

www.DentalAttorneys.com

YOU
THE DENTIST, THE EMPLOYER

YOU ARE A DENTIST. You are also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that. This monthly column, will offer current employment law information pertinent to you — the dentist, the employer.

MEMBER BENEFIT!

SDDS HR Hotline
NEW EXCLUSIVE NUMBER
FREE TO SDDS MEMBERS!
888.784.4031

Introductory Period Policies:
What They Are And What To Avoid

Reprinted with permission from California Dental Association

When practice owners develop their employee manuals, care should be given when establishing an introductory or probationary period policy. These policies can create misunderstandings for employees if the employer does not clearly communicate the purpose of the policy to the new employee, whether it is for performance evaluation or benefits eligibility. Similarly, an incorrectly worded policy can jeopardize the "at-will" status of the employer-employee relationship. In fact, it's a common misconception that employers have more "freedom" to terminate an employee during this period of time.

California is an "at-will state," which means that the relationship between the employer and employee is presumed to be at will. Typically, without the existence of an employment contract, or contradictory statements or actions, the employer or the employee can terminate the employment relationship at any time, with or without cause. No matter the length of the employment relationship, from day one to day 1001, either party has the ability to terminate the relationship for any non-discriminatory legitimate reason (i.e., one that is not based on prohibited discriminatory grounds such as race, gender or disability).

Irrespective of California's at-will law, employers should refrain from termination unless it is based on poor performance, a legitimate non-discriminatory reason or not meeting behavioral expectations established in the practice's employee manual. As a best practice, employers should provide ongoing constructive feedback and document instances of employee discipline prior to making any decisions to terminate an employee.

Ideally, if an introductory period is included, it should be used as a defined timeline for employers and employees to determine whether an employment relationship is a good fit. As part of this, employees should expect to receive constructive feedback or have skills evaluated more frequently and should understand that they must often surpass an established period of time before they are eligible for certain mandatory or optional benefits. Employers who wish to establish a probationary period (rather than an introductory period) should do so with the guidance of an employment attorney.

California does not have a particular law requiring employers to include these introductory periods. Some laws, such as mandatory paid sick leave, do allow employers to establish eligibility timelines up to 90 days. As a best practice during this time, policies should define when employees can expect more regularly scheduled evaluations or a more detailed training program that will support them while they learn and acclimate to a new position and workplace culture.

It is not uncommon for the terms "introductory period" and "probationary period" to be used interchangeably. If not well-developed, with the intent clearly and correctly worded, a probationary period policy can potentially weaken an employer's employment-at-will status. Caution should be taken when using the term "probationary period" to prevent employee misunderstandings. Employees might mistakenly consider themselves "permanent" when completing this period of time. For instance, they may believe they are protected and that employers are less likely to terminate the relationship if they successfully completed a probationary period.

While many policy requirements are governed by law, an established introductory period is not mandatory and may not make sense for every practice. With this in mind, CDA Practice Support offers a Sample Employee Manual template that includes an "At-Will Employment" policy and an "Introductory Period" policy. These policies reiterate that employment is at-will and that employees can be terminated at any time during the introductory period and completion of the introductory period does not change or alter the at-will employment relationship. Furthermore, at any time, with or without notice, the employer reserves the right to alter or change job responsibilities, reassign or transfer positions or assign additional responsibilities.

Employers are encouraged to review and update language in their manuals that may be confusing, or ensure or imply permanency of continued employment for employees after the completion of a specified period. If eligibility requirements are outlined in the introductory period policy, CDA Practice Support recommends that employers also include eligibility requirements for benefits at the beginning of each individual benefit description within the manual. For example: "New employees will not be eligible to use paid sick leave until their 91st day of employment" or "Paid vacation benefits are provided to full-time employees who have completed one year of employment."

Create policies for your practice using the Sample Employee Manual template, available through CDA Practice Support at cda.org/practicesupport. ■

We're Blowing your horn!

Congratulations to...

Ashkan Alizadeh, DDS and Maryam Saleh, DDS, FAGD, on their new office! At their Grand Opening Celebration they received $701 in donations for the Sacramento District Dental Foundation from their guests, Marconi Dental Group then matched 100%, resulting in $1,402 in donations to the Foundation! Drs. Alizadeh and Saleh adopt 1-2 kids each year as part of the Smiles for Kids program, and plan to do the same coming in 2018! **(1)**

Nancy Archibald, DDS, for being accepted as a Pierre Fauchard fellow!

Joe Daby, DDS and Jill Daby, on their daughter, Amy, becoming a dentist! She has just became an SDDS member. She is a 3rd generation dentist!

David Du, DDS, MS, recently passing his American Board of Periodontoogy Oral Examination! He is now a Diplomate of the American Board of Periodontology and Board Certified in Periodontology and Dental Implant Surgery. He is now one of a few Board Certified Periodontist in Yolo County!

Brock Hinton, DDS, on winning Best of Show at the Pacific Flyway Decoy Show with his latest carving! Such talent! **(2)**

MEMBER EVENT - BREWERY!

Jack Russell Farm Brewery

Saturday, September 23, 2017 • Meet at 1PM
2830 Larsen Drive • Camino, CA 95709

Come join your fellow SDDS Members for a day at the brewery! Bring your own picnic lunch. Families welcome, plently of picnic tables and a large grassy area. No host beer and hard cider tasting!

Some people will be going to Poor Red's after to continue the day of fun!
6221 Pleasant Valley Rd. • El Dorado, CA 95623

Contact SDDS to let us know you're coming!
sdds@sdds.org • (916) 446-1227

TOTAL MEMBERSHIP

(as of 8/1/17:)

1,685

MARKET SHARE:
78.9%

RETENTION RATE: 94.5%

TOTAL ACTIVE MEMBERS: 1,333

TOTAL RETIRED MEMBERS: 250

TOTAL DUAL MEMBERS: 4

TOTAL AFFILIATE MEMBERS: 15

TOTAL STUDENT/ PROVISIONAL MEMBERS: 11

TOTAL CURRENT APPLICANTS: 8

TOTAL DHP MEMBERS: 58

TOTAL NEW MEMBERS FOR 2017: 67

New Members

Aug/Sept **2017**

AMY DABY, DDS

Transferred from San Francisco Dental Society
General Practice with her Dad, SDDS member Dr. Jerome Daby
(916) 880-6035
1315 Alhambra Blvd. Ste 300
Sacramento, CA 95816

Dr. Daby graduated the UOP Arthur A. Dugoni School of Dentistry in 2017. Fun Fact: Dr. Daby loves fly fishing.

MACY FUHS, DDS

Transferred from Tri-County Dental Society
General Practitioner
(916) 205-5670
Pending Office Address

Dr. Fuhs graduated from Loma Linda University in 2017.

RAYMOND GRABER III, DDS

General Practitioner
(916) 443-6692
Kaur Dental Group
1115 12 St. Ste. 2A
Sacramento, CA 95814

Dr. Graber graduated from Creighton University Boyne School of Dentistry in 2008. Fun Fact: Dr. Graber has a BA in Graphic Design, and is certified with the Tahoe Regional Planning Agency to calculate proper storm drainage and management for all properties to "Keep Tahoe Blue".

RUPINDERJIT KAUR, DDS

General Practitioner
(530) 663-2865 Welcome Back!
Bella Vista Dental
825 Twelve Bridges Drive, Ste. 55
Lincoln, CA 95648-8813

Dr. Kaur graduated from UOP Arthur A Dugoni School of Dentistry in 2013.

LEV KOROVIN, DDS

Transferred from Tri-County Dental Society
General Practitioner
(916) 372-8525
Harbor Dental Group
825 Harbor Blvd.
West Sacramento, CA 95691

Dr. Korovin graduated from Loma Linda University in 2017.

NICHOLE D. MCKENNA, DDS

General Practitioner
(530) 887-2800
Chapa De Indian Health
11670 Atwwod Rd.
Auburn, CA 95603-9522

Dr. McKenna graduated from UOP Arthur A Dugoni School of Dentistry in 2013 and did her residency at Lutheran Medical Center in 2014. Fun Fact: Dr. McKenna welcomed boy/girl twins in November

JACLYN PAK, DDS

Transferred from Northern California Dental Society Welcome Back!
General Practitioner
(916) 341-0576
Sacramento Native American Health Clinic
2020 J. St.
Sacramento, CA 95811

Dr. Pak graduated from UCLA School of Dentistry in 2012 and did her residency at Queens Medical Center in 2013.

MOHINI PATEL, DDS

Transferred from Santa Clara Dental Society
General Practitioner
(408) 506-7454
Highland Dental Group
3291 Stanford Ranch Rd Ste 102
Rocklin, CA 95765

Dr. Patel graduated from the University of Nevada, Las Vegas Dental School in 2016.

CLIP OUT this handy NEW MEMBER UPDATE and insert it into your DIRECTORY under the "NEW MEMBERS" tab.

WELCOME to SDDS's new members, transfers and applicants.

IMPORTANT NUMBERS:

SDDS (doctor's line)	(916) 446-1227
ADA	(800) 621-8099
CDA	(800) 736-8702
CDA Contact Center	(866) CDA-MEMBER (866-232-6362)
CDA Practice Resource Ctr	*cdacompass.com*
TDIC Insurance Solutions	(800) 733-0633
Denti-Cal Referral	(800) 322-6384
Central Valley Well Being Committee	(559) 359-5631

New Members

Aug/Sept
2017

JOHN PETRINI, DDS
General Practitioner *Affiliate Member!*
(530) 283-3915
Plumas District Hospital Rural Health
1065 Bucks Lake Rd.
Quincy, CA 95971

Dr. Petrini graduated from UOP Arthur A. Dugoni School of Dentistry in 1975.

SHANNON RAM, DDS
Transferred from Los Angeles Dental Society
General Practitioner
(209) 596-5113
Pending Office Address

Dr. Ram graduated from Herman Ostrow School of Dentistry in 2017

SWAN VO, DDS
Transferred from Western LA Dental Society
General Practitioner
Pending Office Address

Dr. Vo graduated from Herman Ostrow School of Dentistry in 2009.

LESA RAE WILLIAMS, DDS
General Practitioner
(530) 795-2157
Winters Healthcare Dental
31 Main St.
Winters, CA 95694

Dr. Williams graduated from University of Detroit – Mercy in 2001. *Fun Fact:* Dr. Williams enjoys cooking and spending time with her children and her dogs.

MARK WEINER, DDS
Oral and Maxillofacial Surgery
(916) 791-5290
Travis Air Force Base *Welcome Back!*

Dr. Weiner earned his DDS and Oral and Maxillofacial specialty from Herman Ostrow School of Dentistry in 1974 and 1978, respectively. He is currently teaching Oral Surgery to residents at Travis Air Force Base!

KATHLEEN WRIGHT, DDS
General Practitioner
(707) 455-7001
Kids Care Dental
196 Nut Tree Parkway Spc A
Vacaville, CA 95687

Dr. Wright graduated from UOP Arthur A. Dugoni School of Dentistry in 2017. *Fun Fact:* Dr. Wright is learning American Sign Language :) I know enough to communicate, but I love learning more!

DR. MONICA YAVROM, DDS
General Practitioner
(530) 795-4377
Winters Healthcare Dental Clinic
31 Main St.
Winters, CA 95694-1722

Dr. Yavrom graduated from Baylor College of Dentistry in 2010.

Pending Applicants

William Altig, DDS - Returning
Brenda Boyte, DDS – Returning
Reginald Fulford, DDS
Richard Jaeger, DDS
Sarah Kuo, DDS
Valerie Majano, DDS – Returning
Prabjot Padda, DDS
Kevin Vo, DDS – Returning

MEMBERSHIP WEEK

SEPT 6 — WEDNESDAY 4PM-6PM — Retired Member Reception

SEPT 6 — WEDNESDAY 6PM-8PM — New Member Reception

SEPT 8 — FRIDAY 10AM-2PM — Shred Day

SEPT 9 — SATURDAY 5:30PM — Riverboat Cruise

KEEP UP TO DATE...

on all of our upcoming events by liking us on Facebook!
facebook.com/sddsandf/

For a full calendar of all of the SDDS events head to sdds.org, to the Continuing Education tab and choose Calendar!

SPOTLIGHTS:

COSTA AESTHETICS LABORATORY

Located in the beautiful foothills of California, Costa Aesthetics is a modern, clean, sophisticated Dental Laboratory. We are a full service production laboratory with a boutique flare. Here at Costa Aesthetics we emphasize on nature's approach to an esthetic smile.

We work hard at making sure every detail in not overlooked. Team up with Costa Aesthetics for unparalleled quality & world class customer service!

Products and Services:

All Ceramic, Smile Design, Full Mouth Reconstruction, Ziconia, PFM, Diagnostic Services, Implants, Digital Solutions with 3Shape Systems (iTero, Trios, E4D) In House ive-axis Milling Machine. All products are proudly crafted here in the U.S.A.

Benefits, Special Pricing and/or Discounts Extended to SDDS Members:

SDDS Members call for special pricing.

Nicole Costa
916.934.8250 phone
info@costa-aesthetics.com

Eric Costa
916.293.2252 phone
eric@costa-aesthetics.com

916.407.2500 phone

www.costa-aesthetics.com

BURKHART
Integrity. Knowledge. Client Success.

Founded by Dr. William Burkhart in 1888 as an adjunct to his dental practice, Burkhart Dental provides equipment sales, repair, supplies, consulting, continuing education and other services to over 5,000 dentists.

Burkhart is distinguished by its values, ethics and people. Through providing the Exceptional Client Experience (ECE), we focus on consistently delivering service that is valuable to our clients. We represent all major brands, and our fill rates are 99.1% with distribution centers located in Tacoma, Washington, Dallas, Texas and Reno, Nevada.

For more than 35 years, we have lowered the total cost of dental supplies for thousands of dental practices through our Supply Savings Guarantee (SSG) program. We're so confident we can lower your supply purchase; we'll put it in writing. Burkhart's Supply Savings Guarantee (SSG) clients consistently have a lower supply overhead percentage than the national average. That difference means reduced costs and increased profitability for your practice.

Products and Services:

- Adec
- Pelton & Crane
- Midmark
- Belmont
- XLDent
- Gendex
- Planmeca
- Instrumentarium
- Kavo
- Air Techniques
- SciCan

Benefits, Special Pricing and/or Discounts Extended to SDDS Members:

- New customers receive 10% off any order over $100 in their first month with Burkhart
- Complimentary Practice View for Burkhart customer – a treatment plan for your practice
- Complimentary Inventory Management for Supply Savings Guarantee (SSG) customers
- Complimentary Office Design Consultation

Burr Cota – Regional Sales Manager
800.606.9836 phone
916.365.6943 cell
bcota@burkhartdental.com

burkhartdental.com

Dental Supplies, Equipment, Repair

Analgesic Services, Inc.
Geary Guy, VP / Steve Shupe, VP
888.928.1068
asimedical.com
Since 2004

Burkhart Dental Supply
Dawn Dietrich, Business Development Manager
916.784.8200
burkhartdental.com
Since 2011

DESCO Dental Equipment
Tony Vigil, President
916.259.2838
descodentalequipment.com
Since 2012

Henry Schein Dental
Mark Lowery, Regional Sales Manager
916.626.3002
henryschein.com
Since 2005

Heraeus Kulzer
Christina Vetter
408.649.8921
heraeusdentalusa.com
Since 2015

Patterson Dental
Roy Fruehauf, Branch Manager
800.736.4688
pattersondental.com
Since 2003

Dental Practice

Supply Doc, Inc.
Amin Amirkhizi
916.858.1333
supplydoc.com
Since 2016

Kids Care Dental
Christy Schreiber
916.678.3565
kidscaredental.com
Since 2016

Office Construction

Blue Northern Builders, Inc.
Marc Davis / Morgan Davis / Lynda Doyle
916.772.4192
bluenorthernbuilders.com
Since 2007

GP Development Inc.
Gary Perkins
916.332.2300
gpdevelopmentcorp.com
Since 2016

Olson Construction, Inc.
David Olson
209.366.2486
olsonconstructioninc.com
Since 2004

THIS COULD BE YOU!

HR & Legal

BPE Law Group, PC
Keith B. Dunnagan - Senior Attorney
Linda Lewis
916.966.2260
bpelaw.com/dental-law
Since 2016

CA Employers Association
Kim Parker, Executive VP
Mari Bradford, HR Hotline
800.399.5331
employers.org
Since 2004

Wood & Delgado
Patrick J. Wood, Esq., Jason Wood, Esq., Marc Ettinger, Esq
800.499.1474
dentalattorneys.com
Since 2010

Education

The Foundation for Allied Dental Education
LaDonna Drury-Klein
916.358.3825
thefade.org
Since 2015

Staffing

Resource Staffing Group
Debbie Kemper
916.993.4182
resourcestaff.com
Since 2003

Swiss Monkey
Christine Sison
916.500.4125
swissmonkey.co
Since 2016

we love our Vendor Members!

Media & Advertising

Sacramento Magazine
Joe Chiodo
916.452.6200
sacmag.com
Since 2002

Practice Services

Comcast Business
Lisa Geraghty
916.817.9284
lisa_geraghty@cable.comcast.com
business.comcast.com
Since 2014

Pacific Dental Services
Mindy Giffin
916.705.4515
pacificdentalservices.com
Since 2015

Practice Sales

Integrity Practice Sales
Brian Flanagan & Kirsi Kilpelainen
855.337.4337
integritypracticesales.com
Since 2014

Western Practice Sales
Tim Giroux, DDS, President
John Noble, MBA
800.641.4179
westernpracticesales.com
Since 2007

Financial Services

American Pacific Mortgage
Jason Mata
800.455.0986
jasonmata.com
Since 2016

Ameriprise Financial — The Chandler Group
Thomas Chandler
916.789.9393, ext. 03197
ameripriseadvisors.com
Since 2015

CareCredit
Angela Martinez
714.434.4508
carecredit.com
Since 2016

Fechter & Company
Craig Fechter, CPA
916.333.5360
fechtercpa.com
Since 2009

Financial Services

First US Community Credit Union
Gordon Gerwig,
Business Services Mgr
916.576.5650
firstus.org
Since 2005

Innovative Solutions CPAs & Advisors, LLP
Ben Anders, CPA
916.646.8180
innovativecpas.com
Since 2013

Integrated Accounting Solutions
Dave Sholer, CPA, MBA
530.231.5286
OnlyDentalCPA.com
Since 2016

Mann, Urrutia, Nelson, CPAs
John Urrutia, CPA, Partner
Chris Mann, CPA, CFP, Partner
916.774.4208
muncpas.com
Since 2010

Financial Services

MassMutual Northern California
Christopher Nunn, Financial Advisor
916.878.3341
northerncalifornia.massmutual.com
Since 2017

The Payment Exchange
Kraig Speckert, President
916.635.8800
thepayx.com
Since 2015

Sacramento Bank of Commerce
Jeane Vaissade
(916) 677-5852
sacramentobankofcommerce.com
Since 2016

we love our Vendor Members!

Dental Laboratory

Costa Aesthetics Laboratory
Nicole Costa
916.934.8250
costa-aesthetics.com
Since 2017

KP28 Dental Laboratory
Jeremy Lorenzo
916.274.4072
kp28dentallab.com
Since 2015

Insurance Services

The Dentists Insurance Company
Chris Stafford
800.733.0633
tdicsolutions.com
Since 2011

LIBERTY Dental Plan
Danielle Cannarozzi
800.703.6999
libertydentalplan.com
Since 2016

Practice Mgmt.

Straine Consulting
Vera Powell
800.568.7200
vera@straine.com
straine.com
Since 2016

Marketing

Uptown Studios
Tina Reynolds
916.446.1082
uptownstudios.net
Since 2015

Waste/Metal Mgmt.

Star Group Global Refining
Jim Ryan, Sales Consultant
800.333.9990
stargrouprefining.com
Since 2009

EStrategy
Mukul Kelkar
877.898.0868
estrategymedwaste.com
Since 2016

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

SDDS started the Vendor Member program in 2002 to provide resources for our members. No, Vendor Members are not exclusive, and we definitely have some competitive companies who are Vendor Members. But our goal is to give SDDS members resources that would best serve their needs. We suggest that members reach out to our Vendor Members and see what is a best "fit" for their practice and lifestyle.

Our goal is to provide Vendor Members with the opportunity to connect with and serve our members. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration. The income SDDS receives from this program helps to keep your dues low. It is a wonderful source of non-dues revenue and allows us to provide yet another member benefit.

Advertiser INDEX

Classified Ads

EMPLOYMENT OPPORTUNITIES

Looking for a warm, happy and fun RDAEF to complement our beautiful lakefront dental office. Send resume to Roberta@tahoedentist.com or phone me at 530-541-3772. *8-9/17-C*

The Sacramento Native American Health Center has full-time positions open for Dentist's. Please contact lisa.tetrick@snahc.org for more information. We offer Medical, Dental, Vision, (Dependent Coverage), Life Insurance, Loan Repayment opportunities, and CME included in addition to salary, 403B retirement, progressive work environment. *8-9/17*

Kids Care Dental & Orthodontics seeks Dentists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. *06-7/17*

Kids Care Dental & Orthodontics seeks Orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. *06-7/17*

Associate wanted for nice private practice in El Dorado Hills Town Center. Wednesdays and Fridays available with the possibility of more days in the future. Please send CV to edhtowndenterdental.com. *05/17*

Straine Consulting is looking for an enthusiastic and confident coach with dental experience to work with our clients and their staff. We offer extensive training and competitive compensation. If you're ready to experience fun and fulfillment, call us today at 916-568-7200! *05/17*

EMPLOYMENT OPPORTUNITIES *CON'T*

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to tavery@wellspacehealth.org. *01/15*

PRACTICES FOR SALE

ELK GROVE General dental practice in very busy retail area. Digital X-rays, paperless, 6 equipped operatories, fee-for-service and cash-paying patients. Eight days of hygiene in a 4-day practice. Email me at elkgrovedental96@gmail.com. *3/17*

Fully furnished, turn-key dental office facility for sale in one of the busiest and most high-profile intersections in Midtown Sacramento. This office is located in a professional building and is approximately 2,000 square feet, with 4 fully equipped ADec Ops, Reception area, Doctor's office, Staff Lounge, Pano Room, Sterilization, Lab, Storage and Restrooms. Great opportunity to immediately start a practice in one of the best markets in Sacramento. Call 916-320-2647 for more info. *2/17*

PROFESSIONAL SERVICES

MONEY IS WALKING OUT THE DOOR. Have implants placed in your office and keep the profits. Text name and address 916-769-1098. *12/14*

LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to 916-952-1459. *04/12*

FOR LEASE

Office space available for General/Specialist. Superb location, right on Iron Point Rd. in Folsom. New Building. 916-715-2666 *8-9/17-C*

Dental Space 2100 sq. ft. in Roseville featuring 6 Operatories, Rooms (Lab, X-ray, Exam, Break), Waiting Area (Reception, Inside), Private Office, & Restrooms (Patient, Staff). High Traffic Count. High Median Income. Contact 916-367-9932 *8-9/17*

EXCLUSIVE, PRIVATE DENTAL SUITE; 1200 sq. ft., completely remodeled w/upscale amenities: 3 operatories, lab, reception, business office w/breakroom, private Doctor's office w/bath. Suite is located in a custom dental building w/on-site parking and handicapped access near Country Club Center. If requested, owner will furnish finish equipment upfront: amortize over long term lease (5-10 years). For appt. or further info, call 916-346-0041 *5/16*

125 Ascot Drive, Roseville, 1271 Pleasant Grove, Roseville, 6950 Destiny Dr, Rocklin. Dental/Orthodontist offices, Fully Improved, Contemporary build-out; Ranga Pathak, Broker-Associate, RE/MAX Gold; Lic 01364897; Tel 916-201-9247; ranga.pathak@norcalgold.com *8-9/17*

Like new 900sf attractive dental suite, 3 treatment rooms and 20 year history. $1,350 rent, full service includes janitorial, no pass throughs. Florin Medical Dental 1355 Florin corner Freeport 730-4494. *06-7/17*

Location! Location! Location! TURNKEY 2200 sq ft dental office shell on the busiest intersection in Citrus Heights, Greenback and Sunrise, for sale. 6 treatment rooms, fully equipped with wall arts. Has 40+ years history in this location. HIGHLY VISIBLE. ADA compliant. Please call Thomas 916 521-5508. *05/17*

Dental Office at 2628 El Camino, 1,740 attractive square feet, 5 treatment rooms, and 15-year history at this address. Office rent $2500 on full-service basis - no pass through expenses. Full dental equipment and furniture is optional for lease or purchase. Craig Thurston, owner, 916-539-0554. *11/16*

SACRAMENTO DENTAL COMPLEX has one small suite which can be equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: 916-448-5702. *10/11*

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office at 916.446.1227.

sacramento
District Dental Society
2035 Hurley Way, Suite 200 • Sacramento, CA 95825
916.446.1211 • www.sdds.org

PRSRT STD
US POSTAGE
PAID
PERMIT NO. 557
SACRAMENTO, CA

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS

AUGUST

22 Dentists Do Music Circus
Sister Act

SEPTEMBER

5 Member Events/Benefits Meeting
6pm / SDDS Office

Board Meeting
6pm / SDDS Office

6 Retired Member Reception
4pm / SDDS Office

New Member Reception
6pm / SDDS Office

8 Shred Day
10:00am - 2:00pm / SDDS Office

9 Member Event
River Boat Cruise

12 General Membership Meeting CE
Prosthodontic Throwdown
Paul Binon, DDS, MSD; Jeffrey Vernon, DDS; Jefferson Clark, DDS, MS
Hilton Sacramento Arden West
5:45pm Social / 6:45pm Dinner & Program

15 Continuing Education
Smile Design, Bonding and Esthetic Materials Update CE
Gerard Chiche, DDS
8:00am / SDDS Office

19 Nugget Editorial Meeting
6:15pm / SDDS Office

20 Lunch & Learn
Dental Compounding: Could It Be Your Missing Piece? CE
John Richards, DDS
11:30am / SDDS Office

Business Forum
Houston, We Have a Problem - IT Security, Disaster Recovery, HIPAA Compliance CE
Jonathan Szymanowski, DMD, MMSc
6:30pm / SDDS Office

27 HR Webinar CE
Attitudes in the Workplace
California Employers Association
12–12:55pm / 1:00–2:00pm / Telecom

For more calendar info and to sign up for courses ONLINE, visit: **www.sdds.org**

Save the Date for the 38th Annual Midwinter Convention & Expo • February 22-23, 2018

SEP
12
TUESDAY
5:45PM-9PM

General Meeting: Throwdown Night

3 CEU, CORE • $69

Prosthodontic Throwdown

Presented by Paul Binon, DDS, MSD; Jeffrey Vernon, DDS; Jefferson Clark, DDS, MS; Bryan Judd, DDS (moderator)

SDDS has brought together several of our own members to be on this panel to discuss the current hot topics regarding Prosthodontics. This evening will feature a "lively" discussion regarding your most favorite and interesting Prostho topics.

Are you a DMD?

5:45pm: Social & Table Clinics
6:45pm: Dinner & Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

ARE YOU REGISTERED FOR THE GENERAL MEETING?