



GP NEWS



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Pathways To Licensure

Editor's Note: This article is part of Dr. Guy Acheson's regular "WatchDog Report." The balance of his message can be found on page 12 herein.

Licensure by Portfolio is gaining momentum in California. The graduating classes of 2015 had a couple of successful graduates, but this term UCSF is expecting 105 students to participate and UOP has 119 students on board.

This program has national attention and the Dental Board of California (DBC) members have given presentations on the process to several institutions around the country.

The Dental Board of California has been and continues to be a cutting edge public agency that is breaking new ground in virtually everything it has been doing.

California now has more pathways to licensure than any other state. All licenses require a clinical examination component.

Licensure can be achieved the following ways:

- ◆ Exam (*WREB... with a written and clinical portion*)
- ◆ Credential (*requires that the dentist coming from another state has successfully completed a clinical exam to qualify for the out-of-state license they hold*)
- ◆ Residency (*the course director must certify that the applicant has competent skills*)
- ◆ Portfolio (*uses the clinical cases the student treats during their senior year*)

California is the only state that qualifies graduates of approved foreign dental schools to apply for a license without taking the two-year foreign graduate qualification course.

Speaking of qualified foreign dental schools, the dental school in Moldova has submitted a complete application and a team of inspectors from the DBC will be travelling to Moldova in March.

Your tax dollars and licensing fees are not paying for this transcontinental adventure. The dental school will pay for all costs involved in processing their application. Use Google Maps to find Moldova, a very small country completely surrounded by Romania and Ukraine. As a former Soviet satellite that is having some significant political unrest, it will be an interesting trip for the inspection team.

Another interesting DBC project involves an occupational review for the Registered Dental Assistant examination process. Turns out the law requires that licensing agencies must survey their licensees about what duties and knowledge is actually part of their job. Then the licensing examinations must be updated to reflect and be consistent with the actually work their licensees do. This is required every five to seven years. No one on the DBC can recall when this was done for dentist licensing examinations. *(more on page 12...WatchDog)*

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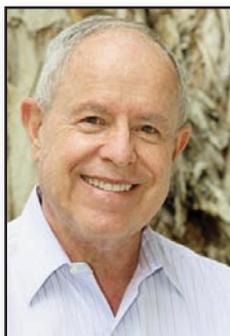


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as well as FellowTrack and MasterTrack Coordinators



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*Executive Director
 BS, MBA
 Sacramento*



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*Advisor,
 "Watchdog
 Report"
 DDS, MAGD
 Fair Oaks*



DR. CHERYL GOLDASICH
*CAGD FellowTrack
 Coordinator
 (all California Schools of
 Dentistry—USC, UCLA,
 UCSF, UOP, LLU and
 Western)
 DDS, FAGD
 Torrance*



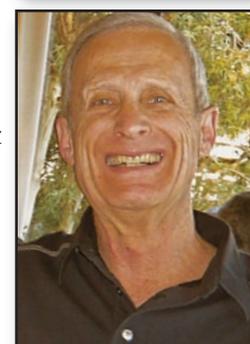
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Lynn Peterson, CAE, Retires



LYNN PETERSON, CAE
Oakley

“... developing, planning, promoting and growing the CAGD MasterTrack program, under the direction of Dr. Rich Ringrose... is my most valued accomplishment.”

Working with the California Academy of General Dentistry to promote excellence in general dentistry has been a very rewarding experience for me over the last fifteen years. My father, Deon M. Carrico, DDS, FAGD, held this position for fifteen years before I began. I had big shoes to fill when the responsibilities of executive director were handed over to me. I can say with certainty I am proud of what I was able to accomplish as the executive director for you, the members.

When general dentists become members of the CAGD they know they are joining an organization that believes in lifelong learning. Members are interested in continuing to build upon their knowledge of dentistry and excel in their profession. For this reason developing, planning, promoting and growing the CAGD MasterTrack program under the direction of the Course Director, Rich Ringrose, DDS, MAGD, is my most valued accomplishment. Many of you reading this article were a part of these programs. Some of you have gone on to teach courses and become leaders in dentistry. Assisting our members in achieving a Mastership in the Academy of General Dentistry and seeing the joy, confidence and enthusiasm they gain from the experience is a lasting memory. I appreciate having gone on that journey with you and it has enriched my life as well.

I will surely miss speaking with the membership at meetings and helping members over the phone. Some of the conversations and discussions have been amusing, informative and shall I say “interesting” problem-solving sessions. My goal was to help achieve a positive result for a member with a problem or request and I hope that I have accomplished that for you. Some of you I have gotten to know very well over the years and others I’ve only spoken to once, some not at all. But I always wanted to be there for you if ever you needed assistance from me.

Now with a new chapter in my life ahead of me, which will expand my knowledge and creativity, I wish you all the best in your practice and private lives that you can achieve.

Respectively,

Lynn Peterson, CAE

The names of members shown below did not reach the “GP News” prior to the Fall, 2015 publication date:

New California AGD Fellow

JENNY CARUSO, DMD, FAGD
of San Diego

New California AGD LLSR Recipient

ATUL PATEL, DDS, MAGD
of Hayward

New MasterTrack Class

Reach greater heights in our profession... become a “Master”

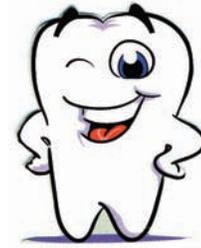
The Class of 2020 anticipates starting in October of 2016 (October 6 thru the 9th). It will be held at the **Fairmont Newport Beach**. At present, the class is almost full (there’s room for eight more participants).

If you wish to be part of this educational experience and wish more information, contact our executive director, **Terri Wong**, toll-free at:

877-408-0738

or at: terri@cagd.com

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CAGD's New Executive Director

Eric Wong, DDS, MAGD, AGD PACE Council Chair, Sacramento



TERRI IWAMOTO-WONG
Sacramento

I am pleased to introduce Terri Iwamoto-Wong. She was born and raised in Hawaii and attended the University of the Pacific. We met while I was a student teacher for her Introductory Biology lab. She earned her MBA from the University of San Francisco while I attended UOP's School of Dentistry.

After we both completed our studies, we married and then moved to Sacramento (for my participation in the UOP ACE Residency program).

We have three wonderful children. Throughout our thirty-three years together, having gone from resident to associate to solo practitioner to my current position as a dentist for the State of California, Terri has been my strongest advocate, sounding board, business manager for my practice and a beautiful wife and mother to our children.

A significant portion of our lives has been associated with the Academy of General Dentistry. Early on, Terri noticed and remarked that the dentists in the AGD were different. These dentists shared a common goal: to be learned professionals, striving to improve their clinical skills. My involvement in various leadership positions over the years exposed Terri to my AGD network — both socially and professionally.

Terri was exposed to other aspects of AGD leadership: planning CE courses and annual AGD meetings, as well as delegate and officer responsibilities. I want to thank her for all of the times she planned trips and toted young children and luggage to our AGD meetings, allowing me to fulfill delegate obligations. She really has been an invaluable asset to me and my extended AGD family. Her involvement with the AGD has been so strong that people sometimes were expecting to see her at meetings,



THE WONG FAMILY

Eric

Terri

Amy

Shelby

instead of just me! She has such a strong working knowledge of dentistry, that she eventually became the Executive Director of the Sacramento-Sierra Academy of General Dentistry.

When Ms. Lynn Peterson submitted her resignation as the CAGD's Executive Director, we lost a valued member of our organization. Lynn had shown exemplary service throughout her tenure, and it was going to be difficult to find a replacement. It was at that time that the thought of utilizing Terri's experience as Executive Director of the SSAGD came to light. After much debate and consideration, the CAGD Board conducted an exhaustive search for a new Executive Director. Terri was chosen, and accepted the position with enthusiasm, while realizing that she had big shoes to fill, and much to learn.

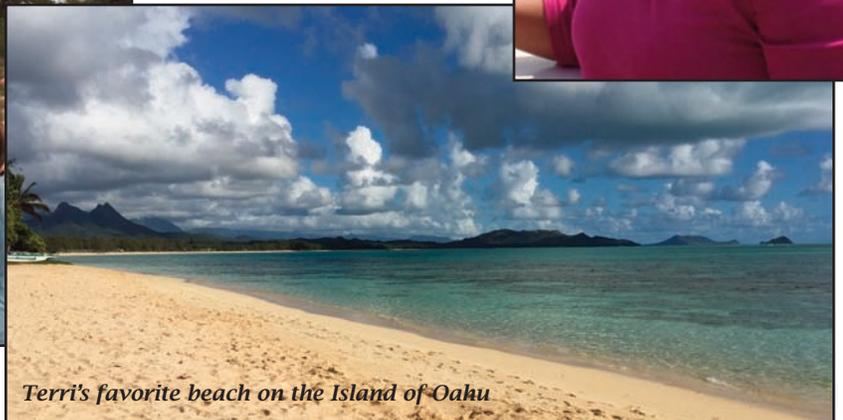
Now, after several months on the job, I am happy to report that Terri has gained much-needed on-the-job experience. An integral part of the ED position is to assist in the administration of the MasterTrack, Fellow-Track, and continuing education programs where face-to-face interaction is a requirement. I am proud to report that the feedback I've received has been overwhelmingly positive. Terri is dedicated, hard working, and competent. Many of you had known her prior to her employment with the CAGD, and I am confident that you have the same opinion.

Dr. Mike Bromberg jokingly commented that he never understood how I managed to have any AGD leadership success but, having met Terri, he said, "Now, I get it!"

I thank the CAGD community for the opportunity to author this article. I intend to show my wife the same unwavering support and sacrifice she has shown me throughout my career as a dentist. ■



Enjoying the sites in Paris



Terri's favorite beach on the Island of Oahu

★★★ THE PRESIDENT'S MESSAGE ★★★



DR. HOWARD CHI
Stockton

In a blink of an eye, twenty-six years has passed since I joined the Academy of General Dentistry. My path to leadership all started with the Sacramento-Sierra Academy of General Dentistry. A long-time friend, Dr. Eric Wong, was instrumental in introducing me to the SSAGD. I was elected to the board in 2003 and later became president for three consecutive years. In the past four years, the CAGD has had three presidents from the SSAGD.

Our honored academy and profession is always looking for leaders to help build our future! There are four geographic areas throughout our state: San Diego, Southern California, Northern California and Sacramento-Sierra. If you want to get involved, get in touch with your local leaders.

In 1952, Dr. Thaddeus Weclaw and several colleagues met in Chicago and founded the AGD. It was based on the need that dentists had no established sources for continued education. To this day, this core value continues. Our traditional approach of taking CE in a lecture room now has adjunctive options with webinars and online courses. This year the SSAGD is starting two study clubs; one in Redding, another in Fresno. Because of distance, these members rarely have an opportunity to have CE from the CAGD. This undertaking offers them a chance to do this. Other components of the CAGD are also looking into study club formats to provide classes.

If you are thinking of becoming a Master in the AGD, I highly recommend you join the MasterTrack four-year program offered by the CAGD. What a wonderful experience it was to be among the first MasterTrack cohorts in the CAGD. You will never forget the positive learning experience and the new friends you'll make. You will have a network of fellow MT colleagues that you can always rely on when you have a question about dentistry. *Talk about a life-long learning experience!*

Membership is another core value. Every year we strive to bring in new members. At our Fall Meeting last year and again at our Annual Meeting this year, the CAGD has opened their doors to dental students.

Those students involved with the FellowTrack programs attend at no cost. By building this relationship with the students and providing an opportunity for them to learn outside of their dental school is greatly appreciated by them. They have an opportunity to meet CAGD members and, by building these relationships, these students may become future active members or leaders of the CAGD. *Definitely, a win-win situation.* I challenge each of you to make it a goal to recruit at least one new member to the AGD in 2016.

Finally, our third core value is Advocacy. Many dedicated members are involved at local and national levels to continue to fight for our rights as general dentists. Without these watchdogs, we cannot continue with the excellent care of our patients. We are challenged to be the most comprehensive dentists that we can be. I truly applaud their tireless energy and efforts to protect us.

Currently, the AGD needs us to support H.R. 4062, the Protecting Seniors Access to Proper Care Act. This is legislation exempts dentists and other non-physicians who write prescriptions for Part D beneficiaries from the enrollment mandate.

H.R. 3323, the Dental and Optometric Care Access Act, legislation that would provide fairness in contracts between doctors and insurers, increase the quality of care for patients, and protect consumers from anti-competitive practices.

H.R. 416 (*sponsored by fellow dentist Rep. Mike Simpson*) commemorates water fluoridation. It needs our support, as it is considered one of the great public health initiatives on its seventieth anniversary.

Be an advocate for your profession and contact your representatives in support of these legislations.

Membership in this academy means a commitment to lifelong learning and to preserve the privileges that we have as general dentists. We strive to provide the best oral health care to our patients. To do this, we must have the ability to improve ourselves. The CAGD provides us with resources to accomplish this. The CAGD is YOUR organization as a general dentist. I am truly honored to be serving you as president this year. Thank you for being a member and being the best you can be. Together, as a team, we can make 2016 an outstanding year! ■

Respectfully,

Howard Chi, DMD, MA, MAGD, *President*

Dr. Cheryl Goldasich Named CAGD “Dentist of the Year”

Robert Hubbert, DDS, MAGD, Awards Committee Member

The California Academy of General Dentistry has named Dr. Cheryl Goldasich as the “Dentist of the Year” for 2015. She was chosen by her peers in the Academy. The award is presented in recognition of her significant contributions to our profession in California and for her willingness to share knowledge and expertise with her colleagues, especially with students of dentistry in the six schools across our state.

Dr. Goldasich has served as the CAGD’s FellowTrack coordinator, overseeing and coordinating activities for students at USC, UCLA, Loma Linda and Western in the southern part of our state with her responsibilities extending to include the two schools up north, UoP and UCSF.

Dr. Goldasich was born in Long Beach, California, and is one of five daughters born to Dr. Robert and Sylvia Laxineta. At the age of fourteen, Dr. Goldasich began working as a chairside dental assistant after school in her father’s practice. The position was supposed to be a “part-time, first job” in order for her to learn some responsibility and earn some money. The job turned into a twenty-year career. During that time, Dr. Goldasich cultivated an appreciation for the profession. She also found satisfaction in helping others. It was the culmination of these twenty years of experience that led Dr. Goldasich to one of the most challenging and rewarding opportunities of her professional life.

At the age of twenty-one, Dr. Goldasich met the love of her life, John. They married in 1982. After five years of marriage, wherein John secured his own career as a Set Lighting Technician, she and her husband welcomed a daughter. Four years later, after so many years of working by her father’s side, Dr. Goldasich made the audacious decision to return to school and become a dentist.

Dr. Goldasich’s father supported the transition from employee to colleague and advised his daughter to invest herself in organized dentistry following graduation. Dr. Goldasich took this advice to heart, understanding that her father’s generous donation of time as an instructor at USC had helped and inspired many over his twenty years of service to the school. She could imagine no better way to respect her father’s legacy than to similarly give back to the profession that he so passionately supported. She was accepted to the USC School of Dentistry in 1995.

There were no AGD clubs on campus, but she made sure to join the AGD as a student. Upon her graduation in 1999, she became a full member, practicing in South Torrance, frequently attending continuing education courses to improve her skills as well as the oral health of her patients.

8 During this period, growing as a healthcare profes-

sional through challenging cases and intriguing continuing education experiences, Dr. Goldasich remained aware of her father’s advice and outstanding contributions to the profession that she had begun to love. It was because of the contribution that he had made to dentistry, as well as her own desire to inspire others that she decided to teach.



DR. CHERYL GOLDASICH
Torrance

Dr. Goldasich became a part-time member of the faculty at the Herman Ostrow School of Dentistry of USC (formerly the USC School of Dentistry) and found that she enjoyed being a part of something great; the passing on of information and skills to a new generation of dentists.

Dr. Goldasich joined the board of the Southern California Academy of General Dentistry in 2004 serving as President in 2008. She wanted to continue her father’s tradition of professional excellence by becoming a Fellow in the AGD. She spent the next several years attaining Fellowship. The CAGD FellowTrack Club was still new, and USC was unfortunately not yet a part of it. She started the FellowTrack program at USC. There were already three FellowTrack schools in California: UCSF, UoP and UCLA. Not long after bringing FellowTrack to USC, Dr. Goldasich discovered that the UCLA mentor was retiring and there were no faculty AGD members at UCLA who could mentor a FellowTrack program. For that reason, Dr. Goldasich attained permission from the Dean’s office at UCLA to also mentor UCLA’s FellowTrack Club.

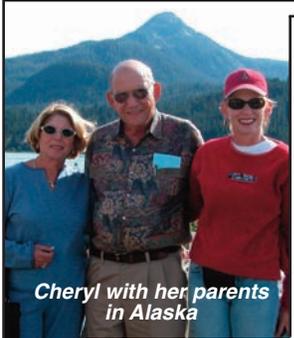
Dr. Goldasich achieved Fellowship status, a Fellowship to the Pierre Fauchard Academy and, after serving as president of the SCAGD, started through the chairs of the Western Los Angeles Dental Society (a component of the California Dental Association). She was asked to become the FellowTrack Chair for the CAGD, overseeing the implementation of an AGD FellowTrack Club in all six California dental schools. That vision was fully realized when, with the help of AGD members, faculty and students, she was able to start FellowTrack clubs at the Western University School of Dentistry in Pomona and at Loma Linda School of Dentistry.

Additionally, Dr. Goldasich received one of her most cherished honors: “Part-time Faculty of the Year” at USC in recognition of her dogged commitment to education and professional development.

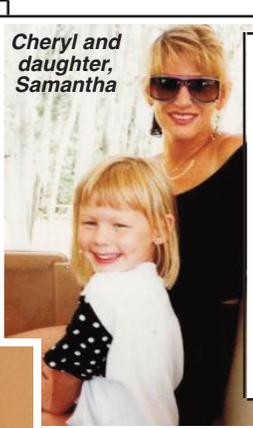
Dr. Goldasich received a Fellowship in the American College of Dentists in Washington D.C. last November. She considers this a great honor and privilege. Further, she credits her amazing staff: Sabrina, Gina, Angie, Gail, Kathie and Robin with much of the success of her dental practice. Her husband John, who has supported her through every pitfall and triumph, (continued on the adjacent page)



The Laxineta Family 1969



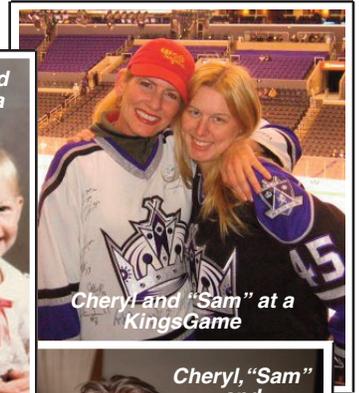
Cheryl with her parents in Alaska



Cheryl and daughter, Samantha



Cheryl and Samantha



Cheryl and "Sam" at a Kings Game



Pierre Fauchard Fellowship Award



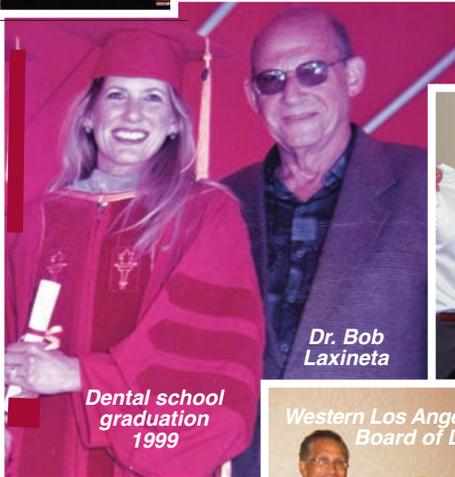
Cheryl, "Sam" and John Goldasich

DENTIST OF YEAR (continuation)

has served as the foundation upon which she has been able to build her life and pursue so many of the things she loves and aspires to.

Dr. Goldasich also recognizes her daughter, Samantha, who in her own words, "credits the stalwart spirit and tenacious generosity" of her mother as one of the most central reasons for becoming an educator herself. Samantha, inspired by her mother, who strove for higher education, recently received her Master's degree in Literature and is teaching yet another new generation to appreciate a profession she loves.

Finally, Cheryl recognizes the role of her parents in her success in both her personal and professional life. The support of both parents, including the shining example that her father set in demonstrating what a dentist should be, changed the course of her life for the better. ■



Dental school graduation 1999

Dr. Bob Laxineta



USC and UCLA Fellow Track Leaders

Western Los Angeles Dental Society Board of Directors (2013)



"Sam" gets her Masters

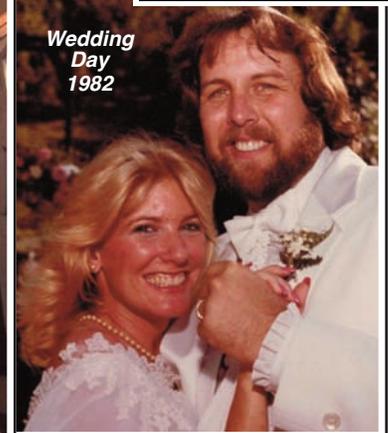


The Laxineta Ladies

Beth (mother) Gail Janet Lisa Cheryl



USC Dean Sadan presents Dr. Cheryl Goldasich with the "Part-time Faculty of the Year Award"



Wedding Day 1982

Same-day Crown Retrofit to a Partial

Steve Lockwood, DMD, MAGD, La Jolla



DR. STEVE LOCKWOOD
La Jolla

After practicing dentistry for almost thirty years I recently went back to dental school to relearn restorative dentistry. It was not easy, but I was able to stay in my practice while re-learning a few things. This is how I describe my experience learning to design and mill crowns in my own office.

All the years I spent struggling with impressions, margins, bleeding, and temporization has all been turned upside down. I actually got very proficient at fine adjustments of my acrylic temporary crowns and bridges.

All that time I spent sculpturing acrylic had paid off, however, now as I design my porcelain units digitally. After my lithium disilicate crown is milled in its pre-sintered state I inspect and perform very minor adjustments to margins, contours, and anatomy. The satisfaction of delivering artistic, accurately fitted and functional crowns has been a huge stress reducer.

So what do you do when a patient comes in the office with a broken filling/decayed tooth that is serving as a key abutment for an existing partial denture? It is not as easy as just making a new crown. You can prep the tooth and take an impression with the partial in place and send it to the lab, along with the partial, of course. This is not always convenient for the patient who can't accept keeping their mouth closed and being on a liquid diet. Additionally, part of the informed consent was a discussion about a possible remake of the partial denture.



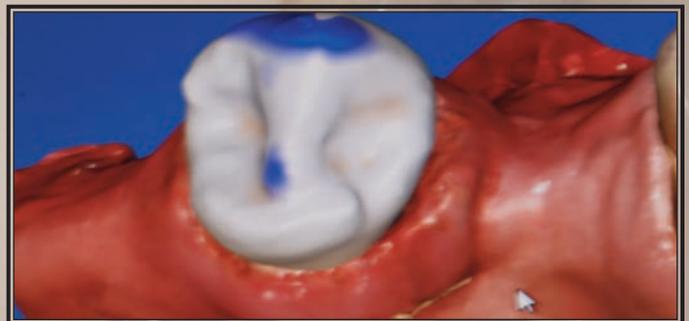
In two hours a key abutment crown (#20) was retrofitted to a lower partial denture using CAD/CAM technology

So, after I administered local anesthetic, I had to think through my strategy to help my patient and possibly use my new CAD/CAM unit to make the new final crown. After DO caries removal I placed the existing partial over the tooth. I had a moderately large DO space to fill under the clasp assembly. The "light bulb" went on and I decided to place a generous amount of hybrid composite into the tooth and reseat the partial to form an occlusal imprint. I sculpted the excess away and had the patient close down. I cured the composite with the partial in place then lifted the partial off the arch. Left behind was a composite crown with a custom imprint of the clasp and rests.

The occlusal table and the coronal 1/3 to 1/2 of the tooth was ready for scanning. I was able to save and later merge this image to the final design digitally. So now I was able to proceed like normal (*just another simple crown*). I re-prepped the tooth for a full-covered crown and took the necessary scans. The first copy scan was merged or



Following DO caries removal, composite was slightly overfilled just prior to sending the patient's RPD. The imprint would capture the rests, guideplanes and clasp contours. The composite was adapted and sculpted prior to curing and removal of the LPD. The areas below the height of contour were not sculpted as they would be more easily designed (CAD) later.



CAD merged the data from the digital impression into the crown proposal. Care was taken to avoid altering the area in contact with the RPD. Note the detail from the RPD clasp/rest assembly imprint onto the uncured composite material.

stitched into the design prior to the milling. The key was being able to test the fit of the new crown and test the partial denture fit. After I seated the crown and tested the IP contact/margins, I placed the partial denture carefully over the pre-sintered crown. I was able to see that the partial was completely seated without too much pressure applied. As I was wondering how much clasp retention would be present in my crown design, it was confirmed when I gently removed the partial only to see the pre-sintered crown attached to the partial! There was enough retention to lift the crown off the tooth. The unit was lightly glazed and placed in the crystallization oven for sintering. The crown was bonded with resin cement and the existing partial denture seated with no adjustments.

Frankly, I thought the glaze might add too much thickness and create a tight fit of the RPD. The retention and removal of the partial was very satisfactory to the patient. After this two-hour appointment, the patient paid her bill. The next day our patient called and reported her partial fits better than ever and expressed her gratitude.

The more tooth structure initially present, the less time it takes to retrofit a crown to a partial. A similar imprint
(continued on the adjacent page...CAD-CAM)

GPR Programs Jumpstart AGD Fellowship Credits

Dr. Steve Lockwood, La Jolla

One of the most exciting professional events following dental school was receiving my Fellowship Award by the AGD (the designation is known as the FAGD).

The requirements to receive the FAGD are as follows:

- ◆ Maintain AGD membership for three continuous years by December 31st of the year in which application is received
- ◆ Maintain a dental license and in good standing
- ◆ Pass the Fellowship Exam (written)
- ◆ 500 hours of approved CE (PACE/CERP approved)
- ◆ Attendance at an AGD convocation ceremony held at an AGD annual meeting



CAGD Regional Director Lockwood visits Loma Linda Veterans Hospital GPR Residents

One of the ways in which new dentists can accumulate CE credits is by joining the AGD during postgraduate education such as a GPR, AEGD or GDR. One-year programs earn 150 credits and double that for two-year programs. The maximum available credit is earned when one joins the AGD within one year of completion of the program. Up to 150 hours of credit may be earned from self-instruction AGD-approved programs.

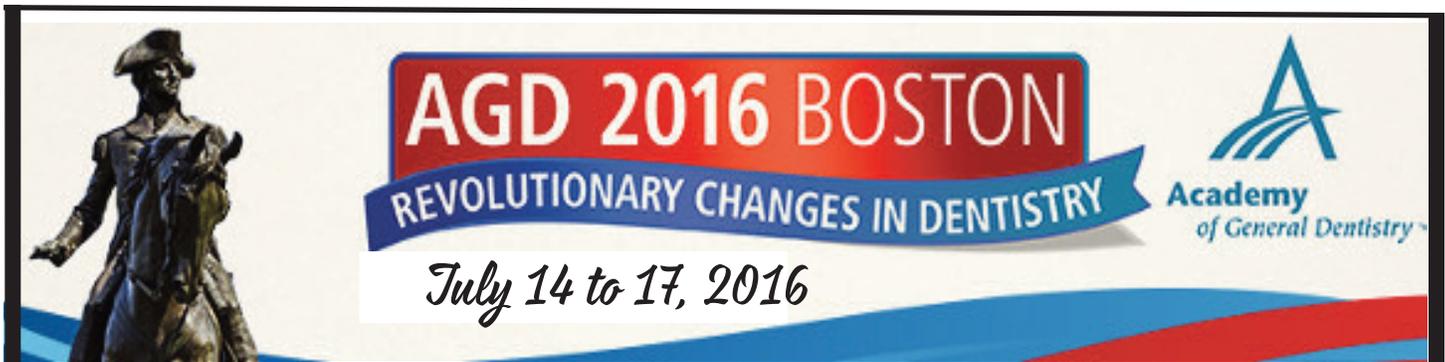
Joining the AGD will commence a process of life-long learning and professional development. You have an opportunity to improve your skill sets in general dentistry and create an ever-increasing value to the marketplace.

Be the best you can be. Allow the AGD to help you keep an “ear to the ground”

while you get to know colleagues from around your state and nation.

Additional information and details can be viewed on AGD.org under education/exam and awards.

Application for the FAGD Award is submitted to the AGD pending approval by the Dental Educational Council. ■



CAD-CAM RETROFIT TO PARTIAL DENTURE (continued from adjacent page)

restoration can be done with a direct composite resin restoration retrofitted to a partial. Curing the composite immediately after a partial is seated will initiate the cure, but additional curing would be needed after careful removal of a partial to completely cure any resin previously blocked by the metal rests or clasps.

The clinical challenges we all face on a daily basis present many opportunities to evoke our creativity. The art and science of dentistry is ever evolving. The science aspect is intellectually stimulating, but the artistic side of dentistry allows me to enjoy “arts and crafts” with my patients and team all day long. ■

Stephen E. Lockwood, DMD, MAGD is an Associate Fellow in the AAID, the ADA, the CDA, and the San Diego County Dental Society and is in private practice in La Jolla. Dr. Lockwood can be reached at Drsteve330@hotmail.com



A final clinical view showing the fit of the crown.



DR. GUY ACHESON
Rancho Cordova

WatchDog REPORT

Guy Acheson, DDS, MAGD, Rancho Cordova

(continued from page 1)

Upon completion of the RDA process, it looks like the dentist licensing examination process will have to undergo an occupational review.

In case you haven't heard, California now has a Dental Director, Jayanth V. Kumar, DDS, MPH. He had essentially the same position within the New York State Bureau of Public Health. He was responsible for creating the first comprehensive state oral health plan for New York. He is being asked to do it again for California. The DBC has extended an invitation for Dr. Kumar to speak at a DBC meeting. Wouldn't it be nice to have some leadership and a plan for public health dentistry in California?

The December 2015 Dental Board of California meeting was one of summation, reflection, celebration, and preparation. I rarely talk about any individual members of the DBC, but I want to say a few things about their immediate past president, Ms. Fran Burton. Her term represented several firsts for the DBC; first African-American President, and first public member (*non-dentist*) President. She proved to be a very capable officer who led the board through a Sunset Review and the implementation of Licensure by Portfolio. In addition, she implemented a legislative review process that keeps the DBC members informed about legislation that does or may have an impact on dentistry. I have seen how this has made a real difference in how the DBC members consider issues and plan for the future. *Well done, Ms. Burton!*

CURES is in your future. CURES is an electronic database tracking narcotic prescriptions on individual patients. It allows you to see every narcotic prescription filled by a patient and who wrote them. We are required to enroll in the system by July 2016.

Confusingly, there are two CURES databases (CURES 1.0 and CURES 2.0) and you can enroll in either one to satisfy the requirement. You are only required to enroll. You are not required to use the system. I have used it for the last year. It is interesting to see that physicians are writing prescriptions for 100, 200, 300 Vicodin at a time with multiple refills. Dentists are being required to enroll in CURES as part of the effort to rein in the prescription drug abuse problem and we are told that dentists are a significant contributor to the ocean of prescription narcotics being dispensed to patients. But really?! We dentists write prescriptions for maybe twelve hydrocodone tablets and AGONIZE over refilling those prescriptions when physicians are writing for hundreds of tablets at a time. My frustrations with using CURES include the system being down when I really want to use it and the required changing of your password every 90 days. I very rarely use the system because just these two issues are MAJOR frustrations when trying to access information between patients in a very busy practice day.

Lastly, I can tell you that it is now legal for dentists to provide dental care to their spouses and significant others. Many of us can now sleep more soundly not having to worry about breaking the law by caring for our loved ones. ■

*Any questions
or
complaints?*



Contact me at

drGuyacheson@gmail.com

*“CURES is in
your future
...an electronic
database
tracking narcotic
prescriptions
on
individual
patients...
required to
enroll in
the system by
July of 2016.”*

SOARING BEYOND THE CONFINES OF DENTAL PRACTICE WITH

Lots of Swag!



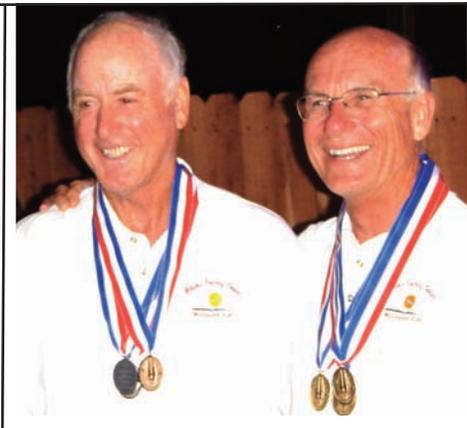
Dr. Bob Hubbert
Editor

Dr. Guy Acheson won first place in the United States National Aerobatic Championships in the Advanced Glider category. He will now represent the United States at the World Glider Aerobatic Championships in Matkopuszta, Hungary in July of 2016. Guy's glider aerobatic team from Williams Soaring Center captured first and second place in the Advanced Category and first place in the Unlimited Category.

Congratulations, Guy!

For more information go to:

www.iac.org/us-nationals-news-updates



THE *Quarterback* CALLS THE PLAYS

Robert Garfield, DDS, FAGD, *Executive Director, SCAGD, Los Angeles*

Ever have a new patient present with an implant that you could not restore because it was not in the correct position? Maybe you were even expected to put a crown on an implant that was only 7 mm long with only 5.5 mm actually buried in bone. But the crown needed to be 12 mm long to reach the opposing arch, however, there was adequate bone depth to accommodate a 12+ mm long implant. And maybe that opposing arch had an anti-Wilson disoriented occlusal plane which placed the entire guidance onto the implant. And just maybe this was a second premolar, or worse, a second molar.

Do you want to restore this implant? *What do you tell this patient?* After all, the patient told you that his/her “dental surgeon” placed the implant just before they moved to your city where they hoped to find a good general dentist to restore it. Not an un-common occurrence from what I’ve seen and heard. How did this unfortunate scenario happen, and why does this pattern repeat itself?

These embarrassing events happen frequently due to the fact that no one individual has taken charge of the overall plan of treatment (*hopefully there was a plan and it was in writing*). No one assumed command and orchestrated exactly what had to be done, how and when it was to be done and by whom. That person should evaluate the patient and do a complete examination, make mounted diagnostic casts (and a corrective wax-up if necessary), make surgical templates, order the appropriate radiographs (*FMX, panoramic and CT scans if necessary*), manage the patient’s expectations and present the risks, benefits and alternatives (RBAs). And let’s not forget esthetic modification patterns made from the corrective wax-up and approved by the patient before any invasive procedures are undertaken.

Remember, implants cannot be expected to do what the former natural teeth could not do. If occlusal malfunction is present it must be corrected so as not to overload the implants. Natural teeth in a maloccluding mouth will take years before they fail, but implants can do it in a matter of weeks.

Many agree that overlooking the biomechanical principles in treatment planning often leads to implant failure. The “cornerstones” of occluso-biomechanics are:

- ◆ Anterior Guidance
- ◆ Occlusal Plane Orientation
- ◆ Centric Occlusion/Centric Relation Discrepancies
- ◆ Vertical Relations (*including Crown/Implant Ratio*)

This seems like a tall order for one individual doctor. This doctor is usually the first and the last to see the implant patient. This doctor selects the surgeon and technician, and directs this treatment team. This doctor keeps detailed records of the entire process. This doctor hears all of the complaints if something goes wrong. This doctor is the restorative member of the treatment team, usually a general practitioner.

In the March, 2000 issue of JADA, Gordon Christensen, D.D.S., M.S.D., Ph.D., says it best in his succinct article, “Implants and General Practitioners.” According to Dr. Christensen, “general practitioners are the only logical major group that should provide treatment planning for implants.” “[And] oral surgeons and periodontists are support specialists for general practitioners and prosthodontists [providing significant input].”

Dr. Christensen goes on to clearly outline how we general practitioners can learn to place and restore implants and do it correctly. It is significant that the ADA and state dental societies have consistently and successfully prevented implantology from becoming a specialty. I concur with Burton Melton, D.D.S., a prosthodontist in Albuquerque, New Mexico, in his article, “Current Trends in Removable Prosthodontics,” (*JADA, June, 2000*), that implant dentistry is “everyday dentistry” in many practices today [and highly successful]. In my opinion, the ADA and the state dental societies are correct in their position on implants.

Any general practitioner who disagrees with my opinion so far in this article should definitely read “AAOMS Surgical Update,” published by the American Association of Oral and Maxillofacial Surgeons, Fall, 1991. An individual copy can be obtained by contacting the AAOMS, 9700 West Bryn Mawr Avenue, Rosemont, Illinois 60018-5701. Basically, this publication supports everything that I have written in this article. It refers to the restorative dentist as the “Quarterback” and the “Captain” of the implant treatment team. This is straight talk from our oral-maxillofacial surgeon colleagues. Reading this short publication is a must for every general practitioner who does, or wants to do implant dentistry.

If, in the course of the treatment, a patient tells us that an implant does not feel “right,” we should never tell the patient to go and see the surgeon who placed it until we have had a chance to check everything ourselves, including whether or not the implant is still osseointegrated. We are the ones who evaluate all of the many factors involved. After all, the problem could be somewhere else in the mouth and indirectly causing implant overloading. It may even be a pulpal or periodontal problem on a tooth near the implant. However, if the implant has lost its osseointegration and needs to be removed, we are the ones who should bring that news to the patient. All too often the patient is sent back to the surgeon to hear the bad news that they should hear first from the “Captain.”

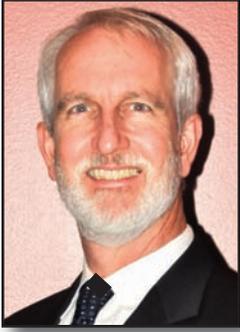
Knowing how to test and evaluate for implant stability and osseointegration is the responsibility of the team leader as well as a surgeon who places implants.

Properly informed patients, proper treatment plans

(continued on the next page)

Pearls and Bullets • A NEW CE FORMAT FOR THE NCAGD

Paul Schafer, DDS, MAGD, *President Elect, NCAGD*



DR. PAUL SCHAFFER
Novato

The Northern California Component of the CAGD has instituted a program of two-hour lunchtime courses called “Pearls and Bullets.” Each presentation includes many pearls you will be able to take back to your practice in a short bullet-point format contained in a two-hour lunch.

The first of which was presented in Novato by prosthodontist,

Dr. Ezra Kantor and was titled “Implant Retained Overdentures.” Drawing on his forty years of full-time practice, Dr. Kantor was able to discern the techniques that last five years from those that last ten or twenty years, *and why*. Due to his succinct PowerPoint lecture, and the small lecture format (*limited to thirty people*) of the “Pearls and Bullets” presentation, Dr. Kantor had time for a question and answer period following his lecture. Here is my summary of his presentation.

Indications for an implant-retained overdenture in the maxilla include those with xerostomia that lack the saliva to help make a good peripheral seal, those with a pronounced gag reflex that demand a palateless denture, those with an uneven arch which creates instability in a conventional complete upper denture. Another indication is for patients whose ridges offer little retention. Compared to an implant-supported fixed appliance, the implant-retained overdenture provides lip support, which improves appearance. It also has less food trapped compared to fixed implant supported bridges, and if the patient has a high smile line, acrylic papilla look better than the “black triangle” we often see in fixed appliances. The denture can be removed for cleaning, and can be significantly less expensive, depending on the number of implants.

The design may include two implants with a bar or two O-Rings on balls, or Locator® attachments. The design with four implants may include four O-Rings on balls or Locator® attachments, or a Hader Bar, Dolder Bar, or spark eroded bar. A bar is indicated if the implants are off axis, to increase retention, or for increased posterior support and stability. See Cune M., et al. *Int J Prosthodont* 2010, 23: pp310-317

The space between the arches when at the proper vertical dimension can determine the design. A minimum of only 6 mm is needed for Locator® attachments, while 10 mm is needed for a bar.

In an edentulous case where the patient desires a complete upper denture opposing an implant-retained mandibular overdenture, proceed as if making full dentures. After the patient has accepted the wax try-in, then use the lower denture to make a guide for placement of the implants. In this case, teeth should be set in lingualized occlusion. Our patients are living longer and we can offer them greater confidence and a more youthful appearance due to the lip support of implant-supported overdentures.

The second Northern California AGD “Pearls and Bullets” presentation was given by John DiPonziano, CDT, DDS, MAGD, DICOI to a very appreciative audience. Dr. DiPonziano showed several surgical techniques on implant placement in the anterior maxilla that minimize the risk of loss of the buccal plate. Failures to the loss of the buccal plate have occurred in cases of immediate placement of a root form implant into the socket of an incisor. His technique of using a #6 surgical round bur and special side cutting drill and a 254L Surgical bur (Komet 800-208-1630) allows placement of the apical aspect of the implant palatal to the root socket rather than in the root socket. The facial edge of the apical aspect of the implant should be 2 mm from

(continued on page 26...see PEARLS)

QUARTERBACK *(continued from the previous page)*

with alternatives (*including re-implantation*) and “expectation management” communication will usually prevent patient management problems from developing. Unfortunate surprises are what destroy our patients’ confidence in our abilities. Just try this philosophy on yourself. *Its merits are obvious.*

Periodontists and oral-maxillofacial surgeons should always coordinate implant placement by first establishing a team relationship with the patient’s restorative dentist. If there is no restorative dentist, they should find one to do all that should be done *before* any implants are placed. After all, implant dentistry is a restorative treatment with a surgical component. ■

Questions? You can contact Dr. Garfield at: drrobertgarfield@aol.com



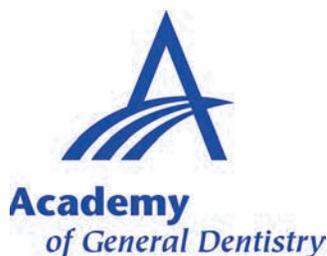
DR. GARFIELD
Los Angeles

The California AGD Welcomes New Members

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Dr. Bano Ali
Dr. Steven Alvarado, *La Jolla*
Dr. Maher S. Arnouk, *Glendora*
Dr. Reema M. Arnouk, *Glendora*
Dr. Ron Ayzin, *Newport Beach*
Dr. Noura Kamali Azad, *Los Angeles*
Dr. Saro Babaian, *Burbank*
Dr. Valentina Babuchyan, *Glendale*
Dr. Rizza Aurica M. Bejasa, *Burbank*
Dr. Yadvinder Bhullar, *San Francisco*
Dr. Thomas F. Bierman, *San Diego*
Dr. Loveleen K. Brar, *Los Angeles*
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Dr. Alexander J. Chaney, *Vallejo*
Dr. Farnaz Chegini, *Pomona*
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Dr. Rachel B. Forer, *Los Angeles*
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Dr. Victoria Geren, *Fresno*
Dr. Tsegazeab Gessese, *San Francisco*
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Dr. Kobie C. Gordon, *Los Angeles*
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Dr. Tigran Gyokchyan, *Los Angeles*
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Dr. Katie J. Kim, *Los Angeles*
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CAGD HOLDS SUCCESSFUL MEETING IN NEWPORT BEACH

Bone Grafting and Ridge Preservation

Howard Chi, DMD, MAGD, CAGD President, Stockton

Dr. Mike Chen presented on the “Fundamentals of Bone Grafting and Ridge Preservation.” The meeting was sponsored by Delta Dental and Sunstar with Hiossen Dental Implants, Ultralight Optics, Carestream Dental, Kettenbach Dental, Garfield Refining and DoWell Dental Products supporting our program with exhibitor booths. Vendors were swamped at every break, including lunch. Participants were eager to learn and buy products. One of the vendors remarked *“It’s great that they are all coming to our booth. I’m not used to this.”* Another said *“Wow, what a great meeting. We are definitely coming back for your Annual Meeting!”*

There was excitement and enthusiasm amongst the attendees. They had questions. Dr. Chen had answers. Comments: *“This was one the best courses I’ve ever attended.”* Another, *“Dr. Chen is so knowledgeable and I am learning a lot!”* Bob, a retired dentist said at the end of the course *“I am coming out of retirement because this lecture got me excited about implant dentistry and I am ready to do it...!”*

Dental student leaders were invited to attend at no cost. Their enthusiasm and gratitude was also on display as they listened eagerly to every word. This was a win-win for all—students will

remember how we opened our doors to them and to continue as future members and leaders.

An out-of-state couple came by the registration table, introducing themselves as Dr. Rollyn Lee and Mrs. Carrie Lee from Wisconsin. They were here for a non-dental meeting and saw on the hotel venue that there was a California AGD meeting. Dr. Lee is a member of the Wisconsin AGD. He was excited to see California AGD’s event, and he wanted to meet us, saying *“I’m AGD and we are family.”* They spoke with several board members and went to the vendor’s booths to ask about products. They said they had to come by because they knew they would be welcomed. Yes, AGD, we are family.

Overall, we had a very successful meeting, reaching one of our core values of quality dental education. We look forward to more meetings to help our general dentists achieve that level of excellence through continuing education.

Watch for our next CAGD event via e-mail and/or the U.S. Mail. ■





DR. THANH TRAN

Our Practice Management Study Club will meet every quarter at the University Club on the 34th floor of Symphony Towers.

Topics deal with the management of a dental practice.

Past topics having been:

- ◆ Contract Negotiations
- ◆ Wealth Management
- ◆ Employment Law and Commercial Banking

Thanh Tran, DDS, President, SDAGD, San Marcos

Practice Management Study Club

The number of members is limited to thirty-five doctors at a fee of \$800 for the year (dates to be announced). Seats are currently available. Two CE credits. All meetings are from 6 p.m. till 9 p.m.

If you are interested in joining or have any questions regarding the Club, contact:

Dr. Larry Pawl at 619.466.4544

lrpawl@yahoo.com



Dr. Mariluci Byrnes
and
Dr. James Thompson

The San Diego AGD will continue its relationship with the military by hosting cocktails and appetizers with the Navy Wardroom where they can network with local AGD dentists. We hope to be able to schedule programs and activities to assist military dentists transitioning to civilian dental practice.

SDAGD's Annual Meeting is set for September 30th with Dr. Ray Padilla presenting a hands-on course. His topic will be "Sports Dentistry and Mouthguard Fabrication" (see page 31 for more course detail and registration information).

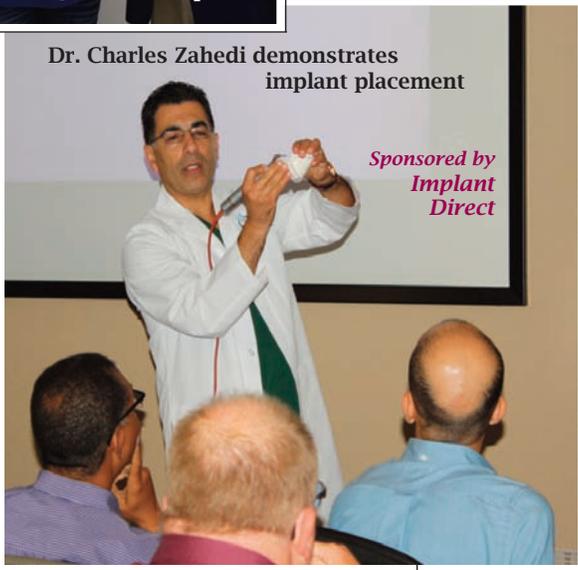


Highlights from 2015 include:

The SDAGD Practice Management Study Club meetings; improved relations with the United States Navy Dental Wardroom; Dr. Charles Zahedi speaking on Exodontia, Bone Grafting and Implant Placement.

In addition, charitable donations were made to the Flying Samaritans, the Veteran's Village Dental Clinic (Dr. Lester Machado and Mr. Mike Koonce) and the San Diego Children's Dental Clinic (Dr. Mariluci Byrnes).

Patterson Dental Supply (Sean Sullivan) has been a wonderful sponsor for courses. Their generosity in making their facility available enhanced our ability to provide affordable CE. It is ideally suited for hands-on classes. ■



Dr. Charles Zahedi demonstrates
implant placement

*Sponsored by
Implant
Direct*



Dr. Charles Zahedi presented on
Exodontia, Bone Grafting
and Implant Surgery



Over thirty doctors with staff
were in attendance for our
2015 Annual Meeting



Mr. Mike Koonce, E.D. for the
SDCDS; Dr. Lester Machado and
Dr. James Thompson



Ricardo Suarez, DDS, *President, West Covina*



DR. RICARDO SUAREZ

“Dental professionals can at times feel like an island, especially in a solo private practice setting.”

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Dr. Chethan Chetty

Although close to sixteen years have passed since graduating and I can no longer vividly recall the sights and sounds of the day. I can distinctly remember the feelings of accomplishment, the anticipation of what lays ahead and the hope to hold fast to our dreams of how we wished to practice dentistry.

The first few years after dental school found many of us searching for our ‘dental identities.’ As a class, we encountered the full spectrum of dental office settings. Regardless of which path we ventured, good or bad, it always provided a learning experience. Now, having to review the upcoming day in order to do a mental checklist or lessen the nervousness of tomorrow’s procedures is long gone. Instead, many of us as owners, husbands, wives, fathers, and mothers, find the dentistry to be second nature. The management of our business, employees, patients, spouses, children and finances can mentally exhaust us.

I know that I am not alone in feeling this way. Dental professionals can at times feel like an island, especially in a solo private practice setting. This is where organized dentistry, specifically the AGD, has helped me.

I’m honored and feel privileged to be the Southern California component’s president this year. This past weekend I attended the California Academy of General Dentistry Board of Director’s meeting and inaugural dinner. I witnessed first-hand the comradery, the dedication and the passion to help fellow dentists statewide by continuing to provide quality continuing education courses for over twenty-five years.

There has been an enormous amount of change in dentistry over the course of these years. Now, if you look around or visit AGD board meetings throughout the state, you also see this type of change permeating the leadership level.

These are exciting times, and not just for dentistry. I remember watching Knight Rider as an adolescent and now we have cars that can drive themselves. Pagers vanished cataclysmically, just like the dinosaurs. Now we have smart phones we can no longer live without. You need an answer to a question? Well, just Google it! But change cuts both ways, and I’m sure we’ve all experienced the self-proclaimed dentist as he or she walks into the operatory with a Webmd printout.

Throughout all these societal changes there has been the AGD. I would like to applaud and tip my hat to those who helped make the Academy what it is today. The strong foundation that has been laid will continue to be utilized in order to develop relevant programs and courses to help all dentists in all aspects of dentistry.

One such program that the Southern California component is developing is a “Practice Management Series.” We will touch on the three main phases of dentistry and all that they encompass. As an early graduate, you must deal with debt management and associate issues. As a more seasoned and established dentist, wealth and practice management issues surface. As we evolve further in our careers, we must plan for exit strategies. This is just one of many courses that we will be hosting.

If you would like further information about any of our upcoming courses, please visit our newly-designed website at scagd.com. ■

I’m looking forward to an exciting 2016!

Ricardo Suarez, DDS



DR. SAMER ALASSAAD
Davis

The Endlessly Aspiring General Dentist, Welcome!

The SSAGD, supported by the California AGD and the AGD, is your best local resource to become the excellent general dentist you aspire to be. Our goal is to support you as you grow professionally, excel in and expand your practice, provide a variety of services to meet the needs of your patients and reach your professional, personal and financial fulfillment.

Thanks to our team led by President Dr. Smita Khandwala, 2015 was a great year!

Dr. John DiPonziano's course on "Clinical Implant Prosthodontics and Surgery" in July at Sudwerk Restaurant in Davis



We invite you to join us at our **2016 EVENTS** that are focused on your needs:

Study Club Meetings
Redding on February 18
Fresno on March 7
Sacramento on April 7

Hands-on Courses
"Successful Integration of Diode and Hard Tissue Lasers into Your Practice" on May 21

Board Meetings
All members are welcome. This is a great opportunity to move forward as you pay back.

Fellowship Events
All our meetings are great opportunities for fellowship where you can visit with your neighboring general dentists.

Stay updated with event details at:
www.ssagd.org

Have a suggestion for a CE Event? Share it with us and we will support you.

20 Contact us at: terri@cagd.com

A fellowship event in October hosted by Dr. Darrell Chun at Valley High Country Club in Elk Grove



AGD members excel in their practices. They constantly learn new techniques and improve their current ones. Whenever you ask SSAGD members, they are not shy to attribute much of their success to being active members of the AGD. ■



Among our many endlessly aspiring general dentists are Maryam Saleh, DDS, FAGD and Ashkan Alizadeh, DDS, MAGD. They maintain a family practice in Sacramento and provide a variety of services to meet the needs of their patients and grow their practice including orthodontics, endodontics, oral surgery, sleep apnea treatment, implant dentistry, and more...



Northern California ACADEMY OF GENERAL DENTISTRY



Dinu Gray, DDS, President, Mill Valley



DR. DINU GRAY

A CONTINUUM:

“The scope is to have speakers that are leaders in their field present short lectures that are of current interest and that reflect actionable, precise and concise advice to the practitioners in the “trenches.”

I have the great honor and privilege of being the 2016 President of the NCAGD. Having previously been a follower of Groucho Marx’s philosophy that...*“I never want to belong to any club or organization that will accept me as a member”*... this is a great leap for me.

Actually, I’ve been fortunate to be involved with the NCAGD for a number of years, since Sun Costigan drafted me to be an advisor. Having practiced dentistry for about thirty years (*now retired from hands-on dentistry*) and have thus been active with the Academy.

Toward the goals of sharing knowledge, learning new procedures or reviewing older ones, the NCAGD has implemented a program for the general practitioner, the “Pearls and Bullets Continuum.” The scope is to have speakers that are leaders in their field present short lectures that are of current interest and that reflect actionable, precise and concise advice to the practitioners in the “trenches.”

For 2016, tentatively, we have signed up well-regarded speakers Dr. Ray Bertolotti, Dr. Jeff Brucia, John Christiansen (*CEO and founder of ChrisAd Marketing*), Gary Mitchell (*Mitchell and Mitchell Insurance*), as well as Ron Goldman (*a well-known attorney representing dentists and their interests*). More to follow.

Lectures will be presented in different geographical locations throughout Northern California and will be limited to 25-30 attendees to maximize interaction with the presenter. The cost will be subsidized and will be approximately \$50 for AGD members and \$75 for non-members. Lunch will generally also be included.

The lectures will be held mostly on Fridays between 11:30 a.m. and 2:00 p.m. with the first half hour for registration. We suggest that when a definitive schedule and sign-up log is available, you reserve your place expeditiously due to limited space. Please check the CAGD and NCAGD websites for updates. Furthermore, we hope to network with other CAGD components to make “Pearls and Bullets” a statewide endeavor.

In regards to my current status, I continue to “provide advice” as a dental management consultant and otherwise focus on NCAGD matters.

I graduated from dental school in Bucharest, Romania in 1979, attended a GPR program at Mt. Zion Hospital in San Francisco. Together with my wife, Dr. Myrna Menjivar-Gray, we opened and operated a number of practices in Marin, Sonoma and Los Angeles. She is currently the NCAGD treasurer.

I look forward with optimism and anticipation towards the upcoming year. The NCAGD is blessed with a Board of Directors that encompass significant knowledge, stamina, goodwill and a determination to share their expertise and time with others.

We are also aware of challenges ahead. Among them are over-regulation, insurance corporations and, at times, our own lack of cohesion...and, of course, world events.

Please, please give me your feedback and your support. ■

Dinu A. Gray, DDS



STUDENTS AT CALIFORNIA'S SIX SCHOOLS OF DENTISTRY PARTICIPATE IN THE

FellowTrack Leadership Conference

In October the CAGD held its Annual FellowTrack Leadership Conference in Los Angeles. The conference was attended by FellowTrack students from all six of the California dental schools; the first time ever that all six clubs have been represented at the same meeting. The keynote speaker was Dr. Michael Lew, who spoke about "Success in Dentistry," a



topic that is very meaningful to dental students as they transition from school to working in the dental profession. This was the highlight of the FellowTrack year, where current presidents were recognized and past presidents were awarded for their leadership skills as student members of the Academy of General Dentistry.

Student leaders are charged with planning the two off-campus FellowTrack Implant Workshops that will take place this Spring. This is an exciting year for CAGD
(continued, top of next page)

FELLOWTRACK LEADERSHIP CONFERENCE (continued from the adjacent page)

UNIV. OF PACIFIC'S CONTINGENT



Cameron Freelove

Dr. Sun Costigan

Tanner Zylstra



LOMA LINDA'S ATTENDEES



Robert Perry

Eugene Oriola

Alvina Choi

Dr. Ron Fritz

FellowTrack programs because student membership has been increasing based on the educational value of AGD membership.

There is no doubt that these dedicated students are the future leaders of our great organization. ■

Cheryl Goldasich, DDS, FAGD
CAGD FellowTrack Chair for UOP, UCSF, LLU, Western, USC and UCLA
Faculty Mentor, UCLA and USC Schools of Dentistry

Students * Residents * Recent Graduates

Jumpstart your future with what the AGD has to offer:

- * A MENTOR PROGRAM
- * PRACTICE MANAGEMENT RESOURCES
- * ADVOCACY FOR YOU
- * A CAREER CENTER
- * A FACEBOOK PAGE
- * PROFESSIONAL NETWORKING
- * FELLOWTRACK CREDITS
- * NETWORKING TOOLS
- * A TRANSITION MANUAL
- * REDUCED MEMBERSHIP RATES
- * SPECIAL INSURANCE RATES
- * DIGITAL TOOLS

For more information: www.facebook.com/generaldentists and students@agd.org

Look for this logo when you sign up for continuing education courses



FellowTrack South * Ostrow School of Dentistry at the University of Southern California



CATHERINE TAN
Moreno Valley

The AGD FellowTrack at USC had an exciting and eventful Fall trimester. We held two "Lunch and Learn" lectures. Our first meeting in was an introduction to the AGD FellowTrack, the benefits of joining and an overview of upcoming events.

During the second meeting, Dr. Cheryl Goldasich spoke

about different employment options to pursue as a new graduate. She spoke about opportunities including associateships, corporate dentistry and owning your own practice. She also gave tips on drafting an associate contract.

At the next meeting Dr. Andrew Eggebraten presented a lecture on "Dental Photography." He reviewed the essentials, including the use of a digital camera (*settings, mirrors, retractors, and contrastors*) to achieve high quality clinical photos. He also gave us advice on how to compile an attractive dental portfolio to document and showcase our work to potential employers.

We also had the opportunity to attend several CAGD continuing education courses, including the AGD FellowTrack Leadership Conference. This was an opportunity for us to recognize and honor our past Fellow-

Catherine Tan, Vice President, AGD FellowTrack at USC

Track leaders and network with our colleagues from each of the California dental schools. Dr. Michael Lew also gave an inspiring lecture on "How To Be Successful in Dentistry."

Several of our members also attended the CAGD seminar where Dr. Mike Chen reviewed the "Fundamentals of Bone Grafting and Ridge Preservation." He reviewed bone defects, wound healing, various types of bone grafting materials and their indications, and bone regeneration. In addition, he also explained procedures for extraction site management with membranes and suturing techniques.



This January, many of our members also attended Dr. Daniela Rodrigues Silva's lectures on "Current Views on Managing Traumatic Dental Injuries in Children" and "Esthetics for Pediatric Patients" at the CAGD 2016 Annual Meeting. She presented various common cases of traumatic injuries and the techniques used to diagnose and treat them. She reviewed procedures including Cvek pulpotomy, fragment bonding, and the use of strip crowns and Zirconia crowns.

The AGD FellowTrack program at USC has enjoyed great turnouts for our events and we are looking forward to organizing and attending more educational AGD programs this year. ■



From top left, back row: Tiffany Neimar, Dennis Sourvanos, Parvapat Patel.
From bottom left, front row: Jordan Gaddis, Valerie Velasco, Dr. Cheryl Goldasich, Janet Myung, Radhika Mistry, Kanchan Sawlani, Catherine Tan, Dr. Sienna Palmer



FellowTrack South

University of California at Los Angeles



Allyson Taylor, President, UCLA FellowTrack



ALLYSON TAYLOR
Moorestown, New Jersey

UCLA's FellowTrack year is shaping up to be an exciting one. Last Summer, we elected new cabinet members and transitioned roles and duties to our new members. With the start of the Fall quarter, we held our Annual Introductory Meeting where we recruited new members for UCLA and national AGD. Each member of the cabinet presented a different part of what makes the UCLA AGD special. We treated attending students to a delicious lunch.

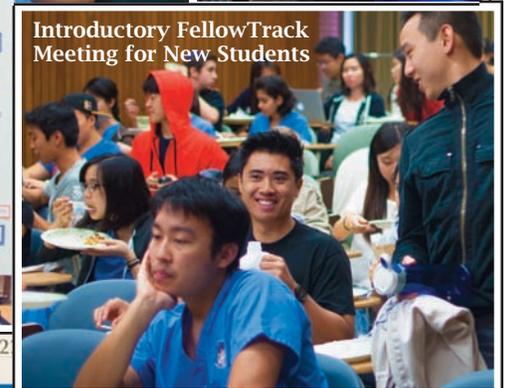
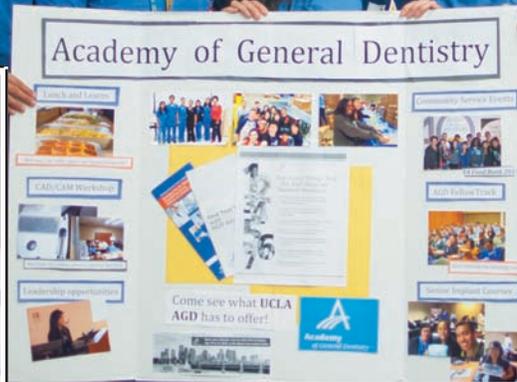
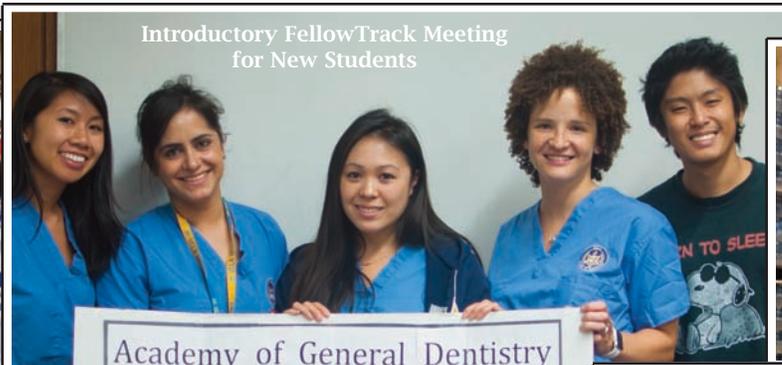
In mid-October, we sent ten students to the AGD Annual Leadership Meeting at the LAX Holiday Inn, including

Mark Materum, Kanika Sabhlok, and Valentina Babuchyan from the UCLA AGD cabinet. Students enjoyed the keynote speaker talking about jobs and success in dentistry as well as the opportunity to meet and network with other AGD members from all six dental schools in California. They also received five hours of CE credit for their participation. Our Fall

learning opportunity was a "Lunch and Learn" lecture by Dr. Sreenivas Koka. He discussed bone loss in the context of implant treatment and taught students about what they can do to prevent peri-implant bone loss. Feedback for the lecture was excellent, with students noting Dr. Koka's clear presentation style and appreciating the relevance of the topic to their clinical experiences. One hour of CE credit was granted for students attending the lecture.

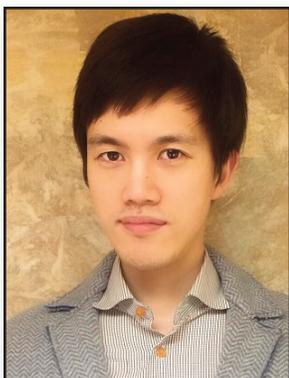
The UCLA AGD FellowTrack kicked off the Winter quarter by hosting a volunteer event at the Los Angeles Regional Food Bank. Ten students from UCLA spent the morning sorting canned food, dry goods and other food items for needy children and families in Los Angeles. Together with the other groups volunteering that day, 5,800 kits of food was sorted. All will be delivered to seniors and children in need in L.A. County.

This quarter we plan to host two additional "Lunch and Learn" lectures. Looking forward to the Spring quarter, the UCLA AGD plans to continue to offer CE lectures to our club members and other students as well as hosting community service events. ■



FellowTrack South

Western University of Health Sciences, College of Dental Medicine



BRIAN (Ho-Hyun) SUN
Irvine, California

Brian (Ho-Hyun) Sun, *Surgical Sciences Representative, Western University Dental*

The WesternU FellowTrack program is pleased to announce that a team of researchers at the College of Dental Medicine was awarded second place at the 2015 AGD Annual Meeting ePoster Session.

As a “Surgical Sciences Representative” to the WesternU FellowTrack, I am humbled and honored to have been

the poster presenter and a lead for the team. Our investigation discussed a novel flap and closure design in the extraction of impacted mandibular third molars. We found that establishing a conservative flap, without vertical releasing incisions or cuts through papillae, dramatically decreases the rate of the occurrence of a dry socket. A more detailed description of the incision design and research statistics may be found in an upcoming issue of the *Journal Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology* (“Triple-O”).

Even beyond this early recognition, WesternU FellowTrack is deeply grateful to be a part of a vibrant institution that seeks to push the boundaries of dentistry. With contributions from our surgical faculty, we were able to produce a series of digitalized lessons detailing proper methods for biopsy incisions and surgical extractions.

With the help of the Department of Biomedical Sciences, FellowTrack members were also able to share discoveries made at the University, not only during the AGD ePoster Session, but also at the AADR/IADR Annual Session, the ADEA Annual Exhibition, the Greater New York Dental Meeting, the Hinman Dental Symposium, and the ASDA District 11 Meeting. In fact, one project presented at ASDA District 11 became a joint effort with our student-pharmacist colleagues that produced results relevant to all of healthcare.

Further, WesternU FellowTrack was able to sponsor a number of workshops and outside speakers discussing novel positions in clinical periodontics, orthodontic camouflage, sports dentistry, and prosthetic designs that could help our future dentists provide state-of-the-art care.

It is without doubt that FellowTrack will work to continue providing these services and more in 2016.

2015 was a particularly meaningful year for FellowTrack at WesternU, not only because it represented the group’s first birthday, but because it helped demonstrate the pioneering spirit of the students and faculty at WesternU.

With new, impassioned student leaders at hand, we are certain that WesternU and its FellowTrack program will be able to make much greater contributions to dentistry than we had been able to during the “early years” of the chapter. ■

PEARLS *(continued from page 15)*

the facial plate of bone. He prefers to submerge the implant 2.5 to 3.5 mm below the gingival margin to allow for an aesthetic emergence profile.

Dr. DiPonziano also reviewed how to achieve success in grafting around immediate implants. He prefers placing non-resorbable membranes 2 to 3 mm beyond the bony defect and stabilizing the graft during healing. Any micro-movement can lead to graft failure. A denture or maxillary anterior stayplate (*interim partial denture or flipper*) must

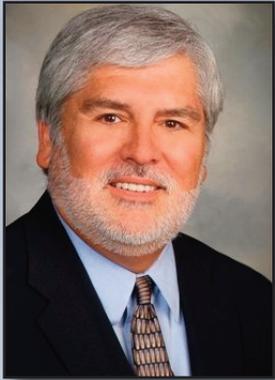
be adjusted so that it does not contact the graft. Tacks should be part of your armamentarium. The bone particles should not be packed so tightly as to inhibit the blood flow needed to nourish the graft. Lastly, the mucoperiosteal flap must be sutured without tension on the incision. Dr. DiPonziano was able to answer many questions from the engaged audience. The dentists who were able to attend one or both of these “Pearls and Bullets” lunchtime presentations found them worthwhile. ■

— Paul Schafer, DDS, MAGD, FICOI *is in private practice in Novato*



Hands-on Treatment and Prevention of Dento-Alveolar Injuries in Sports Dentistry

FABRICATION OF PRESSURE THERMOFORMING APPLIANCES



DR. RAY PADILLA

Faculty, UCLA
School of Dentistry

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international lecturer

Co-founder,
SportsDentistry.com

Multiple published
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juries and Prevention

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Soccer and more!

* Featuring **Dr. Ray Padilla**

* **Friday, September 30, 2016** (8 a.m. till 3 p.m.)

THIS WILL BE SDAGD'S ANNUAL MEETING

* Topics to include:

- ✓ Review treatments of all dental traumas including luxations, avulsions, contusions, and lacerations
- ✓ How to incorporate a preventive program for dental patients into your practice
- ✓ Comparing over-the-counter guards vs. custom pressure-formed mouthguards
- ✓ Diagnosis, design and fabrication of vacuum-formed vs. pressure-laminated

* Where: **Patterson Dental Supply Education Center**

4030 Sorrento Valley Boulevard, San Diego 92121

* Open to all team members with free parking

* Come prepared with specific questions

(plenty of time will be allowed for questions and answers)

* Four lecture hours plus three participation "CE" credits

* Continental breakfast and lunch for all attendees

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DR. THANH TRAN
San Diego AGD President

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After September 15th –

AGD Member @ \$249, Non-Member @ \$299, Staff.Military @ \$129

Registration via mail or fax or online:

Online at: <http://www.sdagd.org>

Phone: (858) 353-2182

Fax: (760) 736-8261

Email: exec@sdagd.org





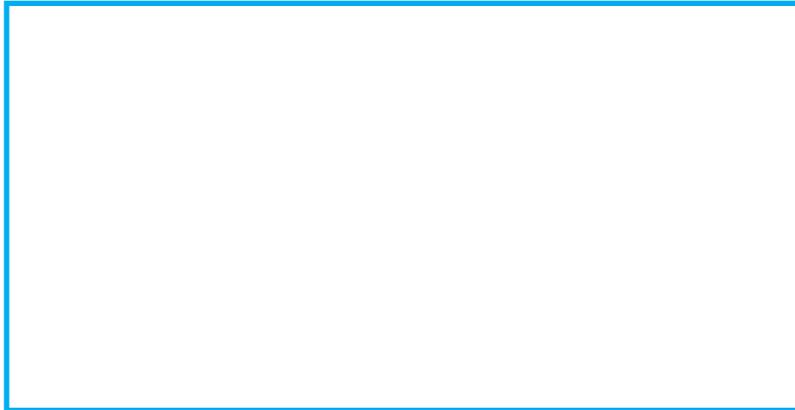
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- ◆ \$310,000 invested in 2009 in the fund is now worth over \$1 million
 - ◆ Fund Manager: Kevin Anderson, DDS, MAGD; AGD Treasurer '04-'06
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 - ◆ Kevin has over \$3m of funds invested alongside partners
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 - ◆ Suitable for high net-worth individuals (*meeting SEC definition of an accredited investor**) with personal, trust and/or retirement funds
 - ◆ The partnership is limited to 99 partners and there is a wait list
- ◆ As an original founding AGD Investment Committee member, Kevin raised the Academy's reserves from 16% (\$2.1m) to 53% (\$6.9m) after staff handed him the largest deficit budget in the AGD's history (\$3.1m)
 - ◆ AGD Distinguished Service Award: "Established goals and strategic direction for AGD's financial stability"



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