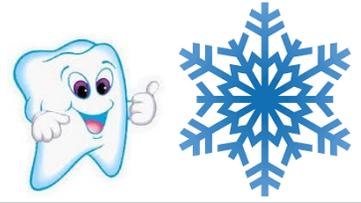




Publication of the Stanislaus Dental Society



Winter, 2016

**May Your Days
Be Merry
and Bright!**



Happy Holidays!
from the Stanislaus Dental Society

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Stanislaus Dental Society**

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Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.



Robin's Relevant Remarks

Robin Brown, SDS Executive Director

There's been a lot going on for the Stanislaus Dental Society organization this year! Always seeking to improve membership value, the board has initiated the following this year:

Logo: After all these years, Stanislaus Dental Society finally has a new logo! Thanks to Dr. Robert McCulla's initial concept and some tweaking by Never Boring Design, SDS has a logo that will stand the test of time and is indicative of the environment in which its members practice.

Facebook: SDS now has a Facebook page. We'll be sharing information on continuing education courses, social events, trending dental topics, and event photos. Make sure to Like our page, Stanislaus Dental Society, and Share it with your friends!

Updated website: The SDS website is six-years-old and technology has passed it by. We are now in the process of updating the website and making it more user-friendly. The layout will be more functional, be more aesthetically appealing, and will include the option of registering and paying for SDS events online by credit card. It is in the development stage now and as with all good things, it will take time before it goes live which should be in the early Spring. In the meantime, the old site will continue on.

Credit Cards: The SDS office has set up an account with PayPal and now accepts credit cards for all courses and events. This includes Visa, Mastercard, Discover, and American Express. Until the completion of the updated SDS website, you will still need to complete a downloaded registration form and mail it with your payment information (by check, money order or credit card) to the SDS office; however, after the website update has been completed, you will have the option to also be able to register all courses/events online and make your credit card payment through PayPal.

Continuing into 2017, your membership offers you: CE courses every quarter, BLS renewal courses, all day Summer Dental Symposium, and credits included at every General Membership meeting (no fee). There is opportunity for peer interaction; GM meetings, Member Mixers and social events. Staff benefits from CE courses, SDS Goes to the Nuts and Staff Appreciation. Significant others are welcomed to the Nut's game, the Shred-it event and the Holiday Mixer. You will also find value in knowing that I am here Monday through Friday to provide practice support for you and your staff should there be a need.

Going into 2017, the Stanislaus Dental Society is strong. Our membership is growing, we are fiscally sound, and we have leadership engagement within SDS and at the CDA and ADA level. The board is always looking for members who are interested in participating in any of our committees or potentially in future board service. If interested, please contact your SDS board members or me.

I hope the holiday seasons finds you and yours happy and healthy and I look forward to working with you in 2017!

.....SDS members: Preserving the dental health of the earth's population, one patient at a time.

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Michael Shaw, MD, DDS

Toll Free Numbers

ADA. . . (800) 621-8099

CDA. . . (800) 232-7645

TDIC . . . (800) 733-0634

Denti-Cal Referral

.....(800) 322-6384

2017 SDS Board of Directors and Committee Chairs



Dr. Wesley Wong
President



Dr. Dean Brewer
President-Elect



Dr. Amanda Farley
Treasurer



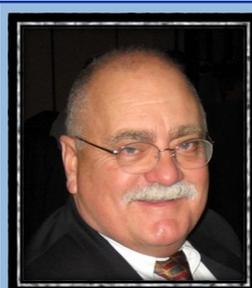
Dr. Victor Pak
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Dr. Toshi Hart
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Dr. Nicholas Poblete
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Dr. Michael Cadra
Trustee



**Dr. Jennifer
Leon-Guerrero**
Peer Review Chair



Dr. Jacob Barber
Continuing Education



Dr. Michael Shaw
Ethics/Well-being



Dr. Preston Payne
Community Health



Robin Brown
Executive Director

Profiles in Dentistry



Dr. Victor Pak *Oral & Maxillofacial Surgeon*
Incoming SDS Board Secretary

Dr. Pak was born in Seoul, South Korea, immigrated to the United States in 1970 and grew up in Longmont, Colorado. He became a U.S. citizen in 1978. Dr. Pak graduated in 1986 with a BA in Economics at University of Colorado, then attended dental school at University of Colorado Health Sciences Center in Denver and graduated with a DDS in 1993.

During dental school he joined the Navy and after graduation he was assigned to Naval Officer Indoctrination School in Newport, RI, in 1993. After learning how to salute and march, Lieutenant Pak went into residency in Advanced Education in General Dentistry in San Diego and graduated in 1994. Dr. Pak's first assignment after residency was to be the first dental officer and department head to the brand new amphibious ship, USS Boxer LHD 4. After commissioning the ship in Pascagoula, Mississippi, he, along with a crew of 1,400, sailed through the Panama Canal to homeport in San Diego. Lt. Pak applied and was accepted into residency in Oral and Maxillofacial Surgery at Balboa Naval Hospital, San Diego in 1997. His scope of training included: dentoalveolar surgery, implants, orthognathic surgery, pathology, trauma, reconstruction, and cosmetics.

In July, 2001 Lieutenant Commander Pak graduated and was called to serve as the ship's oral and maxillofacial surgeon and assistant dental department head of 19 dental personnel on the aircraft carrier, USS Abraham Lincoln CVN 72 based out of Everett, Washington. During deployment, Dr. Pak served as the Oral & Maxillofacial Surgeon for the Abraham Lincoln battle group which included seven ships. This included support in Operation Enduring Freedom (air operations in Afghanistan), Operation Southern Watch (enforcing the no-fly-zone in Iraq), and Operation Iraqi Freedom (Iraqi war).

Dr. Pak's last tour was at Naval Dental Center Southwest in San Diego as department head and Command Consultant of Oral and Maxillofacial Surgery. Commander Pak separated from the Navy with an honorable discharge from the Navy after serving 12 wonderful years.

Since July of 2005, Dr. Pak has been in private practice in Turlock. He is married to Meiluen and together they have a daughter, Monique, a son, Tai Yong and a dog Pierre rescued from the pound. Dr. Pak looks forward to providing service to the wonderful community of Turlock and the surrounding areas in the field of Oral & Maxillofacial Surgery.



Dr. Preston Payne *General Dentist*
Incoming Community Health Chair

Dr. Preston Payne was born and raised in Greenwood, SC. Go Clemson Tigers! He graduated with a B.S. from The Citadel and then went to the Medical University of South Carolina for my D.M.D. Upon graduation in 2016, He was fortunate enough to become an associate at Dr. Wong and Dr. Rickey's practice here in Modesto. Dr. Preston enjoys spending time with his wife and dog, photography, tennis and seeing live music.

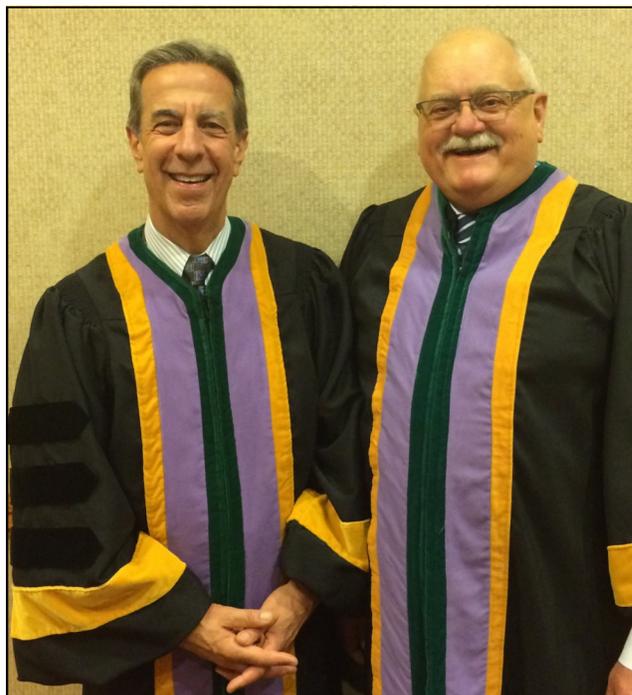
SDS welcomes new member, Dr. Preston Payne and appreciates his willingness to serve as Chair of the Community Health Committee. Thank you and well done to Dr. Cesar Acosta for his service as chair for the past three years!

Congratulations!

Dr. Stan Baker was inducted as Fellow of the American College of Dentists on November 10 closely followed by Dr. Michael Cadra who was inducted as Fellow in the International College of Dentists on November 11. (Dr. Cadra is also FACD and FACS). Dr. Elizabeth Demichelis and Dr. Andy Soderstrom are both previous recipients of the ACD and ICD.



Drs. Stan Baker and Elizabeth Demichelis



Dr. David Rainero, OMS Walnut Creek and Dr. Michael Cadra



Dr. Michael Cadra receiving his plaque

State launches program to increase use of preventive services for low-income children.

State increases opportunities for dentists serving low-income children

Reprinted with permission from California Dental Association

Dentists in California now have an opportunity to participate in the Dental Transformation Initiative to help improve dental health for low-income children enrolled in the Denti-Cal program, while receiving enhanced reimbursement by meeting specific incentive metrics. As part of California's 1115 waiver, known as Medi-Cal 2020, the DTI focuses on high-value care, improved access and utilization of performance measures to drive delivery system reform.



CDA strongly advocated that oral health services be included in the waiver agreed upon late last year by the state of California and the Centers for Medicare and Medicaid Services. The unprecedented agreement offers increased state flexibility to meet the needs of its 13.5 million beneficiaries and infuses an additional \$740 million investment in Denti-Cal over the next five years.

There are four domains under DTI. Two of the four domains are already underway—Domain 1 and Domain 3.

Incentives for early, preventive care: Domain 1

The state has set a goal to increase the number of children (0-20 years old) who receive preventive dental services by 10 percent over the five-year waiver period. Under Domain 1, the program provides significant bonus payments to providers who are able to increase the number of additional Denti-Cal beneficiaries they serve by 2 percent per year.

Each participating Denti-Cal office location will have a unique utilization benchmark to achieve, and once reached, the state will provide semiannual payments to providers for the prevention services they deliver to new patients above their benchmark. Incentive payments will be 75 percent above the current schedule of maximum allowance (SMA) for all prevention services provided to the new patients above the established benchmark. This represents a considerable investment in preventive care and recognizes the need for substantial increases in the funding providers receive.

Domain 1 incentives payments are available to Denti-Cal-enrolled dentists statewide. The pilot officially began on July 1, 2016. The Department of Health Care Services will soon mail letters notifying providers of their benchmark number of patients and goal required to achieve incentive payments. This benchmark is calculated based on the service office location's delivery of preventive services to Medi-Cal beneficiaries' data during the baseline calendar year 2014. Newly enrolled providers will be subject to the state's predetermined benchmark based on their county.

Any dentist already enrolled in Denti-Cal is eligible for these incentive payments without any further action. DHCS will issue the first incentive payments in January 2017 to those provider locations that met or exceeded the goal of a two-percentage point increase of Denti-Cal patients from the first six months of the program January 2016 through June 2016. Providers who wish to enroll as a Denti-Cal provider and participate in this domain may do so at any time.

Continuity of care: Domain 3

This domain is designed to ensure Denti-Cal children ages 20 and under continue to receive the dental care they need on an ongoing basis by providing incentive payments to dental service office locations who have maintained continuity of care through the provision of recall exams for their Denti-Cal patients.

The incentive will be paid as an annual bonus payment to providers for each child who receives a dental exam for two consecutive years at the same dental office. The per-child bonus increases in each subsequent year if treatment continues to be provided at the same treatment location. The first annual bonus payment (after the second year of consecutive treatment) will start at \$40 per Denti-Cal beneficiary, increasing by \$10 each year up to \$90 after five years of consecutive recall visits for the same patient.

Since Domain 3 is a pilot, only dentists in the selected pilot counties are eligible to participate in Domain 3. The selected pilot counties are Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Sonoma, Shasta, Stanislaus and Yolo.

For more specifics regarding the Dental Transformation Initiative, search for "DTI" on the DHCS website (www.dhcs.ca.gov).

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SDS Invites You!

Join the Stanislaus Dental Society Board for a Holiday Member Mix and Mingle; an evening with a guest of your choice.



SDS 2017 BLS Renewal Course

ENROLL EARLY ----- Classes are limited to 16 participants per class!

The **Stanislaus Dental Society** Continuing Education Committee is pleased to announce continuation of our BLS Renewal Course Program, allowing SDS members and staff the opportunity to **renew** certification conveniently and at a minimal cost.

Time: 8:00am (SHARP) to 11:00am
Credits: 3 Hours / Units (**see important note at bottom of page**)
Cost: \$40.00 per person - **Must** be paid in advance to reserve your space in the class. FAX and registration by phone **will not be accepted**.
Place: Memorial Medical Plaza Education Dept.
1700 McHenry Ave. Ste 60B, Modesto (*in McHenry Village*)

Changes must be submitted *two weeks* prior to your class date. SORRY...NO exceptions. Classes are in high demand and space is limited; the instructor will only take 16 students. Please do not arrive without an appointment, you will not be allowed to attend. Contact the SDS office if canceling; there is a wait list of attendees wanting your spot!

Registration fees for no-shows are **forfeited** and are not transferable to another class!

If your **BLS Card** has expired past 30 days, you will not be eligible for this course.

Please retain a copy of this notice and mark your calendar as no confirmation will be issued. You will be contacted if the course you want is full.

DATE	TIME
<u>Friday, January 6</u>	<u>8:00am – 11:00am</u>
<u>Friday, February 3</u>	<u>8:00am – 11:00am</u>
<u>Friday, March 3</u>	<u>8:00am – 11:00am</u>
<u>Friday, April 14</u>	<u>8:00am – 11:00am</u>
<u>Friday, May 12</u>	<u>8:00am – 11:00am</u>
<u>Friday, June 2</u>	<u>8:00am – 11:00am</u>

*Important!! The Memorial Center **!REQUIRES!** you to have the Basic Life Support (BLS) Provider Manual prior to and during class. The book can be purchased online for \$13.25 at, <http://shop.aha.channing-bete.com>. Choose Item #15-1010. The book is also available for download as an EBook.

Please note:

You must bring the manual/EBook with you or they will not allow you to take the course!

Are You in Compliance?

Jan. 1, 2016: Use revised CDT codes

Dentists must use 19 new dental procedure codes, 12 revised codes and be aware that eight codes have been deleted. CDT is the only HIPAA-recognized code set for dentistry, reflecting technological advances and improved accuracy, specificity and simplicity.

Jan. 1, 2016: Display whistleblower, injury posters

Dental practices must post California's Whistleblower Protection notice, printed no smaller than 8.5 inches by 14 inches, as well as Notice to Employees – Injuries Caused by Work, in both English and Spanish if dentists have Spanish-speaking employees.

April 1, 2016: Replace pregnancy leave posters

Dental practices must post *Your Rights and Obligations as a Pregnant Employee* (DFEH-100-20), which replaces "Notice A," addressing Pregnancy Disability Leave, as well as the California Family Rights Act. Employers with 50 or more employees must post *Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave* (DFEH-100-21), replacing "Notice B."

April 1, 2016: Develop new antidiscrimination policies

Amendments to California's Fair Employment and Housing Act regulations, which generally apply to employers of five or more employees, require employers to develop and distribute antidiscrimination, anti-harassment and complaint investigation policies. CDA has developed sample policy language and a sample employee manual template for dental practices.

June 1, 2016: Update hazard communication plans

Dental practices must have updated hazard communication plans and safety data sheets (SDS), place appropriate labels on secondary containers and train all staff on new chemical labeling and classification systems. CDA has developed a sample hazard communication plan and PowerPoint presentation for use in dental practices.

July 1, 2016: Provide timely practice updates

Dentists contracted with dental plans must respond to a plan's request for accurate directory information within 30 days or face payment delays, reimbursement reductions or, ultimately, termination of their participating provider agreement. Dental practices are required to provide timely practice updates, including practice address, license number, and other information.

July 1, 2016: Register with CURES

All prescribers in California with U.S. Drug Enforcement Administration registrations are required to register to access California's prescription drug monitoring program, known as CURES 2.0.

July 1, 2016: Submit email address

Each individual licensed or permitted by the Dental Board of California or the Dental Hygiene Committee of California must submit an email address to the Dental Board. Send an email to dentalboard@dca.ca.gov, using the subject line "Electronic Mail Address Requirement" and include in the body of the email the individual's name, license type, license number and email address. The electronic mail address shall be considered confidential and not subject to public disclosure.

July 18, 2016: ACA: Provide interpreters, ensure accessibility

Under the Affordable Care Act, dentists participating as providers in the Denti-Cal and CHIP (formerly known as Healthy Families) programs and those who have received Meaningful Use funding are required to comply with new federal anti-discrimination policies. They must provide interpreters or translators to patients with limited English proficiency, ensure accessible online appointment systems and billing, ensure employee health plans are in compliance with anti-discrimination laws, and comply with standards concerning dental facility alterations or new construction.

(cont. on Page 10)

(cont. from Page 9)

Aug. 1, 2016: Display new minimum wage posters

Dental practices must post the revised *Fair Labor Standards Act (FLSA) Minimum Wage Poster*, no smaller than 11 inches by 17 inches, as well as the revised *Employee Polygraph Protection Act (EPPA) Poster*.

Oct. 18, 2016: ACA: Post nondiscrimination notices

Under the Affordable Care Act, dentists participating as providers in the Denti-Cal and CHIP (formerly known as Healthy Families) programs and those who have received Meaningful Use funding are required to comply with new federal non-discrimination policies. They must post a notice of on-discrimination, post taglines in the top 15 non-English languages spoken in California and offer free language assistance, and post information regarding grievance procedures for practices with 15 or more employees.

Dec. 1, 2016: Review duties of exempt employees

California practice owners must review the duties test to determine that employees clearly meet the job duties of exempt positions and either increase employee salaries to be compliant with these new regulations or reclassify them as non-exempt, hourly employees.

Jan. 1, 2017: Implement new minimum wage

The minimum wage for a large employer with 26 or more employees in California will increase from \$10 per hour to \$10.50 per hour, and employers with 25 or fewer employees will remain at \$10.00 until Jan. 1, 2018. Some cities and counties have their own ordinances beyond what is required by state law, with more expected to follow. CDA provides a guide to minimum wage ordinances by city and county and employers are advised to check with their local jurisdictions to ensure they are in compliance.

Jan. 1, 2017: Register to file and pay with EDD

Employers with 10 or more employees must register with the Employment Development Department's

e-Services for Business and file all wage reports and employment tax returns and pay all contributions for unemployment insurance premiums electronically. All employers will be required to register and file under this new law beginning Jan. 1, 2018.

Jan. 31, 2017: Copies of Form W-2 must be filed by Jan. 31

The Internal Revenue Service moved the annual deadline for filing copies of employees' Form W-2, W-3 and certain forms reporting nonemployee payments to independent contractors (such as Form 1099-MISC) with the Social Security Administration. Historically, employers filing paper forms had until the end of February and employers filing electronically had until the end of March. The IRS is working with payroll providers and others to inform employers of the new deadline. Employers are still expected to meet the Jan. 31 deadline when providing copies of the forms to employees.

Feb. 1, 2017: Enroll or opt-out of Medicare

Dentists who treat or refer Medicare enrollees or prescribe medication to Medicare patients through the Medicare Part D program must either enroll in Medicare as a provider, or opt-out of enrollment. To assure one's status with Medicare and ensure patients' Medicare benefits do not lapse, dentists should allow sufficient time for processing whichever form is submitted.

"The objective of the Stanislaus Dental Society shall be: To encourage the improvement of the oral health of the public, to promote the art and science of dentistry, to encourage the maintenance of high standards of professional competence and practice, and to represent the interests of the members of the dental profession and the public which it serves."

STANISLAUS DENTAL FOUNDATION ANNUAL MEMBERSHIP MEETING





It Will Never Happen to You!

By Tom Wagner, DDS

Practice Transition Consultant, Henry Schein

(Written for the Sacramento District Dental Society's newsletter, The Nugget)

When I was first contacted about writing an article for the Nugget based on my personal experiences with disability insurance, I did not answer for a few days. My first thought was to decline because I did not want to write about myself and it has been many years since I became disabled from clinical practice. However, after giving it more thought, I agreed to pen an article in hopes that my experience would be of help to my colleagues.

My understanding of the importance of insurance began within a few months of finishing graduate school. Two months prior to graduating, being on school health insurance and in financial distress, I was unable to afford some recommended medical tests. I decided to wait until I opened my practice and had better medical insurance. When I arrived in Sacramento in July 1975 and opened my practice, I tried to purchase medical insurance and quickly learned the meaning of a term I was unfamiliar with – uninsurable. Having two major surgeries within six weeks and missing several weeks of work within the first nine months of opening my practice, I decided that when I became insurable I would purchase whatever insurance I needed to protect my investment in my education, my practice, my career, and my financial future.

In the years between 1975 and 1993 I purchased as much disability insurance as the insurance company would sell me - yes, it seemed very expensive at the time. It turned out to be the most important purchase of my life. When I added partners to my practice, in addition to our personal disability policies, we purchased a group disability policy that not only covered all our employees, but ourselves as well.

Even though I had protected myself reasonably well and was fairly well insured at the time of my accident, I made some significant mistakes. My first mistake was that I paid for part of my disability insurance through my corporation as a business expense (I thought I would never become disabled), so I had to pay federal and state income taxes on a portion of my disability income for all the years I received it. The second mistake was that my policies did not have cost of living riders, so my disability income never increased. The third mistake was that I did not have coverage past age 65. I know of disabled dentists who have coverage well beyond age 65 which has made it easier for them to prepare for retirement. I never dreamed I would become disabled, much less at such a young age (46), and that it would be a career ending disability.

In my second career as a dental practice broker, I have sold several practices in which the selling dentist became disabled. Getting disabled is life changing. Even if you have disability insurance and you are well protected, disability income will not come close to matching the income you can earn from practicing dentistry. Your level of coverage or lack thereof, can be the difference between a mild to moderate decrease in income, resulting in a change in lifestyle (the ability to still live a comfortable life), to the other extreme of financial devastation (no income, unable to work, and significant medical expenses).

I have had a long time to think about my disability coverage and what I would do (based on my experience) if I were young again. The disability that takes you out of practice for a short time (six months to a year) is problematic; the disability that ends your career can be financially catastrophic, especially if you are young. I believe you should be prepared for both a short term and a lifetime disability. I am by no means an expert on disability insurance, but I would purchase as much disability insurance as I could possibly purchase and pay for it personally. I would purchase cost of living riders on at least half of my policies in case of a long term disability, and if available, I would purchase at least one lifetime policy. If you end up disabled for many years you want at least a portion of your income to increase annually and if you are unable to ever become gainfully employed in any occupation, you want income for life. You also want "Definition of Occupation" for the clinical practice of Dentistry and if you are a specialist, "Definition of Occupation" for your specialty for all policies. If you are able to work in another occupation it is a significant benefit to be able to continue to receive your disability income in addition to the income from your new occupation. I would purchase multiple policies and stagger the waiting periods to make the insurance more affordable (all of your income doesn't need to begin in thirty days).

(cont. on Page 14)

(cont. from Page 13)

Your disability insurance agent or broker can provide you with many statistics about dentists who become disabled. When it happens to you, it is no longer about percentages, odds, and statistics; for you it is 100%. When you become disabled, the decisions you have made regarding disability insurance coverage will directly affect you and your family every day of the rest of your life. I haven't talked with anyone yet that hasn't said they would do some things differently if they had a second chance to purchase disability coverage. When you lose the ability to practice, you lose the income stream that provides for every day necessities such as the food on your table, your home, cars, lifestyle, vacations, and your ability to provide for your children's education and your retirement.

You have invested a significant amount of time and money to become a dentist. Dentistry can provide you with an enviable lifestyle and it is all based on an income stream. A career ending disability can be progressive or it can occur in an instant. One minute life is great and the next minute your life has changed forever and your income stream is gone, maybe for the rest of your life. I can't emphasize enough how important it is to be prepared for what you believe will never happen to you.

.....

Thank you to the 28 SDS members and their staff who volunteered to help provide approximately \$1.8 million in oral health care services to 2,066 underserved people at the CDA Cares event in Stockton.



Dr. Jacob Barber

CDA Cares San Mateo
Saturday, April 22
Sunday, April 23
San Mateo Event Center

CDA Cares Bakersfield
Saturday, October 6
Sunday, October 7
Kern County Fairgrounds



Dr. Amanda Farley



Dr. Eduardo Gerodias and ED Robin Brown

CDA Cares Stockton

- \$1.8M donated dental services
- 2,066 patients
- 14,178 procedures
- 2,500 volunteers

CDA Cares Total Impact since 2012:

- \$16.4M donated dental services
- 20,031 patients
- 118,021 procedures
- 16,812 volunteers



Dr. Toshi Hart and her squad!

OSHA, California Dental Practice Act, and Infection Control

-by-

Nancy Andrews, RDH, B.S.

6 Hours / Units of Category 1 Continuing Education Credits

Friday, January 20, 2017

8:00am – 3:30pm

Memorial Medical Plaza Education Dept.

1700 McHenry Ave. Ste 60B, Modesto (*in McHenry Village*)

8:00am – Registration / Breakfast

8:30am to 12:30pm – Presentation

12:30pm to 1:30pm – lunch (will be provided)

1:30pm to 3:30pm – Presentation

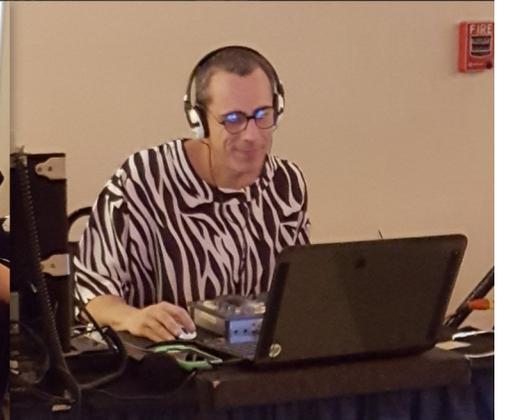


Nancy Andrews, RDH, BS, graduated from and taught at University of Southern California School of Dentistry, and practiced dental hygiene locally for 20 years. She is a professor at West Coast University, Dental Hygiene program. Nancy presents at major meetings across the nation, focusing on infectious diseases, clinical safety, disaster preparedness, instrument sharpening, California Dental Practice Act, dental risk, oral pathology, and ergonomics. She is one of the top 100 national speakers, and is on the CDA, ADA and OSAP speaker's/ Consultants bureaus. Nancy is a widely published author of dental journal articles and has contributed to textbooks, professional infection control documents and posters.

COURSE SYNOPSIS:

This course will fulfill four important requirements all in one day!! All licensed dental professionals are required by the Dental Board of California to take an Infection Control Class and a California Dental Practice class biennially for licensure renewal. However, let us not forget that CAL-OSHA has annual training requirements for personnel who work in an environment that have a risk of occupational exposure to bloodborne pathogens and/or hazardous chemicals. CAL-OSHA requires all dental professionals to take an annual course in Bloodborne Pathogen training,





Advertising on Groupon allowed under new law

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Legislation signed in September by Gov. Brown resolves a longstanding conflict concerning whether health care providers' use of online marketing companies to advertise health care services constitutes fee splitting or payment for referrals, both of which are prohibited under state law.

Assembly Bill 2744 (Gordon, D-Menlo Park) permits health care providers to advertise online via vouchers for specific services through Groupon, Living Social and other similarly structured social coupon companies. Under the new law, the sale of such a voucher for health care services is not considered a payment for referral of patients as long as the third-party advertiser does not recommend, endorse or select the health care provider. Payment for referral of patients is a violation of California's Business and Professions code, Section 650, as well as CDA's code of ethics.

Groupon and its direct competitors operate by contracting with businesses, including health care providers, to promote discounted products and services to potential customers. In order to take advantage of the discounted service, the customer must provide advance payment directly to the online company, which typically deducts a percentage as its contracted fee and remits the balance of the payment to the business.

Questions had been raised in California and other states about the use of these online marketing companies because, unlike with traditional advertising where a flat fee is paid irrespective of how successful the advertisement is, the third party (or online marketing company) receives a share of the purchase price of each voucher sold. CDA's previous guidance urged dentists to avoid using these online coupon programs, or to negotiate a flat-fee structure to avoid engaging in what has been construed as the noncompliant "per-referral fee."

CDA worked with the author's office to ensure that any gray area surrounding payment for referral of patients and fee splitting was eliminated for dentists.

Three amendments CDA requested were folded into AB 2744, allowing CDA to move from an "oppose unless amended" to a neutral position on the Groupon-sponsored bill. These amendments protect a dentist's authority to diagnose and better inform consumers. Specifically, they require that offers of discounted health care services through social coupons include:

- ✦ Disclosure of the discounted price of the advertised service in comparison with the actual cost of the service. Furthermore, the bill states, "The fee paid to the third-party advertiser must be commensurate with the services provided by the third-party advertiser."

- ✦ Disclosure that not all purchasers may be eligible for the advertised health care service and that "a consultation is required" to determine the patient's appropriate care.

Disclosure that if the purchaser is not a candidate for the purchased health care service, or does not claim the service for any reason, the purchaser will receive a refund of the full purchase price as determined by the terms of the advertising service agreement.

To align the bill with covered benefits required under the Affordable Care Act, "basic health care services" and "essential health benefits" are excluded from services that may be offered through online advertising vouchers. Therefore, under the new law, advertising for cosmetic and adult dental services is allowable but advertising for pediatric dental services is not.

While the new law exempts marketing some health care services through social couponing from the restrictions imposed by Section 650, maintains the ban on payment for referrals and fee splitting in all other circumstances.

The bill goes into effect Jan. 1, 2017.

CDT 2017 dental code changes are here

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CDT 2017 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Dentists will need to prepare for the 2017 dental code changes effective Jan. 1, 2017.

Addition of D4346 fills a gap

CDA is pleased to see the addition of D4346: Scaling in presence of generalized moderate or severe gingival inflammation.

Current CDT codes document procedures for a generally healthy patient with periodontal disease who has accompanying loss of attachment and bone loss. D1110 is primarily a preventative procedure for patients with generally healthy periodontium. D4341 and D4342 are therapeutic procedures and are indicated for patients who require scaling and root planning due to bone loss and subsequent loss of attachment.

Dentists have found a gap in available codes for those patients who need therapeutic treatment for generalized moderate to severe gingival inflammation, with or without pockets but exhibiting no bone loss. Finally, with the implementation of CDT code D4346, dentists can now accurately document and report these "difficult" cleanings.

It will be important to look for updates from the dental benefit plans on the processing and policy guidelines for D4346. Plans usually start sending updates on policy changes for the New Year in late October and early November. The ADA's full D4346 code description is provided in the outline below.

There are 16 code changes, which include an addition of 11 new procedure codes, five revisions and one deletion.

New CDT 2017 procedure codes:

- D0414 laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report
- D0600 non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum
- D1575 distal shoe space maintainer – fixed unilateral
- D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planning, or debridement procedures
- D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surface, without flap entry and closure
- D6085 Provisional implant crown
- D9311 consultation with a medical health care professional
- D9991 dental case management – addressing appointment
- D9992 dental case management – care coordination

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(cont. from Page 19)

- D9993 dental case management – motivational interviewing
- D9994 dental case management – patient education to improve oral health literacy

CDT 2017 code revisions:

- D1510 space maintainer – fixed unilateral: excludes a distal shoe space maintainer
- D4263 bone replacement graft – retained natural tooth – first site in quadrant
- D4264 bone replacement graft – retained natural tooth – each additional site in quadrant
- D4274 mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
- D9630 drugs or medicaments dispensed in the office for home use

CDT 2017 code deletion:

- D0290 posterior – anterior or lateral skull and facial bone survey radiographic image

Dental plans are required to recognize the current CDT codes and usually make their updates effective Jan. 1 of every year. It is important to remember that while plans are required to recognize the current CDT codes, they are not required to pay or provide benefits for the new code set. Dental offices are encouraged to reach out to the dental plans they contract with for an updated provider handbook and review them for CDT code and processing policy changes.

Copies of the CDT 2017 are available for purchase through the American Dental Association website, adacatalog.org. It is recommended all dental offices have a current copy to assist with proper claim billing.

CDA Practice Support offers hundreds of dental benefit, employment, regulatory compliance and practice management resources to CDA members as a free benefit. Visit cda.org/practicesupport to learn more about the tools available to assist member dentists with their practice.

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Drs. Elizabeth Demichelis and Dr. Larry Bartlett and their team, Drillers and Fillers, representing the field of dentistry at The Salvation Army Modesto’s Kettle Kickoff lunch at the Modesto Centre Plaza. The team included Drs. Michael Cadra, Stan Baker, and Jacob Barber. The event had an amazing turnout and raised over \$200,000!



Congratulations!

President Dr. Nicholas Poblete accepting a congratulatory plaque from President-Elect Dr. Westley Wong for his service on the SDS Board of Directors from 2013-2016.



General Membership Meeting-October





What I Would Do Over Again

By Beverly Kodama, DDS

(Written for the Sacramento District Dental Society's newsletter, The Nugget)

When I was asked to write this article, I had to ask "Do what over again?" I needed clarity to write the article. I found out I needed to speak about my career in dentistry...

Truth be told, there is not much I would change in my decisions or actions in my dental or personal life. I consider myself very lucky that I had the best parents who taught me early on that anything was possible with some hard work, good luck, optimism and a modicum of smarts. Delayed gratification was an adage reiterated many times over. Good things would come if one was patient. I was also taught that I couldn't know everything so I should get the best people to confer with when I had to make decisions beyond my realm. I learned early about thinking ahead and planning for not only good things but also to plan for contingencies in case things did not turn out the way I would have liked or would have expected. I know the WWII internment caused a great detour in my parents and grandparents lives but they moved forward with optimism toward their goals. I know that when I have spoken to younger dentists who I have worked with, their views can be very different. One commented that I was a "negative" person and planned for the worse and that such thinking would bring on untoward results. I think just the contrary. I believe I am a positive person but I consider one must set up for the possibility of a less than ideal situation. Case in point, as a dentist you need to remove a crown that has a carious lesion. Though you plan for just removing the caries and refining the prep, there is the chance that the caries are more extensive than predicted. One must be ready for a buildup, endo referral or even extraction and implant or bridge if the lesion is severe. Planning for all of these possibilities makes the entire procedure easier and the follow through is much easier to execute. I believe this is an analogy for life. We set our sights for the best results but you plan on potential detours and even the possibility of derailment. Planning for contingencies allows you to get back on course.

I started my dental career later than some. I was 32 when I completed my General Practice Residency at UCSF. My associate ship of several years taught me more of what not to do in dentistry and life planning. I learned vicariously by observing dentists who practiced for many years. Some were happy and were doing well, others where disenchanted and unhappy; they had to work and, in fact, had little funds to carry them through retirement with ease. I learned that I needed to continue to live much below my means and pay off debt service as quickly as possible. I did plan for retirement and disability as well as every other coverage that I thought would be beneficial. I had fractured my hip at a young age and knew a hip replacement was looming in the future. I knew I had less time to invest as I finished dental school at a later age than most. I knew that I had to learn how to be efficient in scheduling appointments, collections, mastering insurance benefits and knew reducing overhead was key to practice success. I knew I had to find a way to fund my retirement in a manner that would accelerate my accumulation of retirement funds. Being female, I felt that the most beneficial method would be a profit plan that would be funded by me with the potential for my mostly female employees to add what they could legally contribute. Besides a retirement fund, I thought this would be a good way to get my staff to invest in a common goal of working together profitably. One astute employee was investing \$26,000 a year. It also afforded me a means to really contribute to my own fund. I also looked at other ways to augment income for the future and began investing in real estate. I learned this when I invested a considerable sum one year in the stock market was grossly disappointed in the yield. I wanted something concrete. When it came time to invest in a bigger office, it made sense to me to buy my own building. I just couldn't accept spending a considerable figure on tenant improvements for someone else's building. I also began purchasing rentals. Each time I paid off a loan I accelerated payments on the other loans. I did pull out money for some real estate purchases with a home equity loan but quickly paid them off.

I learned early in my career that I needed to invest in myself by taking advanced dental courses to enhance my skills. However, I found that dentists are not trained to communicate well enough to get patients to "want" what they truly "need." Being technically good dentists won't do you any good if

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patients don't accept their treatment plan and take action. I took classes in psychology, leadership, and communication. I needed to find out if I was my own stumbling block. In other words, I needed to investigate if I had insecurities that made me hesitant to share with the patients what they truly needed to be healthy. I wanted to learn how to be a good leader. Most dentists will say they love the dentistry but running a business and staffing issues really bog them down. I yearned to be a good leader and I found that it wasn't a natural attribute. I took many courses with and without my staff to increase communication, enjoyment and ultimately fulfillment.

When my husband was offered a golden handshake from the military back in 1996, he joined my practice. I had no inkling how incredibly beneficial it would be to have someone who truly watches your back. He learned all aspects of dentistry, scheduling, billing, and case presentations. It was wonderful to share the good days with him and perhaps even better, I never had to come home and relive a bad day. We experienced running a dental practice together. He was part of the paid staff and received all of the benefits (which allowed him to augment his retirement funds). It was great to have some testosterone in the office and have someone who could repair equipment and other physical plant issues. We did travel considerably, most of it associated with CE courses. It served a dual purpose and I am grateful for that opportunity. Now, in retirement, it is evident how great it was that we practiced together. We can now get together with dental friends and he can join right in on the conversation since he was in the trenches with me.

As time progressed, I began looking at exit strategies. I wanted to explore options about life after dentistry. I thought about teaching and realized that I may have to lecture. Public speaking was not something that I liked. I took the leap and agreed to lecture for the Dentists Insurance Company knowing that I would sink or swim. I found that I enjoyed speaking and now am pretty comfortable about it. I have also realized with clarity that my temperament is not conducive to teaching. I am not patient enough to teach. I like options that are fast paced and for me, teaching isn't fast paced enough. I am committed however to making contributions. All of us can make contributions of time, energy, empathy, mentoring, volunteering or by making monetary contributions. I think contributions of any sort gives us humanity and purpose. It gives us grace and a generosity of spirit that is ultimately returned to us. It keeps us alive and vibrant. You do not have to have much to make contributions. I now spend a lot of time on various boards and foundations and I have found I receive much more than I give.

I have cancer and I did not expect to leave direct patient care at the age of 60. I believe that God and the Universe knows best and provides for us in magical ways. Though I have had to endure many surgeries and chemotherapeutic medicines, I am ever so grateful to be alive. I am beyond grateful for having the foresight in the past to be able to hang up my hand piece when I did. I was able to sell my practice when I was having the best productive years of my practice life. My goal was to go out when I was on the top. I did not want to ride the practice wave down the slope as I aged. Aside for one property that is self-sustaining, I have zero debt service. The planning that my husband and I did for retirement played out better than we expected. I recently sold my dental building. I was fortunate to be able to sell it for less than I could have received but it ended up being the right thing to do. I am grateful that my advisers convinced me to NOT plan on income from the practice and building in my retirement planning. As a result, for the first time in my life, my financial planner said to me and my husband "It is time to start spending and enjoying your money." It doesn't get much better than that. When I reflect back, perhaps the only thing I might do differently is learn more about business and investments. However, it would not have brought me much joy. Through the grace of God, I have a husband who enjoys that aspect of business. For me, tenacity, hard work, optimism, marrying the right person, keeping a keen eye on the future and continuing to love dentistry worked out abundantly great. If I die tomorrow, there is nothing that I look back on that I would do differently. I would have to profess it has been a phenomenal ride.

Dental practices must comply with new regulation

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The administrator for the Environmental Protection Agency has signed off on a final rule under the Clean Water Act to control the discharge of mercury and other metals entering the waste stream from dental practices. The rule will regulate dental practices that place or remove amalgam — it is not intended to apply to dental practices such as orthodontic and periodontal practices except in limited emergency circumstances. The effective date of the rule is 30 days after the rule is published in the Federal Register. The compliance date for most dentists will likely be January 2020, three years after the effective date.

Under the final rule, a dental facility that places or removes amalgam will be subject to two best management practices: 1) collect and recycle scrap amalgam; 2) clean the chairside traps with non-bleach or non-chlorine cleanser so as not to release mercury.

The rule also includes an amalgam separator requirement, stating that a dental facility must install an amalgam separator that is compliant with either the American National Standards Institute American National Standard/American Dental Association Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95 percent removal efficiency.

CDA recommends that members not purchase separators until the rule is published.

Dental practices that already have amalgam separators will be required to replace the equipment within 10 years of the rule's effective date with equipment meeting the new standard.

Additionally, there are reporting requirements. All dental facilities must submit to the local authority a compliance report and have maintenance and inspection records available for inspection.

CDA and the ADA advocated to the EPA for revisions to the proposed rule, published in 2014, with CDA calling for withdrawal of the rule to allow sanitation agencies, states and regions to “develop their own guidelines to use when developing and enforcing dental amalgam programs which will allow for the appropriate response based on each local jurisdiction’s needs.”

CDA is developing an FAQ and other resources to assist dental practices with compliance dates, California-specific required BMPs, penalties for noncompliance and more.

In addition, CDA has worked with PureLife Dental to help make complying with the new mandate easier and more affordable. With the confidence of CDA's Endorsed Programs, PureLife's ECO II amalgam separator is available to members for only \$99 per unit with a discounted one-year replacement cartridge and disposal service agreement. To learn more, [visit cda.org/amalgam](http://cda.org/amalgam).

***Note from the SDS Office:** The SDS Board of Directors starting working with the City of Modesto's Environmental Compliance division months ago to prepare for the EPA's impending requirement. The city has prepared a non-punitive self-certification process demonstrating dentist's compliancy with the new ruling. SDS members will receive more detailed information when the program is put into place.

Pemphigus and Pemphigoid: The Unique Role of Dentists

Pemphigus and pemphigoid (P/P) are rare, autoimmune blistering diseases that affect a very small percentage of the population. The average patient with P/P sees five doctors over ten months in search of a diagnosis for their condition. Delays in diagnosis and appropriate treatment can lead to a number of complications, including significant functional impairment, resistance to treatment, psychological stress, and a lower likelihood of achieving remission.

The majority of P/P patients present with oral symptoms before the onset of skin lesions. Because of this, dentists have a unique opportunity to help shorten diagnosis times by identifying signs and symptoms when they are first encountered.

Pemphigus vulgaris (PV) and mucous membrane pemphigoid (MMP) are two forms of P/P with increased presentation in the mouth. Oral lesions of PV/MMP are often initially misdiagnosed as “allergies” to dental products, foods or environmental agents or “non-specific gingivitis”, further delaying diagnosis (a biopsy) and appropriate treatment.

A catch-all clinical descriptor often used in dental practice is “desquamative gingivitis.” This describes a chronic type of gingival inflammation in which the epithelium detaches, leaving exposed ulcers. Desquamative gingivitis can be caused by several diseases that affect the oral cavity, so the practitioner needs to obtain a definitive diagnosis.

Consider a diagnosis of P/P when a patient presents with a combination of:

- Multiple ulcerated or erythematous oral lesions that don't resolve in 7-10 days
- Lesions outside the mouth, including those on other mucosal surfaces and the skin
- Lesions that develop following minor trauma (Nikolsky sign), such as gentle lateral pressure, which weakens the adhesion between epithelial cells and the underlying connective tissues

Care and Maintenance

PV/MMP patients require special care during dental appointments to manage sensitive areas of the mouth and prevent further lesions from forming. Oral lesions can be very painful for patients, making it difficult to brush teeth and maintain proper hygiene. Consequently, patients may experience increased incidence of dental caries and periodontal disease. Dental prophylaxis should be performed on a regular basis, even when lesions are present. Good oral hygiene is very important to positive treatment outcomes.

Care and maintenance tips for dental professionals:

- Do a complete oral mucosal examination. Evaluate for any abnormalities, including secondary complications of PV/MMP treatment, such as candidiasis.
- Be gentle during maintenance appointments.
- Schedule more frequent appointments to control plaque build-up.
- Consider scheduling extra time and using local anesthesia, as patients may experience pain and bleeding during dental treatment.
- Use simple hand scaling instruments to increase control and minimize trauma to the oral tissues.
- Polish teeth with a non-abrasive toothpaste, avoiding harsh abrasives and air polishers, as particles may become embedded in the ulcerated tissue and set off a foreign body reaction.
- Avoid alcohol-based mouth rinses.
- Oral hygiene instructions for home care should be tailored to the level of mucosal involvement. When significant oral disease is present, gentle home care -- including extra-soft toothbrushes, mildly flavored toothpastes, and mild mouth rinses -- may be all the patient can tolerate. Some patients may not be able to floss due to bleeding and pain, so soft interdental brushes may be recommended instead.
- If patients are on a soft diet due to presence of oral ulceration and pain, suggest intake of nutritious, non-cariogenic options such as vegetable soups, fruit smoothies, etc.

The International Pemphigus and Pemphigoid Foundation (IPPF) is the world's leading organization dedicated to improving the quality of life for all people affected by pemphigus and pemphigoid.

More information can be obtained by visiting the IPPF Awareness Campaign website at www.pemphigus.org/awareness or by contacting awareness@pemphigus.org



SDS 2017 Event Calendar

January	2	Monday	New Year's Day observed - (CDA/SDS office closed)
	5	Thursday	SDS Board meeting
	6	Friday	BLS renewal
	16	Monday	Martin Luther King Day - (office closed)
	20	Friday	CDA President-Elect orientation - Sacramento
	20	Friday	SDS CE-OSHA/Dental Practice Act/Infection Ctrl
February	3	Friday	BLS renewal / LDC Mtg (office closed)
	16	Thursday	SDS General Membership Meeting
	20	Monday	President's Day (office closed)
March	2	Thursday	SDS Board meeting
	3	Friday	BLS renewal
	9th-11th	Thur-Sat	CDA Leadership Conference-Sacramento (office closed)
April	14	Friday	BLS renewal
	20	Thursday	SDS Member Mixer - Shred-it
	21	Friday	SDS CE course - TBD
	22-23	Sat-Sun	CDA Cares - San Mateo
May	4th-6th	Thur-Sat	CDA Presents - Anaheim - (office closed)
	11	Thursday	SDS Board meeting
	12	Friday	BLS renewal
	18	Thursday	SDS General Membership Meeting
	26	Friday	SDS Goes (to the) Nuts baseball game
	29	Monday	Memorial Day (office closed)
June	2	Friday	BLS renewal
	9	Friday	SDS Summer Dental Symposium
July	4	Tuesday	Independence Day (office closed)
	6	Thursday	SDS Board meeting
August	18	Friday	SDS CE - Pearls of the Practice
	24-26	Thurs-Sat	CDA Presents - S.F. - (office closed)
September	4	Monday	Labor Day - (office closed)
	7	Thursday	SDS Board meeting
	8	Friday	LDC Mtg (office closed)
	14	Thursday	Staff Appreciation
October	6-7	Fri-Sat	CDA Cares - Bakersfield (office closed)
	19	Thursday	SDS General Membership Meeting
	20-21	Thurs-Tues	ADA HOD - Atlanta, Georgia
	20	Friday	SDS CE Course TBD
November	2	Thursday	SDS Board meeting
	16-19	Thur-Sun	HOD - Sacramento - (office closed)
	23-24	Thurs-Fri	Thanksgiving holiday - (office closed)
December	7	Thursday	SDS Holiday Member Mixer
	Dec 23-Jan 1	Sat-Mon	Winter Holiday - (office closed)

Welcome New Members!

Nishandeep Chahal, DDS

General Dentist
Purchased Dr. Timothy Schlect's practice
981 E Tuolumne Rd Ste 110
Turlock, 667-5405
NY College of Dentistry, 2014

Chunhua Chilton, DDS

General Dentist
Sierra Dental Care
3801 Pelandale Ave. Ste B9
Modesto, 575-2400
In practice w/ Dr. Glenn Takanaga
La Loma, 2014

Vendran Dupanovic, DDS

General Dentist
In practice w/ Dr. Shami Melko
3609 Coffee Rd. Ste 3
Modesto 526-1190
Transfer from Sacramento District DS
University of Missouri, Kansas City, 2015

Amro El-Khatieb, DDS

General Dentist
Turlock Smiles
2808 W. Monte Vista Ave.
Turlock 667-2879
UOP Arthur Dugoni, 2016

Brady Marshall, DDS

General Dentist
In practice w/ Drs. Zwahlen
201 E Orangeburg Ave Ste C
Modesto 522-5761
W. University Health Sciences College, 2016

Charles 'Preston' Payne, DDS

General Dentist
In practice w/ Drs. Wesley Wong/Grant Rickey
4101 Tully Rd Ste 201
Modesto, 577-0777
Medical University of South Carolina, 2016

Roderick Pineda, DDS

General Dentist
1707 McHenry Ave. Ste A3
Modesto, 578-1533

Anureet Sohi-Thadwal, DDS

General Dentist
Dual member w/ San Joaquin DS
Purchased Dr. George's practice
803 Coffee Rd. #3
Modesto, 522-3725
UCSF, 2004

Douglas Toy, DDS

General Dentist
Western Dental
2045 W. Briggsmore Ave. Ste E
Modesto, 241-5510

Elizabeth Tran, DDS

General Dentist
No practice address
UOP Arthur A. Dugoni, 2016

Vijan Prerna, DDS

General Dentist
Smile Shine Dental
1108 Ward Ave Ste 10B
Patterson, 895-5440
UCSF, 2016



Congratulations! SDS Members who have achieved Life Active Membership!

Member	CDA Consecutive Years	CDA Total Years
Charles Balisha	38	38
Galen Filbrun	37	37
Vaughn Nordes	38	38
Cary Unternaher	30	37

SDS Members by the Number

Total: 279

Active – 234 / Market Share – 85%
(Recent graduate-Reduced dues members)

RD0-6 / RD1-7 / RD2-10

Life Active-23 / Life Retired-34 / Retired-2

Dual-4 / Permanently disabled-3

Classifieds



•Full-time associate for Modesto practice. Contact Dr. Wesley Wong, (209) 577-0777 or email, emploment@qualitydentists.com.

•Full-time associate for Modesto practice. Office hours are Tuesday-Friday, 8:00am-6:00pm. Contact Dr. Nandan Patel, email pdccds@gmail.com.

•Associate-part-time/full-time, for Modesto practice, Monday-Friday 8:00am-5:00pm . Contact Dr. Soe Wynn (209) 238-9994.

•Private practice seeking associate to join our team. Excellent pay package. This individual should be professional, have excellent communication skills, organized, efficient, professional chair-side manner and want to provide quality care. Experience in restorative, endo, extractions a must. Located in Turlock, CA

Contact info: dentist_360@yahoo.com Office (209) 668-3311 (ask for Mary)

•Downey Park Professional Center Suite for Sale: 1213 Coffee Rd. Suite M - Suite is 1,509sf. with four operatories and room for expansion, and is listed for sale by owner, Jack Holt, DDS. Go to the following website for more information, <http://professionalcentermodesto.com/suites-for-sale/>. If interested, contact the broker listed on the website or Dr. Jack Holt (209) 484-8224 (cell).

•Looking for an Associate Dentist interested in a 3 - 4 day work week with a possible option to buy practice, in the great small town of Oakdale, CA. Pay would be at \$600.00 per day or 30% of production, whichever greater. With the signing of a 1 year min. contract, living expenses considered for up to a 2 bedroom (max. of \$1000.00 per mo. for 1 yr) if you are relocating from another area. If interested, please email your resume to oakdalesmile@gmail.com

•Looking for an Associate Dentist interested in a 3 - 4 day work week with a possible option to buy practice, in the great small town of Oakdale, CA. Pay would be at \$600.00 per day or 30% of production, whichever greater. With the signing of a 1 year min. contract, living expenses considered for up to a 2 bedroom (max. of \$1000.00 per mo. for 1 yr) if you are relocating from another area. If interested, please email your resume to oakdalesmile@gmail.com

•Seeking an Associate Dentist in our two private dental offices (Stockton & Modesto). **Excellent pay package**. Both part-time and full-time positions open. If interested, please email resume to allaboutsmls@ymail.com.

The above Classified ads are also listed on the SDS website, stanislausdental.org.

SDS offers its members free advertising related to their practice including, member employment, equipment to buy or sell and practice sales or purchases.

For more information, contact Robin at the SDS office, 522-6033.