



ChatGPT

So, what's it to you?!



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Presidential Pondering

Dr. David Walls, SDS President

In dentistry, it is surprisingly easy for us to form bubbles around ourselves, cordoned off in our individual offices. General dentists and specialists working in single doctor or small practices can easily spend their days practicing dentistry as they always have, sending and receiving referrals with little input or interaction from anyone other than their staff and patients. I would encourage all of us to spend time reaching out to our colleagues. Actively treatment planning together is a great opportunity, not only to ensure patients get the best treatment, but also to learn and teach. All areas of dentistry are constantly evolving and each practitioner has a unique approach. Younger dentists offer modern methods and fresh didactic knowledge while seasoned dentists have years of experience with practical application and technical skill. Specialists have a wealth of knowledge while generalists can put that in perspective to promote the overall dental health and goals of the patient. All of us should talk to our colleagues and attend meetings. As with most facets of life, in dentistry, we are stronger together than we are alone.

To provide a respite from the deluge of negativity in the news and social media, I wanted to reach out to our society with a sentiment of thanks and praise. I recently collaborated with an orthodontic colleague on a case that prompted me to consider a novel approach to a common procedure. I did research on the technique, decided it was appropriate for the case, and everything went very well. I learned something new and that patient and others will benefit as a result. That is all because of an open line of communication and willingness to work together. That experience is fresh in my mind so I have decided to voice my appreciation for orthodontists.

Some things in life go as planned so frequently that we start to take them for granted. We forget how difficult the process is, we forget how bad things can be if the process were to go wrong, and we forget the amount of expertise and experience that are required to make sure that everything does go right. When is the last time you actually took a moment to appreciate the stellar safety record of commercial airlines or anesthesiology?

I would include orthodontics in that category. It is exceedingly rare that patients have problems with orthodontic therapy but orthodontists don't get enough credit for that.

Good orthodontic outcomes are not as simple as just lining up teeth into perfectly aligned arches. But orthodontists make their craft look so easy that one could easily develop that misconception. This, no doubt, is thanks to their extensive training and exhaustive clinical experience. Their two to three years of postgraduate training make them experts not only of orthodontics - how to properly and safely move teeth - but also dentofacial orthopedics, how to properly guide development of the teeth, jaws, and face. They have an unparalleled level of understanding for how a child's growing face will impact the movement of teeth and how the positioning of teeth will impact the future periodontal health. They see not only the clinical crowns but also the positioning of the roots. They shoot at moving targets with precision and predict the future with the foresight of an oracle.

As an oral surgeon, I have had many opportunities to see firsthand the great work of our orthodontist colleagues. We work closely together in the management of skeletal malocclusions requiring orthognathic surgery and dental malocclusions requiring extractions or exposure of unerupted teeth. But like many, my time in dental school offered relatively limited instruction and mostly observational clinical experience in orthodontics. It wasn't until residency, when I trained alongside orthodontic residents in orthognathic conferences and clinics, that I began to truly appreciate the complexities of orthodontic therapy. To this day, I am at times humbled when treatment planning cases with our orthodontic colleagues. They so often offer keen insights regarding the patient's current state, how the case will change as the patient grows, and a vision of how various treatments will impact the patient years into the future. Even a short conversation with an orthodontist can be a stark reminder that you don't know what you don't know.

It is impossible for any one of us to know everything; we all have our blind spots. Things that may seem simple are often more complicated than we expect. This is especially true when we're used to seeing the

(cont. on Page 4)

(cont. from Page 3)

results of experts who make their craft look easy. Fortunately, a willingness to work together and learn from each other is all it takes to avoid making mistakes and improve our practice of dentistry. By doing so, we can be more confident that each of us is doing the best we can for our individual patients. It also improves the quality of care we collectively provide for our community. For me, it is always a pleasure to collaborate with colleagues. I have never regretted reaching out to discuss a case. I hope you all feel the same.

The Stanislaus Dental Society is proud of and thankful for our excellent orthodontist members:

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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.



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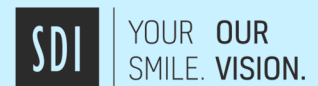
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My Two Cents about Artificial Intelligence (AI) as a Dentist / Computer Geek: ChatGPT, GPT-4 and Beyond

Charles C. Kim DDS, SDS Editor



Unique Background as a Dentist and a Geek

In 2013, my wife Jasmine had a forward-thinking idea as a public health specialist. To make an iOS app that will answer simple health questions utilizing a Chabot. With a jack-of-all-trades computer background myself, I helped her launch an iOS app called "Healpy: a low-level AI Healthcare Chabot." That was the first extensive encounter I had with what we call natural language processing technology as a developer. Jasmine put together health information she wanted the Chabot to answer. I worked with an iOS app developer who did a lot of coding for the app and utilized my front-end app design to function. Besides my designing work for the app, I spent my time launching a Chabot server up and running and connecting it to the app. I parsed the information Jasmine created into the Chabot database. When a user asked a Chabot a question, a target vocabulary was picked up that led to delivering an answer from the database.

Other than a whopping \$50/month we made from app purchases for two years while it was online, it helped us to have a deeper understanding of AI in health care very early on. My wife starts her post-doc researcher position at Stanford School of Medicine-Center for Digital Health. She will participate in numerous researches utilizing AI-based technology to improve healthcare delivery outcomes. Meanwhile, I am a dentist and a geek writing an AI related article here.

Where we are now

Fast forward ten years, we are living in the era of AI. Open AI - ChatGPT, GPT-4, and Google Bard are fully available to the public. Other than not being a human, AI does many things incredibly well. It is great at collecting information real-time, sending out vast amount of information back to the user inquiry. It can store lots of information and also improve upon itself real time.

Some of the things AI can do

In the field of medicine and dentistry, from patient communications to search engine optimizations can be delegated to AI to a certain degree already. Repetitive things such as insurance billing tasks maybe another area that AI may excel at. Many AI based companies, such as Overjet, is already heavily invested in oral disease diagnosis and detection.

Aiding Clinicians rather than replacing Clinicians

All of these AI based technology hopefully will aid clinicians to improve quality of health care delivery and also collect better data for future research. We do have to realize that none of these technologies are anywhere near there to replace a human clinician yet. It may do certain tasks better than human clinicians already. But holistically speaking all these technologies still requires a human clinician to finalize on a diagnosis and make decisions to carry out a treatment.

We have to be vigilant

Albeit a low level Chabot, as a person who ran these database on a server myself, I learned a lot of inherent shortcomings of all of these technologies. I hope we all may be able to embrace the future that we are already living in with a very cautious outlook. Anything and everything that is online, is a primary target for hackers. Any input that was typed in these input fields are saved online. Which in turn, can be hacked. Personal health information has inherent value to it, meaning it will be increasingly more enticing for hackers to try to acquire it.

Besides the data safety issue AI has, the quality of the data itself is also one of its problem areas. Since a lot of accumulated knowledge comes from any and all sources including the internet itself, all the good and all the bad and all the ugly part of human nature coexists in the self-learned database. Of course there are algorithms embedded in AI server to reward good behavior from a well-liked response. The problem is that a lot of such rewards are based on user feedback. Unless we live in heaven or utopia, I do not trust general public always giving feedback to reward what is right. The Golden Rule of treating others as one wants to be treated do not always apply here.

We never want to be overly reliant on a technology

Even if you have the world's best intra oral scanner, it is still great idea to have PVS material available. The typical technology issues of internet being down and connection being lost exists in AI world. Data base unreachable either from connection errors as well as having too much traffic in a short period of time can kick users off of the main server. Even if one day we truly have a form of technology that may replace a human clinician, what good is it if it doesn't show up to work?

Someone has to be liable

My last shortcoming of AI is this. AI will not ever be a human. In a healthcare delivery setting, lots of things may happen. At the end of the day there needs to be a healthcare recipient and the healthcare provider relationship that will account for a liability when something happens. If something happens to the AI delivered healthcare, who will take the liability? I do not see any of the AI companies nor the developers willing to take a healthcare liability on their shoulders. At the end of the day, AI needs to remain a helpful aid to improve a healthcare delivery rather than replace a responsible clinician.

The technological advanced in AI is mind blowing. Looking at a time frame 10 years ago all the way up to looking ahead of 10 years into the future, I can only imagine that the changes to our lives due to AI is inevitable. But we should always be vigilant and cautious while we embrace all the new technologies.

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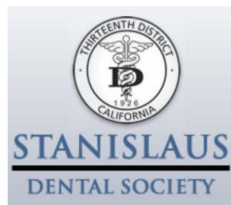
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Modesto Junior College Dental Assisting Program: *Clinical Education Partnership Updates*

by Joy Brack, RDA, Lead Instructor



Modesto Junior College's 12-month Dental Assisting Program excitingly started our first cohort of 16 students January 10, 2023! Our DA program is in session three days a week, Tuesday through Thursday, 5pm-8pm with a combination of hybrid learning, "online activities", and "on campus" learning environments. Within the first eight weeks of our program, we prepare our students for "Basic/Beginner" dental assisting skills needed as a sterile technician/dental assistant for a position in dentistry including but not limited to the following: Basic Life Support Certification through American Heart Association, 2-hours Dental Practice Act Certification, 8-hours Infection Control Certification, OSHA Training, HIPAA Training, Communication skills, dental sciences, dental equipment, and understanding patient and examination records. Along with the proof of required vaccinations for Hepatitis B vaccination, COVID vaccinations, the program's student certifications/training, our students can safely and ethically start working in a dental office in an entry level position. On the ninth week of our DA program, the students started their first clinical rotation involving two days a week for ten weeks only in General practices to enhance the important skills in asepsis techniques, the operations of a dental practice and dental team dynamics. Grateful for the support from our dental community in the partnership of educating, our students had the best quality clinical experiences! Once again thank you from MJC and our students! Our program was able to meet the offices/practices and open at this point, 14 General practices and 11 Specialty practices and we are still receiving more information from others interested in the support for our students. We are humbled by your hearts in education! Our DA program has a total of four rotations, giving advantages to our students with more clinical experience, adaptability, respect for "individual practices", and understanding Specialty practices. This also allows the students the opportunity to have clinical experience in the specialty that they want to pursue after completing the program and confirms which position in dentistry they would like to make as a career.

Our students successfully completed their first semester out of three and are currently working in their

second semester which is more "intermediate" skills for the DA and RDA. The students were excited to receive their dental typodonts this week to start practicing pre-clinically and clinically with skills and procedures for DA and RDA functions throughout this semester. We also started the second clinical rotation involving specialty practices. We allow our students to provide the top two specialties of their choice to give them the opportunity to explore and learn more about everything included in that dental specialty. Our clinical sites have already made a lasting impression on quite a few of our students and I just love watching their faces light up when sharing all the wonderful positive experiences they've had. Once again, thank you to our dental community for making extra efforts in providing a positive professional learning experience for our future dental assistants! Sharing one student comment to me the other evening in our class session, "Mrs. Brack, my doctor is so patient with me and took extra time with me today to make sure I understood the new tasks that he asked of me and his team was the same way, they are like family to me every time I come in!" She then stated how much she loved the practice and wanted to get hired thereafter. As an instructor, it's these positive moments that they are experiencing in the confirmation in the career path they chose that warm our hearts and makes us keep doing what we love to do. These are the positive career experiences they are having from each of you and your teams that have opened your hearts in the professional education to our students.

I will continue to keep our dental community updated with our program and the success for our students. If you and your team would like to participate in the clinical education partnership with MJC, or if you have any questions, please reach out to Joy Brack, RDA, Lead Instructor or DDS Elizabeth Demichelis, Dental Program Director.

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ChatGPT: Will it revolutionize the dental industry?

[Daniel Sabzehzar](#), [Dominic Milano](#), [Scott Froum, DDS](#)

April 23, 2023

The future of dental care is rapidly evolving, and technology plays a major role in shaping it. From CAD/CAM, 3D printing, digital impression and restorative manipulation, satellite navigation, and nanobots to chatbots, the use of [artificial intelligence](#) (AI) is becoming increasingly prevalent in the dental industry. These technologies allow collection and utilization of data from a growing number of sources, including those used by consumers, practitioners, and health-care systems, making AI uniquely well positioned to envelop dental medicine. According to recent research, the global AI-in-health-care market is expected to reach a staggering \$187.95 billion by 2030.¹ This rapid growth is primarily due to AI's many benefits for health-care systems, professionals, and patients.

Health care is on the cusp of a major revolution spurred by advancements in natural language processing techniques, AI technologies, and chatbots. ChatGPT offers a glimpse of the future.

ChatGPT

An example of AI's widespread adoption is ChatGPT by OpenAI, the powerful chatbot made available to the public through a free, easy-to-use web interface. First launched in November 2022, ChatGPT broke all records by attracting more than one million users within a week of its launch. It took Google four years to attract as many customers after its launch in 1994. Even Google's management team had to issue a "code red" as the chatbot's popularity sparked concerns over the company's future as a search engine and Google to counter with the release of its own chatbot, Bard.

Open AI ChatGPT versus Google Bard

Both Google Bard and ChatGPT use natural language models and machine learning to create their chatbots, but each has a different set of features.² At the time of this article's publication, ChatGPT is entirely based on information that was mostly scraped or collected up until 2021. This may change with the collaboration of Open AI ChatGPT and Microsoft Bing. Google Bard has the potential to use current information for its responses as it will have the Google search engine information. ChatGPT has a conversational question-and-answer platform more capable of answering conversational questions. Microsoft Bing is now using this option in its search query. Google Bard will be used in the same way, but to augment Google exclusively.

Both chatbots are based on slightly different language models. Google Bard uses LaMBDA, while ChatGPT is built on GPT (Generative Pretrained Transformer). ChatGPT also includes a plagiarism detector, which Google Bard currently does not. Because ChatGPT is available now and Google Bard is only available to beta testers at the time of this article writing, the rest of this article will focus on ChatGPT.

How does it work?

ChatGPT, on its third and soon to be fourth version, is a language model trained on the entirety of human knowledge as expressed through language. Large language models are computer programs that predict the next word in a series of words; small-scale examples of this are already in use by Apple, Google, iMessage, Meta (Facebook), and other communication systems.

OpenAI summarizes ChatGPT's training as "a method that models previously demonstrated texts created by humans to guide the model toward desired behavior." As part of the process, the ChatGPT model was fed all articles, books, academic journals, reviews, online content, and everything ever written. As a result, it developed an internal weighting structure for predictions at run-time. In the background, the program itself utilizes reinforcement learning (RL) to reward the chatbot model based

(cont. Page 10)

on user interactions and improve its accuracy through user-informed corrections (like training your brain through learning what is right or wrong). The more information it is fed and “trained,” the better it becomes.

Current uses and capabilities

From students completing research reports, to companies providing customer support, to companies using it to write computer code, the technology’s target demographic includes virtually everyone with access to a computer/mobile phone. The bot can write entire computer programs, in-depth articles with citations, novels, and poems in seconds when asked the correct questions. It can formulate business plans, give stock tips, analyze market trends, give gardening ideas, provide dinner recipes, and pick out the top restaurants for a date. One problem is that ChatGPT can only answer queries with information available prior to September 2021; it doesn’t have access to up-to-date search engine information (as of now).

Importance of ChatGPT

ChatGPT is a huge step forward in how humans interact with technology. The chatbot represents significant advancements in AI, and its groundbreaking popularity signals a willingness on the part of millions worldwide to embrace AI in their daily lives. ChatGPT has the potential to be used in many applications in the dental field, including providing diagnoses/prognoses, predicting caries and periodontal progression, answering difficult questions from patients, and creating complex conversations. Unlike most AI chatbots, ChatGPT is stateful, meaning it can remember and learn from previous conversations or RL.

In a recent preprint article, ChatGPT was fed the United States Medical Licensing Exam (USMLE) and it passed.³ This bot has also been fed law and business exams, passing with grades in the B range.⁴ Not to be outdone by OpenAI, Google recently launched MedPaLM, a large language model aligned to the medical domain by Google Research and DeepMind, with the potential for easily accessible AI-based medicine query.

Potential uses in dentistry

Reduce the number of staff needed and free dentists from routine tasks. ChatGPT has proven effective as an automation tool, reducing the burden of routine tasks from patient scheduling to chart dictation. AI technology can answer frequently asked patient questions, schedule appointments, manage bookings, and carry out simple tasks. Doctors in certain hospitals have already begun testing ChatGPT’s ability to ease their daily tasks, including repetitive, low-value writing, and creating macros and bulk text items, as well as simple formulaic work. Ultimately, both simple and more complex tasks can be automated, thus becoming the domain of ChatGPT, reducing workload, and freeing up many hours in a practitioner’s weekly schedule.

Assist with answering patients and teledental consultations. A current and pressing burden on dentists is the extent to which patients communicate through email, direct contact forms, social media, and teledental applications. Most patients are increasingly seeking real-time information and explanations of their clinical results or questions. Not only are these messages adding to an already overburdened clinician’s workload, but they also pose a billing challenge. Many dental offices are seeking to bill patients for these interactions, which could, in many cases, be handled by a large language model like ChatGPT. The AI chatbot could help alleviate stress for both patients and providers if programmed appropriately and if it responds accurately.

Dental research, blogs, and articles. Another potential application of ChatGPT is summarizing and analyzing research papers and data sets. ChatGPT can summarize a long, detailed research paper or list the keywords in an abstract. It can also be used to analyze large amounts of dental data to identify trends and sort through data from millions of studies for meta-analysis.

(cont. from Page 10)

In clinical practice, the AI model could help dentists and dental researchers aggregate patient information and condense medical history results, diagnoses, allergies, previous visit notes, and results into a short summary. This technology can also be used to write dental papers, blogs, or any other articles for literature submission or peer review.

Drug development. In medicine, this processing model is being used to analyze and synthesize proteins to assist with discovering and developing new drugs (in the research stage at this point). Utilizing the AI technique that powers ChatGPT, researchers can create protein-language models to study biological data. While the technology is in the very early stages, researchers and manufacturers are using protein-language models to optimize established molecules, including improving the efficacy of existing drugs and drug candidates to repurpose existing drugs.

Assist with more accurate diagnosis and prognosis. As the model becomes more advanced, it may eventually be able to diagnose, prognose, and recommend treatments based on most probable disease outcomes. Already being used by many fields in medicine, ChatGPT may be able to give more accurate prognoses than the human physician if dental classification and prognosis data can be entered into the chatbot via RL.

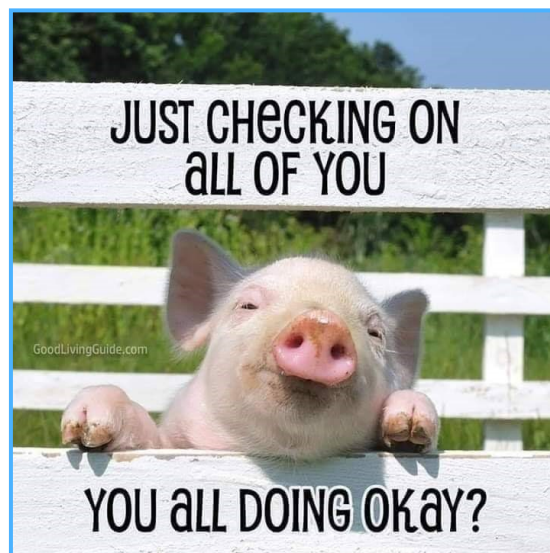
Website and search engine optimization (SEO) and development. If asked the correct sequence of questions, ChatGPT can create a functioning website in less than an hour. It currently needs to be directed to do this, but it can also create meta tags, backlinks, schema code, keywords, and other features that improve SEO. All this can be done quickly and affordably compared to the current price for web development and SEO.

ChatGPT and AI limitations

The deployment of AI and chatbot models for patient care may pose significant risks. The legal considerations of using AI for clinical purposes are many, and medicolegal questions may come up when trying to employ AI-directed clinical decision matrices in the dental office. As of now there are limitations when using ChatGPT.

Accuracy. OpenAI acknowledges that ChatGPT is not connected to the internet and can have limited accuracy as nothing is updated past 2021. In addition, accuracy and expediency can depend on the time of day the chatbot is used. During high-use hours, users are frequently met with capacity error messages upon logging in, as the chatbot attempts to answer millions of queries simultaneously, compounded by the number of people logging in to use this technology at any one time. Because the model uses RL, it is rewarded for recognizing and predicting patterns during its training. If done incorrectly or inadequately, it may predict or forecast events that have never happened or will never occur.

(cont. on Page 12)



AI remains nonhuman. If ChatGPT were a human student, it would have passed most examination questions with flying colors. Yet the chatbot's inability to display empathy, recall memories, or express other innately human characteristics makes personal interview questions and taking a medical history impossible. When asked ethical and moral questions, ChatGPT does not perform well.

A report published early this year suggests ChatGPT can write convincing fake scientific abstracts when prompted without knowing it's being intentionally erroneous. The findings of a study by Northwestern Medicine researchers revealed that reviewers of a pool of scientific abstracts could only detect fake abstracts 68% of the time.⁵ This highlights the chatbot's potential ability to "outsmart" humans and undermines its universal access if used inappropriately.

Patient privacy and HIPAA concerns. Another critical limitation of ChatGPT is that it does not support services covered under the Health Insurance Portability and Accountability Act (HIPAA) through accessing protected health information (PHI). Using the model in health-care situations in which OpenAI can access protected patient data (for example, clinical records) violates HIPAA and terms of use.

Implementing AI in dental/medical care may be an obstacle. Although AI and natural language processing (NLP) techniques have potential, companies like OpenAI may be hesitant to implement them in health care. Smaller technology companies may have to lead the way out of concerns for liability and malpractice. Concerns with IBM's AI machine, Watson, and its failure to adequately predict cancer models in real patients versus hypothetical scenarios it was fed may cause leading technology companies to avoid the health-care field entirely.⁶ For now, this machine-learning model is not yet capable of replacing human dentists or dental hygienists. Instead, it's a tool that can be used to *support and enhance* the work of dental care professionals.

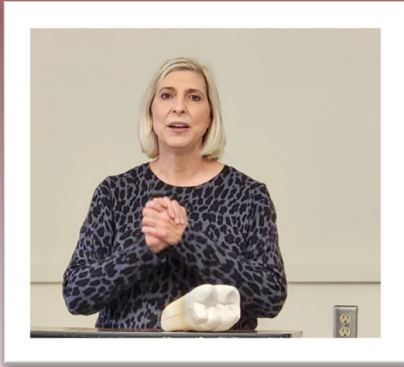
Summary

ChatGPT is not the future; it's already here. The health-care industry is on the cusp of a major revolution spurred by advancements in NLP techniques, AI technologies, and chatbots. ChatGPT is giving the public a glimpse at what the future of the health-care industry can become. Patients will have access to extraordinary data sets and analyzation techniques to perform research, self-diagnose, and self-prognose with relatively high accuracy. It is crucial that the dental field be prepared for the ethical and societal implications that come with this technology.

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Dental Assisting Program Photos

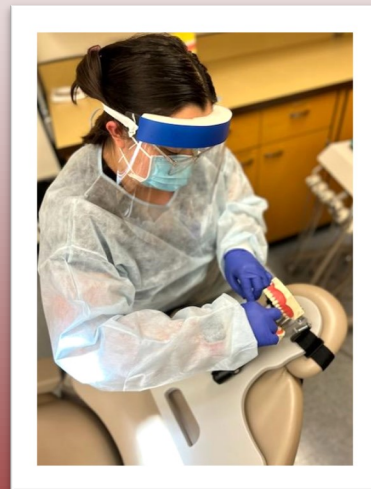
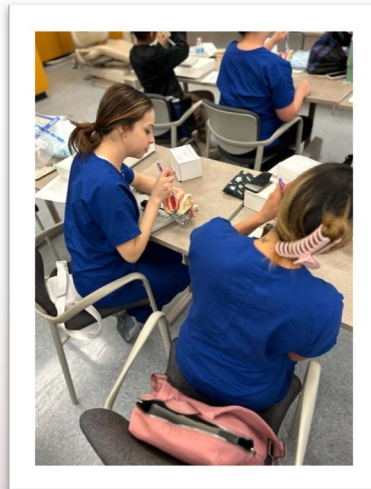


DA Program Director, Dr. Elizabeth Demichelis presenting at the DA Program Open House



(l to r) Drs. Clarke Filippi, Peter Soderstrom, Eric Dixon, Joseph Kolody, MJC Pres. Vickie Traske, Alexandra Hebert, Dennis Hobby, rep from Cong. John Duarte's office, Matt Swatman, Andrew Smith, rep from Assemb. Alanis' office, Elizabeth Demichelis, Christina Lee- Zertuche

Hands On!



Live Well, Work Well

by Kim Guzman, CEA President & CEO

May 23, 2023



Your mental health includes how you think, feel and act, as well as your emotional and social well-being. Mental health can change over time, depending on factors like workload, stress and work-life balance.

Mental Health Awareness Month is a national movement in May. This second article, in a series of three, is designed to increase awareness about mental health, fight the stigma, celebrate recovery, and support Americans with mental illness and their families.

[Our first article focused on mental health in the workplace.](#) This article explores mental health in America and ways you can care for your mental health, take steps toward recovery and support others.

Mental Health Statistics

Millions of people in the United States are affected by mental illness each year. In fact, mental illnesses are some of the most common health conditions in the United States. Consider the following statistics from the National Alliance on Mental Illness:

- One in 5 adults will experience a mental illness in a given year.
- One in 25 adults lives with a serious mental illness, such as schizophrenia, bipolar disorder or major depression.

Nearly 50% of people with a mental illness receive treatment.

Are You Taking Care of Yourself?

Your mental health can affect your overall well-being. For example, poor mental health can hinder your ability to think clearly, make healthy lifestyle choices and combat chronic disease. Here are some strategies to help you thrive year-round:

- **Create healthy routines.** Healthy routines include eating a nutrient-rich diet, exercising and getting enough sleep.
- **Own your feelings.** Getting caught up in emotions can be easy as you're feeling them. Taking the time to identify what you're feeling can help you better cope with challenging situations.
- **Learn your triggers.** Knowing what you negatively respond to can help you keep track of and be aware of how you react.
- **Connect with others.** Connections help enrich your life and power you through challenging times. It's important to spend time with your loved ones.
- **Cultivate gratitude.** Practicing gratitude is linked to improved mental health. Consider keeping a gratitude journal, meditating or making a point to thank people in your life.
- **Practice self-care.** Self-care techniques focused on relaxation or movement can help soothe negative symptoms of mental illness.

Mental health plays a vital role in your overall health and well-being. Awareness and adopting healthy coping strategies can help you manage your mental health.

Supporting Others

It's essential to talk openly about mental health to help reduce the stigma associated with it. Consider the following actions you can take to support others:

- **Educate yourself and listen.** Proactively learn about mental health issues, stigmas and obstacles to gain a deeper understanding of the societal changes needed. Listening is also key. Once armed with mental health details, you can help spread factual and important information.
- **Be an advocate.** Visibility and representation are vital, so speak up about mental health and support. Mental Health Awareness Month is the perfect time to start the mental health conversations you've been wanting to have with loved ones. Speak up in the workplace and the community.

(cont on Page 15)

(cont. from Page 14)

- **Volunteering** is a great way to be a better mental health advocate. Search for opportunities at local mental health organizations or attend related events. Not only will you actively help others, but you will also have a chance to engage with the community as a mental health ally.

It comes down to treating everyone with dignity and respect and offering support and encouragement.

Getting Help

Mental health treatment—whether therapy, medication or self-care—has made recovery from or management of disorders a reality for most people experiencing mental illness. Although taking that first step to recovery can be challenging when you're struggling, it's imperative to start exploring treatment options. If you have concerns about mental health:

- Contact a doctor or mental health professional.
- Call the Substance Abuse and Mental Health Services Administration's **National Helpline** at 800-662-HELP (4357) for referrals to treatment facilities, support groups and community-based organizations. This resource is confidential and available 24/7.
- Call or text 988 to reach the **988 Suicide and Crisis Lifeline** to be connected to trained counselors who will listen, provide support, connect you to community resources or dispatch emergency services if necessary. This is another 24/7 confidential resource available in English and Spanish.

Mental Health Awareness Month is a great time to check in on yourself and your loved ones. Remember that no one is alone.

[Contact us for additional mental health resources.](#)

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Stanislaus Dental Society

"A Potpourri of Dentistry Pearls of the Practice"



Friday, August 18

Clarke Filippi, DDS
SDS Member
Surgical Advances in

8:30am – 1:30pm

Papapolloni Bistro

2501 McHenry Ave.

4.5 CEUs

Michael Shaw, DDS
SDS Member
*Multiple Types of Blood
Thinners and What We as*

David Woodruff, DDS
SDS Member

8:00am Registration
and full breakfast

Shaun Joseph
Merrill Lynch
Financial Fundamentals:



Attend a Provider Seminar for the Latest Program Information

Delta Dental of California, Dr. Roz Saedi, DDS | Provider Outreach Dental Consultant



Provider training seminars including workshops are great ways to learn about the Medi-Cal Dental Program from experienced, qualified instructors. In addition, dentists, registered or certified dental assistants, and hygienists can earn free continuing education credits.

Seminars are available year-round and cover the most current program criteria, policies, and procedures in the Medi-Cal Dental Program. To find and register for a seminar, please visit the Provider Training Seminar Schedule page for a complete list of seminars. In addition, the one demand Basic, Advanced, Orthodontic (Ortho), seminars are CEU eligible trainings and are also available in an On-Demand format that can be accessed through the Provider Trainer Seminar Schedule page. On demand, DHCS also now offers a D9920 procedure guidance training. We are currently working on more content for our valued Medi-Cal Dental providers and clinical review teams.

Note: Along with our current virtual webinar schedule, our in-person seminars offer opportunities for providers to learn more about the Medi-Cal Dental Program. The Provider Training page has current information on upcoming training seminars, including seminar descriptions, current schedule, and registration. Registering early is recommended.

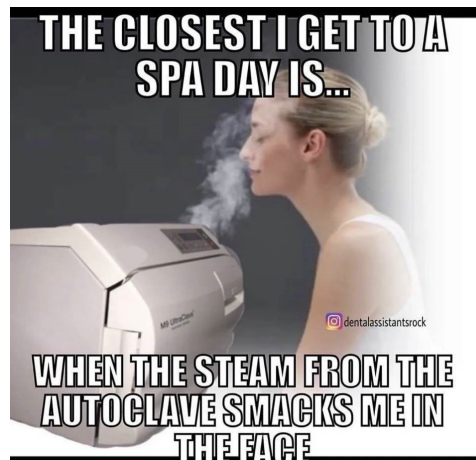
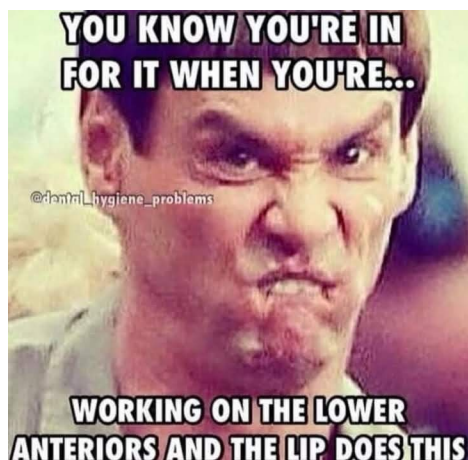
Seminars

Providers can choose from the following series of seminars:

- **Basic and Electronic Data Interchange (EDI) Seminars:**
 - Basic seminars address general program purpose, goals, policies, and procedures. In addition, these seminars provide instructions for the correct use of standard billing forms and explain the reference materials and support services available to Medi-Cal dental providers.
 - The presentation's EDI section includes an overview of Treatment Authorization Request (TAR) and claims submissions, review and retrieval of reports, EDI label preparation, mailing of TARs and claims, and the submission of electronic attachments.
- **Advanced Seminars:** Advanced seminars offer current, in-depth information on topics, such as Medi-Cal dental criteria, radiograph and documentation requirements, processing codes, and other topics of specific concern.
- **Ortho Seminars:** These specialized seminars for orthodontists address all aspects of the Medi-Cal Dental orthodontic program, including enrollment and certification, completion of billing forms, billing procedures, and criteria and policies specific to Medi-Cal Dental.
- **Workshops:** Workshops provide inexperienced billing staff with a hands-on opportunity to learn about Medi-Cal Dental's policies and procedures.

For current submission and criteria requirements, please refer to the Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances webpage and the Provider Handbook Section 2 – Program Overview.

A little Dental Humor



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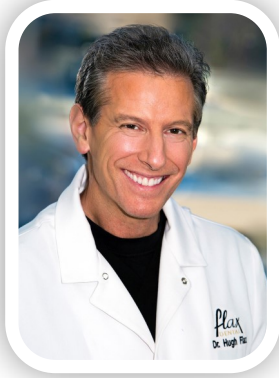
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Stanislaus Dental Society



Mastering the Art of Successful Smile Design

with
Hugh Flax, DDS

Friday, October 11

Over the last few years, technology and materials have seen tremendous advances, making it easier for dentists to collaborate with their patients, lab technicians, and other specialists in creating beautiful and long-term results. Dr. Flax is an expert in this field, having developed a number of techniques that help ensure predictable results as well as increased profitability.

Learning objectives:

- Discover the key secrets to helping patients have the smile they've always wanted
- Understand how to help your patients and avoid failures in treatment
- Learn how to collect the "right data" to achieve beautiful and long-lasting results
- Learn new technologies to help patients "see and experience" their new smile-before even spending a dollar



Speaker Profile

Dr. Flax is internationally known for his leadership in Esthetic Restorative Dentistry. An Accredited member and Past President of the American Academy of Cosmetic Dentistry (AACD), he has lectured and authored in Europe, Japan, Canada, and the United States on lasers, smile design, and advanced restorative techniques.

Dr. Flax is on the Editorial Board of the Journal of Cosmetic Dentistry, founded the Georgia Academy of Cosmetic Dentistry, and Chaired many AACD conferences. He practices full-time in Atlanta, Georgia focusing on functional-esthetic restorative dentistry and advanced laser dentistry.



Robin's Relevant Remarks

VOLUNTEERISM is our word of the day! In the pages ahead you'll see how some of our members serve to make a difference in the oral health of communities, including in other places around the world. The SDS is presented with requests from time to time for help providing oral care services within our community.

Due to the emergence of COVID, a hold was instituted on 3rd grade screening which our members offered every year to students in Stanislaus County elementary schools (for which we were previously issued an award by the Stanislaus County Office of Education). We are now looking to restart our member screening services by providing assessment to kindergarten students as required by California law, AB 1433. Though it is recognized that assessments and x-rays are best served in dental offices, it was determined that less than 50% of oral health assessment forms were turned in by a dental provider. The schools are hoping our members can screen those students who don't turn in the assessment.

I am currently in the process of gathering information from district nurses (25 districts) throughout our county to determine which schools have kindergarten students. The Oral Health Assessment Form has also been updated and I am checking if all districts will be providing the forms during screenings. Our Community Health chair, Dr. Gloria Villasenor-Fass, will be reaching out to our members via shared email in the months ahead with more information regarding connecting our members with schools in their area to ask for help in scheduling screenings.

Speaking of volunteering, a little something about me, I have been a member of the Modesto 500 Lions Club for 10 years. Lions, in addition to being the largest civic service organization in the world and in every county, champion many projects: vision services (including Canine Companions), childhood cancer & diabetes, environmental, hunger, and youth empowerment are a few. We also collect pull tabs from cans (the income defrays most of the cost for families to stay at Ronald McDonald houses while their child is undergoing cancer treatment), paper bags & egg cartons (food banks use them to distribute food to those in need), hearing aids, and eyeglasses/sunglasses (refurbished and used to help improve vision for those in need). I tell you this because when any of you attend a GM meeting, CE course, or any other SDS-sponsored event, feel free to bring me donations of any of these items and I'll get them to those that need them most!

So proud to be a part of you...

...SDS members (and team) preserving the dental health of the earth's population, one patient at a time!

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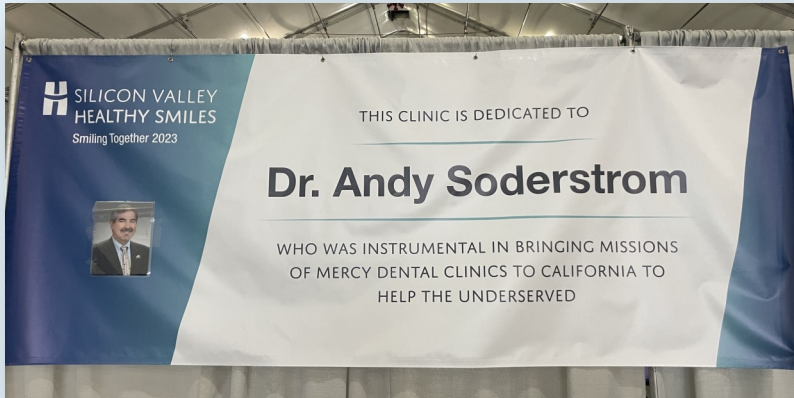
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Silicon Valley Health Smiles

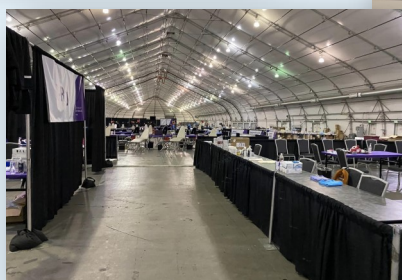
Santa Clara County Dental Foundation Dental Clinic, May 23. Dedicated in memory of past SDS member, Dr. Andy Soderstrom. 841 patients were served, with dental care valued at \$1.4 million.



SDS members, Dr. Peter Soderstrom, Stoney RDAEF, Dr. Elizabeth Demichelis, ED Robin Brown, and Eric Wright (Wright's Removable Prosthetics)

We do what we do not for glory - we do it for those we help. We put it on Facebook not for praise but to show a need and to show that when we come together, we can make great things happen. It's not about any one person - it's about the people we share this world with. It's about the recently-divorced mother of two young children who is new to the USA and needed to be out of pain and needed some information on how to get future help. It was about the gentleman who couldn't navigate the system because of a language barrier and through us being there, we were able to offer him help for his immediate need and then show him how to navigate the system to get future care. It's about the young person who needed that front tooth so they could have confidence when they interviewed and hopefully then could get the job that offered them benefits. This event-Silicon Valley Healthy Smiles - happened out of the generosity of the members of the Santa Clara Dental Society Foundation. It happened because Drs. John M Pisacane, Ken Wallis , Stephen L Beveridge, Erin Beveridge, and Robyn Parks Alongi did the heavy lifting to put it together. There is never a perfect time to have an event like this - it is often based on when the facility can be had at a lower cost so you take that date and then those who can help answer the call and lend a hand. I'm thankful that I was able to help - yes it filled my heart but that was a side benefit. Because you see it wasn't about me, it wasn't about ego - it was about the people we helped. It was about helping people to feel better physically and mentally and helping them to get the help they need to continue their journey.

Dr. Elizabeth Demichelis



KEARDO (KenyaAmerica Rural Dental Outreach)

SDS member, Dr. Gladys Gesicho's second dental mission trip December 2022/January 2023. They visited seven children's homes/facilities, four of them were from previous facilities they had visited in 2021. They have since added three new facilities in 2022.

Thank you to Henry Schein for their generosity in providing much needed dental materials!



SDS member Dr. Gladys Gesicho (white coat)



Siloam ministry church Mombasa



Jogoo children's home



Grace children's home



Kisii dental mission



St Bridges children's home ,Kitengela



Kabete Children's home





White Coat Ceremony

By SDS member, Elizabeth Demichelis, DDS

Recently, I had the honor of coating several of the members of the class of 2025 at California's newest Dental School – California Northstate University School of Dental Medicine in Elk Grove. Actually, two classes were coated that day – the classes of 2025 and 2026 because COVID restrictions had delayed the coating of the class of 2025. I felt bad for this first class because of the delay but after the ceremony, I felt different. The class of 2025 had a year under their belt and had already learned the importance of working as a group for the class to succeed. And what I had forgotten was this is part of the Dental Hippocratic Oath – asking for help and relying on colleagues when you need it. When I had first began my career in the Stanislaus Dental Society, I remember the “Dental Elders” in our area at the time meeting with all the new dentists and stressing the importance of discussing cases, helping others, replacing criticism with constructive suggestions, and being supportive not competitive with our fellow colleagues. It was this practice, as they eloquently reminded us, that made us the respected profession we are rather than the trade some insurance companies may make us feel like. As the ceremony proceeded and the Hippocratic oath was recited, it hit me- how many of us even remember what was in that oath we took? Those of us who graduated in the early 90's or prior most likely never had a white coat ceremony because the tradition of a formal ceremony didn't start to become common practice until the mid-90's. The result was the oath was recited during graduation when our minds were swirling with impending Boards. Those who graduated after that period probably recited this oath at their white coat ceremony where they were presented with their white coat symbolizing their transition into the profession of health care. But without any knowledge under their belt of the business side of dentistry, could they remember aspects of the oath that would really matter a few years later when they started on their career? As I pondered all this it hit me – why don't I have this oath posted at my office? Why isn't it there for me to remember every aspect of it each day a patient places their trust in me? It should be in front of each of us when we consider doing a procedure ourselves instead of referring to a specialist because we need the production that month. We should think about it when we know the patient could possibly have a filling instead of that crown even though the payment on that scanner is coming up. If we work for others on a commission, we should think about this oath we took as we determine the best treatment for the patient over the treatment that will benefit us most. So, I challenge myself, and I challenge each of you, to re-read the Dental Hippocratic Oath. Really think about the words and all that this oath means and make it a practice to do this repeatedly so it isn't just parts of the oath you incorporate into your life but rather the oath truly becomes how you practice every day.

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those dental professionals in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to dentistry as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say “I know not”; nor will I fail to call in my colleagues when the skills of another are needed for a patient's well-being.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humility and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart or a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems if I am to care adequately for the sick.

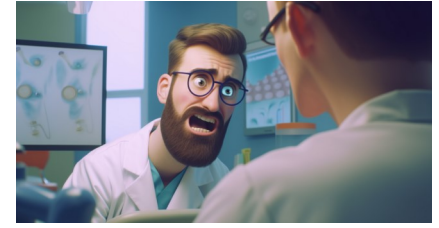
I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and re-remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling, and may I long experience the joy of healing those who seek my help.

You may have recently heard about ChatGPT and the company that developed the product, OpenAi. There are some very interesting advances in artificial intelligence recently with some tools being used to help write copy and create images.

I came across a few articles that compiled the craziest questions that dentists had gotten from patients. I thought a fun project would be to put ChatGPT's capabilities to the test and see how well it could answer these wild questions. I wanted to see just how good it was.



The Prompt I Gave ChatGPT

A prompt is a command to tell the AI how to act when answering the question. Here is the prompt that I gave it;

“Act like you are a dentist and your patient asks you the following questions. Answer them to the best of your ability but always remember to be honest, straightforward, and empathetic in your answers.

- Why do I have to brush my teeth when my dog doesn't have to?
- Can you pull all my teeth now, and just give me dentures?
- Can you extract my tooth without anesthesia?
- Can you wire my mouth shut to help me with dieting?
- Can you ID this set of dentures left in the bathroom of the bar that I work at?
- I just broke off my engagement. Can you prepare my tooth so I can keep the diamond in it?
- Can I keep the teeth you pull? I'd like to make a necklace out of them.
- Can you give my dog braces?”
- Is using a chips packet between my teeth better than floss?
- What is floss, can I eat it?
- Is my filling going to melt if I drink hot soup?
- Will the ulcer in my mouth turn into a flesh-eating disease?
- Will my gum disease eat my face?
- Is it OK to only brush my teeth once a week?
- Can you take one of my teeth from the back and put it in the gap at the front?
- (In reference to the previous question) – Can't you just paint something on top of it?

I've copied the response directly into this article. There was no editing.

ChatGPT responded with the following sentence and then answered all of the questions.

“Sure, I will do my best to provide honest, straightforward, and empathetic answers to these questions.”

Why do I have to brush my teeth when my dog doesn't have to?

The teeth of humans and dogs are different. Humans have a much higher risk of developing tooth decay and gum disease than dogs. Additionally, dogs have natural mechanisms, such as their saliva, that help keep their teeth clean. Therefore, brushing is important for humans to prevent dental problems and maintain good oral health.

Can you pull all my teeth now, and just give me dentures?

While dentures can be a good solution for those who have lost all or most of their teeth, pulling all your teeth is not always the best option. It is important to first consider other options, such as restorative treatments or partial dentures, before considering extraction. Additionally, pulling all your teeth can lead to bone loss, which can impact your facial structure.

Can you extract my tooth without anesthesia?

While we can certainly attempt to extract a tooth without anesthesia, it is not recommended. Extracting a tooth without anesthesia can be extremely painful and traumatic for the patient. We want our patients to be as comfortable as possible during any dental procedure, and anesthesia helps ensure that.

(cont. Page 25)

Can you wire my mouth shut to help me with dieting?

While this may seem like a drastic measure to help with dieting, it is not recommended. Wiring your mouth shut can lead to serious health problems, such as malnutrition, and can be dangerous if you experience any choking or breathing difficulties. There are other, healthier ways to manage your diet and maintain good oral health.

Can you ID this set of dentures left in the bathroom of the bar that I work at?

As a dentist, I am not qualified to identify dentures that belong to someone else. If you find lost dentures, you may want to try contacting the local authorities or posting about them online to help find the owner.

I just broke off my engagement. Can you prepare my tooth so I can keep the diamond in it?

While it may seem like a romantic gesture to keep a diamond in your tooth, we do not recommend it. Preparing a tooth to hold a diamond can weaken the tooth and increase the risk of infection. Additionally, the diamond may come loose or cause other dental problems.

Can I keep the teeth you pull? I'd like to make a necklace out of them.

While you are welcome to your teeth after they have been extracted, we do not recommend making a necklace out of them. Extracted teeth can be a biohazard and may contain bacteria that can cause health problems if not handled properly.

Can you give my dog braces?

While we do not provide dental care for animals, there are veterinary dentists who specialize in animal dental care. You may want to consult with a veterinarian who can recommend appropriate dental care for your dog.

Is using a chips packet between my teeth better than floss?

No, using a chips packet is not a good substitute for floss. Floss is specifically designed to clean between teeth and remove plaque and food debris that can lead to dental problems. Using a chips packet or other non-dental items can damage your teeth and gums, and may not effectively remove plaque and debris.

What is floss, can I eat it?

Floss is a thin, thread-like material that is used to clean between teeth. Floss is not meant to be eaten and is not safe to swallow. Swallowing floss can cause digestive problems and may require medical attention.

Is my filling going to melt if I drink hot soup?

It is unlikely that your filling will melt if you drink hot soup. However, it is possible for hot liquids and foods to cause sensitivity or discomfort in teeth with fillings. If you experience any discomfort or pain, it is best to avoid hot foods and drinks until you can speak with your dentist.

Will the ulcer in my mouth turn into a flesh-eating disease?

Most mouth ulcers are not serious and do not pose a risk of developing into a flesh-eating disease. However, if you are concerned about a mouth ulcer or notice any changes in the ulcer, it is best to see your dentist or doctor for a proper diagnosis.

Will my gum disease eat my face?

No, gum disease will not eat your face. However, untreated gum disease can lead to serious dental problems, such as tooth loss and bone loss in the jaw. It is important to seek treatment for gum disease as soon as possible to prevent further damage.

Is it OK to only brush my teeth once a week?

No, it is not okay to only brush your teeth once a week. Brushing your teeth twice a day, along with flossing and regular dental check-ups, is essential for maintaining good oral health and preventing dental problems such as cavities and gum disease.

(cont. Page 26)

Can you take one of my teeth from the back and put it in the gap at the front?

While it may be possible to move a tooth from one area of the mouth to another, it is not always recommended or possible depending on the condition of your teeth and gums. It is best to speak with your dentist about options for replacing missing teeth.

(In reference to a broken tooth) – Can't you just paint something on top of it?

While there are cosmetic treatments that can improve the appearance of a broken tooth, such as bonding or veneers, painting something on top of it is not a recommended solution. Your dentist can evaluate the extent of the damage to your tooth and recommend appropriate treatment options.”

....end of ChatGPT's response

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[Link](#) to original article on My Social Practice



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Wellness Program

The Wellness Program is a source of support and assistance for dental professionals who are battling physical and/or mental ailments, including anxiety, depression, and substance dependence. The program advocates for the overall wellbeing of dental community members and their families with confidential peer-to-peer support and hands-on assistance throughout treatment and recovery.

CDA member and Chair of the Wellness Program, Matthew Korn, DDS, [spoke with CDA](#) about his wellness and recovery journey and offers insight on how this program is a valuable benefit for anyone coping with stress, burnout or substance dependence.

For more information about the Wellness program or a confidential referral, please contact the Stanislaus Dental Society office or a Wellness committee near you.

You can also find more information in the [CDA Wellness Program Brochure](#).

Help is one call away.

The CDA Well-Being Program

If someone you know or love may have an alcohol or chemical dependency problem, contact a support person near you for 24-hour confidential assistance.

Central California Well-Being Committee

916.947.5676 (cell)

Stanislaus Dental Society

209.552.1530

California Dental Association

800.232.7645





1. Dental Insurance Accountability & Transparency

An estimated 86% of Californians have some form of dental insurance coverage. Nationally, of those with dental coverage, nearly 50% have employer-sponsored coverage; 21% have coverage through Medicaid or other public programs; and 5% purchase a dental plan on their own.

The enactment of the Affordable Care Act (ACA) in 2010 resulted in comprehensive reform of medical insurance plans, which led to increased transparency and patient protections. However, dental insurance plans were exempt from many of the ACA's provisions. Dental plans are also exempt from other federal and state rules that medical plans must follow. CDA is addressing this through two sponsored bills this year:

AB 1048 – Patient Protections & Rate Review (CDA-Sponsored): This legislation by Asm. Buffy Wicks (D-Oakland) will establish stronger patient protections and transparency in dental insurance plans by:

- Prohibiting dental plans from implementing arbitrary waiting periods or denying claims related to a patient's pre-existing dental conditions.
- Requiring dental insurance premium rates to be reviewed by state regulators to ensure value for patients and employers.

Dental plans are able to impose waiting periods, often ranging from three months to one year, before patients can access certain benefits (even though they are paying premiums). These arbitrary waiting periods limit the ability for a patient to access needed care, usually major services like a root canal or a crown. Dental plans can also deny coverage for pre-existing dental conditions like a missing tooth or genetic conditions like a cleft palate.

Furthermore, dental insurance is currently exempted from the state's mandated review process for insurance premium rates. This review process applies to many other types of insurance including medical, automobile and pet insurance. Meanwhile, recent reports of health care spending show that out-of-pocket expenses for dental services [grew by 16% in 2021](#), and a California Health Care Foundation survey found that [38% of Californians](#) have a family member who skipped dental care last year due to cost. And yet, the typical annual coverage maximum for a dental plan has been \$1,500-\$2,000 since the 1970s (a \$2,000 annual maximum in 1970 would be equivalent to \$15,745 in 2023 dollars). AB 1048 would require greater oversight of dental insurance to help ensure patients are receiving better value. Authorizing rate review of dental insurance premiums would allow the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) to help protect consumers from unreasonable or unjustified increases.

AB 952 – ERISA Notification (CDA-Sponsored): This legislation by Assembly Member Jim Wood, DDS (D-Santa Rosa) will increase transparency of dental insurance by requiring appropriate notification to patients and dentists of whether a dental plan is state or federally regulated.

Dental insurance is generally regulated by state law, with the exception of "self-insured" employer plans, which are regulated at the federal level through the Employee Retirement Income Security Act of 1974 (ERISA). In a state regulated dental plan, an employer pays a premium to an insurance carrier, and the carrier pays the cost of health care claims for anyone in the plan (employees and their dependents). Alternatively, in a federally regulated "self-funded" plan, an employer pays fees to an insurance carrier for certain administrative services, but the employer bears the cost of any employees' health care claims. Despite the numerous California laws and regulations protecting patients and setting standards for medical and dental insurance, dental plans that are federally regulated simply do not have to comply with California requirements.

The differences between state regulated plans and federally regulated plans can be extensive for both patients and dentists. As a result, understanding what a plan will cover and what a patient must pay out-of-pocket can be difficult and frustrating. Patients don't know where or how to resolve conflicts with their plan and dentists lack clarity on which rules the dental plans must follow.

With over 40% of Californians enrolled in dental plans that are regulated under federal law, it is vital for patients and providers to be aware of which regulations and laws apply. While states do not have the authority to regulate these federal ERISA plans, additional transparency for patients and providers can be put into place at the state level.

AB 952 would require dental plans, at the time of determination of coverage for patient eligibility, to disclose to the provider whether the patient's dental coverage is federally regulated and subject to federal compliance. It would also require that the phrase "ERISA" be displayed prominently on the front of the patient's insurance information. This simple transparency measure will benefit patients and dentists without unduly burdening dental plans.

(cont. Page 29)

2. Workforce Shortages/Dental Office Staffing

Dentistry is facing an ongoing workforce shortage of allied dental staff, exacerbated by the Covid-19 pandemic, particularly among unlicensed dental assistants (DA), registered dental assistants (RDA), and RDAs in extended function (RDAEF) positions.

In November 2021, 87% of dental offices reported that when compared to pre-pandemic, it was extremely challenging to recruit and hire dental assistants. In the same survey, 44% of dental offices identified that trouble filling vacant staff positions has limited their practice's ability to treat more patients. Additionally, it is estimated that over the last 10 years, there has been a nearly 50% decline in the number of first-year enrollment in dental assistant education programs.

CDA is pursuing both immediate and long-term solutions through recruitment and training programs, legislation, and state budget funding to improve dental career pipeline opportunities:

AB 481 – Dental Assisting Workforce (CDA-Sponsored): This legislation by Asm. Wendy Carrillo (D-Los Angeles) would:

- Shorten the time it takes for an RDA to go through on the job training from 15 months or 1280 hours to 800 hours, the current standard for RDA education programs.
- Streamlines the process for out of state dental assistants to apply for California RDA licensure.
- Update scope of practices for DA, RDA, RDAEF positions to reflect modernization in dental technologies that are not currently addressed in the dental practice act, like placing clear aligner “buttons” to aid orthodontic treatment.
- Remove unnecessary barriers for dental assistants to take additional training and gain new permitted skills.
- Implement clarifications around dental assistant training that have been caught up on the dental board regulatory process for six years.

This bill will assist in getting more RDAs fully trained and licensed quickly to meet patient demand while maintaining quality of care. It will also help ensure the dental assisting career ladder provides meaningful career growth opportunity and is attractive to those entering the dental workforce.

Workplace Development Budget Investments: Last year's state budget made major investments in health care workforce development and provides great opportunities to address dental staffing needs. CDA is especially supportive of an additional \$45 million to the High Road Training Partnership program, which will help its expansion into health career assistance, and \$175 million to a newly created Apprenticeship Innovation Program that will provide funding in sectors where apprenticeship training has not traditionally been common. CDA is engaged with the Newsom administration on opportunities to establish dental assisting apprenticeships and will continue to advocate for workforce funding robust enough to support the development of non-traditional apprenticeship programs in healthcare and the dental workforce.

3. State Budget: Protecting Medi-Cal & Health Equity Investments

CDA is very pleased that Gov. Newsom's 2023-24 budget proposal protects recent investments in oral health access and equity for the state's most vulnerable populations. While the state's budget deficit will require some adjustments and caution overall, the historic progress in this area in recent years must not be jeopardized.

The restoration of Medi-Cal Dental benefits eliminated during the Great Recession, substantially improved reimbursement rates (40% increases or more across most covered dental services) and other significant programmatic changes have led to meaningful and sustained results in the Medi-Cal Dental Program, which provides coverage for more than half of children and a third of adults in California – 14 million residents in total. In the past five years, the state has seen a 30% increase in Medi-Cal Dental providers, a rate that is consistently increasing each year, as well as a doubling of patient utilization of Medi-Cal dental services since the Great Recession.

In addition, last year the state made a first-of-its-kind investment to address the crisis in access to dental care for patients with special health care needs, with \$50 million to build and expand specialty dental clinics and outpatient surgery centers. The state also allocated \$10 million for community-based clinical education rotations for dental students to expand access to care in dental health professional shortage areas (DHPSAs).

4. Children's Dental Health Month - ACR 10 (CDA-Sponsored)

February is National Children's Dental Health Month (NCDHM), an important nationwide tool for raising awareness about the importance of childhood oral health and the role it plays in children's overall health. NCDHM brings together thousands of dedicated professionals, healthcare providers, and dental educators to promote the benefits of good oral health to children, their caregivers, teachers, and others.

(cont. Page 30)

This year, NCDHM is an opportunity to highlight the state's recent accomplishments in improving access to dental care and reinforce the importance of keeping children up to date with their dental care after the delays caused by the COVID pandemic. CDA, in partnership with the California Society of Pediatric Dentistry, is sponsoring ACR 10 by Asm. Akilah Weber (D-San Diego), declaring February as Children's Dental Health Month in California.

Nationwide, tooth decay is the number one chronic infectious disease among children, although it is largely preventable. In California, 6-in-10 of third graders have experienced tooth decay and 22% have untreated tooth decay. Disparities related to race/ethnicity and socioeconomic status exist with 72% of disadvantaged children experiencing some form of tooth decay. When left untreated, cavities can cause pain and infections that may lead to problems with eating, speaking, playing and learning. California children miss approximately 874,000 days of school each year due to dental problems. Developing good habits at an early age and scheduling regular dental visits helps children to get a good start on a lifetime of healthy teeth and gums.

5. Direct-to-Consumer Orthodontic Protections

Providing dental care that involves the movement of teeth without a proper evaluation, including X-rays, can lead to serious patient harm, such as loose or cracked teeth, bleeding tongue and gums, gum recession or a misaligned bite. With the emergence of direct-to-consumer business models offering various dental services that are ordered without an in-person clinical examination, it is imperative that dental treatment continues to meet a uniform standard of care regardless of whether a dentist provides treatment through telehealth or in person. CDA continues to advocate for consumer protections that ensure that DTC orthodontic business models have the same level of dentist oversight and patient safety as the virtual dental home model and in-person dental care. CDA will continue to work with the appropriate enforcement entities, including the dental board, to push for increased patient safety while pursuing improved statutory and regulatory enforcement.

Updated April 2023

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Stanislaus Dental Society

General Membership Meeting



“The Dawn of Injection Molded Composite Dentistry”

The Bioclear Method

Speaker: David Cook

Thursday, October 19th

Papapolloni Bistro - 2501 McHenry Ave. Modesto



6 year post-op!

6:00–6:30pm Social / Registration

6:30-9:00pm—Dinner, presentation and hands-on Course (2 CEUs)

Hands-on restricted to the first 40 registrants due to working space constraints.

Those 40, bring your loops.

All members can attend but won't have the hand's on opportunity unless you sign up early!

Why Bioclear?

This course is based upon the most recent advances in techniques, The Bioclear Method, stemming from the application of sound engineering principles to composite restorations that promise to dramatically improve their short- and long- term success. The lecture portion will cover the foundational aspects of the Bioclear Method and include numerous clinical cases including long term outcomes. The course uses soft tissue typodonts.

Participants will learn:

- The five principles of the Bioclear Method
 - Why removing biofilm is important for restoration success and optimum methods
 - Preparation design for strength and esthetics including all GV Black cavity types
 - The Bioclear Matrix system and how to use Bioclear Matrices
 - How to warm injection mold a tooth preparation using flowable and composite resin
 - How to close black triangles using the Bioclear Method
 - The range of procedures which can be accomplished using the Bioclear Method
- Where doctors can get additional information on the Bioclear Method



HIPAA Compliance and Online Reviews

Many prospective patients turn to online reviews to help them evaluate potential dentists. In fact, 84% of the public trust online reviews to help them make decisions. With a majority of people turning to the internet to find a dentist, it is more important than ever for dental practices to maintain and respond to online reviews professionally and promptly – while ensuring they maintain HIPAA compliance.

Data revealed that 88% of dentists reported receiving online patient reviews, yet 39% of them felt they were unable to respond to reviews due to HIPAA regulations, according to a December 2022 survey by the ADA Health Policy Institute. While dental practices can be fined thousands of dollars for responding to online reviews with sensitive information, such as a patient's name, insurance information, treatment plan, and/or cost information, they might also violate HIPAA for simply acknowledging a patient was at their practice.

Remember this: Just because a patient identifies themselves in a review, they have NOT waived their HIPAA protection—patient confidentiality must always be maintained!

Dental practices should consistently monitor their presences on major review sites to be aware of what's been posted, whether positive or negative. To equip dentists with resources to help manage comments left on their social media accounts, review sites, or other platforms, the ADA has created a toolkit with information about navigating online reputation in a digital age.

This new resource discusses critical questions for dental practices, including:

- How should I monitor my online reputation?
- How does HIPAA apply to online reviews?
- How should I respond to negative reviews?

To learn more about online reputation management and see sample responses to positive and negative reviews, visit [ADA.org/socialtoolkit](https://ada.org/socialtoolkit).

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straumann.ca/proarch

ifu.straumann.com

Resources for Managing the Dental Team

Guidelines for Practice Success



We have compiled online resources for Guidelines for Practice Success, Managing the Dental Team to make it easier for you to locate the additional information, samples, and resources discussed throughout the module.

[Background checks](#) [PDF]

[Benefits primer](#) [PDF]

[Checklist policy manual](#) [PDF]

[Checklist retention schedule](#) [PDF]

[Compensation analysis](#) [PDF]

[Dental assistant](#) [PDF]

[Dental hygienist](#) [PDF]

[Job analysis worksheet](#) [PDF]

[Maternity leave](#) [PDF]

[New hire checklist](#) [PDF]

[New hire checklist 2](#) [PDF]

[Office manager](#) [PDF]

[Professional personal references](#) [PDF]

[Reference form](#) [PDF]

[Salary reviews](#) [PDF]

[Staff training topics](#) [PDF]

[Telephone screening](#) [PDF]

[Tips manage all employees](#) [PDF]

[Tips manage new employees](#) [PDF]

[Waiver background check](#) [PDF]

View the full content of the [Guidelines for Practice Success](#)

Practice Support Team

When you need support navigating the business side of dentistry, CDA's experienced analysts can answer your questions about practice management, dental benefit plans, employment practices and regulatory compliance. Meet the team who have created a full library of online resources, speak on timely topics and provide one-on-one guidance by email and phone.



Ann Milar—*Director, Practice Support* ann.milar@cda.org [916.554.7324](tel:916.554.7324)

Ann provides strategic direction for Practice Support's resources and initiatives while leading the team of expert analysts. She is also responsible for identifying and analyzing emerging issues for policy development and implementation on behalf of CDA's 27,000 member dentists. Ann has worked with CDA for more than 15 years and her health care experience spans 20 years of working with associations, health plans and advocacy organizations.



Jenell Bell-*Associate Analyst* Jenell.bell@cda.org [916.554.4986](tel:916.554.4986)

Jenell has worked in the dental industry for over nine years, which has included managing multiple practices. Jenell uses her experience and passion for customer service to assist CDA members in the areas of compliance and employment.



Katie Fornelli—*Senior Practice Management Analyst* katie.fornelli@cda.org [916.554.5308](tel:916.554.5308)

Katie specializes in dental practice management and marketing. For more than 18 years, she's worked with dentists and their teams in areas such as scheduling, collections, front office systems, case presentation, patient management, practice transitions, and dental practice marketing.



Lisa Greer, *Dental Benefits Analyst* lisa.greer@cda.org [916.554.5953](tel:916.554.5953)

Lisa specializes in several aspects of dentistry, including working with dental benefit plans, dental billing, accounts receivable, community marketing, human resources, practice management and regulatory compliance. As a Practice Analyst, she brings more than 20 years of dental industry experience to CDA, including having served as a regional collections specialist for a dental support organization that supported 70-plus California offices.



Matthew Nelson, *Practice Analyst* matthew.nelson@cda.org [916.554.4940](tel:916.554.4940)

With over seven years of experience as an office manager, dental consultant and CDA analyst, Matt specializes in all areas of practice management, including leadership, practice systems, dental billing, human resources and practice transitions.



Michelle Coker, PHR, PHRca, *Employment Practices Analyst* michelle.coker@cda.org [916.554.4968](tel:916.554.4968)

As a certified employment law expert, Michelle specializes in assisting members with employment practices, including employee management, policy development and employment law compliance. Her time spent in private practice as an office manager gives her a unique view into the dynamics of a dental practice. Since joining CDA in 2006, Michelle has utilized over three decades of dental experience to support dentists and their practices.



Miguel Mariona, *Analyst, Dental Benefits and Practice Management* miguel.mariona@cda.org [916.554.4936](tel:916.554.4936)

Miguel has over 10 years of dental experience from working with dental benefit plans in various roles, including customer service and provider relations, as well as managing a dental practice. Miguel's passion for providing exceptional service is evident in his commitment to CDA members when addressing their dental benefit and practice management challenges.



Teresa Pichay, CHPC, *Senior Regulatory Compliance Analyst* teresa.pichay@cda.org [916.554.5990](tel:916.554.5990)

Teresa specializes in regulatory compliance, including information verification, documentation strategies and referral to legal references. For more than 26 years, she's worked with CDA members in the areas of occupational and environmental safety and health, HIPAA, California Dental Practice Act and other business regulations.



Tiffany Glass, *Project Resource Coordinator* tiffany.glass@cda.org [916.554.4914](tel:916.554.4914)

As the project resource coordinator, Tiffany brings a positive and optimistic attitude while delivering and maintaining a high level of service and support to CDA members and CDA member-clients through Practice Support and its supporting website. She has over 10 years of experience working in marketing, specializing in customer care.



Employment needs

Since the inclusion of several Facebook employment group sites, the SDS office no longer has received any resumes. Those seeking to fill employee positions or job seekers posting their availability have been utilizing the options below:

Facebook has several employment group sites where job needs can be posted:

- [Dental Staff of Stanislaus County and Beyond](#)
- [Dental Staff of San Joaquin County](#)
- [Dental Jobs in San Joaquin County](#)
- [Modesto Area Jobs Board](#)

Other alternatives for those seeking prospective employees:

- [Gurnick Academy](#)
- [Stellar College](#)
- [Dental Assisting Institute](#)
- [CDA Career Center](#)
- [ADA Career Center](#)

Disabled patient care

The following SDS members may be local resources for you. Contact [UCSF](#) for complicated cases.

Dr. Lance Bautista—pedo 523-5437 (children only)

Sami Smiles Pediatric Dentistry & Orthodontics 549-2400 (children only)

Dr. Gurneet Chahal—Oakdale Kids Dentist & Orthodontics 322-3174 (children only)

Hebert Family Dentistry 527-5455—limited care

Dr. Brian Hutto 522-5238—oral surgery issues

Salida Surgery Center—543-9299 (Children only. Takes Denti-Cal/has anesthesiologist)

The following is a corporate office but they are willing to treat developmentally disabled patients who age out.

Children's Choice Dental, 2057 Tully Road, Modesto 353-3300 treats mostly children, but they provide sedation and hospital dentistry for handicapped patients of any age.

If you or a member you know will treat developmentally disabled patients, please contact Robin at the SDS office, sdsdent@thevision.net.

Calendar –2023

August

18 CE-Pearls of the Practice

September

4 Labor Day (office closed)
5 Board of Directors Meeting
7-9 CDA Presents-San Francisco

October

9 Columbus Day (office closed)
13 CE course—Hugh Flax, DDS
19 General Membership Meeting

November

7 Board of Directors Meeting
10 Veterans Day subst. (office closed)
17-18 HOD Sacramento
23-24 Thanksgiving (office closed)

December

7 Holiday Member/Spouse Mixer
23-Jan 1 Winter Holiday (ADA/CDA/SDS)
closed)



SDS Members by the Number

Total: 274

Market Share: 84.3%

(Total # of dentists in Stanislaus County who are members of the tripartite (ADA, CDA, SDS)

Active – 180

(Recent graduate-Reduced dues members)

RD0 – 2 / RD1 – 9 / RD2 – 7 / RD3 – 8 /

RD4 –3

Life Active – 20 / Life Retired – 43

Temporarily disabled - 1

Permanently disabled – 1

Non-members in county - 64

Welcome New Members!

Emma Carpenter, DDS

General Dentist
Turlock Dental Care
3131 Colorado Ave. Turlock
Western University '21

Rutva Patel, DDS

General Dentist
Modesto Kidz Dental
2801 Coffee Rd. Bldg. B Modesto
New York University, '23



Stephanie Diego, DDS

General Dentist
1130 Coffee Rd. Ste. 8A Modesto
UCLA '21

Harinder Singh, DDS

General Dentist
1633 E. Hatch Rd. Ste. H Modesto
Manipal Academy '06

Ashley Hillock, DDS

General Dentist
In practice w/ Dr. Donald Hillock
1904 Coffee Rd. Ste. 4 Modesto
Roseman University '23

Aron Christopher Tan, DDS

General Dentist
No practice address
UOP Art Dugoni '23

Brenda Madrigal-Ramos, DDS

General Dentist
No practice address
International '22

Sakshi Trivedi, DDS

General Dentist
Quality Dentistry
3608 Dale Rd. Modesto
UCSF '21