MISSION STATEMENT

The mission of the San Francisco Dental Society is to be the recognized resource for the needs of its members, and to promote the oral health of the community.
CDA Workforce Update

Workforce activity is emerging in approximately 22 states — including California — as a way to overcome the barriers to oral health care that impact an estimated 82 million Americans.

Workforce activities across the country include:

- **California** – The Children’s Partnership of California and Children Now are examining the feasibility and characteristics of a new dental professional to meet the needs of underserved children.
- **Alaska** – Dental health aide therapists are delivering oral health services on tribal lands.
- **Minnesota** – Two new models are now law: The dental therapist and advanced dental therapist are currently being trained.
- **Connecticut** – The dental health aide therapist model will be tested in public health and institutional settings.
- **Washington** – The dental hygienist-therapist and advanced dental hygiene therapist models are expected to compete for approval in the 2011 state legislature.
- **Vermont, Ohio, New Mexico, Kansas and Washington** – The W.K. Kellogg Foundation is building coalitions to create a new dental team provider who can deliver basic restorative care.
- **ADA** – Community dental health coordinators are training to work in communities where residents have limited access to care.
- **Josiah Macy Jr. Foundation** – This foundation is working with the W.K. Kellogg Foundation to grant funds to the American Association of Public Health Dentistry to establish a dental therapy curriculum.
- **Institute of Medicine** – Two projects are ongoing to assess the oral health care system in the United States and potential workforce strategies to address needs.
- **The Pew Center on the States** – It is launching a national campaign to raise awareness and expand the number of professionals to provide dental care to low-income children. Work is under way in California (see above) and Maine.

With 11 different workforce models in development stages in other states, CDA must be prepared to respond to workforce activities in a responsible way.

CDA’s Policy Development Council has two volunteer workgroups that are researching evidence-based ways to address access challenges. The Access Workgroup is analyzing strategies such as Denti-Cal reform and school-based/school-linked programs, among others, with the purpose of developing practical and cost-effective recommendations to improve access.

CDA’s Workforce Task Force is studying dental workforce models that exist internationally as well as those currently under consideration in the United States. The studies include capacity and efficiency of California’s dental delivery system, economic impact of workforce models, development and sustainability costs, and safety of dental providers.

The work of both committees will be reported to the Policy Development Council. Upon completion of the work, a report will be presented to the CDA House of Delegates. These studies will provide CDA with the evidence base the association needs to be the expert in discussions with policy makers and stakeholders, and will allow dentists to respond appropriately when legislative activity surfaces in the future.

*For all of the research CDA is doing in this area and the political landscape across the country, go to www.cda.org/access. Please send your comments to access@cda.org.*

**Correction:** A photo-caption in last issue’s Campus Notes, page 11, should have read Dr. Nader Nadershahi pictured with Dr. Gurminder Sidhu. We regret this error.
All Dental Politics is Local

It is not typical for a resolution brought forth at the California Dental Association House of Delegates to be implemented as a new state law within the same year. That is exactly what will happen this month if Governor Schwarzenegger places his signature on AB2275 (Hayashi). For participating dental plan providers, this legislation prohibits state-regulated insurance plans from placing a cap on fees for procedures that they do not cover. The component that brought this resolution forward was our own San Francisco Dental Society, the very same component that represents the city where the dental benefits industry started over 50 years ago.

The genesis of the “fee-capping” local movement in San Francisco began two and a half years ago with discussions during CDA/SFDS Legislative Day. It then progressed to a full debate by the SFDS Board of Directors, which approved drafting a resolution for presentation at the CDA House of Delegates. Those playing significant roles were director Mahtab Sadrameli, current President Sima Salimi and Past Presidents Wayne Del Carlo, Irene Hilton and David Ehsan. They all helped steer the resolution and showed great persistence, bringing similar resolutions calling for addressing fee caps to both the 2008 and 2009 CDA House of Delegates. Those playing significant roles were director Mahtab Sadrameli, current President Sima Salimi and Past Presidents Wayne Del Carlo, Irene Hilton and David Ehsan. They all helped steer the resolution and showed great persistence, bringing similar resolutions calling for addressing fee caps to both the 2008 and 2009 CDA House of Delegates. Those playing significant roles were director Mahtab Sadrameli, current President Sima Salimi and Past Presidents Wayne Del Carlo, Irene Hilton and David Ehsan. They all helped steer the resolution and showed great persistence, bringing similar resolutions calling for addressing fee caps to both the 2008 and 2009 CDA House of Delegates. Those playing significant roles were director Mahtab Sadrameli, current President Sima Salimi and Past Presidents Wayne Del Carlo, Irene Hilton and David Ehsan. They all helped steer the resolution and showed great persistence, bringing similar resolutions calling for addressing fee caps to both the 2008 and 2009 CDA House of Delegates. Those playing significant roles were director Mahtab Sadrameli, current President Sima Salimi and Past Presidents Wayne Del Carlo, Irene Hilton and David Ehsan. They all helped steer the resolution and showed great persistence, bringing similar resolutions calling for addressing fee caps to both the 2008 and 2009 CDA House of Delegates.

The next step in the process was up to the Public Policy department of the California Dental Association. This is a very impressive department and their legislative staff is considered among the very best in Sacramento. They fashioned the proper wording of the bill and through deft strategic planning, thoughtful timing and very hard lobbying work at the Capitol building, the legislation passed. Not only did it pass, it passed without one negative vote in two legislative committee hearings and on final votes taken on the Assembly and Senate floors. This was a remarkable accomplishment.

What does and doesn’t AB2275 achieve? It does not affect dentists who choose to not participate in plans. For those that do, it does restrict dental plans from imposing a fee level on procedures that the plan does not cover. It also permits participating dentists to charge, but not exceed, their usual and customary fees on those non-covered procedures. Dentists should provide patients with a pre-treatment estimate when non-covered services are part of a treatment plan. Treatment provided when patients have exceeded their plan’s annual maximums will continue to be subject to fee caps in the case of procedures within the plan’s scope of benefits. Plans that are self-administered and subject to Federal ERISA jurisdiction are not governed by this legislation, however the ADA is sponsoring its own bill to prohibit the capping of fees for non-covered benefits within ERISA law.

Any questions about details of the bill and/or other insurance issues can be answered by contacting CDA insurance specialist Greg Alterton at 916-554-4994 or by accessing the dental benefit section of the CDA Practice Support Center website at cdacompass.com.

Dan Davidson is a Past President of the San Francisco Dental Society. He currently serves as CDA Vice-President and Chairs the CDA Policy Development Council.
SFDS Past-President Dr. Newton Gordon officially retired on August 20th after a long and distinguished career at the University of California San Francisco. At retirement Dr. Gordon was chief of Dentistry and Oral and Maxillofacial Surgery at San Francisco General Hospital Medical Center. He served as a mentor and role model to countless students. Attendees at his transition celebration included SFDS Executive Director Deborah Elam, CAE and Past Presidents Drs. Irene Hilton and Wayne Del Carlo.

SFDS honored three individuals at the August 12th CE meeting: Anna Nelson, CDA/RDA, MA, retired as Director of the Dental Assisting Program at City College of San Francisco after 25 years of service. Many SFDS members have employed graduates of Anna's programs over the years. SFDS member Dr. Jane Weintraub was recently awarded the ADA's Norton M. Ross Award for Excellence in Clinical Research. Samantha Stephen, RDH, MS retired as Director of Dental Services for the San Francisco Department of Public Health after a 25 year career. Ms. Stephen developed many innovative programs in collaboration with SFDS such as Project Homeless Connect and the Kindergarten screening program.
PRESIDENTIAL PERSPECTIVE

Sima Salimi, DDS

Fall—My Favorite Time of Year

As the last few days of summer come to pass, I hope everyone has had an opportunity to take a few days of vacation to recharge their batteries. Admittedly, fall is my favorite time of the year. Children are back in school, families are back into their routines and of course, our much-desired San Francisco summer weather is right around the corner.

Fall is also a busy time of the year for organized dentistry. I hope most of you had an opportunity to attend CDA Presents, which for the first time was held on a Thursday, Friday and Saturday (September 9-11). This arrangement enabled the attendees to have a much needed day of relaxation before beginning work again on Monday.

Although closing down the office for a few days is always challenging, I find attending meetings such as CDA Presents invigorating. It provides my staff and me with a boost of energy and a renewed enthusiasm for our work, not to mention a chance to reconnect with colleagues. Some of my favorite moments of this year’s meeting were when I ran into former classmates and former students of mine. As for the classes offered, I noticed this year we had a number of dynamic speakers on how to cope with the slow economy, as well as how to take advantage of the economic downturn to improve technical skills. It is good to see that CDA Presents courses are developed to reflect both clinical and scientific updates as well as external factors that affect the business aspects of our practices.

“We always seek to be a conduit for moving member concerns up the ladder from the local to state level....”

If you missed CDA Presents, you still have a few more dental meetings such as the ADA annual session (October 9-12) in Orlando and the Greater New York Dental Meeting (November 28-December 1st) to attend in 2010. Both are being held in geographically desirable destinations, so if you need a fall break, here is your chance!

That brings me to another annual fall event- the up coming California Dental Association House of Delegates, which this year will be held in Southern California. This meeting provides SFDS Delegates with an opportunity to collaborate with our colleagues from other parts of our beautiful state on issues affecting all California dentists.

In recent years, your San Francisco delegation has been very active in bringing forth resolutions at the House of Delegates on issues that affect dentists in their daily practice. SFDS was the original sponsor of the resolution to examine restriction of fee capping by insurance companies on non-covered procedures (see guest editorial by Dr. Dan Davidson for more on this). SFDS was also a co-sponsor on a resolution opposing supplier mandated volume requirements that might restrict dentists in their practice.

Your SFDS board of directors must approve sponsoring or co-sponsoring resolutions at the House of Delegates. We always seek to be a conduit for moving member concerns up the ladder from the local to state level and welcome input on issues important to you for future resolutions. Stay tuned for a report on SFDS activities at this year’s House of Delegates in a future issue of The Bridge. ❖
What is the title of your research activity?
Three-Dimensional Reconstruction from CT Data

Who are the investigators?
Ove A. Peters (PI-UOP), Christine Peters (UOP), Frank Paqué (University of Zurich, Switzerland), Christof Reinhart (Volumegraphics GmbH, Heidelberg, Germany).

What are you trying to find out?
How to make three-dimensional (3D) images available for routine use and analysis in the classroom and clinical settings.

Currently, computed tomography (CT) data primarily gives two-dimensional views in three projection planes. These two-dimensional images are interpreted by radiologists or care providers using specialized software. Three-dimensional reconstruction from CT data requires software to understand which volume element (also called a voxel) actually belongs to the object in question (for example a tooth, as compared to the surrounding bone or air). Currently this requires a large amount of observer input for the best results.

Three-dimensional analysis is already a very powerful tool to give clinicians a full appreciation of the anatomical challenges before they begin a case, for example in endodontic treatment. However, generating 3D images of teeth, root canals and jaw sections is still a labor-intensive process requiring substantial manual editing. We are trying to streamline the process by working with software developers on educational content and intelligent systems to recognize patterns in CT data sets.

Why is this research important?
While data collection technology has dramatically improved over the last decade, software lags behind. The intention of our collaborative research is to develop applications to filter, segment and analyze images in real time. This will allow clinicians to make treatment decisions the same appointment rather than collect information for off-line assessment.

How are you conducting this research?
We have several lines of investigation: the use of in vitro micro-computed tomography to evaluate the effects of newly developed root canal instruments on canal configuration; a case-control study using clinical cone beam volumetric tomography to follow-up clinical treatments and to metrically assess healing events; and using data from both studies to generate finite element models for simulation experiments.

We work closely with a group at the University of Zurich, Switzerland and a software company in Germany. The recent acquisition of a high-resolution micro-computed tomography system at UCSF from an NIH grant (Principle Investigator Sunita Ho, PhD) will foster collaboration between the two dental schools in San Francisco in this field.

When will this research be finished?
This research is ongoing. More than 15 papers have been published so far and several more have been submitted.

How will the results of this research eventually translate into clinical dental practice?
We hope to provide the basis for “intelligent” software that allows dentists to maximize the benefits of clinical threedimensional data sets without having to become radiologists. For example, this technology has the potential to assess treatment modalities and new instrumentation in the laboratory before it gets to the clinic. Moreover, treatment strategies can be duplicated in the lab and their efficacy evaluated.

Clinically, in the future any patient could come into a dental office carrying a full set of high quality CT scans generated with little radiation, which could be used for diagnosis and treatment. In case of root canal therapy, the dentist will know before hand if a tooth has additional roots and canals. For oral surgery, the proximity of a tooth to nerves and other important structures will be known prior to extraction.

In the future, the development of 3D finite element models for structural analyses, based on cone beam scans, could allow dentists to predict survival times of teeth with large restorations or weakened root canal walls. ❖

Ove A. Peters, DMD MS PhD is a Professor and Director of Endodontic Research in the Department of Endodontics at the University of the Pacific Arthur A. Dugoni School of Dentistry
With the advent of summer comes the time-honored tradition of reading for pleasure. In addition to a trashy novel or two, one book in particular captured my attention, Daniel Pink’s *Drive: The Surprising Truth about What Motivates Us.*

This book is an excellent summary of research—some old, much of it new—relating to what motivates us toward high performance and satisfaction at work, at home, or at school. Although the major conclusions didn’t differ very much about what I recall being taught on the subject, there’s been a flood of new research backing up the original work done by business theorists such as Douglas McGregor (Theory X and Theory Y) and Frederick Herzberg (motivation-hygiene theory). That research has also been broadened beyond the world of business, and extended into just about every other aspect of human motivation.

The book explores the failings of the common “carrot and stick” approach, except in the context of manual or algorithmic activity (doing pretty much the same thing over and over in a certain way—think coffee barista). The adoption of “if then” rewards —“if” you do X, “then” you will get Y — diminishes appreciation of the task, stifles creativity, discourages long term thinking, and, according to Pink, encourages immoral behavior.

So how do we motivate people for more creative tasks, which is much of work being done in the developed world in the 21st century? Pink offers three new types of motivators (all intrinsic): autonomy (the deciding for yourself what to do and how to do it), mastery (getting increasingly better at something that matters), and purpose (being part of something larger than yourself). For a discussion of the first, autonomy, check out Pink’s excellent TED talk at

http://www.ted.com/talks/dan_pink_on_motivation.html. For more, visit YouTube.

This was an interesting read about what drives people to do what they do. Pink challenges the notion of the need to hang a carrot out in front of people in order to motivate them to do something. What really motivates people? That is the burning question that this book tries to address. Pink also explores the shift from “top-down” management to the more heuristic style (workers being free to decide how to do their jobs). He points out that repetitive jobs lend themselves more to traditional rewards, whereas money doesn’t seem to motivate innovation. When we need employees to be creative, innovative, and smart, narrowing the focus is the last thing we want to do. We want employees to be able to see the big picture, as broadly as possible, drawing from many perspectives.

Does this mean that raises are unnecessary? Absolutely not! The question of money as a motivator in the workplace is ongoing. No one works for free; employees want to earn fair wages and salaries, and employers want their workers to feel they are being fairly compensated. Research further suggests that in addition to autonomy, mastery, and purpose, feedback combined with money and social recognition produce the strongest positive effect on job performance.

The last quarter of the book is composed of a “toolkit” – Pink’s recommended reading list, discussion questions, and overall book summary. While the toolkit of this interesting and pragmatic book may appear as “filler” to some, it serves to effectively reinforce the primary theme — that providing environments for people to achieve some level of autonomy, mastery, and purpose creates employee engagement allowing for a sense of achievement and satisfaction second to profit motivators.

“Reading is a means of thinking with another person’s mind; it forces you to stretch your own.” —Charles Scribner, Jr.
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ON YOUR BEHALF –
HEALTH CARE REFORM AND SMALL BUSINESSES

By Dr. Peter Rengstorff, Legislative Committee Member

The Small Business Majority, in collaboration with the S.F. Chamber of Commerce, sponsored a panel seminar on August 24th discussing the impact of recent health care reform legislation on small businesses.

Some aspects of the reform legislation will take effect on September 23, 2010. These include:

• Tax credits of up to 35% of the cost of premiums that an employer contributes if there are fewer than 25 employees and their average annual wage is less than $50,000 and the employer pays at least 50% of the premium amount. This credit is retroactive to Jan 1, 2010. Many dental offices should be eligible for the maximum credit.

• Child dependents will be covered through age 26 unless they already have their own insurance.

• Exclusions for pre-existing conditions of children will no longer be allowed. For adults the usage of pre-existing conditions to deny coverage will be forbidden in 2014. Until then an adult in this position if uninsured for 6 months may obtain coverage through the new national risk pool or one already established by the state, as in California.

• Lifetime limits on coverage will be banned.

• No co-payments for preventive services will be the law.

• Up to $250 in drug rebates for seniors.

• Help for employers to provide health benefits for retirees 55 or older until they are eligible for Medicare.

The first panel speaker stated that the purpose of health care reform is to provide more Americans with higher quality care at a lower cost. Each state must implement its own version within the next four years, so the process will be ongoing. By 2014 small businesses, individuals and families will be able to purchase coverage through a state’s health insurance exchange. The exchange will offer four standard benefit packages, set at 60%, 70%, 80%, and 90% of costs payable.

All plans submitted by insurance companies to the exchange for approval should have broad benefit categories of typical employer coverage including outpatient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescriptions, rehabilitative services and devices, lab services, preventive, chronic disease management and pediatric services.

An employer who already offers coverage can keep the same plan under reform legislation. It will be “grandfathered”, but it will be required to meet some reform conditions, such as dependent coverage through age 26, elimination of lifetime benefit limits, and no pre-existing condition exclusions for children.

The next presenter, John Arensmeyer, founder and CEO of the Small Business Majority, confirmed that healthcare costs are out of control. Eighty-six percent of those now uninsured say that the cost of insurance is the main deterrent to coverage. Fifty-four percent of businesses with less than 10 employees do not even offer health insurance, and if they do premiums are 18% higher than the rates large employers can obtain.

By creating an insurance pool small businesses and the self-employed can leverage purchasing power by spreading risk over a larger population. Pools also allow more efficient administrative and delivery systems and will reduce long-term healthcare inflation.

The five-year implementation period (2010-2014) will avoid disruption of the existing system and make transition as smooth as possible. The approach is to build on the existing employer based health system that employers and employees are used to. Although small employers will not be required to offer health insurance, every individual will be required to have health insurance or pay a fee by 2015.

Additional Resources:

http://www.healthcare.gov/
A new portal maintained by the Dept. of Health and Human Services. The small business site includes information about tax credits, coverage options, & more.

http://www.chhs.ca.gov/Pages/HCR.aspx

This Month’s Top Ten Reasons for Being an ADA Member

- A powerful voice in Washington, D.C. and the state capitals
- ADPAC, the number one healthcare PAC in 2008 elections
- The Paffenbarger Research Center (PRC) holds over 70 patents
- Funding for groundbreaking dental research
- ADA/Forsyth EBD Course helps you appraise and implement new treatment options
- Solutions for an ergonomic office and avoiding work-related injuries
- Evidence-based clinical recommendations on pit and fissure sealants
- More than 4 million visitors annually to ADA.org
- National Dental Benefits Conference
- Easy, affordable retirement planning

SFDS Job Bank – A Member Service
In the November/December 2009 issue of The Bridge we announced a new, free, member benefit. The SFDS contracted with an on-line job search firm to help you find able candidates for your open positions: dental assistants, hygienists, office managers, receptionists, and associate dentists. A database of resumes is at your disposal. All you need do is pick up the phone and give Alfonso a call or send him an email at info@sfds.org. Tell him what you’re looking for and he will send you a list of potential candidates and resumes. We ask that you let us know if you hire one of the candidates so that we can 1) remove the person from our candidate database and 2) determine if this program is a value-add for our members.

SFDS Peer Review Committee Seeks New Panel Members
The SFDS Peer Review Panel seeks younger, general practitioners to review disputes that arise in the delivery of dental services to the public by SFDS/CDA member dentists, in particular, disputes regarding quality of dental treatment and appropriateness of dental treatment.

Those willing to serve must: Be an SFDS/CDA member for at least five years; have practiced clinical dentistry for a minimum of five years; attend mandated CDA training sessions; be prepared for a long-term commitment of service and a great deal of reading; have the ability to maintain objectivity, confidentiality, discretion and understanding. If you are interested and meet these minimum qualifications please contact SFDS Executive Director Deborah Elam, at exec@sfds.org, for more information.

After-hours/Vacation/Emergency Care Reminder:
The CDA Code of Ethics, and SFDS Policy, states dentists have a responsibility to make reasonable arrangements for the emergency care of their patients of record. This includes either a way to reach you or an on-call dental colleague who has agreed to see your patients. A message on your answering machine or with your answering service referring patients to a dentist covering your emergencies should be provided. The treating dentist may charge a reasonable fee for after hours’ visits, in addition to the treatment provided and must return the patient to the dentist of record. Providing the SFDS after-hours referral number does not meet this obligation to your patients of record. This referral number is for patients without a current dental home.

SFDS Room Rental
Looking for space to hold a staff day-long retreat or team-building program? The SFDS Board Room is available for rent to members at a very reasonable fee: Evening Rental: 5:30 PM – 9:30 PM, $200; Daytime Rental: 8:30 AM – 5:00 PM, $350. For Sponsored Study Clubs: 5:30 PM – 9:30 PM, $475; 8:30 AM - 5:00 PM, $750; In addition to the rental fee, a $250 cleaning/security deposit is required. SFDS scheduled meetings take precedence. Maximum Capacity: 30 seated; 49 standing. Restrictions apply. Contact us for more information: (415) 928-7337.
What are the organizations that you work with?

The Armenian Dental Society of California (ADSC) is a non-profit with members that do humanitarian dentistry for children in Armenia. They pay all their own travel expenses and buy or have dental supplies donated by other dentists.

The American University of Armenia, Center for Health Sciences and Research is a graduate school in Yerevan, Armenia. I am on the faculty there and conducted a dmft study of 5-7 year olds and 12-14 year olds to establish a baseline of the dental condition of Armenia children in 2008. The international average dmft for 5-7 year olds is 3. The Armenian 5-7 year old children had a dmft score of 8.

The International Foundation for Health, Inc. in Washington, DC, is a consortium of salt fluoridation public health dentists and specialists. Most American public health dentists are not familiar with salt fluoridation. It is just as effective in reducing dental decay as water fluoridation.

How long have you been working with these volunteer organizations?

I started with the ADSC in 1997 and made five humanitarian trips from 1997-2005. After I retired from private practice in 2006 and started teaching 2 days a week at UOP, I began going to Yerevan twice a year from 2006 to present. I have been working on implementing salt fluoridation in Armenia for four years. I will be returning to Armenia in October 2010. It will be my 15th visit.

How did you get involved?

From my work with the Armenian Dental Society of California.

There are many worthy organizations. Why did you select this one for your volunteer time?

As an American-Armenian I want to see the Republic of Armenia, a fledging democratic country, succeed in nationhood. If the people see improvement in the health and education of their children, they will remain in their country. The dental condition of the children has deteriorated since the collapse of the Soviet Union, as Armenia was a Soviet Socialist Republic. Now with independence since 1992, there is no free dental or medical care and most families cannot afford dental care.

What is your specific involvement?

I have been working with the government to implement salt fluoridation. They presently have iodized salt and potassium fluoride can be easily added to table salt. The government is skeptical and not familiar with the science. Major changes in public health policy are sometimes more about politics than health.

How do you feel about volunteerism, in general? It is a very rewarding experience. The sense of gratification is greater than you can imagine. People bring you whatever they can to show their appreciation. Flowers, fruit, vegetables and home baked goods are some of the gifts that people bring you.

What would you tell other SFDS dentists about volunteering with your organization?

Everyone should experience giving of their time and expertise at some time in their practice career.

If they wanted to participate, how would a SFDS member contact your organization?

I have a website for public awareness information and donations at www.healthysmilesforarmenia.org. The site also has information about all the benefits of salt fluoridation.

Jack M. Saroyan, DDS graduated from UOP Dental School in 1962. He was in private practice at 490 Post for many years and retired in 2006. He presently an Assistant Professor in the Department of Dental Practice at the Arthur A. Dugoni UOP School of Dentistry two days per week.
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Will I receive any payment on the balance? Can I dismiss the patient? Am I required to complete treatment? Can I call the patient to discuss the matter? Those are a few questions that you may have if a patient files bankruptcy. Circumstances differ depending on the treatment plan, stage of treatment and type of bankruptcy filed. Approach each situation on a case-by-case basis. Establishing and following a bankruptcy protocol can save your practice time and possibly money as well as the potential threat of a lawsuit if the matter is not handled appropriately.

According to the American Bankruptcy Institute, more than 1.4 million consumers filed for bankruptcy in 2009, up 38 percent from 2008. With so many people filing bankruptcy, you have a much higher chance of receiving a notice from the bankruptcy court.

If you receive a notice from the bankruptcy court:

- Review the patient’s chart and note any outstanding treatment. You have an ethical responsibility to avoid harm or injury to your patient. Complete any mid-treatment cases such as cementing crowns before withdrawing from care. In orthodontia cases, offering to remove the appliances, confirm the bite is stable and then provide a retainer at no cost may be an acceptable option. Contact and receive preapproval from the bankruptcy trustee before continuing or initiating any treatment other than emergent care.
- Stop all collection efforts. Bankruptcy laws prohibit contacting the consumer to demand payment. Any pending court actions against the person who filed the bankruptcy are stayed without a specific order of the bankruptcy court. Interest can no longer accrue. Violation of this rule could result in fines and/or court sanctions. There may be ways to recover a portion of the balance and for that you would need to contact the bankruptcy court.
- File a Claim. Depending upon the nature of the bankruptcy, you may receive a notice or invitation to file a claim as a creditor for money owed you for services already provided. While bankruptcy in most cases means you will not likely be paid, failing to file a timely claim will preclude getting any payment, even a fraction of the money owed.
- Protect the patient’s privacy. Avoid asking questions related to the bankruptcy while he or she is in the office to complete treatment. Caution staff to be respectful and to discuss information related to treatment purposes only.

If you decide to dismiss the patient, do so after the treatment that was begun is completed. That does not mean completing an entire treatment plan if there were teeth or areas not yet treated. Offer 30 days emergency care and two viable referrals, such as, the local dental society or patient’s insurance provider. Failure to send the dismissal letter means that he or she remains an active patient of record. In the event of an emergency, you will need to see the patient for an evaluation and possible treatment. For more advice on what to do if your patient files for bankruptcy, call the TDIC Advice Line at 800.733.0634.
The CDA Board of Trustees met in Sacramento on August 27th. San Francisco Dental Society members in attendance were CDA Vice-President, Dan Davidson, and both Trustees for our component, Natasha Lee and Curtis Raff.

The financial advisors for CDA, Prime Advisors, gave a presentation about the CDA’s current financial and investment status and strategy in our current economic market.

Dan Davidson gave a report on the Core Systems Project that has been providing oversight as CDA replaces its antiquated association management software. During the discovery process with the vendor selected to replace our current membership management software system, it was found that the original estimate was well below the actual cost of replacement and that the project was going to exceed the approved budget. CDA is evaluating whether to continue with the current vendor or to start a new vendor search.

The Committee on Volunteer Placement put forward their slate of nominees to fill upcoming vacancies for leadership positions on councils, committees, the CDA Presents Board of Managers, subsidiary boards, the CDA Foundation Board and ADA Delegates and Alternates for approval.

The board held elections to fill trustee positions on the appropriate committees and boards. Jim Stephenson of the Mid-Peninsula Dental Society was nominated as Secretary of the CDA. Dan Davidson will move into the position of CDA President-Elect. Natasha Lee was nominated to fill a vacancy on the TDIC Board of Directors. Final election of officers and leadership will occur at the CDA House of Delegates in November. The 2011-2013 CDA Strategic Plan was approved with modifications suggested by the board at the June board meeting and will be forwarded to the House of Delegates for approval.

The reinstatement fee for late membership renewal was discussed. In light of a costly software customization that would be required for online late renewal to include the reinstatement fee, the fact that the late fee has not been shown to increase the numbers of members renewing on time, and the belief that the penalty is counter productive to membership renewal, the board approved the Executive Committee’s recommendation to eliminate the reinstatement fee for late membership renewal.

If you are a dentist who believes in the power of a healthy smile to improve a patient’s self-confidence, please consider donating your services, or dental equipment to one or more of many worthy causes:

**Delancey Street** continues to look for dentists to provide dental services to participants. This would include cleanings, general prophylaxis, restorative and prosthetic services. The gift of self-confidence to men and women who are looking to enhance their lives would be the springboard for their success in life. Please contact the Delancey Street Foundation at (415) 512-5118 if you are interested in contributing to this endeavor. For more information please visit the website at www.delanceystreet-foundation.org.

**SafeHouse**, a clean and sober living community for formerly homeless women, seeks the services of general practitioners who will each provide service to one of their clients. Please contact SafeHouse, Carola Shepard at (415) 643-7861.

**Project Homeless Connect** — Project Homeless Connect’s™ (PHC) objective is to connect San Francisco’s homeless with the system of care that will help them move off the streets and into housing. The need for PHC became clear after 278 volunteers surveyed the homeless in downtown San Francisco in October 2004. Under the direction of Mayor Gavin Newsom, volunteers covered a 60-square-block area in the Tenderloin district, where 85% of the city’s social services are located. Corporations, nonprofits, and government agencies provide PHC and its clients with services such as dental care, eyeglasses, family support, food, HIV testing, housing, hygiene products, medical care, mental health services, substance abuse treatment, and more.

In response to the changing needs of the homeless and low-income population, PHC continues to reshape its outreach strategy and improve available services. Recent modifications have included events specifically designed for veterans, families, and children. As of February 2010, 20,292 volunteers have provided services to more than 30,844 homeless and poor San Franciscans. To volunteer for one of the upcoming PHC events, contact SFDS Community Dental Health Chair, Dr. Jeff Jang at (415) 564-1552.

**Future 2010 PHC events:**
- PHC 35 - Veterans Connect: Wednesday, September 29
  - Location: Lawn Bowling parking lot and Sharon Meadows
- PHC 36 - Veterans Connect: Wednesday, November 10
  - Location: TBD
- PHC 37 - Veterans Connect: Wednesday, December 8
  - Location: TBD

If you know of or participate in an organization that has needs, and focuses on oral health for the underserved, developmentally or physically challenged, please contact the SFDS and we can include the request in our next newsletter.
Do you like politics, either partisan or non-partisan? Do you read the newspaper and watch the news on TV? Do you get mad whenever a law or regulation is passed that you feel is harmful, unduly burdensome, or just non-contributory to a high quality of life? If your answer is yes, you could be a member of San Fran-D-PAC.

A PAC is not inherently corrupt or somehow unclean. PACs allow like-minded citizens to contribute relatively small amounts of money to a common fund. A PAC uses this fund to contribute to the campaigns of candidates they support. By pooling their resources, individuals can have an impact on the political process.

In 1993-94 the SFDS Board of Directors determined that forming a separate political action committee should be one of the Society’s strategic long-term goals. The process began with the gathering of necessary paperwork and other requirements from the California Fair Political Practices Commission. The San Francisco Dental Society Political Action Committee (San Fran-D-PAC) was officially born in 1996. At the time no one knew how many members would voluntarily join the PAC with its non-tax-deductible dues of $35, but over 125 members answered the initial call for membership.

San Fran-D-PAC operates separately from SFDS and is a local and state candidates’ PAC. That means the PAC is set up to give money to political candidates. Contributions are usually given to local candidates for mayor, supervisors and other local offices, such as treasurer, district attorney and public defender. State contributions are usually given to local politicos who have moved on to higher office in Sacramento, something that happens frequently to local officials. Occasionally contributions are given to politicians in other areas of the state who have given outstanding support to dentists or who are dentists themselves. The amount of the contribution is of course limited to that allowed by law.

The PAC board of 11-15 members meets 2 or 3 times a year to determine which candidates or issues to support, depending on elections, issues, and the local political scene. Incumbent’s records are reviewed and the qualifications of various challengers assessed. PAC members deliver contributions personally “on behalf of the San Fran-D-PAC” to the candidate. The PAC publishes a newsletter for members listing contributions. The PAC also sponsors informational meet-the-candidates nights for members and hosts fundraisers for local and state candidates.

The PAC also studies each ballot and decides whether to make recommendations on a measure or proposition, even though the PAC cannot contribute money or sponsor an event for a specific issue. Issues of concern include general quality of life, business-favorable environment, improved parking and transportation, reasonable regulations, taxes, and employment laws. For outside guidance, recommendations from civic-minded groups such as SF Chamber of Commerce, SPUR, Small Business Advocates, SF Forward, Citizens for the Better San Francisco, and merchants’ associations are considered.

SFDS members op-in to PAC membership annually by checking the San Fran-D-PAC box on their CDA dues invoice. While PAC membership has remained stable since 1996, the PAC would welcome new board members and new ideas! If you are a current San Fran-D-PAC member interested in having a bigger voice in determining direction contact any of the current San Fran-D-PAC board members: Mike Antonini, chair, Frank Dal Santo, Donna B. Hurowitz, David T. Shen, Thomas T. Ogawa, Frederic Warren, Peter C. Lee, Claudia M. Masouredis, Ronald L. Konopaski, Newton Gordon, Irene Hilton, David Ehsan, Simi Salimi.

Donna B. Hurowitz, is a Past-President of the SFDS and a former editor of the Bridge. She currently serves as SF-PAC secretary.
While dental treatment during pregnancy is safe, pregnant women go to the dentist less frequently than women who are not pregnant. This may be attributable to a lack of knowledge about the importance of oral health during the perinatal period by patients, prenatal providers and dentists and the reluctance of dental providers to perform treatment during pregnancy.

To overcome these barriers to dental care during this very important time in a woman’s life the California Dental Association Foundation (CDA Foundation), in collaboration with the American College of Obstetricians and Gynecologists (ACOG) District IX, recently published “Oral Health During Pregnancy and Early Childhood: Evidence Based Guidelines for Health Professionals”.

The guidelines were published in their entirety in the June issue of the Journal of the California Dental Association, and the companion September issue is designed to assist practitioners in adopting the guidelines to clinical practice.

The key message of the guidelines is: **Pregnancy is not a reason to defer routine dental care or treatment of oral health problems.** The first part of the guidelines consists of easy to read recommendations for care geared towards perinatal care professionals, oral health professionals, child care professionals and persons involved in community based health care programs.

The second part of the guidelines consists of twenty-five pages of evidence to support the recommendations written by nationally recognized experts in the relevant fields. The guidelines contain almost 250 references!

There are many reasons for providing routine dental care during pregnancy. These include treatment of periodontal disease to improve periodontal health and improve quality of life, treatment of carious lesions to remove infectious, transmissible organisms that cause dental caries and the opportunity to provide risk based counseling to lower oral disease risk in both the women and her child in the future.

For many women the perinatal period is a time of increased interest in general health, when they are interested in optimizing all aspects of their own health and receptive to health education messages. For many low-income women the perinatal period may be the only time they have access to dental insurance coverage.

As pertains to the provision of routine dental care, key findings in the guidelines include:

- It is not necessary to have approval from the prenatal care provider for routine dental care of a healthy patient.
- Radiographic imaging of oral tissues is not contraindicated in pregnancy and should be utilized as required to complete a full examination, diagnosis and treatment plan.
- Positioning is important in the third trimester to prevent postural hypotensive syndrome, which occurs in 15-20% of pregnant women. Place the patient in a semi-reclining position, encourage frequent position changes, and/or by place a wedge underneath one hip.
- Given the risks associated with untreated dental caries in pregnant women, oral health professionals should recommend prompt treatment of dental caries and, in consultation with the pregnant woman, determine the appropriate options for treatment and restorative materials.
- Most of the common medications used in medical and dental settings have not been utilized in clinical trials with pregnant women. A compilation of common drugs with FDA classifications and restrictions is included in the guidelines. Remember that use of dental analgesics should be considered a short-term option until definitive dental treatment can be performed.

The preventive, home care and self-management recommendations that are provided for pregnant women may be just as important as treatment rendered and failure to provide these is a disservice to the patient and her child. Many women are open and willing to embrace change as a way for her child to avoid the oral health problems she may have experienced. The guidelines contain resources where dentists may obtain educational materials targeted to pregnant women.

Practical implementation of the Guidelines will increase access to dental care for pregnant women, and has the potential to improve the oral health status of both the pregnant woman and her unborn child.

Dr. Hilton was a member of the Advisory Committee for the project that developed the guidelines. She treats perinatal patients every day.
Dr. Martin Chin captivated the large audience on August 12, 2010 with his lecture on Bone Regeneration: Clinical Applications for the Dental Practice and the application to alveolar and maxillofacial reconstruction. Among the plethora of positive comments:

“Martin Chin is a genius.”

“It’s amazing what can be achieved with technology of today.”

“Wonderful presentation...Awe inspiring!”

“Thanks for hosting a wonderful event! It was an amazing lecture, and the food was delicious!”

Door prize winners included: Dr. Martin Chee, $100 Perry’s Restaurant gift card; Dr. Ed Taggart winner of a free CE-dinner meeting for 2010; Dr. Newton Gordon, winner $50 cash prize for visiting exhibitor tables; and Dr. Aneel Nath, DDS $20 cash prize for visiting exhibitor tables.
## Mark Your Calendars - Upcoming Meetings and Events

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Meeting/Event</th>
<th>Location</th>
<th>Time</th>
<th>CE</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>9-12</td>
<td>ADA Annual Session</td>
<td>Orlando, Florida</td>
<td>Multi-day</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Varies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Columbus Day Holiday - Office Closed</td>
<td>SFDS, 2143 Lombard</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>General Membership Meeting</td>
<td>Sir Francis Drake Hotel</td>
<td>6:00 PM</td>
<td>2 CE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>w/Dr. Warden Noble</td>
<td>450 Powell</td>
<td>7:30 PM Dinner &amp; Mtg.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18, 19</td>
<td>San FRAN-D-PAC</td>
<td>SFDS, 2143 Lombard</td>
<td>TBA</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>or 20 (TBD)</td>
<td>Candidates Night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Executive Committee</td>
<td>SFDS, 2143 Lombard</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Social Hour</td>
<td>Park Chalet, 1000 Great Hwy.</td>
<td>6:00 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>CDHC Committee</td>
<td>SFDS, 2143 Lombard</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>New Dentist Seminar</td>
<td>SFDS, 2143 Lombard</td>
<td>6:00 PM Food</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insurance 101</td>
<td></td>
<td>6:30 PM Program</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>CPR Renewal</td>
<td>SFDS, 2143 Lombard</td>
<td>6:00 PM - 9:30 PM</td>
<td>4 CE</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>Membership Committee</td>
<td>SFDS, 2143 Lombard</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>All-Component Caucus</td>
<td>Embassy Suites, LAX</td>
<td>8 AM - 3 PM</td>
<td>N/A</td>
</tr>
<tr>
<td>November</td>
<td>2</td>
<td>Election Day</td>
<td>Various</td>
<td>All-Day</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>SFDS HOD Caucus Meeting</td>
<td>SFDS, 2143 Lombard</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Infection Control/BBP</td>
<td>SFDS, 2143 Lombard</td>
<td>8:00 AM – Noon</td>
<td>4 CE</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>CA Dental Practice Act</td>
<td>SFDS, 2143 Lombard</td>
<td>1:00 PM – 3:00 PM</td>
<td>2 CE</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Daylight Savings Ends</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>11-14</td>
<td>CDA House of Delegates Meetings &amp; Events</td>
<td>Beverly Hills Hilton,</td>
<td>Multi-Day</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Beverly Hills, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>New Dentist Committee</td>
<td>SFDS, 2143 Lombard</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Board of Directors</td>
<td>TBA Location</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>SFDS Business Office Early Closure</td>
<td>SFDS, 2143 Lombard</td>
<td>Office Closes 1:00 PM</td>
<td>N/A</td>
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<tr>
<td></td>
<td>25-26</td>
<td>Thanksgiving Holiday – Office Closed</td>
<td>SFDS, 2143 Lombard</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>December</td>
<td>2</td>
<td>Installation &amp; Annual Meeting - CE</td>
<td>Marines' Memorial Club</td>
<td>6:00 PM Cocktails</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>SFDS Executive Committee</td>
<td>609 Sutter St</td>
<td>7:00 PM Dinner &amp; Meeting</td>
<td>2 CE</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>SFDS Holiday Luncheon Tentative</td>
<td>SFDS, 2143 Lombard</td>
<td>6:30 PM</td>
<td>N/A</td>
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<tr>
<td></td>
<td>24</td>
<td>SFDS Business Office Closed</td>
<td>TBA</td>
<td>11:30 AM – 2:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>27-31</td>
<td>SFDS Business Office</td>
<td>SFDS, 2143 Lombard</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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How much does an elephant molar weigh?
- a. 1-3 lbs
- b. 8-10 lbs *^*
- c. 20 lbs

* Gary Arabatyan’s answer
^ Correct answer

When did the first woman graduate from a US dental school? (Dr. Lucy Hobbs Taylor)
- a. 1867 ^
- b. 1905
- c. 1950 *

* Dr. Sam Thacher’s answer
^ Correct answer

Americans spent $2.0 billion on Halloween candy last year, how much was spent on toothpaste?
- a. $1.1 billion *
- b. $1.8 billion ^
- c. $3 billion

* Dr. Bic Chiem’s answer
^ Correct answer