MISSION STATEMENT
The San Francisco Dental Society promotes the oral health of the community and is the recognized resource for dental professionals in the City and County of San Francisco.

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• Membership for period ending February 29, 2012: 77% Market Share up from 73.3% in January 2012 and 72.8% December 2011. 25.8% zero dues, 21.5% reduced dues; 52.5% full dues.

• February Crab Feed overall evaluation 8.96. Net revenue: $2030.83

• Executive Director’s written report provided

• Trustee written report provided

• Approved motion to nominate Dr. Irene Hilton as a candidate for SFDS Trustee to CDA.

• Approved Membership Committee resolution: SFDS Board members, Membership Committee members and committee chairs attending CE meetings to serve as table hosts as assigned by the Membership Coordinator.


• Approved the 2013 Board planning retreat dates and location

• Special House of Delegates recap oral report was provided by delegate attendees

• Report on Clinic by the Bay activities in anticipation of providing dental services at the clinic

• Dr. Song, Chair Membership Committee, provided an update on committee activities, including revamping of the ambassador program

• Treasurer – Matt Young, DDS MS submitted a written financial report

The unadjusted SFDS Statement of Financial Position (Balance Sheet) prepared March 13, 2012, shows that the SFDS total budget is down -1.12% compared to the SFDS 2011 Balance Sheet for the same time period ($972,530 vs. $983,528). Statement of Cash Flows show cash from all accounts, including reserves, for period ending March 13, 2012 is $524,288; Cash at the beginning of the period was $485,615; net cash increase for period is $38,674.
I was dismayed to read recently that the Center for Disease Control (CDC) reports that some 200 communities have decided to discontinue fluoridating their drinking water in spite of the proven advantages of prevention and control of dental caries. This is happening in cities all around the country. Where did we go wrong?

The dental profession championed the implementation of community water fluoridation. Over the past 60 years, community water fluoridation (CWF) has served the people well by improving their dental health and saving them money and time in the dental chair. Moreover, it has raised the esteem that the public has for dentists. Now we are faced with a reversal of all these benefits. The folks that are trying to limit the spending of public funds are not necessarily anti-fluoridationists. They are simply officials making a hard economic choice that we know is penny wise and dollar foolish. But knowing that this is not in the public interest is not going to solve the problem.

We have to recognize that community water fluoridation has achieved penetration to about 70 percent of the population. However, CWF depends on populations of over 10,000 to make it economically feasible. Approximately 90 million Americans do not have the benefits of fluoridation, because the cost of water fluoridation is prohibitive. So why not offer them a proven alternative? Isn’t it about time that we reach out and serve all the people with the same benefits?

Community water fluoridation is considered the gold standard of placing adequate fluoride into the diet to achieve harder enamel that can resist dental decay. But there are other ways of getting fluoride into the diet that have been shown to be just as effective, such as salt fluoridation. Switzerland has been using fluoridated salt for over 55 years. Many other countries of Europe, Central and South America use table salt that contains fluoride. Our southern neighbor, Mexico, recently made fluoridated salt available to the public.

Salt has been used to provide the micronutrient of iodide for prevention of iodine deficiency disorder, IDD, for many years. Fluoride can be added to salt as another micronutrient. Many countries have combined iodide and fluoride into packaged table salt for better health and improved quality of life. They are perfectly compatible salts.

In fact, the National Institute of Cranial and Dental Research, NICDR, financed and provided technical assistance from eminent researchers for the first trial of salt fluoridation in the Americas (Antioquia and Colombia) 47 years ago. This research resulted in a national salt fluoridation program in Colombia.

So what are we waiting for? All we need to do is offer the public a choice of the different kinds of fluoridation that can be made available. Just as ethical dental practitioners always offer their patients alternate treatment plans, the dental profession needs to offer the public a choice of an alternate kind of fluoridation.

From recent inquiry, the salt manufacturers of America would be quite willing to produce fluoridated salt if the American Dental Association and the U.S. Public Health Department went on public record to recommend its use. The table salt producers must be assured that the dental profession believes fluoridated salt is an acceptable alternative. The dental profession can recommend fluoridated salt for those people not currently served by community water fluoridation.

If we truly believe that fluoridation is the best remedy for prevention of dental caries, then let us use every form of fluoridation that is proven and can be easily made available. For those who do not have the benefits of water fluoridation and are unlikely to get it, let’s pass the salt—fluoridated, of course. 

“Approximately 90 million Americans do not have the benefits of fluoridation...”
Bay area dentists, including many from the San Francisco Dental Society, provided dental services during the Bay Area Remote Access Medical (RAM) event, a four-day multi-service mobile health clinic. From March 22 - 25, bay area dentists, dental assistants and hygienists provided 10,103 services to 2,904 patients at a value of $995,580. What a remarkable endeavor and a huge thank-you to our SFDS members, their dental team members, and to the countless support volunteers who made this all possible.

Students and Faculty Participate in Mission Trip to Fiji

A group of Arthur A. Dugoni School of Dentistry students and faculty spent the recent school spring break volunteering their time and talents overseas. For 10 days in March, 22 students, eight faculty and three guests traveled to across the Pacific Ocean to provide dental care to villagers in the remote island area of Moala Village, Fiji.
Summer is upon us and at this time of year I find myself reflecting back on my first San Francisco summer. I chuckle when I think about how I found myself here in June absolutely forgetting that the time of year was supposed to be summer...a combination of a very busy year and the fact that the San Francisco climate can make the time of year seem deceiving. It was not until I found myself on the other side of the Bay Bridge, when I rolled down my car window to stick my arm outside and felt the heat of summer, that I suddenly realized it WAS summer. In addition to the year passing by so quickly, I was living in a place where if one did not know better, summer might be mistaken for winter, at least a mild winter.

Now, here is where you think I am going to refer to that old quote of Mark Twain's about “the coldest winter was a summer spent in San Francisco”. Actually, that was my plan...until I found out that there is actually no evidence of this quote coming from him! It is an often falsely referenced quote. Judging by the frequency that I hear this quotation, many people really do not know this saying is falsely attributed to Mark Twain. This new knowledge throws a bit of a twist to my planned introduction to this article and not unlike a day in dental practice or a vacation with the “perfect” itinerary, or as in life, one has to remember to be prepared to adapt to sudden change.

In my attempt at a clever intro about mid-year and summertime already being upon us, and discovering as I sought to confirm the specific wording and approximate date of Twain’s quote, I was surprised that the attribution of such a widely used saying has become so known to be true when just a little research would show the lack of verification. As dentists with our scientific backgrounds and artistic natures, it is apparent that we, too, need to be reminded to check even our most assured “non-dental related” facts to ensure the truthfulness of information!

How quickly my 2012 presidential term is going by and the fact that my intro was changed because of an unexpected moment of enlightenment reminds me of the advice that has come from many of the past SFDS Presidents before me—that you can try as hard as you can to plan and predict the course of a year and develop a specific agenda, but when it comes down to it, you just have to be prepared to navigate issues and events as they surface. It does not mean one needs to forget his or her initial agenda, but to focus on the prioritization of the ideas while having that vision and mission to fall back on as a foundation in the choices we make.

As I look back to the beginning of this fast moving year, despite the unexpected scheduling of a Special CDA House of Delegates within the first quarter, which became our main society focus for a few months, we are continuing to move forward as a society, and it is proving to be an exciting year. The year is not over yet, while it seems to be going by quite quickly, this is also our reminder that we have the last half remaining to fit in New Dentist Seminars, Social Hours, evening CE meetings in August, September and December, the ADA in San Francisco in October, Project Homeless Connect, and our SF Giants night in September! Enjoy your summer, take some time to plan the rest of your year and have some fun! ✤
First Open Primary for California: A Blessedly Short Local and State Election Ballot June 5, 2012

The new open primary law that took effect this year does not apply to candidates running for U.S. President, county central committees, or local offices. However, our new state law now requires that the term “party preference” be used instead of “party affiliation.”

A voter upon registration may now choose to avoid indicating a party preference. This voter with no party preference may now vote in the primaries for candidates in all of the political parties. Then the top two vote-getters will run against each other in November. For instance, the incumbent California Democratic Senator Dianne Feinstein is running in the June primary with several Republican and minor party candidates on the same ballot.

Confused? I refer you to your voter information guide.

Also on the state ballot are two propositions. Proposition 28 tweaks our term limits once again. This proposition reduces the total amount of time a person may serve in the state legislature from fourteen to twelve years. Proposition 29 imposes yet again another tax of $1 per pack on cigarettes and some other taxes on other tobacco products.

Yes, there is also a U.S. presidential primary. This information is on the website www.voterguide.sos.ca.gov.

Locally, we have two propositions:

Prop A: Garbage collection and disposal. The Recology company now has the permits for all phases of collection and disposal, with only the landfill contract directly approved by elected officials. The Board of Supervisors wants to segment all of the functions into five different agreements for commercial collection, residential pick-ups, recycling and composting, transport to dumps, and disposal of the remaining waste, each under a separate competitive bidding process. Recology costs are now approved by the city’s Rate Board, except for the landfill, which is based on a formula also from our Rate Board.

San Francisco residents and commercial owners generally report satisfaction with Recology services.

Prop B: Coit Tower policy. You may have read about some deterioration of Coit Tower and its murals recently in local media. The city’s Recreation and Park Department manages the tower. The Arts Commission is responsible for maintaining the murals but has no constant or dedicated funds for this purpose. Recently $250,000 has been made available for upgrading. Prop B, which is non-binding, would strictly limit money-making commercial and private events at Coit Tower and would prioritize all of the concession money made at the tower for repair and maintenance of the murals. The San Francisco Chronicle concluded that B is unnecessarily complex and restrictive, and recommends a ‘no’ vote. ❖
Learning From the Past

Have you seen the YouTube video...Association Professionals Through the Ages, a tongue and cheek look at the history of associations, suggesting little has changed in our “association” world? I started wondering about our Society...asking “What has changed over the decades?” We are fortunate to have minutes and presidential speeches dating back to 1910. Here is what I learned in reviewing the past from 1910 to 1960. History does tend to repeat itself...

1910 Board minutes stated, “...an effort is being made to establish a Clinic, in the interests of the poor...” and asked for “fifty dentists so that each may give a half day once in two months instead of every month as at present.” In response to a paper and subsequent discussion on the Three Phases of Dentistry, it was suggested that “the author missed a ‘phase’ and that in order for a dental practice to be successful, dentists need to be taught how to make more money.” The author, Dr. W. A. L. Knowles, responded, “A man properly equipped and qualified will always receive a proper remuneration, and the confidence of his patients is one part of his reward.”

In the 1920’s there were repeated discussions about advertising, “We are trying to eliminate untruthful advertising, which is not high class advertising” along with continued interest in service to the public: “It is a movement for better Dentistry, and to bring before the Schools some method of teaching children the care of teeth.” “The Educational Committee is looking forward to the establishment of a Bureau of Dentistry in the State Board of Health.”

In the 1930’s, the following questions were being asked in membership promotional materials: “Would dentistry be a better profession controlled by the lay? Are standardized fees acceptable to you? Is or is not your organization responsible for the progress made by the dentistry as a profession?” Discussions about the “Lux training school for girls” that provided training for dental assistants, noted that “dentists are requesting more and more the help of experienced or trained assistants in their work.” In his Annual Meeting speech, president McCarthy asked, “Will not the State in time put the question to us, do you take care of all people of the State? If we do not, will not the State find some group that will?”

1940: Wartime and post-war concerns, including finances and the economy, dominated meeting discussions. At the end of his presidential term in 1940, Dr. Francis Herz closed his speech with, “Value your membership in organized dentistry...Our way of life is becoming more and more complex. This nation is facing a crisis as grave as any in its history, and which will evolve even more complex problems for us to solve. We must face them firmly and resolutely, with our feet on the ground and the ideals of our profession as our constant guide, we shall not fail.”

1950: Concerns with how to fund treatment for underserved populations were front and center: “stated further that there is a different philosophy which exists now and that there certainly is a change in the thinking of many members. It is the responsibility of the dental profession through a public program to show the public how it can meet their dental needs, and it is everyone’s problem to provide funds for such an undertaking; that the profession cannot afford to pay for these activities, thus the money would have to come from other sources.” “Where is dentistry’s responsibility in the dental health field and where does it cease? Who is going to finance such a program?”

I wonder what the years 1960 to the present will reveal. Stay tuned...

“If you want the present to be different from the past, study the past.”
- Baruch Spinoza

“Study the past if you would define the future.”
- Confucius
Social Couponing

Because the ADA has been receiving a number of inquiries about Social Couponing Entities, and the subject has been widely reported in the general news media, the ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) has approved a New Advisory Opinion on Split Fees and Advertising and Marketing Services to the ADA Principles of Ethics and Code of Professional Conduct.

The subject of the opinion is business dealings between dentists and third parties, such as advertising and marketing contracts, where the services provided are paid for by sharing a specified portion of the professional fees collected from patients or prospective patients. Some social couponing entities adopt a business model in which they collect the fees from patients or prospective patients for the healthcare provider's services and retain a defined percentage as payment for the marketing services rendered to the provider.

The Advisory Opinion approved by the Council is as follows:

4.E.1. SPLIT FEES IN ADVERTISING AND MARKETING SERVICES. The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

Section 11 of the CDA Code of Ethics, Rebates, Split fees and Other Fee Arrangements stipulates:

It is unethical for a dentist to accept or tender "rebates" or "split fees." Other fee arrangements between dentists or other persons or entities of the healing arts which are not disclosed to the patient are unethical.

The California Dental Practice Act/Business and Professions Code, Article 6. Subdivision 650 provides: “...the offer, deliver, receipt, or acceptance by any person licensed under this division...of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients or customers to any person, irrespective of any membership, proprietary interests or co-ownership in or with any person to whom these patients, clients, or customers are referred is unlawful. The following B & P Code, 1680, defines unprofessional conduct as: g) the practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional service. j) The employing or the making use of solicitors.

For more information, please review the ADA’s Code of Ethics and Advisory Opinion at www.ada.org/194.aspx, and the CDA Code of Ethics at www.cda.org/about_cda/cda_code_of_ethics. ✩
Eva Grayzel’s amazing story of surviving oral cancer silenced the audience on April 26, 2012. She shared her journey of battling cancer, from diagnosis to treatment, including the range of emotions she and her family dealt with during her cancer fighting journey. Drs. Sol Silverman and William Carpenter provided valuable clinical information, including the screening process and how you identify signs of oral cancer. It was a night to remember!

The winner of the cash prize was Dr. Thomas Ogawa, $20. UOP students continue to be the big winners, with Lisa Wu winning the Gift Certificate to State Bird Provisions restaurant and Brian Baliwas the $95 CE Voucher. Congratulations to all of our winners.
The CDA Board of Trustees met on March 9-10 in Sacramento. San Francisco Dental Society members in attendance were CDA President, Dan Davidson, and both Trustees for our component, Natasha Lee and Curtis Raff.

Following are the highlights from the meeting:

- The annual, closed-session review of Peter Dubois, CDA’s Executive Director was conducted.
- There was a lengthy discussion regarding an External Process Review resolution brought forth by a SBVCDS Trustee. A modified resolution was passed authorizing up to $80,000 to form an ad hoc committee of five Trustees and hire any appropriate experts to review CDA policy, conduct interviews of staff, volunteers, and delegates regarding the controversy surrounding SB694 and the Access to Care report/workgroup. A report to the Board will be due by the August meeting.
- TDIC is reducing rates by 13% ($4,000,000), following negotiations with the California Insurance Commission.
- Several members of the Executive Committee had dinner with Governor Brown and felt there was a very good exchange.
- It was announced that although the CDA Foundation has nothing to do with the introduction of SB694, a few members upset with CDA over that bill have withdrawn their donations from CDAF.
- Our annual dues to Californians Allied for Patient Protection (CAPP) of $75,000 were approved. CAPP is the alliance that serves to preserve MICRA, which is critical to keeping medical malpractice insurance fees reasonable in California.
- Approved $51,791 to Donated Dental Services, which helps coordinate care for people who cannot afford dental treatment to be seen by volunteer dentists in their practices.

TRUSTEE REPORT
By Curtis Raff, DDS & Natasha Lee, DDS

In Memory
Our condolences to family and colleagues...

Dr. Joseph W. Morris
Member 1993-2012
Joseph William ‘Pepe’ Morris, DDS, Aged 53, born 7 January 1959, passed away peacefully 27 March at home, after a ten month battle with pancreatic cancer. He attended the University of San Diego, and then finished dental school at Case Western Reserve University. Joe practiced dentistry in San Francisco for many years, and his patients are deeply saddened by the loss, and will miss his honesty and integrity, along with his superb skills as a clinician. He lived a life practicing kindness and compassion towards others, and leaves this great legacy to his sons. His infectious humor, too, will be missed. Please consider donations in his memory to either: Pancreatic Cancer Network: www.pancan.org, or Pathways Hospice: foundation@pathwayshealth.org (ph: 408.730.1200)

Dr. Jacqueline J. Chang
Life Member 1979-2012
Jacqueline Jean Wai Kin Chang passed away peacefully March 27, 2012 after a lengthy and courageous battle with cancer. Born August 7, 1938 in Hawaii, Jackie received both her undergraduate and graduate degrees from the University of Hawaii where she was active in foreign student affairs, the National Student Association, the Senior Women’s Honor Society, and contributed to the campus newspaper. In 1964, she earned a Master of Public Health degree from UC Berkeley. Following her MPH she practiced as a dental hygienist for the State of Hawaii Department of Health; as a Public Health Advisor(1964-74) for the Division of Dentistry, U. S. Department of Health, Education and Welfare in San Francisco; and then as a Program Analyst for the Administration on Aging. In 1975, she was one of 13 women in a class of 138 students at University of Pacific School of Dentistry. Jackie entered private practice following graduation in 1978 and was later joined by her brother Wesley in 1984.
Almost a year ago in July 2011, the California Department of Public Health declared an epidemic of pertussis in the state. The number of pertussis cases in August was seven times the number of cases over the same period in 2009. CDPH recommended that all health care personnel, particularly those who have direct contact with infants and pregnant women, be immunized with Tdap (tetanus, diphtheria and pertussis) to protect their patients and themselves. CDPH stated that a high level of community immunity is needed to reduce the incidence of pertussis, but immunity from immunization or disease wanes over time.

Pertussis, also known as whooping cough, is an infectious disease caused by a bacterium called bordetella pertussis. The early symptoms of the disease are indistinguishable from a common cold. The main symptoms of this disease are severe coughing spells that may end in vomiting. The cough can last several weeks. In small children there is a characteristic "whoop" that can be heard. This is sometimes absent in older patients. Adolescents and adults as well as children can get whooping cough. Even though most children are immunized against this disease, immunity only lasts a few years. Therefore, students in high school and in junior high are susceptible to the bacterium that causes whooping cough.

Cal/OSHA has announced that effective September 1, 2010 all employers covered by the Aerosol Transmissible Disease Standard are required to offer the Tdap vaccinations to employees who are potentially occupationally exposed to pertussis. A dental practice, however, is not required to comply with the standard if all the following conditions are met: 1. Dental procedures are not performed on patients identified with confirmed ATD or suspected ATD. 2. The practice’s Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings, and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk. 3. Employees have been trained in the screening procedure in accordance with Injury and Illness Prevention Program Standard. 4. Aerosol generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

To screen patients, dental personnel should notice if a patient appears to have a cold or is coughing. If the symptoms are apparent, dental personnel should ask the patient if he or she has been exposed to pertussis/whooping cough or has been diagnosed. Reschedule treatment as needed. Dental personnel who are coughing or experiencing symptoms similar to pertussis should refrain from exposing patients and co-workers and not report to work. An employer may require a medical clearance for an employee before the employee returns to work.

Source: CDA Compass at http://www.cda-compass.com
Renting Out Operatory Space: A check list for smart dental office sharing

For rent: Two operatories in an established dental office. Call for information. It sounds like a good idea. You are not using all of the space in your office and would like another source of income. This appears to be a growing trend based upon ads in dental publications and an increasing number of calls to TDIC’s Risk Management Advice Line about renting dental operatories.

Such arrangements can work. However, to be successful, a number of essential items need to be addressed before reaching an agreement with another dentist. According to Arthur Curley, a senior trial attorney in San Francisco, important considerations include: a sublease or shared-office agreement in writing, definition of term, description and measurements of space leased, specification of shared equipment and services, insurance, indemnity, joint use of employees, need for signage and forms to avoid “ostensible agency,” ownership of patient records and handling of emergencies. Additional details include notice provisions and events for termination, selection of joint employees and hiring and firing of joint employees, said Curley, who has provided legal services to doctors for more than 35 years.

Renting operatory space in your office can be handled in different ways. A shared-office agreement is one possibility, according to Curley. “If services are provided such as reception, telephone, email, office software, shared-office staff, shared supplies, shared equipment, use of radiographic equipment and use of leasehold improvements, then additional items are being leased and a shared-office agreement is a more appropriate description of the agreement,” he said.

A sublease is another option, but a sublease can present unexpected issues. “If you are simply leasing an operatory without provision of any ancillary services, you can treat it as a sublease,” Curley said. “A problem with subleasing is that it will likely require consent of the landlord. Also, leases often contain a clause stating that the landlord is entitled to all or a portion of excess rent received in a sublease. Thus, if a total lease is $5,000 per month and 10 percent of the office is subleased to another dentist, any lease amount over $500 would be excess rent and the landlord would be entitled to receive all or a portion of that amount.”

Prior to subleasing, TDIC advises dentists to contact the landlord to determine lease violations. Also, call your insurance carrier to ensure you are adequately insured and if this type of arrangement presents coverage limitations.

A sublease or shared-office agreement should always be in writing. In addition to the considerations listed above, Curley outlined the following key points:

- Identify the other doctor’s practice as a separate practice on signs, business cards, billings, letterhead and when answering the telephone. Have patients sign an acknowledgement that the two doctors’ practices are separate practices and each dentist is independently responsible for his or her own treatment. This may reduce chance of liability for actions of the other doctor under “ostensible agency.”
- Make sure contracts contain indemnity language establishing each dentist’s responsibility for his or her own actions.
- Ensure each dentist maintains his or her own insurance for professional and property liability by requiring proof of such insurance as part of the contract. Also require that such insurance be maintained for at least 3 to 5 years following termination of contract. If the dentist who rents space does not maintain insurance, the “landlord” dentist may be the only one sued by the patient for injury incurred during treatment by the tenant at the landlord’s office.
- Ensure the contract contains specific language concerning termination of sublease at will or on defined notice.
- If employees are shared, consider Employment Practices Liability Insurance for both doctors.
- If your office is not incorporated, consider incorporation to limit liability for the actions of the other dentist.
- Consider engaging the services of an attorney knowledgeable in drafting and interpreting business leases.

Call TDIC Risk Management Advice Line at 800.733.0634 with any questions about renting operatory space in your office. •
SFDS member Dr. Ove A. Peters has been named as the recipient of the 2012 Louis I. Grossman Award from the American Association of Endodontists (AAE). The award annually recognizes one author for cumulative publication of significant research studies that have made an extraordinary contribution to endodontology.

Dr. Dan Davidson, CDA President, recently honored Life member Dr. Frank Brucia at the Anaheim CDA Presents President’s Reception. Cameras flashed, everyone wanting a picture of Dr. Brucia surrounded by family and friends. Congratulations!

The SFDS “Bravo” Award” goes to Dr. Monica Lara-Cordoba who responded to an SFDS plea last September to help the SF Department of Public Health find a Periodontist to treat a 15 year old with severe juvenile periodontitis, on a pro bono basis. The SFDPh recently presented a bouquet of flowers and Certificate of Appreciation for her generous service and we also wanted to thank Dr. Lara-Cordoba.
This Month’s Top Ten Reasons for Being an ADA Member

Reason #51: Other healthcare associations trust the ADA as their oral health resource
Reason #66: Reforms to pediatric dental care for Medicaid-eligible children
Reason #70: Work with OSHA on ergonomics self-regulation in the dental practice
Reason #74: Graduate-level business training FOR YOU from the ADA & Northwestern University's Kellogg School of Management.
Reason #76: Medicaid Provider Symposium to increase oral health access for Medicaid recipients
Reason #86: Health Screening Program FOR YOU at ADA Annual Session
Reason #104: A common goal to care for those in need
Reason #107: ADA Humanitarian Award for volunteer service in the U.S. and abroad
Reason #113: Free subscription to ADA News FOR YOU, the most-read publication in dentistry
Reason #119: Discounts on hotels and car rentals

SFDS JOB Bank – A FREE SFDS Member Service

SFDS has 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. In the last 12 months we responded to 288 member requests, providing 586 candidate resumes for consideration. To take advantage of this free service, pick up the phone and give Lisa a call or send her an email at info@sfds.org. Tell her what you're looking for and she 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.

CDA E-Learning

Can’t attend the SFDS offered OSHA/Infection Control Course or the California Dental Practice Act Course? CDA offers both courses on-line; individual courses are $49 per course or as a bundled option for both at $75. For more information visit: http://www.cda.org/conferences_&_education/education/e-learning.

CDA – Responds to Dental Benefits Queries

If you have experienced problems and delays in receiving payments from Delta and other plan providers, CDA wants to hear from you. It is important that every dentist who has contacted CDA about their recent problems to also communicate those issues to Department of Managed Health Care (DMHC).

Summarize your issue, or as many issues you are having, and send them to the Department of Managed Health Care (DMHC) at pcu@dmhc.ca.gov. DMHC is tasked with protecting consumers, including providers, when dealing with health care service plans. Hearing from you is important to the department. You can help us to help you by communicating the issues you’re having to both CDA (compass@cda.org) and to DMHC at the above email address. This will help bring these issues to a quick resolution.
What is the hardest decision you had to make as a dentist?

MEMBERSHIP MOMENT
Asked at the April 26th General Membership Meeting

Dr. Julia Hallisy
“Deciding where and what type of practice to have while balancing my family responsibilities. The balance between practice, home, and leisure time. I still struggle with it - it doesn’t go away. Once you think you figured it out, something changes and you have to figure it out again.”

Dr. Shepali Jain
“Declining a job - I went on a working interview and I declined the job offer even if it was the only job offer I had because I didn’t feel I was doing the right thing.”

Dr. John Amos
“Location - I am from Colorado and planned on returning. After my service, I was in San Diego and I found an associateship in San Francisco, loved it, and decided to stay.”

Dr. Martin Chee
“Starting my practice. The logistics, getting equipment, leasing, building the practice.”

Dr. Len Tolstunov
“Family - As your kids grow up and there are many decisions to make and you have to modify your professional work based on family demands. Family is the priority or it’s not worth it and it always impacts your practice. Family comes first. If everything is okay at home, work will be fine.”

Dr. Kelly Phillips
“Choosing a residency program and the kind of dentist I wanted to be - I had to choose the right one to go down the right career path so I could be the kind of dentist I wanted to be.”

Dr. Paul Weller
“Not buying into a partnership because it wasn’t the right fit.”

Dr. Edward Taggert
“Where to practice.”
<table>
<thead>
<tr>
<th>Program/Agency</th>
<th>What is it?</th>
<th>Date/Time/Loc.</th>
<th>Contact</th>
</tr>
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<tbody>
<tr>
<td>K School Screening</td>
<td>Partnership with SFDPH &amp; school district screens Kindergarteners</td>
<td>Morning, 2-3 hours SF Public Elementary Schools</td>
<td>Lisa Tamburrino <a href="mailto:info@sfds.org">info@sfds.org</a> 415-928-7337</td>
</tr>
<tr>
<td>Clinic by the Bay</td>
<td>Partnership with Volunteers in Medicine will provide care to indigent adults in Excelsior district clinic</td>
<td>Thursday evening 5-8 PM 4877 Mission Street SF</td>
<td>Lisa Tamburrino <a href="mailto:info@sfds.org">info@sfds.org</a> 415-928-7337</td>
</tr>
<tr>
<td>Project Homeless Connect</td>
<td>Partnership with SFDPH provides dental care to homeless individuals and families</td>
<td>Half or full day. July 27, October 17, December 5</td>
<td>Dr. Jeff Jang, Chair SFDS Community Dental Health Committee <a href="mailto:info@sfds.org">info@sfds.org</a> 415-928-7337</td>
</tr>
<tr>
<td>Give Kids a Smile Day</td>
<td></td>
<td>February Citywide events</td>
<td></td>
</tr>
<tr>
<td>Delancey Street</td>
<td>Arranges for program clients to receive care in dentists’ offices. Dentist determines number of clients and services</td>
<td>Ongoing. Dentist’s office.</td>
<td>Delancey Street Foundation Rebecca Jackson, Dental Liaison (415) 512-5160</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Arranges for program clients to receive care in dentists’ offices. Dentist determines number of clients and services</td>
<td>Ongoing. Dentist’s office.</td>
<td>Jaime Smith Volunteer Coordinator (415) 503-2720</td>
</tr>
<tr>
<td>SF DPH</td>
<td>Provides dental services to underserved populations</td>
<td>Ongoing Wed afternoon Southeast Health Center, 2401 Keith Street</td>
<td>Lisa Tamburrino <a href="mailto:info@sfds.org">info@sfds.org</a> 415-928-7337</td>
</tr>
<tr>
<td>Stepping Stone Adult Day Health Care</td>
<td>Adult day health center seeks mobile services: screenings, basic cleanings</td>
<td>Ongoing. Mission Creek Day Health, 930 Fourth Street, San Francisco, CA 94158</td>
<td>Roxie Kellam Stepping Stone (415) 974-6784 Ext 12.</td>
</tr>
</tbody>
</table>
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# 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>June</td>
<td>6</td>
<td>Program Committee</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td>2012</td>
<td>12</td>
<td>Membership Committee</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Father’s Day</td>
<td>Remember Dad</td>
<td>N/A</td>
<td></td>
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<tr>
<td></td>
<td>22-24</td>
<td>ADA New Dentist Conference</td>
<td>Capital Hilton Washington DC</td>
<td>Multi-Day</td>
<td>Varies</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>CPR Renewal</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:00 PM – 9:30 PM</td>
<td>4 CE</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>Executive Committee</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td>July</td>
<td>4</td>
<td>Independence Day</td>
<td>SFDS Office Closed</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>2012</td>
<td>10</td>
<td>New Dentist Committee</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Legislative Committee</td>
<td>33 Robinhood Dr.</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Social Hour</td>
<td>Dr. Teeth and Electric Mayhem</td>
<td>6 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>Board of Directors</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
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<tr>
<td></td>
<td>27</td>
<td>Project Family Connect</td>
<td>Southeast Health Center</td>
<td>7:30 AM-4 PM</td>
<td>N/A</td>
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<tr>
<td>Aug</td>
<td>7</td>
<td>New Dentist Seminar</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:00 PM</td>
<td>N/A</td>
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<tr>
<td>2012</td>
<td>16</td>
<td>General Membership CE Meeting</td>
<td>Marine’s Memorial, 609 Sutter St, SF</td>
<td>6:00 PM</td>
<td>2 CE</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>Executive Committee</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>Infection Control/ Bloodborne Pathogens/ HazCom Refreshers</td>
<td>SFDS, 2143 Lombard St</td>
<td>8:00 AM - Noon</td>
<td>4 CE</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>California Dental Practice Act</td>
<td>SFDS, 2143 Lombard St</td>
<td>1:00 PM – 3:00 PM</td>
<td>2 CE</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>CPR Renewal</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:00 PM – 9:30 PM</td>
<td>4 CE</td>
</tr>
<tr>
<td>Sept</td>
<td>3</td>
<td>Labor Day</td>
<td>SFDS Office Closed</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>2012</td>
<td>5</td>
<td>Baseball Night</td>
<td>AT&amp;T Park</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td></td>
<td>10</td>
<td>Community Dental Health</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
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<tr>
<td></td>
<td>13</td>
<td>General Membership CE Meeting</td>
<td>Marine’s Memorial, 609 Sutter St, SF</td>
<td>6:00 PM</td>
<td>2 CE</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Legislative Committee</td>
<td>33 Robinhood Dr.</td>
<td>6:30 PM</td>
<td>N/A</td>
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<tr>
<td></td>
<td>22</td>
<td>CPR Basic Life Saving</td>
<td>SFDS, 2143 Lombard St</td>
<td>8:30 AM – 3:30 PM</td>
<td>4 CE</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>Board of Directors</td>
<td>SFDS, 2143 Lombard St</td>
<td>6:30 PM</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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Darren P. Cox, DDS; Oral Pathology; LSU 1990; Emory 2000; 2155 Webster St
Niki Fallah, DDS; GP; USC 2010; Pediatric UCSF 2014
Linda Martin; DDS; GP; UCSF 2008; 614 Irving St
Jeffrey Smith; DDS; GP; UCSF 2011; Office Address Pending
Christian P. Yee, DDS; GP; UCSF 2010; USC Pediatric Dentistry 2012