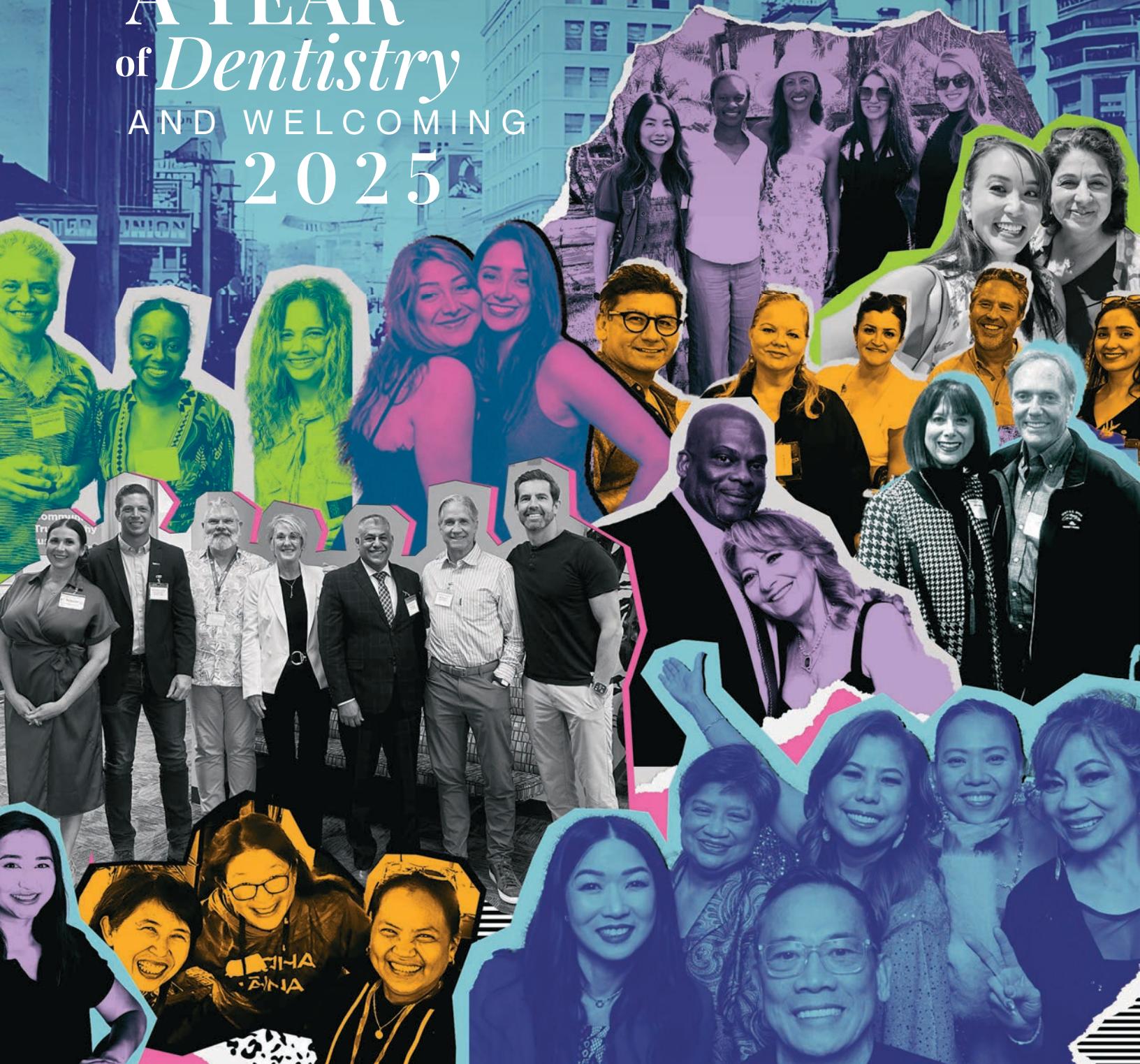


SAN DIEGO COUNTY DENTAL SOCIETY PRESENTS

Facets

MAGAZINE

REFLECTING ON
A YEAR
of *Dentistry*
AND WELCOMING
2025



Dental Practices for Sale

Ken Rubin, pioneer Dental CPA/Advisor, national lecturer & author has successfully sold **over 500 San Diego** Dental practices!

As you know **Experience** really does matter, Doctor!

Before signing any listing agreement **feel free to call Ken himself** to find out what you'll wish you would have known.

Current Listings

POWAY	Superb location in large retail shopping center. 21 years of goodwill. Most specialty procedures being referred out. Room for growth.
CORONADO	Located in a newly remodeled professional building. 6 ops. Associate in place if you want a second practice. Office has Cerec, CT scan, and Itero. Opportunity to own the real estate with 24 years of goodwill. Excellent location. Practice is flourishing but room for growth with additional procedures. New CT Scan in place.
LA JOLLA/UTC	8 ops in this well established practice. Plenty of room to add in house specialists to see patients. Long term loyal well trained staff.
OCEANSIDE	Standalone corner building on busy street. 6 ops with room to grow. Office has a very relaxed vibe to it which matches its proximity to the beach. Opportunity to own real estate!
LA JOLLA/UTC	Located in a very professional/medical building close to the hospital. Practice has plenty of room for growth with insurance added. Has a small but loyal FFS patient population. A must see!
MISSION VALLEY	Excellent location. Many specialty procedures being referred out. Overhead is very reasonable. Office has an associate in place so this could be a great second office for you.
MIRAMAR/MIRA MESA	Excellent location just off the 15 fwy. Most all specialty procedures being referred out. Opportunity to own the real estate!
SAN DIEGO PERIO	One of San Diegos top perio priced for wise purchase decision for sale. Seller willing to associate back for a smooth transition. Practice is very well appointed and in a magnificent professional building. Come take a look!



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SAN DIEGO COUNTY DENTAL SOCIETY

Facets

MAGAZINE

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Welcome, New Members!

Rand Ali Nihad, DDS

PA-University of Pennsylvania
School of Dentistry, 2024

Brian Haymore, DDS

CA-Herman Ostrow School
of Dentistry, 1995

Carli Katz, DDS

MA-Tufts University, 2018

Carlos Martinez Calderon, DDS

Mexico-Universidad
De La Salle, 2023

Lydia Mihovilovic-Humes, DDS

NY-New York Dental School, 2024

Raymond Ngo, DDS

UT-Roseman University of
Health Services, 2021



DECEMBER

LILIA
LARIN, DDS



MY TIME AS YOUR 2024 SDCDS President

SINCE JANUARY 1ST, it has been my pleasure to serve as President of the San Diego County Dental Society. When I assumed this role, my goals were clear: To advance our strategic initiatives to better serve our members and communities.

In April, we held our first Corporate Roundtable meeting to exchange ideas, build relationships, and explore collaborations.

We have offered Peak Performance Programs dedicated to the physical, social, and mental well-being of our members, and provided all the required licensure renewal courses free to all members.

In August, the Society hosted its inaugural two-day Practice Management Symposium.

Our most significant achievement this year is the approval of a comprehensive dental assistant training program that will help address staff shortages faced by our members. This program will be implemented next year, providing a valuable resource to strengthen our workforce and support the continued success of our practices.

Our membership is committed, and our financial situation is sound.



Thanks to several ongoing projects, we expect to increase SDCDS's visibility more than ever before. Additionally, we have celebrated our past presidents, honoring their invaluable contributions.

I would like to express my heartfelt gratitude to my family for their unwavering support through a year of progress and challenges. My deepest appreciation goes to our Executive Director, Angela Landsberg, who works tirelessly and selflessly to accomplish our goals. I also want to thank our dedicated staff, Crystal Washington and Katherine Hobday, for their relentless efforts in providing excellent events and benefits for our members and for organizing events such as last week's Casino night!

A special thanks to our Corporate Sponsors for their continued commitment to the SDCDS. We are delighted to have you as part of our family.

Finally, I extend my best wishes to next year's incoming president, Dr. Virginia Mattson. I am confident she will continue to lead our Society with excellence and dedication.



DECEMBER

ANGELA
LANDSBERG



2024 SDCDS Accomplishments

IN 2024, the San Diego County Dental Society (SDCDS) celebrated significant accomplishments in member engagement, advocacy, and professional development.

A key initiative was the Society's commitment to including **free required licensure courses for all members**. This valuable member benefit will continue in 2025.

The society also played an active role in policy advocacy. **SDCDS revitalized the Legislative Committee**, which is intended to keep our members engaged in policy matters that impact the dental profession.

SDCDS delegates contributed to the **California Dental Association's House of Delegates**, helping to shape state-wide dental policies and ensure that local voices were represented. To read more about this, please visit the blog at sdcds.org/blog.

SDCDS provided a total of **14 separate CE Courses in 2024 and featured our first 2-day seminar on Practice Management**.

There were plenty of opportunities to mix and mingle this year with **14 Recruitment and Retention events**. We featured a quarterly event called **Cut Your Teeth**, which gave members and their guests opportunities for elevated mixer experiences. Whether it was whisky education and sampling, or test driving a Lucid, these events had something for everyone! **More to come in 2025**.

Most notable in 2024 was **our move to a remote working environment**. The SDCDS has become well accustomed

to our convenient working space at the **Better Business Bureau at 4747 ViewRidge Avenue**. It's a great place to get work done, hold meetings and host events. We hope to see you there! We can still be reached by phone or email. We hope to hear from you!

Looking ahead in 2025 we will be launching the **San Diego County Dental Society Academy of Learning**. This school will offer Dental Assistant training and will be a great resource for our members who are in need of staff. It will also be a resource for members who have employees who are interested in becoming trained Dental Assistants. We will operate this school out of the Children's Dental Health Association. **Please keep an eye on our newsletters for more information**.

Last, but certainly not least, we launched our **SDCDS Mentor and Leadership Program**. This member benefit gives early career dentists an opportunity to connect with colleagues who can share their knowledge and experience. The mentors will receive leadership support to help them in all areas of life.

If you are interested in learning more about any of the information mentioned in this article, please reach out to me, either by phone or email. I can be reached at 619-980-4726 or Director@sdcds.org.

I hope to hear from you.

Please visit our website at sdcds.org to learn more about upcoming events, member benefits, and more!

HAPPY HOLIDAYS & WONDERFUL NEW YEAR'S

from The County of San Diego

First, I am grateful for every one of you out there providing fantastic care to our community. Whether you work in a private office as associate or owner, in a federally qualified health center, in a DSO office, or you are retired and volunteering your time, your work matters and is making a positive impact on individuals every day!

I also realize that our work is not easy, and at times is more stressful than rewarding. Some of these stressors have to do with reimbursement, access to care for your patients,

workforce issues, patient expectations, and the overwhelming dental needs in our community.

While the County of San Diego cannot help with all these issues, there are some areas in which dental public health is making an impact on some of these broader issues, especially when it comes to individuals with special health care needs. Collaborate with us! Public health experience is not necessary, just bring your own experiences and expertise, and the County can provide the rest. ♦

Opportunities to join our committees and share your opinions:

NEW! Advisory Board: This Board will shape policy and guidelines to help ensure oral health awareness and access to care is a priority for children in schools, seniors with limited resources, those with special health care needs, and integrating medical and dental efforts throughout the County of San Diego. For more information please reach out to Nancy Starr at Nancy.Starr@sdcounty.ca.gov.

San Diego County Oral Health Coalition (SDCOHC):

The mission of the Coalition is to improve oral health across the lifespan by achieving health equity through education and access to quality oral health services.

The Coalition consists of individuals and organizations interested in oral health. Current members include dentists, hygienists, dental assistants, physicians, nurses, doulas, and educators.

Please check out our website at:
engage.livewellsd.org. First, create a free account to view the website. From there you can view upcoming meetings, post in forums, post

research articles of interest to oral health providers, and flyers for any upcoming activities.

Healthy San Diego Joint Consumer & Professional Advisory Board:

Healthy San Diego is the umbrella in which Medi-Cal Managed Care Plans (MCPs) operate. This advisory board monitors Medi-Cal Managed Care issues affecting San Diego County and advises the Director of San Diego Health and Human Services Agency (HHSA). Our county has four Medical Managed Care Plans (MCPs): Blue Shield Promise, Community Health Group, Molina, and Kaiser Permanente.

This meeting is a public meeting and is open to consumers (Medical beneficiaries), advocates and Professionals (in this case dentists who accept Medi-Cal Dental).



The MCPs authorize hospital general anesthesia cases-so if you are interested in addressing issues around access to hospital level care for our adult patients with special health care needs this meeting is for you!

MESSAGE
FROM
SAN DIEGO
COUNTY CHIEF
DENTAL OFFICER

DECEMBER

**FADRA WHYTE,
DMD, MPH**



Health Professional Tele-briefings:

The County offers one-hour of continuing dental education (at no cost) through its monthly Health Professional Telebriefings. Email MCS@sdcounty.ca.gov for more information. Recordings of the tele-briefings are available to view later for credit.

These tele-briefings discuss current public health issues of interest to San Diego County health professionals, such as measles outbreaks, respiratory diseases, Tijuana River Valley concerns, mpox and current dental related topics such as controversy around fluoridated water. All these topics allow you to be a doctor who is broadly knowledgeable about the issues facing your community and patients. Plus, it's just fun to learn about things not related to teeth.

Senior Oral Health Partnership:

The County has partnered with seven FQHCs and Health Quality Partners on a \$5 million dollar grant to address senior oral health in our community. This grant will fund care coordinators/navigators within the clinics for our senior population, assist in making our clinics age-friendly, and provide education and outreach to seniors about their Medi-Cal Dental benefits and how to access them. We are currently creating a map of all organizations



that work with seniors. If you work with a senior population and your office or organization would like to be included please reach out to: fadram.whyte@sdcounty.ca.gov.



Resources:

Legal Aid Society of San Diego-Consumer Center for Health Education and Advocacy (CCHEA):

If your patients need assistance navigating access to care barriers through Medi-Cal Dental or their managed care plans feel free to reach out to Legal Aid. All services are free!

In addition to being a source of advocacy and a resource for your individual patients, Legal Aid Society seeks to make improvements at the local and statewide level through escalation of lessons learned through individual patient case work.

Anytime you have an individual patient with a barrier (and have permission to share their contact information),

you can make a referral via email at CBOReferrals@cchea.org. This includes assisting patients with enrollment and finding care including specialty care (endodontics, oral surgery, operating room access, prosthodontics, orthodontics, etc.).

If you or your staff are interested in a free in-service about their services and how they can help your patients, please reach out to CBOReferrals@cchea.org and request a meeting or presentation.

Check them out at www.lassd.org and the statewide Health Consumer Alliance site at healthconsumer.org.

Medical Care Services-Oral Health:

Please reach out to me with oral health issues you might be facing, and if I cannot assist, I can get you to a person who can. As doctors, we cannot continue to work in silos and create work-arounds for issues we see day after day. Having my office aware of what is going on in the community is the first step in making larger organizations and government offices also aware, which will create positive change over time. Please do not be shy! We cannot do it without community help and input! ♦

FADRA WHYTE, DMD, MPH, CHIEF DENTAL OFFICER

Pronouns: she/her/hers

Medical Care Services – MCS Administration
County of San Diego, Health & Human
Services Agency

C: 619-455-0569

E: fadram.whyte@sdcounty.ca.gov

Onward TO *New Beginnings*

Written By:
Megan Clarke, DDS



It's been nearly 4 years since I became editor of Facets. It has been an exciting time for the dental society! We resurfaced from the Covid-19 pandemic. We brought on a new executive director, Angela Landsberg, who has done an amazing job at creating changes in the dental society that will allow us to be sustainable for the future. We moved buildings, ushering in a new era of hybrid work from home/coworking space that will allow the society to really focus on our members. And for Facets, we created a new and modern look and flow to the Facets. I have been honored to be a part of these changes.

As we enter 2025, in the name of saving costs to our members, we are decreasing the number of issues from 6 down to 4. This was a difficult decision and one that was not made lightly. We polled our members, who were overwhelmingly interested in saving the print edition of Facets, but were not necessarily wanting to increase dues to pay for the increasing costs of printing and postage, which have greatly gone up in recent years. Many component dental societies around the country have done away with having a printed journal altogether. It was input from our members that allowed us to come up

with a middle ground, with decreasing the number of issues but still maintaining a print format. We hope that this will continue to serve our members for years to come.

Unrelated to this, I will be leaving my editorship at the end of this year. I have greatly appreciated being a part of Facets over the last few years. Being editor has allowed me to reconnect with my chosen profession since I retired, and I will be eternally grateful for the opportunity to serve you all in this capacity.

For the last two years, I have been in a master's program at the University of Colorado at Boulder, in their Organizational Leadership program. Prior to retirement, one of my favorite parts of my practice ownership was in working with and building up my staff. I knew then that I was a proverbial odd duck in our profession, as this is a particularly challenging part of dental practice ownership for most of us. There were many things that were intuitive for me that are not basic knowledge for most. So, I thought, why not help teach our colleagues how to do this? With much of the theory I have gleaned from my master's program, I aim to help doctors in the hiring of team

members, help navigate them through turnover issues, and guide them in building a really solid team. I also attained my Executive Coaching certification, which I hope to put to good use to help our colleagues as they navigate their dental careers. So that's where I'm going.

I leave the editor position in good hands with my trusted colleague, Dr. Eric Shapira at the helm. Dr. Shapira, whose article is featured in this issue of Facets and has been a steadfast member of our editorial board for many years, has a wealth of practice experience and life wisdom that will help drive Facets forward. I have the utmost confidence that Eric will carry Facets forward in the coming years. I hope to remain on the editorial board as time permits, and you will certainly read some articles from me with regard to leadership best practices.

Thank you readers and fellow members for all the support and encouragement during this time. ♦

**HAPPY
New Year!**



Dr. Clarke at the "Home Campus" at University of Colorado, Boulder



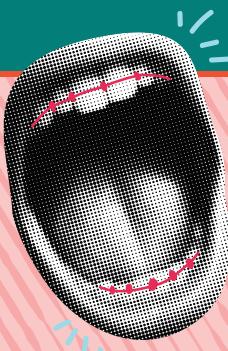
Dr. Clarke and family at the San Diego Symphony



Dr. Clarke at the CDA House of Delegates

CUT YOUR TEETH

NOV 21ST
EVENT RECAP



THANK YOU

To all members who attended our last Cut Your Teeth and made the event a great success!



FEBRUARY
28TH
6:30PM -
9:00PM

SAVE THE DATE FOR THE NEXT CUT YOUR TEETH INDUSTRY EVENT!

Don't miss out on the chance to connect with other dental professionals at our next Cut Your Teeth. Tickets on sale now at [scds.org/events!](https://scds.org/events)

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EL CAJON: *New Listing!* Modern 4 Op GP practice, 1,870 sq. ft., 2023 GR \$960k, \$778k through September 2024. 1,200 active patients, 14 new patients per month, 7 hygiene days, 57% FFS / 43% PPO payor mix. #4228

LA MESA: 4 Ops, GP Practice, Dentrix, Dexis, PAN, laser, paperless, 67% FFS, 33% PPO, GR \$568k #3860

NORTH COUNTY SAN DIEGO: 5 Ops, 1,467 sq. ft., Digital Impression Scanner, Digital Camera, 12 new patients/month, 10 hygiene days, 2024 through June \$350k 2023 GR \$595K. #4174

OCEANSIDE: 4 Ops, (3 equipped), Paperless, Remodeled in 2020, 88% FFS, 22% PPO. 2024 through June \$400K, 2023 GR \$948K. #4199

SAN DIEGO: 4 Ops, 3 fully equipped GP practice, 1,108 sq. ft., Dentrix, Dexis, Trios, CBCT, FFS/PPO, 2023 GR \$440K supported by two hygiene days per week. 2024 GR through September \$373K. #3899

SOUTH BAY SAN DIEGO: 3 Ops, 1,068 sq. ft., private suite, paperless, iTero scanner, PPO/Dental, low-overhead, associate-run, operating just 2 days a week, 2023 GR \$542k. #4166

CHULA VISTA: 6 Ops+PDR, 1,000 sq. ft., Mrs. Goodwill, 4.5 hyg. days/wk., 44% FFS, 56% PPO, Room for Growth! GR \$536K 2023 #3195

RANCHO BERNARDO: 4 Ops, GP Practice, New Dentrix, Scanner and Camera, GR \$526k 2023 #3721

N. COUNTY SAN DIEGO: 5 Ops, GP FW ee-for-Service Holistic Practice, 13 Yrs, 100% Paperless, Cutting Edge Technology! 2022 GR \$2.2M. #3489

N. COUNTY SAN DIEGO: 5 Ops, GP Practice, Dentrix PMS, Digital, Modern Office, GR \$1.3M. #3553

SAN DIEGO: Chart Sale, 3 Ops, 1,000 sq. ft., 829k GR 2022 - IN ESCROW #3749



Christy Conway Davis, MBA
LIC#02143744

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The *Intertwining* of Medicine & Dentistry:

Knowledge, Procedures,
Importance, and Care

Written By:
Eric Shapira, DDS,
MAGD, MA, MHA



"Dentistry and Medicine, each a specialty, are part of the fabric that makes up each individual profession, as well as the diagnosis and subsequent treatment of our total "patient pool" in daily life.

Each category of care is somewhat dependent upon the information that the other specialty can provide us, in an effort to make overall care of the patient one which is: enlightening, educational, investigational, integrated, and accurate when it comes to a diagnosis of a specific concern of one's overall health plan in the beginning of any treatment, and subsequent treatment itself.

For example, let's take "Lucy," a 35-year-old, young executive who presents at the dental office with severe tooth pain in the lower right quadrant of her mouth. What's the first thing we do? Perhaps we observe her in the reception room or as she enters the operatory: the way she walks, carries herself, speaks, where and to whom she directs her eye contact, how she sits in the dental chair, how she moves in all of this and what does her exposed body look like? Lucy is well dressed, walks quickly, is wearing a short skirt that shows various bruises on her legs, as well as a short-sleeved blouse that exposes bruises on her arms. In asking appropriate questions, one must remember that all healthcare professionals are mandated reporters. However, before we take that road of action, we need to verify what this patients' Chief Complaint is, and how we are going to approach any treatment at all after taking an adequate history first.

Lucy sat quietly in the dental chair. I sat down next to her and introduced myself to her and informed her that (Question) I would like to know why she was in my office for care and who sent her to me if anyone in particular. She did not look at me at first. She looked straight ahead and told me that she was under

a great deal of stress, as she was trying to compete with an all-male staff in her office, for a job as an executive manager in the company she worked for. Her chief complaint was tooth pain in both of her remaining lower right molars. She stated the pain kept her up at night and seemed "never-ending." She was obviously sleep deprived in this venture. I asked if we could go over her medical and dental history and she obliged. (*Discovery*)

She suffered from not being able to sleep well due to a lingering anxiety about her job situation, for which she was competing for a top management position in her company and being the only woman in an all-male-run office. She was taking rather high doses of Ginkgo Biloba, an herb that she heard about on the television that was in an advertisement, suggesting that seniors take this "over-the-counter herbal medication" for improving their memories. She was taking way too much of this "herbal" medication, it seemed to me. I learned a long-time ago that any herbal supplement, vitamin, and drugs of all kinds, had side-effects if taken in excess. Ginkgo Biloba was no exception and tends to lower one's clotting ability by decreasing the platelet count in the bloodstream. This might be the suspected source of her bruising, I thought. But I had not gotten to the point of discussing this with her first until I finished my history and examination. With my further questioning of this patient, I found out that she was also taking large doses of Aspirin, Ibuprofen, Tylenol© and Tylenol ©with codeine as well, that she was told to take by another dentist, who did not directly physically treat her pain. Some of those drugs

also decreased her platelets as well and exacerbated her bruising symptoms. I asked if I could take some radiographs (Part of any examination) and got an affirmative response from her.

Subsequently, I found some decay in the second molar as well as sensitivity to percussion. There was no periapical abscess or radiolucency present. Her teeth showed signs of wear, possibly due to clenching and bruxism. This could have been the cause of her discomfort in the first place I thought. Maybe an internal fracture? The patient wanted me to do root canals on both of her posterior molars. I told her that I thought we should try some other kind of treatment first, which would be more conservative, such as an over-the-counter bruxism appliance. I wanted to get her off her current regimen of "pills" as well. I then asked her if she was being abused by anyone, with respect to her bruising. She replied "no" emphatically. I think at this juncture she was upset with my asking her this question, but I explained that I needed to rule out all the possible causes of her bruising so that I could hone my diagnosis down to one or two things I thought were her main issues at hand. She calmed down and understood. I explained about the side-effects of ginkgo and why I wanted her to stop taking it. I had no idea how fixated she was on using it and believed the advertisement would improve her memory, which she relied on to "beat out" her opponents for the new job she wanted.

I suggested she buy an inexpensive mouth guard to see if this helped with her pain issue. I gave her some biofeedback exercises for keeping her teeth apart. I also suggested she stop the ginkgo as well as most of the other pain meds she was taking. I asked her if she would like a referral to a psychologist or psychiatrist for some guidance and counseling with respect to her frustration, angst and fear related to her job. She declined. She asked me to refill her Tylenol® with codeine. I told her that I first wanted to see if what I had already asked her to do would help with her symptoms and did not want to see her continue to take all this "medicine" she believed would assist her. She was most insistent that I give her the medication she was asking for as she had nothing else left to mask her pain. I gave her five tablets with no refills. I asked her to come

back in six days, so I could see how she was after she did what I asked her to do. She returned in a week, with pain still being part of her chief complaint associated with her back molars. I ended up starting an endodontic procedure on tooth # 31 and then referred her to an Endodontist for completion, after the fact. I did not think she would be compliant with my requests to her. She never came back after the referral.

The lesson here is to get as much medical and dental information on every patient as you can. Then get every personal detail of the patients' self-care in all respects, information about personal injury or abuse and keep our eyes wide-open for anything that could be a source of information that will ultimately assist both you as the practitioner and the patient that is seeking assistance for a specific physical issue. (*Results*)

I have many more stories like this one that I have observed over my many years of practice. It is important to try and protect the patient, as well as yourselves as the provider of care. But one thing I have learned for sure is: "We cannot undo what our patient's will not let us do."

Patients refuse treatment for a variety of reasons, especially emotional reasons, such as the fear of drug side effects, the fear of anesthesia and /or surgery, or the fear of disclosure of a disease of any kind, such as Hepatitis or HIV, or guilt associated with abusive behavior either their own or someone else's abuse of them personally. Rates of patients not adhering to suggested treatment or therapies is around 50%, particularly among those with chronic diseases. (ChenMed. chenmed.com 11-17-23) The estimated percentage of patients who do not take their prescribed medication as directed can vary depending on the source and the condition being treated. However, studies have shown that on average 50% of patients do not take their medications as prescribed. This is known as medication non-adherence. (ChenMed. chenmed.com 03-14-24)

The patient's fundamental right to refuse suggested medical or dental treatment is a negative-right: the right to not be touched and to be free from unwanted medical or dental interventions, no matter how spot on they may be or how important they may be for the patient's long-term health.

Overriding a decisional patient's refusal is not ethically or legally permissible. ***However, it is important for the practitioner to have a release of suggested treatment be signed by the patient acknowledging that a specific treatment that was recommended, was declined and acknowledged by the patient. This protects the practitioner from litigation and any future harm the patient might bring upon the practitioner: dental or medical alike. This is extremely important and should be written in detail as to the suggested treatment and what was explained to the patient in the process.

On the other hand, in both medical and dental practices, the denial of medical care or refusal of medical or dental care to a patient may be referred to as: Failure to provide medical or dental treatment: the refusal to provide healthcare of any kind to a patient who requires it. Refusal of dental or medical assistance: a patient's voluntary refusal to receive medical or dental care is what was previously mentioned. As a practitioner of any kind, "we" have the right to decline treatment, however, we need to remember to justify our decisions with the proper dialogue and notes to protect us from future litigation and harm. Giving our recommendations to patients for treatment is important and they need to be in writing and copied into the patient's chart. It is a complicated world out there and people will be people, no matter how direct, matter-of-fact and honest one may be about what care YOU think the patient needs, always have it in writing, have signed declination of treatment forms and even go so far as having your assistant or an ancillary employee come into the operatory or consult room, when you are giving your opinion and recommendations to the patient about their care and treatment. We live in a litigious Society, and we need to practice defensively, unfortunately.

The importance of second opinions is always in my armamentarium of treatment and care. Getting second or even third opinions is acceptable, when in doubt or when wanting another confirmation of your diagnosis. *(Hindsight)*

Depending on the patient, provider, and situation, contributing factors in patients not responding to treatment suggestions are: the patient's social and economic status or education level, the complexity of the treatment and instructions, health system variables, including lack of or minimal insurance coverage for a specific treatment, poor provider communication (too much or too little creating confusion), patient depression or stress causing an inability of being able to process the information given or not really hearing what has been said, and physical or financial obstructions to agreeing to treatment. Too many variables such as multiple treatment plans have a tendency of confusing patients with "low dental IQ." My motto here is the KISS Method of treatment: Keep IT Simple Stupid! Minimally invasive dentistry (MID) when one can, otherwise explain what you want to do and then explain it again and get an acknowledgement from the patient as to understanding.

To be successful in caring for patients, both in medicine and dentistry, is to be helpful, informative, caring, and constructive, to make everything and everyone you touch a little bit better. Being caring is being heroic. Communicating on an equal plane is most important in the process so that there is mutual understanding in both directions. Discovery is a most important tool in the examination process of the patient who brings with them a complex set of history, symptoms, and pre-existing issues. Don't be in a hurry to ascertain the issues the patient brings with them to your sanctuary of an office. Take the time necessary to get as much information as you can. Time is important in this process and will assist you, the practitioner, in making a successful diagnosis and treatment plan, also allowing the patient to understand and ultimately make an adequate decision for themselves, essentially assisting themselves, and the practitioner, in the long run. ♦



**"Carpe-Diem.
Seize the Day!"**

The Wave of Dental Groups is growing



How to Stay Independent and Prosper in the Evolving Dental Industry

The dental industry is riding a significant swell as more DSO's, DPO's, and DPG's (Dental Partnership Groups) emerge, driven by factors that appeal to some dentists, but terrify others. What's causing it and which direction is the swell heading?

Private practices have very little leverage with suppliers and insurance companies and thus doctors are feeling squeezed and facing mounting financial pressure. Do you ignore the wave, continue to operate individually and possibly get left out the back, or crushed by the changing market dynamics? Or, do you become selective and determine which size and shape of wave is right for you? This is where SPP Dental Partners can help.

Doctors want a more customized solution that offers:

*Autonomy
Support
Financial opportunity
HR
Marketing
Collections
Insurance verification Finance
Legal support*

Just as surfers seek the perfect wave, dentists are seeking better options. SPP Dental Partners offers flexible arrangements where doctors retain majority ownership of their practices.

Dentists prefer making decisions for their practices without external interference. SPP empowers doctors to exercise their clinical judgment freely, ensuring a personalized approach to treatment, much like a surfer choosing the best line to ride based on the unique surf conditions at that specific time. These groups offer comprehensive services that help streamline the administrative burden on individual practices. This allows dentists to focus more on patient care and less on the complexities of running a business.

Finally, dentists are looking for additional investment opportunities to build wealth beyond the walls of their practice. Being part of a growing dental group and owning significant shares in the group can provide the chance to participate in the financial upside of the overall group.

Consider SPP Dental Partners to help you ride that wave. ♦



Practice Support

CDA Practice Support is here to help with all your practice management questions. From creating an employee handbook to interview tips and legal guidance, CDA has the tools you need. Their dedicated Practice Support team is just a call or email away, ready to provide personalized assistance whenever you need it. As CDA members, these valuable resources are always available to you!

View your practice support team by scanning here:



Let Me Introduce...

Please meet

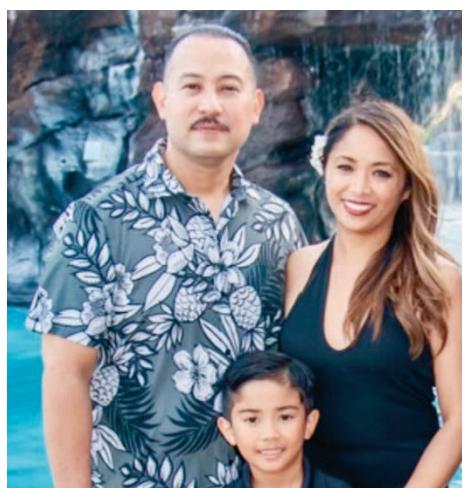
Dr. Mariechris Sapinoso

SPECIAL NEEDS DENTISTRY ON THE GO

Let Me Introduce is an ongoing column featured in *Facets* to introduce us to the many members that make up the depth and breadth of the San Diego County Dental Society. We hope you enjoy getting to know your colleagues better.

Written by: **Megan Clarke, DDS**

San Diego County Dental Society Member Dr. Marichris Sapinoso is dedicated to addressing gaps in dental care within our community. Together with her husband, she founded California Dental Healthcare, a mobile dental company that brings professional dental services directly to those in need. Their team of dentists, hygienists, dental assistants, and other professionals specializes in providing compassionate care to individuals in skilled nursing facilities, memory care centers, convalescent homes, assisted living communities, and private residences across Southern California.



Tell me about yourself

I come from a big family of eight siblings and was born in Los Angeles, California. My parents were immigrants from the Philippines and worked as a Civil Engineer and an Emergency Charge Nurse. Resilience, positivity, and strength were values they instilled in me, along with the importance of giving back and taking care of those less fortunate. I am proud to be the first dentist in my family and love what I do. I am happily married to my best friend, and we have a wonderful son who brings so much joy to our lives.

Can you share a time in your life when you demonstrated resilience, positivity, and strength?

During my 3rd and 4th years of dental school, I lost both of my parents. It was one of the hardest times in my life, but I knew how much they valued

education and how important it was to them that I achieved my dream. Even though I was grieving, I decided to stay focused and push through, finishing school on time. I didn't take a break because I wanted to honor their memory and all they sacrificed for me. Becoming a dentist wasn't just my dream—it was ours—and getting through that time taught me the true meaning of resilience and strength.

How did you choose dentistry?

After graduating from college, I worked in a lab but soon realized I wanted a more fulfilling career where I could help people directly. One day, I was talking to my best friend, who was in dental school, and she suggested I consider dentistry. Intrigued, I enrolled in a Registered Dental Assistant (RDA) program to gain hands-on experience, studied for the Dental Admissions Test (DAT), and applied to dental school. I was thrilled to be accepted to the University of California, Los Angeles (UCLA) School of Dentistry on my first try.

What inspired you to start your dental practice in San Diego?

My husband's family already lived in San Diego, and we wanted to be closer to them as we raised our son. The opportunity to practice dentistry in a vibrant city known for its beautiful weather, diverse food, and rich culture was an easy decision for us.

How did you develop your specialized mobile dental practice, and what services do you provide?

My journey to creating a mobile dental practice started after working in private offices and volunteering at UCSD's Free Dental Clinics. Later, as the Dental Director at a Federally Qualified Health Center (FQHC), I saw firsthand the challenges patients with complex medical needs faced in accessing dental care. This inspired me to make dental care more accessible for those unable to visit a traditional office.

I then partnered with a mobile dental clinic organization expanding into California. After they left, my husband and I decided to establish our own mobile practice, leveraging the relationships we had built with healthcare facilities across Southern California.

Our mobile dental services bring comprehensive care directly to patients. We offer routine treatments like cleanings, fillings, and extractions, as well as more specialized services such as dentures, oral cancer screenings, and medical clearances for surgeries. With all necessary equipment, including digital scanners, X-rays, and operatory machines, we provide high-quality, on-site care, eliminating the need for patient transportation.

How do you work with patients from different backgrounds?

We care for a diverse patient population, ranging from young adults with disabilities to elderly individuals. The type of care we provide depends on the patient's specific condition, which may include recovery from surgery, chronic illnesses, or behavioral health concerns. Our mobile model brings dental care directly to patients, whether in their bed or a designated treatment area, adapting to their medical needs.

How does your mobile dental service support both patients and their families?

Our approach is team-based and collaborative, working closely with nursing staff, physicians, and families to ensure care is coordinated and tailored to meet each patient's unique needs. Understanding the emotional and logistical difficulties families face when a loved one is in a facility is crucial. As a special needs provider, we recognize the pressures these families are under and work to alleviate some of that burden. For example, we offer flexible scheduling options, including evening, weekend, or teledentistry appointments, to help families stay connected to their loved one's care. This flexibility allows families to focus on their loved one's well-being while we take care of their dental needs on-site.

What do you enjoy doing outside of Dentistry? (family, hobbies, volunteers, talents, etc.)

Outside of work, I love spending time with my family. We enjoy traveling, going to concerts and discovering new places to eat. I love solving Sudoku puzzles, playing video games, ballroom dancing, singing, and yoga. ♦



**THANK YOU
Dr. Sapino!**

A *Night* in MONTE CARLO

*Celebrating Outgoing and Incoming
Board Members*

Thank you to our former board members and presidents for your dedication and leadership! Your vision and hard work have laid the foundation for our continued growth and success.

We are grateful for the ongoing inspiration you continue to bring to our SDCDS community.



SDCDS presidents of years past



Dr. Faith Barreyro, Dr. Matthew Durschlag, and Danielle Durschlag



Dr. Rene Rodriguez and Dr. Ana Victoria Tueme



Incoming Board 2025



Dr. Hema Srinivasan and husband Vijay Parthasarathy



Dr. Melanie Parker and husband Dorain Thompson



Dr. Lilia Larin and Aurelio Peralta



Dr. David Milder and Dr. Theresa Tsai



Dr. Brian Fabb and Dr. Christine Altrock



Steve Mattson and Dr. Virginia Mattson



Dr. Heta Bhansali and Nick Knol



Dr. Eric Shapira and Susan Shapira



Vicky and Dr. Jose Castillo

TRANSITION ON **YOUR TERMS** WITH DDSMATCH



San Diego County
DENTAL SOCIETY

WOMEN'S AFTERNOON RETREAT

INSPIRATIONAL WOMEN DRIVING CONVERSATIONS
ON WELLNESS AND LEADERSHIP

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26TH
12:30PM - 3:30PM

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RESERVE YOUR TICKETS



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2025

S C H E D U L E

Join us at our 2025 events! Mark your calendar for these dates.

R & R EVENTS

02.28	CUT YOUR TEETH	10.09	OKTOBERFEST
03.08	SPRING SHREDDING & E-WASTE	11.08	CUT YOUR TEETH
04.26	WOMEN'S RETREAT	12.06	INSTALLATION DINNER
05.09	PROFESSIONAL SPEED DATING		
05.16	CDA PRESENTS/COCKTAIL HOUR		
06.20	CUT YOUR TEETH		
07.20	NEW MEMBER BRUNCH		

CE EVENTS

01.11	3 CE COURSES IN A DAY - DPA, IC, AND BLS
01.23	21ST ANNUAL DENTAL PRACTICE TRANSITION SEMINAR FOR SELLERS
02.13	OSHA WEBINAR
02.26	CA EMPLOYMENT LAW UPDATE AND CYBERSECURITY BEST PRACTICES
03.20	BLS RENEWAL FOR HEALTHCARE PROVIDERS
04.18	CE COURSE (MORE INFO COMING SOON)
06.17	BLS RENEWAL FOR HEALTHCARE PROVIDERS
08.01	CE COURSE (MORE INFO COMING SOON)
08.16	3 CE COURSES IN A DAY - DPA, IC, AND BLS

SAN DIEGO DENTAL CE CONFERENCE

09.11-	SAN DIEGO DENTAL CONFERENCE: IN COLLABORATION WITH THE
09.12	USA SECTION OF THE INTERNATIONAL COLLEGE OF DENTISTS

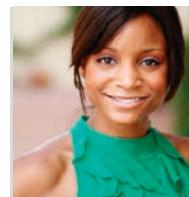


*While we aim to provide an accurate schedule of our 2025 events, please note that unforeseen circumstances may require changes to the event calendar. Please check the date and times when registering online, as these details will remain accurate.

Dentistry

MATTERS OF THE HEART

Written By:
Malieka Johnson,
DDS, CPT



I began treating patients with special needs conditions in 2011, and 13 years later, they are still my focus. It's true, dental school doesn't prepare dentists for this work. I was fortunate to have completed a General Practice Residency that was special-care focused and thus I received thorough training in how to care for the oral health needs of a unique population. I mainly provide care for adults with special needs, and it has been my absolute joy and privilege to serve them.

My experience has led me to believe that most of us are one step away from having a disability. It takes one accident, one slip and fall, one wrong movement, or in the case of the practice of dentistry, years of repetitive overuse, to easily lead to a disability. According to the American Dental Association, one in four dentists will experience a disabling condition. Disability is a global concern, and the world is facing a mounting number of people with disabilities.

According to the World Health Organization (WHO), there are an estimated 1.3 billion people, that is 16% of the global population, experiencing a significant disability today. The increase is due to a rise in noncommunicable diseases and people living longer. Those with disabilities are twice as likely to develop conditions such as depression, asthma, diabetes, stroke, obesity, and poor oral health. Health system barriers, social structures, social determinants of health, and risk factors such as smoking, poor diet, and lack of physical activity, all contribute to ongoing healthcare inequalities.

In the United States, our rates are slightly higher than they are worldwide. According to the Centers for Disease Control (CDC) there are more than 1 in 4 (28.7%) adults in the United States who have some type of cognitive, mobility, independent living, hearing, vision, or self-care disability. Consistent with

the WHO, the CDC further reports that those with disabilities are more likely to have obesity, heart disease, diabetes, and smoke. We know that the mouth is connected to the rest of the body, thus these conditions will have an effect on oral health.

The Americans with Disabilities Act was enacted July 26, 1990.⁶ It began in the United States when people with disabilities began to challenge societal barriers that excluded them from their communities, and when parents of children with disabilities began to fight against the exclusion and segregation of their children. California and San Diego County have two organizations whose sole missions are to ensure that those with developmental disabilities and their families have the resources they need to achieve their goals and lead productive lives. San Diego Regional Center (SDRC) is a resource for those with special needs conditions and is funded by the California Department of Developmental Services (DDS). SDRC has over 39,000 members and serves both children, adults, and their families.

The most frequent conditions my patients present with are autism, cerebral palsy, down syndrome, epilepsy, and intellectual and developmental disabilities. As stated earlier, people are living longer, and I am accustomed to seeing 80-year-old parents bringing in their 60-year-old adult children.

The five most common dental conditions I address are periodontal disease, caries, inability to restore lost dentition, broken teeth, and severe attrition secondary to bruxism. Of course, the aim is always to provide comprehensive dental treatment, respect autonomy and make patients aware of the risks, benefits, and alternatives. Most treatment will be dictated by patient desire, finances, and ability to tolerate treatment.

It is prudent to do what is least invasive for patients whose behavior or condition will not tolerate extensive treatment.

In speaking with dentists who have cared for the special needs community for 30+ years, not much has changed. We still have a handful of dentists who provide most of the care in San Diego County, and that needs to change. Out of compassion, many pedodontists will continue caring for patients not only throughout their teens but into early adulthood. But what happens to the patients who are too old and have grown too big for the pediatric dentist? Where do they go for continuity of oral health care? This is where access to care issues emerge, and where the focus of my dental career has been.

We need dentists more than ever to step up to the plate and provide services for this population. So, why aren't we doing more? Some of the remarks I have heard over the years indicate a lack of training and knowledge. I have heard it takes a special person to see them. Truthfully, a lot of what I do doesn't require specialty training, it just requires compassion. I truly believe we have the power and ability to meet this moment of urgency, realizing it's not always about profit, and sometimes it's just a matter of the heart. We all have a part to play in this and it is one area of service where we can truly make a difference. ♦





California Dental Association House of Delegates 2024 Highlight Recap

Written By: **Angela Landsberg,**
SDCDS Executive Director

CDA Membership Committee

This new standing committee replaces the former Council on Membership, with a mission to deeply understand membership health and trends, and to make strategic recommendations that drive organizational goals and ensure membership value.

The committee will focus on engaging students and early career dentists, exploring strategies to attract non-members, and enhancing regional outreach.

It will also play a crucial role in membership administration, including input on membership categories, dues, discounts, and benefits.

The committee's composition will include experienced member dentists, early career dentists, dental students, and at least one non-voting executive director guest, ensuring diverse representation.

This initiative reflects a commitment to meeting the future needs of California members and supporting the vision of the CDA.

Council on Professionalism and Mediation (CPM)

Benefits of Mediation

The CPM will develop educational offerings on dental ethics and professionalism, support local dental societies, and consider amendments to the CDA Code of Ethics.

The council will also oversee a mediation program designed to resolve disputes between members and their patients in a cost-effective and timely manner.

Mediation offers several benefits over traditional peer review, including quicker resolution times, and mutually agreed-upon outcomes.

The new program is expected to be more cost-efficient, with an estimated annual cost of \$300,000–350,000, compared to the \$1,000,000 annual cost of the previous programs. The final vote on this allocation of funds will take place at the CDA BOD meeting.

Benefits to CDA Members

Enhanced support and education on ethics and professionalism.

Access to a streamlined, confidential, and effective dispute resolution process.

Significant cost savings for the organization, allowing for better allocation of resources to member services.

A positive, member-focused approach to resolving disputes, fostering trust and professionalism within the dental community.

Dental Plan Leasing

This resolution builds on the progressive efforts of Assembly Bills 954, 1048, and 952, which aim to enhance understanding and communication between dental providers and patients regarding their rights and benefits.

AB 954, effective since January 2020, mandates dental plans to disclose all parties with access to provider contracts, allow dentists to opt-out of network leasing without affecting their original contracts, and maintain updated lists of third-party access.

The proposed amendments seek to further improve transparency by requiring an opt-in agreement for network leasing, ensuring dentists are fully informed of any changes to their contracts and fee schedules.

This initiative promises to foster a more seamless and positive relationship between patients and dental providers, ultimately enhancing the patient's experience.

The resolution has no financial impact and calls for the CDA to consider legislation that prioritizes clear communication and informed consent in dental plan agreements. ♦



AMERICAN DENTAL ASSOCIATION

House of Delegates | RESOLUTIONS REPORT

I'm providing a summary of the resolutions that I feel are most important to our members. The House of Delegates dealt with over 120 resolutions with amendments, Board reports and Task Force reports.

Business/Membership/ Administrative Matters Reference Committee:

Report of the Strategic Forecasting Committee (FSC) which itself was over 20 pages and included three resolutions.

202 SFC Recommendation on ADA Mission and Vision Statements: APPROVED

203 Direct to Dentist Component of Proposed 2024 Strategic Forecast: AMENDED AND APPROVED

204 Tripartite Component of Proposed 2024 Strategic Forecast: AMENDED AND APPROVED

206 Establishment of Dues Effective January 1, 2025: APPROVED (the dues will remain the same as 2024)

Dental Benefits, Practice, Science, Health and Related Matters

309 Role of Dental Health in the Management of Systemic Conditions and Outcomes of Medical and Surgical Procedures: APPROVED

310 Amendment of Policy, Direct Reimbursement: APPROVED

315RC Amendment of Policy, Dentist's Choice of Practice Models: AMENDED AND APPROVED

320RC Public Profession Component of Proposed 2024 Strategic Forecast: AMENDED AND APPROVED

Dental Education and Related Matters

401 Increasing Allied Personnel in the Workforce: APPROVED

410RC Improving Continuing Education Recognition: APPROVED

411 Exploring Alternative Accreditation Standards for Dental Hygiene and Dental Assisting to Address Significant Work Shortages: DEFEATED

Legislative, Governance and Related Matters

513RC Dental Students and Residents as Dental Hygienists: APPROVED

514RC Internationally Trained Dentists as Dental Hygienists: APPROVED

515RC Expedited Residency for Foreign Born, United States-Trained Dental Professional: APPROVED

517RC Engaging Specialty Organizations: APPROVED

Election Results:

Richard Rosato (New Hampshire) was elected President-Elect

Tamara Berg (Oklahoma) was elected 2nd Vice-President

Cody Graves (Texas) was elected as Treasurer

For all the Resolutions, reference committee reports, background materials, and Board Reports, please go to:

[ADA.org/about/governance/
house-of-delegates](https://ADA.org/about/governance/house-of-delegates)

scroll down to Reports and Resolutions. Login required. ♦



Written By:
Dr. Douglas Cassat,
DDS



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GENERAL DENTAL PRACTICE FOR SALE ESCONDIDO, CA

Rev: \$616,000

Ops: 3 + 2

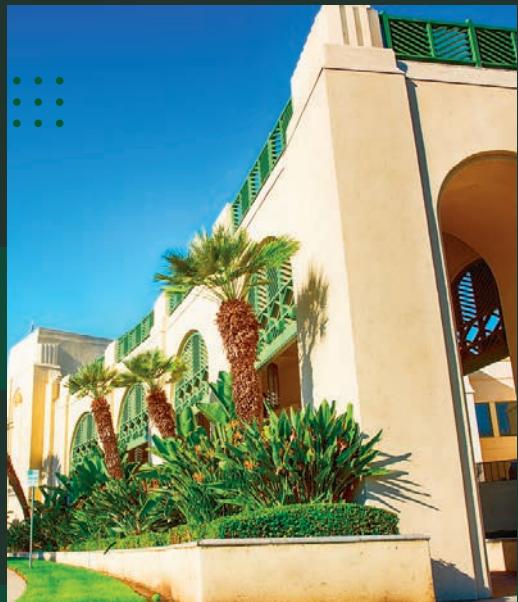
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UPCOMING SDCDS

events

JAN
11

9:00AM - 1:00 PM

*Dental Practice Act and
Infection Control*

Free for members!

JAN
11

1:45 PM - 5:45 PM

*BLS Renewal for
Healthcare Providers*

Free for members!

JAN
23

6:30 PM - 9:00 PM

*Annual SDCDS Dental
Practice Transition Update
Seminar for Sellers*

Free for members!

FEB
13

6:30 PM - 8:30 PM

OSHA Webinar

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