

STUDIO TEACH

APRIL
2019

April 5
Gulls Game

April 12
Cone Beam CT

April 17
Marketing Secrets Seminar

April 18
New Dentist Social

April 25
Shred-a-thon

April 27
Ethics in Dentistry

May 1
Military Symposium

May 2
BLS Renewal



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VOLUNTEERS NEEDED

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Dentists, hygienists and assistants to volunteer as needed at community events.

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Dentists willing to "adopt" patients (adults and children) for immediate or emergency needs in their office.

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and School Screenings:

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FACETS NEWSLETTER

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- 2) What is my practice worth?
- 3) How much will I net after paying off my practice debt, taxes, and transaction costs? Is that enough for me to retire?
- 4) How will I find a buyer that will take care of my patients and staff?
- 5) Should I keep the sale anonymous? If so, how can I do that?
- 6) Will I be able to continue practicing as an associate on a reduced schedule?



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Strategic Plan Update

Accountability is one of the most important aspects of an organization. Last issue, we discussed how important Strategic Planning is to an organization and what role leadership plays in executing those goals. Today, we'll review the details and update the SDCDS body, in whom we are accountable, on what is happening at our society on West Morena Blvd.

We believe there are 3 overarching prioritizations for our society. We have prioritized these strategic goals as:

1) Strengthen Membership

- 2) Program Improvement
- 3) Improved Outreach

I will discuss the **first** of these Strategic Goals in this article, with their supporting tactics and our percent of accomplishment in parentheses. An asterisk indicates it is an ongoing project requiring review.

Engaging new members, or membership, is the lifeblood and business of the San Diego County Dental Society. The first action item is the redesign of the welcome experience for new members (100%*). We aim to warmly welcome each new member to our organization and show our appreciation for their support. This **Thank You** also includes branding a unique gift to the new member. We also have implemented **new member recognition** at CE events with identifying name tags, so that we may better focus on those newest to our ranks (100%*). By doing this, we hope to create more awareness and facilitate networking and welcomeness to our society, identifying our newest recruits.

We have also established a **New Dentist mentorship program** headed by Doug Disraeli, who has long been passionate about helping young dentists build great practices (100%*). He has developed a curriculum and has taken leadership on this front. This program has had a number of false starts in years past, but for the first time, this program has grown legs and already proven to be popular and highly valuable to members. We have also just held our 2nd **Speed Dating event**. While not romantic, new relationships introducing New Dentists and Experienced Dentists were made, in hopes of pairing associ-

ates and succession partners. It's a chance to exchange resumes and test out what it might be like to work with a dentist on the other end of one's career spectrum. As a previous participant, I was impressed by the turnout and strength of Dr Kristen Whetsell's efforts. Last in this section is the task of assembling a **Welcome Task Force** to create outreach and contact to new members, again reinforcing a proactive approach to integrating members to our society (5%).

Our other efforts to expand our organization include recruitment of non-members and creating a plan to address future dentists, diversity and inclusiveness. Our action plan includes **collaborating with San Diego Ethnic Dental Societies** (20%*). We also intend on matching Board and R&R volunteers to be paired with non-members by dental school, in hopes of creating common networks (0%).

Retention of current membership is our 3rd category of strengthening membership. It includes providing recognition for key **5-year anniversary milestones** in Facets. If you've seen us give you a shoutout in our newsletter, once again, congratulations and thank you for your support (100%*). Other initiatives underway include increased feedback from membership, data mining of membership desires, and **hosting Social and CE events** across our boundaries to better serve all of our members (0%).

Last in this category, is also our aim to focus on **effective communication**. We want to put information into your hands—or brain—faster and more conveniently. On this front, we are able and continue to work out logistics and effects of moving forward with such a transition and option for digital distribution (20%*). We continue to work on electronic delivery of our publication. We continue to improve our website and to investigate an SDCDS exclusive app to improve direct access to resources and information (20%*). The Communication Committee is also focused on developing our Social Media presence so that there are more means for you to connect with others within our network (0%). We are considering private membership to online forums and access for case sharing and sensitive conversations.

Next issue, I will share with you our exciting 'Programs Improvement' initiative.

*An asterisk indicates it is an ongoing project requiring review.



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It's our privilege to serve a community of dentists who are engaged in the future of their profession. Together, we're stronger than ever.

PART 1

The chicken that shattered a dental association but saved California

Our 19th Century dental pioneers will always be remembered for great achievements. For instance, there's Dr. Horace Wells, who discovered general anesthesia. Or Dr. Sanford C. Barnum, who invented the rubber dam. And Dr. Phineas G. C. Hunt, who performed the human-to-rooster-to-human tooth transplantation (Uh-oh. Insert jarring noise of a LP record scratch here).

Specifically, Hunt extracted a perfectly healthy tooth from a properly remunerated patient and surgically embedded it into a live rooster's comb (the funny-looking, fleshy red appendage on the top of the fowl's head) to temporarily preserve its "vitality". On the day of delivery, he caught the rooster, removed the tooth from the rooster's head, and surgically implanted it into a different patient's mouth. No record was found if it tasted like chicken.

Hunt was no spring chicken. Along with 25 others, he established the American Dental Association in 1859. He also served as ADA president in 1872-1873, as well as the Indiana State Dental Association President between 1861-1864 and 1871-72.¹

Since 19th Century dentures and partials were often uncomfortable to use (hmm, has anything changed since then?), there was an unmet need for tooth transplantation. And like miserable characters from a Victor Hugo novel, there were always economically-challenged individuals willing to part with a healthy part of their body. Conversely, there were always the "one-percenter" wishing to instantly reduce their DMFT score. And what was the added benefit on the day of surgery? Chicken for dinner.

That takes us up to the 1883 California State Dental Association (that's our CDA) annual meeting in San Francisco. CDA Past President William Younger, MD, DDS just read a rousing transplantation paper to a captive audience, and cross-contamination be darned, he proved to a jury of his peers that an extracted tooth could be temporarily stored in the rooster's comb (ICD 10 code K02.33).² The pièce de résistance: he brought a live rooster with two implanted human bicuspids to the meeting.³

If one was seeking out a foremost expert in human tooth transplantation, you could do a lot worse than Younger. In fact, he wrote the book on it. His publication "Transplantation of Teeth into Natural and Artificial Sockets" broke ground — if not broke infection control. Younger had revived Hunt's experiments and claimed the pericementum tissue of the extracted tooth contained a vitality that could spring the tooth back to life, while the blood supply of the rooster's comb kept the tooth tissue healthy. He wrote: "on November 28th, 1882, a bicuspid that had been in a cock's comb for ten days, was transferred to the mouth of a gentleman, where it fastened itself, as if there had been no gallinaceous* period in its existence."⁴

But don't count your chickens before they're hatched. His presentation ruffled the feathers of Samuel W. Dennis, MD, DDS, the first dean of San Francisco's University of California Dental Department (UCSF School of Dentistry), which in 1881 became the first dental college founded on the West Coast. Dean Dennis also served as ADA First Vice President in 1870-1871 and as CDA's president in its third year of its existence (1872).¹ Dennis held up a journal and accused Younger of plagiarizing material from the aforementioned Phileas G. C. Hunt.

All hen broke loose. Dr. Alexander Warner cried fowl. Warner, who had previously assisted Younger in a tooth transplant surgery in 1877, asked to see Dennis' proof. And "after much effort", Warner acquired the journal. This accusation isn't true, he said, and claimed Dennis altered "some important words" to make Younger look bad.² This bad blood didn't come from nowhere. You see, the CDA made the Hatfields and McCoys look like BFFs.



Because at the previous year's meeting, when Dean Dennis wasn't present, our CDA actually passed a resolution condemning the existence of UCSF — the very same dental college CDA had tried to create from the beginning. That resolution claimed CDA was "the representative today of practicing dentists of this State" and had the right to be involved in the establishment of the dental college and in the selection of its professors, but stated "we have thus far been utterly ignored" by the University of California Regents, expressed a "want of confidence" in Dennis' dental school and even cast aspersions on the faculty.^{5,6} And to add insult to injury, CDA President Dr. Birge singled out a poor Dr. Cochrane, UC Demonstrator of Salivary Analysis, as a "quack".

Now the dental school faculty — the majority who were also CDA members — "bore the indignity" of CDA's condemnation for the whole year. But it was time to stick a fork in it. In a game of chicken, Dennis introduced a retroactive motion to completely rescind the previous year's offending anti-dental college resolution. After a broiling debate, the votes were counted — it was a tie. What next? (to be continued).

A version of this article with less seasoning appeared a 2017 American Association of Dental Editors and Journalists newsletter

REFERENCES

- **Gallinaceous*: a heavy-bodied bird. 1 List of officers. 37th Annual Session, ADA transactions, 1897:iii-ix. 2 A Lively time. Missouri Dental Journal, 1883;15(8):238-239. 3 CSDA minutes, 1883:255. 4 Cunningham G. Implantation of Teeth. Journal of British Dental Association, 1888; 9(11):759-767, 9(12):811-826. 5 The dentists' war. Daily Alta California, January 25, 1885; 38(12705):1.





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What Is Our Board Up To?

If your image of our board is painted in a dark paneled room populated by paunchy old men who've known each other since boarding school, well, you may have read too many Dickens novels.

These are the good governance practices that have carried down through the years: Our society is incorporated according to state laws. We adhere to bylaws and we follow policies as guidelines in our decision-making. We follow an agenda at each meeting and endeavor to stay on course. Each board member pledges to be forthright regarding any potential conflicts of interest. In their role as director, each member puts their loyalty to the organization above self. They are obedient to the principals of the governing documents, and they exercise care in their actions.

But here's what you may not know. At every meeting we are looking at ways to better serve our members. Our mission is "Providing resources to help member dentists succeed and enhance professionalism". We do that through open conversations among a group of 18 dentists who represent a diverse membership that exceeds 2000 in number. The board focuses on governance, direction and vision. Meanwhile, the staff manages the day-to-day implementation of that vision.

With issues that are more and more complex (insurance, student debt, changing business models, etc.), it is more and more critical that we make decisions carefully. If you read last December's article written by our president, Dr. Pham, you'll know that our board is considering building a Learning Resource Center. To move ahead, we will need to use considerable existing capital, borrow additional funds, decide the best model for the facility and handle the logistics of building while continuing our usual society operations. It will be a disruptive move to say the least, and there is some risk involved.

To make this decision, the board has been involved in due diligence for over two years. After an extensive survey, focus groups and a professional marketing study, we are now at the stage of working with architects who will help us consider two or more options. Still there is a lot of work to do. As you can see, a quick decision that might deliver good short-term results is not ideal. Instead we are developing a culture of inquiry that requires the time to gather the essential information. We will take the time to explore divergent views and through the process maintain mutual respect and trust. Transparency is key too. And with that in mind, we'll continue to involve you and keep you informed as we move forward. We're excited about our next chapter and hope that you are too.

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ENCINITAS: **NEW LISTING!** General Dentistry Practice with six (6) fully equipped Operatories is located in a busy retail center. Practice was remodeled 5 years ago with new equipment and utilizes Dentrix, Digital X-rays, Pano, and Laser. 4 days of hygiene per week. 2018 Gross Receipts of \$813K. #CA574

LA JOLLA: General Dentistry practice with 8 Operatories, 7 Equipped. Utilizes Dentrix software with Digital X-rays and an I/O Camera. The practice **SOLD** 4 days of hyg./wk. GR \$738K with \$264K Adj. Net on 4 day/wk. 60 yrs. goodwill, 29 w/ current owner. Most specialty procedures referred out. Great location in which to live and work. #CA477

NORTH COUNTY INLAND SAN DIEGO: 4 Operatory Prosthodontic Practice featuring Dentrix and Digital X-rays in a beautiful and spacious facility. In an excellent location with great curbside visibility and loyal referral sources nearby. Seller relocating. 2017 GR \$737K with \$182K Adj. Net. #CA524

SAN DIEGO PERIODONTAL: **NEW LISTING!** Periodontal practice with 5 total operatories, 4 equipped, is now available. Excellent, bright, and airy location, with digital x-rays and Dentrix practice management software. Seller is retiring. 2017 Gross Receipts of \$379K with room to grow! #CA559

SAN DIEGO: Family oriented general practice in busy shopping area with great visibility. 3 Ops, EZ 2000 Software, Digital X-ray **SOLD** era, PPO/FFS, Small amount of MediCal. Seller retiring. Excellent opportunity for a new doctor or a 2nd office location. GR \$253K with \$129K Adj. Net. #CA523

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Welcome New Members

New Member	Address	City	Education
Mario Alberti, DDS	4520 Executive Dr, Ste 250	San Diego	Northwestern University, 1987
Sinan Alhamdi, DDS			Boston University, 2014
Gustavo Christian Bastien, DDS	2405 Transportation Ave	National City	Universidad De La Salle, MEX, 2010
Grace Fedor, DDS			UCSF, 2015
Gregory Hanak, DDS	7011 Linda Vista Rd.	San Diego	OHSU, 2016
Affaf Ismail, DDS	638 Camino De Los Mares	San Clemente	University of Michigan, 2012
Jerome Ragadio, DDS	600 McCain Blvd	Coronado	UOP, 2003
Puja Shah, DDS	1042 N El Camino Real	Encinitas	Tufts, 2007
Kishore Shetty, DDS	425 N. Date St. #129	Escondido	Univ. of Colorado, 2008
Ralph Thomas, DDS	1615 Hotel Cir S Unit D102	San Diego	UCSF, 2015
Jinyoung Yoo, DDS	4205 Fairmount Ave	San Diego	NYU, 2018
Mansoureh Yavari, DDS	430 N. Rose St.	Escondido	McGill University, 2007



GIVE KIDS A SMILE

The Give Kids a Smile (GKAS) event was first held in St. Louis in 2002. It was the brain-child of Drs. Jeff Dalin and Ray Storm. They held their first event in an old dental clinic and screened the needy children of St. Louis. The ADA adopted the idea and incorporated the event as part of their Children's Dental Health Month each February. In San Diego we were right on their heels. We started off holding an event to screen children for dental problems in the Toy-R-U's parking lot across the street from the SDCDS building in 2004. The kids were screened for dental health, and then they got a ride on the Old Mission Beach Athletic Club's fire engine around the store.

Our big break came in 2005 when we joined forces with the San Diego Share the Care program and the newly opened Southwestern College Hygiene School. For the first time the San Diego GKAS event could offer free fluoride treatments and sealants as well as screening to deserving children. Holding the

event in the hygiene school proved to be an enormous success. After a few years, we realized that we were only reaching children in South County because many of the kids came from families with limited transportation abilities. We held yearly events in various places throughout San Diego trying to spread the care to needy kids throughout the county. In 2015 we took the step to offer the GKAS at six different locations throughout San Diego. This also proved successful so we adapted this approach as the best means to reach the most children all throughout San Diego.

This February the SDCDS held their event at seven locations literally spread throughout San Diego. Events were held at Family Health Centers of San Diego in Spring Valley, La Maestra Community Health Centers on University Avenue, Mountain Health Clinic in Campo, Neighborhood Healthcare in Escondido, Samahan Health Centers in Mira Mesa, San

Ysidro Health South Bay in National City and Vista Community Clinic.

We screened a total of almost three hundred children at this year's event. The screening process is extremely valuable to families who don't have a primary dentist. We alert the parents to existing dental problems and also provide the necessary dental screening required for all children to enter San Diego City Schools. Of these 300 kids, 263 received fluoride varnish and 157 had sealants placed. This was also the first year that we placed sealants on deciduous teeth. Taken together, these services represent a value of \$55,700. In fact, this year we more than doubled our production done last year!

We want to thank our financial supporters; the San Diego County Dental Foundation and First 5 San Diego. We collaborated with San Diego County Health and Human Resource

Service Center, the individual dental clinics who volunteered their facilities and staff, and the Dental Health Initiative/ Share the Care Program. Special thanks goes to Nancy Starr RDH, MPH who every year keeps the event organized and productive. Thanks also goes to Mike Koonce and Ryan Burgess from our own SDCDS for their management of all of the moving parts.

Lastly, I would like to ask all of San Diego's dental personnel to join me in thanking the dentists, hygienists, dental assistants, students, site supervisors and other volunteers who gave up their Saturday to provide free dental services to some of San Diego's children. We could not have done it without you.

Thank you all.

Rick Bialick DDS,

Chairman of San Diego's GKAS program.





**Family Health Centers
{Spring Valley}:**

Janie Hom
Ruja G Barros
Matlin Mansour
Jannika Dumbriue
Marisela Moran
Guadalupe Romero
Devon Wan
Guadalupe Moran
Lilanah Romero
Dana Drunbaum
Ibrahim Sawaya
Cynthia Paudilla
Julia Ruiz
Joseph Jordan
River Jordan
Vanessa Rodriguez
Tatiana Rodriguez
Lauren Bouras
Xochitl Aceves
Michelle Valenzuela
Thelma Gutierrez
Magdalena Acevedo
Ander Torres
Sandra Toscano
Alma Talamontes
Yulissa Vasquez
Nayeli Guerra
Ximena Aguirne

**Mountain Health
{Campo}:**

Viviana Chavez
Priscilla Chavez
Jocelyn Chavez
Trina Ruiz

**Neighborhood Healthcare
{Escondido}:**

Tim Carpenter, DDS
Evelyn Vu Tien, DDS
Tahir Paul, DDS
Roshanak Roshanzamir, DDS
Michael Nguyen
Liza Megally
Giancarlo Chiribao
Jennifer Cox
Karolina Gonzalez
Claudia Perkins
Diana Jimenez
Ana Castellanos
Emily Davis
Yanet Olvera
Mays Naif
Emma Smith
Sonoya Takhar
Meredith Worthington
Lohana Lesperance
Brenda Leyva

**San Ysidro Health
{National City}:**

Jennifer Campbell
Nora Tleel, DDS
Hoa Audette, DDS
Edward Friedman, DDS
Oscar Rivera, DDS
Virgie Mesina
Sabrina Chan
Jamie Chang
Bahae Chakri
Claire Dupey
Adriana Silva
Theresa Rodriguez
Marwa Najar
Jacqueline Major
Anne Dungca
Yolanda Flores
Eli Macias
Aniel Del Rosario
Jennifer Campbell
Anahi Soto
Brittney Rawlins

**Vista Community Clinic
{Vista}:**

Sambath Tiep, DDS
John Vuu, DDS
Prabha Choudhary
Kristen Yamasaki, DDS
Deirdre Lyell
Jayson Pineda
Mayra Camacho
Katie Benitez
Laura Hires
Amber Fox
Daniella Luna

LaMaestra Community Health Clinics {San Diego: City Heights}:

Wisam Al-Rawi, DDS
Rabie Hanna
Thomas Brant, DDS
Vicky Wade
Montserrat De Dios
Michael Ting
Maria Khan Mohammad
Salpy Sarkis
Ekaterina Fedoseeva

**Operation Samahan
{Scripps Miramar}:**

Lindsay Pfeffer, DMD
Angela Miller, DDS
Lena Turner, DMD
Christine Kim
Mary Le Echague
Jade Orrell
Lulu Hermes
Leah Vacher





Dr. Carlsen has written over 75 national financial articles for Dental Economics, Dentaltown Magazine, White Coat Investor, and Dental Products Report. Carlsen has lectured in the US and Canada since 2008. He was fortunate to be able to retire from private practice in Albuquerque at age 53 in 2004 with the lifestyle he maintained while in practice. Yes, he made it through the turmoil of 2001-2002 and 2008-2009 mostly unscathed. He was a SDCDS member and frequent contributor to Facets. He can be reached at 760-535-1621.

The Dentist's Number

By Doug Carlsen, DDS

The Number, widely used to identify the actual amount of money one needs to retire comfortably, is a common term these days.

Over the last ten years I've conducted surveys of retired dentists to find consumption habits and income needs. I've worked with pre-retirement family incomes ranging from \$120,000 to \$2,000,000. Of interest, there is a large clustering of retirement income needed to replace pre-retirement spending of around \$160,000 per year, with pre-retirement incomes differing widely. One doctor who earned \$800,000 per year in his practice is easily living on retirement income of \$155,000! Ultimately, dentist retirement income needs I've found are nowhere near the oft-touted 80% of pre-retirement income used by many financial planners. Is there a flaw in that reasoning?

According to Laurence Kotlikoff, Professor of Economics, Boston University, "The replacement rate method of retirement income calculation is a horrible offender... It generates over-targeting mistakes on the order of 50%. As a result, it leads to saving and insurance recommendations that easily can be five times too high."ⁱ Additional comment is available in the *Journal of Financial Planning*.

Cross-referencing *Bureau of Labor Statistics* information for higher income retirees and interviews from dentist retirees, I have devised a retirement income projection system to estimate retirement income scenarios for dental couples. See my YouTube video at <https://youtu.be/32x0jI7uJwI> to calculate your retirement income.

Let's examine a 45 year-old dentist, who wishes to retire at age 67, currently has an income of \$225,000, investment savings of \$300,000, and a spouse earning \$40,000. His retirement income need is found to be the average: \$160,000. Let's calculate his "number" and needed savings per year.

Almost all dentists will max-out with \$32,000 in Social Security benefits per year at full retirement age, with spouses receiving at least \$16,000 due to the spousal benefit provision.

After subtracting Social Security family benefits (\$48,000 at age 67) and an additional \$20,000 per year for sale of practice (\$500,000 after fees at withdrawal of 4% per year until death), our dentist and spouse need to generate **\$92,000** per year (\$160,000 - \$48,000 - \$20,000) in retirement from savings. An annuity multiplier to age 95 shows he will need **\$2,024,000** in total savings at age 67 to provide the needed \$92,000 a year. **\$2,024,000 is his number!**

Our dentist has saved \$300,000, which should grow on its own to about \$885,000 by age 67.ⁱⁱ Therefore, he needs to accumulate \$2,024,000 minus \$885,000 to total \$1,139,000 in the next 22 years. Another calculation reveals that \$32,000 annual savings will provide the above amount by age 67.ⁱⁱⁱ

On a family income of \$265,000 (dentist at \$225,000 and spouse at \$40,000), \$32,000 is 12% per year. This is very reasonable and easy for our doctor. In fact, this couple can possibly retire earlier than 67 with a higher savings rate.

Manual calculations, which I've used in workshops, and sophisticated Monte Carlo software, are available. Monte Carlo programs monitor the couple's actual portfolio to project scenarios using actual market returns over the last 120 years. Multiple spending and savings scenarios can be utilized, even with part-time work in retirement. I have used Financial Engines for many years and recommend it.^{iv}

To summarize, we calculated the "number" for a 45 year-old dentist – let's call him Dr. Smart – earning \$225,000 per year with a spouse earning \$40,000, savings of \$300,000, and practice valued at \$500,000 after fees and taxes. In retirement, he will need the dentist "average" of \$160,000 income per year before taxes. For Smart, his number, or savings needed to retire, is approximately \$2,000,000. At 45, Dr. Smart is on track to retire at his goal, age 67, if he can save \$32,000 or 12% of family income per year. Dr. Smart's approach, which includes passive investing, represents about 30% of dentists I've worked with.

Let's examine three more doctors.

1

Dr. "I Like My Broker" (ILMB)

Dr. ILMB, had \$1,000,000 saved at age 50 in 2008 and was on track to retire at age 60. Fortunately, he was and still is able to save \$50,000 per year. His broker "bailed him out" of the market after a 20% loss in 2008. Since 2008, the broker has kept Dr. ILMB's portfolio 30% in cash, 10% in commodities, and the rest in actively traded individual stocks, claiming to have avoided massive market volatility.

Dr. ILMB, even while adding \$50,000 to his investment account per year, has only \$1,200,000 in 2018 at age 60! Looking back, passive investing in the S&P 500 would have provided well over \$3,000,000 by now.

What can ILMB do? First, fire his broker, who, of course, is a personal friend. Approximately 100% of those I talk to who use a non-fiduciary broker say he or she is a personal friend... until they take their money elsewhere!

Using a simple approach with passive investing (Vanguard and Schwab offer good services monitored by a financial fiduciary), I find through Financial Engines software, Dr. ILMB will have a 90% chance to be able to live on his wish of \$200,000 per year income with retirement at age 72. If he can live on \$150,000/year, he may retire at age 67.^v

Dr. ILMB, with his poor luck and working with a non-fiduciary, represents about **30% of dentists** I've worked with.

Make sure your financial adviser is a **fiduciary**: a professional who discloses all fees and commissions and who acts in your best interest. Registered Investment Advisers and Certified Financial Planners are two major fiduciary groups. Traditional brokers and insurance salesmen are not often fiduciaries.

2

Dr. Ritz

Sixty year-old Dr. Ritz has nothing in savings, an income of \$400,000, and will have a \$6,000/month mortgage for the rest of his foreseeable life. Dr. Ritz cannot foresee ever being able to save for retirement. "I can't damage my kids' or my wife's lifestyle," explains Ritz.

In the best possible world, if Ritz could save \$50,000 per year now in a passively managed account with 50% stock and 50% bonds, according to Financial Engines, he will likely be able to retire at age 78 on a "downsized" \$250,000 per year. This includes \$500,000 in practice sale proceeds. \$25,000 per year saving will get him retired by age 81.

Obviously, Ritz has no realistic option to ever retire. One source of income might be Social Security. But Ritz retorts, "That's for travel and needed upgrades to our beautiful home."

How common is Ritz? Anecdotally, I find about **15% of dentists** in this predicament.

3

Dr. Young

Dr. Young is 30 years old and represents about **5% of dentists** I've encountered. She and her husband have a combined income of \$250,000 and plan to save 20% per year. They can easily save \$50,000 this year and increase savings as income increases over time. Young is also paying off school debt at 15% of income (\$37,500 per year currently) and will have it extinguished by her early forties.

With a practice sale of \$500,000, she and her husband will be able to retire with \$160,000 income at age 60. If they save 25% ongoing, retirement will be possible at age 56.^v

Note that all dollar amounts in this article are listed in real, or constant 2018 dollars.

The information provided in this article should not be construed as investment advice. There were numerous assumptions involved in the above dentists' calculations involving portfolio returns, life expectancy, and average consumption habits. Please meet with a qualified investment adviser to finalize the amount you need to save for retirement and to develop a proper plan to achieve your **"number."** But make sure he or she doesn't just pull an income figure out of the air!

References

- i Laurence Kotlikoff, "Why Target Practice Equals Financial Malpractice," *Investment News*, June 11, 2007
- ii Worksheets from Employee Benefit Research Institute, American Savings Educational Council, and American Association of Individual Investors.
- iii Ibid.
- iv go to financialengines.com
- v Using Financial Engines calculations.

Spa Day

On February 8th, the San Diego Women's Dental Connection, with support from SDCDS and Henry Schein, hosted its first annual Spa N' Learn. About 30 dentists from around San Diego county had lunch, brunch, and a full-fledged spa day at the Omni La Costa. Katie Saffert from the Hatched Collective lectured about "Prioritizing What Really Matters" in our lives and practices. We look forward to supporting this event in the future.—Laura Rein, DMD, MS, co-chair Recruitment and Retention committee



Recipes for success in cooking and dentistry

Recently, I was browsing my favorite cooking magazine and stumbled upon a recipe that I knew had my name all over it. Then, when I made the dish, I substituted ingredients for those that I either really love or those that I simply had waiting in the fridge to be used. It turned out delicious. Did it look exactly like the picture in the magazine? Not really. But that didn't matter, since it tasted great, and better yet, I had used those tomatoes that were starting to show their age. That's all great, but what struck me was that I was finally doing something with my cooking that took me a while to learn — eyeballing. Forgive me, Martha Stewart.

Many times, I'll forgo a recipe or modify it simply because I don't have the main ingredient, or the kitchen tools that the recipe calls for. That clearly calls for improvisation. Other times, I need to have some sense of how much of an ingredient to use. For instance, I'll ask my grandmother for advice only to find that she has no quantifiable answer for me. When

I was making her apricot jam (which she had perfected over decades to an unimaginable delicious morning treat), she gave me instructions such as: "Drop a spoonful into a bowl, and you'll know it's done when it's thick," and "Pour a little bit of citric acid into it." What's "thick" or "a little"? I realize now that cooking is not baking, nor is it akin to being in an organic chemistry lab. It doesn't have to be so precise. Somehow what you make can still taste great without absolute precision, and over time, with repetition, you can perfect your take on the recipe.

I'm reminded of the precision I work with all day at the office doing dentistry that calls for accuracy that can make or break a restoration or clinical situation. Reducing "the tooth by a little" obviously doesn't fly. But subjectivity is not entirely ruled out in our profession, either. For example, 1.0 mm of a root canal filling that is short of its end might be "a lot" for someone calling for a redo, or it would lead another dentist to leave it alone and monitor it.

At an AGD Scientific Session in Las Vegas, an excellent speaker was giving us her "recipe" for a procedure. As I frantically wrote detailed notes, I found myself underlining and circling numbers. If she said 20 seconds, that meant a precise 20 seconds. Not 25, not 15. Similarly, one drop of a bonding agent means exactly that— one drop. No improvisations there.

As dental technology forges ahead with incredible precision, the subjective pair of dental eyes may be a thing of the past. No more eyeballing CAD CAM technology doesn't "eyeball". On the other hand, when the late Dr. Carl Misch was lecturing on implant dentistry, he talked a lot about the "feel" of the bone. That's not quantifiable. That's a subjective description. But it can be learned and, better yet, perfected over time, just like my cooking.

Edited Version of the Reprint in the Daily Grind Publication of the AGD on August 21, 2017.

THANK YOU!
From the bay to the border, our Stars & Stripes Soiree was a smashing success, raising over \$103,000 in crucial funds for veterans' dental care at our very own John Geis DDS Dental Clinic. Dr. Pamela MacPherson, pictured here in a magenta top, celebrated with nine of her colleagues at Dr Machado's home in an extravagant 'Dinner for Ten' as one of the evening's live auction highlights. Mark your calendars for this year's Gala: September 21, 2019!
Call Ryan at 619-275-7190 for more details



to donate or volunteer, go to sdcdf.org



**SAN DIEGO COUNTY
DENTAL FOUNDATION**
EDUCATION, ACCESS AND ADVOCACY



Zeynep Barakat, DMD, FAGD

Dr. Barakat graduated from Boston Univ. School of Dental Medicine, completed an AEGD residency in Detroit and practiced in New England before moving to San Diego. She is currently in private practice and recently joined the board of the San Diego AGD component. She is a regular contributor to the AGD's Daily Grind blog.



For Sale/Lease**Attention Dental Practice Buyers!**

Our dental practices for sale are listed on the inside cover page of this issue. Attention Buyers: Most of our listings are sold in less than 30 days. Get added to our Buyer Notification List so you can find out about our newest listings before they appear in ads. Ken Rubin Practice Sales, Inc. Call 619.299.6161 or krpracticesales.com

Medical or Dental Related**Practice Suite in La Jolla**

or a business in a small boutique space located in the center of beautiful La Jolla. Perfect opportunity for psychiatrist, psychologist, counselor, dentist, physician, surgeon, any dental or medical related occupation welcome. Located in medical dental building. Come join these great practices. 612sf, classy second floor suite with elevator. Perfect for entrepreneur. Partially equipped for dental practice, surgical practice. Terrific opportunity. \$4.90/sf per month triple net lease. Contact: Kevin Gott, dynamold@aol.com

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Dental Space fully plumbed for 7 operatories, 2490 sq. ft. Easy access to freeways, free and good parking. Call Romy Taylor or Rick Snyder R.A. Snyder Properties Inc. 619.297.0274

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Practice For Sale

El Centro - Imperial Valley growing established dental practice with high visibility across hospital, excellent patient base and location collection 2018-over 800K. Text 760.791.9392, duttps@aol.com.

Available for Hire**Endodontist**

In-house endodontist available. Experienced / caring endodontist available to come into your office. All endo equipment, supplies, and assistant are provided. Percentage of production. Contact: michaelgavin@earthlink.net

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Help Wanted**General Dentist**

Dental Express is expanding in the San Diego area and is looking to add a full time general dentist at our Point Loma practice. Great new patient flow and no HMO's! Email for more information: Teresa.williams@thedentalexpress.com

Endodontist Wanted

Scripps Center for Dental Care, La Jolla, CA, is seeking an Endodontist for 1 day per week. Our practice is a progressive, high quality, multi-specialty, fee-for service with the exception of Delta Dental PPO, team driven dental office located on Scripps Memorial Hospital campus, XIMED medical/dental building. Our team is proud of the quality care our patients receive from our specialists. This is an exceptionally proficient office that starts every day with a positive team "huddle". Our office systems and clinical workstations are completely automated and full advantage is taken of new proven technology including complete digital 2D and 3D radiography, electric handpieces, lasers, microscopes and intraoral cameras. We offer unique opportunities for a long range relationship and being a provider of continuing education. Compensation is based on a percentage of collections. The office location in La Jolla is unique with great views and surrounded by a university, research facilities, hospitals, numerous health institutions, schools, and high income residential neighborhoods. We do not participate in any capitation or managed care programs. Our growth is sustained primarily by clinician and patient referrals. For additional information please visit www.scripps-dentalcare.com Send bio, resume and photo to drweston@scripps-dentalcare.com

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Long established, private, general practice takes PPO/FFS only. Looking for the right associate/dentist with a minimum of 3 years experience. Part time - We offer a competitive compensation for qualified dentist. 619.427.9440 tcdentalgroup@gmail.com

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Fast, honest computer support for dentists. Have ransomware or viruses? We'll solve your computer problem for FREE! We want to earn your trust before you buy. HIPAA compliant IT solutions for dentists. Dentrix, EagleSoft, SoftDent, Practice-web, OpenDental call/text 619.600.6865

Business Opportunities**Practice Transition**

As much as I love my 46 y/o practice in Clairemont: my patients, my location, it's time to develop an exit plan. Will give the right person the opportunity to rent space, build your own practice and cover for my many vacations while buying in. There is lots of room for growth. Send resume hrblock36@gmail.com

Equipment For Sale**Great Lakes Used ministar and****7 liter heated Pressure pot**

I have an old ministar that still works. In good condition. Mainly used to make bleaching trays. Also, a Pressure Pot that is also Great Lakes and is probably 10 years old. Has never been used. Asking \$150 for ministar and \$100 for pressure pot. 619.234.6349 Kolokowsky@gmail.com



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SAN DIEGO ADVANCED STUDY GROUP
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RSVP for events to Kim Newman 619-298-2200 Ext. 100

April 17 8AM - Sheraton Harbor Island Hotel (all day meeting)
"Leap! The Net Will Appear and Are We having Fun Yet"

May 14 6PM - Scripps Mercy Hospital
Live Patient Single Case Presentation (by a Study Group Member)

June 7 Sheraton Harbor Island Hotel, Year End Celebration

• National & International Speakers • CPR Certification • Live Patient Treatment Planning Sessions • OSHA/Infection Control • 47 CE Credits/Academic Year

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

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San Diego County Dental Society
619.275.0244
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1/2: \$578 1/4: \$400 1/8: \$200



18

19



Garrett Guess, DDS

Dr. Guess (pictured here with his family) is a Diplomate of the American Board of Endodontics, with a private endodontic practice in the La Jolla/UTC area. He developed EndoTrak, an endodontic practice management software program. Email: endo@drguess.com.

Update your office security policies with the new Security Risk Assessment Tool

In October of 2018, The Office of the National Coordinator for Health IT released its newest version of the Security Risk Assessment (SRA) Tool which is meant to be used by practices to conduct a security risk assessment as required by the HIPAA Security Rule, and if applicable to your practice, the Centers for Medicare and Medicaid Service (CMS) Electronic Health Record (EHR) Incentive Program. The tool is a question-answer documentation process that is designed to help smaller practices with one to ten providers maintain compliance of their information security management activities.

Dental practices are officially considered covered entities which must protect their patient's information. The SRA Tool is used to identify and assess risks and vulnerabilities to the confidentiality, integrity, and availability of protected health information (PHI) as it applies to the specific practice environment. As most everyone should be aware, the HIPAA Security Rule requires dental practices to conduct risk analyses and implement technical, physical and administrative safeguards in order to protect Electronic Protected Health Information (ePHI). The Office for the National Coordinator for Health IT worked together with the Office for Civil Rights, which enforces the HIPAA Security Rule, to develop this tool to assist in meeting our responsibility to protect our patient's ePHI.

The tool is made up of the following seven sections:

1. Security Risk Assessment (SRA) Basics (security management process)
2. Security Policies, Procedures, & Documentation (defining policies & procedures)
3. Security & Your Workforce (defining/managing access to systems and workforce training)
4. Security & Your Data (technical security procedures)
5. Security & Your Practice (physical security procedures)
6. Security & Your Vendors (business associate agreements and vendor access to PHI)
7. Contingency Planning (backups and data recovery plans)

The SRA Tool takes you through each section by presenting a question about your practice's activities. The answers you provide will show you if you should take corrective action for that particular item or continue with your current security protocols. If corrective action is suggested, the tool provides guidance on the related HIPAA Rule requirement or security reference and provides suggestions on how to improve your routines. Following each assessment section, the tool prompts you to select applicable vulnerabilities and rate associated threats in terms of likelihood and impact, to determine your risk level. Upon completion of all of the sections, a Security Risk Assessment Summary is provided which will provide your practice's Risk Score, indicate Areas for Review as well as potential Vulnerabilities to address. And finally, it has the ability to export a PDF file to complete the documentation process showing you have performed this important assessment process.

The new tool released in October is compatible with Windows only and is available as a free download at the following link:

<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

If you are a Mac user without the ability to run Windows software, you can still perform the important assessment process but will need to utilize the older but still effective SRA Tool created by the U.S. Dept. of Health and Human Services which is available at the Apple App Store by searching for "HHS SRA Tool."

If you have not yet already conducted and documented a risk assessment process as part of your practice's security management, the use of the SRA Tool along with a healthy amount of time set aside, will help you satisfy this important requirement.

CALENDAR PLANNER 2019 SDCDS EVENTS

Apr 05 FRIDAY Gulls Game

Apr 12 FRIDAY Cone Beam CT

Apr 17 WEDNESDAY Marketing Secrets Seminar

Apr 18 THURSDAY 'New Dentist' social

Apr 25 THURSDAY Shred-a-thon

Apr 27 SATURDAY Ethics in Dentistry

May 01 WEDNESDAY Military Symposium

May 02 THURSDAY BLS Renewal

May 16, 17, 18 CDA Presents

Mark your calendars for CDA Presents in Anaheim: May 16-18. Get loads of C.E. and hands-on training about the latest clinical and technological advancements! This year there will be no Hospitality Suite for SDCDS attendees, so please plan accordingly.

More info about these courses and more on our events page at sdcds.org

FRIDAY

APR 05

Game Night
San Diego Gulls



Summary: Dentists and Hockey go hand in hand. Come join fellow hockey fans for a fun filled Friday evening.

Time: Doors open 6pm
Game starts 7pm

Location: Pechanga Arena - 3500 Sports Arena Blvd

Register: 619-275-7188 or membership@sdcds.org

Pricing: \$19, limited seating



FRIDAY

APR 12

CBCT Principles, Interpretation & Applications



Summary: During this presentation, the principles of CBCT technology and methods to achieve maximally diagnostic imaging will be discussed. In addition, radiographic anatomy, interpretation of CBCT scans and applications of CBCT in dental practice will be presented.

Time: 9am-4pm (8am check-in)

Includes: Cont. breakfast, and lunch, (please indicate special dietary needs when registering).

Location: 4 points Sheraton 8110 Aero Dr.

Register: sdcds.org
619.275.7188 or admin@sdcds.org

Pricing: member/staff \$75
nonmember \$99

Sponsors: Carestream, DentisUSA, Fortune Management, Garfield Refining, Keating Dental Arts, PracticeCFO, Integrity Practice Sales



WEDNESDAY

**APR
17****Marketing
Secrets of
the Million
Dollar Plus
Practice**

Summary: Achieve EXPONENTIAL growth in your practice. Leverage digital media marketing to attract new patients. Create endless referrals with effective internal marketing. Increase your sales through better questions. Measure progress toward reaching financial independence.

Speaker:
Jonathan Miller,
Executive Coach



Time: 6pm-9pm (5:30pm check-in)
Includes: Light dinner & soft drinks provided. (please indicate special dietary needs when registering).

Location: SDCDS
1275 - B West Morena Blvd
Register: sdcds.org
619.275.7188 or admin@sdcds.org
Pricing: member/staff FREE,
nonmember \$50

WEDNESDAY

**MAY
01**2CE
units

Speaker:
Dr. Sreenivas Koka
*UCLA Prosthodontist,
Clinical Professor and
National/International
Speaker*



Summary: “Systematic Diseases and Conditions That Influence Osseointegration and Dental Implant Treatment Success”. Our population is aging, which presents a multitude of difficult-to-manage medical conditions and diseases. This presentation will describe how our patients heal differently as they age and cover related conditions. Dr. Koka will showcase how treatment strategies should be modified to enhance success.

Time: 4-5pm table clinics, 5-8pm program and dinner
Includes: Awards, Dinner and 2CE credits
Location: Hilton, Mission Valley
901 Camino Del Rio South, San Diego, CA 92108
Dress Code: Military Summer Whites (with name tags, no cover) and Civilian business attire.
RSVP: Before April 17 at <https://einvitations.afit.edu/inv/anim.cfm?i=435103&k=066247087B54>
Dinner options when you register: chicken, salmon or vegetarian. Cash Bar.
Price: \$80-Military/\$70 - First Year Residents/\$99 - Civilians via paypal payable to sddentalwr@gmail.com or by check to: San Diego Navy Dental Officers' Association
Parking: Self Parking available \$3

THURSDAY

**APR
18****New Dentist
Social***It's Trivia Night!*

Summary: Join fellow dentists for drinks, socializing and a fun round of trivia.

Time: 5:30-8:30 PM

Location:
Bub's at the Beach
1030 Garnet Ave, Pacific Beach
Price: Free
Sponsored: Patterson Dental



THURSDAY

**APR
25****Shred-a-thon***Tear into the Fun*

Summary: Take advantage of shredding your files the proper way for free. Please visit our website events page for what can and cannot be disposed of, sdcds.org.

Time: 4-7pm

Location: SDCDS Parking Lot
1275 - B West Morena Blvd
Includes: Tacos and Beverages
Register: sdcds.org
Sponsor: Ken Rubin Practice Sales



FRIDAY

**APR
27**4CE
units**Ethics in
Dentistry***150 Shades of Gray*

Summary: Understand professional ethical expectations. Be familiar with CDA Code of Ethics and ADA Code. Apply essential ethical principles and core values when confronted with a dilemma.

Time: 8am-12pm (7am check-in)

Includes: Cont. breakfast (please indicate special dietary needs when registering).

Location: The Crossings at Carlsbad, 5800 The Crossings Dr.

Register: sdcds.org
619.275.7188 or admin@sdcds.org

Pricing: Lecture Only \$75.

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Sponsors: Fortune Management, Garfield Refining, Ken Rubin Practice Sales, PracticeCFO

WEDNESDAY

**MAY
01****2019 Navy Dental Symposium***Awards/Dinner/Lecture*

Summary: “Systematic Diseases and Conditions That Influence Osseointegration and Dental Implant Treatment Success”. Our population is aging, which presents a multitude of difficult-to-manage medical conditions and diseases. This presentation will describe how our patients heal differently as they age and cover related conditions. Dr. Koka will showcase how treatment strategies should be modified to enhance success.

Time: 4-5pm table clinics, 5-8pm program and dinner

Includes: Awards, Dinner and 2CE credits

Location: Hilton, Mission Valley
901 Camino Del Rio South, San Diego, CA 92108

Dress Code: Military Summer Whites (with name tags, no cover) and Civilian business attire.

RSVP: Before April 17 at <https://einvitations.afit.edu/inv/anim.cfm?i=435103&k=066247087B54>

Dinner options when you register: chicken, salmon or vegetarian. Cash Bar.

Price: \$80-Military/\$70 - First Year Residents/\$99 - Civilians via paypal payable to sddentalwr@gmail.com or by check to: San Diego Navy Dental Officers' Association

Parking: Self Parking available \$3



THURSDAY

**MAY
02**3CE
units**BLS
Renewal
FREE CE***

Summary: Register early if your CPR card is expiring; limited spaces available.

Time: 6-9pm (5:30pm check-in)

Includes: Pizza and salad, (please indicate special dietary needs when registering).

Location: SDCDS Office

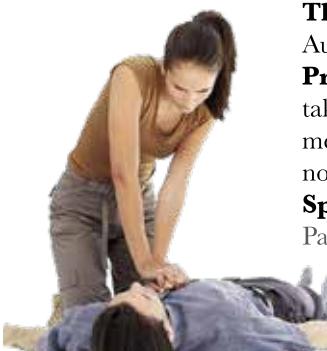
Register: sdcds.org
619.275.7188 or admin@sdcds.org

This years renewals:

August 22, October 24

Pricing: member \$40 or take advantage of your 1 free member benefit CE for 2019. nonmember \$60 | staff \$50

Sponsor: Westpac Wealth Partners



TUESDAY

**MAY
07****Day at the
Ballpark***Padres vs. Mets*

Summary: Skyline Patio Group Seating. Bring your office staff or the family!

Time: 7:10pm first pitch

Includes: fish tacos, hot dogs, pasta salad, roasted corn, peanuts, and beer

Location: Petco Park

Register: sdcds.org 619.275.7188 or membership@sdcds.org

Pricing: \$75/person





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