

2026 Volume 01

SAN DIEGO COUNTY DENTAL SOCIETY PRESENTS

# Facets

MAGAZINE

## DENTAL MISINFORMATION

*Guiding patients through  
online dental myths*



COVER ARTWORK

Painting by Eric Shapira, DDS, MAGD,  
MA, MHA, FICD, Facets Editor

# Dental Practices for Sale

Ken Rubin, pioneer Dental CPA/Advisor, national lecturer & author has successfully sold **over 650 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.

**VISTA** Dental building for sale. Seller did not continue practicing after Covid. Fully built out dental space turnkey and ready to go. Property being sold has two other units currently occupied and paying rent. Compare to a scratch buildout this is a very solid deal.

**CARMEL VALLEY** State of the art equipment. Located in very nice professional building in one of San Diego's top neighborhoods. Practice currently has GP associate and specialists in place. Unique opportunity to transition with the seller (if you choose) as they wind down their career. A must see location and buildout.

**VALLEY CENTER** Incredible financial opportunity. Young practice owner unfortunately is now fully disabled. Very nice looking fully equipped 6 Ops including CBTC. 2,000 sq ft legacy practice at low rental rate of \$2.35/sq ft including utilities. Collections dropped to \$736k last year due to disability, but still had over \$200k profit. Non-owner type associates are in place now.

**LINDA VISTA** Great freeway-adjacent location in central San Diego. 34 years of goodwill. Fee for Service and Delta PPO. Refers out most specialty procedures. Excellent opportunity to grow this practice. Very reasonable rent with utilities included.

**SAN DIEGO  
MISSION VALLEY** Rare opportunity to own a high-earning, 100% Fee-for-Service dental practice in central San Diego. With 2024 collections of \$1.79M and net income of \$950K, this practice boasts an exceptional 53% profit margin—well above industry norms. Located near major freeways, the beautiful office is fully equipped with Adec and the condo is also available for purchase. Endo, Perio, and Oral Surgery are referred out, and there's zero marketing currently being done—offering immediate growth potential.

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End of The Year Party, see events recap pages 22-23.

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# Welcome, New Members!

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**Christian Labonte, DMD**  
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**Soleen Sami Doski, DDS**  
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Dentistry, 2025

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University of Texas – San Antonio,  
2008

**Mohammed A. Kadhem, DMD**  
University of Pennsylvania  
2017

**Bilal Chaudhary, DDS**  
New York University College of  
Dentistry, 2022

**Daniela Espana, DDS**  
Universidad De La Salle, 2023

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Ohio State University, 2020

**Angie Yang, DDS**  
University of the Pacific, San  
Francisco, 2021

**John Joseph Freda, DDS**  
State University of New York at  
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2022

**Maria Guadalupe Esquer, DDS**  
Universidad De La Salle, 2025

**Richard Foote, DDS**  
University of Nevada, Las Vegas,  
2019

**Samuel James Alvin Larsen, DDS**  
University of Colorado, 2025

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1991

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# *The Importance Of Communication* on Several Levels When Treating Medically Compromised Dental Patients

Written By:  
**Eric Shapira, DDS,**  
**MAGD, MA, MHA,**  
**FICD, Facets Editor**



**C**ommunication is a two-way simultaneous transmission of thoughts, information and feelings, which, when successful, leads to common meaning and understanding. It is a necessary entity between dentists, physicians, and their patients. Without this modality on all three sides, a risk is evident, as this modality is a must for sharing pertinent information and facts regarding both the disease process and sequential care across all sides of the triangular relationship.

Periodontal disease is one of the two most prevalent diseases worldwide. It can serve as a nidus for other diseases, such as diabetes, through the oral microbiome, which can spread localized oral disease to all parts of the body. Diabetes can be affected by not only bacteria, but by the chemical action of nutrients, or lack thereof, such as complex sugars, much the same as dental decay, or caries and periodontal disease, a breakdown of the oral tissue and bone support of teeth results, because of this process. Diabetes is known to cause a breakdown in the integrity and health of the oral tissues due to decreased protection of the process, as well as supervised neglect in the face of a lack of communication on the part of the dental practitioner and/or the physician with respect to proper care by and for the patient. Not knowing the issues at hand can lead the patient astray into further difficulty maintaining his or her oral care, generalized health and subsequent spread of oral disease, exacerbating impending systemic disease in the process and the possibility of severe illness and subsequent death.

Patients with one or both diseases need close monitoring of their conditions and continuous treatment and testing, in all respects, during the continuance of both diseases before, during and after the diseases are ameliorated.

It is important for the dental practitioner, who may see a patient first with Gingival disease, as well as with advanced Periodontal disease that affects the underlying bone as well, and who may need treatment. However, the dental practitioner might suggest that, after investigation and examination, the patient has a consultation with their physician at the same time to see about their metabolic condition and if Diabetes exists within them. Diabetes can and does exacerbate periodontal disease, with the slowing and/or lack of healing and the possibility of total breakdown of the oral tissue with subsequent loss of teeth. It can also cause cardiac disease in the process and recent research has connected and labelled Diabetes "Type 3" with the onset of dementia in the process as well. And more recently, "Type 5" Diabetes, caused by malnutrition, is usually found in younger people in underserved countries.

The physician, on the other hand, will be able to examine his or her patient on a regular basis, assuming the patient is

a regular patient on a recall schedule and does not just go to an MD when they think they have a problem, asking for a cursory oral examination, which may not be the usual state of affairs, especially if other systemic issues are present. Both the dental practitioner and the physician should be able to cross lines of care and examine all that needs to be examined in the face of finding and treating any disease entity. The adage of the childhood characters, "Dick and Jane", predicated crossing a street with the slogan: "Stop, Look and Listen." This is something all practitioners need to teach their patients in the face of something irregular in, or affecting their bodies in some way, as well as seeking assistance to correct it by either the dentist or the medical professional that they have chosen to see. It would then be prudent for the sharing of information between all three parties and to agree on extending care, if need be, for all those concerned, as well as informing the patient about what they have found and how it can be treated and eliminated if possible.





Change is constant and disease does not have to cause pain to be recognized as being deleterious to one's health. It would behoove the practitioners to inform each other about their findings involving common patients and not assume that the patient might be able to do it. Lack of understanding and fear are stop-gaps in patient self-care. This, in turn, may cause a lack of communication on the patient's part as well with either of these chosen practitioners. Fear is the great stopgap, and it may be created by any practitioner by the lack of proper and professional manner. Negative expectations are more persistent in conversations of the patient and practitioner due to a lack of empathy and communication training. Studies have shown that patients may experience higher pain levels when given negative expectations compared with a controlled condition and more empathic comments. Studies have shown that negative expectations influence not only pain perception, but also inpatient care. Practitioners of any ilk need to explain treatment issues in a positive, clear and objective manner, but also in a manner that is conducive to understanding and caring for the welfare of the patient. This, in turn, will have a higher probability in achieving a positive effect and certainly compliance with an issue that is affected by the lack of these entities.

While lecturing to dental and medical students alike over the years, I have found that when I have given the students a choice to hear a lecture about communication versus treatment in foreign countries of all kinds, the students inevitably chose the lecture about treatment in a foreign country. This may have been more exciting and dramatic for them, than just learning

about how to "speak and act" in an empathic way. When questioning them about how much communication they may have had, essentially their speaking and listening skills, the average result indicated about an "hour" in the four years of schooling! This alone is a drawback when considering why so many patients run into problems with their treatments. The lack of communication between the patient, the physician and the dental practitioner is the nidus for misunderstanding, the lack of total proper care and the goal of eliminating the disease process of the patient in the light of care by all pertinent practitioners. Their ability to communicate with each other in a proper, caring and understanding manner on the same level is the key to promoting healing and achieving successful treatment modalities, inevitably assisting in curing the issues at hand.

Diseases such as diabetes mellitus, periodontal disease, dental caries and other oral-systemic infections cause unnecessary pain and suffering for the patient at hand. It would behoove a trilateral arrangement and communication system that places the patient first and then follows with communication involving all practitioners concerned and involved in that patient's welfare and general care, who would then take part in subsequent conversations, their specialty of care for the patient with respect to the medical and dental issues or combined physical and emotional issues at hand. Improving outcomes and lessening disease through cooperation between practitioners is a goal worth achieving for patient care and beneficial results, including continued good general health, oral health and dental health, and overall health and longevity.

The population is advancing in age, with people living longer and being affected by many different issues with respect to disease and ultimate death. Over 60% of adults in the U.S. over the age of 65 have periodontitis. Risk factors like smoking and diabetes also contribute to a higher prevalence in these age groups. (NIH) Risk factors associated with periodontitis and diabetes also lead to cardiac disease, stroke, kidney failure, neuropathy, vision loss, and memory issues such as dementia. There is also a risk factor for falls, fractures and muscle loss (sarcopenia) that can worsen other common geriatric issues like cognitive impairment and frailty. (NIH)

Because the medical world has become so specialized and possibly more shortsighted in the process of involving other practitioners, such as dentists, in the care of mutual patients that fit both practitioners with respect to their conditions, it would be of great assistance to our patients' overall welfare to have increased "Trilateral" communication with respect to their care. The ultimate success of total patient health achievement, or at least the lessening of effects of diseases that are not "erasable", lies in the hopes of diminishing and/or eliminating the disease processes, both localized and systemic, that they bring with them for care to each practitioner they may consult with regarding their needs.

Working together for the benefit of the patient, utilizing effective communication techniques and empathic responses that promote and accelerate healing, would be a positive bonus to medical and dental partnerships for the benefit of the people we both serve.

**Carpe Diem. EZS**

**JOSE C.  
CASTILLO,  
DDS, MA,  
MMSC**



## The Opportunity to Lead

Leadership, to me, is less about titles and more about responsibility—to listen, to serve, and to create space for others to thrive. As I step into this year as President of the San Diego County Dental Society, I do so with deep gratitude for the leaders who came before me and a strong sense of stewardship for the Society we all share.

My journey in dentistry has been shaped by education, mentorship, and service. From my early academic path through Duke University, Columbia University, and Harvard, to building two boutique orthodontic practices rooted in personalized care, I have been fortunate to learn in environments that valued excellence, collaboration, and purpose. Those experiences reinforced the belief that leadership is not about having all the answers, but about asking the right questions—and being willing to listen to perspectives that may differ from your own.

At its core, leadership means making people feel seen and heard. In our Society, that translates to creating a culture where every member—regardless of career stage, specialty, or background—feels that they belong and that their voice matters. One of my primary intentions for this year is to foster meaningful engagement, particularly by encouraging newer and younger members to step into leadership spaces, attend board meetings, and see themselves as future leaders of our profession. I also believe leadership requires respect for time, transparency in decision-making, and a commitment to thoughtful progress.

Dentistry is evolving rapidly, and our Society must continue to adapt while remaining grounded in our core values: professionalism, integrity, and service to our patients and



*End of The Year Party, see pages 22-23.*

community. My goal is to help guide the SDCDS in a way that is both forward-thinking and inclusive—where innovation and tradition complement one another rather than compete.

This year, I hope to see our Society continue to strengthen connections: between colleagues, between organized dentistry and the broader community, and between generations of dentists. I want SDCDS to be a place where members come not only for resources and advocacy, but also for camaraderie, mentorship, and inspiration. A Society where participation feels meaningful, leadership feels accessible, and service feels shared.

Ultimately, my view of leadership is about leaving things better than you found them. If, at the end of this year, our members feel more connected, heard, and optimistic about the future of dentistry in San Diego County, then I will have considered my presidency a success. I am honored to serve, excited for the year ahead, and deeply thankful for the opportunity to lead alongside such a dedicated and passionate community.

ANGELA  
LANDSBERG



## A Defining Chapter

The past two years have marked a defining chapter for the San Diego County Dental Society. In the wake of COVID-19, shifting member expectations, workforce challenges, and increasing operational demands required us to reevaluate how we serve and lead. At the same time, our organization experienced a significant leadership transition after 14 years of consistency. A leadership transition can unsettle familiar rhythms, yet it also creates the space for thoughtful reflection and purposeful growth.

To remain strong and relevant, we calibrated with intention. We transitioned to a fully remote work environment, rethinking how we collaborate while maintaining accountability and culture. In response to workforce shortages, we established our Dental Assisting School, choosing to build a solution rather than wait for one. We strengthened governance practices, clarified roles, and reinforced policies to ensure thoughtful, strategic oversight during a period of change. We also reevaluated our member benefits, for example, offering free licensure courses, adding a robust mentorship program, and investing in whole-person wellness through our Peak Performance Program.

That necessary period of change tested us, but it also revealed the true strength of this organization. Change is rarely comfortable, yet it compels growth. What stands out most to me during this chapter is the remarkable resilience of the people who carried SDCDS forward. Our board members leaned in with thoughtful leadership. Our committees remained engaged and committed. Our staff showed extraordinary dedication, perseverance, and professionalism even when the path forward seemed bumpy.

I am deeply grateful for those who worked through change and uncertainty with steady resolve. There were moments that required difficult conversations, careful decision-making, and a willingness to adapt. Rather than retreat, this organization chose to work toward solutions. With the foundation of a strong strategic plan and a shared vision for the future, we recommitted to the integrity and excellence our members deserve.

What gives me the greatest sense of pride is not simply that we navigated a demanding period, but that we emerged stronger because of it. The resilience demonstrated across this organization has built something lasting. SDCDS today is focused, aligned, and intentional in all that we do. We have introduced meaningful new programs, cultivated highly engaged committees, and established clear structures that support thoughtful leadership and long-term sustainability.

The challenges of the past have shaped us, but more importantly, they have strengthened us. They revealed the character of this organization and the people who sustain it. I move forward with profound gratitude and renewed confidence, energized by the commitment I see across our board, committees, and staff. I am inspired by what we will continue to accomplish in service to our members and to one another.



*End of The Year Party, see pages 22-23.*

# Evidence-Based Dentistry in an Era of Misinformation



Written By:  
Zeynep Barakat,  
DMD, FAGD

A recent study has shown that eating spinach has detrimental effects on our health. This coincided with a group of residents who became ill after eating spinach. Health officials now advise to avoid eating spinach. Really? No. But that did sound legitimate, and that is the challenge with evidence-based healthcare decision-making. While there are documented nutrients within spinach that may contribute to certain medical conditions if consumed in excess, the reality is that this is precisely how misinformation can spread easily, with a complete disregard for the distinction between a study and an event. Raw spinach can harbor several harmful bacteria, and if not washed adequately, can cause severe GI distress and GI-based illnesses. But how do we separate a study from an event and how should we advise patients on the results of either one? Studies of poor quality or isolated case reports can mislead clinicians, ultimately leading to misguided information being passed down to our patients.

Is rubbing your teeth with orange slices going to result in beautiful white teeth? Can filing down your own teeth help level them for improved esthetics? As dentists, we may not think so, but many do, and we are currently at the heart of the TikTok era, where dental misinformation can lead to irreversible dental consequences. In theory, those are “fads” and can be dismissed by professional opinions. However, aside from fads, information that has already been established by decades of research is also at risk of doubt and speculation, as in the case of the benefits of fluoride use.

Most of the general public cannot discern which studies or research bodies are credible and which are not. Between social media posts, TikTok videos and AI, information – particularly healthcare information – can easily be distorted, exaggerated or simply incorrect. Hence the term “misinformation”. In our example, if the citizens who became ill were found to have eaten a batch of contaminated spinach, they were soon categorized as having “bad health”, which results in a destructive connection, as we have seen with other



examples, such as vaccines or fluoride use. In other words, some may sincerely view the illness as an example of the harm spinach can cause and as a reason to avoid it. While this may sound exaggerated, that is precisely the point—an isolated group of people getting ill, or being adversely affected, does not mean that the large majority of us need to stop eating spinach.

More importantly, when sources of information are not vetted, and what is shared by the public or media is simply anecdotal or contradicts strong evidence, it contributes to the spread of false information with consequences. The term “evidence” used in healthcare or science is defined as “information gained through the scientific method that confirms or disconfirms scientific hypotheses”. Specialists spend a great deal of their residencies poring over research articles and studies to build the “evidence-based” foundation of their expertise. More broadly, clinicians should understand the differences among the various types of studies and be able to distinguish, say, a case report,

a meta-analysis, and a randomized controlled trial. Without a grasp of a study's quality and statistical validity, a clinician should be cautious in supporting or rejecting a particular treatment or method.

Paradoxically, clinicians may be well aware of evidence-based guidelines and still hesitate to adopt them in practice. For example, the American Academy of Oral and Maxillofacial Radiology published recommendations on the optional use of lead aprons, stating that they were not necessary in routine dental care. Did dental providers stop using them? Probably not. Did we heed the science? In my conversations with colleagues, most of us didn't because our patients would have felt very uncomfortable without the aprons, or because the state regulations are slow in adopting the current guidelines. So research was done in a scientifically-validated method, results were obtained, but the recommendations are not being adopted in practice.



“As clinicians, our responsibility is to separate **anecdote** from **evidence** before advising our patients.”

It may seem silly to some of us that spinach may be bad for our health. And for some, it may actually be harmful in excess. But the reality of today’s misinformation is that some of us will believe that spinach is harmful to ALL of us and will go so far as to share such erroneous information. In dentistry, when our patients question the safety of fluoride, it behooves us as dentists to understand the science and the extensive research on various types of fluoride before addressing their concerns. Know that their concerns may not be based on credible sources. Either way, it is our professional duty to stay abreast of past and current research outcomes and use them to help guide our patients in selecting sources for additional information, alongside our professional judgment. Patients are best served when professional clinical judgment is combined with scientific credibility.

## New Dentist Leadership Study Club



Written By:  
Megan Clarke, DDS,  
MSOL, CEC, FICD

**L**eadership training is essential for every dentist as they navigate their dental career. As every dentist knows, despite many of our schools’ best efforts, we receive very little of that in dental school, and it requires initiative to seek it out. Effective leadership practices directly impact practice and career success, and learning these early on results in a brighter future for our new dentists.

As new dentists, we all struggle to learn how to practice real-world dentistry and manage our patients, while navigating the complex world of associateships and the dynamics of a practice that is not our own. Recognizing this and responding to the needs of dental society members, we, as a dental society, launched the first New Dentist Leadership Study Club in December.

Led by me, Dr. Megan Clarke, the study club comprises 4 sessions in a cohort model and includes 15 new dentists with 10 years or less of experience. The format is small to encourage open communication among cohort members in a safe, accepting environment, exchange ideas and experiences, and facilitate each individual’s growth. Within a cohort, members can learn from one another and hopefully develop friendships and strong professional relationships.

### Topics covered include:

- *A deep dive into leadership principles, styles, and best practices, along with understanding personality types*
- *Finding one’s purpose, determining core values, and drafting a professional mission statement*
- *Assertiveness training and learning how to tackle limiting beliefs*
- *Communication skills.*

Throughout each session, we discover best practices for working with teams, building confidence, navigating the world of associateships, and business-building strategies.

Stay tuned for future cohort dates!



**FILL OUT THE INTEREST FORM TO JOIN OUR NEXT COHORT!**





Written By:  
**Raymond L. Wright III, DDS, MS**

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## *Is Fluoride Still Enough?* **An Evidence-based look at CPP-ACP and Curodont Peptides**

**C**ommunity Water Fluoridation (CWF) has been an effective method for reducing dental caries for over 75 years, with support from the ADA, CDC, and WHO. Dental caries remains a significant global health issue, affecting nearly half of the world's population. Children from low-income families are twice as likely to have untreated cavities compared to those from high-income families, and one in four adults has at least one cavity (1). According to the WHO, dental caries is the most preventable human disease. There has recently been a shift toward non-invasive treatments for early lesions. This is an ideal moment to review current progress and future directions.

Fluoride has been shown without question to be one of the most important and effective weapons in treating dental caries for decades. When community water fluoridation (CWF) was introduced in the 1940s, an initial reduction in caries was shown to be as high as 60%. More recent reviews have found the effect of CWF to be less impactful overall than it was when first introduced. Percent reductions are now in the single digits to mid-teens- this is largely attributed to the wide range available of topical FL products and better oral health knowledge overall (2).

### **Dental Caries and the Role of Fluoride**

Enamel is coated with an acquired pellicle that is made up of a variety of proteins, glycoproteins and mucins. These proteins create a calcium-rich environment on the tooth surface, and the pellicle provides a barrier to the diffusion of bacterial acids. These same proteins also serve as binding sites for oral bacteria to bind and form a biofilm matrix. Dental caries is a biofilm-modulated multifactorial disease with a broad etiology (3).

The process of demineralization occurs when the pH falls to 5.0-5.5 in the presence of fermented bacterial acids (4). Enamel is 96% calcified compared to dentin 70% and cementum 45-50%. The 96% percent of mineral content is called hydroxyapatite- the hardest substance in the vertebrate body. Enamel cannot repair itself, but it can remineralize (lost mineral ions back into hydroxyapatite), only if acids are buffered and neutralized. Local concentrations of calcium, phosphate and F1 need to be present in sufficient quantity to be incorporated into enamel. When F1 is incorporated into hydroxyapatite, it's now called fluorohydroxyapatite, which is far less soluble. Repeated demineralization attacks lead to white spots inside the enamel; this is the true breakdown of hydroxyapatite crystals. White spots post-treatment are the optical effect of remineralization inside enamel rods.

This has been the traditional role of F1 use in caries prevention or the initiation of remineralization. Non-cavitated lesions penetrate the enamel to a depth greater than 1mm prior to cavitation. F1 ions can only penetrate up to 40 microns (5). Beyond these limitations, F1 has little to no effect on remineralization.

### Calcium Phosphate Products

When calcium and phosphate ions are deficient, remineralization efforts are hindered. Calcium phosphate products were invented for this purpose. CPP-ACP (MI paste, Recaldent) is a chemical formulation that combines casein phosphopeptide (CPP) with amorphous calcium phosphate (ACP). Together, this formulation buffers free calcium and phosphate ions in a biofilm, antagonizing opposing bacterial adhesion and providing a calcium-phosphate rich environment for enamel. (6) MI paste has been a useful tool for home care in the effort of remineralization. Not advised for patients sensitive or allergic to casein.

### Silver Diamine FL (SDF)

SDF is a liquid topical medicament with 24-28% silver, 5% F1 and ammonia. The silver acts microbial because it disrupts cell membranes, denatures proteins, inhibits DNA replication and leads to bacterial cell death. (7) This product is commonly used off-label as a noninvasive method to arrest caries of cavitated lesions. However, the application will cause permanent dark staining. When silver diamine is used in an effort to halt the progression of caries, this is referred to as atraumatic restorative treatment (ART). ART is a useful approach for pediatric specialists for non-invasive treatment for dental caries.

### Peptide/Curodont Repair plus F1 (vVardis)

The most novel of all current approaches to remineralization includes Bioactive peptides. Amino acids are the organic building blocks for protein in the human body. Peptides provide the bond between amino acids. Bioactive peptides (lab-engineered) were created to mimic the body's natural properties of self-assembling peptides or SAPs (8)

Peptide P11 -4 (curodont repair) created via vVardis of Switzerland is used in dentistry as a reparative SAP. This peptide - whose monomers self-assemble into a biocompatible fibrillar scaffold - provides a favorable environment for the formation of hydroxyapatite.

When Peptide P11 -4 (curodont repair) is applied for the treatment of non-cavitated cavities, the procedure is coined Guided Enamel Regeneration (GER). The basic mechanism of action is to diffuse into the subsurface depth of the demineralized lesion; this is where the peptides self-assemble, forming a scaffold that attracts free calcium in the saliva. This creates de novo hydroxyapatite and fluorohydroxyapatite, which results in increased microhardness within the lesion. (9).

In conclusion, the field of "Cariology" is evolving beyond the exclusive use of fluoride. While fluoride remains a trusted standard, it's exciting to explore alternatives like MI paste for home care, which supports the need for calcium and phosphate. Nanohydroxyapatite (nHAp) toothpastes are emerging in clinical trust with the ability to deposit nHAp directly onto enamel and dentin as a surface mineral coating in nanoform, allowing for complete penetration. Additionally, peptides promise continued success as an in-office treatment modality that avoids traditional mechanical removal.

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## When “Dr. Google” Comes to the Appointment: A Human Approach to Correcting Misinformation in Dentistry



Written By:  
Laudy M. Espindola, DDS

**O**ver the past few years, dentists have noticed a growing trend: patients are arriving with screenshots, TikTok videos, Reddit threads, and Instagram reels claiming to explain their dental conditions. Some of these posts are helpful, but many oversimplify complex procedures, promote unsafe shortcuts, or misinterpret science.

As clinicians, it's easy to feel frustrated when a patient insists on information that we know is inaccurate. But behind almost every question is a person who is simply trying to understand their health. The challenge is finding the balance between respecting their curiosity and guiding them back to evidence-based care. It's something many of us in the San Diego community have discussed often. As contributors to Facets, we take this responsibility seriously: bridging the gap between public perception and clinical reality.

Here are practical, compassionate ways dentists can address misinformation without eroding trust.



### 1. Start by valuing their effort, not correcting their mistake

When a patient says, “I saw online that I can whiten my teeth with lemon and baking soda,” our instinct is to react quickly. Instead, try a softer opening:

- “I’m glad you’re doing research about your dental health.”
- “It’s great that you want to understand your options.”

This simple acknowledgment instantly lowers defensiveness. Patients feel heard, not judged.

From there, you can gently pivot:

- “Let me explain how that works in real teeth, because sometimes online videos leave out important details.”

## 2. Use visuals and simple explanations to replace the myth

Patients often believe misinformation because it is presented in a simple, confident way. Our explanations must be just as clear, without being condescending.

Instead of saying, “**That’s wrong.**” try:

- *“Let me show you what actually happens.”*

USE:

- Intraoral photos
- Models
- Diagrams
- Chairside scans

When patients see enamel erosion or the anatomy of a root canal, the myth loses power.

---

## 3. Invite questions instead of shutting them down

Some patients come ready for a debate. The best way to diffuse this is by inviting more conversation, not less:

- *“What part of that video made the most sense to you?”*
- *“What concerns did it raise for you?”*
- *“Let’s look at that claim together.”*

When you open the door, their guard comes down. They realize you are not dismissing them, you are partnering with them.

---

## 4. Explain the “why,” not just the “no”

If a patient wants veneers because a TikTok influencer got them, saying “You don’t need that” doesn’t work and but explaining why makes all the difference.

EXAMPLES:

- *“Your enamel is healthy. Removing it for veneers could create long-term complications.”*
- *“Influencers often don’t show the maintenance required. Let me walk you through the reality.”*
- *“There are more conservative options that can give you the aesthetic result you want.”*

Patients accept information better when they understand the reasoning behind it.

### A Final Thought

Information today moves faster than science. Patients aren’t challenging us, they’re navigating a digital world where dental advice is mixed with opinions, trends, and marketing. If we approach these conversations with empathy and clarity, we can turn misinformation into an opportunity to educate, connect and strengthen the dentist–patient relationship.

As clinicians contributing to Facets and serving the San Diego dental community, we have an important role: guiding patients through an online landscape where not everything they see has their best interests at heart. When we do that with patience and respect, everyone wins.

---

## 5. Share reliable sources (but only after building trust)

If you hand patients a list of “trustworthy websites” before forming a connection, it can sound dismissive. But once they feel respected, you can say:

- *“If you ever want to check something online, these are great sources that are updated regularly.”*

EXAMPLES INCLUDE:

- ADA
- CDC oral health resources
- Academic dental schools
- Professional organizations in specialty areas

This empowers patients, rather than limiting them.

---

## 6. Recognize emotional motives behind misinformation

Many misinformation-driven questions come from:

- Fear
- Past negative dental experiences
- Financial worries
- Cultural beliefs
- Distrust in healthcare systems

A patient insisting on a DIY whitening hack may actually be worried about cost. Someone anxious about fluoride may have heard a frightening story from a friend or online. Addressing these emotions often resolves the misinformation more effectively than explaining the science.

A simple question can reveal everything:

- *“Can you tell me what made you feel unsure about this treatment?”*
- 

## 7. End every correction with reassurance

Patients remember how we make them feel more than the details we teach them. After clarifying a myth, close with reassurance:

- *“You’re making the right decision by checking with a professional.”*
- *“My goal is the same as yours: keeping your mouth healthy and your smile beautiful.”*
- *“If you ever see something online that confuses you, bring it to me anytime.”*

This builds long-term trust and prevents future misunderstanding.

# Lead Aprons, National Guidance, and California Law

## What California Dentists Need to Know

*Headlines following updated recommendations from the American Academy of Oral and Maxillofacial Radiology (AAOMR) and the American Dental Association (ADA) suggest that routine patient shielding with lead aprons during dental radiography is no longer necessary. These recommendations reflect advances in imaging technology and radiation science, but they have also created confusion for California dentists. Importantly, the law has not changed.*



Written By:  
Roslyn Joseph, DMD

### California Law Still Governs Practice

California Code of Regulations, Title 17, Section 30311(b)(6) requires that every patient undergoing dental radiography be protected with a lead-equivalent apron of at least 0.25 mm that covers the gonadal area. Thyroid collars are not mandated under state regulation.

Gonadal shielding provisions originated from historic concerns about hereditary genetic effects from radiation. These effects have been demonstrated in animal models but have not been observed in humans. Modern radiation protection frameworks now focus primarily on minimizing cancer risk. With contemporary dental imaging systems, patient doses are very low. Any radiation exposure carries theoretical risk, but for properly prescribed dental radiographs, the estimated risk is extremely small.

Regulatory requirements have not changed. Bib-style aprons that do not extend to the lap do not meet gonadal coverage requirements. Cracked or damaged aprons that compromise 0.25 mm lead equivalency are also noncompliant.

The California Dental Association provides practical guidance on inspection preparation, apron evaluation, documentation, and radiation safety compliance. Until regulations change, adherence is not optional.

### The Collimation Condition

Intraoral X-ray receptors are approximately rectangular. When the collimator—the device that restricts the size and shape of the X-ray beam—is matched to the receptor, radiation exposure to surrounding tissues is reduced.

Rectangular collimation is technique-sensitive. Positioning errors can produce cone cuts, and retakes are sometimes required. AAOMR shielding recommendations assume dose-optimized imaging practices, including the use of rectangular collimation.

In reality, many intraoral units are manufactured with round collimation as the default. Circular beams exceed rectangular receptor dimensions and expose more tissue in the face and neck. Dentists should understand which collimation system their practice uses before interpreting simplified headlines about “shedding the shield.”

### Image Acquisition and Exposure Reduction

In most practices, dentists rarely expose intraoral radiographs themselves. Dental assistants perform the majority of image acquisition.

Quality assurance programs commonly track retake frequency as a performance indicator. Although standards vary, a practical benchmark is 5% or



lower. This translates to roughly one retake in a 20-image FMX. Retakes have many causes, but two areas often warrant attention.

**Tools:** Receptor-holding devices should be available. Consistent use improves alignment and reduces cone cuts.

**Training:** Hands-on positioning refreshers reduce errors, improve consistency, and increase acquisition speed.

Obtaining a diagnostic image on the first attempt remains the most effective way to limit unnecessary radiation exposure. Lead aprons do not block the primary beam or offset repeat exposures.

### Bottom Line

Until Title 17 is amended, dentists in California must continue using legally compliant lead aprons for all dental radiographs. The most meaningful opportunities to reduce patient radiation exposure lie in understanding the technical basis of national recommendations and ensuring that radiographs are diagnostic on the first attempt.

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## Honoring a Past President

I first met Joel while we were both serving in the Navy Dental Clinic — where drills, dedication, and dad jokes were all part of the job. Joel rose through every rank he touched: Captain (O-6) in the Navy, President of the San Diego County Dental Society, Trustee for the California Dental Association, and Co-Chair of CDA Cares — caring deeply for the underserved. He was also a proud member of the Tucker Gold Study Club, where his craftsmanship and camaraderie truly shined.

Joel led with professionalism, humor, and just the right dose of mischief — turning meetings into moments and colleagues into life-

long friends. His trademark blend of candor and good fun made every gathering brighter.

Above all, Joel was a devoted family man — a proud father of Michael and his Lisa and an extremely proud grandfather of five. His eyes lit up whenever he spoke of them, and his pride was contagious.

Joel will be deeply missed — though we're pretty sure he's already forming a Study Club in heaven and reminding everyone to floss.

Fair winds and following seas, Captain Joel — may the laughter sail with you.



Dr. Joel Berick, President of SDCDS Year 1995-1996

## In Memory of Dr. Joel Berick



Written By:  
Thomas Olinger, DDS

# Let Me Introduce...

DR. RAYMOND WRIGHT III



Written By:  
**Rosa Le, DDS**

*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.*



*I'd like to introduce Dr. Raymond Wright III, our newest contributor! He's been a part of our dental community since 2022. With a father who is a periodontist (also in San Diego!) and a mother who is a writer, I don't think we could've asked for a better addition to the team!*

***Most people say they went into dentistry to "help people," but what was the specific moment or encounter that made you realize this was your calling?***

My dad is everything I wanted to be. His friends were all dentists; he was my "imprinter." I was always into science. I went to the same school as my father.

***If we polled your long-term patients, what's the one non-clinical trait they'd say defines your practice style?***

I'm laidback, and I'm direct. I think most people like to know if it's going to work or not. I try to keep things real. My mantra is to solve problems and make friends. I don't sell things they don't need.



***Dentists are notoriously good with their hands. When you aren't holding a handpiece, what's your favorite way to stay tactile or creative?***

I'm into playing video games, road biking, and cooking new foods I've never made before.

***What is the best piece of advice you've ever received that you still find yourself reciting to yourself today?***

One time in the office, I was talking about the price of something, and our office manager said, "If you can't get everything, half of something is better than nothing."

***If you hadn't pursued dentistry, what completely unrelated career would you have been surprisingly good at?***

I love music, from symphony to jazz, so maybe I'd be an audio engineer or DJ, since I could use my analytical skills!

***Where is your absolute favorite local spot to grab a coffee or a meal?***

Davanti's in Little Italy! I didn't know it was a chain, but I had one in Chicago, so it's a little piece of home.

***What is your ritual for leaving work at the office and switching back to "home mode"?***

I unwind with sports radio and news.

***What is the one thing about being a dentist that the general public always gets wrong?***

I think patients have a misconstrued view of dentists and insurance!

***The Legacy: Aside from beautiful smiles, what is the one thing you hope your patients—and your team—remember most about you ten years from now?***

That everything I do, I treat patients as I would a family member. I treat everyone fairly and do it right the first time.

***What is one book or movie that significantly changed the way you think about your life?***

"Miracle Morning" by Hal Elrod - Wake up every morning at 5 AM, got himself active to get himself out of anything mentally, do something physical, and then sort out your problems. Working on humans is difficult work, and we need to remember to take care of ourselves.

***—We are indeed better together!***

The more we learn about one another and the more we come together around our commonalities and our diversities, the more we grow and thrive as a community. That's how we build our collegial network and develop friendships. If you would like to be featured in a future publication, please reach out to Dr. Le at [rosaleds@gmail.com](mailto:rosaleds@gmail.com).



## *Goals—Rethinking S.M.A.R.T.—* **W.O.O.P. Shows Us a New Way!**



Written By:  
**Megan Clarke, DDS, MSOL, CEC, FICD**

If you are like me, you have sat through numerous presentations over the years that involved goal setting. The gold standard among these contains the acronym S.M.A.R.T. For those who are uninformed, S.M.A.R.T. stands for Specific, Measurable, Achievable, Relevant, and Time-bound. S.M.A.R.T. is tactical in nature and a great tool for breaking large goals into smaller pieces that simplify the process.

Let's take a marathon as an example. Using S.M.A.R.T. to help achieve that goal, the Specific goal is to complete a marathon. The Measurable is the time needed to complete the training, and one can work backward from the goal to determine how much training is needed. Achievable? Yes, with training and underlying physical capabilities. Relevance would be whether that goal aligned with the overall purpose. And

time-bound is easy: the training needs to happen before the marathon, with some regularity, and early enough to allow it to occur without injury.

I read a lot and listen to numerous podcasts, and one I heard recently discussed the acronym W.O.O.P., which stands for Wish, Outcome, Obstacles, and Plan. With W.O.O.P., it takes the goal further and breaks it down into the meaning behind it. Listening to the podcast made me think about what had stood in the way of achieving my goals over the years, and many of them had to do with mindset. I had a goal, sure, but was that goal tied into something greater? Your wish may be to run a marathon, but what would be the meaning behind having run it?

This is why I like W.O.O.P., because the wish, in this case, is to feel that sense of

achievement. The outcome is completing the marathon. Do you see how that is different? It reaches a deeper level of achievement, helping propel someone past obstacles that may stand in one's way. I like to say, for us dentists, that no one **LIKES** to have braces, but their outcome is to have a healthier smile that is easier to maintain. By connecting with that higher purpose, people can move past the initial discomfort of having braces in the case of braces, the sore cheeks and pain with chewing, because they will have an appealing and healthy smile in the end. In the case of the marathon, one endures the sore muscles and time cost of running the marathon because they are doing so in service to a larger goal: achievement.

So next time you are looking to achieve something, give W.O.O.P. a try!



## Dental Bites A Slice of History



Written by:  
**Eric Shapira, DDS, MAGD,  
MA, MHA, FICD, Facets Editor**



One may ask, “How did Dentistry come about...?”

Dentistry evolved from ancient, specialized, yet unregulated tooth-pulling practices into a formal profession through structured education, professional organizations, and scientific literature. Key milestones included Piere Fauchard’s (The Father of Modern Dentistry) 1723 foundational text defining systematic care, the 1840 opening of the Baltimore College of Dental Surgery, and the formation of dental associations, which established standards and subsequent licensing requirements.

Dental care dates back to at least 7000 B.C., with early treatments established by “healers.” Later in life, barbers in the

Middle Ages became known as “Barber Surgeons,” who commonly performed extractions because they held the necessary tools for both haircuts and surgery.

Dentistry originated in barbershops, as did surgery. Dentistry and surgery were separated in France during the Middle Ages. The Guild of Barbers was established in France. Barbers had evolved into two groups: surgeons, educated and trained to perform complex surgical operations, and barber-surgeons, who performed more routine hygienic services, including shaving, “bleeding,” and tooth extraction.

By the 1400s, lay barbers were prohibited from performing more complex surgical operations, and surgery was

recognized as a distinct profession. A series of Royal Decrees in France prohibited lay barbers from practicing all surgical procedures except bleeding, cupping, leeching, and extracting teeth.

The Birth of Modern Dentistry occurred in the 18th century, and as time moved on, it became its own “Medical” entity. Beginning in the 20th Century, the profession grew and evolved from a technical trade into a scientific, more regulated, and specialized branch of medicine.

I don’t think too many people today would ask our modern-day dentists to “take a little off the top” after extracting one or more teeth!

## Step Into Leadership in 2026

SCAN TO  
**GET STARTED**



*SDCDS is seeking dedicated members to help shape the future of our organization. The 2026 election will fill seats for three (3) Board of Directors positions, Secretary, seven (7) Delegates to the CDA House of Delegates (2027–2029 term), one treasurer, and one Representative to the Board of Component Representatives.*

Serving in one of these roles is a meaningful way to be involved in the direction of the San Diego County Dental Society. Leadership positions offer the opportunity to represent your colleagues, influence organized dentistry at both the local and state levels, and help guide the priorities and initiatives that impact our profession.

Descriptions of each position and the application are available by scanning the QR code in this article. We encourage members who are passionate about organized dentistry and the future of SDCDS to consider stepping forward and getting involved.

# Member Hub

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**Women's Leadership Retreat**  
11:00 AM - 2:00 PM | The Prado at Balboa Park

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5:30 PM - 9:30 PM | Location TBD

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## Something New FOR 2026

In collaboration with dental industry professionals, we are proud to introduce the Dental Business Series, a new initiative designed to strengthen the business side of dentistry. This series will cover key topics related to building and growing a successful practice, supporting the profession, and creating a sense of community through networking and shared learning.

Each series will feature a mix of continuing education and mixers. Members can enjoy food, connect with colleagues, and earn continuing education credits. Sponsors will share insights from their areas of expertise, bringing real-world experience to each discussion.



# SDCDS Website Announcement



Written By:  
Katherine Hobday

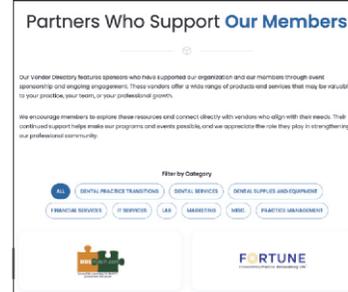
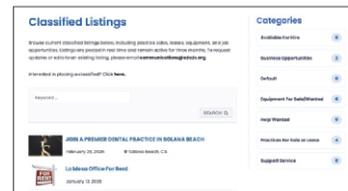
We are excited to launch our new website, built for our members!

When creating the site, our goal was simple: build a modern, easy-to-navigate resource designed for our members. The new layout makes it easy to find what you need quickly, whether you are looking for upcoming courses, events, or everyday resources. In addition to these familiar features, members can now access new tools designed to support common requests.

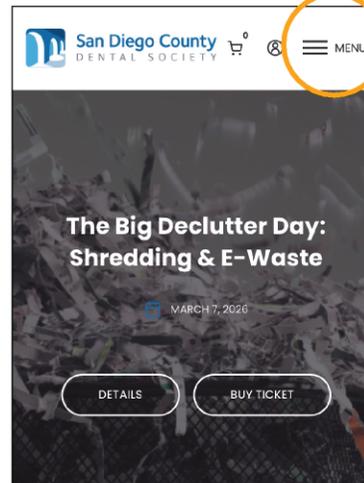
The new website offers several new pages and features designed to enhance member resources and provide streamlined access to key services:



- Members can now request **replacement CE certificates** through an online form, helping reduce the time spent searching for past documentation.
- We introduced **FREE classified listings as a new member benefit**. Members can post opportunities, practices, or equipment for sale at no cost, creating a shared space to connect and support one another professionally.
- **Our Vendor Directory** provides a searchable list of companies and the services they offer, allowing members to quickly locate vendors by category and connect with organizations that support the dental society.
- **Referral requests** can now be submitted online, making it easier to connect your patients with care.
- Whether you are hiring or looking for your next opportunity, our Career Center connects our dental community and is **FREE** for members to post or view resumes.
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Menu expands page navigation when viewing on a mobile device.

Our 2026 events are now live on the website, and we encourage you to explore everything the new platform has to offer. You can register for upcoming courses and events online, view the latest issues of facets magazine, browse our blog, and take advantage of the many resources available to you as a member. Take a few minutes to click around, update your profile, and see what's new!

VISIT  
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*Dr. Castillo Accepting the PCSO Rising Star Award.*

## *SDCDS Member Receives* **PCSO Rising Star Award**



Written by:  
**Eric Shapira, DDS, MAGD,  
MA, MHA, FICD, Facets Editor**

**T**he San Diego County Dental Society is proud to recognize Dr. Jose C. Castillo, who was recently honored with the Rising Star Award by the Pacific Coast Society of Orthodontists (PCSO). This award recognizes early- to mid-career orthodontists who have demonstrated exceptional leadership, service, and commitment to advancing the profession. Dr. Castillo's selection reflects not only clinical excellence but also a deep dedication to organized dentistry and professional service at both the local and regional levels.

Dr. Castillo has been an active and engaged member of the San Diego County Dental Society, contributing time and energy to initiatives that strengthen the dental community and support collaboration across specialties. In addition, Dr. Castillo serves as a board member for both the California Association of Orthodontists (CAO) and the PCSO and volunteers at the UCSD Student-Run Free Clinic. He is the Chair of the PCSO Component Relations Committee, which focuses on fostering strong connections between local component societies and the broader orthodontic organization. Through this work, Dr. Castillo has consistently advocated for mentorship, inclusivity, and creating opportunities for younger members to engage in leadership and organized dentistry.

In accepting the Rising Star Award, Dr. Castillo reflected on the importance of service, community, and paying forward the support received from mentors and colleagues throughout their professional journey. This recognition highlights Dr. Castillo's belief that leadership in dentistry is not defined by titles alone, but by showing up, listening, and working collaboratively to positively impact patients, colleagues, and the profession. SDCDS is proud to count Dr. Castillo among its members and as our 2026 Board of Directors President! We all look forward to his continued leadership and contributions in the year ahead.



*End of The Year Party: Yacht Rock*



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*SDCDS AoL Graduation*

We are proud to announce the inaugural graduating class of the San Diego County Dental Society Academy of Learning, pictured here at their graduation ceremony. Their hard work and dedication have led to this milestone, and we are excited for them as they begin their journey in the dental field!



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