

2026 Volume 03

SAN DIEGO COUNTY DENTAL SOCIETY PRESENTS

Facets

MAGAZINE



CELEBRATING OUR MEMBERS | Honoring Member Milestones & their Dedication to Dentistry

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.

Current Listings

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 build out 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 build out.

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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MA, MHA

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Planning for the future. The SDCDS Board of Directors met to review the Society's strategic plan and set priorities for the next three years.

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Welcome, New Members!

Ambreen Ahmed, DDS
Mexico-Univ del Bajío A C, 2013

Rand Ali Nihad, DMD
PA-University of Pennsylvania
School of Dentistry, 2024

Heather Deloney, DDS
CA-UOP SF, 2005

Ana Dominguez, DDS
International, 1997

David Fossett, DDS
CA-Herman Ostrow School of
Dentistry of USC, 2007

Najeeb Frangool, DMD
CA-Western University of Health
Sciences College of Dental
Medicine, 2024

Olivia Futrell, DMD
SC-Medical University of South
Carolina, 2026

Ian Gibbs, DMD
PA-Temple University, 2007

Joshua Goldfaden, DDS
CA-UOP SF, 2023

Vivian Huynh, DMD
CA-Western University of Health
Sciences College of Dental
Medicine, 2022

Sara Jeffrey, DMD
Canada-McGill University, 2010

Jesse Lewis, DMD
AZ-Midwestern University, 2021

Guy Lichty, DDS
CA-UOP SF, 1977

Pablo Liciaga, DDS
International, 1997

Nicholas Low, DMD
NV-University of Nevada, Las
Vegas, 2023

Diwana Lucero, DMD
PA-University of Pennsylvania,
2025

Fereshteh Maghsoudy, DMD
1994

Mark McKee, DDS
MI-University of Michigan, 1984

Masoud Milani, DDS
Mexico-Universidad De La Salle,
2026

Alberto Molina Contreras, DDS
International, 2022

Neda Mousavi, DMD
CA-Western University of
Health Sciences College of
Dental Medicine, 2024

Ameyalli Moya, DDS
Mexico-Universidad De La
Salle, 2025

Hoffner Pascua, DMD
Philippines-Centro Escolar
Univ, 2000

Jonathan Plascencia, DDS
CA-UCSF School of
Dentistry, 2024

Rebekah Quenta, DMD
UT-Roseman University of
Health Sciences, 2025

**Georgina Quintero-
Golshan, DDS**
CA-Loma Linda University,
2010

Shahin Safarian, DMD
MA-Tufts University, 2001

Marzieh Salehitazangi, DMD
MA-Tufts University, 2023

Rita Shammass, DDS
Mexico-Universidad De La Salle,
2026

Dinah Vitug, DMD
Philippines-Unciano Paramedical
College, 1986

Cathy Williams, DMD
NJ-Rutgers The State University
of New Jersey, 2017

Dominique Winfield, DDS
CA-UOP SF, 2023

Jennifer Xa, DDS
CA-Herman Ostrow School of
Dentistry of USC, 2000

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



EDITORIAL

Dental Organizational Membership: **A Benefit or a Burden? What is it, and What Does it Mean?**

Over the years, I have been a member of many organizations—in dental, civic as well as international organizations. This next year, I will hit the 50-year mark as an active member of Rotary International! And for about the same amount of time, I have been involved in “Organized Dentistry”, serving on committees as a volunteer around the world, teaching, learning and giving my “gifts” away.

What is the meaning of a Membership in an organization such as the San Diego County Dental Society? Why has it existed for so many years and what does it do for its members overall? These are all good questions to ask oneself before joining the Society and during one’s time of membership. It is also a good idea to question memberships in any organization one might join to determine the value and worthiness of the time, energy and money spent to be a part of said organization.

I joined the American Dental Association’s Student Dental Society in 1970 at the start of my dental journey. I took an active role in it and was given a chance to go to Amsterdam to give a talk about membership then. I met people from all over the World and from meeting them I was able to assess how my education was in comparison. This literally changed my life and my thinking about the values that were instilled within me through camaraderie and learning.

At the end of dental school, I completed an exchange program with a joint Residency in Dentistry and Medicine in Sardinia, Italy. It deepened my knowl-

edge and my understanding of what dentistry is truly about: helping people and improving their lives, especially their smiles and their overall physical and mental health. That experience shaped the values I carry into my practice today.

Membership in an organization is the formal status of belonging to a group, entailing specific rights, privileges, and responsibilities. It connects individuals and entities around a shared industry, hobby or mission, and grants them a voice in the organization’s governance.

Understanding membership requires looking at three primary areas:

1. **Status vs. collective:** Membership can refer to an individual’s state of belonging or the collective group of all the members in that organization.
1. **Rights and Privileges:** Members often receive tangible benefits, services, and in some cases voting rights, allowing them to elect boards, pass bylaws or steer the organization’s direction.
1. **Responsibilities:** Members are usually required to adhere to a code of conduct and pay annual dues or subscription fees to finance operations.





"We don't know
what gifts we have,

until we
give them away."

—EZS

Types of Memberships

1. Organizations typically categorize their members into tiers based on their level of commitment and privileges.
2. Voting members: Individuals who belong to the organization and have the authority to make motions, debate and vote on elections or make major decisions.
3. Associate or Non-Voting Members: individuals who enjoy organizational services or benefits but lack formal voting rights or leadership in some capacity.
4. Honorary/ lifetime Members: Members granted status as a reward for distinguished service or through a one-time, perpetual fee. Or in some cases no fee at all for longevity as an Emeritus member.

Governing Documents

1. Articles of incorporation: Outlines the primary legal purpose of the group
2. Bylaws: The specific operational rulebook that defines member qualifications, termination processes, and meeting structures.

Committees

Our Dental Society also has committees and employees who assist in guiding us in the direction of the Board's decisions and for the Board in general with respect to their specific duties. Continuing education is a-priori within our dental society's purview and it offers both dental-specific and business-specific courses to our members on a regular basis. There are committees for enrichment, leadership, well-being, writing, and more, just to name a few. And there is the opportunity to be a part of volunteering for our "new" Dental Assisting School and various Foundations for assisting the underserved population in the community with their dental needs. Our "Mother" organization, the California Dental Association also has opportunities for those that wish to enter the political aspects of representing Dentistry and the interests of our society to those others in the State of California that do so as well, through representation at their House of Delegates. On top of all these choices, there is a fun side to our Society as well with periodic events in the community such as going to Baseball games, Bowling Tournaments, parties and celebrations. It is all there for all our members and prospective members who wish to take advantage of what is offered.

Being a member of a dental society, like ours, also requires our members to be aware of what they can offer to our membership as well. We learn about our colleagues by taking part in activities and learning about what our Board of Directors is doing for all of our benefit. Also donating your time, money and energy to the projects that take place at the SDCDS and beyond is most appreciated and welcomed.

Being a part of an organization means being in touch with your own aspirations, wants and desires, as well as your ability to utilize what is offered by the Society for yourselves.

Be a part of the whole and fill the gaps that we might miss. Don't be afraid of making suggestions and giving the staff and Board "new ideas" about Dentistry that they may not be familiar with in the long run. I have always advocated that: ***"we don't know what gifts we have, until we give them away."*** Giving your gifts away will bring you satisfaction, respect, knowledge, appreciation, and endearment from your fellow "Dental Society" members and Staff. Give yourself a Gift: Our San Diego Dental Society, and beyond! It's there for you...for all of us!

Carpe Diem...Seize the Day

EZS

Local Dentists Engage in Legislative Advocacy

San Diego region dentists and dental students recently met with Congressman Darrell Issa to discuss ADA legislative priorities and advocate for issues impacting the dental profession.

Pictured: CDA President Dr. Bob Hanlon, Jerry Nguyen, Dr. Sarah Silverstein, Congressman Darrell Issa, Dr. Harriet Seldin, Amy Takaye, Ebony Hinds, and Dr. Lilia Larin.



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



Listening. Responding. Growing Together.

When I first joined the San Diego County Dental Society, I viewed membership as an important professional affiliation. What I didn't yet realize was that it would become one of the most rewarding investments of my career.

Over time, I discovered that membership is about far more than benefits. The best dental societies listen to their members, respond to their needs, and bring dentists together to solve challenges that no one could solve alone.

One of the clearest examples of SDCDS's excellence came during the COVID-19 pandemic. As personal protective equipment became scarce, dental offices across San Diego faced tremendous uncertainty. Members needed help, and the Society responded by securing and distributing PPE throughout the county. During one of the most difficult times in our profession's history, membership meant having a community that stood beside you when you needed it most.

That same philosophy continues to guide us today.

When members recently voiced concerns about workforce shortages, we created the SDCDS Academy of Learning to educate the next generation of dental assistants right here in San Diego County. In just two graduating cohorts, 24 students have completed the program, with many finding employment within a month of graduation. Through grant funding from the California Dental Association Foundation and the County of San Diego, we've also helped reduce tuition costs, creating opportunities for students while helping member practices recruit qualified team members.

Members also told us they wanted high-quality continuing education close to home. In response, we launched our inaugural San Diego Dental CE Conference, bringing together approximately 150 dental professionals for more than 15 continuing education courses. Throughout the year, we continue to offer complimentary licensure courses, including BLS/CPR certification, and

practical educational programs that support members at every stage of their careers.

Many members expressed an interest in becoming more involved in organized dentistry but weren't sure where to begin. That conversation inspired the creation of our Mentor & Leadership Study Club, pairing eleven experienced dentists with emerging leaders to help strengthen the future of our profession. Looking ahead, our Board has also approved a new nonprofit organization that will expand educational opportunities, charitable outreach, and community engagement. I look forward to sharing more details with you soon.

Membership also means having a voice. Through advocacy at the local, state, and national levels, our Dental Society works to advance issues that matter most to practicing dentists, including insurance reform, protection of Medi-Cal Dental funding, rising educational debt, and the long-term sustainability of private practice.

Finally, membership is about relationships. Events like our San Diego Padres Membership Night remind us that organized dentistry is strengthened not only through education and advocacy, but through friendships and shared experiences.

Serving as your President has reinforced one important lesson: the greatest strength of the San Diego County Dental Society is not its programs or events—it is our members. Every volunteer, mentor, committee member, educator, and participant helps build a stronger profession.

Membership is not simply about what the Society can do for us. It is about what we can accomplish together. When members speak, the Society listens. When challenges arise, we respond. And when we work together, our profession—and the patients we serve—are stronger in the long-run.



ANGELA
LANDSBERG



People Join People

Just recently, I had one of those sweet and unexpected moments that make you stop and smile. While walking through the airport, I ran into one of my daughter's childhood friends, whom I hadn't seen in years. What started as a quick hug turned into an hour of catching up (thank goodness neither of us had an immediate boarding call!).

As we talked, I found myself thinking about all the years I'd had the privilege of watching her grow up. I remembered birthday parties, easter egg hunting, graduations, and so many moments in between. The little girl I once knew was now sharing stories about her career, her future, and all the exciting things still ahead of her. It made me think how special it is to witness someone's life unfold, not because you're keeping score of the milestones, but because you've simply been there to cheer them on along the way. In a world that seems to move faster every day, those connections are easy to overlook. That unexpected reunion was a reminder to me that one of life's greatest privileges is being a witness to another person's story. There is something deeply meaningful about looking at someone and realizing you've shared pieces of their journey, because life allowed your paths to keep crossing over the years.

That same feeling is something I strive to create at the San Diego County Dental Society. Each year, we recognize members who have been part of our Society for 50 years or more. Those milestones represent far more than longevity. They reflect decades of friendships, mentorship, leadership, and a shared commitment to supporting one another.

In the book MemberShift, author Sarah Sladek reminds us that people stay involved in associations because they find value, purpose, and connection. As she simply puts it, "People join people." That philosophy inspires our work at



SDCDS Member Dentists at the 2025 End of the Year party, themed "Yacht Rock". Register now for the 2026 Party!



SDCDS, from developing tomorrow's leaders through our Early Career Dentist Leadership Series, to celebrating the remarkable members whose legacy continues to shape organized dentistry.

That's why our End-of-the-Year Celebration is one of my favorite traditions. It brings generations of dentists together to celebrate accomplishments, recognize milestones, reconnect with friends, and welcome new faces into our community. I hope you'll join us this year. After all, the true value of membership isn't simply belonging to an organization, it's being part of something greater than ourselves...



MEMBERSHIP *Milestones*

We are proud to recognize members celebrating 5-year membership milestones. Each August issue of Facets, we honor members who are celebrating milestone anniversaries in 5-year increments (5, 10, 15, 20, 25 years, etc.) based on their SDCDS join date.

5 years

Daniel Aclan, DMD
Arina Adourian, DDS
Robair Aldaya, DDS
Sharynne Alfonso, DDS
Amna Alwardi, DDS
Kanika Bembey, DDS
Stephanie Cluff, DDS
Sarah Elghor, DDS
Afsoon Fazeli, DDS, MSD
Kishen Godhia, DDS
Dryden Granger, DDS
Shehab Helal, DDS
Ryan Hoang, DDS
Christensen Hsu, DDS
Mona Jabari, DMD
Sergio Juca, DDS
James Kamada, DDS
Carli Katz, DDS
Youngseob Kim, DMD
Elias Koutros, DDS
Jireh Lin, DDS
Jelena Matijevic, DMD
Laura McFarland, DDS
Iren Mkrtychyan, DDS
Peter Muller, DDS
Monique Nguyen, DDS, MS
Geraldine O'Mara, DDS
Mariano Oviedo, DDS
Aaron Pitts, DDS
Patricia Raygada-Rabanal, DMD
Rene Rodriguez Romero, DDS
Jessica Roeber, DDS
Jorge Sanchez, DDS
Saba Saremi, DDS

Megan Shelton, DMD
Leah Stempfle, DDS
James Strother, DDS
Mohamad Tarabishi, DDS
Hennasea-Sue Tokumura, DDS
Stephen Wehrle, DDS
Nicholas Wong, DDS
Brian Wu, DDS
Hazzaa Yahya, DDS

10 years

Arthur Abordo, DDS
Waseem Alpatty, DDS
Dana Baba, DDS
Zeynep Barakat, DMD
Evan Demko, DDS
Marc Denticco-Olin, DMD, MD
Jarrod Goldberg, DDS
Cheryl Guerrero, DDS
Nina Hashemi, DMD
Kristy Hayes, DMD
Guobin He, DDS
Jose-Julio Hernandez-Blouin, DDS
Greg Hurtado, DDS
Behdad Javdan, DDS
Cherilyn Kasperian, DDS
Tara Khamo, DDS
Amir Khatami, DDS
Alex Kim, DDS
Paul Koshgerian, DMD, MD, OMS
Kennie Kwok, DDS
Elan Lee, DDS
Truska Mahmood, DDS
Denisse Monroy, DDS

Vida Namavar, DDS
Christopher Oswald, DDS
Sukhman Panag, DDS
Joshua Pegel, DMD
Jennifer Pierce, DDS
Todd Pizzi, DDS
Lindy Rucks, DDS
Ivan Santos, DDS
Marco Savittieri, DDS
Sami Shahhal, DDS
Haitham Shasha, DDS
Grant Simpson, DMD
Marisela Sinclair, DDS
Yara Soto Solis, DDS
Mimi Tran, DDS
Grace Travers, DDS
Melanie Villalobos, DMD
Martin Weinstein, DDS
Diana Zorro, DDS

15 years

Kereshmeh Ahmadi, DMD
Mojgan Arjmandi, DDS
Lindsay Bancroft, DDS
Harjot Chawla, DDS
Matthew Chesler, DDS
Trang Chesler, DDS
Shama Currimbhoy, DDS
Anahita Dastur, DDS
Jonathan Zadok Fung, DDS
David Garate, DDS
Patrick Hachee, DDS
Jerry Hernandez, DDS
Annalise Hilliard, DDS
Steven Horne, DDS

Kurt Hummeldorf, DDS
 Vivien Lao, DDS
 Landon Libby, DDS
 Todd Ludden, DDS
 Rachelle Joy
 Magtanong-Madrid, DDS
 Nicholas Marongiu, DDS
 Miguel Montoya, DDS
 Tyler Nelson, DDS
 Quy Lam Nguyen, DDS
 Matthew Packard, DDS
 Ricardo Peralta, DDS
 Sophia Sellas-Gile, DDS
 Youngseok Seo, DDS
 Samuel Soliven, DMD
 Ramya Subramanian, DDS
 Melisa Tillner, DDS
 Douglas Warner, DDS



Katherine Lackner, DDS
 Quang Le, DDS
 Tram Le, DDS
 David Li, DDS
 Mehrnegar Lotfi, DDS
 Hope Nguyen, DDS
 Lia Ortega, DDS
 Scott Ozaki, DDS
 Kirandeep Panatch, DDS
 Chris Pham, DDS
 Harold Portilla, DDS
 Ilse Savelli-Castillo, DDS
 Parizad Seraj, DDS
 Michael Sherman, DDS
 Christina Thompson, DDS
 Henry Tran, DDS
 Joyce Turner, DDS
 Maria Luisa Vales, DDS
 Sussi Yamaguchi, DDS
 Parisa Zakizadeh, DDS, MS

Caroline Moore, DMD
 Manjula Muniyappa, DDS
 Peter Nguyen, DDS
 Maria Nunez-Ouji, DDS
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 Dhafir Petros, BDS
 Jackline Pham, DDS
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 Sabine Purps, DDS, APC
 Jim Rhee, DDS
 S. Roya Sadrian, DDS
 Arthur Santos, DDS
 Erich Schmidt, DDS
 Kellen Tadano, DDS
 Brian Tasto, DDS
 Omeed Toma, DDS
 Bernadette Tyler, DDS
 Daniel Vasquez, DDS
 Roberto Vasquez, DDS



20

years

Bruce Abe, DDS
 Darryl Abramson, DDS
 Wade Ahwal, DDS
 Alireza Amiri, DDS
 Crystal Angelopoulos, DDS
 Shay Brannan, DDS
 Nancy Casper, DDS
 Lamphong Chittaphong, DDS
 William Cho, DDS
 Matthew Davis, DDS
 Bernadette Desantos, DDS
 Jeremy Factor, DDS
 Thomas Fitzpatrick, DDS
 Helen Garon, DMD
 Delilah Genido, DMD
 Robert Gramins, DDS
 Barbara Guzman-Marasigan, DDS
 Farid Harandi, DDS
 Chris Herman, DDS
 Curtis Howard, DDS
 Anna Hsu, DDS
 Cameron Hulse, DDS
 Yo Imai-Marshall, DDS



25

years

Mozghan Andalibi-Abadan, DDS
 Elvira Arranz, DMD
 Marcel Bougher, DDS
 Trilla Cajulis, DDS
 Daniel Charlton, DDS
 Dayana Coffler, DMD
 Brian Davey, DDS
 Touran Davoudi, DDS
 Ross Dixon, DDS
 Jose Duenes, DDS
 Michelle Espinoza, DDS
 Michael Frickman, DDS
 Raul Garcia, DDS
 Kambiz Ghandehari, DDS
 Svetlana Gorin, DDS
 John Griffing, DDS
 Robert Lozano, DDS
 Paul Martin, DDS
 Shatha Mechael, DDS

30

years

Evelyn Ascough, DDS
 Bradley Bourcy, DDS
 Sandra Chase, DDS
 William Dern, DDS
 William Dinkha, DDS
 James Eckstein, DDS
 Christine Falkosky, DDS
 Roland Goldberg, DDS, BSc (Med)
 J. Burton Kint, DDS
 Albert Leung, DDS
 Gracia Lumang, DDS
 Gulalai Matin, DDS
 Robert McMaster, DDS
 An Nguyen, DDS
 Laura Plue, DDS
 Cynthia Quan, DDS
 Catherine Santone, DDS
 Marissa Tayag, DDS
 Donald Tran, DDS
 Tenette Trevino, DDS



35 *years*

Bradford Baker, DDS
Sergio Berkstein, DDS
John Brian, DDS
James Brodfuehrer, DDS
Stephen Craft, DDS
Andrew DeMeyer, DDS
Jaime Dominguez, DDS
Randy Garland, DDS
Richard Gill, DDS
Richard Gutierrez, DDS
Thomas Heinrichs, DDS
Jared Jespersen, DDS
William Kachele, DMD
Sasan Kamgar-Parsi, DDS
Jose LaLuz, DDS
Lillian Liberto, DDS
Irmina Martinez, DMD
William McIntire, DDS, MS
Mary Lynn Merz, DDS
Diane Milberg, DDS
Mary O'Connor, DDS
Scott Paul, DDS
Jose Pulido, DDS
Frank Rafail, DDS
Mark Richey, DDS
Abraham Romanowsky, DDS
Ruben Romero, DDS
Jack Rosenson, DDS
Dean Saiki, DDS
Alan Salvi, DDS
Cathleen Silliman, DDS
Michael Stefanidis, DDS
Andrew Stygar, DMD
Stephen White, DDS



40 *years*

Anton Bisbas, DDS
Mark Bishop, DDS
Jon Cassell, DDS
Mark Chintala, DDS
Beth Forman, DDS
Yam Gan, DDS
Douglas Grosmark, DDS
Fred Hammond, DDS
Mark Hansen, DDS
Edward Holly, DDS
David Landau, DDS
Stephen Lockwood, DMD
Karen McKenna Fitzmorris, DDS
Richard Prouse, DDS
Robert Stanford, DDS
George Stratigopoulos, DDS
Eugene Sugita, DDS
Wayne Toth, DDS
Lan Tran, DDS
Frederick Wallace, DDS
James Witcher, DDS
Janet Yamate, DDS

45 *years*

Joseph Cave, DDS
Richard Ewing, DDS
Jeffrey Keeny, DDS
Robert Krause, DDS
Frederick Lindblom, DDS
Lawrence Michel, DDS
Laurel Morello, DDS
Chan Nguyen, DDS
William Racicot, DDS
Barry Reder, DDS
David Tracy, DDS

50 *years*

Robert Bravin, DDS
D. Douglas Cassat, DDS
Gayle Cheatwood, DDS
Charles Cohler, DDS
Clayton Cooke, DDS
Christopher Cremer, DDS
Philip Hardy, DDS
Glenn Jensen, DDS
Ned Jerge, DDS
Gregory Johnson, DDS
Pear Karlsgodt, DDS
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Michael Miroue, DDS
Richard Mohrlock, DDS
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Robert Shechet, DDS
Edward Wright, DDS



55 *years*

Thomas Abts, DDS
Richard Cavallaro, DDS
John Grubb, DDS
Richard Harmetz, DDS
John Hoss, DDS
Richard Layton, DDS
George Randolph, DDS
Carl Smith, DDS
Terry Teudt, DDS
John Westwood, DDS



60 years

John Berry, DDS
James Eischen, DDS
John Girolami, DDS
David Huhn, DDS
Stanley Smith, DDS

65 years

Manning Barber, DDS
Fred Caso, DDS
Whitney Jones, DDS
Robert Le Ribeus, DDS
Francis Orlowski, DDS
Joseph Silveira, DDS

70 years

Daniel Kersten, DDS
Frank Pavel, DDS

THANK YOU, *Members!*

Congratulations to everyone celebrating a membership milestone this year! Thank you for choosing to be part of the San Diego County Dental Society. We are honored to celebrate your milestones and grateful for your continued membership.

Slate of Officers

Beginning on January 1, 2027

We are excited to announce and congratulate the slate of members nominated to take on key roles within the SDCDS starting in 2027.

A meeting of the SDCDS Nominating Committee was held to produce this slate of members to serve as officers, directors, and delegates to the CDA House beginning on January 1, 2027. According to our Bylaws, Chapter VII, Section 2: "Additional nominations may be made by petition if such petition is signed by twenty-five (25) or more members in good standing and provided the petition is filed with the Secretary of the Society forty (40) days before the noticed General Membership Meeting. The Secretary shall verify the authenticity of the petitions: if verified, notification of the additional nominee(s) will be made by mail at least thirty (30) days before the General Membership Meeting."

The Secretary, Treasurer, Board of Directors, Board of Component Representatives, and Delegates to the CDA House of Delegates shall be elected at this meeting, to be held on October 16, 2026, at Emjaye Inspired, 10455 Pomerado Rd, San Diego, CA 92131.

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Dr. Rene Rodriguez

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Dr. David Milder

Dr. Kate Decker

Biofilm-First Hygiene: GBT and the Powder Question



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

Guided Biofilm Therapy is reframing the standard prophylaxis visit — and the glycine-versus-erythritol debate is more evidence-based than most marketing copy lets on.

For decades, the standard prophylaxis hasn't changed much: scrape, polish, rinse, repeat every six months. Guided Biofilm Therapy (GBT), developed by EMS, is pushing practices to rethink that model, and a parallel conversation around powder selection — particularly glycine — is sharpening how the protocol actually gets executed in the operatory.

GBT starts with a disclosing solution, making biofilm visible instead of guessing where it's hiding. From there, air polishing with low-abrasive powders does the primary work of biofilm and stain removal, supra- and subgingivally, with hand scaling and ultrasonics reserved for calculus only.

What the Glycine Literature Actually Shows

Powder choice matters more than a lot of write-ups suggest, and this is where I want to be direct: some of the marketing language around glycine overstates the case. What the trial data actually shows is that subgingival glycine powder air polishing (subGPAP) performs comparably to scaling and root planing on standard periodontal outcomes — not that it outperforms SRP outright. Several randomized controlled trials (RCTs) report greater reductions in subgingival pathogen counts and gingival crevicular fluid volume with subGPAP, along with lower patient-reported discomfort during treatment.^{1–3} A 2021 meta-analysis of 17 randomized trials and a subsequent 2022 review reached similar conclusions on efficacy in supportive periodontal therapy.⁴ In short, the evidence supports non-inferiority or comparable results Mol to SRP with better tolerability, not superiority over it.

Erythritol shows a similar performance pattern — comparable or somewhat better biofilm reduction with good patient tolerability — and has its own, fairly substantial evidence base, particularly around implant surface safety.^{5–7}

Glycine vs. Erythritol: The Particle Size Argument

The two powders aren't interchangeable footnotes. Glycine is generally cited at roughly 25 microns; erythritol at roughly 14 microns and slightly harder on the Mohs scale — the proposed mechanism behind erythritol's edge in some stain-

and biofilm-removal comparisons.^{8–9} Both are considered safe for subgingival and peri-implant use at that particle-size range, in contrast to sodium bicarbonate (40–60 microns), which is contraindicated subgingivally and around restorations.⁸ On titanium implant surfaces specifically, erythritol air polishing has been shown not to alter surface topography while still disrupting biofilm.^{10–11} One honest caveat: published particle-size figures for glycine aren't fully standardized across manufacturers — some sources cite a coarser 45–60 micron supragingival-only formulation alongside the finer 25 micron subgingival powder — so treat any single number as an approximation, not a spec sheet.

On a personal note: I recently experienced guided biofilm therapy (GBT) firsthand as a patient, over two visits at a family member's practice. The disclosing step made the difference tangible in a way I hadn't anticipated chairside as a clinician — seeing exactly where biofilm was hiding, rather than taking the hygienist's word for it. This experience changed how I thought about my own home care afterward. The air polishing itself was noticeably more comfortable than a traditional scale-and-polish visit. Though it is a small sample size — two visits, one patient, admittedly with a dentist's eye rather than a typical patient's — it lines up with what the tolerability data above predicted.

The Practical Case — and the Catch

The clinical case for switching is reasonably solid: it is gentler on root surfaces and on soft tissue, patients experience less discomfort, and biofilm that is visualized by the patient tends to improve compliance. For practices, this can mean shorter chair time on routine maintenance and a real differentiator in a market saturated with empty “latest technology” claims.

The catch is still the cost. EMS systems and proprietary powders aren't inexpensive, and the ROI depends heavily on patient volume and case mix. Straightforward maintenance practices recoup the investment faster than heavy periodontal caseloads, where hand instrumentation remains unavoidable regardless of GPT powders being used.

In summary, for clinicians evaluating GBT, the real question isn't whether it works — the clinical trial evidence for both powders is genuinely encouraging and not just vendor talking points. It's whether the equipment cost and powder selection fit your patient base and is it affordable to the practice itself.

REFERENCES

1. Systematic review of randomized controlled trials, subgingival glycine powder air polishing vs. scaling and root planing in periodontitis. *World Journal of Dentistry*, 2022.
2. Flemmig TF, et al. Randomized controlled trial assessing efficacy and safety of glycine powder air polishing in moderate-to-deep periodontal pockets. *J Periodontol*. 2012.
3. Zhang W, Wang W, Chu C. Clinical, inflammatory and microbiological outcomes of full-mouth scaling with adjunctive glycine powder air-polishing: a randomized trial. *J Clin Periodontol*. 2021;48(3):389–399.
4. Systematic review and meta-analysis of glycine powder air-polishing efficacy in supportive periodontal therapy. *PMC8200386*, 2021.
5. Delucchi F, et al. Efficacy and safety of erythritol air-polishing in implant dentistry: a systematic review. *Int J Dent Hyg*. 2025.
6. Sivoilella S, et al. Impact of erythritol air-polishing on titanium implant surface properties and bacterial colonization: an in vitro study. *Clin Exp Dent Res*. 2026.
7. Erythritol air polishing in the surgical treatment of peri-implantitis: a randomized controlled trial. *PMC9299917*.
8. Powders to Achieve Superior Air Polishing Results. Ivoclar clinical education blog.
9. Erythritol powder: its broad implications for oral health. *RDH Magazine*. 10–11. Same sources as references 5–6, implant surface topography findings.

APPENDIX: ILLUSTRATIVE FIGURES

Schematic: Disclosing Solution Highlighting Biofilm
(illustrative only — not vendor photography)

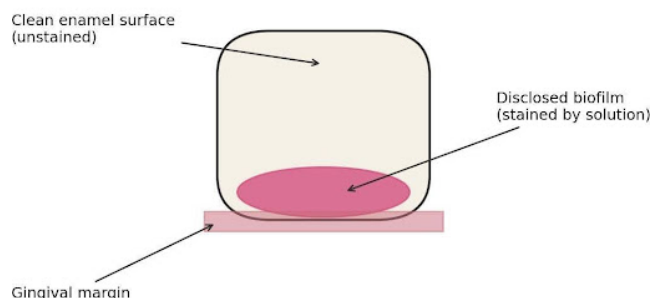


Figure 1. Schematic of disclosing solution highlighting biofilm at the gingival margin prior to air polishing. Illustrative only.

Schematic: Air-Polishing Unit Components
(illustrative only — not vendor photography)

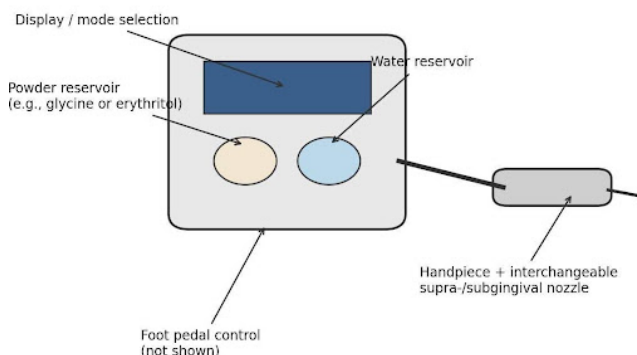


Figure 2. Schematic of a generic air-polishing unit's core components (powder reservoir, water reservoir, handpiece with interchangeable supra-/subgingival nozzle). Illustrative only — not a specific manufacturer's product rendering.

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Beyond the Handpiece: Communication Tools Every New Dentist Needs



Written By:
Gurlen K. Gill, DDS



As a recent graduate entering general practice, one of the biggest surprises isn't learning how to perform procedures, it's learning how to communicate them. Dental school teaches us how to diagnose and treat disease, but helping patients understand why treatment is needed is an entirely different skill. I've quickly realized that one of the most valuable tools a new dentist can develop isn't another clinical technique, it's effective patient communication.

Connecting the Dots: Problem, Consequence, Solution

One framework that has transformed my conversations is the simple sequence of problem » consequence » solution. Rather than jumping straight to treatment recommendations, I first explain what I see. For example: "Your tooth has several fractures." Next, I explain the consequence: "As those cracks grow, the tooth becomes more likely to break, which could eventually require a root canal or even extraction." Finally, I present the solution: "A crown protects the tooth by holding it together before it reaches that point." This approach helps patients understand that the recommendation isn't about selling a procedure, rather it's about preventing a larger problem.

Make It Relatable: The Power of Analogies

I've also learned that analogies can make complex concepts much easier to understand. Comparing a cracked tooth to a cracked windshield that continues to spread or explaining enamel wear like the tread on a tire gives patients a familiar reference point. A quick sketch or an indication on an intraoral scan can often communicate more effectively than a lengthy explanation. Patients need a clear picture of what's happening in their own mouths.

Seeing Is Believing: Technology as a Communication Tool

In this way, technology has become another powerful communication tool. Intraoral cameras allow patients to see exactly what I see, transforming an abstract explanation into something tangible. A photograph of a fractured cusp, recurrent decay, or worn restoration often answers questions before they're even asked. When patients can visualize the issues at hand, they become active participants in their treatment decisions rather than simply trusting a diagnosis they can't see.

Today's patients also arrive with more information than ever before. Social media has made oral health topics more accessible, introducing people to concepts such as clear aligners, dental implants, cosmetic dentistry, and preventive care. This increased awareness can lead to meaningful

conversations and greater engagement in treatment. At the same time, social media often oversimplifies complex clinical decisions or spreads misinformation that lacks scientific evidence. As dentists, one of our most important roles is assisting patients separate fact from fiction. Rather than dismissing what they've seen online, we can acknowledge their questions, provide evidence-based explanations, and guide them toward information that applies to their unique oral health needs.

One lesson I've had to learn is that more information isn't always better. As new graduates, we often want to explain every possible treatment option, material, and outcome to ensure we're being thorough. While informed consent is essential, overwhelming patients with too many choices can lead to decision fatigue and sometimes the result is that patients delay treatment altogether.

Instead, I've found it's more helpful to recommend the treatment I believe is in the patient's best interest, explain why, and then answer questions. Patients should always have the power to choose, but they also look to us for guidance. By communicating clearly, using visual tools, presenting recommendations with confidence, and serving as trusted interpreters of the information patients encounter every day, we can help our patients make informed decisions that ultimately lead to healthier smiles.



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Clindamycin Is No Longer the Default for Penicillin-Allergic Dental Patients



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

The evidence against clindamycin as the penicillin-allergy fallback for dental infections isn't new anymore — it's nearly five years of consistent AHA and ADA guidance.

Why the Recommendation Changed

For decades, clindamycin was the go-to alternative for penicillin-allergic patients needing antibiotic prophylaxis or treatment of dental infections. That is no longer the case. The American Heart Association's 2021 scientific statement on infective endocarditis prevention removed clindamycin from its recommended prophylactic regimens, and the American Dental Association has adopted the same position.

What the Evidence Actually Shows

The rationale is more specific than a general concern about side effects. The AHA statement cites a heightened risk of *Clostridioides difficile* colitis, a complication serious enough to carry an FDA black box warning, and one that can occur after a single dose. Observational adverse-reaction data illustrate the gap: among nearly 3 million patients who received a single 2-gram dose of oral amoxicillin, the Yellow Card reporting system in England, recorded no fatal reactions and fewer than 23 non-fatal reactions per million prescriptions. A single 600-mg dose of oral clindamycin, by contrast, was associated with roughly 13 fatal and 149 non-fatal reactions per million prescriptions, the large majority tied to *C. diff* infection. That asymmetry, not a vague reactions profile, is what moved clindamycin off the list of antibiotics used to prevent infectious endocarditis.

The Prescribing Gap

The data on prescribing behavior is striking, though it deserves some context. A 2024 Therapeutics Letter from British Columbia's Bugs & Drugs program, produced by the Therapeutics Initiative with the BC Centre for Disease Control and the BC College of Oral Health Professionals, found that BC dentists prescribe clindamycin in roughly 12% of cases for dental infections, compared with about 5% in Australia and 0.5% in the UK. The letter states plainly that this gap is not explained by underlying differences in dental health between populations. It's worth noting this is BC-specific prescribing data drawn from a provincial pharmacy database (PharmaNet) as part of a randomized outreach study to roughly 4,000 dentists; it's a strong directional signal on practice variation, not a multinational epidemiological study, and readers evaluating their own regional prescribing patterns should look for local data where available.



The Cross-Reactivity Question

So what replaces clindamycin? For penicillin-allergic patients, current guidance points to first- or second-generation cephalosporins (in patients without a history of anaphylaxis, angioedema, or urticaria to penicillin), azithromycin, clarithromycin, or doxycycline. The cephalosporin option deserves a clarifying note, since it runs counter to older training: the long-taught figure of roughly 10% cross-reactivity between penicillins and cephalosporins traces back to early studies confounded by trace penicillin contamination in cephalosporin manufacturing. Contemporary estimates put true cross-reactivity, mediated by shared R₁ side chains rather than the shared beta-lactam ring, at approximately 1–2% for first-generation cephalosporins and lower still for second-generation agents. That's why cephalosporins have moved up the list for patients with a non-severe penicillin allergy history, while remaining excluded for anyone with a prior anaphylactic reaction.

Dosing Guidance

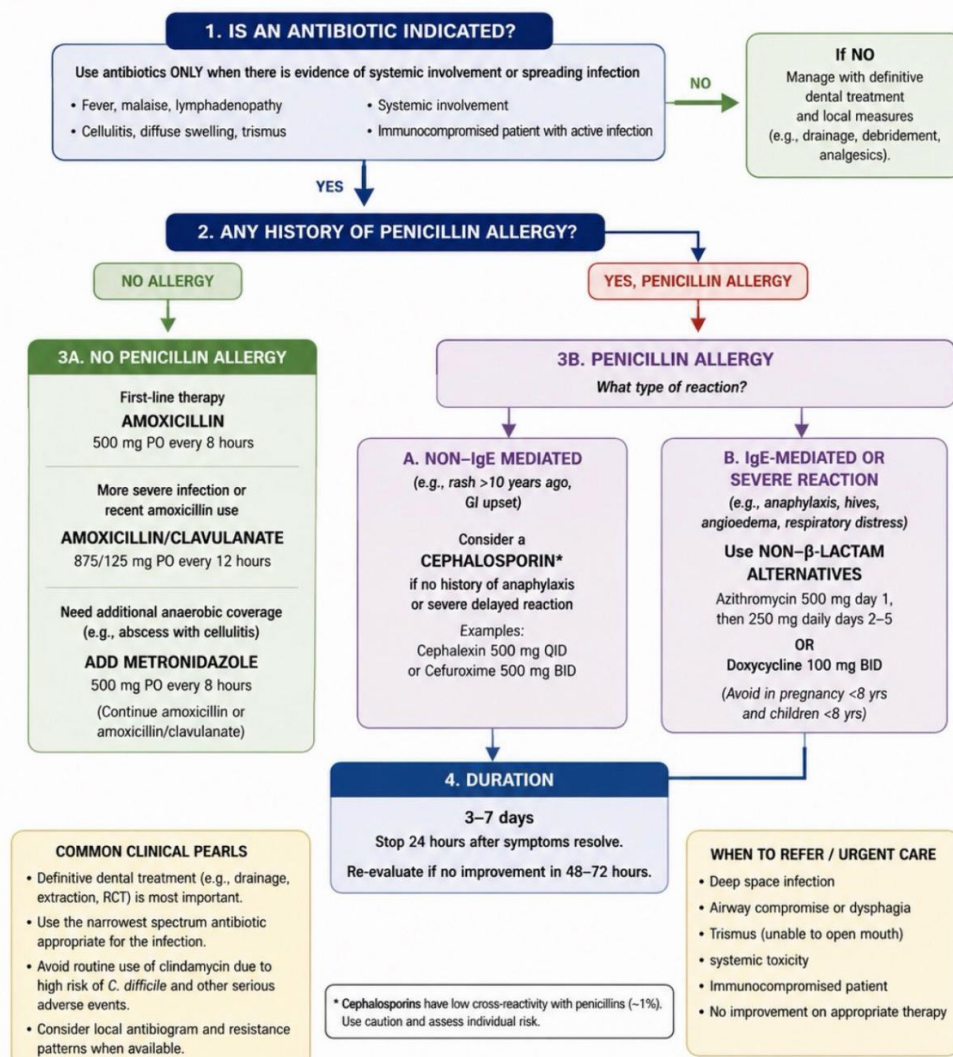
This piece addresses selection rationale, not dosing. Specific regimens (agent, dose, and timing relative to the procedure) are laid out in the AHA's 2021 statement and the ADA's prophylaxis guidance, both referenced below, and should be consulted directly before prescribing.

The Practical Takeaway

The bottom line for practicing dentists: if clindamycin is still your default penicillin-allergy fallback, it's time to update the protocol. The evidence against it isn't new anymore; it's now nearly five years of consistent guidance from both the AHA and ADA.

DENTAL ANTIBIOTIC CHEAT SHEET: FLOW CHART

Evidence-Based Choices for Common Dental Infections in Adults



Sources: ADA Antibiotic Stewardship, CDC Dental Antibiotic Checklist, American Heart Association 2021 IE Prevention Guidelines, Bugs & Drugs: Dental Therapeutics, and recent systematic reviews.

REFERENCES

- Wilson WR, Gewitz M, Lockhart PB, et al. Prevention of Viridans Group Streptococcal Infective Endocarditis: A Scientific Statement From the American Heart Association. *Circulation*. 2021;143(20):e963–e978.
- American Dental Association. Antibiotic Prophylaxis Prior to Dental Procedures. ADA.org. Oral Health Topics. Accessed 2026.
- Therapeutics Initiative. Rethink clindamycin for dental patient safety. *Therapeutics Letter*. 2024;148:1–2. Vancouver, BC: Therapeutics Initiative.
- Campagna JD, Bond MC, Schabelman E, Hayes BD. The use of cephalosporins in penicillin-allergic patients: a literature review. *J Emerg Med*. 2012;42(5):612–620.
- Bye M, Whitten T, Holzbauer S. Antibiotic prescribing for dental procedures in community-associated *Clostridium difficile* cases, Minnesota, 2009–2015. *Open Forum Infect Dis*. 2017;4(Suppl 1):S1.

APPENDIX A: DENTAL ANTIBIOTIC CHEAT SHEET — FLOW CHART

Reference flow chart for antibiotic selection in adult dental infections. One correction has been applied below the original: the cephalosporin cross-reactivity note is amended to flag cephalexin's shared side-chain risk with amoxicillin/ampicillin.

Correction to the chart's cephalosporin footnote: The chart lists a blanket ~1% cross-reactivity figure and gives cephalexin and cefuroxime as interchangeable examples. That average does not hold evenly across agents. Cephalexin and cefadroxil share the same R1 side chain as amoxicillin and ampicillin, and cross-reactivity for that specific pairing runs meaningfully higher than 1% in the literature (several studies report 5–11% for shared-side-chain pairs). Cefuroxime has a dissimilar side chain and carries the lower, near-1% risk the chart describes. For a patient with a non-severe amoxicillin/ampicillin allergy, cefuroxime (or another dissimilar-side-chain agent) is the better default; cephalexin should not be treated as an equivalent low-risk substitute in that specific scenario.



Change in Changing Times: Building a More Resilient Dental Society



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The word “change” means to make or become different, transforming a state, form, or quality. It can be a noun or a verb. It’s ultimately an alteration to the status quo.

Change can be an overwhelmingly difficult process to undertake. Anyone who has ever tried to change the most minute process in their practice and was met with resistance understands what I mean. Change involves loss, a loss of what the people involved understand to be normal. It is that loss of normalcy where we run into difficulties.

Despite our best efforts as dentists, dentistry doesn’t look like it did a decade ago, and it certainly doesn’t look like it did when many of our members first hung up their diplomas. Practice ownership models, the economics of starting a career, even the way dentists choose to affiliate with one another—that

landscape has shifted under our feet. Our dental society has felt every one of these shifts. What’s notable isn’t that change has happened. It’s how we’ve chosen to respond to it. We as a dental society have not resisted that change. We have leaned into it with intentionality.

The traditional path — graduate, associate for a few years, buy a solo practice — is no longer the default. Group practices, DSO-affiliated offices, and partnership models have become common alternatives, each offering a different risk profile and a different relationship to autonomy. For many new dentists, the question is no longer “when will I own a practice?” but “what kind of ownership, if any, makes sense for me?”

That’s not a small thing. It changes what young dentists need from their dental society. Someone weighing a DSO offer against a traditional acquisition needs different guidance than someone simply trying to acquire a dental practice,

purchase equipment, or build a patient base. Our dental society has had to broaden what it offers to stay relevant across a much wider range of career paths.

Layered on top of that shifting landscape is a financial reality that earlier generations of dentists didn’t face at the same scale. Educational debt has climbed steadily, and it now shapes decisions in ways that go beyond just delaying a first home purchase. It affects when — or whether — a dentist can consider ownership, how much risk they’re willing to take on, and how quickly they can build any kind of financial cushion. A dentist entering practice today is often making career decisions with a materially heavier balance sheet than the dentist who mentored them.

This has real consequences for organized dentistry specifically. When early-career finances are stretched thin, membership dues and time away from the chair for



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



society involvement become harder to justify, even for dentists who value the community they find within their society. That tension has shown up clearly in our numbers.

One of the more sobering trends nationally is the decline in membership among dentists in that first decade in practice— a cohort that should, by most measures, be settling into professional life and looking for community, not drifting away from it. Instead, this is where we've seen some of the steepest membership decline.

The reasons are multifaceted: debt and financial pressure, practice models that don't leave much unstructured time, and — frankly — a sense among some early-career dentists that organized dentistry hasn't fully caught up to how they practice. Recognizing this gap, rather than explaining it away, has been an important first step. Reversing it has become a genuine priority for organized dentistry at every level, our society included.

Rather than treating these pressures as reasons to scale back, our society has used them as a prompt to rethink how we operate and who we serve.

On the operational side, we moved our

office to a coworking space. It's a small logistical change with an outsized effect: it cut our overhead meaningfully, and those savings have gone directly back into member-facing programming instead of sitting in a fixed lease. It's also, in its own way, a fitting symbol — a society modeling the same flexible, asset-light thinking that many of our younger members are applying to their own careers.

We've also built out programming specifically aimed at early-career dentists — the same cohort we're at risk of losing. Rather than assuming what they need, we've shaped this programming around the actual pressures they're navigating: understanding practice model options, managing debt intelligently, and finding mentorship and leadership training at a stage of career when it's easy to feel like you're figuring things out alone. The goal is not just retention of members, but it is making sure the society is actually useful to the dentists we most need to keep engaged.

And we've addressed a pressure point affecting nearly every practice in our region, regardless of ownership model: staffing. In response to the ongoing shortage of dental assistants, our soci-

ety launched a dental assisting training program, creating a local pipeline of qualified assistants for member offices. It's a direct, practical response to a problem that was making it harder for our members — early-career and established alike — to run their practices smoothly.

None of this means the pressures have disappeared. Practice models will keep evolving, debt levels aren't likely to drop on their own, and rebuilding engagement among early-career members will take sustained effort, not a single initiative. But a professional community's strength isn't measured by whether it faces disruption — every generation of dentists has faced some version of that. It's measured by whether it adapts in ways that actually serve its members.

By cutting costs where it made sense, investing directly in the members we're at risk of losing, and solving a real operational problem through the assisting program, our society has shown what that adaptation can look like. The landscape will keep changing. The question we've chosen to keep asking is simple: how do we change with it, and who do we serve better by doing so?



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Dental Bites

Fun facts from the world of Dentistry



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

Considering our overburdened informational society, I have come to the point of adding some possible “useless” bits of information for your personal use and enjoyment.

Sharing these “Useless Facts of History” at this juncture in your dental careers may be deleterious to your overall status as a Professional unless you are still practicing in the dark ages...Enjoy!

1. The number of enamel rods, or prisms in an average tooth: 5 to 12 million!
2. The number of Dentists in California in the 1800's: There were very few in the early days of California. With the discovery of Gold in 1849 there were unregulated frontier doctors, barbers, or jewelers that practiced dentistry at that time. By 1849, it was noted that approximately “several hundred” practitioners practiced dentistry in California.
3. How many teeth did the Dentist, Painless Parker, supposedly remove in his career? Millions of teeth in his clinics (apparently more than one, named “Painless Parker’s Dental Circus!”). He famously claimed to have broken a personal record by extracting 357 teeth in a single day, which he proudly strung into a necklace he wore around his neck. That necklace now can be seen in the new dental museum in my alma mater, Temple University in Philadelphia.
4. How many toothbrush strokes does it take to clean the Human mouth? 300-600 manual strokes (approximately 15-20 per tooth) in a total of 2 minutes recommended by the American Dental Association. On another note, the electric toothbrush can deliver 30,000 rapid vibrations per minute!! Manual Brushes: Average about 200 strokes per minute.
5. What is the most difficult dental instrument to use? The Gracey Curette is widely considered the most challenging hand instrument to master due to its asymmetry.



Painless Parker: Edgar Rudolph Randolph Parker



The landscape of dentistry continues to evolve, bringing new opportunities for learning, growth, and innovation. New technologies, evolving patient expectations, practice transitions, and the business decisions that come with running a practice all play an important role in today’s profession.



Written By:
Crystal Railey

While clinical education remains essential, many of the decisions dentists make happen outside the operatory. How do you evaluate new technology? What should you consider when preparing for a practice transition? How can you continue improving the way your practice operates?

These conversations inspired the San Diego County Dental Society’s Dental Business Series.

Designed to complement traditional continuing education, the series brings together industry professionals from across dentistry to share practical knowledge, new perspectives, and real-world experiences. Each session explores topics that impact modern dental practices, from technology and operations to practice growth and clinical workflows.

The final Dental Business Series of the year will take place on Thursday, October 29. Attendees will earn 2 CE units while enjoying dinner and hearing presentations focused on maximizing practice value, technology solutions for dental practices, and full-arch restorative workflows.

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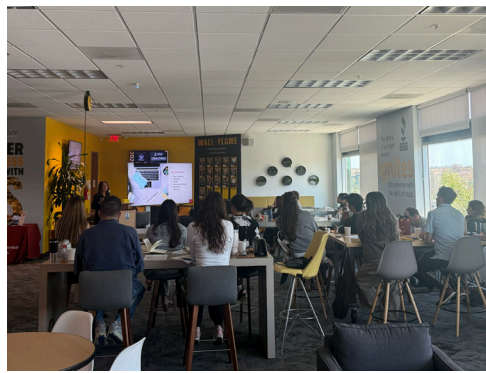
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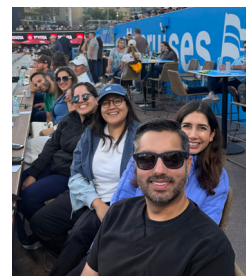


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