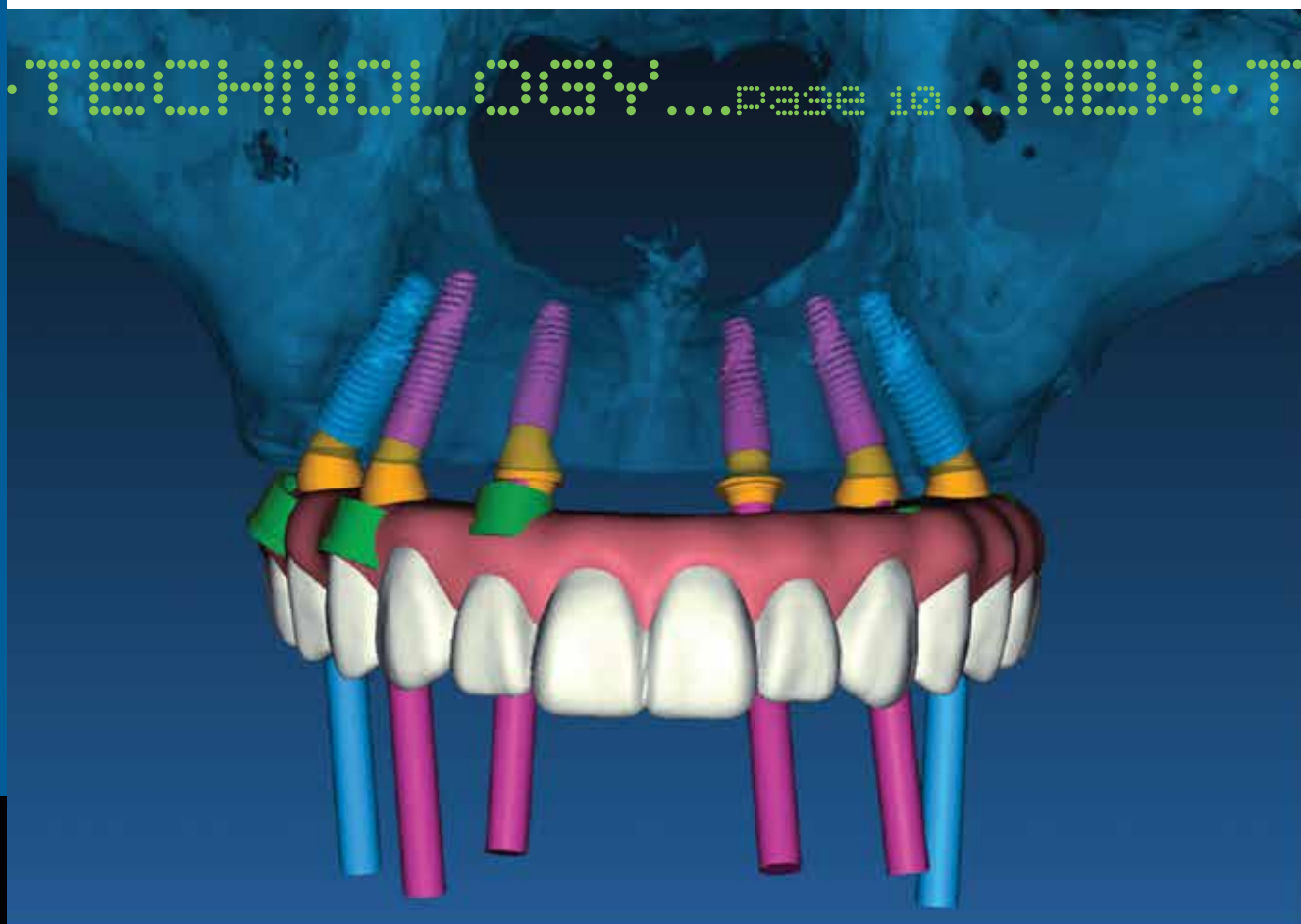


FACTS FACETS



San Diego County
DENTAL SOCIETY



**April
2022**

April 1

Emergency Medicine,
Dr. Stanley Malamed

April 7

New DDS Social

April 10

7th Annual
Afternoon Tea:
Women in
Leadership Seminar

April 21

Down with Delta:
How to eliminate
PPO dependence

April 27

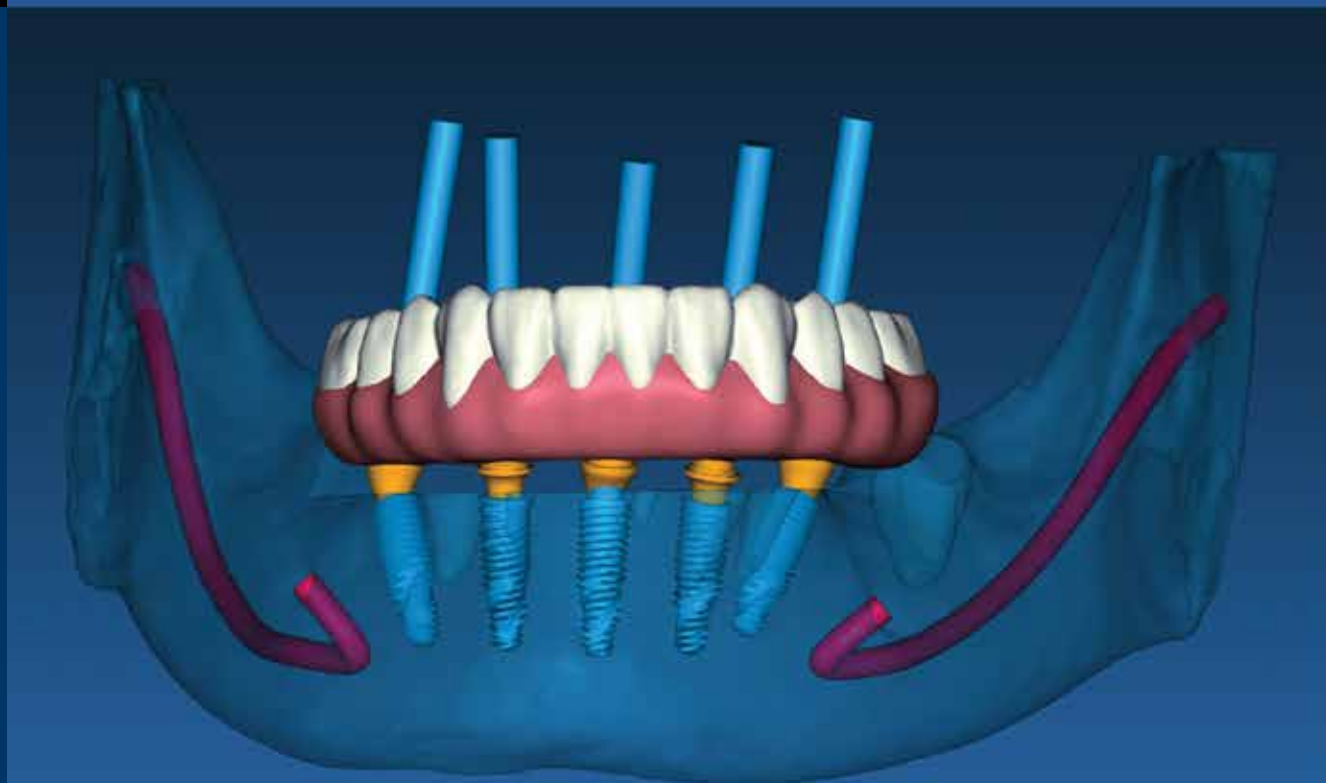
Dinner with a Doc & Dentist:
Pediatric Nutrition Pearls

April 30

Shred-A-Thon

May 19

BLS Renewal



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RANCHO PENASQUITOS: 4 ops. 29 years of goodwill. Highly visible shopping center location. Office remodeled in 2016 and has digital xray and Cerec.

LA JOLLA: 5 ops. Over 40 years of goodwill. Mostly fee for service. Great location with easy freeway access.

VISTA: 5 ops. State of the art practice with Pano, Cerec, and digital xray. Low overhead. Easy access with fwy close location. Seller must move away for family.

CARLSBAD: 4 ops. Nearly new buildout in superb retail location. Next to Panera Bread. Motivated seller wants to downsize.

SAN MARCOS: 6 ops. Highly coveted north county location in busy shopping center. Relatively new CT scan, digital xrays, and intraoral cameras. Invisalign and implants can be added.

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Facets these publication honors
in Division 2:

2018 Newsletter Award,
2017 Newsletter Award,
Honorable Mention
2016 Outstanding Cover

APRIL 2022

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get more information at
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Chritine Alrock Fabb, DDS



Fabulous Baby Fabb

In lieu of a President's report this month, I would like to introduce Carri Emma Fabb, born on Feb 13th, weighing in at 6 pounds 6 ounces. Mom and baby are both doing well.

As this issue is focusing on technology, I would like to share the 3D interpretation of Carri's 36-week ultrasound. Seeing what she looks like after birth, the resemblance is impressive! •



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from all of us
at the SDCDS!!*



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My First Technology Upgrade: An Exercise in Data and Marriage

In the year that followed the purchase of my practice, I had had enough with my X-ray developer.

New graduates may have no idea what I speak of. (Are they still teaching films in school? This is a legitimate question and not a rhetorical one—I really don't know the answer!) The developer was that machine that was supposed to mechanize and streamline the development of individual films and housed all the chemicals inside. And this machine had the awful habit of losing films that were never to be found again. When I say enough, I mean I was ready to take the developer into the parking lot, grab the biggest sledgehammer I could find, and have my way with it.

When that film is the only thing standing between the cementing of that crown, the obturation of that root canal, losing a film adds at least twenty minutes onto an already packed schedule. I needed to rid my practice of this burdensome beast. So how would I do it? I needed to have a plan.

Now, I am married to an engineer, more particularly, an electrical engineer. EE's are the self-proclaimed propeller heads of the engineering world. They like their data. I have long stopped counting the number of emails, texts that have begun with, "So I have been doing some calculations..." Spreadsheets are his happy place, and over my time in practice ownership, they became mine as well. I knew that having digital radiography was something that would make practicing that much easier, better, more efficient. I was the dentist, after all. But those of us female dentist practice owners who are married can attest to the fact that having both partners on board with major financial purchases, regardless of said spouse's profession, especially in those first few lean years of practice ownership and marriage, is half the battle.

So, I got to work. I started an Excel spreadsheet. Honestly, data is where we dentists should all start in our equipment purchases. (We dentists must resist that siren call of our dental suppliers who want nothing more than to show us the newest and best dental equipment complete with all the requisite bells and whistles—always follow what the data tells you!) After all, this wasn't just about the digital sensor equipment alone, but the computer monitors, networking that would make it all happen. I needed to make sure that those "extras" would be worth it. On my spreadsheet, I started the process of accumulating how much we spent on films, chemicals, recycling and disposal of said chemicals, disposal of the lead within the x-rays themselves, repair and maintenance of that cursed developer, and lastly and most importantly, staff and chair time. It became quite clear after a single week that having digital radiography in my practice would be a game changer, if only in chair and staff time alone. I presented my findings to my spouse, who was happy to see I had done my due diligence and quickly agreed.

I then started to look around to see what was out there. At the time, there were only several digital sensors on the market, so the demonstrations of my very eager supply reps came quickly.

I had had some limited experience with it in school and had memories of choking on the thickness of the sensor. In hopes that they had changed the shape of it, I started there and looked at the remaining companies. I had pretty specific criteria about the sensors.

1. Would they be comfortable for the patient, at least as comfortable as could be expected?
2. How was the image quality?
3. Was the software easy to use, could it minimize staff training, AND how well could it integrate into my practice management software?
4. Was the cost commensurate with the savings I would make in chairtime?

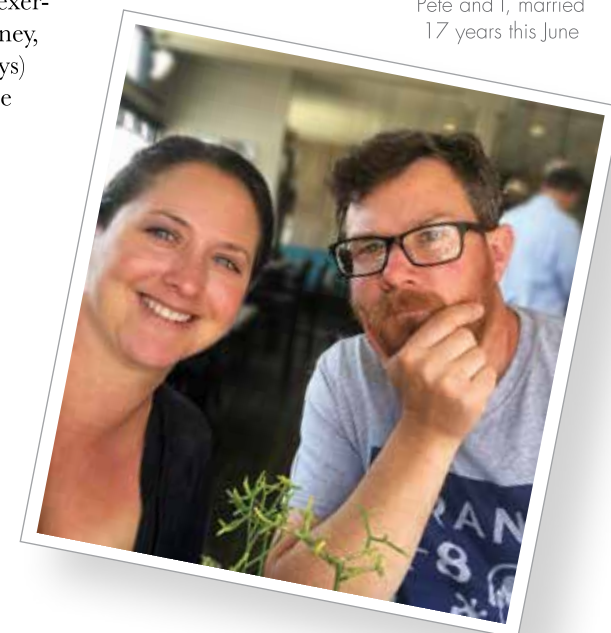
Taking these factors into account, I made my decision on which sensor I would get and then set about with the second step, networking, and specifically, a company whom I could outsource the installation of all 4 computers. I am not a computer person in the sense that I have any idea about how these things work, but it has progressed leaps and bounds beyond where I was at that moment. I couldn't tell a router from a modem, RAM vs ROM, you get the picture. I started asking friends and colleagues who they recommended. After all, you not only have to be able to process the images, you have to be able to store them securely. I got an estimate, which seemed a lot but as this was my first data point, I went to look for another. In the interim, I showed my husband, who nearly lost his lunch when I showed him the estimate. "I can do that for free!" he said. So he did.

And we were on our way to having digital radiography in my practice! After spending countless hours in the attic of the building (sadly there were no dropdown ceilings in that building), drilling holes through the ceiling, numerous trips to Fry's electronics for random things, we had our network, server and all.

At the time I didn't know that my agreeing to this would become a years long exercise in marital stress. Numerous calls that began with "The server's down, honey, can you come figure out what's going on with it?" (all during his own busy days) eventually became rarer and rarer as both I and my staff learned to trouble shoot the problems we would eventually face. At some point in the future, as the number of operatories and thereby complexity increased, I had to "let go" my husband and hire an actual IT professional who could come at a moment's notice. My husband, to his credit, was happy to let go of the job. As they say, hindsight is 20/20.

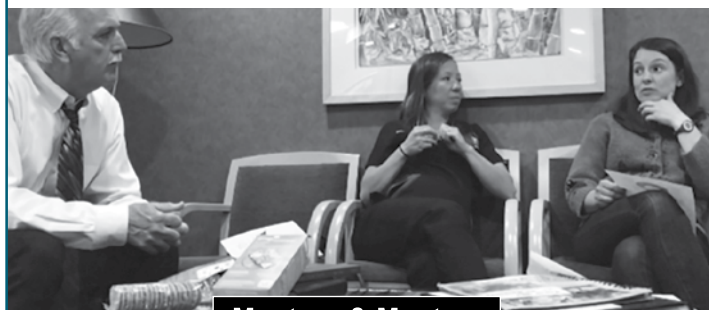
This exercise taught me several things. First, always make technology purchases with data in mind. If it won't make a difference to the quality of your work or save you in overhead, maybe it's not the best of purchases (with exceptions due to mandated equipment). Also, as I was just in year 2 of my marriage, it taught me how my husband and I could work together as a team. I now know there are some things where I need his help, and some, I shall we say, outsource. •

Pete and I, married 17 years this June





MENTORSHIP PROGRAM



Mentors & Mentees

The San Diego County Dental Society's Mentorship Program, launched in 2018, aims to connect seasoned and experienced dentists with our newer member dentists. We are so proud of how our members have come together to share their wisdom and skills with the upcoming generation. So far, over 100 members have participated as either mentors or mentees. All members are welcome to participate in this program. If you are interested in being matched with someone or want to learn more, please visit: sdcds.org/mentorship-program/ or email our Membership Coordinator, Meg Hamrick at membership@sdcds.org or call (619) 275-7189.



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Organizational Leadership

At 2050 members in San Diego and Imperial Counties, we claim almost 70% of the dentists in our area. By association standards, that's a very respectable number. We attribute that in great part to the "character of the dentist" – someone who wants to support the positive development of their profession on many levels. Ultimately, that benefits not only the dentists, but of course, the patients they treat.

Many of you participate actively in some way, whether that be through attending a CE course, using our on-line resources, or simply reading the information we put out through print or electronic media. However, a much smaller number of dentists volunteer to help run the show. This year, I hope you'll consider stepping up to take a leadership role. There are numerous ways in which you can do that, some which are quite involved, and others that take less time and commitment.

At the governance level, we need dentists who are interested in helping to envision our future and to build a strategy to get us there. These are the board members of our own society and those who serve at the House of Delegates for both the CA and American Dental Associations. At the committee level, you can decide which of the ten or so committees you would be interested in helping.

In every case you will be creating meaningful, positive action. Your guidance will help the organization and the profession. And if you're like most of our leaders, you'll get a great deal out of the experience. Being a good leader boosts morale not only for those you serve, but for yourself.

The QR code below will take you to the form where you can register your and interest. Please consider jumping off the sidelines and letting us know how you'd like to be involved. By doing so, you'll help to mold the profession through the work that organized dentistry does. •



Elected Positions (previous committee experience required)

SDCDS (SOCIETY)

- ☐ Board of Directors, 2yr term
- ☐ Delegate to CDA House, 3yr term
- ☐ Secretary, 1yr term, 1 position*

Note: The Secretary position (year 1) requires a 4 year commitment. This official moves to President-elect (year 2) followed by President (year 3) and finally immediate past-president (year 4).

SDCDF (FOUNDATION)

- ☐ Board of Directors 3yr term

Note: According to Foundation Bylaws, directors serve 3-year terms. Officers (President, Treasurer, Secretary) are elected by the directors during a board meeting.

Committees

- ☐ Well-Being
- ☐ New Dentists
- ☐ Editorial Board
- ☐ Membership Recruitment & Retention
- ☐ Communications Committee
- ☐ Political Action
- ☐ Continuing Education
- ☐ Gala
- ☐ Ethics

Note: Ethics is open to members of SDCDS for 5 years or more.



LEADERSHIP



VOLUNTEERING



ADVOCACY



SOCIAL NETWORKING

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- ☐ Public Speaking
- ☐ Mentoring

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EL CAJON: East County highly productive practice w/modern facility. Digital, seller refers specialties, primed for future growth. 2021 GR \$1M+. #CA2975

ENCINITAS: Desirable area, strip mall location with 5 Ops, Digital PAN, Digital Sensor, soft tissue laser, paperless with Dentrix and workstations in every Op. Averages 25 NP/mo. with room to grow keeping specialties in-house. #CA2935

ESCONDIDO: 6 Ops, high prod/coll, CBCT, Scanner, Scope, Laser. Off main road, refers out most specialties. #CA2946

ESCONDIDO DENTAL REAL ESTATE: *New Listing!* 5 fully equipped Ops, purchase this 2,200 sq. ft Craftsman stand-alone building. Corner lot, busy street with parking. #CA3031

N. COUNTY INLAND FACILITY ONLY: Excellent location solid anchor stores in a busy shop ctr. 5 Ops, 4 equip + 4 chair ortho bay. Great space for GP looking to expand or specialist wanting 2nd loc. #CA2840

N. SAN DIEGO COUNTY: Busy main rd location, modern office with 6 Ops in a medical building. Dentrix, Dexis Digital x-ray, CBCT, soft tissue laser. Solid foundation and room to grow with specialties! #CA2932

N. SAN DIEGO COUNTY: 4 Ops highly desirable location in busy strip mall. Digital, clean, and modern, with an excellent layout. Consistent year to year collections. #CA2961

SAN DIEGO: *New Listing!* Long established practice with 6 plumbed Ops, 4 equipped. Digital Pan, soft tissue laser, specialties referred. Room for add'l hours and procedures. #CA3005

SAN DIEGO: Beautiful practice in affluent area with 4 Ops, CEREC, CBCT, Digital, and paperless. Room to grow keeping specialties in-house. #CA2896



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Fahad Ukaily, DDS: Int'l 2021

Nancy Welch, DDS: De Ocampo Memorial College 1979

Mynhan Le, DMD: Nova SE Univ. 2020

Anahita Akbari Farahani, DDS: LLU, 2017

Noozhan Karimi, DDS: Shiraz Univ. 2008, Prosthodontics at LLU, 2020

Pranay Patel, DDS: Univ. of Maryland Baltimore 2020

Rebecca El-Khoury, DDS: USC 2019

Krauss Drachenberg, DDS: Int'l 2021

Darick Nordstrom, DDS: USC 1979

Zaid Saeed, DDS: Univ. of Colorado 2021

Christopher Chan, DDS: LLU, 2017, Oral Maxillofacial Surgery at University Medical Center, 2021

Nicholas Frankel, DDS: Temple Univ. 2021



By Daniel Witcher, DDS

Technological Advancements in Implant Surgery and Prosthodontics

NEW TECHNOLOGY

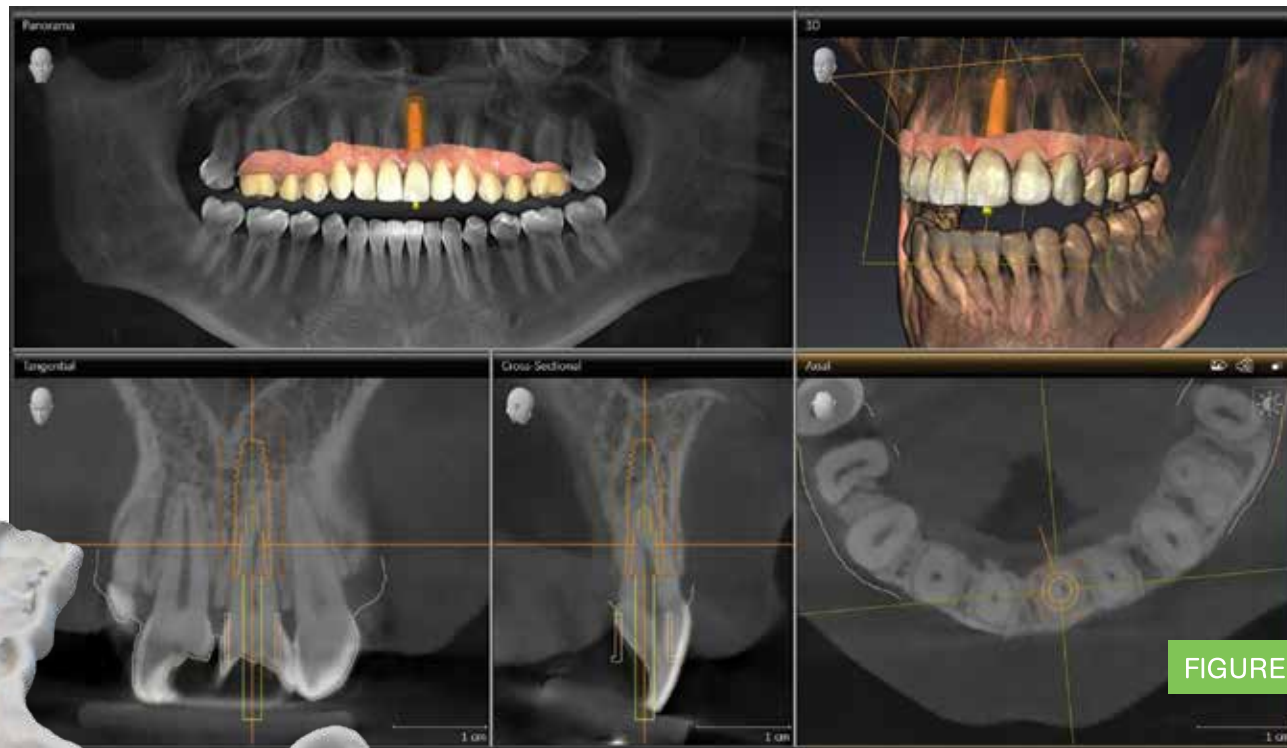


FIGURE 1

Figure 1: Merged optical impression and CBCT scan with digital treatment plan for extraction and immediate implant #9.

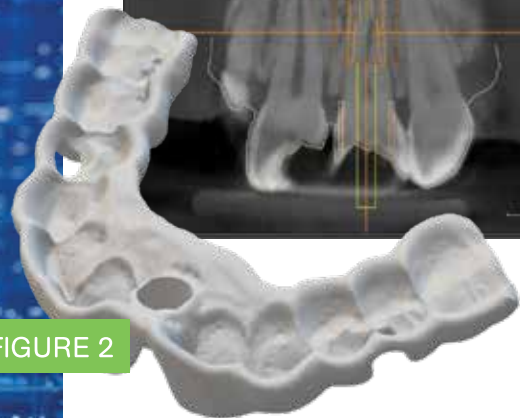


FIGURE 2

Figure 2: 3D printed surgical guide fabricated from the plan featured in Figure 1.

Advancements in technology can come quickly, and nowhere is this truer than in the fields of implant surgery and prosthodontics. Gone are the days of surgeons using the old “peek and shriek” method of taking a 2-dimensional image of an edentulous space to plan an implant surgery, only to reflect a soft tissue flap and find themselves surprised by a site with completely different bony architecture than what they had expected. Similarly, we hope that the days of restorative dentists having a patient referred back to them with an implant placed by a specialist in a poor restorative posi-

tion are a thing of the past as well. The latest digital workflow is something that has greatly refined our ability to appropriately prepare the hard and soft tissues during implant surgery, accurately place implants in ideal restorative positions, and most importantly, clearly communicate options and plans between providers and patients alike.

One can assume that when the first I-CAT cone beam CT (CBCT) scanner was installed in February of 2004, those behind its development had no idea how important a role it would play in the technological advancement of implant dentistry. However, *almost 20 years later, CBCT technology really still is the cornerstone of our current digital workflow.* Initially used as a way to improve outcomes with extraction

and bone grafting techniques, this in-office 3D radiography is now used to accurately plan and execute complex surgical and restorative plans with unprecedented precision.

Before one can execute the ideal surgical plan, the end goal must be clearly defined. In most cases, this involves obtaining a CBCT scan before a tooth is extracted and using implant planning software like SI-CAT Implant, Blue Sky Plan, DTX, or coDiagnostiX to plan the ideal implant position, angle, and depth, based upon the location of the existing crown. By using planning software to digitally place an appropriately sized implant before a tooth is extracted, we can visualize what will be necessary to support our final restoration and develop a plan to achieve that goal.

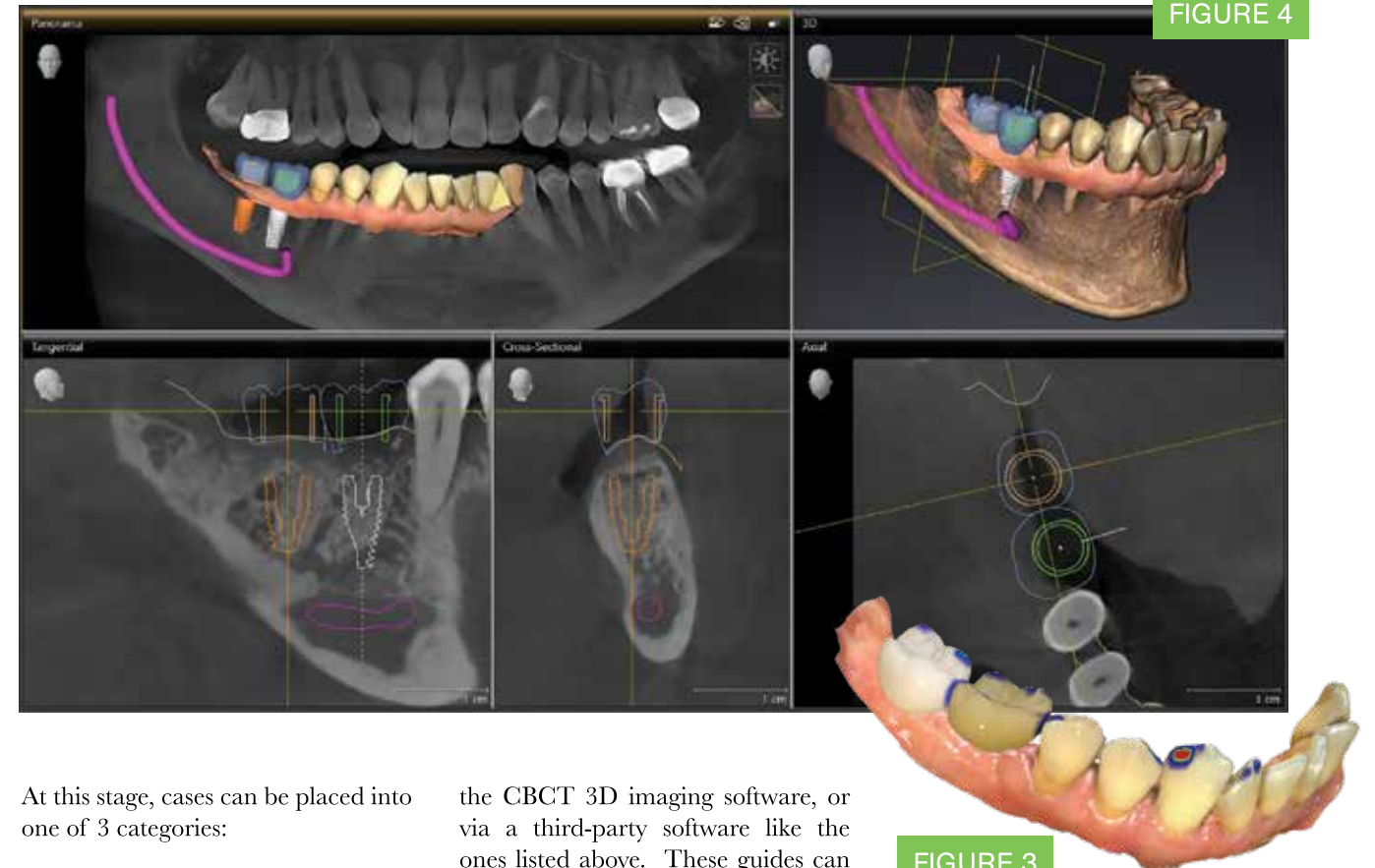


FIGURE 4

Figure 4: Plan for implants 30 and 31 based upon digital wax-up in Figure 3.

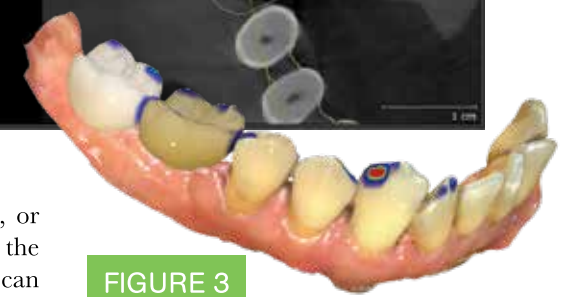


FIGURE 3

Figure 3: Digital “wax-up” for planning implants 30 and 31.

At this stage, cases can be placed into one of 3 categories:

- 1) candidate for immediate implant placement,
- 2) candidate for staged implant placement with extraction and traditional socket grafting, or
- 3) requires ridge augmentation surgery prior to implant placement.

This plan can be clearly communicated with the patient or referring provider prior to any invasive treatment being rendered.

If an immediate implant is planned, fabrication of a surgical guide or use of dynamic 3D navigation is critical to ensuring that the implant is placed in the proper restorative position and minimize the chance of diversion into the extraction socket. For surgical guide fabrication, an optical impression is taken with an intraoral scanner such as an iTero or CEREC Omnicam/Primescan, and that impression is superimposed on top of the CBCT (Figure 1). From there, the implant plan can be refined and a surgical guide is fabricated through

the CBCT 3D imaging software, or via a third-party software like the ones listed above. These guides can be created in a lab, or milled or printed in-office (Figure 2). If dynamic navigation is planned, the same planning principles apply, there are just a few extra steps, including taking the CBCT with a special bite registration containing radiographic markers. Regardless of which path is selected, both options allow us to take a patient on their initial visit from having a non-restorable or fractured tooth to having an implant placed in the ideal restorative position, all in the same visit. From there, the implant fixture or attached scan-body can be scanned and a temporary restoration can be milled or printed in-office, or with the aid of a local digital lab.

If a staged approach to implant placement is deemed appropriate, extraction and socket grafting are approached with the final implant position in mind, with care to preserve native bone when at all possible. After the appropriate amount of graft integration time has elapsed, the final implant position can be planned. This is best achieved by obtaining a new CBCT, along with optical im-

pressions of the edentulous space and surrounding dentition, as well as the opposing arch and a bite registration. From there, a digital wax-up of the implant restoration can be mocked up (Figure 3) and overlaid on top of the CBCT (Figure 4). This “crown down” treatment planning technique is an ideal way to plan a case, as it affords the provider an opportunity to anticipate possible surgical or restorative issues before an implant is ever placed. The need for anything from sinus augmentation to ridge splitting or expansion at the time of implant placement can be predetermined, and illustrated to the patient preoperatively. This pre-treatment mock-up is also a great tool for communication between surgical and restorative teams, and can ensure that the proper implant emergence is achieved. It is at this stage that the plan for the implant abutment and restoration should be determined, with clear communication regarding



FIGURE 5

Figure 5: Postoperative radiograph of implants placed using a surgical guide fabricated from the plan featured in Figure 4.

a...successful...implant...case...really...starts...with...knowing.....where...one's...going.....

Technological Advancements continued from page 11

how the restoration will be retained (cement vs. screw), as well as the anticipated type of abutment to be used. From there, the final implant position(s) can be determined, and implants placed in their ideal locations (Figure 5) using a surgical guide or dynamic navigation as described above. It is essential that the surgical anatomy and the restorative treatment plan be taken into account before an implant is placed in order to allow for the best chance at long term success.

For cases where the proposed implant site is severely deficient in bone, ridge augmentation is necessary, and again, can be planned digitally before the grafting surgery

ever takes place. And while the indications, contraindications, and methods for ridge augmentation grafting are far beyond the scope of this article, we can summarize by saying that with the right CAD/CAM planning, everything from a customized allogenic bone block to a 3D printed titanium scaffold for particulate grafting techniques (Figure 6) can be created to regenerate even the most complex of alveolar defects. Most importantly, these custom surgical aids create a situation where the grafting material is a precise fit, which ultimately serves to reduce intraoperative time and improve outcomes to ensure as an ideal a result as possible.

These same principles can be applied to implants used to replace single missing teeth, multiple teeth, or complete arches. When planning a full arch case, additional workup is required to determine the position of the interim prosthesis and in turn, the final implant positions. Rather than designing the ideal crown or bridge position based upon the surrounding dentition, the patient's vertical dimension of occlusion and lip position at rest and while smiling are used to set the ideal prosthesis location. From there, the type of restoration and required restorative space is used to determine the amount of bone reduction needed to place the implant fixtures in the correct positions. Appropriately sized

FIGURE 6

Figure 6a: Site #14 with inadequate bone for implant placement in an acceptable restorative position.

Figure 6b: Digital plan for custom titanium mesh to be used to augment the ridge shown in Figure 6a.

Figure 6c: Implant plan in ideal location with grafted bone using the mesh framework featured in figure 6b.



Figure 6a

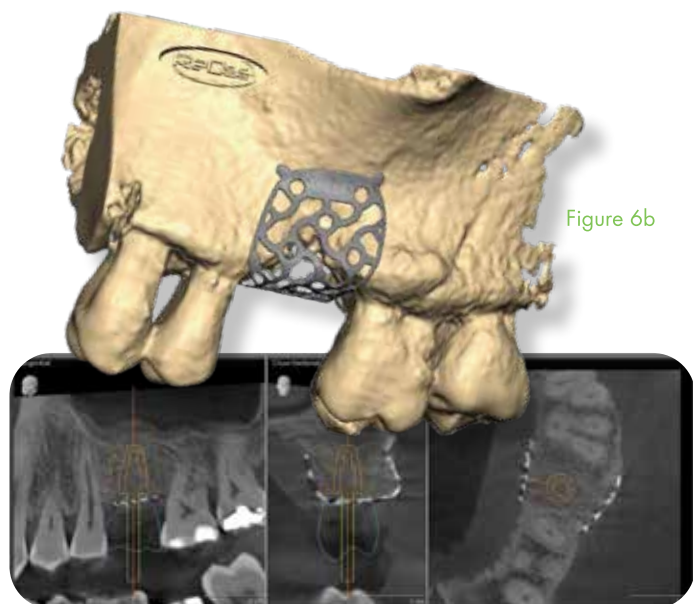


Figure 6b



Figure 6c

FIGURE 7

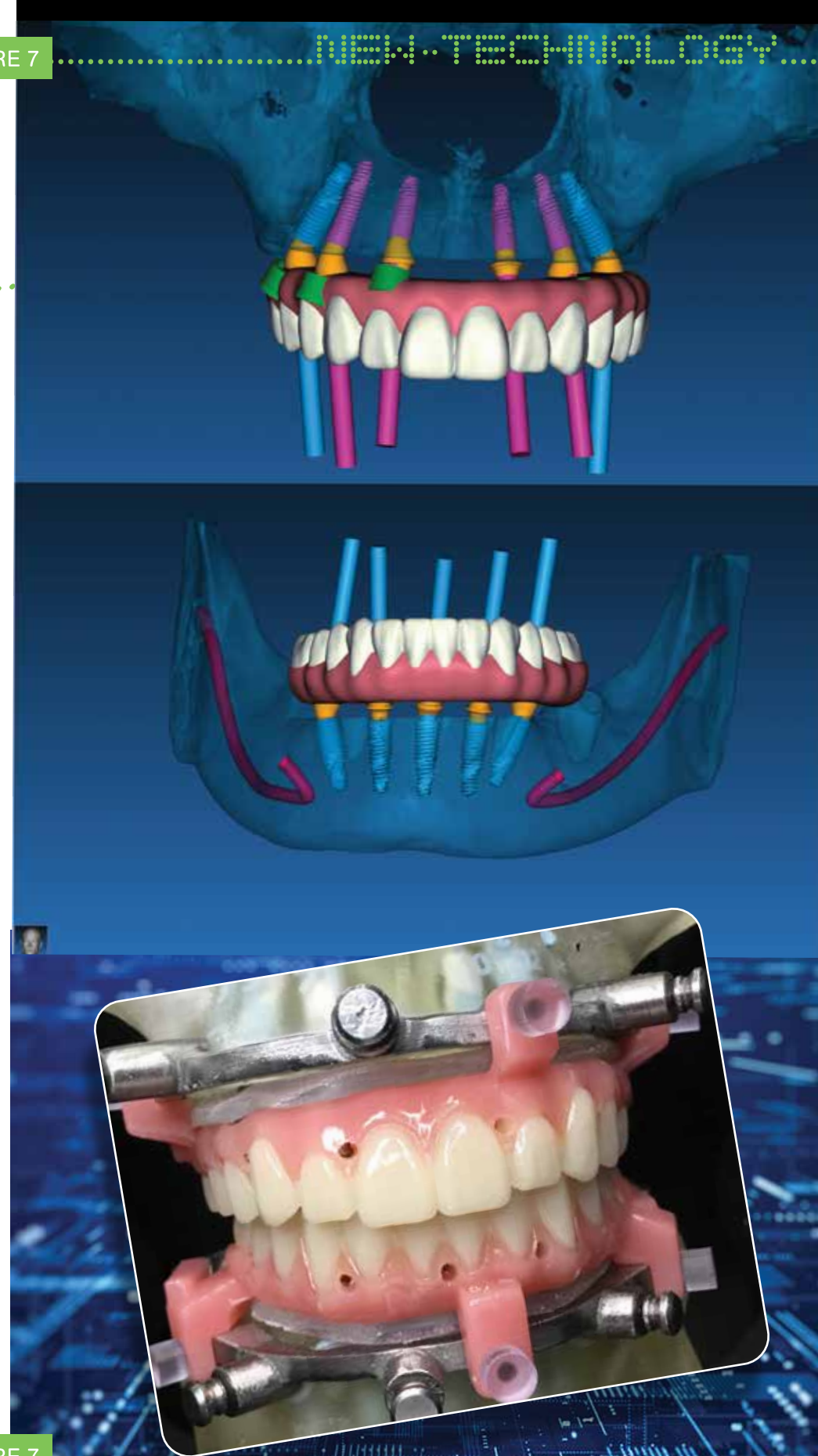
Figure 7a: Digital plan for implant supported immediate-load upper and lower fixed hybrid restorations.

and angled implants and multi-unit abutments are selected based upon the amount and location of available bone and its relation to the interim prosthesis, and bone reduction and surgical guides can then be fabricated based upon this digital plan (Figure 7).

A successful implant case really starts with knowing where one's going and is refined by utilizing the tools available to find the most efficient way to get there. Clear communication between the surgical team, restorative team, and patient is key to that success. And while advancements in digital surgery and dentistry have certainly helped improve accuracy over time, these tools are in no way a substitute for a proper background education in the intricacies of bone grafting and implantology. In the end, we must remember that we are working in an infinitely complex medium, with a craft that takes years to learn, and a lifetime to master. This article is merely scratching the surface of great ways to develop an accurate "Plan A", but the format is far too limited to even touch upon how to approach plans B, C, and D, when things inevitably don't go as planned. Practicing within your scope and knowing when to lean upon the appropriately trained specialists can make all the difference, and ensure that the highest level of care is delivered to each and every patient we treat. •

FIGURE 7

Figure 7b: Bone reduction guides and immediate-load long term provisional restorations fabricated from the digital plan in 7a.



**Note: All images are of cases completed at Coastal Oral and Facial Surgery and are property of Daniel S. Witcher, DDS, Inc. Special thanks to Dentsply Sirona and nSequence Dental Lab for their assistance in the preparation of this article.



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6 Quick Steps

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Glitter and Glitches in Dental Technology

Technology can be baffling as much as it can be helpful. Those of us who have watched Office Space can probably relate to the scene in which an irritated Michael asks what the error message "PC Load Letter" meant. My printer in college, decades back, was the most simple and unassuming printer one can imagine. It had but just one button used to power it on and off. This printer helped me get through not just college papers but dental school projects and beyond. When the ink ran out, it was replaced and that was all it needed. Obviously, it lacked a scanner but that wasn't a feature I was yet missing.

Then some 12 years later, it started to break down. The papers were coming out agonizingly slow and with clear struggle. It was time. I was excited to have a printer that was a scanner, a fax machine, a copier and yes, a printer. But while it seemed like the printer could get me to communicate with the international space station, it was, in fact, glitchy from the start. I was heartbroken.

Technology is supposed to make our tasks smooth and more efficient. But when feature after feature is piled on, there is a risk that the device has now been overloaded, more complex, and the original task it was meant to accomplish might need to be upgraded periodically. Our phones used to be primarily devices to make calls and have conversations. I won't ask you to ponder when the last time you used your phone to make a call or how good the quality of the call was. In dentistry, new tech devices have undoubtedly improved our workflows, our communication, and our patient care. But paradoxically, when a device has more technology in it, there's more technology that can go wrong. Any software engineer will tell you that when more features are added to a program, the more things can have "bugs", a term used in software to describe those annoying glitches we face in our offices.

Like fluoride, there have been digital advances in dentistry that became life altering for patient care and safety, such as digital radiographs. While new technology such as CAD/CAM milling can amazingly leverage dental procedures in terms of efficiency, cost, and even environmental benefits, that technology cannot remain static and must be updated regularly. Think about the last time you upgraded any digital device in your office, and you'll recall why support lines are so crucial to the functioning of a dental office. After all, with patient care, we need kinks to be ironed out in real time. Last week, when my assistant told me that the panoramic x-ray she just took on a patient was not uploaded into our system, I took off my dentist hat and put on my IT hat. Was it the machine or the software?

If computer algorithms will be used more frequently in dentistry, and if more software is being used to our daily functioning in patient care or management, it's likely that we will need to adapt to more of our devices malfunctioning now and then. Upgrades, updates and upping dental technology can bring with it moments of frustration. "It won't let me upload what I want", is what my staff told me one morning referring to our digital intake forms. Embracing new technology propels us to better patient care in theory, but there should be a balance between how much time we spend working out the "bugs" and the time saved by having the technology. Fewer buttons, like on my printer, may actually be a good thing. •

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

SAN DIEGO ADVANCED STUDY GROUP
A Seattle Study Club
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April 12th: Sameer Bhasin "The Science of Case Presentation" Patterson EDU, 6pm. Light dinner provided.

May 10th: Treatment Planning Session, Patterson EDU, 6pm, Light Dinner Provided

June 10th: End of the Year Party: Let's celebrate a fabulous year of collaboration! It's a Surprise! Detail TBA

More Information: May Tong, Study Group Coordinator, 619-298-2200x107 • may@mvoms.com

San Diego County DENTAL SOCIETY

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Let me introduce... is a new column featured in Facets as a way 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.

LET ME INTRODUCE...

Dr. Ryan Watkins

Dr. Watkins



Fiesta Time



Dr. Watkins with his Associate



I have had the privilege of knowing, learning from, and working with Dr. Ryan Watkins for almost 3 years. He is a diamond in the rough being a dentist anesthesiologist and his work greatly impacts the lives of many children and adults. We collaborate together to serve some of the most vulnerable patients in San Diego County, that is adults with special needs conditions. I would describe Dr. Watkins as an extremely hard-working man with a huge heart who is full of compassion. During our interview he was very transparent and his love for his patients and staff were palpable. I really enjoyed learning more about him and I hope you will too!

Without further ado, please meet Dr. Watkins.

So, tell us a little about yourself. Where are you from originally? Where did you grow up?

I was born in Santa Rosa, in Northern California. My parents moved to Lake County, North of Napa, to the small town of Kelseyville, CA where I did most of my schooling. It's a small rural town surrounding the large freshwater lake of Clear Lake. It was once known as the pear center of the world. I was the salutatorian of my high school and I played football and baseball. I enjoyed living there.

Are you from a big, medium-sized, or small family?

I have an older brother, I was the middle child, and I have a younger brother.

What was one of your favorite childhood memories or activities?

We had a lot of freedom as long as we stayed together. Our mom would let us roam around playing outside together. She believed in the buddy system. We lived in the country and had space to roam. I loved fishing, camping, and target shooting clay pigeons.

Where did you complete your undergraduate studies and what did you major in?

La Sierra University in Riverside, CA. My grandfather went to Pacific Union College and encouraged La Sierra University. I was a Biophysics major and a part of the pre-dental club. La Sierra used to be a part of Loma Linda but later became its own university.

What was your "aha" coming to dentistry moment? How did you choose this fine profession?

Originally, I wanted to be an orthodontist. I had braces in the 10th grade and was impressed by my orthodontist. I had an ugly smile. My canine and lateral were mismatched and he really helped me out. He radically fixed my smile. I was considering health professions. My mom was an RN and went to Loma Linda University for nursing school. My great-uncle was a dentist who graduated (from) Loma Linda School of Dentistry in the 60's (my grandfather's brother) and so I looked into dentistry. My father was a school teacher and real estate broker and

was my main mentor though and really encouraged me to always work hard and do well in school.

Where did you attend dental school and residency and what years did you graduate?

I went to Loma Linda University for dental school and graduated in 2003. I was introduced to the anesthesiology department while I was at Loma Linda. At that time their sedation clinic was treating 25-30 patients per day, both children and special needs patients, using general anesthesia. The dental students do a rotation there. I didn't know that the dental anesthesiology specialty existed before. I thought a profession working with and serving the special needs population would be rewarding. So, in my junior year I applied, and I got accepted. I went straight in, did 24-months, and completed it in 2005. It was tough but I'm glad I did it.

What do you love most about dentistry and specifically dental anesthesiology?

What I love most is every single day you are fixing something. I achieve

something every day. Especially comprehensive dental rehabilitation. It's really rewarding when we treat a child where the whole mouth of teeth has been destroyed by early childhood caries and we are able to restore it back to health in 2-3 hours. When you see the before and after and know that you have achieved it. I can't take a vacation too long because I miss that daily reward of achieving something. The work we do actually matters because you are actually fixing a part of someone. I really enjoy working with my staff and having a good team that I have selected and that gets along well. I also really enjoy my new building.

So, you own your own practice?

Yes. Coming out of residency my 5-year plan was to establish a general dentistry office and then develop it within 15 years to create a surgery center for dentistry. But before I built my practice, I started out as an itinerant anesthesiologist, living in Thousand Oaks, and serving dentists in Los Angeles, Ventura, and Santa Barbara Counties, for 2 years. Then I got a job in Visalia, in central California, with a colleague of mine who was a dentist anesthesiologist who worked on children under general anesthesia. There, I started doing dentistry on children under general anesthesia and did this for 1 year while he built a surgery center for children's dentistry. I continued working at the surgery center for 2 more years. I was already 5 years out and decided it was time to start building my own practice. So, I found an office space in Carlsbad and moved my family down to Carlsbad, as the climate and lifestyle was what I wanted. In 2011, I rented a small space where a dentist had moved out. I moved in, designed, and started my own practice, Dreamtime Dentistry, from scratch. I had the specialty of sedation dentistry, but I then transitioned it and opened it up to general dentistry. I hired associates to do the dentistry. I sedate the patients and, at times, I do the dentistry too with children. I am a Medi-Cal provider and have built a practice that started with that and built it up. I became a credentialed specialty provider for the Community Clinics health network for providing dental treatment for age 5 and below

from 2012-2019 as part of the Dental Health Initiative and First Five Program, until it ran out of funding. I am also a contracted vendor with San Diego Regional Center who manages the adult special needs population for the county. The special needs patients tend to have Medi-Cal and they need my services. I recently bought a free-standing building in Vista and did a complete remodel and we officially opened in May 2021. It was challenging, especially with the timing right when Covid-19 hit, but definitely worth it.

Do you have kids?

Yes, I have 3 children – ages 12, 19, and 20. Two boys and a girl. I had 2 children while I was in dental school.

What do you enjoy doing outside of dentistry?

I've been certified a master scuba diver and dry suit certified. I like going to the desert with my kids and riding quads, dirt bikes, and dune buggies. I like fishing at the Oceanside harbor. We stay local, right off the coast. I enjoy boating with friends and just hanging with my kids. I've really enjoyed watching my kids participate in sports, especially soccer, football, and basketball."

What is one thing on your life bucket list that you want to see fulfilled?

Getting my pilot's license. I have been living by municipal airports for the last 15 years but I have not pulled the trigger on that yet. I even purchased the class study material. I want to learn to fly and eventually get my own airplane."

Do you volunteer in dentistry? Are you involved in the dental society or other form of organized dentistry or dental missions?

Yes. I volunteer with 1000 Smiles organization in Ensenada, Mexico. I have even brought my daughter with me to assist. She aspires to be a medical anesthesiologist. I haven't been down there recently since the pandemic, but I plan to keep going and plan on going in May. The clinic serves child patients that have been exposed to toxins that cause the cleft lip

palate. Every 3 months it is open. I have been doing this for almost 5 years.

Do people ever tell you that you look like someone famous?

Sometimes I have had people tell me I look like Jack Black.

Do you have a life quote?

The motto at Loma Linda University that has stayed with me is, 'Service is Our Calling'.

Thank you for your time tonight. It has been a pleasure to interview you. If a fellow dentist wants to reach out to you or refer a patient to you, can they email you?

Thank you for the interview. Yes, email me at rw@dreamtimedentistry.com

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 not only our collegial network but it is one way we can build friendships. We hope you like this new series. Enjoy getting to know someone new each issue. We are indeed better together!



One favorite hobby of Dr Watkins is riding atvs in the mountains and deserts. This picture of Dr Watkins and 3 children enjoying a day in the desert riding Dune Buggies and quads at Anza-Borrego Desert State Park.



Dreamtime Dentistry in Vista, CA

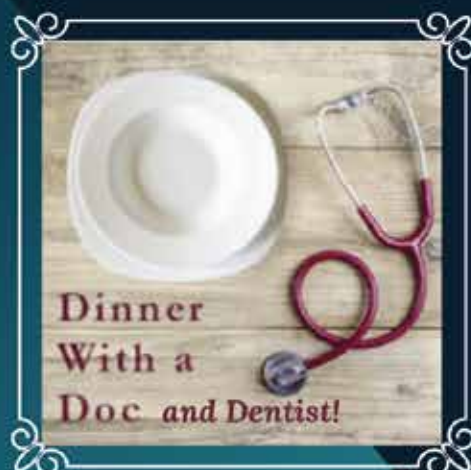


Pediatric Nutrition Pearls



27 APRIL 2022

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6PM: OUTDOOR NETWORKING AND BOXED DINNER
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Pediatric Dentist



Natalie Muth, MD, MPH, RDN, FAAP, FACSM
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Presented by:



San Diego County
DENTAL SOCIETY



Electronic Prescriptions and Time Restrictions

Beginning January 1, 2022, California law requires that all prescriptions (both controlled and non-controlled substances) by dentists and other prescribers be electronic. This is my story.

Every Monday I wake up at 3:50 am to make the 100 mile commute up to Loma Linda, CA to help the graduate perio residents on the clinic floor for the day. On this particular day, I spent FOUR HOURS walking across the School of Dentistry to administration, then back to the perio clinic, back to admin, and well, you get the idea. After setting up multiple passwords, downloading apps, and finally getting eRX set up on AXIUM, clinic was pretty much wrapping up.

One would think that if we are all moving to a universal system that allows for better tracking of medications, cross-prescribing, prevention of over-prescribing... we would use one platform to set up eRx. Unfortunately, that's not quite the case.

Later in the week, I went into work on a "day off" to set up eRX for private practice. After six hours of patiently waiting for someone to pick up, I had to hang up. I made a second attempt to get through later in the week, and after waiting for another four hours on hold, a tech walked me through the steps needed

to complete the eRX. I had a feeling victory was near. Finally, after making it to the final steps... the tech's voice devolved into static, she lost the Wi-Fi signal, lost me, and I lost all hope that they wouldn't call back after waiting by the phone for a few minutes. Was this just bad luck? I seriously question my vibes sometimes.

I went home, feeling frustrated and defeated. I wondered if I should give up. Are all offices in California digitized? Do most dentists have a smartphone? Maybe I should retire? These are some of the thoughts I had running through my head as I made my third attempt to get through to someone and set up my eRx on Dentrix. I tried early in the morning between patients, and after thirty minutes I was finally all set up. Now, successfully sending the Rx is an entirely different struggle.

I went about my day seeing patients and contemplated sending Patterson a bill for my time wasted waiting for someone to pick up the phone.

While I do think this is a step in the right direction (in fighting the opioid epidemic), it does not make up for the 2,167 steps I took walking to and from clinic admin. •

Yvette Carrillo DDS, MS graduated from Loma Linda Univ. School of Dentistry 2015 & 2018 respectively. She is a diplomate of the American Academy of Periodontics. In addition to private practice, she is an adjunct faculty member at various teaching institutions. Dr. Carrillo enjoys blogging, working out, cooking, and spending time with her fiancé, Dr. Riley Garrett, a medical anesthesiologist practicing in San Diego.



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Location, location, location!

Busy North County San Diego dental office with room to grow! This private dental practice is located in a country setting yet is close to the city amenities. 5 Ops, 3 1/2 days/week. Practice revenues in 2021 to be over \$750K with a profitability over 40%. Many specialties referred out. No HMO's or Medical. Owner willing to stay on, PT, for a year if desired. Send resume to pobox12545@gmail.com. (No corporations please.)

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Too busy and would like to retire!

Busy North County San Diego dental office with room to grow! This private dental office is located in a country setting yet is close to the city amenities. 4 Ops, with a fifth one plumbed. 3 1/2 days/week. Hygiene 4+ days/week. Practice revenues in 2021 over \$800k with profitability over 40%. Many specialties referred out. No HMO's. Send resume to: pobox12545@gmail.com

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BUSINESS OPPORTUNITIES

Turnkey Dental Office Space in Del Mar

Recently remodeled - 1300 sq ft - 4 ops, located in old Del Mar w/ excellent visibility on camino del mar one block from the plaza and steps to the beach contact info richcardow@yahoo.com

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May 6, 2022

To benefit the UCSD Free Dental Clinic:
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Foursome team: \$495
Individual hole sponsor: \$495
(Now accepting corporate sponsors)

Shotgun starts at 8:30am, 18 holes of fun golf with lunch, cool prizes, awesome raffle items, followed by happy hour at the world famous "I Bar", featured in the Top Gun movie sequel "Maverick", starring Tom Cruise.

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FRIDAY

APR 1

6CE units

Emergency Medicine: 10-minutes to save a life



Summary: Medical emergencies (ME) can, and do, happen in the practice of dentistry. Dr. Malamed will discuss the incidence of ME, preparation for, and management of common emergencies in the dental office.

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

Location: Handlery Hotel, 950 Hotel Cir N., San Diego, 92108


Register: sdcds.org | (619) 275-7188 | admin@sdcds.org

Price: member/member staff \$150, nonmember \$225

Includes: Continental breakfast, lunch, and light refreshments during breaks (please indicate special dietary needs when registering).

Sponsors: CARR, Fortune Management, Garfield Refining, Ken Rubin Practice Sales, INC.

Speaker:
Stanley Malamed, DDS



THURSDAY

APR 7

New DDS: Beach Bonfire



Summary: Join us at Fiesta Island for a beach bonfire

Time: 6 - 8pm

Location: Fiesta Island (more info given the week of event)

Register: sdcds.org | membership@sdcds.org | (619) 275-7188

Pricing: Free for members

Includes: dinner and smores!


Sponsor: Patterson Dental



SUNDAY

Apr 10

Afternoon Tea: Women's Leadership Seminar



Summary: Enjoy a cup of tea and learn alongside your female colleagues.

Time: 2 - 4:30pm

Location: Bernardo Heights Country Club 16066 Bernardo Heights Pkwy, San Diego, CA 92128



Register: sdcds.org | membership@sdcds.org | (619) 275-7188

Pricing: * Free * (credit card needed to hold reservation, \$25 fee for no-shows)

Includes: light refreshments

Sponsors: Menlo Dental Transitions, US Bank

Speaker:
Lani Grass of "Wave of Women"



THURSDAY

APR 21

2CE units

Down with Delta: How to eliminate PPO dependence



Summary: This course is designed for the dentist who wants to stay massively profitable In the midst of shrinking Dental Insurance reimbursements.

Time: 6 - 8:30pm (check-in 5:30pm)

Location: SDCDS Office 1275 W Morena Blvd. Ste. B San Diego, 92110

Register: sdcds.org | (619) 275-7188 | admin@sdcds.org

Price: * Free * for members!

Includes: Dinner and refreshments (please indicate special dietary needs when registering).

Hosted by: Fortune Practice Management

Speaker:
Jonathon Miller




WEDNESDAY

APR 27

1.5CE units

Dinner with a Doc & Dentist: Pediatric Nutrition Pearls



Summary: Learn about pediatric nutrition pearls and network with other doctors.

Time: 6-8pm

Location: Marina Village Catalina Room 1936 Quivira Way, 92109



Register: Scan QR code on page 18

Price: *Free * for members!

Includes: Dinner and refreshments

Hosted By: American Academy of Pediatrics, California Chapter 3, County of San Diego HHSA, and SDCDS

Speakers:
Natalie Muth, MD, MPH, RDN, FAAP, FACSM and Fadra Whyte, DMD, MPH



SATURDAY

APR 30

Shred-A-Thon
Dental Society Office



Summary: Join us for this exclusive members-only event while we lighten your office load! We will accept up to 10 (ten) boxes per member. Certified destruction will occur offsite. Please visit our website for what we will and will not accept.

**** X-rays need to be separated prior to drop off ****

Time: 9am - 12pm

Location: SDCDS Office 1275 W Morena Blvd. Ste. B San Diego, 92110

Pricing: Free for SDCDS Members ONLY

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

Sponsor: Ken Rubin Practice Sales



THURDAY

MAY 19

4CE units

BLS Renewal for Healthcare Providers
*FREE CE**



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

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


Location: SDCDS Office 1275 W Morena Blvd. Ste. B San Diego, 92110


Register: sdcds.org | (619) 275-7188 | admin@sdcds.org

Pricing: member \$50... *(or use your 1 free member benefit CE for 2022). nonmember \$70, member staff \$60

Includes: Dinner & refreshments provided during registration (please indicate special dietary needs when registering).







TAKE ME TO EVENTS
www.sdcds.org/events



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