

Checkup

Volume 46 • Issue 2 • Fall 2017



WEST COAST
DISTRICT DENTAL ASSOCIATION

A COMPONENT OF THE
AMERICAN & FLORIDA DENTAL ASSOCIATIONS



Mission: Helping Members Succeed

Culture: The Reliable Resource for Dentists

Values: Service, Commitment, Integrity and Excellence

**Annual Meeting
Brochure Inside!**

President's Message



Colleagues, I need your help!

This is the greatest time to be a dentist and the most important time to be involved in organized dentistry. The ADA, FDA and WCDDA are your advocacy team. As your president, I am concerned with the dental initiatives presented by lay people to legislators. They do not understand patient care as well as active practitioners.

Natalie Carr-Bustillo, DDS, MS
President
West Coast District
Dental Association

There is a coalition being formed by organizations such as the Pew and Kellogg Foundations. They have targeted Florida to pass legislation to introduce dental therapists into our state. Dental therapists are mid-level providers that provide preventative and restorative services. According to the University of Minnesota, School of Dentistry website, "you can earn a new Bachelor of Dental Hygiene/Master of Dental Therapy in just 32 months. This can reduce the educational cost to students and also the length of time to earn both degrees." In Minnesota a dental therapist can provide procedures such as emergency palliative treatment of dental pain, cavity preparation and restorations. Currently, dentists in Alaska and Minnesota can legally hire dental therapists. Maine and Vermont are rolling out their version as well. These mid-level providers have been introduced to help meet the dental needs for the underserved rural areas of the state. Predictably in Minnesota, most of the dental therapists work in the urban areas of the state. There must be a better way.

One of the most misunderstood statements in dentistry is "access to care". In reality it is more of a lack of care problem rather than an access to care problem. As many dentists who work in a low income Medicaid environment can attest the no-show rate for scheduled appointments is way above normal. What we can and should do to increase the "lack of care" is educate the patients not lower our standards of education of dental providers.

How can the American Dental Association (ADA) help? The ADA in 2006 launched a pilot project to produce Community Dental Health Coordinators (CDHC) whose training focuses on oral health. According to the ADA website, "The CDHC training focuses on community outreach, coordination of care, educational and social interventions in the community, and prevention. This new member of the dental team will act as a catalyst for better dental health and increased access through dentists and dental offices, improving the overall oral health of their communities."

What can you do to help?

- ✓ Join the American, Florida and West Coast District Dental Associations. Membership keeps you abreast of the issues that are important to you as a dentist and allows for your voice to be heard by legislators and the Board of Dentistry.
- ✓ Attend Dentists' Day on the Hill to speak directly to your legislators on a day dedicated to dentistry. We will be in Tallahassee on February 6, 2018. Register by visiting www.floridadental.org.
- ✓ Educate the public about our training as dentists. I completed 11 years of higher education to become a pediatric dentist. The public is not aware.
- ✓ Volunteer at the Mission of Mercy in Fort Myers on March 9 and 10, 2018 to serve low income citizens of Florida. Register by visiting www.flamom.org
- ✓ Also we can help each other by posting questions and answers on our closed members only forum - www.facebook.com/groups/wcddaclosedforum/

Finally, thank you for allowing me to serve you as your president. If you have any questions, I am always happy to help you find an answer. Membership Matters! Join me to serve the citizens of Florida in the most competent manner, while maintaining our highest standards. 🍌

INSIDE THIS ISSUE

Summer Meeting Memories.	1
WCDDA Fund.	3
Member Milestones	4-5
Members' Only Access.	6
Legislative Update	7
Association Business/ Mark Your Calendar	9
Non-Surgical Tx. Modalities . . .	11-16
Tip of the Tongue.	17

2017 Summer Meeting Memories

To view more meeting photos, visit <http://wccddaphotoalbums.shutterfly.com/>.

Congratulations to the top male and female 5K Winners, WCDDA Member, **Dr. Carey Bonham** and Casey Stoutamire from the Florida Dental Association!



L:R Casey Stoutamire and Lissette Zuknick

Congratulations to **Dr. Joseph Spoto** for winning the Annual Meeting drawing! Dr. Spoto registered for the Annual Meeting and won 3 days, 2 nights & 9 hours of CE at The JW Marriott, Marco Island Beach Resort for WCDDA's Summer Meeting, July 20-22, 2018!

Dr. Melissa Grimaudo (left) awarded **Dr. Robin Nguyen** for her time dedicated to the New Dentist Committee!



Dr. William Truax (center) pictured with his family; Dr. Truax was presented with the Kintsugi Award for his commitment to serving the underserved residents in Florida.



Dr. Melissa Grimaudo (right) was presented with the President's Award for 2016-2017.

WCDDA Officers (L:R) **Dr. Melissa Grimaudo**, **Dr. Reza Iranmanesh**, **Dr. Craig Oldham**, **Dr. Natalie Carr-Bustillo**, **Dr. Oscar Menendez** and **Dr. Jessica Stilley-Mallah**.



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WCDDA Fund



The WCDDA Fund supports access to care events and clinics, accredited dental programs and dental health education in thirteen counties. By supporting local events and education, the association is able to impact various important missions and support the profession.

The WCDDA Annual Summer Fundraiser Raffle was another great success! Over \$3,800 was raised and 19 attendees won various items donated. The WCDDA would like to thank the following for their participation in our successful raffle event held in conjunction with the summer meeting in Naples!

Raffle Donations Provided by:

Al Katz, Southern Dental Refining	Henry Schein	Sherri Liddell, Rodan & Fields
Dr. Michael Kirsch	Kristen Alfriend, DSG	Steve Pollock, Shamrock Dental
FDA Membership	Lee County Dental Society	Tailored Financial Strategies of
FDA Services	Nora Leonard, Philips	Raymond James
Florida Dental Convention	Patterson Dental	Tammy Youst, Centennial Bank
Freedom Bank	Pinellas County Dental Association	TD Bank
Cindy Marmino, Helms Brisco	Proctor & Gamble	WCDDA

Raffle Winners:

Dr. Michael Adams, Gift Basket	Dr. Elizabeth Perez Diaz, Wine Basket
Dr. Kenneth Bommarito, Lightning vs Blues Hockey Tickets	Dr. Andrew Prousi, Diamond Clean Smart
Dr. Carey Bonham, Genius Power Brush	Dr. Andrew Prousi, Genius Power Brush
Dr. Bill Holth, WCDDA's Annual Meeting 2018 CE	Dr. Chris Ross, Fleming's Gift Card \$100
Dr. Mark Kraver, Rodan and Fields Basket	Dr. Jeff Scott, 25% off Henry Schein Coupon
Dr. Steve Krist, Rodan and Fields Basket	Dr. John Thee, GoPro Hero
Dr. Steve Krist, Fire HD 8 Tablet with Alexa	Dr. John Thee, Bose Ear Buds
Dr. Steve Krist, \$100 Amazon Gift Card	Dr. Marcia Timson, \$100 Gift Card
Sherri Liddell, \$100 Outback Gift Card	Dr. Monica Weick, FDC Registration: 4 staff/team
Dr. Paul Miller, Highlands County Gift Basket	Dr. Monica Weick, Patterson Gift Certificate
Dr. Robin Nguyen, \$200 Gift Card	Dr. Margie Young, Gift Basket
Dr. Steve Peirce, Apple Watch	
Dr. Elizabeth Perez Diaz, Hand-piece, 20k Motor	

Dr. Dan Bertoch Memorial Grant:

Dr. Dan Bertoch devoted much time to advocacy for the dental profession. It is in his spirit that a Memorial Fund in Dan's name was established in 2011 to provide funding for a first-time attendee(s) to Dentists' Day on the Hill in Tallahassee on February 6, 2018. The grant can be used towards transportation to and from Tallahassee and accommodations at the host hotel.

For questions regarding the WCDDA Fund or the Dan Bertoch Memorial Grant, contact the WCDDA Office at (813) 654-2500 or email: admin@wcdental.org.

Escape to the Extraordinary

WCDDA Summer Meeting

✧ July 20-22, 2018 ✧

JW MARRIOTT
MARCO ISLAND

Dr. Pamela Sims

- Antibiotic Prophylaxis
- Local Anesthetics, Drugs Interactions and Allergy
- Acute Pain Management

Plan on Joining the Fun...

- Fishing Tournament
- Kid's Night Out & Social Events



Congratulations to the following members for their continued commitment! The year 2017 marks their major milestone in supporting organized dentistry.

25 Years

Dr. Michael Andersen	Dr. Leo Chin	Dr. Alan Hecht	Dr. Craig Oldham	Dr. Thomas Silver
Dr. Maria Aragon	Dr. John Conti	Dr. Philip Jones	Dr. Ramon Ortiz	Dr. Hani Tadros
Dr. Deborah Austin-Brown	Dr. Andrew D'Amelio	Dr. Terry Kelly	Dr. David Petrik	Dr. Leslie Thompson
Dr. Gregory Bello	Dr. Paul Eckstein	Dr. Joan Lynch	Dr. Thomas Plunkett	Dr. Dorothy Tiberii
Dr. Debra Bowers	Dr. Jeffrey Ellenberg	Dr. Peggy Mason	Dr. Eric Ross	Dr. T. Merrell Williams
Dr. Janice Brand	Dr. Craig Georgiades	Dr. William McGrady	Dr. John Russo	Dr. Shirin Yasrebi
Dr. Lisa Brewer	Dr. Christine Grant	Dr. Dan McSherry	Dr. George Sanchez	
Dr. James Carreiro	Dr. Lawrence Handley	Dr. Steve Neyer	Dr. Ann Setkowitz	

35 Years

Dr. Bradley Bartel	Dr. Robert Ettleman	Dr. Dan Knellinger	Dr. Steven Reynolds	Dr. Manuel Vilaret
Dr. John Belcher	Dr. Randy Feldman	Dr. Gregg McNeal	Dr. Hermann Schulze	Dr. Bruce Waterman
Dr. Joseph Bender	Dr. James Forster	Dr. Basappa Mruthyunjaya	Dr. Jeffrey Smith	Dr. Dewitt Wilkerson
Dr. Gery Benza	Dr. Shaun Graser	Dr. Matthew Nieber	Dr. Gary Stevens	Dr. Craig Wood
Dr. Sidney Christie	Dr. John Haley	Dr. Charles Peter	Dr. Charles Thomas	Dr. Davis Yates
Dr. Matthew Davis	Dr. Michael Harper	Dr. Angela Rasmussen	Dr. Marc Tindell	
Dr. Leonard Drazek	Dr. John Hyatt	Dr. Richard Rasmussen	Dr. Dieu Tran-Hoang	

50 Years

Dr. Richard Adams
Dr. Lawrence Cook
Dr. Robert Hart
Dr. William Johnson
Dr. Frank Lombardi
Dr. Wayman Price
Dr. Gerald Springstead
Dr. Robert Watkins

60 Years

Dr. Deuel Christian
Dr. Donald Crawford
Dr. Richard Ehlers
Dr. Robert Iler
Dr. Richard Karlson
Dr. Carl Mallick
Dr. Samuel Miller
Dr. M Paul Nestor
Dr. James Ross
Dr. Richard White

Life Members

Dr. William Belton
Dr. Satish Ankalikar
Dr. Antonio Benitez
Dr. Victoria Bong-Krueger
Dr. Robert Bousquet
Dr. Leonard Britten
Dr. Dennis Dalton
Dr. Brendan Dwyer
Dr. Lindsay Eastman
Dr. Polly Eldridge
Dr. Charles Ford
Dr. Joel Garblik
Dr. Michael Gmitruk
Dr. William Holth
Dr. Fahey House
Dr. Harry Insko
Dr. Stephen Katz
Dr. Thomas Klement
Dr. William Kochenour
Dr. Mark Levinsky
Dr. John McCombs
Dr. Michael McRoyan
Dr. Yolanda Mitchell
Dr. Arthur Molzan
Dr. Thomas Porter
Dr. Gerald Pysler
Dr. Paul Rubenstein
Dr. Bruce Schaeperklaus
Dr. Neil Stringer
Dr. Undavadi Vasudev
Dr. Michael Walker
Dr. Thomas Yoho

The WCDDA would like to extend a warm welcome to new and returning members of the American, Florida and West Coast Dental Associations

Dr. Jason Alter, Saint Petersburg	Dr. Stephanie Cole, Sarasota	Dr. Andrea Gordillo, Brandon
Dr. Clay Alviani, Tampa	Dr. Sharon Colvin, Bradenton	Dr. Saachi Goyal, Lakeland
Dr. Daniel Amyradakis, Lehigh Acres	Dr. Gianna De Simone, Winter Haven	Dr. Brittany Guerrero, Tampa
Dr. Michael Andersen, Fort Myers	Dr. Raymond Dixon, University Park	Dr. Cole Haggerty, Lakeland
Dr. Sheno Bennett, Spring Hill	Dr. Jacqueline Dorociak, Seminole	Dr. MHD Nadim Haidar, Haines City
Dr. Fred Benzenhafer, Saint Petersburg	Dr. Kelli Eberhardt, Bonita Springs	Dr. Beenabehen Harkhani, Fort Myers
Dr. Igor Bilov, North Port	Dr. Derek Espino, Spring Hill	Dr. Kendrah Harper, Lakeland
Dr. Harrison Black, Tampa	Dr. Maira Estrada, Lakeland	Dr. Annette Harriman, Sarasota
Dr. Gibson Boswell, Tampa	Dr. Fadi Fares, New Port Richey	Dr. Trevor Hart, Fort Myers
Dr. Kenton Brandimore, Saint Petersburg	Dr. Ivette Fernandez, Punta Gorda	Dr. Eric Heisser, Naples
Dr. Carina Canizares, Saint Petersburg	Dr. Jennifer Fiorica, New Port Richey	Dr. Johanna Hernandez, Naples
Dr. Carina Catipovic, Wesley Chapel	Dr. Charlotte Fowler, Bradenton	Dr. Helen Hoveida, Plant City
Dr. William Chais, Cape Coral	Dr. Maria Garcia, Naples	Dr. Jennifer Hughes, Naples
Dr. Shweta Chapagain, Palm Harbor	Dr. Anna Gayday, Clearwater	Dr. Sorina Ilie, Naples
Dr. Eros Chaves, Seminole	Dr. John Girgis, Tampa	Dr. Jacqueline Jakubiec, Tampa
Dr. Seng Kyu Choi, Tampa	Dr. Gabrielle Goodman, Clearwater	

(continued on page 5)

Show Commitment

Dr. Tawana Jenkins, Tampa
Dr. Sarah Johnson, Sarasota
Dr. Myriam Jourdan, Tampa
Dr. Yuriy Kuchmak, Bradenton
Dr. Eugene Kulaga, Sarasota
Dr. Joana Lastres, Fort Myers
Dr. Vitaly Levintov, Palm Harbor
Dr. Santiago Lopez, Davenport
Dr. Sadaf Mahdavi, Valrico
Dr. Julie Mancera - Loftin, Immokalee
Dr. Brian Mannari, Saint Petersburg
Dr. Gjergj Mara, Port Richey
Dr. Joseph Massey, Spring Hill
Dr. Stephanie Mazariegos, Saint Petersburg
Dr. Nicholas Mickelson, Tampa
Dr. Alicia Millan-Morales, Clearwater
Dr. Viviana Mora, Lakeland
Dr. Laura Munoz, Clearwater
Dr. Tony Nader, Seminole
Dr. Brittany Nalley, Palm Harbor
Dr. Ashley Nati, Tampa

Dr. Donna Nichols, Tampa
Dr. Efen Ormaza, Tampa
Dr. Jimmy Orphee, Winter Haven
Dr. Dharmendra Pansuriya, Sarasota
Dr. Gustavo Parajon, Lakeland
Dr. Benjamin Pass, Palm Harbor
Dr. Kelly Paula, Palm Harbor
Dr. Samuel Pero, Lake Wales
Dr. Elena Petrova, Sarasota
Dr. Pete Pham, Saint Petersburg
Dr. Queanh Phan, Naples
Dr. Emily Plaza, Fort Myers
Dr. Jillian Porto, Seminole
Dr. Madge Potts-Williams, Bradenton
Dr. Kampa Raju, Naples
Dr. Navid Ramsi, Tampa
Dr. Theyyar Rangarajan, Naples
Dr. Kirstin Rasmussen, Tampa
Dr. Michelle Ringwald, Bradenton
Dr. Jade Rivera, Sarasota
Dr. Roxann Russell Aves, Tampa

Dr. Maksym Ruzanov, Seminole
Dr. Adam Scheurer, Fort Myers
Dr. David Schirmer, Sarasota
Dr. Courtney Schlenker, Seminole
Dr. David Smith, Bradenton
Dr. Rachel Spicola, Oldsmar
Dr. Katharine Stringer, Naples
Dr. Gayathri Subbaraya, Riverview
Dr. Monica Tabbita, Fort Myers
Dr. Kirsten Teresi, Temple Terrace
Dr. Richard Thibodeau, Lehigh Acres
Dr. Jonathan Van Dyke, Palm Harbor
Dr. Brianne Wade, Saint Petersburg
Dr. Corey Warrenbran, Sarasota
Dr. Crystal Watters, Ellenton
Dr. Ariel Westervelt, Bonita Springs
Dr. Karen Wilkinson, Fort Myers
Dr. Linda Yang, Saint Petersburg
Dr. Susan Yasrebi, Tampa

Milestones

We are deeply saddened by the death of our colleagues.

Reginald Ligon, DDS of St. Petersburg – August 20, 2017

Charles Martin, DDS of St. Petersburg – May 1, 2017

Christina Martin, DDS of Tampa – September 12, 2017

A contribution has been made to the WCDDA Fund in their memory. If you would like to make a contribution, please make your check payable to the Florida Dental Health Foundation, indicate WCDDA Fund in the memo and mail to: Florida Dental Association, Attn: Foundation, 1111 East Tennessee Street. Tallahassee, Florida, 32308-6914.

WCDDA President's Trip 2018 Scotland in Spring

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- Discover Scottish history during visits to Stirling Castle, Cawdor Castle, and more.
- Explore the beautiful Scottish countryside on the Isle of Skye.

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Becoming a member has never been easier! Join today!

View all the benefits of being a member by visiting floridadental.org/member-center/benefits. For more information about membership and how to join, call (800) 260-5277 or visit www.wcdental.org or www.floridadental.org.

JOIN TODAY

Unlock Your Toolbox and Access Your Benefits Today!

Advocacy: FDA and ADA lobbyists actively monitor issues and bills that affect dentistry. Visit ada.org/advocacy.aspx to view other important issues currently impacting dentistry.

ADA" Find a Dentist" Feature: The online tool, mouthhealthy.org promotes your practice by allowing you to keep your profile up to date and making it easy for potential patients to locate your practice.

FDA Services: Provides a wide range of insurance at affordable rates. Individual/Group Health, Professional Liability, Term Life, Workers Compensation, Disability, Malpractice, Auto and Pension plans are available. Contact Rick D'Angelo at (813) 475-6948 or rick.dangelo@fdaservices.com.

Peer Review: Avoid costly litigation by utilizing the members' only peer review service.

Crown Savings: FDA Services has researched and vetted business solutions so members can take advantage of exclusive deals and discounts offered through the Crown Savings program. Members who participate will save time, money and hassle, putting the focus back on patient care. Visit fdaservices.com/crownsavings.

Legal Resources: Legal questions and answers are an educational service of the Florida Dental Association (FDA) for members only. They have been prepared by FDA legal staff based on years of experience.

Contract Analysis Handbook: A Florida Dentist's Handbook on Managed-care Contracts "You Want Me to Sign What?" is available to members. Contact the WCDDA office to obtain your copy, (813) 654-2500.

ADA Credentialing: Spend more time with patients and less time on cumbersome, redundant paperwork. Think like a dentist and run your office like an entrepreneur with ADA's Credentialing Service. Visit ada.org/credentialing.

Leadership Opportunities: Your input at the local level is vital for dentistry today and in the future. To get involved, contact the WCDDA Office (813) 654-2500 or email lissette@wcdental.org.

ADA/FDA/WCDDA Websites: Information right at your fingertips, visit ada.org, floridadental.org and wcdental.org to access important information on laws, rules, and continuing education and employment opportunities. Visit ADA's New Dentist Blog, newdentistblog.ada.org and FDA's Beyond the Bite Blog, blog.floridadental.org.

CE Programs/Annual Meetings/Affiliate Meetings: Each association hosts annual meetings and monthly meetings that provide high quality continuing education to members and their staff at a significantly reduced rate. WCDDA's Annual Winter and Summer Meetings, WCDDA Affiliate Meetings, Florida Dental Convention (FDC) and America's Dental Meeting.

HIPAA Compliance Forms: Free HIPAA forms are available to all members. Visit floridadental.org/member-center/member-resources

CE Broker Tracking: Continuing education attendance records are uploaded into CEbroker.com for each member who attends a meeting at the FDA, WCDDA and affiliate levels.

Legislative Update

What is a Dental Therapist and Why Florida?

A dental therapist is a mid-level provider that is being promoted as a way to increase access to dental care. It also is being advertised as a means for dentists to “generate higher revenue” by paying dental therapists lower salaries and delegating routine procedures.

The FDA is not supportive of creating a new licensed provider or dental therapists in Florida. What is the rationale for adding another layer of bureaucracy to a health care system that is already costly due to multiple layers of rules and regulations that ultimately impede access to care? There are groups outside of Florida and individuals who have announced that they are building coalition groups, hiring public relation firms and consultants to bring dental therapists to Florida. This is alarming. Resources by these groups that could be used to help promote initiatives that are proven effective in Florida, will instead be used to force a model that is not supported by organized dentistry.

Why has Florida become the target to add dental therapists? Does Florida have a shortage of dentists? No, Florida does not have a shortage of dentists. The Department of Health (DOH) provides a dental workforce survey that is completed by dentists during licensure renewal that clearly shows that Florida does not have a shortage, but instead has a maldistribution of dentists around the state. So, why not support an initiative to help incentivize dentists to go to these underserved areas? Good question. The FDA supports creating a dental student loan repayment program that will incentivize dentists to practice full-time as Medicaid providers in underserved areas and in return get assistance in repaying their student loan. These are trained individuals who will be skilled in assessing the comprehensive health care of their patients, not just trained to do a few procedures — which would include performing tooth extractions.

There is also a false equation of dental therapists to nurse practitioners. This is not comparing apples to apples. Nurse practitioners have a substantial amount of training and experience than what is required of dental therapists, but they are not authorized to perform surgeries like physicians. Dental therapists are seeking authority to perform surgery without being a dentist.

Please be on the lookout for additional information as it becomes available. If you would like to share your thoughts about dental therapists, please send your comments to gao@floridadental.org.

This article first appeared in LCD Exchange, August 2017

Florida Board of Dentistry Approves New Changes

The Florida Board of Dentistry (BOD) recently approved changes to its rules that move scaling and root planing and the placement of medicaments by hygienists from indirect supervision to general supervision. The Florida Dental Association (FDA), Florida Association of Periodontists (FAP), Florida Academy of General Dentistry (FLAGD) and the Florida Society of Oral and Maxillofacial Surgeons (FSOMS) stood in opposition to these changes.

Effective June 28, 2017, a dental hygienist who has received formal training can perform the following task under general supervision: placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride and performing root planning. Please note this rule is not mandatory and the supervising dentist can still require the procedures be done under indirect supervision.

Casey Stoutamire, Esq.
Director of Third Party Payer and Professional Affairs
Florida Dental Association



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COMMITMENT HASN'T.**

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Association Business - Official Calls

Accepting Nominations:

The WCDDA is accepting written nominations for the **Treasurer** and the **Secretary** positions. Any WCDDA member may be nominated. The Nominating Committee will review the names and make recommendations to the Executive Cabinet. Please forward written nominations to the WCDDA Executive Cabinet prior to March 2, 2018.

Nominations are being accepted for the following:

Distinguished Service Award: This award is given to a member for outstanding service toward the dental profession and the West Coast District Dental Association.

Dan Bertoch Leadership Award: This award is given to a young dentist who has proven leadership skills.

Affiliate of the Year Award: This is given to an affiliate that has contributed the most towards improving the WCDDA by increasing membership numbers, having the most volunteers, and supporting the ideas, activities and meetings of the WCDDA.

Kintsugi: This award is given to any member who has shown dedication or commitment towards improving the access to healthcare issue in the community.

Please submit nominations to the WCDDA office by December 31, 2017.

Awards will be presented at the President's Reception in conjunction with the WCDDA's Annual Meeting on February 1, 2018 at Oxford Exchange in Tampa. 🇺🇸

Official Calls

There will be a caucus of the West Coast District Dental Association's Delegation on Tuesday, January 16, 2018 at 6:00 p.m. via conference call. There will be twelve sites throughout the West Coast district.

The West Coast District Dental Association will hold a breakfast caucus in conjunction with the Florida Dental Association's House of Delegates meeting Saturday, January 27, 2018 at 7:00 a.m. at the Tampa Airport Marriott.

Dr. Jessica Stilley-Mallah
WCDDA Secretary



You're Invited to attend WCDDA's Annual President's Reception

Thursday, February 1, 2018 • 6:30 p.m. - 8:30 p.m.

The Oxford Exchange
420 West Kennedy Boulevard, Tampa, FL 33606

Event held in conjunction with the West Coast District Dental Association's 2018 Annual Meeting.

Additional details can be found enclosed in the 96th Annual Meeting Brochure.

2018 ~ Mark Your Calendar ~ 2019

Florida's Legislative Session January 9th - March 9th

WCDDA Delegation Caucus Meeting January 16th

FDA House of Delegates, Tampa January 26th - 27th

WCDDA President's Recep., Oxford Exchange, Tampa Feb. 1st

WCDDA Annual Meeting, CAMLS, Tampa February 2nd

FDA Dentists' Day on the Hill, Tallahassee. February 5th - 6th

FDA Mission of Mercy, Lee Cty. Civ. Ctr., Ft. Myers . . . Mar. 9th - 10th

WCDDA President's Trip, Scotland. April 21st

WCDDA Executive Cabinet Meeting, Brandon May 11th

Florida Dental Convention, Orlando June 21st - 23rd

FDA House of Delegates, Orlando June 22nd - 23rd

WCDDA Summer Meet., JW Marriot, Marco Is. . . July 20th - 22nd

2019 • 2019 • 2019 • 2019 • 2019 • 2019 • 2019 • 2019

WCDDA Annual Meeting, CAMLS, Tampa February 1st

WCDDA Summer Meet., The Ritz-Carlton, Naples . . July 26-28th

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NON-SURGICAL TREATMENT MODALITIES for Temporomandibular Disorders

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relationships and/or affiliations relevant to the
subject matter or the materials discussed in
the manuscript.

This manuscript has been peer reviewed.

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Non-Surgical Treatment Modalities. Reprinted with
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INTRODUCTION

This paper will review evidence-based publications concerned with non-surgical treatment modalities for patients suffering from TMD. The authors searched the literature, on PubMed, February 12, 2015, using the key words "Reviews," "temporomandibular disorders," and "assessment." During this search, it was found that over the past 10 years, 66 review articles relevant to this subject were discovered. Due to the lack of uniformity in diagnostic standards, the reported disagreements among practitioners concerning research methodologies, and the lack of long-term follow up, the general practitioner is unsure of the appropriateness and effectiveness of available therapeutic modalities (1). Some conditions, such as musculoskeletal pain or limited jaw opening, may be due to local myalgia. In addition, benign clicking and popping of the joint(s) may exhibit a cycle of events and spontaneously improve, therefore being a self-eliminating event (2).

ABSTRACT

Temporomandibular disorders (TMD) are a group of disorders that involve the temporomandibular joint (TMJ), muscles of mastication and numerous associated structures of the head and neck region. Due to the multifactorial etiology, along with numerous physical and psychogenic influences, the signs and symptoms associated with TMD may vary greatly. Patients with multiple diagnoses of TMD usually have endured tremendous physical and emotional stress that leaves them in a state of debilitated health. The complex nature of TMD has been studied rigorously and clinicians have offered many treatments, such as splint therapy, pharmacological treatments, patient education and reassurance, massage therapy, hypnosis, and other conservative therapies for many years. While surgical options can be reserved for those patients who are non-responsive, the list above contains some of the best conservative and reversible multi-modal approaches to treat these patients with TMD. The purpose of this paper is to review and provide the reader with the available non-surgical modalities and their efficacy based on the credible evidence presented in the recent literature.

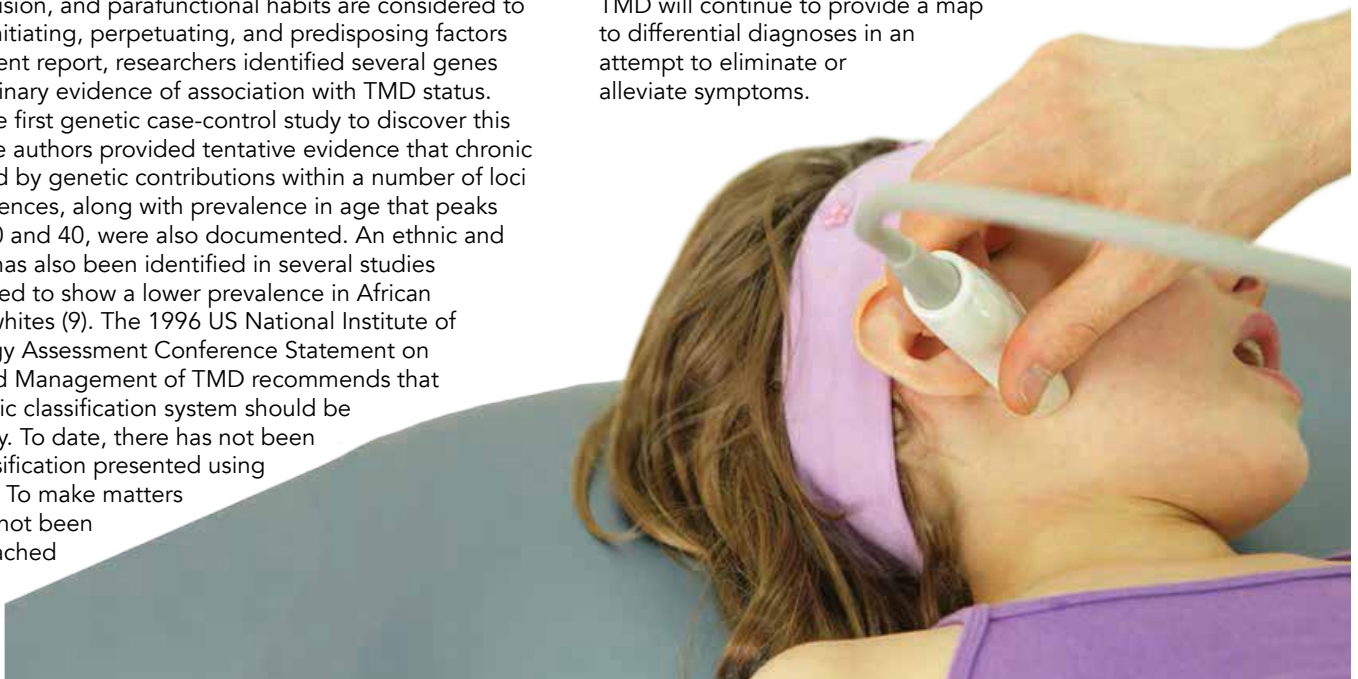
KEYWORDS

Reviews, temporomandibular disorders, assessment

TMD consists of a number of clinical conditions that involve the TMJ, the muscles of mastication and numerous associated structures of the head and neck region (3). The etiology of this condition is multifactorial with symptoms ranging from, but not limited to, pain and/or tenderness of the muscles of mastication, clicking or grating of the TMJ, limited movements of the mandible, and orofacial pain. The prevalence of TMD in the general population has been reported to be between 5 and 12% (4). Other prevalence studies have reported that approximately 3 out of every 4 people have had at least one symptom of functional abnormality and 1 out of 3 individuals have had one symptom of facial pain (5-7).

In the literature, many broad and specific speculations have been made as to the etiology of these conditions. Trauma, psychological distress, malocclusion, and parafunctional habits are considered to be some of the initiating, perpetuating, and predisposing factors for TMD. In a recent report, researchers identified several genes displaying preliminary evidence of association with TMD status. While this was the first genetic case-control study to discover this phenomenon, the authors provided tentative evidence that chronic TMD is influenced by genetic contributions within a number of loci (8). Gender differences, along with prevalence in age that peaks between years 20 and 40, were also documented. An ethnic and racial difference has also been identified in several studies and was discovered to show a lower prevalence in African Americans than whites (9). The 1996 US National Institute of Health Technology Assessment Conference Statement on the Diagnosis and Management of TMD recommends that an ideal diagnostic classification system should be based on etiology. To date, there has not been a systematic classification presented using those etiologies. To make matters worse, there has not been an agreement reached by clinicians who treat TMD.

In 1992, Dworkin et al constructed a specific dual-axis diagnostic system. This system is based on the patient's signs and symptoms, the patient history, and the clinical examination. This protocol is known as the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) (10). This comprehensive protocol consists of a history questionnaire, a clinical examination, specific criteria with physical diagnostic algorithms (axis I), and a chronic pain and scoring scale for psychological components (axis II). This systematic and organized document started with a taxonomic system that was based on the measurement of signs and symptoms. Schiffman et al discussed and evaluated the validity and reliability of the instrument noted above (12). The RDC/TMD protocol, without addressing etiologies, can only be considered a checklist used primarily as a screening instrument (13). Since etiological factors are uncertain, at a minimum, RDC/TMD will continue to provide a map to differential diagnoses in an attempt to eliminate or alleviate symptoms.



Moreover, in the literature there is an abundance of ideas for treatment of TMD. Many of these ideas have proven to be effective within clinical experiments while others have had questionable results that require further investigation. In a summary review, Patel and Manfredini showed that effective management strategies include, but are not limited to, oral appliances, pharmacological therapy, eliminating inflammation, physiotherapy, massage therapy, and ultrasound (14). De Souza et al revealed results of a systemic review that showed surgical therapies such as intra-articular injection with anti-inflammatory agents, arthrocentesis, arthroscopy, and arthroplasty should be reserved for severe osteoarthritis of the joint (15). Reaching a definitive diagnosis with a clear understanding of the etiology of the disease at hand is not always possible, even though it is the ultimate goal of all seasoned practitioners. Many practitioners treating conditions like TMD and orofacial pain might have to resort to alleviating these conditions based on very little evidence. These approaches may be considered with the patient's understanding that their outcomes may be "guarded."

To date, most if not all studies recommended symptoms management as the first and only reliable therapeutic strategy for TMD patients. Furthermore, many believe malocclusion, even when accompanied with symptoms, may not warrant occlusal adjustment. Occlusal adjustment seems to have no effect according to the available evidence (1, 16). Many practitioners believe, based on anecdotal evidence, that masticatory overload due to severe malocclusion could and should have some contributory factors to TMD. A vast number of contradictory findings have created a cloud of confusion for a typical general dentist in the selection of credible and promising treatment options. One researcher estimated that to keep abreast of developments in the field, he would need to read about 17 to 20 original articles on a daily basis (17). On the other hand, some authors stated that today's general practitioners, who have been accustomed for years to provide occlusal based treatment to their TMD patients, are skeptical and reluctant to accept the recent decade's paradigmatic shift to new evidenced based findings. Due to recent cases of facial trauma, we have seen an escalating trend in dental malpractice claims for TMD (18).

MASSAGE THERAPY

In order to provide a comprehensive treatment plan for the patient in pain, the initial step in the investigation should be an evaluation of the masticatory muscles. This process should also include the identification and the differentiation of other specific TMD pain not associated with the muscles of mastication (19). In a study to evaluate the effectiveness of massage therapy titled "Changes in Temporomandibular Dysfunction Symptoms Following Massage Therapy: A Case Report," data were presented that indicated ten 45-minute massage therapy treatments administered over a 5-week period of time is an effective treatment to increase range of motion, decrease pain, stress, and reduce hypertonicity associated with TMD (20). There are no randomized, controlled double-blind clinical studies available to evaluate the effectiveness of message therapy for TMD patients, but for now, studies like this one represent a promising positive patient outcome. Patient education, along with clear communication and realistic expectations, are the key points with this modality.

...ten 45-minute massage therapy treatments administered over a 5-week period of time is an effective treatment to increase range of motion, decrease pain, stress, and reduce hypertonicity associated with TMD



SPLINT THERAPY

When muscle pain is the preliminary sign and symptom or the known cause of the discomfort, myofascial pain may be suspected and the patient should be evaluated for all possible soft tissue muscle disorders, including referred pain. For over 40 years, stabilization splint appliances have been preferred as one of the many available treatment modalities (21). There is not a gold standard treatment for myofascial pain, the most frequent type of TMD. Unfortunately, many patients do not respond well to a variety of pharmacological treatments. This may be due to several possible reasons, such as poor patient compliance and the multi-factorial nature of the disorder, as well as unknown or unrecognized etiologies. Currently, other than splint therapy to treat myofascial pain, we have other modalities such as physiotherapy, home self-care, and trigger point injections. Oral appliances have been the subject of comprehensive reviews and many of them such as stabilizing appliances have shown reasonable efficacy. The actual working mechanism of appliance therapy and how they relieve pain is not understood (18). Lack of clarity regarding diagnostic criteria and information about the natural course of the disorder has also hampered this investigation (22).

Another condition that is mostly associated with TMD patients is sleep bruxism. Bruxism, occurring either at night or during the day is considered one of the major risk factors for TMD. Sleep bruxism is characterized by either the grinding or clenching of teeth as well as being associated with a complex micro-arousal phenomena occurring during sleep. On the contrary, daytime bruxism mainly involves the clenching activities of teeth and is associated with psychosocial factors and a number of psychopathological symptoms (23). In a recent investigative epidemiological report on bruxism and TMD prevalence, the association between the 2 disorders is not clear (24). However, it is recognized that appliance therapy could prove beneficial for both conditions. Correlation of splint therapy outcomes have been studied using electromyography (EMG) by many researchers. Another study demonstrated that splint therapy reduced the electromyographic amplitude records of the masticatory muscles. The study also revealed that occlusal splint therapy could eliminate or improve the signs and symptoms of TMD with myofascial pain (25).

In another prospective randomized clinical trial, when comparing chronic Complex Regional Pain Syndrome (CRPS) with a non-treatment group, subjects used an occlusal splint at night along with 3 hours of daytime use for a total of 7 weeks with the control group having no intervention. The use of an occlusal splint had no impact on CRPS-related pain but improved signs and symptoms of TMD pain (26). Truelove and colleagues, in a randomized controlled trial consisting of 200 subjects diagnosed with TMD studied the efficacy of traditional, low cost, and non-splint therapies. They concluded all patients improved over time and that splint therapy offered no benefit over treatment without it (27). Contrary to the findings of Truelove et al, a systematic review and meta-analysis of randomized controlled trials evaluating intraoral orthopedic appliances for TMD revealed that hard stabilization appliances, when adjusted well, showed modest efficacy in treatment of TMD (28). The rationale for continued use of oral splint therapy for the management of TMD was studied in a systematic review by Adibi et al, which concluded that the benefits and effects of occlusal splint therapy in the management of pain symptoms is now widely accepted, warranting its continued use in spite of the absence of evidenced-based data (29). It is important to educate patients regarding their unique condition and set clear expectations. Many patients may be offered appliance therapy in conjunction with other treatment modalities discussed in this article.

PHARMACOLOGICAL INTERVENTIONS

Pain is the most common chief complaint for patients seeking care for TMD. A typical TMD patient may have had clicking, popping or crepitation, as well as other abnormal sounds associated with the joint. These patients may have also had some degree of pain before they sought a solution from their dentist or physician. Often they have tried several over-the-counter pain medications to alleviate the pain, but this was mostly unsuccessful. Due to the waxing and waning nature of TMD, with some episodes of exacerbations, the patient's condition may become chronic in nature. It is proven that pharmacotherapy is not curative, but rather an aid to patients in managing the discomfort because of chronic/acute pain (30). In a Cochrane Collaboration review to assess the effectiveness of pharmacological interventions for pain, it was reported that there is insufficient evidence to support the effectiveness of the reported drugs for management of pain due to TMD (31).

In many studies, the statistical power analysis along with the sample size is not adequate. In the treatment of TMD, many authors call for more well controlled double-blind randomized trials. In a study by Ta and Dionne in 2004, naproxen was administered at a dose of 500 mg twice daily for 6 weeks. This drug showed the most significant pain reduction of all study drugs used. In another study by Lobo et al in 2004, a topical application of methyl salicylate showed a significant effect over placebo. However, one possible adverse effect was an increase systemic absorption with presence of skin damage. Kimos et al in 2007, reported gabapentin, an anticonvulsant, as a drug of choice. This drug demonstrated a significant reduction of pain in the temporomandibular joint and masseter muscles compared to the placebos. Practitioners using pharmacological interventions must consider the benefits to each patient's unique condition and medical history. The cost effectiveness of this readily available modality, in addition to a consultation with patient's physician, should be considered as an option.

COGNITIVE-BEHAVIORAL THERAPY

The psychological component of pain in the TMD patient cannot be discounted. Review of the literature reveals a focus on psychological distress with anxiety and depression associated with many TMD patients (32). Studies have shown that Cognitive-Behavioral Therapy (CBT) has been an effective treatment of TMD pain, as with other chronic pain disorders (33). In a study in which 72 patients were selected based on RDC/TMD, all patients received conservative (reversible) treatment. CBT and hypnosis significantly improved outcomes in TMD patients (34). A clinically significant increase in change was seen in those patients treated with combined hypnosis and CBT as compared with biofeedback alone. Hypnosis has as advantage over other modalities in that it does not require equipment and that it can be taught easily to the patients. Data from studies by Flor et al in 1992 and Aggarwal et al in 2010 evidenced that post treatment results for TMD patients remained effective 9 months after completing the therapy. Understanding and careful assessment of the biopsychosocial profile of the TMD patient is an important initial evaluation step.

In several studies, patients with high risk (psychological components) tend to exhibit more pain during chewing compared to those at a lower risk (35). Additionally, many studies have discovered that patients with a myofascial pain disorder may exhibit a more dysfunctional biopsychosocial risk profile when compared with those patients diagnosed with a degenerative joint disorder or disc displacement conditions (36-41). A study of a young non-patient

population with a low level of chronic pain, with depression, exhibited a para-functional habit such as bruxism. Any of these nonspecific physical symptoms, without pain, may require intervention due to their tendency to progress to a symptomatic TMD (42). Comprehensive stress management and counseling programs that involve a combination of EMG feedback, progressive relaxation, and change in life style appear to be more effective when used in conjunction with medication and physical therapy to enhance the overall therapeutic effects (43).

CONCLUSION

The authors have concluded that based on the current evidence-based literature, reversible treatment modalities such as splint therapy, pharmacological treatments, patient education and reassurance, massage therapy, and behavior therapy are best for preliminary non-surgical approaches. Conservative and supportive therapies mentioned here, when considered as a comprehensive and concurrent approach, are likely to have a positive patient outcome. A thorough physical and psychological assessment of past and current histories must be taken. Surgical options can be a reserved choice for those patients with chronic and non-responsive cases.

References

- List T, Axelsson S. Management of TMD: evidence from systematic reviews and meta-analyses. *Journal of Oral Rehabilitation* 2010;37:430-451.
- Luther F, Layton S, McDonald F et al., (2010, Issue 7). Orthodontic for treating temporomandibular Joint (TMJ) disorders (Review). The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- Okeson JP, Current terminology and diagnostic classification schemes. *OOROE*.1997;83:61-4.
- Nisiyama A, Kiln K, Sugisaki M, Tsukagoshi K, (2012). A survey of influence of work environment on temporomandibular disorders-related symptoms in Japan. *Head & Face Medicine*, 8:24. doi:10.1186/1746-160x-8-24.
- Lipton JA, Ship JA, Larach-Robinson D. *JADA* October 1, 1993;124(10):115-121.
- Rugh JD, Solberg WK. Oral health status in the united states: temporomandibular disorders. *Journal of Dental Education*. 1985;49(6): 398-406.
- Schiffman E, Friction JR. Epidemiology of TMJ and craniofacial pain. *TMJ and Craniofacial Pain: Diagnosis and management*. St Louis: IEA Publications. 1988:1-10.
- Smith SB, Maixner DW, Greenspan JD, Dubner R, Filligim RB, Ohrbach R, Knott C, Slade GD, Bair E, Gibson DG, Zaykin DV, Weir BS, Maixner W, Diatchenko L. Potential Genetic Risk Factors for Chronic TMD: Genetic Associations from the OPPERA Case Control Study. *The Journal of Pain*. 2011;12(11):T92-T101.
- Filligim RB, Ohrbach R, Greenspan JD, Knott C, Dubner R, Bair E, Baraian C, Slade GD, Maixner W. Potential Psychosocial Risk Factor for Chronic TMD: Descriptive Data and Empirically Identified Domains from the OPPERA Case-Control Study. *The Journal of Pain*. 2011suppl. 3;12 (11):T46-T60.
- Dworkin SF, LeResche L. Research diagnostic criteria for temporomandibular disorders: review, criteria, examinations and specifications, critique. *J Craniomandib Disord*. 1992 Fall;6(4):301-55.
- Schiffman EL, Truelove EL, Ohrbach R, Anderson GC, John MT, List T, Look JO. The Research Diagnostic Criteria for Temporomandibular Disorders. I: Overview and Methodology for Assessment of Validity, *Journal of Orofacial Pain* 2010;(24)1: 7-21.
- Ohrbach R, Gonzalez Y, List T, Michelotti A, Schiffman E. Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) Clinical Examination Protocol: Version 02 June 2013.
- Zhao NN, Evans RW, Byth K, Murray GM, Peck CC. Development and validation of a screening checklist for temporomandibular disorders. *Journal of Orofacial Pain*. 2011 Summer; 25(3):210-22.
- Patel DN, Manfrendini D. Two commentaries on interventions of the management of temporomandibular joint osteoarthritis. *Evidenced-Based Dentistry* 2013;14:5-7.
- De souza RF, Lovato da Silva CH, Nasser M, Fedorwicz Z, Al-Muharraqi MA. Interventions for the management of temporomandibular joint osteoarthritis. *Cochrane Database Syst Rev* 2012;4: Art. No. CD007261.
- Koh H, Robinson P. Occlusal adjustment for treating and preventing temporomandibular joint disorders (review). *Cochrane Library* 2003 , issue 1.
- Davidoff F, Haynes B, Sackett D, Smith R. Evidenced based medicine. *BMJ*. 1995;310:1085-1086.
- Manfrendini D, Bucci MB, Montagna F, Guarda-Nardini L. Temporomandibular disorders assessment: medicolegal considerations in the evidence-based era. *Journal of Oral Rehabilitation* 2011;38:101-119.
- De Rossi SS, Stern I, Sollecito TP. Disorders of the Masticatory Muscles. *Dent Clin North Am*. 2013 Jul;57(3):449-64.
- Pierson MJ. Changes in Temporomandibular Joint Dysfunction Symptoms Following Massage Therapy: A Case Report. *Int J Ther Massage Bodywork*.2011;4(4): 37-47.
- Zhang F, Wang X, Dong J, hang J, Lu Y. Effect of occlusal splints for the management of patients with myofascial pain: a randomized, controlled, double-blind study. *Chin Med J* 2013;126 (12) 2270-75.
- Macedo CR, Silva AB, Machado MA, Saconato H, Prado GF. Occlusal splints for treating sleep bruxism (tooth grinding). *Cochrane Database Syst Rev* 2007; issue 4
- Manfrendini D, Lobbezoo F. Role of psychosocial factors in the etiology for bruxism. *Journal of Orofacial Pain*. 2009;23:153-166.
- Manfrendini D, Winocur E, Guarda-Nardini L, Lobbezoo F. Self-reported bruxism and temporomandibular disorders: findings from two specialized centers. *Journal of Oral Rehabilitation*. 2012;39:319-325.
- Daif ET. Correlation of splint therapy outcome with the electromyography of masticatory muscles in temporomandibular disorder with myofascial pain. *Acta Odontologica Scandinavica*, 2013;70:72-77.
- Fischer MJ, Reiners A, Kohner R, Bernateck M, Gutenbrunner C, Fink M, Svensson P. Do occlusal splinters have an effect on complex regional pain syndrome? A randomized, controlled proof-of-concept trial. Do occlusal splints have an effect on complex regional pain syndrome? A randomized, controlled proof-of-concept trial. *Clin J Pain*. 2008 Nov-Dec;24(9):776-83.
- Truelove E, Huggins KH, Mancl L, Dworkin SF. The efficacy of traditional, low-cost and nonsplint therapy for temporomandibular disorder. A randomized controlled trial. *The Journal of the American Dental Association*. 2006;137(8):1099-1107.
- Friction J, Look JO, Wright E, Alencar FGP, Chen H, Lang M, Ouyang W, Vally AM. SYSTEMIC Review and meta-analysis of Randomized Controlled Trials Evaluating Intraoral Orthopedic Appliances for Temporomandibular Disorders. *J Orofacial Pain* 2010;24:237-254.
- Adibi S. S., Ogbureke E. I., Minavi B. B., Ogbureke K. U., Why Use Oral Splints for Temporomandibular Disorders(TMD)? *Tex Dent J*, 131(6): 450-455, 2014.
- Dionne RA. Pharmacologic treatment for temporomandibular disorders. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontics* 1997;83;134-42.
- Mujakperuo HR, Watson M, Morrison R, Macfarlane TV. Pharmacological interventions for pain in patients with temporomandibular disorders. *Cochrane Database Syst Rev*. 2010 Oct 6;(10):CD004715. doi: 10.1002/14651858.CD004715.pub2.
- Dworkin SF. Psychosocial issues. In : Sessile B, Lavigne GJ, Lund JP, Dubner R (eds). *Orofacial Pain: From Basic Science to Clinical Management*. Chicago : Quintessence, 2001 :115-127.
- Malone MD, Strube JM, Scogin FR. Meta-analysis of nonmedical treatment for chronic pain. *Pain* 1988;34:231-44.
- Ferrando M, Galdon MJ, Dura E, Andreu Y. Enhancing the efficacy of treatment for temporomandibular patients with muscular diagnosis through cognitive-behavioral intervention, including hypnosis: a randomized study. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2012;113:81-89.

35. Dougall SL, Jimenez CA, Haggard RA, Stowell AW, Riggs RR, Gatchel RJ. Biopsychosocial factors associated with the subcategories of acute temporomandibular joint disorders. *Journal of Orofacial Pain*. 2012 Winter; 26(1):7-16.
36. Epker J, Gatchel RJ, Ekkis E. A model for predicting chronic TMD: Practical application in clinical setting. *Journal of the American Dental Association*. 1999;130(10):1470.
37. Gatchel RJ, Stowell AW, Wildenstein L, Tiggs R, Ellis E. Efficacy of an early intervention for patients with acute TMD-related pain: A one-year outcome study. *Journal of the American Dental Association*. 2006;137:339-47.
38. Stowell AW, Gatchel RJ, Wildenstein L. Cost Analysis of Temporomandibular Disorder: Biopsychosocial Intervention versus Treatment as Usual. *Journal of the American Dental Association*. 2007;138:202-8.
39. Garofalo JO, Robinson RC, Gatchel RJ. Hypothalamic-Pituitary-Adrenal Axis Dysregulation acute temporomandibular disorder and low back pain: A marker for chronicity? *Journal of Applied Biobehavioral Research*. 2006;11(3-4):166-78.
40. Wright AR, Wildenstein L, Riggs R, Buschang P, Ellis E. Biopsychosocial differences in high-risk versus low-risk acute TMD pain-related patients. *Journal of the American Dental Association*. 2004;135:474-83.
41. Epker J, Gatchel RJ. Coping profile differences in the biopsychosocial functioning of TMD patients. *Psychosomatic Medicine*. 2000;62:69-75.
42. Rodrigues JH, Biasotto-Gonzalez DA, Bussadori SK, Mesquita-errari RA, Fernandes KPS, Tenis CA, Marins MD. Signs and Symptoms of Temporomandibular Disorders and Their Impact on Psychosocial Status in Non-Patient University Student's Population. *Physiothe.Res. Int.* 2012;17:21-28.
43. De Leeuw R, Klasser GD. *Orofacial Pain: Guidelines For Assessment, Diagnosis, And Management*. Fifth Edition. Chicago: Quintessence, 2013:154.

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Tip of the Tongue



Hugh Wunderlich, DDS

Charlie, Frances, Jeanne, Irma...Now what?

What was that? What was that feeling? I did not realize it at first. I was too busy packing for a camping week in the wet woods. That is what hurricanes do. They force you to define what is important to you – and then stuff that into a Mazda 3. Have food and water for a week? -check- Have raingear tents, tarps, tools for the cleanup? -check- Have photo albums, Christmas ornaments, the hamster? ...Wait... What? Do we have room for the kids? Hurricanes come like a timed terminal disease. And just as welcome. "You will come into possible peril on... Tuesday...so you better make plans." The hurricane preview is on TV right now blowing Barbuda back to the stone age. Ok finally done packing. Now what was that feeling? Oh yeah it was denial, anger, bargaining, depression and acceptance.

In 1969, Elizabeth Kudler-Ross outlined the stages of grief we experience when confronted with great loss or a terminal disease. "No...no...that storm is not going to hit here. I hate these things. God, I know I am not Catholic but if you turn this storm away, I will become a Priest. My office, my home, my family ...all my stuff... it could be lost." And finally, during the calm before the storm it hit me – Acceptance. It did help that my belly was bloated with all the meat we had in our freezer and the rum infused "Hurricane cocktails". I remember looking over the grill at our hamsterless house – a last look- and thinking it's just stuff. Goodbye stuff. But I still have my family and my friends. There will be a lot we cannot replace but I will change. I will grow. I will evolve.

In the aftermath, nobody told me about this feeling – Guilt. I lost a gutter, a downspout, a mailbox and a tree. That's it. At the office shaded under a two hundred-year-old oak tree – Zippo. There is a reason that tree is two hundred years old. Guilt...that I was spared while others were not. I have spoken to Dentists from across the state with four feet of water in their homes and office – no power, no water. One local dentist while trying to pull-start a gas generator on an elevated deck, slipped and fell 20 feet onto an unwelcome shrub. And in Rube Goldberg style nearly pulled the wheeled generator off the deck to join him in the shrub. In each case much work will need to be done. Time to recover and time to heal. And for every member of organized dentistry, we are your family. We may not fit in your Mazda 3 but we can be there to help. As for me look me up at the local Seminary.

A Few Lessons Learned:

- Easy to store install hurricane shutters that do not require electricity
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- Video inventory of home and office equipment/furniture
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6 p.m. • Aloft Hotel, Tactic 3

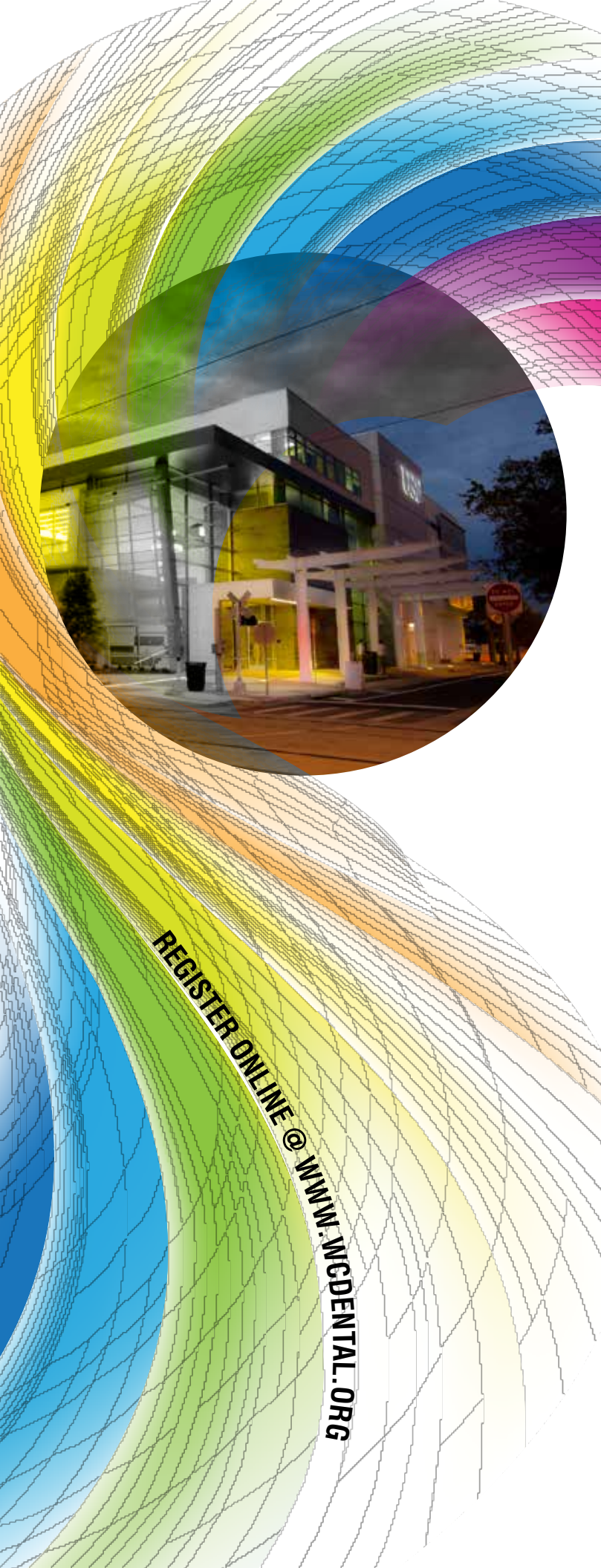
TUESDAY, FEB. 6
Capitol Visits
Lunch Provided

HOTEL ROOM BLOCK
ALOFT HOTEL
200 N Monroe St. • Tallahassee, FL 32301 • Phone: 850.513.0313
Room Block Deadline: Jan. 6, 2018
(rate: \$224 with complimentary parking)

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 florida dental ASSOCIATION ALLIANCE

For more information, contact the FDA Governmental Affairs
Office at 800.325.0051 or gao@floridadental.org.



Speakers

***Larry M. Guzzardo, BSBA**, began his 24-year career as a training specialist where he delivered in-house training programs such as **active listening, customer service, stress management, and career development**. Since turning to full-time dental consulting 22 years ago, Larry has focused his talents and experience exclusively on dental practice management, business systems, and leadership development. Larry has presented numerous workshop series including, “*Winning Patient Acceptance*”, “*Business Communication Systems*” and “*The Leadership Challenge*”.



Larry has spoken to professionals across the United States on practice management and has received various speaker awards and certificates.

He also serves as a member of the visiting faculty at the Dawson Academy for Advanced Dental Study where he teaches patient and business communication.

Larry is certified to administer the *DiSC Personality Profile*, is a member of the *Academy of Dental Management Consultants*, certified *Standard Operating Procedures (SOP) Consultant* and has contributed articles for various publications. Larry actively promotes adult literacy in the community by volunteering to serve on the Board of Directors for Project READ as chairman of the program development committee.

***Stanley F. Malamed, DDS**, was born and raised in the Bronx, New York, graduating from the New York University College of Dentistry in 1969. He then completed a dental internship and residency in anesthesiology at Montefiore Hospital and Medical Center in the Bronx, New York before serving for 2 years in the U.S. Army Dental Corps at Ft. Knox, Kentucky. In 1973, Dr. Malamed joined the faculty of the Herman Ostrow School of Dentistry of U.S.C., in Los Angeles, where today he is Professor of Anesthesia & Medicine. Dr. Malamed is a Diplomate of the American Dental Board of Anesthesiology, as well as a recipient of the Heidebrink Award [1996] from the American Dental Society of Anesthesiology and the Horace Wells Award from the International Federation of Dental Anesthesia Societies, 1997 (IFDAS).



Dr. Malamed has authored more than 140 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia. In addition, Dr. Malamed is the author of three widely used textbooks, published by CV Mosby: *Handbook of Medical Emergencies in the Dental Office* (6th edition 2007); *Handbook of Local Anesthesia* (6th edition 2011); and *Sedation - a guide to patient management* (5th edition 2010) and two interactive DVD's: *Emergency Medicine* (2nd edition, 2008) and *Malamed's Local Anesthetic Technique DVD* (2004).

In his spare time, Dr. Malamed is an avid runner, exercise enthusiast, and admits an addiction to the New York Times crossword puzzle, which he has done daily since his freshman year in dental school.

***Disclosure:** I or members of my immediate family do not have a financial relationship with any company that may be relevant to this presentation.

Directions to CAMLS

From the North: Take I-275 South, Take Exit 44 toward Downtown-West, Merge onto N. Ashley Dr., Turn Left onto E. Whiting St., then turn Right onto 124 S. Franklin Street, Tampa, FL 33602.

From the West (Pinellas): Take I-275 North, Take Exit 44 toward Downtown-East/West, Take the Ashley ramp toward Downtown-West/Tampa St., Merge onto N. Ashley Dr., Turn Left onto E. Whiting St., then turn Right onto 124 S. Franklin Street, Tampa, FL 33602.

From the East (Brandon): Take the S Selmon Expressway Toll exit toward Tampa/Port Tampa, Merge onto S Selmon Expy/FL-618 W., Take Exit 7 toward Downtown-West, Turn Right onto S Morgan St., turn Left onto E Whiting St., then turn Left onto 124 S. Franklin Street, Tampa, FL 33602.

From the South: Take I-75 North toward I-4, Take I-4 West, Keep left at fork toward N. Tampa St., Take Exit 45A toward Downtown-West, Merge onto N. Tampa St., Turn left onto E. Whiting St., Turn right onto Franklin St.

Parking Options

Have a parking plan, visit www.tampagov.net/parking for options. Suggested garages include: Fort Brooke, Tampa Convention Center and Whiting, and Crosstown Parking Lots I & II.

Scan this QR code for parking options.



Hotel Recommendation

Hilton Tampa Downtown – Located 1.5 blocks from CAMLS. 211 N. Tampa St., Tampa, FL 33602 | (813) 204-3000
Request West Coast District Dental Association room block.

ADA C.E.R.P.® | Continuing Education Recognition Program

Concerns or complaints about the CE may be directed to the WCDDA at lissette@wcdental.org or to ADA CERP at www.ada.org/cerp.

West Coast District Dental Association is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. West Coast District Dental Association designates this activity for up to 7 continuing education credits.

CE Planning Committee: Members of the CE planning committee have no relevant financial relationships to disclose.



WEST COAST
DISTRICT DENTAL ASSOCIATION

A COMPONENT OF THE
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

USF Center for Advanced Medical Learning and Simulation (CAMLS)
Downtown Tampa

96th ANNUAL
MEETING

2018
FRIDAY, FEBRUARY 2



REGISTER ONLINE @ WWW.WCDENTAL.ORG

Welcome to the WCDDA's 96th Annual Meeting



Dr. Robin Nguyen
Program Chairperson

Dear Colleagues,

As the program committee chair, I want to personally invite you to our WCDDA 96th Annual Meeting at the CAMLS center in downtown Tampa. We have an amazing line up for you this year featuring renowned speakers that are sure to help enhance your clinical practice as well as invigorate your dental team.

I am excited to announce our speakers for our annual meeting. We have Dr. Stanley Malamed who will speak on the nuances of Emergency Medicine in the dental practice. This course will help you better prepare for any medical emergency that may arise in your practice. Mr. Larry Guzzardo will discuss the Dos and Don'ts of phone etiquette to minimize last minute cancellations and maximize case acceptances by converting "No" to "Yes". Don't forget to mark your calendar for February 2, 2018. It will be a great meeting and I hope to see you there!

Course Descriptions

Dr. Stanley Malamed – 10 Minutes to Save a Life: Emergency Medicine in Dentistry

Seminar A - 8:00 a.m. – 4:30 p.m., 7 CEUs

All day lecture fee includes lunch

Life-threatening emergencies can occur anytime, anywhere and to anyone. Such situations are somewhat more likely to occur within the confines of the dental office due to the increased level of stress that is so often present.

In this course Dr. Malamed will discuss the areas which are considered vital to a proper understanding of emergency medicine: prevention, preparation, and recognition and management.

The first session will include a discussion of preparation involving the office and staff and includes a thorough review of the office emergency kit (drugs and equipment). The second session will include the recognition and management of specific emergency situations, the management of unconsciousness, respiratory distress, seizures, drug-related emergencies and chest pain, including cardiac arrest and use of the AED.

This course is designed for all members of the dental office staff, not just the doctor and chairside personnel. Situations discussed here can happen outside of the dental environment as well as in the office. Everyone should be prepared!

Larry Guzzardo - Now What Do I Say?

Seminar B – 8:00 a.m. – 11:00 a.m. - 3 CEUs

Now What Do I Say? Don't dread conversations with patients on the phone or in person.

Savvy professionals know how to make every conversation count in their favor. They realize objections can be overcome because smart communicators understand that "No" is often really "YES" in disguise. Learn the skills that lead to more scheduled appointments, fewer last minute appointment changes, and increased patient referrals. Join in to master techniques that will help you uncover what patients really want and need despite what they "say" they need.

This session will enable you to:

- Effectively handle emergencies
- Minimize last minute cancellations
- Converse with someone who "...only wants to get my teeth cleaned"
- Create value for the "price shopping" patient
- Perfect reminder/confirmation calls
- Confidently know what to say to the "You don't take my insurance?" patient

Larry Guzzardo - Unravel the Mystery of Treatment Acceptance: A Dental Team's Guide

Seminar C – 1:00 p.m. – 4:30 p.m., 3CEUs

Do all members of your team know how to provide the best patient experience you can deliver? Working together for the same goal can be frustrating. Remove the guesswork for your team. Help them learn how to be more productive, more profitable, and enjoy the process.

Demystify the steps to implement complete care into your practice. This course will simplify your ability to transition your current systems, so you and your team can work efficiently and profitably. When you learn how easy it can be, you'll be inspired and motivated to accelerate your transition. Your team will leave with a specific plan for providing exceptional patient care, building a highly profitable practice, all while delivering complete care.

You will learn:

- Effective new patient phone call strategies
- Verbal skills to present treatment and improve case acceptance
- 3 necessary steps for every new patient experience
- Specific practice numbers you should monitor and what they tell you
- How to maintain a stress free schedule and improve productivity

QUESTIONS: Contact WCDDA (813) 654-2500 or kelsey@wcdental.org.

Meeting Facts

- **Reception:** Thursday, February 1st, Oxford Exchange
- **Meeting Location:** February 2nd, USF CAMLS; 124 South Franklin Street, Tampa 33602
- **Registration:** Pre-register before January 22, 2018 to avoid late fees. Register via mail, fax (813) 654-2505 or online at www.wcdental.org.
- **Late Fee:** It is the policy of the West Coast District Dental Association to charge an additional \$20.00 fee after the pre-registration date, two weeks prior to the meeting, January 22, 2018.
- **Badges and Tickets:** All pre registered attendees will receive badges and tickets via mail prior to the meeting date. This will allow you to visit the exhibitors and enjoy morning coffee without having to stand in line. Lanyards and meeting programs will be easily accessible onsite.
- **Exhibit Hall and On-site Registration:** Opens at 8:00 a.m. on the 2nd floor.
- **Handouts:** To download your course handouts, please visit www.wcdental.org, click on the 'Professional' area, then click on the '2018 Annual Meeting' in the left column, scroll down to 'Handouts'. Handouts will be available two weeks prior to the meeting.
- **Discounts Available:** All public health, government dental personnel, and dental educators receive a 25% discount on seminar fees. Retired Members: All-day registration fee for retired members is \$50.00, excluding lunch. Member status must be "Retired" or "Retired Life" with the tripartite to be eligible for discount.
- **Refund and Cancellation Policy:** All requests for refunds or cancellations must be made in writing to the WCDDA prior to the pre-registration deadline. A cancellation/processing fee of 15% will be charged. No refunds will be given if cancellation is received after the pre-registration deadline. No refunds will be given on site. Lunch tickets are non-refundable.
- **Participant Disclaimer:** Participants you are cautioned of the potential risk of using knowledge when incorporating techniques and procedures into your practice, especially when a course has not provided supervised clinical experience in the technique or procedure to ensure that you have attained competence. The WCDDA and Program Committee make every effort to present high-caliber speakers in their respective areas of expertise. The speakers' presentations in no way imply endorsement of any product, technique or service presented during these presentations. The WCDDA specifically disclaims responsibility for any material presented.

Exhibit Hall/Table Clinic Presentation

8:00 a.m.-5:00 p.m.

The exhibit hall features a variety of dental suppliers and practice management companies. You will have the opportunity to visit with long-time supporters and meet new contacts. Make it a point to stop by and show your support to the exhibitors as they have special offers for attendees.

11:00 a.m.-1:00 p.m.

Earn up to 2 FREE CEUs for viewing table clinic presentations prepared by dental assisting and dental hygiene students in the West Coast district.

West Coast District Dental Association President's Reception & Awards Ceremony

Thursday, February 1, 2018
6:30 p.m. – 8:30 p.m.

Oxford Exchange

420 West Kennedy Boulevard | Tampa, FL 33606

RSVP by January 20th

813-654-2500 or admin@wcdental.org



Support the WCDDA Fund!

Make a donation to support the WCDDA Fund for your chance to win 2 nights, 3 days and 9 hours of CE at the 2018 Summer Meeting. Raffle tickets can be purchased online or on the registration form, 1 for \$5, 10 for \$25, 25 for \$50. You do not have to be present to win. For more information about the WCDDA Fund visit www.wcdental.org.



Register online with your pc,
tablet or mobile phone!
It's quick and easy.
www.wcdental.org

Connect and engage with new dentist colleagues in the *New Dentist Coffee Break* lounge before, during and after your seminar breaks! Bring your business cards, enjoy a cup-of-joe and leave feeling refreshed and full of information to help you succeed in your career. Please RSVP to kelsey@wcdental.org



Ninety-Sixth Annual Meeting of the West Coast District Dental Association

Seminar	Time	Title	Dentist Fee	Staff Fee
A	8:00am - 4:30pm	10 Minutes to Save a Life: Emergency Medicine in Dentistry, <i>includes lunch</i>	\$175.00	\$125.00
A - A.M.	8:00am - 12:00pm	10 Minutes to Save a Life: Emergency Medicine in Dentistry	\$100.00	\$75.00
A - P.M.	1:00pm - 4:30pm	10 Minutes to Save a Life: Emergency Medicine in Dentistry	\$100.00	\$75.00
B & C	8:00am - 4:30pm	Now What Do I Say? and Unravel the Mystery of... - <i>includes lunch</i>	\$175.00	\$125.00
B	8:00am - 11:00am	Now What Do I Say?	\$100.00	\$75.00
C	1:00pm - 4:30pm	Unravel the Mystery of Treatment Acceptance: A Dental Team's Guide.	\$100.00	\$75.00
D		Boxed Lunch	\$20.00	\$20.00
	All Day	New Dentist Coffee Lounge # of people attending _____	Free	Free
Thursday, Feb. 1	6:30pm - 8:30pm	Annual Meeting Reception (Feb. 1st) The Oxford Exchange. # of people attending _____	Free	Free
Raffle		Fund Raffle Tickets 1 for \$5, 10 for \$25, 25 for \$50 # of tickets _____ =		



A delicious variety of options will be provided including: sandwiches, wraps, salads, dessert, chips, fruit and beverages.

Please let us know of any dietary restrictions per registrant: _____

Registration Instructions: Print primary dentist information below, indicate seminar letter and fee in boxes below, total across, total down with staff registration, include payment.

All dentists must register as dentists – please print clearly

check category that applies below

Dentist Name: _____ WCDDA Member WCDDA Retired Member - \$50.00 (All CE)
 License Number: _____ FDA Mbr - \$25.00 ADA Mbr - \$50.00 Non ADA Mbr - \$350.00
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Telephone #: _____

Dentist Name/License Number	Circle	Seminar	Fee	Seminar	Fee	Seminar	Fee	Total
1.	DMD or DDS							
2.	DMD or DDS							

Staff Registration

Staff Name/job title	Seminar	Fee	Seminar	Fee	Seminar	Fee	Total
Job title key Hygienist – H Office Staff - S Assistant – A Lab Tech – L Hygiene Student – HS Dental Assistant Student – AS							
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Total:

Payment Information: make check payable to WCDDA Credit Card

Card Number: _____ Exp. Date: _____

CVV Code: _____ Billing Zip Code: _____ Signature: _____