

Checkup

Volume 47 • Issue 2 • Fall 2018



WEST COAST
DISTRICT DENTAL ASSOCIATION

A COMPONENT OF THE
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

CHARTING YOUR PATH AWAY FROM STORMS

Mission: Helping Members Succeed

Culture: The Reliable Resource for Dentists

Values: Service, Commitment, Integrity and Excellence

President's Message



*Dr. Oscar Menendez
President
West Coast District
Dental Association*

Hello WCDDA members,

I would like to say what an honor it is to represent you as your President. I am often asked if the amount of leadership work is overwhelming. My answer is always "NO", because we have a wonderful TEAM at the WCDDA office. Lissette, Kelsey and Cherri are amazing and we are so fortunate to have them running our organization. I would encourage anyone with interest in leadership to get involved, it is a wonderful journey and experience. You will make many new friends and get to interact with wonderful, dedicated colleagues. Everyone should be very proud of the WCDDA as a leader in the state of Florida. It is through the dedication and activism of our members that makes it so. As we say "The West Coast is the Best Coast!"

There is a lot going on politically in dentistry right now and the time for involvement in organized dentistry is NOW. Our profession is changing and there are many forces from the outside attempting to change the delivery of care in Florida. Our Advocacy and the relationships we have in Tallahassee have helped overcome some of these attempts (Dental Therapist Legislation). We have a strong organization but we must remain vigilant and responsive to threats from outside our profession. We do not want our great profession relegated to a trade as outside organizations push an agenda in the name of "Access to Care". Be involved by supporting ADPAC, FDAPAC and Dentists' Day on the Hill. The 2019 DDOH is on Tuesday March 12th with a legislative briefing the night before at 6 pm. Hope you can make it!

Speaking of Access to Care and the FDA's response, the WCDDA sponsored its second MISSION of MERCY event in Fort Myers in March 2018. This was our fourth event overall since 2014. It was a great success and congratulations to the team that lead that effort. We had a magnificent venue in the Lee County Civic Center. Our appreciation goes to all those who worked hard, served and/or financially supported the event, making a difference in so many lives. The next event is in Orlando March 22-23, 2019. If you have never been to the Mission of Mercy, you are missing a great, rewarding experience. Hope to see you there or at least support it with your donations to FLAMOM.ORG.

We had a wonderful summer meeting at Marco Island in the JW Marriott. I got to see and meet many of our members in a beautiful setting and a comfortable atmosphere. Our summer meetings are always a great place to connect and have a fun, relaxing time. Make sure you mark your calendar for our WCDDA Annual Meeting at the CAMLS Center in downtown Tampa on February 1, 2019. The program includes Dr. Richard Winter, "Dentistry as a Specialty", Debbie Zafiroopoulos, "What's in your Pocket" and Elijah Desmond, "Creating the Ultimate Team and Patient Experience" and "Emotional Intelligence: The Six Emotions That Will Change Your Practice". Great programs for doctors and your team. Thursday evening, we will be having the President's Cocktail Reception at Armature Works alongside the Hillsborough River. We hope to see you there.

I hope to get to all the affiliate's meetings at least once this year and I look forward to meeting many of you. If there is anything I or your association can do for you please let us know. Our goal and commitment to you is "Helping Members Succeed". If we fall short in any way please let us know. We are YOUR association and we are here for YOU!

In closing, I would urge you to stay connected and involved in your association. Only by being involved can we have any control on what happens to us. Sitting on the sidelines complaining will not change anything. So get up and do something to make a difference. Ben Franklin said "Well done is better than well said". Hopefully as we turn our profession over to our younger colleagues they will be able to say to us "Well done!" 🍷

Sincerely,

Oscar Menendez, DDS
President
West Coast District Dental Association

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About the cover: Portion of NOAA Chart No. 11412

2018 Summer Meeting Memories

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



Affiliate Roundtable Meeting
(l:r) **Drs. Bobby Troxler, Craig Oldham, Jolene Paramore, Oscar Menendez, Wendy Churchill, Gabriele Spinuso.**



Dr. Craig Oldham (r) received an award for his time dedicated towards the Florida Dental Association's Council on Membership.



WCCDA Officers enjoying their installation
(l:r) **Drs. Oscar Menedez, Craig Oldham, Reza Iranmanesh, Jessica Stilley-Mallah, Rita Hurst, Natalie Carr-Bustillo and Fred Grassin.**



Dr. Nolan Allen (l) honoring **Dr. Oscar Menendez** with his Presidential award.



Congratulations to the 1st place volleyball champs, Flossy Posse!
Dr. Jaren Catlin, Marco Palaganas, Erin Mc Dowell, Emory Kraver, **Dr. Phil Kraver** and **Dr. Shane Mc Dowell**



24" Award-Winning Fish!



The "boat with the most fish" award goes to **Dr. Steve Zuknick** (l), **Dr. Fred Grassin** (r) and his daughters, Lily and Hannah!



Summer Meeting Social in the Presidential Suite
(l:r) **Dr. Debbie Lowry, Dr. Luis Martinez** and Lauren Martinez



Cigar & Cordial Event
(l:r) **Dr. Paul Miller, Dr. Deidre Catlin Campbell** and **Dr. Sebastian Castellano**

Back to the Ritz!

July 26-28, 2019
The Ritz-Carlton, Naples



Dr. Gregory Oxford – Oral Complications and Prevention Strategies for Older Adults AND Periodontal Maintenance of Dental Implants

Dr. Bill Robinson – *Medical Errors & **Dr. Glori Enzor** – *Domestic Violence
*Both required courses

Other family fun events include, a Backwater Fishing excursion, a Beer, Wine & Cheese reception, and more!

Visit www.wcdental.org for more information.

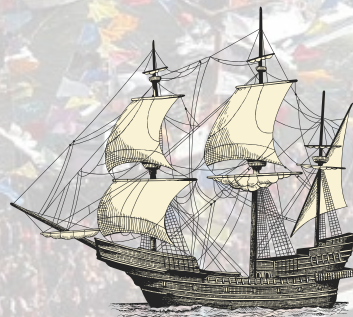
There is something for everyone. register today!

You must be registered for the meeting to reserve a maximum of 2 rooms per meeting registrant. A link to reserve rooms will be provided in your emailed meeting confirmation. Registrants desiring more than two rooms may check back after May 31st at which time if there are still rooms remaining in the group room block, the additional rooms will be made available on a first come first serve basis.

WCDDA is considering hosting its 2021 Annual Meeting in conjunction with the Gasparilla Parade festivities!

WCDDA Annual Meeting
Friday, January 29th

WCDDA Gasparilla
Private Parade Tent
Saturday, January 30th
(Private tent includes: food,
open bar and private restrooms)



Ye Mystic Krewe of Gasparilla hosts a parade that begins at 2 p.m. at Bay to Bay and Bayshore in South Tampa. The 4.5 mile Gasparilla Parade of the Pirates, which has been presented by Ye Mystic Krewe of Gasparilla annually since 1904, winds its way into downtown Tampa, featuring 103 floats, 3 marching bands and over 50 participating social organizations (krewes).

WCDDA is interested in hosting a private tent in 2021 and we need your feedback to gauge interest. Begin the brief online survey, <https://bit.ly/2Db47FF> or share your feedback by emailing, lissette@wcdental.org.

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 16 doctors won various items donated. Donate to the Fund by visiting <https://bit.ly/2RIGzjk> or call the WCDDA office at (813) 654-2500.



Dentists' Day on the Hill Grant

Dan Bertoch Memorial Grant & Dentists' Day on the Hill (DDOH)

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 March 11-12, 2019. The grant can be used towards transportation to and from Tallahassee and accommodations at the host hotel.

To apply or contribute to the grant, visit <https://bit.ly/2PtevOM>. For questions, contact the WCDDA Office at (813) 654-2500 or email: lissette@wcdental.org.

**ATTEND
DDOH
FOR
FREE!**



Welcome New Members!

The WCDDA Would Like to Extend a Warm Welcome the New Members and Returning Members to the American, Florida and West Coast Dental Associations

Andrea Ackley, Sarasota
Andres Alberto, Palmetto
Abdullah Allawnha, Riverview
Anamevys Alonso, Palmetto
Frederick Anderson, Lithia
Monika Aneja, Bradenton
Mark Angeloni, Saint Petersburg
Glenda Arrabal Morejon, Port Richey
Renato Aves, Tampa
Demyana Azer, New Port Richey
Richard Ballentine, North Port
Barron Banks, Temple Terrace
Rocio Barocio Torano, Tampa
Ana Beyra, Cape Coral
Ahmad Bhatti, Lakeland
Robert Bonser, Saint Petersburg
Amanda Boodhoo, Tampa
Maria Brown, Seminole
Matthew Byars, Englewood
Amelia Caceres Tejada, Fort Myers
Anna Carlow, Sarasota
Maritza Castro Penalosa, Tampa
Yuna Choi, Cape Coral
Kayla Cicchella, North Port
Daniel Cocris, Cape Coral
Matthew Conley, Labelle
Ana Cosma, Wesley Chapel
Terryl Crawford, Lakeland
Edward Cronauer, Valrico
Lilyann Cubero, Bonita Springs
Bao Tran Dao, Lutz
Aida Davoodi Kermani, Palm Harbor
Dana DeLosa, Largo
Arina Doroshenko, Brandon
Martha Ducatel, Brandon
Marshal Earnest, Port Charlotte
Jordan Eckardt, Estero
Justin Elikofer, Bradenton
Azita Eskandari, New Port Richey
Mounika Falemban, Riverview
Andrew Falestiny, Venice
Robert Ferrera, Tampa
Garrett Folks, Sarasota
Luis Fonseca, Naples
Kara Ford, Temple Terrace
Paul Francisco, Tarpon Springs
Andrew Frey, Fort Myers
Nicholas Gable, Winter Haven
Joel Garcia Boss, Bradenton
Brett Goldstein, Port Charlotte
Christel Haberland, St Petersburg

Lawrence Hale, Englewood
Mary Hand, Naples
Haidy Hanna, Tampa
Kelly Harris, Bradenton
Sean Hatch, Lakeland
Kristyn Healey, Tampa
Kimberly Henwood, Tampa
Nilo Hernandez, Naples
Rosa Hernandez, Sarasota
Binh Ho, Brandon
Brian Hoffman, Sarasota
Hetty Hong, Plant City
Jose Horak, St. Petersburg
Kylan Hughes, Seminole
Korey Hurley, Pinellas Park
Kurtis Hussey, Gainesville
Elizabeth Irons, Seminole
James Ittel, Bradenton
Simona Ivanov, Clearwater
Darlene Jean, Tampa
Elias Josephs, Fort Myers
Miguel Jusino Perez,
Joseph Kase, Oldsmar
Kelly Kidwell, Tampa
Lawrence Klein, Saint Petersburg
Laura Koberda, Largo
Mary Labance, Clearwater
Allison Leedy, Lakeland
Brian Leeson, Tampa
Yassamin Lenzi, Fort Myers
Landon Lowell, Naples
Meaghan Lutes, Inverness
Jody Maiden, Saint Petersburg
Shazia Malik, Tampa
Sara Maltese, Dunedin
Sophia Mazanitis, Clearwater
Brantley McCarty, Venice
Virginia McKenzie Melmed, Tampa
Camille Medina, Tampa
Adarsh Mehta, Palm Harbor
Taylor Minkus, Port Charlotte
Marjan Mirkheshti, North Port
Michael Moragomez, Seminole
Yuliet Moreno Montiel, Sarasota
Lori Morgan, Bradenton
Amanda Mullersman, Seminole
Evan Murrell, Clearwater
Robert Musselman, Tampa
Chi Nguyen, Pinellas Park
Thuy Nguyen, Brandon
Ronald O'Neal, Saint Petersburg

Kelli Orcutt, Fort Myers
Jesspreet Parmar, Naples
Asha Patel, Palm Harbor
Maitry Patel, Tampa
Jeffrey Perez, Port Charlotte
Tyler Phillips, Cape Coral
Logan Poff, North Port
Kaylee Pollitt, Pinellas Park
Christopher Ramke, Naples
Anson Rhodes, Temple Terrace
Ashley Rini, Fort Myers
Santos Robinson Maita, Saint Petersburg
Scott Roemer, Sarasota
Kenneth Ross, Lakewood Ranch
Brandy Rubinski, Lakewood Ranch
Richard Sable, New Port Richey
Rafaella Sampaio, Fort Myers
Louisa Sanders, Belleair Beach
Ray Santa-Cruz, Lutz
Jennine Santeiro, Ruskin
Jon-Michael Scalercio, Bradenton
Jonathan Scott, Lakeland
William Scott, Seminole
Sirirat Seebunpang, North Fort Myers
Mujib Shuayb, Brooksville
Ruchi Shukla, Brandon
Maykel Sierra, Fort Meade
Nancy Singh, Brandon
Jim Singletary, Tampa
Dorian Solomon, Fort Myers
Zinnia Sotolongo, Seminole
Alessandro Spinuso, Clearwater
Dylan Tagg, Estero
Leydy Toribio Fabelo, Sarasota
Kimberly Tran-Nguyen, Lakeland
Timothy Turner, Sebring
Yasodhara Vadlamudi, Lakeland
Dana Verdecchia, Fort Myers
Thomas Veronee, Lake Placid
Yaritza Viamonte Montes De Oca, Brandon
Mateo Vidales, Davenport
Sabina Vlaeva, Tampa
Sherry Walters, Bradenton
Sherwood West, Sarasota
Matthew Williams, Cape Coral
Thomas Yoon, Bradenton
Mohamed Youssef, Estero
Alexandra Zabala, Fort Myers
Gregory Zollo, Seminole

We are deeply saddened by the death of our colleagues.

Victor Beliveau, DMD of Citrus Springs passed away on March 24, 2018
Donald Bruce Dolan, DDS of Holmes Beach passed away on September 12, 2018
Jerry Lind Reynolds, DDS of Tampa passed away on June 23, 2018 *past president of the WCDDA
Ralph Boyd Tennant, DDS of Tampa passed away on October 22, 2017
William Stalling Wells, DDS of Naples passed away on August 3, 2018

A contribution has been made to the WCDDA Fund in their memory. If you would like to contribute, 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.



**DENTISTRY HAS CHANGED OVER THE YEARS.
COMMITMENT HASN'T.**

GREG AUERBACH

greg.auerbach@henryschein.com
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Even though dentistry has changed dramatically over the years, easing dentists into retirement has always remained our focus. The transition ahead seems as new and uncertain as when you began your practice, and Greg will guide you along the way.

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*- Dr. Freddie W.,
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Member Only Benefits

FDAPAC AND ADPAC: Dentistry's state and federal political action committees ensure the association has a place at the table when lawmakers are debating legislation such as dental therapists and other issues affecting dentistry. The FDA Political Action Committee (FDAPAC) Board of Directors and American Dental Political Action Committee (ADPAC) work hard to identify and support dental-friendly candidates. To stay informed, visit ada.org/advocacy.aspx and floridadental.org.

MANDATORY OPIOID COURSE: DEADLINE 1/31/2019: The FDA has partnered with the Florida Medical Association to offer the two-hour, state-mandated controlled substance course for dentists with a DEA number. Find this course at courses.cebroker.com

FLUORIDATION: The FDA is a leading advocate for fluoridation and many times must act fast when the removal of fluoride is threatened. As Florida's advocate for oral health, the FDA helps educate community leaders on the benefits of fluoridation and provides expert testimony before commission meetings, when needed. The FDA works with state agencies and the ADA to promote fluoridation. To increase education efforts and promote fluoridation, the FDA created a fluoridation specific website, floridafluoridation.org

MANAGED-CARE HANDBOOK: *You Want Me to Sign What?* A Florida Dentist's Handbook on Managed-care Contracts is a comprehensive reference including information on reimbursement, risk, negotiating, and rights and duties of both parties. Contact the WCDDA office to obtain your copy, (813) 654-2500.

ADA CENTER FOR PROFESSIONAL SUCCESS: This interactive web resource offers members relevant and effective solutions you can use every day: managing your career, expanding your knowledge and balancing your life. Visit success.ada.org/en/.

THE NEW FDA CAREER CENTER gives dentists and dental employers a better way to find each other and make that perfect match. Visit, floridadental.org/member-center/fda-career-center.

MENTORSHIP PROGRAM: This FDA program was developed as a resource to help dental students gain a practical, professional perspective of dentistry from established member dentists. To volunteer, complete and submit a profile by visiting careers.floridadental.org/ementor. For additional information or if at any time a change in the mentor/protégé relationship is needed, please contact Kerry Gómez-Ríos at membership@floridadental.org.

YOU OFTEN CAN AVOID COSTLY LEGAL FEES and malpractice suits by using this free service available only to members. Peer Review doesn't always have to be started by a disgruntled patient. A frustrated dentist who feels that everything has been done to satisfy the patient, with no success, also can recommend Peer Review. This is a service provided by colleagues to other members to help mediate problems, and most of the time avoid costly and emotionally draining litigation or Board of Dentistry complaints. Peer review originates at the WCDDA office, contact (813) 654-2500 for more information.

ADA" Find a Dentist" Feature: The online tool, mouthhealthy.org promotes your dental 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.

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. Visit fdaservices.com/crownsavings.

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.

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, floridadental.org/members/fda-blog.

CE Programs: Each association hosts annual meetings and monthly meetings that provide high quality continuing education to members and their staff at a significantly reduced rate.

Free Online CE: Members receive up to 30 hours of FREE online CE courses at floridadental.org.

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.

For more information about membership and how to join, call (800) 260-5277 or visit wcdental.org or floridadental.org.



Association Business - Official Calls

Accepting Nominations:

The WCDDA is accepting nominations for the following awards that will be presented at the President's Reception in conjunction with the WCDDA's Annual Meeting on January 31, 2019 at Armature Works in Tampa.

- *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 award nominations to the WCDDA office by December 31, 2018.

The WCDDA is accepting written nominations for WCDDA Secretary. This is the entry level for the WCDDA leadership ladder. Any WCDDA member may be nominated. The Nominating Committee will review the names and make recommendations to the Executive Cabinet. Nominations are being accepted for the following:

Please submit WCDDA Secretary nominations to the WCDDA Executive Cabinet by March 1, 2020.

Official Call

There will be a caucus of the West Coast District Dental Association's Delegation on Tuesday, January 8, 2019 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 26, 2019 at 7:00 a.m. at the Tampa Airport Marriott.

Dr. Rita Hurst
WCDDA Secretary



Dr. Rita Hurst

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CAPABILITY

We stitch more than 5 million logos every year. So we know how to make brands look good. We'll digitize and reproduce your logo using our selection of over 300 thread colors. You'll also get a chance to review a virtual sample of your logo before production.



QUALITY

We deliver dependable clothing that's a cut above many uniform suppliers' offerings. We start with the finest, most durable and innovative fabrics available. Our in-house design and quality teams test each product to ensure it exceeds industry standards.



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Mark Your Calendar 2019

WCDDA Delegation Caucus, Various Sites January 8, 2019

FDA House of Delegates, Tampa Marriott Airport. January 26, 2019

WCDDA President's Reception, Armature Works, Tampa Jan. 31, 2019

WCDDA Annual Meeting, CAMLS, Tampa February 1, 2019

WCDDA President's Trip, Mardi Gras, New Orleans . Feb. 28-Mar. 3, 2019

Dentists' Day on the Hill, Tallahassee. March 11-12, 2019

FLA-MOM, Orlando March 22-23, 2019

WCDDA Executive Cabinet Meeting, Brandon May 17, 2019

WCDDA Delegation Caucus, Various Sites June 18, 2019

FDC, Gaylord Palms, Orlando June 27-29, 2019

FDA House of Delegates, Gaylord Palms, Orlando June 28-29, 2019

WCDDA Summer Meeting, The Ritz-Carlton, Naples. July 26-28, 2019

America's Dental Meeting, San Francisco September 5-9, 2019

EVENT HELD IN CONJUNCTION WITH THE
WEST COAST DISTRICT DENTAL ASSOCIATION'S ANNUAL MEETING

YOU'RE INVITED TO ATTEND

WCDDA'S 2019 ANNUAL
PRESIDENT'S RECEPTION

THURSDAY, JANUARY 31ST
6:30 P.M. - 8:30 P.M.



ARMATURE WORKS
1910 N OLA AVE.
TAMPA, FL 33602

ADDITIONAL DETAILS CAN BE FOUND ENCLOSED
IN THE 97TH ANNUAL MEETING BROCHURE

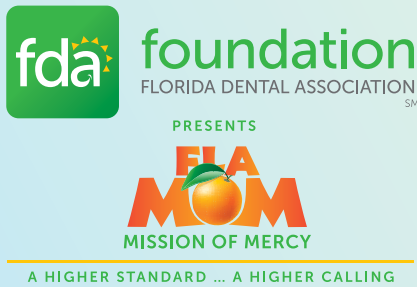
*WCDDA
President's
Trip
Mardi Gras*

**Feb. 28 - Mar. 3, 2019
Sheraton New Orleans**



**Reserve your room
online by visiting
wcdental.org.**

VOLUNTEER FOR FLA-MOM 2019!



ORLANDO
MARCH 22-23, 2019
EDGEWATER HIGH SCHOOL

WHAT IS THE FLORIDA MISSION OF MERCY?

Florida Mission of Mercy (FLA-MOM) is a large-scale, two-day, professional dental clinic that provides care to any patient at no cost, with the goal of serving the underserved and uninsured in Florida – those who would otherwise go without care.

With a goal of treating 2,000 patients, FLA-MOM seeks to have a positive impact on the Central Florida community by providing important access to dental care.

Treatments offered at FLA-MOM include: cleanings, fillings, extractions, limited root-canal therapy and pediatric dentistry.



YOU CAN MAKE A DIFFERENCE!

Help us provide dental care to those in greatest need. We need the following types of volunteers:

- dentists, hygienists, dental assistants
- dental lab technicians
- physicians, nurses, EMTs
- general community
 - patient and volunteer registration
 - patient escorts
 - interpreters
 - parking attendants and more!

2019 FLA-MOM

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Reprinted with permission from
Dr. Richard Winter.

General Dentistry as a Specialty



Richard Winter,
DDS

PREFACE Definition

Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (non-surgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law (as adopted by the 1997 ADA House of Delegates).¹

INTRODUCTION

Dentistry is an evolving art and science which can be a challenging discipline made more difficult if we do not work to constantly elevate our care, skill, and judgment. The 9 “specialties” of general dentistry (as recognized by the Council on Dental Education and Licensure within the ADA) creates these specialties to define areas they feel require additional study or examination to perform at a definable level beyond that of a “generalist.” That being said, the practice of general dentistry and training received in dental school can hardly be sufficient to practice in today’s rapidly changing environment. Even board certified specialists cannot rest on the laurels of their specialty certificate (especially if it was attained several years ago) since the research and advancements in dentistry have been enormous in scope over the last several years. If we, as general dentists, must perform all facets of dentistry and be held accountable (for legal, moral, and ethical reasons) to the level of a specialist within the 9 board certified specialties, then it can be said that we must be specialists within our field.

There is tremendous political pressure to fight licensure by credential, dental implantology as a specialty,² facial cosmetic enhancement with dermal fillers, or cosmetic dentistry as a specialty, to name just a few of the hotbed issues within our field. It is beyond the scope of this article to address these issues; however, to aspire to treat our patient demographic in the most professional and responsible manner, general dentistry should be thought of as a “specialty.” The result of increased continuing education within and beyond the labeled specialty designations will result in a renewed joy within



Before Image. Preoperative photo with smile display showing diastemas.



After Image. Full-face view after cementation.

our profession, as well as a deep gratitude within our patient base and strengthened collaboration with our colleagues with board certifications.

The AGD Promotes Quality Continuing Education

The path to mastership within the AGD requires attaining fellowship by taking a vigorous examination as well as training within 13 dental subspecialties with 1,100 hours of continuing education (CE), of which 400 hours must be participation-based courses. This is an award designation and not a specialty, but it highlights the emphasis that organizations such as the AGD places on quality CE. Organizations such as the American Academy of Implant Dentistry, International Congress of Oral Implantologists, and Academy of Osseointegration have all placed an emphasis on CE and have credentialing within their organizations to further the art and science of their discipline. While my father, Charles F. Winter, DDS, could have been grandfathered in as an “orthodontist,” he chose to remain a general dentist with a strong orthodontic emphasis. His argument was that dentistry was just too much fun to limit his practice to just one facet of dentistry. In my opinion, that energy and exuberance is something to which we should all aspire.

This case presentation enumerates the comprehensive knowledge that we must utilize on a daily basis. This illustrates “general dentistry as a specialty” and, while many specialists would argue this case falls within their purview, the author contends that with proper training, education, and collaboration, comprehensive restoration should at least be better understood if not performed by general dentists.³

CASE REPORT

Diagnosis and Treatment Planning

A 52-year-old male presented to our practice with advanced periodontal disease. His chief complaint was that he had pain, and he was also quite self-conscious about his smile. His greatest concern, and he was very emotional about this, was that he never wanted his daughter to see him without teeth.

His full-face photo displays multiple diastemata with a progressive splaying of his maxillary anterior dentition (Before Image). The generalized erythema, edema, and cyanosis of his dentition can be seen in the retracted view (Figure 1). The patient’s preoperative smile demonstrates tooth size discrepancies as well as lip asymmetries (Figure 2). A cosmetic smile simulation (Smile Pix) was performed along with 3-dimensional imaging, photographs, preliminary impressions, bite registration, and



Figure 1. Preoperative intraoral retracted views showing severe periodontal disease.



Figure 2. Preoperative smile.



Figure 3. Retracted view of mandibular arch with teeth prepared for retention of provisional.



Figure 4. Maxillary and mandibular BioTemps (Glidewell Laboratories) provisionals ready for phase 1 surgery.



Figure 5. Delivery of mandibular provisional at phase 1 surgery.



Figure 6. Ridge expansion in maxilla during phase 1 maxillary surgery with prepared teeth to hold temporary.



Figure 7. Postsurgical delivery of provisionals after multiple extractions, immediate implant placement, and socket preservation procedures.



Figure 8. Smile with provisional, after first surgery.

face-bow mounting of the diagnostic casts. The records were sent to Glidewell Laboratories with instructions to create a diagnostic wax-up according to the occlusal and cosmetic enhancements desired. I then had them photograph the wax-up and send me the pictures so that I could make modifications as needed prior to fabrication of the BioTemps provisional restorations (Glidewell Laboratories).

The patient's medical history was non-contributory. The diagnostic wax-up with photographs and cosmetic simulation were presented to the patient for final approval, and after hearing the costs, advantages, disadvantages, benefits, risks, and alternatives, he decided to pursue full-mouth rehabilitation with implants and fixed porcelain bridges.⁴ It should be noted that the diagnostic wax-up allowed us to assess the patient's needs, wants, and desires as well as gauge the methodologies and treatment paths that could satisfy these objectives.⁵ This information allowed us to discuss and finalize the treatment plan, financing, and appointment sequencing.

The preoperative surgical evaluation revealed a few stable posterior teeth that could be used to support a fixed provisional at the time of implant placement. The BioTemps were hollowed out under these teeth by prescription. When dentists understand the psychogenic issues presented by the patient, and they work diligently to address these concerns, the prototypic restorations can go a long way toward establishing trust and facilitating ongoing cooperation with the patient with these

complex treatment cases. Prior to the first incision at surgery No. 1, the lower bicuspids were prepared to retain the BioTemps provisionals. When the mandible was edentulated, the extraction sites were grafted or had implants placed at phase 1 surgery (Figure 3). Preparations are done prior to the surgery so that debris, old alloy, composite resin, and tooth structure won't contaminate the surgical sites. Tapered internal BioHorizons implants were chosen due to their aggressive buttress design and Laser-Lok surface technology, which provided an increased bone to implant contact and high insertion stability.

The maxillary and mandibular BioTemps (Figure 4) established the midline, the curve of Spee, and the curve of Wilson, as well as maintaining occlusal vertical dimension. In addition, they were used to create a favorable mesio-lingualized occlusion. The occlusion, phonetics, aesthetics, and vertical dimension would all be tested in the prototype restoration and finalized later in the porcelain restorations. If preplanning allows for retention of pier abutments, then stable temporaries can protect areas that require prolonged, undisturbed healing. This includes protection of block grafts, guided tissue regeneration, sinus augmentation, or socket regenerative procedures.

The mandibular provisional was then delivered (Figure 5). The intaglio of the provisional was hollowed out under the retained teeth by prescription, and metal reinforcement was used to preserve rigidity and the strength of the BioTemps bridges. Osteotomes for ridge spreading were used in the maxillary

ridge to facilitate strategic implant placement (Figure 6). The maxillary and mandibular BioTemps were delivered after the first surgical visit, and 4 maxillary and 4 mandibular teeth were used as pier abutments for these provisionals (Figure 7). The provisionals' intaglio was relined and cemented with a resin-based temporary cement (TempBond Clear [Kerr]) during initial healing.

The patient left the initial surgery with confidence and pride and was emotional when his smile was unveiled (Figure 8). The difficult portion of the case, which was the cosmetic uncertainty, had been assuaged. This was facilitated by careful and detailed communication with the dental laboratory team. The incisal edge position, tooth size, shape, and mold and shade were discussed and also supported with information from photographs, cosmetic imaging, mounted models, and the diagnostic wax-up. This thorough communication process facilitates the overall desired aesthetic outcome and would become the blueprint for this case.

The second surgical appointment for the maxillary arch occurred after implant integration. The remaining maxillary teeth were removed and immediate implant placement was accomplished where possible. The BioHorizons internal implant threads provide high insertion torque values and are aggressive in nature, which facilitates ideal placement. The extensive socket size and pathology required that socket preservation be performed prior to placement of implant No. 6. The implants that were placed in the first surgery were uncovered, and PEEK temporary abutments (BioHorizons) were

placed. The maxillary provisional was hollowed out in the area of the temporary abutments and retrofitted for added stability and support (Figure 9). At stage 2 surgery for the mandible, the 3inOne BioHorizons standard abutments were placed, and the provisional was retrofitted so that the remaining mandibular teeth could be removed and immediate implants and graft material placed (Figure 10). This would facilitate tissue maturation and recontouring. After 6 months, all of the implants were well integrated and PEEK temporary abutments were placed along with a new provisional to finalize the tissue prior to master impressions (Figure 11).

This sequential approach to treatment allowed the patient the comfort and convenience of maintaining fixed provisionalization during the prolonged healing period. This technique affords the implants the benefit of progressive loading as well. Teeth that need to be removed, but have no mobility, can be used sequentially during prolonged treatment to improve the outcome of implants and grafts. They can also decrease the chance of suture line opening or abrasion of freshly surgerized areas. The use of small-diameter implants in combination with teeth can also allow patients to avoid dentures as temporaries in some instances. If small-diameter implants are to be used for added support and the position can't be determined prior to surgery, the BioTemps can be prescribed already hollowed out and relined at the time of surgery.

Impressions of the temporary abutments were used to create a secondary provisional to further develop the tissue maturity as well as finalizing aesthetics, phonetics, vertical dimension, neutral zone, and verification of function. The use of a template or prototypic restoration will allow the lab to make cores, a custom anterior guide table, soft-tissue model, and will greatly diminish aesthetic concerns prior to fabrication of the final porcelain bridge. The new provisional was fabricated along with cast custom abutments and a metal framework. These abutments, along with the delivery of a new provisional, would help to manipulate tissue and allow for a pickup impression of the metal framework to capture final soft-tissue contours prior to a bisque bake try-in of the maxillary and mandibular prostheses (Figure 12). When all abutments were delivered and their fit was verified radiographically, they were torqued to 30 Ncm and the provision-



Figure 9. Maxillary arch with temporary abutments placed after removal of remaining teeth and grafting.



Figure 10. Mandibular arch showing teeth that were used to hold provisionals with implants placed prior to removal of their standard abutments.



Figure 11. Mandibular arch with abutments (PEEK Abutments [BioHorizons]) placed.



Figure 12. Custom abutments placed in the maxillary arch prior to cementation of maxillary bridge.



Figure 13. The definitive PFM bridge cemented.



Figure 14. The retracted view of the upper Atlantis abutments over the lower bridge.



Figure 15. The newly cemented lower bridge with the second maxillary provisional for finalization of the tissue and bite. This was worn while the upper bridge was fabricated, the metal tried-in, and occlusion finalized.



Figure 16. Retracted view of maxillary and mandibular PFM bridgework with pink porcelain.



Figure 17. Final smile with bridges cemented.

als allowed the tissue to heal. The mandibular bridge was tried-in and seated against the maxillary approved bridge in its bisque bake form. Once the aesthetics were approved, the lower bridge was cemented. This allowed the dental laboratory team to fine-tune the occlusion of the maxillary prosthesis, and to make any modifications to the maxillary bridge prior to its definitive cementation.

The aesthetics, phonetics, and contours that had previously been worked out in the 3 sets of temporary restorations were evident in the definitive mandibular bridge (Figure 13). The tissue in the maxillary arch was extremely healthy, and the abutments were retorqued to 30 Ncm prior to cementation of the maxillary bridge (Figure 14). Prosthetically driven, patient accepted, maxillary provisionalization was the blueprint for the mandibular prosthesis, the maxillary prosthesis, the occlusion, the phonetics, and aesthetics of the case (Figure 15).

The retracted view of the maxillary and mandibular fixed bridge-work demonstrates the culmination of careful maintenance of vertical

dimension of occlusion through utilization of successive provisional restorations (Figure 16). The relaxed smile closeup reveals a beautiful integration of tooth form with function (Figure 17). When the patient was asked to smile for the portrait "finale," he was exuberant and reported that the restorations felt natural and allowed him to accomplish lip patency without effort (After Image).

The before and after cosmetic simulation that was our preoperative target always comes with a disclaimer that actual results may not exactly match the simulation. Careful attention to treatment planning and laboratory communication allowed us to match, if not exceed, the simulated goal (Figure 18). When patients have the opportunity to live with their well-made temporary prostheses, they can give feedback that will serve to ensure the final prosthesis will satisfy their expectations prior to undergoing costly remakes or rebakes of the final porcelain.

DISCUSSION AND CLOSING COMMENTS

How many disciplines of dentistry were involved in this patient's care? The answer is undoubtedly, all of them. It is a

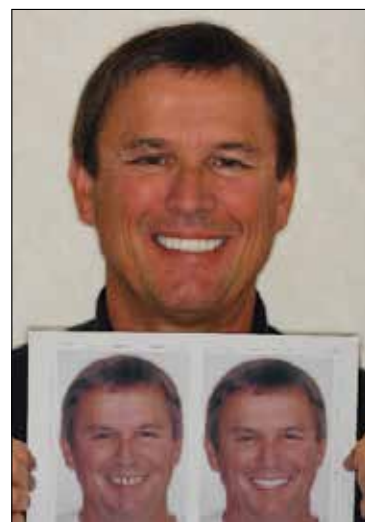
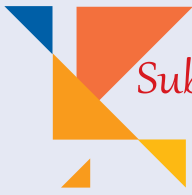


Figure 18. Postcementation comparison of preoperative condition and postoperative result with cosmetic simulation.

responsibility of each clinician to ask the questions: (1) Could we have saved his teeth with periodontal surgery, orthodontics, endodontics, and prosthodontics? (2) At what point have we watched this patient for too long? (3) Should we consider implants while they still have the bone necessary to retain

continued on page 160



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PROSTHODONTICS

General Dentistry...

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implants without extensive grafting, or should we preserve each and every tooth without regard to time, cost, and patient desires? These are a few questions that we all struggle with everyday in complex treatment sequencing. As "specialists," we have to develop a philosophy that guides our care, skill and judgment with evidenced-based scientific support. We must also be practice management experts and do this within the budgets presented to us through frank discussions of what patients want and can realistically afford.

The average general dentist may not want to become involved in complex restorative dentistry but he or she should recognize and understand it. This article highlights the ability we have to perform any level of dentistry, within the scope of our training, education, and experience.³ Without a comprehensive understanding of the steps involved, we may preclude our patient base from understanding or accepting this level of care.

Patients are treated with partial dentures and dentures for decades, and this may be the only option available to segments of our patient population from a financial perspective. The sequelae of long-term partial and complete denture wear have been extensively published. The dentist who has to make the lower complete denture for the 70-year-old woman for her fifth set of dentures has a daunting task in front of him or her. If we become engaged in foundation preservation and comprehensive treatment planning in early edentulism, we can create healthier patients and enjoy the improved patient satisfaction and resultant financial benefits to our practices. The purpose of this dialogue is to challenge and invite general dentists to become more fully engaged in their education. The reinvigoration that is felt with CE can lead to changes in personal and professional para-

digms that will result in long-term successful dental practices. In speaking with our patients about sequential treatment and upgrade paths⁶ we can become the quarterbacks in our practice and with conscientious training we will become specialists in our profession—general dentistry.♦

Acknowledgement

I would like to thank Leonard Machi, DDS, for the surgical expertise he provided as well as the mentorship in treatment planning necessary in this case.

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Suggested Readings

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Dr. Winter has authored several articles on upgradeable dentistry and related topics. His lecture topics include, "General Dentistry as a Specialty," "Upgradeable Dentistry," and, "How to Recession Proof Your Practice." He is a consultant for Dental Health Libraries, a nonprofit Internet based health library. He can be reached via the e-mail address rick@winterdental.com.

Disclosure: Dr. Winter receives material support from BioHorizons and Glidewell Dental.

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A Proven Way to Pay Less Taxes, Tom Gibson

January 17, 2019

Diagnosis and Management of OSHA, Dr. Pat Ricalde

March 21, 2019

Soft Tissue Management around natural teeth and implants,
Dr's. Matthew and Richard Rasmussen

May 16, 2019

Botox in Dentistry, Dr. Jan Cornelius

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November 13, 2018

A Brave New World for Implant Dentistry, Dr. Luis Gonzaga

December 7, 2018 - Holiday Party

January 22, 2019 - TBD

March 26, 2019

How the FDA Can Help You Optimize Your Practice,
Casey Stoutamire, Esq. and Dr. Christopher Bulnes

May 28, 2019 - TBD

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Opioids and Controlled Substances, Dr. Walter Flesner

December 6, 2018

Holiday Party

January 7, 2018

Nitrous Oxide, Doug Dasher

February 21, 2019

Social Media, Instant and Forever, Mariel Kagan

March 28, 2019

Integrative Dental Medicine: Dentistry's Next Frontier,

Dr. DeWitt Wilkerson

Forensic Dentistry, Dr. Glori Enzor

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December 14, 2018 - Holiday Party, Edelweiss

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The New Tax Law Changes and How They Affect Dental Practices,

Dr. James Pitts

March 19, 2019

The Dawson Academy, Dr. Jeff Scott

April 16, 2019

24 Hour Teeth, Dr. James Gibney

May 2018 - End of the Year Party, date TBD

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December 5, 2018

Surgical Management of TMJ and Dentofacial Deformities,

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January 9, 2019

Operating a Fee for Service Office in a World of Corporate Dentistry,

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March 6, 2019

Treatment Considerations for the Atrophic Mandible, Dr. Philip Hedger

April 3, 2019

Oral Facial Pathology, Dr. Matthew Mahoney

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Use of Local Anesthetics in the Dental Office, Dr. Robert Peskin

April 11, 2019

Major and Minor Bone Grafting, Dr. Richard Rasmussen

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December 7, 2018

Holiday Happy Hour at Bar Louie Clearwater

January 16, 2019

Laser Dentistry, Dr. Larry Lieberman

March 5, 2019

Mardi Gras Celebration, Dunedin

March 20, 2019

Botox in Dentistry, Dr. Jan Cornelius

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Captain Memo's Pirate Cruise Clearwater - date TBD

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Dental Management of Medically Compromised Patients, a

potpourri of Medical Conditions that are Affecting our Patients,

Dr. Andres Guerra-Andrade

December 2018

Holiday Party - date TBD

January 22, 2019

Management of Impacted Canines, Dr. Jose Lazaro

March 26, 2019

Nugget Night, Various Speakers

April 23, 2019

Hygiene Night, Various Speakers

May 2019

End of Year Party - date TBD

.....

Tip of the Tongue



Hugh Wunderlich, DDS

Charley to Michael, No Friends of Mine.

I knew this was the right interstate exit because all the road signs were gone. There was no exit number, or mini-marquees showing the way to Waffle House or Wendy's. The day before, Hurricane Charley had spun the signs like giant freeway frisbees into a distant field.

Nearby trees were uniformly trimmed to a meager 20 feet. In a surreal way, stuck in their tangled branches, were occasional and literal "fish out of water." Sixty-foot interstate light-poles were bent in half, as if bowing to a greater natural force. The mobile home park next to the exit looked like a gutted and ground-up animal – its aluminum skin all twisted and exposed, its' pink underbelly of insulation open to the sky.

The Punta Gorda off-ramp provided a bumpy ride. Branches, fish and palm fronds littered the road. A tangle of downed power cables sprawled across the wet pavement like hundreds of worms escaping a summer rain.

At the bottom of the hill, two Hum Vees blocked the road and National Guard officers questioned and turned away each curious driver who approached. A guardsman knocked at my driver's window, asking for identification. I fumbled through my wallet, my eyes fixed on the gun that was slung over his shoulder. "How can I help you?" he asked, already set to turn me away. That's when he spotted my "FDA" business card. Now visibly excited, he waved me through and then got into my car to direct a now forming "military parade" into town.

As the guardsman motioned for a front-end loader to clear a path, he asked questions about un-refrigerated food and where to put an expected supply of drugs. "Oh, **F...D...A...** I thought... He thinks I am from the Food and Drug Administration!" I told him as much as I knew about rancid butter, and happily he didn't seem disappointed when I explained that I was representing "the original FDA."

In the center of town was a four-sided clock that punctuated the moment that time stopped in this town. The south side of the clock was frozen at the time the hurricane eye wall hit. The west side of the clock stopped – 30 minutes later- at the moment when the eye passed over whipping winds in the opposite direction. And now, just six hours after the storm, someone had hung an American flag hanging limp from this chronometer of Charlie's path.



This event was a dozen hurricanes and years ago and recently capped off by a punch to the soft under-belly of Florida by Michael. I sense that if Mexico Beach had a similar clock in its town center, it would have not only stopped but I am confident it would be gone.

Hurricanes force you to pick and choose the portable, irreplaceable things in your life. The most important is, of course, your family. If time permits, you can protect your property. If you live in an evacuation zone, you must load your essential items into your car for a 10-day camping trip to the 19th century. I pack food, water, cash and clothing. My wife packs the Christmas ornaments at the last minute. I do not ask why.

From the office, I take only financial records and a backup tape. My office sits under a very large live oak tree. It could not be more vulnerable to a storm if the Swiss Family Robinson had built it. Preparation and planning for a hurricane should be going on all year to ensure your practice weathers the storm. Get an annual review of insurance coverage and your building's storm vulnerability. Get advice on how to best protect your equipment, supplies and patient records. Learn how to deal with power failures, communication blackouts and evacuation. Update your emergency supplies. The FDA and the WCDDA can help with that. There are grants and loans available should that be necessary. If you are a member you will always be family and we will always fit into your car, even if you bring the Christmas ornaments.



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