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VA DENTAL JOURNAL

MEET YOUR NEW PRESIDENT

DR. SCOTT BERMAN

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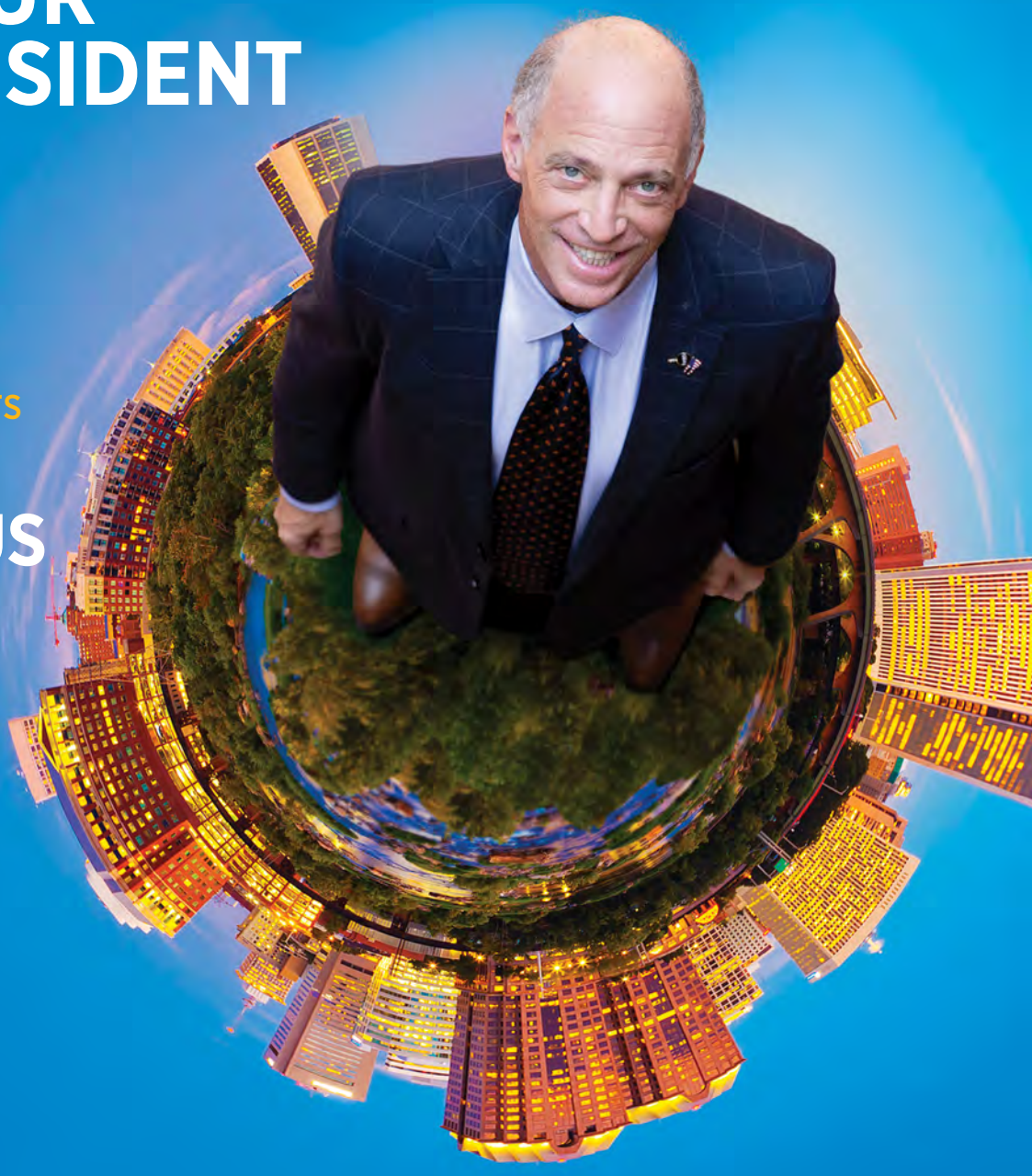

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The Silver Scroll is awarded to the editor whose publication demonstrated the most overall improvement over the prior year of publication.

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VDA DENTAL ~~COMMUNITY~~ Family

Dr. Scott Berman

I am truly humbled and honored to embark on a year as your president. But I can't go further without taking a moment to thank Dr. Frank Iuorno for all he has done for the Association and dentistry this past year. He is one of the most talented, organized, creative and thoughtful leaders we have been fortunate enough to have run the VDA. A couple years ago, when I ended my tenure as Speaker, I commented to Dr. Erika Anderson how lucky she was to be following me as Speaker. It's just not fair, Frank is such a tough act to follow, but I'll distract you from this decline in presidential quality with added entertainment. As I said when comparing myself to then VDA president Vince Dougherty, Frank is also a workhorse, I'm more of a show pony.

"Every time people feel dentistry is facing too many challenges to remain viable, it usually leads to the next Golden Age of dentistry."

Dr. Frank Iuorno isn't the only VDA leader I'd like to thank for their dedication. Dr. Elizabeth Reynolds has also been instrumental in navigating the ship of Virginia dentistry through the choppy waters of the pandemic. Elizabeth presided over the first part of the pandemic, guiding our dentists, representing dentistry to the state government and the public. And people like Dr. Vince Dougherty, who led the VDA's Back to Work Task Force and created the VDA Interim Guidelines for re-entry into the dental workplace. These updates have been instrumental in preserving our ability to treat our patients in a safe environment and allowing our practices to survive and thrive.

But rest assured, whatever damage I do to the Association, our bench is deep with other rising stars, Dr. Caitlin Batchelor, Dr. Cindy Southern, Dr. Justin Norbo and many others that humble me with all they have already contributed to our Association.

The VDA is a vast organization. We have our own PAC. We have several other arms of the organization, the VDSC, the VDAF, our Leadership Fellows, Councils, Committees, Task Forces, and myriad activities. We're fortunate that we have a fabulous staff and an energetic, innovative Executive Director turned CEO. Apparently, Ryan never fancied much the title ED, and clearly a misnomer considering the number of kids he has. CEO is really a more fitting title. Ryan has many fresh ideas that will make the Association more efficient, vibrant, and valuable to our members. Things like considering having this Governance Meeting coincide with the Day on the Hill in Richmond each January.

And it's good we have people like Ryan, the VDA staff, and all our great members. Challenges abound. Insurance companies squeezing our bottom lines and placing a wedge in our doctor-patient relationship. Government legislation and regulation like the pending Medicare dental benefit envisioned by Congress. Regulatory pressures from the Board of Dentistry. And the constant challenges of new technologies and social media. Fortunately, the ADA and VDA are deeply engrossed in influencing these issues and initiatives and crafting solutions like our recent Teledentistry Bill that protects our patients, practices and profession.

As you may know, in Chinese, the same character is used for crisis and opportunity. Each of these challenges is really an opportunity for us to move forward as a profession. Every time people feel dentistry is facing too many challenges to remain viable, it usually leads to the next Golden Age of dentistry. So, I'm perpetually optimistic and look forward to facing those challenges in the next year.

We have a well-thought-out Strategic Plan with the Mission of Advancing Dentistry and Empowering Members to guide us in meeting these challenges. We do this through our three goals of Advocacy, Practice Success and Professional Development. We have modernized and customized ways to implement this 5-year Plan. We try to communicate with members the way each member likes best; and that could be by text, email, or hard copy. We will provide relevant CE in multiple formats. We will engage members in ways that serve them best. We want services and products that serve members at all stages in their career and in ways that meet individual needs. One-size-for-all delivery of products, services, CE and content is a thing of the past. It's clear to me the VDA and ADA are the only organizations that care about me and my profession. I want every member to realize that reality.

When I have been asked things like, "Why do you give your time to the VDA?", and now "What is your Vision for the VDA?", or "What do you want your theme to be for this coming year?" My answer is always that it's about the people. I thought

>> CONTINUED ON PAGE 13

Practices Opportunities

Roanoke Practice collects $580K per year and is a mix of FFS and PPO. The interior of the space is perfectly designed for an efficient operation. Located in 3,000 sq/ft with 5 ops,. Well trained, longtime staff. Digital and paperless.

Loudoun County The practice generates over $500K per year in revenue. The cash flow is strong and patient base is 100% FFS. There are 4 ops, digital x-ray, and a strong staff in place. Real estate is for sale which includes a nice apartment above the dental practice that buyer can occupy or rent out.

Roanoke Region Very profitable FFS/PPO practice for sale 30 minutes from Roanoke. Collects over $950K per year. 4 ops in a 2500 square/foot free standing building. Paperless with digital x-ray and digital PAN.

Hampton Roads Right on the water! This mainly PPO practice has consistently generated around $500K per year. Busy shopping center with great visibility. Digital x-ray, digital pan, and an intraoral scanner.

Charlottesville The office is incredibly charming and in an excellent location. Consistently generates $350K per year with a mix of PPO and FFS patients. The practice has 3 ops with room to grow.

NC/VA Border Full-time associateship needed to replace retiring associate. Mix of FFS/PPO patients with 8 ops. Revenue over $1.8 M/year and growing! Commutable distance from the northern suburbs in the Triangle. Competitive compensation and benefits. New grads will be considered.

Newport News Grossing around $800K per year. Currently has 7 operatories with room to grow in a 2500+ square feet space. The office is paperless and fully digital.

Northern Neck In the heart of a charming river town! 100% FFS practice collects over $1M with very strong cashflow. Established over 40 years ago. 2,000+ active patients. 4 equipped treatment rooms with a 5th plumbed and ready for expansion.

Norfolk Consistently generating over $800K per year. 7 operatories with room for expansion. Office is paperless with digital x-ray. Seller is retiring.

Charlottesville Collecting $850K per year with very strong cashflow. Prime location with great visibility to nearby shops and restaurants. 6 nicely equipped ops with a new CBCT, Cerec scanners and mill.

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SEA CHANGE

Dr. Richard F. Roadcap

Much of the world's crude oil is transported by oil tankers, sometimes called "supertankers", huge ships that measure up to 1,500 feet long, and capable of carrying 550,000 metric tons. These vessels carry over two billion barrels of oil each year, and are second only to pipelines in terms of efficiency. Less than $0.03 per gallon of gasoline is assigned to the cost of this method of transport. It can take up to 30 minutes and 5 miles to bring one to a halt from an average cruising speed of 20 knots.

Navigating its way through Congress is a $3.5 trillion Budget Reconciliation Bill which includes, for the first time, a dental Medicare benefit. Medicare provision of dental benefits is hardly a new idea – several times a year for the last 40 years I've been asked if my office accepts Medicare, only to reply that it does not pay for routine dental care. The ADA has its own Medicare policy statement, adopted by the 2020 House of Delegates, that advocates benefits for lower income seniors. The ADA standard recommends enrolling beneficiaries whose income does not exceed 300% of the Federal Poverty Level. If adopted, nearly half (47%) of Medicare enrollees would qualify.

Democrats now control the White House and both houses of Congress. Two features of the proposed legislation should alarm practicing dentists: 1) the benefit is not means-tested; i.e., our patients with a seven figure net worth would qualify and 2) the program would be rolled into Medicare Part B, a program which has been fine-tuned for decades to meet the needs of *physicians*. The formulas are complicated, but MDs are reimbursed by Medicare for their time and not for procedures. Dentists know, and physicians know, but policy makers often don't know that the economics of dentistry and medicine are different. Medical insurance companies employ actuaries to calculate risks and set premiums; dental insurance is a form of prepayment, or savings account, that does not endanger the fiscal health of the carrier.

"If you've assumed we're headed for lower reimbursements, you are correct."

If you've assumed we're headed for lower reimbursements, you are correct: the ADA estimates the current proposal provides, over a 10-year period, only two-thirds ($24 billion a year versus $32 billion) of the amount needed to achieve the "median" fee for most dental procedures. Provider enrollment can be described in one word: burdensome. Most of us remember the effort to enroll dentists in Medicare in order for their patients with the drug benefit (Part D) to have their prescriptions filled. In other words, if we didn't sign up, our patients had to pay out of pocket for clindamycin, acyclovir, chlorhexidine, or any medication we felt necessary. Those who elected to "opt out" later found that patients with Medicare Advantage (Part C) dental benefits could not be treated in their offices, based on a ruling from the Centers for Medicare and Medicaid Services (CMS). Thankfully, the prescription enrollment requirement was later rescinded.

The infrastructure needed to develop a program of this magnitude will delay the program beyond next year, the year after that, and perhaps up to five years, based on estimates from CMS. Most of us now treat patients enrolled in Medicare Advantage, and no decision has been made on those patients' status. It's possible they could be required to join Part B, eliminating an escape route for many of the seniors in our practices. We ignore this behemoth at our own peril. Five years is not far off, and with the rapid expansion of group practices and DSOs, not participating may not be an option.

If you haven't already done so, please let Senators Kaine and Warner, as well as the congressman in your district, know that enrolling all seniors, regardless of income, in Medicare Part B dental plans is a mistake. Both our patients and the profession will suffer. The ADA's Legislative Action Center **https://actioncenter.ada.org/oppose-medicare-dental-benefit-part-b/** can make your voice heard. Also, there's an excellent webinar **https://www.ada.org/en/advocacy/congress-considers-a-medicare-dental-benefit** on the ADA's website, which every reader should watch in order to make sense of the alphabet soup of agencies and programs involved. Remaining on the sidelines is not one of our options.

I hope I'm proven wrong and this juggernaut making its way through Congress runs aground. Rescinding legislation can be nearly impossible. The McCarran-Ferguson Act, enacted in the 1940s, survived until 2020 despite having little or no support from legislators. Opposition with no alternative will tarnish our image as a profession. We need to take action now on behalf of our patients before we find that our ship has sailed.

THE CHALLENGE TO STAY RELEVANT

Gary D. Oyster, DDS; ADA Trustee, 16th District

To paraphrase Teddy Roosevelt, it is not the critic who counts. The credit belongs to the person who is actually in the arena, who strives valiantly, who errs, who comes up short. There is no effort without error and shortcomings, as they strive to do the deeds. That person's place shall never be with those cold and timid souls, who neither know victory nor defeat.

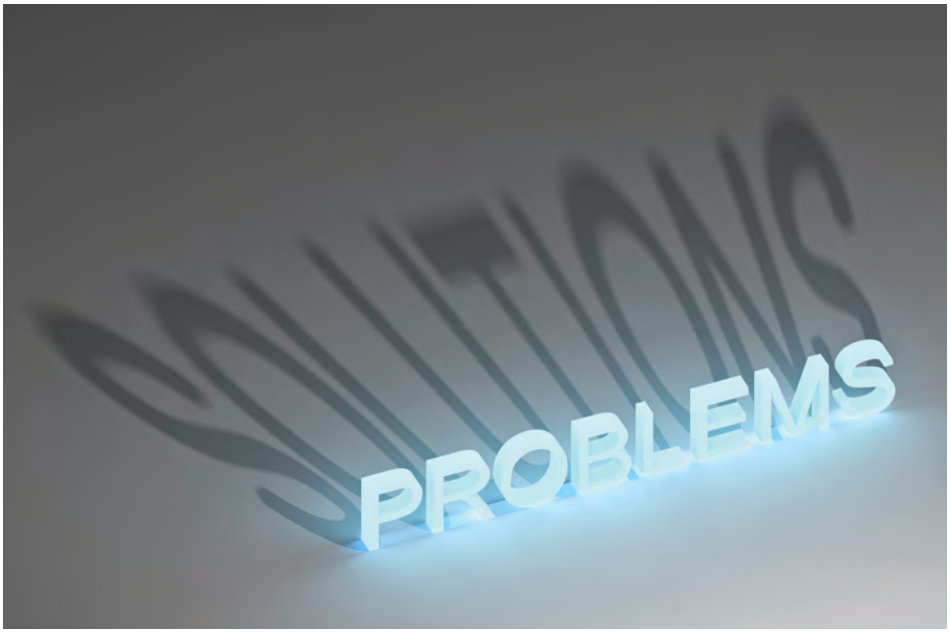
The ADA, state, and local dental societies are at a crossroads in choosing bold strategic plans and ideas to stay relevant to both their members and the public at large. At our last Board of Trustees meeting, the challenges facing organized dentistry were discussed. The list is lengthy: the relationship with ADPAC, SmileCon, CDT updating, Executive Director changes, a new platform to replace Aptify, membership, Delta virus, teledentistry, eldercare, Medicare, and interstate compacts. Each comes with its own unique challenges, yet all must be dealt with successfully.

Two of these issues, CDT code updating and relacing Aptify with a new platform, will be costly. They will require states and the ADA to work together to achieve a satisfactory product. Dental Medicare coverage and eldercare issues will have successful outcomes only through dentists advocating successfully with their congressional senators and congresspersons.

No matter how organized dentistry chooses to meet these challenges, errors may occur, and we may come up short, but we must try. If we do not make daring decisions, especially concerning membership, the ADA will fall by the wayside as other organizations and companies have done. Who thought that Sears, Texaco, Blockbuster, and Toys 'R' Us, to name a few, were too big to fail?

"If we do not make daring decisions, especially concerning membership, the ADA will fall by the wayside as other organizations and companies have done."

We now have four generations of practicing dentists and our market share membership among Millennials and Generation X is declining. We must encourage young dentists to join and then work hard to ensure their retention. These two generations are more diverse and are entering the workforce with different mindsets around practice choices. The challenge is to make membership in the tripartite relevant for them. SmileCon is a bold idea for a national meeting that will hopefully attract younger members to attend. One of the goals is for the younger members to be inspired and become advocates among their peers, who are not members. The ADA will both survive and become stronger by proactively addressing these challenges yet also showing patience with the changes needed to be relevant.



A YEAR IN REVIEW

Dr. Frank Iuorno; Immediate Past-President, Virginia Dental Association

COVID aside, this has been a good year for the VDA. Ironically, membership has grown by 168 new members, and the mean age of our full active members is 49.5. We are currently lobbying for a significant increase in reimbursement for dental treatment for the first time in over 15 years. Irrespective of the pandemic, we have made great strides "getting our house in order" by streamlining our governance, convoking board members of the VDAF and VDSC together for the very first time, successfully collaborating with stakeholders in oral health including the Virginia Dental Hygiene Association and Virginia Health Catalyst, developing leadership training, looking prospectively at legislative initiatives for 2022, and formalizing our strategic plan.

In 2019 and 2020, under the brilliant leadership of Dr. Elizabeth Reynolds, the VDA led the nation in informed scientific decision making and guidance for members, while continuing to turn out communications for the public. Our investment in a full-time Director of Strategic Initiatives/Innovation could not have been timelier. Mr. Paul Logan managed our communications to members and spearheaded statewide media campaigns, elevating the message that dentistry was not only essential healthcare, but also safe. Throughout the pandemic, the Board met monthly, and sometimes weekly, to ensure that the concerns of our members were addressed and that their questions were answered.

In the year following, the Board along with the Constitution and Bylaws Committee has been hard at work. Central to this effort has been the reworking of our Constitution and Bylaws, Policies, and the creation of a new document, the VDA Positions. The new documents mirror the governance of the ADA and streamline the governance of the VDA. Accompanying the bylaws revisions will be our first ever organizational chart outlining in graphic form the governance structure of the VDA. This is designed specifically to make leadership more accessible to anyone interested. And to that end, the VDA will be instituting a Leadership Development program starting 2022. This program will serve to educate and inspire our young leaders to take on the leadership positions at all levels of the Association.

We have made very intentional efforts to open doors and share ideas with our affiliated organizations, the VDA Foundation (VDAF) and the Virginia Dental Services Corporation (VDSC) our not-for-profit and for-profit arms, respectively. Bringing leadership of all these organizations together for the first time has laid the groundwork to elevate the brand of the VDA while serving the citizens of Virginia and our members.

We have also made great efforts to open relationships with other stakeholders in oral health, specifically, the Virginia Dental Hygiene Association, Health Catalyst (formally the Virginia Oral Health Coalition) and the VCU School of Dentistry. The VDHA proudly cobranded the back to work documents we all familiar with, and Health Catalyst is backing our legislative efforts for 2021. Hygiene workforce shortages were the focus of the VDHA's last board meeting and the VDA was invited to participate in that discussion. Both associations are actively seeking ways to increase the number of hygienists trained in the wake of COVID to meet workforce demands. The School of Dentistry is in a state of change with an ongoing search for a new Dean and plans for a new physical plant in the works. Nearly half of the VDA's members are alumni of the school. Bridging the gap between the School and the VDA to support our students with programming that meets their needs has been a challenge. We recognize that the students are the lifeblood of membership and look forward to meaningfully contributing to their education through advocacy and leadership training. We all have so much more to gain by working together, and the VDA has taken the first steps to open doors for dialogue among all stakeholders in oral health. And I ask you, who better to drive the bus for oral health than the VDA?

"COVID aside, this has been a good year for the VDA...we have made great strides."

Most important, we now have a well-developed strategic plan: **Advancing Dentistry and Empowering Members**. Why is a strategic plan so important? Simply, a strategic plan gives us the "why" for everything we do. It is a comprehensive road map for the Association and will serve as an excellent resource as we plan for the future.

Finally, it should be noted that everyone on the Board has been a tireless advocate for you, the member, throughout the pandemic. They have all put in long hours to ensure we can go back to work

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safely and as quickly as possible. You may also remember that there was a very big shift in leadership at the home office the year prior to the pandemic. Mr. Ryan Dunn, our new CEO, has not only met the challenges of taking over the administration VDA activities, but has also exceeded the Board's expectations by growing membership in the wake of COVID. He and the team at the VDA must be acknowledged as being the BEST at what they do!

In short, it has been an honor, and I hope that I have been able to provide the leadership needed over the past year. The VDA has never been stronger, and we are well positioned for a bright future.

Protect the Future of Dentistry

Register to Attend the VDA Legislative Reception and VDA Lobby Day!

SAVE THE DATE

Virginia Dental Association

Visit **vadental.org/Lobby-Day** for more information!

DENS EVAGINATUS: ODONTOGENESIS ANOMALY CASE REPORTS

Robert Warren, DDS; Elizabeth Berry, DDS, MPH, MSD; John Unkel, MD, DDS, MPA; William Piscitelli, DDS, MS; Dennis Reinhartz, PhD; Judy Reinhartz, PhD

Introduction

Dental abscesses in the pediatric population are typically caused by dental caries or trauma, but some incidences are caused by unusual conditions that can lead to complexities in diagnoses and treatment.[1] *Dens Evaginatus (DE)* is one of these development anomalies in teeth. It frequently goes undiagnosed and results in complicated sequela.

DE is characterized by a supernumerary tubercle protruding on the occlusal surface of the affected tooth. The tubercle is at high risk for pulpal exposure from attrition forces due to its elevation above the occlusal plane. This condition has also been described as an accessory cusp, Leong's premolar, occlusal pearl, *evaginatus odontoma*, and talon cusp (only if it is present in anterior teeth), but the most commonly accepted term is *DE*.[2] *DE* is uncommon, but has been well documented since 1925. Studies have found a higher prevalence among individuals of Asian descent (ranges from 0.5 to 4.3%) compared to Caucasians (0%).[3] Higher incidences have also been reported in Alaskan Natives and North American Indians, providing reasonable evidence for a genetic component.[3]

For a conclusive diagnosis of *DE*, this anomaly must project higher than the adjacent tooth structure and contain enamel, dentin, and a pulp horn.[3] The etiology suggests exfolding of epithelium, which creates the tubercle during the bell stage of tooth development and progresses through maturation.[4] Due to the protrusion of pulpal tissue on the occlusal surface, these teeth are at a higher risk of pulpal exposure than adjacent teeth. While this is generally attributable to physiological wear, the pulp may also accede to bacterial assaults through patent dentinal tubules.[5]

If untreated, patients with one or more *DE* teeth are likely candidates for root canal treatment (RCT) or extraction of the affected teeth. RCT is a difficult and expensive option before the apex is fully closed because these teeth are prone to fracture.[5, 6] Treatment options for a tooth with *DE* are monitoring, pulpotomy, RCT, extraction, and equilibration. All factors must be taken into consideration for proper treatment planning: root length, general alignment of teeth, occlusion, and overall arch length. Only minimal structure can be removed before a possible pulp exposure occurs leading to pulpal necrosis and/or apical periodontitis.[7] A pulpotomy with mineral trioxide aggregate (MTA) or calcium hydroxide (Ca(OH)2) at the most coronal portion to continue induction of hard-tissue formation is an option if there is a pulp exposure.

This report presents two cases of *DE*, an uncommon condition in pediatric patients, and discusses the importance of early recognition as well as recommended treatment options. Both cases were 11-year-old females who presented to Bon Secours Health System, Inc. hospital-based clinic with pain. Both patients were noted to have facial cellulitis, and they were subsequently diagnosed with *DE*.

Cases

One of the cases was of an 11 year old Asian female who presented to the emergency department with right side facial cellulitis in her mandibular premolar region. The patient indicated the pain was in her lower right second premolar (#29). She reported the onset of pain was initiated upon chipping her tooth on the previous day. Her medical history was noncontributory. The patient had limited opening due to increased pain. Because of the facial cellulitis, the patient was placed on antibiotics and instructed to come to the clinic the next day. Figure 1 shows the clinical representation in the emergency department of #29. Swelling and inflammation can be seen on the gingiva buccal to and interproximal to #29. A shallow vestibule is observed indicating infection has spread into the sub masseteric space.

The next day, a periapical film was obtained in the clinic. Radiographic examination showed tooth #29 had periapical radiolucency, immature apex, and no caries. Because of the ALARA radiographic principle, and that this was not the patient's primary dental home, the other premolars were not imaged. Figure 2 shows a large periapical radiolucency to #29 and open apex. Pulpal testing in the clinic of #29 yielded a positive response to cold, and a heightened sensitivity to palpation and percussion; therefore, #29 was diagnosed with irreversible pulpitis and symptomatic periapical periodontitis. As a consequence of the size of the radiolucency, it was reasonable to assume the pulp had been exposed for quite some time.

All of the patient's mandibular premolars presented clinically with *DE*, as seen in Figure 3. The patient's premolars had prominent *DE*, resulting in an open bite on all teeth except her premolars. Pulp tests were performed on all of them and exhibited normal responses.

The patient was referred to an endodontist. There she received a root canal on #29 using MTA (apexification). The endodontist additionally completed apexogenesis using MTA on her remaining mandibular premolars along with gross occlusal reduction. The endodontist reasoned a substantial risk or

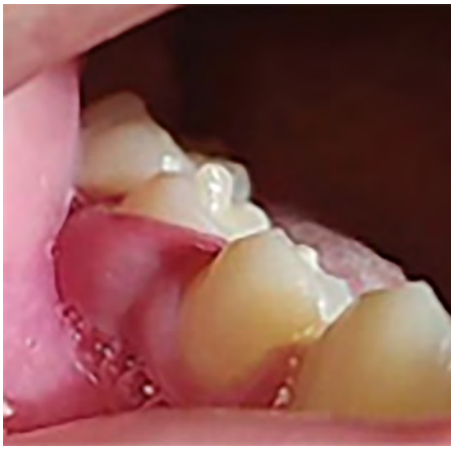

Figure 1. *Labial view of the abscess on #29.*

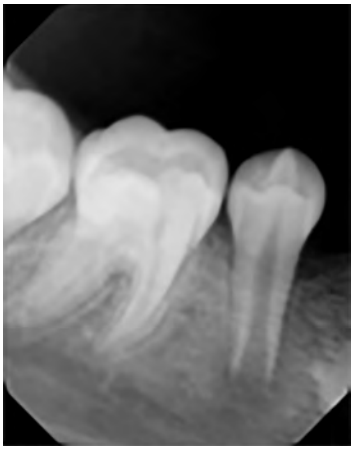

Figure 2. *Periapical radiograph obtained in clinic following the ER visit.*

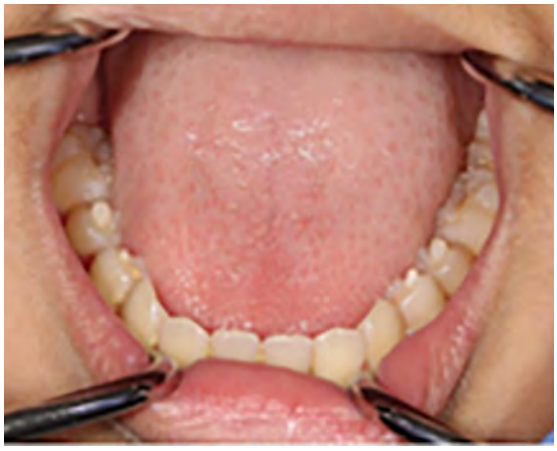

Figure 3. *All permanent mandibular premolars with prominent* dens evaginatus.

pulp exposure to the other *DE* teeth due to the large size of the tubercles, hence the completion of the MTA pulpotomies on the other premolars. Each *DE* tooth received a MTA pulpotomy to facilitate apex closure.

The second patient was an 11 year old Hispanic female. She presented to the dental clinic with severe pain in her mandibular left premolar region accompanied with facial cellulitis. She had visited an emergency department in the community the night before where she was prescribed Amoxicillin by the attending physician, but was unable to swallow, attributable to limited oral opening.

Her medical history was noncontributory. Tooth #20 had no history of a restoration and a micro pulp exposure was evident. The clinical examination was performed under magnification, which revealed a rough occlusal area facial to the occlusal groove where a portion of the tooth appeared to have been occlusally worn, and therefore a micro pulp exposure remained. The tooth yielded a positive response to cold and acute pain to palpation and percussion. While percussing, it was noted that the tooth exhibited Class III mobility. We discussed with the patient and parent the mobility of the *DE* tooth and gave a guarded prognosis, but the patient and her mother elected to continue with RCT.

A periapical film, Figure 4 next page, was obtained of tooth #20, which exhibited an open apex and a 4 mm x 4 mm circular periapical radiolucency. An extended pulp chamber was evident onto the occlusal surface. The adjacent tooth, #19, exhibited minor *DE* (see Figure 5 next page). Figure 6 on the next page shows the patient having unaltered DE on her mandibular right first and second premolars and permanent first molar. The *DE* was more prominent on #30. The patient has the same presence on mandibular left premolars and first molar. However, the micro pulp exposure was evident on #20 as sharp fracture angles are seen in the central occlusal surface.

The patient was referred to an endodontist. The endodontist advised the patient of the mobility of the *DE* tooth and lessened chance of success. However, the parent wanted to continue with treatment, therefore she received a root canal on #20 with $Ca(OH)_2$ (apexification). No other teeth displaying *DE* received treatment at this time. A follow-up is planned to perform bonding and reduction on the remaining teeth.

Discussion

It is widely understood that teeth with *DE* are at a significantly higher rate for pulpal exposure. The exact etiology of these variations still remains unclear; however, genetics and environmental factors are presumed to be the probable causes.[8] *DE* is increasing in the United States and other Western countries from global migration of people of Asian descent.[5]

These two cases are examples of how *DE* may present, one with prominent talon cusps and the other with smaller, inconspicuous talon cusps that could be difficult to diagnose for the novice clinician. In the first case, the large cusp presenting with fractured *DE* was more apparent. In the second case, the cusp fracture was not very evident because the other adjacent premolars did not have

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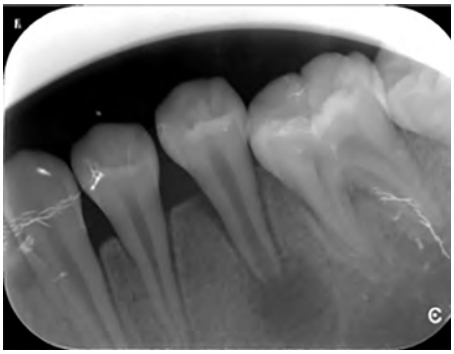

Figure 4. *Large periapical radiolucency and widened PDL.*

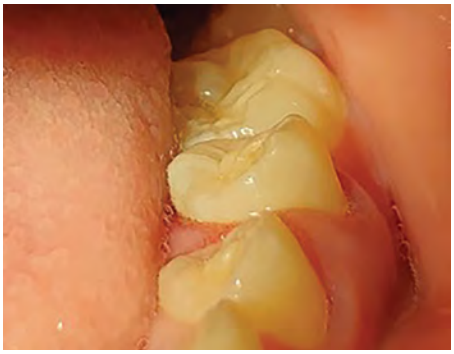

Figure 5. DE *is visible on #19, 20, 21 with the* DE *fractured on #20 leading to micro-pulp exposure.*

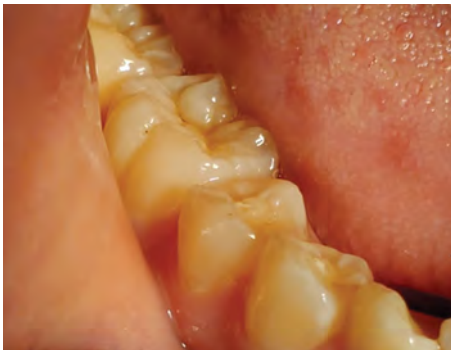

Figure 6. DE *is visible on #28, 29, 30.*

large cusps. While both cases are *DE*, the second case was much more difficult to diagnose on initial examination and is an excellent example of why a thorough clinical examination is needed at every recall.

The dental provider for late mixed and early permanent dentition patients can greatly lower the chance of pulpal exposure resulting in an acute abscess and costly endodontic treatment with proper recognition of *DE*. Once recognized, occlusal equilibration should be performed in minute amounts along with selective bonding techniques. Initiating secondary dentin also will help further reduce sensitivity in these patients. Generally, the intentional removal of the tubercle during occlusal equilibration will eliminate traumatic occlusion. This will be accomplished by elective reduction of the tubercle in conjunction with topical fluoride applications to minimize sensitivity.[3] Incremental layering of acid-etched flowable light-cured resin (AEFLCR) needs to be done at the same visit as reduction to provide support and stabilization to the tubercle.[3] This combination would make it beneficial for the patient with *DE* to avoid costly pulpal exposure. However, if pulp exposure does occur there are three treatment options.

The first patient had MTA while the second patient had their treatment with $Ca(OH)_2$, both of which achieve apexification. While both treatments are deemed to have comparable success rates for apexification, MTA has a significantly shorter time span to achieve apical barrier formation.[9] In the younger patient population with these open apices, MTA may show an overall greater success rate with better patient compliance.[9] A third option is revascularization. Apexification has several downsides: an overall shorter root length, thinned walls, increased likelihood of fracture, and stunted root width. Revascularization has a statistically significant better outcome in increases in root length and thickness, while also providing a non-statistically significant increase of success.[10]

MTA has been shown to be an alternative to $Ca(OH)_2$ and promotes the dentin bridge formation in teeth, which is critical to achieving structural integrity. Regeneration is preferable to an apexification in teeth with open apices to achieve the best structural integrity.[7, 11] Extraction necessitates follow-up orthodontic treatment to close the space and prevent mesial tipping of the distal dentition.

Conclusion

A tooth with *DE* has an extremely high rate of pulpal exposure under normal occlusal forces caused by the tubercle extending above the standard occlusal table.[3, 7, 12] Malocclusion resulting from the cusp like elevation causes abnormal force and friction, likely leading to a pulpal exposure.[3,4] Optimally, fine examination by a dental provider can lead to early recognition of this condition. The recommended treatment for these cases is to reduce the tubercle in minute amounts at intervals as well as adjusting the opposing dentition. By reducing the occlusal interference, the patient is less likely to shear the *DE*, which leads to irreversible pulpitis, and thereby avoid costly treatment.

References

1. Seow WK. *Diagnosis and management of unusual dental abscesses in children*. Aust Dent J. 2003 Sep;48(3):156–168. PMID: 14640368
2. Guna Shekhar M, Vijaykumar S, Tenny J, Ravi GR. *Conservative management of dens evaginatus: report of two unusual cases*. Int J Clin Pediatr Dent. 2010;3(2):121–124. PMCID: PMC4968181
3. Levitan ME, Himel VT. *Dens evaginatus: literature review, pathophysiology, and comprehensive treatment regimen*. J Endod. 2006 Jan;32(1):1–9. PMID: 16410059
4. Ponnambalam Y, Love RM. *Dens evaginatus: case reports and review of the literature*. N Z Dent J. 2006 Jun;102(2):30–4; quiz 48. PMID: 16773794

5. Cho SY. *Dental abscess in a tooth with intact dens evaginatus*. Int J Paediatr Dent. 2006 Mar;16(2):135–138. PMID: 16430528
6. Oehlers FA, Lee KW, Lee EC. *Dens evaginatus (evaginated odontome). Its structure and responses to external stimuli*. Dent Pract Dent Rec. 1967 Mar;17(7):239–244. PMID: 5226881
7. Natera M, Mukherjee PM. *Regenerative Endodontic Treatment with Orthodontic Treatment in a Tooth with Dens Evaginatus: A Case Report with a 4-year Follow-up*. J Endod. 2018 Jun;44(6):952–955. PMID: 29631746
8. Tucker AS, Sharpe PT. *Molecular genetics of tooth morphogenesis and patterning: the right shape in the right place*. J Dent Res. 1999 Apr;78(4):826–834. PMID: 10326726
9. Lin J-C, Lu J-X, Zeng Q, Zhao W, Li W-Q, Ling J-Q. *Comparison of mineral trioxide aggregate and calcium hydroxide for apexification of immature permanent teeth: A systematic review and meta-analysis*. J Formos Med Assoc. 2016 Jul;115(7):523–530. PMID: 26911724
10. Jeeruphan T, Jantarat J, Yanpiset K, Suwannapan L, Khewsawai P, Hargreaves KM. *Mahidol study 1: comparison of radiographic and survival outcomes of immature teeth treated with either regenerative endodontic or apexification methods: a retrospective study*. J Endod. 2012 Oct;38(10):1330–1336. PMID: 22980172
11. Koh ET, Ford TR, Kariyawasam SP, Chen NN, Torabinejad M. *Prophylactic treatment of dens evaginatus using mineral trioxide aggregate*. J Endod. 2001 Aug;27(8):540–542. PMID: 11501594
12. Chen C-M, Lee K-T, Chuang F-H, Hong Y-Y, Chen H-C, Hsu K-R, Wu Y-M, Lee H-E. *Facial cellulitis arising from dens evaginatus: a case report*. Kaohsiung J Med Sci. 2005 Jul;21(7):333–336. PMID: 16089313

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Dr. Robert Warren - **RobertWarrenDDS@gmail.com**

>> CONTINUED FROM PAGE 3

my theme would be something along the lines of “Community”, but it’s really more than that, it’s “Family”. I think of my VDA colleagues as “family”. I want to support them, help them achieve, thrive and I want to be there for them. I also enjoy being with them. Our Community, our VDA Family, can’t be duplicated in any other organization or group. You can be from Pulaski, Suffolk, Richmond, Winchester, Arlington…anywhere in the state, and you have so much in common with each other.

Recently I attended a President-Elect Conference at the ADA in Chicago. The theme was the Power of Three: Stronger Together. That completely applies to our Association. We may be from different places, practice differently, different backgrounds, different generations, different specialties…whatever, but we are all stronger together. And our differences are what make us stronger.

And that’s what I would like to be able to say a year from now. That we are stronger, more closely allied, and happy with the direction this Association is going. Tangibly, I’d like to see a greater market share of dentists of course, but I’d also like to see a greater satisfaction of our current membership. Where each member feels fortunate, the way I do, that they are part of this Virginia Dental Family. We are all so fortunate to be able to do what we do, with the people we do it and the patients we serve.

Over my tenure, if you have any suggestions, questions, criticisms, please don’t hesitate to contact me. I thank you for this opportunity and am excited and look forward to the next year as your president.

VDA Foundation
VIRGINIA DENTAL ASSOCIATION
25 YEARS

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Thank You for Your Generosity!

The generosity of our Sponsors and Supporters helps ensure that we not only improve the oral health of our neighbors in need each year, but it also helps make the VDAF a stronger and more sustainable organization.

Particularly during this very challenging year, we **TRULY APPRECIATE** the companies, foundations, and individuals who fully embrace our mission to provide access to dental care for underserved Virginians.

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RMHF Richmond Memorial Health Foundation — The foundation for better health

Anthem BlueCross BlueShield — Anthem Blue Cross and Blue Shield Foundation

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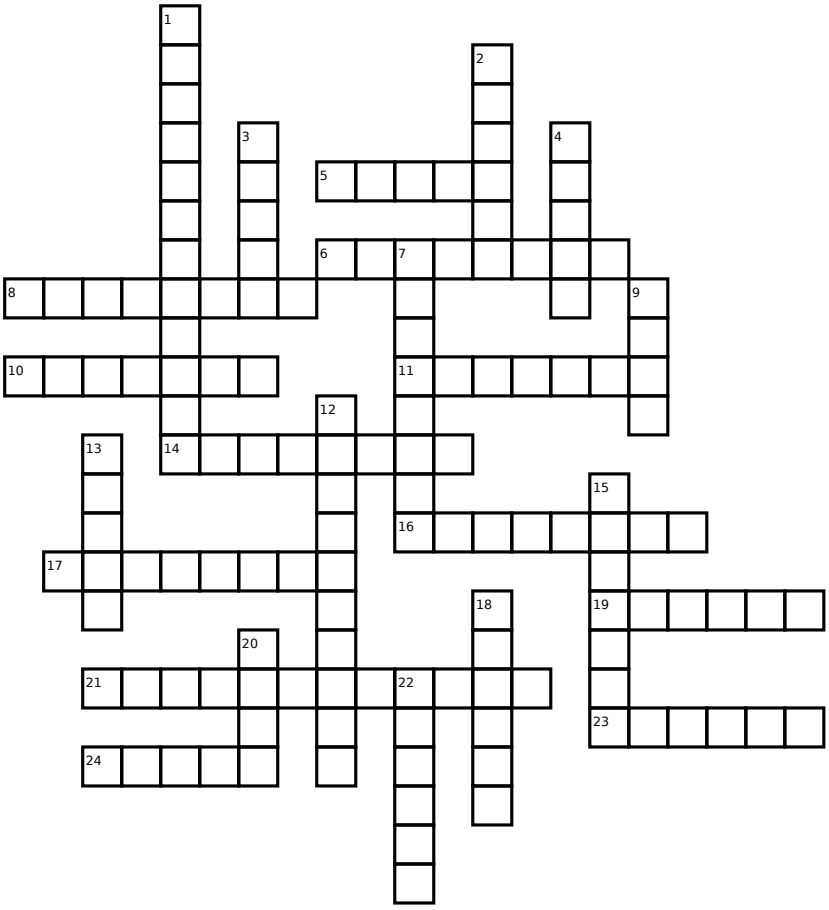
DENTAL DETECTIVE SERIES

CROSSWORD PUZZLE

Dr. Zaneta Hamlin



DOWN

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2. Second color in the rainbow
3. _____ variant
4. Policyholders formal request for payment
7. Dr. _____ is the VDA New Dentist Committee Chair
9. Masks cover the _____ and mouth
12. Dry mouth
13. Method of cooking food over an open flame
15. Stimulates the production of antibodies and provides immunity
18. _____ Dentist Committee provides assistance to fellow colleagues
20. Alcoholic drink made from fermented grape juice
22. Organizational rules and regulations

ACROSS

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8. Ongoing business expenses
10. 7 on the pH scale
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14. Rebranded ADA annual meeting
16. Voting component representative
17. International sports competition
19. Round, flat, sweet pastry
21. City where the 2021 VDA annual conference is being held
23. _____ is made up of 86% hydroxyapatite
24. VDA Foundation team consists of _____ members

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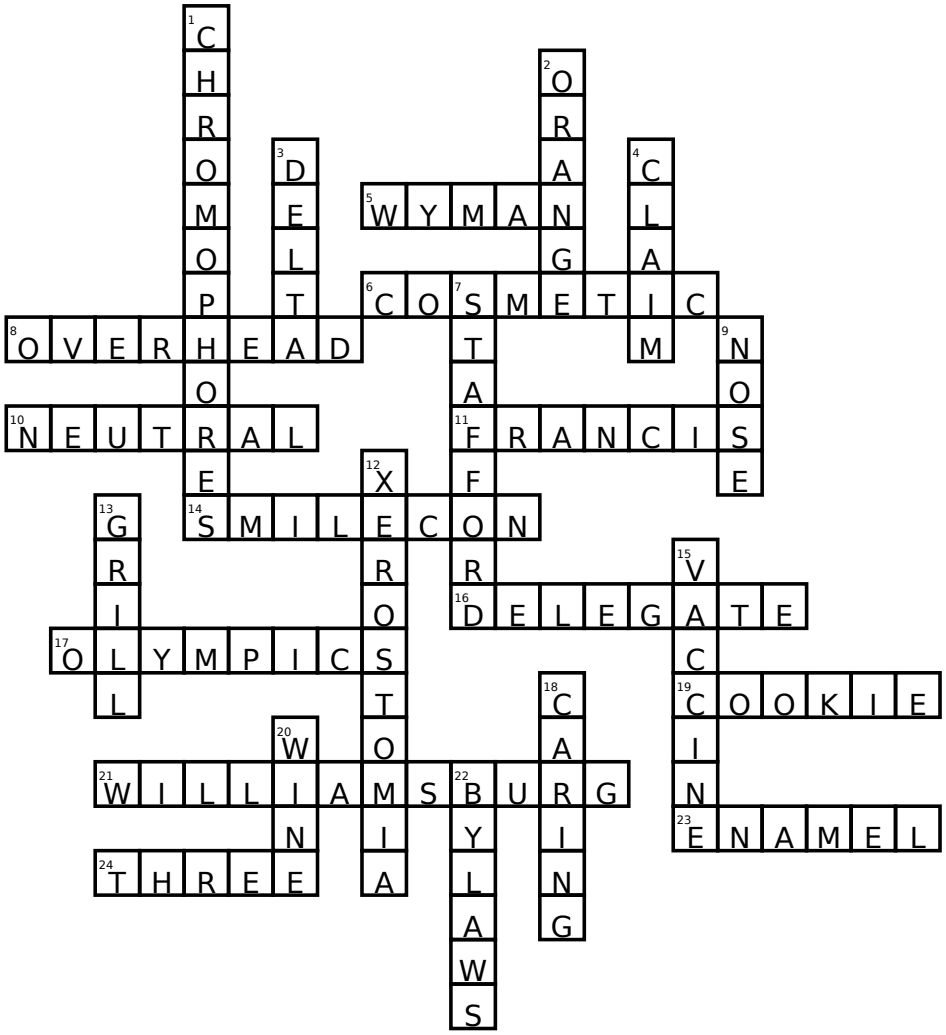

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2022 ANNUAL SPECIAL GROUP HEALTH INSURANCE

OPEN ENROLLMENT FOR SMALL EMPLOYERS

Melanie Nowak

There is a special small-group health insurance open enrollment period for January 1st effective dates for groups that might not otherwise meet minimum participation or contribution requirements. It is a little-known window of time that could save you money and secure better healthcare coverage for you, your family and your employees.

What are the benefits to Small Group plans versus Individual Market plans?

There are many advantages of enrolling in the Virginia small group market versus the Virginia individual market including the following:

1. **Larger Plan and Carrier Selection** – The number and quality of plans in the Virginia Small Group market far exceeds those available in the Virginia Individual market. For example, in 2021, Anthem only offers eight plans in the Individual market as opposed to more than 60 in the Small Group market. HMO plans are only available in the Anthem Individual market, but they offer PPO and POS plans in the Small Group market. Furthermore, the lowest deductible available in the Anthem Individual market is currently $2,000 whereas there are plans in the Small Group market with no deductible at all.
2. **Lower Premiums** – In almost all areas of Virginia, small group market premiums are lower than Individual market premiums. Depending on your zip code, premium savings could be as high as 50% with group sponsored health insurance.
3. **Employee Retention** -Offering a comprehensive health insurance plan shows you care about your employees' overall well-being, and the plan can be used to attract and retain valuable employees. With regular access to preventive care, group coverage is an easy way to keep your employees happy, healthy and productive at work.
4. **Tax Advantages** – Group health insurance premiums and/or contributions may be 100% tax deductible as a business expense for employers. In addition, the employee's portion of the premiums may be taken out on a pre-tax basis with a simple type of 125 Cafeteria plan. Consult your CPA for additional information.

What are the Advantages of Enrolling During the Special Annual Open Enrollment Time?

Eligible small groups can start a group plan at any time during the year, but there are participation and contribution requirements that must be met. Most carriers require that 75% of full-time eligible employees must participate in small group plans, minus qualified waivers. In addition, every carrier requires employers to pay at least 50% of the premium for their employees. These requirements may be difficult for a small employer to meet due to employees not wanting to enroll or the cost of paying for the employee premiums.

During this special time once a year, employers can enroll in a group plan regardless of who chooses to enroll and pay nothing towards the employee's premiums. In other words, if only one person chooses to enroll in the plan, you can still reap the benefits of enrolling in the small group market.

This enrollment period is for January 1st only and all paperwork must be submitted between November 1 and December 15.

If you are interested in exploring group health options for your small business, please contact RK Tongue's Employee Benefits Department for additional information via email **VDABenefits@RKTongue.com** or call Melanie Nowak at 410-369-3953

Editor's Note: Melanie Nowak is an Account Executive with R.K. Tongue Co., specializing in employee benefits. Her focus is helping small and mid-size employers implement and maintain group health, vision, life, and disability insurance plans that provide crucial protection for employees and their families. Melanie's goal is to educate practice owners on the importance of offering employee benefits and how they can dramatically improve recruitment and retention efforts.

COMPREHENSIVE HIPAA COMPLIANCE SOLUTION FOR MEMBERS

VDA SERVICES ANNOUNCES ENDORSEMENT OF ABYDE

Elise Rupinski, VDA Director of Marketing and Programs

The VDA Services Board of Directors is pleased to announce the endorsement of Abyde, a leader in software-based HIPAA compliance solutions for the healthcare industry. Following a thorough review of the marketplace, the Abyde solution differentiated itself by offering the easiest way for any sized dental practice to implement and sustain comprehensive HIPAA compliance programs. The revolutionary approach to HIPAA compliance guides providers through mandatory HIPAA requirements such as the Risk Analysis, HIPAA training for doctors and staff, managing Business Associate Agreements, customized policies and more.

VDA Services, a subsidiary of the Virginia Dental Association, works to identify solutions to help VDA member dental practices run efficiently while also providing valuable members-only benefits. Exclusive discounted pricing will be offered to all VDA Members who sign up with Abyde. “The Virginia Dental Association strives to empower the dental community through innovation and our collaboration with Abyde falls perfectly in line with that vision,” said VDA President Dr. Frank Iuorno, Jr. “We’re confident that our members will find Abyde’s solution and team to be the total-package in alleviating their HIPAA stress.”

“We are thrilled to be a part of the VDA’s proactive approach in helping their members avoid hefty HIPAA penalties and safeguard their patients’ sensitive information.”

With cyber security breaches and ransomware attacks increasing in recent years, personal patient information is a valuable target for cyber-attacks. “Our partnership with VDA Services emphasizes our joint commitment in protecting dental practices from the continued rise in cyber threats and patient complaints seen within the healthcare industry over recent months,” said Matt DiBlasi, President of Abyde. “We are thrilled to be a part of the VDA’s proactive approach in helping their members avoid hefty HIPAA penalties as well as assist in safeguarding their patients’ sensitive information through a simplified compliance program.”

To learn more about Abyde and sign up for a no-obligation demo, please visit **https://abyde.com/vda-services**. VDA Members are able to receive an exclusive discount of 10% off HIPAA compliance services.

Abyde™

NEVER STRESS OVER HIPAA AGAIN

DENTAL INSURANCE - IS IT HELPING OR HOLDING DENTISTS BACK?

Gary Takacs

Modern-day dentistry is like a well-oiled machine - working seamlessly to ensure the oral health of the general population. However, there exists one loose bolt within this entire system that disrupts the workings of this machine. This disrupting agent is dental insurance. Dentists have realized that they're paying an obscene amount of money to insurance companies and are extremely limited in their practice of dentistry. Dental insurance poses a hindrance to many dental practices, and dentists want out!

"If it has been done before, then it must be possible." - Gary Takacs.

As a dental coach and practice owner, I am well-versed in the stifling impact dental insurance has on a practice, and that is why the dental community must band together to fight this hindrance. I started my journey at my own practice, where we transformed the practice from a high-volume/low-fee insurance dependent to an insurance-free model, all while retaining 80% of the patients. With years of experience as a dental practice consultant, I am dedicated to assisting dentists to build a flourishing, insurance-independent dental practice. To make this goal of mine a reality, I have devised six steps to reducing insurance dependence, each step taking a dental practice closer to achieving freedom from PPO plans.

The Importance of Data Collection

The first step dentists need to take is to collect the right data. Data collection sets a strong foundation for the coming steps and ensures that the right decisions are made when beginning to resign from PPO plans instead of resigning haphazardly and suffering detrimental consequences.

It is recommended to collect data across three crucial data points. First, find out the average insurance write-off. Next, gather all the data relating to the patients at your practice, specifically what plans they are on, the number of patients within each plan, and if they are active patients. Finally, look into the resignation schedule for each PPO plan under each provider.

Digital Marketing: The Key to Success

Once data collection has been successfully completed, it is time to consider the next step of the process, mastering digital marketing. With the right use of digital marketing, dentists can prepare proactively to replace any patient they might potentially lose as they go out-of-network.

To begin incorporating digital marketing to attract patients, the first act should be a mindset shift, where dentists consider insurance adjustments and write-offs as a marketing expense. Dental practices are literally paying insurance companies to get patients, meaning that dentists are forking over an exorbitant amount of money which should not be an acceptable practice. With this mindset shift in place, you can begin emulating what good dental marketing is all about - helping your ideal patients find you and giving them a reason to choose you. Getting positive Google reviews for your practice, having a unique website, and search engine optimizations are several vital avenues to master digital marketing. Putting these into practice will make it so much easier for potential patients to find, trust, and choose your practice.

Get Your Entire Team Onboard

Going out-of-network is not a process that the dentist can go through alone. They need the help and support of their entire dental team. With the team's support, the practice will put up a unified front and provide a consistent message to patients.

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To get your team backing you, start an open conversation with them, one that conveys the challenge that staying in-network poses to the practice. Communicate the consequences it has on their roles and workload as well. You might face some pushback from the team as they may be unfamiliar with working in a Fee-For-Service practice. However, with the proper guidance and understanding, the team may begin to realize that they stand to gain from this as well.

Roll Out the Red Carpet With An In-Office Membership Plan

With an in-office membership, you can target and market accessible dental treatment to the community, especially to groups who do not have dental insurance. These groups include retirees, young adults who don't have health benefits, and freelance workers. You are essentially rolling out a red carpet and welcoming these groups to your practice. An in-office membership plan is also a great mode of keeping in touch with patients and being proactive about their treatment and oral health, and the icing on top of the cake is no claim forms and no limitations on treatment for patients!

Elevate The Relationship Driven Element of Your Practice

One of the goals associated with going out-of-network is to retain as many patients as possible, and the key is to build a strong relationship with them. Your patients must like, trust, and consciously choose to stay with your practice even as you go out-of-network. Encourage all team members to build rapport with patients and get to know them on a personal level, reach out to patients after their appointments via text or call, and make every effort to improve your bond with patients. Your patients will recognize the effort taken by the entire team and feel appreciated and prioritized. Ultimately, if they are happy with your practice, they will most likely choose your practice regardless.

Incorporate High-Value Services And Explore Your Passions Within Dentistry

The final step is to add high-value services to your practice. As you transition to a Fee-For-Service practice, the practice will change to one that is more focused and specialized in catering to what its patients need and, additionally, what its doctors and team members are interested in. As a dental professional, this is where you can explore your passions within dentistry and provide services that you will truly enjoy.

There are multiple high-value services that can be offered at your practice, and patients will be more interested and keener to hear about these high-value services because they won't be constrained by dental insurance limitations anymore.

Today, dental professionals will reap massive gains by choosing to reduce insurance dependence and take their practices to new heights. As dentistry evolves, the reliance on dental insurance must be abolished, and dentists should earn what they deserve and provide superior care and treatment to their patients.

Editor's Note: Learn more from Gary by visiting him at **www.lessinsurancedependence.com**

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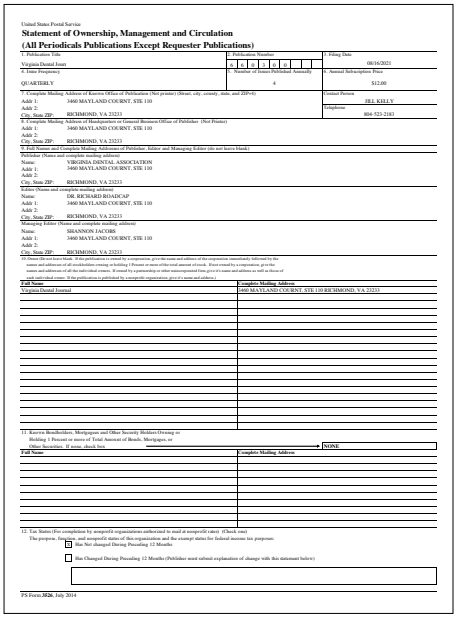

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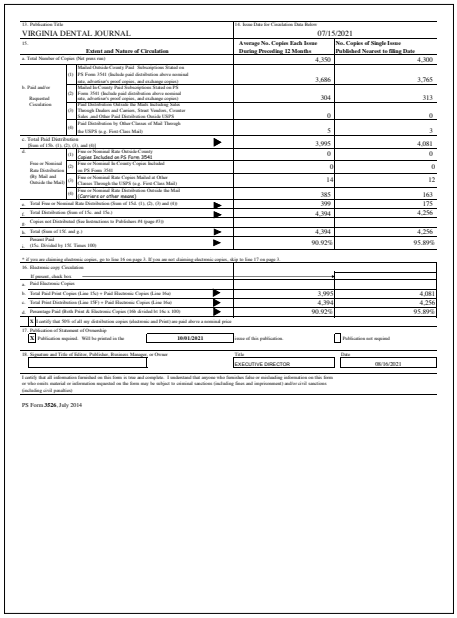

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HYPERBARIC OXYGEN THERAPY FOR THE PLACEMENT OF DENTAL IMPLANTS IN IRRADIATED PATIENTS: SYSTEMATIC REVIEW AND META-ANALYSIS

Benitez Cordero AF et al. | Br J Oral Maxillofac Surg. 2021; 59(6): 625-632

Head and neck tumors are often treated with a combination of surgery and radiation therapy that simultaneously make such patients promising and challenging dental implant candidates. Resection and reconstruction can preclude the fabrication of effective, non implant-supported prostheses. The sequelae of radiation therapy, however, such as xerostomia, trismus, mucositis, and osteoradionecrosis (ORN), provide a unique set of challenges to manage when considering dentoalveolar surgery. Hyperbaric oxygen therapy (HBOT) has been used to promote surgical wound healing by increasing oxygen tension in hypoxic tissues, promoting angiogenesis, and accelerating rate of osteoblast differentiation. Twenty pre-operative and 10 post-operative dives of HBOT have been demonstrated to treat maxillary ORN in patients who have received greater than 60 Gray (Gy). This systematic review aimed to investigate whether HBOT was an effective tool to increase the survival rate of dental implants in irradiated patients.

A literature review was conducted to search for keywords in three large databases between 1985 and 2018. Inclusion criteria included English language, human subjects, HBOT and control group patients undergoing placement of dental implants, minimum of 50 Gy radiation dosage, at least five patients, and at least twelve month follow up. A manual search of several large journals (including JOMS, Oral Oncology, International Journal of Oral and Maxillofacial Implants) was also conducted with the same inclusion/exclusion criteria. The review produced three retrospective case series between 1998 and 2018 with a total of 307 implants placed in 72 irradiated patients.

Despite a relative risk of 0.34 (greater risk of implant failure without HBOT) reported in one article, the aggregate data did not support a statistically significant difference in implant survival between HBOT and control groups. The study also found a relative risk of failure of 1.21 in the maxilla vs. the mandible but could not achieve statistical significance (aggregate p value of 0.81). The risk of ORN, and thus implant failure, is greater in patients who have received radiation doses over 65 Gy but this study could not identify a statistically significant benefit in HBOT for these patients. Given the dearth of literature that met the inclusion criteria, further clinical studies or broader meta-analyses are needed to confirm or expand on these findings.

Peter T. Arvanitis, DDS; Resident in Oral and Maxillofacial Surgery, VCU Medical Center

ORAL MUCOSAL LESIONS IN PATIENTS WITH COVID-19: A SYSTEMATIC REVIEW

Bhujel N, Zaheer K, Singh RP. | Br J Oral Maxillofac Surg. https://doi.org/10.1016/j.bjoms.2021.06.011

The COVID-19 pandemic began in December of 2019 and has already affected more than 163 million individuals with over 3 million recorded deaths worldwide. Although vaccinations have begun to be distributed and administered, the pandemic is not yet "over" as the existence of emerging variant viral strains are being reported.

It has been shown that the angiotensin-converting enzyme 2 (ACE2) receptors act as the entry point of the SARS-CoV-2 virus. There receptors are expressed in different tissues, including oral tissues such as the tongue, epithelial linings of salivary ducts, salivary glands, and taste buds. Hence, oral tissues act as entry points for the SARS-CoV-2 virus, leading to oral signs and symptoms that is essential for healthcare workers to be cognizant of, especially general dentists, the various dental specialists, and oral and maxillofacial surgeons.

Twelve studies were included for final appraisal of this systematic review. One study demonstrated that the most common oral mucosal lesion reported was oral ulcerations, in up to 47% of cases (n=27). Additionally, many changes to the tongue were reported, such as strawberry tongue, geographic tongue, fissured tongue, and macroglossia. In one study, these tongue changes were reported in up to 25% of cases (n=10). Changes to the gingiva included necrotic gingivitis and desquamative gingivitis. Two cases series also noted the presence of herpetic stomatitis. The most common locations of the lesions noted in the studies included the tongue, followed by the palate, buccal and labial mucosa, and the gingiva.

It is important to note that because COVID-19 is a new disease, it is not possible to differentiate oral lesions that occurred due to the virus from oral lesions that resulted from the treatment of COVID-19. Additionally, the oral lesions may have been a result of the patient's comorbidities, trauma secondary to intubation, and lack of oral hygiene. As demonstrated, the direct causal link is difficult to establish, requiring the need for further large scale case control or cohort studies.

Talal Beidas, DDS; Intern, Oral and Maxillofacial Surgery, VCU Medical Center

THE EFFICACY OF 4% ARTICAINE VERSUS 2% LIDOCAINE IN INDUCING PALATAL ANESTHESIA FOR TOOTH EXTRACTION IN DIFFERENT MAXILLARY REGIONS.

Gohlami M et al. | J Oral Maxillofac Surg. 2021; 79(8): 1587–1806.

Extractions under local anesthesia can be a stressful experience for both the provider and the patient. Providers do not want their patients to have an unpleasant experience, and patients do not want to experience the pain associated with local anesthesia administration. Patients and providers alike would agree that the palatal injection is the most painful due to the tight adherence of the soft tissue to the underlying bone. This study by Gohlami et al aimed to see if using articaine 4% as a buccal injection only could provide adequate palatal anesthesia without requiring a palatal injection. In this prospective, double-blinded, randomized clinical trial, 300 patients underwent extraction of a single anterior tooth, premolar or molar (100 patients evenly split in each group). Within each group, patients were given up to three buccal injections of 0.6 mL of either 4% articaine or 2% lidocaine both with 1:100,000 epinephrine. Success was marked by palatal anesthesia from just buccal injections (up to 1.8 mL in total).

This study found that buccal injection alone with articaine was significantly successful. In 82% of cases, palatal anesthesia was obtained in comparison to 1.3% of the lidocaine group. Articaine was also more successful in lower >

ANTIBIOTIC PROPHYLAXIS IN ORAL AND MAXILLOFACIAL SURGERY: A SYSTEMATIC REVIEW

Milic T, Raidoo P, Gebauer D. | Br J Oral Maxillofac Surg. 2020; 59(6): 633-642

Medication-related Surgical site infections (SSIs) are a common complication of oral and maxillofacial surgery that have the potential for significant morbidity and mortality. For this reason, preoperative, perioperative, and postoperative antibiotic prophylaxis is often considered and employed to reduce the incidence of SSIs. However, the risk of adverse events related to administration of these medications may outweigh the benefits of their use. One must consider the possibilities of antibiotic resistance, adverse side effects, medication interactions, as well as additional financial cost to both to patient and institutions to name a few. The aim of this study was to review current literature to examine whether the use of antibiotic prophylaxis was supported in the pre, peri, and post-operative settings of specific procedures.

In this systematic review, a total of 531 papers were retrieved, including meta-analyses, systematic reviews, and randomized control trials that compared different antibiotic protocols. Procedures reviewed included treatment of dental abscesses, dental extractions, implants, trauma, TMJ, orthognathic, malignant and benign tumor removal, and bone grafting. Of the papers reviewed, 98 were included in the final systematic review. The overall quality of evidence was assessed using the GRADE method. A strong recommendation was defined where the majority of the published literature of level II and above supported the recommendation.

Based on this systematic review of currently available evidence, Milic et. al. published that prophylactic antibiotic use is recommended in surgical extraction of third molars, comminuted mandibular fractures, TMJ replacement, complex implants in which grafting or multiple implants are involved, and in clean contaminated tumor removal procedures. These recommendations are further categorized in to pre, peri, and post-operative administration with specific recommendations on antimicrobial choice and dosage in table format, which can be found for review in the published paper.

These recommendations must be interpreted with broader factors influencing the risk/benefit decision in mind, including degree of contamination, duration of operation, and likely pathogenic organism. It is also worth mentioning that clinical decisions regarding the use of prophylactic antibiotics are only one part of the strategy to reduce SSIs. A comprehensive approach is of utmost importance, including adequate debridement and good surgical technique.

Kipley J. Powell, DDS; Resident, Oral and Maxillofacial Surgery, VCU Medical Center

volumes (24% had anesthesia with 0.6 mL, 41% had anesthesia after 1.2 mL, 17.3% after 1.8 mL) in comparison to only two patients obtaining anesthesia in the lidocaine group (0.6 mL and 1.8 mL respectively). Articaine was also equally successful in each section of the mouth (anterior, premolar and molar). The authors believed that the greater success rate of articaine might be related to its shorter onset of action due to its superior bone and soft tissue penetration. This is related to an added thiophene group that enhances diffusion properties and lipid solubility, promoting penetration into the nerve membranes through soft tissue.

While patients may relate stressful dental experience to painful injections, articaine could be a useful tool for the general dentist in extraction of maxillary teeth. While it may not create palatal anesthesia every time, it seems to predictably create profound anesthesia in the majority of the cases.

Michael McAdams, DDS; Resident, Oral and Maxillofacial Surgery, VCU Medical Center

DOES EARLY REPAIR OF TRIGEMINAL NERVE INJURIES INFLUENCE NEUROSENSORY RECOVERY? A SYSTEMATIC REVIEW AND META-ANALYSIS

Suhaym O, Miloro M. | Int J Oral Maxillofac Surg. 2021; 50 (6): 820-829

During oral procedures, the risk of nerve injury is a well-known complication. Specifically, the branches of the trigeminal nerve including the lingual nerve (LN) and the inferior alveolar nerve (IAN) are subjected to potential damage during many oral surgical procedures. Nerve injuries can be very debilitating to the patient ranging from functional deficits to impacting quality of life. The most common cause of neurosensory damage to the IAN and LN is third molar extractions followed by local anesthesia injections, dental implant placement, endodontic treatment, and others. In order to achieve functional sensory recovery, the specific timing guidelines for successful iatrogenic nerve repair are unclear. For instance, timing can depend on motor nerve injury or sensory nerve injury. Motor nerve injury requires immediate surgical intervention and exploration to restore the motor end plate. Conversely, the time from injury to repair of a sensory nerve is less imperative therefore delaying repair may be beneficial to allow spontaneous recovery instead of unnecessary surgical intervention. Thus, it does raise the question whether early versus late repair of the LN and IAN is more successful for sensory recovery. This systematic review and meta-analysis aimed to answer the question of whether early repair of sensory nerve injury increases the odds of functional sensory recovery.

This study included 13 final articles that met the inclusion criteria as follows: (1) neurosensory disruption of the LN or IAN, (2) dependent on traumatic or iatrogenic injury, (3) distinct nerve testing methods, intervention, outcome, and follow up, and (4) written in English language from 2000 to 2019. This study reviewed a total of 889 nerves, specifically 664 lingual nerves and 225 inferior alveolar nerves. For assessment of nerve damage, all studies used testing tools of fine touch, pinprick pain, and two-point discrimination. Of the 13 studies, seven were accepted for meta-analysis due to their clear definitions of early versus late repair. The effect on timing on functional sensory recovery was represented by odds ratio with 95% confidence interval.

The systematic review found that the studies varied in their definition of early nerve repair ranging with three studies defining early as before 6 months, three studies before 3 months, and one study before 2 months. The meta-analysis showed a total success rate of 93% for the early group versus 78.5% for the late group. The odds of improvement in neurosensory function were 5.49 in the before 3 months group and 2.28 in the before 6 months group. Nonetheless, it is important to acknowledge other factors that may affect surgical outcomes including degree of nerve injury, variability in patient neuronal regeneration, and microsurgeon experience. Overall, based upon the data in this study, the odds ratio proves that repair of the IAN and LN within the first 3 months may show increased success defined as functional sensory recovery compared to the 6-month group who also demonstrated success but to a smaller extent. However, late repair should be recognized as not necessarily limiting the ability to accomplish acceptable sensory recovery. In conclusion, favorable outcomes were enhanced with early nerve repair however no specific time period was outlined.

Dr. Peter Broccoli; Resident in Oral and Maxillofacial Surgery, VCU Medical Center

EVALUATION OF THE COURSE OF THE MARGINAL MANDIBULAR BRANCH OF THE FACIAL NERVE: A FRESH CADAVERIC STUDY

Sindel A et al. | Br J Oral Maxillofac Surg. 2021; 59(2): 179–183

The facial nerve serves to innervate the muscles of facial expression in addition to its roles in sensory innervation and secretomotor function. When the facial nerve emerges from the parotid fascia, it divides into five branches, namely frontal, zygomatic, buccal, marginal, and cervical branches. The marginal mandibular branch is responsible for innervation of part of the orbicularis oris, depressor labii inferioris, depressor anguli oris, and the mentalis muscles. Due to the location of its origin and path parallel to the inferior border of the mandible, this nerve is at risk during elective surgical procedure such as excision of the submandibular gland, parotidectomy, temporomandibular joint surgery, neck dissection, rhytidectomy, and neck lift. Further, in emergency surgery the nerve is vulnerable during open reduction and internal fixation of condylar fractures. The aim of this study was to determine the course of marginal mandibular nerve (MMN) in relation to the inferior border of the mandible from the gonion until its terminal insertion to the depressor anguli oris, relating the position to a palpable anatomical landmark with emphasis on the depth of the nerve in relation to platysma and the deep cervical fascia. This will enhance the ability of surgeons to limit MMN injury rates.

This study used twelve fresh adult cadavers, without any history of trauma, surgery, defect, or pathology involving the head and neck region in order to preserve the original anatomy as close as possible to an in-vivo state. Both left and right sides were dissected using blunt dissection techniques. The marginal mandibular nerve (MMN) was traced from the exiting point at the parotid gland, from where the dissection continued on a superficial level until the insertion point into the depressor anguli oris. Eight points separated by 5mm gaps were marked by needles along the inferior border of the mandible. The distance between the MMN and the mandibular base was measured from each needle.

Combining the results of both left and right sides of the mandible, 14 instances measured that the MMN initiated above the mandibular border and on 9 instances it was revealed below the mandibular border. One instance measured the origination directly at the level of the mandible. All sides had the termination of the MMN above the mandibular base. The highest levels of MMN were measured 6.9 mm and 6.5 mm above, and the lowest levels were measured 4 mm and 3 mm below the mandibular base on right and left sides, respectively. Previous publications have all fallen short of defining the schematic pathway of the nerve, as the described landmarks were of a combination of bone and soft tissue, which are not always clinically reliable. This study has overcome this difficulty by standardizing the inferior border of the mandible as a point in order to trace the marginal mandibular branch pathway, originating along the gonion and ending at the second premolar tooth area.

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IS IT WORTH APPLYING SELF-IRRIGATION AFTER THIRD MOLAR EXTRACTION?: A RANDOMIZED CONTROLLED TRIAL

Jang HJ et al. | Br J Oral Maxillofac Surg. 2021; DOI: https://doi.org/10.1016/j.bjoms.2021.07.010

Alveolar osteitis, infection, pain, hypoesthesia, bleeding, and swelling are all recognized complications following extraction of third molars. Routine oral hygiene can be limited secondary to restricted mouth opening due to these complications leading to the accumulation of food residue in extraction sockets. Ineffective maintenance of proper oral hygiene can perpetuate the incidence of infection, pain and swelling which overall contributes to an unpleasant and potentially dangerous postoperative course. These sequelae can also lead to an increased incidence of halitosis, elevated plaque and gingival scores and a decreased oral health-related quality of life score. One economic preventive modality includes frequent extraction socket irrigation performed at home, by the patient. This entails irrigating the extraction socket with a syringe which is utilized in conjunction with an irrigant including but not limited to povidone-iodine, chlorhexidine, tap water or saline. Irrigation of surgical sites is performed 1-2 days after the procedure has been completed, and can continue until soft tissue closure.

This randomized controlled trial included 155 patients who had undergone extraction of a mandibular third molar at the Department of Oral and Maxillofacial Surgery of Pusan National University Hospital (PNUH) between October 2017 and September 2018. All patients were provided with chlorhexidine mouth rinse and a short course (three days) of Augmentin. The irrigation group was provided with a 30 mL plastic syringe and instructed to irrigate the extraction site three times a day using only tap water starting one week after the extraction was completed. Fourteen days following extraction, progress was monitored and measured as food residue in the extraction socket, maximum mouth opening, plaque index, and incidence of postoperative pain, alveolar osteitis and acute infection.

This study found that extractions sockets were able to be kept clean in 70.7% of patients provided with an irrigation syringe. This practice yielded overall less food packing when compared to the non-irrigation group. There was a lower frequency of pain, alveolar osteitis, acute infection, and halitosis in the irrigation group. The non-irrigation group had overall higher plaque and gingival scores and poorer oral health-related quality of life scores. This study elucidated the importance of maintaining good oral hygiene after wisdom tooth extraction by identifying an increased incidence of postoperative complications including pain, swelling, decreased maximum mouth opening, and alveolar osteitis in patients who did not irrigate their extraction sites. Providing patients with an irrigation syringe and instructions for use is an economic and simple adjunct that can aid in decreasing common postoperative complications associated with extraction of third molars.

Christopher Loschiavo, DMD; Resident, Oral and Maxillofacial Surgery, VCU Medical Center

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A RETROSPECTIVE CROSS-SECTIONAL STUDY OF THE EFFECT OF LIPOSOMAL BUPIVICAINE ON POSTOPERATIVE OPIOID PRESCRIBING AFTER THIRD MOLAR EXTRACTION

Lieblich S et al. | J Oral Maxillofac Surg. 2021; 79(7):1401-1408

Dentists and dental specialists are the second most frequent prescribers of opioid medications after internal medicine physicians in the United States. Oral surgery, including the extraction of impacted and non-impacted teeth is associated with a period of post-operative pain and discomfort that classically ends in a prescription written for opioid analgesics. Because opioid prescriptions for opioid-naïve patients are associated with a risk of persistent opioid use, multimodal approaches need to be established to minimize the amount of opioid prescriptions. This study was done to compare the amount of opioids prescribed in morphine milligram equivalents (MMEs) in patients undergoing the extraction of third molars with or without use of liposomal bupivacaine (trade name: Exparel®).

The study was performed as a retrospective cross-sectional study to assess the association between postsurgical opioid prescription volume and local infiltration with liposomal bupivacaine. This was conducted at two outpatient surgery centers in the United States with patients 18 years and older undergoing elective third molar extraction with greater than or equal to 1 partial or full bony impacted tooth in the mandible. The surgeries were performed in 2012 and 2018 exclusively and 300 patients were treated with liposomal bupivacaine and 300 patients were treated without liposomal bupivacaine. The patients treated with liposomal bupivacaine received local infiltration with a concentration of 133 mg/10 cc immediate post-operatively at the incision sites. The providers locally injected 3 cc into each mandibular site and 2 cc into each maxillary site. Board certified oral and maxillofacial surgeons performed all procedures and the providers instructed patients to follow similar post-operative analgesia protocols. These include ibuprofen and acetaminophen for first line pain control and an opioid prescription for breakthrough pain only. The outcomes were assessed in terms of total prescribed MMEs, including refills, the number of opioid prescription refills, and surgical complications between the two groups.

The amount of total prescribed opioids in MMEs, including refills demonstrated a significant difference between both treatment groups. The group treated with liposomal bupivacaine was prescribed 59% fewer total opioids in MMEs ($P<.0001$). The proportion of patients requiring refills of opioid prescriptions was also significantly different in the liposomal bupivacaine group compared to the group treated without liposomal bupivacaine ($P<.028$). Of note, the overall rate of surgical complications was similar between the two groups treated with and without the long-acting local anesthetic.

The evidence provided by this study suggests that the combination of a multimodal pain management protocol and a long-acting non-opioid analgesic such as liposomal bupivacaine could significantly decrease the need for opioid use and need for opioid prescriptions after oral surgical procedures.

Michael Theiss, DDS; Chief Resident, Oral and Maxillofacial Surgery, VCU Medical Center

ENVELOPE OR TRIANGULAR FLAP FOR SURGICAL REMOVAL OF THIRD MOLARS? A SYSTEMATIC REVIEW AND META-ANALYSIS

Lopes da Silva BC, Machado GF, Primo Miranda EF, Galva˜o EL, Falci SGM | Int J Oral Maxillofac Surg. 2020; 49(8): 1073–1086.

The extraction of lower third molars is a common procedure in dentistry that is associated with several post-operative complications such as pain, edema, trismus, osteitis, and periodontal damage. These negative consequences can lead to poor patient outcomes including decreased patient quality of life in the post-operative period. It has been of great interest to identify the best surgical approach in order to minimize these negative consequences and improve patient outcomes. This article focused on surgical flap design, comparing two of the most commonly used flaps: the envelope flap and triangular flap. More specifically this systematic review aimed to answer the questions does the use of triangular flap design result in differences in pain, edema, and trismus when compared to the use of the envelope flap?

The systematic review included 18 articles with a total of 695 patients evaluated: the triangular flap was used for 556 teeth and the envelope flap for 559 teeth. All the patients selected were healthy and their ages ranged from 15 to 61 years of age. Of the outcomes analyzed, 11 of the studies evaluated pain, 11 evaluated edema, and 8 studies evaluated trismus. Secondary outcomes of dehiscence, ecchymosis, osteitis, and periodontal condition of the second molar were evaluated by 9, 4, 6, and 7 studies respectively.

In regard to the primary outcome of pain a total of 139 individuals were evaluated and pain was quantified using the visual analogue scale (VAS). It was determined that there was no statistically significant difference in pain on post-operative days 4-7 between the two types of flap design. In regard to the primary outcome of edema there was no standardized approach to evaluating post-operative edema among the studies selected. However, despite several different methods used it was determined that there was no significant difference in post-operative edema between the two different flap designs. In regard to trismus 7 studies evaluated this primary outcome by measuring either the weighted averages of maximum interincisal opening (MIO) or the mean differences of pre/post op MIO on post-operative days 2, 3, 7, and 14. There was no statistically significant difference in trismus in the post-operative period between the two flap designs. Four studies evaluated the presence of ecchymosis and found that the triangular flap had a higher incidence in the post-operative period. There was no difference between the two flap designs in regard to incidence of osteitis. The triangular flap was found to have smaller probing depth on day 7 post-op compared to the envelope flap but by post-operative day 14 there was no difference in probing depths between the two flaps.

It is important to acknowledge some of the limitations on this systematic review. To have more reliable results for analysis it would be beneficial for future studies to have more precise eligibility criteria: such as analyzing third molars with similar radiographic appearance based on the Pell and Gregory classification and exclusion of third molars that have pre-existing caries, pericoronitis, and active infection. It would also be beneficial for the studies to standardize the surgical techniques used and to include detailed descriptions of their flap design.

Based on the results of this systematic review flap design did not have significant influence on post-operative outcomes including pain, trismus, and edema. To make a conclusion about which is the best flap design for the removal of mandibular third molars further randomized clinical trials are needed.

Jennifer Van Hook, DMD ; Resident, Oral and Maxillofacial Surgery, VCU Medical Center

ANTIBIOTIC PROPHYLAXIS IN ORTHOGNATHIC SURGERY: AN OVERVIEW OF SYSTEMATIC REVIEWS

De Sousa Gil AP et al. | Br J Oral Maxillofac Surg. 2021. doi:10.1016/j.bjoms.2021.05.010

Orthognathic surgery (also known as corrective jaw surgery) is often performed to correct dentofacial deformities of the maxilla and mandible. Orthognathic surgical procedures not only correct functional disabilities, but also help to improve overall appearance and facial esthetics for patients. Although many orthognathic patients are young and generally healthy, there are always risks when undergoing a surgical procedure. Specifically, orthognathic surgery poses a risk for nerve damage, sinusitis, deviated nasal septum, and surgical site infection. Postoperative infection is the most common complication associated with orthognathic surgery, with infection reports ranging in incidence from 1.4-33.4%.

Numerous studies have evaluated the most appropriate prophylactic measures aimed at reducing the rate of postoperative infections. This article evaluated meta-analyses and systematic reviews studying the incidence of infection after orthognathic surgery based on differential antibiotic regimens. In total, this overview of systematic reviews included 2 meta-analyses and 4 systematic reviews, comprising 2,050 patients ranging from age 15-55 years old. There were a wide variety of perioperative antibiotic treatment regimens, and the antibiotics studied included penicillin, ampicillin, cefpiramide, amoxicillin, clindamycin, amoxicillin and clavulanic acid, cefuroxime, cefazolin and cephalexin, levofloxacin, and placebo.

Overall, patients that received long-term antibiotics after orthognathic surgery (5 days or more) experienced the lowest incidence of infection. It is widely reported that a preoperative dose of antibiotics is effective in reducing postoperative infections after orthognathic surgery compared to placebo, but the duration and type of antibiotic to use are less clear. Of note, infection rates reported in the studies included in this review were lowest overall for patients receiving long-term antibiotics after surgery, but it is important to note that side effects and other outcomes were poorly evaluated. For example, only surgical site infections were considered in the outcomes, and adverse side effects such as disturbance of microbial flora and antibiotic resistance were not considered. As for the most efficacious antibiotics, IV ampicillin and amoxicillin-clavulanic acid showed similar efficacy in preventing infection in short- and long-term therapy. It is important to note that the heterogeneity of studies and the wide variety of factors surrounding each surgery ultimately led to a broad range in infection incidence reported. Generally, double jaw surgeries, surgeries associated with additional procedures (such as genioplasty, rhinoplasty, or bone augmentation), and surgeries lasting longer than 5 hours pose a greater infection risk. More research is needed to determine perioperative antibiotic prophylaxis protocols for orthognathic surgery. Each patient and surgical procedure poses a unique set of considerations, and decisions surrounding antibiotic prophylaxis should be determined on an individual basis.

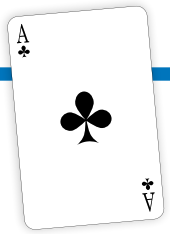
Hunter A. Watson, DMD; Intern, Oral and Maxillofacial Surgery, VCU Medical Center

THROUGH THE LOOKING GLASS

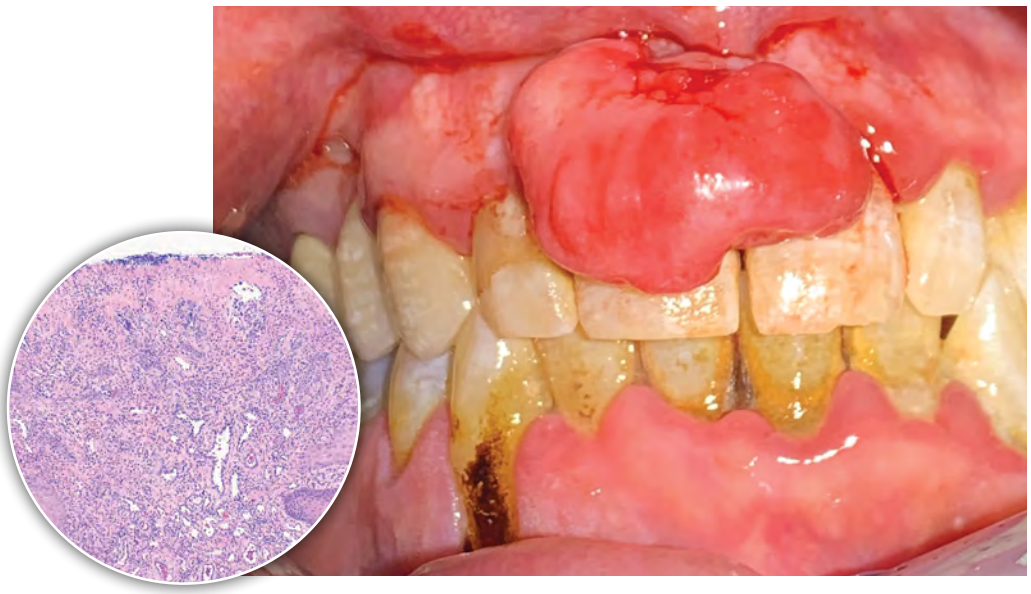
WITH DR. SARAH GLASS

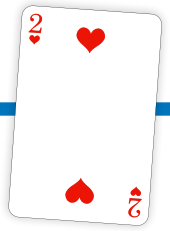
EXPLORE THE FANTASTICAL WORLD OF ORAL PATHOLOGY

Virginia dentists know their oral pathology thanks to the charismatic Dr. John Svirsky and his years of pathology puzzles. He inspired me to pursue oral pathology, and in his honor, I would like to share my fantastical world of oral pathology with you.

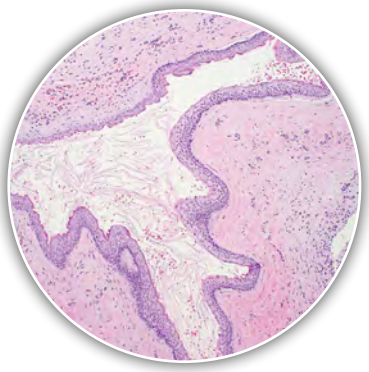


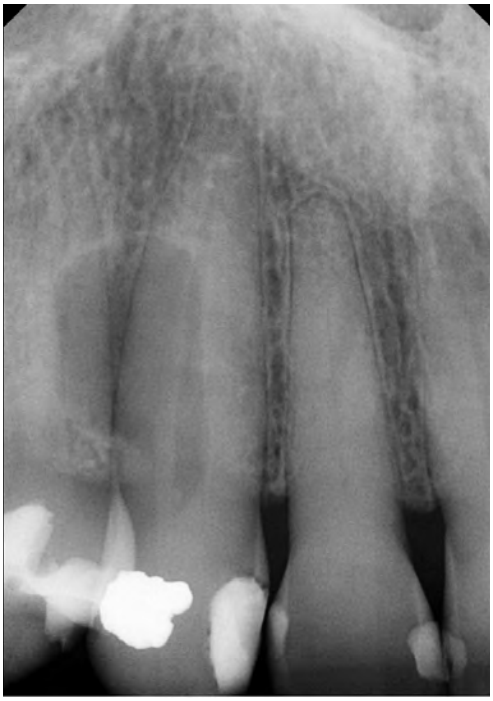
A 30-year-old male patient presents for a dental appointment with poor oral hygiene, generalized calculus, staining from smokeless tobacco, and a large gingival mass. What is your suspected diagnosis for the gingival mass?

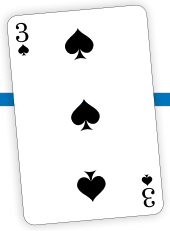




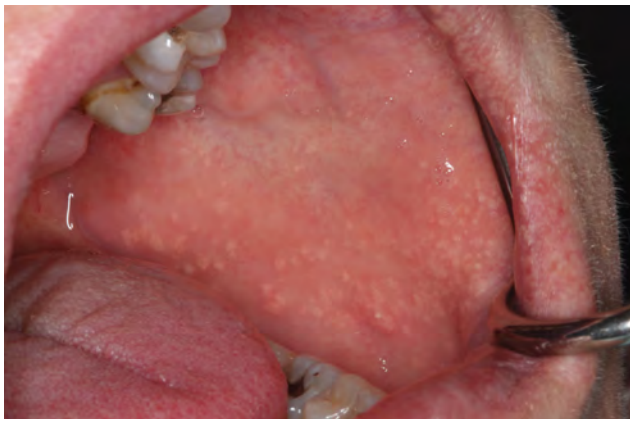
On routine radiographs of your 54-year-old female patient, you find an incidental radiolucency between two teeth. Endo testing shows that the teeth are vital. What is your suspected diagnosis?

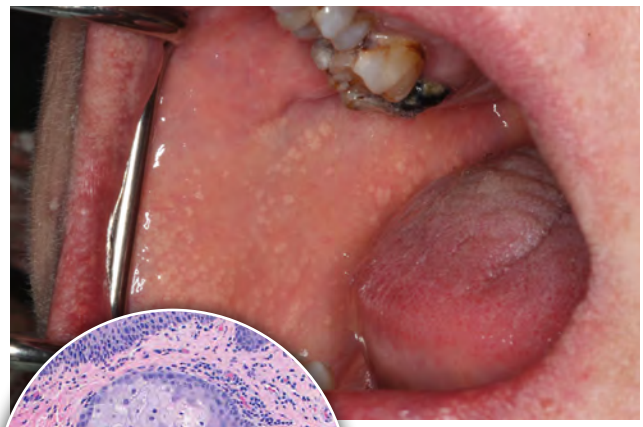


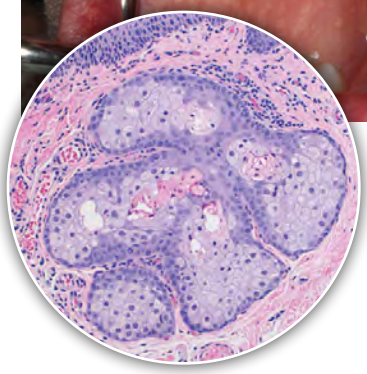




A 62-year-old female presents for a new patient exam. During the head and neck exam, you notice bilateral, asymptomatic, yellow-white lesions on the cheek. What is your clinical diagnosis?







Editor's Note: Dr. Sarah Glass is a board certified Oral and Maxillofacial Pathologist. She works as an assistant professor at VCU School of Dentistry, and her job responsibilities include teaching, working in the biopsy service, and seeing oral medicine patients.

>> ANSWERS ON PAGE 37

MEET YOUR NEW PRESIDENT

AN INTERVIEW WITH DR. SCOTT BERMAN

Why did you want to be VDA President?
The same reason I wanted to be a Speaker and pretty much every position I've had in the VDA and NVDS...I want to serve my profession and I like the people I work with in these positions.

If you could accomplish only one thing in the next 12 months, what would it be?
Increase membership satisfaction. I hope to do this by following the goals in our strategic plan. We now have a roadmap to meet membership needs and concerns better than any time in the past. So ideally, membership satisfaction should increase and ultimately lead to the other goal—increasing market share.

The past 18 months have, due to the pandemic, been a difficult time for the profession. What are some of the challenges facing organized dentistry in the months ahead?
I don't think the pandemic of the past 18 months is over. So, the challenge is to continue to adapt to the challenges of the changing pandemic and navigating the issues that arise from this near-term crisis. But I think we will come out on the other side of this pandemic better off—better at protecting our patients, better at protecting our staff, and modernizing our practice environment. I know in my practice, Zoom consultations alone have been transformative.

What should the VDA do right now to recruit more members?
I think what will lead to a significant new source of new members is the creation of a member recruitment position employed by the VDA and charged with signing up new members. With that said, the VDA should continue to increase interactions with VCU School of Dentistry students, mentor new members in their first 5 and 10 years after graduation, and work to maximally integrate members into Association activities – encourage participation in committees and the HOD.

In your opinion, what's the number one reason members drop-out, or as we say, "non-renew"?
They don't see the value of their membership and/or they don't feel their needs are being met or concerns not addressed. And, any member that feels that way is a failing of our Association to educate that member to what we do, or is a lacking on our part and should try to be addressed.

You specialized in orthodontics. What can the VDA (and the ADA) do to ensure that specialists and generalists speak with one voice when it comes to advocacy?
I think there should be greater communication and alignment of the ADA and specialty organizations. Medicine has fractured their profession by becoming a specialty-driven profession and the AMA now has membership approaching single digits. (12.1% in 2019) Fortunately, dentistry is a generalist-driven profession, and we should keep it that way. In particular, I've brought up to several ADA and AAO leaders the idea of creating a specialty class membership that created a lower ADA national dues for orthodontists that belong to the ADA, if the AAO makes its membership contingent on ADA membership. Currently, to join the AAO, you must first be an ADA member, but renewal does not require that. (The AAO uses the ADA for credentialing of new members because they don't have that infrastructure in place) If we do this in a revenue-neutral way, it would please both organizations and ensure almost 100% of specialist participation in the ADA. If successful with the AAO, the other specialties would probably want that same deal.

The last two Virginia Meetings have been cancelled due to COVID-19 precautions. What can the VDA do to restore the connections, camaraderie, and networking that would have taken place?
The VDA could consider smaller, regional Social/CE meetings that are easier to plan and implement. Perhaps, an eastern Virginia Saturday/Sunday event with a CE Speaker and an evening event on Saturday and an additional CE morning event Sunday. A similar event could be done in the western part of the state.

What should we be doing to make certain our voice is heard by the Virginia Board of Dentistry?
I think what we do now is effective. Monitoring the Virginia Board of Dentistry (VBOD), attending VBOD open meetings, giving testimony when appropriate, enlisting grassroots actions when needed, and ideally encouraging VDA members to consider being on the VBOD.

Do you have any heroes or mentors? Who are they and why do they qualify?
Too numerous to mention. In the VDA, I've learned much from those that took me under their wing at different times. Dr. Neil Small started my involvement as a Program Chair in my Component. Dr. Gus Vlahos and Dr. Rod Klima helped me immensely when I was on the VDA PAC and when I chaired that Committee. As a Speaker, Dr. Dave Anderson and Dr. Bruce Hutchison were invaluable to me, especially in my first year. And now as President, I can't tell you how much I admire what Dr. Frank Iuorno has done this past year and how he has helped me learn this past year. Other VDA leaders I really admire and are "heroes" of mine are Dr. Kirk Norbo and Dr. Ralph Howell. I'm so impressed how they keep giving to the profession at such a high level of service.

Finally, what would you like to be doing five years from now?
I would love to still be involved with the VDA and continuing to serve dentists in Virginia. I hope to transition from daily practice to other diversions, perhaps lecturing or teaching in some capacity. I also hope to be spending time honing my grandson Reid's golf game. He turns a year next month and I hope by age 6 he and I will be golfing together.

When patients need care, you're there.

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VADJ2021DA

MOVING HEALTH FORWARD

2021 CATALYST ANNUAL SUMMIT

Sarah Bedard Holland; CEO, Virginia Health Catalyst

The comprehensive adult dental benefit in Medicaid began July 1, and over 750,000 Virginians joined the Medicaid program. To ensure all members have access to oral health, DentaQuest is continuing its recruitment and is inviting new providers to grow the Medicaid provider network.

To support oral health care providers in this effort, Virginia Health Catalyst partnered with the CareQuest Insitute to develop a tool for providers to determine the financial impact accepting Medicaid patients will have on their office.

The CareQuest Institute designed a Financial Forecasting Tool for Virginia oral health providers unique to Virginia's Medicaid reimbursement rates. The tool enables providers to forecast practice capacity and revenue from existing patients with a change in coverage because of the Medicaid dental benefit and revenue and capacity from new patients with first-time dental coverage.

The tool is an interactive Excel® form where providers enter the information of their practice, current and projected patient capacity, and can estimate revenue over time. Providers can further narrow the information by the exact services provided at their practice. Catalyst has also compiled a helpful fact sheet on seven likely dental scenarios using the Financial Forecasting Tool, which you can view on our website (**https://vahealthcatalyst.org/wp-content/uploads/2021/06/Top-7-Dental-Patient-Scenarios-with-Medicaid-3.pdf**).

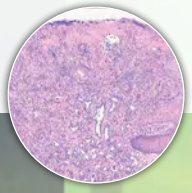
This tool helps add clarity where before there were only unanswered questions. I hope each provider in Virginia will take a few minutes to use the tool and understand the opportunities to reach more patients through your practice.

The CareQuest Institute Financial Forecasting tool was developed in partnership with Virginia Health Catalyst and our provider partner at Capital Area Health Network, Dr. Christina Byerson. To download the tool and user guide, visit the CareQuest Institute website (**https://www.carequest.org/education/resource-library/medicaid-adult-dental-benefit-forecasting-tool**).

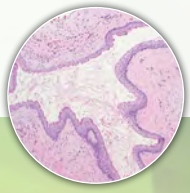
Virginia Health Catalyst is committed to ensuring the Medicaid program in Virginia meets the need of patients AND providers. To that end, we are working closely with the Virginia Dental Association to ensure decision-makers are aware of the need to increase Medicaid fees to support the vital service you provide. Stay tuned for more details!

>> THROUGH THE LOOKING GLASS ANSWERS CONTINUED FROM PAGE 33

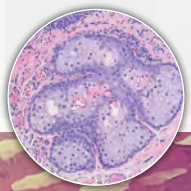
1. In patients with severe gingivitis and periodontitis, a tumor-like proliferation can occur. The histopathology shows subacutely inflamed granulation tissue and increased vascularity, which results in easy bleeding clinically. The diagnosis is pyogenic granuloma. You can't go wrong including the 3Ps (**pyogenic granuloma**, peripheral ossifying fibroma, and peripheral giant cell granuloma) in your differential diagnosis for a gingival mass.



2. The top of your differential was likely a lateral periodontal cyst, and I agree with you. Odontogenic keratocysts can also present this way, so don't forget to include them on your differential as well. The histopathology shows a uniform cystic epithelial lining producing parakeratin resulting in a diagnosis of an **odontogenic keratocyst**. Of note, the cyst also had a yellow cheesy filling when opened.



3. Your patient has **fordyce granules**. This variation of normal can be diagnosed on clinical exam. If a biopsy is taken, then it will show sebaceous glands. These glands are normally found on the skin and are considered ectopic in the mouth.



IS YOUR PRACTICE GROWING AS MUCH AS YOU THINK IT SHOULD BE?

Theresa Stenger; Director of Marketing, Leadership by Design

Are you attracting new patients every month but noticing that your revenue isn't reflecting your expected growth rate? One issue you may be facing is a higher-than-average attrition rate. Attrition (in a dental practice) can be defined as someone who hasn't been back to your practice in 18 months. Some dental practices operate at an impressive 7-10% attrition rate, but the typical practice comes in between 17-20%. So, if you have a healthy practice with 1,600 active patients per doctor, you're likely losing around 300 or so a year, or 25 patients every month.

It's as important to retain patients as it is to attract new ones

No dentist wants to see patients leave the practice. This can feel incredibly frustrating. Fortunately finding out why they left can sometimes lead to a successful return. So, what are some of the more common reasons patients leave a practice?

Never assume you know the reason

There could be many reasons why your patients left: maybe they moved, maybe their insurance changed, maybe they were wooed away by a competitor, perhaps they needed more flexible scheduling, or a staff member didn't treat them properly, or they've simply been remiss at their dental healthcare. Once you dig deeper, you and your staff can begin identifying the primary 3-4 reasons and group lost patients into different "buckets" to plan your reactivation strategies.

Focus on retention

Before you delve too far into winning back patients, what are you doing to retain patients? It may be helpful to ensure a few strategies are in place, so they don't leave in the first place. Here are a few tips we've found to be particularly effective:

1. Ensure that every patient leaves your office with his next appointment scheduled. Research shows that keeping patients on schedule leads to higher patient retention.
2. Create a warm welcoming culture. Greet your patients by name and don't overlook the power of being polite. Requiring all staff to consistently use words like, "please", "thank you" and "my pleasure" can have a memorable impact on patients of every age.
3. Connect personally with patients. Acknowledge major life events and reference prior topics of conversation that you've had with patients (job, sports teams they follow, etc.). Keep note of these things on patient records so you can easily reference.

Creating Reactivation Campaigns

1. Monitor the number of active patients who haven't scheduled an appointment with you in over 12 months. Run reports at least every quarter – monthly is best.
2. Ask patients for feedback. If a patient calls to ask for a transfer of their records, instruct your team members to ask whether there's anything the practice can do to encourage the patient to stay. Make sure your team member is prepared with effective response to the more common reasons patients leave.
3. Separate your lost patient list into "insurance" and "no insurance" categories so you can readily have custom communications available for each group.
4. Send post-visit feedback surveys. Most patients want to feel as though their opinions matter. When you send post-visit surveys, you give them a place to share their opinions, satisfying their desire to be heard. It also provides you with great feedback.
5. If you're having difficulty getting enough feedback, sending a brief survey via email is the most effective way to reach former patients. Online tools such as Google Forms and SurveyMonkey make it easy to create professional-looking surveys that former patients can complete in less than a minute.
6. Develop customized Reactivation Campaigns. For instance, for patients with insurance, sending a reminder that regular appointments are covered at 100% can be all they need to hear. Likewise, sending a message to those without insurance about your financial payment options can yield successful outcomes as well. Dental treatment can be perceived as "expensive", so it should come as no surprise that one of the primary reasons patients leave a practice is affordability.
7. Providing the right message for the right audience is key when it comes to reactivating patients. Be proactive when setting up and customizing your

communications. Whether communicating by text, email, or phone, ideally the messages should not be the same for everyone.

Develop communications that emotionally "connect"

A few additional tips to keep in mind when creating your campaigns:

1. Add a team photo in email campaigns to help establish an emotional connection
2. Talk about your interest in helping your patients maintain their overall
3. Inform patients about your payment options to show them you sincerely want to help. According to the American Dental Association, only around 20% of consumers without insurance go to the dentist, and the top reason cited is concerns over cost.
4. End your patient communications with a simple, "How can we help?" to demonstrate a warm, genuine interest in getting to the bottom of why they left.

Losing a patient is costly

It is often cheaper to retain patients than it is to attract new ones so continue to focus on patient retention as a huge area of opportunity. If the average lifetime value of one dental patient is in the range of $12,000-$15,000, then the loss of more than 10 a month can make a significant impact on your bottom line. In addition, the loss of one patient can be compounded by the loss of their family members.

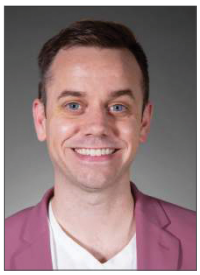
Once you gain an insight into the top reasons your patients are leaving, you can develop the right strategies to reengage. An effective campaign often combines personalized phone calls that demonstrate care and compassion, well thought-out (but automated) emails and text messages to selected groups of lost patients, and hard-copy patient letters.

Make it easy to come back

Once you have your communications planned and scheduled, be sure you are making it easy for them to return and respond. Remove any obstacles to easily scheduling their next appointment with each communication.

In summary, retention and reactivation campaigns can be incredibly beneficial in lowering attrition rates and supporting the long-term growth and health of your dental practice. The multilayer approach should involve patient analysis, customized communications, and a carefully timed-out distribution of messages utilizing multiple "touch points" or media - phone, email, text, social media posts, and hard-copy letters.

Editor's Note: Can you think of another dental industry topic you'd like to discuss or hear more about? You can contact Leadership by Design directly at **info@lbdtransitions.com**. Leadership by Design is a dental consulting firm that supports dental professionals in areas of dental marketing, dental recruitment, leadership development/growth plans, and practice acquisitions and sales. Find out more at **www.lbdtransitions.com.**



BE A MEDIA STAR

INTERVIEW BEST PRACTICES FOR DENTAL HEALTH EXPERTS

Cameron McPherson

The Virginia Dental Association's marketing team works throughout the year to advocate for its members and the dental profession through a variety of communication channels. One important opportunity we regularly invest time in is media relations.

Sometimes called earned media, media relations describe the practice of an organization engaging journalists to inform the public about an issue or story. Media relations builds credibility and helps put a message in front of thousands of readers, listeners, and viewers.

Here are some best practices you can keep in mind when engaging the news media.

A note before we begin: The VDA team is always here to help you prepare for media interviews. These tips are geared toward positive media stories that promote dentistry and oral health. Need assistance responding to a journalist's request, or have a story you would like to tell? Please connect with us. When we reach out to you with a media request, we'll do the legwork for you, and let you know deadlines and interview formats, as well as equip you with key messages.

The state of Virginia's news media

While layoffs and reorganizations have greatly impacted the news industry in recent years, there are plenty of opportunities to share news in Virginia. There are 21 daily papers across the state reaching more than 1 million people. Thirteen of those newspapers are owned by Lee Enterprises (https://lee.net/) and sometimes the papers share content. From time to time, a story in one market may be republished throughout the state. There also are about 150 weekly and monthly publications in Virginia that report the news, in addition to strong television, radio stations and online news outlets.

Proactive versus Reactive

There are two scenarios when you'll engage media: proactive and reactive. "Proactive" describes when you, or the VDA team, are actively reaching out to a journalist to share a story. "Reactive" requests happen when a journalist reaches out to you to respond to a story or a trend.

Deadlines

One of the first questions you'll want to ask a journalist is the deadline. Many times, a daytime TV or radio journalist will have a 3 p.m. deadline to prepare for the afternoon's broadcast. That, of course, fluctuates if a reporter is a morning or evening reporter. While it can be hard to plan around important patient schedules, it's always good to organize the interview before the reporter's deadline. By talking to a reporter earlier, you can help shape their storyline with your remarks. This also gives the reporter an opportunity to contact you later in the day with follow-up questions.

Key messages

Key messages help you stay on message and speak with authority. Keep messages simple and short. Most TV segments will only include soundbites that are about 12-15 seconds, while quotes in print newspapers are typically 2-3 sentences. Long responses can be hard to incorporate – help get your message in the story by always going back to your key messages. We recommend going into an interview with three main key messages you want to deliver. Practice delivering the messages before your interview.

Formats

For the most part, interviews will be recorded, not live, but always ask the reporter ahead of time. For TV interviews at your office, you'll want to look at the reporter, not the camera. As the pandemic continues to impact news coverage, journalists tend to be open to Zoom interviews. Make sure you have a professional background and turn off your notifications on your computer to avoid distractions. For phone interviews with radio reporters, find a quiet place in your office to help with clear audio.

These tips are just a start, but can help you approach media interviews like a pro. With practice and preparation, you can deliver an effective media interview to promote your business and the importance of oral health. If you have any questions about media interviews, please reach out to Paul Logan (**logan@vadental.org**) and Elise Rupinski (**rupinski@vadental.org**) at the VDA.

Editor's Note: Cameron McPherson is an account director at The Hodges Partnership, a strategic communications firm in Virginia.

Watch recent media interviews with VDA members.

https://www.youtube.com/watch?v=hwsANa7auJY

NEW MEMBER CAMPAIGN HIGHLIGHTS SAFE PRESCRIBING PROCEDURES

The pandemic increased overdose deaths across the country and in Virginia. According to the CDC, 70% of all fatal drug overdoses were caused by opioids.

We know that safe prescribing can help prevent opioid abuse.

The Virginia Dental Association is committed to providing resources that help our members more effectively connect and communicate with patients. To achieve this goal, the Council on Marketing has been focusing on an educational campaign to highlight how the VDA and its members are committed to safe prescribing to prevent opioid abuse.

Here's what the campaign toolbox includes:

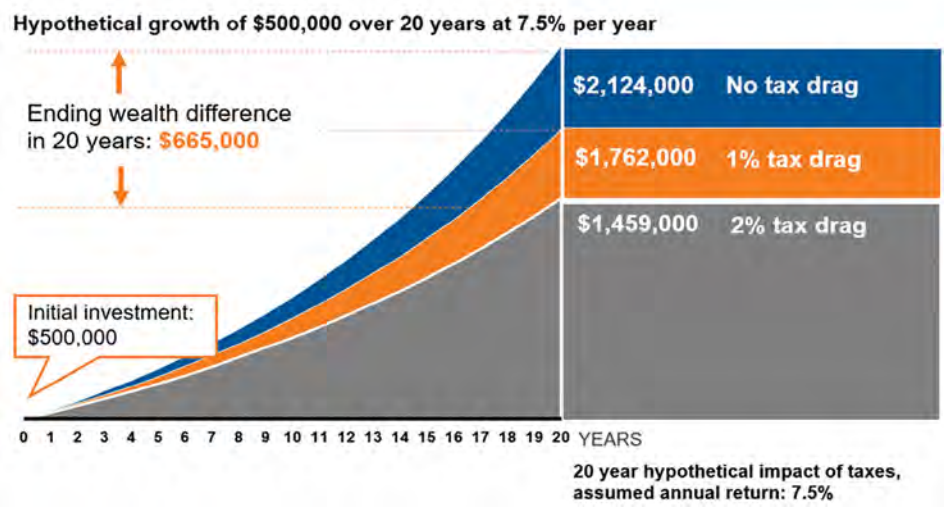
- **PDF campaign flyer** – A printable 8½ by 11½ flyer that details stats about the opioid epidemic and how VDA dentists are focusing on safe prescribing.
- **Sample social media posts and copy** – A handful of images you can use on your practice's social media pages to communicate your commitment to safe prescribing.

You can access the downloadable materials at **vadental.org/opioids**.

TAX AWARE INVESTING

Jimmy Pickert; ACG Portfolio Manager

Most investors are aware that their investments may generate taxes from time to time, whether it is from realizing a capital gain, receiving income from an investment or taking a distribution from a retirement account. Some investors are too tax averse, meaning they will let their desire to avoid a tax consequence be the driving factor in their investment decisions. This is counterproductive—investment related taxes are generally a sign that an investor has made money, and isn't that the objective? While investors should not let the tax "tail" wag the investment "dog", there are a number of ways to reduce investment related taxes without hurting one's overall investment strategy.



Reducing tax drag has always been important. The impact of taxes on an investor's wealth may not be substantial each year, but over the decades of an investor's career and subsequent retirement, taxes can lead to significant wealth erosion as the tax liabilities compound year after year. This can translate into an opportunity cost in the hundreds of thousands of dollars for many investors, potentially even more for high earners like dentists. With a renewed interest in *increasing* taxes coming out of Washington, there has never been a better time for investors to add some tax reducing tactics to their investing toolbox.

Tax Loss Harvesting

Tax loss harvesting is one of the most well-known tax tactics for investors. It is the process of selling an investment that carries an unrealized loss. The loss realized by the investor can be used to offset realized gains elsewhere. Additionally, you can deduct $3,000 of realized losses per year from your taxable income. And if you still have realized losses to use after offsetting all your gains and $3,000 of your taxable income, you can carry forward those realized losses into future years indefinitely.

Where most investors get hung up on this topic is their reluctance to sell and make their loss permanent. This is sound thinking—after all, Investing 101 tells us that we should buy low and sell high, not the other way around, and additionally that we shouldn't sell out of our investments in the middle of a bear market. You might ask, "Well, what if I sell this stock and just buy it back right away?" Fair question, but the IRS has anticipated that loophole by creating the Wash Sale rule. If you sell an investment at a loss and then buy it back within 30 days, you don't get to use that loss to reduce your taxes. This creates a dilemma, because no investor wants to see the investment, they just sold rally higher during that 30 day window.

The solution to this dilemma is to purchase a similar, though not identical, investment immediately after the sale of the original. A simple example can be used to demonstrate this process. You currently own shares of Coca Cola stock, and your position in that stock has a loss of $10,000. You can sell your Coca Cola stock and immediately buy Pepsi stock with the proceeds. The result is that you have harvested the $10,000 loss, thus accruing a tax benefit, and have meanwhile stayed invested in the market in case there is a rebound in the soft drink industry over the next 30 days. After 30 days, you can either swap back into Coca Cola or you can stick with your new Pepsi stock. By the way, tax loss harvesting is not limited to individual stocks. Is your diversified mutual fund or exchange traded fund trading at an unrealized loss? You can sell it to harvest that loss and replace your exposure with a similar mutual fund or exchange traded fund. Many investors review their portfolio in December each year to identify opportunities for loss harvesting, but another great time to do this is in

the wake of a market correction or bear market, like we saw in the early Spring of 2020 at the beginning of the pandemic crisis.

Right Investment, Wrong Investment Vehicle

Another useful way to reduce your tax drag is to use more tax-efficient vehicles. By vehicle, we mean the format or type of product that you are using in your portfolio. For example, you can invest in the S&P 500 through several types of investment vehicles. For the purpose of this article, we'll limit our discussion to three of them: mutual funds, exchange traded funds (ETFs) and Direct Indexing. All three can offer virtually identical investment exposure but each has a different degree of tax efficiency.

Mutual funds are typically the least tax efficient of the three, and this is because they are required to pay 95% of realized gains to shareholders in a given year. This is true regardless of whether an investor has held that mutual fund all year or bought it right before that capital gain distribution is paid. In other words, you as the investor could face a tax consequence without having enjoyed much of the return. ETFs, by contrast, are more tax efficient because their structure leads to much lower capital gain distributions—often none. Direct Indexing, in which a professional manager buys and sells individual securities in your brokerage account to match an index like the S&P 500 or a more actively managed investment strategy, is the most tax-efficient vehicle currently available. Not only is direct indexing not subject to the problem of capital gain distributions, but it also creates much more opportunity for the tactic we described above, tax loss harvesting. Think about it like this: your S&P 500 investment might be positive over a certain time period, even if some of the underlying stocks are negative. If you own the mutual fund or ETF, you won't be able to harvest any losses in this case. However, in a direct indexing strategy, the investor has the ability to target only those stocks at a loss and further reduce their taxes.

"With a renewed interest in increasing taxes coming out of Washington, there has never been a better time for investors to add some tax reducing tactics to their investing toolbox."

This should not be construed as advice to shun all mutual funds and ETFs in favor of direct indexing. Many diversified strategies are still only available in those vehicles, and if your after-tax return in a mutual fund can be better than what is available via direct indexing, you should stick with the mutual fund. This is particularly true in retirement accounts, in which capital gains are not even subject to tax. That said, investors—especially those in higher tax brackets—should at least be aware of this increasingly available investment vehicle when they are constructing their portfolio.

There's more

We have barely scratched the surface of tactics that investors can use to reduce their investment tax drag, but alas we have run out of room. Roth conversions, municipal bonds, exchange funds, estate strategies and charitable giving techniques—all of these and more are topics about which the tax-savvy investor will be informed. We have also not even touched the topic of retirement plan design, a tool that practice owners in particular can leverage for substantial tax savings, often in much more sophisticated ways than the cookie cutter 401(k) plan will allow. Investors who are in a high tax bracket and concerned about tax law changes going forward should proactively consult with their tax advisor and a knowledgeable wealth manager like ACG to explore their options.

ACG Wealth Management
www.acgworldwide.com

ADVOCACY- IS IT DEAD IN VIRGINIA?

WHERE WILL THE PROFESSION OF DENTISTRY GO?

Bruce Hutchison, DDS, VDA PAC Chair

The GOOD news – the Virginia Dental Association's political engagement is still one many other organizations look to as a model for how to effectively advocate for one's profession in Virginia. The VERY BAD news – **special interest enemies are catching up and rest assured our adversaries are taking notice of VDA PAC's steady financial decline**. Some startling numbers:

- 10 years ago, VDA PAC raised $371,000 – this year we are only on pace for $250,000. This is a 35% decrease in the VDA PAC fundraising efforts!!! Have your problems with insurance companies decreased 35% over the last 10 years?
- 10 years ago, VDA PAC spent $319,500 helping candidates in races across the Commonwealth – this year we will do less than $135,000. This is a 58% DECREASE! Meanwhile the cost of elections continues to skyrocket as out of state interests and other groups pour money into the state. VDA PAC should be spending MORE and not LESS!!
- 10 years ago, our PAC cash balance was $766,000 – currently it is $566,000. This is a 26% decrease in our critical reserves available should we face a major legislative fight in the years ahead. I can assure you the chance of such a fight has only increased in recent years – especially on the mid-level provider and scope of practice fronts.

This past August **eight VCU dental students volunteered their time to call VDA members who had not yet given to VDA PAC. They made hundreds of calls. Most weren't answered.** The ones that were answered said it wasn't a convenient time to talk. What does it take to get VDA members, members of the greatest profession, to contribute to their own success and to their own cause? We appreciate their efforts very much. I am so proud of these students and, frankly, so ashamed that my fellow dentists wouldn't return the calls. We should be leading by example for those who follow. Is this the example of what we want? These students are bright and full of energy. I trust our profession is in good hands in the future. I hope we can leave them with a fighting chance.

Bottom line – **threats are increasing while the financial health of VDA PAC is declining.** Adversaries no doubt view the lack of PAC participation as weakness and apathy in our ranks – and TRUST me they are looking at it constantly. We MUST TURN this trend around immediately. EVERYONE needs to participate in VDA PAC and challenge all your colleagues to do the same! Please visit **https://www.vadental.org/vda-pac** to make a contribution today. Contact Laura Givens at **givens@vadental.org** with questions.

VDA PAC CONTRIBUTION UPDATE

Component	% of 2021 Members Contributing to Date	2021 VDA PAC Goal	Amount Contributed to Date	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	34%	$45,500	$29,025	$285	64%
2 (Peninsula)	35%	$27,500	$16,475	$300	60%
3 (Southside)	33%	$14,000	$8,095	$261	58%
4 (Richmond)	27%	$67,750	$49,285	$314	73%
5 (Piedmont)	34%	$30,000	$20,675	$276	69%
6 (Southwest VA)	42%	$25,250	$15,800	$295	63%
7 (Shenandoah Valley)	30%	$30,000	$22,155	$295	74%
8 (Northern VA)	27%	$135,000	$80,115	$276	59%
TOTAL	**33%**	**$375,000**	**$241,625**	**$288**	**65%**

TOTAL CONTRIBUTIONS: $241,625

2021 GOAL: $375,000

WE NEED YOUR CONTRIBUTIONS TO RAISE

$133,375

VIRGINIA DENTAL ASSOCIATION
Tooth PAC

VCU dental students joined VDA members and staff for a bowling get-together at River City Roll in Richmond on August 4, 2021. The event was held to express the VDA's appreciation to the several students who volunteered to reach out to VDA members asking for support of the VDA PAC.

THE MOST IMPORTANT FUNCTION OF THE VDA – ADVOCACY

Ryan L. Dunn, VDA CEO

I'm writing this after our House of Delegates met over the weekend in Williamsburg. Our staff and our members I know were disappointed by the cancellation of the Virginia Meeting's CE and social events, as we balance safety and the ability to deliver on the experience our members and exhibitors expect for in-person meetings. We will be continuing to adjust to the ongoing pandemic and working with other state dental associations on a path back to in-person meetings. In the meantime, expect to see many of the CE offerings from the Virginia Meeting presented in a virtual format over the next several months.

I am grateful for the tireless work that our outgoing VDA president Dr. Frank Iuorno, Jr. put in during his term leading the association. Dr. Iuorno is a true servant leader who didn't wait until he had the title of president to make a lasting positive impact on the association and we will continue to rely on his wisdom and insight as we move forward.

I hope you'll also join me in welcoming our new executive committee, led by Dr. Scott Berman as president, our President-Elect, Dr. Cindy Southern and Treasurer Dr. Zaneta Hamlin. My message today, and the focus of our discussions in Williamsburg, is going to be on the most important and unique function of the VDA: Advocacy.

Virginia is electing a Governor, Attorney General, Lt. Governor and 100 members of the House of Delegates this year. Early voting has started, so I encourage you now – make your plan to vote and educate yourself on where the candidates stand on the issues that are important to you and important to the profession. The VDA has built a trusted reputation with policymakers in the Commonwealth because we advocate for policies that are good for our patients and we have worked tirelessly to establish and maintain close relationships with legislators in both parties.

"This could be a tremendously consequential year for oral healthcare policy at the state and federal level."

On the following page, you can find QR code links to videos from Democrat Terry McAuliffe and Republican Glenn Youngkin, sharing their views on oral healthcare policy for VDA members ahead of the upcoming election. Please watch the videos, do your own research on the candidates for all offices and make your plan to vote.

In Virginia, we have a big legislative session coming up in which we'll be asking for a significant increase in Medicaid reimbursements, addressing oral healthcare workforce solutions, and working to address pain points with third party payers.

Our credibility on these issues and our seat at the table in which they're debated relies in a large part on the strength of our membership and on the strength of our PAC. Statewide election years like this one are the most important to have a robust impact from our PAC, and I strongly encourage you to join your fellow VDA members in increasing your involvement with the PAC at **vadental.org/vda-pac**

This could be a tremendously consequential year for oral healthcare policy at the state and federal level with fast-moving debate around a dental Medicare benefit. ADA Senior VP of Government Affairs Mike Graham correctly laid out the stakes for the federal Medicare package this week on *Tooth Talk*:

> "If we don't get dentistry 100 percent involved in this right now, the way Congress writes this bill could fundamentally change how dentists practice. And I don't mean just some dentists. I mean every dental practice could change."

We have had hundreds of members respond to the ADA's call-to-action campaign around the Medicare benefit over the last couple weeks and I encourage you to watch for future text alerts (**Text "VDA" to 52886**) and continue to reach out to your representatives to ensure that any benefit passed works for both patients and providers. Thank you for continuing to be engaged. Our Government Affairs and Advocacy teams will be keeping members up-to-date on policy issues that could impact your practice as we move into the next year and our staff remains available as a resource for you as individual issues come up.

ELECTION DAY 11.2.2021

CANDIDATES FOR GOVERNOR SHARE PLANS FOR ORAL HEALTH POLICY

With election day fast approaching, it's important that dentists know where the candidates stand on oral health issues. Democrat Terry McAuliffe and Republican Glenn Youngkin are running for governor this year and both candidates recorded videos for the Virginia Dental Association to share where they stand on oral health issues with our members.

We asked them to share their plans for oral health policy and to address priorities for the association, including:

- Reforms to improve the dental Medicaid benefit and reform private insurance
- Increasing access to care
- Prioritizing the workforce training pipeline to address the shortage of hygienists and dental assistants in Virginia
- Allowing for additional flexibility in dental insurance plans to give consumers more choice
- Lessening the growing regulatory burdens on small and group practices

Important Election Information:

In addition to electing a Governor, Attorney General and Lt. Governor, all 100 seats in the House of Delegates will be up for election this year. Make sure you have a plan to vote. For information about your registration, polling place and absentee voting, go to **www.elections.virginia.gov.**

Hear them in their own words:

Terry McAuliffe **https://youtu.be/9WNSHbsSFtA**

Glenn Youngkin **https://youtu.be/0ME8yK8oBEM**

HOW TO ACCESS VIDEOS USING THE QR CODES:

- Open the QR Code reader or camera on your phone.
- Hold your device over the QR Code so that it's clearly visible within your smartphone's screen.
- Your phone will either automatically scan the code or some QR code readers will have you press a button to snap a picture. If necessary, press the button.
- Presto! Your smartphone reads the code and navigates to the intended destination.

DID YOU KNOW?

A SERIES FROM THE VIRGINIA BOARD OF DENTISTRY

HPMP– Virginia Health Practitioners' Monitoring Program

Did you know that the Virginia Health Practitioners' Monitoring Program (HPMP) can be an alternative to disciplinary action for qualified healthcare practitioners with a substance use diagnosis, a mental health diagnosis, or a physical diagnosis, any of which may alter their ability to practice their profession safely? HPMP refers healthcare professionals for appropriate treatment and provides ongoing monitoring of treatment progress. **https://www.dhp.virginia.gov/PractitionerResources/HealthPractitionersMonitoringProgram/**

HPMP– Virginia Health Practitioners' Monitoring Program– Voluntary

Did you know that participation in the program can be voluntary? Disciplinary action may be avoided and, in the absence of criminal behavior or Board action, public records may not be generated. For those participants with Board involvement, HPMP provides support including participant preparation for hearings and providing the Board with documentation or testimony of monitoring compliance.

HPMP– Virginia Health Practitioners' Monitoring Program– Eligibility

Did you know HPMP services are available to anyone who holds a current, active license, certification or registration by a health regulatory board in Virginia or a multi-state licensure privilege OR is an applicant for initial or reinstatement of licensure, certification, or registration for up to one year from the date of receipt of their application?

HPMP– Virginia Health Practitioners' Monitoring Program

Did you know the Department of Health Professions (DHP) contracts with Virginia Commonwealth University Health System, Department of Psychiatry, to provide services including:

- Intake to determine program eligibility
- Referrals to providers for clinical assessment and treatment
- Monitoring of treatment progress and clinical practice
- Alcohol and drug toxicology screens when indicated?

VIRGINIA BOARD OF DENTISTRY NOTES

SEPTEMBER 10, 2021

Ursula Klostermyer, DDS, PhD

This Board of Dentistry meeting was held in-person. No public participants were present for a public or formal hearing.

Department of Health Professions Director Dr. David E. Brown was absent and was represented by Lisa Hahn. She stated that under the Governor's announced state of emergency (due to Covid-19) Dental Board meetings were held virtually, but the state of emergency had ended in June 2021. The September board meeting was held in person. In state government buildings all people are required to wear a mask regardless of vaccination status. Ms. Hahn indicated that DHP plans to introduce legislation that would allow some of their meetings to be held virtually going forward.

The term of the three board members expires in 2021 and new candidates were nominated, were seconded and passed. President, Dr. Augustus Petticolas, completed his second term and will be replaced by Dr. Nathaniel Bryant. Dr. Sandra Catchings will become vice-president, and Dr. Patricia Bonwell will become the new secretary.

All guidance documents, to include the Educational Requirements for Dental Assistants II, Radiation Certification, Dental Practices, the Status Report on Regularly Actions Chart and the Waiver of Electronic Prescribing were unanimously approved by the Board.

The document, When a Dentist Dies Guide, was reviewed and the Board agrees that this could be a valuable guide to assist family members when a dentist dies suddenly. It provides information on how to deal with the situation including the practice valuation, transition and the handling of patient records. Minor changes of the document were suggested. While the surviving spouse has no legal obligation or requirements to deal with the patient charts, as the licensee is dead, this document could be helpful to assist the bereaved/survivors with this task.

The topic about clarification on the use of scalers was deferred to the Regulatory-Legislative Committee to be discussed at the next meeting.

A short discussion came up regarding prescribing antibiotics without holding a valid DEA license for e.g. retired dentists, who volunteer for charity projects. Mr. James E. Rutkowski, legal counsel to the Board, stated that this would depend on the medication prescribed. He intends to investigate the legal aspects of this topic and will report his findings to the Board in due course.

Dr. Dag Zapatero brought to the attendees' attention that it might be time to modernize the disciplinary case records. The Board could ask the DHP if they can move from an all-paper document system to electronic case files. This would be an easier way for Board members to review records and be more environmentally friendly. Ms. Hahn indicated that DHP is capable of providing files electronically. The Board of Dentistry voted unanimously to work with the DHP to undergo the change to electronic files but at the same time keeping the option open for Board members, who would prefer to review paper records.

Ms. Jamie Sacksteder reported about disciplinary cases received and closed. From January 2021 to August 2021 there were 289 received cases, 270 cases were closed, and 45 cases were closed with a violation. There were 38 closed cases with violations related to patient care. These include standard of care cases, improper diagnosis, treatment planning and delayed or unsatisfactory treatment. There was one abuse/abandonment/neglect case, one unlicensed activity, and 2 inability to safely practice cases reported. Non-patient related cases included 2 fraud cases with improper patient billing, mishandling of pre-need funds, fee splitting and falsification of licensing / renewal documents. One Virginia Health Practitioners' Monitoring Program (HPMP) case category, dismissal, vacated stay and non-compliance, was also reported.

Ms. Sandra Reen introduced the new executive assistant Glory Milton and stated, at the same time, how difficult it is to find new hires.

The next BOD busines meeting is scheduled for Friday, December 10, at 9:00 a.m.

Editor's Note: Dr. Klostermyer, a VDA member, practices prosthodontics in Richmond. Information is presented here for the benefit of our readers, and is deemed reliable, but not guaranteed. All VDA members are advised to read and comprehend all Board of Dentistry regulations and policies.

NONMALEFICENCE AND OPTIMISM

Dr. A. Garrett Gouldin

We all know that our ADA Code of Ethics and Professional Conduct includes the age-old axiom of Nonmaleficence; we have a duty to refrain from harming the patient. Unfortunately, if we practice long enough, problems, failures and various catastrophes will occur to our patients in direct relation to our diagnosis/treatment, even when we are giving it our all. But if we have followed the standard of care, and since such negative outcomes are relatively rare, perhaps we gracefully move on. We fix the problem or refer to someone who may be able to assist us, we learn from any technical errors, we search for better methods, we recognize that every patient has a different healing capacity, and so on. But how do we mentally process this event? How do we feel?

Explanatory style, how you explain to yourself why you have experienced a particular event, tends to be either optimistic or pessimistic. If asked, most would self-identify as optimists, but research suggests otherwise.

If you experience an adverse life event, such as a failed dental surgical procedure for our purposes, examining your thinking about the event might be helpful, according to Martin E.P. Seligman, the father of modern Positive Psychology. The acronym known as the 3 P's can help. If you assume the event was your fault (personal), that it is likely to have a lasting negative impact (permanent), and that it will affect all of the areas of your life (pervasive), then you probably have a pessimistic explanatory style. If, on the other hand, you think of the event as unrelated to you and more of a "one off", and that the effects will be ephemeral, and contained to this one event, you likely have an optimistic explanatory style.

"In short, if we can identify the distortions in our thinking, we can dispute these distortions, and remain energized, positive and optimistic."

Interestingly, the opposite is also true. Let's say that a particularly difficult clinical procedure goes well and heals uneventfully. If you explain this to yourself as at least partially resulting from your high level of skill and superior focus, and as being something that could result in a long-term positive impact on your relationship with this patient, and even have a positive effect on a broad range of potential patients, then you are likely an optimist. But, if you discount the positive outcome as just getting lucky, and you see the pleasing result as contained, and of only short-term consequence, you might be a pessimist.

Dentistry seems to attract perfectionists, who by definition refuse to accept any standard short of perfection. Dentists also tend to be high on the continuum of the Big Five personality traits of agreeableness and conscientiousness (and in some cases, neuroticism). While these qualities may have led us to our vocation, if we are not aware of the potentially harmful combination of our absolute commitment to Nonmaleficence, while working in an occupation that is sure to present us numerous worrisome challenges and setbacks, the cumulative effect can be difficult, and maybe even debilitating.

Clearly pessimism is not all bad, and it has the benefits of allowing us to maintain critical thinking, to prevent naivety and to promote rationality (realism). In fact, some pessimists lightheartedly argue that the optimist is never pleasantly surprised! However, the research is in, and the data supports an optimistic explanatory style on many fronts, especially with regard to the health and longevity benefits. Seligman's book, *Learned Optimism*, lays all of this out and concludes with an easy to remember Cognitive Behavioral approach to help you predictively increase your level of optimism. In short, if we can identify the distortions in our thinking, we can dispute these distortions, and remain energized, positive and optimistic.

The principle of Nonmaleficence demands that we protect our patient from harm. It also seems fundamentally ethical to protect another valuable asset: our mental well-being.

VCU School of Dentistry

A VCU DENTAL STUDENT BRACES FOR SUCCESS

AJ Hostetler; VCU Office of the Vice President for Research and Innovation

Reprint with permission from the VCU School of Dentistry

Christina Gordon, a Virginia Commonwealth University dental student who dislikes flossing, invented a cleaning device for orthodontic patients who wear braces. This year, her invention became one of several projects awarded funding by VCU to help it reach the commercial market.

As a preteen, Gordon, now a doctoral student in the VCU School of Dentistry and Vice President of the Class of 2023, wore braces and struggled to clean her teeth. She agrees with those who complain that the recommended oral hygiene for orthodontic patients — brushing with a manual or electric toothbrush, cleansing the areas around the brackets and under the wire with an interproximal brush and flossing — is complicated and time-consuming, even though they know the process reduces the risk of cavities and gum disease.

Gordon believes her device, the Proxy-Flosser, could ease the daily cleaning routine of the more than 4 million Americans who wear braces. “I’m a dental student, but despite this fact, I absolutely hate flossing,” she said. “However, flossing is absolutely essential for the maintenance of oral hygiene, and especially important among children and adults undergoing orthodontic treatment.”

Her product can simultaneously floss and clean around braces in one motion, saving consumers time and money. Orthodontic patients would be encouraged to follow the proper cleaning regimen, she said.

Christina Gordon

The $10,000 award for Gordon allows her to work on prototype development. The support came from VCU’s Commercialization Fund, a resource designed to help bring projects to a more mature stage of development to improve their chances of being licensed and brought to market. The fund is managed by VCU Innovation Gateway, which is responsible for protecting and licensing university-created intellectual property, supporting VCU-created ventures, and partnering with industry leaders and regional economic development teams.

“Innovation Gateway is honored to support VCU inventors, whether faculty members or students such as Gordon, through the Commercialization Fund,” said Ivelina Metcheva, Ph.D., senior executive director for Innovation Gateway. Over the last five years, the fund has provided over $1.7 million in funding to 58 projects. Recipients have gone on to receive more than $18.5 million in follow-on funding, secure eight licenses and launch five Virginia-based startup companies.

VCU VACCINE CORPS:

STUDENTS VOLUNTEERING IN THE PANDEMIC

Eva Miller; VCU DDS Class of 2023

In the spring of my first year of dental school in 2020, I was overwhelmed by the loss caused by the pandemic. Now as I dive into clinic during my third year of dental school, I reflect on the opportunity the pandemic gave in expanding the scope of practice in dentistry, my clinical experience, and meaningful patient care.

Like many in the field of dentistry, I had been frustrated with how I could make a difference during the pandemic. However, on January 19, 2021, the Virginia Senate passed emergency bill No. 1445, which expanded the vaccinator role to include all healthcare professions that administer medications. Under this state of emergency, providers and students training in the fields of Dentistry, Nursing, Pharmacy, and Medicine could provide the COVID vaccine. The idea of working with a patient's arm, as a dental student was daunting. Yet, I reminded myself that if I can perform an inferior alveolar nerve block, then I am qualified to administer a simple injection into a patient's arm. Thus, I joined the VCU Vaccine Corps and began vaccinating in the spring of 2021. The expansion of practice made vaccine distribution more efficient and accessible to the public during the beginning of the vaccine distribution. For example, patients that regularly attended dental appointments but otherwise did not regularly see other healthcare providers could receive the vaccine from their dental office. In other circumstances, this expansion benefited patients that lived in areas where the number of previously qualified vaccinators was limited. In particular, the expansion and number of qualified vaccinators enabled more people to be vaccinated at the VCU events that I attended.

While the pandemic replaced my hands on experience with videos and Zoom lectures, the VCU Vaccine Corps enabled me to continue gaining clinical experience. The vaccine events enabled interdisciplinary collaboration across healthcare professions that had not previously worked together. During one volunteer experience I worked with an EMT, a pulmonologist, a medical student, and a dental hygienist. Although our healthcare backgrounds differed, each person offered unique techniques for achieving our common goal in vaccinating our patients. In dentistry we are taught distraction techniques and to hide a needle from a patient's visual field before administering an oral injection. I was able to offer this valuable lesson to my fellow vaccinators. In addition to healthcare collaboration, I also gained confidence in hands on experience. Before the pandemic closed the VCU dental clinics, I had performed merely a few nerve blocks and local anesthetic injections, however after joining the Vaccine Corps I had administered over 100 vaccines and become very comfortable administering injections.

Finally, I will never forget the meaningful patient encounters I experienced while attending the VCU Vaccine Corps events. While normally most injections are met with apprehension, the emotion surrounding the COVID vaccinations was filled with gratitude and hope. At one event I attended, a family wanted to have their vaccines administered at the same time. I vaccinated the mother while fellow volunteers vaccinated the daughter and father. The family was excited to have matching Band-Aids and looked forward to their daughter returning to school. In another experience, I vaccinated a young man who recorded the event for his family and friends to encourage them to get the vaccine.

Q & A with VCU Student Volunteers:

What inspired you to join the Vaccine Corps?

"I was inspired to join the Vaccine Corps because I knew it would be a huge step for my profession as a future Dental Hygienist. Being able to provide vaccinations is a new skill set for hygienists, and I am lucky to have been provided the opportunity to work with many other healthcare professionals."

- Claudette Sullano, Dental Hygiene Class of 2021

"I was inspired to join the Vaccine Corps because I wanted to help make a difference during these unprecedented times with the pandemic. For a while, I felt guilty being in the priority group receiving the vaccine when I'm not a frontline worker, or even seeing patients in clinic. It's in my nature to be of service to others, so I was excited when the opportunity presented itself with VCU Vaccine Corps."

- Tiffany Duong, DDS Class of 2023

VCU School of Dentistry

Kayla Khau, Claudette Sullano, Kelsey Dore, DH 2021

Laura Choque, DDS 2023

Saleh Smadi, Ali Husain and Tiffany Duong, DDS 2023

"This pandemic has affected all of us in one way or another and I wanted to feel like I was doing my part in this fight. Being able to give the vaccine is a privilege I take very seriously, and I am so grateful to be able to give back to the local communities around Richmond."

- Laura Choque, DDS Class of 2023

Describe a memorable moment from your vaccination training and/or volunteering.

"When the Covid pandemic started I did not want to be useless, and I wanted to help people get through this pandemic. But since we had to stay home, I started to search for solutions through literature research. I came up with some ideas and discussed them with VCU faculty, but I still felt I could do more and the Vaccine Corps provided me the opportunity to do so."

- Saleh Smadi; DDS Class of 2023

"With the help of 30 other vaccinators, I was able to vaccinate more than 100 people out of roughly 2000 that showed up to receive their vaccines. Many people expressed extreme gratitude towards me, and it was rewarding knowing that I was making a difference in their lives. So many members of our VCU community have been waiting for this moment, and I was so grateful to be a part of it!"

-Claudette Sullano, Dental Hygiene Class of 2021

How has this experience changed your perspective on the pandemic and the future?

"It changed my perspective in a positive manner. Seeing the amount of people coming in to get vaccines was astonishing, thousands of people are coming in to get vaccinated, people are heading towards the right direction. If this keeps up, the end of the pandemic can be sooner than what we expect it to be."

- Ali Husain, DDS Class of 2023

"Never in a million years would I have imagined that I'd be spending my free time administering vaccines to the community. It's a glimpse into the change in the scope of dentistry. It's possible someday soon that it will be common practice for dentists to administer immunizations, like pharmacists and physicians. Additionally, this experience is surreal in that despite the unfortunate circumstances, people from all disciplines have come together to make a significant difference."

-Tiffany Duong, DDS Class of 2023

What advice would you give to others interested in volunteering to vaccinate?

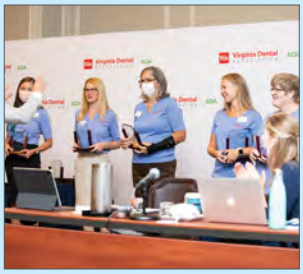
"If you are even interested in it at all, please do it. Even if you feel that you can only volunteer once, that is enough to make a difference and contribute tremendously. We have vaccines, we are getting more vaccines- we need people to administer them!"

- Shraddha Vachhani, DDS Class of 2024

"It seems like the biggest barrier is completing the training, since it's time consuming. Try to break up the modules and it won't be as daunting. Besides that, since you already are trained to administer local anesthesia, administering an IM injection will seem like nothing! I cannot recommend this service opportunity enough. If you have even the slightest interest in joining the VCU VaccineCorps- this is your sign to just go for it."

- Tiffany Duong, DDS Class of 2023

AWARDS & RECOGNITION



VDA TEAM MEMBERS

Presidential Citation Award

Virginia Dental Association

SCOTT H. FRANCIS, D.D.S.

Leadership Award

Virginia Dental Association

ERIKA A. ANDERSON, D.D.S.

Presidential Citation Award

Virginia Dental Association

DIEDRE L. TERLEP, D.D.S.

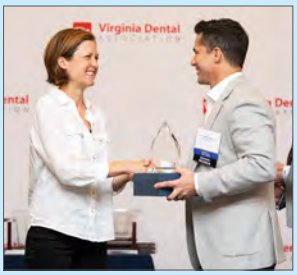
New Dentist Award

Virginia Dental Association

JUSTIN R. NORBO, D.D.S.

Presidential Citation Award

Virginia Dental Association



CAITLIN S. BATCHELOR, D.D.S.

Presidential Citation Award

Virginia Dental Association

SONYA FARRIS

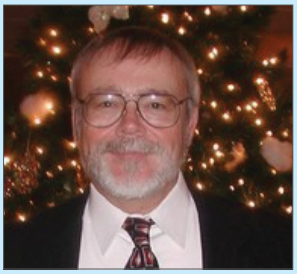
Dental Team Member Award

Virginia Dental Association

LESLIE NELSON

Dental Team Member Award

Virginia Dental Association



ROGER A. PALMER, D.D.S.

Lifetime Achievement Award

Virginia Dental Association

CAROLE PRATT, D.D.S.

Emanuel W. Michaels Distinguished Dentist Award

Virginia Dental Association

FRANK P. IUORNO, JR., D.D.S.

President's Award

Virginia Dental Association

SUPPORTING VOLUNTEERISM IN VIRGINIA'S FREE & CHARITABLE CLINICS

Rebecca Butler; VP Marketing, Communications, & Development, VAFCC

Volunteers are the life blood of Virginia's free and charitable clinics

Virginia's free clinics have a long history of caring for underserved populations and doing so with compassion, dignity, and respect – and it takes a community to care for communities. Free and charitable clinics function almost entirely with the support of selfless donors and volunteers. Clinics could not provide vulnerable Virginians across the Commonwealth with high-quality care without the incredible support of volunteers. Indeed, clinics depend on a variety of volunteers for healthcare delivery with a volunteer to paid staff ratio of more than 14:1 across the board. Health Brigade in Richmond has around 40 paid employees and hundreds of volunteers. Karen Legato, Executive Director, said they deserve the praise. "We couldn't do our work without our volunteers because our business model is built on volunteers working side by side with us to deliver our services," Legato shared.

Who do clinics serve?

Established on the belief that health care is a right and not a privilege, clinics value human dignity and champions access to quality, compassionate healthcare services for all people regardless of race, color, or national origin. In Virginia, four out of five uninsured come from working families. They do not qualify for Medicaid, do not have access to employer-sponsored insurance, and lack the means to secure a private health plan on their own. Without insurance – and without access to free and charitable clinics

– these hardworking individuals and families would struggle to get the care and treatment they need. And when oral care remains unmanaged or untreated, people are often left with the emergency room as their only option for care. This results in a costly and preventable burden on communities.

Connecting directly to volunteer needs in clinics

Realizing the critical role volunteers play as well as the need to support volunteer recruitment, the Virginia Association of Free & Charitable Clinics (VAFCC), which represents more than 60 clinics across the state, created a centralized system for connecting those that are interested in volunteering directly with current needs in free clinics. Charlottesville Free Clinic Executive Director Susan Sherman says volunteers are always in high demand and this new software is a game changer. "It informs potential volunteers from all over Virginia that we're here, and if we're not in their vicinity then there's likely another free clinic in their area where they can volunteer," Sherman said.

Volunteer Opportunity Board & Directory:

The VAFCC's Volunteer Opportunity Board allows interested volunteers to locate clinics around the state, connect with current volunteer needs, and register themselves as an interested volunteer. To get started, visit **https://volunteer.vafreeclinics.org/**. If you have questions or would like more information, please feel free to visit our website or contact me at **rbutler@vafreeclinics.org**.

WELCOME NEW MEMBERS

THROUGH SEPTEMBER 1, 2021

Tidewater DENTAL ASSOCIATION

Dr. Brianna Albers – Chesapeake – Midwestern University College of Dental Medicine – Illinois 2021

Dr. Sungmin Choi – Norfolk – University of Michigan School of Dentistry 2021

Dr. Keiara Evans – Chesapeake – Howard University College of Dentistry 2019

Dr. Justin Hoag – Virginia Beach – Tufts University School of Dental Medicine 2013

Dr. Megan Insley – Virginia Beach – University of Louisville School of Dentistry 2020

Dr. Zachary Lafreniere – Portsmouth – Virginia Commonwealth University School of Dentistry 2021

Dr. Vijay Mohamed – Norfolk – Virginia Commonwealth University School of Dentistry 2021

Dr. Jennifer Navatto – Virginia Beach – Rutgers School of Dental Medicine 2020

Dr. Danielle Spinden – Virginia Beach – Case Western Reserve University School of Dental Medicine 2018

Peninsula DENTAL SOCIETY

Dr. Sara Babban – Williamsburg – University of Texas Health Science Center at San Antonio 2021

Dr. Minkyung Bae – Hampton – Virginia Commonwealth University School of Dentistry 2021

Dr. Charles Freeman – Williamsburg – Virginia Commonwealth University School of Dentistry 2021

Dr. Nicholas Nguyen – Hampton - Virginia Commonwealth University School of Dentistry 2021

Dr. Nicholas Pappas – Yorktown – Virginia Commonwealth University School of Dentistry 2013

Dr. Patrick Watson – York – Midwestern University College of Dental Medicine – Illinois 2021

Southside DENTAL SOCIETY

Dr. Janaki Barot – Chesterfield – Virginia Commonwealth University School of Dentistry 2021

Dr. Swara Fadnis – North Chesterfield – Boston University Goldman School of Dental Medicine 2021

Dr. Talha Iqbal – Chesterfield – Virginia Commonwealth University School of Dentistry 2021

Dr. Byung Yoon Kim – Chesterfield – Virginia Commonwealth University School of Dentistry 2021

Dr. Sion Lee – Chester - Virginia Commonwealth University School of Dentistry 2021

Dr. Suzie Sheffield – North Chesterfield – University of Pennsylvania School of Dental Medicine 2014

Dr. Jacob Shelburne – Chesterfield - Virginia Commonwealth University School of Dentistry 2021

Richmond DENTAL SOCIETY

Dr. Noor Al Obaidi – Glen Allen – NY-University of Rochester - Eastman Institute for Oral Health 2020

Dr. Ana Andrada – Glen Allen – Harvard University School of Dental Medicine 2016

Dr. Luciano Andrada – Glen Allen – Harvard University School of Dental Medicine 2017

Dr. Amber Ather – Glen Allen – University of Colorado Denver School of Dental Medicine 2015

Dr. Daniel Baker – Richmond – Virginia Commonwealth University School of Dentistry 2019

Dr. Kemal Baksh – Henrico – Virginia Commonwealth University School of Dentistry 2021

Dr. Barlan Barrero – Henrico - Virginia Commonwealth University School of Dentistry 2021

Dr. Peter Broccoli – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Maria Caras – Richmond – Augusta University College of Dental Medicine 2021

Dr. Victor Chan – Richmond – University of Florida College of Dentistry 2021

Dr. Madison Chu – Henrico – Virginia Commonwealth University School of Dentistry 2021

Dr. Payton Cook – Glen Allen – Virginia Commonwealth University School of Dentistry 2021

Dr. Shreya Desai – Richmond – Virginia Commonwealth University School of Dentistry 2017

Dr. Amanda Dickerson – Glen Allen - Virginia Commonwealth University School of Dentistry 2021

Dr. Jessica Eisenberg – Richmond – Virginia Commonwealth University School of Dentistry 2021

Dr. Chinelo Eke – Richmond – University of North Carolina School of Dentistry 2021

Dr. Emma Hoffman – Richmond – Virginia Commonwealth University School of Dentistry 2021

Dr. Sara Holston – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Brian Hone – Richmond – Virginia Commonwealth University School of Dentistry 2021

Dr. Jacob Hyde – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Justin Josell – Richmond – University of Maryland Dental School, Baltimore College of Dental Surgery 2016

Dr. Khaled Katmeh – Glen Allen – University at Buffalo School of Dental Medicine 2019

Dr. Natalie La Rochelle – Richmond – Virginia Commonwealth University School of Dentistry 2017

Dr. Frederick Liu – Richmond – Boston University Goldman School of Dental Medicine 2021

Dr. Benjamin Lowe – Richmond – University of North Carolina School of Dentistry 2021

Dr. Mayra Madalena – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Justin McPhee – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Yanelis Mestre – Richmond – University of Pittsburgh School of Dental Medicine 2020

Dr. Nadareh Naseri – Richmond – University of Tennessee HSC College of Dentistry 2018

Dr. Dhwani Patel – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Kylie Pelayo – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Scott Philips – Richmond – University of North Carolina School of Dentistry 2021

Dr. Charles Phillips – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Linda Powers – Richmond – University of Maryland Dental School, Baltimore College of Dental Surgery 2019

Dr. Lana Qaqish – Henrico - Virginia Commonwealth University School of Dentistry 2021

Dr. Sarang Saadat – Richmond – University of Texas Health Science Center at San Antonio 2019

Dr. Ashley Scherbenske – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Rimpal Shah – Glen Allen – University of Illinois at Chicago College of Dentistry 2021

Dr. Yasmin Shahkarami – Richmond – University of Maryland Dental School, Baltimore College of Dental Surgery 2021

Dr. Cuong To – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Jarrett Tyree – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Abigail Warren – Mechanicsville – University of Pennsylvania School of Dental Medicine 2021

Dr. Stephanie Wiechmann – Henrico – Southern Illinois University School of Dental Medicine 2021

Dr. Steven Wood – Richmond - Virginia Commonwealth University School of Dentistry 2021

Dr. Jared Worthington – Henrico - Virginia Commonwealth University School of Dentistry 2021

VDA Piedmont DENTAL SOCIETY

Dr. Traci Cowan – Danville – University of Texas Health Science Center at San Antonio 2017

Dr. Chloe Eisenhaur – Roanoke – University of New England College of Dental Medicine 2021

Dr. Seth Hines – Floyd – University of Pennsylvania School of Dental Medicine 2017

Dr. Gwen Hooks – Forest - Virginia Commonwealth University School of Dentistry 2021

Dr. Yewon Shin – Lynchburg – Virginia Commonwealth University School of Dentistry 2021

Dr. Donald Wright – Roanoke – Virginia Commonwealth University School of Dentistry 1992

Southwest Virginia Dental Society

Dr. Carson Bell – Christiansburg – LECOM College of Dental Medicine 2021

Dr. Katelyn Cantrell – Wytheville - Virginia Commonwealth University School of Dentistry 2021

Shenandoah Valley Dental Association

Dr. Adwoa Baidoo – Harrisonburg – Tufts University School of Dental Medicine 2021

Dr. Fabrizio Cena – Augusta – Virginia Commonwealth University School of Dentistry 2021

Dr. Michelle Cothran – Staunton – Virginia Commonwealth University School of Dentistry 2021

Dr. Andrew Horbaly – Earlysville - Virginia Commonwealth University School of Dentistry 2021

Dr. Franita Joy – Stephens City - Virginia Commonwealth University School of Dentistry 2021

Dr. Yukting Lau – Rockbridge – Howard University College of Dentistry 2021

Dr. Maha Siddiqi – Gainesville – Touro College of Dental Medicine at NYMC 2021

Dr. Courtney Stout – Waynesboro - Virginia Commonwealth University School of Dentistry 2021

Northern Virginia Dental Society

Dr. Sameer Atrash – Arlington – Tufts University School of Dental Medicine 2021

Dr. Amal Aziz – Alexandria - Virginia Commonwealth University School of Dentistry 2021

Dr. Tameem Aziz – Richmond – Virginia Commonwealth University School of Dentistry 2021

Dr. Sunna Bashir – Fairfax - Virginia Commonwealth University School of Dentistry 2021

Dr. Sue Cho – Great Falls – Indiana University School of Dentistry 2021

Dr. Chaz Collins – Haymarket – Boston University Goldman School of Dental Medicine 2021

Dr. Mary Contreras Salas – Loudoun – Virginia Commonwealth University School of Dentistry 2021

Dr. Fatemeh Darvish Zadeh – Arlington – Rutgers School of Dental Medicine 2021

Dr. Milan Dhanani – Sterling – Virginia Commonwealth University School of Dentistry 2017

Dr. Navpreet Dhillon – Fairfax – Howard University College of Dentistry 2021

Dr. Brentford Do – Fairfax – University of Maryland Dental School, Baltimore College of Dental Surgery 2021

Dr. Christine Do – Falls Church – Virginia Commonwealth University School of Dentistry 2021

Dr. Gia Duong – Spotsylvania – University of Pennsylvania School of Dental Medicine 2017

Dr. Tylen Haderlie – Stafford – University of Missouri-Kansas City School of Dentistry 2016

Dr. Caroline Hezkial – Burke – University of Kentucky College of Dentistry 2017

Dr. Dylan Hoang – Fairfax – University of Pennsylvania School of Dental Medicine 2021

Dr. Mohamed Ibrahim – Fairfax - Columbia University School of Dental Medicine 2018

Dr. Ankita Jain – Arlington – University of Colorado Denver School of Dental Medicine 2021

Dr. Jaewoong Jang – Fairfax – Nova Southeastern University College of Dental Medicine 2016

Dr. Preetinder Kaur – Chantilly – University of Oklahoma College of Dentistry 2021

Dr. Alpna Khatri – Arlington – Tufts University School of Dental Medicine 2021

Dr. Nakysa Kheirandish – Lorton - Virginia Commonwealth University School of Dentistry 2021

Dr. Pardis Khosravi – Falls Church – New York University College of Dentistry 2021

Dr. Alhassan Laith – Reston – Tufts University School of Dental Medicine 2021

Dr. Punyawat Laohakanjanasiri – Ashburn – Case Western Reserve University School of Dental Medicine 2019

Dr. Simona Naik – Leesburg – Temple University The Maurice H. Kornberg School of Dentistry 2021

Dr. Kimmie Nguyen – Springfield - Virginia Commonwealth University School of Dentistry 2021

Dr. Samuel Park – Fairfax – Tufts University School of Dental Medicine 2021

Dr. Belina Patel – McLean – Temple University The Maurice H. Kornberg School of Dentistry 2021

Dr. Pouria Rahini-Madjzoub – Loudoun - New York University College of Dentistry 2020

Dr. Murshed Rahman – Alexandria – NY-Stony Brook University School of Dental Medicine 2000

Dr. Maninderjit Sandhu, Jr. – Gainesville – New York University College of Dentistry 2007

Dr. Shamoona Shariff – Manassas – Howard University College of Dentistry 2018

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Dr. Sonny Song – Stafford – Southern Illinois University School of Dental Medicine 2018

Dr. Chase Suh – Annandale – Temple University The Maurice H. Kornberg School of Dentistry 2021

Dr. Haley Willis – Fairfax – Ohio State University College of Dentistry 2017

Dr. Deborah Yeh – Arlington – Columbia University College of Dental Medicine 2017

Dr. Zara Zahid – Leesburg – Virginia Commonwealth University School of Dentistry 2019

Dr. Abeer Zletni – Fairfax – Boston University Goldman School of Dental Medicine 2020

IN MEMORY OF:

Name	City	Date	Age
Dr. Robert White Adams	Palmyra	1/25/12	91
Dr. William C. Binzer	Lorton	9/22/17	84
Dr. Charles Cuttino	Richmond	6/26/21	80
Dr. Robert Vaughan Diggs	Yorktown	8/22/21	89
Dr. James S. Dryden	Arlington	1/5/19	75
Dr. James Scott Duff	Henrico	8/12/19	88
Dr. Robert Eugene Gilliam	Richmond	7/19/19	79
Dr. James L. Gyuricza	Palm Beach Gardens, FL	9/7/21	72
Dr. Richard J. Joachim	Roanoke	6/24/21	69
Dr. Chi-Yi Lin	Castleton	8/10/21	54
Dr. Lawrence Rensine Sarmiere	Williamsburg	6/30/21	78
Dr. James O. Wiley	Purcellville	10/10/17	84
Dr. Lawrence L. Ziemianski	Harpers Ferry, WV	2/23/21	89

Classifieds

VIRGINIA DENTAL ASSOCIATION

VDA Classifieds allows you to conveniently browse and place ads on the VDA website and in this publication. VDA Members can advertise with VDA Classifieds for FREE. Nonmembers are also welcome to place ads for a fee. Please visit vdaclassifieds.org for details on advertising with us.

JOBS: Dentists

6971 - Associate Dentist
Roanoke
Willis & Associates Family Dentistry is seeking a motivated, quality-oriented associate dentist for our offices in the Rocky Mount / Roanoke, VA area. We provide the ultimate in quality general dentistry to the entire family in a modern, technologically advanced setting with experienced support staff. Average compensation of full-time dentists more than $220,000/ per annum. Benefits include: health insurance, malpractice insurance, retirement plan, continuing education, and more! Visit our website at **www.willisdentistry.com**
Contact: Justin Gilbert 540-487-4871
justin@willisdentistry.com

7026 - Associate Dentist
Loudoun County
Award winning well established cosmetic and family practice in Loudoun looking for skilled Associate Full Time. The right candidate will join our dynamic Team with a commitment to excellence and practice growth. We are a privately owned practice with attention to detail, customer service, and community involvement. Our Team uses a comprehensive approach to dentistry and believes a beautiful, functional smile is an essential part of one's overall oral and physical health. Only PPO insurance and FFS reimbursement accepted. A competitive full benefits package includes: health insurance, malpractice, CE allowance, 401k, and more! Five years experience required as you will hit the ground running with a full schedule while checking hygiene. Experience with endodontics, oral surgery and a AEGD/GPR residency program is welcome. Please email your resume and cover letter to **dentistryinloco@gmail.com**.

7105 - Dentist
Harrisonburg
Healthy Community Health Centers seeks a Dentist to provide dental care services to patients of the HCHC dental clinic. HCHC is located in Harrisonburg in the Shenandoah Valley. Dentist must have unrestricted license to practice Dentistry in the Commonwealth of Virginia and DEA license to prescribe medicine. Cannot be sanctioned under Medicaid or Medicare. This position requires a comprehensive knowledge and application of primary dental care in outpatient settings and of the principles and practice of modern dentistry as related to public health organizations and community health programs as well as current social and economic problems pertaining to public health and their impact on primary health care. Contact the below.
Contact: Jenny Toth CHRO 540-214-5015
jtoth@hburgchc.org

7123 - General Dentist
Williamsburg
Join a busy growing practice, work with a great dentist and enjoy great support from experienced staff and efficient office systems. Looking for a Virginia licensed dentist who can perform all aspects of general and cosmetic dentistry, with a friendly personality, commitment to continuous improvement and strong clinical skills and great attention to details. Must have great communication skills and committed to the best for their patients. Must be outgoing and confident. Ability to get along in a team is very important. Income potential is HIGH and the opportunity to grow along with the practice's growth.
Contact: Maria Amador 757-220-9492
amadordentistry@gmail.com

7179 - Associate General Dentist
Stafford
Well-established practice in Stafford, VA and Fredericksburg, VA is looking for FT/PT associates with exceptional clinical and communication skills to join our team. Minimum 2-3 years of private practice experience with Cosmetic dentistry experience and proficiency in RCT, molar endo, implant surgery and surgical extraction preferred. Option to work between two offices. Clinical Setting: General Dentistry Job Types: part time leading to full time Pay: $90,000.00 - $200,000.00 per year.
Contact: Dr. Nagalatha Gollapalli
703-944-1571 **fburgdental@gmail.com**

7195 - Associate Dentist
Louisa
Family and Cosmetic practice looking for full time or part time associate dentist. Candidates must have excellent communication, clinical skills and desire to deliver high quality dental care to our patients. We are a digital practice with and Itero scanner available. Tuesday-Friday's 8am-6pm with some Mondays available. Please respond with your cv.
Contact: John Andre 804-314-7165
John@andredental.com

7197 - Associate Opportunity
Arlington
We are looking for an energetic associate who is well versed with the fundamentals of dentistry. Molar Endo, and Invisalign are a plus. We are a modern multispecialty office located in the heart of Ballston. The practice has one other General Dentist, and a Periodontist. We are looking for a second associate to join our team. Compensation is based on adjusted production, as well as a bonus structure based on quarterly production, and profit sharing. Recent grads from residency programs are encouraged to apply.
Contact: Dr. Akmal 202-277-6444
akmal@vadentalcare.com

7200 - Associate Dentist
Winchester
Seeking an experienced dentist to join an office where you will have a full schedule, an experienced support

staff and a practice culture built around comprehensive dentistry. •Earning potential $250,000 or more •Busy Schedule of established patients plus 40-60 new patients per month •Fee for service office •Owner a highly accomplished dentist who is willing to mentor and coach •Excellent income potential based on a percent of collections. Initial daily guarantee. •Full Schedule of patients. $60,000-$100,000 monthly production potential depending on the associate •Modern high-tech office with CBCT, digital Experience or residency preferred. Excellent people skills and an outgoing personality needed
Contact: Jared Pell 540-664-1120
jaredpell@comcast.net

7202 - Dentist
Yorktown
Dental Associate position available in busy high end practice located in Yorktown, VA. Excellent opportunity to learn and develop. Great staff and patient pool. Email resume or CV to the below email address.
Contact: Anthony Martin
martindentistry@gmail.com

7203 - PT Dentist
Powhatan
PT dentist 1-2 days per week needed in a small, friendly family dentistry office in Powhatan. Candidate must be proficient in all aspects of general dentistry including molar root canals and extractions. Please send cv or questions to the below email.
Contact: Genevieve DeVera, DDS
drdevera2@yahoo.com

7207 - Associate Dentist
Orange
In search of a self-motivated general dentist to join our team at Hale Family Dentistry. We are a busy dental office with hard working, friendly staff and wonderful patients. Located between Fredericksburg and Charlottesville in the beautiful Piedmont area of the state a few miles from Montpelier. We look forward to meeting you soon.
Contact: Rebecca Rollins 540-672-3661
halefamilydentistry@gmail.com

7213 - General Dentist
Suffolk
We are in search of a full/ part time general dentist. The office has grown at a fast pace, and we are in need of filling this position ASAP. Please contact the below for more information.
Contact: Charlott 330-801-5891
Charlott.Malailua@gmail.com

7216 - Dentist
Falls Church
An established patient centered dental practice is looking for a general dentist to join our team. PT and/or FT. Good staff support, flexible hours, some Saturdays. Candidates must have excellent communication and clinical skills, desire to deliver high quality dental care to our patients. Private practice experience preferred. Please respond with your resume for consideration.
Contact: Iris 703-663-8859
bestdentist4you@gmail.com

7221 - General Dentist
West Point
General Dentist needed for Waterfront Community-Victorian homes on tree lined streets-Excellent school system, near Williamsburg & Richmond. Full time position with salary, bonuses and benefit package.
Contact: Mary 804-843-4150
dentalemployment2021@yahoo.com

7224 - Seeking ASSOCIATE DENTIST
Richmond
Well-established general and cosmetic dentistry practice is seeking a full-time Associate for an exciting career opportunity. This family-friendly highly successful practice has been part of the community for nearly 30 years. Collections consistently exceed $1 million, seven (7) operatories, robust hygiene, and a highly profitable business structure in place for pathway to ownership. Location near two parks, street-side cafes, and densely populated residential communities. Seeking a quality-focused doctor who understands the value of building long-term relationships with patients. Mentorship is available for newer graduates seeking a thriving secure private practice future. Contact Leadership by Design - Practice Transitions for details.
www.lbdtransitions.com
Contact: Theresa Stenger 804-317-2146
theresa@lbdtransitions.com

7225 - Associateship Position
Chester/Colonial Heights
Well-respected general dentistry practice with six (6) ops and $1.4 million in collections is rapidly growing. Solo owner/dentist is offering an exciting career opportunity and future ownership to the right candidate. Modern office, CEREC technology, and exceptional work environment and “dental family”. Individual must demonstrate high quality clinical skills and an interest in learning/training, enjoy building long-term relationships with patients, and be ready for a remarkable pathway to private practice ownership. Mentorship is available for newer graduates. Secure your future with this one-in-a-million opportunity. Complete our online application at Leadership by Design - Practice Transitions for confidential details: **https://www.lbdtransitions.com/dentist-profile-form.html**
Contact: Leadership by Design
info@lbdtransitions.com

7235 - Dental Director
Bland
Bland County Medical Clinic, a Federally Qualified Health Center, in partnership with Bland Ministry Center & Dental Clinic, is seeking a full-time dentist. This graduate of an accredited U.S. dental school will oversee the operations of a three operatory, fully staffed and up to date dental office in the scenic and beautiful county of Bland, Virginia. While being paid a competitive salary and benefits, this individual will be able to see years of training put to use in a way that changes lives. This opportunity offers a unique chance for personal and professional growth and with it a chance to enjoy a relaxed life-style with easy access to a myriad of outdoor activities such as hiking, kayaking, biking, fishing and hunting.
Contact: Susan Keene 276-688-4701
skeene@blandministrycenter.org

7236 - General Dentist
Glen Allen, Richmond
Description: Looking for an experienced General Dentist who is comfortable in all aspects of General Dentistry. We have five offices with many existing and new patients. We see an average of more than 100 new patients per month in each office. Great salary and benefit, we consider future partnership/buyout opportunities. We are opening our new location soon. We are locally owned and operated. Immediate opening please send your resume or contact the below or visit **www.unitedsmiles.com**.
Contact: Dr. Varkey 804-874-2333
richmonddentist@gmail.com

7237 - Dental Director
Bland
Bland County Medical Clinic, a Federally Qualified Health Center, in partnership with Bland Ministry Center & Dental Clinic, is seeking a full-time dentist. This graduate of an accredited U.S. dental school will oversee the operations of a three operatory, fully staffed and up to date dental office in the scenic and beautiful county of Bland, Virginia. While being paid a competitive salary and benefits, this individual will be able to see years of training put to use in a way that changes lives. This opportunity offers a unique chance for personal and professional growth and with it a chance to enjoy a relaxed life-style with easy access to a myriad of outdoor activities such as hiking, kayaking, biking, fishing and hunting.
Contact: Susan Keene 276-688-4701
skeene@blandministrycenter.org

7239 - General Dentist
Richmond
Busy orthodontic and pediatric dental practice is actively seeking a highly motivated, part-time general dentist for our well-established, growing practice. Full-time may also be available. We value over 25 years of building relationships with our patients and serving our community and look forward to adding a great new associate to the practice. If you are looking for a positive environment with over 100 new patients each month, please submit your resume. With state-of-the-art technology, you will remain current with all the latest trends in dentistry and dedicated patient care along with supportive staff on hand to maximize your efficiency. Newly graduated practitioners are also encouraged to apply. We cannot wait to meet you!
Contact: Reid D Sowder 804-386-9655
reid@drbyrddds.com

7244 - Community Dental Clinic Staff Dentist
Martinsville
As the clinic dentist for the Martinsville Community Dental Clinic, you'll enjoy a stable and rewarding opportunity providing care for patients who are truly in need of your skills and expertise. The Piedmont Virginia Dental Health Foundation Dental Clinic provides an opportunity for professional growth and development while meeting the dental health needs of a diverse population. As an Adjunct Faculty Member of Virginia Commonwealth University School of Dentistry overseeing dental students, you will have an impact on the future of our profession. Great Salary and Benefits SIGNIFICANT Virginia Dental Loan Repayment is also available. View our website at Piedmont Virginia Dental Health Foundation **http://www.piedmontdental.org** Send resume/CV to the below email.
Contact: Dr. Mark Crabtree 276-634-7077
DrCrabtree@piedmontdental.org

7249 - PT Dentist
Yorktown
Part-time dentist needed busy established dental practice. Pay rate $650 per day or 37% of collections. Must have Virginia Dental license, CPR, liability, DEA.
Contact: Dr. W 757-771-0807
arieldds@gmail.com

7250 - Dentist
Yorktown
Dental Associate position available in busy high end practice, located in Yorktown, VA. Excellent opportunity to learn and develop. Great staff and patient pool. Please email resume or CV to the below.
Contact: Anthony L. Martin
Martindentistry@gmail.com

7251 - General Dentist
Richmond
Central Virginia Dental Care (CVDC) seeks full and part-time dentists. Imagine private practice without outside influences, without compromise. We are a group practice owned by our practicing dentists with the common vision of preserving the private practice of dentistry through our 64 locally owned Richmond area offices. Whether you're tired of working for someone else or just graduating we provide a great practice environment, flexibility, and a pathway to ownership. Our 125 dentists will provide you the professional resources, collaboration, and mentoring to further your dental career. 401k, health insurance, and pretax childcare. Confidentiality of inquiries assured. Visit us at **www.centralvirginiadentalcare.com**. Forward inquiries to Lauri at the below email.
Contact: Lauri Henderson 804-897-3600
lauri.cvdc@gmail.com

7253 - General Dentist Needed
Richlands
Well established practice of nearly 70 years is in search of a general dentist to work alongside the practice owner with an opportunity to buy in/ buy all also available. Small town setting, loyal patient base, low crime area. Our new dentist will have new chairs of their own in our newly remodeled office. Practice originated 2 miles away in the 1950s and has been in this location since the '70s. With extremely affordable land and housing , this is a location you can really get a leg up as new dentist with bills to pay. Relaxed atmosphere with a dedicated staff that's been here many years. We would love to meet you and perhaps you could become part of our close knit work family.
Contact: Marcus Buskill 276-202-5455
mojo4us@roadrunner.com

7257 - Associate General Dentist
Northern Virginia
Our growing practice in Winchester, VA is seeking a part-time Dental associate three days a week . We are a state-of-the art dental office, with a lot of the latest technologies available including: Itero and Digital x-rays. Our perfect

candidate should have at least 2 years of experience or one year of General Practice Residency, highly personable with great chair-side manner and able to treatment plan and communicate with patients about unmet dental needs. You will enjoy working in a friendly environment with a highly qualified staff whose main focus is excellent patient care. Please submit your resume for consideration.
Contact: Dr. Radwa Sobieh 540-323-7063 **sobie020@gmail.com**

7261 - Associate To Traditional Private Practice
Hampton Roads
Atlantic Dental Care has multiple opportunities for General Dentists. We are a unique group 100% owned by our dentists, preserving the private practice of dentistry. Our 130 dentists have a shared vision of delivering quality care in the communities (Williamsburg to Virginia Beach) we serve through our 80 locally owned offices. We are a group practice for dentists by dentists. Tired of working for someone else? Come join us and begin your pathway to ownership of your own practice. Benefits include 401k, health insurance, and HSA. Tired of working for someone else or a recent graduate, ADC is designed to provide you with the clinical and business mentoring to ensure your success. Meet us at **https://youtu.be/D1LBEvGglu8** and **http://www.atlanticdentalcare.net/**. Confidentiality Assured.
Contact: Marina 757-455-5554 **atlanticdentalcare@cox.net**

7265 - Part Time Dentist
Powhatan
Powhatan Gentle Dentistry is in search of a PT general dentist 1-2 days per week to perform all aspects of dentistry including extractions and molar root canals. Our practice is small, friendly and moderately busy. Please send your CV to the below email.
Contact: Genevieve DeVera Papcun 804-598-8951 **drdevera2@yahoo.com**

7267 - General Dentist Needed
Virginia Beach
We are a privately owned family practice in beautiful city of Virginia Beach, providing wide range of dental services including Cosmetic Dentistry, Implant placement and restoration, Invisalign and much more. The office is modern and paperless with great staff and experienced doctors. We are looking for a general dentist who can join our group. Competitive salary is offered. Please send your resume.
Contact: Dr. Sadr 703-862-3178 **Lsadr@yahoo.com**

7270 - ODU School of Dental Hygiene Supervising DDS
Norfolk
The ODU School of Dental Hygiene is searching for supervising dentists to join our faculty! Clinic sessions operate Monday-Friday in the Fall (August-December), Spring (January-May), and Summer (May-June) following the University academic calendar. Responsibilities of a supervising dentist in the dental hygiene program include grading radiographs and diagnostic cast and study models, monitoring local anesthesia (as needed), being available for medical emergencies, and writing of non-narcotic prescriptions (as needed). Active Virginia license required. Please send inquiries to Chair and Associate Professor Ann Bruhn at **abruhn@odu.edu** and/or Assistant Professor and Director of Clinical Affairs, Jessica Suedbeck at the below:
Contact: Jessica Suedbeck 757-683-4804 **jsuedbec@odu.edu**

7275 - Associate Dentist
Northern Virginia
An established patient centered dental practice is seeking for a general dentist to join our team. PT and/or FT. Good staff support, flexible hours, some Saturdays. Candidates must have excellent communication and clinical skills, desire to deliver high quality dental care to our patients. Private practice experiences preferred. Please forward your resume for consideration.
Contact: Iris 703-663-8859 **bestdentist4you@gmail.com**

Practice Transitions

6738 - Williamsburg Dentist
Williamsburg
Active general dentistry practice in Williamsburg, VA. 1700 sq. ft. dental office. Five treatment rooms - expandable (plumbed) to eight if needed. Opportunity to purchase 6800 sq. ft. building for rental income in addition to practice. Owner will finance over years with proper financials. Seller will transition to new dentist over a limited period of time. No onerous buyout agreement of patients, just take over practice and enter into rental agreement with owner dentist. High quality practice with no aggressive treatment of patients. Send Resume/CV to PO Box 1199 Williamsburg, VA 23187.

7173 - Very Profitable General Dental Practice for Sale
Roanoke Region
This is very busy and profitable general dental practice that is located 30 minutes from Roanoke. This FFS/PPO based practice collecting close to $1M annually with low overhead and very strong hygiene program (9 hygiene days a week). The collection in 2021 is over $556,000 as of June 30th. 2500 square foot free standing building is also available for sale. This will be a tremendous opportunity for a dentist who would like to have ownership of a very profitable dental practice that has been very successful for a long time. Seller will provide great support for a buyer to have a very smooth transition. Mentorship can be available for recent graduates, if desired.
Contact: Young Park 540-492-0893 **yparkdds@hotmail.com**

7223 - General Dentistry Practice for Sale
Richmond
Average collections of $690,000, five (5) operatories, and 2300 sq. ft. of beautiful office space. General dentist is retiring after 40 years of service to over 1,200 loyal patients throughout Midlothian, Powhatan, Chesterfield and greater

Richmond. This state-of-the-art practice is fully modernized with intra-oral cameras, pano/digital x-rays, and in-room terminals. Exceptional turnkey opportunity with a high profitability business structure in place for owner. 2021 Collections are on track to exceed $690,000. Doctor refers out ortho, endo, oral surgery. Contact Leadership by Design - Practice Transitions. Additional details available at **www.lbdtransitions.com**
Contact: Elizabeth Schroeder Craig | 804-787-4829 | **info@lbdtransitions.com**

7226 - 5 Operatory General Practice for Sale
Norfolk
Well-known family dental practice has been serving the community for nearly 5 decades. Unique building has street-side frontage on a highly trafficked thoroughfare (reliable, built-in advertising!) and five ops (plus, 1 plumbed). Currently averaging $565,000 in collections, 40 new patients every month, impressive production, and strong active patient base! Practice can easily move to well over $1 million. Current doctor is willing to remain P/T or fully-retire based on new owner's goals. Norfolk is home to 7 miles of Chesapeake Bay beachfront and the world's largest naval base. USA Today called Norfolk one of the Top 10 booming downtowns. Complete BUYER INTEREST FORM for details. **https://www.lbdtransitions.com/buyer-registration-form.html**
Contact: Leadership by Design **info@lbdtransitions.com**

7227 - High Profit General Practice for Sale
Richmond
Established 4 op practice with 5th op plumbed located in a great, high visibility area in Richmond, VA. Annual revenue over $1M, growing 20% year over year, highly profitable at 53%, averaging 80 new patients per month. Fully digital with recent technology upgrades including CBCT, and scanner. Very favorable lease, and owner willing to assist with transition.
Contact: Harry Snydman, DDS 410-384-4722 **h.snydman@choicetransitions.com**

7252 - Practice for Sale - General Dentistry
Richmond
Central Virginia Dental Care (CVDC) has several great purchase and transition opportunities from retiring dentists. Our 64 locations are all locally owned by practicing dentists. We offer the benefits and efficiency of a large practice, without outside interest or influence, and the control of local ownership. We are a group practice with the common vision of preserving private practice. Tired of working for someone else? Come join us as we preserve traditional private practice. Our owner dentists will provide you with the professional resources, collaboration, and mentoring to assist you as an owner dentist. Confidentiality of inquiries assured. Visit us at **www.centralvirginiadentalcare.com**. Forward inquiries to Lauri at the below email.
Contact: Lauri Henderson 804-897-3600 **lauri.cvdc@gmail.com**

7254 - D.C. Metro Area Oral Surgery Practice for Sale
Washington, DC
New to the market is an exciting D.C metro area oral surgery practice for sale! The practice is newly built and located in an expansive office building. Featuring four fully equipped operatories, there is an expansion opportunity for a fifth op. The current doctor is interested in exploring their transition options, including affiliation or straight buy-out. The practice has an excellent referral base and little competition. FOR AN OVERVIEW OF THIS D.C METRO AREA ORAL SURGERY PRACTICE FOR SALE, READ BELOW: 4 operatories Expansion opportunity for an additional op Collections of $1.04 million EBTIDA (LTM) $286,000 Great location in growing community! **https://professionaltransition.com/properties-list/d-c-metro-area-oral-surgery-practice-for-sale/**
Contact: Sam Schoenecker 719-694-8320 **SAM@PROFESSIONALTRANSITION.COM**

7255 - General Practice
Virginia Beach
Fantastic opportunity to own a long established, 6 operatory (4 equipped) practice collecting $500K+ yearly. This office has recently been remodeled and boasts a spacious floorplan. Excellent opportunity for growth as the current doctor refers out most specialty work, advertises on an extremely limited basis and has not negotiated insurance fee schedules. Excellent, dedicated staff. Seller is excited to make it a solid transition for the new owner.
Contact: Todd and Sheryl Garfinkel (DDSmatch) 443-422-9509 **sgarfinkel@ddsmatch.com**

7262 - Private Practice Ownership
Hampton Roads
Atlantic Dental Care has multiple purchase opportunities for general dentists. ADC is a group practice 100% owned by its dentists. Our 130 dentists have a shared vision of delivering quality care in the communities (Williamsburg to Virginia Beach) we serve through 80 locally owned offices. We are a group practice for dentists by dentists. Tired of working for someone else? Come join us and begin your pathway to ownership as we preserve traditional private practice. Benefits include 401k, health insurance, 125 plan, and HSA. Whether you're tired of working for someone else, a recent graduate or student ADC has opportunities for outright purchase as well as mentorships. Meet the dentists of ADC at **https://youtu.be/D1LBEvGglu8** and **http://www.atlanticdentalcare.net/**. Confidentiality Assured.
Contact: Marina 757-455-5554 **atlanticdentalcare@cox.net**

JOBS: Office Staff

7154 - Dental Hygienist
Midlothian
If you are a team-player with great customer service skills, please consider applying for this position. We are looking for a part time Registered Dental Hygienist for two days a week with potential for full time in the near future. Pay $40.00-$50.00 based on experience.
Contact: Ashley
radiancedental.inc@gmail.com

7162 - Full Time Dental Hygienist
Stafford
We are in need of a friendly, conscientious, professional Dental Hygienist who is passionate about oral health to join our team. Ideal candidate is a team player, able to identify and fulfil the dental needs of our patients via exemplary service. Has excellent verbal and interpersonal communication skills. This is a full time position with benefits at a great work environment. Please e-mail your resume.
Contact: Dr. Rai 540-657-0867
sraidds@gmail.com

7180 - Dental Front Office Coordinator - Experienced
Fredericksburg
Established Dental Office looking for a suitable candidate who has at least 2 years experience working in Dental office. 1. Min. 2 years experience with Eaglesoft 2. Attend phone calls 3. Schedule appointments 4. Check in / Check out patients 5. Get Insurance breakdowns 6. Enter insurances and services in patient accounts 7. Customer service and handle overall front desk duties 8. Post Insurance checks. Suitable candidates, please submit your resumes by email. Job Type: Full-time Pay: $18.00 - $21.00 per hour
Contact: **fburgdental@gmail.com**

7190 - Dental Front Desk
Mechanicsville/Atlee Area
Dental Front Desk - Check In -Check in patients to verify their insurance -Check that all information on computer is correct -Update COVID status & check their temperature -Confirm patients who have not responded to the auto confirm messages sent - Knowledge of dental procedures is a requirement
Contact: Shannon 804-746-1085
dentalemployment2021@yahoo.com

7191 - Dental Front Desk
Mechanicsville/Atlee Area
Dental Front Desk - Check Out -Check patient out -Schedule appointments -Collect co-pays -Arrange small payment agreements Knowledge of dental procedures is a requirement
Contact: Shannon 804-746-1085
dentalemployment2021@yahoo.com

7192 - Dental Front Desk - Insurance Coordinator
Mechanicsville/Atlee Area
Dental Front Desk - Insurance Coordinator -File Insurance -Monthly statements -Pre-Authorizations -Full time or Part time -Flexible hours -Compensation according to experience
Contact: Denise 804-843-4150
dentalemployment2021@yahoo.com

7201 - Hygienist Opportunity
Charlottesville
We are seeking an experienced, positive and motivated temporary dental hygienist at our modern dental office located in Charlottesville, Virginia. A great opportunity to benefit from a 4-month full time position. We strive to treat everyone as family. We have a wonderful team and state of the art facilities. The position available is from November 2021-March 2022. Monday-Thursday 8-3pm with one Friday a month. Competitive pay for the ideal candidate that interacts effectively and professionally with excellent customer service skills. Virginia RDH license required.
Contact: Olivia Collins 434-984-6400
olivia.djbickersdds@gmail.com

7209 - Dental Assistant Needed
Vienna
Excellent opportunity to join our busy general family dental practice located in downtown Vienna! Established Private practice over 40 years same location! 32 hrs per week, Tuesday-Friday, Paid vacation, Paid holidays, Health Insurance, Dental Care, Profit Sharing Plan and optional 401 K and Aflac Supplemental insurance are offered as well. 1-2 years experience and x-ray certification required. If dentistry is your passion and you would like to be a player on our team, submit a resume:
Contact: Dr. S | 703-919-4417 |
hstack@verizon.net

7210 - Dental Hygienist
Vienna
General family dental office located in heart of downtown Vienna looking for part-time or full time Dental Hygientist to join our well established dental team- over 40 years in the same location! Benefits include competitive pay, Health Insurance, free Dental Care, Paid holidays, and Paid vacation as well as Profit Sharing Plan and optional 401 K and Supplemental Aflac Insurance offered. Please e-mail resume to the below email.
Contact: Dr. S 703-919-4417
hstack@verizon.net

7214 - Dental Hygienist
Louisa
Dental hygienist for busy Louisa family dental practice. Join our staff, including many long term employees and become part of a terrific team! We strive to work together to provide the patients a wonderful experience. Professional, ethical and respectful environment. If you are a positive, caring and skilled hygienist, you will fit right in. If you share this positive attitude please forward your resume. Part or Full time Hours available Tues-Friday 8-6pm. Must be a team player, Dentrix a plus, Compensation depends on experience. Full time also includes ins, holidays, vacation, 401K, defined benefit and profit sharing
Contact: Tina Dunivan 540-967-0777
John@andredental.com

7220 - Dental Office Manager/ Insurance Coordinator
Richmond/Tri-City
Dental office manager / Insurance coordinator needed in the Richmond/ Tri-City area. Must have a minimum of 5 years experience. Salary according to experience and benefit package.
Contact: Mary 804-843-4150
dentalemployment2021@yahoo.com

7229 - Experienced Dental Assistant
Richmond/Glen Allen/Atlee Area
Full time position for experienced dental assistant. Family dental practice with established staff looking to have a motivated individual join our team. Competitive salary, vacation, holiday pay, continuing education, health insurance and bonuses.
Contact: Denise 804-843-4150
dentalemployment2021@yahoo.com

7245 – Registered Dental Hygienist
Waynesboro/Charlottesville
We are excited to add another member to our team! Our Dental office is seeking to find a Dental Hygienist. The position is primarily for our Waynesboro location. We offer a comprehensive benefit package that includes 401k, health, PTO, dental, bonuses, and more. Compensation is based on experience. Please reach out by e-mail to be contacted.
Contact: Brad 434-973-1222
Brad@saponswisherdenral.com

7247 - Business Assistant/Front Desk
Virginia Beach
We at Cusp Dental Boutique™ are looking for the right person to join our squad as our Business Assistant (Front Desk). We are looking for someone with people skills who is eager to grow, learn, and have fun with us long-term! This is an amazing opportunity to join a fun practice from its infancy and help shape its future. To get more information, send your resume via email to the below:
Contact: Zaneta Hamlin 757-904-4347
squad@cuspdentalboutique.com

7248 - Hygienist/RDH
Virginia Beach (Chic's Beach)
We at Cusp Dental Boutique™ are looking for the right person to join our squad as our hygienist. We are looking for someone who has a passion for education and patient centered care. A Cusp hygienist is one who has people skills, is eager to grow, remain at the cusp of dental hygiene techniques and advancements (including laser therapy), and have fun with us long-term! This is an amazing opportunity to join a fun practice from its infancy and help shape its future. To get more information, send your resume via email to the below:
Contact: Zaneta Hamlin, DDS, FAGD
757-904-4347
squad@cuspdentalboutique.com

7258 - Hygienist
Midlothian
HUGE Opportunity for a hygienist to work in a successful dental practice! Are you eager to learn? Want to work with a fantastic team? Like going on CE trips? Feel overworked or unappreciated in your current position? Join our team! We are team oriented and offer a light-hearted, fun atmosphere. 32ish hours per week, or part time, NO FRIDAYS or weekends. PTO, 401k, 6 paid holidays, CE trips. We want to talk to you now. We offer an incredible work environment, continuing education opportunities, and competitive salary. We look forward to meeting you.
Contact: LaToya 804-897-2900
drrandazzo@jrdentistry.com

7278 - Rockstar Dental Hygienist Needed
Alexandria
We are currently seeking a dental hygienist to join our team in providing quality treatment to our patients. Our facility is a small boutique neighborhood family practice with modern and up to date technology like Itero 3D scanner, intraoral cameras, digital radiographs, 2D digital panoramic. Our office is open Monday, Tuesday, Thursday, Friday and every other Saturday. The exact days available will be determined. We have a full complement of PPE for our staff along with medical grade IQ Air HEPA filters in our each operatory. We hope to find a hygienist who enjoys working in a team environment providing comprehensive treatment to patients of all ages. NEW GRADUATES WELCOME. Please email your resume to the below email or fax to 571-312-7028.
Contact: Aisha Nasir | 571-312-2007 |
sweettoothdentalva@gmail.com

Products

7160 - Dental Implant Surgery Instrument Kits
Fairfax
Multiple doctors get the same dental implant kits after implant training, and extra implant surgery kits have to sell: 1. Brand new Hiossen 122 Taper kit for dental implant surgery and placement. 2. Brand new Hiossen CAS kit for sinus lift, 3. Brand new Hiossen OneGuide kit for accurate implant placement with surgical guide Please contact by email for the details.
Contact: Den **drhuang1000@gmail.com**

7277 - Dental Equipment & Supplies Available
Hampton
Dr Russell Pape will be retiring November 30th. He is selling equipment and supplies. There are dental chairs, autoclaves, X-ray machine, waiting room furniture, supplies and more. Please call or text the below if you are interested. BEST OFFER!
Contact: Cathy 757-284-5488

Office Space: Sale/Lease

7119 - Office Condo For Sale
Tysons Corner
Office condo for sale. 1500 sq. ft. First floor. Patients do not convey.
Contact: 703-508-1468
nvperiodoc@yahoo.com

7146 - Turnkey dental office for sale
Arlington
A beautiful office in great condition, in the heart of Arlington is up for sale. It's 1,180 Sq. It has 3 ops fully equipped & ready to use. But it's originally plumbed for 4 rooms. It has PANO & digital charting (EasyDental). Everything works perfectly fine & in great condition. Patient charts are included in the sale. Email if you are interested. Thanks
Contact: **dentaloffice97@gmail.com**

7215 - Dental/Orthodontic Office Condominium for Sale
Manassas
Beautifully built out 1,700 sq. ft. office. Excellent, centralized location with easy access to Rt. 66. Turnkey operation for primary or satellite office. New equipment including state of the art 3D digital Pan/Ceph unit. Currently set up for orthodontic practice with five chairs and plumbed for two additional. Office could be transitioned to treat patients for a general practitioner or specialist of any type with some minor modifications. All furniture, equipment, and supplies are negotiable for sale, as well as the real estate. This is a great opportunity for a quick practice start!
Contact: **toothuniverse@gmail.com**

Virginia Dental Association
3460 Mayland Ct., Ste. 110
Richmond, VA 23233

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bankofamerica.com | 800-497-6067

Best Card
BestCardTeam.com | 877-739-3952

CareCredit
carecredit.com/dental | 866-246-9227

Dominion Payroll
empower.dominionpayroll.com/vda
804-355-3430 ext. 118

DRNA
drna.com/vda | 800-360-1001 ext. 2

iCoreConnect
iCoreConnect.com/vda | 888-810-7706

Professional Protector Plan (PPP)
protectorplan.com | 800-683-6353

ProSites
prosites.com/vda | 888-932-3644

RK Tongue, Co., Inc.
rktongue.com | 800-683-6353

Solmetex
solmetex.com | 800-216-5505

The Dentists Supply Company
tdsc.com/virginia | 888-253-1223

TSI
tsico.com/virginia-dental | 703-556-3424