



VDA
Virginia Dental Association
Journal



In This Issue:

Virginia Dentist Assumes Presidency of the American Dental Association

VDA Supporting Two Bills In Upcoming General Assembly Session

www.vadental.org

Full Service Personal & Business Insurance Agency

B&B

B&B Insurance Associates, Inc.

1-877-832-9113 • www.bb-insurance.com

VDA Members are invited to contact B&B Insurance for all of your insurance needs. Since 2000 when B&B was recommended by the Virginia Dental Services Corporation, they have been working with hundreds of VDA Members to provide comprehensive insurance services. B&B is ready to work with you to evaluate your insurance needs and to provide you with high-quality customer service and an expertise in the insurance needs of the dental community.

B&B Insurance, a Virginia-based, family owned agency, can fulfill all of the insurance needs for your practice, for you and for your family. Below are some of the types of coverage that are available:

For Your Practice

- General Liability
- Commercial Umbrella
- Employee Theft
- Workers Compensation
- Professional Liability
- Employee Benefits Liability
- Property and Equipment
- Group Health
- Group Life
- Business Overhead Expense
- 401K
- Employee Benefits Liability
- ERISA Bond
- Group Disability
- Business Buy-Out

For You

- Individual Health
- Individual Life
- Long Term Care
- Commercial Auto
- 412 I
- IRA
- Legal Assistance
- Medicare Supplement

For Your Family

- Home Owners
- Identity Theft Protection
- Trip Cancellation



Please call 877-832-9113 to find out more about the VDA Services Insurance Program with B&B Insurance. The licensed agents at B&B are ready to assist you with all of your insurance needs.

Virginia Dental Journal



Volume 87, Number 1

January, February & March 2010

Headlines & Articles

Page 5-6	Letters to the Editor
7	Message from the Editor
9	Guest Editorial - Gallup on Trust, By: Dr. David W. Chambers
11	Message from the President
13	Trustee's Corner
15	Cover Story: Virginia Dentist Assumes Presidency of the ADA
17	VCU Student Member Attends First VDA Board Meeting By: Martha M. Bushong
17	The Financial Truths of Dental School By: Richard Carlile
18-19	An Interview with: Dr. Daniel Laskin
20	A tribute to Dr. Daniel M. Laskin By: A. Omar Abubaker, DMD, PhD
21	The Value of Accepting Electronic Payment By: Scott Johnston
26	Extraoral By: Dr. Elizabeth M. Wilson
27	"Don't make it easy for a patient to say no." By: Richard F. Roadcap, DDS, Editor
30-31	VDA Supporting Two Bills In Upcoming General Assembly Session By: Chuck Duvall & Denny Gallagher, VDA Lobbyists
37	Anatomy of an RTA Patient Visit By: Richard Moore
44-45	Visit the NEWEST Exhibit in Colonial Williamsburg...
47	Awards & Recognition
50	Second Emporia M.O.M. Draws Big Crowd... By: Sylvia W. Bradshaw
53	"Motivate" Patients and Increase Retention By: Gary Kadi
55	Report of the ADA Delegation By: Dr. M. Joan Gillespie

Departments

Page 3	*New* Continuing Education Calendar
17-20	University Connections
23-24	Pathology Puzzler By: Dr. John Svirsky
30-35	Legislative
39-45	Virginia Meeting
48-51	Outreach
55-59	Membership
60	Classified Ads



Cover:
Dr. Ron Tankersley and his wife Gladys after he was inducted as ADA President
Photo Credit:
Lagniappe Studio, courtesy ADA News, © 2009 American Dental Association

Practical Proven Solutions For Your Dental Office Staffing Needs

- Temporary Staff
- Temp-to-Hire
- Direct Hire/Search
- Contract Professionals

"...They have provided excellent services for our office. We have been very pleased with the services received and have found the candidates to fit with my staff very well.
... *Medicus Staffing* would make a great asset to any organization."

- Jasper W., D.D.S.

"We have been delighted with the caliber and skills of the temps sent our way. No doubt, we will continue to use *Medicus* in the future as the need arises."

- Anita H., Manager

"*Medicus Staffing* is one of the best staffing firms I have ever worked with. They are professional, dependable, and I can rely on them to get me help at a moment's notice. They go above and beyond to fill our specific needs. In order to provide excellent healthcare we must have excellent people and I can always count on them to provide that."

- Cheryl D., Practice Manager



Contact Us at:
804.282.1159 (Richmond)
757.747.1420 (Hampton Roads)
www.medicustaff.com

Single Source Solutions for the Dental Professional

Why Choose the McNor Group?

Largest and most experienced practice broker
in MD, DC and VA
Serving dentists exclusively for over
60 years with:

- Practice sales
- Practice start-up
- Practice valuation and cash flow analysis
- Partnership and equity buy-in and buy-out
- Buyer representation
- Financing

Highest level of expertise in the industry for practice
valuation and financial analysis, with the unmatched
experience and credentials of a certified valuation analyst

Selling more million dollar practices than the
combined competition in this market area

Representing buyers and sellers on a national basis

Client representation based upon integrity,
comprehensive industry knowledge and an
unparalleled track record of success stories with
dentists in this market area



Call for a free consultation
888-273-1014 x103
or view our listings at
www.mcnorgroup.com
or www.ADStransitions.com
Contact us via e-mail: mcnor@mcnorgroup.com

REPRESENTING AND SERVING MEMBER DENTISTS BY FOSTERING QUALITY ORAL HEALTH CARE AND EDUCATION.

Virginia Dental Association
7525 Staples Mill Road . Richmond, VA 23228
804-261-1610 . Email: Jacobs@vadental.org

Editor-in-Chief	Richard Roadcap, D.D.S.
Business Manager	Terry D. Dickinson, D.D.S.
Managing Editor	Mrs. Shannon Jacobs
Graphic Design	Mrs. Shannon Jacobs

Virginia Journal Editorial Board

Ralph L. Anderson, Carl M. Block, Cramer L. Boswell, James H. Butler, Gilbert L. Button, B. Ellen Byrne, Charles L. Cuttino III, Frank H. Farrington, Barry I. Griffin, Jeffrey L. Hudgins, Wallace L. Huff, Lindsay M. Hunt, Jr., Thomas E. Koertge, James R. Lance, Daniel M. Laskin, Karen S. McAndrew, Travis T. Patterson III, W. Baxter Perkinson, Jr., Lisa Samaha, David Sarrett, Harvey A. Schenkein, James R. Schroeder, Harlan A. Schufeldt, James L. Slagle, Jr., Neil J. Small, John A. Svirsky, Ronald L. Tankersley, Douglas C. Wendt, Roger E. Wood

VDA Component - Associate Editors

Ben T. Steele, Michael R. Hanley, Gregory Cole, Gene Ayers, Jared Kleine, Chris Spagna, Richard Carlile - Student Liason, VCU Class of 2011.

VDA Officers

President:	Alonzo M. Bell; Alexandria
President Elect:	Michael Abbott, Salem
Immediate Past President:	Ralph L. Howell, Jr.; Suffolk
Secretary-Treasurer:	J. Ted Sherwin; Orange
Executive Director:	Terry D. Dickinson, D.D.S.

Board of Directors

Alonzo M. Bell, President - Michael Abbott, President-Elect; J. Ted Sherwin - Sec. Treasurer; Ralph Howell, Immediate past President; James E. Krochmal - Comp 1; Michael J. Link - Comp 2; Samuel W. Galstan - Comp 3; Benita A. Miller - Comp 4; Craig B. Dietrich - Comp 5; Scottie R. Miller - Comp 6; Ron Downey - Comp 7; Neil J. Small - Comp 8
Advisory Members: Ronald J. Hunt; Charlie Gaskins; Richard Roadcap

Volume 87, Number 1 • January, February & March 2010

THE VIRGINIA DENTAL JOURNAL

(Periodical Permit #660-300, ISSN 0049 6472) is published quarterly (January-March, April-June, July-September, October-December) by the Virginia Dental Association, 7525 Staples Mill Road, Richmond, VA 23228, Telephone (804)261-1610.

SUBSCRIPTION RATES:

Members \$6.00 included in your annual membership dues.
Members - Additional Copy: \$3.00
Non-Members- Single Copy: \$6.00
Non-Member outside the US: \$12.00
Annual Subscriptions
in the US: \$24.00
outside the US: \$48.00

Second class postage paid at Richmond, Virginia.
Copyright Virginia Dental Association 2010

POSTMASTER: Send address changes to: Virginia Dental Journal, 7525 Staples Mill Road, Richmond, VA 23228.

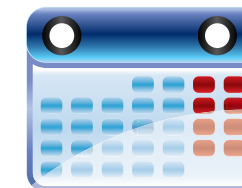
MANUSCRIPT AND COMMUNICATION FOR PUBLICATION:
Editor, 7525 Staples Mill Road, Richmond, VA 23228

ADVERTISING COPY, insertion orders, contracts and related information:
Business Manager, 7525 Staples Mill Road, Richmond, VA 23228



Continuing Education Calendar

Course listings are deemed to be reliable but are not guaranteed. This calendar is for information purposes only and inclusion of a course does not imply endorsement by The VDA or the VDA Journal/etch. Email your CE course submission to jacobs@vadental.org.



- **Dental Pharmacology – Harold Crossley, DDS, PhD**
Date/Time: January 8, 2010 - 8:00am-4:00pm
Location: Waterford at Fair Oaks
Sponsoring Organization: NVDS
Fee: Members \$60
For more information contact: 703-642-5298
CE Credit Hours: 6
- **Advanced Cardiovascular Life Support (ACLS) Course**
Date/Time: February 27, 2010 – 8:30am-12:30pm
February 28, 2010 8:30am-12:30pm
Location: The Williamsburg Lodge - Williamsburg
Sponsoring Organization: Virginia Society of Oral & Maxillofacial Surgeons (VSOMS)
Fee: \$225
For more information contact: This course will be administered as part of the VSOMS Annual Meeting. Please contact Laura Givens for course and meeting registration information at 804-261-1610 or givens@vadental.org.
CE Credit Hours: 8
- **Enteral Sedation, Conscious Sedation and General Anesthesia: Education for Everyone**
Date/Time: April 10, 2010 – 8:30am-5:00pm
Location: Hanover Country Club, Ashland, VA
Sponsoring Organization: Virginia Dental Society of Anesthesiology
Fee: \$175 (8 hr course), \$125 (4 hr course)
For more information contact: Diane Schreiber 804-273-6818
CE Credit Hours: 4-8
- **Implant Forum of Virginia monthly meeting – Treatment Planning Seminar**
Date/Time: January 12, 2010
Location: Virginia Center for Prosthodontics , Education Center– Richmond, VA
Sponsoring Organization: Implant Forum of Virginia
Fee: \$0 for members, nominal for non members
For more information contact: Kathy Powell – 804-741-8689 or kathywpowell@aol.com
CE Credit Hours: 2
- **Implant Forum of Virginia monthly meeting – Treatment Planning**
Date/Time: March 9, 2010
Location: Virginia Center for Prosthodontics , Education Center– Richmond, VA
Sponsoring Organization: Implant Forum of Virginia
Fee: \$0 for members, nominal for non members
For more information contact: Kathy Powell – 804-741-8689 or kathywpowell@aol.com
CE Credit Hours: 2
- **Health Care - Where Are We? - Dr. Terry Dickinson**
Date/Time: January 21, 2010 - 6:00pm
Location: Richmond Country Club
Sponsoring Organization: Richmond Dental Society
For more information contact: Linda Simon richmondndental@verizon.net
- **Implant Forum of Virginia monthly meeting – Orthodontics and Tissue Engineering**
Date/Time: April 13, 2010
Location: Virginia Center for Prosthodontics , Education Center– Richmond, VA
Sponsoring Organization: Implant Forum of Virginia
Fee: \$0 for members, nominal for non members
For more information contact: Kathy Powell – 804-741-8689 or kathywpowell@aol.com
CE Credit Hours: 2
- **Board of Dentistry Update - Jeffrey Levin, DDS**
Date/Time: April 15, 2010 - 6:00pm
Location: Richmond Country Club
Sponsoring Organization: Richmond Dental Society
For more information contact: Linda Simon richmondndental@verizon.net
- **Virginia Dental Malpractice Update & Litigation Prevention Strategies - Lauren G. Stimac, Esq.**
Date/Time: February 18, 2010 - 6:00pm
Location: Richmond Country Club
Sponsoring Organization: Richmond Dental Society
For more information contact: Linda Simon richmondndental@verizon.net
- **Exquisite Complete and Implant Retained Over-Dentures Calibrated for the General Practitioner - Joseph J. Massad, DDS**
Date/Time: March 12, 2010 - 8:00am-4:00pm
Location: Holiday Inn Select - Richmond
Sponsoring Organization: Richmond Dental Society
For more information contact: Linda Simon richmondndental@verizon.net
- **Conscious Sedation Overview - Dr. Hillel Ephros, DMD, MD and Misty Mesimer, RDH, MSCH**
Date/Time: April 17, 2010 8:30am-12:30pm
Location: Courtyard by Marriott - Fredericksburg Historic District 620 Caroline St Fredericksburg, VA 22401
Sponsoring Organization: Virginia Association of Dentists for Intravenous Sedation
Fee: \$295 (doctors only)
For more information contact: G. Preston Burns, Jr 540-373-6557
Credit Hours: 4
- **Transition Out of Your Practice and Capture Its Value - W. Keith Burford, Clu, ChFC, CLTC**
Date/Time: March 18, 2010 - 6:00pm
Location: Richmond Country Club
Sponsoring Organization: Richmond Dental Society
For more information contact: Linda Simon richmondndental@verizon.net
- **Management of Sedated Patients - Dr. Hillel Ephros, DMD, MD and Misty Mesimer, RDH, MSCH**
Date/Time: April 17, 2010 1:00-5:00pm, registration 12:30pm
Location: Courtyard by Marriott - Fredericksburg Historic District 620 Caroline St Fredericksburg, VA 22401
Sponsoring Organization: Virginia Association of Dentists for Intravenous Sedation
Fee: \$195 hygienists, \$125 staff
For more information contact: G. Preston Burns, Jr 540-373-6557
Credit Hours: 4
- **Implant Esthetics – Joseph Kan, DDS, MS**
Date/Time: February 26, 2010 - 8:00am-4:00pm
Location: Waterford at Springfield
Sponsoring Organization: NVDS
Fee: Members \$60
For more information contact: 703-642-5298
CE Credit Hours: 6
- **Restorative Considerations in Reconstructive Treatment – Ross Nash, DDS, FAACD**
Date/Time: March 26, 2010 - 8:00am-4:00pm
Location: Waterford at Springfield
Sponsoring Organization: NVDS
Fee: Members \$60
For more information contact: 703-642-5298
CE Credit Hours: 6

The VDA and VDA Services are pleased to present:

Kissing the Blarney Stone and Other Routes of Oral Disease Transmission

with Dr. John A. Svirsky

A Continuing Education Vacation in Ireland

June 25—July 3, 2010

Itinerary:

Travel from US: June 25, 2010

June 26-28: DUBLIN

- ◇ Academy Plaza Hotel
- ◇ Dublin Castle & City Tour, Guinness Storehouse, Blarney Stone
- ◇ 1 Group Dinner

June 28-July 1: KILLARNEY

- ◇ Killarney Plaza Hotel
- ◇ Ring of Kerry, Cliffs of Moher
- ◇ 1 Group Dinner

July 1-3: DROMOLAND

- ◇ Accommodations in Dromoland Castle
- ◇ County Clare
- ◇ Farewell Dinner at Bunratty Castle

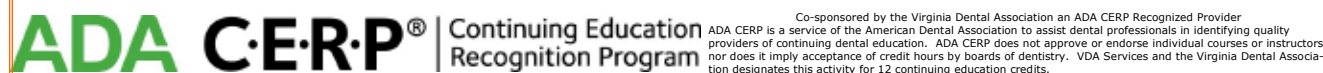
Return to US: July 3, 2010



Continuing Education:

During the trip, you will have the opportunity to earn 12 CE credits in a course taught by Dr. John Svirsky. Cost for the CE course is \$529.

Kissing the Blarney Stone and Other Routes of Oral Disease Transmission will be an educational and entertaining look at oral disease. A sought-after speaker, Dr. Svirsky is a professor at VCU School of Dentistry and is an oral pathology specialist.



Cost for Land Tour: \$1,929/person (based on double occupancy)

Land tour cost includes: All accommodations, all transfers, sightseeing by luxury private coach with professional guide, tips and gratuities, full Irish breakfast daily, tours and three group dinners.

To register, a fully refundable deposit of \$150/person is required. Full payment for the trip is due on March 31, 2010.

To find out more about this exciting trip please:

Visit: <http://classictravelusa.com/Group/Ireland/IrelandVDA.html>

Call: Classic Travel at 800-643-3449

Email: Joy: joy@classictravelusa.com or Jean: jean@classictravelusa.com

Letters to the Editor

Dear Dr. Roadcap,

Having a special interest in treating obstructive sleep apnea for at least 10 years, I am quite disappointed in the recent Journal article by Dr. Gloria Ward which is nothing more than a superficial literature review with only two references since 2005 (and most long before then). In the past five years there have been remarkable advancements in all phases of our knowledge concerning OSA and especially its causes, medical disease ramifications, and treatment. Few if any of these advancements are discussed.

Though Dr. Ward might have a special interest in OSA and the experience qualifications to author related articles, she is not listed as a member of any sleep related state or national academy. The reported demographics of occurrence are somewhat confusing. The listing of medical and treatment side effects, treatment options, and diagnostic protocol are, in general, more appropriate to a lay audience than the dental professional.

The up to date and future role of diagnosis and treatment is dynamic and fascinating, and one would hope that there will be many future Journal articles relating to sleep disorders and especially in every dentist's role when considering our particular ability to screen all patients to detect this largely unrecognized disease.

Sincerely,

Jermey Shulman, DDS, MS

Below is a response from Dr. Gloria Ward, author of the article Obstructive Sleep Apnea Syndrome - The Dentist's Role in Diagnosis and Treatment. This article was published in Volume 86 #4 - October, November and December 2009 issue of the Virginia Dental Journal, pages 20-25. This article can be found on our web site at: http://www.vadental.org/docs/Oct_09_Journal_.pdf

Dr. Roadcap,

First of all, thank you so much for reading the article and for the feedback. Perhaps Dr. Shulman inadvertently missed the second full page of references for a total of 40 references for this article. There is current literature, listing 17 articles since 2005. The intent of the publication was to create awareness to our dental community about other aspects of our profession that have not been extensively explored or are newer to the discipline, and motivate people to include sleep apnea as part of the general initial evaluation and consultation.

As our role becomes more prominent in the diagnosis and treatment of sleep apnea, so should be our training and expertise. Like Dr. Shulman, it is my hope that we have many more future articles related to dental sleep medicine and its treatment including the dentist as member of a multidisciplinary team.

Dr. Gloria E. Ward is a member of the American Academy of Dental Sleep Medicine.

Sincerely,

Gloria Ward, DDS, MS, MIS

Dear Dr. Roadcap,

Dr. Pizer's letter to the editor in Volume 86, Number 4, struck a chord within me that has been resonating since I graduated from dental school in 1978. Over the years I have been reprimanded, talked down to and basically told that I am not qualified to provide any dental services outside the bounds of what these doctors with advanced training decide. It doesn't matter if I've had training or not in these areas, yet the double standard is more than obvious with regard to this issue.

Specialists with advanced training by definition are to limit their practice to only the area of their own specialty; otherwise they are practicing outside the bounds of what the code of the ADA considers ethical practice. Yet they commonly extend the bounds of their practices whenever some justification can be fabricated. For example the periodontists or oral surgeons who incorporate crown and bridgework into their specialties, now that they are the dental implant specialists. When was the last time you read or heard of any specialist being reprimanded for such a thing? Never? Yet they complain that the GP is not qualified, or if not complaining about the lack of qualifications they complain about the GP learning too much and infringing upon their "turf".

It is all so ridiculous and solely motivated by financial gain and fear. One can always follow the money trail to the truth, despite what is more commonly expressed as a concern for the "public welfare".

I would be pleased if you saw that this letter was published in the Journal.

Sincerely,

R. S. Mayberry, DDS

http://www.vadental.org/docs/Oct_09_Journal_.pdf

Additional Letter from Dr. Mayberry on page 6

Letters to the Editor – continued

Dear Dr. Roadcap,

After reading the letter to the editor by Dr. Pizer I was moved to share some of my thoughts on the subject. Dr. Pizer a well-respected oral surgeon was accurate and informative with regard to a glaring problem facing dentistry today, the state of ignorance of many general dentists and their failure to diagnose, treat or refer patients accordingly, but let's be honest and place the blame on everyone responsible, not just the G.P.

I recently attended a continuing education program to learn the how to effectively use a newly purchased CT scanner for my office. This machine as Dr. Pizer has recommended offers the most fantastic three dimensional radiographic tools I have ever seen, especially with regard to in depth dental implant case planning. When speaking with several oral surgeons and periodontists at this course about the very subject Dr. Pizer raised, they all came to similar conclusions. The majority of their referring doctors did not understand basic diagnosis and treatment planning, let alone more advance treatment, like orthodontics, oral surgery, periodontics, TMJ and especially dental implant treatment diagnosis. They all agreed that because of the shortcomings of the general practitioner, the "backbone of the profession" as states Dr. Pizer, the public was not being properly served.

Because I am a general dentist myself, I have attended numerous CE courses over the years and yet the statistics show that the majority of the GP's taking these courses only institute a small percentage of what is taught into their day to day practice. How many dental implant courses have been presented to GP's since 1984, yet only a small percentage of GP's are involved in surgical implant treatment?

For most of my dental career (I graduated from MCV in 1978) I was ignorant of scope of undergraduate dental education outside of my own experience at MCV. Only recently have I come to the awareness of the breadth and scope of what I received there in 4 short years. I was so naive with respect to the generally accepted requirements for graduation from dental schools. I had no idea that one could graduate dental schools without molar endo requirements. I didn't know that general dentists could graduate without periodontal surgery requirements. I didn't know general dentists were allowed to graduate with only the most basic oral surgery requirements. Nevertheless, I cannot ever remember any course taken where I was not told that if I had the slightest doubt I should always refer the patient to the "specialist". I wondered what was different about my dental education experience.

I remember the first time the dean of the dental school addressed my class; he was new to the program and university and related to us how he had been in general practice himself and was reading the help wanted advertisements in the back of the ADA Journal and answered an advertisement for the dean's position at MCV and got the job. He went on to say that his goal was to more fully train the general dentist because he felt his basic education was lacking in depth and experience. As a direct result of his curriculum changes I received one of the best dental educational experiences anywhere. I learned how to use IV sedation techniques and remove fully impacted 3rd molars in the oral surgery department. I learned flap and osseous surgery, and free gingival grafting procedures in the perio department. There was even an elective perio prosthetic course available. But unknown to me and the rest of my class there was trouble brewing.

Unknown to most of us at the time, the dean and his teaching philosophy had lost the support of the alumni, and directors of the dental school. His new curriculum was too far over the top, and teaching general dentists too much. This was at a time of economic turmoil, raging inflation, and too many dentists being graduated, everyone was concerned about their economic condition and powers behind the scenes had elected to do away with these new changes. In 1977 the dean resigned due to the lack of support for his changes to the traditional dental school curriculum. The dean, Dr. John DiBiaggio, left MCV and took a job at the University of Connecticut as the Dean of their health science division, and four years later became the President of the University of Connecticut. Having become recognized as a progressive educator he was asked and accepted a new position as the President of and years later moved on to become the President of Tufts University. Today in his late seventies he continues as one of the most sought after experts on education in the United States today.

I would be selfish to not express my thanks to this man who was ahead of his time and unafraid to challenge the status quo even though it was at his own personal risk. He gave me and my classmates the best undergraduate dental education anywhere and I would venture to say even better than that provided today in dental schools. If we really want GPs to become better educated and understand the "scope" of dentistry so that they do not cause embarrassment, we could start by providing them the best undergraduate dental education possible, something more than just knowing enough to recognize problems that are in tile purview of the proper specialist.

Sincerely,

R. S. Mayberry, D.D.S.

Message from the Editor Dr. Richard F. Roadcap



A few years ago, our pastor retired. When I asked if he had an agenda for his free time, he said "Well, I'll always be preaching somewhere." Retirement is, for many dentists, in the forefront of their thoughts, or at least in the back of their minds. When I started out nearly thirty years ago, I was told that retirement planning should begin the day you open your practice. Good advice, but not always easy to follow. I've also heard we spend the first half of our lives hoping things will change, and the second half hoping they won't. Dentists may look forward to retirement early in their careers, only to dread it as the time approaches. Why are many dentists anxious about life after dentistry?

It is often reported that many, if not most, dentists cannot afford to retire at age 65. If this is accurate, what contributes to this grim statistic? Let's look at overhead. In years past, fifty percent was deemed a "good" number; today, overhead percentages of 65%-70% are considered the norm. What happened? Consider technology – without question, a two-edged sword. Technology has become the currency of business, and we can't live without it. And let's sample one slice of the pie: practice management software. After the purchase and installation of hardware and software, training included, there's software support; online support; phone support; annual software upgrades to buy, and of course classes to become proficient in the upgrade just purchased. Let's not forget the computer guy/gal who drops in on short notice when the Dell server burns a piston. Add in a few peripherals, such as scanners, faxes, external hard drives (both desktop and portable), and main and backup printers, with the attendant bird's nest of USB cords, and we have a major capital expenditure. All this, and we haven't entered the operatory, where even more modern marvels await our checkbooks. Efficient? Without a doubt. Cost effective? You can be the judge.

On the income side of the ledger, consider fees. Oh, fees have increased at least as fast as the CPI (the government's spin on inflation), giving us some measure of comfort.¹ But do they reflect the cost of doing business? Dentistry is a science, technology, and consumer driven enterprise that doesn't conform to arcane models of cost analysis. We're not brokering pig iron, coal by the ton, or bushels of corn. Dental care made available to patients is expected and required to be the best we have to offer, and the support system needed makes cost (or, if you wish, overhead) a secondary consideration. At least ten years ago I heard Dr. Ronald L. Tankersley, now ADA President, tell a component society meeting that the procedures performed by general dentists required greater skill than an orthopedic surgeon, yet the surgeon's compensation was much more. His point, then, was that dentists were not being reimbursed for their skills and training. Third party payers dominate fee schedules for participating dentists, and, to a lesser extent, those who aren't. Increased income is largely a byproduct of increased productivity and not the result of adequate compensation.¹

Why can't dentists hang up their handpiece when they're ready? Surging overhead, stagnant fee schedules, and in some cases, over-the-top lifestyles (grist for another column), conspire to keep retirement just beyond the grasp of many practitioners. When I was new in practice, I blithely assumed doctors set a date for their exit from the chair, and when the day arrived they never looked back. It wasn't long before I began to notice that all the retirements with which I was personally familiar were unplanned. Illness, injury, family crises, and even death while still in practice were the end of many careers. Had these doctors failed to plan? No. Their careers and practices mirrored those of their peers. They just weren't able to reap the fruits of their labors.

A few disclaimers: I'm not a Luddite; if you are seeking financial advice, you've come to the wrong place; and I'm not being cynical. Dentistry is a great profession – where else could you have this much fun and still be paid for it? So many workers hate their jobs. We can do what we love, and love what we do. And, like the pastor, I imagine I'll always be practicing somewhere, if fortune smiles upon me. Consider your own retirement, and its potential for career fulfillment. Long-term projections suggest that the number of retiring dentists will soon eclipse the number of graduates, reducing the value of dental practices at the time of sale.² Working beyond a previously-set target date may not compensate for a glut of "Practices for Sale" in dentistry's classified ads. Dr. Adishai Sadan, editor of Quintessence International, says doctors who plan to keep working indefinitely ignore reality: arthritis settles into the hands, hearing and eyesight fade, the back hurts....³ I don't have the answer for the secular trends listed above. The most recent ADA House of Delegates gave a nod to the legions of dentists in the twilight of their careers, with the passage of a resolution seeking "ways to increase membership value for retiring and retired dentists."⁴ Noting that nearly half of constituent (state) dental societies had more than 50 percent of members over the age of 55, the House hopes to retain members and keep them involved in the Association as they near retirement. Regardless of their career stage, the word "retire" carries different meaning and import for each dentist. It's one area where contact with colleagues, fostered by organized dentistry, will pay great rewards.

¹ Guay, A.H. Dental Practice -Prices, production and profits. JADA 2005; 136(3):357-361

² Beazoglou, T.; Bailit, H.; Brown, L.J.: Selling your practice at retirement – are there problems ahead? JADA 2000; 131(12): 1693-1698

³ Sadan, A. : The Dentist in Society Part 2: The Working (forever) Hypothesis. Quintessence Int 2008;39 (6):455

⁴ Fox, K.: Delegates vote to study retired member needs. ADA News November 18, 2009, 24.

Because Every Child Deserves a Healthy Smile



Delta Dental's Smart Smiles[®]

Delta Dental's Smart Smiles and Give Kids A Smile[®] are proof of the wonderful difference people can make when working together toward the same goal – a healthy smile. Smart Smiles is honored to support the Give Kids A Smile program and to join forces with the Virginia Dental Association to increase access to dental care and improve oral health education throughout the Commonwealth. Delta Dental of Virginia realizes that a healthy child starts with a healthy smile and, by working with dedicated volunteers and community partners, is committed to helping provide a healthier future for our communities.

For more information on how you can become a volunteer partner, contact Tina A. Bailey, CDA, CDPMA at 804.915.2690 / 800.533.4137 ext. 9 or tina.bailey@deltadentalva.com.

To a child, it is about making a difference in their day, in their health, and in their life...one healthy smile at a time.



Guest Editorial

Gallup on Trust

David W. Chambers, EdM, MBA, PhD

Reprinted with permission from the *Journal of the American College of Dentists*

Leadership has been sounding the alarm, in editorials and from the rostrum, about dentistry's embarrassing slip in the Gallup polls of trust for various professions and jobs among the American public. This is wrong. Something should be done about it.

The Gallup question is "Please tell me how you would rate the honesty and ethical standards of people in these different fields..." There are five categories of response, ranging from very high to very low, and the results are customarily presented as the proportion of respondents who answer high or very high.

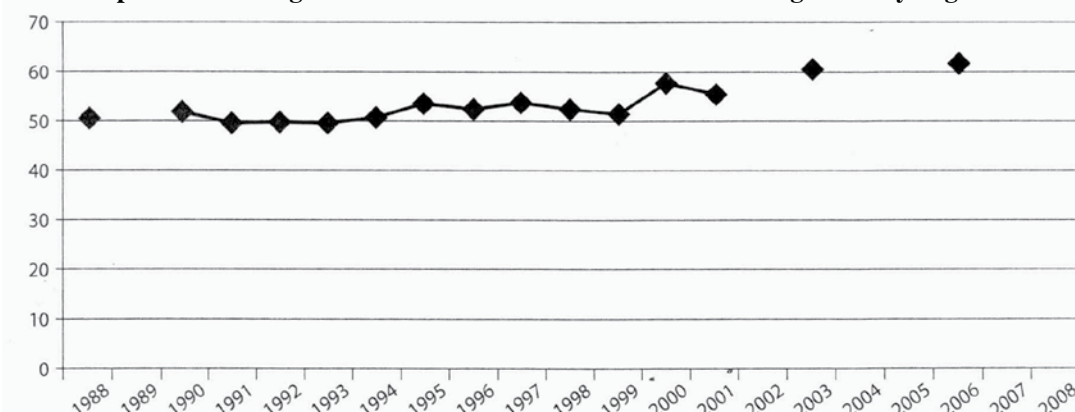
The Gallup organization has kindly provided me with the year-by-year database for all surveyed fields since this question about trust was first asked in 1976. In 1988 dentistry ranked fifth of 25, with 51% high or very high rating. Druggists/pharmacists topped the poll then at 66%; car salesmen were on the bottom with 6%. In 2006, the most recent year that dentists were in the poll, the profession was in fifth position among 25, 62% high or very high trust ratings. Nurses, who were not rated until 15 years after dentists started, scored highest at 84%. Telemarketers were on the bottom with 7% approval.

What is wrong and should be stopped is dentists telling each other that they are losing the confidence of the public. It is not true and it is damaging to say so. The rank of the profession has been constant over a quarter of a century and the proportion of the public that places high or very high trust in the profession has increased by 11%. This is the same increase in trust achieved by physicians and better than other high-trust fields such as police (9%), pharmacists (4%), college professors (1%), and the clergy (-4%). Only engineers, at 14%, are gaining faster among the high-trust fields, and they have yet to catch dentistry.

The strange reports about declining ranks of dentist are an artifact caused by two factors: dentists are not included on the list of fields surveyed by Gallup each year and new fields have been inserted, often for only one or two cycles. For example, firefighters and the U.S. military have only appeared once in the survey and they received 90% and 81% ratings, respectively-but that was 2001 and coincided with the 9/11 tragedy and the invasion of Iraq. Secondly, some professions, such as teachers have been subdivided on occasion into as many as three distinct categories.

Why would anyone spread untrue rumors to the detriment of themselves and their colleagues? I have never heard the misrepresentation of America's trust in dentistry used as an attack from outside on the profession-preoccupation with financial success and failing to serve all in need, yes, but not being untrustworthy. The use of the Gallup numbers from within has always been well-intended. Come on, we can do better; this is a bit embarrassing and I call on everyone in the profession to raise the standards of ethics. Occasionally, the message tapers off toward, "If we don't take care of these problems, we may lose our privilege of self-governance or be subject to greater regulatory scrutiny." In a few cases, unidentified colleagues (they know who they are) get hit over the head with Gallup numbers. This kind of material is custom-made for editorials. And some would ask "What is the harm? We really can do better, and having some committees talking about this is good for the soul, as long as no one in particular is affected."

Gallup Poll Percentage of Americans Who Trust Dentists At A High or Very High Level



Here is the point of this editorial: it really does matter what the public thinks and it matters a great deal what members of the profession think of the trustworthiness of each other. It is damaging to a profession to have low-trust numbers, and these low-trust members sap the profession's strength whether they are real or just inventions of editorial writers.

Arguing with the public to convince them that the rankings of dentistry on trust really are falling is some sort of perversity. Letting the public overhear this conversation, when it is contrary to fact, is imprudent.

There is also a danger in lowballing the trust numbers within the professional community – especially as a motivational tool. It may be useful to understate financial resources or workforce number or the depth of the scientific literature as a rallying cry for greater effort. But not so for trust; it is a different creature. The trust one has in colleagues or professionals has a direct impact on whether one is willing to engage and collaborate. There is a minimal level of trust in others required to ensure participation. The largest determinant of willingness to cheat or cut corners is the beliefs about how likely one's companies are to do so. Think of the car salesman and telemarketers in the Gallup poll. They lack the rudimentary level of trust required to improve their positions. Lack of trust in one's colleagues is a danger signal and a certain and self-fulfilling impediment to doing better.

Here is a story that illustrates this point. The coastal villages of England, during the sixteenth through nineteenth centuries, had lifeboats and crews to respond to shipwrecks. Usually eight men were required for the boats and it was dangerous to put out to sea in a storm with fewer. On a particular night, a solid citizen heard the alarm, but he thought it over and decided not to answer the call. Here was what he reasoned: He knew that two of the 12 able-bodied men of the village had gone to Gloucester. He also had overheard his wife mention that a family friend and his son were sick in bed. At the tavern that night, a grumbler had started a rumor that two brothers were no longer on speaking terms with most in the community over a difference of opinion (based, no doubt on hearing about a Gallup survey). Our hero was completely rational when he calculated the number of men who would show up to service the rescue boat and conclude that it would be dangerous to all who did come. He knew that other able-bodied men in the village could figure this out for themselves as well, so it would be ill advised to attempt to be of help tonight. That man was not lazy or unprofessional: he was 100% rational.

Do not ever be the grumbler who calls into questions the last useful act of trust among colleagues who can use it to enhance the common good.

RETIREMENT PLANS DON'T JUST HAPPEN, THEY REQUIRE A GOOD DESIGN.

Everyone's vision of the perfect retirement is unique. Witt Mares Pension Designs will analyze your retirement needs and build a plan to help you meet your retirement goals. Through a consolidated approach, our clients receive a complete package of services consisting of consulting, plan design and administration for both existing and new benefit plans.

A complimentary assessment of your retirement plan needs is the first step. Contact Witt Mares Pension Designs at 757.873.1587 ext. 388 and we'll get started.



PLEASE VISIT US ONLINE AT WWW.WITTMARES.COM



Message from the President Dr. Alonzo Bell



As I sit down to write this message, it is a sunny fall afternoon. The leaves on the trees paint a beautiful tapestry of red, yellow and gold. My 2 and 6 Redskins have just beaten the Denver Broncos. Yes, Thanksgiving is certainly upon us!

During this season, I am reminded that we as members of the Virginia Dental Association have much to be thankful for. Despite what has been a very challenging year for all, our association continues on sound footing.

The VDA enjoys:

- A strong financial condition
- An efficient and dedicated staff
- A visionary leader in our Executive Director Dr. Terry Dickinson
- A great record of service thanks to our M.O.M. Projects

By the time you read this message, the holidays will be over and a new year begun. A new year brings the new commitment that we cannot afford to rest on our successes of the past. As leaders, we must constantly look to and plan for the future so that we are able to preserve all that we hold dear about our profession for those that follow us.

As we look to the immediate future, the one issue that will dominate our effort is advocacy.

In the national arena, the ADA has several legislative actions that directly affect dentistry. First, the ADA has actively lobbied in support of an amendment of the health care reform legislation to repeal the McCarran-Ferguson Federal Antitrust Exemption for the "business of insurance". Enforcement of the "red flags rule" has been delayed again until June 1st and the ADA Washington office continues to coordinate the effort to bring the FTC and congress in agreement to exempt dentists.

In Virginia, we have just witnessed a huge change in the makeup of our General Assembly, and the total party change of our state administration. This change comes as we are about to undertake our biggest legislative initiative in recent memory with our bill on **MANDATED FEES FOR NON-COVERED SERVICES**. We need to harness all of our resources to prevail in this effort.

The issue that this bill addresses is that some dental insurance companies are amending their contracts to seek to mandate fees for procedures that they provide no coverage. If the dental insurance companies are successful in achieving these contract changes, the fees for non-covered services will be controlled by the insurance companies and not by the treating dentist.

MAKE NO MISTAKE ABOUT IT - THIS WILL BE A BATTLE AND OUR SUCCESS OR FAILURE WILL DEPEND ON YOU!

Here's what you can do to show our legislators that we have the political will to determine our own future:

- Make a generous contribution in support of our VADPAC.
- Become familiar with the language of the bill and with the information about the bill provided by our lobbyist. If you have not received a copy of the bill, contact our VDA office.
- Contact your legislators to get their support and get your friends and colleagues to do the same. As they say, all politics is local. You can find the name and contact information for your Delegate and Senator by clicking on the following link: <http://conview.State.Va.Us/whosmy.Nsf/main?Openform>.
- Show up in Richmond for our lobby day January 15, 2010.

Please heed this call to action and I'll see you in Richmond!



Academy For Sports Dentistry 28TH ANNUAL SYMPOSIUM JUNE 24 - 26, 2010

The Ritz-Carlton, Pentagon City, 1250 South Hayes Street, Arlington, VA 22202

Trauma in Young Adult Teeth & Revascularization Martin Trope, DMD

Theory & Fabrication of Modern Properly Fitted Mouthguard Workshop Ray Padilla, DDS

Current Trends in the Evaluation, Diagnosis, & Treatment of Concussion in the Young [Student] Athlete Gerard Gioia, PhD

Pain, Suffering & Expense: The Unholy Trinity of Severe Dental Injuries David Kenny, DDS, PhD

Sports Injury Photography Workshop Douglas Lambert, DDS

Performance Mouthwear Forum Pure Power Mouthguard, Bite Tech / Under Armour

Trauma in the Aesthetic Zone: from Injury to Restoration H. Ryan Kazami, DMD

Tooth is Loose- So Now What? Splinting Material & Techniques Douglas Lambert, DDS

Presidents Reception Live and Silent Auction

ACADEMY FOR SPORTS DENTISTRY
800 273 1788

THE RITZ-CARLTON PENTAGON CITY
703 415 5000

Compared to our 100 years of experience, our competitors simply can't fill our shoes.




It's hard to follow in Medical Protective's footsteps. No one else has over 100 years of proven experience defending malpractice claims. No other dental malpractice competitor's financial strength is ranked higher by independent rating agencies. And today, more than ever, the financial strength, integrity and powerful backing of Warren Buffett's Berkshire Hathaway is crucial to the quality of your dental malpractice protection.


Should you trust your career to the best or something less?

Contact us today for a Protection & Price Check-Up



 Email dental@medpro.com

 Visit www.medpro.com

 Call 800-4MEDPRO

Trust the dental malpractice experts.



Trustee's Corner Dr. Charles Norman • 16th District Trustee



"Does the ADA speak for you?"

A recent online issue of Dental Products Report asked the Question "Does the ADA Speak for You?". The implication of the question is that maybe there is a better voice for dentistry, but if not the ADA then whom. The article goes on to question how the ADA can represent both the dentist members and the public that we serve. Many critics feel that there are policy issues that are either good for the profession or good for the public with little room for common interest. Personally, I have always believed that policy that is based on sound science and a proven track record will ultimately be mutually beneficial to both the dentist we represent and the patients we serve. However, sometimes our policies may conflict with those within our profession, as well as, policy makers who may have an agenda that is pragmatic with no concern for science or best practices. A good example of this disconnect would be the use of midlevel providers. In fact, the DPR article goes on to mention that there are three areas commonly mentioned by discontented members as weaknesses of ADA policy, midlevel providers, national licensure, and favoritism of specialist over generalist. Let's examine each of those issues separately.

As a background for the first two issues, you have to also recognize that the organizational structure of the Association, the tripartite, has an effect on the relevance of ADA policy. Sometimes individual states have internal conflicts or political pressures that mandate a departure from long standing policies which create a conflict with the parent organization. That is both the advantage and the conundrum of being a confederation of state associations. Therefore, if you practice in Alaska or now Minnesota, your state dental practice act may be in conflict with ADA policy on midlevel providers. The current policy developed by the HOD restricts the delegation of diagnosis, treatment planning, and irreversible procedures to anyone other than a dentist. That stand is based on the educational requirements necessary to provide those services, as well as, a long standing track record of public safety. In addition, there are no similar uses of auxiliaries in the healthcare arena. Proponents of midlevel providers often compare them to the Nurse Practitioner in medical practice, but the training is significantly more stringent for Nurse Practitioners and they are not allowed to perform surgical procedures as is the case with DHATs. There are many questions about the effectiveness, safety, long affects on public dental health of this type of delivery system. It is not enough to point to the use of DHATs in Europe and New Zealand as evidence of their validity. The last time that I looked the US is still considered the model for dental care throughout the world, and until we see an objective, peer reviewed, scientific evaluation of the long term effectiveness of the DHAT programs, the ADA is taking the responsible position on this issue.

Similarly, licensure is ultimately the responsibility of the individual state licensing agencies, and is not within the statutory mandates of the ADA. For many years, ADA policy has encouraged states to accept a common content dental licensing exam, and to recognize the results of other testing agencies. In addition, current policy also calls for the elimination of live patients when a proven alternative is available. As recently as this past HOD, a resolution passed that asked the ADA to study a written exam alternative to the clinical exam as a means to eliminate live patients. If you were a member from a state like New York, you might think that the ADA policy on licensure does not go far enough to foster mobility; however, if you were a member from one of the independent states, you would consider the ADA policy to be meddling. In the end, the people with the fiduciary responsibility for the protection of the public will decide what form of examination is appropriate for their needs, regardless of ADA policy.

Finally, regarding the concern that the ADA represents specialists at the expense of GPs, I think we have to admit that we all view an issue based on our own experiences. Therefore, if you are a specialist, you will tend to evaluate policy from a specialist point of view, and the same would be true of GPs. Remember that our profession is about three quarters' generalists and one quarter specialists. The House of Delegates tends to mimic those percentages, so it is unlikely that policy would pass that specifically favors the needs of a specialty group at the expense of another or GPs. More commonly, good policy is the one designed to be relevant to all the practice communities. With a years experience as your Trustee, I can say without hesitation that the ADA speaks for the entire the profession and dental health of the public.



AFTCO

TRANSITION CONSULTANTS

Helping dentists buy & sell practices for over 40 years.

AFTCO is the oldest and largest dental practice transition consulting firm in the United States. AFTCO assists dentists with associateships, purchasing and selling of practices, and retirement plans. We are much more than a practice broker, we are there to serve you through all stages of your career.

We are pleased to announce...

Glen R. Miller, D.D.S.

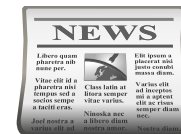
has acquired the practice of

Jeffrey B. Wetter, D.D.S.

Bridgewater, Virginia

AFTCO is pleased to have represented both parties in this transaction.

WWW.AFTCO.NET



Cover Story: Virginia Dentist Assumes Presidency of the American Dental Association



CHICAGO, October 6, 2009—Ronald L. Tankersley, D.D.S., who practices oral and maxillofacial surgery in Newport News, Williamsburg and Hampton, Va., was installed as president of the American Dental Association (ADA) and will lead the 157,000-member organization's efforts to protect and improve the public's oral health and promote advances in dentistry.

Dr. Tankersley's installation took place today during a meeting of the ADA House of Delegates in Honolulu. He previously served as ADA president-elect.

Dr. Tankersley served a four-year term as a member of the ADA Board of Trustees representing the Sixteenth District, which includes North Carolina, South Carolina and Virginia. As a trustee, Dr. Tankersley served as board liaison to the Dental Economics Advisory Group, the Committee on the New Dentist, the Council on Access, Prevention & Interprofessional Relations and the Council on Ethics, Bylaws & Judicial Affairs.

Dr. Tankersley's previous responsibilities with the ADA include serving as chair of the Council on Dental Benefits, the Strategic Planning Committee, the Advisory Committee on the Code, the Diagnostic Coding Committee, the Standing Committee for Diversity and the Dental Content Committee. In addition, Dr. Tankersley participated on the ADA's Future of Healthcare/Universal Coverage Taskforce.

Dr. Tankersley is a former president of the Virginia Dental Association, Virginia Society of Oral and Maxillofacial Surgeons and Southeastern Society of Oral & Maxillofacial Surgeons.



He earned his dental degree from the Medical College of Virginia School of Dentistry where he also completed his residency in oral and maxillofacial surgery. Dr. Tankersley is a fellow of the American College of Dentists, the International Colleges of Dentists and the Pierre Fauchard Academy, an international honorary organization for dentists.

Dr. Tankersley and his wife, Gladys, reside in Newport News and are the parents of two children, Kenneth and Christine.

About the American Dental Association

Celebrating its 150th anniversary, the not-for-profit ADA is the nation's largest dental association, representing more than 157,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly Journal of the American Dental Association (JADA) is the best-read scientific journal in dentistry. For more information about the ADA, visit the Association's Web site at <http://www.ada.org>

Photo Credit:

Lagniappe Studio, courtesy ADA News, © 2009 American Dental Association



Call 1-800-232-3826 today for a free practice appraisal, a \$2,500 value!

Sparkle

Quality benefits plus network choices add up to a sparkling combination with Delta Dental

Over 40 years of experience focusing solely on dental benefits makes us The Dental Experts. We offer your patients the best in valuable, innovative and preventive dental benefits. In addition, Delta Dental's coverage plans come with a variety of benefit-rich network choices offering different levels of value for your patients.

That makes us good for your practice, too. Not only do we have the largest covered patient base, but we also design our plans and services with you in mind. Founded by dentists, Delta Dental continually looks for ways to make our dental benefits plans valuable to the patient and easy for you to administer. We give you online access to your practice's information through our secure deltadentalva.com website, as well as reimbursement payments made directly to you. Your input is also important to us, so we hold open forums to share your opinions on desired services and how we can enhance our services through seminars and workshops.

Good for you. Good for your patients. There really isn't a good reason not to participate with Delta Dental.

You can experience The Delta Dental Difference® for yourself. Simply call a Delta Dental representative at 800.367.3531 or visit deltadentalva.com for more information.



Good for you.
Good for your patients.



VCU Student Member Attends First VDA Board Meeting

By: Martha M. Bushong, Director of Communication and Public Relations, VCU School of Dentistry

"Our dental students are critical to the future of the Virginia Dental Association (VDA)," said Dr. Alonzo Bell, newly installed VDA President. In his presidential address at the September 2009 VDA Governance Meeting, Dr. Bell called for the VDA House of Delegates to add a VCU student advisory member to the VDA Board of Directors. The House subsequently approved two resolutions "to provide more voice for VCU student members."

In November, Ms. Sarah Kandrac (D 2011) the school's student representative to the board attended her first meeting. A long-time advisory board member himself, Dean Ron Hunt said, "I know from my own experience on the VDA Board of Directors that advisory members contribute to the discussion and their views are valued, in the process they also learn much about organized dentistry."

Dr. Bell said a student advisory member to the VDA Board of Directors "will be able to give the board insights into the concerns of the dental students, and a better understanding of how they communicate. Student involvement will give them valuable first-hand knowledge of the concerns of the future of their profession."

A self-described "people person," Sarah grew up in Ashland, VA and received her bachelor's degree from the College of William and Mary. As biology major she always considered dentistry an option. After college she worked as a sales representative for a dental supply company. This experience gave her a feel for the business aspect of dentistry and created a valuable network of contacts for her.

With her strong interests in service, Sarah's involvement with the VDA spans a variety of activities. Affectionately known as "the energizer," she serves as the student coordinator of the VDA Missions of Mercy, partnering with Dr. Carol Brooks to organize the student participation in the missions. This year Sarah also will be the driving force behind the student-led, benefit golf tournament, serving in the role of sponsorship committee chair. She serves on the newly organized VCU/VDA Mentorship Committee and has attended every VDA Legislative Lobby Day.



The November meeting focused primarily on the upcoming legislative agenda. "While this does not affect students directly," said Dr. Bell, "our legislative action, if successful, will serve to preserve our current dental practice model for the dentists of tomorrow who are students today." In the future he plans to give Sarah time on the agenda to report on student issues.

Resolutions Adopted by the VDA House of Delegates Promoting Student Involvement

At least one ASDA member from the VCU School of Dentistry, as selected by the student government Executive Council, shall be placed on certain VDA committees as a voting member. Additional ASDA members from the VCU School of Dentistry may be placed on said committees as advisory non-voting members at the discretion of the VDA President.

Two advisory members shall be added to the VDA Board of Directors - one from the Old Dominion Dental Society and one student from the VCU School of Dentistry.

The Financial Truths of Dental School

By: Richard Carlile, VCU School of Dentistry, D-2011



The opening lines of Charles Dickens's classic, *A Tale of Two Cities*, reads, "It was the best of times, it was the worst of times." I am certain that many dental students around the country can relate to this timeless phrase for it is truly "the best of times" and "the worst of times." As the economy continues to struggle and state budgets are trimmed, the price of a dental education continues to increase. Students are faced with the reality that the great profession of dentistry comes at a price.

A look at the three dental schools within the geographic boundaries of the American Dental Association's 16th District will reveal that students at these schools share similar tuition and fees. As of 2009-2010 an incoming first-year dental student (that is a resident) will pay \$30,088.64 in tuition an fees per year at The University of North Carolina (UNC), \$29,140 at Virginia Commonwealth University (VCU), and about \$38,418 at Medical University of South Carolina (MUSC). Non-resident fees are a little higher. An incoming first-year non-resident will pay \$53,959.64 at UNC, \$52,089 at VCU, and \$59,088 at MUSC¹. It is important to note that these are only figures for tuition and fees, they do not factor in cost of living. It is not unreasonable to estimate that an in-state student will graduate with close to \$200,000 in debt and

an out-of-state student close to, if not exceeding, \$300,000.

In order to combat the large cost of education, dental students are entering the military, National Health Service corps, or signing contracts with companies or the state to work in an underserved area in return for loan compensation. In the VCU third-year class there are about nine people currently on military scholarships. I also know that several of my classmates have expressed interest in working in an underserved area in return for some money that would go towards loan repayment. It should be noted that most of the reimbursements that students receive for loan reimbursement are due to the great efforts of The American Student Dental Association (ASDA), The American Dental Association (ADA), and The Virginia Dental Association (VDA).

Through the struggles and bliss of dental school I have learned one important fact: Organized Dentistry is essential to my future. To illustrate this point, at the recent ADA Annual Session House Resolution 34 was amended and then adopted by the House². In essence, the resolution states that the ADA will encourage and seek legislation that will allow new dentists to deduct more of their interest payments at tax time than currently allowed. The ASDA delegation also amended the resolution so that the language would allow the ADA to help in lobbying for lower student interest rates and allowance for loan consolidation.

As a future dentist I am grateful to know that many, if not all, of you are concerned about those of us who will be entering the profession. The ADA and ASDA will soon begin to jointly lobby to lower the financial burdens of a dental education. I hope that you will help in this effort so that all new dentists can enjoy "the best of times."

¹ <http://www.dent.unc.edu/academic/programs/dds/tuition.pdf>
http://academicdepartments.musc.edu/em/records/fees_09.html
http://www.enrollment.vcu.edu/accounting/tuition_fees/calculator.html

² ADA House Resolution 34, Found on pg 5035, 2009 Board Reports and Resolutions



An Interview With: Dr. Daniel Laskin

Journal: During the past 25 years, what has been the most significant development in the practice of oral surgery? In the training of oral surgeons?

Dr. Laskin: Do I have to limit it to one? First, I would list changes in anesthesia – techniques, drugs, safety features. There's been a movement away from inhalation anesthesia. IV sedation/anesthesia is much more comfortable for the patient. The second advance has been the greater use of plates and screws. Fixation of fractures or osteotomies with plates and screws means that patients do not have to have their jaws wired shut and can function quicker. Third have been the advances in orthognathic surgery. We can now take any bone in the head and move it around. Formerly we were limited to working with the mandible. I wish I had some of the cases that I saw years ago and was not able to help - we could now apply these techniques to them. As for oral surgery training, the scope has expanded tremendously. Oral and maxillofacial surgeons can now do their own histories and physicals and admit their own patients. Privileges are now the same for everyone in the hospital environment as long as they have the proper education, training and demonstrated competence. The bottom line is that patients can now receive treatment from those specialists who are most competent in a specific procedure.

Journal: In the future, will general dentists perform more or fewer surgical procedures? Why?

Dr. Laskin: I look at this in two different ways. Based on their experience and training, the potential is there for general dentists to do more surgery. However, we see dentists doing more and more cosmetic procedures. The question is: do they want to get involved with surgery when they can be doing other things that are more productive and efficient. From this standpoint, I see general dentists doing less surgery than they have in the past.

Journal: What can be done to improve communication between general practitioners and oral surgeons?

Dr. Laskin: This is a hard question! For "routine" referrals, such as third molars, the general dentist will make the decision, and the oral surgeon is the technician. With implantology, the dentist has to communicate what he or she wants or the implants can wind up in the wrong place. Likewise, if the implant patient sees the surgeon first, there needs to be consultation with the restorative dentist before proceeding. The same goes for orthognathic surgery. Bridges and prosthetics should be planned before the operation is done and not afterward. A multi-disciplinary approach is essential. Communication can always be improved, and letters between all parties are the way it should be.

Journal: Will new imaging technologies, such as CBCT, become the standard of care? Will they render many procedures off-limits to general dentists?

Dr. Laskin: I definitely think it will become the standard of care. But procedures then being off limits? I don't know. These images will show where possible complications can occur, such as how close the tooth is to the inferior alveolar canal or the maxillary sinus. It will therefore help answer the question: "Do I want to take the risk of treating

this patient?" However, because with these images we will see things not visible on routine radiographs, we now will face the responsibility of diagnosing pathology in areas with which we may not be too familiar. We may therefore want to have someone else to be responsible for reading the scan, similar to what occurs in medicine. Sending dental patients to imaging centers may then become more common than it has been in the past.

Journal: What has been the most satisfying aspect of your tenure at VCU?

Dr. Laskin: I have to mention three things that were "most satisfying". First, when I was chair I wanted to develop a good faculty with diverse interests, and I think I was able to accomplish that. Moreover, the fact that most of this faculty has stayed with us for many years has also been a plus. Second, seeing our residency program advance to the point where we are treated as equals in the medical center has been very gratifying. Third, has been the ability to have greater involvement of residents in research, teaching them to how to review the literature, to think critically and how to look at data. I have always said a specialty doesn't grow unless it contributes to new knowledge for the profession. Unfortunately, under the current economic conditions, programs have become very service oriented, and this doesn't leave much time for research. I have noticed in many journals that most of the contributing authors are now from outside the US and this is not a good situation.

Journal: Who has been the most influential person in your career? Why?

Dr. Laskin: The person who influenced me most was Dr. Bernard Sarnat, a plastic surgeon with both DDS and MD degrees. He was head of OMS at the University of Illinois when I trained there. He taught me the proper use of time, and I learned organization from him. He introduced me to research, and taught me to read articles critically. He got me involved in writing, and he was a good tutor on how to write well. That eventually led to my becoming editor of the Journal of Oral and Maxillofacial Surgery for thirty years. I think that's a record! Dr. Morris Fishbein was editor of the AMA Journal for twenty-six years, so I've got him beat.



Journal: What advice do you have for dental undergraduates?

Dr. Laskin: First, be a constant student – never stop learning. Second, always put your patient's welfare first. Third, give back to your profession and your community. By that I mean support your school, do part-time teaching, act as a mentor to young people who might be interested in dentistry. When you can do part-time teaching this frees up the full-time faculty for other things, like research. It is also important to become involved in organized dentistry.

Journal: List the qualities you appreciate most in a candidate for an oral surgery residency.

Dr. Laskin: We know what we're looking for – the problem is how you determine these things? A transcript doesn't always give you all the information. Do they have a deep interest in the specialty? Are they empathetic? What is their work ethic? Do they have a good academic background and how well have they done in the biomedical sciences? Have they had research experience? Are they interested in learning? There's a quote from Winston Churchill we have posted in the graduate clinic: "Personally, I am always ready to learn, although I do not always like being taught." I like residents who want to be taught.

Journal: A recent editorial in the Journal of Oral and Maxillofacial Surgery says research findings on TMD have done little to change diagnosis and treatment in the last 30 years.¹ What can be done to apply scientific discoveries to clinical outcomes?

Dr. Laskin: He's right and he's wrong. The problem is in the use of the word TMD. TMD is an umbrella term and in each patient we have to make a more specific diagnosis, because the treatment will vary in many instances. This is one of the reasons some practitioners have such difficulty treating these patients. It is strange that we use an anatomic location as a diagnosis. Orthopedic surgeons don't say the patient has "knee" or "hip", and yet we often find clinicians saying the patient has "TMJ".

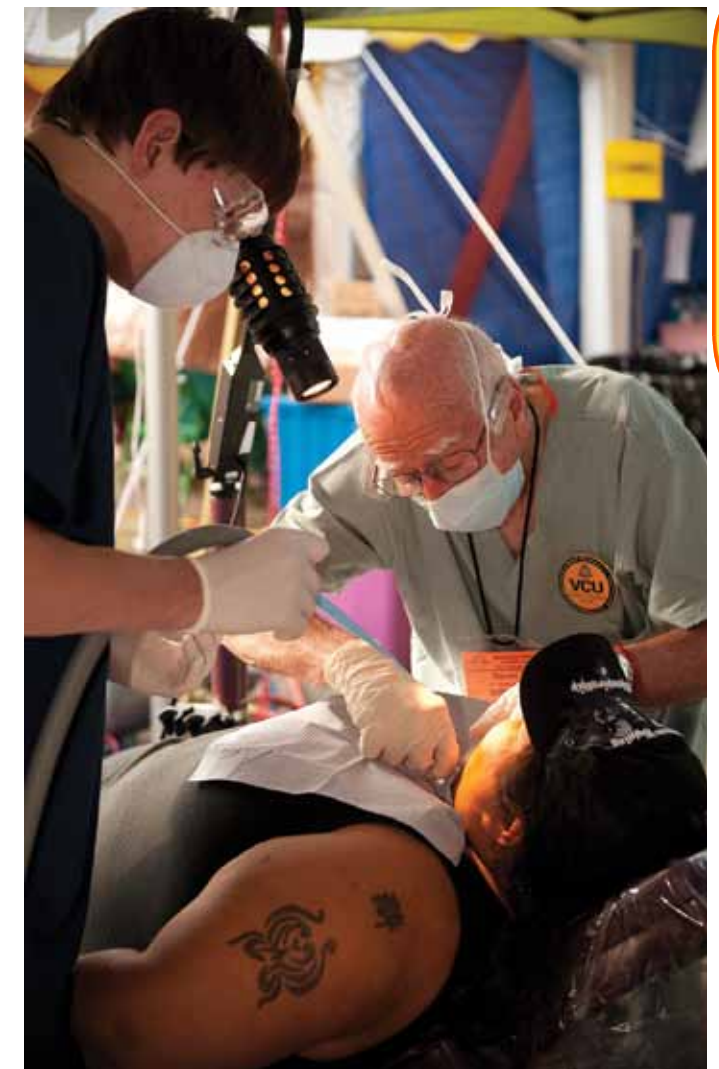
Use of the term TMD has also made the literature difficult to interpret. There's a lot of research that has been wasted because it refers to treating TMD patients, without giving a more specific diagnosis. Therefore, it is not possible to determine to whom the results apply. This is one of the reasons it has been difficult to transfer such findings to the clinical situation. However, there have also been

¹ Assael, L.A. Temporomandibular disorders in surgical practice: Does science support treatment decisions? J Oral Maxillofac Surg 67(5) 935-936, 2009

many good studies in recent years and I am hopeful that our ability to manage these sometimes difficult patients will improve considerably in the not too distant future.

Journal: In what ways will the practice of oral surgery change in the next 25 years?

Dr. Laskin: It will change dramatically. We'll see much more minimally invasive surgery – endoscopic rather than open surgical approaches are now being tried in many new situations. The introduction of distraction osteogenesis has made it possible to more conservatively treat some patients that previously required extensive orthognathic surgery. Moreover, this technique can be used instead of bone grafting to reconstruct certain jaw continuity defects. The use of bone morphogenic proteins to stimulate new bone formation will also reduce the need for bone grafts. Tissue engineering will also have an important role in the future by creating biocompatible tissue substitutes. I'm looking forward to seeing an artificial TMJ disk in the not too distant future. Overall, I believe that our surgical treatment will not only be less aggressive, but there will be a trend toward more medical management of the patient as our understanding of the various disease processes improves. I also believe that there will be more cooperation between the specialties in the future. In a multidisciplinary approach the patients will be much better off, but we will have to put aside our egos and our economic interests for this to occur.



A tribute to Dr. Daniel M. Laskin

By: A. Omar Abubaker, DMD, PhD,

Professor and Chair, Department of Oral and Maxillofacial Surgery - VCU School of Dentistry



Dr. Laskin received his D.D.S. degree from Indiana University School of Dentistry and his Master of Science degree from the University of Illinois. He was formerly Professor and Head of the Department of Oral and Maxillofacial Surgery in the College of Dentistry (1973-1983), Clinical Professor of Surgery in the College of Medicine (1961-83), and Director of the Temporomandibular Joint and Facial Pain Research Center (1963-83) at the University of Illinois Professional Colleges. He currently holds the rank of Professor Emeritus at University of Illinois. From 1984 until 2002 he was Professor and Chairman of the Department of Oral and Maxillofacial Surgery in the School of Dentistry and Chairman of the Division of Oral and Maxillofacial Surgery in the School of Medicine at Medical College of Virginia/Virginia Commonwealth University (VCU). He was also Director of the Temporomandibular Joint and Facial Pain Research Center. Since 2003 he has remained in the department as Professor and Chairman Emeritus.

Dr. Daniel M. Laskin has a history of outstanding service, leadership and dedication to the profession of dentistry. He is Past-President of the American Association of Oral and Maxillofacial Surgeons, and also served as Editor-in-Chief of the Journal of Oral and Maxillofacial Surgery from 1972-2002. He is Past-President and former Secretary-General of the International Association of Oral and Maxillofacial Surgeons and also served as the Executive Director of that organization. He also served as President of the American Dental Society of Anesthesiology. He is a member of Omicron Kappa Upsilon, Sigma Xi and a Fellow of both the American and International College of Dentists. He is also an honorary Fellow in Dental Surgery of the Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow. His other honors include an honorary Doctor of Science degree from Indiana University, the Distinguished Service Award from the American Association of Oral and Maxillofacial Surgeons, the Distinguished Alumni Service Award from Indiana University, the William J. Gies Oral Surgery Award, the Heidbrink Award, the Donald B. Osbon Award for Outstanding Educator, and the Virginia Commonwealth University Award of Excellence.

Dr. Laskin has made over 900 contributions to the literature in the field of oral and maxillofacial surgery and in dental research, including sixteen books on the various aspects of oral and maxillofacial surgery, including the temporomandibular joint. He is the recipient of the American Association of Oral and Maxillofacial Surgeons Research Recognition Award and the W. Harry Archer Achievement Award for his studies on the temporomandibular joint, and in 1993 he received the Norton M. Ross Award for Excellence in Clinical Research from the American Dental Association.

During his 25 years on the faculty of the VCU School of Dentistry, he directed the TMJ and Facial Pain Research Center for 20 years, resulting in improved treatment and health for the citizens of the Commonwealth of Virginia. Dr. Laskin is considered as a world expert in the field of temporomandibular disorders. His research in this area, which extends over fifty years, has had a significant impact on how such patients are managed. His introduction of the concept of masticatory myofascial pain and dysfunction (MPD) has led to greatly improved diagnosis of patients with temporomandibular disorders and to a shift in treatment philosophy from irreversible alterations of occlusion and extensive surgical procedures to use of more conservative reversible treatments, thus leading to better patient care.

His teaching philosophies also extended to the dental students, graduate students and residents, who ultimately became more informed practitioners throughout the state. His research activities in the field have been recognized by his being awarded the W. Harry Archer Achievement Award for TMJ research, the Alpha Omega Achievement Medal, and an ADA Presidential Citation. In 1993 he was awarded the Norton M. Ross Award for Excellence in Clinical Research by the American Dental Association. It is no secret that his national and international reputation brought name recognition to VCU and to the Department of Oral and Maxillofacial Surgery at VCU. Such reputation has always been a tool for recruitment of residents to seek training at VCU and for faculty to work with him in the Department.

Dr. Laskin's accomplishments are vast and impressive. However, it is Dan Laskin the person that is the most intriguing. I vividly remember how excited I was the day he called me 18 years ago to invite me to interview for a faculty position at VCU. Dr. Laskin's reputation was legendary and the thought of meeting him was thrilling. After a long day of interviews, he asked me what it would take to come to work at VCU. I replied by saying "All you have to do is to offer me the position." He said, "I am offering you the position." Without hesitation I accepted the offer. I have no memory of negotiating anything else, because the prospect of working with him was reward in itself. Since then, I have never looked back on that decision, except with jubilation and the knowledge that I did the right thing.

I have followed Dr. Laskin's contributions to dentistry and to the specialty of Oral and Maxillofacial Surgery both before and after working with him, and always marveled at his past and continued endeavors. After all these years and despite all the accomplishments, he continues to be an avid reader, a prolific writer, and always very inquisitive and interested in acquiring more knowledge. I am often taken by his never-ending enthusiasm, his eternal energy and continued quest to explore and search for new ideas and solutions. To me, he is a legend. I and all of those who have known him closely (faculty, residents and students) feel lucky, honored and privileged to have had the opportunity to have interacted with him. I consider myself luckier than most, since I have had the privilege of being mentored by him. He has made me a better teacher, clinician and person. I will forever be indebted to him for that.

The Value of Accepting Electronic Payments

By: Scott Johnston

Card payments continue to grow in popularity with consumers, so accepting them becomes even more crucial to your practice's growth. RBS WorldPay provides access – and advocacy on your behalf – to the card associations, including Visa®, MasterCard®, Discover®, American Express® and all of the major PIN-secured debit networks.

Consumers want to pay with credit or debit cards. In fact, over two hundred million MasterCard and Visa card holders in the United States depend on the ability to purchase services and products with electronic payments. Fewer people than ever carry significant amounts of cash or write checks. So don't make their purchases inconvenient.

Do you need special equipment to begin electronic payments processing?

No, not really. There's no special equipment to buy. If you have a PC, you need only purchase Virtual Terminal software, which allows you to authorize, process and manage credit card transactions from any computer that has an Internet connection. And with Virtual Terminal, you have advanced fraud protection measures and comprehensive reporting tools to put the power of the Internet to work – helping improve your bottom line.

How can you lower your cost for accepting cards?

- Given most of your transactions are conducted when the patient is present, you already qualify for lower-risk transactions.
- Switch customers who pay with debit cards to Direct Debit (ACH). These transactions significantly reduce merchant processing costs.
- Offer more payment options, as this can lead to overall lower costs.
- Start accepting ATM debit.

What is an interchange fee and do you have to pay it?

Interchange is the fee you are charged for passing financial transactional information from your payments processor to the card associations and to the banks that issue credit, debit and prepaid cards.

The card associations don't have one set rate that applies to every industry or every sale made. The rate varies based on the way the card information is provided, the type of card used and the kind of transaction.

Can you lower your interchange rate?

It is possible to lower your interchange rate. The lowest interchange rate occurs when a card is swiped through a terminal. If the terminal can't read the card's magnetic stripe, you can key enter the information. However, this increases the interchange rate. If you must key in the information, use a trusted fraud prevention tool (ask your payments processor which to use). If you don't, you'll see the interchange rate rise dramatically.

You can also lower your interchange rate by settling your terminal and transactions at the end of each day. If you settle weekly or monthly, you can count on your rate rising.

What is a chargeback?

When a patient initiates a chargeback, it costs you time and money, so it's important to develop a game plan – the best offense is defense. See the top 10 ways to avoid them:

1. Prepare and maintain legible sales records with complete service and authorization information.
2. Respond to retrieval requests within the required timeframe.
3. Swipe the patient's card and obtain a signature. If the magnetic swipe cannot be read, complete a manual imprint and secure a signed sales draft.
4. For patients who choose recurring billing, make sure they are fully aware that their cards will be billed multiple times.
5. If an incorrect account number was used, re-authorize and re-deposit the transaction using the correct account number.
6. Settle and reconcile batches nightly.
7. Process credits nightly.
8. Authorize all transactions.
9. Do not process a transaction until service has been performed.
10. Do not process a transaction prior to or after the effective date.

Now that you realize the value to your patients of accepting electronic payments and understand how to keep your costs controlled, the next step is a free, no-obligation, consultation on how you can bring this value to your practice.

As an endorsed payments processor of VDA Services, RBS WorldPay is pleased to announce a comprehensive payments program, designed to bring value to VDA Members. As the fastest-growing payments processor in the U.S., RBS WorldPay is a single-source provider of affordable, flexible and scalable business solutions. And, if you act now, you're eligible to select from among several offers, all designed to help you realize exceptional savings.

Contact Scott Johnston of RBS WorldPay today at 804-564-9967.


www.RBSWorldPay.us

DENTAL DIRECT

www.VADentalDirect.com

Educate your Office about Dental Direct – Free Resources are Available

As a member of the Virginia Dental Association, there are resources available to you that can be used to educate your dental office about the only dental benefit that is strongly supported by the American Dental Association and the Virginia Dental Association – Dental Direct Reimbursement and Assignment.

Dental Direct is not dental insurance; it is an alternative dental benefit that is based on simplicity and a dollar-based reimbursement model. There are no networks to join and no fee schedules to follow, Dental Direct patients are essentially fee-for-service patients that have a reimbursement benefit from their employer for dental benefits. The VDA is working to promote these plans to business owners across Virginia and we invite your office to learn more and to help us in our effort to educate people about Dental Direct.

Online, you can find articles, testimonials and how-to guides for your office at the Dental Direct website: www.vadentaldirect.com. Simply click on the tab marked Dental Offices and you will find information that is specifically designed to help the dental office better understand Dental Direct including how to handle a patient who has a Dental Direct benefit and also how to promote Dental Direct to your patients in order to increase the number of fee-for-service patients in your office. A self-funded alternative to traditional dental insurance, Dental Direct is truly a win-win-win for employers, employees and the dental office so please visit the site to find out about all of the great benefits of Dental Direct.

You can also contact the VDA Main Office to request materials for your office. Call (800-552-3886) or email Elise Rupinski (rupinski@vadental.org) to request a reference card for your office, a CD with an educational presentation or to receive materials that your office can distribute to patients to promote Dental Direct.

Successful Practices Don't Happen By Accident

The KEY ESSENTIALS Every Office Needs to Know

Presented by Dr. Rhonda Savage & Teresa Dobbins

VIRGINIA BEACH RESORT HOTEL & CONFERENCE CENTER
VIRGINIA BEACH, VA ~ MARCH 12-13, 2010

Conference Sessions Include:

- Asking For & Attracting New Patients
- The 7 Phases of Patient Communication
- Marketing Plans that Work
- Creative Scheduling Concepts for Maximum Productivity
- Understanding Behavioral Styles
- Avoiding No-Shows and Broken Appointments
- A More Profitable Hygiene Department
- Financial Policies & Collection Techniques



Why postpone success?
You can't afford to delay any longer!

CALL TODAY! 1-800-922-0866
VISIT OUR WEBSITE FOR MORE INFORMATION:
WWW.DENTALMANAGEMENTU.COM



NOTE:
THIS CONFERENCE
COUNTS AS
14 CE CREDITS



"In one year our gross production went up more than 33% and our net income increased more than 50%."

~ Frank Winn, DDS

"This will be one of the most influential courses I will attend (& continue to attend) over the next 30 years. I am amazed!"

~ Dr. Bradley A Purcell

"I have been to this conference five times. I am motivated and renewed each time I attend."

~ Dr. Greg Lynch

PathologyPuzzler

with Dr. John Svirsky



A sixty-three year old white female presented to the Virginia Commonwealth University School of Dentistry with a lesion of her right lip (figure 1). Previously, she had this type of lesion and it usually went away in a week. Her past medical history was uneventful.



Figure 1

1. This lesion most likely is:

- A. Herpes simplex virus
- B. Varicella zoster virus
- C. Cytomegalovirus
- D. Recurrent aphthous stomatitis
- E. Lichen planus
- F. Squamous cell carcinoma

Two days later the patient returned to the clinic in a great deal of pain with the following lesions (figure 2-4) in addition to the lesion in figure 1.

2. What is the most likely diagnosis now?

- A. Herpes simplex virus
- B. Varicella zoster virus
- C. Cytomegalovirus
- D. Recurrent aphthous stomatitis
- E. Lichen planus
- F. Squamous cell carcinoma



Figure 2



Figure 3



Figure 4

Continued on page 24



Commercial Building for Sale or Lease

Conveniently located next to the only health clinic in Bland County. The health clinic has over 21,000 total patient visits per year. Great office space and location for a dental office!

- Very competitive lease rates
- Located right off major highway
- 8 suites at 1,425 square feet per suite

For more information,
call (423) 989-7200.



PathologyPuzzler

Answers 1. A 2. B

Herpes Zoster, also called shingles, is a neurotropic virus that presents as a painful, blistering skin rash with distribution of the affected sensory nerve. This is the same virus that causes chickenpox and once an individual gets chickenpox the virus will remain inactive within nerves. It will have the potential to become active, especially later in life.

The first signs of the disease are unilateral tingling, itching or burning. Following that red patches may develop over the affected area followed by vesicles and fluid filled blisters which remain two to four weeks. During that time they break, form ulcerations, dry and crust over. The crusts are usually gone within a month, but some patients develop scarring with hypopigmentation or hyperpigmentation.

Oral lesions follow the distribution of the trigeminal nerve and classically are unilateral and extend to the midline. This case was unusual: the patient presented with a typical herpes simplex type one (oral herpes) lesion, followed two days later with the typical unilateral distribution of Herpes Zoster (herpes type three).

It is important that the patient receive treatment within 72 hours (ideally within 24 hours of feeling pain and preferably before the blisters appear) with antivirals such as Valtrex (one gram) three times a day for seven to ten days. A number of practitioners also give decreasing doses of prednisone over seven to ten days. Antihistamines are prescribed when needed to reduce itching.

It is estimated one million cases of Herpes Zoster occur each year in the United States. Over half of the cases occur in people over the age of sixty. If you develop Herpes Zoster over the age of sixty, the chances of getting postherpetic neuralgia is over 50%. If under sixty the incidence of postherpetic neuralgia is under 15%. Postherpetic neuralgia is extremely painful, at times incapacitating, and can last from months to years. There is now a vaccine that is recommended in non-immunocompromised adults to prevent Herpes Zoster and the post-herpetic neuralgia. It is thought that adults older than sixty should receive the vaccine as part of routine medical care, but this should be discussed with one's primary care physician.

This case was submitted by Dr. Vincent Sawicki, a faculty member at the Virginia Commonwealth University School of Dentistry.

Peer Reviewed Members-Only Benefits Supporting the VDA



INSURANCE

For you, your family and your dental office

B&B Insurance Agency 877-832-9113

For all of your insurance needs. Full service agency for health (including endorsed **Anthem**), life, mal-practice (including endorsed **Medical Protective**) home, disability, auto, workers comp., long-term care and much more.

FINANCIAL SERVICES

For you and your dental office

Credit Cards and CDs 866-438-6262
Bank of America

Practice Financing 800-491-3623
Banc of America Practice Solutions

Patient Financing 800-300-3046
CareCredit Ext. 4519

Collections 804-282-9007
Transworld Systems/Green Flag

PRODUCTS & SERVICES

For your dental office

Amalgam Separators 508-393-5115
Solmetex

Electronic Claims & Merchant Services
MDE — 866-633-1090
RBS WorldPay — 866-495-6547

Stand-alone credit card transactions through **RBS World-pay** or fully integrated credit card and real-time electronic claim transactions through **MDE**, **RBS** and your practice management software.

Gloves *MicroFlex and SemperMed* 877-484-6149
VDA Services Gloves

Payroll Services 800-729-2439
Paychex

VDA Services is a service mark of the Virginia Dental Association. VDA Services is a program brought to you by the Virginia Dental Services Corporation, a for-profit subsidiary of the Virginia Dental Association.

DENTISTS CAN HELP DETECT EATING DISORDERS



By: Carlton V. Horbelt, DDS,
FADPD, FACD, FICD, FPDF,
FADI, DPNAP, DABSCD,
*Director of Dental Services –
West Tennessee Regional Office*

Reprinted with permission from **Inter Face** a publication of the Special Care Dentistry Association. www.scaonline.org

According to The National Eating Disorders Association (NEDA), approximately 10 million women and one million men are affected by eating disorders such as anorexia nervosa and bulimia nervosa. This organization also estimates that another 25 million people suffer from binge eating disorders.

Dentists are becoming the first line of defense when it comes to identifying patients with eating disorders. There are several signs and symptoms present in the mouth that indicate a patient may have an eating disorder. These identifying signs include the following: bad breath, sensitive teeth, tooth erosion, tender mouth, throat and salivary glands, worn teeth that appear almost translucent, mouth sores from excess vomiting, dry mouth, cracked lips, and bleeding gums.

Maharukh Kravich, DDS, spokesperson for the Academy of General Dentistry, made the following statement: "The damage from purging (forced vomiting) mostly occurs inside the upper front teeth which causes erosion of the tooth's enamel, sensitivity, thinning and chipping." When a person purges (forced vomiting), stomach acids are brought into the mouth and damage the enamel layer on the teeth.

When a dentist does notice signs and symptoms of an eating disorder, he or she may suggest that the patient seek help from a therapist. The dentist should also teach the person ways to minimize the damage caused by stomach acids in the mouth. One such technique is to tell the patient that if he or she purges, it is very important to immediately rinse the mouth with soda water or a sugar free mouthrinse. If neither of these products are available, then the patient should at least swish water around in their mouth and then brush with a soft toothbrush and fluoride toothpaste. According to Dr. Kravich, "This is especially helpful if the signs of eating disorders are caught early." The National Eating Disorders Association makes the point that early detection of these diseases may ensure a smoother and successful recovery period for the body and the teeth.

Unfortunately, eating disorders such as bulimia and anorexia are not always discovered early enough to prevent serious damage to the teeth, and to the person's body. A child's parents may not notice any of these signs or realize that they are indicative of an eating disorder. However, they are most probably taking their child for regular dental visits, and hopefully, their dentist will catch these signs and symptoms during the intraoral exam.

Dr. Julie Barna, DMD, MAGD made the following statement: "Parents that suspect a child suffers from one of these disorders should consider visiting a dentist." "He or she should be able to spot the warning signs and help point you in the direction to get help."

Editor's Note: Dr. Horbelt passed away November 10, 2009.

Extraoral

By: Dr. Elizabeth M. Wilson



Guns, Germs, and Steel

The Fates of Human Societies

ISBN: 13-978039061314

Publisher: W. W. Norton & Company, Inc.

Jared Diamond's opening line for this outstanding book is as follows:

"This book attempts to provide a short history of everybody for the last 13,000 years."

I remember being startled by that - what I thought to be a preposterous comment. Everybody? For the last 13,000 years...? Yet I was excited to dig in. Let's find out, I thought. And, Mr. Diamond absolutely delivers. As the back jacket copy notes: "A book of remarkable scope, a history of the world in less than 500 pages which succeeds admirably..."

He writes: "Why did history unfold differently on different continents?" Diamond's main thesis is interesting to a relative newcomer to the topic. Essentially he's asking why did some populations develop "faster" across our world than others.

Common assumptions, he argues, cite biological differences, i.e. intelligence. Instead, he introduces us to what he calls "environmental differences". One might consider local animals, available plants and vegetation to be just a few of these environmental differences he posits. And his conclusions are fascinating.

For example, early in the book he traces the "spread of ancestral humans" (by itself very interesting!) and how their new environments affected their eventual development as a society. Our origins are now believed to be in Africa, where we as apes and later humans co-evolved with large game or animals. When we ventured into new areas, invariably we killed off most or not all of this large game (with some exceptions; also Diamond does explore other lines of thinking here as to the extinction of so many animals but thoughtfully concludes that we are responsible). Consequently, without this selection of game, people could not discover the ability to domesticate them.

The obvious animals come to mind like the horse and the donkey. But as Diamond points out, what if? What if some of these large species were still around to be utilized by some of the societies we now recognize as under civilized?

And this is crucial for what I believe is his main message: it's all about food production. The peoples that could succeed in food production, would themselves succeed. As most of us imagine food production across history, we see horses, mules and other animals labor. Not human labor. So, if there's no animal labor, food production remains in the hunter-gatherer state.

As an aside, I should note that Diamond does not necessarily conclude that success is predicated on "civilization". He carefully explains that what is natural in one culture, like finding your way around easily in a new city, is not natural in another. He uses himself by way of example, recalling how when he was plopped down in the "jungle" for research, he couldn't follow simple trails or create shelter for himself which the local population found humorous, so second nature are those activities to them. All people have their merits. Diamond's view is that "The history went differently". That is what provokes the many questions, the many "whys".

I don't want to give away the book, because it does read like a mystery. Diamond sets up his questions early on and gives hints to the answers. His title announces the main actors, and his storytelling is subtle, while engrossing.

This Pulitzer Prize winning work is awash in detail, examples, and counterarguments. The book was published in 1998 and today's copies include an equally provoking afterword from 2003. Enjoy!

"Don't make it easy for a patient to say no."

Dr. Perkinson shares advice: 25 ways to survive

By: Richard F. Roadcap, D.D.S., Editor



Dr. W. Baxter Perkinson, Jr.

to his business and professional acumen, he is widely known for his artwork – over 200 of his watercolors are displayed in the new dental school facility. He said if pressed to choose between his art and his dental career, he'd gladly give up painting. At age 64, he has no plans to retire from chairside dentistry.

VDA members and staff not only derived the benefit of Dr. Perkinson's advice (at no charge) but also were treated to drawings for prizes: mugs and T-shirts featuring his artwork, as well as framed original watercolors. No one left empty-handed – everyone received a copy of his signature 2010 calendar. Membership in the VDA doesn't confer immunity to economic distress. It does give members opportunities, such as this, to refine their business and management skills. Those outside the community of organized dentistry will have fewer such opportunities. Nearing the end of his program, Dr. Perkinson reminded the audience how lucky dentists were to have the ADA to represent them. He noted that the American Medical Association, representing only 20% of physicians, is unable to influence the debate over health care reform. The ADA, with its 70%-80% market share, wields much greater influence with policy makers and legislators.

Why do some dental practices prosper and others decline during an economic downturn? Dr. W. Baxter Perkinson, Jr. shared his insights, gleaned from over thirty-five years of highly successful practice in the Richmond area, with more than 75 doctors and staff on November 6, 2009. Sponsored by the VDA as a member benefit, the course, held at the Country Club of Petersburg, was offered free to members and their staff. Titled "25 Ways to Survive and Succeed in Tough Economic Times", his distilled wisdom is better known – to those who've heard him many times – as "Perkinson's Pearls".

He emphasized there was no one thing, or even a list of "bullets" on PowerPoint®, that could capture the essence of a successful practice. Rather, it was the assiduous application of fundamentals that characterized practices that grew without regard to the economic climate. Not only patient care, but also prevention, self-confidence, time management, business principles, staff development, and community relationships, were essential to success. Dr. Perkinson says gratitude for the dental care he received as a child from the Medical College of Virginia (now VCU) dental school led him to pursue a career in dentistry. He has since assembled the largest group practice in Virginia, with forty dentists and nearly 240 employees. In the summer of 2009, a four-story, 55,000 square foot, addition named in his honor was dedicated at the school.

His remarks were illustrated with quotes to remember: "Expect change constantly." "Find empathy for your patients." "Don't make it easy for a patient to say no." "A denture is like a wooden leg." "Children influence their parents greatly." "Never forget the importance of details." In addition

Looking for your "Patient's Page"?

Kicking the nicotine habit.
Simply go to the ADA website
at this address:

http://www.ada.org/prof/resources/pubs/jada/patient/patient_81.pdf



Virginia Dental Association Hosts 2010 Big Sky Ski 'n Learn Seminar

March 13-20, 2010

Big Sky Resort in Big Sky, Montana



The Virginia Dental Association will join at least ten other states in hosting a Ski 'n Learn Seminar at Big Sky Resort in Big Sky, Montana, March 13-20, 2010. Other state dental associations co-sponsoring the trip include Alabama, Indiana, Kentucky, Maryland, Missouri, Montana, Oklahoma, South Dakota, Tennessee, and West Virginia.

This will be our sixth consecutive trip to Big Sky. Over fifty dentists from eleven states participated in the 2009 trip.

Montana is known for its vast, beautiful landscapes and at Big Sky, there's no exception. Big Sky Resort is Montana's largest destination resort, featuring uncrowded skiing on 3,600 acres with a vertical rise of 4,350 feet. World-class skiing and riding is spread across three interconnected mountains with 150 trails and 400 inches of annual snowfall. With two terrain parks, a half-pipe, and the Lone Peak Tram whisking skiers and riders to 11,150 feet, Big Sky is the choice of many winter enthusiasts from around the globe.

Continuing Education

The Ski 'n Learn Seminar offers 16 hours of continuing education held Monday, March 15 through Thursday, March 18. A morning session will be held from 7:30-9:30 a.m., with an afternoon session from 4:30-6:30 p.m. A full breakfast will be served to seminar attendees at the morning sessions and snacks and beverages are offered during the afternoon sessions.

Lodging

Huntley Lodge - This three-story hotel was part of the late NBC news broadcaster Chet Huntley's original vision. With recent remodeling, it is as tasteful as it is convenient. The Huntley complex includes a fine dining room, lounge, coffee cart, concierge, shops, ski storage, meeting rooms and Solace Spa.

Shoshone - Shoshone combines the service of a hotel with the comforts of a condominium. This recently remodeled seven-story landmark is attached to the Yellowstone Conference Center and Huntley Lodge. Solace Spa, shops, espresso cart, and Kids Club are located in the lobby.

The Summit - This 10-story luxury complex combines the convenience of a hotel with the amenities of a condominium. Flexible lock-offs allow for many

sleeping configurations. The Summit melds European sophistication with Western style with three high-capacity lifts within 100 yards of the entry. Big Horn - Big Horn Condominiums are truly a home away from home. These units are spacious, well-planned and especially comfortable for groups. Enjoy views of Lake Levinsky and Lone Mountain.

Transportation

Located just 45 miles south of Bozeman, Montana, and only 18 miles north of the Yellowstone National Park border, the resort is easily accessible via jet service into Bozeman on Northwest, Delta, United, Horizon, and Skywest Airlines. Ground Transportation is available by way of rental car or shuttle.

Resort Amenities

Located at the base of Lone Mountain, the complex includes meeting rooms, an amphitheater, a scenic Main Dining Room, Chet's Bar, two outdoor heated pools, jacuzzis, saunas, a health facility, tennis and volleyball courts, a massage studio, and retail shops all in the same area. Next door is the Mountain Mall, providing additional restaurants/bars, shops, and services.

Skiing and Recreation

The skiing at Big Sky is truly legendary. The experience is based on huge vertical, tremendous elbow room and breathtaking scenery. The facts tell the story -- two mountains, 3,600 acres, seventeen lifts, 400 inches of light, dry snow annually, no lift lines and the nation's 2nd largest vertical drop of 4,350 feet. Group ski rates will be available for registered attendees.

And when you're not skiing, the Big Sky area offers plenty of winter activities like snowmobiling and wildlife viewing in Yellowstone National Park, snowshoeing, sleigh ride dinners, ice skating, free children's après ski activities, or relaxing with a spa treatment from the Solace Spa.

How To Register

For registration information contact the Alabama Dental Association by calling (800) 489-2532, fax (334) 262-6218, or email greger@aldaonline.org.

YOU Be The Judge:

An Invitation to sponsor the future of dentistry.

You are invited to represent the Virginia Dental Association as a judge at the Virginia State Science and Engineering Fair on April 3, 2010. The fair will be held on the campus of Old Dominion University in Norfolk.

You need not have had experience as a science fair judge. All that is needed is a willingness to share your expertise and time with some of Virginia's most science -talented high school students.

VDA's awards recognize the research accomplishments of these bright, young people. Their projects involve the entire spectrum of science. During your one-on-one interviews you will be able to discuss the wonders of dentistry and what our noble profession offers them as a career choice.

At this event over 250 student researchers compete for a variety of awards presented by numerous scientific and professional organizations. In recent years the VDA's generous awards; which include \$3,500 in cash, have become a highlight at the Fair's awards ceremony. You are welcome to attend this exciting event as well. You will experience a level of enthusiasm, energy and excitement rivaled by few others. VDA's grand award is the "Dr. Bennett A. Malbon Prize" for excellence in science and community service. The recipient of this award takes home \$1,600 and a handsome plaque commemorating Dr. Malbon's contributions to dentistry and his community.

Participating as a VDA judge is a great opportunity for you to actively sponsor the future of dentistry, support your community and really make a difference.

All VDA members, including student dentists, are cordially invited to join their colleagues at the Virginia State Science and Engineering Fair, Saturday, April 3, 2010 at Old Dominion University in Norfolk.

To sign up as a VDA judge please e-mail Kate Hanger at hanger@vadental.org. Be sure to give your name, mailing address, phone and fax numbers.

Dr. Tim Russell and the Fair administrator will send you further details in early March.



Editor's note: the following announcement is for information purposes only and does not imply endorsement by the VDA Journal of any products or services.

Anthem Blue Cross and Blue Shield in Virginia Introduces Two New Agreements

If you are currently participating in one of Anthem Blue Cross and Blue Shield's networks, which are developed by Southeast Services Inc. (SSI), you are aware that your participation is through a combined agreement that includes medical dental and dental only services. An affiliate of Anthem, SSI is responsible for the establishment, maintenance and administration of Anthem's provider networks.

The company is pleased to announce the replacement of the existing agreement with two new agreements -- a medical dental agreement and a dental only agreement. Anthem expects to mail an amendment in early January 2010. The amendment will include new agreements, exhibits and an executive summary highlighting the changes to the existing agreement.

Anthem is excited about this change and believes it will highlight the value of dental services for Anthem members and provide you with easier ways to deliver these services.

On behalf of Anthem, thank you for your continued participation in these provider networks. The company looks forward to working with you in the future.

VDA Supporting Two Bills In Upcoming General Assembly Session

Chuck Duvall and Denny Gallagher, VDA Lobbyists

Insurance Companies Attempt to Mandate Fees for Non-Covered Services: VDA Seeks Legislative Solution to Growing Problem On Behalf of Dentists

The Issue

Some dental insurance companies are seeking to mandate fees for procedures that they are not paying for.

The dental insurance companies are amending their contracts or putting new contracts in front of dentists that set the fees dentists can charge not only for covered procedures, but also for those procedures not covered by the policy.

These contracts also set the fees dentists can charge after a patient has exhausted the maximum level of benefits available under that policy.

David versus Goliath

Ninety-two percent of all dental practices involve one or two dentists and it's unrealistic to think that the typical office can bargain effectively on these new contracts with multi-state and multi-million dollar insurance companies.

Dentists are restricted under the antitrust laws from joining together to negotiate collectively with dental insurance companies about these amendments and contracts, and may face exclusion from a dental insurance network if they don't accept the terms of these new amendments and contracts. Any decision on any insurance contract or amendment should be made by each dental practice independently.

Impact On Your Patients

Patients covered by dental insurance companies that don't have these contracts, and patients without dental insurance coverage, will carry more of the costs for high quality dental services. This is simply not fair.

The VDA's Response

While collective action to negotiate with dental insurance companies on behalf of its members is not permitted under the anti-trust laws, it is permissible for the VDA to seek legislative solutions to this growing problem.

Senator William Wampler (R-Bristol), at the VDA's request, has introduced legislation in the 2010 General Assembly that limits insurer imposed caps and fees and reimbursements under dental plans only to "covered services."

The bill defines "covered services" to mean only those services that the dentist or oral surgeon has agreed to provide on behalf of the plan.

Finally, the bill excludes from the definition of "covered services" services to patients who have already met or exceeded a policy's annual limits.

VDA Pursues Legislation To Regulate Mobile Dental Clinics

The VDA's ongoing efforts to protect Virginia's children moved to the General Assembly in January with a bill to provide permanent statutory authority for regulations governing mobile dental clinics.

Acting at the VDA's request, the 2009 General Assembly added language in the state budget directing the Board of Dentistry to adopt emergency regulations protecting patients' safety when dental services are rendered by mobile clinic operators.

The VDA's concerns last winter centered on dental services being provided from mobile units to Medicaid-eligible students in certain Virginia school systems. The VDA was worried that follow-up care that might be required in some circumstances would not be available or provided to some of these students.

Emergency regulations developed by the Board of Dentistry in response to the General Assembly's 2009 mandate took effect earlier this month. What's needed now is permanent statutory authority to make sure that these regulations can be enforced beyond the confines of the current budget.

YOUR VOICE can and will make an impact. As always, we encourage your participation in expressing concern about these very important issues to your legislators- make a phone call, visit their offices, and send them information on the issue. Please contact Laura Givens at 804-261-1610 or givens@vadental.org with questions, concerns and updates on the progress of these bills. Thank you for your interest and efforts!

***If you would like to electronically receive information regarding VDA legislative issues and efforts in the future, we encourage you to share your email address with our membership department. Please contact Leslie Pinkston at pinkston@vadental.org if you would like to submit your email address.**



Virginia Dental Association

VADPAC

Virginia Dental Political Action Committee

Take Political Action for your Profession in 2010

The 2010 Virginia General Assembly begins their session this month. Legislation, introduced by Senator William Wampler of Bristol at the VDA's request, will limit insurer-imposed caps and fees and reimbursements under dental plans only to "covered services."

Your involvement in VDA legislative efforts in 2010 is more important than ever. We encourage you to visit with your legislators on the hill regarding this issue. Also, send in your contribution to the Virginia Dental Political Action Committee (VADPAC), if you have not already.

Contact Laura Givens at 804-261-1610 or givens@vadental.org for more information on how to become more involved in VADPAC efforts. YOU can make a difference by effectively advocating for your profession.

VADPAC Fundraisers 2009

VADPAC appreciates VDA member involvement in steering committees to make these fundraising events successful. We also thank all members who were able to attend and contribute to these successful fundraising events.



Dr. Craig Dietrich, Dr. Martha Cutright, Dr. Barry Cutright, Dr. Peyton Moore, Delegate Ward Armstrong, Dr. Christopher Payne, Dr. John Rhoday and Dr. Raymond Mallinak.

Delegate Ward Armstrong Fundraiser in Martinsville

Drs. Craig Dietrich and Ed Snyder co-chaired a fundraiser for Ward Armstrong, Minority Floor Leader. The event was held at the Chatmass Country Club in Martinsville Virginia on September 24, 2009. Delegate Armstrong represents the 10th district of Virginia, encompassing Patrick County and parts of Carroll County, Henry County and the City of Martinsville. VDA member dentists were given the opportunity to speak with Delegate Armstrong and express their support for him and appreciation for his support of the dental profession.



Dr. Ellen Byrne, Delegate Lacey Putney and Dr. Carol Bolling

Delegate Lacey Putney Fundraiser in Forest

The VDA held a fundraiser for Delegate Lacey Putney at the Inn at Trivium on September 10, 2009. Dr. Ellen Byrne, Dr. Jim Revere and Dr. Ron Hunt, all from VCU School of Dentistry, brought together friends and family members to honor and show their support of Delegate Putney, a strong adherent of the profession. Delegate Putney, who has served in the General Assembly for 47 years, represents the 19th district of Virginia, which encompasses the city of Bedford and parts of both Bedford and Botetourt counties.



Sara Ness, Dr. Greg Ness, Dr. Charlie Cuttino and Dr. Carol Pratt

Dr. Carole Pratt Fundraiser in Richmond

Drs. Charlie Cuttino and Anne Adams invited VDA members and friends to their home in Richmond on September 16, 2009 to support their friend and colleague Dr. Carole Pratt. Dr. Pratt is running for a seat in the house to represent the 6th District of Virginia, which includes Bland County and parts of Giles, Pulaski, Tazewell and Wythe Counties. Friends and VDA member dentists attended the event to show their support of her campaign and her ongoing efforts to protect the dental profession and advocacy for access to care.

Delegate Dave Nutter Fundraiser in Blacksburg

Dr. and Mrs. Wally Huff hosted a fundraiser for Delegate Dave Nutter at their home in Blacksburg on August 27, 2009. Delegate Nutter represents the 7th District of Virginia, including parts of Montgomery and Pulaski counties and the City of Radford. The event was attended by friends and dentists from the area, who gratefully showed their appreciation of Delegate Nutter's efforts in supporting the dental community.

Speaker Bill Howell Fundraiser in Fredericksburg

Dr. Bob and Martha McGrail hosted a reception for Speaker Bill Howell, and his wife Cessie, (their next door neighbors) at their home in Fredericksburg on October 15, 2009. Dr. John and Linda Coker served as co-hosts. The Speaker represents the 28th district of Virginia, which includes the City of Fredericksburg and parts of Stafford County.



Dr. Bob McGrail, Speaker of the House Bill Howell, and Dr. John Coker

Abbott, Michael A	Bertman, David	Clarkson, Carrie L	Dillow, Walter R Jr	Forste, Steven G	Grubbs, John T
Abdelrazek, Jailan M	Betzold, William F	Claybrook, Robert A Jr	DiRenzo, Gregory S	Fosque, Fletcher D	Grupp, William A II
Abel, Anna V	Binda, Robert L Jr	Cleckner, Dennis E	Divalentin, Robert E	Foster, Richard D	Guthrie, Alfred R Jr
Abrahams, Rodney R	Bird, Eliot W	Clemons, Mark D	Dollar, James F	Fowler, J T	Gutierrez, Jerel D
Adams, Anne C	Bisson, Ruby E	Cline, Matthew W	Donahue, James J	Francisco, Peter M	Gwaltney, Steve
Adams, Kathleen A	Clisso, Monica L	Cloth, Mark S	Donahue, James W	Frank, Harold L	Gyuricza, James L
Adams, Randy	Bivins, William T	Cochran, Brian G	Donohue, Richard F	Frazier, Rita W	Hagert, Christie L
Addington, Jerry W	Black, David E	Cocolis, Peter K Jr	Doriot, Robert E	Frey, Gilbert J Jr	Haggerty, Kenneth M
Ah, Michele K	Blackburn, Jefferson T	Coffelt, Marie P	Dorsch, Steve S	Friedlander, Mark S	Haines, Gary W
Ahmadian, Hossein	Blanchard, Deborah R	Coker III, William L	Dougherty, William V III	Friend, Sarah R	Hall, Michael E
Akeel, Ed A	Blanchette, Mark E	Cole, Gregory A	Downey, Ronald G	Fuchs, Steven	Hall, Robert B Jr
Alachnowicz, J David	Bluhm, Andrew E	Collins, Michael J	Drake, Sandra	Fuentes, Agnes	Hall, Robert G
Albinder, Kenneth	Bogacki, Katherine R	Collins, Timothy E	Dreelin, Robert A	Fuhrmann, Ronald C	Hamer, David B
Alejandro, Rodney A	Bogacki, Russell E	Conrad, Paul W	Driscoll, Robert M Jr	Fuller, Ross	Hamlin, Daura C
Alexander, John M	Bok, Jae Kwon	Cook, Phillip M Jr	Dryden, James S Jr	Funda, Ann-Marie	Hamman, Frances K
Ali, Wissam F	Bolick, Donald S	Cooke, Tom S III	Duff, James S III	Galstan, Samuel W	Hammoock, Mark A
Allara, Jack M II	Boone, Melanie	Cooper, Kevin C	Dumlaro, Rustico	Gambrel, Madelyn G	Hammond, Albin B III
Allen, W H Jr	Boswell, Cramer L	Copas, Jeffrey M	Dunegan, Michael G	Gardner, E D	Hanley, Michael R
Allison, William H	Botuck, Henry M	Copenhaver, Richard G	Dunham, Elizabeth O	Gardner, Steven E	Hanna, Peter J Jr
Alouf, Stephen	Bowen, Thomas P Jr	Cocoran, Theodore P	Dunlevy, Harry A	Gardner, William A	Hanna, W B
Alvis, Stephen G	Bowler, Michael W	Cornette, William R	Dusek, Thomas O	Gardner, William G	Hardin, Michael T
Anama, Steven N	Bowman, Shannon G	Cottrell, Richard W	Dymon, William D	Garnes, Richard	Harman, Marvin D
Andersen, Holly H	Boxx, Eric W	Covaney, Michael	Economides, Mino	Garrett, Steven G	Harper, William G
Anderson, A. Scott III	Boyd, Herbert R III	Covaney, Sharon C	Edenfield, Michael E	Garrison, C M	Harre, John W
Anderson, Bradley R	Boyle, Richard P III	Covel, Jerome A	Edmonds, Robert M	Gaskins, Charles E III	Harris, Charles E
Anderson, David C	Bradshaw, J Dwight D	Covington, William D	Ehreto, John S	Gates, J L	Harris, Jeffrey A
Anderson, Lisa M	Brady, Timothy J	Cox, Gregory R	Eichler, Thomas J	Gendron, Gregory T	Harris, Monroe E Jr
Anderson, Ralph L	Brandt, Jason D	Cox, Robert Y	Einhorn, Bernard I	Gentry, Garland G	Harris, Paul W
Andrew, Sandra	Brandt, Matthew T	Cox, Thomas Y	Elgazzar, Mohamed F	Gentry, Robert B	Harris, Sharon F
Ankrum, Matthew T	Brannon, Lawrence S	Cox, William R Jr	Elgohary, Anthony A	George, Robert W	Harrison, Glenn A
Anthony, Richard L	Brassington, Bryan A	Cox, William W	Elhady, Tamer N	Gerald, Glenn D	Hartman, Gary A
Argentieri, Robert D	Bream, Alan J	Crabtree, Mark A	Elias, Thomas G	Gerard, Scott E	Hartman, Gary A
Armour, William O	Breedon, Steve	Cranham, John C	Ellenbogen, Gary F	Geren, James D	Hartman, Melanie Wilson
Arnaud, Richard A	Brendmoen, Sara T	Crawford, Carrington W	Ellington, Paul	Gharagozloo, Mary	Hartmann, Paul K
Artzer, Mark B	Brigleb, Richard C	Crawley, Theresa Y	Ellis, David L	Ghatari, Ali Y	Hartz, Gary L
Arzadon, Joseph E	Brill, Byron A	Creal, Albert F Jr	Ellis, Jonathan H	Gh-Zolghadr, Mandana	Harvey, David M
Asam, Stephen A	Brinsler, Paul W III	Crist, Frank C Jr	Ellis, Robert B	Gibberman, Avi B	Harvey, Paul D
Ashton, Gary J	Broth, Stuart A	Crist, Jason S	Emad, Neal R	Gibberman, Paul	Hatch, Steven D
Atkins, Carl O Jr	Brown, Amanda E	Crockett, Donald H Jr	Emam, Atiyeh	Gibbons, Walter S Jr	Hatcher, William R
Attreed, Elizabeth M	Brown, Donald R	Crowder, Curtis R Jr	Engel, Gregory T	Gigliotti, Frank B	Hauptman, Ronald S
Austin, Keith H	Brown, Townsend Jr	Crowder, E Paige	English, Sam E II	Gillespie, M Joan	Hearne, Steve P
Ayati, Marjun	Brownstein, Morton A	Cruser, Melvin E III	Epstein, Jerrold H	Gilliam, George D	Heath, Richard T
Ayers, Charles E	Bryant, Joseph C	Crutchfield, William E	Epstein, Ross	Glascock, W S	Hechtkopf, Michael J
Babcock, Daniel M	Bubermak, Fred A	Cujar, Ana Maria	Eschenroeder, Thomas A	Glasgow, Matthew W	Helse, David F
Babik, Majd J	Bukzin, Jay M	Cumbey, James L Jr	Etheridge, Daniel M	Glikman, Sandra M	Helton, Donna F
Babington, William W	Bukzin, Mitchell J	Cusumano, Joseph	Evans, Candace E	Goad, Marlon A	Hemedan, Nada
Bagden, M A	Burch, Stephen E	Cuttino, Charles L III	Evans, Candace E	Godlewski, Richard J	Hendricks, Arthur C
Bagheri, Desiree A	Burden, James A	Cyr, Jeffrey E	Evans, Candace E	Golden, Alan H	Henon, James P
Bailey, Anthony D	Burger, Brenton W	Dabney, Charles W	Evans, Candace E	Golden, Richard K	Henry, Rolin S
Bailey, Jeffrey C	Burke, Carol P	Dailey, George C	Evans, Candace E	Goldstein, Stephen M	Henry, William C
Bailey, Stephen W	Burke-Fox, Mary E	Dameron, Karen C	Evans, Candace E	Golian, Timothy J	Herbst, Heidi A
Baisey, Teresa A	Burningham, Tyler	Daniels, Sandra D	Evans, Candace E	Golich, Scott J	Herrford, Susan E
Baker, J P	Burns, Donna A	Daniels, William L	Evans, Candace E	Golub, Mark E	Herman, Barry L
Baker, James W	Butler, Corydon B Jr	Davis, Debra A	Evans, Candace E	Good, John A	Hermelin, Mark
Ball, Mark S	Butts, David L Jr	Davis, George E III	Evans, Candace E	Goodloe, John L III	Herring, Carolyn C
Ball, Shari L	Byers, Paul G	Davis, Jeffrey P	Evans, Candace E	Goodwin, Clifford T	Herring, Nelson
Bambrey, Dina E	Byrne, Bridget E	Davis, Jeffrey S	Evans, Candace E	Gordon, Mark R	Herrmann, Henry J
Banaji, Girish	Cabaniss, Charles K	Davis, Michael J	Evans, Candace E	Gordon, Marshall P III	Higginbotham, Henry K II
Bang, Jeffrey E	Cahoon, Roger H	Davis, Ronald C Jr	Evans, Candace E	Gore, Michael S	Hilton, J E Jr
Banker, Lawrence K	Callery, William F	Day, Jeffrey	Evans, Candace E	Gorman, Michael H	Hilton, Ronnie M
Banks, Robert J	Candler, Robert A	Dean-Durre, Lynda N	Evans, Candace E	Gossai, Krista N	Hindman, Edward Jr
Baranker, Howard J	Caravas, Jerry G Jr	Dearment, Damon W	Evans, Candace E	Gouldin, A. Garrett	Hinkle, Richard A
Barbieri, Steven J	Carter, John C	DeGander, Bruce R	Evans, Candace E	Graham, David B	Hinrichs, Robin E
Barrett, Charles H	Carter, Roy T II	DeLaney, Jayne E	Evans, Candace E	Graves, Stuart L	Ho, Charlton
Barton, Daniel M	Cash, Allan H	Delgado, Edward B	Evans, Candace E	Ferguson, Julie S	Ho, Stewart C
Bassham, Deborah A	Cash, Lawrence H	Delph, Bradley	Evans, Candace E	Ferguson, Justin W	Hoang, Long
Bates, Richard W	Cathey, Henry A Jr	DeMayo, Thomas J	Evans, Candace E	Fernandez, Miguel	Hobbs, Jesse A
Bath, Gregory D	Cattafesta, Michael	Demsco, Harold F	Evans, Candace E	Ferris, Phillip S	Hodges, Jeffery E
Batistas, Theofaniy J	Cavallari, Kenneth J	Denison, John J	Evans, Candace E	Ferry, David R	Hoffman, Howard
Baum, Philip J	Chamberlain, Dana H	Desio, Joseph G	Evans, Candace E	Field, Sheila R	Hogan, Adam M
Bays, Thomas F	Cherina, Jack I	Deutsch, Charles M	Evans, Candace E	Fields, Julian W IV	Hollyfield, Neil D
Beam, David R	Childress, David D	Devening, D C Jr	Evans, Candace E	Filippone, Louis C	Hooper, Christopher A
Becker, Sidney	Chun, Edward	DeVese, David M	Evans, Candace E	Fink, Bernard B	Hooshangi, Mitra
Bell, Alonzo M	Circeo, David C	Deyerle, William A	Evans, Candace E	Finley-Parker, Kathryn S	Hoover, Jared
Bell, Hunter C	Citron, Albert A	Diaz, Jennifer H	Evans, Candace E	Finnerty, Raymond J	Hopkins, Thomas U
Bell, John A Jr	Claiborne, Shane R	Dickinson, Terry D	Evans, Candace E	Fisher, William T	Horbaly, William
Beltrami, Marco A	Clarke, Jerry C	Dietrich, Craig B	Evans, Candace E	Fitzgerald, David K	Horsely, Gustav D
Bennett, William J	Clarke, Stephen M	Dillon, Kathleen G	Evans, Candace E	Fleming, Harold A	Hosek, Eric
Berbes, William C			Evans, Candace E	Flekeid, Robert C	Hoskins, Robert G
Berman, Scott C			Evans, Candace E	Foretich, Jerome F Jr	Houchins, Nathan
Bernhard, Elizabeth A			Evans, Candace E	Forrest, David L	Householder, Ronald W
Bernhart, Brendan J			Evans, Candace E	Forsbergh, Eric J	Howard, Clinton W
Bernstein, Allen D			Evans, Candace E	Forsee, James H Jr	Howard, Gregory D

Howell, John N II
Howell, R L Sr
Howell, Ralph L Jr
Howell, Robert W
Hoye, James R
Hubbard, Maury A Jr
Huddle, David F
Huff, Christopher B
Huff, Wallace L
Hughes, Benjamin G
Hughes, David R
Hughes, Gregory S
Hughes, Herbert M
Hughes, Timothy J
Hukmani, Navin
Hunt, Elizabeth D
Hunt, John F III
Hunt, Michael G
Hunt, Ronald J
Hunt, William S
Hunter, Amy S
Hurt, Alfred D Jr
Hutchison, Bruce R
Hutson, Hammond M
Iervolino, Robert A
Inouye, David K
Ishom, Thomas J
Iuculano, Giovanni P
Iuorno, Frank P Jr
Jackomis, William R
Jackson, Ronald D
Jacobs, George A
James, James H
Jarrell, Whitney S
Java, Robert G
Jay, Bruce W
Jelinek, James W
Jenkins, Charles W
Jessup, Ronald D
Jett, Lynn T
Jewell, Larry R
Joachim, Richard J
Johnson, Fred D Jr
Johnson, Geoffrey E
Johnson, James K
Johnson, Robert A
Johnston, Carroll A
Jones, David C
Jones, Frank D
Jones, Herschel L
Jones, Leonard A Jr
Jones, Michael L
Jones, Perry E
Jordan, Ralph
Julian, James P
Kaihara, Gary
Kail, James J
Kallias, Geith J
Kan, Maryann
Kaplan, Marvin I
Kasperowski, Chad
Kaugars, Claire C
Kayes, Stanley F
Keene, Carla
Keeney, Kanyon R
Kelley, Howard L
Kelly, Isabel L
Kemper, James C
Kendig, Robert O
Kenney, Jeffrey N
Kesser, Howard L
Kessler, Fred N
Kevoorkian, George Jr
Kilbourne, James E Jr
Kilbourne, Michael S
Killar, Curtis J
Kim, Robin S
Kim, Sonny S
Kimble, Glenn A
King, Christopher T
King, Hoang N
King, John W
King, Patrick D
King, Robert D
Kirksey, Charles D
Kitchen, Kim I

Kittrell, John S
Klamut, Kenneth M
Kleine, Jared C
Klima, Rodney J
Kling, John D II
Klioze, Earl E
Klioze, Jeffrey I
Knight, John H
Knight, John Jr
Knotts, Cindy J
Kokel, Deidra L
Kokorelis, Michael J
Konikoff, Stephen E
Kontopanos, Gregory K
Korpic, Louis J Jr
Kotler, Lawrence M
Koussa, Mai Y
Krempf, Robert J
Krochmal, James E
Krone, Michael E
Krygowski, John J
Kunec, Peter P
Kuzmik, Michael D
Kwon, Hyue K
Kyle, Lawrence J
La Briola, J D
Lacy, John J Jr
Lambert, Olena
Lambrechts, Marcel G Jr
Lampros, Penny L
Lapetina, John B Jr
Laurent, Barry
Lavecchia, Gregory L
Lavinder, Michael E
Lawrence, Leighton E
Layman, Thomas O
Lazar, Dale
Le Jeune, Barry J
Le, David Q
Le, Hang
Le, Kieu M
Le, Lan P
Le, Yen V
Lea, Townes III
Lebonitte, Robert A
Lee, Chong W
Lee, Edwin
Lee, Esther K
Lee, J H
Lee, N R
Lee, Sora
Leekoff, David I
Legum, Marty S
Leidy, Jeffrey R
Leigh, Timothy A
Leiner, Zachary
Leipzig, Robert J
Leist, John C III
Lenz, H. Thomas Jr
Lessne, William
Levenson, Lanny R
Levine, Paul E
Levitin, Donald G
Lewis, Andrew G
Lewis, Holly C
Lewis, J E
Li, Tin W
Lindsey, Thomas F
Line, Richard V
Link, Michael J
Lipscomb, Jason T
Livick, Brockton A
Locke, Maureen
Lombard, Joseph A Jr
Londrey, James F
Longauer, E J
Longman, Eddie S
Love, Melanie R
Loza, Jose A
Loza, Luis M
Lupi, James E
Lutz, Steven D
Lutz, Wallace B
Lynn, Anne C
Lynn, John W
Maeso, Andres S

Maestrello, Christopher L
Mahanes, Alan W
Maharaj, Barry R
Mahn, Douglas H
Mai, Christine L
Major, David W
Mallinak, Raymond F
Malayavantham, Dattathri
Mancini, Andy
Mansfield, Richard S
Marcus, Carlene D
Marino, John A
Markoff, Bruce W
Marks, Norman J
Marshall, David T
Martin, Anthony L
Martin, Shannon M
Martinez, Harold J
Marzban, Pamela
Mason, Erika C
Massaro, Alfonso D
Matheson, Barry R
Matney, John L
Maul, Deirdre
Mayerchak, Michelle
Mayhew, Jessie W Jr
Mc Andrew, Karen S
Mc Avoy, Brian J
Mc Corkle, Allen D
Mc Corkle, Maston R Jr
Mc Cuin, Stephen D
Mc Donald, Peter J
Mc Grail, Robert F
Mc Kee, Thomas A
Mc Munn, Michael O
McClung, Alicia Lang
McCormick, Michael P Jr
McCrary, Thomas A Jr
McDonald, Anne S
McGrath, Katherine A
McMillan, Alex IV
McQuiston, Scott A
McVay, Thomas J
Meador, Larry R
Mears, Gene C
Mello, Kenneth J
Mercantini, John A
Mesaros, Samuel V
Mestas, Eric
Metzdorf, David W
Metzdorf, David W Jr
Metzger, Lawrence C
Meza, Fernando J
Michaels, Emanuel W
Midgette, Brian P
Midkiff, James H
Midkiff, Kenneth B
Millan, Alirio
Miller, Benita A
Miller, Eric N
Miller, Glen R
Miller, Juliana F
Miller, Mark A
Miller, Michael E
Miller, Scottie R
Mills, Christina P
Mills, Michele M
Milonas, Demetrios P
Mitnick, Howard M Jr
Monacell, William R
Montalto, Sanford
Montgomery, Jeffrey D
Moon, Sue K
Moore, Alfred P
Moore, French H III
Moore, J. Peyton Jr
Morabito, Robert A
Morch, Michael H
Moretti, Joy S
Morgan, Joseph H
Morgan, Michael S
Morris, David A
Morris, Glenwood E
Morris, Thomas J
Morris, William E Jr
Moshier, John D

Mosher, Russell N
Moss, Lloyd F Jr
Mossler, Margaret M
Mourino, Arthur P
Mueller, Jennifer R
Mueller, Travis L
Mullins, Edmund E Jr
Mullins, N C
Munn, William B
Murphy, Walter K
Murry, Donald R Jr
Muss, Nicholas A
Myers, Stephen L
Myles, Wayne S
Naik, Priti M
Nardiello, Charles A
Nasr, Flavio W
Neal Miller, Tammie
Neal, Harold J Jr
Neale, M M Jr
Neel, Anita
Neese, Danny B
Neighbors, Robert B
Nelson, Charles H Jr
Nelson, James F
Newell, Gary
Newman, Jerome W
Nguyen, Christine
Nguyen, Denise T
Nguyen, Monique
Nguyen, Nikki Trinh T
Nguyen, Thi
Niamtu, Joseph III
Nido, Arthur A
Niles, Raymond R Jr
Norbo, Kirk
Norbo, Randy J
Norris, Clinton J III
Nosal, Gregory
Nottingham, James H Jr
Novick, Arthur J
Novick, Kendra
Nyczecip, David J
O'Berry, Vernon Jr
O'Connor, Susan F
Oden Fulton, Catherine
O'Donnell, William A
Oertel, Ellen R
Oh, Joseph J
Ohri, Puja
Ohri-Parikh, Anuja
O'Keefe, Edward M
Olano, Magali
Oliver, Tracy S
O'Neill, Robert L
Ortega, Thu-Nga H
Osinovsky, Alexander
Ossakow, William
Osseiran, Hasan S
Outten, W L III
Overby, Timothy
Overstreet, Benjamin
Overstreet, Douglas R Jr
Overstreet, Susan R
Overton, Bruce W
Owens, Edward A
Pace, W. J Jr
Padgett, Alan M
Padgett, Thomas B
Paget, Joe A Jr
Pal, Gopal S
Palabrica, Rosario T
Palmer, Roger A
Panda, Hilary
Pاندolfi, Philip J
Pape, Russell A
Parks, Meredith S
Parks, William R
Parrott, Thomas R Jr
Pash, John W Jr
Passero, Peter L
Patel, Ajit
Patel, Kalpita J
Patterson, Adrian L Jr
Patterson, Paul H
Patterson, Travis T

Pauley, Richard L
Payne, Albert L
Payne, Christopher A
Pearson, Bonnie
Peery, James M Jr
Pell, James A
Pellerin, Robert D
Peluso, Anthony R
Penn, Joseph H
Penterson, Robert
Perez-Febles, Joaquin M
Perkins, Dennis W
Perkins, Nancy B
Perlman, Steven L
Pham, Anh H
Phass, Dean J
Phass, Sophia C
Phillips, Walter L
Phucas, Faline K
Piascik, Christine L
Piccinino, Michael V
Piche, Jon E
Pisciotta, Dominick J
Pittman, Tyler L
Plauka, Gail V
Pleickhardt, Steve T
Polack, Mariano A
Pond, Ashton W Sr
Pope, H L Jr
Pope, Robert A
Portell, Frank R
Price, Douglas S Jr
Price, McKinley L
Price, Stephen A
Priest, James H
Prillaman, William N II
Prugh, Reed D
Qiu, Kenneth
Quigg, Richard K
Qureshi, Farhan
Radler, Mark L
Ragsdale, John R III
Ramsey, Harry E Jr
Rasmussen, Kenneth G
Rasmussen, Wayne G
Ratner, Les S
Rayek, Riaz M
Razavi, Ramin
Reardon-Davis, Christine M
Reddy, Harini
Redwine, William J
Reeves, Ryan M
Regimbal, Pamela F
Reitz, Mark G
Rellins, Don
Render, Philip J
Reske, James F
Revere, James H Jr
Reynolds, Donald F
Reynolds, Elizabeth C
Reynolds, Gavin E
Rhodes, Daniel R
Rhodes, James N
Rice, Richard O
Rich, Jerry H
Richardson, Christopher R
Richardson, Emmett V III
Richardson, Thomas M
Richmond, Leslie I
Riley, James L
Riley, Jeffrey O
Ritchie, David C
Rizkalla, Adel
Roadcap, Richard F
Robbins, Alan
Roberts, Thomas C
Roca, Adam J
Roca, Aurelio A
Rocha, Isabel B
Rockhill, Amy D
Rogers, Clark W
Rogge, Rod M
Rolf, Kurt
Romano, Frank
Rose, John B III
Rosenberg, Robert K

Rosenberg, Ronald M
Rosenblum, Stephen F
Rosenman, Larry
Rosenthal, Leo J
Ross, Edward F Jr
Ross, John J
Rossetti, Michael A
Rothman, Gerald
Rothman, Jeffrey R
Rotter, Michael
Rowe, David E
Rowhani, Bahar
Roy, Carl P
Rubenstein, Loretta K
Rubin, Ricky J
Rudolph, Barry S
Ruffner, Scott A
Rutledge, James L III
Ruzzo, Joseph A
Rye, D G
Rye, Leslie A
Saba, Shadi
Sabharwal, Smita
Sabol, George J
Sagun, Marvin G
Salmon, John M III
Salpetch, Sune
Salyer, Laymon A
Samaha, Lisa M
Sapperstein, Evan R
Sarmiere, Lawrence R
Saroff, Stephen A
Sarrett, David C
Sartelle, Harry M III
Saunders, Paul L
Savage, Anthony W
Savage, Cary L Jr
Savage, Randolph E
Saxon, Walter E Jr
Scelfo, Peter J
Schambach, Richard G
Scheidt, Wayne
Scheider, Phillip C
Schell, Robert E
Schneider, Joseph P
Schroeder, James R
Schrumpf, Gregory A
Schulte, Michael W
Schultz, James M
Scimeca, Craig M
Seaver, James M
Selden, Stephen F
Self, Oscar W Jr
Sellers, John G Jr
Sellers, Vernon A
Semonos, John D
Shaaffer, Elizabeth T
Shannon, Theresa L
Shannon, Travis M
Sharif, Shohreh
Sharrock, Michael F
Shearer, James W
Sheikh, Shehzad M
Sherman, Heidi A
Sherwin, J Ted T
Sherwood, Richard L
Shewmaker, Dale P
Shields, Walter D
Shiflet, Harvey H III
Shivar, Walker W
Shufford, Earl L
Sibley, David P
Sill, L S
Silloway, Kimberly A
Silvers, Arthur T
Silveus, Michael D
Simmons, Robert A
Skaff, Victor S Jr
Sklar, Andrew M
Slagle, James L Jr
Slaughter, Terry W
Small, Neil J
Smith, Emily P
Smith, Hubert R Jr
Smith, Karl A
Smith, Mark G

Smith, Mark P
Smith, Theodore R
Smock, Sherman O
Snider, Lawrence A
Snow, Kevin
Snyder, Edward P
Solier, George A
Song, Michael S
Sorenson, Robert
Sotack, Maryjean
Sours, Charles L Jr
Sours, Elaine K
Southern, Cynthia
Sowers, Steven E
Spagna, Christopher R
Spagna, Richard A
Spain, Murray
Spainhour, Stephen E
Spano, Donald M
Speegle, John H
Spillers, Ronald E
Spraker, Michael W
Springmann, Sebastiana G
Sprinkle, G M III
St Louis, Stephen
Stack, Hollie B
Stall, W M
Starkey, Thomas M
States, Michael E
Stecher, Roland E
Stenger, Al J
Stephens, Nathan C
Stephenson, John
Stepp, David L
Sterling, Arden M
Stern, Richard K
Sterne, Richard J III
Stewart, Henry I
Stiebel, William L
Stoller, Stanley M
Stone, James R
Stone, Richard T

Stoner, Craig C
Storm, Matthew T
Stout, Michael E
Strange, Charlton B Jr
Strange, Robert S
Straus, Frank D
Stringham, William R
Strittmatter, Edward J Jr
Stubbs, Julie S
Stubbs, Paul C
Stuver, David R
Sullivan, Daniel Y
Sullivan, Daniel Y Jr
Sumner, Timothy K
Sundin, Allan C
Supan, Paul F
Sushner, Leo J
Sutherland, William M
Swanson, Kimberly S
Sweeney, Kevin C
Swett, David
Swett, Rebecca
Swisher, David M
Synnott, Scott A
Szubiak, Stanislaw
Tabor, Christian S
Taliaferro, Richard L
Tami, Richard G
Tankersley, Ronald L
Tari, Kianoush M
Taylor, Gary E
Taylor, James W
Thariani, Hani
Thews, Marvin E Jr
Thlick, Su-En C
Thomas, Bennett A
Thomas, Judith A
Thomas, Katherine G
Thompson, Harvey K
Thompson, Jack F III
Thorpe, Jeffrey R
Throckmorton, Dennis

Timberlake, Donald E
Tisdelle, George W
Todd, Stephen J
Tolley, Benjamin L
Tomchik, Jayme D
Tompkins, Stanley P
Toms, Michelle C
Torrey, Edwin A
Trahos, Michael N
Tran, Julie D
Tran, Linh T
Tran, Quang
Trawick, Don G
Tregaskes, Joseph N
Trimmer, William T III
Tritinger Young, Karen J
Trotter, Bradley S
Trow, Thomas H
Truong, Quynhmai
Tummarello, Mark L
Tupman, Stephen C
Turck, Michael D
Umstott, Paul T
Uitley, Charles R
Valenta, Randal L
Valltos, Rachael M
Varney, Sandra D
Vasey, Eric C
Vaughan, Dennis L
Vernon, June K
Vess, Fremont A Jr
Viglione, William J
Villa, Richard H
Viscomi, Anthony C
Visser, Britt E
Vitsky, Paul L
Vlahos, Gus C
Vlasek, Natalie
Vogt, Nathan M
Vranas, Ronald N
Wali, Sofiya
Wall, Jesse R

Wallace, Donald M
Wallace, James C
Walton, Guy W Jr
Wang, Richard
Ward, C Sharone
Warren, Laurence A
Waterman, Jennifer R
Watson, Benjamin T III
Way, William W
Webb, James P
Webb, Leslie S Jr
Webber, Caroline M
Weil, Jack
Weinkam, William H Jr
Weisberg, AJ
Weisberg, Barclay K
Weisberg, Edward J
Wendell, Peter D
Wernick, Robert
West, L W
Wexel, Walter K
Wheeler, David L
Wheeler, Kyle W
Wheeler, Steven L
Wheless, John R III
Whiston, David A
White, Alan J
White, Paul R II
Whitlow, Odie A
Whittington, Richard M
Wiger, John C
Wiggins, Benjamin E Jr
Wilkerson-Cox, Sherri L
Williams, Daniel S
Williams, Jeffrey S
Williams, Jon W Jr
Williams, Michael K
Williams, Nahee
Williams, Suzanne S
Willis, Julian D III
Wilson, Richard D
Wiltshire, Curtis B

Winebrenner, Lori A
Winkler, Mark A
Winkler, Thomas J
Withers, James A
Witte, Ernest T
Wittman, Harold P
Wlodawsky, Ross N
Wolfe, Barry
Woo, Jansen G
Wood, Richard H
Wood, Roger E
Wooddell, Carol B
Wooddell, J Douglas
Woodruff, Harvey C III
Wortman, Michael J
Wray, R L
Wright, Douglas D
Wright, Rita
Wu, Linda W
Wyman, Bruce S
Wynkoop, Todd E
Yandle, Kent
Yeo, Mike C
Yi, Chang
Yorgey, Kenneth A
Young, Brenda J
Young, Glenn A
Young, M W
Young, Reginald S
Yung, Susan A
Zacko, George B
Zahedi, Nazi
Zaki, Tarek O
Zak-Ramsay, Heather N
Zamani, Amir
Zapatero, Dagoberto G
Zarrinfar, Ali
Zier, Tara L
Zimmer, Andrew J
Zimmet, Paul N
Zoghby, Gregory M
Zwibel, Burton C

Virginia Association of Dentists for Intravenous Sedation, LLC 3rd Biennial Conscious Sedation Lecture Series

“Conscious Sedation Overview”, Hillel Ephros, DMD, MD

“Management of Sedated Patients”, Misty Mesimer, RDH, MSCH



Approved PACE
Program Provider
FAGD/MAGD
Credit
Approval does not
imply acceptance
by a state or
provincial board of
dentistry or AGD
endorsement.
(3/1/2009)
to (2/28/2013)

Dr. Hillel Ephros, DMD, MD,
currently directs St. Joseph’s residency
training program in oral and
maxillofacial surgery.
Misty Mesimer, RDH, MSCH, is the
Local Coordinator for the NVCC/GCC
Dental Hygiene Program since 2000.
She is now in her sixth year serving on
the Virginia Board of Dentistry.

TOPICS each 4 hour lecture will include
comparative pharmacology of sedation
agents, monitoring, patient selection and
emergencies related to sedation.
GOALS are to stay updated on conscious
sedation techniques, monitoring and
management.

Contact: G. Preston Burns, Jr., DDS
President VADIVS, LLC
242 Butler RD, Suite 101
Fredericksburg, VA 22405
Call: (540) 373-6557

Cancellations 2 weeks prior for full refund

“Conscious Sedation Overview” -4 hr CE Lecture
Time: 8:30 AM – 12:30 PM, registration 8:00 AM
Prerequisite: Must be conscious sedation qualified
Fee: \$295 (Doctors only)

“Management of Sedated Patients”-4 hr CE
Lecture
Time: 1:00 PM – 5:00 PM, registration 12:30 PM
Fee: \$195 hygienists, \$125 staff



VDA SERVICES GLOVE PROGRAM

Superior exam gloves at discounted prices
for VDA members!

The VDA Services Glove Program has a comprehensive line of glove products available.

Powder-Free Latex



Sempermed Polymed
PF Textured Latex
\$4.99 a box



Microflex ComfortGrip
PF Textured Latex
\$6.47 a box



Microflex ColorTouch Pink
PF Textured Latex, Scented
\$6.44 a box



Microflex Diamond Grip Plus
PF Textured Latex
\$7.37 a box

Powdered Latex



Sempermed StarMed
Powdered Latex
\$4.62 a box



Microflex Micro One
Powdered Latex
\$5.74 a box



Microflex PowerGrip
Powdered Textured Latex
\$6.94 a box



Microflex Color Touch
Powdered Textured Latex
Peppermint Scent
\$6.92 a box

Nitrile



Sempermed Tender Touch
PF Textured Nitrile
\$5.44 per 100 gloves



Sempermed SemperCare
PF Textured Nitrile
\$5.56 per 100 gloves



Microflex Tranquility
PF Textured White Nitrile
\$6.40 a box



Microflex UltraSense
PF Textured Nitrile
\$7.65 a box



Microflex FreeForm SE
PF Textured Nitrile
\$9.72 a box



Anatomy of an RTA Patient Visit

By Richard Moore

President and CEO, Mercury Data Exchange

Dentists across the Commonwealth of Virginia are using many of the latest technologies to treat patients: digital radiographs, computer-controlled magic wands for painless injections, quiet electric hand-pieces and virtual 3-D digital impression systems for restorative work.

These technologies have brought notable advances to the practice of dentistry in recent years. Meanwhile, the front office and claims processes haven't progressed much since the late 20th century, while those in hospitals and physician practices have been automating the revenue cycle for years with real-time and immediate transaction technology that transforms the way business is done.

Many dental offices today wait approximately 35 days or more to receive payment from the payer after submitting a claim. It can then take up to 90 days or more to receive a patient's payment following the visit. As a result, full payment for services often isn't received for four months or more. Further complicating this process, dental office staff often have to call the payer to determine where the claim is in its life cycle, follow up with patients regarding unpaid bills and send out multiple invoices to patients in order to secure payment – increasing administrative costs and requiring more full time equivalent work.

Fortunately, many dental practices are now seeking automated tools to address this inefficient and costly process. Real-time adjudication (RTA) reengineers the claims process. What previously took weeks or even months to complete can now take days, and often minutes, while minimizing administrative costs, reducing accounts receivable days and improving cash flow. At each step in the claims and billing process, RTA technology enables practices to deliver a dental office experience that is as seamless and efficient as a retail credit card transaction – both for the patient and the office. Effectively utilizing RTA starts before the patient appointment and in an ideal situation concludes with patient payment the day of the visit and payer payment the day after the visit.

Eligibility – Before the patient arrives for an appointment, RTA helps your dental office electronically request and secure patient eligibility and co-payment information. You can also check deductibles, co-payments and maximum payments as well as the current amounts the patient has satisfied. Real-time eligibility is available for many dental plans, including Cigna, Delta Dental of Virginia, MetLife, Aetna, Prudential and United Concordia. This can be accomplished directly from the scheduler page in your practice management system.

Pre-Determination – Today, the pre-determination process typically takes place after the patient leaves your office and often requires many follow-up calls to reach patients and payers to determine next steps. However, real-time pre-determination of benefits provides your office with the exact

amount insurance will pay for each treatment plan while the patient is in your office – eliminating hours spent on the phone with payers and patients. By conducting a "pre-D" face-to-face with the patient in your office, you can determine future visits, schedule appointments, arrange payment plans and provide financing options for treatments. In today's challenging economy, conducting "pre-Ds" in the office can help reduce the empty chair problem that occurs when patients miss or cancel appointments due to payment issues or other concerns, and improve patient relationships through setting expectations upfront.

Claims Processing – Before the patient checks out, RTA applications allow you to submit claims, determine how much the insurance company will pay and identify the amount due from the patient. Your staff can give the patient a printed copy of the explanation of benefits showing the amount the insurance company will pay and how much the patient is responsible for that visit. As a result, you can collect the full amount due from the patient at the time of service, avoiding pay-and-chase scenarios that occur when waiting until after the insurance company processes the claim. Real-time claims and pre-determinations are available for many payers, including Delta Dental of Virginia, Delta Dental of Arkansas (for Wal-Mart employees), Delta Dental of Wisconsin (Kohl's employees), Met Life and United Concordia.

Treatment Planning – Equipped with the pre-determination and payment information needed, you can review treatment options, schedule payments and offer financing options to the patient during the initial visit.

For a large percentage of daily patient visits, you can implement RTA and achieve electronic funds transfers (EFT), which minimize accounts receivable (A/R) days and allow many transactions to be completed within a day after the patient visit.

When you consider that almost every other business can tell its customers what they owe before they leave, don't you owe it to your practice and patients to offer the same type of service in your office? By deploying RTA technology, you will transform the billing process into an efficient retail-like experience that takes place at the point of care, optimizing the efficiency of your entire practice, lowering claims processing costs, and improving communication with your patients.

Richard Moore is president and CEO of Mercury Data Exchange (MDE), a provider of real-time electronic data interchange (EDI) and RTA services for dental offices, payers and vendors. MDE recently received the endorsement of VDA Services as the exclusive clearinghouse of the Members of the Virginia Dental Association for RTA and batch claims transactions. To learn more about how MDE can help simplify and speed claims processing, visit www.whyMDE.com or call 1-866-MDE-1090.



*All gloves are sold by the case, with 10 boxes per case

To place an order, request free samples,
or for more information please contact Dental Association Gloves:
(877) 484-6149

To order gloves on the Web visit:
www.vdaservicesgloves.com

On February 5, 2010, hundreds of dental volunteers will reach out to provide much needed dental care and education to children. Please join us and volunteer for Give Kids a Smile.



If you would like to become a part of this important initiative for children's access to dental care, contact your Component Secretary to find out about events in your area or consider organizing an event at your office or a local school.

Please remember to report your Give Kids a Smile activities to your Component or to the VDA Central Office. Email: Kate Hanger at hanger@vadental.org or fax your information to 804-261-1660
Thank you to all participants!

THE Virginia MEETING

June 17-19, 2010



Williamsburg Lodge



Colonial Williamsburg
WILLIAMSBURG, VIRGINIA

www.virginiameeeting.org

Virginia Meeting ★ 2010

Speaker Sneak Peek



An Interview With: Tim Breiding

Journal: Will you be presenting any new information?

Tim: Material will showcase actions that can be taken in light of our current economic situation. How to make your marketing fit the economics potential patients are living with.

Journal: How will hearing your message change the way the attendees practice?

Tim: Utilizing techniques learned in this program will allow dentists to customize their marketing campaigns to the current economic climate.

Journal: How will you make your topic exciting / interesting?

Tim: I fill my presentations with humor and try to relate to current events in the news.

Journal: What led you to choose a career in a career in marketing?

Tim: My entire family has always been artistic. I knew at an early age that I would be designing or drawing for a living.

Journal: What do you believe is absolutely crucial to the success in

one's profession?

Tim: You have to love what you are doing. You have got to have a passion for what you do.

Journal: Tell us about a major turning point in your career.

Tim: One significant turning point in my career would be leaving the newspaper at the age of 40 to pursue an ad agency career.

Journal: During the time that you have spoken with dental audiences, what questions are you asked most often, has there ever been a question that you couldn't answer?

Tim: How can we get more new patients to realize how good we are? A newspaper publisher once told me you don't need to know all the answers, just where they are. Yes, I have been stumped, but the answer is always somewhere and I can find it for them.

Tim's courses on Branding and Marketing can be seen at the Virginia Meeting on Friday, June 18th and Saturday, June 19th.

Virginia Meeting: DATES TO REMEMBER

March 15-April 30	Early bird registration (visit www.virginiameeting.org)
mid March 2010	Registration brochures to be mailed
May 17th	Hotel Reservation DEADLINE
June 4th	Pre-Registration DEADLINE

**Get more information on all 2010 Virginia Meeting Speakers at:
www.virginiameeting.org**



An Interview With: J. Mel Hawkins, DDS

Journal: Will you be presenting any new information?

Dr. Hawkins: Yes. There are very exciting pain control and patient management topics happening in dentistry. I'll present (1), an articaine local anesthesia update...25 years of administrating this local anesthetic in private practice in Canada. I'll also be informing the dentists and hygienists about (2), sodium bicarbonate and its positive addition to the L.A. delivery systems that we use in dentistry and (3), what's new in needleless local anesthesia on the horizon.

Journal: How will hearing your message change the way the attendees practice?

Dr. Hawkins: In an era where patients are able to have a choice of excellent care, they are less willing to be tolerant of a dentist/hygienist who hurts them. The message about articaine is interesting. The "what's new?" section of the presentation may change their practice approach to painless application (bicarb.) or needle not required applications, the latter two of which will not be on the market until 2010 or beyond, but they are coming.

Journal: How will you make your topic exciting / interesting?

Dr. Hawkins: I have practiced dentistry for over 35 years. I am not a university based professor. During my practice lifetime, I have made a lot of mistakes, made some misjudgments and learned many things the hard way. I am willing to share my failures with the audience, not just monolog with a "do this, do that" approach. I also say right up front (and they've all heard talks on local anesthesia) that if they hear another speaker claim that they get 100% of their patients numb 100% of the time, then it's time to leave the room. No discipline of dentistry (or medicine) works in the 100% category. Along the way, humor is part of dentistry...I try to keep things light but informative. I'm not a comedian, but there are some funny things that go on in our dental environment.

Journal: What lead you to choose a career in dental / dentist anesthesiology?

Dr. Hawkins: All of us have mentors. I respect many people who have supported me...have taken me under their wing, so to speak, along the way. During my senior year at the University of Toronto, a respected row demonstrator, Dr. Bruce Glazer looked over my shoulder (this is when we were marked at every step along the way and we, as students, could be intimidated) and said, "Is that your work?". I just about had a heart attack. Then he said, "Would you like to join me as an associate when you graduate?" I did. He was a dentist / anesthesiologist and that association directed my career towards going back to school for formal training in Dental Anesthesiology and ultimately to teaching.

Dr. Hawkins' courses on Oral Sedation, Local Anesthesia and Medical Emergencies can be seen at the Virginia Meeting on Friday, June 18th and Saturday, June 19.

Journal: What do you believe is absolutely crucial to the success in one's profession?

Dr. Hawkins: Wow! Is this a test? OK...Honesty, sincerity, surrounding one's self with great people. One of my greatest people is Rosa. She started with me cleaning instruments at the age of 16 after high school was over for the day. She was a phenomenal person and ultimately became my Office Manager! As was said in the movie "Apollo 13", you just never know what might happen. Jennifer de St. George teaches that it is a skilled and caring staff and a dentist that never hurts them. One might count "listening to the patient" in there. Being on time too, within a very few minutes is what helped build my practice. Do quality work to the best of one's ability...the income will then take care of itself.

Journal: Tell us about a major turning point in your career.

Dr. Hawkins: It started before I even was admitted into school. My dentist suggested that I pursue dentistry rather than medicine. "You can be very good in a narrow topic area" (his words!). The turning point included the mentors that I've been blessed with, going back to university for dental anesthesia in '75 - '76 and teaching at small meetings, rubber chicken dinners and anything else that came along for the past 20 years. I would have to say that the major turning point in teaching was being invited to speak at the Thomas P. Hinman Dental Meeting in Atlanta, GA. in 1996 where there was a country full of scouts in attendance and it was probably the time that I was "discovered" and asked to contribute to the U.S. of A. CDE market from then until present day.

Journal: During the time that you have spoken with dental audiences, what questions are you asked most often, has there ever been a question that you couldn't answer?

Dr. Hawkins: Most often I'm asked, "Am I really a dentist?"..."Where's the restroom?"..."Where is the City of Canada?" and "Do you really have snow in August?"

Yes, absolutely! There are questions a speaker can't answer. Could this be one of those questions?

Virginia Meeting ★ 2010

More Featured Speakers



Blood, Spit & Fears: A Painless OSHA Update Laney Kay

Thursday, June 17, 2010

Let's face it, root canals without anaesthesia are more fun than most OSHA training courses. Join us for a class that will change your mind forever. It's fun, it's fast, it's informative, and it satisfies your annual OSHA requirements. We'll cover the newest guidelines, new disease information, and other relevant regulations.



Providing WOW Service for Your Patients Rebecca S. Wilder, RDH

Thursday, June 17, 2010

Are you delivering service to your patients that makes a positive, lasting impression? Do you know what good service is from your patient's point of view? Does your patient service make your practice "stand out" from all of the others? Join Rebecca Wilder as she discusses essential ingredients for providing service to patients that will be pleasing and successful in today's business climate.

Periodontal Procedures for the 21st Century Rebecca S. Wilder, RDH

Friday, June 18, 2010

With the new century, periodontal therapies are being introduced to the dental profession at an alarming rate. Dental hygienists face a dilemma of how to stay current with new philosophies about the assessment and treatment of periodontal disease and how to incorporate new technologies into every day practice. This course will provide information on how to assess and treat challenging periodontal patients including the use of new instruments and equipment (hand, power-instrumentation, dental endoscopy), and products on the market. Local delivery products and host modulating agents will be discussed as well as the impact of systemic factors affecting periodontal disease.



Leading Change for Profit Patrick Wahl, DMD

Friday, June 18, 2010

If you or your team have ever felt stuck or confused as to exactly how to IMPLEMENT the management strategies you've learned elsewhere, "Leading Change for Profit" is just the ticket for you. You'll leave twice as good for twice the results, picking up an arsenal of practice-building weapons, a truckload of tips, and enjoying fascinating movie clips along the way.



Pharmacology Update Dr. Ellen Byrne

Saturday, June 19, 2010

Not all pharmacology fits neatly into a textbook. What can I give my patient to help prevent diarrhea from the antibiotics I am going to prescribe? Are all drug interactions clinically significant? My patient is taking Fosamax, a bisphosphonate for osteoporosis, should I change my treatment plan based on this? What's the new information on acetaminophen? These and more questions will be answered during this fast moving, informative presentation. Come listen, learn and bring your own pharmacology questions.

Visit

www.virginiameeting.org
for a complete list of speakers.

Virginia Meeting ★ 2010

Events

Private VDA Ghost Tour Thursday, June 17, 2010



A guide will lead you through the streets of Colonial Williamsburg by candlelight while sharing eerie and fun folklore of this very old city. Performed in a true story-telling format that is great fun for the whole family.



Private VDA Morning Yoga Class Saturday, June 19, 2010

New for 2010 the Virginia Meeting will be offering a morning Yoga class exclusive to Virginia Meeting attendees. Relax and enjoy a basic Yoga course in the picture perfect gardens surrounding the Colonial Williamsburg Spa.

Opening Reception Thursday, June 17, 2010

Join your friends and colleagues at the end of the day for a reception.

VDA President's Party Friday, June 18, 2010



Join the VDA President, Dr. Alonzo Bell for our annual VDA President's Party.

Enjoy great food, music, dancing and catching up with friends and colleagues.

Virginia Meeting attendees get 10% off any Spa treatment

Enjoy the new spa of Colonial Williamsburg with a great discount rate only for Virginia Meeting attendees.



Annual VDA Golf Tournament in Memory of Dr. Donald Martin Thursday, June 17, 2010



Golden Horseshoe Golf Club
Gold Course
401 S. England Street
Williamsburg, VA 23185

Rated 5 stars by Golf Digest.

Experience the spirit of American creativity, ingenuity and best of all, value at the Golden Horseshoe Golf Club. Opened in 1963 and the work of Robert Trent Jones Sr., who called it his "finest design," this is one of the best examples of traditional golf course architecture in the world.

Visit the NEWEST Exhibit in Colonial Williamsburg during the 2010 Virginia Meeting



The Newest Exhibition Site In Colonial Williamsburg's Historic Area Was A Leading Center Of Political And Social Activity in Pre-Revolutionary Williamsburg

WILLIAMSBURG, Va. — More than 200 years have passed since Americans gathered to discuss political and social issues in an authentic 18th-century coffeehouse. That will change Nov. 20 when Colonial Williamsburg formally opens Charlton's Coffeehouse, the Historic Area's newest exhibition building and the most significant historical reconstruction on Duke of Gloucester Street in more than 50 years.

Charlton's Coffeehouse is built on its original foundations with 18th-century construction techniques and in compliance with modern building codes. The newest exhibition site in the Historic Area will reflect its 18th-century role as a gathering place for the politically connected as well as for the socially ambitious.

"Richard Charlton's clientele included Governor Fauquier and his Council, members of the House of Burgesses and other government officials, prominent businessmen, the town's fashionable elite and important visitors, perhaps including members of a Cherokee delegation," said Jim Horn, vice president of research and historical interpretation and Abby and George O'Neill director of the John D. Rockefeller Jr. Library. "Alongside the Capitol, the Governor's Palace and the Raleigh Tavern, Charlton's Coffeehouse may well be among the most politically significant sites of pre-Revolutionary Williamsburg."

Historical Evidence Tells Fascinating Story

In the 1760s, Richard Charlton, kinsman of a Williamsburg wigmaker, followed the example of numerous London counterparts and opened his coffeehouse adjacent to the Capitol. There he likely served China tea imported from England, West Indian coffee, chocolate from the Caribbean rim and high-style cuisine, placing his establishment a cut above the collection of gentry taverns in the immediate vicinity. His coffeehouse soon became a stylish retreat from the mundane governmental activities of the Capitol, a gathering place for the social elite, a hotbed of political discussion and debate, and a place to hear the latest news from England as well as local gossip.

Archaeological evidence recovered from the coffeehouse site reflects the importance of fine dining as well as the consumption of tea, coffee and chocolate. Charlton offered an epicurean menu that included fish, shellfish, all kinds of meat and game, even peacock. Besides hot beverages, patrons could choose from a section of wines, beer and spirits. A fragment of a Cherokee pipe suggests the presence of Indians who may have been part of an official delegation. Other finds include a number of wig curlers, indicating Richard Charlton's connection to the wig-making business, and several bones from an anatomical skeleton that was likely used in scientific presentations.

Carefully Selected Furnishings And Painstaking Reconstruction Bring The Coffeehouse To Life

Modern guests entering Charlton's Coffeehouse will tour in small groups and learn the significance of his establishment before concluding the experience with the opportunity to enjoy a sample tasting of period coffeehouse beverages – coffee, tea or chocolate.

Coffeehouse furnishings will include carefully researched reproduction furniture, ceramics, glassware, hardware and other items representing the variety of activities that took place there. Reproduction maps, prints, advertisements and broadsides will adorn the walls and period newspapers in the main rooms will contribute to the ambience. Hand-printed wallpapers will cover the walls of the well-appointed private meeting room and the north room, both based on microscopic study of original building fragments. "The furnishings and fittings at the coffeehouse have been chosen to create the most historically accurate setting that we can provide," said Ronald L. Hurst, the Carlisle H. Humelsine chief curator and vice president for museums and collections. "These tools will assist our interpreters in bringing the spaces to life for our guests."

The reconstruction will provide an exciting new venue for Historic Area programming including using the porch as a principal stage for scenes from the Revolutionary City® and special event performances. One of the most dramatic encounters of the period leading up to the American Revolution took place on the porch of Charlton's Coffeehouse in 1765 when an angry crowd protesting the Stamp Act confronted the appointed collector for Virginia, George Mercer, and demanded he swear an oath that he would not distribute the official stamped paper. The royal governor, Francis Fauquier, intervened and saved Mercer from the crowd. Mercer later resigned his position and the Stamp Act was repealed by the British Parliament the following year. The finished reconstruction will appear as close to the original structure as historical, archaeological and architectural evidence permits. It incorporates substantial portions of the building's original brick foundations. The one-and-a-half-story framed portion of the building—35 feet square—is constructed of hand-sawn timber framing covered with cypress weatherboards and white cedar roof shingles. A central brick chimney allows two of the three first floor rooms to have functional fireplaces, while in the cellar a massive hearth is the central feature of the reconstructed kitchen. Research indicates that at least two of three first floor rooms were used for serving food and beverages which were prepared in the cellar. Other rooms on the first and second floors may have been rented or used for lodging or living quarters.

Generous Gift Supports Coffeehouse Reconstruction And Interpretative Operations

Reconstruction of Charlton's Coffeehouse is possible through a generous \$5 million gift from Forrest and Deborah Mars Jr. His interest in Colonial Williamsburg began as a youngster during family visits to the restored colonial capital and he has been supporting The Colonial Williamsburg Foundation for nearly 25 years. Forrest and Deborah Clarke Mars are Life Members of the Raleigh Tavern Society and are listed on the Courtyard of Philanthropy at the Visitor Center as among the Foundation's 20 most generous benefactors.

The family's Mars Foundation of McLean, Va., has previously made grants to Colonial Williamsburg supporting a range of projects including the Courthouse restoration, the George Wythe House redecoration, costuming, the Peyton Randolph outbuildings project, Great Hopes Plantation and, most recently, the Historic Trades Foodways chocolate programs.

Forrest Mars is the former chief executive officer, now retired, of the family-owned Mars Incorporated, a company with global sales of \$22 billion. With the opening of Charlton's Coffeehouse, the company will add the West Indian blend of coffee to its product line.

Deborah and Forrest Mars preside over the advisory board of the Colonial Chocolate Society, an informal organization made up of representatives from Mars Incorporated, University of California-Davis, Colonial Williamsburg and other living history museums—all interested in the research, interpretation and presentation of historical chocolate making. Mars Incorporated and Colonial Williamsburg have partnered with other museums to create the Mars American Heritage line of chocolate products available at Colonial Williamsburg's Craft House, Tarpley's Store, Greenhow Store, Raleigh Tavern



Photos courtesy of The Colonial Williamsburg Foundation, Williamsburg, VA

Bakery and WILLIAMSBURG Revolutions in Colonial Williamsburg's Visitor Center. American Heritage Chocolate has been designed and developed as closely as possible to 18th-century chocolates eaten and consumed as a drink for pleasure and used by the armies as rations. The American Heritage line includes an authentic chocolate drink mix, chocolate sticks and chocolate bars, and is also sold at Historic Deerfield, Fort Ticonderoga, Mount Vernon, Monticello and Fortress Louisbourg.

Established in 1926, the Colonial Williamsburg Foundation is the not-for-profit educational institution that preserves and operates the restored 18th-century Revolutionary capital of Virginia as a town-sized living history museum, telling the inspirational stories of our nation's founding men and women. Within the restored and reconstructed buildings, historic interpreters, attired as colonial men and women from slaves to shopkeepers to soldiers, relate stories of colonial Virginia society and culture – stories of our journey to become Americans – while historic trades people research, demonstrate and preserve the 18th-century world of work and industry. As Colonial Williamsburg interprets life in the time of the American Revolution guests interact with history through "Revolutionary City®" – a dramatic live street theater presentation.

Williamsburg is located in Virginia's Tidewater region, 20 minutes from Newport News, within an hour's drive of Richmond and Norfolk, and 150 miles south of Washington, D.C., off Interstate 64. For more information about Colonial Williamsburg, call 1-800-HISTORY or visit Colonial Williamsburg's Web site at www.history.org.

Colonial Williamsburg Historical Area: Visit the Charlton's Coffeehouse and many more historic attractions for and exclusive VDA conference discounted rate.

VDA conference discounted rate: \$20 per person
Tickets must be purchased through the VDA during registration.
Tickets are good for the length of conference June 17-19, 2010.

You're invited to embark on a revolutionary adventure in Colonial Williamsburg's Historic Area. Travel back in time and discover what life was like in Virginia's capital city in the years surrounding the American Revolution. Throughout the 301-acre Historic Area, you'll find skilled craftspeople creating saddles, garments and household items. And, for two hours of each day, you're encouraged to become an active participant in Revolutionary City, our newest, interactive program.

The adventure continues when you explore the gardens, trade shops, homes and government buildings throughout the Historic Area. Around every corner, you'll find new experiences that offer insights into life in the early years of our nation.

Invest in Yourself

Care for families who need it most and we'll take care of you.

- ★ High compensation potential- Most doctors earn over \$220K/year
- ★ Unique Wealth Management Program- Earn over \$1 million
- ★ Low Risk- All practice costs covered

At Kool Smiles, you'll earn a great salary while providing an invaluable service to communities that really need your help. Full-time and part-time opportunities are available and relocation may be offered too!

Call for details!



Kool Smiles VAN, PC, Dr Tran & Associates
Services provided by General Dentists.



www.koolsmilespc.com

Call today and learn how you can make a big difference in communities that need you the most.

Andrea Jett at (770) 916-5023

or email your CV to: ajett@ncdrllc.com

Awards & Recognition



Charles L. Cuttino, III, DDS, of Richmond, Virginia, received the 2009 Distinguished Service Award of the American Association of Oral and Maxillofacial Surgeons, October 14, during the opening ceremony of the 91st Annual Meeting, Scientific Sessions and Exhibition of the AAOMS in Toronto, Ontario, Canada.

The Distinguished Service Award recognizes those special and few individuals whose contribution to the specialty of oral and maxillofacial surgery are significant and lasting. Dr. Cuttino was recognized for his major contributions to the specialty in the area of coding and nomenclature.



Dr. Monroe E. Harris, a Richmond oral and maxillofacial surgeon, received the Bank of America Charitable Foundation's 2009 Local Heroes Award. A \$5,000 grant was given in his honor to the United Negro College Fund for a "long history of giving his time and resources to support the growth and development of Richmond's youth."



Dr. Mark A. Crabtree, a VDA past-President, received the Public-Private Partnership Award from the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University. He serves as president of the Piedmont Virginia Dental Health Foundation, which was recognized by the school for its "successful and innovative partnership" in providing more than \$1 million in dental care since August 2006.

2009 Governance Meeting Awards:

Emanuel W. Michaels Distinguished Dentist Award
Dr. Terry Dickinson

Dental Team Member Award
Catherine Johnson, RDH

New Dentist Award
Dr. Avi B. Gibberman

Special Service Award
JoAnn Pearson Knox

Community Service Award
Dr. Samuel W. Galstan

Presidential Award
Dr. Andrew J. Zimmer
Dr. Darryl J. Pirok
Dr. Stephen Alouf
David Durham
David Jones
Austin Westover
Jeppy Moss
Neda Hovaizi
Jeff Davidson
John Reynolds
Elizabeth Neal

Leadership Appreciation
Dr. McKinley L. Price
Dr. Gus C. Vlahos

Honorary Membership
Gov. Timothy M. Kaine



Dr. James Schroeder was named a Richmond History Maker at the Valentine Museum during a reception on October 20th. Dr. Schroeder began offering dental care to the uninsured 25 years ago which led to the establishment of CrossOver

Ministry, a network of free clinics that provide health care to Richmond's uninsured and low-income population

Grundy M.O.M. 2009

By: Stephen Alouf, D.D.S

The numbers are in...

Total # Patients: 512

Total value of donated services: \$503,106
The six MOM projects held in Grundy have provided dental care to 2,773 uninsured and underinsured patients valued at \$1.9 million!



Autumn in New York or Fall in Grundy? Our mobile denture clinic in Grundy proves never to be dull. As usual, the number of patients seeking help was astonishing. But our denture team, with trailer in tow, was determined to provide as many prosthetic services as possible. Our clinical team was composed of Rhiannon Aesy, DA, Tracey Bourassa, DA, Stacy Cornett, RDH, and I. We were also fortunate enough to have prosthodontist, Dr. Scottie Miller, joining us for the weekend, as he was in Grundy delivering dentures from the previous Wise project.

My laboratory geniuses, Greg Gray, CDT, Gary Schmidt, CDT, and Dan Jacobson, were primed and ready for the rigorous transformation of wax rims to processed sets of complete dentures in just two days. Nothing could be more rewarding than the oral rehabilitation of these patients that had been edentulated the year before. We watched as these people went from no hope to a beautiful functional smile in just a

weekend. With Dr. Miller's help, we were able to complete 40 extractions, 20 complete dentures, 9 partial dentures, and many relines and repairs.

Not enough can be said about my amazing team of lab technicians from Southern Gray Dental Lab who do the impossible to fabricate quality prosthetics on the road for this underserved population. All of us have been truly blessed to be a part of the Missions of Mercy projects here in Virginia and cannot wait until our next outing.

Thank you to the Grundy M.O.M. Volunteers...

Ashley Abesamis	Steve Clawson	Bill Hall	Rachel Leister	Nicholas Pappas	Pat Tisdelle
Molly Adler	Jonathon Coffey	Donna Hall	Bobby Lenior	Suzanne Partridge	Matthew Tomoda
Rhiannon Aesy	Stacy Cornett	Ashley Hanson	Skylar Lighthall	Dayne Patterson	Dr. Donald Trawick
Ashlyn Algood	Mary Cox	Katherine Harman	Lina Liu	Brianna Peebles	Thinh Trinh
Autumn Algood	Dave Dallin	Dr. Robert Harris	Erich Lutz	Becky Pirok	Bryan Trump
Matt Allred	Jeff Davidson	Dr. Jim Hartigan	Dr. Steven Lutz	Dr. Darryl Pirok	Laura Turner
Rebecca Almond	Stephen Depasquale	Elise Hartmann	Steven Lutz	Dawn Reese	Kyle Tuttle
Dr. Steve Alouf	Andrew Duncan	Brian Herod	Sarah Marrs	John Reynolds	Daniel Vacendak
Zaid Al-Samir	Christopher Dunn	Heidi Hessler-Allen	Fatima Mashkour	Pamela Roberts	Lisa Vandyke
Hesseh Aman	Dave Durham	Bridgette Hoover	Daniel Matthews	Dr. Juan Rohas	Rob Walker
Robert Amos	Sandra Easley	Dr. Nathan Houchins	Kelly Mayer	Nancy Rosales	Austin Westover
Ryan Anardi	Matthew Estes	Stacy Houchins	JoAnne McFaddin	Patrick Ruck	Victoria White
Dr. Baughan	Tayeeb Faruk	Clarence Hylton	Jenny Meredith	Gary Schmier	Michael Whitecar
Laura Belby	Karla Feghali	Dan Jacobson	Faye Miles	Jason Schoener	Eric Wilson
Kenneth Bernstein	Casey Feiling	Golby Jalali	Dr. Scottie Miller	Karen Schureman	Daniel Winter
Jennifer Bick	Brittany Field	Dave Jones	Ruth Molokwu	Robbie Schureman	Aaron Wright
Taylor Blake	Dr. Robert Findley	Dr. David Jones	Dr. French Moore III	Philip Sherrill	Jenny Young
Pam Blankenship	Pat Finnerty	Min Joo	Mitra Mortazavi	William Slack	William Young
Jennifer Bobbio	Christina Franklin	Sarah Kandrac	Lloyd Moss	Bo Slott	Dr. Reginald Young
Tracey Bourassa	Josh Furniss	Emily Keeten	Amber Myers	Dawn Smith	Dr. Tingting Zhu
Jennifer Boyland	Melissa Gainor	Kristopher Keeton	Elizabeth Neal	Callie Smithson	Brenda Nazir
Dr. Carol Brooks	Thomas Gainor	Dr. Carolyn Kelly	Phillip Nguyen	Clinton Sorensen	
Dr. Bridget Brown	Neil Gallagher	Sharon Kennedy	Viet Nguyen	Crystal Sorensen	
Dr. Derek Brown	Sarah Gerber	Amin Khalid	Justin Norbo	Jacob Spendlove	
Linda Burtzner	Dr. Mark Glovis	Kwang Kim	Lindsey North	Hunter Stevens	
Lakishia Chapman	Mayra Granados	Maggie Kleger	Ashley Nozik	Laura Stevens	
Cayla Chase	Greg Gray	Joe Kraft	Jordann Oberdorff	Corey Thompson	
April Christian	Kelsey Greenhalgh	Dr. Paul Krogh	Dr. Susan O'Connor	Harper Thompson	
Jamie Clair	Christy Gripp	Huan Le	Chrissy Ogura	Jessica Thompson	
Jessica Clark	Shawn Gunsolley	Greyson Leftwich	Dr. William Pack	John Mark Thompson	



Rhiannon Aesy and Dr. Scott Miller

Thank you to the Emporia M.O.M. Volunteers...

Ashley Abesamis	Brenda Brazemore	Cathy Erb	David Jones	Ethan Moore	Jo Ann Plain	Kristen Swartz
Amy Adams	Dr. Alan Bream	Maureen Evans	Jonathan Jones	Paula Moore	Dr. Wright Pond	Dr. Kevin Swenson
Cami Adams	Terri Bream	Lindsie Farrow	Dr. Claire Kaugars	Cynthia Mora	April Pope	Tricia Taylor
Debbie Adams	Dr. Paul Brinser	Dr. David Ferry	Sarah Kendrac	Dr. Wayne Morris	Theresa Preston	Dierdre Terlep
Molly Adler	Dr. Carol Brooks	Julie Ferry	Kwang Kim	Mitra Mortazavi	Dr. Reed Prugh	Gigi Terlep
Amen Alemayehu	Dr. Stuart Broth	Devin Finch	Dr. Ernest Knight	Dr. John Ragsdale	Dr. John Ragsdale	Gillian Terlep
Christy Allen	Dr. Wayne Browder	Sarah Fisher	Erin Knouse	Dr. Renita Randolph	Dr. Renita Randolph	Kelly Thompson
Zaid Al-Samir	Susan Brown	Rhonda Francis	Ida Kondori	Dawn Reese	Dawn Reese	Daniel Tiesworth
Khalid Amin	Evon Bush	Victoria Fuhzylovav	Karen Kraus	John Reynolds	John Reynolds	Pam Tokarz
Allison Angert	Amanda Cagle	Bailey Galstan	Joe Kuttenkuler	Norma Roadcap	Norma Roadcap	Bryan Trump
Dr. Uzma Ansari	Dr. William Callery	Berkeley Galstan	Brent Lamm	Dr. Richard Roadcap	Dr. Richard Roadcap	Emily Tuckwiller
Dr. Carl Atkins	Brian Canaday	Dr. Samuel Galstan	Kendall Lanasa	Anna Rollins	Anna Rollins	Ignacia Turner
Tina Bailey	Sloan Canaday	Dr. Scott Gerard	Bonnie Leffingwell	Barbara Rollins	Barbara Rollins	Lori Turner
Sheila Baker	Jessica Carr	Dr. James Glaser	Jaynie Leffingwell	Dr. Harold Neal	Dr. Harold Neal	Oscar Vega
Matt Banghart	Trischa Carrington	Susan Glasscock	Conner Leftwich	Jamie Neal	Jamie Neal	Dr. Keller Vernon
Destiny Barnes	Christopher Castor	Linda Gottschalk	Greyson Leftwich	Liz Neal	Liz Neal	Dr. Keller Vernon
Nicole Barrineau	Natalie Cavalieri	Casey Gray	Robert Lenoir	Joshua Nehring	Joshua Nehring	Dr. Kym Virgil
Judith Barros	Young Cho	Dr. Ed Griggs	Chris Lindberg	Julia Niculescu	Julia Niculescu	Stephanie Vlahos
Dr. Baughn	Emil Christofakis	Bill Hall	Katelyn Lindberg	France Nielson	France Nielson	Steven VonCanon
Dr. David Beam	Carol Cleckner	Joan Hamrick	Teresa Lindberg	Jill Norris	Jill Norris	Lynn Vu
Dr. Calysta Beatty	Andy Coalter	Dr. Michael Hanley	Dr. Michael Link	Dr. Ellen Oertel	Dr. Ellen Oertel	David Walker
Katie Berkelhammer	Kelly Cooper	Nancy Hardy	Emily Lovell	Sarah Oertel	Sarah Oertel	Dr. Kimberly Walls
Dr. Sanae Berrada	Nicki Cortright	Sharon Hargis	Dominique Lundy	Dr. Robert J. O'Neill	Dr. Robert J. O'Neill	Kimberly Walton
Taylor Blake	Dr. Carmen Cote	Dr. Douglas Harman	Fatima Maarouf	Dr. Robert L. O'Neill	Dr. Robert L. O'Neill	Huixin Wang
Leigh Blakiston	Carol Cotman	Dr. Chuck Harris	Colin Malcolm	Tanya O'Neill	Tanya O'Neill	Brittany Wann
Pam Blankenship	Dr. Charles Counts	Amanda Hayes	Lisa Mancuso	Dr. Steve Osmond	Dr. Steve Osmond	Dr. Sharone Ward
Shawn Bloss	Kevin Dalling	Brian Herod	Brian Herod	Jackie Pace	Jackie Pace	Bo Slott
Debra Boese	Brandi Daniels	Mary Catherine Hewitt	Mary Catherine Hewitt	Justin Page	Justin Page	Becky Smith
James Bolton	Tina Daniels	Neda Hovaizi	Neda Hovaizi	Dr. Roger Palmer	Dr. Roger Palmer	Myra Smith
Dr. Shannon Bowman	Jeff Davidson	Bridget Hubble-Carson	Bridget Hubble-Carson	Nicholas Pappas	Nicholas Pappas	Nicole Smith
Stephen Bowman	Dr. Terry Dickinson	Andrew Hutchison	Andrew Hutchison	Hiren Patel	Hiren Patel	Nicholas Pappas
Dr. Reed Boyd	Brenda Diefert	Conway Inge	Conway Inge	Mitenkumar Patel	Mitenkumar Patel	Jennifer Sober
Jennifer Boyland	Jigme Dorjee	Charles Johnson	Charles Johnson	Dr. Keren Sperling-Habot	Dr. Keren Sperling-Habot	Dr. Keren Sperling-Habot
Kerin Bradley	Andrew Duncan	Dr. Charles Johnson	Dr. Charles Johnson	Michelle Stelmach	Michelle Stelmach	Ariene Will
Dr. James Bradshaw	Dr. Miranda Dunn	Dr. James Johnson	Dr. James Johnson	Wendy Steward	Wendy Steward	Dr. Ronald Wray
Sylvia Bradshaw	David Durham	Marcus Johnson	Marcus Johnson	Sara Stires	Sara Stires	Daniel Yaeger
Dr. Charles Brandenburg	Faye Elliott	Micaela Johnson	Micaela Johnson	Renee Stout	Renee Stout	Dr. Reginald Young
Courtney Brandenburg	Amanda Ellis	Allen Jones	Allen Jones	Megan Sutter	Megan Sutter	Brenda
				Daniel Plain	Daniel Plain	



Outreach

Outreach



Before



After

Second Emporia M.O.M. Draws Big Crowd Patients Brave Wind and Rain to Seek Treatment

By: Sylvia W. Bradshaw



Dr. Michael Link poses with thankful Emporia patient.

November 2009 may have been the wettest November on record but the clouds and rain did not deter 472 people from receiving free dental treatments at the recent MOM project held on Saturday, November 14th at the Greenville County High School gymnasium in Emporia, Virginia from 7:30 a.m. to 4:30 p.m. Over 500 stood in line on Friday, the 13th, to pre-register and be screened for needed treatment the following day. Patients received services which included cleanings and hygiene instruction, fillings, extractions, root canals and periodontal treatments. A portable Dexis® x-ray unit provided x-rays as needed on each patient.



Charles Johnson, Jr. observes Dr. Charles Johnson's technique.

the most appreciative patients. Special thanks to Jamie Neal, wife of Emporia dentist Dr. Harold Neal, for her tireless efforts in mobilizing this event.

Editor's Note: Sylvia Bradshaw is the wife of Dr. Leroy Bradshaw of Blackstone and also a staff member in his office.

Photographs can be seen @ <http://www.kodakgallery.com/gallery/creativeapps/slideShow/Main.jsp?albumId=685713644114&ownerId=831171772114>



Southside dentist Dr. Leroy Bradshaw.



Hygienist Wendy Steward polishes child's teeth.



Dr. Keller Vernon and VCU dental student Greyson Leftwich assisting.

This entire two-day event could not have been possible without the generous donation of time by approximately 264 volunteers, which included 75 dental students from VCU. Other volunteers included dentists from the Southside, Peninsula, Tidewater, and Richmond Dental Societies, and dental assistants and hygienists. In some cases, patients were able to receive treatment in several areas, perhaps a root canal as well as a filling or extraction. There was a wonderful spirit of cooperation as everyone worked together to best meet the needs of those receiving treatment.

Many local people responded to the need by serving in the canteen or snack area. Coffee, juice, fruit and breakfast foods were available throughout the morning and lunch which included pizza, sandwiches, chips, fruit and cookies along with beverages helped to keep everyone working throughout the afternoon. These local volunteers, with no formal dental knowledge, were most eager to participate in providing this much needed dental treatment to those who sought it.

Planning for this event began many months earlier with brochures being sent home with every school child in Greenville County. These brochures were also placed in the local health departments and doctor's offices, and distributed to churches. Local newspapers also provided coverage. Funding for the MOM project was made possible by the generosity of the Greenville Memorial Foundation.

The Emporia MOM project has worked hard to address the tremendous need for dental care in Southside Virginia. Of the 472 patients seen, 62% were from the Emporia area alone. The remaining 38 % were from Brunswick, Sussex, Tidewater, Petersburg/Hopewell, Greater Richmond, Shenandoah/Winchester, South Boston, Mecklenburg, Southampton and even North Carolina. The value of services provided on this day was placed at \$303,697.00

What a tremendous success this day proved to be with lots of cooperation and coordination of volunteers as well as much needed PATIENCE by



Become a part of the largest two and three day dental clinic of its kind.



M.O.M. will be an experience you will never forget. "Make a difference" in the lives of others.

Join the MOM Team!

10 YEARS OF SERVICE TO THE UNINSURED !

I would like to volunteer at:

- Middle Peninsula MOM 2010**
 - Saturday, February 13, 2010
- NOVA MOM 2010**
 - Friday, March 12, 2010
 - Saturday, March 13, 2010
- Roanoke MOM 2010**
 - Friday, March 26, 2010
 - Saturday, March 27, 2010
- Piedmont Regional MOM 2010**
 - Saturday, May 1, 2010
- Wise MOM 2010**
 - Friday, July 23, 2010
 - Saturday, July 24, 2010
 - Sunday, July 25, 2010
- Grundy MOM 2010**
 - Saturday, October 2, 2010
 - Sunday, October 3, 2010

I prefer to do:

- Fillings
- Extractions
- Triage
- Endo
- Sterilization
- Adults only
- Children only

NAME _____

SPECIALITY _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER _____ EMAIL _____

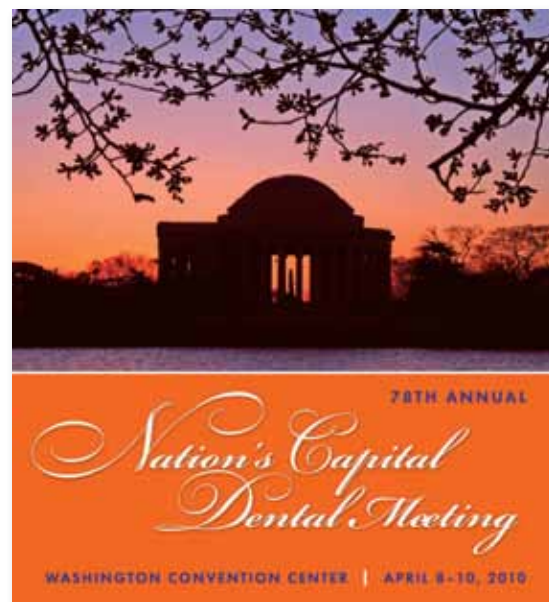
***LICENSE NUMBER REQUIRED

PLEASE NOTE: A COPY OF YOUR CURRENT BOARD OF DENTISTRY LICENSE MUST ACCOMPANY YOUR REGISTRATION! (VDA FAX # 804-261-1660).



For more information on the Mission of Mercy projects and to register online please visit us at www.vadental.org. Contact Barbara Rollins at VDA: 804-261-1610; email: rollins@vadental.org; FAX 804-261-1660.

Hope you can join us!



FEATURED CLINICIANS

Gordon Christensen, DDS, PhD
The Christensen Effect

Louis DePaola, DDS
OSHA

David Hornbrook, DDS
Aesthetic Dentistry

Stanley Malamed, DDS
Anesthesia Update

Linda Miles
Practice Success

Gary Radz, DDS
Cosmetic Dentistry

Allen Schneider, DDS
Overdentures

Michael Turner, DDS, MD
Oral Surgery for the GP

HIGHLIGHTS

- Three day clinical program and exhibition
- Hygiene Program
- CNA Risk Management Seminar
- Table Clinics
- The Night Photo Tour
- President's Reception—Capitol Steps

FOR A PRELIMINARY PROGRAM, COMPLETE AND RETURN TO:

DC Dental Society, 502 C Street, NE, Washington, DC 20002-5810
202-547-7613 FAX: 202-546-1482 www.dcdental.org

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

No registration fee for ADA member dentists! For more information, or to register online, visit our website at www.dcdental.org.

Don't miss this opportunity to visit the Nation's Capital! Join friends and colleagues at the 2010 Nation's Capital Dental Meeting and take advantage of all this capital city has to offer!



Congratulations to the following members who were inducted into the VDA Fellows in 2009!

Component 1: Dr. Leslie I. Richmond.

Component 3: Dr. Michael R. Hanley
Dr. Roger A. Palmer.

Component 4: Dr. Terry D. Dickinson.

Component 6: Dr. Joe A. Paget, Jr.
Dr. David L. Stepp.

Component 7: Dr. Richard L. Taliaferro
Dr. Harry M. Sartelle III.

Component 8: Dr. Richard C. Brigleb
Dr. Ronald S. Hauptman.

“Motivate” Patients and Increase Retention

By: Gary Kadi, Founder, NextLevel Practice

Attracting more new patients is consistently one of the top concerns of practicing dentists today. This concern and need most likely generates from the gap between a sufficient supply of new patients coming through the front door of your practice, and then quietly leaving out the back door. Instead of putting resources in marketing to attract new patients, practices should shift their focus to retaining patients. By removing our relationship “filters”, starting fresh with every patient and then serving them beyond their expectations, we can close the gap.

Step #1: Filters. The key to patient retention is building a relationship by finding out what people want, and then giving more. To do this, we must lower our filter. A “filter” is a preconceived notion we have about someone else. For example, we may believe patients can't afford a \$10,000 treatment plan, so we recommend a \$2500 plan, which is based on our own filter, not the patient's true needs or desires. Overcoming this natural tendency takes practice and requires use of the technique described below.

Step #2: Blank-slatting. One technique to identify personal motivators and avoid using old filters is to “blank-slate” your patients. From one appointment to the next, patients and their circumstances may change. Blank-slatting is a conscious choice to start fresh with each patient instead of assuming previous decisions about their oral health dictate their current or future behavior. For example, just because Mrs. Smith hasn't accepted recommended dentistry in the past, don't assume she won't today. Instead, ask her for personal motivator. “You've been a loyal patient here, Mrs. Smith, and it's been a privilege for me to work with you over the last several years. Part of my commitment to you as your dentist is to keep myself updated on any changes in your life that may impact your dental needs. So, before we get started today, could you share with me what's important to you when you come to the dentist?” For this conversation, you will identify the patient's personal motivator, which is the foundation for retention and case acceptance.

The Re-care Call

The re-care coordinator has two roles: reactivate the patient and recover the patient if they are not returning. The key is having a complete and accurate list of people that are due back, and their personal motivator, so the re-care coordinator can engage the patient in a relevant way. If you don't have the personal motivator, speak to the patient in terms of what it means to them to come back in for care, not what it means to you. I don't believe in scripting, but I do believe if you have good intentions, the right words will come. Here's an example of how a re-care call might go if you don't have the personal motivator:

“Hi, this is Gary, I'm calling from Dr. Smith's office, is Leslie there? Hi, Leslie, do you have a moment? Anytime you phone a patient, ask if they have time to talk to you. If they say “Yes”, you have their attention, and their permission. “I'm calling on behalf of Carrie, your hygienist: she's concerned that we haven't seen you in our practice this year. Is everything okay? Is there something related to our practice that is preventing you from coming back? We want to make sure everything is right so you get the care you need.” It's all about coming from a place of caring, and letting patients know they're genuinely missed. If the patient indicates that the practice has done nothing to prevent them from coming in, your next question should focus on getting the patient scheduled.

If you have their personal motivator, the call would be much more personal. Let's say the patient, Leslie, indicated the reason she wants good oral health is because she wants to look professional for her business and look great for her husband. Here's how that call might sound”

“Hi, Leslie, how are you? Wow, winter is here already...did you get a chance to get away and spend time with your family? We haven't seen you for a while. We want to make sure you are maintaining you oral health and keep you teeth for life, providing proper care. Can we help you schedule your next appointment now?”

Breaking Down Barriers

During re-care calls, patients often put up barriers to avoid making a new appointment. As the call with Leslie continues, she may schedule her appointment or she may put up a barrier. For example, she might respond, “I'd like to make an appointment, but yes, I did take a ski vacation with the family and I really don't have the extra cash right now for dental care. I'll call you back in a few months.” Again, always be patient-centric and provide solutions for anything that prevents the patient from returning for care. “Leslie, believe me, I have a family myself and understand your hesitation. As your dental provider though, I must say that your mouth decay problem will likely get worse if you let it go untreated for much longer. Which means you may end up investing more in your oral care later on. Our practice offers several payment options to make your care financially comfortable, including no interest payment plans.

Ultimately, patient retention is a process that is dependant upon the effort the team makes to create patient relationships. When you treat patient like they're friends and family, they'll be less likely to leave out the back door, and more likely to invite their friends and family to your front door.

Gary Kadi is a speaker who inspires, an author that challenges and is founder of NextLevel Practice, a practice management firm that takes the CON out of dental consulting. Gary actively invites reader ideas and comments at gary@garykadi.com or 480-620-3446. If you'd like to learn more about this topic, Mr. Kadi's free educational audio CD “3 Steps to Grow Your Practice Starting Today” is available, complements of CareCredit. Call 800-300-3046 for your free copy or access their complete audio library at www.carecredit.com/resource-center.

The Right Fit

FOR MALPRACTICE INSURANCE COVERAGE

Get competitive dental malpractice insurance coverage with protection you can trust from "A" (Excellent) rated Professional Solutions Insurance Company.*

To learn more, call **1-800-718-1007, ext. 9191**,
or visit www.profsolutions.com.



* Malpractice insurance is underwritten by Professional Solutions Insurance Company, 14001 University Ave., Clive, IA 50325. Professional Solutions Insurance Company is rated "A" (Excellent) by A.M. Best for financial strength and operating performance. A.M. Best ratings range from A++ to S. ©2009 PSIC NFL 9191 ALL

Report of the ADA Delegation

By: Dr. M. Joan Gillespie, Chair, Virginia Delegation; Chair 16th District Delegation

Virginia is one of the three states in the 16th Trustee District of the American Dental Association. Delegates and Alternates are elected by the members of the VDA. The delegates include Drs. Anne C. Adams, Richard D. Barnes, Alonzo Bell, Mark Crabtree, M. Joan Gillespie, Ron Hunt, Rod Klima, Kirk Norbo, Gus Vlahos and Ed Weisberg. The Alternate Delegates include Drs. Mike Abbott, Dave Anderson, Fred Certosimo, Ralph Howell, Jr., Bruce Hutchison, Mike Link, McKinley Price, Elizabeth Reynolds, Ted Sherwin, and Roger Wood. Dr Terry Dickinson, VDA Executive Director also attends all Delegation meetings.

The Virginia Delegation met in January '09 at the VDA Committee Meetings, in April 09 at the Spring Committee meetings and at the VDA Governance meeting in September '09. All of the meetings this year were held in Richmond.

In September, our Delegation joined North Carolina and South Carolina, our partner states in the 16th Trustee District, for our caucus in Charleston, SC. The full Delegation discussed the proposed resolutions for the upcoming ADA House of Delegates. Also in September, representatives from our Delegation and from the VDA leadership attended the southern leadership conference in Atlanta, GA where they met with members of the NC, SC, FL, MS, AL, and GA Delegations. The SLC is made up of three trustee districts, the 16th, the 17th and the 5th. National, ADA and individual state issues are reviewed.

In October '09, the Delegation traveled to Oahu, HI for the annual ADA session and House of Delegates. It was a very busy and at times, contentious meeting with hundreds of varied issues that came before the house.

As you already know by now, the HOD said 'no' to a dues increase for 2010 (dues remain at 498.00). Faced with a funding deficit of more than half a million dollars, the HOD chose to direct the ADA Board of Trustees to balance spending with funds from the reserves.

Among the many resolutions was one that calls for the establishment of a committee to study the creation of a new council on financial affairs and a resolution to prevent dental plans from capping the amount dentists can charge for services that a plan does not cover.

Res.95H-2009 states that action items and approved minutes of all open meetings of ADA Councils and Committees and of the Board of Trustees be promptly posted in the members only section on ada.org

It also says that the ADA, as the sole shareholder of ADABEI (American Dental Business Enterprises, Inc.) shall direct ADABEI and any other subsidiary to post all approved minutes of Board meetings on ada.org.

Some states are adopting workforce models that cross traditional ADA definitions so Res.31H-2009 amends the 'ADA position on new members of the dental team' to reflect that workforce needs are determined at the state level and that the ADA will serve as a resource to individual states.

There is a resolution proposing the creation of a logo for specialists, one on health care reform, one for new dentists to become involved in

organized dentistry and one to study retired member needs. And with the rising interest in the oral-systemic connection and health issues, including diabetes, heart disease, some cancers, high blood pressure, osteoarthritis and other conditions related to obesity, the ADA is directed to support collaborative efforts with other health professionals to combat the growing problems of being overweight.

So many more resolutions, so little space. Transparency and accountability on all levels seemed to be important to this HOD. Please go to ada.org for more information.

On the last day of the HOD, Dr Ron Tankersley, an oral surgeon from Newport News was installed as the 146th President of the ADA. Dr Raymond Gist, a General Dentist from Grand Blanc, MI, was installed as President Elect.

Lets all offer our congratulations and support to Ron for what promises to be a very interesting and productive year. We can all be proud of another President from the 16th district.

Don't forget to pay your VDA membership dues!

Questions?
Contact Leslie Pinkston
at the VDA Central Office
pinkston@vadental.org
804-261-1610

**Virginia Dental Association
Board of Directors
Actions in Brief
November 20, 2009**

1. Approved a motion to adopt a one and a half day Governance Meeting schedule to go into effect in 2011.

The Board of Directors approved the above resolution with a recommendation the House of Delegates vote yes.

The following actions are reported as information only:

2. The following 2009-2010 task force members have been appointed:

Dental School Task Force

Ralph Howell, Chair
Craig Dietrich
Ron Downey
Larry Kotler
Sam Galstan
Scott Miller

Foundation Task Force

Mike Abbott, Chair
Alonzo Bell
Ralph Howell
Bob Levine
Ted Sherwin
Roger Wood

Virginia Meeting Task Force

Mike Link, Chair
Mike Abbott
Ron Hunt
Jamie Krochmal
Elizabeth Reynolds
Ted Sherwin
Neil Small

Non-Covered Services Task Force

Bruce Hutchison, Chair
Mark Crabtree
Sam Galstan
Monroe Harris
Ralph Howell
Gus Vlahos
Sarah Kandrak
McKinley Price

3. The following Board committee liaison appointments were made for the 2009-2010:

Caring Dentist
Communication & Information Technology
Constitution & Bylaws
Council on Finance
Council on Sessions
Dental Benefits Programs
Dental Health & Public Information
Dental Practice Regulations
Direct Reimbursement
Ethics & Judicial Affairs
Infection Control and Environmental Safety
Institutional Affairs
Legislative
Membership
Mentoring
New Dentist
Peer Review & Patient Relations
VADPAC

Ralph Howell
Scott Miller
Ralph Howell
Ted Sherwin
Alonzo Bell/Mike Abbott
Benita Miller
Sam Galstan
Ron Downey
Sarah Kandrak
Charlie Gaskins
Craig Dietrich
Richard Roadcap
Mike Link
Jamie Krochmal
Kirk Norbo
Richard Roadcap
Neil Small
Neil Small

**PUBLICATION OF CANDIDATE INFORMATION
IN THE VIRGINIA DENTAL JOURNAL**

The following positions are up for election at the 2010 Annual Governance/ Membership Meeting in Roanoke.

**President-elect,
Three ADA Delegate positions (3-year terms)
Five ADA Alternate Delegate positions (2-year terms).**

All candidates must submit their CVs, pictures (color head shot preferred in jpeg electronic format) and biographical information to the attention of Dr. Richard F. Roadcap, Editor, at the VDA Central Office no later than **February 28, 2010** for publication in the April-May-June 2010 issue of the Virginia Dental Journal. Please submit information as a Microsoft Word attachment via e-mail to jacobs@vadental.org or a document saved to a disk and mailed to the Central Office. Information MUST be in electronic formats. Forms for submission of candidate information have been mailed to all VDA component society presidents.

Candidates for the office of President-elect will be allowed a maximum of 500 words. Candidates for all other offices will be allowed a maximum of 250 words. Candidates are asked to limit their biographical information to major accomplishments, but include such pertinent data as education, memberships, honors, positions of leadership held in the ADA, VDA and component society, and community leadership activities. Due to space limitations, the VDA Journal editor will reserve the right to condense biographical information, if necessary.

Should you have any questions regarding the Journal criteria, please feel free to contact Dr. Richard Roadcap at (804)520-4770. If additional Journal submission forms are needed, please contact Shannon Jacobs at (800) 552-3886 or jacobs@vadental.org.

VDA AWARD NOMINATIONS

The Board of Directors Awards Subcommittee selects recipients for VDA awards which are presented at the Governance Meeting of the Virginia Dental Association. In order to select those who are most deserving of these honors, we would like to ask for your help in identifying potential recipients. Nominations for awards may be made to the Awards Subcommittee by individual members of the VDA or by components. Please submit nominations to the VDA Awards Subcommittee, attention Bonnie Anderson, at the VDA Central Office (7525 Staples Mill Rd., Richmond, VA 23228) by April 30, 2010.

Dental Team Member Award The nominee must be a dental team member of a VDA dentist. This award may be presented to multiple recipients only when worthy candidates are recognized. The nominee(s) should demonstrate that she/he holds the profession of dentistry in highest regard, promotes the interest and betterment of the profession through the team concept of dentistry and has five or more years of experience in the dental field.

Emanuel W. Michaels Distinguished Dentist Award This award is presented to a member dentist who has demonstrated outstanding service, leadership and dedication to the profession of dentistry and for the improvement of the health of the citizens of Virginia. This award is presented only when a worthy candidate is recognized by the President and approved by the Awards Committee.

New Dentist Award This award is presented yearly to a VDA member who has been in practice ten years or less. This award is only presented when a worthy candidate is recognized. The nominee must have demonstrated leadership qualities through service to dentistry.

Special Service Award This award is presented to a non-dentist who has demonstrated outstanding service, support and dedication to the profession of dentistry. This award is presented when a worthy candidate is recognized.

Welcome New Members!

December 2009

Northern Virginia Dental Society

Dr. Nadine Altememi graduated from the VCU School of Dentistry in 2006. She then continued to receive her certificate in General Practice Residency from Hackensack University Medical Center in 2008. Dr. Altememi is currently practicing in Chantilly.

Dr. Tarek Ashmawy graduated from the Tufts University Dental School in 1992. He then received his certificate in Maxillofacial Prosthetics. Dr. Ashmawy is currently practicing in Luray.

Dr. Maya Bachour graduated from Loma Linda University in 2005. She is currently practicing with a group in McLean.

Dr. Michael Chang graduated from the NYU College of Dentistry in 2004. He is currently practicing in an Associateship in Fairfax.

Dr. Diana Dongell graduated from the University of Pittsburgh in 2007. She then received her Certificate of Advanced Study in Endodontics in 2009. Dr. Dongell is currently practicing with a group in Falls Church.

Dr. Fizzah Gocke graduated from West Virginia School of Dentistry in 2003. She is currently practicing in McLean.

Dr. Juanli Guo graduated from Beijing Medical University in 1998. She then attended the University of North Carolina where she received her certificate in Prosthodontics, as well as her PhD. Dr. Guo is currently located in McLean.

Dr. Basiony Hagar graduated from Alexandria Den-

tal School, located in Egypt, in 2002. He then received his General Practice Residency Certificate from Berkshire Medical Center in 2008. Dr. Hagar is currently practicing in an Associateship with Dr. Sasan Ahmadiyar and Associates in Manassas.

Dr. Oscar Luna graduated from the University of San Andres, located in Bolivia, in 1984. He then attended the University of Southern California, Los Angeles, where he specialized in Pediatric Dentistry. Dr. Luna currently is practicing in an Associateship with Dr. Vu Nguyen in Vienna.

Dr. Alka Mahajan graduated from the Tufts University School of Dentistry in 2004. She is currently practicing in Falls Church.

Dr. Quynh-Chi Nguyen graduated from Virginia Commonwealth University in 2009.

Dr. Amit Patel graduated from Virginia Commonwealth University in 2008. He is currently practicing in Ashburn.

Dr. Christopher Perrie graduated from the University of Southern California in 2002. He continued to specialize in Oral and Maxillofacial Surgery at the University of Pennsylvania, graduating in 2008. Dr. Perrie is currently practicing with Nova Surgical Arts in Manassas Park.

Dr. Hiep Pham graduated from Howard University in 2009. He will be practicing in Virginia in the near future.

Dr. Sumera Rashid graduated from the New Jersey Dental School in 2003. She then received her General Practice Residency Certificate in 2004. Dr. Rashid is currently practicing in Springfield with the Northern Virginia Community College Clinic. In addition, Dr. Rashid serves as a faculty member.

Dr. Jessica Russo Revand graduated from the University of Connecticut in 2002. She then continued to receive an advanced education in Endodontics from the University of Maryland, completing the program in 2009. Dr. Russo Revand is currently practicing in an Associateship with Dr. Fernando Meza in Alexandria.

Dr. Sheela Virupannavar graduated from VCU in 2005. She then went on to receive her General Practice Residency Certificate in 2006.

Dr. Eugenia Walsh graduated from Columbia University in 2001. She then received her General Practice Residency Certificate in 2002. Dr. Walsh is currently practicing in Lorton.

Dr. Bryan Wood graduated from Virginia Commonwealth University in 2006. He is currently practicing in Alexandria.

Peninsula Dental Society

Dr. Shannon Sawyer graduated from NOVA Southeastern University in 2009. He is currently practicing with Kool Smiles in Newport News.

Piedmont Dental Society

Dr. Jeffrey Eskendri graduated from the Kornberg School of Dentistry at Temple University in 2009. He is currently practicing with Danville Dental Associates in Danville.

Dr. Aja Gobar graduated from Meharry Medical College in 2007. She is currently practicing with Small Smiles Dental Center of Roanoke.

Dr. Si-Hyeon Lee graduated from NOVA Southeastern University in 2009. He is currently practicing in an Associateship at Small Smiles in Roanoke.

Richmond Dental Society

Dr. Elizabeth Berry graduated from Virginia Commonwealth University in 2007. She then continued to specialize in Pediatric Dentistry and Public Health, completing the program in 2009. Dr. Berry is currently serving as a member of the VCU Dental School faculty.

Dr. Charissa Chin graduated from the University Science Malaysia School of Dental Sciences in 2005. She then received her Advanced Education in General Dentistry Certificate from Columbia University College of Dental Medicine in 2008. Dr. Chin is currently a member of the VCU School of Dentistry faculty.

Dr. Carolyn Kelly Mueller graduated from the University of Pittsburgh in 1988. She then received her General Practice Residency Certificate in 1989 from Allegheny General Hospital, with a specialty in public health. She is currently practicing in Petersburg at the Hiram Davis Medical Center.

Dr. Sony Markose graduated from the University of Detroit Mercy School of Dentistry in 2009. He is currently a member of the VCU Dental School faculty.

Dr. Leonard Nunnally III graduated from the Medical College of Virginia in 2007. He is currently practicing in Glen Allen.

Shenandoah Valley Dental Association

Dr. Robert Wilson III graduated from Baylor College of Dentistry in 1976. He is currently practicing in Waynesboro.

Southside Dental Society

Dr. Kristina Staples graduated from VCU School of Dentistry in May 2009. She is currently practicing at Charlotte Primary Care in Charlotte Court House.

Tidewater Dental Association

Dr. Ronald Kondoff graduated from the University of Kentucky in 1985. He then received his General Practice Residency Certificate in 1986. Dr. Kondoff is practicing in a partnership with Dr. Lyall in Virginia Beach.

In Memory Of...

Dr. Walter Kindred
Dr. Gerald Rose
Dr. Emmet C. Skinner
Dr. Anthony Viscido
Dr. Charles Crews

Tidewater Dental Society
Northern VA Dental Society
Tidewater Dental Society
Northern VA Dental Society
Piedmont Dental Society

Virginia Beach
Alexandria
Virginia Beach
Falls Church
Radford

January 1, 2009
October 19, 2009
September 21, 2009
September 5, 2009
November 8, 2009

The VDA extends their apologies for the miss spelling of Dr. Crews' last name in the previous issue of the Virginia Dental Journal.

Component News

Component 3

Dr. Mike Hanley - Editor

Hope everyone had a calm Thanksgiving and didn't need a golf club to exit their vehicle.

Had great participation for the Emporia MOM project. Not only did Component III turnout in large numbers, but many other components did as well. We treated many needy and nice patients. The students did great (how did they get everyone numb???) We must be getting used to the equipment because I didn't hear the loud crashes like last year. The Emporia Guys and their wives worked especially hard; and I'm sure there is more details some where in the journal.

Several issues to get politically involved in this year are regarding insurance. Our leadership is really on this. Due your part by contacting and staying in contact with your representatives. GKAS is just around the corner: the 1st Friday in February. So reserve the day and let Dr. Sam Galstan know. Dare I say, so far in advance of the game: how about those Hawkeyes – what a bowl victory!

Component 5

Dr. Gene Ayers - Editor

Warmest Holiday Greetings from the Piedmont to all our colleagues. We hope your New Year will be exciting and satisfying.

With the spirit of generosity in the air it is not too early to check your calendar for your participation in the M.O.M. Project scheduled at the Roanoke, VA Civic Center on March 26-27, 2010. A great facility and wonderful organization and support.

We also look forward to your company at the excellent Danville Learning Institute, as we host Dr. Ralph Nicassio speaking on "Advances in Orthodontics for the General Practice of Dentistry". Amazing techniques to benefit your patients to be discussed. Please look for our mailing or contact our Executive Director Ann Huffman at 276-673-6700 for more details.



Enteral Sedation, Conscious Sedation and General Anesthesia: Education for Everyone

The Virginia Dental Society of Anesthesiology (VDSA), component of the American Dental Society of Anesthesiology, is sponsoring another certifying course for office assistants (8 hours). In addition a continuing education course of 4 hours for any anesthesia care providers or previously certified anesthesia assistants (4 hours) will be conducted.

The Virginia State Dental Board 'requirements for continuing education' 18 VAC 60-20-50, state that a dentist who administers or dental hygienist who monitors patients under general anesthesia, deep sedation, or conscious sedation shall complete **four hours every two years** of approved continuing education directly related to administration or monitoring of such anesthesia or sedation as part of the hours required for licensure renewal. **An ACLS course does not count toward this requirement.** For any questions about the state regulations log on to:

www.dhp.virginia.gov/dentistry.

For more detailed information, contact the **Virginia Dental Society of Anesthesiology Diane Schreiber**; secretary for the VDSA at 804-273-6818.

Date: April 10, 2010 (Saturday)

Title: Risks and Bad Judgments 4 hours: Certifying course 8 hours: Dr Robert Campbell

Location: Hanover Country Club 14314 Country Club Drive, Ashland Virginia 23005

(approximately 5 miles west of Ashland on US 54 off Interstate 95 exit #92)

Course options: Both courses begin at 8:30 am with registration beginning at 8:00 am

Tuition fees: Certifying course, 8 hours \$175; recertifying course 4 hours \$125

Hotel options: Contact VDSA secretary

Lunch: Full buffet will be served for both the 'recert and cert' groups

Paid Advertisement

CLASSIFIEDS

Practices For Sale/Lease

PARTNERSHIPS OR DELAYED SALES

We have many satisfied clients with associates in your area that we have helped to either buy-in, buy-out or conduct a delayed sale with the current associate. Without a quality valuation and plan up front these transactions normally fail. Call or email us to arrange a FREE CONSULTATION to find out if you are a candidate for this service. The result is higher income and a higher practice value for the seller and a clear financially positive path for the associate. THE MCNOR GROUP, 888-273-1014 X 103 or johnf@mcnorgroup.com, www.mcnorgroup.com.

PRACTICE BUYERS WANTED

For great practices in the Virginia area. We have many practices available for sale in the Virginia area. Are you tired of being an employee in a dead end job? Call us for a FREE CONSULTATION to find out about these opportunities. THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

FOR SALE –GENERAL PRACTICES: General Practitioners - Falls Church – Rev.: \$550,000, 2,800 sq ft, 7 ORs-3 equipped, **Richmond Area** –Rev.: \$217,000, 1,000 active patients, blended insurance, no HMO's, 2 Ors, **Fairfax County** - Endodontist and/or Orthodontist Wanted. **Belvoir Area** - turnkey dental office available for lease for specialists only (no prosthodontists), **Lansdowne** - Turnkey (no patient records) - 4 operatories, **Alexandria** - Revenue: \$1,500,000+, 8 operatories, 2,600 square feet, 4 ½ days/week, **La Crosse** - Revenue: \$200,000, 4 operatories, real estate appraised at \$140,000. **Specialists Only** - **Fort Belvoir** -Turnkey (no records), 4 operatories - fully equipped, 1,500 square feet. **PRACTICE SALES & TRANSACTIONS, (877) 539-8800, www.dentalsales.org**

Wanted to Purchase. If you have a quality general practice in Northern Virginia area (Fairfax), would like to exit have a qualified transition specialist represent you, we have an interested buyer. Contact PPP 412-673-3144 – stanpoll@aol.com.

Job Opportunities

Part Time Dentist Needed 1-2 Days

Per Week -Richmond or Fairfax @Home Dental Services seeks the services of part time dentists to treat shut-in residents of nursing homes in either the Richmond and/or the Fairfax area. Competitive Associate Dentist rates; we do seek those with a public service orientation. Call Ken direct at 303-526-7729 or apply via email to Ken@homedentalservices.com.

INTERIM PROFESSIONAL SERVICE:

Maternity Leave, Vacations, Illness, Disability, Part-Time Associates. Maintain Production & Patient Access. Also, Interim Job Opportunities. Forest Irons & Associates 800-433-2603 www.foresitrons.com
DENTISTS HELPING DENTISTS SINCE 1984

Miscellaneous

MARK BARON, Attorney at Law

Passionately dedicated to saving professional careers and licenses, including those threatened in connection with hearings before the Va. Bd. of Dentistry. Consultation not hesitation. No need to be intimidated by the state's prosecution of your case. Over 20 yrs. experience in providing a zealous, independent defense to clients from all over Va. in administrative law hearings, and author of books on how to prevail in such hearings. Reasonable Rates. Office Phone: (804) 662-5761; After Hrs. (804) 740-7073

Classified advertising rates are **\$60** for up to 30 words. Additional words are .25 each. It will remain in the Journal for one issue unless renewed. All advertisements must be prepaid and cannot be accepted by phone. Faxed advertisements (804-261-1660) must include credit card information. Checks should be payable to the Virginia Dental Association. The closing date for all copy will be the 1st of December, March, June, and September. After the deadline closes, the Journal cannot cancel previously ordered ads. The deadline is firm. As a membership service, ads are restricted to VDA and ADA members unless employment or continuing education related. Advertising copy must be typewritten in a Word document and either mailed (in the form of a disc) or emailed to the following address: Journal and Website Classified Department, Virginia Dental Association, 7525 Staples Mill Road, Richmond, VA 23228 or emailed to jacobs@vadental.org. **The Virginia Dental Association reserves the right to edit copy or reject any classified ad and does not assume liability for the contents of classified advertising.**

SELLERS WANTED

We have qualified buyers with 100% funding approval that want to buy a practice in Virginia. The baby boomers are starting to sell and this is a great time to transition your practice. We get excellent prices and sell the practice in a timely, healthy manner. THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

PRACTICE VALUATION APPRAISAL

We are the only transition consulting company in the area that has a Certified Valuation Analyst CVA as a principal that focuses exclusively on the transition of DENTAL PRACTICES. Please see the article by CVA Karen Norris on page 82 of the April 07 issue of Dental Economics on this subject or call or email us for a FREE CONSULTATION and a copy of the article. If you are selling, buying, creating a partnership or just want to find out the current value of your practice contact THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

NEW OWNER REPRESENTATION:

Our family and organization has represented over 1000 new owners over the last 65 years in the mid-Atlantic area that have purchased, started or became partners in a dental practice. Ownership is a decision that is too important to make without a qualified facilitator. We can get the new owner 100% financing plus working capital. Call us for a FREE CONSULTATION and allow us to send you a list of our references. THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

WANTED

Your gently used Cavitrons, Curing Lights, Amalgamators. Please contact Barbara at the VDA rollins@vadental.org or 804-261-1610
Thank you!

e.max
all ceramic
all the time
\$175* per unit
cementable
bondable
beautiful

*Full contour press only, add \$10 per unit for stacked ceramic. Pricing does not include veneers or substructures if

**Baran Dental
Laboratory**

The Choice for Crown, Bridge & Implants



703.961.0116
800.941.4291



Virginia Dental Association
7525 Staples Mill Road
Richmond, VA 23228

VISIT US ONLINE AT WWW.VADENTAL.ORG

\$300 OFF PAYMENT PROCESSING*
AN EXCLUSIVE OFFER FROM RBS WORLDPAY
FOR VIRGINIA DENTAL ASSOCIATION MEMBERS



As the endorsed payments processor for VDA Services, RBS WorldPay is pleased to announce a comprehensive payments program, designed to bring value to VDA members. Act now, and you're eligible to select from among these offers designed to help you realize exceptional savings:

- **\$300** off of Payment Processing
- **Free** Virtual Terminal Set Up
- **Free** Recurring Payments Set Up
- **Free** VeriFone PIN Pad 1000SE

For a no-obligation consultation on how you can bring value to your business, please contact **Scott Johnston** of RBS WorldPay today at **804.564.9967**.



*Certain restrictions apply.