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VDA

Virginia Dental Association

JOURNAL

THE Virginia MEETING

JUNE 14-16, 2007

Norfolk Waterside Marriott
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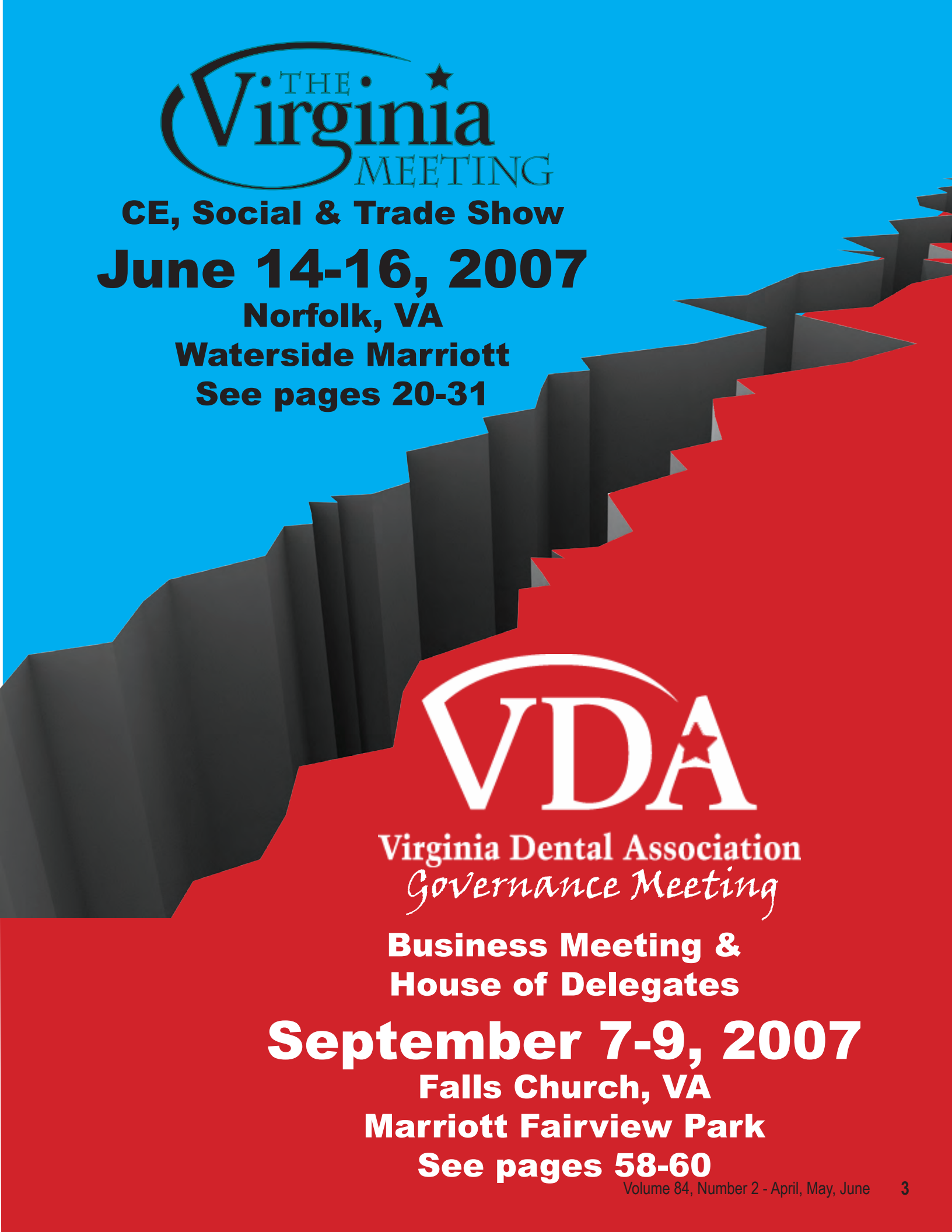
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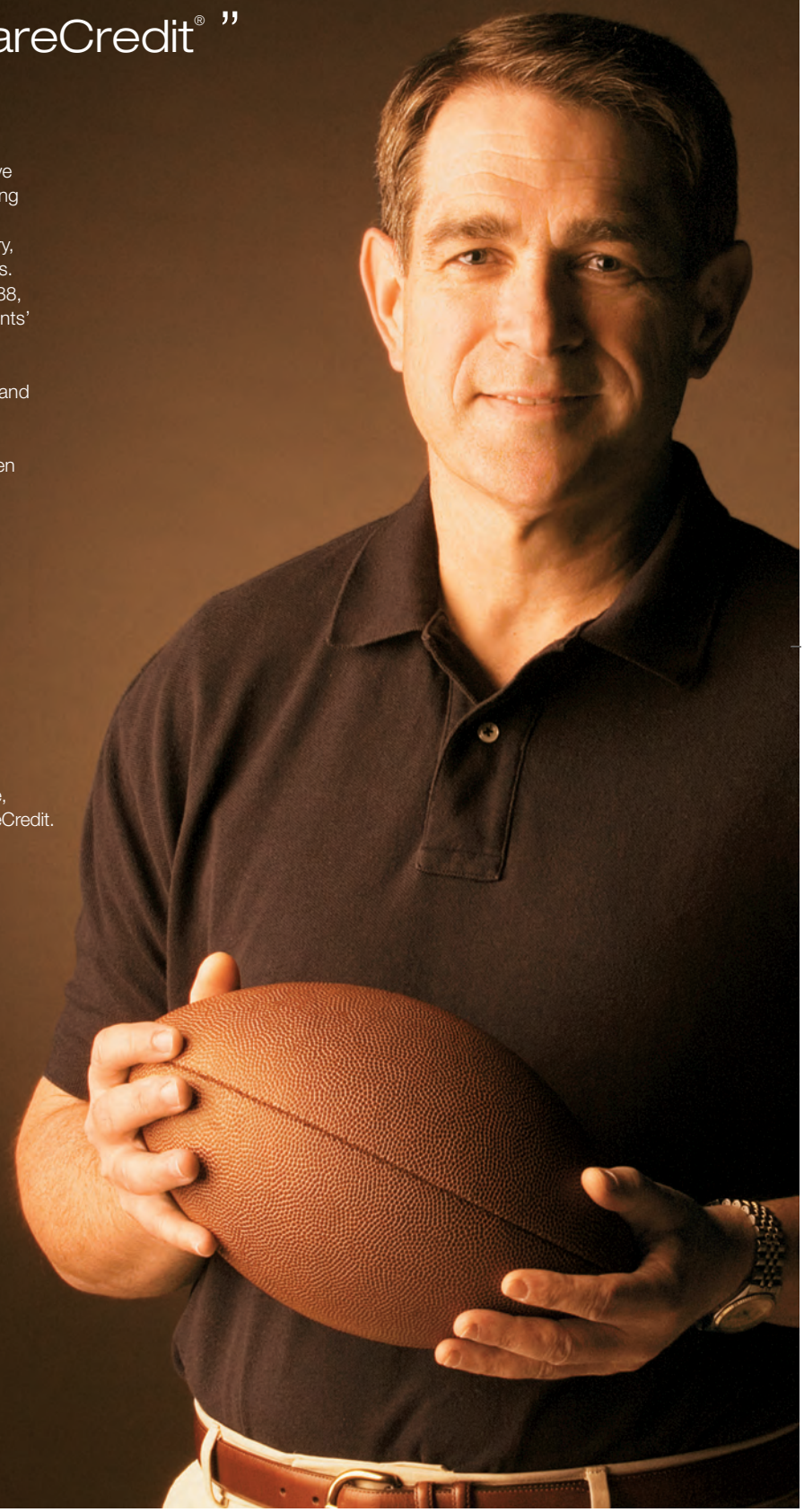


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Message From The President

Dr. Anne Adams

We know how to prevent tooth decay. March 4, 2007 Deamonte Driver died from an abscessed tooth that infected his brain. This is 2007, it should not happen. He was 12 years old. His Medicaid was not in effect.

Instead of focusing on the failures in this case, we should focus on how we can work together to ensure that something like this never happens in Virginia.

Virginia's dental Medicaid system has made progress since 2005. The numbers of treated kids (0to 20years) for the year 2006 is more in the 29%to 30% range. This is not your fathers Medicaid. Thanks to the efforts of Pat Finnerty and many other partners, Virginia now has probably the best dental Medicaid system in the country. The reimbursement rates since 2005 are now at a level that you do not have to lose money while helping those in need (thanks to the General Assembly). Since the system was overhauled (simplified paper work, reporting requirements, one payor and no additional managed care programs, reasonable reimbursement rates, case managers, limited preauthorization, no- show tracking, etc) over a 3 year period, dramatic results have occurred.

For adults, they have nothing to fall back on for ther dental care other than dentists helping them out with reduced or no fee for service, or in free clinics, or our MOM projects. It is easy to get overwhelmed and frustrated with the system but we will continue to do our part. We will hold our breath until communities decide that this issue is a systems problem, and important enough to discuss, for without that, little real progress will occur. Please make signing up for the Medicaid program a priority to help our indigent in Virginia. Many hands make light work. If we all do a little then we can save smiles, one at a time, and not create a burden on a few individuals.

Please call Anna Perez at 804 217-8392 and sign up for the Medicaid Program. She or someone else will come to your office and help you sign up and explain how the system works. I t only takes a minute of your time.

Do not forget to register for The Virginia Meeting. It will take place in Norfolk, June 14 to the 17th. This will be the first time that we all can get CE and have a great time at the social events. You can also register online. The VDA Business Meeting will take place at the Fairview in Fairfax, September 7-9. Please plan to attend this meeting also.

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Trustee's Corner

Dr. Ron Tankersley - 16th District Trustee

As the first in a series of discussions addressing the major issues confronting the profession and the ADA, I will begin with a "State of the Profession" overview in a "good news/bad news" format. With your help, we can nurture the "good news" items so that they will grow. We should not try to "bury" the "bad news" items. Instead, we need to "expose and fix" them. More detailed discussions of individual issues will be addressed in subsequent "Trustee Corner" sections.

The Association

Good News: ADA's leaders (House of Delegates, Councils, Board of Trustees, Officers and Staff) are dedicated, competent, aware of the rapidly changing environment and willing to consider the changes necessary to move forward. They increasingly use a knowledge-based strategic planning process to make its decisions and prepare for the future. The ADA was sited as one of the better managed associations in the country in the book 7 Measures of Success. There are ongoing initiatives to increase communications, decrease duplication of services and process, and increase over-all cost-effectiveness within the organization. Fiscally, the ADA is sound and our membership market-share is increasing. The ADA recognizes that, to continue and increase its effectiveness, it must represent and reflect the diversity that exists within the ethical dental community (race, sex, practice type, education, etc.). It is actively making efforts to achieve the appropriate diversity through empowerment, not entitlement, of those under represented dentists

Bad News: Some dentists believe that the dental profession is somehow protected from ongoing environmental changes and distrust the motives of those who disagree with them. Territorial instincts, self-protectionism, and resistance to change make elimination of "communication silos" and reorganization of Association infrastructure difficult. Many dentists, particularly from under-represented groups, do not understand the importance of their participation and ownership in the Association and the ADA has not found a way to effectively educate them about its value. So, achieving membership goals and generating the revenue necessary to fully fund many worthwhile services is difficult.

Dental Practice

Good News: Forecasts based on statistical modeling all indicate that dentistry's future is strong; it is a great time to be dentists. Projections of manpower, emerging technology, and public demand all suggest that dentists will be able to deliver better professional care to more people with increased cost effectiveness as we go forward.

Bad News: There is phenomenal momentum in Washington for development of a federally mandated/funded universal healthcare plan. It is important that the ADA be the authoritative proactive force in advocating for the inclusion of essential oral health provisions in such a plan. If we are either unsuccessful in fulfilling that role or our advocacy efforts are misguided, the dental-delivery system that currently serves most American well could be a casualty. Third-party intrusion into the dentist/patient relationship continues.

ADA Advocacy

Good News: The ADA is highly respected by policymakers and legislators as an effective voice for the dental profession. Its advocacy effectiveness is currently enhanced by increased use of consultants, increased coalition-building initiatives, and restructuring/reorganizing the staff and Councils' approach to identifying and addressing issues. The ADA recognizes that it must be the leading advocate for the oral health of the public as well as the well-being of the profession. In fact, it realizes that they are mutually dependent. Unlike many other areas in healthcare, the ADA has remained, largely, unchallenged in its role as the "recognized" oral health advocate for both the public and profession.

Bad News: The ADA's handling of the Alaska DHAT issue and the perception that it has not proactively addressed some other important "access-to-care issues" has created a public relations quagmire that may be difficult to overcome. The perception by some policymakers and legislators that the Association is primarily concerned with protecting its dentist-members, not the public's oral health, negatively affects our advocacy effectiveness. There are other groups attempting to assume the position of the "real" advocates for oral health. So, maintaining our current position as the authoritative oral health advocate for the public may be a challenge.

Ethics and Professionalism

Good News: The 2006 Gallup poll ranked dentistry among the top five among the respected and trusted professions. For most dentists, their incomes are the byproduct of good patient care and their patients recognize that fact. There are increasing numbers of dentists who give back to the community through participation in and development of free clinics, MOMs projects, DDS programs, Give Kids a Smile, and similar activities. These activities are appreciated and noticed by both the patients they help and the public.

Bad News: Public awareness of breaches in ethical conduct by students and practitioners is a rapidly emerging issue that threatens our profession's reputation and endangers the core principals necessary for maintenance of our "self-regulating" status. The perception that some dentists are more concerned with maintaining their life styles than maintaining their patients' oral health is a problem. Unfortunately, there is evidence that for some dentists their incomes may, in fact, be the drivers, not the byproduct, of patient care.

Dental Education

Good News: The bright, articulate, diverse dental school applicants today have academic records experiences exceeding those of many applicants in past years. Many dental schools have state-of-the-art student labs, teaching technology, clinical equipment, and materials. Dental graduates are familiar with information and techniques that were unavailable to students just a few years ago. There is a major initiative underway to secure the funding necessary to protect the future of dental education ("Our Legacy – Our Future" Campaign).

Bad News: Finding innovative solutions for providing appropriate preparation of students for future dental practice remains a huge challenge. Unless solutions are found, inadequate funding, a shortage of available patients in traditional dental school settings, and insufficient faculty may become drivers for an emphasis on production, instead of quality, and lower clinical requirements. The expense and technique sensitivity of emerging technology will make such technology unattainable for many dental schools with current teaching models and financing methods.

Summary

The state of the profession and the ADA is currently very good. We should be proud of the procession and the ADA. But, innovative solutions will be required in order for us to overcome some of the internal and external obstacles that the profession faces for the future. It is an honor to represent you on the ADA Board of Trustees and I welcome your comments or questions concerning any of the issues discussed.

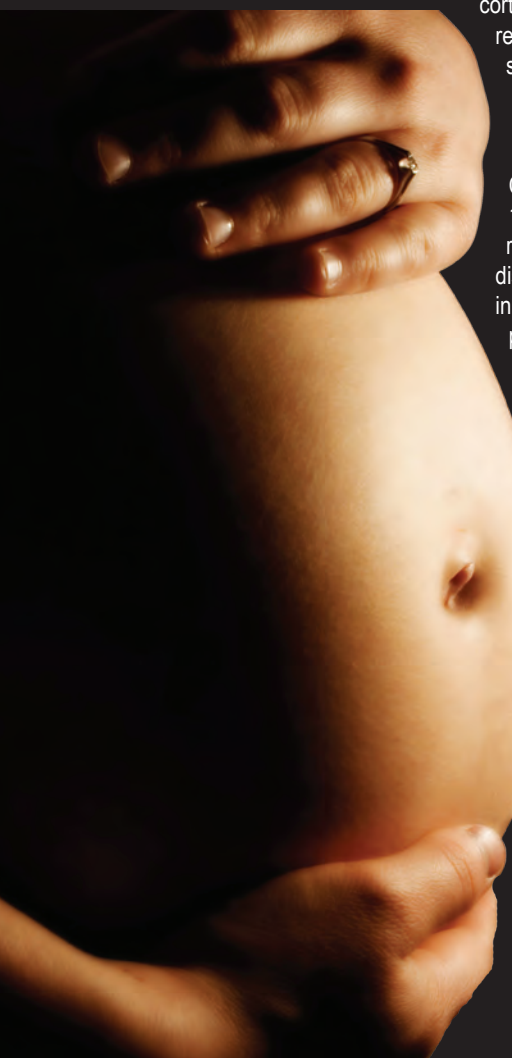
Providing Oral Health Care For The Pregnant Patient

By: James Giglio, DDS, M.Ed

Dentists are often uneasy about treating pregnant women for fear of causing harm to the mother or baby or a fear of legal liability should the pregnancy end unexpectedly (miscarriage) or result in a baby born with congenital defects. While these fears are understandable, especially in our litigious society, they are usually the result of a lack of understanding and appreciation of the professional responsibility the dentist has in providing oral health care at this time of a woman's life. The purpose of this paper is to review and clarify some of these issues and provide an update to the current concepts relative to providing pregnant patients needed dental care. Unless having been diagnosed as "high-risk," pregnant patients are not medically compromised and should not be denied dental care because they are pregnant. These patients do, however, require special management considerations designed to protect the mother and her developing unborn child. Appreciating the normal physiologic changes that occur in pregnancy should dispel some of the myths and worries regarding the gravid patient and raise the comfort level in providing care for these patients.

PHYSIOLOGIC ADAPTATIONS TO PREGNANCY

While almost every organ system must adapt to the normal physiologic changes that occur with pregnancy, the changes in the cardiovascular, respiratory, gastrointestinal (GI), immunologic, and hormonal systems have the greatest impact on how oral health care is provided for the pregnant patient. Among the initial changes is an increase in mineral corticoids that results in sodium retention. The increase in sodium levels leads to an increased total body water content and a 30% to 40% increase in plasma volume. Concomitantly, there is a 10% to 15% increase in red blood cell volume. The disproportionate difference in increase between the plasma volume and red cell volume results in a dilutional anemia.[1, 2] If the hematocrit drops below 33% (normal range 38-47%) and the hemoglobin is below 11 (normal range12-16 g/dl) an iron deficiency anemia results and the patient will most likely by required to take an iron supplement.



In order to compensate for the increased plasma volume, the maternal heart rate increases (tachycardia) and cardiac output is increased by 30% to 50%. Moreover, as a result of these hemodynamic changes, approximately 95% of pregnant women develop a physiologic (benign) heart murmur.[3, 4] Because the murmur is benign, antibiotic prophylaxis against subacute bacterial endocarditis (SBE) is not necessary when dental procedures that cause bleeding are performed. Also, as a result of vasomotor instability, pregnant patients are predisposed to postural hypotension and syncope, especially in the first trimester of their pregnancy.[5] Therefore, one should change a pregnant patient from a reclining position to an upright position in the chair very slowly.

Because of capillary engorgement, the upper respiratory system undergoes edematous changes from the nasal cavity to the trachea.[6] Nasal breathing becomes more difficult resulting in a tendency for open-mouth breathing, especially at night. If xerostomia develops, patients loose the protection against dental decay afforded by saliva. These patients, especially those with a high caries index, should be treated aggressively to control decay and minimize any deleterious effects on their dentitions. Edema in the upper respiratory tract also increases the risk of airway obstruction, especially in cases of pharyngeal or retropharyngeal space infection. In addition, functional residual capacity of the lungs can diminish as much as 18% due to uterine enlargement and elevation of the maternal diaphragm.[7]

The increase in progesterone levels during pregnancy causes a decrease in lower esophageal tone, gastric and intestinal motility, and gastrointestinal secretions. In addition, the stomach is displaced superiorly as uterine size increases resulting in an increased intragastric pressure. The combined effects of these hormonal and mechanical changes in the GI system increase the risk of gastric acid reflux, erosion of tooth enamel, and acid aspiration syndrome.[4, 8, 9]

CONSIDERATIONS FOR TREATMENT

A survey of obstetricians reported that 91% of the respondents indicated that they preferred not to be contacted prior to "routine" dental care. If the dentist needed to prescribe antibiotics, 88% preferred to be contacted in order to discuss the case, but only 54% wanted consultation before a dentist prescribed analgesics.[10] While consultation may not be required for "routine" treatment of the normal, healthy pregnant patient, consultation should be sought prior to caring for those patients identified by the obstetrician to be at-risk for adverse pregnancy complications. These patients include those with pregnancy-induced hypertension, gestational diabetes, threat of spontaneous abortion, and a predilection for premature labor. The high-risk pregnant patient can usually be identified by taking a good medical history and asking specific questions about the course and nature of the pregnancy. Careful measurement and recording of baseline blood pressure, pulse, and respiratory rate are required prior to any invasive procedure, including administration of a local anesthetic. Blood pressure measurements often are at or below the range expected for healthy women of childbearing age; however, if repeated diastolic pressures above 90 mmHg are observed the obstetrician should be notified.

Observational and intervention studies have shown an association between periodontal disease and adverse pregnancy outcomes such as low birth weight and preterm labor.[11, 12] However, other studies have failed to show any relationship between periodontal disease and pregnancy outcomes, but have concluded that treating periodontal disease in pregnancy is safe.[12] While research continues into the pathophysiology of a possible cause and effect relationship between oral health and pregnancy outcomes,

is seems prudent to maintain the pregnant patient's periodontal system as disease-free as possible.

Oral infection should be treated aggressively at any time during pregnancy. While the pregnant patient is not considered to be immunocompromised, the maternal immune system becomes suppressed in response to the fetus. There is a decrease in neutrophil activity, cell-mediated immunity, and natural killer cell activity. Consequently, oral infections can fulminate rapidly into multiple deep-space infections and potentially severely compromise the oral pharyngeal airway.[9, 10] Abscesses should be drained and the offending pulp extirpated or the tooth removed in order to control the infection. The obstetrician should be informed of the patient's status and the planned course and rationale of treatment discussed. Patients in acute pain can be managed in a similar manner. Analgesics alone may not suffice, nor should the patient have to wait until the postpartum period before definitive treatment is provided. Pulps can be extirpated and uncomplicated extractions can be performed. More complex cases can be referred to the appropriate specialist, if necessary.

While coronal scaling, polishing and root curettage can be performed at any time during pregnancy to maintain oral health, for practical reasons the second trimester and early third trimester of pregnancy are considered to be the most appropriate times to provide elective care. Organogenesis is completed by the end of the first trimester and uterine size usually has not increased to a size that makes sitting in the dental chair uncomfortable. Extensive elective surgery and restorative procedures should be postponed until after delivery. Treatment should be directed toward disease control, maintaining a healthy oral environment, and preventing potential problems that could occur later in pregnancy or postpartum period.[14]

Attention to certain details during treatment will make dental care a more pleasant experience for the pregnant patient. Pregnant women have a heightened awareness and sensitivity to taste, smell, and environmental temperature. Overheating can result in a feeling of lightheaded and dizziness. Unpleasant tastes and odors can cause nausea as well as gagging and vomiting. Acknowledged awareness and concern by the doctor and staff, and control of the office environment to the extent possible, will contribute to patient comfort and a sense of well-being. Hypoglycemia, a potential cause of fainting, should be avoided by recommending that the patient eat a protein and complex carbohydrate snack before the appointment.

For comfort, if possible, the patient should be allowed to dictate the chair position during treatment. As the gravid uterus increases in size, its pressure on the vena cava and aorta can result in a significantly diminished cardiac output, venous return and uteroplacental blood flow. Aortocaval compression occurs specifically in the supine condition and leads to supine hypotensive syndrome manifested by symptoms and signs such as lightheadedness, syncope, weakness, sweating, restlessness, tinnitus, pallor, hypernea, a drop in blood pressure and, in severe cases, unconsciousness, convulsions, and Cheyne-Stokes respiration.[15] Patients who experience this syndrome are usually aware of its occurrence and are able to alert their caregivers if they begin to notice symptoms developing. The condition can be corrected by having the patient roll on her left side and placing a pillow or rolled towels to elevate her right hip and buttock approximately 15 degrees. This maneuver will lift the uterus off the vena cava and re-establish aortocaval patency.

Oral radiographs are safe provided protective measures such as fast exposure (high-speed film, digital imaging), filtration, collimation, and lead aprons are used. The most important protective measure is the lead apron.[16] Based on data from several sources, the National Council on Radiation Protection and Measurements reports no increase in congenital anomalies or intrauterine growth retardation when x-ray radiation exposures during pregnancy total less than 5 to 10 centiGray (cGy).[17, 18, 19] In comparison, a full mouth series of dental radiographs results in only 0.0008 cGy. In addition, limiting x-ray exposure to bite-wing, selected periapical and panoramic views will further reduce the radiation dose to the pregnant patient.[14]

Another area of concern for the dentist, obstetrician, and patient is the administration and prescribing of drugs. The obvious concern is that the drug will cross the placental barrier and cause teratogenic effects to the fetus. The Food and Drug Administration (FDA) has published category guidelines for safely prescribing drugs during pregnancy.[20] These categories are summarized in Table 1 and are meant to aid clinicians in deciding which drugs to prescribe for pregnant women.[20] Table 2 lists the categories to which the drugs more commonly prescribed or administered by dentists are assigned. Analgesic drug categories are based on short term (2-3 days) use to treat a specific disease process. For instance, ibuprofen is a category B analgesic during the first and second trimesters but a category D in the third trimester because it may cause premature closure of the fetal ductus arterosis, diminish amniotic fluid volume, and delay the onset of labor.[22]

A survey of more than 50,000 dentists and dental hygienists suggested that chronic exposure to nitrous oxide could be associated with reproductive problems such as spontaneous abortion and birth defects.[23] This study has been called into question on perceived inherent biases of study design.[24, 25] However, nitrous oxide does affect vitamin B_{12} metabolism, making the enzyme methionine synthase inactive in the folate metabolic pathway. Because methionine synthase is vital for DNA production, it is best to avoid the use of nitrous oxide in the first trimester of pregnancy when organogenesis is most active.[25] During the administration of nitrous oxide analgesia the greatest concern for patient safety is the potential for hypoxia. Modern anesthetic machines equipped with fail safe and flow safe systems greatly diminish the potential for hypoxemia to develop. If nitrous oxide is necessary for patient comfort, the analgesia technique should be discussed with the patient and obstetrician to be sure the pregnancy is progressing normally. Short-term administration (i.e. to ease apprehension during administration of a local anesthetic) of nitrous oxide with a minimal concentration of 50% oxygen after the first trimester of pregnancy should be safe in the ambulatory setting.[25]

ORAL CAVITY CHANGES IN PREGNANCY

Gingivitis is commonly observed beginning in the second month of pregnancy and begins to diminish by the middle of the third trimester. Altered fibrinolysis and increased levels of progesterone and estrogen in pregnancy cause an exaggerated gingival inflammatory response to local irritants such as plaque and calculus deposits.[26] The interproximal papilla become red, edematous, tender to palpation, and bleed easily if traumatized. In some patients, the condition will develop locally into a pyogenic granuloma or "pregnancy tumor" most commonly seen on the labial surface of the interproximal papilla. The condition responds well to local debridement, chlorhexidine rinses and improved oral hygiene measures.[14] These lesions need to be removed surgically if bleeding is excessive or if they interfere with chewing.

CONCLUSION

Optimal oral health is very important for the pregnant patient and can be provided in a safe and effective manner. Attention to normal physiologic changes associated with pregnancy, practicing careful radiation hygiene measures, thoughtful medication prescription based on FDA safety categories, timing of appointments, as well as aggressive management of oral infection are necessary. The American College of Obstetricians and Gynecologists (ACOG) recognizes the importance of oral health care and recommends that women see their dentist early in pregnancy and remain attentive to good oral hygiene practice throughout their pregnancy.[27] With the possibility that periodontal disease may affect pregnancy outcomes, dentists need to play a proactive role in early diagnosis and maintenance of oral health for pregnant women.

Figure 1 provides a check-list summary for approaches in caring for the pregnant patient (see page 12).

Fig.1. Suggested 6 point check-list for providing oral health care during pregnancy.

1. WHEN TO TREAT:

a. Elective care in the middle and early third trimesters of pregnancy.

b. Urgent care can be provided at any stage of pregnancy.

c. Scaling and curettage can be performed at any time in the pregnancy.

2. TREATING ORAL INFECTION:

a. Penicillin, Amoxicillin, Cephalosporin, Clindamycin, and Azithromycin can all be prescribed when treating oral infections. Because erythromycin can cause severe gastrointestinal irritation consider not prescribing for the pregnant patient. Tetracycline is contraindicated.

b. Infections should be treated aggressively. Abscesses can be drained, pulp extirpated, or teeth removed

3. HEART MURMURS:

a. Heart murmurs of pregnancy are physiologic murmurs and do not require SBE antibiotic prophylaxis.

b. Heart murmurs that are not related to pregnancy and considered pathologic will require SBE prophylaxis according to current American Heart Association/American Dental Association guidelines.

4. DURGS AND LOCAL ANESTHETIC AGENTS:

a. Prescribe and administer drugs according to FDA drug safety guidelines.

b. Acetaminophen is considered to be the safest drug to prescribe for the pregnant patient. Most drugs commonly prescribed by dentists are either category B or C according to FDA drug safety guidelines. While ibuprofen is a category B dosing and duration of use should be restricted. Obstetric consultation is advised. Ibuprofen is contraindicated in the third trimester of pregnancy.

c. Prescribe the lowest but effective therapeutic dose for the shortest but effective therapeutic time

d. Lidocaine is a FDA category B drug. Epinephrine is not contraindicated in pregnancy. Because the gravid uterus is sensitive to vasoconstrictors, inject local anesthetics with epinephrine slowly and limit the amount epinephrine to .04 mg. (2 carpules of 100:000 epinephrine concentration).

e. Avoid prescribing aspirin, benzodiazepines, and barbiturates.

4. RADIOGRAPHS:

a. Oral radiographs are safe in pregnancy when proper radiation hygiene safety measures are practiced.

b. Use a lead apron, well-collimated x-ray radiation, and high speed film.

c. Limit the number of exposures to what is required for diagnosis.

d. Digital radiography, panoramic views, bite wing, and necessary periapical views are all satisfactory.

5. NITROUS OXIDE CONSCIOUS SEDATION:

a. The use of nitrous oxide analgesia remains controversial.

b. Avoid using nitrous oxide in the first trimester.

c. Discuss individual patient needs, risks, and benefits with the obstetrician.

d. If the technique is required, avoid hypoxemia.

e. A maximum concentration of 50% nitrous oxide/50% oxygen for short periods is suggested.

6. IMPORTANT PATIENT CONSIDERATIONS:

a. Be attentive and responsive to the patient's concerns, emotional needs, and physical requirements and comfort.

b. Avoid hypoglycemia by recommending a protein and complex carbohydrate snack before the appointment.

Table 1. Summary of the FDA Categories for Drug Safety During Pregnancy.

DRUG CATEGORY	DESCRIPTION
A	Studies in pregnant women have not shown an increased risk of fetal anomalies
B	Animal studies have revealed no evidence of harm to the fetus, however, there are no adequate and well-controlled studies in pregnant women; or Animal studies have shown adverse effect, but adequate and well-controlled studies in pregnant women fail to show a risk to the fetus
C	Animal studies have shown an adverse effect and there are no adequate and well-controlled studies in pregnant women; or No animal studies have been conducted and there are no adequate and well-controlled studies in pregnant women.
D	Studies, adequate well-controlled and observational, in pregnant women have demonstrated a risk to the fetus. However, the benefits of therapy may outweigh the potential risk.
X	Studies, adequate well-controlled and observational, in animals or pregnant women have demonstrated positive evidence of fetal abnormalities. The use of the product is contraindicated in women who are or may become pregnant.

Table 2: Drugs commonly prescribed or administered by dentists.

LOCAL ANESTHETICS	PREGNANCY RISK CATEGORY
Lidocaine	B
Mepivacaine	C
Bupivcaine	C
Etidocaine	B
Prilocaine	B
Articaine	C

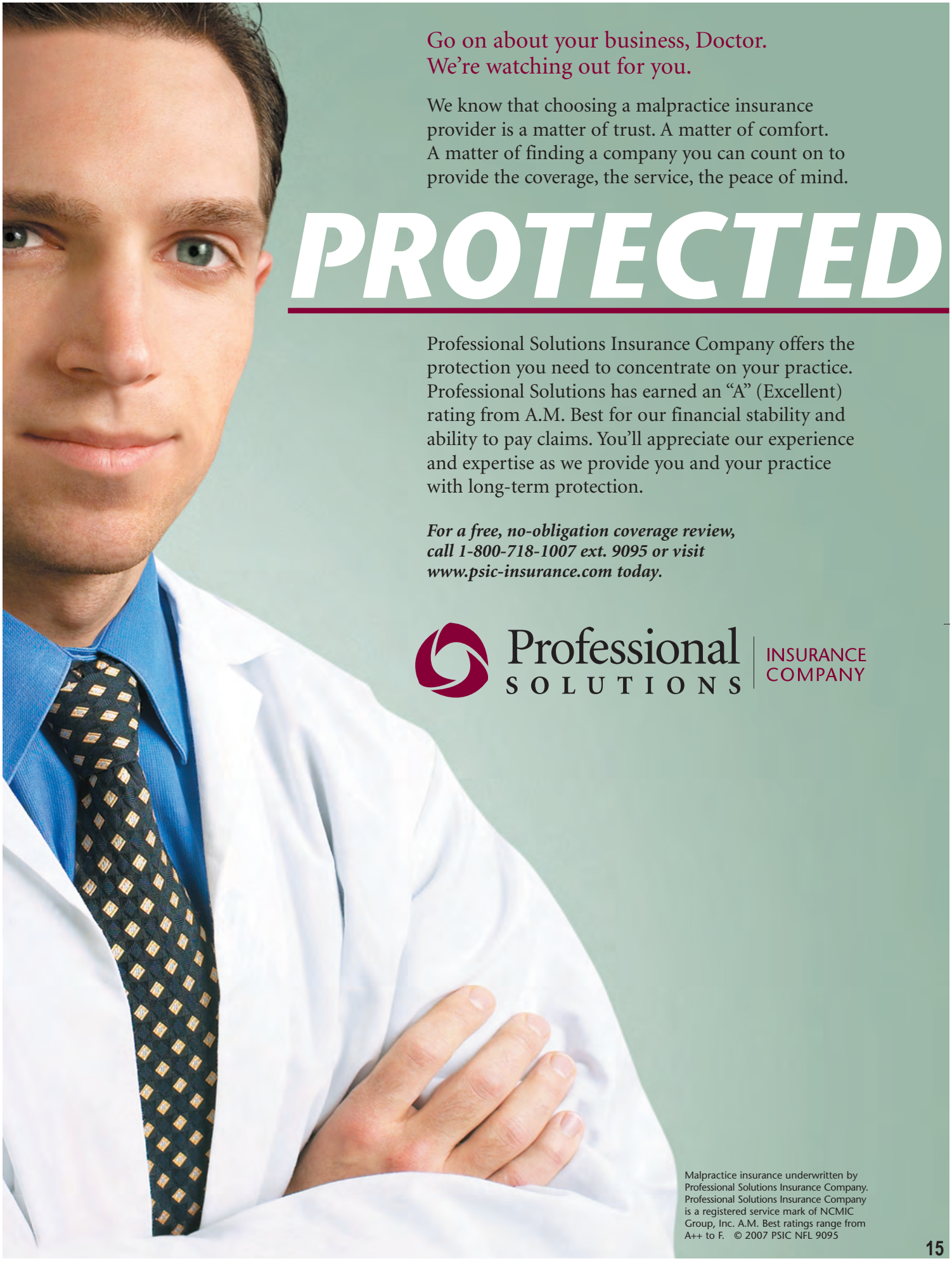
ANALGESICS	PREGNANCY RISK CATEGORY
Acetaminophen	B
Aspirin	C
Ibuprophen	B/D see text
Codeine with Acetaminophen	C
Hydrocodone with Acetaminophen	C
Oxycodone with Acetaminophen	C
Propoxyphene	C

ANTIBIOTICS	PREGNANCY RISK CATEGORY
Amoxicillin	B
Penicillin V-potassium	B
Cephalexin	B
Clindamycin	B
Erythromycin (avoid estolate)	B
Metronidazole	B
Doxycycline	D

ANXIOLYTICS/ SEDATIVES	PREGNANCY RISK CATEGORY
Benzodiazepines	D
Barbiturates	D
Nitrous Oxide	Not Classified

REFERENCES

1. Lund CJ, Donovan JC. Blood volume during pregnancy: Significance of red cell volumes. Am J Obstet Gynecol 1967; 98: 393.
2. Skaredoff MN, Ostheimer GW. Physiological changes during pregnancy: Effects of major regional anesthesia. Reg Anesth 1981; 6: 28.
3. Scott DE. Anemia during pregnancy. Obstet Gynecol Ann 1972; 1: 219.
4. Barron WM. The pregnant surgical patient: Medical evaluation and management. Ann Intern Med 1984; 101: 683.
5. Thornburg KL, Jacobsen SL, et al. Homodynamic changes in pregnancy. Semin Perinatol 2000; 24: 11.
6. Chestnut DH. Anesthesia in Obstetrics. St. Louis, 1994. CV Mosby.
7. Phelan JP. Pulmonary edema in obstetrics. Obstet Gynecol Clin North Am 1991; 18:319.
8. Yellich GM. Perioperative considerations in the pregnant patient. Oral Maxillofac Clin North Am 1992; 4: 651.
9. Lawrenz DR, Whitley BD, et al. Considerations in the management of maxillofacial infections in the pregnant patient. J Oral Maxillofac Surg 1996; 54: 474.
10. Shrout MK, Comer RW, et al. Treating the pregnant dental patient: Four basic rules addressed. J Am Dent Assoc 1992; 123: 75.
11. Offenbacher S, Luff S. et al. Maternal periodontitis and prematurity. Part 1: Obstetric outcomes of prematurity and growth restriction. Ann Periodontol 2001; 6: 164.
12. Lopez NJ, Smith PC et al. Higher risk of preterm birth and low birth weight in women with periodontal disease. J Den Res 2002; 81: 58.
13. Michalowicz BS, Hodges JS, et al. Treatment of periodontal disease and the risk of preterm labor. N Engl J Med 2006; 335: 1885.
14. Little JW, Falace DA, et al. Dental Management of the Medically Compromised Patient, ed. 6, St. Louis, 2002, CV Mosby.
15. Kinsella SM, Lo H, et al. Supine hypotensive syndrome. Obstet Gynecol 1994: 83: 774.
16. White SC. 1992 assessment of radiation risk from dental radiography. Dentomaxillofac Radiol 1992; 21: 118.
17. Brent RL. The effects of embryonic and fetal exposure to x-rays, microwaves, and ultrasound. Clin Obstet Gynecol 1983; 26: 484.
18. Brent RL. Ionizing radiation. Contemp Obstet Gynecol 1987; 30: 20.
19. Mole RH. Radiation effects on pre-natal development and their radiological significance. Br J Radiol 1974; 52: 89.
20. Pregnancy Categories for Prescription Drugs. FDA Bull 1982; 12: 24.
21. Meadows M. Pregnancy and the drug dilemma. Available at http://www.fda.gov/fdac/features/2001/301_preg.html Accessed February 12, 2007.
22. Moore PA. Selecting drugs for the pregnant dental patient. JADA 1998; 129: 1281.
23. Cohen EN, Gift HC. Occupational disease in dentistry and chronic exposure to trace anesthetic gases. JADA 1980; 101: 21.
24. Clark MS, Renehan BW et al. Clinical exposure and potential biohazards of nitrous oxide/oxygen. Gen Dent 1997; 45: 486.
25. Clark MS, Braunick AL. Handbook of Nitrous Oxide and Oxygen Sedation, ed. 2. St. Louis, 2003, CV Mosby.
26. Löe H: Periodontal changes in pregnancy. J Periodontol 1965; 36:209.
27. You and Your Baby, Prenatal Care, Labor and Delivery, and Post Partum Care. Available at http://www.acog.org/publications/patient_education/ab005.cfm Accessed March 9, 2007.


Go on about your business, Doctor.
We're watching out for you.
We know that choosing a malpractice insurance provider is a matter of trust. A matter of comfort. A matter of finding a company you can count on to provide the coverage, the service, the peace of mind.
PROTECTED
Professional Solutions Insurance Company offers the protection you need to concentrate on your practice. Professional Solutions has earned an "A" (Excellent) rating from A.M. Best for our financial stability and ability to pay claims. You'll appreciate our experience and expertise as we provide you and your practice with long-term protection.
For a free, no-obligation coverage review, call 1-800-718-1007 ext. 9095 or visit www.psic-insurance.com today.
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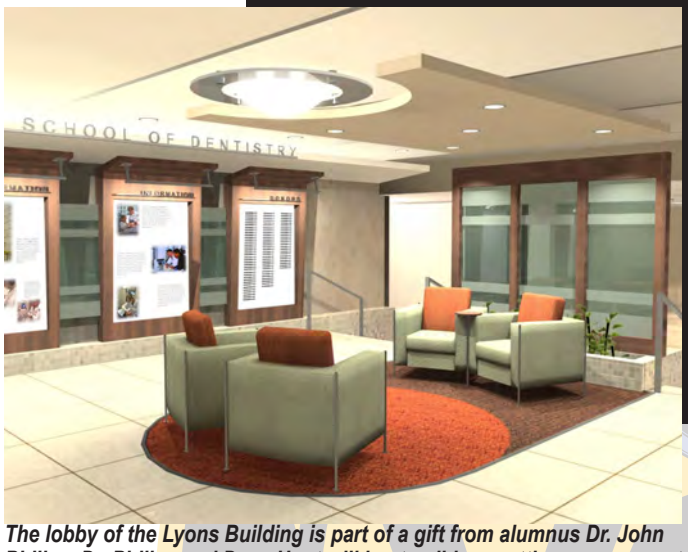
Come See the Dental School's New Look

By: Matha Bushong

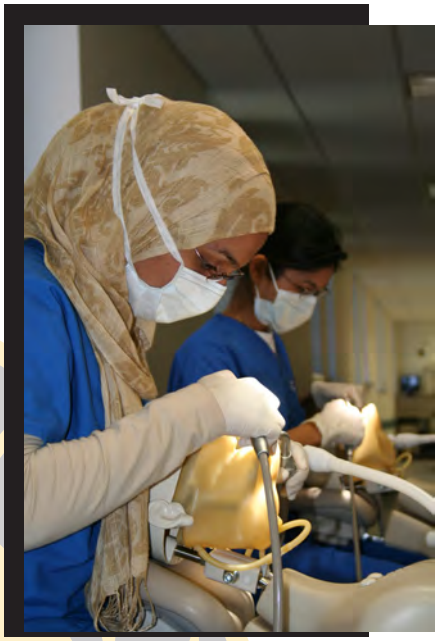
If you haven't visited the VCU School of Dentistry lately, you might not recognize much. Things are really changing. A bright inviting space, with comfortable seating and easy to read directional signs welcomes patients, students, and employees who enter the first floor of the Lyons Building from 12th Street. Meanwhile, the south end of its third floor has been reconfigured to house a new Dental Hygiene office suite and a100-station Mannequin Lab.



The lobby of the Lyons Building is part of a gift from alumnus Dr. John Philips. Dr. Philips and Dean Hunt will host a ribbon-cutting ceremony at Reunion this year.

These are just a few of the changes you'll see when you visit the school on Reunion and Alumni Weekend. On Saturday afternoon, April 27, Dr. John Philips and Dean Ron Hunt will formally open the updated lobby with a ribbon cutting. After the ceremony, Student Alumni Ambassadors will give tours of the new Mannequin Lab and recently renovated clinics, labs, and other spaces.

While we are sprucing up existing spaces, plans for the new building continue to move along smoothly. It is becoming increasingly clear how the building is linked to our future educational and research growth. Financed with a combination of state funds and tuition revenues, the new building will give the School of Dentistry the classrooms, laboratories and clinics needed to increase enrollment in the DDS and dental hygiene programs and expand its research enterprise, with the goal of improving oral health for Virginians. VCU will name the building in honor of Dr. Baxter Perkinson of Richmond in recognition of his great volunteer efforts and gifts to VCU and the School of Dentistry. One of the new building's most exciting prospects involves the fourth floor and the research enterprise. Designated for research laboratories, the west wing of the floor will house space for ongoing research in oral cancer in collaboration with the Massey Cancer Center. The east wing will be used for the emerging research field of bioengineering in collaboration with the VCU School of Engineering.



The recently completed 100-station Mannequin Lab represents the final phase of the four-year renovation of the preclinical laboratories and financed by state funds and private funds. Thanks to the many generous donor alumni and friends who participated in the Campaign for Clinical Simulation, students now will learn tooth preparations in a simulated clinic environment, accelerating the transition from lab to clinic, and permitting students to begin patient care at the start of the D2 year,

Dean Ron Hunt says, "The collaboration between the two schools is a new and exciting venture. We will be talking more in the coming months with Dean Russ Jamison and developing research questions to investigate." Substantial research growth reflects VCU's commitment to applying new knowledge that improves health and wellness. Collaborations across disciplines highlight the potential for the School of Dentistry's research to grow as well.

Architectural work on the façade continues. Many months will be needed to gain all the permits necessary and to complete the construction bidding process. Ground-breaking on the site of the current parking lot is expected in November 2007, with completion in summer 2009.

Missions of Mercy
Virginia Dental Health Foundation

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!

I would like to volunteer at:

Northern VIrginia MOM 2007
- ☐ Friday, March 16, 2007
- ☐ Saturday, March 17, 2007

Eastern Shore MOM 2007
- ☐ Saturday, March 24, 2007
- ☐ Sunday, March 25, 2007

Roanoke MOM 2007
- ☐ Friday, May 4, 2007
- ☐ Saturday, May 5, 2007

Wise MOM 2007
- ☐ Friday, July 20, 2007
- ☐ Saturday, July 21, 2007
- ☐ Sunday, July 22, 2007

Grundy MOM 2007
- ☐ Saturday, October 13, 2007
- ☐ Sunday, October 14, 2007

I prefer to do:

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

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LICENSE NUMBER

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!

Need for Dental Access Still Evident on the Eastern Shore

With Spring in the air, were they vacationers or the 300+ MOM volunteers who arrived in Onley, VA on March 23rd that increased traffic on Route 13? Eastern Shore residents took notice of the activity at Nandua High School as preparations were made for the 7th Mission of Mercy project in that area. By noon on Sunday, 735 patients had received over $355,000 in free dental care. To date, 4,629 patients have received $1.8 million in dental services. The need for access to dental care is still evident!

Many thanks to MOM partners including VCU School of Dentistry, J. Sargeant Reynolds Community College Dental Lab Techs and Dental Assistants, ODU School of Dental Hygiene, DMAS, and Eastern Shore Rural Health Systems. A special thanks to Sullivan Schein for their donation of the Dentrix software (bringing MOM data collection into the computerized world)!

THANKS TO OUR PARTNERS

Sullivan-Schein Dental (a Henry Schein Company)

Dentrix – computer software for patient data collection

Dexis – digital radiography

Omni Preventive Care Products – VANISH (fluoride varnish)

Ultra Dent – dental products

VDOT – air compressor

Benco for Bill Hall !!

Senator Nick Rerras for joining us at Nandua High School !

Delegate Lynwood Lewis for joining us at Nandua High School !

A special thanks to **Dan Haworth** (Aide to Senator Nick Rerras) for spending the weekend with us!!

And, **Doral Dental** for the wonderful breakfast items which appeared in the volunteer break room!!

vdhf Virginia Dental Health Foundation

Hopewell, Virginia (804) 458-2239
JOHN RANDOLPH FOUNDATION

Donated Dental Services Virginia Dental Health Foundation

Donated Dental Services Receives $10,000 Grant

" The Virginia Dental Health Foundation would like to thank the John Randolph Foundation (JRF) for their generous grant of $10,000. These funds will be used to continue the effort of the Donated Dental Services program to provide free dental services to elderly and disabled person in the Southside Area. JRF supports health programs and services in the City of Hopewell, Petersburg, Colonial Heights, and the surrounding counties of Dinwiddie, Surry, Sussex, Charles City, and Prince George, including adjacent sections of Chesterfield and Henrico."

The Virginia Meeting

JUNE 14-16, 2007

Norfolk Waterside Marriott

Norfolk, VA

Something for EVERYONE to SEA!

DATES TO REMEMBER

Pre-registraion DEADLINE **June 1, 2007**

Hotel Reservation DEADLINE **May 22, 2007**

remember to ask for the VDA room block for the best rate

Group Code VDAVDAA

2006-2007 Council of Sessions

Chairman: Dr. Ted Sherwin
Dr. Kirk Norbo
Dr. Elizabeth Reynolds
Dr. David Black
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2007 Local Arrangements Committee

Chariman: Dr. Claire Kaugars
Sponsorship: Dr. Andrew "Bud" Zimmer & Dr. Michael Abbott
Exhibits: Dr. Ralph Howell
Social Events: Dr. Kit Finley-Parker & Dr. Emily Smith
Golf: Dr. Mike Link
Host: Dr. Anthony Pelsuo

Minimally Invasive Is Here, NOW!

Dr. Randy Shoup

The days of G.V. Black are gone. Extension for prevention no longer applies. Magnification, adhesive dentistry, antimicrobial programs, and tooth remineralization is the current state of the art in dentistry. There is a completely new mind set in dentistry where the dentist and the patient have a steadfast expectation that the patient will not have another cavity as long as they live. The dentist and the patient completely understand the microbial model of dental disease and know what regimen is needed to keep this bacterial infection in check.

This model of modern dental practice begins earlier than what is common. Patients begin this lifetime of health journey at or just before age 2. A family profile is created looking at Mom and Dad's dental history as well as the history of any primary care givers. It is important to know what level of virulence those bacteria in Mom and Dad has and is passing along to this young patient. Significant amounts of education for the parents and fluoride varnish applications for the patient constitute the bulk of the early treatment. Compliance and follow up are the main goals at this early stage.

Older patients receive a caries and periodontal risk assessment. This multifactorial assay will classify each patient as to child, adolescent, or adult as well as low, moderate, and high risk for both caries and periodontal disease. So in a given family we could have Mom as an adult with low risk for decay and high risk for periodontal disease, Dad as an adult with moderate risk for both decay and perio. The adolescent daughter could be low risk for perio but high risk decay and infant son low risk for decay and perio. Each member has a specific and customized program appropriate for their age and risk level.

Beyond this level of intervention is the new world of dental restoration. A dentist is fooling themselves and cheating the patient if the dentist does not use at a minimum 2.5X magnification. Today's dentistry is far too exaction to use only normal vision. Minimally invasive (MI) dentistry is done literally on a microscopic level. Most minimally invasive techniques require 4.0X to 4.5X magnification and most practioners use microscopes going up to 12X for even routine procedures.

Ultra fine diamonds in electric hand pieces are essential to restoring the dentition without damaging the adjacent tooth structure. Most MI techniques utilize helium driven air abrasion and the use of hydrokinetic lasers to remove only the diseased tooth structure.

Slot and tunnel preps allow for the restoration of interproximal decay at a very early stage. A significant amount of dentistry is completed without the need for anesthetic. This aspect alone is a huge practice builder.

Learning how to use the equipment and mastering the MI techniques will open a new chapter of great satisfaction in any dental practice.

Invisalign: An overview of the technology & its benefits

Dr. Perry Jones

Invisalign® treatment continues to be a "hot" topic in orthodontic circles for GPs and specialists. Approximately 1 in 5 GPs are Invisalign trained and many Universities have both graduate and undergraduate training, including VCU/MCV School of Dentistry. With well over 500,000 patients choosing Invisalign, the technology has become a significant orthodontic movement system, impacting the world of general dentistry. (1)

What is the Invisalign Technology? Invisalign is an esthetic orthodontic movement system that uses a series of clear, custom made, removable aligners that are created to effectively move teeth into their desired position. The technology combines proven orthodontic science with 3-D computer graphics to present a "virtual" representation of tooth movement.

How does it work? The submitting dentist sends PVS impressions and centric bite registration along with copies of radiographs, photos and a detailed treatment plan to Align Technology, manufacturer of the Invisalign system. After utilizing advanced CT scanning technology, Align converts the impressions to a digital 3D positive image on a computer screen. Proprietary software takes the digital image and cuts the digital teeth so that each can be manipulated separately. Virtual treatment technicians then use "Treat" to generate a series of staged movements to represent the clinician's requested treatment plan. This digital representation is converted to a lower resolution so that it can be easily transmitted to the treating doctor through a secure server on the internet. Align offers its proprietary ClinCheck® software to all certified doctors to use as a viewing tool to view their virtual staging and representation of treatment. The doctor is required to review and approve this ClinCheck® virtual treatment set up before any aligners are manufactured. After approval, Align manufactures resin models for each stage of treatment using advanced rapid prototyping technology called "stereo lithography". Individual aligners are made from a press down

thermoforming process using a proprietary polyurethane material. Patients wear the aligners a minimum of 22 hours per day changing to the next aligners typically every two weeks. (2)(3)Various tooth colored composite resin forms called attachments may be placed using a template to aid in movement control. The treatment is carefully monitored for compliance and movement execution. Upon completion of aligner treatment, retention is prescribed per clinician preference.

What makes Invisalign new and unique? Scanning and software technology creates an accurate 3D surface map of the teeth. The software is then used to simulate tooth movement and computer controlled fabrication of accurate models that reflect the virtual stages of treatment from beginning to end. Tooth motions can be analyzed by software to ensure that reasonable tooth velocities are being planned over the course of treatment. (4) This technology allows clinicians to treat a broader range of cases.

Why now? There is an increased awareness of esthetics. In fact, when polled most patients do not want treatment with visible appliances. (5) Dentally, Invisalign can be a more conservative option to aggressive ceramic solutions often used to solve orthodontic problems. (6)Recent jury verdicts, as well as informed consent, dictate that patients are given treatment options such as Invisalign to weigh against aggressive ceramic solutions. (7)Recent published studies have demonstrated improved periodontal condition with aligner wear. (8)(9) As patients become more computer literate, they appreciate how technology can enhance dental treatment. Further, consumer consciousness has been raised by Invisalign ads and marketing.

Is it as simple as it looks? It depends! Every case needs to have the end result in mind *before* starting treatment. The clinician must visualize treatment results that are in harmony with all hard and soft tissues. The treating doctor should understand the correct direction, sufficient anchorage, periodontal considerations and biomechanics involved in treatment. There are many new aspects of treatment techniques that must be learned about Invisalign to be proficient with treatment. A significant learning curve exists in order to effectively treat more advanced cases. Invisalign requires skill and training to plan the virtual tooth movements, as the clinician must be able to plan the *exact path* to optimal results *before* treatment.

What are benefits of the Invisalign orthodontic movement system? There is a reduced risk of decalcification as the aligners are removable and therefore more hygienic allowing improved oral hygiene. (2) Invisalign may be used as an esthetic orthodontic movement system to position teeth to help optimize the restorative result. (10)The Invisalign technique requires minimum additional armamentarium as opposed to fixed appliance technique. Although unpredictable root resorption has been observed with tooth movement, published study indicates there is no measurable root resorption with Invisalign. (11)(8)

In summary, Invisalign is a tooth movement technology that offers patients a removable, virtually invisible and comfortable orthodontic tooth movement technique. Adults and adolescents that wish to have straighter teeth can benefit from this technology. The first step is an Invisalign Certification. We are fortunate to have Invisalign as a sponsor of the 2007 VDA meeting offering a two day CERT I for GP's as well as an introductory lecture.

(1) Align Technology. Invisalign (home page). Available at: www.invisalign.com.
(2) Activation time and material stiffness of sequential removable orthodontic appliances. Part 1: Ability to complete treatment. Bollen, et al. Am J Orthod Dentofacial Orthop 2003; 124:496-501.
(3) Activation time and material stiffness of sequential removable orthodontic appliances. Part 2: Dental improvements. Clements, et al. Am J Orthod Dentofacial Orthop 2003; 124:502-8.
(4) Beers AC, Choi W, Pavlovskaia E. Computer-assisted treatment planning and analysis. Orthod Craniofacial Res 6 (Suppl.1) 2003; 117-25.
(5) Meier B, Wiemer KB, Miethke RR. Invisalign: patient profiling-analysis of a prospective survey. Journal of Orofacial Orthopedics 2003; 64(5):352-8.
(6) Christensen GJ, Veneer Mania, J Am Dent Assoc. 2006 Aug; 137(8):1161-3.
(7) Zinnman E., Case presentation, WCMID, Seattle, WA, Aug. 17, 2006.
(8) Wheeler T, Taylor MG, McGorray SP, Durrett S, et al.: Effect of Invisalign aligners on periodontal tissues. J.Dental Research. 2003; 82(Special Issue A): 1483
(9) Boyd R. Improving periodontal health through Invisalign treatment (Part II). Access 2005: 19:24-28
(10) Norris RA, Brandt DJ, Crawford CH, Fallah M. Restorative and Invisalign: a new approach. J Esthet Restor Dent 2002; 14:217-24.
(11) Baumrind S, Korn EL, Boyd RL. Apical resorption in orthodontically treated adults. Am J Orthod Dentofacial Orthop. 1996 Apr; 109(4):393-402

The Provisional Restorations That Fit, Function & Last

Dr. Karen McAndrew
Dr. Debra Haselton

Provisional crowns are often considered a 'disposable' entity and placed with little planning or consideration. However, provisional restorations are a strategic component to successful restoration from the single tooth to full mouth reconstruction. They are the foundation for the definitive prosthesis and are an integral adjunct to treatment planning and

case design. The provisional can confirm the course of treatment by allowing evaluation of tooth structure contour, esthetics, phonetics, vertical dimension of occlusion, and even gingival contour and oral comfort. Particularly in restoration of difficult esthetic cases, provisional restorations can serve to increase patient confidence at this critical point of patient care.

Characteristics of a Good Provisional

The ideal provisional restoration has many necessary characteristics in order to provide a strong foundation for the definitive prosthesis. Good marginal adaptation is essential to maintain gingival health, harmony, and architecture. It helps provide a seal, which can serve to prevent post-preparation sensitivity and recurrent caries, and to protect pulpal tissue, a good provisional restoration insulates and protects the prepared tooth structure while the definitive restoration is being fabricated.

Good contact of the provisional with adjacent and opposing teeth is of prime importance. Poor proximal or occlusal contacts of the provisional results in unstable tooth position and diminished retention while well contoured proximal and occlusal contacts serve to not only maintain tooth position, but inhibit food impaction minimizing potential for tissue inflammation. Gingival healing and health can be established and maintained by a well fitting, well constructed, and well polished provisional restoration.

A good provisional should be durable, wear resistant, and color stable, especially when the provisional will be worn for an extended period of time during complex restorative treatment. Ideally, the provisional should be able to mimic natural tooth structure thus allowing assessment for the planned definitive restoration by evaluation of speech, esthetics, and function. Changes made to the occlusal scheme, vertical dimension of occlusion, and esthetics which are incorporated into the provisional can be evaluated to help predict long-term success once these parameters have been accepted by the clinician and patient. They can serve as a template/blue print for the definitive restoration. A wealth of information can be gleaned from mounted casts and photographs of these ideal restorations. This enables the lab technician to incorporate features of an already successful provisional restoration into a definitive prosthesis.

Achieving Successful Provisional Restorations

The indirect provisional material should be readily manipulated, contoured and polished to facilitate fabrication by auxiliary personnel. There are a multitude of techniques and materials that can be utilized to fabricate provisional restorations. It is helpful to have these techniques available for a variety of restorative applications. Proficiency in fabricating provisional restorations will contribute to an excellent result in the definitive prosthethesis. This course will serve to provide the skills and knowledge necessary to begin fabricating indirect provisional crowns using a variety of materials and techniques, thereby adding this important adjunct to the restorative practice.

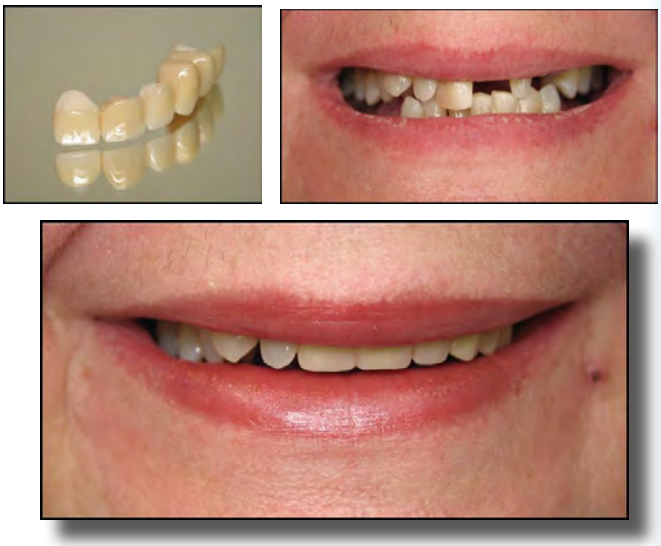

Figure:

Provisional restorations can serve to establish esthetics, phonetics, and vertical dimension of occlusion in addition to allow the patient to function while the definitive restoration is fabricated. Before: Patient at initial presentation. After: A well fitting provisional is the blue print for the definitive restoration.

The Cementation Appointment- To Numb or Not?

Dr. Michael DiTolla

My dad is a big influence on the way I practice dentistry today. We practiced together for 3 years after I graduated from dental school, and I learned some great real world tips from him. He didn't like to get patients numb for crown seats and would tell people that the 30 to 60 seconds of sensitivity they would experience were not worth 4 hours of local anesthesia.

During our last couple of weeks practicing together, I did two lower crowns on him. When it was time to cement the crowns no one could find him in the office. Turns out he was in the restroom giving himself a lower block because he was too embarrassed to ask for one after not numbing patients for all those years!

From the patient's point of view, having a lower block to

just cement a crown on tooth #19 may seem like overkill. Patients hate to have half of their jaw numb for 4 hours for just one tooth. I have always preferred having patients anesthetized for this procedure, knowing the patient wouldn't experience any pain. I also knew I could do a better job of keeping the tooth isolated, which would therefore help prevent salivary contamination of the cement.

So my search began years ago for a way to satisfy my requirement that all crown seats be numbed, but to do it in a way that was doctor friendly and patient friendly as well. First of all, that means no lower blocks could be used, as these are not really patient friendly. Whether it's having to take the needle through the two pterygoid muscles, or the fact that it incapacitates half the patient's lower lip and half of their tongue which makes talking and eating difficult for the duration of the anesthetic, the lower block is not a patient favorite. I began to look for a way to anesthetize mandibular teeth individually, and without all the soft tissue involvement of a block.

The first step was finding an incredibly strong topical anesthetic being made by a pharmacy here in Southern California. The topical is called Profound Lite and it is sold by Steven's Pharmacy in Costa Mesa, California. Their local number is 714.540.8911 and their nationwide toll-free number is 800.352.DRUG. It comes in 30 or 45 gram tube and can be placed subgingival placement for hygiene uses, packing cord, etc… Profound works so well because it is a combination of prilocaine, lidocaine and tetracaine; unlike most topicals that are just bezocaine. The first time I used Profound on myself, I placed some above #8 and # 9 and left it on for a few minutes. To my amazement I had pulpal anesthesia on these two teeth, just from this topical!

Since then I have found that I can get mild pulpal anesthesia with Profound anywhere the cortical plate of bone is thin. This includes maxillary and mandibular incisors, but not the cuspids. The good news is that if you do need to use a local anesthetic, the injection site has been completely anesthetized with Profound and is ready for a painless injection of anesthetic based on your duration requirements. For crown seats I typically like to use a local anesthetic with high absorption through bone and shorter duration, and Septocaine does just that. The absorption of Septocaine is so high that in addition to using it for maxillary infiltrations, it also works quite well for mandibular infiltrations including bicuspids.

Which leaves us with the molars, the teeth most likely to require crowns anyway. In order to anesthetize these teeth without the soft tissue, PDL injections in the furcation are quite effective. I use the Profound in the syringe with an 18 gauge disposable Endo-Eze tip from Ultradent to place the topical anesthetic into the sulcus and over the furcation. After letting it absorb for 60 seconds I am able to give a painless injection from a standard syringes with a 30 gauge extra short needle that results in pulpal anesthesia without any of the unwanted soft tissue effects.

The use of an ultra-strong topical like Profound allows us to painlessly regain the moisture control at the crown seat appointment. When necessary, Septocaine is an excellent local anesthetic with high absorption and shorter duration for these quick procedures. If anesthetizing your crown seats in a patient-friendly and patient-acceptable manner allows you to maintain ideal moisture control and increase the longevity of your crowns, that is a great win-win situation for your restorative dentistry.

Enter to Win!

Virginia Dental Health Foundation 2007 Raffle

The Swiss Blue Topaz earrings are 48 ct Blue Topaz encircled by diamonds from Baker's Fine Jewelry and Gifts in Norfolk, Virginia. The earrings are valued at $1500 and will be raffled off at the VDA Party on board the Spirit of Norfolk on Friday, June 15, 2007 as part of the Virginia Meeting.

All proceeds will benefit the VDHF's Mission of Mercy (MOM) Projects!

- Tickets are $10.00 each and a maximum of 1,000 tickets will be sold for the Raffle. Tickets can be purchased from any VDHF Board Member, outside the Exhibit Hall at the Virginia Meeting or at the VDA Party prior to the drawing.
- Winners do not need to be present at the time of the drawing to claim in their prize.
- Please review the House Rules for a complete set of rules for the VDHF Raffle.

vdhf

Help Us, Help You!

VDA SERVICES

Check out all of the VDA Services Endorsed Vendors at the Virginia Meeting in Norfolk!

In the middle of the Exhibit Hall at the Norfolk Waterside Marriott, the VDA Services endorsed vendors will be present to provide information about all of the great products and services available to VDA Members. The VDA Services vendors are the only vendors recommended for use for the members of the Virginia Dental Association and are all peer-reviewed by the VDSC Board. Many of the companies below will be exhibiting at the Virginia Meeting and look forward to seeing you there!

B&B

CareCredit® Patient Payment Plans

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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 (VDSC) a for-profit subsidiary of the Virginia Dental Association (VDA).

The Virginia Meeting • 138th Annual Meeting of the Virginia Dental Association

REGISTRATION FORM FOR ALL REGISTRANTS

Please use a ballpoint pen.

Make it easy and register online at www.vadental.org

1 Office Contact/ Mailing Information

Office Name: _____

Office Contact: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Office Phone: _____ **ADA#:** _____

E-MAIL: _____ **Component #:** _____

NO REGISTRATIONS WILL BE ACCEPTED AT THE VDA OFFICE AFTER THE **JUNE 1, 2007 DEADLINE**. After the deadline you must register ONSITE

Mail To:
7525 Staples Mill Road
Richmond, VA 23228

Fax To:
804-261-1660 - credit card registrations ONLY! If you fax your registration DO NOT MAIL THE ORIGINAL!

2 Practice Specialties:
(Dentists ONLY)

- ☐ General Practitioner
- ☐ Endodontics
- ☐ Oral Medicine
- ☐ Oral Pathology
- ☐ Oral Surgery
- ☐ Orthodontics
- ☐ Pediatric Dentistry
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Public Health
- ☐ Radiography
- ☐ Military

3 Registration Categories:
(Attending dentists many only register as a dentist)

	On or Before 6/1/07	After 6/1/07 (ONSITE ONLY)
A. First Time Attendee	$90	$195
B. VDA Member Dentist	$175	$255
C. ADA Dentist (non-VDA)	$285	$365
D. VAGD Dentist (non-VDA)	$285	$365
E. NON Member Dentist	$485	$555
F. VDAA Member Assistant	$30	$40
G. NON VDAA Member Assistant	$40	$50
H. Hygienist	$65	$75
I. Office Staff	$40	$50
J. Lab Technician	$40	$50
K. Dental, Hygiene & Assisting Student	$0	$0
L. Spouse/Guest	$5	$5
M. Retired Life	$0	$0
N. Exhibitor	$0	$0

ACD Luncheon For Learning:
(Only for those attending Luncheon)

- A- Comprehensive Management of Snoring
- B- Update On Bisphosphonates
- C- Managing Acquired Coagulopathies
- D- Fabricating Temporary Crown & Bridge
- E- Resin Bonded Prosthesis
- F- Best Management Practices: Amalgam
- G- Bisphosphonate Related Osteonecrosis
- H Trouble Shooting Removable Prosthetics
- I- Lasers & Dentistry
- J Restoring the Single Tooth Implant

Choices:
1st _____ 2nd _____ 3rd _____

☐ Refund If Choices Are Not Available

4 List primary registrant on first line	3 Category	Fee	5 Course #1 CODE & FEE	Course #2 CODE & FEE	Course #3 CODE & FEE	Course #4 CODE & FEE	6 Event #1 CODE & FEE	Event #2 CODE & FEE	Event #3 CODE & FEE	7 TOTAL
1.										$
2.										$
3.										$
4.										$
5.										$
6.										$
7.										$
8.										$
9.										$
10.										$

9 Payment Method:

☐ Check (PAYABLE TO VDA)

☐ Credit Card # _____ Exp. Date _____

Signature _____ Print Name _____
(Signature indicates approval for charges to your account and payment under the credit card issuer's agreement)
(As it appears on card)

8 Grand TOTAL

$

Continuing Education Tickets:

Code	Course Title/Speaker	Cost
01	How to Correct & Prevent the Top 10 Crown & Bridge Mistakes - **Dr. Michael DiTolla** Thursday, 8:00-11:00am	$95
02	CSI: Forensic Dentistry-**Dr. James Burns.** Friday, 8:00am-4:00pm	Ticket
03	Beyond the Boundaries-Advanced Concepts for Comprehensive & Profitable Hygiene- **Karen Davis, RDH** Friday, 8:30am-3:30pm	Ticket
04	Superior Esthetics & Longevity with Anterior & Posterior Ceramic Restorations.-**Dr. Jimmy Eubank** Friday, 8:00am-4:00pm	$60
05	A Model of Success-**Cathy Jameson** Friday, 8:00am-4:00pm	Ticket
06	How to Have A Hundred Birthdays-**Dr. David Meinz** Friday, 9:00am-4:00pm	Ticket
07	Drugs I Have Known & Loved for Diseases That We Catch **Dr. John Svirsky.** Friday, 8:30-11:30am	Ticket
08	Lumps, Bumps & Lesions for All Seasons-**Dr. John Svirsky** Friday, 1:00-4:00pm	Ticket
09	Think Like A CEO-A Hands On Workshop- **Dr. Da[illegible]** Saturday, 8:00am-4:00pm	Ticket
10	The Team Approach to Implant Dentistry: Recipes for Daily Success- **Drs. McAndrew, Keeney & Richardson** Friday, 8:00am-2:00pm	$65
11	The Cosmetic-Occlusal Connection- **Dr. John Cranham** Saturday, 8:00am-4:00pm	$60
12	Empowering The Dental Team to Deliver "Quality" Periodontal Care-**Dr. Samuel Low.** Saturday, 8:30am-4:00pm	Ticket
13	"It Costs Too Much" Overcoming the Fear of Cost in Dentistry **Cathy Jameson** Saturday, 8:00am-4:00pm	Ticket
14	Provisional Restorations That Fit, Function and Last- A Hands On Workshop-**Drs. McAndrew & Haselton.** Saturday, 8:30am-4:30pm	$225
15	The Developing Dentition: Management & Treatment Tips **Dr. Jane Soxman** Saturday, 8:30-11:30am	Ticket
16	Cases Only A Mother Could Love-**Dr. John Svirsky.** Saturday, 8:45-11:45	Ticket
17	Behavioral Guidance For Pediatric Patients and Thier Parents **Dr. Jane Soxman** Saturday, 1:00-4:00pm	Ticket
18	Adult HeartSaver CPR-**Ms. Vivian Biggers, MSN, RN, CS.** Saturday, 9:30am-12:00pm	$55
19	Coding & Practical Management-Fair & Just Reimbursement for Your Services-**Dr. Charles Cuttino** Saturday, 8:00-11:00am	Ticket
20	Adult HeartSaver CPR-**Ms. Vivian Biggers, MSN, RN, CS.** Saturday, 1:30-4:00pm	$55
21	"The Wonderful World of Endodontic Rotary Instrumentation" **Dr. Karan Repogle.** Saturday, 1:00-4:00pm	Ticket
22	Minimally Invasive & Ultraconservative Restorative Dentistry-A Hands On Workshop- **Dr. Randolph Shoup** Friday, 8:15am-4:15pm	Ticket
23	NOT Your Pharmacology Course From Dental School **Dr. Ellen Byrne.** Saturday, 1:30-4:30pm	Ticket
24	How To Take Your Practice To The Next Level **Dr. David Schwab** Saturday, 8:00am-4:00pm	Ticket
25A	Invisalign: Informational Course-**Dr. Perry Jones** Thrusday, 1:00-4:00	Ticket
25B	Invisalign: Certification Course- Part 1- **Dr. Perry Jones** Friday, 7:00am-5:00pm	$1695
25C	Invisalign: Certification Course- Part 2- **Dr. Perry Jones** Saturday, 8:00am-1:00pm *Prerequisite Part 1*	$0 w/ 25B
25D	Invisalign Part 1 for Staff (4 per doctor's 25B registration)	Ticket
32	All-Ceramic Restorative Update- **Dr. Michael DiTolla** Thursday, 1:00-4:00pm	$95
33	Does Old Research Keep Up With New Technology? **Dr. Ben Johnson** Saturday, 8:00-11:00am	Ticket
34	Prosthetic-Hands On Workshop-**Dr. Karen McAndrew.** Friday, 3:00-5:00pm	$35

Canceled

Event & Affiliate Group Tickets:

Code	Event	Cost
26	Virginia Board of Dentistry Q&A Session Friday, 8:00-9:00am	Ticket
27	13th Annual VDA Golf Tournament Thursday, 11:30am-6:00pm *See page 15-16 for additional sign up form to be attached to your registration.*	$125
28	New Dentist/Student Social Friday, 4:00-5:00pm	$10
29	VDA President's Party Friday, 6:30-10:00pm	$25
30	Fellow & Pierre Frauchard Luncheon Friday, 11:30am-1:30pm	*$40*
31 A-J	ACD Luncheon For Learning Saturday, 11:30am-1:30pm	$50

Table	Topic
A	"Comprehensive Management of Snoring" *-Dr. N. Ray Lee*
B	"Update on Bisphosphonates" *-Dr. B. Ellen Byrne*
C	"Managing Acquired Coagulopathies; Coumadin & Aspirin Therapy." *Dr. Lou Korpics*
D	"Fabricating Temporary Crown & Bridge, a new material" *Ms. Sarah Danburg, 3M Espe*
E	"Resin Bonded Prosthesis: Simple To Complex"*-Dr. John Wohlford*
F	"The Best Management Practices: Amalgam, Lead & Other Office Wastes"*-Dr. Richard Roadcap*
G	"Bisphosphonate Related Osteonecrosis: Diagnosis, Treatment, & Prevention *Dr. Brian P. McAndrew*
H	"Trouble Shooting Removable Prosthetics"*-Dr. Michael L. Huband*
I	"Lasers & Dentistry"*-Dr. Robert A. Strauss*
J	"Restoring the Single Tooth Implant"- *Dr. William B. Perkinson, III*

35	MCV/VCU Reception Friday, 4:00-5:00pm	Ticket
36	Night At The Game-Norfolk Tides Baseball Saturday, 7:15m	$7
37	ICD Breakfast	Ticket

Virginia Meeting: **EVENTS**

13th Annual VDA Golf Tournament
to Benefit Mission of Mercy (MOM) Projects
Thursday, June 14, 2007 11:30-6:00pm
Join the VDA for the 13th Annual Golf Tournament at the Riverfront Golf Club. Lunch: 12:00PM Shotgun Start: 1:00PM Reception & Awards: 6:00PM. Single player cost is $125 ($500 for a team of 4) which includes all activities listed above and cart and green fees. This annual event is open to all registered attendees, spouses/ guests, exhibitors and sponsors.

ACD Dinner & Dance
Thursday, June 14, 2007 6:00-11:00pm
The Virginia Sections of the American College of Dentists will host their annual dinner and dance on Thursday, June 14 from 6-11pm at the Norfolk Waterside Marriott. Members of the College will receive materials from the VACD for this event. All attendees are invited to join the fun after the dinner meeting is concluded.

VDA Logo Shop
Friday, June 15, 2007 11:00am-6:00pm
Saturday, June 16, 2007 10:00am-2:00pm,
The VDA is delighted to offer a wide range of men's and WOMEN'S apparel and accessories. All proceeds support the VDHF's MOM and DDS Programs.

ACD Luncheon For Learning
Saturday, June 16, 2007 11:30am-1:30pm
Join a table of ten for lunch to discuss one of the topics listed below. Each table will consist of one dentist or professional with expertise on the topic to be discussed. "Luncheon For Learning" is appropriate for dentists and all dental team members. Seating is limited, so register early!

Table	Topic
A	"Comprehensive Management of Snoring" *Dr. N. Ray Lee*
B	"Update on Bisphosphonates" *Dr. B. Ellen Byrne*
C	"Managing Acquired Coagulopathies; Coumadin & Aspirin Therapy." *Dr. Lou Korpics*
D	"Fabricating Temporary Crown & Bridge, a new material" *Ms. Sarah Danburg, 3M Espe*
E	"Resin Bonded Prosthesis: Simple To Complex" *Dr. John Wohlford*
F	"The Best Management Practices: Amalgam, Lead, and Other Office Wastes" *Dr. Richard Roadcap*
G	"Bisphosphonate Related Osteonecrosis: Diagnosis, Treatment, & Prevention *Dr. Brian P. McAndrew*
H	"Trouble Shooting Removable Prosthetics" *Dr. Michael L. Huband*
I	"Lasers & Dentistry" *Dr. Robert A. Strauss*
J	"Restoring the Single Tooth Implant" *Dr. William B. Perkinson, III*

MCV.VCU School of Dentistry Alumni Reception
Friday, June 15, 2007 4:00-5:00pm
Join the VCU School of Dentistry and MCV Alumni Association to catch up with friends and spend time enjoying their company. Admission is fee to all registered attendees with ticket.

Virginia Board of Dentistry Q&A Session
Friday, June 15, 2007 8:00-9:00am
Conversation with the BOARD - This session will combine a brief presentation by the president and executive director of the **Virginia Board of Dentistry** with a comment, question and answer opportunity.

VDA President's Party
Friday, June 15, 2007
Boarding begins at 6:30pm Cruise Time: 7:00-10:00pm
Join the VDA President, Dr. Anne Adams at the first ever President's Party aboard the Spirit of Norfolk cruise ship. You'll know you're in for a special evening the moment you step aboard. Spend 3 hours cruising the Elizabeth River, dining at the Grande Dinner Buffet, and enjoying the Broadway-style performances.

"Big Prize Giveaway"
Friday, June 15, 2007 5:00-6:30pm
Don't miss the VDA's first ever "Big Prize Giveaway".
Many desirable prizes will be given away at this event located in the EXHIBIT HALL. Everyone has a chance win!!
- Every meeting attendee who registers prior to 3:00pm on Friday, June 15, 2007 will receive a ticket for entry into the "Big Prize Giveaway". If you pre-register tickets will be mailed to you with your convention badges.
- Tickets must be filled out with your name, address and phone number and deposited at the "Big Prize Giveaway" exhibit (Booths 46 & 58) in the exhibit hall prior to 5:00pm on Friday, June 15, 2007. Failure to deposit your ticket will eliminate your chance to win.
- You MUST be present to win.
- Prizes will be given away in the following categories: DENTISTS, ALL OTHER MEETING ATTENDEES & EXHIBITORS.

Night at the Game
Saturday, June 16, 2007 7:15pm


Bring the entire family for a night of Norfolk Tides baseball at Harbor Park. Watch the Buffalo Bison and the Norfolk Tides battle it out on the baseball field.

New Dentist/Student Social
Friday, June 15, 2007 4:00-5:00pm
A great time for new dentist and students to meet and network with other new dentists and top VDA officials. Come ready to enjoy some light refreshments before you head off to the "Big Prize Giveaway" and the President's Party.

Virginia Meeting: Sponsorship

The Virginia Dental Association would like to thank the following individuals/companies for their generous support of the Virginia Meeting!!!

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Our Quality. Your Success. Their Satisfaction.

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Drs. Niamtu, Alexander, Keeney, Harris, Metzger, & Dymon
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Virginia Meeting: **Sponsorship**

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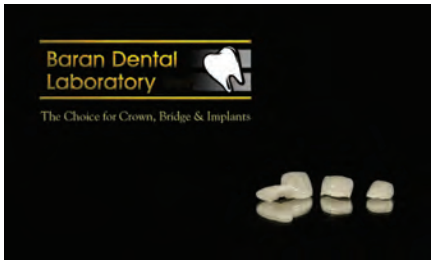

Event

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Pittman Dental Lab
Drs. Morris & Taylor
Drs. Monroe & Harris
Commonwealth Oral & Facial Surgeons
Drs. Riley, Wiltshire & Brassington
Brian Midgette, DDS, PC

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Virginia Meeting: **Exhibit Marketplace**

Hours

Friday, June 15, 2007 11:00am-6:00pm
Friday, June 15, 2007 5:00-6:30pm "Big Prize Giveaway"

Saturday, June 16, 2007 10:00am-2:00pm

as of March 21, 2007

1-800-DENTIST
3M
Accutech Orthodontic Lab, Inc.
A-Dec
Aesthetic Porcelain Studio's, Inc.
AFTCO
Anthem Blue Cross & Blue Shield
Asset Protection Group, Inc.
Astra Tech
B&B Insurance
Banc of America Practice Soluntions
Banditt, Inc.
Benco Dental
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GE Healthcare Financial Services
Gendex Dental Systems
High Speed Service
International Dental Products
IT Practice, Inc.
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Kerr Corporation
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RGP Dental, Inc.
RX Honing (Sharpening) Macine
Sci Can Inc.
Sheervision Inc.
Smiles For Children - Doral Dental USA, LLC
Southern Implants, Inc
Sullivan Schein
Sunstar America
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5. Commitment. Virginia Dental Laboratories is dedicated to providing you and your patients with the highest quality partial dentures available. We believe that the combination of our quality raw materials, such as Vitallium Alloy; our skilled technicians; our unequaled experience and our steadfast dedication specially qualify us to satisfy the needs of you and your patients.

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Smiles For Children

"The following was hand delivered to each Delegate and Senator at the recent VDA Legislative Day event as a 'thank you' for their support of dentistry over the past years. However, we do continue to seek Medicaid providers for this 'new and improved' program which serves Virginia's most needy. It's not fair for a few to do all the work for this program. Do your part and sign up! We are looked upon with great favor in the legislature presently, but they can have short memories at times. We must continue to give something back to show that we will do our part in providing this needed care. It is easy to get complacent and say 'it's not my problem' and go on with your busy and successful practice. Remember, we continue to be in control of our practices thanks to the great relationships we have with the legislature. However, if we don't continue to increase the number of providers seeing kids under this program, they could think of some innovative ways to help you run your practice- and you probably won't like them." Be part of the solution and not part of the problem- do your share.

Virginia's Dental Medicaid Program (DMAS)

'Smiles for Children'- A Virginia success story

In 2005 you were kind enough to support an increase in Medicaid dental fees of 30%. We want first of all to say '**Thank you**!' for your concern about Virginia's most vulnerable children. Your vision and foresight in dealing with this issue of access to needed dental care is to be commended and applauded. We want to also let you know that we took our 'charge' seriously and want to report to you the results of your trust in us holding up our end of the deal. When spending the public's money you do look for a 'return on investment'. Hopefully you will find that we are doing that and look forward to continuing to improve the R.O.I. in the best interests of these children that we all serve.

Smiles for Children- Return on Investment

- As of November 30th, 2006, **277** new providers have signed up (45% increase)
- Numbers of specialists as providers have all increased (oral surgeons, endodontists and periodontists)
- 8 localities that formerly didn't have any participating dentist now have access to needed care by newly recruited dental providers in those areas
- Utilization of program by children ages 3-20 has increased by **24%**
- **38,765** more children were treated in the first year of the new program than the previous year (28.6% increase)
- **128%** increase in the number of fillings done over previous year
- Satisfaction survey of members receiving care showed an average of a response of a '4' out of a high score of '5' (excellent) for the care and treatment they received from providing dentists and staff
- Dental providers laud the program as 'good or better than other insurance programs' in the market
- Smiles for Children has become a **nationally recognized model** for state dental Medicaid programs
- With increased fee schedule, 8 new dental Medicaid clinics have opened in the Richmond, Tidewater and Roanoke area to serve those high needs areas.

In summary, our goal was to increase the number of dental providers so that we could accomplish our main mission- to serve those children most in need. The bottom line showing over **38,000** more children receiving needed dental care is the beginning for us as we proceed down the path of making Virginia's Smiles for Children program the model for the entire country. The collaboration between all the stakeholders has been vital to the success of the program and the part you played in understanding the need for a 'new day' for the dental Medicaid program is to be commended and honored.

Anne Adams, D.D.S.
President, Virginia Dental Association

Is Your Office DR/DA Aware?

If not, you could be losing fee-for-service patients from your practice. Take the short quiz below to see how much you, and your front office know about this important dental benefit supported by the VDA and ADA.

True or False

1. Dental Direct Reimbursement and Assignment Plans are dental insurance.
2. In order to accept a patient with Dental Direct Reimbursement and Assignment (DR/DA), my office first needs to sign a provider contract to become part of the network.
3. There are no fee schedules associated with patients with DR/DA.
4. Since 1996, the VDA has been working to promote DR/DA to employers across Virginia as a way to increase the number of fee-for-service patients in each dental office in the Commonwealth.
5. When a potential patient calls my office to ask if the office accepts Dental Direct Reimbursement or Assignment, my office always answers "Yes."

Answers

1. FALSE – Dental Direct Reimbursement and Assignment plans are a dental benefit, not dental insurance. DR and DA are based on a simple reimbursement schedule wherein patients are reimbursed by their employer for a certain amount of their dental expenses. There are no monthly premium payments for DR/DA plans, they are not dental insurance.
2. FALSE – There are no provider contracts for DR/DA as they are simply a dental benefit, not insurance. There are no networks and all dentists that accept fee-for-service patients should accept DR/DA patients.
3. TRUE – There are no fee schedules with Dental Direct. If a patient with DR/DA comes into your office for treatment, your office will simply charge them your fees for the services rendered. The patient will pay at the time of service with a DR plan and will then submit for reimbursement with their employer. In the case of DA, your office will submit for full reimbursement from the patient's third party administrator. You charge your fees, not a pre-determined amount.
4. TRUE – The Direct Reimbursement committee has been working to promote Dental Direct Reimbursement and Assignment to employers of all sizes across Virginia. Last year, over $1.5 million was paid out to dentists for DA claims in Virginia alone!
5. TRUE – Hopefully all dental offices in Virginia are saying YES to DR and DA. These great dental benefits bring fee-for-service patients into your office, they help to maintain the dentist-patient relationship and they are hassle free and easy for your office.

Dental Direct – Making a Difference in Virginia

Since 1996, the Virginia Dental Association's Direct Reimbursement Committee has been working hard to promote Dental Direct Reimbursement and Assignment to employers in Virginia, and the effort is paying off! VDA Member dentists are seeing the results of these efforts in their offices and in their bottom lines. In 2006, 25 dentists in Virginia received $2,000 or more in claim reimbursements from Direct Assignment patients alone! In total, the top 25 highest reimbursed offices received $102,702 in Direct Assignment claims in 2006. This figure does not include all of the money that goes directly to the dental offices when their Direct Reimbursement, fee-for-service, patients pay at the time of service.

With over 7500 Dental Direct clients in Virginia and over $1.5 million in paid claims per year, Virginia dentists are enjoying the freedom of fee-for-service dentistry with no networks, no complicated claim forms, no pre-authorization and no fee schedules. Dental Direct Reimbursement and Assignment plans are working in the Commonwealth to bring a quality dental benefit to employees and a great patient base that is not part of managed care to the dentists of Virginia.

Dental Direct clients are located across Virginia, visiting offices to receive dental treatment. The VDA works with Benefits Administration, Inc. (BAI) to serve as the recommended third party administrator (TPA) for Dental Direct clients in VA. If your office has a Direct Reimbursement patient, the patient will pay your fee for services rendered at the time of service – you may not even know they have a Direct Reimbursement dental benefit. They will simply submit for reimbursement through their employer. For those patients with Direct Assignment, your office will just need to submit to Benefits Administration to receive reimbursement for the services provided. You will simply need to fax or mail Benefits Administration with the treatments provided to DA patients and they will reimburse you promptly. Reimbursements through BAI are actually processed weekly so your office will be reimbursed very quickly for all Direct Assignment patients.

In order to continue the success of Dental Direct in Virginia, please educate your staff about Dental Direct and also promote these great dental benefits to your patients who are business owners, HR professionals and benefits coordinators. Be sure that your office is quick to say that you accept patients with Dental Direct, they are fee-for-service patients, so even if you do not accept any type of managed care, you still accept Dental Direct. Dental Direct is a dental benefit, not dental insurance, and there is no network and no fee schedule it is fee-for-service dentistry.

If you or your office has any questions about Dental Direct Reimbursement or Assignment, please call Elise at the VDA (800-552-3886) or visit www.vadental.org. Dental Direct benefits the dentists of the Virginia and the VDA is continuing to work hard to bring DR and DA to more patients in the Commonwealth!

What is DR and DA and What Can Your Office Do to Help?

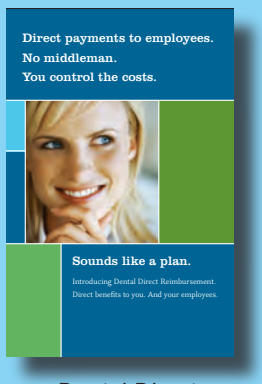
Dental Direct Reimbursement (DR) is a dental benefit that is based on freedom of choice, fee-for-service dentistry. DR is a program that employers can offer to their employees in place of traditional dental insurance. With DR there are no networks, no fee schedules and no complicated claim forms. If a patient with DR visits your office, the patient is responsible for payment for all dental treatment at the time of service. Services should be billed at your office's rate for treatment, as there is no fee schedule. The patient is then reimbursed by check from their plan administrator.

Dental Direct Assignment (DA) is also based on the principals of freedom of choice and fee-for-service dentistry. With DA, a patient will present a benefit card to your office outlining reimbursement schedules. Your office will bill the patient their portion of the treatment amount which will be paid at the time of service. The remaining amount will be submitted to the plan administrator who will reimburse your office for the remainder of your full fee. Reimbursement will be made promptly from the plan administrator to your office, in fact in Virginia, the endorsed administrator, Benefits Administration, Inc., makes reimbursements on a weekly basis!

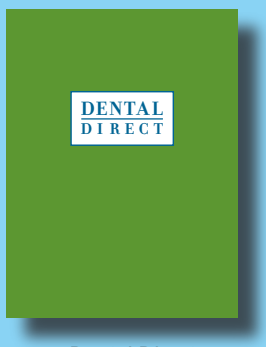
Want More DR/DA Patients in Your Office?

In order to get more fee-for-service, DR and DA patients into your office, you and your staff can help promote Dental Direct to your patients. Any patients who are business owners, HR managers, benefits coordinators, CEOs, CFOs or decision makers within an organization are a great audience for a message about DR and DA. The VDA and the ADA have a number of free resources available to help you educate patients about the benefits of Dental Direct DR and DA:

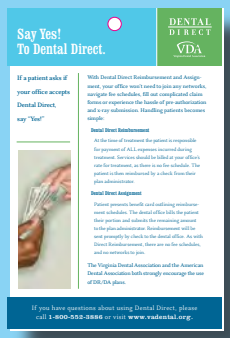
VDA Materials



Dental Direct Employer Brochure



Dental Direct Folder w/ Brochures, Testimonials & Cost Estimate Form



Dental Direct Reference Guide for Dental Offices (laminated card)

ADA Materials

- Benefits Made Simple Brochure
- Benefits Made Simple DR Kit
- An Introduction (brochure)
- Buyer's Guide to Dental Benefits
- A Guide for the Employer
- A Great Plan for Your Patients and Your Practice (laminated card)
- A Guide for Brokers and Benefits Consultants

Benefits Administration, Inc. Follow Up

- Personal Contact
- Cost Estimate Proposals
- Assistance offered for full administration or self-adminstration of DR & DA plan

If your office is interested in receiving any of these great DR/DA resources or if you would like to learn more about Dental Direct Reimbursement and Assignment, please contact Elise at the VDA – 800-552-3886.

TO MEMBERS OF THE VDA NOT TAKING DENTAL MEDICAID:

Included with this Journal (pg 34-35) is an article that tells the tragic story of a 12-year-old child from Maryland who lost his life to an abscessed tooth. You are probably thinking, how could this occur today and could it happen in Virginia? We know how to prevent tooth decay and yet a 12 year old boy dies from an infected tooth. How can you die in March of 2007 with an abscessed tooth?

There certainly was enough blame to go around for all on the recent tragedy in Maryland. However, we should not be focusing on the failures of the 'system' in this case. Rather we need to concentrate our efforts and work together to make sure that it does not happen in Virginia- EVER!

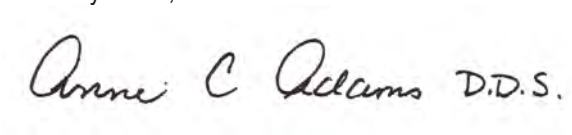
Virginia's dental Medicaid system has made amazing progress since 2005. The numbers of treated kids (0 to 20years) for the year 2006 is more in the 29% to 30% range. This is not your father's Medicaid. Thanks to the efforts of Pat Finnerty, Director of DMAS, and many other partners, Virginia now has probably one of the best dental Medicaid systems in the country. The reimbursement rates since 2005 are now at a level that you do not have to loose money while helping those in need (thanks to the VDA and General Assembly). Since the system was overhauled (simplified paper work, reporting requirements, one payor and no additional managed care programs, reasonable reimbursement rates, case managers, limited preauthorization, no show tracking, etc) over a 3 year period, dramatic results have occurred. Creating a system that now has become a model for other states took 3 years of hard work by your VDA fellow members and Virginia's Department of Medicaid Assistance Services (DMAS). We simply told them that we could not, would not, support a dysfunctional dental Medicaid system that was rife with excessive paperwork, a number of managed care companies with no accountability, an inadequate reimbursement and no appreciation of what the profession was doing to help.
Knowing how our members felt about 'managed care', we knew that the new system could not have them at the table. DMAS agreed with this strategy and today we have a single payor system (Doral) that has been responsive and accountable to both DMAS and the VDA. We actually recommend Doral to other states because of our experience with them and their people.

I know many of you 'give' by doing free or reduced fee dentistry, attending MOM Projects, being a DDS provider or simply doing things to help others and asking no recognition in return. You and the VDA have built a 'reputation' around being a strong partner in the arena of 'access to care'. We don't have the issue like other states (Maine for example) in having bills in the legislature that would allow so called 'mid-level' providers (no DDS after their name) to do dentistry (restorations, extractions, etc.) to solve the access to care problem. This is a dentist's issue, not a mid-level provider issue. We are the ones trained to do this but if we don't take the lead, someone without a DDS after their name will- and you won't like it.

Now, we can all sit around and look to someone else to sign up and do the Medicaid kids or we can get in the 'game' and be a player and help solve this most pressing issue. Don't let your neighbor carry the burden for us all- the load becomes easy when we share the load together. Please join me in helping make sure someone doesn't die of a dental abscess in Virginia- or anywhere.

Please call Anna Perez at Doral (804- 217-8392) and sign up for the Virginia dental Medicaid Program. She or someone will come to your office and help you sign up and explain how the system works. It only takes a minute of your time and your gift will last a lifetime.

Sincerely Yours,



Anne C. Adams D.D.S.
President, Virginia Dental Association

For Want of a Dentist

By: Mary Otto Washington Post Staff Writer

Twelve-year-old Deamonte Driver died of a toothache Sunday. A routine, $80 tooth extraction might have saved him. If his mother had been insured. If his family had not lost its Medicaid. If Medicaid dentists weren't so hard to find. If his mother hadn't been focused on getting a dentist for his brother, who had six rotted teeth. By the time Deamonte's own aching tooth got any attention, the bacteria from the abscess had spread to his brain, doctors said. After two operations and more than six weeks of hospital care, the Prince George's County boy died.

Deamonte's death and the ultimate cost of his care, which could total more than $250,000, underscore an often-overlooked concern in the debate over universal health coverage: dental care. Some poor children have no dental coverage at all. Others travel three hours to find a dentist willing to take Medicaid patients and accept the incumbent paperwork. And some, including Deamonte's brother, get in for a tooth cleaning but have trouble securing an oral surgeon to fix deeper problems.

In spite of efforts to change the system, fewer than one in three children in Maryland's Medicaid program received any dental service at all in 2005, the latest year for which figures are available from the federal Centers for Medicare and Medicaid Services. The figures were worse elsewhere in the region. In the District, 29.3 percent got treatment, and in Virginia, 24.3 percent were treated, although all three jurisdictions say they have done a better job reaching children in recent years.

"I certainly hope the state agencies responsible for making sure these children have dental care take note so that Deamonte didn't die in vain," said Laurie Norris, a lawyer for the Baltimore-based Public Justice Center who tried to help the Driver family. "They know there is a problem, and they have not devoted adequate resources to solving it."

Maryland officials emphasize that the delivery of basic care has improved greatly since 1997, when the state instituted a managed care program, and 1998, when legislation that provided more money and set standards for access to dental care for poor children was enacted. About 900 of the state's 5,500 dentists accept Medicaid patients, said Arthur Fridley, last year's president of the Maryland State Dental Association. Referring patients to specialists can be particularly difficult.

Fewer than 16 percent of Maryland's Medicaid children received restorative services -- such as filling cavities -- in 2005, the most recent year for which figures are available. For families such as the Drivers, the systemic problems are often compounded by personal obstacles: lack of transportation, bouts of homelessness and erratic telephone and mail service.

The Driver children have never received routine dental attention, said their mother, Alyce Driver. The bakery, construction and home health-care jobs she has held have not provided insurance. The children's Medicaid coverage had temporarily lapsed at the time Deamonte was hospitalized. And even with Medicaid's promise of dental care, the problem, she said, was finding it. When Deamonte got sick, his mother had not realized that his tooth had been bothering him. Instead, she was focusing on his younger brother, 10-year-old DaShawn, who "complains about his teeth all the time," she said.

DaShawn saw a dentist a couple of years ago, but the dentist discontinued the treatments, she said, after the boy squirmed too much in the chair. Then the family went through a crisis and spent some time in an Adelphi homeless shelter. From there, three of Driver's sons went to stay with their grandparents in a two-bedroom mobile home in Clinton. By September, several of DaShawn's teeth had become abscessed. Driver began making calls about the boy's coverage but grew frustrated. She turned to Norris, who was working with homeless families in Prince George's. Norris and her staff also ran into barriers: They said they made more than two dozen calls before reaching an official at the Driver family's Medicaid provider and a state supervising nurse who helped them find a dentist.

On Oct. 5, DaShawn saw Arthur Fridley, who cleaned the boy's teeth, took an X-ray and referred him to an oral surgeon. But the surgeon could not see him until Nov. 21, and that would be only for a consultation. Driver said she learned that DaShawn would need six teeth extracted and made an appointment for the earliest date available: Jan. 16. But she had to cancel after learning Jan. 8 that the children had lost their Medicaid coverage a month earlier. She suspects that the paperwork to confirm their eligibility was mailed to the shelter in Adelphi, where they no longer live.

It was on Jan. 11 that Deamonte came home from school complaining of a headache. At Southern Maryland Hospital Center, his mother said, he got medicine for a headache, sinusitis and a dental abscess. But the next day, he was much sicker. Eventually, he was rushed to Children's Hospital, where he underwent emergency brain surgery. He began to have seizures and had a second operation. The problem tooth was extracted.

After more than two weeks of care at Children's Hospital, the Clinton seventh-grader began undergoing six weeks of additional medical treatment as well as physical and occupational therapy at another hospital. He seemed to be mending slowly, doing math problems and enjoying visits with his brothers and teachers from his school, the Foundation School in Largo.

On Saturday, their last day together, Deamonte refused to eat but otherwise appeared happy, his mother said. They played cards and watched a show on television, lying together in his hospital bed. But after she left him that evening, he called her. "Make sure you pray before you go to sleep," he told her. The next morning at about 6, she got another call, this time from the boy's grandmother. Deamonte was unresponsive. She rushed back to the hospital. "When I got there, my baby was gone," recounted his mother.

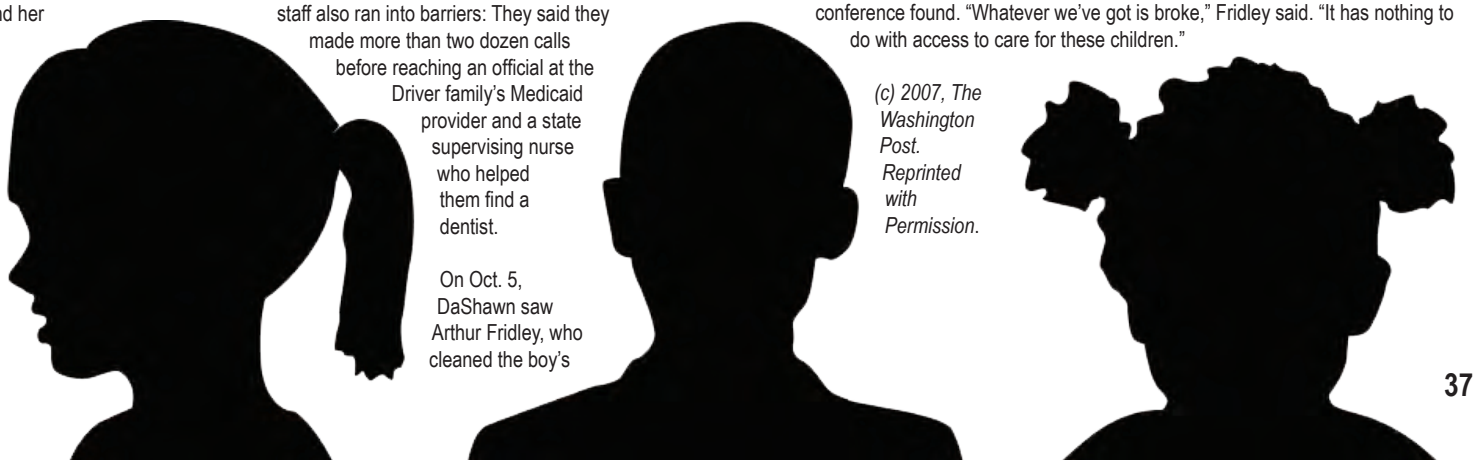
She said doctors are still not sure what happened to her son. His death certificate listed two conditions associated with brain infections: "meningoencephalitis" and "subdural empyema."

In spite of such modern innovations as the fluoridation of drinking water, tooth decay is still the single most common childhood disease nationwide, five times as common as asthma, experts say. Poor children are more than twice as likely to have cavities as their more affluent peers, research shows, but far less likely to get treatment.

Serious and costly medical consequences are "not uncommon," said Norman Tinanoff, chief of pediatric dentistry at the University of Maryland Dental School in Baltimore. For instance, Deamonte's bill for two weeks at Children's alone was expected to be between $200,000 and $250,000. The federal government requires states to provide oral health services to children through Medicaid programs, but the shortage of dentists who will treat indigent patients remains a major barrier to care, according to the National Conference of State Legislatures.

Access is worst in rural areas, where some families travel hours for dental care, Tinanoff said. In the Maryland General Assembly this year, lawmakers are considering a bill that would set aside $2 million a year for the next three years to expand public clinics where dental care remains a rarity for the poor. Providing such access, Tinanoff and others said, eventually pays for itself, sparing children the pain and expense of a medical crisis.Reimbursement rates for dentists remain low nationally, although Maryland, Virginia and the District have increased their rates in recent years.

Dentists also cite administrative frustrations dealing with the Medicaid bureaucracy and the difficulties of serving poor, often transient patients, a study by the state legislatures conference found. "Whatever we've got is broke," Fridley said. "It has nothing to do with access to care for these children."



Give Kids a Smile! 2007 Virginia Results

Virginia Totals

Children: 5,079

Volunteers: 578

Value of Services: $338,311

Our sincere "thank you" to all of the volunteers, staff members, dentists, hygienists and suppliers who made this year's Give Kids a Smile! access to Dental Care Day a tremendous success! Each year thousands of children across Virginia receive much needed dental care thanks to the generosity of the Give Kids a Smile volunteers.

— Drs. Sam Galstan and Sharone Ward, GKAS! State Leaders

Dr. Sam Galstan, Dr. Sharone Ward, Dr. Anne Adams, Governor Tim Kaine, Ms. JoAnn Wells, R.D.H. and Dr. Terry Dickinson (l-r) recognized February as Children's Dental Health Month with the signing of a proclamation by the Governor. The Governor also attended the GKAS Event at the Boys and Girls Club of Metro Richmond on February 2, 2007.

The Virginia Dental Association would like to recognize and thank the national sponsors of Give Kids a Smile!

DEXIS®

Sullivan-Schein™
A HENRY SCHEIN® COMPANY
Everything Dental.™

Please demonstrate your support for these companies and their efforts to promote oral healthcare in our nation's children by patronizing them whenever possible.

Component 1

On Saturday, February 10, 2007, from 10:00am – 2:00pm, the Boys and Girls Club of Southeast Virginia transported 64 patients from various facilities to the Old Dominion University hygiene clinic. Two groups of patients arrived throughout the morning providing a steady flow of patients for volunteers from the TDA, ODU and community. The junior and senior dental hygiene students examined each patient, took x-rays, and applied dental sealants when indicated. In all, 64 children were seen, 128 bitewing x-rays were taken and 195 sealants were placed. Dr. Peluso also visited Bayview and Coleman Place Elementary Schools to educate , hand out dental goodie bags and judge the first GKAS Poster Contest with Dr. Richmond. Rih

2007 GKAS Totals:
269 Children, 63 Volunteers,$ 15,526 in Donated Services

Component 2

Peninsula Dental Society provided screenings and education for 143 kindergarteners to fifth graders at Bryan Elementary School. Two dentists and 3 dental assistants provided the screenings and education. Each child received a spin brush, toothpaste, floss and color pages provided by the Peninsula Dental Society. Of the 143 children screened, 34 children were in need of care. The parents of the children in need of further dental care were sent the names of the dentists who they could contact to receive the needed care. Four children screened had bad infections and needed immediate dental work. The screenings took place at Bryan Elementary in Phoebus, VA. Ms Lakitta Hicks-White coordinated the activities at the school.

2007 GKAS Totals:
143 Children, 6 Volunteers, $7,722.00 in Donated Services

Component 3

February 2, 2007 was Southside Dental Society's Give Kids a Smile Day event. It provided the opportunity for Chesterfield County Schools, Southside Dental Society and Alliance, VCU School of Dentistry, Chesterfield County Health Department and the Division of Dental Health, and staff to work together to provide free dental care. More than 400 students were screened for dental disease prior to Feb. 2nd by Dr. Frank Farrington and JoAnn Wells. 220 children received appointments in Drs. Castro & Smith, Galstan & Ward, Terry and Keeton's dental offices in Chesterfield County. On Feb. 2nd, these children were bused to their appointments and received services to include exams, x-rays, cleanings, fluoride treatments, sealants, composite fillings, crowns, and extractions. Boydton Dental Center saw 26 children on February 2, and provided over $8,000 worth of free dental services. Dr. Tony Agapis opened his office February 16th ; 94 patients received free exams and treatments for a total of $35,627.00 .

2007 GKAS Totals:
735 Children, 89 Volunteers, $108,831 in Donated Services

Component 4

Component IV had another successful Give Kids a Smile Day on February 2, 2007. For the fourth year, GKAS Day was held at the Boys and Girls Club of Metro Richmond. This year 954 children were seen! Governor Kaine made an appearance at the event and presented Dr. Roger Wood and Tina Bailey with a proclamation , recognizing February as Dental Health Month in the Commonwealth of VA. All children were provided dental examinations, dental prophylaxes and topical fluoride treatments. Thanks go to the many VCU Dental and Hygiene students who made this day so successful. Richmond Dental Society volunteer dentists have agreed to treat the 337 children who were deemed to need urgent care. 69 of these children need extensive restorative work, and 268 of these children need some restorative having 1-4 cavities. This follow-up care will take place throughout the remainder of the year.

2007 GKAS Totals:
954 Children, 169 Volunteers, $131,568 in Donated Services

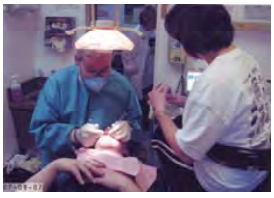
Component 5

No GKAS news reported to the VDA.

Component 6

On February 9th, Drs. Wally Huff and Glenn Young and their staff treated 27 children in Blacksburg. Over $13,000 in care was provided at this office alone!

In Abingdon, Dr. Ronald Jessup educated parents in the area about proper oral health care. Through both the free clinic and People Incorporated of Southwest Virginia, oral health education and goodie bags with toothbrushes, toothpaste and other oral health information were provided to 350 children in Southwest Virginia. Also in Abingdon, Dr. Tim Collins and staff provided goodie bags and OHI to 51 Head Start students and Dr. Evelyn Rolon provided OHI and goodie bags to 24 preschool children. Mrs. Carol Abbott & Dr. Mike Abbott educated 468 children at Rhea Valley Elementary School. Children were given education and goodie bags with dental supplies.



2007 GKAS Totals:
920 Children, 18 Volunteers, $16,716 in Donated Services

Component 7

In Harrisonburg, the annual Dental Health Fair was held on Saturday, February 24, 2007. This year's theme was "Wear Your Smile, Texas Style." Cowboys and girls learned about proper oral health care and healthy habits from over 80 volunteers at this annual event. Over 400 parents and children attended the health fair and 115 children received screenings. Volunteers from the Shenandoah Valley are hoping to do a follow up event to the health fair that will be a "Sealant Saturday" where children screened at the health fair will receive sealants free of charge.

give kids a smile!℠
National Children's Dental Access Day

2007 GKAS Totals:
415 Children & Parents, 87 Volunteers, $7,410 in Donated Servs.

Component 8

At the Northern Virginia Community College Dental Hygiene School 167 Head Start children received free dental care as part of Give Kids a Smile Day. The effort was headed up by Dr. Brenda Young and volunteers from the NVDS and NVCC spent the morning providing the children with exams, fillings, cleanings, sealants, fluoride, x-rays and goodie bags. The services provided are valued at over $24,000! Of the children screened, many were in need of more serious care. To address this need, Dr. Robert Morabito opened his office on February 23rd to provide comprehensive care to 10 children. With help from Horizon Anesthesia who provided sedation free of charge for these children with severe needs, Dr. Morabito's office was able to provide nearly $18,000 in additional care! Also, over 1400 children received OHI, goodie bags and other information from NVDS volunteers.

2007 GKAS Totals:
1643 Children, 146 Volunteers, $50,538 in Donated Services

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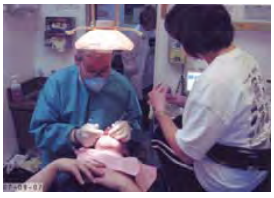

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2007 Give Kids A Smile Volunteers

Carol Abbott
Dr. Mike Abbott
Dr. Anne Adams
Cass Adams
Dr. Randy Adams
Dr. Tony Agapis
Dr. Steve Alvis
Dr. Chris Angelopoulos
Mary Annor
Stacy Anspach
Mireya Arana
Carolina Aranibar
Dr. Gauruv Ararwal
Dr. Robert Argentieri
Bessy Arias
Katie Bailey
Tina Bailey
Jennifer Baker
Joy Bancroft
Monique Barbour
Megan Barnaby
Josh Bartlam
Melanie Bartlam
Kellie Bates
Dr. Rich Bates
Dr. Elizabeth Bernhard
Debbie Berry
Jennifer Berry
Carolyn Bland
Sallie Boone
Kathy Borchelt
Dr. Elizabeth Bortell
Julie Bowles
Kristal Boyd
Jean Bracey
Elizabeth Bradley
Tamra Bramwell
Dr. Sara Brendmoan
Dr. Paul Brisner
Barrett "Tooth Fiary" Brogdon
Keri Brotherton
Angel Brown
Dr. S.W. Brown
Stephanie Brown
Dr. Jeff Burns
Susan Byrd-Harvey
Dr. William Callery
Dr. Steven Castro
Shelly Caudill
LaTesha Chambliss
Young Cho
Dr. Peter Cocolis
Cherie Coffey
Dr. Greg Cole
Helen Collie
Dr. Tim Collins
Dr. Sharon Colvin
Irene Connolly
C. Cornejo
Marcia Cowart
Robin Cowick
Madina Cox
Ranae Cox
Leso Crane
Dr. David Crouse
Dr. Paul Da Cunha
Dr. An Dang
Dr. Tuonganh Dang
Tina Daniels
Dr. Frank D'Aquila
Michele Darby
Athena Davis
Dr. Rhea Davis
Dee Dial
Lori Diefenderfer
Dr. Kathy Dillan
Ms. Frances Dominquez
Trish Dougall
Dr. Vince Dougherty
Dr. Charles Douglas
Christianne Drago
Sara Duhanel
Sara Jane Dum
Dr. David Eason
Dr. Randy Eberly
Dr. Jonathan Ellis
Lydia English
Jody Enoch
Dr. Jerrold Epstein
Dr. Isam Estwani
Dr. Frank Farrington
Margaret Farrington
Bette Anne Felber
Dr. Mel Felber
Dr. David Ferry
Dr. Kit Finley-Parker
Dr. Steven Fisher
Dr. John Flowers
Alisha Fonseca
Lisa Forte
Dr. Steve Forte
Dr. Todd Fowler
Dr. Lawrence Fox
Nakia Frazier
Martha Frickert
Ms. Catherine Fulton
Daniel Gallagher
Dr. Sam Galstan
Dr. Steven Gardner
Kristin Gilliam
Jennifer Goins
Bill Golden
Dr. Wanda Goldhush
Marshall Goldstein
Alana Gonzalez
Bebe Gonzalez
Dr. Garrett Gouldin
Dr. Joe Greene
Dr. Gary Greenspan
Missy Griffin
Dr. Ed Griggs
Allison Guinn
Bill Hall
Dr. Dave Hall
Len Hamilton
Dr. Michael Hanley
Kat Hanschman
Mary Ann Harmon
Dr. Sharon Harris
Jessica Harrup
Francine Harvey
Cheryl Hattorf
Dr. Ron Hauptman
Dr. Ron Hendricksen
Bridget Hengle
Dr. Henry Herrman
Marie Hess
Wendy Hicks
Ms. Lakitta Hicks-White
Olga C. Hogue
Jean Howard
Jessica Howard
Dr. Wallace Huff
Jackie Hughes
Yolanda Hutchins
Dr. Mac Hutson
Melanie Jackson
Margant Jefferies
Dr. Mark Jefferies
Jane "Stella" Jenkins
Robyn Jennings
Dr. Ronald Jessup
Catherine Q. Johnson
Charon Johnson
Dr. Greg Johnson
Kristie Johnson
Beth Jones
Ellen Jones
Emily Jones
Jessica Jones
Sherese Jones
Sylvia Jones
Dr. John Kannor
Anahita Kbari
Dr. James Keeton
Dr. Howard Kelly
Dr. Isabel Kelly
Dr. Dave Kenee
Fariba Khasraghi
Michelle Krammer
Karen Kraus
Dr. Fran Kray
Dr. Amanda Kuhn
Jami Lamm
Elmo Landon
Kris Latino
Michelle Lawton
Ann Marie Leal
Sue Leathers
Dr. Richard Lee
Dr. Brent Lenz
Dr. Lanny Levenson
Aretha Lewis
Irma Maja Lewis
Kimberly Lewis
Dr. Chi-Yi Lin
Dr. Scott Lindemann
Carol Litchford
Cheryl Lockley
Dr. James Londrey
Alida Lucas
Carlene Lynch
Sonja Macklin
Sheree Madison
Shae Manion
Jacki Manzi
Tawana Marshall
Deborah Martinez
Shar Martinez-Henry
Dr. Donald Mauney
Kim May
Gayle McCombs
Kathy McGary
Becky McIntyre
Dr. Joe McIntyre
Dr. Rob McKearney
Chris McMahon
Prim Mengistu
Dr. Bob Mesrobian
Barbara Micou
Dr. Niloofar Mofakhami
Rhonda Monroe
Sonja Monterio
Ernest Moore
Dr. Robert Morabito
Dr. Pam Morgan
Sharetta Morrow
Dr. Rick Moses
Dr. Jim Mosey
Terry Muessig
Brandi Murphy
Stephanie Murphy
Sushawn Murphy
Dr. Don Murray
Patty Murray
Nancy Nabity
Kimberly Nicely
Dr. Ashley Nichols
Dr. Kamran Nikseresht
Caroline Noel
Brenda Noth
Kelly Nwan
Dr. Ellen Oertel
Priscilla Ofosu
Dr. Paul Olenyn
Linda Owen
Dr. Phil Pandolfi
Dr. Jay Patel
Jeena Patel
Dr. Dina Pearl
Dr. Anthony Peluso
Dr. Berk Pemberton
Diego Perez
Emily Phillips
Ginny Pinkham
Dr. George Plathottam
Lisa Ponsart
Mania Popal
Amanda Porter
Marion Powers
Anitra Pregiato
Ms. Kristie Price
Dr. Rick Quigg
Sandra Ramirez
Dr. Janine Randazzo
Lori Reed
Dr. Elizabeth Reynolds
Dr. Les Richmond
Patricia Riehl
Dr. Richard Roadcap
Dr. Alan Robbins
Dr. Kate Roberts
Beth Robinson
Dr. Evelyn Rolon
Kim Rosen
Dr. Leo Rosenthal
Miriam Rosito
Dr. Scott Ruffner
Connie Russell
Dr. Leslie Rye
Iris Sayasithsona
Robbie Schureman
Jannette Sedo
Silvana Serrano
Dr. Purnima Shahani
Sherry Shelton
Dr. Beth Shewmaker
Linda Simon
Corinna Sims
Elizabeth Smith
Dr. Emily Smith
Dr. Marci Smith
Mary Smith
Tiffany Spede
Dr. Holly Stack
Michael Steptoe
Megan Stewart
Lorraine Stirn
Sharon Stull
Dr. Kit Sullivan
Bree Sutherland
Dr. Flora Tajalli
Dr. Ronald Terry
Evelyn Thompson
Kelli Thompson
Lynn Tolle
Amy Ton
Dr. Tricia Tran
Toyet Trang
Suzie Trotter
Mario Turner
Rocio Ugaz
Denise Vargas
Lilian Vela
Marcia Viney
Dr. Anthony Viscido
Dr. Anthony Viscomi
Dr. Jeffrey Wagman
Brenda Walker
LaVater Walker
Dr. Chris Ward
Dr. Sharone Ward
Emma Washington
Keri Watts
Stephanie Weaver
Dr. Clay Weisberg
JoAnn Wells
Karen White
Dr. Jim Whitney
Dr. Jim Whitney
Amber Wilhelm
Andrea William
Tom Wilson
Nicole Winston
Dr. Roger Wood
Dr. Carol Wooddell
Dr. Krista Woodlock
Tanya Woods
Aimee Wootton
Chariot Wricht
Barbara Wright
Renee Wyatt
El Yee
Dr. Mike Yeo
Dr. Brenda Young
Dr. Glenn Young
Ms. Hilary Young

Student Volunteers

Enam Abdou
Christina Axen
Masooda Baluch
Jay Bass
Trevor Beck
Poonum Bharal
Fawzia Bhavnagri
Kristin Bingler
Kaneli Boosalis
Lauren Brinkley
Kristin Brown
Courtney Caldwell
Farida Caliboso
Jackie Carlson
Rob Chatterton
Dave Christianson
Tad Coker
Mary Cosaboom
Lou Cote
Ashly Cowardin
Supora Cox
Nancy Cox
Bryce Cushing
Jennifer Dearman
Carlie DiCola
Kate Duncan
Cindy Echeverria
Nicole Edwards
Mike Eggett
Andy Estill
Jeff Evans
Mike Ferguson
Bridget Flaherty
Sabrina Gandhi
Arianna Garland
Marina Gitlin
Chad Goeckeritz
Christina Golay
Lorie Gouker
Lauren Gray
Racheal Gray
Mary Gray
Jennifer Guffey
Chris Hansen
Jackie Harnois
Lannell Harris
Linda Harris
Jennifer Hartung
Kim Haskin
Erica Hawkins
Millicent Hedgepath
Harlan Hendricks
Joy Herwig
Lindsey Hosek
Nida Hovaizi
Nakia Howard
Peggy Huang
Helen Huynh
Kataneh Jafari Raouf
Keoviengkhone Jam Phouminh
Kerry Janssen
Savannah Jenkins
Jennifer Jennings
Segen Kallo
Candace Keady
Natasha Kepoor
Kara Kilgore
Ji Kim
Mary Anne Knox
Shabnam Kohy
Katie Latta
Jamie Ledoux
Jimmy Lee
Richard Lehew
Paul Letellier
Dirk Lighthall
Elizabeth Lima
Chissy Loftis
Sean Lynch
Rui Ma
Amy Mallady
Rebecca Mangum
Tiffany Matthews
Diane Maxwell
Amanda McClain
Rodney McDaniel
Sherry McGrath
Amber McKown
Eme McLennan
Jennifer McQuillan
Sonia Melton
Ali Mohammad
Tonya Morris
Raya Mukhtar
Lori Muss
Sejal Patel
Kristin Patterson
Andrea Pomo
Tinisha Powell
DeAndra Price
Sarah Putnam
Shwetha Rai
Elizabeth Ream
Jillian Reynolds
Isabel Rocha
Katie Rohr
Rhea Rossi
Laura Rowe
Leaya Rowland
Scott Sachs
Marvin Sagun
Ryan Saunders
Soleada Sejas
Bindiya Shah
Yadco Sharif
Heather Shevock
Allison Small
Brenan Smith
Erica Sok
Tracee Sokolik
Katie Southwell
Bronwin Southwick
Sarah Sparks
Jeanne Spence
Laurie Spicer
Michelle Stephenson
Andrew Stoddard
Abe Tanner
Abe Tanner
Madeeha Tanwir
Carrie Teague
Jordana Thomas
Anna Tomozyk
Carly Tse
Cassidy Turner
Cassidy Turner
David Turok
Leonor Vega
Michelle Walker
Deveda Watkins
Allison Williams
Karen Zechirin
Jesenia Zepeda
Drew Zima


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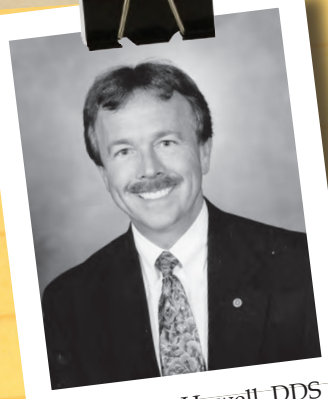


Ralph L. Howell, DDS
Candidate for the Office of
President-Elect

As I write to you today the Virginia Dental Association is among the strongest of all state associations within the ADA. We have a sound financial position, an excellent Executive Director, a good relationship with the General Assembly and the Board of Dentistry, and Mission of Mercy Projects that have been studied and copied throughout the United States as a model service project. The Association has benefited from outstanding leaders and dedicated members. It is a great time to be in dentistry and to be a part of organized dentistry.

While things are going well, we should not sit back on our past victories but we must strive to grow our organization and continue to improve our profession. Even though our membership has increased our market share has not improved. As the demographics of our membership change we must find new ways to attract and retain members so that we can speak for dentistry with a unified and inclusive voice. As the diversity of our membership increases, we must concentrate on the issues that unite us as a profession.

With the ever changing political climate and the aging of the population, access to care and availability of care to the population will be on the forefront of issues the profession will face. Organized dentistry must be actively involved in addressing and solving these issues or others will attempt to solve them for us. Advocacy of our profession's positions will be more important in the future then it has been in our past. Therefore, we must increase our political capital and better educate our legislators and lawmakers.

Over the past twenty years, the perception of dentistry as the most ethical of professions has declined. One of the duties we share as a profession is to maintain the highest of ethical practices. In order to regain our position we must make a better effort to educate our members and to elevate the profession to the high status it once was.

I believe that profession must be proactive in its policies and constantly reevaluating the environment in which we practice in order to thrive in the future. We must set our own course and not be content with the status quo. With your help, I will do my best to continue and make the Virginia Dental Association a strong and effective voice for the profession. It is with these thoughts in mind that I humbly announce my candidacy for President-Elect of the Virginia Dental Association.

Ralph L. Howell, Jr., D. D. S.
102 Western Avenue
Suffolk, Virginia 23434

EDUCATION
College of William and Mary—B. S. Chemistry 1982
Medical College of Virginia—D. D. S. 1989
Cum Laude Graduate
Omicron Kappa Upsilon
A. D. Williams Scholarship Award 1988-1989
PROFESSIONAL MEMBERSHIPS
American Dental Association 1989-present
Virginia Dental Association 1989-present
Fellow 2000
Tidewater Dental Association 1989-present
Academy of General Dentistry 1989-present
Fellow 1999
Delta Sigma Delta 1985-present
President 1988-1989
Portsmouth-Suffolk Study Club 1989-present
President 1994-1995
Obici Hospital Medical Staff 1989-present
Executive Committee 1994-1996
Pierre Fauchard Academy 1997-present
International College of Dentists 1998-present
American College of Dentists 2005-present
American Institute of Parliamentarians 2003-present
PROFESSIONAL ACTIVITIES
Dorothy L. Ferris Foundation 1989-1992
President 1991-1992
Tidewater Dental Association
Executive Committee 1992-2001
Program Chairman 1995-1997
Parliamentarian 1994
Sec-Tres 1996-1997, 1997-199
Vice-pres, Pres-Elect1998-1999,1999-2000
President 2000-2001
Fellow's Committee Chairman 2005-present
Virginia Dental Association
House of Delegates 1989-2001
Budget and Finance Reference Committee 1991
Local Arrangements Committee-1994, 1996, 2002
Host Committee 1996, 2002
Continuing Education Committee 1995-1996, 1999-2000
Chairman 1996
Credentials Committee 1996, 1997
Chairman 1996, 1997
Virginia Dental Association Foundation 1996-present
President 1996-98, 2000-2006
Annual Meeting Committee 1996-2001
Local Arrangements Chairman 1998
Mission of Mercy Eastern Shore 2001, 2002, 2003,2004,2005,2006
VDA Awards Committee 2002
Executive Council-At-Large 2001-2003
Speaker of the House of Delegates 2003-2007
Alternate Delegate to American Dental Association 2005-2008
CIVIC ACTIVITIES
Rotary Club of Suffolk 1990-present
Attendance Chairman 1991, 1992
Program Chairman 1993, 1994
Project Committee Chairman 1996, 1997
Board of Directors 1997-2000
Treasurer 2001-2002
President- Elect 2002-2003
President 2003-2004
Regional Committee of Paint Your Heart Out 1997, 1998,1999
Boy Scouts of America-Colonial Virginia Council 1989-present
District Commissioner 1990-1994
District Chairman 1994-2001
Scouter of the Year 1992
Doctor of Commissioner Science 1997
Award of Merit 1998
Silver Beaver 2000
Council Executive Board 1994-present
Venture Crew 25 Associate Advisor 2000-present
Wood Badge Staff, SR502, 2002
National Jamboree Medical Staff 1997, 2001, 2005
Colonial Virginia Council of BSA, Vice-President 2006
Nansemond-Suffolk Academy
NSA Alumni Association President 1997-2001
NSA Board of Trustees 1997-2001
NSA Strategic Planning Committee 2003
NSA Search Committee 2004
RELIGIOUS ACTIVITIES
Oakland Christian Church—lifelong member
Board of Christian Education 1990-present
Chairman 1990-1997
Board of Deacons 1990-1996, 1999-2005, 2006-present
Sunday school Teacher 1989-present
Long Range Planning Committee 1996-present
Superintendent of Sunday School 1998-2000
PERSONAL DATA
Married to Tammy Daniel Howell
Two children Lauren and Danielle
Hobbies include boating, water skiing, snow skiing & photography

J. Ted Sherwin, DDS
Candidate for the Office of
Secretary Treasurer

It is a real pleasure to announce my candidacy for the office of Secretary/ Treasurer; if elected I would consider it an honor and privilege to serve our association and you.

As a result of the hard work and leadership of its members and staff, the VDA is in excellent financial condition. I will be diligent in my role as both Secretary and Treasurer in keeping the association financially sound. At the same time I am prepared to remain flexible as the association takes on new challenges and will look for new opportunities for success.

I believe that having served three years as VDA Chair of the Council on Finance, as well as having Chaired the Council on Sessions, Rules and Regulations Committee, and Local Arrangement Committee has prepared me well for this position. I have also have had the privilege to serve on our 16th ADA District Budget and Business Matters Observer team for 3 years, and was Chair this past year. This combination of experiences has provided me with a rich understanding of how this Association operates and how the budget process works. I feel prepared to meet the challenges ahead for our Association, and I ask for your support.

Education: Florida State University, Religion/Philosophy, BA: Medical College of Virginia, DDS.
Memberships: SVDA, VDA, ADA, AGD.
Honors: Fellow, International College of Dentist: Fellow, American College of Dentist; Fellow, Pierre Fauchard Academy; Fellow, Academy of General Dentistry, Who's Who in Dentistry; Appointed by Governor George Allen, Radiation Advisory Board; Fellow, Virginia Dental Association
Leadership: ADA Alternate Delegate 2004-present; ADA 16th District, Chair, Budget and Business Matters Observer team; 2006, Chair, VDA Council on Finance, 2004-present; Chair, VDA Council on Sessions 2006-present; VDA 2004 Local Arrangement Committee, Chairman; VDA Dental Practice Regulations, Chairman; VDA Futures Initiative, Visionary Leadership, Group Leader; VDA Reference Committee, Fiscal Affairs; VDA Budget and Financial Affairs Committee, Vice Chairman; VDA Legislative Committee, Subcommittee on New Hygiene Schools,, Chairman; VDA Hygiene Taskforce; VDA VADPAC member; VDA Delegate, House of Delegates, since 1994; SVDA President; AGD National Trustee, Region 5, 2006-present; AGD national Chair, Regional Directors, 2005-06; AGD Regional Director;AGD national Leadership Conference, Chairman, VAGD President (AGD Constituent of the Year Award).
Community: Orange County School Board; Orange County Library Board, Chairman; MOM Project (Wise); Germanna Community College, Culpeper Advanced Technology Initiative; Orange Presbyterian Church: Elder, 12 years Sunday School Teacher; Orange Rotary Club; Fund Raising Czar, President, Pual Harris Fellow, Rotarian of the Year; Orange County Chapter, American Cancerl Association.

Richard D. Barnes, D.D.S.
Candidate for the Office of
ADA Delegate

It has been an honor serving as your Delegate as well as an Alternate Delegate to the American Dental Association. I feel that with my experience as a teacher at MCV, an active practitioner in the field and my service as an officer for several dental associations, that I will be able to face the challenges associated with being a Delegate.

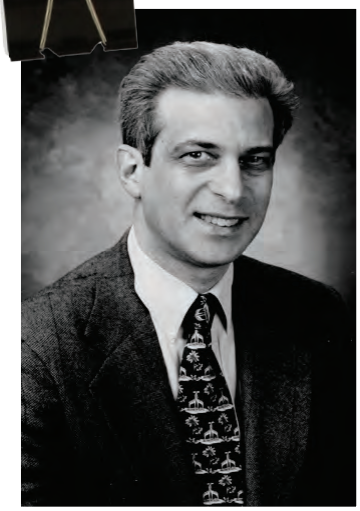
I have been actively working with the Dental Benefits Committee to address our ongoing trials and tribulations in dealing with insurance companies; particularly with the processing and denial of dental claims. We are also working to open avenues toward providing adequate dental benefits for people who have previously had no access to dental care. This process is something that will need constant monitoring on the local, State, and national levels.

I look forward to working with the Dental Benefits Committee and other area that impact dentistry today. I have committed myself to the time and energy needed to address these issues. I also remain committed to the Virginia Dental Association and will work hard to complete tasks at hand. It would be my honor to serve the ADA as a delegate from Virginia.

Richard D. Barnes, D.D.S.
2240 Coliseum Drive Suite C
Hampton, VA 23666
(757)826-1121
Component II

Education:
Virginia Tech University, B.S.; VCU/MCV School of Dentistry, D.D.S.
Memberships: Peninsula Dental Society, VDA, ADA, AGD, ICD, Pierre Fauchard Academy
Honors: Hodges-Kay Alumni Service Award; Pierre Fauchard Dociety; Harry Lyons Outstanding Alumnus, 997; Outstanding Teacher Award, MCV Dental School, 1979 and 1980; OKU; Sigma Zeta; FVDA; FACD; FICD; FAGD,
Leadership Activities: ADA and VDA: Councilor to the VDA, 1990-1996, Delegate to the ADA, 2004-2007; Alternate Delegate to the ADA 1994-2003; MCV Alumni Association President, 1991-1992; VAGD President 1991-1992; Fellows Selections Committee to VDA, 1991-2000; VA Section of the Pierre Fauchard, Chairman; Vice Regent to ICD; Treasuer to Virginia AGD; Vice Presienet to MCV Alumni Assocaition. Component Society: Secretary and President; Delegate and Alternate Delegate tot he VDA
Community: Operation Smile, Philippines and Mainland China; Committee for Dental Needs, Operation Smile Interantional, 1990-2002, Mission of Mercy 2002.

Ronald J. Hunt, DDS
Candidate for the Office of
ADA Delegate



Edeard K Weisberg, DDS
Candidate for the Office of
ADA Delegate

The academic and practicing dental communities are closely intertwined and share common ideals, goals, and challenges. In Virginia, the VCU School of Dentistry and the Virginia Dental Association enjoy a mutually beneficially relationship. As dean of the School of Dentistry and member of the VDA Board of Directors and Legislative Committee, I strive to strengthen even more the bond between these two great institutions. In addition to keeping the VDA leadership apprised of dental school activities, my role on the Board of Directors and Legislative Committee is to provide counsel in matters involving dental and dental hygiene education and research. As a member of the American Dental Education Association Board of Directors and past member of the ADA Commission on Dental Accreditation, I provide counsel on matters of education and accreditation. As a board-certified public health dentist, I provide counsel on issues involving public health dentistry and Medicaid. I have been privileged to serve the maximum of eight years allowable by VDA Bylaws for ADA Alternate Delegate. If now elected to serve a three-year term as a Delegate to the ADA House, I will continue to strive to provide fellow delegates informed counsel regarding dental education, accreditation, research, and public health issues to come before the House.

Ronald J. Hunt
VCU School of Dentistry
Richmond Virginia 23298

Education: DDS, 1973: MS 1982 Dental Public Health; both at University of Iowa
Memberships: American Dental Association, American Dental Education Association,American Association of Public Health Dentistry, International Association of Dental Research
Honors: American Board of Dental Public Health, Omicron Kappa Upsilon, American College of Dentists, International College of Dentists, Pierre Fauchard Academy, National Academies of Practice
Leadership Activities: **ADA**: ADA House (Alternate Delegate 1999-2007), Commission on Dental Accreditation(Commissioner 2000-2004), CODA Dental Public Health Review Committee (Chair 2000-2004) and Outcomes Committee (2002-2004), Vice-Chair (2003-2004) CODA Site Visit Chair (1999-2007) **VDA**: Board of Directors (formerly Executive Council (1998-2007), Legislative Committee (1998-2007)
Component Society: Have not sought Component 4 leadership roles because, as dean, I attend meetings in all eight component societies
Community: American Dental Education Association: Board of Directors and Vice-president for Deans 2005-2009; Educational Affairs Committee 1994-1998, Gies Fellow 1997,Administrative Board of the Council of Deans 2004-2007; International Association of Dental Research Geriatric Research Group, President 1991

The House of Delegates of The American Dental Association adopts the budget and develops the policies and programs of our Association. As a member of the VDA and the 16th district delegations, I have been active in the delegation and I am seeking to continue this as a Delegate to the ADA. I am committed to a broader involvement base which will enhance my commitment to the VDA and serving my colleagues, its members. I will be open minded and listen to any member who has an opinion and will formulate a position which will best benefit our Virginia members not just the needs of only a few.

As a Delegate to the ADA I have used my budgetary experience to help scrutinize the ADA Budget Proposals and ensure that our dues dollars are spent in the best possible manner and that any dues increases are justified. I have an understanding of how the ADA House works to voice the desires of the membership. I have been active in my support of Organized Dentistry and ask for your support to elect me as a Delegate.

Edward J. Weisberg, D.D.S.
801 W. Little Creek Road, Suite 103
Norfolk, Virginia 23505

Education: College of William and Mary-B.S. Biology 1969 Virginia Commonwealth University-Medical College of Virginia-D.D.S. 1973
Memberships: ADA;VDA;Tidewater Dental Association 1973-present;DePaul Hospital Staff 1973-present;Alpha Omega.
Honors: Fellow-VDA 1993; International College of Dentists 1995, Pierre Fauchard Academy 1998, American College of Dentists, 1999.
Leadership Activities: **ADA :ADA Delegate 2004-present. ADA Budget** Review Committee 2007, ADA Reference Committee on Budget and Financial Affairs 2005,ADA Alternate Delegate 1999-2003, VDA:VDA Secretary/Treasurer 2000- 2005, Executive Council 1994-2000, Budget and Financial Affairs Committee 1991-94 (Chairman 1992-94), Audio-Visual Chairman Annual Meeting 1983, 1994, member Ad Hoc Committee on X-Ray Regulations Component Society: President 1992-93, Treasurer 1990-92, Budget Committee 1990-96 (Chairman 1990-94), Executive Committee 1983-present, Patient Relations Committee 1980-84 (Chairman 1982-84), Chairman Membership Committee 1979. Delegate to Annual Meeting 1984-1994, Alternate Delegate 1980-83, 2006.Member Tidewater Dental Association Foundation (Dorothy Ferris Foundation) 1984-88 President 1987-88. **Community**: Red Cross-TDA Park Place Free Dental Clinic Steering Committee, Adjunct Faculty VCU-MCV Dental School and Old Dominion University School of Dental Hygiene, Alpha Omega Tidewater Virginia Alumni Chapter, President Vice- President, Treasurer, Secretary. DePaul Hospital Department of Dentistry, Departmental Chairman, Secretary, Associate Chairman, , Old Dominion University, Dean's Advisory Board to the School of Dental Hygiene. Wards Corner Optimist Club, Board of Directors, President, Vice President. Norfolk Chamber Consort Board of Directors, Founding Board Member, Treasurer, President. Young Audiences of Virginia, Board of Directors. Temple Israel Synagogue, Board of Directors, Vice President.

Michael Abbott, DDS
Candidate for the Office of
ADA Alternate Delegate

It has been my honor over the last several years to serve the Virginia Dental Association in numerous leadership positions and I currently represent my component on the Board of Directors. I would now like to further my service to the association by respectfully requesting your vote for ADA alternate delegate. My combination of leadership experience and management training well qualifies me to effectively confront the many external forces which our profession continues to encounter. I pledge to do my best to serve you and represent all members of our association on the ADA delegation. Thank you in advance for your consideration and support.

Michael A. Abbott, D.D.S., M.S., M.B.A.
403 East Main Street
Abingdon, Virginia 24210

PROFESSIONAL EXPERIENCE1995- Present Private Practice, Hollyfield, Abbott and Perkins, D.D.S., Ltd. 1995-1995 Commander, U.S. Navy Dental Corps 1989-1991 Private Practice, Drs. Graves, Zussman, Smith and Dolan, Fairfax, VA 1987-1989 Assistant Professor, Georgetown University School of Dentistry1987-1987Private Practice, Drs. Gold, Nussbaum and Abbott, Roanoke, VA .

Education 2005 M.B.A. Professional M.B.A., University of Massachusetts, Amherst, MA 1989 M.S. Oral Surgery, Georgetown University, Washington, DC 1978 D.D.S. Virginia Commonwealth University/ Medical College of Virginia 1974 B.S. Biology, Randolph-Macon College, Ashland, VA**RESIDENCY TRAINING** 1982-1982 Oral and Maxillofacial Surgery: Georgetown University Hospital 1979-1979 General Practice Residency: DePaul Hospital, Norfolk, Virginia

PROFESSIONAL SOCIETIES American Association of Oral and Maxillofacial Surgeons. American Dental Association. Virginia Dental Association. Virginian Society of Oral and Maxillofacial Surgeons

LICENSES & CERTICATES Diplomate, American Board of Oral and Maxillofacial Surgeons. Diplomate, National Dental Board of Anesthesiology. Virginia Dental License .Virginia Oral and Maxillofacial Surgery License. Advance Cardiac Life Support

AWARDS RECEIVED Fellow of the Virginia Dental Association, 2005. Phi Kappa Phi, 1978.Omicron Kappa Upsilon, 1978. Who's Who in the South and Southwest,1993-1994

Community and Professional Service Board of Directors, Virginia Dental Association, 2006- Present. President of the Southwest Virginia Dental Society, 2003-2005. Kiwanis Club of Abingdon, Board Member, 1995-2001 Free Dental Clinic of Washington County, Volunteer Component Six Chairman for "Give Kids a Smile Day", 2003-2005

PUBLICATIONS "Determination of the Sensitivity of MRI to Identify Perforation-Like Defects of the TMJ Meniscus" Abstract presented to the Radiographic Society of North American, NOV. 1989

PERSONAL DATA Date of Birth: October 12,1952. Place of Birth: Roanoke, Virginia

Alfred J. Certosimo, DMD
Candidate for the Office of
ADA Alternate Delegate

The Virginia Dental Association is uniquely positioned to represent the interests of thousands of dentists throughout the state. Their concerns regarding key issues such as: access to dental care, dental education, the dental workforce, membership and direct reimbursement must be addressed. Leadership through cooperation and a clear vision of VDA's future are essential to our continued growth and prosperity. If now elected to serve a two-year term as an Alternate Delegate to the ADA House, I will dedicate my years of proven leadership in the military, academics and community service to advance the goals of the VDA and our profession.

Fred J. Certosimo
VCU School of Dentistry
Richmond Virginia 23298

Education: BS Rutgers University (1973); DDS, University of f Pennsylvania (1977); Certificate Comprehensive Dentistry – Naval Postgraduate Dental School (1988); MSEd – Old Dominion University (1994)

Memberships: American Dental Association, American Dental Education Association,
Academy of General Dentistry, Academy of Operative Dentistry, International Association of Dental Research

Honors: American Board of General Dentistry (President-elect), Omicron Kappa Upsilon, American College of Dentists, International College of Dentists, Pierre Fauchard Academy, American College of Dentists – Outstanding Faculty Award (2003); Consultant to US Navy in Comprehensive Dentistry.

Leadership Activities:

ADA: ADA House (US Navy Delegate 1997-8), Commission on Dental Accreditation -
Site visitor (1997 to present) **VDA**: Member since 1999

Component Society: Richmond Dental Society (Board of Directors -2006); Richmond Dental Study Club (President-elect - 2006)

Community: Chairman, Dept. of General Practice VCU SOD; Captain, US Navy retired – 22 years of service; American Board of General Dentistry (President -elect); Harald Löe Scholar - 2004; Virginia Academy of General Dentistry - President 2005; Academy of General Dentistry Distinguished Service Award 2006; Central Virginia Health Planning Agency - Board (2006); a member of many church and civic organizations including the Veterans of Foreign Wars.

James E. Krochmal
Candidate for the Office of
ADA Alternate Delegate

I have had the good fortune to practice dentistry in several diverse setting; the U.S. Navy, hospitals and private practice both as a general dentist and as an Oral and Maxillofacial Surgeon. These opportunities have enabled me to appreciate the many challenges of clinical dentistry. Like most dentists I realize the difficulty some in our communities have in affording even basic dental care. I have seen this all to often in the emergency rooms in all of the hospitals that I have privileges. As a result of these realities the political pressures to alter the practice of dentistry is becoming intense. From governmental inspired practice reforms to the dental hygiene association wanting to craft their practices into the equivalent of dental nurse practioners affectively becoming psuedo dentist it has never been more important for dentistry to be even more proactive in finding meaningful solutions to these very real problems. These are just some of the challenges that face our practices today and into the future and it is incumbent upon the American Dental Association to assure that any changes ensure that the dentist maintains the position as guardian of our patients' dental health welfare. I believe my experiences in daily dental practice and through my leadership positions in my component and the VDA will enable me to be an affective Alternate Delegate to the American Dental Association.

James E. Krochmal, D.D.S.
801 West Little Creek Road, Suite 107
Norfolk, Virginia 23505

Education: University of Maryland, College Park, B.S. Zoology, 1971 University of Maryland School of Dentistry, D.D.S., 1975 U.S. Navy Dental Corps, Post Doctoral Fellowship in Oral Surgery, 1980 University of Pennsylvania School of Dental Medicine, Certificate in Oral & Maxillofacial Surgery, 1985 St. Mary's Health Center St. Louis, MO, Post Residency Fellowship in Oral & Maxillofacial Surgery, 1986
Membership: ADA, VDA, Tidewater Dental Association, American Assoc. of Oral & Maxillofacial Surgery, Virginia Society of Oral & Maxillofacial Surgeons, International Association of Oral & Maxillofacial Surgeons,Alpha Omega International Dental Fraternity, Virginia Beach Dental Study Club; Norfolk Hospital Affiliations (Children's Hospital of the King's Daughter's, Bon Secours DePaul Hospital, Sentara Norfolk General and Sentara Leigh Hospitals).
Honors: Fellow Virginia Dental Association 2001, Fellow International College of Dentists 2001, Fellow American College of Dentist 2006, Fellow Pierre Fauchard Academy 2001.
Leadership Activities: ADA and VDA: Board of Directors 2003-present, Executive Council 2000-2003, Delegate VDA House of Delegates 1994-2000, Alternate Delegate VDA House of Delegates 1992-1994.
Component Society: President 1999-2000, President Elect 1998-1999, Vice-Pres,Treasure, Secretary, Executive Committee 1994-present, Cancer and Hospital (Chairman).
Specialty Society: Virginia Society of Oral & Maxillofacial Surgeons Executive Committee (1997-2000, 2006-present), Secretary Treasurer (06-07) Community: Assistant Professor, Clinical, Dept. of Otolaryngology/Head and Neck Surgery, EVMS; Adjunct Clinical Instructor, Dept. of General Practice, VCU School of Dentistry; Adjunct Faculty, Dept. of Dental Hygiene, ODU;
Volunteer Oral Surgeon, ODU Athletic Dept.; Norfolk Admiral Hockey Team Medical Staff (Oral Surgery); Advisory Board and Volunteer Oral Surgeon American Red Cross/Park Place (Norfolk) Dental Clinic; Optimist Club International; Riverpoint Civic League; Tidewater Orchid Society (Councilor); American Orchid Society; Beth El Temple Board of Directors; Beth El Temple Men's Club Executive Committee, Volunteer Dentist MOM projects Eastern Shore, Virginia.

McKinely L. Price, DDS
Candidate for the Office of
ADA Alternate Delegate

Over the past two years as an Alternate Delegate to the American Dental Association, I have seen dentistry make some important strides. These accomplishments occurred mostly because of outstanding leadership, teamwork, and dedication at all levels of the organization. Through the years, I have had the privilege of being a part of that teamwork in such capacities as treasurer, vice president, president, and director of my local component (component #2) as well as having been appointed and elected to serve as an Alternate Delegate to the ADA. I wish to continue serving as an Alternate Delegate to the ADA and would appreciate your vote.

With my involvement, I have become familiar with the function of the 16th district caucus and the functioning of the ADA Delegation. Also as the current director of Component 2, I have attempted to stay abreast of state and national policies and observe how these policies affect the practice of dentistry. It becomes critical to analyze potential legislation and policies that could affect how we practice dentistry.

If re-elected as an Alternate Delegate, I will continue to work hard to help the ADA grow and strengthen. Major issues such as, increasing patient access to care, increasing the responsibilities of our auxiliary personnel, and dealing with hygiene shortages, must remain on the forefront of our focus.

McKinley L. Price, DDS
635 Pilot House Drive
Newport News, VA 23606

Education: Hampton Institute (now Hampton University), 1971, B.A. Biology; Howard University Dental School, 1976, DDS; Provident Hospital (Baltimore), Certificate in General Anesthesia, 1977
Memberships: Peninsula Dental Society; Virginia Dental Association; American Dental Association; National Dental Association; Old Dominion Dental Society; Norman Lassiter Dental Society; Academy of General Dentistry
Honors: Fellow of Virginia Dental Association, 1995; Fellow of American College of Dentists, 1995; Fellow of International College of Dentists, 2001; Fellow of Pierre Fauchard Academy, 1996; National Conference for Community and Justice Humanitarian Award, 1996; Virginia Peninsula Chamber of Commerce Distinguished Citizen of the Year, 1996; Joint Resolution #685 of the Virginia General Assembly Commendation, 1997; City Council of Newport News Resolution of Appreciation, 1997 and 2002; Warwick Rotary Club Community Paul Harris Fellow Award, 1996; Daily Press Citizen of the Year, 2005; FBI Citizens Academy, 2006
Leadership Activities: ADA: Appointed as Alternate Delegate, 2004 by Virginia Dental Association president
VDA: Chaired State Committee- Hygiene Finance; Delegate for two terms; Virginia Dental Association Board
Component Society: Served as Treasurer; Vice President; President (first Black to serve as President); Counselor; Component Board
Community: Bay Community Bank Board of Directors; Vice Chair Riverside Health Systems Board of Directors; Co-Chair and Founding Member of People to People (a community group started to increase dialogue between a diverse population in the city); Board of Peninsula Alliance for Economic Development, 1998-2001; City Council of Newport News (appointed), 2004; Chesapeake Bay Bridge and Tunnel Commission, 1996-2001; Virginia State Board of the National Conference for Community and Justice, 1998-2000; Newport News Education Foundation; School Board of Newport News- serving as chairman for two years, 1984-1992; Newport News NOW; Virginia Economic Development Partnership Board, (appointed by Gov. Warner), 2006; Member of First Church of Newport News (Baptist)

J. Ted Sherwin
Candidate for the Office of
ADA Alternate Delegate

This is such an exciting time to be serving in organized dentistry. Whether it is at the state or national level there seems to be great effort to meeting the current and future needs of our profession. I would like to continue to be part of the process at the national level as Alternate Delegate for the VDA. During the past three years of service on our ADA delegation I have had the privilege to serve as Reporting Chairman and Chairman of the Observation Team on Budget and Finance. This was a terrific opportunity to work with other members of our District Delegation and learn about the ADA budget process. I ask for you support for another term in order to build on this experience.

See Dr. Sherwin's Candidate for Secretary Treasurer for CV information.

Memberships:_American Dental Association, Virginia Dental Association, Northern Virginia Dental Society (Past President), American Association of Endodontists, Alpha Omega Dental Society (Past President) Edward Penick Endodontic Study Club (Past President) District of Columbia Dental Society

Honors:_Fellow, American College of Dentists, Fellow ,International College of Dentists, Fellow, Pierre Fauchard Academy, Fellow, American Board of Endodontics, Fellow ,Virginia Dental Association, David Mast Memorial Award , Excellence in Continuing Education-District of Columbia Dental Society, Georgetown University Dental Alumni Board of Directors, 1995-2000

Leadership Activities:ADA:_Alternate_Delegate_06_ _,__NVDS Past President,executive committee,Board of Directors,Patient Relations Committee, Endodontic coordinator MOMS project. '04, '05 and '06._Medical malpractice review board, State Supreme Court. No Va. Dental clinic volunteer. Northern Virginia Community College Dental Hygiene Program Curriculum Advisory Committee VDA: Patient_Relations_committee_Chairman. Nominating committee. Credentials committee etc.

Community:_Volunteer Vietnam Veterans Memorial,Natl Park Service. Boy Scouts of America. Several local charitable organizations

Neal Small, DDS
Candidate for the Office of
ADA Alternate Delegate

I thank you for allowing me to serve as your Alternate Delegate these past two years. I have always believed in actively serving our organization and it has been especially rewarding at the National level. I have participated and attended almost every meeting and tried to represent the membership locally and our mission nationally. Our delegation is very talented and professional, I respectfully request your vote and support in continuing to work with this team. I believe my experience as a clinician, academician and in various leadership roles has helped me to participate and contribute in discussing the issues that affect us today. I am enthusiastic and eager to return. Many of the men and women I am now working with, I have known in one capacity or another these past twenty five years. Renewing these national friendships has been advantageous in understanding the background of the "hot button" issues and what is most beneficial to the membership and the profession.

Neil J. Small
9940 Main St
Fairfax, Va 22031

Education:_Long Island University- BS in Biology, Georgetown University School of Dentistry- DDS, University of Buffalo Dental School, Graduate Endodontic program 1978, Diplomate American, Board of Endodontics- 1987

Roger Wood, DDS
Candidate for the Office of
ADA Alternate Delegate

As a teacher at MCV, as a mentor to dental students, and as an active practitioner, I have been privileged to be involved on many levels of dentistry. I feel a great responsibility and commitment and enjoy the giving of time and energy to our profession. As Co-Chairman of the Richmond "Give Kids A Smile Day", it is exciting to see the eagerness of the volunteers and their willingness to sacrifice their valuable time. I have been fortunate to work on many VDA committees and have especially enjoyed serving as Chairman of the Legislative and The Dental Practice Regulations Committees. I feel strongly about access to care, so it was a great privilege to be a member of the Missions of Mercy Task Force that initiated what has become so important to people in need and indeed to the volunteers themselves. I also became a member of two Wise County hospital staffs so that I could return to treat children under general anesthesia. Most recently, I had the privilege of being a member of the ADA Council on Dental Education and Licensure for four years and the honor of being elected Council Chairman for 2005. In this capacity I worked with issues that face us now and will be facing us in the future. It is extremely important that the ADA remain a strong voice for dentistry and meets the needs of our existing and future members. It is with respect that I ask for your support for ADA Alternate Delegate.

Dr. Wally Huff (right) presents the VDSC 2006 Revenue Sharing Bonus check to Southwest Virginia Dental Society's President, Dr. Tim Collins (left). This annual check from the VDSC is based on component member's use of the VDA Services programs and will be used to sponsor continuing education in Component 6. All VDA Members are encouraged to use the VDA Services vendors as they help support the VDA and all component societies."

POSTER CONTEST

The Tidewater Dental Association hosted a poster contest this past February. The primary goal of the contest was to increase awareness for Children's Dental Health Month. The TDA partnered with Coleman Place Elementary school in Norfolk. The 2nd graders were asked to creatively express their thoughts on paper regarding dental health and oral hygiene. Drs. Anthony Peluso and Les Richmond together with the school nurse and physical education teacher selected 5 posters that best represented Children's Dental Health Month. The TDA sponsored the $100 prize to be used for book purchases of the winner's choice.

VADPAC 2007 Legislative Plan

In order for the Virginia Dental Association to be successful in its legislative efforts, it is vital that each of you play an active role in the political process. Just as the cost of operating your practice has escalated, the price of campaigns in Virginia has increased over the years. For this reason, it is even more important that you participate in VADPAC. In the past, VDA members have worked with the legislators in the General Assembly to secure legislative changes that ensure that you continue to provide the appropriate care to your patients without undue and unnecessary governmental interferences. Below are legislative issues that the Virginia Dental Association is currently monitoring in the General Assembly.

DENTISTRY LICENSURE

HB 2377, carried by House Health Committee Chairman Phil Hamilton at the request of the Board of Dentistry, removes the requirement to deny license of individuals who have failed an exam in the five years immediately preceding his application. Language in the bill was developed in cooperation with the VDA. VDA supported the measure. The bill has been approved unanimously by the legislature and has been signed by the Governor.

ADMINISTRATION OF TOPICAL FLUORIDES

HB 2994, introduced by Delegate Ken Melvin of Portsmouth, authorizes dental hygienists to administer topical oral fluorides pursuant to an oral or written order or standing protocol issued by a doctor of medicine or osteopathic medicine. Again, the language was developed in cooperation with the VDA. This measure, too, is on the way to the Governor's office for review.

ASSIGNMENT OF BENEFITS

Currently dentists and oral surgeons have the right to have their patients assign their insurance benefits. Dentists and oral surgeons also are allowed to balance bill.

The Medical Society of Virginia introduced HB 2562, which would require joint signature for insurance payments by the patient and their healthcare provider. As initially written, the legislation would apply to all healthcare providers including dentists and oral surgeons. An amendment was added to make certain that the existing statutory language as it relates to dentists and oral surgeons remained in place. After extensive lobbying by the Medical Society of Virginia and the managed health care organization, the bill was defeated in the House Committee on Commerce & Labor on a vote of 9 to 12.

In all probability, another attempt regarding assignment of benefits will be introduced in 2008.

TREATMENT OF PRISONERS

Delegate Phil Hamilton, at the request of the Regional Jail Association, introduced HB 2034, which would require that healthcare costs for prisoners not exceed the lesser of the Medicaid or Medicare reimbursement rate.

Though the measure was stricken in the Senate Committee on Rehabilitation and Social Services, it was inserted into the House version of the budget. The money that was supposed to be derived from paying Medicaid rates (which may have been significant) was designed to provide a two percent across-the-board increase in payments to physicians. Neither the Medical Society of Virginia nor any of the other healthcare groups supported the measure.

The House and Senate went to conference carrying radically difference approaches to increase physician payments. What evolved from conference and what has been approved by both houses of the legislature was a budget conference report that did not tie prisoner payments rates to Medicaid or Medicare.

MANDATORY ELECTRONIC PAYMENT OF MEDICAID PROVIDERS

Delegate Mark Sickles introduced HB 3188 that would have required DMAS to use electronic funds transfer technology for reimbursement of anyone providing Medicaid services. The measure was amended to suggest to DMAS that they use this to the "extent practicable." The bill has been approved by the both Houses of the legislature.

2006 Commonwealth Club Contributors UPDATE

The VDA staff strives to report information correctly, however, sometimes mistakes do occur. In the last issue of the Virginia Dental Journal the following names were left off of the 2006 Commonwealth Club Contributors. We apologize for this error. Everyone's contribution is important. Thank You!

Component 1
Tidewater

Roxzanne Amos
Holly Anderson
John Ashby, Jr.
J. P. Baker
Jennifer Barton
Truman Baxter, Jr.
William Bivins
Deborah Blanchard
Philip Blythe
J. D. Bradshaw
Townsend Brown, Jr.
Roger Cahoon
Jerry Caravas
Pedro Casingal
Kenneth Cavallari
James Chau
C. G. Clayton
Dennis Cleckner
Sharon Colvin
Kevin Cooper
Thomas Cox
William Cox, Jr
William Cox
John Cranham
Melvin Cruser
Debra Davis
Thomas DeMayo
William Dodson, Jr.
Richard Dolenuck
Charles Drescher
Thomas Dunham
Michael Edenfield
Robert Edmonds
Bernard Einhorn
Dean El-Attrache
Anthony Elgohany
Daniel Etheridge
Fletcher Fosque
Benjamin Foster, Jr.
David Foster
Richard Foster
Tiffany Foster
Rita Frazier
Ronald Fuhrmann
Randall Furman
Michelle Galloway
Shantala Gowda
David Graham
Alfred Guthrie
William Hatcher
Sandra Hearne
Stephen Hearne
Michael Hechtkopf
Arthur Hendricks
Susan Heriford
William Heriford
Mark Hermelin
Christopher Hooper
Thomas Hopkins
Eric Hosek
Ralph Howell, Sr.
Ralph Howell, Jr.
Robert Howell
Robert Iervolino
Lynn Jett
David Jones
James Kail
David Kaiser
Allen Karp
Alan Kessler
Christopher King
Albert Konikoff
Stephen Konikoff
Robert Korman
Peter Kuenzli
John Lapetina, Jr.
Daryl Lefcoe
Jeffrey Leidy
Isabel Lester
Alan Mahanes
David Marshall
Lon Meader
James Meares
Brian Midgette
Allen Mikulencak
Jan Milner
Pamela Morgan
Glenwood Morris
Marshall Morrison, Jr.
John Mosher
Thomas Mostiler
David Mueller
Arthur Nido
James Nottingham
Vernon O'Berry, Jr.
Thomas O'Hara
Travey Oliver
Robert Pellerin
David Whiston

Mississippi Update

Hi Folks,

I am sure that you saw Jim's EDU last week noting the membership stats of Louisiana and Mississippi. As a follow up to his update, I wanted to take the opportunity to once again say thank you on behalf of our dentists and our respective state associations. The truth is that all of you are an important part of the success we have experienced in the recovery phase of this disaster. Had we not had the tremendous support from the ADA, the ADA Foundation, each of your state associations, and individual dentists across the country, our current operational situations would be very different at this point.

I have just returned from a component meeting with our coastal dentists. The attendance was great and the overall mood was very encouraging. The area still looks like a war zone, but there is a lot of building activity and businesses are reopening at a steady pace. It is hard to believe, but 16 months post Katrina, there are still hundreds of people living in FEMA trailers in the Mississippi Gulf coastal communities and we saw evidence of that as we traveled in the area. The goal is now to get the community residents back in neighborhoods but it is a process when you have to rebuild the infrastructures first. The economy is trending in a positive direction and our dentists are managing to stay afloat financially. Again, that too is a process. Many are just returning to reconstructed offices or just now settling with insurance companies or starting to pay back "bridge" loans. The personal recoveries are varied and I continue to be amazed at the resiliency of many of my members.

Personally, I have appreciated the continued interest from many of you about how things are going for us. The sensitivity to our plight has made a bad situation more bearable. The lemonade from the lemons tastes fairly good now!

Please be sure to communicate with your members just what a difference they have made in the lives of their dentist colleagues. Our office continues to receive notes and messages of appreciation from our dentists who received dues waivers, grants and offers of assistance from their professional community. They truly feel that their association was there for them and supportive during their most critical hour. I said in the beginning of this recovery effort that I felt we had a real opportunity to "prove" the value of membership through our association response to Katrina. Thank you for far exceeding that statement over and over again.

Connie Lane
Executive Director
Mississippi Dental Association
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Virginia Dental Association
Board of Directors
Actions in Brief
January 18 - 21, 2007

I. Actions of the Board of Directors

A. The following items were considered:

1. Resolution**:** The Executive Director Oversight Committee will consist of five members; the President, President-elect, Secretary Treasurer and the two most immediate past Presidents. This committee will determine the Executive Director's contractual terms of salary, bonus and benefits by Dec 1 to become effective January 1 of the next year. The committee will also maintain a successor plan. (Policy)

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

II. The following actions were taken by the Board of Directors and are reported as information only:

A. The following items were approved:

1. Background: For effective advocacy efforts in the area of workforce issues, a comprehensive workforce data collection will be undertaken to gather accurate data to use in the VDA's advocacy efforts with increasing the dental hygiene workforce.

1.A. Resolution: The President will appoint a Board of Directors' subcommittee to establish a questionnaire and collect data. A report will be due February 15th.

1.B. Resolution: The VDA will support and collaborate with other workforce groups to establish a continuing workforce data collection on an annual basis.

1.C. Resolution: The VDA will identify and establish a liaison with each dental hygiene program in the state. Drs. Craig Dietrich, Mark Crabtree and Ralph Howell were appointed to a subcommittee to establish a questionnaire format for collection of data and establishing liaisons with each dental hygiene program in the state. Report due by February 15th.

2. A request from the Dental Health and Public Information Committee to exceed their approved 2007 Budget by $400, if necessary, to cover the cost of the expanded award categories (four additional awards) in the Virginia Science Talent Awards Program.

3. Background: Dental Practice Regulations Committee Resolution: The committee resolves that to help defray administrative costs, legislation be drafted that the Board of Dentistry shall impose, in addition to other penalties, adjudication fees to those found in violation of the state dental practice act and/or rules and regulations of the Board once all remedies have been exhausted through the judicial system.

Resolution: The Legislative Committee supports conceptually the concerns of the Dental Practice Regulations Committee regarding Board of Dentistry fees, but not pursuing legislative action at this time. The VDA leadership is urged to meet with leadership of the Department of Health Professions and address this matter across all boards in the department and attempt to address the concerns about licensure fees administratively.

4. Resolution that all committee chairs must submit their second meeting (those that meet twice) date to the VDA office by March 1st. The information to include: when, how and where the meeting will occur.

B. The following items were referred:

1. To the Dental Benefits Committee to collect data supporting the need for legislative action. (Suggestions: (1) check with the ADA to see how they track this information; (2) go to transplant groups to see if they perceive this as a problem and (3) form a subcommittee.)

Background: Medical diseases sometimes cannot be treated because necessary dental treatment has not been completed. The 2006 VDA House of Delegates adopted as policy Resolution R5: A recommendation that the Virginia Dental Association seek statutory change to mandate that necessary dental treatment, which is considered an integral part of the treatment of a diagnosed medical disease, be afforded coverage under the third party medical payer's contract.

Resolution: The Legislative Committee moved that the proper legislative channels be pursued after data has been collected to confirm this necessity.

2. To the Membership Committee to consider a new membership designation.

Background: There is a small vocal group speaking for hygiene. There is no group for the silent majority of hygienists.

Resolution: The VDA create an associate membership for a VDA "Team Hygienist". This group would have a mission statement that would be created by the VDA. This distinction could also be available for dental assistants and lab techs. (Budgetary Impact: Minimal.)

C. The following items were postponed definitely to the June Board meeting:

1. VADPAC Resolution - Background: There was confusion among membership regarding the billing structure.

Resolution: Add one black line to billing statement below the VDHF line: For contributing to the Governor's Club add $400 or For contributing to the Appolonia Club add $725 (Budgetary Impact: None)

2. VADPAC Resolution - Background: To help encourage greater giving for PAC.

Resolution: The Virginia Dental Political Action Committee would like to direct the VDA Central Office to study monthly/quarterly PAC payments through credit cards. Additional allowance monthly/quarterly for dues/PAC/all. Report findings back to the VACPAC Committee.

An angel with a drill saved her from a painful holiday

Richmond Times Dispatch: Bill Lohman

One of the best Christmas presents Marilyn Wilkinson ever received was a root canal.

"It started so suddenly, you wouldn't believe it," said Wilkinson, a Chesterfield County resident, of the toothache that slammed her on that long ago Christmas morning. "It was like somebody flicked on a switch, and it came on. My tooth began to throb, and it was nonstop hurting. I've never had a toothache so painful."

While her children opened presents, she clenched a piece of ice between her teeth to numb the pain and searched for a Christmas miracle: finding a dentist willing to field a holiday emergency. She felt terrible asking a dentist to work on Christmas, but her tooth felt worse. She phoned her dentist and then went alphabetically through the phone book. No luck, although a few answering services called back to alert her that it was Christmas. She even tried hospital emergency rooms, but they don't provide dental work. She was feeling pretty hopeless. "I was thinking, 'I'm going to take a pair of pliers and pull it out myself,'" she recalled.

That turned out not to be such a good idea since (a) she couldn't tell, as is often the case with toothaches, precisely which tooth was the culprit, and (b) self-dentistry with implements from Dad's toolbox is not recommended by the American Dental Association.

Then the phone rang. Dr. Chuck Hutcheson, one of the dentists she had called earlier, was on the line. He asked her how soon she could get to his office, and then said this: "I know what it's like to be in pain, and I'm glad to help you."

She learned what he meant when she arrived at his office and saw him hobble up on crutches. He was recovering from a serious car wreck that had landed him in the hospital for a month and then in a wheelchair. He was just happy to be on his feet again. Wilkinson apologized for taking an injured Hutcheson away from home on that Christmas Day in 1991. Don't worry about it, he told her. He's treated patients on Thanksgiving and New Year's Day and, yes, Christmas.

"I've always been one who felt like you need to see... people in pain who need you at that moment, whether it's convenient for you or not," said Hutcheson, 62, who left a large practice to go out on his own in 1990 and acknowledged he might have had some extra incentive at the time to answer a holiday request from a stranger. Wilkinson believes Hutcheson is simply kind and selfless. She recalled he had difficulty standing as he spent three hours performing a root canal on her, saving her Christmas and a lot of anguish.

"That Christmas morning," she said, "I found a true angel." Wilkinson, 53, thinks of Hutcheson with gratitude every Christmas. She also keeps up with him on a more regular basis since he's now her dentist of choice. "I wouldn't go to anybody else," she said.

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Public Health Dentist Opportunities

Here is an opportunity to enjoy dental practice in Virginia, contribute to the community, be a part of a healthcare team and grow professionally. Duties typically include comprehensive general dentistry for school children and limited services for adults. VDH offers a competitive compensation package to the best-qualified applicants, including negotiable base salary and potential recruitment incentives. An array of valuable benefits for classified employees include: employer-paid retirement, employer-paid life insurance, employer-paid malpractice protection, employer-subsidized health insurance, tax-free 457/401A deferred compensation plan with child care reimbursement plans, employer-paid short term & long term disability plan, annual leave, sick leave, and paid holidays. Although an unrestricted VA license is preferred, a restricted temporary licensure is available as a VDH employee. National criminal records and background check required. Location of specific positions can be found at http://www.vdh.virginia.gov/qihr/jobs/vdh_employment.asp. Interested candidates are encouraged to apply by submitting a state Application for Employment (form #10-012) indicating the location preference and position # to: Division of Dental Health, 109 Governor Street, 9th Floor, Richmond, VA 23219 or email application to Lynn.Browder@vdh.Virginia.gov. Download an application at www.dhrm.state.va.us/statefrm.htm. The Virginia Dept. of Health is an Equal Opportunity Employer.

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Pediatric Abstracts of Interest

Title: Parents' Satisfaction With Their Child's Orthodontic Care: A Comparison of Orthodontists and Pediatric Dentists. Ana Karina Mascarenhas, Katherine Vig, Bo Hoon Joo. The Ohio State University. Pediatric Dentistry Vol 27, Issue 6

Objectives: The purpose of this study was to use parental satisfaction to measure and compare the quality of orthodontic care between orthodontists and pediatric dentists. **Methods**: The quality of care was measured using the peer assessment rating (PAR) occlusal index, treatment duration, and parental satisfaction using a 25-item questionnaire. The selection of orthodontists and pediatric dentists was purposive. Their patients whom fell under the required criteria were then used in the study. Five orthodontists and 6 pediatric dentists agreed to participate in the study. The final sample of patients that fit the necessary criteria was 157 cases treated by orthodontists and 121 cases treated by pediatric dentists. Statistical procedures were used to evaluate the differences in baseline characteristics such as: (1) age; (2) race; (3) gender; (4) starting dentition; (5) clinical quality of care; (6) treatment duration; and (7) parental satisfaction of patients treated by either orthodontists or pediatric dentists. Chi-square tests were used to determine if the observed differences between categorical or ordinal outcomes were statistically significant. Analysis of variance (ANOVA) was used to evaluate the difference in continuous outcomes. Odd ratios (OR) with 95% confidence intervals (CI) were used to measure the association between dichotomous outcomes. **Results**: No differences were found in the gender, starting dentition, and extraction recommendations in permanent teeth. There was a statistically significant difference regarding the patients' (1) pretreatment age; (2) race; (3) extraction recommendations in primary teeth; (4) number of treatment stages; and (5) pre-PAR scores. Patients treated by pediatric dentists were 9 months younger than those treated by orthodontists and were more racially diverse. Orthodontists were 3 times more likely to extract primary teeth. There were no statistical differences in overall satisfaction or the subscales of treatment process, psychosocial effects of treatment, and treatment outcome. When parents' responses to individual items in the satisfaction questionnaire were compared, only 1 of the 25 items ("dentist fully informed me of costs before treatment") was statistically significant. The mean for this item was higher for orthodontists than pediatric dentists. No statistically significant differences were seen in parental satisfaction with care provided between the two, orthodontists and pediatric dentists. **Discussion**: It is difficult to compare the study's results to other studies because there are no other studies that evaluated parental satisfaction with orthodontic care between orthodontists and pediatric dentists. There are several limitations to this study, particularly with respect to the questionnaire. It is possible that the questionnaire did not measure dimensions that were meaningfully different between the two providers, such as issues with patient behavior and management, which are known to be higher in those patients treated by pediatric dentists. In conclusion, as far as parents are concerned, pediatric dentists performed orthodontic treatment to the same high standard as orthodontists.

Dr. Gaurav Agarwal is a second year student in the Advanced Education Program in Pediatric Dentistry at

Preliminary Evaluation of Sodium Hypochlorite for Pulpotomies in Primary Molars,

Karen Vargas DDS, PhD Bret Packham, BS David Lowman, BS, *Pediatric Dentistry* 2006;28;06:511-517.

Purpose: Formocresol has long been the standard of medicaments for pulpotomies in primary teeth. Within the last twenty years formocresol has been implicated as a possible health hazard prompting the use of ferric sulfate ($FeSO_4$) as a replacement in pulpotomy therapy. Both ferric sulfate and formocresol have been shown to have high clinical success though histologic studies have shown both medicaments induce severe inflammatory responses. The authors of this study have sought to compare the effectiveness of 5% sodium hypochlorite (NaOCl) to that of (FeSO4) as a pulpotomy medicament in decayed primary molars.

Methods: Children were included in the study provided they were ages 4 through 9 having at least two vital and restorable primary molars in need of pulpotomy therapy and would be cooperative for periapical radiographs. Pulpotomy therapy was performed using either NaOCl or $FeSO_4$ in a prospective randomized way. Following pulpotomy therapy the teeth were then restored with IRM and stainless steel crown restoration. Follow up radiographs/clinical evaluations were taken at intervals of 0, 6, and 12 months.

Results: 60 primary molars were randomly allocated to 2 treatment groups. Twenty-three patients were treated in the study 13 female and 10 male with a median age of 5 years. 32 teeth were treated with NaOCl and the remaining 28 with $FeSO_4$.

Restoration retention for both groups was 100% throughout the study. Of the teeth treated with $FeSO_4$ at 6 months 100% were clinically successful and 68% were radiographically successful. For the same time frame the NaOCl treated teeth showed 100% clinical success and 91% radiographic success. At the 12 month interval $FeSO_4$ treated teeth were 85% clinically successful and 62% radiographically successful. The NaOCl treated group at 12 months had 100% clinical success and 78% radiographic success.

Conclusion: Based on the results of this study one could conclude that NaOCl therapy is markedly more successful than that of $FeSO_4$ for vital pulpotomy therapy in primary teeth. Furthermore, the most common radiographic finding with either medicament was internal resorption.

Dr. Lonny Carmichael is a first year student in the Advanced Education Program in Pediatric Dentistry at Virginia Commonwealth University.

The Use of Pit and Fissure Sealants.

Pediatric Dent 2006;28:143-150.Feigal RJ, Donly KJ.

This paper highlights recent trends in sealant use and methodology and is based on a comprehensive literature review on the topic as well as policy recommendations from the American Academy of Pediatric Dentistry (AAPD). In review, the article brings to attention the alarming statistic that as recent as ten years ago, fissured permanent tooth surfaces account for over 80% of all caries. While this may suggest that all fissured surfaces are in need of sealant application, the AAPD recommends a more contemporary approach of applying sealants only to those teeth judged at risk for caries. Some of the factors to be considered when assessing risk include past caries history (both frequency and location), oral hygiene levels, frequency of dental visits, and medical conditions that may contribute to the development of caries. This is by no means an all inclusive list of criteria, yet it is important to establish criteria and to assess teeth repeatedly because caries risk can change with time.

Some of the interesting questions the article addresses include:

1. *Can we seal over enamel caries?*
   There have been many reports describing arrested caries under sealants or restorations with sealed margins. Many dentists are hesitant to accept this concept despite several published papers showing that carious lesions effectively sealed do not progress. This paper suggests that "rather than surgical intervention on all questionable or incipient fissure lesions, a more rational approach is to observe carefully until a time at which a diagnosis is more clear, or to seal the questionable fissure to limit an future progression of the lesion.

2. *Are sealants effective on primary teeth?* Many primary teeth may be at risk for caries based on fissure anatomy. Any teeth judged to be at risk can benefit from sealant application. Patient behavior and compliance are significant factors in sealant retention studies and this should be taken into account if sealants are considered on primary teeth.
3. *What advances in dental materials have improved sealant effectiveness?* An advancement in sealant materials and techniques is that of the inclusion of a bonding primer and adhesive layer between etched enamel and the sealant. A recent published report found that the addition of a bonding layer reduced the failure rates of occlusal and buccal/lingual sealants by 47% and 65% respectively. While this does add an additional step to the process, a better initial bond and more resilient long term bond are obtained.

Dr. John Flowers is a first year student in the Advanced Education Program in Pediatric Dentistry at Virginia Commonwealth University.

Title: Molar Incisor Hypomineralization: Review and Recommendations for Clinical Management. Vanessa William, Louise B Messer, Michale F Burrow, Pediatric Dentistry Vol 28, Issue 3

Objectives: The purpose of this paper was to describe the diagnosis, prevalence, putative etiological factors, and features of hypomineralized enamel in molar incisor hypomineralization and to present a sequential approach to management.

Abstract: Molar incisor hypomineralization (MIH) is the clinical appearance of enamel hypomineralization of systemic origin affecting one or more permanent first molars (PFM) that is often also associated with affected incisors. Enamel hypomineralization is identified by demarcated opacities of altered enamel translucency where the defective enamel is white-cream or yellow-brown in color, of normal thickness with a smooth surface, and has a distinct boundary adjacent to normal enamel. The opacities are usually limited to the incisal or cuspal one third of the crown. Dentitions with generalized opacities present on all teeth rather than just the PFMs and permanent incisors are not considered to have MIH nor are teeth with localized enamel hypoplasia.

The enamel hypomineralization is thought to be due to disturbed resorptive potential of ameloblasts leading to protein retention and interference with crystal growth and enamel maturation. Children with poor general health in the first three years who were born preterm or who were exposed to certain environmental contaminants may be at risk for MIH. Conditions common in the first 3 years such as upper respiratory diseases, asthma, otitis media, tonsillitis , chicken pox, measles, and rubella, appear to be associated with MIH.

A 6-step approach to management is described: (1) risk identification; (2) early diagnosis; (3) remineralization and desensitization; (4) prevention of caries and posteruption breakdown; (5) restorations and extractions; and (6) maintenance. Oral hygiene would include brushing affected molars gently with a desensitizing toothpaste, applying casein phosphor-peptide-amorphous calcium phosphate (Mi paste), and applying a low concentration fluoride treatment gel using a cotton bud. For restorative procedures, adhesive materials such as resins or glass ionomers are usually chosen due to atypical cavity outlines. Amalgam is the least durable restorative option due to poor retention in shallow cavity preparations and the inability to protect remaining tooth structure. When teeth have severe breakdown preformed SSCs are the treatment of choice.

Dr. Robert Hollowell is second year student in the Advanced Education Program in Pediatric Dentistry at Virginia Commonwealth University.

A Cross-Sectional Study of Medication-Related Factors and Caries Experience in Asthmatic Children, Milano, et.al.,Pediatric Dentistry 28:5 2006 415-419

Introduction: This study examined different types of medication, their length and frequency of use, and time of day of dosing of medications on the decay rates of children who have been diagnosed with asthma.

Methods: The children included in this study were received from a list from a previous study. Surveys were mailed to parents of 179 asthmatic children. The survey consisted of four questions which were: 1) What combination of asthma medications was used by the subject? 2) How long were the medications used? 3) How often were the medications used? 4) What time of day were the medications used?

Results: 156 out of 179 surveys were returned. Higher dental disease was noted in children who used their medications more than twice daily. This was found in both the primary and mixed dentitions.
Conclusions: There was a correlation found between increased use of asthma medications and caries experience. There was also an association between the time of day the asthma medication was administered and likelihood of dental caries. Duration of asthma medication use was associated with a decreased likelihood of caries experience in children in the mixed dentition. This may reflect better disease management. Dental practitioners, both general and pediatric alike, must be aware of these risk factors, so as to properly educate their patients and caregivers.

Dr. Robert Mansman II is a second year student in the Advanced Education Program in Pediatric Dentistry at Virginia Commonwealth University.

Obesity: A Complicating Factor for Sedation of Children. Pediatric Dentistry. 28:6, 2006.Baker, S. Yagiela, J.

Increasingly common in the United States, obesity is affecting people young and old. Currently, 17% of children between the ages of 2 and 19 years are overweight. Obesity poses specific challenges to the dental provider. The purpose of this review was to describe the potential influences of childhood obesity on pharmacosedation in pediatric dentistry and to provide recommendations for managing obese patients.

The greatest challenge in treating obese children in sedation involves the increased potential for respiratory complications due to fat-induced restrictive lung disease and obstructive sleep apnea. Cardiovascular complications associated with obesity are rare in children, but associations with diabetes and hypertension are more likely. More important is the increased potential for respiratory disorders to promote hypoxia-associated changes in cardiovascular function. Gastrointestinal problems include increased likelihood of aspiration, necessitating strict fasting requirements and adherence. Sedative drugs dosed on total body weight may oversedate obese patients; doses based on lean body mass may undersedate. The later usually produces a decreased duration of effect, also.

Extra precautions regarding drug selection (avoid opioids and chloral hydrate) and proper patient positioning (semisitting position instead of routine supine) can help minimize the incidence of complications. Appropriate monitoring during and following operative procedures should be executed as postoperative hypoxemia can be common in obese sedated pediatric dental patients.

Dr. Priya Patel is a second year student in the Advanced Education Program in Pediatric Dentistry at Virginia Commonwealth University.

Exploring the Association Between Overweight and Dental Caries Among US Children, Mark D. Macek, DDS, Dr PH David J. Mitola, DDS**,** *Pediatric Dentistry* 2006;28:375-380

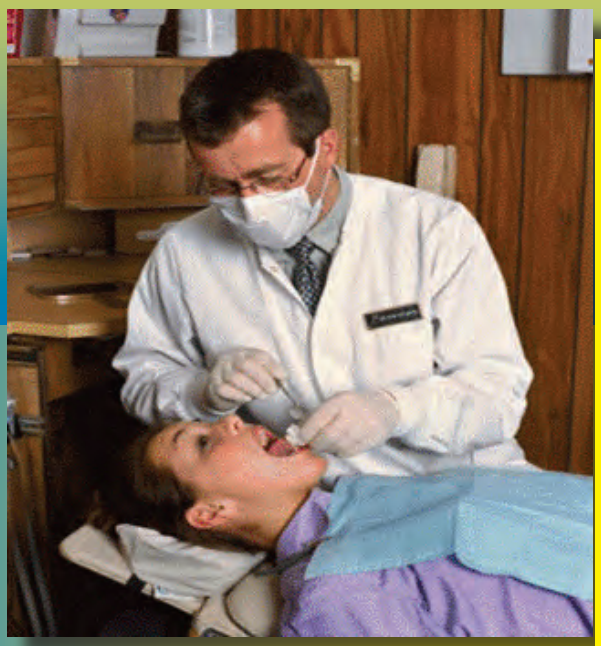
There is a growing epidemic of overweight children and teenagers in the United States. Estimates from 1999-2002 say 16% of US children and teenagers are overweight compared with 11% in 1988-1994 and 5% in 1971-1974.

The purpose of this study was to inspect the relationship between age-specific body mass index (BMI-for-age) and dental caries in children who live in the US. Body measures data and oral health data came from the National Helath and Nurtrition Examination Survey (NHANES) for survey years 1999-2002. Outcome variables included: measures of dental caries prevalence and severity for the primary and permanent dentitions. Covarities included age, gender, race/ethnicity; and poverty status. Children aged 2-17 years were analyzed.

Surprisingly, no association was found between age-specific body mass and increased dental caries prevalence in either dentition or with dental severity in primary dentition. Instead, overweight was correlated with lower geometric mean DMFT. Given the link between refined carbohydrate consumption and dental caries and the link between dietary intake and overweight among children, it was unexpected to find no association. These findings suggest that more research should be conducted to focus on what factors specific to overweight children might be protective against dental caries.

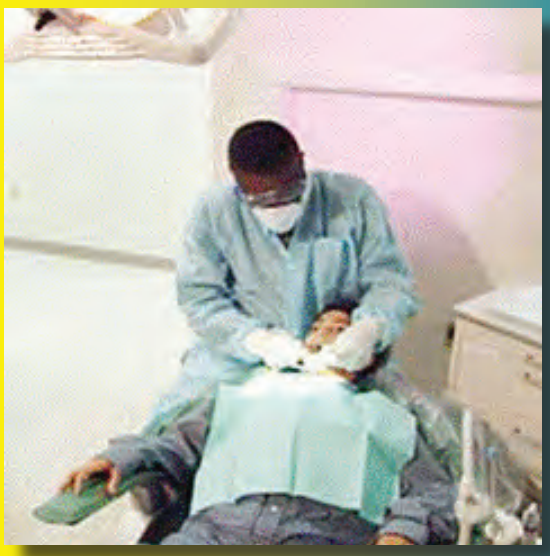
Dr. Amanda Kuhn is a first year student in the Advanced Education Program in Pediatric Dentistry at Virginia Commonwealth University.

The Pennsylvania Mid-Atlantic Education and Training Center is a network of educational centers that provides HIV/AIDS–related training and technical assistance to health care providers in the District of Columbia, Delaware, Maryland, Ohio, Pennsylvania, Virginia and West Virginia. The purpose of the project is to increase the providers' capacity to provide high quality HIV/AIDS care within the region's health care systems.



The Pennsylvania Mid/Atlantic AIDS Education & Training Center (PAMAAETC) and the Virginia HIV/AIDS Resource & Consultation Center (VHARCC) of Virginia Commonwealth University (VCU HIV/AIDS Center) would like to extend an invitation to all dentists and dental hygienists to be a part of an exciting program to develop and build upon your current knowledge base as an oral health practitioner. Virginia is in need of oral health professionals with expertise in managing patients with HIV, particularly in rural and Tidewater, VA. In response to this need, the VCU HIV/AIDS Center is offering Mini-clinical residencies and Preceptorships year round to all interested dental professionals. Programs are individualized and range in length from one to five days to allow for flexibility in scheduling. Sites include urban hospitals, community clinics, and private practices. Faculty preceptors are leading HIV/AIDS clinical experts.

Continuing Education credits are offered and credited from the American Medical Association, American Dental Association, the American Nurses Association, and the American Council on Pharmaceutical Education



Pennsylvania/MidAtlantic AIDS Education and Training Center

Delaware Maryland Washington, DC West Virginia Virginia Ohio Pennsylvania

Virginia HIV/AIDS Resource and Consultation Center

Debbie Camana, RN, MSN, AACRN

Health Education Coordinator

Virginia Commonwealth University

HIV/AIDS Center

(804) 828-2447

dfcamana@vcu.edu

VDA

Virginia Dental Association

Governance Meeting

Annual Business Meeting of the Virginia Dental Association

September 7-9, 2007

Falls Church, Virginia

Dr. Ralph Howell

The Virginia Dental Association has two major meetings beginning this year. The Virginia Meeting will be held in June in Norfolk and will be filled with continuing education and numerous social events for the entire family. The Business Meeting of the Association and the House of Delegates will meet in September in Falls Church.

The Business Meeting will begin on Friday afternoon September 9th at the Falls Church Marriott. Following the Opening Session of the VDA and the House of Delegates there will be a welcoming party Friday evening. Saturday will be filled with Association related activities including Reference Committee Meetings in the morning and a Leadership Conference in the afternoon. Saturday evening will culminate with the First Annual VDA Presidential Awards Banquet. Sunday morning will begin with a caucus breakfast and the Annual Business Meeting of the Association where the election of officers will take place. Following the Installation of Officers, the House of Delegates will have its second meeting.

The meetings are open to all members and this is your opportunity to learn about the business of the Association and to find out about the many wonderful programs organized dentistry is involved in for the improvement of our profession. Registration materials for members and delegates will be out mid-summer.

Hotel Reservation Information

Fairview Park Marriott Falls Church, Virginia

Rooms are available under the VDA room block for the nights of September 7th and 8th.

Room rates start at $99.00 (single/double)
Reservations must be made by August 17, 2007 to receive block rate.

Reservations may be made by calling: 800-228-9290

Or

Online: http://cwp.marriott.com/wasfp/virginiadentalassociation/

Be sure to ask for the Virginia Dental Association group rate.

YOU ARE INVITED TO ATTEND THE VDA AWARDS BANQUET

(Held in conjunction with the VDA Governance Meeting)

When: **Saturday, September 8, 2007**
6:30PM

Where: **Fairview Park Marriott Hotel**
3111 Fairview Park Dr.
Falls Church, VA 22042

Cost: **$50.00**
(No charge for members of the House of Delegates.)

Registration Deadline: August 8, 2007 - NO ONSITE ticket sales

To attend, please fill out the following and mail or fax to the VDA Central Office.

I will attend the VDA Awards Banquet Saturday, September 8, 2007.

Name: _____

Number attending: _____

Amount enclosed: _____

Payment: Check payable to **Virginia Dental Association**

Credit Card: Visa & MasterCard ONLY

Credit Card # _____

Expiration Date: _____

Signature: _____
(Signature indicates approval for charges to your account and payment under the credit card issuer's agreement.)

Print Name _____
(As it appears on card)

Please mail or fax to:
Attn: Bonnie Anderson
Virginia Dental Association
7525 Staples Mill Rd.
Richmond, VA 23228
Fax: 804-261-1660

Schedule to be added HERE

A New Tool for Dentists

A new patient comes into your practice for emergency care. The patient is complaining of pain and you determine that certain procedures are needed. You set the patient up for an appointment to get the necessary treatment done and reach for the prescription pad. Do you prescribe a non-controlled substance even though you were considering prescribing a narcotic analgesic? Maybe the patient requests a particular drug by name or says that he is allergic to codeine, but can take Lortab or Vicodin, which raises suspicions. Do you wonder if the patient is traveling from dentist to dentist or doctor to doctor for the sole purpose of obtaining controlled substances?

That's where the Prescription Monitoring Program can provide assistance. This program, housed in the Department of Health Professions, has data on all Schedule II, III, and IV controlled substances dispensed in Virginia and you may access that information for the purpose of establishing treatment history for an existing patient or potential new patient and whether that patient may be obtaining the same or similar drugs from other prescribers and pharmacies.

There are two methods by which an authorized user may request information from the program. But first, prescribers must have the patient's consent prior to making a request to the program. Some prescribers have incorporated this consent with other privacy notifications required by federal and state law as a routine part of their practice and as a condition to providing treatment.

The first is to use a secure website through which, after registering as a user, the user may request information. The report will be sent back on the website. The website address is: http://www.dhp.virginia.gov/pmpdatacenter/
(Helpful Hint: Software works best on Internet Explorer v5.5 or above. Pop-up blocker may have to be turned off for this website.)

The second method is to print out a request form from the program's main web page: http://www.dhp.virginia.gov/dhp_programs/pmp/default.asp and fax the request to (804) 662-9240. The report will be faxed back to the requestor.

Each request must include the patient first name, patient last name, the date of birth, and the patient's address. A request may not be processed without complete information. Once the request is processed, the user will receive a report containing the patient's prescription history or a statement that no data was found.

Requests for information will not be accepted by phone or by email. In most cases, requests will be processed within 30 minutes of being received during normal business hours.

For additional information go to the program's main web page (see above) or call 804-662-9129.

Component NEWS

Component #1
Tidewater Dental Association
No News To Report

Component #2
Peninsula Dental Society
Dr. Ben T. Steele, Associate Editor

Greetings from the Peninsula! Our members experienced exceptional CE courses that began with Dr. Hugh McCormick's presentation. He shared helpful information that dentist must consider when treating heart patients. In addition, Dr. John Svirsky gave an unforgettable course entitled "Oral Pathology: For the Joy It: You Are the Object of My Infection." This all day CE course had 186 members and nonmembers to attend.

On another note, GKAS was headed by PDS president Elizabeth Bernhard. With the help from their assistants, Drs. Elizabeth Bernhard and Catherine Fulton screened students at Bryan Elementary School. The Peninsula Dental Society remained active in our schools by having members judge Newport News and York County Public School Science Fairs. The winners will be invited to the component's March 26 General Meeting.

Component #3
Southside Dental Society
Dr. Mike Hanley, Associate Editor

Greetings from Southside!
Not much of a winter here in Chester. My snow shovel got about as much use as my pneumatic gold foil condensor.

We had a very informative, and yes, entertaining presentation on OSHA in February. There were over 160 people present. BOPIM is out and gloves are still de rigueur.

Vivian & Hood Biggers brought us up to date on the latest CPR techniques and recommendations. I was inspired to purchase an AED for the office. I believe it will follow me around on the weekends as well. Are you shocked?

GKAS was even better this year. The following offices were kind enough to donate their supplies, equipment, and most of their staff to ensure success: Drs. Agapis, Bates, Castro and Smith, Galston and Keeton, and Terry. Over 220 children were seen by 35 volunteers. Close to $30,000 worth of dentistry was delivered. Great job by everyone!

You may have heard by now that the DDS program (**Donated Dental Program**) has a waiting list of 800 patients (45 in Component III). These are disabled or elderly people in need of our help. They are very appreciative of your efforts. I suggest everyone call **Barbara Rollins** to see if she has a patient just for you.
Looking foreward to bringing the staff to Norfolk in June. See you there.

And finally,

1. 65 teams trying to win it all
2. Dr. Ellis thinking: time on the practice range will help him break 90

Which is the REAL March Madness?

Component #4
Richmond Dental Society
Dr. Gregory Cole, Associate Editor

Component 4 will have a busy spring this year, with our monthly meeting April 19 featuring Sandra Reen, Executive Director of the Virginia Board of Dentistry. The meeting will be held at Lewis Ginter Botanical Gardens, and spouses are invited to attend, as this is a beatiful time of year for the Gardens. We will also be holding our annual golf, cookout, and bike ride from Independence Golf Course on May 11. We had a very successful Give Kids A Smile day due to the hard work of Dr. Roger Wood and others, and also held a CE event on March 23 with Dr. John Cranham.

Component #5
Piedmont Dental Society
Dr. David Black, Associate Editor

COMPONENT #5 NEWS

Greetings from Component #5.
It is not too late to sign up for Linda Miles' course April 20th at the Wyndham Hotel in Roanoke. As always, she will have great information on how to run our practices better. As always, our component members are showing their spirit of compassion by continued work at the new Dental clinic in Martinsville and the Bradley Free Clinic in
Roanoke. We also enjoy the presence of the VCU dental students who come to these clinics to help us with patient treatment.

We also are excited about having our first MOM's project on May 4-5, 2007. We hope to see 800 patients in these two days. We would welcome any and all volunteers to help with this. There is a registration form on the VDA website if you can come. For information on these things you can still call Ann Huffman at 276-732-3789, or for MOM's call my office at 540-342-7865.

Component #6
Southwest Virginia Dental Society
No News To Report

Component NEWS

Component #7
Shenandoah Valley Dental Association
Dr. Rick Raliaferro, President-Elect

The SVDA has lined up some exciting CE courses for the future. Mark your calendars for upcoming programs on October 12, 2007, with Dr. Richard Wynn from the University of Maryland, and on March 28, 2008 with Dr. Michael Miller from Reality Publishing. More information will follow as the dates get closer.

If you are not taking advantage of the many opportunities to donate your dental services to those in need, please consider doing so. There are many ways to help including: MOMS, donated dental services, mission trips to various areas, free clinics, contracting as a Medicaid provider, GKAS, and several more. We are so fortunate to be in this great profession, let's show our thanks by helping others in need.

We have learned that some dentists are not accepting Direct Reimbursement and Direct Assignment. A recent plan for Shared Hospital Services has had problems with dental acceptance. These programs have been developed by the ADA/VDA to help dentists. Employers self fund these plans up to a certain amount for each employee per year. The employees can go to the dentist of choice and the employee is reimbursed after paying the dentist and submitting a claim (Direct Reimbursement) or the dentist submits the claim and is reimbursed from the administrator (Direct Assignment). Most employers are setting up Direct Assignment plans to keep employees' out-of-pocket expenses lower.

These plans are a "win-win" for everyone. The employer saves money by cutting third party overhead. Employees go to the dentist of their choice. The dentist gets paid with no hassle. Please help out patients and employers that are part of these plans. If you have any questions, contact me at (540) 869-2600 or Elise Woodling at the VDA at (804) 261-1610.

We would like to welcome the following dentists who either joined or transferred into our component since the last journal article: Dr. Sandra Drake, Woodstock; Dr. M. Todd Brandt, Fishersville; Dr. Katherine Thomas, Winchester; and Dr. Henry

Component #8
Nothern Virginia Dental Society
No News To Report

All component submissions are on a voluntary basis by your secretary. To learn more about upcoming events in your component, please contact your secretary.

OPERATION DENTAL EXPLORER

Alert!! U.S. Military in the Middle East needs your help!!

Wanted!! Used Dental Instruments

We are asking dental professionals from across Virginia to send in their used and broken dental instruments (explorers, scalers, operative, etc.) to the VDA Central office. These small used dental instruments will be sent to Walter Reed Medical Center and from there will be distributed to soldiers in the United States military for use in cleaning their equipment. Sand and other debris present unique challenges to the troops in the Middle East. The solders have found that the dental instruments are a great way to clean their equipment from these materials. Your old and broken instruments can be of real use to our soldiers so please send them on to the VDA (we know you have a drawer full).

Welcome New Members

March 2007

Richmond Dental Society

Rana Graham - graduated from VCU School of Dentistry in May 2006. Dr Graham is currently practicing dentistry in Richmond, Virginia at the Dailey Planet.

Kalpana Trivedi - graduated from NYU School of Dentistry in 05/12/2006. Dr. Trivedi is currently practicing dentistry at Gainesville Dental Associates in Gainesville, VA.

Graham Jeffery - graduated from VCU School of Dentistry in May 2003. Dr. Jeffrey comes to us from Texas, and is currently practicing in Richmond, VA.

Michael Williams- graduated from VCU School of Dentistry in 2006. Dr. Williams is currently practicing dentistry at Louisa Comprehensive Dental in Louisa, VA.

John Gunsolley – graduated from Indiana University in 1976. Dr. Gunsolley then completed his Certificate in Periodontics and MS in Bio Statistics in June 1986 from VCU School of Dentistry. Dr. Gunsolley comes to us from MD and is currently on faculty at VCU School of Dentistry.

Aubrey Myers – graduated from LSU School of Dentistry in 1998. Dr Myers is currently practicing dentistry in Colonial Heights, VA, with Dr. J. Keller Vernon.

Kalisha Cotton – graduated from VCU School of Dentistry in 2005. Dr. Cotton received her AEGD certificate in 2006 from the University of NC. Dr. Cotton is currently practicing dentistry in Richmond, VA.

Todd Kuhn – graduated from the University of Pittsburgh School of Dental Medicine in 2005. Dr. Kuhn comes to us from PA and is currently practicing dentistry with Dr. Donald Murray in Powhaton, VA.

Tidewater Dental Association

Adam Hogan- graduated from the University of Michigan Dental School in 2003. He then completed a GPR at the Naval Hospital in Portsmouth, VA in 2004. Dr. Hogan is currently practicing at Implant Dentistry of Virginia in Virginia Beach, VA.

Bryan Konikoff - graduated from VCU School of Dentistry in May 2003. Dr. Konikoff then received his MS/Certificate in Periodontics in June 2006. Dr. Konikoff currently works at Konikoff Periodontics LTD, in Virginia Beach.

Robert Buch- graduated from VCU School of Dentistry in 1992. He then attended the University of Cincinnati College of Medicine were he received his MD in 2001. Dr. Buch has board certifications in American Board of Oral and Maxillofacial Surgery and the National Board of Dental Anesthesiology. Dr. Buch is an Oral and Maxillofacial Surgeon practicing with Dodson, Taylor, Jett, and PC in Portsmouth, VA.

. C. Sergio Vendetti, MD, DMD, Dr. C. Sergio Vendetti MD, DMD, a native of Italy, completed Dental School at University of Pittsburgh followed by an internship in Oral Maxillofacial surgery through the Louisiana State University in New Orleans. From there he stayed on to complete Medical School and a General Surgery internship as well as his residency in Oral Maxillofacial Surgery. Thereafter, his interest in cosmetic surgery led him to pursue a one year accredited general cosmetic fellowship in Seattle, WA. He is board certified by the American Board of Oral Maxillofacial Surgery and board eligible for the American Board of Cosmetic Surgery which he intends to complete. Private practice brought him to Baltimore, MD which was a stepping stone for his final decision to call Virginia Beach his home and be closer to family in Chesapeake, VA. Following his twelve years of postgraduate education and surgical training, Dr. Vendetti has started his own private practice in Oral, Facial and Cosmetic surgery and is building an accredited surgery center which will facilitate the full scope of his practice and his commitment to the highest quality healthcare in the most personalized fashion. Dr. Vendetti has given numerous lectures both in cosmetic surgery and maxillofacial reconstruction to a variety of academic groups and medical conferences. He is an active member in many professional organizations and plans to become involved in academics here at the Medical College of Virginia. He looks forward to meeting new colleagues and making new friends in the dental and medical community.

Vinita John- graduated from the University of Texas, San Antonio in May of 2004. Dr. John is currently practicing in Portsmouth, VA at Kool Smiles.

Jerel Gutierrez – graduated from VCU School of Dentistry in May 2006. Dr. Gutierrez is currently practicing with Dr. Daniel Etheridge in Chesapeake, VA.

Piedmont Dental Society

Jonathan Lubeck - Graduated from Temple University in 2005. He then received his GPR from the University of Washington Dental School in 2006. Dr. Lubeck is currently working at Small Smiles Dental Clinic in Roanoke, VA.

Olivia Gannon- graduated from University of Kentucky in 2006. Dr. Gannon is currently practicing in Roanoke, VA.

Partha Patel - graduated from Creighton Dental School in 2006. Dr. Patel is currently practicing in Roanoke, VA.

Northern Virginia Dental Society

Nazila Javaherian Ganji -graduated form Baltimore College of Dentistry, University of Maryland, in 1996. She is currently practicing at Cosmetic and Family Dentistry in Herndon, VA.

Forough Parizian -Yazdani - graduated from Columbia University School of Dental & Oral Surgery in 1997. She then completed her AEGD in 1998. Dr. Yazdani is currently practicing with Dr. Ronald Stecher in Vienna, VA.

Geoffrey Caligan- graduated from Temple University School of Dentistry in 2005. Dr. Caligan is currently practicing with Kingstown Family and Cosmetic Dentistry in Alexandria, VA.

Welcome New Members

March 2007

Navdeep Sandhu graduated from Howard University in June 2004. Dr. Sandhu is currently practicing with Dr. Hsu and Dr. Chin Dental Corp in Annandale, VA.

Jenny Cheung - Graduated form the University of MD Dental School in June 2005. Dr. Cheung is currently practicing at Reflection Dental in Manassas, VA.

Patricia Gomez – graduated form Coler-Goldwater Hospital (GPR) and Foreign Dental School. Dr. Gomez also completed her Masters in Public Health from the University of Rochester in 2006. Dr. Gomez is currently practicing with Dr. Steven Johnson in Annandale, VA.

Sheldon Ramai –graduated form the University of West Indies in 1998. He then completed a GPR from the University of Puerto Rico and an AEGD from the University of Maryland in 2006. Dr. Rami is currently practicing dentistry in Falls Church, VA.

Robert Murfree – graduated form University of TN, College of Dentistry in May 2006. Dr. Murfree is currently practicing dentistry in Haymarket, VA, with Dr. Andrew Lewis.

Peninsula Dental Society

Dr. Jennifer Howard- graduated from VCU School of Dentistry in May 2006. Dr. Howard is currently practicing dentistry in Smithfield, VA.

Folake Akinbi - graduated from VCU School of Dentistry May 2005. Dr. Akinbi is currently practicing in New Port News, VA.

Russell Taylor - graduated from VCU School of Dentistry in 2006. Dr. Taylor is currently practicing with Dr. Donald Taylor, Jr. in Poquoson, VA.

Southside Dental Society

Melanie Bach - graduated from VCU School of Dentistry in 2004. Dr. Bach is currently practicing dentistry in Chester, VA.

Shenandoah Valley Dental Association

Mathew Brandt- graduated from University of Iowa College of Dentistry in June 1999. He then attended the University of Kentucky where he received his MD as an Oral and Maxi facial Surgeon. Dr. Brandt is currently practicing at Blue Ridge Oral Surgery in Fishersville, VA.

In Memory of...

Harold D Taylor Portsmouth	Tidewater Dental Association Feb 21,2007
William Bunch, Jr Chase City	Southside Dental Society Nov 16, 2007

Outstanding Professional Achievement Award

Dr. Carole Pratt

Dr. Carole Pratt lives by the credo, "If it is to be, it is up to me." Her leadership experience is as extensive as her qualifications are impressive. Since graduating from dental school at VCU in 1976 she has worked as a private practice dentist in rural Southwest Virginia. But her skilled participation and willing immersion in public policy and her focus on access to health care in rural and other underserved areas set her apart.

Dr. Pratt sees a vital connection linking health care access, economic opportunity and overall quality of life. The breadth and depth of her committee and advisory group appointments evidence her commitment to improving the health of her patients, her community and the Commonwealth. She has been active on the Virginia Board of Health, Virginia Rural Health Association, Economic Development Alliance, Chamber of Commerce, Medical Assistance Services, and a variety of other public policy groups. If you count all of her "President" and "Chairman" titles, it is very clear Dr. Pratt is a creative leader, not just a follower. Friends and colleagues describe her as an articulate and highly motivated self starter. They say, "Carole is the complete package, having an amazing grasp of statewide issues and concerns."

Her resume speaks for itself and speaks volumes, but Dr. Pratt doesn't talk about her volunteer roles. Few people would realize how many state-wide positions she has held through the years because she never mentions them. Her accomplishments and honors seem to be unlimited and boundless. For example, her term on the State Board of Health is noteworthy, because not only is it unusual for a dentist to be on a health board, but for a dentist to chair that board for four years, as she did, is almost unheard of. That, in itself, speaks to her leadership qualities and respect she earns from a wide spectrum of health care providers.

A model for character, compassion and integrity, Dr. Carole Pratt lives the good and right life many strive to achieve.

CLASSIFIED ADVERTISEMENTS

Full Time or Part Time Dentist Need

Practice Owner in Chester, Virginia (South of Richmond) is interested in adding a Full Time, Part Time, or Locum Dentist to his practice. Ideal candidate will be available to work a Monday through Friday work week. Full Time dentist may have opportunity to Buy-In. Candidate must be comfortable performing extractions, willing to learn, and OK with working in a high volume practice. Call Brian at 1-800-313-3863 ext. 2290 or email brian.whitley@affordablecare.com to learn more and set up a working interview.

Full Time or Part Time Dentist Need

Practice Owner in Moyock, North Carolina (Coastal, North Carolina area-commutable from Virginia Beach, Norfolk, and Chesapeake, VA) is interested in adding a Full Time, Part Time, or Locum Dentist to his practice. Ideal candidate will be available to work a Monday through Friday work week. Candidate must be comfortable performing extractions, willing to learn, and OK with working in a high volume practice. Call Brian at 1-800-313-3863 ext. 2290 or email brian.whitley@affordablecare.com to learn more and set up a working interview.

VIRGINIA DEPARTMENT OF HEALTH LOAN REPAYMENT PROGRAM

Are you looking for some help with your dental school loans? If you have a Virginia dental license and are within five years of graduation, you may be eligible to receive a loan repayment award. To qualify, you must practice in an underserved area or designated state facility and accept Medicaid. For further information, please contact Dr. Elizabeth Barrett at 804-864-7824 or Elizabeth.barrett@vdh.virginia.gov.

Busy West End & South side (Richmond) Practices looking for a full time associate General Dentist. Looking for a practitioner with interests in Endo, Surgery and Cosmetic Dentistry. Partnership potential is available for appropriate candidates. Our practice offers competitive guarantied base salary and percentage. Complete benefit include Medical, Dental and 401K…Please Fax Resume to 804-270-9296 or Email: richmonddentist@yahoo.com

Well Established, Highly Successful Dental Practice
ROCKY GAP, VA

The owner of this practice in Rocky Gap, VA has asked our assistance in locating a dentist to take over his practice. This is a unique opportunity to own a Multi-Million-Dollar practice with NO personal out-of-pocket dollar investment.

This seven chair, 2,700 + square foot practice has a fully staffed on-site laboratory for fabrication of full and partial dentures. It has served patients with dignity and respect since 1984. An affiliated relationship with Affordable Care, Inc. allows the dentist to practice without the headaches typically associated with ownership.

For complete details on this unique, once in a lifetime opportunity, contact:

Alan Wallace
1-800-313-3863, ext. 2234
alan.wallace@affordablecare.com

www.affordablecare.com

Don't just improve smiles, improve lives.

Associate/Partner Wanted

Stafford, VA — Busy general practice in high growth county. New, state-of-art facility. 10 ops/4,000 sq. ft. CEREC®; Water Lase; Digital X-rays; Paperless; Fully electric hand-pieces; Integrated Piezo scalers. 40+ new patients/month. Great associate potential. Visit www.transdent.com or call Mercer Transitions 1-800-588-0098.

Associate/Partner Wanted

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Contact: Cleve H Porter, Jr., DDS
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Associate periodontist position available in Virginia Beach with ownership option. Excellent opportunity in a patient oriented practice, especially for a new or semi-retired periodontist who wants to avail the expense and hassle of establishing a new office… Fax inquiries with resume to 757-496-4787

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Contact: Karin Guye or Thomas Gaskins
Phone: (800-966-8272 x 16 or x 13
Fax: (804) 379-6593
e-mail: kguye@vpca.com or tgaskins@vpca.com

The Louisa County Resource Council seeks a committed dentist for its dental clinic. The dentist must be board certified and willing to work for minimal compensation 1-4 days a week. Located half an hour east of Charlottesville, the Louisa County dental clinic serves income eligible county residents who cannot otherwise afford dental care. If you are a retired dentist looking to keep up your skills and also make a real difference in the lives of people in need, please call Ms. Donna Isom, Executive Director at (540) 967-1510.

Busy multi-specialty office in Arlington, Virginia seeking part-time endodontist as well as Spanish-speaking pedodontist. Saturday hours available. Also seeking Spanish-speaking front desk. Please email resumes to Elidia@friendshipdental.com or fax 703-575-9890.

Dentist- Portsmouth, Virginia
Well-established three-dentist office seeking full time associate in general dentistry. High quality, friendly office. Contact Dr. James Kail or Dr. Walter Cos (757)848-1675.

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