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VDA

Virginia Dental Association

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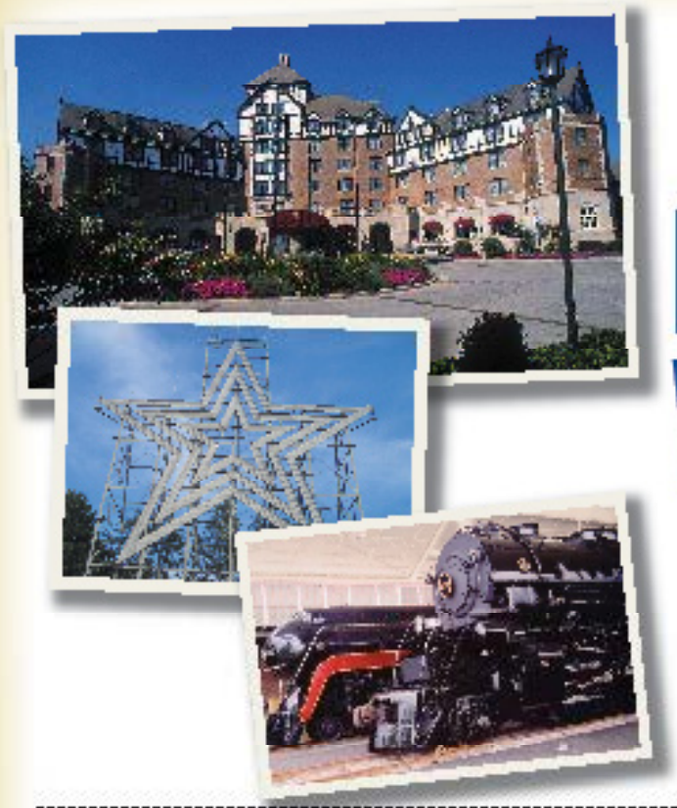

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IN THIS ISSUE:

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Volume 83, Number 3 - July, August & September

TABLE OF CONTENTS

Virginia Dental Journal

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News & Headlines

Departments

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

Virginia Dental Association
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Together we can provide dental care for every Virginian — from the very first smile.

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Smart Smiles

DELTA DENTAL

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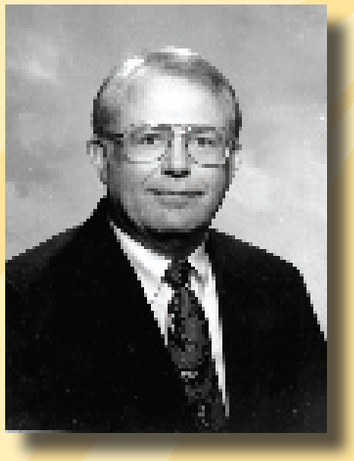
From the Editor

Dr. Leslie S. Webb, Jr.



Currently in Virginia, the VCU School of Dentistry is planning a new building to facilitate ten additional dentistry slots and doubling their dental hygiene program to 40 students per year. In addition, a new private dental school is in the planning stages in Blacksburg, VA, with a proposed class of 50 dental students per year. The Virginia Board of Dentistry is making plans to create an expanded duties dental assistant. All of these undertakings are an attempt to address the perceived need to expand access to dental care for Virginia's citizens.

These projects will draw even greater attention to the shortage of dental hygienists and trained dental assistants in Virginia. The Virginia Hygienists Association has for years opposed training more hygienists, stating the need does not exist. However, dentists continue to have difficulty finding hygienists to employ. Due to the cost of setting up new programs, the legislature and educational system have been reluctant to start new programs. VCU School of Dentistry's 20 new hygiene slots will help, but other hygiene programs need to be expanded and new ones started.

There are even fewer dental assistant training programs. These programs need to be expanded at the high school vocational tech level as well as in the community college system. Dentists need to be able to hire trained, qualified employees in order to provide quality dental care to their patients, so expanded training for auxiliary personnel is essential.

A coordinated effort through the state legislature and the state's educational system is necessary to secure funding and set up the needed programs. Individual dentists and organized dentistry can help to bring about change in this area by lobbying their state legislators and working closely with the educational system to get new programs started. We must care enough to instigate the necessary start-up and expansion of auxiliary training programs. Leaving it to others will not get the job done.

Guest Editorial

Dr. Richard Wilson

Trust, Thoughtless Comments and Colleagueship

When Society permits us to declare that we are members of a profession, it is because society places trust in our educational institutions, in our collective abilities to care for people and in our ethics. Those who have been in practice for a number of years will agree that there is a certain kinship that develops between the dentist and the patient: a kinship based on trust.

Increasingly, however, it is becoming clear that there is a notable erosion of that trust. What accounts for this erosion is hard to pinpoint: possibly the media, the internet, a better educated patient who may be more likely to challenge or all of the above. I suggest that we – as a profession – may also be to blame. Ironically, one reason for diminished trust is that we have been so successful in convincing the public of our esthetic, technological and biologic successful in convincing the public of our esthetic, technological and biologic successes that disappointing results are now interpreted as someone's fault. In other words, if something goes wrong, it always means that someone was negligent, someone made a mistake or someone lacked competence; that someone being you or me.

I would also suggest that quite frequently, you and I as individual dentists are to blame. Why? Because we make thoughtless comments to our patients! A dental specialist and I were going to go to lunch together some weeks ago and as I waited in his private office, I could not help but overhear some of his conversation with a patient. "Why do you think this tooth split, Dr.?" "Oh …probably because the post was too long".

And, in my imagination, I could envision everyone in that room stepping back a foot or two as some dentist's reputation crashed to the floor. As we drove to lunch, I casually questioned the specialist why he did that. "Did what? What did I say?" he asked, bewildered… not even slightly aware of what had happened. So, it's pretty evident that, without our realizing it, sometimes unthinking chatter and careless conversation can be damaging. And who among us is guiltless?

To remind ourselves, let's just cite a few innocent but hurtful (well, maybe some are not so innocent) comments I have heard (or heard about) and have saved over the years on a much tattered yellow legal pad: On being told what a patient was charged by a previous dentist, a whistle, followed by "I guess I'll have to change my fees".
The usual sigh, followed by as "tsk, tsk"or a "Look at this, Mary" to a dentist's assistant.
"and you've just been to the dentist? "Is he still practicing? I thought he was dead!" "This unit is the latest in technology and our office is the only……" "I remember him as a student – very marginal" "Well, it's a matter of standards. My standards are very high…"
"Yes, we used to do that a few years back, but today, in this office"…or "I'm surprised he's still doing that" And, of course, there is the classic:" Now why in the world would he do that? "It's important to state that as a profession, our role of caring for people includes informing patients if there are multiple sites of grossly substandard dentistry or undiagnosed disease. But we are not addressing those instances here. We are addressing unnecessary criticism (or what the average patient could interpret as criticism) of a colleague. After all, the environment out there is pretty well set to pick up on that careless phrase and run with it to the litigation arena. I was in the audience recently when a very prominent dentist/attorney who spends much of his time as a malpractice defense attorney made a salient point: In his judgment, over 90% of his cases were precipitated by the comments of a fellow dentist – comments that he viewed as unnecessary. Pretty scary!

If you've never been "requested" to go to court, as dentist "B", "C" or "D" or even as an expert witness, I can assure you it ruins your serenity, destroys your schedule and causes sleepless nights.

Barring severely sub-par therapy, it is usually unwise to volunteer your opinion about some condition in a colleague's patient. The condition (or problem) could be due to lack of compliance on the part of the patient, a patient management problem, or some impediment to a good result that would not be readily apparent. All it takes is one injudicious comment to take us into a courtroom.

Honesty compels us to admit that each of us has dropped the ball at least a few times; we might have offered a hasty or off-the-cuff opinion, made one or two bad ethical decisions, perhaps even made some statements that were hurtful to colleagues. So none of us should finger point or preach, because we've all been there. What we do need to do is elevate our own awareness, re-examine our conversations with patients and thoughtfully pass our voiced opinions through the filter of colleagueship.

Message From the President

Dr. Mark Crabtree

All aboard for the Hotel Roanoke and a great time in the Star City!

This edition of your journal is dedicated to the 2006 Virginia Meeting of the Virginia Dental Association.

This year's meeting has something for everyone. Enhance the quality of your practice by learning the latest techniques and technologies from the Stars and join in the fun social activities planned especially for you.

The entire dental team is a part of this year's meeting. CE Programs will cover everything from CPR and HIPAA to Gordon Christensen and the "New Aspects of Dentistry – 2006." Gain even greater knowledge with our Virginia Stars at the Luncheon for Learning. From specialty organizations and the dental school alumni to the various Academies, the total dental family will be meeting throughout the weekend. Be sure to renew your friendships by attending your organization's special activities! Don't forget to visit the Exhibitor Stars in the exhibit hall; they are sharpening their pencils to give you great deals on your equipment and supplies.

The Roanoke Valley Region offers a variety of activities that include the historic Roanoke City Market, Mill Mountain Zoo, and the fascinating O. Winston Lake Museum located across the driveway from the Hotel Roanoke. For the golfers, the Annual Golf Tournament will be played at the Roanoke Country Club. The Local Arrangements Committee has even arranged for a special treat - a TV Cooking Demonstration Show by Marty Montano's Gourmet Restaurant.

Everyone is invited to The Virginia Museum of Transportation for our annual VDA Party. Bring your family and staff to enjoy the festivities and explore the bygone era of rail transportation. The big trains are a hit with everyone - young and old! This is one activity that shouldn't be missed.

Get on board for a fun filled weekend in the Star City "*Learning With The Stars*".

All Aboard!!!!

The Board of Directors has received the final reports of three task forces that have been active during this year. Our House of Delegates will be making some important decisions about the future of our profession. I encourage each of you to become familiar with these issues and to attend our Annual Meeting to participate in the process.

This year we will discuss workforce issues and begin moving a process forward that will increase the number of available licensed dental hygienists and trained dental assistants for our practices. Now is the time for action and we need ALL our members to be active and be a part of this important initiative. The Board and Staff cannot effect change without our help so now is the time to step up and get involved.

Working together, we can make a difference in the future of our practices and I look forward to seeing each of you in the Roanoke!

Mark A. Crabtree, DDS
President, Virginia Dental Association

Pediatric Abstracts of Interest

Buddy Hollowell, DDS
VCU School of Dentistry
Department of Pediatric Dentistry

Abstract
M. Guelmann, M McIlwain, and R Primosch. Radiographic Assessment of Primary Molar Pulpotomies Restored With Resin-based Materials. Pediatric Dentistry. 27:1, 2005.

The purpose of this study was to assess the overall performance of formocresol pulpotomies in primary molars when definitively restored with a resin-based material. Traditionally, stainless steel crowns (SSCs) have been recommended as the restoration of choice for pulpotomized teeth in order to protect them from fracture. Unfortunately, SSCs are esthetically unpleasant and some studies have shown that composite veneer facings on SSCs do not hold up well over time. Amalgam restorations are also a successful alternative to restore pulpotomized primary molars but they do not address the esthetic problem either. Resin-based materials are found to be more acceptable from an esthetic standpoint and may be an esthetic alternative for restoring pulpotomized primary molars. A technique for restoring pulpotomized primary molars using glass ionomer and resin-based material over a thin layer of zinc oxide eugenol has been suggested.

This study looked at the records of a 2-operator pediatric dental office in Tampa, Fl. and selected 59 molars that had been pulpotomized and then restored with resin-based materials. These practitioners performed all treatment under rubber dam isolation. The pulp medicament used for pulpotomies was formocresol and it was placed for 1 to 5 minutes. One practitioner restored the pulp chamber with a base of ZOE and placed the resin-based restorative material (Z100 composite) directly over the ZOE while the other practitioner restored the pulp chamber with a base of ZOE and then placed a glass ionomer (Vitrebond) over the ZOE before restoring with Z100 composite. Preoperative radiographs and the most recent postoperative radiographs were obtained. A pulpotomy was deemed to be successful if the radiographs did not show furcation/periapical osseous radiolucency or internal/external pathologic root resorption.

The overall pulpotomy success rate when restoring the pulpotomized tooth with a resin in this study was 78%. When the only surface needing to be restored with resin after the pulpotomy was the occlusal, the success rate was 100%. When a proximal surface also had to be restored with resin after the pulpotomy, the success rate was only 74%. The success rate when restoring the pulp with ZOE + glass ionomer before restoration with a resin was 85%. The success rate when restoring the pulp with only ZOE before restoration with a resin was 74%.

One major flaw in this study was that one of the two practitioners restored the pulpotomized molars with resin directly placed over ZOE. The eugenol contained in ZOE inhibits the polymerization of resin-based materials and as a result can lead to restoration failure. There are no studies found where a zinc oxide eugenol material was left in a preparation as a base under a composite restoration. It is recommended that if ZOE is used as a base under a resin that a glass ionomer is first placed completely covering the ZOE and the preparation is then thoroughly etched before placing the resin.

The results in this study indicate that the failure rate for pulpotomies that have more than one surface needing to be restored is greater when a resin (22%) is used as the definitive restoration than when a SSC (13%) is used as the definitive restoration. However, more studies are indicated to verify this claim. As of now, there are no studies that indicate that restoring pulpotomized molars with more that one surface needing to be restored will be as successful when using resin-based materials as when using SSCs. So, if more than one surface needs restoration, the literature still recommends that pulpotomized teeth be restored with SSCs in order to gain the optimal success rate for the pulpotomy. However, when only one surface of the pulpotomized tooth needs to be restored then this study indicates that resin-based materials are an excellent option for the definitive restoration and will still yield optimal results in terms of pulpotomy success.

Dr. Buddy Hollowell is a first year advanced education student in Pediatric Dentistry at VCU School of Dentistry. He received his D.D.S. from the University of North Carolina School of Dentistry in May 2004.

Robert W. Mansman II, DDS
VCU School of Dentistry
Department of Pediatric Dentistry

Abstract
Warren, John J. DDS, et. al. Effects of Nonnutritive Sucking Habits on Occlusal Characteristics in the Mixed Dentition. Vol. 27. November/December 2005. 445-450.

Not much is known about the extent to which nonnutritive sucking habits contribute to malocclusion in the mixed dentition. The purpose of this investigation was to comment on the relationship between occlusal characteristics in the mixed dentition and sucking behaviors over a period of time.

630 children were included in this study who were in mixed dentition. Of these, 580 consented to impressions, and 524 adequate study models were obtained. 444 of these children also had longitudinal nonnutritive sucking data that was obtained from mailed questionnaires from birth to eight years. Different sucking behaviors were grouped by type and duration. Models were obtained and hand articulated to evaluate occlusal characterics, open bites, crossbites, molar relationships, etc. Bivariate statistical analyses were then used.

Of all the children in the study, 55 percent had malocclusions, with Class II molars being the most common. Anterior open bites and posterior crossbites were associated with habits of 36 months or more duration. Those children with continued pacifier use between 24 and 47 months were more likely to have anterior open bites and Class II molar relationships, while finger habits accounted for these malocclusions after 60 months.

These authors concluded that malocclusions are common in the mixed dentition, and stated that anterior open bite and posterior crossbites may be preventable by modifying nonnutritive sucking behaviors.

Dr. Rob Mansman is a first year pediatric dental resident at Virginia Commonwealth University School of Dentistry.

Kristin E. Nelson, DMD
VCU School of Dentistry
Department of Pediatric Dentistry

Abstract

Paul S. Casamassimo. Medical Advances in Pediatric Health Care: What Dentists Need to Know. Alpha Omegan. 98;4, 2005.

The purpose of this article was to call attention to advances in technology used to treat children, new uses for old or established drugs, and precautions that the dental team needs to consider from both the patient and practitioner standpoint. Recent advances in medicine in the last 50 years has increased the life span of children significantly, especially children with special health care needs. For example, the improved diagnosis of autism has yielded an increased incidence of 1,354% in the last 12 years. In fact, it has been determined that 16% to 17% of all children fall into the category of children with special health care needs. It is important that dentists are routinely aware of advances in technology and new uses for established drugs so that the dental team can take the proper precautions.

Replacement devices are routinely placed in children, such as pacemakers and cochlear implants. Pump devices that administer insulin, pain medication or antispasmodics are common in children with special health care needs. Ports for administration of medication and drawing blood are more common in this patient population and are used in conditions that would otherwise require frequent venipunctures. Some literature suggests that these devices can become infected from oral organisms and physicians may recommend antibiotic coverage for dental treatment as a precaution. In general, it is recommended that implant devices do not need antibiotic coverage unless they violate the cardiovascular system or central nervous system. However, dentists should always consult the child's physician if there is any question regarding antibiotic prophylaxis.

Many drugs have recently been used for new purposes in the pediatric population. Such drugs include botulinum toxin and many anticancer drugs. While these new uses can provide children with excellent treatment options, they can also have significant oral effects on the children. Many of the anticancer drugs such as methotrexate, now used for treatment of juvenile rheumatoid arthritis and psoriasis, can cause ulceration and bleeding in the oral cavity. Hydroxyurea, also an anticancer drug, is now being used to treat sickle cell anemia and can have the same oral effects as methotrexate. Many centrally acting medications used for neuromuscular disorders and behavioral problems, such as autism and ADHD, can reduce saliva flow. Finally, the most recent advances in asthma medication have been associated with dental caries and erosion. New national guidelines on the management of asthma endorsed by the American Academy of Pediatrics will see more steroid use with the potential for adrenal depression. Dentists who care for children are seeing an increase in the number of children with special health care needs who also need dental treatment. With the small number of pediatric dentists, and the desire of parents to simplify care to one "dental home," more general dentists will be asked to care for children who may be receiving daily medications, have replacement devices, be at risk of untoward reactions to medication, and have associated developmental disabilities. Most of these children can be safely treated by a dentist who takes the time to learn about the condition and its treatment, talks with the child's parents and physician and uses common sense and low-risk treatment planning to address oral health needs.

Dr. Kristin E. Nelson is a first year advanced education student in Pediatric Dentistry at VCU School of Dentistry. She received her D.M.D. from University of Kentucky College of Dentistry in May 2005.

Priya Patel
VCU School of Dentistry
Department of Pediatric Dentistry

W.K. Seow, W.G. Young, K.L. Tsang, T. Daley. A Study of Primary Dental Enamel from Preterm and Full-term Children Using Light and Scanning Electron Microscopy. Pediatric Dentistry. 27:5, 2005.

The aim of this study was to measure the enamel thickness of primary maxillary incisors in preterm children with very low birth weight (<1500g) compared to full term children with normal birth weight. Premature children have noted oral complications. One being enamel hypoplasia with a 70% occurrence in premature children. Others being palatal distortions from prolonged endotracheal intubation, delayed dental development with delayed eruption in early childhood, and smaller dimensions of dentition. The later has been proven in a past study showing smaller faciolingual and mesiodistal size in primary incisors. This has also been studied and proven in primary molars. Whether the size reduction is due to generalized crown dimensions or reduction in enamel thickness is what this study hoped to find.

The enamel of preterm teeth was approximately 20% thinner than full term teeth. Most of the reduction was from in the prenatally formed enamel. Under SEM the enamel defect of enamel hypoplasia was found in 52% of prenatal teeth and 16% on full term teeth. Even though this article tried to prove the decrease in enamel in premature teeth, they did mention other possible variances. The authors did allude to the possibility of dentin thickness being a variant in tooth size, but the study did not report on it. Also, the simple genetic variability of humans was proposed.

In conclusion, preterm primary dental enamel is abnormal in surface quality and is thinner than full term enamel. This is due to the reduced prenatal growth and results in smaller dimensions of primary dentition. This is significant because thinner enamel has an increased caries risk. In treating the pediatric population it would aid the clinician to include "birth status" in their initial oral exam questionnaire as it affects their caries susceptibility.

Dr. Priya Patel is a first year advanced education student in Pediatric Dentistry at VCU School of Dentistry. She received her D.D.S. from VCU School of Dentistry in May 2005.

Allen S Porter DMD
VCU School of Dentistry
Department of Pediatric Dentistry

Abstract

Dr's Azevedo, Bezerro,and Toledo. Feeding Habits and Severe Early Childhood Caries in Brazilian Preschool Children. Pediatric Dentistry. 27:1, 2005.

This objective of this study was to analyze the association between the feeding practice and presence or absence of SECC (Severe Early Childhood Caries) in Brazilian preschool children. This cross-sectional study was conducted with preschool children, aged 36 to 71 months, randomly selected from a low-income population. Data was assessed about infant feeding practices and dietary habits.

SECC was observed in 36% of the children examined. Infant feeding practices showed the association between SECC and night-time breast-feeding (p=.02) or breast-feeding (p=.0004) in children older than 12 months of age. The use of a bottle at night as a substitute for the pacifier and its use on demand during the day were also correlated with SECC (p<.0001). It was concluded that night-time breast feeding in children older than 12 months of age, the use of a bottle at night as a substitute for the pacifier, and use of the bottle on demand during the day are feeding practices correlated with the etiology of SECC.

Severe Early Childhood Caries (SECC) is a specific form of rampant decay of primary teeth in infants. The lesions develop quickly and occur in surfaces generally considered to be at low risk for caries. A variety of terms have been used to describe this condition; baby bottle tooth decay, nursing caries, nursing bottle syndrome, milk bottle syndrome, bottle mouth caries, and Early Childhood caries.

The American Academy of Pediatrics (AAP) recommends breast-feeding as the ideal method of infant feeding for the first 6 months followed by the addition of iron-enriched solid foods between 6 and 12 months. The AAPD (American Academy of Pediatric Dentistry) suggest, "ad libitum nocturnal breast-feeding should be avoided after the first primary tooth erupts." Only 1 in 4 U.S. infants is breast-fed at 6 months of age. Infant formulas are acidogenic and possess cariogenic potential. Parents need to be informed of the need for good oral hygiene practices upon the 1st primary tooth's eruption. Parents should be counseled against putting babies to sleep with a bottle.

The AAPD suggest infants should begin drinking from a cup as they approach their first birthday and be weaned from the bottle at 12 to 14 months of age. The AAP also recommends not giving infants juice in bottles or easily transportable covered cups (sippy cups) that enable juice consumption throughout the day. Infants should not be given juice at bedtime.

The AAPD 2004-05 Oral Health Policies and Clinical Guidelines are posted on the website: http://www.aapd.org/

Dr. Allen S Porter is a second year advanced education student in Pediatric Dentistry at VCU School of Dentistry. He received his D.M.D. from MUSC School of Dentistry in May 2003.

Kathryn M. Roberts DDS
VCU School of Dentistry
Department of Pediatric Dentistry

Abstract

A. Kupietzky and D. Ram **Effects of Positive Verbal Presentation on Parental Acceptance of Passive Medical Stabilization for the Dental Treatment of Young Children.** *Pediatric Dentistry*, vol 27; No. 5; September/October 2005.

The purpose of this study was to investigate the impact of positive verbal presentation on passive stabilization of young dental patients requiring conscious sedation in a private practice setting. The use of general anesthesia to manage pre-cooperative and/or uncooperative children is on the rise. Changes in parenting styles may be contributing to the shift in treatment modes utilized by pediatric dentists. Studies examining contemporary parental attitudes towards behavior management procedures conclude that aggressive physical behavior techniques such as HOME (hand over mouth) and Papoose Board use appear to be less favorably accepted.

Sixty parents completed this trial. This study involved parents bringing their uncooperative children for dental treatment to one of 2 private practice clinics. The experimental group (EG) parents were given a positive verbal explanation of conscious sedation with the papoose board and a neutral explanation of active parental restraint and treatment under GA by a male dentist. The control group (CG) parents were given a neutral explanation by a female dentist about use of the PB, active restraint by a parent and treatment under GA. Both groups were then shown a video of 2 children under CS (conscious sedation) with passive medical stabilization PB (papoose board) and a third child undergoing GA (general anesthesia). The group means (age, parental anxiety) were compared using t-tests and group percentages (gender, parent gender, education level, active restraint views, crying views, parent presence) were compared using chi-square tests of Fischer's exact tests. A P value<.05 was considered significant.

Sixty parents completed the trial. Twenty-one children were in the control group (CG- neutral presentation) and 39 were in the experimental group (EG- positive presentation). The EG did have more parents with college/university level educations. The EG parents contributed crying in the video to a child's fears (97%) while the CG parents attributed crying in the video to the restraints(48%). 81% of parents in the control group felt their child would cry significantly less with parental presence. 48% of CG parents also felt they could adequately restrain their child.

Parents receiving a positive explanation of the PB were more accepting of this mode of treatment. The EG parents were also more willing to allow treatment with parental separation in addition to conscious sedation with PB. Preconceived notions about restraint may prevent parents from permitting PB use even though there is much evidence supporting its mode in providing safe dental treatment. The papoose board is used to reduce movement, protect patient and staff, and facilitate delivery of quality dental care. The population in this private practice study may not reflect the population treated in a university setting.

Parental acceptance of the Papoose board during conscious sedation is dependant on PRESENTATION. A positive presentation may result in greater parental acceptance.

Dr. Kate M. Roberts is a second year advanced education student in Pediatric Dentistry at VCU School of Dentistry. She received her D.D.S. from VCU School of Dentistry in May 2001.

The 2006 Virginia Meeting: Speaker Sneak Peek

Are You Promoting or Preventing Practice Success?

Dr. Robert Willis

What are the common denominators of the Most Successful Dental Practices? What things promote a successful result and what things actually prevent success? (You'll be amazed at some of the things that are routinely done in practices causing extra work and more effort that produce less results).

It has been interesting to observe dental practices across the country and see the things that are done every day that prevent those practices from enjoying far greater success than they can imagine. As I evaluate practices I find that a new category of work is present in all of them. It is called Success Prevention category and can imprison a practice in such a way that people actually think the practice is doing well (as compared to the other practices that are suffering from the same malady) when it actuality, nothing could be further from the truth.

A second new category of work has been discovered called "I'm too busy with the busy work to do the things that would really make a difference". It is interesting to see in any business the work that is being done and compare it to the work that would really make a difference. There is a huge discrepancy between the two in all businesses, including dentistry. Successful practices are far more productive in the same or less time because they know what makes a big difference and what is just work to keep them " busy".

Since dentistry is changing a warp speed so much so that there is little time to learn the latest before it is replaced by something newer. One needs to have a method of evaluating new products, new procedures and new services that are offered to patients. The practice that knows how to screen these quickly and make prudent decisions will have a huge advantage in keeping the practice stable and balanced. Adding the wrong things at the wrong time can create chaos and be very disruptive.

Most think that having a great set of hands or advanced technical skills means that the practice is on the cutting edge. We have been led to believe that if our technical skills are excellent that our practices will thrive. While having great technical skills is very helpful in delivering the dental care, as many will attest, it is no guarantee of long term success. All too often I find skilled dentists frustrated with the progress of their practices. They have one of the key ingredients in place, but are missing a few critical parts.

Let's think of successful practices like a Thanksgiving dinner. There are various items that can make up Thanksgiving dinner across the country, but there are only a few items of those many items that make up Thanksgiving dinner at your home. What's the difference? The difference is in what extras are added or what is substituted to make everything come together when prepared at the right temperature and served at the right time. In successful dental practices, there are some basic, fundamental items that must be in place, but the items that bring it together can vary greatly from practice to practice and from location to location. So first you must make sure you have the foundational elements in place, then, add things that promote a successful result or delete the things that don't for your specific practice. Once you have the "secret recipe" for your practice success, you'll only need to make sure the right ingredients are utilized each day and then repeat it day in and day out to reap the benefits.

Have Them at Hello!

Getting More Business from your Business Phone

By Katherine Eitel

Think back to a time when you were a new patient/client. Perhaps you were interested in finding out more about lasik or cosmetic surgery. Maybe you were new in town and wanted to establish yourself with a doctor, chiropractor, or veterinarian. Do you remember having an experience as a new patient in which you were so "Wow"-ed by the service that you immediately told your family, your co-workers, or your neighbors about the great experience?

The telephone is the gateway into your practice. It represents the first tangible interaction that starts to shape the way a patient views and feels about your competency, level of professionalism, and whether or not it will be worth their money. The goal is to convert as many potential patient callers to appointments as possible. You also want **every** caller to hang up the telephone and feel amazed at how they were treated, listened to, and responded to (exceeding the caller's expectations). And you want this goal obtained efficiently and with consistency of message.

The following steps will help you transform your telephone skills to exceptional:

1. Let the caller know you are glad they called and get their name.

Caller: "Hello. I was wondering if you took my insurance plan?"

Office: "Well, I'm really glad you called our office and I'd love to try to help you! Again, my name is Katherine. May I ask your name?"

Caller: "My name is Carrie Simmons."

2. **Get in the "questioning seat" as soon as possible.** Don't ever assume that the first question the caller asks is their real issue. Actually, my experience shows that it rarely is. Your objective is to uncover that issue and help them see why you are the best office to help them. Try to answer the caller's initial question with another question that helps you narrow the field of concerns to address.

Don't assume that what they originally asked for is all they will do or even what they need. Proceed with asking all the questions you need to clearly identify in your mind what the real issues are for this patient.

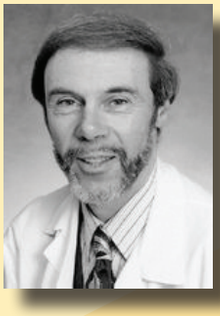
Use any opportunity the patient gives you to connect personally with them. And remember that once you identify the caller's main objectives and concerns, you have to sell your dentist and what your dental office has to offer specifically regarding those concerns. It's not up to the patient to sell themselves on you… it's up to you to sell them on you!

3. Offer the best solution based upon what you have discovered in the questioning phase. This becomes much easier to do once you've identified the patient's real concerns. Remember, it is important to build value for the solution to which you are steering the patient.

4. Now, you can get those details! Save the details like address, insurance information, pre-med questions, etc. until after you've "made the sale." So many calls I listen to start out at the beginning asking these questions when they don't know what the patient wants or even if the patient will schedule at all. It's very impersonal and does nothing to build a relationship or identify needs, not to mention that often we schedule them for what they asked for instead of what will truly meet their needs.

5. **Always end your call by reconfirming the appointment specifics as well as reassuring the patient what a good decision they've made**.

The two ingredients that make a phone call great are: 1) possessing the skills to know where you are going with the call and 2) the level of sincere enthusiasm and personal concern you convey to the caller. Every call is a chance to help someone resolve a problem and see a great dentist. So beef up those skills and crank up your enthusiasm for the next call you take!



Biofilm Scandals of the Oral Cavity: Architects of Disease, Head to Toe

John G. Thomas, Ph.D.
West Virginia University
Professor, Department of Pathology, School of Medicine
Clinical Professor, Department of Periodontology, School of Dentistry
Director, Microbiology and Virology, WVU Hospitals
Director, Mountain State Oral-Facial Microbiology Laboratory, WVU Hospitals
http://www.hsc.wvu.edu/som/pathology/Facultybio/thomas.asp
www.wvuhlab.com/dental

In the oral cavity, there are greater than 700 different microbial species; however, a select proportion will up-regulate from a planktonic, fee-floating phenotype (P^{P}) to a biofilm, sessile phenotype (P^{BF}) that attach to the gingival surface, periodontal pocket, or endodonic surface based on their stress response genes and 'Quorum Sensing' or 'Quorum Diffusion'. 99.9% of organisms prefer the attached phenotype, since it is an evolutionary driven form of survival. Eight key intra-oral characteristics magnify the selection/composition of multi-species biofilm inhabitants during a 4 Stage life-cycle (I-IV): gingivitis (microaerophilic microbes), periodontitics and endodontics (anaerobic microbes). Four are critical and form potential targets for intervention: 1) intra-oral microbial species, 2) energy source, 3) substratum/surface (abiotic or living), and 4) shear force.

The unifying disease concept is the Ecological or Plaque Hypothesis, which recognizes that ecological pressure (including antibiotics) is necessary for low number "Professional Pathogens" to out-compete resident intra-oral flora ("Beneficial Species") and achieve numerical dominance (greater ratio) associated with biofilm pathogenicity (P^{BF}:P^{P}). It is a "numbers game."

Links of oral biofilm architecture, Attached (Stage I), Logarithmic (Stages II and III) and Dispersal (Stage IV), to systemic consequences are now focusing on ventilator associated pneumonia (VAP) and increased antibiotic resistance. There is evidence from our Ventilator-Endotracheal-Lung (V-E-L) model that a co-biofilm of, first, oral dental flora and second, traditional pneumonia flora, are responsible for a robust multi-species biofilm in the endotrach that is a reservoir for 1) dispersal of up-regulated co-biofilm fragments to the alveoli spaces and 2) increased accretion accumulation with increased airway resistance (Work of Breathing) due to occlusion.

Therapeutic modalities are refocusing on multiple interventions, recognizing that the properties of biofilms are similar to hydrated organic polymers acting as tumors (multi-cell communities). Antibiotics may be counter-indicated since Minimal Intervention (MI) is an emerging strategy, focusing on the healthy biofilm composition or antibiotic-susceptible planktonic phenotypes (P^P). Unfortunately, dental antibiotic practices have reflected medical management, based on one-bug, one-disease (Robert Koch, Germ Theory) and an acute infection where "eradication" was the focus. In contrast, oral infections are multi-species, chronic infections where maintenance of the normal intra-oral ecosystem is a major defense and benefits the patient.

We have evaluated in our two biofilm engineered, clinical models, 1) a hydroxyapitate tooth model and 2) a three part Ventilator-Endotrach-Lung model, various intervention strategies: 1) mechanical disruption/removal (sonication), 2) anti-infectives (silver ions/tobromycin), and 3) immune modulation (azithromycin/low dose doxycline) and a CMT (Chemically Modified Tetracycline) and 4) essential oils working at different Stages of the intra-oral biofilm phenotype (Stages I-IV) and planktonic phenotype (Stage 0). None have eliminated the preformed biofilm, but by reducing the 1) total bioburden and 2) effectively maintaining a normal gingival flora that favors a ratio of oral planktonic over the biofilm phenotype with non-carcinogenic and non-periopathogen inhabitants (Plaque Hypothesis), it is our working hypothesis that one can decrease oral biofilm associated diseases and linked systemic consequences.

Dr. Thomas just completed an acclaimed 6 nation, Asia-Pacific Educational Tour over 29,981 miles, including presentations at Dental Societies and International Meetings in Bangkok, Singapore, Hong Kong, Kuala Lumpur, Taipei, and Beijing for 3,000 attendees. Dr. Thomas was also recently given the 2006 WVU School of Dentistry Alumni Association Award of Commendation for his "outstanding contributions to dentistry and medicine and his numerous accomplishments nationally and internationally." He is also a contributing author in upcoming supplement of JADA, entitled "The Importance of Antiseptic Mouthrinses in Daily Oral Care Regimen;" "Managing the Complexity of a Dynamic Biofilm."

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Heritage Bank & Trust
Highlands Union Bank
Hanover Bank
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The Bank of South[redacted]
The Fauquier[redacted]
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BI INVESTMENTS, LLC

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Attention All Dentists & Staff...

Warning to All Dentists; Scam Alert

One of the VDA members received a phone call from a person identifying themselves from POS. The caller said he was to update the credit card machine. The office manager was alert enough to realize this was probably a scam and called the company that processes their credit cards and determined it was a scam.

Be very careful—this type of scam is happening to your peers!

Just as we experienced with HIPAA, misinformation about the National Provider Identifier (NPI) is spreading. Dentists considering purchase of commercial NPI implementation guides should know that NPI enumeration is free to all eligible health care providers. In addition, dentists should avoid falling prey to NPI myths:

- **2006 compliance deadline. The deadline is May 23, 2007.**
- **Dentists are required to have NPIs. Technically, only dentists who use HIPAA standard electronic health care transactions will be required to use NPIs. It's possible some health plans may require the NPI on paper claims, but current indications are that many won't, at least for now.**
- **Claims won't be paid without an NPI. Possibly, if a claim is submitted electronically without an NPI on or after the May 23, 2007, deadline. It's impossible to say with certainty how much a paper-based dentist will need to use NPIs. Many paper claims doubtless will be processed and paid normally without NPIs up to the deadline and probably for some time after. For this reason, paper-based dentists may want to consider applying for NPIs. But they don't have to pay anyone to do that for them and in most cases won't need to pay anyone to teach them how to use their NPIs.**
- **Prescriptions won't be honored without NPIs. While it's true that some states may require provider identifiers on pharmacy transactions, federal law doesn't require use of the NPI on prescriptions, whether electronic or paper.**

More information about the NPI is on ADA.org and in an ADA News article online. We will send an eGram on this issue to the membership this afternoon

Volunteers are needed for the Medical Reserve Corps (MRC) throughout Virginia. In 2002, President Bush created the Medical Reserve Corps to organize volunteer healthcare professionals who are willing to lend a hand in their communities. The local MRC groups provide much needed health care in an emergency situation and work throughout the year to promote good health among all citizens.

The MRC fills a crucial roll in aiding communities in their time of need when first responders alone are not enough. As a VDA Member, we ask that you consider volunteering some of your valuable time to your local MRC. Both retired and practicing dentists are needed throughout the state. To find out more about the MRC please visit http://www.medicalreservecorps.gov/HomePage.

In Virginia, there are 21 local MRC chapters preparing to respond to any emergency including natural disasters and acts of terrorism. Please contact your local chapter to join one these great groups of healthcare volunteers!

Alexandria MRC -- 703-838-4400 ext. 271
Arlington County Public Health Div. – 703-228-4986
Central Shenandoah MRC – 540-332-7830
Chesapeake MRC – 757-382-8719
Eastern Shore MRC – 757-787-5880 ext. 278
Fairfax MRC – 703-246-8636
Hanover Health District MRC – 804-365-4345
Henrico County MRC – 804-501-5057
Lord Fairfax Health District MRC – 540-722-3480
Loudon County Health Department – 703-771-5829
Peninsula MRC – 757-594-8045
Portsmouth Health MRC – 757-393-8585 ext.8518
Rappahannock MRC, Inc. – 540-899-4797 ext. 111
Rappahannock-Rapidan MRC 540-829-7350 ext.132
Richmond City MRC – 804-646-5966
Southside Health District – 434-738-6815 ext. 109
Southwest VA MRC – 276-274-0555
UVA MRC – 434-924-5408
VA Beach MRC – 757-518-2776
VA Dept. of Health Roanoke – 540-473-8226
Western Tidewater – 757-686-4900

Staff Education Is A Wise Investment

Kathleen M. Roman

Employment experts tell us that businesses rise or fall based on the quality of their employees. Analysis of closed dental malpractice claims support this assertion in the clinical environment as well. Studies show that employees invest more individual effort in work environments that value a team approach. The dentist who invests in team building is also likely to have lower employee turnover or dissention. And, from a risk management perspective, perhaps the best benefit is the decreased incidence of error and patient dissatisfaction.

Just as doctors are encouraged to conduct risk management analyses of their practices, it also makes sense to conduct educational assessments to identify: a) gaps in communication; b) processes that need reinforcement to ensure consistency; and c) opportunities to introduce process improvement throughout the practice.

Doctors understand the importance of having formal training programs for new employees. These training programs should tie into written job descriptions and should reinforce expectations of professionalism, cooperation, and systems to help resolve communication issues. While dental practices frequently provide sound training for new full-time employees, they sometimes take shortcuts with part-time or temporary staff. Yet, these individuals have the same training needs in terms of the practice's policies and procedures and day-to-day operations.

Equipment use is another area that should receive periodic review. With the introduction of new equipment, a risk assessment should be used to determine if new training and updated procedures will be needed. Use, calibration, periodic maintenance, and repair oversight are important elements that should fall within the scope of specified individuals' job descriptions.

Safety training is a broad component and encompasses many critical elements directly related to clinical care. Examples include: physical support for patients arising from the dental chair and compliance with radiation safety guidelines such as thyroid collars. A review of office processes will identify opportunities to enhance patient safety without putting staff at risk.

Communication is critical to the success of the dental practice. Yet—beyond the basics of telephone courtesy and explanations of payment policies—few dental practices provide in-depth communication training. Regardless of the clinician's skill, the practice is unlikely to flourish if doctor and staff are haphazard in the way they communicate among themselves and with their patients. So a review of office communication should identify those areas most likely to benefit from education and in-service training. Examples include: a) formal processes used to inform and/or educate patients; b) consistency in the ways that staff respond to patients' questions; and c) processes that enable staff to identify risk issues and bring them to the attention of the administrative team. An education process review will identify areas of inconsistency and misunderstanding among employees. Improved communication in the practice can prevent patient injuries, ensure more patient-focused interactions, and enhance the doctor's reputation.

Effective education programs should also include the formal staff education needed for licensure, credentialing, continuing professional education, and other business training, e.g., bookkeeping or computer classes. It is also important that the dental practice's HIPAA program undergo annual review, in-service training for all staff, and updated employee compliance agreements.

Wherever an employee's job description notes accountabilities that could be improved through training, a written education program should specify the method to be used. Documentation of completion of these educational components should be maintained in each employee's human resources file. Such records should also be maintained when one dentist is employed by another. The supervising professional has an obligation to conduct periodic credential review, e.g., completion of Continuing Dental Education (CDEs).

Periodic review of the dental practice's educational components ensures that no aspects of training become obsolete or forgotten. A commitment to ongoing education reinforces a commitment to excellence that can permeate the practice—and that is noted by patients. A "stitch in time" approach to education ensures that the doctor's staff feels a sense of ownership for the results of these reviews. It shouldn't be only the dentist who is dedicated to patient safety and satisfaction. By using education as a valuable tool, the entire team can achieve and maintain this important goal.

Kathleen M. Roman is Clinical Risk Management Education Leader for Medical Protective, the nation's oldest professional liability insurer, founded in 1899. She can be reached at: kathleen.roman@medpro.com

Missions of Mercy
Virginia Dental Health Foundation

Update

Mom Returns to the Eastern Shore for 6th Mission!

From Left: Dr. Patrick Sprague, Patrick Ng-A-Fook

March 18 & 19 2006

# of Patients Treated: 590
# of Volunteers:: 212
Value of Treatment: $380,442
To date 3,894 Eastern Shore residents have received over $1.4 million in free dental services.

From Left: Harlan Hendricks, Dr. Clay Hendricks, Dr. David Jones, David Jones, CK Johnson, Dr. Charles Johnson

News from the NOVA MOM

Dr. David Anderson and Assistant

May 20, 2006
# of Patients Treated: 280
# of Volunteers: 170
Value of Treatment: $61,252

Join us for one of our upcoming MOM Projects:

Wise MOM 2006 July 28-30
Grundy MOM 2006 October 14-15

Register Online at www.vadental.org or contact Barbara Rollins at 804-261-1610

A Letter of Gratitude to all Who Participated in the New Orleans MOM Project

Everyone:

Thanks for joining in yesterday at lunch at the MCV Alumni House to honor and celebrate all the good works done in New Orleans on behalf of those in need there. I appreciate you sharing your pictures, stories, and experiences across the calendar from when Tom went down in the fall as the guest of Uncle Sam to the cool days in the zoo with all of you giving care amongst elephants, liberated panthers, and all other manner of New Orleans wild life (human included). I appreciate all the leads and background you shared on our 40+ alumni who joined you.

Kudos to Terry, Barbara, Carol and Robbie for their leadership and organizational wherewithal to undertake and direct such a massive enterprise. Kudos to Nathan, Jared, Cassidy, and Abe for their exceptional commitment to being there and keeping the trucks running, the supplies supplied and the blankets secured.

Thanks, too, to our guests from our university media, Jen and Melanie, for hearing and telling these important stories and for helping us spread the word about all the MOM endeavors. We look forward to getting good coverage of MOM in Wise County - Melanie's already made contact with her local guy out there. We'd like to replace all the hoopla about UVA medical students with even bigger hoopla about VCU dental students! I appreciate Betsy being with us to represent the MCV Alumni Association Dental Division Board and learning more about what how our alumni support MOM.

Congratulations on receiving the very handsome jackets from the VDA. Terry, you did those first rate- very nice, indeed. Congratulations to everyone on being commended by the Louisiana State Legislature in Resolution 69, giving due credit to the VDA for its leadership and to all the Virginia volunteers for their generosity. I appreciate Terry letting us know about this so we could get copies for each of you.

I am indebted to Terry for his very kind words about the long-standing, effective relationship between the VDA and the School. He was gracious in his remarks about how our students, faculty, and administration all work together to make the MOM Projects the powerful successes they have become and how this is a national model of which we all can be proud.

To heap on just one more level of praise, I learned today that Terry was honored last week with a special, prestigious award from the Virginia Health Care Foundation. Governor Tim Kaine presented him with an inaugural award for his leadership envisioning, creating and shepherding the MOM Projects to their current state of national prominence in effectively leveraging health care delivery to so many underserved Virginians. Terry, you are most deserving.

Again, thank you all for your efforts on behalf of those most in need. Hearing your stories was very moving and I am proud to be a part of a community that cares.

Jim Doyle
Assistant Director of Development for Annual Giving and Alumni Stewardship
Virginia Commonwealth University Medical College of Virginia Campus School of Dentistry

Decoding cervical soft tissue calcifications on panoramic radiographs

Laurie Carter, D.D.S., Ph.D.
Professor and Director, Oral and Maxillofacial Radiology, Virginia Commonwealth University School of Dentistry, Richmond, Virginia

Dentists encounter calcifications in the cervical soft tissues on panoramic radiographs fairly frequently.[1] Upon detecting such calcifications, the immediate goal is to correctly identify their nature. Some soft tissue calcifications are innocuous and do not need intervention, while others may be life-threatening and require treatment of the lesion and its underlying cause. There are many types of soft tissue calcifications, but in most cases the geometry and precise location leads to a definitive diagnosis. This article describes the radiographic differences between the more common soft tissue calcifications occurring in the cervical soft tissues that are seen on panoramic images and indicates which need further investigation and intervention.

When a patient, often as a child, has multiple throat infections, the tonsillar crypts swell and organic debris accumulates in them. This debris acts as a nidus for the deposition of salts present in saliva, and ultimately leads to the formation of tonsilloliths[2]. Tonsilloliths present intraorally as bony hard, yellow or white "stones" projecting out of the tonsillar crypts. Some patients with tonsilloliths are completely asymptomatic, while others complain of pain or a foreign body sensation during swallowing. Some patients complain of very fetid breath despite undertaking extreme oral hygiene measures.

Radiographically, tonsilloliths appear as a cluster of small (2-4 mm) bright radiopacities in the oropharyngeal airspace immediately inferior to the mandibular canal (Figure 1). Part of the cluster will be superimposed on the ramus, and part will appear separate from bone, extending out into the cervical soft tissues. Asymptomatic tonsilloliths require no intervention. For symptomatic tonsilloliths, the clinician may manually express the stone out of the crypt with the patient under sedation to suppress the gag reflex. If this cannot be accomplished, tonsillectomy is in order. For immunocompromised patients and those with swallowing disorders, tonsillectomy should be considered as the tonsilloliths can serve as a source of aspiration pneumonia.[1]

Calcifications may develop in lymph nodes which have been subjected to chronic inflammation. The most common causes are granulomatous diseases (tuberculosis, sarcoidosis, cat-scratch disease), deep fungal infections and lymphoma previously treated with radiation therapy[3]. While any node may be affected, when the cervical nodes are involved, irregular, "cauliflower-shaped" radiopacities may be seen on the panoramic radiograph between the posterior border of the mandibular ramus and the cervical spine. Lymph node calcifications can affect a single node or an entire group (lymph node chaining) (Figure 2).[1] One of the more common causes of lymph node chaining is tuberculosis. This is known as scrofula or cervical tuberculous adenitis. Calcified lymph nodes do not require treatment, but the clinician should attempt to identify the underlying cause, which may require treatment.

The thyroid and triticeous cartilages are composed of hyaline cartilage, which is subject to calcification as a patient ages[4]. Triticeous in Latin means "grain of wheat" and is an apt term to apply to this little cartilage. The triticeous cartilage is 7-9 mm long and 2-4 mm wide. If calcified, it will appear as a radiopacity with a smooth outline on the panoramic radiograph immediately inferior to the greater cornu of the hyoid bone and adjacent to the superior border of C4 (Figure 3). There is no need for treatment of a calcified triticeous cartilage, but care is needed to avoid confusing this entity with other soft tissue calcifications which may need intervention.

Phleboliths represent mineralized thrombi in veins or venules. Phleboliths in the head and neck region are nearly always associated with a hemangioma[5]. Radiographically, phleboliths appear as a cluster of multiple, round to ovoid, radiopacities with an internal "bulls-eye" or targetoid architecture (Figure 4). The presence of phleboliths should prompt the clinician to search for and treat the associated hemangioma, and avoid surgical procedures in the area until this is accomplished.

The stylohyoid ligament is composed of 4 segments embryologically, and any one or more can become mineralized, not necessarily continguously (Figure 5). While calcified stylohyoid ligaments are encountered routinely, very few of the affected patients display any symptoms. However, a small number of patients with calcified stylohyoid ligaments who have had a prior tonsillectomy develop symptoms such as pain in the pharynx on swallowing or yawning because the glossopharyngeal nerve is trapped between the scar tissue and the calcified ligament. This is known as Eagle's syndrome[6]. Patients with calcified stylohyoid ligaments in the absence of tonsillectomy may complain of otalgia, tinnitus, headache and vertigo or syncope on turning the head. This condition is known as the stylohyoid or carotid artery syndrome. Symptomatic patients with calcified stylohyoid ligaments require stylohyoidectomy.

Atherosclerotic plaque at the bifurcation of the carotid arteries in the neck serves as the source for the majority of thrombotic cerebrovascular accidents (strokes)[7]. Plaque develops earliest at vessel bifurcations

because of the increased turbulence and shear forces at these locations, leading to more significant endothelial damage than occurs in straight portions of arteries. Over time, dystrophic calcification occurs in the plaque, rendering it visible on the panoramic radiograph. Calcified atherosclerotic plaque appears in the soft tissues of the neck as irregular, heterogeneous radiopacities with a verticolinear orientation either just above or just below the greater cornu of the hyoid bone and adjacent to C3-C4 or the intervertebral space between them (Figure 6).

Patients in whom calcified atherosclerotic plaque is identified on panoramic radiographs should be referred to their physician for cerebrovascular and cardiovascular evaluation[8]. Depending on the degree of stenosis and vessel wall characteristics, lifestyle management, pharmacologic intervention or surgical endarterectomy may be in order to prevent a future stroke. Stroke is the third leading cause of death in the U.S., and only approximately 2% of patients who have suffered a stroke recalled prior transient ischemic attacks or had a bruit on auscultation. Detection of calcified plaques on a panoramic radiograph presents an opportunity for the dentist to impact the patient's quantity and quality of life.

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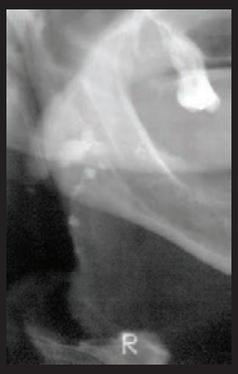

Figure 1. Tonsilloliths in oropharyngeal airspace inferior to mandibular canal.

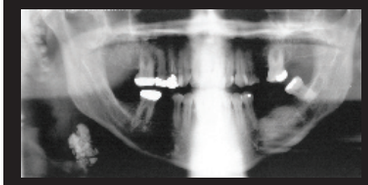

Figure 2. Cervical lymph node "chaining" on right side of neck.

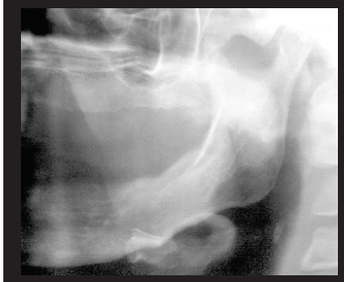

Figure 3. Calcified triticeous cartilage adjacent to epiglottis and C4 in left side of neck.

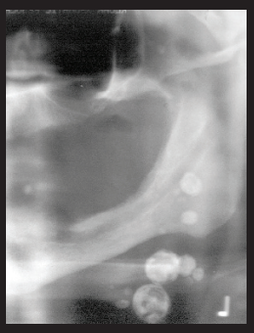

Figure 4. Multiple "bulls-eye" phleboliths on left side of neck.

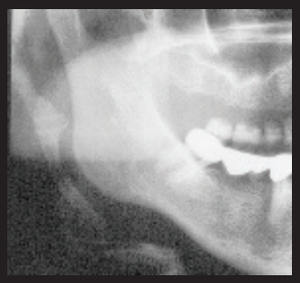

Figure 5. Calcified stylohyoid ligament on right side of neck.

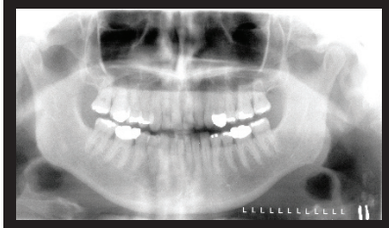

Figure 6. Irregular, verticolinear, calcified atheromatous plaque in bulb of left extracranial carotid vasculature.

DENTIST

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DENTAL CORPS

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U.S. AIR FORCE

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ENTER TO WIN!!
Virginia Dental Health Foundation
2006 Raffle

The 18K White Gold and Diamond Necklace shown above is a hand-crafted work of art from Kingsmill Jewelers in Williamsburg, VA and is valued at $3,000. It will be raffled off at the VDA Party on Friday, September 15, 2006.

All Proceeds Will Benefit the VDHF's Mission of Mercy (MOM) Outreach Programs!

- **Tickets are $10.00 each and a maximum of 1,000 tickets will be sold for the Raffle.**
- **Winner will be drawn at 9:00pm during the VDA Party at the Transportation Museum on Friday, September 15, 2006 as part of the Virginia Meeting in Roanoke.**
- **Winners need not be present at the time of the drawing to claim their prize.**
- Tickets will be on sale at the Virginia Meeting or can be purchased in advance from any VDHF Board Member or via mail by sending your contact information and check made out to the Virginia Dental Health Foundation C.G.A. to: VDHF Attn: Elise, 7525 Staples Mill Road, Richmond, VA 23228
- **Please review the "House Rules" (below) for a complete set of rules for the VDHF Raffle.**

VDHF Board:

Dr. Ralph Howell, Jr., President
Dr. Al Stenger, Vice President
Dr. C. Sharone Ward, Secretary
Dr. Ed Weisberg, Treasurer
Dr. Anne C. Adams
Mr. Tom Childrey
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Dr. Mike McMunn
Mr. Rob Walker
Dr. Mark Crabtree, ex-officio
Dr. Robert Levine, ex-officio

Virginia Dental Health Foundation Raffle: House Rules

Location of Event: VDA Party, Virginia Transportation Museum, Roanoke, VA **Date of Event: Friday, September 15, 2006** **Time of Drawing: 9:00pm**

Rules of Play:

1. A maximum of one thousand (1,000) tickets will be sold for $10.00 each. Once purchased, all tickets are non-refundable.
2. All ticket stubs must be filled out completely by raffle entrants and will be placed into the raffle receptacle from which winning tickets will be drawn. The receptacle will be designed so as to provide each ticket with an equal chance of being drawn. It is the responsibility of the ticket purchaser to fill out the contact information legibly and to provide valid name and address information on entries. The VDHF and its agents and Board Members are not responsible for lost, late, incomplete or illegible entries.
3. Tickets will be sold to all interested persons. Board Members of the Virginia Dental Health Foundation and staff of the Virginia Dental Association will be permitted to enter into the raffle.
4. The drawing will be conducted at 9:00pm.
5. The drawing will be conducted by a representative who is not entered into the raffle.
6. The winner need not be present at the time of the drawing to claim their prize. In the event that the winner is not present at the time of the raffle, they will be contacted by the Foundation at the address and phone number listed on the raffle ticket.
7. In the event that a ticket is chosen in the drawing and the name and contact information are either missing or not legible, the holder of the original ticket will forfeit their right to the prize and another ticket will be selected and that shall be the winner.
8. All proceeds from the VDHF Raffle will be used to support the Mission of Mercy Dental Outreach Programs.
9. The approximate value of the necklace is: $3,000. All values are listed based on MSRP (Manufacturer's Suggested Retail Price).
10. The odds of winning are dependant upon the number of tickets sold and received; however, these odds shall not be less than 1-in-1,000 for winning. This statement is based on the maximum number of tickets to be sold (1,000) and the purchase of one ticket.
11. Winners shall be responsible for all federal, state, and local income or excise taxes, fees or assessments associated with the prizes. The VDHF will provide winners with a receipt reflecting the MSRP of their prize but all additional responsibility will be that of the winner.
12. Entrants agree to release the VDHF, its agents, Board of Directors, sponsors and vendors from any and all liability with respect to participation and possession of the prizes from this raffle. Winners also acknowledge that they did not receive any representations, warranty or guarantee relative to the prizes received.

WHERE WILL VADPAC BE?

Chuck Duvall, VDA Lobbyist

Headlines in newspapers across the Commonwealth on November 6, 2007, could read something like this:

"House and Senate stand for elections - Where were the surprises?'

"Candidates for General Assembly break all expenditure records."

"Virginia among most expensive states to stand for election!"

Why are we mentioning headlines for November, 2007? Because it is imperative that VADPAC begin planning for 2007 now.

VADPAC puts a budget together in a four-year cycle. During those four years, all elective offices in Virginia are addressed (with the exception in some cases of one U.S. Senate seat).

It is imperative that in off years VADPAC receive your support just as it does in election years.

In the 2005 election cycle, candidates for statewide office in Virginia spent a combined total of more than $67 million. During that same period, candidates for the House of Delegates spent $25.3 million – almost $8 million above the last record year of 1999.

According to Virginia FREE, a legislative watchdog group here in the Commonwealth, the average cost to run for the House of Delegates was $127,000. During the 2005 election cycle, some 26 candidates spent a quarter of a million dollars or more; and there were six candidates who spent a least a half million dollars each in their election efforts.

In that 2005 cycle, among business and industry groups, VADPAC ranked **number one** in terms of contributing to Virginia House of Delegates elections. VADPAC was ahead of the auto dealers, Dominion Power, the realtors, etc.

If we are to continue to make the voice of dentistry and the voice of our patients heard, we must be players in the 2007 cycle.

The 2007 election cycle, when all 140 seats in the General Assembly stand for election, undoubtedly will be the most competitive election cycle we have seen. Elections across the country are showing that the public is restless as it relates to their elective representatives. Recent elections in Pennsylvania saw 15 incumbent state legislators lose their bid for re-nomination. These included top-ranking Senators and House members.

VADPAC, for this year, established a goal of **$285,775**. We are not there yet.

Below is a breakdown of the various VDA Components and what they have done to date:

Totals Broken Down By Component

Component	Total Amount Given	Total Members	Total Participating	Percentage Participating	Average Contribution
1 - Tidewater	$ 33,293.00	415	168	40.48%	$ 198.17
2 - Peninsula	$ 22,208.00	215	113	52.56%	$ 196.53
3 - Southside	$ 7,985.00	112	42	37.50%	$ 190.11
4 - Richmond	$ 37,356.00	611	190	31.10%	$ 196.61
5 - Piedmont	$ 17,640.00	299	90	30.10%	$ 196.00
6 - Southwest	$ 21,270.00	180	89	49.44%	$ 238.98
7 - Shenandoah	$ 18,150.00	268	90	33.58%	$ 201.66
8 - No. Virginia	$ 93,771.99	1137	459	40.37%	$ 204.30
TOTAL / AVG.	**$ 251,673.99**	**3237**	**1241**	**38.34%**	**$ 202.80**

We also have put together a breakdown of the various fields of dentistry and how they are supporting VADPAC:

Participation Broken Down By Specialty

Specialty	Total	Number	Percent Participation	Amount Contributed	Average Contribution
General	2558	899	35.14%	$ 179,438.00	$ 199.60
Oral & Maxillofacial Surgeons	122	62	50.82%	$ 12,065.00	$ 194.60
Orthodontists	198	118	59.59%	$ 24,660.00	$ 208.98
Pediatric Dentists	90	45	50.00%	$ 10,320.00	$ 229.33
Periodontists	104	60	57.69%	$ 12,423.00	$ 207.05
Endodontists	88	40	45.45%	$ 8,880.00	$ 222.00
Oral Pathologists	11	4	36.36%	$ 900.00	$ 225.00
Prosthodontists	53	12	22.64%	$ 2,945.00	$ 245.41
Public Health Dentists	13	1	7.69%	$ 225.00	$ 225.00
TOTAL VDA MEMBERS	**3237**	**1241**	**38.34%**	**$ 251,856.00**	**$ 202.95**

Once our campaign is completed, we are going to publicize those individuals that have helped us meet our goal. We need your name on that list.

Dentistry's voice needs to be heard. We need to speak for our patients. We need to follow the example we set in 2005 and be the top professional group in terms of participating in the 2007 election cycle. We will only do that with your help. If you have already made a voluntary contribution and can do more, please do so. If you have not made a voluntary contribution, you are relying upon your colleagues to carry the day for you.

Thanks. Add your name to the list. ■

From Left: Lola (Tooth Fairy), PATH Recruiter.

The New River Valley Tooth Fairy:

Making Progress in Medicaid Recruitment

By Rhonda G. Seltz

The Partnership for Access To Health Care (PATH) group is a New River Valley (NRV) based organization made up of health and human service providers who address local health care access barriers. The PATH Dental subcommittee has been busy trying to address lack of dental providers in the NRV and surrounding areas. This subgroup, co-chaired by Rhonda Seltz and Stan Stanczak, has been implementing a dental provider recruitment plan in conjunction with the timing of the vast improvements in the administration of state dental benefits (now called Smiles for Children). The members of the PATH dental group have been making personal visits with local dentists in an attempt to recruit them as Medicaid/FAMIS providers. Dentists have received packets of information containing updates on legislative and policy changes including the 30% increase in reimbursement for Medicaid/FAMIS dental providers and improvements in paperwork and billing procedures. The packet also includes a letter from the VDA encouraging participation in the new Smiles for Children program and applications and other contact information from Doral Dental who is the sole contractor for the program. Members of the PATH dental group have found it difficult to gain access to the dentist in each office. As a result, the idea of having the "tooth fairy" accompany PATH members during their recruitment visit was launched. An intern working with the FAMIS Outreach Project, who also happened to be the daughter of a local dentist, and who just happened to have the full tooth fairy costume, volunteered to have her beautiful daughter, Lola, visit providers. Little Lola made it very easy to gain access to providers because of course, who could say "no" to such a cute tooth fairy?

You didn't spend all that time in dental school to moonlight as a collections agent.

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

GreenFlag PROFIT RECOVERY BY TRANSWORLD SYSTEMS

VDA SERVICES

[redacted]

Transworld Systems

Dr. Mike Chema DDS, GU '76 or Glenn Kurtz, MBA

Phone (804) 282-9007 ext. 2 • Fax (804) 282-9326

Email glenn.kurtz@transworldsystems.com

Website http://web.transworldsystems.com/gkurtz/

[redacted]

Acknowledgements

Dr. Terry Dickinson, Executive Director of the Virginia Dental Association, was presented the first annual 'NETworthy Award' by Governor Tim Kaine at the recent Heroes in Healthcare luncheon at the Richmond Marriott. This award was created by the Virginia Health Care Foundation to recognize a person or organization whose efforts have made a significant impact on Virginia's health care safety net, resulting in greater access to primary care for uninsured Virginians.

The Virginia Health Care Foundation awarded the Unsung Hero Award in the team work Catagory to:

Augustus A. Petticolas, Jr. DDS & William N. Riley, DDS

Together, this dynamic duo has completely transformed the dental program at the Free Clinic of Central Virginia .

Dr. Mark Crabtree presents a check from the VDA in the amount of $10,000 for Katrina relief to Connie Lane, Executive Director and Dr. Eleanor Gill, President of the Mississippi Dental Association.

Thank you from The Mississippi Dental Association

The Mississippi Dental Association presents this hand painted pottery piece, designed by Mississippi artist, Gail Pittman, as an expression of sincere appreciation for your support of our association and our dentist members who were victims of Hurricane Katrina on August 29, 2005.

The name of this pottery pattern is "Hope and Future". The colors represent a tapestry of the lives and businesses adversely affected by this storm. The red represents the Red Cross and Salvation Army who have helped so many. For us, the green represents you – our colleagues and friends of the Virginia Dental Association. You have brought us "hope for the future: with your support.

We sincerely thank you for all you have done and hope this will serve as a reminder in the days ahead of the difference you have made in the lives of our dentists and our association.

Thanks!

Over 200 stuffed toys ranging from hand sized teddy bears to 4 foot alligators were donated from St. Patrick Catholic School in Chancellorsville, VA for the MOM in Onley, VA. These toys were gathered by the Goonan family from all the parents at the school to be given to the children present at the MOM receiving treatment. Accepting thanks from Dr. Terry Dickinson, VDA Executive Director, is Dr. Matt Storm, former president of the St. Patrick School Board.

[redacted]

The VDA Logo Store is now On-Line!





Simply visit www.vadental.org, enter the Professional side of the site and click on the VDA Logo Store on the Navigation Bar on the left of the home page. You can select from a wide range of men's and women's apparel and accessories. Fill out the order form on-line and your merchandise will be sent to you promptly. All proceeds from sales of VDA logo merchandise support the Virginia Dental Health Foundation's MOM and DDS programs.

vdhf

DENTAL SCHOOL EXPANSION APPROVED IN STATE BUDGET

CHUCK DUVALL, VDA LOBBYIST

The 2006 – 2008 Biennial Budget just adopted by the General Assembly includes $9.1 million to expand the VCU School of Dentistry. The total cost of the project is expected to be $11.7 million with funds authorized by the legislature supplemented by $2.6 million in VCU revenue bonds.

Expanded facilities will allow the Dental School to realize four major objectives:

- Expand enrollment in the dental class from 90-100, with the new positions dedicated to recruitment from underserved areas of Virginia;
- Double the enrollment in the dental hygiene class from 20 to 40 a year, with new positions dedicated to Virginia residents;
- Expand the laboratory space dedicated to research in oral cancer in collaboration with the Massey Cancer Center; and
- Expand the laboratory space dedicated to dental biomaterials research in partnership with VCU School of Engineering.

The four-story, 53,600 square foot building will span the north end of the Wood and Lyons dental buildings, connecting all floors above grade.

At the start of the more recent budget negotiations, $1.4 million in planning money to expand the Dental School was included in the Senate budget. No funds to expand the Dental School were included in the House version of the 2006-2008 Budget.

As talks continued, however, House negotiators – responding to calls from dentists across the state – upped the ante and advanced a proposal to not only plan but build the new space. The House reasoned that with substantial budget surpluses and prior approval by the State Council of Higher Education (SCHEV) Virginia ought to do more than just plan these new facilities. In effect, House budget negotiators told their Senate counterparts: *Let's go ahead and build it!*

House and Senate budget conferees participating in these talks were impressed by the following points made by dentists lobbying for expanded Dental School facilities. First, new facilities will facilitate increased enrollment in the dental and dental hygiene programs. These steps will help increase Virginia's dental workforce shortage problems and increase access to dental care in the Commonwealth.

Second, new facilities will increase the Dental School's capacity for research in oral cancer prevention and treatment and the generation and repair of dental tissues with new biomaterials. Third, new facilities will help the school meet an ongoing need for research-based advances in dental practice for optimum oral health care.

Fourth, legislators were impressed by SCHEV's recommendation that the project should be built, not just planned for.

This year's budget talks were difficult and time consuming. Budget conferees spent a lot of time on what are known as c*apital outlay* projects – requests for state money to construct, expand or restore public space and institutions. An expanded VCU

School of Dentistry is a capital outlay project, and it competed along with many others for funding in the 2006-2008 Budget.

At the end of these protracted negotiations, Dental School funding was realized thanks to the thoughtful consideration provided by these Senate and House Budget Conferees:

SENATE

John Chichester (R), Northumberland

William Wampler (R), Bristol

Walter Stosch (R), Henrico County

Charles Colgan, (D), Prince William

Edward Houck (D), Spotsylvania

HOUSE OF DELEGATES

Vincent Callahan (R), Fairfax

Lacey Putney (I), Bedford

Phillip Hamilton (R), Newport News

Kirkland Cox (R), Colonia Heights

Leo Wardrup (R), Virginia Beach

Johnny Joannou (D), Portsmouth

Please extend your thanks not only to the Budget Conferees but to legislators in your areas for supporting this project. Their support means that Virginia and her dentists will be able to do a better job of providing access to dental care for more of our citizens.

Dr. Jim Revere, Director of VCU's Planned Giving, working in close coordination with the VDA's Dr. Terry Dickinson, was instrumental in coordinating contacts with legislators. Melanie Gerheart and Denny Gallagher, other members of the VDA lobbying team, were also helpful in making key contacts during the lengthy budget negotiations.

Thanks to each of you who contacted your legislators. Without your involvement, this effort would not have succeeded.

(Executive Director Dr. Terry Dickinson, after reading the above, wished to add the following statement: "As he so often does, Chuck Duvall takes no credit for the incredible efforts he and his team put forth to see this initiative pushed through to completion. The VDA is extremely indebted to him for not only his work on this issue but for his assistance on the many, many dental issues that would have affected our profession in a negative way. Our members are able to practice their profession and keep that important doctor/patient relationship intact due to his many efforts on our behalf. The VDA is extremely proud to have him as their lobbyist and as a friend of the profession. I know all VDA members join me in saying 'thank you' Chuck for all you do for this profession.")

MCV Dental School NEWS

Grand alums from the MCV Class of 1946 try out DentSim virtual reality based training units during Reunion and Alumni Weekend. The completion of the 20-–station lab finishes the third phase of preclinical laboratory renovations that are are being funded by the Campaign for Clinical Simulation. The units provide high tech learning for today's students, which will allow them to begin patient care -earlier in their dental school experience. If you are interested in visiting the School to see the DentSim Lab, please call the Advancement Office at 804.828.4516 or 804.828.9245.

Registration Form

137th Annual Meeting of the Virginia Dental Association • September 13-17, 2006 • Roanoke, VA

1 **YOUR REGISTRATION INFORMATION:**

Office Name _____

Primary Resident _____

ADA Number _____

E-Mail _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

On the Web:
www.vadental.org
Visit our Web site to register or for updated information.

Mail To: Before 8/18/2006!
Virginia Dental Association
7525 Staples Mill Road,
Richmond VA 23228

Fax To:
(804) 261-1660
Credit Card registration only!
If you fax your registration,
DO NOT MAIL THE ORIGINAL!
No Faxes will be accepted
after 8/21/2006.

2 **PRACTICE SPECIALTIES:**
(Dentists Only)

- ☐ General Practice
- ☐ Endodontics
- ☐ Oral Pathology
- ☐ Oral/Maxillofacial/ Radiology
- ☐ Oral Surgery
- ☐ Orthodontics
- ☐ Pediatrics
- ☐ Prosthodontics
- ☐ Public Health
- ☐ Military

3 **REGISTRATION CATEGORY:** *(Attending dentists may only register as a dentist)*

	On or before 8/18/06	After 8/21/06
A. First Time Attendees	$85	$185
B. VDA Member Dentist	$169	$249
C. ADA Dentist (non-VDA)	$279	$359
D. VAGD Dentist (non-VDA)	$279	$359
E. Non Member Dentist	$479	$549
F. Dental Hygienist	$55	$65
G. VDAA Member Assistant	$25	$35
H. Non-VDAA Member Assistant	$35	$45
I. Other Office Staff	$35	$45
J. Lab Technician	$35	$45
K. Dental, Hygiene & Assisting Student	$0	$0
L. Spouse/Guest/Retired Life	$0	$0
M. Exhibitor	$0	$0

4 **NAMES FOR BADGES:** **5** **CATEGORY:** **6** **ADDITIONAL TICKETS:** **7** **VALUED EVENT TICKETS:** **8** **TOTAL:**

List primary registrant on first line – list dentist's name first if attending	Category	Fee	Code/Fee	Code/Fee	Code/Fee	Code/Fee	Code/Fee	Code/Fee	Code/Fee	Code/Fee	
1											$
2											$
3											$
4											$
5											$
6											$
7											$
8											$
9											$
10											$

FOR OFFICE USE ONLY: ID _____

Payment Processed By: _____

Check # _____ Staff _____

Visa/MC Amount _____ Date _____

Refunds: ☐ Check ☐ CC

Amount _____

Refund to Bill by _____

Reason Refunded _____

9 **PAYMENT METHOD**

☐ Check (Payable to VDA) Check # _____

☐ Visa ☐ MasterCard

Credit Card # _____ Exp. Date _____

Signature _____
(Signature indicates approval for charges to your account)

Print Name _____
(Must appear on card)

10 **GRAND TOTAL:**

$ _____

REGISTRATION GUIDELINES

- The Primary Registrant should be the first entry on the registration form.
- Registration materials will be sent to the Primary Registrant.
- Registration deadlines:
  - August 18 – Pre-Registration deadline
  - August 21 – Fax Registration deadline
  - August 28 – Request for Refunds/Cancellation deadline
  - September 14 – Onsite Registration at The Hotel Roanoke
- Dentists must register as dentists, not guests.
- Ticketed events are on a first-come, first-served basis.
- Registration will not be processed until payment is received.
- Select the correct category (A thru M) for each individual registered.
- Submit registration by fax, mail, or online at www.vadental.org.
- No registrations will be accepted by phone or e-mail.
- All refund requests must be submitted in writing; conference badges must accompany request. All refunds are subject to a $10 per registrant fee. Refunds will be processed after the conference.

INDIVIDUAL TICKETS:

Code	Course Title	Cost
01	Possibilities in Dentistry – *Dr. Little* Thursday, 8:00-12:00 and 2:00-5:00 (Continued Course)	$140
02	New Aspects of Dentistry – 2006 – *Dr. Christensen* Friday, 8:00-12:00 and 1:00-4:00 (Continued Course)	$80
03	Energy for Life: Strategies for Anti-Aging and Peak Performance – *Ms. Smith* Friday 8:00-12:00 and 2:00-5:00	Badge
04	Breaking the Claims in Insurance Independence Right for You? – *Ms. Eliot* Friday 8:00-12:00	Badge
05	In the Box They Went – *Ms. Eliot* Friday, 2:00-5:00	Badge
06	Laser Lab – *Mr. Adam Cross* Friday, 8:00-5:00	Badge
07	From Lab to Chairside: Implementing Periodontal-Syntax in Research into Everyday Patient Care – *Mr. Casey Metz* Friday, 8:00-12:00 and 2:00-5:00	Badge
08	The Paperless Office – *Dr. Iacono* Friday, 3:00-5:00	Badge
09	Lessons from the Other Side of Side of Dentistry – What the Most Successful Practices Do – *Dr. Wills* Saturday, 8:00-12:00 and 1:00-4:00 (Continued Course)	Badge
10	Periodontal Plastic Surgery – Aesthetic Procedures and Procedures to Enhance Restorative Treatment – *Dr. Bruce* Saturday, 8:00-12:00 and 1:00-4:00 (Continued Course)	Badge
11	Collaborative Partnering: Teamwork in Implant Dentistry – *Dr. Priest* Saturday, 8:00-12:00	Badge
12	Breaking the Claims in Insurance Independence Right for You? – *Ms. Eliot* Saturday 8:00-12:00	Badge
13	Oral Medicine Archibeds of Disease, Head to Lung – *Dr. Thomas* Saturday, 8:00-12:00	Badge
14	Provisional Restorations That Fit, Function and Last – *Dr. McAndrew & Dr. Hamilton* Saturday, 9:00-12:00 and 2:00-5:00 (Continued Course)	$185
15	Current Legal Issues in Dentistry – *Mr. Linsinger & Mr. Johnson* Saturday, 9:00-12:00	Badge
16	Solo II Hurricane CPR – *Ms. Biggus* Saturday, 9:30-12:00	$80
17	Ceramic Veneers: The Foundation of Esthetic Dentistry – *Dr. Priest* Saturday 12:30-3:30	Badge
18	Wine, Golf, and Leadership – *Ms. Eliot* Saturday, 1:30-4:30	Badge
19	Solo II Hurricane CPR – *Ms. Biggus* Saturday 1:30-4:00	$80

VDA EVENT TICKETS:

Code	Course Title	Cost
20	VDA Golf Tournament Thursday, Noon-5:30 Roanoke Country Club	$100
21	VDA President's Party Friday, 5:00-10:00	Badge
22	*Fellows Lunch Saturday, 11:30-1:00	$40
23	Mentzer's Cooking Show: Taste of the City Saturday, 1:00-5:30	$30
24	*Past President's Breakfast Sunday, 7:00-8:15	Badge
30	The Team Approach to Implant Dentistry: Recipes for Daily Success.....Badge Dr. McAndrew, Dr. Keeney, & Dr. Richardson Friday, 8:00-11:00	

AFFILIATE EVENT TICKETS:

Code	Course Title	Cost
25	*VACD Breakfast Friday, 7:30-8:30	Badge
26	*IED Breakfast Saturday, 7:30-8:30	Badge
27	ACD Lunch for Learning Saturday, 11:30-1:30	$50
28	*Fierce Functional Luncheon Saturday, 11:30-1:30	$40
29	MDV/VCU Reception Saturday, 5:00-7:00	Badge

*Only members of those groups are allowed to attend functions.

ACD LUNCHEON FOR LEARNING
SATURDAY 11:30-1:30 COST $50

A. Third Party Insurance Issues *Dr. Charles Gaither*
B. Bisphosphonate Update *Dr. Ellen Byars*
C. Bleaching Update 2006 *Dr. Mike Dickerson*
D. Orthodontic Skeletal Anchorage *Dr. Mike Miller*
E. Endodontic Retreatment vs. Surgery or Extraction *Dr. Steve Forde*
F. Pediatric Dental Emergencies *Dr. Roger Wood*
G. Best Management Practices: Disposal of Amalgam and Office Wastes *Dr. Richard Bluestone*
H. Smoking Pathology: Case Studies in Radiographic Pathology *Dr. Laurie Carter*
I. What's New in Adhesive Dentistry *Dr. Fred Cartledge*
J. Periodontal Cosmetics *Dr. Chris Rangeo*

Choices: 1st _____ 2nd _____ 3rd _____

☐ Refund if choices not available

The Virginia Dental Association would like to thank the following companies/organizations/individuals for their generous support of the 137th VDA Annual Meeting.

All information is current as of July 1, 2006

Sponsors

CONTINUING EDUCATION

Titanium
Virginia Dental Services Corporation

Platinum
Delta Dental Plan of Virginia

Diamond
American College of Dentists—Virginia Section
3i Implant Innovations
Biolase

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Colgate
Doctors Cuttino, Nelson, Miller, Eschenroeder, Zoghby, Swanson, & Cyr
DENTSPLY Pharmaceutical
Doctors Hollyfield, Abbott, & Perkins
International College of Dentists
Patterson Dental Supply

Silver
Doctors Shivar and Peluso

Bronze
Virginia Society of Oral & Maxillofacial Surgeons
Virginia Association of Orthodontists
Drake Precision Dental Laboratory
LifeNet

Sponsors
New England Handpiece Repair, Inc.
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VDA GOLF TOURNAMENT
SunTrust
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VDA OPENING SESSION
Drs. Whiston, Patterson, & Corcoran

VDA PRESIDENT'S PARTY
Virginia Society of Oral & Maxillofacial Surgeons
Goodwin Dental

EXHIBIT TOTEBAG
B & B Insurance Associates, Inc.
Anthem Blue Cross and Blue Shield

LANYARDS
Medical Protective

Exhibits

3i Implant Innovations, Inc.
3M ESPE
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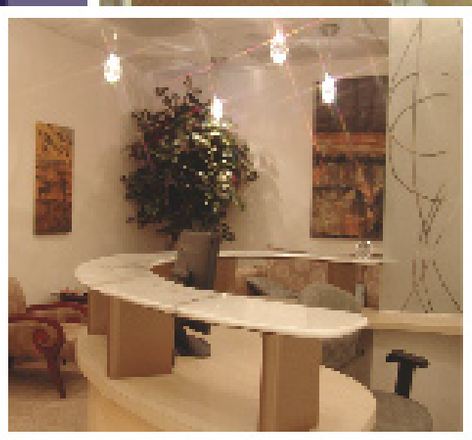
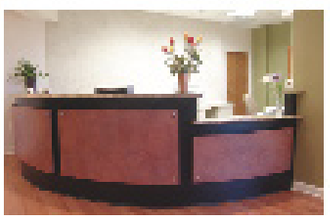
AFTCO
Anthem Blue Cross and Blue Shield
Asset Protection Group, Inc.
B & B Insurance Associates, Inc.
Belmont Equipment
Benco Dental Company
BI Investments
Biolase
Brasseler USA
Colgate Oral Pharmaceuticals, Inc.
Delta Dental of Virginia
Dentsply Caulk
Dentsply/Tulsa Dental Products
Designs for Vision, Inc.
Direct Reimbursement
Donated Dental Services
Doral Refining Corporation
Drake Precision Dental Laboratory
DSG Tincher/Butler Dental Laboratory
E-N Computers
High Speed Service
Hoky Sales Company/Oreck Commercial Vacuums
Johns Dental Laboratories
KaVo Dental/Gendex Imaging
Kerr Corporation
Kodak Dental Systems
MBNA Practice Solutions
Medical Protective
Medicus Staffing
Metropolitan Dental Laboratory, Inc.
Midmark Corporation
Mission of Mercy
New Image Dental Laboratory
Nobel Biocare
OMNII Oral Pharmaceuticals
OraPharma
Oracroptic-Kerr
Patterson Dental Supply
Paul Banditt Inc.
Pelton & Crane
Planmeca, Inc.
Porter Royal Sales
Premier Dental Products Company
Procter & Gamble
Professional Practice Consultants, Ltd.
RBS Lynk, Incorporated
R. K. Tongue, Co., Inc.
RGP Dental, Inc.
Saunders Dental Laboratory, Inc.
Sheervision, Inc.
Smart Smiles
Sonicare/Philips Oral Healthcare
Sullivan-Schein Dental
Sunstar Butler
Surgitel/General Scientific Corporation
SybroEndo
TeleVox Software, Inc.
Total Medical Compliance
Transworld Systems
Twist 2 It, Inc.
US Army Health Care Recruiting
Ultradent Products, Inc.
Virginia Army National Guard
Virginia Dental Services Corporation
Virginia Department of Health/Division of Injury and Violence Prevention
Virginia Primary Care Association

Exhibit Hours

Friday, September 15, 11:00am-6:00pm
Saturday, September 16, 10:00am-2:00pm

REMODELING?





DESIGN GROUP MD INC.

www.designgroupmd.com

EVENTS

VDA 12th Annual Golf Tournament
Thursday, September 14, 2006 Noon-6:30pm
Join the VDA for the 12th Annual Golf Tournament at the Roanoke Country Club. Box lunches will be served and the driving range will be available (balls included) at noon, with a shotgun start at 1:30pm, and a reception, with hamburgers, hotdogs on the grill at 5:30. A single player cost is $100 ($400 for a team of 4) which includes all the activities listed above and the cart and green fees. This annual event is open to all registered attendees, spouses/guest, exhibitors and sponsors.

ACD Dinner Dance
Thursday, September 14, 2006 6:00-11:00pm
The Virginia Section of the America College of Dentists will host their annual dinner and dance on Thursday, September 14 from 6 – 11 pm. Members of the College will receive additional information and separate registration material from the Virginia Section of the American College of Dentists for this event. All attendees are invited to join the fun after the dinner meeting is concluded.

VDA Logo Shop
Friday, September 15, 2006 11:00am – 6:00pm
Saturday, September 16, 2006 10:00am – 2:00pm
Come and enjoy shopping at the VDA logo shop! Check out the wonderful items that the VDA has for sale this year at the Annual Meeting. The VDA Logo shop will be located outside the exhibit hall.

ACD Luncheon for Learning
Saturday, September 16, 2006
11:30am – 1:30pm 1 credit Cost $55/$60
Join a table of ten people 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, spouses and all dental team members. Seating is limited, so register early! Table preferences assigned on a first come, first serve basis. Please indicate your table preferences on the enclosed registration form. The Virginia Section of the American College of Dentists is proud to sponsor the 8th annual ACD Luncheon for Learning

Table	Topic
1	Third Party Insurance Issues *Dr. Charles Cuttino*
2	Bisphosphonate Update *Dr. Ellen Byrne*
3	Bleaching Update 2006 *Dr. Mike Dishman*
4	Orthodontic Skeletal Anchorage *Dr. Mike Miller*
5	Endodontic Retreatment vs. Surgery or Extraction *Dr. Steve Forte*
6	Pediactric Dental Emergencies *Dr. Roger Wood*
7	Best Management Practices: Disposal of Amalgam and Office Wastes *Dr. Richard Broadcap*
8	Smoking Radiology: Case Studies in Radiographic Pathology *Dr. Laurie Carter*
9	What's New in Adhesive Dentistry *Dr. Fred Certosimo*
10	Periodontal Cosmetics *Dr. Claire Kaugars*

MCV/VCU School of Dentistry Alumni Reception
Saturday, September 16, 2006 6:00am – 7:00pm
Please join the VCU School of Dentistry and MCV Alumni Association to catch up with friends and spend time enjoying the company. Admission is free to all attendees.

VDA Friday Party
Friday, September 15, 2006 5:00pm – 10:00pm
Free (with conference badge)
You and your family are invited to a fun filled night of food and entertainment. Music is provided by "The KINGS" band and the mouth watering Barbeque Dinner is catered by the winner of Best in the West, PIGS R US home of the *Checkered Pigs Competition* from Martinsville, Virginia. Catch the shuttle bus at the North Entrance of The Hotel Roanoke or walk the 4 blocks to the TRANSPORTATION MUSEUM OF VIRGINIA. VDHF will have an exquisite piece of jewelry to raffle off during the party to support the Virginia Dental Health Foundation. ***All aboard for the best VDA Friday party ever!***

Sunday Brunch
Sunday, September 17, 2006 11:00am
The Regency Restaurant in the Hotel Roanoke (Reservations required) Enjoy a lovely brunch at the Hotel Roanoke's Regency Restaurant to complete your visit to Roanoke. Experience the southern charm, hospitality, and wonderful cuisine.Payment may be made directly to the restaurant.

Cooking Demonstration
Taste of the City
Saturday, September 16, 2006 2:00-5:00pm
Ferguson's Enterprise
Pick up several unique and creative tips by our local celebrity chef, Marty Montano. It will be as much fun to watch as to eat! Purchase a ticket and catch the shuttle at the North Entrance of the Hotel. Departure is at 1:30pm on Saturday.

Job Forum and Meet and Greet the Virginia Dental Association President Saturday, September 16, 2006 1:30pm in the Presidential Suite
All dentists looking for new partners, associateships, selling their practices, and all dental students looking for job/practice opportunities please come to the Presidential Suite to meet and greet one another.

Virginia Dental Association
Board of Directors
Actions in Brief
June 8 – 11, 2006

I. Actions of the Board of Directors

A. The following VDA Bylaw amendment was considered:

5. Background: The Fellows Selection Committee has voted to make the following change to their Bylaws: The Fellows Bylaws (Article VI, Section 1) will be amended as follows: Military and or federal service personnel having served a minimum of 5 years active duty and maintaining active membership in the ADA may be considered for VDA Fellowship after 5 years of VDA service. The Board of Directors has recommended to the House of Delegates an amendment to the VDA Bylaws to allow the Fellows Bylaws to be amended and accomplish this change. Therefore be it resolved that:

Resolution: Article I, Section I.E will be amended by adding the following:

E. Fellows: Designation to this class of membership is limited to Active, Life or Retired Members of the Virginia Dental Association who have been members of the Association for at least ten years. Military and or federal service personnel having served a minimum of 5 years active duty and maintaining active membership in the ADA may be considered for VDA Fellowship after 5 years of VDA Service. This class of membership is reserved as an honor for those who by special devotion to the Virginia Dental Association and to the profession of dentistry have given freely of their time and energies to the end that the welfare of all has been promoted. Election to Fellowship does not affect the Fellow's preexisting classification of membership.

The Board of Directors approved Resolution 5 with a recommendation the House of Delegates vote yes.

B. The following items were considered:

6. Background: One of the many functions of the Board of Dentistry is to conduct examinations for dental licensure. The Board is responsible for initial licensing and public protection. It is impossible to make informed decisions on testing without participating in the process. Therefore be it resolved that:

Resolution: The VDA strongly urges that the Board of Dentistry participate in the examination process for dental licensure and that the Board of Dentistry annually vote to maintain membership in a regional testing agency. (Policy)

The Board of Directors approved Resolution 6 with a recommendation the House of Delegates vote yes.

7. Background: Over the past 20 years, the number of dental assisting programs operating within the Commonwealth of Virginia has drastically declined. This has led to a decrease in availability of well trained dental assistants. Therefore be it resolved that:

Resolution: The VDA supports the development and expansion of dental assisting training programs in high schools, trade and technical schools, and community colleges. (Policy)

The Board of Directors approved Resolution 7 with a recommendation the House of Delegates vote yes.

8. Background: The availability of dental hygienists in Virginia has been debated for the past 25 years, yet little that has been done has corrected this growing problem. The VDA recognizes that the problem has reached a critical stage. Therefore be it resolved that:

Resolution: The VDA advocates an increase in the number of dental Hygiene students in two year programs, including expansion of existing programs and the creation of new community college programs. If unable to significantly increase the number of dental hygienists licensed and practicing in the Commonwealth, the VDA will support additional methods to increase the number of alternative providers of hygiene services including scaling technicians. (Policy)

The Board of Directors approved Resolution 8 with a recommendation the House of Delegates vote yes.

9. Background: DR will have the same financial over-site as all other VDA committees and by leaving $35,000 in the DR Reserve fund; the dues increase will be reduced by $10 for each member for 2007. The new DR reserve fund amount exceeds the VDA goal of 40%of annual expenses.

Resolution: DR shall be placed in the VDA budget as a line item committee expenditure. The DR reserve fund will be reduced to $35,000.00 to be used at the discretion of the Committee. Previous VDA Policy numbers 3 (pg 1), 5 (pg 1) and 11 (pg 2) will be rescinded.

The Board of Directors approved Resolution 9 as amended with a recommendation the House of Delegates vote yes.

10. Resolution: The 2007 VDA Budget be approved as presented.

The Board of Directors approved resolution 10 with a recommendation the House of Delegates vote yes.

11. Background: VDA Policy #10.4, under Committees, states "Motions are made, voted upon and recorded". "Recorded" needs to be defined. Therefore be it resolved that:

Resolution: Policy #10.4 should be changed to read: Motions are made, voted upon and outcomes are recorded by roll call vote.

The Board of Directors approved Resolution 11 with a recommendation the House of Delegates vote yes.

12. Background: The Board of Dentistry has recommended creating a dental assistant position which would allow the assistant to perform expanded duties as yet to be determined by the Board. The Board has chosen to seek legislation rather than do this through regulation alone. Therefore be it resolved that:

Resolution: The VDA support the legislative initiative of the Board of Dentistry to create two levels of Dental Assistants:

A. "Dental Assistant I is a person who is employed to assist a licensed dentist or dental hygienist by performing such duties as may be prescribed by regulations of the Board."

B. "Dental Assistant II is a person who holds a ~~certification from an ADA recognized credentialing organization~~ certificate recognized by the Board of Dentistry and has met such additional educational and training requirement as prescribed by regulations of the Board. A Dental Assistant II may perform such intraoral procedures under the direction of a licensed dentist as may be prescribed by regulations of the Board."(Policy)

The Board of Directors approved Resolution 12 as amended with a recommendation the House of Delegates vote yes.

13. Resolution: The list of members who are eligible to receive life membership in 2006 be approved.

The Board of Directors approved Resolution 13 with a recommendation the House of Delegates vote yes.

II. II. The following actions of the Board of Directors are included for information only:

A. The following items were approved:

7. Background: As the Association separates the governance meeting from the CE/social meeting, the manner of officer elections has been discussed. Currently officers are elected by the general membership at the annual meeting in September.

Resolution: The Board of Directors recommends that the House of Delegates discuss the election of officers in a "mega issue" format at the 2006 House. Issues to be discussed:

1. Should the election of officer; remain the same?
2. Should the entire membership be allowed an absentee vote by proxy?
3. Should the House of Delegates elect officers?

8. Resolved: The Virginia Dental Association recognizes its obligation to the Commonwealth in this time of a greater probability of natural or man made disaster. The VDA will offer its services in helping to educate and prepare dentists to act in a reserved capacity backing up the first line health care providers.

And be it further resolved: The officers of the Association communicate this offer to the Governor and the Commissioner of health of this Commonwealth.

9. Resolved: The 2006 Consolidated Financial Status Report received from the auditor be accepted.

10. Amendments to the Bylaws of the Fellows Selection Committee:

A. Background: Due to the 10 year minimum service to the VDA needed for consideration for VDA Fellows membership, military personnel are being penalized after perhaps many years of service outside the VDA.

Resolution: The Fellows Bylaws (Article VI, Section 1) will be amended as follows: Military and or federal service personnel having served a minimum of 5 years active duty and maintaining active membership in the ADA may be considered for VDA Fellowship after 5 years of VDA Service. (This would be a new paragraph labeled "D".)

B. Background: There are no term limit provisions for the officers of the VDA Fellows in the Fellows Bylaws.

Resolution: Article IV, Section 1.A will be amended by as follows:

A. A Chairman and a Secretary shall be elected by the members of the Fellows Selection Committee at each Annual Meeting of the Committee to serve until the next Annual Meeting of the Committee. No Chairman or Secretary shall serve more than three (3) consecutive years.

B. The following item was defeated:

1. A motion to pay $487.00 to the Office of Continuing Education at VCU to help defray the loss the Women in Science Conference incurred.

A Reminder from The Dental Benefits Committee

VDA Dental Benefits Committee

The Dental Benefits Committee would like to remind VDA members of two member benefits available that are sometimes overlooked:

Claims Resolution Program: In an effort to track problems with insurance claims, the central office needs to be informed when members experience a problem. If you are having difficulty with a particular dental claim, a Claim Resolution Form may be used to not only document the problem, but also to help with the claim resolution process. (The accompanying Claim Resolution Form is also available to download from the home page of the VDA website www.vadental.org.

Be sure to have your patient sign the authorization portion of the form, place the original with the patient's financial information, keep a copy in a notebook or file designated for claim difficulties and finally, forward a copy to the VDA Central Office by fax 804-261-1660 or mail 7525 Staples Mill Rd., Richmond, VA 23228.

One copy of the form will remain at the VDA office as part of a repository of claims resolution information and a copy will be forwarded to the Dental Benefit Programs Committee chairman.
It is important for the VDA to receive this information so trends in claims processing difficulties can be identified and hopefully favorably resolved more effectively. The success of this claim resolution effort lies in the response from our members. Please make your staff aware of this program and encourage them to communicate with us.

Contract Analysis Service:
The American Dental Association's legal counsel will review unsigned dental provider contracts submitted by members through the VDA office. This service enables VDA members to make an informed decision regarding participation in a dental benefit plan. For more information contact the VDA office.

See Claims Resolution Program Form on page 38.

VDSC Presents the VDA the $1,000,000th Dollar!

Above, Dr. Mark Crabtree, VDA President, accepts a check from Dr. Fred Coots, Jr., VDSC President, and other members of the VDSC Board. The check for CE sponsorship included the One Millionth Dollar in disbursements from the VDSC to the VDA and related parties.

Since 1997, the VDSC has disbursed over $1Million to the VDA and related entities. This money has sponsored Continuing Education, the Virginia Meeting, the MOM Projects and many more! Thank you to all of the members who have utilized the VDA Services endorsed products and services to make this milestone possible. Please continue to patronize the businesses below and help us reach the $2Million mark!

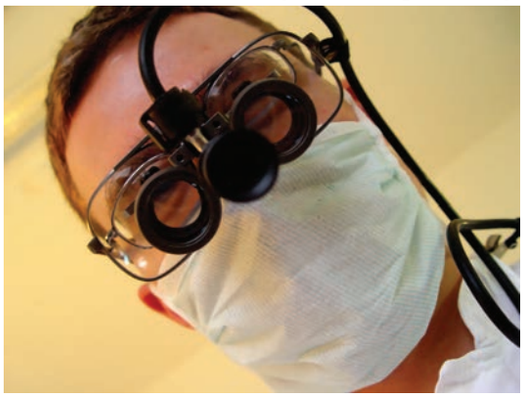
VDA SERVICES

VDA Services Endorsed Vendors and Discount Programs

★B&B Insurance ★BI Investments ★Dell Computers ★Emdeon ★Hertz ★Jos. A. Bank ★LifeServers ★MBNA Credit Cards ★MBNA Practice Solutions, Inc. ★Medical Protective ★Paychex ★RBS Lynk ★SMARTMOVE ★Staples Business Advantage ★Transworld Systems

Dentists Seen as Trustworthy

According to an item in a recent edition of the ADA News, more Americans trust the advice they get from their dentist than from nearly all other professionals.A reporter for the News cites a new Harris online poll of more than 2,300 U.S. adults, who were asked to rank 11 different professions in terms of the trust they place in the advice those professionals give. Dentists ranked second, just a few percentage points behind physicians.



The poll asked respondents this question: "If you were getting professional help and advice from each of the following, how much would you trust them to give you advice which was best for you?"

Options to describe the level of trust included "Completely, " "Somewhat, " "not as all" and "Not sure."Exactly 50 percent of respondents said they trust advice from their physicians "completely," followed by dentists at 47 percent and nurses at 46 percent.

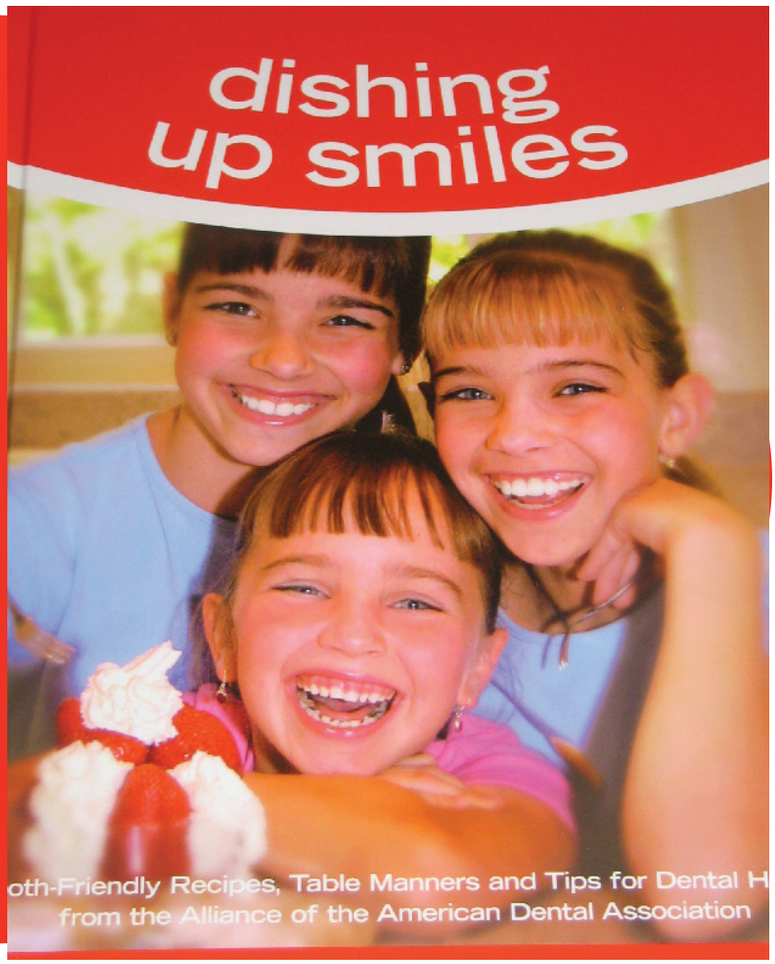
After that, the drop off in the "completely" category is precipitous: accountants, 28 percent; lawyers, 18 percent; bankers, 16 percent; financial advisors, 16 percent; mechanics, 12 percent; insurance agents, 9 percent; real estate brokers, 7 percent; stockbrokers, 6 percent.

"In general, " Harris said in a news release, "it seems that professionals , who clearly try to sell something, such as stockbrokers, real estate agents and insurance agents, are less trusted that those who do not."

Dishing Up Smiles

– a tooth-friendly and fun cookbook created by the Alliance of the ADA!

To order a copy of this full color recipe book that includes table manners and other great materials for parents and children alike, please contact Shirley Meade of the AVDA at shirleymeade@comcast.net or 804-796-2002. The cost is only $30.00 (plus shipping and handling). Place your order today!



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		Implant PFM 52% Gold	Implant Captek®	Implant Cercon®
ATLANTIS® ABUTMENT: ATLANTIS Elite Lab	**Laboratory Fee includes:** • Manufacturer's Laboratory Analog • Soft Tissue Model • Atlantis Abutment & Manufacturer's Screw • Implant Crown	$525.00 to $550.00	$550.00	$550.00
ATLANTIS® GOLD ABUTMENT: ATLANTIS Elite Lab	**Laboratory Fee includes:** • Manufacturer's Laboratory Analog • Soft Tissue Model • Atlantis Abutment & Manufacturer's Screw • Implant Crown	$575.00 to $600.00	$600.00	$600.00
ENCODE™ ABUTMENT: 	**Laboratory Fee includes:** • Manufacturer's Laboratory Analog • Soft Tissue Model • Encode Abutment & Manufacturer's Screw • Implant Crown	$525.00 to $550.00	$550.00	$550.00
ENCODE™ GOLD ABUTMENT: 	**Laboratory Fee includes:** • Manufacturer's Laboratory Analog • Soft Tissue Model • Encode Abutment & Manufacturer's Screw • Implant Crown	$550.00 to $575.00	$575.00	$575.00

Please Note: Cases with 3 or More Implants Will Receive an Abutment Placement Jig at No Additional Cost.

Prices are valid through June 30, 2006.

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and for nearly thirty years we have lead the way with integrating the newest technologies into dental practices - and implants are no exception. Thayer Dental Laboratory has established itself as an Atlantis Elite laboratory, and continues to be a beta site for the development of 3i products like Encode Abutments, PSR and Cam StructSURE Bars. What's more, our full time implant coordinator is a licensed dentist who will provide you with technical support that will surpass your expectations.

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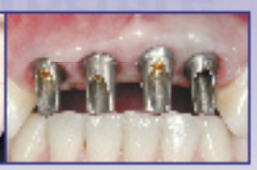

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People in the NEWS

Please Welcome New VDA Members!
June 2006

Tidewater Dental Association

Dr. John Ashby graduated from the University of Oklahoma in June 2000. He then attended St. Louis University Center for Advanced Dental Education where he received his MS and certificate in Orthodontics. Dr. Ashby is currently practicing orthodontics in Virginia Beach with Dr. Owens and Dorfman.

Dr. Trang Nguyen Salzberg graduated from VCU School of Dentistry in May 2001. She then completed her MS and Certificate in Peridontics in 2005. Dr. Salzberg is currently practicing in Virginia Beach with Konikoff's Periodontics.

Dr. Vernon Sellers is a native of Pekin, Indiana. He received his DMD at the University of Louisville, after which he joined the US Navy. He completed his Oral and Maxillofacial Surgery residency at Portsmouth Naval Hospital in 1994. Dr. Sellers served on the USS THEODORE ROOSEVELT until 1996, then returning to Portsmouth to serve as a staff surgeon, Residency Program Director, and Dental Section Department Head from 1996 until his retirement and entry into private practice in 2004. Dr. Sellers continues mentoring residents as a volunteer adjunct faculty at Portsmouth Naval Hospital and the Medical College of Virginia. He is also is a consultant to the ADA for the Council of Dental Accreditation, is article reviewer for several professional journals and is contribution author to the American Board of Oral and Maxillofacial Surgery.

Dr. Thomas McKee graduated from VCU School of Dentistry in May 1993. He then completed his GPR in 1994. Dr. McKee is currently practicing dentistry in Virginia Beach, VA.

Dr. Trent Conelias graduated from the University of North Carolina Dental School in 1990. He then attended the University of Kentucky where he completed his certificate in Oral Surgery in 1995. Dr. Conelias had been a member of the Peninsula Dental Association for 10 years. He has recently moved to Virginia and is practicing in Virginia Beach, VA.

Dr. Benjamin Anderson graduated form VCU School of Dentistry in June 2001. He then received his GPR from the Naval School of Health Science in June 2002. Dr. Anderson is currently practicing in Norfolk, VA.

Dr. Allen Mikulencak graduated from Baylor College of Dentistry, Dallas Texas in 1983. He then received his GPR at Bethesda Naval Hospital in 1984. Dr. Mikulencak is currently practicing in Hampton, VA.

Dr. Keenan Davis graduated from the University of Michigan Dental School in 1995. He then completed his Certificate in Prosthodontics from the MCV School of Dentistry. Dr. Keenan is currently practicing dentistry in Virginia Beach with Partners in Dental Health.

Richmond Dental Society

Dr. Alirio Millan graduated from New York University School of Dentistry in 1999. Dr. Millan is currently working at Great Expressions Dental Center in Richmond, VA

Dr. Brandon Marks graduated from VCU School of Dentistry in 2005. Dr. Marks is currently practicing in Mechanicsville, VA with Drs. Norman and Aaron Marks in Marks Family Dentistry.

Dr. Irina Chandler graduated from VCU School of Dentistry in 2005. Dr. Chandler is currently practicing dentistry in Montross, VA.

Dr. Janine Randazzo graduated from Tufts University in 1998. Dr. Randazzo is currently working with Small Smiles in Richmond, VA.

Dr. Irina Chandler graduated from VCU School of Dentistry in 2005. Dr. Chandler is currently practicing In Montross, VA.

Dr. George Plathottam graduated from dental school in 1996. He then completed his GPR at Berkshire Medical Center in Pittsfila, MA, in 2005. Dr. Plathottam is currently practicing in Richmond, VA.

Shenandoah Valley Dental Association

Dr. Clifton Harris graduated from VCU School of Dentistry in 1995. Dr. Harris is currently practicing with Dr. Jeffery Wetter in Charlottesville, VA.

Dr. David Kenee graduated from UNC – Chapel Hill in 1994. He then received his Certificate/M.S in Endodontics through the Naval Postgraduate Dental School in Bethesda, MD, in 2001. Dr. Kenee is currently practicing with Valley Endodontics in Harrisonburg, VA.

Dr. Anne Morgan-Marshall graduated from VCU school of Dentistry in 1998. She then received her M.D. in Oral and Maxillofacial Surgery from the University of Texas Health Science Center at San Antonio, TX. Dr. Morgan-Marshall is currently practing with Central VA Oral and Facial Surgeons in Charlottesville, VA.

Dr. Krista Schobert Davis graduated from MCV School of Dentistry in 2002. She then received her Certificate of AEGD Completion in 2003 from the University of Florida St. Petersburg Campus. Dr. Davis is currently practicing in Charlottesville, VA.

Piedmont Dental Society

Dr. Mark Turner graduated form VCU School of Dentistry in 1982. Dr. Turner is currently practicing dentistry in Roanoke, VA.

Dr. Samuel Mesaros graduated from the University of Michigan in 1985. He then completed his Certificate/M.S. in Endodontics from the University of North Carolina. Dr. Mesaros is currently practicing in Danville, VA.

Dr. Ryan C Anderson graduated from Ohio State University College of Dentistry in 2002. He then attended the University of Rochester – Eastman Dental Center where he received his Certificate in Periodontology. Dr. Anderson is currently practicing in Lynchburg, VA

Dr. Christopher Libbey graduated from MCV School of Dentistry in 2003. He then completed an AEGD firn UMKC in 2004. Dr. Libbey is currently practicing dentistry at Libbey Family Dentistry in Lynchburg, VA.

Dr. Anne Zimmerman Libbey graduated from MCV School of Dentistry in 2003. She then attended UMKC where she received her AEGD. Dr. Anne Libbey is currently practicing with her husband at Libbey Family Dentistry in Lynchburg, VA.

Dr. Gavin Aaron graduated form VCU School of Dentistry in 2001. He then attended the University of Florida where he received his certificate in Periodontics. Dr. Gavin comes to us from Ohio and is currently practicing in Roanoke, VA.

Southwest Dental Society

Dr. Jeffrey Montgomery graduated form Baylor College of Dentistry in 1991. He then completed his AEGD from Baylor College of Dentistry in 1992. Dr. Montgomery is currently practicing in Gate City, VA.

Dr. Sarah Friend graduated from MCV School of Dentistry in 2003. She has recently moved back to Virginia from Texas and is currently practicing with Dr. Susan O'Connor in Galax, VA.

Peninsula Dental Society

Dr. Chand Syed graduated from NYU College of Dentistry in 2004. She then completed her GPR in 2005 through Veteran's Affairs Medical Center in Hampton, VA. Dr. Syed is currently practicing with Dr. Robert Dreelin in Hampton, VA.

Dr. Aubrey Myers graduated from LSU School of Dentistry in 1998. Dr. Myers has recently moved from North Carolina and is currently practicing dentistry with Dr. Sebastiana Springman in Williamsburg, VA.

Need Membership Information? Contact Leslie at the VDA Office 804-261-1610 or email at pinkston@vadental.org

Healthy Communities Loan Fund

The ***Healthy Communities Loan Fund*** encourages dentists to practice in Health Professional Shortage Areas (HPSA).

Word of mouth conveys how satisfying it is to:

- develop long term relationships not only with individual patients but also with their families
- set up and run your own clinic; or share the workload with appreciative colleagues
- participate in the life of a community where your contributions really matter and people show their gratitude

If these factors appeal to you, we urge you to consider the long term benefits of practicing in an underserved area.

To finance relocating, building, expanding a facility, or adding new equipment to accommodate another associate or to hire a hygienists...

Call:

Sheila Grissom/ Program Manager
Healthy Communities Loan Fund at
the Virginia Health Care Foundation
(804) 828-7494 or
Email:loanfund@vhcf.org

Virginia Dental Association

BB&T

The Robert Wood Johnson Foundation

Q:

A:

DENTAL DIRECT

My Special Shirt ™

A Special Solution for Thumb-Suckers Indeed!

How inventive! A Colorado-based mother has created a solution to help deter thumb/finger-sucking which has gained national attention, it's called My Special Shirt ™

Dina Mauro, creator of My Special Shirt ™ and mother of three, one of which was a chronic thumb sucker, was concerned. In Dina's situation, she noticed that many times her son did not even realize he was sucking his thumb, especially as he slept. Dina could not find a solution that worked for her son, so she created My Special Shirt ™ - a 100% pre-treated cotton shirt that has fabric coverage over the hands.

The great thing about My Special Shirt ™ - it's more than a product - it's a program for long-term success. When ordered, parents will also receive detailed information on how to incorporate the shirt into an overall program to ensure the child's success. This program was developed with the guidance of **Jeanne Spahn, MA CCC COM, a Speech Pathologist and Certified Orofacial Myologist**. Jeanne has been successfully treating children with digit sucking habits for over 10 years.

As one area dentist, Kemie Houston, states: *"I'm excited about this product! As a pediatric dentist, I often treat children who could benefit from* My Special Shirt ™ *to avoid more serious and expensive orthodontic problems in the future. When used to treat a finger or thumb habit, this could be the answer a lot of parents are looking for!"*

As a professional, you can order shirts to resell and order brochures to provide to your patients by visiting www.MySpecialShirt.com or call 1-888-55- SHIRT (74478).

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◆MOBA Services

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We provide these conditions by bringing modern, compact monitors, computer controlled infusion pumps, anesthesia machine, emergency medications/equipment and defibrillator to your office. We monitor every patient using EKG, pulse oximetry, temperature, CO_2 monitoring, blood pressure and BIS monitoring (evaluates level of consciousness). Your patient will be under continuous monitoring and care of the anesthesiologist performing your anesthetic. MOBA anesthesiologist are all certified Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) provider.

Patients are interviewed preoperatively telephonically for evaluation and development of their anesthesia plan. Patients are examined the morning of the procedure and healthy patient do not require any labs. If the patient is noted to have health problems then preop coordination/labs will be scheduled.

◆Anesthesia Techniques

Patients are maintained using either IV sedation or general anesthesia in your office. Adults undergo placement of an IV catheter, routine monitors as listed above and are treated with a computer controlled infusion pump for sedation or total intravenous general anesthesia. A BIS monitor is used to titrate the depth of the anesthetic by following the patient's EEG pattern. This monitor assists in providing guidance to the depth of anesthesia to prevent intra operative recall and also helps to reduce the amount of anesthesia agent to maintain the patient. The patient can also be maintained with volatile general anesthesia using a sevoflurane vaporizer on the anesthesia machine. This provides an optimal operative field for the doctor with no limitations on time for prolonged or complicated procedures.

Digitech AED Defibrillator

Pediatric patients usually require an inhalational induction to put them to sleep prior to IV placement and routine monitors are placed. Then a nasal endotracheal tube is placed and secured, the patient is maintained with either IV infusion medication or volatile gas. The child is continually monitored as listed above throughout the procedure and recovery.

Computerized Infusion Pump

◆Fees and Billing Policy

MOBA works directly with the patient for billing. Dentists are not billed for using our services. MOBA accepts cash or credit cards for reimbursement. The fee schedule for our services is extremely competitive compared to the total ambulatory surgical center cost to your patients.

Please Feel Free to Give Us A Call or Visit Our Website. We Would Be Happy To Answer Any Questions You Might Have.

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NEWS From the Virginia Department of Health

By: Dr. Karen Day

The Division of Dental Health (DDH) Virginia Department of Health (VDH) was well represented at the annual Virginia Dental Hygienists' Association meeting held in April 2006. Sharon Logue, Fluoride Rinse Coordinator, was the keynote speaker. JoAnn Wells, School Age Oral Health Education Coordinator gave a presentation about the Prevent Abuse and Neglect through Dental Awareness (PANDA) Program. The PANDA coalition in Virginia is working to increase recognition and reporting of suspected child abuse and neglect through education initiatives. These initiatives include teaching dentists and dental team members how to recognize the signs of abuse and neglect, and informing them of their ethical and legal responsibilities in reporting suspected cases. JoAnn Wells is also working toward trainings and educational materials in other areas. Oral piercing is becoming a more prevalent form of body art and self-expression in today's society. Twenty-three school nurses and clinic aides with the Lynchburg City public schools attended a training session. Additionally, over 1,000 students and staff at Virginia Beach Green Run High School received information about this and other oral health topics.

Tonya McRae, Adult Oral Health Coordinator for DDH, participated in the Mission of Mercy program on the Eastern Shore, March 18-19, 2006 and provided oral health educational materials. Ms. McRae also joined with the American Cancer Society to focus on adults with the first Oral Cancer Barbershop Training held on April 24, 2006 in Richmond, Virginia. Twenty-three barbers from the Richmond area attended the four-hour training. The course included general information about cancer followed by an in-depth look at oral cancer. The barber's progress in educating their clients will be tracked until the end of July. The program was developed because Virginia has the 17th highest incidence of oral cancer in the nation and African-American males are almost three times more likely to die of the disease than Caucasian males. Area barbers are being charged with educating their clients about the risk factors and warning signs of oral cancer and the importance of yearly oral cancer exams. Incentives will be given throughout the project to encourage continued participation. Plans are being made to expand this program to Norfolk in the fall of 2006. If you have barbers in your dental practice or if you would like to provide your barber or other patients with information about oral cancer, DDH can provide educational handouts. VDH also has developed a continuing education course about oral cancer that can be tailored to fit the schedule of you and your staff. For further information, please contact Tonya McRae at (804) 864-7785 or tonya.mcrae@vdh.virginia.gov.

Nurses, physicians, and dental providers at several sites, including the Old Towne Medical Center in Williamsburg, the Catch Clinic in Alexandria, and Blue Ridge Medical Center in Arrington, received training from Susan Pharr in the Bright Smiles for Babies program. This program provides oral health education for parents of young children, and includes the application of fluoride varnish for children up to 3 years old. Fluoride varnish may decrease the incidence of tooth decay about 40% to 60% in children who are at high-risk for tooth decay.

DDH staff including Dr. Elizabeth Barrett who manages the scholarship and loan repayment program attended the Virginia Commonwealth University Clinic Day for dental students, dental hygiene students, faculty and staff on April 5, 2006. They provided information to students about employment opportunities at VDH dental clinics and the Virginia dental scholarship and loan repayment programs. Dentists practicing in underserved areas of Virginia and who accept Medicaid insurance may be eligible for assistance loan repayment. Visit http://www.vahealth.org/teeth/index.asp for further information on the dentist loan repayment program.

Finally, on May 19, 2006 a planning meeting was held at the Salem Water Treatment Plant for development of a state fluoridation training center. The goal of the training center will be to assure the quality of optimal community water fluoridation for the Commonwealth of Virginia through to educating waterworks operators regarding the benefits and proper methods of community water fluoridation. Training will include hands on laboratory time for fluoride testing and calibration, tracer studies and a mock spill drill. The training center is a result of a partnership between Dr. Lisa Syrop, Fluoridation Coordinator for DDH, Office of Drinking Water, Virginia Rural Water Association, and the Salem Water Treatment Plant. A two-day pilot course is set for the fall of 2006.

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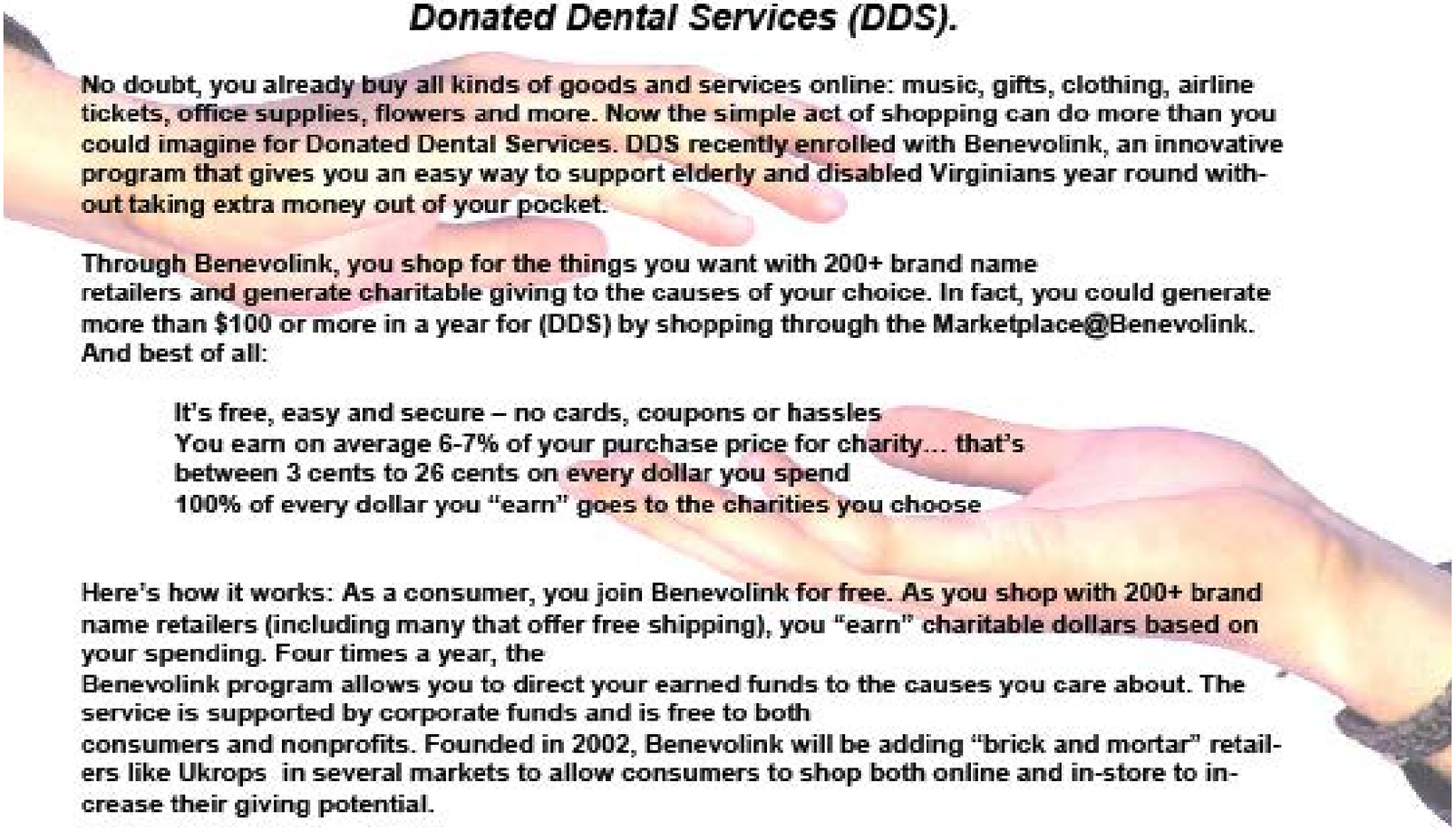

No doubt, you already buy all kinds of goods and services online: music, gifts, clothing, airline tickets, office supplies, flowers and more. Now the simple act of shopping can do more than you could imagine for Donated Dental Services. DDS recently enrolled with Benevolink, an innovative program that gives you an easy way to support elderly and disabled Virginians year round without taking extra money out of your pocket.

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Benevolink makes giving simple. To learn more and join, visit www.benevolink.com. When you join, remember to add Donated Dental Services to your giving list.

Calling Dentists out of school less than 10 years

The Virginia Dental Association is seeking 5 dentists to form a task force. The purpose of the taskforce is to increase attendance of younger dentist, their families and staff at the Virginia Dental Association's annual meeting. It would require that you give input on what younger dentist need/want from CE courses, what social activities they might like, and how to promote the meeting to younger dentist, There will be no required meeting, all work can be accomplish via e-mail . Members of the taskforce will receive free registration to the annual meeting that they help create. If interested please call (800) 552-3886 or email bass@vadental.org.

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with Microscopy Workshop
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This course is designed to provide a comprehensive review of the pathologic processes that affect the oral and maxillofacial areas, including major and minor salivary glands, jaws and oral mucosa. Neoplastic, inflammatory, odontogenic, fibro-osseous, developmental, and metabolic diseases are discussed, with emphasis on histopathologic criteria and clinical correlation that would aid a practicing surgical pathologist in establishing a diagnosis. Both lecture and microscopic slide review will be used. This course is appropriate for general pathologists, oral pathologists, residents, fellows, and other practitioners who are interested in the histopathology of oral and maxillofacial disease.

CLINICAL ORAL AND MAXILLOFACIAL PATHOLOGY

6 October 2006
Crowne Plaza Hotel
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INFORMATION

For further information please contact:
Course Coordinator: Mark L. Haviland
Department of Medical Education
Armed Forces Institute of Pathology
Washington, DC 20306-6000
Tel: (202) 782-2637 Toll-Free Tel: (800) 577-3749 (within the US)
Web Site: www.afip.org/Departments/edu/upcoming.html

Thank You! From the Virginia Association of Free Clinics

The Virginia Association of Free Clinics and their member Free Clinics are extremely grateful to the hundreds of dentists who volunteered their time in a Free Clinic during 2005. These dentists provided over 21,000 dental visits worth nearly $4.5 millon dollars to low-income, uninsured patients in need of dental care. Of the total 48 member Free Clinics in Virginia 32 provide dental care. Free Clinics are private, nonprofit, community-based or faith-based organizations that provide compassionate, quality health care at little or no charge to low-income, uninsured people through heavy use of volunteer health professionals and partnerships with other health-related organizations. If you are interested in learning more about the Virginia Association of Free Clinics or Virginia Free Clincis, please visit www.vafreeclinics.org or contact Mara Servaites, Program Manager, at 804-340-3434 or mara@vafreddclinics.org

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James Blustein, DDS
Nathaniel Bryant, DDS
Amy Bryer, DDS
Jerry Caravas, DDS
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Lawrence Cash, DDS
Ruth Cauthen, DDS
Peggy Chappell, DMD
Kevin Cooper, DDS
Alexander Cox, DDS
David Crouse, DDS
Keenan Davis, DDS
Karina Dick, DDS
Fletcher Fosque, DDS
Mellissa Fries, DDS
Glenn Fritz, DDS
Michelle Galloway, DDS
Arthur George, DDS
Jjorge Graziani, DDS
Richard Grundy, DDS
Clay Hendricks, DDS
Susan Heriford, DDS
James Holley, DDS
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Douglas Hughes, DDS
Gregory Hutchins, DDS
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Gray Newell, DDS
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Daniel Paige, DDS
Yolanda Price, DDS
Harry Ramsey, DDS
Peter Rich, DDS
Leslie Richmond, DDS
Harry Riley, DDS
Rod Rogge, DDS
Nate Tilman, DDS
Edward Weisberg, DDS
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J Hamil Willoughby, DDS

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Dennis Calvano, DDS
Jonas Collins, DDS
Paige Crowder, DDS
Robert Driscoll, DDS
Carolyn Herring, DDS
John Lacy, DDS
Dan LaGrua, DDS
Richard Mansfield, DDS
Michael Stout, DDS

Bradley Free Clinic

Steve Alouf, DDS
Sandra Andrew, DDS
David Black, DDS
David Brajdic, DDS
Robert Branham, DDS
Griffin Cross, DDS
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William Deyerle, DDS
Kris Enright, DDS
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Joel Gardner, DDS
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William Stokes, DDS
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Hisham Barakat, DDS
Gilbert Bigalow, DDS
Deborah Blanchard, DDS
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Christopher Tai, DDS
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Frank Angus, DDS
Lee Angus, DDS
William Angus, DDS
Thomas Eschenroader, DDS
Jose Gallegos, DDS
Steven Johansen, DDS
Bruce Leary, DDS
Michael Pfab, DDS
Scott Schlensker, DDS
Ann Selander, DDS
Tracey Spaur, DDS
Richard Vacca, DDS
Christopher Ward, DDS
John Ward, DDS
Dennis Wong, DDS

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Carl Adkins, DDS
Jeff Blair, DDS
Robert Cox, DDS
Scott Duff, DDS
Robert Eshleman, DDS
Charles Fralin, DDS
Cecile Fumagali, DDS
Barry Griffin, DDS
Charles Hackett, DDS
Monroe Harris, DDS
Jerry Jenkins, DDS
Charles Johnson, DDS
Kanyon Keeney, DDS
Micheal McMunn, DDS
Julius Morrison, DDS
Clinton Norris III, DDS
Eugene Petrasy, DDS
Josh Rubenstein, DDS
Far Soltainan, DDS
Roanld Spillers, DDS
Al Stenger, DDS
Henry Stewart, DDS
Stephen Todd, DDS
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William Way, DDS

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Lee Lykins, DDS
John Lentz, DDS
French Moore, DDS
Craig Rockett, III, DDS

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Chuck Clater, DDS
Robert C. Flikeid DDS
Al Griffin, DDS
Susan Griffin, DDS
John Harre, DDS
Nina Hirshman, DDS
Jay Massie, DDS
Tom Sentz, DDS
Ricardo Solis, DDS
Margaret Stubblefield, DDS
William Walther, DDS
Jason Woodside, DDS
Samuel Yun, DDS
Marcus Swann, DMD

Free Clinic of Central Virginia

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Angie Arthur, DDS
Zechini Baker, DDS
George Brady, DDS
Hans Burg, DDS
William Carvajal, DDS
Ken Chalfant, DDS
Shane Claiborne, DDS
Joseph M. Doherty, DDS, MPH
Tom Golden, DDS
Kelly Golden, DDS
Dan Grabeel, DDS
Ronald Hendricksen, DDS
Donald Holcomb, DDS
John Howard, DDS
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Karen Kenney, DDS

David Kiger, DDS
David Kiger, DDS
Glenn Kimble, DDS
Christopher King, DDS
Benny Knight, DDS
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Annie Libbey, DDS
Bland Massie, DDS
Brian McAvoy, DDS
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Bobbie Oldham, DDS
Tim Overby, DDS
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James Peery, DDS
A. Petticolas, DDS
Augustus Petticolas, DDS
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Raymond Richard, DDS
David Riley, DDS
William Riley, DDS
Jeffrey Riley, DDS
Daniel Savage, DDS
Thomas Shea, DDS
Sherman Smock, DDS
Robert "Bo" Sorenson, DDS
Jim Stanley, DDS
Richard Stearne, DDS
Patrick Todd, DDS
Ronald Todd, DDS

Free Clinic of Danville

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James Evans, DDS
Tom Grogan, DDS
Donna Helton, DDS
Geoffrey Johnson, DDS
Albert Payne, DDS
Christopher Payne, DDS
Mark Smith, DDS
C. B. Strange, DDS

Free Clinic of Goochland

Scott Duff, DDS
Bill Dymon, DDS
Glenn Fortner, DDS
Ron Haden, DDS
William-Michael Hudgins, DDS
Harold Martinez, DDS
Gary Morgan, DDS
Joseph Morgan, DDS
Edmund Mullins, DDS
Walter Murphy, DDS
Claire Myers, DDS
Clint Norris, DDS
Darryl Pearlman, DDS
Gordon Prior, DDS
Michael Mossetti, DDS
Earl Saunders, DDS
Sean Say'yan, DDS
Far Soltanian, DDS
Henry Stewart, DDS
Faith Trent, DDS
Jennifer Wood, DDS

Free Clinic of the New River Valley

Michael Ankrum, DDS
William Armour, DDS
Richard Boyle, DDS
Graham Hoskins, DDS
Monica Semtner, DDS
Barry Wolfe, DDS

Free Medical Clinic of Northern Shenandoah Valley

Edward Amos, DDS
Steven Breeden, DDS
Gerald Brown, DDS
Jeffrey Davis, DDS
Benjamin Hanson, DDS
Giovanni Iuculano, DDS
Richard Taliaferro, DDS
Mark Zemanovich, DDS

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Stacie Barb, DDS
Ken Copeland, DDS
Ronald Davis, DDS
Robert Dietrich, DDS
Todd Fowler, DDS
Steve Gardner, DDS
William Gardner, DDS
Mac Garrison, DDS
Mac Hutson, DDS
Greg Johnson, DDS
Dave Keeney, DDS
Stephen Paulette, DDS
Allen Phillips, DDS
Alan Robbins, DDS
Purnima Shahani, DDS
Patrick Sprague, DDS
Yoland Weaver, DDS
Doug Wright, DDS
Dan Zale, DDS

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Dale Keller, DDS
David Kelly, DDS
Barry Matheson, DDS
Jeff McMillin, DDS
Sam Molind, DDS
Jason Pittman, DDS
Tyler Pittman, DDS
Cindy Ratliff, DDS
Craig Rockett, DDS
Brandon Roller, DDS
Chris Shipley, DDS
Stephanie Snelson, DDS
Emily Tingle, DDS
Glenn Vance, DDS
Mike Vetter, DDS
Dale Willis, DDS

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Nickolas Arvan, DDS
Elizabeth Attreed, DDS
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G. Preston Burns, Jr., DDS
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R. Cris Dedmond, DDS
E. Thomas Elstner, DMD
Joseph Fusaro, DDS
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David Huddle, DDS
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Michael McArtor, DDS
Lloyd Moss, DDS
R. David Pagan, DDS
G. Thomas Phillips, DDS
Maurice Phillips, DDS
Jacques Riviere, DDS
John Rose, DDS
James Schwartz, DDS
Matthew Storm, DDS
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Hugh Teller, DDS
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Frederick W. Meyer, DDS

Madison Free Clinic

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Jared Lkeine, DDS

Lackey Free Family Medicine Clinic

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Theodore Allen Blaney, DMD
Eric Boxx, DMD
Robert W. George, DDS
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Northern Neck Free Health clinic

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Alfred D. Hurt Jr., DDS
J. Brooks Johnston III, DDS
Robert Keller, DDS
Dale Lazar, DDS
Beth Ledwith, DDS, MS
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David Newman, DMD
Michael Nickerson, DDS
Charles Palmer, DDS
Darryl Pirok, DDS, MS
Stephen Radcliffe, DDS
Richard Suter, DDS, PC
Robert Westbrook, DDS

Peninsula Christian Free Clinic

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Scott Golrich, DDS
William Griffin, DDS
Augustin Perez, DDS
Daniel Williams, DDS

Prince William Area Free Clinic

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Theo Batistas, DDS
Lynn Bowder, DDS
K. Byrne, DDS
Kenneth Byrne, DDS
Campbell, DDS
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Sillowoy, DDS
Elaine Sours, DDS
Theberger, DDS
Eric Vasey, DDS DDS
Eric Vasey, DDS DDS
Todd Wynkoop, DDS
Zussman, DDS

Reddy Tri-County Health Clinic

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Brooks Crumpton, DDS
Darrell Harman
Glenn Harrison, DDS P.C.

Rockbridge Area Free clinic

Raymond Bodley, DDS
Margaret Campbell, DDS
Clayton Devening, DDS
Ronald Downey, DDS
Ronald Laub, DDS
Robert SImons, DDS

Shenandoah County Free Clinic

Teresa Baisey
Jeffrey Burns
Stephen French
Wallace Lutz
Willard Lutz
Daniel Zale

Smyth County Free Clinic

James Gates
Neil Hollyfield

Component NEWS

Component #1

I am writing this article on a very warm Memorial Day afternoon. One is reminded on this day of the sacrifices of the many brave young men and women of our nation. The names of 31 of our natives who have given their lives in Iraq and Afghanistan were printed in the Virginian Pilot this morning. We can holy hope and pray that the war against terror will soon be over and America will not lose any more of our finest. Members of our component have been busy providing services in the Free Dental Clinic in Park Place in Norfolk. This clinic is supported by the Red Cross. Dental Students from MCB serve rotations there as well. Of course our colleagues provide many services in their offices as well. Last month one of our "alumni," Dr. Charles Barr was honored as the MCV Alumnus of the Year at the Annual Homecoming Weekend. Dr. Barr left Tidewater a number of years ago to pursue a career in academia. Most recently, he served as director of the Dental Program at Beth Israel Hospital in New York City. He is a renowned researcher in the field of HIV. He was also my roommate in dental school. I recently attended the rally for Darfur in Washington DC and was moved by the outpouring of support by people from all over the country and from every walk of life. I worry however, that we will forget the plight of these unfortunate refugees. The UN has brokered a cease fire agreement but the killing and rapes continue. Please write the president to keep the pressure on the government of Sudan to fulfill its promises. At least a million people are in need of food and shelter. Many are dying daily. Please come and see us in Tidewater this summer. We promise sunny skies, warm temperatures and friendly people! Dr. Barry Einhorn, Editor

Component #3

Greetings from Southside…..
I have called around from Emporia to the James River and guess what. . . . . .
The Southside is closed due to the heat. No one is doing anything. Yes, Dr. Bissell is still retired. He has found that his #1 forcep is quite perfect for fish hook removal.
When is the last time you called a large organization and DEMANDED they give you something……..and you got it? Well, I just called our VDA headquarters and asked Barbara Rollins if I could please have a Donated Dental Patient. She assured me they have plenty to go around and I just got one. Why not call today and see if she has one for you. They are very appreciative patients and you'll have a good time treating them.
Speaking of the Smiles for Kids Medicaid program, it is working pretty well in our office, too. You decide how many you want to take. The paperwork (actually, there's hardly any paper) is negligible (it's all computer). There really aren't too many negatives with this program; and there are lots and lots of 2nd molars that need immediate attention. Just call the VDA and they can hook you up. Dr. Ellis, you ask? His son, Jonathan, is coming from his residency to join David in his practice in their brand new office. The building was going up too slowly so Dr. Ellis thought he would help the carpenters. He's pretty well recovered now, but he knows to never again put a nail gun into his front pocket! See you at the VDA meeting!
Mike

Component #5

We had a great spring meeting in Danville with many offices getting either cosmetics from Dr. Rob Lowe or ergonomics from Sandra Marcil from Densply. We are very pleased to host the state meeting in Roanoke this September, and look forward to showing the easterners our Southwest Virginia hospitality. Come expecting a great meeting. WELCOME !!!
David Black, Editor

Component #6

We are excited about the upcoming events we have planned. Our spring component meeting was held on March 10, 2006 at the Wohlfahrt Haus in Wytheville, Virginia. We also had a fun filled family weekend May 19 through May 21, 2006 at Pipestem State Park, West Virginia. The summer component meeting is scheduled for August 11, 2006 at the SWVA Higher Education Center in Abingdon. We welcome Dr. Harold Crossley discussing "Everything You Wanted to Know About Street Drugs, But Were Afraid to Ask." Plan to stay the weekend and enjoy the antiques and crafts at the Annual Highlands Festival.

Mark your calendars for the State Dental Meeting in Roanoke September 14, 15, 16 and 17, 2006. Let's support the meeting visiting Southwest Virginia with a great turnout. Also, show your support for Dr. Gus Vlahos running for President. See you in Abingdon and Roanoke.

Component #7

By Jay Knight, DDS
Greetings from the beautiful Shenandoah Valley. I'm sure we are all looking forward to summer vacations and warm weather.
In April, our component was saddened by the news of the shooting death of Carol Gardner, wife of Dr. William A. Gardner of Bridgewater. Dr. Gardner was also seriously wounded in the attack. The SVDA has made a memorial contribution to the Virginia Native Plant Society, as requested by the family. We will also honor Carol Gardner with a plaque at the Rockingham/ Harrisonburg Dental Clinic, where she worked for the past four years. Please keep Dr. Gardner and his family in your thoughts and prayers.

At our Spring Meeting in March, the membership chose delegates and alternate delegates to represent our component at the VDA state meeting to be held in Roanoke, September 13-17. They are: Dr. Ron Downey, Dr. Jay Knight, Dr. Rick Taliaferro, Dr. Harry Sartelle, Dr. Ted Sherwin, Dr. Jared Kleine, Dr. Angel Ray Steinberg, Dr. Paige Crowder, Dr. Julie Tran, and Dr. Brad Purcell, delegates; Dr. Alan Robbins, Dr. Carolyn Herring, and Dr. Mac Garrison, alternate delegates. Dr. Kleine was elected vice president and Dr. Sartelle will continue as

secretary/treasurer for the 2006-07 year. Dr. Taliaferro and I will move up to the positions of President-elect and President, respectively, in the fall.

We welcome the following new members who have joined the ADA/VDA/SVDA or moved to our component recently: Dr. Bradley Purcell, Dr. Pamela Stover, Dr. Clifton Harris, Dr. Arthi Marti, Dr. Anne Morgan-Marshall, and Dr. Krista S. Davis.

Mark your calendars for our fall meeting on Friday, September 29 at Blue Ridge Community College. The speaker is Dr. Ed Swift, chairman of Operative Dentistry at the University of North Carolina School of Dentistry. It is sure to be a great CE course. Lastly, in an effort to keep the membership informed, we request that you notify the Executive Secretary of any changes in address, phone or e-mail.

Component #8

Northern Virginia sponsored its first Save Our Smiles (S.O.S) day and treated approximately 300 patients of the in-need population of Northern Virginia. The event was patterned after the popular M.O.M project initiated by the VDA and was held at the Medical Campus of the Northern Virginia Community College. Over 125 volunteers contributed to this worthwhile event and many smiling faces left the clinic that day. Thanks to Dr. Frank Portell for his hard work in bringing this project to life.

In May, Dr. Paul Henny spoke on, Transitioning your General Practice to an Advanced Esthetic Practice. The lecture was well received and much knowledge was gained from this exceptional speaker.

Loudoun County, Virginia has joined the coalition of local governments, which act together through a memorandum of agreement and in cooperation with the Northern Virginia Dental Society (NVDS) and the Northern Virginia Dental Clinic (NVDC), to utilize the clinic for referral of indigent and low income residents. The NVDC is a non-profit dental clinic set up by the NVDS that is run completely by volunteer dentists, hygienists, assistants and office personnel. The clinic provides much needed dental services to the underserved in our community.

In memory of Ellen Flanagan, a long time staff member of the NVDS's central office and confidant of the dental community, the NVDS has created the Ellen S. Flanagan Foundation. The Foundation will collect donated funds to help support charitable projects. Ellen's warmth and graciousness will shine down on all that benefit from this worthy Foundation.

All components news are submitted on a volunteer basis by your Secretary. To learn more about upcoming events in your component, please contact your component Secretary.

WE NEED YOU!

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.

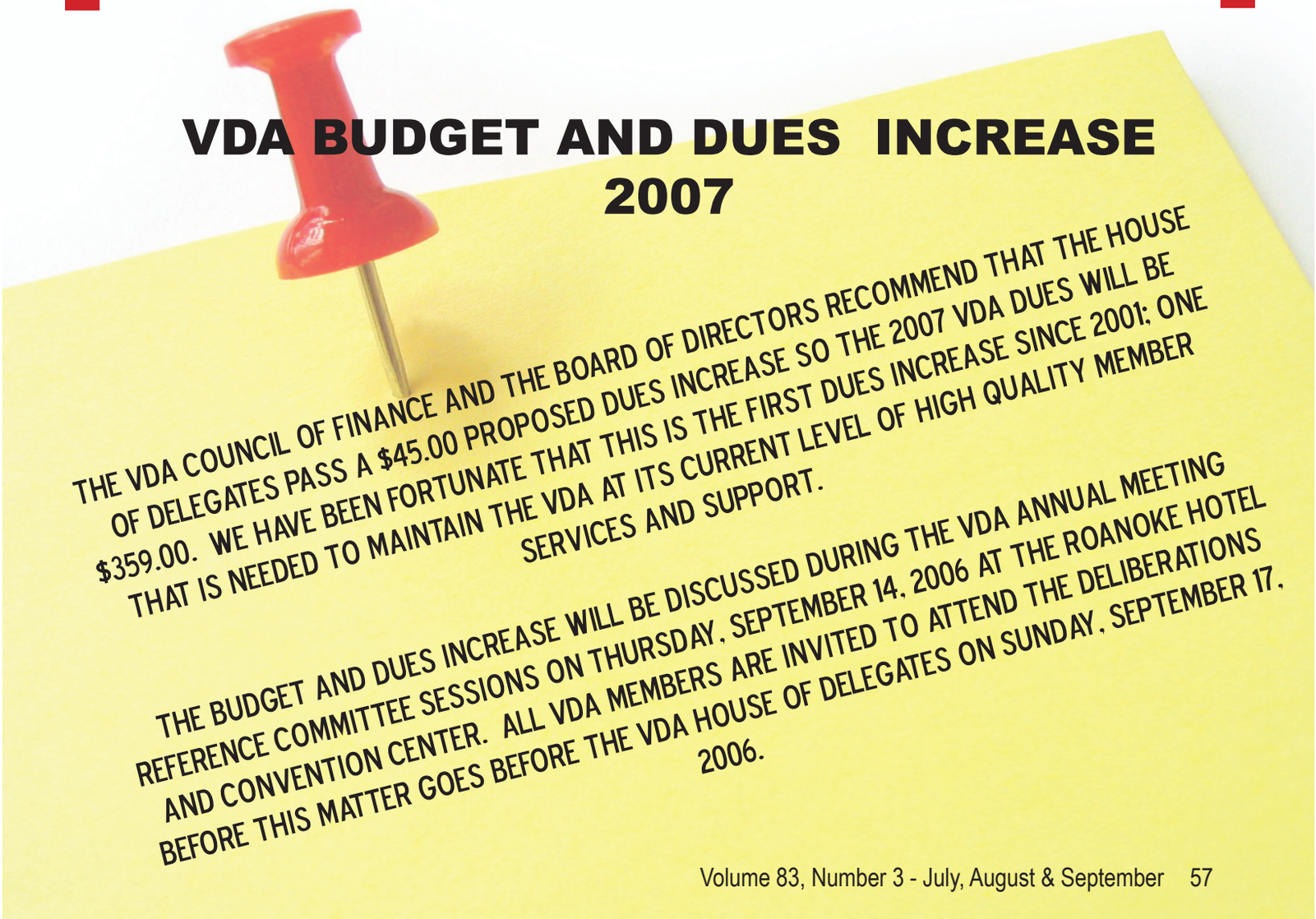
VDA SERVICES NEWS

A New Endorsement: Transworld Systems

VDA Services is pleased to announce the endorsement of Transworld Systems. Transworld is a well-established debt collection agency offering a comprehensive collection program along with insurance resolution products. Following an in-depth evaluation of the services provided, the VDA has determined that this will be a valuable service to make available to members.

In partnering with Transworld, VDA Members will receive top level service and a highly reputable debt collection program. **In order to enroll with the VDA Program, you will simply need to contact Transworld representatives Glenn Kurtz at 804-282-9007 or Dr. Mike Chema at 757-784-6197.** By contacting Transworld through these representatives only, you are supporting the VDA and receiving a high quality service to reduce receivables in your office.

Thank you for considering this newly endorsed program. If you have any questions about this or any of the other VDA Services vendors, please feel free to contact Elise at 800-552-3886.



CLASSIFIED ADVERTISEMENTS

Classified advertiseing rates are **$40** for up to 30 words. Additional words are .25 each. The classified advertisement will be the **VDA Journal** and on the **VDA Website** - www.vadental.org. It will remain in the Journal for one issue and on the website for a quarter (3 months) unless renewed. All advertisements must be prepaid and cannot be accepted by phone. Faxed advertisements must include credit card information. Checks should be payable to the Virginia Dental Association. The closing date for all copy will be the 1st of December, March, June, and September. After the deadline closes, the Journal cannot cancel previously ordered ads. The deadline is firm. As a membership service, ads are restricted to VDA and ADA members unless employment or continuing education related. Advertising copy must be typewritten and sent to: Journal and Website Classified Department, Virginia Dental Association, 7525 Staples Mill Road, Richmond, VA 23228 or faxed to (804)261-1660 or emailed to bass@vadental.org.

The Virginia Dental Association reserves the right to edit copy or reject any classified ad and does not assume liability for the contents of classified advertiseing.

Join our Buyer's List @ www.dentalsales.org
As a dentist, I have the knowledge and experience to match your needs to a practice that will provide the challenges, satisfaction and the financial rewards that are compatible with your talents and requirements.

FOR SALE – SOUTH OF ROANOKE - GP, $700K+, 5 ORs, 2 hygienists, medical center, great signage on major highway - **FALLS CHURCH** - GP, Revenue: $900,000+, over 55% profit, 4 ORs, seller willing to stay on for an indefinite time as employee, will cash flow!, **NEAR FREDERICKSBURG** – Revenue: $350,000 3 days/week, 2,400 square feet, time share in office building, 3 ORs. **ALEXANDRIA** – Revenue: $1.5M, 3 operatories, ability to expand to 6, ½ practice is C&B, all F/S. **ALEXANDRIA** – Revenue: $300,000, 3 operatories, F/S 50% PPOs 50%, **NORFOLK** – Revenue: $700,000 4 days, 8 equipped operatories, stand alone building for sale. **WOODBRIDGE** – Revenue: $200,000 2 ½ days, 4 operatories, great location in shopping center. **SPECIALISTS: WOODBRIDGE** – OMS, Revenue: $1.3M, 3 surgeries, recovery room. **PRACTICE SALES & TRANSITIONS, (877) 539-8800, www.dentalsales.org**

DANVILLE AREA #7018
Gross $393,831; 3.5 days
4 operatories; 2150 sq. ft. office space
assistant (ft), assistant (pt), office manager

HAMPTON #7007
Gross $406,640; 5 days
3 operatories; 1600 sq. ft. office space assistant, bookkeeper (pt), office manager. Three additional plumbed but unequipped operatories.

NEWPORT NEWS #8013
Gross $1.58 Million; 4.5 days
7 operatories; 2557 sq. ft.
office space 4 assistants (ft), assistant (pt), associate, 4 hygienists, insurance clerk, office manager, receptionist

NORFOLK #8303
Gross $717,372; 4.5 days
8 operatories; 2600 sq. ft. office space 4 assistants, hygienist, hygienist assistant, office manager, 2 receptionists (pt)

ROANOKE #8356
Gross $782,084; 4 days
5 operatories; 1715 sq. ft. office space assistant, 2 hygienists, office manager

SOUTH CENTRAL VIRGINIA #8270
Gross $735,832; 4.5 days
4 operatories; 1770 sq. ft. office space assistant, 2 hygienists, office manager, receptionist

WILLIAMSBURG - PERIODONTICS #8360
Gross $260,433; 4 days
2 operatories; 1320 sq. ft. office space assistant, hygienist (pt), office manager
Additional plumbed but unequipped operatory.

BLACKSBURG, VIRGINIA – GENERAL DENTIST (ASSOCIATE)
Full time general dentist wanted to join well established practice in beautiful Blacksburg, VA, the home of Va Tech. We are seeking a caring Dentist with a great chair side manner. Compensation is based on a percentage of collection with a guaranteed base salary and employee benefits. Our practice is a modern progressive office, fully computerized all digital with 7 treatment rooms in a great location. Opportunity for partnership or ownership as dentist contemplates retirement. Interested candidates contact Lawrence Kyle at 540-951-8383 or email ljkyle@verizon.net.

Dentist
General Dentist wanted for busy, large multi-specialty practice in Northern Virginia. Great corporate ownership opportunity! Call 703-269-3145 for more information.

MOBILE DENTAL COACH, 39'custom commercial chassis, operatory, lab, wheelchair access, used in my nursing home practice, low mileage. Deluxe, heavy-duty in every respect. Information: Dr. Terry Bryan, (302) 698-9901.

PRACTICES FOR SALE

CHARLOTTESVILLE AREA #8283 Gross $573,206; 5 days 4 operatories; 3,000 sq ft office space 3 assistants, hygienist, lab tech, receptionist 3 additional plumbed operatories

DANVILLE AREA #7018
Gross $393,831; 3.5 days 4 operatories; 2,150 sq ft office space assistant (ft, assistant (pt), office manager

HAMPTON #7007
Gross 406,640; 5 days 3 operatories; large lab, room for expansion 1,600 sq ft office space asssistant, bookkeeper(pt). office manager explosive growth area, excellent location

NEWPORT NEWS #8013
Gross $1.58 Million; 4.5 days 7 operatories; 2,557 sq ft office space 4 assistants (ft), assistant (pt), associate, 4 hygienists, insurance clerk, office manager, receptionist

NORFOLK #8303
Gross $717,372; 4.5 days 8 operatories, 2,600 sq ft office space 4 assistants, hygienist, hygienist assistant, office manager, 2 receptionists (pt)

NORTH SHENANDOAH VALLEY #8320
Gross $250,107; 3 days 3 operatories; 900 sq ft office space assistant, receptionist

SOUTH CENTRAL VIRGINIA #8270
Gross $717,690; 4.5 days 4 operatories; 1,770 sq ft office space assistant, 2 hygienists, office manager, receptionist

For information on any of these practices, call Professional Practice Consultants, Ltd., Dr. Jim Howard at 910-523-1430.

JOB OPPORTUNITIES

HAMPTON #7007 Associate Quality general practice with option of future ownership.

ROANOKE AREA #8073 Associate FT associate needed for 5,000 patient practice offering all services. Large benefit package. Great family area near lakes and mountains.

SOUTHERN PENINSULA #8264
Associate Quality associate position available with dental group.

For information on any of these opportunities, call Professional Practice Consultants, Ltd., Dr. Jim Howard at 910-523-1430.

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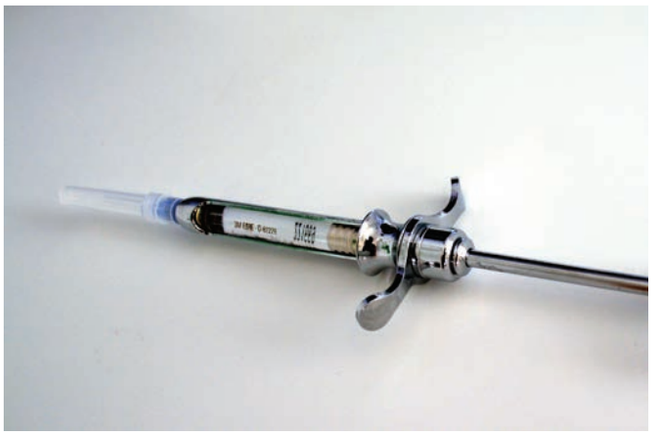
Enteral Sedation, Conscious Sedation and General Anesthesia: Education for Everyone



The Virginia State Dental Board regulations changes will be in effect as of June 29, 2006. The new **Regulations** made it officially legal to allow ancillary personnel with documented advanced training to assist in the administration and monitoring of office conscious or deep sedation and general anesthesia. They specifically stated in regulations: **Part IV Anesthesia, Sedation and Analgesia, 18 VAC 60-20-135 (Ancillary personnel)** that anesthesia courses for a certified anesthesia assistant (CAA), given by AAOMS and ADSA were acceptable. Also mentioned in section **60-20-190** under nondelegable duties, #7, are the changes involving anesthesia monitoring. The **Regulations** also refer to the 'anesthesia team' in **60-20-110e and 120f** for interesting supporting information about the treatment team. See www.dhp.virginia.gov/dentistry for more information.

The Virginia Dental Society of Anesthesiology, component of the parent organization ADSA, is going to have Dr Robert Campbell (formerly Professor of Anesthesiology in the Department of Anesthesiology at VCU/MCV and American Dental Association, Anesthesia Advisory Committee H member) to be the primary lecturer in the certifying programs listed below.

The ADSA will provide the certificate, which can be framed and displayed in the office in case any inspection so requires. The program will include a didactic discussion and videos on intravenous access. A formal training program will be set up in the near future using IV manikins. This is a great opportunity for ALL offices, particularly those utilizing intravenous anesthesia of any type to send assistants to be certified.

There are 2 programs available: 8 hour certifying course for dental assistants, hygienists and ancillary personnel and a 4 hour **recertifying** course for dentists and office personnel (see **18 VAC 60-20-50** for the continuing education requirement by the Board)

Courses offered:

Certifying course	8 hours	November 11, 2006	8 am- 4 pm Saturday	Fee $150
Recertifying course	4 hours	November 18, 2006	8 am-12 pm Saturday	Fee $100
Venipuncture course	2 hours	November 18, 2006	1 pm- 3 pm Saturday	Fee $50

Location **The Place**: located west of downtown Richmond at Innsbrook
4036-C Cox Rd Glen Allen, VA 23060

Send registration fee along with the date(s) and program type and name as you wish it to be printed on the certificate to:

Virginia Dental Society of Anesthesiology
11551 Suite A Nuckols Rd. Glen Allen, Va 23059 or call and ask for Jenni Scarth, Secretary of the VDSA at 804-273-6818 for more information (space is limited for all courses)

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