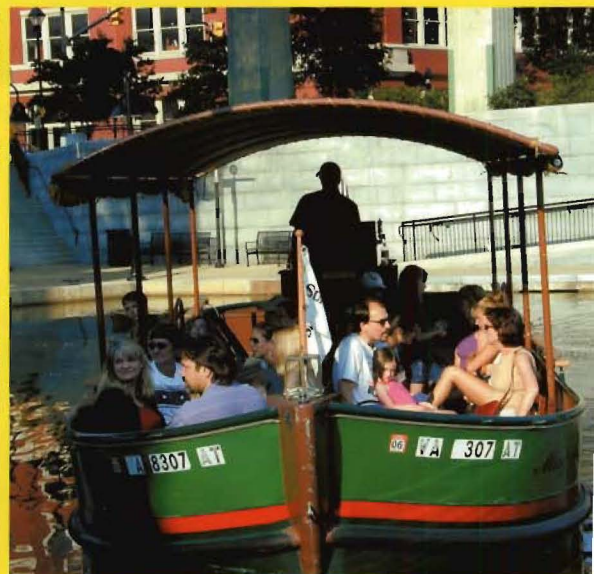
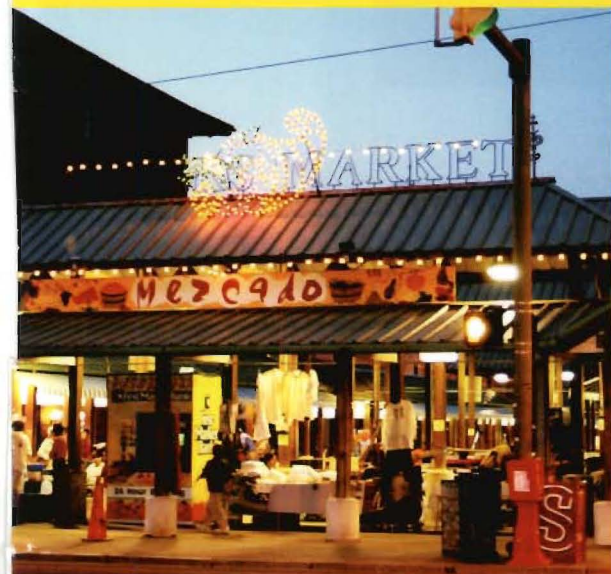


## REDISCOVER RICHMOND

The Virginia Meeting

*Join Us for the 136th Annual Meeting on September 14-18, 2005*



Volume 82, Number 3 — July, August & September 2005

### **In this Issue:**

- Sneak Peak of The 2005 VDA Annual Meeting
- Congratulating 2005 MCV Graduating Dentists
- 2005 VDHF Donors





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Volume 81, Number 3 — E-mail: olive@vadental.org

THE VIRGINIA DENTAL JOURNAL (Periodical Permit #660-300, ISSN 0049 6472) is published quarterly (January-March, April-June, July-September, October-December) by the Virginia Dental Association, 7525 Staples Mill Road, Richmond, Virginia 23228, Telephone (804) 261-1610  
SUBSCRIPTION RATES: Annual: Members, \$6.00. Others \$12.00 in U.S., \$24.00 Outside U.S.  
Single copy: \$6.00.

Second class postage paid at Richmond, Virginia. Copyright Virginia Dental Association 1996  
POSTMASTER: Send address changes to: Virginia Dental Journal, 7525 Staples Mill Road, Richmond, VA 23228.

MANUSCRIPT AND COMMUNICATION for publications: Editor, 7525 Staples Mill Road, Richmond, VA 23228.

ADVERTISING COPY, insertion orders, contracts and related information:  
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# From the Editor



**Leslie S. Webb, Jr. DDS**  
**VA Dental Journal Editor**

In his convocation address to the American College of Dentists in September, 2004, Dr. Bruce Graham, Dean of the University of Illinois at Chicago College of Dentistry, posed

the question, "Is dentistry a business or a profession"?

Webster's defines business as a "mercantile activity engaged in as a means of livelihood." Profession is defined as "a calling requiring specialized knowledge and often long and intensive academic preparation." Dr. Graham pointed out that dentistry is both a health profession and a small business. This creates a "dangerous tension" in maintaining a balance between the role of the doctor and the role of a business person.

Are our treatment plans affected by the business side of dentistry? Do we

as dentists promote dental health as we should? Are we in our practices stressing oral hygiene and preventive care? Is the interrelation of dental health to overall health stressed to our patients? Do we, after thorough examination, provide our patients with information on their current dental status and give them all of their treatment options?

If dentistry is to remain the respected profession it has been, we must stay committed to the dental health of our patients and the honesty and integrity of the care we give them.

## Guest Editorial

### It's Up To Us

*Dr. Richard Wilson*

Okay, so he was a little rough around the edges. A lot of students avoided him, but if you truly wanted to learn, you took a deep breath and signed up with his section. After all was said and done, it was worth it.

Because – he was a mentor.

And there were others: some challenged us intellectually; some stimulated us to duplicate their clinical skills; some impressed us with their calm and caring demeanor as they treated the unruly and recalcitrant patient. All different, but similar in that they all gave that little extra. All spent more time with us than they really had to and inspired us to be a little better than we thought we could be. Their examples continue to influence how we care for people even today, because all of these mentors helped to shape us as professionals.

So the impact of a mentor affects an entire dental career.

And not just how we perform in our

offices. So many of us were invited into other arenas by mentors: teaching, community activities, civic organizations and especially becoming active in organized dentistry.

The problems facing our profession seem to multiply with the passage of time. Issues involving dental education, the young practitioner, licensure, litigation, technology and so many others compel visionary and energetic leadership.

Where do we turn for this leadership if not to the young dentist?

We know who they are: the student we recall as being bright, inquisitive and organized; the new practitioner who did such a great job on the committee; the young faculty member who demonstrated valuable initiative in preparing that new course in geriatrics.

Our profession has an abundance of talented, articulate and able young dentists. Those of us who are "approaching middle age" have to target and mentor those who will lead our profession through the next

couple of decades.

I grant you it requires the sacrifice of both personal and professional time. I do suggest that we take that young dentist to lunch, drive together to the state meeting, make a few phone calls to existing leaders to alert them about upcoming talent. Encourage young dentists to attend the ADA Meeting, discuss matters of consequence and spend time with them while there. Most importantly, couple issue-based conversation with leading by example.

Remember our dental school mentors? They gave that little extra, spent more time than they really had to, inspired us to be a little better than we thought we could be. Their exemplary mentorship should be our incentive and our guide.

What better legacy to leave behind than one or two future leaders of our profession?

It's up to us.



# Message From The President



## President's Address REDISCOVER RICHMOND, and the VDA

When was the last time you attended the Virginia Dental Association's Annual Meeting- The Virginia Meeting? I'll bet it's been a while, or maybe never. This year the 136th Annual Meeting of the VDA will be held in Richmond from September 14-18. Over the past several years we have worked hard to put together a meeting that you, as a VDA member, can be very proud to call your own. From an outstanding array of continuing education programs, to a wide variety of exhibits, to a spectacular schedule of social events, you are sure to find something of interest for you, your family, and your staff.

With more than 120 hours of CE available, you can easily fulfill your annual licensure requirements of 15 hours. A wide assortment of course topics will include implant dentistry, esthetics, endodontics, crown and bridge, restorative materials, lasers, risk management, insurance, HIPAA, CPR and many other choices. There will be plenty of opportunity for you and your staff to learn something new

and strengthen your skills. We have some awesome speakers coming just for you.

Getting ready for a major purchase, or just need to resupply the office? Why not visit the more than 70 exhibitors planning to be in Richmond. Find out what is new, what works, and what doesn't. Take the time to examine, compare, and shop to meet your specific needs.

Put together a foursome of old, or new, friends and participate in the VDA golf outing at The Crossings Golf Club, voted the number one public golf course in Richmond. Visit the VDA Logo Shop- you'll find something in your color and style to "show off" your colors and pride in your association. Gather with old friends Friday night at the MCV/VCU reception, followed by the VDA Party. Exchange those dental school stories and relive the "good old days." Bring your family and staff Saturday night to the President's Party along the new Richmond Canal Walk. Enjoy the food, the drinks, the entertainment, and the company of friends as we party along the Richmond waterfront. It is sure to be a good time with the entertainment of "Flat Elvis,"

a local Richmond band featuring three VDA members. They promise to get you up and dancing.

If you haven't been to Richmond in a while, plan to try out some of the new restaurants in town. The culinary possibilities have definitely expanded since your last visit.

If you've been to The Virginia Meeting in the past several years, you know it's not to be missed. If you haven't- then you don't know what you're missing. Plan to bring your family and staff, reconnect with old classmates, friends, colleagues, and get ready to REDISCOVER RICHMOND.

I plan to see you there.

Bruce R. Hutchison, DDS  
President, Virginia Dental Association



# Letter To The Editor

## ARE THERE TONGUES IN HEAVEN?

*Dr. Baxter Perkinson Jr.*

The Richmond Times Dispatch wrote a very informative article on the Tongue on March 17, 2005. The Tongue is as exceptional and unique part of the body (as the article suggested).

As a dentist, I often ask "Are tongues in heaven?" You might ask me why I would ask such a bizarre question!! If you had done what I have been doing for the past 35 years, you would know the answer. Since you haven't, I will provide some insights on tongues not mentioned in the report?

1. The tongue is very, very STRONG. It can fight four hands, a drill, a mirror and any number of other instruments and will always win; (hands down-no pun intended).
2. The tongue can detect the slightest irregularity, contour change, sharpness, or void with complete accuracy and without hesitation. Its job as a quality control inspector keeps all dentists on their toes (and fingers) constantly relentlessly.
3. The tongue expands as one swallows. Just as a dentist is putting the finishing touches on a masterpiece the swallow monster calls and the tongue acts as a crashing wave against a sand castle at the beach. In the worst case scenario the masterpiece is carried away like Jonah and the Whale, or Gold down the Goozle.
4. The Tongue instinctively wants to touch the lips and checks (two also very powerful muscles). They are together at birth constantly and want to stay that way. (Try to put your finger in a baby suckling on the lips). Then the teeth come in and drive a wedge between them and the war to get the teeth out of the way is born and continues until death or a tooth loss. The dentist is always caught in the neutral zone (where the lip and tongue agree to let the teeth live) and never really wins. All the dentist can do is hope to keep peace between warring factions.

Now I ask you: Do you think dentists want tongues in heaven?!!!

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# Tomorrows Dental Office Today



(From top of stairs down: Dr. Bruce Hutchison, President of VDA; Samantha and mom, 1st ever real patients; Robbie Schureman, Sullivan-Schein Store Manager; VCU School of Dentistry; Christa Martin, ADA Department of Communications; Lamon Elrod, Director, Sales and Marketing, Equipment, Sullivan-Schein; Jason Krause, TDOT Project Manager, Sullivan-Schein; Dr. Terry Dickinson, Executive Director, Virginia Dental Association.)

Sullivan-Schein's TDOT (Tomorrows Dental Office Today) van provided its first ever real patient treatment at the recent NOVA MOM Project held April 15-17 in Springfield. Some 35

dental patients received much needed free dental care during the two day visit by the TDOT van. Dr. Bruce Hutchison, President of the VDA did the first ever treatment of a patient on

the TDOT van seeing Samantha who, once treatment was completed, expressed an interest in the dental field. Sullivan-Schein and the ADA have partnered up on this arrangement to be able to show and demonstrate the latest and greatest in high tech dentistry. The van is a fully functional two chair 'dental office' with all that is needed to provide not only a glimpse into the future but to provide a facility that is to be used in support of various dental outreach projects. According to Tim Sullivan, President of Sullivan-Schein, "Our support of outreach programs is part of our ongoing commitment to corporate social responsibility..."

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# Abstracts of Interest

## **Pontoriero R, Carnevale G. Surgical crown lengthening: A 12-month clinical wound healing study.**

*J Periodontol* 72: 841-848; 2001.

**AIM:** To assess alterations in the periodontal tissue levels as an immediate result of surgical crown lengthening and over a 1-year healing period.

**METHODS:** 30 patients had 84 teeth crown lengthened after 1-2 months of pre-surgical initial therapy and a baseline examination. The patients biotype was assessed during the examination as well as position of gingival margin (GM), GI, PD, CAL, and PI. Apically positioned flaps with osseous resection and recontouring was performed. Partial thickness flaps were reflected and the root surfaces were planed with curets and finishing burs in order to prevent reattachment of the surgically separated fibers in an undesired coronal position. The patients were professionally cleaned every 2nd week for the 1st 3 months and every 4th week for the remaining 9 months.

**RESULTS:** At baseline examination the mean distance from the gingival margin measured at the interproximal sites was 1.1 mm and the corresponding distance measured at buccal/lingual sites was 1.6 mm. At the 12-month re-examination those same measurements were 1.6 mm and 2.8 mm respectively. The measurements from a reference point to the alveolar crest were a mean of 3.9 mm for the interproximal sites and 4.7 mm at the buccal/lingual sites. After osseous resection, these measurements were a mean of 4.8 mm and 5.7 mm respectively. No changes were noted for the PI and GI index over the 12-month study, nor for the PD recordings. The CAL at baseline was 3.8 mm and 3.0 mm for the interproximal and the buccal/lingual sites respectively, and after surgery were 4.8 mm and 5.7 mm respectively. At the 12-month re-evaluation the measurements were 4.4 mm and 4.1 mm, which were statistically significant changes of .6 mm for the interproximal and 1.1 mm for the buccal/lingual. The coronal displacement of the gingival margin seemed to be influenced by variations in the healing response and in patients with thick tissue biotype.

**CONCLUSION:** When surgical resective therapy is performed to gain access for proper restorative measures to deep sub-

gingivally located carious lesions, endodontic perforations, crown-root fractures, or preexisting margins of failing restorations, an early (during healing) definition of the previously inaccessible margins is recommended. When surgical resective therapy is performed, a greater removal of osseous support should be considered.

*Dr. Bryan Konikoff is a 3rd year resident at VCU School of Dentistry. He received his B.S. from the University of Maryland and his D.D.S. from VCU School of Dentistry.*

## **Christos D.R. Kalpidis, and Setayesh R.M. Hemorrhaging Associated with Endosseous Implant Placement in the Anterior Mandible: A Review of the Literature.**

*J Periodontol* 75: 631-645; 2004.

**AIM:** The purpose of the article was to: 1) review all available published case reports recording massive bleeding incidents following implant positioning in the anterior segments of the mandible; 2) bring to the attention of the clinical community this rare but serious and potentially fatal complication; 3) briefly review anatomy related to the complication; 4) provide guidelines for avoiding severe bleeding events and for immediate management should such a situation develop.

**METHODS:** Conduct literature search for hemorrhage complications limited to the anterior mandible.

**RESULTS:** Eleven cases are reviewed and presented in the article.

**CONCLUSIONS:** Massive internal bleeding in the highly vascularized region of the floor of the mouth is the result of an arterial trauma induced by instrumentation, usually through a perforation of the lingual cortical plate. Hemorrhage may commence immediately or with some delay (up to 4 hours) after the vascular insult. Preventive and precautionary measures to be taken before surgery include: CT scans, palpation of the mandible for undercuts, and using shorter implants when the mandible is too thin as well as in the

canine areas.

*Dr. Jeremy Diehl is a 2nd year resident at VCU School of Dentistry. He received his A.A. from Chabot College; B.S. from California State University; and his D.D.S. from UCSf School of Dentistry. He is a former U.S. Army ranger.*

## **Engebretson S, Hey-Hadavi J, Ehrhardt F, Hsu D, Celenti R, Grbic J, Lamster I. Gingival crevicular fluid levels of interleukin-113 and glycemic control in patients with chronic periodontitis and type 2 diabetes.**

*J Clin Periodontol* 26: 44-48; 1999

**AIM:** To determine whether glycemic control was related to GCF levels of IL-113.

**METHODS:** Study population consisted of 45 patients diagnosed with type 2 diabetes and chronic periodontitis. GCF samples were collected from ML and MB surfaces of first molars in each quadrant using filter paper strips for 30 seconds. If first molars were missing, used second molars and if both were missing then used second premolar. If no posterior teeth were present then no sample was collected for that quadrant. Plaque index (PI), BOP, probing depth (PD) and attachment level (AL) were recorded at six sites per tooth. ELISA was used to determine the IL-113 levels from the GCF samples. Glycated hemoglobin (HbA1c) and serum glucose from anticoagulated whole blood was also determined.

**RESULTS:** GCF levels of IL-113 were significantly correlated with mean PD ( $r = 0.613$ ), mean clinical AL ( $r = 0.587$ ), percentage of sites with BOP ( $r = 0.424$ ), %HbA1c ( $r = 0.371$ ) and serum glucose ( $r = 0.490$ ) but not with percentages of sites exhibiting plaque ( $r = 0.231$ ). Total amounts of GCF IL-113 were significantly higher in those with greater than 8% HbA1c. In a multivariate model, HbA1c remained a significant predictor of GCF IL-113 after adjusting for AL, BOP, PI, age and gender (OR = 2.19). When PD was used instead of AL, HbA1c remained a significant predictor of GCF IL-113 (OR = 1.79). Serum glucose was also associated with



elevated GCF IL-113 but not as strongly as HbA1c (OR= 1.02).

**CONCLUSIONS:** Poor glycemic control is associated with elevated GCF IL-1 $\beta$ . Results support hypothesis that hyperglycemia contributes to a heightened inflammatory response and suggests an association between poor glycemic control and periodontal destruction.

*Dr. Connie Nguyen is a 2nd year resident at VCU School of Dentistry. She received her B.S. from the University of California, Irvine, and her D.D.S. from UCSF Dental School.*

**Cummings L, Kaldahl W, Allen EP. Histologic evaluation of autogenous connective tissue and acellular dermal matrix grafts in humans.**

*J Periodontol 76:178-186; 2005.*

**AIM:** To assess histologically the periodontal response of autogenous connective tissue grafts and acellular dermal matrix grafts for the coverage of denuded root surfaces via human block section biopsies in each of four patients after six months of healing.

**METHODS:** This study included four patients previously treatment planned for extractions of three or more anterior teeth. Three teeth in each patient were selected and randomly designated to receive either a CT or ADM graft beneath a coronally advanced flap (tests) or coronally advanced flap alone without graft (control). Recession defects ranged from 3 - 6 mm. Study teeth were root planed, burished with 24% EDTA, and rinsed. Post operative azithromycin (Z-Pak) was prescribed. Six months postoperatively block section extractions (gingiva, graft, alveolar bone, tooth) were performed. Histologic evaluation was performed with hematoxylin-eosin and Verhoeff's stains.

**RESULTS:** Histologically, both the CT and ADM were well incorporated within the recipient tissues. A dense band of collagenous tissue was identified in both the CT graft and the ADM graft. The gingival attachment to the root surface was comparable for both the CT and ADM grafts (combination of long junctional epitheli-

um and connective tissue adhesion), and the alveolar bone appeared unaffected. New fibroblasts, vascular elements, and collagen were present throughout the ADM, while retention of the elastic fibers was apparent throughout the site. No effect on the keratinization or connective tissue organization of the overlying alveolar mucosa was evident with either graft. For both materials, areas of cemental deposition were present within the root notches, the alveolar bone was essentially unaffected, and the attachments to the root surfaces were similar. Both the CT and ADM grafts demonstrated a significant increase in the buccal-lingual thickness of collagen fibers in the areas of the graft.

**CONCLUSIONS:** CT and ADM can both successfully be used to cover denuded roots with similar resulting gingival attachment and no adverse healing. Although both have a slightly different histological appearance, either CT or ADM may adequately achieve an increase in buccal-lingual thickness of collagen fibers.

*Dr. Matthew Ficca is a 2nd year resident at VCU School of Dentistry. He received his B.S. from Wake Forrest University and his D.D.S. from Temple University followed by a GPR from East Carolina University, School of Medicine.*

**Jung RE, Siegenthaler DW, Hammerle CH. Postextraction tissue management: A soft tissue punch technique.**

*Internation J. of perio and rest 24: 545-553; 2004.*

**AIM:** To analyze graft-enhanced soft tissue healing during the initial phases after tooth extraction.

**METHODS:** 20 patients in need of tooth extraction and implant replacement were selected (incisor-premolar). In patients with multiple extractions, one tooth was randomly selected for treatment. The teeth were atraumatically removed. The socket was grafted with deproteinized bovine bone mineral in a 10% collagen matrix to fill out alveolar space. A biopsy punch with a diameter similar to the sock-

et orifice was chosen to harvest a free gingival graft of 2-3 mm thickness from the palate. The graft was sutured to the deepithelialized soft tissue margins of the socket.

**RESULTS:** One week after graft insertion 64.3% of the mean graft was integrated, 35.6% was fibrinoid and 0.1% showed necrotic parts. Three and 6 weeks post-surgery the mean integrated graft was 92.3% and 99.7% respectively. After 6 weeks, a mean of 0.3% of the surface in four grafts showed incomplete wound closure, and no fibrin was present. Colorimetry of the graft and adjacent tissue revealed a mean color match of 2.91, lower than the critical threshold of 3.7 for intraoral visibility of different colors.

**CONCLUSIONS:** This soft tissue punch technique led to successful biologic and esthetic integration of the transplanted graft into the local host tissue.

*Dr. Mark Zemanovich graduated in June, 2005 receiving a certificate in Periodontics and a M.S. degree. He is in private practice in Winchester, Virginia. He received his B.S. from Rutgers University and his D.D.S. from VCU School of Dentistry.*

**Lanning S, Waldrop T, Gunsolley J, and Maynard G. Surgical crown lengthening: Evaluation of the biological width.**

*J Periodontal 74: 468-474; 2003*

**AIM:** To study the changes in biologic width following surgical crown lengthening in humans.

**METHODS:** The study population consisted of 23 periodontally healthy patients requiring crown lengthening. Acrylic stents were used to standardize probe placement and measurement. PI, GI, AL, PD, biologic width, and bone levels were measured just before surgery, at 3 mo post op and at 6 mo post op. In relation to the site receiving crown lengthening, these measurements were taken at nonadjacent, adjacent, and treated Sites.

**RESULTS:** There was no significant change in the free gingival margin position from 3 to 6 mo post op. The difference in the free gingival margin displacement from



baseline (pre-sx) to 3 months at nonadjacent, adjacent, and treated sites was 2.46mm, 2.68mm, and 3.07mm respectively. At 6 months these measurements were 2.78mm, 2.82mm, and 3.33mm. There was no significant change in attachment level at all sites from 3 to 6 months. Pd's showed no significant difference at any site from baseline, 3, and 6 months. There was no change in the bone level at any site from 3 to 6 months. The change in direct bone level before and after osseous resection at nonadjacent, adjacent, and treated sites was 1.58mm, 1.84mm, and 2.68mm respectively. The biologic width at all sites was smaller at 3 and 6 months compared to baseline except for treated sites which were not significantly different from baseline at 6 months.

**CONCLUSIONS:** Following crown lengthening, the position of the free gingival margin, attachment, and bone levels remained stable between 3 and 6 months.

*Dr. Reve Chaston is a 3rd year resident at VCU School of Dentistry. He received his B.S. from Weber State University and his D.D.S. from Indiana University, School of Dentistry.*

**Kim Y, Oh T, Mish C, and Wang H. Occlusal considerations in implant therapy: clinical guidelines with biomechanical rationale.**

*Clin Oral Implants Res 16:26-35; 2004.*

**AIM:** To discuss the importance of implant occlusion for implant longevity and to provide clinical guidelines of optimal implant occlusion and possible solutions managing complications related to implant occlusion.

**DISCUSSION:** Implant longevity may be affected by 1) amount of stress and quality of bone, 2) occlusal overloading, possibly from large cantilevers, excessive premature contacts, parafunctional activities, improper occlusal designs (i.e. large occlusal table, steep cusp inclination), 3) inadequate number of implants, and/or 4) osseointegrated full fixed prostheses in both jaws. Basic principles of implant occlusion may include: 1) bilateral stability in centric (habitual) occlusion, 2) evenly distributed occlusal contacts and force, 3) no interferences between retruded position and centric (habitual) position, 4) wide freedom in centric occlusion, 5)

anterior guidance whenever possible, and 6) smooth, even, lateral excessive movements without working/non-working interferences. Potential complications include: 1) screw loosening, screw fractures, fractures of veneering materials, prosthesis fractures, continuing marginal bone loss below the first thread along the implant, implant fractures, and implant loss. These complications can be prevented by application of sound biomechanical principles such as passive fit of the prosthesis, reducing cantilever length, narrowing the bucco-lingual/mesial-distal dimension of the prosthesis, reducing cusp inclination, eliminating excursive contacts, and centering occlusal contacts.

*Dr. Trang Salzberg graduated in June, 2005 receiving a certificate in Periodontics and a M.S. degree. She is in private practice in Virginia Beach, Virginia. She received her B.A. and a M.S. from Virginia Commonwealth University and her D.D.S. from VCU School of Dentistry followed by a GPR program at the VA Hospital in Palo Alto, California.*

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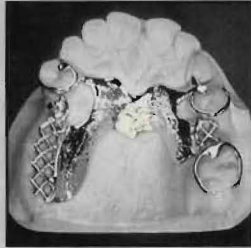
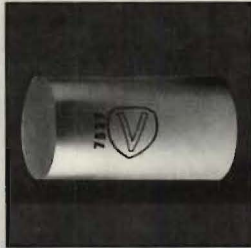
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# Significant Achievement Award



## POLLUTION PREVENTION, SMALL FACILITY

Guy G. Levy, DDS & Mayer G. Levy, DDS, PC

The Guy. G. Levy, DDS and Mayer G. Levy, DDS, PC dental practice includes two dentists and six staff members.

For more than fifteen years, the staff has practiced pollution prevention. Each new employee is informed, shown, and allowed to participate, and the total office effort has expanded as newer materials and techniques have become available. In recognition of these efforts, the Office was awarded a plaque in 1999, "Newport News Eliminating Award" from the Newport News Environmental Commission.

At the end of most weeks, the collection of paper, cardboard, metals, glass, and #1/2 plastics is boxed and delivered to the York County Recycling Center. It amounts to over a ton of materials annually. The office has a 4'X 6' shed dedicated to storing recyclables, also including spent X-Ray processor fluid (silver) and filling amalgam (mercury and silver and other metals). Clothing specific to chair-side treatment is washed and dried in the office using biodegradable, Bay friendly materials. Treatment light handle covers are changed between each patient using aluminum foil. The aluminum is recycled, where plastic wrap is not able to be recycled. Digital X-Rays are used where possible, avoiding the use of developer and fixer solutions. This reduces silver in the wastewater stream.

Solutions that must be used in the processor have a fixer collector and that is sent to a commercial recycler. High volume aspirator system has filter traps that collect amalgam scrap and that is sent to a commercial recycler. This prevents mercury and silver from entering the wastewater stream. We have converted from soap to alcohol hand washing stations, as now are most hospitals. Again, this protects the wastewater stream.

Our Office does many more mundane things, such as using fluorescent light bulbs, considerable shredding of paper, installation of low-flush toilets, mulching of plant clippings, use of biodegradable toilet paper, etc. Our Staff works hard to accomplish our goals of pollution prevention.

## Do You Know An Award Winning VDA Dentist?

If You Know Of Any VDA member who has recently won an award in dentistry, or has been recognized as an outstanding member of his/her community, please contact the VDA main office at (804) 261-1610. The VDA is proud to recognize all those among our members who continuously strive to share their leadership and talent to serve the dental profession in Virginia!

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# Board of Directors Actions in Brief

## June 16 – 19, 2005

### I. Actions of the Board of Directors

#### A. The following Bylaws amendments were considered:

1. The 2004 House of Delegates adopted a resolution increasing the number of student delegates to four. The Committee recommends the following wording to incorporate the change into the Bylaws:

#### Article I, Section 2.F

- F. Students: Undergraduate dental students, either studying or residing in the state of Virginia, may become student members. Student committee members shall be entitled to vote on committees but not to hold office. ~~the President of the American Student Dental Association of the VCU School of Dentistry shall be a voting member of the VDA House of Delegates.~~ Student members shall be entitled to participate in the Association's insurance programs, shall receive the *Virginia Dental Journal*, and shall receive notice of and be entitled to participate in other Association activities.

#### Article II, Section 3.C

- C. ~~The President of the American Student Dental Association of the VCU School of Dentistry shall be a voting member of the House.~~

There will be eight (8) students members of the House of Delegates, four (4) voting Delegates and four (4) Alternate Delegates.

- D. The Board of Directors, the chairmen of all Standing Committees who are not serving as VDA Delegates **and** ADA Delegates and Alternate Delegates who are not serving as VDA Delegates, ~~and~~

~~two members from each of the Sophomore, Junior, and Senior classes and the President of the Student Body of the VCU School of Dentistry, shall be seated in a special section of the House of Delegates as nonvoting members.~~

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

2. The following Bylaw amendment would allow the Board of Directors to make a change, if necessary, in following a House of Delegates directive:

Section 2. Powers and Duties: The Board of Directors shall have charge of the general business of the Association and supervision of its affairs in the interim between House of Delegates meetings. In these matters the Board of Directors shall carry out the policies established by the House of Delegates. If the Board of Directors determines that a change in an existing policy established by the House of Delegates is necessary and urgent, the Board of Directors is empowered to call a special session of the House of Delegates for action on the matter. **If time does not permit the convening of a special session of the House of Delegates, the Board of Directors may establish interim policy.**

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

3. The VDA Bylaws be amended as follows:

#### Article V, Section 3,B

- B. The Delegation, defined as Delegates and Alternate Delegates to the ADA Annual Session, at ~~its first caucus each year,~~ the first delegation meeting during



the 16th District Caucus, shall elect its Chairman and Vice Chairman from its members. The officers of the delegation will be elected annually with their terms taking effect at the end of the ADA Annual Meeting. The officers will be limited to four consecutive one year terms. The Chairman's duties shall include a complete report of activities to the VDA Board of Directors. The Chairman's report to the Board of Directors shall be published in the VDA Journal.

**The Board of Directors approved the Resolution as amended (words one year added) with a recommendation the House of Delegates vote yes.**

B. The following items were considered:

1. Request from Dr. Ronald J. Hunt, Dean, VCU School of Dentistry.

The VCU School of Dentistry has proposed a 35,000 square foot addition to the school to allow expansion of teaching and research programs. A four-story addition is proposed on the north end of the existing Wood and Lyons Buildings, with space allocated as follows:

1st floor: Garage level; for patient drop-off/pick-up, loading dock, handicapped parking

2nd floor: Clinical floor; for doubled dental hygiene class; expanded dental class, if needed

3rd floor: Classroom floor; two lecture/CE halls and several conference rooms

4th floor: Research lab floor; for expanded research in biomaterials and oral cancer

The dental school addition ranks # 3 on VCU's 2006-2008 capital budget request, which was recently approved by the VCU

Board of Visitors. It now goes to the Governor's Office and the General Assembly. It is estimated that \$12 million will be needed to build and fully equip the building. In its request, VCU is asking for \$8 million in state funds, matched by \$4 million in private funds.

I am asking that the Virginia Dental Association agree to use its political influence to help keep the dental school building in the Governor's budget and the General Assembly budget as it makes it way through the budget process.

**The Board of Directors approved the request with a recommendation the House of Delegates vote yes.**

2. Resolution: The Dental Practice Regulations Committee supports the concept that certified dental assistants have expanded duties to include:
  - a. Supragingival scaling of teeth
  - b. Taking impressions for prosthetic restorations and creating casts
  - c. Placing, and packing and removing cord
  - d. Condensing contouring and adjusting direct restorations intro-orally with hand not rotary instruments.
  - e. Under general supervision, with the consent of the dentist, fabricate temporary crowns restorations and/or re-cement a temporary crown restoration with temporary cement for a patient of record, providing that the patient is rescheduled for follow-up care by a licensed dentist as is reasonably appropriate. All of the above functions could be performed after ~~didactic~~ and hands-on appropriate training for each function.

Budgetary Impact: none

**The Board of Directors approved the resolution as amended and recommends**



**the House of Delegates vote yes.**

3. Resolution: The 2006 VDA budget be approved.

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

4. Background: Committees have traditionally met during the Virginia Annual Meeting in September. With the spilt in the meetings in 2007 the June Annual Virginia Meeting will become an educational and social event. It is felt that committee business should not be conducted at this meeting.

Resolution: No committees shall meet during the CE sessions or during the social activities at the VDA Annual Virginia Meeting in June.

Budgetary Impact: None

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

5. Background: The Awards Subcommittee feels that creating a Dentist of the Year Award is a duplication of the Emanuel W. Michaels Distinguished Dentist Award. We feel that the Dentist of the Year Award would diminish the prestige of the existing awards. (Creation of a Dentist of the Year Award was referred back to the Awards Subcommittee by the 2004 House of Delegates.)

We have suggested the creation of additional awards to honor deserving individuals and encourage their participation in organized dentistry. We recommend the creation of Presidential Citations and Individual Component Awards. We would always encourage recognizing deserving individuals who have made contributions to our profession.

Resolution: Amend VDA Policy, pg 5, #3 as follows:

Emanuel W. Michaels Distinguished Dentist Award - ~~(amended President's Award)~~ The award is presented to a member dentist who has demonstrated outstanding service, leadership and dedication to the profession of dentistry and for the improvement of the health of the citizens of Virginia. This award is presented only when a worthy candidate is recognized by the President and approved by the Awards Committee. The candidates can be recommended by the general membership.

-2000

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

6. Background: For the purpose of institutional memory.

Resolution: We resolve that a Presidential Citation Award be established that recognizes individual(s) who have contributed during the president's term. (VDA Policy)

Budgetary Impact: Cost of award medium

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

7. The Awards Subcommittee encourages the components to recognize members and other individuals in their component who have contributed significantly to the furtherment of the dental profession. The recipients will be listed in the program of the VDA general membership meeting. (VDA Policy)

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

8. The Awards Subcommittee submitted a resolution conferring Honorary Membership to an individual they felt extremely worthy



off this distinction. To ensure that this be a surprise, the recipient will not be named here, and the original resolution will be read in the First Session of the House of Delegates. A vote for approval will be taken at that time.

**The Board of Directors approved the resolution conferring honorary membership to (individual to be named at First Session of the House of Delegates 2005) with a recommendation the House of Delegates vote yes.**

9. Background: The Nominating Committee feels that because any individual is allowed by current Bylaws to run for elected office, the Nominating Committee is no longer a needed committee.

Resolution: The Nominating Committee should be disbanded.

The Board of Directors' motion to approve the Resolution was defeated with a recommendation the House of Delegates vote no.

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

A. The following items were approved:

1. Beginning 2007 if a committee has a second meeting; their report to the Board of Directors should be in the Central Office by June 1st.
2. Background: The website is not currently being updated on a timely basis.

Resolution: The Council on Finance recognizes the need to have timely updates of the VDA website and recognizes the need for an expenditure of \$8,000 to support part-time staff to provide the updates.

Budgetary Impact: +\$8,000.00

3. Background: Refer to previous resolution referring to website updates of Committee of Communications and Technology.

Resolution: The Council on Finance recommends the Committee of Communications and Technology seek vendors and advertisers to defray the costs of updating the website.

Budgetary Impact: -\$8,000.00

(The House of Delegates does not need to vote on the \$8,000.00 items above as they are a part of the 2006 VDA budget which the Board of Directors approved.)

B. The following items were referred:

1. To the Communications & Information Technology Committee:  
In preparation for alternative meeting formats the Constitution & Bylaws Committee recommends the Board of Directors do the following:
  - Research Virginia statutes in regard to the legality of electronic voting.
  - Look at ADA and AGD policies and capabilities for holding alternative meetings
  - Hold training sessions or forums for new leadership and interested members

The Committee to report to the Board of Directors in January 2006.

2. To the Constitution & Bylaws Committee - The Board of Directors approved the following and is referring it for proper wording for inclusion in VDA Policy:

Background: All insurance products sold – car insurance, house insurance, medical insurance, etc. supply the party purchasing the insurance with a copy of the contract. This enables the insured to see and understand the actual benefits. This is not the case



with dental insurance. Therefore be it resolved that:

All dental benefit carriers must provide online as, well as hard copies, of the contract purchased, individually or as a member of a benefit group, to clearly define the contractual agreement, with appropriate updates as changes are agreed to.

3. Back to the Dental Benefits Programs Committee to be reworked and more research conducted:

Background: The Dental Benefits Programs Committee would like the VDA to go on record that in cases where chronically ill patients, such as kidney dialysis patients, who cannot receive a transplant without dental clearance due to immune problems secondary to dental pathology. These pathologies must be dealt with to move to a transplant and out of a treatment center. Therefore be it resolved that:

The VDA advocates that dental assessment be mandated as an integral part of a health care program where dental clearance is needed to proceed with ongoing medical care.

4. Back to the Dental Health & Public Information Committee to prepare a list of acceptable activities worthy of CE credits by the Board of Dentistry:

Resolution: To support receiving CE credits for volunteer activities.

5. Back to the Fellows Selection Committee to rework:

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) be amended as follows: Military

personnel having served a minimum of 20 years active duty and maintaining active membership in the ADA, may be considered for VDA Fellowship after 5 years of VDA Service.

- C. The following was received as information only:

1. The Nominating Committee nominated the following slate of candidates for the 2005 VDA elections to be held September 18, 2005 in Richmond, VA: President Elect - Anne C. Adams; Secretary/Treasurer - Robert A. Levine; ADA Delegate - Anne C. Adams, David C. Anderson, Bruce R. DeGinder, M. Joan Gillespie, Bruce R. Hutchison; ADA Alternate Delegate - Ronald J. Hunt, McKinley L. Price, J. Ted Sherwin, Neil J. Small, Roger E. Wood.
2. The Constitution & Bylaws Committee recommends that the information on the seating of student alternate delegates be changed in the House of Delegates Manual. (Dr. Howell will make the necessary changes.)
3. Background: The website has progressed but is not utilized by many members. The information on the site is many times out of date. The website is underutilized and is seen by members as a stagnant site.

Resolution: To increase the Communication & Information Technology budget by \$8,000 to \$14,000 total. This increase would be used to research and possibly hire an IT person to manage and update the VDA website. (The communication & Information Committee took this item to the Council of Finance where it was acted on and Council of Finance resolutions were submitted to the Board of Directors - No.'s 2 and 3 under II.A.)



# HIPAA Update: NPI Number Required by 2007

The National Provider Identifier (NPI) is a government-issued standard identification number for individual health care providers and provider organizations. Applications to obtain an NPI will be accepted starting May 23, 2005.

Anyone who uses standard electronic transactions, like electronic claims, eligibility verifications, claims status inquiries and claim attachments will be required by federal law to start including NPIs on electronic transactions no later than May 23, 2007. Those who use only paper, voice, and fax to transmit communications are certain to encounter health plans that require NPIs, so all dentists are urged to apply for NPIs as soon as possible.

Applying for an NPI is free and easy. Visit <http://nppes.cms.hhs.gov> to read the instructions and submit your application. You will receive your NPI by email in one to five business days.

Any questions, comments or concerns can be directed to [NPI@ada.org](mailto:NPI@ada.org). You can also contact the Emily at the VDA office at [ward@vandental.org](mailto:ward@vandental.org) or 804-261-1610



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Virginia Dental Association



## Direct Reimbursement, a WIN – WIN – WIN

For dentists, employers and employees, Direct Reimbursement (DR) and Direct Assignment (DA) dental plans are a win-win-win. Strongly supported by the VDA and the ADA, DR and DA dental plans preserve freedom of choice and fee-for-service dentistry while providing a high quality, simple dental plan for employers and employees alike.

In the dental office, patients with DR/DA plans do not require claims filing with insurance companies and procedure pre-authorizations. With no excluded procedures (other than cosmetic), decisions are left to the provider and the patient to determine the best course of treatment. Staff time will not have to be devoted to dealing with insurance company red-tape and the re-filing of denied claims.

For employers, Direct Reimbursement and Direct Assignment are attractive dental benefits plans that can decrease costs and improve employee benefits. Employers can have the peace of mind to know that 90-95% of their benefits dollar is going to actual dental care as opposed to approximately 81-82% for PPO and Indemnity plans and 73% for DHMOs.<sup>1</sup> The cost savings realized from administration fees and only paying when employees receive dental care can be tremendous.

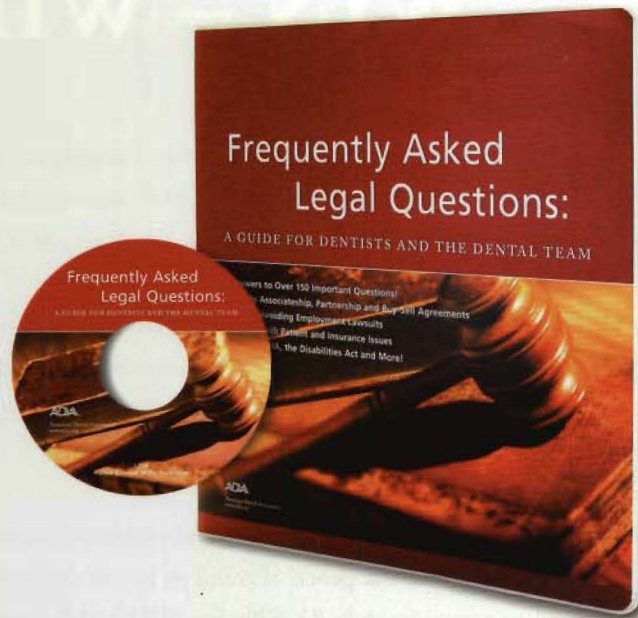
Employees covered under DR/DA Plans have an easy to understand benefit that allows them to see any licensed dental provider of their choice. They know upfront what percentage of each procedure will be covered and they know that they are able to determine the best treatment plan with their dental provider.

Overall, DR/DA Plans are a win-win-win for all parties involved. By providing a simple structure, a quality plan and preserving patient and dentist choice, it is no wonder why these plans are advantageous to everyone. Many employers in the Commonwealth and across the country have adopted DR/DA Plans and it is time to get the word out on how well these plans are working. Please support freedom of choice, fee-for-service dentistry and the VDA by talking to your patients about Direct Reimbursement and Direct Assignment Plans. As business owners, benefits decision makers and employees, they will respect your opinion on dental benefits. If you would like any additional information about DR/DA, please visit [www.vadental.org](http://www.vadental.org), [www.ada.org](http://www.ada.org), or call Elise at the VDA at 800-552-3886.

<sup>1</sup> Source: American Dental Association, [www.ada.org/public/manager/insurancedr\\_advantages.asp](http://www.ada.org/public/manager/insurancedr_advantages.asp).



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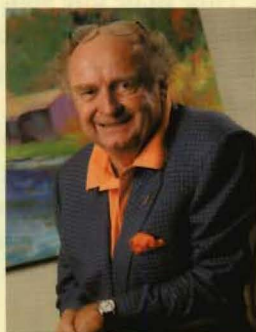


# Welcome to the VDA's 136th Annual Meeting

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The VDA is proud to present to you just some of the highlights that you, your staff and your family can participate in at this year 136th Annual Meeting of the Virginia Dental Association. It is our pleasure to bring to you over 100 hours of quality continuing educational seminars along with fun and exciting social activities. The VDA invites you and yours to come and Rediscover Richmond.

Meet your key note speakers for the opening session of the VDA House of Delegates.



His business card reads "head cheerleader." His signature neckties say "highly creative." And his smile and handshake say the rest.

**H. F. "Goldie" Gouldthorpe, Jr.** is a gifted motivational speaker, writer and teacher in sales, marketing, communications, leadership, customer service and total quality management. He is the author of *I've Always Looked Up to Giraffes and How To Make a Giraffe Smile*, books that focus on leaders and organizations that stand head and shoulders above the crowd.

He is senior vice president of quality and communications at Owens&Minor, the nation's largest supplier of branded medical and surgical supplies. He shares his quality message with Owens&Minor's trading partners and with business, educational, civic and government groups nationwide. Hugh is the driving force behind Owens&Minor's unique and caring culture which focuses on putting people first and helping them succeed.

He is the recipient of both the Owens & Minor "Spirit" and "Quality" awards, given to a teammate who, in the chairman's opinion, best personifies the spirit of quality in the organization.

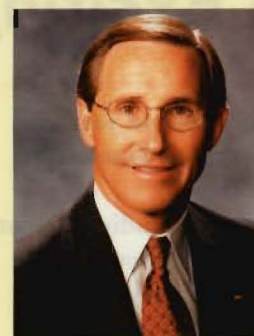
Before joining Owens&Minor, Hugh spent 20 years with E.R. Squibb & Sons, Inc. in various leadership positions in sales, marketing, training and advertising with the pharmaceutical giant. He received Squibb's Blue Vase award for his ranking as the company's top sales representative nationwide.

Hugh also extends his time and talents to the community. He has held an honorary chair in marketing with Virginia Union University, where he taught and presented campus-wide lectures on leadership and quality issues. He is currently on the Advisory Board of Longwood University School of Business.

Hugh is a board member of the Massey Cancer Center, the National Association of Hospital Hospitality Houses, Council for America's First Freedom, United Way of Greater Richmond, the National Black MBA Association Advisory Board, Longwood College Foundation Advisory Board, the Children's Museum of Richmond and the VCU School of Pharmacy National Advisory Boards. He is the recipient of the Voices for Virginia Children's first ever Champion for Children award, The Urban League Lifetime Achievement Award, Senior Connections' Empty Plate Award, and the Richmond Joint Engineer's Council Community Service Award. He is chairman emeritus of Success by 6, a United Way initiative dedicated to improving the quality of life for children, and a member emeritus of the Advisory Board of the University of Virginia School of Nursing. Hugh also serves on the Advisory Board for the YWCA and is chairman of the Richmond Police Foundation.

He was among a small group of community leaders selected to participate in the 1997/98 session of Leadership Metro Richmond, and was selected valedictorian for the class.

Hugh is a graduate of the Virginia Military Institute and is a member of Second Presbyterian Church in Richmond. He, his wife Nelle, and their children reside in Henrico County.



**Richard Haught**, a dentist in general practice in Tulsa, Oklahoma, and is president of the American Dental Association.

Dr. Haught served a four-year term on the ADA Board as the trustee from the Twelfth District. His other previous responsibilities with the ADA include serving as the chair of the Council on Access, Prevention and Interprofessional Relations; on key task forces and committees; on the Board of Directors of the ADA Foundation; and as a delegate. As a trustee, he was the Board liaison to five councils.

Dr. Haught is a past president of the Oklahoma Dental Association, which honored him with its Dentist of the Year Award in 1990 and its Award for Professionalism and Ethics in 1997, as well as being a past president of the Tulsa County Dental Association, which presented him with its Outstanding Dentist Award in 1984. In addition, he is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.

Dr. Haught was a letterman in football as an undergraduate at the University of Oklahoma. He earned his dental degree from the Baylor University College of Dentistry.

Dr. Haught and his wife Kathy have a married daughter, Kelly, and a grandson, Parker.



# This is Just a Glimpse of Some of the Exciting CE Speakers for 2005!

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and Restorative Dentistry: A  
Technician's Perspective

These sessions are brought to  
you by the Virginia Dental  
Association and the Virginia  
Academy of General Dentistry.



## MASTERING THE ART OF COSMETIC AND RESTORATIVE DENTISTRY: A TECHNICIAN'S PERSPECTIVE

Robert Marbach

We are always pleasantly surprised by the feedback we get after our lecture: Mastering the Art of Cosmetic and Restorative Dentistry: A Technician's Perspective. It seems the perspective of a technician is unique and valuable on a practical level that dentists and their staffs can appreciate. In my estimation, the appreciation

comes from the realization that the information they are being given can actually change the specific things that cause them stress on a daily basis. What causes those stresses? Let's examine:

The following is the course outline of Mastering the Art of Cosmetic and Restorative Dentistry: A Technician's Perspective along with a description of the problems that can actually be solved:

### A. Lab Communication – Achieving Optimal Results on Every Case

- Rx Communication – Tips on how to let the lab know what you are trying to accomplish. Better Rx communication can eliminate misunderstandings, missed instructions, incorrect assumptions, and can also help ensure that you have given enough information. Prevents remakes.
- Soft Tissue Model – How to fabricate soft tissue replication to ensure gingival embrasure correctness. Eliminates black holes and tissue blanching.
- Shade Communication – Conventional and digital shade-taking techniques. What Kelvin Temperature should you request to take the best shades? What is CRI (Color Rendering Index) and how does it affect shades? What bonding materials affect shades? Discussion on every aspect of shade-taking communication in dentistry. Reduces shade remakes and adjustments.
- Incisal Edge Matrix – Will show the laboratory where to place the incisal edge, thickness, width of teeth, midline and pitch. Very helpful, patients will enjoy the

natural feeling of their new restorations. Increases patient satisfaction and reduces remakes and adjustments.

- Custom Temps – How to fabricate custom temps that will hold the position of your interproximal and occlusal contacts. This step can drastically reduce contact and occlusion adjustments.
  - Impression Troubleshooting – Discussion on different types of impression materials and techniques. How to be sure your impression will lead to a restoration that fits. What commonly used materials and processes cause distortion of impression materials? Which trays work best? How to eliminate the guesswork in impressions. Reduce remakes and frustration.
  - Fabricating a Crown Under a Partial – What is the best method? Whether your patient tells you that they must keep their partial or they allow you to send their partial to the lab. Tips to avoid problems.
  - Model Discrepancies – How you and your laboratory can eliminate this commonly missed cause of high occlusion and adjustments.
  - Porcelain Crown/Veneer Checklist – List of criteria that is recommended for successful porcelain crown/veneer cases for the best possible esthetics, predictability and communication.
- ### B. Advanced Restorative Systems –
- What's Available, How to Choose
- One of the most frequent comments we hear from dentists is that they have a difficult time keeping up with all the new porcelain systems available. We will break down



all restorative systems as to their indications, contraindications, strengths, weaknesses, etc. By the end of the seminar we will simplify the process of materials selection, preparation and cementation.

- Aluminum Oxide Ceramics – Procera, In-Ceram, Wol-Ceram
- Zirconia Ceramics – Procera Zirkon, In-Ceram Zirconia, Cercon, Lava
- Pressable Ceramics – Empress, Eris, Finesse, Authentic
- Polychromatic Feldspathic Ceramics – Chromatech
- Polyglass/Indirect Composites – Cristobal +, Sculpture, Tescera
- Advanced Crown and Bridge Materials – Captek

### C. Building a Successful Cosmetic Practice

What do successful cosmetic practices have in common? We will recommend tips and techniques in the areas of:

- Marketing/Patient Education
- Marketing/Image
- Clinical Skills
- Laboratory/Dental Office Relationships

We are looking forward to our presentation at the 135th Annual Meeting of the Virginia Dental Association.

Yours For Better Dentistry,

Robert P. Marbach, BA, CDT

**Authentic Dental Laboratory, Inc.**  
1-800-683-1025  
bob@authenticlab.com

**Come hear Mr. Marbach on Thursday, September 15, 2005 from 1pm-5pm.**

**This session is co-sponsored by the Virginia Dental Association and the Virginia Academy of General Dentistry.**



### DENTAL DREAM TEAMS AND MAALOX MOMENTS

*Suzanne Boswell*

“That patient drives me nuts! She’s coming in at 8AM and it’ll put me in a bad mood for the rest of the day!” How many times have you had that thought when looking at the schedule for the day?! The irritation may be because of a conflict in behavioral styles between the patient and yourself. Or it may be a toxic relationship with a teammate that causes the concern. The individual may be a difficult person who sends you reeling toward that Maalox bottle! In either case there are options in handling these difficult situations.

#### THE DENTAL DREAM TEAM

In the upcoming seminar, The Dental Dream Team: Unmasking Behavioral Styles of Patients, Peers, Family, Friends and Foes, you’ll learn about 4 basic behavioral styles found in everyone around us. In this seminar each participant will complete an instrument to learn his/her own style. Are you an Analytical, Expressive, Amiable or Driving style? All 4 are needed in the dental practice.

You’ll learn how the unique mix of team styles in your office affects your day. You’ll learn tools to identify patient styles. This will enable you to more effectively communicate with them, meet their needs and ensure the relationship is long-term. This skill is

enormously important in earning treatment acceptance and is truly vital for doctors to understand.

### MANAGING MAALOX MOMENTS

What happens when you are presented with the really difficult person who seems impossible to deal with? The pressure you feel might come from an inability to manage situations or people assertively. It is easier to blame our discomfort on others when we often create or allow “bad” situations to exist. Perhaps you, like so many others, learned that compliance is the route to take and that “giving in” to the needs or wants of others consistently will result in your being accepted most readily. This is sometimes true. It is also true that in the extreme you may end up as a doormat ... and a disrespected one at that!

In the Managing Maalox Moments seminar you’ll learn how to deal with difficult people, tough situations and take care of yourself at the same time. This often requires giving yourself permission to be assertive in a way that will be respected by others and by yourself as well!

In a recent seminar, I presented the Assertiveness Bill of Rights to the audience. This is a list of Rights we all have ... many of which cause us stress because we don’t manage them well. I took an informal poll of the audience to determine which of the Rights caused participants the most concern. The top 2 items were:

1. I have the right to have my needs be of equal importance to the needs of others
2. I have the right to say NO without feeling guilty

You can see how these 2 items are likely to affect your every day! Of course these rights must be adjusted when we are in a work environment. For example, you can’t say “NO” to a



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task that is part of your job description; but you can negotiate when, how and where the task will be done. Often these two Rights play a huge part in personal relationships at home which are then carried in to the office and affect relationships at work.

In the upcoming seminar you'll learn the complete Assertiveness Bill of Rights and you'll learn how our beliefs sometimes get in the way of our happiness, productivity and effectiveness! You'll also learn what it takes to communicate fairly and with confidence to those around you.

### **DON'T MISS THESE ANNUAL SESSION SEMINARS!**

*Friday, September 16, 2005  
from 8 – 11 am and 1 – 4 pm.*

These two seminar topics go hand-in-hand and are ideal for entire team attendance. To maximize impact bring your whole team to THE DENTAL DREAM TEAM. This is a fun, high energy and highly interactive session! Be sure to arrive early so you can sit and interact with your teammates.

The self-perception questionnaire will be presented in the beginning of the session and you don't want to miss that part! If you implement only one new concept to your practice management this year, this should be it! Effectively implemented this can have a very significant bottom-line impact on team cohesion, patient retention and treatment acceptance. Then stay on for the MAALOX MOMENTS afternoon session to increase your assertiveness skills and confidence in dealing with tough situations and difficult people.



### **DENTURE PATIENT INTO A DENTAL PATIENT**

*Dr. Jeffery Hoos*

Our patients present us with various problems and they turn to us to offer them solutions for the dental problems that plague them every day. When the patient calls our office, most of us have trained our front desk personal to determine if this is an acute problem or a chronic problem. We all understand that tooth aches, broken teeth, and swellings are acute problems. How would you characterize a denture sore or a loose denture?

In my office that denture problem is an acute problem, not to be a sales person, but especially if it is a new patient. This new denture patient is generally someone who has turned to their regular dentist to solve a long standing problem and as we all know, the chronic problem of denture looseness and denture sores are problems that just seem not to go away. We have all seen these patients return time and time again to our offices and only to frustration on the part of the doctor and the patient.

So we have defined the problem; a denture patient that we can not solve their chief complaint of looseness and/or soreness. What is the solution for these chronic patients? Implants have offered us a wonderful way to help these patients and conventional root form implants are fabulous. They give our patients a great solution for

these chronic problems. Root form implants have limitations related to cost, anatomical considerations, health of the patient and the dentist's technical ability. There is also the concept of the length of time for integration and when root form implants can be used. Even though there is much discussion about immediate function of conventional root form implants this is limited to single tooth restorations and multiple placement with a fixed prosthesis. Many patients just cannot afford a multiple root form implant support fixed lower denture.

We now have a solution for these chronic denture problems; Sendax Mini Dental Implants. The IMTEC Corporation has a unique concept for immediate fixation of a patient's denture. This is an implant that is minimally invasive, one stage, and immediate load, therefore immediate function. There is an "O-Ball" design on the implant that works with the MDI "Keeper Cap" that can be easily used with a new or existing denture. The implant is made from Titanium Alloy which is stronger than grade IV CP titanium. They come in three sizes and two different thread designs, one for the maxilla and one for the mandible.

The surgery is quite easy to understand and to do. I would recommend that you take one of their courses to get a background in the protocol. It has been said many times that if you feel comfortable doing surgery in your office that placement of conventional implants can be learned. If you can take out a tooth, then you can place an implant. The IMTEC system implants are easier to place and become involved with. The instrumentation is minimal and cost of the system is much less. You do not need an electric hand piece because you can use your conventional slow speed.

Many times the patient will come to our office with a non satisfactory den-



ture and I am ready to offer the solution of the IMTEC system. We must always remember our informed consent. The BRAN theory: Benefits of treatment, Risks of treatment, Alternative treatments, and NO treatment at all. "If you eat BRAN, everything, will come out ok."

An all important point is that you can not make a bad ill fitting denture work properly with any form of implant. The implants are designed to work with a proper fitting denture and the most important aspect of that is the occlusion. If the implants are subject to improper occlusal forces, they will fail. Your dentures must fit correctly and the implants will offer additional stabilization and increased function.

When a patient comes in with ill fitting denture you must recommend new better fitting dentures before recommending implants. The way we manage this is say: "I am going to make you the best dentures that I can and if we find that you are still having problems with looseness or soreness then we will have to go on the having the IMTEC's but we before we can do that, the dentures have to be done first. I have fallen into the trap of: "doc, can we try the implants first, these teeth are only 5 years old." Sometimes the answer is NO and it is better to past then to have placed implant only to have them fail because you were trying to be a nice guy only to be a "bad" denture because the implants did not work.

Follow the IMTEC protocol exactly as the company describes and do not skip any of the steps when it comes to placement. During placement if the implant is not rock solid then remove it because it will not work. I do all of these cases with just infiltration procedures and always have complete "numbness" for the patient's comfort. Make sure that your patients are also comfortable post operatively by using

the appropriate "pain killers" but you will be surprised how comfortable these patients are after the procedures. We give our patients a Motrin 600mg just before the procedure and then one right after. If you patient is having what seems to be extensive pain then this a sign that something is not correct and you need to evaluate what is going on.

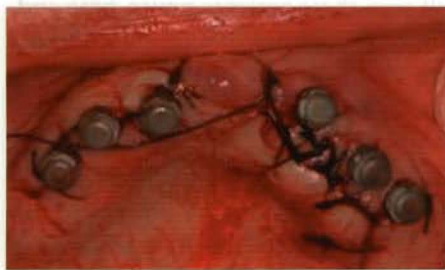
The night of the procedure the patient is called and they are also seen the next day to insure there are no problems that we need to address right away.

The patient comfort is the most important thing because a happy denture patient refers other dentures patients who are having the same kind of problems.

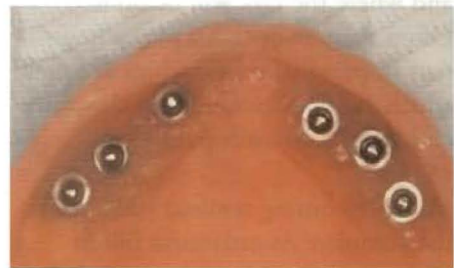
Implant sites marked with a denture marking stick



IMTECs in place with the "keepers" on top, remember the block out tubes....."ask me how I know" In the maxilla sometimes it is necessary to make a flap to know exactly where the bone is located.



Implant keepers in the denture after relining



Tissue completely healed 3 weeks after insertion.



**Come see Dr. Jeffery Hoos on this topic on Saturday, September 17, 2005 from 9 am - 12 pm and 2 - 5 pm. On Friday, September 16, 2005 Dr. Hoos will present Balancing the Art, Science and Business of Dentistry.**



**ERGONOMICS IN PAIN MANAGEMENT, INCLUDING CARPAL TUNNEL SYNDROME FOR DENTAL HYGIENISTS**

Dr. Hal Meador

Previously published literature has documented neuromusculoskeletal



pain in the the dental hygiene community. Back pain occurs more frequently than pain of the wrist and hand, but many painful syndromes of the upper extremities exist. Carpal tunnel syndrome (CTS), the most common of nerve entrapment syndromes, has received the most attention. However, of these published studies, most have focused on identifying and describing the difficulty, rather than determining and eliminating the cause.

In a recent article, an educator states, "It is precisely the textbook instrumentation taught in dental hygiene programs that can lead to CTS." Currently accepted instrumentation techniques involve the almost exclusive use of the intraoral fulcrum, necessitating repetitious wrist movement that possibly contributes neuromusculoskeletal disorders in hygienists. This thinking is in agreement with the author's hypotheses of a causal relationship between currently accepted instrumentation techniques and pain of the wrist and hand. To possibly alleviate neuromuscular skeletal pain, the author proposes the use of the Biocentric Techniques, which was confirmed by questionnaire results to be associated with less neuromusculoskeletal pain in a majority of hygienists who used it. The Biocentric Technique utilizes neutrality of the joints of the upper extremity and alternate use of the large muscles of the arm and shoulder in a work/rest mode.

With the Biocentric Technique, the upper extremity is in the neutral position, when the shoulders are level, the upper arm is vertical, the forearm is horizontal and the hand is inline with the forearm with the palm facing inward. Basic anatomic and physiologic factors explain why the neutral position is the starting point of successful muscle activity. With the joints in neutral, the contents of the sheaths are unimpaired in normal function and

the muscles are in the rest position and the capable of exerting maximum power when stimulated and the contents of the sheaths are functionally impaired, resulting in permanent damage if sustained. These conditions contribute to the many entrapment neuropathies reported, including CTS.

Injury to a nerve trunk in its proximal ramifications can compound injuries to the nerve in its distal locations; this is known as the double crush syndrome. A classic example is a whiplash injury that precipitated CTS symptoms in a previously asymptomatic dentist of 10 years' practice. Elevating the shoulder and upper arm during instrumentation creates a significantly compromised position because of the negative cascade that focuses on the hand.

When beginning a work session, a muscle group should be in its rested state, with a maximum energy reserves and minimum waste products. Under optimal conditions of training and conditioning, any muscle group can operate at maximum effort for only a few minutes before the energy/waste ratio is reverses, fatigue develops and a

recovery period is required to avoid exhaustion. Using the Biocentric Technique, a different muscle group can perform the same work during the mandatory recovery period required for the first muscle group, allowing work sessions to continue. The Biocentric Technique's alternate use of different muscle groups in this work/rest mode can extend the time that maximum effort can be sustained in a work session. In contrast, the two motions common to the Currently Accepted Techniques employ the same patterns of muscle activity. In a heavy work session, all the muscles exhaust the energy reserves concurrently, and no work can be done until the muscles have time to recover. Also, the almost exclusive use of the intraoral fulcrum necessitates repetitious wrist movement, which triggers activity of the intrinsic muscles of the hand and contributes to the exhaustion of energy reserves.

**Want to learn more? Come learn from Dr. Hal Meador on Saturday September 16, 2005 from 8:30 – 11:30am (lecture portion) and Friday and Saturday for Hands-On sessions.**

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SPEAKERS PRESENTING AT THE 136TH  
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**SEE YOU IN RICHMOND!**



# 2005 VDA Meeting Schedule

## Wednesday, September 14, 2005

12pm - 6:30pm Golf Tournament and Reception at the Crossings Golf Club

## Thursday, September 15, 2005

7:00 - 5:00pm Registration  
 7:15 - 7:45am Credentials Committee  
 7:45 - 8:15am House of Delegates Registration  
 8:15 - 10:15am Opening Session & House of Delegates  
 8:00 - Noon "Total Esthetics for the Everyday Practice" \*  
 Dr. Mitch Conditt  
 10:30am Reference Committee 1000 Reports  
 12:00pm Reference Committee 2000 Reports  
 1:00pm Reference Committee 3000 Reports  
 1:00 - 5:00pm "Mastering the Art of Cosmetic & Restorative Dentistry: A Technician's Perspective" \*  
 Robert Marbach  
 4:00pm Constitution and Bylaws Committee  
 4:30 - 6:30pm VAGD Board Meeting  
 6:00 - 11:00pm ACD Dinner & Dance  
 8am - 5:00pm Virginia Board of Dentistry

**The Virginia Academy of General Dentistry is proud to be the co-sponsor with the VDA of both the Thursday, September 15, 2005 CE sessions**

## Friday, September 16, 2005

7:00 - 5:00pm Registration  
 7:30 - 8:30am VAGD Breakfast  
 8:00am VDAA 1st and 2nd

House Meeting  
 8:00 - 5:00pm Laser Lab  
 8:00 - 11:00am "Diagnosis and Treatment of Medical Emergencies in the Dental Setting" \*  
 Dr. Brian K. Smith  
 8:00 - 11:00am "Balancing the Art, Science and Business of Dentistry" \*  
 Dr. Jeffery C. Hoos  
 8:00 - 11:00am "The Dental Dream Team"  
 Suzanne Boswell  
 8:30 - 11:30am "The Top 10 Crown & Bridge Mistakes: How to Correct and Prevent Them" \*  
 Dr. Michael DiTolla  
 8:30 - 11:30am "Ergonomics in Pain Management Including Carpal Tunnel Syndrome for Dental Hygienists" \*  
 Dr. Hal Meador  
 8:30 - 11:30 am "Lasin' is Amazing" \*  
 Dr. Stewart Rosenberg  
 9:00 - 12:00pm Hands-On "Perio Surgery for the General Dentist" \*  
 Dr. Jim Grisdale  
 9:00 - 12:00pm "Enhancing Dental Professionals Response to Domestic Violence" \*  
 Janett Forte  
 9:00 - 12:00pm "Watercolors Thru the Eyes of a Dentist"  
 Dr. W. Baxter Perkinson, Jr.  
 9:00 - 4:00pm VDA Logo Shop Open  
 9:00 - 7:30pm Exhibit Hall Open  
 10:00 - Noon "Adult Heartsaver CPR"  
 Vivian Biggers  
 10:00 - 2:00pm Alliance Board Meeting  
 11:30 - 1:00pm Fellows Lunch  
 11:30 - 1:30pm ACD Luncheon for Learning  
 1:00 - 4:00pm "HIPAA: The Current Issues"  
 Colleen Johnson, J.D.  
 1:00 - 4:00pm "Diagnosis and Treatment of Medical Emergencies in the Dental Setting" \*  
 Dr. Brian K. Smith  
 (continuation of morning session)  
 1:00 - 4:00pm "Balancing the Art,

Science and Business of Dentistry" \*  
 Dr. Jeffery C. Hoos  
 (continuation of morning session)  
 1:00 - 4:00pm "Maalox Moments"  
 Suzanne Boswell  
 1:30 - 3:30pm "CPR Training"  
 Vivian Biggers  
 1:30 - 4:30pm "The Top 10 Crown & Bridge Mistakes: How to Correct and Prevent Them" \*  
 Dr. Michael DiTolla  
 (continuation of morning session)  
 1:30 - 4:30pm Hands-On "Ergonomics in Pain Management Including Carpal Tunnel Syndrome for Dental Hygienists" \*  
 Dr. Hal Meador  
 1:30 - 4:30pm "Lasin' is Amazing" \*  
 Dr. Stewart Rosenberg  
 2:00 - 5:00pm "Enhancing Dental Professionals Response to Domestic Violence" \*  
 Janett Forte  
 (continuation of morning session)  
 2:00 - 5:00pm Hands-On "Perio Surgery for the General Dentist" \*  
 Dr. Jim Grisdale  
 (continuation of morning session)  
 2:00 - 5:00pm "Watercolors Thru the Eyes of a Dentist"  
 Dr. W. Baxter Perkinson, Jr.  
 2:00 - 3:30pm Speaker of the House Hours  
 3:00 - 5:00pm "Managed Care"  
 Questions & Answers  
 Tom Bridenstine  
 4:00 - 6:00pm VDSC Board Meeting  
 5:00 - 6:00pm MCV/VCU Reception  
 6pm - 7:30pm VDA Party

## Saturday, September 17, 2005

7:00 - 5:00pm Registration  
 7:30 - 8:30am ICD Breakfast  
 8:00 - 3:00pm Exhibit Hall Open  
 7:00 - 8:00am VAE Board Meeting  
 8:00 - 5:00pm Laser Lab



8:00 - 11:00am *“Restorative Materials: What, When, Where and How”* \*  
Dr. Charles Wakefield  
(ADPAC Course)

8:00 - 11:00am *“21st Century Solutions for Endodontic Success”* \*  
Dr. George Bruder

8:00 - 11:00am Hands-On *“Ergonomics in Pain Management Including Carpal Tunnel Syndrome for Dental Hygienists”* \*  
Dr. Hal Meador

8:30 - 11:30am *“Planning in a Time of Tax Law Change”*  
Alan Cates

8:30 - 11:30am *“Dam It, Its Easy”* \*  
Mary Costello  
(workshop)

8:30 - 11:30am *“Risk and Practice Management”*  
Gerald Canaan/David Lionberger

9:00 - 12:00pm *“Changing your Denture Patient into a Dental Patient”* \*  
Dr. Jeffery Hoos

9:00 - 12:00pm *“Simple Implant Restoration”* \*  
Dr. Ira Schecter

9:00 - 12:00pm Hands-On *“Perio Surgery for the General Dentist”* \*  
Dr. Jim Grisdale  
(continuation of Friday’s session)

9:00 - 12:00pm *“New Non Surgical Approaches for Treating Moderate to Severe Periodontitis”* \*  
Dr. John Novak

9:00 - 4:00pm VDA Logo Shop Open  
11:30-1:30pm Pierre Fauchard Lunch  
Noon - 2:00pm CDHS Lunch & Meeting

1:00 - 4:00pm *“Restorative Materials: What, When, Where and How”* \*  
Dr. Charles Wakefield  
(continuation of morning session)

1:00 - 4:00pm *“21st Century Solutions for Endodontic Success”* \*  
Dr. George Bruder

(continuation of morning session)

1:00 - 4:00pm Hands-On *“Ergonomics in Pain Management Including Carpal Tunnel Syndrome for Dental Hygienists”*  
Dr. Hal Meador  
(continuation of morning session)

1:30 - 4:30pm *“Dam It, Its Easy”*  
Mary Costello

2:00 - 5:00pm *“Changing your Denture Patient into a Dental Patient”* \*  
Dr. Jeffery Hoos  
(continuation of morning session)

2:00 - 5:00pm *“Simple Implant Restoration”* \*  
Dr. Ira Schecter  
(continuation of morning session)

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Dr. Jim Grisdale  
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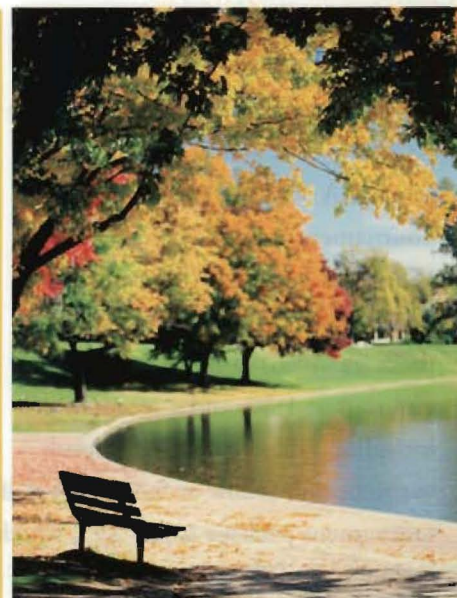
4:30 - 6:00pm Relief Fund

6:00 - 9:00pm VDA President’s Party

**Sunday, September 18, 2005**

7:30 - 8:30am Past President’s Breakfast  
7:30 - 9:00am Voting  
8:00am VDAA 1st and 2nd House  
8:00 - 9:00am Meeting and HOD Registration  
8:00 - 9:00am American College of Prosthodontists  
9:00 - 11:00am Old Dominion Dental Society Board Meeting  
9:00 - 10:00am VDA Business Meeting

10am - 1:00pm House of Delegates  
1pm - 3:00pm Board of Directors



**CE Announcements:**

The meeting schedule is current as of May 24, 2005. Please double check event times when you get to the meeting for any changes.

Please Note: Courses that are suitable for VA Dental Board continuing education credit are indicated by an \*.

Due to limited seating in all continuing education lectures, seating will be available on a “first come, first serve” basis.



The VDA is recognized as a certified sponsor of continuing education by both the ADA CERP and the Academy of General Dentistry.



# 2005 VDA Meeting Events

## VDA 11th Annual Golf Tournament

Wed, September 14 - Noon - 6:30pm

Join VDA for the 11th Annual Golf Tournament at the Crossings Golf Club. Box lunches will be served and the driving range will be available (balls included) at noon, with a shotgun start at 1:30, and a reception, including grilled chicken and pork barbecue will follow at 5:30. Your golf tournament package is just \$95, which includes all of the activities listed above, a cart and green fees. This annual event is open to all registered attendees, spouses/guests, exhibitors and sponsors.

This Joe Lee designed championship course features rolling fairways that are bordered by dense forest and strategically placed bunkers. The front nine offers several holes that begin with an elevated tee shot to the landing area below. The back nine layout tests your skill of golf by including water on four of the last six holes. The Crossings is the #1 public golf course in Richmond with the most playable and scenic championship tests of golf in the area. For more information call 804-261-0000.



## ACD Dinner Dance

Thu, September 15 - 6 p.m. - 11 p.m.

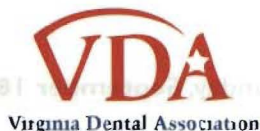
The Virginia Section of the American College of Dentists will host their annual dinner and dance on Thursday, September 15 from 6 - 11 p.m. Members of the College will receive additional information and separate registration material from the Virginia Section of the American College of Dentists for this event. **All attendees are invited to join the fun after the dinner meeting is concluded.**

## VDA Logo Shop

Fri, September 16 - 9 a.m. - 4 p.m.

Sat, September 17 - 9 a.m. - 4 p.m.

Come and shop! Check out all the wonderful items that the VDA has for sale this year at the VDA Annual Meeting. The VDA Logo shop will be located outside the exhibit hall.



## ACD Luncheon for Learning

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 7th annual ACD Luncheon for Learning\**  
Fri, September 16  
11:30 a.m. - 1:30 p.m.  
\$40

### Table Topic

- 1 Radiologic-Pathologic Correlations  
*Dr. Laurie Carter,*
- 2 Intro to Neuromuscular Dentistry  
*Dr. Dave Kiger*
- 3 "LAVA" Metal Free Restoration Utilizing CAD/CAM Technology  
*Mr. Brian Yochum*
- 4 Osteonecrosis of the Jaws & Bisphosphonate Drug Therapy: What Dentists Needs to Know When Treating These Patients  
*Dr. Brian McAndrew*
- 5 Topic TBA  
*Dr. John Wohlford*
- 6 Topic TBA  
*Dr. Matt Cooke*
- 7 Adhesive Dentistry: Myth or Magic  
*Dr. Fred Certusimo*
- 8 Bleaching Update 2005  
*Dr. Mike Dishman*
- 9 Embezzlement: It Could Happen To You  
*Dr. Bill Bennett*



## MCV/VCU School of Dentistry Alumni Reception

Friday, September 16 – 5 p.m. – 6 p.m.

Please join the VCU School of Dentistry and MCV Alumni Association for a special wine tasting. Enjoy some of the Commonwealth's bounty including beverages from Virginia wineries. Admission is FREE to all attendees.



## VDA Party

Fri, September 16 – 5:30 p.m. - 7 p.m.  
FREE (with conference badge)

Bring the entire family and enjoy an evening of fun and fellowship. Visit with old friends and meet vendors. **Many vendors will be offering discounts on products and services.** Be sure to stop by the Virginia Dental Health Foundation's fundraiser! The VDHF is busy planning a fun event to raise money to support the Mission of Mercy (MOM) and Donated Dental Services (DDS) programs. Be sure to help a great cause by checking out the VDHF fundraiser!

## Special Tours of VCU School of Dentistry

Sat, September 17 – 2 pm – 4 pm

### Free to All Attendees

Visit the VCU School of Dentistry 520 North 12th Street from 2 pm -4

pm, Saturday, September 17th. Come see how technology is shaping the future of dental education. DentSim demonstrations with faculty members and student led tours of the renovated facilities will give you a picture of the future of dental education.

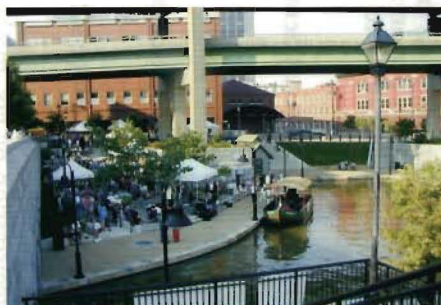
## VDA President's Party

Saturday, September 17 – 6 p.m. – 9 p.m.

*The Richmond Canal Walk*

Cost - \$20 for adults and \$5 for kids ages 6 to 17. Kids under 6 FREE.

Join VDA President Dr. Bruce Hutchison for an evening of fun, excitement, music and food at the Richmond Canal Walk, located in the heart of Richmond. Enjoy the sites and sounds of this historical area and tour the canal system on a guided boat tour. Be entertained by Flat Elvis- a local band featuring three VDA members (Bryan Bassington and Jose Gallegos of Richmond and Ray Hanley of Williamsburg). Transportation from the hotel will be provided, so be sure to bring the entire family and spend the evening Rediscovering Richmond! Leave the coats and ties at home!



Photograph courtesy of the Richmond River District

## Sunday Brunch At the Jefferson Hotel

Sunday, September 18, 10:30am  
\$38 adult; \$19.95 for ages 6-12,  
FREE for 5 and under



Sunday Brunch at the Jefferson is a Richmond tradition. Enjoy a lovely champagne brunch in the Rotunda Lobby

at the Jefferson Hotel while you wait for your spouse to finish VDA business on Sunday morning. Meet in the Marriott Lobby at 10am for rides over to the Jefferson Hotel. Payment due directly to the Jefferson Hotel on the morning of the brunch. Limited reservations are available so register by August 31. If you find that you need to cancel your reservations, please contact the VDA before September 9th.



Above and below Photographs courtesy of the Richmond River District





## REGISTRATION GUIDELINES:

- Registration materials will be sent to the Primary Registrant. Make the Primary Registrant the first entry on the registration form.
- Registrations deadlines:  
 August 31 - Pre-Registration deadline  
 August 31 - Requests for Refunds/  
 Cancellation deadline  
 September 15 - Onsite Registration  
 Begins At Marriott
- All refund requests must be submitted in writing; conference badges must accompany request. Workshops and Special Events are not refundable. All refunds are subject to a \$10 per registrant fee. Refunds will be processed after the conference.
- Print names clearly, include preferred first name for each person.
- Select registration category and enter corresponding letter for each person registering. Include appropriate fee according to registration date.
- Dentists may only register as dentists. Dentists may not register as guests.
- Badges must be worn and visible at all times.
- Ticketed events are on a first-come, first-served basis.
- Registration will not be processed until payment is received.
- Submit registration by fax, mail or online at [www.vadental.org](http://www.vadental.org).
- No registrations will be accepted by phone or email.

### Special VCU Tours -

Visit the VCU School of Dentistry at 520 North 12th Street from 2 pm -4 pm on Saturday, September 17. Come see how technology is shaping the future of dental education. DentSim demonstrations with faculty members and student led tours of the renovated facilities will give you a picture of the future of dental education.

## INDIVIDUAL TICKETS:

Code	Workshop Title	Cost (VDA/AGD)	Code	Event Title	Cost
01	Total Esthetics for the Everyday Practice Thursday, 8:00 a.m. - Noon	\$95/\$95	23	Planning in a Time of Tax Law Change Saturday, 8:30 a.m. - 11:30 a.m.	Badge
02	Mastering the Art of Cosmetic & Restorative Dentistry Thursday, 1:00 p.m. - 5:00 p.m.	\$95/\$95	24	Dam It, It's Easy - Hands On Saturday, 8:30 a.m. - 11:30 a.m. (Beginning)	\$25/\$45
03	Diagnosis and Treatment of Medical Emergencies in the Dental Setting Friday, 8:00 a.m. - 11:00 a.m. and Friday, 1:00 p.m. - 4:00 p.m.	Badge	25	Saturday, 1:30 p.m. - 4:30 p.m. (Advanced)	\$25/\$45
04	Balancing the Art, Science and Business of Dentistry Friday, 8:00 a.m. - 11:00 a.m. and Friday, 1:00 pm - 4:00 pm	Badge	26	Risk and Practice Management Saturday, 8:30 a.m. - 11:30 p.m.	Badge
05	The Dental Dream Team Friday, 8:00 a.m. - 11:00 a.m.	Badge	27	Changing Your Denture Patient into a Dental Patient Saturday, 9:00 a.m. - 12:00 p.m. and Saturday, 1:00 a.m. - 4:00 p.m.	Badge
06	The Top 10 Crown & Bridge Mistakes Friday, 8:30 a.m. - 11:30 a.m. and Friday, 1:30 p.m. - 4:30 p.m.	Badge	28	Simple Implant Restoration Saturday, 9:00 a.m. - 12:00 p.m. and Saturday, 2:00 p.m. - 5:00 p.m.	\$295/\$395
07	Economics in Pain Management Friday, 8:30 a.m. - 11:30 p.m. Lecture	Badge	29	New Non Surgical Approaches for Treating Moderate to Severe Periodontitis Saturday, 9:00 a.m. - 12:00 p.m. and Saturday, 2:00 p.m. - 5:00 p.m.	Badge
08	Friday, 1:30 p.m. - 4:30 p.m. Hands On	\$125	30	Adult Heartsaver CPR Friday, 10:00 a.m. - Noon	\$35/\$50
09	Saturday, 8:00 a.m. - 11:00 a.m Hands On	\$125	31	Friday, 1:30 p.m. - 4:00 p.m.	
10	Saturday, 1:00 p.m. - 4:00 p.m Hands On	\$125			
11	Lasin' is Amazing Friday, 8:30 a.m. - 11:30 a.m. or Friday, 1:30 p.m. - 4:30 p.m.	Badge			
12					
13	Perio Surgery for the General Dentist - Hands On Friday, 9:00 a.m.- 12:00 p.m. and Friday, 2:00 p.m. - 5:00 p.m. and Saturday, 9:00 a.m - 12:00 a.m and Saturday, 2:00 p.m. - 5:00 p.m	\$895/\$995			
14	Enhancing Dental Professionals Response to Domestic Violence Friday, 9:00 a.m. - 12:00 p.m. and Friday, 2:00 p.m - 5:00 p.m	Badge			
15	Water Colors Thru the Eyes of a Dentist Friday, 9:00 a.m. - 12:00 p.m. or Friday, 2:00 p.m. - 5:00 p.m.	Badge			
16					
17	HIPAA: The Current Issues Friday, 1:00 p.m. - 4:00 p.m.	Badge			
18	Maalox Moments Friday, 1:00 p.m. - 4:00 p.m.	Badge			
19	Managed Care - Questions and Answers Friday, 3:00 p.m. - 5:00 p.m.	Badge			
20	Laser Lab Friday & Saturday, 8:00 a.m - 5:00p.m.	Badge			
21	Restorative Materials: What, When, Where and How (ADPAC Course) *Governor's Club or Apollonia Club* Half Price Saturday, 8:00 a.m. - 11:00 p.m. and Saturday 1:00 a.m. - 4:00 p.m.	\$100/\$125 \$50/\$75			
22	21st Century Solutions for Endodontics Success Saturday, 8:00 a.m. - 11:00 a.m. and Saturday, 1:00 p.m. - 4:00 p.m.	Badge			

## VDA EVENT TICKETS:

Code 40	VDA Golf Tournament Wednesday, Noon - 6:30 p.m. The Crossings Golf Course	\$95/\$120
Code 41	Fellows Lunch* Friday, 11:30 a.m. - 1:00 p.m.	\$30
Code 42	VDA Friday Night Party Friday, 5:30 p.m. - 7:00 p.m.	Badge
Code 43	President's Party at the Canal Walk Saturday, 6:00 p.m. - 9:00 p.m.	(a) Adults - \$20/ (b) Children - \$5
Code 44	Past President's Breakfast* Sunday, 7:30 a.m. - 8:30 a.m.	Badge
Code 45	Brunch at the Jefferson Hotel Sunday, 10:30 am	\$38

## AFFILIATE EVENT TICKETS:

Code 50	VAGD Breakfast* Friday, 7:00 a.m. - 8:30 a.m.	Badge
Code 51	ACD Lunch For Learning** Friday, 11:30 a.m. - 1:30 p.m.	\$40
Code 52	MCV/VCU Reception Friday, 6:00 p.m. - 7:00 p.m.	Badge
Code 53	ICD Breakfast* Saturday, 7:30 a.m. - 8:30 a.m.	Badge
Code 54	Pierre Fauchard Luncheon* Saturday, 11:30 a.m. - 1:30 p.m.	\$40

\* Only members of those groups are allowed to attend functions.  
 \*\* Please indicate table selections in the box below.



**REGISTRATION FORM**  
 136th Annual Meeting of the Virginia Dental Association  
 September 14-18, 2005 - Richmond, Virginia

**2 Practice Specialty:**  
 (Dentist Only)

**3 Registration Category:**  
 Attending dentists may only register as a dentist.

**ACD Luncheon For Learning:**

Only Fill Out Preferences If You Are Attending the Luncheon (Code 42)

Please Print Clearly!

**1 Send Registration Materials to:**

Office Name \_\_\_\_\_  
 Primary Registrant \_\_\_\_\_  
 ADA Number \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

	(on or before 8/31/05)	(after 8/31/05)
(A) First Time Attendees	\$70*	\$170
(B) VDA Member Dentist	\$140	\$190
(C) ADA Dentist (non-VDA)	\$250	\$300
(D) Non-Member Dentist	\$450	\$500
(E) Dental Hygienist	\$55	\$65
(F) VDAA Member Assistant	\$25	\$35
(G) Non-VDAA Member Assistant	\$35	\$45
(H) Other Office Staff	\$35	\$45
(I) Lab Technician	\$35	\$45
(J) Dental, Hygiene & Assisting Student	\$0	\$0
(K) Spouse/Guest/Retired/Life	\$0	\$0
(L) Exhibitor	\$0 (paid booth fee)	\$0 (paid booth fee)
(M) VAGD Dentist (non-VDA)	\$200	\$250

- (A) Radiologic-Pathologic Correlations
- (B) Introduction to Neuromuscular Dentistry
- (C) LAVA
- (D) Drug Therapy
- (E) Dr. John Wohlford - Topic TBA
- (F) Dr. Matt Cooke - Topic TBA
- (G) Adhesive Dentistry
- (H) Bleaching
- (I) Embezzlement

Choices: 1st \_\_\_\_\_  
 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Refund If Choices Are Not Available.

**4 Names For Badges:**

(print or type - please be neat, errors can lead to delays in processing.)

(List Primary Registrant On First Line - List dentist's name first if attending)

**5 Registration:**

**6 Individual Tickets:**

**7 VDA and Affiliate Event Tickets:**

**8 Totals:**

	Category	Fee	Code/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 Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Refunds: Amount: \_\_\_\_\_

Check  CC

Refund in DB by \_\_\_\_\_

Reason for Refund \_\_\_\_\_

**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 \_\_\_\_\_

(as it appears on card)

On The Web:

[www.vadental.org](http://www.vadental.org)

Visit our Web site to register or for updated information.

Mail To: Before August 31, 2005!

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 August 23rd.

**10**

**Grand Total:**

\$ \_\_\_\_\_



# Sponsor & Exhibit Information

Please take a moment to recognize this year's sponsors of the 136th Annual Meeting of the Virginia Dental Association. Please note that this is up to date as of June 21, 2005.

## Master Sponsor of 11th Annual Golf Tournament

SunTrust Bank

## 11th Annual Golf Tournament

Virginia Dental Laboratories, Inc.

## Master Sponsor of President's Party

Goodwin Dental Lab, Inc.

## President's Party

New England Handpiece Repair, Inc.

## Master Sponsor of VDA Party

Patterson Dental Supply, Inc.

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## 137TH ANNUAL MEETING OF THE VIRGINIA DENTAL ASSOCIATION

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Designs For Vision, Inc.

Direct Reimbursement

Discus Dental, Inc.

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Dynamic Dental Systems

E-N Computers

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HPSC Financial Services

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Products

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Oral B

ORASCOPTIC

Paul Banditt Inc.

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**Patterson Dental Supply**

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Educational and Training Center

Pittman Dental Laboratory

Planmeca, Inc.

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Dental Group

Premier Dental Products Company

Procter & Gamble

Prodentec

Professional Practice Consultants, Ltd.

Professional Sales Associates, Inc.

R.K. Tongue Co., Inc.

RGP Dental

Scott Insurance

Sheer Vision Inc.

Smiles for Children

Sonicare/Philips Oral Healthcare

Sullivan-Schein Dental

Sunstar Butler

Surgitel/General Scientific Corp.

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TAK Systems

Televox Software, Inc.

Tuttner USA & PDT Instruments

Ultradent Products, Inc.

VADPAC/VDHF

Virginia Dental Assistants Association

Virginia Dental Services Corporation\*

## Exhibit Hours

Friday, September 16 - 9am - 6:30 pm

Saturday, September 17 - 8am - 3pm

\*VDA/VDSC endorsed programs

The exhibitors in bold are 2005 sponsors

Paid exhibitors as of May 25, 2005



# We're working harder to make protecting your employees and their families easier.



Good employees want good coverage for their families. Protecting your employees by providing quality health benefits can be the key to keeping them happy and productive.

As a member of the Virginia Dental Association, you could get special, cost-saving features through Anthem Blue Cross and Blue Shield on plans designed specifically for you. Your job gets easier, it may cost less than you think and you get everything from one company with one call.

Learn more about how we can help you by calling Larry Bedsole with B & B Insurance Associates, Inc. at 877-832-9113.



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
As a doctor it's not something you care to think about, but it's something you have to. In this day and age when the barbarians are at the lawsuit lotto gates, who's going to protect you when they come crashing in? At GE Insurance Solutions our first line of defense is to see that your medical malpractice case never goes to trial. 75% of the cases we handle are dismissed. That said, when we do go to trial, we go to win. And win we do. 91% of the time. Defense. Strength. Longevity. Wisdom. These are the virtues we stand for. These are things that make GE Insurance Solutions the nation's premier medical malpractice insurer.

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**DENTAL SERVICES**  
Corporation



## **A Tax Provision that Provides for Significant Retirement Savings for the Self-Employed**

### **A look at Section 412i Plans**

Larry Bedsole, Jr., B&B/VDSC Insurance Agency

For nearly 30 years, Dr. Ken Barlow has worked hard at building himself a successful career as the owner of a very busy dental practice. Only recently however has he had the opportunity to think about his long term financial future. Naturally he is concerned about his family. What would happen if he were to die prematurely? How would they maintain their standard of living? Ken is also concerned about his standard of living during his retirement years. Currently at age 58 he would like to retire in the near future, but is that possible? If so how can he maximize his retirement income or perhaps maximize his retirement contributions in such a short time frame? And, finally how can Ken help his employees with their retirement planning efforts?

As a business owner, if you want a retirement plan that can maximize current deductions, provide benefits that are guaranteed and at a cost that will not fluctuate based on investment performance then a Section 412i plan may be the solution for you. The plan works best for employers with 10 or less employees, making it a perfect fit for many dental offices.

A Section 412i plan is a qualified defined benefit retirement plan funded exclusively with an annuity or with a combination of annuity and life insurance contracts. Employee retirement benefits are determined by any number of available methods (for example, a percentage of income). This targeted benefit is then funded on an insurance company's product guarantees -- not based on actuarial certification as with most defined benefit plans. The products supporting these plans provide guaranteed cash values, death benefits and retirement income.

The Section 412i plan is a type of defined benefit qualified plan; therefore it is subject to the same benefit limitations as any other defined benefit plan. The funding vehicles for the plan are fixed annuity and fixed life insurance contracts. All of the funding mechanisms are guaranteed by the insurance carrier that underwrites the contracts. The benefit that a plan participant can receive at retirement age is defined and cannot go over a certain dollar amount.

Throughout the life of the plan, an employer may only make contributions on behalf of the employee totaling \$42,000. Plan participants however, are able to make contributions up to \$172,000 per year (this annual maximum is current in 2005) with pre-tax dollars. By having the annual maximum for participant contributions at \$172,000, Dr. Barlow, from the example above, will be able to make large contributions to his Section 412i plan each year until he reaches his desired retirement age of 65. This will allow him to save significant assets into his plan in only a few years time, making it the ideal way for him to prepare for his upcoming retirement. Dr. Barlow likes the idea because the contributions are tax deductible and the plan is guaranteed through the carrier and its annuity and life program.

*As illustrated above, a Section 412i plan can have significant benefits for dentists who are self-employed and interested in preparing for their retirement. The plan is ideal for those who are well established and ready to save pre-tax dollars for their retirement. If you are interested in finding out more about Section 412i plans, or for any other insurance needs, please contact the only agency endorsed by the VDSC, B&B Insurance at 877-832-9113.*





# COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

PATRICK W. FINNERTY  
DIRECTOR

SUITE 1300  
600 EAST BROAD STREET  
RICHMOND, VA 23219  
804/786/7933  
800/343/0634 (TDD)  
www.dmas.virginia.gov

May 16, 2005



**Smiles For Children**  
Improving Dental Care Across Virginia

Dear Virginia Dental Provider:

We are writing to let you know there is a brand new day in Virginia for dental services provided to Medicaid, FAMIS, and FAMIS-Plus children.

Over the past year, we have been working together to develop a new Medicaid/FAMIS dental program. Today, we are very excited to announce that the new program, called **Smiles for Children**, will be implemented on July 1, 2005. After listening to dentists' concerns about the current program, **Smiles for Children** has been designed to be more provider-friendly, deliver vastly improved customer service, and most importantly, improve access to care. And, there is an overall increase in fees of 30% (28% overall increase in July, 2005; and an additional 2% in May, 2006).

**Smiles for Children** is an entirely new program with significant changes:

- ✓ 30% overall increase in fees!
- ✓ Dental services for all children are coordinated by a single administrator
- ✓ No more switching between Managed Care Organizations (MCOs) and fee-for-service
- ✓ Dedicated call center
- ✓ Flexible billing; prompt payment; industry-standard administration
- ✓ Flexible panel size (you determine the number of patients)
- ✓ Fee-for service reimbursement
- ✓ Streamlined authorization requirements and simplified credentialing process

We have worked very hard to design a program that meets your needs. The Governor and General Assembly have been very supportive. Now, we need your help. To be successful, we need as many dentists as possible to participate in **Smiles for Children**. In the coming weeks, the new program administrator, Doral Dental USA, will be sending you information on how to become a participating provider. Please review the information carefully and sign up. With your help, together, we can improve the oral health of Virginia's children.

Sincerely,

Bruce R. Hutchison, D.D.S.  
President  
Virginia Dental Association

Monroe E. Harris, Jr., D.M.D.  
President  
Old Dominion Dental Society

Patrick W. Finnerty  
Director  
DMAS



## A Grand Awakening

By Dr. Sheri Doniger

“Don’t you do background checks on your employees?” — not the first thing I expected from the police officer to whom I had given a state identification number, but no less of a shocker when I heard the news.

But as all good stories don’t begin almost at the end, let’s begin at the beginning. My practice is a very small, one-doctor operation. I have had one dental assistant and one office manager/front desk person for years. We are not a mega-operatory, multifunctional facility. We are one doctor with one operatory. It’s certainly not what all the practice-management professionals want your office to look like. That said, I have hired team members based on their written applications and my gut instincts. If I feel I am able to work with someone and she is willing to work with the parameters of my office hours, we’ll usually agree upon a salary and a starting date. Since my office is small and used only three days per week (I hear the gurus gasping!), we have unique time qualifications for our team.

Approximately six months ago, I hired a new business manager. On paper, she came highly qualified with experience in both medical and dental offices in the vicinity, one of which was a highly noted pediatric dental office not far from ours. She interviewed very well and knew all the right things to say at all the right times. After we hired her, she didn’t need much training from my former business manager. She had dental experience and was familiar with the language and operations of a dental office. She seemed to take on the office responsibilities fairly quickly.

Over the next few months however, she exhibited an inability to grasp some basic tenets of our office (of course, all offices are different). Our office runs the way I like it to run — which may or may not be like someone else’s — with our systems down to, what I thought, made it a functioning machine. I may have been more lenient than most


dentists in waiting to discuss these issues with her because she had some medical problems crop up. So, I was patient.

Upon approaching her with the errors, she said, “OK, OK,” nodded and appeared to be hearing my corrections to her mistakes. She took notes during team meetings. We even had a signed document to the effect, “just in case you missed this part of the oral and written training, I want you to know how I really want things to go in the office.” I am not saying things were missing, rather that things were not done to my liking. And, as we all know, if we, the owner-dentists, can’t be the kings or queens of the little fiefdoms of our dental practices, then no one deserves that right.

I had scheduled a trip to the Yankee Dental Meeting, but never left my city because of the horrible weather at Logan. My new business manager was supposed to cover the office that Thursday, but she never made it. She called neither me nor my assistant, who would have gone in her place. The phone went unanswered and the messages from the service were not returned. She had several excuses — too many to list — but they didn’t make up for her not being there. By this point, I was thoroughly frustrated. I had been considering dismissing her for about two weeks, but since she had so many medical issues, I gave her the benefit of the doubt. She did confess that she had other things on her mind and she would be better from then on. My husband didn’t want me to dismiss her because he felt she needed the job. But it was my husband who finally asked me to have her state ID checked.

I went to the office on Saturday only to hear a patient’s voice mail: “This is Pat; my VISA card has been used incorrectly. Please do not put any more charges on it.” I called the police and I’m glad I did. A policeman arrived and I handed him the copy of my business manager’s





**You can't hear this ad,**  
but it's here to tell you how thousands of customers  
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expired state ID. He called it in and, within two minutes, said those fateful words that began this article. Apparently, my employee had outstanding arrest warrants for larceny, theft, traffic violations, and now — here's where it gets very tricky — credit card and check fraud. Because the last warrant was more than 10 years ago, they didn't know if it was credit card fraud or check fraud, but needless to say, she needed to be arrested. The officer explained the process. I would call in Monday morning and a policeman would come to the office, arrest her, and take her away. Simple? Well, yes, but not emotionally.

You never look into someone else's pocketbook, but we could never understand how this woman, supposedly separated from her husband, could afford a large-screen TV, new furniture, and a diamond ring. The next thing I did that day was cancel my personal VISA account. Yes, my team has access to my charge account in case they order something for the office that needs immediate payment. The second thing I did was to call my patient to see if the bank that issued her VISA card could start a trace on the fraudulent charges.

On Monday morning, under the guise of an office meeting, we all sat in the small reception area of my office. Within minutes, two policemen arrived, arrested my office manager, asked her to return any items that belonged to me (such as door keys), and led her out.

She was booked on several outstanding warrants, paid bail, and was released on her own recognizance. She told lie upon lie to the police. Her lies ranged from the way she traveled to work — since she had no way to get a drivers license with all her outstanding warrants, she was not supposed to be driving — to her actual function at our office. She had several other claims, all false. She had two IDs on her, but we never found out which one represented her true identity. In all, it was quite an eye-opening experience.

That week, I also closed my office checking account even though I had no checks at the office. But, we did have bank deposit slips. The bank president told me that since the bank personnel were so familiar with her making office deposits, nothing would have stopped her from asking the

personal bankers for some "desk checks" or blank checks with the account number typed on them. She could have obtained them under the guise of "The doctor needs a check immediately."

To the best of my knowledge, she didn't take any personal identity information from me or my patients. But, there is a concern about all the things she had access to during her tenure. Think about it — we are entrusted with patients' social security numbers, credit card numbers, and several other forms of personal identification that are necessary when establishing (or stealing) someone's identity. Only time will tell if anything was taken, and even then we may never know.

As I stated from the beginning, mine is not a mega-practice with consultants imposing their vast knowledge of management. We all learn from our mistakes, so I consulted an attorney. From now on, my application for employment will have a clause allowing our office to perform a background check on any potential employee. The candidate will either agree to it or look for employment elsewhere.

One final thought: When I informed my husband that I wanted to write about my experience with this whole mess, he asked if I was going to use my name. My attitude was that I had nothing to hide. I have a small practice — very inconsequential compared to the larger, more productive practices out there. Nevertheless, there may be many more offices — operating without the benefit of seven employment experts interviewing job candidates — that may benefit from my experience. Somehow, I do not feel I'm alone in the way I operate my office. I hope this is over, but fear it may not be. Clearly, the experience made me more aware of our social environment and its realities.

*Reprinted with permission from the May 2005 edition of Dental Economics.*



# 2005 VDHF Donors

*Thank you to all of the VDA Members who have donated to the VDHF during 2005! Through contributions with Annual Statements and from the 2005 Mailer Campaign, VDA members have donated over \$19,000 to the Foundation! Your contributions are greatly appreciated. Thank You!*

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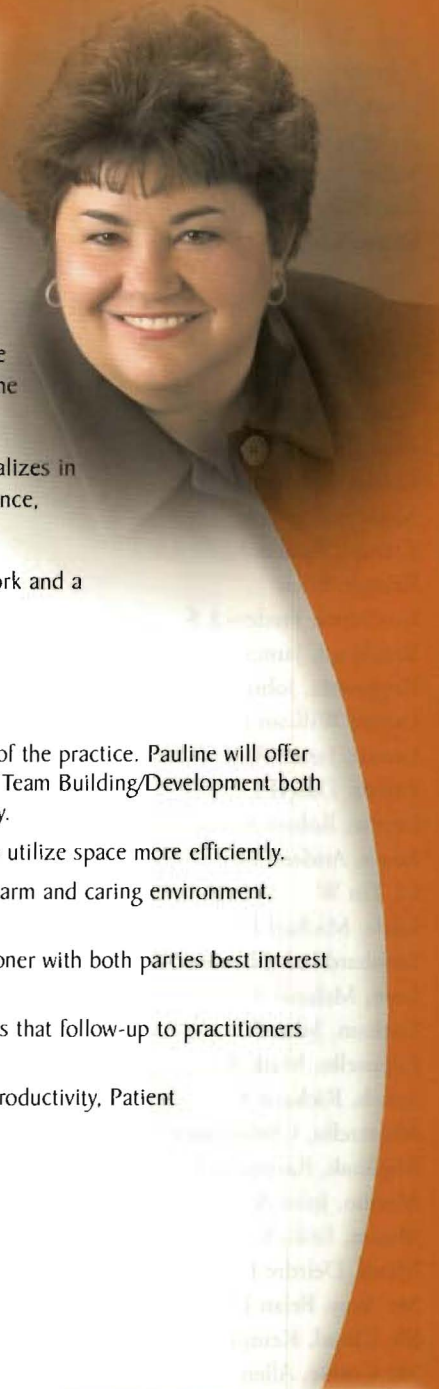
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# Welcome New Members for June 2005

## Southside Dental Society

**Dr. David Eason** graduated from University of Tennessee, College of Dentistry in 1979. Dr. Eason had been a member of the Tennessee Dental Association for 26 years. Dr. Eason is currently practicing at Boydton Dental Center in Boydton, VA.

## Tidewater Dental Association

**Dr. Leonard Cervoni** graduated from Georgetown University in 1968. Dr. Cervoni had been a member of Connecticut Dental Association from 1969-2004 before moving to Virginia. Dr. Cervoni is currently practicing part time in Zuni, VA.

**Dr. Elizabeth Mojares** graduated from New York University in 2003 and completed her GPR in 2004. Dr. Mojares is currently living in Virginia Beach and practicing dentistry with Eastern Shore Rural Health System.

**Dr. Stephanie Santos** graduated from VCU School of Dentistry in 1994. She then completed her AEGD with the U.S. Army in 1995. Dr. Santos is currently practicing dentistry with Dr. Jules Wainger in Virginia Beach, VA.

## Richmond Dental Society

**Dr. Darryl S Pearlman** graduated in 1990 from VCU School of Dentistry and opened his own practice in Louisa, VA. He enjoys dentistry most when he volunteers his time at Goochland Free Clinic, the M.O.M project in Wise County, VA as well as Donated Dental Services of VA. Giving back is what makes Dr. Pearlman proud to be a dentist - he encourages everyone to try it!

**Dr. Thomas Olivero, Jr** graduated from VCU School of Dentistry in 1990. Dr. Olivero is currently practicing dentistry in Midlothian, VA.

**Dr. Sheilandice Holmes** graduated from Howard University School of Dentistry in 2003. She then completed her AEGD from VCU School of Dentistry in 2004. Dr. Holmes is currently practicing dentistry at the Vernon J. Harris Community Health Center in Richmond, VA.



**Dr. Diana Almy** graduated from VCU School of Dentistry in 2002. Dr. Almy then received her Certificate in Orthodontics from VCU School of Dentistry which she completed in 2004. Dr. Almy is currently practicing orthodontistry in Fredericksburg, VA.

**Dr. Lawrence Masters** graduated from VCU School of Dentistry in 1973. Dr. Masters completed his AEGD in 1974 and has worked for the Veterans Hospital until 2003. Dr. Masters is currently practicing at VCU School of Dentistry.

**Dr. Michael Huband** graduated from VCU School of Dentistry in 1993. Dr. Huband then completed his Certificate in rosthodontics / Maxillofacial Prosthetics from Louisiana State School of Dentistry in 1996. Dr. Huband is now on faculty at VCU School of Dentistry.

**Dr. Quynhmai Truong** graduated from VCU School of Dentistry in 2002. She then completed her AEGD in July of 2004. Dr. Truong is currently practicing dentistry in Crewe, VA, with Dr. William L. Thomas.

**Dr. Timothy Breeden** graduated from VCU School of Dentistry in 2000. Dr. Breeden then completed his GPR in 2002 from McGuire Hospital. Dr. Breeden is currently practicing dentistry with Dr. Christine Ottersberg in



Chesterfield, VA.

### Southwest Virginia

**Dr. Evelyn Rolon** graduated from U.P.R. School of Dentistry in 1979. She then completed her certificate in Pediatric Dentistry from Temple University in June of 1984. Dr. Rolon is currently a member of the Tennessee Dental Association and is practicing dentistry in Bristol, TN. Dr. Rolon lives in Abingdon, VA and has become an associate member of the Virginia Dental Association.

Dr. David Templeton graduated from VCU School of Dentistry in 1979. Dr. Templeton is currently practicing dentistry in Gate City, VA.

### Peninsula

**Dr. Michael Chema** graduated from Georgetown University in 1976. Dr. Chema is a retired Army dentist now working with TransWorld. Dr. Chema and his wife recently moved from New Hampshire and plan to make to Williamsburg their home.

**Dr. Marjorie Chema** graduated from VCU School of Dentistry in 1979. Dr. Chema has retired from dentistry, but still plans to stay involved working with some of Virginia's Donated Dental Services patients. Dr. Chema is making Williamsburg her new home with her husband Michael Chema.

### Shenandoah



**Dr. Jerold Todd Fowler** graduated from VCU School of Dentistry in 1994. Dr. Fowler is currently practicing dentistry in Harrisonburg, VA.

### Virginia Dental Association Deceased Members List 2005

	<i>Comp.</i>	<i>City</i>	<i>Date</i>
<i>Dr. Raymond E Weddle</i>	56D	Midlothian	28/3/05
<i>Dr. Jimmy R Hager</i>	56C	Windsor	16/3/05
<i>Dr. Millard P. Doyle</i>	56A	Chesapeake	25/4/05
<i>Dr. Gladstone M Hill</i>	56A	Portsmouth	1/6/05
<i>Dr. Stanley J. Patch</i>	56H	Manassas	2/6/05

### VADPAC Capital Club Members 2004

The following contributors were omitted from the list of the 2004 Capital Club members in the last journal issue:

*Dr. David Anderson*

*Dr. Richard D. Barnes*

*Dr. Wallace L. Huff*

*Mrs. Maureen Hunt*

*Mrs. Nancy Hutchison*

*Mrs. Carol Klima*

*Mrs. Alicia Kyle*

*Dr. Frank A. Kyle, Jr.*

*Mrs. Jocelyn R. Lance*

*Mrs. Shirley Meade*

*Dr. Kirk Norbo*

*Dr. A. Wright Pond*





# MILITARY RESERVISTS LOSING BATTLE FOR ORAL HEALTH

*Elizabeth Rogers, Oral Health America*

U.S. military reservists are going into battle already losing the fight for oral health. The U.S. Army is failing to provide complete dental health care to some early-deploying reservists resulting in soldiers trading teeth to go to battle.

“Our reservists deserve the best care our county can provide,” says Robert Klaus, President and CEO of Oral Health America, “Each and every soldier has the right to go to war in good health, including a healthy mouth.”

The tooth extractions are a cheap and fast way to avoid proper dental care such as root canals and implants. Lacking care, reservists are opting to have their teeth pulled rather than miss deployment with their unit, despite a congressional mandate for proper care.

A report by the Government Accountability Office (GAO), found that as many as 49 percent of soldiers in seven Army reserve units lacked current dental examinations. “The Army has not consistently carried out the statutory requirements for monitoring the health and dental status of Army early-deploying reservists. As a result, the Army does not have sufficient information to know how many reservists can perform their assigned duties and are ready for deployment,” according to the GAO report.

“Pulling teeth for military readiness instead of providing needed oral health services is no way to treat those who protect our nation’s safety and security,” added Klaus. “America must get serious about improving oral health. Inaction and delay will only add to the burden.”

Research findings have pointed to possible associations between chronic oral infections and pre-term births, heart and lung diseases, diabetes, and stroke. People with dental coverage are more than twice as likely to see a dentist—reducing their risk to these other conditions. The U.S. Surgeon General has called the lack of oral health care a “silent epidemic” in our nation.

For more information go to [www.oralhealthamerica.org](http://www.oralhealthamerica.org).



## Calling All Volunteers!

**Wise M.O.M. 2005**

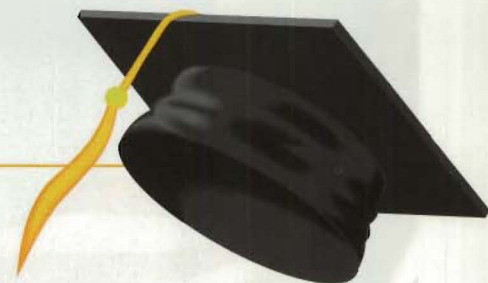
July 29-31

**Grundy M.O.M. 2005**

October 1-2



# Presenting the VCU School of Dentistry Class of 2005!



The VDA is happy to present a listing of newly graduating dentists. The VDA asked all graduating students to please email us their personal information for inclusion in this list. Many responded-some did not.

- AVI GIBBERMAN** will be joining private practice with his uncle, Paul Gibberman, in Alexandria, VA.
- SCOTT SCHLOFMAN** will be doing a 1-year AGD with the Army at Fort Jackson (Columbia) SC.
- GENE HILTON** plans to move to Farmington, NM and join an existing gp practice.
- KATHRYN BENNER** will be doing a Periodontic Residency at VCU.
- DAVID WOODRUFF** will be going into Private Practice in Prescott, AZ. He had a great time here in Virginia and will miss the friendships he has made here.
- GABRIEL FRITZ** will attend VCU/MCV Oral and Maxillofacial Surgery Program.
- PRIYA PATEL** - Pediatric Dental residency @ MCV/VCU.
- AHMAD AL ATTAR** will be doing a GPR program at the Mcguire VA Hospital in Richmond, Va.
- SCOTT THEWS** is looking for an associate ship opportunity in the Richmond, VA area.
- CHAD FOWLER** will be attending the VCU Orthodontic Program here in Richmond.
- JULIE TRAN** will be working as an associate in the Charlottesville area.
- CORAY PREECE** is going to Wake Forest University School of Medicine for a GPR.
- TABBITHA E. GRANTHAM** will be working in a general Practice located in the Historic Church Hill of Richmond.

## Congratulations Graduates!



## WHEN WAS YOUR LAST FINANCIAL CHECK-UP?

*Doug Hartz, C&F Investment Services*

Nearly everyone has heard their doctor preach at one time or another about the need for routine check-ups. Yet how often do you consider the need for a check-up of your personal finances? By asking yourself the following questions, you may determine that the time has come for a financial check-up.

- Do you have financial goals? If so, are they in writing and do they include deadlines?
- Is your debt under control? Do you pay off credit cards each month?
- Have you reviewed your investment portfolio recently? Are you comfortable with the level of risk associated with your current investments?
- Are you satisfied with the rate of return that your investments are generating?
- Have you started a retirement fund yet? If so, will your current rate of savings provide an adequate fund to meet your future retirement needs?
- Have you reviewed your tax situation recently to see if there are ways to reduce your tax liability?
- Have you started a savings program to meet the cost requirements of your children's college education? If so, will your current savings rate be adequate given the effects of inflation and rising tuition costs?
- Have you reviewed your life insurance coverage recently? In the event of an untimely death, will your current policies provide adequately for your spouse and/or children?

If you are not satisfied with your answers to any of these questions, please contact Doug Hartz of C&F Investment Services at 804-378-7296. C&F Investment Services is Endorsed by the VDSC and together with C&F, you can work on getting your finances on track.

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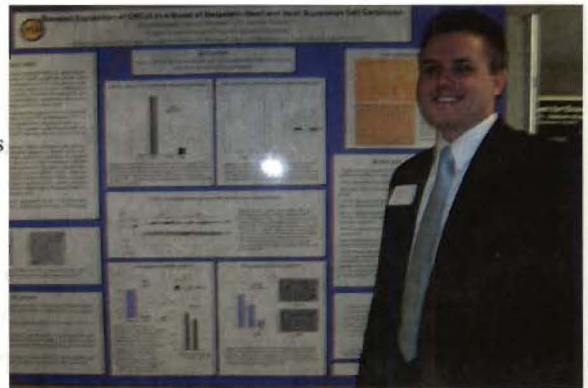


**VDSC Sponsors Research Contest at the VCU Dental School Clinic Day**

On April 6, 2005 students at the VCU School of Dentistry competed in a research competition. Three students were chosen for exceptional projects and were rewarded a cash prize provided by the Virginia Dental Services Corporation. The winners were as follows:

- First Place: Ryan Edmunds (D2007)
- Second Place: Ashkan Ghaffari (D2006)
- Third Place: Gary Dixon (D2007)

The student research project is one of the many ways that the VDSC is giving back to dentistry. At the Dental School, the VDSC also sponsors student travel to ASDA meetings and will be once again holding the Senior Symposium Speaker event this fall. By utilizing the VDA/VDSC Endorsed Vendors, VDA Members are helping to contribute to a number of great programs both at the VDA and at the Dental School – thank you!



*At right, first place winner, Ryan Edmunds, stands with his poster following the student research contest.*

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# TIPS FOR EVALUATING INFORMATION ON THE INTERNET

*Text Via Press Release From The American Dental Association*

The Internet touches every aspect of our lives, whether we use it to keep in touch with friends and family, research a question, shop for a gift or just read the news. But with all of the available information, how do we know what is trustworthy? To help evaluate and recognize Web sites that are providing credible information, consider the following tips:



- Is it clear who is responsible for the contents of the page?
- Is there a link to a page describing the purpose of the sponsoring organization?
- Is there a way of verifying the legitimacy of the page's sponsor such as a telephone number or postal address to contact for more information?
- Are informational sources clearly available for verification by another source?
- Is it clear who wrote the material and are the author's qualifications clearly stated?
- Is the information presented as an opinion and clearly stated as such? Is the source a qualified professional or organization?
- Can you easily determine when the site was last updated to determine if the information is current?
- Does the information contain several grammatical, spelling and typographical errors? Such errors indicate a lack of quality control and can actually produce inaccuracies in information.
- Does the site have a privacy policy? If not, the site should not ask for personal information.
- If a copyright protects the material, who holds it?

If the Web site or the information contained within the Web site is not consistent with these guidelines, make sure you check another source to ensure you are getting the most accurate information available.

## TIPS TO EVALUATE ORAL HEALTH CARE INFORMATION

The sheer volume of health information available through the media or the Internet can be overwhelming. Identifying reliable and credible health information can be a challenge. To assist you, the ADA has developed the following tips to help you evaluate the quality of information about oral health care topics.

### QUALIFICATIONS

Examine the source of the information to determine if the individuals or organizations are qualified to speak about the topic and can be considered credible. The types of questions you should ask include:

- What are the qualifications of the person or organization?
- Is this person a practicing dentist or does this organization work with dentists?
- What type of scientific or health care expertise do they have?
- Does this person have a dental or medical degree?
- Did the information come from an objective source, such as the Food and Drug Administration, a medical or academic institution, or a well-known scientific or medical publication?

### MOTIVATIONS

Always question the motivations of the information source. The types of questions you should ask include:

- Why is this person or organization speaking about this topic?



- Is the source an individual or group promoting a particular cause or point of view?
- Is this person or organization trying to raise money?
- Does this person or organization want my personal information, or are they asking me to do something on their behalf? - Is the information provided in the public interest?
- Is any advertising on the page clearly separate from the health information?

## SCIENCE

Always question scientific results and determine if the facts support the conclusions. Ask yourself if the findings sound too good or too awful to be true. Don't hesitate to get a second opinion or ask additional questions to be sure that you are getting accurate information. Also, remember that just because it is posted on the Internet does not necessarily mean the information is true or credible. Finally, be careful about any individual or organization that pushes you toward immediate action without consulting a dentist or other oral health care professional first. The types of questions you should ask include:

- Do the author's credentials reflect expertise in the area?
- Is the argument or conclusion supported by sound scientific evidence or just an unsubstantiated theory? Is it a myth or fact?
- Do objective organizations such as the World Health Organization, the Food and Drug Administration and the National Institutes of Health support these claims or conclusions?
- Are the study results current, and does the research provide the most up-to-date facts available?
- Has the information appeared in a well-known medical, dental or science journal and been reviewed by other dentists or members of the scientific community? If so, the publication should be easily obtainable through a medical/dental library. - Does any other credible health care organization support the findings?

These tips will help you sort through the maze of health information to find credible information you can use to make informed decisions about your oral health care. If you have questions about your oral health, talk to your dentist. Your dentist is a trusted, credible source of oral health information.

### Key resources for oral health care information and additional information about amalgam:

- The American Dental Association  
<http://www.ada.org/public/topics/fillings.html>
- The Food and Drug Administration  
<http://www.fda.gov/cdrh/consumer/amalgams.html>
- World Health Organization  
<http://www.who.int/pcs/newsletter/ipcs-01.pdf>
- National Institutes of Health  
<http://cerhr.niehs.nih.gov/genpub/topics/mercury2-ccae.html> - Mercury in Dental Amalgams (Fillings)
- Centers for Disease Control and Prevention  
<http://www.cdc.gov/OralHealth/factsheets/amalgam.htm>
- United States Department of Health and Human Services  
<http://www.healthfinder.gov>

Component I (Tidewater) (Executive Secretary)	Virginia Donne (757) 491-4626
Component II (Peninsula) (Executive Secretary)	Kathy Harris (757) 565-6564
Component III (Sourhside) (President)	Dr. Kent Yandle (804) 862-4416
Component IV (Richmond) (Executive Secretary)	Linda Simon (804) 323-5191
Component V (Piedmont) (Executive Secretary)	Ann Huffman (276) 732-3789
Component VI (Southwest) (Executive Secretary)	Sonya Ferris (276) 628-4934
Component VII (Shenandoah) (Executive Secretary)	Kathy Silwoski (540) 885-4344
Component VIII (Northern VA) (Executive Director)	Susann W. Hamilton (703) 642-5297

**VAGD Programs** - please contact Frances Kimbrough  
(Executive Secretary) at 804-320-8803.

**VCU School of Dentistry** - please contact Martha  
Clements at 804-828-0869.  
[www.dentistry.vcu.edu/ce/courses.shtml](http://www.dentistry.vcu.edu/ce/courses.shtml)

**VCU School of Medicine (Anatomy Dept)** - please contact  
Dr. Hugo Seibel at 804-828-9791.

**VAE** - please contact Dr. Timothy J. Golian at  
703-273-8798.

**VSOMS and VAO** - please contact Nicole Pugar at  
804-261-1610.

**ADA C.E.R.P.**

CONTINUING EDUCATION RECOGNITION PROGRAM

The VDA is recognized as a certified sponsor of continuing dental education by both the ADA CERP and the Academy of General Dentistry.

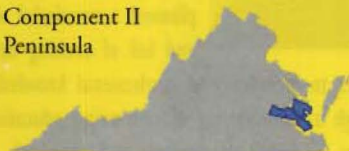


**Component I  
Tidewater**



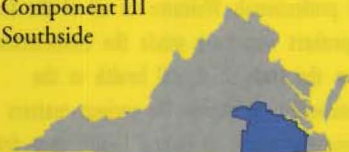
No News to report. Please  
Contact your Component Secretary.

**Component II  
Peninsula**



No News to report. Please  
Contact your Component Secretary.

**Component III  
Southside**



*Dr. Mike Hanley, Editor*

Greetings from Southside!

Let me first report that our second Mini Mom at the Petersburg Urban Ministry was again a huge success. Drs. Sam Galston and Sharone Ward (Do I mention them in every article?) were once again in charge. Thanks to all the numerous volunteers who helped the lives of so many hard working teenagers in the Petersburg area.

Our component is having a nice golf outing/family dinner/business meeting at the Country Club of Petersburg in late August.

However, in the next journal be sure to read and find out....

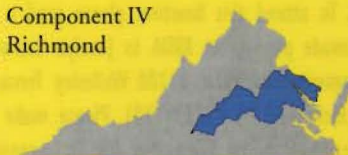
1. Where the new Endodontist is setting up practice...
2. Which elderly member is planning to retire in December...
3. Why has a certain dentist placed his gold clubs on Ebay because he can't win a "mano y mano" anymore... (hint: D.E.)

I can hardly wait until then myself.

See you at the beach.

Mike

**Component IV  
Richmond**



*Dr. Roger E. Wood, Editor*

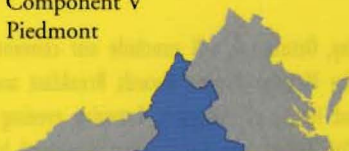
Dr. Joseph N. Tregaskes was our guest on March 17, 2005. He gave an extremely interesting discussion on "Computerized Diagnostics." Dr. Tregaskes concentrated on diagnosing and treating TMJ patients. He has taken TMJ diagnosis to the "next level."

The April meeting was held on April 21, 2005, with Diane Reynolds-Cane, M.D., as our guest speaker. Dr. Reynolds-Cane is the Medical Director of the Daily Planet. She spoke on "Medical and Dental Care to the Homeless." She had a very informative talk and also asked for volunteers for the work at the Daily Planet. This meeting was our first of the year at Jefferson Lakeside Country Club as we are still searching for a new location to hold our monthly meetings.

On May 20, 2005, Component IV had their second annual Golf Outing and "Swim Meet"! We have had heavy rainfall for the second year in a row for the golf outing. This event also included a bike ride and cookout at the Independence Golf Club. Better luck with the weather next year!

Have a Summer Full of Fun!

**Component V  
Piedmont**



*David Black, Editor*

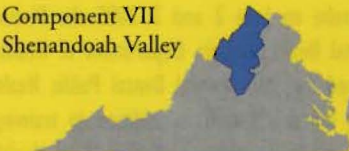
If you weren't there, you missed a great meeting April 8-9 at the Homestead. We had well over 100 hear Dr. Larry Rosenthal give a great lecture on Cosmetic Dentistry. Our commitment to having great speakers continues next fall with John Derango and Corky Willhite coming to Hotel Roanoke on October 7th to give us another perspective on Cosmetic Procedures. Both are long-time members of the American Academy of Cosmetic Dentistry and nationally known speakers. In April 2006, Robert Lowe from Charlotte will continue our emphasis on cosmetic dentistry when he comes to Danville. The date will be April 7th, so mark the date so you don't miss another opportunity to attend a local meeting with great speakers. Contact Ann Huffman, our executive secretary at 276-732-3789.

**Component VI  
Southwest**



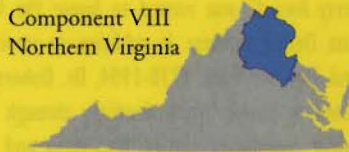
No News to report. Please  
Contact your Component Secretary.

**Component VII  
Shenandoah Valley**



No News to report. Please  
Contact your Component Secretary.

**Component VIII  
Northern Virginia**



No News to report. Please  
Contact your Component Secretary.

## Meetings and Events

September 14 – 18, 2005  
**VDA Annual Meeting**  
Marriott – Richmond, VA

October 6 – 9, 2005  
**ADA Annual Meeting**  
Marriott – Philadelphia, PA

September 13 – 17, 2006  
**VDA Annual Meeting**  
Hotel Roanoke and Conference Center  
Roanoke, VA

June 16 – 17, 2007  
**VDA Annual Meeting**  
(Exhibits, CE, Social)  
Waterside Marriott – Norfolk, VA

September 14 – 15, 2007  
**House of Delegates Meeting**  
Fairview Marriott – Falls Church, VA

June 15 – 17, 2008  
**VDA Annual Meeting**  
(Exhibits, CE, Social)  
Colonial Williamsburg Hotels  
Williamsburg, VA

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



## VIRGINIA DEPARTMENT OF HEALTH NEWS

Dr. Karen Day



In Roanoke on June 2 and 3, 2005 the Division of Dental Health, Virginia Department of Health sponsored the 28th Annual Dental Public Health Meeting for dental staff. In addition to training sessions regarding topics including "Oral Health and Diabetes" the meeting served as opportunity to present the tenth annual award for outstanding service to public health dentistry. The "Joseph M. Doherty Award" was named to honor the former State Dental Director. In addition to serving as Dental Director from 1978-1994, Dr. Doherty contributed to public health dentistry through outstanding community service, leadership and distinguished service in professional organizations. This year's recipient was Dr. C. William Kirby, public health dentist with Pittsylvania/Danville Health District. Dr. Kirby has shown distinguished community service including working with the local head start program and the school health advisory board. Dr. Kirby is also a member of the Virginia Dental Association. In accepting his award, Dr. Kirby thanked his dental assistants, Karen Camm and Pam Reynolds for their contributions to the dental program.

## ALLIANCE NEWS

Shirley Meade, President

Enjoy those lazy days of summer because fall is right behind and that means annual meetings! The Alliance cordially invites you to join us and the VDA in Richmond, September 15-18, 2005, and take part in the following activities designed for your entertainment and enjoyment. On Friday, September 16, the members of the Alliance Executive Board will meet at the Richmond Marriott Hotel from 10am until 2pm. All Alliance members and guests are invited to attend the Alliance Annual Membership Meeting on Saturday, September 17, which will be held at Maggiano's Little Italy Restaurant, Short Pump Town Center. We will leave from the Richmond Marriott at 10:15am. After our meeting and lunch, which will

include a fashion show by Coldwater Creek, we will have time to shop! The price is \$35.00 per person. To attend this function, please send a check made payable to AVDA to Jocelyn Lance, Arrangements Chairman, 11208 Wellesley Terrace Court, Richmond, VA 23233-7701. Please make your reservations by September 09, no exceptions. We will not be able to add or drop reservations, once given to the restaurant. This is their cut-off date—not ours!

From Richmond, it's off to Pennsylvania for a fantastic ADA meeting in Philadelphia, October 6-9, 2005. I'd like to highlight a few of the Alliance activities that are scheduled to take place there. Thursday, October 6, we will take care of business, beginning with our ADPAC Awards Breakfast, followed by our first House of Delegates. Lunch will recognize the winners of the Thelma J. Neff Distinguished Service Award. Lunch will be followed by our District Caucus Meetings.

Friday, October 7, is the ADA Opening Session, ADA/FDHE Benefit Brunch, AADA Reference Committee Hearings, followed by AADA Committee Meetings. We are privileged to have two Virginia members represent us on committees: Barbara Yandle, Legislative, and Dottie Hendricksen, Dental Health.

Saturday, October 8, will conclude our convention with the Member Project Awards Breakfast and the 2nd House of Delegates. Saturday evening is our 50th Anniversary Celebration, sponsored by MBNA American Bank. AADA is 50 years old! Come celebrate with us.

The Loew's Philadelphia Hotel will be the headquarters for the Alliance meetings. It is located near the convention center. Our schedule will be posted in the Summer Issue of KEY. If you haven't been part of an annual Alliance meeting before...you are just the dental spouse we are looking for! Everyone has something to offer to this professional organization and the Alliance has something to offer to each of you. You will discover the benefits of your membership by being with other members from across the United States and finding out what the BIG picture is all about. You will find yourself surrounded by some of the nicest people and possibly life long friends are awaiting you!

So much to look forward to! I look forward to

seeing all of you - first in Richmond and then in Philadelphia!

## VDHS UPDATE

Maureen Mc Cann Glick, President



Greetings and welcome to the VDA Annual Meeting in the beautiful city of Richmond, Virginia. Once again, your Association has planned a wonderful weekend full of exciting oppor-

tunities to increase your professional knowledge through a wide variety of continuing education courses, a chance to network with your colleagues throughout the state, increase your product knowledge with the exhibitors and just enjoy the camaraderie of being with other passionate dental professionals. Welcome to all of the leaders and speakers who have made the commitment to improve the state of dental health in the Commonwealth of Virginia. As serious matters involving the future of dental health care delivery in Virginia come before your House, I urge you to consider what will truly help the access to care crisis and what will safely benefit the public that we all serve. Thanks to all who have worked so hard in the planning of this incredible weekend. On behalf of the VDHA,

I wish you a very successful meeting. Respectfully yours, Maureen McCann Glick, RDH, BS President VDHA

## VIRGINIA ACADEMY OF ENDODONTISTS

Dr. Steven Forte, President

The Virginia Academy of Endodontists will hold its 2005 Annual Meeting on Saturday September 17th at 7 am at the Richmond Marriott. This coincides with the Virginia Dental Association Meeting. Immediately following our meeting will be a continuing education lecture presented by Dr. George Bruder. His topic will be "21st Century Solutions for Endodontic Success."

As part of new business, the Virginia Academy of Endodontists is honored to have Dr. Clara Spotafore present an update of the current state of AAE.

Any questions, contact Steve Forte at 804-501-0501.



# Virtual Reality Based Training Arrives at VCU School of Dentistry



The weekend of April 22-24 proved to be a busy time at the school as alumni, friends, faculty and students “test-drove” the newly installed DentSim (Virtual Reality Based Training) mannequins. The arrival of the four units marks the next step in the school’s progress toward renovation of pre-clinical laboratories. “The plan is to complete the lab in the Lyons Building A-level, move the four units and add 16 for a total of 20 units by the start of classes in August 2006,” said Director of Renovation, Dr. Gibby Button. For the next year, several faculty members will spend time training and learning more about how the new technology works and how best to integrate it into the curriculum

On Saturday, the school’s guest, new faculty member and DentSim expert, Dr. Rikki Gottlieb, explained the workings of DentSim to over 100 interested visitors. While the technology is fun, she emphasized, “It is not a video game.” Users need to pay close attention to their hand position, as one guest discovered when he covered the diodes on the hand piece that transmit infrared signals to a highly sensitive camera. Users also need to be careful not to touch the cameras, as they are positioned and carefully calibrated.

Dentists and non-dentists alike tried their skill at cutting “preps.” Naturally, some found it easier than others. Alumnus spouse and friend of the school, Mary Anne Moore, gave it a try and discovered that it wasn’t what she expected— it was better. After her experience she said, “I can see how something like this may attract more young people to the profession.”

Students agreed that the virtual reality experience will be a huge recruitment draw. Only eight schools in the nation are owners of this technology. Junior dental student Margaret Enoch said, “I do think the DentSims are a fantastic selling point for the school and are a great tool for learning. I know the 3-D computer images would have really helped me visualize what an ‘ideal prep’ should look like.”

Ultimately, first-year dental students will learn to work in the lab with the new mannequins. “When students learn the proper operator and patient position on these simulators, they never get the chance to pick up bad habits,” said Dr. Gottlieb. As any teacher, parent or coach knows, it is easier to teach good habits than break bad ones.



## Help Us Help You!

At the 2005 Annual Meeting make sure you stop by the Exhibit Hall and visit the VDSC Endorsed Vendors. Vendors will be in a special section of the Exhibit Hall in Booths 28-32 and 39-43. By visiting these booths, VDA Members are eligible to enter into the VDSC RAFFLE. Raffle winners will be announced following the conclusion of the exhibits. For more information about the VDA/VDSC Endorsed Vendor Program, please contact the VDA at 800-552-3886.

### The VDA/VDSC Endorsed Vendors

B&B Insurance	877-832-9113
C&F Investment Services	888-435-2033
Dell Computers	800-695-8133
Enhance Patient Financing	877-436-4262
GE Insurance Solutions	800-344-1899
Healthcare Compliance Service	888-726-8505
Hertz Car Rentals	800-654-2200
I. C. System Collections	800-279-3511
Jos. A. Bank	800-285-2265
LifeServers AEDs	866-543-3500
MBNA Credit Cards	800-457-3714
MBNA Practice Solutions, Inc.	800-649-4202
Paychex Payroll Services	800-729-2439
SMARTMOVE Long & Foster	877-645-6560
SunTrust Merchant Services	877-488-8454
WebMD	888-309-9784







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A Delta Dental Program for Youth

*Teeth on the Go!*<sup>SM</sup> is another innovative approach to children's dental care. Working with the Virginia Department of Education, Delta Dental is making an educational "tool kit" available to elementary schools across Virginia, free of charge. It helps kids make a commitment to taking care of their teeth — now and for a lifetime.



We'd like to thank all the Virginia dentists who help make these programs succeed.

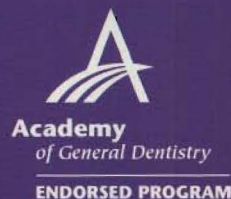


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Classified advertising rates are \$40 for up to 30 words. Additional words .25 each. The classified advertisement will be in the **VDA Journal** and on the **VDA Website - [www.vadental.org](http://www.vadental.org)**. It will remain in the Journal 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 dates for all copy will be the 1st of January, April, July, October. After the deadline closes, the Journal cannot cancel previously ordered ads. This 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 & Website Classified Department, Virginia Dental Association, 7525 Staples Mill Rd., Richmond, VA 23228 or fax (804) 261-1660.

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

### **Chester, VA Associate Dentist Position**

Part time associate dentist in a busy fee for service practice. Strong surgical skills preferred. Good chair side manner is a must. Interested candidates can contact Brian Whitley at 1-800-313-3863 ext 2290 of email [bwhitley@affordablecare.com](mailto:bwhitley@affordablecare.com).

### **Associate Position**

Newport News/Yorktown area, progressive practice offering wide range of services in top notch facility, great opportunity to develop skills. Digital Radiography, cosmetic imaging, amazing staff. Senior dentist wants more time off for mission trips. For more info, see [www.dentalcare4u.com](http://www.dentalcare4u.com). Send CV's to [wgriffin14@cox.net](mailto:wgriffin14@cox.net).

### **Rocky Gap Associate Dentist Needed**

Full time associate dentist needed in a busy fee for service practice. Must be comfortable performing extractions. Monday through Friday work week. Working interview is available. Contact Stuart Raney at 1-800-313-3863 ext 2295 or email [sraney@affordablecare.com](mailto:sraney@affordablecare.com).

### **Orthodontic position desired**

Experienced, quality oriented people centric practitioner desires an associate position starting summer/fall. Excellent references. Kindly email interest to [Vinortho@aol.com](mailto:Vinortho@aol.com)

### **Dentists Needed**

Virginia's Community Health Centers seek qualified dentists to join their experienced staffs in well-established, nicely equipped practices.

Duties typically include full-range comprehensive preventive and restorative dental services for adult and children.

Community Health Centers offer flexible schedules and competitive compensation packages including base salary, incentive, malpractice, health insurance, retirement plans, continuing education, annual and sick leave, paid holidays, and are eligible for state and federal loan repayment programs. No buy-in required.

For additional details, please contact:

Karin Guye  
Virginia Primary Care Association  
Ph. 800-966-8272 x 16  
e-mail: [kguye@vpca.com](mailto:kguye@vpca.com)  
Fax: 804-379-6593

### **Full-time Dental Position-**

The Augusta Regional Free Dental Clinic (ARFDC), a non-profit dental facility located in the beautiful Shenandoah Valley of Virginia near Staunton and Waynesboro, is seeking a full-time dentist. The ARFDC provides low cost dental care for area residents who otherwise cannot afford dental care, and approximately 60% of the clinics' clientele will be 18 and younger. The clinic has state-of-the-art equipment, a full-time Dentist Assistant on staff, and an excellent working environment. An excellent salary, paid malpractice insurance, as well as possible incentive plan is included in this unique opportunity. Please contact Scott Litten, Executive Director at 540-332-5606 or [afreeclinic@ntelos.net](mailto:afreeclinic@ntelos.net) for more information visit [www.augustfreeclinic.org](http://www.augustfreeclinic.org).

### **North Carolina Department of Correction Needs Dentist**

Enjoy dental practice without the problems and distractions of private practice. We offer a competitive salary and generous benefits, top staff and modern facilities. Four day work week is negotiable. Two years experience and eligibility for NC license or permit required. Call Dr. Clare at 919-838-3856 or email [jclare@doc.state.nc.us](mailto:jclare@doc.state.nc.us).



## Dentist Needed!

Want to make millions and live in a suburban "mega-box"? This job's NOT for you. However, if you'd like to live in a place that's been on the cover of National Geographic and commute amidst nationally renowned mountains and valleys, come to the Highlands of Virginia! Here, a community of people who trust and care for each other daily need dental services. Highland Medical Center, a non-profit, federally funded center located in Monterey, VA seeks an experienced general dentist for an underserved community. Excellent ground-floor opportunity in growing practice with great potential. ADEC-equipped modern facility with two spacious operatories and support staff. Practice-savvy dentist tired of the urban grind could create a haven. Highland offers quality of life (skiing climbing, biking, fishing, arts) traditional culture with modern amenities, and a delightful blend of farmers, retirees, artisans, nature lovers and professionals harboring renaissance talents and interests. Are you up for the Highlands? Visit: [www.highlandcountry.org](http://www.highlandcountry.org) for info on area. Interested, contact: Dr. Polly Newlon: 540-468-3304/hmcex-eccdir@yahoo.com.

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## Unique Practice Start-up Opportunity

**595K P&C** on 3 day workweek. Port Orange, FL (Daytona beach suburb). Same community for 19 years. Motivated seller. Must sell due to health. For details call: Becky Heilman 888-780-8554, or cell 904-307-8261.

**Dental space** available October 2005. 2500 sq ft, 8 op's fully plumbed, including nitrous and micro-brasion. Located in historic Old Town Winchester, VA. Has all the amenities plus off street parking. Lease is negotiable. Contact Dr. Jeff Davis at 540-662-4866.

## Kanawha County, West Virginia

Pediatric practice has 4 operator facility that can serve as base for general practice start-up. Candidate should have interest in pedo but can extend services to parents for development of general practice. Excess of 2,000 patients on which to build practice. Please call Snyder Group at 800-988-5674.

## FOR SALE

**FALLS CHURCH** – Revenue: \$150,000 1-1/2 days, real estate available, fantastic location

**SPRINGFIELD** – Revenue: \$150,000 1-1/2 days, 2 operatories, great location. **HAMPTON** – Revenue: \$290,000 2-1/2 days, 3 operatories, + 2 plumbed, equipment new and cosmetically appealing.

**ALEXANDRIA** – Revenue: \$1.5M, 3 operatories, ability to expand to 6, 1/2 practice is C&B, all F/S.

**NORFOLK** – Revenue: \$700,000 4 days, 8 equipped operatories, stand alone building for sale.

**WOODBIDGE** – Revenue: \$200,000 2-1/2 days, 4 operatories, great location in shopping center.

**BURKE** – Turnkey, 5 operatories, 4 equipped, 1,889 square feet, in busy shopping center.

**FALLS CHURCH** – Orthodontic, revenue: \$100,000 10-1/2 hours. **CONDO AVAILABLE** for purchase, 1,550 square feet.

**NORTHWEST** – Orthodontic, revenue: \$100,000 – 7 hours/every 2 weeks, 3 operatories, 800 square feet, in office building—PENDING

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