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ADANEWS

AUGUST 6, 2007

VOLUME 38 NO. 14

ADA backs meth mouth legislation

BY ROBERT RAIBLE

Washington—Dr. Robert Brandjord, immediate past president of the ADA, brought a clear message to the Hill July 26, announcing the Association's support for "meth mouth" legislation during a press conference with members of Congress.

"Meth mouth is robbing people, especially young people, of their teeth and their oral and overall health," Dr. Brandjord said. "We applaud the lawmakers that you're about to hear from for taking the lead in fighting it."

The ADA organized the press conference, held in the U.S. Capitol Building, to announce the introduction of the Meth Mouth Prevention

See METH, page seven



Photos by Bill Geiger



Advocates: Dr. Brandjord, Rep. Larsen (standing at far left) and Sen. Baucus (above), speak at the July 26 meth mouth press event. Dr. Brandjord, ADA immediate past president, lauded the lawmakers for their support of the legislation.

BRIEFS

Healthy Dentists, Thriving Practices:

That's the theme of the 2007 National Conference on Dentist Health and Wellness convening Aug. 16-18 at ADA Headquarters in Chicago.

The conference's three concurrent program tracks will address a variety of needs and interests, including personal health and wellness, professional impairment and ergonomics. Speakers are national experts, passionate about wellness and optimal functioning for dental professionals.

"There's something for everyone, from practicing dentists to significant others to dental board investigators and dental hygiene



ADA candidate statements, pages 14, 16

students," says Dr. William Kane, a member of the ADA Dentist Well-Being Advisory Committee on the ADA Dentist Health and Wellness Conferences. For more information, go to "www.ada.org/prof/prac/wellness/program.asp"; e-mail Linda Keating ("keatingl@ada.org") or call her toll-free, Ext. 2622. Participants can register onsite. ■



Aetna fined \$9 million in New Jersey

BY ARLENE FURLONG

Trenton, N.J.—The State of New Jersey Department of Banking and Insurance July 23 filed an administrative order levying \$9,457,500 in fines against Aetna Health Inc. for refusing to appropriately cover certain services provided by out-of-network health care providers, including emergency treatment, in violation of New Jersey rules and regulations.

The Department of Banking and Insurance is the state regulatory agency in New Jersey that regulates insurers and third-party administrators.

"It's highly unusual for the Department of Banking and Insurance to receive information and levy a penalty even closely approximating this amount as a result of an investigation," said Art Meisel, executive director of the New Jersey Dental Association. "The fines were imposed based on the complaints the Department received and the answers that Aetna provided during the investigation."

Said Tamra Kempf, ADA chief legal counsel, "A substantial portion of the penalties levied against Aetna by DOBI is for 'not attempting in good faith to effectuate prompt, fair and equitable satisfaction of claims.' According to the order, this accounts for \$7,747,500 of the penalties or \$2,500 per violation for each of 3,099 violations. As of press time, we had no information on whether or how this affects dental reimbursements. The ADA Legal Division will continue to monitor the outcome of the order through the hearing process."

The New Jersey DOBI received complaints after Aetna issued a June 1 letter to certain health care providers who are not part of Aetna's provider network (out-of-network or nonparticipating providers). The company said it had determined what was fair payment for services rendered by nonparticipating physicians and health care facilities and that "additional reimbursement would not be considered."

Aetna's determination included ser-

vices by nonparticipating providers that were required under New Jersey law, such as emergency care, services provided by nonparticipating providers during an admission to a network hospital and services rendered as the result of a referral or authorization by Aetna.

The letter stated that Aetna determined that 125 percent of the Medicare allowable amount was fair payment, and 75 percent for lab fees and durable medical equipment. As a result, many patients were subject to receiving bills for the amount Aetna would not pay.

Under such circumstances, New Jersey regulations state that members of a health maintenance organization have the right to "be free from balance billing by providers for medically necessary services."

In mid-June, the New Jersey DOBI asked Aetna several questions about the June 1 letter Aetna sent to health care

See AETNA, page 15

Getting a well-rounded education

Live patient CE gets new spin at session

BY STACIE CROZIER

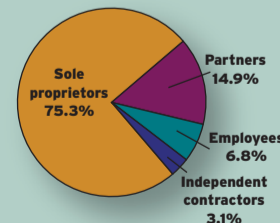
San Francisco—Be one of the first in the profession to experience Education in the Round—the ADA's brand new, trendsetting educational opportunity launching in September at the annual session.

A total of 14 EIR courses will combine live patient demonstrations using fully functioning dental operatories in a 360-degree interactive classroom—showcasing dentistry's latest techniques and

See EIR, page 17

JUST THE FACTS Employment

Employment situation of dentists in private practice.



Source: ADA Survey Center "survey@ada.org", Ext. 2568



Chilean smiles: Volunteer dentists from the Universidad de Concepción-Chile dental school pause for a photo in April with a few of the children treated in a special oral health project in Santa Bárbara, Chile, a mountainous region in the southern part of the South American country. The university conducted the project to reach hundreds of area children—most who have little or no access to dental care. The ADA provided dental health education materials to distribute to parents and children, and Colgate and Forestal Mininco (a Chilean company) donated toothbrushes, toothpaste and other supplies for the project.

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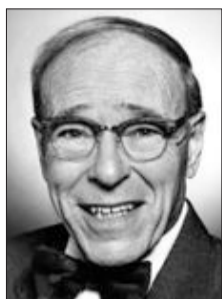
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Eminent orthodontics educator, researcher Dr. Tom Graber dies



Dr. Graber

BY ARLENE FURLONG

Evanston, Ill.—World-renowned orthodontist, researcher and dental educator Dr. Tom Graber died in his home among family members on June 26. He was 90.

At the time of his death, the prolific researcher and author was a faculty member at

the University of Illinois at Chicago College of Dentistry and editor-in-chief of the World Journal of Orthodontics. He resided in Evanston, Ill., with his wife, Doris, a professor of political science at UIC. She married Dr. Graber in 1941.

“He was the rock star of orthodontics,” Dr. Carla Evans, professor and head of the Department of Orthodontics at UIC’s College of Dentistry, says about Dr. Graber. “No other name is more recognizable in this field than his.”

Dr. Albert H. Guay, an orthodontist who currently serves as chief policy advisor at the American Dental Association, concurs. He describes Dr. Graber as a “giant in the world of orthodontics for more than six decades.”

“He typified the true professional—a lifelong student and a lifelong teacher,” says Dr. Guay. “He lived his personal philosophy throughout his life, acquiring knowledge and enthusiastically sharing it with others as the highest calling.”

Dr. Graber researched craniofacial anomalies, cleft palate, cleft lip, temporomandibular joint anatomy and disturbances, orthopedic growth guidance of the dentofacial complex and the use of magnetic forces in orthodontics and dentofacial orthopedics. His colleagues say the work revolutionized knowledge in these areas and changed the way these subjects are taught.

“The high quality of care that orthodontic patients receive today can be linked to Dr. Graber’s impact as an educator,” says Dr. Evans. “That’s due to the education he extended not only to students but to practicing orthodontists.”

Dr. Graber was born in St. Louis and earned a D.M.D. degree (Washington University, 1940); a Master of Science in orthodontics (Northwestern University, 1946); and a Ph.D. in anatomy (Northwestern University, 1950). He served as a captain in the U.S. Army Dental Corps from 1941-1945.

Beginning in 1946, Dr. Graber taught at NU for 12 years, the University of Chicago for 13 years and later joined the faculty at UIC’s College of Dentistry in 1994. He presented more than 475 continuing education courses worldwide and more lectures for the America Association of Orthodontists’ annual programs than anyone in history.

Mrs. Graber said she and her husband shared a mutual interest in building the future by shaping students through education.

“Many fine researchers can’t simplify complex ideas and procedures in ways that can relate to students’ interests, concerns and backgrounds,” says Mrs. Graber. “Tom could relate to his audiences and present information in a way that was easy to absorb. He was gifted. He never lost passion and enthusiasm for his profession, working well beyond what most people would consider a normal retirement age.”

In May 2000, Dr. Graber stepped down as editor-in-chief of The American Journal of Orthodontics and Dentofacial Orthopedics. He started the World Journal of Orthodontics—now the official journal of the World Federation of Orthodontics—and continued as editor-in-chief of that publication until his death.

“He felt it was important to have an international reach,” says Dr. Evans, who worked on the journal from the outset and is currently editing it.

Dr. Graber’s early research involved more effective treatment for birth defects, such as cleft palates and lips. While in the orthodontic department at NU in the late 1940s, Dr. Graber observed a number of children with severe facial deformities. It piqued his interest as to what was happening with these children, especially the youngsters with cleft lip and palate who were being operated on at a very early age and had subsequent facial deformities.

“People would close the palate as soon as possible because of the appearance,” says Mrs. Graber.

“He helped implement a way to stop that because it restricted future growth.”

Dr. Graber later focused on growth and developmental issues, such as how to adjust under- or overdeveloped jaws in infants, as well as remedies for common maladies, such as clicking jaws.

Dr. Graber wrote books on orthodontics and dental anatomy, which dental educators say have improved the teaching of those subjects around the world for more than 50 years. Dr. Graber served on the council on orthodontic education for the

AAO from 1962 to 1973. He was a founding member of the council and a former chair, and twice served as general chair of the AAO.

Adding to his professional teaching and writing contributions is the orthodontic treatment Dr. Graber and associates provided to patients in Chicago and north-suburban practices. Two of Dr. Graber’s five children followed him into dentistry—one in orthodontics and one in general dentistry.

Dr. Graber received more awards than any orthodontist in history. He endowed a professorship at the University of Michigan and contributed to the UIC College of Dentistry.

His wife, Doris Graber, Ph.D.; five children, Dr. Lee W. Graber, Ph.D.; Thomas W. Graber, M.D.; Jack D. Graber; Jim M. Graber, Ph.D.; and Dr. Susan Graber, as well as 14 grandchildren and one great-grandchild survive him. ■



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MyView

In Memoriam: Larry Meskin



Matt Dunn, D.D.S.

The unexpected passing of Dr. Larry Meskin leaves a considerable void in the dental profession. As a respected scientist, clinician and writer, as a former editor of *The Journal of the American Dental Association* and former dean of the University of Colorado School of Dentistry, he will be impossible to replace.

As an educator, mentor and friend he will be sorely missed.

I first became acquainted with Dr. Meskin in the late 1990s, while working on the student dental journal at Northwestern University. He read all the student journals—as eagerly as we all read his *JADA*, it seemed—and on crossing paths in Chicago

he would offer his insight and encouragement.

In the fall of 1999, I had a surprise call from Dr. Meskin asking if I might have time to help out as a member of the *JADA* editorial board. He said I would be about half the age of everyone on the board, but he'd like to have a recent dental school graduate around to do some writing and offer a bit of perspective.

I accepted, of course, and when I showed up at the first editorial board meeting sometime afterward, I recall entering a room full of startled faces presuming I'd wandered down the wrong corridor. One said, "I'm sorry, this is the editorial board meeting. Can we help you?"

Whereupon a smiling Dr. Meskin said, "This is Dr. Dunn, our newest board member. Have a seat, glad you could be here."

I asked him once how long it took him to write a column, and was surprised to learn how many long hours he devoted to each effort, writing and rewriting until they captured what he wanted to say.

After the meeting, Dr. Meskin took me aside and said I really needed to start calling him "Larry"—instead of this "Dr. Meskin" business. I assured him I would try, but that it might be difficult, given his gigantic resumé which included a D.D.S. and a Ph.D. and an M.S.D. and an M.P.H. degree. Among others, I presume.

Though I tried, over the years, I'm afraid I never did make good with Larry's request. Two months

ago, at the CU dental school scholarship luncheon, we had a pleasant conversation and I learned of his plans for retirement, the next active phase of his life.

But when I stood up to give a brief presentation, I found myself referring to "Dr. Meskin" on this and "Dr. Meskin" on that. Whoops. He must have known it was completely hopeless at that point.

It is altogether saddening that Larry will not be able to pursue the retirement plans he outlined at the luncheon the other day, but, though foreshortened, his life was a good and full one and he left an indelible mark of

See MY VIEW, page five

LettersPolicy

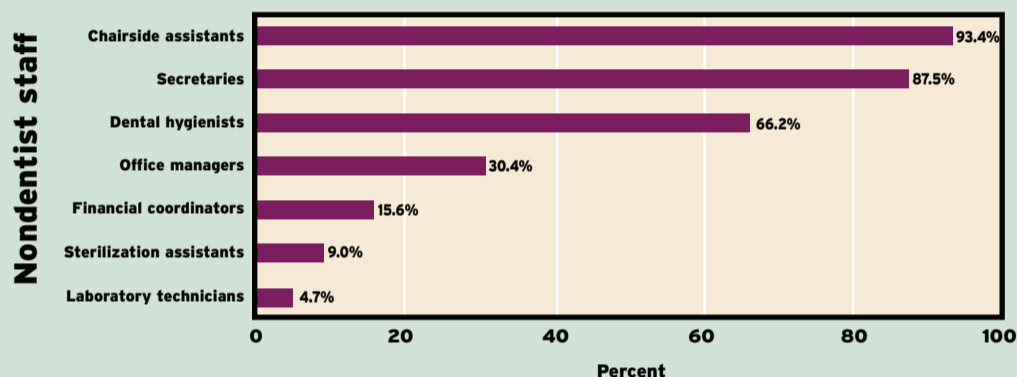
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SNAPSHOTS OF AMERICAN DENTISTRY

Employment

The two staff positions most commonly employed by independent dentists are chairside assistants and secretaries/receptionists. Chairside assistants are employed on a full- or part-time basis by 93.4 percent of independent dentists and secretaries/receptionists by 87.5 percent.

Percentage of independent dentists employing nondentist staff by position, 2004



Source: American Dental Association, Survey Center, 2005 Survey of Dental Practice.

Letters

Thanks for fluoride

I would like to second the idea of Dr. Lisa Howard, chair of the National Fluoridation Advisory Committee, that every dentist read their water system's annual report to make sure the proper fluoride levels are being maintained ("EPA Reports List Benefits in Your Water," May 21 ADA News).

If they are, I would further suggest that you write a letter thanking the water system's personnel for maintaining the proper levels. Everybody likes to be thanked for a job well done and assured that they are performing a worthwhile service.

The water works operators are surely the "unseen dentist" in every community, and deserve to be recognized. It might be a nice idea to do it every year during National Children's Dental Health Month or when the system's annual Water Quality Report (also known as the Consumer Confidence Report) is sent out.

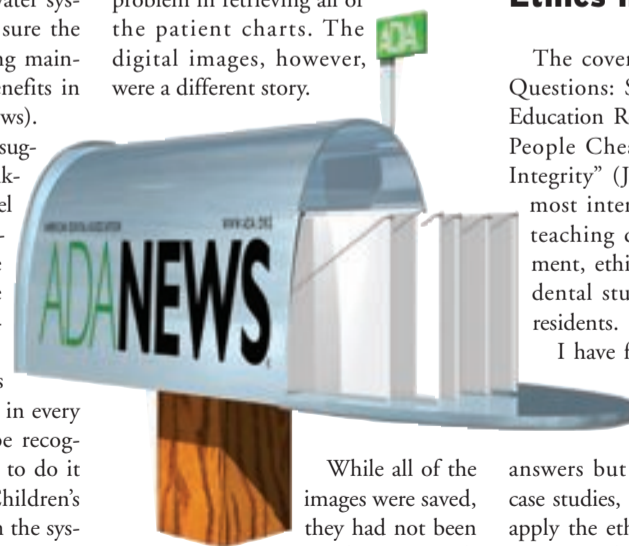
*Joseph M. Doherty, D.D.S., M.P.H.
South Bend, Ind.*

Electronic charts

When my office made the transition from paper to electronic charts several years ago, we entrusted the back-up of our data to the electronic back-up company associated with our software

provider. We were assured that if anything happened that we would be able to recover everything just as it was.

Well, we encountered such a disaster in the form of a burglary. There was no problem in retrieving all of the patient charts. The digital images, however, were a different story.



While all of the images were saved, they had not been properly mapped.

The end result was that we got all of the images back, but not assigned to the patient charts. It was the equivalent of getting a huge box of images identified only by time and date. The task of getting those images back where they belong is proving to be quite tedious and time consuming.

I am writing simply to suggest that any of you who are using an electronic back-up service may want to take a real close look at just how your data is being

stored. Your data may not be as secure as you think.

*William H. Savell, Jr., D.D.S.
Maryville, Tenn.*

Ethics in education

The cover article "Asking the Big Questions: Symposium on Ethics in Education Resolves to Find Out Why People Cheat, Strategies to Bolster Integrity" (June 18 ADA News) was most interesting since I have been teaching dental law, risk management, ethics and professionalism to dental students and post-graduate residents.

I have found that no matter how much ethics is taught in the classroom, the students will have the right answers but even with the review of case studies, they do not know how to apply the ethical/professional concepts in an actual dental office scenario. It is one thing to teach concepts; it is totally different when you try to apply them because humans of all type—the general public—enter into the equation.

Ethics is clearly learned by observation of mentor and peers. But more important, it has most likely been engrained in the student long before they reach dental school by their parents, guardian, mentors and past experiences, which include the many different

See LETTERS, page five

MyView

Continued from page four
excellence on the dental profession.

Though I will remember much about Larry, I will most remember his columns for JADA. They were superb, each one of them, with a grand total of 131 produced during his 11 years as editor. The style was flowing and familiar, the content simple and profound.

I presumed he wrote them with ease, as they were so easy to read. I asked him once how long it took him to write a column, and was surprised to learn how many long hours he devoted to each effort, writing and rewriting until they captured what he wanted to say. For our former JADA editor, it was a labor of love.

In Larry's final column for JADA in December

of 2001, he relayed a few inspirational words from a plaque that had caught his eye in the lobby of the Hilton Palacio del Rio in San Antonio.

Fitting as they are, I reproduce this quotation from architect H.B. Zachry here:

"I do not choose to be a common man. It is my right to be uncommon if I can. I seek opportunity, not security. I will refuse to be a kept citizen, to be humbled and dulled by having my state and my nation look after me. I want to dream and build, to fail and to succeed, never to be remembered among those weak and timid souls who have known neither victory nor defeat.

"I know that happiness can come only from the inside through hard constructive work and sincere positive thinking. I know that the so-called pleasures of the moment should not be confused with a state of happiness. I know that I

can get a measure of inner satisfaction from any job if I intelligently plan and courageously execute it.

"I know that, if I put forth every iota of strength I possess—physical, mental, spiritual—toward the accomplishment of a worthwhile task, ere I fall exhausted by the wayside, the Unseen Hand will reach out and pull me through. Yes, I want to live dangerously, to plan my procedures on the basis of calculated risks, to resolve the problems of everyday living into a measure of inner peace. I know if I know how to do all this, I will know how to live and, if I know how to live, I will know how to die."

Dr. Dunn is the editor of The Articulator Magazine, the membership publication of the Metro Denver Dental Society. His comments, reprinted

here with permission, appear in the August/September issue of that publication.

Editor's note: The ADA Foundation has established a memorial fund in Dr. Meskin's name, with dollars to be used in support of dental education. Checks can be made to the Dr. Lawrence Meskin Dental Education Fund and mailed to the ADA Foundation, 75 Remittance Drive, Suite 1178, Chicago, Ill. 60675-1178. Contributions can also be made online at "www.adafoundation.org".

Memorials can also be made to the Colorado University Foundation, with checks mailed to the Dr. Larry Meskin Education Fund, in care of the Dean's Office, University of Colorado School of Dentistry, Mail Stop F831, P.O. Box 6508, Aurora, Colo. 80045.

Preparing for disasters

The hurricane season officially began June 1 and continues through November. Experts at the National Oceanic and Atmospheric Administration say this season has a 75 percent chance of above normal activity, producing 13 to 17 named storms, including three to five of Category 3 strength or higher.

This is a reminder that ADA members have ready online access to a disaster preparedness manual and other helpful content at "www.ada.org/goto/disaster". Based on the experiences of dentists and others touched by disaster over the years, the manual offers tips on disaster planning and recovery. It was prepared by the Florida Dental Association, with assistance from the Florida Dental Health Foundation and the ADA Foundation. ■

Letters

Continued from page four
cultures, heritages and social/religious beliefs now in our schools through diversity.

This is not a bad thing but must be addressed if all dentists are to be expected to carry on dentistry as a profession and uphold our social contract or public trust which the public—our patients—have come to know, and to continue being one of the most trusted professions.

Perhaps it would be a wonderful experience for fourth-year students as part of their curriculum to spend some time (a week) with a mentor from their respective dental schools to see how ethics and professionalism is applied on a daily basis in a responsible dentist's office.

*Joseph P. Graskemper, D.D.S., J.D.
Associate clinical professor
State University of New York at Stony Brook
School of Dental Medicine
Stony Brook, N.Y.*

Dentists at war

I cannot tell you how proud I am of Lt. Col. Charles W. Thie and his fellow service personnel ("The Dental Warriors of Kirkuk," June 4 ADA News).

As a former reservist and fellow professional, Dr. Thie is the embodiment of patriotism and what makes our country great.

Kudos to Dr. Thie and all fellow service personnel.

*Richard B. Levy, D.D.S.
East Hartford, Conn.*

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Government

ADA supports withdrawal of S.C. consent order

BY CRAIG PALMER

Washington—The Association urged the Federal Trade Commission to withdraw a proposed 10-year consent order settling charges with the South Carolina Board of Dentistry as “unnecessary” and “an abuse of the commission’s discretion.”

“An order should not be imposed against a state agency—particularly one responsible for regulating a health care profession—unless there is a com-

pellent reason to do so,” the ADA said in formal comments filed with the FTC. “Here, there is no reason whatsoever to require a consent decree from the Board of Dentistry—let alone a compelling reason.

“On the contrary, the processes of the State of South Carolina have proven themselves more than adequate to address the concerns underlying the commission’s order and to prevent any recurrence

of the conduct that gave rise to those concerns.”

The FTC unanimously approved the complaint and order, 5-0, in an antitrust case alleging that dental board policy illegally restricted licensed dental hygienists from providing tooth cleaning and other preventive dental services in schools.

The board had adopted a temporary rule requiring that schoolchildren in South Carolina be examined by a licensed dentist before receiving prophylactic care from a dental hygienist. When the board proposed to make the rule permanent, the state legislature amended the Dental Practice Act to make clear that no pre-examination requirement applies in the public health setting.

The board then withdrew the proposal and said it would not seek any change to the policy of the state legislature. The FTC order would require the dental board to inform “every licensed dentist and dental hygienist in South Carolina as well as new licensees for the next three years (and) all school district superintendents within the state” of its support for the state legislative policy.

“South Carolina’s administrative processes proved themselves more than adequate to address the concerns that animated the commission,” the ADA statement concluded. “There is no substantial basis for thinking that the decree is necessary to vindicate those concerns. And there is every reason to believe that the South Carolina legislature is better suited to make policy judgments about balancing access and quality considerations in dentistry for the people of South Carolina than is the Federal Trade Commission.” ■

—palmerc@ada.org

ADPAC member Dr. Freihaut dies

BY KAREN FOX

Marietta, Ga.—Dr. John F. Freihaut, 55, a member of the 2007 American Dental Political Action Committee Board of Directors, died July 26 after a 3-1/2-year battle with colon cancer.

“John gave much to the profession and will be sorely missed both nationally and at the state level,” said Dr. Marie C. Schweinebraten, ADA 5th District trustee of Norcross, Ga. “His dedication to his profession was unparalleled; to his patients, his contemporaries, and the tripartite, to help the profession of dentistry achieve the success it has today and lay the groundwork for tomorrow.”

ADPAC Chair Jeffrey L. Parrish called Dr. Freihaut a long-time advocate of patients’ rights in state and federal government.

“John was passionate about his family, his profession and his responsibilities in life,” said Dr. Parrish. “He insisted on attending an ADPAC meeting barely two weeks before his passing. We on ADPAC will miss his wisdom, wit and smile. This is a terrible loss for all of dentistry.”

In private practice for 27 years in Marietta, Dr. Freihaut was president of the Georgia Dental Association (2001-02), Georgia Society of Oral and Maxillofacial Surgeons (1996-98), the Northwestern District Dental Society (1994) and the Cobb County Dental Society (1988). The NDDS awarded Dr. Freihaut its 2005 “Dentist of the Year” award. He received his DDS from Marquette University and completed his training in oral and maxillofacial surgery at Emory University.

Dr. Freihaut is survived by his wife, Dr. Janine Bethea, a prosthodontist, and two children, Erica and Michael. A memorial service was scheduled for Aug. 3 in Roswell, Ga. Donations may be made to the Medical College of Georgia Foundation for the Building Fund in memory of John Freihaut, Attention Dale Crail, director of development, School of Dentistry, 919 15th Street AD-1112, Augusta, Ga., 30912. ■



Dr. Freihaut



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Meth

Continued from page one

Correctional Costs and Reentry Support Act.

These bills, introduced in the House July 26 by Reps. Rick Larsen (D-Wash.), John Sullivan (R-Okla.), Brian Baird (D-Wash.) and Mike Ross (D-Ark.), aim to prevent young people from falling victim to meth abuse and the resulting need for extensive dental care, and to ease the treatment burden on state corrections budgets. Sens. Max Baucus (D-Mont.) and Norm Coleman (R-Minn.) plan to introduce similar bills in the Senate.



Rep. Sullivan



Rep. Baird



Dr. Goodchild

Sen. Baucus and Reps. Larsen, Sullivan and Baird spoke at the press event, along with Dr. Brandjord and Dr. Jason Goodchild, a faculty member at the New Jersey Dental School and a nationally recognized expert on meth mouth and its treatment.

"Meth wreaks havoc on the bodies of the people who use it," said Rep. Larsen, who co-chairs the House Meth Caucus, along with Rep. Baird. "This drug is a chemical cocktail that literally rots away your teeth.

Meth mouth is a disease that causes permanent damage for meth users and burdens our communities with the high cost of treatment."

An ADA press kit on meth mouth is available at "www.ada.org/goto/meth". ■

—raibler@ada.org



Good stuff: Dr. David L. Nielson points out new selections available in The ADA Annual Catalog during the Salable Materials Panel Committee Meeting in June.

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Army Dental Corps first: Three dentists serve as major general

BY CRAIG PALMER

Washington—The Army Dental Corps takes pride in dental leadership with three dentists serving as major general at the same time, a first for the corps.

“The fact that the Army now has three



Maj. Gen. Czerw



Maj. Gen. Webb



Maj. Gen. Silverman

dentists serving at the rank of major general is testimony to the distinct leadership skills, character and professionalism inherent in our soldier-clinician dentists,” said Maj. Gen. Russell Czerw, current dental corps chief. “Today’s Army dentist is ingrained with the Army values and warrior ethos, those characteristics which are critical to the success of the Army now and in the future.” JADA readers met Dr. Czerw in the March 2005 special report, “Voices From the Front.” Then-Col. Czerw commanded a dental battalion deployed in combat.

Maj. Gen. Joseph G. Webb Jr., his immediate predecessor as dental corps chief, was the first dental officer to command an Army medical center. He later headed the dental corps for nearly four years through July 10, 2006, as the Army mounted a dental fitness initiative for first term soldiers and offered a loan repayment plan to dental officers. An oral pathologist, he remains on active duty and is scheduled to retire Sept. 1.

Maj. Gen. Ronald Silverman (see related reports), U.S. Army Reserve and a private practice dentist in civilian life, is the highest ranking medical officer in Iraq and the first dentist to command all medical operations in a combat zone. “The best way to describe it is to say I run the world’s largest trauma center spread out over seven hospitals and thousands of miles,” he told the ADA News.

All three are Association members. Col. Priscilla H. Hamilton, senior dental corps staff officer in the office of the Army surgeon general, provided information for this ADA News report. Dr. Hamilton is also an ADA member. ■

—palmerc@ada.org

Dr. Silverman—from two-man practice to ‘world’s largest trauma center’

BY CRAIG PALMER

Camp Victory, Iraq—Maj. Gen. Ronald Silverman, the highest ranking medical officer in Iraq and the first dentist ever to command all medical operations in a combat zone, sees hope in a

wounded Iraqi woman’s wish.

She told him she hoped her country would one day be like the United States. “As I lie in bed, I was treated by one doctor who is black and another one who is Asian. Some wear a cross around necks.

Some wear the Star of David. They’re different, but they work together and live in peace. That is what I want for my country.”

Dr. Silverman, U.S. Army Reserve, is the highest ranking medical officer in Iraq Task Force 3rd Medical Command, the Army’s senior deployable theater command, and “the first dentist to command such a large medical organization,” said a dental corps spokeswoman. One of three dental officers at two-star rank, the others the current and preceding Army Dental Corps chiefs, Dr. Silverman assumed authority for Army medical headquarters in Iraq last summer.

He is responsible for full-spectrum health care throughout Iraq, described as including combat support and Air Force theater hospitals, dental, combat stress control, preventive medicine, veterinary care and mortuary services.

“The best way to describe it,” Maj. Gen. Silverman told the ADA News, “is to say that I run the world’s largest trauma center spread out over seven hospitals and thousands of miles. It’s a completely different role from my practice in Alexandria, Va. In my civilian career I’m a family dentist with a two-man practice. Here, I’m responsible for the health care of all our service members in the entire country.”

A military news release from Iraq, datelined CAMP VICTORY, noted that Dr. Silverman recently received a Combat Action Badge, one of the Army’s newest medals created in 2005 to provide special recognition for non-infantry soldiers “who personally engage or are engaged by the enemy.” Dr. Silverman, a former infantryman, said the “events” around his award emphasize that Iraq “is a dangerous place.

“We were in Korean Village, a coalition base in Western Iraq, a very, very beautiful setting on a very beautiful day. Out of nowhere came rockets. I was just standing there and the rockets came overhead and hit.” Dr. Silverman and a physician began triaging patients. “The sad part about it was that although you do everything you can to be careful and everything you can to be safe, things happen,” he said.

“Sadly, and it diminishes this award for me personally, there was a Marine pilot who was killed. The rocket hit and we tried to control the bleeding. But we couldn’t save him.”

Dr. Silverman spoke, too, of the responsibility he assumes for “the soldier in that bed.” We communicated with Dr. Silverman by e-mail through military public affairs officers in Iraq.

“I feel I have an obligation to not only the
See TRAUMA, page 15

Senate Air Force dental officer promoted to two-star major general

BY CRAIG PALMER

Washington—The U.S. Senate confirmed appointment of Air Force Brig. Gen. Gar Graham, assistant surgeon general for dental services, to a two-star major general. The promotion establishes a dental leadership parity with the Army that was last held by an Air Force officer in 1993.

The Association has long pushed for restoration of two Air Force stars. ADA policy calls for rank parity in the uniformed services dental corps

and major general rank for the Air Force director of dental services. Congress approved legislation in the National Defense Authorization Act of 2007 providing for “standardization of grade of senior dental officer of the Air Force with that of senior dental officer of the Army.”

President Bush nominated Gen. Graham to the newly authorized position on June 11 and the Senate by voice vote June 28 confirmed Brig. Gen. Graham for appointment to the grade of major general with continued service as assistant surgeon general for dental services, Air Force District of Washington, and commander, 79th Medical Wing, Andrews Air Force Base. A promotion ceremony has not been scheduled.

Dr. Graham, a periodontist, hosted Association leaders March 2 for a tour of Andrews Air Force Base medical facilities and in welcoming a medical mission transporting wounded troops from combat areas to the U.S. ■



Brig. Gen. Graham

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Alliance volunteers help Indiana schoolkids smile

BY STACIE CROZIER

Fort Wayne, Ind.—More than 600 students at Fairfield Elementary School are proud to show off and take care of their smiles, thanks to the cooperative efforts of a local dentist, the local dental society and its alliance and school staff.

Dr. Ben Yoder, a Fort Wayne general dentist, says he knew first-hand that there were a lot of kids in the city's school system with dental decay—including some kids who didn't even own a toothbrush.

"I was the dental director for Neighborhood Health Clinics Inc. for eight years, and we conducted a school-based sealant program for 17 Title I schools in Fort Wayne," said Dr. Yoder. "I thought if we could just allow these at-risk kids to brush just once a day after lunch, we could make a difference."

Dr. Yoder's idea was to launch a pilot program in one school that provided toothbrushes, toothpaste, storage units for the supplies and oral care instruction to children in every grade.

He enlisted the support of Sherry Britt, Fairfield Elementary's principal, and recruited volunteers from the Alliance of the Isaac Knapp District Dental Society to establish and oversee the program.

After receiving a grant from the Alliance of the American Dental Association's charitable arm, The Foundation for Dental Health Education, and financial support from the Isaac Knapp District Dental Society, the "Proud to Smile" program was born, said Deb Reed, dental health education co-chair for the alliance.

"I feel like we're making a positive impression on kids who don't have a background of dental care," said Mrs. Reed. "The program has the potential to reach kids during six years of elementary school and we hope that teaching them the importance of good dental care habits now will make it a positive habit they will continue through middle school and high school."

Working with a modest investment of about \$4,000, said Mrs. Reed, the volunteers were able to purchase two toothbrushes for each student—one for use at school and one to take home; toothpaste; Occupational Health and Safety Administration-approved storage containers for the school-based supplies; and T-shirts for the kids and the volunteers. For the next school year, she adds, the only costs will be new dental care supplies.

Twelve volunteers went to Fairfield March 27 to launch the Proud to Smile program and conducted three lunchtime education sessions, reaching all the students in one day. Kids learned about the importance of brushing and volunteers demonstrated good brushing skills before having the children brush their teeth.

Later in the year, volunteers worked with teachers and conducted surveys of parents and teachers to determine how the program was progressing, said Mrs. Reed.

"The teachers are all for this and they've told me 'It's great to walk down the hall and smell the toothpaste,'" she said. "It's exciting working with the kids. They really open up and tell you things. We heard from several students that they didn't have a toothbrush at home or they shared one with other family members. And they are very inquisitive about the dental health education and ask a lot of good questions."

Dr. Yoder chose Fairfield for the pilot program since its decay rate was nearly 60 percent. He hopes the program can be expanded to other schools in the future. "We're still in the honeymoon phase, but the Alliance volunteers are working to make sure everything runs smoothly. They also hope to introduce some nutrition education in the future."

"The dental program has been wonderful," said Ms. Britt, Fairfield principal. "Many of our students don't brush their teeth at home on a regular

basis so we are not only teaching the academics to our students but also teaching them a lifelong skill. Often I would hear students say, 'My teeth are clean, look!'

"Dr. Yoder and his volunteers are very helpful and have been most gracious to our students and teachers," added Ms. Britt. "They are concerned about the welfare of Fairfield students and I truly appreciate all of their help they have provided with this program." ■

—croziers@ada.org



Proud group: Proud to Smile Volunteers, above, pause March 27 for a photo at Fairfield Elementary School. Pictured from left, front row, are Sherry Britt, school principal; Diane Velpel; Connie Slyby; Paula Oldag; Sarah Rahrig; Joan Lawrence; Linda Braun; Deb Reed; Dr. Ben Yoder; and Betsy Mayden; back row: Stacey McDaniels; Tracy Roach and Ellen Tom. At left, Fairfield students flash their smiles during the program's kickoff.

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DentalPractice

ADA revises guidelines for referring patients

‘Referrals should be based on the education, training, interest and experience of the referring dentist and the unique needs of the patient’

BY ARLENE FURLONG

Following a six-month effort, revised ADA General Guidelines For Referring Dental Patients are now available.

The ADA Council on Dental Practice developed the guidelines, which the ADA Board of Trustees approved for circulation to the dental profession at its June meeting.

“We’re not telling anybody how to do dentistry, not questioning anyone’s ability to perform procedures,” said Dr. Jeffrey B. Sameroff, a CDP member who worked on the recommendations. “We’re saying the patient should be referred when it’s in his or her best interest.”

The ADA guidelines emphasize the uniqueness of individual treatment plans and the importance of good rapport between consulting dentists, referring dentists and patients. Dentists who worked on the revisions say the spirit of the guidelines is essentially unchanged from the previous version developed by CDP in the early 1990s. However, now the document has been updated with additional references and expanded explanations.

“Over the past few years, significant discussions have developed about appropriate guidelines for referring a dental patient,” said Dr. Billie Sue Kyger, CDP chair. “We take great pride in guidelines for the profession that respect the individual qualities of each dentist, as well as the unique wants and needs of our patients.”

CDP members studied the issue and developed the updated guidelines in consultation with the Council on Ethics, Bylaws and Judicial Affairs. After internal review, the newly revised guidelines were circulated to the nine officially recognized specialty groups and the Academy of General Dentistry. None of the groups suggested changes.

“Referrals should be based on the education, training, interest and experience of the referring dentist and the unique needs of the patient,” the guidelines say. “Both the referring dentist and the consulting dentist should have a clear understanding of the role each is playing in providing care to the patient.”

Dr. Rickland Asai, CEBJA chair, said CDP’s views on the referral guidelines were based on key elements contained in the ADA Principles of Ethics and Code of Professional Conduct. This core document embodies the profession’s highest ethical standards of conduct and has the benefit of the patient as the primary goal.

“The referral of dental patients ethically should be considered when the patient’s welfare would be safeguarded or advanced by utilizing those who have special skills, knowledge, training, and experience,” said Dr. Asai. “Part of the intense discussion on referrals within the profession centered around when a general dentist needs to refer a patient. This will vary depending upon the general dentist’s skill, knowledge and training.”

Because there are so many variables, the language in the referral guidelines emphasizes dentists’ skills, knowledge, training and experience.

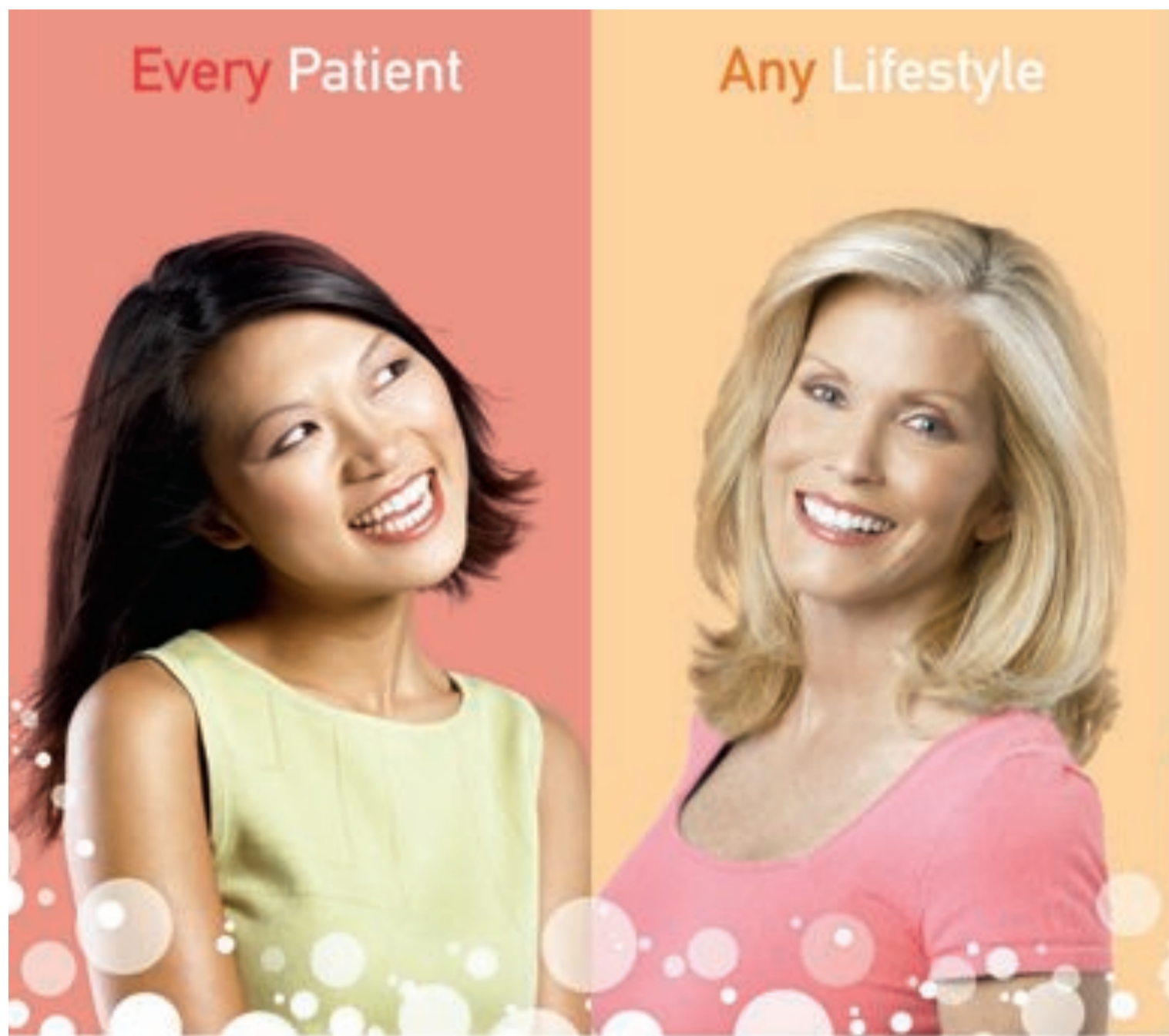
Dr. Asai cites an example of a dentist who has completed a general practice residency, who has developed skills necessary to remove impacted third molars, or who has gained the experience to perform certain types of periodontal surgery. Perhaps that dentist would choose to perform those procedures. Other dentists who choose not to perform those particular procedures may opt

instead to make an appropriate referral.

Dr. Frank J. Graham, a CDP member and practicing orthodontist, reiterated Dr. Asai’s

point that the guidelines should not be viewed as a “dentist vs. specialist” issue and aren’t intended as a legal standard.

“They are really no more than a recommendation on the use of judgment and concern for the patient—an honest assessment by the dentist,”



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Dr. Sameroff: "We're not telling anybody how to do dentistry, not questioning anyone's ability to perform procedures."



Dr. Asai: "CDP's views on the referral guidelines were based on key elements contained in the ADA Principles of Ethics and Code of Professional Conduct."



Dr. Graham: "The guidelines should not be viewed as a dentist vs. specialist issue and aren't intended as a legal standard."

said Dr. Graham. "The bottom line is that it's the co-management of patients that's really important. That means that after a referral, the responsibility for the patient remains shared by both referring and consulting dentists. Communication is the essential ingredient."

The doctors agree that referrals work best when the referring and consulting dentists are acquainted and maintain ongoing communication.

"It's always easier to deal with someone you know," comments Dr. Asai. "It enhances the care of the patient and creates more confidence in dentists and patients."

Dr. Sameroff says it's nicer for a patient when a consulting dentist shows some knowledge about why the patient is in his office. Whenever he refers a patient, Dr. Sameroff calls the consulting dentist and sends a form letter that includes X-rays and the reason the patient is being referred.

"It's the referring dentist's obligation to let both the patient and the consulting dentist know why a patient is being referred," said Dr. Sameroff. "It's part of the process. Everyone has to be on the same page."

The General Guidelines For Referring Dental Patients are available in PDF format at ADA.org. Go to "www.ada.org/prof/resources/topics/referring.asp". ■

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Dr. Schripsema

Speakers and presentations on this year's agenda include:

- Dr. Jackson Brown, former managing vice president, ADA Health Policy Resources Center, will discuss the impact of dental tourism and tele-dentistry on dental benefit plans.

- Jerry Berggren, National Association of Dental Plan's director of research and information, will speak on plan design, industry trends and the various data and reports generated by NADP.

- Dr. Thomas Schripsema, vice chair of the ADA Council on Dental Benefit Programs, will present Dental Benefits 101, a presentation designed for constituent and component dental society staff.

- Dr. Richard Klich, vice president for professional affairs and national dental director of United Concordia Companies Inc., and Roger Skinner, president of GroupLink Inc., will join a panel discussion on innovations in dental benefits.

- Chris Smith, product manager, specialty products division for Regence Blue Shield, will discuss his company's efforts to develop a dollar-based indemnity plan for consumers.

There is still time to register for this free conference. Visit "www.ada.org/goto/benefitsconf" to register online or call the Council on Dental Benefit Programs toll-free, Ext. 2746. ■

New dentists building bridges to future

300 converge on Portland for 21st annual conference

BY KAREN FOX

Portland, Ore.—At the ADA 21st New Dentist Conference last month, keynote speaker Dr. Arthur Dugoni urged the audience to become actively involved in the profession.

“As health care professionals, you have chosen to live a life that matters. You make a difference in the lives of patients,” Dr. Dugoni said. With that, he added, comes the responsibility to assume a leadership role when confronting complex professional issues like the distribution of the dental workforce, licensure, health delivery models and the need for stronger educational systems.

“We are now on the brink of a movement to change the profession,” said Dr. Dugoni, a past ADA president, dean emeritus of the University



Leadership: New dentists representing the state of Georgia listen to ADA President-Elect Mark Feldman respond to a question during the Q&A with ADA leaders session June 21. Pictured from left are Dr. Rhoda Sword, Dr. Amy Loden and Dr. S. Mike Loden.

StartingOut

of the Pacific Arthur A. Dugoni School of Dentistry and ADA Foundation president. “Will we maintain the status quo, or will we be risk takers? What we’ll be involved in the next few years is not a spectator sport.”

More than 300 attended this year’s New Dentist Conference June 21-23, enjoying a blend of networking, leadership programming and CE specially designed for new dentists and dental students. The conference gives dentists in practice 10 years or fewer a unique opportunity to touch base with ADA leaders and get involved in tripartite activities.

Dr. Matthew F. Krische, chair of the ADA Committee on the New Dentist, called “Hot Topics: Ask Your ADA Leaders,” an annual Q&A with ADA officers and members of the Board of Trustees held June 21, an enlightening experience.

“It was a real eye-opener for new dentists in

attendance to hear what the ADA is challenged with in the upcoming years—public funding of health care and the State Children’s Health Insurance Program, electronic records, workforce models and more,” said Dr. Krische. “In the end, I think many realized there is a lot that the ADA is doing on their behalf.”

Governmental regulation and oversight of dentistry is a good reason to stand up and make your voice heard, American Dental Political Action Committee Chair Jeffrey Parrish told the crowd in opening remarks.

“Universal precautions and



Interactive: Participants locate a trigger point in their trapezius muscles at a seminar by Dr. Lee Ann Brady of the Pankey Institute during the first-ever ADA-Pankey Education Connection program June 22.

the Health Insurance Portability and Accountability Act, they are just givens in your life but they weren’t always there,” Dr. Parrish said. “The government will have the biggest influence on your life, and only as a collective group are we ensured of having a voice.”

This year’s CE speakers included Dr. Harold Crossley, Dr. Mart McClellan, Dr. William Liebenberg and Cathy Jameson. The conference also marked the launch of the ADA-Pankey Education Connection (APEC) with a three-part program by Drs. Lee Ann Brady, Gary DeWood and Steve Ratcliff.

APEC is a joint collaboration between the ADA and Florida-based L.D. Pankey Dental Foundation launched last year to develop new continuing education for members, especially new dentists, for presentation at conferences, the ADA annual session and in newer media such as online CE and podcasts. One of the three APEC sessions at the New Dentist Conference was also featured online.

A 2007 dental school graduate, Dr. Trevor Greene of Glen Burnie, Md., attended the conference for the first time this year, with an eye toward meeting other recent graduates and learning from their experiences as they transition from dental school to practice.

“This conference tends to attract a smaller audience, too, so you have a good opportunity to talk one-to-one with just about everyone,” said Dr. Greene, who was set to begin an associateship last month. “Even seeing people who have been out for a few years, I just graduated, so I have much to learn from their experiences.”

The New Dentist Conference was sponsored by the ADA Insurance Plans, the ODS Companies, ADA Member Advantage, ADPAC, Oregon Dental Association, Washington State Dental Association, and the Multnomah Dental Society and Clackamas County Dental Society of Oregon. ■

—foxk@ada.org

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Achievement: From left are Dr. Thomas Smyth accepting the Minnesota Dental Association’s award; Dr. Matthew Krische, CND chair; Dr. Robert Leland; and Dr. Douglas Walsh.

Dentists, constituent society garner awards for leadership, mentoring, excellence

Portland, Ore.—The Committee on the New Dentist held its annual awards luncheon June 23.

This year’s Golden Apple Award for New Dentist Leadership went to Dr. Robert S. Leland of Hanover, Mass., who represented the American Student Dental Association on the Massachusetts Dental Society’s Council on Membership during dental school, then at age 27 became of the youngest dentist ever to chair the council.

The Golden Apple Award for Outstanding

Leadership in Mentoring went to Dr. Douglas P. Walsh of Seattle. Dr. Walsh spearheaded the Congressional Internship Program that gives a dental student the opportunity to spend a month in a congressional office in Washington, D.C.

This year’s New Dentist Committee Outstanding Program Award of Excellence went to the Minnesota Dental Association. The MDA’s New Dentist Committee hosted a successful Round Table Ideas Exchange for new dentists to learn about staffing, third-party issues, materials and common mistakes to avoid. ■

Scholarship honors first American Indian dentist

BY CRAIG PALMER

Prior Lake, Minn.—The Society of American Indian Dentists announced corporate-tribal support for a new scholarship honoring Dr. George Blue Spruce Jr., the first American Indian dentist. The scholarship initiated at the 17th annual SAID meeting June 7-10 will assist American Indian dental students at the University of Minnesota School of Dentistry.

The Shakopee Mdewakanton Sioux Community and Sullivan-Schein, a Henry Schein Company, each contributed \$10,000 toward “the largest endowed scholarship fund for American Indian dental students” with a goal of \$200,000.

Dr. Blue Spruce, founder and president emeritus of the SAID, is a former assistant surgeon general in the U.S. Public Health Service. The only American Indian on campus, he was the first Pueblo American Indian to graduate from a dental school, Creighton University School of Dentistry, and became the first American Indian dentist in the United States. He is currently assistant dean for American Indian affairs at the Arizona School of Dentistry & Oral Health. (His paper, “The Need for American Indian

Dentists,” is posted online at “www.ada.org/public/careers/beadentist”.)

Dr. Blue Spruce received many awards from the dental community including an ADA presidential citation presented by Dr. Robert Brandjord, the ADA’s immediate past president.

A University of Minnesota pre-dental student, Crystal McGraw, presented a special honor quilt to Dr. Blue Spruce on behalf of SAID members, and the Sisseton-Wahpeton Vietnam Veterans

Founder: Dr. Blue Spruce shows the honor quilt presented to him on behalf of SAID members.

Honor Guard presented the colors at an honors ceremony. The Society of American Indian Dentists meets annually and usually in association with a dental school and American Indian tribes in the vicinity. The society’s membership comprises approximately 65 American Indian dentists representing 41 tribes.

The University of Minnesota School of Dentistry hosted the conference, New Trends in Dentistry, at the Mystic Lake resort and casino hotel near Minneapolis-St. Paul. The Shakopee Mdewakanton Sioux Community is a federally recognized Indian tribe. Tribal members are direct lineal descendants of Mdewakanton Dakota people who lived in villages near the banks of the lower Minnesota River.

Dr. Michael J. Madden, the dental school’s interim assistant dean of admissions, headed local planning. UM and Indiana University dental faculty provided continuing education programs on caries risk and control, identification and diagnosis of oral lesions, “meth mouth,” and CAD/CAM technologies.

The school cited support for the conference from Procter & Gamble, Oral-B, Midmark, VOCO, A-dec, Sullivan-Schein, Zimmer Dental, Mystic Lake and the Shakopee Mdewakanton Sioux Community.

“This coming year the SAID will make a concerted effort to increase membership in the organization of American Indian and Native Alaska dentists, dental hygienists, dental assistants and other dental personnel interested in improving the oral health of all people and especially Ameri-

can Indian and Native Alaskan community members,” said Dr. Madden.

The SAID will hold its 2008 meeting in Phoenix, Ariz., with the support of the ASDOH in Mesa, which graduated its first class May 19, and Dr. Richard J. Simonsen, inaugural dean of the Midwestern University College of Dental Medicine in Glendale, Ariz. Dr. Nancy Reifel, UCLA, will coordinate a SAID mentoring program for American Indian and Native Alaskan dental professional students. ■

—palmerc@ada.org



Dental community: From left, Tony Groen, Sullivan-Schein; Dr. Patrick Lloyd, dean, University of Minnesota School of Dentistry; Nicki Cook, coordinator for admissions and diversity, UMSOD; Dr. Mike Madden, interim assistant dean for admissions, UMSOD; Dr. Blue Spruce; Dr. James Q. Swift, president, American Dental Education Association; Dr. Bob Brandjord, past president, ADA; and Dr. Halliday.

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Campaign Statements

Candidates seeking ADA-elected offices prepared the following platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are printed as information for Association members.

The candidates included are those who—as of press time—had decided to seek office through the upcoming Association elections held concurrently with the Sept. 28-Oct. 2 House of Delegates meeting in San Francisco. If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections for contested races will be held Oct. 1. Candidates in uncontested elections will be declared elected at the first meeting of the House on Sept. 28.

Candidate statements begin below and continue on pages 16, 17 and 18. ■



ADA

John S. Findley, D.D.S.

President-elect candidate

Dentistry is at a critical crossroads, and we as dentists must serve as architects of change to determine the future of our profession.

As a practicing dentist for 35 years, I have a clear vision, a proven record, and a deep commitment to dentistry and our way of practice.

We must address the critical issues of education, access and communication. I will seek a stronger partnership between the practicing community and dental educators to ensure a sound foundation for ethical and competent clinical care. I will advocate for meaningful funding of effective programs that serve the patient's interest before the bottom line. Finally, I will drive our Association in communicating a powerful message emphasizing the importance of quality oral health care and positioning the ADA as the worldwide authority for oral health information.

My experience in professional and community leadership gives me the unique perspective necessary to lead the ADA. In every leadership role—mayor of my town, trustee for the ADA 15th District, president of the Texas Dental Association, non-profit boards, military service and more—I have built consensus and led change.

I seek your vote for ADA president-elect in 2007. Working together, we can and will succeed. ■



ADA

Joel F. Glover, D.D.S.

President-elect candidate

As a 40-year member of the ADA, I've seen our profession move forward in so many positive ways. And I'd like to see us take it even further. To do this we need to share a single vision, speak with a single voice, and plan proactively for the future.

We must advocate for federal and state funds to assure that everyone has access to quality dental care, regardless of economic status, while continuing to focus on preventative care and finding new ways to reach underserved populations.

We must speak out for the oral health of the nation. By addressing the regulatory and environmental issues that affect our profession with sound science and a single voice, we will have the ability to set our own policies and procedures without unwarranted third party intervention.

And we must continue to provide the best dental education in the world. This means adapting our standards and methods to keep pace with advances in technology and placing a stronger emphasis on professional ethics in our schools.

I want to give back to the profession that has given me so much, and with my leadership we will move ahead as the world's foremost authority on oral health care. I appreciate your support. ■



ADA

J. Thomas Soliday, D.D.S.

Speaker, House of Delegates candidate

I enjoy being the Speaker of the ADA House of Delegates and request your continued support. It is a privilege to work with such fine professionals who are dedicated to improving our Association to be the absolute best it can be for all dentists and the patients we treat. Each year, I evaluate the House of Delegates' efficiency, endeavoring to improve its function and protect the time of each delegate.

This year one reference committee will place all of its resolutions on a "Consent Agenda," removing only those needing debate. There's no sense discussing the non-contentious resolutions we all agree upon, saving a lot of floor time. My intention is the less important resolutions will be thoroughly discussed in reference committee before placement on the Consent Agenda. When the reference committee report is presented before the House of Delegates, there should be ample time for the most important resolutions.

The new delegate/alternate delegate orientation will continue so all may become familiar with basic parliamentary procedure and how to present motions. Adding new voices to the debate will only improve its quality.

Thank you, members of the House of Delegates for your dedication and support of my efforts. ■



PROFILE

Profile of: John S. Findley, D.D.S.

Current Residence: Cross Roads, Texas

Dental School Attended: Baylor University College of Dentistry

Year Received Dental Degree: 1970

Years of ADA Membership: 38 years

Other professional memberships: American College of Dentists, International College of Dentists, Academy of General Dentistry, Texas Dental Association, Dallas County Dental Society.

Volunteer posts/elective offices held in organized dentistry: Trustee, ADA 15th District; President, Texas Dental Association; President, Dallas County Dental Society; Member, Strategic Planning Committee ADA; Chair, ADA Essential Oral Healthcare Needs Task Force.

What are the three most critical issues facing dentistry today? The three most critical issues facing dentistry today are education, access and communication because if we don't get these three right, our patients, practices and profession will suffer.

What are your three main goals if elected?

- Establish a collaborative partnership between the practicing community and dental education to financially secure our academic institutions, achieve essential and innovative change in curricula and provide competent, caring and professionally responsible practitioners for the future.

- Advocate for new outreach programs and workforce models that bring appropriate dental care to those in need with a dentist as the head of the dental team.

See DR. FINDLEY, page 18

PROFILE

Profile of: Joel F. Glover, D.D.S.

Current Residence: Reno, Nev.

Dental School Attended: Northwestern University Dental School

Year Received Dental Degree: 1968

Years of ADA Membership: 40 years

Other professional memberships: American College of Dentists, International College of Dentists, Pierre Fauchard Academy, American Association of Dental Examiners, Academy of General Dentistry.

Volunteer posts/elective offices held in organized dentistry: President, Nevada Dental Association; President, American Association of Dental Examiners; Chair, ADA Council on Dental Education and Licensure and Commission on Dental Accreditation; ADA representative to PEW Foundation, IOM Study, Macy Foundation, and ADEA Commission for Curricular Innovation; Chair, ADA Task Force on National Health Information Infrastructure.

What are three most critical issues facing dentistry today? Advocacy for access to care—We must continue to advocate at the federal and state level for funds to make sure that every citizen has the right to seek dental care. We must continue to make prevention the focus of these efforts. We must be flexible in our workforce models to meet the needs of our underserved populations. Dental education and ethics—Dental education costs are skyrocketing along with the shortage of dental educators. Ethics seems to be weakening as we hear of cheating in our dental schools. Environmental issues—These include fluoridation of our public drinking water, the safety of amalgam in our practice and the safety of amalgam in our office wastewater.

What are your three main goals if elected? We must be proactive in advocating and collaborating with all stakeholders who have an

See DR. GLOVER, page 18

PROFILE

Profile of: J. Thomas Soliday, D.D.S.

Current Residence: Gaithersburg, Md.

Dental School Attended: University of Maryland Baltimore College of Dental Surgery

Year Received Dental Degree: 1963

Post-Graduate Education/Specialty:

- Washington Hospital Center, Oral Surgery Residency, 1963-1964;

- University of Pennsylvania, Oral Surgery, 1966-1967;

- Episcopal Hospital, Philadelphia.

Years of ADA Membership: 37 years

Other professional memberships:

- American Association of Oral and Maxillofacial Surgeons;

- American College of Dentistry;

- International College of Dentists;

- Pierre Fauchard Academy;

- American Institution of Parliamentarians.

Volunteer posts/elective offices held in organized dentistry:

- Speaker, ADA House of Delegates 2003-2007;

- Speaker, AAOMS House of Delegates 1994-2003;

- Delegate, ADA 1994-2002;

- President, Maryland State Dental Association 1990-1991;

- President, Southern MD Dental Society 1988-1989.

What are the three most critical issues facing dentistry today?

- Image of dentistry as the leader of oral health information and research;

- Access to oral health care for the disadvantaged population

See DR. SOLIDAY, page 17

Trauma

Continued from page eight
wounded but also to their families,” he said in a statement. “The Army selected me for this position, but the American people now depend on me to take care of their sons and daughters or their mothers and fathers or their brothers and sisters. The trust that is given to me not only by the public, but my fellow commanders, to take care of the troops is phenomenal. I’ve done everything I can to live up to that trust.”

“We’ve done well as a Task Force, and I think I’ve done well. I know we’ve done well because we’ve been scrutinized by every major media and medical organization in the world. (Task Force 3rd MEDCOM units have been featured in HBO’s Baghdad ER, CNN’s Combat Hospital, CBS 60 Minutes’ A Fighting Chance and National Geographic’s THE HEROES THE HEALING.) I have also received many expressions of personal thanks from the wounded and their families.

“Our statistics show that we have the highest survivability rate in military history. (Soldiers injured during Operation Iraqi Freedom are surviving injuries at a rate of 90 percent, the highest in the history of warfare, military officials say.) I think that means we’re doing something right, a lot of things right. The hardest part for me is the unpredictability of war. I worry at night, ‘Did I consider every contingency? What if I were to lose a whole hospital? What if we start seeing some new type of injury?’ I’m always

trying to think outside the box, to anticipate scenarios that might mitigate some future risk to our soldiers.”

For Dr. Silverman, the skills and principles of private practice in Alexandria, Va., apply in Iraq. “The scale is infinitely larger. But I focus on the education process and the management processes I have learned from my practice and my previous commands and extrapolate that to fit the complete medical system, treating patients, battlefield operations, and so on. Key to my way of doing business is that I don’t lose sight of the compassion that I show my individual patients in my practice.

“This is the same compassion I want shown to every soldier in theater. The soldier in that bed, whether I’ve seen him or her or not, is a living, breathing, feeling individual, not a number or a statistic.”

Dr. Silverman is a tripartite member of the Northern Virginia Dental Society, Virginia Dental Association and ADA. ■



Fluoridation landmark: Sculptor Cyril Lixenberg stands next to pieces of Steel Water, a 33-foot-tall, five-ton steel sculpture that will be dedicated in a ceremony Sept. 14 in Grand Rapids, Mich., in honor of the city being the first in the U.S. to fluoridate its public water supply to prevent dental caries. West Michigan District Dental Society is posting details online at “www.wmdds.org”.

Aetna

Continued from page one

providers and explained:

“When Aetna approves a member’s use of a non-participating provider, the member is responsible only for the network level cost sharing and Aetna must pay the nonparticipating provider enough so that he does not balance bill the member. While Aetna may try to negotiate with the nonparticipating provider, ultimately, Aetna has to pay whatever the provider demands such that the member is held harmless. Since the [Aetna] letter states that ‘additional reimbursement will not be considered,’ the letter is not an initial state of a negotiation but rather a statement that all Aetna will pay is 125 percent of the Medicare allowable amount.”

DOBI Commissioner Steven M. Goldman signed the administrative order requiring Aetna to cease its limited reimbursement practice, to reprocess all claims for services rendered by nonparticipating providers adversely affected by Aetna’s unfair practices, and make payment to those providers based on the billed amount plus 12 percent interest from the date the claim was initially paid, in addition to the monetary penalty.

Aetna has 30 days to request an administrative hearing objecting to the order and intends to do so, Cynthia Michener, an Aetna spokesperson, told ADA News July 31 in a written statement.

“Aetna is committed to operating in full compliance with applicable law, and we are reviewing the order in detail. We believe that we are not only in compliance with New Jersey statutes, but that our policy protects our members and customers in the State of New Jersey from excessive billed charges by a small group of physicians who do not participate in insurer networks,” Ms. Michener’s statement said in part. “The vast majority of non-par providers accept our payment and do not balance-bill members. If members are billed, however, we will make them whole such that they’re responsible only for the plan’s network cost-sharing for covered services.”

The medical reimbursement policy in question primarily affects a small subset of physicians based in hospitals, such as anesthesiologists, radiologists and pathologists, who very frequently do not join provider networks even though the hospital in which they work may be part of these networks, Ms. Michener’s statement said. ■

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▶ Riverside Dental Ceramics • Riverside, CA (\$139 plus shipping)	800-321-9943
▶ New West Dental Ceramics • Lake Havasu City, AZ (\$139 plus shipping)	800-321-1614
▶ Glidewell Laboratories • Newport Beach, CA (\$139 plus shipping)	800-854-7256

ADA

Richard A. Crinzi, D.D.S.

Second vice president candidate

The opportunity to serve as the ADA second vice president would be both challenging and personally rewarding. Working with the ADA, House of Delegates and Board of Trustees to maintain and improve the already positive image of dentistry is important to me. Dentists are caring, concerned and compassionate and need to be perceived this way by the public. Maintaining the highest levels of integrity and ethics within the entire profession is critical as unethical conduct compromises patient trust and undermines patient care.

With a two-year tenure on the ADA Board of Trustees, I would be prepared and informed about the issues that affect dentistry. Leadership of the ADA is challenged to provide the best solutions to complicated questions about education, delegation of responsibilities, government advocacy/regulation, access to care and maintaining member relevance. Working together on your behalf we must provide effective communication and look for creative and visionary solutions to problems associated with oral health delivery. Dentists must work to maintain the positive influence of the public's and legislators' opinions. As discussion again centers on universal health care we need to demonstrate that the dental profession can provide ethical health care that will work to everyone's advantage.

As your elected officer, I pledge to try to make these words reality. I would appreciate the opportunity to serve and am dedicated to the task. ■



ADA

O. Andy Elliott, D.M.D.

Second vice president candidate

Our professional Association must meet our members' needs. Members have placed advocacy as their top priority and we must represent and involve them in the legislative arena and with third-party groups. The ADA must support them on a practice level, facilitating them in providing the high level of care American dentistry is known for. As a profession, we govern ourselves and improve dentistry for the patients we serve. We must continue to identify the concerns of our membership, be proactive and direct the future of dentistry—not be led by others. We are all familiar with the challenges facing us such as access, mid-level providers, faculty shortages and student debt, specialty expansion, third-party changes like P4P, international dental tourism, foreign laboratories, and the always present issues of licensure, workforce, and governmental regulations. These topics require our Association to think outside of the box to develop innovative solutions. We must partner with like-minded groups and reach out to our patients in collaborative efforts, championing what is right.

The second vice president's office has been referred to as the "Trustee of the House." I feel it is an office that represents the concerns and viewpoints of the general membership. As a general dentist and a 14-year member of the House, I can fill that role and I respectfully ask for your vote. ■



ADA

Debra S. Finney, D.D.S.

Second vice president candidate

The issues that challenge dentistry's leaders today can be addressed as either obstacles or opportunities.

There has never been a more critical time to have a strong, unified leadership partnership to address these challenges.

Preserving the standard of care, while meeting the needs of the underserved, is a significant concern facing the entire health care system in our country.

Organized dentistry must be involved in shaping the delivery of health care from both a workforce and benefits design perspective, and ensuring the standards of education are upheld. Those challenges require innovation, collaboration, courage and an openness to change.

We must attend to the problems of dental education and accreditation so we can preserve the historical excellence we have achieved. We must unite our advocacy efforts on behalf of our profession and our patients.

My leadership focus is to unite our community, and to respect and represent all views in developing the best solutions. I believe this philosophy will work well in representing your beliefs and responding to your concerns.

I welcome the opportunity to work with you and for you in determining the future direction of our profession. ■



PROFILE

Profile of: Richard A. Crinzi, D.D.S., M.S.

Current Residence: Bellevue, Wash.

Dental School Attended: University of Washington School of Dentistry

Year Received Dental Degree: 1972

Post-Graduate Education/Specialty: Oral & Maxillofacial Surgery; Oral Pathology.

Years of ADA Membership: 35

Other professional memberships: American Academy of Oral Pathology; American Association of Oral & Maxillofacial Surgeons; American Dental Society of Anesthesiology; International College of Dentists; American College of Dentists.

Volunteer posts/elective offices held in organized dentistry: President, Seattle-King County Dental Society; President, Western Society of Oral & Maxillofacial Surgeons; President, Washington State Dental Association; Member, ADA Council on Government Affairs and Federal Dental Services; Board of Directors, ADPAC.

What are the three most critical issues facing dentistry today?

- Assuring that dentists are positioned to move swiftly and decisively as leaders in oral health care with concerns and solutions about the need for prevention, improved access and the importance of oral health in universal health care discussions. Dentistry is health care that works, but we must work with others to find creative solutions to current problems.

- Dentists are challenged to adopt new and productive ways to provide improved oral delivery health services while maintaining providers as the diagnostic experts they are educated to be. The public deserves this level of competency.

- Maintain and focus on keeping dentistry an ethical profession, lest we become service providers and see oral health care splinter the way it has in medicine.

What are your three main goals if elected?

- To act as the HOD's representative to the ADA BOT and assist with improving patient and member services through value based leadership decisions.

- To demonstrate, support and publicize the "Guiding Lights: Mission of the ADA Foundation," showing all that oral health matters and support for research and education are important.

- To make a difference for the enhancement and advancement of the ADA as well as the public we care for.

What are your main qualifications for the office you seek?

My past leadership experience on all levels of the profession has provided a background for me to build upon. I believe organized dentistry must face the challenges and issues related to oral health care in an active and involved manner. Proactive

See DR. CRINZI, page 18

PROFILE

Profile of: O. Andy Elliott II, D.M.D.

Current Residence: Prestonsburg, Ky.

Dental School Attended: University of Kentucky College of Dentistry

Year Received Dental Degree: 1983

Years of ADA Membership: 28

Other professional memberships:

- American College of Dentists;
- Academy of General Dentistry;
- Pierre Fauchard Academy;
- Healthy Kentucky/Floyd County Strategic Planning;
- National Museum of Dentistry.

Volunteer posts/elective offices held in organized dentistry:

- President, Kentucky Dental Association 2006-2007;
- President Kentucky Mountain Dental Society 1987-1988, 2003-2004;
- ADA Delegate 1994-present;
- Chairman KDA Executive Board 1997-2005 (ex 2003);
- Chairman, ADA Committee on the New Dentist, 1996.

What are the three most critical issues facing dentistry today?

- Access to care, especially for the elderly and indigent populations.
- Continued unwarranted outside intrusions by third party groups (insurance and governmental) affecting the day-to-day operations of an office.

- Regaining the high level of public trust in our profession.

What are your three main goals if elected?

- To continue promoting dentistry's successes to the public we serve to increase our positive public image. "Dentistry is Health Care That Works" with the dentist as the head of the profession.

- To advocate for the general membership on issues facilitating the day-to-day practice of dentistry.

- To foster a greater level of trust between the House of Delegates and the Board of Trustees and between the ADA and constituent and component societies.

What are your main qualifications for the office you seek?

- My involvement at an early point in my career at all levels of the tripartite, including chair of the Committee on the New Dentist, has prepared me to lead effectively. My 14 years in the ADA House has given me the historical perspective of the membership. I am able to work with input from a diverse base to arrive at the best solutions.

- My experiences in Kentucky with expanded duty auxiliaries and community-based hygiene and assisting programs offering innovative solutions to access and auxiliary shortages. These are dentist-directed answers addressing access every day in my practice.

- My first-hand experiences with significant issues, e.g. dental

See DR. ELLIOTT, page 18

PROFILE

Profile of: Debra S. Finney, D.D.S., M.S.

Current Residence: Folsom, Calif.

Dental School Attended: University of the Pacific Arthur A. Dugoni School of Dentistry

Year Received Dental Degree: 1986

Post-Graduate Education/Specialty: University of Washington—Masters in Oral Biology (1982); Baylor College of Dentistry—Research Fellowship in Stomatology (1987); University of Texas San Antonio—Certificate in Periodontics (1989).

Years of ADA Membership: 24

Other professional memberships:

- International College of Dentists;
- American College of Dentists;
- Academy of Dentistry International;
- Pierre Fauchard Academy;
- American Board of Periodontology.

Volunteer posts/elective offices held in organized dentistry:

- ADPAC Board;
- ADA Workforce Models Task Force;
- President, California Dental Association;
- CalDPAC Executive Committee;
- Chair, CDA Council on Education and Professional Relations.

What are the three most critical issues facing dentistry today?

- Protecting against the influence and interference of individuals who have no clinical training in oral health determining what dentistry will look like in the future.

- Improving access to quality, affordable oral health care especially for vulnerable and special needs populations.

- Maintaining the highest standards of dental education and containing the escalating costs.

What are your three main goals if elected?

- Enhance advocacy efforts primarily in the regulatory arena where many critical decisions are made absent public testimony or scrutiny.

- Encourage collaboration among all stakeholders to develop and advocate for innovative solutions to provide access to quality, affordable oral health care.

- To be an engaged and committed team member of the ADA Board of Trustees and facilitate the implementation of the Strategic Plan.

What are your main qualifications for the office you seek?

- As an instructor in dental and allied dental programs, along with serving on ADEA and CODA, I understand dental education.

- Working in dentistry as an allied team member and serving organized dentistry at all levels has provided me with unique insight to

See DR. FINNEY, page 18

EIR

Continued from page one

equipment in action via eight 61-inch flat screen monitors.

“This year, annual session goers will be able to go beyond the standard lecture and workshop format for continuing education,” said Dr. Chad Leighty, Council on ADA Sessions 2007 educational program chair, “when they attend these hybrid demonstrative workshops in the new high-tech, live-patient Education in the Round classrooms, featuring fully functioning dental operatories.”

Participants will have the chance to learn multiple clinical applications of laser surgery (Courses 5202 and 5404); join Dr. Gordon Christensen as he demonstrates the benefits of mini-implants (Course 6401); engage in a live-patient demonstration of shaping, cleaning and obturation of molar root canals (Course 6404); participate in the final steps of a live-patient single tooth implant (Course 7404); experience live patient 3-D imaging and learn how it can help expand their practice (Course 5401 or 5403); enhance

■ EIR course choices listed, page 18

esthetic dentistry skills in a live model photography course (Course 8402); and more.

Catch a glimpse of what an EIR course will be like by logging on to “www.ada.org/goto/session”, and clicking on the Education in the Round Preview link to view an animated clip.

“In order to expand the educational experience of our attendees, it was crucial that some key companies were willing to invest their time and resources into the creation of this dynamic setting,” said James Donovan, director, CAS. “Sponsorship and donations in kind by companies including Imaging Sciences International, NewTom Dental, J. Morita, Sullivan-Schein, Academy of Laser Dentistry, Sirona Dental Systems LLC, Fluke Biomedical LLC and Practice-Works Inc., made this new venture possible.”

During the course “Practice Growth with Single Tooth Implant Restorations: A Demonstrative Lecture,” Sept. 29, participants will be able to watch implant procedures on two different patients.

See EIR, page 18



A new CE view: Experience a new hybrid demonstrative workshop format at annual session Sept. 27-30, where the Education in the Round series will make its debut.



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ADA J. Thomas Soliday, D.D.S.

Continued from page 14

both financially and in remote areas;

- Faculty shortage in dental schools to properly educate future dentists.

What are your three main goals if elected?

- Continue to increase the efficiency of the HOD;
- Encourage delegates to utilize the reference committees for their ideas;
- Continue to increase the quality of the HOD strategic mega discussions through delegate response with their ideas.

What are your main qualifications for the office you seek?

- Incumbent speaker of the ADA House of Delegates;
- Speaker of the AAOMS House of Delegates for 8 years;
- AIP revision committee for the 4th Edition Sturgis Standard Code of Parliamentary Procedure;
- Certified instructor in parliamentary procedure.

Why do you want to be an ADA officer?

I want to apply my knowledge and experience to the governing process of the ADA to help increase the effectiveness of the leading dental organization in the world. ■

Lasers, implants, surgery and more

Choose from a variety of Education in the Round course topics

Register today for one or more of these exciting Education In the Round courses:

- “Into the Third Dimension: The Present Future of Dental Care,” by Drs. Allan G. Farman, James Mah, Dale A. Miles and Thomas D. Schiff; Sept. 27; Course 5401, 9-11:30 a.m.; Course 5403, 1:45-4:15 p.m.
- “The Wonderful World of Lasers in Dentistry,” by Drs. Joel M. White and Donald J. Coluzzi; Sept. 27; Course 5402, 9:30 a.m.-noon; Course 5404, 2:15-4:45 p.m.
- “‘Mini’ Implants,” by Dr. Gordon J. Christensen; Sept. 28, 10:15 a.m.-12:45 p.m.; Course 6401.
- “Making Cleaning and Shaping a ‘Walk in the Park,’” by Dr. John D. West; Sept. 28, 10:30 a.m.-1 p.m.; Course 6402.
- “The Essential Details of Third Molar Surgery: A Step-By-Step Procedure,” by Dr. Karl R. Koerner; Sept. 28, 2:30-5 p.m.;



Course 6403.

- “Live Endodontic Demonstration,” by Dr. L. Stephen Buchanan; Sept. 28, 2:45-5:15 p.m.; Course 6404.
- “Perio-Surgery: Live Demonstration,” by Dr. Jon B. Suzuki; Sept. 29, 9-11:30 a.m.; Course 7402.
- “Local Anesthesia: Live Technique Demonstrations,” by Dr. J. Mel Hawkins; Sept. 29, 10:15 a.m.-12:45 p.m.; Course 7401.

- “Practice Growth with Single Tooth Implant Restorations,” by Drs. Curtis E. Jansen and Lee R. Walker, Irma Perez and David J. Weiss; Sept. 29, 3-5:30 p.m.; Course 7404.
 - “Image Guidance, Models and Appliances for Dental Implantology, Orthodontics and Oral Surgery,” by Drs. Allan G. Farman, James Mah, Dale A. Miles and Thomas D. Schiff; Sept. 29, 3-5:30 p.m., Course 7403.
 - “Laser-Assisted Cosmetic Dentistry,” by Dr. Robert A. Lowe; Sept. 30, 9-11:30 a.m., Course 8401.
 - “Digital Portrait Photography for Cosmetic Dentists: Lecture and Demonstration,” by Dr. Norman F. Huefner; Sept. 30, 9:30 a.m.-noon; Course 8402.
- Register for courses online, complete and mail or fax the registration form in your annual session preliminary program or call toll-free, Ext. 2665 for more information. ■

EIR

Continued from page 17

“This course will feature the most innovative approaches, both surgically and restoratively, for treating dental implant patients,” said Dr. Curtis E. Jansen, one of the course presenters.

“One patient will have a tooth removed and an immediately placed implant. The abutment and interim restoration will be done live at the lecture. A previously placed implant on the same patient, which has healed for 12 weeks, will have its final restoration designed and milled during the course using CAD/CAM chairside system technology. The second patient will have his five remaining teeth removed and implants placed with CAD/CAM guided technology. The patient’s fixed restoration, which will be made prior to the surgery using the same CAD/CAM technology, will be inserted during the presentation.

“During the course,” Dr. Jansen added, “participants will have the opportunity to see the latest product and equipment advances put to use in an actual clinical setting. Come embrace some of the newest technology for treating your patients and see how you can use them in your practice.” ■

John S. Findley, D.D.S.

Continued from page 14

• Create new pathways of communication within our Association that emphasize the importance of volunteer input, the value of staff expertise and the necessity of deliberate action as we work to achieve our goals for the Association, our members, and the public we serve.

What are your main qualifications for the office you seek? My leadership experience within the ADA, as trustee for the 15th District, a four-year member of ADA strategic planning committee, panel member of the 2001 Future of Dentistry Report along with my role in multiple ADA House committees, has given me a clear understanding of the issues we face and helped me create a clear vision for the future of the ADA.

My proven record in building effective coalitions and alliances in the critical playing field outside the dental profession through my service as an elected public official gives me unique insight in how to effectively advocate for the ADA with key stakeholders and decision-makers. Having served as chair of the legislative arm of a large state association for multiple years, I have gained strong leadership experience guiding public policy that directly impacts the profession of dentistry.

As a volunteer with my church, local rotary and other charitable organizations, I have seen the importance of giving back to our community in action, not just words. My 35 years as a practicing dentist gives me first-hand understanding of and appreciation for the day-to-day issues and challenges faced by our members.

Why do you want to be an ADA officer? I want to lead the ADA as president-elect for 2007, because I strongly believe I can lead change that will create a positive future for our profession. I have a proven record of leadership in both organized dentistry and the public sector. I have a clear vision of the future of the ADA. I have a deep commitment to dentistry and our way of practice, and I can make a difference. ■

Joel F. Glover, D.D.S.

Continued from page 14

interest in the oral health of our citizens. We need to increase our ADPAC and grassroots efforts at the local and national levels. The ADA must speak for the oral health of the nation. We must continue to provide the best dental education anywhere in the world. We do this by proactively adapting our teaching methods, curriculums, testing, licensing, and standards of accreditation to keep pace with changes in technology. We must embrace diversity and make everyone feel welcome in our Association. We need stronger fundamental teaching of ethics in our schools and stronger penalties for violations of our ethical codes. We need to embrace a philosophy of philanthropy and support the ADAF in giving to dental education’s Our Legacy—Our Future campaign. My goals for the ADA are to see us working together proactively with one voice, with one focus, to ensure that dentists in private practice fee-for-service dentistry are doing so in an atmosphere free of intervention from unwarranted governmental and third party demands.

What are your main qualifications for the office you seek? In my career, I have always been able to collaborate with fellow dentists through my various leadership roles at all levels of the tripartite to effectively solve problems. I believe in being proactive because if we create our own destiny, it will prevent others from doing it for us. My years of service as my state legislative chair have solidified my belief in advocacy for our profession at both the state and federal levels. My chairmanship on CDEL/CODA and as the ADA representative to the PEW Foundation-IOM study have prepared me to make the changes necessary to keep our dental education system the best in the world. I now chair the Electronic Health Record Workgroup where dentistry must take the lead in how our information will be disseminated in this new age of technology.

Why do you want to be an ADA officer? The dental profession and the ADA have given me so much. I have made wonderful lifetime friends and had so many great experiences. I want to continue to give back to this profession and this dental association to ensure that my colleagues have the same opportunities I have had during my career. I want our patients to continue to have the best oral health possible, and I want to make sure the ADA is and will always be the world authority for oral health care. ■

Richard A. Crinzi, D.D.S.

Continued from page 16

advocacy depends on gathering knowledge through experience and assimilating current information. Good communication skills and being a good listener—not talking at people—is of paramount importance and is my responsibility to the HOD and our membership, thereby helping to provide value based successes. Working with others, I feel we can make a difference to the betterment of all.

Why do you want to be an ADA officer? I have been part of a core group of individuals who have actively participated in directing the “association business” of dentistry. My hope is to continue to work as the HOD’s representative to the ADA board, while giving back to the profession that has made so much possible in my life. I take pride in excellence, and want to remain actively involved and further contribute to dentistry’s betterment. Besides, it’s fun being informed about relevant issues while helping to secure positive outcomes. I will work diligently to maintain your trust and would very much enjoy serving the ADA as second vice president. ■

O. Andy Elliott, D.M.D.

Continued from page 16

school enrollment capitation, workforce oversupply, Medicaid inadequacies, new dentist involvement and student debt, and many other real-world hurdles all in a rural practice setting, qualify me to advocate for our members on issues faced in daily practice.

• My experiences as a presenter for the ADA Transition Program, Quick Start, and mentoring programs and serving as adjunct faculty and preceptor at the University of Kentucky College of Dentistry have educated me well to the issues affecting our new graduates.

• My ability to listen to debate and develop commonality, summarize, and arrive at recommendations to address the problem is a valued asset.

Why do you want to be an ADA officer? As a practicing dentist, it is my goal to provide the best care for all patients. I hope to utilize my abilities to serve our profession, enabling each member to accomplish that same goal, and improve our Association. ■

Debra S. Finney, D.D.S.

Continued from page 16

the concerns of all dentists, as well as our allied colleagues.

• As primary liaison to our state licensing board, I know the critical and often underestimated impact regulations can have on our profession.

• Playing a key role in the recent election of two dentists to our state legislature, I understand the critical role dentists play as public officials in advocating for our profession.

• Service to organized dentistry throughout my career has helped me achieve a record of building consensus and taking action.

Why do you want to be an ADA officer? The challenges of today present opportunities for tomorrow that we must not overlook. I enjoy employing visionary and transparent leadership to build consensus in pioneering solutions. I am committed to knowledge-based governance built on environmental scanning to maintain relevance for our Association. It would be an honor to join the leadership partnership of the ADA to continue advocating for oral health care. ■

“I just opened my own practice.”



Michael Leonard, DDS
Kalamazoo, MI
12 year ADA* Member

“ADA Member Advantage helped me find the services I needed to get started.”



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Smooth Scaling Ahead with Needle-free Oraqix!

Comfort for my patients and comfort for me.
What else do I need?



oraqix[®]
(lidocaine and pilocarpine
peridental gel) 1.1% / 2.2%

Why do clinicians rely on FDA approved, Needle-free Oraqix[®] for ultrasonic scaling and/or root planing? Because it works... easily and efficiently.

- In clinical studies, 70% of patients preferred Oraqix[®] vs. an injectable.¹
- 85% of patients stated that they would be more likely to return if Oraqix[®] was offered.²

Needle-free Oraqix[®] can enable greater compliance and enhance your ability to implement full-mouth scaling. This can make the procedure—and the entire appointment—run more smoothly. When you think scaling and/or root planing, think needle-free Oraqix[®]. It's the easy way to achieve enhanced comfort for you and your patients.

- Do not inject.
- For adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.
- Can be used for a single tooth, quadrant, or the entire mouth.
- Quick 30-second onset.
- Oraqix[®] should not be used in those patients with congenital or idiopathic myofasciitis/anemia.
- Can be repeated if needed to a maximum of 5 cartridges.

¹ Friedman et al. J Am Dent Assoc. 2010;141(10):1397-1401. ² Friedman et al. J Am Dent Assoc. 2010;141(10):1397-1401.

INDICATIONS, CONTRAINDICATIONS, AND PRECAUTIONS
Oraqix[®] is indicated for the relief of discomfort associated with ultrasonic scaling and/or root planing. Oraqix[®] is contraindicated in patients with known hypersensitivity to lidocaine, pilocarpine, or any of the other ingredients. Oraqix[®] should not be used in patients with known hypersensitivity to any of the ingredients. Oraqix[®] should not be used in patients with known hypersensitivity to any of the ingredients. Oraqix[®] should not be used in patients with known hypersensitivity to any of the ingredients.

HOW TO USE
Apply Oraqix[®] to the area to be treated. Do not use Oraqix[®] in the eye or on the face. Do not use Oraqix[®] on the face.

ADVERSE REACTIONS
The most common adverse reactions reported in clinical studies were: numbness, tingling, and burning. Other adverse reactions reported include: dizziness, headache, and nausea. Oraqix[®] should not be used in patients with known hypersensitivity to any of the ingredients.

HOW TO STORE
Store Oraqix[®] in its original container. Do not use Oraqix[®] if the container is damaged or the seal is broken.

HOW TO OBTAIN
Oraqix[®] is available in 1.1% and 2.2% strengths. Contact your local distributor for more information.

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	1.1%	2.2%	3.3%
Number of cartridges	10	10	10
Net weight	10g	10g	10g
Net volume	10ml	10ml	10ml
Number of patients	10	10	10
Number of teeth	10	10	10
Number of quadrants	10	10	10
Number of appointments	10	10	10
Number of procedures	10	10	10
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