

ODA JOURNAL

VOLUME 98/ISSUE 5 JANUARY 2007



Official Program

MEETING
DUATE COURSE
BUCKINS HOTEL

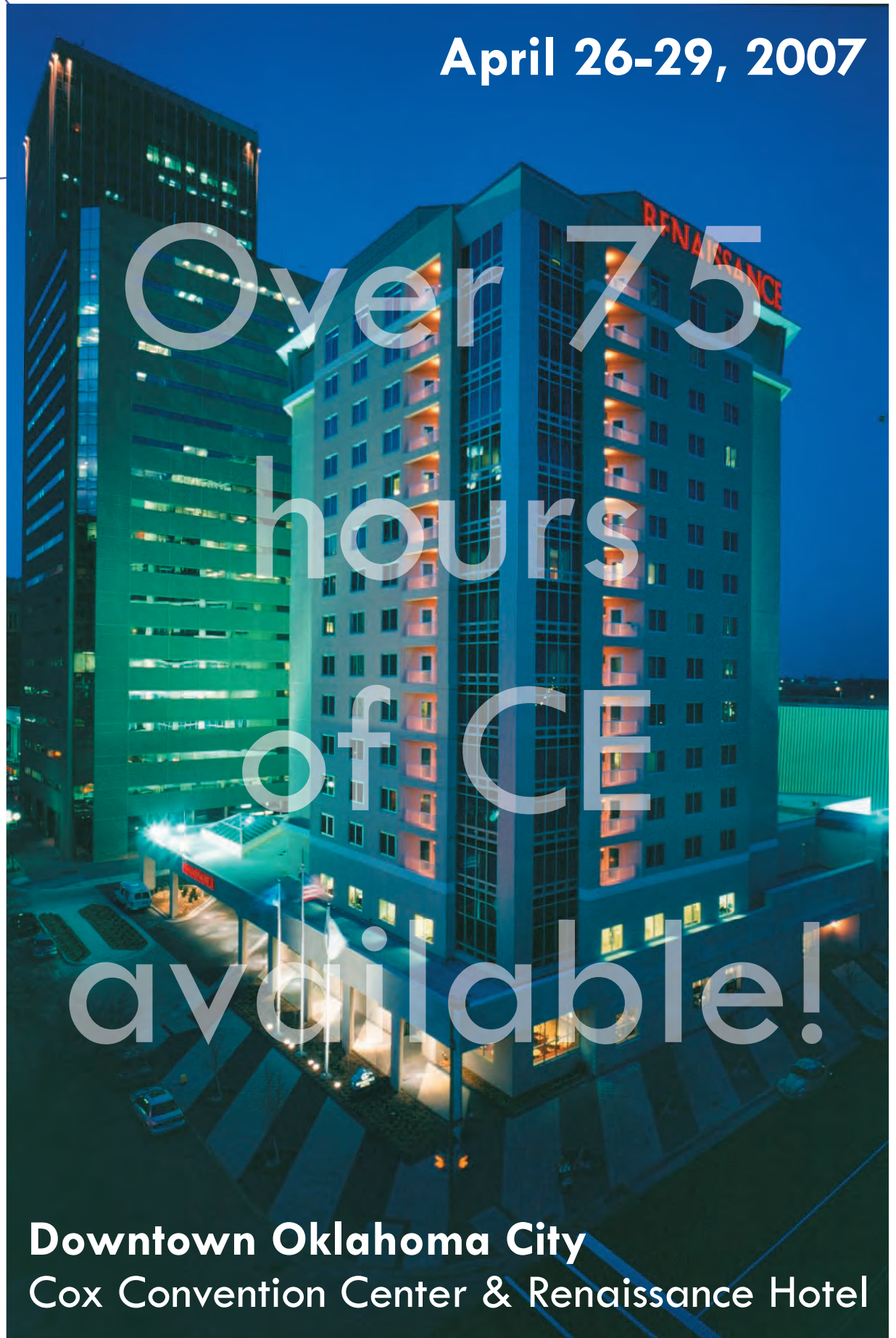
MARCH 30TH - APRIL 4TH, 1914

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2007 ODA Annual Meeting & Centennial Celebration

April 26-29, 2007

OKLAHOMA CITY



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hours
of CE
available!

Downtown Oklahoma City
Cox Convention Center & Renaissance Hotel

INSIDE

SNAPSHOTS

The ODA held its Seventh Annual Meeting and the Third Annual Post Graduate Course in Oklahoma City at the Lee-Huckins Hotel, March 30 – April 4, 1914. The hotel boasted “450 Fire Proof Rooms”. Meeting attendees could choose to stay in one of the 300 rooms with a bath for \$1.50, or a room without a bath for \$1.00. Breakfast in the hotel was 25 cents, lunch 40 cents and dinner was served for 75 cents. The ODA President at the time, R. S. Parsons, was featured on the cover of the official program. Read more about the ODA as it was in 1914 on page 18.



GIVE KIDS A SMILE!

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

Even if you participate in GKAS! every year and do not need supplies or t-shirts, the ODA still wants to know about it! The ODA will send a press release to the

hometown newspaper of every participating dentist and will list the names of all participating members in a future issue of the *ODA Journal*. Please take pictures of the activities that day and send them to us! We will include a photo from your event on a special GKAS! display at the 2007 Annual Meeting! Thank you for participating in Give Kids A Smile!

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EDITOR'S MESSAGE

Raymond A.
Cohlmia, DDS

We sit. We ponder. We wonder what to write. That is what is going through my mind right now. Why? It is that unique time of the year when we as journal writers and editors create our message coming into the holiday season, knowing that our writings will not be published and in the readers' hands until well after the season has passed. I write this hoping that each of you will have a wonderful holiday season. But you are reading this after the fact; it is now passed for all of us. So how was it?

It got me thinking about our lives and my message to the Oklahoma Dental Association, for this, our "Centennial Year." While we hope that you had a great holiday season, we should all realize that we created or made our own "great holiday season" by our thoughts, actions, and our attitudes. Bottom line, we create our own destiny. The more I think about it, what we have accomplished over the last one hundred years and what we will accomplish for the next one hundred as well reflects our Association. Yes, things like these are completely up to us and just like the outcome of the holiday season – good or bad- so are the virtues of the Oklahoma Dental Association. And those virtues -good or bad – were and still are up to us.

Here are some key thoughts of what will be important for our association over the decades and centennial to come:

- **Constructive Partnerships:** We must create more than just alliances with other associations and we must be official partners working for a common goal; the betterment of the health of the general public.

- **Mission Driven:** Associations such as ours must continue to develop, evaluate, and then drive for that mission. Keeping our eyes on the focus of our mission will continue to keep the ODA strong and vibrant for many years forward.

- **Continuous Learning and Evolvement:** Constantly looking at ourselves and working toward ways to continually increase our knowledge on what our association can do, as well as the understanding that our association will need to evolve as we learn.

- **Strategic Thinking:** This is what makes associations vibrant, strong, and beneficial for the future. Taking time to not only visualize what our association will be in the future, but continuing to work toward that vision; establishing our own future as opposed to the "wait and see" philosophy of business past.

As I continue to write, I am now thinking about the editor of the year 2107 – and no, as much as I enjoy the *Journal*, it won't be me! What will be the message in December 2106, getting ready to celebrate another Centennial for the Oklahoma Dental Association? Most would say that we can only dream of what they will be writing about, I say different. We'll tell them what to write about - by what we do now.



oklahoma dental
association

annual meeting
centennial celebration

april 26 - 29

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JANUARY

JAN 1 - ODA Offices Closed

JAN 5 - Digital Dental Office Workgroup Meeting - ODA Building - 9:00 AM

JAN 5 - Council on Technology and Electronic Communications
 ODA Building - 10:00 AM

JAN 5 - Council on Dental Education and Public Information - ODA Building - 1:00 PM

JAN 10 - Children's Oral Health Coalition - ODA Building - 10:00 AM

JAN 12 - OCDS CE - Homebuilders - Dr. David Hornbrook

JAN 15 - Retired Dentists' Lunch - ODA Building - 11:30 AM

JAN 16 - ODA Senior Night - OU Faculty House - 6:00 PM

JAN 17 - Politics & Pizza - OUCOD - 12:00 PM

JAN 18-20 - Southwest Dental Conference - Dallas, Texas

JAN 19 - ODF Mobile Dental Unit - Adair County Headstart

JAN 19 - OCDS Installation of Officers - OKC Golf and Country Club

JAN 25 - ODF Mobile Dental Unit - Ottawa County Health Department

JAN 26 - ODF Mobile Dental Unit - Delaware County Health Department

JAN 26 - TCDS CE - Dr. Michael Miller - Renaissance Hotel

JAN 26 - Council on Nominations and Elections - ODA Building - 11:00 AM

JAN 27 - ODF Mobile Dental Unit - Langston University/NE Coalition Health Forum

JAN 27 - ODF Mobile Dental Unit - Craig County Health Department

JAN 28-30 - ADA President-elect Conference - Chicago

JAN 30 - TCDS Table Clinics/Dinner/Meeting - Renaissance Hotel



FEBRUARY

FEB 2 - Give Kids a Smile! Day

FEB 2 - ODF Mobile Dental Unit - Langston University/NE Coalition Health Forum

FEB 7 - Dentist Day at the Capitol

FEB 9 - OAGFD Annual Meeting - Marriott Hotel, Oklahoma City

FEB 10 - ODF Mobile Dental Unit - Caring Hands Community Center - Hartshorne

FEB 16 - Give Kids a Smile! Tulsa Event

FEB 16 - CORD Meeting - ODA Building - 10:00 AM

FEB 16 - Council on Membership & Membership Services - ODA Building - 1:00 PM

FEB 16 - Local Arrangements Committee Meeting - ODA Building - 3:00 PM

FEB 17 - OUCOD Kids' Day

FEB 19 - Retired Dentists' Lunch - ODA Building - 11:30 AM

FEB 23-24 - ODF Mobile Dental Unit - Hominy Public Schools

FEB 27 - OCDS Board Meeting

calendar of events

THE OKLAHOMA DENTAL ASSOCIATION JOURNAL (ISSN 0164-9442) is published ten times per year by the Oklahoma Dental Association, 317 NE 13th Street, Oklahoma City, OK 73104. (405)848-8873. Annual subscription rate of \$6 for ODA members is included in their annual membership dues. Rates for non-members are \$36. Single copy rate is \$6, payable in advance. Periodical postage paid at Oklahoma City, OK POSTMASTER: Send address changes to OKLAHOMA DENTAL ASSOCIATION JOURNAL, 317 NE 13th Street, Oklahoma City, OK 73104. Opinions and statements expressed in the OKLAHOMA DENTAL ASSOCIATION JOURNAL are those of the author and are not necessarily those of the Oklahoma Dental Association. Neither the Editors nor the Oklahoma Dental Association are in any way responsible for the articles or views published in the OKLAHOMA DENTAL ASSOCIATION JOURNAL.



MEMBER PUBLICATION
 AMERICAN ASSOCIATION
 OF DENTAL EDITORS

HAPPY BIRTHDAY

ODA and Oklahoma!

2007 is a big year for our fine Association and our fine state! The ODA is celebrating an impressive milestone in 2007 – 100 years of representing the interests of the members of the dental profession and the patients which we serve, 100 years of promoting the public health and health services in Oklahoma, and 100 years of quality service and work, all advancing the art and science of dentistry in Oklahoma.

Oklahoma celebrates its 100th anniversary of statehood on November 16, 2007, and all across the 46th state, communities and organizations are getting ready. Most are planning special commemorations or enhancing traditional festivals and annual events.

The ODA Centennial Committee encourages you to help publicize the ODA by getting involved in the state's Centennial festivities planned in your hometown community!

Visit the Oklahoma Centennial Commission's website at www.oklahomacentennial.com to find out what's planned. Many hometowns have planned Centennial parades or other types of public events and the ODA Centennial Committee has purchased signs for your car/truck for your use during



ODA car or truck signs now available for use during your hometown's Centennial event

these events. To reserve these signs for use during your community's event, please contact Lynn Means via email at lmeans@okda.org.

Mark Your Calendar!

*ODA Centennial Gala / President's Dinner
Saturday, April 28 - Cox Convention Center Ballroom*

Join us for a historical night for the ODA as we celebrate 100 years!

The evening's attire is black-tie. Plan for an unforgettable evening!

6:00 – 6:30 p.m. ~ Reception

6:30 – 7:30 p.m. ~ Oklahoma Centennial Rodeo Opry Show

7:30 – 8:30 p.m. ~ Dinner

8:30 p.m. ~ Centennial Champagne Toast

8:30 – whenever

Dance the night away with the fabulous sounds of Souled Out!

So come ready to be entertained and ready to toast to ODA's past, present and future!
Tickets are \$65. Watch for your Annual Meeting Registration Form in February!

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SIGN UP TODAY!!!!!!!

9:00 – 11:30 a.m.

Alliance members meet at the ODA building to receive legislative gift kits and disbursement instructions. Transportation to the Capitol will be available that day and is sponsored by DENPAC.

1:00-2:30 p.m.

Come-and-go educational session and lunch at the ODA building to learn about legislative issues on the docket that may affect dentistry in Oklahoma. Lunch sponsored by DENPAC.

2:30 – 5:00 p.m.

Dentists and Alliance members meet with legislators. Schedule an appointment with your legislator to meet during this time. Park at the ODA building and ride the shuttle bus to the Capitol.

5:30 – 7:30 p.m.

ODA Legislative Reception at the ODA Building - Hors d'oeuvres and drinks provided.

Your participation is imperative! Sixty legislators attended the 2006 Dentist Day at the Capitol reception and many districts were not represented by ODA members. The first question every Legislator asked was "Is there anyone here from my district?". **That answer needs to be YES!** A personal relationship with your State Representative and Senator is the most important step toward educating the legislature about our issues. **Don't sit back and assume others will be representing your district. YOU be the one!**

DENTIST DAY AT THE CAPITOL – COMMITMENT FORM

Attend all the events that day, or attend only what your schedule allows.

- YES! I will attend all of the day's events
- YES! I will attend only the educational session/lunch and meet with my legislators
- YES! I will represent my district during the Legislative Reception, (\$10/person)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Contact your Legislator to make an appointment:
 House of Representatives 405-521-2711 or 800-522-8502 / Senate 405-521-5692
Find your legislators online at www.okda.org!

Return this form to the ODA by fax 405-848-8875

Co-sponsored by the Oklahoma Academy of General Dentistry, Oklahoma County Dental Society, Oklahoma Association of Women Dentists, Pierre Fauchard Academy and the Tulsa County Dental Society.

PATIENT'S PAGE



This message brought to you by your dentist - a proud member of the Oklahoma Dental Association

What you need to know about dry mouth...

- Dry mouth is the condition of not having enough saliva, or spit, to keep your mouth wet.
- Dry mouth is also known as xerostomia.
- Everyone has experienced dry mouth.
- Common conditions can cause dry mouth, such as stress or feeling upset or nervous. But experiencing frequent dry mouth, in addition to general discomfort, can lead to serious health problems.
- Dry mouth can:
 - cause difficulties in tasting, chewing, swallowing, and speaking
 - increase your chance of developing dental decay and other infections in the mouth
 - be a sign of certain diseases and conditions
 - be caused by certain medications or medical treatments*
 - irritate the soft tissues in the mouth, which can make them inflamed and more susceptible to infection.

*Dry mouth is a potential side effect of numerous medications (prescribed and over-the-counter). Among them are antihistamines, decongestants, painkillers, high blood pressure medications, muscle relaxants, drugs for urinary incontinence, Parkinson's disease medications, antidepressants, and many others.

Symptoms of dry mouth include:

- a sticky, dry feeling in the mouth
- a burning feeling in the mouth
- cracked lips
- mouth sores
- trouble chewing, swallowing, tasting, or speaking
- a dry feeling in the throat or a sore throat
- a dry, tough tongue
- an infection in the mouth

Saliva is important because it:

- helps digest food
- protects teeth from decay
- prevents infection by controlling bacteria and fungi in the mouth
- makes it possible for you to chew and swallow

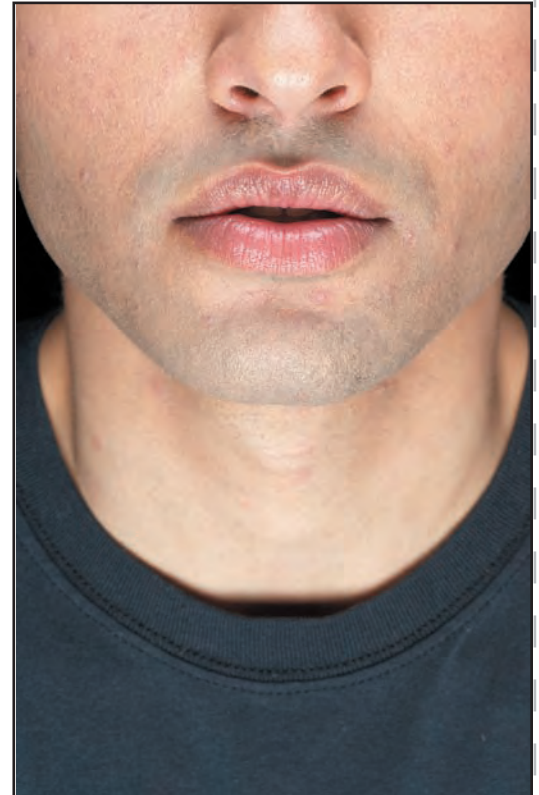
Treatment for dry mouth contributes to the prevention of:

- decay
- mouth irritation
- perio disease
- brittle teeth

Left untreated, dry mouth can damage your teeth. Without adequate saliva to lubricate your mouth, wash away food, and neutralize the acids produced by plaque, extensive decay can occur. Your dentist can recommend various methods to restore moisture.

Another reason to not smoke...

Cigarette smoke undermines protective properties of saliva. Once exposed to cigarette smoke, our normally healthy saliva not only loses its beneficial qualities but it turns traitor and actually aids in destroying the cells of the mouth and oral cavity. Cigarette smoke is not only damaging on its own, it can turn the body against itself. Cigarette smoke can destroy the antioxidants found in saliva, leaving behind a mixture of compounds that can accelerate the development of oropharyngeal cancer. [www.ada.org News Today June 2004]



Dry mouth is not a normal part of aging. So if you think you have dry mouth, see your dentist or physician - there are things you can do to get relief.

The average person creates around one liter of saliva a day. If saliva production is reduced, an individual's oral bacteria levels can increase ten times over normal levels.



SPECIAL ODA CENTENNIAL GOLF SHIRTS NOW AVAILABLE!

Show your Association pride and help celebrate with the ODA as your Association commemorates 100 years of fostering an awareness of the obligations and responsibilities of the dental profession in Oklahoma! Pre-order your ODA Centennial Golf Shirt and wear it to the 2007 Centennial Annual Meeting, April 26 – 29! Available in men's and women's sizes – order one for your whole dental team!

Outer Banks Pima Tipped Jersey

- 60/2 ply 100% pima cotton pique
- Classic styling with luxurious quality
- Women's has a refined, feminine keyhole placket with dyed-to-match engraved button



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- I will collect my shirt at the ODA Partner's Booth during the 2007 ODA Annual Meeting. (Orders must be received prior to February 20, 2007)
- Please mail my shirt (please add additional \$5.00 shipping charge above)

Mail form with payment to: ODA Centennial, Oklahoma Dental Association, 317 NE 13th Street, Oklahoma City, OK 73104

GIVE
KIDS A
SMILE!

FEB. 2,
2007



WHO: Many dentists across Oklahoma will take time from their practices to help underserved children who aren't getting the oral health care they need. Will you join us?

WHAT: Give Kids A Smile® is an annual one-day volunteer initiative to provide free educational, preventive and restorative services to children from low-income families.

WHEN: February 2, 2007

WHY: To provide oral care to disadvantaged children and teach them how to take care of their teeth. It will also provide you an opportunity to educate the parents about the importance of regular visits to the dentist.

HOW: You can volunteer to participate in a number of ways:

- 1) Offer free educational, preventive and restorative services to children from low-income families in your practice on February 2, 2007.
- 2) Open your practice to allow other local dentists to provide services in your practice with you on February 2, 2007. We will direct volunteers to contact you.
- 3) Volunteer your services in another practice on February 2, 2007. We will put you together with dentists who are looking for help that day.
- 4) Make a donation to Give Kids A Smile! so other volunteer dentists will have help with the supplies they'll need on February 2, 2007.

The ODA will have a limited number of toothbrushes, toothpaste, etc., available to help you and special Give Kids A Smile!® t-shirts for the volunteers to wear that day. Return the form below ASAP to have priority. To volunteer please complete the short form below and return it to: Give Kids A Smile!@Oklahoma Dental Association, 317 NE 13th Street, Oklahoma City, OK 73104 Or fax to:405.848.8875 To learn more please visit www.okda.org or call Lynn Means at the ODA at 405.848.8873 or 800.876.8890; or email lmeans@okda.org

PLEASE TELL THE ODA WHAT YOU HAVE PLANNED!

List full names of all participating GKAS! dentists _____

Name of your practice if different from above (for press release): _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ E-mail address _____

Please mark all that apply:

YES! I am planning to participate in GKAS! in my office. Here is what I have planned:

Please send me some supplies. I realize the ODA's inventory is limited.

No, I do not need any supplies from the ODA.

YES! I am planning to participate in GKAS! and would welcome a colleague from another office to participate in my office on February 2, 2007.

YES! I want to participate in GKAS! and would like to volunteer in a colleague's office.

YES! I would like to make a donation to the ODA to assist in purchasing GKAS! supplies. My check is enclosed. Make check payable to the ODA and send with this form.



Even if you participate in GKAS! every year, and do not need supplies or t-shirts, the ODA still wants to know about it! The ODA will send a press release to the hometown newspaper of every participating dentist and will list the names of all participating members in a future issue of the *ODA Journal*. Please take pictures of the activities that day and send them to us!

Thank you for volunteering for Give Kids A Smile!

**AAPD FOUNDATION
ANNOUNCES \$1 MILLION
DONATION FOR DENTAL
EDUCATION & LEADERSHIP**



The American Academy of Pediatric Dentistry (AAPD) Foundation announced a donation of \$1 million from Jerome B. Miller, D.D.S., M.S.D., of Oklahoma City. As a result of this donation, the AAPD Foundation has established

the Dr. Jerome B. Miller Pediatric Dental Education & Leadership Fund, to improve children's oral health by combating disparities in dental education. "Strengthening dental education and expanding the pediatric dental workforce will have a direct impact on access to dental care, especially for underserved children," said Dr. Miller. "The increase in education funding will directly result in more access to dental care for children, enabling a lifetime of good oral health." Dr. Miller has been actively involved in the pediatric dental community for the past forty years, and chose the profession based on his mission to improve the health of children. As a result of Dr. Miller's generous gift, the AAPD Foundation has initiated a campaign for AAPD members and benefactors to contribute to the Miller Fund. The AAPD Foundation has also reached out to corporate sponsors who have been asked to match funds that are raised until July 1, 2007. For more information on the AAPD or the AAPD Foundation, please visit www.aapd.org.

**Celebrate National Children's
Dental Health Month with the
Oklahoma Dental Foundation
Mobile Dental Care Program!**

Langston U./NE Coalition @ Millwood Public Schools Oklahoma City, OK	Friday February 2, 2007
McCurtain County Idabel, OK	Friday February 9, 2007
Caring Hands Clinic Hartshorne, OK	Saturday February 10, 2007
Rosa Parks Elementary Tulsa, OK	Friday February 16, 2007
OUCOD Kids' Day Oklahoma City, OK	Saturday February 17, 2007
School Based Service Workers @Hominy Public Schools Hominy, OK	Friday February 23, 2007 Saturday February 24, 2007

For information on volunteering for one of these dates, contact Cari Ogden at 405-848-8873 or by email at cogden@okda.org



ODA News You Can Use!

RBS Lynk, an ODA endorsed company, is a national provider of end-to-end electronic payment, cash dispensing, and e-commerce services and products. RBS Lynk processes all forms of electronic payment transactions – credit, debit, EBT, fleet, loyalty, gift and check – from merchant point-of-sale terminals, websites and ATM machines. Some of the services they provide to the ODA Member Dentist include:

**RBS Lynk Credit Processing -
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RBS Lynk is once again leading the industry with the introduction of a truly unique pricing strategy. With their new pricing tools, they can provide a flexible pricing plan that is customized to the way you do business, and for a lot less than what you're used to. Great processing rates and daily gross deposits can make a big difference in your cash flow and bottom line.

RBS Lynk Debit - Discover the Debit Difference

As more and more patients choose plastic as their preferred method of payment, pin-based and signature debit transactions are increasing at record rates. In fact, over 40% of all card

transactions are now made using a debit card. And this is good news for you! With fees that are considerably less than credit rates, debit transactions can be your key to reduced expenses and a better bottom line.

LynkVT - It's Amazing What You Can Do With a Computer

LynkVT turns your internet-enabled computer into a payment processing device, eliminating the need for a payment terminal and saving valuable counter space. And since there is no programming or special equipment to buy, LynkVT is one of the easiest, most convenient ways to handle your transaction processing.

**For more information on RBS Lynk,
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CLINICAL ORAL PATHOLOGY FOR EVERYDAY DENTAL PRACTICE

Friday, March 9, 2007
Metro Technology Centers (Springlake Campus)
Carousel-Big Dipper Rooms
1900 Springlake Drive
Oklahoma City, Oklahoma

Friday, March 30, 2007
James O. Goodwin Health Center
Prothro Auditorium
5051 South 129th East Avenue
Tulsa, Oklahoma

Glen D. Houston, D.D.S., M.S.D.

David M. Lewis, D.D.S., M.S.

Stephen K. Young, D.D.S., M.S.

This course provides a review and update of clinical oral pathology. The areas to be covered include red and white lesions, vesiculo-bullous and ulcerative diseases, lumps and bumps, radiolucent and radiopaque lesions. Natural history, clinical significance, and treatment of these conditions will be discussed. A handout will be provided to each participant, which emphasizes differential diagnosis for each disease group.

"Bumps, Lumps, and Xerostomia"

Many common pathologic processes a dentist sees and must deal with appear as a lump or bump. Their recognition and differentiation from similar lesions will be discussed. Also, in this session, the commonly encountered problem of the dry mouth and associated oral lesions will be presented. The problems associated with diagnosis, treatment, and related lesions will be discussed.

"Cold Sores, Canker Sores, and Other Sores"

Herpes simplex virus infections (cold sores) and aphthous stomatitis (canker sores) are the two most common ulcerative disease processes that affect the oral cavity. However, they are still frequently confused, misdiagnosed, and improperly treated. Clinical differential diagnosis and etiology of these two diseases as well as erosive lichen planus, erythema multiforme, pemphigus, and pemphigoid will be discussed with special emphasis on the most recent methods of treatment.

SCHEDULE: 8:00 a.m. - Registration and Continental Breakfast
 8:30 a.m. - Morning Session
 12:00 p.m. - Lunch (on your own)
 1:00 p.m. - Afternoon Session
 4:30 p.m. - Summary and wrap-up

"Red and White Lesions"

Red and white lesions are probably the most common soft tissue abnormalities seen by the dentist. Many of these areas are malignant or potentially malignant while the majority represent benign conditions such as candidiasis or lichen planus. Which ones do you biopsy? The recognition and management of the whole range of red and white lesions will be discussed.

"Radiolucent - Radiopaque Lesions"

One of the most difficult tasks we have is differential diagnosis of radiolucent and radiopaque lesions. Certain lesions need to be biopsied and others simply observed. Guidelines for the diagnosis and management of radiolucent and radiopaque pathology will be presented.

The University of Oklahoma is an equal opportunity institution. This brochure was prepared at no cost to the taxpayers of the State of Oklahoma. Registration deadline, two weeks prior to meeting date.

CHECK LOCATION » » » March 30 - **Tulsa** or March 9 - **Oklahoma City**

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7 Hours CE Credit - Board of Governors & AGD

For more information please contact Dr. Glen Houston
at the OU College of Dentistry (405) 271-4333

2007 ANNUAL MEETING SPEAKER PREVIEW

The 2007 ODA Annual Meeting is scheduled for April 26 – 29, 2007, at the Cox Convention Center and Renaissance Hotel in downtown OKC. One of the highlights of the ODA Annual Meeting is the renowned Scientific Sessions that take place throughout the meeting. The *ODA Journal* has been running previews of the 2007 ODA scientific speakers each month, giving you an insight into the biographies of each speaker and what you can expect from their presentations at the 2007 meeting.



John Kanca, III, DMD

Dr. John Kanca, III, is a graduate of the University of Connecticut School of Dental Medicine. He maintains a private practice in Middlebury, Connecticut, with an emphasis on cosmetic dentistry. Dr. Kanca has published over 50 original articles and abstracts in peer-reviewed journals, such as the *Journal of the American Dental Association*, *Journal of Esthetic Dentistry*,

Quintessence International, *Journal of the Academy of General Dentistry*, *American Journal of Dentistry* and the *Journal of Dental Research*. Dr. Kanca's work has revolutionized the field of adhesive dentistry. He gave validation to etching of dentin with phosphoric acid, proved that resins can be used as pulp capping agents, discovered the concept known as wet-bonding, and has contributed significantly to the understanding of how resins attach to dentin. His latest work involves the proper method of initiating light-activated resin composites, and has created the protocol known as "pulse activation". Dr. Kanca has received many honors, including the Gordon Christensen Award from the Chicago Dental Society, the Albert Knab Award from the Academy of General Dentistry, the William Gies Award from the First District Dental Society of New York, the Larry Pearson Award from the Connecticut State Dental Association, and the Outstanding Achievement Award from the American Academy of Cosmetic Dentistry. Dr. Kanca is an active member of the American Academy of Esthetic Dentistry and has lectured at every major meeting in the United States and around the world.

"Adhesive Dentistry for the New Millennium"

Six (6) Hours of CE Available

Saturday, April 28, 2007

9:00 am – 12:00 pm and 2:00 pm – 5:00 pm

This seminar is designed for General Dentists and Dental Specialists

LECTURE FORMAT

This course continues its history of engaging controversial issues head-on. A hard look will be taken at new technologies, including the misnamed and overly-promoted "air abrasion," and especially devices for high-energy polymerization, lasers and plasma lamps. These devices are intended to shorten clinical procedures by effecting rapid composite polymerization. The question is not whether or not composites can be rapidly polymerized, the real question is whether or not they should. Are these things really necessary, and how much time will they really save? Is it the light, or is it the materials? Do you really want to spend a fortune for things you don't need? The course will cover the principles of adhesion, recommended products and techniques and how you can save time by slowing polymerization. About 1½ minutes with a good halogen light is all the time you need for virtually any class II. See what those white lines around composites really are, what causes them and how to minimize them. Figure out the cause of sensitivity and how to treat it. Know pulpal pain from dentinal pain. You can cement all-ceramic crowns with a resin-modified glass ionomer cement—they are not too weak and the crowns don't explode. See why. Not all decay needs to be removed from carious lesions! What are the guidelines? Do you know what to offer your patients to slow down or stop the caries process? See why it is better for you never to have another carious exposure. The best impression material ever, and why what you've been taught about impressions is ALL WRONG.

Dr. Kanca's presentation is co-sponsored by an unrestricted educational grant provided by Ultradent Products, Inc.

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ODA CO-SPONSORS SKI 'N LEARN SEMINAR

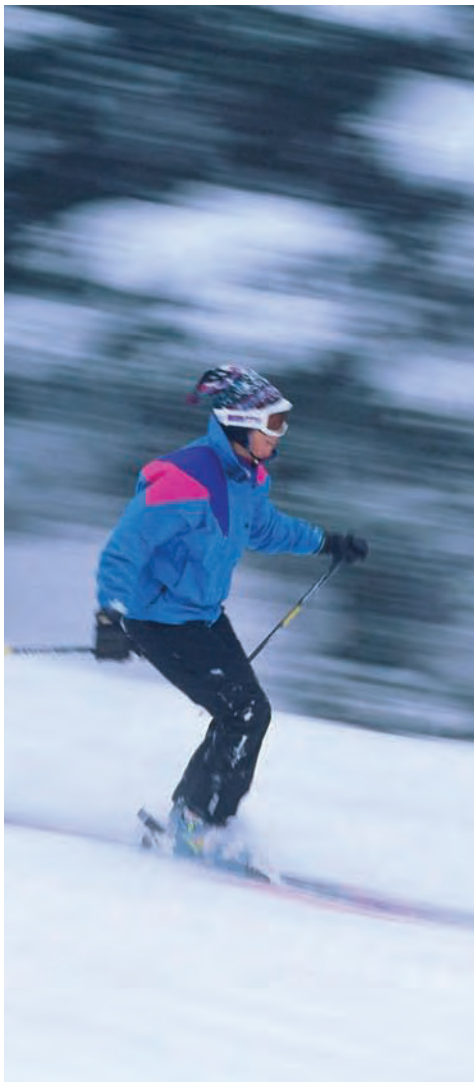
The Oklahoma Dental Association and the Alabama Dental Association (ALDA) join ten other states in hosting a Ski 'n Learn Seminar at Big Sky Resort in Big Sky, Montana, March 17-24, 2007. Other state dental associations co-sponsoring the trip include Colorado, Indiana, Kentucky, Maryland, Missouri, Montana, South Dakota, Tennessee, Virginia and West Virginia.

March 17-24, 2007 Big Sky Resort Big Sky, Montana

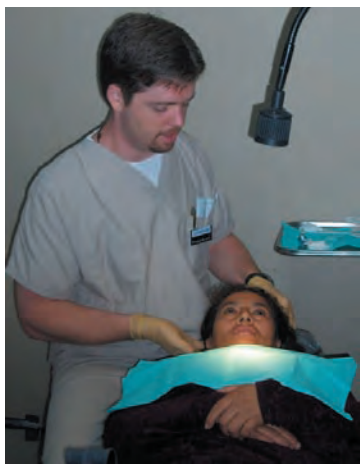
CONTINUING EDUCATION

The Ski 'n Learn Seminar offers 16 hours of continuing education held Monday, March 19 through Thursday, March 22. A morning session will be held from 7:30-9:30 a.m., with an afternoon session from 4:30-6:30 p.m. A full breakfast will be served to seminar attendees at the morning sessions and snacks and beverages are offered during the afternoon sessions.

Call 800.489.2532 for registration information.
Visit the www.okda.org for more information.



PROFILE: MICHAEL J. WALLACE, DDS



Wallace and a patient in Peru

Many ODA members give of themselves – not taking their gifts and abilities for granted, but deciding to share their training and expertise with those less fortunate. Dr. Michael Wallace, a young dentist still repaying dental school debt and raising a young family, spent time in Piura, Peru, this summer on a medical mission trip. He traveled with 39 other representatives from Christ the King and St. John the Baptist Catholic churches. They went in July, Peru's winter, and stayed for ten days. Three dentists and one hygienist went to perform extractions, cleanings, and other procedures. They also spent a great deal of time educating the Peruvians on the importance of dental care. The other ODA Member Dentists that made the trip were Dr. Jim Murtaugh, a pediatric specialist from Edmond, and Dr. Luis Blanco, a Prosthodontist from Oklahoma City. Hygienist Desiree Nowlin also assisted. The other "missionaries" were representatives of other medical fields and volunteers who served on a construction team.

Mike graduated with a BS in Physical Therapy from Langston University in 1994. Then worked as a practicing Physical Therapist for ten years, focusing on stroke and brain injury rehabilitation, and served as a wound care specialist with Presbyterian Hospital in Oklahoma City. He then graduated from the OU College of Dentistry in 2005. He served all four years of dental school as Class President, was Student Council President, and also served on the OUCOD Executive Council. He has been an Associate in Dr. David Nittler's practice in Edmond since June 2005, and plans to buy his practice this year. He and his wife, Kim, have been married for eleven years and have two children, Tyler, age 8, and Libby, age 5. They make their home in Oklahoma City. Dr. Wallace recently sat down with the *ODA Journal* and here is what he had to say:

ODA: Why did you take time from your practice to travel to Peru?

MW: I had great opportunities during dental school working at places like the Good Shepherd Mission to work with underserved patients. Providing free dental treatment to people who live in places where care is hard to come by should be our way of giving back; for saying 'thank you' for the education and training we've received, and for being able to do what we do every day. It was a fantastic experience and we're already making plans for a return trip next summer.

ODA: Why did you leave Physical Therapy?

MW: I knew I could do more than what I was doing for my patients. As a physical therapist, doctors always told me how to "fix" people's problems. I wanted to do more than just "fix" my patients, I really wanted to help people and be the one making the decisions about their course of treatment. When I went to physical therapy school, I never thought I could become a doctor, but after years of working in the hospital with many physicians, I realized that we all put our pants on the same way and I needed to pursue my dream of becoming a dentist. Believe it or not, I enjoyed dental school. I see myself returning to teach once my debt is paid down and I can relax a little.

ODA: What advice would you give to a newly graduated dentist?

MW: First let me say that since I only graduated in 2005, I still consider myself a "new grad". The first three to five years are growing years when we learn how to apply all that we have learned by working through situations that are more complicated than we have encountered before. New grads need to find an associate, partner, or mentor so they can hear different approaches to treatment plans and diagnosis. I still talk to Jerod Yeager, one of my classmates, weekly just to discuss treatment options for interesting cases. The second piece of advice – shadow specialists for a couple hours each month. I really learned where my comfort level was with different cases, and I gained a few pearls of wisdom to help me help my patients.

ODA: What advice would you give to a person already deep into another career, but considering dental school?

MW: GO FOR IT! You only get one go-round, and you better live it up. I do tell people in this situation that they need to be realistic with their

choices...dental school is much harder to get into than it used to be. If their grades are not good enough, they may need to consider a pre-dental program first. For most people, dental school is not just four years and done. I went to two years of night school to gather all of the needed prerequisites – then on to four years of dental school. If you want it bad enough, it is obtainable.

ODA: What do you like the most about dentistry compared to physical therapy? The least?

MW: I love the fact that I get to make the decisions that help people. As a physical therapist, I had to follow the orders from a physician, and I had limitations on my scope of practice. As a dentist, I still have limitations on my scope of practice, but the opportunities are unbelievably large. I like the fact that people come to me for help, and in most cases, I can solve their problem and guide them with a solid set of solutions.

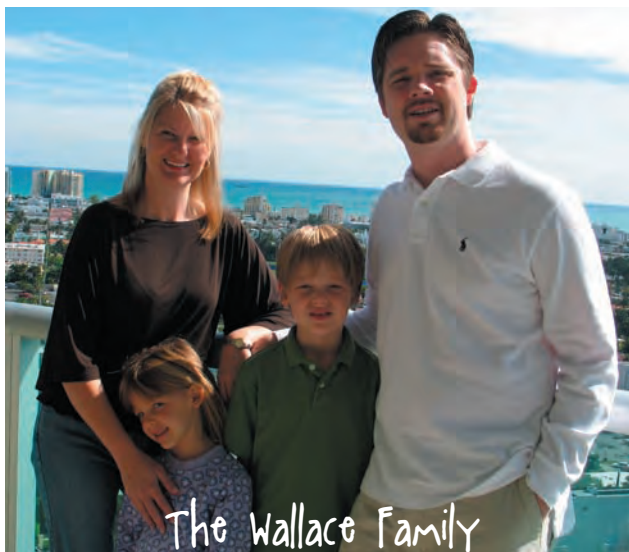
The thing I like the least would have to be learning the ropes of becoming a good manager. As of January 1st, I will become my own boss for the first time in my life. I am now realizing the effort and time it takes to be a good manager and run a profitable practice. My dad, father-in-law, and David Nittler (the dentist from whom I am buying my practice) have been great mentors, but now it is my turn to step up and take the lead. Dentistry would be a lot simpler if all we did was dentistry.

ODA: Who or what was most influential in your decision to become a dentist and why?

MW: My wife, Kim, was the most influential person in my decision. She has helped me to live to my full potential, and without fear of failure. There were and still are, times when fear or doubt creep into my thoughts, but when I discuss them with Kim, she helps me reach resolution and find peace with my decisions. She is such a strong person, and I would not be where I am today without her. In addition, within the dental field, there are three people who helped my dreams of becoming a dentist become a reality: Dr. Scott Waugh, Dr. Mike Steffen, and Dr. Peter Kierl. I have known all of them since I was a boy, and I always enjoyed visiting them and going to the dentist (weird huh?!).



Wallace and his "adopted family" in Peru



The Wallace Family

HAPPY NEW YEAR from Your oda Staff!

It's a new year and it's a good time to remind you, our very valued member, that your ODA staff is here to serve you. Below is a list of your ODA staff members and a brief list of our varied responsibilities. Please don't hesitate to contact us with any question, concern, suggestion or accolade! No question is silly! That is why we are here – for you – as a sounding board and as a resource. To contact any ODA staff member, simply call (405) 848-8873 or (800) 876-8890; or email using the address provided below. Here's wishing each of our members a happy, safe and prosperous 2007!



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Executive Director

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Continuing Education, Annual
Meeting, Public Information

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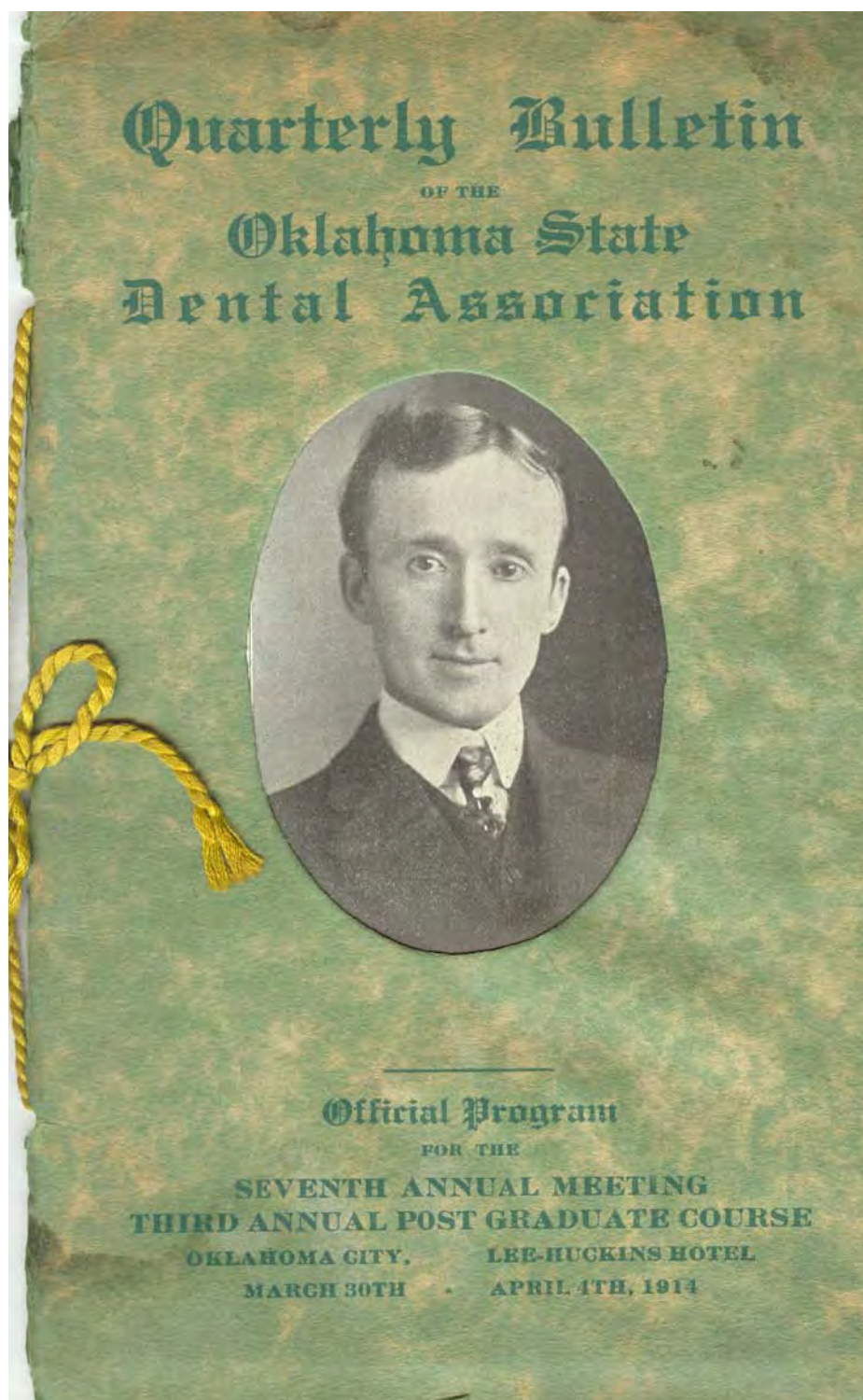
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MEMBERSHIP

FEATURES



In the spirit of celebrating our 100th birthday, the *ODA Journal* has been featuring articles, trivia and advertisements from past Journals. Join us now as we rewind to the Official Program of the Seventh Annual Meeting held by the Oklahoma Dental Association in April 1914.



Excerpts:

The Program Committee for the Seventh Annual Meeting of the ODA wrote this in the program:

After carefully looking over this Bulletin, it's for you to decide whether you will attend this meeting. Put the question, - Can I afford to miss this meeting, squarely up to yourself. To go or not to go, is the question, and right now is the time to decide. You are at a fork in the road; will you decide to take the one that will bring you to Oklahoma City, early Monday morning, March 30th, 1914, or are you going to take the one that will lead you to your office on the above mentioned date? Of course there will be those who "can't get away," but if you use good judgment and take the road of success which leads to Oklahoma City, you will find there assembled most of the successful dentists of the State; the men who have busy practices; the men who are trying to be up to date; the men who are rendering the best services to their patients, and the men who can and "do get away".

And an unnamed ODA member submitted this to the Program Committee to be included in the Bulletin:

A Suggestion...Mention has been made in the Bulletin concerning the need of more local societies in our state, and at the coming state meeting will be a good time to start these new organizations. No doubt there will be dentists from all sections of the state at this meeting, and right then and there will be the time for the men of the different sections to get together and start something. We just must have these new local societies, and Mr. New President, here is a good place to start in to do something for Oklahoma dentistry.

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OCTOBER 12-13, 2007

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WEEKEND 3

NOVEMBER 16-17, 2007

Function / Treatment of
Facial Pain

WEEKEND 4

JANUARY 12-13, 2007

Treatment of Complex
Restorative Cases

WEEKEND 5

MARCH 16-17, 2007

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Health Care from a Family Perspective

By Sally Selvidge,
Chair of the Children's Oral Health Coalition

Today's families struggle as never before if a family member needs full-time care. Gone are the days of having the extended family living in one neighborhood or generations under one roof. Families are faced with the mixed blessing of medical, pharmaceutical and assistive technologies that save and prolong lives, while the insurance industry continues to limit in-patient stays and units of service. Oklahoma, like many other states in the last decade, has undergone a period of rapid development of community-based services to support de-institutionalization. However, trained care providers are still not widely accessible in rural areas; and for families whose income exceeds the poverty levels, the cost of substitute care may be a luxury ill-afforded when co-payments for therapies, expensive drugs and durable medical equipment are at stake.¹

Families who are suddenly faced with caring for a new baby with special health care needs are thrust down a road they didn't choose or plan. Their child is all of a sudden in need of a broad range of services, from primary and specialty care to prescription medications, medical equipment and therapies. As they grieve their dream, they find themselves navigating a system that seems to be designed to confuse and intimidate all but the savvy. Families are on the phone to doctors and hospitals and fighting with insurance companies, while they

wade through red tape and company phone menus to get answers to their many questions.

The impact of having a child with a special health care need can affect a family's finances, employment status, and mental health. There are an estimated 14.4 million employed caregivers who are balancing caregiving and job responsibilities. Eighteen percent of the employed caregivers have had to quit their job to care for a family member and another 42% had to reduce their work hours; 20-40% of these caregivers have other children under the age of 18 to care for in addition to the child/family member with the disability. About one half of all primary caregivers have no outside assistance and 58 % of them showed symptoms of clinical depression.²

Until faced with adversity no one knows how he/she will react. In the case of having a child with a special health care needs professionals must realize that families are trying to work full time and juggle day care that is not often available while waiting in emergency rooms for tests that could put their child's very survival at risk, sleeping 2-4 hours a night with one eye or ear open making sure they hear breathing or heart monitor alarm, and caring for other children in the home, and in some cases, an elderly parent.

Coping with these challenges associated with their children's conditions can cause the caregiver's health to start to fail and the nucleus of the family to fall apart. The divorce rate for families who have a child with a disability is 80% and this stress puts them at a high risk for abuse and neglect. ³

Families struggle each day just to survive in the tangled web of bureaucracy that is still enveloped in a "separate but equal" model. The concept of having a system of coordinated, ongoing, comprehensive dental and medical care within a medical home in Oklahoma is slow in coming. Many dental and medical professionals still haven't perceived the benefits of working together to address the health of the "whole" child.

For the parents, the child with special needs is a deeply personal and more global experience; it is not something they can get away from at the end of the day. They may feel at a disadvantage as they find themselves in a situation where they must rely on the expertise and assistance of others. It is critically important to set a positive tone early to help these parents feel valued, supported, and confident. They need to know that the professionals with whom they will be working not only care for them and their children, but can be

trusted to "be there" to assist them with the help they will need. ⁴

One of the major complaints from medical and dental providers is the no-show appointments from families who have a child with a special health care need. This frustration is felt, on both sides by parents and professionals, and often not honored nor respected by either party. Both need to start learning to see the world through each others eyes. One is trying to run a business, while the other is just trying to survive through the day.

1- Paragraph taken from *Unsolicited/unfunded Center for Medicaid and Medicare Grant Proposal* written by Sally Selvidge and RoseAnn Percival 2003.

2 - Family Caregiver Alliance - www.caregiver.org

3 - Family Caregiver Alliance - www.caregiver.org

4 - <http://mchb.hrsa.gov>



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Dental Services Employment Opportunities

Corrections Corporation of America is looking for a Full-Time employed dentist at Diamondback Correctional Facility in Watonga, Oklahoma. CCA is the founder of the private corrections industry. CCA has approximately 78,000 beds in 65 facilities. CCA joined the NYSE in 1994 and trades under the symbol CXW.

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E-mail CV and/or Fax resume to:

Phyllis Hansen, Health Services Administrator, at Diamondback Correctional Facility. Phone#: 580-614-2000, Fax # 580-614-2070,

Phyllis.Hansen@correctionscorp.com or to Dr. Steve Merrill, Director of Dental Services at 850-769-1455, Fax # 850-872-8677. steve.merrill@correctionscorp.com

Please call with any questions.



CORRECTIONS CORPORATION OF AMERICA

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- Health Insurance
- Short-term and Long-term disability benefits
- Paid Time Off (27 days to start)
- Term Life Insurance (no cost)
- Accidental death and dismemberment coverage (no cost)

E-mail CV and/or Fax resume to:

Denise Cogburn, Health Services Administrator, at North Fork Correctional Facility. Phone#: 580-928-8200, Fax # 580-928-9207,

denise.cogburn@correctionscorp.com or to Dr. Steve Merrill, Director of Dental Services at 850-769-1455, Fax # 850-872-8677. steve.merrill@correctionscorp.com

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Technology, legislation and more educated computer users are making unwanted e-mail a little more manageable. But people who send spam (unwanted solicitations in e-mail) continue to enjoy a lucrative business. On its Web site, Microsoft notes that it costs spammers next to nothing to send out millions, even billions, of e-mail messages. If a very small percentage of a hundred million people buy something in response to a junk message, that adds up. And, indeed, many Americans are taken in by e-mail appeals. According to a recent report by Pew Internet and American Life Project, an independent research organization, five percent of U.S. e-mail users—that's six million people—said they had ordered a product or service as a result of unsolicited e-mail.

Outside of regular e-mail, spam has spilled over to instant messages (IM) as well and is enough of a problem for instant messaging spam to warrant its own term, "spim."

The following tips from Microsoft can help you reduce spam in your mailbox:

- ☞ Use technology to help block junk e-mail and improve your computer's security.
- ☞ Be careful about sharing your e-mail or instant message address.
- ☞ Only share your primary e-mail address with people you know. Avoid listing your e-mail address in large Internet directories and Web sites. Don't even post it on your own Web site as it could get "harvested" off the Internet.
- ☞ Set up an e-mail address dedicated solely to Web transactions. Consider using a free e-mail service to help keep your primary e-mail address private.
- ☞ Create an e-mail name that's tough to crack. Try a combination of letters, numbers and other characters—Don2Funk9@example.com, or J0e_Y0ng@example.com (substituting zero for the letter "O"). Research shows that people with such names get less junk e-mail.



- ☞ Disguise your e-mail address when you post it to a newsgroup, chat room, bulletin board or other public Web page.
- ☞ Watch for pre-checked boxes. When you buy things online, companies often pre-select boxes to indicate that it is fine to sell or give your e-mail address to responsible parties. Clear the check box if you don't want to be contacted.
- ☞ Delete junk e-mail messages without opening them. Sometimes even opening spam can alert spammers that yours is an active address.
- ☞ Do not reply to spam unless you're certain that the message

comes from a legitimate source. This includes not responding to such messages that offer an option to "Remove me from your list."

- ☞ Do not offer personal information in an e-mail or instant message. It could be a trick. Most legitimate companies won't ask for personal information by e-mail. If a company you trust, such as your credit card company or bank, appears to ask for personal information, check into it further. Call the company using a number you retrieve yourself from the back of your credit card, a bill or phone book, not a number from the e-mail message. If it is a legitimate request, the company's customer service department should be able to help you.
- ☞ Think twice before opening attachments or clicking links in e-mail or instant messages, even if you know the sender. If you cannot confirm with the sender that an attachment or link is safe, delete the message. (If you

must open an attachment that you're less than sure about, save it to your hard disk first so that your antivirus software can check it before you open it.)

- ☞ Don't buy anything or give to any charity promoted through spam. Spammers often swap or sell the e-mail addresses of those who have bought from them, so buying something through spam may result in even more spam. Criminals use spam to prey on people's desire to help others. If you receive an e-mail request from a charity you'd like to support, avoid donation scams by calling the organization directly to find out how to contribute.
- ☞ Don't forward chain e-mail messages. Not only do you lose control over who sees your e-mail address, but you also may be furthering a hoax or aiding in the delivery of a virus. Plus, there are reports that spammers start chain letters expressly to gather e-mail addresses.

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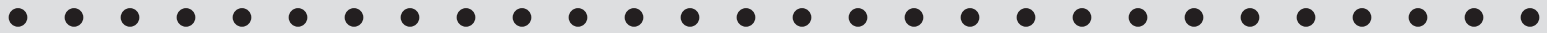
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CLINICAL

ORAL PATHOLOGY

PROVIDED BY GLEN D. HOUSTON, DDS, MSD, CHAIR, DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY, UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY

CASE HISTORY: A 52 year old male presented to his general surgeon for evaluation and treatment of an inguinal hernia. During the general surgeon's initial work-up, a cursory oral examination was accomplished. A large, brownish-black papule was noted involving the buccal mucosa. The patient stated that he was not aware of the presence of the lesion but noted that it was asymptomatic. The patient was referred to his dentist for additional evaluation.

QUESTION 1:
Your differential diagnosis based upon the clinical appearance might include (multiple answers):

- Hemangioma
- Malignant melanoma
- Pigmented nevus
- Varix
- Metallic tattoo

ANSWER:
Your differential diagnosis should include all of the entities listed, because they can all present as a pigmented lesion. The hemangioma (a) is a benign proliferation of blood vessels. The most common location is the head and neck area which accounts for nearly one third of the cases. Hemangiomas are primarily tumors of childhood, but cases have been observed in adults.

Malignant melanoma (b) is a neoplasm that usually occurs on sun-damaged skin. However, it may arise at any location where melanocytes are present, including the oral cavity. Malignant melanoma is the third most common form of skin cancer and is usually observed in adults. Most oral malignant melanomas are found on the hard palate and maxillary gingiva or alveolar mucosa. It typically begins as a brown to black area of pigmentation that exhibits irregular borders.

The pigmented nevus (c), also known as nevocellular nevus or mole, typically presents as a pigmented lesion. An average

adult will exhibit 10-30 nevi on the skin. Intraoral nevi do occur but are not as common as those that occur on the cutaneous surface. Most cases of intraoral pigmented nevi appear on the palate or gingiva, although any intraoral site may be involved. Most intraoral lesions are observed in adult females.

The varix (d) or varicosity is a dilated, tortuous vein. This lesion is typically observed in adults and may be observed throughout the body. The varix is usually asymptomatic and presents as a bluish-purple to black

papular mass. Although the ventral tongue is the most common intraoral location, this lesion has also been associated with the lips and buccal mucosa.

The metallic tattoo (e) (amalgam, pencil graphite, coal dust, and fragments of carborundum) has resulted in producing areas of oral mucosal pigmentation. The implantation of dental amalgam occurs most often, with a frequency that is far greater than these other

materials. Amalgam tattoos appear as macules or as papules and may be blue, brown, gray, or black. The borders may be diffuse, irregular, or well defined. Any mucosal surface may be involved, but the buccal mucosa, gingiva, and alveolar mucosa are the favored anatomic locations.

QUESTION 2:
Additional measures that one might utilize in formulating a differential diagnosis might include (multiple answers):

- Take a radiograph of the area in question
- Apply direct pressure to the lesion to see if it will blanch
- Biopsy
- Aspirate the lesion
- There are no additional measures that can be utilized



ANSWER:

The following additional measures which one might utilize in formulating a differential diagnosis include:

- a. Take a radiograph of the area in question
- b. Apply direct pressure to the lesion to see if it will blanch
- c. Biopsy
- d. Aspiration of the lesion

Radiographs (a) may demonstrate the presence of metallic particles. These fragments are radiopaque and vary from minute to several millimeters in size. Vascular lesions (b) may blanch when direct pressure is applied and aspiration (d) of the lesion may also reveal a vascular nature of the pigmented area. A biopsy (c) of the lesion is indicated if the above-mentioned measures and the clinical history have not provided adequate information for a definitive diagnosis.

QUESTION 3:

A tissue specimen is submitted to the oral pathologist for microscopic examination. The pathology report reveals a fragment of mucosa exhibiting numerous dilated blood sinuses each demonstrating an endothelial lining and filled with erythrocytes. These features are diagnostic of:

- a. Hemangioma
- b. Hematoma
- c. Amalgam tattoo
- d. Intramucosal nevus
- e. Invasive malignant melanoma

ANSWER:

The correct diagnosis is hemangioma (a). See "Discussion" section.

The other possibilities are not considered here: The hematoma (b) exhibits extravasation or entrapment of blood within tissues which produces a mass following a traumatic event. The amalgam tattoo (c) reveals scattered fragments of metal within the submucosa. Numerous large, black solid pieces or fine, brown-black particles may be observed. The pigmented (intramucosal) nevus (d) is characterized by a proliferation of nevus cells microscopically. These cells may be observed within the basal cell layer of the surface epithelium (junctional nevus), the underlying connective tissue (intradermal or intramucosal nevus), or both regions (compound nevus). The malignant melanoma (e) is composed of a highly invasive, malignant, neoplastic growth of melanocytes which exhibits invasion into the underlying connective tissue.

DISCUSSION:

The hemangioma is a common tumor characterized microscopically by a proliferation of blood vessels. It is usually congenital in nature and although some authorities feel that this lesion is a "true" neoplasm, others believe that it represents a developmental anomaly (hamartoma).

As mentioned above, most hemangiomas are present at birth or appear soon after birth. The hemangioma comprises the most common single tumor in the region of the head and neck. The oral and nasal cavities are the most frequent sites of occurrence.

The hemangioma may appear as an elevated or flat lesion, usually bluish-brown to black in color, compressible, and seldom well-circumscribed. The common sites of occurrence intraorally are the lips, tongue, palate, and buccal mucosa. Occasionally, central (intraosseous) hemangiomas of the mandible or maxilla may occur.

Radiographically, they usually present as multilocular (honeycombed) lesions. In such cases, it is imperative to aspirate the area before surgical intervention.

Microscopically, the hemangioma is characterized by the presence of numerous small capillaries lined with a single layer of endothelial cells supported by a fibrous stroma of varying density. If the endothelial component is prominent, this type of hemangioma is known as the cellular or capillary form. A second type is classified as the cavernous form and is dominated by numerous dilated blood sinuses exhibiting a thin endothelial lining and filled with erythrocytes.

Most hemangiomas undergo spontaneous regression at an early age. Others, however, have been treated with a variety of modalities including surgical excision, microembolization, radiation, sclerosing agents, and recently, laser therapy. The prognosis of the hemangioma, in general, is excellent. It does not tend to recur or undergo malignant transformation following adequate treatment. Large multiple lesions may preclude definitive therapy and persist as gross deformities.

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THE FATHER OF DENTISTRY TO USHER IN ODA CENTENNIAL

To commemorate the Oklahoma Dental Association's Centennial in 2007, Dr. Gary Gardner, ODA Past President, 1976-1977, has created an original, life-size sculpture, "Father of Dentistry", of Pierre Fauchard, the French dentist and founder of modern dentistry.

During the 2005 ODA Annual Meeting, several ODA Past Presidents were discussing the completion of the new ODA Building and the upcoming Centennial celebration – two extraordinary events in recent ODA history. Knowing it was an exceptional time for Oklahoma dentistry, they were trying to identify the perfect way to memorialize the two events. From this brief brainstorming session came the Pierre Fauchard Statue Project.

With the gracious donation of his time and tremendous talent, our own Dr. Gary Gardner, the commissioned artist of several well-known pieces around our fine state, has sculpted a beautiful statue of Pierre Fauchard. His "Father of Dentistry" will be placed at the entrance of the ODA Building and will serve to greet ODA members and visitors for years and years to come.



This gorgeous, life-size figure will commemorate the Centennial Celebration of the Oklahoma Dental Association and will be dedicated during the 2007 ODA Annual Meeting.

Dr. Gardner, who donated his entire artist fee to the project, considers this a true labor of love. He welcomed this project as a way to give back to the place that has provided him so much over the years. He and his wife, Judie, have spent many, many volunteer hours with the ODA, and Dr. Gardner established many of his dearest and longest-tenured friendships through the Association.

As part of the celebration, seventy-five numbered, bronze miniatures have been fashioned. You can have your own piece of ODA history and support your state professional organization by purchasing one of these beautiful replicas for your office or home. There has been no outlay of expense to the ODA. All proceeds will directly benefit the ODA Building Fund by helping to retire the mortgage on the new ODA building.

\$1,400 per statue To order your Pierre Fauchard statue today!

Name: _____

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