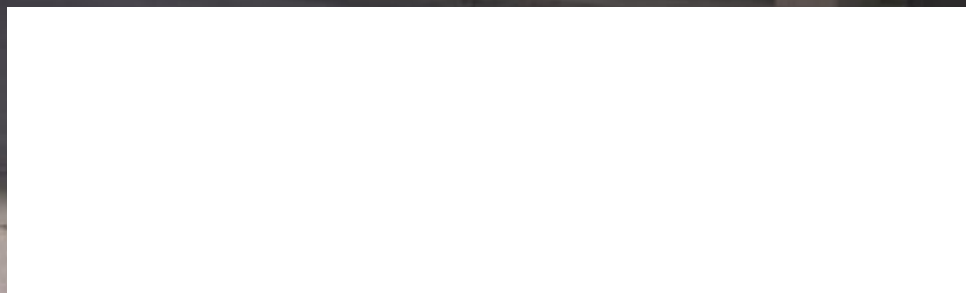


# ODA JOURNAL

VOLUME 96/ISSUE 8 APRIL 2005

**“THE FUTURE IS NOW”  
2005 ODA ANNUAL  
MEETING PREVIEW  
pg. 22**

**Dentist Day  
at the Capitol  
pg. 20**



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THE OKLAHOMA DENTAL ASSOCIATION JOURNAL (ISSN 0164-9442) is published ten times per year by the Oklahoma Dental Association, 629 NW Grand Blvd, Ste. A, Oklahoma City, OK 73118, (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, 629 NW Grand Blvd, Ste. A, Oklahoma City, OK 73118.

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.



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OF DENTAL EDITORS

# INSIDE

ON THE COVER:  
Dr. Wm. Lee Beasley,  
ODA President,  
Oklahoma City

## ADVERTISER'S INDEX

Alexander & Strunk Inc. / pg. 13

Am. Academy of Cran. Pain / pg. 17

Apex Financial Solutions / pg. 25

Delta Dental / IFC

Dental One / pg. 13

Dental Systems Inc. / pg. 18

GE Insurance Solutions / BC

Great Southwest Dental Lab / pg. 29

Heumann Dental Lab / pg. 19

MBNA / pg. 21

MIDCO Dental / IBC

ODASCO, Inc. / pg. 5

Pearce Turk Dental Lab / pg. 27

Precision Orthodontics / pg. 15

Prof. Practice Associates / pg. 21

Sedation-On-Call / pg. 9

Stillwater National Bank / pg. 11

## ODA Today

Editor's Message / pg. 4

Dental Organization News / pg. 4

Calendar of Events / pg. 6

Woody Cohlma Golf Tourn. / pg. 7

ODA New Building Update / pg. 9

Faculty Appreciation Lunch / pg. 12

In Memoriam / pg. 12

Legislative Update / pg. 12

## Who & What

Profile, Dr. Kevin Smith / pg. 14

Tech Talk / pg. 16

Spotlight: Local Arrangements / pg. 18

## Features

Dentist Day at the Capitol / pg. 20

2005 Annual Meeting Preview / pg. 22

## Clinicals

Oral Pathology / pg. 26

## Classifieds

General Listings / pg. 30



## EDITOR'S MESSAGE

By: *Raymond Cohlmiya, DDS*

It's always said that time flies when you're having fun. And that is exactly what has happened this past year for the ODA Journal's editorial board. Although it's been a busy year, it's also been a very productive one. I've enjoyed serving as your editor, I thank you for that opportunity, and I hope you are enjoying the new look of our journal and what it has to offer.

A few years ago, I and our ODA journal staff attended the American Dental Association's Editors Conference in Chicago. Armed with only our existing journals and a desire to create a fresh new "look", we ventured into unknown and untried territory – wanting to take our journal to the next level but having no idea what that next level was! Sound familiar? After a two-day conference during which we looked at not only other professional journals but some popular magazines as well, we developed some creative ideas of what we wanted but we lacked the funding and chronological format to give substance to those ideas.

Enter Brian Houston and Dana Davis, our Communications Director and Executive Director, respectively. With their expertise, drive and assistance, we presented our vision and goals to ODA President Lee Beasley who gave his blessing to the venture. The result of all these efforts is the journal you've now been reading for almost a year.

Our changes? Ten issues per year from the previous four quarterly journals, making the information we share with you much more timely. Full color, bringing us into the 21st century. Fewer pages, providing for meatier content and improved readability. Standard layout and text headings, creating a consistent presentation and allowing for ready access to particular topics of interest. Has it all been good? Of course not -- there are areas that need improvement and we're continually striving to make each issue better than the last. We're learning from issue to issue, primarily from input from you, our members. Speaking for the entire editorial board, we have appreciated your comments and hope you will continue to provide them, good or bad – that's how we improve!

As you would guess, our editorial board this year has been very active and I want to personally thank each member for his/her contributions. Without the input of all of them, you wouldn't have the journal you now enjoy. To Frank Miranda, David Shadid, and Dennis Weibel for their valuable input and assistance, with special thanks to Dr. Miranda who has served as our chief "proofreader" for the past several years. To Brian Houston and Stephanie Trougakos -- as our tireless "nuts-and-bolts" workers on the journal, they are responsible for its overall look and "feel". And to Dana Davis, our executive director who also serves as the Journal's Managing Editor, for her unflagging support of our ideas. She has been a major driving force for our new journal and has provided strong encouragement as we ventured into that "unknown" territory of change.

The ODA has achieved many great accomplishments both in the profession and as an association. From the new ODA building, to our great legislative work to our new journal, this has indeed been a banner year for us! Having climbed so high on the ladder of success, how do we keep from falling? That's easy – we keep on climbing! ●



## TULSA COUNTY (TCDS)

By: *Jeff Parker, DDS, TCDS Editor*

Chairman **Dr. David Wong** organized one of the best table clinics programs TCDS has ever had! We want to say "Thank You" to **Dr. Bruce Horn** for his informative program on "Your State Dental Board – The Good, The Bad, and The Ugly." We had an excellent turnout and want to say "Thank You Very Much" to all of the table clinics participants and the commercial exhibitors who donated some really nice door prizes: **Drs. Lois Jacobs, Roman Lobodiak, Kent Shacklett, Jerry Smith, Paul Sommer, David Wong, Bernie Wynn** as well as **Mella Glenn, Cindy Roberson**, and commercial exhibitors. Also, congratulations to the lucky door prize winners: **Dr. James West** won the \$75 Outback Gift Certificate – donated by Alexander & Strunk; **Dr. Pam Low** won the Free Digital Equipment – donated by America On Hold; **Dr. Stephen Glenn** won the Solution Crown & Bridge Design System – donated by Brasseler USA; **Dr. Wade Sessom** won the \$100 Burkhart Dental Merchandise Gift Certificate – donated by Burkhart Dental Supply Company; **Dr. Mark Whitney** won the IQ Smartlite (LED Curing Light) – donated by Dentsply Caulk; **Dr. Deboria Gill** won the Dell 15" Flat-Screen Monitor – donated by Dynamic Dental Solutions; **Dr. Gayle Dennehy** won the Candle Gift Bag – donated by EcoQuest International; **Dr. Terry Tinker** won the Comprehensive Portfolio Review (valued at \$250) – donated by LLP Financial Services; **Dr. Fred Blythe** won the \$100 Gift Certificate to Fleming's Restaurant – donated by Medical Professionals; **Dr. John Warden** won the \$75 Money Tree – donated by MetLife Financial Services; **Dr. Steve Hogg** won the TheraGum – donated by OMNII Oral Pharmaceuticals; **Dr. Gary Fisher** won the \$250 Simon Card – donated by POH Company; **Dr. Ben Gerkin** won the LED Curing Light – donated by Patterson Dental Supply, Inc.; **Dr. Tricia Cannon** won a \$50 McGill's Gift Certificate – donated by Peoples State Bank; **Dr. Drake Sellmeyer** won a \$50 McGill's Gift Certificate – donated by Peoples State Bank; **Dr. Howard Dunlap** won the \$200 Sullivan-Schein Merchandise Gift Certificate – donated by Sullivan-Schein Dental; and **Dr. Walter Davies, III** won a Gift Basket – donated by Thommen Medical

Congratulations to our newly elected TCDS Officers and Executive Committee for 2005-2006: President **Dr. Wade Sessom**, President-Elect **Dr. Steve White**, Secretary-Treasurer, and Immediate Past President **Dr. Mike Kincaid**. Also, congratulations go out to



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# CALENDAR OF EVENTS

## APRIL

**APRIL 1** – Oklahoma Association of Women Dentists Continuing Education

**APRIL 18** – Retired Dentists Lunch, 11:30 AM

**APRIL 18** – Eastern District Meeting, Hot Springs, Arkansas

**APRIL 19** – Eastern District Meeting, Hot Springs, Arkansas

**APRIL 19** – Oklahoma County Dental Society Board of Trustees Meeting, 6:00 PM

**APRIL 27** – Woody Cohlmi Golf Tournament

**APRIL 28** – Oklahoma Dental Association Annual Meeting, Oklahoma City, Cox Convention Center

**APRIL 28** – ODA Board of Trustees Meeting, Oklahoma City, Cox Convention Center, 10:00 AM

**APRIL 28** – ODA House of Delegates Meeting, Oklahoma City, Cox Convention Center, 1:00 PM

**APRIL 29** – Oklahoma Dental Association Annual Meeting, Oklahoma City, Cox Convention Center

**APRIL 29** – Oklahoma Dental Association Open House, ODA Headquarters, 6:00 PM

**APRIL 30** – Oklahoma Dental Association Annual Meeting, Oklahoma City, Cox Convention Center

**APRIL 30** – South Central District Meeting, 12:00 P.M.

**APRIL 30** – President's Reception & Dinner, Oklahoma City, Cox Convention Center

## MAY

**MAY 1** – Oklahoma Dental Association Annual Meeting, Cox Convention Center, Oklahoma City

**MAY 2** – ODA Offices Closed

**MAY 16** – Retired Dentists Lunch, ODA Headquarters, 11:30 A.M.

**MAY 18** – Tulsa County Dental Society: OU vs. OSU Baseball Game, Driller's Stadium

**MAY 30** – ODA Offices Closed

## ARE YOU A MEMBER OF A DENTAL FAMILY?

The ODA LEGACY project is currently seeking information from ODA members who have parents, grandparents, siblings, cousins, or other family members who are also dentists.

Please contact the ODA and provide your dental family tree and photographs. This information will be used to honor dental families at the ODA Annual Meeting, in various publications, and at events related to the ODA Centennial celebration.

Contact Kay Mosley to submit your family information:  
405.848.8873; [kmosley@okda.org](mailto:kmosley@okda.org)

Have an event you would like listed on the ODA Calendar?  
Email details to [events@okda.org](mailto:events@okda.org)



The Eleventh Annual Woody Cohlmlia Memorial Golf Tournament is just around the corner, so get your golf clubs out of storage and start warming up for this year's event. The tournament has been a great success the past ten years and we expect another fun outing this year.

The tournament will be a 1:00 Shotgun Start on April 27th, 2005 at Traditions Golf Club in Edmond, Oklahoma.

This is the Wednesday prior to the start of the Oklahoma Dental Association Annual Session, which will be held in Oklahoma City the following day.

Tournament proceeds will be donated to the Dean Robertson Society to fund the Woody Cohlmlia Memorial Scholarship, and to the Oklahoma Dental Foundation to help fund dental education in the State of Oklahoma.

To participate in this year's tournament, please contact Dr. Jeff Cohlmlia at 405-751-0300. Space is limited to the first 120 players, so sign up soon!

Golf tournament entry fee includes GOLF, CART, PRIZES, Cocktail Hour and Dinner.

Golf Tournament Entry Fee - \$150.00  
Non Golfers - Cocktail Hour and Cookout  
\$50 per person

Cocktail Hour will begin around 6:00 pm



build.

our newly elected House of Delegates 2005-2007: **Drs. Craig Dudley, Jim Hackler, Nick Hunter, John N. Johnson, Joe Lai, Blake Henry, David Maddox, K.D. Parks, Chad Webster, David Wong, Deboria Gill and Rieger Wood.** Our 2004-2006 House of Delegates include: **Drs. John Landers, Richard Brown, Conrad Casler, Scott West, Jeffrey Johnson, John Mose, III, Peggy Merrill, Scott Wagner, Jeff Parker, Laurie Southard, Kyle Shannon, Walter Davies, III, and Newton Simer.**

Thank you to the following people who have volunteered to serve our TCDS Standing Committees this year: Administrative Committee Chairman **Dr. Kyle Shannon**, Secretary **Dr. Bernie Wynn**, Professional Development and Education Committee Chairman **Dr. Richard Brown**, Secretary **Dr. David Wong**, Dental Care Committee Chairperson **Dr. Gayle Dennehy**, Secretary **Dr. Ken Bezan**, Communications Committee Chairman **Dr. Blake Henry**, Secretary **Dr. Nick Hunter**, Activities Committee Chairperson **Dr. Tawana Bourlier** and Secretary **Dr. Clint Emerson.**

Our Activities Committee organized a fun Dental Hockey Night on March 11th an OSU/OU Bedlam Baseball game at Driller Park on May 13th. Our Executive Committee held an Awards Banquet and Installation of Officers on March 15th that featured **Mayor Bill LaFortune.** And on March 18th, a fantastic all-day program was presented by **Dr. Charles Wakefield.**

Mark your calendars now for the following three "dynamite speakers" our society has confirmed for our 2005-2006 all-day CE programs: Friday, November 18, 2005 **Dr. Charles Blair**, Friday, January 13, 2006 **Dr. Michael Koczarski**, and Friday, March 3, 2006 **Dr. Gerard Chiche.**

**UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY (UCOD)**

By: *Frank J. Miranda, DDS, MEd, MBA Senior Associate Dean*

**KIDS' DAY 2005**

The College of Dentistry's 8th annual Kids' Day was held on Saturday, February 19, at OUCOD. **Kevin Haney**, co-chair of the Department of Pediatric Dentistry and primary faculty advisor for Kids' Day, provided the following report on Kids' Day 2005: "Thanks to the leadership of senior dental student coordinators **Mike Wallace** and **Deborah Butler** and juniors **Chase Dighton, Seth Evetts,** and **Brandon Rogers**, the event was one of our most successful ever! We also appreciated the valuable help of the following full-time



Kids' Day faculty volunteers Andrew Guthrie, Martha Garzon, and Ron Winder.



Kevin Haney, Kids' Day faculty coordinator, checks patient screening sheets.



DS-4 Deborah Butler [DS-4] visits with dental hygiene faculty volunteers Laurie Cunningham, Donna Brogan, and Kim Graziano.



Dr. Jim Murtaugh and Lauren Avery-Miranda [DS-3] congratulate their well-behaved patient



A lucky young patient gets examined by the master: J. Dean Robertson

and part-time faculty who graciously volunteered their time and expertise: **Kay Beavers, Fred Benenati, Donna Brogan, Ken Coy, Laurie Cunningham, Christina DeAtley, Martha Garzon, Andrew Goldbeck, Kim Graziano, Andrew Guthrie, Frank Lipsinic, Kathy Miller, Jim Murtaugh, Jeanne Panza, Edwin Sutherland, Theresa White, Ron Winder, and Stephen Young.**

Over 160 children received treatment ranging from oral examinations and prophylaxes to restorative care and extractions. Dental students and faculty provided the treatment. And a special thank you to **Dr. J. Dean Robertson** who surprised us with a visit and jumped in to help screen the children.

While everyone contributed greatly to the day's success, two groups of volunteers deserve special recognition. This event would not be possible without the participation of the student body and the clinic staff. A tremendous thank you to each dental and dental hygiene class and to the College's sterilization and clinic personnel who gave up their Saturday for this worthy cause. The day would not have been a success without their unselfish hard work! As important as the services provided to the kids were the smiles and words of thanks from the parents. Kids' Day 2005 was a positive experience not only for the children and their

families but for the College and the entire dental community."

**STAPLES SOCIETY**

The Albert F. Staples Society celebrated its 20th anniversary during its annual spring banquet on February 25 at the Petroleum Club with over 90 students, faculty and guests



Dr. Mike Rohrer delivers the keynote address at the Staples Society banquet.



Society namesake Al Staples and founder Mike Rohrer with outgoing and incoming Society officers: [l-r] Megann Scott, Deborah Butler, Shannon Williams, Amanda Sengel, Felipe Avery-Miranda, and Lauren Avery-Miranda.

(our highest total ever!) in attendance. Featured speaker for the evening was **Dr. Michael Rohrer**, former OUCOD associate dean of research, who founded the Society in 1985 and served as faculty advisor until 1999. **Dr. Rohrer** and his wife **Cece** traveled all the way from Minnesota to help celebrate this special anniversary. Other distinguished guests included Society namesake **Dr. Al Staples** and his wife **Marie, Lou Ann Copeland** (Dr. Rohrer's secretary and do-everything person when the Society was founded), **Dr. Donald Welk** (professor emeritus, Restorative Dentistry), and **Dr. Leon Bragg** (last year's recipient of the Society's outstanding service award).

Staples Society faculty advisor **John Dmytryk** (Associate Dean, Research) reviewed Society activities during the past year and acknowledged the services of 2004-05 student officers: president **Deborah Butler** (DS-4); vice president **Lauren Avery-Miranda** (DS-3); and secretary **Shannon Williams** (DS-4). Officers for the 2005-06 year will be co-presidents **Lauren & Felipe Avery-Miranda** (DS-3), vice president **Amanda Sengel** (DS-3), and secretary **Megann Scott** (DS-3).

Staples Society faculty advisor **John Dmytryk** (Associate Dean, Research) reviewed Society activities during the past year and acknowledged the services of 2004-05 student officers: president **Deborah Butler** (DS-4); vice president **Lauren Avery-Miranda** (DS-3); and secretary **Shannon Williams** (DS-4). Officers for the 2005-06 year will be co-presidents **Lauren & Felipe Avery-Miranda** (DS-3), vice president **Amanda Sengel** (DS-3), and secretary **Megann Scott** (DS-3).

**KUDOS**

**Jean Lapham** (Dental Assistant IV, AEGD) was honored as the OU Health Sciences Center Employee of the Month for February 2005. The award was presented by the HSC Staff Senate at a reception at the College of Dentistry on February 25.

**Kerri Tatum** (DH'99) received her M.Ed. degree from the University of Central Oklahoma last December. Kerri teaches part time with the Department of Dental Hygiene.

Senior dental student **Scott Renfrow** was selected from national and international com-

# ODA NEW HEADQUARTERS Building Update

Work on the Oklahoma Dental Association Headquarters is approaching its final hour! The external brick work is finished and masons are currently completing the Centennial Donor Courtyard, which is where your Centennial Donor brick will be placed.

Inside the building many of the cabinets have been placed, lighting is complete, walls have been painted, and the woodwork is being stained. April 15th, 2005 is the current projected move-in date. Don't miss the Oklahoma Dental Association Open House on April 29th, 2005. See page 23 for more details ●



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Scott Renfrow [DS-4] with his winning poster presentation (Photo taken during OUCOD's 2004 Scientific Day).

petition to receive the Dr. Eugene M. Seidner Student Scholarship Award for his research abstract entitled "Effects of Er:YSCG laser treatment on gingival fibroblast attachment". The award will provide Scott an all-expenses paid trip to the national meeting of the Academy of Laser Dentistry (April 6-9 in New Orleans) to present his research, a one-year ALD membership, and registration and Standard Proficiency Dental Laser Education application fees. This is only the second time this award has been presented and is quite an honor for both Scott and the OU College of Dentistry, and for his research mentors **Drs. John Dmytryk** (Associate Dean, Research), **Raleigh Holt** (Removable Prosthodontics), **Grady O'Neill** (Graduate Periodontics [04]), and **Barbara Safiejko-Mroczka** (Zoology, OU-Norman campus).

### ODA/OUCOD LUNCHEON

The Oklahoma Dental Association sponsored its 3rd Annual Faculty Appreciation Luncheon at the College of Dentistry on March 2 to thank OUCOD faculty for their efforts on behalf of Oklahoma dentistry and education. Representing the ODA were **Lee Beasley** (President), **Tamara Berg** (Chair, Council on Membership & Membership Services), **Dana Davis** (Executive Director), **Kay Mosley** (Director, Membership & Membership Services), and **Stephanie Trougakos** (Manager, Publication & Advertising). On behalf of the faculty, dean **Stephen Young** thanked the ODA for its continuing support of the school and once again touted the strong relationship between the school and organized dentistry in Oklahoma.



ODA president Lee Beasley visits with OUCOD faculty during the ODA's third annual Faculty Appreciation Luncheon.

### DELTA DENTAL FOUNDATION

#### DELTA DENTAL PARTNER VISITS CRUTCHO SCHOOL

With National Children's Dental Health Month in February, across the nation dental professionals conducted oral health projects, and visited local school children in order to improve dental health. The national projects, Project Healthy Smiles 2010 and "Give Kids A



(L-R) Val Walsler, Dr. Teresa Davis, Hygienists - Meagan Holmes, Stacy Vu, Kinsey Parker, Stacy Randall, Lacy Woods and Andrea Sykes.

Smile Day" were originated jointly by the American Dental Association and Proctor and Gamble - Crest. For the last three years the Delta Dental of Oklahoma Foundation has funded and partnered with dental professionals at Good Shepherd Ministries, Inc., providing dental care to the needy of the Oklahoma City area.

On Feb 7th, dental professionals from Good Shepherd, including Dental Hygiene students from the O.U. College of Dentistry, **Dr. Teresa K. Davis**, Good Shepherd Mission's Children's Dental Coordinator, and private practice hygienist **Val Walsler**, visited Crutch School in Midwest City. The purpose for the visit was oral health education, to instruct the children on the importance of taking care of their teeth, and the connection between oral health and their overall physical health. Hygiene students did a magical job of showing the children how to properly brush their teeth, floss, and get proper nutrition. They dressed as tooth fairies, floss fairies, cavity bugs and played games with the children while testing them on what they had learned. The children were captivated by their colorful and fun dental health presentation.

With the support of Crest "Give Kids A Smile" project materials and the Delta Dental of Oklahoma Foundation grant funds, the Crutch School Children were able to take home bags with bilingual parent's oral health guides, Spin Brushes, tooth paste, dental timers, and fun stickers. It was a fantastic way to kick-off National Children's Dental Health Month in the community. Another great example of Delta Dental and the O.U. College of Dentistry partnering to improve the health of the Oklahoma community!

#### DELTA DENTAL FOUNDATION GIVES GRANTS

The Delta Dental of Oklahoma Charitable Foundation, the philanthropic arm of Delta Dental of Oklahoma, recently awarded several charitable grants in the state. These grants awarded include a \$15,000 gift to Health for Friends. This donation was made to help the organization provide low-income families & elderly with vital dental care. The City Rescue Mission, a nonprofit organization serving homeless men, women, and children in Oklahoma City, received \$20,000 from the Delta

Dental organization to fund their dental clinic. Additionally, the Delta Dental Foundation donated \$20,000 to the Neighbor for Neighbor Dental Clinic in Tulsa. Neighbor for Neighbor is an organization established in Tulsa to fight poverty.

### SOUTH CENTRAL DISTRICT

By: Patrick R. Montgomery, DDS, SC Editor

The Comanche County Dental Society had their annual Christmas dinner at Martin's Restaurant in Lawton on December 16th, 2004.

**Rob Muller** handed over the presidency to **Andrea Montgomery**. South Central president **Jason Buschman** was in attendance along with the following dentists: **Bonnie Burton**, **Samia Hanna**, **Juan Lopez**, **David Lindley**, **Keefe Carbone**, **Roger Nishimura**, **Richard McBride**, **Wayne Littlefield**, **Will Carter** and **Pat Montgomery**.

A special tribute went out to **Bill Corales** who was bragging on his 50th anniversary of his graduation from dental school. He is an alumnus of that other Big Red School north of Kansas. Bill will present a talk to the Comanche County Dental Society on changes in dentistry over the past 50 years.



South Central District members enjoy the 2004 Christmas Party at Martin's Restaurant.

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# OUCOD FACULTY APPRECIATION LUNCHEON



OUCOD faculty participating in the third annual Faculty Appreciation Luncheon

The third Annual Faculty Appreciation Luncheon was held at the University of Oklahoma College of Dentistry (OUCOD) on March 2, 2005.

The Faculty Appreciation Luncheon was held as a “thank you” to the OUCOD Faculty for their support of organized dentistry. The Dental School

Faculty are the first dental mentors for most dental school students and the OUCOD Faculty continually helps familiarize dental students with the professional organizations that are in place to support their education and career – with the ODA being the primary organization serving that function on the state level. In addition to educating dental students about the ODA, 100% of OUCOD Faculty members are ODA members.

Dean Stephen Young opened the luncheon with a few words of thanks to the ODA for the continued support of the dental school and its endeavors throughout the year. Dr. Lee Beasley, ODA President, and Ms. Dana Davis, ODA Executive Director, provided a legislative update and an overview of the status of the new ODA headquarters, which will be located just a few blocks from the College of Dentistry.

Also attending the Faculty lunch were Dr. Tamara Berg, Chair of the Council on Membership and Membership Services; Ms. Kay Mosley, ODA Director of Membership; and Ms. Stephanie Trougkos, ODA Publications and Advertising Manager. The luncheon was sponsored by ODASCO, Inc. the Oklahoma Dental Association’s for-profit subsidiary. Thanks to all who helped to make this event possible.

## IN MEMORIAM

### **John D. Moore, DDS**

Birth: 1928

Death: January 29, 2005

*Sand Springs, Okla.*

Dr. John Moore was an active member of the Oklahoma Dental Association, American Dental Association and the Tulsa County Dental Society.

He graduated from Baylor College of Dentistry in 1954 and was key in the implementation of fluoride in the water system of Sand Springs.

# ODA LEGISLATIVE UPDATE

*by Scott Adkins*

The 50th Oklahoma Legislature officially convened on Monday, February 7th. Over 2,000 individual pieces of legislation have been introduced and the leaders of both the House and Senate have much to do in advance of the May 27th deadline for adjournment.

The Oklahoma Dental Association held the annual Dentist Day at the Capitol on Tuesday February 15th. The highlight of the day was our own Dr. Richard Haught, President of the American Dental Association, addressing the House of Representatives. Numerous ODA members and staff were in attendance during Dr. Haught’s speech. Later that evening, the ODA held a reception to honor the members of the legislature. Scores of legislators and dentists from across the state had the opportunity to build relationships in a social setting. Every legislator asked: “Is there anyone here from my district?” Sadly, too often the answer was “no.” We have to double our efforts to get more dentists involved from all across Oklahoma.

On the legislative front, the ODA is lending its support to pass HB 1337 by Rep. James Covey and Sen. Todd Lamb. This is a request bill from the State Dental Board that will grant peace officer status to investigators and allow members of the faculty at OUCOD to practice at the dental school in their areas of certification. Thank you to all ODA contact dentists that called or e-mailed their legislators on the House Public Health and Human Services Committee. HB 1337 was passed out of committee and is awaiting floor action as of this writing. Other legislation of interest to Oklahoma Dentists is also moving through the political process. Tort reform and workers compensation legislation have passed out of the various committees in the House and Senate, as well as a \$500 million higher education bond proposal. These issues are “works in progress,” and we will keep you updated on that progress as the session moves to a close.

Now, more than ever, we need to keep building relationships with our personal legislators. If you haven’t met yours, do so! Call your Representative or Senator and schedule lunch or just a brief introduction. Let him or her know that you’re interested in our legislation and offer to be a resource on dental issues. This will help us strengthen YOUR clout at the capitol.

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A clean shaven Dr. Smith at his OUCOD office.

## DR. KEVIN SMITH – A SMILE FOR A CHILD FOUNDATION

**D**r. Kevin Smith, faculty member of the University of Oklahoma College of Dentistry's Department of Oral and Maxillofacial Surgery, is also the Founder and Medical Director of A Smile for a Child Foundation.

A Smile for a Child Foundation was started

with the primary goal of providing treatment to those children who have facial differences – most frequently that of cleft lip and palate – but do not have the financial resources for the necessary dental and surgical treatment to treat these differences. Access to care for children with facial differences is accomplished by the Smile for a Child Foundation through negotiations with doctors and hospitals to reduce fees associated with necessary medical treatments – in much the same way that insurance companies do – and by providing funding for that portion of the treatment that cannot be funded by other sources, essentially filling in the financial gap that is necessary to make sure children with facial differences receive the proper treatment.

Because Dr. Smith focuses on treating cleft lip and palates, he has a comprehensive view of what is involved with treating facial differences. This knowledge translates into the ability to not only perform or oversee all necessary medical procedures, but he can also help families and patients deal with the long-term emotional implications of the entire treatment process.

“Our Foundation focuses on children where the family is really involved in this process with the child,” said Dr. Smith. “Treating cleft lip and palate is a long-term process, and we want to make sure the family is going to be supporting the process the whole way.”

Treating cleft lip and palate certainly is a long-term process, with treatment typically lasting eighteen years – an operation at ten weeks, another at 18 months, speech therapy at four years of age, bone graft and orthodontic work at age nine, jaw surgery at age 15, and nose or lip surgery at age 16 – and costing the patient \$100,000 over the entire life of treatment and \$21,000 in the first year alone. Cleft lips and palates are not rare either. They are usually cited as the most common birth defect, affecting one out of every 750 children born.

All of these reasons – the cost, the prevalence – are motivators for why Dr. Smith created this foundation. But perhaps most important of all is the fact that people are judged on appearances; the first thing we notice about someone is his/her face. Once children are treated for a cleft lip or palate they are able to lead happy, normal lives. The change between a child with a cleft lip or palate and their condition following treatment is nothing short of radical; the treatment makes a massive, positive impact on the child in the short and long-term.

A Smile for a Child Foundation recently received an incredible contribution from Edmond High School. The students at Edmond High hold an annual fundraising drive called “Swine Week.” Each year the school chooses a different beneficiary of the funds from their fundraising efforts. Dr. Smith and other Foundation Board members – nurses, mothers of children with facial differences, a speech pathologist – presented the Foundation’s vision to Edmond High in order to be considered as a possible beneficiary of some of the funds raised. In the end, because of the unbelievable difference the Foundation’s work makes in the lives of so many children, the Foundation was chosen as the sole beneficiary of the fundraising activities, which eventually resulted in a \$141,000 donation to the Foundation.

“It’s so awesome,” Dr. Smith said, almost in a state of speechlessness as a result of the donation.

During the “Swine Week” drive, Dr. Smith made a wager with the entire College of Dentistry: collectively, if the College could raise \$1,000 for this cause he would shave his head. Faculty, students, and Surgical Techniques, Inc. rallied and came through with the



Dr. Smith before the OUCOD donation.

money...the result of which is the clean-shaven Dr. Smith seen above.

While the money raised by Edmond High School students is incredible, it does not mean that the Foundation is now beyond need of additional financial support.

When the full course of treatment for cleft lip or palate averages \$100,000, one can see how quickly money raised will be put to work.

If you would like to contribute to A Smile for a Child Foundation or if you would like more information, visit the website at

[www.procleft.org](http://www.procleft.org), give Dr. Smith a call at 405.271.4441, or send your contribution to the following address:

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“A Smile for a Child Foundation”  
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One of Dr. Smith's patients before and after surgery.

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# TECH TALK

## LOOK MA – NO WIRES!

We've talked about faxes, phones, and all types of media in our tech talks thus far. The common systems in those media are "wires." Wires hook the world together from point to point, phone to phone, fax to fax, etc. and are an integral part of the communication world. (I know, some of you are asking, what about cell phones? We'll get to those in a moment). Sometimes, we don't realize how many miles of wire and cable there are in just some of the everyday items we use. For example, in the average automobile, there are over three miles of wire that control numerous functions, from ignition systems to power windows. That's why auto manufacturers work to update electronics regularly by putting more circuits on one wire instead of several. The major reason: weight. Wires weigh quite a bit and factor into an automobile's fuel efficiency. If we can reduce the number of wires, overall weight is reduced and mileage increased. However, although wires are a part of the world they are fast leaving us. Thus my title: "Look, Ma, No Wires!"

Computers are hooked together by a maze of wires called the Internet. When you turn on your machine and connect via the phone [modem] or a high-speed connection (cable, DSL, high-speed broadband, T1, or a whole host of other means), you are connecting through this maze of wires through which information can travel quite rapidly. Even faster and more dependable is a new type of information transmission which uses fiber optics – the transmission of light through a flexible bundle of plastic optical fibers.

You've heard the term "wireless networking" (or "wireless") which is the new buzzword for today's computer systems. In a nutshell, you are cutting the wire that connects your computer to the World Wide Web or Internet. The good thing about the wireless is that it allows you to roam in an area and stay online without wires. And the bad? You guessed it – security (or the lack thereof). Remember the old adage: Anything in the air is free. Those radio waves traveling between your computer

and its connection points are in the air and can be intercepted by some other computer. There are security and password measures that make them somewhat secure, but nothing is perfect.

So how does wireless work?

Most commonly, you are connected to the Internet via a DSL (Digital Subscriber Line) or cable modem system or the phone line itself (which is a relatively slow connection). With DSL, the Internet signal is "piggy-backed" with your phone line. Voice data (the voices of you and the party you're talking to) is at a lower radio frequency and the Internet signal is at a very high radio signal. The different frequencies allow both to travel over the same two little wires that make up your phone line. It is much the same with cable. The Internet signal travels over and around the channel 70 region on your cable, and your modem (or receiving device) decodes this little subchannel and displays the information on your computer. Finally, there is the standard phone line modem connection. This is still very commonly used, but provides a considerably slower information transfer rate – 20 to 30 times slower than DSL or cable.

In the normal wired installation, the cable or DSL comes into your house or business and goes directly to a modem where the signal is decoded. From there it then has a line that goes to your computer to provide you with your Internet access or email. To go wireless, the computer company or other service installs a "wireless router" (also known as a "wireless access point"), a little device that plugs in between your cable or DSL modem and your computer. The signal now goes to the cable modem, then to the router, then to your computer.

### Wireless Router

So where's the wireless? Actually, it's in the wireless router. On the back (or side) of the unit are two little antennas, one to transmit data and the other to receive data. The router basically "splits" the Internet signal into wired and wireless signals for the computer. Once you have a router in place and working, additional computers (desktop or laptop) with wireless receivers can be easily added. Most wireless routers will handle a maximum of four wired and four wireless units at the same time.

Security systems for wireless routers are standardized overall, but the router manufacturer establishes individual characteristics. Their software, when installed, will tell the router what channel, password, security code, and security method to use. If you choose not to use any of these security measures, then your router becomes what is known as an "open node" which means an unsecured network that anyone can log on to. If security measures are established, only wireless units that know or have the security parameters can access the router.

Is wireless networking handy? You bet! For many of us who live in older homes (and even some newer homes), adding wiring in the walls and ceilings can be tedious and expensive. Wiring to a downstairs room in a two-story home can be downright impossible at times. With a computer, a desk, and a wireless receiver card installed in the computer, you're ready to go without having to worry about getting that wire connection. Computer units could be placed all over the house without regard for wires and the expense of running them throughout your house.

With wireless, you can go to many national chain restaurants that provide wireless networking access at their facilities. The idea is to get you to frequent their establishments by providing an opportunity to use their products while getting some work (or play) done at the same time. Many laptop units sold today have internal wireless capabilities already installed. You can charge up the unit, go to the restaurant, and get on the Internet. Other places now with wireless access areas include several major airports, convention centers, hotels and libraries, just to name a few.

There are several different forms of wireless routers and transmission types, the most common being types "b", "a", and "g" (labeled 802.11b, 802.11a, and 802.11g, respectively). They each have their pluses and minuses, so consult your local computer technician, Internet site, or store for the best choice for your application. Differences include the radio frequencies on which they operate and the distance that the system will reach from the router point, usually specified in the average number of feet. Keep in mind that recommended distances are usually quoted over a "non-obstructed path" and your individual results may vary from the manufacturer's figures. However, if you select a system that just doesn't seem to span your needed length, most router manufacturers have boosters and antennas that provide a higher gain (more power) to reach those distant areas.

Some of you may have heard about "Bluetooth", which is a "personal" wireless network



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Dr. Tom McGarry,  
Local Arrangements Chair

## SPOTLIGHT: LOCAL ARRANGEMENTS COMMITTEE

The role of the Local Arrangements Committee is to coordinate the Oklahoma Dental Association Annual Meeting, including the scientific session and all social events. Because the ODA Annual Meeting site rotates each year between Oklahoma City and Tulsa, the Local Arrangements are necessarily composed of Oklahoma City area and Tulsa area ODA members depending on where the meeting is being held.

The Local Arrangements Committee is selected by the President. The Committee is comprised of member dentists, a representative from the Oklahoma Dental Assistants Association and a representative from the Alliance of the Oklahoma Dental Association. The Oklahoma

Dental Association staff serves as liaisons to the committee.

This year's Annual Meeting theme is "The Future is Now." The Local Arrangements Committee has selected an elite group of scientific speakers that will appeal to the entire dental family audience.

Additionally, this year the Local Arrangements Committee had the pleasure of incorporating the ODA Open House and Ribbon Cutting Ceremony into the festivities of the Annual Meeting. The ODA Open House will include the Related Organization Receptions for the Alumni Associations including the University of Oklahoma College of Dentistry, Baylor University, UMKC, and D-Dent. ●

## COMMITTEE MEMBERS

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Chair

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## DENTIST DAY AT THE CAPITOL

On February 15, 2005, as part of ODA's Dentist Day at the Capitol, American Dental Association President Dr. Richard Haught addressed the Oklahoma House of Representatives. Dr. Haught took the House floor stage before a full House chamber and received a standing ovation. Numerous ODA members filled the gallery to hear Dr. Haught's historic speech.

Dr. Haught spoke on the economic power of dentistry in society, the vitality of organized dentistry, and on the problem of and possible solutions for access to oral health care.

Throughout the day, most of the ODA members who attended the session to hear Dr. Haught's speech visited their Senators and Representatives with the purpose of creating stronger relationships with their Legislators. Each of these Senators and Representatives who were visited by an ODA dentist now knows someone in their District that they can contact when they have a question about oral and public health.

During the evening of Dentist Day at the Capitol, a Legislator-Dentist reception was held at Coles Garden in Oklahoma City. Over fifty Legislators attended this reception with numerous ODA members. The opportunity to fellowship in a social setting continued to solidify the relationships between ODA members and those individuals responsible for crafting public policy that often impacts the practice of dentistry. ●



L-R, Dr. Richard Haught, Gov. Brad Henry and Dr. Lee Beasley



L-R, Dr. Lee Beasley, Kathy Haught, and Dr. Richard Haught



Dr. Haught receives a standing ovation



Alliance members with Drs. Beasley and Haught

**DR. RICHARD HAUGHT, PRESIDENT  
AMERICAN DENTAL ASSOCIATION  
PRESENTATION TO OKLAHOMA LEGISLATURE –  
FEBRUARY 15, 2005**

*"Good afternoon. I appreciate this opportunity to be with you today! Let me start by giving you some context about the American Dental Association.*

*As ADA president, I represent more than 152,000 active, licensed dentists and more than 26,000 retirees. More than 71% of the dentists in this country are ADA members. Our annual budget is 96 million dollars, and our officers and Board oversee programs that have assets totaling about 2 billion dollars. Our primary mission is to improve the oral health of the public and to advocate for our members' ability to pursue this same mission in the communities where they practice.*

*I was elected to the office of president-elect in fall 2003 and became president last October. I now fully appreciate how hard each of you works to win an election.*

*In my campaign we identified with the movie Seabiscuit, in which a partially blind jockey, a washed-up trainer and a frustrated marketing wizard combined their talents to turn a workhorse into a winner. No one thought Seabiscuit could do it, yet with the right tools, work ethic, encouragement and a vision, HE DID! It certainly illustrated the power of believing in something greater than ourselves.*

*I think I have some understanding of the complexities you face in carrying out your obligations to the citizens of this great state from some of your members I know well. And it is with that understanding, and that perspective that I come before you today...to call your attention to an issue on which, I hope, all of us surely can share concern: The fact that too many children in Oklahoma are not receiving the oral health care they need.*

*According to the most recent national data, about one out of every four children in families below the federal poverty level is suffering from untreated dental decay. Forty percent of third-graders in Oklahoma have unmet dental needs because their families cannot afford dental care. It's no surprise, then, that the National Institute of Dental and Craniofacial Research reports that 80 percent of all tooth decay is now found in only 25 percent of children.*

*Improving access to care for the underserved, especially children, is a major priority for the ADA. So, what are we doing?*

*For three years now, with the generous support of corporate sponsors, we have sponsored and coordinated an annual national event we call Give Kids A Smile. This year's event took place just the week before last, on February 4. More than 40,000 dental office team members – including more than 11,000 dentists – volunteered their time and skills and provided free care for needy kids at sites across the country. We conservatively estimate that hundreds of thousands of kids benefited. Here in Oklahoma more than 200 volunteer dentists provided services to more than 2,300 kids.*

*Give Kids a Smile is just one of the many ways that dentists here in Oklahoma and across the country donate and discount services every day to people who otherwise could not afford care. In fact, we have documented over 19 locations in Oklahoma where dental care is provided free on a weekly basis. And nationally, we have over 547 of these sites in our database. We also know that in Oklahoma the average dental office provides \$19,500 in pro bono dental services per year. But charity is not a permanent delivery system, and children keep falling through the cracks. What are needed is a change of heart, a change of policy, and a public commitment.*

*So I'm asking you to join the ADA and the Oklahoma Dental Association in our efforts to help children who have no access to oral health care... to help ensure that every child in this state gets an early start on a lifetime of oral health... and that no child is unable to smile... unable to have confidence and make friends... or unable to study, learn and prepare for a successful future because of untreated dental disease.*

*How can you reach consensus on this issue, and how can this legislature take steps that will be a genuine Seabiscuit victory for you as legislators and for the underserved kids of Oklahoma? Well, we've been working*

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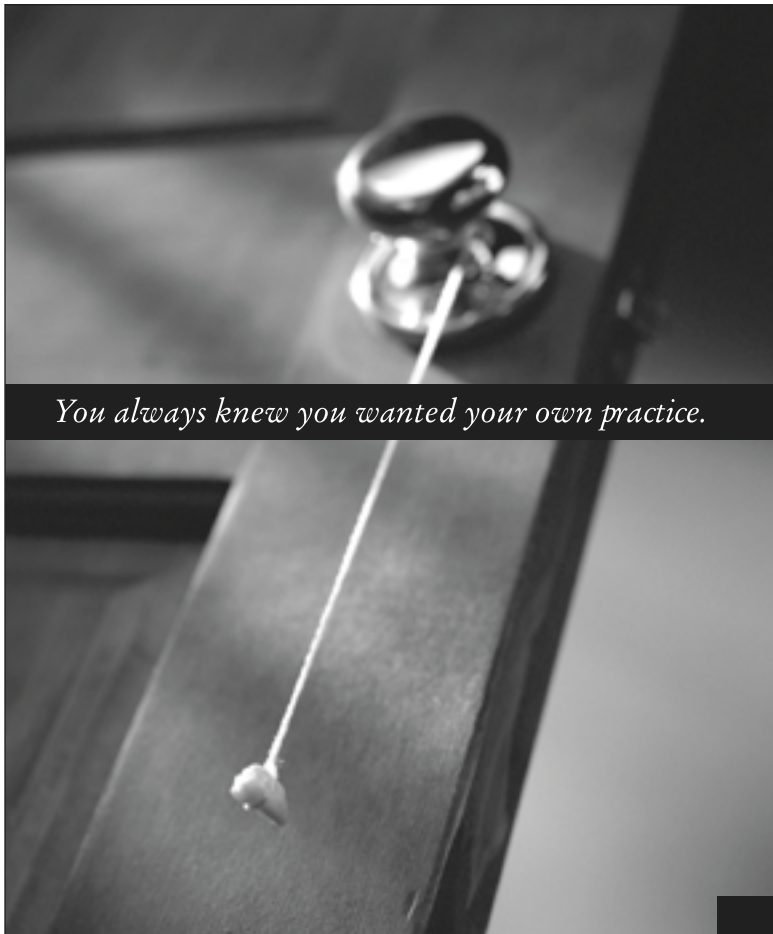
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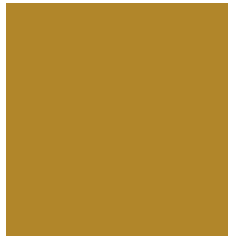
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# 2005 ODA ANNUAL MEETING PREVIEW

The 2005 Oklahoma Dental Association Annual Meeting will take place on April 28 – May 1, 2005 at the Cox Convention Center in Oklahoma City. Every year the ODA Annual Meeting improves, and this year is certainly no exception. And with the added festivity of an Open House for the new ODA headquarters, which is taking place on Friday evening, this year's Annual Meeting will involve as much fun as it does learning and governance. What follows is a brief overview of some of this year's meeting highlights.

## ODA OPEN HOUSE

On Friday April 29th, an Open House will be held to celebrate the opening of the new ODA headquarters. The Open House will begin at 6:00 p.m. and will feature a special ribbon cutting ceremony at 6:30 p.m. Come see the new headquarters of organized dentistry in the state of Oklahoma. Have a glass of wine in the Donor Courtyard and see the Centennial brick that you have purchased in order to help pay for this incredible new building.

Parking for the Open House will be extremely limited. Attendees are encouraged to use shuttle service to get to the Open House. Shuttles will run from the north side of the Cox Convention Center to the ODA headquarters between 5:30 and 9:00 p.m. Additionally, off-site parking for the Open House will be available at the Easter Seals parking lot (701 NE 13th Street – two blocks east of the ODA headquarters), and a shuttle will run from the Easter Seals to the ODA Headquarters between 5:30 and 9:00 p.m.

The annual Related Organization's Reception will be incorporated into the Open House this year. Each of these organizations will help provide the hors d'oeuvres and refreshments during the Open House.

## SCIENTIFIC SESSIONS

This year's scientific sessions will feature giants in the field of dentistry. Dr. Avishai Sadan will speak on "Updates in Aesthetic and Implant Dentistry." Dr. James Dunn will cover "Aesthetic Dental Treatments and Materials". Dr. Kenneth Malament will discuss the "Integration of Esthetic Dentistry and Prosthodontics."

Dr. Kenneth Hebel will focus on "Treatment Planning for Restorative and Implant Dentistry." Additionally, Dr. Howard Glazer will present a hands-on course focusing on creating "Impressions, Temporaries, and Fiber Splinting," and Ms. Kathleen O'Neill-Smith will hold hands-on sessions on "Air-Polishing and Ultrasonics".

In addition to these sessions, Dr. Glenn Hall will present an ADA seminar on the CDT-2005 code, and Patterson Dental will present a CEREC Lecture and Demonstration.

Also during the Annual Meeting, a hands-on Lab Technicians course will be available at the Southwest Center for Dentistry (in Northwest Oklahoma City). This day-long course will focus on using the Rondo Porcelain System and Forte Scanner in the morning, and the afternoon will involve a hands-on porcelain course.

## EXHIBIT HALL

The Exhibit Hall in 2005 will feature over 120 booths of various vendors exhibiting the latest goods and services related to the practice of dentistry and the business of running a dental practice. The Exhibit Hall will be open from 9:00 a.m. to 5:00 p.m. on Friday, April 29 and from 9:00 a.m. to 2:00 p.m. on Saturday, April 30.

Attendees in the Exhibit Hall can participate in a Treasure Hunt that will take place during both days that the Exhibit Hall is open. The Treasure Hunt involves visiting participating booths in order to get signatures from the exhibitors staffing those booths, and then turning in the complete Treasure Hunt card to be entered in various drawings that take place throughout the day.

The middle of the Exhibit Hall will feature the DENPAC Silent Auction, which is always one of the most popular events at the Annual Meeting. Numerous organizations and individuals have donated a wide range of goods that will be available for purchase via silent auction. The Silent Auction will open at 9:00 a.m. on Friday morning and will close at 1:30 p.m. on Saturday. Stop by the silent auction, make a bid, and have a free bag of DENPAC popcorn! All profits from the Silent Auction will benefit DENPAC, the Oklahoma Dental Association's Political Action Committee.

## PRESIDENT'S RECEPTION AND DINNER

On Saturday night of the meeting the Annual President's Reception and Dinner will take place. The President's reception begins at 6:30 with dinner to follow at 7:30. Come join Dr. and Mrs. Lee Beasley in celebrating a year of change for the ODA. This year, the President's Dinner will recognize "Milestones in Dentistry." Entertainment will be provided by Dr. Dan. (see below)

Come to the President's Dinner to celebrate the future and reflect on the past of dentistry in Oklahoma, recognize the Presidency of an ODA visionary, fellowship with friends and colleagues, and toast the future of the ODA!

## OKLAHOMA CITY

In addition to the social events and scientific sessions at this year's Annual Meeting, Oklahoma City, the site of the meeting, offers numerous activities for fun and relaxation. For example, take a river boat ride down the canal in Bricktown – just a few blocks from the Cox Convention Center – and see the new restaurants, shops, movie theatre, and other additions to the rapidly expanding Bricktown area. Taking a stroll through this section of downtown Oklahoma City is the perfect activity for a brilliant Oklahoma spring day.

Also in Oklahoma City are the recently opened Oklahoma City Museum of Art, the Oklahoma City National Memorial and Museum, the Bricktown Ballpark, and the Myriad Botanical Gardens.

This year's official meeting hotel is the Renaissance Hotel located just north of the Cox Convention Center. Hotel rooms are also available at the Courtyard Marriott, located just south of the Convention Center.



## DR. DAN

The Dr. Dan Show is the only comedy show for those that make their living in SALIVA! Dr. Dan has been doing stand-up since 1990 and was a winner on

America's Funniest People and a finalist in

Colgate's Search for America's Funniest Dentist. Dr. Greenstein has performed at comedy clubs along the east coast as well as many dental groups and corporate functions.

He survived the recent Florida hurricanes and is still a practicing G.P. in Coral Springs, Fl. A 1983 graduate of the State University of NY at Stony Brook School of Dental Medicine, Dr. Greenstein immediately fled to Florida in search of sunshine and no state income tax.

Dr. Dan was recently interviewed on National Public Radio's "All Things Considered" program about his hit parody song CD, "SPIT HAPPENS!". This CD is destined to go "amalgam" after selling over 1000 copies since being featured on NPR.

The Dr Dan Show has been seen by thousands of dentists and staff from Florida to Alaska. This multi-media presentation spares no one, as everyone from the staff to specialists to especially patients gets "drilled" by Dr. Dan!

# DON'T MISS THE ODA OPEN HOUSE!

COME CELEBRATE THE OPENING OF THE NEW ODA HEADQUARTERS, APRIL 29, 2005

COCKTAIL RECEPTION BEGINS AT 6:00 PM WITH A RIBBON CUTTING CEREMONY STARTING AT 6:30 PM

## OPENING SESSION



Lt. Governor Mary Fallin



Dr. Richard Haught

Opening Session at the 2005 ODA Annual Meeting will feature Oklahoma Lieutenant Governor Mary Fallin as Master of Ceremonies. Mary Fallin, who was elected in 1994, is Oklahoma's first female Lt. Governor and has always been a strong advocate and supporter of dentistry.

Also, ADA President Dr. Richard Haught, who is one of our own, will address the Opening Session. Hear Dr. Haught's special message for ODA members during this exciting homecoming!

In addition to these fantastic speakers, ODA Annual Awards will be given during the Opening Session. Come support your award-winning friends and colleagues as they are recognized for their contributions to organized dentistry. This year's award winners include:

### Dentist of the Year

Stephen K. Young

### Young Dentist of the Year

Jandra Mayer-Ward

### Thomas Jefferson Award for Citizenship

Trent Yadon

### Robert K. Wynne Award for Public Relations

Mike Morgan

### Dan E. Brannin Award for Professionalism and Ethics

Scott Waugh

### Richard T. Oliver (Legislative)

Bill Nations

### Benjamin Franklin Scroll

Raymond Cohlma

### President's Leadership Award sponsored by the Jerome B. Miller Family Foundation

E. Vann Greer

## SCIENTIFIC SESSION ANNOUNCEMENT

Due to faculty obligations, Dr. Stanley Malamed's session at the 2005 ODA Annual Meeting, "Emergency Medicine in Dentistry" has been cancelled.

designed for smaller communication devices – like your cell phone. Have you noticed people walking around the mall sporting an earpiece with a small microphone and looking like Mr. Spock from Star Trek? That earpiece/microphone unit is a wireless device in direct radio link to the cell phone located on their belt or in a purse. When a call comes in, you can punch a button on the phone and start talking through that little wireless device. The usable distance is roughly limited to about 5-10 feet on most small devices and about double that for larger devices.

A unique application for Bluetooth are larger conventions such as the American Dental Association. Several handheld organizers now include Bluetooth built in to the unit. For the last two ADA conventions, the convention schedule was broadcast in the convention hall over this Bluetooth network. Thus, if you're in or near the convention center, the event schedule would appear on your own little organizer – all wireless! Several other conventions have embraced this technology as well and it is expected that within five years it will actually replace the paper schedules distributed at these events.

### Handheld Organizer

Other applications of Bluetooth include portable wireless printing from computers and organizers. Simply place the computer or organizer within close range of the Bluetooth printer and click print – your document comes out of the printer in seconds!

A Bluetooth system can also be installed in your car. Instead of “plugging” in your phone in the car, simply keep your phone in your pocket or on your belt clip, enter the car and that's it. Just having your cell phone near the car's Bluetooth unit establishes the wireless connection! How 'bout that, sports fans?

How far will wireless go or will it end? Chances are that wireless will be the predominant form of communication in the future but it will not replace “hard-wired” applications completely. The main reason is security. Wired applications still remain the best way to communicate over a secured network. Also, as the FCC continues to allow further frequency allocation, the airwaves will get more crowded leading to less secure transmissions, known as “crosstalk.” However, for most of us regular folks just surfing and emailing, wireless represents the freedom we've been seeking for years.

If you've been waiting for the right time to go “wireless”, that time is now! I promise you, you will love this system in your office and your home! Don't wait any longer. Go get the equipment, install it yourself or have it installed, and say “Look Ma – No Wires!

Until next time, Happy (and Non-Wired)

Computing! ●

hard; developing resources to help you get started.

A little over a year ago, we hosted a Medicaid symposium for the entire spectrum of stakeholders. These were folks from the National Conference of State Legislatures, federal officials, state dental directors, state Medicaid officials, Public Health officials, patient advocates, insurance industry representatives, foundations, educators and others.

As we broke out into networking groups, it became obvious that each of these groups had already made good attempts to address the access issue. But in most cases, these attempts were frustrated. It became very clear to me that the ADA must assume a leadership role. We asked each of these groups to submit a proposal for a model oral health access program.

From these proposals and an investigation of state innovations across the country, we identified five programs that are actually in place and have already achieved positive results – three state and two community-based model programs.

The three state models – from Michigan, Tennessee and Alabama – are all working, even in the face of state budget challenges, and have made a positive difference in children's lives.

These states all sought to address the core challenges dentists and patients face within Medicaid: program financing, administrative hurdles, patient case management and oral health literacy for both patients and policymakers.

Each state addresses these problems in different ways. Tennessee and Michigan carved dentistry out of their Medicaid programs and contracted with private administrators. Alabama created an ingenious case management program to help patients get to a dental office and recruit dentist participation in Medicaid

All of these states initiated change without having to apply for a federal waiver. One of the community-based models is particularly relevant to rural Oklahoma. It involves using public/private collaboration to establish dental offices in rural or other underserved areas. This accomplishes two desirable ends: first, increased oral health for people in those areas... and also an increased economic base for the community.

Data now confirm that a dental office will increase the economic base of a community by 1.27 million dollars per year. We are making sure that the Chambers of Commerce of this country understand this impact on the health and finances of a community. Three states are already making great strides, and we're confident that still others can learn from the examples the ADA is promoting. Our goal at the ADA is to get at least four more states to implement similar changes in this next year.

Let's get specific as to how this relates to Oklahoma. According to 2003 data from the federal Centers for Medicare and Medicaid Services, approximately 15 percent of Medicaid-enrolled children received dental care in that year. That's true for Oklahoma also. It should be 50 percent. Only 33% of Oklahoma dentists participate in the Medicaid program. That should be 75%.

In the private sector, dental care accounts for 20 percent of all children's health expenditures. Compare that with Oklahoma's allocation of three percent of its Medicaid funding on oral health care, and you'll begin to understand where some of the trouble lies for reimbursement, when comparing a sampling of Oklahoma's pediatric Medicaid payment rates to claims submitted by dentists to commercial payers in the state, we have found that most Medicaid rates fall well below what even 15 percent of dentists charge commercial payers.

This means that at least 85 percent of dentists charge more than the Medicaid payment rates for these services. In most cases, Oklahoma's Medicaid rates do not even come close to market-based levels.

Now let's go for a positive on the prevention side. Nationally, 68% of the communities in this country have a fluoridated water supply. In Oklahoma, it's 74%... but we need to get Edmond and Moore to implement what the CDC calls the most cost-effective disease prevention measure available.

Now, for the first Seabiscuit vision: that you authorize a committee – made up of legislators, Medicaid officials, dentists, and public stakeholders – to investigate and make recommendations for Oklahoma to work toward developing a model oral health access program. The models offered by the ADA may serve as an initial blueprint for ideas.

Then, bring the models through pilot programs aimed at bringing Oklahoma's children into good oral health, thus preventing subsequent health problems and, ultimately, reducing Medicaid costs.

Second Seabiscuit vision: that you utilize the dentists, hygienists, dental assistants and Alliance in Oklahoma as you speak to the various civic groups and organizations about health issues. With the resources they can provide, we can hopefully enlist others to educate the underserved about nutrition, prevention and good oral health habits. This legislative body can bring about change and can truly have a powerful impact on our less fortunate children, giving them the foundations on which to break out of poverty and build healthy and prosperous lives.

This really is a health care system that works! I know that working together we can do it for Oklahoma!

I again want to express my appreciation for this opportunity to address you today and also dentistry's appreciation for all that you as legislators accomplish for the citizens of this great state. Thank you! ●

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## ORAL PATHOLOGY CASE: ULCERATIVE MASS OF UPPER LIP

PROVIDED BY DR. DAVID M. LEWIS, DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY, UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY

**CASE HISTORY:** This 62-year-old white female has ulceration and swelling of the upper lip. The area has been present for several months and is increasing in size. Her medical history is significant for pulmonary sarcoid and arthritis. Her medications include prednisone at 10 mg. every other day since April 2004, recently reduced to 5 mg every other day and Celebrex. On exam she has a 2 x 1.5 cm swelling of the left upper lip and ulceration on the mucosal surface. The mass is indurated.



Figure 1



Figure 2

### Question:

1. An appropriate differential for this lesion of the lip might include (multiple answers):
  - a. Salivary gland tumor or cyst
  - b. Mucocele
  - c. Squamous cell carcinoma
  - d. Deep fungal infection
  - e. Sarcoid

### Answer:

The correct answers for question 1 would be a, c, d, and e.

The differentials for mass lesions of the lips are quite different for upper lip versus the lower lip (Table 1). Answer (b) mucocele would be incorrect. While mucoceles are the most common lesion of the lower lip they are extremely rare in the upper lip. They are also more common in children and young adults and unusual in older patients.

Answer (a) salivary gland tumor or cyst would be correct. Salivary gland tumors and cysts are the 2nd and 3rd most common masses found in the upper lip. Salivary gland tumors of the lower lip are much less common. In addition, salivary gland tumors of the upper lip are usually benign (80%), while lower lip tumors are usually malignant (50-80%).

Answer (c) squamous cell carcinoma is correct. Squamous cell carcinoma should be considered with any ulceration with induration. However, while 90% of squamous cell carcinomas of the lips will be lower lip lesions and have a good prognosis (five year survival of

95-100%) squamous cell carcinoma of the upper lip is rare (<10%) and has a significantly worse prognosis (five year survival of 58%).

Answers (d and e) are correct. The differential for chronic ulceration (Table 2) must be considered in this case. Because of this patient's medical history of sarcoid and immune suppressive drugs (prednisone) sarcoid and deep fungal infection must be included. Sarcoidosis is a multisystem granulomatous disorder of unknown cause. It is 10-17 times more common in black than white and has a slight predilection for females. Although any organ system can be affected the lungs, lymph nodes, skin, eyes, and salivary glands are the predominant sites. Approximately 90% of patients will have an abnormal chest radiograph showing bilateral hilar lymphadenopathy. Skin lesions are seen in approximately 25%.

The skin lesion appears as a chronic, violaceous, indurated lesion termed lupus pernio. They are most common on the nose, ears, lips, and face. Histologically these lesions are composed of epithelioid histiocytes, Langhans' or foreign-body type giant cells, a rim of lymphocytes, and negative special stains for fungal or bacterial organisms. There should be no polarizable, dissolvable, or pigmented foreign material in the tissue.

### Question:

2. As a health care provider you should:
  - a. Follow the patient to establish continued enlargement
  - b. Ignore the lesion
  - c. Biopsy the lesion
  - d. Culture the lesion

### Answer:

The correct answer to question 2 would be c.

Persistent ulceration with induration requires biopsy to establish a diagnosis and direct treatment unless they are clinically recognizable and respond to therapy.

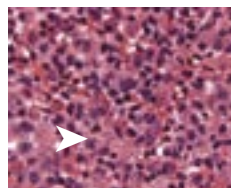


Figure 3



Figure 4



Figure 5

### Question:

3. Based on this histology (Fig. 3, 4, and 5) the diagnosis is:
  - a. Squamous cell carcinoma
  - b. Foreign body granuloma
  - c. Fungal infection (histoplasmosis)
  - d. Sarcoid

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**Answer:**

The correct answer to question 3 is c.

The histologic specimen (Fig. 3) shows a granulomatous process with focal areas of epithelioid histiocytes and small clusters of 1-2 m inclusion morphologically consistent with *Histoplasma capsulatum*. The organism is more easily seen with special stains periodic acid Schiff (PAS) or Grocott-Gomori methenamine silver (GMS). (Fig. 4 and 5)

**Discussion:**

Histoplasmosis is the most common systemic fungal infection in the United States and is caused by *Histoplasma capsulatum*. The organism is dimorphic, growing as a yeast at body temperature and as a mold in its natural environment. The organism grows in humid areas with soil enriched by bird or bat excrement. It is endemic in fertile river valleys such as the Ohio and Mississippi river valleys. Approximately 500,000 new cases develop annually in the United States and it is estimated that 80-90% of the population in endemic areas have been infected.

Most cases of histoplasmosis are asymptomatic or have mild flu-like symptoms. Expression of the disease depends on the quantity of spores inhaled and the immune status of the host. Inhaled spores are ingested by macrophages within 24-48 hours and specific T-lymphocyte immunity develops in 2-3 weeks. Antibodies develop several weeks later. Most will clear the disease; however, sometimes the macrophages simply surround and confine the fungus in a latent stage from which viable organisms can be released at a later date.

Histoplasmosis can be divided into acute, chronic, and disseminated forms. Acute disease is related to the quantity of spores inhaled. When a small quantity is inhaled about 1% will develop a self-limited pulmonary infection. Large quantities will cause symptomatic disease in 50-100%. Symptoms include fever, headache, myalgia, nonproductive cough, and anorexia. The usual course is 2 weeks and the patient may develop calcification of hilar lymph nodes visible on chest radiographs. Acute disease is self-limiting and requires no treatment other than supportive care.

Chronic disseminated disease is much less common than acute disease and usually affects the lungs. This form is seen in elderly, emphysematous, white men, or immunosuppressed patients. It is similar to tuberculosis with cough, weight loss, fever, dyspnea, chest pain, hemoptysis, weakness, and fatigue. Cavitation changes and infiltrates of the upper lobe of the lung may be seen on chest roentgenograms. Patients with chronic disease usually require treatment although 50% recover spontaneously. Pulmonary damage may be progressive and result in death in up to 20% of patients, if left untreated.

Disseminated histoplasmosis is seen in 1 of 2000-5000 patients who have acute symptoms. It is characterized by spread of infection to extrapulmonary sites usually in elderly, debilitated, or immunosuppressed patients. Tissues most commonly affected are spleen, adrenal glands, liver, lymph nodes, gastrointestinal tract, central nervous system, kidney, and oral mucosa. Oral lesions are usually on the tongue, palate, or buccal mucosa appearing as solitary, variably painful chronic ulceration. Disseminated disease is very serious and results in death in 90% if untreated. A mortality rate of 7-23% is seen in treated patients. The treatment of choice is intravenous amphotericin B. This drug is toxic and significant kidney damage can be expected. In nonimmunocompromised patients oral ketoconazole (Nizoral) or the triazole compound itraconazole (Sproanox) can be used but the

response rate is slower and the relapse rate is higher.

In the present case based on clinical presentation of an ulcerated mass of the lip and past medical history positive for sarcoid and immunosuppression, a working differential of squamous cell carcinoma, deep fungal infections, or sarcoid was developed. The lesion was biopsied and a diagnosis of histoplasmosis was established. The patient was treated with itraconazole starting at 400 mg/day. The prednisone was tapered and stopped in 1 month to reduce the immunocompromised state. The lesion resolved in 2 weeks and the patient continues on itraconazole at 200 mg/day. Treatment will continue for 3 months or longer. During this period the pulmonary sarcoid has remained unchanged.

**Reference:**

Neville B, Damm D, Allen C, and Bouquot J. Oral and Maxillofacial Pathology (2nd ed); pp 553-566. WB Saunders Co., 2002

**Table 1**  
Soft tissue masses of the lip in order of occurrence

UPPER LIP	LOWER LIP
Irritation fibroma	Mucocele
Salivary gland tumors	Irritation fibroma
Salivary duct cyst	Squamous cell carcinoma
Minor gland sialolith	Other mesenchymal tumors
Other mesenchymal tumors	Salivary duct cyst
Nasolabial cyst	Salivary gland tumors
	Keratoacanthoma

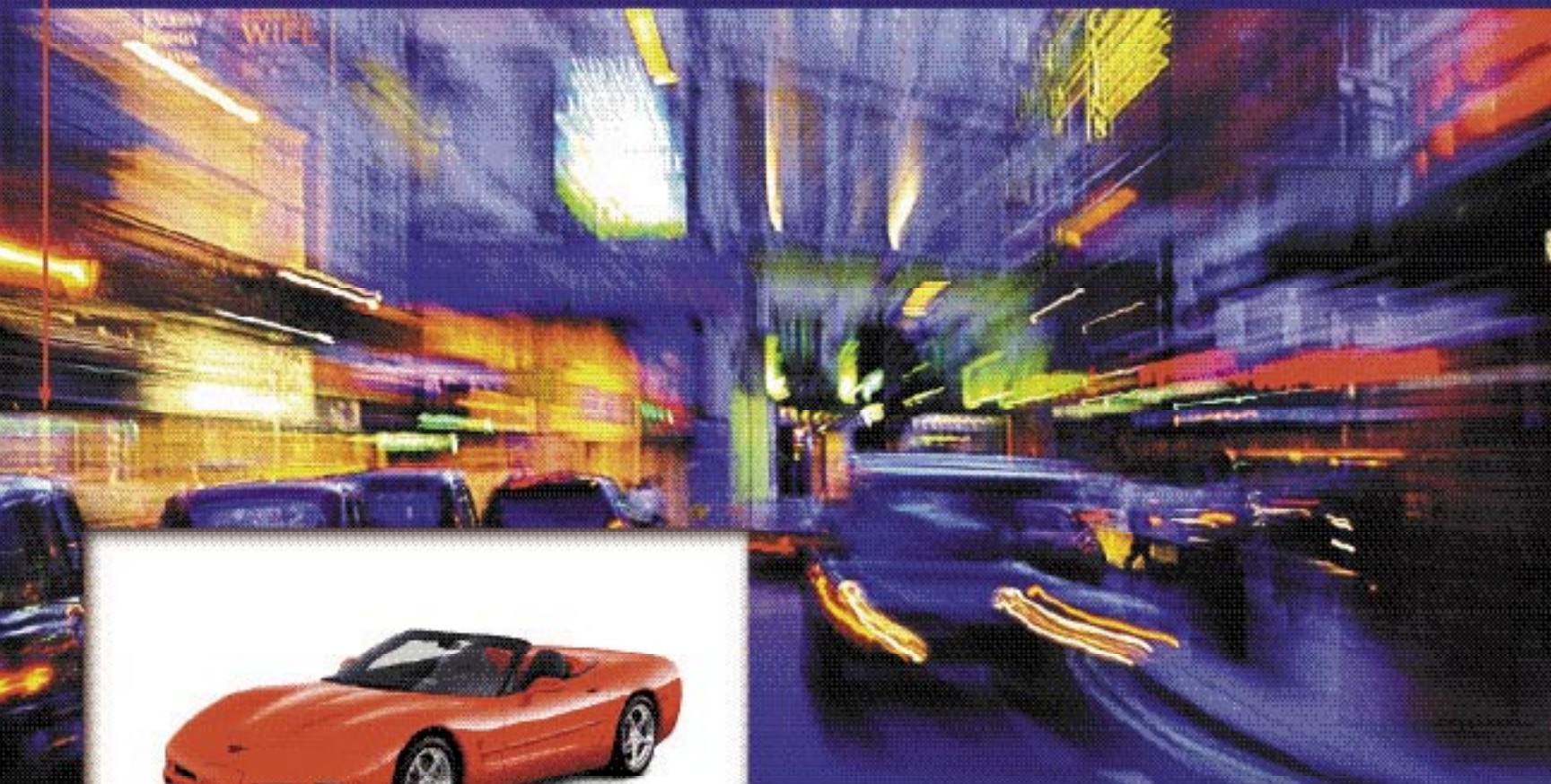
**Table 2**  
Chronic ulcerative lesions

Squamous cell carcinoma
Traumatic granuloma
Lupus erythematosus
Deep fungal infections
Tuberculosis
Sarcoidosis
Pyostomatitis vegetans

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**VOLUNTEERS NEEDED: The Belize Mission Project** has been giving medical and dental care to the Belizian people for the past 12 years. The major emphasis is on restorative and preventative dentistry with some extractions. The 2005 mission project is a one-week endeavor, October 21 - 29, 2005. If you are interested in sharing your talents in such an endeavor and want an experience you will never forget, we would love to have you on this project. For information concerning this, please contact Dr. Frank Whipps at 618-532-1821 days or 618-532-7210 nights for more information. More information can be obtained by visiting our website at [www.belizemissionproject.com](http://www.belizemissionproject.com).

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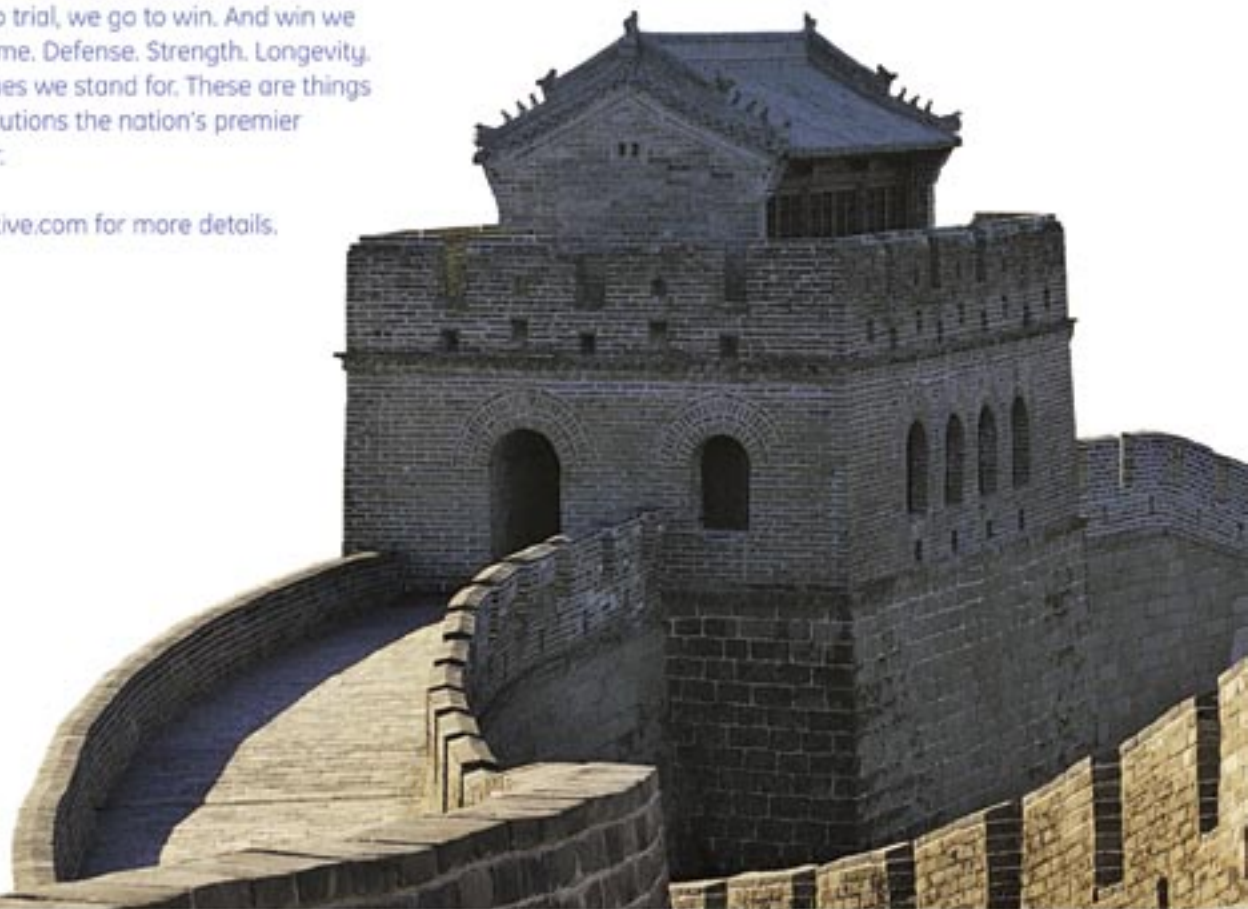


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