THE JOYS AND CHALLENGES OF PRACTICING DENTISTRY IN RURAL OKLAHOMA

Dr. Haught installed as ADA President pg. 20

pg. 22

THE OFFICIAL PUBLICATION OF THE OKLAHOMA DENTAL ASSOCIATION
In response to growing consumer demand, DDOK has developed DeltaPatient Direct™ - our new discount referral program that allows patients to access quality dental care and pay dentists directly at the time of treatment.

Currently, there are an estimated 1.5 million Oklahomans without access to employee-sponsored dental benefits. Delta Dental of Oklahoma has developed DeltaPatient Direct™ to benefit these Oklahomans who might not otherwise be able to access quality dental treatment. Additionally, we want to help bring additional patients to our valued participating dentists.

Here’s how it works...

DeltaPatient Direct™ is not an insurance product. Individuals or families pay a low annual fee to DDOK. This fee provides access to a network of participating DeltaPatient Direct™ dentists, treatment financing options through Care Credit, vision care benefits from EyeMed, educational and treatment resources (including “Ask a Dentist”), and much more.

Dental services are offered at discounted rates that you, the provider, agree to. The patient visits your office and pays you at the time of treatment, according to the DeltaPatient Direct fee schedule.

It’s that easy!

- No claim forms!
- No administrative costs!
- No verification of maximums and deductibles!

If you are currently a DeltaPreferred Option (DPO) dentist, or if you wish to add additional patients to your practice with no additional paperwork – we invite you to consider DeltaPatient Direct™.

Access 1.5 million patients while incurring no administrative costs, no network enrollment fees and no verification of maximums or deductibles. DeltaPatient Direct™ from one of the most trusted names in dental benefits - Delta Dental of Oklahoma.

Be sure to visit www.PatientDirect.NET. Should you need an enrollment package, or if you have additional questions about our new DeltaPatient Direct™ network, please contact Kim Montgomery, with our Professional Relations Department at: 405-607-2142 (OKC metro) or 800-522-0188, ext. 142 (outside the OKC metro).
ON THE COVER:  
Dr. Rebecca Davis, Cushing, with husband Gerald Davis

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EXECUTIVE DIRECTOR’S MESSAGE

By Dana Davis

This month I continue my series about the Partners in Dentistry. But first let me congratulate Dr. Raymond Cohlmia, Brian Houston, and Stephanie Trougakos on the new look and format of the ODA Journal. I hope our members find it to be informative and reader friendly. I certainly have.

My last column described the Oklahoma Dental Foundation as a vital partner in dentistry. This column will focus on the Oklahoma Dental Political Action Committee or DENPAC as most of you know it. I think few dentists would argue that DENPAC plays a major role in promoting and protecting the practice of dentistry in the state of Oklahoma. Simply put, DENPAC raises funds for the specific purpose of contributing to state legislative and other political campaigns in order to promote public health and to protect the practice of dentistry.

DENPAC is governed by a Board of Directors composed of eight Directors representing each District of the ODA, two Directors who are members of the ODA Board of Trustees, one Director representing the Alliance to the ODA, three at-large Directors, and one Director serving ex-officio as the chair of the ODA Council on Government Affairs. A Board Chair is elected annually. The Secretary/Treasurer elected by the DENPAC Board maintains all the financial records and accounts, and prepares the required state reports. A Vice-Chair is appointed by the Chair to coordinate the annual Silent Auction, one of DENPAC’s many fundraising events.

DENPAC raises funds through several means. The ODA dues invoice requests a voluntary donation of $150 when dues are paid. Forty dollars ($40) of this amount is given to ADPAC (American Dental Association Political Action Committee) for contributions to federal legislative campaigns. And yes, DENPAC can and does make recommendations to ADPAC for how these funds will be used.

At the beginning of the calendar year many DENPAC volunteers—your fellow dentists—take time to call and write dentists in their cities and counties who have not donated to DENPAC through the dues invoice process. It is hoped that this will provide the opportunity for non-contributors to voice their opinions and complaints, and hopefully, to decide to make a donation to DENPAC.

An extremely popular annual event is the DENPAC Silent Auction held during the ODA Annual Meeting. A variety of items and trips valued from $25 to $5,000 are auctioned off each year. All of the auction items are donated by member dentists, dental practices, vendors, and County and District Dental Societies. This event is always a highlight of the ODA Annual Meeting. Last year the DENPAC Silent Auction raised $10,000.

So how does DENPAC determine who receives contributions and how to spend its funds? Federal and State election laws dictate some of the guidelines. For example, DENPAC maintains two very separate bank accounts, a “hard” money account and a “soft” money account. DENPAC can only deposit donations from individuals into the hard money account and can only use these funds for contributions to political campaigns. Donations from corporations are deposited into the soft money account. These funds can only be used for administrative purposes, fundraising, promotion and education.

DENPAC has a new policy to guide the Board when distributing DENPAC hard funds. DENPAC does not contribute to candidates who are not supportive of dentistry’s positions, and also does not donate funds to other political action committees.

DENPAC regularly receives requests from individual dentists, (continued on pg. 5)
political campaigns, and individual legislators for donations, so the Board must have policies in place for how funds will be distributed. DENPAC’s policy is that it does not favor any political party. DENPAC reviews the voting record of each politician on issues that relate to public health, dentistry, small business, and the State Dental Act. DENPAC may also seek the advice of the ODA contract lobbyist. After considering all of this information, DENPAC makes decision on each request for funds.

DENPAC uses the soft account funds to conduct its fundraising activities and to educate dentists about grassroots initiatives. In September, DENPAC sponsored a grassroots training session during the ODF Fall Seminar (see page 14 for a report). This seminar was important because we must remember that money alone will not totally influence how your legislator votes and represents you. Scott Adkins, the ODA Contract Lobbyist, is available to study clubs and city, county, and district meetings to help you become an effective grassroots advocate.

We rarely have a legislative session without bills (or parts of bills) that directly or indirectly impact the practice of dentistry or public health. We can never sit back and say “this will be an easy year legislatively.” Remember denturists, anti-fluoridationists, expanded duty promoters, Medicaid, anti-amalgamists, taxes, OSHA, HIPAA, and many other issues are all out there waiting to tell you how to practice dentistry.

In addition to donating to DENPAC, you should also make contributions to, work for, and educate your legislator.

By making your legislator a friend, you create a relationship in which that legislator will turn to you for advice when he or she encounters legislation concerning dentistry or public health.

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LETTERS TO THE EDITOR

By: James S. Wells, DDS - Sallisaw

Congratulations on a great new format for the ODA Journal. I’ve been a member since 1975 and this is without a doubt the best yet!

By: Larry E. Kiner, DDS - Enid

I wanted to congratulate the ODA staff on the October ODA Journal. It looks fantastic. Good Job!

---

PARENTERAL SEDATION

FROM OKLAHOMA MOBILE SURGICAL SERVICES

LESS ANXIETY FOR YOUR PATIENTS, YOUR STAFF AND YOU

BETTER PATIENT ACCEPTANCE OF PROCEDURES

ALL NECESSARY RECORD FORMS PROVIDED FOR YOUR OFFICE

EASY SCHEDULING

ALL MONITORS AND EMERGENCY EQUIPMENT PROVIDED

ASSISTANCE WITH FACILITY PERMIT FORMS

HUNTER R. STUART II, DDS, MS  405-818-0304

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welcome!

ODA NEW MEMBERS

DEANNA BERRY - OKLAHOMA COUNTY
2408 Palmer Circle, Norman, OK  73069
(405)321-6166

JAMIE CAMPBELL - EASTERN DISTRICT
1313 E 20th, Okmulgee, OK  74447
(918)758-2700

BRANT ROUSE - EASTERN DISTRICT
Rt 6 Box 840, Hwy 51 East, Stilwell, OK  74960
(918)696-8824

SCOTT BEDICHEK - OKLAHOMA COUNTY
OUCOD PO Box 26901, Okla. City, OK  73190
(405)271-6326

JACOB HAGER - OKLAHOMA COUNTY
801 NW 54th Street, Okla. City, OK  73118
(405)271-6326

VAN HENSON - OKLAHOMA COUNTY
OUCOD PO Box 26901, Okla. City, OK  73190
(405)271-8001

JENNIFER MCAROY - OKLAHOMA COUNTY
St. Anthony Hospital
(405)232-7373

TRACEY VICK - OKLAHOMA COUNTY
9405 N Penn Place, Okla. City, OK  73120
(405)753-9090

SHAWN BENSO - TULSA COUNTY
3747 E 11th Street, Tulsa, OK  74112
(918)834-2330

XUEMEI ZHAO - TULSA COUNTY
401 A South Utica Ave, Tulsa, OK  74104
(918)599-8383
NEW MEMBER ORIENTATION

On August 31, 2004, the Oklahoma County Dental Society held a new member orientation at the ODA Headquarters in Oklahoma City. Oklahoma County Chair, Dr. Grady Lembke, welcomed the 25 attendees to the new member orientation, and dinner was served. Dr. Lee Beasley, ODA President, discussed upcoming legislative activities of the Association and talked about the new ODA Headquarters. Door prizes were awarded and a great time was had by all.

UNIVERSITY OF OKLAHOMA
COLLEGE OF DENTISTRY

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

STUDENT SUMMER RESEARCH

This past summer, 23 dental and dental hygiene students (including four DH students in the Bartlesville program) participated in student/faculty research. In all, 17 projects were granted support for student stipends, equipment, and supplies through funding from the J. Dean Robertson Society and the NIH COBRE grant.

Have an event you would like listed on the ODA Calendar?
Email details to events@okda.org
ODA MEMBER ONLY WEBSITE

The ODA now has a secure Members Only section on the ODA Web site. To view the Members Only section, simply visit www.okda.org and click on a graphic or text that reads MEMBERS ONLY. These links will take you to the Members Only log-in page where you will need to enter your ADA number and last name.

Once the system verifies this information is accurate, you will be taken to the Members Only home page where you will see the most current ODA Member news.

Here you will also see the Members Only menu, from which you can choose to view information such as:

- Reports from Board of Trustees, House of Delegates, and Council meetings
- Current Legislative news
- ODA Calendar
- List of all endorsed ODA companies and what benefits they provide ODA Members
- ODA Bylaws & Policy
- Current ODA budget
- Helpful legislative links
- ODA News and much more!

All of the information provided in this section of the Web site is hosted on a secure SSL server, and only ODA members can access this content.

Be sure to check the ODA Members Only site often as this is the first place where breaking ODA news will appear.

If you have ideas, suggestions, or complaints about the ODA Members Only Web site, or the ODA Web site overall, please e-mail the ODA at webmaster@okda.org.
The summer research program provides an opportunity for students to [1] conduct actual research under the guidance of faculty mentors, [2] gain knowledge about research protocols and experimental design, and [3] develop stronger faculty/student relationships outside of the classroom. A diverse array of projects were represented in this year’s program and included topics encompassing a variety of both biomedical and clinical sciences. Congratulations to all our student researchers (and their 9 faculty sponsors): Class of 2007 Gabriel Bird, Jon Lindblom, Spencer Sautter, Jared Smith, Kyle Vroom, Amanda Ward, and George Zakhary; Class of 2006 Doug Huber, and Jeremy Johnson; Class of 2005 Deborah Butler and Scott Renfrow; and DH Class of 2005 Misty Coleman (Bartlesville), Keri Drew, Michelle Fitzpatrick, Kimberly Gray, Jennifer Hardee (Bartlesville), Ashlie Lyles (Bartlesville), Aimee Robinett, Megan Roper, Jillian Taylor, Rachel Terrell, Laura Thomas, and Krista Thompson (Bartlesville). Faculty mentors who generously gave of their time and expertise in support of these students included Dragana Ajdic, Vicki Coury, Frans Currier, John Dmytryk, Kevin Haney, Martin Levine, Sharukh Khajotia, Farah Masood, and Kevin Smith. These projects will be presented as table clinics during our annual Scientific Day next Spring (April 6, 2005). Look for them!

NEW FACULTY

In the last issue, we failed to mention that Joy Hasebe has joined our full-time faculty ranks in the Department of Oral Implantology. A 2002 OUCOD graduate, Joy completed the AEGD program this past spring. Welcome, Joy!

DENTAL HYGIENE NEWS

The DH class of 2004 (including the first graduating class from the Tri County Technology Center site at Bartlesville) had a 100% pass rate on their national board examination. Scores were comparable for our students at both OUCOD and TCTC. Delivery of the DH program to the distance learning site at Southern Oklahoma Technology Center in Ardmore began on August 23 with six students enrolled – three from Ardmore, two from Ada, and one from Marietta. The site at Western Technology Center in Weatherford is being planned to open in fall 2005 to serve the needs of Western Oklahoma. Six students will also be enrolled at that site. Plans are underway for the OUCOD to conduct annual manpower surveys to be certain that the program addresses an appropriate balance between supply and demand for dental hygienists.

Two of our full-time DH faculty, Jane Bowers and Jane Wilson, are in the final stages of their PhD programs in health administration. Both are completing their dissertations and plan to graduate in May 2005.

D-DENT

By: Shirley Harris

D-DENT held a great fund raiser on Tuesday, August 24, 2004 at the Jewel Box Theatre. Volunteer Shane Fallot helped plan and his company, Morgan Stanley Financial Services, sponsored this special event. It was the “Opening Night” for the Jewel Box Theatre Season, The Sound of Music. Everyone who attended had a wonderful time.

A wonderful dinner of authentic German fare, catered by Ingrid’s Kitchen, was served. Volunteers Phoebe and Jessie Brown made the dinner arrangements, came early to help set up, and stayed late to clean. Another volunteer, Emilie Marley, also came early and stayed late to help. During the dinner, guests were treated to wonderful classical piano music played by a very gifted Phoebe Brown. The response was so favorable from all the attendees, this fund raiser will definitely be on the D-DENT calendar next year.

TULSA COUNTY (TCDS)

By: Jeff Parker, DDS, TCDS Editor

In July, TCDS organized Back-to-School-on-a-Full-Stomach, a canned food drive to benefit the Neighbor for Neighbor Clinic in Tulsa. As of the end of September, 71 dentists have participated, and 2,700 pounds of food and $6,085.00 in contributions have been delivered to Neighbor for Neighbor. Many thanks to those who participated and special thanks to the Wal-Mart Store at 90th and South Memorial in Tulsa for its $1,000.00 contribution to help disadvantaged families.

State Senator-elect Mike Mazzei from District 25 did a great job as the featured speaker at the September 14th evening meeting. Dr. Herman Dumbrigue presented his informative program on “Three Dimensional Treatment Planning for Implant Restorations” at the October 12th evening meeting.

A New Dentists Party was held Thursday, October 21st, at the Tulsa Historical Society for the new dentists in the Tulsa area and the TCDS members that have joined within the last five years.

On Sunday, November 7th, TCDS, in conjunction with the Tulsa Hygienists Society, the Tulsa Dental Assistants Association, and the Dental Alliance, will sponsor a featured event – “Dental Family-Day Festival” – for all the dental teams and their families. Lots of fun events, co-ed sports, hamburgers and hot dogs, kid rides, etc. are planned.

A special invitation is extended to all dentists and their staff to attend the three-day continuing education programs coming up at the new meeting location, the Tulsa Renaissance Hotel: Friday, November 12, 2004 will feature Dr. Newton Fahl, Jr., on “Composite Artistry - Mastering Anterior Restorations”; Friday, January 5, 2005 will feature Dr. Gordon Christensen on “The Christensen Bottom Line - 2005”; and Friday, March 18, 2005 will feature Dr. Charles Wakefield on “Current Perspectives in Restorative Materials and Cosmetic Dentistry”.

We want to welcome new TCDS members: Dr. Xuemei Zhao, Dr. Matt Berg, Dr. Shawn Benso, Dr. Terry Tinker, who has transferred from Oklahoma County, and Dr. Todd Gentling, who has transferred from the Northwest District.
In October, framing of the ODA headquarters began and is proceeding quickly. As the walls of the new headquarters are completed, what was once simply a blueprint is now coming to life.

The builders plan to complete the external structure of the building before the winter months, so that once the weather turns cold work can commence on the inside of the building. The new ODA headquarters is located at N.E. 13th and Stiles.

**WE WANT YOUR IDEAS!**

If you have a great idea for the Profile or Feature section of the Journal, let us know! Email your ideas to ideas@okda.org

Make your pledge to help pay for the new ODA Headquarters today. Your contribution is tax deductible as a business expense and by paying for the new headquarters now, the association will save $25,000 per year in interest payments alone.

Become an ODA Builder today by calling 800-876-8890 or by visiting www.okda.org.
Dr. John Charles Halm
Birth: 1907
Death: August 22, 2004
Sand Springs, Okla.

Dr. Halm, a retired dentist, was a member of the American Dental Association and the Oklahoma Dental Association. He was also a life member of the University of Kansas Alumni Association.

Dr. Gerald Patrick Lucas
Birth: 1933
Death: 2004
Oklahoma City, Okla.

Dr. Lucas began his dental career at age 22 after graduating from the dental school at Creighton University where he was named Outstanding Dental Student his senior year. During his 40 years of practicing dentistry, Dr. Lucas was selected as one of the nation’s Top 100 Dentists. He was a member of the American Academy of Aesthetic Dentistry, the American Dental Association and the Oklahoma Dental Association.
## Financial Services

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<th>Service</th>
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<tr>
<td>MBNA America Bank</td>
<td>ODA Personal/Business Credit Card</td>
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<td></td>
<td>(800) 300-3046</td>
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<td>SKY Financial Solutions</td>
<td>Practice Start – Up, Expansion and Equipment Financing, Practice Sales and Acquisition Financing</td>
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<td>(800) 650-5190</td>
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<td>Express Merchant Processing Solutions (EMPS)</td>
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<td>(918) 641-4101</td>
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<td>Bank of Oklahoma</td>
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<td>Contact John Foster</td>
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<td>(405) 936-3765</td>
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## Programs for the Office

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<td>TDIC (The Dentist Insurance Company)</td>
<td>Employee Office Manual and Office Policy Development Kit</td>
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<td>(800) 733-0635 x7720</td>
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<td>PAYCHEX</td>
<td>Payroll Processing</td>
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<td>(405) 489-3279</td>
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<td>(800) 392-8016</td>
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<td>TNT Dental</td>
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<td>Professional Liability, Business, Property Insurance, Workers Compensation, Medical Term Life, Disability, Business Office Overhead</td>
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<td>(405) 751-8356 or (800) 375-8356</td>
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<td>Paid Dental</td>
<td>Freedom of Choice Dental Plan for employers</td>
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<td>(800) 980-2230</td>
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<td>Direct Dental.net</td>
<td>Direct Reimbursement Dental Plan for Employers</td>
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<td>(918) 455-1899</td>
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<td>Telecheck</td>
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<td>Heart AED</td>
<td>Automated External Defibrillators</td>
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<td>(866) 554-3278</td>
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<td>WebMD Dental</td>
<td>Electronic Claims Processing</td>
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<td>(888) 416-0673</td>
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<td>SolmeteX Mercury</td>
<td>Waste Water Management</td>
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<td>Filtration System</td>
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<td>Dell Computer</td>
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<td><a href="http://www">www</a>. dell.com/ eppbuy</td>
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<td>(866) 467-3355</td>
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<td>DenTrek CE</td>
<td><a href="http://www.DenTrek.com">www.DenTrek.com</a> Continuing Education Online</td>
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## Travel

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<td>Business/Leisure Travel</td>
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<td>(918) 747-7484</td>
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<td>Hertz</td>
<td>Car Rental</td>
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<td>ODA Member Dentist Number #CDP#004273</td>
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<td>Starwood</td>
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<td>Westin, Sheraton, W Hotels &amp; Four Points</td>
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<td>(866) 500-0380</td>
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STATE LIFE MEMBERSHIP
Resolved, that Dr. Marc Frazier, Tulsa, Dr. John D. Moore, Tulsa, Dr. Don Smith, Oklahoma City, Dr. Ed Roberts, Tulsa and Dr. Charles Wesner, Norman be nominated by the Board of Trustees and elected by the House of Delegates into State Life Membership of the Oklahoma Dental Association.

ARCHIVE POLICIES
Resolved, that the following resolutions from the ODA Policy Manual be removed and archived:
- H(1979-80)-24 policy was previously amended by substitution and never archived
- H(1979-80)-23 policy was previously amended by substitution and never archived
- H(1985-86)-8 policy is not and has not been implemented in years
- H(1993-94)26 PANDA and Child Abuse and Neglect no longer germane
- H(1986-87)-53 conflict with bylaws
- H(2000-2001)-22 replaced by new policy
- 10/2/82 no number
- H(1982-83)-3
- H(1996-97)-3 defined by state law
- H(1979-80)-22 defined by state law

MANUAL OF THE HOUSE OF DELEGATES.
Resolved, that the Manual of the House of Delegates be approved.

RELATED ORGANIZATIONS POLICY
Resolved, that the following criteria for relationships with related organizations be adopted:

Tier 1
Criteria: Member-directed organizations which received benefits and services from ODA dues. Examples of organizations include but are not limited to: Oklahoma Dental Foundation, ODA Retired Member Dentists, Alliance to the Oklahoma Dental Association, DENPAC.

Tier 2
Criteria: For-profit organizations or government agencies. Examples of organizations include but are not limited to: Board of Dentistry, Delta Dental, ODASCO.

Tier 3
Criteria: Dental groups with no direct relationship to the ODA or those which receive outside funding. Examples of organizations include but are not limited to: D-Dent, EODDS, Dental Schools, ODHA, AGD, ICD, ICD, ACD.

CHEMICAL DEPENDENCY
Resolved, that the following policy on chemical dependency be adopted. The ODA is committed to assist the chemical dependent member of the dental family toward recovery from the disease through education, information, and referral. The ODA has established the Well-being Section as a vehicle to collect voluntary dues to support the chemical dependency program. These dues are held in the Relief Fund which contributes to the Oklahoma Physician’s Recovery Program to provide recovery services to ODA members in need. The ODA Council on Membership and Membership Services has oversight for the Chemical Dependency Program.

DISSOLVE COUNCIL ON ANNUAL SESSION
Resolved, that the Council on Annual Session be dissolved with the stipulation that a local arrangements committee be appointed by the President to manage the logistics of the annual meeting.

HOUSE OF DELEGATES RESOLUTIONS SEPTEMBER 18, 2004

ANNUAL SESSION POLICY
Resolved, that the following policy on Annual Session be adopted:
A Local Arrangements Committee will organize and present all aspects of the Annual Session. Initially, this committee shall have three co-chairs, one each appointed by the President, President-elect, and Vice President, whose principal responsibility will be to select the scientific speakers for the annual session. Thereafter, the Vice President will appoint one member to select scientific speakers for the annual session at which he/she will be President and who will serve as Chair of the Local Arrangements Committee at that annual meeting. The remaining two to four members, as required, shall be appointed by the President.

Badges and Ribbons: Will include officers, trustees or other members as determined by the Local Arrangements Committee. No commercial or vendor marketing on badges will be permitted. The following ribbons have been accepted for use at the annual session: Officer Ribbons, Board of Trustees, House of Delegates, State Life Members, Smile, Pride, Well Being, Speaker, Host, Exhibitor, DENPAC, D-Dent.

Sponsorship Policy: ODA through its Local Arrangements Committee may solicit sponsorships to supplement its annual meeting budget. Any sponsor must be approved by the Board via staff notification. The Board may refuse to allow a particular entity or individual to sponsor any meeting for any reason and shall not be required to provide a reason to such entity or individual. Recognition for Sponsorships may include a listing of sponsors in the program booklet, newsletter and Web Site, signage, and thank you by moderator during meeting. This does not apply to not-for-profit organizations, such as co-sponsoring component or allied organizations.

Presentations with enhanced images are obligated to disclose the use of photographs, computer images, radiographic images or other visual images that have been enhanced, modified or altered if to be used in any presentation or publication.

Commercialism/advertising: Any commercialism or advertising in the scientific programs or table clinics as well as any attempt to solicit products, services or sales outside of a rented booth in the exhibit hall is prohibited. This policy also applies to invited speakers and shall be included in the language of the speaker’s contract.

Solicitations: Unregistered persons are not permitted in the scientific programs or table clinics. Any attempt to solicit products, services or sales outside of a rented booth in the exhibit hall is prohibited.

Registration Fees: Fees for all categories are set by the Board of Trustees as recommended by the Council on Budget and Finance.

Meeting Dates: The Executive Director in conjunction with the chairman of the Executive Committee of the Board of Trustees is authorized to establish meeting dates. The Board has final approval of dates. Sessions will commence on Friday and end on Sunday.

Security: Exhibitors, clinicians and others displaying materials will be informed by the Executive Director that ODA does not accept responsibility for materials owned by other than ODA, but will do its best to furnish adequate security.

Speaker Compensation: Speaker compensation will consist of an honorarium determined by the annual session budget, two nights lodging and reimbursement up to round trip economy 21-day advance purchase air fare.

Complimentary Function Tickets: Honorary members, ADA dignitaries and other invited guests will be provided complimentary function tickets and fees while attending the annual session. Complimentary tickets for guests attending must be requested.

Refund Requests: Requests received for refunds for annual session tickets and fees will be honored up to 24 hours prior to the time registration opens at the meeting site. A processing fee of $50.00 will be charged. All refunds will be made after the meeting by check.

Continuing Education Policy: The Oklahoma Dental Association (ODA) requires that all speakers presenting an educational program to ODA mem-
bers and guests will complete a Conflict of Interest Declaration declaring any interest in a product, service and/or company referenced in the program. Conflict of Interest is considered to exist if a speaker or lecturer is affiliated with or has any financial interest in a commercial organization that may be co-sponsoring the educational program or if specific products or services of commercial nature are recommended for entities with which the speaker or lecturer is aligned.

Advertising matter, commercial promotion, and solicitations of any type are prohibited during any part of an education program. Furthermore, no such materials shall be distributed or made available in the meeting room in which the continuing education session takes place.

All continuing education programs are presented by the ODA. Sponsorship of any continuing education program or session must be clearly indicated in all promotional materials and/or advertising for the educational session. All sponsorships must also be clearly marked at the location of the continuing education session, and attendees of the continuing education session must be verbally informed of any sponsorship both at the beginning and end of the continuing education session.

Any speaker or lecturer participating in an ODA continuing education session must agree to all the conditions described in the following forms: 1) Speaker’s Agreement for Oklahoma Dental Association and 2) Conflict of Interest Declaration, and must indicate their agreement with the terms of these forms by signature.

COUNCIL ON ADMINISTRATION
Resolved, to create a Council on Administration to include one representative from each of the components except Tulsa and Oklahoma County which would have two each, plus the President-elect to serve without vote on the Nominations Sub-council, the Secretary-Treasurer to serve without vote on the Budget and Finance Sub-council and the Speaker of the House to serve without vote on the Sub-council on Bylaws and Policy for a total of 13 council members.

COUNCIL MEMBER ATTENDANCE/REPLACEMENT
In the event a Council appointment is not provided by a component, the Board of Trustees may appoint any ODA member in good standing to serve in that position until that component provides a replacement. When an elected member of any Council or Sub-council misses two meetings during his/her term, without sending a replacement, the Board of Trustees may appoint a replacement from any component until another is elected by the component.

COMPOSITION OF THE BOARD OF TRUSTEES
Resolved, that Article V, Section 1: Composition of the Board of Trustees be amended to read:
A. Elected Officers
B. Appointed Officers
C. The Immediate Past President
D. Delegates to the American Dental Association
E. The Speaker of the House
F. Component Trustees

Trustees elected by the components to serve a three-year term, one from each component. One-third elected initially for a one-year term, one-third elected for a two-year term and one-third elected for a three-year term to be determined by lottery. Vacancies shall be appointed by the Executive Committee until replaced by the component.

An alternate delegate to the ADA shall be appointed to serve in the absence of a delegate to the ADA.

Trustees may substitute an officer or past officer to serve for this meeting only, with all the rights and privileges of other trustees.

COMPOSITION OF THE HOUSE OF DELEGATES
Resolved, that Article VI, Section 1, B of the Bylaws be amended to read:
*Each component shall be allocated one delegate to the House for each fifteen (15) active, life, and retired members (no fraction hereof shall be considered) of the Association, who are in good standing and who shall be elected by the members of the respective component dental society. In addition, the immediate past president, president, president-elect, vice president, and secretary shall also serve as delegates.*

DENTAL HYGIENE PRACTITIONER
Resolved, that it be the policy of the ODA to oppose the formation of a new hygiene category “Dental Hygiene Practitioner” or any other category of dental hygiene which expands the scope of practice as currently specified in law and currently recognized by the Oklahoma Board of Dentistry.

AWARDS
Resolved, that it be the policy of the ODA to not endorse or oppose candidates for various awards. In the event a qualified or deserving candidate is not identified for any one or more of the awards, none will be awarded.

ADA MEETING REIMBURSEMENT
Resolved, that Resolution H-(1998-99)-3, ADA Annual Meeting Reimbursement, be amended to read:
Resolved, that the ODA pay the expenses (to include the president’s gala) of the elected delegates and the elected alternate delegates to the American Dental Association, the president, who is a delegate, ex-officio and president-elect, who is an alternate delegate, ex-officio, while representing this association in the ADA House of Delegates meetings as specified in Resolution H-(1987-88)-22 and be it further Resolved, that the vice president be designated the secretary of this association during the ADA House of Delegates meeting with all rights, privileges and obligations of that position.

FLUORIDATION
Resolved, that Rescind Resolutions H(1999-2000)-12, H(1979-80)-3, and Fluoridation 9/9/78 on fluoridation and substitute with the following policy:
Since fluoride is a natural substance found in all water supplies and is recognized by both the ADA and the AMA as an effective means of reducing dental decay, it is the ODA’s opinion that the fluoride levels in Oklahoma should not be considered a health hazard or contaminant.

The ODA also recommends that all public water systems in Oklahoma be optimally fluoridated to provide this cost-effective oral disease prevention measure to residents throughout Oklahoma and that the Association and its membership actively work with the state department of health and local health departments, the state department of environmental quality, medical societies, elected officials and concerned citizens to assure that optimal fluoridation of community drinking water systems is achieved.

APPLICATION FEE
Resolved, Resolution (1997-98)-42, Application Fee

RECRUIT HYGIENE MEMBERS
Direct the Council on Membership and Membership Services to recruit hygiene members.
## ODF 2004 FALL SEMINAR RECAP

The Oklahoma Dental Foundation had its Fall Seminar on September 17 & 18, 2004 at the Cox Convention Center in downtown Oklahoma City. The meeting was well attended with more than 160 dental professionals seeking to earn their CE hours.

The main speaker was Dr. Pat Wahl of Office Magic, whose presentation “Make Your Practice Twice as Good Monday Morning,” got excellent reviews from attendees. Other speakers were Dr. Lonnie Johnson who presented on Patient Education and Ms. Grace Holden who put on CPR Courses.

Other events that occurred during the meeting were a fun-filled President’s Reception at Chelino’s in Bricktown, as well as a Grassroots Seminar sponsored by DENPAC and a Radiation Course & Coronal Polishing Pre-Test for Dental Assistants. Also, the Northern District, DENPAC, ODA House of Delegates and ODF Board of Trustees had their meetings in conjunction with the Fall Seminar.

The ODF Board of Trustees took the following actions during its meeting:

- To move the ODF staff and offices to the new ODA building location once completed
- To sell or lease the existing ODF building
- To reduce the number of District members from two to one per district who will now serve only one-year terms
- To approve its 2005 budgets contingent upon the sell or lease of

(continued on pg. 25)

## DENPAC GRASSROOTS SEMINAR RECAP

DENPAC hosted a Grassroots Seminar, Friday September 17th in conjunction with the ODF Fall Seminar. Scott Adkins, ODA Contract Lobbyist, was the guest speaker.

Mr. Adkins spoke on recent legislative issues and stressed the importance of personal involvement from dentists with their local legislators.

The session is available on cd for those interested. Please contact the ODA at 405-848-8873 or 800-876-8890 to obtain your copy of the 2004 DENPAC Grassroots Seminar.

(continued on pg. 25)

## 2005 ODA BUDGET

### INCOME

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### EXPENSES

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We hope you are never involved in a lawsuit, but if you are, you will want our team of professionals working with you! We work for Oklahoma Dentists. Call us, stop by, or set up an appointment, we're here to advise you on insurance, not just sell it.

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Bartheld was born in McAlester, Okla. in 1933. After graduating from McAlester schools, he went to junior college at New Mexico Military Institute, and then transferred to the University of Oklahoma. In 1958, he graduated from the University of Missouri at Kansas City College of Dentistry with a DDS degree and a marriage license—having married his high school sweetheart Pat between his sophomore and junior years. A short assignment with the Oklahoma Department of Health was followed by active duty with the Army at Ft. Chaffee, Ark. and Ft. Sill, Okla.

Returning to McAlester and civilian life, Bartheld started a private practice from scratch in the new Medical Arts building. Then just eight months later, a military call due to the Berlin crisis took Bartheld back to active duty at Ft. Chaffee. Final discharge brought him back home where he has practiced in the same location for over 40 years until his retirement January 2005.

Both Dr. Bartheld’s father and father-in-law were civic leaders in McAlester and instilled in him the responsibility to give something back to his profession and community. For Bartheld, this commitment has resulted in an impressive list of civic and professional accomplishments. He has served as president of the McAlester Chamber of Commerce, Lions Club, Navy League and McAlester Education Foundation. Bartheld is a 33 degree Scottish Rite Mason, Shriner and Jester, and an active member of the Anglican Church.

Bartheld’s commitment to dentistry is demonstrated by his service as Chair and President of local and district dental societies, and President of the ODA in 1979. He has served as a Delegate to the ADA for 24 years, a member of the ADA’s Federal Dental Services Council, and was ADA Vice-President in 1996. He is a member of the American College of Dentists and the Pierre Fauchard Academy. In 1997, Bartheld became the Regent of District 12 of the International College of Dentists, and is currently serving as the ICD President for 2004-2005.

Bartheld has also passed the importance of public service on to his children, with daughter Elizabeth serving as chief-of-staff for U.S. Rep. John Sullivan in Washington, D.C., oldest son Tom an Associate District Judge for Pittsburgh County, middle son Bill, a Lt. Col. and commander of a Heavy Combat Engineering Battalion with the Oklahoma National Guard, currently serving in Iraq, and youngest son Joe working with an international construction company.

The ODA Journal recently sat down with Dr. Bartheld to discuss the challenges and highlights of a lifetime in dentistry.

ODA: What was the biggest issue facing the ODA while you were president and how did it resolve?

BB: The illegal practice of dentistry had been an issue for some time and finally confronted the ODA in the form of a lawsuit brought by the denturists. The ODA and I were named in the lawsuit, which was eventually thrown out of state court and refiled in federal court, where the court ruled against the ODA. It is still an issue to this day, and it is important for Oklahoma dentists to remember that the right to practice was legislated in, and can just as easily be legislated out.

ODA: What are the three biggest changes in how dentistry is practiced that have occurred during your career in how dentistry is practiced?

BB: The introduction of the high-speed handpiece, the involvement of third-party insurance into dental practice, and the huge variety and improvement of dental materials.

ODA: What do you most/least like about practicing dentistry?

BB: What I like best are the people in my practice. At retirement we were seeing the fourth generation of patients, which is amazing. What I like least is the intrusion by the government and insurance companies into dental practice.

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

BB: Right from the start become involved in organized dentistry and civic organizations. We must preserve our profession. There are a lot of people trying to turn it into a trade. We reap the benefits of those who went before us, and now it is our turn to preserve dentistry for the next generation.
Little did Dr. Stephen K. Young know that when he joined the OU College of Dentistry’s faculty in 1976 he would be dean 23 years later. When he graduated from the University of Missouri Kansas City School of Dentistry in 1971, he didn’t initially consider teaching, let alone administration, in his professional future. Immediately after graduation, Young enrolled in an oral pathology residency program at the University of Michigan, graduating in 1974 with his master’s degree.

He remained at Michigan for two additional years doing clinical research and earning Diplomate status with the American Board of Oral Pathology in 1976. He then joined the faculty at the new dental school in Oklahoma where he has been ever since.

During his 28-year tenure at Oklahoma, Young has served in a number of faculty and administrative positions, beginning with his appointment as an assistant professor of oral pathology in 1976. In 1986, Young was selected as a Harry W. Bruce, Jr. Legislative Fellow by the American Association of Dental Schools. A turning point in his career in dental education, this experience revealed an expertise in administration that resulted in his rapid rise in the administrative ranks, first as Chair of the Department of Oral Diagnosis and Radiology (1988-95), then as Associate Dean (1995-99), and for the last five years as Dean.

He is a six-time recipient of the Outstanding Classroom Teacher award given by the senior class during graduation ceremonies and in 1999 became only the College’s second recipient of the David Ross Boyd Professorship for his outstanding teaching and mentoring accomplishments.

The ODA recently caught up with Young to discuss his visions for the College and its faculty and students.

**ODA:** What are your goals for the future of the OUCOD?

**SY:** Without question, the wonderful relationship between the school and organized dentistry in the state is due primarily to the efforts of one man – Dr. Russ Stratton. He spent virtually his entire tenure as dean working to produce an alliance that is the envy of most if not all states in the country. He got the ball rolling, but since then both parties have done their part to sustain and strengthen this relationship. All full-time faculty at the College are ADA/ODA members and many of them participate in ODA events and governance. ODA sponsors an annual recruitment dinner for our dental students and an appreciation luncheon for our faculty. It’s a mutual admiration society that we strongly support and that is based on one word – communication.

**ODA:** How does organized dentistry benefit dental students?
**SY:** Dental school teaches our students how to master the techniques of dentistry, but it takes organized dentistry to teach them how to be leaders. A very high percentage of our students are members of ASDA (American Student Dental Association); through this association, they learn first-hand what the pertinent issues are that are facing dentistry now and will in the future. I don’t need to repeat all the benefits of membership in the association, but we all use every opportunity to inform our students of those benefits. And our ODA leaders do a masterful job of showing our students the importance of participation and involvement.

**ODA:** Becoming involved in organized dentistry is a post-graduation choice. What do you try to teach your students to encourage them to volunteer?

**SY:** This is one area where the College is very proud of its accomplishments. Virtually from day one, our students are taught the importance of giving back to the community for the benefits they enjoy in being able to attend dental school. We offer numerous opportunities to instill and strengthen that sense of volunteerism including Kids’ Day (annual event for the area’s underprivileged children), the Good Shepherd Mission dental clinic (free care for the indigent), and annual mission trips to underdeveloped countries like Guatemala and Peru to provide dental and medical services to those countries’ needy. The history of our in-house service organization, the Staples Society, is filled with instances of unselfish giving, both of time and money, to students and staff who have had personal misfortunes. The Staples Society also sponsors an annual Christmas benefit to provide toys and other gifts to students and faculty of adopted inner-city schools. I am extremely proud of the spirit of giving shown almost daily by our students.

**ODA:** The ODA and the OUCOD have a successful working relationship. To what do you attribute that?

**SY:** Without question, the wonderful relationship between the school and organized dentistry in the state is due primarily to the efforts of one man – Dr. Russ Stratton. He spent virtually his entire tenure as dean working to produce an alliance that is the envy of most if not all states in the country. He got the ball rolling, but since then both parties have done their part to sustain and strengthen this relationship. All full-time faculty at the College are ADA/ODA members and many of them participate in ODA events and governance. ODA sponsors an annual recruitment dinner for our dental students and an appreciation luncheon for our faculty. It’s a mutual admiration society that we strongly support and that is based on one word – communication.
The role of the Council on Budget and Planning is to keep the Association on course by familiarizing itself with the needs and desires of the membership, the public and the problems facing organized dentistry. The Council recommends to the Board of Trustees a program of objectives for the Association to address and presents a budget to finance the overall Association objectives.

The duties of the Council involve several areas, including:

- Developing a mechanism to determine the needs and desires of the members of the Association for input into a program of goals
- Developing a mechanism for determining the dental needs of the public
- Taking all available information and developing a realistic program of one-year and five-year goals
- Developing an annual budget of anticipated income and projected expenditures
- Developing a bookkeeping system consistent with acceptable accounting practice
- Having all records, liabilities and assets audited by a certified public accountant at least one time annually
- Periodically reviewing the financial portfolio of the Association and recommending to the Board the transfer, reinvestment, or liquidation of any Association holdings

The Council recently reviewed and discussed each line item of the 2005 proposed budget. Major changes in revenue for 2005 are due to nine months of rent from ODF and ODASCO in the new building, royalties from the MBNA contract with ODASCO, and credit card processing reimbursements from the American Dental Association. Major changes in expenditures in the 2005 budget are due to costs related to the new building including mortgage, property taxes, building maintenance, utilities, building supplies, and insurance and bonding.

The budget projects $40,000 in 2005 to rebuild reserve funds, which were depleted to purchase the land for the new building. The 2005 budget is the first million dollar budget approved by the ODA House of Delegates.
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Richard Haught, D.D.S., a dentist in general practice in Tulsa, Okla., was installed on Tuesday, October 5, 2004 as president of the American Dental Association at the ADA's 145th Annual Session in Orlando.

As ADA president, Dr. Haught will lead the organization's efforts to protect and improve the public's oral health and promote advances in dentistry. Two of his key concerns as president are improving access to oral health care for currently underserved segments of the population, particularly disadvantaged children, and keeping America's dental education system strong.

Dr. Haught's previous responsibilities with the Association included a term as president-elect, and a four-year term on the ADA Board as the trustee from the Twelfth District. He has also served as chair of the Council on Access, Prevention and Professional Relations; on key task forces and committees; on the Board of Directors of the ADA Health Foundation, the Association's charitable arm; and as a delegate. As a trustee, he was the ADA Board liaison to five councils.

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

ODA/ADA Delegates and Alternates Very Busy at the ADA Annual Session

Over 100 resolutions were debated and decided during the 145th ADA Annual Session in Orlando, Florida. The ODA was represented at the ADA Annual Session by a very distinguished delegation that included: W. Lee Beasley, Jerome B. Miller, Steven Hogg, Raymond A. Cohlmia, James Torchia, J. Sid Nicholson, Allen C. Keenan, W. Scott Waugh, Philip Abshere, D. Keith Keeter, and Pamela Low. These dentists logged over 30 hours representing the ODA at Reference Committees, Caucuses, and the ADA House of Delegates and read, discussed, and digested over 600 pages of resolutions and reports. In addition, the ODA was honored to have Jerome B. Miller, DDS serve as Chair of the ADA Budget, Business and Administrative Matters Reference Committee. No wonder the ADA will not have a dues increase for 2005! While the ADA will provide a complete report of the House of Delegates actions, a broad range of issues were discussed on dental education, access to care, national licensure, and the dental workforce.
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These are some of the qualities that draw Oklahoma dentists to a practice in a rural community or small town. Whether an ODA dentist decides to practice in a small community because that community is where they were raised and the member has now returned home, or whether a member has decided the qualities of small town life are more appealing than living in a metropolitan area, these are the themes all rural dentists reiterate when bragging about their community and their way of life.

There are many other advantages as well, and, as with all paths in life, there are plenty of challenges. Several ODA members practicing in rural communities and small towns took the time to discuss these advantages and challenges with the ODA Journal. The members also discussed how being an ODA member benefits their rural practice, and suggested ways in which the ODA could make membership even more beneficial to the dentist working in a small community.

What are the advantages of practicing dentistry in a rural community?

They differ according to each person’s personal perception. Fortunately, I have had the opportunity of participating in both a metropolitan and a rural dental practice. I practiced five years in Oklahoma City and have now been in Cushing for five years. I enjoyed practicing dentistry in Oklahoma City, but it is definitely different in a small community. The only drawback is that I miss my dental colleagues who live in Oklahoma City. Fortunately, I am now part of an active local study club which has helped fulfill my need for peer interaction.

What are the challenges of practicing dentistry in a rural community?

In a small community you really know many of your patients. The dentistry itself seems a little more demanding, there are no local specialists; but I have come to appreciate the occasional middle of the night trauma call. The extent of being familiar with our patients is a joy I had not attained in my Oklahoma City practice—although, I am still working to understand the intertwined network of family trees. The familiarity can also be a disadvantage, as you might guess.

Ultimately, my family and I are comfortable with the community being familiar with us. We have enjoyed the different social atmosphere and the opportunities it has afforded us. Gerald, my husband, has traded in his necktie for t-shirts, and has his dog riding on the back of his flatbed trucks…I think we’re home.

Educating patients of new procedures and restorative and cosmetic dentistry can be challenging. I am constantly trying to get patients out of the extraction mentality.

How does the ODA serve the needs of the rural dentist?

The thing I have noticed is that the ODA tries to accommodate those who are far away. The Internet website and utilization of teleconferencing are a couple of ways. Also, just having a voice in the capital city when we can’t be there is a big advantage of being an ODA member.

How could the ODA meet the needs of rural dentists better?

The ODA should continue to develop the telecommunication and Internet system. This will significantly save us time and money and also encourage more rural districts to become involved in ODA functions.
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What are the advantages of practicing dentistry in a rural community?

There are many advantages of living in a small rural community. I know all of my patients very well inside and outside the clinic, and my patients are my friends. I see a large range of socioeconomic clientele. While this may not seem like an advantage, I believe it is because I can often fill five to 25 minute chair times with lesser services, thus turning these procedures into high profit procedures. Additionally, my overhead and living expenses are less than they would be in an urban area.

I live on an island and have very little competition from other dentists, and the dentists in my community are all very competent and willing to help one another with emergency call and overflow. I work about 30 hours a week and can easily run home for lunch, run several errands or even have time for exercise at the community YMCA. I love to hunt and have many farming friends in my practice who allow me access to their property.

I believe that living in a small community gives us the opportunity as professionals to have a greater influence in local matters of education and politics. As dentists we have the time to share in our communities unlike other health care professionals who work much longer hours and have far less time to contribute time outside their profession. Living in a small community has allowed me to become a leader here and develop an excellent quality of life in my career and family.

What are the challenges of practicing dentistry in a rural community?

If you ever misstep, everyone knows about it. Take someone to the movie “Doc Hollywood.” Once I arrived here in Henrietta, the reception I received from the town was very warm, especially from the local bankers. The locals went through a period of “getting to know me,” mainly because I wasn’t born here. Once they realized I had their best interests at heart, they were mine for life, or at least until I quit taking their insurance. I tried to plant a “seed” in every school, church, bank and business. Once the word got out that I was kind and knew which end was up, they came calling. Obviously, small communities cater especially to dentists who enjoy hunting, fishing, boating, etc. and don’t want to spend all day driving there.

What are the challenges of practicing dentistry in a rural community?

If you ever misstep, everyone knows about it. Take someone to small claims court on a three-year-old account and everyone knows about it. Drive a “nice” car or truck and everyone knows about it. In other words, you can’t hide. For example, trying to add fluoride to the water supply last year was a huge undertaking, with the city manager asking me what kind of kickback I was receiving from the “fluoride boys”.

Practicing in a non-fluoridated community makes me think that I’m on the front lines of the Battle of Tooth Decay. Living and/or working in a small town requires you to have thick skin at times and not to take life too seriously. I find myself constantly educating my patients on the value of keeping their natural teeth - sometimes a daunting task staring at a twenty-year-old with five natural teeth left and sipping on a soda.

How does the ODA serve the needs of the rural dentist?

The ODA serves the need of rural dentists by working for us at the legislative level in Oklahoma City. It also serves the needs of rural dentists at the national legislative level. The ODA keeps us informed and allows us to become involved in the decisions that govern the practice of dentistry in Oklahoma. We can also be thankful to the ODA for putting together great continuing education for the dentist and hygienist for our state. In this way it makes continuing education much more affordable than traveling out of state.

We have a grassroots campaign that allows each congressional district to be represented and help to lobby our senators and representatives in Washington DC. I am proud to say that I have been involved with this campaign for the past five years.

How could the ODA meet the needs of rural dentists better?

Communication is always the key in any relationship and we can always work to improve in those areas. I would like to see ODA staff or at least an ODA representative at all district meetings. When you live four hours from the state office, it is very difficult to attend a Friday ODA meeting. I would like to see videoconferencing established so more people can become involved in the ODA.
the ODF building

- To establish an ODF Centennial Account to help fund ODF necessities at the new ODA building
- To approve the 2004-2005 slate of Board Members which include: At Large Board Members: Dr. Ray Coehn; Dr. David Deason; Dr. Joseph Fallin; Ms. Mella Glenn; Dr. William Goodman; Ms. Grace Holden; Ms. Linda Lowe; Dr. James Lowe; Ms. Trisha Nunn; Dr. Alan Owen; Dr. Robert Shirley; Dr. Stephen Young.

District Board Members: Dr. Percy Bolen, Central District; Dr. John Landers, Eastern District; Dr. Stephen Mayer, Northern District; Dr. Larry Kiner, Northwest District; Dr. Jeff McCormick, Oklahoma County; Dr. Mike Nelson, South Central District; Dr. William Uran-

- To re-elect the existing slate of officers: Dr. Stephen Mayer, President; Dr. Robert Shirley, Vice President; Dr. William Goodman, Secretary/Treasurer
- To consolidate its current bank accounts to streamline its operations.

Next year’s Fall Seminar is planned for mid to late September, 2005 in Tulsa, Oklahoma. Look for details after May 1, 2005.

To find out more about the Foundation or to make a donation please call (405) 848-8873 or (800) 876-8890.

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James Gore, DDS
Hometown: Pryor, Okla.
Population: 8,500

What are the advantages of practicing dentistry in a rural community?
Practicing in a small town may not be a tasty entrée to everyone’s palate, but it does have its advantages. You and your family are afforded a lifestyle that is less fast paced than the city. You are faced with the chance to know not just your neighbors, but also most everyone in town. You probably even know peoples’ children, parents, and grandparents.

In a rural community you are given the chance to raise your family in a simple and uncomplicated (as is possible) way. Rural practice has as many advantages as there are rural practitioners. Each one may have his/her own personal list of favorite reasons, but it all boils down to knowing who you are and what your priorities are. If you can close your eyes and faintly see the image of a dirt road or imagine the smell of a hay barn or hear a tractor in the distance, then you may do just fine in a small town.

What are the challenges of practicing dentistry in a rural community?
The smaller population of a rural community can offer you a limited patient base. This may translate to a lower income potential, but in the grand scheme of things I think the difference may not affect you as much as you think or it may not be there at all. A small town allows you to see your successes and failures everyday face to face. You will always be recognized and may lose any ability to be anonymous in that small town. You must have an open mind as to treating patients and solving problems. Your creative abilities may be taxed due to the wide-ranging differences in the dental and financial circumstances of your patients. Some rural patients may have dental priorities that are much lower than that of the general population. Some patients may not proceed to the end of an organized treatment plan and proceed instead with a treatment plan which I call “stomping of fires” out only seeking treatment when there is a dire need. This can lead to an unfulfilling professional life whether you practice in the city or in the country.

How does the ODA serve the needs of the rural dentist?
The ODA provides us with the ability to feel connected to our professional life whether you practice in the city or in the country. An isolated rural practice can foster the sensation of fighting a battle alone. The ODA allows us to speak together with one resounding voice and proceed in a unified direction in our pursuit to better the oral health of the residents of our great state. The ODA provides an avenue of quick and direct communication to our legislators. I get the most enjoyment of seeing and keeping in touch with colleagues both rural and urban. The ODA provides chances for this social interaction.

How could the ODA meet the needs of rural dentists better?
Our distance from the major population centers is a hindrance in getting rural practitioners to fully participate in the ODA. A sixty-minute meeting at the ODA headquarters may require hours of travel to attend. In order to facilitate the ability of rural delegates and committee members to participate in meetings at Oklahoma City we must pursue the technology of video/telephone conferencing. Decreasing the travel time commitment of the rural dentist will increase our involvement in the ODA. If we can increase rural participation we will make our Association better, stronger and larger. We must also be ever vigilant in keeping the membership fees of the tripartite body in check. Exorbitant fees can and will deter involvement and participation.

On a personal note…I am not just a rural practitioner. I came back home to practice. I practice across the street from where I was born and have been on staff at that hospital. The physician who delivered me practiced down the hall from my office. My mother is the principal of the elementary school down the street. She is in her 40th year at Pryor Public Schools. My father owned Gore Furniture and Oklahoma’s smallest Sears catalog store in the adjoining town of Locust Grove. He operated these businesses out of the same building that his Grandfather Jess Austin had his General Store. As a kid, I have delivered furniture or appliances to over half the houses in the county. I pass by the house where I spent my first four years of my life on my way to work.

I spent the rest of my youth growing up on my parent’s and grandparent's farm on which we raised horses and cattle. I see high school classmates of mine everyday. My wife had the chance to go to George-town and pursue her L.L.M. degree in international law after graduation from law school at OU. We have had many choices throughout our young lives. We both elected to practice in a small town. We wanted to raise our family in this environment and to stay in close proximity to our families. I hope that when we are old and gray we can look into each other’s eyes and know we made the right decision. I think we will.

I was asked what my favorite color was when I was at OUCOD. I pondered and replied, the color of a cork as it is just going under the water. I don’t think that makes me rural, but I do agree with Merle Haggard when he says, “big city turn me loose and set me free.”

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(continued from pg.14)
"The soul is dyed the color of its thoughts. Think only on those things that are in line with your principles and can bear the full light of day. The content of your character is your choice. Day by day, what you choose, what you think, and what you do is who you become. Your integrity is your destiny – it is the light that guides your way.”  – Heraclitus

Dental Internet groups can be fun and provide valuable dental and real-world continuing education. For example, a poster on genR8TNext.com stated that his father had frequently told him to replace his “wishbone with a backbone.” This struck me as significant advice that most of us should take.

When you lament, “I just wish,” could you change that to “I will only do that under certain circumstances,” “I will,” or “no way”? Wishes often are the truth disguised as your missing backbone for facing challenges. In clinical hygiene, wishes reflect the education we worked so hard for, only to bury it when our beliefs are degraded to “I’m just an employee” status.

In any business, I believe that employees are not there to serve as “yes” people. Whether in the office of a single practitioner, or a CEO of a major corporation, business is best grown when those in charge surround themselves with people who challenge them. We are there to use our individual talents, education and integrity to serve as part of the whole. When you accept situations that compromise your core education and value system, you let everyone down.

Unfortunately, the major piece of education missing from dental school and dental hygiene school is applied business practices. We learn skills, techniques and theories relevant to passing state board exams. We do not learn interpersonal communications or basic math related to productions vs. expenses. As dental hygienists, we transition from knowing what we learned to cramming our skills into predetermined schedule boxes – asking permission to use our knowledge, asking for time to prepare for patients and record keeping, and begging to have the time and tools for adequate care giving.

Instead of settling for this environment, assess each component of your employment situation regarding how your decisions will impact the rest of your day, week, month and career. Consider the meaning of “team” and what position you play and aspire to. What are your wishbones?

In dentistry, “team” often is misused to mean we all chip in and do whatever is necessary, often with the underlying implication that staff are cross-trained and all are equal. Although this partially describes teamwork, it is not the essence of it. Carefully construct your team position based on your unique training and contributions and on what makes the most productive, measurable and satisfying use of your time.

“…conflict is the primary engine of creativity and innovation. People don’t learn by staring into a mirror; people learn by encountering difference.” – Ronald Heifetz

If you played on a baseball team and attempted to play all positions, I doubt you would ever make the big leagues. If your coach allowed or encouraged it, your talents, as well as that of other team members, would be unclear and your coach would be forever frustrated.

Team leaders shine brightest when they have their rosters filled to maximize and support the talent, potential and vision of the team. In the military, leadership is reflected by rank and education. Are you following me? Accepting a clinical position in an office that is based on your education and licensure, only to have duties assigned to you that someone in another position should be doing, would erode deserved mutual respect and self-respect for your qualified contributions.

Am I encouraging the dreaded prima donnas? No way – I am burnout-averse. The team concept needs to be rethought and redefined in clinical dentistry. The top priority is that each team member and the leader need to perform the things that only they can do and be accountable for in a practice. The second priority must be well-developed communication abilities to reflect their educations and passions, which are the foundation of practice building, team building and career satisfaction.

Define your clinical employment wishbones and develop the backbone to achieve them. You will bring more assets to the team and practice with greater confidence.

“Be who you are and say what you feel, because those who mind don’t matter and those who matter don’t mind.” – Dr. Seuss
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Effective June of 2004, the Family Wealth Preservation Trust ("Preservation Trust") became part of Oklahoma law. The Preservation Trust is an Oklahoma asset protection tool that is unprecedented in the 50 states.

Public awareness of the new Preservation Trust law was largely eclipsed by the intense debate over "Tort Reform 2004". Many view Tort Reform 2004 as only a band-aid on the long festering wounds inflicted on health care providers by trial lawyers. However, the Preservation Trust may well prove to be a silver lining to the past legislative session that was otherwise disappointing to so many. Let’s take a closer look at the Preservation Trust from the dentist’s viewpoint.

What is a Preservation Trust?
It is a trust that can be created by a dentist with up to $1,000,000 of Oklahoma assets. In general, Oklahoma assets include cash accounts, savings accounts and C.D.s in Oklahoma trust companies and banks; bonds issued by the State of Oklahoma, its agencies and municipalities; stocks, bonds and other securities of Oklahoma based companies; and Oklahoma real estate.

Who can be the beneficiaries of a Preservation Trust?
Beneficiaries can be the dentist’s spouse, children, grandchildren and other descendants of the dentist. A charity can also be a beneficiary.

Who can be the trustee of a Preservation Trust?
Only Oklahoma trust companies or Oklahoma banks may serve as trustees.

Are there other requirements?
Yes. A dentist’s transfer of assets to a Preservation Trust must not be fraudulent from a legal standpoint. In general, that means the dentist must be solvent at the time of the transfer from a cash flow and balance sheet standpoint. Also, a transfer is presumed fraudulent if the dentist takes voluntary bankruptcy within three years of the transfer.

Trusts made by a dentist for family members have traditionally been afforded asset protection. What is different about a Preservation Trust?
The great advantage of a Preservation Trust is that it can be made revocable by the dentist at any time! Upon revocation, the dentist gets the trust assets back into his or her name.

Traditional asset protection trusts are all irrevocable. In these traditional trusts, the dentist is not a beneficiary and has no legal right to re-acquire any of the traditional trust’s assets.

A Preservation Trust can be made irrevocable, if the dentist wishes. That would be done in circumstances where the dentist is seeking to achieve certain estate and gift tax advantages. Qualifying an irrevocable trust as a Preservation Trust adds an extra level of asset protection to the otherwise traditional irrevocable trust.

What about the appreciation of Preservation Trust assets, and the income off those assets?
In addition to the initial contribution of up to $1,000,000 of Oklahoma assets to a Preservation Trust, the appreciation and income on those assets are also protected from claims against the dentist. Sums withdrawn by the dentist from the Preservation Trust would again be exposed to claims against the dentist. For that reason, any revocation of a Preservation Trust would normally be deferred until a time when no claims appear to be present.

Should a dentist transfer any assets to a Preservation Trust at this time?
The Preservation Trust law is obviously very new, and important questions about how well it will work are yet to be resolved. Even with the significant uncertainties that are present, the establishment of a Preservation Trust may be advisable for some dentists now. Others should perhaps wait until a later date. Each dentist must consult his or her own legal counsel as to the application of this new law to the dentist’s own fact situation.

Where do Preservation Trusts fit into a dentist’s over-all asset protection plan?
The answer to that question is addressed in my article “The Truth About Asset Protection” published in the June 2004 Bulletin of the Oklahoma Medical Society. A copy is available on request to my e-mail address referenced below.

Asset protection planning is a multi-faceted endeavor. The Preservation Trust is very important, but it is not a silver bullet. It is only one of several techniques that, with proper legal and tax advice, can be combined into an effective over-all asset protection plan for the dentist.

ABOUT THE AUTHOR
John W. Mee, Jr. holds business and law degrees from O.U. He also holds a Master of Laws in Taxation from New York University. Mr. Mee is a Fellow of the American College of Trust and Estate Counsel. His office is at 50 Penn Place in Oklahoma City. He may be contacted at (405) 848-9100, or at jwmjr@meehoge.com.

This Article is for general information purposes only. It is not intended as legal advice by Mr. Mee or by Mee, Mee & Hoge, PLLP. Neither Preservation Trusts nor any other particular asset protection technique should be undertaken by anyone without the prior advice of legal counsel.
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