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Winter 2004 Volume 94 issue number 3

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The Clock Repairman by Norman Rockwell – It was the Saturday Evening Post cover in 1945. Permission granted by Curtis Publishing (2004).

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www.okda.org
By Dr. Stephen Glenn

This past October was a bit-sweet month for the Oklahoma Dental Association. On the positive side, members from across the state and the nation were elated to learn of the election of Tulsa dentist, ODA Past President and Twelfth District Trustee, Richard Haught as President-elect of the American Dental Association. A large contingent of dentists and their spouses from Oklahoma (and other states in the District) were in attendance to assist in the campaign and extend that Oklahoma hospitality for which we are famous. Richard was successful because of his leadership and vision. He will undoubtedly serve the dentists of the nation with imagination, class and integrity. Congratulations, Richard and Kathy.

Alas, just two weeks before the beginning of the ADA Annual Session in San Francisco, the dentists of Oklahoma (and indeed, of the entire nation) suffered a terrible loss. Our friend and colleague, our mentor and role model, our foremost leader and most notable proponent, Jim Saddoris, passed away.

Dr. Saddoris is the only Oklahoma dentist to have ever served as the President of the American Dental Association. Dr. Haught will be the second when he takes office on October 6, 2004 in Orlando, Florida. These two dentists represent the ultimate in dedication and service to our profession. The sacrifices they have made, or will make, on our behalf go far beyond what most of us would ever dare imagine. I was privileged to practice in the same office with Jim during his year as ADA President and was blessed to share firsthand his experiences and insights into that position. I doubt Jim or Richard would ever refer to “sacrifice” as they reflected on their involve-ment in organized dentistry. Indeed, I doubt they could imagine doing anything less and that is what sets them apart.

For a relatively small state, Oklahoma leaves a large footprint at the national level. Jim and Richard are merely the most prominent in a long history of remarkable leaders who have served our local, state and national professional societies. Many of our colleagues have also provided distinguished service and leadership for the ADA, AGD, various specialty organizations, the American College, the International College, and countless other dental organizations as well.

In 1987, Jim gave a speech to the Will Rogers Rotary Club in Tulsa. That speech was so good it was transcribed and published in a publication called Vital Speeches of the Day. In the same issue as Jim’s speech, there were speeches by William Webster (then Director of the C.I.A.), former U.S. Senator Paul Laxalt from Nevada and Chrysler Chairman Lee Iacocca, so he was traveling in some pretty heavy company. I want to share that speech with you, so we have reprinted it in its entirety. The speech is entitled “Your Professional Organization: A Tool for the Future”. In it, Jim delivers a message about the importance of being active in your professional organization, a message I feel is as pertinent today as it was sixteen years ago.

This spring, at the ODA Annual Meeting in Tulsa, we plan to recognize our “Dental Legacies”, the generations of dental families who were inspired by their forebears to enter this great profession. How fitting that October delivered the bittersweet lesson: the loss of greatness just as a new generation of greatness ascends. The cycle of life reflected in the cycle of dentistry.
By Dr. David B. Shadid

“I guess the problem with only listening to a patient for fifteen seconds is sometimes you don’t hear everything. And, when you finally realize what they were trying to say you might have lost them forever. You can never underestimate the importance of listening.”

Scrubs, NBC Television

In 1984, a study published in the Annals of Internal Medicine reported that, on average, doctors interrupt patients only 18 seconds after they begin to speak. My father has always said you learn more from listening than you do from talking. Like him, I too have found that if you take the time to listen, you may actually learn something. Patients are not inanimate objects connected to teeth. They are living, breathing human beings who want us to listen, diagnose, discuss, and then treat their condition.

Now I know that some of you will think, “I just don’t have the time to listen to everything they have to say. I would be playing catch-up all day long.” It is logical to feel this way. Dentists are task-oriented problem solvers. It is in our nature to jump right in and get the job done. However, how long does it really take to listen to a patient? What could it hurt to spend a few minutes learning about their trip to see their daughter, or the birthday party their friends threw for them? More importantly, you might pick up on some clues about their teeth and how they affect their everyday life.

Jane Abaray agrees, “Physicians think they have the answer before they hear what the patient has to say, but the doctor who is listening is going to make a better diagnosis, reduce the possibility of making an error in diagnosis or treatment, and have a better rapport with the patient.” Those of you who have taken the time to really talk to your patients know the importance of listening and how much they appreciate you taking the time to hear them out. They have an extra sense of security and comfort with you, and you, as care giver, have a better understanding of their needs.

So tomorrow, when you enter the treatment room, take a few extra minutes to open your ears and listen to your patients to learn more about them and their conditions. They will appreciate not being rushed, and you will experience the benefits of listening with your heart and not just your ears. ●
By Joe Dillon

Mr. Dillon is a former All-American swimmer, fitness instructor in the United States Marine Corps, twice wounded Vietnam combat veteran, and honors graduate of the University of California, Irvine. Dillon has been the President of Body Accounting, a fitness consulting company, since 1979. He has been a trainer of 22 Olympic Gold Medal Winning athletes. He is a regular columnist in “The Profitable Dentist Newsletter”. He has also been a regular speaker at dental meetings since 1995, including the Panke Institute, the Greater Long Island Dental Meeting, Woody Oakes Destin Dental Meeting, Texas Dental Association, and the Puritan Dental Academy. Dillon will also be speaking at the ODA 2004 Annual Meeting.

Traveling all over our great country, one of the most common complaints I hear from my audiences is the need for more energy. Being a busy speaker and flying as much as 25,000 miles a month, I had to discover the secret to maintaining a consistently high enough level of energy to thrive on the road. I would like to share that secret with you now.

Cutting to the chase, the secret to a high-performance life style is stable blood sugar. Stable blood sugar is also THE key to getting and staying lean. So, if you would like to look better, feel better, and perform at a consistently high level, THE key is getting and keeping your blood sugar stable.

Our brains can only burn glucose (blood sugar) so, by definition, if our blood sugar is low, the brain is running on fumes and we are not thinking clearly. Glucose is also essential to energy. Our brains and bodies are very particular. Too little blood sugar and we feel hungry, crave carbohydrates, and feel depressed (that is, have no energy). Too much blood sugar and we trigger an over-reaction that leads to a blood sugar crash.

What is the most effective strategy for getting and maintaining a stable blood sugar level and, therefore, a consistently high energy level? As you know, there are only three kinds of food: protein, fat and carbohydrate. Carbohydrate is the best and quickest source of glucose. But if we eat too many carbs in a given meal (example: a plate of pasta) our blood sugar will spike, triggering the over-release of insulin (the most powerful fat-storing hormone in the body); if we eat carbs by themselves (a piece of fruit as a snack), either approach will lead to a blood sugar crash. Fat by itself will not raise insulin but it is a poor source of glucose. That leaves protein. Lean protein (chicken, fish, turkey, egg white omelets, whey protein shakes, etc.) will gently raise blood sugar and keep it stable for three to five hours. The ideal combination is some lean protein and a small amount of foods-as-grown carbohydrate (vegetables, fruit, yams, beans, brown rice – with vegetables being the most effective).

Another issue is timing. No matter how perfectly balanced a given meal/snack may be, it can only keep blood sugar stable for a few hours. Therefore, we need to eat about six times a day (roughly every three

Continued on Page 8
Thomas John Kennedy of Oklahoma, DDS, P.C.
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hours or so) with the first meal/snack being within 30-60 minutes of waking and the last meal/snack 30-60 minutes before we turn off the light to sleep.

These may seem like radical concepts but they are derived from over 40 years of personal experience and almost 25 years of professional experience. Do these strategies work? Twenty-two of my personal clients have won over 60 Olympic Gold Medals! Some have won Mr. America, Mr. Universe, and Mr. Olympia titles. Do these strategies work at any age and for busy people? I am 59 years old and have 8% body fat.

The busier you are the more valuable you will find the information that I share at my seminars. I also invite any question dealing with nutrition, exercise and/or supplementation. If you would like to look and feel better than you have in years and perform at a consistently high level, attend my seminar and learn exactly what to do and why to do it from a consensus scientific point of view. I invite you to my Producing Peak Performance seminar and I challenge you to look and feel your best and perform at your best regardless of how old or busy you are. The choice is yours. And whatever you do counts.

Neither fog nor the usual chill greeted Oklahoma dentists as they arrived in a sizzling San Francisco, with clear skies and record heat! The weather wasn't the only hot item in San Francisco as the campaign of Dr. Richard Haught for ADA President-Elect revved up for a successful run!

A sizeable contingent of Oklahoma dentists, spouses, hygienists, auxiliaries, children and friends made the trek to San Francisco for the ADA annual session. This session proved to be the most highly attended annual session ever with over 13,000 dentists attending and a total registration of 47,533.

Some of the highlights of the meeting included appearances by former Mayor Rudy Guiliani and Retired General Norman Schwarzkopf. Mayor Guiliani gave a great talk on the keys for success and related some of his experiences with the 9/11 crisis and his time spent in the D.A.'s office in New York City. He also does a great impersonation of conversations between Mafia hitmen! General Schwarzkopf, of course, wowed the audience with his talk, his assessment and great knowledge of the Middle East problems. He had everyone rallying around the flag by the end of his speech, but then, isn't that what generals are suppose to do?

Not to be dominated by politicians and generals, there was also some great fun entertainment offered by the ADA for everyone's enjoyment. First up was comedian Dana Carvey, who gave a hilarious hour or so comedic routine and interaction with some of the more vocal members of the audience. Also on tap was a night with the Beach Boys – really a great time that was even enhanced when the band urged everybody to come up to the front of the auditorium and join in for a big dance! Hey, it was a great time!

Of course, hundreds of hours of continuing education with clinicians from around the world were offered in the form of open sessions or “pay-per-view” sessions, many featuring “hands-on” formats. Participants jammed the sessions, necessitating overflow viewing or in some cases, sessions being closed to further attendees due to safety concerns. Other than a few glitches, the C.E. portion was a roaring success.

And of course the annual health screening provided to dentists FREE OF CHARGE was once again offered. Tests included EKG, blood chemistry, oral cancer screening, carpal tunnel and blood pressure (among others). The lines were long, but the health benefits to members were outstanding.

The jewel, of course, was the election of Dr. Richard Haught as ADA President-Elect. Many thanks to all who contributed to this effort, including dentists from Arkansas, Kansas, Louisiana, and of course, Oklahoma. Way to go, Richard! We're all proud of you!!
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In 2002, ODA President Scott Waugh asked that I chair a building committee to develop plans to remodel the current ODA headquarters located at 629 NW Grand Boulevard in Oklahoma City. The building is owned by the Oklahoma Dental Foundation and the ODA leases space from the Foundation.

The original building was constructed in 1973 with an addition completed in 1984 which was actually a separate building that shared a common wall and a porch entry. Today, the ODA staff is divided between the two buildings and they must go outside from one building to the other to perform some of their daily duties. Due to budget constraints, building maintenance has been limited and some of the building systems have been patched and repaired well past their normal life. The interior is worn and very dated.

The building committee’s mission, if accepted, (Mission Impossible) was to connect the buildings, replace the old building systems and remodel it into a modern, state-of-the-art headquarters while the staff continued to work in the structure. A comprehensive plan was developed and cost estimates were obtained. These estimates always had the disclaimer that the cost could escalate due to unforeseen problems that occur during remodeling projects. The total estimated cost was $362,000.

In April 2003, the plan was presented to the ODA Board of Trustees and they recommended that the House of Delegates not spend the money on an old building. After much debate, the HOD passed a resolution to have the building committee investigate the cost of building a new building.

The committee had to decide if it would be better to use the existing site or relocate to a new location. The cost of moving the ODA staff to another location and tearing down the present building was going to be expensive and we elected to find another building site. The new site is located at NE 13th Street and Stiles, close to I-235 and about a half mile from the OU College of Dentistry and the State Capitol. This area is being developed by the OU Health Sciences Center and has experienced an explosion of medical care and research facilities. Oklahoma City projects this area will become an extensive medical complex.

Preliminary architectural plans were created for the site and cost estimates were obtained. The new 6,600 square foot building will be a state-of-the-art headquarters, with the
latest technological advances, and will contain proper work flow patterns for current and future staff. The total cost of the building will be $800,000 and includes the land, building and interior furnishings.

On September 7, 2003, the House of Delegates unanimously passed a resolution to build the new building. This is the largest expenditure the HOD has ever passed, but they understood that this building will last us well into the future and may turn out to be a great investment.

Where are we today? We are in negotiations to purchase the building site and should be closing on the land in January. By February the land rezoning will be completed, with construction starting by April or May 2004. The estimated construction time is 10 months, so we should be moved in and ready for an open house during the ODA annual meeting in April 2005!!

This is a huge project and I appreciate all the help and support I have received from all of you, especially the building committee. In the coming months, you will all be asked for financial participation in this project and I hope you will respond enthusiastically. If we all proceed toward this goal together, we will have a wonderful new Oklahoma Dental Association headquarters for our members to enjoy for years.

A south side view of the new Oklahoma Dental Association offices.

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<td>Arkansas</td>
<td>April 2 - 4 Arkansas State Dental Association Annual Scientific Session Hot Springs</td>
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<td>California</td>
<td>March 3 - 6 Academy of Laser Dentistry 11th Annual Conference and Exhibition Palm Springs April 15 - 18 California Dental Association Spring Scientific Association Anaheim</td>
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<td>Florida</td>
<td>February 26 - 28 South Florida District Dental Association Miami Winter Meeting and Dental Expo Miami Beach</td>
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<td>Georgia</td>
<td>April 1 - 4 International Association for Orthodontics Annual Meeting Savannah</td>
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<td>March 10 - 13 American and International Associations for Dental Research General Session and Exhibits Honolulu</td>
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<td>Kentucky</td>
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**International**

January 24-29 Sao Paulo International Dental Meeting Sao Paulo, Brazil
North Dakota
January 23 - 25
North Dakota Dental Association
Midwinter Meeting
Fargo

Oklahoma
March 5
OU College of Dentistry
Clinical Oral Pathology Course
James O. Goodwin Health Center, Tulsa

April 9
OU College of Dentistry
Clinical Oral Pathology Course
Oklahoma City Community College, Oklahoma City

April 27
OU College of Dentistry
Scientific Day
Meridian Convention Center, Oklahoma City

Texas
February 12 - 14
Greater Houston Dental Society
Star of the South Dental Meeting
Houston

February 17
American Society of Forensic Odontology
34th Annual Meeting
Dallas

Utah
February 26 - 27
Utah Dental Association
Annual Convention
Salt Lake City

February 26 - 28
Alliance of the American Dental Association
2004 Annual Conference
Salt Lake City

Washington
March 6 - 10
American Dental Education Association
81st Annual Session & Exposition
Seattle

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In Memoriam

Jim Saddoris, DDS
Birth: September 17, 1928
Death: October 13, 2003
Tulsa

Lance Patterson, DDS
Birth: November 25, 1970
Death: October 2, 2003
Bartlesville

Wayne Matthews, DDS
Birth: April 19, 1931
Death: November 5, 2003
Madill

Don Washington, DDS
Birth: January 31, 1921
Death: July 30, 2003
Tulsa

Marshall Petty, DDS
Birth: April 10, 1949
Death: November 4, 2003
Miami

Jack Smith, DDS
Birth: February 8, 1934
Death: August 6, 2003
Oklahoma City

Gary Livingston, DDS
Birth: January 23, 1943
Death: November 11, 2003
Norman

JIM SADDORIS

Jim Saddoris was a graduate of the University of Oklahoma and the Baylor College of Dentistry, where he was a member of Omicron Kappa Upsilon, an honorary dental scholastic society. In recognition of his many accomplishments, Dr. Saddoris was inducted into the Baylor College of Dentistry Hall of Fame.

Following military service in both the Army and Air Force, Jim established a private dental practice in his hometown of Cleveland, Oklahoma and, in 1964, moved his practice to Tulsa, where he retired in 1995. He was a member of the clinical faculty of Oral Roberts University College of Dentistry and the editorial board of Dental Economics. Jim was named the Dentist of the Year by the Oklahoma Dental Association in 1982.

Dr. Saddoris is the only Oklahoma dentist to have ever served as the President of the American Dental Association. At the time of his election, he was serving as the ADA Trustee for the Twelfth District, representing dentists from Oklahoma, Kansas, Arkansas and Louisiana. He had previously served as President of both the Tulsa County Dental Society and the Oklahoma Dental Association, as an ADA Delegate and as Chairman of the ADA Council on Federal Dental Services.

The Tulsa County Dental Society annually presents an award in his name recognizing the dentist making outstanding contributions to organized dentistry. The Oklahoma Dental Association has dedicated its Board Room in his honor. Jim also served at the national and international levels either on the Boards or as President of numerous dental organizations including the Academy of General Dentistry, the Pierre Fauchard Academy, the American College of Dentists, the International College of Dentists, the National Foundation of Dentistry for the Handicapped, the American Fund for Dental Health, and the FDI World Dental Federation.

Jim was the President of two Rotary Clubs, the Rotary Club of Cleveland, Oklahoma and the Rotary Club of Southside Tulsa.

Jim Saddoris is survived by his wife, Wanda.
THURSDAY
Dr. Peter Fedi Periodontics Lecture – William Giannobile, DDS, MS, DMed-Sc. Part I: Advances in Periodontal Tissue Engineering; Part II: Oral-Systemic Links Between Periodontal Disease and Systemic Illnesses
Arthur E. Iwersen Pediatric Symposium – Bryan Williams, DDS; Barbara Sheller, DDS, MSD. Update in Pediatric Dentistry 2004
Dan Cruz Memorial Prosthodontics Lecture – Geoffrey W. Sheen, DDS, MS. Esthetics in Dentistry: Color, Contours, Application and Treatment Options

FRIDAY
Ann Battrell, BSDH – Dental Hygiene: The Evolution of Our Profession
Chris Buttner, DDS; Lionel Candelaria, DDS – Contemporary Dentoalveolar Surgery
Keigm Crook, DDS – Dental Fitness in Periodontics
Susan Maples, DDS, MSBA – Getting to Yes: Improving Case Acceptance (morning) & Harnessing the Power of Your Team (afternoon)
Joy Millis, CSP – Five No-Fail Strategies for Creating Job Security in the Dental Office
Jeff Morley, DDS – Predictable Cosmetic Dentistry
Martha Aaron Ross, JD – The Impact of HIPAA
Alan Voda, DDS – Cast Gold: A Lost Technique?

SATURDAY
Cynthia Amyot, BSDH, EdD; Pamela Overman, BSDH, EdD – Evidence-Based Approach to Patient Care
James Dryden, DDS; James Kulild, DDS – Successful Endodontic Instrumentation & Obturation (lecture & lab)
John P. Gobetti DDS, MS – Medical Emergencies in the Dental Office (morning) & Antibiotic Use and Abuse (afternoon)
Janis G. Keating, BSDH, MA – Women's Wellness: An Oral Health Perspective
Cindy Kleiman, CDA, BSDH – Oral Care for the Disabled Patient (morning) & Medical Histories and Medical Emergencies: The Role of the Team Members (afternoon)
Gerald Kugel, DMD, MS – Maximizing the World of Esthetic Dentistry
G. K. Mangelson, CFP – Total Asset and Medical Malpractice Protection

SUNDAY (morning)
Charles Dunlap, DDS – Pathology: Escape From Pulpitis, Pyorrhea and Porcelain

For more information or to request registration materials, contact the Office of Alumni 816-235-2021 or 800-887-4477 mdcs@umkc.edu www.umkc.edu/dentistry

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Brian Houston joined us in November 2003. He has Bachelors and Masters degrees from the University of Oklahoma where he is currently pursuing a PhD in Communication.

Before joining the ODA, Brian worked at the Center for Public Management at the University of Oklahoma where he developed web content and e-learning courses for various agencies within the Oklahoma Department of Human Services.

As a member of the ODA staff, Brian is responsible for working on the ODA website, coordinating Give Kids a Smile Day and Children’s Dental Health Month, and orchestrating any activities or campaigns related to ODA’s public information mission.

Brian lives in Oklahoma City with his wife, Jennifer, and one-year-old daughter Reyna. He is excited about the ODA’s public information vision and is grateful that he has been allowed to contribute to those efforts.

Dr. Mary Casey wrote in response to the Summer 2003 journal:

David–
Your message in the ODA journal touched me – Maybe we all need a little lifting every now and then. You seemed to hit the mark! Thanx – it brightened my day!

Mary
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If you have an interest in the current state of dental education, you should find the following an informative synopsis of recent national trends and projections. This material is taken largely from Dental Education At-A-Glance 2003, an American Dental Education Association (ADEA) summary report distributed by its Center for Public Policy. The report provides statistical data on available programs and student demographics, some brief commentary on the public’s perception of dentistry, and future prospects for the profession.

EDUCATIONAL PROGRAMS

Dental Schools
There are currently 56 U.S. dental schools, 54 of which are located in 34 states, one in the District of Columbia, and one in Puerto Rico. Of these, 36 (64%) are public institutions, 15 (27%) are private, and five (9%) are described as state-related. Between 1960-78, the availability of federal construction grants and a widespread perception that more health care professionals were needed led to a 28% increase in the number of schools (from 47 to a high of 60); this number remained constant until 1986. Between 1986-2001, various negative forces (loss of federal funding, increased operational expenses, perceived glut of dentists in the workforce, etc.) resulted in the closure of seven schools: Oral Roberts (1986); Emory (1988); Georgetown (1990); Fairleigh Dickinson (1990); Washington [St. Louis] (1991); Loyola (1993); and Northwestern (2001). All seven were private or private/state-related. In recent years, three new dental schools have opened: Nova Southeastern in Ft. Lauderdale, Florida (1997); University of Nevada in Las Vegas (2002); and Arizona School of Health Sciences in Mesa, Arizona (2003).

Dental Residencies
A total of 727 dental residency programs are available across the country, of which 356 are school-based and 371 affiliated with hospitals. These residencies offer postgraduate instruction in the following areas: Endodontics (50); General Dentistry [AEGD] (95); General Practice Residency (208); Oral Surgery (101); Oral Pathology (12); Oral Radiology (4); Orthodontics (58); Pediatric Dentistry (61); Periodontics (52); Prosthodontics (64); Public Health (18); and Clinical Fellowship (4). There are 2,715 first-year positions available in these programs.

Allied Dental Programs
There are 266 dental hygiene programs located in all 50 states, the District of Columbia, and Puerto Rico; 259 dental assisting programs in 47 states and Puerto Rico; and 25 dental laboratory technology programs in 19 states.

Students/Residents
Total enrollment in the 1,333 dental and allied dental programs in the country is as follows:
- Predoctoral: 17,487
- Postgraduate resident: 5,266
- Dental hygiene: 12,826
- Dental assisting: 6,707
- First-year enrollment: 7,538
- Minority enrollments: African American (5.1%); Hispanic (6.0%); Native American (0.4%)

Although the summary report did not include information on female enrollment in dental schools, other sources indicate that first-year enrollment of...
women was 42.6% of total enrollment in 2001 – a 2.8% increase from the previous year. Total female enrollment in 1970 was a mere 5%, increasing to 11% in 1985. A nearly 400% increase over the last 15+ years shows that male dominance of the dental profession is fast becoming a statistic of the past.

Educational Debt
Using 2002 statistics, almost 62% of dental students reported having no educational debt upon entering dental school. Upon graduation, however, 29% of graduates reported debt between $100,000 and $149,999, and another 29% reported debt in excess of $150,000. The average amount of financial assistance (federal, state, school) per student was $32,000, with 97% of all students reporting reliance on student loans to help fund their dental school education.

For students who reported debt upon graduation, the average debt was $97,400 at public dental schools and $156,000 at private institutions. For all schools combined, average indebtedness upon graduation was $122,500.

Dental School Faculty
There are currently about 11,332 full- and part-time faculty in the 56 dental schools, with the number of vacant faculty positions estimated at 350. Of all unfilled positions, approximately 75% is in the clinical sciences. The most commonly cited factors influencing faculty separations and recruitment are [1] retirement and [2] entering private practice. Dental faculty shortages continue to be a major concern in maintenance of educational quality and, by extension, maintenance of the public’s oral health.

Interest in the Profession
Increasing interest in dentistry as a career is directly related to the growth in average net income of full-time practitioners which has increased over 78% since 1990 – from $94,200 to $167,950 in 1999 (the most recent report of the ADA’s Survey of Dental Practice). Currently, the net hourly income of dentists now exceeds that of family physicians, general internists, and pediatricians. Of course, income figures vary with length of time in practice, use of allied personnel, geographical region, hours practiced per week, and type of practice. In 1999, the average net income for solo, full-time, private general practitioners was $153,330; for dental specialists, $249,850.

Further, the percentage of the population visiting a dentist at least once per year continues to grow – from about 50% in the 1970’s to well over 60% today. This increasing public awareness, coupled with advances in technology and a strong emphasis on prevention, bodes well for dentistry as a thriving and dynamic profession. With about half of the U.S. population having some type of private dental insurance and with increased discretionary monies among the higher income levels, the demand for oral health care is on an upswing. Dental expenditures in 2000 were estimated at $60.3 billion (about 5% of total health care spending).

Another factor contributing to interest in the profession is the favorable landscape for practice opportunities. The dentist/population ratio peaked in 1994 at 60.2/100,000 (the low was 40/100,000 in 1960). Numerous studies project the ratio to decline steadily to about 54/100,000 by the year 2020. Since this ratio is a national average, the shortage of available oral health care will be even more critical due to wide variance in the geographical distribution of dentists. The number of underserved areas (officially termed “Designated Dental Health Profession Shortage Areas” by the U.S. Health Resources and Services Administration) has risen to a 2003 total of 2,056 encompassing nearly 41 million people. HRSA estimates that 8,408 dentists would be needed merely to achieve a ratio of 3,000 patients per dentist in each of these areas.

If you have sons, daughters, friends or other relatives considering a career in dentistry or a dental-related field, by all means give them every encouragement and incentive! Dental education is not inexpensive, but the ultimate rewards far outweigh the costs. The profession continues to enjoy very high prestige with the public, offers an exciting array of opportunities and financial rewards, is projected to grow steadily as a vital part of the health care spectrum, and is a “natural” in terms of spiritual and emotional satisfaction. Coupled with a growing public awareness of the importance of oral health, there is no better time than now for interested and talented young people to become part of a truly dynamic and rewarding profession. □
A doctor rummages through his office looking for that article in the Oklahoma Dental Association Journal’s last issue. He remembered reading the article and now has a diagnosis case that fits those parameters and wants to know how to pursue the best method of treatment. After tearing his office apart, he remembers that the ODA website has the journal online. He goes to his computer and “Click, away he goes”. Sure enough, he instantly locates the article he needs.

Examples like this are fast becoming a reality with the new ODA website. From information retrieval to state meeting info, it will all be there! Many of you have already visited the website and noticed a fresh new look. We have attempted to offer a pleasant view, easy navigation and instant access opportunities. The home page boasts a large navigation ring with selection items surrounding the outside. While not ready at the time of this printing, we are in the process of making some additional changes to the home page and subsequent pages; for example, on the left side of the screen will be the new subheadings and on your right will be sections that include direct links to ODASCO, Member Login, and our “Hot Topics” section, just to name a few.

The ODA website was previously sponsored by the University of Oklahoma College of Dentistry’s Department of Continuing Education and organized through the work of past Dean Russell Stratton. Recently, the site has been transferred to one of our ODA-endorsed companies, TNT Dental Services, to host and help develop the site as you see it presented. The new site is sponsored predominantly by ODASCO, your association’s for-profit subsidiary.

Previously, the website was a basic design that incorporated information about the ODA and its purpose, committees and councils, and integrated a basic “dentist” search for the general public. Over the years, the site has served us well; however, with the increasing demands of information request and delivery, the new website will not only be for the general public, but for our members as well, delivering all the information and services offered by the ODA, ODASCO, and ODF. The website offers updated links to other affiliated websites, such as the University of Oklahoma College of Dentistry, the Oklahoma Legislature, and the Oklahoma Health Care Authority, just to name a few. The website will be built in phases and modules and these sections will be added on a regular basis. So check back often to see the new items and pages as they arrive!

Operationally, the website is designed to be all-encompassing for your supportive needs. Although this will take time, we will be putting sections or modules into action over a four-phase process. The first phase will include State Meeting Information and online registration as well as some other items to make the site “navigate” easier. The second phase will establish ODASCO’s website page and links. Administrative documents such as Board of Trustees minutes, Administrative Policy, and House of Delegates information will encompass the third phase. Finally, the fourth phase will include the addition of domain-based email systems with direct mail capability to officers, staff (actually to be started in Phase II), and other
board, council and committee members. A member classified and placement service section and other member-sponsored sections will be added during this phase. Upon completion of these phases, we will re-evaluate the site and establish a new strategic plan for other phases, additions and upgrades. To quote a famous song, “We have only just begun to live!”

Phase I is underway as of this writing and will be available at the time this issue of the journal is delivered. Previously, the registration form was available online but only in a “downloadable” format which allowed you to print, fill out, and mail the form. Using the “Flash Macromedia” format will allow you to complete the form directly online and submit it instantly. (Incidentally, if you are unfamiliar with Flash Macromedia, relax. If you are a regular surfer of the web, you probably already have it installed. If not, you will automatically be directed from our website to the installation site where it should take under a minute to download on a regular phone connection.) As you fill in the form and check the appropriate boxes, a total will be automatically displayed at the bottom. You will then be able to enter credit card information (via a secured link) and submit your registration. Also located on the form will be a link to allow you to make hotel reservations online. So basically, within a few minutes, “you’re registered!”

Along with meeting registration, schedules, highlights and speakers, a host of other information on the upcoming meeting will also be available.

Links to other websites are now completed and available under the “Professional Links” tab located on the home page. This page contains over twenty links including such obvious ones as the OU College of Dentistry, the Oklahoma Board of Dentistry, and the American Dental Association. Some unique links, such as the Center for Disease Control, the World Health Organization, and the National Institute of Health are also listed. This section also includes links to the Oklahoma House of Representatives and the State Senate allowing you to directly email your senator or representative.

As Phase I is completed, member login will be placed into operation. As stated before, the website will include a wealth of information; however, some data is considered “restricted” and not meant for the general public or non-member dentists. For restricted sections, you will be required to enter your ADA number (located on the front of your ADA membership card; if unsure, contact the ODA) and a personal access password. As an example, we will be placing the Board of Trustees minutes and House of Delegate minutes online to keep you current on association activities, and also legislative items of prime importance. For further convenience, a link will be placed on the home page for our “hot topics” that will require member login.

Phase II will offer an updated version of “Find A Dentist”. It will incorporate a separate web page and site for ODASCO (Oklahoma Dental Association Services Company). ODASCO currently endorses eighteen companies that offer a vast array of dental and general services, including discounts and specials simply by being a member of the association. This site is currently being built and may have some fundamental pages for you to view at this time. Our attempted domain (website address) is http://www.ODASCO.com. A link from the ODA home page will direct you to the new site. The ODASCO site will have a list with links to each of the endorsed
companies along with general information about ODASCO’s activities, business goals and operations.

Need to know what occurred at the last House of Delegates or Board of Trustees Meeting? What about the recent tobacco settlement resolution or the public information program? What actions or plans did the Council on Dental Education develop for the coming year? How about writing an email or note to the President or Executive Director? Phase III will be your ticket. This particular phase, though not difficult to place online, will take some time. This will involve scanning documents into electronic format and placing them in appropriate member-secured areas. You have had an opportunity to see a glimpse of Phase III with the current ODA journal available for online viewing located under the Publications section.

Phase IV will finish the domain-based email systems, direct mail abilities to councils and committees, and a member classified and placement service. Domain-based email is a system that allows you to maintain the same address indefinitely. Currently, many individuals that access and use the Internet regularly change their ISP (Internet service provider company) on a frequent basis searching for a better deal or service. When this change occurs, it usually requires a change in your email address as well. This creates a problem akin to moving your residence; you have to inform all your friends, relatives, work associates, etc. of your new address and information. The domain-based email system will eliminate that problem. All you have to do is inform the ODA of your current ISP and your email will be relayed and forwarded directly to you. If and when you change your ISP, you simply go to your online account information or contact the ODA and inform them of your new company and address; within seconds, the change will be completed. There will be no need to inform your colleagues, friends, correspondences or business associates. Your address to them stays the same. A note on privacy: the ODA will never distribute email addresses to any outside party. Further items to be made available during this phase will be the direct links to council or committee chairs and a member classified and placement service system that can be viewed by all but placed only by ODA members.

As you can see, we have a lot of info coming to you in the very near future. Overall, our game plan is to complete these first initial four modules by Summer 2004. If we’ve missed something you may want to see, simply contact one of our ODA staff members. We are just now getting out of the initial design stage and have created a large laundry list to complete, but it’s not too late to tell us if we’ve missed that “one” item you’re looking for.

We are very excited about our future and the instant services that we will be able to offer to you! We also have a new web address, www.okda.org. However, the old address still works, so you can use whichever you choose. You can check the new address or the old address on a regular basis and look for these new and exciting features and systems. All are a part of your new ODA, so STAY TUNED!

Raymond Cohlmia, DDS
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oral pathology

Case History:
This 58 year old male presented with a chief complaint of “denture pain.” The patient noted that he had not been examined by a dentist since his dentures were delivered approximately 20 years earlier. He believes that he has a “yeast infection.” Social history revealed tobacco use for over 40 years.

Questions:
1. An appropriate clinical differential diagnosis for this lesion involving the right mandibular vestibule and buccal mucosa might include (multiple answers):
   a. Inflammatory fibrous hyperplasia (epulis fissuratum)
   b. Condyloma acuminatum
   c. Candidiasis
   d. Aspirin burn

2. As the health care provider, you should (multiple answers):
   a. Obtain intraoral radiographs
   b. Biopsy the lesion
   c. Apply pressure to see if the area can be removed
   d. Remove the lesion with electrosurgery

3. Tissue was submitted for microscopic examination. The pathology report describes a papillary epithelial lesion exhibiting keratin plugs within surface clefts, bulbous rete ridges, and a lymphocytic infiltrate in the submucosa. The correct diagnosis for this lesion, considering the clinical presentation and histologic features, would be:
   a. Inflammatory fibrous hyperplasia (epulis fissuratum)
   b. Candidiasis
   c. Verrucous carcinoma
   d. Hyperkeratosis

Answers:
1. The correct answer for the differential diagnosis is (a) inflammatory fibrous hyperplasia (epulis fissuratum). This “tumor-like” proliferation of fibrous connective tissue is typically observed in association with the flange of an ill-fitting denture. It usually presents as a single fold or as multiple folds of hyperplastic, reactive tissue involving the vestibular area.
   Condyloma acuminatum (b) (venereal wart) is a virus-induced proliferation of stratified squamous epithelium of the genitalia, perianal region, oral cavity, and larynx. This is considered to be a sexually transmitted disease with lesions developing at a site of sexual contact. This lesion is much more common in the anogenital area than in the mouth. This lesion is not considered in the present differential diagnosis.
   Additionally, candidiasis (c) and aspirin burn (d) are not included in the differential diagnosis. Candidiasis, an infection with the yeast-like fungal organism *Candida albicans*, typically presents intraorally as adherent white plaques that resemble curdled milk or cottage cheese clinically. These plaques can be wiped off or removed by scraping them with a tongue blade or rubbing them with dry gauze. Likewise, an aspirin burn (chemical trauma) produces mucosal necrosis from aspirin being held in the mouth. With short exposure,
the affected mucosa exhibits a superficial, white, wrinkled appearance. This necrotic epithelium can also be removed leaving an area of hemorrhagic submucosa.

2. The correct answers are (a) obtain intraoral radiographs in order to complete a comprehensive oral examination and (b) biopsy the lesion in order to establish a definitive treatment format.

Choices (c) and (d) are incorrect. Application of pressure to the area to see if the lesion can be removed will provide no helpful information in this particular case. Additionally, removal of the lesion with electrosurgery is not indicated in the initial evaluation. A definitive diagnosis should be established before excision is accomplished.

3. The correct answer is (c) verrucous carcinoma – see “Discussion Section.”

Choices (a), (b), and (d) are incorrect. As mentioned earlier, (a) inflammatory fibrous hyperplasia (epulis fissuratum) is a “tumor-like” proliferation of fibrous connective tissue. The histologic description of the present case is inconsistent with this diagnosis. In order to support the diagnosis of (b) candidiasis, fungal elements (hyphae) must be observed microscopically. Since the lesion is not a white patch clinically and does not demonstrate a thickened keratin layer of the surface epithelium microscopically, (d) hyperkeratosis can also be ruled out.

**Discussion:**

Verrucous carcinoma is a form of squamous cell carcinoma of the oral cavity that was first described by Ackerman in 1948. It is a “low-grade” malignancy most commonly observed involving the mandibular buccal sulcus and the alveolar mucosa of the mandibular ridge. A smaller number of cases are found on the maxillary alveolar mucosa and occasionally on the tongue. Verrucous carcinoma represents less than 5% of all oral cancer. There is a striking correlation between the presence of this neoplasm and the use of tobacco products (particularly smokeless tobacco).

This neoplasm is generally observed in elderly patients, the mean age of occurrence being 60 to 70 years, with nearly 75% of the lesions developing in males. The clinical appearance of this lesion is that of an exophytic “piled-up” growth or large papillary mass with a micronodular or mamilated surface that is attached by a broad base to the oral mucosa. The degree of keratinization (often considerable) determines the color of the lesion, white or reddish-white.

Microscopically, this entity is described as an exophytic, papillary epithelial proliferation with prominent, bulbous rete ridges. The epithelial proliferation is characterized by well-differentiated cells that lack the cytologic atypia observed in invasive squamous cell carcinoma. Additionally, the surface epithelium exhibits clefts between the papillary projections which are filled with keratin. A significant lymphocytic infiltrate in the underlying connective tissue may be present.

Verrucous carcinoma, because of its exophytic nature, superficial growth, and unique histology, offers the patient an excellent prognosis. It is only superficially invasive and metastasizes infrequently. The 5-year survival rate for treated verrucous carcinoma approaches 90%. It can be treated successfully by simple excision with adequate surgical margins. Most recurrences are directly related to inadequate surgery at initial presentation. Radiation therapy is generally felt to be contraindicated in the treatment of verrucous carcinoma since there have been some reports of transformation from well-differentiated verrucous into aggressive, anaplastic, invasive squamous cell carcinoma. Chemotherapy may temporarily reduce the size of this neoplasm, but it is not considered to be definitive treatment.

**References:**

Ackerman LV. Verrucous carcinoma of the oral cavity. Surgery 1948; 23:670-678


Thank you for your warm welcome. I’m delighted to be your speaker today. As an active member of the Rotary Club for more than 25 years, and someone who recognizes the importance of civic involvement, I want to take some time today to discuss the importance of another kind of involvement – involvement in your own professional or vocational organization.

I started getting involved in my own professional organization, the American Dental Association, at about the same time I became active in Rotary, in the early 1960s. Today, I’m president-elect of the ADA, an organization with a $42 million budget and more than 140,000 members.

And I have derived great satisfaction from my involvement with the world’s largest dental organization, just as I have derived tremendous satisfaction from my work with Rotary.

I believe that the benefits of participation in your professional or vocational organization are threefold: First, it can help you realize your own potential. Second, you can help your organization realize its potential. And third, it can help you steer the direction of that potential, not only for the sake of today, but for the sake of the future generations who will pursue your endeavor.

Let’s take a closer look at these three reasons for involvement with your professional or vocational organization:

First, it can help you realize your potential. It really can! This has nothing to do with age or experience. You can be fresh out of school, or a grandparent. My professional involvement helped me develop my potential in the 1960s, when my career was just beginning.

And it’s still helping me develop professionally today. Every meeting, every seminar, every committee I serve on teaches me something.

And there are so many aspects of a career to master. There are the technical aspects – ways to improve the actual products or services we provide. There are the professional aspects – ways of keeping our ethics and standards high, ways of improving communication with people we serve.

There are the intraprofessional aspects – how we can work with our subordinates, superiors or peers. And there are the management or marketing aspects of every career.

Professional organizations help us keep aware of trends, so we can remain dynamic in our field, alert to changes that may affect us.

Without such an awareness, we run a risk of becoming professional anachronisms, with possible harm to the living we earn.

Involvement with a professional or vocational organization provides us with an opportunity to get to know others in our field. The old saying, “Who you know is as important as what you know” is a cliché but it became a cliché for a reason.

And the reason is that it’s absolutely true, true enough to be repeated again and again.

We need to know who our colleagues are. We need to know who our competitors are. We need to know people who can help us make connections with other people. We need to know who knows what, and who knows whom.

The value of networking with others is beyond dispute professionally, but its also extremely rewarding personally.

Each of us lives, not in one neighborhood, but three: First, the neighborhood of our home. Second, the neighborhood of our community. And third, the neighborhood of our profession.

When we make a commitment to our professional or vocational
organization, we make a commitment to the neighborhood of our profession. We open ourselves to many friendships, friendships that can bring us through many a crisis period, friendships that last for a lifetime.

Involvement in our professional or vocational organization can help us develop two other important skills as well. We can learn how to lead. And we can learn how to follow. Both are important in developing our professional potential. And often, this is the only way we can learn either of these skills really well.

It is true, of course, that most of us would rather concentrate on leading than on following. But, until we know how to follow, we really can’t lead.

This is the nature of a democratic society. No one ever leads absolutely. Everyone is accountable to someone. As president-elect of the American Dental Association, I am its second-highest elected officer. I have strong ideas about where I want to lead my association during my presidential term, and I am determined to achieve my goals.

But I am still accountable. I am accountable, not to one person, but to 140,000 people. I am accountable to my fellow members of the board of trustees. And so, even while I lead the organization, there will be times when I need to be flexible – times when, as a leader, I will make a deliberate decision to follow the direction of the constituencies to whom I am accountable. You and I, all of us, will always be accountable to someone.

On the other hand, leadership, and the development of leadership potential, should be one of the main objectives of becoming involved with a professional or vocational organization. Your organization may provide opportunities your career does not, opportunities lead to others – to organize, motivate, supervise and inspire people in the development and implementation of worthwhile programs.

I believe that we all possess leadership potential, that leadership is something that can be learned.

Your professional or vocational organization can provide you with that opportunity to develop leadership potential.

Most important of all, involvement with your professional or vocational organization provides you with a legitimate channel for input – input about where your profession is going, and how it will respond to the trends shaping society.

Involvement in your professional organization is the difference between being active and being passive. It is the difference between taking advantage of changes in the socioeconomic climate and becoming the victim of those changes.

Moreover, it is often the difference between careers that burn out after the first years of initial enthusiasm, and careers that are charged with energy, not just for a while, but for decades. Whatever you do for a living possesses vitality because it springs from a need.

If you don’t see that vitality, that doesn’t mean its not there. It is there, and you can discover or rediscover it, through involvement with your professional or vocational organization. It’s a matter of being proud enough to become active.

And this brings me to the second reason why I believe you should make a commitment to your professional or vocational organization. Not only can it help you realize your potential … you can help it realize its potential.

The American Dental Association is a case in point. It was founded well over a hundred years ago by a group of just 26 dentists. I am certain that those dentists never dreamed that their efforts would bring the ADA, and their profession, to where it is today.

The ADA’s accomplishments are legion, and they happened because our members have worked with great devotion to help the association realize its potential. This in turn has had broad ramifications for everyone in America.

Because of the ADA’s efforts, the profession of dentistry has accomplished what is no less than a miracle.

Working as a profession, we have collectively lifted a despair...
that was once a part of everyday life: The belief among most adults that a toothless smile was, in all likelihood, inevitable – an unavoidable consequence of aging. And that the pain of aching teeth – a pain as terrible as any that human beings are capable of suffering – could only be cured by losing those teeth forever.

Not so very long ago – in fact, within my own lifetime – most people considered this to be a fact of life.

But American dentists, working through their professional association, just would not settle for that. Because we knew that these assumptions were false, because we knew that teeth could be saved, we developed educational campaigns like National Children’s Dental Health Month.

Again and again, we told children and adults as well, that cavities and tooth loss could be prevented. We told them exactly what to do to protect themselves. We fought collectively to establish the National Institute of Dental Research, part of the National Institutes of Health.

And out of this institute came the research on fluoridation that forever changed the way we look at dental health.

The ADA took that research and publicized it. We campaigned for community fluoridation and we told our patients and the American public to use fluoridated toothpastes, mouth rinses and related products.

Forty years ago, fluoride was virtually all but unheard of. Today, it is a household word. The result? Tooth decay, which stretches back to prehistoric times, cutting across human history like a painful scar, doesn’t even exist in a third of American children today. Now, that’s a miracle!

Moreover, toothlessness has virtually been eliminated among employed adults and older Americans. Think of it! I doubt that many of you take for granted that you will some day lose all of your teeth and wear dentures. But my grandparents fully expected it. It never occurred to them that life could be any other way. The accomplishments of organized dentistry changed expectations like theirs forever.

Perhaps the greatest miracle is that this all began with 26 people who made a commitment to a professional organization, and who worked to help the ADA realize its potential.

We helped achieve this goal in a number of other ways as well. Our code of ethics has served as a prototypical model for other professions. Our seal of acceptance on dental products such as toothpastes enjoys a public credibility and instant recognition paralleled by few other professional groups.

Our dental library is the largest in the world. And dentistry ranks as one of the three professions most respected by the American public, according to repeated independent polls.

All of this, accomplished because our members believed in the ADA and helped it fulfill its potential.

So forgive me if I brag a little. I just can’t help being proud of what my professional organization has accomplished, in the course of just a few generations.

But all professional and vocational organizations have the potential for noteworthy accomplishments of their own.

This brings me to my third, and final point: Involvement in your career-related organization advances your profession or vocation, not only for today, but for future generations as well. If you believe in the dignity of the work you do, it is incumbent upon you to preserve that dignity, and to enhance it.

In this rapidly changing world, it is up to us to take what is valuable about our work and make it meaningful for tomorrow’s world.

Your professional or vocational organization is the tool given you to provide input into your own future, and the future of your chosen career. And it is your obligation to do so. If you don’t do it, no one will do it for you.

So make that commitment. Support your professional or vocational organization. I believe you will find that it will greatly enhance, not only the quality of your career, but the quality of your life and your future as well.
The Oklahoma Dental Association sponsors two programs that provide low-cost dental care. The first program is Senior Dent for senior citizens 65 years of age and older. The second program is Care Dent. This program is to assist low-income individuals in obtaining low-cost dentures. To qualify, these Oklahoma residents must not have dental insurance and must be on a fixed income. The income qualifications are: Singles – annual income of $8,000 or less; Couples – combined annual income of $12,000 or less. When the patient has been qualified, he/she is sent a membership card and a list of participating dentists in his/her area. Senior Dent dentists agree to offer a minimum of a 20% discount from their usual fees. Care Dent dentists agree to provide a full set of dentures for $400.00. All financial transactions are between the dentist and the patient. The need is great for more dentist participation. There are 202 dentists in the Senior Dent program and 26 in the Care Dent program. To sign up as a participating dentist, please fill out the form below and fax to (405) 848-8875.

I agree to participate in the following ODA-sponsored Dental Programs:

_____Sr. Dent  _____Number of patients you agree to treat in 12 months
_____Care Dent  _____Number of patients you agree to treat in 12 months

Print Name__________________________________________________________
Address_____________________________________________________________
City _____________________ZIP ___________ Phone (_____) _____________

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Sherry L. Beasley Named Thelma J. Neff Award Winner

Sherry L. Beasley of Oklahoma City was awarded the Thelma J. Neff award for District 8. Eleven members of the Alliance were recognized at a special luncheon during the ADA 2003 Annual Meeting.

Beasley was honored due to her talented work as owner and principal designer for her dental office design firm, her lectures at the University of Oklahoma dental school on designing and equipping a dental office, her establishment of two scholarships, and her coordination of the DEN-PAC silent auction. She has served as president of the Alliance of the Oklahoma Dental Association.

The Alliance of the American Dental Association annually honors one member from each district of the country as a Thelma J. Neff award recipient. The award, named after the organizing president and founder of the Alliance, recognizes those who are outstanding contributors to their local or state societies in the footsteps of Thelma J. Neff herself.

WELL DONE, DR. HAUGHT!

Kelly Dental Lab congratulates Fellow Tulsan Dr. Richard Haught on his recent election to the office of president-elect of the ADA for 2003-2004.

As past president of the ODA and in his numerous other leadership roles, Dr. Haught’s long-standing commitment to serving the field of dentistry has had an immeasurable impact on the local, state and national dental communities.

Kelly Dental Lab is proud to share Dr. Richard Haught’s dedication to promoting innovation and excellence.
Tackling an article on dental insurance is like facing a firing squad. Few topics are likely to generate wider differences of opinion or greater extremes of emotional response. But regardless of one’s thoughts on the subject, insurance is an embedded fact of life in the practice of dentistry. Currently, over 48% of the U.S. population (113 million people) has privately financed dental insurance; in 1970, only 6% of all Americans had private coverage. Of the $65 billion spent in 2001 on dental care in the United States, nearly 51% ($33.2 billion) was paid with private health insurance dollars. Although dental consumers pay a greater out-of-pocket share than do consumers of other health care services, the fact remains that third-party entities comprise a significant component of reimbursement for dental services. Love it or hate it, dental insurance is here to stay.

While most dental practices employ specifically designated office personnel to manage their insurance business, every dentist should have at least a working knowledge of how to navigate through the insurance maze. This should begin with an understanding of procedure codes and how they are used to identify the various services that make up one’s practice.

This article is not a discussion of the merits of dental insurance itself or of one plan over another. Nor is it an advisory on being a contract provider for any of the numerous dental plans in the marketplace; that is an individual decision based on personal outlook, economic assessment, future vision, etc. Others are much more versed in the pros and cons of individual insurance plans and models. The main purpose here is to provide some basic information and miscellaneous observations related to the recognized “bible” of dental procedure coding – CDT-4.

CDT-4 is an acronym for Current Dental Terminology, fourth edition. It is the latest revision of the ADA’s Code on Dental Procedures and Nomenclature published subsequent to decisions made in 1986 by the Council on Dental Benefit Programs. Since the Code has been designated by the Federal Government (via HIPAA) as the national standard for reporting dental services, all third-party payers across the country are required to accept its use in reporting dental procedures to their dental plans.

CDT-4 is the most current revision of the Code and is used for all dental services provided on or after January 1, 2003. Since 1991, when the first edition (CDT-1) was published, the ADA Council on Dental Benefit Programs has worked with many general practitioners, specialists and others (including dental office staff, claims reviewers, and third-party payers) to develop and revise the four editions published to date. Work on CDT-5 is already underway and is slated for release in late 2004 with an effective date of January 1, 2005. Future revisions are scheduled for release on a biennial basis.

In addition to being the benchmark for all dental coding, CDT-4 is also a very useful educational tool for dentists and office staff alike. It is divided into the following eight major sections:

**Section 1: Alphabetical Index to the Code**
An alphabetical guide to all dental procedures listed in CDT-4 cross-referenced to their respective codes. For procedures referenced by more than one code, all applicable codes are listed.

**Section 2: Summary of Additions, Deletions and Revisions to the Code**
Lists all updates made between CDT-4 and its predecessor CDT-3. The 52 additions, 27 deletions, and 51 revisions in CDT-4 highlight the work load of the ADA Code Revision Committee and validate the need for biennial revision.

**Section 3: Code on Dental Procedures and**
Nomenclature
The “meat” of the book, this section lists every ADA-approved code by code number, title (nomenclature), and detailed description of definition and intended use.

Section 4: Frequently Asked Questions (FAQs) on the Code
A very informative section listing questions/answers that attempt to clarify selected issues pertinent to each code category. These FAQs are also available on the ADA’s website (www.ada.org).

Section 5: ADA Dental Claim Form
Includes the latest version of the official ADA form that [1] incorporates the numerous suggestions offered by practitioners, practice management vendors and third-party payers, and [2] brings it into harmony with HIPAA standard electronic claim transactions.

Section 6: Tooth Numbering System
A complete explanation of both the Universal/National System and the International Standards Organization (ISO) System. Also includes radiograph mounting guidelines. This is a very useful tool for auxiliary and office personnel.

Section 7: Glossary of Common Dental Terms (clinical)
A brief glossary of clinical terms from “abscess” to “zygomatic bone”. An excellent reference for staff education and patient interaction.

Section 8: Glossary of Dental Benefit Terms (third-party payer)
Another mini-dictionary but devoted to terms related to the insurance industry. From a purely instructional standpoint, this is one of the more informative sections in the book.

Coding Categories
All procedures listed in the Code are organized into twelve general service categories, each with its own series of individual codes. All dental

Continued on Page 34
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codes consist of five characters beginning with the letter “D” (dental) followed by four numbers. The first one or two numbers identify the general category of service, with the last group of two or three numbers pinpointing the specific service. As you get familiar with the coding formula, it becomes relatively easy to readily identify the general type of procedure being referenced. The twelve categories are as follows:

1. Diagnostic       D0100 - D0999
2. Preventive       D1000 - D1999
3. Restorative      D2000 - D2999
4. Endodontics      D3000 - D3999
5. Periodontics     D4000 - D4999
6. Prosthodontics, Removable D5000 - D5899
7. Maxillofacial Prosthetics D5900 - D5999
8. Implant Services D6000 - D6199
9. Prosthodontics, Fixed D6200 - D6999
10. Oral & Maxillofacial Surgery D7000 - D7999
11. Orthodontics    D8000 - D8999
12. Adjunctive General Services D9000 - D9999

Each code is followed by a brief definition of the referenced procedure (Example: D2140 = amalgam, one surface, primary or permanent). This is the nomenclature and is the wording used on insurance claim forms to list services provided.

To this point, the information in CDT-4 relative to procedural codes is fairly straightforward. Each code number and its corresponding nomenclature is for the most part universally accepted and not the subject of much debate. It is the third component of the code that has generated a good deal of discussion, debate, and even hostility. This is the descriptor, a “written narrative that provides further definition and the intended use of a Dental Procedure Code”. Descriptors are attached to virtually every code or group of codes. On occasion, these descriptors have raised the hackles of some in the private practice community who question their legitimacy, applicability, and even legality.
RELATED OBSERVATIONS

Bundling As defined in CDT-4, bundling is “the systematic combining of distinct dental procedures by third-party payers that results in a reduced benefit for the patient/beneficiary”. According to ADA chief legal counsel Peter M. Sfikas, bundling, when used to prevent proper reimbursement, is unfair and “we believe the courts will also find it illegal.” In fact, the ADA recently filed a class-action suit against Cigna Corp., MetLife Inc., Mutual of Omaha Insurance Co. and their subsidiaries (following earlier class actions against Aetna Inc. and WellPoint Health Networks Inc.) in which part of the complaint alleges bundling. (NOTE: Aetna recently agreed to settle for $5M ($1M to the ADA Health Foundation and the other $4M to the class [dentists].)

It has been alleged that CDT-4 itself, through some of its code descriptors, can be construed as advocating bundling. One of the descriptors for the group of Restorative Codes (D2000 - D2999), for example, states that local anesthesia is considered to be part of restorative procedures. Another descriptor for amalgam and resin-based composite restorations indicates that all acid etching, adhesives (including amalgam/resin bonding agents), liners and bases, and curing are included as part of the restoration and should not be billed as separate charges on claim forms. While most practitioners probably subscribe to these particular descriptors and most if not all insurance carriers have plan restrictions that incorporate them, some may interpret such descriptors as coming close to bundling. Since third-party payers in the U.S. are required to use the Code in their plans, the safest way to avoid potential coding problems and misunderstandings is to consider all related descriptors when determining what is reported on a claim form. In response to letters decrying some aspects of the Code, ADA News has advised that “the Code is designed to be used for reporting purposes. It is up to the individual dentist to determine how he or she bills for any particular...
procedure or treatment."6

“By Report” Codes
The constant addition, deletion and revision of codes in the four CDT editions to date represent a noble attempt to reflect changes in techniques, materials, and philosophies of dental practice. Even so, no list of codes can fully accommodate the large number of procedural variations that describe the practice of dentistry. In addition, many procedures can differ in complexity from case to case, making it fairly impractical for any one code to adequately cover the procedural variations in a given service. To list every possible procedure performed in dental practice would require a work rivaling the Oxford English Dictionary in size and scope (and I don’t mean the two-volume condensed version!). To address this problem, “by report” codes were created. In each of the twelve service categories listed in CDT-4, the last code listed always ends with a “99” or “999” designation. These codes are used for procedures not adequately described by a more specific code. As an example, Code D3999 (“unspecified endodontic procedure, by report”) would be used for any endodontic procedure for which a more definitive code is unavailable. If you have difficulty identifying which code to use or if you are in doubt about how to classify a procedure, use the “99” code in the appropriate service category.

The phrase “by report” in the CDT-4 nomenclature for all “99” codes (and other selected codes) means that a narrative must accompany insurance claim submissions including such codes. Third-party payers generally do not establish specific allowables for “by report” codes; this is logical since such codes can describe a wide range of services. Narratives are used to help determine a suitable allowable and on occasion to assist in identifying a code or codes that may be more appropriate for reporting purposes. A good rule to follow when considering which code to use is “If in doubt, spell it out”. Since analysis of “by report” code submissions is usually made on a case-by-case basis, it is difficult to predict how they will be interpreted and resolved. Mere submission of the required narrative does not guarantee acceptance and reimbursement. Further, submission of a narrative, no matter how complete or compelling, will not result in acceptance of a procedure not covered by the plan. For example, “99” codes used for infection control charges will most likely be disallowed because CDT-4 and most dental plans currently do not recognize infection control as a separate codable procedure.

NOTE: A narrative may be indicated even though the code does not require one. For example, most plans allow only two periodontal maintenance procedures (D4910) within a 12-month period. If you have a periodontally compromised patient that in your judgment requires this service 3-4 times a year, a narrative explaining the necessity of more frequent maintenance should be submitted. Chances are reasonable that reimbursement for the additional procedures would be approved if the benefit plan allows for it. While you may feel that having to justify services is unreasonable and demeaning, no insurance company will give blanket approval to every code submission under every circumstance without accompanying written rationale where indicated.

Using “by report” codes to “unbundle” certain procedures may be disallowed on the basis on internal policy interpretations and restrictions. To illustrate: CDT-4 lists separate codes for cast crowns fabricated with high noble, noble, and predominantly base metals. Let’s say that you are fabricating a high noble crown and decide to use a particular alloy that will involve greater laboratorial and materials costs to you, even though other products within the high noble category are available. You submit two codes on your claim, one for the basic crown procedure (D2790) and a “by report” code (D2999) for the additional costs over and above the basic service. The carrier may combine the separate charges and pay only the allowable for D2790 because the use of a more expensive material is your personal choice, such use is not deemed “medically necessary”, different codings already exist for metal grade variations, etc. Whether this can be construed as unwarranted separation of elements of a single procedure or questionable re-bundling of legitimately discrete services is open to debate.

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Who Determines Fee Schedules? In general, insurance plans base their schedules on “relative-value scale” or “charging pattern” models. Relative-value scales are developed from studies of what goes into each type of dental procedure. Charging patterns reflect a data pool of charges from established groups of providers (e.g., specific geographical areas of the country). The data pool shows a range of fees charged per procedure code from which various percentile levels of payout are determined. Percentile levels adopted by a particular plan are generally established after a complex financial analysis of the carrier’s costs of doing business. To illustrate, let’s say the plan sets its allowable for Code D2160 (three-surface amalgam restoration) at the 80th percentile. This means that 80% of the dentists that comprise the data pool charge a fee equal to or less than the allowable. If the D2160 allowable is $100, then 80% of practitioners are charging $100 or less for this service. If you are a contract provider and charge $125, the maximum allowable is still $100; if you charge $90, the actual allowable in your case is $90. The plan may then apply a co-pay percentage to your fee (typically 100/80/50 for Preventive/Restorative/Major services, respectively). Hence, your $90 fee for the restorative service (Class B 80% co-pay) will result in a benefit payment of $72, even though the maximum plan allowable is $100. Small wonder that third-party entities are not regarded very kindly by many practitioners! While a plan’s percentile ranking of fees (its “UCR” [Usual, Customary, Reasonable]) are determined using differing data sources, geographical areas, time periods, etc., the actual method of calculation and the parameters used remain proprietary and not readily available to either the patient or dentist.

The point of the foregoing illustration, however, is not so much to bemoan low allowables (and payouts) but to stress an observation that is often overlooked: “charging patterns” models are market-driven. This means that the practicing community as a group through its fees has an impact on the data pool used to develop dental plan allowables. Thus, if you charge and submit only the amounts you know insurance will reimburse, even if your regular fees are higher, you in essence negatively impact the data pool and contribute to the low(er) payout.

Access to Codes/Benefits Information Can a patient obtain a list of his/her insurance carrier’s benefit allowance for each procedure code? Theoretically, such access should be allowed under federal labor laws for plans covered by ERISA (Employment Income Security Act of 1974). In 1996, a federal Labor Department advisory opinion stated that fee schedules must be given to plan participants when requested in writing. In actuality, however, few patients ever obtain such information. A related question: Can dental offices obtain the allowed amounts and then inform their insured patients? Again, the answer on the surface should be yes but depending on the carrier, there will most likely be varying degrees of restriction of access to such information. This issue may be of some importance in deciding whether or not to be a contract provider for a given plan. Some dentists may decide not to join primarily because they don’t have access to the very information that would play a role in that decision. On the other hand, the ultimate responsibility on how insurance is managed rests with the insured (patient), not with the dentist provider. While dentists obviously have a vested interest in reimbursement rates, provider contract provisions, correct coding, etc., the preface of CDT-4 makes the point that it is difficult for an office to become familiar with the details of every dental plan it encounters. Ultimately, it is the responsibility of the patient, not the dental office, to know what is covered and what is excluded from his/her dental plan. The question of whether access to codes/benefits information should be restricted and to what degree is best left to legal experts.

To Join Or Not To Join The decision on whether or not to be an in-network (contract) provider for any insurance plan is usually based on a number of factors. Every dental plan has both incentives and disincentives to joining. Perhaps the most touted incentive is instant potential access to the
patient population insured by the plan. This may be of considerable value to the newly graduated or relocated dentist trying to build a patient base and of comparatively lesser value to the established practitioner. A major disincentive for many is the requirement to accept the plan’s fee schedule allowables as full payment for services rendered, thereby barring the provider from “balance billing” (i.e., seeking payment from the insured for the difference between actual charges and insurance payments). It is important to note that the balance billing restriction generally pertains to procedures that are covered benefits of the plan. In other words, if a rendered service is not covered by the plan, then you should have the right to seek payment from the patient. After all, no dentist should be expected to provide a service for which there is no source of reimbursement! While it is ultimately the responsibility of the patient to be aware of which services are covered by his/her plan, you should urge the patient to make sure that any particular service is a covered benefit (and to what degree), particularly those services that are not usually covered in standard or basic plans. If you are an out-of-network (non-contract) provider, insurance payments will generally be less but you are allowed to bill the patient for any balances owed. While there may be other pros and cons to consider, the issues of patient population access and plan allowable restrictions seem to be the major considerations in the “join/not join” decision. Any such decision should always be based on a thorough review of a contract’s provisions and a full understanding of your rights and restrictions as a potential provider.

Dental insurance is too complex a topic and has too many related issues and concerns to be adequately addressed in a single article. In addition, many of these issues are no doubt colored by personal opinion and experience. The primary intent has been to present a brief introduction to CDT-4 and its central role in the practical management of dental insurance. The additional observations offered on a few related issues has hopefully provided some additional perspective. The somewhat adversarial relationship between practitioners and third-party entities will probably never be fully resolved. While dissatisfaction with the specific mechanics of dental insurance (fee schedules, contract provisions, reimbursement allowables, provider restrictions, etc.) will always be a part of the insurance landscape, one overriding fact remains – it has facilitated the public’s access to dental care. Without it, a significant percentage of the patient population would not have the means to receive this vital component of overall health management. Although some studies show a stabilizing or declining percentage of employees with dental coverage as employers combat rising costs of medical care by dropping or cutting back employer-paid dental plans, the eightfold increase in insurance coverage over the past 30+ years leaves little doubt that dental insurance will continue to be an important source of funding for oral health care demands. For that reason alone, a working knowledge of its basics to interact effectively with today’s dental population is essential.

**REFERENCES**


Grateful appreciation is extended to Dr. Steven W. Hogg (Broken Arrow, Oklahoma) for his valuable assistance and expertise in the preparation of this article. ●
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Friday, April 30th
Dr. Sam Strong – Taking Your Practice to the Next Level with Implant Prosthetics
Dr. Henry Gremillion – TMD and Orofacial Pain: Making Sense of the Confusion
Ms. Carol Tekavec – Update on Record Keeping and Insurance
Ms. Kathleen O’Neill-Smith – Air Polishing: The Basics and Beyond (1/2 day) and Moving Forward with ultrasonics (1/2 day)

Saturday, May 1st
Mr. Joe Dillon – Producing Peak Performance
Dr. M. Leif Stromberg – Contemporary Issues in Treating Edentulous Patients
Mr. G. Kent Mangelson – Improved Patient Care Through Dental Malpractice Protection
Dr. David Federick – Foundation and Aesthetic Restorations for Decimated Teeth
Ms. Geneva Beach-Primer – “Dynamic Temporaries”: Assistants Hands on Course
Dr. Ray Beddoe – “Summary of Topics: New Disease Reclassification, New Antibiotics Regimen, Non-surgical Treatment Algorithms, Database Clinical Inferences”
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Central District News
By Dr. Fred Benenati

The Central District Dental Society held its fall meeting on October 22, 2003 at the Holiday Inn, Norman. Approximately twenty-five members listened to Dr. Glen Houston give a well-rounded presentation on the clinical manifestations of oral cancer. During the business meeting, district president Dr. John Biggs recognized the many years of service that Dr. Brian Coerver has given as district treasurer. Dr. Biggs has graciously agreed to take over from Dr. Coerver in that capacity. Several other items of discussion were presented, and Dr. Glenn Mead was also recognized for his efforts as former president of the ODA. Mr. Joe Strunk from Alexander and Strunk Insurance gave a short presentation on the importance of malpractice insurance updates and education on the subject, and the availability of medical savings accounts available for health insurance. A district meeting will take place in the spring, and the time and location will be announced at a later date.

Northwest District News
By Dr. Larry Kiner

Northwest District Dental Society held its annual fall meeting at Roman Nose State Park on October 30 and 31. The speaker for this year was Dr. Joe Stevens from KISCO in Wichita, Kansas. Mrs. Linda Campbell gave an update on the actions of the Dental Board. Dr. Stevens is scheduled to be next year’s speaker as well with the meeting to be held in Enid in the month of November.

The group elected new officers for the coming year with Ronald Vaughn to serve as President, Jim Smith as President-Elect, and Gary Suttle as Sec./Treas.

Dr. Ed Braly hosted a group to attend the American Association of Oral and Maxillofacial Surgeons Implant Symposium in Chicago in December. Those attending with him were Kurt Grieshober, Lisa Grimes, Erin Roberts, Larry Kiner, Susan Davis, and Trent Yadon.

Northwest District extends a wish to all our dental colleagues for a Merry Christmas, and a prosperous New Year.
Oklahoma County News
By Dr. Tamara Berg

In September, Mark Felton was inducted as President of the Southwestern Society of Orthodontists in New Orleans.

October 14th, Matt Cohlmia coordinated the Oklahoma County Dental Society golf tournament held at Twin Hills Golf and Country Club. The winning foursome included: Pat Woods, Mike Duffy, Mitch Kramer, and Marc Arledge. Thank you to all who participated.

Due to the dedication of the membership committee chaired by Carol Blossfeld our member numbers are increasing. Our delegates to the house have increased to 30! Her committee includes Marc Arledge, Lester Cowden, Samantha Marley-Harrold, Mitch Kramer and Dan Wilguess.

Mike Dugan has been selected to the board of directors to replace a member who had to give up the two-year seat.

Our November general assembly meeting was held with Dr. Jaimeeí Morgan. This event and the continuing education course on Friday, November 14th were co-sponsored by Ultradent Products.

J anuary 22 – General Assembly (Bethany Valachi – Posturedontics)
J anuary 23 – CE (Bethany Valachi – Posturedontics)
February 12 – Business Meeting
March 11 – General Assembly
March 12 – CE (Dan Poticny- Aesthetic Ceramic Dentistry)
April 16 – Installation of Officers Banquet

Tulsa County News
By Dr. Jeff Parker

CONGRATULATIONS, DR. RICHARD HAUGHT, ADA PRESIDENT-ELECT!!

TCDS is very proud of you! What a special time in Oklahoma dental history that we are getting to witness first hand!

A great time was had by all at the “Victory Celebration” honoring Richard at our November 11th evening meeting.

WOW – We’ve had awesome turnouts for all of our fall events!!!! We had 60 people attend our October 2nd New Dentists Party at the home of TCDS President Dr. Doug and LaDonna Kirkpatrick. And we “packed the house” for the excellent C.E. programs that were presented by our evening meeting speakers, Drs. Daniel Tylka, J im Kessler and Donald Mitchell and our November 14th all day meeting speaker Dr. J eff Okeson!!!!

We are looking forward to another fun evening at our Thursday, December 4th Holiday Party at the Oklahoma Aquarium. Also, we’ve got some very informative C.E. programs coming up. On Tuesday, January 27th, we will have our Table Clinics and Elections evening dinner/meeting. Friday, January 30th, Dr. William Robbins is coming to Tulsa to present an all-day C.E. program on “Comprehensive Esthetic Diagnosis - Putting the Pieces Together”. Our Awards Banquet & Installation of Officers evening meeting will be held Tuesday, March 9th.

And on Friday, March 26th, our guest speaker Dr. J ohn Burgess will present an all-day C.E. program on “Restorative Dentistry Today”.

Congratulations to the following proud new parents:
Dr. Chanda and Wayne Kennemer had a 7 lb. 8 oz. baby boy – Price Martin – born October 16th.
Dr. J enni Burkitt and Matt Dobson had a 6 lb. 8 oz. baby girl – Avery Claire – born November 19th.

We want to say “Welcome” to our new TCDS members: Drs. Micah Bevins, Tej Lad, Ryan Nowlin, Chad Webster, Wayne Wyatt, Tracy Gasbarra, Christina Stahlheber, and Scott White.

We were saddened with the passing of two of our members. Dr. Lance Patterson passed away November 2nd
at the age of 32. He is survived by wife Heather and four children Logan Bell, Parker, Brinkley and Barret. He made a difference in the dental community and will be missed very much.

**Dr. Jim Saddoris**, the first practicing dentist from Oklahoma to be the ADA President in 1986, passed away October 13th at the age of 75. He is survived by his wife Wanda. Jacquelyn Spraker is compiling a memory scrapbook of dentists’ quotes, letters and memories for Wanda. Those interested in writing a letter, please do so on your letterhead - express a fun experience or memory and what Jim meant to you as a fellow dentist and mentor. Mail your letter to: Jacquelyn Spraker, 7926 South Oswego Place, Tulsa, OK 74136. We will miss him greatly.

**Barbara Winder and Dr. Ron Winder, Dr. Stephen Glenn and Ms. Dana Davis** enjoying the Tulsa County "Victory Celebration".

**Dr. Jim and Bootsey Torchia, Kathy and Dr. Richard Haught at the Tulsa County "Victory Celebration" honoring Dr. Richard Haught.**

**Congratulations banner in place at the Tulsa County "Victory Celebration".**
**2004 COURSE SCHEDULE**

*Pricing subject to change with ODF Board approval and without notice*

Radiation Safety & Protection and Pre-test for the Coronal Polishing/Topical Fluoride Application Course

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Coronal Polishing/Topical Fluoride Application

*Cost: $300.00*

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Sealant Application

*Cost: 250.00*

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<td>September 11 &amp; 12, 2004</td>
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Nitrous Oxide

*Cost: Asst. $225.00*

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Local Anesthesia

*Cost: Hyg. $600.00*

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For more information and application requests call: 405-848-8873 or 800-876-8890 / Fax 405-848-8875
It is a new year and so much to look forward to. I hope each of you will join the Alliance and then join us on May 1 for our state luncheon. It will be held at one of Tulsa's premier clubs and should be a fun event. Be sure to come to the meeting.

February is Dental Health month. We’ll kick it off with our Day at the Legislature, February 2, distributing dental health care kits. It will be followed by a board meeting at Sherry Beasley's home. If you will be giving any classroom presentations, I have dental health posters and the ODA office will supply free toothbrushes for you.

The spouses of the Tulsa County dentists had a reunion in November at Kathy Trammell's home. It was a revival of a fall tradition of a Taste and Tell party. We had more than 35 girls, young and
Kathy Trammell, immediate past President of the AODA.

the always young. We shared lots of conversation, good food and recipes. Kathy Haught was present so that we could help celebrate Richard’s election.

I would encourage the other districts to have reunions, too. We have so much to share and have ideas for dental health projects. Let’s not lose each other and let’s widen our circle.

American College of Dentists
By Dr. Krista Jones

The American College of Dentists met in San Francisco in association with the ADA meeting. Drs. Don Mitchell and Scott Waugh attended the section meeting with our regent Dr. Max Martin. The Oklahoma section was thanked for our donation of a Greg Burns dental office print for the silent auction and our sponsorship of the ACD Summer Conference in Wisconsin last June. There will be no conference this summer due to the ACD’s Russian Cruise. Dr. Waugh shared information about our Ethics Program with Dilemmas that the Oklahoma Section presents at the O.U. College of Dentistry to the junior students. Many other sections are interested in how we do it and how the Dilemmas are put together and discussed. Nominations for new members are due by January 15, 2004 to the Central Office. Remember, the nomination process is kept from the nominee. The nominee can be told they are nominated for an honor but do not mention the ACD. Dr. Joe Cain was inducted to membership this fall. This is Max Martin’s final year as regent. Our own Scott Waugh is a candidate to replace Max as regent. The Oklahoma section supports and wishes him well.

D-DENT
By Shirley Harris

Unbelievably, we’ve come to the end of another GREAT year for D-DENT and are looking ahead to our 18th year of service! The organization is doing very well and moving forward at a steady pace. Growth is always good and several positive changes have come about as a result.

We are so pleased to announce a new staff person in our Tulsa office. Melissa Caldwell of Broken Arrow, a former dental assistant with several Tulsa area dentists, is our Tulsa Coordinator and is doing a wonderful job. Our sweet dental hygienist, Ren Reyes, is still there doing a super job with the Tulsa Preventive Dental Education Program, funded by the Tulsa and Claremore Area United Ways. D-DENT feels lucky to have these two caring, dedicated employees on board for the Tulsa dentists and clients.

The Oklahoma City office is happy to name Barbara Rivas-Lopez of Norman, also a previous dental assistant in several Oklahoma City dental offices, the new Elementary School Dental Prevention Coordinator. Barbara is from Venezuela, and can really assist D-DENT in filling the gap with the underserved Hispanic population.

This exciting, much-needed position was made possible through an Oklahoma City/County Health Department Grant.

As we all know, if any program is to be effective, it must start at the base/root of the population being served. D-DENT believes strongly that in order to “prevent” future dental problems and better educate the public in dental hygiene, we must start with the CHILDREN. We are thrilled to have this opportunity to target school children with the objective of brighter smiles and healthier teeth for their futures. Hopefully, we will soon be able to initiate this wonderful pro-
gram in Tulsa County also.

D-DENT is also enthused to be under the able leadership of a new Board of Directors President, who should be very familiar to all you ODA Dentists, Bob D. Berry, CAE. Mr. Berry has jumped in with both feet, formed new committees, and already made great strides in taking D-DENT to the next level. He is very committed to making sure D-DENT is able to continue with its mission to aid the needy, frail, elderly and disabled.

Next in line on the D-DENT slate of officers is the benevolent John E. Gladden, President and CEO of Delta Dental, who has taken his first D-DENT Board office as Vice-Chairman, and is also now Chairman of the newly formed Administrative Assistance Committee. John has served on the Board since 1998 and we’re certain he will be of enormous support to Chairman Berry and bestow his solid business perspective and financial savvy to the Board and D-DENT.

James Joslin, formerly from Tulsa, who is Director of Long Term Care at the Oklahoma State Department of Health, has also accepted his first D-DENT Board office as Treasurer, having only served on the Board since 2001. James also agreed to chair the Finance and Funding Committee and brings to the table a firm financial background and outstanding perception of the elderly population’s needs. D-DENT is quite grateful to the Health Department for sending us James and his serious commitment to serve his community through supporting the goals of D-DENT.

Last, but definitely not least, is J. Don Harris, D.D.S., founder extraordinaire of D-DENT, whose single vision and overwhelming ability to persevere has carried the program through seventeen years of success. This is Dr. Harris’ third term as Secretary on the Board, and as many of you are aware, with all the different committees and organizations on which he serves, one has to wonder when he sleeps and how he always maintains an optimistic, cheerful outlook to everyone he works with and aids. His file of D-DENT clients is so thick, he has his own drawer!

One of the other two committees set up by Chairman Berry is the Recruitment, Retention and Relations Committee, graciously chaired by James B. Lowe, D.D.S. - a new D-DENT Board member as of July 2003 and another busy, high-profile dentist serving on many committees, and giving back much to the dentists and citizens in this city and county. We hope all you dentists who aren’t participating yet with D-DENT will lend Dr. Lowe your time and consideration when he and his committee come calling.

The final committee that we are terribly anxious to start working with is the Dental Van Committee, which could only be chaired by our illustrious, two-term, immediate past Board President, James D. Limestall, D.D.S. This is a subject dear and near to his heart, and an issue that could be of critical dental care value to many Oklahomans. It has been on the “burner” for many years, but never had the right leader to bring it to fruition. We know if anyone can get the ball rolling, it will be Dr. Limestall; his dedication and determination for more, far-reaching dental care is unsurpassed.

D-DENT is further appreciative of Myrna Smith of Tulsa for coming on the Board this past July, 2003. She will be serving on both the Administrative Assistance and Recruitment, Retention and Relations Committees. We also had one new addition to our Advisory Board, (another name many of you will recognize) Tracy Meyers, R.D.H., who has already become very active and is serving on the Dental Van Committee.

Speaking of dedication, D-DENT would like to take this opportunity to HONOR and COMMEND one of D-DENT’s special volunteer dentists, local prosthodontist Dr. Thomas J. McGarry. This dental specialist went above and beyond the call of duty when D-DENT asked him to treat a unique client we were trying to help.
When Ron Williamson of Tulsa was released from prison after being wrongfully convicted and serving *** five *** years on death row, his teeth were in terrible shape after his health was compromised from jaw cancer treatment, which was diagnosed in prison.

After some preliminary dental treatment from Dr. J. Don Harris, it was determined that Ron would need all his remaining teeth replaced, but the cancer surgery had left his jaw significantly maligned, necessitating dental implants and some exceptional management of his case. Dr. McGarry, a member of the ACP, whose premise is “A smile can affect your outlook on life”, truly believes the greatest benefit of dental implants is self-esteem, of which Ron had none. He stepped up to the plate and not only volunteered much extra time, but generously contacted Centerpulse Implant Company to donate the implants. Without both these endeavors, Ron would have never been able to get the proper dental care needed. Not only has his self-confidence soared, but his outlook on life is so upbeat.

By the time this article is published, all the area United Ways will have finished their capitol campaigns; but at this writing, we know for sure what a successful campaign the Tulsa Area United Way achieved – going over their 2003 goal of $23,000,000!

Shirley Harris, Barbara Rivas-Lopez, and Melissa Caldwell all attended their superb Victory 2003 Celebration, Tuesday, November 11, at the Pavilion of the Tulsa State Fairgrounds. They said it was marvelously decorated, the spirit very festive, and the food fantastic.

CONGRATULATIONS to Tulsa Area United Way!

Melissa Caldwell, Tulsa D-DENT Coordinator, attended the “Chocolate Affair”, a fundraiser held by the Claremore Area United Way, on September 27, 2003 at Post Hall of Rogers State University. She said it was a very “Sweet” gala and everyone enjoyed sampling all the delicious desserts among many booths sponsored by area restaurants. For the second year, D-DENT donated the wildly popular “OU Basket” for the Silent Auction held during the evening. The official Sooner Football was signed by famous Head Coach Bob Stoops, Spencer Tillman, and again by Steve and Tinker Owens.

Speaking of Sooner Football... brings to mind the Annual D-DENT Celebrity Golf Classic and Dinner with our own Silent Auction, which is already in the works for late May or early June, 2004. We hope everyone is getting as excited as we are and marking their calendars for this spectacular upcoming fundraiser – it promises to be even bigger and better than last year, with more celebrities and fabulous auction items.

International College of Dentists
By Dr. Allen Keenan

The Oklahoma section of the International College of Dentists was well represented at the recent meeting of the American Dental Association in San Francisco. At the convocation for the new fellows we enthusiastically welcomed Oklahoman Dr. Bob Bartheld from McAlester, President-Elect of the USA Section. On January 1, 2004 Bob assumed the duties of the Presidency, becoming the second Oklahoman (Dr. Bill Hopkins of Oklahoma City) to be elected to that position.
Shown at the left in the photo below is ICD Regent of the XII District Dr. Carl Collier from Norman. He is grouped with the newly installed fellows of the XII District.

Drs. Carl Collier, Bill Wynn, Vance Wascom, Matthew Cohlmia, Michael Haight, Gary Burbridge, Walter Coffey, Doug Kirkpatrick and Lee Beasley.

Remember to save the second week in June for our annual CE meeting to be held again in Ruidoso, New Mexico. For information call Dr. Scott Russell at 580-482-7454.

Oklahoma Academy of General Dentistry
By Dr. Mark Duncan

The Oklahoma Academy is excited to thank everyone for the wonderful turnout for our Clinical Photography program in September. We had an in-depth hands-on program that helped everyone discover the impact of digital photography in dentistry. In February we will be hosting Dr. Terry Tanaka for an awesome educational experience in fixed prosthodontics. Dr. Tanaka has been all over the country lately and is sharing some incredible information in his program. He is planning to deliver a fresh and new lecture, so don’t skip it even if you have seen him before.

We are proud to announce that Dr. Randall Haskins, of Claremore, was honored with Fellowship in the Academy! He has completed a comprehensive exam in dentistry and completed over 500 hours of continuing education! Congratulations, Randall!

Next year the national meeting is going to be in Anaheim, California and there will be at least one other Fellowship earned by an Oklahoman. It happens to be one of our newest board members, Dr. Susan Davis! Susan practices in Lavern and is a welcome addition to the Board of the Oklahoma AGD. Our other new board member is Dr. Robert Melton of Drumright. He brings awesome experiences in dentistry to the table and is a huge asset to dentistry. Dr. Drumright also holds the Mastership designation with the Academy of General Dentistry.

Our new president is Dr. Dennis Morehart of Enid. He will provide excellent direction to the Academy and we look forward to his leadership and invite everyone to renew their membership in the Academy. We have grown into a strong constituent and are getting even better!

We are bringing some awesome educational experiences to Oklahoma, including a great participation program that you and your team cannot miss in the Fall of ’04. Look for the details in your mailbox. We will also be hosting Dr. Gordon Christensen.

Happy Holidays!

Oklahoma Dental Foundation
By Dr. Stephen Mayer, President

The ODF has many projects on its plate for 2004. They include the ODF Annual meeting, Real Estate decisions, Expanded Duties Courses and Revising its Mission and Bylaws.

• The 2003 Annual meeting went very well. Attendance was still low which attributed to an estimated $9,000 loss. The new Annual Meeting Committee will work on ways to improve these numbers. The 2004 ODF meeting is set for mid-September in Oklahoma City, Oklahoma. The committee is currently looking at sites in downtown OKC and speakers.

• Continuing education projects include the expanded duties courses and meeting seminars. The courses did financially well in 2003, making an estimated net profit of $62,000. They are expected to do the same or better in 2004.

• Building/Real Estate discus-
sions continue. The Foundation’s Board of Trustees will have to decide if it wants to sell or keep the current building and the consequences of both. There are no current building improvements planned. However, it was discovered that the sheds on the property were infested with termites and were removed.

- The ODF financials are in good standing and the 2001 and 2002 audits are complete.
- A restructuring effort is underway, via new committees and task forces, to tackle ODF issues which include: Mission and By-laws, Fall Seminar Meetings, Education Projects, Real Estate, Fund Development, Nominations and Elections, and an Overall Program Committee.
- Finally, an e-mail distribution list has been set up for the ODF Board of Trustees so that the President can communicate more frequently and efficiently with the Trustees. Any ODA Trustee wishing to add his/her e-mail to the list may do so by contacting the President or Guillermo.

UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY
By Dr. Frank J. Miranda
Senior Associate Dean

OUCOD AWARDED COBRE GRANT
In September, the OU College of Dentistry was awarded a five-year $10 million COBRE (Centers of Biomedical Research Excellence) grant entitled “Biofilm Formation and Metabolism on Dental Surfaces”. The grant team is composed of Joseph Ferretti (OUHSC Senior Vice President and Provost), John Dmytryk (Associate Dean, Research), Sharukh Khajotia (Chair, Dental Materials), and Stephen Young (Dean). Three basic science faculty are also members of the team: Keeta Gilmore (Pathology), Dragana Ajdic (Microbiology & Immunology) and W. Michael McShan (Pharmaceutical Sciences).

The National Institutes of Health grant is the largest in the college’s 33-year history and will allow scientists to focus on biofilms, which are the matrices of microorganisms that form on such surfaces as teeth, oral mucosa and dental restorations. The grant investigators will examine how these biofilms form, how they are associated with diseases, and how they create barriers to treatment such as antibiotics.

“This research grant will provide faculty of the OU College of Dentistry with the opportunity to move forward and make important contributions in all areas of oral health,” said Dr. Ferretti. Dean Young added, “The College of Dentistry is known nationally for its outstanding dental, dental hygiene and residency clinical programs. This grant will also allow us to build the infrastructure necessary to compete nationally in the research arena. The positive impact of this award on the College is immeasurable.”

16TH ROBERTSON PHONE-A-THON
OUCOD held its 16th annual J. Dean Robertson Society Phone-a-Thon fund raiser on
November 3-5 at the College. The continuing tremendous support of alumni and non-alumni dentists and dental hygienists throughout the state and country made this year’s phone-a-thon another great success. As of this writing, we have collected almost 650 pledges, totaling just over $198,000. With follow-up calls to those unavailable during the three-day calling period, we hope to reach our goal of matching last year’s totals (over $220,000). Many faculty and staff gave up their evenings during the phone-a-thon to help with our calling efforts. Our thanks to them and especially to our volunteer dental and dental hygiene student callers: Scott Bedichek, Cindy Espinoza, Jeannette Faulkner, Lori Holden, Shannon Jacobson, Jennifer Matousek-Ronck, Kesa McConnell, Andrea Montgomery, Beena Patel, Missouri Qualls, Brant Rouse, Jennifer Steffen, Eric Tuggle, Cheresse West, and Courtney Williams. Special thanks to Robert Miller (Associate Dean, Student & Alumni Affairs) for his efforts in organizing evening activities and soliciting our student callers.

Robertson phone-a-thon monies are used each year to fund projects of a primarily student-related nature, including merit-based scholarships, research project support, medical/dental mission trips, and travel to regional/national meetings to represent the College. In addition, we hope to begin an endowed professorship in the name of Albert F. Staples, founding chair of the Department of Oral & Maxillofacial Surgery. We are always grateful for the financial support of our alumni and non-alumni friends, but never more so than during these times of decreased state support and recent budget reductions. Your gifts continue to be critical to the maintenance of the excellence of our programs. It’s never too late to be a part of this support effort – simply return your JDR pledge card in the mail or call the Office of the Dean at (405) 271-5444. If you have not received a pledge card, it’s possible that our database information is incorrect. Please let us know so we can update our records and include you in our mailings. Thank you!!!

OMICRON KAPPA UPSILON

The College’s Omicron Pi chapter of OKU (national dental honor society) held its annual awards luncheon at the College on 17 September. For their outstanding academic performance during the 2002-03 academic year, the following students received certificates of recognition: (Class of 2004) Jacob Hager, Kelly Joice, Adam Pitts, Sarah Vannatta, and Brian Ward; (Class of 2005) Aaron Bulleigh, Jake Mendenhall, Scott Renfrow, Darryl Ridpath, Will Robinson and Tommy Rogers; (Class of 2006) Jamie Ariana, Seth Evetts, Erin Heathcock, Chris Reeves, Jennifer Matousek-Ronck, and Kyle Serfoss.

Chapter officers for the 2003-04 year will be: President - Terry Fruits (Operative Dentistry); President Elect - Susan Settle (Chair, Oral Diagnosis); Vice President - Nancy Jacobsen (Removable Prosthodontics); and Secretary/Treasurer - Jim Probst (Associate Professor Emeritus, Dental Materials).

EMINENT SCHOLAR 2003

OUCOD’s 2003 Eminent Scholar, Harald O. Heymann (Professor and Director of Graduate Operative Dentistry at the University of North Carolina School of Dentistry) presented an outstanding series of lectures and seminars on November 20-21 at the College of Dentistry. The Eminent Scholar Program includes a two-day series of presentations by a nationally known lecturer/researcher to the College’s students, residents and faculty, as well as dentists and dental hygienists in the community. Until this year, the program had always been conducted in the spring. However, because of the large number of activities on the school’s spring calendar, a move to the fall allowed for more concentrated attention to
the program, less disruption of the academic calendar, and a potentially greater turnout from both the College and the community. Dr. Heymann, a well-known clinician and scholar in the area of esthetic dentistry and the author of over 150 scientific papers and textbook chapters, delivered three informative presentations including two research and graduate seminars on November 20 on the subjects of non-carious cervical lesions and conservative anterior esthetics concepts.

The program concluded the following day with a four-hour CE course entitled “Adhesive Dentistry: Proven Solutions vs. Opinion and Hype”. Eminent Scholar Program coordinator John Dmytryk (Associate Dean, Research) notes that the program, made possible through generous grants from the J. Dean Robertson Society, has featured some of the country’s most prominent and respected dental educators and researchers. If you have any Eminent Scholar suggestions for future programs, please contact Dr. Dmytryk at the OUCOD Office of Research Development (271-2929).

SCIENTIFIC DAY COMING SOON

MARK YOUR CALENDARS!

Our 23rd annual Scientific Day will be held on Tuesday, April 27 at the Meridian Convention Center in west Oklahoma City. Long one of the most important events on our calendar, Scientific Day is a day for dental and dental hygiene students, residents, faculty, and others to share their research efforts with their colleagues through table clinics and oral presentations (via the Ishmael Essay competition). Last year, an audience of over 300 attendees was treated to over thirty outstanding clinics and five excellent essay presentations. We hope to exceed those numbers this year. The Organizing Committee is already beginning its planning efforts to ensure that Scientific Day 2004 is the most successful one yet. As more information is made available, it will be shared via the Journal and special mailouts. MARK YOUR CALENDARS!

STUDENT/RESIDENT HONORS

At the Parents’ Association Outstanding Senior Awards Ceremony in Norman on November 7, OU President David Boren presented awards to the outstanding senior selected from each undergraduate college. Dental hygiene student Jessica Lingle was recognized as the Outstanding Senior from the College of Dentistry. Jessica was also recently awarded a 2003-04 ADHA Institute General Scholarship – Baccalaureate through the Institute Scholarship Program of the American Dental Hygienists’ Association.

Last September, Tarisai Dandajena (Graduate Research Assistant) received the inaugural 2003 Schudy/Creekmore Faculty Research Award from the Southwestern Society of Orthodontists. The award is presented “in support of research interests for Orthodontics faculty at Graduate Orthodontics Programs within the geographic region of the Southwestern Society of Orthodontists”. Dr. Dandajena is a 2001 alumnus of the OUCOD Graduate Orthodontics Program.

A special luncheon was held December 3 at the Faculty House to honor the five recipients of Delta Dental Plan of Oklahoma (DDPO) Foundation scholarships for 2003: Brooke Bottom (DS-3), Seth Evetts (DS-2), Mark Kelly (DS-2), Jennifer Matousek-Ronck (DS-2) and Adam Pitts (DS-4). These $5,000 scholarships are awarded annually on the basis of academic excellence, community involvement, exceptional professional potential, and a commitment to practice in Oklahoma. Representing Delta Dental at the luncheon were John Gladden (DDPO President and CEO), Jim Hampton (Chair, DDPO Foundation), and Tom Searls (Corporate Communications Manager). This is the third year for the awarding of these scholarships and we again extend thanks to Delta Dental for their commitment to our
students and the future of Oklahoma dentistry.

**Pete Moore** (DS-4), winner of the Scientific Day 2003 Dentsply International Award, attended the ADA Annual Meeting in San Francisco this past October and presented his winning table clinic and paper entitled “Stimulation of Cell Growth by Laser Irradiation in vitro”.

As reported in the last issue, 26 dental and dental hygiene students worked on twenty different student/faculty research projects this past summer, all funded by the J. Dean Robertson Society. Ten students submitted abstracts to the International Association for Dental Research (IADR), and all ten were accepted for publication and presentation at the annual IADR/AADR meeting in Hawaii this coming March! Congratulations to: DS-2’s Leslie Genoff, Jeremy Johnson and Jason Knapp; DS-3’s Aaron Bulleigh, Deborah Butler and Nikko Vanderburg; DS-4’s Pete Moore, Adam Pitts and Mike Toole; and DH-2 Tiffany Williams. Tiffany’s abstract was submitted on a project conducted jointly with her DH-2 partner Jennifer Warren who is also planning to attend the IADR meeting.

**FACULTY NEWS**

**Jane Wilson** (Dental Hygiene) recently received the 2003-04 J ohn C. Thiel Faculty Research Fellowship from the American Dental Hygienists’ Association Institute for Oral Health. The fellowship is awarded to faculty in the thesis/dissertation phase of their graduate programs to help defray the costs of their research/education.

During the 2003 Annual Session of the Oklahoma Dental Hygienists’ Association held in September, three dental hygiene faculty members were elected to ODHA officer positions. **Tammie Vargo** is the new ODHA president-elect; **Patrick Strohkirch** was installed as second vice-president, and **Donna Brogan** is now the editor of The Bulletin of the Oklahoma Dental Hygienists’ Association.

**Terry Fruits** (Operative Dentistry) and **Sharukh Khajotia** (Chair, Dental Materials) have been accepted to make presentations of their research projects at the March 2004 Annual Meeting of IADR/AADR.

**OTHER NEWS**

The Oklahoma Dental Association’s Student Fall Function was held on September 18 at the ODA Building. With 201 OUCOD students attending, this was the largest ever attendance at this annual event. The Fall Function is an important avenue for encouraging future dentists to take an active role in organized dentistry. Sponsored jointly by the ODA Council on Membership and Membership Services and ODASCO, Inc., this event included a catered meal, door prizes, brief presentations by the ODA leadership, and good fellowship. As an additional attendance incentive, the ODA also pays one-half of each attending student’s ASDA (American Student Dental Association) dues. Once again, the College of Dentistry extends its sincere appreciation to the ODA for their efforts in bringing our students into the fold of our extended dental family. The annual Fall Function is just one of the many ways that the continuing positive relationship between the College and organized dentistry in Oklahoma is promoted.

On September 2, the Good Shepherd Mission Dental Clinic hosted an Open House to showcase the many improvements in the clinic’s facilities. A highlight of the evening was the presentation of a check for $8,500 from Delta Dental to help fund the continuing operations of the Monday evening extraction clinic and the Tuesday evening children’s restorative clinic. This generous donation was presented by **John Gladden** (Chairman & CEO, Delta Dental Plan of Oklahoma) and Jim Hampton (Chairman, Delta Foundation Board). **Frank Lipsinic** (Fixed Prosthodontics), faculty coordinator of the Good Shepherd Mission Dental Clinic, accepted the check on behalf of all the
volunteers and donors who have contributed to the clinic’s activities over the past year. Many, many thanks to Delta Dental for their continued support of OUCOD and its community service projects!

Speaking of the Good Shepherd Mission, congratulations to the Good Shepherd Children’s Clinic and the Department of Dental Hygiene on the receipt of a $10,200 Mercy Health Systems Caritas Grant for the second year in a row! The grant will fund both clinic and school-based prevention programs for Oklahoma City’s needy children.

The Staples Society, our in-house service organization, once again made Dewey Elementary School the focus of its annual Christmas Project. As in the past, the Society “adopted” the fifth grade students; since there were only 29 fifth graders enrolled this year, the 27 fourth grade students were also included in the project. To participate, students, staff and faculty either made monetary donations or sponsored and shopped for a specific child selected by the Society. The annual Christmas Project continues to be a major way to bring joy and smiles to underprivileged children. To all who made contributions this year, our heartfelt thanks.

**Retired Dentists – Organizational News**

By Sunshine Sullivan-Myers, DDS

Welcome all retired dentists. If you are near the Oklahoma City area on the third Monday every month, please stop in the ODA office at 629 NW Grand Blvd. at 11:30 to join us for food, fun, and fellowship.

The October meeting of the OKDA Retired Dentists was held Monday, October 20 at the Oklahoma Dental Association. Following a delicious lunch, cooked by Drs. Carl Collier and Ralph Venk, Dr. French Hickman discussed the new additions and changes to Oklahoma City’s Bricktown area. Dr. Hickman was excited to talk about the improvements being made and his businesses that reside in Bricktown. If any of you are out and about in Bricktown, stop in the Biting Sow, owned by Dr. Hickman, and watch him play the blues.

The November meeting was held on Monday, November 17 at the Oklahoma Dental Association. It was a Thanksgiving feast cooked by Ms. Dana Davis. Following lunch, Dr. Tom Dudley, who sits on the Board of Pharmacy, discussed what is currently going on in the pharmacy world and how it is affecting dentistry.

The December meeting was held on Monday, December 15. Following lunch, Dr. John Carmichael discussed a journey that was taken earlier this year.

The next meeting will be January 19th at 11:30 at the ODA offices. If you have any questions, please call (800) 876-8890 or (405) 848-8873. Also, if you have any news you would like to share with the retired dentists, give us a call. We would love to hear from you.
Children's Dental Health Month
February 2004

Encourage all of your fourth grade student and teacher patients to participate in the ODA annual poster contest during Children's Dental Health Month. The 2004 theme is “A Healthy Smile is Always in Style”. There will be 1st, 2nd and 3rd place winners for every district. Each place will receive a prize from Braum’s and the teacher of each first-place winner also receives cash and prizes. All 1st place district winners will advance to the state level. The deadline for all entries is Friday, February 28, 2004. If you would like information, please contact Brian Houston at bhouston@okda.org or (800) 876-8890.

Give Kids A Smile Day
February 6, 2004

Ways that you can participate in Give Kids a Smile Day 2004.

Visit a school, Head Start program, Boys and Girls Club, or faith-based youth group and talk with children about their oral health.

Open a free dental clinic for children in your office. Contact local schools, community groups, or churches and let them know when you are providing free dental care for children and what children should do to receive that care.

Coordinate efforts with other dentists in your area. This can be done in two ways:

1. If multiple offices in a community are being used to provide care, one office can be selected to handle the scheduling of patients for all participating dentists. This way, children in need of dental care call a single office and are given an appointment through a rotating system involving all participating dentists.

2. Work with other dentists in your area and create a triage system. For example, one office may be used for an initial examination and assessment of each child’s oral health. Once a diagnosis is made, the child may be sent to another dental office in the community where the child will receive treatment.

Participate in treatment through a local college or hospital. Many facilities have the ability to treat many children at once. See if a facility in your community is participating in Give Kids a Smile Day and volunteer!

ODA is preparing additional guidelines and suggestions for Give Kids a Smile Day. This information will be available soon on the ODA web site, www.okda.org.

Contact Brian Houston at the Oklahoma Dental Association (bhouston@okda.org, 405-848-8873) to find out about events in your area, inquire about available dental supplies to help you with an event you already have planned, or if you have any questions.
We're all smiles when it comes to Braum's.

The Oklahoma Dental Association proudly recognizes Braum's as our Corporate Partner for Children's Dental Month.

2004 will be Braum's 4th year of sponsorship for National Children's Dental Health Month and the ODA would like to extend a big thank you!

In helping to promote the message of National Children's Dental Health Month, Braum's donates the printing of trayliners and posters which they display in their stores across the state, along with Braum's Kid Meals' prizes like toothbrushes and toothpaste. They also provide free ice cream to the statewide winners of the NCDHM annual poster contest.

With Braum's ongoing support and generosity, we've all got a lot to smile about. Thanks again.
Corrections Corporation of America is now accepting applications for Dentist at our Davis Facility. Competitive salary and comprehensive benefit package including 401(k). You may apply in person Monday-Friday from 8 a.m. to 5 p.m. at: Davis Correctional Facility 6888 East 133rd Road Holdenville, OK 74848, at your local Oklahoma Employment Service or online at www.correctionscorp.com. For more information contact Carla Johnston at 405-379-6400. CCA is an equal opportunity employer. M/F/Vet/HP . CCA is a drug-free workplace.

Dental Office Building for sale, (2000) sq. ft. I used 1000 sq. ft. and rented the other to pay for the building. Good busy location in Muskogee. 918-682-0143.


MEDICAL OFFICE IN NORMAN. Newly Constructed! Cul-de-sac location, backs up to Westwood Golf Course. Lots of windows! 6200 sq. ft., will divide. Plenty of parking. $15-$18/ft. rate, depending on build-out costs. Architect available to customize your space! Call today! Scott Heiple, Dillard Group Real Estate, 473-7653.


PRACTICE FOR SALE: TULSA SUBURB. Ultra-modern high tech office. $700,000 gross. For sale or associateship and buy-in.


PRACTICE FOR SALE: TULSA. Three operatories with hygiene. Collecting $688,900 in thirty-two hour week with a thirty-five percent overhead.

PRACTICE FOR SALE: SOUTHERN OKLAHOMA. Three operatories with hygiene in beautiful and prosperous community. Collecting $521,450 in four day week. Unlimited growth potential.


Adec. Dental chair, unit and light, Dent C automatic film processor, Pelton Crane autoclave, miscellaneous dental instruments, excellent condition. AS11 for $5000.00. Please call 405-843-1709 or 405-833-4684.

Direct Reimbursement is a self-funded program that reimburses an individual based on a percentage of dollars spent for dental care, not on the type of treatment provided; it also allows patients to seek treatment from the dentists of their choice.

For more information on Direct Reimbursement, contact the ODA office at 405-848-8873 or visit the ADA web site at http://www.ada.org