

Change is Coming to Dentistry in Florida

by Dr. Chris Wujick, FLAGD Editor

Three changes pertaining to dentistry are on the horizon in our state. These changes will certainly affect most General Dentists in one way or another.

First, the state of Florida's entrance exam for dentists has changed. Second, new interest areas in dentistry have been approved at the national level. And third, the establishment of new dental schools in the state is very real.

Major Changes Affecting Dentistry in Florida

- 1) ADEX exam**
- 2) New dental schools**
- 3) New dental interest areas**

I spoke recently with Dr. Bill Robinson, a well-respected Tampa dentist who serves on the council of Dental Education and Licensure for the American Dental Association and is on the pulse of this change. Dr. Robinson served as Chairman of the Florida Board of Dentistry and has participated in every Licensure Exam in

Florida since 1979. He just recently spoke in Chicago at the annual meeting for the American Association of Dental Boards. In addition to all his other honors and awards, Dr. Robinson is a Past President of the Hillsborough County Dental Association.

The change most immediately impacting Florida dentists is the shift to the ADEX administration of the state dental exam. The state has dropped the isolationist practice of administering its own test in favor of joining the standardized American Dental Licensing Exam (ADEX) given throughout the rest of the country. The state legislature must now approve the test and if that occurs, the first test will probably be given in 2012. The new test has four components: patient procedures, laboratory exercises, a diagnostic skills exam, and a law and rules exam.

The patient procedures include two activities performed under rubber dam: a class 2 amalgam prep and restoration and a class 3 composite prep and restoration. A perio exercise is also performed on a live patient. All of these tasks will be graded in a double blind format by three calibrated examiners using very detailed grading criteria.

The laboratory exercises are now to be performed on lifelike manikins under rubber dam. Four tasks are required: a three-unit bridge prep, an anterior ceramic crown prep, a complete anterior endodontic procedure and a posterior endodontic access.

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In the Winter, 2011 issue of the *Florida Focus*, we published that the Texas AGD had adopted a position on Teeth Whitening. This statement was incorrect. We apologize for the error.

President's Message



Thanksgiving in the spring

By Dr. Don Thomas
FLAGD President

What a great year so far. I am sitting here writing my President's Report and the weather is perfect, mid-seventies, and the Chamber of Commerce is happy to tell all the tourists this is the life in Florida. I am very fortunate to practice and live here.

I am thankful for our profession and the leaders we have that support us through organized dentistry. This year is a pivotal year for our profession as we take on the powers to be outside of our profession. Wall Street is using venture capital money to once again become a player in corporate owned dental practices. This time around, pardon the pun, they have more teeth. The debt accumulation of graduates from dental school limits the new dentists' ability to purchase or work in the traditional practice model. The influence this has on our profession can have a negative effect.

We, as Dentists, have always had a social responsibility to our patients and no one would argue that, for as professionals we weigh business practices, which are commonly promoted, against our fiduciary obligation to our patients.

When management outside the realm of practice takes control, things usually are sacrificed for a better bottom line and I'm sure most of us know what that means. The Dental profession is unique in that relationships developed become, in many instances, life long friendships. Our patients rely on our expertise and honesty to provide them with a service that values trust above any technical skill we are able to perform.

This trust bestowed on us must not be taken lightly as well as the obligation it presents to our profession. We must all think twice when presented with business practices that may make us more business than professional. We now have an opportunity as a profession to make tough decisions and decide which direction we wish to take. In the end my hope is that we do what is right and that would be to do what our patients deserve for the trust they have placed with us. If we continue to put our patients first in all decisions we make as doctor businessmen and women the outcome will surely take care of it self. At least this is what I was taught by my leaders and peers and the results speak for themselves.

I'm proud to serve as your president this year and will continue to work for our members' best interest. Let me know what you can do to help us meet those needs. We need involvement that is constructive and long-lasting.

The next few months provide opportunities to see what the Florida Academy of General Dentistry is doing. Our annual caucus will be held Friday, June 10th during the FNDC at the Gaylord Palms in Orlando. The AGD National meeting is in San Diego the last week of July. Please pencil these dates in and try to attend. See you in June.

FLORIDA FOCUS

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Editor's Message



Change is All Around Us

How Will You Handle it?

by Dr. Chris Wujick
Editor, *Florida Focus*

Can you believe they are thinking about adding another dental school, or worse three new dental schools to our state? And, there are already a lot of dentists who cannot maintain a full schedule as it is. It is a scary thought to even consider in Florida with so many dentists. Each school established could introduce an additional hundred dentists every year into our state.

I am like many dentists in that I disagree with the addition of a new dental school, mainly because it does not thoroughly address either of the real access to care issues: dentist distribution and Medicaid reimbursement. I agree in theory, the FAMU school sounds nice in educating students from traditionally underserved populations and rural settings. But I do not feel I am alone in skepticism that once matriculated, these graduates will be drawn to nicer areas of affluence and lifestyle. Providing care for the Medicaid population – a reimbursement issue, will not be addressed either. These new graduates will have to pay off ever-increasing loans, and current Medicaid reimbursement rates hardly pay off the water bills.

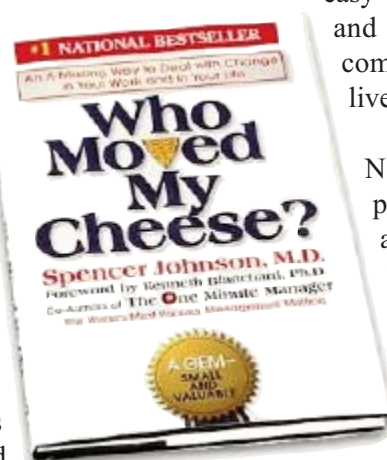
Dental organizations, including the leadership at the Florida Dental Association (FDA) and Florida Academy of General Dentistry (FLAGD), are actively engaged in this process. The mission statement of the FDA is to improve the health of Florida residents through high practice standards, continuous professional education, public advocacy, and improving the practice environment. And the U.S. Commission on Dental Accreditation (CODA) will maintain education standards fundamental to producing quality practitioners.

However, these groups cannot always dissuade the imprudent establishment of new schools; especially those of private funding.

While I cannot glimpse into the future, I feel our profession in Florida will be just fine. Our profession may be different in the future, but if we evolve to continue to meet the needs of our community by bettering ourselves and our practices, we will remain in demand.

I discovered the implications of change within our lives and how we must respond to change appropriately in the book *Who Moved My Cheese?* by Spencer Johnson. In this enlightening story, the characters are faced with change, and their adaptability to this change determines their success and struggles. Those that fall into routine and ignore the presence of change find their success wane. Whereas those that are cognizant of change and work hard to evolve with the change thrive. I would recommend this

easy read to everyone for both a personal and professional inspiration when complacency and routine infiltrate our lives.



Now Florida's dental community is potentially faced with an influx of many additional dentists. One might say this might create - in the understatement of the year - a change. And there is only one healthy way to deal with change that is out of our control, and that is to address it actively. So, I urge everyone to better themselves in

order to not get left behind. Pick up new skills in continuing education classes to implement new techniques and procedures. Improve technologies within your investment in your office to provide better care. And improve the standards within your office to ensure the maximal patient satisfaction. All of this will ensure your patients keep coming back and word will spread to new ones. A friend of mine, Dr. Greg Engleman once told me, "there is no better investment for dentists than in their practice."

So don't be fretful of change that may greet us all; let it inspire you.



Tampa Bay AGD Wraps Up Another Successful Academic Year

By Elizabeth Nunez DMD MST

President, Tampa Bay Academy of General Dentistry

I'm happy to report that the TBAGD is wrapping up another successful academic year. We had a robust curriculum and to date provided 420 CEU's to participants of our TBAGD Educational Series. Our 2010/2011 Series schedule is listed below:

9/7/2010, **The Business of Dentistry** with Dr. Alan Shoopak

11/9/2010, **Modern Ceramics: Benefits and Tips for Reducing the Risk of Failure** with Dr. Ken Anusavice

12/7/2010, **Risk Management in the Practice of Dentistry**, with Dr. Frank Recker

1/4/2011, **Management of the Xerostomia Patient** with Dr. Thomas Porter

2/1/2011, **Conscious Sedation in Dentistry** with Dr. John Schwieger

3/1/2011, **Esthetic Zone Reconstruction: Synergy in Hard and Soft Tissue Grafting**, with Dr. Michael Pikos

4/5/2011, **Occlusion and Wear** with Dr. Paul Guidi

The speakers were exceptional and were very well received. Most meetings were held at a local Tampa restaurant, Maggianos. The meetings served as learning and networking opportunity for all attendees. This year we advertised the meetings in two ways: by post office mailings and through e-mail blasts. We encouraged increased membership and attendance at every meeting and it is evident that attendance has increased over the last few years. We hope to follow that trend and enjoy more opportunities to promote quality continuing education for dental professionals in Tampa Bay and in Florida.

I thank my fellow 2010/2011 officers for their time and dedication to the TBAGD: Vice President, **Amit Patel DMD**; Secretary, **Silvia Boyd DMD**; Treasurer, **Naresh Kalra DDS** and FLAGD Board Representatives: **Jeff Oppenberg DMD** and **Silvia Boyd DMD**.

We look forward to the 2011/2012 Academic Year!

Southeast Florida AGD Offers Many CE Courses

By Dr. Pedro Castro

President, Southeast Florida AGD

The South East Florida Chapter of the AGD met for organizational sessions and continuing education lectures on the following dates and locations:

Feb. 22, 2010 - **Computerized Guided Implant Placement Lecture** given by Dr. Serge Gaertner

at FuegoVivo Restaurant 7711 SW 40th St. Miami, April 22, 2010 - **Table Clinics** Sponsored by the American College of Dentist. Program coordinator Dr. Susan Socas.

May 24, 2010 - **Utilization of Microscope in Periodontal Therapy** given by Dr. Joseph Allen at Hereford Grill 782 NW Lejeune Rd. ,Miami.

Oct. 25, 2010 - **Pulpal Periodontal Relationships**, lecture given by Dr. Anthony Alonso at the 94th Aero Squadron 1395 NW 57th Ave, Miami.

Dec.6, 2010 - **Lasers in Dentistry** lecture given by Dr. Jennifer Schaumberg at the 94th Aero Squadron 1395 NW 57th Ave, Miami.

Feb 21, 2011 - **Medical Emergencies in the Dental Practice** lecture given by Dr. Francisco Granda, at the 94 th Aero Squadron 1395 NW 57 th Ave , Miami

Central Florida AGD Presents Scholarships to Dental Assisting Students

Dr. Sam Guarnieri,

President, Central Florida AGD

Officers for 2011:

President: Dr. Sam Guarnieri

Vice President: Dr. Marc Falco

Secretary: Dr. Heather Childers

Treasurer: Dr. Don Thomas

Member at Large: Dr. Rob Matteson

Immediate Past President: Dr. Michael Badger

In addition to our recent board meeting, the Central Florida AGD will have a Dinner-CE night on April 20. It is free as part of membership in the component. At that time we will award four scholarships to dental assisting students from Orlando Tech.



A Request from Your Regional Director

by Robert D. Gehrig DMD, FAGD
Region 20 Director

As you know, the Florida AGD has several components across the State. We have Southeast AGD (Miami area), Gold Coast AGD (Broward & Palm Beach area), Central Florida (Orlando area), and Tampa Bay Components. We are re-starting the Northeast Component in the Jacksonville area. The Northwest Component and the Southwest Component are currently not functioning. The Florida AGD is willing to co-sponsor CE and provide any logistical support needed to re-establish these components, or any new areas that members wish to establish.



If there are members in the Florida AGD that would like to have a local component for CE and social fellowship please let me know. It is easy to establish a component, and the Florida AGD and Region 20 stand ready to assist. It only takes 25 members to establish a component and this number can be less if there are fewer members in your geographical area. We are looking to have a component(s) in the Naples and/or Sarasota area and in the Pensacola and/or Panama City area.

Please contact Rosie Small at the FL AGD Office or myself for information and assistance.

Gold Coast AGD Celebrates 23rd Anniversary and Continues to Offer Many Outstanding CE Opportunities

By Dr. Robert Fish, President, Gold Coast AGD

The GOLD COAST component is celebrating its twenty-third anniversary during 2011 and continues to attract new members.

The GOLD COAST component is a Florida Board of Dentistry CEBroker-approved and a Florida AGD PACE approved provider of continuing dental education.

Our monthly continuing dental education meetings continue to focus on the specific needs of our members and cutting edge dentistry. We have sponsored or will sponsor the following continuing dental education programs during the past year:

- | | |
|---------------------|---|
| April 28, 2010: | Cutting Edge Periodontal Modalities |
| May 26, 2010: | Automated Appointment Confirmation |
| June 30, 2010: | DDS In-House Specialization Service |
| September 29, 2010: | Bruxir Solid Zirconia Restorations |
| October 27, 2010: | Diagnosis and Placement of No-Prep Veneers |
| December 1, 2010: | Introduction to Clinical Salivary Diagnostics |
| January 26, 2011: | Reverse Preparation, Rapid Anesthesia and Two-Cord Impression Techniques |
| February 23, 2011: | Biotemps Clinical Techniques for Indirect Temporization |
| March 30, 2011: | Dental Golden Nuggets and Pearls |

Our monthly CE meetings take place on the last Wednesday of every month except July, August, and December. We continue to attract new members at monthly meetings held at the Private Dining Room at the Links Restaurant at the Marriott Resort Hotel at Heron Bay TPC in Coral Springs. All are encouraged and welcome to attend.

Dental Restorative and Facial Rejuvenation Treatment Case

by Barton P. Ross, DDS

Introduction

The patient, a 52 year old female, after losing almost 200 pounds rapidly by means of gastric by-pass surgery, was deeply concerned about her facial appearance and collapsed facial profile. To accomplish closing her lips together, she needed to contract the mentalis muscle resulting in “dimpling” of the chin, further adding to her concerns. She had previously seen three physicians regarding the chin appearance and seeking BoNTa (botulinum toxin type A) treatment. She was advised that it would not remedy her problem. They were unable to offer any other viable solution.



It was determined that her current upper and lower complete dentures displayed a significant difference between maximum intercuspation and the acquired bite position (picture 1). Most significantly, the correct vertical dimension of occlusion had been increased by 6 mm, resulting in the “dimpling” appearance of the chin when placing her lips together. The previous physicians she consulted are not to blame for their lack of understanding the cause of the appearance; they did realize that BoNTa treatment alone would not solve the problem and wisely did not attempt to treat. When the patient was instructed to remove her dentures and gently place her lips together she was able to observe the lack of “dimpling” of the chin and became enthusiastic about the treatment solutions.

It is a known fact that the appearances of weight loss occur in a “top-to-bottom” sequence, starting with the face and neck and lastly with the waistline, buttocks, thighs and calves. Rapid weight loss, due to excessive facial fat, muscle and collagen losses, often results in an aged and weathered appearance as is evident in this patient. The years of the burden of this excessive weight resulted in her poor posture with rounding of the shoulders and advanced wear to the hip joints as evidenced by her difficulty in walking and stepping even despite the great amount of weight loss.

A treatment plan was prepared and discussed with the patient that encompassed fabrication of a new set of complete dentures, retaining the appearance of the upper dentition and correcting the vertical dimension of occlusion while developing coinciding centric occlusion with centric

relation. The consideration of restoring lost facial volume and relaxing facial wrinkles (rhytides) was discussed and recommended – the patient deferred accepting this treatment for the present. The need for denture fabrication to be started first was to satisfy her primary concern – the chin “dimpling”. By the time the denture try-in was accomplished the patient was very positive toward accepting treatment for comprehensive non-surgical facial rejuvenation, “liquid face-lift”. BoNTa and facial (dermal) filler treatments were scheduled for the denture delivery appointment. Informed consents were detailed by the doctor and all patient questions and concerns were addressed; the patient gave her consent.

Treatment

Records were made including a comprehensive dental and medical health history, panoramic radiograph, head and neck soft tissue examination and evaluation, study models of the edentulous ridges and existing dentures and pre-operative facial and postural photographs. Evaluations of the plasticity of the facial soft tissues and appearance of the facial muscle groups when recruited (contraction of muscle) were observed and noted.

Denture fabrication including final impressions of the denture-bearing tissues, facebow records, bite registration and wax try-in setups were accomplished (picture 2). Analysis of the patient’s existing dentures was performed to enable verification of the cause of the patient’s primary concern – “dimpling” of the chin to enable closure of her lips.



Pic 1, Existing dentures - acquired bite



Pic 2, New dentures - final wax set up

Complete upper and lower dentures were delivered; the denture bases and occlusion were adjusted and verified. Then local anesthetic enabling comfort for placement of the

Continued on next page

facial fillers was injected utilizing lidocaine/1:000,000 epinephrine - 0.85 ml for each infraorbital block, 1.7 ml for each mandibular block, and approximately 0.4 ml in the buccal mucosa 7 mm lateral to each labial commissure. This patient declined any use of topical anesthetic or ice for the BoNTa injections.

Post-op instructions for the filler and BoNTa were reviewed with the patient.

BotoxCosmetic® (botulinum toxin type A) reconstituted with 2.5 ml of 0.9% sterile saline solution was injected in the mentalis muscle (12 units) and the left and right depressor anguli oris muscles (6 units at each muscle). These less commonly treated areas were injected to “relax and soften” the lower 1/3 of the face and “lift” the labial commissures, enhancing the upward relaxed appearance of the patient’s smile and assisting the patient in breaking the habit of recruiting the mentalis muscle. The effect will be evident 3 to 7 days later. At a later appointment BoNTa was injected in the brow area (glabellar complex – procerus muscle and the left and right corrugator muscles).

A total of five syringes of JuvedermUltraPlus® (0.8 ml each syringe) was injected to restore volume to the “tear trough”, cheeks, nasolabial folds, upper lip and the upper lip “white roll”. One-half syringe of JuvedermUltra® (0.8 ml) was utilized to restore volume to each labiomental fold.

Post-op photos were taken. The patient was pleased with the results and appearance and was delighted that the procedures were as comfortable as promised. My staff and I were taken back by the remarkable improvement in appearance when she returned 17 days later for her post-op appointment (picture 4). Her newly found confidence in her appearance now encouraged her to further enhance herself with better use of facial make-up and more fashionable attire. Undoubtedly her self-image improved greatly and her attitude was bubbly, unlike her former self at most of the earlier appointments.

Conclusion

Dentists are readily capable of achieving excellent facial rejuvenation results once receiving the proper training. They already possess the skills of injecting soft tissues gently and effectively while monitoring the amount of material injected. Dentists, intimately familiar with the head and neck anatomy, often skillfully perform simple and even complex hard and soft tissue surgical procedures. They also possess a great appreciation of balance, proportion and beauty. Furthering the successful

conclusion of dental reconstructions and cosmetic dental treatments can also include attending to the tissues that drape the dentition and bordering areas. Dental patients generally hold the dental profession in high esteem due to our remarkable skills and compassionate “chair-side” manner. I have found my patients very receptive in selecting me as their facial rejuvenation consultant and provider as a result of their trust in my skill, judgment and recommendations.

Most of the facial rejuvenation treatments performed for this patient are advanced techniques that require diligent practice with the basic treatments before attempting the more delicate advanced procedures. Most states do allow dentists to perform all these procedures however it is strongly recommended that the dentist obtain hands-on training experience at a basic level course and then later on at an advanced level course. Training in facial rejuvenation is readily available and the personal gratification utilizing these modalities is tremendously rewarding.



Pic 3, Pre-op Smile



Pic 4, Post-op Smile

Credits

Plasencia Dental Laboratory – Fredy Plasencia, CDT – Boca Raton, FL
Allergan Corporation - BotoxCosmetic®, JuvedermUltra®, JuvedermUltraPlus®

Author

Barton P. Ross, DDS, has instructed hundreds of medical and dental professionals in facial rejuvenation techniques, head and neck anatomy and facial anesthesia. He has lectured nationally and brings a refreshing and insightful perspective of combination treatment cases utilizing extensive dental restorative techniques in conjunction with facial esthetic enhancements. Dr. Ross maintains an active cosmetic, surgical and restorative practice in Boca Raton, Florida. He can be reached at RossDental@yahoo.com.



Change, continued from page 1

The final two parts of the ADEX exam will be administered via computer at specific testing centers. The diagnostic skills exam is a comprehensive six hour test evaluating a wide array of the applicant's clinical judgment. And the final exam will ensure the applicant's understanding of current dental laws and rules within the state of Florida.

In transitioning to the new ADEX testing format, Dr. Robinson notes that Florida required the establishment of a few caveats for the test to ensure the exam will maintain the best results for Florida patients in the future. Among these is the insistence that, of the seven national board of directors for ADEX, the single state of Florida must have one position. Currently, the other positions represent regions. Of course, any major change must be made through the state legislature.

Now, the question on every current practitioner's mind is "how will this affect us?" First of all, this now allows reciprocity with the other states administering the ADEX exam - for all new test takers. However, there will be no "grandfathering-in" for all past testers. The applicant must activate their Florida license within five years of taking the test and must maintain it in good standing into the future. Dr. Robinson notes that this will provide additional income for Florida since many dentists who do not reside in Florida will maintain their license "just in case". Also, this test will make it more convenient for examinees to take the test in their own dental school. This has great logistical importance for those Florida candidates attending an out-of-state dental school who want to come back to Florida to practice.

The next important change pertains to the establishment of four new interest areas for dentistry. These are oral medicine, anesthesiology, geriatrics and oral facial pain. These areas were approved by the ADA House of Delegates last year. The impact of this change will become clear in the upcoming years.

Dr. Robinson says "in order to declare oneself recognized in these interest areas, one must go to a full-time 12 month program at an accredited Dental School." Students must engage in a highly regulated curriculum in order to receive their certificate. Currently schools such as the University of Florida and Nova Southeastern are formulating these curriculum requirements and will be teaching classes for these certificates in a few years.

Dr. Robinson expressed some concern over these new interest areas. He does not want these interest areas to splinter the profession. The ADA has given its approval, but now each state must also recognize these fields and further, allow these individuals to advertise. Considering recent costly litigation concerning advertising, Dr. Robinson envisions a trend where advertising regulation is shifted from courts to local ethics committees, where dentists rather than lawyers would shape our profession. The dental profession has a long history of self-enforcement of its ethical code at the local level and encourages the continuation of strong local ethics committees in the future. He states "general dentists must be in charge of shaping their profession."

One way that Dr. Robinson sees general dentists losing influence over the professional is in the composition of the Florida Board of Dentistry (B.O.D). Of the current seven Board members who are dentists, only two are general dentists. Dr. Robinson warns that "without representation at such an impactful level, how can the best interests of general dentists be maintained?"

One way for general dentists to stay abreast of the Board of Dentistry news is by regularly checking their website: www.doh.state.fl.us/mqa/dentistry. However, the best way to stay informed is by attending their meetings throughout the state. These meetings consist of two parts, the disciplinary portion and the regular board business. The B.O.D. conducts their meetings in a very open manner for all interesting parties to view and to voice their concerns. In addition, dentists can receive up to four hours of CE for attending the disciplinary session.

The third major change affecting dentistry in the future is the establishment of new dental schools in Florida. Three dental schools are in different stages of establishing themselves in our state. Whereas the private school, A.T. Stills University of Mesa, Az., is years away from possibly opening and the dental school at Florida A&M is still just in the planning and discussion phase, there is one school that appears to be very close to opening. According to Dr. Robinson, the Lake Erie College of Medicine will be starting the process towards forming their first class of approximately 100 students this year. This will be a private school with similar accreditation as other dental schools. However, this school will not engage in a normal research capacity as other established schools and because they are private, they will be significantly more expensive than the

Change, continued on page 14

The Florida AGD 2011 General Assembly

Friday, June 10, 2011
at the Gaylord Palms Resort
Orlando
in conjunction with the FNDC
12:00 Noon to 1:00 p.m.

Free Lunch
for FLAGD Member
(\$50 for guests)
Must reserve
in advance

Agenda:

Introduction of Board of Directors
and Special Guests

Pledge of Allegiance/Convocation

Approve Minutes of 2010 General Assembly

Councils/Committees/Officers Reports

Old Business

New Business

Report of the Nominating Committee
Dr. Michael Badger, Chair

President-Elect: Dr. Tony Menendez

Secretary: Dr. Irma Tassi

Treasurer: Dr. Harvey Gordon

Editor: Dr. Chris Wujick

Directors-at-Large:

Dr. Bipin Sheth

Dr. Jeff Oppenberg

Dr. Pedro Castro

Dr. Frank Recker

Dr. Gerald Botko

Award Presentations

Installation of New Officers and Board

Awards to be Presented:

Dr. J. Frank Collins Lifetime
Achievement Award

Distinguished Service Award

Humanitarian Award

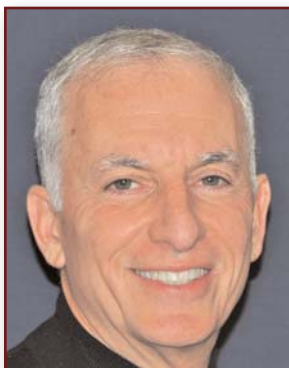
NEW - Continuing Education Award

Reservations must be made in advance
to qualify for the **FREE LUNCH**.

Email flagd@flagd.org
with your name and AGD number
to make your reservation.

Free Lunch
for FLAGD Member
(\$50 for guests)
Must reserve
in advance

Region 20 Report



AGD, the Primary Advocate for the General Dentist

*By Dr. Richard Kanter
AGD Region 20 Trustee*

I've recently returned from the Joint Council meeting in Chicago. Most of our Councils meet jointly in October and February. This allows them to not only conduct their own council business but enables and facilitates inter-council meetings. The 100 plus members at these meetings did an incredible amount of work to advance the mission of the AGD. We were honored to have three of our Florida members active on these councils; Dr. Tony Menendez on the Membership Council, and Dr. Bippin Sheth and Dr. Amit Patel on the PACE Council. They are to be congratulated for their dedication and commitment to our organization.

As you know, the two major focuses of the AGD are Continuing education and Advocacy. Be sure look into our self instruction CE. The AGD's Self-Instruction program allows you to earn valuable continuing education (CE) hours in the office, at home, or on the go. There is no easier way to earn credits toward relicensure, membership maintenance, Fellowship, or Mastership. Developed by and for general dentists, the Self-Instruction program ensures that you're getting CE that will benefit you, your patients, and your practice.

The AGD continues to advocate for the general dentists and their patients. One of the most pressing issues confronting us today is the workforce issue. There is tremendous pressure on the State Boards to approve some variation of Mid Level Providers to help the "access of care" problem. Your AGD has been at the forefront to suggest alternate methods of addressing these issues without allowing irreversible, invasive dentistry to be performed by non-dentist personnel.

Many states continue to introduce legislation dealing with increased scope of practice for dental hygienists, including:

- Dental therapists or community health dental coordinators: Washington, Oregon and New Mexico;
- Expanded function, advanced or collaborative practice dental hygienists: Connecticut, Arkansas, Florida, Arizona and Nebraska;
- Creating a dental hygiene board within the state dental board: Massachusetts;
- Other measures to deal with access to care without increasing scope of practice for dental hygienists: Maine and New York

The AGD Government Relations Department has contacted these constituents to advise them of these local legislative efforts and to offer support in the event they are interested in taking action. To date, Oregon and Maine have expressed interest in responding and are waiting for their state dental associations to decide how to proceed before determining what action to take.

As always, please let us know if we can help you in any way.



Stay current on AGD activities at www.agd.org

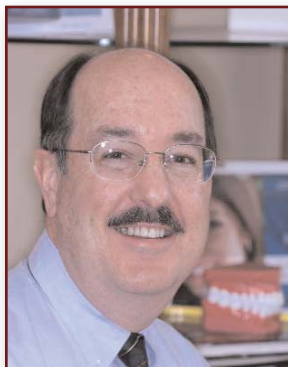
Keep up with the FLAGD at www.flagd.org



Legislative and Governmental Affairs Report

The Governor's office will be reviewing all rules from governmental agencies with respect to rule impacts on private business. All pending rules and future rule drafts will need to go through the Governor's Office of Accountability and Regulatory Reform.

The Governor's Executive Order requiring review of all agency rules is a significant change for the Board of Dentistry. The Board is viewing all of its rule changes in terms of this new executive order from the Governor.



*Dr. Rod Shaw, Chair
Legislative and Governmental Affairs Committee*

Legislature

This makes the legislative session all the more important. Rather than the BOD expanding the scope of practice for Assistants and Hygienist, changes such as this may go through the Legislature. How these issues will be received and what action will be taken remains to be seen. Changes to the dental board examination will also be on the legislative agenda. It appears the Governor's office would like to make major changes to the Department of Health which will impact the BOD as well. There is the possibility that the Legislature would contract out the Florida Dental board examination to an organization such as ADEX. The Board of Dentistry could be privatized as was done with the Engineering and Architecture Boards a few years ago. Which direction the Governor and Legislature will go is currently the subject of much interest, speculation, and heartburn by others.

All this is to say this year's legislature is an important session. By the end of the session, we should have a much

better idea of the direction of the Department of Health, the Board of Dentistry, and organized dentistry.

Legislation currently on the agenda includes;

HB 367 and SB 546; this in the non-covered services bill which seeks to restrict insurance companies from imposing fee schedules to dentists for services which are not covered within the insurance plan. Insurance companies dictating maximum fees

dentist could charge for un covered services such as porcelain veneers for example. The only plan I have ever heard of which pays for Porcelain veneers is the Mary Kay company.

HB 225 and SB 446 dealing with revisions to the scope and areas of practice for dental hygienist within health access settings. This legislation permits placement of sealants and provides for other hygiene services within health access settings (health depts.). This legislation was adopted and drafted by the FDA & FDHA. This language will require an exam by a dentist within 13 months.

HB 485 and SB 314 dealing with public records and the dental workforce survey, providing an exemption from public records requirements: This bill keeps the information obtained from the workforce surveys confidential and not public record. This will impact Rosie's efforts to obtain lists of general dentists in Florida.

Other legislation of interest will be changes to the Department of Health as we know it.

Don't miss the FLAGD's 2011 General Assembly



**Friday, June 10, 2011 from 12:00 noon to 1:00 p.m.
at the Gaylord Palms Hotel, in conjunction with the FNDC**

FREE LUNCH for all FLAGD members (\$50 for guests)

**Reservations must be made in advance.
Email rsmall@flagd.org to make a reservation**



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Phone: 407-370-0200
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Gold Coast AGD

Dr. Robert Fish, President
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Glades, Hendry, Highlands, Martin, Okeechobee, Palm Beach, St. Lucie, Broward Counties

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Dr. Jason Lewis, President
Phone: 904-201-6000
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Join the Florida AGD on our Facebook page and participate in our current discussion topic. To suggest future discussion topics, send your ideas and questions to the FLAGD at rsmall@flagd.org.

Are you adept at "social networking" and interested in helping the FLAGD maintain our Facebook page as well as other networking sites? We welcome volunteers willing to use their computer expertise to help bring the Florida AGD into the 21st century. Please contact FLAGD executive director, Rosie Small, at rosiesmall@aol.com.



Words of Wisdom for New Graduates

by Dr. Jeff Oppenberg

Another crop of new bright-eyed and energized dentists are about to graduate. I can remember like it was yesterday being in their shoes, eager to save the world and hopefully payoff my school loans. I have now practiced for more years than I would like to admit, and I have learned a few things along the way that I think would be invaluable to young dentists. As I once heard, the most painless lesson I could ever learn is a vicarious lesson via the struggles of another. While many dentists aspire to one day having their own practice, many graduates spend a few years working as an associate or employee. So, here are six things to consider as the graduates begin their journey as dentists.

First: If you are at all considering practicing in the area that you first obtain employment, do not sign a total non-solicitation agreement. A non-solicitation agreement that prevents the use of any privileged information, or relationship for solicitation is fair. A total non-solicitation agreement, not restricted to using privileged information, may restrict a yellow pages ad, sign, or any solicitation. This variation

of a non-solicitation clause could thus be interpreted very broadly and unfairly, especially if you wish to practice near your original place of employment.

Second: Paying off your loans and earning a living is essential, so insist on some minimum daily ongoing rate if possible. Your time is worth something, and you should not be expected to report to work if you are not earning a fair wage. If you are working purely on commission, you should not be expected to stay on premises when you are not working on a patient or to repeatedly work on capitation patients for virtually no money. In a part-time situation, a full-time or veteran employee may get most of the productive patients, leaving you mainly exams with little potential, capitation, and discounted fillings. I recall one former employee who told me she was paid in cash regularly for routing productive patients to one dentist as opposed to other dentists in the same office.

Third: Try to get a written agreement, for access during normal business hours, to charts, x-rays, and copies of records of any patients you have seen. If there is ever any

issue of dissatisfaction after you leave, you possibly won't remember the details, know the situation, or even remember the patient. Office assistants or managers will sometimes write notes in the chart, and, if their comments are clinically relevant, the dentist should, at the very least, review, approve, initial, or have input to any clinically relevant notes. Remember, it's always your license on the line, so make sure anything linked to your name is correct.

Fourth: Make sure that all subjects of clinical judgment agree with your judgment. Treatment decisions, even as simple as sealants, should be made by a dentist. Also, treatment sequencing should be completed in the order approved by the dentist. Staff may schedule crown & bridge appointments before periodontal problems have stabilized or resolved. Allowing managers, assistants, or even hygienists to dictate sequencing may place the dentist's license in jeopardy.

Fifth: Be aware that drug seekers are increasingly targeting dentists. Often, these can be the easiest places to score a few pills. Of particular concern are patients with whom the dentists have little if any familiarity, calling an "emergency" number after hours. Drug seekers realize the dentist can be vulnerable and might call in a script in order to pacify the patient. Similar hazards pertain to antibiotics. Many patients feel that a prescription of antibiotics is the cheapest and easiest way of dealing with dental problems. Some folks want the free amoxicillin that large pharmacies are dispensing for whatever ails them.

Sixth: Don't be pressured by staff or management, to do procedures which may exceed an acceptable level of risk considering the patient's health, equipment and instruments on hand, and the difficulty you anticipate. This is particularly true of surgery. Be aware of toxicity limits for different local anesthetics. The office may advertise full mouth extractions under local anesthetic with immediate dentures as a simple procedure. Make sure to feel comfortable with all treatment expectations before commencing the treatment.

Change, continued from page 8

University of Florida – possibly three times as expensive.

Many dentists are very fearful that the opening of one or more dental schools in Florida will flood the state with dentists at a time when many dentists have practices that are suffering. Dr. Robinson does not have such concerns.. First, the introduction of the ADEX exam will almost make it irrelevant where a new dental school is located. He argues that most of the graduates from Nova Southeastern, the last dental school to be constructed in Florida, return to other states to practice following graduation. He theorizes that a similar trend will occur in a new private school.

He also notes that “if you include the five new schools across the country that are scheduled to open in the next few years, there will have been only a net addition of two new dental schools over the past 25 years. And, if you analyze the population of our country - climbing from 250 million in 1990 to 313 million in 2011 - the number of dentists has not grown at the same rate as our overall population.”

Current Board of Dentistry Members

(Serving 4 year terms, appointed by the governor, confirmed by the senate)

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- Dr. Thad Morgan, Chairman (General Dentist)
- Dr. Dan Gesek
- Dr. William Kochenour
- Dr. Robert Perdomo (General Dentist)
- Dr. Wade Winker
- Dr. Carl Melzer
- Dr. Carol Stevens

Hygienists

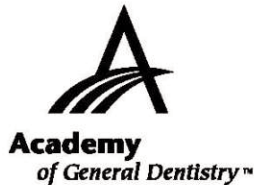
- Deborah Edinger
- Tamara Baker

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- Vicki Campbell
- Elmira Gainey

Pictures from the FLAGD CE Seminar, Laser Dentistry for the General Dentist Presented on Friday, April 8, 2011 in West Palm Beach, FL





2011 Academy of General Dentistry Membership Application

For more information:
 Call us toll-free: **888.AGD.DENT (888.243.3368)**
 Or join online: www.agd.org

Promotional code: _____

Referral Information

If you were referred to the AGD by a current member, please note information below:

Member's Name _____

City, State/Province, or Federal Services Branch _____

Member Information

First name MI Last name Designation (e.g. DDS, DMD, BDS) Date of birth (mm/dd/yyyy)
Required for access to the members-only AGD website

Do you currently hold a valid U.S./Canadian dental license? Yes No
 License number State/Province Date renewed (mm/yyyy)

Type of membership (See back page for definitions): (check one) Active general dentist Associate (Dental specialist) Resident Dental student Affiliate

If you are not in general practice, please indicate your specialty: _____

Current dental practice environment: (Check one) Solo Associateship Group practice Hospital Resident Other _____

Faculty _____ Please indicate institution Federal Services _____ Please indicate branch

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. Military counterpart Local Canadian constituent

Contact Information

Your AGD constituent (local chapter) is determined by your business address, unless one is not available.

Preferred billing/mailling address: Business Home
 Preferred method of contact: E-mail Mail Phone

Business address City State/Province ZIP/Postal code

Name of business (if applicable) Phone Fax

Home address City State/Province ZIP/Postal code

Phone Primary e-mail Website address

Educational Information

Are you a graduate of an accredited* U.S./Canadian dental school? Yes No Currently enrolled

Dental school City State/Province Date of graduation (mm/yyyy)

Are you a graduate of (or resident in) an accredited* U.S. or Canadian post-doctoral program? Yes No Currently enrolled Type: AEGD GPR Other

Post-doctoral institution State Start date (mm/dd/yyyy) End date (mm/dd/yyyy)

*See back of form. For information on qualifying for the residency dues discount, please refer to the description on the back.

Optional Information

Gender Male Female
 Ethnicity American Indian Asian African-American Hispanic Caucasian Other
 Are you interested in becoming one of the following? Mentor Mentee

Dues Information

Please check membership type applying for:

	U.S.	Canada	Puerto Rico
<input type="checkbox"/> Active General (in Canadian dollars)			
Dentist	\$354.00	\$304.00	\$296.00
Associate	354.00	304.00	296.00
Affiliate	177.00	152.00	148.00
Resident	71.00	61.00	59.00
2010 Graduate	71.00	61.00	59.00
2009 Graduate	142.00	121.00	118.00
2008 Graduate	212.00	183.00	178.00
2007 Graduate	283.00	243.00	237.00
Student	16.00	16.00	16.00

1. AGD Headquarters Dues.....

2. Florida AGD Dues **\$70.00**
Please refer to back side for constituent dues

Total Amount Enclosed:

Payment

Check (Enclosed)
 VISA MasterCard American Express Diners Club Discover

Note: Payments for Canadian members can only be accepted via VISA, MasterCard, or check.

_____ / _____
 Expiration date Please print name as it appears on the card

I hereby certify that all of the above information is correct, and that by signing this application agree to all terms of membership including completion of 75 hours of continuing education every three years for Active General Dentist and Associate Members.

Signature _____ Date _____

Return this application with your payment to: Academy of General Dentistry,
 211 E. Chicago Ave., Ste. 900, Chicago, IL 60611-1999
 For applicants paying with credit cards, fax to: 312.335.3443 (secure fax number)



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