

# Florida Focus

The Official Publication of the Florida Academy of General Dentistry



Florida AGD's new president, Dr. Merlin Ohmer (left) and AGD's Membership Chair, Dr. Bruce Cassis

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Meet Your Florida AGD Leaders

Trends In Dentistry

General Assembly 2018

Legislative Update

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Comments and suggestions about the Florida Focus should be sent to the Executive Office.

Patricia Jenkins, Executive Director

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## Well, Thats Interesting...

The average human has 32 teeth. Dogs have 42, cats have 30 and an armadillo has 104 teeth. Giraffes do not have any top teeth. A snail's mouth may be smaller than a pin head, but it can have as much as 25,000 teeth.



# PRESIDENT'S MESSAGE

Merlin Ohmer DDS, MAGD

President, Florida AGD

Hello fellow members. For those of you who do not know me, my name is Merlin Ohmer and I maintain a private practice downtown St. Augustine. I am a 1979 graduate of LSU School of Dentistry, Go Tigers! I practiced in the US Navy for 30 years and retired from the Navy two and a half years ago.

You can find my dog Ginger, a Goldendoodle, and me roaming the beach or playing tennis on my days off. She spends her days helping me work at my practice. Dentistry has grown and changed tremendously over my 39-year practice history and expect it to continue to grow and change. We need to be part of its growth and lead the way today and in the future. I have big plans for this year and thank each one of you for entrusting me with the position as your president.

I wear a few hats with the Florida AGD. A lot of my time and energy goes into planning quality continuing education courses for our members as the Continuing Education Chair. We are also constantly advocating for our members and all General Dentists in Tallahassee and across the state.

One of the great ways to be involved is the annual Dentist's Day on the Hill. Please join us as we lobby for dentistry. The Board of Directors for the Florida AGD works hard and passionately for General Dentists and are always looking for new members to be involved.

Please help us and get involved. We need your help! Give us your ideas. There are many committees where YOU can be help move the organization forward, Membership, Legislative and PACE to name a few. The AGD continues to be the only organization in dentistry to represent the General Dentist, focus on quality continuing education and advocacy for our profession.

In closing, I would like to personally ask our members to get involved and stay involved. There are opportunities for us to advance our profession and continue to fight for general dentists. The best years are ahead of us and for dentistry.

Dental Student

New Dentist

Mid-Career Dentist

Experienced Dentist

Fellow/Master





# EDITOR'S MESSAGE

Randall L. Weisel, DDS, FAGD

Editor, Florida AGD

We are in evolving times. This is a benign way of saying "we are in changing times." Change, by definition, is to make or become different. Albeit change is inevitable, it usually is not without resistance, questions, debates and stress. That is precisely what we are experiencing daily in our personal and professional lives. Healthcare is in the forefront of concern and debate within our changing political climate. Dentistry, as part of the healthcare environment, share these uncertainties. These changes cause mixed emotions.

This could not have been better demonstrated by reviews we received from our readers of the spring edition of the Florida Focus. The reviews expressed opposite stances toward our representation of corporate involvement in dentistry. Corporate dentistry is one of the issues within dentistry, that fit the definition of change and all that comes with it; to a tee. As apprentice editor and a corporate dentist, I wanted our discussions to be unbiased and fair. As editor I believe we achieved our goals.

In this summer edition of the Florida Focus and newsletters to follow we plan to present information pertaining to dentistry that is timely, unbiased, interesting and thought provoking. In this newsletter you are going to get acquainted with the 2018-19 leaders of the Florida AGD. They are your colleagues that care about our profession. They volunteer their time to get involved to give general dentistry a voice.

The science presented, showcases research within the sleep dental medicine arena. This research, by my esteemed friend and colleague Dr. Pankaj Singh, may revolutionize how we titrate Dental Sleep Appliances in "Cracking the Code". Our second timely dental medical science article, Soft Tissue Dental Laser Basics by laser physicist Dr. Peter Vitruk eloquently discusses the biological science of dental laser applications. Finally, legislative issues are thoroughly covered by Dr. Mel Kessler and "new" laws pertaining to opioid prescribing that went into effect July 1, 2018 are discussed.

I would like to give a special "shout out" to our sponsors. We have a varied array of advertisers. Please return their courtesy if you are in the market for services they may offer. Their support help make the Florida Focus newsletter happen.

I hope you find your Florida Focus meets your expectations. It is your newsletter with me at the helm. Please help me make it a "look forward to" read. Feedback will be helpful to develop the CANI (Constant

and Never-ending Improvement) mentality. This is your voice. Please step up and get involved with your Florida AGD.

*Randall Weisel*

# LEAD

.....

# WE NEED YOU

## Now is Your Opportunity to Get Involved

If you are passionate about Florida AGD and strengthening the role of general dentistry, consider serving on one of our councils or committees.

**EMAIL US TODAY: [FLAGD@FLAGD.ORG](mailto:FLAGD@FLAGD.ORG)**



The American Academy of Women Dentists at the University of Florida. This course was sponsored by The Academy of General Dentistry. Thanks to our PIO, Dr. Laurence Grayhills for speaking to this amazing group of our future women leaders.



# MEET YOUR FLORIDA AGD LEADERS

## 2018 General Assembly

June 22, 2018 at the Gaylord Palms and Convention Center



Installation of the 2018-2019 Senior Officers took place at the Gaylord Palms in June, in conjunction with the 2018 Florida Dental Convention. The officers were inducted by Tony Menendez, DDS, MAGD, Region XX Director

### Congratulations to:

#### Officers

President, Merlin Ohmer, DDS, MAGD  
President-Elect, Andrew Martin, DMD, MAGD  
Vice President, Irving Carvajal, DDS, FAGD  
Secretary, Naresh Kalra, DDS  
Treasurer, Harvey Gordon, DDS, MAGD  
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Mel Kessler, DDS, MAGD, Legislative Affairs  
Bipin Sheth, DDS, MAGD, PACE  
Ray Morse, DMD, MAGD

#### 2018 Florida AGD Awards Presented by Dr. Linda Trotter



Humanitarian Award  
John V. Gammichia, DMD, FAGD

Distinguished Service Award  
Robert Gehrig, DMD, FAGD

#### Florida AGDs Immediate Past President, Dr. Linda Trotter passing the gavel to our new President, Dr. Merlin Ohmer





## Get To Know Your President-Elect, Andrew Martin, DMD, MBA, MAGD

We are all the products of our past and I am no exception. As the son of dentist, I feel like I owe more than most to the profession and it is with much humility that I share my journey.

I first fell in love with dentistry while helping my dad develop radiographs and wax up casts. My family immigrated to the states when I was in high school and my father, after 22 years of being in private practice, shut his doors and went back to school. My parents' dedication and drive in their chosen professions made me sit up and take notice. Dentistry had to hold something special, or why else would a 50 year old man elect to go back through the rigorous curriculum of dental school for a second time?

On my first day of dental school I remember wondering whether I had made the right decision. I knew too many people who had gone to school and found that they were unhappy in their field of study. Fifteen odd years later, I smile and consider myself extremely blessed to have chosen a profession that still engages and challenges me to grow on a daily basis.

Experience cannot be bought, it must be earned. So, I decided to front-load my career with education so that I could use that knowledge for an entire career. Continuing education is key to growing as dentist and, membership in the AGD is one vehicle that has promoted this growth for me. After thousands of hours of continuing education, a Mastership award, and an MBA, all I have learned is how little I know and how much more there is the learn.

I now own and run two busy dental practices. With a talented associate of my own, I watch with pride as his knowledge base increases and I hope to look back at his career and know that I played a small part in his success.

Having grown up in India, my family values and morality are deeply rooted in eastern tradition, so I will share an eastern ideology that I apply to dentistry. "The path is the goal." Enjoy the journey. Do not disappoint in failure, but learn at each turn. And most importantly, before your journey is done, give back to your fellow travelers for you did not make through on your own. My involvement with the AGD began as an attempt to give back. To help promote and preserve our profession and to help the kid who may be playing in his father's lab achieve his dreams.

As an immigrant, I truly value the democratic system that is pervasive in this great country and in my own way I believe firmly in representing and promoting the best interests of the members of the Florida Academy of General Dentistry. I welcome any member of the Florida AGD to reach out to me personally. I also wish to thank those of you who have touched my life along the way, helped me up when I stumbled,

and pointed the way so that my path could be everything I could have hoped. With gratitude, *Andrew Martin*



## A Little Bit About Florida AGD's Vice President, Irving Carvajal, DDS, FAGD

Dr. Irving N. Carvajal was born in New York City and was raised there until the age of 13. His family moved to Miami, FL in 1971 where he continues to reside married with two daughters and a grandchild.

In 1978, Dr. Carvajal attended Dental School in the Dominican Republic and graduated with his D.D.S. in 1981. After graduation, Dr. Carvajal moved back home to Miami where he was accepted into the General Practice Residency Program at Jackson Memorial Hospital/University of Miami and completed his residency in 1984.

With much ambition and perseverance, Dr. Carvajal immediately opened up his own dental practice on January 2, 1984. He later moved to a new location in 1993 where he still practices today. Dr. Carvajal's love for dentistry and desire to serve his community started from the beginning.

He joined Community Smiles which was formally known as Lindsey Hopkins Community Dental Clinic where he volunteers his dental services once or twice a month. Dr. Carvajal is now on Community Smiles's faculty where he is able to mentor and teach foreign graduates dentistry in their two year training program.

Dr. Carvajal's interest in continuing education and lifelong learning led him to the AGD in 1985. In 2017, Dr. Carvajal attained the highly acclaimed AGD Fellow in Las Vegas, NV. He has served as the President for CEOLA-HELO Dental Study Club and LAODI Implant Study Club. Currently, he is the vice-president of the Florida AGD, serves as the Treasurer for SEFAGD, is a delegate for AGD House of Delegates, and is a part of Dentist Day on the Hill in Tallahassee, FL. On Dr. Carvajal's free time he enjoys spending time with his family, his three year old grandchild, fishing, and real-estate investing. Above all, Dr. Carvajal loves the ever-evolving challenge that dentistry brings to him, the happiness in helping others solve their aches and pains, and the ability to continue to grow and learn from the profession daily.



## Cracking the Code-

Quantitative Analytic Predictive Algorithm for Determining Effective Mandibular Position for Therapeutic Success with Oral Appliances in Patients with Obstructive Sleep Apnea

By: Pankaj P. Singh, DDS, DABOI/ID, FAAID, DICOI

### STUDY OBJECTIVES

The present study addresses the need for an objective method that prospectively defines the effective mandibular position (EMP) for successful OAT with a mandibular advancement device (MAD) from the very first time of use.

The objective of this comparative study was to evaluate the ability of experimental quantitative analytic algorithms to predict EMP for successful OAT outcome with a mandibular advancement device (MAD) from the very first night of use bypassing the control being subjective, trial and error method of serial titrating the MAD.

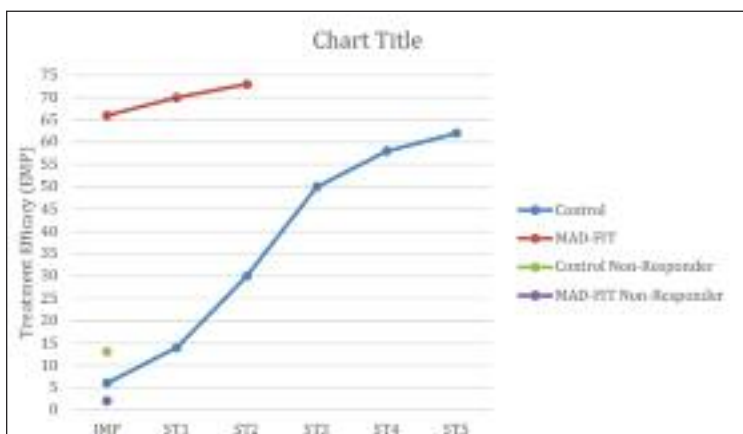
**DESIGN** A prospective, blinded, outcome study.

**SETTING** Standard clinical care in dental practice with sleep studies performed either at home or in polysomnographic laboratories.

**PARTICIPANTS** Consecutive patients (n=75; age 20-85) were recruited from dental practice who were referred for oral appliance therapy with diagnosis of OSA (AHI > 5/hr.)

**INTERVENTIONS:** All participants were treated with a MAD and therapeutic outcome was defined by use of MAD for >4 hr./night for >4 nights/week, elimination of snoring, improvement in quality of life (QOL), improvement >50% in daytime symptoms documented in epworth sleepiness scale (ESS), and decrease of AHI >50% at the effective mandibular position (EMP). Subjects first underwent treatment with MAD with the initial mandibular position set at maxillo-mandibular incisal edge-to-edge as control method registered using 5mm George Gauge fork (IMPC), then after 1 week of wearing the MAD, serial titration (STC) if needed were performed weekly until subjects reporting of successful OAT based on improvement of snoring, QOL and ESS. Each subject then underwent an oral appliance efficacy sleep study, either at home or overnight in polysomnography laboratory with the MAD in the effective mandibular position (EMPC). Each subject then used MAD made in the experimental start position determined by the predictive algorithm (MAD-FIT) and that position registered using a 3 Dimensionally adjustable Andra Gauge and after 1 week of wearing the MAD, serial titration (STE) if needed were performed weekly until subjects reporting of successful OAT based on improvement of snoring, QOL and ESS. Each subject then underwent an oral appliance efficacy sleep study, either at home or overnight in polysomnography laboratory with the MAD in the effective mandibular position (EMPE). Therapeutic outcomes of IMPC, MAD-FIT, EMPC, EMPE were then blindly compared.

**MEASUREMENTS AND RESULTS:** At the control IMPC position, standard predictive parameters (sensitivity, specificity, positive and negative predictive values) showed statistical predictive accuracy ( $P < 0.05$ ) of 8%. The predictive algorithmic determinant of initial mandibular position (MAD-FIT) provided an efficacious mandibular position in 88% of participants predicted to be therapeutically successful MAD therapy ( $P < 0.05$ ). 75% of the control group underwent up to 5 additional titrations (STC1 = 8, STC2 = 16, STC3 = 20, STC4 = 8, STC5 = 4) and 17% were non-responders, and 8% of the experimental group underwent up to 2 additional titrations (STE1 = 4, STE2 = 3) until reported therapeutic outcome. 17% of the control and 3% of the experimental group were non-responders to OAT.



**CONCLUSIONS:** Using prospectively established rules for therapeutic outcome and development of EMP, the MAD-FIT predicted OAT therapeutic outcome at the insertion visit and overall therapeutic success with significant accuracy, compared with the control method of arbitrary determination of mandibular position followed by serial titration of MAD.

### KEYWORDS:

Obstructive sleep apnea; mandibular repositioning device; serial titration; oral appliance therapy; sleep disordered breathing; snoring.



# SOFT TISSUE DENTAL LASER BASICS

Peter Vitruk, PhD, MInstP, CPhys, DABLS Founder, LightScalpel LLC, Bothell, WA  
www.lightscalpel.com Founder, American Laser Study Club, Bothell, WA

**Laser Light Absorption by Soft Tissue.** The key to the success of soft tissue surgical lasers is their ability to vaporize and coagulate the soft tissue at the same time, which makes many soft tissue procedures much simpler and far more enjoyable for practitioners.

Figure 1 presents the known optical absorption coefficient spectra of the soft tissues four main chromophores<sup>1-3</sup> – water, melanin, hemoglobin (Hb) and oxyhemoglobin (HbO), for their histologically relevant concentrations, which are needed to understand the photo-thermal ablation and photo-thermal coagulation efficiencies for the soft tissue dental lasers on the market today: - Near-IR diode wavelengths circa 1,000 nm are highly inefficient cutters but good coagulators.

Soft Tissue Cutting Diodes are Hot Glass Tip Cautery devices:<sup>3</sup> Near-IR light heats up the charred distal end of the fiberglass tip to circa 1,000°C, which then heats up the soft tissue through heat conduction. - Mid-IR Erbium laser wavelengths circa 3,000 nm are efficient cutters but poor coagulators; - IR CO<sub>2</sub> laser wavelengths circa 10,000 nm are both efficient cutters and efficient coagulators.

Figure 1 also presents, for different laser wavelengths, the calculated Thermal Relaxation Times, Ablation Fluence Thresholds, and Coagulation/Hemostasis Depths – all critical input parameters for design and appropriate usage of an efficient soft tissue dental laser.

**Thermal Relaxation Time.** Soft tissue ablation and coagulation efficiencies are also by laser pulse duration.<sup>1-3</sup> The rate of how fast the irradiated tissue diffuses the heat away is defined through the Thermal Relaxation Time,<sup>2</sup> TRT (shown in Figure 1). The most efficient heating of the irradiated tissue takes place when laser pulse duration is much shorter than TRT. The most efficient cooling of the tissue takes place if time duration between laser pulses is much greater than TRT.

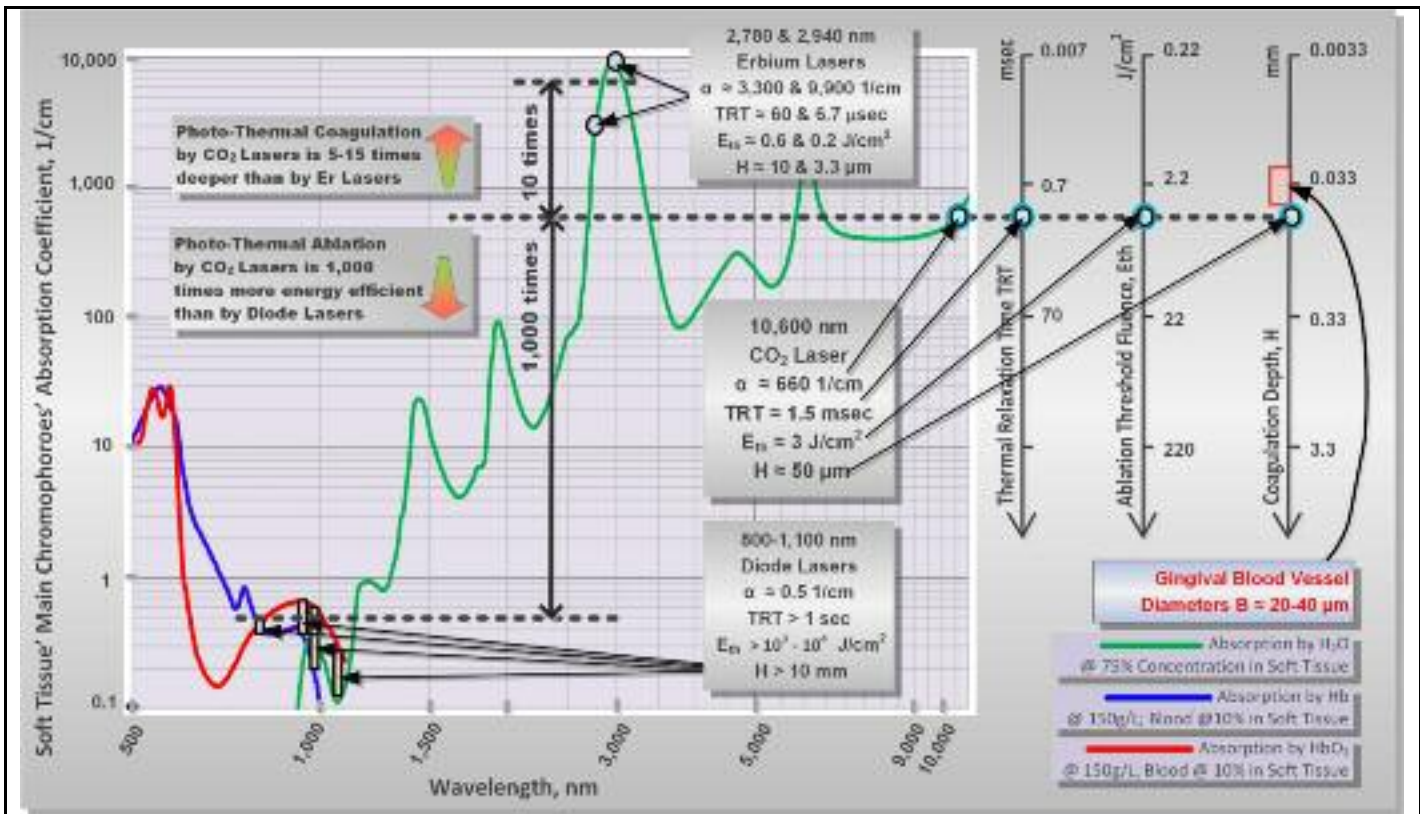
**Depth of Laser Incision.** For a CO<sub>2</sub> laser cutting applications, greater laser fluence (i.e., energy density, or power density times the duration it applied to the target) results in greater depth and rate of soft tissue removal.<sup>2</sup> For a moving (over the target tissue, as illustrated in Figure 2) CO<sub>2</sub> laser beam, the incision depth is proportional to laser average power, and inversely proportional to laser beam width and surgeon's hand speed. For defocused laser beam (also shown in Figure 2), incision is not feasible at fluence levels below ablation threshold (see Figure 1).

**Depth of Laser Coagulation / Hemostasis.** The photo-thermal coagulation/hemostasis depth is proportional to the absorption depth for pulsed laser operation (pulses shorter or comparable to TRT) is indicated in Figure 1 for a variety of wavelengths. It can be extended by lengthening the laser pulse, in which case it is proportional to the root square of the laser exposure time.<sup>3</sup>

**References.** 1. Vitruk P. Laser Education, Science and Safety – A review of dental laser education standards. *Dentaltown*. 2017 June;17(6):62-67. 2. Vogel A, Venugopalan V. Mechanisms of pulsed laser ablation of biological tissues. *Chem Rev*. 2003;103:2. pp. 577- 644. 3. Vitruk P, Levine R. Hemostasis and Coagulation with Ablative Soft-Tissue Dental Lasers and Hot-Tip Devices. *Inside Dentistry*. 2016 Aug;12(8):37-42. 4. Yoshida S, Noguchi K, Imura K, Miwa Y, Sunohara M, Sato I. A morphological study of the blood vessels associated with periodontal probing depth in human gingival tissue. *Okajimas Folia Anat Jpn*. 2011;88(3):103-9.



## Figures.



**Figure 1.** Spectra of Absorption Coefficient, 1/cm, at histologically relevant concentrations of water, hemoglobin (Hb), oxyhemoglobin (HbO<sub>2</sub>) in sub-epithelial oral soft tissue, and: Thermal Relaxation Time, **TRT**, msec; short pulse Ablation Fluence Threshold, **E<sub>th</sub>**, J/cm<sup>2</sup>; and short pulse Photo-Thermal Coagulation Depth, **H**, mm. **B** is gingival blood vessel diameter.<sup>4</sup> Images are courtesy of LightScalpel, LLC, Bothell, WA.



**Figure 2.** The difference between focused (a) and defocused (b) laser beams. Laser-tissue incision with focused (0.25 mm spot size) SuperPulse laser beam is illustrated. Defocused beam (> 1-2 mm spot size) with reduced fluence does not incise, but coagulates the tissue. Images are courtesy of LightScalpel, LLC, Bothell, WA.



# LEGISLATIVE REPORT

## Melvin "Mel" Kessler, DMD, FAGD, Legislative Committee Chair, Florida AGD

My last report gave an update on the legislative session in February. We failed on the Student Loan Repayment Program and on funding for Donated Dental Services. We did obtain funding, \$200,000, for Fluoridation. While it would seem that we did not have much success, this could not be further from the truth. Our major aim last session was to stop the Dental Therapist legislation. We succeeded on that issue, so overall I would say it was a successful session for dentistry. We had a great turnout from our board, and next year hope we can keep the momentum going. Please plan to attend DDOH next year on 3/10 -3/11/19.

The DT issue always keeps changing and pushing ahead. This year the Massachusetts ADA made a compromise deal which included further training requirements and then agreed to the DT bill. So Mass. now joins MN, ME and VT. Arizona then passed a bill for DT's to work in tribal clinics in May. This is an extremely important issue and we will keep you informed as we get closer to the legislative session. We are opposing PEW, a \$5 billion foundation and Kellogg, a 7.3 billion foundation, in addition to others championing the DT cause, as the solution to lack of care.

Your board has also been working on your behalf to address CODA, the Commission on Dental Accreditation, concerning revisions to the Accreditation Standards for Dental Hygiene Education Programs. Whereas under Dental Hygiene Diagnosis they spoke of "identification of an existing or potential oral health problem", but now they are deleting that and adding: (Under) Dental Hygiene Process of Care: ..... There are six components to the dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation.

Members of your board objected to the idea that hygienists should be taught to "diagnose". Their job is to assess and advise the doctor of their findings. The doctor, then having much greater training, and as leader of the team, then is the one who should diagnose. In addition to board members writing to CODA, the AGD President, Dr. Manny Cordero, also responded to CODA, on behalf of the AGD. Dr. Cordero sent an excellent letter suggesting the use of the word "assessment", rather than "diagnosis", in addition to many other modifications.

The next issue I wish to address is CMS, Centers for Medicare & Medicaid Services, rescinding Medicare Parts C & Part D enrollment requirements. The new rules took effect 6/15/18. If you, as I, ignored the whole darn thing, you are in luck. CMS, due to people like us, had to change the enrollment date at least five times. In the end they had to acquiesce to the AGD, the ADA, NADP & DDPA and change their rules.

Ok, let me clarify. If you did nothing, you will still be able to write Rx for your part D patients (Drugs, eg. medications), and they will be covered. If you opted in, you are fine, no need to opt out but even in better position on part C (Medicare Advantage Plans); will explain shortly. If you opted out, only 5500 – 6000 did, you have to change that position, as now your part D prescriptions will not be covered.

Effective 1/1/19, opt in/ opt out for part D will be replaced by a preclusion list (people barred from participating in CMS programs, rather than requiring all to enroll). Now on part C, opt in/ opt out is still required if you send patients out to a lab for imaging and utilize a lab for biopsies. Here again, if you opted out, and if you use these outside labs, you will have to revoke your opt out status. Also, if you did nothing, and if you plan to use labs for imaging or biopsies, you will have to opt in and submit a CMS 8550 form. CMS did not change this requirement. To complicate it just a little further, some Medicare Advantage Plans (part C) also required an opt in. Please research this issue further for more clarity. Hopefully this helped a little. You may contact Tri or me for a copy of an article on this subject, or call Dr. Frank Kyle, at ADA Advocacy DC Office, 202-789-5175.

At this point I just want to emphasize the importance of advocating on your behalf and constantly working together to keep dentistry a great profession and for us and our patients. We are constantly facing many different issues. On that point, just a little information regarding the AGD's efforts in DC. Dr. Gerald Botko and I represented the FLAGD at AGD Hill Day, with orientation on 6/18 and legislative visits on 6/19/18. We visited offices of Senators' Nelson & Rubio and five Representative. First issue addressed was Action to Increase Oral Health Literacy. We want to emphasize prevention and urging CDC, Communicable Disease Center, to study the issue, rather than think we can merely treat our way out of disease. Next issue was to Support Funding for HRSA' Oral Health Programs (Health Recourses and Services Administration). Both of these departments come under HHS, Health and Human Services. Funding is needed to support Title VII general dental residency programs, Dental Faculty Loan Repayment Program, outreach and services to underserved and vulnerable populations. In addition we want the Chief Dental Officer at HRSA restored to executive level, rather than merely advisory level. At executive level the CDO could oversee and lead oral health programs.

The issues I mentioned show how we now have to work in many diverse areas. As noted here, we are working on state, commission, agency and national levels. Gone is the time we can merely work in our individual offices and pay no attention to outside forces.

*Mel Kessler*

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# FLORIDA AGD STUDENT CHAPTERS AWARDS



UNIVERSITY OF FLORIDA  
Drs: Eric Faby and Christina LePochat with  
Dr. Stephen Howard



NOVA SOUTHEASTERN  
Drs: Anthony Falestiny and Marjan Mirkheshti  
with Dr. Harvey Gordon

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# New Controlled Substance Laws That Every Florida Dentist Must Know

By Erica Chapman, Esq.

Beginning July 1, 2018, new laws place additional requirements on dentists and other controlled substance prescribers when prescribing controlled substances. Failure to comply with these additional laws may result in disciplinary and criminal action.



## E-FORCSE Requirements

Dentists must check E-FORCSE prior to prescribing a controlled substance to a patient over 16 years of age. The checking requirement applies to all schedules and classes of controlled substances prescribed for any purpose.

Dentists must consult the database regardless of whether the patient was recently seen or whether the prescription is called-in or refilled.

## Acute Pain Requirements

Effective July 1, 2018, schedule II opioids prescribed for the treatment of acute pain must not exceed a three-day supply. Acute pain is defined as:

[The] normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term does not include pain related to:

1. Cancer.
2. A terminal condition...“terminal condition” means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.
3. Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury.
4. A traumatic injury with an Injury Severity Score of 9 or greater.

456.44(1)(a), Fla. Stat. (2018)

[However,] a 7-day supply may be prescribed if:

1. The prescriber, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient's pain as an acute medical condition;
2. The prescriber indicates “ACUTE PAIN EXCEPTION” on the prescription; and
3. The prescriber adequately documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection.

456.44(5)(a), Fla. Stat. (2018)

When prescribing schedule II opioids for non-acute pain (e.g. chronic nonmalignant pain), prescribers must indicate on the prescription “NONACUTE PAIN.” Chronic nonmalignant pain is not subject to the 3 day/7 day prescribing limitation.

## Mandatory Controlled Substance CE Course

Before January 31, 2019, all Florida licensed health professionals, including dentists, registered with the DEA must complete a 2-hour continuing education course on prescribing controlled substances. For a list of approved courses, see <http://www.flhealthsource.gov/FloridaTakeControl/>. Following the initial course, these health professionals must complete 2-hours of CE training on controlled substances prior to each biannual license renewal.

## Additional Board Rules

The Board of Dentistry will establish additional rules regulating the prescribing of controlled substances for the treatment of acute pain. Rules will include guidelines on patient evaluation, treatment plans, informed consent, controlled substance agreements, consultation, and medical record review.

# **FLORIDA** **ACADEMY** of **GENERAL DENTISTRY**

presents..... **SOFT TISSUE GRAFTING**

**Hands-on Course Detailing Restoratives**

**TAMPA, FL**  
**JANUARY 25, 2019**



**Presented by Dr. James Kohner**



## Enhancing Restorative Results

Soft Tissue Grafting Learn evidence-based solutions for the soft tissue challenges you face on a daily basis, and how to cover those exposed roots and predictably stop recession. In this workshop, methods are illustrated to solve those problems and enhance your restorative results. Gain peace of mind knowing the gingiva stays in place by the margins of newly placed esthetic crowns.

Participants will experience an in-depth look at the concepts and practical applications for both Free Gingival and Connective Tissue Grafts.

Gingival Grafts create zones of attached gingiva where neither root coverage nor esthetics are factors. They provide a predictable way to stop recession from progressing.

Connective Tissue Grafts are useful for total root coverage in cases of severe recession, especially in the maxilla where esthetics are important.

The full day workshop offers the opportunity to practice both procedures on pig jaws.

This workshop is for dentists who want to offer soft tissue grafting or learn more about enhancing esthetic restorative results. The course includes hands-on exercises and many case illustrations, plus two surgical videos of the grafting procedure will be shown.

## Participants will learn:

Diagnostic criteria for each graft

To gain root coverage

To predictably stop recession, or to prevent it in the esthetic zone

Step-by-step harvesting, placing and suturing

Step-by-step use of specialized instruments

**DATE: January 25, 2019**

**MEMBERS: \$475**

**TIME: 8:30 a.m. - 4:30 p.m.**

**NON-MEMBERS \$550**

**CE CREDITS: 8**

**Staff: \$100**

Price includes pig jaws and surgical equipment

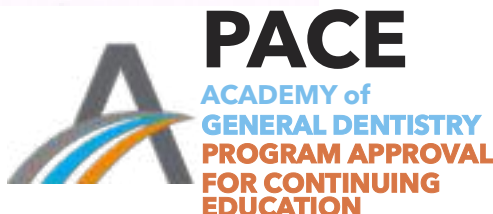
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# STAND WITH THE BEST IN DENTISTRY

## CONGRATULATIONS TO OUR FELLOWS, MASTERS & LLRSRS

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**Remembering Florida AGD's  
1990-1991 Past-President,  
Jerry L. Reynolds, DDS, MAGD  
1935-2018**

He was deeply committed to his profession, and served as President of the Hillsborough County Dental Society, President of the West Coast Dental Association, and State President of the Florida Academy of General Dentistry. He was a Master and Trustee of the National Academy of General Dentistry, the International College of Dentistry, and the Academy of Dentistry International. He received the Life Achievement Award from the Hillsborough County Dental Association and the Florida Academy of General Dentistry.



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Dr Reynolds (r) with friends and FLAGD Past Presidents, Dr. Ramon Sanchez (l) and Dr. Sam Hanna (c)

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Florida AGD's Dr. Melvin Kessler (right) and Dr. Gerry Botko at AGD Hill Day in June