

# DCDS connection

Official Publication of DCDS  
A tradition of integrity and care since 1908



## Mission Statement

Serving the professional  
needs of our members

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## 1100 Kids, 3 Hours, 23 Locations Foundation Focuses Strategies for Community Improvement

DCDS Foundation will begin the new year with an exciting opportunity for our community: to provide oral health instruction and screenings to over 1100 low income children in Dallas County.

*Give Kids a Smile (GKAS) - Dallas 2020* will take place at 23 after-school programs for ages 6-12 within the Dallas Independent School District. Dental screenings, dietary counseling and oral hygiene instructions at these locations aim to emphasize the importance of dental health while reducing the stress surrounding dental visits.

This GKAS event with its aggressive goal of 23 schools and 1100 children is part of the DCDS Foundation's renewed energy towards its mission to "Enhance oral health in our community."

Strategic planning on the part of the DCDS Foundation Board took place in July and August 2019, focusing on ways to improve dental health in Dallas County while providing easy volunteer opportunities and other support for dental professionals. Activities arranged from this strategic planning include expansion of Foundation Board members from six to twelve, discussions with the International Refugee Group, hosting a dental summit with local dental clinics, hosting GKAS-Dallas and planning for the eighth Dallas TMOM event in 2021 (the third hosted for veterans.)

In addition to all of the above activities put into motion, Foundation Bylaws have been

reviewed, a Foundation brochure was produced to highlight recent achievements and a \$1000 scholarship for a Public Health resident which will be awarded by the Foundation. *Senior Smiles*, a program aimed at nursing homes, and elementary school *Tooth Talk* events continue to keep Foundation volunteers active.

"The enthusiasm and energy of the expanded Foundation Board is echoing through a growing group of volunteers," reports Dr. Michael Rainwater, President of DCDS Foundation. "We invite all who are interested in helping others through dentistry to contact a Board member regarding how their lives have been enriched through their volunteer experiences, and to join us as part of the *Give Kids a Smile* initiative!"

### DCDS Foundation Board of Directors

- Dr. Michael Rainwater, President
- Dr. Sloan Hildebrand, Immediate Past President
- Dr. Bill Gerlach, Secretary/Treasurer
- Dr. Todd Baumann, Director
- Dr. Rei Iwase, Director
- Dr. Bob McNeill, Director
- Dr. Hedley Rakusin, Director
- Dr. James Reisman, Director
- Dr. Travis Spillman, Director
- Dr. Mary Swift, Director
- Dr. Chi Trieu, Director
- Dr. Wayne Woods, Director
- Ms. Jane Evans, DCDS Executive Director

More information on DCDS Foundation can be found at [dcdsfoundation.org](http://dcdsfoundation.org).

**Now's your chance to improve the dental health of low income children.  
Make this a priority for your team!**

**Give Kids a Smile - Dallas 2020  
February 7, 2020 • 3:15 to 6:00 pm**

**We need you, members of your staff, hygienists and assistants to volunteer so we can make an impact on all 23 after-school sites across Dallas.**

**Call the DCDS office 972-386-5741 or  
email DCDS Foundation Manager Lori Dees at [Lori@dcds.org](mailto:Lori@dcds.org) to sign up today!**

# The Write Stuff

by Brad Crump, DDS, MS, President

## New Year, New Resolutions



I hope all of you had a wonderful and safe holiday season. As the New Year commences, most of us have committed to a few new resolutions to achieve new goals and aspirations for ourselves for 2020.

When thinking of my own new year's resolutions a quote from Reverend Martin Luther King Jr. came to mind, "Life's most persistent and urgent question is, *What are you doing for others?*"

When thinking of this question in relation to myself, I am sure that my own situation speaks for most of us. Our lives become self-centered from day to day obligations and rituals. We become so focused on ourselves and our immediate families, that in the hustle and bustle we forget about giving back to others through service work and/or charitable giving.

In the spirit of giving, our own Dallas County Dental Society has many opportunities for you to do more for others. You can volunteer at a local school health fair, or have a dental educational program at a local elementary school. There are many opportunities to help out local school children. You can also volunteer at a Texas Mission of Mercy event to provide dental care to the under-served, with some events specific to just providing care to Veterans in need. There are many TMOM events around the state each year.

Finally, you can give a monetary donation to the DCDS Foundation. This charitable arm of the Dallas County Dental Society has many initiatives including a scholarship program

established for dental students in the Public Health field and dental assisting students, promoting programs for seniors and children and increasing Dental Alliance participation. The Give Kids a Smile event to be held in February 2020 is a DCDS Foundation driven effort as well. The Foundation is also arranging a "Collaborative Charity Dental Summit" to be held in January 2020, inviting a specific group of dental charitable providers to meet, share ideas and facilitate communication on how Dallas County Dental Society can better serve the dental public.

**“We become so focused on ourselves and our immediate families, that in the hustle and bustle we forget about giving back to others through service work and/or charitable giving.”**

Looking forward into the new year, I am going to make a concerted effort to be of service to others and I hope you will as well. As a quote attributed to Buddha says, "If you light a lamp for someone else it will also brighten your path."

If you have questions regarding opportunities where you can give back and do more for others, please call the Dallas County Dental Society staff for information on any of the events discussed here, plus many more.



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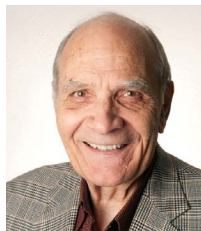


**You have a team standing ready to research dental practice issues and find answers to your questions?**

**Dallas County Dental Society staff members are here for you!**  
**972-386-5741 or [info@dcds.org](mailto:info@dcds.org)**

# Impressions

## The Importance of Context



**D** Magazine recently published an article about Dr. Juan Pascual, Chief of the Rare Brain Disorder Program at UT Southwestern. Interestingly, Dr. Pascual

finds that his biggest challenge in diagnosis is listening carefully to the patients' stories they have told themselves and those other doctors have told them about their illnesses, and then trying to decode the truth behind those stories. In short, he extracts what the ancient Greeks called an anamnesis that can never be done with a patient-generated paper and pen listing of medical problems.

Rather than relying on MRIs, CAT scans and other digital data ordinarily done first, he asks patients what they think about when they lie in bed at night. In a digital age, this almost seems heretical, but Pascual feels that language holds the key to diagnosis and successful therapy. And not just patients' words, but the context of those words as related to their lives.

He has even opined that "there is nothing scientific about medicine in anyway." This seems like a rash, ill-informed remark, but none of the healing arts have the scientific precision of, say, physics, chemistry, biology or mathematics for the simple reason we deal with the most complex and highly contradictory creatures on earth — human beings. Our very perception of the world is affected by context, which dooms any rational attempt to develop context-free universal laws for human behavior or for those disciplines such as economics, social sciences, psychology, anthropology and philosophy.

We have witnessed how economists and social scientists suffering from "physics envy" have developed mathematical statistics, argots and moral imperatives apart from context. But in order to form universal laws, naive rationalists have to pretend that context doesn't matter; but of course it does, which explains some of the cockamamie ideas they develop. Bertrand Russell was more correct than he knew when he said, "There is an unbridgeable gulf between knowledge by description and knowledge by

acquaintance, and no way of going from one to the other; i.e., there is no substitute for experience."

In Nassim Nicholas Taleb's book, *Skin in the Game*, someone explains how, depending on context, he has entirely different political preferences: 'At the federal level I am a Libertarian. At the state level, I am a Republican. At the town level, I am a Democrat. In my family I am a socialist. And with my dog I am a Marxist— from each according to his abilities, to each according to his needs.'

Social exchanges are heavily affected by context and attempts to shoehorn human behavior into a single, one-size-fits-all straitjacket are flawed from the outset — they are driven by our dangerous love of certainty and can only come from theory, which by it's universal nature doesn't take context into account.

Dr. Welden Bell, the now departed Dallas oral surgeon and quintessential diagnostician, said that by the time patients, after a dental odyssey, got to him, he knew explicitly what they didn't have and by talking to patients he could usually figure out what their problems were. Dr. Pascual apparently has similar experiences, and the stories he elicits from patients tell him so much more than digital records could ever reveal; and truth be told, dialogue itself has a therapeutic and redemptive feature.

With our reductionist mindsets and behaviors, dentists generally & dental specialists in particular seem to have lost not just the ability to talk extensively with patients but even their interest in dialogue. By nature dentists tend toward introversion and often seem more comfortable dealing with devices and gadgets than with people. But patients have a right to expect their professional caregivers to have enough interest in them to extensively explore the uniqueness of their needs.

While talking about exchanging information with patients, it might benefit us to think a little bit about where our patient communication usually takes place — at the dental chair with the patient lying back in that most susceptible, fearful and submissive posture with a bright

light shining in their partially numb face. This ordinary dental scene seems more like the setting of a KGB interrogation than an attempt to discover the reality of peoples needs, anxieties, hopes, expectations and aspirations. I may be wrong, but I think a dialogue in a quiet room with comfortable chairs might elicit more helpful information.

**“Patients have a right to expect their professional caregivers to have enough interest in them to extensively explore the uniqueness of their needs.”**

Unfortunately, with so much emphasis on technique and digital technology, the ordinary dental curriculum provides scant training in relating patients' chief complaints to the context of their realities. Furthermore, developing a faculty with the skills, knowledge and experience similar to Dr. Pascual will offer a major obstacle for the inclusion of such a discipline in the dental curriculum. But like so many skills, the most effective way of learning something is simply personal trial, error and correction.

The healing arts seem to be moving away from what Dr. Pascual uses so effectively.

The current emphasis on scaling our practices to see more patients and do more procedures, and the value now placed on big data, artificial intelligence and artificial reality have pretty much eclipsed communication with patients. But those disciplines seem to have two serious limitations: all big data come from the same place — the past with no provision for the present or the future and big data can never interpret itself.

Making logical models while keeping them simple and connected to the fruitfulness of reality (context) and continuing to strive for progress remain our hope of extracting from the glut of data a bonanza of meaning and usefulness.

Editorial by Larry W. White, DDS, MSD, Editor



# From The Hub

by Jane D. Evans, Executive Director

## Hats off to Dr. Danette McNew!



While reviewing the Great Transitions Program for the D4 students held recently at Texas A&M University College of Dentistry, I reflected on its success, which I fully credit to the excellent planning and

passion of Dr. Danette McNew.

Dr. McNew is a true role model for the students year after year. She plans the event for each class, scheduling a superb panel to bring a different perspective and insight that allows the students to see what their options are as they are about to begin their career in dentistry.

She also assists with rallying the D4 students on ADA National Signing Day. The students' hectic schedules sometimes makes it difficult to get them to take the time to sign up for organized dentistry on National Signing Day, but with Dr.

McNew's help we consistently have 100 percent participation, which is a huge accomplishment.

Others have also noted Dr. McNew's dedication to dentistry. "Dr. McNew gives her heart and soul to the dental students she teaches day after day and I know first hand that she promotes organized dentistry each and every day," explains Dr. Brad Crump, DCDS President. "Her passion humbles me."



Dr. McNew facilitating panel discussions during Great Transitions.



Students enjoying the dinner sponsored by the Academy of Osseointegration.

Dr. Jodi Danna, DCDS Membership Development Chairman and DCDS Past President, also voices her appreciation for Dr. McNew's commitment. "Danette is an inspiration to each and every person she interacts with," says Dr. Danna. "Her passion, dedication and overall love for her students, her colleagues and to the profession as a whole...we are all better people for having her in our corner. Thank you Danette!"

# If you don't speak for dentistry, who will?

DENPAC supports candidates for state office who support dentists and patients.

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Visit [DENPAC.org](http://DENPAC.org) to make an investment online.

Contributions or gifts to political action committees are not deductible as charitable contributions for federal tax purposes. Contributions to the Texas Dental Association Political Action Committee are voluntary and may be used to support state candidates and office holders. You may refuse to contribute without reprisal, and the Texas Dental Association and its local component societies will neither favor nor disadvantage anyone based on the amount or failure to make contributions. According to Texas state law, political action committees may only accept contributions from individuals, professional corporations, and professional associations. State law requires political action committees to request and make best efforts to report the name, mailing address, occupation, and employer for each individual whose contributions aggregate in excess of \$100 in a calendar year.



# New Dentists

News and perspective from dentists under 10 years of practice

by Jon Vogel, DDS

## Adulting 101: Retirement planning for the new dentist



**Y**ou have finally graduated, and accomplished your dream. It is easy to believe that all your hard work is done yet it is truly just beginning. Reality sets in and the bills start piling up.

There is rent, malpractice insurance, disability insurance, phone bill, auto bills, and then finally, your student loan kicks in. It is easy to get overwhelmed trying to manage bills and to save for things like a car, a house and a practice. Then you have to consider retirement? Even though that is 30+ years away, what you do now will reap the biggest rewards. Here are four simple things you can implement immediately to ensure you are working towards financial freedom.

1. Max out your 401k – If you have availability to a 401k, it is one of the best things you can do to start saving for retirement. Contributions to your 401k are pre-tax dollars, meaning it reduces your taxable income. Better yet, if your employer has a 401k match, that is free money you can earn towards your retirement. With the new tax laws, an individual can contribute up to \$19,000 per year in 2019 and \$19,500 in 2020. If you started contributing your max at age 30 with an average 6% return rate, you would end up approximately with \$3.24 million by age 70.
2. Max out your HSA – A health savings account is basically a retirement account that can be used for healthcare expenses now or in the future. These monies avoid income tax, social security tax and Medicare taxes. It is one of the best retirement accounts because

the money, if spent for healthcare, is never taxed. Currently you can contribute \$3,500 as an individual or \$7,000 for a family. Just like a 401k, this account accrues interest and market gains making it a valuable long term saving tool. Unlike a FSA, the monies invested in this account roll over on a year-to-year basis and can be transferred to a new employer.

3. Max out your IRA – If you are making less than \$122,000 a year, you can contribute your max \$6,000 to your Roth IRA (individual retirement account), which is taxed before investment. If you make above this amount, you will need to contribute to a traditional IRA, which is taxed whenever you withdraw monies during retirement. Again, compounding interest.
4. Refinance your student loans – When you are in a position to refinance, do it. Make sure you are financially stable, have an emergency fund set up and then shop around for the best rate. Currently, the ADA has partnered with Laurel Road to get ADA members an additional 0.25% off the qualified rate. After dental school I consolidated my loans, and got an interest rate of 5.8% on \$213,000 in loans. I was able to refinance recently at 3.55%, which over the course of the 10-year loan, will save approximately \$27,000. Yay “free” money.

By adhering solely to steps 1-3 of contributing \$29,000/year towards retirement accounts, starting at age 30 you could retire at 70 with \$4,786,382 in the bank. Nice!



Joel C. Small, DDS, MBA (Endodontist) | Lynne Gerlach, DDS | Marshall Johnson, DDS (Periodontist)

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# DCDS Member's Message Board

## Upcoming Events

- February 7, 2020 - Give Kids A Smile - Dallas
- February 18, 2020 - General Membership Meeting
- April 21, 2020 - General Membership Meeting
- April 24, 2020 - Shred-a-thon
- May 21, 2020 - Installation of Officers
- August 21-22, 2020 - Southwest Dental Conference



## Welcome New Members!

### General Practice

- Viviana Ramirez
- Rohan George
- Daniel Stegall
- Seth Williams
- Seyedeh Delaram Abaei

### Charles Barquet

- Ngoc Chau Vu
- Shukan Patel

### Endodontics

- Jessica Riccobono

### Periodontics

- Vikram Gandhi

### Pediatric

- Carla Schmidl
- Nicolas Bushey

Please see the 2020 Budget now posted on the Members area of the DCDS Website.

## Applause, Applause!



Dr. Edward (Pat) Allen was awarded the Gold Medal Award by the American Academy of Periodontology. The Academy's highest honor, the Gold Medal Award is given in recognition of outstanding contributions and service to the Academy and understanding of the field of periodontology and the diagnosis and treatment of periodontal diseases.



# Spring General Membership Meetings

## FEBRUARY 18

RESTORATIVE • LIVE PATIENT DEMO

Two hours CE credit now provided as a member benefit. Please note new fee structure:

DCDS Members	FREE
TAMUCOD Students	FREE
DCDS Member staff	\$30
Non-member dentists	\$95
Non-member staff	\$95

General Membership Meetings provide an excellent opportunity to introduce potential members to the many benefits of organized dentistry, so please take time to welcome them.



### Demystifying Anterior Esthetic Bonding: Live Patient Demonstration

**Aly Sergie, DDS**

AGD Code: 250  
 CE Hours: 2 technical and/or scientific  
 CE Verification provided

Dental restorations on posterior teeth should be conservative, pulp sparing and long lasting. Dental restorations on anterior teeth must also be aesthetic and phonetic. There are many aspects of restorative dentistry to consider when placing anterior restorations. The purpose of this program is to discuss materials, technique, occlusion concepts, finishing and maintenance.

Sponsored by Frost Bank

**REGISTRATION REQUIRED!**  
 REGISTER ONLINE FOR BOTH EVENTS AT [WWW.DCDS.ORG/EVENTS](http://WWW.DCDS.ORG/EVENTS)



### Prevention of Medical Emergencies in Your Office

**Robert G McNeill, DDS, MD**

AGD Code: 142  
 CE Hours: 2 technical and/or scientific  
 CE Verification provided

Medical emergencies can happen in the dental office, so what can be done to prevent them? We will discuss specific types of health conditions, such as cardiac disease, that contribute to emergencies. Sample cases will be discussed, along with suggestions on how to avoid negative outcomes.

**Reception with heavy hors d'oeuvres: 5:30 p.m.**  
**Business Meeting: 6:30 p.m.**  
**Presentation: 6:45 p.m.**

## APRIL 21

MEDICAL EMERGENCIES

**IN MEMORIAM:**

**Dr. Jack T. Bell**

**Dr. Charles Glidden**

**Dr. Cora Marsaw**

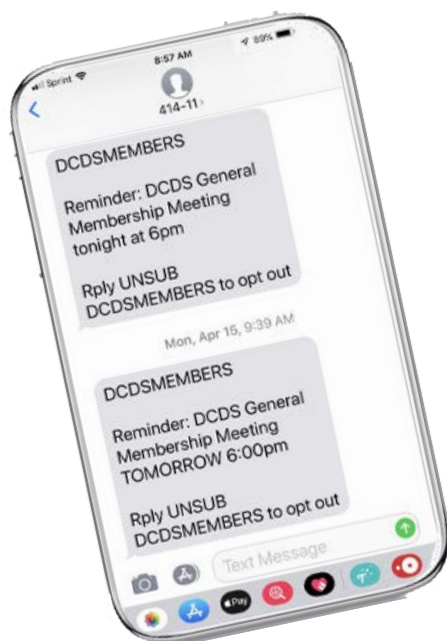
**Dr. Clyde D. Smith Jr.**

**Dr. Roy Lawrence Wilson**

**TEXT MESSAGE REMINDERS**

**Have you ever wished you could receive reminders for DCDS meetings and events? Do you forget to put events/meetings on your calendar?**

**DCDS implemented text messaging so you will not forget another meeting. Just sign up and you will be reminded of future meetings and events.**



**Text DCDSMEMBERS to 41411**

**DCDS Membership Benefits**

Being a member of the associations that work to protect your profession is important to the success of a practice...pass along the benefits to your peers!

- Free registration for DCDS’s annual Southwest Dental Conference and TDA’s Texas Meeting
- Peer Review mediation service to reconcile complaints between patients and doctors
- Rent DCDS meeting facilities at special member rates
- Free or discounted continuing education via seminars & General Membership Meetings
- First opportunity to hire fully trained world-class assistants from DCDS Dental Assisting School
- Preprinted school excuse forms provided free of charge to dentists treating school-age children
- Confidential free notary public
- DCDS Connection, the bimonthly newsletter of Dallas County Dental Society (member advertising at reduced rates)
- Member mailing labels available for purchase
- Grassroots legislator contact program with state and national legislative representation
- License and permit renewal reminders
- Networking/social opportunities with colleagues

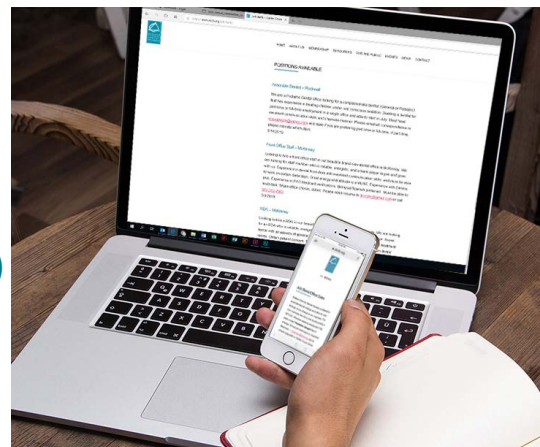
Dallas County Dental Society members receive ALL membership benefits offered by Texas Dental Association, including free entry to TDA TEXAS Meeting.

Dallas County Dental Society members receive ALL membership benefits offered by American Dental Association, including photo directory and public referrals through Find-a-Dentist.

[www.dcds.org/membership](http://www.dcds.org/membership)

**Looking for a job? Have a position to fill in your office?**

List it on the DCDS.org Job Bank! Members list for free (\$75/month for non-members.) Email a brief summary (100 words or less) of the position to [rosemary@dcds.org](mailto:rosemary@dcds.org).





## REACH OUT TO HELP ANOTHER DENTIST



Watching a colleague suffer and feeling helpless is difficult and heartbreaking. **Dentists Concerned for Dentists** is a 24-hour confidential alcohol and drug abuse hotline you can call for assistance.

Your phone call could be the lifesaving step for someone who is hoping and waiting.

- **Founded exclusively to help dentists, hygienists, assistants and family members.**
- **No fees or charges.**
- **All contact is held in absolute confidentiality.**

Founded by Dr. James Hill in 1979, the **Dentists Concerned for Dentists** program provides a strictly confidential peer assistance program for health care professionals who struggle with drug and alcohol abuse. This award-winning program saves lives; please share this confidential hotline with your colleagues.

A confidential phone call may be the greatest gift a peer dentist, staff or family member could receive.

## DENTISTS CONCERNED FOR DENTISTS

24-hour Confidential Hotline  
**214-206-7496**

## Need Meeting Space?

As a member of the DCDS, you can take advantage of low member rates when renting the Society's Executive Office for your next meeting.

The Dr. O.V. Cartwright Reception Hall is perfect for registration and a pre-function gathering.

The Dr. Paul P. Taylor Executive Board Room can seat 14 around a large conference table.

The Dr. D. Lamar Byrd Auditorium is 1,650 square feet of meeting space that can seat up to 200.

Audio/visual equipment is also available.

For more info, contact Ashley Hawkins at 972-386-5741 x231 or email [info@dcds.org](mailto:info@dcds.org).



## Seniors Smiles Volunteers Needed

Do you enjoy working with the elderly? Senior's Smiles, a program aimed at nursing homes, need your expertise and time! In coordination with the Dallas Dental Hygienists' Society, the DCDS Foundation provides this oral health education in our community. To volunteer, contact: Lori Dees at [lori@dcds.org](mailto:lori@dcds.org) or 972-386-5741 x228.



# Your DCDS Foundation at Work!

## Dentistry with a Heart 2019

Park Cities Rotary, Texas A&M University College of Dentistry, Dallas County Dental Society and the Agape Clinic lent a helping hand to those in need last month. "Dentistry with a Heart" served 39 low income Dallas residents with basic dental services; including extractions, fillings, cleanings and a focus on dental education. This event in its ninth year provided \$37,000 of treatment at no cost to patients.

Dentists participating included Drs. Martin Kahn, Sarah Kong, Joe Simmons, Jessica Marshall, Jeff Johnson, Rob Levy and Michael Rainwater. Oral Surgery residents were Drs. Bhavin Travedi and Domenic Digioia. Hygienists Jan Dombrowski, Melissa Walker and Heather Lindegren worked the event also. Everyone knows nothing gets done without dental assistants Petra van Beveren, Rachel Cowley Portillo and Sharon Beltran. Dental students were Jonathan Swope, Lana Khazma, Amin Heravi, Keso Oradiegwu and Precious Bieni. Big thanks to Dr. Bobbie Baxter, founder of the Agape Clinic, and the *amazing* Agape staff who enabled us to deliver care with a smooth, efficient and organized effort.

Our partners for identifying patients were the Salvation Army, Senior Source, All Nations Church and Bonton Farms. Great way to spend a Saturday!



(Above) Dr. Sarah Kong transformed this patient's appearance from Salvation Army Rehabilitation Center, with restorations from #5-12.



(Above) D.W.A.H. providers

## CFBISD Career Fair

Drs. Rei Iwase, Martin Kahn and Audrey Cha represented the DCDS Foundation at a career fair for Carrollton-Farmers Branch Independent School District students. Approximately 700 fifth grade students attended the event, asking questions of the dentists and picking up oral hygiene kits.

"The fifth graders that came by our table had a lot of great questions about dentistry," noted

Dr. Cha. "Some students were already quite knowledgeable because of their own past experiences as patients! It was a lot of fun sharing with them what we do on a daily basis as dentists—the rewards, challenges and opportunities that our profession has to offer. The event was well organized with the DCDS Foundation supporting our efforts by providing educational materials and toothbrush kits for the students."

(Right) Drs. Rei Iwase, Martin Kahn and Audrey Cha strike a pose during their discussions with CFBISD students.



TO VOLUNTEER

[WWW.DCDSFOUNDATION.ORG](http://WWW.DCDSFOUNDATION.ORG)

TO GIVE

DCDS Foundation is now an eligible charity listed on AmazonSmile. This program through Amazon donates 0.5% of the price of eligible smile.amazon.com purchases to the Foundation when selected by customers. Our unique charity link is <https://smile.amazon.com/ch/75-2790709>.



## 2020 Give Kids A Smile - DALLAS



ADA American Dental Association\*

Give Kids A Smile is an annual volunteer initiative providing free educational and preventive services to children from low-income families. This year, the Dallas County Dental Society Foundation is partnering with the City of Dallas to host GKAS - Dallas 2020.

### Will You Join Us?

**Who we need:** Dentists, Dental Hygienists, Dental Assistants, Dental/Hygiene/Assistant Students, Pre-Dental Students

**What you will do:** Provide oral hygiene instructions and quick dental screenings to children 6-12 years of age

### Your Community Needs You!

Help make a difference in the lives of children in your community. Please consider volunteering your time and talents for this year's Give Kids A Smile- Dallas 2020!

**Date:** Friday February 7th, 2020

**Time:** 3:15pm - 6:00pm

**Location:** 23 after school care sites serving children at DISD Title I schools

**To volunteer, or for more information, contact:** Lori Dees at [Lori@dcds.org](mailto:Lori@dcds.org)  
(972) 386-5741 ext 228



# 2020-2021 DCDS Nomination Slate

Elections will take place at the February 18, 2020 General Membership Meeting.

POSITION	TERM	NOMINEE
Board of Directors - Director	3 Years	Mitra Bolouri
	3 Years	Gabby Dizon
Editor	2 Years	Shad Hattaway
Program Chairman	1 Year	Brent DeSutter
SWDC Vice Chair-elect	1 Year	Celeste Latham
Delegate to the Texas Dental Association	3 Years	Jodi Danna
Alternate Delegate to the Texas Dental Association	1 Year	Sara Ehsani
	1 Year	Andrew Read-Fuller
	1 Year	Wendy Steger
	1 Year	Chi Trieu
	1 Year	Jon Vogel
Constitution & Bylaws	3 Years	Mark Glover
	3 years	Robert Smith
Financial Advisory Committee	5 years	Jodi Danna
Nominating Committee	2 Years	Rich Derksen
Peer Review Committee	3 Years	Mitra Bolouri
	3 Years	Rich Derksen
	3 Years	Varghese George
	3 Years	Shad Hattaway
	3 Years	Lara Holly
	3 Years	Bobby Jivnani
	3 Years	Ruben Ovadia
	3 Years	Alana Reifer
	3 Years	Rupesh Singla
	3 Years	Wendy Steger
	3 Years	Jon Michael Stewart
	3 Years	John Tunnell
	3 Years	John Wilson
President-elect	1 Year	To be nominated from the floor

# Legal and Ethical Considerations

Editorial by Robert M. Anderton, DDS, JD, LLM

## Starting the New Year



A.D. Two Thousand Nineteen is rapidly fading into history. Throughout the year our profession of dentistry has experienced significant technical advances in clinical treatment, a renewed

interest in professional ethics and the beginning of an all-out war on opioids. These have created exceptional benefits for the profession, for individual dentists and ultimately for the patients we serve. In most areas of Texas, we are blessed with a vibrant economy and an increasingly well informed and appreciative patient base. By all standards 2019 has been a remarkable year.

What can we expect for 2020? While all is going very well overall, we can expect more pressures from third party payers, government agencies and an increasingly litigious society.

**Third Party Payers:** As the demand to decrease healthcare costs grows, we can expect not only pressure to reduce reimbursement rates, but an increase in fraud and abuse detection, recoupment and punishment. Already companies and agencies are hiring more investigators and inspectors. If you have contracted with a third-party private payer, you most likely have signed a contract that allows the company to examine your patient records including your financial data as well as your patient files by sending agents to your office. The agents will conduct an audit consisting of comparing your patient records with claims filed. They will be looking primarily for upcoding, unbundling and services billed but not produced. The results of the audit will eventually be presented to you. They may include a demand for reimbursement for over payment by the company for discrepancies revealed by the audit, or in severe cases, allegations of fraud which can have criminal implications. You will be given the opportunity to appeal the findings of the audit if you disagree.

The above applies to Medicaid and Medicare as well as private payers. In either case if investigators, inspectors or agents from any source come to your office it is a good idea to have legal representation.

**Government Agencies:** The Opioid Crisis has had a positive impact on public awareness and the healthcare professions. The side effect for individual dentists is that agencies such as the Examining Boards and the Drug Enforcement Agency (DEA) have increased their oversight on practicing providers. Dentists are now required to contact the Prescription Monitoring Program before writing a prescription.

In addition, the DEA and/or the Dental Board may conduct inspections of individual offices searching for current licenses and certificates, drug logs, prescriptions, out of date drugs, drugs not for a dental purpose and purchasing orders. If any of the above are found in violation, the agencies may demand surrender of the dentist's DEA Controlled Substances Registration Certificate. Again, if you experience a visit from any government agency it would be a good idea to consult a legal representative.

**The Litigious Society:** As patients become more sophisticated and knowledgeable their demand for more complex cosmetic procedures increases. Along with this often are expectations beyond what dentistry can provide. This can and does often result in an unhappy patient who then "shops" for a sympathetic dentist who will criticize the first dentist and "correct" the work often for a higher fee. Then comes a lawsuit and/or a Dental Board complaint. Most often the suit is settled, but the Board complaint continues. Very rarely do these types of lawsuits go to trial, while suits involving patient harm are more likely to go to trial by jury.

Interestingly I am seeing an increasing number of lawsuits in Justice Courts. These suits can be easily brought by the patient who does not need an attorney. The only limitation is that the

maximum amount the patient can sue for is \$10,000. The good news here is that the patient rarely wins!!

The preceding represents a few items to watch for in the coming year. Below are a few suggestions to hopefully keep you on the path to success in the New Year.

### Do's & Don'ts for 2020:

- Do be sure you are practicing within your capabilities;
- Don't unjustly criticize the work of a colleague;
- Do read your contracts carefully;
- Don't sign anything you are not sure of;
- Do stay up to date in your Continuing Education;
- Don't let your licenses and permits expire;
- Do treat your patients as you would like to be treated;
- Don't hesitate to refer a patient when the situation arises;
- Do take time to listen to your patients;
- Don't delegate anything to a person who is not capable of performing the task;
- Do make sure your patients' vital signs are taken and recorded as required;
- Don't fail to keep your patient's health histories medications current;
- Do appreciate your staff and treat them with respect;
- Don't overtreat your patients or bill for unnecessary services;
- Do follow up daily on the patients you treat.

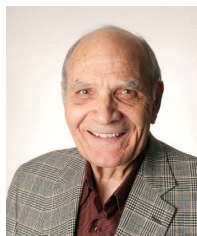
Best wishes to all for a very Happy New Year!



# Insights

Book Review by Larry W. White, DDS, MSD, Editor

## Evidence-Based Clinical Orthodontics



The editors for this seminal publication have enlisted the knowledge, skill and expertise of 16 colleagues to aid in their superlative effort to acquaint orthodontic clinicians with orthodontic subjects based on

fact rather than supposition, and they have succeeded in a spectacular manner.

They begin with the genesis of evidence-based clinical practice followed by some of the contentious and present-day topics such as:

- early intervention;
- bonding and adhesives in orthodontic;
- clinical wires available for clinical practice;
- CI II malocclusions;
- extraction and nonextraction;
- CI III malocclusions;
- subdivisions and treatments of asymmetries;
- TSAIDs and the evidence for their use;
- impacted canines and procedures for dealing with them;
- orthodontic induced inflammatory root resorption;
- orthodontics and TMD;
- orthodontic retention; and finally a chapter on
- accelerated orthodontic tooth movement.

All of the chapters hold nuggets of useful information; but some hold special interest for

this reviewer because they continue to serve as highly disputable topics, such as, the evidence that early intervention should be reserved only for special patients with unusual needs.

Although bonding and adhesives do not provoke much controversy, the authors of that chapter bring an unusual clarity to the subject, which every orthodontic clinician and their staff need to commit to daily use.

The section on wires contains information and descriptive knowledge on particular wire and their uses, whereas the portions devoted to CI II, CI III and subdivision malocclusions present currently well-known facts that are often taught and used in clinical practice.

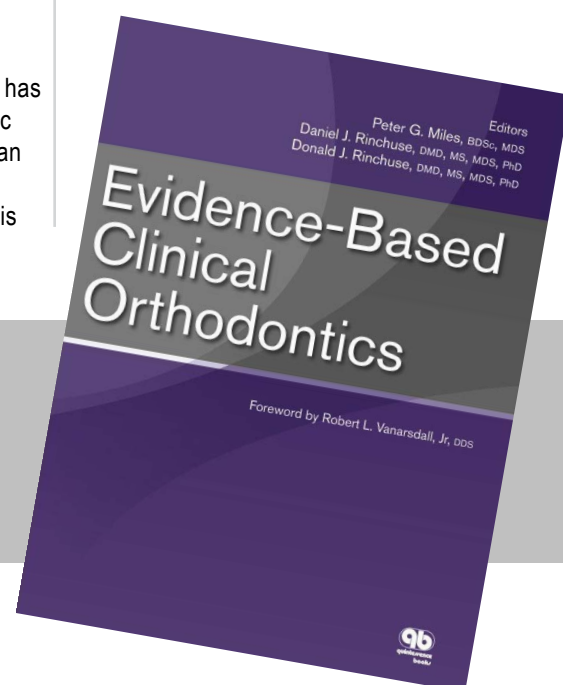
Evidenced-based use of TSAIDs presents readers with sound advice backed by credible research and offers several illustrations how to best employ them. The portion devoted to the handling of canine impactions has several clinical useful techniques to uncover and bring canines into alignment as well the best knowledge about preventing canine impactions from occurring.

The section of orthodontically induced inflammatory root resorption contains excellent advice about this generally occurring result of orthodontic therapy. However, the most thoroughly researched and published evidenced-based topic in the book is that on orthodontics and TMD. TMD without a doubt has more published errors than perhaps any topic in dentistry. Dr. Donald Rinchuse and Sanjivan Kandasamy systematically destroy many of the most egregious errors associated with this

controversial but consequential discipline. This one chapter provides reason enough to own the book.

The chapter on retention and stability considers all of the random controlled trials done on the subject and comes to the conclusion that reliable retention of orthodontic treatment outcomes should have lifetime retention, at least in the evening hours. The final topic considered is on the acceleration of orthodontic treatment; for example, battery supplied electrical energy, vibration, pulsation and surgical techniques that result in the creation of Rapid Acceleration Phenomenon (RAP). RAP does provide a temporary acceleration in tooth movement but needs repeated applications, which to me seems a little invasive, expensive and traumatic for the patient. The other aforementioned techniques have either proven ineffective or equivocal for accelerating treatment.

All of the chapters of this useful book have, as one might expect, large and complete bibliographies which provide readers with additional publications that will prove useful. Readers also receive the typical features of Quintessence books; for example, thick durable pages, clear narratives with easy-to-read fonts and exemplary illustrations.



### Evidence-Based Clinical Orthodontics

Edited by Peter G. Miles, Daniel J. Rinchuse, and Donal J. Rinchuse  
220 pages, 580 illustrations, \$118, 2012  
Hanover Park, IL, [www.quintpub.com](http://www.quintpub.com)



# Texas A&M University College of Dentistry

By Kathleen Green Pothier

## Going for the mold: Ice-loving athletes can avoid rattled teeth in pursuit of Olympic glory

A need for speed eclipsed any thoughts of dental safety for U.S. bobsled, luge and skeleton athletes, despite their treacherous runs down icy chutes. That is, until now.

For the first time, the men's and women's winter sports teams converged on Lake Placid, New York, in late September to be fitted for mouthguards. Oral protection hadn't even been on these Olympic-focused sports teams' radar until recently, says Dr. Danette McNew '88, not even for one athlete whose mom is a dentist. She asked team members how their teeth feel while barreling full speed ahead during runs.

"They say they have rattling teeth; they feel their teeth hitting together," says McNew, an adjunct assistant professor at Texas A&M College of Dentistry. "They're more concerned about speed. They are going so fast, but they have a helmet."

Securing those rattling teeth was goal No. 1 as McNew and seven other dentists from across the nation spent several days making 270 upper and lower mouthguards. McNew personally made 60. In conjunction with the Academy for Sports Dentistry, this select group of dental professionals specializes in mouthguard fabrication for athletes, including those headed to the Olympics. McNew and fellow dentists who joined her in Lake Placid are among the United States Olympic Committee's national medical providers.

"We've helped a lot of other U.S. Olympic sports like karate, boxing and weight lifting," she says. Just not these winter athletes.

Over six days, McNew and her cohorts queried the athletes about details of their sport to contemplate how best to protect their teeth.

"Since they have full face shields, it is not as critical to fabricate a mouthguard that covers the leading edge of teeth. Our goal is more to prevent the pounding and chattering of the teeth banging against each other," says McNew, 2019 Excellence in Clinical Teaching Award winner.

All three sports have their own unique issues and needs, as McNew found out. Lugers, riding either solo or as a two-person team, lay flat on their backs and travel feet first. Because their heads lay back, lugers' teeth rattle from incisal edge to edge, she says. The specialists took this into consideration, as well as how to maintain their lower jaw, allowing for protrusion while in action.



DCDS member Dr. Danette McNew (right) and Dr. Rick Knowlton fabricated mouthguards for U.S. athletic teams.

"They liked the lower guards because they were less bulky and they could talk easier," she says. "A luger said that when he's running and pushing forward, he's speaking to his team constantly. Apparently they're yelling at each other. The energy is just fascinating."

Upper mouthguards were made as usual, almost like a miniature denture, she says. The lower, or mandibular, arch guards were made to protect the jaw and prevent the upper teeth from bouncing on the lower teeth. Extra care was given to trimming the guards to allow team communication.

Like lugers, skeleton athletes use small sleds but instead race face down and head first. Bobsledders ride in specialized sleighs, either in pairs or in a group of four. The sports dentists adapted the mouthguards for each different ice sport.

While mouthguards are serious business, the dental protectors were made with Team USA logos and came with a patriotic-themed color selection: red, white, blue, gold, and purple, just for fun.

"Some girls wanted purple," she says. "The world champion chose the gold one." Of course.

The athletes have about two years to get comfortable with their new mouthguards before the 2022 Winter Olympics in Beijing, China. During

that time, if they find their mouthguards need tweaking, these team professionals will be ready.

McNew's attendance as a volunteer dentist at the winter games is yet to be determined. She does know, however, that it's strictly voluntary; if she goes, the tab will be on her. That means her respect for these daredevil athletes goes even further as they sacrifice so much time and money to represent their country.

"Most of these athletes are not wealthy. They put their lives on hold to be that medal winner. That's pretty cool and quite an honor to help them," she says.



Texas A&M College of Dentistry (formerly Baylor College of Dentistry) in Dallas is a part of Texas A&M University and Texas A&M Health Science Center.

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# Reminders Regarding Recent Rules and Regulations

In October, the TDA Today publication presented information on changes in controlled substance regulations and new x-ray equipment rules for the State of Texas. Did you read them? Better yet, did you put policies and procedures in place at your practice to ensure that they are followed?

Some of the regulation changes are already active, and some are coming near to the date where you can be fined if the regulations are not being followed by your practice. Briefly, below are some dates of which to be aware. Please reference the TDA Today October issue for further description.

- As of September 1, 2019 – For the treatment of acute pain, a dentist may not issue an opioid prescription that exceeds a 10-day supply.
- As of September 1, 2019 – New rules governing dental radiation machines are in place in the State of Texas through the Radiation Control Program.
- Effective January 1, 2020 – Walmart will only accept e-prescriptions for controlled substances. Note that even though they have until January 1, 2021 to be compliant, many pharmacies may follow Walmart’s early lead.

- Effective January 1, 2020 – Violations will be issued regarding the Radiation Control Program if new rules governing dental radiation machines are not followed.
- Effective March 1, 2020 – Dentists prescribing opioids, benzodiazepines, barbiturates or carisoprodol will have to use the Prescription Monitoring Program (PMP) before prescribing a controlled substance.
- Effective January 1, 2021 – All prescriptions for controlled substances must be done electronically.

The new x-ray equipment rules are pretty demanding of attention; and again, we refer you to the TDA Today October issue for further description. Below are the categories and the points that you may want to emphasize to staff:

- Equipment Performance Evaluation – Dental CT systems (3D imaging) must have an EPE done annually.
- Digital Imaging Quality Assurance/Quality Control – No person should be exposed as a test subject for QA/QC or for any nonclinical reason. If an image test fails, the facility has 30 days to initiate repair of the system and 90 days to complete the repair. Test results must be documented. QA/QC procedures

**References:**

DSHS Radiation Control Program Regulatory Guides – choose 4.4 Operator and Safety Procedures for Dental Facilities ([dshs.texas.gov/radiation/x-ray/regulatory-guides.aspx](https://dshs.texas.gov/radiation/x-ray/regulatory-guides.aspx))

TDA Today October Edition – must log in as a member (<https://www.tda.org/Publications/TDA-Today>)

TDA PERKS Webinar: New Texas Prescription Monitoring Mandate: Response to the Opioid Epidemic (<https://tdaperks.com/resources/>)

- established by the manufacturer of the digital imaging system, not x-ray machine, should be used.
- Radiation Safety Officer – The RSO must have at least four years of supervised use of dental radiation machines.
- On-site Inspections – Department of Safety and Health Services will conduct unannounced inspections, with routine four year intervals.
- Training Inspectors – Note that agency inspectors are required to be trained in the use of dental radiation equipment.
- Machine in Storage – Dentist must notify DSHS if a machine is in storage; before resuming use, it must meet all requirements.
- Registration Timeline – Incomplete registration applications will trigger an inspection if request for information not received within 60 days.
- Securing Dental Radiation Machines – Protocols to ensure unauthorized use or theft must be established, including locked storage of hand-held units.
- Sharing Dental Radiation Equipment – Offices with different tax ID numbers each must have a registration for shared equipment.

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DCDS Dental Assisting School students took a field trip in November to Perfect Impressions Dental Lab, where they learned from owner Gail Johnson the significance of the relationship between a dental laboratory and dental practice workflow using both analog and digital impression systems.

As a member benefit, DCDS member dentists are given the unique (and first) opportunity to hire new, fully trained dental assistants from each graduating class. For more information about the DCDS Dental Assisting School, please go to <https://www.dcds.org/dental-assisting-school> or contact the Program Director, Ashley Smith, at [asmith@dcds.org](mailto:asmith@dcds.org).



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Greetings from Southwest Dental Conference chairman, Elizabeth “Missy” Jaynes. It’s always nice to know who is looking out for you, so let me fill you in a little. I am a Board Certified Periodontist with a practice in Plano. I graduated University of Tennessee Dental School in 1992 and I did my masters and periodontal training at Baylor from 1993-1995. I have one daughter, Mary Margaret Jaynes, who is a Junior in the honors college at University of Georgia and shares my love of the Georgia Bulldogs. My husband Gary is a middle school history teacher and a hockey player.

Now that you know a little bit about me, here’s a little bit about the 93rd Southwest Dental Conference. The most important bit of information is that it will take place August 21-22, 2020—that’s a Friday and Saturday this year.

The Conference theme is Vision 20/20 Dentistry. If you have an eye exam and are told you have 20/20 vision, does this mean you have perfect vision? Is it possible to achieve even better than 20/20 vision? Through this Conference we hope to enhance your vision of what a perfect practice looks like—through new continuing education classes, outstanding clinicians and an Exhibits Hall filled with cutting edge products and services.

We have scheduled new speakers as well as have many dynamic favorites returning, and courses will include a symposium just for dental assistants with Dr. Mac McDonald and his team. You will not want your assistants to miss out on this one! Dr. Tracey Nguyen will join us, lecturing on new sleep/breathing issues with kids; as will Dr. Melissa Rozas, with tips on how to manage

the pediatric parents. Dr. Harold Crossley will provide overviews for all new street drugs that are surfacing; while Dr. Thomas Viola will speak on marijuana and how that affects dentistry.

In upcoming DCDS Connection newsletters, we will highlight vibrant clinicians and the thought-provoking topics they will be presenting. You won’t want to miss the 2020 SWDC excitement, so keep this date available: August 21-22, 2020!



**Dr. Missy Jaynes**  
2020 Southwest Dental  
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