



GOING ABOVE AND
BEYOND IN DENTISTRY

TRANSCEND

Winter

2024-2025

Trust the WDIA team to find you the right coverage



Matthew French

Director of Insurance Services

Kerri Seims

Assistant Director of Insurance Services

CONTACT US:

Contact us today for quotes, insurance information
or to meet with us to discuss your insurance options.

Ph: 206-441-6824 · 800-282-9342

Fax: 206-269-1922

info@wdiains.com · wdiains.com

The Obvious
Choice for
Washington
Dentists



WASHINGTON DENTISTS'
INSURANCE AGENCY



WASHINGTON
ACADEMY
of GENERAL
DENTISTRY

MEET THE EDITORIAL

Committee



Valerie Bartoli, CEO, CDA, ED



Herbert Edwards, DDS, MAGD, LLSR



Melissa Ramsey, DDS, MAGD



Christopher Shyue, DDS



Ana Wannarka, DDS, MACM



Carl Youngquist, DDS, MAGD



Letter from the *Editor*

Dear Readers,

Welcome to the latest issue of Transcend, themed “New Year, New Beginnings.” As we step into a fresh chapter, we’re reminded of the countless opportunities to grow, learn, and make an impact in our profession. Over the years, the Washington AGD has remained a trusted resource for our members and the broader dental community. With unwavering dedication, we have provided top-notch educational courses at our Washington AGD Global Learning Center, conveniently located near SeaTac Airport, as well as via our robust online programs.. Together, we have navigated the constant changes in dentistry, and we look forward to continuing this journey with you in the year ahead.

The editorial committee have curated content to inspire, educate, and strengthen your practice and team. We hope these articles leave a lasting impact on the care you provide to your patients and the cohesion within your dental teams. Here’s a preview of what’s inside:



TEAM:

Articles that empower dentists to become more effective leaders and foster stronger, more unified teams.



ESSENTIALS:

Must-know clinical and management insights to elevate your practice.



ENVIRONMENT:

Discussions on external factors affecting dentistry, including legislative updates and insurance developments.



TECHNOLOGY:

Innovations that can enhance and transform how you practice.



HEALTH:

Insights on systemic diseases and their impact on oral health.

I would like to express my gratitude to our editorial team: Melissa Ramsey, DDS, MAGD, Carl Youngquist, DDS, MAGD, Ana Wannarka, DDS, MACM, Christopher Shyue, DDS and Valerie Bartoli, CEO, CDA, ED —whose hard work and dedication made this issue possible. A special welcome to Herbert Edwards, DDS, MAGD, LLSR, your fresh perspectives and expertise bring so much excitement to our team.

As we embrace this new year, I hope the articles in this issue inspire you to take on new challenges, seize opportunities, and grow both personally and professionally. Thank you for your continued trust. As the year comes to a close, let’s welcome the new one with renewed optimism, hope, and excitement for the opportunities ahead in our dental profession.

Sincerely,

Teresa Kang, DDS



REQUIRED TRAINING FOR WA DENTISTS AND TEAMS

Join DOCS Education & the Washington AGD on **Friday, February 21** for a co-hosted educational event.

COURSE SCHEDULE



FEB 21, 2025 | 8 AM - 12 PM | 1 PM - 5 PM

Washington AGD Offices @ 19415 International Blvd, SeaTac



Medical Emergency Training
8 AM - 12 PM



Anesthesia Monitoring for Team
1 PM - 5 PM

Who: Everyone (Doctors & Team)

What: Per WAC 246-817-724, any dentist who uses an anesthetic agent of any kind must develop and maintain written emergency protocols and train all staff annually (biannually if Moderate Sedation Permit) by reviewing emergency drill scenarios. By attending this course, you will conduct these and be provided documentation for future reviews.

Who: Parenteral Sedation Permit Holders - Team Members (Doctor opt.)

What: Per WAC 246-817-772, a licensed dentist cannot employ an individual to monitor patients receiving moderate sedation with parenteral agents **unless** that individual has received a minimum of 14 hours of documented training in sedation monitoring and equipment. This course provides the required training through online video modules and hands-on, in-person training.



REGISTER FOR MEDICAL EMERGENCY TRAINING



REGISTER FOR ANESTHESIA MONITORING FOR TEAM



855-227-6505



DOCSEducation.com/Courses

Table of Contents

TEAM

- 5 Why Your Dental Practice Needs the Smile Formula**
Trina Poulsen and Santiago Valdez
- 8 Unlocking the Power of Small Changes in Fitness and Leadership**
Scott Ryan

ESSENTIALS

- 10 Inadequate Informed Consent Leads to Legal Action Against Dentist**
Marc Leffler, DDS
- 12 Practice Transition Market Trends**
Omni
- 13 Bridging Science and People**
Ken Chen, DDS

ENVIRONMENT

- 15 Required Washington Dental Continuing Education Focus Points**
Herbert Edwards, DDS, MAGD, LLSR
- 17 The Right Timing for Bright Inviting Practices**
Big Sky Northwest

TECHNOLOGY

- 19 AI is Transforming Dental Care**
Mike Barniv, DDS
- 21 Glass Ionomer Restorative Materials. Should you be using this in your practice?**
George J. Holzer, DDS
- 22 The Future of Dentistry is Here**
Chonway D. Tram, DDS

HEALTH

- 25 Ten Minutes Saves a Life!®**
Andrea Fonner, DDS
- 27 Untapped Dentistry: Advancing Practices into Orofacial Rehabilitative Care**
Rebecka Clark, RDH, LMT, CSOM, CMLDT
- 28 Value Based Dentistry**
Stephen Davis, DDS

CONTINUING EDUCATION

- 29 Open Your Eyes to 3D Imaging**
Lea Al Maty, DDS, MS
- 30 Pre-Orthodontic Bonding Technique**
J. William Robbins, DDS, MA and Talmadge D. Wilkins IV, DMD, FAGD
- 31 Posterior Implantology**
Prasith Kim-Aun, DMD, FICOI, Scott Brookshire, DDS, DABOI, AFAAID, Steven Karmy, DDS, MAGD, DNDBA, Obad Alshammaa, CDT
- 32 Mastering Chairside Zirconia Restorations**
David Juliani, DDS
- 33 From Our Side of the Chair® "Dental Assistant Mastery Course"**
Shannon Pace, CDA
- 34 Cracked Teeth, Black Triangles, and Food Traps**
Charles Regalado, DDS
- 35 Neurotoxin Therapy**
Timothy Hess, DDS, MAGD
- 36 Surgical Extractions for the General Dentist**
Nick Parque, DDS, Dzon Nguyen, DDS, Aarika Mitchell, DMD, Lauren Vainio, DDS, Tim Hess, DDS, MAGD, and Prasith Kim-Aun, DMD
- 37 Essentials 1 Aesthetic & Functional Treatment Planning**
Lee Ann Brady, DMD, Mike Crete, DDS, Richard Hunt II, DDS and Christine Shigaki, DDS

MEMBERSHIP

- 39 It Is More Than Fillings, It's Fulfillment**
Sam King, DDS
- 42 AGD Application**



Why Your Dental Practice Needs the SMILE Formula

BY TRINA POULSEN & SANTIAGO VALDEZ

Infinite Hygiene Consulting's Trina Poulsen and Santiago Valdez are trained facilitators for organizational mindset and culture with over 60 years of clinical dental experience. They help expose blind spots that are self-limiting, create strategies for growth and unlock infinite opportunities for your team's success - Contact Infinite Hygiene Consulting for a complimentary consultation.

In today's competitive healthcare landscape, providing exceptional patient care is more critical than ever. For dental practices, the key to standing out lies in creating an experience that goes beyond routine check-ups and treatments—one that fosters trust, builds long-term relationships, and ensures every patient feels valued and understood. If your practice struggles with low conversion rate, more patients are leaving through the back door than coming in the front door, and your workflows and systems are outdated and flawed moving from transactional to relational communication can turn things around. This is where the SMILE formula comes in.

The SMILE formula—Seamless Interactions, Managed Introductions, Individualized Care, Life-long Relationships, Education, Engagement, and Enrichment—is a transformative framework designed to elevate the patient experience at every touchpoint. By implementing this patient-centric approach, dental practices can enhance operational efficiency, increase patient loyalty, and improve health outcomes. From streamlining communication and personalizing care plans to creating a supportive environment that engages and empowers patients, the SMILE formula helps dental practices not only meet but exceed patient expectations, driving growth and success in the ever-evolving world of healthcare.

THE SMILE FORMULA: TRANSFORMING PATIENT CARE WITH PRACTICAL STEPS

Infinite Hygiene Consulting has consistently led the charge in innovative healthcare solutions. The SMILE formula emphasizes a holistic, patient-centric approach to healthcare. Here, we'll delve into each element of the SMILE formula with practical examples that demonstrate its transformative impact on patient care and organizational effectiveness.

UNDERSTANDING THE SMILE PROTOCOL

The SMILE formula is designed to enhance the patient experience by ensuring a comprehensive and continuous care approach. Each component addresses a crucial aspect of patient interaction, care delivery, and relationship management, forming a robust framework for excellence in oral healthcare.

SEAMLESS INTERACTIONS

CONCEPT: Seamless interactions are all about creating a smooth and efficient flow of communication and care processes.

EXAMPLE IN PRACTICE: A dental clinic implements an advanced electronic health records (EHR) system that allows patients to schedule appointments, view their treatment plans, and communicate with their care team online. By integrating telehealth services, the dental practice also provides virtual consultations, enabling patients to receive timely advice without needing to visit the clinic in person. This streamlining not only improves patient satisfaction but also boosts the clinic's operational efficiency.

MANAGED INTRODUCTIONS

CONCEPT: Managed Introductions focus on creating a welcoming environment and establishing a strong initial connection with new patients.

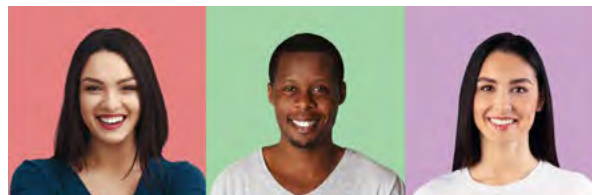
EXAMPLE IN PRACTICE: A new patient at a dental clinic is greeted by a patient care coordinator who gives them a tour of the facility. During this tour, the patient meets their care team, including the dentist, dental assistant, hygienist, and administrative staff. They receive a detailed explanation of what to expect during their visit, and their treatment plan is clearly outlined. This structured introduction helps the patient feel more at ease, reducing anxiety and building trust from the very beginning.

INDIVIDUALIZED CARE

CONCEPT: Individualized Care emphasizes the importance of tailoring treatment to the specific needs and preferences of each patient.

EXAMPLE IN PRACTICE: During a patient's first appointment, the dentist conducts a thorough assessment, including reviewing the patient's medical history, lifestyle, and dental health goals. Based on this information, a personalized treatment plan is developed. The patient is actively involved in setting goals and making decisions about their oral health care. This personalized approach ensures that the treatment is not only effective but also meaningful to the patient, leading to better outcomes and higher satisfaction. Co-discovery is very effective in facilitating a patient taking a greater interest in their oral health.

SEAMLESS INTERACTIONS
 MANAGED INTRODUCTION
 INDIVIDUALIZED CARE
 LIFELONG RELATIONSHIP
 EDUCATION • ENGAGEMENT • ENRICHMENT



LIFE-LONG RELATIONSHIPS

CONCEPT: Building Life-long Relationships is about maintaining consistent, ongoing connections between patients and dental providers.

EXAMPLE IN PRACTICE: After completing a dental treatment, a patient receives a regular follow-up calls from their care team to check on their progress and address any concerns. The clinic also schedules preventive care visits as individually needed to monitor the patient’s oral health and prevent future issues. Over time, this continuous care builds a strong, trusting relationship between the patient and the dental clinic, ensuring that the patient feels supported throughout their oral health journey.

EDUCATION, ENGAGEMENT & ENRICHMENT

CONCEPT: This component focuses on empowering patients through knowledge, active participation, and a supportive care environment.

EXAMPLE IN PRACTICE:

- **EDUCATION:** The clinic offers monthly educational workshops on topics like oral hygiene, the impact of diet on dental health, understanding treatment options, OMT therapies, and orthodontic alignment options. Patients are also provided with informational brochures and access to online resources to learn more at their own pace.
- **ENGAGEMENT:** The clinic involves patients in their care by encouraging them to share their preferences and concerns. For instance, a patient might be asked to participate in a shared decision-making process when choosing between different treatment options. Feedback surveys are also used to gather patient opinions, which are then used to improve services.
- **ENRICHMENT:** To enhance the overall patient experience, the clinic offers wellness programs such as stress management workshops and nutritional counseling. These services address the patient’s holistic well-being, going beyond just oral health to support their overall quality of life.

BENEFITS OF THE SMILE FORMULA

By adopting the SMILE formula, healthcare providers can significantly enhance the quality of care, improve patient satisfaction, and achieve better health outcomes. Here’s how:

- **IMPROVED PATIENT SATISFACTION:** Seamless interactions, individualized care, and life-long relationships ensure that patients feel valued and supported throughout their oral care journey, leading to higher levels of satisfaction and trust.
- **ENHANCED HEALTH OUTCOMES:** Personalized care plans and continuous education empower patients to take an active role in their health management, leading to better adherence to treatment plans and overall improved health outcomes.
- **OPERATIONAL EFFICIENCY:** The structured and integrated approach of the SMILE formula streamlines processes, optimizes resource utilization, and reduces operational costs, all while improving the patient experience.
- **Stronger Patient-Provider Relationships:** Emphasizing life-long relationships and engagement fosters deeper connections between patients and healthcare providers, enhancing communication and collaboration for better care.

IMPACT ON HEALTHCARE INDUSTRIES

The SMILE formula has broad implications for oral healthcare settings, from single-owner practices to large multi-practice organizations. This adaptable, patient-centric approach serves as a valuable framework for enhancing patient care to achieve better health outcomes.

Call us today for a SMILE assessment at 888-320-3120. 



Unlocking the Power of Small Changes in Fitness and Leadership

BY SCOTT M. RYAN

Servant Leader with an Infinite Mindset | Continuous Improvement Practitioner | Champion of Sustainable Growth & Innovation | Fitness Fanatic | Guitar Enthusiast

This article is dedicated to a concept I call Pivot15™. The idea is simple: even small adjustment, like a 15-degree pivot, can set you on a completely new path over time. It's a powerful metaphor for making manageable changes that lead to lasting success, whether in fitness, leadership, or any aspect of life. Instead of trying to overhaul everything at once, you look to make small, deliberate pivots or shifts that are easier to sustain and they end up being more effective in the long run.

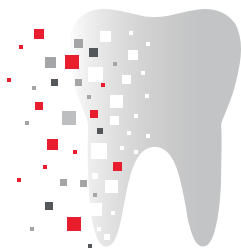
One of the key benefits of this approach is that it helps you prevent burnout. Whether you're training your body, leading a team, head of your household or running a busy dental practice, drastic changes often lead to frustration or inconsistency. That's why the Pivot15™ mindset emphasizes the importance of focusing on small adjustments. Start by tweaking one aspect of your workout routine or replacing an unhealthy meal with a healthier option. These shifts are easy to implement and, over time, tend to create significant results. It's all about consistency, small actions done regularly will lead to big transformations over time.

This philosophy applies equally well to leadership. Effective leaders don't always rely on sweeping changes, they start by making strategic adjustments based on their goals and the situation at hand. Similarly, in fitness, your body responds best to steady, manageable changes. For instance, you don't need to revamp your entire exercise plan to see improvement. Instead, you might slightly modify your form, increase resistance gradually, or add a new exercise once a week. These are small, manageable pivots that keep you progressing without overloading your body.

When it comes to diet, the same principles apply. Fad diets tend to fail because they require too many sudden, unsustainable changes. With Pivot15™, the focus is on long-term sustainability, honing in on small shifts like switching to healthier ingredients or reducing portion sizes. These pivots may seem insignificant at first, but they add up. Over time, they build habits that you can stick with, and that's the key to success in both nutrition and leadership.

In leadership, like in fitness, small, thoughtful adjustments can lead to big outcomes. Take a moment each week to reflect on your habits and think about where you can make one small change. Set smaller, more achievable goals rather than aiming for giant leaps all at once. And don't forget to celebrate your progress and wins, acknowledging small victories can keep you motivated and focused on your long-term vision.

In the end, Pivot15™ is a mindset that can transform the way you approach both personal and professional growth. The real power of this philosophy lies in its simplicity. It reminds us that lasting change doesn't happen overnight. Instead, it's the result of small, consistent actions taken over time. Whether you're looking to improve your health or become a better leader, embrace the idea of small pivots. You'll be surprised at how much progress you can make by just adjusting your path one degree at a time. ♦



GLIDEWELL SYMPOSIUM 2025

THE 2025 GLIDEWELL SYMPOSIUM LINEUP IS HERE!



Glidewell is proud to offer doctors another year filled with groundbreaking symposia. Don't miss your chance to **learn innovative clinical techniques** and **business strategies** from world-class speakers.

APRIL 11-12	DENTURES AND PARTIALS: MASTERING THE FOUNDATIONAL SKILLS
APRIL 25-26	ScanEdge: DIGITAL PROFITABILITY SYMPOSIUM
JUNE 6-7	GLIDEWELL SPRING IMPLANT SYMPOSIUM
JUNE 20-21	SUMMER IOX: THE DIGITAL DENTISTRY EXPERIENCE
AUGUST 15-16	ESTHETICS: CREATING BEAUTIFUL SMILES
SEPTEMBER 12-13	GLIDEWELL ALIGNERS SYMPOSIUM
SEPTEMBER 26-27	DENTISTRY ON THE RISE
OCTOBER 17-18	FALL IOX: THE DIGITAL DENTISTRY EXPERIENCE
NOVEMBER 7-8	GLIDEWELL FALL IMPLANT SYMPOSIUM

Use
promo code
WAGD
to save **\$100** and
get 2 hotel nights
included in
tuition*

**Earn
up to 12
CEUs per
event**

WHY ATTEND:

- On the first day, experience **fast-paced podium presentations** in the general session.
- **Learn clinical techniques and business strategies** from world-class speakers.
- On the second day, choose from **focused lectures and hands-on workshops**.

LOCATION:

Glidewell Clinical Education Center
Irvine, California

TUITION:

\$695 for each two-day event
(\$895 for Glidewell Aligners Symposium)

**Promo code for \$100 off tuition is not applicable to the Summer IOX or Fall IOX Symposia.*



Glidewell Education Center
Nationally Approved PACE Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority, or AGD endorsement.
3/1/2024 to 2/29/2028. Provider ID# 216789



LEARN MORE
866-791-9539
glidewellsymposium.com





Inadequate Informed Consent Leads to Legal Action Against Dentist

BY MARC LEFFLER, DDS

Dr. Leffler received his D.D.S. degree from Columbia University in 1982, after which he completed residency training in oral and maxillofacial surgery at Bellevue Hospital Center/New York University, subsequently becoming board-certified in oral and maxillofacial surgery. He practiced oral surgery in both office and academic settings, supervising the training of residents and dental students in out-patient anesthesia, orthognathic surgery, dentoalveolar surgery, and emergency management of medically compromised patients. Dr. Leffler then received his law degree from New York Law School and practiced trial law in New York, having represented dentists and dental specialists in dental malpractice litigation, dental board disciplinary actions, and peer review proceedings. He is currently a dental and oral and maxillofacial surgery consultant for MedPro. Outside of professional activities, he serves as a United States Coast Guard Auxiliary Flotilla Commander and as a marathon guide runner for disabled athletes who are members of Achilles International, for which he also sits on the Board of Directors of its New Jersey Chapter.

As a dentist, obtaining proper informed consent is crucial to ensure patients are aware of all the potential risks and outcomes of undergoing treatment. In this case study, a dentist fails to inform a patient about all the possible negative outcomes associated with dental implants, and when the patient's implants eventually fail, the dentist is sued for malpractice.

KEY CONCEPTS

- Obtaining Informed Consent
- How proper informed consent can mitigate malpractice risk
- Recording/documenting patient interactions
- Background Facts

W, a retired 68-year-old woman, had been fully edentulous in her maxilla for over a decade, and she functioned adequately with a complete denture, which had been changed once and modified several times. She wore a lower removable partial denture which replaced 5 missing teeth and was very satisfied with every aspect of it. After seeing many recent television commercials talking about the great benefits of implants and implant-supported prostheses, she met with and discussed with her general dentist of many years, Dr. C, the potential for having upper implants (only), to be followed with a fixed bridge.

After examining W, clinically and radiographically, Dr. C determined that W had adequate bone anteriorly for implant placement, but placing posterior implants would require bilateral sinus lifts and grafting, which were procedures that W was unwilling to undergo. So, they both agreed that 4 upper anterior implants would be placed by Dr. C such that a semi-precision removable partial would later be fabricated and placed after implant osseointegration.

Dr. C had taken many courses regarding both the surgical and restorative aspects of implants and had incorporated that into his practice. Dr. C was very technically oriented, which was reflected in his dentistry and in his office infrastructure: among the systems installed in each of his op-

erating suites was a camera/audio set-up, about which he advised his patients, and which was legally permissible – according to his business attorneys – in his state of practice. In this regard, the consultation visits with W were recorded, as were informed consent discussions and the dental procedures. Based upon this system, Dr. C did not employ “consent forms”, but instead conducted what he believed were casual, thorough, back-and-forth spoken interactions, very specific to each patient, to address what he believed were the important pieces of information to make his patients informed consumers.

On the day of surgery, Dr. C placed 4 maxillary implants without any apparent complications. He instructed W as to his usual post-operative protocols, and she followed all of them precisely. Two weeks after surgery, while wearing her existing denture, as modified by Dr. C for that purpose, she presented to the office with inflamed tissues around all the surgical sites, but no signs of infection; no antibiotics were prescribed, but the need for excellent hygiene was reiterated. At a month after surgery, the patient appeared similarly from a clinical standpoint, stating that she was cleaning the areas and rinsing as instructed. Dr. C took a panoramic radiograph and saw what he feared were the beginning stages of implant loss, with some loss of bone at the coronal aspects of all the implants. That situation worsened still, as demonstrated on another panoramic several weeks later.

Dr. C reached the conclusion that the implants were failing and that they should be removed. After explaining this to W, who agreed, he proceeded to remove them, which was an easy process, given their mobility upon flap elevation. Dr. C relined the denture and replaced it, telling W that he would place a new set of implants after the area fully healed. W said that she did not want more implant surgery but would rather just keep her denture and receive a refund for the fees she paid for the implants. Dr. C was unwilling to give a refund, explaining to W that he performed every step of the procedures properly, so he did not understand why he should be returning what was a significant fee. Despite W's repeated request, Dr. C remained unwilling.

LEGAL ACTION

Upset about what she viewed as Dr. C's inappropriate stance, she contacted an attorney. As a first step, the attorney requested W's full set of records from Dr. C, who immediately provided copies of his chart and radiographs. When the attorney looked through what was provided, she asked W if she had signed a "consent form," to which W responded that she had not; but she told her attorney that there was a discussion before the procedure, which she believed was recorded. So, the attorney then requested a copy of all visual and audio records involving W, which were provided.

The attorney consulted with a dental expert who examined the records, but no errors in technique were found by that expert. However, the expert advised the attorney that there was no evidence in any of the recordings that W had been advised of the possibility of implant failure, which was, according to the expert, a foreseeable and routinely advised risk. On behalf of W, her attorney instituted a malpractice lawsuit in which the sole claim was the failure to have obtained informed consent prior to the placement of implants.

Dr. C was provided with legal counsel by his malpractice carrier. Dr. C's attorney raised the issue with Dr. C of not having advised W of the potential risk of implant loss, to which Dr. C responded that he "always does that." Not until Dr. C viewed and listened to all recordings involving W did he acknowledge that he had apparently forgotten to advise W of that risk. With Dr. C's agreement, the matter was settled before any further legal steps were taken.

TAKEAWAYS

While the various states might differ as to whether conversations may lawfully be recorded, and under what conditions that may occur, Dr. C's jurisdiction did allow for exactly what he did (local attorneys are the best sources to learn whether recordings are permissible, and if so, the conditions under which they are). But dentists who choose to avail themselves of laws which allow for recording patient conversations should be aware that, in the event of litigation, those recordings might become available to other parties to the litigation and their attorneys. It is quite common for dentists who are sued to testify as to their usual course of conduct in practice, whether clinically or in communication; here, had a recording not been available, Dr. C would have likely – and seemingly in good faith – testified that, as he told his attorney, he "always" advises patients of the risk at issue, and that would have resulted in differing testimony by the opposing litigants, to be determined by a jury. But in this case, there was no dispute because of the tangible evidence that existed.

Dentists may have varying reasons for wanting to record their interactions with their patients, from memorializing conversations, to documenting their clinical techniques and results, to wanting to do periodic self-reviews to make sure that their practice methods are working. Regardless of their intended use, recordings are clear and unwavering evidence of all actual events at hand, whether intended or not. So, as valuable as they might be, they can make their way back to surface in a litigation situation, whether that litigation involves a patient, business associate, or staff member.

Addressing the clinical picture discussed in this case study, it is a simple fact that implants do, at times, fail, despite all having been properly performed. The same goes for a variety of other dental procedures. But as the plaintiff's expert in this case appropriately noted, the fact that a result was undesired, alone, does not mean that there was actionable malpractice; for a malpractice case to succeed, there must not only be an injury, but that injury must have been caused by negligent treatment.

Next, we address the issue of informed consent. Although the specifics will differ between states, the concepts are generally constant: prior to a patient undergoing a procedure, they are entitled to be advised of the information necessary for them to become an educated consumer, to be able to make an intelligent choice as to what they might opt to undergo, or not. Here, even though the procedure was properly performed, the fact that W was not made an educated consumer in advance, and the procedure she agreed to without adequate knowledge led to an undesired result, led to a valid and viable lawsuit.

Finally, we note, without comment, that Dr. C opted against providing W with the fee refund she requested, and that was presumably a factor which led her to retain an attorney and institute suit. It is an entirely open question as to what actions W would have taken, if any, in the face of failed implants, if she had been given the refund she sought.

As the nation's leading dental malpractice insurance carrier, MedPro Group has unparalleled success in defending malpractice claims and providing patient safety & risk solutions. MedPro is the nation's highest-rated malpractice carrier, rated A++ by A.M. Best. The Berkshire Hathaway business has been defending dentists' assets and reputations since 1899 and will continue to for years to come.

WANT MORE CASE STUDIES LIKE THESE? SIGN UP TODAY!

Note that this case presentation includes circumstances from several different closed cases, in order to demonstrate certain legal and risk management principles, and that identifying facts and personal characteristics were modified to protect identities. The content within is not the original work of MedPro Group but has been published with consent of the author. This document should not be construed as medical or legal advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ among companies. © MedPro Group Inc. All rights reserved. ♦



Practice Transition Market Trends

BY OMNI PRACTICE GROUP

OMNI Practice Group was founded in 2004 with the mission of providing exceptional dental practice transition and real estate services that are personalized to meet your goals. Once we discover what you want or need, we create a tailored transition plan or consulting program designed to achieve results. Our team has over 100 years combined experience finding the perfect match for buyers and sellers.

Over the years, the market for practice transitions has changed. Sellers sell for different reasons than they did ten years ago. Buyers make their buying decisions much differently than they did ten years ago. And, the dental industry has changed in a number of ways over the years as well.

When we first started selling practices approximately 20 years ago, the primary reason dentists told us they were selling was because they were ready to retire. The average age of retirement back then for a dentist was 64 years old. The most recent survey by the ADA has the average retirement age for a dentist of 69. Dentists are selling for reasons besides the fact that it's time to retire. More and more, we see dentists retiring for three primary reasons:

1. Reduction in Insurance reimbursements – While the salaries of hygienists keep going up, the reimbursement for a prophylaxis goes down. Some practices are doing prophylaxis at or near a loss. It's not just hygienists, other costs are going up as well while reimbursements continue to go down. Insurance companies are running the dental industry.
2. Staffing challenges – Sellers are having to deal with a revolving door of staff. With the staffing shortage because of the COVID shutdowns, staff members are being recruited by other offices. Staff members leave for a little more money to go to work at an office nearby.
3. Changing dental industry in general – From practice ownership to technology to attracting and retaining new patients, change has been rampant. Dental Service Organizations (DSO's) have changed the landscape of practice ownership. They're offering scholarships and incentive bonuses to attract associates to their practices. Keeping up with technology with new cone beam and other new equipment is cost prohibitive to the late career dentist. Marketing used to be somewhat foreign to late career dentists, but they're having to do it in order to compete and having to bear the associated costs.

Practice Buyers have also evolved. Fifteen years ago, a potential buyer would sign a non-disclosure agreement, take a look at the practice numbers, and then visit the practice. They would typically then decide to move forward or not. It was pretty quick and simple. The buyers would be an associate who had been out of school for from 2 to 5 years. They would focus on the numbers and the location and might bring in an accountant to review the tax returns.

Buyers nowadays are not only those who have been out of school for a few years, there are also DSO's looking at larger practices. There are more dentists moving from other states to buy practices as well. A potential buyer quite often has someone representing them. It may be a buyer's representative or an accountant who does more than just look at the profit and loss of the practice. Buyers scrutinize not only the numbers, but the technology in the practice as well. DSO's do a complete physical on the practice.

Good practices in good locations still sell reasonably fast. Good practices are those that collect \$700,000 or more with overhead below 65% and the practice technology and décor is up to date. Good locations are in populated areas that are desirable to the public in general. Bellevue, Kirkland, Redmond and cities within 30 minutes of these areas are good locations. Locations in other urban areas will also sell quicker than rural areas. Practices in rural locations do sell. They just take a little longer than normal.

Whether you're thinking about selling, or thinking about buying a practice, we're here to help. Contact one of Omni's Transition Consultants to steer you in the right direction. ♦



Bridging Science and People

BY KEN CHEN, DDS

Born in Taiwan to multilingual parents and growing up in Tokyo and Silicon Valley, Dr. Chang graduated from the University of the Pacific Arthur A. Dugoni School of Dentistry in 2014. After completing his AEGD residency in eastern Washington, he stayed at the community health clinic and spent 4 years serving his small town before moving to Spokane, where he currently practices. Dr. Chang is an avid learner and attends numerous continuing education courses outside of the clinic. He also likes to hike, bike, and swim—the typical Pacific Northwest activities. He believes he is a Washingtonian now.

From a population of 4.5 million to 7,000 in two weeks. Two weeks was the amount of time I had before I relinquished the view of the Golden Gate Bridge in San Francisco to relocate to a sleepy, agricultural town in eastern Washington. When I matriculated in University of the Pacific School of Dentistry in 2011, I never imagined I would find myself in a town where the nearest Costco is 60 miles away.

I decided to rank the AEGD program in this little town due to its uncompromisingly high standard of care that it provided for its patients. The community clinic where I completed my residency—and where I decided to continue practice after the completion of AEGD—drew patients not only from the town, but as far away as 50 miles in all directions. Since the clinic was the dental safety net for many patients who did not readily have access to care, my colleagues and I provided most dental treatments, ranging from straightforward restorations to complicated surgical extractions. In retrospect, those five years shaped me to become the dentist who I am today.

The patient population I served was a mix of local and non-local patients, including migrant workers. The community clinic mainly saw low-income earners, thus financial limitations played a large role. In addition, for non-local patients and especially migrant workers, much consideration had to be made to accommodate patients' dearth of time. Migrant workers stay in town during certain months of the year when agricultural work is abundant. Once the harvest is finished for that year, they move to another state to find work. Patients may leave mid-treatment and return after many months when jobs become available again. Nothing is more frustrating than seeing a tooth succumb to caries when it could have been redressed with early treatment.

Careful treatment planning and clear communication with patients are paramount in situations like these. How do I present my treatment plan at the examination appointment after listening to the patient's concerns? A patient's chief concern does not always coincide with what needs to be treated first. How do I talk to the patient without downplaying the chief concern, but simultaneously educate the risks and benefits of prioritizing one issue over another? Would the patient's financial and time constraints affect the ideal treatment plan? I wrestled with these questions everyday.

I learned what it means to truly listen: putting myself in their shoes. Frenetic deliverance on pure scientific pragmatism will fall deaf on patients' ears. I must understand why they decided to visit me, what their values are, how they feel about seeing the dentist, and what resources are available to them. Once I am cognizant of all these, I am able to become more empathetic, which then allows me to effectively communicate with them. People are amenable to ideas when they feel understood. As dentists, we want to help our patients. We want to teach them the importance of dental health. Our goal is to instill a positive change in their lives through oral health — to do this and that for our patients. But realistically, what good is all that if they are not listening? Dentists bridge the gap between science and people, and empathy is indispensable. ♦



A DENTAL TEAM THAT GIVES YOU THE MOST



- ✓ Focused on **honesty, integrity** and **trust**.
- ✓ **Experienced** and **successful** with over 150 years in the dental industry and over 500 practices transitioned.
- ✓ A **team** of dentists, dental managers, dental consultants, CPAs, financial executives, and commercial real estate brokers.
- ✓ **Local** brokerage offering **customized** and **personalized service**.
- ✓ **Licensed** commercial real estate brokers to negotiate leases or sell your real estate.
- ✓ **Certified Valuation Analysts** to value your practice right.
- ✓ **Marketing Experts**—We advertise your practice in more places.
- ✓ Orchestrating a **win-win-win-win** for 1. you the seller, 2. the buyer, 3. your staff, and 4. your patients in which you achieve a lasting and positive legacy.

Contact us today for a free, consultation!

1-877-866-6053 | info@omni-pg.com | omni-pg.com



WASHINGTON
ACADEMY
of GENERAL
DENTISTRY

EVENT SPACE AVAILABLE

Washington AGD Global Learning Center has been established to fulfill year round continuing dental educational needs for dental professionals.

It is conveniently located within minutes of Seattle-Tacoma International Airport, Seattle's Light Rail Transportation and hotels.

Every consideration is given to create a comfortable state-of-the-art learning environment with leading educators, multiple synchronized projectors and individual hands-on equipment.

Dental Affiliates and our members are welcome to use this space for your study clubs and dental meetings.



SCAN ME



Required Washington Dental Continuing Education Focus Points

BY HERBERT EDWARDS, DDS, MAGD, LLSR

Herbert Edwards, DDS, MAGD, LLSR practices dentistry in Walla Walla, WA. He is immediate past president of the Washington AGD and serves as a delegate at the AGD House of Delegates. He met his wife, Dr. Eunduk Choi, in dental school and she also practices in Walla Walla. They have two children, Sofie and Magnus, and the family enjoys a wide range of both academic and physically active pursuits.

As we enter the final months of 2024, it is time to re-examine what CE requirements may yet be due for some of us. Two such requirements I've heard many questions about in recent months are worthy of focused discussion here.

The State of Washington specifies in WAC 246-817-440(3) that dentists must complete a minimum of 2 hours of continuing education training in health equity every three years. Our Washington Dental Commission has also communicated with dentists about this requirement. The Department of Health & Human Services offers a free CERP and PACE approved course of up to 6 hours on this topic which is available at <https://thinkculturalhealth.hhs.gov/education/oral-health-providers> with instruction provided through Cine-Med (PACE # 401917). Please note that while the AGD will recognize all 6 hours of credit, the Dental Commission only recognizes half credit for self-study. This means the maximum CE the Dental Commission would recognize from this course would be 3 hours, which more than satisfies the 2 hour minimum and is good for the three year cycle.

Those who wish to submit this CE to the AGD for tracking on their transcripts or for applying toward Fellowship, Mastership, or LLSR progress will want to use AGD Subject Code 558, Diversity Inclusion/Cultural Competence. Finally, if the PACE number should expire or not be active at time of submission, note that the AGD will accept CERP credits as equivalent. From the AGD PACE FAQ webpage: "AGD PACE and American Dental Association (ADA) Continuing Education Recognition Program (CERP) have similar approval processes. As a result, AGD recognizes CERP-approved

providers for Fellowship or Mastership credit." Some have found a phone call or email to AGD headquarters is necessary to get through this process, but it is an available option.

Next to discuss is the Washington State dental jurisprudence examination. In WAC 246-817-440(2) we are reminded that the jurisprudence exam is due at initial licensure and every three years after 1 January 2019. The exam is offered through the Department of Health (DOH) at <https://fortress.wa.gov/doh/opinio/s?s=DentistJPexam> and counts as 1 hour of CE. Please note that the DOH does not generate a certificate of completion and directs that course participants should take a screenshot of the final screen informing them they have completed the exam.

It is recommended that this screenshot be printed and saved. I was unable to locate evidence that the DOH is CERP or PACE approved, but a copy of your printed screenshot can still be submitted to the AGD for 1 hour of non-PACE CE to be tracked on your transcript by using PACE # 214239, which is the placeholder for Unknown Provider. Use AGD Subject Code 555, Dental Jurisprudence/Ethics to have your credit recorded correctly on your transcript. ♦



SET IT AND FORGET IT

MEMBER AUTORENEWAL PROGRAM

You'll never have to worry about renewing on time again.

You have many important tasks to remember, but your AGD membership renewal date doesn't have to be one of them.

"Signing up for autorenewal was one of the best decisions I ever made as an AGD member. It is so convenient and one less thing for me to worry about during the year."

Ricardo A. Suarez, DDS, MAGD
Whittier, CA
Member since 2002



ENROLL TODAY





The Right Timing for Bright Inviting Practices

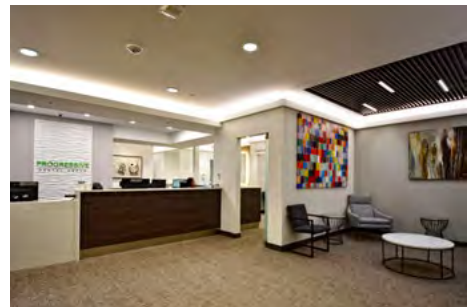
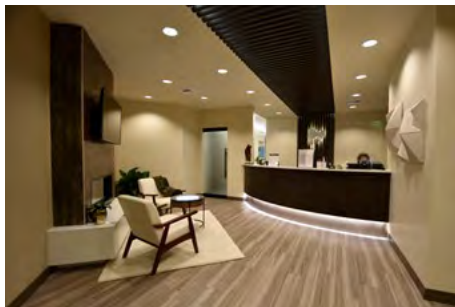
BY BIG SKY NORTHWEST

We are a General Contractor that specializes in Dental Construction in the beautiful Pacific Northwest. We know how a sustainable, functional, affordable dental office is created, and would love to be a part of making your dream office a reality!

Recently many of our dental builds have designs that take technology by the hand, allowing us to construct spaces more thoughtfully than ever. Building bright beautiful offices with bespoke components, plumbed medical gasses, and surgical suites is something Big Sky Northwest has always done, and we are enjoying expanding our experience with every high-tech dream office we put together. LED accent lighting has been becoming a new norm. Lighting up soffits and trim on the floor and ceiling, bringing the eye to unique design elements in the practice. Frosted glass wall dividers that allow for patient privacy without losing light, glass doors, and glassed-in consults and conference rooms have been testing our team’s creativity in our shop. A round custom X-ray window in a nautical theme is the latest first for us!

While providing these more complicated elements, and partially due to post-Covid manufacturing material shortages, we’ve

been focused on our timing. City’s permitting offices have been busy, so we’re working to ensure permitting is seamless, ironing out timing details with vendors and ordering materials at the immediate onset. When necessary, we help to provide alternatives to materials that do not meet the schedule or budget, without compromising aesthetics of the design. Actively engaging our clients during routine site visits to enjoy the building process and answer questions helps us prevent miscommunications that can bring the build to a standstill. Following progress throughout the schedule allows us to tackle challenges before they impact the schedule or budget. Providing the right timing for bright inviting practices in the Pacific Northwest. ♦



INTRODUCING AGENICS LABS

Your Trusted Partner in Dental Waterline Testing

Are you committed to providing the safest environment for your dental patients? Look no further. With over 25 years of unparalleled expertise, Agenics Labs leads the industry in ensuring pristine water quality for dental practices. **Agenics Labs is proud to be the exclusive dental water testing partner of the Washington Academy of General Dentistry.**

WHY CHOOSE AGENICS LABS?

Unrivaled Experience • Independent Authority • State-of-the-Art Technology



THE LEADING INDEPENDENT TESTING COMPANY

[Agenics.net](https://www.Agenics.net) 719 466 5592



WASHINGTON
ACADEMY
of GENERAL
DENTISTRY

EVENT SPACE AVAILABLE

Washington AGD Global Learning Center has been established to fulfill year round continuing dental educational needs for dental professionals.

It is conveniently located within minutes of Seattle-Tacoma International Airport, Seattle's Light Rail Transportation and hotels.

Every consideration is given to create a comfortable state-of-the-art learning environment with leading educators, multiple synchronized projectors and individual hands-on equipment.

Dental Affiliates and our members are welcome to use this space for your study clubs and dental meetings.



SCAN ME



Artificial Intelligence is Transforming Dental Care

BY MIKE BARNIV, DDS

Dr. Mike Barniv brings a wealth of dental experience from over two decades in full-time private practice to his role as Vice President of Clinical Affairs at Pearl, a company leading global dental AI innovation. Before joining Pearl, Dr. Barniv served as VP at Delta Dental of Idaho, where he oversaw claims, utilization management and the strategic implementation of AI technologies. In academia, Dr. Barniv served as an assistant professor at the University of the Pacific School of Dentistry in San Francisco, CA, where he was also the director of their AEGD residency clinic.

Artificial intelligence (AI) is driving a trend toward tectonic transformation across every professional landscape. While its emergence in dentistry follows behind other medical fields, AI – radiologic AI, in particular – is swiftly establishing itself as an indispensable dental utility, propelled by ambition for efficiency in patient care. It also addresses challenges intrinsic to the dental enterprise in general.

RADIOLOGIC NEED

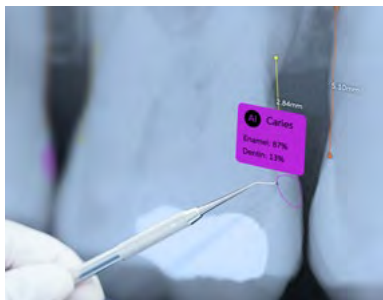
Consider, first, the outsized role that radiographic imaging plays in dentistry. In the US each year, 86% of patient visits involved imaging, yielding 1.4 billion dental x-rays. From the standpoint of AI performance, these figures are significant, because the sheer volume of dental imagery represents a near limitless trove of data used to train machine learning systems. The volume of dental radiography is also indicative of the need for such systems, because properly and thoroughly analyzing every one of them in detail is impossible.

Radiologic diagnosis is a fundamental standard of care in dentistry, yet only 190 of the 50,000 radiologists operating in the US today are specialized in oral maxillofacial radiology. Dentistry’s unique reliance on general practitioners to perform radiological assessments contributes to high levels of inconsistency in diagnosis. Studies place radiologic detection rates for key conditions present in dental x-rays – including caries and periapical radiolucencies – in the 40-50% range. While the problem of underdiagnosis is pronounced, misdiagnosis is also a problem: One in five caries diagnosed in x-rays are not actually caries.

SYSTEMIC SUITABILITY

In addition to its suitability as a functional solution to dentistry’s unique radiologic problem, AI’s rapid adoption in clinical dentistry can be attributed to two key systemic characteristics that set dentistry apart:

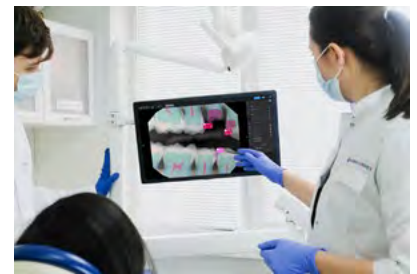
Unlike other medical fields, the adoption of AI in dentistry is inherently low-risk. With few or no dental diagnosis-related deaths annually, there is far less intrinsic hesitance around implementing AI in the clinical workflow.



Additionally, dental practices, which are often smaller and more entrepreneurial than large medical institutions, can quickly implement new technologies. By avoiding administrative red tape, innovative technology can be adopted more readily.

BROADER BENEFITS

While AI has quickly made inroads in dentistry thanks to the unique characteristics of the dental enterprise and the technology’s radiologic prowess, its benefits have wide-reaching implications. AI will add efficiencies to other areas of dental care by drawing actionable links between oral and systemic health. Marking margins on restorative preparations, automating



periodontal charting, enhancing revenue cycle management, optimizing staffing and procurement, AI is also facilitating operational efficiencies that free up human attention for tasks requiring a uniquely human touch.

The AI-powered paradigm shift in dentistry currently underway will fulfill a collective desire among dental professionals worldwide for excellence in patient care. It has already begun to redefine the standard of care—and, as AI’s influence grows, a future will come into focus where technology and human expertise converge at a dental zenith. ♦

Article references can be found on the Washington AGD website’s home page at www.washingtonagd.com

TAKE A CLOSER LOOK AT OUR MEMBERSHIP PLANS

Being a member of AGD and your local constituency is one of the most beneficial decisions you can make to enrich your career and enhance the profession.



For and About General Dentists Since 1952

Choose Your Plan – Join Today
agd.org/join



Glass Ionomer Restorative Materials

Should you be using this in your practice?

BY GEORGE J. HOLZER, DDS

Dr. Holzer is a 1988 graduate of the West Virginia University School of Dentistry. He spent 24 years in the Army Dental Corps and retired with the rank of Colonel. From 2010 to 2020 he lived in the state of Washington and was a member of Washington AGD. He currently resides in Tennessee where he keeps a locum tenens practice. Dr Holzer is a Master in the AGD, with a LLSR. He is on the Board of Directors for the American Board of General Dentistry. He is a fellow in the ACD and member of the ADA.

As a dental professional with over three decades of experience, I have witnessed significant advancements in the field. My training at West Virginia University School of Dentistry in 1988 emphasized foundational techniques, while my 24-year military career honed my skills and broadened my perspective. These experiences have shaped my understanding of the importance of evidence-based dentistry and the need for optimal patient care.

The shift away from amalgam has led to the widespread adoption of composite materials. While composites offer excellent aesthetic and functional properties, their success is contingent on meticulous moisture control. Techniques such as rubber dams or vacuum isolation systems are essential for achieving predictable long-term results. Unfortunately, many dental practices rely on less effective methods like cotton rolls or dry angles, which fail to adequately address the moisture issue.

Toward the end of my Army career, I began using glass ionomer filling materials, primarily for patients with a high caries rate. Having used glass ionomer liners and bases for many years, I was waiting for suitable restorative materials to become available. Fortunately, the materials I adopted for tooth restoration have since improved in every way.

Early generation glass ionomer filling materials had poor wear resistance and durability. They were beneficial in a sandwich type restoration or non-load bearing situation. Newer glass ionomer materials have much improved wear resistance. They have become much more durable while maintaining the other advantages offered.

Glass ionomer restorative materials, unlike composite bonding systems, create a chemical bond to dentin and enamel. Micro and macro leakage with properly placed glass ionomer materials is non-existent. Debonding of glass ionomer restorations is an exceedingly rare occurrence. Unlike many dentin bonding systems used with composite materials, the bond does not degrade through MMP activation of water trees.

I very rarely find a patient who has post-operative sensitivity problems when using glass ionomers. This is attributed to the lack of leakage causing a cessation of intratubular fluid dynamics. This is a practice builder and time saver as there are fewer post-operative pain visits or restoration replacements.

Glass ionomer materials release fluoride throughout their lifespan. They also recharge when exposed to fluoride dentifrice, rinses, or professionally applied fluoride. This fluoride release protects the tooth with the restoration and creates a halo effect that protects teeth around the restoration. They also protect the tooth by having a critical pH that is 0.1 higher than enamel. During an acid attack, the restoration is dissolved before the tooth structure, creating a local zone of increased pH.

Glass ionomer materials have seen an improvement in esthetics, especially when protected from desiccation during the setting phase. For high visibility class V restorations, I will use a resin-modified glass ionomer. For a truly demanding patient, I will do a sandwich restoration by replacing and covering all dentin with a glass ionomer or resin modified glass ionomer and replacing enamel with composite.

Finally, glass ionomer materials are very biocompatible. Cariogenic bacteria, as well as those that contribute to periodontal diseases, do not congregate on glass ionomers like they do on composites. This leads to a very favorable soft tissue response. It is rare to see highly inflamed gingiva in a restored with glass ionomer. One of the questions that was on my Fellowship exam that I will never forget, dealt with cariogenic/acidogenic bacteria affinity for composite surfaces.

Some colleagues believe glass ionomer is only suitable as a temporary material, likely due to a lack of familiarity with recent advancements. Others feel it takes too long to use or find it difficult to work with because of its tacky nature during placement. However, I can restore an average quadrant more quickly with glass ionomers than with composite materials, all while feeling confident that the patient is receiving a superior service. Expanded Function Dental Assistants I have worked with quickly learned the skills to place glass ionomer restorations that often outlast the composite restorations they previously placed.

So, if can refer to my title question, yes you should be using glass ionomer restorative materials in your practice. I am using them exclusively and have for many years for restorations, the exception being class IV fractures of anterior teeth.

Conflict of interest statement: For transparency, I have been paid and supported by GC America for speaking and educational seminars. ♦



The Future of Dentistry is Here

BY CHONWAY D. TRAM, DDS

Dr. Chonway D. Tram is a private practicing dentist in Rancho Cucamonga, CA. His office is focused primarily on cosmetics and implantology. A 2007 graduate of Loma Linda University School of Dentistry, Dr. Tram completed a surgical-based GPR at St. Barnabas Hospital following dental school and is a former Assistant Professor at Western University, College of Dental Medicine. Dr. Tram is a Fellow of the International Congress of Oral Implantologists and has completed Advanced Implant Training with the Global Academy of Osseointegration. Dr. Tram currently lectures on digital technology implementation with a focus in implants, CAD/CAM and 3D printing.

Digital dentistry is the incorporation of digital technology to best serve our patients via computer-based components. From intraoral scanners to milling machines and everything in between, the world view of dentistry has shifted to a digital perspective. Whether we are familiar with it or not, the intraoral scanners, the milling machines, and the way we send information to the labs revolutionize how dentistry is performed.

The future of dentistry is here! 3D printing is revolutionizing the industry and has allowed us practitioners to predict and customize restorations for our patients with greater efficiency and efficacy than before. 3D printing in dentistry has allowed us customizations and create dental solutions tailored to our patient's anatomy. From creating custom individual restorations to full mouth rehabilitations, digital dentistry and specifically 3D printing has allowed us to visualize, try in and modify our treatment plans to best fit our patients.

Back in 2021, an ADA survey from a pool of their ACE panel members indicated that 53% of the dentists polled use intraoral scanners. In 2024,

with the advent of competition and cheaper integration of technology, the number of dentists going digital far exceeds that. Most labs have moved into an era of digital file transfers and impression level scanning, increasing the accuracy of the restorations delivered to our patients.

In-office milling (i.e., CEREC) has taken the world by storm since its introduction in 1985. The ability for a dentist to deliver quality restorations in the office (and in most cases, on the same day) has opened a plethora of possibilities. The digital transfer of information has allowed us to communicate with our lab and create or modify treatments with more efficiency than what was done in the past. Not only are we able to visualize and share our treatment goals and objectives, but we are also able to work synergistically with our labs to create the optimal patient outcome.



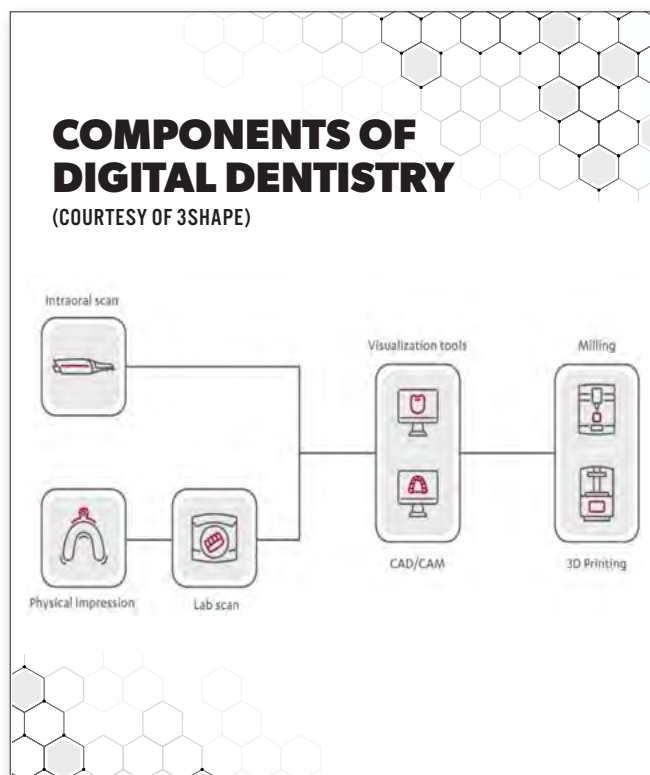
IMMEDIATE MAXILLARY DENTURE AND PARTIAL LOWER DELIVERED SAME DAY IN 2022



My introduction into 3D printing came in 2016. At that time, I was just looking to fabricate a surgical guide for implants. Using an FDM printer, I was able to create a guide in 8 hours! To be able to plan and fabricate a predictable restorative plan in the office was unfathomable at that time. From there 3D printing has moved to resin printers that have evolved meteorically to now where guides, splints, dentures, and permanent restorations can be done in a clinical setting with amazing speed.

3D printing in dentistry is a new field, but its incorporation into dentistry has revolutionized our approach to treatment planning and patient care. From an intraoral scan, we can achieve a predictable restorative outcome or come close to it. The ability to create a waxup, simulate a digital articulator, fabricate an immediate denture, create, or recreate models allows us to practice dentistry free from the constraints of traditional analog dentistry (pouring/care for models, imperfect impressions, transfer of facial records).

3D printing has enabled us to simulate/create restorations and prostheses with amazing precision and accuracy. From inlays/onlays to dentures and everything in between, 3D printing has a place in our daily practice. 3D printed materials used in dentistry is getting stronger and more predictable at a crazy pace, and it is only a matter of time before it is the standard method of practice. ♦



Allograft Tissue Processing **Matters!**

But Not All Allograft Tissue Processors
Are The Same.

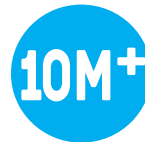
If You Use Allograft Tissue In Your Practice,
It's Very Important To Understand How The Tissue Is Processed.

From Donor Selection And Screening, To Tissue Testing, Cleansing And Delivery,
Allograft Tissue Processing Matters.

SALVIN[®] +  LifeNet Health[®]



LifeNet Health[®]
Is The **World's Largest**
Full Service Tissue Processor /
Organ Procurement Organization.



Over **10 Million** Allografts Have
Been Processed Using LifeNet
Health's[®] Allowash XG[®] Technology,
With **Zero** Disease Transmission.



Of Total Donors Screened
For Transplantation,
Approximately **3%**
Are Accepted By LifeNet Health[®].



With A 30-Year Relationship With
LifeNet Health[®], Salvin Dental Has
Distributed **Over Two Million**
Allografts In The Dental Industry.

HAVE QUESTIONS? CALL US.
Toll Free: 800-535-6566

For More Info
SCAN HERE



Everything For Your Implant Practice But The Implants[®]

Salvin Dental Specialties, LLC

Toll Free US & Canada 800-535-6566 • www.salvin.com



Ten Minutes Saves a Life!®

Emergency Application and Learning Modules Can Be Used to Satisfy New Regulations for Dentists in Washington

BY ANDREA FONNER, DDS

Dr. Andrea Fonner is a board-certified mobile dentist anesthesiologist in the Seattle/Bellevue area. She is the Past-President of the American Dental Board of Anesthesiology (ADBA) and has been a board examiner and primary contributor for many years. She serves in various positions with the American Dental Society of Anesthesiology (ADSA). Nationally, she is on the Board of Directors; locally, she is the President of the Washington component. She is the President and Co-Founder of Anesthesiology for Dentistry. Her passion is teaching dentists around the world about ways to improve patient safety. She was the co-creator of the ADSA Ten Minutes Saves a Life!® emergency application and manual, which is the only cognitive aid that exists for dentistry and is used all around the world. She is the Co-Director of the ADSA High-Fidelity Human Simulation course and is the Co-Director for the Oregon Academy of General Dentistry Parenteral Moderate Sedation course. The best part of each day is spending time with her husband, Matt, and their beautiful identical twin girls, Lauren and Charlotte.

As of January 11, 2024, dentists in Washington who administer anesthetic agents of any kind (including local), must include written and rehearsed emergency protocols as outlined in WAC 246-817-724 (Table 1).

Establishing and practicing such protocols can feel overwhelming; however, we have developed an easy strategy for dental offices to comply with these new requirements (Table 2).

These strategies include the use of *Ten Minutes Saves a Life!®* Emergency Application and Learning Modules. Led by Drs. Andrea Fonner and Jason Brady (both dentist anesthesiologists), the *Ten Minutes Saves a Life!®* application is a **free** resource for the entire dental community; all dentists, hygienists, staff, dental students, and anyone with an interest in crisis management. It has been implemented in dental schools and offices worldwide and can be downloaded from the App Store or Google Play. It has been downloaded over 220,000 times and translated into four languages. An entire content management system was built into the application, which makes it very robust compared to typical app development. If any crisis event, drug recommendation, or aspect of rescue is updated, the application will automatically update on every device worldwide without the user having to update the application. This can aid in the annual review component of the Washington requirement.

Funded by the Anesthesia Research Foundation (ARF) of the American Dental Society of Anesthesiology (ADSA), the *Ten Minutes Saves a Life!®* campaign began over twenty years ago with simulation courses and resources to increase awareness around the management of medical emergencies in the dental office setting. As this campaign evolved, Drs. Andrea Fonner, Jason Brady, and a team of experts introduced the *Ten Minutes Saves a Life!®* emergency application in 2018. Numerous dental specialists provided insight and volunteered thousands of hours to ensure the efficacy and utility of the application. This first-ever

cognitive aid for dentists directs professionals in the initial critical moments of a crisis event until emergency medical services arrive.

Studies show that memory worsens during periods of stress and critical steps in the management of rare events often get overlooked. As a result, checklists and cognitive aids have become integrated into many industries and professions including nuclear power, aviation, and medicine. Cognitive aids help promote a culture of safety in the dental clinic by providing step-by-step guidance during crisis management. They offer standardized protocols to reduce errors, improve communication and teamwork, and ultimately enhance patient safety. By following a standardized and professionally vetted protocol, dental professionals can be confident they are providing the best care possible to their patients.

In 2022, Drs. Fonner and Brady collaborated with the American Society of Anesthesiologists (ASA) to develop online modules for implementing a training system in every dental office utilizing this application. These modules were launched in March 2024 to educate dental professionals on emergency preparedness, application usage, and best practices for responding to medical emergencies in the dental clinic. These modules can be used as a resource for the new requirements in the state of Washington. You can receive 0.5 hours of CE credit for each module you complete on your own time with your staff.



Follow this link for additional information about the use of the modules.

We encourage you to share this important and free information with your staff, colleagues and any professional who would benefit from the access to vital resource.

TABLE 1: EXCERPT FROM WAC 246-817-724

A licensed dentist shall develop and maintain written emergency protocols and ensure:

- A. All staff are trained in the protocols wherever anesthetic agents of any kind are administered.
- B. The emergency preparedness written protocols include training requirements and procedures specific to the licensed dentist's equipment and drugs for responding to emergency situations involving sedation or anesthesia, including information specific to respiratory emergencies.
- C. The protocols are reviewed annually, updated as necessary, and the review is documented.
- D. The protocols include basic life support protocols, advanced cardiac life support protocols, or pediatric advanced life support protocols based on the level of anesthetics being administered.

TABLE 2: STRATEGIES FOR IMPLEMENTING EMERGENCY PROTOCOLS

1. Utilizing the written emergency protocol template (Appendix A), create protocols that are appropriate for your office. These protocols should include the location and contents of your emergency kit; a copy of the universal treatment emergency protocol; an evacuation plan; and advanced life support and 911 protocols.
2. Download the free Ten Minutes Saves a Life!® emergency application from the App Store or Google Play. This can be downloaded onto every staff member's device as well as all computers. This application has crisis event protocols for common emergencies that can occur in a dental office including cardiac arrest, respiratory distress, allergic reaction, hypoglycemia, seizures, syncope, and much more. This can serve as an important resource when reviewing protocols with your staff. Each crisis event was written by dental specialists and intensely reviewed to ensure efficacy.
3. Watch the four-minute tutorial video available in the menu section of the application with your staff.
4. Practice emergency scenarios with your staff on a regular basis. We recommend rehearsing at least one scenario each month while utilizing the application so that everyone can become familiar with how it functions.
5. Additionally, you can access the Ten Minutes Saves a Life!® online learning modules from the menu section of the application. These modules will walk you through various emergency scenarios, allow your team to simulate emergencies and give you practical advice for each crisis event. You can also receive 0.5 hours of CE credit for each module you complete on your own time with your staff. ♦

APPENDIX A

WRITTEN EMERGENCY PROTOCOL TEMPLATE

- Name of Clinic
Address of Clinic
- Location and contents of your emergency kit
 - Universal treatment emergency protocol (Appendix B)
 - Emergency evacuation plan
 - BLS protocols (Appendix C)
 - ACLS or PALS protocols (if applicable)
 - 911 protocols (i.e., meet EMS at the elevator or on the street, do you have your address prominently displayed in your operatories and waiting room, cross-train all team members for various roles, etc.)

APPENDIX B

Universal Emergency Algorithm

- R - Recognition of Emergency**
Call for assistance: retrieve O₂, AED, and emergency kit
Remove material from mouth
- P - Position**
If conscious, comfortable for patient; usually sitting upright
If unconscious, supine
- A - Airway**
Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)
- B - Breathing**
Assess breathing
If breathing, O₂ as directed by pulse oximetry with 100% O₂ @ 10 L/min via facemask
If evidence of breathing difficulty or not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂
- C - Circulation**
Assess pulse
If pulse, check heart rate and blood pressure, record vital signs at least every 5 minutes
If no pulse, call 911; move to **Cardiac Arrest Algorithm**
- D - Diagnosis, Definitive Therapy**
- E - Emergency Medical Services**
Facilitate access of emergency personnel by waiting for arrival and escorting to office

APPENDIX C



Untapped Dentistry: Advancing Practices into Orofacial Rehabilitative Care

BY REBECKA CLARK, RDH, LMT, CSOM, CMLDT

Rebecka is a military veteran who served in the US Navy during 9-11 and participated in Operation Iraqi Freedom and Operation Southern Watch. After her service, she joined the Florida Army National Guard and assisted in Hurricane Katrina efforts. She started her career in dentistry in 2009 and became a hygienist in 2015. During her studies, she developed a passion for treating orofacial disorders and pain due to her own experience with facial surgery.

The dental industry is on the brink of a significant transformation, set to redefine patient care by integrating orofacial rehabilitative medicine into everyday practice. This advancement broadens the scope of traditional dentistry, addressing wider health concerns and boosting patient loyalty through all-encompassing care.

Historically, dentistry has concentrated on oral health and aesthetics focusing solely on the teeth, often neglecting broader health impacts. Orofacial rehabilitative care fills this void, offering specialized treatments for individuals recovering from facial surgeries, trauma, or congenital issues. This positions dental professionals at the forefront of comprehensive healthcare.

In turn, this shift provides a unique opportunity for practices to stand out. Few states currently offer training in intraoral massage for massage therapists—a skill with immense transformative potential. Dental experts can utilize their knowledge to provide distinctive, holistic care, establishing themselves as key recovery centers and enhancing patient trust.

Providing rehabilitation within the practice ensures seamless care, strengthening patient-practitioner bonds and boosting satisfaction. Additionally, with more hygienists trained in myofunctional therapy leaving dental offices, integrating these skills helps retain valuable professionals, enriching the services offered.

Patients often consult multiple providers focusing solely on teeth or TMJ, overlooking a broader perspective. This fragmented care compels patients to search extensively

for comprehensive solutions. By offering integrated care, dental practices can fill this gap, minimizing the need for patients to visit multiple providers.

Globally, TMJ workshops for dental auxiliaries are non-existent as they are typically reserved for dentists. Addressing this gap, I pursued massage therapy training to highlight the need for hygienists to broaden their clinical expertise for greater job satisfaction.

I have developed programs to address this gap, retaining skilled hygienists within practices while enhancing patient care and community support. This strategic shift enriches service offerings and drives growth by attracting a diverse patient base and improving retention. Expanding team expertise with techniques like intraoral massage and functional therapy enhances job satisfaction and efficiency.

Now is the time for dental professionals to embrace change and address patient care gaps. By adopting orofacial rehabilitative techniques, practices redefine their role in healthcare, significantly enhancing patient well-being. The dental industry can set new benchmarks, meeting the comprehensive needs of patients worldwide, while offering a therapeutic touch that resonates in today's fast-paced world. ♦



Value Based Dentistry

BY STEPHEN DAVIS, DDS

Dr. Stephen Davis is the Corporate Dental Officer at Yakima Valley Farm Workers Clinic. In 2007, he joined the team as a lead dentist at the Toppenish Medical-Dental Clinic in Toppenish, Washington, where he delivered care, mentored dental residents, and oversaw the dental clinic's daily operations. In 2015, he took the Dental Director role and was promoted to Corporate Dental Officer in 2019. Dr. Davis works with the operations, programs, and medical teams to ensure a balanced, comprehensive approach to health. He also oversees two Yakima Valley Farm Workers Clinic dental residencies. He is responsible for the guidance and administration of the clinical and educational programs within the clinic's guidelines and the accreditation standards of CODA. His commitment to serving families is at the core of his work ethic. He and his dental teams create meaningful and lasting changes in the communities the Yakima Valley Farm Workers Clinic serves. He is a member of the American Dental Association and Washington State Dental Association, and the dental director groups of Washington Association for Community Health and Oregon Primary Care Association.

Ask our medical colleagues about Values Based Care (VBC), or the underlying Quality Measures that are drivers, and many will readily talk to you about medicine's movement over the last decades to an outcome-based model. For those unacquainted with VBC, it looks at health outcomes to assess the "value" of the care provided to a patient. Health plans, especially those that serve Medicaid populations, carve out certain health measure targets with those providers and systems that meet these measures often benefiting from enhanced payments. Two prime examples are controlling blood pressure at or below 120/80, and stable A1C's below 7% for diabetics. The goal is prevention; stop the progress of the underlying disease and its negative systemic health outcomes.

In contrast, dentistry has historically functioned based on a surgical model. Intervention has taken place after the local or systemic disease has taken place, repairing the structure in an effort to stop disease progression. Our payment model supports this practice; reimbursement for treating periodontal disease and the impact of decay is procedural based. The more complex the procedure, the better the reimbursement. Unfortunately, dentistry has historically been siloed as part of health care. Typically, patients are not driven to seek out dental care for prevention. They often show up in our chairs too late to stave off disease.

While a movement in dentistry towards a VBC model has not occurred, approaching your practice, whether as a single provider, group practice or health center in this context can have a positive impact for your patients. Traditional measures to evaluate the health of a practice revolve around operational measures like new patients per month, treatment plan acceptance, and full

hygiene schedules. These are critical to maintain the bottom line, yet they don't address the health of an individual patient, or the practice's established patient population.

A good resource to start exploring measures that support overall dental health is the ADA's Dental Quality Alliance's measure guides. Measures exist for both adult and pediatric populations. Adopting all the suggested measure is not feasible for most practice settings, but looking at a few that are appropriate for a particular patient demographic can provide insight into the impact of the practice. For example, at our Health Center we track phase I (emergent care) and II (prevention and disease control) treatment plan completion percentages and expect to be above a certain threshold in a 6-month time frame. This provides insight into our level of access for routine care and acts as a safeguard in overbooking new patient exams. To assess the effectiveness of our preventative measures we measure new decay in patients at follow up exam visits. The goal would be no new decay, and if new decay is observed in the population, exploring additional interventions that reduce caries risk factors.

Dentists have a unique opportunity to impact overall health as part of evolving health care teams. We have insights into the oral cavity that our medical colleagues have not been trained to assess, and treatments that can prevent dental disease. For the foreseeable future we will still function in a procedural based payment system, but looking at quality measures is the first step in moving toward a more integrated health care model that addresses overall health. ♦



OPEN YOUR EYES TO 3D IMAGING

LEA AL MATY, DDS, MS



Carestream
DENTAL

THURSDAY
JANUARY
16, 2025
8:00 AM – 5:00 PM





COURSE DETAILS

DATE
JANUARY 16, 2025
(THURSDAY)

TIME
8:00 AM – 5:00 PM

DELIVERY
In-Person Lecture & Hands-On

SPEAKER
Lea Al Maty, DDS, MS

LOCATION
Washington AGD Global Learning Center

SUBJECT CODES
(730) Oral Diagnosis

CREDIT HOURS
8.0

COURSE DESCRIPTION

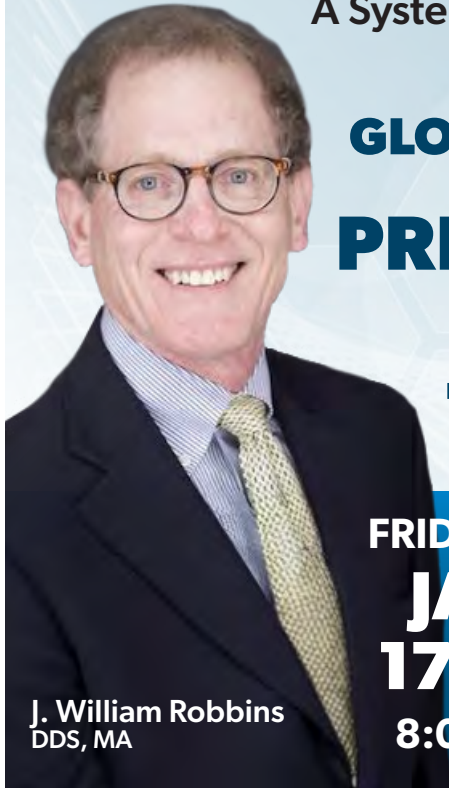
This hands-on course is designed to prepare you to systematically review CBCT scans using the 3D imaging software. We will focus on efficiently manipulating CBCT scans to address the purpose of the study and rule out possible abnormalities in the surrounding structures. It's important to recognize what are the normal anatomical structures to differentiate the abnormal. We will review endodontic cases, implant planning, and pathology cases. In this session, we will also review the most common incidental findings in the maxillary sinuses and soft tissue calcifications. We will also cover the basics of radiation exposure and how to explain it to patients easily.

This will be a hands-on course where we review 5-10 cases together. Participants are required to bring their WINDOWS LAPTOPS. Macbooks and Chromebooks are not able to run the software. You will receive a link containing the 3D imaging software, scans and handouts before the session.



A Systematic Approach to Interdisciplinary Treatment Utilizing the

**GLOBAL DIAGNOSIS SYSTEM
AND THE
PRE-ORTHODONTIC
BONDING
TECHNIQUE**



J. William Robbins
DDS, MA



Talmadge D. Wilkins IV
DMD, FAGD

FRIDAY • SATURDAY
**JANUARY
17-18, 2025**
8:00 AM – 5:00 PM



COURSE DETAILS

DATE

January 17-18, 2025
(FRIDAY – SATURDAY)

TIME

8:00 AM – 5:00 PM

DELIVERY

In-Person Lecture &
Hands-On

SPEAKERS

Bill Robbins, DDS, MA &
Talmadge Wilkins IV,
DMD, FAGD

LOCATION

Washington AGD Global
Learning Center

SUBJECT CODES

(730) Treatment Planning
and Orthodontics

CREDIT HOURS

16.0



At the end of this presentation, participants should be able to:

- Understand the four Global Diagnoses.
- Become familiar with the “5 CORE Questions” and their associated treatment options.
- Apply a systematic approach to diagnosing facial, aesthetic, and functional aspects.
- Communicate effectively within the interdisciplinary team.
- Gain knowledge of ideal tooth placement for both aesthetics and function.
- Understand the determinants of the vertical dimension of occlusion and when it should be altered.
- Learn stint fabrication techniques for provisionalization.
- Develop strategies for planning and executing pre-orthodontic bonding.
- Achieve proficiency in the fabrication and finishing techniques for injection composite restorations.



WASHINGTON
ACADEMY of
GENERAL DENTISTRY



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION



POSTERIOR IMPLANTOLOGY LIVE PATIENT SURGICAL PLACEMENT

FIRST MODULE STARTS
**JANUARY
24-26**



4 IN-PERSON MODULES

JAN 24-26 | FEB 21-22 | MAR 21-22 | MAY 2-3

OPTIONAL *MODULE #5 | DATE: TBD | *RESTRICTIONS APPLY.

CLINICAL INSTRUCTORS



DIRECTOR OF IMPLANTOLOGY
PRASITH KIM-AUN, DMD, FICOI



CO-DIRECTOR OF IMPLANTOLOGY
SCOTT BROOKSHIRE, DDS, DABO, AFAAD



CO-DIRECTOR OF IMPLANTOLOGY
STEVEN KARMY, DDS, MAGD, DNDBA



OBAD ALSHAMMAA
COT



ASK ABOUT
**FLEXIBLE
PAYMENT
PLANS**
NEW!
NOW AVAILABLE

INCLUDED WITH REGISTRATION

- ◆ IMPLANT SURGICAL KIT
FREEHAND OR GUIDED (VALUE UP TO \$14,474)
- ◆ DTX IMPLANT PLANNING
SOFTWARE (\$6,995 VALUE)
- ◆ PROSTHETIC KIT (\$1,768 VALUE)
- ◆ UP TO 10 IMPLANTS FOR LIVE
PATIENT TREATMENT (\$5,620 VALUE)





Mastering

CHAIRSIDE ZIRCONIA RESTORATIONS & OPTIMIZING CEMENTATION PROTOCOLS



DAVID JULIANI, DDS



FRIDAY • 2025

JANUARY 31

8:00 AM – 5:00 PM



SCAN ME

COURSE DETAILS

DATE

January 31, 2025
(FRIDAY)

TIME

8:00 AM – 5:00 PM

DELIVERY

In-Person Lecture &
Hands-On

SPEAKER

David Juliani, DDS

LOCATION

Washington AGD Global
Learning Center

SUBJECT CODES

(610) Fixed Prosthodontics

CREDIT HOURS

8.0

COURSE DESCRIPTION

Zirconia restorations are becoming a pivotal element in modern chairside dentistry. However, not all zirconia materials are identical—each type of zirconia demands distinct processing techniques. Understanding these variations is vital for clinicians to make informed decisions about material selection for each case. As the variety of chairside zirconia options continues to expand, mastering the techniques for finishing and characterizing these materials is key to achieving consistent, aesthetic results.

Additionally, the variety of cementation options can often lead to confusion. Clinicians may wonder: Should zirconia be adhesively bonded or luted with conventional cements? Can zirconia be chemically bonded? What are the correct cementation steps to ensure success?

This hands-on workshop, supplemented with live demonstrations, will provide techniques for the characterization and finishing of zirconia restorations, as well as an in-depth exploration of cementation protocols to ensure long-lasting, successful outcomes.



WASHINGTON
ACADEMY of
GENERAL DENTISTRY



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

FROM OUR SIDE OF THE CHAIR® “A DENTAL ASSISTANT MASTERY COURSE”

SHANNON PACE, CDA



FRIDAY

**FEBRUARY 7
2025**

8:00 AM – 5:00 PM



SCAN ME

ivoclar

COURSE DETAILS

DATE

February 7, 2025
(FRIDAY)

TIME

8:00 AM – 5:00 PM

DELIVERY

In-Person Lecture &
Hands-On

SPEAKER

Shannon Pace, CDA

LOCATION

Washington AGD Global
Learning Center

SUBJECT CODES

(250) Operative

CREDIT HOURS

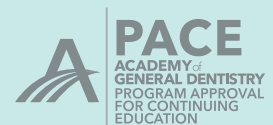
8.0

COURSE DESCRIPTION

The role of a chairside dental assistant is ever evolving, requiring a strong foundation in materials science and proficiency in modern dental procedures.

This comprehensive course is designed to equip dental assistants with the essential knowledge and skills to meet the demands of state-of-the-art dentistry. Join us in discovering the latest advancements, including CAD/CAM dentistry, digital impressions, computerized shade devices, and computerized bite analysis, and how they can be applied in your digital workflow practice.

Whether you want to refine your artistic skills or improve procedural efficiency, this course offers in-depth training on the latest materials and techniques to enhance patient care and satisfaction.

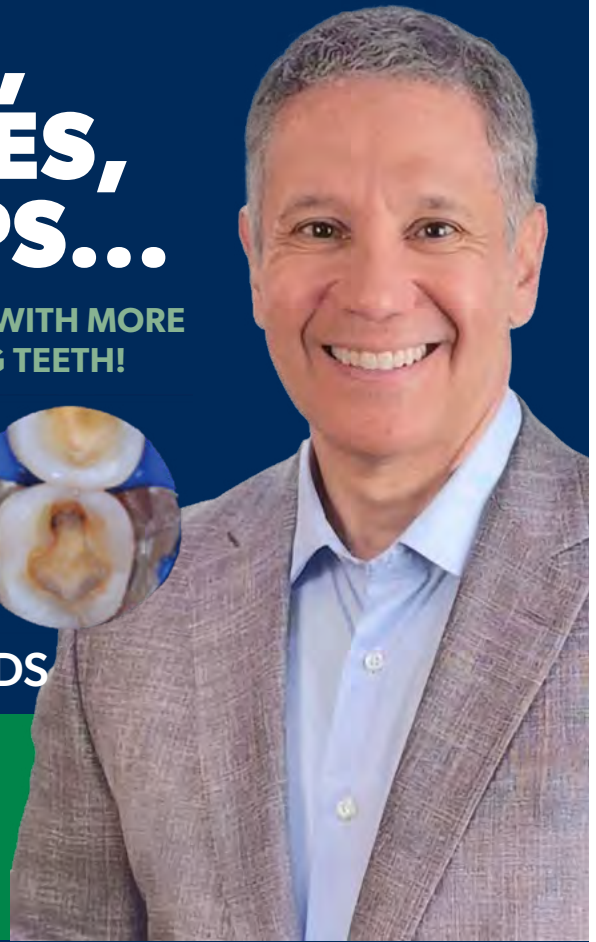


CRACKED TEETH, BLACK TRIANGLES, AND FOOD TRAPS...

RE-IMAGE THE WAY YOU CAN TREAT PATIENTS WITH MORE
CONSERVATIVE TREATMENTS AND PRESERVING TEETH!



CHARLES REGALADO, DDS



**FRIDAY
LECTURE**
MARCH 7, 2025
7:30 AM – 5:00 PM

**SATURDAY
WORKSHOP**
MARCH 8, 2025
7:30 AM – 5:00 PM

AT LYNWOOD CONVENTION CENTER



COURSE DETAILS

DELIVERY
In-Person Lecture &
Hands-On

SPEAKER
Charles Regalado, DDS

LOCATION
Lynnwood Convention Center
3711 196th St SW
Lynnwood, WA 98036

SUBJECT CODES
Operative Dentistry

CREDIT HOURS
8 (LECTURE)
8 (PARTICIPATION)

COURSE DESCRIPTION

Learn the principles of re-imagined Class II preparations, closing black triangles with ease, rebuilding lost dentin without fear of de-bonding, all while keeping nerves happy and patients thrilled.

Participants will learn step by step procedures using Bioclear matrices and methods from the principles taught at the lecture on Friday, March 7, 2024.

LEARNING OBJECTIVES

- Principles of dealing with biofilm to avoid stained lines and how to avoid lines altogether with infinity edges on all teeth
- How proper matrix choice and placement is the key to success
- Restoring broken and worn incisors that will rarely break and will not fall off
- Understanding heated composites
- Black Triangle closures
- Re-engineered Class II's





Neurotoxin Therapy



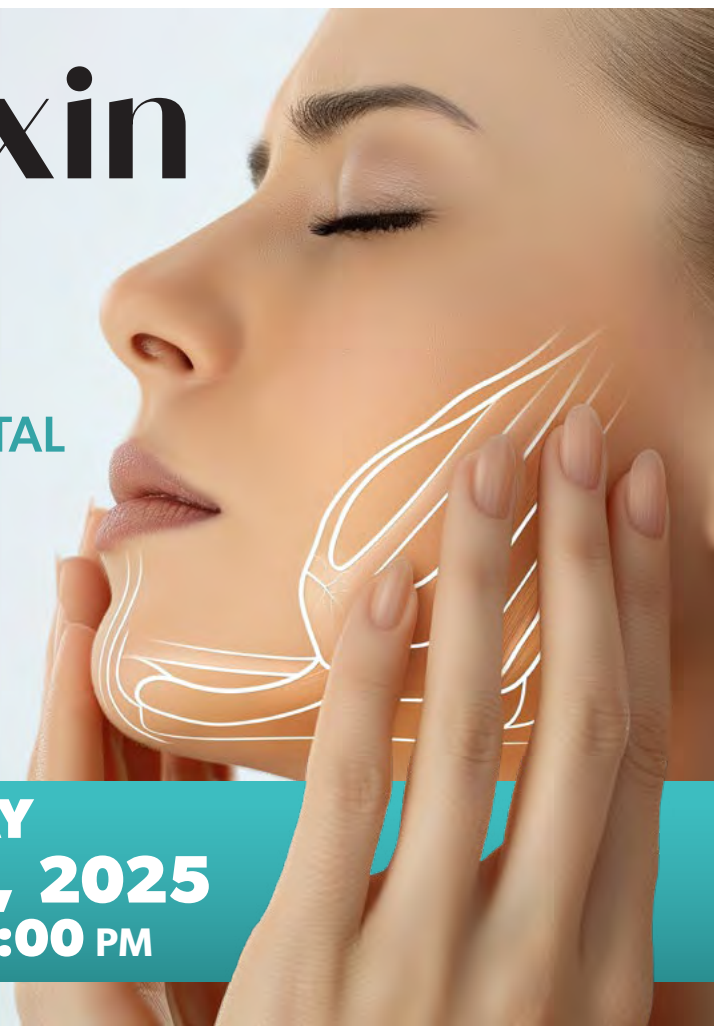
TRAINING FOR DENTAL PROFESSIONALS

TIMOTHY HESS
DDS, MAGD



SCAN ME

FRIDAY
MARCH 14, 2025
8:00 AM – 5:00 PM



COURSE DETAILS

DATE

March 14, 2025
(FRIDAY)

TIME

8:00 AM – 5:00 PM

DELIVERY

In-Person Lecture & Hands-On

SPEAKER

Timothy Hess, DDS, MAGD

LOCATION

Washington AGD Global Learning Center

SUBJECT CODES

(130) Elective

CREDIT HOURS

8.0

COURSE DESCRIPTION

Botulinum Toxin-A (BTX-A) utilization by health care professionals is increasing. The dentist's expert knowledge of the head and neck anatomy make them an ideal provider of BTX-A therapies. This course will focus on aesthetic and therapeutic procedures that can be easily incorporated into any dental practice. This presentation will be didactic and include demonstrations of BTX-A administration as well as hands-on participation by attendees.

LEARNING OBJECTIVES

Educational Objectives will focus on but not limited to:

- Introduction to BTX-A aesthetic procedures and therapeutic procedures of the head and neck performed by dentists
- Preparation and administration of BTX-A
- Evaluation, communication and documentation of BTX-A treatments to achieve clinical success and meet patient expectations
- Re-engineered Class II's



WASHINGTON
ACADEMY of
GENERAL DENTISTRY



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION



SURGICAL EXTRACTIONS FOR THE GENERAL DENTIST

**MAY
16-18**



**THREE DAY HANDS-ON &
LIVE PATIENT TRAINING**



PATIENTS INCLUDED

CLINICAL INSTRUCTORS



NICK PARQUE, DDS



DZON NGUYEN, DDS



AARIKA MITCHELL, DMD



LAUREN VAINIO, DDS



TIM HESS, DDS, MAGD



PRASITH KIM-AUN, DMD



**REGISTER
NOW!**

WASHINGTONAGD.COM



WASHINGTON
ACADEMY of
GENERAL DENTISTRY



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

SYSTEM FOR AWARD MANAGEMENT

SAM
WASHINGTON AGD #KGBDQM386NZ4



JANUARY 29
THRU
FEBRUARY 1
IN 2026

REGISTER EARLY



LEE ANN BRADY
DMD



MIKE CRETE
DDS



RICHARD HUNT III
DDS



CHRISTINE SHIGAKI
DDS

COURSE DETAILS

DATE
January 29, 2026 thru
February 1, 2026
(THURSDAY-SUNDAY)

TIME
Starts at 8:00 AM on day 1
Ends at 2:30 PM on day 4

DELIVERY
In-Person Lecture &
Hands-On

SPEAKER
Lee Ann Brady, DMD
Mike Crete, DDS
Richard Hunt III, DDS
Christine Shigaki, DDS

LOCATION
Washington AGD Global
Learning Center

COURSE DESCRIPTION

Imagine practicing dentistry on your terms, focusing on the procedures you love, and cultivating relationships with patients who deeply value your expertise and the exceptional care you provide.

This transformative course centers around an exhaustive examination, precise diagnosis, and meticulous treatment planning strategy encompassing five pivotal areas: Aesthetics, Occlusion, Restorative techniques, biological considerations, and Patient-centered care.

SUBJECT CODES
(730) Oral Diagnosis/Oral Pathology
(180) Occlusion, (250) Operative
(78) Esthetics/Cosmetic Dentistry

CREDIT HOURS
32.0





CAREER CENTER

The Academy of General Dentistry Career Center can guide you on the right path to finding your dream job - FOR FREE!

Begin your dream job search today and search listings available from top dental organizations. Positions include general dentists, associate dentists, dental hygienists, dental assistants, professors and more! Post your resume and stand out today!

ACCOUNT BENEFITS



Post Your Resume



Apply for Jobs



Get Job Alerts



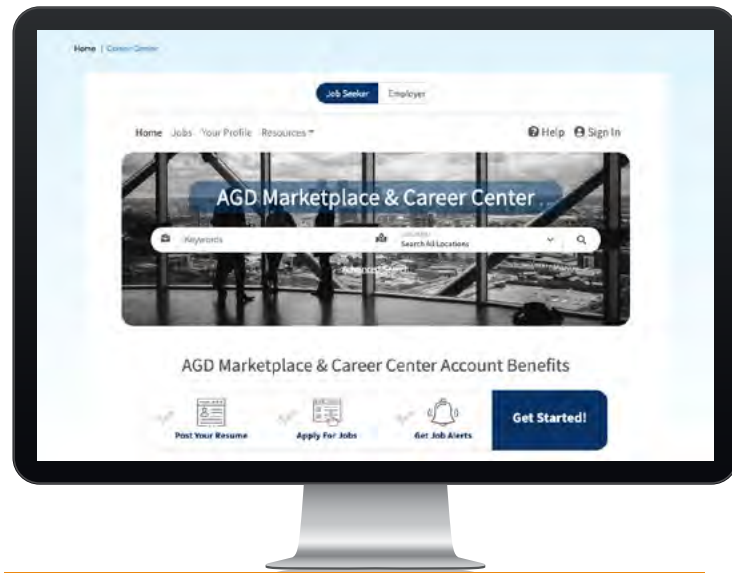
154 Job Listings

77 Employers Hiring

Explore the Career Center today by visiting: marketplace.agd.org/jobseekers

For assistance, please email our team at candidatesupport@naylor.com.

The Academy of General Dentistry Career Center is powered by Naylor Association Solutions.



marketplace.agd.org/jobseekers

ACCOUNT RESOURCES



CAREER COACHING

Coming from a variety of professional backgrounds, all have graduated from an accredited Coach training program, and are certified in behavioral style analysis and interpretation.



RESUME WRITING

Whether you are mid-career professional, a senior executive or just entering the job market, our experts are ready to critique your existing resume or help you craft a document that gets you noticed.



REFERENCE TESTING

You know potential employers will be calling, but do you know what your references will say? Get your references checked, confidentially and professionally.



CAREER LEARNING CENTER

Video and written presentations designed to instruct and entertain, from creating powerful resumes to developing an effective personal network for career success.





It is More than Fillings, its Fulfillment

What the AGD means to me so far

BY SAM KING, DDS

Co-owner of a dental practice in my hometown of Spokane, WA. Passionate about advancing dental education and loves participating in the MastersTrack program at the WAAGD. When not in the office, I love skiing, enjoying time with family and friends, and exploring the great outdoors. Come join me at a MastersTrack Class.

I remember the enthusiasm that comes with embarking on a new career in dentistry so well. I had that vibrant energy, like a blooming flower—full of potential and beauty—and I was ready to tackle all the dentistry that came my way. Needless to say, a few months into my career, I suddenly grasped the meaning of "you don't know what you don't know." Mastering a single tooth is a journey in itself, but I quickly learned that it's like painting a masterpiece—each tooth needs its own brushstroke, and yet it has to fit into the bigger picture of the patient's overall oral health.

Each appointment must be viewed in the broader context of the patient's immediate needs, long-term goals, finances, and usually a set of questions inspired by a dubious WebMD article. Working with my father, who has amassed an insane amount of experience, has been a blessing—almost like a mini-residency (with the bonus of more dad jokes). Learning from someone who has tried everything at least once is an invaluable resource, but it also reminded me that there is always more to learn. Without the 35-plus years of experience my father had, I knew I needed to supercharge my growth to catch up to him and, most importantly, to provide the best care possible. He told me that while experience is invaluable, the right education can bridge the gap, and accelerate my confidence, work, and care. The only problem? I wasn't sure how.

After nearly nine years in dentistry, I've realized that my patients aren't the only ones who need regular check-ups—my knowledge and skills do too. While experience is often life's greatest teacher, I've found greater wisdom in building upon the lessons of others, seeking to avoid the missteps they've already encountered and charting a more thoughtful path forward. As I looked beyond dentistry, I noticed that all careers share some similar elements. There are always a few in every field who excel and outshine

their peers. They're the Pro Bowlers in the NFL, the gold medalists in the Olympics, or the Nobel Prize-winning scientists. They all work in fields packed with talent, just like we do. So how did they rise above the rest? And more importantly, how do I adjust my own trajectory to do the same?

Success isn't just about talent. It's about relentless dedication to mastering a craft and the resilience to adapt and evolve. But there wasn't a clear roadmap for how to set myself apart or elevate my daily practice. In fact, my social media feed suggested I try treating cavities with essential oils or read a book on success written by someone who graduated in the same dental class as I did! In a world of viral trends and endless online distractions, I was overwhelmed by continuing education (CE) options and didn't know how to evaluate their quality—what I now call my "continuing education dilemma years." What do I choose?

Without a mindful commitment to professional growth and a passion for learning, dentistry can quickly fall into the shadows of routine. Breaking free from that was easier than I thought. About five years ago, I signed up for some MasterTrack classes through the Washington AGD, and it was clear right away that I had found something special. The AGD's structured learning paths, supported by an exceptional staff and science-backed resources, offered a clear route to success - leading me toward Fellowship and Mastership.

These courses didn't just focus on trendy topics but honed core fundamentals alongside advanced modern techniques. While my father's decades of experience provided a foundation, it was the AGD's structured education that has accelerated my confidence and sharpened my skills. The carefully curated classes provided clarity, and the hands-on opportunities in a fully functional clinic led by industry experts felt like my dental Disneyland.

I soon began to see a difference in my daily work. I was doing more dentistry at a wider scope (more successfully) than ever and offering new services that I never would have imagined a few years ago. More tangibly, I heard myself saying myself telling patients, “yes, I can do that now”. This confidence came as I began demystifying elements of dentistry that had once seemed elusive. Concepts like vertical dimension of occlusion and condylar position. What once felt like ‘voodoo’ was starting to make sense.

But beyond the technical skills, there’s a special power in being part of a community. Dentistry can feel isolating at times, like a lone wolf, especially when you’re managing tough cases or running a practice. My time with the WA AGD has shown me the immense value of connection. Fellow dentists who are committed to self-growth and rigorous standards have inspired me to push myself further. Being part of a network of peers, colleagues, and friends has allowed me to cultivate new perspectives and offer fresh patient care options. The power of this network is that I’ve been able to connect with dentists who have “been there, done that, and extracted that.”

There’s more to the AGD than just CE courses. The sense of community can often be under appreciated, but it’s essential. Being around like-minded professionals reminds me that there’s no isolation in dentistry, only inspiration—if you’re willing to look. It’s also a relief to have colleagues I can ask questions I’ve been biting back: How do I become the dentist I envisioned back in dental school? And seriously, what is a multi-unit abutment again?

These connections have been instrumental in adding new procedures to my office and offering practical advice for both simple and challenging cases. I’ve also found that when you surround yourself with successful people, their drive, insights, and attention to detail become contagious. It pushes you to elevate your own game, proving that success isn’t just a possibility—it can be your expectation. Speakers from Pankey, Spear, or even the editors of magazines like Dental Economics - whom we’ve been lucky enough to host in a small, close-knit group at MastersTrack at the Wa AGD - had to start somewhere, just like all of us.

Beyond clinical growth, the AGD has also brought advocacy to the forefront. Running a dental practice is all-consuming, leaving little time for politics. Yet, politics shapes our scope of practice. Navigating the complexities of dental regulations and policies can be overwhelming, but the AGD has been a powerful advocate on our behalf. They are safeguarding the profession we all work so hard to uphold. For example, in 2024, when significant

legislative changes were introduced, the Washington AGD, in combination with DOCS, immediately created a curriculum so we could all take the necessary training and continue to thrive. The AGD advocates for me so I can focus on running my practice (and keeping my sanity intact).

I can confidently say that I am a more well-rounded clinician since committing to more annual CE through the MasterTrack program. To be honest, it’s not just about being a better dentist—it’s about challenging myself, pushing my limits, and knowing that every day, I could be a little bit better than the day before. That’s what drives me. Accumulating credits in a variety of disciplines allows us to work toward prestigious designations like Fellowship and Mastership within the AGD, helping us stand out in a crowded market by demonstrating our commitment to growth and excellence. Earning these awards has motivated me and will add a touch of prestige to my career.

In the ever-evolving field of dentistry, being a member of the AGD is more than just a badge of honor—it’s a commitment to lifelong learning, professional excellence, and staying ahead of the curve in a rapidly changing landscape. Through the AGD, I’ve sharpened my skills and gained the support of a community dedicated to advancing general dentistry. As I continue to grow in my career, I know that my AGD membership will remain a cornerstone of my professional journey, helping me deliver the best possible care for my patients and an intellectual outlet for my considerations and questions.

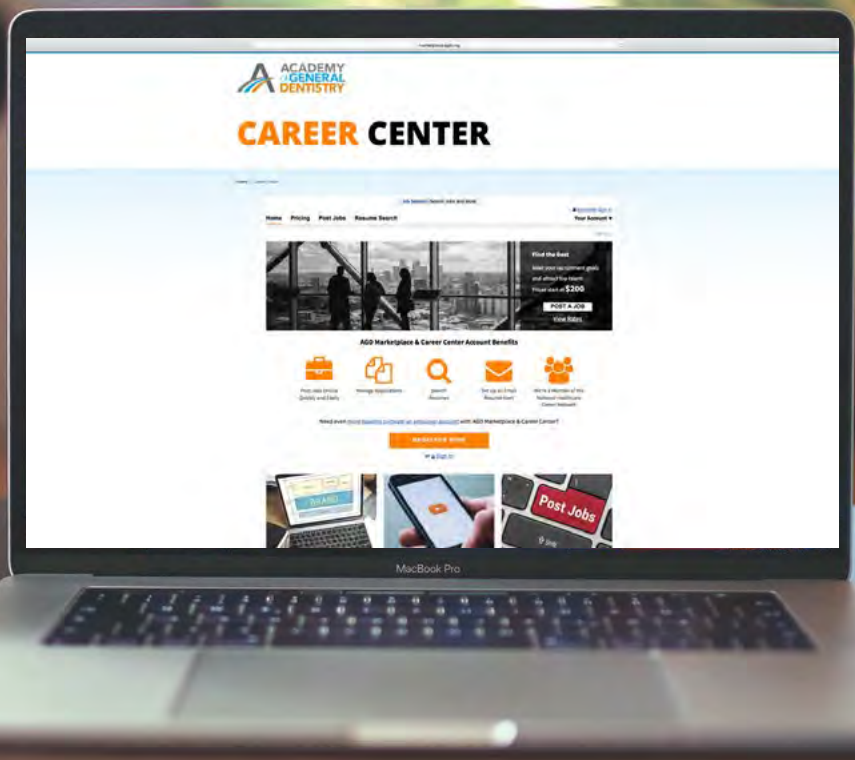
So, if you’re like me—looking for a way to level up your practice and maybe even enjoy the journey a little more (because this group is really fun)—come join me at a MasterTrack class. We can swap stories, learn something new, and, who knows, maybe even figure out how to answer those WebMD questions with a straight face. The AGD is my partner in growth, offering so much more than an online forum or a quarterly magazine. After all, to treat humans, you need to interact with them too. As Confucius once said, “If you’re the smartest person in the room, then you’re in the wrong room.” Luckily, at the Washington AGD, I’m surrounded by so many smart dentists that I know I’ll never have to leave! ♦



IS YOUR PRACTICE SEEKING DENTAL PROFESSIONALS?

AGD's Marketplace & Career Center allows you to search for candidates and post open positions.

FIND THE PERFECT FIT FOR
YOUR OFFICE TODAY
marketplace.agd.org/employers





2025 AGD Membership Application

Join online at agd.org, or call us at 888.243.3368 or 312.440.4300.

MEMBER INFORMATION

First name _____ MI _____ Last name _____ Designation (e.g. DDS, DMD, BDS) _____ Primary Email address _____

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

Type of membership: (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 Corporate

Other _____ Full-Time Faculty _____ Federal Services _____
Please indicate institution _____ Please indicate branch _____

CONTACT INFORMATION

Preferred billing/mailling address: Business Home

Your AGD constituent is determined by your business address, unless one is not available.

Business address _____ City _____ State/province _____ ZIP/postal code _____

Name of business (if applicable) _____ Phone _____ Fax _____

Home address _____ City _____ State/province _____ ZIP/postal code _____

Phone _____ Cell phone _____ Alternate email _____ Date of Birth _____

EDUCATIONAL INFORMATION

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

Dental school _____ State/province _____ Country _____ Date of graduation (mm/yyyy) _____

Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program?

Yes No Currently enrolled Type: AEGD GPR Other

*Official accreditation is given by CODA in the U.S. and CDAC for all Canadian provinces. **Accredited dental residencies qualify for the resident membership rate. Official proof of enrollment must be provided to AGD.

Postdoctoral institution _____ State/province _____ Country _____ Start date (mm/dd/yyyy) _____ End date (mm/dd/yyyy) _____

OPTIONAL INFORMATION

Gender: Male Female Prefer not to disclose Not listed
Ethnicity: American Indian Asian African-American Hispanic Caucasian Other

I am interested in participating in the AGD Mentor Match Program as a: Mentor Mentee

2025 AGD Dues

Please check membership type applying for:

- Active General Dentist..... \$479
- Associate (Specialist) \$479
- Affiliate..... \$240
- Resident..... \$22
- 2024 Graduate \$96
- 2023 Graduate \$192
- 2022 Graduate \$288
- 2021 Graduate \$383
- Dental Student \$22

2025 Washington AGD Constituent Dues

- Active General Dentist..... \$200
- Associate \$200
- Affiliate..... \$0
- Resident..... \$0
- 2024 Graduate \$0
- 2023 Graduate \$200
- 2022 Graduate \$200
- 2021 Graduate \$200
- Dental Student \$0

1. AGD Dues: \$ _____
Upgrade to Premium Plus Membership* (Add \$199 USD) \$ _____
 2. AGD Constituent Dues: \$ _____
 3. AGD Component Dues: \$ _____
- Total Amount Enclosed:** \$ _____

Individuals joining for 2025 from Oct. 1 to Dec. 31, 2024, enjoy membership through the end of 2024 for only \$100 more. Visit www.agd.org/membership and click JOIN TODAY.

Student and resident members are not eligible for Premium Plus Membership. Head to agd.org/membership to review a full listing of membership benefits.

Per the U.S. Revenue Reconciliation Act of 1993, .81 percent of membership dues payment is allocable to the AGD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.

Dues rates effective through September 30, 2025. Contact the AGD or visit agd.org for updated rates.

I hereby certify that all of the above information is correct, and that by signing this application, I 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 _____

Note: Check payment is required with hard copy applications. To pay with credit card, please apply online at agd.org/membership. If you have any questions, please contact our Membership Services Center at 888.243.3368.

Please sign this application and submit payment to:
ACADEMY OF GENERAL DENTISTRY
PO BOX 4451
CAROL STREAM, IL 60197-4451



Malpractice insurance that's all about **you.**

As a dentist, you face unique challenges every day. That's why at MedPro Group, we created an industry-leading malpractice policy that keeps you safe.

Here's what else you can expect with MedPro on your side.

Get unmatched coverage.

You'll get great coverage at a great price. We also offer policy options that others don't — including Occurrence and a pure consent clause, which gives you more control during a claim.

Practice more safely.

With 24/7 access to our free risk resources and on-staff experts, you and your practice will be better prepared for every day challenges. We don't just defend claims, we help you avoid them.

Your good name is protected.

The average dentist is sued at least once in their career, which is why we're in your corner when it matters most. We lead the industry with a 95% dental trial win rate (plus 8 out of 10 claims close without payment).

Ready to get the best protection for you?

Contact us for your free custom quote and see how much you could save!

800.4MEDPRO x119660 | dental@medpro.com



MedPro Group

medprodental.com/WAGD

CENTRAL
MEDICAL GASES

MEDICAL GASES

● LOCAL SUPPORT ● FAST DELIVERY



DOCTORS



DENTISTS



VETERINARIANS



CENTRAL MEDICAL GASES

A DIVISION OF CENTRAL WELDING SUPPLY

Central Medical Gases offers the complete line of pure medical gases, manufactured to the highest quality standards, using the FDA's Compressed Medical Gases Guidelines, and in strict adherence to USP and NF specifications.

- Experienced Medical Gas Specialists
- Locally Dispatched Delivery
- Your emergency is our Priority

Contact us for more information!

CENTRAL MEDICAL GASES DIVISION HEADQUARTERS

15700 NELSON PL SOUTH TUKWILA, WA 98188

OFFICE : (425) 228-2218

EMAIL: medical@centralwelding.com



Check us out!

CENTRAL
WELDING SUPPLY

www.centralwelding.com