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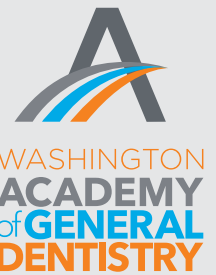
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Letter from the Editor



MEET THE EDITORIAL Committee



Valerie Bartoli, CEO, CDA, ED



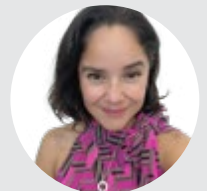
Herbert Edwards, DDS, MAGD, LLSR



Melissa Ramsey, DDS, MAGD



Christopher Shyue, DDS



Ana Wannarka, DDS, MACM



Carl Youngquist, DDS, MAGD

Dear Readers,

Welcome to the spring issue of *Transcend*, themed “**A Season of Renewal.**” As the world around us begins to bloom, we are reminded that spring is a time of growth, fresh opportunities, and renewed energy. It’s the perfect season to embrace change, refine our skills, and make a lasting impact in our profession.

At the Washington AGD, we remain committed to being a trusted resource for our members and the broader dental community. Through our **Washington AGD Global Learning Center**, conveniently located near SeaTac Airport, and our robust online programs, we continue to offer top-tier educational courses to help you thrive in an ever-evolving field. Together, we have adapted to new challenges, embraced innovation, and strengthened our profession—and we look forward to another season of learning and progress with you.

Our editorial committee has carefully curated content to *inspire, educate, and empower you* in both your professional and personal growth. We hope these articles spark new ideas, enhance patient care, and strengthen the unity within your dental teams. Here’s a preview of what’s inside:

T TEAM:

Strategies to help you lead with confidence and build stronger, more connected teams.

E ESSENTIALS:

Practical clinical and management insights to elevate your practice.

E ENVIRONMENT:

Key updates on external factors shaping dentistry, from legislative changes to insurance trends

T TECHNOLOGY:

The latest innovations designed to enhance efficiency and patient care.

H HEALTH:

A deeper look into the connection between systemic health and oral care.

A heartfelt thank you to our incredible editorial team—Melissa Ramsey, DDS, MAGD, Carl Youngquist, DDS, MAGD, Ana Wannarka, DDS, MACM, Christopher Shyue, DDS, and Valerie Bartoli, CEO, CDA, ED—whose dedication and expertise make this publication possible. A special welcome to Herbert Edwards, DDS, MAGD, LLSR—your fresh insights bring renewed excitement to our team!

As we step into this vibrant season, I hope this issue *inspires you to embrace new opportunities, tackle challenges with confidence, and continue growing both personally and professionally.* Thank you for your continued trust and commitment to excellence. Let’s welcome spring with enthusiasm, optimism, and a shared passion for advancing our field.

With gratitude,

Teresa Kang, DDS

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7:30AM-8:00AM REGISTRATION & CONTINENTAL BREAKFAST

8:00AM-9:30AM OPENING REMARKS & LECTURE 1

Workflows That Work

- Explore how digital dentistry (intraoral scanners, mills, printers and CBCT) revolutionizes practices with same-day restorations and guided implant surgery.
- Learn to integrate 3D printing for in-house surgical guides, improving reliability, safety, and cost-effectiveness.
- Discover advanced digital workflows, cloud solutions, and strategies to enhance patient confidence and practice profitability.

9:30AM-10:00AM AM BREAK WITH EXHIBITORS

10:00AM-11:30AM LECTURES 2 & 3 DENTISTS:

Mastering Money: The Key to Financial Success

- Develop crucial business skills, including accounting, tax basics, and financial statement analysis, customized for dental professionals.
- Learn how to leverage strategic reinvestment, manage cash flow, measure ROI, and use industry benchmarks to accelerate practice growth.
- Explore tools for audit defense and making informed decisions to effectively manage and lead your dental practice.

TEAM:

Today's Caries Management and AI

- Stay updated on advancements in prevention, remineralization techniques, and innovative dental materials.
- Understand AI's role in diagnostics, including enhanced precision in radiograph interpretation.
- Explore cutting-edge innovations to improve patient care and elevate your dental practice.

11:30AM -12:30 LUNCH WITH EXHIBITORS

12:30PM -1:45PM BREAKOUT SESSION

Ergonomics for Dental Professions and Movements and Mechanics

- Learn techniques to prevent and alleviate chronic neck and back pain caused by repetitive workplace movements.
- Explore strategies including muscle recruitment, spine mobility, and breathing exercises to restore function and reduce discomfort.
- Gain practical tips for improving posture, maintaining correct biomechanics, and enhancing overall well-being.

OSHA Update

- This course will review the most frequent OSHA and infection control violations from the past year and offer strategies to prevent them in your practice.
- Understand OSHA and infection control standards, how to assign and delegate responsibilities, what to expect during an inspection, and the appropriate response to citations and fines.
- Provides access to an audit app to evaluate your facility's compliance status.

Maximize Your Practice's Value in the Private or DSO Marketplace

- Understand key financial concepts such as EBITA, TEV, and Capitalization to optimize your practice's profitability and value.
- Explore the growing influence of DSOs and IDSOs and learn how to position your practice to maximize enterprise value.
- Gain insights into managing overhead, enhancing take-home income, and preparing for private practice transitions or partnerships.

1:45PM -2:15PM PM BREAK WITH EXHIBITORS

2:15PM -3:30PM BREAKOUT SESSION

Ergonomics for Dental Professions and Movements and Mechanics

- Learn techniques to prevent and alleviate chronic neck and back pain caused by repetitive workplace movements.
- Explore strategies including muscle recruitment, spine mobility, and breathing exercises to restore function and reduce discomfort.
- Gain practical tips for improving posture, maintaining correct biomechanics, and enhancing overall well-being.

Dental Caries: Identify Early, Treat Early

- Hands on Activity.
- Incorporate advanced diagnostics for identifying early dental caries.
- Perform Guided Enamel Remineralization.

Precision in Planning: A Digital Workflow for Implant Success

- Explore the essentials of digital implant planning and surgical guide design.
- Walk through real-world workflows using AIS and CBCT data to plan ideal implant positions.
- Learn to generate surgical guides with precision, accuracy, and efficiency.

3:30PM-4:00PM CLOSING REMARKS

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Cognitive Bias

BY TRINA POULSEN & SANTIAGO VALDEZ

Trina Poulsen, RDH, BSDH is a Seattle native. She found her passion for Dentistry in high school as a dental assistant. She went on to pursue her AAS in 1989 and BSDH in Dental Hygiene in 2003. In 1993, Trina served as President of the Washington Dental Hygienists' Association guiding the growth and success of the profession and has held many leadership roles. As SADHA Advisor she has mentored dental hygiene students and taught at Shoreline Community College Dental Hygiene Program. Trina is a trained facilitator in mindset, leadership and diversity and inclusion. In her 43 years in Dentistry, Trina's influence includes clinician, educator, speaker, and Co-founder of Infinite Hygiene Consulting which provides continued education and practice management for dental professionals throughout the United States.

Santiago Valdez, RDH of Snohomish, WA has almost 30 years in Dentistry. His career began in periodontics in the capacity of dental assistant and evolved into a career of over 21 years as a clinical Dental Hygienist. His passion for Dentistry has motivated him as a dental hygiene educator, clinician, speaker and now as the Co-Founder of Infinite Hygiene Consulting, which provides continuing education and practice management for dental professionals throughout the United States. The Facebook group Washington State Dental Jobs with over 8.5k members was created by Santiago and his business partner as a way to help dental professionals network and connect to fill the needs of our communities.

OVERCOMING SATISFACTION OF SEARCH TO IMPROVE DENTAL DIAGNOSTICS AND PATIENT CARE

The field of dentistry, like many areas of healthcare, is not immune to the subtle yet profound influences of human cognition on clinical decision making. One bias of particular relevance is the satisfaction of search (SOS) phenomenon, in which the detection of an initial abnormality may inadvertently halt a clinician search for additional, perhaps subtler, findings. In the dental setting, where early detection and comprehensive diagnosis are paramount to effective treatment and risk management, the implications of SOS can extend from compromised patient care to significant liability concerns. In recognition of this pressing issue, Infinite Hygiene Consulting is set to offer an in-depth course in 2025 on mitigating cognitive bias in dental practice. This article explores the nature of cognitive bias and SOS, their impacts on dental diagnostics and patient care, and practical strategies to reduce these errors in everyday clinical practice.

UNDERSTANDING COGNITIVE BIAS IN DENTISTRY

Cognitive bias refers to the unconscious shortcuts or heuristics our brains use to process information quickly. While these mental shortcuts are necessary in the fast-paced environment of modern clinical practice, they can sometimes lead to systematic errors. In dentistry, common cognitive biases include confirmation bias (favoring information that confirms an initial diagnosis), anchoring bias (relying too

heavily on the first piece of information encountered), and, notably, Satisfaction of Search. These biases occur outside of our conscious awareness, which means even experienced clinicians can fall prey to them despite years of training and clinical practice.

When a clinician is evaluating diagnostic images or conducting a clinical examination, their natural tendency is to identify the most apparent abnormality. Unfortunately, once a significant finding is identified, it can create a cognitive closure that satisfies the clinician search for an explanation of the patient symptoms. This premature termination of the diagnostic process may result in failure to detect additional pathologies. In a discipline where treatment planning often depends on the full spectrum of diagnostic findings, overlooking secondary abnormalities can lead to suboptimal treatment outcomes and even expose practitioners to legal risks if a missed diagnosis results in patient harm.

THE SATISFACTION OF SEARCH PHENOMENON IN DENTAL DIAGNOSTICS

The Satisfaction of Search phenomenon occurs when the detection of one abnormality inadvertently satisfies the clinician diagnostic evaluation, reducing their vigilance to look for further anomalies. This phenomenon has been extensively studied in radiology, where it has been shown that once a radiologist identifies a clear abnormality on an image, subsequent detection of additional lesions may be significantly reduced. In dentistry, similar principles apply. For example,

when reviewing periapical radiographs or panoramic images, a dentist may quickly identify an obvious carious lesion or periapical radiolucency and then cease a comprehensive evaluation of the remainder of the image. As a result, subtler findings such as early periodontal bone loss, minor resorptive changes, or additional small carious lesions might be overlooked.

Consider a patient presenting with toothache; an initial radiographic evaluation might reveal a large restoration with a clear sign of failure. Once the clinician's attention is drawn to this major defect, smaller secondary issues such as a subtle crack in an adjacent tooth or incipient lesions in the same quadrant may not be thoroughly assessed. Similarly, in periodontal assessments, an obvious bone defect may distract from less severe but clinically significant changes elsewhere. This tunnel vision in search strategy is not a sign of incompetence but rather an inherent cognitive tendency that, if unaddressed, can lead to diagnostic oversights.

The implications of SOS are especially significant in modern dental practice. With digital imaging technologies and increasingly sophisticated diagnostic modalities, clinicians have more data than ever before. However, the abundance of information can exacerbate the effects of cognitive biases. When pressed for time or operating under high patient loads, dentists may rely even more on heuristics, increasing the risk that once an obvious finding is identified, further examination is curtailed. In this context, the Satisfaction of Search phenomenon not only undermines diagnostic thoroughness but also has a direct impact on the quality of patient care.

IMPACT ON PATIENT CARE AND LIABILITY

The consequences of failing to detect all relevant abnormalities in dental diagnostics can be serious. From a patient care perspective, a missed secondary pathology may lead to delayed or inadequate treatment. For instance, overlooking an additional carious lesion or a minor periodontal defect can result in progressive disease that ultimately compromises tooth vitality, function, or aesthetics. Patients may return with worsening symptoms, requiring more extensive and costly interventions later on. Moreover, such diagnostic oversights can affect treatment planning. A comprehensive understanding of a patient's oral condition, with the help of Co-discovery, is crucial for selecting the most appropriate restorative or surgical intervention; incomplete diagnostics can lead to suboptimal treatment outcomes and diminished patient satisfaction.

Liability is another critical area affected by cognitive biases such as SOS. In today's litigious healthcare environment, the failure to diagnose additional pathologies may expose dental practitioners to malpractice claims. If a missed diagnosis later results in significant patient harm, for example, if an undetected pathology leads to irreversible damage, systemic complications, or prolonged suffering the clinician decision-making process may be scrutinized. Legal proceedings often examine whether the standard of care was met, and a failure to conduct a comprehensive evaluation can be construed as negligence. Thus, mitigating SOS is not only a matter of clinical excellence but also a key factor in risk management and reducing liability exposure.

From the perspective of risk management, dental practices are increasingly emphasizing quality assurance protocols. Peer reviews, structured checklists, and digital decision-support systems are being adopted to minimize diagnostic errors. In this framework, recognizing the impact of cognitive bias and actively implementing strategies to counter it can help practices maintain high standards of care and protect against potential legal challenges.

STRATEGIES TO MITIGATE SATISFACTION OF SEARCH AND COGNITIVE BIASES

Mitigating the effects of cognitive bias in dental practice requires a multipronged approach. Recognizing that these biases are inherent to human cognition, clinicians can adopt several strategies to reduce their impact:

1. **Structured Diagnostic Protocols and Checklists:** One of the most effective methods to counteract Satisfaction of Search is to use standardized diagnostic checklists. By following a systematic approach to image interpretation and clinical evaluation, clinicians can ensure that no region is overlooked even after an obvious abnormality is found. For example, a checklist for interpreting periapical radiographs might include a step-by-step review of the entire image, ensuring that each tooth, surrounding bone, and soft tissue is evaluated.
2. **Double-Reading and Peer Review:** Implementing a process where diagnostic images are reviewed by a second clinician can help catch errors that the first clinician may have missed. Peer review fosters an environment of collaborative scrutiny and reduces the likelihood that a Satisfaction of Search error goes

unnoticed. Regular case conferences and intra-office consultations can provide valuable opportunities for feedback and learning. One could make an argument that during any examination, comprehensive or periodic, that the findings of other clinical team members should not be shared until the dentist has completed their own assessment. Collaborative care and Co-discovery during diagnostics is then utilized to mitigate this bias.

3. **Cognitive Forcing Strategies:** These are deliberate mental interventions designed to interrupt automatic thinking. For instance, a clinician might adopt the habit of asking, “what else could be going on here?” after identifying an initial finding. Such self-questioning can prompt a more thorough re-examination of diagnostic images and clinical findings.
4. **Continuing Education and Training:** Education programs that focus on cognitive bias awareness and mitigation are essential. Recent research and training in cognitive bias modification have shown promise in reducing errors. Attending dedicated courses or workshops on diagnostic accuracy and cognitive debiasing can provide practitioners with strategies to recognize and overcome their cognitive pitfalls.
5. **Utilization of Digital Tools and Decision Support Systems:** Advanced imaging software and artificial intelligence applications are increasingly integrated into dental diagnostics. These systems can act as a second set of eyes by highlighting regions that may require further scrutiny or by prompting a standardized review process. Such technology, when used in tandem with clinical judgment, can help reduce the impact of Satisfaction of Search and other cognitive biases.
6. **Time Management and Minimizing Distractions:** Often, cognitive biases are exacerbated by high workload and time pressures. By optimizing appointment scheduling and reducing workplace distractions, dental practices can afford clinicians the time needed for thorough diagnostic evaluation. Creating an environment that supports focused, deliberate diagnostic work can help counter the rush that leads to premature closure of the search process.

FUTURE DIRECTIONS: TRAINING AND CONTINUING EDUCATION

As the complexity of dental diagnostics increases with advancing technology, so does the need for strategies to mitigate the effects of cognitive bias. Infinite Hygiene Consulting is poised to play a pivotal role in this arena. This educational initiative aims to provide dental professionals with practical tools and strategies to recognize cognitive biases, particularly Satisfaction of Search and implement debiasing techniques in everyday clinical practice. The course will address case-based scenarios, provide training in structured diagnostic protocols, and introduce cognitive forcing techniques that have proven effective in other healthcare settings.

Continued research in the field of cognitive bias modification (CBM) and decision support technology is also likely to yield new tools that can be integrated into clinical practice. As evidence accumulates on the effectiveness of these interventions in reducing diagnostic errors, dental practitioners will be better able to balance the need for efficiency with the imperative of comprehensive patient evaluation. In the meantime, integrating current best practices such as structured checklists, peer review, and targeted continuing education remains essential for enhancing patient outcomes and minimizing liability risks.

Cognitive biases are an inescapable part of human decision-making, and in dentistry, the Satisfaction of Search phenomenon poses a unique challenge. When clinicians allow the identification of a prominent abnormality to curtail a comprehensive search for additional pathologies, the quality of patient care is compromised, and the risk of malpractice liability increases. By understanding these biases and implementing systematic strategies ranging from structured checklists and peer reviews to cognitive forcing techniques and continuing education dental practices can improve diagnostic accuracy and patient outcomes.

The courses like the one offered by Infinite Hygiene Consulting offers hope for a future in which cognitive bias mitigation becomes an integral component of dental education and practice. Through a combination of self-awareness, structured diagnostic processes, and collaborative learning, the dental community can work to overcome the inherent pitfalls of human cognition, ensuring that every patient receives the highest standard of care. ♦



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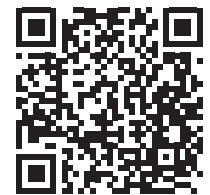
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SCAN ME



Efficiency & Strength in Partnerships

BY SKY SESSIONS, DDS & MICHAEL LARSEN, DDS

Dr. Sky Sessions practices in Rexburg, ID, after serving many years in the Army. He has had the opportunity to travel all over the world. In his spare time, he enjoys traveling, camping, and hiking. Dr. Sessions loves spending time with his wife and children, whether it's going out together or just hanging out at home. He's also a big football fan and enjoys relaxing with a good game.

Dr. Michael Larsen grew up in Southeastern Idaho where he started working solo at Apple Tree Dental before Dr. Sessions joined him later. He enjoys spending time with his wife and five kids. The family likes hiking, exploring and geocaching. Dr. Larsen loves meeting new people and learning from their unique life experiences. Dr. Larsen also teaches as adjunct faculty on campus at BYU-Idaho in his spare time.

DR. SKY SESSIONS

As an Army dentist, I had graduated from the Ft. Sill, OK AEGD program and was sent directly to Germany. My time there was amazing, but was soon coming to a close and I didn't have a clear picture as to what the next chapter in my career would be. I had traveled from Europe back to the states two times in efforts to meet several dentists and identify opportunities. Being from Idaho, I wanted to settle in Idaho or Wyoming. I spent several weeks logging over a thousand miles traveling all over Wyoming and Southern Idaho. I had met at least 20 different dentists and felt good about the opportunities, but still wasn't certain I had anything concrete.

I was drawn to smaller towns and settled on building an office in Star, Idaho, a small town close to Boise. Demographics reports made it look like the perfect location. There was tremendous growth in the area and there was only one dentist working full time in the city while a second dentist had a satellite office there.

In all the connections I made, the Henry Schein rep put me in touch with Dr. Mike Larsen, in Rexburg Idaho. This was my hometown and I was surprised there was an opportunity there. From what I knew Rexburg had too many dentists, and Mike had a small office with 4 chairs which he shared with his hygienist. Nothing made sense about this opportunity, I asked myself how it was possible for 2 dentists and 1 hygienist to work out of 4 chairs.

The unexpected path was the way I went, and I joined Mike with only 4 chairs. With the limited space we were creative with our scheduling, Mondays and Tuesdays Mike would work the morning and I would work the afternoon. Wednesdays and Thursdays I would work the morning and Mike would work the afternoon. Mike takes Fridays off, which made a morning where I could do wisdom teeth. Our hygienist ran assisted hygiene with her 2 chairs and stayed very busy. Over time we added a 5th chair to the office and worked like that for 7 years. Last year we took over our building and expanded the office to 9 chairs. We have 2 full time hygienists and Mike and I work very similar to when we had limited space. As we get busy, the team adds patients to make days like Mondays or Wednesdays a little longer, working a 6 hour shift vs 4.

Several things have contributed to our success over the years, but I think our willingness to work together and overlook any faults has been key. Early on, we decided to worry about the business rather than our own selfish desires or needs. With that focus, our partnership has worked to do what's right in every situation. We remain flexible day to day because we know that the end goal of retirement requires slow and continuous progress, much like a marathon. We don't disagree a lot, but when we do we talk it through with the office as top priority.

Mike and I often call ourselves fire fighters as we constantly put out fires in the office. We never established a list of duties between each other of who does what and when, but we have gone forward working on things together and trying to accomplish everything together. Naturally there have been things that Mike is better at and he takes the lead on, and likewise I have naturally taken on other tasks. I manage a lot of the IT, admin, and training front office team in the logistics of insurance nuances. Mike manages our vendors, pays the bill, and trains the back office team to name a few. Looking back it would have been nice to have talked more about how we would divide things up, but we've naturally tried to balance the workload among ourselves. Again, we try to keep the office as the main priority and naturally we get taken care of.

Mike and I share patients, this is one difference I have noticed with other partnerships. Often time partners build their own patient base, and see mainly those patients. Mike and I work to build the business and the business's patient base. It's common for Mike to see a patient for a time, and then me to see them. If a patient wants to specifically see one doctor we honor that, but it works really nice to share things equally. It's nice to know that if I miss something on an exam, Mike will find it. It's nice to bounce ideas off of each other and collaborate on cases. Mike doesn't enjoy doing molar endo and so I will often get to do a lot of those. I don't enjoy sleep appliances or night guards, so Mike usually takes those. Between both of our skill sets we are able to keep most patients in our office and decrease referrals.

DR. MICHAEL LARSEN

After working in community health for eight years following dental school and resolving my student debt with loan repayment through the National Health Service Corps, I felt ready to make the jump into private practice. The Henry Schein rep connected me with the owner of Apple Tree Dental in Rexburg, Idaho who had just started up a small practice and was looking to transition out within a few years. After I bought out the original owner a couple years later, I took the reins on my own for a year. During that year I realized that running a practice on my own was not what I hoped to do long term. I missed having someone in the trenches with me to discuss difficult cases and to bounce ideas off of. I desired more freedom to follow other pursuits, such as traveling with my family and teaching as an adjunct professor at BYU-Idaho. And I liked the idea of someone else shouldering with me the emotional and financial burden of practice ownership. Once again my supply rep came through by introducing me to a young dentist just finishing up his commitment with the Army, Dr. Sky Sessions.

It was evident from the beginning that Sky had a great work ethic, loved the area and its people, and had skills that complement my weaknesses well, both clinically and otherwise. We sensed we could trust each other and made integrity one of our key foundational values. As an associate he worked tirelessly that first year as if he were a partner. It felt like the right thing to do to allow a buy-in, even though the patient numbers weren't quite high enough for your typical two-dentist practice.

We both made sacrifices along the way to grow the practice, and though we haven't avoided every pitfall, we have been blessed tremendously.

We each own half of the practice. We meet once a week for an hour to discuss decisions that need to be made, employee concerns, practice management issues, etc. As he describes in his narrative, we have different areas of expertise that we have gravitated towards. Differences in management style have been nice as a system of checks and balances. For example, I tend to push for frugality while he ensures we aren't being so tentative financially that we fall behind in obtaining the latest technology. As equal partners, if and when we have our differing opinions on an issue, we respectfully discuss it until we come to a decision we both feel good about. Our differences in leadership style have been both a blessing and a challenge. We meet together with our management team (office manager, lead assistant, and lead hygienist) once a month.

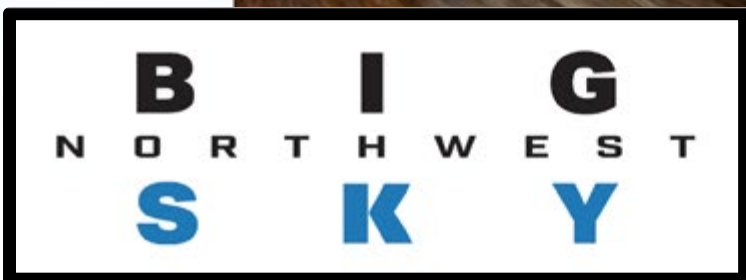
Based on the size of the practice at the time we met, we were told back in 2017 that partnering would be a mistake and likely result in failure. I feel that our partnership was built on trust, selflessness, hard work, and patience, and those principles have carried us through the challenges along the way. I would be amiss to fail to mention that a mutual faith in God has played a key role in keeping us grounded in the present, learning from the past, and hopeful for the future. ♦

STAND OUT FROM THE REST

BUILD WITH THE BEST



**“Big Sky Northwest delivered on constructing the dental practice I always dreamed of.”
-Dr. Matthew Pollard**





Providing Comprehensive Dental Care for Patients with Intellectual and Developmental Disabilities (IDD) in Private Practice

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.

Delivering dental care for patients with intellectual and developmental disabilities (IDD) can seem overwhelming for many general dentists in private practice. While we are trained to treat teeth, the people they belong to are often the most complex part of dentistry. However, the opportunity to serve IDD patients is not just a professional responsibility, it is a privilege. These individuals, including those with Down syndrome, autism spectrum disorder, cerebral palsy, and other neurological conditions, often face significant barriers to receiving adequate dental care. As healthcare providers, we have an ethical obligation to ensure they receive the same level of attention and expertise as any other patient. As a dentist in a small group practice, we have found that treating IDD patients is not as hard as it sounds, and often is the best part of our day.

By creating an inclusive environment and tailoring care to their unique needs, we not only improve their oral health but also foster a practice culture rooted in empathy and compassion. IDD patients rarely ask for anything beyond our time and patience, and their gratitude is often expressed in ways that transcend words. This is our greatest opportunity to use our skills for a population that greatly benefits from compassionate and individualized care.

The reality is that integrating IDD patients into your practice does not require a complete overhaul, it requires thoughtful adjustments in scheduling, communication, and clinical care. By making small but meaningful changes, we can provide IDD patients with high-quality dental care while ensuring a positive and comfortable experience. This article provides practical strategies to help general dentists confidently treat IDD patients, from scheduling considerations to clinical techniques that promote success.

ESTABLISHING TRUST AND COMMUNICATION

The cornerstone of successful treatment for IDD patients is effective communication. Many patients may struggle to express their needs, making it crucial for the dental team to understand how to interact in a way that minimizes anxiety and maximizes cooperation.

One of the most effective ways to prepare is to engage with caregivers before the appointment. A simple phone call can provide valuable insights into the patient's medical history, sensory triggers, optimal communication methods, and strategies that have worked in previous dental visits. Understanding the patient's interests, behaviors, and comfort items can make a significant difference in easing their anxiety.

Visual and verbal communication techniques are essential. Many IDD patients respond well to visual schedules, social stories, and picture-based instructions, which help illustrate what will happen during the appointment. The Tell-Show-Do method is particularly effective:

- **TELL:** Explain the procedure using simple language.
- **SHOW:** Demonstrate the process on a model, the patient's hand, or the caregiver.
- **DO:** Perform the treatment with patience, ensuring the patient is comfortable.

Allowing extra time for acclimation can also help. Short, introductory visits where the patient becomes familiar with the dental chair, instruments, and team members can help build trust and set the stage for future successful visits. Caregiver involvement is often beneficial, though some patients may do better with minimal interference.

Collaboration with caregivers is often the best way to glean information about the patient. These caregivers are often the bridge between the patient and the provider, so creating a positive and respectful relationship will help create long-term success. Since the caregivers often know the patient the best they are a goldmine of information and can help each appointment go smoothly. We ask questions like “what makes the patient comfortable during stressful situations?” or “what time is this patient usually the most cooperative?” or “does this patient need help with a transfer into our chair?”. Most importantly involving them in the process can help them understand the importance of their role in the patient’s home care - which ultimately makes or breaks our work.

Since many IDD patients will have different caregivers, keeping in depth notes about behavior and the patient’s reactions can help more than anything else. If an IDD patient has a consistent caregiver, they will be an invaluable source of information on how to best work with the patient. Following up with the caregiver can also be the best way to gauge how the in office techniques and procedures went.

CREATING A CALMING AND ADAPTIVE ENVIRONMENT

A sensory-friendly dental office can transform the experience for an IDD patient. Many individuals with sensory sensitivities find bright lights, loud noises, and unfamiliar sensations overwhelming. Simple environmental modifications can make a profound impact:

- **LIGHTING:** Use soft, natural lighting or dimmable lights.
- **SOUND:** Reduce background noise, offer noise-canceling headphones, or play gentle music.
- **COMFORT ITEMS:** Weighted blankets, sunglasses, or fidget tools can provide additional reassurance.

Optimizing scheduling can also be beneficial. Early morning or end-of-day appointments when the office is quieter can minimize distractions and create a more controlled environment. Having a dedicated IDD-friendly operatory where adjustments like positioning, lighting, and sound control are already in place can improve efficiency and comfort for both the patient and the team.

Behavioral management techniques are crucial in reducing stress. Positive reinforcement, such as verbal praise or small

rewards (stickers, a favorite song, or a break), encourages cooperation. Watching for non-verbal cues such as facial expressions, body language, and breathing patterns can help detect discomfort or anxiety before it escalates.

OPTIMIZING TREATMENT APPROACHES

IDD patients often face higher risks of dental caries, periodontal disease, and erosion due to challenges with oral hygiene. Preventive care should be a priority, especially since IDD patients struggle to use a prosthesis, keeping their teeth is the utmost priority:

- **SILVER DIAMINE FLUORIDE (SDF)** - Ideal for caries arrest in non-cooperative patients.
- **GLASS IONOMER RESTORATIONS** - Fluoride release helps high-risk patients but requires regular monitoring. Coating these fillings with products like CG’s Equia coat can improve longevity
- **AMALGAM RESTORATIONS** - More durable in patients with poor oral hygiene and high bruxism risk.
- **HALL TECHNIQUE** - for Preformed Metal Crowns, which is an effective for primary molars without drilling.
- **SEALANTS** - Preventative measure on occlusal and grooves of teeth can help improve longevity in patients of all ages, if using a glass ionomers, check these at recall appointments.
- **CUSTOM HOME CARE RECOMMENDATIONS** Including adaptive toothbrushes, flossing tools, or electric toothbrushes. Evaluate patient’s independence and what the caregiver might need to see during the appointment.
- **DIETARY COUNSELING** - Minimize sugar intake, especially before bedtime can dramatically reduce dental decay. Considering recommending foods like hard cheeses, spinach, products containing xylitol for snacks instead of sugary drinks. If the patient does love sugary foods, eating or drinking at meal times only can reduce dental decay.

Modifications in clinical care are often necessary. Patients with limited mobility may need to be treated in a semi-upright position to avoid aspiration risks. For patients with oral sensitivities, gradually introducing instruments over multiple visits can help acclimate them to treatment.

Preventative care becomes paramount, but it is going to be based on their independence and physical abilities. Standard recommendations apply, but this is a great time to really stress the use of fluoride containing products.

STAFF TRAINING AND TEAM COORDINATION

A well-functioning dental team is the backbone of successful IDD patient care. Every team member, from the front desk to the treatment staff, plays a vital role in making these appointments smooth and stress-free.

FRONT OFFICE RESPONSIBILITIES:

- Gather a comprehensive health history and previous dental experiences.
- Learn about optimal appointment times (e.g., morning vs. afternoon).
- Identify behavioral triggers, calming techniques, and communication preferences.
- Collaborate with caregivers to plan for extra time if needed.

CLINICAL TEAM RESPONSIBILITIES:

- Follow a consistent, routine-based approach to create predictability.
- Assign the same providers to the patient for continuity and trust-building.
- Use non-verbal observation to detect discomfort.
- Incorporate Tell-Show-Do and positive reinforcement techniques.
- Watch for physical body language to gauge comfort and happiness.
- Be flexible if a patient is struggling, rescheduling may be the best option.

A designated team member trained in IDD patient care can help streamline these efforts and serve as the primary contact for caregivers.

FOLLOW-UP AND LONG-TERM CARE

Dental care for IDD patients extends beyond the operator. Custom recall schedules (e.g., every 3-4 months instead of 6) can help maintain oral health for high-risk patients. Tracking progress over time through caregiver reports or intraoral

photos can help detect problems early. It is best to assume the patients will have different caregivers over time, so taking a little time to talk to them is one of the best options for the patient. Dental restorations only last in the mouth when they are taken care of, and often, caregivers are the ones helping facilitate daily brushing and flossing. Leveraging their help is the best way to improve the lifespan of restorations and teeth for our IDD patients.


Providing customized at-home instructions (including visual guides, caregiver training, and adaptive hygiene tools) ensures that preventive efforts continue beyond the office. Caregiver involvement is essential as restorations and treatment will not last without proper at-home care. Involving them in the care and appointment gives them value and encourages them to be a part of the patient's dental success.

CONCLUSION: THE CALL TO ACTION

Caring for IDD patients is not just about providing dental treatment, it's about creating an inclusive, supportive environment where all patients feel valued and respected. Incorporating small, meaningful changes in scheduling, treatment techniques, and team training can dramatically improve the patient experience.

General dentists don't have to specialize in special needs dentistry to make a difference. By being open to adaptability, compassion, and continuous learning, we can break down barriers to care and become a trusted provider for these under served patients.

Dentistry is more than just fixing teeth it's about treating the whole patient. IDD patients deserve dignity, comfort, and high-quality care, and it is our responsibility as healthcare providers to create a welcoming space where they can thrive. As someone who has a brother who qualifies as IDD, (blind from birth), it is the easiest and most rewarding part of rendering care. Imagining that you are on the other side of the chair is the best motivation. As my Irish grandmother always said, "there go I except for the grace of God".

Our team uses these reference charts to help provide the best possible experience for these patients. See next page. 

IDD REFERENCE CHART

COMMON IDD CONDITION	PREVALENCE IN GENERAL DENTISTRY	KEY CONSIDERATIONS
AUTISM SPECTRUM DISORDER	Very common; many patients require sensory accommodations and behavior guidance.	May have difficulty with bright lights, sounds, and unexpected touch; structured routines help reduce anxiety.
DOWN SYNDROME	Common; increased risk of periodontal disease and delayed eruption patterns.	Higher risk for gum disease, potential congenital heart defects requiring prophylaxis, and macroglossia. **Be aware of physical positioning due to Atlantoaxial instability - 10%-20% of patients.
CEREBRAL PALSY	Moderate prevalence; often requires special positioning and adaptive oral hygiene aids.	Muscle spasticity can make oral care challenging; GERD and enamel erosion are common concerns.
INTELLECTUAL DISABILITY (ID)	Common; varying cognitive abilities require tailored communication techniques.	Communication challenges and limited understanding of oral hygiene importance.
ATTENTION DEFICIT/HYPERACTIVITY DISORDER	Very common; patients may struggle with attention during procedures and need short, engaging visits.	Impulsivity and hyperactivity may make dental visits challenging; short, structured appointments are beneficial.

QUESTION CATEGORY	QUESTIONS TO ASK
BEST APPOINTMENT TIME	What time of day works best for them? Are there times they are more relaxed or alert?
PREVIOUS DENTAL EXPERIENCES	Have they had any positive or negative dental experiences in the past? What worked well or didn't work?
TRIGGER BEHAVIORS	Are there any specific sounds, lights, or actions that may cause distress or anxiety?
CALMING TECHNIQUES	What helps them feel calm if they become anxious? Do they have specific coping strategies or comfort items?
COMMUNICATION PREFERENCES	What is the best way to communicate with them? Do they use verbal communication, gestures, picture boards, or assistive devices?
SENSORY SENSITIVITIES	Do they have any sensitivities to bright lights, loud noises, certain textures, or specific tastes?
SPECIAL INTERESTS OR COMFORT ITEMS	Are there any topics, shows, or objects they really enjoy that we can talk about to help them feel more comfortable?



K·I·S·S Your Way to Freedom Ditching Insurance with Simplicity

BY BRANDON BATTIATO

Brandon Battiatto is the Director of Business Development and a coach at the Growth Into Greatness Institute. He specializes in collaborating with dental practices to optimize systems, streamline organization, enhance financial planning, and strengthen internal marketing strategies. Brandon's expertise includes delivering personalized and group trainings that bring impactful, community-driven learning experiences, designed to elevate both dentists and their teams. The Growth Into Greatness program has been successfully implemented in diverse dental practices across the United States, offering a new chapter in personal growth, human motivation, and business development. With a focus on Proven Profitability Solutions, Brandon is dedicated to helping dentists and their teams reach their fullest potential.

Ever heard of Michael Scott from *The Office*? Love him or hate him, the guy had a way with words. One of his gems was **K-I-S-S: Keep It Simple, Stupid**. And honestly? That's exactly how I approach it when a dentist is ready to **ditch insurance for good**.

But how do you actually **Keep It Simple** when making such a big shift?

START WITH YOUR WHY

Before you even think about logistics, ask yourself: **Why are you considering this change?**

- ◆ Is it to provide better patient care?
- ◆ To gain more freedom in your practice?
- ◆ To build stronger, long-term relationships with your patients?

Chances are, you didn't become a dentist to answer to **insurance companies** all day. Yet, for many, that's exactly what happens.

This is where **Simon Sinek's Golden Circle** comes in. He explains that great leaders and businesses don't start with *what* they do—they start with *why* they do it.

WHY Your purpose, your passion, the real reason you became a dentist.

HOW The values, approach, and methods that make you unique.

WHAT The actual services you provide.

Most people start backward (**What** ⇨ **How** ⇨ **Why**), but the most inspiring dentists lead with their **WHY** ⇨ something insurance often won't let you do.

BEFORE YOU DROP INSURANCE

You need to build a practice that patients love:

✨ EXCEPTIONAL PATIENT EXPERIENCE

Deliver service so great, they won't even miss their insurance.

💰 PRICING WITH CONFIDENCE

Set fair fees that reflect your expertise and value.

📅 MEMBERSHIP PLANS

Offer in-house plans to make care more accessible.

📣 MARKETING YOUR NEW MODEL

Attract and retain the right patients for your practice.

COMMUNICATING THE CHANGE

Once you've defined your **WHY**, the next step is **communicating it effectively** to your team and patients.

✅ TALKING TO YOUR TEAM

How to get them excited and aligned with your vision.

✅ TALKING TO YOUR PATIENTS

How to reassure them and show them the value of this transition.

✅ HANDLING OBJECTIONS

What to say when people push back or hesitate.

OFFER ONGOING SUPPORT AND TRAINING

As you move forward with this transition, continue to provide ongoing support for your team. This might include:

- ◆ Regular check-ins to address concerns.
- ◆ Training on how to use new systems and how to sell your practice's value to patients.
- ◆ Celebrating small wins as you get positive feedback from both the team and patients.

The key to educating your team is clear, transparent communication and making sure they understand how this decision benefits everyone. When they feel involved and empowered, they'll be much more likely to embrace the change and help make it a success.

This is your practice. Your vision. Your rules. **Are you ready to take back control?** 🚀

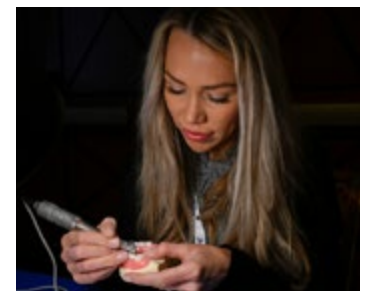
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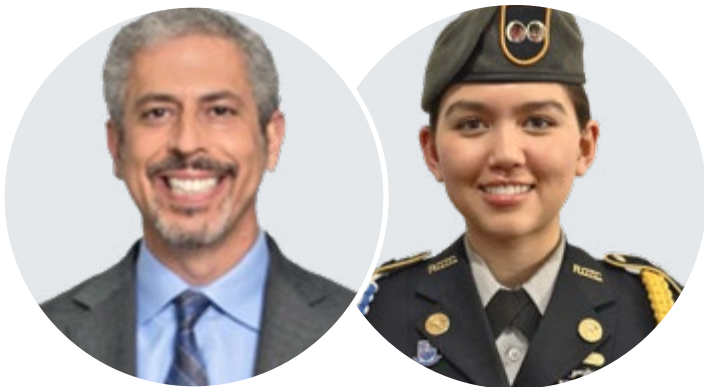
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A Look at Dentistry in the Department of Veterans Affairs: An Interview with Dr. Ariel Wartofsky

BY ARIEL WARTOFSKY, DDS & SOFIE EDWARDS

Dr. Ariel Wartofsky is a general dentist who works for the US Department of Veterans Affairs (VA) Dental Service at the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, WA. An Army veteran and 2002 graduate of University of Southern California School of Dentistry, he has worked in multiple locations across the US and on overseas military deployments over the years. He was recently offered a position at a VA facility in Louisiana where he will serve as Chief of Dental Services when he relocates there later this year.

Sofie Edwards is a junior at Walla Walla High School in Walla Walla, WA. She is a member of the high school Army Junior Reserve Officer Training Corps (JROTC) program, competes on the precision rifle team and is Alpha Company Commander. She has an interest in a multitude of subjects including science and technology, military service, and caring for America's veteran population.



SOFIE EDWARDS: "Thank you for your willingness to do an interview about Veterans' Affairs (VA) dentistry, Dr. Wartofsky. Can you tell us a little bit about yourself, your experiences leading up to working for the VA, how long you've worked as a VA dentist, and your ongoing plans to continue serving our veterans?"



DR. WARTOFSKY: "Thank you for giving me the opportunity to share with people about the mission of the Department of Veterans Affairs."

I began my journey with an acceptance letter from the University of Southern California in Los Angeles, School of Dentistry, in 1998. Unfortunately, the cost of dental education can easily be a quarter of a million dollars or greater.

Looking at financial aid and scholarship options, I discovered that the Army had a Health Professions Scholarship Program. It was an amazing deal; the Army would pay for dental school, and I would get an opportunity to serve in the Army as payback.

So I signed up. In fact, after dental school, I extended my military obligation by an additional two years and took additional dental training that advanced my dental education, completing two residencies. And I was able to serve my country, as a dentist, in some very unique experiences, including deployments to combat zones.

After the Army, I wanted to continue my service to veterans and explored other employment opportunities, including working at the Department of Veterans Affairs. I was hired at the Department of Veterans Affairs facility in Hampton, Virginia, in 2008, spent approximately 13 years as a full-time staff dentist, including teaching residents and interacting with some of the greatest Americans I've ever met.

In fact, one patient I'll refer to as Captain America was shot down over Vietnam twice and had a full career in the Air Force. Just hearing his accomplishments made me appreciate the opportunity that I was given, taking care of America's heroes.

Additionally, during much of my 13-year career at the Department of Veterans Affairs in Hampton, Virginia, I also owned a private practice, which I ran as an associate-driven practice. Post-pandemic, it was eventually sold.

I was strongly called to return to the Department of Defense and work with the US Army again as a civilian dentist, which I did for approximately three years, and helped re-energize my eagerness to fully utilize all my knowledge, skills, and abilities.

Therefore, I returned to the Department of Veterans Affairs in Washington State. I still desire to fulfill unmet needs; seeking a leadership position within the Department of Veterans Affairs has become my goal.

Luckily, this spring 2025, I've been offered a leadership position in Central Louisiana, in the VA healthcare system. This is going to be an amazing opportunity for me, and I'm looking forward to serving my fellow veterans because every single VA patient who put on the uniform became Captain America, regardless of their rank. Each veteran deserves the best dental care that this country can give them."



EDWARDS: "What are some unique dental challenges that veterans face compared to the general population, and how do you address them in your practice?"



WARTOFSKY: "That is a fantastic question, with a very complicated answer. I think the best way to summarize it is that there are some boundaries to accessing VA dentistry. Unfortunately, the road from military service to care at the VA can sometimes take years to access."

So, patients can arrive with a host of limiting medical conditions, physical limitations, and mental health issues, all of which can impact, complicate, and compound dental health.

Therefore, every single treatment plan has to be highly focused and consider the patient's medical conditions, physical, and mental health. For example, with a medical diagnosis of depression, there are patients who are unable to take care of themselves and engage in any dental home care activities, ultimately impacting home care and increasing their overall caries risk.

Thankfully, as a VA dental provider, I can review relevant medical information in the patient's chart and certainly match the dental treatment plan to work within these other complicating factors.

This prevents the patient from going through unhelpful dental treatments and also allows a very practical approach, ensuring that each VA patient is cared for in the best way possible."



EDWARDS: "How does the VA dental program prioritize care for veterans, and what types of services are typically provided?"



WARTOFSKY: "That's also another fantastic question, and it can vary a teeny bit from VA facility to VA facility, but here's the law from the VHA:

https://www.va.gov/healthbenefits/resources/publications/ib10-442_dental_benefits_for_veterans.pdf

The basic idea behind dental services rendered is to eliminate pathology, making sure that the patients are disease-free and are dentally restored. Generally, orthodontics/developmental dental conditions and esthetic dentistry are not priorities in VA health care."



EDWARDS: "Can you describe the eligibility criteria for veterans to access dental care through the VA, and how do you help those who may not qualify for services?"



WARTOFSKY: "Again, the best resource is this document: https://www.va.gov/healthbenefits/resources/publications/ib10-442_dental_benefits_for_veterans.pdf

For folks who are ineligible for dental care, unfortunately, they are going to have to see a private dentist or seek dental care from charity services or dental schools.

Sometimes there can be special circumstances where a veteran can change their service connection/eligibility over time and access VA dental care."



EDWARDS: "What advancements or technologies has the VA adopted to improve dental care for veterans, particularly those with complex medical or service-related conditions?"



WARTOFSKY: "This is also a really good question, and it's sad to say that sometimes resources throughout VA healthcare are not always evenly distributed.

Bigger cities tend to have more resourced VA hospitals and tend to have specialty care on staff, including technology like 3D imaging, precision digital impression, plus operating room support in bigger VA hospitals. Smaller VA facilities are required to use community resources, which tends to be a little bit more expensive and may take a little bit longer. Regardless, treatment can be accomplished.

It's also extremely important to recognize that VA healthcare is very comprehensive. As a dentist, I have access to a significant amount of medical information, including laboratory results, which can be critical when working on patients who may have impaired clotting or immunological responses. This helps prevent adverse outcomes in a VA population who often are very medically compromised patients."



EDWARDS: "What role does oral health play in the overall well-being of veterans, and how do you work with other VA healthcare providers to ensure comprehensive care?"



WARTOFSKY: "That's an amazing question. Fortunately, I have worked in two different VA facilities. It's amazing to be able to walk down the hallway and talk with a periodontist or prosthodontist and get their input on cases. Additionally, most of the facilities have boards that review cases, residency programs that also can review cases, and there typically is a significant amount of learning that can occur between dental providers. Improving care is baked into the VA healthcare system.

Absolutely, there's a huge payout for the VA patient having access to comprehensive dentistry. Maintaining patients' dental health improves their physical health and ability to consume healthy foods and maintain functional dentition."



EDWARDS: "Thank you for taking time to teach us more about VA dentistry, Dr. Wartofsky."



WARTOFSKY: "Thank you for giving me the opportunity to discuss the value of VA healthcare and specifically the high quality dental care our eligible veterans receive." ♦



CFPB Finalizes Rule To Remove Medical Bills From Credit Reports...

BY DANIELLE ICHELSON-MOORE

Danielle was a professional figure skater turned dental billing guru. With over 18 years in dentistry, she has mastered everything related to billing and has become one of the most respected billing consultants in the nation. Dental Accounts at Ease launched in 2013 and is now one of the leaders in dental billing. As Danielle always says, "The only one doing it right," with in-house auditors and certified fraud examiners to protect clients and consistently exceed 99% collection ratios year after year, all while complying with federal and state laws.

WHY DID THIS RULING TAKE PLACE?

The Consumer Financial Protection Bureau's (CFPB) final rule brings regulations in line with Congress' decision to safeguard consumers' privacy by restricting lenders from obtaining or using medical information, including information about medical debts. Federal financial regulators later created an exception to this restriction, allowing creditors to consider medical debts. This carve out has enabled debt collectors to use the credit reporting system to coerce payments from patients for inaccurate or false medical bills.

As one of the leaders in dental billing, we can agree that many patients end up in collections due to inaccurate bills. In fact, we can guarantee that every in-network dental practice—including yours—has inaccuracies in its ledgers. While we do not necessarily agree that medical debt should be removed from credit reports, we understand the magnitude and reasoning behind this decision.

We were established in 2013, and we have yet to walk into any office—even those with the most "perfect" office managers who always collect—and not find inaccuracies in the billing department.

WHAT DOES THIS MEAN FOR YOUR PRACTICE?

The CFPB's decision has changed the way patient collections are handled by both professionals and patients. Patients are now aware that these debts no longer affect their credit reports, which means that beyond *potentially taking a patient to court for garnishment*, there is no easy recourse for providers to recover every dollar that walks out the door.

It is crucial to have proper patient collection processes in place. Make sure your teams are verifying eligibility, and ensure your Treatment Planner truly understands the difference between in-network vs. out-of-network, frequency limitations, waiting periods, downgrades vs. alternate benefits, and fee schedule accuracy.

Incorrect fees and misunderstanding of alternate benefits are often the leading causes of patient balances. On average, a patient will experience a \$100 to \$1,000 increase in their "patient responsibility" due to these types of errors.

Did you know your team often doesn't make the necessary corrections to a patient's balance in order to avoid upsetting them? And as a result, **you—the provider—are often losing thousands of dollars each year without even knowing it.** ♦

THE SURVEY RESULTS ARE IN...

We interviewed over 200 dentists and specialists to ask them what an ideal group business model would look like.

HERE ARE THE TOP 5 RESPONSES:

1

**CLINICAL
AUTONOMY**



The ability to determine which services to provide, which labs to use, which supplies to use, which equipment to use. etc.

2

**STAFFING
AUTONOMY**



The freedom to keep control over all aspects of the practice staff, from hiring and firing, to the setting of pay and benefits, as well as control over doctor and team member work schedules.

3

**DOCTOR
LEADERSHIP
& CONTROL**



The ability for doctors to have voting control on the Board for major decision making, and to ensure priorities remain on patient care, and clinical autonomy.

4

**NO QUOTAS &
REWARDED
FOR GROWTH**



Doctors who grow their practices should be rewarded with more financial upside (*additional stock grants*) based on their growth, but should not be required to hit specific growth targets so doctors can operate at their own pace.

5

**FINANCIAL
ALIGNMENT
& UPSIDE**



All shareholders should have the same class of shares to make sure a fair and equitable outcome is enjoyed by everyone.

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Shaping Tomorrow's SMILE *with* Today's Tech

BY ISAAC TAWIL, DDS, MS

"The evolution of 3D printing in dentistry has been truly remarkable since its inception, with a shift from primarily printing models and surgical guides to a wider array of applications."

In a world buzzing with automation and artificial intelligence (AI), traditional wisdom has a knack for enduring resilience. Need an example? "If it's not broken, don't fix it." That may be true in some cases, but when it comes to the tools and techniques that drive your crown and bridge workflows, replacing something long before it breaks can unlock a world of possibilities.

Imagine what you could do with less chair time, fewer lab bills, faster treatment times, and a better patient experience? In that context, waiting until something is truly broken has the potential to squander your practice's, well, potential.

And that's where the digital workflow comes in. While the traditional path to crowns, bridges, and other lab-fabricated restorations may be a well-oiled machine in your office, it also can feel like a game of hurry up and wait. Practices that leverage intraoral scanners, design software, chairside mills, and 3D printers, on the other hand, have discovered a faster route to treatment. For some, that path has made all the difference.

"The evolution of 3D printing in dentistry has been truly remarkable since its inception, with a shift from primarily printing models and surgical guides to a wider array of applications," noted Isaac Tawil, DDS, MS, who uses the AccuFab-CEL 3D printer from SHINING 3D Dental in his Brooklyn, NY, dental office. "Some key advancements include direct printing of dental provisionals and restorations, orthodontic appliances, bite splints, and dentures."

With a general practice focused on implant therapy, Dr. Tawil uses his 3D printer to fabricate surgical guides for full-arch implant cases and to create same-day provisional restorations for his patients in just 25 minutes—15 for printing and 10 for washing and curing.



This article originally appeared in *Dental Product Shopper* and is reprinted with permission.

THE CHOICE IS YOURS

But what about chairside milling? According to Dr. Tawil, it's not going anywhere. "At the moment, printing is not replacing milling for final restorations; however, 3D printing materials are improving in strength, and in the not-so-far-off future, we may see a dramatic shift in how we finalize our patients' restorations with 3D printing."

When considering either modality for your practice, it's important to consider that while both can create temporary and final restorations such as crowns and bridges, the difference between them comes down to 2 factors: manufacturing and materials.

"While milling involves the removal of material from a solid block using computer-controlled cutting tools to shape the restoration, 3D printing builds objects layer by layer from digital models," advised Dr. Tawil. "Milling commonly calls for materials like ceramics or metal alloys, while 3D printing uses resin-based materials that are light cured, which fosters design flexibility and can yield faster production of complex shapes."

THE MAGIC OF ZIRCONIA

Studies show that roughly 28% of dentists have a chairside mill in their practice, including Dr. Anthony Ponzio, whose Oak Park, IL, office has been leveraging Dentsply Sirona's CEREC System for over a decade. During that time, much has changed, with every piece of the CAD/CAM puzzle—scanning, designing, and milling—leveraging some level of smart automation.

For example, there are lightning-fast intraoral scanners that require little-to-no training to achieve an accurate impression, intuitive software that uses AI to create fast and precise crown designs, and smart milling units that sense the material inside and automatically choose the right tools for the job. And then there's the milling materials themselves.

"The ability to mill same-day zirconia is huge," noted Dr. Ponzio, who frequently uses CEREC MTL, a strong, multitransitional layered zirconia with a fast and easy workflow. "In our office, we can manufacture and sinter zirconia restorations in 25 to 30 minutes—a process that in the past could take up to 24 hours."

He added that his team loves being hands-on with the technology, and that once the scan and design are completed, they take over the process completely—from milling and sintering the restoration to polishing and sandblasting.

"When the crown is ready, I go back in the room to cement it into place, and we're done!" said Dr. Ponzio, who teaches dentists around the world about the benefits of same-day dentistry. "Patients are trusting us to take care of them, and in return, we need to make sure we're staying up to date and using the best technology available to do that."



It's high time to invest in technology that can set your practice up for ongoing growth and success, including the latest tools for scanning, designing, milling, and 3D printing high-quality restorations, as well as the materials that confidently cement them into place ♦



Smart Dentistry Solutions Leveling Up with LayZir for Strong and Esthetic Anterior Restorations

BY MAKI NARITA, DDS, MS

Dr. Narita is a board-certified periodontist licensed to practice in California, Texas, and Japan. After graduating from St. Maur International School in 1988 with an International Baccalaureate Diploma, she attended Showa University School of Dentistry in Tokyo. Upon graduation, she continued her studies in dentistry by moving to Los Angeles, CA, where she received her DDS from the University of Southern California (USC) School of Dentistry in 1998. While working as an associate dentist at several offices, Dr. Maki also served as a part-time clinical instructor at USC School of Dentistry. In 2001, Dr. Maki and her sister, Dr. Mie Narita, established Narita Family Dental, which has offices in Torrance and Costa Mesa, CA, as well as Frisco, TX. After being a general dentist for 12 years, Dr. Maki decided to specialize in periodontics and successfully completed the Postgraduate Program in Periodontology at UCSF School of Dentistry with a master's degree in Orofacial Sciences in 2013.

Zirconia is becoming an integral, essential, and reliable material in restorative dentistry, as it offers many desirable properties that benefit both clinicians and patients—among them strength, durability, and esthetics. It also is metal-free and biocompatible, and esthetically, the shade is more opaque and lacks translucency. Together, these qualities make zirconia a wonderful choice for full-coverage crowns and bridges.

ONE ZIRCONIA DISC, MANY INDICATIONS

LayZir All Indication Zirconia Disc from Smart Dentistry Solutions has a natural, translucent gradation without compromising the qualities of zirconia. LayZir's special blend of 3Y and 5Y yttrium-stabilized zirconia from the cervical to the body offers a translucency comparable to lithium disilicate. Additionally, a wide variety of shade and size options gives us more choices, especially for anterior cases. LayZir is not only indicated for anterior and posterior full-coverage crowns, but also for anterior partial veneers.

In my practice, Narita Family Dental, I frequently call on LayZir to create beautiful restorations for my patients. That includes the 3 anterior esthetic cases referenced here, all of which were milled by Haus Milling Center in Dallas, TX, with assistance from dental technician Rick Endo, CDT, of Plano, TX.

AN EXAMPLE OF ESTHETICS

A 56-year-old woman presented to my office with a chief complaint of short, discolored teeth with flat incisal edges. After a thorough examination and discussion of treatment options with

the patient, zirconia partial veneers from teeth Nos. 6 to 11 were indicated, and a LayZir 14-mm disc in shade C1 was used to create the restoration (Figures 1-3).

In another case, a 42-year-old woman came to the office who was unhappy with her discolored teeth and composite restorations with stained cervical enamel roughness. We opted for full-coverage zirconia crowns from teeth Nos. 6 to 11 using a 16-mm LayZir disc in shade A3 (Figures 4-6).

Another patient presented with exposed discoloration of receded cervical and embrasure areas. The patient, a 50-year-old woman, agreed to treatment of partial veneers on teeth Nos. 6 and 11, as well as full zirconia crowns on teeth Nos. 7 to 10. A 16-mm LayZir zirconia disc was used in shade B1, yielding a strong and highly esthetic final result (Figures 7-9).

LAYZIR BY THE NUMBERS:

- Industry-leading 1,450 MPa flexural strength at cervical allows it to withstand the constant strain of occlusal forces
- Ideally suited for high-profile anterior cases thanks to 44% translucency
- Proprietary 3Y and 5Y blending optimizes strength throughout the restoration and delivers exceptional esthetic characteristics
- Excellent chroma and 63% opacity allow the material to cover challenging anterior esthetic cases with confidence
- Variety of sizes from 12 mm to 25 mm
- Multiple shades available from B1 to C3

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Figure 1—Patient presented with short, discolored teeth with flat incisal edges



Figure 2—Prep for zirconia partial veneers on teeth Nos. 6 to 11



Figure 3—Final zirconia restoration using a 14-mm LayZir disc in shade C1



Figure 4—Patient presented with discolored teeth and stained composite restorations



Figure 5—Prep for full-coverage zirconia crowns on teeth Nos. 6 to 11



Figure 6—Final zirconia restoration using a 16-mm LayZir disc in shade A3



Figure 7—Patient presented with exposed discoloration of receded cervical and embrasure areas



Figure 8—Prep for partial veneers on teeth Nos. 6 and 11, and full zirconia crowns on teeth Nos. 7 to 10



Figure 9—Final zirconia restoration using a 16-mm LayZir disc in shade B1

GO-TO PRODUCT USED IN THIS CASE

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LayZir Discs are FDA-cleared and manufactured to the highest quality standards using premium yttrium-stabilized zirconia from Tosoh. State-of-the-art multidimensional gradation technology seamlessly blends 3Y and 5Y together to optimize strength throughout the restoration, while also delivering excellent esthetic characteristics. LayZir provides an unsurpassed 1,450 MPa flexural modulus in the cervical area, where it's needed most. In the occlusal area, where excessive strength can impact opposing dentition, LayZir's 1,030 MPa provides a durable restoration with less abrasion. The disc comes in a variety of sizes from 12 mm to 25 mm, as well as multiple shade options to meet the esthetic needs of every patient.

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AI Standards in Dentistry

BY STEVEN FELDMAN, DDS

Dr. Feldman has a passion for patient care and advocacy. A 2017 graduate of the University of Maryland School of Dentistry, he completed a General Practice Residency at Kingsbrook Jewish Medical Center in Brooklyn, New York, in 2018. He currently practices in Washington, DC, and Maryland. Beyond clinical dentistry, Dr. Feldman is deeply involved in organized dentistry. He currently serves as President of the Maryland Academy of General Dentistry and has contributed at the national level, with multiple terms on the AGD Council for Legislative and Government Affairs and the AGD Council on Dental Practice. Additionally, he has served nationally on the American Dental Association's New Dentist Committee and as the New Dentist Representative to the Council on Government Affairs. Currently, he holds the position of Secretary of the Maryland State Dental Association. Outside of his professional commitments, Dr. Feldman is an avid camper and golfer. He also has a creative side—performing at Washington, DC nightclubs under the DJ name Nova Kane. When he's not working or on a camping trip, he enjoys spending time with friends, exploring new music, and hanging out with his cat, Q.

The integration of augmented and artificial intelligence (AI) into dentistry is rapidly evolving, particularly in the realm of dental image analysis. AI has the potential to enhance diagnostic capabilities, improve efficiency, and support clinical decision-making, but many of the current AI tools available to dental professionals operate as a “black box,” meaning their decision-making processes remain largely unknown. Current AI models are trained using undisclosed threshold criteria on proprietary image datasets, which may introduce intentional or unintentional biases.

Recognizing the need for transparency and reliability, the American Dental Association (ADA) and the American National Standards Institute (ANSI) have established a standard to promote the responsible and effective use of AI in dentistry, ensuring accurate diagnostics for optimal patient care and safety.

ANSI/ADA Standard No. 1110-1:2025, establishes validation criteria for the datasets used to train AI systems analyzing dental images. The goal is to improve the accuracy and reliability of AI-driven diagnostics while ensuring that AI systems do not make clinical determinations based on incomplete or misleading data. Currently, some AI tools are available for purchase by dental practices, that purportedly inform clinical decision making, but lack sufficient data for diagnosis of conditions they identify. For example, certain AI systems will inform a dentist whether a tooth requires a crown based solely on a single 2D image, disregarding other critical clinical factors. Similarly, some periodontal analysis tools rely exclusively on the cemento-enamel junction (CEJ) to bony crest measurement for the identification of periodontal disease without accounting for essential soft tissue factors such as pocket depth or recession. The existence of tools like these are of particular concern in the dental insurance world, where a poorly trained or biased AI tool could be used to deny claims, as has occurred with medical insurance. The new standards aim to prevent such oversights by ensuring that AI systems are trained on comprehensive datasets and are programmed with clear limitations. These guidelines emphasize that AI should function as a clinical support tool rather than an autonomous decision-maker and should clearly indicate when its utilization would be inappropriate.

To further safeguard patient care and promote ethical AI use, ADA Technical Report No. 1109:2025 introduces the concept of an independent validation process for AI-driven dental imaging tools. This report stresses the importance of external verification to confirm AI accuracy before it is integrated into clinical practice. A crucial aspect of this validation process is the development of an independent dataset, maintained by a neutral organization such as the ADA, the Food and Drug Administration (FDA), or an academic institution. By basing AI tools on this unbiased foundation, the standards aim to ensure that AI systems perform consistently across diverse patient populations. Bias in AI training datasets has long been a concern in healthcare, as algorithms trained on non-representative samples can yield inaccurate results for certain demographic groups. The validation process will help mitigate these biases, ensuring that AI-generated recommendations are reliable and equitable for all patients. Additionally, AI vendors will be required to disclose the limitations of their algorithms, providing transparency into what these systems can and cannot do.

For many dentists, AI remains a complex and unfamiliar technology. However, with these new standards, AI is poised to become a more trustworthy and effective tool, which can serve as an adjunct to a dentist's clinical decision making process, without replacing the dentist's human expertise. Understanding the basics of these guidelines will allow dentists to make informed decisions when incorporating AI into their practice, while being aware of AI's capabilities and limitations, ensuring that they use it as a complement to traditional diagnostic methods rather than relying on it as the sole basis for treatment planning.

The new ADA standards serve as a crucial foundation for integrating AI into dentistry in a way that is ethical, transparent, and clinically sound. By establishing clear guidelines for data validation, accuracy assessment, and bias reduction, these standards provide dentists with the confidence to adopt AI as a supportive tool rather than a replacement for clinical expertise. They ensure that AI systems are held to rigorous performance benchmarks, protecting both practitioners and patients from unreliable or misleading diagnostics. As AI continues to evolve, these standards will play a vital role in shaping its responsible use, fostering innovation while maintaining the highest standards of patient care. ♦

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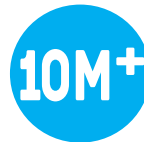
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Dental Considerations for Patients with a History of Bisphosphonate

BY BARTOLO ESPANA, DDS

Dr. Espana has been practicing dentistry for over a decade, specializing in implant dentistry and full-arch rehabilitation. He earned his degree from the University of the Pacific, Arthur A. Dugoni School of Dentistry. In addition to his private practice, he volunteers monthly at the Seattle Union Gospel Mission Dental Clinic, providing extractions for underserved communities. Outside of dentistry, he enjoys running, traveling, and attending church.

AUTHOR'S NOTE

As a practitioner, I found that obtaining clear, concise answers on bisphosphonate management in dentistry often required extensive review of multiple journal articles and guidelines. To streamline this process, I created this quick reference guide to help general dentists make informed clinical decisions efficiently, without the need for prolonged research.

INTRODUCTION

Bisphosphonates are commonly prescribed for osteoporosis, Paget's disease, and certain cancers affecting bone. These drugs, analogs of inorganic pyrophosphate, inhibit osteoclast differentiation and induce osteoclast apoptosis, disrupting the natural bone-remodeling process¹. While they increase trabecular bone thickness and mass, they also present unique challenges for dental practitioners, particularly when performing invasive procedures involving bone, such as extractions, implant placement, or periodontal surgeries requiring osseous modification².

Understanding when to proceed with treatment and recognizing risk factors can help prevent serious complications, including medication-related osteonecrosis of the jaw (MRONJ)³. Thoroughly reviewing a patient's medication history—rather than relying solely on their verbal confirmation—is critical in assessing risk.

UNDERSTANDING BISPHOSPHONATE THERAPY

Bisphosphonates are administered either orally (e.g., alendronate, risedronate, ibandronate) or intravenous-

ly (e.g., zoledronic acid, pamidronate)³. IV bisphosphonates carry a significantly higher risk of MRONJ and require extra caution in dental procedures¹. Risk assessment should consider the type of bisphosphonate, duration of use, and recency of treatment.

RISK STRATIFICATION FOR DENTAL PROCEDURES

Low-Risk Patients (No Symptoms, Short-Term Oral Use)

- Patients who have taken oral bisphosphonates for fewer than three years without concurrent steroid therapy typically have a low risk of MRONJ³.
- Routine extractions and surgeries can usually be performed with minimal risk.
- Medical clearance should still be obtained to confirm therapy details and safeguard both patient health and practitioner liability.

Moderate-Risk Patients (Long-Term Oral Use, History of IV Therapy)

- Oral bisphosphonate use exceeding three years increases the risk of MRONJ¹.
- Patients with a history of IV bisphosphonate therapy, even if discontinued, remain at moderate to high risk³.
- Whenever possible, avoid surgeries involving bone and prioritize conservative treatment options.
- If extraction is necessary, referral to an oral surgeon is recommended¹.

High-Risk Patients (Active Symptoms or IV Bisphosphonates for Cancer Treatment)

Red Flags:

- Pain, exposed bone, delayed healing, or spontaneous soft tissue ulceration¹.
- These patients require immediate referral to an oral surgeon for specialized management³.

RISKS OF ENDODONTIC (RCT) PROCEDURES

While root canal therapy (RCT) is preferable to extractions in bisphosphonate patients, potential complications still exist:

- Periapical infections or the need for an apicoectomy may introduce additional risks¹.
- Over-instrumentation can cause trauma to the surrounding bone².
- If a patient has a history of IV bisphosphonate use and presents with periapical pathology, a referral to an oral surgeon or endodontist for further evaluation is advisable before proceeding³.

PROTOCOLS FOR MANAGING BISPHOSPHONATE PATIENTS

MEDICAL HISTORY REVIEW

- Always ask about bisphosphonate use, duration, and reason for therapy¹.
- Confirm medication history with medical clearance when appropriate³.
- Non-Surgical Alternatives
- Prioritize endodontic treatment over extractions when feasible².

SURGICAL CONSIDERATIONS

- Minimize trauma during extractions.
- Use primary closure techniques and local antimicrobial measures to promote healing³.
- Consider prophylactic antibiotics¹.
- Postoperative Monitoring

- Monitor for delayed healing and early signs of MRONJ¹.
- Ensure follow-up visits to detect complications early³.

IMMEDIATE ACTION STEPS FOR GENERAL DENTISTS

- **Recognize Risk Categories:** Identify low-, moderate-, and high-risk patients based on therapy type and duration¹.
- **Obtain Medical Clearance:** Verify treatment details for patient safety and liability protection³.
- **Educate Patients:** Inform bisphosphonate users about the risks of invasive dental procedures and the importance of preventive care².

CLOSING THOUGHTS

I hope this guide helps you make more informed clinical decisions when treating patients with a history of bisphosphonate use. While the chances of complications are very low in minimal-risk patients³, understanding these guidelines allows us to approach treatment with confidence and ensure the safest possible care. By recognizing risk factors, making necessary modifications, and collaborating with medical professionals when needed, we can continue to provide comprehensive, patient-centered dentistry. ♦

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The Pickwickian Syndrome: Unmasking Sleep Apnea

BY SHARDE HARVEY, DDS

Sharde Harvey, DDS, is a general dentist with extensive training in full-mouth cosmetic rehabilitation. A 2004 graduate of the New York University College of Dentistry, she has been in practice for over 20 years. Her practice, Upper East Side Dental Innovations, in New York, NY, provides a full range of cosmetic, restorative, and general dental services for patients of all ages in Manhattan.

In his 1836 novel *The Posthumous Papers of the Pickwick Club*, Charles Dickens introduces a character named Joe, who is obese, sleepy, snores, and has peripheral edema. Sound familiar? Joe's symptoms likely point to a condition we now know as sleep apnea, which today affects millions around the globe.

Sleep apnea, particularly obstructive sleep apnea (OSA), is widespread. More than 30 million people in the U.S. are estimated to suffer from the disorder, although only about 6 million have been diagnosed, according to the American Medical Association. This gap in diagnosis is concerning because untreated OSA can increase the risk of serious health conditions like heart disease, kidney disease, stroke, depression, and more.

Research shows that OSA has profound cardiovascular implications, causing vasodilation, changes in coronary blood flow, and myocardial contractions, all leading to systemic inflammation, endothelial dysfunction, and atherosclerosis. Additionally, it has been indicated that sleep apnea elevates mortality risk due to prolonged periods of hypoxia during sleep.

BENEFITS OF CPAP THERAPY

Pathophysiologic factors that contribute to OSA include having a narrow or collapsible airway, leading to repetitive upper airway obstruction during sleep.

The most common treatment for moderate-to-severe OSA is by CPAP (continuous positive airway pressure). A CPAP machine delivers oxygen to maintain open airways during sleep, not only treating the underlying cause but also reducing systemic arterial hypertension and lowering the recurrence of atrial fibrillation. A study published in

the *New England Journal of Medicine* further revealed that CPAP use reduces the risk of stroke and heart failure, especially in patients who adhere to the treatment for over a year.

Overall, CPAP therapy has the potential to significantly lower mortality rates associated with hypertension, heart failure, coronary artery disease, diabetes, and arrhythmias.

THE ROLE OF DENTISTS

Although dentists cannot diagnose sleep apnea, they can play a crucial role in screening for OSA. Dentists trained in sleep medicine also can treat mild-to-moderate cases. Dental professionals should be on the lookout for oral signs of OSA, such as open bites, Class II Division 1 malocclusion, narrow palate, tongue scalloping, enlarged tonsils, and obesity. In my practice, we utilize CBCT scans to assess the patient's airway and work with medical professionals to confirm OSA through sleep studies.

Once a medical diagnosis is made, treatment can involve either a CPAP machine or an oral appliance. Using CBCT technology, dentists can establish a baseline airway measurement and track improvements after fitting a custom oral appliance, which can widen the airway by more than 5 mm. This can not only reduce snoring but also improve breathing and oxygen levels during sleep.

IMPROVE YOUR PATIENTS' LIVES

Dentists who want to incorporate sleep apnea screening into their practice can greatly benefit from continuing education in this field. With proper training, more dental professionals can screen for OSA, ultimately helping patients sleep better, breathe easier, and live healthier lives. ♦

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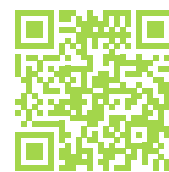
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COURSE DETAILS

DATE (FRIDAY)
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In-Person Lecture & Hands-On
SPEAKER
Nicholas Parqué, DDS
LOCATION
Washington AGD Global Learning Center
SUBJECT CODES
(730) Oral Surgery
CREDIT HOURS
8.0

COURSE DESCRIPTION

This comprehensive course is designed for general dentists who seek to enhance their skills in both simple and surgical dental extractions. Participants will gain a deeper understanding of essential techniques, from straightforward tooth removal to more complex surgical procedures. The course will cover topics such as incision design, flap elevation, tooth sectioning, and advanced suturing techniques. Emphasis will also be placed on assessing medical and dental criteria to ensure safe and appropriate patient selection for office-based procedures. By the end of the course, dentists will be equipped with knowledge and hands-on experience to improve their extraction techniques, avoid complications, and confidently manage more complex cases in their practices.

COURSE FORMAT:

This course will include both didactic presentations and hands-on training on pig jaws, offering participants the opportunity to refine their skills under expert guidance.





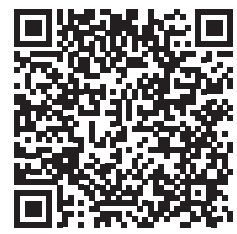
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COURSE DESCRIPTION

The orthograde root canal procedure is a cornerstone of modern dental practice, essential for maintaining oral health and addressing endodontic pathology. This course is specifically designed for registered doctors aiming to enhance their proficiency in this vital treatment modality.

As patients retain their natural teeth longer and expectations for dental care increase, mastering root canal procedures is essential to prevent complications such as late root fractures. This course bridges the divide between general practice and specialized techniques, equipping participants with advanced clinical skills and effective case selection criteria to achieve optimal patient outcomes and foster practice growth.



AGD MASTERSHIP FAQs

Complete your journey to excellence with the highest honor—the Academy of General Dentistry (AGD) Mastership Award! A professional designation within the AGD beyond Fellowship, Mastership reflects a general dentist's ongoing commitment to provide quality care through continuing education (CE).

Learn more about AGD Mastership and the requirements to attain the award from the frequently asked questions (FAQs) below. For additional questions, contact the AGD Membership Services Center toll-free at 888.AGD.DENT (888.243.3368) or membership@agd.org.

What are the requirements for AGD Mastership?

- Active dentist membership in the AGD at the time your Mastership application is received.
- Fellowship in the AGD (Fellowship and Mastership may not be conferred in the same year).
- Completion of 1,100 hours of FAGD/MAGD-approved CE credit, with at least 400 hours earned in participation courses.
- Completion and approval of a Mastership Award application. Applications must be received by the AGD by Dec. 31 of the year prior to the year in which you apply to receive your Mastership Award.
- Attendance at an AGD Convocation Ceremony, held during the AGD annual meeting, to receive your award (successful candidates are allowed three years following application approval to complete this requirement).

Do the 500 CE hours I already earned toward Fellowship count toward the requirement for Mastership?

Yes, the 500 CE hours you already earned toward Fellowship count toward the requirement of 1,100 CE hours to receive your Mastership. However, 600 of the 1,100 hours must be earned within specific disciplines. For details, refer to the "Subject Category Requirements" table available at www.agd.org. Simply visit the Education & Events section of the AGD website and click on "Exam/Awards," then "Mastership Award." From there, download the complete Mastership requirements.

Can I receive Mastership credit for completing a postgraduate residency program?

Yes, individuals who join the AGD within four years of completing a one-year Commission on Dental Accreditation (CODA)-accredited General Practice Residency (GPR), Advanced Education in General Dentistry (AEGD) program or dental specialty residency program may earn up to 150 hours of participation credit, and up to 300 hours of credit for a two-year program.

A maximum of 450 hours of participation credit may be earned for non-concurrent completion of both program types. Credit is awarded as follows:

- Current AGD member upon program completion: 100 percent of credits awarded
- Join the AGD within one (1) year of program completion: 100 percent of credits awarded
- Join the AGD within two (2) years of program completion: 75 percent of credits awarded
- Join the AGD within three (3) years of program completion: 50 percent of credits awarded
- Join the AGD within four (4) years of program completion: 25 percent of credits awarded
- Join the AGD four (4) or more years after program completion: 0 percent of credits awarded

To receive credit, send either a copy of your residency certificate or a letter (on official letterhead) from the director of the residency program verifying that you have completed the program. Be sure to include the beginning and ending dates of the program, along with the type of residency completed.

How can I track my progress toward Mastership?

Use your online transcripts to monitor your CE activities. The AGD Award Transcript lists all of the credits that you've accrued since joining the AGD that are approved for Mastership credit. To access your Award transcript at any time, visit the Education & Events section of the AGD website and click on "Manage My CE," then "View My Award Transcript."

There are seven columns on your AGD Award Transcript that track your progress toward Mastership. They are:

- **PARTICIPATION MINIMUM:** The minimum number of hands-on hours that you are required to complete in each discipline.
- **PARTICIPATION TOTAL:** The total number of hands-on hours you have completed in each discipline.
- **PARTICIPATION TO GO:** The number of hands-on hours you have left to complete to meet the participation requirements for each discipline.
- **MAGD MINIMUM:** The minimum number of combined hours you are required to complete in each discipline in order to achieve Mastership.
- **MAGD TOTAL:** The total number of combined hours you have completed in each discipline toward Mastership.
- **MAGD TO GO:** The number of combined hours you have left to complete to meet the total requirements for Mastership.
- **OVERALL HOURS:** The total number of hands-on and lecture hours you have completed in each discipline. Other CE methods such as teaching, self-instruction, and publication are also included in this section.



Learn More



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AGD Career Center





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, Primary Email address, License number, State/province, Date renewed, Type of membership, Current dental practice environment, etc.

CONTACT INFORMATION

Business address, City, State/province, ZIP/postal code, Name of business, Phone, Fax, Home address, Cell phone, Alternate email, Date of Birth

EDUCATIONAL INFORMATION

Are you a graduate of an accredited* U.S./Canadian dental school?, Dental school, State/province, Country, Date of graduation, Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program?, Postdoctoral institution, State/province, Country, Start date, End date

OPTIONAL INFORMATION

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

2025 AGD Dues

Table with 2 columns: Membership Type, Amount. Includes Active General Dentist, Associate, Affiliate, Resident, Graduate (2024-2021), and Dental Student.

2025 Washington AGD Constituent Dues

Table with 2 columns: Membership Type, Amount. Includes Active General Dentist, Associate, Affiliate, Resident, Graduate (2024-2021), and Dental Student.

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

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

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.



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