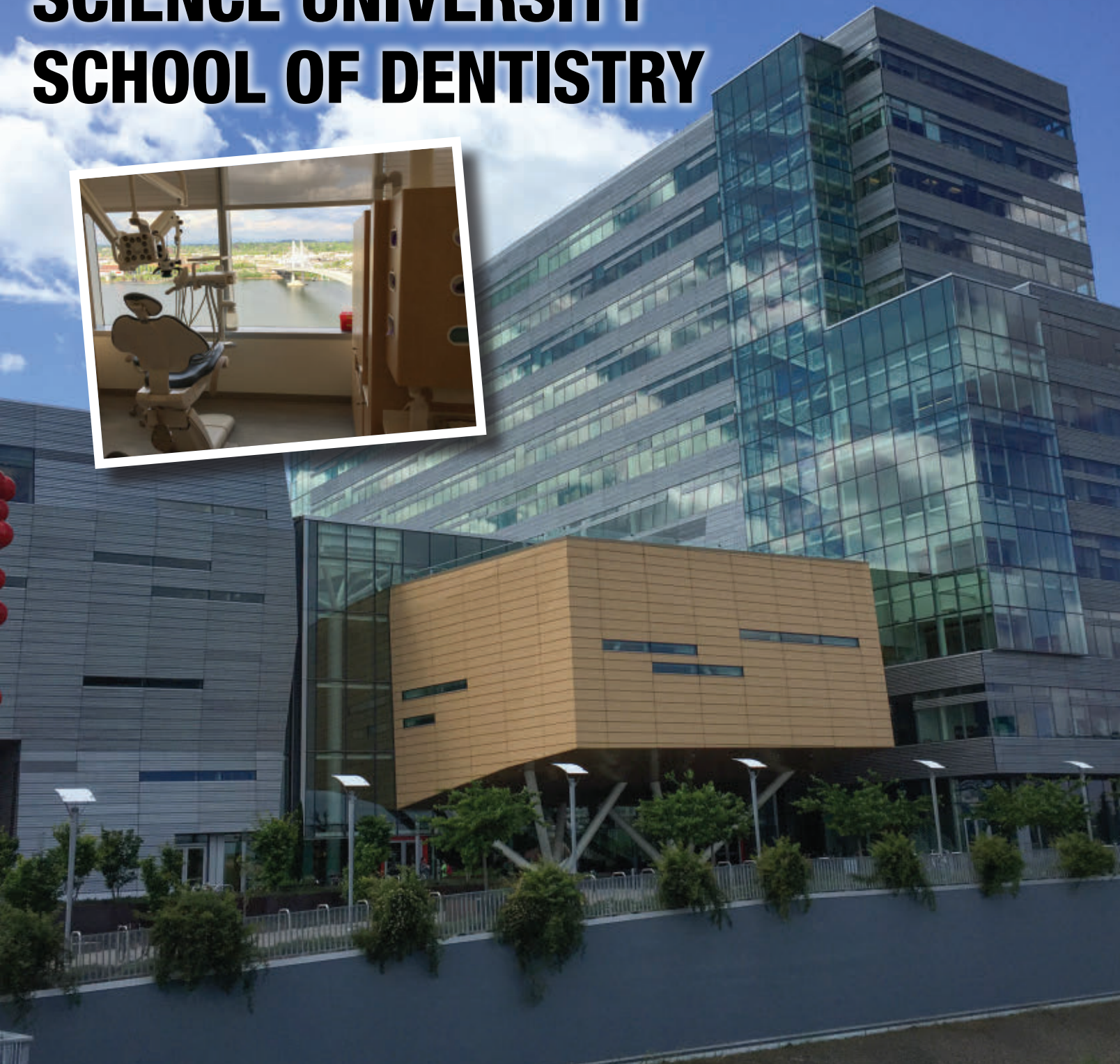


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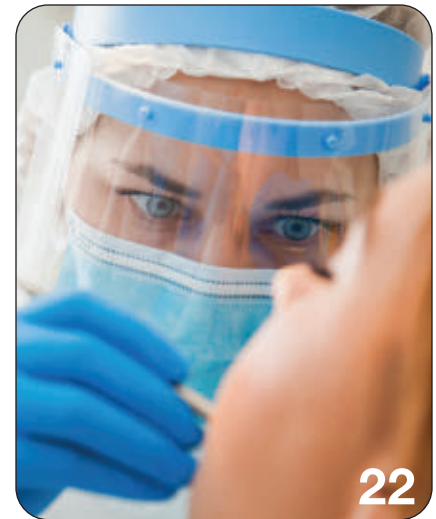
Broker, president and co-founder of Consani Associates, Paul Consani has spoken to the ADA Economics Advisory Board, The National Association of Health Care Consultants, The National Practice Valuation Study Club, State & Component dental societies throughout The Pacific Northwest, Alaska and Hawaii. Brokering since 1996 Paul is a skilled facilitator of dental practice transitions and the formation of partnerships. Call Paul with any seminar questions you may have (866) 348-3811 or paul@mydentalbroker.com

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INSIDE THIS ISSUE

FEATURES

- 14 CLINICAL ADVANCES PROVIDE ENHANCED OPTIONS FOR ENDODONTIC GRADUATE RESIDENTS**
By Melody Finnemore
- 16 PRE-DOCTORAL STUDENTS, GRADUATE RESIDENTS EXCITED AND READY FOR MORE ENDODONTIC PATIENT CARE EXPERIENCES**
By Melody Finnemore
- 18 DENTAL WORKFORCE FUNDING, INSURANCE TRANSPARENCY LEAD DENTISTS' 2023 LEGISLATIVE ADVOCACY**
By Kara Hansen
- 20 DENTAL FOUNDATION OF OREGON**
- 22 YOUR PATIENT, YOUR DUTY: LEGAL ISSUES SURROUNDING MEDICAL EMERGENCY PREPAREDNESS**
By Larry J. Sangrik, DDS
- 26 OHSU FACULTY LEADERS CONTINUE TO EVOLVE CLINICS**
By Taylor Glovsky and Jon Goddard
- 30 COMPONENTS GET BACK TO BUSINESS**
- 32 DANGERS OF MEDICATION ERRORS AND HOW EPRESCRIBING CAN HELP**
By Robert McDermott, President and CEO, iCoreConnect



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DEPARTMENTS

- 5 FROM THE EDITOR**
- 7 NEW MEMBERS**
- 9 EVENTS AND EDUCATION**
- 13 MEMBER BENEFIT OF THE MONTH**
- 33 CLASSIFIED ADS**
- 34 INDEX TO ADVERTISERS**

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Your Ideas Help Us Grow



By Alayna Schoblaske

I WAS RECENTLY HAVING A CONVERSATION WITH a colleague where he asked, “What is the ODA doing about workforce?” I took a couple of minutes to explain our \$20 million legislative package (HB 2979), which includes funding for community college dental assistant and hygienist training programs, funding for high school career and technical education programs that could help prepare students for dental careers, resources for chairside training programs, expansion of workforce incentive programs, and more. I also explained that our new strategic plan for 2023-25 includes the growth of our workforce as a priority.

He followed up with a completely valid question: “But I need dental assistants on Monday, and you’re talking about 2025. What is the ODA doing that will help me on Monday?”

I’ve been thinking about the mostly unsatisfactory answer to that question: “Not much.” Of course, members can always call the ODA office and talk to our brilliant staff, who may have more immediate resources to offer. But the reality is that organized dentistry often moves slower than we want it to.

Even at a national level, the change to a strategic forecasting model that was passed at the October House of Delegates and will make the ADA more nimble has taken about five months to get up and running.

I don’t think, though, that this is necessarily a bad thing. We are a membership organization, which means that we are only as effective as our members. When members have taken the first steps to implement bright ideas, the ODA can often come in to support those ideas and ensure that they have the greatest impact possible.

Let’s take the 2021 expansion of the Oregon Wellness Program as an example. (Yes, I’ve talked about OWP in my editorials before. And yes, I’ll talk about it again. It’s truly an amazing program and one that I want all dentists to know about.) In 2019, our own executive director, Dr. Barry Taylor, was asked by a physician colleague to speak at a conference on physician wellness. At the time, Dr. Taylor was the ODA president-elect and had not yet started his role on our staff. At the conference, he saw a booth advertising the services of OWP. At the time, it was a service only available to physicians practicing in Oregon. OWP pays for eight sessions each year with a professional therapist, and Dr. Taylor thought that this would be an excellent service to offer to dentists as well.

So he brought the idea back to the other ODA officers and staff. Ultimately, ODA was able to partner with Permanente Dental

Associates to fund the expansion of the program. Now, dentists can benefit from the eight free therapy sessions, too. You don’t have to be an ODA leader to effect this kind of change – we want to hear from you (more on that later)!

The more I get involved with organized dentistry, the more I can confidently say that ODA is out there working for you. There are over 200 pieces of legislation this year in Oregon that may impact dentists, and ODA is tracking them all closely. ODA staff and lobbyists meet with important decision-makers in Salem almost weekly and often stop harmful legislation before it even comes up for a vote. So, don’t get me wrong, the ODA is quite proactive and can act quickly when needed.

But we also rely on you, our members. We rely on you to take the first step, like Dr. Taylor did. We rely on you to step into leadership roles in your community. We rely on you to contact your legislators and share what you see in your clinics. Organized dentistry is strategic...and it’s also kind of slow. We need a balance of individual member action and intentional organizational support to truly help dentists succeed and support the advancement of the health of the public. I feel quite confident saying that the more active you are, the more that the ODA will do for you. If you would like to suggest ideas for our future legislative focus, you can do so on the ODA website at www.oregondental.org/government-affairs/advocacy/legislative-concept-submission#. 📌

The opinions expressed in this editorial are solely the author’s own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.

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WELCOME TO OUR NEWEST MEMBERS! Please reach out to these new members and welcome them into the ODA community.

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Multnomah Dental Society

Stephen Barrett, DMD
Lane County Dental Society

Susan Chou, DMD
Multnomah Dental Society

Richard Del Tognio Armanasco, DMD
Multnomah Dental Society

Susie Goolsby, DDS
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Lori Masuda, DDS
Umpqua Dental Society

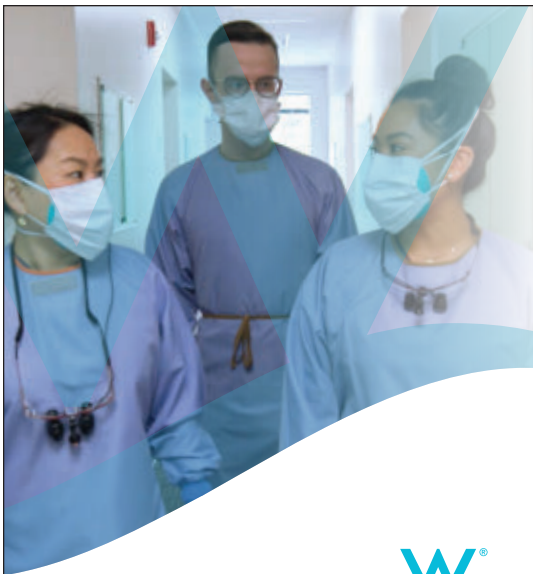
Abigail Rapchick-Weidman, DDS
Marion and Polk Dental Society

Shannon Schober, DMD
Marion and Polk Dental Society

Cameron Schwab, DMD
Multnomah Dental Society

Rachel Sechler, DDS
Clatsop County Dental Society

Priya Thakker, DMD
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Lake Oswego/West Linn Area – Smaller practice collecting \$400,000. Three Adec operatories in a 1,200 sq. ft. office building on a major high-traffic arterial. Excellent visibility. Three and one-half days per week plus two hygiene days. 40% hygiene and exams. No OHP. Dr. retiring.

Central Oregon – SALE PENDING - Collecting about \$900,000 with excellent net income. 2,600 sq. ft. office with 6 operatories. 50% hygiene & exams. No OHP. Dr. retiring.

Salem – Associate with buy-in opportunity.

North Portland - Associate with buy-in opportunity.

CONGRATULATIONS TO THE FOLLOWING TRANSITIONS

Randy Heiman DMD & Brent Hiebert DDS Endo (McMinnville)

Lady-Jean Ramsey DMD & Brian Ogle DMD (Keizer)

Dale Olesberg DMD & William Cheah DDS (Beaverton)

Lisa Gitelson DMD & Mijin Choi DMD (Tigard)

PRACTICE TRANSITIONS MADE PERFECT!™

Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

This calendar is current as of February 14, 2023.

Due to the COVID-19 pandemic, events may be altered or postponed.

Please visit the host dental society website for the most up-to-date information.

Date	Dental Society	Course Title	Speaker	CE	Location	More Information
03/21/23	Clackamas County	Dental Team Ergonomics	Allison Harney, PT, DPT	2	TBD	Register: executivedirector@clackamasdental.com
03/22/23	Multnomah	Litigation and Forensic Dentistry	Dr. Jay Malmquist	2	TBD	Register: www.multnomahdental.org
04/13/23	Southern Oregon	Back to Basics Perio	Dr. Kyle Malloy	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@gmail.com
04/25/23	Clackamas County	Clear Aligners	TBD	2	Oregon City (PWFCC)	Register: executivedirector@clackamasdental.com
05/09/23	Marion Polk	Sleep Dentistry	Dr. Michelle Aldrich	1.5	Salem (Roth's Event Center)	Register: www.marionpolkdental.org/education
05/12/23	Lane	Lasers in the Hands of Dental Hygiene	Janet Press, RDH	6	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
05/17/23	Multnomah	Table Clinics	-	2	Portland (Kennedy School)	Register: www.multnomahdental.org
05/23/23	Clackamas County	Botox	TBD	2	TBD	Register: executivedirector@clackamasdental.com
06/13/23	Marion Polk	Telehealth Dentistry	Dr. Richie Kohli	1.5	Salem (Roth's Event Center)	Register: www.marionpolkdental.org/education
10/06/23	Lane	Mini Conference: Improve the Health of Your Practice	Dr. Joshua Austin, DDS, MAGD	5.5	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
10/12/23	Southern Oregon	Back to Basics Oral Surgery	Dr. Bryan Clevenger & Matt Myers	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@gmail.com
11/16/23	Southern Oregon	Back to Basics Ortho	Dr. Dana Schmidl & Dr. Keyon Botsford	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@gmail.com
12/08/23	Lane	Refreshing Your Pediatric Dental Knowledge and Skills	Dr. Greg Psaltis, DDS	6	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE

Find this calendar online at www.oregondental.org. Click "Meetings & Events" > "Calendar of Events".

Due to the COVID-19 pandemic, many component meetings were canceled or postponed. Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit adaceonline.org to catch up on the latest offerings on your own schedule. 🎧



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The ADA Member App: A New Way to Tap into Membership

MEMBERS CAN TAP INTO RESOURCES, SUPPORT AND COMMUNITY, all in the palm of their hands with the re-imagined ADA Member App.

This app isn't just made *for* dentists, it's made *with* them. When designing the app, ADA team members worked directly with dentists from different practice modalities and dental students.

The result of this collaboration is evident throughout the re-imagined ADA Member App.

ADA Member App features include:

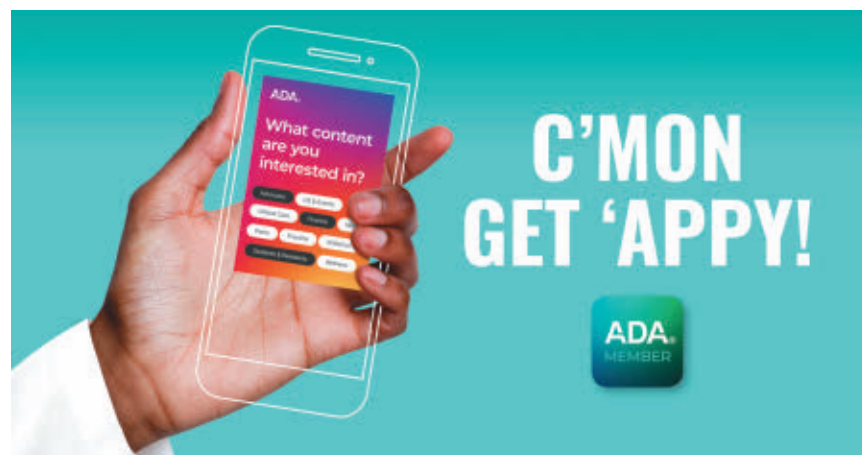
- **Chat:** Tap into the ADA dental community by creating one-to-one and group chats.
- **Dental Sound Bites™:** Stream real talk on dentistry's daily wins and sticky situations. Tune in to "Dental Sound Bites" on the ADA Member App for exclusive content.
- **Digital Wallet:** Easily access important documents like CE, licensing, credentialing, and more.
- **Custom Newsfeed:** Choose topics to follow and read what matters most.
- **Career Pathways:** Get real-life insights from dentists in different settings.

The revamped app is a key new benefit to members and will continue to evolve with

new offerings and features. One new feature will enable members to take a quiz to help them find the right career option for them. They will be able to explore resources to see what a typical day in that career path could look like. Additionally, members will be able to turn to the chat when they have a real-time question or problem. They'll be able to reach out to a dentist who is also online or contact a dentist who has volunteered to provide support.

"As technology continues to advance the profession, the ADA needs to be able to learn and adapt and evolve with it," said Raymond Cohlma, DDS, ADA executive director. "This app is an important part of helping the ADA reach its member dentists so we can be there for them when they need us. I can't wait for every dentist to download the app and see what we have to offer them."

Learn more at [ADA.org/App](https://ada.org/App) or search "ADA Member App" in the App Store (<https://apps.apple.com/us/app/ada-member-app/id1498784063>) or Google Play (https://play.google.com/store/apps/details?id=com.ada.myada&hl=en_US&gl=US) to download now. 📲



Clinical Advances Provide Enhanced Options for Endodontic Graduate Residents

By Melody Finnemore

NOT ONLY ARE ENDODONTIC GRADUATE PROGRAM RESIDENTS

gaining hands-on experience by working with patients at the Oregon Health & Science University School of Dentistry, they also are learning how to use the latest advances in technology to make diagnoses and inform their treatment plans.

Among these advances are cone beam computed tomography, which provides three-dimensional images. During a CBCT scan, the machine rotates around the patient and captures images using a cone-shaped X-ray beam. The images are then used to construct a 3D representation of the patient's teeth, mouth, jaw, and neck as well as the ears, nose, and throat.

The American Association of Endodontists (AAE) notes that CBCT greatly enhances practitioners' ability to diagnose, evaluate, treat, and care for patients, and the technology can scan both bones and soft tissue easily.

Resident Dr. Chelsea Mansfield said she used CBCT in her general practice prior to coming to the residency program, but feels that her graduate training has provided her with in-depth knowledge of how to use CBCT and how to better interpret what she sees.

"We have learned from research what a profound effect it can have on making accurate diagnoses, giving associated prognoses, and how often a treatment plan



DR. BRIAN WHITTEN

can change once you've added in this kind of imaging to your examination," Mansfield said.

Dr. Jean Yoon, a second-year resident, said that oftentimes a practitioner's explanations about a diagnosis and treatment plan can sound like a lot of "anatomical noise" to a patient. The 3D images help to minimize that noise, providing a visual picture of the care needed and the procedure to be performed.

"Patients seem to understand a lot better when we're trying to describe surgical procedures when they see 3D images," she said. "I don't have to provide as lengthy or as complicated an explanation because the image is right there."

Paul Brent, DDS, assistant professor and endodontist, said that he saw firsthand while practicing privately in Aloha how beneficial CBCT can be for the patient and the practitioner alike. "In practice, I found that describing what I see in a

two-dimensional X-ray is a lot more difficult, and patients understand the three-dimensional image very well. That impacts the diagnosis and the treatment plan."

Mansfield also points to the advantages of using an operating microscope, which can magnify vision up to 25 times that of the naked eye and allow clinicians to view the tiniest details inside a patient's tooth.

Research demonstrates better outcomes compared to treatment without vision enhancement or magnification, according to the AAE. Microscopes aid in finding hidden and accessory canals; locating and removing separated instruments; preserving more tooth structure; and improving ergonomics for the clinician.

"I think everyone in the residency program would agree that we would not consider attempting a root canal without using our microscope," Mansfield said.

Karan Replogle, DDS, acting program director for the Advanced Education Program in Endodontics and associate professor, said a growing number of practitioners and graduate program residents are learning about the advantages of vital pulp therapy (VPT), not just for children but for adults. "The use of bioceramics has made vital pulp therapy more predictable and applicable for different types of clinical situations."

VPT techniques are means of preserving the vitality and function of the dental pulp after injury resulting from trauma, caries, or restorative procedures. VPT procedures have traditionally included indirect or direct pulp capping, and partial or complete pulpotomy.

For many years, the focus of VPT was on the preservation of the radicular pulp in immature permanent teeth, so as to assure completion of root formation. Today, the focus of VPT is broader. Practitioners may have treatment options to consider other than pulpectomy or root canal therapy in mature teeth, including teeth previously thought to have irreversibly inflamed pulps, the AAE explains in its position statement on VPT.

(To learn more about the AAE's position statement on vital pulp therapy, please visit www.aae.org/wp-content/uploads/2021/05/VitalPulpTherapyPositionStatement_v2.pdf.)

"We are proud of the Advanced Education Program in Endodontics at OHSU. Our residents are experienced, work with state-of-the-art technology, and provide excellent care. We would appreciate partnering with external referrals to maximize resident experiences," Dr. Replogle said. ●



DR. BRIAN WHITTEN

Pre-Doctoral Students, Graduate Residents Excited and Ready for More Endodontic Patient Care Experiences

By Melody Finnemore

THE OHSU SCHOOL OF DENTISTRY'S Pre-Doctoral and Graduate Endodontic Clinics accept outside referrals for patient care at greatly reduced fees. Students are excited and ready to serve patients through the Pre-Doctoral & Resident Referral Program.

Referrals from the community are evaluated for complexity by an endodontist who determines whether the patient can be seen by a pre-doctoral student or, for more complex treatment, a graduate resident. All students are supervised by endodontists. Endodontic therapy is available for all ages, and OHSU clinics accept most insurance plans including Oregon Health Plan and Washington Apple.

Brian Whitten, DDS, associate professor and Pre-Doctoral Program

director, shared that referred patients receive an appointment within one or two weeks. He acknowledged that meeting the one-to-two-week timeline is challenging within a large institution. However, the fee savings and the patient care experience are worth it.

"We are available! If you send referrals, we can take care of the endo and then send your patient back to you for restorative work, or we can also place the core build up and even the crown if desired," Whitten suggested to practitioners. "Together, we can save teeth and make the treatment less costly for the patient."

Routine cases seen by pre-doctoral students are about 25% to 50% of private practice fees and range from \$342 (anterior) to \$484 (molar),

including exam and radiographs. Fees for more complex cases seen by residents are around 50% of private practice fees and range from \$674 to \$848.

Karan Replogle, DDS, associate professor and acting program director for the Advanced Education Program in Endodontics, said more complex treatment often includes cone beam computed tomography (CBCT), which provides 3D images that benefit the students, residents and patients alike. Residents use CBCT to make diagnoses and inform their treatment plans. The 3D images provide patients with a better understanding of the care they need.

Providers who are interested in submitting referrals can learn more at <https://www.ohsu.edu/dental-clinics>, which has a menu for



DR. BRIAN WHITTEN



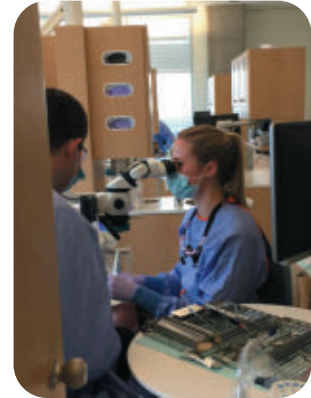
OHSU Dental Clinic Referrals under the For Healthcare Providers tab. Providers may also call the Dental Referrals Team at 503-346-4791 with questions about the referral process. For patients with a true endodontic emergency (need care within 24-48 hours), appointments can be made in the Urgent Care Clinic by contacting the Appointment Center at 503-494-8867.

Additional details about the Pre-Doctoral and Resident Referral Program include:

- One to three appointments are typically needed, with the number of appointments dependent upon the complexity of the case. An OHSU appointment center representative or a dental student provider assigned to the patient's case contacts the patient by phone prior to the first in-person appointment to gather information on the patient's general health and particular dental problem, and answer questions about the treatment, fees, and number of appointments expected. There is no charge for the initial phone evaluation.
- The phone evaluation is 30 minutes. An in-person evaluation is one

to two hours. Each treatment appointment is two to three hours. If the case is complex the patient and the provider may decide to schedule an in-person evaluation without treatment to discuss options, risks, and benefits, and obtain X-ray and CBCT imaging to aid in diagnosis and treatment decisions.

- All teeth will require a permanent restoration, such as a filling, build-up or crown, following completion of the root canal therapy. The permanent restoration may be completed at the School of Dentistry, or the patient can return to their referring dentist. The permanent



restoration is an additional procedure with an additional appointment and a cost. The type of permanent restoration will be recommended by the School of Dentistry provider. 🗨️



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Dental Workforce Funding, Insurance Transparency Lead Dentists’ 2023 Legislative Advocacy

By Kara Hansen

EVEN BEFORE THE PANDEMIC, OREGON DENTAL PRACTICES were struggling with staffing shortages – dental assistants were in short supply and high demand, and dental hygienists were similarly difficult to hire.

As staffing shortages struck nearly every health care sector following the emergence of COVID-19, the state’s dental assistant crisis grew even worse. The Oregon Employment Department identified dental assisting as one of the most challenging roles to fill among all vacant health care jobs in 2021.

“The dental staffing crisis was clearly reaching a tipping point,” says

Dr. Mark Miller, president of the Oregon Dental Association Board of Trustees. “We knew we needed to take action to reverse the crisis and protect access to oral health care across Oregon.”

Recognizing the urgency of the situation, Oregon Dental Association leaders made the dental workforce shortage a top priority heading into 2023. In the legislative session that began in January and will last until June, ODA is pursuing short- and long-term solutions through state legislation targeting recruitment, training programs, and incentives to expand dental career pipeline opportunities and improve



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“The dental staffing crisis was clearly reaching a tipping point,” says Dr. Mark Miller, president of the Oregon Dental Association Board of Trustees. “We knew we needed to take action to reverse the crisis and protect access to oral health care across Oregon.”

access to oral health care for underserved communities.

The \$20 million dental workforce funding package, House Bill 2979, took significant resources for ODA to craft the legislation, involve stakeholders, work with bill sponsors and convene a coalition of supporters to help advocate for the bill. And that effort has paid off.

The bill has gained support from a broad coalition of dental care providers, educational institutions and health care organizations, including Oregon Health & Science University, Portland Public Schools, Oregon Academy of General Dentistry, the Oregon Dental Hygienists’ Association, Oregon Society of Oral and Maxillofacial Surgeons, Oregon Primary Care Association, and Care Oregon, among many others.

The legislation’s chief sponsors are Rep. Hai Pham, (D-Tigard) and Rep. Cyrus Javadi (R-Tillamook) – both dentists serving their first terms in the Legislature – along with Rep. Rob Nosse (D-Portland and chair of House Health Care Committee), Rep. Janelle Bynum (D-Clackamas) and Sen. Wlmsvey Campos (D-Aloha). Sen. Deb Patterson (D-Salem, Chair of Senate Health Care Committee) is also a sponsor.

If passed, HB 2979 will help local businesses, it will create career opportunities, especially for minority and underrepresented Oregonians, and it will improve access to oral health care, particularly for communities that were the hardest hit by health care workforce shortages.


It allocates funding for community colleges to expand capacity and enrollment in dental assisting and hygiene training programs as

well as recruit and retain diverse instructors and offer scholarships to students from underrepresented communities. It also includes funding for dental career education in Oregon high schools and for tribal youth. It would support chairside training efforts, and it would expand eligibility for Oregon Health Authority incentives for dental professionals who serve priority populations, such as rural areas and other underserved communities.

Addressing the dental workforce crisis isn’t the Oregon Dental Association’s only priority in this year’s legislative session. ODA members also developed House Bill 3008, which improves dental insurance transparency in multiple ways.

First, HB 3008 would ensure transparency in provider networks by prohibiting dental insurers from leasing out their networks without a provider’s consent, and by requiring insurers to announce the third parties they lease to.

Second, this bill would improve the claims reimbursement process for dentists by requiring insurers to let providers opt in to receiving credit card payments as a form of reimbursement, rather than forcing them to have to opt out. It would also require dental insurers to notify dental providers of any potential fees associated with processing their reimbursement payments.

HB 2979 and HB 3008 are ODA’s proactive bills this session. ODA is also tracking about 200 other bills that would have direct or indirect impacts on Oregon dentists. To learn more and stay up to date on legislative advocacy efforts, please visit: www.oregondental.org/government-affairs/advocacy. 



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Your Patient, Your Duty

Legal Issues Surrounding Medical Emergency Preparedness

ODC SPEAKER
HIGHLIGHT

By Larry J. Sangrik, DDS

FOLLOWING CONTINUING EDUCATION PROGRAMS, PARTICIPANTS OFTEN

come forward and ask a question about which everyone is wondering but too timid to ask publicly. When I speak on medical emergency preparedness, the question is, “*What must I do to legally protect my office from litigation after a medical emergency?*” While the question is a mere 15 words, the answer is far more complex.

Is There Really a Problem?

The dental profession has no mechanism to track or quantify medical events occurring during dental treatment. Regardless, there are five risk factors that point to medical emergencies during dental treatment increasing in frequency, intensity, and diversity.

- 1. Demographics:** As the baby boomer generation continues to age, the percentage of the general population in the upper age brackets continues to increase. Aged patients have an increased risk for undiagnosed or under-diagnosed medical problems.
- 2. Complex Medical Histories:** Paradoxically, improvements in medical care mean that today’s dentist is faced with patients who have far more complex medical conditions than our predecessors. Patients who in past generations were homebound (or dead) are now able to live full, active lives, including receiving dental care.
- 3. Increased Sophistication:** As dental treatment becomes more complex,



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appointments are becoming longer, with an increased emphasis on surgical treatment.

4. **Use of Sedation:** Today's dental patient expects not only clinical excellence but also freedom from both pain and anxiety during treatment. Dentists are responding by offering wider ranges of sedation during treatment.
5. **Dropped Dental Devices:** While foreign objects blocking the airway have always been a concern to the dental profession, the increased reliance on dental implants, many with small instrumentation or components, only serves to heighten this issue.

What Does the Public Expect?

The public does not expect the typical dental office to be a "mini emergency room"; nor does it expect that a typical dentist be capable of all the services a paramedic could offer.

However, a 2019 white paper published by the American Association of Dental Boards found that patients expect a dental office to serve as a "first responder to the level to which they are trained."

Contained within these ten words are two important concepts.

- **First Responder:** The public identified six tenets that they felt were important for a dental office to function as an adequately prepared first responder.
 - ✓ **Dentist training:** The dentist needs to periodically train to respond to a wide array of medical problems beyond basic CPR.
 - ✓ **Staff Training:** The dentist should see that the entire staff has been trained to assist the doctor in the management of a medical emergency.
 - ✓ **Mock Drills:** The dental team should practice together responding to various medical situations they may encounter.
 - ✓ **Emergency Manual:** Because medical emergencies are relatively infrequent, the dental team should have a quick reference manual with sign/symptoms and response algorithms for a variety of medical situations.
 - ✓ **Medications:** The office should stock emergency medications as recommended by the American Dental Association.
 - ✓ **Emergency Equipment:** The office should stock and maintain basic

equipment to manage a medical emergency, specifically the ability to deliver oxygen to both a breathing patient needing supplemental oxygen and a non-breathing patient.

- **To the level to which they have been trained.** The public cares little about what local community standards are. Instead, they tend to focus on what is being taught in dental school, residencies, and continuing education courses.

What's Expected of Dental Offices

Many dental offices feel they have a legally defensible position against malpractice litigation if they merely fulfill the requirements of their state dental board. Unfortunately, this leads to a false sense of security.

For example, many dental boards require that dentists and dental team members maintain basic life support skills. Other boards require that dental offices stock an automated external defibrillator (AED). While neglecting a dental board's mandate is inherently negligent, fulfilling the mandate does not imply that a dental office has met the standard of care.

The legal system has long established that it is impossible for the law to cover every possible situation. Consequently, the courts instruct juries to follow a legal doctrine of the **reasonable man standard**.

As it pertains to medical emergencies during dental care, the jury seeks to determine what a reasonable dentist would do in a similar situation. They will pay little, if any, consideration to what the colleagues of a dentist are doing. Instead, they will define a reasonable dentist's response as being what he/she should have done in the situation... and to answer that, they will likely look at the six areas outlined earlier.

So When Does Malpractice Occur?

For malpractice to have occurred, the plaintiff's attorney must prove four things. If the defense can trip up the plaintiff's case in any one area, it is like the baseball player who fails to touch second base. The batter may have hit a home run, but no run is scored.

The four pillars of a dental malpractice case are:

1. **Duty:** The dentist has an obligation to the patient.

2. Breach: The dentist failed to fulfill that obligation to the patient.
3. Damage: The patient suffered an adverse consequence.
4. Cause: The breach of duty was the direct reason for the damage suffered by the patient.

One More Legal Principle

One area in which dentists can find themselves in trouble is the legal principle of mitigation of damage. In short, in any situation, the involved parties have a mutual obligation to not make the situation worse than it would normally be.

Imagine a driver gets confused at an intersection, makes an illegal turn and causes a collision with another car. The driver of the second car, the victim, who was not wearing a seat belt in a state with a seat belt mandate, sustains a fractured pelvis and a concussion from his head hitting the windshield. Who pays for the victim's medical expenses?

Clearly, the driver who caused the accident is financially responsible for the fractured pelvis and any other negative consequences such as loss of mobility. *However*, concussion is a different situation. The concussion was caused by the victim hitting his head against the windshield. The victim, merely by following the law and wearing a seat belt, could have avoided hitting his head. Consequently, the victim, while not being responsible for the accident as a whole, is responsible

for the portion of the accident that he made worse.

Putting It All Together...

Let's take the following hypothetical situation and examine the dentist's responsibilities. A patient presents for a standard preventive maintenance appointment in the hygiene department. During the prophylaxis, the patient begins having chest pains. The dentist comes to the treatment room, assesses the situation and directs that EMS is called. After reviewing the patient's medical history, he administers aspirin. However, because the office only has supplemental oxygen for a non-breathing patient, no oxygen is available.

After 20 minutes, a reasonable response time, EMS arrives, administers oxygen and begins transport to a hospital. While transferring the patient to the ambulance, the patient goes into full cardiac arrest. The paramedics attempt to defibrillate the patient, but he ultimately dies.

Will there be litigation? Probably. Plaintiffs usually consult an attorney if something unusual has a serious negative outcome. Now it becomes the plaintiff's attorney's to prove the four pillars of a malpractice case.

Damage is self-evident. The patient died.

Did the dentist have a **duty** to the patient? In a jury trial, a jury will likely conclude that, "Yes," there

was a duty. The dental team should respond as a properly prepared first responder.

Did the dental team **breach** that duty? Despite doing most things right (promptly calling EMS and administering aspirin) the dental team did not have equipment to oxygenate the patient while waiting for EMS. Consequently, there was a breach.

That's three of four. The case now hinges on **causation**.

Did the dentist cause the heart attack? It will be almost impossible to prove that the dental treatment was the direct cause of the patient's myocardial infarction. Consequently, it would superficially appear that the case lacks causation and the dental office did not commit malpractice.

However, the plaintiff's attorney will likely use the concept of mitigation of damage to prove the case. Did the dentist's failure to oxygenate the patient make the patient's existing heart attack worse and directly cause the patient's death?

This is a far simpler challenge for the plaintiff's attorney to prove. If it can be shown that providing supplemental oxygen while waiting for EMS could have made the heart attack survivable, then the dentist is responsible for the difference between the competing scenarios. Unfortunately, this difference is the difference between life and death.

In all likelihood, the dentist's malpractice carrier will likely seek to avoid going to trial and attempt to

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protect the dentist's dental license and personal financial assets.

Back to Our Original Question...

Legally speaking, how can a dentist best prepare a dental office for a medical emergency?

The ADA recommends following the six principles cited earlier:

1. Dentists should periodically take medical emergency courses beyond CPR. Every two years is a reasonable interval.
2. Dentists should train their staffs to assist the dentist in responding to a medical emergency in a coordinated manner.
3. Dental teams should periodically practice responding to a variety of medical scenarios.
4. Dental offices should have a quick reference manual available featuring sign/symptoms and a series of response algorithms to medical events a dentist is likely to encounter.
5. At minimum, dental offices should stock the seven emergency medications recommended by the ADA.
6. Dental offices should maintain basic medical emergency equipment with an emphasis on supplemental oxygen. 🗿

Larry J. Sangrik, DDS, is a 1979 graduate of The Ohio State University College of Dentistry. He has lectured at four ADA Annual Meetings as well as most of the nation's major dental meetings and five U.S. dental schools. He authored a research paper on medical emergency preparedness for the American Association of Dental Boards. He developed the medical emergency manual and training videos for the American Dental Association. He has served as an expert witness on cases involving the response of dental offices to medical emergencies.

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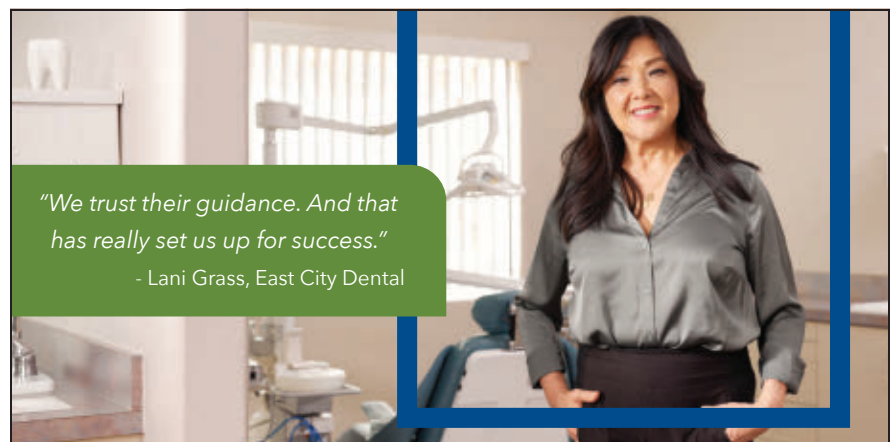
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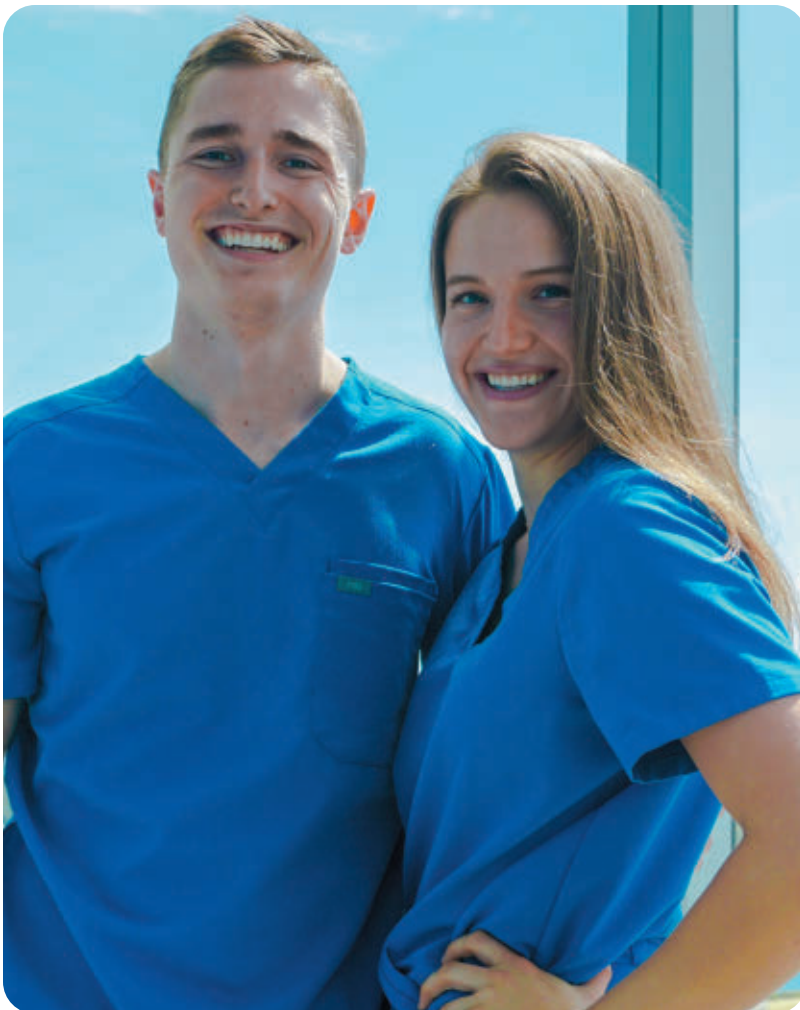


OHSU Faculty Leaders Continue to Evolve Clinics

By Taylor Glovsky and Jon Goddard

SINCE THE INAUGURATION OF OREGON HEALTH & SCIENCE UNIVERSITY (OHSU) SCHOOL OF DENTISTRY (SOD) in 1956, the school has been constantly evolving to produce high-quality practitioners and provide exceptional clinical care. Here is a deep dive into the ever-evolving Simulation (Sim) Clinic, Pre-Doctoral Clinic, and technology at OHSU SoD.

Erinne Bissonnette Lubisich, DMD, MEd, is an assistant professor and preclinical director for the Restorative Department.



Jon Goddard and Taylor Glovsky

Dr. Lubisich recently completed her Master of Education degree in higher education, which has allowed her to grow her teaching and leadership skills and taught her how to “see education in a new lens.” When asked about her own education and her desire to teach, she responded, “I am an OHSU graduate, which has helped me connect with the students and the curriculum in a unique way. Although it’s been 18 years since I was a dental student, the core values of the SoD are the same: **We strive to develop excellent clinicians who will graduate and serve our state and beyond.**

I have witnessed our curriculum adapt as our profession has evolved. For example, students now spend time mastering digital dentistry, and we no longer teach casting techniques. **Change is the one constant**, and one of my favorite aspects of being in education is that I am constantly learning along with our students. Teaching is my passion. I have learned a lot about how to best educate dental students from my great mentors here at OHSU.” She has recently implemented a new graduate teaching assistant (GTA) program into the preclinical curriculum. Fourth-year dental students are recruited and hired to become GTAs and assist in preclinical courses. Dr. Lubisich is working with her third cohort of students, and even though this started out of necessity during the COVID-19 pandemic, Dr. Lubisich has been integral in advancing the program. She adds, “GTAs gain skills in communication, critical thinking, ‘practice-readiness,’ and teamwork. Student-learners appreciate the mentorship gained from their peers and find the GTAs are able to decrease the knowledge gap between faculty and students. Additionally, they often feel more comfortable receiving feedback from student-teachers. Overall,

it has created a new sense of community for our students, which was much needed after the difficult COVID years.” Dr. Lubisich utilizes her passion to help develop the future leaders of dentistry.

Despoina Bompolaki, DDS, MS, FACP, is an associate professor and director of clinical restorative dentistry. Dr. Bompolaki became the director of clinical restorative dentistry a little over a year ago and has already taken monumental steps to improve the workflow and culture in the OHSU Pre-Doctoral Clinic. She has recently created a “clinic guide” with collaboration from other faculty, which will aid in orienting DS3 students as they enter into clinic. She has also organized monthly calibration meetings for restorative faculty, the “clinic huddles,” where

clinical topics are discussed and clarified among faculty. In her own words, “In general, these last 14 months I took a deep dive into long-existing clinic administration processes and found ways to make them more effective for both students and faculty. There is always a lot to do, but I hope some of my work has helped both students and faculty at the SOD.” Looking forward, Dr. Bompolaki adds, “I am always working on identifying and addressing inefficiencies, so students, faculty, and staff can feel fulfilled with the work we do at the OHSU Dental Clinics. One of my main goals is to have more streamlined processes in place that will allow students to focus even more on the clinical side of things.” Dr. Bompolaki says, “**The list of OHSU’s clinical**

strengths is long: cutting-edge technologies, evidence-based practices, modern facilities.... But the number one strength is the faculty. OHSU has recruited a very talented team of clinicians, who are very invested in teaching the next generation of dentists. All our faculty members have either completed advanced education programs or have a wealth of clinical experience from years of private practice and continuing education. We are fortunate to have all these **passionate, knowledgeable, and energetic instructors**, who truly enjoy working with the students in the clinic. OHSU has a strong legacy of graduating very competent clinicians, and after 8 years of being here, I’ve come to understand that OHSU’s strength actually comes from its

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PREVIEW PROGRAM

people.” We thank Dr. Bompolaki for being one of these faculty members who inspire students every day.

Hidehiko Watanabe, DDS, MS, is CAD/CAM director and an associate professor in the Department of Restorative Dentistry. He’s an advocate for increasing technology and pursuing evidence-based care. How does this look at OHSU? Dr. Watanabe explains, “We introduce

CAD/CAM technology to the Dental Anatomy course for a simple digital wax-up project during a summer session for first-year students. Then, second-year students have a chance to use eight Omnicams for implant restoration scanning in the course of dental implants during a fall term. In the spring term, immediately before seeing CAD/CAM patients in the clinic, the second-year students

have a five-week intensive CAD/CAM course. This course covers tooth preparation for CAD/CAM restorations, scanning and designing, and custom staining for all-ceramic restorations.” In the specific CAD/CAM clinic, “Instructors are assigned to two students/two patients at each appointment to provide detailed instructions. Most single restorations are delivered in one day, but multiple units or complex cases take multiple appointments, obtaining help from our in-house dental technicians or faculty. **The hardware we currently use is two Omnicams, three MCXL milling units, one Programat, and one Speedfire.** We evaluated **Trios 5 intraoral scanner, Primescan, and Primemill this year and will obtain them after the security review is completed at OHSU.** Trios will be utilized for diagnostics, planning, and outsourcing complex cases requiring digital communication with dental laboratories. Primescan will be used mainly for chair-side single crown delivery. **More than 30% of single indirect restorations are currently restored at the CAD/CAM clinic.** The materials used for CAD/CAM restorations are lithium disilicate, leucite-reinforced feldspathic ceramic, hybrid, zirconia, and PMMA.” For the future of CAD/CAM at OHSU, “We will deal with two types of digital dentistry. One is diagnostics, planning, and outsourcing complex cases using an intra-oral scanner; the other is one-day single crown delivery.” As we continue to increase efficiency, “We may ask students to do multiple procedures at the CAD/CAM clinic, such as composite in the same appointment, in addition to CAD/CAM. That leads them to conduct **quadrant dentistry close to the private practice setting.**” Dr. Watanabe is recognized for advancing digital dentistry education and setting students up for success in their dental careers. ●



The Nobel Biocare On1™ Concept



Alex Rugh, CDT
Implant Specialist, O'Brien Dental Lab

In this article, I cover the On1™ concept from Nobel BioCare, designed to maintain biologic width by reducing damage to the mucosal barrier.



The On1™ concept preserves connective tissue structure with its base, which is placed at the time of surgery and forms the platform for the restorative components. Nobel

Biocare designed the system so that once you place the On1 base, it remains in place during the entire restorative process and for the life of the restoration, thus preserving the adherent epithelium and connective tissues.

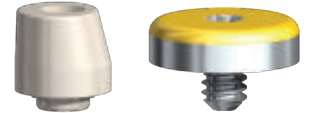
The On1 bases are compatible with the conical connection interfaces and are available for narrow, regular, and wide platform implants. Each platform has two collar height options: 1.75 and 2.5 millimeters.

Every On1 base comes packaged with a plastic handle used to carry it to the mouth and guide it into place. Once the abutment is in position, use the handle to tighten the screw lightly. Then remove and discard it.

Then, torque the screw to 35 N.cm with the On1 screwdriver. From this point on, the On1 base remains in place, and all prosthetic components are attached to it instead of the implant.



Standard titanium healing caps are available for the On1. Additionally, you can use the iOS healing cap, which doubles as a scan body, so you can take a digital impression without swapping out any parts. The healing abutments are hand-tightened using the standard UniGrip screwdriver. When it's time to restore the case, take a traditional open or closed tray impression using an impression coping that seats onto the On1 base, or scan the iOS healing cap you used it.



Three restorative components are available for this system: a temporary titanium abutment, a stock titanium abutment,

and a universal titanium abutment. The universal abutment is a titanium base, and it's available in engaging and non-engaging versions, allowing us to create single and splinted screw-retained restorations.

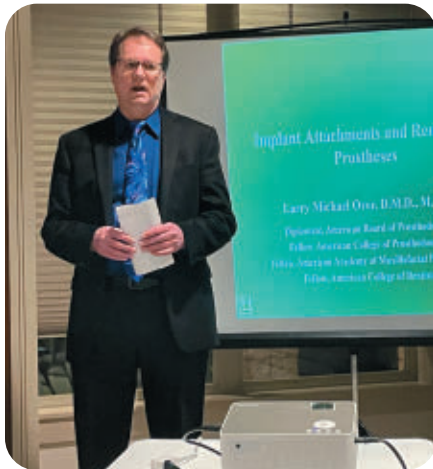
There are no angle correction options for the On1 system, so it's essential to consider that during the treatment planning. If an angle correction is necessary, you must remove the On1 base to restore the case at the implant level.

We hope you found this article helpful. If you have any questions or comments, please email us at customerservice@obrientalab.com. To subscribe to our educational videos and articles, scan the QR code to the right or visit obrientalab.com/ subscribe.



Components Get Back to Business

WE'RE BACK...THE SOUTHERN WILLAMETTE DENTAL SOCIETY GATHERED on January 26 at the Albany Golf and Event center for its first meeting in over two years. The members enjoyed dinner and good conversation, followed by a presentation about *Implant Attachments and Removable Prosthesis* from Dr. Larry Over. Congratulations to Dr. Kent Burnett for being elected to serve as president, and Dr. Brett Brown as treasurer. Stay tuned for information on upcoming meetings.



THE MULTNOMAH DENTAL SOCIETY HELD ITS FIRST MEETING OF 2023 on January 18 at Oregon Health Sciences University School of Dentistry. Dentists were back in the “classroom” to learn about *Interdisciplinary Management of Sleep Disordered Breathing Using Implant Supported Maxillary Expansion* from Dr. Sam Bae and Dr. Jennifer Crowe. In addition to the presentation, it was a fun evening to reconnect with the dental community.



ODA STAFF

Find more information on upcoming programming on the ODA website calendar at www.oregondental.org/meetings-events/calendar-of-events or on page 9, Events & Education Component CE Calendar, in this issue of *Membership Matters*.

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Dangers of Medication Errors and How ePrescribing Can Help

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By Robert McDermott, President and CEO, iCoreConnect

MEDICATION ERRORS MOST OFTEN RESULT from a patient receiving the wrong medication, dosage, or prescription instructions. For doctors, being taxed or rushed can result in poor communication, inaccurate information, quick writing, or simply making mistakes attributable to an overtaxed schedule.

Those errors may be the fault of the prescriber, pharmacy or patient, and they can result in patient harm. It's most important to emphasize that they are *preventable* and ePrescribing can help mitigate the risk of medication errors.

Here are common ways doctors may be at fault:

- Incorrect dosing
- Incorrect medication
- Incorrect dosage strength
- Failure to notice contraindications or drug interactions
- Illegible handwriting

How ePrescribing Can Help Prevent Medication Errors


One of the best solutions to minimize medication errors is implementing an ePrescribing solution. For many, they're seen solely as a way to improve and increase team efficiency. And while one of the big benefits is easing the workload on taxed teams and prescribers, there are many more.

- **There's no more miscommunication.** No more illegible handwriting or misheard medication names. The

name of the medication, the dosage, and the strength are all clear to both prescriber and pharmacist.

- **There's no more missing information.** You'll be able to access the patient's prescription history, no matter who wrote the prescription, for medications filled through pharmacies across the country. A robust ePrescription software also provides a Lexicomp drug directory for quick reference to drug information, interactions, and contraindications.
- **You'll get an alert if you miss something.** With certain cloud ePrescribing software options, you'll get a notification if you've missed an allergy or potential drug interaction.
- **You'll save time and effort.** With cloud-based flexibility to prescribe from phone, laptop, or desktop computers, you can send prescriptions from wherever you are, without wasting time going to the office, on calls with the pharmacy or being restricted to one workstation at your practice.
- **You'll ensure prescriptions make it to the pharmacy.** ePrescriptions are sent right to the pharmacy and you receive instant confirmation of receipt. You can send five or six prescriptions at a time without issue. You'll receive confirmation from the pharmacy and the patient file is automatically updated. There isn't any question that the prescription was received and properly logged.
- **Increase speed and accuracy.** Fully integrated ePrescription software populates patient information directly from your practice management system, improving accuracy. Other time savers include saving frequently used pharmacies and "Doctor's Favorites" for commonly used medication sets.

In short, you improve communication and accuracy while saving yourself, your team, the patient, and the pharmacist time. You keep everyone safer and ensure clear prescriptions that deliver the care your patients need.

ODA Endorses iCoreRx ePrescription software. If you're ready to talk about how an ePrescription solution can help your dental practice improve its care, patient outcomes, and help keep everyone safe from prescription medication errors, book an iCoreRx demo today at iCoreConnect.com/OR8 or call 888.810.7706. 



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PRACTICES FOR SALE

Healthcare Building for Sale in Southern Oregon 1200 sq. ft. building in beautiful rural area near CA. Good for dental, veterinarian, healthcare, or other business. Contact Megan Urban for information: 503-830-5765; megan@omni-pg.com. (OR104)

3 Ops, 3 Days, 3 hundred Net Spend your time on the homestead, hunting, fishing, and horseback riding in the Northwest Sportsman's Paradise, while providing cutting-edge dentistry only 3 days per week. All digital, state-of-the-art, chart-less network with CBCT and loyal patients. Do you live to work, or work to live? The choice is yours! Contact Megan@omni-pg.com, 503-830-5765. (OD139)

Exceptional Dental Practice for Sale in Eugene Exceptional General Practice for Sale in Eugene CBCT, CEREC, 4 ops in 1500 sq. ft., great reputation, and location. On track to collect over \$758,000 working 29 hours per week. Contact Megan@omni-pg.com, 503-830-5765. (ORD131)

West Beaverton Dental Practice and Space for Sale Mature general practice in great location. 3 ops in 1100 sq. ft. and more space available. Fantastic growth opportunity as OS, ortho, endo, perio, implants referred out. Currently working 3 days per week collecting about \$350,000. Contact Megan Urban at megan@omni-pg.com, 503-830-5765. (ORD153)

Eugene/Springfield Practice and Building for Sale Great building and practice available in Eugene/Springfield. Collecting over \$900,000. 5 ops and room for more and/or rent out upstairs space. Contact Megan@omni-pg.com, 503-830-5765. (ORD157)

Salem/Keizer Dental Practice and Building for Sale Long-standing general practice collecting over \$600,000 in 4-8 ops, 4 equipped. Growth potential as most OS and endo referred out. Hygiene 6.5 days per week. Contact megan@omni-pg.com, 503-830-5765. (ORD162)

Dental-Medical-Veterinary Building for Sale in Salem Dental, medical, veterinary building for sale on main street, 2784 SF, 4+ ops. On-site parking. Dental lab currently renting basement. Upstairs could potentially be rented out as office space or ADU. Contact Megan@omni-pg.com, 503-830-5765. (ORR105)

SW Portland Practice for Sale Great location. 2022 projected collections of \$775,000. Growth potential as endo and OS is referred out. Contact Megan Urban at megan@omni-pg.com, 503-830-5765. (ORCM161)

SW Portland Suburb Practice for Sale
No PPOs. 4 ops with additional lease space available.
Contact Megan Urban at megan@omni-pg.com or 503-830-5765. (ORCM160)

5 ops on main thoroughfare in Medford with revenue close to 1M. Office has recently been renovated and has a modern feel. 30 new patients per month. Contact Adam at 541-520-5507 or adam@mydentalbroker.com.

Near Wilsonville. Efficient bread and butter practice located near main thoroughfare. Collections over 800k+ with low overhead and no Medicaid. Contact Adam at 541-520-5507 or adam@mydentalbroker.com.

Eugene. Well-established and beautiful 5-op practice with lots of natural light and beautiful landscape. Consistent revenue of \$900k+ on 160 days/yr. Contact Adam at 541-520-5507 or adam@mydentalbroker.com.

SW Portland. Five operatory practice in highly desirable area. Strong hygiene program. Collections over \$800K annually. Real estate is also available. Contact Adam Bratland at adam@mydentalbroker.com or 541-520-5507.

Awesome Perio Practice. High Producing office in the Willamette Valley. This established practice is located on a main thoroughfare with a strong referral base. Contact Adam at 541-520-5507 or adam@mydentalbroker.com.

Large Southern Oregon practice collecting \$2.5M. Exceptionally well managed practice and efficient team. No Medicaid. Contact Adam at adam@mydentalbroker.com or 541-520-5507.

Well-Established Luxurious General Dental Practice with Amazing Island Lifestyle Rare opportunity to own a successful, well-respected practice on beautiful San Juan Island overlooking Friday Harbor. Motivated seller willing to carry portion of financing. Over \$700K in only 15 working days per month. Three operatories with potential for four. Heavy C&B and restorative. Most endo, perio, OS, and pedo referred. Huge potential for additional income if you book 5 days/week or add in above procedures. Two hygienists FULLY BOOKED! Delightful, drama-free, motivated, and knowledgeable staff willing to stay. Waterfront home with mooring and beach available to rent if desired. Contact rod@omni-pg.com; 206-979-2660. (WAD397)

Dental Lab and Free-Standing Building for Sale Dental Lab and Free-Standing Building for Sale. Beautiful building in great location with nearly 5,000 sq. ft. Dental lab is primarily fixed products and implant restorations with all the technology and bells and whistles. It has been in business for over 40 years with an outstanding reputation. Projected 2022 production is nearly \$3.0M. Contact megan@omni-pg.com, 503-830-5765. (ZZD158)

OR Coast Dental Practice and Building for Sale OR Coast Dental Practice for Sale. Beautiful space with 6 ops, 4 equipped, in 2511 sq. ft. pre-covid collecting nearly \$800,000, and last year nearly \$700,000, working 4 days per week. Ortho is referred out, as well as much of OS and Perio. In-network with Delta Premier only. Contact megan@omni-pg.com, 503-830-5765. (ORD159)

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Harris Biomedical 17
www.harrisbiomedical.net

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Consani Associates, Ltd Inside Front Cover
www.mydentalbroker.com

Professional Practice Specialists 25
www.practicesales.com

DENTAL INSURANCE

The Dentists Insurance Company 4
www.tdicinsurance.com

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Artisan Dental Lab 12
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Assured Dental Laboratory, Inc. 6
www.assuredentallab.com

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www.CDPpdx.com

O'Brien Dental Lab, Inc. 29
www.obriendentallab.com

EMPLOYMENT OPPORTUNITIES

Kaiser Permanente Dental Care Program 11
www.pda-dental.com

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Willamette Dental Group 7
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Dentech 11
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