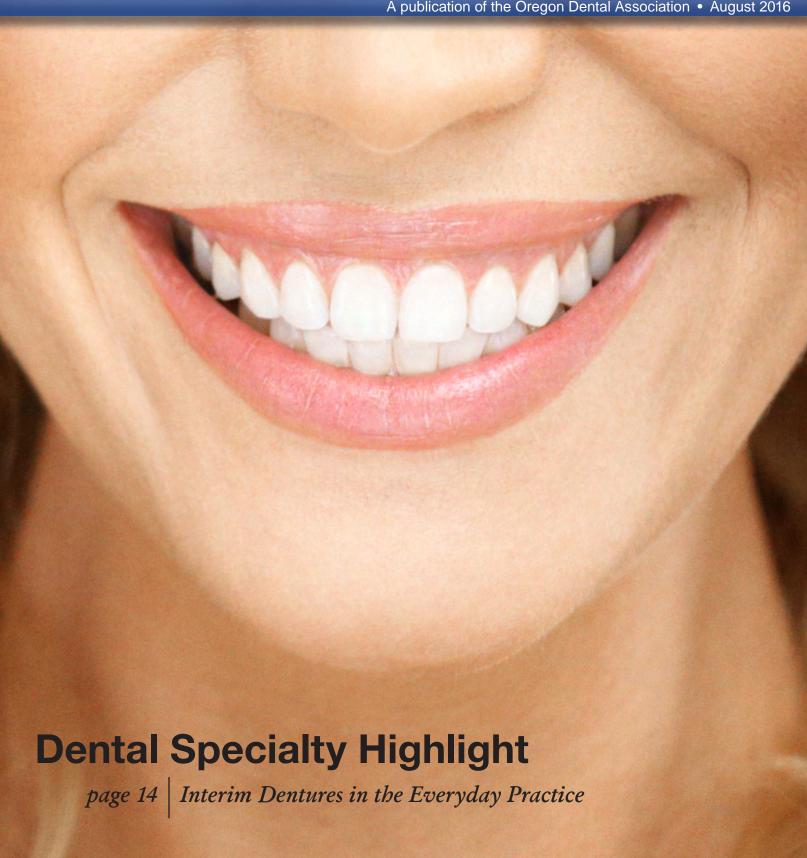


# **Membership Matters**

A publication of the Oregon Dental Association • August 2016





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# **Membership Matters**

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Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

### **EDITOR**

Barry J. Taylor, DMD, FAGD, CDE barrytaylor1016@gmail.com

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# Wear the White Coat from the Inside Out



By Barry J. Taylor, DMD, FAGD, FACD, CDE

Editor,

Membership Matters
barrytaylor1016@

gmail.com

AT THE RECENT OHSU SCHOOL OF DENTISTRY WHITE COAT CEREMONY, Dr. Don

**Sirianni** in his address to the students commented, "I encourage you to wear the white coat from the inside out. You make the coat; the coat does not make you. It must be part of you before you can fully wear it."

The White Coat ceremony was started in the 1990s as a new tradition in which students at healthcare universities received their clinical white coat in a ceremony. It began in the early 2000s at the OHSU School of Dentistry and continues today. The ceremony marks a time in which the students receive their white coat at the beginning of their second year of dental school as a symbolic sign that they are now providing patient care. Like any ceremony marking a particular event, the White Coat ceremony is full of ritual and procedure. Amidst the pomp and circumstance there were some great words spoken that really should be heard by all dentists, not just second year students.

For the second year student receiving the White Coat, it is a sense of excitement that they finally get to start providing treatment for patients. Their family has traveled to attend the ceremony and it is with pride that the students give them a tour of the school before the ceremony. They have worked for years to striving for excellence in their college courses to get accepted to dental school, and their first year of dental school continues this didactic learning model. They have begun learning the skills of dentistry working on mannequins that don't have a tooth ache, anxiety, and that don't care about trust or compassion from their provider.

It is not until you have the experience of treating patients that the words of Dr. Sirianni make clear sense. For the experienced dentist however, reading "You make the coat, the coat does not make you" is a sense of understanding that as **Dr. Phil Marucha** stated at the ceremony, "I am a scientific healer, I am a continuous learner, and I am ethical." It is with these qualities that the dentist wears the White Coat with confidence and understands its significance.

These days the white coat is rarely worn in the operatory and has been replaced by color

coordinated scrubs or embroidered dress shirts with the office name and logo prominently displayed. But symbolically every dentist should wear a white coat to work. After the experience of actually treating patients is when the dentist fully understands that the White Coat does not make the doctor but that it is the responsibility of the provider to practice in such a manner that they are worthy of wearing the White Coat so that it reflects well on our profession.

The ideals that the White Coat represents are what separate us from just being skilled laborers. As **Dr. Peter Morita** stated at the Ceremony when addressing the students about the responsibility of serving the public, he said, "Do so with respect, humility, and compassion." It is these qualities that represent the significance of the White Coat.

As healthcare providers serving the general public, we need to be reminded of these characteristics that the students hear at the White Coat ceremony. "It must be part of you before you can fully wear it" cannot be easily explained by a list of words. But still we should all be occasionally reminded that even when we don't wear a White Coat, our patients are viewing us as doctors who are always associated with white coats.



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# Events & Education

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# September 2016

## Continuing Ed., 1.5 Hr: "School Screenings & Teledentistry," Presented by Linda Mann, EPDH and Eli Schwarz, DDS, MPH, PhD. Tues, Sept 13, Boys & Girls Club, Salem. Info: Sabrina H. at mpdentalce@ gwestoffice.net

## Continuing Ed., 6 Hr: "Clinical Challenges for Esthetic Adhesive Dentistry," Presented by Sillas Duarte Jr, DDS, MS, PhD. Fri, Sept 16, Lane County Community College, Eugene. Info: www.lanedentalsociety.org or office@ lanedentalsociety.org

## Continuing Ed., 2 Hr: "Oregon Board of Dentistry: All You Need to Know," Presented by Stephen Prisby, Exec. Dir. Wed, Sept 21, Moda Plaza, Milwaukie. Info: www.multnomahdental.org or lora@ multnomahdental.org

## Continuing Ed., 1 Hr: "Tips & Tricks for Taking Out Teeth," Presented by Nathan Lenox, DMD, MD. Thurs, Sept 22, Moda Plaza, Milwaukie. Info: www. multnomahdental.org or lora@ multnomahdental.org

## Continuing Ed., 2 Hr: "New Dentist Symposium," Presented by Dr. John Rosenthal, Chris Verbiest, and Jess Bogumil, CPA. Wed, Sept 28, Moda Plaza, Milwaukie. Info: www.multnomahdental.org or lora@multnomahdental.org

# ODA Board of Trustees Meeting:

Fri, Sept 30, ODA Office, Wilsonville. Info: 503-218-2010

# October 2016

### ODA House of Delegates: Oct 7-8, DoubleTree By Hilton Hotel, Portland. Info: 503-218-2010

## Continuing Ed., 1.5 Hr: "Clincopathologic Correltation in Oral & Maxillofacial Pathology," Presented by Nasser Said-Al-Naief, DDS, MS. Tues, Oct 11, Roth's, Salem. Info: Sabrina H. at mpdentalce@qwestoffice.net

### DFO Committee Meetings: Fri, Oct 14, Wilsonville, Oregon

### Continuing Ed., 2 Hr: "TMD From a Physical Therapist's POV," Presented by Sarah Stuhr, RPT. Wed, Oct 19, TBD. Info: www.multnomahdental.org or lora@multnomahdental.org

# Oregon Board of Dentistry -

Board Meeting: Fri, Oct 21, 1500 SW 1st Ave, 7th Floor Conference Room, Portland. Info: www.oregon.gov/dentistry/Pages/ brd\_agendas.aspx

# November 2016

### Continuing Ed., 1.5 Hr: "Accurate Recordkeeping for the Dental Office," Presented by Stephen J. Persichetti DDS, MBA. Thurs, Nov 3, Lane County Community College, Eugene. Info: www.lanedentalsociety.org or office@lanedentalsociety.org

### **ODA Board of Trustees Meeting:**

Fri, Nov 4, ODA Office, Wilsonville. Info: 503-218-2010

## November 2016, cont.

## Continuing Ed., 1.5 Hr: "Disclusion Time Reduction & TMD," Presented by Ben Sutter, DMD, FAGD. Tues, Nov 8, Roth's, Salem. Info: Sabrina H. at mpdentalce@qwestoffice.net

## Continuing Ed., 2 Hr: "HIPAA, OSHA Compliance & Employment Law," Presented by Chris Verbiest & Team. Wed, Nov 16, Moda Plaza, Milwaukie. Info: www.multnomahdental.org or lora@multnomahdental.org

# December 2016

### Continuing Ed., 7 Hr: "Risk Management/ Medical Emergencies," Presented by Chris Verbiest & Steve Beadnell. Fri, Dec 2, Sheraton Airport, Portland. Info: www.multnomahdental.org or lora@multnomahdental.org

## DFO Board Meeting: Fri, Dec. 9, Wilsonville, Oregon

### Continuing Ed., 1.5 Hr: "The Medical Management of Caries with Silver Nitrate," Presented by Steve Duffin, DDS. Tues, Dec 13, Roth's, Salem. Info: Sabrina H. at mpdentalce@qwestoffice.net

### Oregon Board of Dentistry -

Board Meeting: Fri, Dec 16, 1500 SW 1st Ave, 7th Floor Conference Room, Portland. Info: www.oregon.gov/dentistry/Pages/ brd\_agendas.aspx

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# **Board Highlights**

# Saturday, May 21, 2016

- Dr. Parisa Sepehri was appointed to the Annual Meeting Council.
- Dr. James Krippaehne was appointed to the Peer Review Council.
- The Moda Nomination Procedure was approved.



# **ODA Board of Trustees Nominations**

Nominations are now open for the following offices, to be elected by the ODA House of Delegates, Oct. 7.

- (three positions, 3-year term)
- BOT At-Large Member (three positions, 4-year term) DECLARED CANDIDATE: Deborah Struckmeier, DMD Multnomah and Sarah Post. **DMD** Lane
- Speaker of the House (3-year term)
- Editor (3-year term) DECLARED CANDIDATE: Barry Taylor, DMD, CDE

All ODA members are encouraged to participate in the leadership of this organization. For more information about any of these positions, call 503-218-2010 or email cleone@oregondental.org.

Interested applicants should submit a letter of interest and a one-page resume.

Email vour materials to leadership@oregondental.org, or mail to:

ODA Leadership Development Committee Jim Smith, DMD, Chair Nominating Sub-Committee 8699 SW Sun PI, Wilsonville OR 97070



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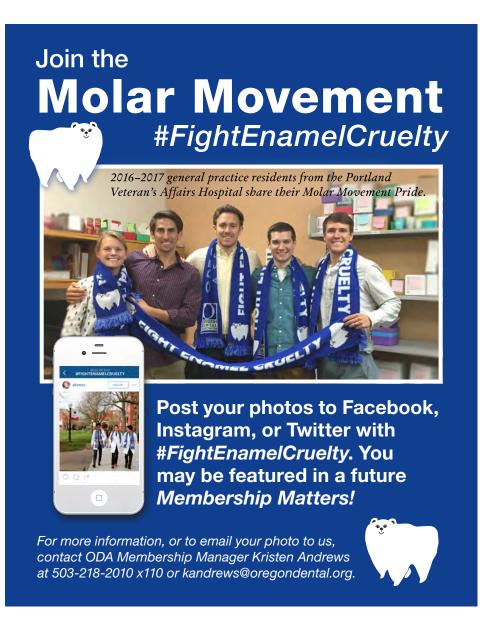
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# Welcome New ODA Members!

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Paul L. Fox, DMD
Multnomah Dental Society

Jordan M. Takaki, DMD Clackamas County Dental Society

Lauren Weber, DDS Washington County Dental Society







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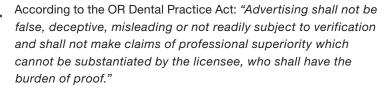


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Learn more and read the full disclosure to the DPA advertising rules. (818-015-005 & 818-015-0007) www.oregon.gov/dentistry/docs/DPA\_August\_2014.pdf



By Lori Lambright

ODA Member
Compliance Coordinator

503-218-2010, x104
Ilambright@oregondental.org

This column is intended to help you to be better informed of the *rules* and *regulations* that are required of running a dental practice in Oregon.

# Thinking — about a move?

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By Teri Barichello, DMD ODA Past President

# A Company of, by and for Oregon Dentists

### LIKE SHAKESPEARE'S QUALITY OF MERCY.

the dentists of Oregon are "twice blessed." First, they get to practice in the place pioneers hailed as "The Land at Eden's Gate," a land so fabled that "even its fence posts bear fruit." Second, unlike their peers almost anywhere else in America, they enjoy a particularly close partnership with a health company (now the state's largest privately-held enterprise) that caters specifically to their needs.

Moda contracts with more than 90 percent of Oregon dentists and offers a wide range of business and specialty services designed to make it easier for dentists to focus on what they really want to do—practice dentistry!

How did all this come about?

In 1954, a group of longshoremen working the Portland waterfront asked local dentists to help them develop a plan to take care of their children's teeth. The following year, the Oregon Dental Association helped launch what would become one of the first dental insurance plans in the entire nation. That plan, now known as Delta Dental of Oregon, today insures more than 1 million members in Oregon and Alaska. Oregon dentists remain actively engaged in the management of both the plan and of its parent company, now known as Moda, Inc. The company's board of directors features a majority of Oregon dentists.

It was back in the 1980s, when Oregon dentists began to experience difficulty purchasing malpractice insurance, that Moda—then known as ODS—stepped up to found the Dental Benefits Insurance Company (DBIC) providing all classes of dental property, casualty, and liability insurance. Within a few years, DBIC also began offering workers' compensation policies.

Next from ODS came Dentists Management Corporation, the venture that pioneered



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.

the development, marketing, and support of integrated dental practice management software and hardware that tied directly into the mainframe at company headquarters and that now offers a broadening range of exciting new services to dentists.

Amidst all this professional development, the dentists of Oregon and their partner company never forgot their core commitment to serving their community. In 2008, in partnership with the Dental Foundation of Oregon and the OEA Choice Trust, ODS commissioned a 38-foot state-of-the-art dental office on wheels that became affectionately known as the "Tooth Taxi." Since then, the rolling clinic has visited more than 300 schools all across the state and delivered almost \$6 million worth of donated dental services to Oregon children. And all along the way, scores of Oregon dentists have volunteered their time and expertise to help deliver this care.

Meanwhile, the innovation—and the partnering with Oregon dentists—continues. The newest addition to Moda's line-up is Dental Commerce Corporation, an enterprise offering dentists ready access to capital to acquire practices, buy commercial real estate, purchase equipment, remodel existing facilities and refinance current loans.

The bottom line: Delta Dental of Oregon is a company of, by and for Oregon dentists. Its history is as rich as its future is full of promise. As for what's next... well, let's end where we began, with a little Shakespeare: "It is not in the stars to hold our destiny... but in ourselves."

Teri Barichello, DMD, is a Vice President of Moda, Inc., and Chief Dental Officer of Delta Dental of Oregon and Alaska. Teri spent 13 years in private general practice in Oregon City until she joined the executive leadership team at Moda in 2011. Teri is a past president of the Oregon Dental Association. She twice chaired in Oregon the Mission of Mercy, enlisting more than 1,200 volunteers to provide nearly \$1 million in free dental care to more than 2000 patients.

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in need of help, regardless of their affiliation with the ODA.

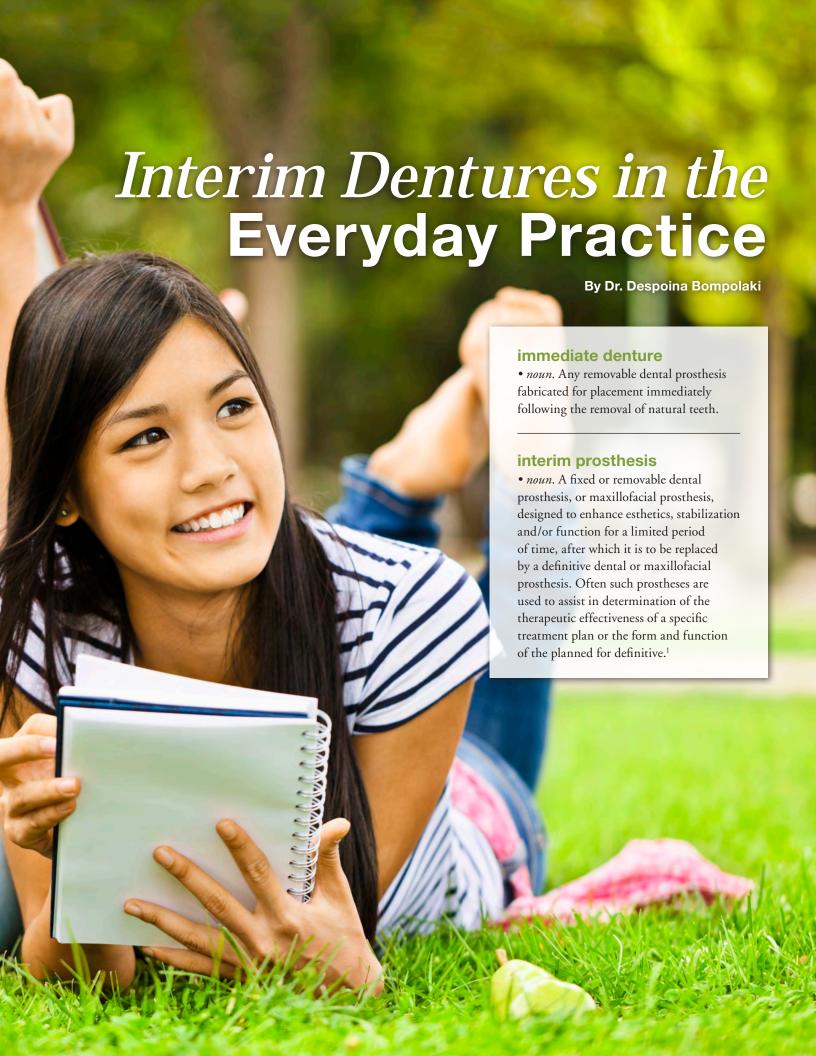






Fig. 1 High quality diagnostic casts are of outmost importance for the fabrication of high quality interim dentures. Use of a custom tray and border molding are highly recommended.

# ACCORDING TO THE LATEST EDITION OF THE GLOSSARY OF PROSTHODONTIC TERMS.

an immediate denture is "any removable dental prosthesis fabricated for placement immediately following the removal of natural teeth." This definition implies that an immediate denture is actually designed to serve as the final denture once bone healing is complete, after appropriate relining procedures are performed. An interim prosthesis is "a fixed or removable dental prosthesis, or maxillofacial prosthesis, designed to enhance esthetics, stabilization and/or function for a limited period of time, after which it is to be replaced by a definitive dental or maxillofacial prosthesis. Often such prostheses are used to assist in determination of the therapeutic effectiveness of a specific treatment plan or the form and function of the planned for definitive."1 The definition of interim dentures implies that these prostheses are to be replaced once bone healing is complete; however, it should not lead to the misconception that interim dentures do not play a crucial role in the overall treatment plan.

Interim dentures are a common first-step treatment for patients with failing dentitions. For patients who will eventually be restored with a pair of conventional complete dentures, interim dentures are a great predictor of the final treatment success. For patients who will eventually receive removable implant restorations (overdentures), interim dentures are the first step towards establishing a new, improved, occlusal scheme while maintaining or even improving the current esthetics; at the same time, the artificial tooth set-up serves as a radiographic and surgical template during the implant planning process. Even when implants are placed at the time of

teeth extraction in order to anchor a full-arch fixed implant-supported restoration, immediate loading is not always feasible. Especially in the maxilla, adjunct surgical procedures such as hard tissue augmentation and/or sinus floor elevation procedures, low bone density or insertion torques below the threshold level, may all exclude immediate loading protocols and dictate delivery of a removable (tissue-supported) prosthesis, rather than a fixed (implant-supported) restoration.<sup>2</sup>

Therefore, whether a patient can afford sophisticated full-mouth implant therapy or not, the traditional first step after full mouth extractions is the insertion of an interim prosthesis. Its careful planning and fabrication allows the dentist to better evaluate the prognosis of the final treatment. A good interim denture can serve the patient for a significant period of time after the surgery, while the bone is healing or the implants are integrating. The purpose of this article is to provide helpful clinical and laboratory tips for practitioners who are involved in interim denture treatment.

# **Treatment Planning**

The inherent risks in this type of treatment, which are mostly associated with the inevitable "guesswork" during cast modification prior to denture processing and the frequent lack of esthetic references, need to be discussed in detail with the patient as part of the routine informed consent process. Occlusal vertical dimension, esthetics, phonetics, occlusal plane orientation and jaw relationships are carefully assessed at this point as well. Interim dentures provide a unique

continues







Fig. 2 Marking the smile line on the final cast allows for a more esthetic setup. Problems with failing natural dentition such as excessive gingival display can be easily resolved with the interim denture setup, as long as they are appropriately communicated to the dental laboratory.

chance to try-in any proposed changes in any (or all) of the above domains.3

### Impressions for Interim Dentures

Many different impression techniques have been described in the dental literature. In the majority of these techniques, use of a custom tray is recommended. Border molding will provide ideal flange extension and border seal and can be completed using either modeling plastic (greenstick impression compound) or heavy-body VPS. The final wash can be done with polysulfide or light-body VPS. For thin, non-keratinized tissues, or for flabby ridges, extra light-body VPS or ZOE paste are better indicated due to minimal tissue displacement (fig. 1).

# Wax Rims and Jaw Relationship Appointment

The following list provides the most important functional and esthetic aspects that need to be assessed prior to interim denture setup:

Relationship of patient's facial midline with existing teeth midline Facial midline is marked on final cast prior to sending it to the lab. Smile line should be marked as well in order to correct existing "gummy smile" problems or to avoid exposure of the interim denture acrylic (fig. 2).

- ▶ Labiopalatal inclination of anterior teeth/
  lip support Patient is assessed from the side at rest position as well as during full smile, and lip support is evaluated (fig. 3). In some cases, teeth may be flared (especially in patients who have lost periodontal support and teeth have facially drifted) or existing teeth may be retroclined. Interim dentures provide a great opportunity to identify these problems and eliminate them in the proposed set-up, so that the patient can assess these changes prior to incorporating them in the final restorations.
- ▶ Incisal edge position/anterior teeth
  display Patient is assessed from a facial view
  in full smile and in repose. Dentist should keep
  in mind that the ideal anterior teeth display
  varies with age and sex. A gradual reduction
  in the amount of maxillary incisor display
  with a concurrent increase in the amount of
  mandibular incisor display is observed with







Fig. 3 Wax rim adjustment prior to surgery; interim denture setup follows the contours of the wax rim. If the natural teeth are still in place and a wax rim cannot be fabricated prior to interim denture setup, then these teeth are used as references to communicate to the lab the desired changes in labiopalatal inclination.

age 4. Lip length averages should also be kept in mind, with 20–22mm being the average length for females and 22–24mm for males. Anterior display should be assessed while taking into consideration the patient's lip length; what may seem as an appropriate anterior display on a patient with average lip length, can be excessive for a patient with a long lip and lead to selecting unnecessarily long teeth molds which may look unnatural.

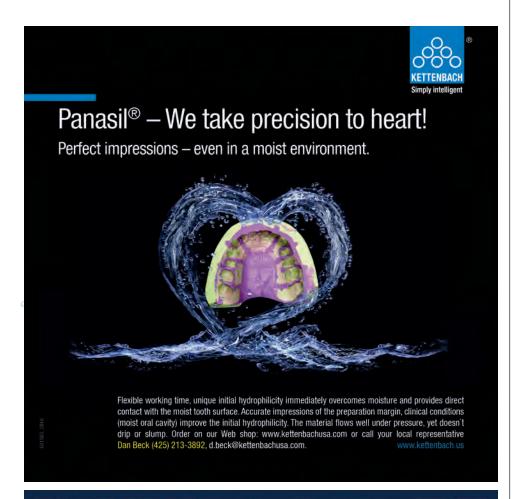
Occlusal vertical dimension (OVD)
 History of wear, loss of posterior supplied

History of wear, loss of posterior support and phonetics should be assessed to determine whether a patient has lost OVD over time or not. However, facial appearance is the determining factor as to whether the OVD needs to be increased with the interim dentures. Diminished facial contour, thin lips with narrow vermillion borders and drooping commissures are associated with loss of OVD. The amount of opening should be determined after taking into account the interocclusal distance of the patient as well; patients with

larger interocclusal distance can tolerate more opening of their OVD, as compared to patients with less interocclusal distance.<sup>5</sup> Even if the dentist suspects that the patient has lost a large amount of OVD, it is recommended that he does not increase this whole amount with the interim dentures, but rather divide the increase in two smaller increments, between the interim dentures and, if an increase is still needed, continue with the final dentures. This way, the dentist can evaluate whether the patient can tolerate smaller increases in his OVD, instead of subjecting the patient to a radical change that may create musculoskeletal problems and instability of the prostheses.

▶ Orientation of the anterior and posterior occlusal plane A Fox plane should be used to transfer the interpupillary line and the alatragus line in the final cast, which will aid in establishing the anterior occlusal plane and the posterior occlusal plane of the interim denture, respectively.

continues





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Well qualified dentists with a GPR or AEGD and/or 2-3 years of practice experience: Contact our Recruitment Team

The preferred occlusal scheme for interim dentures is bilateral balanced articulation to ensure stability of the prostheses during function and, most importantly, during parafunction.

The preferred treatment position is centric relation, or the patient's musculoskeletally stable position. A facebow is used to mount the maxillary cast; this clinical procedure becomes even more important when the dentist plans to open the OVD at the articulator during the interim prostheses teeth setup. Mold and shade selection is the final step prior to dismissing the patient.

# Insertion and Follow-Up Care

If the dentist paid attention during the planning process and the lab technician did not remove excessive amounts of stone upon teeth setup, insertion of the interim dentures should be uneventful. A soft reline is not always necessary upon insertion; if possible, it is preferable for both the patient and the surgeon/dentist to do the soft reline at the 24 hour post-op appointment and rather release the patient sooner at the actual surgery day (fig. 4).

After insertion of the interim dentures, the patient is instructed not to remove them for the first 24 hours, since any swelling that is likely to occur will not allow him/her to reinsert them until the swelling is reduced. At the 24 hour post-op appointment, the dentist needs to quickly inspect all the areas that are commonly associated with sore spots, such as the canine eminences and lateral aspects of the tuberosities in the maxilla and the retromylohyoid areas in the mandible. Any adjustments should take a minimal amount of time. If necessary, a soft reline can be performed at this appointment, using a soft material such as Coe-Soft or Coe-Comfort. The dentist should expect to replace this material after 3-4 weeks and then every 1-2 months until

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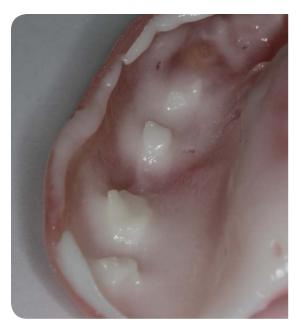




Fig. 4 After soft reline of the interim denture, the intaglio is carefully inspected; any projections of the material inside the fresh extraction sockets should be removed using a hot blade or a scalpel and the material should be rounded, to allow for uniform and uninterrupted healing of the soft tissues.





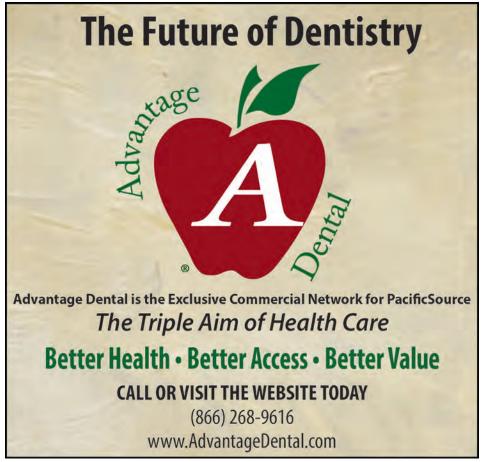


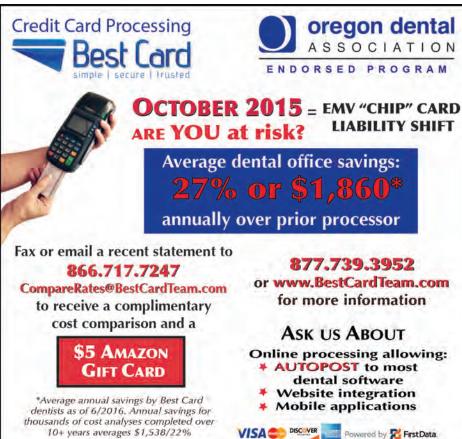






Fig. 5 When patients are well prepared and dentists pay close attention to details, interim dentures can be a success and offer great psychological support during the healing phase.





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continued from page 18

complete healing is achieved. Retention of the denture and patient's comfort will dictate the frequency of the reline material replacement.

Interim dentures can greatly help in the establishment of a trusting relationship between the treating dentist and the patient; full mouth extractions are a life-changing event and a wellthought and executed treatment plan can minimize the distress associated with this process. Delivery of functional and esthetic interim prostheses can alleviate the psychological stress that patients inevitably go through when they transition from partial to full edentulism, and they can be a very rewarding treatment for the dentist as well (fig. 5). Therefore, understanding of the basic concepts behind their fabrication becomes of paramount importance for every practitioner.

Dr. Despoina Bompolaki holds a DDS from the National and Kapodistrian University of Athens, Greece, as well as a Master's of Science in Oral Biology and a Certificate in Prosthodontics from Texas A&M University Baylor College of Dentistry. She is a Diplomate of the American College of Prosthodontics, a Fellow of the American College of Prosthodontists and a Member of the Academy of Osseointegration. She is an Assistant Professor of Restorative Dentistry at OHSU School of Dentistry where she teaches at the pre-clinical and clinical level, conducts research and treats patients at the Faculty Dental Practice.

# End Notes

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# Welcome Dr. Amanda Rice

Get to know Dr. Rice.

DR. AMANDA RICE, BORN AND RAISED IN SE PORTLAND, is excited to continue her professional career with DFO's Tooth Taxi in her native state of Oregon. A graduate of Willamette University with a BA in Biochemistry, Dr. Rice went on to complete her graduate dental studies at OHSU School of Dentistry in 2011.

During her dental school training, Dr. Rice applied and was accepted into the US Navy's Health Professional Scholarship Program. LT Rice's five-year naval commitment included a general practice residency at Walter Reed National Medical Center at Bethesda, Maryland from 2011–2012 and in 2012–2014 an overseas clinical position providing general dentistry to

active duty service members and their families stationed at Atsugi Naval Air Facility, Japan and US Naval Hospital Yokosuka.

From 2014–2016, Dr. Rice served as Dental Department Head of the Navy Seabee unit NMCB4, where she deployed to Okinawa Japan to continue pediatric training at US Naval Hospital Okinawa and III MEF. During her tour, Dr. Rice launched Atsugi's Give Kids a Smile chapter to serve children of deployed families.

Dr. Rice is currently an active member of the ODA and AAPD, as well as a member of the OHSU Alumni Board of Directors. She enjoys running, painting and hiking in her spare time.

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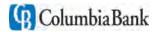




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# 2016 Chip! for Teeth

# Annual golf tournament raises over \$58,000 to help improve children's oral health

THE MORNING ON JUNE 17 WAS CRISP but the twenty-eight teams of charitable golfers still came out swinging to raise money to provide dental care and oral health education for Oregon's most vulnerable children at the 12th Annual Chip! for Teeth Golf Tournament held at Langdon Farms Golf Course.

It was hard to pass up the steaming, stuffed burritos at the breakfast bar sponsored by Permanente Dental Associates before warming up at the Premier Community Bank driving range. Golf carts were sponsored by Schwabe, Williamson and Wyatt, and team photos were sponsored by Emmett Phair Construction with Dr. Fred Bremner volunteering his time to capture the smiles. Thirsts were quenched by the beverage cart sponsored by Lanphere Construction and Development and players stopped to grab a snack at the BBQ stand sponsored by Columbia Bank. "Live Scoring" was added this year, sponsored by Jones and Roth,











which allowed players to post and see on their scores, as well as their competitors, in real time on their phones.

All-in-One tickets were again generously sponsored by Scott Parrish of A-dec, Inc., complete with a mulligan, five raffle tickets, a chance at a \$50,000 shootout and the opportunity to win an overnight package at the Allison Inn & Spa in Newberg. The two lucky All-in-One tickets that were drawn at random were Mark Brannan and Dr. Matt Baumgarth who vied for the chance to win \$50,000 by sinking a shot from 175 yards out on the 18th fairway. Unfortunately, neither walked away with the cash but Mark won closet to the pin and a Langdon Farms foursome. Justin Apmodoc was the lucky winner of the Allison Inn package valued at \$900.

DFO Interim Executive Director, Dan Mankin, introduced Matt Rast, Portfolio Manager with US Bank, the luncheon sponsor, who provided the welcome address to the crowd while they dined on Southern fried chicken and pulled pork sandwiches. Dan announced the winners of the \$5,000 in raffle prize packages before Kevin Honeyman, Langdon Farms, announced the contest winners.

Congratulations to the low gross winning team of Dr. Jim Windell, Tracy Broders, Bill Swancutt and Pete DeMuniz and to the low net winning team members Chris Kane, Kyle Baisch, Dr. Troy Portash and Brandon Posey. Each player received \$100 and will have their names included on the highly coveted Chip! for Teeth tournament trophy.

Second place low gross went to Elliot Tracy, Chris Acosta, Ashley Williams and Dr. Samuel Greenstein. Second place low net went to Carl Asai. Winston Asai. Phil Cannell and Marta Cannell.

Other winners include: Consani Closest to the Pin – Chris Acosta; Men's Long Drive – Pete DeMuniz; Women's Long Drive – Ashley Williams.

DFO Board President, Dr. Weston Heringer, was thankful for all the support. "Taking a day to support



oral health for Oregon's children and having a great game of golf is a great two for one deal."

Behind all successful events are numerous hard working individuals working behind the scenes and Chip! is no exception. A big thank you to our awesome volunteers: DFO board members Amy Benson and Rebecca Boyette; Nancy Avery with DBC; Steven Doane with Moda Health; Greg Hansen with Dental Commerce Corporation; Sam Dyer with HealthyGrid; Dr. Fred Bremner, Executive Director of the CCDS; Rosalea Peters and Stew Bartlett with WEO Media. We are also thankful to the staff of Langdon Farms Golf Club.

See many more photos and a complete list of hole and team sponsors, prize sponsors and volunteers on the DFO Facebook Page and the DFO website at www.SmileOnOregon.org. Thank you again for supporting Chip! Kids around Oregon are smilling because of your support.





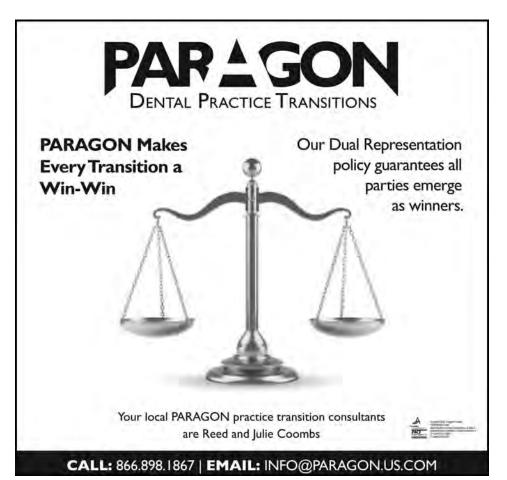
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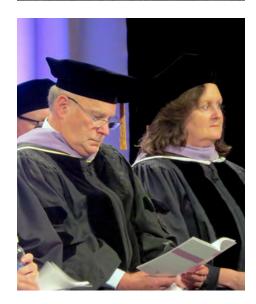






# OHSU's School of Dentistry, 2016 Convocation and Hooding Ceremony

Sunday, June 12, the Oregon Health & Science University's School of Dentistry held the Convocation and Hooding Ceremony for the class of 2016. Oregon Dental Association President, Joni Young, DMD, was present to welcome all of the graduates to organized dentistry and award graduate, Ericka Smith, DMD with the Oregon Dental Association Leadership Award. The Oregon Dental Association Leadership Award is given to the student who has demonstrated outstanding ability as a strong leader amongst peers.





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G/P PRACTICE FOR SALE IN GRESHAM, OR. Medical condition dictates sale of practice. Annual collections over \$425,000. 4 fully equipped operatories with Digital X-rays. Fee for service practice with no PPO's. Outstanding collection policy. Well established practice that has been in the same location for over 25 years. Outstanding experienced staff will stay with the practice and assist with the transition. Contact: Buck Reasor, DMD, Reasor Professional Dental Services, info@reasorprofessionaldental.com, 503-680-4366.

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## **PRACTICES FOR SALE**

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G/P PRACTICE FOR SALE ON THE NORTH-CENTRAL **OREGON COAST.** Three operatories with digital X-rays. Annual collections over \$585,000. This well established practice has been in the area for 34 years. Excellent collection policy in place. Well trained staff will continue with the practice and assist with the transition. Great opportunity for a young dentist as the selling dentist refers out most endo and oral surgery. Excellent hygiene program in place that produces 40% of the production. Building is in an excellent location with great visibility and would be available to the buyer to purchase. Contact: Buck Reasor, DMD, Reasor Professional Dental Services, info@reasorprofessionaldental.com, 503-680-4366.

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