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A Silver Lining? The trend of increasing cavities among children propels conversation about silver nitrate’s role in treatment.

Plus: Research involving silver diamine fluoride gains momentum as FDA considers its approval....13
Letters to the Editor are welcomed. Letters to the Editor
barrytaylor1016@gmail.com
Association. Send submissions to:

Are you interested in contributing
to Membership Matters? For more information, please

cntact editor, Dr. Barry Taylor:
barrytaylor1016@gmail.com.

Articles

May 31 7:00 AM Executive Committee meeting (The Allison Inn—Newberg)

Jun 1 7:30 AM Board of Trustees meeting (The Allison Inn—Newberg)

Jun 21 3:00 PM Executive Committee meeting (Langdon Farms Golf Club—Aurora)

Jul 27 8:00 AM Board of Trustees meeting (ODA)

Sep 5 12 NOON Executive Committee meeting (Sunriver Resort)

Sep 6–7 ODA House of Delegates (Sunriver Resort)

Sep 7 12 NOON Board of Trustees meeting (Sunriver Resort)

Nov 16 8:00 AM Board of Trustees meeting (ODA)

Nov 24–27 Oregon Mission of Mercy IV (Oregon Convention Center—Portland)

Oregon Dental Association
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Social networks
Look for the Oregon Dental Association group on:

Twitter
Follow ODA President, Jill M. Price, DMD: @ODAPrez

Blog www.TheToothOfTheMatter.org

OrMOM Registration Now Open!

ODA will host our fourth Oregon Mission of Mercy (OrMOM) free dental clinic at the Oregon Convention Center in Portland, November 25–26, 2013.

Volunteer registration is now open. Have you and your office signed up yet? It takes a lot of people of different talents to execute an OrMOM clinic.

Please register online at:

COMPONENT CE CALENDAR
compiled by Mehdi Salari, DMD
Send your component’s CE courses to bendsalari@yahoo.com.

Tues, May 14 Marion & Polk CE HRS: 2
Techniques & Trends in Dental Materials
Jon Fundingsland of 3M/ESPE
LOCATION: West Salem (Roth’s)
INFO: mmpdental.com, mmpdentalce@qwestoffice.net

Tues, May 14 Washington County CE HRS: 1.5
Using Online Marketing for Your Practice
Ian McNickle of WEO Media
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcstkathy@comcast.net

Wed, May 15 Multnomah CE HRS: 1
Table Clinics—Annual Meeting
LOCATION: Portland (Multnomah Athletic Club—MAC)
INFO: www.multnomahdental.org, lora@multnomahdental.org

Tues, May 28 Clackamas County CE HRS: 1
Pharmacy: Top 25 Drug Update
Speaker to be determined
LOCATION: Oregon City (Prov. Willamette Falls Community Ctr.)
INFO: www.clackamasdental.com

DBIC RISK MANAGEMENT COURSES

Dec 9 9:00 AM Multnomah (Portland)
INFO: Lora Mattson, 503.513.5010

Dec 13 9:00 AM Central Oregon (Bend)
INFO: www.centraloregondentalsociety.org

SAVE THE DATE

ODA House of Delegates meeting
Sept. 6–7, 2013
Sunriver Resort

NEW LOCATION!

For more House of Delegates information, please visit www.oregondental.org.
Switzerland Diamine Fluoride

ASK SOMEONE ABOUT SWITZERLAND, and they will rave about the beauty of the Swiss Alps, or they will reference the Swiss reputation for always being diplomatically neutral. I have never met an individual who did not care for something Swiss. This is my analogy for silver nitrate; my colleagues are either passionately in support of it, or they are adamantly neutral on it until we have more evidence. Unlike fluoride, it is difficult to find someone who is completely anti-silver nitrate.

If organized dentistry is going to preach about evidence-based dentistry, then we need to be consistent with that message. We can’t criticize the opponents of fluoridated water for not believing the volumes of literature that have been published about fluoride’s safety and efficacy, and then turn around and advocate for a material that has had little research published in peer-reviewed journals. We have committed ourselves, rightly so, to the high road of evidence-based dentistry.

My experience with silver nitrate, used in conjunction with a fluoride varnish, is limited to what amounts to a case report. I was not involved with the application of the material so I can’t report how it handles, applies, etc. My first encounter with the patient was more than two years after the application, and it was a dental assistant who gave me a report of the situation in conjunction with the patient’s chart notes.

The patient apparently had been an uncooperative two-year-old at his first visit, with no apparent caries. Six months later at a recall exam it was noted that he had caries on all his maxillary anterior teeth, due in part to his constant companion of a sippy cup filled with juice or milk. The patient was still uncooperative, and the family could not afford dental care in the hospital. They were presented with a treatment plan to use silver nitrate followed by 3-month recalls to apply fluoride varnish. The mother consented to the treatment, with the understanding the caries would take on a black stain.

Over the next two years, the family missed only one of the three-month recall visits for the application of the fluoride varnish, and at the one-year recall exam, silver nitrate was applied in conjunction with fluoride varnish again, because decay had been noted on the primary first molars.

When I met the patient, he was a more cooperative four-year-old, and we were able to provide restorative care for him. As is often reported, the decayed areas were black, firm but not hard, and we were able to remove the areas of decay without the use of anesthetics. My anecdotal conclusion for this case was that the silver nitrate and fluoride varnish arrested the decay. But it concerned me—although it certainly had helped me—that the patient had no sensation in any of the treated teeth.

Lecturing clinicians often remark “You don’t want to be the first to use a material, nor the last.” But until we have more published research on silver diamine fluoride, it does not meet the standard for evidence-based dentistry. We just don’t know yet if it is going to be the multi-functional Swiss Army knife, or the poorly designed, dysfunctional knife that slices your finger when you close the blade.
Oregon Prescription Drug Monitoring Program

What is the PDMP?
The Oregon Prescription Drug Monitoring Program (PDMP) is a Web-based data system that contains information on controlled prescription medications dispensed by Oregon-licensed retail pharmacies. Pharmacies are required by law to submit data weekly for all Schedule II–IV controlled substances dispensed.

Controlled substances reported include opioids, sedative hypnotics, benzodiazepines, stimulants, and other drugs. Legislation for the PDMP was passed in 2009.

How does it work?
Authorized system users can logon to the PDMP web-based system and request a report of the controlled substance medications dispensed to their patients. The patient report is a line list of prescriptions dispensed. Prescription records include information on the dispenser, prescriber and name and quantity of drug.

What is its purpose?
The primary purpose of the PDMP is to provide practitioners and pharmacists a tool to improve health care. These medications place patients at risk for overdose, side effects, increased effect when combined with alcohol and/or other drugs, risk for physical dependence, and risk for developing patterns of drug abuse. The PDMP provides practitioners and pharmacists a means to identify and address these problems.

Who can access PDMP information?
Access to PDMP information is regulated by law—ORS 431.966. Prescribing health care practitioners and pharmacists are encouraged to apply for an account. Approved applicants have 24-hour, 7-day-a-week online access to the PDMP. All others—including patients—may submit request forms to obtain a patient report. A patient report includes a list of anyone who queried the patient’s information to ensure proper access. Law enforcement requests must be pursuant to a valid court order. Healthcare regulatory board requests must be certified by the executive director.

Is patient privacy protected?
PDMP patient information is protected by law—ORS 431.966.

For more information, visit www.orpdmp.com

Basic Facts*

- The PDMP system became operational in September 2011.
- Approximately 7,000,000 prescription records are uploaded into the system annually.
- More than 98 percent of pharmacies required to participate are reporting.
- More than 5,200 practitioners and pharmacists have PDMP accounts.
- In 2012, more than 280,000 queries were made by practitioners and pharmacists.
- Opioids combined with benzodiazepines increase the risk of overdose
- Opioids account for more than 55 percent of the prescriptions in the PDMP data system.
- Sixty percent of the prescriptions in the PDMP are prescribed by a cohort of 2,000 practitioners; 59 percent of these prescribers have PDMP accounts
- Opioids are the class of medications that has the highest potential for overdose, misuse, dependence, and abuse.
- Benzodiazepines are the second most often prescribed class of medication in the PDMP data system.

*Data content source: Oregon PDMP Data System
PORTLAND: Don’t Forget To Vote For Fluoride!

Calling all Portland area dentists!

Don’t forget to vote on ballot measure 26-151 in the May 21, 2013 election!

Yes for Community Water Fluoridation:
Let’s make Portland the tipping point for providing the simplest, most effective, and most affordable way to address dental health for everyone in Oregon.

Want to show your support for fluoride?
Call ODA for buttons, bookmarks, and posters you can display in your office to educate patients: 503-218-2010.

www.HealthyKidsHealthyPortland.org
OHSU School of Dentistry Announces New Dean

Following a national search, Phillip T. Marucha, DMD, PhD, has been named dean of Oregon Health & Science University’s School of Dentistry. Dr. Marucha is expected to join OHSU in September.

Dr. Marucha currently serves as associate dean for research and director of graduate studies at the University of Illinois at Chicago College of Dentistry. He replaces Dean Emeritus Jack W. Clinton, DMD, who retired in 2012 to help coordinate the school’s transition into its new facility in 2014. Gary Chiodo, DMD, FACD, has served as interim dean.

“I am very excited about the opportunity to work with the many excellent faculty, students, staff and alumni that make up the OHSU community,” said Dr. Marucha. “As we complete the new building, I would like to see us build on the history of outstanding clinical education to become extraordinary in all facets of dental education and research. This will take the collaboration of our colleagues from the other health sciences to develop interdisciplinary patient care as well as research. My goal is to facilitate the ideas of and mentor the faculty, students and staff to help the school become pre-eminent. I see this as a great opportunity to forge this new exciting relationship to train excellent dentists, scientists and future educators for Oregon and beyond.”

Dues Payment Plans

It seems early to think about paying your 2014 dues, but one of the ODA payment plans involves pre-payment of annual dues. Sign-up sheets will be mailed in May, so we wanted to make sure all members are informed of the three options we have available for Tripartite membership dues payment.

According to the Oregon Dental Association bylaws, membership dues are to be paid before January 1st of each year. In order to make your dues payment more convenient, we offer these options:

1. **EZ PAY PLAN:** Under the EZ Pay plan, participants authorize the Oregon Dental Association to automatically charge their credit card in three equal installments that are billed on July 15, September 15, and November 15, 2013. The payments are based upon your 2013 dues amount. A letter will be sent to you in May with instructions on how to opt in to this plan.

2. **12-MONTH PLAN:** Under the 12-month payment plan, participants authorize the ODA to, on a monthly basis, charge their credit card or deduct from their checking account their 2014 dues in 12 equal installments from January 2014 thru December 2014. Members may opt in to this plan when they receive their 2014 dues invoice in October.

3. **STANDARD PAYMENT:** Under the standard plan, members are invoiced in October for dues that are to be remitted, in full, by January 1, 2014.

Contact Jennifer Webster at jwebster@oregondental.org with any dues-related questions.
Thanks to those who volunteered to make phone calls for Healthy Kids Healthy Portland.

From left: Tetsuji Z. Watari, DDS; Deepak Devarajan, DMD; Eli Schwarz, DDS, MPH, PhD; Jim A. Smith, DMD; Jill M. Price, DMD; Kurt L. Ferré, DDS; John J. Snyder, DMD; Connie L. Masuoka, DMD; Greg P. Stafford, DDS; Rick G. Asai, DMD; and Barry J. Taylor, DMD
WANTED

New ODA Members

$100.00 REWARD

For each non-member recruited, the ODA will write you a $100 check*. You may keep the check, apply it towards the new member’s dues, or donate it to the Dental Foundation of Oregon—it’s your choice.

REWARD: Free Lunch

Invite a non-member to lunch and discuss the benefits of ODA membership. The ODA will reimburse you for lunch up to $50*.

REWARD: Trip to Santa Fe, NM

The ODA member who recruits the most new, active members into membership by September 30, 2013, will receive a luxurious 4-night getaway to Santa Fe, New Mexico! The package is worth over $6,000 and includes round-trip airfare for two, lodging at The Residence Club at El Corazon de Santa Fe, and more!

ADDITIONAL REWARDS

There are additional incentives and prizes from ADA’s Member-Get-A-Member Campaign, thru 9/31/13. Find resources to assist your recruiting efforts, plus information incentives and prizes, and complete rules at www.ADA.org/MGAM.

Bounty Claim Form

Member/Recruiter Information

NAME ____________________________________________
PHONE NUMBER ___________________________________
ADDRESS _________________________________________
CITY, STATE ZIP __________________________________
EMAIL ___________________________________________

* Completed membership application, reimbursement form, and payment of new member’s dues are required for $100 check and/or $50 lunch reimbursement.

For more details, new member applications, reimbursement forms, or for a full list of non-member dentists, please contact Margaret Torgeson at mtorgeson@oregondental.org or 800.452.5628, ext. 108.

Applicant Recruited

NAME ____________________________________________
PHONE NUMBER ___________________________________

How would you like your $100 bounty distributed?
☐ Please send the $100 check to me.
☐ Apply $100 to the new member’s dues
☐ Donate $100 to the Dental Foundation of Oregon

Please submit bounty form to the ODA office:
PO Box 3710, Wilsonville, OR 97070
Ph: 503.218.2010 • Fax: 503.218.2009
ADA Center for Evidence-Based Dentistry

ARE YOU BETWEEN PATIENTS and have only five minutes to do a quick search for the latest clinical evidence? Start with the ADA Center for Evidence-Based Dentistry’s website at http://ebd.ada.org. It’s a free online tool that will help you find the latest available evidence.

Evidence-based clinical recommendations are a product of the Center for Evidence-Based Dentistry (EBD). The ADA created the Center for EBD to connect the latest research findings with the daily practice of dentistry. The EBD website provides on-demand access to systematic reviews, summaries and evidence-based clinical recommendations that translate the latest scholarly findings into a user-friendly format that dentists can use with their patients. (http://ebd.ada.org/ClinicalRecommendations.aspx)

Evidence-based clinical recommendations are intended to provide dentists and other health professionals with a review of the latest scientific evidence on particular topics and are not considered a standard of care. Rather, health care professionals can consider clinical recommendations, patient preference, and their own clinical judgment when diagnosing and treating patients.

Evidence-based dentistry (EBD) is an approach to practice—an approach to making clinical decisions—and scientific evidence is just one tool an informed dentist uses to arrive at the best treatment decision. EBD integrates three important aspects of clinical practice:

1. A dentist’s clinical skill and judgment
2. A patient’s needs and preferences
3. The best available scientific evidence

But with such a large volume of published studies, how do you easily find the latest evidence to help in your clinical decisions? A quick search on ebd.ada.org will yield systematic reviews from several resources and critical summaries for some of the reviews. A systematic review identifies and evaluates all of the evidence to answer a specific, narrowly-focused clinical question, while a critical summary is a one- to two-page summary and discussion of a systematic review.

A sample clinical question is, “How effective is fluoride varnish?” The answer can be found in three simple steps.

STEP 1 Go to ebd.ada.org
STEP 2 Enter search terms “fluoride varnish”
STEP 3 Review results

The query returns 24 systematic reviews related to fluoride varnish and six of those include a critical summary.

With more than 500 clinical trials per dental specialty published every year, ebd.ada.org can give you a quick look at the latest available evidence.

The ADA Center for Evidence-Based Dentistry has a two-fold vision: to disseminate the most current scientific evidence and to help dentists implement the current best evidence in practice. The Center has several ongoing programs to help dentists implement EBD, including the EBD Champion Program and the ADA Evidence Reviewer Workshop. For more information, visit http://ebd.ada.org.

This column is intended to acquaint you with the benefits that you receive as a member of the Tripartite (ODA, ADA, and your component dental society).

A Silver Lining?

The trend of increasing cavities among children propels conversation about silver nitrate’s role in treatment.

By Melody and Barry Finnemore

Silver compounds, which have reemerged on the dental landscape, are generating intense conversation within the profession.

Opinions vary about their use, with some practitioners taking the position that compounds such as silver nitrate used with fluoride varnish don’t address underlying dental disease and others arguing that it may be an affordable treatment option that opens up access to care.

---

Melody and Barry Finnemore are freelance writers for ODA and partners in Precision Communications (www.precomwords.com). They can be reached at precisionpdx@comcast.net.
“I work in the frontier area with a significant Native American population, and I usually see young children who don’t have working care because the next dentist is 400 miles away. I’ve felt the pressure of that, and I’ve strongly considered using silver nitrate with a fluoride varnish. I struggle with the lack of controlled trials around that technique, although, intuitively, I think it probably is safe.”

—Jane Gillette, DDS, a nationally recognized expert in science-based dentistry who treats underserved populations in Montana

John Engle, DDS, a longtime pediatric dentist who now chairs OHSU’s Department of Pediatric Dentistry, and is an assistant professor there, said that from the department’s perspective, silver nitrate may stop dental decay, but is not capable of restoring damage, and therefore “never has caught on as a mainstream treatment regime.”

“As a trained pediatric dentist, I would say we try to preserve function, integrity, and the growth and development of the jaw, so we try to take whatever disease process has occurred and restore that to its normal function,” Dr. Engle said. “The downside of silver nitrate for patients is that it turns teeth black, and doesn’t repair the damage that has been done.” (Dr. Engle is not an ODA member.)

At the other end of the spectrum is Steven Duffin, DDS, who, nearly a decade ago, grew frustrated as he saw the number of young patients with oral health problems increase. He began delving into caries prevention and treatment, and came upon research about silver nitrate that showed its use by dentists to arrest caries as far back as the 1800s and up through the 1950s.

Dr. Duffin made a priority of treating children on Medicaid when he started his Tigard practice. “I did that on purpose because I really wanted to confront the problem head-on,” he said.

Trained as a microbiologist before dental school, Dr. Duffin, who is not an ODA member, began treating patients with caries using a combination of silver nitrate and fluoride varnish, repeating the application at intervals over 12 weeks. He kept a database and, in his words, found the findings “remarkable.”

“I had some patients who disappeared from my practice for a few years and came back and there was no decay,” he said, noting the time has come for the return of silver nitrate as a tool in the dental toolbox to fight caries.

After falling out of favor as a caries treatment by the mid-20th century, in part because local anesthetics meant
“Right now we’re developing quite a few studies, and a couple are related to silver nitrate as a caries treatment and prevention strategy. We’re excited about those because there seems to be a lot of interest in the network about it.”

–Jeffrey Fellows, PhD, director of the National Dental Practice-Based Research Network’s Western Region and an investigator at the Center for Health Research at Kaiser Permanente Northwest

Painless tooth removal, and the advancement of tooth-colored filling materials, silver nitrate has re-emerged on the dental landscape.

While the conversation about silver nitrate is occurring on the regional and national level of evidence-based dentistry, some practitioners, such as James Tyack, DMD, a Clatskanie general dentist, caution against a quick acceptance of silver compounds and stress that more study is needed. Dr. Tyack believes they have promise to “become another useful tool for dentists, not a panacea,” adding that other options such as conventional fillings are as good or better than silver compounds.

“First, let’s make sure it is safe and effective,” he said, noting silver compounds should at this point be considered experimental and used judiciously by dentists until evidence justifies expanded use. “Then let’s come up with some targeted applications where it makes sense.”

HERC recommends silver treatments not be added to prioritized list

Silver products have long been a common antimicrobial, used in such things as sutures, catheter linings and hospital gowns and for water purification. The term “silver compounds” is sometimes used as a catch-all term for silver nitrate/fluoride varnish and silver diamine fluoride (SDF), which are distinctly different but are said to accomplish the similar goal of arresting tooth decay.

SDF is not approved by the U.S. Food and Drug Administration, but its longtime use in some countries, and growing use in others, has produced evidence that it can successfully treat and prevent caries. (See related sidebar on page 13.) Although silver nitrate is FDA approved, its use to treat dental carries is considered “off label.”

Earlier this year the state’s Health Evidence Review Commission (HERC), armed with a report from OHSU’s Medline Project, an evidence-based review group, and data and information from trusted sources and professional organizations, recommended that silver treatments not be added to the prioritized list of health services under the Oregon Health Plan. It stated that “this appears to be an experimental treatment at this time, and more research demonstrating efficacy and safety is required prior to allowing OHP patients to have this procedure done.”

The HERC noted that there is “evidence in resource-poor countries that silver diamine fluoride is effective at preventing and arresting caries. However, there is no evidence of the effectiveness of silver nitrate (and) fluoride varnish which is what would be used in the U.S. (because the FDA has not approved silver diamine fluoride) and there are no U.S. studies of either type of treatment.”

The HERC also expressed concern about the “costs of repeated visits when restoration is still required and there is no data supporting that delayed restoration compared to immediate restoration is beneficial. Cosmetic concerns about permanent black staining in the teeth exist. Although the international studies are promising, no U.S. major dental organizations currently recommend the use of silver compounds.”

Indeed, questions about silver compounds linger among practitioners such as Dr. Tyack—including whether some patients treated with silver nitrate would require greater dental care down the road given that it is applied only to visible caries, not those between teeth.

“Substituting (silver nitrate with fluoride varnish) for quality restorative care is a step backward,” Dr. Tyack said, stressing that while he is a HERC member, his comments for this article reflect his own opinions. “It may be a useful adjunct, if proven to be safe and effective.”

Silver nitrate proponents attempted to advance its use through an administrative rule and the Oregon Legislature. The Oregon Board of Dentistry declined to expand the duties of dental hygienists and assistants to apply the treatment to patients, and an amendment regarding this issue was added to an unsuccessful House bill. The amendment ultimately could be added to another bill wending its way through the legislative process. In addition, the Board of Dentistry has voted to make the issue the focus of a future public hearing.
Silver diamine fluoride (SDF) first grabbed the attention of Peter Milgrom, DDS, when he began treating a man in his 40s who was battling mouth cancer. The man had had part of his tongue removed and had undergone radiation therapy, which led to decay in every tooth he had. Understandably, the man was afraid of the amount of work that needed to be done on his teeth, so he turned to Dr. Milgrom, who specializes in treating fearful patients.

Dr. Milgrom, DDS, a University of Washington professor of dental public health sciences and pediatric dentistry and director of the Northwest Center to Reduce Oral Health Disparities, said the damage done by the radiation made it impossible to remove the man’s decayed teeth. He turned to SDF as an alternative.

“I have followed him now for five years and I haven’t done a filling yet. It completely arrested his decay,” Dr. Milgrom said.

SDF has long been used to fight cavities in Japan, Mexico, Australia and other countries. Nepal, Cuba, Argentina and Brazil use it extensively for oral health care. The University of Hong Kong dental school has conducted large-scale trials showing that SDF is safe and effective in arresting tooth decay. Evidence also shows it helps protect the surrounding teeth, which Milgrom says is a “gift that keeps on giving.”

In the United States, however, SDF has not been approved by the federal Food and Drug Administration. “The U.S. is very slow on the uptake. The predominant method for applying topical fluoride is fluoride varnishes, and it took from the mid-1960s to the 1990s to become available in the U.S. even though they were developed and tested extensively in Europe,” Dr. Milgrom said.

A review of a multitude of clinic trials, published in the Journal of Dental Research in 2009, concluded that the evidence available so far shows that SDF can have a “significant and substantial benefit” in treating and preventing caries. “Application is simple, the solution is low-cost, and application does not require complex training of the health professionals,” states the review, co-authored by Richard Niederman, DMD, director of the Center for Evidence-Based Dentistry at The Forsythe Institute in Cambridge, Mass.; Aronita Rosenblatt, of The Forsythe Institute and the University of Pernambuco School of Dentistry in Brazil; and T.C. Stamford, also with the dental school in Brazil.

Dr. Milgrom said the FDA is closer to approving SDF now that it is seeing some research being done on its safety and effectiveness. He is writing a proposal to the agency requesting a pilot test of SDF on children with cancer.

“Children who get cancer treatment also get gross tooth decay, so imagine a 5 or 6 year old who has gone through cancer treatment, and has almost died, and now they have to have extensive work done on their teeth,” he said.

Dr. Milgrom also has authored research about how much SDF enters a patient’s bloodstream during treatment and has demonstrated that it has no adverse effects. He acknowledges that SDF has fallen out of favor among some dental professionals because of the staining factor, which for many people with severe tooth decay is a minor concern compared to the benefit of not only keeping their teeth but restoring them.

“This is a humanitarian issue for me, and I think that’s being lost sometimes in the discussion. There are many, many potential patients in the U.S. and in Oregon who would really benefit from us developing new strategies, and the things we’ve relied upon for many years are no longer really adequate,” he said.

EDITOR’S NOTE: Dr. Peter Milgrom is a principal in Dental Silver Arrest LLC, a company working to get FDA approval for silver diamine fluoride in the U.S.

“I think the most important thing is to recognize that this is part of the development of our field and it shouldn’t be controversial. We’re learning what is being done in other countries, we’re learning how to address the problems we face, and this isn’t just an issue that affects children.”

–Peter Milgrom, DDS, University of Washington professor of dental public health sciences and pediatric dentistry and director of the Northwest Center to Reduce Oral Health Disparities
Great interest in silver nitrate research

Jane Gillette, DDS, a nationally recognized expert in science-based dentistry who treats underserved populations in Montana, said there is plenty of need for something as inexpensive and easy to use as silver nitrate. But, the jury is still out on its safety and effectiveness, she noted.

“I work in the frontier area with a significant Native American population, and I usually see young children who don’t have working care because the next dentist is 400 miles away. I’ve felt the pressure of that, and I’ve strongly considered using silver nitrate with a fluoride varnish,” she said. “I struggle with the lack of controlled trials around that technique, although intuitively I think it probably is safe.”

Though silver nitrate has been criticized by some as merely a "Band-Aid" for caries, there are circumstances in which even that is a welcome solution, Dr. Gillette said.

“There are rural areas with severe access problems to dental care and populations with a high disease rate, like Hispanics and Native Americans. Those populations get cavities way beyond what you and I get; it’s really severe,” she said. “To do the Band-Aid is sometimes where we’re left because there are so many teeth to fill.”

Noting that the public health community is very interested in research related to silver nitrate, Dr. Gillette said randomized trials provided some meaningful data. Still, when it comes to health care issues, evidence needs to solidly exist that shows a particular procedure is effective, cost-efficient, and, most importantly, doesn’t have any adverse effects for patients.

“There’s just that unknown. We believe it’s safe, but we just don’t have the studies to prove it,” she said. Dr. Gillette added that she applauds dentists like Dr. Duffin for encouraging the research community to expand its thinking.

“We have a need, we have a problem here and we need to ask the research community, ‘Why don’t you help us solve this problem?’” she said. “He has challenged the research community about the direction it should go. Let’s test it and find out. The research community will meet that challenge.”

Jeffrey Fellows, director of the National Dental Practice-Based Research Network’s Western Region and an investigator at the Center for Health Research at Kaiser Permanente Northwest, said the network is keenly aware of the interest in research involving silver nitrate, both regionally and nationally.

“Right now we’re developing quite a few studies, and a couple are related to silver nitrate as a caries treatment and prevention strategy,” he said. “We’re excited about those because there seems to be a lot of interest in the network about it.”

Fellows added that later this year, the network expects to begin recruiting practitioners around the country to participate in those studies.
There's a reason
I put my trust in O’Brien.

“I rely on O’Brien Dental Lab to give my patients perfection in even the most complex of cases. My practice trusts their breadth of knowledge in both the nuances of dental fundamentals as well as the advancements in technology and implant dentistry. With patient expectations on the rise, O’Brien Dental Lab has set the standard for aesthetics, shade matching, characterization and contour, helping me take the artistry of dentistry to its highest and most predictable level.”

- Wanda E. Palena, DMD, PC, Vancouver, WA
**It’s a Wrap!**

The Oregon Dental Conference® was held April 4-6 at the Oregon Convention Center in Portland. Conference courses offered a vast array of dental and dental-related topics. More than 1,100 exhibitor personnel showed off the latest in equipment and services at the trade show. ODA was joined by its partner groups: The Oregon Academy of General Dentistry, Oregon Academy of Pediatric Dentistry, Oregon Society of Oral & Maxillofacial Surgeons, Oregon Society of Periodontists, Oregon State Association of Endodontists, Oregon Dental Hygienists’ Association, Oregon Dental Assistants Association, and Oregon Dental Executives Association.

**General Session**

Over 850 people attended the general session on Friday morning to hear Eddie Slowikowski deliver a riveting keynote address. The morning began with Dr. Roger Sims (left), from Coos Bay, singing the national anthem. After that, Mr. Slowikowski took the stage for an inspiring presentation about creating success. As a three-time NCAA All American and sub-4 miler, he was great at sharing what it takes to be a winner and make your move in life.

**Presidents’ Dinner**

On Thursday, April 4, ODA president Jill M. Price, DMD, and all past presidents of the association were honored, along with a special presentation to retiring executive director, Bill Zepp, CAE, at the Embassy Suites Downtown Portland. The evening brought together 20 past presidents, the Annual Meeting Council, guests from the ADA 11th District and the specialty societies, as well as management of The ODS companies.

**President’s Party**

On Friday, April 5, over 200 people joined ODA president, Dr. Jill Price, at the Double Tree by Hilton Hotel, for a fun night of dinner, drinks, and dancing to the music of Hit Machine.

photo by Dr. Fred Bremner

photo by Dr. Fred Bremner
Exhibit Hall
This year’s Exhibit Hall was a busy place, featuring over 227 companies offering goods and services for virtually every aspect of dentistry. The grand opening reception on Thursday afternoon, and the new dentist reception on Friday evening, were hugely successful. Attendees flocked into the hall following classes to enjoy appetizers, drinks and one-stop shopping.

New this year were product demonstrations by Patterson Dental and EveryDay Health, during the lunch breaks on Thursday and Friday.
The free attendee massage area continued to be very popular. Many attendees received a ten minute, complimentary head and neck massage.
The Red Cross held its sixth annual ODC Blood Drive inside the exhibit hall on Friday and Saturday. Thank you to all those who helped the Red Cross collect 41 units of blood. With these collections, up to 123 people’s lives will be impacted.
The OHSU Student Table Clinic was held Saturday morning. The event is sponsored by the ODA and Dentsply. Winners, to be announced at a later date, will win a $500 check and a chance to compete nationally during the ADA Meeting in New Orleans.
The Oregon Dental Assistants Association hosted poster demonstrations in the exhibit hall on Friday.

Congratulations to the Prize Winners

Grand Prizes
Dr. Bob Ferek  iPad
Lori Hamilton  iPad

Door Prize Winners
Leigh Armijo  $100 Nordstrom gift card
Shea Donaldon  Scentsy gift basket
Alma Gonzalez  Skil Saw power tool
Tiffany Hanks  Complimentary CPA services

Dr. Ian Pham  18 holes of golf
Hannah Solesbee  Scentsy gift basket
Carrie Stisser Everett  iPad Mini
Nicole Ulrich  $100 gift card
AFTER GEORGE McCULLY, DMD, graduated from dental school and spent a year as a public health resident, he had the opportunity to join a group dental practice in Portland.

He chose instead to open his own office in Eugene, his hometown. He decided to strike out on his own, partly because he wanted to live in that Willamette Valley city, and partly because he sought the control that comes with owning a practice.

He was only able to open his own practice, however, because it was financially possible for him to do so. Dr. McCully, now approaching four decades in the field, worked as he progressed through dental school to recoup some costs but laments the fact that opening a practice is far from reality for many of today’s dental school graduates, who carry crushing student debt.

For Dr. McCully, that was the driving force in establishing an endowed scholarship at his alma mater, the University of Oregon Dental School (now OSHU School of Dentistry). He says many in the profession take the important step of giving back to dental schools, and helping aspiring professionals avoid a mountain of debt before their careers even start is his way of doing so. This is the first year the scholarship has been awarded.

“I felt like he just took care of me,” Dr. McCully says. “I didn’t like having fillings, but I felt like I was in good hands.”

Born and raised in Eugene, Dr. McCully says his father—who worked in a cannery—made enough money for the family to live on. They may have eaten casseroles by the end of the month, but the kids always had new shoes each year. In elementary school, Dr. McCully began delivering papers, a job he held through high school, so that he had a bit of spending money.

Dr. McCully says he has always put a premium on work-life balance, blocking out several weeks a year to be away from the office and rekindle the soul. “My time is much more important than making more money,” he says.

Dr. McCully, named 2003 Oregon Dentist of the Year, says he’s also been guided by a desire to make the world a better place, a philosophy passed down from his grandfather and father. As he was building his practice, he recalls, “I wanted to make sure every person who came to see me had their expectations exceeded. Every person has worth. If you take care of people, they take care of you.”

He says he’s very close to his patients, enjoys building relationships and treating generations of families, and even now he worries about what will happen to his patients when he someday decides to retire. “What makes dentistry fun for me is being with people, talking with people—that interaction.”
Dr. McCully enjoys advanced restorative dentistry, noting how satisfying it is to improve how a person feels about their smile, and how important it is for an individual’s growth and fulfillment. “The truth is, if you don’t feel comfortable with yourself or how you look, you won’t realize your full potential.”

Another avenue in which Dr. McCully, past president of the Oregon Board of Dentistry, gives back is through the Western Regional Examining Board, serving as a grading examiner. He’s been involved in professional licensing for more than a decade. “I hope I’m giving back a little to the profession, but that’s not the only reason I do it. The people I work with are, without question, the most dedicated group of dentists I have ever associated with.”

Dr. McCully is quick to emphasize the opportunities he’s had, including spending a summer between his junior and senior years of dental school and, for a year after graduating, working with the Indian Health Service, significantly broadening his education in myriad aspects of dental and medical care. He credits invaluable mentors—among them Dr. Jack Mitchem; Harry Albers, DDS; Dr. Bill Blatchford; and Bernie Taylor.

“All of those folks have had a huge affect on me and way more to do with my success than I have,” he says. “Any of the accolades or accomplishments that might have come my way are only in small part my doing.”

Dr. McCully on ski patrol at Mt. Bachelor, with his wife and a staff member.
Meeting Report—April 19, 2013

Steven E. Timm, DMD, ODA Vice President, Board liaison • Beryl Fletcher, Director of Professional Affairs, staff liaison

New Board members
Two new members have been appointed to the Board. Dr. Todd Beck, general dentist from Portland has replaced Dr. Darren Huddleston, who has served two terms on the Board. Mr. James Morris has been appointed as the new public member of the Board, replacing Mr. David Smyth, who resigned from the Board after completing two terms.

Another appointment is slated for the end of April of a dental hygienist, John Tripp, who will replace Jill Mason, who also has served two terms on the Board.

Board election of officers
The Board elected Dr. Jonna Hongo president, and Dr. Brandon Schwindt vice president.

Legislative Update
The Board is tracking a number of bills. The CE requirement for cultural competency CE is still alive but has some amendments. A complete listing of the bills the Board has been tracking is available on their website in the April 18 Board meeting materials. www.oregon.gov/dentistry/docs/Board_Agendas/Public_Packet_April_19_2013.pdf

Proposed rule decisions by the Board following Board hearing

- **BOTOX** The proposed rule to allow all dentists to provide Botox within the scope dentistry. **FAILED.** The issue will go back to the Board rules committee for further discussion of rule language, which would specify that the 16 hours of continuing education must be “hands-on” clinical training. This addition to the proposed language would be considered a substantial change to the rule, so it would be necessary to have a new hearing to add this language. It was suggested that the Board review allowing dentists to provide Botox anywhere as they are already providing cosmetic treatments many of which require more difficult and pose irreversible consequences. Botox is reversible. The Board rules committee may discuss this issue at their next meeting.

Adopted Rule Changes
The following rule changes were adopted with a target effective date of July 1, 2013. Full rule language is available on the Board website at www.oregon.gov/dentistry.

DIVISION 1—ADOPTED

- **818-001-0002. DEFINITIONS, “DENTIST OF RECORD.”** This clarifies that institutions described in ORS 679.020 (3) must have a dentist of record who either authorizes treatment for, supervises treatment of, or provides treatment for the patient in clinical settings. This allows the Board of Dentistry access to clinical records and the investigative process, when a complaint has been filed by patients who have received treatment at colleges and other institutions. There is a similar bill in the legislature that has not passed yet.

- **818-001-0087. FEES. SPECIALTY EXAM FEES.** This rule specifies exam fees based upon the number of candidates taking the exam and requires fees with application for the exam.

DIVISION 12—STANDARDS OF PRACTICE. ADOPTED

- **818-012-0005. SCOPE OF PRACTICE.** Treatments and training typical of oral surgeons. This is a clerical fix in the re-numbering of the rules.

DIVISION 26—ANESTHESIA. ADOPTED RULE PROPOSALS

- **818-026-0000. PURPOSE.** Requires all dentists who provide treatment in hospitals and affiliated facilities to have appropriate anesthesia permit. This previously was not required when dentists were working in hospital settings as hospitals covered them, which is no longer standard practice. Therefore, either the dentist would need to have an appropriate permit from the Board of Dentistry or an anesthesiologist may provide anesthesia.

- **818-026-0020 PRESUMPTION OF DEGREE OF CENTRAL NERVOUS SYSTEM DEPRESSION.** (4) adds requirement that a license must have a Moderate, Deep, or General Anesthesia Permit to administer benzodiazepines or narcotics to children under age six.

- **818-026-0060. MODERATE SEDATION PERMIT.** Adds End-tidal CO₂ as additional monitoring required.
• 818-026-0065. DEEP SEDATION PERMIT. Spells out that not more than one person may be under deep sedation, moderate sedation, minimal sedation, or nitrous at the same time. Also adds ECG and End-tidal CO₂ monitors to required monitoring during deep sedation.

• 818-026-0070. GENERAL ANESTHESIA PERMIT. Proposal requires patients to be continuously monitored using pulse oximetry, ECG, and End-tidal CO₂.

DIVISION 35—DENTAL HYGIENE.
ADOPTED RULE PROPOSALS

• 818-035-0020. AUTHORIZATION TO PRACTICE. Changes in this (1) (e) and (f) area, eliminate the wording “to perform a prophylaxis” as dental hygienists may already do this, and allow them to “provide” dental hygiene services as well as diagnose and treatment plan for dental hygiene services.

• (6) This change eliminates the requirement that a dental hygienist may not perform periodontal treatment unless the supervising dentist has examined the patient and diagnosed the condition to be treated.

• Renumbering rule # (7) to (6) is a clerical revision and will still require a new patient to be examined by the dentist prior to further dental hygiene services being provided.

• OAR 818-035-066. ADDITIONAL POPULATIONS FOR EXPANDED PRACTICE DENTAL HYGIENE PERMIT HOLDERS. A dental hygienist with an Expanded Practice Permit may practice without supervision at locations and on persons as described in ORS 680.205 (1) (a) through (e) and on the following additional populations: Low income persons, as defined by earning up to 200% of the Federal Poverty level or on specific population groups designated by the Dental health Professional Shortage Areas (DHPSA) that lack access and that are underserved.

• OAR 818-035-0072. RESTORATIVE FUNCTIONS OF DENTAL HYGIENISTS. POSTERIOR COMPOSITES. The change in this rule allows dental hygienists to do posterior composite restorations. This rule requires the dentist to allow this, and must prep the restoration, and check it before the patient leaves. The patient must be given informed consent for placement of the restoration by a restorative function endorsement dental hygienist. (According to the Board, approximately 319 dental hygienists have a restorative function endorsement.)

continues on page 23
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N. OR COAST - Progressive, high profit, Biological practice collecting $350K+. This amalgam free/safe office features 3-ops and digital X-rays. Wonderful merger possibility!

NEW! BELLEVUE, WA - Biological dental practice collecting $500K+ annually. This amalgam free/amalgam safe office features 7 ops (6 equipped), digital x-rays and new pano.

NEW! REDMOND - Established G/P collecting $600K in 2012. Strong hygiene program, 5 ops and laser. Lots of potential!

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DIVISION 42—DENTAL ASSISTING. ADOPTED RULE PROPOSALS

- OAR 818-042-0090. ADDITIONAL FUNCTIONS OF EFDAs. Dental hygienists will be allowed to supervise EFDAs under indirect supervision to provide sealants and apply temporary soft relines.

- OAR 818-042-0095. RESTORATIVE FUNCTIONS OF DENTAL ASSISTANTS—POSTERIOR COMPOSITES. The change in this rule allows dental assistants to do posterior composite restorations. This rule requires the dentist to allow this, and must prep the restoration and check it before the patient leaves. The patient must be given informed consent for placement of the restoration by a restorative function dental assistant. (According to the Board, fewer than 20 dental assistants have a restorative function certificate.)

- OAR 818-042-0110. CERTIFICATION, EXPANDED FUNCTION ORTHODONTIC ASSISTANT. Adds additional requirements for Orthodontic Assistant Certification test (fit and adjust headgear, remove fixed orthodontic appliances and take impressions).

Other News

- ODHA announced an Expanded Practice Permit Dental Hygienist CE event to be held in Springfield, May 3–4.

- WREB Restorative Exam for Dental Hygienists – Failure of Exam Remediation. WREB has made changes to the remediation requirements for dental hygienists failing the restorative exam. Previously remediation was required after three failures of the exam. The new requirement will require remediation after two failures. Pacific University has developed a new course to fulfill this remediation requirement.

- Licensee Names in Board Newsletter. A motion was made to return to putting case numbers rather than licensee names in the Board newsletter. After much discussion, the Board voted to keep the names in the newsletter.

- Silver Nitrate rule proposal to allow dental hygienists and dental assistants to apply this material. Dr. April Love and Dr. Steven Duffin submitted letters to the Board requesting they review their decision not to send this issue to rule hearing. The Board voted to send this issue to the next rule hearing.

- Board meeting dates for 2014. The Board approved the following meeting dates for 2014: February 28, April 25, June 27, August 22, October 17 and December 19, 2014.

- Approved Expanded Practice Dental Hygiene CE Providers. The Oregon Oral Health Coalition and Pacific University were approved as CE providers.

- Board Standing Committees. The Board Standing Committees were published and are available on the Board’s website.

For more information on the Oregon Board of Dentistry, please visit www.oregon.gov/dentistry.
ODC a Success!

Motor Mouth Car Raffle

John R. Chirgwin, DMD, from Portland, was the lucky winner of the 2013 Toyota Camry Hybrid, awarded on Saturday, April 6, at the Oregon Dental Conference. Five hundred and five raffle tickets were purchased—before and during the ODC—helping to raise $50,500 for DFO programs, like the Tooth Taxi.

“Our congratulations to Dr. Chirgwin,” said Charlie LaTourette, executive director of the Dental Foundation of Oregon. “We are happy for him, and very grateful to everyone who purchased a ticket.”

Special thanks to Lonnie Timmons, Gresham Toyota, for his help obtaining the car and promoting it at the event. The Motor Mouth Car Raffle has become an annual event at the ODC, and an important part of the Dental Foundation’s fundraising program, which helps us serve so many low-income children across Oregon.

Wall of Wine

The Wall of Wine at the ODC raised nearly $6,000 for the Foundation. Participants paid $20 to select a pre-wrapped bottle of wine; many bottles were worth $20, and several valued at hundreds of dollars.

Our sincere thanks to our wine donors including these wineries and vineyards: Bradley Vineyards; Brandborg Winery & Vineyard; Cameron Winery; Casa Bruno, LLC; Henry Estate Winery; Oregon Dental Association; River’s Edge Winery; Rocky Knoll Winery; Wild Rose Winery; and Willamette Valley Wineries Association.

Thank you also to these individuals: Dr. Rick and Betsy Asai, Dr. Ken and Susan Berg, Diane Bower, Patrick Braatz, Don Brethhauer, Judy Edgerly, Dr. Mike and Suzann Goger, Maurice and Ginny Hicks, Dr. Anthony Hoffman, Lisa Horton, Rebecca Lanxon, Robert Lee, Keith and Linda Lovett, Lora Mattsen, Steve and Dawn McNannay, Dr. Patrick Nearing, Don Oman, John Paul, Dr. Tom Pollard, Dr. Alanson Randol, Lindsey Rooks, Dr. Daniel Saucy, Dr. Steve Simmons, Holly Spruance, Dr. William Ten Pas, and William and Patricia Zepp.

Register Now for Chip! for Teeth

Join us on Friday, June 21, 2013, for one of the most entertaining charity golf events in Oregon while supporting the ODA’s charity. Over $6,000 in prizes will be handed out, including weekend golf getaways, hotel and restaurant packages, and more. There will be two hole-in-one chances, with an opportunity to win a two-year lease of a 2013 Toyota Prius Plug-In and a $10,000 cash split.

Sponsorships and playing spots are still available, but filling up fast, so visit the DFO website, www.SmileOnOregon.org, to download your registration forms now, or call us at 503.594.0880.

Special thanks to these fine sponsors who have already signed up to support the ODA’s charity event: BnK Construction, Columbia Community Bank, Carestream Dental, Consani Associates, First Citizen’s Bank, Five Star Electric, Gresham Toyota, Multnomah Dental Society, Oregon Dental Association, O’Brien Dental Lab, OHSU Alumni Association, Pacific Continental Bank, Patterson Dental, Emmett Phair Construction, Shikosha Dental Lab, US Bank, Waddle and Reed, Wells Fargo Practice Finance, WEO Media, and Willamette Dental Group.

The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association. For more information, visit www.SmileOnOregon.org.
Save the Date
Friday June 21, 2013
Chip! for Teeth

Langdon Farms Golf Club
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OHSU at ODC
By Sydney Clevenger

From the Student Table Clinic competition, to alumni reunions, to the alumni awards luncheon and information tables on the school’s programs and new facility, OHSU School of Dentistry was a visible presence at the Oregon Dental Conference.

Student Table Clinic
Six student-led research teams presented their clinical research during the Oregon Table Conference, on subjects ranging from the value of radiography to analyses of mutan streptococci genetic strains.

“Evidence-based practice is becoming the norm in dentistry,” said Thomas Hilton, DMD, MS, alumni centennial professor in operative dentistry, who coordinated the Student Table Clinic competition with Curt Machida, PhD, professor of integrative biosciences and pediatric dentistry. “This will require ever-increasing research efforts to provide the evidence to support practice.

“Student participation in research will help to contribute to the evidential base for the practice of dentistry,” said Dr. Hilton. “Perhaps even more importantly, participating in research helps students to learn essential analytical skills that will allow them to critically evaluate the constant flow of information from the peer-reviewed literature.”

The annual competition was sponsored by the ODA and Dentsply, with support from the School of Dentistry Alumni Association and Dean’s Office. Student Table Clinic results will be announced May 31 at the school’s annual Research Day.

Reunions
Ten OHSU School of Dentistry alumni classes were reunited during the ODC weekend, traveling from such states as North Carolina, Nevada, Hawaii, Washington, Alaska, and Idaho. One class held a waxing contest, another took a tour of the dental school’s new building under construction, and all enjoyed sharing good food and memories of their years together.

“IT’s great to be back,” said Paul Brosy, DMD, Reno, Nev., whose class used the school’s third floor lab for a waxing contest April 5 to kick off their festivities, coordinated by his wife, Lynn, whom he met and married in dental school. “It looks pretty much the same as it did 30 years ago, only cleaner,” he said.

Annual Awards Lunch
A number of dental professionals, students, and faculty were honored at the 2013 Annual Awards Luncheon. The lunch was emceed by Steve Beadnell, DMD, who passed the gavel to new Alumni Association President Jim Smith, DMD.

Among those receiving awards were: Margaret M. Ryan, RDH, MS, and (the now deceased) Clarence Pruitt, DMD (Legacy Faculty Award); Denice Stewart, DDS, MHSA, senior associate dean for clinic affairs and Jeffery Stewart, DDS, MS, associate professor of pathology (Honorary Alumni Awards); fourth-year dental student Daniel Walsh (Go the Extra Mile Award); third-year dental student Traci Saito (Ted Green Memorial Award); Dean Emeritus Jack Clinton, DMD (President’s Award); and ODS Health Vice President and Chief Dental Officer Teri Barichello, DMD (Alumna of the Year Award).

“I am so honored to receive this award,” said Dr. Barichello. “I am standing here because of a series of great mentors. . . . who shined a light and encouraged me to be more and do more.”

Almost 35 dental students received scholarships, including: third-year dental student Kelley Sayre ($2,000, Northwest Dental Scholarship Endowment Fund); third-year dental student Nathan Risley and fourth-year dental student Amy Trevor ($10,000, Willamette Dental Foundation Scholarship and Willamette Dental Group Scholarship, respectively); third-year dental student Denise Gates ($20,000, ODS Scholar in memory of Kathryn Robertson); Third-year dental student Kristen Ho and
second-year dental student Kevin Sagawa ($2,300, Hawaii Dental Student Endowed Scholarships); fourth-year dental student Erica Coe ($2,400, Dr. George A. And Diane McCully Endowed Scholarship); and third-year dental student Shannon Woods ($10,000, Yui Sing “Dany” and Debbie Tse Scholarship).

**Information Booths**

OHSU School of Dentistry had a variety of informational tables set up. “A lot of people stopped to talk and ask questions about our new building,” said Interim Dean Gary Chiodo, DMD, FACD, who was in the booth for many hours on the Friday of ODC. “One alumnus even got out his checkbook and wrote a check for $1,000!”

OHSU School of Dentistry is in the middle of a $43 million capital campaign to raise funds for the new building. To make a gift, please contact Patrick J. Regan, 503.494.0980, reganp@ohsu.edu.

Sydney Clevenger is Communications Coordinator for the OHSU School of Dentistry. She can be reached at clevenge@ohsu.edu.
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**CLINICAL DIRECTOR—STATE OF OREGON.** We are currently seeking a highly motivated, compassionate, and talented individual to join an accomplished management team at Capitol Dental Care/ Smilekeepers in Salem, Oregon. OCD/Smilekeepers is the largest Dental Care Organization (“DCO”) in the state of Oregon, providing dental care to nearly one-third of all members of the Oregon Health Plan (“OHP”). As the senior clinical contact for a dozen Coordinated Care Organizations (“CCOs”), you will have a lead role in driving dental public health initiatives throughout the state. In addition, you will lead and direct clinical activities across 26 staff offices and an extensive panel of independent dentists. You will also be able to enjoy a unique clinical setting for a part-time chair side practice. You will be a key player in the support of the Capitol Dental Care’s committed clinical team. Requirements: 10+ years experience as a Dentist, Active state licensure for clinical director, Passion for dentistry, Experience in public speaking, Strong knowledge of OHP (Oregon Health Plan), Willing to work chair side part-time, Corporate – Dental Service Organization (“DSO”) experience managing multiple dental offices, Excellent communications skills, both verbal and written. Well developed planning, organizational and analytical skills, Advanced computer skills including Microsoft office—Word, Excel, Outlook & PowerPoint. Ability to adjust priorities and manage time wisely in a fast-paced environment, Capacity to manage multiple projects without sacrificing attention to detail, Sound decision making skills, drive and desire to succeed by doing the right thing. Contact: Ron Brush, Manager of Doctor Recruitment, Direct: 1-800-836-9945; Cell: 971-295-9914, eFax: 877-233-3542 and email brushr@{}interdent.com.

**SEEKING AN EXPERIENCED GENERAL DENTIST** to join established group practice approximately 32 hours per week in Vancouver Washington. Please send CV to jennifer@{}wendeldentaldental.com.

**DENTAL OPPORTUNITIES**

**GENERAL DENTISTRY**

**NORTHWESTERN WASHINGTON—SEEKING EXPERIENCED DENTIST** for busy, established rapidly growing, fee for service, group dental practice. Excellent immediate income opportunity ($180,000 to $375,000 + per year) depending on productive ability and hours worked. Secure long term position. You can concentrate on optimum patient treatment without practice management duties. Newly equipped, modern office with excellent staff and lab services provided. If you are bright, energetic with a desire to be productive, very personable, and people oriented, and have great general and specialty clinical skills, fax resume to Otto J. Hansen, DDS at 425-484-2110.

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**FOR SALE OR LEASE WITH OPTION.** Beautiful, modern 2500sq/ ft 6 operator, free standing clinic. Corner major intersection (51k traffic count/day). High visibility with large monument signage, yet private maneuvered setting. 22 space/private parking lot. Across street from Intel Campus. Move-in ready. SBA loans less than 4%, owner occupied. Beaverton-Alachua. Call for information about existing positive cash flow of $30,000/yr to new owner, or other details about the property. See it on Craigslist under office commercial, 1975 SW Hwy. Call: 503-324-0600, or (cell) 503-730-7799; Gary Daubert DMD.

**DENTAL OFFICE SPACE FOR LEASE—IDEAL LOCATION,** 504 Villa Newberg OR, 1350 sq feet (4 ops) plus shared reception area with Endodontist and General Dentist. Favorable population to dentist ratio in a growing community 22 miles from downtown Portland. Buy equipment and move in. Contact Dr. Lance Rosenau 503-803-8099 or lancerosenau@gmail.com.

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**G/P PRACTICE FOR SALE—ESTABLISHED DENTAL practice for sale in Southern Oregon.** Annual collections over $828,000/year. Very active and productive hygiene program. Both hygiene operators have recently been completely remodeled and updated. 2700SF free standing building with a total of 8 operators. Great location with plenty of parking and fabulous visibility on a very busy street. Above average discretionary earnings. Current staff will stay with the practice. Contact Buck Reasor at Reasor Professional Dental Services. 503-680-4366, info@{}reasorprofessionaldentals.com, www.reasorprofessionaldentals.com.

**EQUIPMENT FOR SALE**

**FOR SALE—DIGITAL PANORAMIC XRAY UNIT, $12,000 OBO;** Biolase Laser(2005) $25,000 OBO. Both like new. Please call 503-318-5599.

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