

## **Membership Matters**

A publication of the Oregon Dental Association • February 2023

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Sat Apr 22<sup>nd</sup> The Oxford Hotel

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### "Long-Term Practice Transition Planning"

Offered at **<u>no-cost</u>** to dentists and their spouses Generously sponsored by Bank of America **BANK OF AMERICA** 

Course is **9:00 a.m. to 3:30 p.m.** Fruit and seafood social hour is 3:30 to 4:30 Extensive handout included. Classroom seating. Full plated salmon lunch.

#### Cutting edge transition trends for both practice owners and future owners.

#### **Topics include:**

Demographics and the future supply of dentists in the US. DSOs studies. What to know about them and how to negotiate with them. What is the future for DSOs and what is their market share shaping up to be. Dentist disability insurance. What to look for in a policy. Is your practice ready for an associate? Are you? Associateship compensation. Avoid common mistakes and create a strong partnership that works. What every spouse and family estate should know about your practice. Banking trends. What to expect at transition time. Practice Evaluation and Sale. Credentialing and accounts receivable challenges. Prepare your practice for sale and command the maximum practical sales value.

First-come first-served. E-mail us to register for a valuable day of information and fun.

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#### GUEST EDITORIAL



By Mark Miller, DMD (ODA President)

#### IT'S SUNDAY EVENING AND I CAN'T

**WAIT** for Monday morning to arrive! I'm ready to head to OHSU School of Dentistry to tackle the week head-on. After 36 years of private practice and a couple years of fill-in dentistry for friends, I began volunteering at the dental school in 2017. One opportunity led to another, and for the past few years I have found myself teaching restorative dentistry full-time in the pre-doctoral or "pre-doc" clinics.

The fourth-year pre-doc students (DS4s) have the opportunity to explore many facets of dentistry while on their eight weeks of external rotations. They also have internal rotations within the building including but not limited to oral surgery and urgent care.

I have the privilege of being in charge of the Urgent Care Clinic (UCC) two-and-a-half days each week. It is in the UCC that the pre-doc students have the opportunity to expand their diagnosis and treatment planning skills while under time constraints. They must accurately confirm the patient's chief complaint, thoroughly review their medical and dental history, and perform all necessary diagnostic testing within 30 minutes.

The pre-docs are not asked to perform, treat, or accomplish beyond

### A Peek Into Urgent Care

their knowledge and capabilities, but we do hope that they feel a gentle nudge in their backs as the clock ticks by. Communicating with the patient and understanding their symptoms and concerns are essential to developing a treatment plan. As students trained during the COVID pandemic and frequently raised with cell phones, many pre-docs also use this as time to practice their in-person verbal communication. This isn't always easy when the person they are communicating with is in pain! Nevertheless, it is an essential skill that needs to be developed in UCC, and one that they will utilize for the remainder of their dental careers to have successful outcomes.

Most patients present to the UCC with pain and/or swelling. Pre-docs determine the patient's pain level (1-10), duration of pain, what worsens the pain, and what makes it feel better. Questions and their answers lead to more clarifying questions prior to physically examining the patient. A significant portion of this verbal evaluation occurs via teledentistry before the actual chairside appointment. Patients call the school and are placed on a list before students call them on the phone to have discussions about their chief complaint and current symptoms. (These screenings may one day be done via video conferencing.) If the patient is experiencing swelling, students note whether it is extraoral and/or intraoral and the location of the swelling. If the patient's eye is swelling shut or the swelling is approaching their neck and they are having difficulty swallowing or breathing, patients are advised to go to the hospital emergency department ASAP. Once the discussion has clarified the chief complaint, and

the patient has been confirmed as a suitable candidate for the urgent care clinic, they are scheduled for an in-person evaluation.

Once the patient arrives for their appointment, chairside testing is completed to confirm the patient's chief complaint and determine appropriate treatment. The pre-docs quickly realize that most any tooth can be "saved" with root canal therapy, but that it may not be restorable afterward. Practicality triumphs over heroism.

Now, as winter term begins, we will have the option to offer non-surgical extractions on the pre-doc clinic floor in the UCC instead of referring to OMFS. Patients who require a root canal are quickly ushered to the pre-doc endo clinic, where the students begin treatment right away. In the case of more difficult cases, patients are referred to the graduate endo clinic to see a resident.

The communication among endodontic, oral surgery, and urgent care faculty at OHSU is fantastic – a true team approach to dental care. One of the best things that occurs for the pre-docs during their UCC rotation is to watch their investigative, diagnostic, and communication skills develop as they become more proficient and efficient with their time. The moments of organized mayhem and a little chaos on Monday transform into a teamwork machine within a few days.

It never ceases to amaze me how well the pre-docs help each other out with everything from operatory prep, radiography techniques, testing, evaluation, and diagnosis. The week goes by quickly, the pre-docs' (and docs'!) knowledge grows, and we do it all over again next Monday with a new crew!

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#### WHY CHOOSE US?

We could tell you how we check every box...

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#### Dr. Maureen Gierucki, DDS

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#### Dr. Clyde Norelli, DMD

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#### Dr. J Surface, DMD

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### Welcome New ODA Members

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

Andrea Braun, DDS Umpqua Dental Society

**UP FRONT** 

Steven Cannon, DDS Southwestern Oregon Dental Society

Paula Censoni, DMD Washington County Dental Society

Ian Craig, DMD Washington County Dental Society

Gemma Hill, DDS Multnomah Dental Society

Akbar Khan, DMD Marion and Polk Dental Society

**Rie Kimura, DMD** Multnomah Dental Society Tony Nguyen, DMD Marion and Polk Dental Society

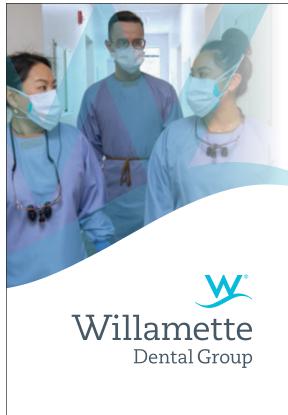
Alexander Petersen, DMD Multnomah Dental Society

Levi Shull, DMD Marion and Polk Dental Society

Whitney Smith, DDS Lane County Dental Society

Sonja Sproul-Hamon, DDS Lane County Dental Society

Nicole Tasooji, DMD Central Oregon Dental Society



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### **Events & Education Component CE Calendar**

#### CONTINUING EDUCATION

Calendar provided by Mehdi Salari, DMD

This calendar is current as of January 26, 2023.

#### Due to the COVID-19 pandemic, events may be altered or postponed. Please visit the host dental society website for the most up-to-date information.

Date	Dental Society	Course Title	Speaker	CE	Location	More Information
02/24/2023	Lane	Medical Emergencies	Dr. Sam Bae	4	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
02/28/2023	Clackamas County	Cultural Competency	Chris Verbiest	2	TBD	Register: executivedirector@ clackamasdental.com
03/09/2023	Southern Oregon	Back to Basics TMJ/TMD	Justin Carson, PT	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@ gmail.com
03/14/2023	Marion Polk	Prosthodontics	Dr. Larry Over	1.5	Salem (Roth's Event Center)	Register: www.marionpolkdental.org/ education
03/21/2023	Clackamas County	Dental Team Ergonomics	Allison Harney, PT, DPT	2	TBD	Register: executivedirector@ clackamasdental.com
03/22/2023	Multnomah	Litigation and Forensic Dentistry	Dr. Jay Malmquist	2	TBD	Register: www.multnomahdental.org
04/13/2023	Southern Oregon	Back to Basics Perio	Dr. Kyle Malloy	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@ gmail.com
04/25/2023	Clackamas County	Clear Aligners	TBD	2	Oregon City (PWFCC)	Register: executivedirector@ clackamasdental.com
05/09/2023	Marion Polk	Sleep Dentistry	Dr. Michelle Aldrich	1.5	Salem (Roth's Event Center)	Register: www.marionpolkdental.org/ education
05/12/2023	Lane	Lasers in the Hands of Dental Hygiene	Janet Press, RDH	6	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
05/17/2023	Multnomah	Table Clinics	-	2	Portland (Kennedy School)	Register: www.multnomahdental.org
05/23/2023	Clackamas County	Botox	TBD	2	TBD	Register: executivedirector@ clackamasdental.com
06/13/2023	Marion Polk	Telehealth Dentistry	Dr. Richie Kohli	1.5	Salem (Roth's Event Center)	Register: www.marionpolkdental.org/ education
10/12/2023	Southern Oregon	Back to Basics Oral Surgery	Dr. Bryan Clevenger & Matt Myers	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@ gmail.com
11/16/2023	Southern Oregon	Back to Basics Ortho	Dr. Dana Schmidl & Dr. Keyon Botsford	1	Medford (West Orthodontics)	Info/Register: sodentalsociety@ gmail.com

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

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

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Michael Naughton, DMD Multnomah Dental Society

Olesya Salathe, DMD Clackamas County Dental Society

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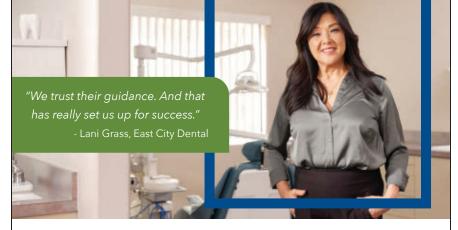
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Alayna Schoblaske, DMD Southern Oregon Dental Society *Editor* 

Scott Hansen, DMD Multnomah Dental Society Speaker of the House



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MEMBER BENEFIT OF THE MONTH

### Member Benefit – Oregon Dental Conference

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is just one of the many benefits reserved for ODA members. Members save up to \$600 off 2023 ODC registration. ODA members already save significantly on registration, but recent grads save even more! ODA members who graduated between 2019 and 2022 are eligible to receive \$100 off the ODA Member registration price! Make sure to select the ODA New Dentist Member category when registering.

#### Know an associate or colleague who should be an ODA member?

Let's invite them to join us at the 2023 ODC and to be a part of your association! Oregon dentists who apply for membership by returning a completed membership application within 60 days of the ODC will receive substantial savings on conference registration. Potential members should register as a non-member dentist. Upon submission of a completed application and receipt of 2023 dues, a refund of up to \$600 of the non-member registration fee will be issued.

#### Have questions about membership?

Your ODA membership team and local component leaders will be present to answer all your membership questions. Visit the ODA membership booth in Pre-Function A during the ODC and chat with your membership team!



Ashish Patel, DDS, MD, FACS

**55** This conference carefully curates national thought leaders and experts in all fields of dentistry and consolidates them under one roof. The courses and seminars are well planned, relevant, and evidence-based.

Though continued education is the obvious strength of the Oregon Dental Conference—it's also the place we go every year to connect with our community. Exchanging ideas with peers and mentors helps me as a clinician and educator. It's the one time of year I can be sure to catch up with friends and colleagues from all over the state!

### Welcome to the In-Person 2023 Oregon Dental Conference!

#### THE ODA IS EXCITED TO BRING

YOU the 130th Oregon Dental Conference<sup>®</sup>, which will be 100% in person!

All continuing education courses will be in person at the Oregon Convention Center in Portland. Virtual courses will not be offered.

This year's conference will bring an enhanced exhibit hall, fun activities, and 65 speakers presenting 82 courses! We also look forward to the Friday evening Night of Smiles, an event for the whole team.

Within these courses are two special learning tracks. The first is the Public Health Track, which is geared toward public health providers and will feature courses on treating patients with PTSD, trauma, general public health topics, treating the LGBTQ+ population, and social work.

The second is the Wellness track, brought to you by the ODA's Wellness Committee. This course track is geared toward all dental health care professionals and will address diverse topics such as emotional intelligence, resilience in the workplace, communication, and financial planning.

The Exhibit Hall will be open on Thursday, April 13 and Friday, April 14. It will be closed on Saturday, April 15.

On Thursday, the hall will open at 11:00 a.m. – right on time for the

break between CE courses. Following the final CE courses of the day, the Exhibit Hall will feature the ODC's Grand Opening Reception! Come celebrate the in-person conference with your team and friends! Enjoy a free drink on us and delicious appetizers. Exhibitors will be there to welcome you to the hall. The Beat Goes On Marching Band will be performing along with their dancers and baton twirlers to enchant you and put a little pep in your step!

On Friday during the break in CE courses, you won't want to miss the ODC's first ever ice cream social! Head to the exhibit hall for some delicious local Portland ice cream from Nico's Ice Cream! Making a special appearance near the Dental Foundation of Oregon booth will be the tooth fairy! Bring your team for a group photo with her! While eating ice cream and meeting the tooth fairy, you will enjoy the musical stylings of the Rose City Trombones, who will serenade you with their fantastic musical lineup.

After courses have finished and the exhibit hall has closed on Friday, April 14, join us for the ODA's Night of Smiles, conveniently located across the street at the Hyatt Regency Portland. The evening will commence with a delicious buffet dinner. The ODA will present the Tom Tucker Award along with the 2022 Presidential Citations and the inaugural New Dentist Award. Game night will follow, and you and your team will have the opportunity to play casino games with funny money and win fantastic prizes! Renowned Portland drag queen Poison Waters will keep the festivities going as the dance floor opens. You won't want to miss this exciting evening, which is sponsored, in part, by Delta Dental of Oregon. Everyone is encouraged to bring their teams for an enjoyable evening together!

The conference would not be the same without our excellent partner groups! We are grateful to work with The Oregon Association of Dental Laboratories (OADL), the Oregon Dental Assistants' Association (ODAA), The Oregon Dental Hygienists' Association (ODHA), the Oregon Society of Oral and Maxillofacial Surgeons (OSOMS), the Oregon Society of Periodontists (OSP), and the Oregon State Association of Endodontists (OSAE). Thank you for your longstanding partnership and dedication to supporting the ODC community!

The 2023 Oregon Dental Conference will offer all dental professionals an opportunity to connect, learn, and grow together! Register today at www.oregondentalconference.org.



**Oregon Dental Association** 

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Oregon Dental Association

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- ✓ Course & Speaker Info
- . ✓ Handouts

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- ✓ Exhibitor Info
  - ✓ CE Verification System

#### Early bird deadline is February 23



#### OregonDentalConference.org





### **ONSITE CONFERENCE SCHEDULE**

	THURSDAY, APRIL 13
7 ам — 6 рм	Registration Open
7—9 ам	Pierre Fauchard Academy Breakfast
8 ам – 4:30 рм	Scientific Sessions
11 ам – 6:30 рм	Exhibit Hall Open
12 — 1 рм	American College of Dentists Luncheon
3:30 — 6:30 рм	Grand Opening Reception, Exhibit Hall
	FRIDAY, APRIL 14
7 ам – 5:30 рм	Registration Open
8 ам – 5 рм	Scientific Sessions
9 ам — 5 рм	Exhibit Hall Open
11 ам – 1:30 рм	Ice Cream Social with the Tooth Fairy! (Exhibit Hall)
11:15 ам — 12:45 рм	Future Opportunities: Lunch, Listen, Learn Sponsored by the Oregon Dental Assistants Association
4:30 – 6 рм	New Dentist Social (Stir Bistro & Lounge inside OCC)
6 — 10 рм	Night of Smiles at the Hyatt Regency Portland (offsite)
	SATURDAY, APRIL 15
7 ам – 1 рм	Registration Open
7—9 ам	International College of Dentists Breakfast
8 am - 4 pm	Scientific Sessions
9 ам – 12 рм	OHSU Student Research Competition

3 AM - 12 FM	On So Student Research Competition
11 ам — 12:30 рм	Oregon Dental Hygienists' Association (ODHA) "All RDH" Event
11:45 ам – 1 рм	OHSU School of Dentistry Alumni Association Awards Presentation and Lunch

Oregon Dental Association

### **IMPORTANT DATES & DEADLINES**

- February 23 PREREGISTRATION DEADLINE Register by February 23 to receive a tuition discount to the 2023 ODC.
  - March 22 HOTEL/LODGING CUT-OFF Special ODC blocks are available at two hotels through March 22. See "Hotels & Lodging" on page 3 for details.
  - March 30 MAIL/FAX REGISTRATION CLOSED Anyone registering after March 30, 2023, must register online or onsite in Pre-Function A at the Oregon Convention Center.
  - March 30 REFUND, TRANSFER, AND CANCELLATION DEADLINE All refund, transfer, and cancellation requests must be submitted to the ODA via email to odc@oregondental.org received by March 30, 2023. A \$25 handling fee will be charged for all tuition refunds. Registration transfers will be accepted for the same year without penalty. *Workshop and additional course fees are non-refundable. Refund requests will not be granted for any reason after 11:59 PM on March 30, 2023.*
  - March 30 COURSE HANDOUTS AVAILABLE ONLINE Course handouts will be available online and through the ODC mobile app, starting two weeks prior to the conference. Handouts will <u>NOT</u> be printed for distribution onsite.
- April 13–15 **ONSITE REGISTRATION** Registration will be available in Pre-Function A at the Oregon Convention Center during the hours listed below. **NOTE:** Photo ID is required for both onsite registration and badge reprinting. Dentists who are not members of the ODA will need to show their ADA card to receive the ADA member rate.

#### **ONSITE REGISTRATION HOURS**

 THURSDAY, APRIL 13
 7 ам – 6 рм

 FRIDAY, APRIL 14
 7 ам – 5:30 рм

 SATURDAY, APRIL 15
 7 ам – 1 рм



# Night Of Smiles

After a day of **CONNECTING and LEARNING**, gather your team for an **EVENING OF FUN!** This event has something for everyone!

**6** PM Settle in for a Portland-inspired buffet dinner followed by the awards portion of the evening.

**7** PM Join renowned Portland drag queen, Poison Waters, and dance the night away. Try your hand at Vegas-style games, winning tickets that give you a chance to win prizes. Or cheer on your teammates as they try their hand at giant Jenga, giant connect four, or cornhole.

**9:30** PM Listen up! Ms. Poison Waters will be announcing the prize winners. After prizes, our fantastic DJ will be playing the last few songs of the night. Get your team on the dance floor for one last dance!

6–10 pm, Friday, April 14 Hyatt Regency Portland, Deschutes Ballroom

Across from the Convention Center

Join the fun by adding a ticket to your conference registration.

**\$50 per person** REGISTRATION CODE: F7100

#### All are welcome and encouraged to attend!

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Entertainment is sponsored, in part, by the Dental Foundation of Oregon

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**Oregon Dental Association** 

### Don't Miss These Exciting Offerings

#### **Grand Opening Reception**

When: Thursday, April 13; 3:30 p.m. – 6:30 p.m. Where: Oregon Convention Center, Exhibit Hall A

After a day of learning, join in the fun at the ODC's Grand Opening Reception! Enjoy a free drink on us and delicious appetizers while visiting with your favorite exhibitors and enjoying the musical stylings of Portland's own The Beat Goes On Marching Band!

### Ice Cream Social with the Tooth Fairy!

When: Friday, April 14; 11:00 a.m. – 1:30 p.m. Where: Oregon Convention Center, Exhibit Hall A

Come to the exhibit hall in between courses on Friday and treat yourself to some complimentary Nico's Ice Cream! Enjoy your treat while wandering the exhibit hall! Stop by the Dental Foundation of Oregon's booth to say hello to the Tooth Fairy! The Rose City Trombones will put a pep in your step while you are shopping!

#### **New Dentist Social**

When: Friday, April 14; 4:30 p.m. – 6:00 p.m. Where: Oregon Convention Center;

Stir Bistro & Lounge

Are you a dentist who graduated between 2012 and 2022? If you are, come by the New Dentist Social and enjoy mixing and mingling with fellow new dentists! One complimentary drink will be provided along with some tasty appetizers. Admission is free! Registration is required.

#### Night of Smiles

When: Friday, April 14; 6:00 p.m. – 10:00 p.m. Where: Hyatt Regency Portland, Deschutes Ballroom Fee: \$50 per person

Bring your team and friends to the OCD's Night of Smiles! Enjoy dinner, drinks, dancing, and games! Renowned Portland drag queen Poison Waters will keep spirits high by emceeing the evening's festivities! There is a lot of fun to be had after a long day of learning. Let loose and come by the Night of Smiles! Tickets are \$50.00 per person. Just add a ticket on to your registration.

#### **ODC Exhibit Hall**

When: Thursday, April 13; 11:00 a.m. - 6:30 p.m.

Friday, April 14; 9:00 a.m. – 5:00 p.m.

Where: Oregon Convention Center; Exhibit Hall A

#### \*\*The Exhibit Hall is CLOSED on Saturday, April 15

Need new loupes? Are you out of toothpaste? Do you need items for your office? Well, look no further than the ODC's Exhibit Hall, featuring plenty of exhibitors to help you get everything you need to fulfill your dental needs! Open Thursday and Friday during the ODC, but please note, the exhibit hall is **CLOSED** on Saturday!

#### **ODA Membership Booth**

When: Thursday, April 13 – Saturday, April 15 Where: Oregon Convention Center; Registration Lobby

Do you ever have questions about your ODA membership? Want to become a member and don't know how? Do you have questions about your local dental society? Well look no further – come to the ODA's membership booth in the lobby (across from badge pick up) and ask all your questions to the ODA's fabulous membership team and component society reps. They will be there every day of the conference, full of membership knowledge!



#### DENTAL FOUNDATION OF OREGON

### 2022 Ends on a Positive Note

The Dental Foundation of Oregon remained top-of-the-mind with individual, corporate, and family foundations! In fact, our annual participation in the Willamette Week Give Guide resulted in nearly \$20K. The Dental Foundation of Oregon was also chosen 1 of 13 Oregonian Season of Sharing recipients, which resulted in an increase in the number of brand-new donors to the organization. We are awaiting a final tally of donated funds from our participation in this event and look forward to sharing more in a future edition of *Membership Matters*! Our annual giving appeal letter also generated Tooth Taxi and general operating funding from The Oregon Community Foundation, The Piacentini Foundation, and nearly two dozen private family foundations!

The DFO also appeared on the November cover with four-page feature story in *Wilsonville Living Magazine*, which has a distribution of nearly 35K homes. On December 4, 2022, the DFO and our Tooth Taxi program were featured in the *Oregonian* newspaper as part of the Season of Sharing spotlight. The story appeared in both the print and electronic editions of the newspaper, and you can go here to learn more: https://bit.ly/3XWLhrd.

With our hearts filled with love and gratitude, thank you to everyone who supported The Dental Foundation of Oregon in 2022! We could not be better prepared for 2023 and are enthusiastic about what the future holds for us!

#### Tooth Taxi Update

As we have shared in previous issues of *Membership Matters*, due to aging issues related to our current Tooth









Taxi, we have been operating on a modified schedule. And as our team continues to deliver services always with the safety of our patients and staff in mind, we are enthusiastic that our new Tooth Taxi 2.0 will finally make its debut this year! Global supply chain issues have been and ongoing challenge as work is completed to get the new vehicle out on Oregon's roads. We extend our sincerest thanks and deep appreciation to Tooth Taxi team and our friends at ADI, who are diligently working to bring our new Tooth Taxi to life.







#### **Tooth Taxi Stats**

#### 25,568 Patients screened

25,785 Students received oral hygiene education in the classroom 15,409 Appointments in the van

\$8,786,190 Value of free dental care provided

### Are We Our Own Worst Enemy?

ODC SPEAKER HIGHLIGHT

By Travis Campbell, DDS

#### DENTAL INSURANCE CAN CERTAINLY BE A SOURCE of

headaches for offices every day. It is often cited as the number one issue plaguing the industry. Now, I am not going to defend insurance companies at all; they do have problems and challenges surrounding them. However, I want you to truthfully soul search and ask yourself: Is insurance really the number one issue, or is it our "ingrained, knee-jerk" response when we hear the word "insurance"?

#### **Managing Expectations**

When my wife and I were pregnant with our second child, my daughter spent the first half of the pregnancy asking for a sister. She SO wanted the next child to be a girl. When we had our reveal party (wife's idea), my daughter bawled her eyes out after seeing the blue confetti.

My daughter loves having a little brother; they play together all the time. She loves having someone who will do almost anything she wants to do. He is basically a living doll for her. So why was she so upset?

Expectations. When we want one thing and get another, it can be quite disappointing. Was our second child being a boy really a problem? No, he is a huge blessing (although I cannot wait to get out of the 3-year-old stage...). The problem was in dashed hope and expectations.

Insurance is often not the problem so much as our expectation of what insurance should or should not be. If you provide an estimate for a patient that their insurance is going to pay \$500 for a crown and yet their insurance pays only \$400, this is a challenge with expectations. If the patient had known up front reimbursement would be only \$400, it wouldn't be much of an issue. After the fact though, with dashed expectations, it can lead to a ton of headaches for both the patient and the office.

Learning to better manage the expectations of both the office team and the patient when it comes to insurance can make a massive difference.

#### Turn Negativity to Positivity

Just as in the above example of the \$400 vs. \$500 reimbursement for a crown, do we not often shoot ourselves in the foot in offices when we discuss insurance, with each other as well as with our patients?

I had this problem years ago in my office, and it took a while for my treatment coordinators to get me to change. Most of us want to talk about insurance in the way we choose to see it: as a negative thing, a massive problem.

However, we need to recognize that to the patient, their insurance is a BENEFIT to them. They chose that benefit, they are paying for that benefit, and they want to utilize their benefit as best as they can. As a result, patients tend to take ownership of their benefits, and when you talk negatively about it they can get defensive.

If I told you that your spouse was ugly, you would probably respond quite strongly, and rightfully so. Do understand that for many patients, when you disparage insurance, you are doing basically the same thing.

"You have a crummy insurance plan; it is only going to cover \$400 of your treatment." Focusing on the negative like this is a great way to disincentivize patients from moving forward with treatment. It also doesn't tend to foster a lot of positive feelings from the patient toward you and your team. I know, when we convey our belief that a patient has a limited-benefits insurance plan, it is because we believe it and we want the patient to see the problems we see. However, that is not the message that often gets received, nor is it the message that helps the patient in any way get the care they need.

Instead, we should be focusing on the positive aspects of dentistry, insurance, life, our office, etc.

In our same example, how much better is it to say, "Your insurance is going to cover \$400 toward your crown; that is great! (It is \$400 you didn't have before). When would you like to get scheduled?"

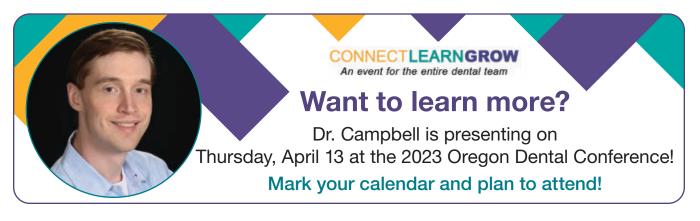
Focusing on the positive aspects helps patients feel better about their care, which in turn ends up with them accepting treatment more often. We all understand that many patients do not WANT dental treatment. Treatment is scary, annoying, invades personal space, and can potentially be uncomfortable. There are enough negatives already without us inserting more.

People naturally gravitate toward positive aspects in life. Why not give them as much positive as we can? If you do, you should see the same response I did years ago: higher treatment acceptance.

#### More Knowledge...Better Results!

Why are there so many misplaced expectations that lead to negativity when it comes to dental insurance? Most challenges and fears in life come from a lack of knowledge. Fear of the unknown is one of the worst fears for our minds to deal with. The prior challenge with estimates really stems from a lack of knowledge of what insurance would have reimbursed. Many of the other challenges we face with insurance come down to a similar lack of accurate information and understanding. As another example, let's talk about the number one topic asked about insurance: downgrades. I see the question weekly from all over the country about an EOB that came back paying less than expected due to a policy "downgrading" a service. A common response seen posted online is "you should drop insurance!" While there may be other legitimate reasons to drop insurance, a downgrade clause in the insurance contract will not change whether your office is in or out of network. And most importantly, downgrades do not affect the amount your office collects; they only affect how much the insurance carrier and the patient contribute of your total fee.

So then why are downgrades perceived to be a problem? Simply lack of knowledge, which results in an inaccurate insurance reimbursement estimate shared with the patient. If you know up front that insurance will downgrade a specific treatment, then your initial estimate will be accurate, the patient will not have an *Continued on page 34* 



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#### ODC SPEAKER HIGHLIGHT

### Vat Polymerization Desktop 3D Printing Technologies for Your Dental Office

By Tim Hart, DDS, MS

#### **DESKTOP ADDITIVE FABRICATION, OR 3D**

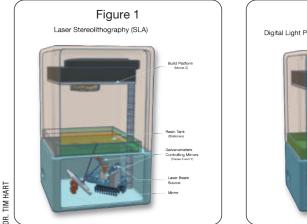
**PRINTING, HAS** become a significant part of the digital workflow in dental offices. What began as in-office printing of CBCT-derived surgical guides in the 2000s is now a process whereby any resinbased dental restoration or appliance that you can imagine can be created on your desktop.

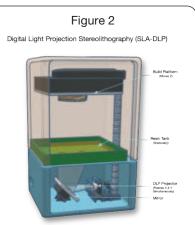
The term "3D printing" is descriptive of a wide variety of manufacturing techniques, all of which involve the fabrication of a 3D object by "printing" or "adding" individual layers until the item takes its final form. These layers can be created by layering material in many different approaches, such as extrusion, particle jetting, and photo polymerization. The process of curing these layers in a tank of photo-curable resin is called vat polymerization, or Stereolithography (SLA), and is by far the primary manufacturing technique used in dental offices today.

Once you decide to incorporate a 3D printer into your office workflow, you are confronted with a choice among three SLA technologies suitable for desktop printing: Traditional (SLA-Laser), Digital Light Projection SLA (SLA-DLP), or LCD Masked SLA (MSLA).

#### **SLA-Laser**

Traditional SLA is the original technology of 3D printing, its first application in dentistry being fabrication of CT-derived surgical guides

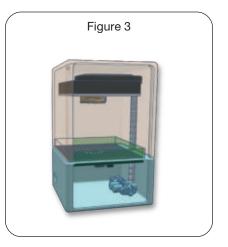




by Simplant and Nobel Biocare. Creation of a print is accomplished by exposing individual layers of photo-reactive resin in a vat (or "tank") by a laser beam tracing both the outline of the layer, then "coloring in" the entire shape. The UV laser beam is controlled by galvanometerdriven mirrors (Figure 1). Because the tangent of the laser beam is defining the outline of each layer, the final print exhibits excellent accuracy and surface smoothness. This is analogous to the high precision of a dental mill, the outer surface of the restoration being created by subtractive contact with the tangent of the bur. However, this tracing process carries a time penalty; Laser-based SLA is the slowest of the SLA technologies. Commercial examples of SLA 3D printers are those manufactured by Formlabs.

#### **SLA-DLP**

Prior to the advent of LCD and LED televisions, large-screen televisions were driven by Texas Instruments' Digital Light Projection chip (DLP).



This same technology is widely used today in desktop 3D printers. Instead of a laser beam tracing each layer of a print (then "coloring it in"), an image of the entire layer is flashed into the vat of resin (Figure 2). Unlike the fine tracing created by the tangent of a laser beam, the projection of an image consists of a collection of pixels. This pixilation at the edge of each layer can cause a roughness to the print's surface (think of making something round with LEGO bricks). Printer manufacturers address this issue by adding compensatory anti-aliasing algorithms to the projection process. Finally, since there are no moving parts associated with the exposure of a layer of resin, SLA-DLP is a faster process than SLA-Laser. Sprintray 3D printers utilize this technology.

#### **MSLA**

Most contemporary flat-screen televisions create their image by modulating the color and intensity of LCD pixels in front of a constant backlit screen. The image you see is a result of this masking process. An MSLA 3D printer functions similarly: each layer in the resin is exposed to a sheet of light masked by monochrome LCD pixels (Figure 3). The resulting print process is very fast, but there is pixilation at the edges similar to SLA-DLP. While the latter is able to attenuate the print's surface roughness through software, MSLA cannot, due to the fixed nature of the masking pixels. 3D printers manufactured by Phrozen represent an example of MSLA technology. Select comparative characteristics of these three technologies are summarized in Figure 4.

### Factors in Choosing a 3D Printer for Your Office

There exist differences among these three technologies that affect your choice regarding which 3D printing technology to engage in your office. Factors you should consider

#### Figure 4: Vat Polymerization Technologies for Desktop Dental 3D Printing

	SLA-Laser	SLA-DLP	MSLA
	SLA-Laser	SLA-DLP	MSLA
Method of Resin Layer Exposure	Laser beam tracing outline of layer, then exposing internal areas	Flash a projected full image with bright UV light for each layer	Flash a point-of- contact full image with moderate UV light
Speed (per equivalent build plate size)	Slowest	Fastest	Moderate - the intensity of the masked LCD is less than the intensity of DLP
Cost Tendency	Moderate	Higher	Lower
Adaptability to large print volumes (i.e. aligner cases)	Excellent: Build platform size does not degrade quality of layer image	Excellent, but expensive: Larger build plates require more expensive optics and electronics, and the height of the machine (and/or complexity of a mirrored light path) must be increased significantly	Moderate: The sizes of the light source & mask must match the build plate dimensions
Additional Printer Size for Larger Buildplates	Width & Depth Only	Width, Depth, & Height	Width & Depth Only
Additional Hardware Requirements for Larger Buildplates	None	Increased optical quality / expense and longer light path	None

Table data based on author's personal experiences, observations, and conclusions.

Figure 5: Vat Polymerization 3D Printer Choices for Selected Applications

Application	Factors to Consider	Suitable Printers	
You just want to try out 3D printing before getting serious	As low of a cost as possible	Lower Cost MSLA (\$)	
Surgical Guides, Custom Trays, Occasional Study Models.	Lower cost, since production volume would be low. Guides and Trays have offsets, so accuracy and surface smoothness are not as important.	(.)	
Above, Plus Occlusal Orthotics, C&B Verification Models, Occasional Aligner Case	Higher resolution and accuracy demands, speed and production volume not a major factor.	Lower Cost SLA-Laser (\$\$) Mid-Cost SLA-DLP (\$\$\$) Mid-Cost MSLA (\$\$)	
C&B restorations; temporary or permanent.	Very high resolution, build volume or speed not a major factor.	Mid/High Cost SLA-Laser (\$\$ to \$\$\$) Higher-Cost SLA-DLP (\$\$\$)	
Aligner cases: high volume	Speed, and most importantly build plate size is critical.	Mid/High Cost SLA-Laser (\$\$ to \$\$\$) Higher/Very Higher Cost SLA-DLP (\$\$\$+)	
Table data based on author's personal experiences, observations, and conclusions.			
Key to Estimated Printer Cos	sts (Excludes Post Processing E	quipment): \$: \$ 999 or less \$\$: \$ 1,000 to \$ 3,999	

are speed, cost, what combination of models, appliances, and restorations you intend print, and in what quantity.

#### **Print Speed**

3D printer manufacturers fixate on speed in their promotional materials. This is ironic, since this is one of the least important factors to consider in your purchasing decision. Generally, SLA-DLP is the fastest, followed by MSLA and SLA-Laser. If you print single copies of items like surgical guides, custom trays, or models, the print time, on a practical basis, is not all that important.

\$\$\$.

\$ 5 000 to \$10 000



### Want to learn more?

Dr. Hart is presenting on Saturday, April 15 at the 2023 Oregon Dental Conference! Mark your calendar and plan to attend!

However, if you are printing multiple models for aligner cases, then the speed becomes a factor, along with the size of the build plate.

#### **Cost and Scalability**

For equivalent levels of precision and accuracy, DLP-SLA tends to be the most expensive and MSLA the least. Cost also increases dramatically with build plate size, especially with DLP-SLA. SLA-Laser has a distinct advantage when large print volumes are anticipated. The reason is that laser tracing does not reduce the resolution across a larger build plate. SLA-DLP is problematic in this regard. The only way to implement a large build platform with DLP is to increase the length of the light path, which can degrade the resolution of the projected image. The longer the light path, the more precise the projected image must be.



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This results in a significant increase in the size and cost of an SLA-DLP 3D printer when large build volumes are desired.

#### Your Intended Applications and **Build Plate Size**

Your decision on purchasing a 3D printer depends a lot on how you intend to use it. Based on clinical experience with all three technologies, the author has assembled a chart that depicts several common applications (Figure 5).

Practically speaking, the mid-cost SLA-Laser or SLA-DLP desktop printers will serve most dental practices effectively. When cost or high volume becomes a factor, the suitability of specific printers requires greater scrutiny.

#### Conclusion

The choice that you make regarding purchase of a 3D printer depends highly on your intended applications and frequency of use. There are additional aspects of 3D printing that need to be considered, such as post-processing equipment and choices of resins.

The author will be presenting at the 2023 Oregon Dental Conference regarding 3D printing and CT-based surgical guides. Greater details about implementing this technology in your dental office will be offered in these programs.

#### ODC SPEAKER HIGHLIGHT

### Occlusion: The Unrecognized Initiator of Drug Induced Osteonecrosis of the Jaws

By Robert Marx, DDS, FACS

#### DRUG INDUCED OSTEONECROSIS

**OF THE JAWS (DIONJ),** which is known by a variety of other names as well, was first introduced in 2003.<sup>1</sup> Now, nearly 20 years later, it remains as a drug complication requiring prevention and/or treatment.<sup>2,3</sup> DIONJ mostly occurs in two patient populations that present to a dental office: the patients being treated for osteoporosis or the patients being treated for metastatic cancer in bone. The two drug classes that cause most DIONJ across both patient populations are bisphosphonates and RANK-Ligand inhibitors.

The four most common drugs to cause DIONJ are the oral bisphosphonates alendronate (Fosamax) used to treat osteoporosis and the IV bisphosphonate zoledronate to treat metastatic cancer deposits. In the RANK-Ligand inhibitor class, it is denosumab (Prolia) used to treat osteoporosis patients and the same denosumab at a higher dose and frequency (Xgeva) used to treat the patients with metastatic cancer deposits.

Both drug classes work mainly by killing osteoclasts or, to a lesser extent, impairing osteoclast function to reduce bone resorption. However, the oversight by the developing drug companies is their failure to realize that osteoclasts resorb bone in order to renew old bone into new bone. This is termed bone remodeling, which is actually bone renewal as part of the every-six-month bone turnover cycle. Essentially, all your bones dissolve and are replaced with new bone every six months. DIONJ is essentially the dying off of bone due to a lack of this renewal. Since the alveolar bone of the jaws is the most rapidly renewing bone in the human skeleton due to chewing, tooth contact during swallowing, denture wearing, and parafunctional habits, it is most dependent on bone turnover (renewal). Therefore, alveolar bone is the target and nearly the exclusive bone to develop DIONJ.

Most studies and databases identify tooth extraction as the leading initiator of DIONJ in these groups of patients. Indeed, our own data of 843 patients identifies that 514 (61%) were initiated by one or more teeth being removed. However, our database also identified 219 (26%) related to traumatic occlusion (Table 1). The remaining 13% of DIONJ cases were due to various initiators such as a biopsy, periodontal surgery dental implant placement and those occurring in a torus. The specific traumatic occlusions were premature contacts (Figure 1) malpositioned teeth, mobile teeth, bruxism (Figures 2 and 3), and unilateral occlusion (Figure 4) (Table 2).

These findings identify several nonsurgical interventions that have already been shown to prevent and treat DIONJ. Specifically, occlusal adjustments to balance the occlusion and distribute occlusal forces evenly have been successful. Additional to that is the use of soft night guards or, in select patients, hard night guards to treat bruxism. The reduction in occlusal forces, especially in the molar area, can reduce DIONJ in the lingual balcony area, which accounts for nearly 50% of DIONJ cases. The

#### Table 1 – Initiators of DIONJ

Initiators	DIONJ Cases	%
Extractions	514	61%
Occlusal Trauma	219	26%
Surface of a Torus	57	6.8%
Perio Surgery	38	4.5%
Dental Implants	11	1.3%
Biopsy	4	0.4%

Fig. 1 Stage I DIONJ on the lingual balcony caused by a premature contact on the temporary crown of tooth #31.



Fig. 2 Overt signs of bruxism which caused the DIONJ seen in Fig. 3.



Fig. 4 Radiographic osteolysis within a broad area of osteosclerosis due to long standing unilateral occlusion.

mechanisms of these are the reduced need for bone turnover so that the depopulated osteoclasts can keep pace without alveolar bone becoming necrotic.

Splinting mobile teeth has also been observed to reverse the radiographic changes leading to and therefore preventing DIONJ (Figures 5 and 6). Stabilizing mobile teeth reduces the need for the alveolar bone to remodel about the roots and also reduces the injury to the bone and the ingress of bacteria as the tooth moves.





Fig. 3. DIONJ beneath the pontic and three-unit bridge in the bruxism patient of Fig. 2.



Fig. 5 Bone loss, osteolysis, mobile teeth in a DIONJ patient prior to splinting of teeth.

Unilateral occlusion due to missing teeth places undue trauma on that side of the arch (see Figure 4). Therefore, restoring bilateral function with either removable appliances or implant retained appliances placed during the appropriate drug holiday (nine months before and three months after for alendronate and three months before and three months after for both denosumab formulations) will balance the occlusal forces to prevent or help treat DIONJ. Note, a drug

Type of Occlusal Trauma	DIONJ Cases	% Related to Occlusal Trauma	% Over All DIONJ Cases
Premature Contact	115	52.6%	13.6%
Bruxism	46	21.0%	5.5%
Mobile Teeth	27	12.3%	3.2%
Malpositioned Teeth	19	8.8%	2.6%
Unilateral Occlusion	12	5.3%	1.4%
		100%	26%

holiday for IV bisphosphonates is not possible due to the high bone loading of bisphosphonates via the IV route.

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Fig. 6 Bone recovery and remodeling seen after stabilizing teeth with splinting.



# Who will be the inaugural ODA New Dentist Award recipient?

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### 2023 ODC Exclusive New Dentist Offerings

**DURING THE 2023 OREGON DENTAL** 

**CONFERENCE**, we have exclusive New Dentist offerings for you to connect with your peers!

The 2023 ODC New Dentist Course, brought to you by the ODA New Dentist Council, will be "Tackling the Biggest Pitfalls in the Dentist-Assistant Relationship," presented by Kevin Henry, MA, on Thursday, April 13. In this fast-paced, interactive lecture, we will look at common issues from both the assistant and dentist side, shining a light on some common myths that need to be busted. At the conclusion of this course, attendees will be able to:

- Recognize the biggest areas of concerns for dentists with their assistants
- Understand why assistants want to be considered "team" rather than "staff"
- Avoid problems before they begin and minimize those that exist
- List common issues from both the dentist and assistant side of the equation
- Comprehend what can be done to minimize problems
- See things from "the other side" when it comes to the dentist-assistant relationship. Thank you to those who attended the

inaugural ODC New Dentist Social. The ODA New Dentist Council will once again host the New Dentist Social for dentists who graduated between 2012–2022. Join us at the Stir Lounge & Bistro at the Oregon Convention Center on Friday, April 14 from



4:30 p.m. – 6:00 p.m. Drop in and catch up with your colleagues and stay for appetizers and one complimentary drink. Please look for a registration email with registration link prior to the conference.

After the New Dentist Social, join us at the ODC Friday night event, Night of Smiles, to see who takes home the inaugural ODA New Dentist Award! Make sure to nominate your peers who demonstrate excellence and inspire others in science, research & education, practice excellence, philanthropy, leadership, and advocacy prior to March 1.

Don't forget to take advantage of member and early bird savings by registering by February 23. Plus, Early Career dentists save an additional \$100 off registration.

Lastly, new dentists are eligible for a 2023 ODC swag bag sponsored, in part by, TDIC.

Visit **www.oregondentalconference.org** to learn more!

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#### OHSU

### The Why's of Organized Dentistry DS1/DS2 Panel

#### ON OCTOBER 6, 2022, THE WHY'S OF ORGANIZED DENTISTRY

**DS1/DS2 PANEL** took place at the OHSU School of Dentistry. ODA members Dr. Bryan Guthrie, Dr. Rachel Jablonski, Dr. Mark Miller (ODA President), Dr. Yashar Sekhavatmandi, and ODA Executive Director Dr. Barry Taylor all shared their individual journeys in dentistry and their personal stories of why they engage in organized dentistry. This panel lunch and learn, sponsored by the ODA New Dentist Council, was added in 2022 to a series of other success programs on topics most relevant to students today. Many of the ODA members on the panel who participate as mentors and a few current mentees joined the panel to introduce the ODA Mentor Program to give their insight and encourage enrollment of second-year students who now qualify to participate.





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

Great building and practice available in Eugene/Springfield. Collecting over \$900,000.5 ops and room for more and/or rent out upstairs space. Contact Megan@omni-pg.com, 503-830-5765. (ORD157)

Salem/Keizer Dental Practice and Building for Sale

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

Dental Building for Sale in Salem. Dental building for sale on main street, 2784 sq. ft., 4+ ops. On-site parking. Dental lab currently renting basement. Upstairs could potentially be rented out as office space or ADU. Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com. (ORR105)

Portland Dental-Veterinarian-Medical Building for Sale. 1776 sq. ft. on 2 levels. New HVAC and vinyl windows. Please contact Megan@omni-pg.com, 503-830-5765. (ORR156)

PROFESSIONAL PRACTICE SPECIALISTS has general and specialty practice opportunities across Oregon, including Portland, Eastern Oregon and the coast. Their collections vary from about \$500K to \$1.5M+. The opportunities change frequently so visit our website, PRACTICESALES.COM for the most recent information, or contact Randy Harrison, 503-807-0009, Randy@PracticeSales.com. Thank you!

Yamhill County. Newly available opportunity. Beautiful spacious facility. 6 operatories, 5 equipped w/cone beam. Practice collects \$600k. Contact Paul at paul@mydentalbroker.com 866-348-3800 or Adam at adam@mydentalbroker.com.

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Eugene. Well-established and beautiful 5-op practice with lots of natural light and plenty of private parking. Consistent revenue of \$900k+ on less than 160 days per year with 8 weeks of vacation. Contact Adam at adam@mydentalbroker.com or 541-520-5507.

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

Oregon Coast Dental Practice and Building for Sale

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

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unexpected balance later, the team won't get yelled at by the patient, and everything turns out well. The same outcome will result with almost every challenge concerning insurance: downgrades, disallows, reimbursement, network leasing, denials, etc. Every one of these concerns can be solved by knowing why they exist and when they will be applied. Insurance is complex, but most of the time it is very predictable as well.

#### **Summary**

Yes, insurance does cause problems and issues in the industry. Some of them are major problems that need to be corrected on a more systemic basis. However, most of the common daily issues can be solved with improved education/ training. The more we know, the better prepared we can be for our patients and our office. Our patients fear and misunderstand dentistry, often due to a lack of knowledge. Teams often fear and misunderstand insurance due to a lack of knowledge as well. With effective training, and a positive attitude, we can better manage expectations and avoid being our own worst enemy!



# How to Correctly Use a Verification Jig



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

When creating a restoration that will tie multiple implants together, it's important to verify the positional accuracy of the implant replicas in our master cast. We accomplish this with a verification jig.



Unfortunately, verification jigs can provide false information if used incorrectly. In this article, I take you through the steps to ensure an accurate result from your verification jig.

We make the jig by attaching

non-engaging components to each implant replica and tying them together using acrylic material. There are two essential characteristics to understand about acrylic.

The first is that acrylic shrinks, which is why you'll notice two different materials in the jig due to our efforts to compensate for the shrinkage. After we've created the initial jig, we allow it to sit so it has time to shrink. We then section the jig between each component and recombine them with resin.

The second is that despite its rigidity, acrylic has some flex. Flex is the most critical detail to remember because it can cause a verification jig to give a false accuracy reading. So, how do you avoid an inaccurate reading? Luckily, the solution is relatively straightforward.

Only use one screw when seating the jig to the implants. Securing the jig with multiple screws at the same time is what can cause the acrylic to flex. And sometimes, the



discrepancy is slight enough that you don't see or feel that flex as you secure the screws.

When you secure the jig with one screw, you can check to see if the jig is seated on the other implants. If you have already attached multi-unit abutments to the implants, you can do this by sight if



those abutment margins are at or above the tissue level. If those abutments are subgingival, or you're seating the jig directly to the implants, you'll most likely need to take a radiograph to verify proper seating.

If the jig passes verification, remove the screw and repeat the process with another implant. Continue to do this until you repeat it on every implant.

If the jig does not pass verification (meaning while screwed down to one implant, it does not entirely seat to one or more of the other implants), you'll need to modify the jig.

Start by completely removing the jig from the mouth. Then, section the jig between each implant component. You can make your cuts in the same areas that you had previously sectioned the jig.



Use screws to attach each section

to the implants, ensuring that the pieces are aligned in the same way as before you cut them. Then, use a flowable composite or similar material to rejoin those pieces.

Now, take the custom tray you used to take the initial impression and take a new impression over that verification jig. If your initial impression was a closed tray, you'd need to cut holes in the tray before taking the impression so that the screws can be accessed and removed before pulling the tray.

You can send the new impression back to the lab at this point. Or, if the jig passed verification without issues, return the jig to the lab.

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







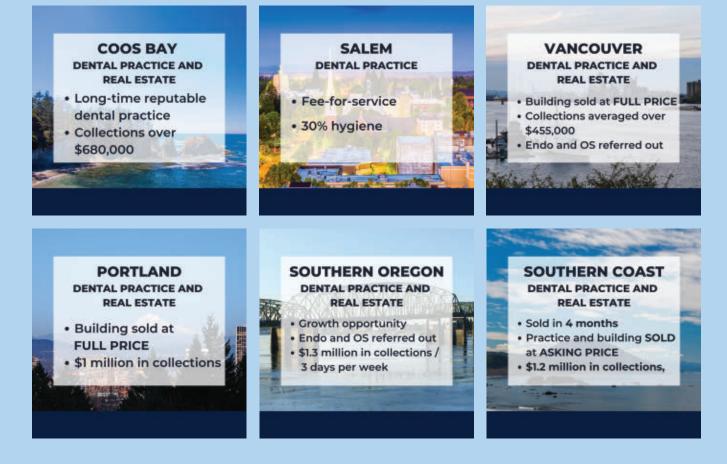


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Jill Markos DDS

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