Dr. Harold Crossley - Wednesday, March 15th - 9:00am - 4pm
"Street Drugs Exposed: What Your Patients and Your Kids Are Not Telling You!
(see pages 13-16)

Dr. Paul Chu - Wednesday, March 22nd - 6pm - 9pm
Pediatric Dentistry and Children's Dental Health Month
General Membership Meeting - Upsky Hotel
(see page 8)

Avoid the Million Dollar Mistake - HIPAA Security Compliance:
Protecting Your Patients, Your Practice and Yourself
March 31, 2017 - 9:30 a.m. – 12:30 p.m. - Craig S. Ratner, DMD
(see bottom of page 6)
WE’RE ON A MISSION

For over 20 years, the NYSDA-MLMIC Program has put the interests of our policyholders first in everything we do. We charge premiums that are without a profit motive or high operating expenses, and are based solely on the experience of dentists. When our financial results turn out better than expected, we declare dividends to share the favorable results with our policyholder owners. And if one of our policyholders gets a claim, we vigorously defend the standard of care, closing the vast majority of cases without a loss payment.

Today, MLMIC is the leading dental liability insurer in New York State and the only dental liability insurer exclusively endorsed by the NYSDA. MLMIC remains a mutual insurer, owned by the policyholders we serve. And we continue in our mission to provide the highest quality liability insurance at the lowest possible cost consistent with long term viability.

To find out more about the NYSDA-MLMIC Program, please visit MLMIC.com or call (888) 392-0638.

NYSADA | MLMIC

The NYSDA-MLMIC Program for Dental Professional Liability Insurance
<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>Monday 6</td>
<td>Exec.Council/Board of Directors (7 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wednesday 15</td>
<td>Seminar Series #1 (9 am – 4 pm)</td>
<td>Harold Crossley, DDS</td>
</tr>
<tr>
<td></td>
<td>Wednesday 22</td>
<td>General Membership Meeting (6 pm - 9 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday 24</td>
<td>CPR/AED (9am - noon)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday 31</td>
<td>HIPAA course (9:30am- 12:30pm)</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Monday 3</td>
<td>Exec.Council/Board of Directors (7 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tues 25 - Wed 26</td>
<td>GLIDM - Hilton Hotel, Melville</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Wednesday 10</td>
<td>General Membership Meeting (6 pm - 9 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday 15</td>
<td>Exec.Council/Board of Directors (7 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wednesday 17</td>
<td>Seminar Series #2 (9 am – 4 pm)</td>
<td>Howard Glazer, DDS</td>
</tr>
<tr>
<td></td>
<td>Wednesday 24</td>
<td>CPR/AED (9am - noon)</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>Thur 1 - Sun 4</td>
<td>NYSDA HOD - Turning Stone, Verona, NY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wednesday 14</td>
<td>Golf Outing - Mill Pond, Medford</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Monday 11</td>
<td>Exec.Council/Board of Directors (7 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wednesday 27</td>
<td>General Membership Meeting (6 pm - 9 pm)</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>Wednesday 4</td>
<td>Seminar Series #3 (9 am – 4 pm)</td>
<td>Steven Fallon, DMD</td>
</tr>
<tr>
<td></td>
<td>October 11</td>
<td>Scrubs &amp; Stilettos - Carlyle at the Palace</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday 16</td>
<td>Exec.Council/Board of Directors (7 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thur 19 –Tues 24</td>
<td>ADA Meeting – Atlanta, GA</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Wednesday 15</td>
<td>General Membership Meeting (6 pm - 9 pm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday 20</td>
<td>Exec.Council/Board of Directors (7 pm)</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Wednesday 6</td>
<td>Seminar Series #4 (9 am – 4 pm)</td>
<td>Ben Miraglia, DDS</td>
</tr>
</tbody>
</table>
STUART B. SHAPIRO, D.D.S., J.D.
Attorney at Law
Master of Laws, Taxation

Legal Services for Dentists by a Dentist

- Practice Transitions
- Employment and Independent Contractor Agreements
- Partnerships and Corporate Limited Liability
- Leases, Real Estate Transactions
- Estate Planning
- Insurance, Disciplinary, Employee Issues

828 Hempstead Turnpike
Franklin Square, NY 11010
Offices in Manhattan and Southampton

516 316 8102
www.dentistlawyer.net

FRANKEL & NEWFIELD, PC
ATTORNEYS AT LAW

Practice Exclusive to Disability Insurance Matters
- Pre-Claim Strategy and Guidance
- Litigation
- Claim Management and Advocacy
- Appeals for Denied or Terminated Claims
- Lump-Sum Settlements

Protecting Policyholders Rights
Great Western • UNUM
Paul Revere • Met Life
Berkshire • Mass Mutual
Northwestern Mutual

Frankel & Newfield, PC
585 Stewart Avenue • Suite 312 • Garden City, NY 11530
516.222.1600 • www.frankelnewfield.com

DANZIGER & MARKHOFF LLP
Attorneys at Law

Representing dental practices in the areas of:
Dental Practice Transitions
Estate and Tax Planning
Retirement Plan Design and Administration

135 Pinelawn Road, Suite 245 South, Melville, NY 11747
123 Main Street, Suite 900, White Plains, NY 10601
Contact: Gregory R. Topf, Esq. • 914.948.1596
Email: gtopf@dmlawyers.com

The Suffolk Center for Speech & Myofunctional Therapy

7 Locations
Across Suffolk & Nassau Counties
Participating with most major insurance companies

(631) 689-6858
For more information, Please visit:
www.LiSpeechandMyo.com
Family and Membership

As I sit here on a Sunday morning drinking my coffee and still trying to catch up on my sleep from my Installation Dinner, all I can reflect upon is how incredible the night was. For those who attended, I thank you, and for those who could not, we missed you while celebrating a great night of camaraderie and unity. It was well attended and very well organized by our great staff, the dynamic duo, Dr. Paul Markowitz, our Executive Director, and his Executive Assistant, Debbie Wasserman.

One of my goals has always been to make my parents, my wife Claudia, your new Secretary, my kids, Jose, Jackie, Chris, and Billy, my family, and friends proud. I think that so far, I have. In addition, I want to represent Puerto Rico well as the first native Puerto Rican to be president of the prestigious Suffolk County Dental Society.

My parents always supported me in my dream of becoming a dentist. Even after being out of school for five years and working as a salesman for a pharmaceutical company, they persisted and pushed me to go to the New York University College of Dentistry where I received a great education and entered the profession I love. I also made great friendships that have lasted many years and some of these good friends attended my special night. I also met my best friend and lovely wife of 28 years, Claudia.

Next move was to complete my residency program in Pediatric Dentistry at Interfaith Medical Center in Brooklyn and get a job. After working as an associate for five years, I decided to open my practice in Hauppauge where I have been for 21 years. I got involved in organized dentistry as an area representative from Islip and then as a member of the Board of Directors. Once I lost the fear of getting involved, I worked with other dentists from Puerto Rico and organized the Puerto Rico Dental Association, USA where I met other leaders that were influential in getting me involved at the local, state and national level.

In the Puerto Rico Dental Association I held the position of President for 5 years and at the same time rose through the ranks at Suffolk County. With encouragement from Suffolk County Dental Society leaders, I finally felt I had enough leadership experience to join the executive board and become your President.

My sister, my brother, and I were fortunate to be raised by two loving parents who instilled the values of family, faith, and volunteering in each of us. Together with Claudia, we tried to instill the same values in our four kids.

That brings me to my mission as President. My family is very important to me and the dental society has become my extended family. That is the reason membership is so important to me. Like in every family there is diversity. We are all dentists from diverse backgrounds who have different personalities and interests. We need to work as one to continue and preserve the work that the local, state, and national groups have done. I hope to bring everyone in Suffolk County together. However, I cannot do it alone. I need other members to get more involved in YOUR dental society, the Suffolk County Dental Society. If we work united, we can all shine as one and make this a great year!

What's Wrong With This Picture?

Never Worry Again!

Have Dummy Will Travel, Inc.
595 Route 25A, Suite 13
Miller Place, NY 11764
(631)-849-4978
www.havedummy.com

Implant Placement & Sinus Augmentation
in the comfort and convenience of your office.

With or Without IV Sedation

CHAIRSIDE IMPLANT SERVICES
We Come To You...Chairside!
631-581-5121
www.chairsideimplantservices.com
Smarter Business Solutions That Make Everyone Smile.

Let Suffolk Federal show you how our superior products and service can take your dental practice to the next level!

When it comes to growing your business, no one does more to help you succeed than the commercial specialists at Suffolk Federal. From local decision-making and fast turnaround to our highly individualized loan packages with no pre-payment penalties. We have the complete spectrum of products that can make all the difference in your business success, including:

- Commercial Lines-of-Credit
- Commercial & SBA Mortgages
- Equipment Loans
- Business Credit Cards
- Business Overdraft Line-of-Credit
- SBA 7(a) Loans & SBA 504 Mortgages
- Deluxe Business Checking
- Remote Check Deposit
- Payroll Services

and much more!

Isn’t it time you took advantage of the Smarter Business Solutions at Suffolk Federal?

For more information contact Keith Miller,
Vice President of Business Services
Call 631.924.8000, ext. 8531
or email BusinessServices@suffolkfcu.org

Suffolk Federal
Better Banking For Long Island

3681 Horseblock Road • Medford, NY 11763 • 631.924.8000 • www.suffolkfcu.org
COMMACK • EASTPORT • ISLANDIA • MILLER PLACE • RIVERHEAD • SAYVILLE • SOUTHAMPTON • WEST BABYLON
Congratulations to Dr. Maria Maranga, the 2017 recipient of the Suffolk County Dental Society’s Dr. Robert Raskin Meritorious Service Award. For those of you who do not remember Dr. Raskin, he was actively involved in our Society in all of our leadership positions for many years until he passed away in 1992.

Dr. Raskin was a President of the Tenth District Dental Society, before we became a separate component of the Dental Society of the State of New York. He served as one of our two delegates to the ADA for 12 years and was a member of an ADA Reference Committee.

Dr. Raskin represented us at DSSNY for 13 years and was a member and Chairman of numerous Councils and Committees on both the state and local levels. He was the Editor of our Bulletin for 11 years, wrote numerous articles and taught dental students, residents, hygienists and dental assistants. He was also granted Fellowships in all of the major national and international dental organizations. We attempt to keep his memory alive by presenting this award in his name to someone who has served this Society in a similar manner.

This year’s recipient is Dr. Maria Maranga. Maria started her education at Brooklyn College and received both a BA in Psychology and BS in Biology. She obtained her DDS from NYU College of Dentistry. This was followed by a one year GPR at the VA Medical center on Northport and a two year post graduate program in endodontics back at NYU.

Maria currently practices endodontics in her successful private practice in Aquebogue. In addition, she has been a teacher and mentor to countless dental students and residents at a few institutions including Stony Brook, NYU, the Northport VA, Jamaica Hospital and Brookdale Hospital since she completed dental school herself.

Over the years Maria has been very involved in organized dentistry. She is a member of the ADA, the New York State Dental Association (NYSDA) and the Suffolk County Dental Society. She currently serves as the Chair of the ADA Council on Membership. She is a Fellow of the American College of Dentists, the Pierre Fauchard Academy and the Long Island Odontology group. She is a Trustee of the American Association of Endodontists and is a Past President of the NYS Association of Endodontists.

Locally, Maria has served the Suffolk County Dental Society as a line officer from 2007 until 2011 when she became President. She has continued to sit on our Executive Council since then. She has been on our Board of Directors since 1999 and had been the Liaison from our Board to the Executive Committee from 2003-2006. Maria was the Chair of our Membership committee for many years and was one of the two originators of the highly successful women’s dental conference, “Scrubs and Stilettos”. She continues to co-chair this event each year, which has won numerous awards for the two hosts, both Suffolk and Nassau County Dental Societies. She has also volunteered as a member of many of our Committees over the years.

At the state level, Maria currently serves as a Board member of the New York State Dental Foundation and also the Empire State Political Action Committee (EDPAC). She was Chairman of the NYSDA Council on Membership from 2012 – 2014. She has also served as a Delegate to the NYSDA House since 2012. In addition, she volunteered at the 2014 NYSDA Mission of Mercy event in upstate New York, and has also attended numerous oral cancer screenings on behalf of the NYS Dental Foundation.

Nationally, Maria has been an Delegate or Alternate Delegate to the ADA House of Delegates since 2011. She has served the past three years on the ADA Council on Membership and, as stated previously, is currently that Council’s Chair. She has been a member and mentor for the ADA Institute on Diversity and leadership. She has also been the liaison to the ADA New Dentist Committee.

Maria has been recognized numerous times for all of her efforts and has received awards including the National Mentorship Award from the Lucy Hobbs Project as well as the Organized Dentistry Advocate and the Post Graduate Endodontic Faculty Awards from the students at Stony Brook SDM. In addition, she has twice been named one of the 50 Top Most Influential Women of Long Island by the Long Island Business News.

In her personal life, Maria is married to her husband, “Saint Ed” and has two children, Philip and Gabriella. We thank them for sharing Maria with us.
Continuing Education Additional Courses

1.) March 31- 9:30am -12:30pm: Avoid the Million Dollar Mistake - HIPAA Security Compliance: Protecting Your Patients, Your Practice, And Yourself
   This is a NYDA sponsored course - all registration will be through the NYSDA offices - registration material and full course description is available on our website - www.suffolkdental.org

2.) Under a new Public Health Law, dentists in New York State who have a current Drug Enforcement Administration (DEA) number must take an opioid prescribing/pain management continuing education course by July 1, 2017. As the time this was written, we did not yet have a live version of this course available. An online course is available at http://www.nysdentalfoundation.org/.
Advocacy for Your Profession

The current state of the political landscape is filled with many obstacles. Consider the rhetoric we are exposed to on a daily basis and imagine trying to steer your profession on a course to influence public policies affecting your practice and the oral and systemic health of your patients and all Americans. There are many things your association accomplishes that has the strength of so many of our voices combined together, but none as significant as our booming voice when close to 70% of our profession join together to support our way of delivering healthcare.

I just returned from a two day meeting in Albany where, joined by Maria Maranga, Sharon Pollick, Kerry Lane, Jeff Seiver and 7 students from Stony Brook School of Dental Medicine, we met with our local legislators in their offices; and brought 6 issues relating to bills they are currently considering. Our collective understanding about how these bills can benefit the profession we share and the delivery of oral health care to the patients, their constituents; is the benefit of having a united profession with your support, and allows us access at the highest levels to demonstrate our commitment to ideals hammered out at local and national meetings that sustain the way you practice every day.

Our efforts are completely neutral from a political party perspective! Members of our State Senate and Assembly, and Federal Congressional and Senate representatives, from both sides of the aisle; are our representatives. We leave our personal inclinations at the threshold of their offices and enter to advocate for our profession and our patients. In this environment of severe party separation, relationships established over many years of applying this same standard opens many of our representatives’ minds to listen to the ADA member dentists. We sustain such a high percentage of members and apply advocacy for oral health care in front of all issues and adhere to the principles that we define in our local, state, and national meetings as the “Voice” of our members and their ability to deliver patient care. Imagine trying to have an equal effect as an individual or even a smaller fraction of this group and you can see the metrics of why we need to sustain membership percentage. To speak from a position of a majority has never become so clear as it is when you hear the daily bickering between factions that concentrate on what makes them separate instead of how we wish to concentrate on what makes us alike.

Your members of the State and Federal government are keenly aware of your voice and I consider it a privilege to carry that voice on issues that protect our delivery of care. They invite us to a seat at the table of the ever changing environment as Health Care is dissected in its many varied delivery systems. We represent a delivery system of health care that works and try every day to sustain our treatment models under constant assault by many forces and ask only that you continue your support with membership because our greatest strength is speaking for a majority of Dentists to protect our profession.

Please keep your eyes open for our blast emails. We try to limit the number that we send, but we want to keep you informed about issues on a timely basis. This is the best way we have found to get the information disseminated. If you have not been receiving these emails, please check your spam or junk folders and contact us with the email address that you use most frequently. Send those addresses to scds@optonline.net. Thank you.
General Membership Meeting

WEDNESDAY, MARCH 22, 2017

at

THE RADISSON HOTEL (formerly the Upsky)
(LIE Exit 53, follow Wicks Road signs to Vanderbilt Motor Parkway)

6:00 - 7:00 PM: Buffet Dinner

7:00 PM: Children’s Dental Health Month Presentations
Introduced by Dr. Howard Schneider, CDHM Chairperson

7:30 PM: (approx.) Business Meeting:
❖ President’s Remarks – Ivan Vazquez, DDS
❖ Introduction of New Members – Claudia Mahon-Vazquez, DDS, Chair, Membership Committee

7:45 PM: (approx.) Featured Educational Program (2 C.E. credit hours)

Pediatric Dental Trauma for the General Practitioner

—Presented by Paul K. Chu, DDS—

A comprehensive review of some of the most commonly occurring childhood injuries seen in the dental practice. Presentation will include evidence based treatment options for traumatic dental injuries, including: avulsions, fractures, and lacerations. Scenarios will be culled from cases seen in both the hospital emergency department and private practice. Recommended for dentists, hygienists, assistants and students.

Dr. Chu maintains a private pediatric dental practice in Rye, NY. He is the Director of the Pediatric Dentistry Residency program at the St. Barnabas Hospital in the Bronx. He is also an Associate Professor of Pediatric Dentistry at Columbia University School of Dentistry and an Assistant Attending at Jacobi Medical Center in NY.

Fax page to 232-1402 or mail to SCDS, 150 Motor Parkway, Ste. 105, Hauppauge, NY 11788 by noon on Monday, 3/20!!!
From the desk of Paul Markowitz, DMD

I assume that you will notice a few changes in this Bulletin compared to the past. We now have the ability to print in full color, including our advertisements and photographs.

In addition, we have added a few additional commentaries in this addition. The first one, on page 17, has been written by a Half Hollow Hills High School senior who was a finalist in the prestigious national Siemens Competition in 2016. Ms. Wu's paper looks at the future of dental research and potential changes in the ability to treat dental disease.

Her article segues into another one of the commentaries on page 23, that was recently written by one of members and was published in the December 2016 JADA. In case you did not read Dr. Iovino's article, we wanted to make sure that you had a chance to see what your local colleagues are involved in. His article recommends updating the ADA Code of Ethics to include an additional parameter to accommodate the recent advances in genetic research, such as Ms. Wu's.

Finally, the third commentary has been written by another one of our members who wishes to educate us regarding a topic that I have been mentioning for the past few issues. Dr. Berger unfortunately has had to deal with a serious environmental problem related to his amalgam separator and his cesspool. For those of you who still don't want to believe that this can be a serious concern for your practice and your pocketbook, I strongly recommend that you read his article on page 25 and take steps to protect yourself.

I hope you enjoy the new appearance and the addition of these commentaries. I welcome each of you to submit material that you think might be of value to your colleagues in the future. We would be happy to share your knowledge and experiences.

EXECUTIVE DIRECTOR'S MESSAGE

CLASSIFIEDS

DENTAL PRACTICE AND REAL ESTATE FOR SALE:
Reasonably priced practice in the heart of Huntington Village. Great visibility and on-site parking. 3 operators fully operational. Very comfortable office. Great as a start up or satellite office. Commercially zoned with legal rentals. Contact (631)804-3713.

AVAILABLE:
Large Dental Office in Great Neck has equipped operatories available PT/FT. One block from LIRR. Extensive parking. Located on main thoroughfare, private restroom and lounge for doctors, large windows and waiting room. (516)849-2215 or e-mail scb2thdoc@aol.com

FOR RENT IN GARDEN CITY:
Two operatories for rent, modern office. Great for specialist, start-up or down-size. Lab, consultation, attractive front desk. Busy building, easy access and parking. (516)222-1717, info@contegreen.com

OFFICE COVERAGE AVAILABLE:
Richard J. Stabile, DDS, PC and Associates will cover your office. Need time off for vacations, dental meetings or injury? You name it, we will accommodate you. Call Dr. Stabile at (631)988-9312, e-mail rjdds@aol.com or call Dr. George Tiernan at (631)724-8365.

SEEKING DENTISTS:
Experienced General Dentists needed in E Islip and second office opening soon in Medford. Dentist/owner offers competitive per diem/commission to highly skilled, enthusiastic dentists interested in excellent income, managerial support and professional autonomy. Please send your c/v to careers@eastislipdentalcare.com. indicating availability.

DENTAL OFFICE FOR RENT:
1500 SF at 168 Main St in Huntington Village. Features: Waiting, Reception, Lab, Offices, Ample Parking, Hdcp Accessible, Plumbed for 4 chairs and 2 exam rooms. Contact: Damon Kirwin (631)742-4596
Lt. Commander Ricardo Alexander US Navy
Captain Robert Benton US Army
Lt. Commander Gregory Bohle US Navy
Captain Edward Bram US Army
Captain Mark Cherches US Army
Lt. Commander Angelo Chiarenza US Navy
Colonel Pamela Combs US Air Force
Captain Richard Firestone US Army
Captain Stephen Goldstein US Army
Lieutenant Joseph Graskemper US Navy
Captain Jeffrey Harnett US Navy
Lt. Commander Steven Hill US Navy
Captain Bruce Howard US Air Force
Captain Richard Kardovich US Army
Captain Jeffrey Kerman US Army
Colonel Francis Kestler US Army
Major Dimitrios Killimitzoglu US Air Force
Captain Aaron Kramer US Air Force
Commander Paul Leary US Navy
Captain Samuel Mann US Army
Captain Anthony Maresca US Army

Captain Raymond Mascolo NY Guard
Captain Alan Mazer US Army
Captain Stephen Mitzner US Air Force
Captain Lawrence Mogen US Army
Captain Hugh Musof US Air Force
Captain Joseph Nicols US Navy
Lieutenant Jay Orlikoff US Navy
Captain David Parker US Air Force
Lt. Colonel John Primavera US Navy & US Army
Captain Ralph Raphaelson US Air Force
Colonel John Sawicki US Army
Captain Irving Schultz US Army
Lt. Commander Steven L. Schwartz U.S.Navy
Lt. Commander Duane Shank US Navy
Captain Arnold Sneticker US Air Force
Colonel Stephen Sokoloff US Army
Lt. Colonel Lester Stein US Air Force
Captain Stephen Stein US Army
Captain Marvin Stern US Air Force
Captain Joseph Thaler US Air Force
Captain Robert Wagner US Air Force

NOVEMBER GENERAL MEMBERSHIP MEETING

Honoring Our Members Who Have Served This Country with Distinction
Congratulations go out again to Dr. Maria Maranga, 2017 recipient of the New York State Dental Association’s Dr. Bernard P. Tillis Award.

This award was established by the NYSDA Council on Publications, at the request of the Association’s Board of Governors. The Board had asked the Council to create a tribute to Dr. Tillis, who was the Editor of The Journal for 22 years, and who died in 1995, shortly after his retirement.

The Council decided to establish the Bernard P. Tillis Award to recognize and honor a member of NYSDA, who through his/her writing in The New York State Dental Journal or in any of the component publications, promotes a positive image of organized dentistry - just as Dr. Tillis did throughout his tenure as Editor. This is an annual award, the winner of which is selected in the fall by a subcommittee of the Council on Membership and Communications.

Last year’s Tillis award recipient was Dr. Scott Firestone, Suffolk County Dental Society’s immediate past president.

Dr. Maria Maranga is the winner of the 2016 award. She was chosen for her essay, “The Lion Sleeps Tonight,” which appeared in the Fall 2015 Suffolk Dental Bulletin. An inscribed plaque was presented to Dr. Maranga at our January installation by Dr. Richard Andolina, President of the New York State Dental Association.

{Reprints are available online at www.suffolkdental.org or upon request at suffolkdental@optonline.net,}

Insurance Planning for the Healthcare Professional

“Taking You from Residency to Retirement™

- Individual Disability
- Business Disability
- Life Insurance
- Group Insurance
- Office Insurance
- Malpractice Insurance
- Health Insurance
- Retirement Protection
- Financial Planning
- Employee Benefits

Eric S. Studley & Associates, Inc.
234 West Jericho Turnpike, 2nd Fl.
Huntington Station, NY 11746
P: 631-673-9496  F: 631-673-9497
E: Insurance@DrEricStudley.com

Two year old ultramodern implant practice looking for a periodontist with experience in implants and grafting. Office is looking for other locations to expand and practitioners who are ambitious and willing to grow. You must see this office to understand it’s potential.

Please send CV to cgiangreco@puredentalimplants.com
TAX TIPS FOR DENTISTS
by Stuart A. Sinclair, CPA

An easily overlooked deduction is a self-employed health insurance deduction for Medicare premiums paid for you, your spouse and your dependents.

Also, long term care insurance premiums similarly qualify for the self employed health insurance deduction.

You must have sufficient self employment income to absorb the amount of the deduction. This change in the law started with the 2010 tax returns.

Stuart A. Sinclair
Certified Public Accountant
Taxes/Accounting
Your Office or Mine
Business/Personal
Specialty - Dentists
Personable CPA
References
1120 Old Country Road
Plainview, New York 11803

(516) 935-2086
Fax: (516) 935-1787
e-mail: stusinclair@yahoo.com
website: dentaxsolutions.com

Eliminate your Financial Fear with One of Confidence
- Retirement and distribution strategies
- Estate conversation issues
- Risk management analysis

Also I may help answer frequently asked questions, including:
- Are my financial products working hard enough?
- What’s a good approach for college savings?
- What are the elements of a sound estate strategy?
- Is my family properly insured?

Recreate and design your current individual situation today.
250 Crossways Park Drive Woodbury, NY 11797
Tel: (516) 333-0165 Fax: (516) 677-6895
Financial Representative of
The Guardian Life Insurance Company of America
Email: John_devivo@gllic.com
Website: http://www.spectrefinance.com
The Suffolk County Dental Society
is proud to present
The Dr. Stephen B. Gold Memorial
Seminar Series 2017

Our 2017 Seminar Series features four important courses presented by prestigious, internationally-known speakers

Harold Crossley, D.D.S., Ph.D.
#SS2017-01
Wednesday, March 15, 2017
STREET DRUGS EXPOSED: What Your Patients And Your Kids Are Not Telling You!

Howard S. Glazer, D.D.S.
#SS2017-02
Wednesday, May 17, 2017
I HAVE IT..YOU NEED IT! (Must Have Products & Materials)

Steven Fallon, D.M.D.
#SS2017-03
Wednesday, October 4, 2017
FIXED IMPLANT REHABILITATION FOR THE TERMINAL DENTITION AND EDENTULOUS ARCH: From Initial Consult To Final Delivery (Sponsored by Nobel Biocare)

Ben Miraglia, D.D.S.
#SS2017-04
Wednesday, December 6, 2017
ORTHODONTIC OPPORTUNITIES FOR THE GP: Everything From Early Childhood Growth And Development To Adult Invisalign
Course #SS2017-01 Wednesday, March 15, 2017: 7 m.c.e. credits
Harold Crossley, D.D.S., Ph.D.
STREET DRUGS EXPOSED: What Your Patients And Your Kids Are Not Telling You!

Course Synopsis:
What questions should I be asking my patients to avoid drug interactions with street drugs? What is the impact on my practice of the recent resolutions, approved by the ADA, for providing dental care for patients who are and/or have been chemically dependent? What are some of the oral manifestations of street drug abuse? How will I know if a person is under the influence of street drugs? What are the characteristics of and how do I manage the “doctor shopper”? Do I have to take any precautions with the dental patient who is under the influence? Why is it so important that the dental staff be knowledgeable about street drugs? Why am I at risk? What are some characteristics of adolescent substance abuse and what do I do about it?
The dental team is in a unique position providing dental care to a patient population that may be regular users or experimenting with mood altering drugs. This dynamic, brutally honest, and graphic presentation will take you from the streets and into the office to help you identify and manage the substance abusing patient. Discussion includes the origins, types, mechanisms of action, and signs and symptoms of commonly abused prescription and illicit drugs.

Recommended: For dentists, dental hygienists, dental assistants, receptionists, and spouses*

*Must be 18 years of age or older to attend-no exceptions

Harold Crossley, DDS, MS, PhD, is Professor Emeritus at the Univ. of MD Dental School. Dr. Crossley received a BS degree in Pharmacy from the University of Rhode Island. He later was awarded the MS and PhD degrees in Pharmacology. The Univ. of MD Dental School in Baltimore awarded Dr. Crossley the DDS degree. The liaison between the classroom and his part-time dental practice produced a practical approach to understanding the pharmacology of drugs used in the dental office.

Dr. Crossley has co-authored a number of articles and four books dealing with a variety of topics within the field of pharmacology. Other areas of expertise include the pharmacology of street drugs and chemical dependency. He serves on the MD State Dental Assoc.’s Well-Being Committee, is an active member of the OKU Honorary Dental Society, the ACD, ICD, and an honorary member of the Thomas B. Hinman Dental Society. He was the recipient of the 2008 Gordon Christensen Lecturer Recognition award presented by the Chicago Dental Society and the recipient of the 2012 Award of Distinction presented by the Academy of Dentistry International for his efforts in CDE. He has been a consultant for the US DEA and other law enforcement agencies since 1974. Drawing on this unique background, Dr. Crossley has become nationally and internationally recognized as an expert on street drugs and chemical dependency as well as the clinical pharmacology of dental drugs.

Course #SS2017-02 Wednesday, May 17, 2017: 7 m.c.e. credits
Howard S. Glazer, D.D.S.
I HAVE IT..YOU NEED IT! (Must Have Products & Materials)

Course synopsis:
This is a program about real dentistry for real people by a real dentist! Dr. Glazer will present a potpourri of the materials and techniques that he uses to make the day more productive, easier and fun! The entire dental team will benefit from learning together about the latest products and how they will benefit your patients. Dr. Glazer writes a monthly column by the same title for AGD Impact magazine, and reviews new products and materials on a regular basis for his column.

Topics may include:
- Curing lights..to light up your life (dental) • Desensitization & Adhesives..a sticky subject made simple
- Composites for esthetic fillings not just white ones • Impression materials..it’s true..first impressions are important
- Provisional materials..provisionals should look great • Oral cancer prevention..dentists can save lives!
- Lasers..simple, easy and quick w/ great results • Endodontic instruments..getting to the root of the matter
- Cements..that which holds the relationship together • Tissue retraction and fluid control...essentials of clear fields
- Reducing Sensitivity with topical paste application & Fluoride varnishes • Whitening systems..that work
- Matrix bands for perfect, predictable contacts..contact perfect every time • Burs..so many and so little time
- Patient communication...high-tech and really cool! • Going Digital..simple, easy and soon to be a must!
- Loupes, instruments, equipment potpourri

Dr. Glazer is a Fellow and Past President of the Academy of General Dentistry, and former Assistant Clinical Professor in Dentistry at the Albert Einstein College of Medicine (Bronx, NY). He has been a visiting clinician at several universities around the country. He is a Fellow of the American College of Dentists; International College of Dentists; American Society for Dental Aesthetics, the American Academy of Forensic Sciences, and a Diplomate of the American Board of Aesthetic Dentistry. Dr. Glazer is an Attending Dentist at the Englewood Hospital (Englewood, NJ). Additionally, Dr. Glazer is the Deputy Chief Forensic Dental Consultant to the Office of Chief Medical Examiner, City of New York.

For the past several years, Dr. Glazer has been named as one of the “Leading Clinicians in Continuing Education” by Dentistry Today, and most recently was named as one of the Top Dentists in New Jersey by New Jersey Monthly & 201 Magazine. He lectures throughout the United States, Canada, and overseas, on the subjects of dental materials, cosmetic dentistry, forensic dentistry and patient management. Additionally, Dr. Glazer is a frequent author of dental articles and has been published throughout the world. Currently he publishes a monthly column in AGD IMPACT entitled “What’s Hot and What’s Getting Hotter!” He maintains a general practice in Fort Lee, NJ.
Dr. Ben Miraglia graduated from the SUNY at Buffalo School of Dental Medicine. He is a proud member of the OKU Dental Honor Society. Dr. Miraglia completed a general practice residency program at Danbury Hospital in Ct. He has 23 years private practice experience in Mt. Kisco, NY, including 12 years of interceptive orthodontic experience.

Dr. Miraglia has been providing Invisalign with a comprehensive care philosophy for the last twelve years. Dr. Miraglia believes Invisalign is a comprehensive orthodontic technique and should be used to move all teeth into proper position to achieve a healthy, stable occlusion as well as a full, beautiful smile. His basic philosophy is to utilize Invisalign to establish proper arch form and proper arch width. His expansive Invisalign philosophy has proven to be successful, conservative, and efficient.

Dr. Miraglia holds faculty positions with Align Technology and the United States Dental Institute and is on the Board of Directors of the American Academy of Cosmetic Orthodontics as well as the American Academy of Physiological Medicine and Dentistry. Dr. Miraglia holds a position on the President’s Council of Northern Westchester Hospital in Mt. Kisco, NY. In 2015, Dr. Miraglia was acknowledged as a “Leader in Continuing Education” by Dentistry Today Magazine.
SEMINAR SERIES 2017

Location of courses: 150 Motor Parkway
Media Center – Lower Level
Hauppauge, NY 11788

Directions: Take the Long Island Expressway to Exit 53. Follow signs to Wicks Road. This location is 1 traffic light east of the RADISSON Hotel (formerly the Upsky Hotel) on Motor Parkway.

Time: Course #s run 9:00 a.m. – 4:00 p.m. Continental breakfast and check-in at 8:30 a.m. Buffet lunch 12 noon – 1:00 p.m.

Tuition: Full Series of all 4 courses: ADA members $825 Non-ADA $1425 Aux: $400
Each individual course: ADA members $275 Non-ADA $475 Aux: $100

SEATING IS LIMITED!! MAKE SURE THAT YOU REGISTER EARLY!!

NOTE: In the event of extreme inclement weather causing last-minute cancellation of a program, a recorded message of cancellation will be placed on the SCDS office answering machine. If in doubt, call 631-232-1400.

Registration form: Complete and mail with check or credit card information to SCDS, 150 Motor Parkway, Suite 105, Hauppauge, NY 11788. Phone registration with credit card number, call 631-232-1400, or fax with credit card number to 631-232-1402.

Name:………………………………………………………………….ADA #:………………………………………………………………
Address:…………………………………………………………………………City:………………………… State:……. Zip:…………
Tel #:…………………………………………Fax #::……………………email:………………………………………………

Please register me for:
[ ] Full series of all 4 courses or [ ] Course #1 [ ] Course #2 [ ] Course #3 [ ] Course #4

[ ] Enclosed is a check payable to SCDS for $..............
[ ] Charge my Visa/MC/AE #:.................................CVV:.......................Exp:.....................Zip Code:...................

Signature:............................................................... Amount: $.................................
Nanotopographical Control Of Dental Pulp Stem Cell Fate

For my project, I worked with two out-of-state partners at Stony Brook University. When I first met my teammates, we connected through a mutual desire to apply materials science to the field of regenerative medicine. As we thought about potential problems that we could solve, bone and dental disease stood out to us, because we have all been affected by dental issues, either personally or through a close family member. Furthermore, dental caries is the most prevalent infectious disease worldwide, and chronic periodontitis afflicts nearly half of all adults in the United States. Yet despite these sweeping problems, existing solutions are limited to dental implants, which face the risk of implant rejection and require costly bone grafting procedures. My mother, a patient who received dental implants, recalls that the process was, “long, painful, and expensive.”

Upon further brainstorming, we realized that stem cell based tissue engineering answers the need for a therapeutic alternative that promotes the renewal, rather than the replacement of, dental tissues. In particular, dental pulp stem cells (DPSCs) have gained significant attention in the medical world; DPSCs are stem cells present in the dental pulp, which is the soft living tissue within teeth. The ability to harvest the DPSC from waste tissue in wisdom teeth is an advantage in getting cells for fundamental or basic research. For clinical applications, they need to work with the patient’s own cells to avoid rejection — but those cells need to be expanded and stimulated properly. The in vitro work that is being done uses DPSCs extracted from wisdom teeth in order to develop future therapies which are autologous (using the patient’s cells).

DPSCs are also multipotent, meaning that they can differentiate into a variety of cell types, such as neurons, blood cells, and bone cells. Previous research has demonstrated that the surface topography of substrates that DPSCs are plated and grown on is a crucial factor in determining the cell types that they can differentiate into. Thus, we developed a novel method for creating various surface topographies in order to discover the best surfaces for inducing osteogenic (bone) and odontogenic (tooth) differentiation in DPSCs.

Initially, different solutions of polyactic acid (PLA) mixed with polystyrene (PS) were spun-cast onto silicon wafers to create thin film substrates. The substrates were then annealed in a vacuum oven to cause the PLA and PS to phase segregate and create the distinct surface topographies that we desired. Subsequently, the PS phase was dissolved out of the substrate, to reveal different topographical features, such as bumps and holes, within the resulting PLA substrate. Mass production of a large variety of surfaces is possible with our method, because identical surfaces can be produced in bulk by controlling the variables involved in the spin-casting and phase segregation process.

In our preliminary stage of testing, twenty different surfaces were created and then analyzed using the atomic force microscope and NanoScope Analysis software. After characterizing the different topographies, we chose two rough surfaces, two porous surfaces, and two flat surfaces for further DPSC plating in order to study their cellular behavior. Interestingly, our porous substrates shared topographical similarities with dentin, the calcified tissue of the body that surrounds dental pulp.

On day five post cell-plating, we stained DPSCs with a green fluorescent dye in order to visualize F-actin response. F-actin is a double-stranded filamentous polymer that is primarily involved in crucial cellular processes like morphogenesis, cell division, and migration. In the beginning stages of cell growth, the level of F-actin response is an indicator of whether the cell is recognizing the topography of the surface that it is plated on. A strong F-actin response to a surface may lead to better differentiation in later stages of growth. We observed this behavior using confocal microscopy (CLSM), which revealed that DPSCs responded more favorably to porous surfaces in comparison to rougher surfaces. We reasoned that this may be that the bumps on rougher surfaces inhibited full expansion of the F-actin, while the holes on porous surfaces were easily stretched over by the same filament.

On day thirty-five post cell-plating, we observed the substrates under the scanning electron microscope (SEM) to evaluate the distribution of biomineralization deposits on each surface. Biomineralization is the process by which living organisms produce minerals, often to harden or stiffen existing tissues. Thus, it is considered a prerequisite for osteogenic and odontogenic differentiation. Subsequently, we performed energy-dispersive x-ray spectroscopy (EDX) to analyze the elemental composition of the biomineralized crystals.

SEM images indicated varying levels of biomineralization on each surface. Surfaces that were characterized by bumps displayed nonuniform biomineralization, indicating inefficient differentiation of DPSCs. On the other hand, our porous, dentin-like surface was characterized by directional, fiber-like arrangements and exhibited the highest level of uniform biomineralization. Further EDX analysis of all surfaces confirmed the presence of hydroxyapatite, which is a calcium phosphate mineral found in bone that signifies osteogenic differentiation. Essentially, SEM and EDX analysis confirmed that surface topography alone has the ability to induce biomineralization and subsequent differentiation of DPSCs.

In conjunction with SEM and EDX, we conducted RT-PCR to look for the late osteogenic marker osteocalcin (OCN) and the late odontogenic marker dentine sialophosphoprotein (DSPP). Between the two rough surfaces, we concluded that larger bumps, compared to smaller bumps, induced higher levels of both osteogenic and odontogenic differentiation due to the greater expression of OCN and DSPP. However, the two flat surfaces expressed higher levels of OCN than some of the rougher surfaces, suggesting that flat topographies may be more advantageous than certain rough topographies in growing

(continued on page 20 - left column)
osteolects. Most significantly, porous surfaces expressed the most significant amount of OCN and thus induced the highest level of osteogenic differentiation compared to both rough and flat surfaces. Based on our findings, we can conclude that surfaces mimicking porous, dentin-like surface topography is the best for DPSC differentiation and, in the future, bone regeneration.

Our method represents a novel, rapid, and cost-effective approach for creating different surface topographies to study DPSC behavior. CLSM, SEM, EDX, and RT-PCR results clearly elucidate the effect of surface topography on DPSCs, which is a crucial factor in controlling stem cell fate. In the future, we hope to apply these porous surfaces onto scaffolds, which are three-dimensional structures that are integrated into the body to promote tissue regeneration by acting as a growth platform for cells. These scaffolds would be created by using a medical-grade 3D printer to construct their basic framework and reproduce our optimized surface topographies. Our research supports the creation of porous scaffolds, and its implications are promising in the field of regenerative medicine.

(Alice Wu is currently a senior at Half Hollow Hills High School West in Dix Hills. She and her partners finished fifth in the Siemens Competition in Math, Science & Technology team category. The team was mentored by Stony Brook University’s Miriam Rafailovich, distinguished professor of materials science & engineering; Marcia Simon, professor and director for graduate studies at the School of Dental Medicine’s Department of Oral Biology and Pathology; and Adriana Pinkas-Sarafova, Garcia Summer Program coordinator in the department of Materials Science and Chemical Engineering.)

The mercury containment unit captures 100% of the mercury. The containment system does not require any maintenance from the dental office. It is truly a hands off system.

As dentists, we often speak to our patients about having routine examinations. We do so in part to minimize a patients’ dental issue. The best time to treat the small lesion that we find on a radiograph is now. As we often tell our patients, “it will never be less costly or invasive then it is right now”. Decay never gets smaller. The same can be said with your cesspools.

If you would like more information please contact me at albergerdds@albergerdds.com.

(Ed. note: The opinions and statements of the author do not necessarily reflect those of the Suffolk County Dental Society.)
Infection Control in the Dental Office…
'There's an app for that'

The Center for Disease Control and prevention (CDC) has developed a mobile application, CDC Dental Check, that helps dentists monitor their infection control practices in their offices. Developed directly from the CDC publication *Infection Prevention Checklist for Dental Settings, Basic Expectations for Safe Care*, the application helps the dental practice monitor compliance with administrative policies and clinical practice infection prevention and control procedures and also engage in direct observation of personnel and patient-care practices.

Key features include checking Yes/No to acknowledge compliance with a list of administrative policies or observed practices, a summary of basic infection prevention principles and recommendations for dental health care settings, ability to export results for records management and provides links to full guidelines and source documents that users can reference for more detailed background and recommendations.

In October 2016 the CDC published *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. This publication supplements the 2003 comprehensive *Guidelines for Infection Control in Dental Health-Care Settings*. It added infection prevention program administrative measures, infection prevention education and training, respiratory hygiene and cough etiquette, updated safe injection practices, and administrative measures for instrument processing.

At this time, the application is only available in the iTunes App Store. An inquiry to the CDC elicited no response as to when and if the application will be available for Windows or Android operating systems. For those practices without access to apple applications, the previously mentioned CDC publications, especially *Infection Prevention Checklist for Dental Settings, Basic Expectations for Safe Care* would be a good substitute for the application.

{Dr. Firestone is the Chair of the NYSDA Council on Dental Practice.)

NEW MEMBERS

We welcome the following new members elected in December 2016, February and March 2017:

**Jessica Henner, DDS**  
(Transfer from NCDS)  
*SUNY SB 2011; Northport VA 2012*  
228 E Main St  
E Islip, NY 11730  
*General Dentistry*

**Natasha Kapoor, DDS**  
*Virginia 2010; Univ of Detroit Mercy 2015*  
23 Southdown Rd  
Huntington, NY 11743  
*Periodontics*

**Michael Maiorino, DDS**  
(Transfer from NC)  
*NYU 2001; NYU 2002; St Charles 2003*  
560 E Jericho Tpke  
Huntington Station, NY 11746  
*General Dentistry*

**Matthew Miller, DDS**  
(Transfer from NY County)  
*NYU 2012; NYU 2016*  
175 Main St  
Setauket, NY 11733  
*Orthodontics*

**Thomas Patrie, DDS**  
*SUNY SB 2005; SUNY SB 2007*  
42 Terry Rd  
Smithtown, NY 11787  
*General Dentistry*

**Victoria Shack, DDS**  
(Transfer from QCDS)  
*NYU 2012; NY Hospital Queens 2013*  
3 Medical Dr Ste D  
Pt Jeff Sta, NY 11776  
*General Dentistry*

**Michael Wakily, DDS**  
(Transfer from Seventh)  
*Univ of the Pacific 2007*  
228 E Main St  
E Islip, NY 11730  
*General Dentistry*

**Steven Xerri, DDS**  
*Univ at Buffalo 2010*  
100 S Jersey Ave Ste #24  
E Setauket, NY 11733  
*General Dentistry*

**Christiaan Zietsman, DDS**  
*SUNY SB 2013; Eastman 2016*  
30 Landing Ave  
Smithtown, NY 11787  
*Prosthodontics*
Congressman Lee Zeldin stopped by to offer his support and acknowledge our service to the community.

Some of the dedicated SCDS members who volunteered their time: from left: Drs. Nick Vittoria, Jimmy Kilimitzoglou, Scott Firestone, Frank Kestler, John Damaskos, Marty Dominger

Thank you to all the volunteers who made the day a success: SCDS members, dental students from Stony Brook SDM, dental residents from St. Charles Hospital, dental hygiene students from Farmingdale, dental assisting students from BOCES and other family and friends!

Approximately 100 volunteers treated over 300 children during our 2017 Give Kids a Smile event which was held at the Long Island Aquarium in Riverhead for the sixth year. Representatives from Fidelis Care were present to educate the families of these children regarding dental insurance coverage that they might be eligible to receive. Hopefully, all of these children without dental homes will now be able to receive the ongoing care they need to keep themselves healthy.

We could not continue to offer these programs with sponsorship to offset our costs. This year, we were fortunate to have two individuals go out of their way to raise substantial funds for GKAS. Nicole Kaloustian, RDH and Victoria Lane (wife of SCDS Past President Dr. Kerry Lane) sponsored "Miles for Smiles", a spin class, which raised thousands of dollars. In addition, we received financial support from Fidelis Care, Bank of America Practice Solutions, the Mattituck Lions Club, the Riverhead Rotary, and numerous individuals.

Every year, we receive dental supplies from Henry Schein and Colgate and portable dental units and additional supplies from our friends at the Stony Brook School of Dental Medicine. Finally, thanks go out to the members of the Sunrise HiRailers, who set up a large model train display to entertain the children, in memory of our past Executive Officer, Dr. Mike Gulotta.

Thank you to everyone who donated their time, money and expertise to help the children of Suffolk County!!
The new era of genetics in dental education, practice, and research has arrived. In the wake of the October 2015 “first of its kind” American Dental Association (ADA) conference on genetics in dentistry, there is little doubt that ADA ethical guidelines concerning genetic testing, research, and possible therapy are now required. Our colleagues at the American Medical Association (AMA) have wrestled with the challenging moral issues inherent in genetic-based medicine, and their ethical code reflects it. Accordingly, a timely evaluation of the AMA’s 600-plus-page code of ethics is in order. (Note: Fundamental editorial and policy decisions account for the AMA ethical code’s voluminous size. The guide within the AMA Code of Medical Ethics [AMA Code] notes “attorneys, judges, and scholars in medical ethics have looked to the Principles and Opinions for legal advocacy and decision making in health care.” In light of this, the AMA Code’s annotations “are designed to provide a research and reference tool for practitioners, scholars, jurists, and others.” In contrast, the ADA Principles of Ethics and Code of Professional Conduct [ADA Code], designed primarily to serve as an easy-to-use guide for practitioners, is a slim 22 pages.)

My simple thesis is that the ADA Code can remain principle based, elegant, and short; however, the addition of a sixth ADA principle of ethics is now required. Arguably, the addition of the principle of respect for human dignity will help serve better to provide the foundation of a dentist’s professional obligations in a new era of genetics in dental research, education, and practice. (Note: This commentary presupposes a familiarity with the current ADA Code. The current ADA Code has 3 sections: the principles of ethics, code of professional conduct, and advisory opinions.)

GENETIC DENTISTRY AND WHAT THE AMERICAN DENTAL ASSOCIATION PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT NEEDS TO OFFER

The problem. The recognition of the need for ethical guidelines concerning genetics in dental practice is not new. Gettig and Hart’s goal in their 2003 Journal of Dental Education article was “to foster awareness within the dental community of the ethical and social issues emerging from the availability of genetic information.” Their article highlighted the ethical, legal, and social concerns regarding issues of confidentiality, discrimination, informed consent, risk communication, and professional and continued education as they regard the use of genetic information in the practice of dentistry. Predicting that “dental care in the future will rely increasingly upon genetic testing” as a means to identify a patient’s disease risk and susceptibility, Gettig and Hart point to the incongruity that “no professional dental society has offered recommendations or guidelines for genetic testing.” Noting how medical care was being transformed from “a reactive clinical approach to a proactive paradigm,” they cautioned against underestimating the future effect of genetics in dental practice.

Other authors also have pointed to the pressing need for ethical guidelines concerning genetic testing in dentistry. In the journal Oral Diseases, Eng and colleagues identified the need for “ethical, legal, clinical, and educational initiatives... to responsibly incorporate genomic information into the practice of dentistry.” Also, in an Ethics in Biology, Engineering & Medicine article funded by the National Institutes of Health titled “Need for an Ethical Framework for Testing for Systemic Diseases in Dental Clinics,” Silveira and Chattopadhyay noted that “testing for systemic diseases in dental clinics is a potentially attractive avenue for oral health professionals” given the potential genetic and other systemic testing methods have “to increase professional reach, expand practice, and improve financial returns.” Silveira and Chattopadhyay resist giving more specific advice; rather, they pose 9 ethical questions that concern genetic testing in a dental practice that they believe “must be addressed before such activities are adopted.”

Our current ADA Code: its versatility and limitations. The immediate origin of the current principle-based format of our ADA Code can be traced back to 1994. (Note: The origin of our pluralistic principle-based ethical method can be traced further back to the work of the Oxford University intuitionist W.D. Ross and the 18th century Scottish “common sense” ethics of Thomas Reid.) Maintaining that previous versions of the ADA Code failed in their 3-fold task “to educate, to regulate, and to inspire,” the ADA Council on Ethics, Bylaws and Judicial Affairs embarked on a 2-year project during which it significantly revised the ADA Code. The council’s efforts culminated in October 1996 when the ADA House of Delegates passed Resolution 59H, and the ADA Code assumed its familiar “easier to use” 5-principle format.

Dr. Robert Rosen, chair of the council in 1996, explained that the “implied” ethical guidelines within previous editions of the ADA Code now were enunciated clearly. In addition, the organization of the Code was streamlined around the 5 principles by “organizing the various sections of the code of conduct under the principle that best serves as their foundation.” Understanding that the 5 principles “form the basis of a dentist’s professional obligations,” Rosen explained that the newly enumerated principles “provide guidelines to the user who can’t find a specific code section to cover a given fact situation.” The content of this last sentence is worth reappraising carefully. Essentially, in this sentence, Rosen succinctly outlined why the ADA Code could successfully be brief; an exhaustive list of rules and advisory opinions, as seen contained in the voluminous AMA Code, is unnecessary.

It is worth noting that the identification of 4 of the 5 principles contained in the 1996 revision of the ADA Code (beneficence, nonmaleficence, autonomy, and justice) can be connected to the scholarship of Beauchamp and Childress and the profound effect of their “four principles” approach to health care ethics.

(continued on page 24)
of subsections related to genetics include ethical issues regarding third-party access to genetic information, genetic testing and counseling, genetic testing of children, and research in gene therapy and genetic engineering. In addition, AMA Code opinions cover numerous related topics, ranging from ethical issues concerning research on stem cells and cloning to the use of genetic information in forensics relating to the criminal justice system.  

Similar concerns regarding genetic science and testing now loom large on the ADA’s horizon. A dental program already has been proposed regarding the use of the interleukin-1 genetic test to stratify patients according to their susceptibility to developing periodontitis.  

The reassuring fact that the ADA principle of patient autonomy appears to be capable of providing adequate guidelines in the case of interleukin-1 gene testing must not invite our complacency.  

Turn to the American Medical Association

Turning to the American Medical Association Code of Medical Ethics for Possible Insight

The AMA on its website notes how “advances in genetics have the potential to revolutionize how physicians diagnose and treat illness.” Undoubtedly, such large-scale change is accompanied by ethical challenges. The AMA has responded proactively to this dilemma by incorporating multiple guidelines relating to genetic medicine into its ethical code. In accord with common sense, the AMA Code is structured on 9 broad-based ethical principles. Chapters 2, 4, and 7 in the 2016 revised AMA Code of Medical Ethics, respectively, titled “Opinions on Consent, Communication & Decision Making,” “Opinions on Genetics & Reproductive Medicine,” and “Opinions on Research & Innovation,” contain more than 8 subsections concerning genetic medicine. Headings

(continued from page 23)

(Note: Beauchamp and Childress 1979 Principles of Biomedical Ethics is considered a foundational document in the field of bioethics. Bioethicist Bruce Jennings maintains that Beauchamp and Childress’ politically astute decision to introduce the prima facie principle of respect for autonomy within their “four principles” method, together with the prima facie principles of nonmaleficence, beneficence, and justice, did much to further the successful development of the field of bioethics.) To be precise, the ADA adopted a version of Beauchamp and Childress’ 4 ethical principles; the ADA subtly modified Beauchamp and Childress’ principle “respect for autonomy” into “patient autonomy.” The fifth ADA principle is veracity. The principle of veracity’s incorporation into the ADA’s professional ethical code was a reflection of social change at the time. The ADA then had a heightened concern regarding dentists once again advertising given changes in Federal Trade Commission guidelines.

Although not explicitly acknowledged in the ADA Code, the way we actually now mostly do and teach dental ethics is tied directly to Beauchamp and Childress’ 4-principles method. In light of this de facto relationship, it is prudent to be cognizant that none of Beauchamp and Childress’ 4 principles, nor the fifth principle of veracity, apparently were envisioned, selected, or designed intentionally to impose limits on the future direction and potential scope of medical research, practice, and therapy. (DeGrazia and Beauchamp, commenting in a chapter on the philosophy of ethical principles and common morality, once noted, “Arguably, medicine should be viewed as an evolving set of practices with no intrinsic limits to the possibility for change.”) Arguably, from its inception, this approach represented a somewhat questionable policy; now, given remarkable advances in genetic science, this open-ended approach is dangerously inadequate. (In accord with the Pulitzer Prize–winning physician, author, and cancer researcher, Siddhartha Mukherjee, I use the adverb dangerously “with full cognizance.”) Mukherjee states that his book The Gene “is the story of the birth, growth, and future of one of the most powerful and dangerous ideas in the history of science: the ‘gene,’ the fundamental unit of heredity, and the basic unit of all biological information.” Mukherjee on the very same page poses the key ethical questions, “And what if we learned to change the genetic code intentionally? If such technologies were available, who would control them, and who would ensure their safety? Who would be the masters, and who the victims, of this technology?”

With the National Institutes of Health actively considering authorizing and funding embryonic research to develop human-animal organisms, or chimeras, and the very real prospect of human germline genetic engineering and brave-new-world “enhancement” therapies, a sixth ADA ethical principle now is required. The new principle must be equipped to serve as the foundation of guidelines, sensible limits and rules, and even, when necessary, taboos on questionable gene-based scientific research projects and clinical protocols.

The AMA on its website notes how “advances in genetics have the potential to revolutionize how physicians diagnose and treat illness.” Undoubtedly, such large-scale change is accompanied by ethical challenges. The AMA has responded proactively to this dilemma by incorporating multiple guidelines relating to genetic medicine into its ethical code. In accord with common sense, the AMA Code is structured on 9 broad-based ethical principles. Chapters 2, 4, and 7 in the 2016 revised AMA Code of Medical Ethics, respectively, titled “Opinions on Consent, Communication & Decision Making,” “Opinions on Genetics & Reproductive Medicine,” and “Opinions on Research & Innovation,” contain more than 8 subsections concerning genetic medicine. Headings
Cesspool Problem with Amalgam Separator

For those of us that remember the original 60 Minutes, it has been said that a bad day is when you go to work and Mike Wallace is at your front door. Well Mike Wallace was not at my front door in February 2016, but it was a horrible day for me and could be a very damaging day for any dentist especially those who practice in Suffolk County.

In February 2016, I received an e-mail from my landlord informing me that mercury was found in the cesspool. My practice is located in Oakdale and other than the landlord, who is not a dentist, I am the only tenant. I am a general dentist in a solo practice. Since the time I purchased the practice in 1994 from a general dentist, I have never placed an amalgam filling. I have removed many amalgam fillings since I first picked up my high speed handpiece in 1994.

The building that I am located in was sold to my present landlord in 2002. He insisted that the cesspool be checked for any contamination before he would finalize the purchase. The seller of the building is the same dentist from whom I purchased the practice. The cesspool was found to be contaminated with mercury and the sale of the building was on hold until this matter was rectified. The seller had the cesspool finally replaced and the soil cleaned and tested. The cost back then was $60,000.00.

Everything at this point was neat and clean and the purchase of the building was finalized and completed. In 2004 the landlord had the cesspool rechecked and again it was found to be clean.

In 2006, while attending a dental lecture it was mentioned that amalgam separators would be required to be placed by dental practices on their evacuation lines. It would not become law for another two years. I had spoken with my landlord about the amalgam separator and he was very much in support of placing it on my lines ASAP. He was willing to absorb half the cost to place it.

I contracted an amalgam separator company in 2006 to place this device in my practice two years before it was mandated. I was informed that once a year the collecting canister had to be shipped to the company and a new one would be hooked up. In 2012 this company began to provide a written report as to the contents of the returned canister. In the years between 2006 and 2015, there was only one year that the canister was not sent in (2014).

In March 2016, my landlord spoke with me regarding the cesspool contamination. He mentioned a potential $60,000.00 cost to me. Panic mode set in. I was in denial. I started grabbing at straws.

My first straw I grasped was I am a renter and therefore not responsible. I spoke to an attorney who asked to look at my lease and advised me that I am not responsible: Wishful thinking and inaccurate advice. The generator of the mercury is the responsible party.

My second straw to grasp for was the NY State Dental Society. He had shared my story with a representative of the Dental Society. He asked me if I had a separator on my lines and I told him I did. He responded by saying that I am in compliance with NY State Dental Society. I informed him that I am not in compliance with Suffolk County.

He asked if I had sewers and I told him, “not in my area. We have cesspools.” He told me that I have a problem, but he had a solution for me. Since I am a member of NY State Dental Society I am entitled to a free initial consultation with an environmental attorney and a 10% discount off their fees. I do not believe that many dentists practicing on Long Island can afford such an attorney.

The relationship between my landlord and me rapidly deteriorated as the various testing companies came up with test scores that did not make sense. I was given the name of a highly respected remediation company.

This company was immensely helpful to me in my hour of despair. They asked for all the reports and tests that had been done previously. After he reviewing them they pointed out inconsistencies and inaccuracies. The company explained to me in terms that I could understand the type of testing that was needed to be done to accurately depict the level of contamination that existed in our cesspool. I conferred with my landlord and agreed to move forward with this particular company.

It was brought to our attention that the amalgam separator I had installed previously was not preventing mercury from entering the cesspool. We had been warned that even though the cesspools would be cleaned and found in compliance with Suffolk County upon final inspection that the result would only be temporary because mercury will still be getting into the cesspools from the separator and I will have to go through the same process again. This is not want I wanted to hear.

When the remediation company finished the testing they found that the mercury contamination was only four feet deep and the mercury levels were minor. A great weight had been lifted from my shoulders when I read the report which dramatically differed from a previous report which stated that our levels were toxic. Suffolk County accepted their report and their remediation procedure for our cesspools. The final cost was almost $30,000.00.

As I moved forward I did not want to ever have to deal with this nightmare again. Once in a lifetime is still one time too many. I wanted a separating system for my practice with a 100% guarantee that I would not recontaminate the cesspools.

I had done much research in this area and found only one system which fits this bill. It is called a mercury (Hg) containment system. The waste material in the unit does not communicate with the environment and therefore cannot contaminate an existing cesspool. This is the major advantage the containment system has over a separator. Separators target solids. They are designed to meet an ISO particle standard. The amalgam separators are designed to capture 95% of the solids by weight, not total mercury. Some solid mercury can still get through as well as all of the ionic mercury (mercury dissolved in the water).

(continued on page 20 - right column)
dignity, such as the intrinsic dignity that resides in each one of us and the life-giving replicable message in the sequences of our DNA, sets ethical limits that can trump a politician’s, genetic researcher’s, clinician’s, and even the research participant’s exercise of his or her personal autonomy. (In accord with the invaluable prima facie nature of the existing ethical principles, no priority is to be assigned to the principle of respect for human dignity.)

Such a position must not be misconstrued as reactionary. Mukherjee notes our desire to experiment, create, and use new technologies is itself encoded and selectively perpetuated in our DNA. In turn, this creative gene-driven factor is responsible for evoking both some of our species’ most magnificent and reprehensible qualities. Mukherjee cautions us to recognize the inherent circularity of this logic, and, driven by a skeptical awareness of its possible overreach, to seek additional moral precepts to “protect the weak from the will of the strong, and the ‘mutant’ from being annihilated by the ‘normal.’” Such is our nature and the challenge of modulating scientific progress.

Accordingly, the ADA needs to expand the number of principles in the ADA Code. The political philosopher Michael Rosen in his monograph Dignity notes, “The basic starting point of Kant’s vision of morality is that we carry within ourselves something of an unconditional, incomparable value—‘personhood’ or the ‘dignity of humanity.’” Rosen’s philosophical point aligns with the scientific fact that the material of our common humanity is encoded and found in our DNA. It is the ability of the principle of respect for human dignity to highlight the unique relationship that exists between the human genetic code and human life that makes the principle ideally suited to serve as the foundation for the fabrication of rules, guidelines, and even taboos limiting the potential excesses unique to the use of genetic science. Might not the addition into the ADA Code of the prima facie duty, responsibility, and ethical principle to respect human dignity, therefore, best serve as the foundation on which to construct professional guidelines, rules of conduct, and advisory opinions now needed in the new era of genetics in dental research, education, and practice?

Finally, for confirmation of the principle of respect for human dignity’s usefulness and value in the area of health care, we need simply to turn again to the AMA Code; listed first among the AMA Code’s 9 principles of ethics is the obligation of physicians to provide competent medical care with “respect for human dignity.”

**SUMMARY**

The principle of respect for human dignity plays a prominent role within the AMA Code. The principle of respect for human dignity appears capable of both guiding progress and, as needed, firmly checking the excesses possible in the area of dental genetics. Given advances in genetic science, we should strongly consider the following question: Would the insertion of the principle of respect for human dignity into the ADA Code better enable the ADA to appropriately supplement its Code of conduct and issue advisory opinions regarding genetic-based research and practice?

The normative content conveyed within the principle of respect for human dignity is useful in highlighting the unique relationship that exists between the dignity of human life and the gene. Accordingly, the evaluative arguments derived from the application of the principle of respect for human dignity are extremely well suited to providing the ethical foundation of dental professionals’ obligations in areas relating to genetic science. The process of the specification of the principle of respect for human dignity will enable the ADA to make needed additions to the ADA Code and render useful advisory opinions outlining a dentist’s obligations in specific areas of research, testing, and clinical practice relating to genetic science.

The future list of rules and advisory opinions produced need not be exhaustive. Because, once enumerated as the sixth ADA Code ethical principle, the principle of respect for human dignity will serve, as Robert Rosen noted, to “provide guidelines to the user who can’t find a specific code section to cover a given fact situation.” Practicing dentists, researchers, students, patients, research participants, and the public all stand to benefit from such guidelines.

http://dx.doi.org/10.1016/j.adaj.2016.09.011

Copyright © 2016 American Dental Association. All rights reserved.

Dr. Iovino is a clinical assistant professor, Department of Oral and Maxillofacial Surgery, and a lecturer, Dental Ethics and Professionalism, College of Dental Medicine, State University of New York at Stony Brook, Stony Brook, NY, and is in private practice in oral and maxillofacial surgery, Southampton, NY. Address correspondence to Dr. Iovino at 351 Meeting House Ln., Southampton, NY 11968, e-mail ripiovino@gmail.com.

Disclosure. Dr. Iovino did not report any disclosures.


24. Macklin R. Dignity is a useless concept; it means no more than respect for persons or their autonomy. BMJ. 2003;327(7429):1419-1420.

This article originally appeared in the December 2006 Journal of the American Dental Association. This has been reprinted with permission of the publisher. Dr. Iovino is a member of the Suffolk County Dental Society.)
LUNCH
AND
LAUNCH

A **FREE** Practice Growth Team Meeting

Let us help you and your team identify the strengths and weaknesses in your Long Island dental practice.

When you identify the weaknesses, it creates opportunities for growth.

In just 90 minutes, with you and your team, at your practice, let us help you develop strategies to **increase production**, attract **more new patients**, eliminate **stress in your practice** and **LAUNCH** your practice to the **next level**.

**We are the most successful** Dental Practice Coaching group on Long Island.

Single-Doctor practices increase **more than $300,000** in a year.

(Multiple Long Island References Available)

Practices have doubled and tripled in 2 years from our information.

We offer a blueprint for tremendous practice growth

---

**Dr. Steven Katz** is one of the top coaches in dentistry. As a practice owner and clinician he has seen it all - tragedy, failure, and eventually tremendous success. Steve’s compassion and desire to help others combined with his highly productive practice strategies make him the perfect person to motivate his colleagues. Dr. Katz reveals all of the tips, tricks and secrets you need to know to achieve similar success.

**Dr. Richard Madow**
The Madow Brothers

---

"Dr. Steve Katz and Kelly Fox-Galvagni give the best Practice Management Program that I have heard in years."

**Dr. Woody Oakes** - Excellence in Dentistry / The Profitable Dentistry Newsletter

---

Dr. Katz and his business partner Kelly Fox-Galvagni are two of the rising stars in practice and team development coaching. Their wonderful message of hope is what dentists and teams need to hear after trying times in a tough economy. Steve and Kelly’s management and marketing strategies will bring success to the practices they work with.

**Linda Miles**
Founder, LLM & Associates and Speaking Consulting Network

---

**CALL 516-599-0214 or EMAIL coaching@smilepotential.com**

to schedule your

**FREE Practice Growth Team Meeting**

Or visit our website:  www.smilepotential.com
I Am Too Old To Learn

I've owned or leased many cars over the last sixty five years. No, the Model T Ford was not one of them. I took my initial driver's exam in Freeport. I think the examiner broke the world record for the 100 yard dash once I stopped, except for one of my dates who didn't even wait for me to pull over. But that's material for another column.

As far as I am concerned, like most Americans, buying a car is one of the most traumatic things we do every few years. Going to the dentist is not much further down the list. To make life easy for me, I decided that I would buy the same model car I had previously leased. No, it's not a Tesla or Porsche. I don't mind being seen in an old man's car.

The salesman practically jumped for joy when he saw me. I was offered coffee, tea and water. He showed me all the testimonials to his sales prowess. He said he makes the best deals in dealership. After awhile the negotiations began. I wanted every safety feature that he had to offer. If you saw me drive you would understand. My children suggested a large pickup truck or SUV for my greater safety. Sorry but not my style.

We finally set a price agreeable to all. Then I chose a color and was told to return in two days with the rest of the money. The car looked great. The salesman's son was working with his father during his college break. Basically, he showed me how to set the radio and show me all the new features. Everything was different. Nothing was the same as the previous model.

Junior's job was to explain the electronics. Our ages differed by sixty years. I became confused right after he said "hello." A few days later the low tire pressure light came on. I had gotten a nail in one. After it was fixed, my dash board changed. I have been back to the service center so often that I have become good friends with the mechanic. Frankly, I think that there should be a law prohibiting people over a certain age from buying these monsters. Bring back the Model T. It comes in any color as long as you want black.

As dentists don't we also speak in jargon? The patient doesn't want to be there. He is afraid of pain, the bill and doesn't understand many dental terms. His eyes glaze over and doesn't comprehend the treatment plan. If possible, I would ask him to bring someone along for the consultation, who can listen and ask questions. I always got better acceptance when I did this.

Stay tuned for an update in 2020.
Officers of the Society:
President: Ivan Vazquez, DDS
President-Elect: Dimitrios Kilimitzoglou, DDS
Vice President: Martin Dominger, DDS
Secretary: Claudia Mahon-Vazquez, DDS
Treasurer: Jeffrey Seiver, DDS

Editors:
Thomas Bonomo, DDS
Paul Leary, DMD

ADA Delegates:
1st: Maria Maranga, DDS (2017)
2nd: Paul Leary, DMD (2017-2018)
3rd: Steven Snyder, DDS (2017-2019)

Alternate ADA Delegates:
1st: Dimitrios Kilimitzoglou, DDS
2nd: Kevin Henner, DMD
3rd: Guenter Jonke, DMD

NYSDA Trustee:
Paul Leary, DMD (2017)
Kevin Henner, DMD (2017-2020)

NYSDA Delegates:
Kevin Henner, DMD (2017)
Nick Vittoria, DMD (2017)
Jeffrey Seiver, DDS (2017)
Chris Salierno, DDS (2017-2018)
Kerry Lane, DDS (2017-2019)
Maria Maranga, DDS (2017-2019)
Steven Snyder, DDS (2017-2020)
Guenter Jonke, DMD (2017-2020)

Alternate NYSDA Delegates:
1st: Ivan Vazquez, DDS
2nd: Dimitrios Kilimitzoglou, DDS
3rd: John Guariglia, DDS
4th: Martin Dominger, DDS
5th: Sharon Pollick, DMD
6th: Claudia Mahon-Vazquez, DDS
7th: Patricia Hanlon, DMD
8th: Anthony Maresca, DDS

Committee Chairpersons
Access to Care: Jeffrey Seiver, DDS
Chemical Dependency: Peter Pruden, DDS
Children’s Dental Health: Howard Schneider, DDS
Dental Benefits Programs: D. Kilimitzoglou, DDS
Dental Practice: John Guariglia, DDS
EDPAC representative: Keri Logan, DMD
Education: Scott Firestone, DDS
Ethics: Joan Lane, DMD
Governmental Affairs: D. Kilimitzoglou, DDS
Membership & Comm: Nick Vittoria, DMD
New Dentists: Sharon Pollick, DMD
Peer Review & Quality Assur: C Mahon-Vazquez, DDS
Professional Liability: Brian McCormack, DDS

Past Presidents
2016- John Guariglia, DDS
2015- Scott Firestone, DDS
2014- Chris Salierno, DDS
2013- Nick Vittoria, DMD
2012- Guenter Jonke, DMD
2011- Maria Maranga, DDS
2010- John Lagnier, DMD
2009- Leonard Goldstein, DDS
2008- Jeffrey Seiver, DDS
2007- Kevin Henner, DMD
2006- Paul Leary, DMD
2005- Kerry Lane, DMD
2004- Steven Snyder, DDS
2003- Ian Glaser, DDS
2002- Anthony Maresca, DDS
2001- Stephen Goldstein, DDS
2000- Jeffrey Sherman, DDS
1999- Paul Markowitz, DMD
1998- Tracy Stewart-Flamenbaum, DDS
1997- Eugene Antenucci, DDS
1996- Alan Mazer, DMD
1995- Alan Farber, DDS
1994- Steven Roberts, DDS
1993- Howard Miller, DMD
1992- Thomas Bonomo, DDS
1991- Howard Rodin, DDS
1990- Jay Orlikoff, DDS/ Thomas Bonomo, DDS
1989- John Primavera, DDS
1988- Allen Peyser, DDS
1987- Stephen Gold, DDS
1986- Jack Hanover, DDS
1985- William Katz, DDS
1984- Richard Tesser, DMD
1983- Robert Benton, DDS
1982- Edward Anker, DDS
1981- George Glick, DDS
x deceased

Board of Directors
Lawrence Absatz, DMD
William Bast, DMD
Alan Berman, DDS
Gordon Diehl, DDS
Steven Feigelson, DDS
Scott Goldstein, DDS
Pat Hanlon, DMD
Brian McCormack, DDS
Radha Munk, DDS
Peter Pruden, DDS
Howard Schneider, DDS
Meena Shah, DDS
Craig Smith, DMD
David Amrat, DMD
Adam Bear, DDS
Joseph DiBernardo, DDS
Zackary Faber, DDS
Christopher First, DMD
Joseph Graskemper, DDS
Keri Logan, DMD
Virginia, Mitchell, DDS
Sharon Pollick, DMD
John Rose, DDS
Laurence Schwartz, DDS
Lloyd Simonsen, DDS
Marvin Stern, DDS

Executive Director: Paul Markowitz, DMD
Executive Assistant: Debbie Wasserman
Executive Director Emerita: Jane Meslin
THE GREATER LONG ISLAND DENTAL MEETING

SAVE THE DATES
APRIL 25-26, 2017
Hilton Hotel – Melville, NY

Featured Speakers
Anthony Sclar – “Ultimate Esthetic Implant Course”
Clifford Ruddle - “Creating Endodontic Excellence”
Gary Alex – “Composites + Adhesive Dentistry + Materials”
Mike DiTolla – “Digital Impressions + Technology”
Adamo Notarantonio – “Photography”
Marc Gottlieb – “Dental Emergencies & Airway Management”
Alexandre Molinari – “Reduced Diameter & Short Implants”
Anne Koch – “Bioceramics in Endodontics”
Robert Schwartz – “Integrating Technology into the Dental Practice”
Judy Bendit – RDH – “Silver Diamine Fluoride + Myths and Legends”
Shannon Brinker – “Round Table Discussions for the Dental Assistant”
+ More to Follow

Risk Management • Infection Control • CPR
Young Dentist Event + Resident and Student Night

PLUS ...

Alumni Reception • Exhibitor Cocktail Reception
Exhibitor Raffles • Door Prizes
Table Clinics • Photography Contest

EXHIBITION HALL HOURS – ALWAYS FREE TO ATTEND!
Tuesday, April 25th - 5:00 pm to 9:00 pm + Wednesday, April 26th - 10:00 am to 6:00 pm

REGISTRATION OPENS JANUARY 1, 2017 www.glidm.org
For further details contact our office at (631) 244-0722 or email glidm@aol.com

{See CERP and PACE CE Information on page 16}