On January 1, 2010, a new dental assisting permit becomes available. California dental assistants have an opportunity to obtain a Dental Sedation Assistant (DSA) Permit. This permit enhances their current abilities by allowing them to monitor patients undergoing sedation or general anesthesia, identify and draw up of medications, add drugs, medications and fluid to IV lines, and remove IV lines. These duties must be performed in a dental office or clinic and must be performed under the direct supervision of a general anesthesia or conscious sedation permit holder. As specified by law, the specialty permit requires completion of 110 hours of training. The training must include 40 hours of didactic instruction, 32 hours of laboratory and preclinical, and 38 hours of clinical instruction.

A course provider application is presently available on the Dental Board website. The application requires a detailed curriculum, and CALAOMS is in the process of preparing this item for submission. Plans are in the works to modify the current OMSA course to include the needed didactic material. The present CALAOMS Medical Emergencies course is being adapted to satisfy seven hours of the required laboratory training. An approach that would allow CALAOMS to provide the additional laboratory, preclinical and clinical training is also under development. There will be challenges during implementation of this new permit program. The application is complex and needs to be more “user friendly”. An efficient way to deliver the training has to be developed almost from scratch.

Continued on Page 8
We reward loyalty. We applaud dedication. We believe doctors deserve more than a little gratitude. We do what no other insurer does. We proudly present the Tribute® Plan. We honor years spent practicing good medicine. We salute a great career. We give a standing ovation. We are your biggest fans. We are The Doctors Company.

You deserve more than a little gratitude for a career spent practicing good medicine. That’s why The Doctors Company created the Tribute Plan. This one-of-a-kind benefit provides our long-term members with a significant financial reward when they leave medicine. How significant? Think “new car.” Or maybe “vacation home.” Now that’s a fitting tribute. Our medical professional liability program has been sponsored by CALAOMS since 1987. To learn more about our exclusive benefits for CALAOMS members, including the Tribute Plan, call (800) 717-5333 or visit us at www.thedoctors.com/calaoms.
A huge smile fills your face as you look upon the ripe wisdom teeth. Considering your expertise in such an endeavor, your mind wanders. Your blissful chiseling is interrupted by a ghostly aberration of an old, burned out dental assistant. She tells you that by the end of the case three ghosts will visit you. As you push a bit more Propofol, the ghost of OMS-past appears. He reminds you that your specialty was built on the backs of visionaries. Years of turf wars were fought. Discrimination against your professional degree partly overturned. Boundaries of your scope of practice expanded. As quickly as he appeared, the ghost of OMS-past departs, leaving you with warm feelings of nostalgia.

A huge smile fills your face as you look upon the ghost of OMS-present. Man, does he look good! From his Rolex watch to his Italian shoes, you can tell this guy is a success. Unfortunately, the ghost of OMS-future rudely interrupts your brief vision of OMS-past. His Rolex watch to his Italian shoes, you can tell this guy is a success. Unfortunately, the ghost of OMS-future rudely interrupts your brief vision of OMS-past. The sirens’ song of teeth and titanium was just too great. The OMS specialty gradually declines until purchased by Warren Buffett who bought it for a rock bottom price.

You snap out of your trance just in time to tie the last suture. “What an end to my profession!” you cry out. Your assistants’ faces look puzzled at your exclamation. You regain your bearings. Yes, you are in your comfortable office. Everything is just fine.

Maybe the vision was a by-product of last night’s rich, French dinner. Maybe.

We have created a wonderful profession—solidly based within two, well-respected fields; supported by a large, well-developed library of data validating our practice outcomes, financially lucrative enough to allow a comfortable living and time to give back to the community. We sit poised as a profession. We can remember nostalgically the well-fought victories and rest comfortably on our laurels as more and more OMS graduates shun academia. Or, we can re-invest in our training programs, remembering that our profession is only as strong as our teachers and mentors.

Letter To The Editor:

A recent article titled “Which Tooth?” ends with recommendations to prevent wrong-site surgery. One of the bullet points reads, “Mark the procedure site.” This is part of a Universal Protocol put out by the Joint Commission and is commonly quoted. In my opinion this is a recommendation which does not transition well from medical procedures to dento-alveolar surgery. It is impractical to mark teeth prior to removal. Our practice has modified the Joint Commission Protocol by substituting marking the procedure site.” This is part of a Universal Protocol put out by the Joint Commission and is commonly quoted. In my opinion this is a recommendation which does not transition well from medical procedures to dento-alveolar surgery. It is impractical to mark teeth prior to removal. Our practice has modified the Joint Commission Protocol by substituting marking the procedure site.” This results in immediately stopping the procedure and hashing out any disagreements prior to removal. Any staff member is empowered to question what I am doing by saying, “Doctor, I have a question about the procedure site.” This results in immediately stopping the procedure and hashing out any disagreements prior to resuming treatment. We have also incorporated a number of other components of the Universal Protocol which apply to an oral surgical environment similarly to a hospital setting. These include using a surgical “time out.”

Nicolas S. Veaco, D.D.S., M.S., M.D.
Stockton, CA
President's Message

The Leader in Specialty Health Care in California

Ned L. Nix, DDS
President, CALAOMS

It has been a busy year. I would like to personally thank all of the CALAOMS members and fellows for the opportunity to serve as your President. It has truly been the most rewarding year of my professional career. I have enjoyed traveling the state from north to south representing our association. I also enjoyed traveling the country representing our fantastic professional organization at national meetings. I will complete my eighth year of service to the association next year as your Immediate Past President. A highlight of the last trimester of the year was our strategic planning session held in Roseville.

Cal Clemons from Maryland facilitated the strategic planning session. He is a certified association executive (CAE), and he is the author of a well received publication which the Board all read in preparation for the event, The Perfect Board. Your Board is comprised of 13 members. Nine are elected voting members which include the officers of the association and its directors.

We have four ex officio non-voting members which include the Executive Director, Editor, and two Long-term Delegates to the AAOMS House of Delegates. So, what about the title, “The leader in specialty health care in California?” It is our CALAOMS vision statement for the next three year period 2010-2012. Mission, vision and values statements create an external and internal image of an organization. I was moved by our new vision statement because of its all encompassing nature. We want to be the specialty leader in all of healthcare, not just dentistry. Oral and maxillofacial surgery surely bridges medical and dental care based on our unique education and training. Our vision is what we are striving to be. With the support of our over 660 members and fellows, I believe we can be the leading specialty health care provider.

How about our mission? It is the purpose of an organization. It is why we exist. Our mission statement is as follows: “The mission of CALAOMS is to promote the advancement of the specialty of oral and maxillofacial surgery and the interest of its members through patient care, public service, ethics and advocacy.” This mission statement has been your Board of Directors charge. We have taken this charge seriously and we have worked to uphold this mission throughout the year. For example, this year’s AAOMS meeting in Toronto involved dedicated service to the national organization by your Board representatives, staff and delegates to the AAOMS House of Delegates. We began preparation by meeting at the District VI Caucus in August. Your representatives attended reference committee hearings, regional caucus sessions, a national candidate’s forum, and the House of Delegates sessions in Toronto this past October. I was able to represent us at two OMS Political Action Committee advocacy events and two OMS Foundation ambassador’s events.

We established a set of values. We are committed as an association to surgical skill, patient care, and advocacy for our members. Integrity, serving the community, and academic excellence are also important values for CALAOMS. These values are what we hope all of our members are practicing on a daily basis. Broad goals were established for the three year duration of the current strategic plan. These were organized into four “pillars” by Mr. Clemons. They are education, advocacy and public awareness, membership recruitment and participation, and the model state association. Our Executive Director, Pam Congdon, will create a business plan to compliment the strategic plan. She will help us monitor our progress. We have assigned the President-Elect of our organization as our “Plan Champion.” It will be this Board member’s responsibility to monitor and report on the plan at each Board meeting.

Your Board is committed to the strategic plan. We have voted unanimously to adopt it, and your Board will promote this plan to the members, prospects, and other stakeholders. Committee assignments will be made with specific charges assigned to committee chairs each year. There will be an annual evaluation of the strategic plan at a Board meeting. The association plans to update the strategic plan every three to five years. With respect to our mission, values and goals, we need to avoid drifting away from our plan. Reliance on the strategic plan’s goals and strategies need to drive the Board agenda. Discussions should be geared to delegating work to committees. The committees should report back information that was delegated by the Board, such as performance measures and targeted projects. All members of the association must be accountable to complete organizational work of high quality in a timely manner. Your association is loaded with knowledge capital. This year’s strategic plan is available at the CALAOMS headquarters in its entirety for review by the membership. If you have any ideas about adding to our values, goals or strategic plan that are not presently included, please contact a Board member. Your Board of Directors is committed to making our association, “The leader in specialty health care in California.”
control anesthesia services through various means. Specifically in California, they are opposed to AB2637 citing safety issues. AED’s are becoming part of every office setting. Expect every oral surgeon to be required to have one soon. There is also a rush in many states to activate “mid-level providers” to control costs. As you well know, these individuals are not dentists but will be providing dental care above that of hygienists and assistants. As a final point, provider taxation is becoming more popular to fill the coffers of drained funds. Dentists and doctors are seen as prime candidates to obtain monies without a fight.

Finally, the AAOMS Anesthesia video was previewed and final adjustments are pending. Our hat is off to Dr. Rich Robert and other CA oral surgeons who contributed to this project. This video will be a great adjunct in future skirmishes over the delivery of anesthesia which are certain to come.

New DSA Regulations continued from page 1

An additional permitted staff member in the operatory during IV sedation has several benefits. This new permit will add significant new duties to the scope of the OMS assistant, such as adding medications to an IV line. No longer will you need to break the sterile field to draw or administer medications. Well trained staff is invaluable during medical emergencies. A permitted Dental Sedation Assistant will help allay criticism of the operative-anesthetist model.

But most of all, the DSA is the next logical step in the evolution of anesthesia as administered in the OMS practice. The OMSA program has undergone steady improvement and is the model for the training of assistants nationally, but OMSA needs to go to the next level. The training should include more “hands on” and even include clinical training in order to be complete. And the course must allow the assistant to obtain more than just a certificate of completion, they need a real permit.

The Future of CALAOMS CE

CALAOMS prides itself in trying to deliver the best CE it can, especially those courses required by the state. The CE committee plans the CE course topics and venues 2 years in advance. These courses are planned with our member’s best interest at heart. Early this year, the CE committee sent you a Survey asking for you to rate topics of interest to you, to select and suggest speakers you would like to hear, and to select cities and venues where you would like to attend meetings. The Survey also asked questions about how you would like to receive communication of our courses, costs you are willing to spend on venues, and if you prefer family oriented meetings. Your answers to the survey are below.

The climate in this economy is not particularly good. We have all been subject to increased competition in our offices, which has certainly spilled over into continuing education. Needless to say, we all need to pull together to ensure that we are financially stable and strong enough to face the many issues that confront us all year long. Meetings can be costly, but we try our very best to keep course fees as low as we can without jeopardizing value.

CALAOMS’ meetings in 2010 promise to live up to your expectations. We are confident that the input from the survey, and support from our members, will make the future years even better. We know you have many CE choices out there. We hope that you will choose to support CALAOMS for your Continuing Education needs.

If you have any further comments or suggestions on how we can improve our CE offerings please email me at info@drrobertgallen.com. Thank you for your continued support to CALAOMS.

The top 6 topics of interest in order are:
1) Treatment for the failing implant
2) Bone and soft tissue augmentation (in a tie with)
3) Anesthesia update techniques pharmacology.
4) Anesthetic emergencies.
5) Implant complications.
6) Update on implant placement techniques.

The top 5 preferred speakers are:
1) Michael Pikos
2) Tony Pogrel
3) Jeffrey Bennett
4) Jay Malmquist
5) Maurice Salama

2009 CALAOMS Membership CE Survey Overview

The Top 5 meeting locations are:
1) San Francisco
2) San Diego
3) Monterey
4) Napa/Sonoma
5) Las Vegas

Member Preferences:
77% prefer the 1 day 8 hour format for meetings.
92% would like the January & Annual Meeting to be more friendly.
86% prefer the January & Annual Meeting to be held on Saturday-Sunday Vs. Sunday-Monday.
33% would prefer a lower cost venue for meetings.
77% prefer to receive information about meetings by email (although only about 50% of the members actually open email from CALAOMS).
**Spotlight on Members**

**Stuart Green, DDS**

**1940-2009**

He attended Ohio State University for three years, at which time he was accepted to Case Western Reserve University School of Dental Medicine. After one year at Case Western Reserve University, he transferred to West Virginia University School of Dentistry, where he completed dental school and obtained his Doctor of Dental Surgery degree.

Following dental school, Stuart then completed one year of oral and maxillofacial surgery residency in Philadelphia at Hahnemann Hospital, followed by one year in Washington, D.C., and, one final year in Pittsburgh.

After practicing as an associate in Los Angeles, Stuart opened his private practice of oral and maxillofacial surgery in Santa Ana, CA, in 1974, and practiced at the same location until 2006. He was instrumental in developing and promoting standards in providing office-based general anesthesia for OMSs. He also donated his time to teaching part-time at Loma Linda University School of Dentistry.

Stuart had a great passion for playing racquetball, until illness prevented him from enjoying it. A few other CALAOMS members (Neal Freeman, Michael Blum, Howard Winer) and I would take Stuart out for a monthly dinner outing. It was with these men that I learned invaluable information on life, politics, practice, and friendship. Coincidentally, I was always impressed with the vast array of jokes that would be told—credible how the mind can retain such information, but yet we still forget to pick up milk from the grocery store! Those days will truly be missed.

Stuart and his family greatly enjoyed all that Orange County life has to offer, having taken residence in multiple areas, including Newport Island, Orange Hills, Irvine. Stuart leaves behind his beloved wife, Christy, whom he married on October 14, 1979—marking nearly 30 years of marriage, their daughter, Jena, 29, and son, Hagen, age 26, as well as his beloved sister, Shelley Frank, and her husband, Billy, plus multiple nieces and nephews.

Having spent only limited time with Stuart, it was clear that he truly loved his family and friends, and was so proud of each of them. I saw in him what it truly meant to be a friend to someone else. We will all miss him greatly.

Two are better than one, because they have a good reward for their labor. For if they fall, one will lift up his companion. But woe to him who is alone when he falls, for he has no one to help him up. Ecclesiastes 4:9

Russ Webb to run for ADA President-Elect

Our own Russ Webb recently announced his candidacy for ADA President-Elect. Dr. Webb made his announcement at the close of the just completed ADA House of Delegates meeting in Honolulu and will stand for election at the 2010 ADA House meeting in Orlando.

“American dentistry is at a crossroads. We therefore need to be at the forefront on all issues related to our profession. I am committed to providing the ADA with thoughtful, focused leadership to ensure that the voice of our profession is heard loud and clear across our nation,” said Webb.

Dr. Webb received his oral and maxillofacial certification at UCLA Hospital and Clinic in 1981. He is a graduate of the UCLA School of Dentistry and has practiced in both southern and northern California since that time. Dr. Webb was also a member of the 1972 U.S. Olympic Water Polo team that won a bronze medal at the Olympic games in Munich. He is also a member of the U.S. Water Polo Hall of Fame.

Russ Webb is a longtime member of CALAOMS and has a strong history of providing dentistry with distinguished leadership. He is a former President of the California Dental Association and currently serves as a member of the American Dental Association Board of Trustees.

Those interested in assisting Dr. Webb in his campaign effort can reach him via telephone at (916) 743-5122 or via e-mail at: webbf@aol.com.
Products for Oral & Maxillofacial Surgery

You made the Right Choice!

- Leading provider of OMS professional liability insurance for over 20 years!
- Aggressive defense tailored to the OMS Specialty, with an astounding 94% favorable verdicts of all cases tried to date!
- Exceptional Risk Management Education customized for the OMS Specialty!
- Owned and operated by you and your colleagues!!

is the only choice!

Not yet on the winning team? Contact us today
(800) 522-6670
www.dds4dds.com

Surgical Innovation is our Passion

www.klsmartin.com
and Exhibition in Toronto, Ontario, October 12-17, 2009. Dr. Moore comes to this position following a one-year term as the association’s Vice President. He previously served three years as a trustee on the AAOMS Board of Trustees representing AAOMS fellows and members practicing in the District VI jurisdictions of Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah and Washington.

“Oral and Maxillofacial Surgeons occupy a singular and important niche in healthcare,” said Dr. Moore following his election. “From third molar and dental implant surgery to the more complex orthognathic surgeries, trauma care, temporomandibular joint surgeries, oral cancer and reconstructive surgeries, cleft palate and sleep apnea surgeries and elective facial cosmetic procedures, OMSs are uniquely qualified to provide a full scope of surgical practice that improve the lives and save the faces of our patients. As the Vice President of the AAOMS, I look forward to furthering the goals of the Association and helping our fellows and members provide the full scope of OMS practice to their patients.”

Dr. Moore is a diplomate of the American Board of Oral and Maxillofacial Surgery and a fellow of the AAOMS, the American College of Dentists and the International College of Dentists. In addition to AAOMS, he is a member of several professional organizations including the California Association of Oral and Maxillofacial Surgeons, American Dental Association, California Dental Association, American Society of Temporomandibular Joint Surgeons and the American Dental Society of Anesthesiology.

Dr. Moore maintains a private practice with offices in Chino Hills, Calif. He is also a lecturer in the Oral and Maxillofacial Surgery Residency Program at King/Harbor-UCLA Medical Center. He received his dental degree and a master’s degree in oral biology at the UCLA School of Dentistry, and completed his surgical residency at Harbor-UCLA Medical Center. Dr. Moore and his wife, Jill, reside in Altadena, Calif.

Continued from Page 11

**Retired - Now What Do You Do**

So you have had a life long career as an Oral and Maxillofacial Surgeon. It has been both financially rewarding and personally rewarding. You are both gratified and satisfied in the knowing that you have helped so many with your knowledge, skills and talent. You think to yourself it may be time to retire.

So what does a retired oral and maxillofacial surgeon do when he/she retires? The choices are numerous based on your likes, desires, physical condition, and of course financial condition.

In the case of Dr. Lawrence Saunders one of his desires was to write a small book with big aspirations. Dr. Saunders’ book entitled "Dentistry’s Best Kept Secret" was written with the general public in mind. His goal is to "expand the public’s awareness of the role of oral and maxillofacial surgery and to encourage individuals to proactively seek specialty care when needed."

Dr. Saunders clearly spells out the place in dentistry that OMS holds. He also walks the reader through the many illnesses, injuries and emergencies that may be best treated by the OMS specialty and to encourage individuals to proactively seek specialty care when needed.

Pick up a copy and have a look for yourself. You may just find it useful as a patient education tool for your consultation office or waiting area. Who knows, it may just spark some ideas for your own retirement plans.

On par with the last several years, emergency preparedness is foremost on our members mind. Both the Medical Emergencies and ACLS courses this year were in high demand. These courses are open to Doctors as well as their assistants, and provide great hands on exposure to emergency scenarios. If you have not attended one of these courses with your staff, book early next year as the courses fill quickly and we have to wait-list attendees.

**Retired - Now What Do You Do**

**Medical Emergencies Course**

**ACLS**

**Spotlight on Continuing Education Programs**

Dr. Matthew Dudzica demonstrates to his assistants how to intubate a patient.

Dr. Stephen Vaughan instructs his assistants on proper bagging of an intubated patient.

Assistants practice starting an IV on one of the new IV simulation arms.

Dr. John Saunderson discusses emergency airway techniques with Drs. Welsh, Byers, Beckley, Chun, and Cline-Fortunato.

Dr. William Tom discusses emergency scenarios with Drs. Beckley, Evans, Grady, Graves, Chun and the SimMan.
Medication Safety and Your Office Practice

Risk Management Corner

Prescriptive Practices

Prescribing medications can be challenging to oral surgeons and they must consider multiple factors that include patient populations, patients’ diseases and conditions, and patients’ compliance with medical plans of treatment. Generally, acute care facilities have established clearly written guidelines but written prescribing guidelines and expensive electronic prescribing and dispensing processes and systems are, unfortunately, not common in the typical oral surgeon’s office practice.

Oral surgeons prescribing opiates must appreciate the potential for drug interactions given the variation in patient absorption, metabolism, elimination or distribution of any drug. Patients who are opiate-naïve, those who have never taken opiates, must be identified and educated concerning the reactions, side effects and symptoms that may occur when taking an opiate. Moreover, patients who are currently taking other medications or consuming alcohol or drugs are at greater risk for enhanced or increased opiate effect. Oral surgeons must also consider patients who have co-morbidities that impact the effect of opiates. These types of patients may include those of advanced age or those with respiratory depression or prolonged opiate use.

Another aspect of medication safety that you may encounter in your practice is the treatment of the chronic pain patient. This can be a difficult and frustrating experience, not only to the patient but also to you. The American Pain Foundation tells us that pain affects more Americans than diabetes, heart disease, and cancer combined. A National Center for Health Statistics Report found that more than one-quarter of Americans (26 percent) age 20 and over reported problems with pain of some sort that lasted for more than 24 hours. An NIH survey indicated low back pain as the most common type of pain, followed by severe headache or migraine pain, neck pain, and facial ache or pain—all common symptoms found in oral surgery patients.

Patients with chronic pain often feel that the doctors they consult are unfeeling and judgmental gatekeepers. But due to the risk for misuse and/or abuse of opiate agents, patients with chronic pain need to be evaluated and supported according to their level of risk. All patients deserve to be thoroughly assessed for pain and to have their pain managed appropriately to increase the quality of life. In doing so, prescribe only to your patients, document the management of medications in the medical record using a flow sheet to help monitor prescription refill, and don’t be hesitant in getting help from a pain management specialist.

Drug Names

Drug name confusion is another source of medication error. Several cases have been reported to The Institute for Safe Medication Practices (ISMP) where the brand name of one drug was mistaken for the generic name of another. Salagen, a brand name for pilocarpine, is used to treat dry mouth symptoms caused by Sjogren’s syndrome or radiation therapy. Selegiline is an MAO-inhibitor used to treat Parkinson’s disease. Both drugs are available in 5 mg tablets.

In one case, the mix-up occurred because the names sounded alike. A home health nurse received a telephone order from a dentist for an elderly patient with problems related to a dry mouth. The dentist prescribed Salagen 5 mg, but the nurse misheard the order and called the pharmacy to request selegiline 5 mg. About two weeks later, another pharmacist was processing a prescription for a fentanyl patch for the same patient when the pharmacy computer system signaled an alert about a drug interaction between fentanyl and selegiline. When the pharmacist contacted the prescriber, he discovered the error.

In the second case, a pharmacist reported that the similar spelling of the two drug names led him to enter “selegiline” into the computer instead of “Salagen.” The error was recognized only after the patient complained that the medication was not helping his dry mouth, and this caused the pharmacist to check the patient’s profile.

In order to minimize these kinds of mix-ups, ISMP recommends that both the brand and generic names be listed on prescriptions. Patients who use these drugs regularly should also be alerted to report any change in the appearance of their medications.

Bisphosphonates

The management of care for patients receiving oral bisphosphonate therapy has been a heated discussion topic since the American Dental Association Council on Scientific Affairs first published their report in 2006. In December 2008 an updated statement was published reiterating their conclusion from the 2006 report that the risk of developing bisphosphonate-associated osteonecrosis (BON) of the jaw is low for patients who are receiving oral bisphosphonate therapy. The panel also concluded that screening tests used...
CALAOMS, along with the support of the CDA, fought many years to clearly define the Scope of Practice for OMS in this state. On September 30, 2006, Governor Schwarzenegger signed SB438 into law, which created the Elective Facial Cosmetic Surgery Permit.

CALAOMS would like to recognize those members that have taken this opportunity afforded to them and have led the way in obtaining this permit. Those members are as follow:

- Peter M Scheer, DMD, MS, Rancho Mirage
- David Gilbert, DDS, MS, MBA, Upland
- Kyle Van Brocklin, DDS, San Ramon
- Milan Jugan, DMD, Chula Vista
- Robert Gramins, DDS, Poway
- Alexei Mizin, DDS, Calabasas
- John L Lytle, DDS, MD, La Canada
- Lester Machado, DDS, MD, Chula Vista
- Cortland Caldemeyer, DDS, San Diego
- Alan Shelhammer, DDS, Carlsbad
- Charles Landis, DDS, Chico
- Charles Hasse, DDS, Irvine
- Albert Lin, DDS, Poway
- Arshiya Sharafi, DDS, San Diego
- Mark Grecco, DDS, Manteca
- John Gordon, DDS, Bonita

CALAOMS 2010 Leadership

2010 Board of Directors Election Results

President: A. Thomas Indresano, DMD
President-elect: John L. Lytle, DDS, MD
VP/Secretary: W. Frederick Stephens, DDS
Treasurer: Alan H. Kaye, DDS
Director: Alan S. Herford, DDS, MD, FA
Director: Albert W. Lin, DDS
Director: Monty C. Wilson, DDS
Director: Leonard M. Tyko DDS, MD
Past President: Ned L. Nix, DDS

2010 Exoficio Board Members

Editor: Jeffrey A. Eto, DDS, MS
Executive Director: Pamela Congdon, CAE

2010 Long Term Delegates

Delegate: P. Thomas Hiser, DDS, MS
Delegate: Gerald Gelfand, DMD
Continued from Page 17

for the purpose of determining a patient’s risk of developing BON are unreliable. (The full report can be accessed at www.ada.org/prof/resources/topics/osteonecrosis_bisphosphonate_report.pdf.)

Processes

Creating safe medication prescribing processes and systems are critical components in reducing the risk of adverse drug events and medication errors. Suggested elements for your prescribing processes include the following:

- Conduct a thorough examination of the patient prior to prescribing medications or renewing prescriptions, especially for an opioid medication.
- Obtain a medication history on the initial visit, entering it onto a medication log or form and placing it in the patient’s medical record. Include prescription medication, over-the-counter medications, alcohol and drug use, vitamins, herbal products, dietary supplements, alternative medicine, and homeopathic medications.
- Update the medication history/medication log on a regular basis.
- Inform the pharmacy about the patient’s co-morbid conditions when calling in the prescription orders. Spell out drugs with similar sounding names.
- Obtain and document informed consent (especially from patients receiving bisphosphonate therapy).
- Monitor medication usage closely, particularly for controlled substances.

Additional recommendations include using common dilutional procedures for drugs such as Versed especially when there are multiple practitioners in the office. Inadvertent interchange of similar drugs can be a problem.
**San Francisco, Oral & Maxillofacial Surgeon** Excellent opportunity for board eligible/board certified OMFS to join a dynamic, high volume, solo practice in prime San Francisco location. Must be well trained OMFS with good basic surgical skills and capable of maintaining the quality of this high income practice. Must possess strong communication skills to successfully interact with patients, staff, and colleagues. The practice is focused on Dental Implants and dentoalveolar surgery with opportunity to include the full scope of OMFS. Must possess initiative, and a strong work ethic with a desire to grow and expand a state of the art practice. First year salary negotiable, with buy-in starting the second year. Please submit CV and contact information to: Sam J. Poidmore, DDS., 18152 Pamela Place, Villa Park, Ca. 92861, or Fax # 714-921-9667.

**San Francisco East Bay** Oral and Maxillofacial Surgeon Half Time or Full Time Position BC/BE oral surgeon sought by UC Davis affiliated public hospital system in Contra Costa County. Located 30 miles east of San Francisco, with excellent weather, and close to outstanding cultural, recreational and natural attractions. One hour to the Napa Valley wine country or beach. 2½ hours to skiing. New hospital & surgical facilities serve needs of ethnically and culturally diverse population, who have a fascinating variety of clinical problems. Excellent compensation package includes health care, vacation & sick leave, disability insurance, paid CME, defined benefit pension and more. Malpractice insurance provided. Position available immediately. California License required. Contact Nick Cavallaro, DDS at 510-918-2159 or at nickcav@comcast.net.
Is your practice ready for the revolution?

Bring your practice to the leading edge of profitability and functionality with Windent’s EMR.

✔ Eliminate paper, expense and frustration

Dealing with insurance companies, patients, and staff becomes so much easier and pleasanter with EMR. Overhead is reduced and many frustrations eliminated.

Track patient health history, allergies and medications, clinical notes, appointment list, clinical documents, patient documents and manage treatment plans with Windent’s EMR.

✔ Simplify patient treatment documentation

With a simple click of the mouse or stylus you can add diagnosis codes, post procedures with automatic grouping, post prescriptions charities to print out automatically at the front desk or go directly to the pharmacy, have treatment plans (and more) print out at the front desk, and request documents as needed.

Call us to find out how Windent can position your practice for the future.

Brought to you by Windent, serving dentists and oral surgeons with proven management systems for more than 20 years.

Call us with your questions.

800.466.9218
windent.com