

WINTER 2012

VFDJ

VALLEY FORGE DENTAL JOURNAL

**2012 Valley Forge Conference
March 7-8-9**

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Every Dental Practice***

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VALLEY FORGE DENTAL JOURNAL

WINTER 2012



Dr. Joseph Greenberg received the 2nd District Public Service Award during the Fall CE Event.



Dr. John Molinari presents "Infection Control, That Thing You Do" during the 2nd District Annual Business Meeting, October 26, 2011

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ON THE COVER...

Seneca Park in December, connecting the American Dental Association Headquarters and the Ritz Carlton in Chicago, Illinois. *Photo courtesy of Dr. Charles Weber.*



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The Valley Forge Dental Journal is the official publication of the Second District Valley Forge Dental Association of Pennsylvania, 4781 Steeplechase Drive, Macungie, PA 18062. 1-800-860-3551

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Articles for publication may be sent directly to Dr. Tami Brady: tsbradydmd@verizon.net.

Classified advertising should be sent directly to Lynn Moreland. Classified rates are \$35 for the first 50 words or less, 50¢ for each additional word.

The Journal is published three times a year: Winter, Spring & Fall. The opinions expressed in the Journal are those of the authors and do not necessarily reflect those of the Association, nor does the appearance of advertisements imply endorsement by the Association.



President's Message

Dr. Karin Brian, D.D.S.
kdbdds@verizon.net

Opportunity is Knocking! "Someone is at the front door!!!" I bet if you are the one that reluctantly goes to see who it is, your reaction would be a lot different for the Publisher's Clearing House Team than it would be for the clipboard-toting person wanting you to sign the "Save the Blankety-blank" petition and donate. Odds are it is the petition guy, but we can still always hope!

When I renew my membership to ADA/PDA and local organized dentistry, I think of it as sending in my sweepstakes entry, although in this instance, a purchase **does** improve my odds of winning. It puts more opportunities at my door, every time I open it. Opportunities for Saving, Learning, Networking, Volunteering, Traveling, Giving, and yes, even Winning.

I save on coverage for several insurances, since I signed up with plans that are endorsed by the ADA or PDA. I save on CE expenses because courses are within driving distance and registration fees are reduced due to my membership. This year, I saved even more by taking a Radiology CE program to fulfill my DEP requirement that was free for PDA members. I am not a practice owner, but if I were, there are many more opportunities for saving that I could even avail myself of. Learn more at www.ada.org and www.padental.org.

I have the opportunity to keep more of my income thanks to organized dentistry. The past and future legislative efforts of the ADA and PDA mean more income stays in our practice. In case you haven't heard, **the ADA is fighting for us right now to have the proposed 33% DEA fee hike reconsidered.** Not much, but it adds up and I can think of many ways that \$60 per year could be better spent. If I were seeking employment, opportunities listed exclusively through the PDA placement service or in my local Society publications could be found.

I have the opportunity to make new friends and to network with my colleagues. Spending time outside the office at dinner meetings, beer and wine tastings, ball games, and even Lobby Day has enabled me to meet colleagues from different backgrounds and experiences that have been fun to share. These memories and connections have become valuable to me in an

unexpected way. I'm really looking forward to sharing a fun evening and making more memories on March 8 at Margaret Kuo's. Please sign up and join me for a uniquely themed President's Dinner.

I have had the opportunity to travel to Las Vegas, San Antonio, New Orleans, and Chicago. As a new dentist, these trips would not have been affordable for me if it were not for my membership and involvement with organized dentistry. If you are a New Dentist, please get involved with your local society! Funds are usually allocated in the budget for representatives of our membership to be present at the various conferences.

I have the opportunity to share my success through volunteering and by giving. Through the hard work of many of our members, Give Kids a Smile Days and Sealant Days and other events have been organized in our communities that make it painless to volunteer for only a day or two per year! Many clinics in our area are also in need of volunteers if you have even more time to give. Our own district and local societies have positions available on committees as well. If you are skilled in writing, website, event planning, fund-raising, networking or even socializing – we need enthusiastic volunteers to keep our organization vibrant and vital! If you have no time but can afford to make a contribution, do so today to PADPAC, ADPAC the Pennsylvania Dental Foundation, or other cause/charity that promotes the advancement of oral health.

I am also fortunate to have this opportunity to recognize the hard work and successes of our members. Congratulations to Dr. Joseph Greenberg for receiving the Second District Public Service Award at the fall Valley Forge meeting. At the 2012 Valley Forge Conference we will be honoring West Chester based Home of the Sparrow www.homeofthesparrow.org with the Humanitarian Award. Help us support this organization by bringing a gift card from Giant, WaWa, Acme, ShopRite, Kmart, Home Depot, or Lowe's to deposit in one of our "birdhouse" collection boxes.

And I can win prizes!!!! **Get a Member, Get a \$100** is a PDA initiative that awards me for recruiting new members to our tripartite. The cash prize can be kept, credited toward the dues of the new member, or donated to the PDA Foundation. By attending the **upcoming VFDC on March 7-8-9** and saving my ordinary office purchases to make on the Conference floor, I can earn a \$50 gift card and chances for other door prizes.

When you renew your membership in the ADA/PDA and Local Society, opportunity will be knocking at your door. Don't just peek through the blinds, Swing it wide open and enjoy what awaits you!

CLASSIFIED ADVERTISEMENTS

The Second District Valley Forge Dental Association reserves the right to accept or decline classified advertisements at its discretion. In addition, the Association does not inquire into the offers being made nor does it assume any liability for them.

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Lists

Dr. Tami Brady

tsbradydmd@verizon.net

My husband always comments that my memory is like a sieve, and I must admit, it doesn't take much for one fleeting thought to replace something I have been thinking about remembering all day. This is why I am a list maker. I have my 'To Do' list, sometimes there are 2 or 3 of them floating around my desk at the same time. I post my 'Kids' activities for the week' list on the wall in the mudroom on bright pink dry erase circles so everyone can easily see where we need to be and when. One of the most important lists is the Grocery list which some days does not make it into my purse before I head out to the store. Maybe a 'Did you remember?' checklist on the door would eliminate this problem in the future.

One item I can cross off my professional 'To Do' list is Register for the Valley Forge Dental Conference (✓). The process is quite simple at www.vfdc.org where you can view the program, read about the new conference

facility, the Valley Forge Radisson Hotel, and register for the President's Dinner honoring Dr. Karin Brian, and this year's course offerings featuring our outstanding line up of distinguished speakers. You will also see 'Exhibit Hall Excitement' on the website. This year the dental conference Steering and Planning Committees are making the Exhibit Hall a place you must visit. There will be opportunities to win great prizes and you may also qualify to get money back from your purchases.

Our conference exhibitors will be offering many special products at great prices and discounts to conference attendees only. Take time prior to the event and check out links from your email alerts that will come from the Second District. Making a purchase at the conference will grant you the opportunity to use your earned token to take a chance at the Tumbling Dice Roulette Wheel. The more purchases you

make the more tokens you will receive. This is in addition to the door prize booth you know from past conferences. You will also earn a gift card from the Second District if you purchase at least \$2500 worth of products or services during the Conference. It is worth a visit to the Exhibit Hall even if you will not be attending any of the fabulous lectures on March 7, 8 or 9.

The Exhibits Committee encourages you to save your normal February and March orders until you get to the conference. Your favorite suppliers will be on the exhibit floor; couple that with great specials and the opportunity to save money and you have a winning arrangement. The specials you see will only be for Conference attendees, and will end on March 7. Continue to check your inbox for Conference email alerts* to find links to coupons and specials that will save your practice money. Finally, tear out the **Shopping List** on page 10 and check off the supplies you will be purchasing at the 2012 Valley Forge Dental Conference. Maybe I will see you at the Roulette Wheel!

**Note: if you are not receiving email alerts, please contact the 2nd District using the information on page 20.*

How to Acquire Information on the Economics of Dentistry

ADA American Dental Association®
America's leading advocate for oral health

The ADA's Health Policy Resources Center (HPRC) collects and analyzes data on a wide range of issues, related to the economics of dentistry. The HPRC has a wide variety of reports and publications available free to members or for purchase for non-members in both printed and downloadable electronic formats.

Titles and descriptions of reports available are listed by topic area on the ADA website. As a benefit to ADA members, select publications are available to download free of charge. Following are examples of some of the free downloadable reports:

- The Quarterly **Survey of Economic Confidence** contains information regarding dentists' perceptions of the economic performance of their practices on a variety of metrics.
- Net income and gross billings from private practice for owner dentists by age, hours worked, employment status and region is available in the **Survey of Dental Practice**.
- The **State and County Demographic Report** provides pertinent information at the county level on dentist demographics, population characteristics and other variables of interest for dentists looking to relocate or expand a dental practice.

The direct link to HPRC's reports is www.ADA.org/surveyresearch.

Botox and Dermal Fillers for Every Dental Practice

Dr. Louis Malcmacher

Don't miss The American Academy of Facial Esthetics 2-day presentation on Botox and Dermal Dental Fillers Thursday, March 8 and Friday, March 9, 2012 at the Valley Forge Dental Conference.

I am asked all of the time what the next big thing is going to be in dentistry. What new technology or technology is going to change dental practice? We certainly have made huge advancements in a number of areas, such as restorative therapy, implants, and esthetic dentistry.

I believe the direction of the next great thing in dentistry is actually going to take place in the oral-systemic

connection. Most dentists are familiar with this connection as being how oral health affects systemic health. I'm going to look at the oral-systemic connection from a completely different angle – the oral-systemic esthetic perspective.

We all can do a magnificent job of making teeth look great and giving people a healthy and beautiful smile. Esthetic dentistry has been an absolute boom over the last 30 years especially when it comes to such innovative techniques as teeth whitening and minimally invasive veneers like Cristal Veneers by Aurum Ceramics. Now that the teeth look good, what about the perioral areas around the mouth? If the teeth look good but we ignore the rest of the face, then we have really limited what we have done in esthetic dentistry. It is time to give serious consideration to extending the oral-systemic connection to the esthetic realms and facial pain areas of the face which dentists are more familiar than any other healthcare practitioner.

Botox is a trade name for botulinum toxin, which comes in the form of a purified protein. The mechanism of action for Botox is really quite simple. Botox is injected into the facial muscles

but really doesn't affect the muscle at all. Botulinum toxin affects and blocks the transmitters between the motor nerves that innervate the muscle. There is no loss of sensory feeling in the muscles. Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dynamic motion that causes wrinkles in the skin will stop. The skin then starts to smooth out, and in approximately three to ten days after treatment, the skin above those muscles becomes nice and smooth. The effects of Botox last for approximately three to four months, at which time the patient needs retreatment.

The areas that Botox is commonly used for smoothing of facial wrinkles are the forehead, between the eyes (glabellar region), and around the lips. Botox has been FDA approved as a primary therapy for chronic migraine and facial pain cases and has important clinical uses in TMJ and bruxism cases, and especially for patients with chronic TMJ and facial pain. Botox is also used to complement esthetic dentistry cases, as a minimally invasive alternative to surgically treating high lip line cases, denture patients who have trouble adjusting to new dentures, lip augmentation, and has uses in orthodontic cases where retraining of the facial muscles is necessary. No other healthcare provider has the capability to help patients in so many areas as do dentists.

Dermal fillers, such as hyaluronic acids (Juvederm, Restylane) and calcium hydroxylapatite fillers (Radiesse), are commonly used to add volume to the

face in the nasolabial folds, oral commissures, lips, and marionette lines. As we age, collagen is lost in these facial areas and these lines start to deepen. These dermal fillers are injected right under the skin to plump up these areas so that these lines are much less noticeable. Dermal fillers are also used for lip augmentation and are used by dentists for high lip line cases, uneven lips, and to make the peri-oral area more esthetic. The face looks more youthful and is an essential component to every esthetic dentistry case that you do.

I have been trained and have had experience with these Botox and dermal fillers for a while and these are very easy procedures to accomplish. We as dentists give injections all the time – this is just learning how to give another kind of injection that is outside the mouth but is in the same area of the face that we inject all the time. We also have a distinct advantage over dermatologists, plastic surgeons, medical estheticians, and nurses who commonly provide these procedures in that we can deliver profound anesthesia in these areas before accomplishing these filler procedures. I will never forget that during my training, my patients were completely comfortable during dermal filler and lip augmentation therapy because of my ability to deliver proper anesthesia to these areas. The patients treated by other health practitioners were quite uncomfortable and indeed this is one of the biggest patient complaints about dermal fillers.

Most state boards now allow general dentists to provide Botox and dermal fillers to patients for both therapeutic and esthetic uses. Why wouldn't you provide these services, you already offer whitening and esthetic dentistry to your



Figure 1. An obliterated interdental papilla due to implant surgery



Figure 2. Innovative use of a dermal filler used intra-orally to eliminate the black triangle in a five minute appointment



Figure 3. Patient complains of her gummy smile.

patients? I would make the strong argument that dentists are the true specialists of the face, much more so than most other healthcare professionals, including dermatologists and plastic surgeons. It is time to stand up for what we know and what we can accomplish.

Is there a market for these services? In 2010, close to 5 billion dollars were spent on botulinum toxin and dermal filler therapy in the US. Think about this – that was money spent on non-surgical elective esthetic procedures that could have been spent on esthetic dentistry but the patient made a choice. Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.

Like anything else a dentist does, this requires comprehensive practical training. The learning curve is short for dentists because you already know how

to give comfortable injections. The American Academy of Facial Esthetics www.FacialEsthetics.org with over 50 local courses a year has trained over 5000 dental professionals from 48 states and 28 countries through comprehensive hands-on live patient two day facial esthetic training sessions with Botox and dermal fillers. Finding practice models is easy – start asking family and friends who will fight to have you practice on them. If you want further proof, ask women in your practice if they have had or would like Botox or dermal filler therapy. You will be overwhelmed at the positive response and shocked at the number of people you know already receiving these treatments.

Most dental liability insurers now cover the use of Botox and dermal fillers in their existing policy or with a reasonably priced rider.

The hottest topic in dentistry right now that will influence dentistry for the



Figure 4. Botox used to reduce maxillary gingival excess in a one minute appointment.

rest of your career is the integration of Botox and dermal fillers into surgical, restorative, prosthodontic, periodontic, orthodontic and esthetic dental treatment plans. This opens up well proven treatment options that we legally, morally and ethically have to offer patients. Get trained today and join the thousands of members of the American Academy of Facial Esthetics. It is a perfect complement to your daily dental practice.

The American Academy of Facial Esthetics will be presenting its two day Botox and dermal filler comprehensive live patient hands-on course at the upcoming Valley Forge Dental Meeting. Attendance is limited and this course always fills up very rapidly so sign up today!

Dr. Louis Malcmacher is a practicing general dentist and an internationally known lecturer, author and clinician known for his comprehensive and entertaining style. An evaluator emeritus for Clinicians Reports, Dr. Malcmacher is the President of the American Academy of Facial Esthetics www.FacialEsthetics.org. You can contact him at 800 952-0521 or email drloUIS@FacialEsthetics.org. His website is www.commonSensedentistry.com where you can find information about his Botox and dermal filler training, lecture schedule, audio cd's, download his resource list, and sign up for a free monthly e-newsletter.

Attention Dentist Volunteers

In August, the ADA Committee on International Programs and Development awarded the Certificate for International Volunteer Service to dentists and dental students who spent at least 14 days performing dental services in a foreign country. Recipients were nominated by their state or local dental society, federal dental services or dental school. A total of 171 ADA member volunteers were honored.

The committee is accepting nominations for its 2012 awards. State and local dental societies, the federal dental services and dental schools can nominate any dentist or student who has spent at least 14 days in a 24-month period performing dental services in a foreign country. The deadline for submission is April 1, 2012. For more information, contact the ADA Division of Global Affairs, Ext. 2726 or international@ada.org.

Local Happenings

The Dental Society of Chester County and Delaware County hosted two Give Kids a Smile Events this Fall. The first was held in Broomall at the office of Dr. Teresa Devine. Thirteen patients were treated and received \$5,850 worth of dental treatment. The second event was held on December 9 in West Chester at Community Volunteers in Medicine. Thirty-three children were treated with \$13,000 worth of treatment complete.



Photo 1: Dr. Michelle Kline and Assistant Jenn treating a patient during the GKAS event at Dr. Devine's, October 7, 2011.



Photo 2: Dr. Chris Hussin and Assistant Matt with a happy patient at December's GKAS event.



Photo 3: Dr. Karin Brian and Harcum hygiene student Autumn get a patient ready for screening radiographs.



Photo 4: Dr. Rob Raymond with a satisfied, and smiling, patient and his mother at GKAS event at CVIM.

GKAS Thanks...

We would like to thank the dentists, hygienists, assistants, and staff members who donated their expertise and dental supplies to provide dental care and education for indigent children on Friday, December 9th at CVIM in West Chester. The list of volunteer dentists includes Lilyana Angelova, Tami Brady, Karin Brian, Shurong Cao, Dick Clark, Laurene Grabill, Samia Hardan, Ron Heier, Linda Himmelberger, Chris Hussin, Carolyn Kelly, Michelle Kline, Bernie Logan, Stephanie McGann, Rob Raymond, Marie Scott, Bruce Terry, and Allen Yang.

Drs. Garinger, Harshaw, Hill, Levin, Riggs, and Robbins graciously supported our efforts with their kind gifts!

We also want to express our appreciation to Nancy McFadden of Glaxo Smith Kline, who provided a delicious lunch for our volunteers on December 9th.

Thanks to your efforts our GKAS Program continues to provide dental care and education to children that would otherwise not receive this integral component of their health and well-being.

With gratitude,

Linda F. Himmelberger, DMD

Bernadette A. Logan, D.D.S.



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Daniel J. Keating, D.M.D. has acquired the practice of
John E. Schevets, D.M.D. - *Emmaus, Pennsylvania*

Jyoti Deshmane, D.M.D. has acquired the practice of
Varsha Gogate-Bhuyan, D.M.D. - *Lafayette Hill, Pennsylvania*

*AFTCO is pleased to have represented
all parties in these transactions.*

VALLEY FORGE DENTAL CONVENTION
March 7-9, 2012 • Valley Forge Radisson Hotel



PRESIDENT'S DINNER

HONORING SECOND DISTRICT PRESIDENT, DR. KARIN BRIAN

THE EVENING OF THURSDAY, MARCH 8, 2012, WILL ELEGANTLY BEGIN
WITH HORS D'OEUVRES & COCKTAILS AT 6:30 PM, FOLLOWED BY
DINNER AT 8:00 PM . . .
AT THE FAMOUS MARGARET KUO'S RESTAURANT

175 E. Lancaster Avenue, Wayne, PA



Margaret Kuo's Restaurants
Experience Our Culture With Your Taste

A pair of Tang Dynasty (618-906 AM) dragon reliefs, on the facade of Margaret Kuo's famous restaurant, greets diners to her Dragon's Lair. She chose the simple majesty of an ancient version of a Tang dragon devoid of modern embellishments to memorialize one of the Golden Ages of Chinese culture, known for its literature and arts. Winner of the 2010 ZAGAT Award and Wine Spectator Award of Excellence, you will savor authentic Chinese and Japanese cuisine prepared under the guidance of Margaret's culinary experience including her famous Peking Duck.



President, Dr. Karin Brian, invites you to join her for an evening of elegance and fine dining. In lieu of an official program and dancing, Karin has created an evening of a gourmet dining experience designed specifically by Margaret Kuo herself.

Plan to join your friends and colleagues for an evening to remember. Dessert will be shared with the newly elected Second District Officers and Directors. Dr. Edmund McGurk, 2012 Second District recipient of the Annual Recognition Award; Dr. Barry Cohen, recipient of the 2012 VFDC Award and the Home of the Sparrow will be honored.

Bus transportation will be provided from the VF Radisson Hotel Lobby at 6:00 PM. Jacket is required. Ticket Price is \$90.00 per person.

For additional information about Margaret, her Culture and her Restaurants, visit her website at <http://www.margaretkuos.com/wayne.html>.



www.vfdc.org

VALLEY FORGE DENTAL CONVENTION
 March 7-9, 2012 • Valley Forge Radisson Hotel



PROGRAM AT A GLANCE

► Wednesday, March 7, 2012

- 7:30 AM - 5 PM
REGISTRATION DESK OPEN
- 7:30 AM - 9 AM
CONTINENTAL BREAKFAST
- 8:15 AM - 4 PM
DR. JOHN TUCKER — Full Day Lecture.
"Treatment of Obstructive Sleep Apnea with Oral Appliance Therapy" (#105).
Participant Code: D,H,A,E.
AM BREAK — 10:15 to 10:30 AM
LUNCH BREAK — 11:45 AM to 1:15 PM
- 8:30 AM - 4 PM
DR. CHARLES WAKEFIELD — Full Day Lecture.
"Restorative Materials...What, When, Where and How?" (#106).
Participant Code: D,H,A,E.
AM BREAK — 10:30 AM to 10:45 AM
LUNCH BREAK — 12 PM to 1:30 PM
- 8:45 AM - 4:15 PM
MS. ANITA JUPP — Full Day Lecture.
"Anita Tells It Like It Is... Not Working Harder... Just Working Smarter" (#104).
Participant Code: D,H,A,E.
AM BREAK — 10:45 AM to 11 AM
LUNCH BREAK — 12:15 PM to 1:45 PM
- 9 AM - 12 PM
DR. ROBERT EDWAB — AM Lecture.
"Office Oral Surgery for the General Practitioner Made Easy" (#102).
Participant Code: D,H
AM Break — 10:30 AM to 10:45 AM
- 10 AM - 4 PM
EXHIBIT HALL OPEN.
Includes Door Prize Booth and Refreshments
- 11 AM - 2 PM
VIP LUNCHEON for Speakers, Moderators, Ushers, Committee, Staff & VIP's
- 11:45 AM - 1:45 PM
COURSE LUNCHEON BREAKS
- 12:30 PM - 1:30 PM
REFRESHMENTS IN THE EXHIBIT HALL
- 1:30 PM - 4:30 PM
DR. ROBERT EDWAB — PM HANDS-ON COURSE.
"Oral Surgery Workshop for the General Practitioner" (#103 - limited to 28 attendees).
Participant Code: D,H

► Thursday, March 8, 2012

- 7:30 AM - 5 PM
REGISTRATION DESK OPEN
- 7:30 AM - 9 AM
CONTINENTAL BREAKFAST
- 8:15 AM - 4 PM
DR. GEORGE BAMBARA — Full Day Lecture.
"Ultimate Course In Attachment Dentistry... All You Wanted To Know But Were Afraid To Ask" (#108).
Participant Code: D,H,A,E.
AM BREAK — 10:15 AM to 10:30 AM
LUNCH BREAK — 11:45 AM to 1:15 PM
- 8:30 AM - 4 PM
DR. MARK HYMAN — Full Day Lecture.
"The 360 Slam Dunk Guide For Successful Team-Practice Enhancement" (#110).
Participant Code: D,H,A,E,M.
AM BREAK — 10:30 AM to 10:45 AM
LUNCH BREAK — 12 PM to 1:30 PM
- 8:30 AM - 5 PM
AMERICAN ACADEMY OF FACIAL ESTHETICS — Full Day Lecture & Hands-On Workshop.
"Botox Use In Dentistry" (#107 - Limited to 36 persons).
Participant Code: D,H,A,E
- 8:45 AM - 4:45 PM
MS. KAREN DAVIS — Two-Part, Full Day Hygiene Lecture (includes Dental Hygienist Luncheon).
"Creating the Ultimate Doctor-Patient Hygiene Exam" and *"Getting From Bugs and Drugs to Hugs and Health"* (#109).
Course Code: D,H.
AM BREAK — 10:45 AM to 11 AM
LUNCH BREAK — 12:15 PM to 1:45 PM
- 10 AM - 4 PM
EXHIBIT HALL OPEN. Includes Door Prize Booth & Refreshments
- 11 AM - 2 PM
VIP LUNCHEON for Speakers, Moderators, Ushers, Committee, Staff & VIP's
- 11:45 AM - 1:30 PM
COURSE LUNCHEON BREAKS
- 12:15 PM - 1:45 PM
DENTAL HYGIENIST LUNCHEON
- 12:30 PM - 1:30 PM
REFRESHMENTS IN THE EXHIBIT HALL
- 6:30 PM - 10 PM
PRESIDENTIAL DINNER PARTY
In Honor of Dr. Karin Brian, Second District President.
At Margaret Kuo's Restaurant, Wayne, PA (bus departs Radisson Hotel at 6 PM)

► Friday, March 9, 2012

- 7:30 AM - 5 PM
REGISTRATION DESK OPEN
- 7:30 AM - 9 AM
CONTINENTAL BREAKFAST
- 8 AM - 5 PM
AMERICAN ACADEMY OF FACIAL ESTHETICS — Full Day Lecture & Hands-On Workshop.
"Dermal Fillers In Dentistry" (#116 - limited to 36 attendees).
Participant Code: D,H,A,E
- 8:45 AM - 12 PM
DR. PETER SHATZ - AM Lecture.
"Dental Surgery & Anesthesia... Do You Know Your Anatomy?" (#114).
Participant Code: D,H,E.
AM BREAK — 10:15 AM to 10:30 AM
LUNCH BREAK — 11:45 AM to 1:15 PM
- 8:30 AM - 4 PM
DR. BETSY BAKEMAN — Full Day Lecture.
"All Dentistry Is Cosmetic" (#112).
Participant Code: D,H,A,E.
AM BREAK — 10:30 AM to 10:45 AM
LUNCH BREAK — 12 PM to 1:30 PM
- 8:45 AM - 4:15 PM
DR. STANLEY MALAMED — Full Day Lecture.
"Emergency Medicine In Dentistry" (#113).
Participant Code: D,H,A,E,M.
AM BREAK — 10:45 AM to 11 AM
LUNCH BREAK — 12:15 PM to 1:45 PM
- 10 AM - 3 PM
EXHIBIT HALL OPEN.
Includes Door Prize Booth & Refreshments
- 11 AM - 2 PM
VIP LUNCHEON for Speakers, Moderators, Ushers, Committee, Staff & VIP's
- 11:45 AM - 1:45 PM
COURSE LUNCHEON BREAKS
- 12:30 PM - 1:30 PM
REFRESHMENTS IN THE EXHIBIT HALL
- 1:30 PM - 4:30 PM
DR. PETER SHATZ — PM Hands-On Workshop.
"Atraumatic Extraction & Socket Grafting For The General Practitioner" (#115).
Participant Code: D,H,E

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MARCH 7-9, 2012

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 March 7-9, 2012 • Valley Forge Radisson Hotel



EXHIBIT HALL EXCITEMENT

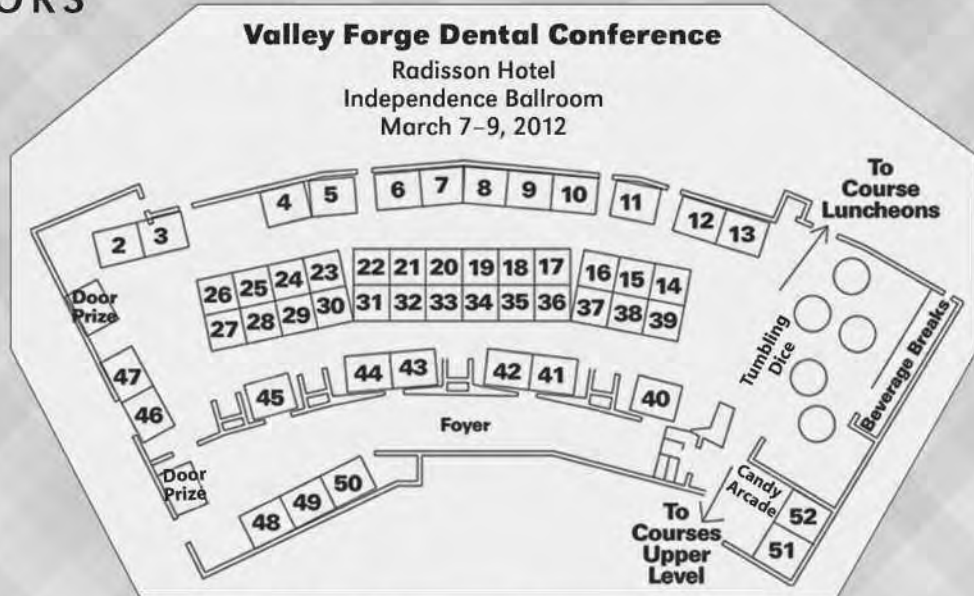
52 EXHIBITORS

NEW EXHIBIT HOURS:

Wednesday
MARCH 7
 ▶ 10 AM - 4 PM

Thursday
MARCH 8
 ▶ 10 AM - 4 PM

Friday
MARCH 9
 ▶ 10 AM - 3 PM



The exhibit hall will be located on the lower level of the Valley Forge Radisson Hotel, adjacent to the course luncheons.

★ **ENJOY** a complimentary continental breakfast each morning in Chumleys' Restaurant, Main Level of the VF Radisson Hotel. Throughout the day enjoy complimentary refreshments during course and luncheon breaks... coffee, tea, bottled water, Tastykakes and Uncle Ernie Cookies in the Exhibit Hall.

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3 WAYS TO REGISTER... 1 **MAIL:** VFDC Registration Service, M. L. Moreland, 13127 Reunion Street, Charlotte, NC 28278

(Please no phone registrations)

2 **FAX:** 610-340-2585 (Credit card users only)

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COST BEFORE FEBRUARY 22

COST AFTER FEBRUARY 22

	ADA Member	NON ADA Member	STAFF Spouse	STUDENTS (lunch not incld)	ADA Member	NON ADA Member	STAFF Spouse	STUDENTS (lunch not incld)
WEDNESDAY—MARCH 7								
#102—EDWAB – AM Lecture (Oral Surgery for GP)	\$150	\$250	\$110	-0-	\$170	\$270	\$125	-0-
#103 – EDWAB – PM Hands-on (includes supplies)*	\$315	\$415	\$245	N/A	\$335	\$515	\$265	N/A
#104 – JUPP – Full Day (Systems & Communications)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
#105 – TUCKER – Full Day (Sleep Apnea)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
#106 – WAKEFIELD – Full Day (Restorative Materials)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
WEDNESDAY LUNCHEON Ticket for Half day attendees	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
THURSDAY, MARCH 8								
#107 – AMERICAN ACADEMY OF FACIAL ESTHETICS** Botox & Dermal Filler: 2-Day Reg. Fee includes 1 staff person. Attendees must register directly through the Academy at www.FacialEsthetics.org or call 800-952-0521 Ext. 1.	\$2,997	\$2,997	\$590	N/A	\$2,997	\$2,997	\$590	N/A
#108 – BAMBARA – Full Day (Attachment Dentistry)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
#109 – DAVIS – Full Day – (Hygiene Program)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
#110 – HYMAN – Full Day—(Team Enhancement)	\$250	\$350	\$145	n/a	\$290	\$390	\$160	-0-
#111 – PRESIDENTIAL DINNER PARTY	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
THURSDAY LUNCHEON Ticket for Half day attendees	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
FRIDAY, MARCH 9								
#112 – BAKEMAN – Full Day (Cosmetic Dentistry)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
#113 – MALAMED – Full Day (Emergency Medicine)	\$250	\$350	\$145	-0-	\$290	\$390	\$160	-0-
#114 – SHATZ – AM Lecture (Surgery & Anesthesia)	\$150	\$250	\$110	-0-	\$170	\$270	\$125	-0-
#115 – SHATZ – PM Hands On (Extraction & Grafting)***	\$245	\$345	\$145	N/A	\$275	\$375	\$160	N/A
#116 – AMERICAN ACADEMY OF FACIAL ESTHETICS— SEE REGISTRATION INFORMATION ABOVE (COURSE #107)								
FRIDAY LUNCHEON Ticket for Half day attendees	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
3-DAY PATRIOT PASS								
The 3-DAY PATRIOT PASS includes Admission & Lunch to all courses except Hands-On & Botox/Dermal Filler.	\$520	\$620	N/A	N/A	\$550	\$650	N/A	N/A

*Limited to 28 participants **Limited to 25 participants ***Limited to 30 participants



All dentists who are not ADA members are welcome to visit the exhibit hall without a registration fee.

Doctors & Staff may register & purchase tickets on one form, however, courses selected must be noted next to each name or tickets will not be available for pick-up on site.

Forms may be duplicated.

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February 22, 2012

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Course ticket & name badges WILL NOT be mailed in advance. Registration materials must be picked up personally at the registration desk.

DR. NAME: _____ ADA #: _____ Check One: ADA Dentist Non-ADA Dentist Dental Student

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PHONE: _____ FAX: _____ EMAIL (for confirmation purposes): _____ Duplicate this form to register additional staff.

DENTIST WILL ATTEND THE FOLLOWING. Check all that apply: Wed. 102 Edwab AM 103 Edwab PM 104 Jupp 105 Tucker 106 Wakefield
 Wed. Lunch; Thurs. 108 Bambara 109 Davis 110 Hyman 111 President's Dinner Thurs. Lunch; Fri. 112 Bakeman 113 Malamed
 114 Shatz AM 115 Shatz PM Friday Lunch Exhibit Hall Only 3-Day Patriot Pass

Doctor Total:
\$ _____

STAFF NAME #1: _____ Check all that apply: Hygienist Assistant Office Manager/Staff Technician Student

Wed. 102 Edwab AM 103 Edwab PM 104 Jupp 105 Tucker 106 Wakefield Wed. Lunch; Thurs. 108 Bambara 109 Davis 110 Hyman
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Name #1 Total:
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Creating the Ultimate Doctor-Patient Hygiene Exam

by Karen Davis, RDH, BSDH

Don't miss Karen Davis's presentations, "Creating the Ultimate Doctor-Patient Hygiene Exam" and "Getting from Bugs and Drugs to Hugs and Health" on Thursday, March 8, 2012 at the Valley Forge Dental Conference.

We've all been there. *Frustrated!* It seems as though the examination portion of the hygiene visit often lends itself to increased stress. See if any of these scenarios sound familiar:

The doctor wonders how many times he has to ask his hygienists to *please* have intraoral pictures displayed when entering the room...

The clinical assistant and dental hygienist are both getting anxious since it took forever to get the doctor into the hygiene appointment, but now it's taking forever to get the doctor *out*...

The patient feels frustration after having waited 10 minutes beyond their appointment time for the doctor to complete a 2 minute exam...

Upon hearing the fee for treatment diagnosed during the dental hygiene visit, the patient informs the administrator that they need to check their schedule at work and will have to call them back...

While there is not an easy fix to these common frustrations, there really are steps to make the doctor-patient examination more valuable and less stressful for all concerned. A warning however! Some of these concepts may take you out of your "comfort zone", and some may require practice, in order to go smoothly and feel natural. Here is a brief look at a few strategies to create your own ultimate exam within the dental hygiene appointment.

1. Let go of the idea that a prophylaxis appointment is all the patient needs!

In practice after practice, hygienists are desperately attempting to educate the patient, change behavior, scale supra and subgingival calculus, remove all stain and plaque, perform and record

periodontal evaluations, update radiographs, apply fluoride, identify restorative concerns, and so on, all in ONE appointment that lasts 40 – 60 minutes, IF you get started on time! Sound impossible? It often is. Even though most practices aren't clear on the distinctions, the American Dental Association has done a great job defining the difference between a prophylaxis, scaling and root planing and periodontal maintenance. Ever wonder why the majority of adults have periodontal disease, yet the most common procedure provided in the hygiene department today is still a prophylaxis? Perhaps it is because too often we are attempting to do too much in too little time, short of an actual diagnosis for what the patient really needs. Sometimes prophylaxis is just the beginning! Making it a priority to collect diagnostic information during the dental hygiene visit, and discuss clinical and health implications of dental caries or periodontal disease equips the patient to make wise decisions about diagnosed treatment, and return for necessary treatment.

2. Don't wait until the last five minutes of the appointment to have the exam

Time management is a challenge in any service industry where you are taking care of patient's health needs, answering their legitimate questions, and providing treatments within a wide range of clinical conditions. In most busy dental practices, waiting until the dental hygienist is completely finished before notifying the doctor for an exam is almost a guarantee of running behind. Many times it is impossible for the doctor to immediately leave a tedious or technique-sensitive procedure to go examine a dental hygiene patient. The end-result? Everybody waits, and soon a "domino effect" takes place within the schedule.

Having the dental hygienist notify the doctor once data has been collected and potential treatment discussed, will enable the doctor to look for a natural break in a procedure, interrupt the hygienist during his or her treatment, perform the examination, then both return to completion of their treatments. This approach requires dental hygienists get in the habit of notifying the doctor *after* the data collection and clinical discussion, but *prior* to beginning their instrumentation! Defaulting to the last few minutes of the appointment when most everyone feels rushed often results in "immediate need" diagnosis; but not comprehensive diagnosis or thorough explanations of treatment recommendations to the patient.

3. Use visuals to replace wordy descriptions

Patients will understand and retain information significantly better if audible and visual learning takes place together. Instead of us doing all of the talking (while working on the patient with sharp instruments in their mouth), we should be intentional about letting "A picture speak 1000 words" for us. Intraoral pictures, before and after photographs, educational pamphlets, the patient's radiographs and periodontal charts, etc., all assist in the process necessary for patients to really understand and desire recommended treatment.

Dental professionals have a tendency to use terms that are too technical and describe more detail than most patients really need when relying on their own verbal skills to explain the need for treatment. Effective treatment enrollment takes place when both the patient and the clinician see what is going on in the patient's mouth, then various visuals are used to concisely describe treatment options.

4. Sit the patient upright for communication

If ever you have been the patient in the dental chair you know what an uncomfortable position that is to carry on a conversation with someone who is seated above you with OSHA gear on and protective barriers covering the face. In fact, studies have shown as apprehension rises, listening ability diminishes. A patient often begins a dental hygiene visit apprehensive about what you are going to tell them they need next. Laying them back in a supine position and adding sharp instruments to the scenario increases the potential for apprehension to rise even further; yet most clinicians begin to “multi-task” and use this opportunity to educate the patient about everything they need! If you are willing to pause, sit the patient upright to describe conditions, discuss possible treatment, educate them and use visuals; you will find you actually have to say **less**, because their ability to hear and retain information is significantly **greater** with the use of good eye contact and body positioning. Sitting the patient upright in more of a conversational

position also enables clinicians to become better listeners, as patients feel more comfortable to discuss their true concerns.

5. Rise above insurance dictation

Patients all across the country tend to approach dental decisions much the same way: “*If insurance pays for it, okay. If not, no thanks.*” Particularly, if no symptoms are involved. In order to have an ultimate exam experience, patient’s questions concerning dental insurance should be consistently answered by all team members with a response that educates them about insurance reality. The reality is that dental insurance really is not “coverage”. That implies something that is complete. Dental insurance is a contract agreement between the employer or subscriber and the insurance company, and is certainly an example of “you get what you pay for”. The lower the premiums; the less reimbursement the patient will experience toward dental treatment. Most patients will never look at their own dental benefits differently unless one by one in the dental office we are consistent in spreading the message that dental insurance was never intended to

be complete coverage, and therefore shouldn’t be the *only* factor in deciding whether or not to proceed with treatment. It is simply a supplement to assist with the cost of dental care, but all dental health decisions should be based upon need and desire on the part of the patient, not insurance benefits. A good exercise is to train all team members to use more accurate words such as “benefit”, “assistance”, and “reimbursement” when discussing insurance, and simply eliminate the word “coverage” from your conversations with your patients.

Plan for It

Having an ultimate experience does require planning and forethought and may include change for some, but the rewards of being deliberate about how we approach this important time allotment in the dental hygiene appointment can directly lower stress throughout the practice, increase the patient’s understanding, and most importantly, improve case acceptance to achieve optimal clinical results we desire for *all* our patients. Suggest all team members read this article, then together develop your plan to achieve an *ultimate* exam experience!

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25 Pa. Code, Section 221.11(b) requires that dentists and their staff (those that are involved with X-ray procedures) maintain continuing education (CE) in radiation safety, biological effects of radiation, quality assurance and quality control.

PDA’s Environmental Issues Committee has developed a complimentary online radiology CE presentation for in-office training, exclusively for PDA members and their staff. View the PowerPoint presentation by going to the PDA home page, www.padental.org, then scroll through the home page slideshow images by clicking on the arrow until you see the panoramic x-ray! Upon review of the presentation, members and their staff will have the option to complete an online radiology quiz. Those that successfully complete the quiz will earn 2 CE credits in radiology. After successful completion of the quiz, a certificate of completion will be sent.

For further information regarding this issue, please contact the PDA Central Office at (717) 234-5941, or email Kathleen Kennedy (kek@padental.org). If you are a dentist who is not currently a PDA member, but would like to consider membership, please contact the PDA Central Office at (717) 234-5941.

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Socket Preservation To Gain Bone and Keratinized Tissue

by Peter C. Shatz, DDS and Lee H. Silverstein, DDS

Don't miss Dr. Peter Shatz's presentation, "Dental Surgery and Anesthesia... Do You Know Your Anatomy" on Friday, March 9, 2012 at the Valley Forge Dental Conference.

Tooth loss not only poses difficulty in mastication, it also involves the probable resorption of alveolar bone due to a loss of function and stimulation from the periodontal ligament fibers (PDL). Bone grafting at the time of tooth removal provides bone quantity and quality for future placement of dental implant(s). The challenge during this procedure—referred to as socket preservation—is maintaining the graft in place as well as providing a final working area with sufficient keratinized tissue when surgical primary closure without the use of a barrier is not possible.

Management of an extraction following tooth removal is paramount—especially in the aesthetic zone—to ensure proper placement of a dental implant and support of a prosthesis while the implant remains stable. Clinicians are often confronted with grafting a socket in which primary closure cannot be obtained. Under the aforementioned circumstances, the technique can best be performed with a barrier material that can accomplish two clinical goals for the clinician. The first is to allow for primary surgical closure over the socket and graft material while remaining intact as a guided bone regenerative barrier for at least four months. The second is to increase the amount of bound-down keratinized connective tissue at that site.

Socket preservation, performed following atraumatic tooth extraction and then by gentle elevation of the periosteum using a Woodson #2 elevator, can allow visualization of the underlying alveolar bone. During socket preservation procedures, the blood supply is most often compromised when thin mucoperiosteal flaps are closed

under tension. This is because thin mucoperiosteal flaps are more susceptible to vascular compromise and subsequent retraction. Wound healing is predictably enhanced when the soft tissue overlying the membrane remains well vascularized, since it is not closed under too much tension.

Thus the utilization of a membrane can be exposed to the oral cavity with no detriment to the underlying bone graft and overlying surgical tissue flaps. This will result in an increase in the available keratinized connective tissue, which should be the material of choice when extraction of a tooth will result in failure to obtain primary closure without suturing under tremendous tension and/or shallowing of the existing vestibular depth. The membrane of choice for these aforementioned situations (ie, molar sites) is the utilization of an acellular dermal barrier (ie, Puros Dermis, Zimmer Dental, Carlsbad, CA, Alloderm, LifeCell Corporation, Branchburg, NJ) in these circumstances. This type of regenerative barrier will allow regeneration of the missing bone concomitant with an increase in the amount of keratinized tissue over the socket site.

Conclusion

Clinicians are often confronted with grafting a socket in which primary closure cannot be obtained. Placement of a barrier material can accomplish two clinical goals for the clinician—allow for primary surgical closure over the socket and graft material while remaining intact as a guided bone regenerative barrier for at least four months. The second is to increase the amount of bound-down keratinized connective tissue at that site.

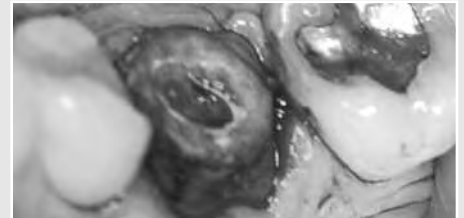


Figure 1. Preoperative view of mandibular left first molar demonstrating failed endodontic treatment and recurrent caries.

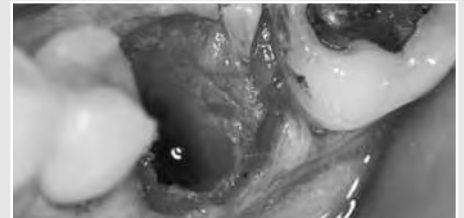


Figure 2. Postextraction view after extensive curettage. Envelope flap is extended beyond mucogingival junction on the buccal and lingual aspects with preservation of inter-proximal papillary tissues.

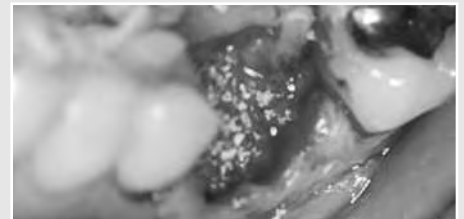


Figure 3. Placement of a composite graft containing allo-genic demineralized bone matrix and freeze-dried bone.



Figure 4. Hydrated and trimmed acellular dermal matrix (Puros Dermis, Zimmer Dental, Carlsbad, CA) placed over extraction socket and into envelope flap on the buccal and lingual aspects.

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Friday, April 13, 2012

Gregory L. Psaltis, DDS – Olympia, WA – “But Aren’t They Just Baby Teeth” You’ve heard these words before and can’t help thinking to yourself, “Oh no, another ignorant parent.” Parents who pose this question (and others) are not really ignorant - they are often working from old beliefs or their own experiences. The ability to answer these common questions insures a greater understanding of the pediatric dental issues at hand and creates a positive relationship through effective communications. Topics included are primary anterior trauma, “rotten teeth,” timing of initial examinations, specific clinical material such as primary anterior and permanent posterior restorations, primary pulp therapy and stainless steel crowns. Practitioners who treat children will benefit from this engaging course. It will incorporate many aspects of both behavior management as well as clinical skills. You will learn procedures that you can apply in your offices the next day. This is a broad-spectrum program that has just enough humor in it to keep you entertained and still focuses on real pediatric issues and valuable clinical techniques. Dr Psaltis received both his dental degree and his Certificate of Specialty, Pediatric Dentistry, at the University of California, San Francisco. He is a much sought after international speaker and widely published author. He maintains a full time pediatric practice. This course is co-sponsored with educational grants from Dentsply Delta Dental, PDAIS and Dodd Dental Lab.

Friday, May 4, 2012

Fritz Kopp – Zurich, Switzerland – “The Prosthodontic Sextett for Esthetic Longevity and Success” For esthetic reasons a restorative margin must still be carried subgingivally. Its adverse impact on the periodontium due to factors such as improper margin placement, violation of the biologic width or inadequate emergence profile is well known and has been abundantly discussed in the literature, but has often been insufficiently explained as to how to be avoided during clinical procedures. The meticulous performance of the different clinical steps during restorative work such as tooth preparation, provisionalization, impression taking, try-in, and final cementation will be elaborated, leading to more predictability and longevity in esthetics. Pertinent clinical details are presented which can be built into your own treatment concepts and utilized tomorrow. The objectives of this seminar are as follows: Present a refined clinical treatment concept for long lasting anterior crowns • Understand the nature and behavior of the collagen fibre bundles • Use the physiologic tooth mobility for precise crown cementation. Dr. Kopp received his dental degree in 1975 from the University of Basel School of Dentistry, Switzerland, where he started his postgraduate training in Operative Dentistry and Periodontics. He also completed postgraduate programs in Fixed and Removable Prosthodontics. Since 1984, he has maintained a private practice for Perio-Prosthodontics in Zurich. Dr. Kopp has given lectures and clinical courses internationally. This course is co-sponsored with educational grants from Dentsply, Delat Dental, Hayes Repair and Dodd Dental Lab.

Those taking the full DKU Series will receive both Bonus Courses at the Valley Forge Radisson Hotel

Wed., Oct. 26, 2011

BONUS #1: John Molinari, PhD, “Infection Control for the Dental Office”

Wed.–Fri., March 7- 8- 9, 2012

BONUS #2: Members choose one course from the Valley Forge Dental Conference

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Courses held at the Valley Forge Radisson Hotel. Registration for all courses 8:15 AM. Lecture 9:00 AM – 4:30 PM. Continental breakfast and lunch included for all DKU courses.

FEES Delco and Chesco Society Members - Entire Series plus both bonus Courses - \$675, Individual Courses - \$195, 3 Courses - \$530, 4 Courses - \$615
 Other ADA Members - Entire Series plus both bonus Courses - \$725 Individual Courses - \$210, 3 Courses - \$570, 4 Courses - \$665
 Non-ADA Members - Entire Series plus both bonus Courses - \$795, Individual Courses - \$225, 3 Courses - \$605, 4 Courses - \$715
 Staff members accompanied by a doctor will be \$95 per course per person with reservation at least one week in advance, \$110 per course per person at door.
Cancellations and Refund Policy - No refunds will be made without notice of at least one week prior to course date. (A \$25 administrative fee will be deducted.)
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- Promote our legislative agenda
- Help protect our profession from intrusive and burdensome legislation and regulation

PADPAC needs **US** to...

- Support their efforts with our contributions
- Support their efforts by becoming Contact Dentists

Please go to www.padental.org and access the PADPAC link to make a contribution or find out more about becoming a Contact Dentist, or call the Pennsylvania Dental Association at (717) 234-5941, and ask for Marisa Swarney at ext 116.

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On Being Happy

Although recent studies have shown that people are born with a genetically determined “happiness set point,” Dr. Michael Prazich, a Certified Life Coach who works with health care professionals, says that happiness can be learned, even by the perennially unhappy. Over the years he has noticed certain traits that happy dentists exhibit and that, with a little effort, self-identifying unhappy dentists can use to achieve happiness. Writing in the September–October issue of *Northwest Dentistry*, Dr. Prazich lists the following traits that the happiest people tend to have:

- They are comfortable expressing gratitude.
- They make physical exercise a weekly or even a daily habit.
- They are often first to offer aid to friends or fellow professionals.
- They devote a great amount of time to family and friends.
- They have interests and passions outside their profession.
- They maintain poise and strength when coping with challenges.
- They are more sociable, energetic, charitable and cooperative than unhappy people.

Upcoming Events

Valley Forge Dental Conference

March 7, 8, and 9, 2012 – Valley Forge Radisson Hotel

Lehigh Valley Health Network

Full day CE—Contact Pat Atno 610-969-4839

Wed., Jan 11, 2012—Dr. Stephen Chu
Microesthetics for Teeth and Implants

Wed., Feb. 8, 2012—Mr. Joseph Piscatelli
Living Healthy

Wed. Apr. 11, 2012—Dr. Jane Soxman
Pediatric Dentistry

Wed., May 3, 2012—Fritz Koop
Prosthodontics

Chester-Delaware Dental Society

DKU full day events—contact DKUdental@aol.com

Wed., Jan. 11, 2012—Dr. Martin B. Goldstein
Esthetic Anterior Dentistry

Fri., Apr. 13, 2012—Dr. Gregory Psaltis
Pediatric Dentistry

Fri., May 4, 2012—Fritz Koop
Prosthodontics

Montgomery-Bucks Dental Society

Full day CE events—Contact mbdsdr@comcast.net

Fri., Jan. 13, 2012—Dr. Paul Child
Dental Products and Techniques

Fri., Apr. 20, 2012—Dr. Barbara Steinberg
Optimal Aging

Fri., May 18, 2012—Dr. Brian Novy
General Dentistry

Dinner Meetings—Contact mbdsdr@comcast.net

Mon., Jan. 30, 2012—Lisa Wadsworth
Ergonomics

Mon., Feb. 27, 2012—Dr. Arthur Kuperstein
CBCT Radiology

Mon., Apr. 30, 2012—Dr. Fred Barnett
Endodontics



2012 Spring Continuing Education Courses

Wednesday, Feb. 22, 2012
Nitrous Oxide Sedation (Hands On)
Andrea Haber-Cohen, MD, DMD,
Stanton Braid, DMD and
Allen Fielding, DMD, MD, MBA

Wednesday, March 7, 2012
Dental Management of Emergencies
Gray Jones, DDS and
Allen Fielding, DMD, MD, MBA

Friday, March 23, 2012
Advancements in Posterior Aesthetic
Restorative Dentistry (Hands On)
Steven P. Weinberg, DMD

Friday, March 30, 2012
Extraction Socket Grafting for the
General Dentist, Making It Easy
and Profitable
Jeffery B. Wheaton, DDS, MD

Friday, April 20, 2012
Infection Control: That Thing You Do,
Why Do You Do It?
John A. Molinari, PhD

Wednesday, April 25, 2012
Orthodontics: What the General Dentist
Needs To Know
Harold Shutsky, DMD

Wednesday, May 9, 2012
Radiology Facts – The Spectrum of
Dental Radiology: Improving Diagnostic
Images Safely and with Accuracy
Kathy Schlotthauer, RDH

Questions? Call us at 215.707.7541 or
visit www.temple.edu/dentistry/ce.

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ONLINE:
www.vfdental.org
(Second District)

www.vfdc.org
(Valley Forge Dental Conference)

PHONE:
1-800-854-8332 VFDC
1-800-860-3551 SD

E-MAIL:
bjdencler@aol.com
conferenceservices@juno.com

FAX:
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**VFDC ALERT—
(LOCATION CHANGE)**

THE 2012 VFDC WILL BE HELD IN THE VALLEY FORGE RADISSON HOTEL AS THE CONVENTION CENTER IS UNDERGOING RENOVATIONS.

The Joy of Dentistry

March 7-8-9, 2012

WEDNESDAY, THURSDAY & FRIDAY

CERP,
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for Doctors & Staff

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REQUIREMENTS
Your chance to begin to plan for 2013

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featuring 50 companies

WEDNESDAY MARCH 7, 2012

MS. ANITA JUPP

"Anita Tells It Like It Is . . .
Not Working Harder . . . Working Smarter"

DR. CHARLES WAKEFIELD

"Restorative Materials . . .
What, When, Where and How?"

DR. ROBERT EDWAB

"Oral Surgery for the General Practitioner"
(AM lecture & PM hands-on)

DR. JOHN TUCKER

"Treatment of Obstructive Sleep Apnea with
Oral Appliance Therapy"

THURSDAY MARCH 8, 2012

DR. MARK HYMAN

"360 Slam Dunk Guide to Successful Teams"

DR. GEORGE BAMBARA

"Ultimate Course in Attachment Dentistry"

MS. KAREN DAVIS

"Creating the Ultimate Doctor-Patient
Hygiene Exam" and "Getting from Bugs
and Drugs to Hugs and Health"

AMERICAN ACADEMY OF FACIAL ESTHETICS

"Botox Day—Part I" *(lecture & participation course)*

FRIDAY MARCH 9, 2012

DR. BETSY BAKEMAN

"All Dentistry is Cosmetic"

DR. STANLEY MALAMED

"Emergency Medicine in Dentistry"

DR. PETER SHATZ

"Dental Surgery and Anesthesia . . .
Do You Know Your Anatomy" *(AM lecture)*

Socket Preservation Bone Grafting *(PM hands-on)*

AMERICAN ACADEMY OF FACIAL ESTHETICS

"Botox Dermal Fillers—Part II" *(participation course)*

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at the
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2012 Valley Forge Dental Conference Program Now On-line!



★ **March 7-8-9, 2012**
★ **Valley Forge Radisson Hotel**

2012

VFDC

PROGRAM

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- ▶ Course Descriptions
- ▶ Registration Tips & Form
- ▶ Hotel Reservations
- ▶ Continuing Education Credits
- ▶ Exhibit Hall Excitement
- ▶ President's Dinner
- ▶ ... and more!

Scan the QR code.

For all the conference details, look for
the new, on-line 2012 VFDC Program at:

www.vfdc.org

