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ON THE COVER...
The Hotel Hershey, site of the 145th Annual Session of the Pennsylvania Dental Association.

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
Advertising rates are available from, and all advertising materials and correspondence should be sent to Lynn Moreland, 1-800-834-8332 or conference@junocom. The Second District Valley Forge Dental Association of Pennsylvania reserves the right to refuse any advertisements for any reason. Articles for publication may be sent directly to Dr. Tami Brady: tbradydmd@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.
I was chosen by lottery to be a “white coater” at the Kornberg White Coat Ceremony, Friday May 10, 2013. The ceremony was not a ritual performed when I was a dental student. In fact this is only the eighth year Kornberg has honored their incoming juniors. After it was all over, I felt my peers and I had really missed out. This was a very important hour in a student’s professional development, where a significant other (parent, sibling, spouse, instructor, mentor) placed the white coat before they signed the ethical pledge.

A reminder of the pledge which I will share with you, then challenge you to share with your patients, and colleagues and perhaps even to start a meeting. A renewal of commitment to our profession will make us stronger.

The Dentist’s Pledge

I, (name), as a member of the dental profession, shall keep this pledge and these stipulations.

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the highest standard of oral health care and to maintain a relationship of respect and confidence. Therefore, let all come to me safe in the knowledge that their total health and well-being are my first considerations.

I shall accept the responsibility that as a professional, my competence rests on continuing the attainment of knowledge and the skill in the arts and sciences of dentistry.

I acknowledge my obligation to support and sustain the honor and integrity of the profession and to conduct myself in all endeavors such that I shall merit the respect of patients, colleagues, and my community. I further commit myself to the betterment of my community for the benefit of all society.

I shall faithfully observe the Principles of Ethics and Code of Professional Conduct set forth by the profession. All this I pledge with pride in my commitment to the profession and the public it serves.
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**Schedule:** Registration is from 8:30 am - 9:00 am Program hours are 9:00 am - 1:00 pm. Continental breakfast will be provided.

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4 VFDJ  SUMMER 2013
Why I belong to the ADA:
Why patients should care if their dentist belongs, too

Dr. Stephanie McGann, DMD FAGD
Columnist, The Times
drmcgann@brandywinesmilecenter.com

Last week as I was traveling home from the annual meeting of the Pennsylvania Dental Association, I started thinking about why I have been a member since my first days as a dentist. I joined the American Student Dental Association as a dental student nearly 30 years ago and have been a member ever since. I asked myself if membership is so important that I would give up a beautiful early spring weekend?

What is the ADA? The American Dental Association (ADA) is the oldest and largest national dental society in the world. Founded in 1859 the ADA has grown to become the major source of unbiased oral health related information for dentists and their patients. ADA member dentists are bound by a strict code of ethics. The Journal of the American Dental Association (JADA) is the leading publication in the field. Member dentists support numerous charitable programs including Give Kids a Smile.

My dues to the American Dental Association help support patient information resources such as http://www.mouthhealthy.org/ A few months ago I wrote about the ADA seal program. Each consumer of oral health products can check and see if that product has earned the seal of acceptance. The ADA foundation, the philanthropic arm of the American Dental Association provides grants for access to care and has recently provided disaster relief to hundreds of practices that have been devastated by hurricane Sandy.

With few exceptions, dentists across America are small business owners. We each practice in our own location in our own style. Membership in the American Dental Association (parent organization to the Pennsylvania Dental Association and our local chapter) connects these individual, in some case isolated, practitioners and gives them a network of other dentists and staff to provide support and guidance to encourage the individual member dentist to grow with the profession.

Why should a dentist belong? In a perfect world individual dentist would want to be part of their professional organization. They would gladly agree to the code of the ethics and wouldn’t hesitate to contribute money to advance the access of dental care throughout the country. They would participate in community outreach. Yet, many dentists do not belong. The question of why so many choose not join is one that was discussed at the meeting at great length. The simple answer as members, we don’t know.

Membership matters today more than ever. Because of numerous federal regulations, dentists as individual practitioners are often barred from discussing details of their practices with one another. In an era of massive legislative changes to healthcare, abundance of contracts with third party payers, new rules for reimbursements, and numerous regulatory agency requirements on each practice, it’s easy to see how an organizational partner can work with these issues to accurately guide dentist members. Each time a new law or regulation is adopted, I look to the ADA to decipher it and advise me on how it will affect my practice and my patients.

I belong for my patients. Patients deserve a dentist that is bound by the ADA code of ethics. A dentist that is willing to learn and advance their clinical training. Patients benefit when a dental practice is current with laws and regulations and incorporates them appropriately. Most patients prefer that their dentist is part of a larger organization that provides professional support and public outreach. In the era of so much change in healthcare, it’s important to ask the dentist if he or she belongs.

Dr. Stephanie McGann is a resident of the Unionville area and along with her partner, Dr. Marie Scott, operates The Brandywine Smile Center, a family-friendly dental practice in Concordville. She is a Fellow of the Academy of General Dentistry.
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The following editorial was originally printed in the Bulletin of the Montgomery Bucks Dental Society in September 2007. It is reprinted here as a reminder of the importance of being a member of the ADA, PDA, 2nd District Valley Forge Dental Society and your local society. Please share the message with your colleagues who may have forgotten the importance of membership.

It was late summer, 1974. Richard Nixon had resigned and Gerald Ford had become the first unelected president of the United States. The country had survived the Vietnam turmoil, Watergate, and a presidential crisis. I was part of a generation that didn’t trust anyone over 30, would routinely question authority and protest any injustice. I had just begun my first semester at the University of Pennsylvania School of Dental Medicine as a member of its centennial Class of 1978. What was I in for?

As part of the new curriculum to broaden our awareness, Biomechanics was introduced into our schedule; a course to be taught by an instructor from Penn’s prestigious School of Engineering. Although knowledgeable in his field, Dr. F=m a wasn’t at all skilled in the art of diplomacy. He would be condescending to us first-year dental students, and in a berating manner, tell us how in a few short years we’d all be marching to the banks making large deposits. To say the least, his approach to teaching dental students wasn’t too well received, and although we had informed the administration of his antics, to no avail, we decided, as a class, to protest his class and not show up. We all stuck together and deliberately boycotted his next lecture. This class action drew the attention of the Dean and consequently led to the course being dropped.

We acted together, as one body; we were united, after all, we were all freshman dental students, future dentists and community leaders. Many of us went on to become noteworthy specialists and accomplished academicians in addition to successful generalists (the term popular at the time), but we all branched out from the same trunk, dental school. So, where am I going with this?

Lately, our profession has been under attack by politicians, claiming that we don’t care about access to care, by hygienists, claiming we restrict their right to practice independently, and by the public, claiming that we’re in it just for the money. Friends and colleagues, we need solidarity again. Yes, some of us are oral surgeons, some of us are endodontists, periodontists, orthodontists, and professors, and we’re no longer obligated to be ADA members in order to be members of our respective specialty organizations. Yet, all of us began as dentists, and that which binds us together is our DMD or DDS degree. Think of that degree as your last name and that we are one big, fat dental family. When we act as one, we can get things accomplished both at the local and at the state level. And that’s why it’s so important to enlist every one of us into the ADA/2nd District membership rolls. We need Harrisburg to know that organized dentistry represents all of us and that we’re a collective force to be reckoned with. We have much to discuss with them and we need your help. Defend your profession and contact your legislator!

Have you visited www.vfdental.org?

The 2nd District, Valley Forge Dental Society has a website you can visit today. Things you will find there are current local CE opportunities listed, past issues of the Valley Forge Dental Journal and links to the local component websites, the PDA and the ADA. Take a minute today and check out www.vfdental.org!
Nikunj R. Zalavadia, D.M.D. has acquired the practice of Thomas W. Gamba, D.M.D. - Philadelphia, Pennsylvania

Dustin R. Snyder, D.M.D. has acquired the practice from the estate of Stanford C. Sholley, Jr., D.D.S. - Mifflinburg, Pennsylvania

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FRIDAY, NOVEMBER 15, 2013

Jeff Staads – Billings, MT – “You Cannot Not Communicate”

Jefferery L. Staads, DDS – Billings, MT – “You Cannot Not Communicate”

Everyday, in every situation that involves another person, communication takes place. We recognize it most readily when words are used. Besides the words we choose and use, messages are always being sent. The way you dress, your self-image, can all send messages. Are the messages received by our patients and others the same ones we think we are sending? Improving our communications skills will not only help you get treatment acceptance but also help you prevent accounts receivable from developing by verbally supporting your financial expectations. Should accounts receivable develop, you will learn how to collect them. You will learn: Skills that improve your communications; How to change your attitude when dealing with problems; The different characteristics of challenging people; Eight actions: steps to better deal with the people that challenge us; Create an effective financial policy; Get better results by controlling the collection conversation; Collect more money at time of service. Since 1999, as President of RBC, Jeff talks with an average of 100 audiences each year across the U.S. and internationally on communications skills, collections, sales and leadership. This course is a must for the entire dental team! This course is co-sponsored by an educational grant from Dodd Dental Lab, Bonadent Lab and Dentistry.

Wednesday, December 18, 2013

Lou Minichetti, DMD – Englewood, NJ – “Information all Dentists Must have for Successful Implant Treatment”

Lou Minichetti, DMD – Englewood, NJ – “Information all Dentists Must have for Successful Implant Treatment”

This program is designed for the dentist wishing to learn how to incorporate or expand their implant knowledge and techniques. Participants will go over diagnosis of the implant patient, treatment options for the edentulous patient, traumatic extraction techniques, socket grafting, bone augmentation, mini implant surgery, basic implant surgery and implant restorative options. CT diagnosis and computer milled abutment restorations will be reviewed. At the completion of the course the participants will be able to: Understand how to diagnose patients for dental implants; Analyze patients with CT Imaging; Evaluate the complexity scale of the patient for dental implants; Perform Atraumatic Extractions; Perform ridge preservation and socket grafting; Understand basic mini implant and standard root form dental implant surgery; Know the fixed abutment choices for dental implants; Understand implant overdenture options for fully edentulous patients. Dr. John Minichetti has been placing and restoring implants for over 25 years. He is a fellow of the American Academy of Implant Dentistry (AADI). He is also a Diplomate of the American Board of Oral Implantology/Implant Dentists of which he has served as President. This course is co-sponsored by an educational grant from Dodd Dental Lab, Dentistry, Bonadent Lab, Shofon, Dsy and Sdi.

Wednesday, January 15, 2014

John Minichetti, DMD – Englewood, NJ – “Information all Dentists Must have for Successful Implant Treatment”

L. Stephen Buchanan, DDS, FICD, FACD – Santa Barbara, CA – “The Art of Endodontics: Everything Has Changed but the Anatomy”

This presentation relates the most fundamental and unchanging endodontic issues — pulp, dentin, root, and root canal anatomy — to principles of treatment, simplifying our choices among evolving procedural techniques. A didactic regimen is shown that can rule endo in or out, and if pain is endo etiologic, the tooth is referring the pain. Dr. Buchanan will also show his most current treatment methods. Procedures covered include guided access cavities, rotary negotiation, shaping canals with one to three files, bug-barring irrigation and 3D obturation accomplished in 2 seconds. After watching this presentation attendees should understand: The influence of endodontic anatomy on pulp degeneration and how the complexities of root canal systems dictate treatment to their full apical and lateral extents. How 3D and 2D radiography with thermal pulp testing can deliver 100% diagnostic confidence. How to treat pain emergency care, endo vs implant, and how you are going to successfully invade p't's root canal systems. How cutting with guided access bux reduces loss of tooth structure while improving file path. How rotary negation brings the 10X improvement that rotary shaping did 15 years ago. Why 3D obturation can improve success rates and how simple it is to do with today’s technology. Dr. Buchanan is a Diplomate of the American Board of Endodontics and an assistant clinical professor at the post-graduate endodontic programs at USC and UCLA. This course is co-sponsored by an educational grant from Dodd Dental Lab and Dentistry.

Thursday, May 8, 2014

Glenn Dupont DDS – St Petersburg, FL – “Solving the Most Difficult Cases: A Step-by-Step Process”

Glenn Dupont DDS – St Petersburg, FL – “Solving the Most Difficult Cases: A Step-by-Step Process”

After graduating from Emory University School of Dentistry in 1979, Dr. Dupont joined the practice of Dr. Peter Dawson. He is currently the Director of Faculty at the Dawson Academy. Dr. Dupont will share a process that he has been using successfully to solve the most difficult problems that patients present with. He has accumulated some extremely challenging cases over the last 34 years. Anterior open bites, class three problems, anterior cross bites, posterior cross bites, deep over bites, bulimia and anterior wear are a few of the cases that he will address. A step-by-step process will be presented in a series of checklists that the attending dentist can immediately apply to help solve problems with their patients. Learning objectives: Review key principles and concepts of esthetics and function; Apply the four treatment options to solve functional issues; Utilize the Functional-esthetic 2-D checklist; Show the use of the 10 Step 3-D checklist; Discuss checklists for lab communication to ensure predictability; Utilize a specific process to sequence all types of cases for efficiency and productivity; Apply these checklist and principles to a number of different cases. This course is co-sponsored by an educational grant from Dodd Dental Lab, Dentistry and Hayes Handpiece repair.

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

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

Thurs., Sept. 26, 2013 BONUS #1: Gordon Christensen, DDS – “Clinical Update”

Wednesday – Friday, March 5-7, 2014 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 – $695, Individual Courses – $195, 3 Courses – $530, 4 Courses – $615

Other ADA Members - Entire Series plus both bonus Courses – $745 Individual Courses – $210, 3 Courses – $750, 4 Courses – $865

Non-ADA Members - Entire Series plus both bonus Courses – $815, Individual Courses – $225, 3 Courses – $605, 4 Courses – $715

Staff members accompanied by a doctor will be allowed at least one per course. Additional people will be charged $85 per person per course. A $25 administrative fee will be deducted.

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.)

For information please contact: DKU • c/o Barry Cohen, DMD • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@aol.com
**Dr. Moriconi** has always answered the call to perform volunteer dental treatment in his local area by providing pro bono surgical care to indigent patients in and around Jenkintown and Abington Memorial Hospital, as the Division Chief and Program Director for more than 25 years. As a member of the Donated Dental Services network, he has also performed free surgical services in his private practice including basic oral surgery and implant therapy. He has also made 4 dental mission trips to Haiti after the 2010 earthquake devastated the area. During his time spent in Haiti he became aware of the difficulty the medical and dental students in Haiti were having completing their training due to the destruction of schools. Dr. Moriconi established a non-profit organization, Men Anpil (Creole for “many hands”) to seek out and help fund qualifying Haitian students for training in medicine and dentistry.

The compassion, devotion and spirit of Dr. Moriconi, as well as his dedication to organized dentistry and its mission to improve the oral health of the public, make him a greatly deserving recipient of the 2013 Public Service Award.

---

**Following is the acceptance speech by Dr. Steven Moriconi delivered on Saturday, April 27, 2013:**

Thanks, Jay, for a very nice introduction. I appreciate your kind words, and you know how much I value our personal and professional relationship.

President Dishler, members of the House of Delegates, the awards committee, colleagues, friends and family, ladies and gentlemen.  

I am both humbled and honored to accept this award today. Humbled because I did not seek it, nor feel I am deserving of it. Somehow I think there are so many others who have done more than I in the public sector, and in service to others. Honored because my peers have decided that what I have done in public service is worthy of such recognition. I would be remiss by omitting the fact that the work I have done has not been in isolation. Many, including friends, colleagues (and I want to acknowledge Dr. Angel Stout who has accompanied me on 3 of the 4 trips I have made to Haiti), dental companies, Abington Hospital, and most especially, my wife Kristina and our children, have been supportive and understanding of what we have accomplished. I will not detail the work we are doing, particularly in Haiti, as this information can be found on our website, but since you have allowed me this opportunity to speak, I would like to share a few general thoughts in the spirit of “Tikkun Olam.”

Tikkun Olam, as you know, is an ancient Judaic philosophy which affirms that one gains spiritual meaning in their life by serving the needs of the underserved and vulnerable in society. 

I know many of you have done some personal and professional service work in your communities and in the larger world. Those of you who have done so know that the reward of seeing the smile, the look of gratitude, the fulfillment of the need, the acknowledgement of your help, is a much greater reward than any award that could be given.

If you have not, however, spent time doing service for others, then in my opinion you are missing an essential part of human life. Stepping outside of your comfort zone, and doing something for those less fortunate, is an incredibly enriching experience. You don’t have to run to Haiti; you don’t have to travel to a third world country somewhere far abroad. You don’t have to set up a nonprofit organization. Opportunities exist in your own neighborhoods, in your own communities, in your own professional organizations be they dental related or otherwise, to participate in public and community service. Let’s face it, we all have many commitments and responsibilities, but we are also very fortunate to be here, and very grateful to be able to practice our professions. It is, however, a principle of a good life, I believe, that we should give back to society and share some of the riches with which we have been blessed. The allusion I have used in Men Anpil is that what you do may only seem like a drop in the bucket, but many drops will eventually overflow the bucket, creating a river, and finally an ocean of kindness and service to those most vulnerable.

I encourage all of you within the sound of my voice, and if you read this at some point in the future, to join me and all the many of you who have provided such service to those in need. It is a commitment and experience that will enrich your life, make you a better human being, and continue the thread of goodness that exists in all of us.

Finally, let me share with you a quote by a French author that sat on my wall for many years as a younger person, and which has guided and informed my life since.

“I shall pass through this life but once. Any good, therefore, that I can do or any kindness I can show to any fellow creature, let me do it now. Let me not defer it or neglect it. For I shall never pass this way again.”

Thank you.

Dr. Steve Moriconi
www.menanpil.net
www.drmoriconi.com
VFDA Thank You

We would like to thank the following companies who purchased exhibitor space at the 2013 Valley Forge Dental Conference. Exhibitors attending our conference help control costs so we can offer excellent education courses for a reasonable price to the members. Please thank those companies for which you do business, and consider using these vendors for your future business.

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Highlights of the 2013 Valley Forge Dental Conference
2013 Presidential Dinner
Honoring Dr. Charles Incalcattera
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 Monday, May 6th at Dr. Barry Cohen’s office in Drexel Hill. The list of volunteer dentists includes Haddy Alrez, Liliana Angelova, Tami Brady, Dick Clark, Barry Cohen, Theresa Devine, Linda Himmelberger, Bernie Logan, and Marie Scott.

In addition, Drs. Jay Chiappa (perio.), Stuart Gutsche (ortho.), Michelle Halpern (ortho.), and Gary Riggs provided pro bono care in their private offices – many thanks!

Drs. Borghesani; Chiappa; Civillo; McGurk; Nelson; Pepe; Pfeiffer; Scharlock & Russo; Siegal, Cwyk, & Shah; Sierakowski; Smedleys & Adey; and Wenger & Cerasoli graciously supported our efforts with their kind gifts!

Kim Miller, RN joined our efforts – thank you, Kim!

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

With gratitude,

[Signature]

Bernadette A. Logan, D.D.S.

Photos taken during the May 6, 2013 Chester/Delaware Give Kids a Smile event at the office of Dr. Barry Cohen in Drexel Hill. 21 children age 5 to 19 were seen and $7175 worth of treatment completed.
Local Happenings

The Dental Society of Chester County and Delaware County honored their Give Kids A Smile Champion Award recipients at their end of the year Annual Meeting on May 22. The Give Kids A Smile Champion Award recognizes those members who volunteer to treat GKAS patients in their own offices, at their expense, or who contribute significant volunteer hours planning and executing successful GKAS events.

Dr. Barry Cohen celebrating his GKAS Champion Award with Dr. Bernie Logan and his office staff at the May 22 DKU course.

Nancy Cuttic and Kathleen D’Antonio, school hygienists and GKAS Champion Award recipients enjoying the Chester/Delaware end of the year event.

Dr. Bruce Terry with his GKAS Champion Award plaque.

GKAS Champion Award winner Dr. Theresa Devine (right) with Dr. Bernie Logan.

Dr. Dick Clark receives the GKAS champion Award as well as the gavel at the May 22 Chester/Delaware dinner event. Dick will serve as President of Chester/Delaware in 2013-2014.

*Missing from the pictures is Dr. Cindy Trentacosti, also a GKAS Champion Award winner.
The ADA Conference on Membership Recruitment and Retention was held at the ADA headquarters in Chicago on April 5 and 6. Second District was well represented at this conference — in attendance were Nancy Rosenthal, Cary Limberakis, Jay Freedman, Larry Montgomery (PDA Council on Membership representative), Charlie Weber (ADA Trustee), Amanda Hemmer (PDA New Dentist Committee representative) and Charlie Incalcaterra.

Dr. Robert Faiella, president of the ADA, opened Friday’s program by discussing ways that the tripartite can work together to reach our goals of increasing membership. As you know, the ADA has a graduated dues structure for newer members. He noted that new members tend to drop out at year 4 or 5, when full dues become payable. He suggested that this should be one of the target audiences that we need to reach out to in order to preserve their membership presence.

Friday morning’s keynote speaker was Sarah Sladek, author of The End Of Membership As We Know It; The Beginning Of Membership Growth. She challenged us to build the “must-have” organization for the next century. She noted that membership is declining in many organizations throughout the nation. Reasons for this include a declining economy (members want and need a greater return on investment), changing technology (members want services faster with quicker contact and more outreach), and demographic shifts. Of the three factors, demographic shifts create the greatest threat. By 2015, Generation Y members will become the majority of the workforce in the U.S. and we need to tap into their needs.

For the ADA, membership is steady at approximately 128,000 members, but we are losing market share as there are more dentists licensed in the nation. In 2006 we had a 72% market share, compared to 66% in 2012. We do get 82% of dental students to join, but we lag in women, diverse racial persons and non-private practice membership. Our lowest market share is in the ages of 45-49. We are weak at recruiting foreign born or newly licensed dentists.

The ADA is the leading advocate for oral health, but that is a public benefit which does very little for our members! Only 47-53% of members surveyed ranked the tripartite system as being excellent or very good. The reasons members cite for dropping membership are (1) that the benefits do not justify the cost, and (2) economic stress. Our challenge is to strengthen our brand, communicate a value proposition, and engage new dentists.

We need to promote membership by convincing our members that they can become more profitable, have greater prestige, enjoy greater camaraderie, enhance networking opportunities, and increase communication by being members. We need to streamline our organization. Baby boomers like to hold meetings, discuss problems and fix things. Younger members would rather have an exceptional experience. History doesn’t sell membership, so our association’s websites should talk about the future, not our past!

For the youngest generation, even networking opportunities are not a compelling reason to join since they use technology to network. Advocacy is also not a member benefit since it benefits all dentists, members and non-members alike. So we should not try to sell membership by highlighting our advocacy efforts, even though we have been successful. When looking at our organization’s budgets, compare how much money is being targeted towards member benefits vs. how much we are supporting the public. Maybe it is time for us to redirect our efforts towards our members right now.

What do members need? They need patients, business advice and help with dental insurance issues. People join because they believe an organization can solve their problems, so we need to develop programs and services and education to help our members do just that. People renew because their problems get solved, they feel engaged, and/or they feel positive about the organization. People need to be made to feel important, that they are valued and appreciated. A good idea for our societies would be to survey our members, ask them what their top three problems are, and then develop programs and benefits to solve those problems.

Sarah then discussed the three current demographic differences between baby boomers, generation X-ers, Generation Y-ers, and the upcoming Generation Z-ers who are currently 17 years old. To engage younger members, we need to change. We need to update twitter and facebook accounts, develop apps for our societies, and get members to “like” us using incentives such as contest giveaways. Photos on our facebook pages need to show people having fun, not just sitting in a meeting! We should also look at technology, and consider using Go-To-Meeting instead of holding face to face meetings.

Corporate America is vying for young talent since their current talent is retiring. How do we create the Next Generation dental society of choice? Everyone needs to feel they belong. We need to give them a sense of ownership and secure relationships. How?
1. Innovation – create new member services and benefits
2. Technology – is a must have. We need to speak their language. Our website home page needs to feature our members and the benefit of belonging, not how the society benefits the public or the history of our organizations.

3. Customization – offer educational programs specific to their needs

4. Globalization – 40% of Generation Y is non-Caucasian. Do we welcome diverse members?

5. Learning – develop programs on how to create a better practice, new skills or new technologies.

6. Give them opportunities to lead

7. Trust in them

8. Philanthropy – the newer generation wants to make a difference in the community. Give Kids a Smile and Mission Of Mercy events are excellent programs to engage members in community service.

9. Fun – make sure it looks like they can have fun at membership events.


Sarah ended her presentation on Saturday by noting that the opposite of evolution is extinction, so our organizations need to change or else they will die.

On Saturday morning we heard from state and local dental societies about successful programs that they have run to recruit new members and to retain our current members. Some of the highlights include:

- California’s “Member Get a Member” program which resulted in 36 referrals for membership in 2011 and 112 referrals in 2012.

- Arizona’s “THEOS (To Help Each Other Succeed)” program which was comprised of 10 Saturday morning business sessions for new dentists at a cost of $350. This program is being modified next year to fewer sessions, but this is a great member benefit.

- San Fernando Valley Dental Association’s “We Are the ADA” TV ads, which highlight diversity among members and creates an interest from patients in finding ADA member dentists.

- New York’s “D4 Dental Student Survey” on why students are not joining the ADA

- North Carolina’s “Membership Ambassador Program” where non-members are personally contacted by 60 volunteers throughout the state

- Ohio Dental Association’s “New Member Welcome Series” which is a program of nine email contacts to new members on specific member benefits and programs.

- Illinois State Dental Association’s ThE Event (Envision, Entice and Engage) where workgroups brainstormed to develop events. An interesting event that they created was called “Case By Case”, where a member brings a case of a microbrew along with a dental case to discuss at a meeting.

Saturday morning’s keynote speaker was, Mary Byers who wrote the book Race For Relevance. Mary noted that the new normal is that we are in a time famine – people are extremely busy and we are competing for their time and money.

There is increased competition – other associations are competing for our members, as are media companies, buying groups, the Internet and social media. How can we bring the society to the members instead of bringing the members to the society? Can we use on-line meetings, or is face-to-face still important for our members. Are we mobile friendly? Do we have an app so our members can pull up our website on their phones?

The average dental association is trying to do too many things for too many people and therefore we are being diluted. 50% of our member’s needs are being met with tangible items – how can make the intangible items more tangible for our members? We need to develop the association’s natural strengths which adds member value, and we need to do more with less. We should focus on not losing money by not doing what our other component societies are doing! We need to collaborate and not compete with each other.

There is a movement among younger dentists from learning the clinical side of dentistry to learning the business side of dentistry. How can we help our members work less stressfully, more productively and more profitably? Can we develop business programs for our younger members? We need to think differently like Southwest Airlines does. They have only one type of airplane and make short flights with no meals. How many products do we have that are not necessary for our members, and how can we streamline ourselves?

We need to become disciples of simple. Simple is easy. Instead of listing member benefits on our website, tell organized dentistry’s success stories. Capture the attention of non-members. Teach without preaching, and show by telling, not selling. Benefits are important to our members, but don’t forget the heart. What is our story? Stories lend to videos – think You Tube- and we need to put our stories on our website. We need to create a culture for change, and continuously improve member value. Align our efforts to maximize the dentist’s experience. Clearly articulate the value of membership and drive member engagement. In the end, share responsibility and accountability and celebrate victories.

As Cary Limberakis so eloquently said near the end of the meeting, “The ADA is my family. We all have similar last names, either DMD or DDS but we are all brothers, sisters or cousins”. The message is, “I have your back and I will help you”. Is this the message we are sending to our members? If so we need to communicate that value to non-members and welcome them into our family as well. If not, we need to change or surely we will cease to exist.
BY-LAWS AMENDMENTS

Second District Dental Association, Inc.

Visit the Association’s website at www.vfdental.org for the bylaws in their entirety. The amendments below will be presented to the membership for vote on Thursday, September 26, 2013 at 12:00 Noon during the Annual Second District Business Meeting at the Valley Forge Convention Center and Casino (during the Fall CE course featuring Dr. Gordon Christensen).

ARTICLE IX -- MEMBERSHIP
Section 30 -- In Good Standing:
An active member, whose dues for the current year have not been paid by March 31st of in accordance with PDA regulations during the current year, shall cease to be a member.

Section 50 -- Dues and Reinstatement:
A Dues:
- The manner of payment of dues shall be in accord with the policy of the Pennsylvania Dental Association and the American Dental Association. The dues shall be determined by the membership Board of Directors and can be changed at any annual meeting of this Association by a majority vote of the members present provided thirty (30) days prior notice has been given to the membership.

C Loss of Membership and Reinstatement:
- An active member whose dues have not been paid by March 31st of in accordance with PDA regulations during the current year shall cease to be a member of this Association.

ARTICLE X -- BOARD OF DIRECTORS
Section 20 -- Powers:
A To conduct, manage and control the affairs and the business of the corporation and to make rules and regulations consistent with the article of this corporation or its By-Laws, including the setting of annual dues of this Association.

Section 40 -- Election and Term of Office:
E Treasurer: The Treasurer shall be elected at the annual meeting by a majority vote of all members present. Equal representation of the three local societies shall be maintained by rotation of the office. The term of office shall be one year with a three term maximum. If a treasurer leaves office prior to completing 3 years of service the following formula shall be utilized:
- If a treasurer serves one or two years, the next treasurer shall come from the same local but be allowed to serve a maximum of three or two years, respectively, to fulfill a total of four or three years.
- If a treasurer serves three or four years, the office of treasurer shall rotate to the next local.

ARTICLE XI -- DUTIES OF OFFICERS
Section 50 -- Treasurer:
C To act as chair of the budget prepared in concert with the President-Elect of the Association and one (1) member of each local Dental Society. The Budget to be presented to the Board of Directors at the May June meeting and voted upon at the annual meeting that same meeting by the Board of Directors.

ARTICLE XII -- ELECTION OF DELEGATES AND TRUSTEE
Section 10 -- Delegates and Alternate Delegates to the American Dental Association: shall be chosen in the following order to fill the allocated positions based upon those serving during the current fiscal year of this Association.
A The two (2) delegates to the ADA shall be:
Second District Trustee
Second District President
B The two (2) alternate delegates to the ADA shall be:
Second District Immediate Past President
Second District President-Elect
Nominated in accordance with the by-laws of the Pennsylvania Dental Association.

ARTICLE XIII -- STANDING COMMITTEES
Each committee shall meet at least once a year and a written report shall be submitted by the chair at the annual meeting of this Association. All committees charged with assignments should meet within 45 days of the President taking office and report back to the Board at the next scheduled Board meeting with a strategic plan for the year. The following shall constitute the standing committees of this Association:
10. Annual Session
20. Awards & Nominating
30. Council Committee on Dental Care Programs
40. District Structure & Strategic Planning
50. Government Relations/PADPAC
60. Constitution & Bylaws

70. Peer Review
80. Dental Practice
90. Communications
100. Valley Forge Dental Steering
110. Membership
120. Finance Committee
BY-LAWS AMENDMENTS

Section 20 -- Annual Awards & Nominating Committee

The Committee shall be composed of the three (3) available immediate past presidents of the Association, and one (1) past or present director from each local society appointed by the President for a one year term. The chair shall be the most immediate past president of the Association.

The duties of this Committee shall be to present a list of nominees for various elective offices as set forth in Article X section 30 and Article XII of the Bylaws of this Association. The committee shall meet at least one (1) time per year to identify possible nominees and recipients of the Association’s (a) Recognition Award, or (b) Humanitarian Award and report their findings to the Board of Directors at the fall meeting. The awards need not be given on an annual basis, but when presented, should be coordinated with the Association’s Valley Forge Dental Conference or the Annual Meeting. The Nominating Committee Report shall be made available to the members at least thirty (30) days prior to the Annual Meeting of the Association.

Section 30 -- Council Committee on Dental Care Programs:

A The Council Committee on Dental Care Programs Committee shall consist of a minimum of three (3) six (6) members, one (1) two (2) form each local society.

Section 50 -- Government Relations/PAD PAC Committee Appointee

A The Government Relations Committee shall consist of six (6) members, one (1) from each county, one of whom shall be chairman.

B The duty of this Committee shall be to investigate all proposed national or state legislation pertaining to dentistry and to make recommendations thereupon.

The Government Relations Committee shall include the following subcommittee appointed annually:

A PAD PAC

The chairman of the PAD PAC Sub-Committee shall be the district representative to PAD PAC who shall make a periodic and annual report to this Association

The Appointee of the Government Relations/PAD PAC committee shall be made by the President of this society. The appointee shall be the district representative to PAD PAC. The appointee shall make regular reports to the association on government affairs and legislation pertinent to Pennsylvania dentists and patients as well as PAD PAC activities.

Section 60 -- Constitution and By-Laws

B The duty of this Committee shall be to periodically review and propose updates to the By-Laws of this Association to the Board for consideration.

C The Nominating By-Laws Committee Report shall be made available to the members at least thirty (30) days prior to the Annual Meeting.

C To ensure that the Executive Secretary maintains a separately bound, current record of all amendments to the By-Laws and all pertinent resolutions passed by this Association, and to review all proposed amendments to the By-Laws prior to presentation to the Association and to check their wording for form and correctness.

Section 70 -- Peer Review: This committee will consist of two subcommittees:

1. Patient Relations Subcommittee
2. Insurance Review Subcommittee

1. Patient Relations Subcommittee

A Patient Relations Subcommittee shall consist of four (4) members. One (1) member shall be the Chairman. Three (3) members shall be the chairman of the local patient relations subcommittee.

B The duty of this Subcommittee shall be to promote the use of an effective patient relations subcommittee in each local society and to act as an advisory body for these subcommittees. The subcommittee shall arbitrate and attempt to resolve differences between patients and dentists.

2. Insurance Review Subcommittee

A The Insurance Review Subcommittee shall consist of four (4) members, three (3) of whom shall be chairmen of the local insurance review subcommittee. One (1) member shall be chairman.

B The subcommittee shall administer an Insurance Review Program in accordance with the statement on peer review committee as adopted by the House of Delegates and as it shall be amended by the House of Delegates of the Pennsylvania Dental Association.

G The duty of the Insurance Review Subcommittee shall be to arbitrate and attempt to resolve difference between the dentist, the patient, and the insurance company.

Section 80 -- Dental Practice:

A This Committee shall be composed of one (1) member from each local society, one of whom shall be chair.

B The duties of this Committee shall be:

1. Re: Allied Professional Groups

To study relationships between dental and allied professional organizations, to outline programs & make recommendations from time to time to strengthen and maintain those relationships for the benefit of public health.

2. Re: Specialty Groups

To study relationships between the PDA and the dental specialty groups to outline programs and make recommendations to strengthen and maintain those relationships for the benefit of the dental profession.

3. Re: Dental-Related Groups

To establish and maintain relationships with the auxiliary to the Pennsylvania Dental Association, the Pennsylvania Dental Assistants Association, and the Pennsylvania Dental Hygienics Association.

4. Re: Dental Labs

To consider all phases of laboratory relationships with the dental profession and also relationships with the auxiliary trades to the dental profession.
### BY-LAWS AMENDMENTS

5. Re: Hospital and Institutional Dental Services  
To consider questions relative to hospital and institutional dental service and from time to time shall make such studies and recommendations as it deems advisable.

6. Re: Law Enforcement Matters  
To promote the investigation of violations of the dental law.

7. Re: Ethics & Professionalism  
To promote the ethical practice of dentistry, upholding the Principles of Ethics set down by the American Dental Association and the Pennsylvania Dental Association. To promote the highest ideals of professionalism for our dental practitioners.

8. Re: Project Colleague A  
Working with local societies or other committees of the Pennsylvania Dental Association, develop a plan to assist:

1. Spouses of deceased dentists.
2. Non-graduate in setting up a practice.
3. Dentists debilitated by illness, either temporary or permanent.
4. Dentists who have suffered loss from disasters such as fire or flood.

Section 90 70 -- Communications::

C All editorial copy must be approved for publication by an editorial review committee comprised of at least (3) District Directors members of this committee.

Section 140 80 -- Valley Forge Dental Conference Steering Committee:

Section 140 90 -- Membership Committee:  
The Membership Committee shall consist of two members from each Constituent Component Society. One member from each Component Society shall include a New Dentist member. The chair shall be the District representative to the PDA Membership Council. The goals of the Membership Committee shall be to implement programs for recruitment of new members and retention of existing members. This will involve working with the PDA Membership Coordinator to contact nonmembers and invite them to join organized dentistry. It will also involve making personal appeals to those members who have not renewed their membership. The Membership Committee will also make suggestions to the Constituent Component Societies concerning ways to make the individual members feel welcome and valued as members. The committee shall also work to promote programs for New Dentists within Second District in conjunction with the Constituent Societies.

Section 140 100 -- Finance Committee:

### ARTICLE XVII -- AMENDMENTS

These By-Laws may be amended by a two-thirds (2/3) affirmative vote of the members present and entitled to vote at an Annual Meeting or Special Meeting called for that purpose, provided that the proposed amendment of amendments have been presented in writing, signed by three (3) members in good standing, to the Board of Directors for approval or disapproval. This proposed amendment must be submitted no less than sixty (60) days prior to the Annual Meeting of Special Meeting. The amendments, whether approved or not approved by the Board of Directors, must then be sent to each individual member of this Association, not less than twenty-one (21) days prior to the Annual Meeting or Special Meeting. Notification of the individual members may either be by a mailed notice or publication in any approved newsletter or journal published by this Association, or via electronic means including emails to members, or posting on the Association website with notification to the members, provided it meets the time limit as specified.

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### SECOND DISTRICT VALLEY FORGE DENTAL ASSOCIATION

Members will vote on this item during the Annual Business Meeting, Thursday, September 26, 2013 at 12:00 Noon at the Valley Forge Casino & Convention Center, King of Prussia, PA

<table>
<thead>
<tr>
<th>NOMINATING SLATE</th>
<th>PDA DELEGATES</th>
<th>PDA ALTERNATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRESIDENT</strong></td>
<td>Dr. Linda Himmelberger</td>
<td>Chester/Delaware – 8 delegates</td>
</tr>
<tr>
<td><strong>PRESIDENT ELECT</strong></td>
<td>Dr. Brian Straka</td>
<td>Drs. Karin Brian, Dan Daley, Joel Funari, Donald Gordon, Laurene Grabill, Bernadette Logan, Stephanie McGann and Ted McGurk</td>
</tr>
<tr>
<td><strong>VICE PRESIDENT</strong></td>
<td>Dr. Cary Linberakis</td>
<td>Lehigh Valley – 5 delegates</td>
</tr>
<tr>
<td><strong>SECRETARY</strong></td>
<td>Dr. William Cherry</td>
<td>Drs. Steve Ely, Brandon Walsh, Hugh Friel, and Brian Straka</td>
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<tr>
<td><strong>TREASURER</strong></td>
<td>Dr. Robert Brillman</td>
<td>Montgomery/Bucks – 11 delegates</td>
</tr>
<tr>
<td><strong>DIRECTORS - Chester/Delaware</strong></td>
<td>Dr. Jamie Wolitarsky – 2014/16</td>
<td>Lehigh Valley – 5 alternates</td>
</tr>
<tr>
<td><strong>DIRECTORS - Chester/Delaware</strong></td>
<td>Dr. Bernadette Logan – 2014/16</td>
<td>Drs. Steve Gschrey, Lauri Passeri, Charles Incalcaterra, Jason Pellegrino and Gary Peters</td>
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<tr>
<td><strong>DIRECTORS - Lehigh Valley</strong></td>
<td>Dr. Stephen Gschrey – 2012/14</td>
<td>Montgomery/Bucks – 10 alternates</td>
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<tr>
<td><strong>DIRECTORS - Montgomery Bucks</strong></td>
<td>J.Jay Freedman 2013-15</td>
<td>Montgomery/Bucks – 10 alternates</td>
</tr>
<tr>
<td><strong>DIRECTORS - Montgomery Bucks</strong></td>
<td>Stanley Heleniak – 2013-15</td>
<td></td>
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</tbody>
</table>
The proposed 2013/2014 Second District Valley Forge Dental Association proposed operating budget will be presented for vote during the Annual Business Meeting, Thursday, September 26, 2013 at 12:00 Noon at the Valley Forge Convention Center, King of Prussia, PA

<table>
<thead>
<tr>
<th>INCOME:</th>
<th>07/01/13 PROPOSED</th>
<th>2013 ACTUAL as of 6/2/13</th>
<th>2014 PROPOSED</th>
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<td>I-2 Journal Ad Income</td>
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<th>EXPENSES:</th>
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<td>1. Treasurer’s Exps.</td>
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<td>2. Exec. Sec. Salary</td>
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<td>5c. District Structure</td>
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<td>5d. Gov’t Rel.</td>
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<td>5e. Const. &amp; Bylaws</td>
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<td>5g. Insurance Review</td>
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<td>5h. Com. &amp; Website</td>
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<td>5j. VF Steering Mtgs.</td>
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<tr>
<td>19. Storage Room Rental</td>
<td>1,584.00</td>
</tr>
<tr>
<td>20. Past Pres. Lunch</td>
<td>500.00</td>
</tr>
<tr>
<td>21. Pres. Banquet</td>
<td>9,000.00</td>
</tr>
<tr>
<td>22. Charitable Contributions</td>
<td>0.00</td>
</tr>
<tr>
<td>23. Leadership Conference</td>
<td>15,000.00</td>
</tr>
<tr>
<td>24. ADA Alt. Delegate Reimb.</td>
<td>3,850.00</td>
</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td><strong>$113,218.00</strong></td>
</tr>
</tbody>
</table>

(1) Includes the purchase of two laptop computers – for the treasurer and the bookkeeper
(2) Includes full audit at completion of Treasurer’s 4 year term in 2014
(3) Included the billing for 2012 and 2013
(4) Included contribution to ADA President Elect Campaign (Weber)
(5) Includes costs for PDA President Elect Campaign (Heier)
(6) Reduce alternate delegates to 12 for reimbursement @ $320
(7) Included contributions to MOM project ($5,000) and contribution to 2013 PDA Annual Session Banquet ($5,000)
(8) Includes $2 reimbursement to 3 ADA Alternate Delegates (Rosenthal, Clark and Nase)
The most popular materials currently used for liners and bases are:

- Resin-modified glass ionomer (examples are 3M ESPE Vitrebond Plus, GC Fuji Lining Cement LC, and Southern Dental Industries Riva).
- Flowable resin-based composite (examples are available from every restorative resin company, and some well-proven and highly filled ones are GC America G-aenial and Shofu Beautifil Flow Plus).
- Calcium hydroxide (examples are Dentsply Caulk Dycal and Kerr Life).
- Bonding agents (examples are available from every restorative resin company, and popular brands include Kuraray Clearfil SE Protect Bond, 3M ESPE Scotchbond Universal, and Kerr OptiBond XTR).
- Inorganic chemicals (examples are Dentsply Caulk MTA paste and Bisco Theracal).

Each of these types of liners or bases has its group of advocates, and all have reported success. In my answer, I will tell you my choice for liners or bases, primarily for directly placed resin-based composite, a technique I use for its placement, and the logic behind why I prefer that concept. Flowable resin-based composite and RMGI will be emphasized.

### Using RMGI compared with flowable resin-based composite as a liner or base

Most flowable resins are resin rich versions of fully filled composite resins. They contain the same chemical and filler ingredients as fully filled composite resins; there is just more resin and less filler present than in restorative resins. The chemical constituents of flowable resin, with the exception of the inert filler, can be irritating to the dental pulp. Optimum sealing of the dentinal canals must be done before placing...
flowable resin as a base or liner. If bonding is done adequately, this type of base or liner works well. However, remember that desensitization of the tooth is related to closing (plugging) the dentinal canals by the bonding agent and not by the flowable resin. If closure of the dentinal canals is not accomplished with adequate use of the bonding agent, the same type of postoperative tooth sensitivity that occurs when using fully filled restorative resin will occur.

The advantages of using flowable resin as the base or liner are:

- It is very easy to use.
- The flowable resin color can match the tooth structure almost exactly without causing any disagreeable final color in the restoration.
- The very fluid flowable resin fills irregularities easily because of the flowable characteristics.

However, flowable resin used as a liner or base does not contain fluoride in clinically significant quantities for potential preventive effect, and it can irritate pulpal tissue if bonding agents are not used to an optimum level to occlude the dentinal canals.

RMGI has the following advantages:

- It bonds to dentin with a chemical chelation interaction and does not require use of a dentin bonding agent before placement.
- It has been shown to release fluoride ion during service with the potential preventive effect of this chemical.
- It is relatively easy to use.

The negative aspects of RMGI used as a liner or base are:

- Final set of the material requires many hours.
- On initial placement, it is not strong.
- Color of the material is not as close to tooth color as flowable resin.
- Placement of the material is somewhat more difficult than flowable resin.

On polling large groups of continuing education audiences, I concluded that near equal percentages of practitioners use RMGI and flowable resin as their primary material for liners or bases, and some use both. Obviously, both techniques work adequately when used properly. The technique I favor follows.

### Use of resin-modified glass ionomer as a liner or base

The following technique is for use of RMGI as a liner or base for direct resin-based composite restorations using a self-etch bonding agent. Use of total-etch or selective-etch would be slightly different. Any of the three techniques works well if accomplished properly.

1. Prepare the tooth to optimum characteristics.
2. Remove any remaining carious material that is deeper than optimum level.
3. Place glutaraldehyde solution (examples are Heraeus Kulzer Gluma, Danville MicroPrime, Clinician’s Choice G5, Centrix Glu/Sense). Optimum use according to microbiologic research at TRAC research, a nonprofit component of Clinicians Report (CR), is two 1-minute separate applications of glutaraldehyde solution, sucked off, NOT washed off. However, any use of glutaraldehyde is advantageous regardless of time of contact. Do not get the glutaraldehyde solution on the soft tissue. These solutions ARE NOT a problem when used before dentin bonding agents in spite of some companies that recommend not using them. Recent CR research has shown that glutaraldehyde solutions either do not alter the bonding values, or slightly improve the bond of bonding agents at placement and at six-month testing. More information is available in the August 2012 issue of Clinicians Report at www.cliniciansreport.org.
4. Place resin-modified glass ionomer on the deepest areas of the tooth preparation, not on the margins. The material should be about 0.5 mm thick or slightly thicker. Cure it.
5. Place the self-etch bonding agent of your choice. The bonding brands noted in this article have well-proven excellent results on dentin and enamel without total etching. Although when total-etch is done well it is successful, our research shows it creates significantly more unpredictable postoperative tooth sensitivity than self-etch techniques.
6. Place the restorative resin in increments, starting with 0.5 mm in the deepest portion of the box form, increasing to 1.0 mm and finally to 2.0 mm increments. Clinicians Report research has shown that currently popular curing lights do not cure the entire depth of a typical box form at 7 mm.
7. Finish and polish the restoration.

### Tooth preparations for onlays or inlays

When making a tooth preparation for an indirect onlay or inlay, the liner or base technique is similar to the described direct technique up to the time when the tooth preparation is completed. At that time, either a provisional restoration is made, or if you’re using a CEREC or an E4D device, the digital impression is made and the restoration is milled or sent to the respective company laboratory. At the time of cementation of the restoration, the glutaraldehyde solution is again placed on the entire tooth preparation before the placement of any bonding agent or self-adhesive cement.

### Filling holes or voids in full-crown preparations

When full-crown tooth preparations require holes or voids to be filled (examples are deep Class II box forms, or Class V’s that are deeper than the planned axial wall depth of the crown preparation), fillers for the holes are highly desirable. These fillers prevent the impression material from being distorted when pulled off the tooth preparation. Fillers are for small holes that are not considered large enough for typical bonded composite tooth buildups.

I prefer to use a different technique from the RMGI one for these small bases as follows:

1. Make initial gross tooth preparation for the crown down to the gingival line, leaving the previous restorative material in place.
2. Remove the remaining previous restorations or caries.
3. Place glutaraldehyde on the entire tooth preparation. This solution is placed now and just before restoration cementation.
4. Suction off glutaraldehyde; do not wash it off.

Continued on Page 24
Upcoming CE Opportunities

Chester/Delaware DKU
Contact Dr. Barry Cohen – DKU/dental@aol.com

- **Friday, Nov. 15, 2013**  
  Dr. Jeff Staads  
  “You Cannot, Not Communicate”  
  Day for the entire office

- **Wednesday, Dec. 18, 2013**  
  Dr. Lou Graham  
  “Update on Direct and Indirect Restorative Techniques”

- **Wednesday, Jan. 15, 2014**  
  Dr. John Macicetti  
  “Information all Dentists Must Have for Successful Implant Treatment”

- **Friday, April 11, 2014**  
  Dr. Steve Buchanan  
  “Endodontics 2014”

- **Thursday, May 8, 2014**  
  Dr. Glenn DuPont  
  “Solving the Most Difficult Cases”

Lehigh Valley Health Network
Contact Pat Atno – 610-969-4839 or Dr. Charles Kosteva – 610-856-6999

- **Wednesday, Aug. 28, 2013**  
  Dr. Elliott Hersh  
  “Update on Local Anesthetics and Analgesics — Old Drugs/New Drugs”

- **Wednesday, Nov. 6, 2013**  
  Dr. Markus Blatz  
  “Restorative Dentistry”

- **Wednesday, Dec. 4, 2013**  
  Dr. Mark Murphy  
  “Improving Case Acceptance; Helping Our Patients Move Past Insurance Entitlement and Occlusion”

- **Wednesday, Jan. 15, 2014**  
  Dr. John Burgess  
  “Composite Restorations”

- **Wednesday, Feb. 19, 2014**  
  Dr. Arun Nayvar  
  “Ceramics, Esthetics and Implant Supported Restorations”

- **Wednesday, April 23, 2014**  
  Dr. Marvin Berman  
  “Clinical Pediatric Dentistry...Easy as 1, 2, 3”

- **Wednesday, May 7, 2014**  
  Dr. Glenn DuPont  
  “Treatment Planning and Sequencing Cases”

Montgomery/Bucks Full Day CE Program
Contact Tom Howley – mbdsdr@comcast.net

- **Friday, Oct. 11, 2013**  
  Dr. Joe Massad  
  “The Latest Protocol for the Denture and Implant-Retained Overdenture Patient”

- **Friday, Nov. 15, 2013**  
  Dr. Joe Camp  
  “Current Scientific Evidence in Endodontic Therapy: Hands-on Endodontic Training”

- **Friday, Jan. 24, 2014**  
  Dr. Ed Swift  
  “Untangling the Confusion of Today’s Restorative Materials”

- **Friday, Mar. 21, 2014**  
  Dr. Christian R. J. Stappert  
  “Successful Soft Tissue Enhancement in Implant Aesthetics: The Biodynamic Tissue Concept”

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5 Place self-etch bonding agent.
6 Place comonomer (example Dentsply Caulk Dyract eXtra).
7 Complete tooth preparation for a crown.
8 Make the impression.
9 Make the indirect restoration by the in-office milling technique or have a dental lab make it.
10 Clean the tooth preparation and place glutaraldehyde on the tooth preparation and suction it off.
11 Seat the restoration, clean off the cement debris, and evaluate the occlusion.

Practical Clinical Courses (PCC) has a new one-hour DVD presentation that shows both the RMGI and the flowable materials used as liners/bases, as well as the proven best new composite materials, matrices, curing lights, and finishing concepts and materials for all aspects of the Class II resin-based composite procedure.

PCC has an excellent DVD that shows all aspects of the Class II technique — “Class II Composite Resins Can Be Predictable, Non-Sensitive, and Profitable" (Item # V3554). For more information, contact us at www.pccdental.com or 800-223-6569.

To briefly summarize my answer, I’m convinced that use of resin-modified glass ionomer is advantageous and proven for use as a liner or base in the deep areas, nonmargins, for both direct and indirect restorations, and that it is currently the best procedure. However, there are always new concepts coming on the market, and this is certainly the case with liners and bases.

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Gordon Christensen, DDS, MSD, PhD, is a practicing prosthodontist in Provo, Utah. He is the founder and director of Practical Clinical Courses, an international continuing-education organization initiated in 1981 for dental professionals. Dr. Christensen is a cofounder (with his wife, Dr. Rella Christensen) and CEO of CLINICIANS REPORT (formerly Clinical Research Associates).
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Evolving PDA Governance

Dr. Karin Brian
kdbdds@verizon.net

We are on our way to making the governance vision of PDA past-president Dr. Bernie Dishler a reality. During the 145th Annual Session of the PDA, April 26-27 in Hershey, the House of Delegates (HOD) passed several resolutions that would move forward changes in our governance.

Approved by the delegates were concepts that were a blend of proposals put forth by the Governance Task Force (GTF), the 7th district of the PDA, and the delegates themselves. These concepts would drastically evolve the way the PDA operates – positioning us for a more efficient and effective use of our limited financial and volunteer resources. The resulting Reference Committee report resolutions that passed now require that the Bylaws Committee of the PDA craft the changes for the new model. They will then be presented to next year’s HOD and are subject to passing by 2/3 majority vote for them to go into effect.

There were many areas addressed: restructuring the Board of Trustees (BOT), Elimination of the HOD, Elimination of certain PDA Committees, the selection of the ADA delegates and alternates, and the elections of the PDA President and ADA Trustee. The GTF will be appointed again by the new PDA President, Dr. Don Hoffman, to assist with the transition to the new governance model.

Currently, the BOT has 10 members, one elected from each district, and 8 ex-officio members including the President, President-elect, Treasurer, Secretary, Speaker of the House, Editor and a representative from the New Dentist Committee. Under the proposed plan, the number of elected members will be reduced to 5 while maintaining some geographic representation through regional combining of trustee districts and by reducing the ex-officio members in attendance to 5. The costs of operating the smaller board will be lowered, yet the BOT will maintain a level of experience, diversity and accountability. Those present will need to be fully engaged and committed to the processes of strategic planning, budgeting, and oversight of the association.

An Annual meeting of the PDA will be maintained without the convening of the HOD. This would be a significant change in how our Association has been run since its inception.

Though groundbreaking for us, we will not be the first professional organization to function without a HOD either. Every member will still be invited to attend the meeting, to hear about the state of the Association, to vote for a president-elect, treasurer, ADA delegates and for their ADA trustee. Opportunities for informational forums, continuing education, camaraderie and social events will be enhanced, as members will not be required to debate and conduct business that has to do with the governance of the Association. A Council of District Presidents will have the opportunity to meet for additional exchange of ideas and communication between components.

Most PDA Committees will be sunsetting, to be replaced by advisory groups. These advisory groups will be populated with members who have expressed an interest or have a desired skill set or experience and will be appointed by the President then approved by the BOT. The PDA social network will be the primary means through which the advisory groups communicate and conduct business.

The number of delegates we send from the PDA to the ADA meeting is designated by them, based upon our membership numbers. Currently, our bylaws have the 10 Trustees, President and President-elect named as automatic delegates to the ADA, with the balance (6) elected by the HOD. Under the new model, our first 8 automatic delegates to the ADA will be the President, President-elect, Treasurer and the 5 trustees. The balance of positions will be elected by members in good standing at the PDA annual meeting.

The HOD encourages consideration of concerns expressed by its members, open communication with the general membership and transparency as the work of the Bylaws committee and GTF progresses throughout the next year. Look for updates from the PDA via print and electronic communications as well as on the social network, and don’t hesitate to contact these volunteers along the way with your concerns and questions! When the HOD convenes in 2014, the goal is to approve the final plan for PDA Governance that we know will sustain our Association and will serve us well for many years to come.

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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2013 Continuing Education Courses

September 23-27, 2013
Advanced Surgical and Prosthetic Oral Implantology – A 5 Day Advanced Course
Drs. Baishi, Brown-Joseph, Donatelli, Palermo, Seyedan, Suzuki, Wolfinger, Yeng and Mr. Baishi
Viewpoint at the Institute for Facial Esthetics
D $4000 (No Discounts Applicable); CE 35

Friday, October 4, 2013
Orthodontics: What General Dentist Needs To Know
Dr. Harold Slutsky
TUKSoD D$250, DT$125; CE 6

Friday, October 25, 2013
Extraction Socket Grafting for General Dentist, Making it Easy and Profitable
Dr. Jeffery Wheaton
TUKSoD D$296, DT$126; CE 6

Friday, November 1, 2013
3rd Annual Straumann Lecture: New Strategies for Implant Case Planning (6 CE)
Dr. Jeffrey Ganeles
HUB Cira Centre D$295, DT$125, CE 6

Friday, November 8, 2013
Esthetic Inlays, Onlays and All Ceramic Posterior Restorations – How To Bring High Quality, Productivity and Fun Back Into Your Dental Practice
Dr. Mark Pillet
TUKSoD D$195; DT$95; CE 3

Course Info:
http://dentistry.temple.edu/continuing-ed

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- Dr. Gordon Christensen - "Implant Prosthodontics - 2014"
- Dr. Uche Odiatu - “The Miracle of Health”
- AAFE - “Botox Use in Dentistry” - Lecture and Hands On, Part I
- Hiossen - “AIC Basic Implant Course” - Part I

THURSDAY, MARCH 6, 2014
- Dr. Rella Christensen - “What’s New in Caries, Restoratives, Laser Perio and Infection Control”
- Dr. Samuel B. Low - “Successful Management of Periodontal Patient”
- AAFE - “Dermal Fillers In Dentistry” - Hands On, Part II
- Hiossen - “AIC Basic Implant Course” - Part II

FRIDAY, MARCH 7, 2014
- Dr. Harold L. Crossley - “The Real Deal About Street Drugs and Their Effects on You, Your Friends, and Your Dental Practice”
- Dr. John H. Tucker - “Dental Sleep Medicine”
- Dr. Leonard F. Tau - “21st Century Marketing: Using the Power of the Internet and Social Media to Step Up Your Practice”
- Hiossen - “AIC Basic Implant Course” - Part III

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