San Mateo County Dental Society | Every Member. Every Day. Spring 2022

MOUTHPIECE

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IN THIS ISSUE

San Mateo County DENTAL SOCIETY

Member Events Calendar

See Education / Events > Calendar of Events at **www.smcds.com** for details and registration.

New / revised course info highlighted in **bold text**

Date	Day	Type	Topic	Speaker/Contact	Location	Time
May						
3	Tu	CE1	Disaster Preparedness	Nancy Dewhirst, BS, RDH	Webinar	5-7 P
10	Tu	G	SMCDS Leadership Meeting	President: Purvi K. Zavery, DDS, MS	SMCDS	6:30-8 P
12-14	Th-Sa	CE1/2	CDA Presents: Anaheim	Multiple	Convent Ctr	Multiple
13	F	SCCE	Bay Area Aesthetic Masters - Ken Hovden, DDS	Details & to register: baaestheticmasters.com	SMCDS	8-5 P
14	Sa	PS	Life Insurance Made Really Simple	Michael D. Wong, CLTC, DDS	Webinar	10-11 A
16	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6-7:30 P
18	W	CE1	SMCDS General Membership Meeting Topic: ***Bioclear to the Rescue***	Sandy T. Shih, DDS & Janice Liao, DMD	CP-FC	6-9 P
20	F	S	SMCDS New Office Ribbon Cutting & Open House	Nakia Brandt 650.637.1131	SMCDS	Anytime 4-7 P
24	**Tu**	**PM&CE2**	**Cyber-Security & Your Practice: What You Need To Know**	**Jeff Lanza**	**Webinar**	**6-7 P**
24	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6-7:30 P
25	**W**	**CO/PS**	**HPSM Ortho Incentive Program Introduction**	**Michael M. Okuji, DDS**	**Webinar**	**6:30-7:30 P**
30	M	H	Memorial Day Holiday	SMCDS Office Closed		
June						
2	Th	SCCE	SMCDS Study Club Topic: ***Insights from a 60-Year Veteran In Dentistry: An Interview with Dr. Frederic G. Holloszy***	Frederic G. Holloszy, DMD	SMCDS	6:30-8:30 P
7	Tu	SCCE	Bay Area Aesthetic Masters - Ken Hovden, DDS	Details & to register: baaestheticmasters.com	SMCDS	6:30-8:30 P
8	**W**	**CE1**	**Oral Health Literacy Training & Toolkit**	**Multiple**	**Webinar**	**6-7:30 P**
9	**Th**	**CO/PS**	**HPSM Ortho Incentive Program Application Assistance Webinar #1**	**Michael M. Okuji, DDS**	**Webinar**	**6:30-7:30 P**
10	Fr	HWS	Principles of Bioclear and Injection Molding	Joshua J. Solomon, DDS, MS & Patrick L. Roetzer, DDS	Unident Burlingame	8-5 P
14	Tu	G	*Tentative* SMCDS Executive Board Meeting	President: Purvi K. Zavery, DDS, MS	N/A, Virtual	6:30-8 P
16	**Th**	**CO/PS**	**HPSM Ortho Incentive Program Application Assistance Webinar #2**	**Michael M. Okuji, DDS**	**Webinar**	**6:30-7:30 P**
22	W	NDS	New Dentists Network & Mingle @ Pinstripes *Event sponsored by C-Dental & Yaeger Dental*	Mike Aicardi 650.637.1121	San Mateo	7-9 P
25	Sa	FMB	Shredathon: Document Shredding, eWaste, & Lead Foil Disposal	Jim Aicardi 650.637.1121	SMCDS	9-12 P
28	Tu	RCE	BLS CPR Renewal Course	Jim Aicardi 650.637.1121	SMCDS	6-7:30 P
July						
4	M	H	Independence Day Holiday Observed	SMCDS Office Closed		
12	Tu	G	*Tentative* SMCDS Executive Board Meeting	President: Purvi K. Zavery, DDS, MS	N/A, Virtual	6:30-8 P

Event Type	
AR	Allied Dental Relations
CE1	Core CE
CE2	20% CE
CO	Community Outreach
FMB	Free Member Benefit
G	Governance

Event Type	
H	Holiday
HWS	Hands-On Workshop
L	Leadership
NDS	New Dentists Social
PG	Personal Growth
PM	Practice Management

Event Type	
PM1/4	Pract Mgmt 1=New Dent 4=Life Active
PS	Professional Success
PS1/4	Prof Success 1=New Dent 4=Life Active
RCE	Required CE
S	Social Event
SCCE	Study Club CE

San Mateo County
DENTAL SOCIETY

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Contents

President's Message

By Purvi Zavery, DDS, MS

Happy Spring Everyone! With spring comes happiness, positivity, sunshine and spring cleaning! Whether it's dental cleanings or house cleanings, I hope it is all going well.
We are excited for what is in store for the upcoming months.

We had a successful move into our new SMCDS office in San Carlos and are looking forward to seeing you at the May 20th ribbon cutting ceremony. The San Carlos Mayor Sara McDowell will be facilitating the ceremony and we are thrilled with how the dental society headquarters will serve our membership in the future. Please stop by and view the space. Nakia, Jim and Mike have done an excellent job getting it set up!

May 18th we will host our first in-person general membership meeting of the year at the Foster City Crowne Plaza. Dr. Sandy Shih and Dr. Janice Liao will be presenting about Bioclear. The presentation will review how to incorporate heated composite and use injection mold to treat black triangles and peg laterals. I'm looking forward to learning about this technique for esthetic restorations and we hope to see you there!

The dental society was approached by San Mateo County to create and co-facilitate a pilot orthodontic program for youth and young adults in the community. Orthodontists practicing in San Mateo County will have an opportunity to treat patients in need of Phase II orthodontic treatment. Orthodontists will be compensated fairly for accepting these patients. Dr. Michael Okuji, Dental Director of Health Plan San Mateo (HPSM) will assist with getting interested orthodontists on-boarded and triage the patients. HPSM will also help the patients with transportation so that the patients can keep all the required appointments. Nakia has worked tirelessly to get the pilot program running by June. If you are interested, please RSVP with Dr. Michael Okuji at Michael.Okuji@hpsm.org for the May 25th 6:30pm informational webinar. It is very exciting that the County recognizes the dental society and has started partnering with us to help serve the dental needs of the community! More programs are forthcoming.

Leadership Corner

By Jaime Lau, DDS

Like all of you, I find myself often overscheduled, overbooked, and wondering where I can find time for that extra commitment. Two years ago I was asked to represent our SMCDS membership. I respectfully declined for reasons we all share…. I waffled back and forth with my decision, but family and work came first, and I still said no. However, I was persuaded to reconsider, and after speaking with my husband, (who had previously served on the leadership council himself) and our wonderful executive director, I found myself attending the first leadership council meeting just before the pandemic hit.

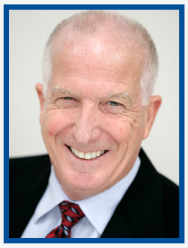
If there is anything this pandemic has taught us, it is that as a profession, we are resilient. I have always been grateful to be a member of our professional community, and have never been as appreciative of this as we were when our doors closed in March 2020. It was a rough position for us to be in and we found ourselves in the land of the unknown with our future uncertain. We relied on the leadership of our dental society, and the collaboration between scientists, dentists, and our professional organizations to advocate, and empower us to figure out how to rebuild our profession. Like many of you, I found myself reading all the latest ADA/CDA/CDC/CDPH recommendations. I read all of the SMCDS broadcasts, volunteered our services in other health sectors to learn how to manage working in a new environment. Even though our future was uncertain at the time, I was confident our associations at the local, state and national level had our backs. All of the new guidance required a huge collaborative effort from leadership to provide assistance for multiple professions, and it gave me a newfound respect for the behind the scenes work that was imperative to help keep us moving forward. We have strong associations and they have definitely served us well over the last two years.

I also had my first experience as a delegate for the 2021 CDA house of delegates. I participated in a large political meeting, with dental delegates and representatives from all over the state. Despite it being on Zoom, I was amazed at how many people attended, and how passionate everyone's voices were. We were deliberating on changing the composition of the CDA governance structure and it was a heated debate. The arguments from all perspectives were constructive and had the same goal of creating a better future for our profession. Dentistry needs successful leaders to continue to propel us forward, to transform organizations, and to continue to advocate for us. Every new leader lends a different perspective and provides fresh ideas. It's how our profession stays engaged with the community and how we evolve to remain relevant and forward thinking. Volunteering a small part of our busy time towards our dental society adds another perspective, and personal experience to our journey forward. From organizing a new dentist social to lobbying a state representative regarding insurance reform, and people listen to their dentists. Please consider volunteering, and being another voice in the conversation. We all know progress takes teamwork, and if we take out the team, all we're left with is work. If we come together as a team and work together, you'll find you reap more rewards than you've sown.

Retirements

Melinda M. Reynard, DDS – San Carlos General Dentist and SMCDS member of 30 years has retired and sold her practice to **Ghina Morad, DMD**.

In Memoriam



Robert E. Lamb, DDS, MSD– It is with great sadness, we announce the loss of our beloved member Dr. Bob Lamb. Dr. Lamb worked tirelessly for SMCDS for many years and was a source of strength for all who knew him. We owe Dr. Lamb a debt of gratitude and he will forever be in our hearts.

Dr. Lamb graduated UCSF in 1967.After graduation, he served in the Navy as a dentist at Great Lakes Naval Hospital in Illinois and then spent two years serving as the dentist on the destroyer tender USS Dixie, which was home, based in San Diego. While on the ship, he served two tours of duty in the Philippines and Japan. Following his service in the Navy, he began his two-year residency program specializing in Periodontics at the University of Washington, where he graduated in 1972.He and his family then moved to the Bay Area where he became a partner at Peninsula Periodontal Associates (PPA) in San Mateo for forty years.Dr. Lamb served in SMCDS leadership in various ways throughout his 49 years of membership, including as President in 1994 and received the SMCDS Distinguished Service Award in 1995.He was also an instructor at University of the Pacific Arthur A. Dugoni School of Dentistry.Dr. Lamb taught internationally and welcomed several international dentists, both into his practice in San Mateo for hands-on learning, and into his home. These experiences, alongside his passion for dentistry and teaching, ultimately evolved into opening the doors of IDEA (Interdisciplinary Dental Education Academy) in 2002. He fulfilled his dream to bring world leaders in dentistry together in a small group setting to enhance their clinical skills, provide a vision and deliver on the promise of "Making Good Dentists Better".Together, Bob and his wife, Heike, grew IDEA into a leading institution for continuing dental education.

In lieu of flowers please consider a donation to a cause close to Bob's heart, "Hands In 4 Youth". To make an online donation please visit: http://www.hi4y.org/4seasons

New Member Celebration

Welcome!

Join us in celebrating **15** new members contributing over the course of the first quarter of 2022 to the voice that is SMCDS - **667** strong...

Lauren E. Chan, DDS
Western Univ. of Health Sciences - 2022 - GP

Kelly Harris, DDS
UCSF - 2019 - GP, UNLV - 2021 - Pedo

Chiara C. Lewis, DDS
Western Univ. of Health Sciences - 2022 - GP

Michael M. Okuji, DDS
UOP - 1973 - GP

Jayati Shah, DDS
UOP - 2022 - GP

Neda Dragisic, DDS
UOP - 2022 - GP

Momina Ishfaq, DDS
UCSF - 2022 - GP

Nima Massoomi, DMD, MEd, MD
Univ. PA - 2001 - GP, Vanderbilt - 2007 - O&MS

Katherine R. Panopio, DDS
UCSF - 2022 - GP

Sandra Shu, DDS
UOP - 2022 - GP

Unnati B. Doshi, DDS
UOP - 2006 - GP

Anuradha Kote, DDS
UOP - 2022 - GP

Karen D. Mei, DMD
Western Univ. of Health Sciences - 2014 - GP

Bernard M. Sarkis, DDS
Boston Univ. - 2020 - GP

Zahur-Akhtar Subedar, DDS
UCSF - 2022 - GP

We 6/22 | **FREE Member Benefit** | **New Dentists Network & Mingle @ Pinstripes San Mateo**

7-9pm

sponsored by

San Mateo County Dental Society

C-Dental

Yaeger Dental

RSVP ASAP! Space is limited to 25 spots!

SMCDS New Dentists*, this night is for you! Come on out to Pinstripes in San Mateo for bowling, networking, food, and drinks.

Don't forget to bring a guest! **Experienced dentists welcome too!**

* New Dentists = graduated from dental school within the last ten years

Thanks to our wonderful and generous sponsors for making this event possible!

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Yaeger Dental
yaegerdental.com
Tim Yaeger, Jr., President
2022 Platinum Business Mbr

Member Specialist Spotlight

Orthodontists

SMCDS has **32** member orthodontists spread throughout San Mateo County

Alexa A. Alborzi, DDS, MDS
235 N San Mateo Dr Ste 300
San Mateo, CA 94401-2672
(650) 342-4171

J. James Chen, DDS
19 11th Ave
San Mateo, CA 94401-4308
(650) 570-4365

Steven A. Dugoni, DMD, MSD
1131 Mission Rd
South San Francisco, CA 94080-1302
(650) 588-5042

Krista A. Hirasuna, DDS, MS
2720 Edison St
San Mateo, CA 94403-2458
(650) 574-4444

Katherine K. Kieu, DDS, MSD
256 N San Mateo Dr Ste 1
San Mateo, CA 94401-2670
(650) 343-3603

Peter H. Lam, DDS, MS
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(650) 638-1500

Jonathon Lee, DDS
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Foster City, CA 94404-1293
(650) 574-4447

Winton J. Quock, DMD
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Belmont, CA 94002-1664
(650) 592-4100

James N. Tsau, DDS
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Redwood City, CA 94062-1481
(650) 298-8400

Stephen S. Yang, DMD
52 Arch St Ste 2
Redwood City, CA 94062-1422
(650) 366-5758

Sara A. Andrews, DDS, MS
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San Carlos, CA 94070-3900
(650) 620-9675

Jessica Chiang, DDS
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Thomas S. Ellerhorst, DDS, MSD
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(650) 343-3603

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Victor S. Lee, DDS
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(650) 342-5801

David T. Shen, DMD
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(415) 982-0990

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(650) 873-2740

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San Carlos, CA 94070-2451
(650) 598-0888

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(650) 726-7523

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(650) 329-9600

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(650) 888-0560

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Creating Culture In Today's Dental Offices Part II

By Michael Njo, DDS

Did you survive January? How about last quarter? Statistics have shown that our work force took a substantial amount of time off in the month of January. Practices across the country were also suffering from patient cancellations. Having staffing issues and a dental chair that is not occupied can be frustrating, but this is where your leadership and positive mindset are essential.

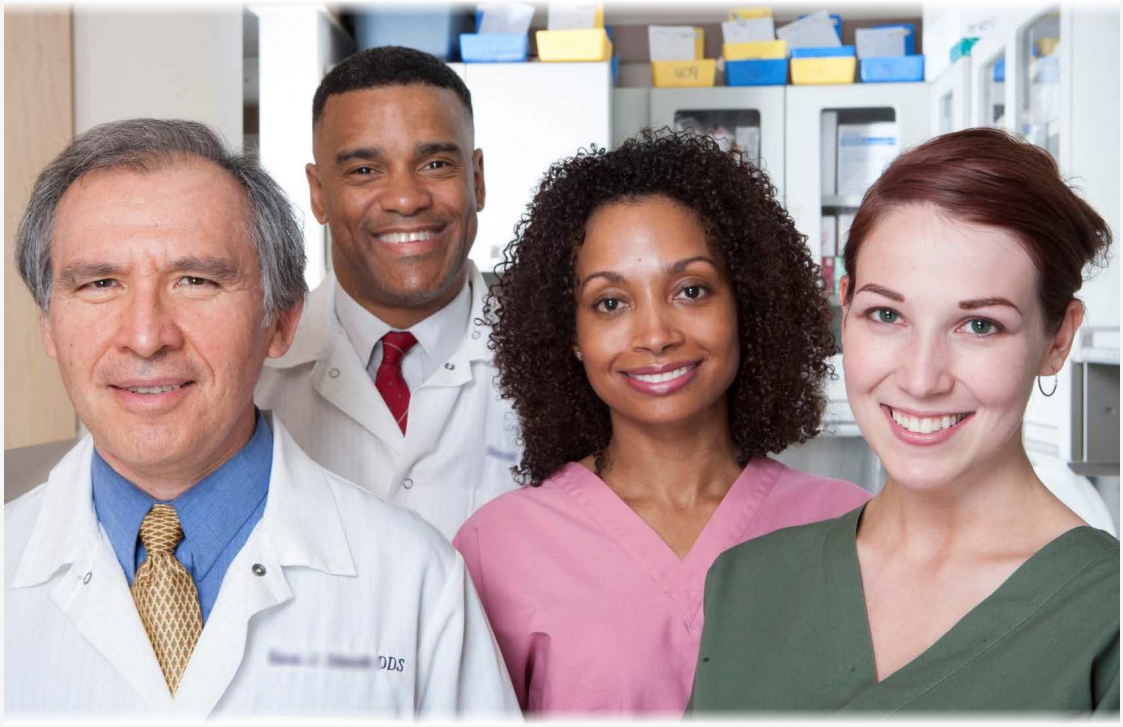
Per our last article, you were tasked to answer the following questions: Where do you want to take your practice? Does everyone around you know? Are you consistent with your team? Do they know the standards that their performance is measured against? Do they know how their contributions contribute to the journey? It is vital for you and your dental team to be on the same page. Just as essential and important is to have a clear mission and purpose. Most of you should have implemented action items to work towards your goals. Please have regularly scheduled meetings to monitor and measure your progress and take the opportunity to celebrate your achievements.

Now let us continue creating the platform for the culture you want. Let's discuss another attribute of a leader - Gratitude. Gratitude is defined as a spontaneous feeling, but research demonstrates its value as a practice. Studies show that people can deliberately cultivate gratitude and there are important social and personal benefits in doing so. This emotion generates a climate of positivity that both reaches inward and extends outward. Are you leading by example? I love the saying; you are a product of your environment. What environment are you creating as a leader? What is something you did today that went above and beyond expectations? Do you treat each team member as if they are the most important person? Did you notice I used the phrase team member and not staff member or employee?

Changing behaviors starts with you! What skills sets are needed? Just as in patient care, listening skills are essential with your team. This skill allows relationships to flourish. The following are some key leadership takeaways: Allow yourself room for grace as you are in a challenging profession. Be gracious and say "thank you" to your team, patients, and colleagues. Many times we think about these words, but we don't say them. Practice saying them often because there is always something to be grateful for. Find appreciation, especially during the most difficult days.

You are judged by how you conduct yourself in times of strife. Unfortunately, our profession has experienced a lot of strife. So where can I get this information? What tools can I get to help me? Reading self-improvement books on topics such as listening skills or active listening are a great resource. Hiring coaches/consultants and studying successful people you admire will provide more insight as well. It would be an interesting exercise if you could watch a video of yourself on a typical day in your practice. What would you see? Would you like what you saw? Speaking of grateful, do you know staff appreciation day was March 4th. How did you celebrate this day? Ideally shouldn't we celebrate this every day? Another great resource that I enjoy is the Forbes CXO. This is a great newsletter. Here is an excerpt of an article I enjoyed titled - **Employee Appreciation Day: "**Imagine if retaining top talent was as easy as saying thank you. It is no silver bullet, but it can easily help. According to a survey of 2000 workers in North America, Ireland, and the UK by a HR tech firm Work human, employees who have been thanked by their managers in the past months are three times as likely to see a future in the company whereas if the employee who are not praised are two times as likely to be seeking employment elsewhere" Startling, isn't it? If you are curious on reading more about positive thinking look up the author Stephen Covey. He is one of my favorites and I enjoy how he puts life in a certain perspective.

Part III of this series will be focusing on teams. We will also have a wonderful opportunity to celebrate your team during our September 15th General Membership meeting. So please save that date and bring your team! We have a lot to celebrate!!! The positive working environment you as a leader create will give your dental team a great place to work as well as a place for your patients to receive the excellent care you and your team provide. If you would like to discuss this topic or any related topics, I would be happy to schedule a call with you. Please email me at dentalstrategies@gmail.com



"The Mother of All Black Triangles" Case, Part 1

David Clark, DDS

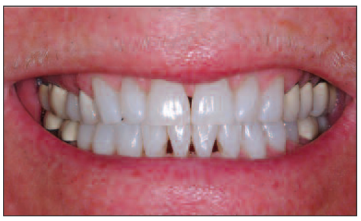


Figure 1. Preoperative view of a black triangle case. Note the pursing of lips and forced smile of a patient who is embarrassed of the aesthetics of the lower teeth.

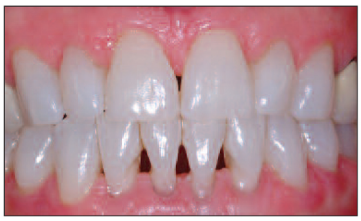


Figure 2. The receded papilla height of the anterior teeth was not significantly lower than that of the posterior teeth, ruling out a surgical approach.

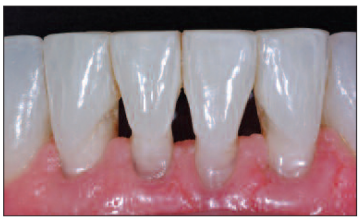


Figure 3. This view demonstrates the unique "twisted butter knife" anatomy of the lower incisor tooth.

This, and all future articles that are presented in multiple parts, are available to our readers at our Web site, dentistrytoday.com.

Sometimes a particular case comes along that appears, at first, to be overwhelming. This case fits that description (Figures 1 to 3). However, when this patient e-mailed my office and inquired about the possibility of flying across the country to have me treat him, I had fortunately done many cases involving hundreds of teeth using the matrix system that I developed to treat dentitions afflicted with black triangles, albeit none of this magnitude. I felt absolutely confident that we could achieve a good outcome. The trick was to disassemble the case into bite-sized pieces.

This case presents many excellent questions and the additional challenge of severe facial abrasions. I will first review the background of black triangles and of lower incisor complications and then proceed with the presentation of the clinical procedures used to treat this particular patient.

BLACK TRIANGLES: PREVALENCE AND PATIENT ATTITUDES

One third of adults have unaesthetic black triangles, which are more appropriately referred to as *open gingival embrasures.*[1] Besides being unsightly and prematurely aging the smile, black triangles are prone to accumulate food debris and excessive plaque.[2] A recent study of patient attitudes found patient dissatisfaction with black triangles to rank quite highly among aesthetic defects ranking third following carious lesions and dark crown margins.[3] If you go online and search "dental black triangles," you will be able to view hundreds of patient black triangle questions and patient complaints/lawsuits resulting from adult orthodontic cases and postperiodontal therapy papilla loss. This clinical and aesthetic dilemma demands more attention from our profession. The caveat is that until now, there has been no disciplined minimally invasive approach for treatment. Today, instead of improvising and struggling, I have developed a specific predictable protocol to treat this problem.

LOWER INCISOR AESTHETICS

The aesthetics of the lower teeth are often overlooked or simply ignored by many dentists. Recently a fellow passenger seated next to me on a flight was intrigued by the photos that were on my laptop. He asked "Why do dentists only seem to treat the upper teeth when the lower teeth look all jacked up? Do they think no one notices? It looks ridiculous to have perfect top teeth and ugly bottom teeth!" In addition, as we age, the lower incisors become more visible as the facial muscles lose their tension on the lower lip.

LOWER INCISOR CHALLENGES AND ETHICS

Lower incisors present their own unique restorative challenges. The incisal edge is broad and thin mesiodistally. The root, in contrast, is very broad buccolingually. Imagine a butter knife that has been permanently twisted at 90° in the middle of the blade. This anatomic curiosity creates demanding draw/path of insertion issues for a porcelain laminate or full crown preparation. A lower incisor with significant recession leads to a mutilatory tooth preparation for porcelain. When I had an opportunity to show this case to the top ceramists in Toronto and Seattle, their answer was refreshingly candid: "*Dr. Clark, to treat this case properly with porcelain laminates would require you to mutilate these teeth.*"

WHY DO SO MANY DENTISTS MISTRUST COMPOSITE TO TREAT BLACK TRIANGLES?

Like many clinicians, Michael's (the patient in question) dentist in North Carolina hadn't heard of Bioclear and was unfamiliar with injection molding of composites. Therefore he was leery of treating Michael with "bonding." At that point Michael decided to cross the country for a different solution because porcelain veneers and periodontal surgeries did not appeal to him as ideal treatments. After he saw my "Black Triangle" and "Restoratively Driven Papilla Regeneration" articles on the internet and videos on YouTube, he opted to fly to the west coast for treatment.

After spending many hours working with manufacturers and tens of thousands of dentists, I compiled a " top 5" list of composite and porcelain fallacies that have steered dentists away from minimally invasive composite treatments for black triangles, or has doomed their previous attempts leaving them gun-shy to try it again:

The Mother of All...

1. "Acid-etching cleans the tooth."

False. Phosphoric acid barely touches plaque. Biofilm is so tenacious and we forget that phosphoric acid removes the mineral, not the organic component of tooth surfaces. Biofilm is organic, not a mineral. This residual biofilm at the margins is likely the number one reason why Class V and interproximal composites turn brown at the margins. No bonding agent can bond to biofilm, and most dentists are leaving biofilm on their hard to access margins.

2. "A stronger dentin bonding agent is the answer."

False. They (the manufacturers) keep selling us new and improved dentin bonding agents with higher and higher dentin bond strengths. The problem is twofold; first of all, in a case like this, most dentists are bonding to plaque, calculus, and contaminated dentin and no current resin bonds to biofilm. Secondly, with an approach using the Bioclear matrix; uncut, blasted, and rinse-etched (with phosphoric acid) enamel is leveraged to provide the bulk of the retention and reliance on the dentin is lessened. We can trust enamel bonding. The key is in the design of the Bioclear Matrix and the ability to "wrap" the tooth with seamless composite jacket.

3. "A full crown is better."

False. If *you* were the patient with otherwise healthy teeth, would you choose full crowns? Consider that a full crown destroys 70% of coronal tooth volume with a 10% to 20% chance of eventual resultant pulpal death.

4. "A porcelain veneer is better than bonding."

In a case like this, *False.* First, porcelain veneers cannot reach far enough to the lingual, so the space is blocked from view but becomes a plaque trap on the lingual. Secondly, bonding a veneer to this much cervical dentin should make you nervous. Very nervous.

5. "Direct bonding is too difficult."

In the past this may have been true. But today, *False.* In the modern resin era, we utilize anatomic Bioclear matrices coupled with injection molding filling technique with, for example, a universal nanocomposite, thus creating and ideal a flowable/paste interlace.

CASE WORKUP

First, I consulted 2 renowned microscope-equipped periodontists. I would

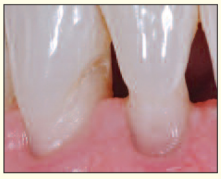


Figure 4. High magnification (8x) of the cementoenamel junction area of the tooth. This area is virtually impossible to clean with a prophy cup and scaler, and virtually unbondable unless the dentin is clean and the surface abraded.

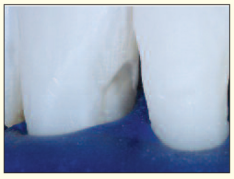


Figure 5. High magnification (12x) view of the root after step 9. Note how the gentle blasting has stripped away the contaminated surface dentin and yet leaves the enamel almost undisturbed.

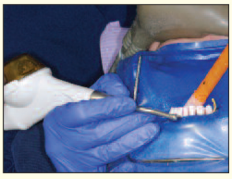


Figure 6. Bioclear "Prophy Plus" unit snaps to the quick disconnect, and this or a prophy-jet should be part of every bonded procedure's armamentarium.

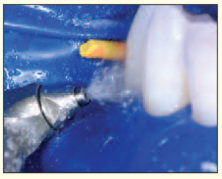


Figure 7. Close-up view of the blasting of the difficult to clean areas. They should also receive the same attention from the lingual aspect (not pictured).

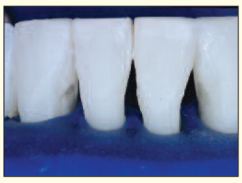


Figure 8. Step 9 view at low magnification. Facial surfaces that previously had large abrasions are at full contour. Cord is still in the sulcus but not visible in photograph.

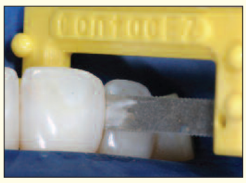


Figure 9. Yellow ContacEZ lightens the contact, allowing insertion of the matrix and at the same time removes calculus and plaque from the contact area. So integral to the technique, they are now included in the Bioclear Matrix kit.

Figure 10. Bioclear matrix system complete kit includes diastema closure, anterior, and posterior matrices. Mild to wild emergence profiles are coupled with different tooth sizes and incisal shapes. Sabre wedges, Interproximators and other essentials round out the kit.

Figure 11. A Bioclear DC-202 matrix is ready to be placed Inciso-gingivally once the contact is lightened. *Note the curved Incisal edge and aggressive cervical curvature.*

Figure 12. The DC-203 matrix that is especially designed for diastema closure of small teeth. Side view and profile views are featured. *Note the straight incisal edge and the aggressive cervical curvature.*

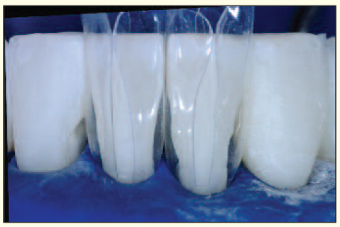


Figure 13. Four sectional matrices (Bioclear DC-203 matrices) are placed incisogingivally after the contact areas were lightened and gently abraded.

Figure 14. A 37% Phosphoric acid etchant (3M ESPE) is injected under the matrix on to the tooth. The entire tooth should be etched.

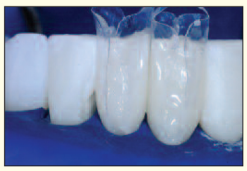


Figure 15. A familiar site to Bioclear users, yet perhaps odd to any "newcomers." The injection molded restoration has interproximal areas that are "porcelainesque" with smooth, rounded contours and flawless surfaces. The facial and lingual surfaces, easy to access and easy to finsh, are a little lumpy.

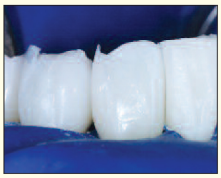


Figure 16. Injection molded canine and bicuspid. Facial finishing is necessary and not difficult. Embrasure areas were difficult to access and easily damaged during finishing before Bioclear. In this case, the embrasure will require little or no finishing.

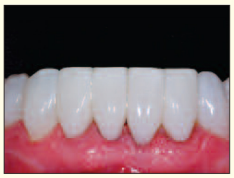


Figure 17. Low magnification, postoperative view. The cord has been removed.

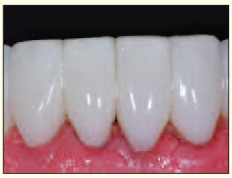


Figure 18. Close-up, postoperative view. The rubber dam tissue compression combined with the exacting curvature of the Bioclear matrix; together they predictably deliver a regenerated papilla as soon as the rubber dam comes is removed.

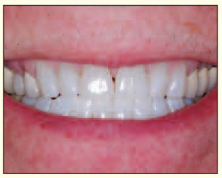


Figure 19. A happy patient with a younger looking smile. The patient is an anesthesiologist who was extremely grateful to have received this minimally invasive and maximally aesthetic treatment.

The Mother of All...

have normally immediately excluded the surgical option based on this patient's situation but, in this case because of the severity of the embrasures attrition, I felt that second and third opinions were warranted. In addition, if a follow-up surgical approach were needed, the periodontist would already be on board.

Noted periodontist, Dr. Peter Nordlands's summary of this patient: "*Dear David, the papilla height across the lower anterior teeth is located at the same level as all of the other adjacent papillae. This means that the individual papillae are not deficient but instead, the patient has suffered incisal edge wear and extrusion of the incisors. Although root coverage could be very predictable, I would recommend a restorative solution as you have so beautifully shown in the Bioclear video. My experience is that surgical papilla reconstruction is most predictable in situations where the papilla has been surgically abused previously.*"

CASE PRESENTATION

Figure 1 shows the functional and aesthetic dilemma. The retracted view (Figure 2) shows the magnitude of the black triangles on the lower. The patient's first priority was treating the lowers, and he would return to the west coast in a few months to treat the upper black triangles. Facial abrasions and recession tripled the complexity of treatment (Figure 3). Blasting, which is application of a mild abrasive with air water mix, is an absolute necessity for this treatment (Figures 4 to 7). Once the facial abrasions are restored up to the line angle areas, a rubber dam is placed. The interproximal areas are nicely managed with the rubber dam and the DC-203 Bioclear matrices together (Figures 8 to 15). To try to treat the facial abrasions at the same time that the matrices are in position is not recommended. The Bioclear method is almost the inverse of the old flat matrix technique. The facial surfaces are left with some excess because this is the loading area. The interproximals, when molded, will require little or no finishing (Figure 16). Immediate postoperative views demonstrate the dramatic emergence profiles, mirror finish, and regenerated papillae (Figures 17 to 19). Dentists and periodontists often ask these patients, "Are these veneers? Are these crowns?" No. This is done with an injection molding technique performed with high level magnification using a universal nanocomposite (in this case, Filtek Supreme Ultra [3M ESPE]) (flowable and paste) into the Bioclear matrix, and polishing all with Jazz Polishers (SS White) (Table).

THE MIRROR FINISH: TAKING THE CASE FROM GOOD TO GREAT

Having a mirror smooth composite finish makes everyone happy; the patient, the soft tissue, and especially you, the clinician. The matte or grainy finishes of the past collect lipstick, biofilm, stain, and feel like cheap dentistry to the patient's tongue. In our traditional mindset, only porcelain stayed smooth. Those days need to end now. Composite has come of age. The first step is to use a microfill that holds its shine. I am nearly always disappointed at how miserable the composite finishing systems are that I am asked to evaluate, and how disappointing many of the composite finishes that are presented in dental journals and magazines. The folks at Kerr, 3M ESPE, and SS White have commented that they have never seen polishes like the ones I show in my lecture. That's probably because most doctors adopt a manufacturer's "system" and frankly, those systems are mediocre at best and grossly overcomplicated. To learn about my unique mirror polish see the *Dentistry Today* video library: "Dr. David Clark's 3 step perfect composite polish technique"

SUMMARY

Before the Bioclear matrix and a disciplined approach to composite treatment of black triangles, many treatments ended with significant compromise in periodontal health. Many cases debonded soon after placement. Others suffered problems with stain. Nonetheless, our patients are hopeful for a better solution. The interdental papilla serves as both a functional and aesthetic asset. Anatomically ideal interproximal composite shapes that are mirror smooth can serve as a predictable scaffold to regain this valuable gingival architecture. Clean enamel surfaces can be leveraged to permanently retain the restorations. However, the reader is cautioned that to attempt this elective procedure using no magnification, without a strict adherence to dentin detoxification with a blasting appliance, and using a flat matrix, nontreatment or referral is recommended. Our profession can change its thought processes, retrain its hands and expand its armamentarium to perform techniques that were previously impossible.✦

Table.

CASE WORK-UP
1. Appropriate treatment plan with appropriate fees 2. Treat and fee facial abrasions independently
3. Preoperative whitening
4. Probanthine administered at beginning of appointment
CLINICAL PROCEDURE:
1. Anesthetize, then pack 00 Ultra Pak (Ultradent Products) cord soaked in Hemodent on facial and interproximal areas of teeth with facial abrasions (Nos. 23 to 26)
2. Blast with Bioclear Prophy Plus, (Bioclear Matrix) blast, scale away stubborn calculus, then reblast with aluminum trihydroxide powder
3. Apply disclosing solution
4. Continue blasting until all biofilm is gone and surface dentin has been stripped away
5. Acid etch the entire tooth with 37% phosphoric acid
6. Restore facial surfaces with flowable and paste with the "Clark Class V profile...big, fat, and full." Stop at the line angles
7. Place rubber dam, quickly grind back gross excess areas
8. Lighten and clean contact areas with red or yellow ContacEZ to allow the somewhat delicate Bioclear matrix to slide between the teeth
9. Reblast
10. Place Bioclear Matrices (DC-203 for larger spaces near incisors, A-103 for smaller spaces near incisors, and A-102 for canines and bicuspids near smaller spaces) re-acid etch entire tooth. Seal large areas of dentin with bonding agent, then light cure
11. Injection mold with bonding resin, then Filtek Supreme Ultra Flowable chased with Filtek Paste all in sequence without light curing until the end
12. Gross finish with carbide burs, flame diamonds, and a coarse Soflex Disc (3M ESPE)
13. The Clark 30-second, 3-step polish: (1) Marginate with Brownie, (2) Matte finish with coarse pumice and cup, (3) High shine with Jazz Polisher (SS White).

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3. Cunliffe J, Pretty I. Patients' ranking of interdental "black triangles" against other common aesthetic problems. *Eur J Prosthodont Restor Dent*. 2009;17:177-181.

Dr. Clark founded the Academy of Microscope Enhanced Dentistry, an international association formed to advance the science and practice of microendodontics, microperiodontics, microprosthodontics, and microdentistry. He

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is a course director at the Newport Coast Oral Facial Institute in Newport Beach, Calif. He is codirector of Precision Aesthetics Northwest in Tacoma, Wash, and an associate member of the American Association of Endodontists. He lectures and gives hands-on seminars internationally on a variety of topics related to microscope-enhanced dentistry. He has developed numerous innovations in the fields of microdentistry and minimally invasive dentistry. Dr. Clark is proud to serve on the board of *CR* (Formerly CRA). He is also developing new techniques and instruments for better endodontic access and shaping, including the Endoguide endodontic access burs. He also developed the Bioclear Matrix System, which allows for biomimetic restoration of teeth using single phase injection molding and minimally invasive preparation styles. A 1986 graduate of the University of Washington School of Dentistry, he can be reached at drclark@microscopedentistry.com and bioclearmatrix.com.

Disclosure: Dr. Clark has a financial interest in the Bioclear Matrix System.

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Reprinted with the permissioin of
Sandy T. Shih, DDS & Janice Liao, DMD

For more Bioclear & Injection Molding, see our upcoming events below at www.smcds.com

We 5/18 — General Membership Meeting

Bioclear to the Rescue: Obtaining the Right Emergence Profile for Black Triangle and Diastema Closure for Anterior Teeth

6-9pm

Crowne Plaza Foster City

Three-course Dinner

3 CE (Core)


Sandy T. Shih, DDS
& Janice Liao, DMD

ALL ATTENDEES are required to wear face masks.

Presentation Topics

1. How to incorporate heated composite

2. How to injection mold to treat black triangles, peg laterals, fractured teeth and diastemas

3. Ultra glossy stain proof anterior restorations

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Komet USA

Fr 6/10 — Full-Day Workshop

Principles of Bioclear and Injection Molding

8-5pm

Unident Learning Ctr Burlingame

Breakfast & Lunch Provided

8 CE (Core)


Joshua J. Solomon, DDS, MS
& Patrick L. Roetzer, DDS

ALL ATTENDEES are required to wear face masks.

Course Highlights

- Use the heated injection molding technique by learning the best way to combine flowable and liquefied heated paste composites
- Experiment with modern matrices, wedges, and separators
- Understand the solutions to avoid the most common mistakes that lead to less than satisfactory results when performing anterior composites
- Learn to achieve broad rock solid posterior composite contacts
- Learn how to create a perfectly polished surface with The Rock Star System (featured in an American Association of Dental Research 2022 meeting scientific submission as the best of four techniques)

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Old vs. New Life Insurance - Do You Have to Be Dead to Use It?

By Michael D. Wong, CLTC, DDS

Life insurance is one of the only financial products many people have in their portfolio but don't realize it's full potential. Financial gurus on TV make life insurance more complicated than it actually is and often presents permanent life insurance (whole life) in a negative light. They fail to understand that life insurance now pays you to live.

The old life insurance acquired through an employer/group plan purchased years ago is what we call "death insurance". You pass away and your family is paid.

Modern life insurance pays you to live

Modern life insurance has "living benefits" built into them, which means in the event a person becomes sick with a serious illness, they are eligible for an advanced payout of death benefits in multiple ways. Advanced benefits can provide a ***lump sum*** of cash or ***monthly income*** like a disability policy while receiving medical treatment.

Not all of the polices are equal, but some carriers can advance the death benefit in three ways often building these benefits into ***policy riders***. With the advanced benefits, one can use the money any way they want.

1. ***Critical Illness Rider*** is a feature that pays death benefits early if you become sick or injured, with amounts pro-rated based on age and prognosis. Essentially this is a buy out of the policy with one deciding if they want to use the full death benefit or just a portion of it. A critical illness is considered a "short term" life threatening illness such as a heart attack, stroke, paralysis, kidney failure, or invasive cancer.

2. ***Chronic Illness Rider*** conveys life insurance policy benefits early when a person needs long term care such as assistance from an aide for daily tasks like dressing, eating, bathing, or has a cognitive impairment from dementia, stroke, or Alzheimer's disease. Bay Area long term care expenses are some of the highest in the nation ranging from $7,000 to $15,000 per month depending on the care needed. This rider can help offset some of the monthly cost.

3. ***Terminal Illness Rider*** pays benefits when a person's health condition is deemed terminal with 6 to 24 months life expectancy. One may receive up to 80-90% of the full death benefit in advance to be used in any manner whatsoever like taking loved ones on a final bucket list journey or seeing the funds actually helping loved ones that will be left behind.

Term vs. Permanent Life Insurance explained in real estate terms
Term life insurance is a 100% expense similar to renting a place to live. Permanent life insurance is akin to owning a home, building equity (cash value) over time, and having the freedom to pass it on to heirs.
Cash value in life insurance is analogous to getting back the principle and some of the interest you paid on your home mortgage.

Term Life Insurance (Renting)	**Permanent Life Insurance (Owning)**
Pay as you go low premiums	Higher premiums but paid off in 5, 10, 20 years
Fixed expiration date (10-20 years)	Lifetime of coverage
100% of premium is paid to the insurance company	2/3 of the premium goes to cash value (your equity) 1/3 goes to cost of insurance
No equity	*Cash value gains yearly interests
Fixed death benefit is tax free	**Tax free death benefit increases as cash value grows

*Cash value only participates in positive gains (dividends or interest credited) with no negative losses.
** Death benefit = Original death benefit + Cash Value

Which one should our family have?

Maybe both! Having both term and permanent policies could provide the most coverage while keeping the premiums reasonable and establishing longevity. This plan gives a family the most protection during the working years. When the term policy reaches expiration as the dependents are grown and expenses like college, paying the mortgage for the home and practice are no longer a concern, the permanent insurance policy provides supplemental income and funds for long term care when it will most likely be needed.

Why does permanent insurance have a negative stigma?

Just like in your dental practice, it's not the instrument, but the operator's skill that produces the results. Insurance is the same. A properly structured insurance portfolio has the right balance of both term and permanent life insurance.

Negative impressions on permanent insurance stem from how the policy was designed, not the product itself.

Common mistakes of policy design and how to fix it

1. ***Permanent death benefit is too large.*** This situation is similar to purchasing a home that is too expensive and stretches the budget to it's maximum. Because of the size of the policy, too much of the premium goes toward the insurance company instead of generating cash value for you. A balanced mixture of term and permanent gives better coverage and keeps the premiums within budget. A good rule of thumb is to have a ratio of 10-25% permanent insurance with 75-90% term insurance. For example, if a 30 year old dentist with a spouse and 2 children wanted $2,000,000 in coverage, a policy design of $400,000 in permanent insurance and a $1.6 million term policy would provide security and longevity.

2. ***Paying just the minimum insurance premiums*** is akin to buying a fixer upper home with great potential but deciding to only have a bare bones budget to pay for the repairs. It doesn't make sense as there is no leeway for things to go wrong, everything must be perfect to succeed. We see this situation often where a client thought

they had their policy paid off, but low interest rates and low premium contributions, caused the policy to "run out of money" to pay for the annual costs of the policy. Thus the insurance company will ask the client to begin paying premiums again. Permanent policies are meant to be self perpetuating and cash growing after your payments are over (typically 20 years). A good rule of thumb is to put in an extra 10-30% over the stated minimum to help avoid this problem.

3. ***Permanent policy's death benefit that doesn't grow over time*** is a design issue that can be illustrated with this analogy of a savings jar with the "lid on and with the lid off". A lid on jar means the jar has no potential to increase in value, while a jar with the lid off has the ability to grow in value. You have a savings jar from a friend that is valued at $100, no more no less. Your job is to contribute one quarter a day to the jar. After two years and the $80 of quarters you added, you decide to "cash out". Since the lid is on the jar, your friend says you can have $100 which is the capped maximum value. You receive $100, but in reality you got back your $80 and your friend was on the hook for only $20.

   If the lid was off (unconstrained) you could receive the value of both the jar and your quarters, when "cashing out". Adding the jar and cash together you would receive $180, with $80 from you and $100 from your friend. This is a simple analogy but permanent life insurance can be be designed with the "lid on" in which the death benefit is fixed or with the "lid off" where your cash value and death benefit are added together to produce a higher death benefit.

Final notes

All three of the Living Benefits Riders can be available in ***both term and permanent insurance*** with the cost being comparable to the old style death insurance policies or within 5%. You will find that some carriers only offer the chronic and terminal illness riders so look carefully to make sure the critical illness rider is also a benefit before purchasing. Many online insurance carriers typically offer the old death policies while the new living benefits riders are usually found through insurance brokers.

Due to recent changes in tax laws, leaving real estate and retirement accounts to our heirs is more challenging. Life insurance can be an important vehicle to help pay the estate taxes your heirs may owe.

You create custom treatment plans for your patients. Life insurance is also customized where insurance professionals need to work with you to carefully create a plan that protects you in case of any unexpected illness or premature death and secures your financial legacy for your heirs.

Please contact me with any questions and I look forward to seeing you at the next meeting.

Michael D. Wong CLTC, DDS
Specialist in Long Term Care and Life Insurance for the Living

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Board Certified Physician Anesthesiologist

MAXIMIZE SAFETY FOR YOUR PATIENTS.

Anesthesia with a secure airway is safer for dental procedures than any level of sedation delivered with an "open" or "shared" airway. I always secure and protect the patient's airway.

INCREASE PATIENT COMFORT AND CONVENIENCE

Your patients can expect to feel and know nothing of the dental treatment while recovering within minutes. Patients can "go to sleep" in seconds without needles.

OPTIMIZE OPERATING CONDITIONS.

Your patients will be completely still. You can operate without interruption and focus entirely on dental treatment. The only limitation is how long you want to operate.

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Get paid quickly, easily, and safely.

Practice Management Bridge® helps practices realize more revenue.

Rectangle Health is pleased to partner with **San Mateo County Dental Society** to bring you Practice Management Bridge – a simple, safe, and secure payment platform. This turnkey technology interfaces seamlessly with your current EMR system, allowing you to easily track, manage, report, and reconcile patient payment information.

Practice Management **Bridge**®

- Offers convenient, contactless payment solutions.
- Expedites payments before, during, and after care.
- Stores patient data in a reliable, secure backend.
- Improves communication between practice and patients.
- Interfaces seamlessly into any practice management system.
- Replaces outdated processes with digital automation.
- Allows for functionality to be leveraged across locations.
- Implements quickly with easy, remote installation.

HIPAA COMPLIANT · PCI DSS COMPLIANT · P2PE PCI VALIDATED · EMV & NFC CAPABLE

Rectangle HEALTH
Innovation That Drives Patient Payments

San Mateo County DENTAL SOCIETY

Practice Management Bridge® helps practices realize more revenue.

From digital registration to contactless payments, Practice Management Bridge is everything you need to enhance the patient experience. Saving time, money, and effort, its easy-to-use payment management and posting tools improve office efficiency and practice profitability.

Key Features

Text to Pay
Allow patients to make online payments through text message links.

Card on File
Safely store preferred payment information for future charges.

Contactless Capabilities
Accept Apple Pay®, Google Pay™ and Samsung Pay® for touch-free payments.

Flexible Payment Plans
Make financing manageable by offering smaller payments over time.

Automatic Posting
Easily post payments to the patient ledger in your practice management system.

Online Payments
Accept payments on your website and share the link on emails and statements.

Digital Patient Registration
Let patients fill out forms electronically before visits through a text or email link.

Customizable Messages
Send patients reminders, outreach, billing notifications, and more in text messages.

Visit us at RectanglehHealth.com or contact me to discuss your unique challenges and opportunities.

Contact Information

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Rectangle HEALTH
Innovation That Drives Patient Payments

San Mateo County DENTAL SOCIETY

CLASSIFIEDS

Thinking of retiring or slowing down? Want to practice but not manage? Local dentist seeking a practice to buy in San Mateo, 2 mile radius from downtown. Not corp dentistry. Please call 415.269.6254

Seeking a Retiring Dentist Practice to Buy in Redwood City, 2 mile radius from Whipple and El Camino. If you are thinking of retiring in the near future, please call 650.454.0023

Our Lecture Room is Available for use for any dental related lectures or events

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For more information please contact ralsua@unidentlab.com or 415.716.0960

San Mateo County DENTAL SOCIETY

mpds Mid-Peninsula DENTAL SOCIETY

ORTHO INCENTIVE PROGRAM

WEBINAR

WEDNESDAY

MAY 25, 2022

6:30 PM

San Mateo County Dental Society & Mid-Peninsula Dental Society join the Health Plan of San Mateo & the County of San Mateo to expand access to orthodontic cases paid at market rates.

Join us on **Wednesday May 25th at 6:30 PM** for an information Webinar. Learn about the Program and how to become a participating provider.

REGISTER

michael.okuji@hpsm.org
or call 650-580-1114

Market rate benefit paid at 100% with no co-payment to collect

San Mateo County DENTAL SOCIETY

SAVE time! – Register & Pay Online
www.smcds.com on Education/Events

We 5/18 — General Membership Meeting

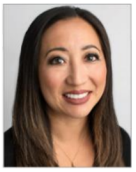
Bioclear to the Rescue: Obtaining the Right Emergence Profile for Black Triangle and Diastema Closure for Anterior Teeth

6-9pm

Crowne Plaza Foster City

Three-course Dinner

3 CE (Core)

Sandy T. Shih, DDS
& Janice Liao, DMD

ALL ATTENDEES are required to wear face masks.

Presentation Topics

1. How to incorporate heated composite
2. How to injection mold to treat black triangles, peg laterals, fractured teeth and diastemas
3. Ultra glossy stain proof anterior restorations

Thank you to our generous speaker sponsor!

Komet USA

2022 ongoing — 2022 GM Meeting Season Ticket Offers

6-9pm

5/18, 9/15, 10/26, 11/17

Crowne Plaza Foster City

12 CE (Core)

For staff too!

Description

GM meetings provide an opportunity to hear distinguished speakers present on relevant topics, and earn up to 3 Core or 20% Continuing Education Units, per meeting. Payment must be received by **May 16 for 4-mtg pkg**. Usable by any non-dentist on your staff; one or more per meeting accepted. See registration for dates, speakers, and topics.

Fr 6/10 — Full-Day Workshop

Principles of Bioclear and Injection Molding

8-5pm

Unident Learning Ctr Burlingame

Breakfast & Lunch Provided

8 CE (Core)


Joshua J. Solomon, DDS, MS
& Patrick L. Roetzer, DDS

ALL ATTENDEES are required to wear face masks.

Course Highlights

- Use the heated injection molding technique by learning the best way to combine flowable and liquefied heated paste composites
- Experiment with modern matrices, wedges, and separators
- Understand the solutions to avoid the most common mistakes that lead to less than satisfactory results when performing anterior composites
- Learn to achieve broad rock solid posterior composite contacts
- Learn how to create a perfectly polished surface with The Rock Star System (featured in an American Association of Dental Research 2022 meeting scientific submission as the best of four techniques)

Thank you to our generous speaker sponsors!

BIOCLEAR

BienAir Medical Technologies

Th 6/2 — SMCDS Study Club

Insights from a 60-Year Veteran In Dentistry: An Interview with Dr. Frederic G. Holloszy

6:30-8:30pm

SMCDS Seminar Room **at new address** 939 Laurel Ste C San Carlos

2 CE (Core)

Frederic G. Holloszy, DMD

Description

Join us for an interview with Frederic Holloszy. He will share his experiences and expertise from over a half century of practicing dentistry. This interview will benefit members at every practice stage.